#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

				ON OF ASBESTOS ABATEME		C & A	~~-	15	1	7
Date of Notification (1)		(P		to NJAC 8: 60-7 and 12: 120-7)		CK+ (	)d:	7)	600	<u></u>
1-1-1-1-1	4 / 1 8		11	ame of Building Owner/Operat J-Dept.of Environmental Prote	3.57 3.56	toric Resources-Office of	Resource	e Deve	lopme	ent
Agencies Notified Type of [X] EPA	Notification			reet Address D1 EAST STATE STREI	ET, 4TH FLOO	RECE	$\overline{\mathbb{N}}$	Ē	T	
[X] Ini	tial Notification			ty, State, Zip Code		LIL, UJ (L	<u> 1</u>	Um	114	111
	nended Notification			RENTON, NJ 08626-042	20		0.044		And the second	Andread Services
	ncellation		Na	ame of Contact		Telephone Nur	nber	}	110	J 1 1
[] DCA [] Er	nergency		ll M	IR. AL PAYNE		609-351-1			-	1
			Ш	ILITY INFORMATION		ASSESSION C	CALTR	OLa	. f	
Name of Facility Where Abatement is Taking					Type of Facility	(4)	MG.			
BRENDAN T. BYRNE STATE FOI Street Address	REST - LUCK	Y 13 CAI	BIN			School (K-12) Subchapter 8 (Other to	han K-12	2)		
2900 ROUTE 70					[X]	Other (i.e., private & co		S		
	unty (6)		Cor	inty Code (7)	Square Feet	buildings, homes, etc.)  # of Floors	Тр	Ida A		_
	(0)		100 300 500	ATE USE ONLY)	5,000 +	1	50 +	ldg. A	ge	
	IRLINGTON				CABIN	ior if being demolished)				
Name of Monitoring Firm Hired by Building (	Owner (8)	A	SCM	Name of Abatemen	nt Contractor (9)					
USA ENVIRONMENTAL MANAG	EMENT INC.		0011	J.R. CONTRA	CTING & ENV	IRONMENTAL C	ONSUI	LTIN	G I	NC.
Street Address				Street Address						
344 WEST STATE STREET				1141 ROUTE	23					
TRENTON, NJ 08618				City, State, Zip WAYNE, NJ 0	7470					
Project Manager for Monitoring Firm		Telepho	ne Numb			License Numbe	r			
WILLIAM WEISGARBER		609-65	6-8101			00408				
Scheduled State Date (10)	Scheduled Com			Name of OSHA M					mundov	
0 9 1 0 / 1 8 Month / Day / Year	Month	/ Day		1 8 J.R. CONTRA	CTING & ENV	IRONMENTAL CO	ONSUI	LTIN	G II	NC.
Occupancy Status During Abatement (Check of	nly one)			Street Address						$\overline{}$
[X] Facility Closed/Vacated Du of Abatement	ring Entire Period			1141 ROUTE	23					
[   Abatement Performed Outs	side of Normal Fac	ility		City, State, Zip Co	de					
Hours - Describe: Other - Describe:				- WAYNE, NJ 0	7470					1
Scope of Work (Check all that apply)										-
		[X] De	emolition enovation	•	Full Containmen Mini-Enclosure	t With Negative Pressure				
		11 ///	.no vactor	1 1	Glovebag Proced	lure				- 1
[X] ≥ 160 sf or ≥ 260 lf				[X]	Non Exempted (	*) and Non-Friable Proce				
		Is					A	batem	ent T	ype E
*		Locatio		Description of			R		N	N
Location of Asbestos - Containing		Norma Used		Asbestos-Containin Material (ACM)	g	Amount (Specify	E M	RE	C	C L
Material (ACM)		Solely I	by	(i.e., thermal system	is	SF or LF)	0	P	A P	o
TO BE ABATED in Facility (13)		Mainten: Custod		insulation, surfacing			V	A	S	S
		Staff (1		or other miscellane	eous)		A L	R	U	R
ROOF		Yes No		D. 1					E	E
ROOF EXTERIOR SIDING-REAR GABLE		-	X	Black Tar Paper -Flas		1,860 SF	X			
EXTERIOR SIDING-REAR GABLE	L.	-	X	Black / Grey Tar Pape Black Sealant	r Siding	220 SF 2 SF	X	$\vdash$	-	
1 st FLOOR			X	Linoleum		700 SF	X	-	$\dashv$	-
1 st FLOOR			X	Drywall & Joint Comp	ound	1,220 SF	X		-	
EXTERIOR			X	Window Glazing		96 LF	X			
Name of Registered Waste Hauler		NJDEP V	Waste	Cubic Yards of Waste	Name of	Registered Landfill				_
J.R. Contracting & Environmental (	Consulting, Inc	Hanler II	819	60		Central Landfill				
City, State		1 10		Disposal Date	City, Stat					-
Wayne, NJ				InnerNation twenties		gyle, PA				
Completed by (Print or Type)	Title			Signature	1/	Date				
Jerry Bijelonic	Project Ma	nager						24/18		
lun-95								G4667		

PAIL								Production			to.	-0	1	156	23
Date of Notification (1) 08/24/18				f Building ( P - Natu				sources - O	ffice	of Reso	ourc	e D	evel	opm	ent
Agencies Notified Type Notification    X   EPA   X   Initial			Street A 275 Fr	<sup>ddress</sup> eehold -	· Engli:	shtowr	ı Ro	ad	Å	UG 3	n 3	) 119		To the second se	The same same same same same same same sam
EPA Initial Amended Amendment #	3			ite, Zip Co htown, N		26			41	00 0	17 7	1/10		A Property	
Emergency (in justification)  DCA  Cancellation	cluding			f Contact		201		17	Tel	ephone ( 32) 462	Numb	iero	La		1
DCA Cancellation				LITY INFO	DMATI	ON			11.	121,402	-300	) ••••••	er, 2, e e gaber	-	1
Name of Facility Where Abatement is Taking Clinton Wildlife Management Area- I			FAOI	LITTIMFC	ZNIMATI	ON	Тур	e of Facility (4	9	olice — per					
Street Address 50 Rupells Road			18280				×	School (K-12 Subchapter of Other (i.e. pr	(Oth			build	lings,	home	es,
City (5)								etc.) are Feet		Floors			dg. A		
Union Township							2,0	+ 00	2			5	) +	.ge	
County (6) Hunterdon			County (	Code (7) USE ONLY)				rent Use (Prio sidence	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building Ov USA Environmental Management, Ir			ASCM	1 No.				oatement Cont tracting & E			al C	ons	ultin	g, In	c.
Street Address 344 West State Street						Street 1141		ess ute 23							
City, State, Zip Code Trenton, NJ 08618								Zip Code NJ 07470							
Project Manager for Monitoring Firm		- 1	Telephor			Teleph	none	No.		License					
William Weisgarber Start Date (10)	Schedul		*	556-8101 Date (11)	1			8-9200 SHA Monitor		00408	}				
09/17/18	09/24/	18	iipiotioii i			J.R.	Con	tracting & E	nviro	nment	al C	ons	ultin	g, In	C.
Occupancy Status During Abatement (Check						Street 1141	0.500	ess ute 23							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					_	City, S	state,	Zip Code NJ 07470							
Scope of Work (Check All That Apply)						vvay	110, 1	140 07470				_			_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	De of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  R  □ R							ull Containme lini-Enclosure Blovebag Proci lon-Exempted	edure	<del>-</del>				9	
								- Zatarriptou	( ) ( ) ( )	3 1101111				ment	
Location of	1	Normal	ly		De	scription	of				-		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial s (12)	nce/ Staff?		thermal surfa	aining N system cing, VA niscellar	s insu T, or		(8	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
B 100	No	N/A								_					
Room 103			X	#316 kg #		Cem				3 LF	-	2			
Exterior Doors at Rooms 102 & 106			X			or Cau				2 LF	-	2			
Roof			X	Bla	ick Tai	Roof	Flas	hing		) SF	2	2			
Name of Degistered Wests Hautes			UDEDW	11-	0.1:-	V1-					1511				
Name of Registered Waste Hauler  J.R. Contracting & Environmental Co	nsul.,	Inc H	IJDEP W lauler ID 7819		of Was	Yards ste		Name of F							
City, State Wayne, New Jersey					Dispos	sal Date		City, State Pen Arg		ennsylv	ania	l.			
Completed by Jerry Bijelonic	Title Proje	ect Ma	anager	8	S	ignature	e .	4			Date 08/2		8		

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Date of Notification (1) 8/27/18				Building (				( E	G I	E I V	7 E	1	\\	
Agencies Notified Type Notific	ation	S	treet A	ddress			1	Ha (	3/ 1	u t.	Lin	1	The second secon	
EPA Initial Amend	od			ennedy l					10	3 (1 20	8			- Day Berlin
DOL Amend	ment # ency (including			dale NJ		1				U. 17 LIG		-		
DOH justifica	ition)	1	lame of	Contact				ASBS		phone Nu 6-546-00			Park Trans	2
land land		Т.		LITY INFO	RMATI	ON		# C40 F 190 W T4		iNolivia		mana at ay	1	
Name of Facility Where Abatement is Bridgeton Housing Authority	Taking Place (3)						_	of Facility (4)						
Street Address	<del></del>						X S	School (K-12) Subchapter 8	(Othe					
47 Nancy								Other (i.e. pri etc.)	vate 8	& commerc	ial buil	dings	, hom	es,
City (5) Manahawkin NJ 08050							Squar 1000	re Feet	# of 2	Floors	1 1	35+	Age	
County (6)				Code (7)			- 141.0-1.007	nt Use (Prior		ng demolis		-		
Cumberland		(		ISE ONLY)			Hou							
Name of Monitoring Firm Hired by Bui N/A	iding Owner (8)		ASCN	l No.			of Aba naco I	tement Contr	actor	(9)				
Street Address							Addres							
City, State, Zip Code							Box 3	29 p Code			101.00			
City, State, Zip Code								in NJ 0809	1					
Project Manager for Monitoring Firm		T	elephor	ne No.			none No			License N	lo.			
Start Date (10)	Scheduled	Com	oletion (	Date (11)			753-9 of OSE	A Monitor		00727		-		
8/28/18	8/31/18		t	(/		Sam							,	
Occupancy Status During Abatement	•					Street	Addres	SS						
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:			ent			City, S	tate, Zi	p Code			2-2-2-2	-		
Scope of Work (Check All That Apply)										•				
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novati					Mir Glo	Containment i-Enclosure vebag Proce n-Exempted (	dure				<b>*</b>	
<del></del>	ocatio	n				2 1401	I-Exempted (	).ain	a Non-i na	1	Abat	emen	t	
Location of	ormally Solely	,			scription					-	T	/pe	_	
Asbestos-Containing Material (AC TO BE ABATED	tenan	ce/		tos Cont thermal	system	s insula		(S	mount Specify	Re	R	Encapsulate	Enc	
In Facility (13)		(12)				cing, VA niscellar			SF	or LF)	Remova	Repair	psula	Enclosure
	Yes	No	N/A										ite	0
Unit 9 H			x		Floor 7	Tile & r	nastic	:	53	30 SF	х			
												_		
										-	-			
Name of Registered Waste Hauler	N	DEP W	aste	Cubic	Yards		Name of Re	enista	red Landfi					
United Roll Off		Ha	auler ID 2459		of Was			G.R.O.V		sa Eurian				
City, State		22	408		1.20	sal Date		City, State						
Elm NJ					8/31/			Morrisvil	le P					
Completed by Anthony T Perna	Title Presid	dent			S	ignature	l			1 -	ate /27/1	8		

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Date of Notification (1) 08/27/2018		100		Building ( vich Resi					AII	7 ~ 6	2 2	010	Carl (2) Ann and Carl	-	
Agencies Notified Type Notification  EPA Initial		100	Street Ad 120 W	<sup>ddress</sup> Germar	ntowr	n Pike, S	Suite	120	AU	7 3 5	) (A)	710	Translated Application	and .	100
DEP Amended Amendment #		_	Plymo	ite, Zip Co uth Mee		PA 194	62	Ž		TOS C	SHE	1	. 8.		N
DOH justification Cancellation	icidaling	1 1000		Contact iore, Jr.						ephone 1 0-277-8					
N (5 11/2 14/1 A) ( 7 7 1	DI (6		FACI	LITY INFO	RMA	TION	-	· = · · · ·	**						
Name of Facility Where Abatement is Taking Farm at intersection of Kings Hwy at Street Address			tation l	Rd				of Facility ( School (K-1 Subchapter	2)	ar than k	( 12)				
Intersection of Kings Hwy and Asbu	ry Stat	ion Ro	ł				Ø	Other (i.e. p etc.)	rivate 8	& comme		build	90 <del>7</del> 2 8		s,
City (5) Woolwich, NJ						X		re Feet		Floors			dg. A	ge	
County (6) Glaucester		(		Code (7) USE ONLY)			Vac	ent Use (Prid ant	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building Or Indoor Environment Concepts	wner (8)		ASCN	1 No.				itement Cor nvironme							
Street Address 286 Sunset Road						150		vood Driv	е						
City, State, Zip Code Barrington, NJ 08007-1439						1,000,000,000		ip Code on Crossii	ng, PA	1897	7				
Project Manager for Monitoring Firm Mike Menz			Telephor (609) 5	ne No. 502-2213	3		none N 240-8			License 01225					
	Schedule 09/29/2		pletion (	Date (11)		Name Sam		HA Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addre	ss							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of /	Abatem Hours	ent		_	City, S	State, Z	ip Code							
Scope of Work (Check All That Apply)						202	106								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				2	Min Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure	A 600 - 100				е	
Location of	1	Locatio	у		D	escription	n of						111111111111111111111111111111111111111	ment pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma Cus	ed Solel iintenan todial S (12)	taff?		os Co therm surf	ntaining N al system facing, VA miscellar	Materia s insula NT, or	ation,	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A												
				X											
Name of Daviet		1.35	IDEE:					I NI	D		16.1.				
Name of Registered Waste Hauler Service Transport Group		H	JDEP W auler ID N2117	No.	1.000	ic Yards /aste )		Name of Minerva							
City, State New Castle, DE					Disp TBD	osal Date		City, State Waynes		ОН					
Completed by Elizabeth Gosek	Title Pres	ident				Signature	4	4	2		Date 08/		2018		



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Leur	NC					S ABATE and 12:120			EC	E		$\mathbb{V}$			A THE STREET
Date of Notification (1) 08/27/2018						r/Operator tial, LLC			A 1	10 0	0 0	010	100	The second secon	and the state of t
Agencies Notified Type Notification  EPA Initial		100	Street A 120 W		ntow	n Pike, S	Suite	120	AU		8 6	Ujū	Chert bed by the contract		Design of the last
DEP Amended Amendment #		-	Plymo			PA 194	62		ASBES	FOS (	NOC NAS	THO 3	Lä	a.4554 +	The species
DOH justification)  Cancellation	iolaaliig	0.00		Contact iore, Jr.					100000000000000000000000000000000000000	ephone 0-277-					
			FACI	LITY INFO	RMA	TION									
Name of Facility Where Abatement is Taking Farm at intersection of Kings Hwy a Street Address		ry S	tation l	Rd			Тур	School (K-Subchapter	12)		V 10				
Intersection of Kings Hwy and Asbu	ry Statio	n Ro	d d				図	Other (i.e. petc.)					lings,	home	es,
City (5) Woolwich, NJ							Squ	iare Feet	# of	Floors	7	В	ldg. A	ge	
County (6) Glaucester			County C STATE U	Code (7) JSE ONLY)				rent Use (Pri cant	ior if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building O Indoor Environment Concepts	wner (8)		ASCM	No.		0.0000000000000000000000000000000000000		patement Co Environme		3.5					
Street Address 286 Sunset Road						Street 150		ess wood Driv	/e		200200				
City, State, Zip Code Barrington, NJ 08007-1439								Zip Code ton Crossi	ing, PA	A 1897	7				
Project Manager for Monitoring Firm Mike Menz		11 8	Telephor (609) 5	ne No. 502-2213	3	Teleph 267-		No. -8365		Licens 0122		).			
	Scheduled 09/29/20		pletion [	Date (11)		Name Sam		SHA Monitor							
Occupancy Status During Abatement (Check	Only One)					Street	Addr	ess							
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Ab Il Facility H	atem lours	ent			City, S	State,	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat				×	I N	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure					e	
Location of	sf or ≥260 lf Dem  Is Lo  Location of Nor													ment pe	i
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Used Maint Custoo	enan	ce/		os Co therm sur	Description ontaining Mal systems facing, VA miscellar	Materi s insu T, or	ılation,	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
		8													
Name of Registered Waste Hauler		1000000	JDEP W			ic Yards		Name of	Registe	red Lar	dfill				
Service Transport Group			N2117		TBE			Minerva		rprise	S				
City, State New Castle, DE					TBE			City, Stat Wayne		ОН					
Completed by Elizabeth Gosek	Title Preside	ent				Signature	4	14	2		Date 08/	e 27/2	018		

	- <del>-</del>	Is Location Normally	lly ion	]			Abate Ty	Abatement Type
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Ma Cus	Used Solely by Maintenance/ Custodial Staff? (12)	ly by nce/ Staff?	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Remova	Repair	Enclosu
(13)	Yes	N <sub>o</sub>	N/A			ls	3.5	-
Farm House			×	Flue packing	2 SF	×		
Farm House			×	Pipe insulation	1 LF	×		1
Small Barn			×	Roof shingles	30,415 SF	×		
Worker House #1			×	Window glazing	10 windows	×		-
Farm House #3			×	Window glazing	45 windows	×		-
Farm House #3			×	Pipe insulation and debris	90 LF	×		-
Farm House #3			×	Wall transite exterior	2,600 SF	×		-
Garden Fruit Building			×	Window caulk	3 windows	×		-
Fire-damaged Structure			×	Transite exterior	600 SF	×		-
Worker House #3			×	Window glazing	11 windows	×		
Worker House #3			×	Transite	1,200 SF	×		



NOTIFICATION OF ASBESTOS ABATEMENT Check#3152 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 \_ / 18 Tim Entwistoe Type Notification Agencies Notified Street Address ☐ EPA ✓ Initial DOLWD. ☐ Amended City, State, Zip Code ASBESTOS CONTROLA Amendment # X DHSS Ridgewood, NJ 07450 ☐ Emergency (including DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Tim Entwistoe FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) Ridgewood, NJ 07450 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 09 / 18 09 / 08 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure Renovation Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation. TO BE ABATED (Specify Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A X X 30 LF Pipe insulation Basement П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill TBD T.R.R.F. Inc Gr Tech LLC 0033785 City, State Disposal Date City, State Tullytown, PA Wayne, NJ 07470 TBD Completed By (Print or Type) Title Signature Date ewic wenad 08/27/18 N.Jevtic Owner

State of New Jersey

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

Date of Notification (1)   South production (2)   Street Address   Administration Building-Elizabethtown Plaza   AUG 0 0 2018   Street Address   Double (NIAC 5.23-6)   Iminisal and purpose of Notification   County of United (NIAC 5.23-6)   Iminisal and purpose of Notification   County of United (NIAC 5.23-6)   Iminisal and purpose of Notification   County of Nice of Nic	Date of Notification (4)		-			1.61	(D )	0 10		IIII E C	E	11	V/7 I	F (
DIVID   DIVID   Emergency (including justification)   Divided	Date of Notification (1)	23 /	18	3 2 2		The control of the control		77 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(2)		La .	<u> </u>	<u> </u>	5/
DIVISION	Agencies Notified	Type Notific	ation			Stree	t Address			TILLI ALIC	0.0	, co	4.4	111
Doctor	⊠ EPA	1000000				Ad	ministrat	ion Building-El	izabethtown Pl	aza HUU	J ()	20	18	1
DOA   Content	□ DOLWD		W 100 W00							† i		A - 1		1
Name of Facility Where Abatement is Taking Place (3)	The state of the s			_		1				ASSESTO	Six	Alre	100	-5
Cancellation   Owers Agent - Ryan Jones, C.M.   609-276-7382	# 5 <del>7</del> 5 7 6 7 1 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5			cluding	3		Committee A					110	V1. G	
Second   S	(NJAC 5.23-0)								C M					
Name of Pacility Where Abstement is Taking Place (3)		- Carlocila	tion:					-	, C.IVI.	009-270-730				
School (K-12)   Street Address   Stre						FA	CILITY IN	IFORMATION						
Subchapter 8 (Cher than K-12)	The state of the s		Γaking	Place	(3)									
City (5)   Square Feet   s of Floors   Bidg Age   Square Feet   squar		thouse												
County (6)												ildino	IS.	
Elizabeth	2 Broad Street													
County (6) Union Union Name of Monitoring Firm Hired by Building Owner (8) T and M Associates  Street Address 494 East 41st Street  City, State, Zip Code Bloomfield, NJ 07003  Project Manager for Monitoring Firm Nevin Burns  Starte (10) 08 / 27 / 18 07 / 22 / 19 08-347-4396  Cocupancy Status During Abatement (Check only one) Fecility Closed/Vacated During Entire Period of Abatement Type Occupancy Status During Abatement (Check only one) Throughout 1st, 2nd, 3rd, 4th Floors  Is Location of Asbestos-Containing Material (ACM) In Facility (13)  Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.  County Code (P) State Ontractor (9) City, State 2 Dode Paterson, NJ 07504  Project Manager for Monitoring Firm Telephone No. 908-347-4396 973-345-0022 00507  Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Same as above  Street Address  City, State, Zip Code Paterson, NJ 07504  Project Manager for Monitoring Firm Poly Associates  Street Address  Street Address  100-1050  City, State, Zip Code Paterson, NJ 07504  Project Manager for Monitoring Firm Poly Associates Paterson, NJ 07504  Project Manager for Monitoring Firm Poly Associates No. 07504  Paterson, NJ 07504  Pa	City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Union  Name of Monitoring Firm Hired by Building Owner (8)  Tand M Associates  Street Address 1455 Broad St., Suite 250  City, State, Zip Code Bloomfield, NJ 07003  Project Manager for Monitoring Firm Kevin Burns  Start Date (10) 08 / 27 / 18 07 / 22 / 19 08-347-396  Occupancy Status During Abatement (Check only nown) 1 Facility Closed/Vacated During Entire Period of Abatement 1 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AM-2:30PM   1:pmPMAM  Scope of Work (Check all that apply)    Safe 3 sf or ≥ 38 fr	Elizabeth								55,000	5		80 <b>+</b>	yrs.	
Name of Monitoring Firm Hired by Building Owner (8)	County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Tand M Associates	Union								Office Build	ding				
Street Address 1455 Broad St., Suite 250  City, State, Zip Code Bloomfield, NJ 07003  Project Manager for Monitoring Firm (Nevin Burns)  Start Date (10)	Name of Monitoring Firm	Hired by Build	ding C	wner (	(8)	ASCM	No.	Name of Abater	nent Contractor (9	)				
1455 Broad St., Suite 250	T and M Associates	3				001	45	East Coast	Haz Mat Remov	/al, Inc.				3
City, State, Zip Code Bloomfield, NJ 07003  Project Manager for Monitoring Firm Kevin Burns  908-347-4396  Scheduled Completion Date (11)  08 / 27 / 18  Scheduled Completion Date (11)  07 / 22 / 19  Scheduled Completion Date (11)  97 / 22 / 19  Street Address  City, State, Zip Code  973-345-0022  00507  Name of OSHA Monitor Same as above  Street Address  Street Address  Street Address  Street Address  City, State, Zip Code  Street Address  City, State, Zip Code  Street Address  Street Address  City, State, Zip Code  Street Address  City, State, Zip Code  Street Address  Street Address  City, State, Zip Code  City, State, Zip Code  Street Address  City, State, Zip Code  Street Address  City, State, Zip Code  Street Address  Street Address  City, State, Zip Code  Street Address  City, State, Zip Code  Street Address  City, State, Zip Code  City, State, Zip Code  Street Address  City, State, Zip Code  City, S	Street Address							Street Address						
Paterson, NJ 07504	1455 Broad St., Suit	te 250						494 East 41	st Street					
Paterson, NJ 07504	City, State, Zip Code							City, State, Zip (	Code					
Project Manager for Monitoring Firm   Telephone No. 908-347-4396   973-345-0022   00507		03												
Start Date (10)					Te	lephone	No		0 0.004	License No				-
Start Date (10)									2	V-04-734 1.047 7.04 0				
Same as above			Sched	uled C						00001				-
Street Address   Street Address		Contract of the Contract of th												
Facility Closed/Vacated During Entire Period of Abatement									ove					
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AM-2:30 PM / 1 : pmPMAM								Street Address						
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Mini-Enclosure   Glovebag Procedure - Work All All All All All All All All All Al							aribo							
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Description of □ St. Coation of □ Non-Exempted (*) and Non-Friable Procedure □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								City, State, Zip (	Code					
3 sf or ≥3 if	Scope of Work (Check all	that apply)						☐ Full Co	ntainment with Ne	gative Pressure				
Non-Exempted (*) and Non-Friable Procedure   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   N/A   Sestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Sector Inc.   I								☐ Mini En	alaqura		- 0.			
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Throughout 1st, 2nd, 3rd, 4th Floors   Pipe Insulation   Pipe Insulation	≥160 sf or ≥260 lf			∐ De	molit	ion		⊠ Gloveb	ag Procedure - M	UNAMACUI	PX	CCG	elun	-67
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Throughout 1st, 2nd, 3rd & 4th Floors  Throughout 1st, 2nd, 3rd, 4t				lo	Loor	ntion	T	□ IVUII-EX	empled ( ) and No	Triable Procedur	1 55			
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Throughout 1st, 2nd, 3rd, 4th Floors Throughout 1st, 2nd, 3rd, 4th Floors  Thro	Location	of						Description	of			1		
Second State			1)				Asbe			Amount	Rer	Rep	Enc	Enc
Throughout 1st, 2nd, 3rd & 4th Floors							(i.e				Nov	air.	aps	losi
Throughout 1st, 2nd, 3rd & 4th Floors		у								SF or LF)	1 20		ulat	Te
Throughout 1st, 2nd, 3rd, 4th Floors   Pipe Insulation   500 LF	* *			Yes	No	N/A			/				æ	
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.  City, State Paterson, NJ  Completed By (Print or Type) James Unger  NJDEP Waste Hauler ID No. 419  NJDEP Waste Hauler ID No. 419  Cubic Yards of Waste Usaste Signature Various 2018  Name of Registered Landfill G.R.O.W.S., North W/M of PA  City, State Various 2018  Morrisville, PA  Date  Date  James Unger  Sr. Estimator/Project Mgr.	Throughout 1 <sup>st</sup> , 2 <sup>nd</sup> , 3	rd & 4 <sup>th</sup> Floo	ors			$\boxtimes$	Wall/ce	iling plaster		9,700 SF				
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.  City, State Paterson, NJ  Completed By (Print or Type) James Unger  NJDEP Waste Hauler ID No. 419  NJDEP Waste Hauler ID No. 419  Cubic Yards of Waste 150  Cubic Yards of Waste 150  City, State Various 2018  Name of Registered Landfill G.R.O.W.S., North W/M of PA  City, State Various 2018  Morrisville, PA  Completed By (Print or Type) James Unger  Sr. Estimator/Project Mgr.	Throughout 1st, 2nd,	3rd, 4th Flo	ors			$\boxtimes$	Pipe In	sulation		500 LF				
Name of Registered Waste Hauler  East Coast Haz Mat Removal, Inc.  City, State  Paterson, NJ  Completed By (Print or Type)  James Unger  NJDEP Waste Hauler ID No. 419  NJDEP Waste Hauler ID No. 419  Cubic Yards of Waste 150  Ciby, State Disposal Date Various 2018  Morrisville, PA  Signature  Signature  Signature  Date 23-18														
East Coast Haz Mat Removal, Inc.  Hauler ID No. 419  City, State Paterson, NJ  Completed By (Print or Type) James Unger  Hauler ID No. 419  Disposal Date Various 2018  Waste 150  City, State Various 2018  Morrisville, PA  Signature Sr. Estimator/Project Mgr.											П	П	П	П
East Coast Haz Mat Removal, Inc.  Hauler ID No. 419  City, State Paterson, NJ  Completed By (Print or Type) James Unger  Hauler ID No. 419  Disposal Date Various 2018  Waste 150  City, State Various 2018  Morrisville, PA  Signature Sr. Estimator/Project Mgr.	Name of Registered Wast	e Hauler	150,000		Ŧ			Cubic Yards of	Name of Regis	stered Landfill				-
City, State Paterson, NJ  Completed By (Print or Type) James Unger  Disposal Date Various 2018  Disposal Date Various 2018  Morrisville, PA  Signature  Sr. Estimator/Project Mgr.	]		nc.		1.3						РΔ			
Paterson, NJ  Completed By (Print or Type)  James Unger  Various 2018  Morrisville, PA  Signature  Sr. Estimator/Project Mgr.	A STANDARD OF THE STANDARD SECTION OF THE COMPANY O					419				.,				
Completed By (Print or Type)  James Unger  Title  Signature  Date  23-18										- DA				
James Unger Sr. Estimator/Project Mgr.	The second section of the second section		T						VIOTTISVIII	, PA	y			
James Unger Sr. Estimator/Project Mgr. June 4 1/4 1-23-18		pe)	1.77					Signature	/ //	Da	63	-		25
OD 44			Sı	. Esti	mat	or/Proj	ect Mgr.	leur	2 4 1/9	0	1-3	23	-/	3

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

Date of Notification (1)					1.1				In E C	E	11	1/1	F P
	10 /	18			100	e of Buildin ounty of l	g Owner/Operator ( Jnion	(2)		(2)	<u> </u>	<u>"</u> [	5
Agencies Notified  EPA	Type Notific				200,000	et Address Iministra	tion Building-Eli:	zabethtown Pla	Za AUG	30	20	18	The second secon
☑ DOLWD ☑ DHSS	Amende Amenda					State, Zip							-
☐ DCA	☐ Emerge	ncy (inc		g g	_	zabeth, N		ļ.	ASBESTO LIC	IS CO. ENSIM	NTR	OL 8	-1 1
(NJAC 5:23-8)	justificat				4	e of Contac vers Age	<sup>ct</sup> nt - Ryan Jones,	C M	Telephone Nun 609-276-73	nber	the one the second of	Charles of the S	Name of Street or other party.
	-						NFORMATION	O.IVI.	009-270-73	52			
Name of Facility Where	Abatement is	Taking	Place	(3)		CILITTI	NFORMATION	T 5 E - 100 /					
Union County Cou		9	1 1000	, (0)				Type of Facility (					
Street Address								School (K-12) Subchapter 8	) (Other than K-12	2)			
2 Broad Street								Other (i.e., pr	ivate and comme	rcial b	uildin	gs,	
City (5)		-						homes, etc.)	Tu 751				
Elizabeth								Square Feet 55,000	# of Floors		ldg. A	\ge · yrs	
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Price				y.0	_
Union							,	Office Buildi		Silvaj			
Name of Monitoring Firm	Hired by Buil	lding O	wner (	(8)	ASCM	No.	Name of Abateme		9				
T and M Associates	5				001	45		laz Mat Remova	al. Inc.				
Street Address				2000			Street Address		,				
1455 Broad St., Sui	te 250						494 East 41s	t Street					
City, State, Zip Code							City, State, Zip Co	A CONTRACTOR OF THE PROPERTY O					
Bloomfield, NJ 070	03						Paterson, NJ						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.		-		
Kevin Burns				9	08-347	7-4396	973-345-0022		00507				
Start Date (10)		Schedu	iled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor				100	-
07 /23 /	18	07	7 /	_2	2_/	19	Same as abo	ve					
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address		Yan iso.				
☐ Facility Closed/Vacate	d During Enti	ire Peri	od of A	Abate	ement								
Abatement Performed of Abatement:	Outside of No AM- <u>2:30</u> PM/	ormal F 11:pm	acility PM	Hour	rs - Desc _AM	cribe Time	City, State, Zip Co	ode					
Scope of Work (Check all	that apply)											-	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		]	⊠ Rer □ Der	novat moliti			∐ Mini-Encl ⊠ Glovebag			re			
(97 98)				Loca							atem	ent T	vne
Location Asbestos-Containing N		n		lorma d Sol	ally ely by	A = b = -	Description of				T	T	
TO BE ABA	TED	"	Mai	ntena	ance/	(i.e	stos Containing Mat ., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	у		Cust	odiai (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	≥.	psul	Sur
			Yes	No	N/A		other miscellaned	ous)				ate	TO .
Throughout 1 <sup>st</sup> , 2 <sup>nd</sup> , 3	rd & 4 <sup>th</sup> Floo	ors			$\boxtimes$	Wall/cei	ling plaster		9,700 SF				П
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		[											
		[								$\vdash$	П	П	
Name of Registered Wast	e Hauler			1	JDEP V	Vaste	Cubic Yards of	Name of Registe	red Landfill		ш	ш	Щ
East Coast Haz Mat	Removal, I	nc.		F	lauler ID	No.	Waste 150		North W/M of	PA			
City, State					N-214		Disposal Date	City, State					
Paterson, NJ							Various 2018	Morrisville, I	PA				
Completed By (Print or Ty	pe)	Title		- M			Signature	/ //	Da	te			
James Unger		Sr.	Estir	nato	r/Proje	ect Mgr.	And.	4 Mm		)-	1).	-1)	RI
SB-41		-								1	1	16	/

MAY 11

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

#### PAID

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

CHOCK # 244

Date of Notification (1)	_				Name of Building Own	ner/Operati	or (2)						
Agencies Netified	3	T 51	_		Sussex Wattage Boa	ard of Edu	cation	- man show	Commence of the Commence of th	Printed Living	د د روس مواد است	Spare of the Spare	THE PARK
Agencies Notified		Notification	Type		Street Address 10 Loomis Avenue	the Both years		E C	E		/ E	11	1
☑ EPA □ DCA		☐ Initial No		n	City, State, Zip Code	11	= 1	The San State State of Concession of the San State of San	f burning bear	-	mant		
⊠ DOL				fication (including	Sussex NJ 07461		1			1000000000			11
□ DEP		justification		ilication (including	Name of Contact	4		Teleph	none N	umber	8	1111	11
⊠DOH		☐ Cancelle			Francis Pietrowski	4000		862-26	8-710	5		Success	- Total
N (F 10)				FACILITY IN	FORMATION		In F	SBEST	OS C	ONTA	OL 2.		7
Name of Facility Where Al Sussex Wangle S	chool	Taking Place	(3)		Type of Facility (4) ☐ School (K-12)		and the second second		CENS			222	Ti Berney
Street Address	CHOOL				Subchapter 8 (oth	er than K	12)					Marcoll Holes	-4
10 Loomis Avenue					Other (i.e. private & co	ommercial	buildir	ngs., hom	nes, etc	c.)			
City (5)	County (6)		Coun	ty Code (7)	Sq. Feet: # 96000 of F	Floors:2	Bldg. /	Age: 86 y	ears of	ld			
Sussex , NJ	Su	ssex		Use Only)	Current Use (prior if be	eing demol	ished)						
Name of Monitoring Firm	Hired by Bld	g. Owner (8)	ASCI	/ No.	Name of Contractor (9)	)							
Health & Safety Services,	Inc.		117		BL Contracting Inc.	-							
Street Address					Street Address					W-1			
PO Box 365 City, State, Zip Code					5 Marguerite Lane								
Berlin, NJ 08009					City State, Zip Code Towaco NJ 07082								
Project Manager for Monito	oring Firm	Telephone	Number		Telephone Number		-	License	Mumb	ner			-
Jim Proctor		609-839-24			973-901-0153			01265		<u> </u>			
Scheduled Start Date (10)	Wellow	Scheduled (	Complet	tion Date (11)	Name of OSHA Monito	or				-			
08/25/18		08/28/18				_							
Occupancy Status During	Abatement (	Check only on	<u>e)</u>		Street Address					-			-
□ Facility Closed/Vacated     □ Abatement Performed O	During Entil utside of No	re Period of Al rmal Facility H	oatemer ours -	nt	City, State, Zip Code								
Describe					Oity, Otate, 2ip Code								
⊠Other – Describe: Satur	day, Sunda	y, Monday 7A	M-3;30	PM									
Source of Work (Check all	that apply)				L								
≥ 3 sf or	> 3 If			☑ Renovat	ion	⊠ Mini-En	closur	•					
⊠ ≥ 160 sf				□ Demolition		⊠Glove-ba							
_				= Demond	707	□ Non-Fria	able P	rocedure					
Location of Asbestos-	ls Lo	cation Norma	lly	Description of As	bestos Containing Materi		Amoun		7	temen	Type		_
Containing Material (ACM) Facility (13)		d Solely by		(ACM) (i.e. them	nal systems insulation,	(:	Specif	y SF or					
r admity (13)	(12)	nt./Custodial S	тап?	surfacing, VAT, o	or other misc.)	L	.F)		Remov	ve Repai	r Encap	Enclose	62
C	YES	S NO	NA										
Gym			X	Remove concre	te and Pipe insulation	5	5 LF		X				
												T	
Name of Reg. Waste Haule	r	NJDEP Was	te Haule	er ID#	Cubic Yards of Waste		T	Name of	f Regis	tered	Landfill		
BL Contracting Inc		0036784			4			T.R.R.F					
						Dispos	al De	-	10	ih, Ct	nto		
								.0		ity, St ullytov	<u>ate</u> vn, PA		
Completed by (Print or Type	2)	Title			Cinnet	08/28/2	2018						
Nedo Vasilic	=1	Project Man	ager		Signature			Date 8/24/201	10				
7.86%		, - • • • • • • • • • • • • • • • • •	-5-1		Medo Vac	3.1.5		01241207	0				

08/22/2018 10:35 2012620321

AMAC

HOTERCATION OF ASSESTOS ASATEMENT

CHECK # 1132

		**			e:pu sng 12:12	, bonnesse,	- 34444. (	5.01	100	B ) F		7
Date of Notification (1) 8/22/18			Neme		Owner Operato		** ***	DUL-	tyl	AY	00	- No.
Agencies Notified Type Notific	alion		Street	Address	IELD CH	-131 AV	-	WIENS	1-0	1,4-6-1	1E	1
EPA Initial Amend			City, St	ata, Zp C	700 Mai	<u> سراه جندر</u>	-	MEVILLE	2 - 2		Lin.	School September
Fman	iment#_ ency (including			بهإ	u Croff.	٨,٦٠	di	187	, N	Ali	0	The same
DOH justific	nthan)	'		if Contact	J		141	ANTERNA	Mor	TAVE	'n	+
Bank West Auto	- dans de constante de constant		L. FAC	C (42)E	PAGES		West a	HI BOT	1248	95		- 3
Name of Fecility Where Absternant Is	Taking Place (	3)	FFXF	Peter P & State	etmartrere	Type of I	dity	(4)		<u> </u>	1 1 E I	Sil
Street Address	······································					B 504	# (P)	12) ir 6 (Other the				
						THE CHAIN	fie,	wa (chiel the	n K-12) merciel	gniiskud	w, hon	100,
City (5)		TOO SECURITION	W. Pater Village	Piercen	THE RESIDENCE OF THE PROPERTY OF	Square F	Bit .	# of Floor	r <u>i</u>	Side	. Ans	
COUNTY (8)	MIE					175		7		4	_	
Berson				Code (7)	)	1	1 4	for If being da		<b>前</b>		*
Name of Monitoring Firm Hired by Bull	ding Owner (6)	)	ASCI	vi Na,	Name	of Abertary	行	3 (POUT)A	٤.			
The second secon					A,M	AC Cont	cth	g Inc.				
Street Address				, 4		Address Midland	National Property Control	**************************************	*			
City, State, Zip Code						Hate, Zip C						
The second secon	and the		4			and Park		07432				
Project Manager for Monitoring Firm			Telepho	ne No.		varue No.	mengani as		nee No.	and the same of th		-
Start Date (1p)	Schedul	ed Cor	nolation	Date (11)		262-584		001	58	-		-
8/22/18	à	1/2	0/18	mara (11)				mai Service	es inc			
Occupancy Status During Abstament (		16)	-		Street	Address			41.70			
Facility Closed/Vaceted During En Application Performed Quizide of	tim Period of A Hormal Facility	Abéten Houn	resnt i			Huyler Si						
Other - Describe:		-	-			vanasok,		7606				
Scope of Viola (Check All That Apply)	- Adutamina	HOLTHPOID W	ACTION OF STREET PARTY AND ADDRESS OF THE PART	ALL REAL PROPERTY AND ADDRESS OF THE PERSON						- Carried Street, Stre	*********	
2 >190 at at 5560 A 5 5 24 04 55 M		lenovo Iemolit				Mini-En	DELIN	conclusion .				
The second secon	la.	Lòcati	05			MOR-EX	DOGS	d (") and Non-	Friable		ir <del>a</del> Iomani	-
Looston of	1 1	domail de Siete	ty		Decomption	or			L	10,000,000	уре	
Autostos-Containing Material (ACA TO REASATED	Me	internal ocial S	יממר	Asbost (i.m.	os Conteining M Promot systems	laterial (AC:	1)	Amount (Specify		20	雪	m
In Facility (13)	Chage	(12)	114001	,	surfacing, VA	T. or		SFOLE		Rup	Encupa	Enclos
	Yes	No	N/A		iculti bili chekironie vib <del>i</del> la	,				OF ST	sufato	RUN-S
EXTENSE			1		Sidna		-	المعلى المام عوال	-	/-		
MITELIUS.			1	Commence on Contract	SANG SANG	communication of the second		<u>160058</u> 3058	-	1	-	_
	11				T PHILIP		-	3034	-1	+	+	
TO TO THE PARTY OF	1						-			-	-	
Name of Registered Waste Hauter	-		DEP W		Cubic Yards	Ne	80	Registered Las	NOTE I		11	
Newark Carling Inc.			1509	10.	of Week To	G	nd t	Central San	itary L	andfill		
Aty, Siece Vewerk, NJ 07105	Sit it is a second				Disposal Date		Stell	3///				
Completed by	Title	or committee the	reterminative (area (a		SIGNATURE SIGNATURE	P	IA	yi, PA 087				
oseph Vocaturo	Vice i	resid	iont		Partition Unit	V	_		Date		MEI.	
the second secon	messeamophisy exite-		-			You.	41.5	Lanena Carrent	5/	12/1	0	

ASS-47 (R-08-08)

· Donot use this it in it. asbeston transure exempted activities.





Date of Notification (1) 08/23/18				Name o	of Building udy Col	Owner/eman	Operat	or (2)	1) 5		, 11 11	E	1		3
Agencies Notified Ty	pe Notification			Street A		- Indii			- 1				And the second	4	
EPA X DEP DOL	Amended Amendment				ate, Zip C ield, NJ			1	The state of the second state of		0 201			Address that the second of the	
DOH DCA □	Emergency ( justification) Cancellation		}		of Contact udy Col						lephone N		****	E CONTRACTOR DE	
				FAC	ILITY INF	ORMAT	ION :								
Name of Facility Where Abat Residential	tement is Takin	g Place (	3)					Тур	e of Facility School (K-	12)					
Street Address								×	Subchapter Other (i.e. petc.)				ldings	, hom	es,
City (5) Plainfield									are Feet 00 +	2 -	f Floors		Bldg. 50 +	Age	
County (6) Union					Code (7) USE ONLY	)			rent Use (Pri sidential	or if be	ng demoli	shed)	10.77		
Name of Monitoring Firm Hire	ed by Building (	Owner (8	)	ASCN	M No.				atement Contracting &			I Con	sultir	ng, Ir	ıc.
Street Address							10000	et Addre I1 Rou							
City, State, Zip Code									Zip Code NJ 07470						
Project Manager for Monitorin	ng Firm			Telepho	ne No.			phone N 3-628-			License 00408	No.			
Start Date (10) 09/10/18		09/17/	18	mpletion	Date (11)				HA Monitor racting &	Enviro	nmenta	l Con	sultir	ıg, In	iC.
Occupancy Status During Ab	atement (Check	k Only O	ne)					et Addre	30.78						
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire F Outside of Norm	eriod of all Facility	Abate y Hour	ment rs			City,		Zip Code						
Scope of Work (Check All The	at Apply)						Wa	yne, N	J 07470						
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>	ат Арргу)	_	Renov Demol					× GI	ull Containmoini-Enclosure ovebag Procon-Exempted	e cedure				<b>70</b>	
		Is	Loca	tion					JII Exemple	( ) an	u NOIPI IIC	T DIE FIL	3200	emen	t
Location of			Norma	ally			scriptio					_	T	/pe	
Asbestos-Containing Mate TO BE ABATEI In Facility (13)		Ma	intena	ance/ Staff?	Asbes (i.e.	thermal surface	systen cing, V	Materians insul AT, or aneous)	- 1000	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement				X		Pine	Insul	ation		3	5 LF	X	-	_	
				X			Insul				S LF	X	+	-	
											, LI	Α.	+-	-	
												+	-	-	
Name of Registered Waste Ha	auler		1	NJDEP W	/aste	Cubic	Yards		Name of I	Registe	red Landfi	11			
J.R. Contracting & Envir	onmental Co	onsul.,		Hauler ID 7819	No.	of Was 5	ste		Grand (	Centra	ıl Landfil				
City, State Wayne, New Jersey						Dispos	al Date	е	City, State Pen Arg		nnsylva	nia			
Completed by Jerry Bijelonic		Title Proje	ct M	anager		S	ignatuı	re			100	ate 8/23/	18		

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

	74 N B /		-		8:60-7 and				VI.			
Date of Notificatio	n (1)	þ			ding Owner,	Operato:	and the same of th	6 E 5		est a manufacture		
8/24/2018			Jan	Sudi	nick		HIN E	CEI	$\mathbb{W}$	5 1	31	
Agencies Notified	Type Notificat	ion	Street	Addres	ss		11:41		THE PERSON OF	7/1	A COLUMN	
[ ]EPA	[X]Initial							6110		And the same		
[ ]DEP	Notificat	ion	City, S	State,	Zip Code	f.	- Hilli	AUC 3.0	2018		#	
[X]DOL	[ ]Amended	. 11	Line	den,1	NJ,0703	6						
[X] DOH	Notificat		Name of	Conta	act		Telepho:	ne Number	17.03.01	· f		
	[ ]EMERGENCY			Sudi			relepiio	Liorday		62	(Section)	
[ ]DCA	[ ]Cancellati	on	0 0.11	244			į				4	
	1			FACIL	ITY INFORM	ATION						
Name of Facility Who	ere Abatement is	Takin	g Place	200000000000000000000000000000000000000			Type of Facil	ity (4)				
Jan Sudnick							[ ]School	(K-12)				
		LINE TO SERVICE THE SERVICE TH						ter 8 (Oth	er than	n K-1	2)	
Street Addres							TH 20 E	i.e., privouildings,				
			•								900	
City (5	Co	ounty (	6) Essex		County Co	de (7)	Square Feet	# of Flo	ors E	ldg.	Age	
				7.1	(STATE US		Current Use (	Prior if b	aing de	i Lome	shed	1
Linden	U	nion					Current ose (	PILOT II D	erng a	5m011	51100	<b>'</b>
Name of Monitoring			ASCM	No.	Name	of Abate	ment Contracto	r (9)				
Owner (8)	<del>.</del>	_			11		MANAGEMENT					
N/A Street Address						t Addres						
ouce made					11		stopher St					
City, State, Zip Coo	de				Ci tv.	State.	Zip Code				7	
<u>.</u> ,					-		r, NJ 070	42				
Project Manager for	Monitoring Firm		phone	Number	141 275	hone Num			Licens		ber	7
er principal		N/Z	A		(9	13) 144	1-8800		003	/1		
Scheduled Start Date		Comple			0.50	of OSHA	Monitor					
	18 9		14	18	N/A							
Month Day Y Occupancy Status Dur	ear Mont			Year ne)	Stree	t Addres	s	***				
[X] Facility Clo	sed/Vacated Dur											
of Abatemen [ ]Abatement Pe	rformed Outside	of Nor	mal Fa	cility	City	State	Zip Code					
Hours - Desc	ribe: «OffHours	Descrip	t»	-	DICY,	Deade,	Lip oods					
	ribe: «Other Occ		Descri	pt»								
Scope of Work (Check	k all that apply	r)				ווייםו	Containment wi	th Negative	o Proce	SIITA		
[X]>3 sf or	>3 lf	[X	] Renova	ation			inclosure	ur Negaciv	e ries:	sure		
[ ] <u>≥</u> 160 sf		[	]Demoli	ition			bag Procedure					
***************************************			Is	-		[ ]Non-F	riable Procedu	re	Ah	atem	ent :	Type
Location	n of		cation		De	scription	on of				E	E
Asbestos-Cor	[ [ [ [ [ ] ] ] [ [ ] ] [ [ ] ] [ [ ] ] [ [ ] ] [ [ ] ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ [ ] ] [		Used			stos-Con		Amount	R		C	C
Material TO DE AD			olely Main-			terial (	(ACM) L systems	(Specify SF or	y M	P	A	D L
TO BE AB		tē	nance/				acing, VAT,	LF)	V	- A	P S	S
(13)	-		stodial				llaneous)		A	D	U	R
		Yes		N/A				60		-	-	E
Basement			X	. P	ipe ins	ulati	on	60 LF	X	1	-	-
										1		
Name of Registered V	Waste Hauler		EP Was		Cubic Ya		Name of Regi		Hill			
AZTECH MANAG	EMENT, INC		ler ID	No.	of Waste	1.5	Tri - S	tate				
City, State			A CONTRACTOR OF THE PARTY OF TH		Disposal	Date	City, State					
Montclair, NJ	07042				9/15/	18	Bronx,	NY, 104	74			
Completed By (Print	or Type) Title				le	ignature			Date			
Constantine V		sider	ıt			777	atom //	.10		= 1/201	8	
						1125	My 112 //	1.				



NOTIFICATION OF ASBESTOS ABATEMENT

		(Pur				7 and 12:120-7		2200				
Date of Notificatio	n (1)		Name	e of Bui	lding	Owner/Operato	r (2)	F 6 F	п	\17. F	3 [	-
8/24/2018			D:	iedra	Gra	hm	1	NECE			=	
Agencies Notified	Type Noti	ification	Stre	eet Addr	ess			and of the same of				
[ ]EPA	[X]Init	ial						The Alle		N10		
[ ]DEP	Not	ification	City	, State	a. Zip	Code		All Alle		U10	-11	31.1
[X] DOL	[]Amen	ded	1			NJ,07042	* · · · · · · · · · · · · · · · · · · ·				1	19
	Not	ification						1		TOOL	1	
[X]DOH	[ ]EMER	GENCY		of Cor		L	Teleph	none Number	. 2002.00	1		
[ ]DCA			D:	iedra	Gra.	nm			i.			
( <del></del>	[ ]Canc	ellation										
Name of Facility Wh	ere Ahatem	ent is Ta	king P			NFORMATION	Type of Fac	ilitz (4)			_	-
Diedra Grahm		10 10	ALING I	race (5	,		11	ATA NO. II				
							[1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	l (K-12) apter 8 (Other	than	K-12	))	
Street Addres								(i.e., privat				
			*				cial	buildings, ho	mes,	etc.)		
							Square Feet	# of Floor	s B	ldg.	Age	
Montclair		Count	y (6) E	ssex	12 Table 2 Table 2	nty Code (7) ATE USE ONLY)						
MontGlair		_		5	. (31	HIE USE ONLI)	Current Use	(Prior if bei	ng de	molis	hed	)
		Esse						u				
Name of Monitoring 1 Owner (8)	Firm hired	by Build	ing A	SCM No.		Name of Abate						
N/A						AZTECH I	<i>I</i> ANAGEMEN	T, Inc.				
Street Address						Street Addres	s					
						86 Chris	stopher S	t.				
City, State, Zip Coo	de					City, State,	Zip Code					
						Han Berger Warner - Hilliam Land State Land	Lr, NJ 07	042				
Project Manager for	Monitorin	g Firm	relepho	one Numb	er	Telephone Num			cense	Numb	er	
			N/A	Jac Italia		(973) 744		1,260	0037			
Scheduled Start Date	e (10)	Sched. Cor	mpletic	on Date	(11)	Name of OSHA	Monitor					
9 5	18	9	7	18		N/A						
Month Day Y Occupancy Status Dur	ear	Month	Day	Year	:							
[X] Facility Clo						Street Addres	s					
of Abatemen	t				1							
[ ]Abatement Pe Hours - Desc				Facili	ty	City, State,	Zip Code					
[ ]other - Desc				cript»								
Scope of Work (Check	all that	apply)										
(m) 2 - 5				200				with Negative	Press	ure		
[X]≥3 sf or []>160 sf of				novatior nolitior			Enclosure bag Procedure	9				
(5)(4 <u>-</u> man an 1							riable Proced					
>= 00000 p • >>>			Is Locat				5000 PSE		Aba	teme		-
Location Asbestos-Con			Norma.	lly		Description Asbestos-Con		Amount	R	D	E	E
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TO BE AB	ATED		By Ma:			(i.e., thermal		SF or	0	PA	P	0
In Facil	ity		Custod	lial		ulation, surf	경기교로 지난 경기 내려고 가게 되었다.	LF)	VA	I	S	S
(13)		Ye	Staff s No		٥	r other misce	Lianeous)		L	R	L	R
Basement					Pipe	insulati	on	80 LF	X		•	
					-							
										-		
Name of Registered W	Jaste Warl	25	NJDEP	Wasto	Cul	ic Yards	Name of Da	gistered Landf	1 1 1			
AZTECH MANAG		INC.		ID No.	100000000000000000000000000000000000000	Waste 1.5	Tri -		111			
City, State			- / 0-2		Dis	posal Date	City, State	)				
Montclair, NJ	07042				100	/8/18	_	NY, 1047	4			
Completed By (Print	or Timel	Title		-11		Signature			D=+-			
Constantine V		Presid	lent			Me	ate //	111/7 -	Date 8/24,	/2018		

D)	A B N a				STOS ABATEMENT 0-7 and 12:120-7	[ · · · ·	- F 6	Trees, and a		ر در ودر ما ودر	
Date of Notification	(1)				g Owner/Operator		江 5 6	5 1	W	51	17
8/24/2018			Duane	Fle	tcher		4		T - HAVE	7 1	
Agencies Notified	Type Notificat	ion	Street A	ddress		- 1	Alte	3.0.3	nto	11	
[ ]EPA	[X]Initial	.					1197	u U i	515		71
[ ]DEP	Notificat	tion	City, St	96 6	<u> </u>					- 1	1
[X]DOL	[ ]Amended Notificat	ion	Upper	r Mon	tclair,NJ,	07043	1800.10	i chen	1701		2
[X]DOH			Name of (	Contact		Telepho	ne Number			111	
[ ]DCA	[ ]EMERGENCY		Duane	e Fle	tcher	1—					
	[ ]Cancellati	on		1 OTT TM1	THORNAMION		, ,			•	
Name of Facility Whe	re Abatement i	s Takin			INFORMATION	Type of Faci	lity (4)			00000	
Duane Fletche:						[ ]School					
Street Address						[ ] Subcha	pter 8 (Othe				
Street Addres							(i.e., priva buildings, h				
						Square Feet	# of Floo	0.0000000000000000000000000000000000000	ldg.		
City (5	Co	ounty (	6) Essex		ounty Code (7) STATE USE ONLY)				50,300	1725	
				(.	SIAIE USE ONDI)	Current Use	(Prior if be	eing de	moli	shed	)
Upper Montcla	II E	ssex									
Name of Monitoring F	irm hired by B	ilding	ASCM N	īo.	Name of Abate	ment Contracto	or (9)				
Owner (8)			· [	ration is		MANAGEMENT					
N/A Street Address					Street Addres	SS					
					86 Chris	stopher St	:.				
City, State, Zip Cod	le				City, State,	Zip Code Lr, NJ 070	142				
Project Manager for	Monitoring Fire	n Tol	ephone N	umber	Telephone Num			License	Ni m	her	200434
	Monitoring Fir	N/		umber	(973) 744		Î	003		Der	
Scheduled Start Date 9 10			etion Da	7.62		Monitor					
	18 9		TT-1000 10	18 ear	N/A						
Occupancy Status Dur [X]Facility Clos	ing Abatement sed/Vacated Dur	(Check	only one	)	Street Addres	s					
of Abatement [ ]Abatement Per		of No	rmal Faci	ility	City, State,	Zip Code					
Hours - Descr [ ]other - Descr	ribe: «OffHours										
Scope of Work (Check			Debelle			10.00					
	17.70	76 		sing processing		Containment w	ith Negative	Press	ure		
[X]≥3 sf or [ ]≥160 sf o		- 7	Renovat] Demolit			-Enclosure ebag Procedure					
		_	Is		[ ]Non-I	Friable Proced	ure	7.6	n+om/		Ormo
Location	of		ocation ormally		Description	on of			ateme	E	E
Asbestos-Con			Used		Asbestos-Con		Amount	_ R E	F	C	C
Material TO BE ABA		By	Solely y Main-		Material (i.e., therma		(Specify	0	PA	A P	O
In Facil	ity	Cu	enance/ stodial aff (12)	j	nsulation, surf or other misce		LF)	V A	I	S	S
(13)		Yes		/A	or other misee			L		L	R E
Basement			X	Pip	e insulati	.on	100 LF	X	-		
								-	+		
Name of Registered W	aste Hauler	1000	DEP Wast		Cubic Yards	Name of Reg	istered Land	lfill			
AZTECH MANAGI	EMENT, INC		uler ID 1		of Waste 1.0	Tri - S	State				
City, State Montclair, NJ	07042			D	isposal Date 9/13/18	Bronx,	NY, 104	74			
Completed By (Print	or Type) Title	9			Signature	d , ,	11	Date	<b></b>		
Constantine V	ivian Pre	side	nt.		1/2	at a tom	1/1/2	8/24	/201	8	

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PAII	Sept.			N OF ASE to NJAC					E	C	E	N W	7 [E	3 F	
Date of Notification (1) 8/24/2018				of Building						To Secularity	S-2		4	And the second party of th	ACOUNTS COMMENTS
Agencies Notified Type Notification  X EPA Initial			Street A	Address ROUTE	46					AU0	3 0	201	8	The state of the s	
DEP Amended Amendment		_		ate, Zip C SEWOO		07852			ASSE	1870 1101	3 CC ENSI	NTR	01.8		The Control of the Co
□ Emergency justification)     □ DCA     □ Cancellation	70			of Contact BLOOD						ephon	e Nur	nber	control has	سويد ليالي ده سه	
			FAC	ILITY INF	ORMAT	ION									-33-1
Name of Facility Where Abatement is Takin FORMER FIRE CO. No. 2	g Place (	3)						f Facility ( chool (K-1	50		ACTION ATM				
Street Address 580 MAIN STREET							N O	ubchapter ther (i.e. p c.)					dings,	hom	es,
City (5) ROXBURY							Square		# 0	f Floor	'S	В	ldg. A	ge	
County (6) MORRIS				Code (7) USE ONLY	)		Curren	t Use (Pric	or if bei	ng der	molish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASC	M No.				ment Con			CTIN	G, IN	С.		
Street Address							Address	ND AVE	ENUE			20-			
City, State, Zip Code						200000000000000000000000000000000000000	tate, Zip OWA, I	Code NJ 0751	2						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No. 956-87	TO SERVICE OF THE SER		Licer 004	nse N	Э.			
Start Date (10) 9/4/2018	Schedul 9/14/2		npletion	Date (11)				Monitor (9) ABO	VE						
Occupancy Status During Abatement (Chec	k Only Or	ne)					Address	30 .50	-						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: VACANT	Period of a	Abatem y Hours	nent			City, St	ate, Zip	Code							
Scope of Work (Check All That Apply)															
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	processes.	Renova Demolit				×	Mini- Glove	Containme Enclosure ebag Proc Exempted	edure	, 500 1				e	
lander of		Locati Normali											Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole iintenar todial S (12)	ly by nce/ staff?		tos Cont thermal surfa	scription taining M systems cing, VAT niscelland	aterial (/ insulatio Γ, or		(S	mount Specify or LF	,	Removal	Repair	Encapsulate	Enclosure
D005.W4	Yes	No	N/A						98.77					w	
ROOF #1		X		BLA	ACK BA	ASE FL	ASHIN	IG	10	00 LF		Х			
Name of Registered Waste Hauler		l NI	JDEP W	lasta	Cubic	Vord-		Nome of 5	)nai-t-		a den				
TWO BROTHERS CONTRACTING		Н	auler ID 8743		of Was			Name of F WASTE	1,12.50			NT G	.R.O	.W.	S.
City, State TOTOWA, NJ				1 100		sal Date 2018		City, State MORRI		_E, P	Α				
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINAT		ignature		Kin	W.		Dat 8/2	e 24/20	18		

OKU740

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

(4.101° 1)		N		CATION	OF ASBESTOS to NJAC 8:60 an	ABATE		C	外們種	P	E	1 W	7 E
Date of Notification (1)	0		l N	lame of	Building Owner/O	perator (2	)		山州				
	8				2. EUG	EN	C K			AHG	3 A	2/116	_
Agencies Notified	Type Notification		S	treet Ad	dress	2	- 2		1 104 102	1100	J 17	ZUR	5
□ EPA	Initial  Amended			City, Stat	e, Zip Code				1 400	7000		Secretary of the Control	******
DEP DOL	Amendment #		_	10	JOGEV	000	. Q	NJ	. 074	SQ	S CO. ENSIA	VTRO	11.8
DOH	☐ Emergency (incl justification)	luding	N	lame of	Contact				Telephone Nu		The state of the same	tel material and a	- Carlotte
DCA DCA	☐ Cancellation				R. KOR								-
Name of Facility Where A	hotoment is Taking Plac	a (2)		FACIL	LITY INFORMA	TION	Type of	f Facility (4)	1				$\dashv$
Name of Facility where A	R KORET							chool (K-12					
Street Address	- Poice.						□ S	ubchapter 8	(Other than K-12	)	52		
	\$ 7						A 0	ther (i.e. pri	vate & commerci	al buildir	igs, hoi	nes, et	c.)
City (5)				13			Square		# of Floors	В	ldg. A		
, KID	GEM00D			23	**		4	800	Z		17	35	_
County (6)	REEN			County C	Code (7) ISE ONLY)			R	if being demolish				
Name of Monitoring Firm	Hired by Building Own	er (8)		ASCM	1 No.	Name	of Abates	ment Contra	ctor (9)				
						Bes	t Re	moval	Inc.				
Street Address									ver Stre	o t			
City, State, Zip Code			-				State, Zip		ver stre	et			
City, State, Zip code							, 857 8		NJ 07601				
Project Manager for Monit	toring Firm		1	elephon	e No.		one No.	ack,	License				
						201	-329	-7444	0.03	388			
Start Date (10)		chedule				Name	of OSHA	Monitor					
	118	<u> </u>	4/	, 6/1	8	Ome	ga Er Address	nviro	nmental				
Occupancy Status During								lor C	troot				
A hotement Performe	ted During Entire Period d Outside of Normal Fa	cility Ho	inc	0			state, Zip	ler S	LIEEL				
Other - Describe:	8:00 KM TO	2 2	120	-7		Sout	th H	acken	sack, NJ	076	06		
Scope of Work (Check All	That Apply)					1							
≥3 sf or ≥3 lf			Renovati						nt with Negative I	ressure			
□ ≥160 sf or ≥260 lf			Demoliti	on			Glov	i-Enclosure vebag Proces	dure				
							□ Non	-Exempted (	(*) and Non-Friab	ole Proces			_
		6.55	S Location									ement pe	
Location			Normally ed Soleh	5 D	Asbestos Co	Description		ACM)	Amount				
Asbestos-Containing TO BE AB		M	aintenan	ce/	(i.e. thermal sy				(Specify	Re	R	Enca	Enc
In Facil		Cus	(12)	aii:	othe	VAT, or r miscellar			SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A						=		ate	9.
0		165	140				1 1-		5000	7	+		
BASEME	N-1			V	THERMAL S	URFAC	INC		50,8 F	-   1	+-		
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			<u></u>					<u>,, , , , , , , , , , , , , , , , , , ,</u>					
Name of Registered Waste	e Hauler			IDEP Wauler ID		c Yards aste /		Name of R	legistered Landfil	1			
Best Removal	Inc			1710	)9		207		va Ente	rpri	ses	لــــا	LLC
City, State					Disp	osal Date	1.0	City, State				200	
Hackensack,	NJ 07601	T				3/11/	18	Wayne	esburg,	OH 4	468	8.	-
Completed by		Title				Signature	Ma.	ممره	en	8	24	11	8
J. Maiorano		Est	tima	tor		<u>V</u> _	(19-			0	,	1	

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

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

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) SCEARS 8/24/18 MR DWIGHT Street Address Agencies Notified Type Notification Initial **EPA** City, State, Zip Code 2 Amended . DEP SOUTH ORANGE. Amendment #\_ DOL Emergency (including Telephone Number justification) DOH MR. SPEARS Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) SPEARS ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet City (5) ORANGE 2500 SOUTH Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) ICESIDEN CE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-329-7444 Name of OSHA Monitor 00388 Start Date (10) Scheduled Completion Date (11) Omega Environmental Occupancy Status During Abatement (Check Only One) 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other - Describe: 8122 DH TO 5: 2021 City, State, Zip Code Other - Describe: \_ South Hackensack, NJ 07606 Scope of Work (Check All That Apply) ☐ Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure T □ ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, surfacing, (Specify Removal TO BE ABATED Repair Custodial Staff? SF or LF) VAT. or In Facility (12)other miscellaneous) (13)Yes No N/A 240LF × THERMAL INSULATION BASEMENT Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Minerva Enterprises, LLC 17109 Best Removal Inc Disposal Pat City State City, State OH Waynesburg Hackensack, N.J. 07601

Signature

Do not use this form for asbestos licensure exempted activities.

Title

Estimator

J. Maiorano

Completed by

CK 1446

## State of New Jersey

K 1446	7	FA		NOTI	St FICATION Pursuant	VOFAS	lew Jers BESTOS C 8:60 ar	ABATE	MEN 1			E	<u> </u>	E	14	146
Date of Notification (1)								Operator							1	1
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DEP	personal control	Initial Amended				ate, Zip (				-	-	10000	21일 172. 변경 3	21. (1)		
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DCA		Cancellation			Project											
							FORMAT	ION			9/3	-641-1	/36			
Name of Facility Where	Abatem	ent is Taking	Place (	3)			· Oranir (	1011	Туре	of Facility	(4)					
DSM										School (K-	12)					
Street Address									H	Subchapter	8 (Othe	er than K	-12)			
205 Mack's Island Di	r								X	Other (i.e.   etc.)	private 8	& comme	rcial bui			ies,
Belvidere									Squa	are Feet	# of	Floors		Bldg.	Age	
County (6)					County	2 ada (7)										
Warren					County (				Curr	ent Use (Pri	or if bei	ng demo	lished)			
Name of Monitoring Firm	Hired I	hy Building O	wner /8	,	ASCM	Ma		I No	- ( ) (		E	Building	]			
Environmental Health			107	,						atement Cor		(9)				
Street Address	II IIIVE	sugations,	IIIC.		00104	Ø:				Group, L	LC.					
655 West Shore Trai	1							Street				55000				
City, State, Zip Code	1									HWY N,	STE 2	209				
Sparta NJ 07871								2		Zip Code						
Project Manager for Mon	itorina F	irm			Telephor	na Nia				NJ 0803	4					
Project Manager	moning i				arawaa Maraa			Teleph				License	No.			
Start Date (10)			Schadul		973-729 mpletion [		,	(973) 7				00781				
9/10/18	2	1,	ocnedui	eu Co			)	mental median		HA Monitor	100000					
Occupancy Status During		ment (Check	Only O	20)	9/10/19	)				Group, L	LC.					
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Abatement Performe Other - Describe:	ed Outs	ring Entire Pe ide of Norma	eriod of I Facility	Abate / Hour	ment s					HWY N,	SIE 2	09			-	
_								Cherry	Hill,	NJ 08034	4					
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II Inat A	Apply)	processes.	Renova Demoli					Mi	II Containme ni-Enclosure ovebag Proc n-Exemptèd	edure					
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Location	of		A CONTRACTOR OF THE PARTY OF TH	Norma			De	scription	of					_ T	/pe	
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			Yes	No	N/A								<u>a</u>	=	ate	Ге
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City, State		= 50					Dispos	sal Date		City, State						
Newark, NJ / Donora,	PA						9	/10/19		Newburg	/ Impe	erial / N	Iorrisv	ille. I	PA	
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Michael Cooper			Drooid	ont			1			//	1000					

	1	Location	y	Description of				ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	ly by nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			_		(e	
Bldg 214 - exterior	X			transite panels	22 s/f	X			
_"_	X			tar on duct insulation	110 s/f	X			
_"_	X			tar on hatches, exhaust fans & alcohol condensors	315 s/f	X			
_"_	X			roof flashing / pitch pockets	1,742 s/f	X			
Bldg 210	X			asbestos pipe insulation from 8"pipe	25 l/f	X			
_"_	X			12" fitting	2 If	X			
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Date of Notification (1)				Name o	of Building	Owner/	Operator	(2)		GE	1 \//	E	117	13
	e 13, 2017			DSM N	lutrition	al Prod	lucts, LI	_c				forest earlier to		
Agencies Notified	Type Notification				Address		,	2 7 7 7	11	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			1000	15
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DEP	Amended	м		City, St	ate, Zip C	Code			į				Contract.	-0.00
DOL DOL	Amendment Emergency		_		bany, N		4	_	i AC	negros o	TINTA	ōl.a	, i	
DOH	justification)	S			of Contact				1	Telephone Nu	umber	month True	and the same	
L DCA	Cancellation			Project	Manag	er		440.1	9	73-641-17	36			
Name of Facility Where	Abatement is Takin	g Place (	3)	FAC	ILITY IN	ORMAT	ION	Type of Facilit	v (A)					
Building 214		,	-,											
Street Address								School (F		Other than K-1	12)			
205 Mack's Island Dr	E.							Other (i.e		te & commerc		ldings	, hom	es,
City (5)								etc.) Square Feet	1 #	f of Floors		Bldg.	Δαρ	
Belvidere							İ	oqualo / cot	"	01110013		Diag.	nge	
County (6)			T		Code (7)			Current Use (F	rior if b	peina demolis	shed)			
Warren				(STATE	USE ONL	<i></i>		12		Building				
Name of Monitoring Firm		92.12	)	ASC	ΛNo.	21.7777 =1-	Name	of Abatement C	ontract					
Environmental Health	n Investigations	, Inc.		0010	4		The M	ACK Group,	LLC.					
Street Address							Street	Address						
655 West Shore Trail								Kings HWY N	I, STE	E 209				
City, State, Zip Code				City, S	tate, Zip Code									
Sparta NJ 07871 Project Manager for Moni	toring Firm			Talaska				Hill, NJ 080	34					
Project Manager	toring Firm			Telepho				one No.		License N	Vo.			
Start Date (10)		Schedul			9-5649 Date (11)		1	759 - 5000 of OSHA Monite		00781				
6/27/17		Concaa		6/27/1	100 10				86					
Occupancy Status During		k Only O		0/2///	0			ACK Group,	LLC.	_				-
Facility Closed/Vaca				nent				lings HWY N	STE	200				
Abatement Performs	ed Outside of Norm	al Facility	Hours	8				ate, Zip Code	, 012	- 203				_
Other - Describe: _								Hill, NJ 080	34					
Scope of Work (Check Al	That Apply)						1 ,							
≥3 sf or ≥3 lf			Renova	ition				Full Contain	ment w	ith Negative	Pressu	ire		
≥160 sf or ≥260 lf			Demolit	tion			B	Mini-Enclosu	ire					
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Location	of		Normal ed Sole				scription					Ty	/pe	_
Asbestos-Containing TO BE ABA			intena					aterial (ACM)		Amount	_		m	m
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Newark, NJ / Donora,	PA	1					3/27/18		rg / Im	nperial / Mo	orrisv	ille, l	PA	
Completed by		Title	998			5	Signature	19/		1 22	ate			
Michael Cooper		Presid	lent				1			6/1	3/17			

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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	d Solel intenan odial S (12)	y by ce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					(U	_
Floor 6/7	X			pipe	15 l/f	X			
Exterior Pipe Rack	X		1	fittings	80	X			
exterior	X			transite panels	3615 s/f	X			
_0_	X			tar on duct insulation	2400 s/f	X			
_"_	X			tar on hatches, exhaust fans & alcohol condensors	315 s/f	X			L
-11-	IX			roof flashing / pitch pockets	1872 s/f	X			
elevator doors		X		elevator doors .	20	X			
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Agencies Notified	Type Notific	cation			et Address			1+1	-111	311					
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□ DOH		eriaea ergency		Bryn	Mawr, PA	190	10		ASE	15 3					
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Name of Facility Wh	oro Abotom				FACILITY	INFO	PRMATION								1558U
Aqua America	icie Abatellie	III IS TAKING P	lace (3)	)			Type of Fa	cility (4)							
Street Address							☐ Schoo	l (K-12)							
96 US Route 9							Subch	apter 8 (	Other th	nan K-12	2)				
07 (5)							Square Fee	(i.e. priva	ate & co	mmerci	al buildin	gs, hor	nes, et	c.)	
City (5)		County (6)	Co	ounty	Code (7)		- Joquare i ee	51	# of FI	oors		Bldg. A	3760 to 1		
Bayville, NJ 08721		Ocean			. ,		Current Use	e (Prior if	heina d	demolici	had)		40		
Name of Monitoring	Firm Uirad b	, D. 1111 C					Day Care	- (	benig (	aemons.	ileu)				
Health & Safety Sen	rice Inc	Building Owr	ner (8)		ASCM	No.	Name of Ab	atement	Contra	ctor (9)				_	
Street Address	100, 1110						Resource N	lanagem	ent Gro	up, LLC					
PO Box 365							Street Addre								
City, State & Zip Coo	le						2115 Hamilt			02					
Berlin, NJ 08009							City, State 8 Trenton, NJ	¿ Zip Coo	de		1/2				
Project Manager for I	Monitoring Fi	rm	Teler	hone	Number								-4-1-1		
Mr. James Proctor			856-4	152-1	311		Telephone N 609-914-427	Number		1	License I				
Scheduled Start Date		Scheduled Co							.,			011	185		
8-24-2018			8-28	2010	J (11)		Name of OS J&S Environ			wise I.	2				
Occupancy Status Du	uring Abatem	ent (Check on	ly one)				Street Addre	ece	abblatt	ones, in	<u> </u>				
<ul> <li>✓ Facility Close</li> <li>✓ Abatement P</li> </ul>	d/Vacated D	uring Entire Po	eriod of	Abat	ement		2333 Route								
8:00am - 5:30p	om	rmal Hours					City, State &								
Describe:															
Facility Occup	pied During A	batement					Union, NJ 07	7083							
Scope of Work (Chec	k all that app	ly)													
≥3 sf or ≥3 lf				120					Full Cor	ntainme	nt with N	anativo	Droop		
≥160 sf ≥260	lf		$\bowtie$		ovation				viini-End	closure		cyalive	riess	ure	
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Mater	s-Containing rial (ACM)		Norm				Asbestos-Cor	ntaining		1000	mount pecify	Ab	ateme	ent T	уре
TO BE	ABATED		Mainte	lely b	y Se or	,	Material (A	CM)			or LF)	1 77		四	m
in I	Facility		Custo			ins	i.e., thermal s ulation, surfac	systems	-			\change en	Re	car	ncl
	(13)			(12)		or	other miscell	laneous)	'			Removal	Repair	Encapsulate	Enclosure
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r. Brian J. Haney	0000 (1885U)				ident	Sig	nature		//-	1 hi	1.	Date		100	
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Date of Notification	600000	0		Na	ame o	f Buildi	ng O	wner / Opera	tor (2)	E 0 1\0	Fr Francisco	2.14		
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□ DOL	⊠ Ini			Ci	ty, Sta	ate & Zi	p Co	de	AHE	3 0 2018	- 111-1	13		
⊠ DOH	100	nended		Br	yn Ma	awr, PA	1901	0	MUN	2 0 2010	2	1		
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LI DOA	L Ca	ncellation		Mil	ke Co	nvery			1	S CONTRO	OL Si			Number
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Name of Facility Wh	ere Abatem	ent is Taking P	laco (	2)	FAC	JILI I Y I	INFO	RMATION	and the special con-	et agtiverence News Garachine er				
Aqua America		one to Taking I	iace (	3)				Type of Fa	cility (4)		Arra Harrison and Arra Maria			
Street Address								☐ Schoo	I (K-12)					
96 US Route 9								Subch	apter 8 (Ot	her than K-1	(2)			
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City (5)		County (C)	- 12					Square Fee	et #	of Floors		Bldg. A	Age	(0.)
Bayville, NJ 08721		County (6)	10	Jouni	y Co	de (7)						January.	40	1
		Ocean	- 1					Current Use	e (Prior if b	eing demolis	shed)		40	,
Name of Monitoring I	Tirm I line at 1	5 ""						Day Care	(8)		oriou)			
Name of Monitoring I Health & Safety Serv	ice les	by Building Owr	ner (8)		1	ASCM N	Vo.		atement C	ontractor (9)				
Street Address	ice, inc							Resource M	lanagemer	nt Group, LL	C			
PO Box 365								Street Addre	ess	. Oroup, LL				
								2115 Hamilt		iite 202				
City, State & Zip Cod	е					- W1-34-		City, State 8						
Berlin, NJ 08009								Trenton, NJ	× ZIP Code					
Project Manager for N	Monitorina F	irm	Tol	nhor	ao Niu	mber								
Mr. James Proctor	J .		856	-452	1311	mber		Telephone N	Number		License	Number	-	
Scheduled Start Date	(10)	Cabadulado						609-914-427	79			011	185	
8-24-2018		Scheduled Co	mpleti	on D	ate (1	1)		Name of OS	HA Monito	Г				
			8-28	-201	8		The state of the s	J&S Environ	mental Lat	oratories Ir	nc.			
Occupancy Status Du  Facility Close	days Abater	nent (Check on	ly one	2)		e-cilicol care		Street Addre	ess					
Abatement Pa	u/vacated	During Entire Po	eriod (	of Ab	ateme	ent		2333 Route :						
Abatement Pe 8:00am – 5:30p	errormed N	ormal Hours						City, State &						
Describe:	411								p oodc					
	ind D						1	Union, NJ 07	7083					
Facility Occup Scope of Work (Check	ned During	Abatement												
acobe of AMOLY (CLIEC	call that ap	ply)												
≥3 sf or ≥3 lf									☐ Fu	II Containme	ent with N	logotive	D	
≥160 sf ≥260 i	f		$\bowtie$		enova				☐ Mir	ni-Enclosure	SIT ANITH IA	legative	Press	sure
100 01 1200 1	1)			De	molit	ion				ove Bag Pro				
Loc	ation of		1.						☑ No	n-Exempted	and Nor	ı-Friahle	Proc	adura
Asbesto	s-Containin	n		Loca		.		Descriptio	n or		mount	Ar	atem	ent Type
Mater	ial (ACM)	9		olely	Used	1	Α	sbestos-Cor	ntaining	(	Specify	1.00	T	Jin Type
TO BE	ABATED		Mair	tena	nce o	-	<i>(</i> :	Material (A	CM)	SI	For LF)	1 -		TI TI
	acility				Staff		(I.	e., thermal s	ystems			₹er	20	nca
	(13)		0000	(12)		1	or	lation, surfac	cing, VAT			Remova	Repair	psilos
			Yes	No	N/A	A	OI (	other miscell	aneous)			Val	=	Enclosure Encapsulate
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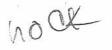
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7 /	11 /	18		1	Verizon	ilding Owner/Opera	tor (2)		115	2 15	#	W	E
Agencies Notified	Type Notific	ation			Street Addre								
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□ DCA	Amendm	ent #1	-7/23/·	18		ity, NJ 07034			in the Management of the con-				-
(NJAC 5:23-8)	☐ Emergen justificati	cy (inc	luding	N	lame of Cor			1	ASSES	TOP OF	DNT	::::::::::::::::::::::::::::::::::::::	
	☐ Cancellat	ion		1.	Brian Kin				Telephon	e Numbe	er	4.7	
						INFORMATION			201 35	6 5166			
Name of Facility Where A	Abatement is T	aking I	Place (	3)	ACILITI	INFORMATION							
Verizon Bergen Cer	ntral Office		•	,				of Facility					_
Street Address								School (K-12 Subchapter 8	() (Other !!				
71 Madison Ave		2.	84				EN C	ulei (i.e., pr	Ivate and or	n K-12)	السطام	٠	
City (5)							10 000			of the Cla	ai buii	aings	1
Jersey City								are Feet	# of Floor	rs	Bldg	a. Age	9
County (6)				IC	County Code	(7)(STATE USE ONL)		3,347	7		-	50	3
Hudson				- 1	-unity Code	(I NOTHIE USE ONL)	130	ent Use (Price	or if being de	emolishe	d)		
Name of Monitoring Firm F	lired by Buildi	ng Owi	ner (8)	ASC	CM No.	Nome	ve	rizon Com	municatio	ons			
ESIS	, W.C.	J	(0)	1,100	ZAVI NO.	Name of Abate	ment Co	ntractor (9)					_
Street Address			_			BRISTOL E	NVIROI	NMENTAL	, INC.				
10 Exchange Place,	13th Floor					Street Address							_
City, State, Zip Code						1123 BEAV		EET					
Jersey City						City, State, Zip							
Project Manager for Monito	ring Firm		TT	elephor	no Nie	BRISTOL, P	A 1900	7					
Brian Kingsbury			- 1		56 5166	Telephone No.			License N	0.			
Start Date (10)	Scl	neduler			Date (11)	215-788-604			00509				
7 /23 /	18	8	/	10 /		Name of OSHA							_
				10 /	10	RRISTOLER	MOOAL	BALBITAL					
Occupancy Status During A	batement (Ch.	ack and				BRISTOL EN	VICOIV	INICIVIAL,	INC				
☐ Facility Closed/Vacated I	batement (Ch	Period	y one)			Street Address			INC				_
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Abatement Performed On Time of Abatement:    Abatement Performed On   Time of Abatement:   Cope of Work (Check all the   23 sf or ≥3 lf   ≥160 sf or ≥260 lf    Location of Asbestos-Containing Mate   TO BE ABATED	batement (Chi During Entire I utside of Norm _AM at apply)	Period Pal Face PM/5:0	y one) of Abate of Ab	ement urs - De 2:00AM tion on tion ally ely by	escribe	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Street Address  City, State, Zip C BRISTOL, PA  Street Address  Full Con Mini-Enc Gloveba Non-Exe  Description of stos Containing Mar thermal systems if surfacing, VAT.	R STRE ode A 19007 tainment closure g Proced mpted (* f terial (AC or	with Negati lure ) and Non-F	ve Pressure	Ab	patem	T	1
Abatement Performed On Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	batement (Chi During Entire I utside of Norm _AM at apply)	Period pal Face PM/5:0	y one) of Abate of Ab	ement urs - De 2:00AM tion on tion ally ely by	escribe	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Street Address  City, State, Zip C BRISTOL, PA  Street Address  Full Con Mini-End Glovebag Non-Exe  Description of the Story Containing Main, thermal systems in the street and the story containing Main, thermal systems in the street and the street	R STRE ode A 19007 tainment closure g Proced mpted (* f terial (AC or	with Negati lure ) and Non-F	ve Pressure riable Proce Amount (Specify	edure	1	en Encapsulate	1
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Cope of Work (Check all that  \$\frac{3}{2} \text{ 23 sf or \$\text{ 23 lf}}\$  \$\frac{2}{2} \text{ 160 sf or \$\text{ 260 lf}}\$  Location of Asbestos-Containing Mate \$\frac{TO BE ABATED}{IN Facility}\$	batement (Chi During Entire I utside of Norm _AM at apply)	Period Period Pal Face PM/5:(	y one) of Abati of Abati ility Ho 00PM- Renova Demolit Is Loca Norma led Sol aintena stodial (12) No	ement urs - De 2:00AM tion on tion ally ely by ely by nnce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Street Address  City, State, Zip C BRISTOL, PA  Full Con Mini-End Con Non-Exe  Description of the Containing Market Systems is surfacing, VAT, other miscellaned	R STRE ode A 19007 tainment closure g Proced mpted (* f terial (AC nsulation or ous)	with Negati lure ) and Non-F	ve Pressure riable Proce Amount (Specify SF or LF)	At Removal	1	T	-
Abatement Performed On Time of Abatement:  Cope of Work (Check all the 23 sf or 23 lf 2160 sf or 260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Evator Cab Floor	batement (Chi During Entire I utside of Norm _AM at apply)	Period pal Face PM/5:(	y one) of Abati of Abati ility Ho 00PM- Renova Demolit Is Loca Norma ied Sol aintena stodial (12) No	ement urs - De 2:00 AM tion tion tion sally ely by ence/ Staff?	Asbes (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Gloveba, Non-Exe  Description o stos Containing Mar thermal systems i surfacing, VAT, other miscellaned lastic  ulation (Wrap &	R STRE ode A 19007 tainment closure g Proced mpted (* f terial (AC nsulation or ous)	with Negati lure ) and Non-F	riable Proce Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1
Abatement Performed On Time of Abatement:  Cope of Work (Check all that 23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)  Evator Cab Floor  Evator Shaft  Evator Machine Room	batement (Chi During Entire I utside of Norm _AM at apply)	Period Period Para Para Para Para Para Para Para Par	y one) of Abati of Abati lity Ho OOPM- Renova Demolit Is Loca Norma led Sol aintena stodial (12) No	ement urs - De 2:00 AM tion on tion ally ely by ence/ Staff?	Asbes (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Glovebag Non-Exe  Description of stos Containing Mar, thermal systems if surfacing, VAT, other miscellaned lastic  ulation (Wrap & Ulation	R STRE ode A 19007 tainment closure g Proced mpted (* f terial (AC nsulation or ous)	with Negati lure ) and Non-F	ve Pressure riable Proce Amount (Specify SF or LF)	At Removal	Repair	Encapsulate	-
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Abatement Performed On Time of Abatement:  Cope of Work (Check all the 23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  Evator Cab Floor  Evator Shaft  Evator Machine Room  sement Hallway  The of Registered Waste Hallway  The Abatement Property (13)	batement (Ch During Entire I utside of Norm _AM at apply)  erial (ACM) 0	Period pal Face PM/5:0	y one) of Abati of Abati ility Ho 00PM- Renova Demolit Is Loca Norma red Sol aintena stodial (12) No	ement urs - De 2:00 AM tion tion tion tion tion tion tion tion	Asbes (i.e.  VAT & M Pipe Inst Pipe Inst Vaste (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Gloveba, Non-Exe  Description of the Containing Marker and systems is surfacing, VAT, other miscellaned lastic  culation (Wrap & Culation Cubic Yards of Containing Marker and Systems is surfacing, VAT, other miscellaned lastic  culation (Wrap & Culation Cubic Yards of Containing Marker and Systems is surfacing, VAT, other miscellaned lastic  culation (Wrap & Culation Cubic Yards of Containing Marker and Systems is surfacing to the Containing Marker and Syste	R STRE ode A 19007 tainment closure g Proced mpted (* f terial (AC nsulation or ous)  Cut)	with Negatifure and Non-F	Amount (Specify SF or LF)  40 SF  140 LF  40 LF  40 LF	Removal 🛭	Repair	Encapsulate	-
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Abatement Performed On Time of Abatement:  Cope of Work (Check all the Second of Secon	batement (Ch During Entire I utside of Norm _AM at apply)  erial (ACM) 0	Period pal Face PM/5:0	y one) of Abati of Ab	ement urs - De 2:00 AM tion tion tion staff?  N/A  N/A  DEP Valuer ID	Asbes (i.e.  VAT & M  Pipe Insu  Pipe Insu  Vaste (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of Store Containing Marker all systems is surfacing, VAT, other miscellaned static  Fullation (Wrap & Fullation Cubic Yards of Waste 3) Disposal Date	R STRE ode A 19007 tainment closure g Proced mpted (*  f terial (AC nsulation or ous)  Cut)  Name of MINE	with Negati lure ) and Non-F	Amount (Specify SF or LF)  40 SF  140 LF  40 LF  38 LF  4 Landfill  DFILL	Removal 🛛	Repair	Encapsulate	1
Abatement Performed On Time of Abatement:  Cope of Work (Check all the 2-3 sf or 2-3 lf 2-160 sf or 2-260 lf  Location of Asbestos-Containing Mate TO BE ABATEM (13)  Evator Cab Floor Evator Shaft  Evator Machine Room sement Hallway  The Registered Waste Hall ERVICE TRANSPORT (15)  State  EW CASTLE, DE	batement (Ch During Entire I utside of Norm _AM at apply)  erial (ACM) 0	Period pal Face PM/5:0	y one) of Abati of Ab	ement urs - De 2:00 AM tion tion tion staff?  N/A  N/A  DEP Valuer ID	Asbes (i.e.  VAT & M  Pipe Insu  Pipe Insu  Vaste (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Glovebag Non-Exe  Description of stos Containing Mark, thermal systems if surfacing, VAT, other miscellaned lastic  ulation Ulation Cubic Yards of Waste 3	R STRE ode A 19007 tainment closure g Proced mpted (*  f terial (AC nsulation or ous)  Cut)  Name of MINE	with Negati lure ) and Non-F	Amount (Specify SF or LF)  40 SF  140 LF  40 LF  38 LF  4 Landfill  DFILL	Removal 🛛	Repair	Encapsulate	-
Abatement Performed On Time of Abatement:  Cope of Work (Check all the Second of Secon	batement (Ch During Entire I utside of Norm _AM at apply)  erial (ACM)  Output  Title	Period pal Face PM/5:0	y one) of Abati of Abati lity Ho OOPM- Renova Demolit Is Loca Norma led Sol aintena stodial (12) No	ement urs - De 2:00 AM tion tion tion staff?  N/A  N/A  DEP Valuer ID	Asbes (i.e.  VAT & M  Pipe Insu  Pipe Insu  Vaste (i.e.	Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-Enc Glovebag Non-Exe  Description of Store Containing Marker all systems is surfacing, VAT, other miscellaned static  Fullation (Wrap & Fullation Cubic Yards of Waste 3) Disposal Date	R STRE ode A 19007 tainment closure g Proced mpted (*  f terial (AC nsulation or ous)  Cut)  Name of MINE City, Sta	with Negation of Registered ERVA LAN	Amount (Specify SF or LF)  40 SF  140 LF  38 LF  Landfill DFILL	Removal 🛛	Repair	Encapsulate	Ур

no CK

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

Ck# 340/

			11	Name of Bui	ilding Owner/Operate	,	The second second second		10/	Sec. 1881	aren-
7 /11 /	18		1	Verizon (	Communications	or (2)		11 1	# 1	2 1	7
Agencies Notified Type Notif	ication			Street Addre			y				-
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□ DCA □ Amend				ity, State, Z	ity, NJ 07034	Ĭ	1			-	
DCA Emerge justifica	ency (incl tion)	uding	N	ame of Con			F 12 2 2		177.0	9	2
☐ Cancell				Brian Kin			Telephone N	lumbe	r	1	-
					AND THE PARTY OF T		201 356	5166			
Name of Facility Where Abatement is	Taking F	lace (3	57	FACILITY	INFORMATION						-
Verizon Bergen Central Office	, chang i	iauc (c	")			Type of Facil					_
Street Address						School (K	-12)				
71 Madison Ave						Other (i.e.	er 8 (Other than K private and com	-12)			
City (5)		-5				1	C.)	mercia	l build	lings,	
Jersey City						Square Feet	# of Floors		Blda	. Age	-
County (6)			10			113,347	7		+-		
Hudson			10	ounty Code	(7)(STATE USE ONLY)		Prior if being dem	olished	d)		
Name of Monitoring Firm Hired by Build	ding Our	or /0\	1000	N. 4. 4. 1		Verizon C	<b>Ommunications</b>	3	1		
ESIS FINAL TIME BY BUILD	any Own	ei (g)	ASC	CM No.	Name of Abatem	ent Contractor (	9)				
Street Address					BRISTOL EN	VIRONMENT	AL, INC.				
10 Exchange Place, 13th Floor					Street Address						_
City, State, Zip Code					1123 BEAVE						
Jersey City					City, State, Zip C						
Project Manager for Monitoring Firm					BRISTOL, PA	19007					
Brian Kingsbury			elephon		Telephone No.		License No.				_
21-15-1-11-1				56 5166	215-788-6040		00509				
_7_ / _23_ / _18				Date (11)	Name of OSHA N						
		' —	10 /	18	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Abatement (C	heck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Not	Period o	f Abat	ement	VII. (1000)	1123 BEAVER	RSTREET					
Time of Abatement:AM	PM/5:0	OPM.	urs - De	escribe	City, State, Zip Co	de					
		<u></u>	00/\(\)	n .	BRISTOL, PA	19007					
CODE of Mode (Charle IIII											
24					A 400 A 100 A						
☑ ≥3 sf or >3 lf	⊠R	enova	tion		⊠ Full Conta	ainment with Ne	gative Pressure				
☑ ≥3 sf or >3 lf	⊠ R □ D	enova: emoliti	tion on		⊠ Glovebao	Procedure					
☑ ≥3 sf or >3 lf		emoliti	on		⊠ Glovebao	Procedure		re			
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf      Location of		emoliti s Loca	on tion		☑ Glovebag ☑ Non-Exen	Procedure npted (*) and No	gative Pressure n-Friable Procedu	_	atem	ont T	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)	□ D Us	emoliti s Loca Norma ed Sol	tion ally ely by	Ashee	Glovebag Non-Exen	Procedure npted (*) and No		Ab	1	ent Ty	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED	Us M	s Loca Norma ed Sola aintena	tion ally ely by	Asbes (i.e.	Glovebag Non-Exen  Description of stos Containing Mate, thermal systems in	Procedure npted (*) and No erial (ACM)	n-Friable Procedu	Ab	1		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)	Us M	emoliti s Loca Norma ed Sol	tion ally ely by	Asbes (i.e.	Description of stos Containing Mate, thermal systems in surfacing, VAT.	Procedure npted (*) and No erial (ACM) isulation,	n-Friable Procedu Amount (Specify	Ab	Datem		
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Us Mi Cus	s Loca Norma ed Sole aintena stodial (12)	tion ally ely by ance/ Staff?	(i.e.	Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneous	Procedure npted (*) and No erial (ACM) isulation,	n-Friable Procedu Amount (Specify	Ab	1	ent Encapsulate	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  evator Cab Floor	Us Mi Cus	s Loca Norma ed Sola aintena stodial (12) No	on tion ally ely by since/ Staff?  N/A	VAT & N	Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	Procedure npted (*) and No erial (ACM) issulation, or us)	n-Friable Procedu Amount (Specify	Ab	1		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  evator Cab Floor evator Shaft	Us Mi Cus	s Loca Norma ed Sole aintena stodial (12)	tion ally ely by ance/ Staff?	VAT & N	Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneous	Procedure npted (*) and No erial (ACM) issulation, or us)	n-Friable Procedu Amount (Specify SF or LF)	A Removal	1	Encapsulate	
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  evator Cab Floor evator Shaft evator Machine Room  me of Registered Waste Hauler SERVICE TRANSPORT GROUP, II	Us Mi Cus	s Loca Norma ed Sole aintena stodial (12) No	tion ally ely by ance/ Staff?	VAT & M Pipe Inst Pipe Inst Vaste No.	Description of Stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneous lastic ulation (Wrap & Cubic Yards of Waste 3	Procedure npted (*) and No erial (ACM) isulation, or us)  Cut)  Name of Registe	Amount (Specify SF or LF)  40 SF 140 LF 40 LF	A Removal	Repair 🔲 🖂 🖂	Encapsulate	
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Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Levator Cab Floor  evator Shaft  evator Machine Room  The Error Machine Room  ERRVICE TRANSPORT GROUP, II  EVAN CASTLE, DE  INTERPORT GROUP  IN	Us Min Cus Yes	s Loca Norma ed Sola aintena atodial (12) No	tion ally ely by ance/ Staff?  N/A	VAT & M Pipe Inst Pipe Inst Vaste No.	Description of Stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneous diastic ulation (Wrap & Cubic Yards of Waste 3 Disposal Date TBD	Procedure Inpted (*) and No Inpted (ACM) Insulation, Input of Registe Info Minerva L  City, State	Amount (Specify SF or LF)  40 SF 140 LF 40 LF 40 LF	A Removal	Repair 🔲 🖂 🖂	Encapsulate	



Date of Notification (1)  7 / 11 / 18					Name of Building Owner/Operator (2)								
7 /	18	_		Verizon Communications									
Agencies Notified	Type Notific	ation			Stree	et Address			121 V V 101V	-	-		
					71	Madison	ı Ave	L	Euros on Kin	11 /2			
□ DOLWD   □		5720			City	State, Zip	Code	2.50	28103 CH311	*** *** ***		_	
⊠ DOH	Amendm	40.77					, NJ 07034		****				
DCA	Emerger justificat	ncy (ind	cluding	g		e of Contac	<u> </u>		I Talanta Maria				
(NJAC 5:23-8)	☐ Cancella				100000000000000000000000000000000000000	ian Kings	7.0		Telephone Numb 201-356-516				
							NFORMATION		201-000-010				
Name of Facility Where At	patement is	Taking	Place	e (3)			Orang trioit	Type of Facility	(4)				
Verizon Bergen Cen				1-7				School (K-12					
Street Address									) (Other than K-12)	i			
71 Madison Ave								Other (i.e., pr homes, etc.)	ivate and commer	cial bu	uildin	gs,	
City (5)				-				Square Feet	# of Floors	BI	da A	ne	
Jersey City								113,347	7	Bldg. Age +-50			
County (6)					Cor	inty Code (	7)(STATE USE ONLY)	20	se (Prior if being demolished)				
Hudson					000	inty Code (	THOTATE OUE ONET		· · · · · · · · · · · · · · · · · · ·	nea)			
Name of Monitoring Firm F	dired by Buil	ding O	lwnor	/01	ASCN	1 NIo	nmunications						
ESIS	wilei	(0)	ASCIV	I NO.	and the second s	ent Contractor (9)							
Street Address			BRISTOL ENVIRONMENTAL, INC.										
10 Exchange Place,			Street Address 1123 BEAVER STREET										
City, State, Zip Code	1417-14150				City, State, Zip C								
Jersey City							BRISTOL, PA						
Project Manager for Monito	oring Firm			Tel	lephone	No	Telephone No.	13007	License No.				
Brian Kingsbury	9					6-5166	215-788-604						
Start Date (10)		Schedu	uled C			ate (11)	Name of OSHA		00303				
7 /23 / _						18	I HOME INCOME AN ARROST TO A COM-	VIRONMENTAL	., INC				
Occupancy Status During A	Abatement (	Check	only o	one)			Street Address						
☐ Facility Closed/Vacated	During Enti	re Peri	iod of	Abate	ement		1123 BEAVE	R STREET					
	Dutside of N	ormal l	Facilit	у Нос	ırs - De	scribe	City, State, Zip C	1				-1112/312	- Contra
Time of Abatement:	AM	PM	1/5:00	PM-2	2:00AN		BRISTOL, PA						
Scope of Work (Check all t	hat apply)												-
≥3 sf or ≥3 If			⊠ Re	novo	tion			tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf				molit			Mini-End     Gloveba	g Procedure					
									n-Friable Procedure	9			
				Loca						Ab	atem	ent T	уре
Location of		.		Norma	ally lely by		Description of	of			_	T	1
Asbestos-Containing M TO BE ABAT	STATES SOME AND AND SOME STATES OF	1)			ance/	Asbe	estos Containing Ma e., thermal systems	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	(	surfacing, VAT	, or	(Specify SF or LF)	ova	=	psu	Sui
(13)		-		(12			other miscellane	eous)				late	G.
Elevator Cab Floor		-+	Yes	No	N/A	VAT &	Mastis		40.05			_	
Elevator Shaft		-						2 (24)	40 SF				
Elevator Machine Roor	m				100000		sulation (Wrap &	k Cut)	140 LF				
							sulation		40 LF			Ш	
Basement Hallway						100	sulation		38 LF				
Name of Registered Waste		INC		100	NJDEP Hauler I		Cubic Yards of Waste	Name of Regist					
CERTICE TRANSPORT GROUP, INC.						0	3	MINERVA L	ANDFILL				
City, State							Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESBU	JRG, OH				
Completed By (Print or Type	e)	Title		2.00			Signature	^ "	/o Dat	e			
Dillan DeCaro		Es	timat	or			1)11/1	allocar	1/ML 8	7.	23	-15	?

NOTIF	State of New Jersey CATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 5:16)	[7]
	Name of Building Owner/Operator (2)  Verizon Communications	
	Street Address	1

Date of Notification (1)  7 / 11	/ 18			Vorizon	uilding Owner/Operate	or (2)	1				1 1
					Communications		. 400		10		
Agencies Notified Type Not  ☐ EPA ☐ Initial	ification		- 1	Street Addr	ess						i d
☑ DOLWD ☑ Amen	ded			71 Madis	son Ave						
	dment # <u>2</u>	7/26/	10	City, State, 2	Zip Code			- y d	* F. F.		
☐ DCA ☐ Emerc	ency (ind	cluding	10		ity, NJ 07034						
(NOAC 5.23-8) Justific	ation)	Jiddillig	1	lame of Co							
☐ Cance	llation			Brian Kir			Telephon				
							201 35	6 5166			
Name of Facility Where Abatement is	Toking	Dlass	0)	FACILITY	/ INFORMATION						
Verizon Bergen Central Offic	s raking	Place (	3)			Type of Faci	ility (4)				
Street Address	E					School (	(-12)				
71 Madison Ave						-     Subchant	ter 0 (OLL	K-12)			
						La other (i.e	Drivate and co	mmerci	ial bui	Idinas	
City (5)			5.55				/				,
Jersey City						Square Feet		s	Bld	g. Age	9
County (6)				Ounty Code	(7)/STATE USE ON	113,347	7			-50	
Hudson				- 4111, 0000	(7)(STATE USE ONLY)	Current Use	(Prior if being de	emolishe	ed)		-
Name of Monitoring Firm Hired by Bui	Idina Ou	ner (0)				Verizon C	Ommunication	ons			
ESIS	g OW	(0)	ASC	CM No.	Name of Abatem	ent Contractor	(9)				
Street Address	(4)				BRISTOL EN	VIRONMENT	AL, INC				
10 Exchange Place, 13th Floor					Street Address						
City State 7:- 0-1					1123 BEAVE	RSTREET			250372		
City, State, Zip Code					City, State, Zip Co						
Jersey City					BRISTOL, PA					1.14	27.5
Project Manager for Monitoring Firm		T	elephor	ne No							
Brian Kingsbury				56 5166	Telephone No. 215-788-6040		License No	D.			
		4		00100	215-788-6040						
Start Date (10)	chedule	d Com	lotion !	Data (4.4)			00509				
	Schedule 8	d Comp	letion I	Date (11)	Name of OSHA M	onitor					
7 / 23 / 18	8	d Comp	eletion I	Date (11)	Name of OSHA M	onitor					
7 / 23 / 18 Occupancy Status During Abatement (	8 Check on	d Comp	oletion I 10 /	Date (11) 18		onitor					
7 / 23 / 18  Occupancy Status During Abatement (C  Facility Closed/Vacated During Entire	8 Check on	d Comp	oletion I	Date (11) 18	Name of OSHA M BRISTOL ENV Street Address	onitor /IRONMENT/					
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7 / 23 / 18  Occupancy Status During Abatement (C ☐ Facility Closed/Vacated During Entire ☒ Abatement Performed Outside of No Time of Abatement:AM-3:00  Scope of Work (Check all that apply)	8 Check on e Period rmal Fac PM/11:3	ly one) of Abatelity Ho BOPM-	ement pletion I	Date (11) 18	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	onitor /IRONMENTA STREET de 19007	AL, INC				
7 / 23 / 18  Occupancy Status During Abatement (Company Status During Abatement (Company Status During Entire	8 Check on e Period rmal Fac	ly one) of Abat ility Ho 30PM-	oletion I	Date (11) 18	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	Onitor VIRONMENTA STREET de 19007 inment with Ne					
7 / 23 / 18  Occupancy Status During Abatement (Company Status During Abatement (Company Status During Entire    Abatement Performed Outside of Note   Time of Abatement:AM-3:00  Scope of Work (Check all that apply)  ≥ 3 sf or >3 lf	8 Check on e Period rmal Fac	ly one) of Abatelity Ho BOPM-	oletion I	Date (11) 18	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	STREET de 19007 inment with Ne	AL, INC				
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		ly one) of Abat ility Ho 30 PM- Renova Demolit Is Loca Norma sed Sol	ement urs - De A	Date (11)	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Street Address Alignment Code Street	STREET de 19007 inment with Nesure Procedure pted (*) and No	gative Pressure	dure A		T	_
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7 / 23 / 18  Occupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of No Time of Abatement:AM-3:00  Scope of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Ilevator Cab Floor  Levator Shaft	B Check on e Period rmal Fac PM/11::  Us M Cu Yes	ly one) of Abat ility Ho BOPM- Renova Demolit Is Loca Norma sed Sol laintena stodial (12)	ement urs - De fition ion ion ion ion ion N/A	Pate (11)  18  escribe M  Asbee (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou	onitor //RONMENTA STREET de 19007 inment with Nesure Procedure pted (*) and No	gative Pressure On-Friable Proce  Amount (Specify SF or LF)	dure A Removal	Repair	T	_
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T / 23 / 18  Occupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of No Time of Abatement:AM-3:00  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Ilevator Cab Floor  levator Shaft levator Machine Room  asement Hallway  time of Registered Waste Hauler  SERVICE TRANSPORT GROUP, II	B Check on e Period rmal Fac	ly one) of Abate illity Ho BOPM- Renova Demolit Is Loca Norma sed Sol laintena stodial (12) No	ement urs - De Attion ally ely by ance/ Staff?	Asber (i.e.  VAT & N  Pipe Ins  Pipe Insulate No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou  Mastic  ulation Cubic Yards of Waste 3	street de 19007 inment with Nesure Procedure pted (*) and Note sulation, rs)	AL, INC  gative Pressure  On-Friable Proce  Amount (Specify SF or LF)  40 SF  140 LF  40 LF  38 LF  ered Landfill	dure A Removal	Repair	Encapsulate	_
T / 23 / 18  Occupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of No Time of Abatement:AM-3:00  Scope of Work (Check all that apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Ilevator Cab Floor  levator Shaft  evator Machine Room  asement Hallway  ame of Registered Waste Hauler  SERVICE TRANSPORT GROUP, III  y, State	B Check on e Period rmal Fac	ly one) of Abate illity Ho BOPM- Renova Demolit Is Loca Norma sed Sol laintena stodial (12) No	ement urs - De Attion ally ence/ Staff?	Asber (i.e.  VAT & N  Pipe Ins  Pipe Insulate No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou  Mastic  ulation Cubic Yards of Waste 3 Disposal Date  City, State, Zip Coo BRISTOL, PA  Full Conta Mini-Enclo Mini-Enc	conitor //RONMENTA  STREET de 19007 inment with Nessure Procedure pted (*) and No rial (ACM) sulation, r s)  sultion, r si)  where of Register MINERVA L city, State	AL, INC  gative Pressure  On-Friable Proce  Amount (Specify SF or LF)  40 SF  140 LF  40 LF  38 LF  ered Landfill  ANDFILL	dure A Removal	Repair	Encapsulate	_
	B Check on e Period rmal Fac PM/11::  Vs.  Ves  Vc.	ly one) of Abate illity Ho BOPM- Renova Demolit Is Loca Norma sed Sol laintena stodial (12) No	ement urs - De Attion ally ence/ Staff?	Asber (i.e.  VAT & N  Pipe Ins  Pipe Insulate No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate, thermal systems ins surfacing, VAT, o other miscellaneou  flastic ulation Cubic Yards of Waste 3 Disposal Date TBD	street de 19007 inment with Nesure Procedure pted (*) and No rial (ACM) sulation, r s)  ut)	AL, INC  gative Pressure  On-Friable Proce  Amount (Specify SF or LF)  40 SF  140 LF  40 LF  38 LF  ered Landfill  ANDFILL	dure A Removal	Repair	Encapsulate	ype Enclosure
	B Check on e Period rmal Fac PM/11::  Vs.  Ves  Vc.	d Comp /	ement urs - De Attion ally ence/ Staff?	Asber (i.e.  VAT & N  Pipe Ins  Pipe Insulate No.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou  Mastic  ulation Cubic Yards of Waste 3 Disposal Date  City, State, Zip Coo BRISTOL, PA  Full Conta Mini-Enclo Mini-Enc	conitor //RONMENTA  STREET de 19007 inment with Nessure Procedure pted (*) and No rial (ACM) sulation, r s)  sultion, r si)  where of Register MINERVA L city, State	AL, INC  gative Pressure On-Friable Proce  Amount (Specify SF or LF)  40 SF 140 LF 40 LF 38 LF ered Landfill ANDFILL	dure A Removal	Repair	Encapsulate	_

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

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

Data of Natification (1)	- A B B B						, (	MECH	70	1-	) [	
Date of Notification (1)	24 /	40				ng Owner/Operato	r (2)	onos - taranta				
8/	/	18		SF	RI Interna	tional	F2 (0) E	1 0 0 0				
Agencies Notified	Type Notific	cation		Stree	et Address		TEGE	11 沙尼	121			
⊠ EPA				20	1 Washin	gton Road	11		7// 11/			
⊠ DOLWD	Amende			City,	State, Zip	Code			211			
☑ DOH □ DCA	Amendn		lina	Pr	inceton, I	NJ 08540	ii AUG 8	0 2018				
(NJAC 5:23-8)	justificat		iirig	and the second	e of Contac			Telephone	Number	7.5		
	Cancella			Ed	l Compta							
		51.28 TH		_		NFORMATION	7.595.87087 Lagen	14 17 6 2 7 7 6 17 6 17	-2010		1,000	
Name of Facility Where	Ahatement is	Taking DI	200 (3)	r,	CILITI	NFORMATION		The second secon				
SRI International	toatement is	Taking Fi	(3)				Type of Facility					
Street Address							School (K-1	8 (Other than	K-12)			
201 Washington Ro							Other (i.e.,	private and cor	nmercial	buildir	igs,	
	Dau						homes, etc	.)				
City (5) Princeton							Square Feet	# of Floors	3	3ldg. i	Age	
						100,000 2 55						
County (6)				Cou	nty Code (7	7)(STATE USE ONLY	Current Use (P	rior if being de	molished)	ĺ		
Mercer						long term care facility						
Name of Monitoring Firm		ding Own	er (8)	ASCN	No.	Name of Abater	ment Contractor (9	9)				
EHS Environmenta	l					Plymouth E	nvironmental (	Co. Inc.				
Street Address				-		Street Address						
1253 N. Church Str	eet					923 Haws A	ve					
City, State, Zip Code						City, State, Zip	Code				-	
Moorestown, NJ 08	057					Norristown	PA 19401					
Project Manager for Moni	toring Firm		Te	lephone	No.	Telephone No.		License No	0.			
Jim Guilardi				356-840	0-8800	610-239-992	20	0398				
Start Date (10)		Scheduled	Comp	letion Da	ate (11)	Name of OSHA	Monitor					
9/10/		9		28 /		Plymouth E	nvironmental (	Co. Inc.				
Occupancy Status During	Abatement (	Check onl	v one)			Street Address						
☐ Facility Closed/Vacate				ement		923 Haws A	VO					
Abatement Performed	Outside of N	ormal Fac	ilitv Ho	urs - De:	scribe	11 000 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Time of Abatement: 7	:00AM-3:30	PM/	PM	AM	301130	City, State, Zip (						
Scope of Work (Check all						Norristown,	PA 19401					
Scope of Work (Check all	triat apply)					□ Full Co	ntainment with Ne	gative Pressur				
≥3 sf or ≥3 If		$\boxtimes$	Renova	ition		☐ Mini-Er	nclosure	gative r ressur	e			
□ ≥160 sf or ≥260 lf			Demoli	ion		⊠ Gloveb	ag Procedure					
			Is Loc	ation		□ Non-Ex	empted (*) and No	on-Friable Prod				
Location	of		Norm	ally		Description	a.f		A	baten	ient T	-
Asbestos-Containing I			sed Sc	lely by	Asbe	Description stos Containing M		Amount	Re	Repair	E	Enclosure
TO BE ABA IN Facilit			Mainter Istodia	ance/ I Staff?		., thermal systems	s insulation,	(Specify	no	pair	cap	clos
(13)	У		(12			surfacing, VA other miscellan		SF or LF	) <u>a</u>		Encapsulate	ure
		Ye	s No	N/A	1	outer miscellan	cous)				te	
mechanical room					fittings	insulation			5	1		
moonamoar room			-	-	nungs	insulation		5LF			Ш	Ш
							17	188		ПП	П	П
										+=	1	=
Name of Pagistared Man	o Haules				10/2-1	01:37	1.0					Ш
Name of Registered Wast	e nauler		4.0	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regi					
Newark Carting				4509		1	Grows La	ndfill				
City, State						Disposal Date	City, State					
Newark, NJ						9/28/18	Morrisville	, PA				
Completed By (Print or Ty	pe)	Title				Signature			Date	3/	1	
James M. Kelly		Vice I	Presid	ent		//			8	1/1	1/13	5
						////	2011			/	6	40



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

	114		Noti		sbestos Abatement		100	EC	F	$\Pi$	// [5	3				
					C. 8:60-7 and 12:120-7)		5 9	<u> </u>	n E	<u> </u>	7					
Date of Notification (1) 08/28/18	2	8391			Name of Building Owner/			AH		n 20	10	-				
Agencies Notified		Notification	Туре		Hazlet Township Board Street Address	of Educatio	on i i i	1301	0 0	0 20	10	-				
⊠ EPA		☑ Initial No	tification		421 Middle Road							ALC: DO				
□ DCA		☐ Amended	# 1		City, State, Zip Code Hazlet, NJ 07730		A	SDEST			ROLa	34				
□ DEP				cation (including	Name of Contact		Teleph	one Nur	mber	manus and	***					
⊠DOH		☐ Cancelle			Christopher J. Mulli Board Secretary	ins	732-26	4-8402								
				FACILITY II	NFORMATION							_				
Name of Facility Where A	batement is	Taking Place	(3)		Type of Facility (4)							=				
Middle Road Eleme	entary Sch	1001			School (K-12)     Subchapter 8 (other t	han K-12)										
Street Address 305 Middle Rd					Other (i.e. private & commercial buildings, homes, etc.)											
City (5)	County (6)		C	. 0 1 - /7)	Sq. Feet: # of Floors:1 B Current Use (prior if being	ilag. Age: 1 demolished	1953 l): <b>Eleme</b> r	ntary So	chool							
Hazlet		nouth		Code (7) Use Only)												
Name of Monitoring Firm			ASCM	No.	Name of Contractor (9)											
Environmental Conn	ections Inc				Panoramic Window & Do	oor Systems	Inc									
Street Address 120 North Warren Street					Street Address		, 1110.					_				
					712 Sergeantsville Road											
City, State, Zip Code Trenton, NJ 08608					City State, Zip Code											
Project Manager for Monit	toring Firm	Telephone N	lumber		Stockton, NJ 08559 Telephone Number		License	Numbe	ar .							
Rollie Jones		(609)-392	-4200		P (732)926-0900		01237	Trainibo								
Scheduled Start Date (10) 08/29/18		Scheduled C	Completi	on Date (11)	Name of OSHA Monitor							-				
		09/14/2018			IAQ GURU LLC											
Occupancy Status During  Example Status During  Occupancy Status During	Abatement (	Check only on	e)		Street Address											
☐Abatement Performed C	outside of Nor	mal Facility H	ours – 3	:00-11:00pm	87 Main Street											
Describe					City, State, Zip Code											
□Other - Describe:					Lincoln Park, NJ 07035											
Source of Work (Check all	that apply)															
≥ 3 sf or	≥ 3 If			⊠ Renov	ation $\square$	Mini-Enclos	ure									
⊠ ≥ 160 sf	or ≥ 260 lf			□ Dem		□Glovebag		Э								
Location of Asbestos-	Is Lo	cation Normal	ly T	Description of A	sbestos Containing Material	on-Friable P Amour		Abata	mont -	-		_				
Containing Material (ACM) Facility (13)	in Used	Solely by t./Custodial St		(ACM) (i.e. the	mal systems insulation.	(Speci	fy SF or		ment 7							
· domey (10)	(12)		an?	surfacing, VA1,	AT, or other misc.)						nclose					
Exterior of Building	YES	NO	NA X	Evtor	torior Window Coulling						_					
				LAIGI	ior Window Caulking	indows	X									
Name of Reg. Waste Haul	er	NJDEP Wast 0036057	e Haule	r ID#	Cubic Yards of Waste Name of Registered Landfill											
Panoramic Window & Do	or Sys	0030037					Chrin La	ndfill								
					<u> </u>	Disposal Da	ate	Cit	ty, Stat	e	- 1-17	$\dashv$				
							e <del>o la</del>		ston, F							
Completed by (Print or Typ	ne) T	Title	Signatura A		-											
Mark M Jovic		Project Mana	ager		Signaturé //		<u>Date</u> 08/28/18									
					1 // ////											

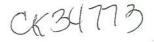
PAID

Date of Notification (1) 8/27/18	Name of Building Owner/Operator (2) Coldwell Banker						In	1				
Agencies Notified Type Notification		Street A			/est		M			CO C	dispersion states dispersion states array refer parts	Metallipes (1-1-)
DEP Amended  DOL Amendment #_			ate, Zip Co ield, NJ		)	optional)		MG 3 0	201	¥	1	
□ Emergency (inc justification)     □ DCA    □ Cancellation	cluding	Name o	of Contact s Murphy			999 DEAD LOUIS	ASE	lephone No 08+337+9	umber 8.88	OL &	1	crist videosetic PCEs
			ILITY INFO		ON		***************************************		tron proceedings.	Colonia (Colonia de Colonia de Co	HINDUNGS CH	<u>l</u>
Name of Facility Where Abatement is Taking F home	Place (3)					Type of F	acility (4) ool (K-12)					
Street Address						Subo	chapter 8 (Otler (i.e. private			ldings	, hom	es,
City (5) Cranford						Square Fe	eet # 0	of Floors		Bldg. A	Age	
County (6) Union			Code (7) USE ONLY)			Current U	se (Prior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCN	И No.				ent Contracto nental Ser					
Street Address					Street	Address						
City, State, Zip Code					City, St	PO Box 483, 4 E Gate Drive						
Project Manager for Monitoring Firm		Telephone No.			200000000000000000000000000000000000000	enwood, NJ 07418 ephone No.			No.			
Start Date (10) S		Completion Date (11)				3-764-2276 703						
9/13/18	/30/18	mpletion	Date (11)		Name o							
Occupancy Status During Abatement (Check C Facility Closed/Vacated During Entire Per					Street A	et Address						
Abatement Performed Outside of Normal  Other – Describe:	Facility Hou	rs			City, St	ate, Zip Co	ode					
Scope of Work (Check All That Apply)										***		-
≥3 sf or ≥3 if × ≥160 sf or ≥260 if	X Renov				×	Mini-En Gloveba	Containment with Negative Pressure i-Enclosure vebag Procedure n-Exempted (*) and Non-Friable Procedure					
	Is Loca	ition				THOIT EX	cimpled ( ) ai	id Non-i iid	DIG T TO	Abate	ement	t
Location of Asbestos-Containing Material (ACM)	Norma Used Sol		Achaet		cription		NA) .	l ma mi imb	-	13	ре	
TO BE ABATED In Facility (13)	Mainten Custodial (12	Staff?		thermal s surfac	ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)  Amount (Specify SF or LF)				Repair	Encapsulate	Enclosure	
basement	Yes No			-1				05.1.5	-	-	CD	
basement		X		pipe	insulat	ion	1	95 LF	X		-	
Name of Registered Waste Hauler		NJDEP Waste				arad Landfi						
Freehold Cartage	Hauler ID 15939		of Was			estern Ber						
City, State Freehold, NJ	10000		Disposa	al Date	City	y, State			1112 - E Z-			
		1	IBII		I Bu	rdsboro PA	Δ.					

Date of Notification (1)	AN N N N				of Duildin			100		lck		80	20	7	
8/27/18		VLS	of Buildin Builders	g Owner s, Inc.	/Operato	or (2)		分值化	9 17	1	W/	E	Parties		
Agencies Notified	Type Notification	1		Street	Address				111.	Alt -		11		12	11)
× EPA DEP	× Initial				Darwin l				# 1 mm m m m m m m m m m m m m m m m m m		10			distribution of the second	
X DOL	Amended Amendmer	it#			tate, Zip (		1 0000		14	THE PRE	10 3	0	2010	1	11.7
Ĭ DOH	Emergency justification	(including			of Contac		J 0890	)2	-	1				1	
DCA	Cancellatio				Shikman					Telepho	one Nu	mber	i A.A		
Name of English Miles					ILITY IN		TION		1+4-04-	732-4	30-0	169	)		
Name of Facility Where A	spatement is Taki	ng Place (3	)					Тур	e of Facility	(4)					
Street Address									School (K-	12)					
								×	Subchapter Other (i.e.	r 8 (Other th private & cor	an K-1	(2)	ldina	·	
City (5)									etc.)						ies,
Hillside								50	uare Feet 00	# of Floo	ors		Bldg. 65	Age	
County (6) Union				County	Code (7)			Current Use (Prior if being demolished)							
Name of Monitoring Firm	Wined by Duilding	0 (0)			USE ONL	γ)		home							
Traine or Worldoning Filling	mired by Building	Owner (8)		ASC	M No.		Name	me of Abatement Contractor (9)							
Street Address							BS Environmental Services, LLC								
								eet Address O Box 483, 4 E Gate Drive							
City, State, Zip Code	ity, State, Zip Code							y, State, Zip Code							
Desirat Manager								ilenwood, NJ 07418							
Project Manager for Monit	oring Firm			Telephone No.			Teleph	elephone No. License No.							
Start Date (10)		Schedule	d Cor	mplation	D=t= (44)			973-764-2276 703							
9/19/18		9/30/18		ribierion	Date (11)		Name	me of OSHA Monitor							
Occupancy Status During	Abatement (Chec	k Only One	)				Street	Addre	ess						
Facility Closed/Vacat	ed During Entire I	Period of Al	baten	nent											
Abatement Performe Other – Describe:	d Outside of Norn	nal Facility	Hours	S			City, S	tate, 2	Zip Code			varin.			
Scope of Work (Check All	That Apply)					_									
≥3 sf or ≥3 lf	1.07	Пв	enova	tion				1 _							
× ≥160 sf or ≥260 lf		Continued	molit					Full Containment with Negative Pressure Mini-Enclosure							
								GI	lovebag Proc	edure			0/50		
	=	ls L	.ocati	ion			Essec	4 140	on-Exempted	( ) and Non	i-Friab	le Pro		e ement	+
Location of			ormal	ly		Des	scription	of						pe	
Asbestos-Containing M TO BE ABAT	laterial (ACM) ED	Main	tenar	nce/	Asbes	tos Cont	aining M	ateria	al (ACM)	Amoun	778			ш	
In Facility (13)		Custo	dial S (12)	Staff?	(1.6.	surfac	systems cing, VAT	T, or		(Specified SF or LF		Remova	Repair	ncap	End
(10)				T		other n	niscellan	eous)				loval	pair	Encapsulate	Enclosure
ontiro have		Yes	No	N/A							MITTLE S			te	(D
entire hou	Se			X		. b	laster			5,000 S	F	X			
								- 41/2							
Name of D															-
Name of Registered Waste	Hauler			JDEP Wauler ID		Cubic '			Name of R	egistered La	andfill				
1. Condition of the conditions					140.	of Was	ie		Grand C	ental San	itary	Land	dfill		
City, State Newark, NJ						Dispos	al Date		City, State	reconstruction of the			THE CONTRACTOR		
Completed by		Tem			TBD Pen Argyl PA										
A. Scott Higgins		Title Preside	ent	Signature				ture Date							
33	OIIL					, ,	1	_	8/2	27/18	}				

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 2-CO - 1707

Date of Notification (1);	F		11 10 1YJAC 8:6	353			
8/24/18	,	Name o	/1	er/Operator (2)		AUG	3 0 20
Agencies Notified / Type Notified	ication	Street A	MMINIA ddress	n Menalit	ian Colp.		35 100
☑ EPA ☑ Initia	I	) Street A	2 F	1.31	1	SEEST	ES CYNET
DEP Amer	ided	City, Sta	te, Zip Code	in La,		Lic	A CONT ENSING
1	dment# gency (including	-1 E	as hal	2/	08234		
Justific	cation)	Name of	Contact	N)	() C/ 1	e Number	
D DCA D Cance	llation		13-mars		, cichion	7 42/	173
Name of Facility Where Abatement is Ta	king Place (3)	FACIL	ITY INFORM		1 60	129	()
Besident	5 - 1200 (2)			10	of Facility (4)		
Street Address					School (K-12)		
C: -Ti				1 0	Subchapter 8 (Other than K Other (i.e. private & comme	-12) ercial buildi	ines, homes
$Civ(\bar{s})$ $\ell$				Square			Bldg Age
County (6)					# 07 T 10013	( )	pide vies
0610-		County Con (STATE US)	ie (7)	Сиптель	Use (Prior if being demoli	ished)	
same of Monitoring Firm Hired by Buildin	as Owner (8)	1					
	(b)	ASCM N	10.	1 0	nent Contractor (9)	7	li.
treet Address		1		Street Address	2 Ahatement	[2111]	TIET: /
0 5: 0				1212 10	Plyns. I	<u></u>	
ty, State, Zip Code				City, State, Zip C	1 1- 1 1	4114	
oject Manager for Monitoring Firm				1 1/2 1/21	·. · · · ·	(100)	(
geet Manager for Monitoring Firm	The same of the sa	Telephone N	0.	Telephone No.		No.	7
n Daye(協)/2	Sainadulad C			657-346		No. 12-71	)
1/3/18	Scheduled Comp	pletron Date (1	1)	Name of OSHA M	fonitor		
upancy Status During Abatement (Check	Only One)		-	Street Address			
Facility Closed/Vacated During Entire I	Period of Abatement			Street Address			
Abatement Performed Outside of Normal Other – Describe:	al Facility Hours		l	City, State, Zip Co.	de		
pe of Work (Check All That Apply)							
			`				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	☐ Renovation ☐ Demolition			☐ Full Con	tainment with Negative Pr	essure	
	) Demonio	M		□ Mini-End	closure Procedure	-000.0	
	1			Non-Exe	mpted (*) and Non-Friable	Procedure	
¥ 107 2	Is Location		7.0			1	atement
Lecation of Asbestos-Containing Material (ACM)	Normally Used Solely	in 1	Desc.	ription of		<u> </u>	Туре
TO BE ABATED In Facility	Maintenance Custodial Stat	fi? (i.e.	thermal system	ning Materiai (ACM) s insulation, surfacin	Amount (Specify	_	=   _
(13)	(12)		V.	AT, or scellaneous)	SF or LF)	Repair Removal	nembr
	Yes No	N/A	OUICI MIS	cenaneous)		ouir	Enenpsulate
n. Ls. i	1 1 1					1	101.
Uni lice			5:10	7	3000 3F	1	
				)			11
						-	
f Registered Waste Hauler	NJDE	P Waste	Cubic Yard	ls Nama	of Registered Landfill		
1 JAF 11.0	Haule	r ID No.	of Waste	, i.i.	or registered Landfill		
ate \ \ \	1 209	547	Dies 1 To	16%	1 of PA		
_ DELANCE N		8	Disposal Da	1 0.2,0	11 1	)	
red by 1 = 1 11	Title 1	ľ	Signat		10 lytown P.	<u> </u>	
· 12 1 14 11 -	V. Residen	it.		AL.	L Date	8/2	4/10
0.06.081			1			1/2	70
R-06-08)				* Do not use this fi	orm for asbestos licensure	/ exempted a	ctivities.



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

Date of Notification (1)		-//		Name	e of Buildin	g Owner/Operator (	(2)		W		177	1
	18	_				Mauduit Int'l Inc	1.	5 6 6 1	34	7	1	
Agencies Notified Type Notifi	cation			Stree	t Address			NEWSY S V4	010		111	Į.
⊠ EPA ⊠ Initial				85	Main Stre	eet	4 11	AUG 3 0 2	018	Od o	-1	- define
☑ DOLWD ☐ Amende	1000000			City,	State, Zip (	Code				all police		1
☑ DOH   Amendr     ☐ DCA   ☐ Emerge				Sp	otswood.	NJ 08884	I torre	SBESTUS CON	ront	l		3
(NJAC 5:23-8) justifica		siuaing	3		of Contac		.75	Telephone Numb	-	u 1,44	-	1
☐ Cancell	5.3			На	l Bernste	in	70.5	732-723-624				10
				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is		Place	(3)				Type of Facility (4	4)				
Schweitzer-Mauduit-RTL Buil	ding						School (K-12)					
Street Address								(Other than K-12)		. ــ د ــ		
85 Main Street							homes, etc.)	ivate and commercial	ciai di	ıllain	gs,	
City (5)					-		Square Feet	# of Floors	BI	dg. A	ge	
Spotswood					/		50,000 sf	1		80		
County (6)				Cou	nty Code (7	)(STATE USE ONLY)						
Middlesex						70. 93	RTL Building					
Name of Monitoring Firm Hired by Bu	lding O	wner (	(8)	ASCM	No.	Name of Abateme						
Guardian Contracting, Inc.							ntracting, Inc.					
Street Address						Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1889 Rte. 9, Unit 61				1889 Route 9, Unit 61								
City, State, Zip Code						City, State, Zip Co	5					_
Toms River, New Jersey 0875	5					Toms River, I	New Jersey 087	'55				
Project Manager for Monitoring Firm				lephone		Telephone No.		License No.				
Nicholas Fernicola				732-349		732-349-9932		00624				
Start Date (10)10 /01 /18				letion Da 08 /		Name of OSHA M E.M.S.L. Anal						
Occupancy Status During Abatement		1186				Street Address						
☐ Facility Closed/Vacated During En				ement		1056 Stelton						
☐ Abatement Performed Outside of N	lormal l	Facility	y Ho	urs - Des	scribe	City, State, Zip Co	odo					
Time of Abatement:AM	PM	l/	_PN	Λ	AM		New Jersey 088	54				
Scope of Work (Check all that apply)						_						
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-Encl		ative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De	molit	ion		Glovebag	Procedure					
		la	Las	ntin m	1	☐ Non-Exer	mpted (*) and Non	-Friable Procedure	9			
Location of			Norm	ation allv		Desertetion	,		Ab	atem	ent T	ype
Asbestos-Containing Material (ACI	<b>(</b> )	Use	d So	lely by	Asbes	Description of stos Containing Mat		Amount	Re	Re	E	En
TO BE ABATED				ance/ I Staff?		, thermal systems i	insulation,	(Specify	Removal	Repair	сар	Enclosure
IN Facility (13)		Ousi	(12			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	sure
()		Yes	No	N/A		other miscellane	ous)				te	
Warehouse			$\boxtimes$		asbesto	s pipe insulatio	n	50 If				
Warehouse			$\boxtimes$		asbesto	s pipe insulation	n	300 If			$\boxtimes$	
										П	П	
Name of Registered Waste Hauler				NJDEP \	Vaste	Cubic Yards of	Name of Registe	ered Landfill	1			
Guardian Contracting, Inc.				Hauler II		Waste	T.R.R.F.					
City, State				20223	)	3 Disposal Date	City, State					
Toms River, New Jersey						10/08/18		Pennsylvania				
Completed By (Print or Type)					Signature		Dat	a /	- /			
Nicholas Fernicola	Pro	oject	Mar	nager		-3.7	11.1	/	/_	. 1	~	
ACD 44	1			J - 1			1-101	8	12	4/1	8	

ASB-41 JAN 13

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

N DIV				(Pt	ırsuaı	nt to NJA	C 8:60 and 5:1	6),	Control of the second of the s		waters		
Date of Notification (1)	24 /	18	_	Name of Building Owner/Operator (2)  Jacobson Contracting							/		
Agencies Notified  ☑ EPA  ☑ DOLWD	Type Notifice  ☑ Initial ☐ Amende				71	t Address Winant P State, Zip (		Al	J6 3 0 2018	The state of the s			
⊠ DOH	Amendm	_			The second second	- Contration Contration	d, NY 10309	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TOS CONTIÑO				
DCA (NJAC 5:23-8)	☐ Emerger justificati		uding			of Contac			Telephone Nun				
(	☐ Cancella				245		ontracting		917-559-93				
							IFORMATION		011 000 00				
Name of Facility Where	Abatement is	Taking F	Place	(3)	'^	OILITT III	TORWATION	Type of Facility	(4)				
Residence				(-)				School (K-12					
Street Address							16	☐ Subchapter 8	8 (Other than K-1) rivate and comme	2) ercial bu	uildin	gs,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Lavallette								2,000 sf	1	100	65	_	
County (6)					County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)					shed)			
Ocean						Residence							
Name of Monitoring Firm	mer (8	3)	ASCM No. Name of Abatement Contractor (9)										
N/A				Guardian Contracting, Inc.									
Street Address					Street Address								
							1889 Route 9	), Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					-5000
D :								New Jersey 08	755				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.						
Stat Data (40)	- 1.						732-349-9932 00624						
Start Date (10)		Schedule				50 757	Name of OSHA M	PRINTER.					
					_ / -	18	E.M.S.L. Ana	lytical					
Occupancy Status During							Street Address						
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>	ed During Entil	re Perio	d of A	bater	ment		1056 Stelton						
Time of Abatement:	AM-	PM/	acility	PM-	s - Des	AM	City, State, Zip Co						
				=((***/)			Piscataway, I	New Jersey 088	854				
Scope of Work (Check all  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	triat apply)		Ren Den				☐ Mini-Enc ☐ Glovebag	g Procedure	native Pressure	ıre			
				ocat							atem	ent T	ype
Location Asbestos-Containing I		4)		orma I Sole	lly ely by	Aabaa	Description o				_		T
TO BE ABA	TED	"	Mair	ntena	nce/	(i.e.	stos Containing Ma , thermal systems i	insulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	ty		Custo	(12)	Staff?		surfacing, VAT,	or	SF or LF)	<u>va</u>	7	Sul	Sure
(10)		Y	r'es	No	N/A	1	other miscellane	ous)				ate	
exterior				$\boxtimes$		asbesto	s siding		1800 sf	$\boxtimes$			
									y				
		Г		П	П								
	-22		7	_									
Name of Registered Wast	le Hauler		_	L N		Monto	Cubic Varda of				Ш		Ш
Guardian Contracting, Inc. Hauler ID No 20223							Cubic Yards of Waste 3	Name of Regis	tered Landfill				
City, State							Disposal Date	City, State					
Toms River, New Jersey							09/11/18	Tullytown,	Pennsylvania				
Completed By (Print or Ty Nicholas Fernicola	rpe)	Title Proj	ject l	Vlana	ager		Signature	110	Di	ate	1.		



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

Date of Notification (1)				Nam	Name of Building Owner/Operator (2)								
08/24/18				Bi	Binsky & Snyder, LLC								
Agencies Notified Type Notification					Street Address								
☐ EPA ☐ Initial	The second secon				281 Centennial Avenue AUG 3 0 2018					91			
	Amended				City, State, Zip Code						+		
	Amendment #					, NJ 08854	1 (		more and	.1	distribution of the state of th		
	DCA Emergency (including justification)					ct	Telephone Number						
☐ Cancellation					cole Mon	7.7	732-907-3449						
		FA	CILITY IN	NFORMATION									
Name of Facility Where Abatement is Taking Place (3)							Type of Facility (4)						
Residence							☐ School (K-12)						
Street Address							Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings,						
City (5)	homes, etc.)												
South Plainfield					Square Feet	# of Floors	1	dg. A	ge				
County (6)							2000 sf	2		65			
					nty Code (	7)(STATE USE ONLY)	, , , , , , , , , , , , , , , , , , , ,						
Middlesex							Residence						
					l No.	Name of Abateme	7.0						
Guardian Contracting, Inc.					Guardian Contracting, Inc.								
Street Address						Street Address							
1889 Rte. 9, Unit 61						1889 Route 9, Unit 61							
City, State, Zip Code						City, State, Zip Code							
Toms River, New Jersey 08755						Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No.							
Nicholas Fernicola 73					9-9932	732-349-9932		00624					
Start Date (10) Scheduled Completic					ate (11)	Name of OSHA M	Ionitor						
08 /24 /18						E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one)					Street Address					-			
Facility Closed/Vacated During Entire Period of Abaten					ent 1056 Stelton								
Abatement Performed Outside of Normal Facility Hours					- Describe City, State, Zip Code								
Time of Abatement:AMPM/PM-					Piscataway, New Jersey 08854								
Scope of Work (Check all that apply)						□ Full Cont	ainment with Noar	ativo Progovro					
≥3 sf or ≥3 If	nova												
☐ ≥160 sf or ≥260 lf ☐ Demolition					□ Glovebag Procedure								
			☐ Non-Exempted (*) and Non-Friable Procedure										
Is Location of Normal						5			Ab	atem	ent T	ype	
Asbestos-Containing Material (ACM) Used S			d So	lely by	Ashe	Description o stos Containing Ma		Amount		Re	m	m	
TO BE ABATED Maintena					, thermal systems insulation,		(Specify	Removal	Repair	cap	clos		
IN Facility Custodial (13) (12)						surfacing, VAT,		SF or LF)		_	Encapsulate	Enclosure	
Ye			No			other miscellane	ous)				ate		
basement			$\boxtimes$		boiler i	nsulation		120 sf					
										П	П		
									П	П	П		
			П	П									
			NJDEP	Waste	Cubic Yards of	Name of Registe	ered Landfill						
Guardian Contracting, Inc.					D No.	Waste	Name of Registered Landfill T.R.R.F.						
City, State				2022	3	3							
Toms River, New Jersey						Disposal Date 08/27/18	City, State						
							Tullytown, Pennsylvania						
						Signature	/		Date				
Nicholas Fernicola	Project Manager						~ · J.	4	8/3	24/	5		

ASB-41 JAN 13

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

CKBUTTO

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

Date of Notification (1)					Name	e of Buildin	a Ow	vner/Operator-	(2)					
08/	24 /	18	_			ris Dorko		men operation	EGE	OVER	11/-	7 -	0	1
Agencies Notified	Type Notific	ation			Stree	t Address					1 1	1 1		
⊠ EPA									1110					
⊠ DOLWD	Amende	T.)			City,	State, Zip (	Code		- AUG 3	9 2918 11	41		_	-
□ DCA	Amendm					elle, NJ 0				1				
(NJAC 5:23-8)	☐ Emerger justificati	on)	uaing	l		of Contac		†	1000 1000	Telephone Nur	nher			
	☐ Cancella					ris Dorko	570		TOTAL	l eleptione ivui	ibei			
				000=	FA	CILITY IN	IFOF	RMATION		-	-			
Name of Facility Where A	batement is	Taking F	Place	(3)					Type of Facility	(4)				
Residence									School (K-12	2)				
Street Address									☐ Subchapter ☐ Other (i.e., p homes, etc.)	8 (Other than K-1 private and comme	2) ercial b	uilding	js,	
City (5)									Square Feet	# of Floors	I R	ldg. A	22	
Brielle									1800 sf	1		65	ge	
County (6)			_		Cour	nty Code (7	VSTA	TE USE ONLY)		ior if being demol	ichod)	00		
Monmouth						, 0000 (.	//0//	172 002 01421)	Residence	ioi ii beilig dellioi	isrieu)			
Name of Monitoring Firm	Hired by Build	dina Ow	vner (	8)	ASCM	No	Na	me of Abatem	ent Contractor (9)		0.35-11			
N/A		anig Ott		,	7100W	140.			ntracting, Inc.					
Street Address							_	eet Address	macung, mc.					
								889 Route 9	Unit 64					
City, State, Zip Code								y, State, Zip Co						
.,							1 25	51 26 H	New Jersey 08	755				
Project Manager for Moni	torina Firm			Tele	phone	No	_	ephone No.	New Jersey 06					
				, oic	prioric	110.		32-349-9932	É	License No. 00624				
Start Date (10)	15	Schedul	ed Co	omole	tion Da	te (11)		me of OSHA N		00624				
09/06/					) /		2790009	.M.S.L. Ana						
Occupancy Status During							-	eet Address	ry troat					
☐ Facility Closed/Vacate					ment			056 Stelton						
Abatement Performed	Outside of No	ormal Fa	acility	Hou	s - Des	cribe		, State, Zip Co	- d -					
Time of Abatement:	AM	PM/		_PM		AM			New Jersey 08	954				
Scope of Work (Check all	that apply)								2					
☐ ≥3 sf or >3 lf		Г	7 Rer	novati	on			☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		×	Der	nolitio	n			☐ Glovebag	Procedure					
								Non-Exe	mpted (*) and No	n-Friable Procedu	ıre			
Location	of.			Locat Iorma				_			Al	atem	ent T	уре
Asbestos-Containing N		1)	Used	d Sole	ly by	Asbes	stos (	Description o Containing Ma		Amount	Re	Re	En	En
TO BE ABA	TED	· 1.		ntena	nce/ Staff?		, the	rmal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	У		Cust	(12)	Jian :		S	surfacing, VAT, her miscellane	or or	SF or LF)	/al		Encapsulate	ure
(-7)		-	Yes	No	N/A		Oti	nei miscenane	ous)				te	
exterior				$\boxtimes$		asbesto	s si	ding		1800 sf		П		П
		1									1	П		П
													$\overline{\Box}$	
Name of Registered Wast	e Hauler			IN	JDEP \	Vaste	Cub	oic Yards of	Name of Regis	tered Landfill		Ш	_	
Guardian Contractir	ng, Inc.			Н	auler II 20223	300000000000000000000000000000000000000	Was	ste	T.R.R.F.	torou Euriaiii				
City, State								oosal Date	City, State					
Toms River, New Je	rsey						09	9/10/18	Tullytown,	Pennsylvania				
Completed By (Print or Ty	pe)	Title					-	Signature	1	1	ate ,	,		-
Nicholas Fernicola		Pro	ject	Mana	ager			M	! lent	′	$s/_{\lambda}$	4/1	8	

ASB-41 JAN 13

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

C	CIOY14	NO.		CATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 ar	ABATE		EAR	Π		Pr	int F
	Date of Notification (1)		7.5		Building Owner/					7	5	M
	AUGUST 25 2018	E - 11 (ME) - 17			CONSTRUCT	ION SE	RVICES					
	Agencies Notified  Type Notificatio  Type Notificatio	n		11 11 11	TH STREET			AUF 3	0 30	18		
	DOL Amendmen	nt # y (including		GLOU	te, Zip Code CESTER CIT	Y, NJ (	08030	, ,159531330	OMTR	0.7	- Participant	The state of the s
	DOH justification Cancellation	1)	1		Contact MEGEE			Telephone Nu 856-45610				1
	Cancenation	л г			LITY INFORMAT	ION		*000-40010	)2			
	Name of Facility Where Abatement is Tak	ing Place (3)		1701	LITTINI OKMAT	1014	Type of Facility (4	1)		91.00		-
		VACANT)					School (K-1:					
	Street Address 114 10TH STREET NORTH						Subchapter Other (i.e. p	8 (Other than K-1 rivate & commerc	2) ial buil	dings,	hom	es,
	City (5) BRIGANTINE, NJ 082013						Square Feet	# of Floors	В	60 ·	-	7
	County (6) ATLANTIC		(	County (	Code (7) USE ONLY)		Current Use (Price SINGLE FAM		17			
	Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	1 No.		of Abatement Con					
	Street Address						Address BOX 337					
	City, State, Zip Code					100000	tate, Zip Code V EGYPT, NJ 0	8533				
	Project Manager for Monitoring Firm		1	Telephor	ne No.		none No. 758-3365	License N 00394	lo.			
	Start Date (10) SEPT 4, 2018	Scheduled SEPT 1			Date (11)	Name	of OSHA Monitor TECH	00004				
	Occupancy Status During Abatement (Che		100	<del></del>			Address					
	Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of Ab	atem Hours	ent			BOX 337		V			
	Other - Describe:  Scope of Work (Check All That Apply)					100	V EGYPT, NJ 0	8533				
	<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	SPECTATION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON A	novat			 >	Mini-Enclosure Glovebag Proc	nt with Negative F edure (*) and Non-Friat			e	
			ocatio				=			Abate Ty	emen pe	t
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel	y by ice/	Asbestos Cor (i.e. therma surfa		Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							ate	roʻ
	ROOF			Х	ROOFII	NG MA	TERIAL	1500 SF	<b>X</b>			
	BATHROOM		X		FLOORI	NG MA	TERIAL	30 SF	<b>X</b> X			
					·							
	Name of Registered Waste Hauler EPC TECHNOLOGIES		На	JDEP W auler ID 7000	No. of Wa	e Yards aste 8	Name of F	Registered Landfill				
	City, State NEW EGYPT, NJ		1		100	sal Date 3/11/18		ARBOR TWP,	NJ			
	Completed by STEVE SCHENKER	Title PRES	IDEN	NT		Signature		A Da	ate UG 2	5. 20	)18	



Check # 1441

Date of Notification (1)				Nome	of Duildie	- 0	4 (0)		CHECK	11 1	171	_	
	August 27, 201	18			of Ameri	g Owner / Opera	tor (2)						
Agencies Notified	Type Notificat			_	Address	, u		A IE 7	N P I II	p	7		
							(1)	1) [[ (		113	11		
LEPA EPA				125 S	o. Finley	Avenue	100		11-11-11				
DEP					•								
<b>⊠</b> DOL	Initial			City, S	State & Zip	Code	111	Δ1	TG 2 A 2010		11		
N	Amer	nded			일하다는 그렇게 하다	NJ 07920		. 1	A 1 0 0 7/10	1	4		
DOH		ndment #			ng raago	110 07020					Ī		
DCA		ellation		Name	of Contac	t		1 to tach	Tel	epho	ne Nu	mber	r
	_			Augus	st Dolan -	Phoenix Divers	sified Group	1.16.7-241.		1000	4770		20
						- III DINGI	omea Group		- 1 - 1 - 31 - 31 - 31 - 31 - 31 - 31 -	3-373	7//0		
				F	CILITY	INFORMATI	ON						
Name of Facility Where Bank of America	Abatement is	Taking Place	ce (3)				Facility (4)						
Street Address							chool (K-12)		200220				
125 So. Finley Avenue							ubchapter 8 (		17.50				
125 So. Filley Avenue								rivate & co	mmercial buildings, h	ome	, etc.	(	
Oit (C)						Square	Feet	# of Flo	oors Bldg	J. Age	)		
City (5)							6,500		3		80		
Basking Ridge						Current	Use (Prior if ercial	being dem	olished)				
County (6) Somerset		Co	ounty Code	(7)									
Name of Monitoring Firm	n Hired by Buil				ASCM	No Name o	f Abatement	Contractor	(0)				
Arcadis US Inc.	,,		(0)		7100111	Synated		Contractor	(9)				
Street Address						Street A							
35 Columbia Road							dio Road						
City, State & Zip Code Branchburg, NJ 08876							ate & Zip Coo						
Project Manager for Mor			ĪΤο	lephone N	li ina h a s		gg Harbor, I	NJ 08087	To to	- Accord			
- Tojout Wallager for Wor	intorning i iiiii			8-526-100		609-296	ne Number 6-6916		License Numb	008 <sup>.</sup>	17		
Scheduled Start Date (1		Scheduled	Completio	n Date (1	1)		f OSHA Mon	itor					
September 15, Occupancy Status Durin		Check only		er 15,, 20	18	Street A						-	
Facility Closed	Vacated Durin	g Entire Pe	eriod of Ab	atement			dio Road						
Abatement Per	formed Outsid	e of Norma	l Hours			City, Sta	ate & Zip Coo	de					
Other - Describ	be:						gg Harbor, N						
Facility Occupie	ed During Aba	tement					, ,						
Scope of Work (Check a	II that apply)										-		
							⊠ Full C	ontainment	with Negative Pressure				
≥3 sf or ≥ 50 lf			$\boxtimes$	Renovation	n			Enclosure	will negative Flessule	8			
☐ ≥160 sf or >260 lf	<b>5</b> 3		Ħ	Demolitio					Part to con-				
				Demondo			personal contract of the contr	bag Proced					
Locati	lian of		1 1 - 1 1					Exempted(*	) and Non-Friable Proce	_			
Asbestos-Contain	tion of ing Material (A	CM)	IS Locat	ion Norma	illy Used		scription of		1	A	batem	ent T	уре
	ABATED	Civi)		odial Staff			tos-Containi terial (ACM)	ng	Amount (Specify SF or LF)				
	acility			I	(12)		nermal system	ms	OI LF)	-	_		
(1	3)						n, surfacing,			l _		四	
						or other	miscellaned	ous)		er er	R	cap	nc
										Removal	Repair	usc	losi
			Yes	No	N/A					a l	=	Encapsulate	Enclosure
F:													
First Floor Lavatory					Х	L AUGUS DONG PROPERTY	loor Tile Ad		16 SF	X			
First Floor Lavatory					Х	Drywall/.	Joint Compo	ound	32 SF	X			
Name of Registered Was	te Hauler		NJDEP V	Vacto	Cubic	ards of Masta	Nom	a of Decists					
	ACTIQUIEI		Hauler ID		Cubic Y	ards of Waste	INam	e of Registe	ered Landfill				
Synatech, Inc.			27	429	2		Fairl	ess Hills					
City, State					Disposa	I Date	City,	State					
l ittle Egg Harbar N. C	0007					40.00/-							
Little Egg Harbor, NJ 0 Completed By	0001	Title				r 16, 2018	Morr	risville, PA	D.1.				
p.o.cod		11110			Signatu	- ///			Date				
Diane Aloia		Executive	Adminis	trator	100	and all	Ri		August 27, 2018				

CK 1829

#### State of New Jersey

(6)0 1	PALL	9		ICATION	OF ASB to NJAC	ESTOS	ABATE		IT (*))	E	CE.		/ [		And the second s
Date of Notification (1) 08/24/2018					f Building n Bostw		Operator	(2)		i	AUG 3 C	20	18	The state of the s	
Agencies Notified	Type Notification			Street A	ddress					1				-	4
× EPA	× Initial										C 27 142 27			in in	1
X EPA X DEP X DOL	Amended Amendment				ite, Zip Co Orange,		052				T.CENS				
× DOH	Emergency justification)		t	Name of	Contact					Tel	lephone Nur	nber			
DOH DCA	Cancellation			Myrian	n Bostw	rick				4					
				FACI	LITY INF	ORMATI	ON								
Name of Facility Where A House	batement is Takir	ig Place (	3)					Ту	pe of Facility (	4)					
									School (K-1			2.5			
Street Address								×	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) West Orange								Sq N/	uare Feet A	# o N/	f Floors A	1000	lldg. A I/A	ge	
County (6) Essex				County (	Code (7) USE ONLY	)	_		rrent Use (Prid DUSE	or if be	ing demolish	ned)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	)	ASCN	l No.				batement Cor atement, In		(9)				
Street Address							Street	Add							
City, State, Zip Code							City, S	State	, Zip Code NJ 07512						
Project Manager for Moni	toring Firm		T	Telepho	ne No.		Teleph	none	No.		License N	0.			
Start Date (40)		D. b. d. d	- 10		D 1 (14)				-8685		01311				
Start Date (10) 09/05/2018		09/06/	2018	npletion	Date (11)		D&S	Ab	SHA Monitor atement, In	C.					
Occupancy Status During  Facility Closed/Vaca				nent			Street 11 R		ress engren Aver	nue					
Abatement Performe  Other – Describe:	ed Outside of Norr								, Zip Code NJ 07512						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					- !	Full Containme Mini-Enclosure Glovebag Prod	9	n Negative F	ressu	re		
							×		Non-Exempted	(*) an	d Non-Friab	le Pro	cedur	е	
Location	of		Locat Norma	lly		De	scription	n of						ement pe	
Asbestos-Containing			ed Sole			tos Cont	taining N	/ate	rial (ACM)		mount	_		ш	m
TO BE ABA In Facilit		100000000000000000000000000000000000000	todial S		(i.e.	thermal	system: cing, VA				Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	,		(12)				niscellar			0.	0, 2, 7	lova	pair	sula	osur
		Yes	No	N/A								=		ate	G.
Baseme	ent		Х				VAT			3	60 SF	Х			
						-						-			
		1													
Name of Registered Wast	e Hauler		I	JDEP W	/aste	Cubic	Yards		Name of I	Registe	ered Landfill				
D&S Abatement, Inc.				lauler ID 0996	No.	of Was	ste		1000 Page 100		gement o				
City, State Totowa, NJ						Dispos	sal Date	Á	City, State Morrisv		A		0.5100		
Completed by		Title					Signature		7		Da	ite			

Project Manager

Oliver Hegedis

08/24/2018

mo 69889671478

) ((	PAID				OF ASB					(*)		C	E	N	7///	Œ	land of
Date of Notification (1) 08/24/2018		<del></del>		Name o	of Building Schiavo	Owner/0			of the Property and Delivery of the Property o		L	<u> </u>	<u>(L,</u>	<u>. []</u>	W		The second second
Agencies Notified  X EPA X DEP X DOL	Type Notification  Initial Amended				ate, Zip Co				The second secon		ACO	AUS	3	0 1	2018	-	Land
× DOH	Amendment Emergency justification)	(including	-	Name o	field, No		1					hone I	TAR	SINC	inu	. 61	
DCA	Cancellation	1			Schiave	200000000000000000000000000000000000000	ON								-		
Name of Facility Where House Street Address	e Abatement is Takin	ig Place (	3)	PAG	LITTINE	ORIVIATI	ON		of Facility School (K- Subchapte	-12)	)ther	than k	(-12)				
City (5)								×	Other (i.e. etc.) re Feet	privat		omme			ings,		s,
Springfield								N/A		1	N/A			N	/A	, -	
County (6) Union					Code (7) USE ONLY	)		Curre	ent Use (Pi se	rior if t	peing	demo	lished	d)			
Name of Monitoring Fir N/A	m Hired by Building	Owner (8	)	ASCN	И No.		C. C		tement Co ement, I		tor (9)	)					
Street Address							11 R		gren Ave	enue							
City, State, Zip Code									ip Code J 07512								
Project Manager for Mo	onitoring Firm			Telepho	ne No.		N 000 THE RESERVE	none No 345-8				icense 1311					
Start Date (10) 09/04/2018		Schedu 09/06/		npletion	Date (11)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		AA Monito ement, I								
Occupancy Status Durin		- 62	8.6		0.200			Addres									
Facility Closed/Var Abatement Perform Other – Describe:	cated During Entire I med Outside of Norm Occupied	Period of nal Facilit	Abatem y Hours	nent			City, S	tate, Zi	gren Ave ip Code IJ 07512	-							
Scope of Work (Check	All That Apply)							,					100				$\neg$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	Renova Demolit				×	Min Glo	I Containn ii-Enclosu ovebag Pro n-Exempte	re ocedui	re	0.00					
		Is	Locati	on					,						Abate	ment	
Locatio Asbestos-Containin TO BE AF In Fac (13)	g Material (ACM) BATED illity	Use Ma	Normal ed Sole aintenar todial S (12)	ly by nce/		tos Cont thermal surfac		faterial s insula T, or			Amo (Spe SF or	cify		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			Ilionania Vivi									ie	
Attic cl	oset		X			Ve	rmiculi	te			140	SF	-	Х			
Name of Registered Wa	aste Hauler		L N	JDEP W	/aste	Cubic	Yards		Name of	Regis	sterer	1 l and	HALL				_
D&S Abatement, In			Н	auler ID 0996		of Was			Waste	CHANGE OF				Α			
City, State Totowa, NJ						Dispos TBD	al Date	1	City, Sta Morris		PA						
Completed by Oliver Hegedis		Title Proje	ect Ma	nager		S	ignature	POR	_		and the state of the state of	-	Date 08/2	4/2	018		



			(P	ursuant	to NJAC	8:60 an	d 12:12	0)	11:55	F	C F	1	W	7 [5	3 (***	
Date of Notification (1) 08/24/2018					of Building Marco		Operator	r (2)		H-ry H-r	Up II		10		The state of the s	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY
Agencies Notified	Type Notification			Street A	Address					, (	AUG 3	0	201	8		
× EPA × DEP × DOL	Initial Amended Amendment Emergency (		_		ate, Zip Co Plains,		950				131.73					1
DOH DCA	justification) Cancellation	morading			of Contact  Marco	/sky				Tel	enhone	Milmk	er	940		
N (5 W )				FAC	ILITY INF	ORMAT	ION									
Name of Facility Where House	Abatement is Taking	g Place (	3)						of Facility							
Street Address								×	Subchapter Other (i.e. petc.)	8 (Oth			build	lings,	home	es,
City (5) Morris Plains									re Feet	# o'	f Floors			ldg. A	ge	
County (6) Morris					Code (7) USE ONLY	)		Curre	ent Use (Pri	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCN	ΛNo.				itement Cor ement, Ir		(9)					
Street Address							3.0000000000000000000000000000000000000	Addre	ss gren Ave	nue						
City, State, Zip Code	9						City, S	State, Z	ip Code IJ 07512	- 2				92		
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none N 345-8			License 01311					
Start Date (10) 09/06/2018		Schedul 09/07/2		npletion	Date (11)		Name	of OSI	HA Monitor ement, In	ıc.						
Occupancy Status Durin	ng Abatement (Check	k Only Or	ne)					Addres								
Facility Closed/Vac Abatement Perform X Other – Describe:	cated During Entire Fined Outside of Norm	Period of a	Abaten / Hours	nent			City, S	tate, Z	gren Aver ip Code	nue						
Scope of Work (Check A							Toto	wa, N	IJ 07512							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	и ттак Арргу)		Renova Demolit				×	Mir Glo	Il Containmoni-Enclosure ovebag Prod n-Exempted	e cedure					a	
		Is	Locat	ion								T		Abate	ment	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma	Normal ed Sole intena todial (12)	ly by nce/		tos Cont thermal surfa		Material s insula .T, or		(S	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
Kitche	-n	165	X	INIA			VAT			10	30 SF	-	v			
ratoria	511		^	-			VAI			10	00 SF	-	X		_	
												+	_			
		-		-								-	_			
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Land	lfill				
D&S Abatement, Inc	<b>.</b>			lauler ID 0996	No.	of Was			Waste I	Manag			PA			
City, State Totowa, NJ						Dispos TBD	sal Date	// .	City, State Morrisv		Α					
Completed by Oliver Hegedis		Title Proje	ct Ma	anager		S	ignature	40	1/			Date 08/2	4/2	018		



X

cheropo	PA	NOTI	State FICATION OF Pursuant to N		ABATE		T Constitution		GEI	V	Print F
Date of Notification (1) 8/27/18				ilding Owner/ell Private		(2)		-	AUG an	2010	And the control of th
Agencies Notified  EPA DEP DOL  DOH DCA	Type Notification  Initial Amended Amendmen Emergency justification) Cancellation	t# (including	City, State, Long Bea	Zip Code ach Twp NJ	08008	}	The state of the s	ASB	ESTOS CON LICENSIN elephone Num	ITROL G	The second secon
Name of Facility Miles	AL	DI (0)	FACILITY	Y INFORMAT	ION						
Name of Facility Where A Chris Knell Private Street Address		ng Place (3)						12) r 8 (Ot private	ther than K-12)	building	gs, homes,
Long Beach Twp N	J 08008					504	00+	2		35+	8 50
County (6) Ocean			County Code (STATE USE	e (7) ONLY)			rent Use (Pr	ior if b	eing demolishe	ed)	
Name of Monitoring Firm N/A Street Address	Hired by Building	Owner (8)	ASCM No	).	Name Pern Street	aco		ntracto	or (9)		
					POE						
City, State, Zip Code		<del></del>			36.00.77.76.0		Zip Code erlin NJ 08	091		-	
Project Manager for Mon	itoring Firm		Telephone N	No.	Teleph 856-		No. -9800	-	License No 00727		X
Start Date (10) 8/5/18		Scheduled Co 8/14/18	mpletion Date	e (11)	Name Sam		SHA Monitor				
Occupancy Status During	g Abatement (Che	ck Only One)			Street	Addr	ess				
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of Abate nal Facility Hou	ment rs		City, S	tate,	Zip Code		*		<del>- (2-01</del>
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ll That Apply)	Renov Demol			×	l N	lini-Enclosur Blovebag Pro	e cedure	th Negative Pr e nd Non-Friable		lure
Location	of	Is Loca Norma		Do	ecrintian	o.e					atement Type

Location of	100.00	Locati	T27700	Description of	Non-Exempte	ed (*) and Non-Frial	ole Pro	Abate		t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	estos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneou	sulation, ´	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				=		ate	e e
Exterior Siding			x	Exterior Siding	9	1200	х			
Name of Registered Waste Hauler United Roll Off		Н	JDEP Wa auler ID I 2459	Cubic Yards of Waste 3	Name of	Registered Landfil	ı			
City, State				 Disposal Date	City, Sta	ite	-			

Title

President

8/14/18

Signature

Anthony T Perna

Completed by

Elm NJ

Date

8/27/18

Morrisville PA 19067

#### PAID

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

chealet 3427

Date of Notification (1)					Name	of Buildin	g Owner/Operator		000000				-
8/	24 /	18	_				of New Jersey		CE	W			
Agencies Notified	Type Notific	ation			Stree	t Address					7	111	
⊠ EPA					200	00 Pennir	ngton Rd.	11.			1 1		
⊠ DOLWD		5 B			_	State, Zip (			AUG 3 0	2018	-(1)	44	-
☑ DHSS	Amendm			8		ing, NJ 0			10 A 10 C 10 P				
	☐ Emerger justificati	icy (incli on)	lding			of Contac			Telephone No	ımhor	1_		
(10/10/0.20/0)	☐ Cancella					anda Ra	70	* 103	609-771-2	T. I. Continue	Ċ.		
							IFORMATION		003-171-2	.001	-2		
Name of Facility Where A	batement is	Taking P	Place (	3)	FA	CILITTIN	IFORWATION	Type of Facility	(4)				
TCNJ-Green Hall		· uning i	1400 (	٠,				School (K-12					
Street Address				-				Subchapter 8	(Other than K-				
2000 Pennington Re	d.							Other (i.e., pi		nercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Ewing								66,000	2		88		
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being dem	olished)			
MERCER													
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8	)	ASCM	No.	Name of Abateme	ent Contractor (9)			1000000		
AET, Inc					0002	21	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
28 Pennell Rd							1123 BEAVE	R STREET					
City, State, Zip Code	1000 000 1000					72:	City, State, Zip Co	ode					
Media, PA 19063							BRISTOL, PA	19007					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Roy Mosicant				6	10-891	-0114	215-788-6040	)	00509				
Start Date (10)		Schedule	ed Cor	mple	tion Da	te (11)	Name of OSHA M	lonitor					-
8 /24 /	18	08	_ / .	27	/ _	18	BRISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During	Abatement (	Check o	nly on	e)			Street Address						
☐ Facility Closed/Vacate	d During Enti	re Period	d of Al	bate	ment		1123 BEAVE	R STREET					
Abatement Performed	Outside of No	ormal Fa	acility I	Hou	rs - Des	cribe	City, State, Zip Co	ode		-			
Time of Abatement:	AM	PM/ <u>/</u> SAT 0	2.00P	M- <u>7</u>	MA <u>00</u> :	9	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)	CAY G	407	900	7								
≥3 sf or ≥3 lf			Ren	ovet	ion		☐ Full Cont ☑ Mini-End	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			Dem					g Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Proce	dure			
1				ocal rma						At	atem	ent T	уре
Location ( Asbestos-Containing N		n	Used			Asha	Description o stos Containing Ma	torial (ACM)	Amount	R	Z,	Ш	Ш
TO BE ABA	TED		Main			(i.e	., thermal systems	insulation,	(Specify	Removal	Repair	cap	nclo
IN Facilit (13)	у			(12)	Staff?		surfacing, VAT,		SF or LF)	\sigma a	"	Encapsulate	Enclosure
(10)		Y	'es	No	N/A		other miscellane	ous)				ate	
Attic			ן כ	$\boxtimes$		Pipe Ins	sulation		1,500 LF				
Suite 218				$\boxtimes$		Plaster	Ceiling		320 SF	$\boxtimes$			
Attic			] [			Clean u	p of elbow derb	ris	6 SF				
			ם כ							П	П	П	
Name of Registered Wast	e Hauler				JDEP V		Cubic Yards of	Name of Regist	tered Landfill		1		
BRISTOL ENVIRONI	MENTAL, IN	IC.		H	18706		Waste	FAIRLESS					
City, State							Disposal Date	City, State					
BRISTOL, PA 19007								posterior escendance	LE, PA 1906	7			
Completed By (Print or Ty	pe)	Title		etilik-			Signature	0.		Date			
BRIAN SCAFIRO		EST	IMAT	OR			()	1	/	8/2	cil.	10	
100 11								XXX		0/04	7/1	X	



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	The state of the s		NOI				AC 8:60 and 5:1	/	eclot 34	17			
Date of Notification (1)					Name	e of Buildin	g Owner/Operator (	2)	D 6 B	0 00	[ <del>-</del> 2	and the second	7
8 / _	24 /	18	<u> </u>			670	of New Jersey			U.W			and the second
⊠ EPA	Type Notific	cation			1	t Address		115(1			and disker		
⊠ DOLWD	⊠ Amende	he					ngton Rd.		Alic on	2018	į.	111	100
☑ DHSS	Amenda	0.000	9-8/24	/18		State, Zip (		L L L	1100 0 0		op or it	- 11-40	1
☑ DCA	☐ Emerge		cluding	9		ing, NJ 0							1
(NJAC 5:23-8)	justifica				Name	of Contac	t	1 /	Telephone N	umber 0	_&		
	☐ Cancella	ation			Am	anda Ra	dosti		609-771-2	881			-1
					FA	CILITY IN	FORMATION	N#				1 155	
Name of Facility Where A	batement is	Takin	g Place	(3)				Type of Facility	(4)				
TCNJ-Green Hall								School (K-1	2)				
Street Address					B-22-W			Subchapter	8 (Other than K	-12)	المالية	22	
2000 Pennington R	d.							homes, etc.		nercial bi	ullain	gs,	
City (5)				-				Square Feet	# of Floors	BI	dg. A	ge	
Ewing								66,000	2		88		
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	for if being dem	olished)			
MERCER							***		3 <u>7</u> .8				
Name of Monitoring Firm	Hired by Bui	ilding (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				5050
AET, Inc					0002	21	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
28 Pennell Rd							1123 BEAVE	RSTREET					
City, State, Zip Code							City, State, Zip Co	ode		W1011111111111111111111111111111111111			-
Media, PA 19063							BRISTOL, PA	19007					
Project Manager for Moni	toring Firm		resident.	Tele	phone	No.	Telephone No.		License No.			-	7
Roy Mosicant				6	10-891	-0114	215-788-6040		00509				
Start Date (10)		Sched	luled C	omple	tion Da	ite (11)	Name of OSHA M	onitor					
8 /24 /					7 /		BRISTOL EN	/IRONMENTA	L. INC.				
Occupancy Status During	Abatement						Street Address		_,				
☐ Facility Closed/Vacate					ment		1123 BEAVER	STREET					
Abatement Performed	Outside of N	Vormal	Facility	/ Hour	s - Des	cribe	City, State, Zip Co						
Time of Abatement:	AM	PN	N/7:00	PM-7:	00AM		BRISTOL, PA						
Scope of Work (Check all	that apply)	SAT	OUL	y 15	200	7	DIGIOTOL, FA	13001			-		
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			⊠ Re	novati molitic				ainment with Neg osure Procedure mpted (*) and No		dura			
			Is	Locat	ion	T	□ I40II-EXEI	ripted ( ) and No	II-FIIADIE PIOCE				
Location				lorma			Description of	f I			atem	1	T
Asbestos-Containing N TO BE ABA		VI)		d Sole intena			stos Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility				odial		(i.e.	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify SF or LF)	JOVE	air	aps	osu
(13)			.,	(12)	Τ	-	other miscellaned		0. 0. 2. /	=		ulat	re
Attic			Yes	No ⊠	N/A	Pipe Ins	rulation		1 500 1 5	N		е	
Suite 218						Plaster			1,500 LF 320 SF				
Attic				П				ia					片
71110		_		=-	-	Clean u	p of elbow derbi	is	6 SF			Ш	
Name of Registered Waste	. Haules						01: 1/ /						
		NO			JDEP V auler ID		Cubic Yards of Waste	Name of Regis					
BRISTOL ENVIRON	MENTAL, II	NC.	***************************************		18706			FAIRLESS	LANDFILL				
City, State							Disposal Date	City, State	· space more was				
BRISTOL, PA 19007								MORRISVI	LLE, PA 1906	7			
Completed By (Print or Ty	oe)	Title					Signature	5.		Date ,			
BRIAN SCAFIRO		ES	STIMA	TOR			( sk		/	8/2	4/	10	
ASB-41			1000					XXX		0/4	010	0_	

ASB-41 MAY 11

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

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address **EPA** 1830 US Route 130 North DEP Initial City, State & Zip Code X X DOL Amended R#5-8/24/18 Burlington NJ 08016  $\boxtimes$ DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Current Use (Prior if being demolished) Mercer Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 BRISTOL ENVIRONMENTAL INC ON HOLD Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If 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 Asbestos-Containing Normally Used (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Removal TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) N/A Yes No Receiving Area Mastic 4,000 Aisle Way C-D @ Column 4 Mastic 436 SF Aisle Way C-D @ Column 2 Mastic 436 SF Aisle Way D-E @ Column 1-2 Mastic 300 SF Vestibule G-H @ Column 2-5 Mastic 1100 SF Vestibule J & Cashwraps Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City. State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature Date aluch + De Canka PATRICK T. DeCARO Estimator 8/24/18

NOTIFICATION OF ASBESTOS ABATEMENT

# WOUL PS V NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)		Name of Duilding	. Ouman / Onamata	- (0)		W JC	-11	111	
7/10/18		Burlington Co	Owner / Operato	r (2)					
Agencies Notified Type Notifica		Street Address	attactory	1 -1		×7.50		1	
⊠ EPA		1830 US Route	130 North		FOR 2.0	- 9	1	× 1	
☐ DEP ☐ Initial		City, State & Zip						1	
■	H-	Burlington NJ		Les .		STEEDY,			
		Name of Contact		3	134411	Telepho			er
Cand	ellation	Mike Woods			11,10,10,000	917-838	3-43	14	
			FORMATION						
Name of Facility Where Abateme		3)	Type of Facili						
Burlington Coat Factory Sto Street Address	re #226		School (I		17.40)				
2495 Route 1, Suite 1				ter 8 (Other th	an K-12) nmercial buildin	as hom	00 0	to )	
2430 Route 1, Juile 1			Square Feet	# of Flo		3ldg. Age		(C.)	_
City (5)	County (6) Co	ounty Code (7)	72500	# 01 1 10	1	olug. Age	50		
Lawrenceville	Mercer	ranty code (/)		Prior if being d	lemolished)		30		
			Retail	i noi ii boing d	ierrionarieu)				
Name of Monitoring Firm Hired b	y Building Owner (8)	ASCM N		tement Contrac	ctor (9)				
ESIS				NVIRONMEN					
Street Address		3.5	Street Addres						
436 Walnut Street City, State & Zip Code				ER STREET					
Philadelphia, PA 19106			City, State & 2 BRISTOL, F						
Project Manager for Monitoring F	irm   Teler	ohone Number	Telephone Nu		License N	Jumher			
Frank Westfall		640-5320	215-788-604		2.001.001	0050	9		
	Scheduled Completion	on Date (11)	Name of OSH	A Monitor					
7/24/18	ON H			NVIRONMEN	ITAL INC				
Occupancy Status During Abater Facility Closed/Vacated [			Street Addres						
Abatement Performed Ou	보면 1984년 1일 시간에 <del>""</del> 1984년 1일		1123 BEAVE City, State & 2				- Introduction		
Describe: (10:00 PM -			BRISTOL, P						
Facility Occupied During		maroday	BRISTOL, F	A 19001					
Scope of Work (Check all that ap					The sales		- 1100		
	_	_			ntainment with N	legative	Pres	sure	
23 sf or ≥3 lf	$\boxtimes$	Renovation		Mini-En					
≥160 sf ≥260 lf		Demolition			ag Procedures	F :- 1.1	_		
Location of	le	Location	Description		empted and Nor Amount			ent T	
Asbestos-Containing	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nally Used	Asbestos-Cont		(Specify	Aua	teme	2111 1	ype
Material (ACM)	S	olely by	Material (AC	CM)	SF or LF)	7		E	ш
TO BE ABATED in Facility		tenance or odial Staff?	(i.e., thermal sy insulation, surfac			Remova	Repair	cap	ncls
(13)	Cusio	(12)	or other miscella			ova	air	Encapsulate	Enclsoure
	Yes	No N/A		,		-		te	(D
Rear Offices			Mastic		512 SF				
Break Room, Mens Room &			Mastic		1,575 SF				
Ladies Room, Corridor & Sa	les Floor		Mastic		900 SF	$\boxtimes$			
Name of Registered Waste Haule	ar.	NIDED Wast	Cubic Yards	Nome of De	otored L - 160				
Tame of Registered Waste Hault	21	Hauler ID No.	of Waste	INAME Of Regi	stered Landfill				
SERVICE TRANSPORT GRO	UP, INC.	20990	40 Cu Yd	FAIRLESS H	HILLS LANDF	ILL			
City, State			Disposal Date	City, State					
NEW CASTLE, DE 19720			TBD	MORRISVIL	LE, PA				
Completed By (Print or Type)		Title	Signature	100	A	Date			
PATRICK T. DeCARO		Estimator	Dalas	11+1	Caro 19	8/24/	8		
			110000	0 1,12	- Cow 14	1			



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			n Sanagan						-			7
Date of Notification (1)						g Owner/Operator	(2)					Manager of Street
8 / _	24 /	18		The	e College	of New Jersey		AUG	3.0	100		
Agencies Notified	Type Notifica	ation		Street	Address				0 0	57-64	0	1
⊠ EPA				200	00 Pennii	ngton Rd.				n e.		
⊠ DOLWD			07/40		State, Zip (				100	77.7		-
☐ DHSS		ent # <u>10-8/</u>			ing, NJ 0							
□ DCA     (NJAC 5:23-8)	☐ Emergen justification		ıg		of Contac			Telephone Numb	ner			
(110/10/0.20/0)	Cancellat	000000			anda Ra	Mar see		609-771-288				
								003-771-200				
Name of Facility Where A	Abatamant is T	Takina Dlas	a /2\	FA	CILITY	FORMATION	T	740				
TCNJ-Green Hall	Abatement is 1	aking Plac	e (3)				Type of Facility					
							School (K-12	2) 8 (Other than K-12)				
Street Address							Other (i.e., p	rivate and commer		ilding	S,	
2000 Pennington R							homes, etc.)					
City (5)							Square Feet	# of Floors	N. Carre	dg. A	ge	
Ewing							66,000	2		88		
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
MERCER												
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
AET, Inc				0002	21	BRISTOL EN	IVIRONMENTA	L, INC.				
Street Address						Street Address						
28 Pennell Rd						1123 BEAVE	R STREET					
City, State, Zip Code			TO COMPANY			City, State, Zip C	ode					
Media, PA 19063						BRISTOL, PA	A 19007					
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Roy Mosicant			6	10-891	-0114	215-788-6040	)	00509				
Start Date (10)		Scheduled	Comple	etion Da	ite_(11)	Name of OSHA N	Nonitor					
11		ON	1 .	OL	and the same	BRISTOL EN	VIRONMENTA	L. INC.				
Occupancy Status During	Abatement (	Check only				Street Address		-,				
☐ Facility Closed/Vacate				ment		1123 BEAVE	DOTDEET					
					scribe	City, State, Zip C						
Time of Abatement:												
Scope of Work (Check al	I that anni A					BRISTOL, PA	19007					
Scope of Work (Check at	і тпат арріу)					☐ Full Con	tainment with Neg	native Pressure				
≥3 sf or ≥3 lf			enovat				closure	Jan 1000010				
≥160 sf or ≥260 lf		□D	emoliti	on			g Procedure	n-Friable Procedur	_			
			s Loca	tion	I	☐ NOII-EXE	mpled ( ) and No	III-FIIable Procedur				
Location	of		Norma			Description (	of		Ab	ateme		ype
Asbestos-Containing	Material (ACM		ed Sol			stos Containing Ma	aterial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABA			ainten: stodial		(i.e	e., thermal systems		(Specify	Removal	bair	aps	Enclosure
(13)	ıty		(12)			surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
(/		Yes	No	N/A		other missenance	,000				te	
Attic					Pine In	sulation		1,500 LF			П	
Suite 218						Ceiling		320 SF				
Attic							uri a		+			믐
Attic			片	2008	Clean	ip of elbow derb	oris	6 SF				닏
Name of Desistant 4 Wes	te De des		Щ,			1011111				Ш	Ц	Ш
Name of Registered Was BRISTOL ENVIRON		ıc	17.112	NJDEP N Hauler II		Cubic Yards of Waste	Name of Regis					
	IIVILIVI AL, IN			18706		Described and a second of		LANDFILL				
City, State BRISTOL, PA 19007	7					Disposal Date	City, State	IIE DA 40007		and the second second		
		r =					WORKISVI	LLE, PA 19067				
Completed By (Print or T	ype)	Title		•		Signature	r , -	Da		~ ~	,	
BRIAN SCAFIRO		ESTIN	ATOF	<		Bunn	Scalin	0/42 /8	5-1	27	-/0	1

ASB-41 B 5 | 804 | -58 \* Do not use this form for asbestos licensure exempted activities.



Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	35.41			111	-
6/1/	18	<u> </u>		1000		e of New Jersey	40.0	AUG and				-
Agencies Notified Type Notifi					et Address 00 Penni	ngton Rd.		_ nor sir	<del>918</del>	To the second	1	
☑ DOLWD   ☑ Amend     ☑ DHSS   Amend		R_R/1	7/12	City,	State, Zip	Code		OF STUDING	BOL.	- I	-	
☑ DCA ☐ Emerge				Ev	ving, NJ (	8628			7.79 14.4		-	
(NJAC 5:23-8) justifica		0.00	9	Nam	e of Contac	t		Telephone Num	nber	- Selection of the	- mand	
☐ Cancel	lation			An	nanda Ra	dosti		609-771-28	81			
				FA	CILITY IN	NFORMATION						
Name of Facility Where Abatement is	Taking	Place	e (3)				Type of Facility	(4)				
TCNJ-Green Hall							School (K-12					
Street Address							Subchapter	8 (Other than K-12 rivate and comme	2)			
2000 Pennington Rd.							homes, etc.)	)	ilciai bi	ullain	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Ewing							66,000	2		88	•	
County (6)				Cou	nty Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
MERCER									nerve encorn			
Name of Monitoring Firm Hired by Bu	ilding C	wner	(8)	ASCM	l No.	Name of Abatem	ent Contractor (9)					
AET, Inc				000	21	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
28 Pennell Rd						1123 BEAVE	R STREET					
City, State, Zip Code			922-10	10-10-10		City, State, Zip C	ode				2-11/21	
Media, PA 19063						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.				
Roy Mosicant			6	10-891	I-0114	215-788-6040	)	00509				
Start Date (10)	Schedi	uled C			ate (11)	Name of OSHA N	Monitor					-
_7_/_5_/_18_	0	N	HO	160	<u> </u>	BRISTOL EN	VIRONMENTAI	L, INC.				
Occupancy Status During Abatement	(Check	only	one)			Street Address					-	
☐ Facility Closed/Vacated During En						1123 BEAVE	R STREET					
Abatement Performed Outside of N						City, State, Zip Co	ode					
Time of Abatement:AM	PM	1/7:00	PM- <u>7</u>	:00AM		BRISTOL, PA						
Scope of Work (Check all that apply)						☐ Full Con	tainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		⊠ Re				Mini-Enc	losure	auto i lessule				
△ ≥ 100 SI OI ≥200 II		☐ De	moliti	on			g Procedure	n-Friable Procedu	ro.			
		Is	Loca	tion	Τ		inpled ( ) and No	n-i nable i-rocedu	-			
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Asbestos-Containing Material (ACI TO BE ABATED	VI)		intena	ely by ance/		stos Containing Ma		Amount	Remova	Repair	Enc	Enclosure
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(13)	-		(12)	T		other miscellane		01 01 21 )	1 20		Encapsulate	1re
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		Ц_										
Name of Registered Waste Hauler		0-0-0-0-0-0	0.000	IJDEP \		Cubic Yards of	Name of Regis	tered Landfill				_
BRISTOL ENVIRONMENTAL, I	NC.			18706		Waste	FAIRLESS	LANDFILL				
City, State				10100		Disposal Date	City, State					
BRISTOL, PA 19007								LE, PA 19067				
Completed By (Print or Type)	Title					Signature		Da	oto			
BRIAN SCAFIRO	ES	TIMA	TOR			But	a Scaf	0 1 / 10	8/1	7/1	7	
ASB-41						pour.	n rotal	ero M	1'	11	0	

MAY 11 B5 / 804 / -SB \* Do not use this form for asbestos licensure exempted activities.

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

CR# 3416

Date of Notification (1)				Na	me of Buildi	ng Owner/Operator	(2)	(19 17 1	- 111	1-3	11.	1
6 / _1 /	18	8		1		e of New Jersey			. N.			
Agencies Notified Type Notif	ication	r.		Str	eet Address		1/11/2		-	- 1		1
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□ DHSS					wing, NJ (					4		
DCA Emerge		ncludi	ng		me of Conta				or Paris	-41	2000	
(NJAC 5:23-8) justifica	500					80 10000		Telephone Nun				1
Cancell	allott				manda Ra			609-771-28	81			
Name of Facility Where Abatement is	Takin	n Plan	e (3)	F	ACILITY II	NFORMATION	T	(2)				
TCNJ-Green Hall	IGNII	y r lac	JE (3)				Type of Facility	• •				
Street Address							School (K-12	t) 3 (Other than K-12	21			
100 At 10							Other (i.e., p	rivate and comme	z) ercial b	uildin	as	
2000 Pennington Rd.							homes, etc.)				90,	
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
Ewing							66,000	2		88		
County (6)				Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	- 1		-	
MERCER								or in boing defined	Sileu)			
Name of Monitoring Firm Hired by Bu	ildina (	Owner	(8)	ASC	M No.	Name of Abateme	ent Contractor (0)					
AET, Inc			1-/		021							
Street Address				00	021		VIRONMENTAI	_, INC.				
28 Pennell Rd						Street Address						
The same of the sa						1123 BEAVER	W/ / TO 1 T					
City, State, Zip Code						City, State, Zip Co						
Media, PA 19063					*	BRISTOL, PA	19007					
Project Manager for Monitoring Firm	08-110/03		Tel	ephon	e No.	Telephone No.		License No.				
Roy Mosicant			6	10-89	1-0114	215-788-6040		00509				
Start Date (10)	Sched	luled (	Compl	etion D	Date (11)	Name of OSHA M	onitor					
_7_ / _5_ / _18_					18		/IRONMENTAL	INC.				
Occupancy Status During Abatement	(Check	conly	one)			Street Address		,				
☐ Facility Closed/Vacated During Ent				ement		1123 BEAVER	STREET					
Abatement Performed Outside of N	lormal	Facili	v Hou	ırs - De	escribe							
Time of Abatement: AM	DA	17.00	DAA 7	-000	A	City, State, Zip Co						
8/3+8/10 - 2:30 PM - 12:30 P Scope of Work (Check all that apply)	7/19 ; 8	14+	8/11	-loan	4 - 8:30 E	BRISTOL, PA	19007					
ocope of work (offeck all that apply)						□ Euli Cont	sinmont with No.	-1:				
≥3 sf or ≥3 If		⊠ Re	enovat	ion		☑ Mini-Encl	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		☐ De	emoliti	on			Procedure					
						☐ Non-Exer	npted (*) and Nor	-Friable Procedu	re			
Location of			Loca Norma						Ab	atem	ent T	vpe
Asbestos-Containing Material (ACM	n			ely by	Acho	Description of						1
TO BE ABATED	.,		intena		(ie	stos Containing Mat ., thermal systems in		Amount (Specify	em	Repair	nca	ncl
IN Facility		Cus		Staff?	,	surfacing, VAT,		SF or LF)	Removal	air	Encapsulate	Enclosure
(13)		V	(12)		-	other miscellaneo	us)	/	=	1	ulat	re
Attic		Yes	No	N/A							Ф	
Attic					Pipe Ins	sulation		1,500 LF				
Suite 218			$\boxtimes$		Plaster	Ceiling		320 SF		П	П	П
									П			
									12			
Name of Registered Waste Hauler					Waste	Cubic Yards of	Name of D					
BRISTOL ENVIRONMENTAL, II	VC.		1000		ID No.	Waste	Name of Regist					
	¥C.			1870	MANAGEMENT IN		FAIRLESS I	LANDFILL				
City, State				NEW COLUMN		Disposal Date	City, State					112-000
BRISTOL, PA 19007							MORRISVIL	LE, PA 19067				
Completed By (Print or Type)	Title					Signature			to			
BRIAN SCAFIRO	ES	STIMA	TOR			A.	0.0.1	Da Da	0/2	1,	7	
						pusa	scofero/	f.	1/1	110	)	
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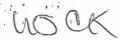
Date of Notification (1)					Name of Br	uilding Owner/Oper	ator (2)		1 1/1	Œ	
	- ′ -	18	_	- 1	The Col	lege of New Jer	sey	11 20 20 10	11 IV	12:	
	Notifica	tion			Street Addr					9	
⊠ EPA ⊠ Init						nnington Rd.		ili AUS 3	0 2018	1	1 2
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1 2-3	ncellatio			1				Telephone N	umber		
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Name of Facility Where Abateme	nt ie To	king D	lo-	201	FACILITY	Y INFORMATION	l				
TCNJ-Green Hall	IILIS I A	king P	lace (	3)			Type of Fa	cility (4)			
Street Address							☐ School	(K-12)			
2000 Pennington Rd.							Subchar	nter 8 (Others)	-12)		
City (5)							homes,		nercial bu	ildinas	S,
Ewing							Square Fee				
							66,000	" 011 10015	Blo	ig. Age	е
County (6)		7.5		(	County Code	(7)(STATE USE ONL	and the second s	2		38	
MERCER				1	,	WALL OSE ONE	') Current Use	(Prior if being demo	lished)		
Name of Monitoring Firm Hired by	Building	Own	er (8)	AS	CM No.	Name of Al					
AET, Inc			,-/		0021	Name of Abate	ment Contractor	(9)			
Street Address					0021	BRISTOLE	NVIRONMEN	TAL, INC.			
28 Pennell Rd						Street Address					
City, State, Zip Code							ER STREET				
Media, PA 19063						City, State, Zip					
Project Manager for Monitoring Firm						BRISTOL, F	PA 19007				
Roy Mosicant	1		1	elepho		Telephone No.		lines :			
tart Date (10)				610-8	91-0114	215-788-604	10	License No.			
and the control of th	Sche	duled	Comp	oletion	Date (11)	Name of OSHA		00509			
//18		8	1	17	/ _ 18		NVIRONMENT				
ccupancy Status During Abatemer	t (Chec	k only	onel			Stro-t Add	A IVOIMIEN I	AL, INC.			
Facility Closed/Vacated During F	ntire De	-1		S S		Street Address	201 de d				_
Abatement Performed Outside of	Norma	I Facil	ity Ho	urs - D	escribe	1123 BEAVE					
Time of Abatement: AM-	P	V/7:0	OPM-	7:00AI	M	City, State, Zip C					
B & 0/10 - 2 SOPM - 1237 cope of Work (Check all that apply)		400	8/11-	10 A1	M-8:30P,	BRISTOL, P.	A 19007				
	OS - 25		că.				10 SAME AND				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		⊠ Re	enova	tion		☐ Full Cor ☐ Mini-End	tainment with N	egative Pressure			
50 51 01 _200		□ De	emolit	ion		⊠ Gloveba	n Procedure				
		,	. 1			☐ Non-Exe	empted (*) and N	on-Friable Procedure	201		
Location of			S Loca Norma					The Procedure	_		
Asbestos-Containing Material (AC	M)	Use	d Sol	elv bv		Description of	of		Abater	ment T	уре
TO BE ABATED	,	Ma	intena	ance/	Asbe	stos Containing Ma , thermal systems	iterial (ACM)	Amount	Re R	m	m
IN Facility (13)		Cus	todial (12)	Staff?	(	surfacing, VAT	or	(Specify	Remova	ıca	Enclosure
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Agencies Notified   Type Noti						у			į	11 1	
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☐ Cancel				ame of Con			Telephone N	umber			_
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Name of Facility Where Abatement is TCNJ-Green Hall	s laking F	lace (3	)			Type of Facili	ity (4)				
Street Address						School (K-	-12)				
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2000 Pennington Rd.						homes, et	, private and comr	nercial	l build	lings,	
City (5)						Square Feet	# of Floors				
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AET, Inc	8	1.05	1	021							
Street Address						VIRONMENT	AL, INC.				
28 Pennell Rd					Street Address						
City, State, Zip Code					1123 BEAVE						
Media, PA 19063					City, State, Zip Co						_
Project Manager for Monitoring Firm		-			BRISTOL, PA	19007					
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the state of the s	Check onl	/ _1	0 /	18	BRISTOL EN	VIRONMENTA	L, INC.				
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Decupancy Status During Abatement (  Facility Closed/Vacated During Entire  Abatement Performed Outside of Note Time of Abatement:AM  Groupe of Work (Check all that apply)  3 sf or ≥3 lf  2 ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  About the containing Material (ACM)  TO BE ABATED IN Facility (13)  About the containing Material (ACM)  To BE ABATED IN Facility (13)	Check only re Period of primal Facing PM/7:0	y one) of Abate lity Hou lity	ion on tion tion Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate thermal systems in surfacing, VAT, coother miscellaneou	R STREET  de 19007  ainment with Negosure Procedure npted (*) and No  erial (ACM) sulation, or us)	Amount (Specify SF or LF)  1,500 LF	At Removal	Repair	T-	_
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Doccupancy Status During Abatement (   Facility Closed/Vacated During Enting Abatement Performed Outside of Note Time of Abatement:AM	Check only re Period of primal Facility PM/7:0	y one) of Abate lity Hou lity	ion on tion tion Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Con BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous ulation  Cubic Yards of Waste Disposal Date	R STREET  de 19007  ainment with Negosure Procedure opted (*) and No erial (ACM) sulation, or us)  Name of Registe FAIRLESS L  City, State	Amount (Specify SF or LF)  1,500 LF	At Removal	Repair	T-	_
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Date of Notification (1)  6 / 1	/ _ 18	3		Name of Bu	illding Owner/Oper lege of New Jer	rator (2)				
Agencies Notified Type N  ☑ EPA ☑ Initia  ☑ DOLWD ☑ Ame				Street Addre 2000 Per	ess nnington Rd.	,	<u> </u>	2018		
☑ DHSS Ame ☑ DCA 7/27/18	ndment#		=	City, State, 2 Ewing, N	J 08628		100 (100 (100 (100 (100 (100 (100 (100	rund. Vä	ci.	-
(NJAC 5:23-8)	rgency (in ication)	cluding		Name of Cor Amanda		****	Telephone N			1444
				FACILITY	INFORMATION	J	609-771-	2881		
Name of Facility Where Abatemen	is Taking	Place (	(3)			Type of Facil	lifu (4)			
TCNJ-Green Hall						☐ School (K	-12)			- 54
Street Address 2000 Pennington Rd.					ş.	☐ Subchapt	er 8 (Other than K	-12) mercial b	uildina	
City (5)			-				,	moroiar p	ulidirig	S,
Ewing						Square Feet	011 10013	В	ldg. Ag	e
County (6)			- 1	County Code	(7)(STATE USE ONL	66,000	2	- 1	88	
MERCER			- 1	county code	(1)(STATE USE ONL	Y) Current Use (	Prior if being dem	olished)		
Name of Monitoring Firm Hired by B	uilding Ov	wner (8)	IAS	CM No.	111					
AET, Inc		(0)	1	00021		ement Contractor (				
Street Address				70021		ENVIRONMENT	AL, INC.			3.0
28 Pennell Rd					Street Address					100
City, State, Zip Code	-					ER STREET		-		
Media, PA 19063					City, State, Zip					
Project Manager for Monitoring Firm		1=	-11		BRISTOL, I		24-1			
Roy Mosicant				ne No.	Telephone No.		License No.			
tart Date (10)	Cohedul			191-0114	215-788-60	17.70	00509			
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		_ ′ _	31	/18	BRISTOL E	NVIRONMENTA	L, INC.			
ccupancy Status During Abatement	(Check o	nly one)			Street Address					
Facility Closed/Vacated During En  Abatement Performed Outside of I	tire Period	of Aba	tement	t	1123 BEAV	ER STREET				
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cope of Work (Check all that apply)		.00: 10:	7.00A	IVI	BRISTOL, P					
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≥160 sf or ≥260 lf		Demolit	ion		⊠ Gloveba	closure ag Procedure empted (*) and No				
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Asbestos-Containing Material (ACM	n)   L	sed So	lely by	Ache	Description of	of		1	ement	Туре
TO BE ABATED IN Facility	1	Mainten: ustodial	ance/		stos Containing Ma , thermal systems	insulation	Amount	Ren	Encap	Ī
(13)		(12)			surfacing, VAT	. or	(Specify SF or LF)	Removal	aps	Luciosure
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ic		×		Pipe Ins	ulation		1,500 LF	M	1	-
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ne of Registered Waste Hauler					*				1	H
RISTOL ENVIRONMENTAL, IN	C.	.   H	JDEP 1 auler II 18706	D No.	Cubic Yards of Waste	Name of Register FAIRLESS L	ered Landfill		110	
State			, 5, 00		Disposal Date	City, State				
RISTOL, PA 19007 pleted By (Print or Type)	70						LE, PA 19067			
RIAN SCAFIRO	Title ESTIM.	ATOR			Signature	Sealino	On Date	No. of the last of		_
BS18041-58					P 2/1 A ///	1 1 1 11 1	// ///	-27		



Date of Notification (1)					Name of B	uilding Owner/Oper	rator (2)					11
6 / 1	_ / _	18		3)	The Co	llege of New Jer	ator (2)					11
Agencies Notified Typ	e Notificati	ion					sey	AUG 3	0 2	013		
	nitial	1011			Street Add				_			_
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☑ DHSS	mendmen	t #R	#3-	1	City, State,	Commence Annal Commence of the		- 100 No. 100	DVDet.	TEC	1011	
⊠ DCA   7/1;	3/18		50	L		VJ 08628		1.1.1.				
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	ustification)	)		- 1	Amanda	Radosti		Telephone I		er		
						Y INFORMATION		609-771-	2881			
Name of Facility Where Abaten	nent is Tak	ing F	lace (	3)	TAGILIT	INFORMATION			-			_
TCNJ-Green Hall		-		<b>-</b> /			Type of Fa					
Street Address							☐ School	(K-12)				
2000 Pennington Rd.							Other (i	pter 8 (Other than k	(-12)			
City (5)							homes,	C., UTIVATE and nome	mercia	l buil	dings	s,
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County (6)					County Cod	e (7)(STATE USE ONL		2		88	3	
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Name of Monitoring Firm Hired b	y Building	Own	er (8)	IAS	CM No.	Nome			10			
AET, Inc			(0)	1	00021	name of Abate	ement Contractor	(9)				
Street Address					70021	BRISTOL	NVIRONMEN	TAL, INC.				
28 Pennell Rd					1.7	Street Address						
City, State, Zip Code						1123 BEAV	ER STREET					
Media, PA 19063						City, State, Zip	Code					
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Project Manager for Monitoring Fi	rm		Te	elepho	ne No.	Telephone No.		1				
Roy Mosicant			- 1		91-0114	215-788-604	• 0	License No.			3-23-	
Start Date (10)	Sched	luled			Date (11)			00509				
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Occupancy Status During Abatem	ont /Charle			_	/ _10		NVIRONMENT	AL, INC.				
_ Facility Closed/Vacated During	Entire Day					Street Address						
W Abatement Performed Outside	of Normal	100 0	Abat	ement		1123 BEAVE	R STREET	2				
		racil	ity Hou <u>0</u> PM- <u>7</u>	Irs - D	escribe	City, State, Zip C					C-III-K	
SEE GELAN		u 1.0	0 P IVI-1	.UUA	IVI	BRISTOL, P						
Scope of Work (Check all that appl	y)						13007					
≥3 sf or ≥3 lf		K-2 -		20		☐ Full Con	tainment with N	egative Pressure	87.45.5	A		
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TO BE ABATED IN Facility		Cus	intena todial	nce/		., thermal systems	insulation	Amount	Remova	Repair	En	
(13)		ous	(12)	अखाः !		surfacing, VAT.	or	(Specify SF or LF)	Von	pair	cap	1.
	1	Yes	No	N/A		other miscellane	ous)	Si Oi LF)	<u>a</u>		Encapsulate	1
tic	-		-		+						ate	1
*	L		$\boxtimes$		Pipe Ins	ulation		1,500 LF			_	-
	1		П					1,000 LF	$\boxtimes$			
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									1	-	-	-
		7		П						Ш		
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BRISTOL ENVIRONMENTAL,	INC		Ha	uler II		Cubic Yards of Waste	Name of Regis	tered Landfill	1-1		-1	_
/, State				18706		* vable	FAIRLESS	LANDFILL				
						Disposal Date	City, State					
RISTOL, PA 19007								lle ni .				
						Si	INCKKIPAIN	LLE, PA 19067				
npleted By (Print or Type)	Title	112-5-2				10:						
npleted By (Print or Type) RIAN SCAFIRO	Title ESTI	E A	TO:-			Signature Brian Se	1 1. 1	Det	13/1		_	

MAY 11 B 5 18041 - 58 Do not use this form for asbestos licensure exempted activities.

NOTE: 7/13 - 4 PM - 2:30 AM! 7/14 - 1 PM - 11:20 PM: Man 11/16 Maran 1 horizon

no CK

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

6 /	1 /	18	3		The Co	uilding Owner/Ope	erator	(2)		2.0	1000		11
	ype Notifi				1	lege of New Je	rsey						
NZ ED4	ype Notm Initial	cation			Street Addi								į.
I have	Amende	ed .			2000 Pe	nnington Rd.							
	Amenda		Rev #	2	City, State,	Zip Code					it. ii		
I DCA 7/8	5/18		101.11	-		J 08628							
(NJAC 5:23-8)	Emerger	ncy (in	cluding	, t	Name of Co								
	justificati	ion)			Amanda	Radosti			Telephone	Numb	per		-
						Secretary and the second			609-771	1-288	1		
Name of Facility Where Abate	ement is	Taking	Place	(3)	PACILIT	/ INFORMATIO	N.						_
TCNJ-Green Hall	3			(0)				Type of Facil	ity (4)				
Street Address		-						School (K	-12)				
2000 Pennington Rd.								Other (i.e.	er 8 (Other than	K-12)			
City (5)							- 1	homes, et	o (Other than private and corc.)	mmerc	ial bu	ilding	s,
Ewing								Square Feet	# of Floors				
County (6)								66 000	1		Blo	g. Ac	je
MERCER					County Code	(7)(STATE USE ON	LY	Current Use (	Prior if hairs		8	88	
	1 -							(1	ii being der	molish	ed)		
Name of Monitoring Firm Hired AET, Inc	by Buildi	ng Ow	mer (8)	) AS	CM No.	Name of Abate	emen	it Contractor (	01				
Street Address				0	00021	BRISTO	ENV	RONMENT	61 10				
						Street Address		CININICIVI)	AL, INC.				
28 Pennell Rd						1123 BEAN		CTDE					
City, State, Zip Code													
Media, PA 19063						City, State, Zip						-	_
Project Manager for Monitoring F	Firm		17	elepho	no Me	BRISTOL, I		9007					
Roy Mosicant			1		91-0114	Telephone No.			License No.				
Start Date (10)	Sch	redule	d Com			215-788-60			00509				
7. / 5 / 18	100	7	/	pietion	Date (11)	Name of OSHA							
			1	31	/ _18	BRISTOLE	ANAT	OCHEPRIN					
CCUDANCY Statue During AL-L.	1 151					D. GOLOL E	MARIL	MINIENIA	L. INC				
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7 L 1 1110			. '		00021	Name of	Abateme	nt Contractor	(9)		
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28 Pennell Rd						Street Add	ress				
City, State, Zip Code						1123 B	EAVER	STREET			
Media, PA 19063						City, State	Zip Cod	le			
Project Manager for Monitoring I	Firm					BRISTO	L, PA 1	9007			
Roy Mosicant					one No.	Telephone	No.		111	0000000	
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otali Dale (ID)	10-1			0104		215-788	-6040				50500
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Occupancy Status During Aba  ☐ Facility Closed/Vacated Du  ☐ Abatement Performed Outs  Time of Abatement:  ☐ Cope of Work (Check all that all the state of the s	atement (Ci uring Entire side of Norr AM- apply)	heck or Period mal Far PIM7:	/	ation ation ally lely by ance/	/ 18 Describe	Street Address 1123 BEA City, State, Zi BRISTOL,  Full C Mini-l Glove Non-E Description estos Containing le., thermal system	VER S P Code PA 19 Containrenciosu bag Pricempte n of Materia	RONMENT  STREET  BO07  ment with Neare occurre ed (*) and Ne	Pgative Pressure	edure A			_
Occupancy Status During Aba  ☐ Facility Closed/Vacated Du  ☐ Abatement Performed Outs  Time of Abatement:  ☐ Cope of Work (Check all that all the state of the s	atement (Ci uring Entire side of Norr AM- apply)	Periocomal Fan Ph/7:	/	ation ation ally sheet	/ 18 Describe	BRISTOL  Street Addres  1123 BEA  City, State, Zi  BRISTOL,  Full C  Mini-l  Glove  Non-E  Description  estos Containing I  e., thermal system surfacing, VA	VER S P Code PA 19 Containrenciosu bag Pn Exempte Materia as insula	RONMENT  STREET  BO07  ment with Neare occurre ed (*) and Ne	Pgative Pressure	edure A			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:   Scope of Work (Check all that a second s	atement (Ci uring Entire side of Norr AM- apply)	heck or Period mal Far PIM7:	/	ation ation ally sheet	/ 18 Describe	Street Address 1123 BEA City, State, Zi BRISTOL,  Full C Mini-l Glove Non-E Description estos Containing le., thermal system	VER S P Code PA 19 Containrenciosu bag Pn Exempte Materia as insula	RONMENT  STREET  BO07  ment with Neare occurre ed (*) and Ne	Pgative Pressure	edure			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:   Scope of Work (Check all that a second s	atement (Ci uring Entire side of Norr AM- apply)	Periocomal Fan Ph/7:	nly one l of Abacility Harmonia Renova Demoli Is Loca Norm sed So Tainten stodial (12)	ation ation ally by ance/	/ 18 Describe M Asbi	BRISTOL  Street Addres 1123 BEA  City, State, Zi BRISTOL,  Full C  Mini-l  Glove Non-E  Description estos Containing I e., thermal system surfacing, VA other miscellar	VER S P Code PA 19 Containrenciosu bag Pn Exempte Materia as insula	RONMENT  STREET  BO07  ment with Neare occurre ed (*) and Ne	Pgative Pressure	edure A			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:   Scope of Work (Check all that a second s	atement (Ci uring Entire side of Norr AM- apply)	Periocomal Fan Phw/7:	nly one l of Abi cility Hi cooping Renova Demoli Is Loc Norm sed So fainten stodial (12) No	ation ation ally   Staff?	/ 18 Describe M Asbi	BRISTOL  Street Addres  1123 BEA  City, State, Zi  BRISTOL,  Full C  Mini-l  Glove  Non-E  Description  estos Containing I  e., thermal system surfacing, VA	VER S P Code PA 19 Containrenciosu bag Pn Exempte Materia as insula	RONMENT  STREET  BO07  ment with Neare occurre ed (*) and Ne	Pgative Pressure On-Friable Proce Amount (Specify SF or LF)	edure A Removal			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:   Scope of Work (Check all that a second s	atement (Ci uring Entire side of Norr AM- apply)	heck of Period P	nly one l of Abacility Harmonia Renova Demoli Is Loca Norm sed So Tainten stodial (12)	ation ation ally by ance/	/ 18 Describe M Asbi	BRISTOL  Street Addres 1123 BEA  City, State, Zi BRISTOL,  Full C  Mini-l  Glove Non-E  Description estos Containing I e., thermal system surfacing, VA other miscellar	VER S P Code PA 19 Containrenciosu bag Pn Exempte Materia as insula	RONMENT  STREET  BO07  ment with Neare occurre ed (*) and Ne	Pgative Pressure	edure A			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:   Scope of Work (Check all that a second s	atement (Ci uring Entire side of Norr AM- apply)	Period Pe	/	ation ation ally sheet   N/A	/ 18 Describe M Asbi	BRISTOL  Street Addres 1123 BEA  City, State, Zi BRISTOL,  Full C  Mini-l  Glove Non-E  Description estos Containing I e., thermal system surfacing, VA other miscellar	VER S P Code PA 19 Containrenciosu bag Pn Exempte Materia as insula	RONMENT  STREET  BO07  ment with Neare occurre ed (*) and Ne	Pgative Pressure On-Friable Proce Amount (Specify SF or LF)	edure A Removal			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:   Scope of Work (Check all that a second s	atement (Ci uring Entire side of Norr AM- apply)	Periocomal Fan Phw/7:	/	ation ation ally sance/ Staff?	/ 18 Describe M Asbi	BRISTOL  Street Addres 1123 BEA  City, State, Zi BRISTOL,  Full C  Mini-l  Glove Non-E  Description estos Containing I e., thermal system surfacing, VA other miscellar	VER S P Code PA 19 Containrenciosu bag Pn Exempte Materia as insula	RONMENT  STREET  BO07  ment with Neare occurre ed (*) and Ne	Pgative Pressure On-Friable Proce Amount (Specify SF or LF)	edure A Removal			_
Occupancy Status During Aba  ☐ Facility Closed/Vacated Du  ☐ Abatement Performed Outs  Time of Abatement:  ☐ Cope of Work (Check all that a  ☐ ≥3 sf or ≥3 if  ☐ ≥160 sf or ≥260 if  ☐ Location of  Asbestos-Containing Materia  ☐ D BE ABATED  ☐ IN Facility  ☐ (13)	atement (Ci uring Entire side of Norr _AM apply)	Period Pe	/	ation ation ally lely by ance/ Staff?	/ 18 Describe M Asbi	BRISTOL  Street Addres 1123 BEA  City, State, Zi BRISTOL,  Full C  Mini-l  Glove Non-E  Description estos Containing I e., thermal system surfacing, VA other miscellar	VER S P Code PA 19 Containrenciosu bag Pn Exempte Materia as insula	RONMENT  STREET  BO07  ment with Neare occurre ed (*) and Ne	Pgative Pressure On-Friable Proce Amount (Specify SF or LF)	edure A Removal			_
Occupancy Status During Aba  ☐ Facility Closed/Vacated Du  ☐ Abatement Performed Outs  Time of Abatement:  ☐ Scope of Work (Check all that a  ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if  ☐ Location of  Asbestos-Containing Materia ☐ DBE ABATED ☐ IN Facility ☐ (13)  Itic	atement (Ci uring Entire side of Norr AM- apply)	Period Pe	Renovable Stock Normal Stock Solainten astodial (12)	ation ation ally shell by ance/	/ 18 Describe M Asbi	BRISTOL  Street Addres  1123 BEA  City, State, Zi  BRISTOL,  Full C  Mini-l  Glove  Non-E  Description estos Containing le., thermal system surfacing, VA other miscellar  sulation	VER S PCode PA 19 Containrenciosu bag Pri Exempte Materia as insula T, or	RONMENT  STREET  8007  ment with Neure occdure ed (*) and Neure I (ACM) ation,	Amount (Specify SF or LF)	edure A Removal			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:	atement (Ci uring Entire side of Norr AM- apply)	Period Pe	Property   Property	ation ation ally lely by ance/ Staff?	/ 18 Describe M Asbi (i.e.	BRISTOL  Street Addres 1123 BEA  City, State, Zi BRISTOL,  Full C  Mini-l  Glove Non-E  Description estos Containing I e., thermal system surfacing, VA other miscellar	ENVIII ss VER S P Code PA 19 Containr Enclosu bag Pn Exempte n of Materia ss insula T, or neous) Nan	RONMENT  BTREET  B007  ment with Neare cocedure ed (*) and Neare (ACM) ation,	Amount (Specify SF or LF)	edure A Removal			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:	atement (Ci uring Entire side of Norr AM- apply)	Period Pe	Property   Property	ation ation ally shell by ance/	Asbi (i.e. Pipe In:	BRISTOL  Street Addres  1123 BEA  City, State, Zi  BRISTOL,  Full C  Mini-l  Glove  Non-E  Description estos Containing I e., thermal system surfacing, V/ other miscellar  sulation  Cubic Yards of Waste	ENVIII ss VER S P Code PA 19 Containr Enclosu bag Pn Exempte n of Materia ss insula T, or neous) Nan	RONMENT  BTREET  B007  ment with Neare cocedure ed (*) and Neare (ACM) ation,	Amount (Specify SF or LF)	edure A Removal			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:	atement (Ci uring Entire side of Norr AM- apply)	Period Pe	Property   Property	ation ation ally lely by ance/ Staff?	Asbi (i.e. Pipe In:	Street Address 1123 BEA City, State, Zi BRISTOL,  Full C Mini-l Glove Non-E Description estos Containing le., thermal system surfacing, VA other miscellar sulation  Cubic Yards of	VER S PA 19 Containrenciosu bag Pri Exempte Materia as insula T, or neous) Nan	RONMENT  BTREET  B007  ment with Neare cocedure ed (*) and Neare (ACM) ation,	Amount (Specify SF or LF)	edure A Removal			_
Occupancy Status During Aba  ☐ Facility Closed/Vacated Du  ☐ Abatement Performed Outs  Time of Abatement:  ☐ Scope of Work (Check all that a  ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if  ☐ Location of  Asbestos-Containing Materia ☐ IN Facility ☐ (13)  Itic  ☐ To BE ABATED ☐ IN Facility ☐ (13)  ☐ State ☐ RISTOL ENVIRONMENTA  State ☐ RISTOL, PA 19007	atement (Ci uring Entire side of Norr AM- apply)	Period Pe	Property   Property	ation ation ally lely by ance/ Staff?	Asbi (i.e. Pipe In:	BRISTOL  Street Addres  1123 BEA  City, State, Zi  BRISTOL,  Full C  Mini-l  Glove  Non-E  Description estos Containing I e., thermal system surfacing, V/ other miscellar  sulation  Cubic Yards of Waste	VER S PCode PA 19 Containrenclosu bag Pri Exempte Materia as insula AT, or neous) Nan Fi City,	RONMENT  STREET  2007  ment with Neure occdure ed (*) and No  I (ACM) ation,  ne of Registe AIRLESS , State	Amount (Specify SF or LF)  1,500 LF	edure Removal			_
Occupancy Status During Aba    Facility Closed/Vacated Du   Facility Closed/Vacated Du   Abatement Performed Outs   Time of Abatement:   Scope of Work (Check all that a second s	atement (Ciuring Entire side of Norr AM-apply)  al (ACM)	Theck or Period	Renovable Solution Normal No.	ation ation ally lely by ance/ Staff?	Asbi (i.e. Pipe In:	BRISTOL  Street Addres 1123 BEA  City, State, Zi  BRISTOL,  Full C  Mini-i  Glove  Non-E  Description estos Containing I  e., thermal system surfacing, V/ other miscellar  sulation  Cubic Yards of Waste  Disposal Date	VER S PCode PA 19 Containrenclosu bag Pri Exempte Materia as insula AT, or neous) Nan Fi City,	RONMENT  STREET  2007  ment with Neure occdure ed (*) and No  I (ACM) ation,  ne of Registe AIRLESS , State	Amount (Specify SF or LF)	edure Removal			_
Occupancy Status During Aba  ☐ Facility Closed/Vacated Du  ☐ Abatement Performed Outs  Time of Abatement: ☐ Scope of Work (Check all that a  ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Location of ☐ Asbestos-Containing Materia ☐ IN Facility ☐ (13) ☐ tic ☐ Company C	atement (Ciuring Entire side of Norr AM-apply)  al (ACM)	Period Pe	Renovable Solution Normal No.	ation ation ally lely by ance/ Staff?	Asbi (i.e. Pipe In:	BRISTOL  Street Addres 1123 BEA  City, State, Zi  BRISTOL,  Full C  Mini-i  Glove  Non-E  Description estos Containing I  e., thermal system surfacing, V/ other miscellar  sulation  Cubic Yards of Waste  Disposal Date	ENVIII ss VER S P Code PA 19 Containrenciosu bag Pn Exempte n of Materia si insula NT, or neous) Nan Fi City, Mi	RONMENT  STREET  2007  ment with Neure occdure ed (*) and No  I (ACM) ation,  ne of Registe AIRLESS , State	Amount (Specify SF or LF)  1,500 LF  ered Landfill LANDFILL  LE, PA 19067	edure Removal			_



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

Pg. I

Date of Notification (1)							ner / Operate	or (2)	1 1 1h2	G E			1		
7/10/18 Agencies Notified Type Notified	ination					at F	actory			t the state of the	ioe id			1.	
Ŭ EPA				t Add		130	0 North								
DEP   Init					& Zip			1	V = 30	350	i Levi		100	1	
The second secon	ended R#4-8/10				on NJ		16								
	ergency ncellation	- 1	Name Mike		contact ods	0					Т	elenho	ne N	Jumb	ber
			ΕΛ	CILI	TV INI	50P	RMATION			48.	- i r	A 10	11-1-1		- 22
Name of Facility Where Abate	ment is Taking F	lace (	3)	CILI	I I IIVI		Type of Faci	lity (4)							
<b>Burlington Coat Factory S</b>	tore #226		-,				School (								
Street Address						$\neg$			Other th	an K-12)					
2495 Route 1, Suite 1							Other (i.	e. priva	ate & co	mmercial b	uilding	s, hom	es,	etc.)	
City (5)	10 . (0)					_	Square Feet		# of Flo	oors	BI	dg. Ag	е		
City (5)	County (6)	Co	unty	Code	(7)		72500			1			50		
Lawrenceville	Mercer						Current Use Retail	(Prior i	f being o	demolished	)				
Name of Monitoring Firm Hired	by Building Own	ner (8)		AS	CM No		Name of Aba	temen	t Contra	ctor (9)				-	
ESIS							BRISTOL E	NVIR							
Street Address 436 Walnut Street						Street Addre	T-170								
City, State & Zip Code							1123 BEAV								
Philadelphia, PA 19106							City, State & BRISTOL, I								
Project Manager for Monitoring	Firm	Telep	hone	Num	ber		Telephone N		707	licer	nse Nu	mhor	-		
Frank Westfall		215-					215-788-60			Licei	196 140	0050	9		
Scheduled Start Date (10)	Scheduled Cor						Name of OSI						_		
7/24/18	(Back on s	site 8/	19/1	8) 9/	28/18	_	BRISTOL E		ONMEN	TAL INC					
Occupancy Status During Abat Facility Closed/Vacated	ement (Check of	nly one	e) of ∧ba	atomo	ont		Street Addres						7		
Abatement Performed						-	I123 BEAV City, State &								
Describe: (10:00 PM	- 6:00 AM) Sui	ndav -	Thur	sdav	to opin		BRISTOL, F								
Facility Occupied Durin	g Abatement	·uuj		ouuj		1	JKISTOL, I	A 150	101						
Scope of Work (Check all that	apply)							0.000000						-	
☐ ≥3 sf or ≥3 lf			Don							ntainment w	ith Ne	gative	Pres	sure	)
≥160 sf ≥260 lf		A		ovati nolitic					Mini-En						
			Den	iontic	,,,					ag Procedu empted and		Erioblo	Dro	a a d.	
Location of		ls l	ocati	ion	T		Description	n of	TTOTT-LX	Amou	0.00	_			уре
Asbestos-Contain	ng		nally l			As	sbestos-Con	taining		(Spec		7,00	CIII	51111	ype
Material (ACM) TO BE ABATED		So	olely b			<i>/</i> :	Material (A			SF or I	LF)	71		En	m
in Facility		Custo				insul	e., thermal syllation, surfac	ystems	AT			Remova	Repair	cap	ncls
(13)			(12)				other miscella					ova	air	Encapsulate	Enclsoure
		Yes	No	N/A								-		ite	0
Rear Offices			$\boxtimes$			New Contract	Mastic			512 9	SF.		П	П	$\Box$
Break Room, Mens Room			$\boxtimes$				Mastic			1,575	SF		Ħ	Ħ	T
Ladies Room, Corridor & S	ales Floor		$\boxtimes$				Mastic			900 S	SF.				
		井	$\mathbb{H}$												
		H	H	H	-										
Name of Registered Waste Hau	ne of Registered Waste Hauler						oic Yards	Name	of Posi	stered Land	1511			Ш	Ш
							Vaste	IName	oi Regi	stered Land	атш				
	ERVICE TRANSPORT GROUP, INC.						Cu Yd	_		HILLS LAN	NDFIL	.L			
NEW CASTLE, DE 19720	y, State EW CASTLE, DE 19720						posal Date <b>D</b>	City, S		LE, PA					
Completed By (Print or Type)			Title	e		Sign	noturo					Date			-
PATRICK T. DeCARO			Es	tima	tor		Patrick	2 J	1.194	aco / 1	1	8/10/	18		
nn 100							V			10					

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

Pg. 2

Aisle Way C-D @ Column 4  Aisle Way C-D @ Column 2  Aisle Way D-E @ Column 1-2  Vestibule G-H @ Column 2-5  Vestibule J & Cashwraps  Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  Mastic  Mastic  Mastic  Mastic  Mastic  1100 SF  Mastic  900 SF  NJDEP Waste  Cubic Yards of Waste  40 Cu Yd  FAIRLESS HILLS LANDFILL  City, State  MORRISVILLE, PA  Completed By (Print or Type)  Title  Signature	Date of Notification (1)				Nam	e of	Building	n Own	er / Onerati	or (2)	(A) [E			<u>, 1</u>		
Agencies Notified   SPA   DEP   Initial   DEP	7/	10/18			Bur	lingt	on Co	at Fa	ctorv	01 (2)						
DEP		e Notific	ation		Stree	et Ad	dress							11.		
DOL		a									AUS F	On 2012	11	1		
DOH		Initia	TO 2020 NO	0140												
DCA		700		J/18					6	1			4			
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other 12)   Subchapter 8 (Ot										P			Telepho	one N	lumb	er
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other 12)   Subchapter 8 (Ot					F/	CIL	ITY IN	FORI	MATION							
Burlington Coat Factory Store #226   School (K-12)   Subchapter 8 (Other (han K-12)   Subchapter	Name of Facility Where	Abateme	ent is Taking F	Place	(3)					lity (4)					-77 TE	
2495 Route 1, Suite 1	<b>Burlington Coat Fact</b>	tory Sto	re #226													
2495 Route 1, Suite 1								$\neg$ [	Subchar	pter 8 (Other	than K-	12)				
City (5)	2495 Route 1, Suite 1	l									commer	cial building	s, hon	nes, e	etc.)	
Name of Monitoring Firm Hired by Building Owner (8)	City (E)		0 (0)	- 1-				_		# of	Floors	В	ldg. Ag	e		
Name of Monitoring Firm Hired by Building Owner (8)			L	C	ounty	Code	e (7)				1			50		
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   SISTOL ENVIRONMENTAL INC	Lawrenceville		Mercer							(Prior if bein	g demol	ished)				
Street Address   1123 BEAVER STREET	Name of Monitoring Eirm	 f Monitoring Firm Hired by Building Owr														
436 Walnut Street	ESIS	Address						В	RISTOL E	NVIRONM	tractor (9 ENTAL	inc				
City, State & Zip Code   Philadelphia, PA 19106   Project Manager for Monitoring Firm   Telephone Number   215-640-5320   Telephone Number   215-640-5320   Telephone Number   215-640-5320   Telephone Number   215-788-6040   O0509	436 Walnut Street									т						
Project Manager for Monitoring Firm																
Scheduled Start Date (10)				1												
Scheduled Start Date (10)   Scheduled Completion Date (11)   (Back on site 8/19)/18) 9/28/18   Name of OSHA Monitor   BRISTOL ENVIRONMENTAL INC	Frank Weetfall	itoring F	ırm									License N				
Score of Work (Check all that apply)   Score of Work (C		)) [	Scheduled Co.	_									0050	19		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Receiving Area Aisle Way C-D @ Column 4 Aisle Way C-D @ Column 1-2 Aisle Way D-E @ Column 1-2 Vestibule G-H @ Column 2-5 Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered By (Print or Type)    Title	7/24/18		(Back on	site 8	/19/1	8) 9	/28/18				ENTAL	INC				
Abatement Performed Outside of Normal Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement  Scope of Work (Check all that apply)    ≥3 sf or ≥3 lf	Occupancy Status During	g Abaten	nent (Check o	nly on	e)											
Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement  Scope of Work (Check all that apply)  Saf or ≥3 If Renovation Demolition  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Receiving Area Aisle Way C-D @ Column 4 Aisle Way C-D @ Column 1-2 Aisle Way D-E @ Column 1-2 Aisle Way D-E @ Column 2-5 Aisle Way D-E @ Column 2-5 Vestibule G-H @ Column 2-5 Name of Registered Waste Hauler  Name of Registered Waste Hauler  NEW CASTLE, DE 19720  Renovation Demolition  ARenovation Demolition  Description of Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedure  Abatement Type Abatement Type (Specify (Specify (Specify (I.e., thernal systems insulation, surfacing, VAT or other miscellaneous)  Aisle Way C-D @ Column 4 Aisle Way D-E @ Column 2-5 Aisle Way D-E @ Column 2-5 Aisle Way D-E @ Column 2-5 Aisle Wastic Aisle Wastic Aisle Waste Hauler  NAME CLUBIC Yards of Wastic Aisle Waste Cashwraps  NAME CLUBIC Yards of Wastic Aisle Clubic Yards of Wastic Aisle Clubic Yards of Waste Clubic Yards of Wastic Aisle Clubic Yards of Waste Clubic Yards of Wastic Aisle Waster Clubic Yards of Waste Aluler  NAME of Registered Landfill FAIRLESS HILLS LANDFILL  Disposal Date TBD MORRISVILLE, PA											Τ					
Facility Occupied During Abatement   Scope of Work (Check all that apply)   Scope of Wini-Enclosure   Glove Bag Procedures   Non-Exempted and Non-Friable Procedure   Non-Exempted and Non-Friable Procedure   Non-Exempted and Non-Friable Procedure   Asbestos-Containing   Amount   Scope of Waterial (ACM)   Scope of Waterial (ACM		00 PM -	6:00 AM)	аі по	urs –	7am	to 3pm									
Scope of Work (Check all that apply)    Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Work (Check all that apply)   Stope of Winit-Enclosure   Glove Bag Procedures   Non-Exempted and Non-Friable Procedure   Non-Exempted and Non-Friable Procedure   Amount (Specify Material (ACM) (Specify Material (ACM) (Specify SF or LF)   Stope of Normally Used Solely by Material (ACM)   Stope of Normally								B	RISTOL, F	A 19007						
Secondary   Sec																
≥160 sf ≥260 lf	☐ ≥3 sf or >3 lf				Por	201104	ion						gative	Pres	sure	
Location of Asbestos-Containing Material (ACM)   Solely by Material (ACM)   Material (ACM)   Solely by Material (ACM)   Maintenance or Custodial Staff? (12)   Yes No N/A   Mastic				H			Section Section									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Receiving Area Aisle Way C-D @ Column 4 Aisle Way C-D @ Column 1-2 Aisle Way D-E @ Column 1-2 Aisle Way D-E @ Column 2-5 Vestibule G-H @ Column 2-5 Vestibule J & Cashwraps Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  List Landscart of Solely by Maintenance or Custodial Staff? (12) Yes No N/A  Mastic Aisle Way C-D @ Column 4 Abatement Type Asbestos-Containing (Specify SF or LF) Asbestos-Containing (Specify Sterler) Asbestos-Containing (Specify				Ш	DCI	HOHE	OH		100				Erioble	Den	. a al	
Material (ACM) TO BE ABATED in Facility (13)  Receiving Area Aisle Way C-D @ Column 4 Aisle Way C-D @ Column 1-2 Aisle Way D-E @ Column 2-5 Aisle Way D-E @ Column 2-5 Aisle Way D-E @ Column 2-5 Name of Registered Waste Hauler  Service Transport Group, INC.  Absetos-Containing Material (ACM) Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Absetos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Absetos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Assets  4,000  Mastic 436 SF  Mastic 300 SF  Mastic 300 SF  Vestibule G-H @ Column 2-5  Mastic 1100 SF  Vestibule J & Cashwraps  Name of Registered Landfill  NJDEP Waste Hauler ID No. 20990  Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Mastic 4,000  Mastic 436 SF  Mastic 300 SF  Mastic 1100 SF  D D D  Absetos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Mastic 436 SF  Mastic 300 SF  D D D  Absetos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Mastic 436 SF  Mastic 300 SF  D D D  Absetos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Locatio	n of		ls	Locat	ion	1		Description	of	Zemple	Amount	Aha	tomo	eau	re
Material (ACM)   Solely by   Material (ACM)   SF or LF)   Research   Maintenance or Custodial Staff?   (12)   Yes   No   N/A   Mastic								Ast	estos-Conf	taining			Auc	Teme	111.1	ype
Receiving Area  Aisle Way C-D @ Column 4  Aisle Way C-D @ Column 2  Aisle Way D-E @ Column 1-2  Vestibule G-H @ Column 2-5  Vestibule J & Cashwraps  Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  Mastic  Mastic  4,000  Mastic  436 SF  Mastic  300 SF  Mastic  1100 SF  Mastic  900 SF  NAme of Registered Landfill  FAIRLESS HILLS LANDFILL  City, State  MORRISVILLE, PA  Completed By (Print or Type)													_		E	ш
Receiving Area  Aisle Way C-D @ Column 4  Aisle Way C-D @ Column 2  Aisle Way D-E @ Column 1-2  Vestibule G-H @ Column 2-5  Vestibule J & Cashwraps  Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  Mastic  Mastic  4,000  Mastic  436 SF  Mastic  300 SF  Mastic  1100 SF  Mastic  900 SF  NAme of Registered Landfill  FAIRLESS HILLS LANDFILL  City, State  MORRISVILLE, PA  Completed By (Print or Type)							2010				1		\em	Rep	cap	ncle
Receiving Area  Aisle Way C-D @ Column 4  Aisle Way C-D @ Column 2  Aisle Way D-E @ Column 1-2  Vestibule G-H @ Column 2-5  Vestibule J & Cashwraps  Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  Mastic  Mastic  4,000  Mastic  436 SF  Mastic  300 SF  Mastic  1100 SF  Mastic  900 SF  NAme of Registered Landfill  FAIRLESS HILLS LANDFILL  City, State  MORRISVILLE, PA  Completed By (Print or Type)				200214000									ova	oair	sula	our
Aisle Way C-D @ Column 4  Aisle Way C-D @ Column 2  Aisle Way D-E @ Column 1-2  Vestibule G-H @ Column 2-5  Vestibule J & Cashwraps  Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  Mastic  Mastic  Mastic  Mastic  1100 SF  Mastic  900 SF  NJDEP Waste  Cubic Yards of Waste  Hauler ID No. 20990  City, State  MORRISVILLE, PA  City, State  MORRISVILLE, PA				Yes	No	N/A									te	Ф
Aisle Way C-D @ Column 4  Aisle Way C-D @ Column 2  Aisle Way D-E @ Column 1-2  Vestibule G-H @ Column 2-5  Vestibule J & Cashwraps  Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  Mastic								Mastic			4,000		$\Box$	П	П	
Aisle Way C-D @ Column 2  Aisle Way D-E @ Column 1-2  Vestibule G-H @ Column 2-5  Vestibule J & Cashwraps  Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  Mastic  Mastic  Mastic  1100 SF  Masti									Mastic					H	Ħ	Ħ
Vestibule G-H @ Column 2-5  Vestibule J & Cashwraps  Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  Mastic  Mastic  1100 SF  Mastic  900 SF  Name of Registered Landfill  Name of Registered Landfill  FAIRLESS HILLS LANDFILL  City, State  MORRISVILLE, PA  City, State  MORRISVILLE, PA									Mastic		4	136 SF				
Vestibule J & Cashwraps  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Landfill  City, State  New Castle, DE 19720  Disposal Date  TBD  Norrisor  Name of Registered Landfill  City, State  MORRISVILLE, PA				Ш		Ц					3	300 SF				
Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NEW CASTLE, DE 19720  NAME of Registered Landfill  FAIRLESS HILLS LANDFILL  City, State  MORRISVILLE, PA  Completed By (Print or Type)  Title  Signature				$\dashv$												
SERVICE TRANSPORT GROUP, INC.    Hauler ID No.   20990   40 Cu Yd   FAIRLESS HILLS LANDFILL				Ш			Mosto	Cubi								
SERVICE TRANSPORT GROUP, INC.  20990  40 Cu Yd  FAIRLESS HILLS LANDFILL  Disposal Date TBD  Completed By (Print or Type)  Title  Signature	ramo or regiotored vvas	te i laule								Name of Re	egistered	Landfill				
NEW CASTLE, DE 19720  TBD MORRISVILLE, PA  Completed By (Print or Type)								100000000000000000000000000000000000000		FAIRLESS	HILLS	LANDFIL	.L			
Completed By (Print or Type)		ity, State									IIIE D	Α.				
PATRICK T. DeCARO Estimator					Titl	е		Signs	ature				Det-			
Juvace or 10 carco/gr	PATRICK T. DeCARO	/					tor	To	trick	D.K	De Ca	w/fl		18		

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

Pg.1

Date of Notification	(1)			Mai	ma (	of Buildin	na O	wner / Opera	4 (0)	11-	C D	NO of the law to the second second second				
	7/10/18			Bu	rlin	aton C	oat	Factory	itor (2)	UUU	E C		W		77	
Agencies Notified	Type Notific	ation		Stre	eet A	Address				1/1/		The state of the s	17 14	7/1	111	
⊠ EPA □ DEP	⊠ Initia	1						30 North	1	11 [1]	Alim					
Ø DOL		ı nded <b>R#3-8/1</b>	0/18			ate & Zi			All the spine	- 121	AUG	5 () Z	118	111,	1/1	
⊠ DOH	20 T	gency	0/10			gton No		016		- L	To the same			Paring	r d	
☐ DCA		ellation		1000000		Voods	O.		1	AS.	3E370	S CONTR	Teleph	ione	Num	ber
			-	F	AC	LITY II	NFO	RMATION		Property of the second by	held .	ENSING	*****		1	1
Name of Facility Wh	ere Abateme	ent is Taking I	Place	(3)	,,,,,			Type of Fac	cility (4)					The second say		
Burlington Coat F Street Address	actory Sto	re #226						School	(K-12)							
2495 Route 1, Sui	4 4							Subcha	apter 8	(Other the	nan K-	12)				
2495 Roule 1, Sul	te 1							Other (	i.e. priv	rate & co	mmer	cial buildir			etc.)	1
City (5)		County (6)	10	Count	, Co	de (7)		Square Fee	et	# of FI	oors		Bldg. A	ge		
Lawrenceville		Mercer	1	Journey	y Co	de (7)		72500	/Drion	ifhaina	1			50	)	
		MCICCI						Current Use Retail	(Prior	if being	demoli	shed)				
Name of Monitoring I	irm Hired by	y Building Ow	ner (8	8)	7	ASCM N	lo.	Name of Ab	atemer	nt Contra	ctor (9	0)				
ESIS		-						BRISTOL	ENVIR	ONME	NTAL	INC				
Street Address 436 Walnut Street								Street Addre	ess							
City, State & Zip Cod	Commence of the Commence of th			100-100			-	1123 BEAN	VER S	TREET	) 					
Philadelphia, PA 1	9106							City, State & BRISTOL,	ZIP CO	nn7						
Project Manager for N	Monitoring Fi	rm	Tele	phon	e N	umber		Telephone N	Number			License N	lumber			
Frank Westfall	(40)			-640				215-788-60	)40			2,00,100 1	005			
Scheduled Start Date 7/24/18	(10)	cheduled Co (Back on						Name of OS								
Occupancy Status Du	ring Abatem	ent (Check o	nly or	ne)	10)	0/20/10	_	BRISTOL I Street Addre		ONME	NTAL	INC				
Facility Close	d/Vacated D	uring Entire F	Period	of Al	bate	ment	1	1123 BEAV		TREET						
Abatement Pe	erformed Ou	tside of Norm	al Ho	ours -	- 7aı	m to 3pr		City, State &								
Describe: (	10:00 PM -	6:00 AM) Su	nday	- Thu	ırsd	ay	1	BRISTOL,	PA 19	007						
Scope of Work (Chec																
p - o · · · o · · (o · i o o	it all that app	Jiy)							$\square$	Full Cor	ntainm	ent with N	o a a tive	D		
≥3 sf or ≥3 lf			$\boxtimes$	Re	nov	ation			Ä	Mini-En	closure	ent with M	egative	Pre	SSUFE	)
≥160 sf ≥260	lf			De	moli	ition						cedures				
Loc	ation of		1-						$\boxtimes$	Non-Ex	empted	d and Non	-Friable	e Pro	cedu	ıre
	-Containing			Local mally			А	Descriptio sbestos-Cor			3.00	Mount	Ab	atem	ent T	ype
Materi	al (ACM)		S	Solely	by			Material (A	CM)		SI	Specify F or LF)			m	
	ABATED acility			ntenar odial			(i.	e., thermal s	ystems	3			Rer	Re	пса	Enc
	13)		Cusi	(12)	Stai	1?	or	lation, surfaction	cing, V	AT			Remova	Repair	Encapsulate	Enclsoure
			Yes	No	N	'A		- THOOD	ancouc	3)			<u>B</u>	7	late	re
Rear Offices					TE			Mastic	;		5	12 SF				
Break Room, Mens	Room & C	Corridor						Mastic	;		7.7	575 SF		H	H	H
Ladies Room, Corr	idor & Sale	es Floor						Mastic				00 SF	X	H	H	H
			井	H	╀											
			H	H	╬											
Name of Registered W	/aste Hauler		Ш	INJ	J L JDEI	J ∣ ⊃ Waste	Cut	oic Yards	Name	of Regi	storod	Londfil				
				На	aulei	ID No.		Vaste	Ivanie	. or regi	stered	Landilli				
SERVICE TRANSPO	JKI GROU	IP, INC.		20	990	)		Cu Yd			IILLS	LANDFI	LL			
City, State NEW CASTLE, DE 1	19720						Dis	posal Date	City, S							
Completed By (Print or				Tit	le				IVIOR	RISVIL	LE, P/	٩	-			
PATRICK T. DeCAR	RO			12223		ator		nature	00	10.00	1		Date	40		
							To	atrick:	11.10	t Care	10	L	8/10/	ıŏ		
PD 18055											0			-		

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) F F F F 2

Date of Notification	(1)			Nai	me	of Buildi	ina C	wner / Opera	tor (2)			1 1 1	111			
	7/10/18			Bu	rlin	gton C	oat	Factory		110	0010	1 1 1				
Agencies Notified	Type Notific	ation		Stre	eet /	Address	3	113 1	11 A	<del>UO 3 (</del>	1 2018	130	1			
☐ DEP	N			183	30 L	JS Rou	ite 1	30 North	Ĭ.			4	1			
Ø DOL	│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	ıı ınded R#3-8/1	040			ate & Zi			Acos	erns n	ONTROL	,Si,	27		-	
Ø DOH	100	rgency	10/18			gton N		3016	FIGUR	LICEMS	SING		100			
DCA		cellation		100000000000000000000000000000000000000		of Conta		Light con-	والمناورة والمناوس والمواوية	n ann i meadan an mainte	eterpelja i 1780.a.s. eter	200,000,000,000	Teleph	one	Num	ber
	Our	Schation			2.700	Voods						i				
Nome of Facility MA	A1 1			F	AC	ILITY I	NFO	RMATION								
Name of Facility Will Burlington Coat	Factor: St.	ent is Taking	Place	e (3)				Type of Fac								
Street Address	ractory St	ore #226					-	School								
2495 Route 1, Su	ito 1							Subcha	pter 8 (	Other tha	an K-12)					
2-100 Noute 1, 5u	ite i							Other (i	.e. priva	ate & con	nmercial				etc.)	
City (5)		County (6)	17	Count		d- (7)		Square Fee	t	# of Floo	ors	E	Bldg. Ag	ge		
Lawrenceville		Mercer	- [	Journey	/ ((	ode (7)		72500			1			50	1	
Lawrenceville		wercer	- 1					Current Use	(Prior i	f being d	emolishe	d)				
Name of Monitoring	Firm Hired h	v Building Ou	/DOT/	'0\	_	100111		Retail								
ESIS	i iiiii i iii ed b	y building Ow	mei (	0)		ASCM N	NO.	Name of Ab	atement	t Contrac	tor (9)					
Street Address								BRISTOL I Street Addre		ONMEN	IAL INC	;				
436 Walnut Stree	t							1123 BEAV		PEET						
City, State & Zip Coo								City, State &							_	-
Philadelphia, PA								BRISTOL,								
Project Manager for	Monitoring F	irm				umber		Telephone N			Lice	ense N	umber			
Frank Westfall	(10)			5-640				215-788-60	1,000				0050	9		
Scheduled Start Date 7/24/18	e (10)	Scheduled Co	mple	tion Da	ate	(11)		Name of OS	HA Mon	itor						
	in = 0  - 1	(Back in	site	8/12/1	18)	8/20/18	3	BRISTOL E		DNMEN.	TAL INC	;				
Occupancy Status D	uring Abaten ed/Vacated F	nent (Check o During Entire F	only o	ne)	2010	mont		Street Addre							7721	
Abatement P	erformed Or	itside of Norm	ol L	a or Ar	70	m to 2		1123 BEAV								
Describe:	(10:00 PM -	6:00 AM)	iai II	ours –	· /a	iii to spr	m	City, State &								
Facility Occu								BRISTOL, I	PA 190	07						
Scope of Work (Che	ck all that ap	ply)			75											
										Full Cont	ainment	with Na	anativo	Dro	0	
≥3 sf or ≥3 lf			$\boxtimes$	Re	nov	ation				Mini-Encl	osure	ANITH 140	galive	rie	ssure	6
≥160 sf ≥260	If			De	mol	ition					g Proced	ures				
·											mpted an		Friable	Pro	cedu	re
	cation of s-Containing			Loca				Description	n of		Amo	unt	Aba	tem	ent T	vpe
	rial (ACM)			mally Solely		ed	F	Asbestos-Con			(Spe	cify				71-
	EABATED			ntenar		or	(i	Material (At .e., thermal s	UNI) veteme		SF or	LF)	D D	_	En	ш
	Facility		Cus	todial	Sta	ff?	insi	ulation, surfac	cing. VA	т			Remova	Repair	cap	ncls
	(13)			(12)	7		or	other miscell	aneous)	)			ova	==	Encapsulate	Enclsoure
Danalisis A			Yes	1000000	N	/A									te	(D
Receiving Area			Ц	X	L			Mastic			4,00	00		П	П	П
isle Way C-D @ C			Ц					Mastic			436	SF		Ħ	Ħ	Ħ
isle Way C-D @ C								Mastic			436	SF		Ħ	Ħ	Ħ
isle Way D-E @ C			Ц	$\boxtimes$	L			Mastic			300	SF		Ħ	Ħ	Ħ
estibule G-H @ C			닏		닏			Mastic			1100	SF	X	Ī	Ħ	Ħ
estibule J & Cash					L			Mastic			900 9			Ħ	Ħ	Ħ
ame of Registered V	vaste Haulei	Г				P Waste		bic Yards	Name	of Regist	tered Lan	dfill				
ERVICE TRANSP	ORT GROI	JP. INC			990	r ID No.		Waste Cu Yd	EAID	E00 !!!						
ity, State		,		20	550	,	_				LLS LA	NDFIL	.L			
EW CASTLE, DE	19720						TB	sposal Date	City, S		E D.					
ompleted By (Print of				Titl					INIOK	RISVILL	E, PA					
ATRICK T. DeCAI	RO					ator		nature	m	210	1	0	Date	_		
					NIE!	iato:	to	atrick:	1:1	Har	0/1	K	8/10/1	8		
D 18055							1	- www.com I/O			//					

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

Date of Notification (1)		None	-£ D. :!-!!			Lo E // W			
7/10/18		Rurlin	of Bullal	ng Owner / Oper oat Factory	ator (2)	The state of the s			
Agencies Notified Type Notifie	cation	Street	Address	Oat I actory					
⊠ EPA				te 130 North	1	UG 3 0 2018			
DEP   Initia			tate & Zi				1 1/12/201		
	ended R#2-8/6/18	Burlin	gton N	J 08016	ASPE	TOS CONTON			
	ergency	CHEST STATE	of Conta	ct	1	LICENSING	Telephon	e Nun	nhor
L DCA L Can	cellation	Mike \	Noods		and entropy of the second section of the second second	The second second second second second	Ciopitoti	e Null	inei
		FAC	ILITY II	FORMATION					
Name of Facility Where Abatem	ent is Taking Place	(3)		Type of Fa					
Burlington Coat Factory St	ore #226	28 68		School	I (K-12)	2			
Street Address				Subch	apter 8 (Other	than K-12)			
2495 Route 1, Suite 1				Other	(i.e. private &	commercial buildi	ings, homes	s. etc.	)
City (5)	To . (a) T			Square Fe	et # of I	Floors	Bldg. Age	, 0.0,	/
Lawrenceville	Control of the Contro	County Co	ode (7)	72500		1	30 3	0	
Lawrenceville	Mercer			Current Us	e (Prior if being	g demolished)		-	
Name of Monitoring Eigen Line 4 h	D. T. F. O.			Retail					
Name of Monitoring Firm Hired b	by Building Owner (	8)	ASCM N		patement Cont	ractor (9)			
Street Address				BRISTOL	ENVIRONM	ENTAL INC			
436 Walnut Street				Street Addr		_			
City, State & Zip Code				City, State	VER STREE	1			
Philadelphia, PA 19106				BRISTOL	PA 19007				
Project Manager for Monitoring F	irm Tele	ephone N	umber	Telephone		License	Mumahau		
Frank Westfall		-640-53		215-788-6		License	00509		
Scheduled Start Date (10)	Scheduled Complet		(11)	Name of OS	SHA Monitor		00000		
7/24/18	ONI	HOLD		BRISTOL	ENVIRONME	NTAL INC			
Occupancy Status During Abaten Facility Closed/Vacated D	nent (Check only or	ne)	MWGMHCTWTT#111	Street Addre	ess				
Abatement Performed Ou	tride of Normal III	of Abate	ment	1123 BEAV	VER STREET	Γ			
	6:00 AM) Sunday	ours – /ai	m to 3pm			200			
Facility Occupied During	Ahatement	- Inursa	ay	BRISTOL,	PA 19007				
Scope of Work (Check all that ap	ply)								
	P-17				M Full C	ontoin il il s			
≥3 sf or ≥3 lf		Renova	ation		Mini-F	ontainment with N	regative Pre	essure	9
≥160 sf ≥260 lf		Demoli	ition			Bag Procedures			
					Non-E	xempted and Nor	a-Friable Dr	d.	
Location of Asbestos-Containing		Location		Descriptio	n of	Amount	Abaten		
Material (ACM)		mally Use folely by	d	Asbestos-Cor		(Specify	/ ibaten	TOTAL I	ype
TO BE ABATED		itenance	or	Material (A (i.e., thermal s	CM)	SF or LF)		m	_ m
in Facility	Cust	odial Staf		insulation, surfa	cina VAT		Repair	icap	ncl
(13)		(12)		or other miscel	laneous)		Remova	Encapsulate	Enclsoure
loor Offi	Yes	No N/	Ά				-	ate	ē
Rear Offices			]	Mastic	;	512 SF	MI		
reak Room, Mens Room & C	Corridor			Mastic		1,575 SF		H	H
adies Room, Corridor & Sale	es Floor			Mastic		900 SF		H	H
							급	tH	1
							HH	H	H
ame of Registered Waste Hauler		<u> </u>	]				一门片	H	H
			Waste ID No.	Cubic Yards	Name of Reg	istered Landfill			
ERVICE TRANSPORT GROU	JP, INC.	20990		of Waste 40 Cu Yd	EAID! FOO				
ity, State		20000		Disposal Date		HILLS LANDFI	LL		
EW CASTLE, DE 19720				TBD	City, State	IE DA			
ompleted By (Print or Type)		Title		Signature	MORRISVIL	LE, PA			
ATRICK T. DeCARO	ė.	Estim	ator				Date		
				Patrick	1/1/2	Caro / je	8/6/18		
19055				, July	7. 10	mo / fl			

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

Pg2

Date of Notification (1)		Name	of Duild	n= 0	10		TE JI W	B III	J		
7/10/18		Burli	ngton C	ing Owr	er / Opera	ator (2)		1111	1		
Agencies Notified Type Notifi	cation		Address		CLUTY						
⊠ EPA		1830	US Rou	ite 130	North	AL.	F 0 3018				
DEP Initi		City, S	State & Zi	ip Code				11			
	ended R#2-8/6/18	Burli	ngton N	J 0801	6	Commence of the commence of th					
	ergency cellation		of Conta	ct		1000 ac	TOS CONTROL. JOEKSHIG	Teleph	one	Num	ber
						The first make	The state of the s				
Name of Facility Where Abatem	ent is Taking Place	FA(	SILITY II		VIATION	1111 (4)					
<b>Burlington Coat Factory St</b>	ore #226	(0)		16	ype of Fac School	(K-12)					
Street Address				Ti		apter 8 (Other	than K-12\				
2495 Route 1, Suite 1					Other (i	i.e. private &	commercial build	inge hor	200	0÷0 \	
City (E)	1-			S	quare Fee	t # of	Floors	Bldg. Ag		e.c.)	
City (5)	10.000	County C	ode (7)		2500		1	J - 10g. 7 tg	50		
Lawrenceville	Mercer					(Prior if being	g demolished)		- 00		
Name of Monitoring Firm Hired b	y Puilding Owner (	0)	1.00		etail						
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City, State & Zip Code					ty, State &		•		-		
Philadelphia, PA 19106 Project Manager for Monitoring F	irm T-1					PA 19007					
Frank Westfall		phone N -640-53		Te	lephone N	lumber	License	Number			
Scheduled Start Date (10)	Scheduled Complet				5-788-60	HA Monitor		0050	9		
7/24/18	и но	NOLD	(11)	BF	RISTOLE	NVIRONME	NTAL INC				
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Scope of Work (Check all that ap	ply)										
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ATRICK T. DeCARO		Title Estim	ator	Signatu	ure	0.00	1 1.0	Date		200	
				tal	rick.	1.00	ow /il	8/6/18			
D 18055											

#### 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) 7/10/18 Burlington Coat Factory Agencies Notified Type Notification Street Address  $\bowtie$ EPA 1830 US Route 130 North DEP Initial City, State & Zip Code X DOL X Amended R#1-7/20/18 Burlington NJ 08016  $\boxtimes$ DOH Emergency Name of Contact DCA Cancellation Telephone Number Mike Woods FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington Coat Factory Store #226 School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 Lawrenceville 50 Mercer Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number Frank Westfall License Number 215-640-5320 215-788-6040 Scheduled Start Date (10) 00509 Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 8/20/18 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 - 7am to 3pm X City, State & Zip Code Describe: (10:00 PM - 6:00 AM) Sunday - Thursday BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Asbestos-Containing Abatement Type Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Encapsulate (i.e., thermal systems Removal Encisoure in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rear Offices Mastic Break Room, Mens Room & Corridor 512 SF Mastic 1,575 SF Ladies Room, Corridor & Sales Floor Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title PATRICK T. DeCARO

Estimator

Patrick J. Delaw/if

Date

7/20/18

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

Pg 2

Date of Notification	(1)			N	2000	f D!!	d: O		1		B II	CL#	-34	06		
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Burlington Coat I	-actory	Store #226						School	ol (K-1	2)						
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NOTIFICATION OF ASBESTOS ABATEMENT

VIO CIC		(Pursuant	to N.J.A	.C. 8:60	and 12:12	IENT D)	011	L#	<u>.</u> ,	R U	ה המ'
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2495 Route 1, Suite 1				Oth	chapter 8 (Other	er than K.	-12)				
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Lawrenceville	Mercer	Joodin'ty Col	ue (/)	72500		1		Joing	. nge		
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Name of Monitoring Firm	Hirod by D. "			Retail		2 -0/1101	oneu)				
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436 Walnut Street				Street Add	dress	LIVIAL	INC				
City, State & Zip Code					AVER STREE			-VSC14-C117-E1-		4	
Philadelphia, PA 19106				City State	& Zip Code	-1					
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Project Manager for Monito	ring Firm	Telephone Nur	mber	Telephone	Number						
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7/24/18		0/00/40	.,	RDIETO!	SHA Monitor						-
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	Notification				Address Market S	Street			The state of the s		F	NUG	3 0	201	8	The state of the s
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				- Contraction -	ILITY INFO	ORMAT	ION								-	<u> </u>
Name of Facility Where Abatem Chemours Chamber Wor	ks Facility	Place (: - A&B	3) Build	ing - 1	52/788			Тур	e of Facility School (K-	-12)						
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City (5) Deepwater								639.330	are Feet 250	2	of Floo	rs		3ldg. /	Age	
County (6) Salem					Code (7) USE ONLY)			Cur	rent Use (Pr emical Pla	rior if be	eing de	molis	hed)			
Name of Monitoring Firm Hired Harvard Environmental Ir		wner (8)		ASCI	M No.				burg Indu			ce Co	ompa	inv		
Street Address 760 Pulaski Highway							Street	Addr						-		
City, State, Zip Code Bear, DE 19701							City, S	tate,	Zip Code m, PA 18							
Project Manager for Monitoring I JT Morrison	Firm			Telepho	one No. 26-2333		Teleph 610-6	one I	No.		Lice	nse N	lo.			
Start Date (10) 09/11/2018	1	Schedule 10/12/2	ed Con 2018	npletion	Date (11)		Name Brand		SHA Monitor					2072101		
Occupancy Status During Abate	ment (Check	Only Or	ne)				Street		<u> </u>							
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: DEMO -	side of Normal	Facility	Hours	1	ative Method	<u>d_</u>	City, St	tate, i	Ilman Driv Zip Code m PA 180							
Scope of Work (Check All That A	Apply)						Doun	CHC	1117 / 100	715						
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Exterior Sneeting				X		Ga	lbesto	5		259	905 S	F	X			
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Brandenburg Industrial Ser			Ha	auler ID 838	No.	of Was		1500	Chemo							
City, State Bethlehem, PA						Disposa 9/11/1	al Date 8-10/1	6/18	City, Stat		J	*				
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Date of Notification (1)				Name (	of Building	Own	ner/Operator (	2)			***********	10	+ -	1.7	133
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□ DCA □ Emergend		q		Bloc	omfield,	NJ 0	7003				LICE		NG.		
(NJAC 5:23-8) justification	on)				of Contact					Telephone N	lumber		V.		
☐ Cancellati	ion	20.00		War	ren Spra	ke									
				FAC	ILITY IN	FOR	MATION								
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Commercial									☐ School (K-12☐ ☐ Subchapter 8☐		( 12)				
Street Address	_								Other (i.e., pr			bu	ilding	S,	
1200 Randolph Road- Building	7								homes, etc.)						
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Union				Count	y Code (/)	(SIA	TE USE ONLY)	C	urrent Use (Pri	or if being den	nolished	i)			
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Bio Terra Solutions	iiig Owner	(0)	1	SCIVI I	NO.				Contractor (9)	C					
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P.O. Box 1224						1000	7 Outwater	l a	ne						
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Union, NJ							arfield, NJ								
Project Manager for Monitoring Firm		Te	elep	hone N	10.		ephone No.			License No	i.			_	
Rick Eustaquio			973	3-494-	3762		73-928-4888	3		1188					
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07 /30 /18	09 /		30	_ / _	18	Α	LL PRO MA	N	AGEMENT LI	.C					
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Scope of Work (Check all that apply)			8.41			G	arfield, NJ	07	026			1111			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	⊠ Re	enova					☐ Mini-Enc ☐ Glovebag	los g F	617700 TcS						
	l:	s Loc	catio	on					1.50 ( ) and 1401			Ah	atem	ent T	vne
Location of		Norned Se			L. C. C. C.	2000	Description o			1920	- 1				1
Asbestos-Containing Material (ACM TO BE ABATED IN Facility	Ma	ainte	nan	ce/		, the	Containing Ma rmal systems	ins	sulation,	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
(13)	Yes	(1)	2)	N/A			urfacing, VAT ner miscellane			SF or LF)		<u>n</u>		ulate	ıre
Basement				$\boxtimes$	Pipe Ins	sulat	tion- Wrap a	inc	d Cut	400 LF		XI			
Basement				$\boxtimes$	Elbow I	nsul	ation			18 Elbow	s [	X			
		10	1								1	7		П	
		Ħ		H							1				
Name of Registered Waste Hauler		14		DEP W	lacto	Cub	oic Yards of	-	Name of Deal-	torod I as dell			Ш	Ш	ГП
ATC/ Century Waste, LLC			На	uler ID		Was A	ste s Needed		Name of Regis Minerva Enter Fairless Land	prises/GROV	VS Nor	th I	_and	fill/	
City, State Shirley, NY/ Elizabeth, NJ							oosal Date BD		City, State Waynesbu	rg, OH/ Mori	risville	, P	'A		
Completed By (Print or Type)	Title		-				Signature				Date				
Allen Monchik	Projec	t Ma	na	ger				n	Monchik		08/2	28/	18		



			(P	ursuar	nt to NJA	C 8	:60 and 5:16	6)		r==	CL 77		others of the
Date of Notification (1)				Name	of Buildin	g Ow	ner/Operator (	2)	1 11-1 5-5		101		Til
/	18	_		Mu	hlenberg	Urb	oan Renewal	, LLC		54 %			
Agencies Notified Type Notif	ication			Street	t Address	- 12			Alto	3 0 2	Tio		
Image: Sepa in the properties of	od			2 B	road Stre	eet,	Suite 400	,		000	JIO	11	1
	ea ment#			City, S	State, Zip (	Code	)		1000			•	
□ DCA □ Emerge		ludina		Blo	omfield,	NJ (	07003				R.D.L	068	
(NJAC 5:23-8) justifica			Ş	Name	of Contac	t			Telephone N				
☐ Cancel	lation			Wa	rren Spra	ake			908-670-	5711			
				FA	CILITY IN	IFOF	RMATION	*					
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility	(4)				
Commercial								School (K-12		20120			
Street Address								☐ Subchapter 8 ☐ Other (i.e., p	3 (Other than K	(-12) Imercial h	uilding	ie.	
1200 Randolph Road- Buildir	ıg 7							homes, etc.)		incroidi b	ananie	,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Plainfield													
County (6) Union				Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pri	ior if being den	nolished)			
Name of Monitoring Firm Hired by Bu	ilding O	wner (	8)	ASCM	No	Na	me of Abatama	ent Contractor (9)					_
Bio Terra Solutions	illuling O	wile: (	0,	AGGIVI	140.			NAGEMENT L					
Street Address							eet Address	MAGLINILITI					
P.O. Box 1224						1000	7 Outwater I	ane					
City, State, Zip Code	- /					-	y, State, Zip Co						
Union, NJ							Sarfield, NJ						
Project Manager for Monitoring Firm			Tel	ephone	No.	-	ephone No.		License No	).			-
Rick Eustaquio			9	73-494	-3762	9	73-928-4888		1188				
Start Date (10)	Schedu	led Co	ompl	etion Da	ite (11)	Nar	me of OSHA M	onitor	- AND SER				$\neg$
07 /30 /18	_ 08	3_ /	_3	1 /	18	A	LL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abatement						Stre	eet Address						$\neg$
□ Facility Closed/Vacated During Er	tire Peri	od of A	Abate	ement		2	7 Outwater L	_ane					
Abatement Performed Outside of	Normal F	acility	Hou	ırs - Des	cribe	City	, State, Zip Co	ode					$\neg$
Time of Abatement:AM × Saturday	PIVI	/	_PIV		AM	G	arfield, NJ	07026					
Scope of Work (Check all that apply)							X Wrap and	l Cut					
≥3 sf or ≥3 lf		⊠ Rei	nova	tion			☐ Full Cont	ainment with Neg	ative Pressure	9			
≥160 sf or ≥260 lf		☐ Der					⊠ Glovebag	Procedure					
		lo.	Loca	Alam.			☐ Non-Exer	mpted (*) and No	n-Friable Proce	edure			
Location of			lorm				Description of			Al	atem	ent Ty	_
Asbestos-Containing Material (AC	M)			lely by	Asbe	stos	Containing Mat		Amount	Re	Repair	E	Enclosure
TO BE ABATED IN Facility				ance/ Staff?	(i.e		rmal systems i		(Specify	Removal	Dair	aps	dos
(13)	_		(12				surfacing, VAT, her miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
(30-0-0-0)		Yes	No	N/A		100000						te	
Basement				$\boxtimes$	Pipe Ins	sula	tion- Wrap a	nd Cut	400 LF				
Basement					Elbow I	nsu	lation		18 Elbow	s 🛛			
											П	П	П
Name of Registered Waste Hauler			1	NJDEP	Vaste	Cut	oic Yards of	Name of Regis				_	$\exists$
ATC/ Century Waste, LLC				Hauler II SW-243	D No. 10/32797	Wa	7.77	Minerva Enter Fairless Land		VS Land	ill/		
City, State							s Needed posal Date	City, State	****				-
Shirley, NY/ Elizabeth, NJ						93	BD		rg, OH/ Morr	isville, l	PA		
Completed By (Print or Type)	Title		-				Signature	_		Date		-	$\dashv$
Allen Monchik		oject	Mar	nager				711.	,	CONTRACTOR A	^		
ACD 44		•	1215.31	·			Necen	Monchik	-	7/19/1	8		

ASB-41 JAN 13

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



PATR			(P	ursua	nt to NJA	AC 8	3:60 and 5:1	6)	in it lies	70 L	-	1 1.1	1
Date of Notification (1)				Name	e of Buildin	g Ov	wner/Operator (	(2)			0.0	001	0
	/18	3		Ca	pe May C	our	nty; Departm	ent of Public \	Vorks	AUG	j ()	201	0
Agencies Notified Type No  ⊠ EPA				Stree	t Address							-1	
☐ EPA ☐ Initia ☐ Ame					loore Rd		on Thirt edition		783	(3:0)	C	DATE	OL 3
	ided idment#				State, Zip (					1-1-2	44.50	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
□ DCA □ Eme		ncluding	g g				t House, NJ	08210					
(NJAC 5:23-8) justif	cation)			1,000,000	of Contact Nancy I	1	**		Telephone N				
Guin	Shation								609-465-	1418			
Name of Facility Where Abatemen	is Takin	a Place	(3)	ГА	CILITY	IFU	RMATION	T	(4)				
Commercial	is rakin	y riace	(3)					Type of Facility ☐ School (K-1)					
Street Address				24-34-5				☐ Subchapter	8 (Other than k	(-12)			
384 Ranger Road- Cape Ma	/ Coun	tv Airr	ort					Other (i.e., p	rivate and com	mercial	buil	dings,	
City (5)	,	., ,		- 1000				homes, etc.			DIA	. ^~~	
Lower Township								Square reet	# of Floors		Ria	g. Age	
County (6)				Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pr	ior if being den	nolisher	)		
Cape May					,	,,	x		ior in boiling don	i i o ii o i i c c	,		
Name of Monitoring Firm Hired by	Building (	Owner (	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
Bio Terra Solutions								NAGEMENT L					
Street Address							eet Address					-	-
P.O. Box 1224						2	27 Outwater I	Lane					
City, State, Zip Code		565.74.5				Cit	y, State, Zip Co	ode					
Union, NJ						(	Garfield, NJ	07026					
Project Manager for Monitoring Firm	1		Tel	ephone	No.	Tel	lephone No.		License No	1.			
Rick Eustaquio			9	73-494	-3762	9	73-928-4888		1188				
Start Date (10)				etion Da		Na	me of OSHA M	onitor					
09 /06 /18				0_/	18	A	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abateme						Str	eet Address			***			
☐ Facility Closed/Vacated During I	ntire Pe	riod of	Abate	ement		2	7 Outwater L	_ane					
Abatement Performed Outside of Time of Abatement:AM	f Normal	Facility	/ Hou	rs - Des	cribe	City	y, State, Zip Co	ode					
		VI/	_PIVI		AM	0	Garfield, NJ (	07026					
Scope of Work (Check all that apply	)						DE						
≥3 sf or ≥3 lf		Re	novat	ion			Mini-Encl	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		□ De	moliti	on				Procedure					
		le	Loca	tion	1		☐ Non-Exer	mpted (*) and No	n-Friable Proce	edure	77 70		
Location of		1	Norma	ally			Description of	f				ement	Туре
Asbestos-Containing Material (A	CM)			ely by ance/	Asbe	stos	Containing Mat	terial (ACM)	Amount	2		Encaps	E
TO BE ABATED IN Facility		15050		Staff?	(i.e.		ermal systems in surfacing, VAT,		(Specify SF or LF)	Kemova		aps air	Enclosure
(13)			(12)		-		her miscellaned		SF OI LF)	2	-	Encapsulate Repair	ı l'e
		Yes	No	N/A							1	œ	
Tunnel- Exterior					Pipe Ins	sula	tion		210 LF	D	] [		
Trench Outside				$\boxtimes$	Pipe Ins	ula	tion		120 LF	Σ	] [		
Furnaces- Exterior					Pipe Ins	ula	tion		100 LF	D	] [		
											] [		
Name of Registered Waste Hauler			12.0	NJDEP \	CONTRACTOR OF THE PARTY OF THE		oic Yards of	Name of Regis	tered Landfill				
Newark Carting				lauler II 02383		Wa	ste s Needed	IESI Bethle	hem Landfil	I			
City, State							posal Date	City, State					
Newark, NJ						Т	BD	Bethlehem	, PA				
Completed By (Print or Type)	Title						Signature			Date			
Allen Monchik	P	roject	Man	ager			Allen	Monchik		08/28	3/19	3	



				ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		NT		EC	E			
Date of Notification (1) 8/28/2018					of Building of New				The second of th		<b>Δ</b> 110	2.0	0/01	0	
Agencies Notified	Type Notification				Address est State	e Stree	t			· 13	nut	. A. U		0	1
DEP DOL	Amended Amendment		_		ate, Zip Con, NJ 0					<i>i</i>	<u></u>	OSTI CENS	alver.		
DOH DCA	Emergency ( justification) Cancellation		1		of Contact a Bruno			-		1 5255	elephone I		r		
				FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abandoned Flood		g Place (	3)					Ty	pe of Facility (  School (K-1	2)					
Street Address 28 E. Green St								×	Subchapter Other (i.e. p etc.)				uilding	s, hom	nes,
City (5) Woodbridge, NJ								10000	quare Feet 500	2	of Floors		Bldg. 50 +	2.7	
County (6) Middlesex					Code (7) USE ONLY	)		Cı A	urrent Use (Prid bandoned F	or if be	ing demo Home	olished)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8	)	ASC	M No.				Abatement Cor zi Environm			es, Ind	).		
Street Address						63	Street 135 H		dress nelon Rd.						
City, State, Zip Code									e, Zip Code n, NJ 07405	5					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 908-2		e No. 3-0880		License 01228				
Start Date (10) 09/24/2018		Schedul 09/25/2		mpletion	Date (11)		Children and Control		OSHA Monitor zi Environm	ental	Service	es, Inc	).		
Occupancy Status During	g Abatement (Check	k Only O	ne)				Street	Add	dress				_		
Facility Closed/Vaca	ated During Entire F	eriod of	Abaten	nent			L		nelon Rd.						
Abatement Perform  Other – Describe:	Abandoned Structure	al Facility	y Hours	S		_			e, Zip Code n, NJ 07405	5					
Scope of Work (Check A	ll That Apply)		1111										501.55		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				ıre	
200 1-00 0000		100	Locati Normal							( ) ( )			Aba	temen ype	t
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Ma	ed Sole intena todial s (12)	elý by nce/	Asbes (i.e.	tos Cont thermal surfa	scription taining M systems cing, VA niscellan	late s ins T, o	or	(	Amount Specify F or LF)	Remova		Encapsulate	Enclosure
		Yes	No	N/A										fe	(b)
Exterior Fou	ndation			X		) 	Caulk			1	120 If	X			
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered I and	Ifill			
Yannuzzi Group, Inc			Н	lauler ID 7467		of Was			Waste N				ess		
City, State Kinnelon, NJ							al Date /2018		City, State Fairless		, PA				
Completed by John Mucha `		Title Senio	or Pro	ject Ma	anger	S	ignature	)	Much	7_		Date 8/28/2	2018	ese in a to	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

YAID			ICATIO	tate of New N OF ASBE t to NJAC 8	STOS	ABATE		Т		Ē.			W	1 :22	i
Date of Notification (1) 8/28/2018				of Building ( of New J						Al	JC :	n	Shir		
Agencies Notified Type Notifica	tion			Address est State	Stree	et .			İ.				-113		
DEP Amende	nent #	_		ate, Zip Coo on, NJ 08				4		CSEC.		Cert	,	Ť.	
DOH justificat				of Contact a Bruno						lephone 19-433					
No. of the last of			FAC	ILITY INFO	RMAT	ION									
Name of Facility Where Abatement is T Abandoned Flood House Street Address	aking Place (	3)					Тур	School (K-1	2)		14.40				
132 Crampton Ave							×	Subchapter Other (i.e. p etc.)					dings,	hom	es,
City (5) Woodbridge, NJ							250	iare Feet 00	# o 2	f Floors	3	5990	ldg. A 0 +	ige	
County (6) Middlesex				Code (7) USE ONLY)				rent Use (Pri andoned F				ed)			
Name of Monitoring Firm Hired by Build N/A	ing Owner (8)	)	ASCI	M No.				atement Cor i Environm			ces,	nc.			
Street Address						Street 135 I		ess elon Rd.							
City, State, Zip Code								Zip Code , NJ 07405	5						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 908-2		No. -0880		Licen 0122	se No.				
Start Date (10) 09/13/2018	Schedul 09/17/2		mpletion	Date (11)		0.0000000000000000000000000000000000000		SHA Monitor i Environm	ental	Servi	ces, I	nc.			
Occupancy Status During Abatement (C	heck Only Or	ne)				Street						20.25.20			
Facility Closed/Vacated During Ent	ire Period of	Abaten	nent			135 k	Kinn	elon Rd.							
Abatement Performed Outside of N  Other – Describe: Abandoned Stru	lormal Facility cture	y Hours	S			1 07.10		Zip Code , NJ 07405	5			- 10			
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promote and the same of the sa	Renova Demolit				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure					e	
	Is	Locati	ion							TOPPE			Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole iintenai todial s (12)	ely by nce/	(i.e. t	os Con hermal surfa	escription taining M I systems icing, VA miscellan	lateria insu T, or		(8	mount Specify or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
	Yes	No	N/A			- IIIOOOIIGI		,				/al	Ŧ	ılate	ure
Exterior Walls					Tran	site Sic	ding		43	300 sf		X			
Name of Pagistared Waste Having		1.0	IDEC:	la etc	0.1:	V									
Name of Registered Waste Hauler Yannuzzi Group, Inc.		Н	IJDEP W lauler ID 7467	No.	of Wa 20	Yards ste		Name of I				rles	s		
City, State Kinnelon, NJ			x 2000-000		Dispos	sal Date		City, State		PA					
Completed by John Mucha `	Title Senio	or Pro	ject Ma			Signature	eh.	Mu	el.	1	Date 8/28		18		

14									joint may	TELL P	Carried and Control of the Control	Programme .	L		
	PAN			ICATIOI ursuant	tate of Ne N OF ASE to NJAC	8:60 an	ABATE d 12:12	0)							The second second
Date of Notification (1) 8/28/2018	)				of Building of New					AU	3 3 0	2018	District density		
Agencies Notified  EPA	Type Notification			Street A	Address est State	Street	t		1 1	SBESI	OS COM	TOOL	- C		
DEP × DOL	Amended Amendmen				ate, Zip Co on, NJ 0				I.	L	ENSING	3			
DOH DCA	Emergency justification Cancellation		1		f Contact a Bruno					10000000	ephone No 9-433-8				
				FAC	ILITY INF	ORMATI	ON								
Name of Facility When Abandoned Flood Street Address		ng Place (	3)						of Facility School (K-	12)		400			
76 S. Robert St								×	Subchapte Other (i.e.   etc.)	orivate	& commerc	cial bui			es,
City (5) Woodbridge, NJ								150		1.5		1	3ldg 50 +	Age	
County (6) Middlesex					Code (7) USE ONLY				ent Use (Pri ndoned f			shed)			
Name of Monitoring Fi N/A	rm Hired by Building	Owner (8	)	ASC	M No.				atement Co Environn			s, Inc.			
Street Address							Street 135 I		ss lon Rd.						
City, State, Zip Code									ip Code NJ 0740	5					
Project Manager for M	onitoring Firm			Telepho	ne No.		Teleph 908-2				License I	No.			
Start Date (10) 09/06/2018		Schedul 09/10/		npletion	Date (11)		Name	of OSI	HA Monitor Environm	nental		. Inc.			
Occupancy Status Dur					1/2		Street	Addre							
Abatement Perfor	acated During Entire med Outside of Norr Abandoned Structur	nal Facility	Abatem y Hours	nent			City, S	tate, Z	ip Code NJ 0740						
Scope of Work (Check	All That Apply)						IXIIIII	SiOri,	140 0740						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		×	Renova Demolit	tion ion			×	Mir	ll Containmoni-Enclosure ovebag Prod n-Exempted	e cedure				·a	
Alt set			Locati Normal						Exempter	2 ( ) un	2 14011-1 114		Abat	ement /pe	t
Location Asbestos-Containing TO BE A In Fact (13)	ng Material (ACM) BATED cility	Use Ma	ed Sole aintenar todial S (12)	ly by nce/		tos Conta thermal surfac		aterial insula T, or		(8	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1 2		ate	Ге
Entire St	ructure		Х		RACI	/ Struc	ture		15	00 sf	X				
											-				
										2.00		+			
Name of Registered Wa			10000	JDEP W		Cubic '			Name of	Registe	red Landfil	1			
Yannuzzi Group, Ir City, State	IC.		0.000	auler ID 7467	INO.	of Was					jement F	airles	ss		
Kinnelon, NJ						Dispos 09/11/	al Date /2018		City, State		PA				
Completed by John Mucha `		Title Senio	or Pro	ject Ma	anger	Si Si	gnature		Mue.	0	Di	ate 28/20	)18		
		_			335		12-	-	11/4/	100			1.1951		

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

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	rall	N		CATION	ate of New NOF ASB to NJAC	ESTOS	ABATE		ENT CONTRACTOR		EG	EI	W	2.1	
Date of Notification (1) 8/28/2018					f Building of New				) !!		Alle	200	0015	-	
Agencies Notified	Type Notification			Street A	ddress est State	Stree	t		1	1			UIU	4	+ 7
DEP DOL	Initial Amended Amendment Emergency	-			ate, Zip Co on, NJ 08					- 7.5 	PEU. US LICE	OUL MS/WG			
DOH DOA	justification)	9.5			f Contact a Bruno					100000000000000000000000000000000000000	ephone N 9-433-8				
☐ DCA	Cancellation		1	10-01-00- <del>10</del> -010-0	LITY INFO	DMAT	ION	_		00	9-433-0	745			
Name of Facility Where Abandoned Flood I		g Place (3	3)	1 70	LITT IN	JIMAI	ON	T	ype of Facility  School (K-						
Street Address 587 Watson Ave					Wall Burney Co. Section			×	Subchapte Other (i.e. etc.)	r 8 (Oth private	er than K- & commer	12) cial buil	dings	home	es,
City (5) Woodbridge, NJ								1	quare Feet 500	# o 2	f Floors		3ldg. <i>A</i> 30 +	\ge	
County (6) Middlesex					Code (7) USE ONLY				urrent Use (Pr Abandoned I			shed)			
Name of Monitoring Firm N/A	n Hired by Building (	Owner (8)		ASCN	ЛNo.				Abatement Co zzi Environn			s, Inc.	8		
Street Address				-			Street 135 I		ldress nnelon Rd.			25			
City, State, Zip Code								e, Zip Code on, NJ 0740	5						
Project Manager for Mor	nitoring Firm		Telepho	ne No.		Teleph 908-2		e No. 8-0880		License 01228	No.				
Start Date (10) 09/19/2018		Schedul 09/21/2		npletion	Date (11)		3555		OSHA Monitor zzi Environn		Service	s, Inc.			
Occupancy Status Durin	g Abatement (Chec			ont			Street 135 l		dress nnelon Rd.					-	
Abatement Perform	ned Outside of Norm Abandoned Structure	al Facility	/ Hours	i			1 25		e, Zip Code on, NJ 0740	5					
Scope of Work (Check A	All That Apply)										-			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
	224		Locati										Abate	ement	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?		tos Con thermal surfa		Mate s in AT, o	erial (ACM) sulation, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Basam	ont	Yes	No	N/A	Clava	Dog 9	10/200	. 0	Cut Dina	4	50 of	1,5			
Basem Subsuri				X		-	on Wa		Cut Pipe		50 sf 25 sf	X			
Cubsuri			10	unuau	OII VVa	ale:	rproor	0	20 51	ΙΔ.					
Name of Registered Was Yannuzzi Group, Inc	Н	JDEP Wauler ID		Cubic of Wa	Yards ste			50000 T	ered Landf gement		ss				
City, State Kinnelon, NJ		1			Dispos	sal Date /2018		City, Stat		PA					
Completed by John Mucha `		Title Senio	or Pro	ject Ma	anger	8	Signature		O. Mar	d	1	ate 3/28/20	018		

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Date of Notification (1) 8/28/2018						f Building of New				Contraction of the contraction o	Correction of the last of the	AUG :	3 0 2	018	deserting the state of the stat	3)
Agencies Notified	Тур	e Notification	1		Street A	ddress est State	Street	:	14		I.	SBESTOS			l	2
DEP  DOL		Initial Amended Amendmen	t#			ate, Zip Con, NJ 0					********	[][]-	MSIMO	Notal anters	U transcription	-0.4-7
DOH DCA		Emergency justification Cancellatio	)		Name o	f Contact a Bruno						Telephone 609-433-				
		Cariocilatio				LITY INF		ON					0, 10			
Name of Facility Where Abandoned Flood H			ng Place (3	3)	.,,,,,		Orden (1)		Type of F	1000000	50000000					
Street Address 535 Pearl Ave									Subo	hapt	er 8 (	Other than I		ilding	s, hom	es,
City (5) Woodbridge, NJ									Square Fe	eet	T	# of Floors 2		Bldg. 50 +		
County (6) Middlesex						Code (7) USE ONLY	)					f being demo	olished)	0 0 1 2 0		
Name of Monitoring Firm N/A	Hire	d by Building	Owner (8)		ASCN	No.			of Abateme			ctor (9) Ital Servic	es, Inc	).		
Street Address				7				13 11 12 12 1	Address Kinnelon	Rd.						
City, State, Zip Code									tate, Zip Co		05					
Project Manager for Mor	oject Manager for Monitoring Firm								one No. 218-0880			Licens 01228				
Start Date (10) 09/13/2018								2000	of OSHA M			tal Servic	es. Inc			
Occupancy Status During	g Aba	tement (Che	ck Only Or	ne)				Street	Address							
Facility Closed/Vac									Kinnelon							
Abatement Perform  Other – Describe:	Aband	utside of Nor- loned Structu	mal Facility re	Hours	S 				tate, Zip Co elon, NJ		05					
Scope of Work (Check A	II Tha	it Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			-	Renova Demolit				×	Mini-En Gloveba	closu ag Pr	ire oced					
				·					I Non-Ex	empt	ed (*)	and Non-F	riable Pi	2.55	ire temen	t
Location			1	Locati	lly		Des	scription	of						уре	· -
Asbestos-Containing TO BE AB, In Facil (13)	ATED		Ma	d Sole intena todial ( (12)	nce/		thermal surface					Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A										fe	
Roof					X			Roofing				1800 sf	Х			
Sub-Sur	face				X	Fou	ındatior	n Wate	erproofing	1		1500 sf	X	-	-	
Name of Pegistarad Man	te U	aular		l N	IJDEP W	laeto	Cubic	Varda	l KI-	ma	f D-	gistered Lan	4611			
Name of Registered Waste Hauler 'annuzzi Group, Inc.					lauler ID 7467		of Was		40.0		10.0	nagemen		ess		
City, State Kinnelon, NJ							Dispos 09/19	al Date /2018	0.73337	y, Sta		ills, PA				
Completed by John Mucha `	or Pro	oject Ma	anger	S	ignature	7/	for	ļ		Date 8/28/2	2018					
ASB-41 (R-06-08)								Do no	t use this fo	orm f	or asl	pestos licens	sure exe	empte	d activ	ities.



Abandoned Flood House

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Amended

Amendment #

justification) Cancellation

Emergency (including

Date of Notification (1)

8/28/2018

**EPA** 

DEP

DOL

DOH

DCA

Street Address 75 S. Robert St

Woodbridge, NJ

City (5)

County (6)

×

Agencies Notified

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

Name of Building Owner/Operator (2)

State of New Jersey, DPMC

33 West State Street

City, State, Zip Code

Name of Contact

Regina Bruno

Trenton, NJ 08608

FACILITY INFORMATION

Street Address

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r (2)									101
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		- 4		none N 433-8					
Туре	of Facility	(4)			-				
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	re Feet	2	of Flo	oors		17.00	ldg. <i>A</i>	\ge	
Abar	nt Use (P ndoned	Flood	d Ho	me	she	d)			
	tement Co Environi				e li	nc			
Addres		Herita	21 06	VICE	5, 11	16.			
	on Rd.								
	p Code NJ 0740	)5							
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n of Material s insula AT, or neous)			Amor (Spec SF or	cify		Removal	Repair	Encapsulate	Enclosure
ceiling	]		300	sf	X				
ating			1000	sf	X				
stic			300	sf	Х				
	Name of Waste					les	s	0	
	City Sto								

County (6) Middlesex			Code (7) USE ONLY	n			nt Use (Pr ndoned f			lished)				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASC	ЛNo.				ement Co Environn			es, Inc.			
Street Address						Street Ad 135 Kir	7 77					7.		
City, State, Zip Code						City, Stat		p Code NJ 0740	5					
Project Manager for Monitoring Firm			Telepho	ne No.		Telephor 908-21				License 01228				1.50
Start Date (10) 09/12/2018	Schedul 09/19/2		npletion	Date (11)			2000	A Monitor Environn		Service	es, Inc.			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Abandoned Structure	Period of a	Abatem	nent			Street Ad 135 Kir City, Stat	nnel	on Rd.						
	Scope of Work (Check All That Apply)							NJ 0740	5					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Renova Demoliti				×	Mini Glov	Containm -Enclosur /ebag Pro -Exempte	e cedure	87			е		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Location Normall ed Solel intenar todial S (12)	ly by nce/Staff?		tos Cont thermal surfac	scription of taining Mate systems in cing, VAT, niscellaneo	erial ( nsulat or		(Sp	nount pecify or LF)	Removal	Abate Ty Repair	eme Encapsulate	Enclosure	
Bedroom 2 & 3	Yes	No	N/A X		Glue do	ots on ce	ilina		30	0 sf	Х		Ф	
Coating on Drywall			X			re Coati				00 sf	X	-		
Second Floor Bedroom & Hall			X			& Masti				0 sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.	H	JDEP W auler ID 7467		Cubic of Was			Name of Waste				ss			
City, State Kinnelon, NJ					sal Date /2018		City, Stat		PA					
Completed by John Mucha `	or Pro	ject Ma	anger	S	ignature	N	lock		0.4	Date 8/28/20	)18			
ASB-41 (R-06-08)					*Do not u	ise th	is form for	asbesto	s licens	ure exen	npted	activi	ties.	



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Date of Notification (1) 8/28/2018					of Building Owner of New Jersey			and open per per per per per per per per per per		AU(	3 (	20	18	A STATE OF S
Agencies Notified	Type Notification			Street A	Address est State Stree	et		and participated in	The state of the s	and the second s			20	The state of the s
DEP  DOL	Amended Amendment				ate, Zip Code on, NJ 08608			Ling	N. O. C. State (Contract)	ISBES LI	<del>DS 6(</del> CENS		iOL 6	A manage
DOH DCA	Emergency ( justification) Cancellation	including			f Contact a Bruno					phone Nu 9-433-87				
Name of Facility Where	Abatanantia Talia	- DI /	2)	FAC	ILITY INFORMA	ION								
Abandoned Flood F		g Place (	3)					of Facility (4 School (K-1	2)					
Street Address 70 Sewaren Ave							×	Subchapter Other (i.e. p etc.)				dings	, home	es,
City (5) Woodbridge, NJ							Squa 2500	re Feet )	# of 2	Floors	10000	8ldg. <i>A</i> 60 +	lge	
County (6) Middlesex					Code (7) USE ONLY)			nt Use (Prio			hed)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8	)	ASCN	∕l No.			tement Con Environm			s, Inc.			
Street Address							Addres Kinne	ss Ion Rd.						
City, State, Zip Code								ip Code NJ 07405						
Project Manager for Mon	itoring Firm			Telepho	ne No.	The state of the s	none No 218-0			License N	No.			
Start Date (10) 9/10/2018		Schedul 9/11/2		npletion	Date (11)			HA Monitor Environme	ental S	Services	, Inc.			
Occupancy Status During	Abatement (Check	Only O	ne)			Street	Addres							
Facility Closed/Vaca Abatement Perform Other – Describe: A	ed Outside of Norm	al Facility	Abatem y Hours	ent		City, S	state, Zi	ip Code	6					
Scope of Work (Check A	I That Apply)					Kinn	eion,	NJ 07405				15-3-15		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	Particular Particular	Renova Demolit			×	Min	I Containme ii-Enclosure vebag Proc n-Exempted	edure				e	
			Locati									Abate	ement pe	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Use Ma	ed Sole iintenar todial S (12)	y by nce/	Asbestos Cor (i.e. therma surfa		Material s insula T, or		(S <sub>I</sub>	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									е	335.5
Bedroom (		-		X		m Laye				0 sf	x			
Battiloc	7/11		^	Va	c a ivias	SUC			0 sf	Х				
Name of Registered Was	te Hauler		l NI	JDEP W	acta Cubi	Yards		Name of F	)ogist-	مط ا محطور				
Yannuzzi Group, Inc.			Н	auler ID '467				Waste N				ss		
City, State Kinnelon, NJ						sal Date 3/2018		City, State Fairless		PA				
Completed by John Mucha `		Title Senio	or Pro	ject Ma		Signature		Mud	-	Da	ate 28/20	)18		
						7	- (	-						



Date of Notification (1) 8/28/2018	***			of Building of New						市區	7		匠	1	
Agencies Notified  Type Notification  EPA DEP Amended Amendment			City, Sta	est State	ode	t				AUG	30	20	18	A CONTRACTOR OF THE PROPERTY O	
■ DOL Amendment = Emergency (i justification) ■ DCA Cancellation		-	Name o	on, NJ 0 of Contact a Bruno				A CANAL TO A CANAL TO	Tel	ephone	Numb	SIN	THE	فدر. <u>الحارا</u> ة سسسد	المستعدد وسعد
Name of Facility Where Abatement is Taking Abandoned Flood House Street Address 72 Sewaren Ave	Place (3	3)	FAC	ILITY INF	ORMATI	ON	Type	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			ouilo	lings	, hom	es,
City (5) Woodbridge, NJ							Squa 250	etc.) are Feet 0	# 0	f Floors		B 50	ldg. <i>A</i>		
County (6) Middlesex			County (STATE	Code (7) USE ONLY				ent Use (Prion indoned F			lished	)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASC	Л No.		230100000000000000000000000000000000000		atement Cor Environm			es, Ir	IC.			
Street Address						Street 135		ss elon Rd.						3.7-71.7	
City, State, Zip Code								Zip Code NJ 07405	5						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 908-				License 01228						
	ed Con 2018	pletion	Date (11)				HA Monitor Environm	ental	Service	es, In	C.				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Portion Abatement Performed Outside of Normal Other – Describe: Abandoned Structure	eriod of A	Abatem	ent			City, S	Kinne tate, Z	ss elon Rd. lip Code NJ 07405	5		+5-42-10				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emoliti				×	Min	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure	) (SE) (SE)				e	
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	d Solel intenar odial S (12)	y by ice/		tos Cont thermal surfac		lateria s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler Yannuzzi Group, Inc.		Ha	JDEP W auler ID 467		Cubic of Was			Name of F Waste N				ess	S		
City, State Kinnelon, NJ				Dispos 09/18/	al Date /2018		City, State Fairless		PA			-0-00			
Completed by John Mucha `	r Proj	ect Ma	anger	Si	gnature		(V)	l.	1.22	Date 8/28/	20	18			

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

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(29)				ICATION	N OF ASE to NJAC	BESTOS	ABATE		NT		B B	7 1	7 E	3 p.	Marian and American
Date of Notification (1) 8/28/2018					of Building of New						3.2 1	4 10			
Agencies Notified	Type Notification			Street A						1	UR a n	7018	3		
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Abandoned Flood I		g i idoc (	0)					l ly	pe of Facility ( School (K-1						
Street Address 14 Melbourne Cour	t							×	Subchapter Other (i.e. p	8 (Oth			dings	, hom	ies,
City (5) Woodbridge, NJ								1	uare Feet	# 0	f Floors	1.8	3ldg. /	\ge	
County (6) Middlesex	300				Code (7) USE ONLY	,			rrent Use (Pri			hed)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8)	)	ASCN	M No.		100000000000000000000000000000000000000		batement Cor zi Environm			, Inc.			
Street Address							Street 135 I		ress nelon Rd.						
City, State, Zip Code		•							, Zip Code n, NJ 07405	i	<del></del>				
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 908-2		No. -0880		License N 01228	10.				
Start Date (10) 9/10/2018		Schedul 9/12/2		npletion	Date (11)				SHA Monitor zi Environm	ental	Services	, Inc.	,		
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	100000	and the second s						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	Period of a lateral Pacifity	Abaten	nent			City, S	State,	nelon Rd. , Zip Code						
Scope of Work (Check A						_	Kinne	elor	n, NJ 07405	j 					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	macrippiy)	-	Renova Demolit				×	1	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	141-00	200	3 :	e	
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D		Yes	No	N/A										ю	
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				-3-10	(VVra	ap & C	ut)				-				
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Name of Registered Was	te Hauler		N	JDEP W	aste //	Cubic	Yards		Name of F	Registe	red Landfill				
Yannuzzi Group, Inc	8.130						ste		Waste N	/lanag	jement F		ss		
City, State Kinnelon, NJ						9/20/2	1.		City, State Fairless		PA				
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DOH justification Cancellation	icidaling	- 2		Contact Bruno						ephone No 9-433-87				
Name of Facility Where Abatement is Taking	Place (3)	1	FACI	LITY INFO	ORMATI	ON	Type o	f Facility (	4)					
Abandoned Flood House	riace (5	,					_	chool (K-1						
Street Address 2 Wedgewood Ave							S X	ubchapter	8 (Oth	er than K-		ldings	, hom	es,
City (5) Woodbridge, NJ							Square 1600		2	f Floors	100	3ldg. 50 +	Age	
County (6) Middlesex				Code (7) USE ONLY						ng demolis r Reside				
Name of Monitoring Firm Hired by Building ON N/A	wner (8)		ASCM	1 No.				ment Con		(9) Services	s, Inc			
Street Address							Address Kinnelo							
City, State, Zip Code							State, Zip elon, N	Code J 07405						
Project Manager for Monitoring Firm		Telepho	ne No.			none No. 218-08			License 01228	No.				
	Schedule 9/12/20		pletion l	Date (11)				A Monitor nvironm	ental	Services	s, Inc.			
Occupancy Status During Abatement (Check	Only On	e)					Address							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Abandoned	riod of A I Facility	batem Hours	ent			City, S	Kinnelo State, Zip	Code	• 0			Vandaria a.		
Scope of Work (Check All That Apply)					11998	KIIII	eion, iv	IJ 07405	K.					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emoliti				E	Mini- Glov	Enclosure ebag Proc	edure	Negative			re	
	ls	Locati	on					ZXOMPTOG	( ) ( ) ( )	3 11011 1 110	1	Abat	emen	t
Location of		lormall d Solel				scription			0.20		-	1	уре	-
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	ice/		thermal surface				(8	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Siding	165	INU	X		Tran	site Si	dina		1 '	200 sf	X	+	-	
Mastic Under Wall Board			X		-10-11-11-11	Mastic		-		00 s	X	-	-	$\vdash$
aciic ciicci i raii Board					vidotio	%			00 0		+	-	$\vdash$	
								-			1	1		
Name of Registered Waste Hauler		1000000	JDEP W		Cubic			Name of F	Registe	red Landfi	II		1	
Yannuzzi Group, Inc.		1000000	auler ID '467	No.	of Was	ste		Waste N	/lana	gement F	-airle	SS		
City, State Kinnelon, NJ	-			Dispos 9/13/2	al Date 2018		City, State Fairless		PA	111				
Completed by John Mucha `	nnelon, NJ empleted by Title							M	nle		ate /28/2	018		

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Date of Notification (1) 8/28/2018				Building of New					AU(	3 0 2	018	Charles of the con-	ŅĀ	
Agencies Notified Type Notification	1	- 1	Street A		Ctroot							7		
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DEP Amended DOL Amendmer				n, NJ 0						<b>GENSHI</b>	2			
DOH Emergency justification		H	Name of	Contact					Tel	ephone Nu	mber			
DCA Cancellation				a Bruno					60	9-433-87	'45			
Name of Facility Where Abatement is Taki	na Place (3	1)	FACI	LITY INF	ORMATIC	NC	Typ	e of Facility (4	1)					
Abandoned Flood House	rig r lace (c	"					Тур	School (K-1	1500					
Street Address 564 Heidelberg Ave							×	Subchapter Other (i.e. p	8 (Oth			dings,	hom	es,
City (5) Woodbridge, NJ							Squ 250	etc.) are Feet	# o	f Floors	11100	3ldg. <i>A</i>	ge	
County (6)			County (	Onde (7)				rent Use (Pric	1000	na demolis		10 1		
Middlesex			(STATÉ U	JSE ONLY			Aba	andoned F	lood	Home	nicu)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	l No.				atement Con i Environm			s, Inc.			
Street Address						Street 135 H		ess elon Rd.						
City, State, Zip Code								Zip Code , NJ 07405	Š.					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 908-2		No. 0880		License N	No.			
Start Date (10) 09/17/2018	Schedule 09/18/2		npletion	Date (11)				SHA Monitor Environm	ental	Services	Inc			
Occupancy Status During Abatement (Che						Street		A CONTRACTOR OF THE			,			
Facility Closed/Vacated During Entire	Period of	Abatem	ent			135 H	Kinn	elon Rd.						
Abatement Performed Outside of Nor  Other – Describe: Abandoned Structu	mal Facility re	Hours			_ [	Maria Carlo		Zip Code , NJ 07405						
Scope of Work (Check All That Apply)	March 1941						_							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demolit					M	ull Containme lini-Enclosure lovebag Prod		Negative	Pressu	re		
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	100	Locati	Sale in a land									Abate	emen pe	t
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Ashes	Des tos Conta	cription		al (ACM)	А	mount		Ť		
TO BE ABATED In Facility	4,200,000	intenar todial S			thermal	systems	s insu		(5	Specify	Rer	Re	nca	Enc
(13)		(12)				ing, VA iscellar		)	SI	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_		ate	Ø.
Kitchen			Х		Sink U	nderco	oatin	g		3 sf	X			
Sub-Surface		X	Fo	undatio	n Dem	npro	ofing	6	25 sf	X				
											+	-		$\vdash$
Name of Registered Waste Hauler		523.0	JDEP W		Cubic '			Name of F	Registe	ered Landfi	1			_
Yannuzzi Group, Inc.		1000	auler ID 7467	No.	of Was	te		Waste N	/lana	gement F	airle	SS		
City, State Kinnelon, NJ					Dispos 09/18/	al Date /2018		City, State Fairless		, PA				
Completed by	Title	_		5 (1000)	Si	gnature	- (	V) 0		100	ate			
John Mucha `	Senio	or Pro	ject Ma	anger	بل	the	- }	luck		8	/28/2	J18		
ASB-41 (R-06-08)						Do no	ot use	this form for	asbes	tos licensui	re exer	npted	activi	ties.