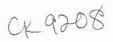
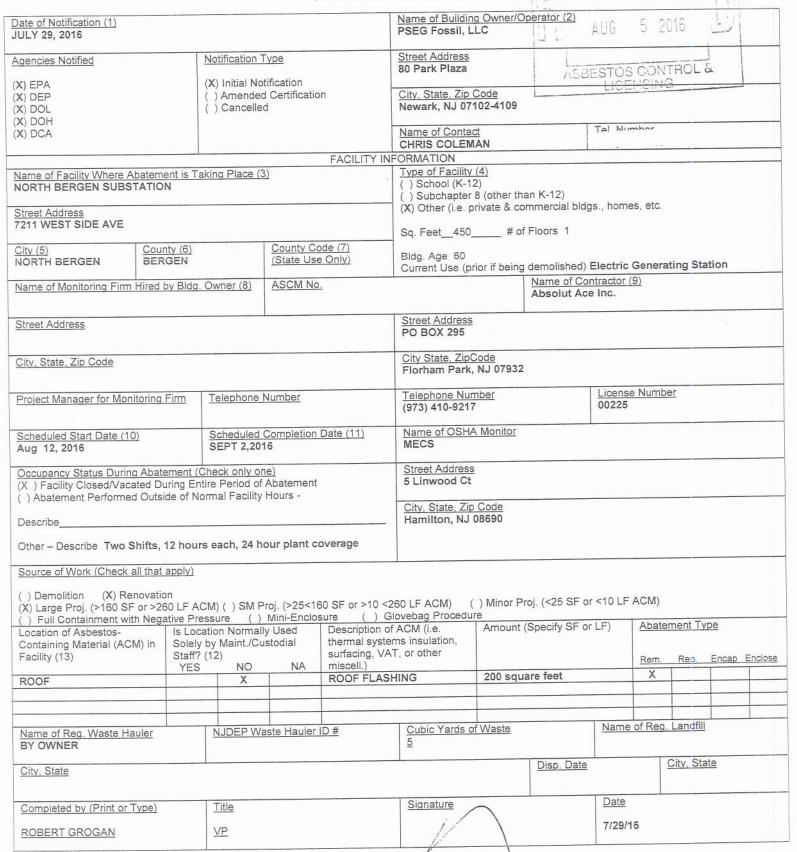
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		105.5	(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)							7 /	_				
Date of Notification (1) 07/26/2016	***************************************				Building Ov y Henn	wner/	/Operator	(2)	1 -	1-15-	-6-6		1_1	-1	
	oe Notification			Street Ad	<u> </u>						AUG	F 00		T	
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EPA DEP DOL	Initial			City Stat	e, Zip Code	е				+		-		i	
X DEP	Amended Amendment #	<u> </u>		Union ,					1	ASEL	3708 C		152,50		
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DOH DCA	justification) Cancellation				ORY HE	NN				1	phone ivu	IIIDGI -		-	_1
				FACIL	ITY INFOR	RMA	TION								
Name of Facility Where Abat private house	ement is Taking	Place (3)						of Facility (4 School (K-1)						
Street Address									Subchapter		er than K-1	2)			
Oli Got Addi Goo									Other (i.e. p	rivate 8	commerc	ial build	lings,	home	s,
011-75									etc.) e Feet	# of	Floors	TR	ldg. A	70	
City (5)								N/A	e reel	N/A		637	I/A	90	
Union									111 (D.)	0.00.7.					
County (6)				County C	Sode (/) ISE ONLY)				nt Use (Pric	or it bei	ng demolis	nea)			
essex								N/A							
Name of Monitoring Firm Hire	ed by Building C	wner (8)		ASCM	No.		11/1/2000		ement Con		(9)				
N/A		1					EHV	V ABA	TEMENT	LLC					
Street Address							Street	Addres	S						
								RANK	(LIN STR	REET					
City, State, Zip Code	y, State, Zip Code							State, Zi	p Code						
	y, State, Zip Code							ERSC	07, LN, NO	7504					
Project Manager for Monitori	na Firm		T	Telephor	ne No.		Telep	hone No	D.		License N	Vo.			
r rojoot managor for mormon				, оторито.	17.0000	973			01274						
Start Data (10)		Schedule	od Con	nolation [Data (11)		15070 (75)	A Monitor					- T		
Start Date (10) 8/06/2016							THO								
	-4			EHW ABATEMENT LLC Street Address											_
Occupancy Status During Ab	atement (Checi	CONIY ON	ie)				100000000000000000000000000000000000000		S LIN STR	FET					
Facility Closed/Vacated	During Entire P	eriod of A	Abatem	nent						<u> </u>					
Abatement Performed 0 Other – Describe:	Jutside of Norm	al Facility	Hours	City, State, Zip Code PATERSON ,NJ,07504											
Scope of Work (Check All Th	nat Apply)									Towns of					
	(dt / ippi)/	III _					F	٦			N1	Г			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit						l Containme ni-Enclosure			Pressu	re		
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							<u> </u>	_ No	n-Exempted	d (*) an	d Non-Fria	ble Pro	19-70.00		
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Location of			Normal				Description	n of					1 3	he	
Asbestos-Containing Ma			d Sole				ontaining I				mount .	_		Ф	ш
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In Facility (13)			(12)				r miscella			Oi	OI LI)	Remova	Repair	Encapsulate	Enclosure
(/		V	NIa	N/A								<u>m</u>		ate	re l
		Yes	No	IN/A								-		-	
BASEMENT	Γ		X		Р	IPE	INSUL	ATION		2	22LF	X			
													_		
Name of Registered Waste Hauler NJDEP Waste							Cubic Yards Name of Registered Landfill								
TRI STATE TRANSFER Hauler ID No.						of W	of Waste MINERVA INTERPRISES								
1						Disposal Date City, State						~			
						TBD 900 MINERVA RD WAYNESBURG OH						OH			
Completed by Title						Signature Date									
VICTOR ESPIRITU	EGER	07/26/2016													



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)



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CN	()	104
		1 -

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK 0104	NC	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)															
Date of Notification (1) 8/1/2016				Building C And Cla						AUG	5	20	116				
Agencies Notified Type Notification EPA DEP Tight Initial Amended			itreet Ad	ldress e, Zip Coo	ie			Office of the control	L	BESTO:	s co	NT	RO	. &			
DOL Amendment # Emergency (in justification) Cancellation		N	Newark lame of Smith	Contact					Tel	ephone N	ENS!!						
			FACIL	ITY INFO	RMATIO	N											
Name of Facility Where Abatement is Taking Private Property Street Address	Place (3)						Ту	pe of Facility School (K- Subchapte	12) r 8 (Oth	er than K	-12)						
Officer Address							×	etc.)			rcial bu				s,		
City (5) Newark NJ								quare Feet 500	2	f Floors		+5	lg. Aq 0	e			
County (6) Essex				Code (7) ISE ONLY)		_	Cı	иптепt Use (Р	ior if bei	ing demol	lished)						
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM N/A	l No.				Abatement Co Environme									
Street Address N/A						Street 339 I		dress ayette Stre	et								
City, State, Zip Code N/A								e, Zip Code NJ 07105		,			25705				
Project Manager for Monitoring Firm N/A		10.0	Telephor N/A	ne No.			49	1-0877		License 01240							
Start Date (10) 8/3/2016	Scheduled 8/8/201		pletion (Date (11)				OSHA Monito vironmenta)				H17,N-1			
Occupancy Status During Abatement (Check						dress oute 22 W	est					200					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	patement															
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			53	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedi							ture				
	11000	Locatio										1	Abate Ty	າກe ກໍ່t be			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormali d Solel ntenan odial S (12)	y by ice/		tos Conta thermal s	system ing, VA	Mate is in AT,	erial (ACM) sulation, or	Amount (Specify SF or LF)		Nontroyal	Domousl	Repair	Encapsulate	Endosure		
	Yes	No	N/A				_		ļ .			4					
Basement			Х		floor tile					20 SF	X	-					
Exterior	1		X		1 704			s around		0yards	X	-	<u> </u>	-			
living room and front bedroom		Х		sbestos				-	540Sf	x							
First floor under main stair		Х		bestos		er o			80SF	X							
Name of Registered Waste Hauler Newark carting Inc	H	NJDEP Waste Cubic Yards Hauler ID No. of Waste 04509															
City, State PoBox 5670	Disposal Date City, State 2335 Applebuter Rd Bethleha					nam	PA										
Completed by Edwin Precilla	Signature O all Date						Date 8	8/1/2016									

CK 0105	N	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)													
Date of Notification (1) 8/1/2016				Building C n Meyer			(2)		1	UG	5 on1	C			
Agencies Notified Type Notification		5	Street Ad	dress			-	ha ha	1		U EUI	U			
A SANTE AND													1		
DEP Amended				e, Zip Coo				A	ASBE	STOSC		POL	&		
Amendment #		_ \	Nest N	ew York	NJ					LICEN					
☐ DOH ☐ Emergency (in justification)	adding	- 4	lame of						Tele	phone Nu	ımber				
DCA Cancellation		1		n Meye					1						
No. of Facility Where Abetemost is Toking	Dlace (2)		FACIL	ITY INFO	RMATI	ON	Type	of Facility (4	(1)						
Name of Facility Where Abatement is Taking Private Property	riace (3)						-	N979 E							
Street Address						-	T 5	School (K-12 Subchapter	8 (Othe	er than K-	12)				
Sileer Address							一页	Other (i.e. p	rivate 8	commer	cial build	lings,	home	s,	
City (5)								etc.) re Feet	# of	Floors	В	ldg. A	ge :		
West New York NJ							2500		5		+	50			
County (6)			County C	ode (7)			Curre	nt Use (Pric	r if bei	ng demolis	shed)		de la composição de la		
Hudson		(STATE U	ISE ONLY)											
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM N/A	No.				tement Con vironmen							
Street Address N/A						(5/5)/5/50	Addres	ss ette Stree	t						
								p Code							
City, State, Zip Code N/A					New	ark N.	J 07105			N					
Project Manager for Monitoring Firm N/A		31.00	Telephor N/A	ne No.		973-	none No 491-0	877		License 01240	No.				
	Schedule 8/12/20		pletion [Date (11)		12 12 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15		HA Monitor onmental	Corp						
Occupancy Status During Abatement (Check	Only On	ie)		220		1000000	Addres	ss e 22 Wes	st .						
Facility Closed/Vacated During Entire Po							, State, Zip Code								
Abatement Performed Outside of Norma Other – Describe:	ii radiiity	Hours			_	100000000000000000000000000000000000000	ion NJ 07803								
Scope of Work (Check All That Apply)						Official No 07000									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emoliti			2	2	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					4			
		-			-	E	_ No	n-Exempted	1 (*) an	a Non-Fri	able Pro		ement		
	4 000	Locati						1				Marie Control	ре		
Location of		d Solel		Ashas		scription taining I		(ACM)	Д	mount			Е		
Asbestos-Containing Material (ACM) TO BE ABATED	3.1123	intenar todial S	100000000000000000000000000000000000000		thermal	system	s insula		(5	Specify	Re	70	nca	Enc	
In Facility (13)	Cusi	(12)	nan:			cing, VA			Si	or LF)	Remova	Repair	Encapsulate	Endosure	
(13)	V	No	N/A		041011						<u>a</u>	~	ate	re	
Basement	Yes	NO	X	1	loor til	e and	masti	С	7	0 SF	x				
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Name of Registered Waste Hauler Newark carting Inc		Н	JDEP W auler ID 1509		of Wa	Yards iste				nam Lar					
City, State PoBox 5670		Disposal Date City, State 2335 Applebuter Rd Bethleham P						PA							
Completed by	Title														
Edwin Precilla	Cignata C							1/2016							

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Date of Notification (1) 7/19/2016			- 1		uilding Or roperty	wner/Op	perator	(2)			E G I		\V/_	E,	
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment		C	treet Add ity, State lutley N	, Zip Cod	e				-	AUG	5	2016		
DOH DCA	Emergency (justification) Cancellation		N	lame of C	Contact		E			Tel	ephone Nun	iber	G.) L Q	
Name of Facility Where	Abstament is Takin	n Place (3)		FACILI	TY INFO	RMATIC	NC	Туре о	f Facility (4)					
Private property Street Address	Apatement is Takin	g i idee (e)			ý	1 - 100		S	chool (K-12 ubchapter l other (i.e. pr	B (Oth	er than K-12 & commerci	2) al build	ings, l	nomes	s,
City (5) Nutley NJ						. %.,		Square 1800	e Feet	2	f Floors	+	dg. Ag 50	e	
County (6)				County Co	ode (7) SE ONLY)			Currer	nt Use (Prio	r if be	ing demolisi	ned)			
Name of Monitoring Fin	m Hired by Building	Owner (8)		ASCM N/A	No.				ement Con ironment		r (9)				
Street Address N/A				1			-	Addres _afayet	s te Street	4					
City, State, Zip Code N/A								State, Zij ark NJ (
Project Manager for Mo N/A	nitoring Firm	1	Telephon N/A			973-	491-08	77		License N 01240	Ю.		3		
Start Date (10) 7/29/2016		Schedule 8/5/201	6	pletion D)ate (11)		J&S I	Environ	IA Monitor Imental C					_t_	
Occupancy Status Duri	ng Abatement (Che cated During Entire			ent			100000000000000000000000000000000000000	t Addres Route	s 22 West						
Abatement Perfor Other – Describe:	med Outside of Non	mal Facility	Hours				p Code 7803					•			
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	Southeast	tenoval emoliti				Full Containment with Negative Promini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable								
		7.1	Locati			e 'tan					•		Abate	ement pe	t
Locati Asbestos-Containir <u>TO BE A</u> In Fa (13	g Material (ACM) BATED cility	Use Ma	Normall d Solel intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Con therma surfa	l systen icing, V	Material ns insula	(ACM)	(ACM) Amount tion, (Specify SF or LF			Repair	Encapsulate	Endosure
		Yes	No	N/A							200055			ē	
Exte	rior			×	1.5	shir	igles si	ding			2000SF	X			
						8									
Name of Registered W Newark Carting Inc	Н	JDEP W lauler ID 4509		of Wa			Ises Bet	hleha	tered Landfi am Landfil			ť			
City, State PO Box 5670	Disposal Date City, State 2335 Applebuter Rd Bethleham						am P	A :							
Completed by Carlos Gomes President					- 	. [,	Signatu	refin	11	10	1	ate /19/2	016		

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Date of Notification (1) 08/02/2016				Building O County				ority	٨١١٥	5 2	n16		\parallel					
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DEP Amended Amendment #				e, Zip Cod n, NJ 086				ĀS	BEST LI	OS CON CENSIN	TRO G	L &						
□ Emergency (tm justification) □ DCA □ Cancellation	cluding		lame of Al Colli	Contact ns					Tale	nhone Niin	hor							
			FACIL	ITY INFO	RMATI	ON												
Name of Facility Where Abatement is Taking I Mercer County Courthouse and Ann							□ s	of Facility (4 school (K-1	2)									
Street Address 209 South Broad Street							i c	other (i.e. p tc.)	rivate 8	er than K-12 commercia	al build			es,				
City (5) Trenton							~ 46,		6	Floors	7	ldg. A)+	ge					
County (6) Mercer			County C STATE U	Code (7) ISE ONLY)				nt Use (Prio thouse a		ng demolish fices	ed)							
Name of Monitoring Firm Hired by Building Ov Pennoni Associates Inc.	vner (8)		ASCM 00102					ement Con vironmer		(9) ervices, Ir	nc.							
Street Address 515 Grove Street Suite 1B						70000000	Addres idge F											
City, State, Zip Code Haddon Heights, NJ 08035							state, Zi enixvill	p Code e, PA 19	460									
Project Manager for Monitoring Firm Thomas Adams		elephor	ne No. 6-2912		0.0000000000000000000000000000000000000	none No 933-43			License N 00836	0.								
2000 C C C C C C C C C C C C C C C C C C	Schedule 08/26/2		pletion [Date (11)		1		A Monitor	ntal Se	ervices, Ir	nc.							
Occupancy Status During Abatement (Check	Only On	e)	Street Address															
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	riod of A	batem	tement 42 Ridge Road															
Other – Describe:	- Comity				_			le, PA 19	9460									
Scope of Work (Check All That Apply)							_											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti				>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Is	Locatio	on.									Abate	ement					
Location of	N	lormall	y		De	scription	n of	00000000			-	1)	pe					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenan odial S (12)	ice/		thermal surfa	taining N system cing, VA niscella	s insula AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A										CD.					
Throughout			X	177/		ached	14.00000000			Attached	X							
Old Courthouse Basement			X	See	Attach	ned Sp	reads	heet	See	Attached	Х							
Name of Registered Waste Hauler Horizon Disposal	Н	JDEP W auler ID)416		of Wa			ENGLY PROPERTY.	and File w	ered Landfil ytown La		dfill							
City, State Fairless Hills, PA	Disposal Date City, State 2/2016-8/2016 Morrisville, PA																	
Completed by Patrick Larney	ct Ma	nager		Y	Signatur	é	El.	~.~	3,000	ate 3/02/2	2016							

3.4 SUMMARY OF WORK

A. The scope of the Project includes the complete removal and proper off-site disposal of certain identified asbestos-containing materials and hazardous materials. These materials are summarized in the following summary table. The table is provided to supply Contractors with information to aid in the bidding process. The table provides an estimated scope of work for general purposes only. The Contractor shall be responsible to fully investigate the scope of work and provide a bid proposal based on all existing conditions.

ASPESTOS CONTROL &

Table 1 Asked Co. 11: 261	110000
Table 1 – Asbestos-Containing Mater Mercer County Courthouse A 209 South Broad Street	nnex
Trenton, New Jersey 08608	8
Description	Total Estimated Quantity
Plaster Partition Walls	46,000 SF
Plaster Perimeter Wall	30,000 SF
Plaster As Drop Ceiling	17,630 SF
Plaster Ceiling On Concrete Deck	48,600 SF
Drywall	12,150 SF
Sheet Flooring / Mastic	21,780 SF
Floor Tile / Mastic	11,290 SF
Red Backed Ceiling Tile	9,560 SF
Cork Hvac Duct Insulation	1,400 SF
Transite Panels	1 SF
Ebonite Boards	60 SF
Roof Equipment Mastic	40 SF
Pipe Fittings	25 each
Fiberglass End Caps	200 each
Interior Boiler Insulation And Rib Packing	970 SF /
Pipe Insulation	4,210 LF
Fire Doors	60 each
Tank Insulation	200 SF

SF - Square Feet, LF - Linear Feet

Mercer County Improvement Authority Mercer County Courthouse Annex and Boiler Room

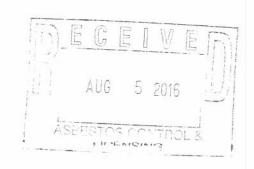
Technical Specifications MCIA1501

Table 1 – Asbestos-Containing N Mercer County Court 209 South Broad St Trenton, New Jersey (house reet
Description	Total Estimated Quantity
Plaster Walls	1,000 SF
Plaster Ceilings	1,000 SF
Pipe Fittings	50 each

PROJECT NAME:

MCIA Old Courthouse Basement

Alea / Notes	District and Distr				ACCURATION AND ADDRESS OF THE PARTY OF THE P	
	Abatement Item	Unit	Quantity	Price/Unit	Unit Quantity Price/Unit Total Pricing Mandays	Mandays
Office and Storage Area						
	Plaster Walls	SF	2.120			
	Plaster Drop Ceilings	SF	2,728			
	Drop Ceiling	SF	2,728			
	Pipe Insulation	H	650			
	Carpet	SF	2.728			
2 Layers	Tile & Mastic	SF	2,728			
Total						



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Date of Notification (1) 7-31-2016					of Building ge Georg		Operator	(2)	1							
Agencies Notified T	ype Notification			Street A	Address		-		1 -	i i	-AU	G-	-5	201	-	
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N 65 W				FAC	ILITY INF	ORMATI	ION			-			54.0 T			
Name of Facility Where Aba Residential	atement is Taking	Place (3)					-	of Facility	200						
Street Address								×	School (K- Subchapte Other (i.e. etc.)	8 (Oth	er than & comm	K-12 nercia) al buil	dings	hom	es,
City (5) Bayonne, NJ 07002									re Feet	# o	f Floors			ildg. A	ge	
County (6) Hudson					Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hi	red by Building O	wner (8)	ASC	M No.				atement Co			11				
Street Address							Street	Addre								
City, State, Zip Code							City, S	State, Z	ip Code							
Project Manager for Monitor	ring Firm			Telepho	ne No			none N	y, NJ 073	304	Licens	so No				
					11.52.1115.			333-8			0117		,.			
Start Date (10) 8-1-20165		8-1-20	16	npletion	Date (11)			HA Monitor above								
Occupancy Status During A		non-line	200 B7.50				Street	Addres	ss							
Facility Closed/Vacated Abatement Performed Other – Describe:	d During Entire Pe Outside of Norma	eriod of Il Facility	Abatem y Hours	nent			ip Code	Code								
Scope of Work (Check All T	hat Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	,,,,,		Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Is	Locati	on										Abate	ment	
Location of			Normall ed Sole											Ту	pe	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Ma	intenar todial S (12)	nce/		thermal surfac	Description of os Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)						Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									a		ate	Ге
Front facad	le		Х			shin	gle sid	ing		200	00 SF		Х			
						-									-	
Name of Registered Waste H	e of Registered Waste Hauler NJDEP Waste							10	Name of	Registe	red Lan	dfill				
	n Environmental Services, LLC Hauler ID No. 0034889						tubic Yards Name of Registered Landfill G.r.o.w.s. North Landfill									
ersey City, NJ							Disposal Date City, State B-1-2016 Morrisville, PA									
Completed by Liliana Serrano		Title Office	e man	ager		1 2	Signature Date 8-1-2016									
			A TOTAL STORY	-		C.	4011	III	JULL	w		- 1		~		

CK 1946

CK 1946	P		PIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										E.			
Date of Notification (1) 8-1-2016				Building ((2)				2	-			1	
Agencies Notified Type Notification			Street A					13	-k	AU.	3	-5 ;	2016		- 1) 	
DEP Amended Amendment #				ite, Zip Co ork, NY		3			AS	BEST Li		001 161)L &		
DOH justification) DCA Cancellation	cluding			Contact Eglento	owicz				Tel	ephone		***				
				LITY INFO		ON										
Name of Facility Where Abatement is Taking Industrial Street Address	Place (3)						of Facility (School (K-1 Subchapter	(2)	er than	K-12			A		
46-50 Aetna Street							×	Other (i.e. petc.)	orivate &	& comm	nercia	l build			es,	
City (5) Jersey City, NJ 07302							Squa 1000	re Feet 00	2	f Floors		3550	ldg. A 0+	ge		
County (6) Hudson				Code (7) USE ONLY)			Curre	ent Use (Pri	or if bei	ng dem	olish	ed)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.				itement Cor vironmen			, LL	0				
Street Address	900 pt 2 1 1 2 pt 1						Addre Virgin	ss nia Avenu	е				-			
City, State, Zip Code					City, S	State, Z	ip Code y, NJ 073									
Project Manager for Monitoring Firm	oject Manager for Monitoring Firm						none N 333-8	0.	JU-4	Licen:						
	Schedule B-13-20		pletion I	Date (11)		125 155		HA Monitor above			-					
Occupancy Status During Abatement (Check	Only Or	ne)				SS										
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem	ment													
Scope of Work (Check All That Apply)									V							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
1	-000	Locatio			-								Abate Ty			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	y by nce/		tos Cont thermal surfa	scription taining N system cing, VA miscellar	Materia s insul T, or					Removal	Repair	Encapsulate	Enclosure	
Doof	Yes	No	N/A		D	£ t .	al a I		40	00.05	_	**		CD		
Roof 2nd Floor office		X			Roc	of mate	riai			00 SF		X		_		
Zila Floor dilice		^				VAI			00	00 SF		X				
Name of Registered Waste Hauler		I N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Lar	ndfill					
Green Environmental Services		NJDEP Waste Hauler ID No. 0034889 Cubic Yards of Waste 6					G.r.o.w	100			I					
City, State Jersey City, NJ			Disposal Date City, State 8-13-2016 Morrisville, PA													
Completed by Liliana Serrano	e Man	Signature Date						te 1-2016								

CK 1935

CK 1435			(P	ursuant	to NJAC	8:60 an	d 12:12	0) 0)	1.7	E	GE				
Date of Notification (1) 7-28-2016					of Building Walke	g Owner/	Operato	r (2)		<u>— طا</u>	W <u>L</u>				
Agencies Notified Type	Notification			Street A	Address				Tab (-	AUG	5 21	16	-	-2 }
0.00	nitial														
	Amended Amendmeni	t #			ate, Zip C	ode NJ 070	106			/ 911	ESTOS	CONT	ĥ.		-
× E	mergency	(including	,		of Contac				-		HOFF	SINC	À		
	ustification) Cancellation				Walker				k is made on the	le	lephone N	ımher			
No. of E. W. St.				FAC	ILITY INF	ORMAT	ION					-			
Name of Facility Where Abatem Residential	ent is Takir	ng Place (3)					Тур	pe of Facility						
Street Address								×	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth	ner than K- & commer	12) cial bui	dings	, hom	es,
City (5) Weehawken, NJ 07086								Sq 60	uare Feet	# 0	of Floors		3ldg. /	Age	
County (6) Hudson					Code (7) USE ONL	Y)		Cu	rrent Use (Pr	ior if be	ing demoli	shed)			
Name of Monitoring Firm Hired t	y Building	Owner (8)	ASCN	И No.				batement Co			1.0			
Street Address							Street			ital Se	i vices, L	LU			
City State 7: 0 d									inia Avenu	1e					
City, State, Zip Code									Zip Code City, NJ 07	304					
Project Manager for Monitoring F	irm			Telepho	ne No.		Telepi	none	No.		License	Vo.			
Start Date (10)	-	Cabadul	24 C2-	1-4:	D. 1. (14)				-8855		01174				
7-29-2016		7-30-2		npietion	Date (11))			SHA Monitor above						
Occupancy Status During Abate	nent (Chec	k Only O	ne)				Street	Addı	ress						_
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ing Entire lide of Norn	Period of nal Facility	Abatem y Hours	nent			City, S	State,	Zip Code						
Scope of Work (Check All That A	(vlaaz		- 0												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova Demolit				×	1 0	full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				·e	
			Locati										Abat	ernent	
Location of Asbestos-Containing Materia	LACM	20.000	Normall ed Sole				scription					-	Ty	ре	
TO BE ABATED In Facility (13)	(ACIVI)	Ma Cus	tintenar todial S (12)	nce/ Staff?	(i.e	. thermal surfa	aining N systems cing, VA niscellar	s insu T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	-	Yes	No	N/A										O .	
Basement	-	-	X				VAT				20 SF	X		-	
Basement							Mastic				60 SF	X			
			X				insula			2	5 LF	X			
Laundry room 1st flo Name of Registered Waste Haule			X	IDEDIA		_	noleun	n			60 SF	X			
Green Environmental Serv			H	JDEP W auler ID 034889	No.	Oubic of Was			0.000	178	ered Landfi rth Land				
City, State Jersey City, NJ							al Date		City, Stat		Δ	-			
Completed by Liliana Serrano		Title	e man	2005		S	ignature				II D	ate			
		Onic	o man	ayel		9	MA	a	Com	1/20	(2W 7	-28-20	116		

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Date of Notification (1)	107	I Nam	e of Buildi	ng Owner/Operato	r (2)							
8/1/20	016			FD		ng Owner/Operato	(4)	; Al	JG	5	201	6
Agencies Notified EPA DEP	Type Notificat	tion		Stree P.O	et Address . Box 26 State, Zip	1308		ASSES		14 15		101
⊠ DOL	Amendme Emergenc	nt#	<u></u>	100000000000000000000000000000000000000	ino, CA				JUEI	1511		-
DOH DCA	justificato Cancellatio	n)	ig	Nan	ne of Cor			Telephone Nur	nber			
				FA	CILITY IN	FORMATION		J				
Name of Facility Where	Abatement is Ta	aking Plac	e (3)				Type of Facili			are -		
Abandoned Buildin	g						School (K-		2			
Street Address 12-14 N. 26th Stree	t							r 8 (Other than K- private 8 commerce.)	ial bui			
City (s)							Square Feet	# of Floors		Bldg.		
Camden, NJ County (6)				Ιο.	1.0.1	/7\ /OTATE	4000	3		5 yr	S	_
Camden, NJ				USE	EÓNLY)	(7) (STATE	Garage	Prior if being demo	isnea)			
Name of Monitoring Firm (8)	n Hired by Buildi	ng Owner		ASCM	No.	AEi2, LLC	ment Contractor	(9)				
Street Address						Street Address						
City State 7:- Code	State, Zip Code					361 E. Flemin						_
City, State, Zip Code						Hammonton,						
Project Manager for I	Monitoring Firm	n	Tel	lephone	No.	Telephone No. 609-481-212	22	License No. 00689				
Start Date (10)	Sc	cheduled (Compl	etion Da	ate (11)	Name of OSHA	Monitor					
8/10/16		21/16			>=	AEi2, LLC						
Occupancy Status Duri	경투에 없었다고 있다고 하다 하다 하다.					Street Address						
Facility Closed/Vaca Abatement Performe						361 E. Flem						
Other - Describe:	d Outside of Not	mai i aciii	ty 1100	J10		City, State, Zip (Hammonton	, NJ 08037					
Scope of Work (Check at 23 sf or 23 lf 2160 sf or 2260 lf	all that apply)	R	enova emoliti	tion on		Mini-En	oclosure ag Procedure	Negative Pressure				
										Abate		i
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facilily (13) Is Loc Norn Used S Mainte Cust Sta (1) Yes IN				ly by nce/ al		Description o tos Containing Mar , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	R e m o v a l	Repair	Pe Nacanalat	E n o l o s u r e
Exterior		1.55		X	Transit	e		9000 SF	X		e	
Interior	nterior					ile		4000 SF	X			
									-			_
Name of Registered Wa	ste Hauler		11.2	NJDEP		Cubic Yards	Name of Reg	istered Landfill				
AEi2, LLC			1000	Hauler II 21376	ال No.	of Waste	TBD					
City, State						Disposal Date	City, State					
Hammonton, NJ						TBD /	TBD	1				
Completed By Title Wm. Minnick Program Mgr.						Signature	Km	Date 8/1/20	16			
SB-41	n ivi8	yk .		Ullin	101111	C 9 011120						

programming and		NO	TIFICAT (Pursu	FION OF A	T New Jer ASBEST JAC 8:60	OG ADAT	EMENT 20)	7	E GI		12	26	2
Date of Notification (1) 7/29/16			Nam	ne of Bullo rgen Co	ling Owne	er/Operat	01 (2)	CIL	lck	- 1)	70	1
Agencies Notified Type Notificat X EPA X Initial			Stree 520	et Addres) River f	s Road	nnes Al	unority		AUG	5	201	6	
X DOL Amender	ent#	ina	City, Edg	State, Zip Jewater	Code NJ			ASI	EESTO LICI	S CO		ÜĽ	1
DOH justification Cancellate	on)			e of Conta Iter Pau				T	elenhone	Numb	or		
Name of Facility Where Abatement is Ta Bergen County Utilities Authority	king Place	9 (3)	F.A	ACILITY I	NFORMA	TION	Type of Fac	ility (4)					********
Street Address 520 River Road City (5)							School Subcha X Other (etc.)	(K-12) apter 8 (OI i.e. private	& comm	K-12) ercial t	buildin	gs, h	ome:
Edgewater County (6)			T 6				Square Feet 1500	# 1	of Floors		Bldg 65	, Ago).
Bergen			(STAT	y Code (7 E USE ON	,) TA)		Current Use	(Prior if be	eing demo	olished)		
Name of Monitoring Firm Hired by Building	g Owner (8)	ASC	CM No.		Name ABS	of Abatement Environme	Contracto	r (9) vices, L	LC			(tell , i and al
City, State, Zip Code						Street	Address Box 483, 4 E						*******
Project Manager for Monitoring Firm						City, S Glen	tate, Zip Code wood, NJ 0	7418					
				one No.		Teleph	one No. '64-2276		License	No.	-		
Start Date (10) 8/9/16	1 10/15	/16	mpletion	Date (11)		of OSHA Monit	tor	703				
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe:	Davis	a de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela com	ment				Address						
Scope of Work (Check All That Apply)							are, zip Code						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Full Contain Mini-Enclose Glovebag Pr	ure ocedure					500 E
Location of		Locati					Non-Exempt	led (*) and	Non-Frie	ble Pro	Abat	emen	nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	d Sole intenar todial S	ly by nce/	Asbes (i.e.	tos Conta thermal s	cription of aining Ma systems it ing, VAT,	terial (ACM)	(Sp	nount pecify	R		ype Eng	
(13)	Yes	(12) No	N/A		other m	iscellane	ous)	SF	or LÉ)	Removal	Repair	Encapsulate	Enclosure
ceiling room			X		pipe i	nsulatio	n	8	SF	×		Ф	-
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ame of Registered Waste Hauler Dehold Cartage		Ha	IDEP Wa Juler ID N	aste No.	Cubic Yaste TBD			Registere n Berks				man tanan I	*
y, State eehold NJ					Disposal TBD	I Date	City, Stat	e					
ompleted by Scott Higgins	Title Presid					nature	Birdsbo	oro, PA	Da	te			

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AUG 5 2016 AUG 5 2016 AUG 5 2016) (Pu	Name of Bull		12:120	(2)			CHEC	k #	9	
PA LICEN M Indiana. EPA LICEN M Indiana. DEP		Waima of Co	Z-p Cods	, ME	4:	0783	Telephone Num	Hat.	1		
ome of Facility Where Abstract is Taking F CESIN ENTIAL: Treat Address	Place (3)				Sc Su Su Od ont	her (1.0. pri :.)		Blo Blo	ngs, h G. Agi	<u> </u>	
County (6) MOLLIC Name of Monitoring Firm Hired by Building On	(5) there	COUNTY CO (STATE US	E CHLT)	TName	Current of Abete	LES!	ENTIAL.		M-11		
Street Address				50 to	Vreelai	nd Ave.	inc.				
Try, State, Zip Cods		Telephoni		Tales (20	State, Zip tand Pa phone Na. 1)282-51	641	COMPAN NO	3 .			_
Start Date (10) P/OZ 16 Occup incy Status During Abstament (Ohack Facility Closed/Vacsised During Entire P Applement Performed Outside of Norm Other – Describe:	Only Only) eriod of Abets	Ment	sbc (14)	Street 280 City,	Huylar	Aronmer St.	tal Services				_
Scoop of Work (Check AS That Apply) 23 af or 23 H 198 af or 2260 W	Renor Demo				H Glo	l-Enclasure vebao Proc				·	
Leostian of Asbestas-Contrining National (ACM) TO BE ABATED In Facility (13)	is Local North United Sci. Maid (12 Christofia)	Hely by Hely by Helphy Helphy	Astrestos C	at syste	nn of	(AIGRA)	Amount (Specify SP or LF)		Abela Ty Repair	Hant	Elagoranse
ATTIC:	Yea N	o HVA	VE	MIC	ULITE		110056	7			_
Name of Registered Waste House		NJOER W	este Cu	ID Y ard	2		Registered Landi				
Newsrk Carting , Inc.		Heuter 10 04508	Dia	Possi Di		City, Sia	A Beinlehem Li le rom, PA	andfil	Con	ρ.	
Newark, NJ completed by Joseph Vocaturo	Title Vice Pre	saldent		8 OZ. Signer		Vor		e in	/ac/	16	

ABB-41 (例-08-08)

- Do not use this form for pubesion licensura exampled activities.

check 6281

Date of Notification (1)	55			Name (g OwneriOperator	(2)	1			-		
7-29-16		- 8		H.		JULUN							
Agency Notified Type	Notification			Street	Address	N	•	IU L AU	b - :	0 6	2011	5	
D EPA	tial nended		-	City S	tate, Zip	Code		T					-
DOL A	nendment#			Lo:	to i	かして	07644	ASBEST Telephone Num	08.0	ON	TR	ÖĽ	-8
The second secon	nergency (includi stification)	ng	r	Name	of Contac	#		Telephone Num	ber	1. 9		_	
	ncellation			A -	ZV	TULUN		_			- 5	,	_
				FACI	LITY INF	ORMATION							
Name of Facility Where Abatem	ent is Taking Pla	ice (3)	24		•		Type of Facility	y (4)					
A-ZUULUN							School (K-1)						
Street Address				t.				8 (Other than K-12 rivate & commercia		205			
						/	homes, etc.			25 			
City (5)			025	30	- 1	-17	Square Feet		Bidg.	. Age		_	
LODI					12. 47	5	2300.		75	54	R	>	
County (6)	*) (STATE USE		nor if being demoli	ished)				
BERGEN				ONLY	9.0		KESIK	OENCE	1.			_	
Name of Monitoring Firm Hired (8)	by Building Own	er	ASCM	No.		N	nent Contractor (
200		1					moval In	ıc					
Street Address				*		Street Address							
City, State, Zip Code						City, State, Zip (th River	St			-		_
City, State, Zip Gode							ack, N.J	07601					
Project Manager for Monitoring	Firm	I To	Jenho	ne No.	- 3	Telephone No.	ack, N.U	License No.			_	-	_
i rojece menager ior menaning	TOPEC HIGHINGE TO MOINCING FAITS					201-329	-7444 -	00388					
Start Date (10)	Start Date (10) Scheduled Comple					Name of OSHA		1 00000					
8-19-16	8-20					Omega 1	Environm	ental					
Occupancy Status During Abate	Occupancy Status During Abatement (Check only one					Street Address							
☐ Facility Closed/Vacated Duris	ng Entire Period o	of Abat	ement			.280 Ht	uyler St						
☐ Abatement Performed Outsid	e of Normal Faci	lity Ho	urs	- 4		City, State, Zip C				10			
Scope of Work (Check all that a	5 PM		÷			S. Had	ckensack	,N.J: 07	606				_
	Polosk)				- 6			Negative Pressur	e				
23 sf or ≥ 3 if 2 ≥ 160 sf or ≥ 260 if			_	個 Ren 口 Den	ovation ,		Enclosure ebag Procedure		88				ĺ
								d Non-Friable Proc	edure				
		ls	Locati	on						A	Typ		nt
. Location of			ionnal d Sole		-	Description	of				1	1	
Asbestos-Containing Mate		Ma	intena	nce/		stos Containing Ma	aterial (ACM)	Amount		23		En	m
TO BE ABATED		ç	ustodi Staff?		(Le	., thermal systems surfacing, VAT		(Specify SF or LF)		Remova	Rep	30,00	100
(13)) ————————————————————————————————————					other miscellane	eous)			Vai	Repair	ulat	Enclosure
	Yes N							.2			-	0	
BASEMENT				X	THO	PIMAL INSUL	ATIGA	145	IF	X'	1	7	ᅥ
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Name of Registered Waste Hau	ier	NJ	DEP V	Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill				_1	\dashv
Best Removal			No.			Waste,		a Enterpr	ises	:	T.T	.C	-
			17	109		13/4 40				,	-1-		
City, State Hackensack N I 07601						Disposal Date	City, State		9 200				
Hackensack , N.J. 07601						8-20-16	Waynes	sburg, Oh	, 446	88			_
Completed by Title						Signature			7-2	9	. /	/_	
R. VELDRAN.	imat	or		R. Voldra	7		1-6	7	11	0			

ASB-41 * Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) August 1, 2016 Daniel Letinski Agencies Notified Type of Notification Street Address [X] EPA Initial Notification [X]] DEP Amended Notification City, State, Zip Code ASBESTOS CONTROL & Amendment #_ x] DOL Dayton, NJ 08810 LICENSING Emergency (including [X] DOH justification) Name of Contact Telephone Number DCA Cancellation Daniel Letinski FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (k-12) Residence Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 800 sf 60 Seaside Park Current Use (Prior if being demolished) Ocean Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 00624 732-349-9932 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) E.M.S.L. Analytical 8/12/16 8/11/16 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure 1 Glovebag Procedure >3 sf or ≥3 lf Renovation Non-Exempted (*) and Non-Friable Procedure Demolition x[X] ≥160 sf or ≥260 lf [x] Abatement Type Description of Is Location Asbestos-Containing Amount Normally used Location of N E E N (Specify SF Solely by Material (ACM) Asbestos-Containing Material (ACM) C C P M Maintenance/Custodial (i.e., thermal systems or LF) TO BE ABATED A A L 0 insulation, surfacing, P 0 Staff in facility V S S R VAT, or (12)(13)U U other miscellaneous) A R T L YES NO N/A E 460 sf X Asbestos siding X Exterior NJDEP Waste Hauler ID No. Name of Registered Landfill Cubic Yards of Waste Name of Registered Waste Hauler 20223 T.R.R.F. 3 Guardian Contracting, Inc.

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

Signature

Disposal Date 8/15/16

Project Manager

City, State

Completed by (Print or Type)

Toms River, New Jersey

Nicholas Fernicola

City, State

Tullytown, Pennsylvania

Date

8/1/2016

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				Name of Building	Owner/Ope	rator (2)	1		2000000		TΠ
August 2, 2016	oo				Baysio	de Marine Construc	ction AUG	30	3016	36	
	tion l Notificati nded Notifi			Street Address	11 Bir	dsall Street	L ASBESTOS)L &	
[x] DOL Ame	ndment #_ rgency (inc			City, State, Zip Co		own, NJ 08758	LIVE	IVell	(C)		
[] DCA justif	ication) ellation			Name of Contact Adam	n	T	elephone Number		1		
			FACI	LITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Facility (4)	School (k-12)		01 50000		
Street Address						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
City	County	(6)		County Code (7) (STATE USE ONI	LY)	Square feet 700 sf	# of Floors	Bldg	g. Age	50	
Manahawkin	Ocean					Current Use (Prior if Residen					
Name of Monitoring Firm Hired by Building N/A	Owner (8)			ASCM No.	Name of	Abatement Contractor		Inc			
Street Address					Street A	idress		mo.			
City, State, Zip Code		-			City, Sta	te, Zip Code	oute 9, Unit 61 iver, New Jerse	av. Ω8′	755 1	271	
Project Manager for Monitoring Firm	Т	elephone Nu	ımber			ne Number 9-9932	License N 00624		133-1.	2/1	
Scheduled Start Date (10) 8/12/16		scheduled Co 8/15/16	mpletio	n Date (11)	_	OSHA Monitor	. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	d During E				City, Sta	1056 St te, Zip Code	elton Road way, New Jerse	v 088	54		
Scope of Work (Check all that apply)					[]	Full Containment		8			
[] $>3 \text{ sf or } \ge 3 \text{ if}$ [X] $\ge 160 \text{ sf or } \ge 260 \text{ lf}$			Renovati Demoliti		[] [x]	Mini-Enclosure Glovebag Procedu Non-Exempted (*)		rocedu	ıre		
								Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	No	s Location rrmally used Solely by nance/Cust Staff (12)		(i. in:	Description Sbestos-Con Material (A e., thermal sulation, su VAT, o her miscell	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sidi	ng		650 sf	X			
					2						
						1					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJ	DEP Waste I 202		D No. Cubic Y	ards of Was	te Name of Register T.R.R.F.	ed Landfill				L
City, State Toms River, New Jersey			Disposa 8/16/1	al Date	City, St.						
Completed by (Print or Type) Nicholas Fernicola	Title Project	Manager		Signature	·	1	<u></u>	Date 8/2/			

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

Date of Notification (1)			Name of	Building C								
August 2, 2016			5002400 0000		Atlanti	c Northe	ast Constr	uction ₆ 5	2016	50.	2 B	37
[] DEP [] Amen	Notification ided Notificat	tion	Street Ad	ddress ite, Zip Cod	РОВо	ox 627	L AS	DESTOS CO LICENSI	NITRO	OL &	-	
[1] DOD	idment # gency (includ	ing				l River, N	IJ 08731	LICETER				
[x] DOH justifi	cation) ellation		Name of	Contact	Valerie		Те	lephone Number				
		FAC	CILITY I	NFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of F	Cacility (4)	School (k-12)	41	1. 12)		
Street Address	A						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
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Name of Monitoring Firm Hired by Building (Owner (8)		ASCM N	o.	Name of	Abatement	Resident Contractor (9)		-		
N/A Street Address					Street Ad	ldress	Guardia	n Contracting,	Inc.			
								oute 9, Unit 61				
City, State, Zip Code					City, Stat	e, Zip Code		iver, New Jerse	ey 087	155-12	271	
Project Manager for Monitoring Firm	ephone Number			732-34			License N 00624	_				
Scheduled Start Date (10) 8/3/16		eduled Complete 8/4/16	ion Date (1	1)	Name of	OSHA Mo		. Analytical				
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated Abatement Performed October - Describe				Street Ad	ldress te, Zip Code	1056 Ste	elton Road	000	5.1			
						~ " " "		vay, New Jerse		54		
Scope of Work (Check all that apply)					[]		ontainment v Enclosure	vith Negative Pres	sure			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & \geq 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$	[2	Renova			[x]		bag Procedur Exempted (*)	e and Non-Friable I	Procedu	ге		
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Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	ocation nally used dely by nce/Custodial Staff (12) NO N/A		Asb N (i.e. inst	Description Destrostos-Cor Material (A., thermal sulation, su VAT, cor er miscella	ntaining ACM) systems rfacing, or		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
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City, State Toms River, New Jersey	Dispo 8/5/1	sal Date		City, Sta Tullyt		nsylvania	0					
Completed by (Print or Type) Nicholas Fernicola	Title Project N		Signati	ure			e	ÿ	Date 8/2/	2016		ş

NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#25630

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(Pursuant to NJAC 8:60 and 12:120)

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te of Notification (1)				Na	me of Buildir	ig Owner	TO POADD OF	EDUCATION	50.00	NITI	201	8
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<u></u>	justificatio	n)	J	N	ame of Conta	act		1	GIOP.I.C.			
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		O-b-adu	lod Co	maletic	on Date (11)	Name of 0	OSHA Monitor	*)				
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6/24/2016						Street Ad	dress					
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CKH 2977

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

CKH day		P	ursuani	to NJAC 8:60 ar	nd 12:12	20)	7 尼 (W	F	10.1	
Date of Notification (1)		1	Name o	of Building Owner/	Operato	τ (2)				Times.	-11 1	1 1
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DOH justification)	resection .	9	^	of Contact		h	Tele	phone Nur	nber		-	
DCA Cancellation		4	TH	7thuz/Pe	GU						2	
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Name of Facility Where Abatement is Takin	g Place	(3)				Type of Facility	(4)					
Street Address	<u> </u>					School (K-		than 1/ 12				1
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205 (Olumbia	01					etc.)						
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County (6)				Code (7) USE ONLY)		Current Use (P	1		1 1)
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Street Address			_i		2	t Address	EI & C					
oreot Address						Nontrose Rd						j
City, State, Zip Code						State, Zip Code						
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Project Manager for Monitoring Firm	-	1	Telephor	ne No.	2	kune No.		License No	-			- tex
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8/12/16	8		10		E .							AMIL USBA
Occupancy Status During Abatement (Chec	k Only C	ne)			Street	Address						
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent		and the same of th							Sivetena
Abatement Performed Outside of Norm	al Facilit	y Hours	•		City, S	State, Zip Code						
Other – Describe: — 7Am	40.	•										
Scope of Work (Check All That Apply)					Coult							2000
☑ ≥3 sf or ≥3 lf	X I	Renova	Con		and the same of th	Full Containm	ent with N	legative Pr	ESSU	e		present
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	V				Ľ	Glovebag Pro Non-Exempte		Non-Friabl	e Pro	cedur	е	1
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TO BE ABATED In Facility	\$	stodial S			l system icing, VA	s insulation,		ecify or LF)	Ren	R	lear	nol
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* Do not use this form for asbestos licensure exempted activities.

CK# 2672

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

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Date of Notification (1)			Nam	e of Building Own	er/Operati	or (2)	156		7	LS
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DOH Emergence justification	sy (inclua n)	ing	Nam	e of Contact	Ce , ic	new Jers	Telephone	IOENS!	NG	
☐ DCA ☐ Cancellati	on			John			i dechinie	Manne		
			F	CILITY INFORM	TION					
Name of Facility Where Abatement is Tal	dng Plac	e (3)				Type of Facili	tv (4)			
Vollmann les	i de	(2				School (I				
Street, Address						Subchapt	ter 8 (Other than K	-12)		
						Other (i.e	. private & comme	rcial build	ings, h	ome
City(3)					-	etc.) Square Feet	# of Figors	1 50		
Ullan (gate						3000	* OF FREES	5	dg. Ag	9
County (6)			Count	y Code (7)		Current Use (5	Prior if being demol	10	760	
Ocean			STAT	E USE ONLY)		the second second second second		iisneo)		
Name of Monitoring Firm Hired by Building	Owner	(8)	AS	CM No.	Name	of Abatement C	Onstructor (9)			
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Street Address						Address				
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roject Manager for Monitoring Firm		4614	Teleph	one No.		one No.	License	6.7		
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Start Date (10)	Sched	eled Co	mpletion	Date (11)	3	of OSHA Monito				
8/12/10	8	119	1110		-	1 11071100	11.0			
Occupancy Status During Abatement (Che	ck Only (ine)			Street	Address				
Facility Closed/Vacated During Entire	Period o	Abate	ment		1					
Abatement Performed Outside of Norr Other – Describe:	mal Easil	4 . 1 1	rs		City, S	tate, Zip Code				
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cope of Work (Check All That Apply)		CENTER!								
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Date of Notification (1)	01 /	16				A STATE OF THE OWNER O		er/Operator (2 of Educatio	n U L	Aug	2010		2	
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436 First Avenue									homes, etc.		Juli Du		Ŭ.	
City (5) Elizabeth, New Jers	ev								Square Feet	# of Floors	Blo	dg. Ag	ge	
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	300 Grand Avenue							717 Linwoo	d Road					
City, State, Zip Code	04 4055						100000	, State, Zip C						
Englewood, NJ 076									Jersey 07083	I i i a a a a a a a a a a a a a a a a a				_
Project Manager for Moni	Colora de la company de				phone		1 20-2	ephone No.	,	License No. 01227				
ANTHONY VALENT				(300)	01-569			08-418-2737	<u> </u>	01227				
Start Date (10)	MAN-03			1/2	etion Da			ne of OSHA N PTIMUM EI		AL SOLUTIONS,	LLC			
Occupancy Status During					mant		100	et Address	OD BOAD					
 ☑ Facility Closed/Vacate ☑ Abatement Performed Time of Abatement: 	Outside of No	rmal Fa	cility	Hou	rs - Des	cribe AM	City	, State, Zip C		83				
Scope of Work (Check all	that apply)						0	MION, NEW	OLINOLI 070		2011			
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City, State BRONX, NEW YOR	K				2A-45	,,,	Dis	posal Date	City, State WAYNES	BURG, OHIO 446	888			
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Date of Notification (1)			Nam	e of Bull	ding Owner/C Board of f	perator (2)	1	1 2/11				
08/01/2016				ngston		-000011	1	1	3-1/2/			1	1
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Street Address 38 Belmont Drive							- 6	ther (i.e. pri-	(Other than K-14) # of Floors	20110116	, Age	1193,	_
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County (8)			Col (ST	ATE USE	io (7)		scho	d	If being demolish				_
Name of Monitoring F Garden State En	irm Hired by Building Ov	vner (8)	1	ASCM N	io.	Lillo	h Corp	tement Cont oration	Lector (A)				_
Street Address 555 South Broad						606		de Ave					_
City State, Zip Code								ip Code Park, NJ	07424				
Glen Rock, NJ 0 Project Manager for	Monitoring Firm	The state of the s					Telephone No. License No. 973-226-8400 D1104						
Bruce Wolf		Schedulad	Comp			Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Start Date (10) 08/03/2016		08/04/20	16			Stra	et Aritine	3.5					
	uring Abatement (Check Vacated During Entire P formed Outside of Nam	asian of Ar	ateme	nt		City	Z333 Route 22 West City, State, Zip Code Union, NJ 07083						
Scope of Work (Che	DB:		novati	ōn.			Пв		ent with Negative	Pressur	8		
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Street Address														
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Project Manager for M	lonitoring Firm				phone I		Telephone No.	License No.						
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Diana Lynon									7 +					

Amend #9 - Extend End Date Add on Scope of Work -See page 2

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Date of Notification (1)		W=7/			Name	of Buildin	g Owner/Operator (2)	III A	Ub 5) 21	110	- 1
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Annex B (a.k.a Bair	n School)							School (K-1	2) 8 (Other than K	(-12)			
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Name of Monitoring Firm	Hired by Build	ling Ow	mer (8)	ASCM	No.	Name of Abateme		/				
TTI Environmental							Asbestos an	and Mold Services, Corp.					
Street Address							Street Address						
1253 North Church	Street						3859 Sylon B	Boulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Moorestown, NJ 08	057						Hainesport, I	NJ 08036					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No. License No.						
Jim Guilardi				85	6-840	-8800	609-702-0400 00862						
Start Date (10)		Schedule	ed C	omple	tion Da	te (11)	Name of OSHA Monitor						
7/_8_/	16	8_	_ /	_ 1	_ / _	16	EMSL Analytical, Inc.						
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see page two											1		
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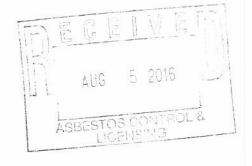


Date of Initial Notification: 6/13/16

Date of Amendment #9 - 7/26/16 - Additional Scope

NOTIFICATION PAGE 2 of 2

Project: Annex B (Bain School) [Memorial School project] 551 Park Avenue West New York, NJ



SCOPE OF WORK

Annex B (Bain School) - Start date 7/8/16

- Removal and disposal of approximately 2,280 SF of ceiling plaster skim coat in classrooms #308, 309 & 310.
- Removal and disposal of approximately 2,280 SF of various floor tiles in classrooms #308, 309 & 310.
- Removal and disposal of approximately 2,280 SF of ceiling plaster skim coat in library and adjacent rooms on 2nd floor.
- Removal and disposal of transite from one fume hood totaling approximately 16 SF located on the 3rd floor
- · Removal and disposal of approximately 250 LF of pipe insulation

Kimberly Trumbetti, Office Coordinator

Date of Notification (1) Name of Building Owner/Operator (2) / Job #1608-2103 Chk. #4424 Philip & Natalie Caccese 3 / 16 8 Type Notification Street Address Agencies Notified ☐ EPA **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # □ DHSS Pennsauken, NJ 08109 ☐ DCA ☐ Emergency (including) Name of Contact Telephone Number justification) (NJAC 5:23-8) Linda Caccese ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12)
☐ Subchapter 8 Residential Property Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 2 Pennsauken 2100 54 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Camden Residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Asbestos and Mold Services, Corp. Tiger Environmental Street Address Street Address 3859 Sylon Boulevard 16 W Elizabeth Ave # 2 City, State, Zip Code City, State, Zip Code Hainesport, NJ 08036 Linden, NJ 07036 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 00862 Kelly Walton (908) 862-4301 609-702-0400 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EMSL Analytical, Inc. 8 / 15 / 16 8 / 15 / 16 Street Address Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) S. Full Containment with Negative Pressure FNC ISWEE ☐ Mini-Enclosure □ Renovation $\boxtimes \ge 3$ sf or ≥ 3 lf ☐ Glovebag Procedure ☐ >160 sf or >260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Enclosure Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) ncapsulate Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) Yes No N/A 85 SF \boxtimes Floor Tile & Mastic Laundry Room \boxtimes Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste **GROWS Landfill** Carnevale Disposal 17297 5 Disposal Date City, State City, State Morrisville, PA 19067 8/16/16 Hamilton, NJ Completed By (Print or Type) Date Signature 8-2-16 Kimberly A. Trumbetti Office Coordinator

ASB-41 MAY 11

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

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Agencies Notified Type Notification Street Address	Date of Notification (1) 8 /	3 / 1	6	Name of Building Owner/Operator (2) Warren Hills Regional School District/ Job #1608-5045 Check #8458							58		
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Name of Facility Where Abatement is Taking Place (3)	The state of the s				EA		JEORMATION				-		
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Name of Monitoring Firm Hired by Building Owner (8)					Joour	ity oode (i	MOTATE GOE ONET			oncuj			
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City, State, Zip Code Moorestown, NJ 08057		Stroot						DO Boy 25					
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Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf ☐ Demolition Street Address 200 Route 130 North	0.50 (5)					(0)							
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AbateTech, Inc. Hauler ID No. 18750 City, State Hauler ID No. 12 Disposal Date City, State G.R.O.W.S. Landfill City, State							-110						
AbateTech, Inc. Hauler ID No. 18750 City, State Hauler ID No. 12 Disposal Date City, State G.R.O.W.S. Landfill City, State	Name of Registered Was	te Hauler		I	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
City, State Disposal Date City, State		rayers on the State about the State of		1.53	lauler II	O No.	Waste						
					18750)		City State				-	
Lumberton, NJ 8/18/16 Tullytown, PA	Lumberton, NJ						8/18/16		ΡΔ				
200 Miles (Control Control Con							170.000.000	1 any town,					
Completed By (Print or Type) Title Signature Once the Completed By (Print or Type)		100 m			· · · · ·		Signature	, 4	Da	CI-	٦).	1 -	
Gwendolyn Trumbetti Operations Coordinator 8/3/10		LU	operat	ons	-oord	mator	UXH	U		8/3	5]]	0	

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

MAY 11

				(Pu	rsuar	t to NJA	C 8:60 and 5:1	6)	TE GE	i	v.ii		
Date of Notification (1)					Name	of Building	g Owner/Operator (-	122	
8 /	3 /	16			Wa	ldwick S	chool District	/ Job #1608-	5044 Check #8				
Agencies Notified	Type Notifica	ation	-	-	Street	Address		1.7	AUG AUG	5 2	2016		Samuel Comment
⊠ EPA	☐ Initial	acion				Summit	Ave.	į hai	1			1	
□ DOLWD	☐ Amended	d				State, Zip C				0.00	1770	1 R	, -
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⊠ DCA	☐ Emergen		ding		1	of Contac			Telephone Num				
(NJAC 5:23-8)	justificati					drew Gan			relephone ivani	DOI			
							IFORMATION						
Name of Facility Where A	batement is 7	Taking Pl	lace	(3)		OILIT I III		Type of Facility (4)				
Crescent ES				(0)				School (K-12)					
Street Address								Subchapter 8	(Other than K-12		123.523		
165 Crescent Avenu	10							Other (i.e., pr homes, etc.)	ivate and comme	rcial bu	ilding	js,	
City (5)	uc							Square Feet	# of Floors	RI	dg. A	ne.	
Waldwick, NJ 0746	2							Square reet	# 01 1 10013	D,	ug. A	gc	
County (6)	,				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Bergen					Jour	ity oodo (i	/(0.1.1.2.002.01.1.7)	Elementary		/			
Name of Monitoring Firm	Hired by Build	dina Owr	ner (8	3)	ASCM	No	Name of Abatement Contractor (9)						
Health & Safety Ser	_	anig Owi	101 (0	, ,	117		AbateTech, Inc.						
Street Address							Street Address						
PO Box 365							30 Maple Ave	e. PO Box 25					
City, State, Zip Code			_				City, State, Zip Co						
Berlin, NJ 08009								Lumberton, NJ 08048					
Project Manager for Moni	torina Firm			Tele	phone	No.	Telephone No.						
James Proctor	3				6-452			609-265-2107 00529					
Start Date (10)	18	Schedule	d Co	mple	tion Da	te (11)	Name of OSHA Monitor						
8 / 26 /		8		60			EMSL Analytical						
Occupancy Status During	Abatement (Check or	nly o	ne)			Street Address						
☐ Facility Closed/Vacate				32	nent		200 Route 13	0 North					
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PM/_		_PM-		AM	Cinnaminsor	on, NJ 08077					
Scope of Work (Check all	that apply)				1-1-11-17								
□ >2 of or >2 If			Dor	novati			□ Full Conf □ Mini-Enc	Containment with Negative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				nolitio				g Procedure					
							☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re			
			100	Locat						Ab	atem	ent T	уре
Location				ormal Sole		Anha	Description of		Amount	Re	Re	m	ᄪ
Asbestos-Containing I TO BE ABA		''	Mair	ntena	nce/		stos Containing Ma ., thermal systems		(Specify	Removal	Repair	cap	Enclosure
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(13)		_	es	No	N/A	1	other miscellane	ous)				ate	
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AbateTech, Inc.		10.000			18750		12	G.R.O.W.S.	Landfill				
City, State						10	Disposal Date	City, State					
Lumberton, NJ						8/27/16	Tullytown,	PA					
Completed By (Print or Ty	rpe)	Title		Signature Date					. 1	1			
Gwendolyn Trumbe	tti	Ope	ratio	ons (oordi	inator	$ \mathcal{M} $	UT		8 3	511	0	

ASB-41 MAY 11

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

Agencies Notified ☑ EPA ☑ Initial ☑ DOLWD ☐ Amended ☐ Concellation ☐ Concellati	Date of Notification (1)	29 /	16					Owner/Operator (2 b #1607-5043	2) Check #	11-11-	<u> </u>	II V	/ 11_	- 1	
DOLWD				_	_					ALIC	E	20	10		
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DEAD			nt #										RUL	E.	
Cancellation Greg Marone				uding	1			STEP OF				INC.			
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Street Address	PSE&G- Roseland								School (K-12) (Other than K-12)					
Size Source So	Street Address					1,-0.0			Other (i.e., pr	ivate and commer	cial bu	ildings	5,		
Square Feet	13 Eisenhower Parl	kway													
County (6) Essex									Square Feet	# of Floors	Blo	lg. Ag	е		
County (6) Essex		3													
Name of Monitoring Firm Hired by Building Owner (8)	-	*		_		Count	v Code (7	(STATE USE ONLY)	Current Use (Pri	Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (6) Health and Safety Services Street Address PO BOX 365 City, State, Zip Code Berlin, NJ 08009 Project Manager for Monitoring Firm Jim Proctor Start Date (10) 8 / 31 / 16 8 / 31 / 16 8 / 31 / 16 8 / 31 / 16 Scheduled Completion Date (11) 8 / 15 / 16 8 / 31 / 16 Scheduled Completion Date (11) 8 / 15 / 16 8 / 31 / 16 Scheduled Completion Date (11) 8 / 31 / 16 Scheduled Complete (11) 8 / 31 / 31 / 31 / 31 / 31 / 31 / 31 / 3							· (.	α							
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Start Date (10) 8	Project Manager for Mon	itoring Firm			Tele	phone l	No.	Telephone No. License No.							
Start Date (10) 8 / 15 / 16 8 / 31 / 16 Scheduled Completion Date (11) 8 / 31 / 16 Street Address Street Address Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Start Date (10) 8 / 15 / 16 8 / 31 / 16 Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure G	Jim Proctor				85	6-452	-1311	609-265-2107	7	00529					
Street Address Str	Machine Baltines (170 Market)	S	chedu	led C	omple	tion Dat	te (11)	Name of OSHA N	lame of OSHA Monitor						
Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		16	8	1	31	_ / _	16	EMSL Analys	Analytical						
Facility Closed/Vacated During Entire Period of Abatement Abatement Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPWPMAM City, State, Zip Code Cinnaminson, NJ 08077			heck	only o	ne)			Street Address	Address						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPWPMAM						ment		200 Route 13	30 North		137				
Time of Abatement:AMPMPMAM	Abstement Performer	d Outside of No	ormal F	acility	V Hou	s - Des	cribe								
Scope of Work (Check all that apply) Scope of Work (Check all that apply)	Time of Abatement:	AM-	PM	/	_PM-		AM								
Solid Staff Sta	× 2							Cilitatiiiiso	on, NJ 080//						
Example 23 of or ≥3 lf Image: Representation of Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., themal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Image: Representation of Asbestos Containing Material (ACM) (i.e., themal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Image: Representation of Registered Custodial Staff? (12) Transfomer Repair Room Image: Representation of Custodial Staff? (12) Image: Representation of C	Scope of Work (Check a	ll that apply)						☐ Full Cor	tainment with Ne	gative Pressure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Transfomer Repair Room Name of Registered Waste Hauler Waste Management City, State Camden, NJ Completed By (Print or Type) Gwendolyn Trumbetti Description of Asbestos Containing Material (ACM) Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Ty Asbestos Containing Material (ACM) Amount (Specify (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation Description of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation 200 LF Name of Registered Landfill G.R.O.W.S. Landfill City, State Camden, NJ Completed By (Print or Type) Gwendolyn Trumbetti Operations Coordinator Signature Date T 29 [16]	1 ≥3 sf or ≥3 lf							Mini-En	closure						
Secretion of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally (13) Pipe Insulation	≥160 sf or ≥260 lf			☐ De	molitic	on		⊠ Gloveba	ig Procedure	n-Friable Procedu	ire				
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13) Transfomer Repair Room Transfomer Repair Room Description of Asbestos Containing Material (ACM) Maintenance Cutsodial Staff? (12) Yes No N/A				-			1	☐ Non-Ext	empled () and rec	I I I I I I I I I I I I I I I I I I I		atami	ent Ty	me	
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Custodial Staff? (12) Surfacing, VAT, or other miscellaneous SF or LF Signature Custodial Staff? (12) Signature Signature Signature Custodial Staff? (12) Signature Signature Signature Custodial Staff? (12) Signature Signature Custodial Staff? (12)			n				Ashe			Amount	Ren	(ep	nc	Enclosure	
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Transfomer Repair Room Yes No N/A	IN Facil			Cus						SF or LF)	<u>m</u>		ulat	Ге	
Transfomer Repair Room Pipe Insulation 200 LF	(13)		t	Voc		1	1	Other miscenan	eousj				Ф		
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Name of Registered Waste Hauler Waste Management City, State Camden, NJ Completed By (Print or Type) Gwendolyn Trumbetti NJDEP Waste Hauler ID No. 18750 Name of Registered Landfill Waste Waste G.R.O.W.S. Landfill City, State City, State Tullytown, PA Signature Date 1 29 [16]						-					П				
Name of Registered Waste Hauler Waste Management City, State Camden, NJ Completed By (Print or Type) Gwendolyn Trumbetti NJDEP Waste Hauler ID No. 18750 Disposal Date 8/31/16 City, State Tullytown, PA City, State Signature Date 1 29 [16]				ш		1					1				
Waste Management Hauler ID No. 18750 City, State Camden, NJ Completed By (Print or Type) Gwendolyn Trumbetti Hauler ID No. 18750 Usaste G.R.O.W.S. Landfill City, State 8/31/16 Tullytown, PA Signature Date 12 Date 12 Date 12 Date										<u> </u>				Ш	
Waste Management City, State Camden, NJ Completed By (Print or Type) Gwendolyn Trumbetti City, State Operations Coordinator Waste 12 City, State Disposal Date 8/31/16 Tullytown, PA Signature Date 1 29 [16]	Name of Registered Wa	ste Hauler			1 125										
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Camden, NJ Completed By (Print or Type) Gwendolyn Trumbetti Signature Operations Coordinator Signature 1 29 [16]						10/01	,		City, State						
Completed By (Print or Type) Gwendolyn Trumbetti Title Operations Coordinator Signature 1 29 [16]										, PA					
Gwendolyn Trumbetti Operations Coordinator 7/29/16	A STATE WAS ARRESTED AND A STATE OF THE STAT	- \	- married								ate .		ſ		
Gwendolyn Trumbetti Operations Coordinator The Trumbetti							:4		A			70	116		
	Gwendolyn Trumb	etti	0	perat	ions	Coord	inator	Un	W.		1		114		
ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.	ASB-41		* [20 20	t use t	his form	for ashes	stos licensure exen	noted activities.						

NO CIC State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT OCCUPATION (Pursuant to NJAC 8:60 and 5:16)

			- 1					#10	1205 TO	+	42	1/16	5		
Date of Notification (1) 8 /	4 /	16					Owner/Operator (2 reet Partners, LL		D) Alig	5 9	016		U)		
Agencies Notified	Type Notifica	tion		+	Street	Address			L AIII	J []	JIU	-			
⊠ EPA	⊠ Initial	don				lyde Par	k .								
☑ DOLWD				-		tate, Zip C			ASBESTOS	JON	TRO	LC			
□ DOH	Amendme	ent #1					PA 18902		LICEN	SIM	3				
☐ DCA	☐ Emergence		ing						Telephone Numb		_		_		
(NJAC 5:23-8)	justificatio					of Contact Price			relebnone Numb	31			¥		
					FAC	ILITY IN	FORMATION								
Name of Facility Where	Abatement is T	aking Pla	ce (3	3)	0,000			Type of Facilit	y (4)						
Garage Structures		3		,				School (K-	7 (2000)						
Street Address				-					r 8 (Other than K-12)						
3 Clinton Street								Other (i.e., homes, etc.)	private and commerc	ial bui	ldings	5,			
								Square Feet	# of Floors	Bir	ig. Ag	10			
City (5) Lambertville, NJ 08	8530							2000	1		50+				
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (I	Prior if being demolish	ied)					
Hunterdon								Commercial Garage							
Name of Monitoring Firm	Hired by Build	ling Owne	er (8)	1	ASCM	No.	Name of Abateme	ement Contractor (9)							
Health & Safety Se							Controlled E	Environmental Systems							
Street Address				777			Street Address	•							
PO Box 365							1121 N. Beth	thlehem Pike - Suite 60							
City, State, Zip Code							City, State, Zip Co								
Berlin, NJ 08009							Spring Hous								
Project Manager for Mor	altoring Circo		-1	Tolor	phone	No	Telephone No.	C, 174 10477	License No.		-				
Jim Proctor	illoring Film			100		2-1311	215 542 7000		00847						
		ahadı ilad	Cor	9.5			Name of OSHA N		00047						
Start Date (10)	V 900-500	Scheduled 8					This sales seems to be a seem of the seems o	TOTILOT							
8/_8_/							CES								
Occupancy Status Durin	7: N						Street Address								
☐ Facility Closed/Vacat	120						1121 N. Beth		Suite 60						
Abatement Performer Time of Abatement:						cribe	City, State, Zip Co								
Time of Abatement.	7.00AW-3.00F	IVI/	L 1A1-				Spring Hous	e, PA 19477							
Scope of Work (Check a	all that apply)		-53 (55)	929											
☐ >3 sf or >3 lf		П	Pane	ovatio	nn.		☐ Full Con		legative Pressure						
≥ 160 sf or ≥260 lf		-		olitio			☐ Gloveba	g Procedure							
				12.00		A	Non-Exe Non-Exe	mpted (*) and I	Non-Friable Procedure	= WK	TI)ON	N 9		
				ocati						Ab	ateme	ent T	ype		
Location		. 1		ormal	ly ly by		Description of		A	Re	Re	E	m		
Asbestos-Containing TO BE AB				tena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Faci		С			Staff?	(surfacing, VAT	, or	SF or LF)	Va.	-	Sul	sure		
(13)		-		(12)	T	-	other miscellane	ous)				ate			
Roof		Ye		No	N/A	Roof C	oating		2000 SF			П	П		
			-	_	-					-			H		
East Garage window	V					1000	v Caulk		5 LF				닏		
Rear Side Wall	l			Tar Sea	am Patch	1711	352 LF		Ш	Ш	Ш				
Name of Registered Waste Hauler NJDEP Wa							Cubic Yards of	Name of Re	gistered Landfill						
Horizon Disposal Hauler ID No. 10416							Waste	Grows L	andfill.						
City, State					10410		Disposal Date	City, State				= 150,000			
1519 Calhoun St -	Trenton, NJ	08638					8/12/16	New For	d Mill Rd - Morris	ille,	PA 1	906	7		
Completed By (Print or Type) Title							Signature		// Dat	te					
Patricia Visco	VIV	Offic	e M	ana	ger		Pat	unun	Vioces 8	9-1	4-1	16			

Date of Notification (1)	4 /	16	Name of Building Owner/Operator (2) CP Haddon & Copewood, LLC										
						u 00p			AUG 5	2016		-	-
Agencies Notified EPA	Type Notifica	tion			Address Broadw	av. 9tl	Floor					1	
□ DOLWD					tate, Zip C				ASBESTUS CC	HTP	OL-	Š4	
☑ DOH	Amendme				v York, N		03		LICENS	NG_			_
DCA	☐ Emergence justification		1		of Contac				Telephone Numb	er			-
(NJAC 5:23-8)	☐ Cancellati				ilah Joh								
				FAC	CILITY IN	NFORM	MATION						
Name of Facility Where A	batement is T	aking Place	(3)	Material				Type of Facility	(4)		19.		
Haddon Ave		•						☐ School (K-12					
Street Address									3 (Other than K-12)	درما احت	ilalia a		
1675-1677- HADDO	ON AVENUE	Residence	ces					homes, etc.)	rivate and commerc				
City (5)								Square Feet	# of Floors		g. Ag	je	
Camden								15,600	1		5()+		
County (6)				Coun	ty Code (7	7)(STATE USE ONLY) Current Use (Prior if being demolished)							
CAMDEN						Abandoned Commercial Facilities							
Name of Monitoring Firm	Hired by Build	ing Owner ((8)	ASCM	No.	Name of Abatement Contractor (9)							
Whitman Environm	ental			0011	10	Controlled Environmental Systems							
Street Address							t Address						
7 Pleasant Hill Rd						11:	21 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code						City,	State, Zip C	ode					
Cranbury, NJ 08512	!					Sp	ring Hous	e, PA 19477					
Project Manager for Moni	toring Firm		Tele	phone	No.	Telep	hone No.		License No.				
Kevin Lovely				50	0-5858	21	5 542 7000)	00847				
Start Date (10) 8 / 9 /	988	cheduled C 9 /				Name of OSHA Monitor CES							
						Street Address							
Occupancy Status During				mont		0.0000000000000000000000000000000000000	1121 N Bethlehem Pike -Suite 60						
□ Facility Closed/Vacate □ Abatement Performed	0.75				cribe		State, Zip C		ite oo	-			
Time of Abatement: 7					*****			se, PA 19477					
Scope of Work (Check all	that annly)					Sh	illig nous	e, FA 19477					
	шас арріу)	1000000	novati molitic			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure							
							⊠ Non-Exe	empted (*) and No	n-Friable Procedur	_			
170 690	2		Locat Norma			20				Ab	atem	ent T	ype
Location Asbestos-Containing I		11	ed Sole		Ashe		Description on taining Ma	ot aterial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABA		Ma	intena todial			e., therr	nal systems	insulation,	(Specify	Removal	air	Encapsulate	Enclosure
IN Facilit	У	Cus	(12)	Stall f			rfacing, VAT er miscellane		SF or LF)	<u>m</u>		ulat	Ire
(10)		Yes	No	N/A		Othic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				е	
Building 1					Roofin	g/Flas	hing		15,600 SF				
Building 2 & 3					Roofin	g/Flas	hing		20,125 SF				
Carport			Flashir	ng			1,000 LF						
Name of Registered Wasi	1600	JDEP \		- 222	Yards of	Name of Regis	stered Landfill						
BULL WASTE & RE	Hauler ID No. Waste SCIA 5000												
City, State					sal Date	City, State							
Berlin, NJ 08009	9/30/16 ALLOWAY, NJ												
Completed By (Print or Ty	rpe)	Title		Signati				11	Da	ite	267	10	
Patricia Visco		Office	Mana	ger			Parti	NA UNO	sal	3	-y.	-16	,

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:50 and 5:16)

10860

Date of Notification (1)	6 m	Bac II	Name	ot Brillain	g Owner/Operator (2)		/	V						
8131	16	Total Trans	City of Camden												
Agencies Notified Type Notific	ation		Street	Address	-						-				
⊠ EPA	7		PO	Box 951	20		6110 F	- 0/	140						
X DOLWD ☐ Amender X DOH Amendm			City, S	itate, Zip C	Code	1-		2	Hb						
	cy (including		Can	nden, NJ	08101			a 2 13	1	7					
(NJAC 5:23-8) justificati		1	Name of Contact												
☐ Cancella	tion		- John Sond												
			FAC	HLTY IN					- 7		-				
iama di Facilità d'hara L'hatemant la	Tairing Fizos	5)				Type-of Facility	74	-							
NOTO: 18 th STREET RESIDENC	ES					☐ School (K-1	2)								
Street Address						Subchapter	8 (Other than K-12)	*** *** *							
903, 906, 915, 926, 936, 1111 N	orth 19th ST	REE	T Res	sidences		homes, etc.	private and commerc	iai di	ıııcımg	is,					
Dity (5)						Square Feet	# of Floors	131	ig. A	ae	-				
Camden						varies	varies		50-	_					
County (6)			Coun	ity Code (7)(STATE USE ONLY)_	Current Use (P	ı rior if being demolish	ed)	1/2						
CANDEN							DEEMED UMSAFE	1							
Name of Monitoring Firm Hired by Buil	ding Owner (S) [A	SCIVI	No.	Name of Abateme	ent Contractor (9)				-				
Health and Safety Services			117		1	d Environmental Systems									
Street Address					Street Address										
PO Box 365	e at				1121 N. Beth	thlehem Pike - Suite 60									
City, State, Zip Code		- 100	111111111111111111111111111111111111111		City, State, Zip Co	Code									
Berlin, NJ 08009					Spring House		*		100						
Project Manager for Monitoring Firm	1	Telep	hone l	No.	Telephone No.		License No.		- 3		_				
Jim Proctor		Ca	09-33	39-2432	215 542 7000		00847								
Start Date (10)	Scheduled Cor	mpleti	on Dai	te (11)	Name of OSHA N	ionitor					-				
1 1 15 1 16	_10_/	30	_ /	16	CES		- 1								
Occupancy Status During Abatement (Check only on	ie)			Street Address		Y'			-	_				
□ Facility Closed/Vacated During Entitle	re Period of Al	batem	ent		1121 N Sethic	ehem Pike -Su	iite 60								
Abatement Performed Outside of N				cribe	City, State, Zip Co	ode	*				_				
Time of Abatement: 7:00AW-5:00	PIVIPIVI-		AM		Spring House	55									
Scope of Work (Check all that apply)	W = Street														
≥3 sf-or ≥3 if	□ Pan	ovatio			☐ Full Cont	ainment with Ne	gative Pressure								
∑ ≥160 sf or ≥260 lf	☑ Dem					Procedure	10 mg 10 mg	2	. 1						
Ψ					⊠ Non-Exe	mpted (*) and ive	on-Friable Procedure	9	4						
		ocatio	10.7					Ab	ent T	YF					
Location of Asbestos-Containing Material (ACM	1.1	Soleh		Acho	Description of stos Containing Ma		Amount	176	72	回	-				
TO BE ABATED	Main	itenan			., thermal systems		(Specify	Removal	Repair	Encapsulate	The second second				
IN Facility (13)		dial Si (12)	tati?		surfacing, WAT.		SF or LF)	2		SILIS	Service of the least				
(13)	Yes	No	MA		other miscellane	ous)				le	-				
EE ATTACHED			П	SEE AT	TACHED		200 YD per res			-	1				
CONTRACTOR CONTRACTOR		_	_	OLL AI	INCITED	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ZUU I-D per res		:1 -	Ш	1				
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	0- 1										15				
	ПП	hil	П					П	1	П	1				
lame of Registered Waste Hauler		N.1	DEP V	Vaste	Cubic Yards of	Name of Regi	stered Landfill	14	1-1-5	1	13				
Waste Management of NJ		Ha	uler ID	Divo.	Waste	GROWS	Store Editoriii								
City, State		1	7273	i	200/residenc				4	3	- 100				
Fairless Hills, PA					Disposal Date 10/30/16	City, State Tullytown	DA :								
	1					1 CHYLOWN		8 /		1 3	-				
Completed By (Print or Type) Patricia Visco	Title	Η,	695		Signature		Dat	e 7-	-	1					
Felficia VISCO	Office Ma	anad	er	1000	1 1 1 1 1		1100	3-	-	-16	2				

CK#25239

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

Data of Natification (1)				Nama	of Duilding	Owner/Operator	(2)						-1				
Date of Notification (1)	/4/16			Name of Building Owner/Operator (2) Keys AUG 5 2016													
Agencies Notified	Type Notification		-	Street	Address								$\exists \exists$				
□ EPA	Initial					i F				50	THE	= -	_				
□ DEP	Amended		F	City, S	tate, Zip C	Zip Code LICENSING											
X DOL	Amendment #		-			Basking Ridge, NJ 07920											
⊠ DOH	justification)			Name	of Contact	TOTAL TO THE POST OF THE POST											
☐ DCA	Cancellation				Mr	Mr. Andy Keyes											
				FAC	ILITY INF	ORMATION											
Name of Facility Where	Abatement is Takir	ng Place	(3)				Type of Facilit	ity (4)									
A CONTRACTOR OF THE CONTRACTOR	Res	identia	al				School (K-										
Street Address						Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings,											
							homes, etc	:.)									
City (5)							Square Feet	# of FI	oors	Bio	ig. A	35					
	Basking	Ridg	e, N.				2500	_	<u>Z</u>		150	+/-					
County (6)	omerset			USE USE	ity Code (7 ONLY)) (STATE	Current Use (F	rior it being	g demolisi	nea)							
Name of Monitoring Firm		Owner		ASCM	No T	Name of Abaten	nent Contractor (9)									
(8)	MECS	OWING		ACCIVIT	140.		vens Enviror		Service	s. In	c.						
Street Address	WIECS		<u> </u>			-,			_								
Circot / tadicoo	PO Box 34	1			PO Box 322												
City, State, Zip Code																	
	Crosswick, NJ	08515					Allentov	vn, NJ 0	8501								
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		Licens	se No-								
Bill We	eisgarber		(60	9) 29	8-4070	(609) 2:	59-9688		0	0493			_				
Start Date (10)	Sche	eduled C	omple	tion Da	te (11)	Name of OSHA											
8/24/16			9/2/1	6			<u>N</u>	/IECS				_	_				
Occupancy Status Duri	뭐 가득했다. 이 아이지 않아 아이를 맛있다면 하나 하네?			-61		Street Address	DO	D 241									
☐ Facility Closed/Vaca	[PRODUCTION OF STREET PRODUCTION OF STREET PRODUCT							Box 341				_	_				
☐ Abatement Performe Control		al Facilit	y Hou	rs		City, State, Zip (leo NII (10515								
							Crosswic	KS, INJ	10313			=	_				
Scope of Work (Check	all that apply)					Full Co	ntainment with N	egative Pre	essure								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat				iclosure ag Procedure										
		Пре	rnolluc	m		Non-Ex	empted (*) and N	lon-Friable	Procedur	е							
			ocatio					Abatement									
Location	of		omally I Solel			Description of	of				Тур	e					
Asbestos-Containing		Mair	ntenan	ice/		tos Containing Ma	aterial (ACM)	Amo				Ш	-				
TO BE ABA		1	ustodia Staff?	al	(i.e.,	thermal systems surfacing, VAT		(Spe SF or		Ren	Re	ncap	ncl				
(13)	ıy		(12)			other miscellane		0, 0,	/	Removal	Repair	Encapsulate	Enclosure				
0.00		Yes	No	N/A						=		ate	6				
Basem	ent	×				Boiler Insula	ation	60	sf	×							
Basem				-		Fittings			1	×							
Daseili	CIII	-				I Ittiligo		-		1							
		-						1									
Name of Registered Wa	aste Hauler	-1		JDEP V		Cubic Yards	Name of Re	gistered La	ndfill								
Stevens Environ	mental Servic	es. Inc	. +	lauler II 182	0 No. 292	o. of Waste GROWS Landfill											
City- State				102	and J had	Disposal Date City, State											
	Allentown,	NJ				9/2/16/		Morr	isville,	PA	2						
Completed By	Tit					Signature	77		Date	892780000							
Mahlon E. St	tevens	Pı	rojec	t Mar	nager	////	1. /			8/4	/16						
100 11						/ / A											

ASB-41 MAR 00

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

C	C1013		N	OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)															
Date of 8/3/20	Notification (1) 016				Name of Steve I	Building (Libin	Owner/C	perator	(2)			AUG	5 20)16		圳			
X EF	es Notified PA EP OL OH CA	Type Notification Initial Amended Amendment Emergency justification) Cancellation	(including	_	Lodi, N	te, Zip Co IJ 07644	Telephone Number								-&				
Name o	of Facility Where	Abatement is Takin	ng Place (3))	FACIL	LITY INFO	RMATI	ON	Type of Facility (4)										
	Address								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)										
Lodi	::								17	00	2		6	Bldg. Age 65+/-					
County Berge				İ	(STATE U	Code (7) ISE ONLY)			Current Use (Prior if being demolished) Residential Home										
	of Monitoring Firm Detent Superv	n Hired by Building isor	Owner (8)		ASCM	No.			Name of Abatement Contractor (9) All Stages Asbestos Inc										
Street /	Address					64		Street Address 280 N. Midland Ave.											
City, St	tate, Zip Code									, Zip Code Brook, NJ	07663								
Project	Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph 201-		No. -3184		License 01305							
Start D 7/13/	ate (10) 16		Schedule 7/21/16		mpletion [Date (11)		Name	of C	SHA Monito	r	-							
Fa Al	acility Closed/Vac	ng Abatement (Check cated During Entire thed Outside of Normal 8A.M to 4P.M	Period of A	bater	ment s			Street City, S		, Zip Code									
_ ≥3	of Work (Check A 3 sf or ≥3 If 160 sf or ≥260 If	All That Apply)		lenova emoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							e				
	Locatio	n of	1	Locat Norma	lly		De	scription	n of					Abatement Type		t			
Ast	pestos-Containing TO BE AB In Faci (13)	ATED	Ma	d Sole intena todial (12)	nce/ Staff?	Asbes (i.e.	tos Con therma surfa	taining N	Mater s ins AT, o		Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure				
	Basem	nent	Yes	No X	N/A			VAT			5	00 SF	-		le l				
	Daoon	10111						٧٨١			3	00 31	x						
										2									
Newa	of Registered Wa rk Carting	ste Hauler		H	NJDEP W Hauler ID 14509		of Wa	of Waste			ame of Registered Landfill								
City, St Newa						Dispo TBD	Dosal Date City, State Bethleh				tate ehem, PA								
	eted by rd Cristofol		Title Presi	dent				Signatur	1/	1 /	Date 9/3/14								

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) VERIZON COMMUNICATIONS 3 / 16 8 Type Notification Street Address AUG Agencies Notified 15 EAST MONTGOMERY PLACE ☐ EPA ☐ Amended **⊠** DOLWD City, State, Zip Code Amendment # ESTOS CONTROL & **⊠** DOH PITTSBURGH, PA 15212 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number iustification) (NJAC 5:23-8) C/O ALEX BAYLOR ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) VERIZON COLLINGSWOOD CO Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 588 HADDON AVENUE homes, etc.) Square Feet # of Floors Bldg. Age City (5) COLLINGSWOOD, NJ County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) COMMUNICATIONS CAMDEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. USA MANAGEMENT INC Street Address Street Address 1123 BEAVER STREET 8436 ENTERPRISE AVENUE City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 PHILADELPHIA, PA 19153 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00509 215-788-6040 215-365-5810 MARK JENKINS Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) BRISTOL ENVIRONMENTAL, INC 8 / 18 / 16 8 / 15 / 16 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVR STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM/5:00PM-1:30AM Time of Abatement: AM-_ BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ☐ Demolition ≥160 sf or ≥260 lf ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Repair Encapsulate Enclosure Removal Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A X 32 LF PIPE INSULATION \boxtimes BASEMENT TANK ROOM X П 12 LF X PIPE INSULATION Beneath radiators in basement area П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste MINERVA LANDFILL SERVICE TRANSPORT GROUP, INC. 20990 Disposal Date City, State City, State WAYNESBURG, OH NEW CASTLE, DE

PD16101

Completed By (Print or Type)

PATRICK T. DeCARO

Title

ESTIMATOR

Signature

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(Pu	ırsua	ant t	o <u>N.J</u>	.A.C	3. 8:60 and 1	2:120)		Z#	30	73	F	Γ.	7]					
Date of Notification						ding C	wner / Operator	(2)				۵, ن		-!!						
Agencies Notified EPA DEP DOL DOH DOA			0	One F City, S Newa Name	Addres	Zip Co 0710 tact	ASSESTES CONTROL & t													
					INFO	DRMATION														
Name of Facility Wh Future NJ Turnp Street Address One Hess Plaza		County (6)			Code (7)	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)													
Woodbridge		Middlesex					School	Prior if being	demoi	ished)										
Name of Monitoring RJB Environmen Street Address 56 East Bridge S City, State & Zip Co Morrisville, PA 19	treet	l y Building Owr	ner (8)	ASCM No. Name of Abatement Contractor (9) Bristol Environmental, Inc. Street Address 1123 Beaver Street City, State & Zip Code																
Project Manager for		irm			Numbe	er	Telephone Nu	ımber	License Number											
Jim Frisbee	1- (40)	0-1-1-1-1-0	267-				(215)788-604 Name of OSH	THE RESERVE AND ADDRESS OF THE PARTY OF THE		00509					-					
Scheduled Start Da 8/29/16		Scheduled Cor	9/23		e (11)		Bristol Envi		Inc.											
Abatement Describe:	sed/Vacated I Performed O cupied During	During Entire Putside of Norma Abatement 7 A	eriod (al Hou	of Aba urs –		t	Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007													
≥3 sf or ≥3 l≥160 sf ≥26	lf 60 If	ургу)		Den	ovation	1	Full Containment with Negative Pre Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Pr							Procedure						
Asbes Mat <u>TO I</u>	ocation of tos-Containin terial (ACM) BE ABATED n Facility (13)	g	Norn Se Main	Locationally to be deleted to	Jsed by ce or		Description Asbestos-Cont Material (AC (i.e., thermal synsulation, surfactor other miscella	aining CM) vstems ing, VAT		Amount (Specify SF or LF	, +	Abate Removal	\neg	Encapsulate	e Enclosure					
1st Floor Boiler R	Rm, Mech H	all and Hall					Boiler Breed			675 SF] [
Boiler Room							1" Fitting			16 EA			4	╬	님					
Boiler Room				\vdash			2"Fitting 6" Fitting		+	16 EA 2 EA		═╫╞	=	H						
Boiler Room Boiler Room				Н			12" Fittin			5 EA			1	5						
Bollet Hoolii				d																
Name of Registered	d Waste Haul	er		1000000	DEP W uler ID		Cubic Yards of Waste	Name of Re			ill									
Service Transpo	rt Inc.				2099		10													
City, State New Castle, DE							Disposal Date 9/23/2016	City, State Waynesbu	ırg, O	Н										
Completed By (Prin				- 1	e oject anager		Signature Line Pra	Date 8/2/16												

GI 16099 B

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 0) = 60# 30 73

(Pursuant to N.J.A.C. 8:60 and 1	12:120)
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Date of Notification	(1)			N	Name of Building Owner / Operator (2)										+++					
	8/2/2			T	ishr	man	1				1.	MIC	5 2016	`	J.					
Agencies Notified	Type N	Votifica	tion	1.00	Street	34.3					,7 r	AUU	U LUN	,	-					
	(5)			1.00				ont P	the state of the s											
☐ DEP	\boxtimes	Initial		C	City, S	State	e & 2	Zip Co	de		180	BESTOS CONTROL &								
□ DOL		Amen	ded	N	lewa	ark,	NJ	0710	2		MOL	I OF SOING								
□ DOH □ DCA		Emer	gency	N	lame	of (Con	tact				Telephone Number								
□ DCA		Canc	ellation	F	Rosa	na	Cap	outo												
					FA	CIL	ITY	INFO	RMATION											
Name of Facility WI	here Ab	ateme	nt is Taking Pla	ace (3)				Type of Facilit	y (4)										
Future NJ Turnp	ike He	adqu	arters						School (K	(-12)										
Street Address									Subchapt	ter 8 (Othe	r than K-	12)								
One Hess Plaza									Other (i.e. private & commercial buildings, homes, etc.)											
									Square Feet	# 01	Floors		Bldg. Ag	е						
City (5)			County (6)	Cou	unty	Code	e (7)												
Woodbridge			Middlesex						Current Use (I	Prior if bei	ng demol	ished)								
									School											
Name of Monitoring			y Building Own	er (8)		A	SCN	Л No.	Name of Abat			9)								
RJB Environmen	ntal Ind	;							Bristol Environmental, Inc.											
Street Address									Street Address											
56 East Bridge S									1123 Beaver Street											
City, State & Zip Co									City, State & Zip Code											
Morrisville, PA 1		sina E	irm I	Telep	hono	Nhu	mho	or.	Bristol, PA 19007 Telephone Number License Number											
Project Manager for Jim Frisbee	I WOITE	Jilly F		267-9				-1	(215)788-6040 00509											
Scheduled Start Da	ate (10)	15	Scheduled Com	The Control					Name of OSH											
9/9/16		1	3011000100 0011	9/11		(/		Bristol Envi		al Inc.									
Occupancy Status	During .	Abater	nent (Check on	ly one	e)				Street Addres	57.0										
Facility Clos	sed/Va	cated [During Entire Pe	eriod (of Ab	aten	nen	t	1123 Beave											
Abatement	Perform	ned O	utside of Norma	al Hou	ırs –				City, State & 2											
Describe:			6) to 11:59 PN	(9/11	/16)				Bristol, PA	19007										
			Abatement																	
Scope of Work (Ch	eck all	that ap	pply)							⊠ Full	Containr	ment with	Negative	Pres	ssure	1				
☐ ≥3 sf or ≥3	If			\square	Rei	nova	ation	1		K	i-Enclosu		3							
≥160 sf ≥26				H		molit				☐ Glo	ve Bag P	rocedures	3							
2100 31 220	30 11													e Pro	rocedure					
L	ocation	of	T	ls l	oca	tion	T		Description	of		Amount	Aba	Abatement Type						
	tos-Co		g	Norn			d		Asbestos-Cont		(Specify SF or LF)									
	terial (A				olely				Material (AC		R		Enc	Щ						
	BE ABA		52.3	Main			0.000		(i.e., thermal sy				Remova	Repair	aps	clo				
	in Facili (13)	ty		Custo	(12)	Stai	11		nsulation, surfactor or other miscella				ova	===	Encapsulate	Enclosure				
	(13)		-	Yes	No	N/	A		or other missens	2110000)					ē	w				
1st Floor Loading	a Dock	(П	\boxtimes	T	7		1" - 2" Fitt	ting		20 EA								
2 nd Floor Data C		-		Ħ	X	Ī	<u> </u>	10" sa	ddle solid block s		sula.	25 EA								
13th Floor Mecha		Room	1		Ħ	TF	71		3" - 6" Fitt	ting		9 EA	\boxtimes							
10 1100111100111	Ħ		TĒ																	
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					I				Te a		.,									
Name of Registere	d Wast	e Haul	er		7.77				Cubic Yards	Name of	Registere	Registered Landfill								
Camina Trans	und lase				H		r ID 099		of Waste 5											
Service Transpo	ort inc.		**			20	133		5 Minerva Landfill Disposal Date City, State						-					
City, State New Castle, DE									9/12/2016 Waynesburg, OH											
Completed By (Prin	nt or Tv	ne)			Ti	tle			Signature Date											
Gino Pizzigor		- 0/			10000	roje	ct		v 0			1-0	0	9/2/1/2						
goi					1555	ana		r	Alua 1 t	zzege	ne	11	8/8	4/1	9					
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CK 23	4850	NC		CATION	te of New OF ASBE o NJAC 8	STOS	ABATE			7 [GE	7	V [
Date of Notification (1) August 4, 2016					Building C Harms							- 0	040						
Agencies Notified	Type Notification		- 1	Street Ad		COLIS	iraction			-	ΔIIG	5 2	016	1					
	× Initial			P.O. Bo				TOTAL CONTROL &											
EPA DEP DOL	Amended Amendment	#			e, Zip Coo gdale, N		27	ASBESTOS CONTROL & LICENSING											
	Emergency justification)	(including	1	Name of	Contact				Fee	Telenhone Number									
DOH DCA	Cancellation			Sam Ha		DMATI	ON					-	-						
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	ITY INFO	RIVIATI	ON	Тур	e of Facility (4)									
Private Residence									School (K-1		arthan V 10	,							
Street Address								×			er than K-12 & commercia		lings,	home	es,				
City (5) Howell								Squ N/A	are Feet	# 0	f Floors	В	Bldg. Age						
County (6) Ocean				County C STATE U	ode (7) SE ONLY)				rent Use (Priesidential S			ed)							
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name of Abatement Contractor (9) George Harms Construction Co., Inc.												
Street Address							Street Address 62 Yellowbrook Road												
							S8550 90	- 201/2010		ad									
City, State, Zip Code							65000		Zip Code NJ 07731										
Project Manager for Mon	nitoring Firm			Telephon	e No.		Telepl 732-		No. -2089		License N 01055	0.							
Start Date (10)		Scheduled August 2			Date (11)		Name	of O	SHA Monitor										
August 17, 2016 Occupancy Status Durin	ng Abatement (Che			.010			Street	Add	ress										
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Al	oatem				City, State, Zip Code												
Scope of Work (Check A	All That Apply)											-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Security 1	enova emoliti					I (Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				0					
		lal	ocati	00			E		von-Exemple	u () ai	IU NOII-FIIAL		Abate	ment	t				
Locatio	n of	No	ormali I Solel	у			scription						Ту	pe					
Asbestos-Containing TO BE AB		Mair	ntenar odial S	nce/		therma	system	ns ins		(Amount Specify	Re	_Z	Enca	Enc				
In Fac (13)		Custo	(12)	otair			cing, VA miscella			S	F or LF)	Remova	Repair	Encapsulate	Enclosure				
		Yes	No	N/A								<u>m</u>		ate	6				
Asbestos	Siding			Х		Asbe	stos S	Sidin	g	1,0	000 SF	X							
										3.30/10									
	3-11-1			IDED II	nate.	Contr	Vend		Name -	Donie!	ered Landfill								
Name of Registered War George Harms Con		nc.	Н	JDEP W auler ID 5885		of Wa	Yards este			-	gement								
City, State Howell, NJ						Dispo	sal Date	2	City, Sta		Ą		7						
Completed by		Title	237-2-2		0		Signatur	é	1/1/1/	/	Da	ite//	/1	12	1/2				
Sam Hahn		Project	ct En	aineer			XX.	One. A	1 1/1/1/	1/		7	14	100	18				

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