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City, State, Zip Code Sparta, NJ 07871							City, State, Zip Co	ods	_					$\dashv$	
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NOTIFICATION OF ASBESTOS ABATEMENT 1341-07 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) / 30 / 2018 Janssen Pharmaceuticals, Inc. Agencies Notified ype Notification Street Address ☐ EPA 1 Initial 1000 Route 202 ☑ DOLWD [ ] Amended City, State, Zip Code ASSESTOS CONTROL & ☑ DOH Amendment # LICENSING Raritan, NJ ☐ DCA [ ] Emergency (including Name of Contact justification) (NJAC 5:23-8) Telephone Number [ ] Cancellation Harold Marsan 908 927-6912 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JANSSEN PHARMA CEUTICAL, INC. ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e., private and commercial buildings, 1000 ROUTE 202 homes, etc.) City (5) Square Feet # of Floors Bldg. Age **RARITAN** County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Hunterdon Name of Monitoring Firm Hi ed by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Healt Investigations Delta/BJDS, Inc Street Address 655 West Shore Trail 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 Southampton, Pa 18966 Project Manager for Monitor ng Firm Telephone No. Telephone No. License No. 973 729-5649 215 322-2900 00783 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 12 / 04 / 20 8 12 / 18 / 2018 N/A Occupancy Status During Al atement (Check only one) Street Address ☐ Facility Closed/Vacated [ uring Entire Period of Abatement Abatement Performed Oi tside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_AM-\_\_\_\_PM/\_\_\_PM-\_\_AM Scope of Work (Check all the tapply) ☑ Full Containment with Negative Pressure ≥3 sf or ≥3 If ☑ Renovation Mini-Enclosure ☑ >160 sf or >260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Enclosure Removal Asbestos-Containing Ma erial (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATE ) (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 3rd fl Bldg B Room B 339E X Ceiling Tiles П 200 SF Х 3rd Fl Blda B П X Interior Window panel caulking 400 LF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Service Transport (Froup Inc. 20990 Type text here Disposal Date City, State 58 Pyles Lane New Castle DE Waynesburg, Ohio Completed By (Print or Type Title ignature Date Christine Del Viscio Asst. Admin 11-30-2018 ASB-41

State of New Jersey

**JAN 13** 

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

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N. CE W.					F/	ACILITY	INI	FORMATION							
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Finog Enviromental								Name of Abatemo Asbestos an	d Mold Service						
Street Address		Street Address 3859 Sylon Boulevard													
617 Stokes Road		3859 Sylon Boulevard													
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036													
Medford, NJ 08055															
Project Manager for Monitor	ng Firm		T	Tele	phone	No.	+	Telephone No.		License No.					
Rebecca Rubnitz				85	6-596	5-9994		609-702-0400		00862					
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The state of the s	Emerge			-	На	ddonfield	d, NJ, 08003							
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Street Address							Street Address	a mola del vici	es, corp.					
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Thorofare, NJ 08086							Hainesport, N							
Project Manager for Monitori	ıg Firm		11-50	Tele	phone	No	Telephone No.	13 00030	Liennes No					
Dave or Steve Flaniga				1		-0800	609-702-0400		License No 00862	1.				
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5 Locations						Duct Vir	bration Cloth		5 SF		-		긁	귀
2 <sup>nd</sup> Floor				П		Ceiling	Material		2,000 SF	_	-	=		믬
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 11 Cresskill School District/ Job #1810-5102 Check #10796, 10797 Agencies Notified 1 /pe Notification Street Address ASBESTOS CONTROL & **⊠** EPA [ ] Initial LICENSING 1 Lincoln Drive **⊠** DOLWD [] Amended City, State, Zip Code ☑ DHSS Amendment # Cresskill, NJ ☐ DCA [ | Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Frank Bennett 973-472-1578 FACILITY INFORMATION Name of Facility Where Aba ement is Taking Place (3) Type of Facility (4) Bryan ES School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1 Lincoln Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Creskill, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Bergen School Name of Monitoring Firm Hire d by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Karl & Associates AbateTech, Inc. Street Address Street Address P Box 645 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Shillington, PA 19607 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Krisher 610-856-7700 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>12</u> / <u>26</u> / 1 12 / 29 / 18 **EMSL Analytical** Occupancy Status During Aba ement (Check only one) Street Address Facility Closed/Vacated Du ing Entire Period of Abatement 200 Route 130 North Abatement Performed Out: ide 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) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Mater al (ACM) Used Solely by Repair Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Room 102  $\boxtimes$ Floor tile & Mastic 670 SF X Room 102 П X П Cove Base 100 LF X Room 203 X Double later floor tile & Mastic 670 SF X Room 203 X Cove Base 100 LF X П Name of Registered Waste Hat er NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 12/31/18 Tullytown, PA Completed By (Print or Type) Signature Gwendolyn Trumbetti **Operations Coordinator** ASB-41 **MAY 11** \* Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 10-26-18				Name PSE	of Building	g Owner/	Operator	r (2)	a the district of the second o	M	Partie to the second of the second of the second	and depth Maryanam		A CONTRACTOR	and of the last	Annual State of State
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DOH DCA	justification)		9		of Contact						elephone				Marketon .	A-Personal I
	-	858-111-N			ILITY INF	•	ION				343-598-	8015	)			
Name of Facility Where Ab PSEG Trenton	tement is Takin	g Place (	(3)		TELL LINE	Oldina	ION	Тур	e of Facility							
Street Address 1401 Klockner Rd								×	Other (i.e.	er 8 (O	ther than he & comme	(-12) ercial	buil	dings,	home	es,
City (5) Hamilton	-		<i>y</i>					Squ N/A	etc.) Jare Feet A	1 555	of Floors			Bldg. Ag	је	
County (6) Mercer					Code (7) USE ONLY	)		Cur	rent Use (Pontrol Hou	rior if b		lishe	1			
Name of Monitoring Firm Hi N/A	ed by Building (	Owner (8	)	ASC N/A	M No.		Name WRS	of At	patement Co	ontract	or (9)	nc				
Street Address N/A			VIII. (				Street	Addr			71 11003, 1					
City, State, Zip Code N/A							City, S	tate,	Zip Code	30						
Project Manager for Monitor N/A	ng Firm			Telepho N/A	one No.		Teleph 631-9	one l	No.		License 01136					
Start Date (10) 11-05-18		Schedul 12-23-		mpletion	Date (11)		Name	of OS	SHA Monitor							
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City, State Elizabeth, NJ 07201			1.,			Disposa TBD	al Date		City, State	е	A 19067					
Completed by Raymond Tutiven		Title Supe	rvisor				enature GM o.		Monsy	+	- 10	Date 10-26	 3-1	8		
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Agencies Notified  EPA	ype Notificatio	n		Stree	t Address O Hadle					H DEC		20	18	Statement of the statem
× DOL	Amended Amendment Emergence	nt # <u>1</u>	na	City, S	State, Zip th Plain	Code field NJ				AGBEST	OS CI	ONTF	10L 8	3
DOH DCA	justification Cancellation	1)		Dam	of Conta ond Sp	eights				Telephone 843-598	Numb	er	THE PARTY NAMED AND	Property Spirit is
Name of Facility Where Ab PSEG Trenton	itement is Tak	ng Place	(3)	FA	CILITY IN	NFORMA	TION	Type of Fa	cility (4)					
Street Address 1401 Klockner Rd								Subcl	ol (K-12) hapter 8 (i.e. priv	(Other than rate & comm	K-12) ercial t	ouildin	gs, ho	omes,
City (5) Hamilton								Square Fee	et	# of Floors N/A		Bldg N/A	. Age	į.
County (6) Mercer				County (STATE	Code (7 USE ONI	) LY)		Current Us Control F	e (Prior i House	f being demo	olished			
Name of Monitoring Firm Hi N/A	ed by Building	Owner (8	3)	ASC N/A	M No.		Name WRS	of Abatemer Environm	nt Contra	ctor (9) Services, I	nc	ine 5, 53c		
Street Address N/A							Street	Address d Dock Ro			110.			
City, State, Zip Code N/A							City, S	ate, Zip Cod ank, NY 1	ie					
Project Manager for Monitor N/A	ng Firm			Telepho N/A	one No.		Teleph	one No.		License 01136				
Start Date (10) 11-05-18		12-23-	18	mpletion	Date (11	)	Name o	of OSHA Moi		Services, I				
Occupancy Status During At Facility Closed/Vacated Abatement Performed Country	During Entire I	Period of	^ hatau	ment			Street A	Address d Dock Ro	d	er vices, ii	IG.			
Scope of Work (Check All Tr	ical circuit cabi	net						ate, Zip Code ank, NY 1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ат Арріу)		Renova Demolit				×	Mini-Enclo	sure Procedu	with Negative				
Location of		100	Locati Iormal					NOII-EXEII	ipied (*)	and Non-Fri	able Pr	Aba	temen	nt
Asbestos-Containing Mat  TO BE ABATEI In Facility (13)	rial (ACM)	Use Ma	d Sole intenar odial S (12)	ly by nce/	Asbes (i.e	tos Conta thermal surfac	scription of aining Ma systems it sing, VAT, siscellane	terial (ACM) nsulation, or		Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A		outer III	ii 300 ii ai ie	ous)			oval	air	sulate	sure
Oil House				х			roof			610 SF	x	T		
Oil House				Х		Fla	ashing			200SF	X			$\vdash$
Oil House				Х	E	xterior I	edge P	aster		500 If	×			
Control Hous lame of Registered Waste Ha Vaste Management			Ha	JDEP Water ID I		Cubic Y of Wast TBD			of Regis	25 If stered Landfi dfill	X			
City, State Elizabeth, NJ 07201						Disposa TBD	al Date	City, S	State	PA 19067				
completed by aymond Tutiven		Title Super	visor				mature LiYM	0 —	T-	D	ate 0-26-	1.0		

CM# 3474

Date of Notification (1)			200210-12-12-12		Nam	e of Buildin	g Owner/Operator (	2)			,		
	29	_ / _	18		30,000,000		of New Jersey	Z)	MEG	EI	W	E	1
Agencies Notified  ☑ EPA  ☑ DOLWD  ☑ DHSS  ☑ DCA		ne Notification Initial Amended Amendment Emergency	t #	- a	20 City,	et Address 00 Pennir State, Zip ( ving, NJ 0		an distallement of the second	DEC DEC	3	2018		A LANGE OF THE PROPERTY OF THE PERSON OF THE
(NJAC 5:23-8)		justification Cancellation	)	9	100000	e of Contac	7.,		Telephone Num 609-771-288	PECO ENSI	NTR(	DL &	
					FΔ	CILITYIN	IFORMATION	***		-			
Name of Facility Where A	bat	ment is Tak	king Place	e (3)		OLITTI	II OKMATION	Type of Facility	2)			7=00	
Street Address 2000 Pennington Ro	d.							Subchapter Other (i.e., p homes, etc.	8 (Other than K-12 private and comme )	!) rcial bu	uilding	s,	
City (5) Ewing								Square Feet 66,000	# of Floors	10.00	dg. A 88	је	
County (6) MERCER					Cou	nty Code (7	(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)			
Name of Monitoring Firm Pennoni Assoicates			g Owner	(8)	ASCM 001		Name of Abateme						
Street Address					001	02	Street Address	VIRONMENTA	AL, INC.				
515 Grove St., Suite City, State, Zip Code	11				-		City, State, Zip Co		***************************************	411140			
Haddon Heights, NJ	30 0	035					BRISTOL, PA						
Project Manager for Monit	torir	j Firm		Tel	ephone	No.	Telephone No.		License No.			-	-
Brian Clark				8	56-656	5-2944	215-788-6040		00509				
Start Date (10)12 /20 /	1		neduled C 12 /				Name of OSHA M	lonitor VIRONMENTA	I INC				
Occupancy Status During				.00			Street Address	· · · · · · · · · · · · · · · · · · ·	, 1110.				
☐ Facility Closed/Vacated	d D	ring Entire I	Period of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement:							City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that	apply)	**********			see							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			⊠ Re □ De			000	☐ Mini-Enc ☐ Glovebag	Procedure	on-Friable Procedu	re			
			1 7.23	Loca							ateme	ent T	vpe
Location of Asbestos-Containing N TO BE ABAT IN Facility (13)	/late		Use Ma	intena	ely by ance/ Staff?		Description o stos Containing Ma , thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Suite 206			Yes	No	N/A	Tar pap	or		454.05			е	
Suite 206						Floor le			154 SF 800 SF				
Suite 206						Pipe Ins			100 LF				
Name of Registered Waste	a Contractor				JDEP I	D No.	Cubic Yards of Waste	Name of Regis	stered Landfill	1-			
City, State BRISTOL, PA 19007					18706	0	Disposal Date	City, State	HILLS, PA 1904	47			
Completed By (Print or Type Brian Scafiro	pe)	1000	itle Estimat	tor			Signature P34443	1 Sc Aire	/O.a. Da		29	- /	8
ASB-41 BS/8/41			* Do not	use th	nis form	for ashesto	os licensure exemp			•	u (	10	,

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CK1481	) ~		.里景.	) 11151	Pursu	ant to N	TEMENT 6)		E (	C	5	1			
Date of Notification (1)					Nai	me of Build	ling Owner/Oper	rator	(2)	1131	0410011727		-		
//Agencies Notified		-	18				I Estate Com			TOTAL AND DESCRIPTION OF THE PROPERTY OF THE P	DE	0	3	201	Ω.
⊠ EPA	Type No		n		Stre	et Addres	S			ined leads	0.	-0	Ų	491	U
⊠ DOLWD	☐ Initial				2	Broad S	treet, Suite 40	00		1 L					
☑ DOH		idea idment	#3		City	, State, Zip	Code			1 1	SBES	TOS	00	VTR	OL &
□ DCA	☐ Emer			ina	В	loomfield	d, NJ 07003			1		LICE	NSI	VG	
(NJAC 5:23-8)	justific	cation)		9		ne of Conta				Telephor	o Nive				
	☐ Cance	ellation			N	arren Sp	rake			Telephor 973-4					
					F		INFORMATIO	A.I.		313-4	29-790	JU			
Name of Facility Where A	patement	is Takir	ng Pla	ce (3)		TOILIT	IN ORIVIATIO	IV	T (E						
Commercial				. ,					Type of Facility						
Street Address									School (K-12	2) R (Other the	n V 45				
169 Minnisink Road									Other (i.e., p	rivate and o	comme	cial i	nuildir	nas	
City (5)									nomes, etc.)					.go,	
Totowa									Square Feet	# of Floo	ors	E	Bldg. /	Age	
County (6)	-					t. C .									
Passaic					Cot	Inty Code	(7)(STATE USE ON	ILY)	Current Use (Pri	or if being o	demolis	shed)			
Name of Monitoring Firm I	lired by D	uildi	0	- (0)	1.00										
Bio Terra Solutions	med by Bi	ullaing	Owne	r (8)	ASCN	l No.		nt Contractor (9)							
Street Address							ALL PRO	NAGEMENT LI	LC						
P.O. Box 1224		*					Street Addres							_	
City, State, Zip Code							27 Outwa	.ane							
							City, State, Zi	de						_	
Union, NJ							Garfield, I	NJ C	7026						-
Project Manager for Monito	ring Firm			Te	lephone	No.	Telephone No			License	No	_			
Rick Eustaquio						1-3762	973-928-4	888		1188	INO.				
Start Date (10)						ate (11)	Name of OSH	A Mo	onitor	1100					
09 /04 / _		1	12_	/ _1	9 /	18	The second secon		NAGEMENT LL	C					- 1
Occupancy Status During	batement	(Check	k only	one)			Street Address								
□ Facility Closed/Vacated	During En	tire Per	rind of	Abote	ement		27 Outwat		one						
☐ Abatement Performed (	utside of I	Vormal	Facili	ty Hou	re Do	scribe	City, State, Zip						44.50		
Time of Abatement	AM	PN	Λ/	PM	l	AM	Garfield, N								
Scope of Work (Check all the	at apply)						Garriera, N	4J U	7026						
≥3 sf or ≥3 If							□ Full C	conta	inment with Nega	tivo Drago					
□ ≥160 sf or ≥260 lf			□ Re	enovat emoliti	ion		IVIII II-E		sure	uive Piessi	ire				
			D DE	וווטוונו	UII		☐ Glove	bag	Procedure		51				
			ls	Loca	tion		⊠ NOU-E	_xem	pted (*) and Non-	-Friable Pro	cedure	_			
Location of				Norma	elly		Descriptio	n of				Ab	_	ent Ty	уре
Asbestos-Containing Ma TO BE ABATE	terial (ACI	M)	Ma	ed Sol	ely by ance/	Asbe	stos Containing	Mate	rial (ACM)	Amoun	nt	Re	Repair	En	m m
IN Facility	_				Staff?	(i.e.	, thermal system	ns in	sulation.	(Specif	y	Removal	pair	Encapsulate	Enclosure
(13)			20201012	(12)			surfacing, Va other miscella	AI, o	or is)	SF or LI	F)	Val.	,	Sul	sure
			Yes	No	N/A				-/					ate	
Auditorium						Pipe Ins	ulation - Wra	р&	Cut	50 LF					
Meese Building					$\boxtimes$		ulation- Wrap		200000	50 LF					
Behind Meese Building						Transite	Pine			1940				ᆜ	
				П			· ipo	_		80 LF		$\boxtimes$	Ш	Ш	
Name of Registered Waste	lauler		٦		_	Vanta	Out to the	,							
Century Waste, LLC					JDEP V auler ID		Cubic Yards of Waste		Name of Registe					_	
City, State					32797	P-1475-250	As Needed		GROWS Nor	th Landfi	II/ Fai	rless	Lan	dfill	
Elizabeth, NJ							Disposal Date		City, State					5.040=	-
							TBD		Morrisville, F	PA					
Completed By (Print or Type		Title					Signature		160		Date				_
Allen Monchik		Pro	oject	Mana	ager			1.7	Monchik						
SB-41		in the second					AYCCU	V	whener		111/	30/	18		

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

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Print	Form
1 11111	1 01111

CK.1787	P	AII	NOTII (I	FICATIO	N OF AS	BESTOS	ABATE	MEN 0)	IT I		EC	E		$\mathbb{V}$		
Date of Notification (1) 11/28/18				Name of	of Building	g Owner letti	/Operator	r (2)	The state of the s		550			2018	AND EXPENSES	
Agencies Notified T	y e Notification				Address				31	14	DEC		3	2010	B) M	- mad
ĭ EPA D	Initial									and the same of th						
DEP DOL	Amended				ate, Zip C				-	1	ASBEST	OST	100	TRO	La	
	Amendment  Emergency	(includin			le Brool		7663		9		L	ICEN	211	<u></u>		
DOH DCA	justification) Cancellation	(			of Contact					Te	elephone	Numb	er			
					ILITY INF		TION									
Name of Facility Where Aba	ment is Takir	ng Place	(3)	1710	1211 1 1141	OKWA	ION	Тур	oe of Facility	(4)			_	-		
Residential Home								П	School (K	500000	100					
Street Address									Subchapte	er 8 (Ot	her than	K-12)				
City (5)								×	Other (i.e. etc.)	private	& comm	ercial	buile	dings, I	nome	es,
Saddle Brook									uare Feet	100000	of Floors		- 1	ldg. Ag	ge	
County (6)				County	Code (7)			19		2				0 +/-		
Bergen				(STATE	USE ONL	n		Re	rent Use (Presidential	rior if be Home	eing dem	olishe	d)			
Name of Monitoring Firm Hi Project Manager	red by Building	Owner (8	3)	ASC	A No.				batement Co		or (9)					
Street Address							All S	tage	es Abaten	nent						
Origet Address							Street		1000000						-11	
City. State, Zip Code									Midland Av	/e.						
									Zip Code Brook, NJ	07663	3					
Project Manager for Monitor	ir g Firm			Telepho	ne No.		Teleph			01000	Licens	e No	111112		CALLES TO	
									-3184		0130					
Start Date (10) 12/7/18				mpletion	Date (11)		Name	of O	SHA Monitor							_
Occupancy Status During Al	tement (Chec	12/9/1	_				Chront	A -1 -1 -								
Facility Closed/Vacated							Street	Addr	ess							
Abatement Performed	Itside of Norm	nal Facilit	y Hours	nent S			City, S	tate.	Zip Code						25.000	_
						_										
Scope of Work (Check All Ti	t Apply)														(0.0)	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova				F	F	ull Containm	ent wit	h Negativ	re Pre	ssur	e		
=100 31 01 2200 11		ш	Demolit	tion			×	N	lini-Enclosur lovebag Pro	e						
								N	on-Exempte	d (*) ar	nd Non-Fr	riable	Proc	edure		
			Locati											Abaten		
Location of Asbestos-Containing Ma	te rial (ACM)		Normal ed Sole		A-b		scription		01411212112212111	l V		-		Тур	e T	
TO BE ABATE		S	intena todial S		(i.e.	thermal	taining M systems	ateri insu	al (ACM) lation,	1000	Amount Specify		70		5	Ш
In Facility (13)		J	(12)	otan:		surfa	cing, VA	T, or	in the second se	1.30	F or LF)		Remova	Repair	aps	Enclosure
		Yes	No	N/A		Other I	mocenan	cous	,				va	₩.	Encapsulate	sure
Basement		100		INIZ		D:	111									
Datement		-	X			PI	pe Wra	р			17 LF	X				
Name of Registered Waste H	la iler		1	IDES												
All Stages Abatement	id Tiel		H	JDEP Wa auler ID	No.	Cubic of Was			Name of	=						
				036592		1			Grand	Centr	al Sanit	ary L	an	dfill		
City, State Saddle Brook, NJ							sal Date		City, Stat						-	
Completed by	-	T:41				TBD			Pen Ar	gyl, P	A					
Richard Cristofol		Title Pres	ident			S	ignature	1	1	/	×	Date	0/4	0		
	-	1					1/10	41	1/4/			11/2	ŏ/1	ğ		

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D:	rın	+	-0	rm

CKOllab	[4]	PA		CATION	tate of New Jer N OF ASBESTO to NJAC 8:60	S ABATE		The second of the second		G	5 1	$\mathbb{V}$	E	
Date of Notification (1) 11-29-18				Name o	f Building Owne	er/Operator	(2)	STATE STATE OF THE	General Sections of	DEC	3 2	018	Salvin Serving	IJI
Agencies Notified T				Street A	Address Hadley Rd			The Mean		Service and service berney.	Transcopping and the last of t	Service	MWitter	
EPA DEP DOL	Initial Amended Amendment #	1		City, Sta	ate, Zip Code Plainfield, N	J			AGE	ESTOS LICE	MSING	ROI	- 61	-
⊠ DOH □ DCA	Emergency (in justification) Cancellation	ncluding			f Contact a Coniglio					ephone N 2-233-5				
					LITY INFORMA	ATION								
Name of Facility Where Aba Van Winkle Substatio		Place (	3)				-	f Facility						
Street Address 206 Van Winkle St							St X O	ubchapte	er 8 (Oth	er than K & comme		lding:	s, hom	es,
City (5) East Rutherford							Square N/A	Feet	# o N//	f Floors A	- 1	Bldg. V/A	Age	
County (6) Bergen					Code (7) USE ONLY)			t Use (Pr		ing demol	lished)			
Name of Monitoring Firm Hi N/A	ed by Building O	wner (8)		ASCN N/A	И No.		of Abate Enviro			(9) vices, Ir	nc.			
Street Address N/A	-						Address Id Docl		**************************************					
City, State, Zip Code N/A							state, Zip nank, N		30					
Project Manager for Monitor N/A	ng Firm			Γelepho N/A	ne No.	1 11	none No. 924-81			License 01136				
Start Date (10) 12-18-18		Schedul 01-18-		pletion	Date (11)		of OSHA Enviro			vices, Ir	nc.			
Occupancy Status During A	atement (Check	Only Or	ne)				Address							
Facility Closed/Vacated Abatement Performed	During Entire Pe	eriod of	Abatem	ent			Id Dock							
X Other – Describe: Elec	rical circuit cabine	et	7 110013	-			nank, N		30					
Scope of Work (Check All T	at Apply)	-					-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renovat Demoliti			2	Mini- Glove	Enclosurebag Pro	re ocedure	n Negative			ıre	
		Is	Location	on								Aba	temen	t
Location of			Normalled Solel			Description		0.000				Т	уре	П
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)			intenan todial S (12)		sui	nal system facing, VA or miscellar	s insulati T, or		(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-		le le	Ф
Control Hou	se			X	1	door cau	lk		1	5 LF	X			
Control Hou	e			X		roof cau	k			5 LF	X			
Control Hou	зе			Х	ļ ,	olaster ro	of		1	1 SF	X			
Name of Registered Waste	laulos		l N	וחבטוג	/anta C :	is Va-1-		Name	[ Daviet	d 1 1	en			
Veolia ES Technical So			Ha	IDEP Wauler ID 06313	No. of V	oic Yards Vaste D	1	Fairles	1278	ered Land fill	ulli			
City, State Flanders, NJ					Disp TBI	oosal Date		City, Sta Morris		19067				
Completed by Raymond Tutiven		Title Supe	rvisor			Signature	mod	Ti	大		Date 11-29	-18		
						-1/		100	-		-107			

11/11/11			NO.	TIFIC	:ΔΤΙΟ	State of I	New Jersey SBESTOS ABA	TEMPLIT	MEC	DE	n n	7 5	7 10
<u> </u>	PA	ITA		(F	ursua	ant to NJ	AC 8:60 and 5:1	16)	WE				20
Date of Notification (1)	12 de 1	四瓜豆			Nam	ne of Buildi	ng Owner/Operator	(2)	1 111			- 7 7 7	
/	28 /	1					oard of Educatio		III DE	C 3	2018	}	Marting of the Control of the Contro
Agencies Notified	Type Noti	ification	1	13	Stre	et Address		- 1			7 / / / / /		1
☑ EPA ☑ DOLWD					10	003 Turne	rsville Road	7944	ASBEST	TOS CO	MITTE	31.0	J
☑ DOH	☐ Amen	ded dment #	ш		City,	State, Zip	Code		L	ICENSIA	VG	AL &	
DCA	☐ Emerg					ne Hill, N				man of a franchise street and a second	-	-	magaz tara
(NJAC 5:23-8)	justific	ation)	riciuair	ig		e of Conta			Tolonhona	A t t			
	☐ Cance	28				rey Sawy	533		Telephone				
							NFORMATION		856-783	-6900			
Name of Facility Where A	atement i	s Takir	ng Plac	e (3)	- 17	COLLITTI	NORMATION.	Type of Facility	, (A)				
Commercial			•					School (K-1	7.55 <b>5</b> 0				
Street Address								Subchapter	8 (Other than	K-12)			
1200 Turnersville R	ad							Other (i.e.,	private and con	nmercial I	ouilding	gs,	
City (5)	-							homes, etc.	.)			56.385	
Pine Hill								Square Feet	# of Floors	E	Bldg. A	ge	
County (6)					10								
Camden					Cou	inty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being der	molished)	)(i		
	Ban d L =	.11.00		10:									
Name of Monitoring Firm	irea by Bi	uilding	Owner	(8)	ASCM	l No.	Name of Abatem						
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LLC				
Street Address							Street Address		7.5 14 14 14 14 14 14 14 14 14 14 14 14 14				_
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip C	ode					
Union, NJ							Garfield, NJ						
Project Manager for Monit	ring Firm			Tel	ephone	No.	Telephone No.		License No				
Rick Eustaquio				9	73-494	1-3762	973-928-4888		1188				
Start Date (10)		Sched	duled C	comple	etion Da	ate (11)	Name of OSHA N	lonitor	1100				
12 /07 / _	18	_ *	12 /	3	1 /	18	A CONTRACTOR OF THE PROPERTY O	NAGEMENT L	ıc				
Occupancy Status During	batement						Street Address						
☐ Facility Closed/Vacated	During En	tire Pe	riod of	Abate	ment		27 Outwater						
☐ Abatement Performed (	utside of	Normal	Facilit	v Hou	rs - Des	scribe							
Time of Abatement:	AM	PI	M/	_PM		_AM	City, State, Zip Co						
Scope of Work (Check all t	lat apply)						Garfield, NJ	07026					
							☐ Full Conf	ainment with Ne	native Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re					losure	ganto i recount				
				HIOHH	on		☐ Glovebag	g Procedure mpted (*) and No	n Friable Bree	a al			
			Is	Loca	tion		ES NOT EXC	impled ( ) and No	II-FIIADIE PIOC				
Location o				Vorma		1	Description o	f			bateme	7/8.	_
Asbestos-Containing M TO BE ABAT	iterial (AC	M)		intena	ely by	Asbe	stos Containing Ma	terial (ACM)	Amount	Rer	Repair	Enc	Enc
IN Facility	-5				Staff?	(i.e	., thermal systems i surfacing, VAT,	nsulation,	(Specify		air	aps	Enclosure
(13)				(12)	T	-	other miscellane	ous)	SF or LF)	<u> </u>		Encapsulate	ure
			Yes	No	N/A			277				e	
Exterior					$\boxtimes$	Window	/ Caulking		608 LF				
										_	1		-
	-		_		-	-							Ш
										П	П		
Name of Registered Waste	Hauler			01/20	JDEP I		Cubic Yards of	Name of Regis	stered Landfill		1-		
Newark Carting				F	lauler II		Waste		itral Sanitary	Landfil	1		
City, State					02383	5	As Needed Disposal Date		ouilital y	-anuill	•		
Newark, NJ							TBD	City, State	DA				
Completed By (Print or Typ	3	Title					1000000000	Pen Argyl,	ra .				
Allen Monchik	7	1000000	roject	Mar	0.000		Signature			Date			
ASB-41		1	oject	wan	ayer		Allen	Monchik	2	11/28	/18		
IAN 13		* 1	Do not	1100 #	io form	for achest							

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

C V 221 22	~ T	A T	NOTIC	S	State of Ne	w Jerse	у		_			E (	a 9		P	int
Date of Notification (1)		All	(F	Pursuan	N OF ASE t to NJAC of Building	8:60 an	d 12:12	0)	Т	All Statements	A CONTRACTOR OF THE PARTY OF TH	DE	C	3	201	R
11-26-18 Agencies Notified	pe Notification	=			ga Enviro	onmen	tal Ser	vices	5	1	-					<i>a</i>
		<u>g</u>			Address Huyler St					B	AS	BES	TOS	S CO	NTR	DL (
DEP DOL	Amended Amendmen	t #			tate, Zip Ci n Hacker		N I 076	ne			71-324		مريدة	12/211	Marian	Paradita Spines Aprilla
ĭ DOH	Emergency justification	(including			of Contact	isack, i	NJ 076	000		Tel	ephone	Num	ber			
DCA E					nica Kerd	333				1	1-489					
Name of Facility Where Aba Willowbrook Mall	tement is Takir	ng Place (	3)	FAC	ILITY INF	ORMATI	ON	Тур	e of Facility (4	0						
Street Address 50 Route 46								×	School (K-12 Subchapter of Other (i.e. pretc.)	8 (Othe	er than & comm	K-12) nercia	l buil	dings	, hom	es,
City (5) Wayne								N/A	are Feet	N/A			١	Bldg. A	Age	
County (6) Passaic				(STATÉ	Code (7) USE ONLY	)		Par	rent Use (Prio rking Lot			nolishe	ed)			
Name of Monitoring Firm Hi N/A Street Address	ed by Building	Owner (8)		N/A	M No.		WRS	En\	atement Cont vironmenta			Inc.				
N/A							Street 17 O		ess ock Rd							
City, State, Zip Code N/A									Zip Code , NY 11980							
Project Manager for Monitor N/A	ng Firm			Telepho N/A			Teleph 631-9				Licens 0113					-
Start Date (10) 11-28-18		12-27-	18	npletion	Date (11)				SHA Monitor vironmental	Serv	rices,	Inc.				
Occupancy Status During A	and the second s						Street							Till Control		
Facility Closed/Vacated Abatement Performed Other – Describe: Exte	Outside of Norn	nal Facility	Abatem Hours	nent			City, S	tate, Z	ock Rd Zip Code NY 11980							
Scope of Work (Check All Ti	at Apply)						тарі	air,	, 141 11960							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mi Gl	ull Containmer ini-Enclosure ovebag Proce	dure	(E-1)					
			Locati				<u> </u>	I No	on-Exempted	(*) and	Non-F	riable		Abate		
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)		Use Ma	d Solei intenar odial S (12)	ly by nce/		os Conta thermal surfac		ateria insul Γ, or	ation,	(SI	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				.5					<u>a</u>	7	late	ire
Parking lot	t			Х		Tran	site pi	ре		10	00 If	- 1	X			
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												+				
Name of Registered Waste H ATC	F auler NJDEP Waste Cul Hauler ID No. of V SW24310 10						⁄ards te		Name of Re	357		dfill				
City, State Shirley, NY		Disposa TBD	al Date		City, State Waynesh	oura	Ohio									
Completed by Raymond Tutiven		Title Super	rvisor			Sign	gnature	12:L	Tat	ر الاستان الا	J	Date 11-2		8		

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CKUAS	P	AUN	TIFIC (Pu	Stat CATION ( rsuant to	te of Nev OF ASBI O NJAC 8	STOS	ABATE	MEN ))	IT	D	1		C	E		$\mathbb{V}$	E	Secretary Personne
Date of Notification (1) 11/27/2018				Name of I Almian		Owner/O	perator	(2)			- Commence of	-	DEC	`,	.3	2018		The second
						ace					- Artemeters							activated a
IXI DOL	Amendment :								•		+	<del>105</del>					)L &	
DOH DCA	Emergency (injustification) Cancellation	ncluding			Contact													
Name of Facility Where Ab	tement is Taking	Place (3)		FACIL	ITY INFO	DRMATI	ON	Tv	pe of Facilit	v (4)								
Commercial Building	Tomore to running	, (0)			224-2222-244				School (K	(-12)				40)				
Street Address 480 Johnston Avenue								×	Other (i.e etc.)	ter 8 . priv	ate &	& co	mme	-12) rcial				s,
City (5) Jersey City								N	/A		N/	Α			N	ig. Ag /A	je	
County (6) Hudson											if bei	ing d	iemo	lished	1)			
Name of Monitoring Firm H N/A	red by Building (	Owner (8)		ASCM	No.		Name EHV	of A N A	batement C BATEME	NT L	actor LC	(9)				)		
Street Address	a+									et								
City, State, Zip Code										24								
Project Manager for Monito	ing Firm		1	Telephon	e No.					536V II-								
Start Date (10) 12/06/2018				npletion E	Date (11)						LC	-						
Occupancy Status During	batement (Chec	k Only On	e)				Street	Add	dress	TRE	FT				-	-0.000		
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire I Outside of Norn	Period of A nal Facility	Hours	ent		Ville	City, S	State	e, Zip Code									
Scope of Work (Check All	hat Apply)																	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Storetonia .					aus Barp Broads		Mini-Enclos Glovebag F	ure roce	dure		V 200					
		Τ.		. 1		- Comment	<u> </u>	<u> </u>	Non-Exemp	oted (	*) an	nd N	on-Fi	riable		C	-1	1
Location of	·	1	Vormal	ly												Ту	pe	Г
Asbestos-Containing N <u>TO BE ABAT</u> In Facility (13)	ED	Ma	intena	nce/	Asbes (i.e	. therma	I system	ns in AT, o	sulation, or		(	Spe	cify		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			VAT			_	E	00.	0.		17			
First Floo			Х				VAI	_							Δ.			
Name of Registered Waste						of Wa	aste							ndfill				
City, State Paterson,NJ				-		Dispo	sal Dat	e	City, S	State 1x,N	Υ				V6 2110			
Completed by Victor Espíritu	Initial Amended Amendment # City, State, Zip Code   Elizabeth, NJ,07208   LICENSING   Telephone Number   Sociarcellation   Sociarcellation   Sociarcellation   Type of Facility (4)   The Proposition of Sprankfill   Type of Facility (4)   The Proposition of Sprankfill   Type of Facility (4)   The Proposition of Sprankfill   Type of Facility (4)   Type of Fa																	
ASB-41 (R-06-08)	-	Street Address 89 Franklin Street   Street Address 89 Franklin Street								ities.								

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Drine	Form

UKJANIC	) P	AII	NO	TIFICAT (Pursu	ION OF	of New Jer ASBESTO JAC 8:60	SARAT	EMI 20)	ENT	100		P 1	E	W	Line Company
Date of Notification (1) 11/21/2018				Nam	e of Buil	ding Owne	r/Operato		?)	K		<u> </u>	5 11	W	
Agencies Notified	Type Notificati	on		Stree	et Addres						Townson,	)EC	3	2018	)
EPA DEP DOL	Amended Amendme	ent#_		City, Nev	State, Zi wark, N	p Code J,07107					ASBE	STOS	CON	ITRO	)] &
DOH DCA	ix Emergend justification Cancellation	n)	ing	Name Chr	e of Cont	tact			Live .	Te 9	lephone	LICE e Numb 5-0701	NSIN	G	
Name of Facility Where	batement is Tal	king Place	2 (3)	FA	CILITY	INFORMA	TION	_							
PRIVATE HOUSE			J (0)					1	ype of Facility						
Street Address City (5)						74874-72		×		8 (Oth	er than & comn	K-12) nercial b	ouilding	gs, ho	mes,
Newark County (6)			-						quare Feet	# o	f Floors 'A		Bldg N/A	Age	
Essex				Count (STAT	y Code ( E USE OI	7) VLY)		Cu	urrent Use (Pri	or if be	ing dem	olished	)		- 19 013
Name of Monitoring Firm N/A	fired by Building	g Owner (	(8)	ASC	CM No.		Name EHV	of A	Abatement Cor BATEMEN	tractor	(9)				
Street Address							Street 89 F	Add	ress NKLIN STF	REET					
City, State, Zip Code							City, S PATE	tate	, Zip Code SON ,NJ,07	524				-	
Project Manager for Monit	ring Firm			Teleph	one No.		Teleph	one		-	Licens 0127				
Start Date (10) 11/26/2018		Schedu 11/27	aled Co 7/2018	mpletion	Date (1	1)	Name	of O	SHA Monitor BATEMENT	110	0127				
Occupancy Status During	batement (Che	ck Only C	ne)				Street /			LLU	and the second				
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Outside of Non CUPIE	Period of mal Facili	Abate ty Hou	ment rs			89 FI	RAI	NKLIN STR Zip Code						
Scope of Work (Check All							PATE	:HS	30N,NJ,075	24					
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The real Property lies	Renov Demoli				×	G	ull Containmen lini-Enclosure ilovebag Proce	dure					
		Is	s Locat	tion			- Immed	14	on-Exempted	(°) and	Non-Fr	lable Pr		re emen	
Location o Asbestos-Containing M TO BE ABAT In Facility	terial (ACM)	Use Ma	Norma ed Sole aintena todial	ely by nce/	Asbe (i.e	estos Conta	scription of aining Ma systems i sing, VAT,	ateria insu	al (ACM) lation,	(Sp	ount	Re	T	/ре	
(13)		Yes	(12) No	N/A		other m	iscellane	ous	)	5F (	or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMEN	Γ		X			PIPE IN	ISULAT	101	V	60	LF	+		Х	-
ame of Registered Waste	lautos											+			
HW ABATEMENT LL	)		H	JDEP Wauler ID 037095	No.	Oubic Y of Wast N/A	The state of the s		Name of Re Tri State			īII -			$\exists$
ity, State ATERSON,NJ						Disposa TBD	al Date		City, State						-
ompleted by ictor Espíritu		Title Proje	ct Ma	ınager			nature	6	Bronx,NY	1		)ate	2010		-
							NV	V	WI	4	4	1/21/2	2018		

State of NJ
Notification of Asbestos Abatement

B & G proj. #:	Q 2018	-234		PA	Pu	ırsı	ant to NJAC	8:6	0-	7 and 12:120-7)						
Date of Notification	(1)	1		22			-	a reason	-		Ch	eck # 9	010	Distripueda - 7	****	- Contraction of the Contraction
	5.855.657	grows.		Name	of Buildin	g O	wner/Operator (2	2)				EU	2 6	ii iv	1 18	2 1
11/1/12/6		100000000		M. M	Blood							The first owner, many	Andrews & Construction	-	han	7
Agencies Notified	Type N	tificati	on	Street	Address	_		_	_							- Contract
∐ EPA	X	ıitial									Control Control	DE	C 3	201	8	111
☐ DEP				City Ct	ate, Zip C						der e e e e					Account
X DOL	□ A	nendn	nent	Rid	ale, Zip ( Gewood	N N	J 07450				in E-a	ASSES	TOS CO	AITE	01.0	1
DOH							3 07430	-			-	ا	JCENSII	NG	UL &	ŧ
☐ DCA	Ос	ncella	tion		f Contact						Telep	hone Nu	mber			
BOA				Kris	Blood				_		_			1		
Name of facility who						FA	CILITY INFORM	IATIO	10	N				-		
Name of facility whe	re apatei	ient is	taking	place (3)							Type of Facil	ity (4)				
Kris Blood										İ	☐ Sc	hool (K-	12)			
Street Address						_			_		☐ Sul	chapter	8 (Other	than I	<-12)	
											✗ Oth	er (Priva	te/Comm	ercial		
											Square Feet	gs./Home		T 6	lala 0	
City (5)			C	ounty (6)				Co	ou	nty Code (7)	Oquale Feet	# 01 F	loors		ldg. A	ige
Ridgewood, N.	J 07450		E	Bergen						te use only)	Current Use	(Prior if	neina der	nolieh	ed)	
Name of Monitoring			- 1								Residentia	al	Joing del	11011511	eu)	
- monitoring		i by bi	ug. Ov	riter (6)			ASCM No.			Name of Abatement	Contractor (9)				-	
Street Address	-						n/a		П	B & G Restorat	ion, Inc.					
ou oct Address									П	Street Address						
City, State, Zip Code								_		105 Ryerson F	Road					
									1	City, State, Zip Code						
Project Manager for M	lonitoring	Firm			Phone N	luma	•	_		Lincoln Park,	NJ 07035					
					riione N	umi	ber			Telephone Number (973)696-686	0		nse Numb	oer		
Scheduled Start Date	(10)		1Sch	ed. Comp	ation Det	- //			H	Name of OSHA Moni			00378			
12/06/2018	(10)					e (1	1)	1	1	B & G Restorat						
			1	/08/201	-				100	Street Address	011, 1110.					-
Occupancy Status Dur	ing Abate	ment (	Check	only one)						105 Ryerson Ro	oad					
Facility closed/va	rmed out	ing en	tire pe	riod of ab	atement.				0	City, State, Zip Code						
Describe:					ours-			- [								
Other-Describe:			@ 3	30 pm				-		Lincoln Park, N.	J 07035					
Scope of Work (check	all that a	oply)							-						- 3	
☐ Demolition		Re	enovati	on			]	XF	-ul	Containment w/neg	ative pressure					
	1	] ≥16	60 sf or	r ≥260 If			Г			ni-enclosure	auvo picosdic		vebag pro			
Location of		Is	locatio	n normal	y used so	olely	1	_	_			☐ Non	-friable p	- I	ure	
asbestos-contain material to be	ing	by	/ maint aff(12)	enance/c	ustodial		Description	of a	ch	estos-containing	Amount		e e	R	E	Е
abated in facility	(13)	1 7		Τ		_	material (A	CM)	SU	estos-containing	(Specify	SF or	m	р	c	n
			Yes	No	N/A	A					LF)		v v	a	a p	L
basement					X		VAT/matic		0000		650 sf		e	r		<del></del>
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Registered Waste Haule B & G Restoration,	Inc			EP Hauler	ID#	Cu	bic Yards of Wa	ste	IN	lame of Registered L	andfill		_  _		الل	ᆜ
City, State	IIIC.			19563	In:	_	8	_	L	Grand Cent	ral Landfill					
Lincoln Park, NJ					Disposa 12		ate 3/2018		1	City, State			AN AUTOMOBILE			-
Completed by (Print or T	ype)	Title	e				Signature		L	Pen Argyle,	PA				١.	
Gordana Luna				y/Treas	urer		orginature	6	6	ordana Luna		Date	000000	40000		and the
						-1		-				11/2	26/2018			

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CK Oble x	959	T. AP	NOTI	FICATIO	State of No N OF ASE of to NJAC	BEST	ersey OS ABATE and 12:12	MEN <sup>1</sup>	T State of the sta		EG	E		W I	
Date of Notification (1) 11/29/2018				Name The (	of Building Chemou	Own	er/Operato	r (2)	and the state of t		DEC	, ,	3 20	)18	
	Notification				Address Market	Stra	et .			- Cartesian C		***************************************			1
DEP X	Initial Amended			100000	tate, Zip C				-		ASBEST LI	OS C	ONT	ROL	8
	Amendment Emergency		<u> </u>		ington, D		9899		-1.0	Silverson Service	THE REAL PROPERTY AND ADDRESS OF THE	-de instanta		Britanian (1,187)	triangue a see
Ď DOH j	justification) Cancellation		9	Name Jim L	of Contact acey						ephone No 6-540-23				
Name of Facility Where Aba em	ant in Table	- 01	(0)	FAC	ILITY INF	ORM	ATION			_					
Chemours Chamber V or	rks Facility	g Place   / - Bldg	(3)   85 N	1achine	Shop			Тур	e of Facility (4 School (K-12						
Street Address Canal Road								×	Subchapter 8 Other (i.e. pr	(Othe	er than K-	12) cial bui	ldings	, hom	es,
City (5) Deepwater				F)				_	etc.) are Feet	# of	Floors		Bldg.	Age	
County (6) Salem				County	Code (7)	n		Curr	ent Use (Prior	if beir	ng demolis		35+		
Name of Monitoring Firm Hin d t	hy Building (	Dunor (0		100	F10000				emical Plan			1971			
Harvard Environmenta In	nc.	Jwilei (o	')	ASC	M No.				atement Control			ompa	any		
Street Address 760 Pulaski Highway							Street 2217		ess Iman Drive						
City, State, Zip Code Bear, DE 19701									Zip Code n, PA 1801	5					
Project Manager for Monitorii g F JT Morrison	Firm			Telepho	ne No. 26-2333		Teleph 610-6	one N	lo.		License N	No.			
Start Date (10) 10/23/2018		Schedul 01/18/		mpletion	Date (11)			of OS	HA Monitor		00,21				
Occupancy Status During Ab ter	ment (Check	c Only O	ne)				Street								
Facility Closed/Vacated Out Abatement Performed Cuts Other – Describe: DEM	side of Norm	al Facilit	Abater y Hour	ment s			City, St	tate, Z	man Drive ip Code						
Scope of Work (Check All The t A		00/10				_	Bethl	eher	n PA 1801	5					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	,pp.y)	-	Renova Demoli				×	Mir	II Containmen ni-Enclosure ovebag Proce n-Exempted (	dure					
		Is	Locat	ion				,,	T Ziompied (	junu	TYOTI-T TIGE	1	Abate	ement	
Location of Asbestos-Containing Material	I (ACM)	Use	Norma ed Sole	ly by	Ashaat	]	Description	of					Ту	ре	
TO BE ABATED In Facility	(/ (014))		intena todial		(i.e.	thern	ontaining M nal systems facing, VAT	insula	ation,	(Sp	nount pecify or LF)	Ren	Re	Enca	Encl
(13)		Yes	(12) No	N/A			r miscelland			SI	oi LF)	Removal	Repair	Encapsulate	Enclosure
B 85		103	INU			Dia	e Insulat	ion		20/	) LF	v			
	38 15 15 15 15 15 15 15 15 15 15 15 15 15			X		PIF	o moulai	1011		201	J!	I A	1 1		
B 85				X			Fire Doors	Secondary.			EA	X			
B 85								Secondary.		1		-			
B 85				X		F	Fire Doors	S		1 80	EA	X			
B 85			H	X		Ro	Fire Doors Gaskets	S	Name of Re Salem Ct	1 80 217 gistere	EA EA 5 SF ed Landfill	X X	rs Oi	nsite	
B 85 B 85 Name of Registered Waste Ha ule			H	X X X JDEP W auler ID		Ro Cub of W 50	Gaskets oof Flash	ing	Salem Ct	1 80 217 gistere y Lar	EA EA 5 SF ed Landfill ddfill/Che	X X X emou		nsite	

		E 12 20		
Location		)escription	Amount	REMOVAL
B 85	F	ipe Mastic	20 SF	X
B 85	Wi	ıdow Glazing	5040 LF	X
B 85	Tar F	aper on Wood	300 SF	X
B 85	Floor	Tile and Mastic	450 SF	Х
B 85		Galbestos	700 SF	Х
B 85		Transite	1150 SF	X



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CKOIUO	07	PA	NOT	IFICATION (Pursua	State of New Je ON OF ASBEST nt to NJAC 8:60	OS ABAT and 12:1:	20)	Т	M			₩.	E	Section of the sectio
Date of Notification (1) 11-08-18		9		Name PSE	of Building Own G	er/Operato	or (2)	Control of the Contro	II II DE	0.	3 2	2018	and the same of th	里
Agencies Notified T	pe Notificatio	n			Address Hadley Rd.			DE TELEVISION OF	ASBES	STOS	CON	TRO	L &	7
DEP X DOL	Amended Amendmer				State, Zip Code th Plainfield N	J			The second secon	LICE	YSING	-		+
DOH DCA	justification Cancellation	1)	ıg		of Contact ey Gazick				Telephone I 856-628-		г		,	-
					CILITY INFORM	ATION		•						1
Name of Facility Where Aba PSEG Essex Switchin	ement is Taki 3 Station	ng Place	(3)				Тур	e of Facility School (K-	000000					1
Street Address 155 Raymond Blvd					·		×	Subchaple	r 8 (Other than K private & comme	(-12) ercial bu	uilding	s, hor	nes,	
City (5) Newark							Squ:	are Feet	# of Floors N/A		Bldg. N/A	Age		1
County (6) Essex				County (STATE	Code (7) USE ONLY)		Curr	ent Use (Pri	or if being demo	lished)				1
Name of Monitoring Firm Hir N/A	d by Building	Owner (8	3)	ASC N/A	M No.			atement Cor vironment	ntractor (9) al Services, Ir	1C.				1
Street Address N/A							Addre	ess ock Rd						1
City, State, Zip Code N/A								Zip Code NY 1198	0					1
Project Manager for Monitori N/A	g Firm			Telepho N/A	one No.		hone N 924-8		License 01136	No.				
Start Date (10) 11-26-18		Schedu 12-31-		mpletion	Date (11)			HA Monitor ironmenta	al Services, In	ıc.				
Occupancy Status During Ab	itement (Chec	k Only O	ne)			Street							-	1
Facility Closed/Vacated Abatement Performed C Other – Describe: Elect	utside of Norm	nal Facilit	Abater y Hour	ment 's		City, S	tate, Z	ck Rd ip Code	21				-	
Scope of Work (Check All Th	Color Transport Company					Yaph	nank,	NY 11980	0					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Αφμίγ)		Renova Demoli		a	×	Mir	ni-Enclosure vebag Proc	ent with Negative edure (*) and Non-Fria					
Location of		1	Locat	Пу		escription		Lacinpied	() and reon-r na	ible FT	Abate Ty	emen	1	
Asbestos-Containing Mate TO BE ABATET In Facility (13)	rial (ACM)	Ma	d Sole intena todial s (12)	nce/	Asbestos Co (i.e. therma surf	ntaining M	aterial insula T, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
Control Hous		Yes	No	N/A	^	RC cable						ate	G)	
				X	A	NO Gabi	е		260 If	x				
								- 1					$\exists$	
Name of Registered Waste Ha	iler		l Ni	JDEP W	acta Cubic	Yards	-	Name of 5	nolate and the series					
Vaste Management	1101		H	auler ID				Fairless	egistered Landfil landfill	l				
City, State Elizabeth, NJ 07201					Dispo TBD	sal Date		City, State Morrisvill	e PA 19067					
Completed by Raymond Tutiven		Title Super	visor		1	ignature Guim	4	Ti	Da Da	ite 1-08-1	18		$\dashv$	

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1Vm	10PA	TON	OTIF	CATION	OF ASB	<b>ESTOS</b>	ABATE	MEN	ŀΤ	Ci	ieck	# 25	5730	5		
(( \alpha) /3	PA DEP															
	18			Name o	f Building	Owner/0			ford	$\parallel \downarrow \parallel$	一	<u> </u>	15	<u>[</u>	$\overline{\mathbb{M}}$	
Agencies Notified T				Street A	ddress						- Control of the Cont	DEC		- 0	244	Carmen
EPA DEP	Initial Amended		-	City, Sta	ate. Zip Co	ode				14 1		nec		3 2	018	Per descriptor
× DOL	Amendment #		_				Hamilt	on,	NJ 08619	TOTAL SECTION	ACO	00000			Contract of the last	The state of the s
	justification)	icidaling			() 100일 전 보고 무슨 사람들이 없다.	ickford				ام۲	anhone	Numl	Ser C	ONT	ROL	. &
L DCA	Cancellation				300000000000000000000000000000000000000	994 W. S. C.				-		_		**	The second second	-
		Place (3)		TAG	LITT HAT	O I CHIAT		Ту	pe of Facility (	4)						
	dentiai					3116 1						14.40)				
								×	Other (i.e. p				build	ings,	home	s,
City (5) Hamilto	ı, NJ 08619							Sq		# 01		5	BI			
County (6) Mercer						,		Cu	rrent Use (Prid	or if bei	ng den	nolishe	d)			
7.00 <del>5</del> .00	ed by Building O	wner (8)		ASCN	No.							es, In	ıc.			
Street Address PO Box 34							1717	0,000								
City, State, Zip Code Crosswick	s, NJ 08515									1						
	ng Firm					70										
Start Date (10) 12/10/2018					Date (11)				SHA Monitor							
Occupancy Status During A	atement (Check	Only One	2)							-						$\dashv$
Abatement Performed	During Entire Pe Jutside of Norma	eriod of Al I Facility I	batem Hours	ent			City, S	tate,	, Zip Code							_
	at Apply)					_	Ches	ster	field, NJ 08	515						
≥3 sf or ≥3 lf	(at / (pp/J)						×	1	Mini-Enclosure Glovebag Prod	edure	2.5				9	
		ls L	ocati	on					VOII Excilipted	( ) ain	2 14011-1	Habic		Abate	ement	
		100000000000000000000000000000000000000		*						727	08	-		Ту	ре	-
TO BE ABATE In Facility	D (ACM)	Mair	ntenar odial S	nce/		thermal surfa	systems cing, VA	s ins	ulation,	(S	pecify		Removal	Repair	Encapsulat	Enclosure
Pasaman		Yes		N/A			\/AT				00 - 1		Ţ,		Φ	
					\	/invl Sl	1177.75	oor	ing		2022 2020	_				_
ritorieri					v	/IIIyi Si	ieet i i	1001	ing	1.	30 81		Λ			$\neg$
Name of Registered Waste	auler		l N	JDEP W	'aste	Cubic	Yards		Name of F	Registe	red I a	ndfill				
Stevens Environmental			72,00	auler ID	No.	of Was	ste		Fairless	Land						
City, State Allentown, NJ				85							4					
Completed by Mahlon E. Stevens		(A-116,41)	rojec	t Mana	ager	S	ignature	4				55,350,000		9/20	18	

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1,K2573	} P.	AII		FICATIO	tate of New Je N OF ASBESTO t to NJAC 8:60	OS ABATE			NEC	E		V	TA A
Date of Notification (1) 11/29/20	18			Name o	of Building Own		r (2) Thoft	The state of the s	U DE	C ;	3 20	18	The second second
Agencies Notified T	Amendment	#			Address ate, Zip Code	rinceton,	NJ 0	8540	ASBES	TOS C	ONT	ROL 8	The second secon
Ď DOH ☐ DCA ☐	Emergency justification) Cancellation		3		of Contact risten Thoft				Telephone	Numbe	r		
Name of Facility Where Abo		g Place (	(3)	FAC	ILITY INFORM	ATION	Туре	of Facility (4)					
Street Address	dential				*			School (K-12) Subchapter 8 Other (i.e. pri	(Other than	K-12) percial b	uildina	s hom	nes
City (5)	on, NJ 0854	0					_	etc.) are Feet 2000	# of Floors		Bldg.		
County (6) Mercer					Code (7) USE ONLY)		Curre	ent Use (Prior		olished)		J . /-	
Name of Monitoring Firm Hi MECS	i ∍d by Building (	Owner (8	)	ASCI	M No.			tement Contr Environmen		es, Inc			
Street Address PO Box 34						100000000000000000000000000000000000000	Addre Box 3						
	s, NJ 08515					70201255555		ip Code , NJ 08501					
Project Manager for Monitor Bill Weisgarber	ng Firm			Telepho (609)	ne No. 298-4070	0.0000000000000000000000000000000000000	hone N 259-9		Licens 0049				
Start Date (10) 12/10/2018				mpletion 1/2018	Date (11)	Name MEC		HA Monitor					
Occupancy Status During A			COST.	20			Addres	7.77					
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norm	Period of nal Facility	Abaten y Hours	nent s		City, S	State, Z	ip Code eld, NJ 085	 15				
Scope of Work (Check All T	at Apply)						_	7/4					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolii			2	Mir Glo	Il Containmen ni-Enclosure ovebag Proced n-Exempted (	dure				
Location of		110	Locat Normal			Description		n-Exempled (	) and Non-F	nable P	Aba	temen ype	t
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Ma	ed Sole sintena todial s (12)	nce/	Asbestos Co (i.e. them su	ontaining Nal system facing, VA r miscellar	Material s insula T, or	(ACM) ation,	Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure
Furnace Roo		Yes	No X	N/A		:t D			100.1			ate	re
1st floor	11	-	X			ansite Bo			130 sf	X	-		
Window Cha	k		X			Glue Dot erior Wir			10 sf 5 lf	X	ζ		
Name of Registered Waste I			75355	IJDEP W	No. of V	ic Yards Vaste		Name of Re	gistered Lan	dfill			
City, State Allentown, NJ	-			18292	Disp	2 cu osal Date 2/18/20		City, State	$\cap$				
Completed by Mahlon E. Stevens		Title	Projec	ct Mana		Signature	1.11		.,.,,	Date 11/	20/20	110	Section 1

#### Check # 25737

Date of Notification (1)	-		LNI	ama of Duildia	- 0	10	10.	-	-				
11/29/2	)18		IN	ame of Buildir	ig Owner		(2) Burke		1 [	C	E	N W	7 厚
Agencies Notified	ype Notification	1	S	treet Address				114	1		Property and	u (:/	172
Ĭ EPA	Initial								And the second				
DEP	Amended		С	ity, State, Zip	Code					DEC	3	2018	3
ĭ DOL	Amendmen T Emergency		_		Pri	nceton, l	NJ 08540	aller area				-010	1
X DOH	Emergency justification		N:	ame of Contac	ct .	- 577		Î Te	elephon	e Num	hor	-	- i
DCA [	Cancellation			James Bu	rke			1 ' '	партод	ic Aioitti	Mci		8
				FACILITY IN	FORMA	TION		-	*********	w. 0	19001	VIJ	Personance and
Name of Facility Where At		ng Place (3)	)				Type of Facil	lity (4)					
	sidential						School	(K-12)					
Street Address							Subcha	pter 8 (Oth	ner than	n K-12)			
							Other (i.	.e. private	& com	mercial	buildi	ngs, h	omes,
City (5)	V. A. 100 (A.						etc.) Square Feet	# 0	of Floor	S	RIG	ig. Age	
Prince	on, NJ 0854	.0					2800	" "	2		51	90+	
County (6)			Co	ounty Code (7)			Current Use	(Prior if be	ing der	nolishe	d)		
Mercer			(S	TATE USE ONL	Y)			,	3 401		-/		
Name of Monitoring Firm H	red by Building	Owner (8)		ASCM No.		Name o	of Abatement	Contracto	r (9)				
MECS		8 8				Steve	ns Environ	mental S	Servic	es. In	C.		
Street Address	70					Street A					-		
PO Box 34	1						ox 322						
City, State, Zip Code	·					City St	ate, Zip Code						
Crosswic	s, NJ 08515						own, NJ 08						
Project Manager for Monito	ing Firm		Tel	lephone No.		Telepho		1001	11:	N-			
Bill Weisgarber				09 ) 298-40	70		59-9688		0049	ise No.			
Start Date (10)	-	Scheduled	0.80	etion Date (11			f OSHA Moni	4	0043				
12/10/2018			2/31/20		,	MECS		tor					
Occupancy Status During A	atement (Chec					Street A							
<u></u>		15				PO Bo							
X Facility Closed/Vacate Abatement Performed	Outside of Norm	eriod of Ab	oatemen Hours	t									
Other – Describe:		idi i dollity i	10010				ite, Zip Code erfield, NJ	00515					
Scope of Work (Check All T	lat Apply)					Criest	erriela, NJ	00313					
× ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		100000	novation molition	1		Н	Full Contain	nment with	Negat	ive Pre	ssure		
		E-1 50				×	Mini-Enclos Glovebag P						
						×	Non-Exemp	ted (*) and	d Non-F	Friable	Proce	dure	
			ocation								Α	oatem	
Location of			rmally Solely b	.,	De	scription o	f			-		Туре	
Asbestos-Containing Ma TO BE ABATE			tenance/	Asbes	stos Con	taining Ma	terial (ACM)	A	mount			Г	п
In Facility	2		dial Staff	f? (i.e		systems i			pecify or LF)		Rer	R G	Enc
(13)		(	(12)			niscellane		31	OI LF)		Removal	Repair	Enclosure
		Yes	No N	N/A			70				<u>a</u>	, late	l'e
1st Floor						D: !	1 ()					-   "	
			X			Pipe Ins		1	00 If		X		
2ndFloor			X	Th	nermal	Pipe Ins	ulation	1	16 If		Х		
											+	+	+
								-			-	_	+
Name of Registered Waste I	auler		NIDE	P Waste	0.11	VI							
Stevens Environmental				er ID No.	Cubic of Was		1788 8789	of Registe		ndfill			
devens Environmental	Services		0.0000000000000000000000000000000000000	292		2 cu	Fairle	ss Land	fill				
City, State	-					sal Date	City, St	tate					
Allentown, NJ						31/2018	Morris	sville, PA	4				
Completed by		Title				ignature/	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		1	Date			
Mahlon E. Stevens		Pro	oject M	lanager		///	4( "				1291	2018	
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K 6251	且.	ALL		ICATIO	state of N N OF AS t to NJAC	BESTOS	ABATE			EG[	31	V	E	100
Pate of Notification (1) November 30, 2018					of Building			(2) rtnership	-	DEC	2	2010	of the profilers	ABORTO ASSESSED
Agencies Notified	pe Notification	1		Street	Address			, Suite 400		DEC	3	2018	A. Walley	
EPA DEP	Initial Amended				tate, Zip C	- Action of the Party	u Noac	, Suite 400	- AS	BESTOS	CON	TRO	! - &	
▼ DOL	Amendmen Emergency	(including	_	-	e, PA			-	THE PERSON NAMED IN	LIUE	MISM	9	~	Court of Street, or
DOH DCA	justification Cancellatio				Arndt	t			20000	lephone N 10-235-1				
Name of Facility Where Ab	ement is Takir	ng Place (	3)	FAC	ILITY INF	FORMAT	ION	Type of Facility	(4)					
No Name								School (K-	0.000					
Street Address 160 Dulty's Lane								Subchapter Other (i.e.	r 8 (Oth			ldings	, hom	es,
City (5) Burlington Township								etc.) Square Feet 0	5000	of Floors	100	Bldg. /	Age	
County (6) Burlington					Code (7)	Y)		Current Use (Pri	0 or if be	ing demoli	100	N/A		
Name of Monitoring Firm Hi	ad by Building	Owner (8	)		M No.	· -		Commercial of Abatement Cor	ntractor	r (9)				
Street Address								Address						
City, State, Zip Code								National Roa	ıd					
							Extor	, PA 19341						
Project Manager for Monitor	ng Firm			Telepho	ne No.			one No. 372-8884		License I 01161	No.			
Start Date (10) 12/15/18		Schedul 12/15/	ed Cor 18	npletion	Date (11)		Name of EMSI	of OSHA Monitor		ı				
Occupancy Status During A	atement (Chec	k Only O	ne)					Address	120					
Facility Closed/Vacated Abatement Performed Other – Describe: Satu	utside of Norr	Period of nal Facility	Abaten y Hours	nent S			City, St	Route 130 Nor ate, Zip Code	th					
Scope of Work (Check All T							Cinna	aminson, NJ						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, pp.//		Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				9	
		Is	Locati	on				THE EXCHIPTION	7 411	a Horri na	T T	Abate	emen	t
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	derial (ACM) E <u>)</u>	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/	Asbes (i.e.	stos Cont thermal surfac	scription of aining Massistems cing, VAT niscellane	aterial (ACM) insulation, , or	(S	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
*X50.F0		Yes	No	N/A		0010111	nio o o na re	,,,,,,			/al	=	ılate	ure
Near Drivew	у			X		Transit	e drain	pipe	20	00 LF	Х			
											-			
Name of Registered Waste H Waste Management	auler			JDEP W auler ID		Cubic of Was		1		red Landfil				
City, State					1/		al Date	City, State	9					
Trenton, NJ Completed by		Title				TBD	ignature	Morrisvi	lle, PA		ate			
Jack Bally		1	roject	Manag	ger	Č	Jack	Bally	all	v 1000	1/30/1	18		
ASB-41 (R-06-08)							Do not	use this form for	asbesto	os licensur	e exen	npted	activit	ies.

			FP	AW										Print F
M0254010	935	74	NOT	FICATI	State of New J ON OF ASBES int to NJAC 8:6	TOS ABATI	EMENT 20)		(0)	E	C	E	7	V
Date of Notification (1)				Name	e of Building Ow	ner/Operato	or (2)			-				
11/25/18					NJHS East Oran				A CENTRAL CONTRACTOR OF THE CO	D	EC	3	3 20	)18
Agencies Notified T	pe Notification	on			t Address	3 - Lightee	9		find by					
EPA 5	Initial			385	Tremont Avenu	ie			gi.				-	-
DEP [	Amended			City, S	State, Zip Code					ASBE	STO	)S C	ONT	ROL
☐ DOL	Amendme				Orange, NJ, 07	018			-	an revenue or an artist of	LIC	ENS	SING	UT-44
□ DOH	J Emergeno justification	y (includii n)	ng		of Contact	-		-	Tolook	NI				
DCA C	Cancellati				eban Rivera					one Nu				
				FA	CILITY INFORM	MATION				0 1000	CAL, Z	0,0		
Name of Facility Where Aba VA NJHCS	ement is Tak	ing Place	(3)				Туре	of Facility	(4)					
							П	School (K	-12)					
Street Address							П	Subchapte	er 8 (Other ti	nan K-12	2)			
385 Tremont ave							N	Other (i.e.	private & co	mmerci	al bu	lding:	s. hon	nes,
City (5)				·				etc.) Hos re Feet	spital # of Flo	0.70		DI-1-		
East Orange, NJ 07018							Jqua	J. 661	10	1013		Bldg. 196		
County (6) Essex	III-III-II-II-II-II-II-II-II-II-II-II-I			County	/ Code (7)		Curre	nt Use (Pi	rior if being o	demolish	ed)			
	***************************************			(STATE	USE ONLY) -			nospital		- 201131	)			
Name of Monitoring Firm Hir	d by Building	Owner (	8)	ASC	M No.	Name			ontractor (9)					
Environmental Consulting	sroup, LLC							ot Corp	(0)					
Street Address 71 Arch Street							Addres							
						3210	68th	St						
City, State, Zip Code Paterson, NJ, 07522						City, S	state, Zi	p Code						
								NY 1137	77					
Project Manager for Monitorin	g Firm			Telepho	one No.	Teleph	none No		Lic	ense No	).			
Fernando Villa	Market Committee of the			973-41	86		01382							
Start Date (10) 12/10/18				npletion	Date (11)	Name	of OSH	A Monitor						
			/31/19			Ada	m Ram	an						
Occupancy Status During Ab							Address							
Facility Closed/Vacated	Juring Entire	Period of	Abatem	nent		and the second s		t Street, S	uite 470					
Abatement Performed O Other – Describe: rec	ular hours	nai Facilit 3:00am	to 4.30	nm	10-2-	City, St							-1.20	************
Scope of Work (Check All Tha			.5 7.50	PILI.		Sadd	lle Brool	k, NJ, 076	53					
_/	: Apply)	_/				<u></u>								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renovat				Full	Containm	ent with Neg	ative Pr	essu	re ·		
			Demoliti	on		$\overline{\mathbf{v}}$		Enclosure	9					
	***************************************			-			Non-	ebag Prod	cedure d (*) and Nor	n-Friable	Pro	radiir	·o	
		Is	s Location	on					772.10.110.				ement	
Location of			Normali		Г	Description (	of						ре	
Asbestos-Containing Mate TO BE ABATED			ed Solel aintenan		Asbestos Co	ntaining Ma	aterial (	ACM)	Amour	nt			-	
In Facility		Cus	todial S	taff?	(i.e. therm	al systems	insulati	on,	(Specif		Re	Z	nca	m
(13)			(12)		othe	facing, VAT r miscellane	ous)		SF or Li	-)	Removal	Repair	sole	Enclosure
		Yes	No	N/A			-cat-10000#1				<u>a</u>	5	Encapsulate	ure
Pipe Insulation		-												
		-			TSI				100LF		<b>V</b>			
		1			***************************************									17.00
lame of Registered Waste Ha	ler		LN	DEP W	aste Cubi	c Yards		Vamo of F	Onioton	nadev				
Newark Carting, Inc.			На	uler ID I	No. of W	aste	1		Registered La					
			0	4509	4	0		GRO	WS Land	lfill				
ity, State	do NIIO-	7005			Disp	osal Date	(	City, State						
609 N Union Ave, Hills	ue, NJ 07				12/	11/18		1513 Bo	rdentown I	Rd, Mo	rrisv	ille, l	PA 1	9067
		Title				Signature	1	- 2	>	Date			-	
Ketsy Rodriguez		Repr	esent	ative		//	11			11/2	29/1	8		
SR 41 /D 05 00)					(	7 1		0		J				
SB-41 (R-06-08)						* Do not i	usa this	form for a	rhortes lies					

Print Form

#### Pg 4

Date of Notification (1)				Nan	ne of Build	ing Owner/Operator	(2)	1.00	~ ·		5.15	44000
9 /	12 / _	18				estwood C.O.	(-/		GE	1	W	
Agencies Notified	ype Notifica	tion		Stre	et Address	3		112/1				1
⊠ EPA	Initial				5 Broad							1
⊠ DOLWD	Amended			City	State, Zip			34 44 D	IEC	3 2	018	
⊠ DOH	Amendme			3								1
DCA	] Emergenc		ng		500	NJ 07642		l lama	ration of the second	na rigerania - ca	Widolago	
(NJAC 5:23-8)	justification Cancellation			255	e of Conta	19 <u>70</u>		Telephone I	Number	CON	IHU	- 44
		on			enzo Cor			973-951-	-0542	SHYC	<u>.</u>	
Name of Facility Where Ab	Itament is To	kina Dla	(2)	F/	CILITY	NFORMATION						
Verizon Westwood C		King Plac	ce (3)				Type of Facility					
Street Address	0.						School (K-1)	2)				
							Subchapter Other (i.e., p	8 (Other than I	K-12)	huildi.		
175 Broadway							homes, etc.	)	intercial	Dullull	igs,	
City (5)					131-00-00-0		Square Feet	# of Floors		Bldg.	Age	_
Hillsdale							32,775	3	- 1	+-5		
County (6)				Cou	nty Code	(7)(STATE USE ONLY)			maliahad		U	
Hillsdale						( Manual and and i)		mmunication		)		
Name of Monitoring Firm H	ed by Buildin	na Owner	(8)	ASCM	l No	Name of Abateme			ns			
TTI Environmental, Ir		ig o iiiioi	(0)	AUGUN	1110.							
Street Address							VIRONMENTA	L, INC.				
1253 North Church S	10.01					Street Address						
	reet					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Moorestown, NJ 0805						BRISTOL, PA	19007					
Project Manager for Monito	ng Firm		Tel	ephone	No.	Telephone No.		License No	).			
Kris Smith			6	09-313	3-8218	215-788-6040		00509	1.50			
Start Date (10)	Sc	heduled (	Comple	etion Da	ate (11)	Name of OSHA M	lonitor	1 00000				
<u> 11 / 28 / _</u>					18 🐇		VIRONMENTAI	INC				
Occupancy Status During A	atement (Ch						VIICOMMENTAL	L, INC				
☐ Facility Closed/Vacated	Juring Entire	Pariod of	Abote			Street Address						
Abatement Performed O	tside of Norr	nal Facili	ADALE	re Doc	oribo	1123 BEAVER	40,472.00.00 (10					
Time of Abatement:	AM-	PM/5:00	)PM-2	:00AM	cribe	City, State, Zip Co						
	- 120					BRISTOL, PA	19007					
Scope of Work (Check all th	t apply)					M 5-110-11						
≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Mini-Encl	ainment with Neg	ative Pressure	1			
≥160 sf or ≥260 lf		☐ De	emoliti	on		☐ Glovebac	Procedure					
						☐ Non-Exer	mpted (*) and Nor	n-Friable Proce	edure			
Location of			s Loca Norma			Publication structures a			A	batem	ent T	уре
Asbestos-Containing Ma	arial (ACM)			ely by		Description of				1	T	
TO BE ABATE		Ma	intena	ance/	ASDE	stos Containing Mat	terial (ACM)	Amount	em	Repair	nca	ncl
IN Facility	-	Cus		Staff?	(	surfacing, VAT,		(Specify SF or LF)	Removal	ai-	ps	Enclosure
(13)			(12)		-	other miscellaned		0. 0. 2. )	=		Encapsulate	6
		Yes	No	N/A							0	
Basement Meter Storag	Room				VAT/Ma	stic		75 SF			П	П
Basement AC Room 2					VAT/Ma	stic		420 SF		-		
				П				720 01		1	Ш	
				_								
										П	П	П
Name of Registered Waste I	2000 CO. CO. CO. CO.		N	IJDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				_
SERVICE TRANSPORT	GROUP, I	NC.	Н	lauler ID		Waste	MINERVA L					
City, State				20990		Disposal Date						
NEW CASTLE, DE							City, State					
La company of the com						TBD	WAYNESBU	JRG, OH				
Completed By (Print or Type	T	itle				Signature	000	1	Date ,	10		
Dillan DeCaro		Estimat	tor			Hillan	De Caro,	112	11/2	8/	8	
ASB-41 0018079								1	10	1	_8	

Pg 1

Date of Notification (1)				NI.	ama of D. II							
9 /	12 /	18		IN.	Verizon W	ding Owner/Operato	or (2)		PE	1	WI	TE I
Agencies Notified	Type Notific		-						C E		151	
	Initial	auon		1	reet Addres			1551				100
☑ DOLWD				0:4	175 Broad				DEC	2	2018	1
☑ DOH ☐ DCA	Amendm	ent #2-1	1/7/18		y, State, Zi			13 102	ULU		2010	, c
(NJAC 5:23-8)	☐ Emergen justificati	icy (includ	ding		me of Cont	NJ 07642		ļ.,		o timeneme to		
	☐ Cancellat				Renzo Con			Telephor	ne Numbe	i Lich	NIRO	i či
							1	973-9	51-0542	Delication of	N Facilities	print ( ) (0.00 p.) ( ) (1)
Name of Facility Where At	atement is T	aking Pla	ace (3)	,	ACILITY	INFORMATION	1-					
Verizon Westwood (	.0.		(-/				Type of Facility					
Street Address							School (K-1)	2) 8 (Other tha	n K-12\			
175 Broadway							U Other (i.e., p	private and c	commercia	al bui	ldings,	
City (5)	-						nomes, etc.	)				
Hillsdale							Square Feet 32,775	# of Floo	ors	0.0	g. Age	
County (6)				Co	unty Code	(7)(STATE USE ONLY)		3			-50	
Hillsdale						( )( ) ( ) ( ) ( ) ( )	Current Use (Pr Verizon Cor	for it being o	demolishe •	d)		
Name of Monitoring Firm H	ed by Build	ing Owne	r (8)	ASCI	M No.	Name of Abatem	nent Contractor (9)	nmunicati	ions			
TTI Environmental, Ir	С						IVIRONMENTA					
Street Address						Street Address	THOMBILITA	L, INC.				11
1253 North Church S	reet					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C						
Moorestown, NJ 0805						BRISTOL, PA						
Project Manager for Monitor	ng Firm		Te	lephone	e No.	Telephone No.		License I	No			
Kris Smith					3-8218	215-788-6040	)	00509				
Start Date (10)	So	heduled				Name of OSHA N	Monitor	00003				
/ / /		_ON		406	<u></u>	BRISTOL EN	VIRONMENTAL	INC				
Occupancy Status During Al	atement (Ch	neck only	one)			Street Address						
Facility Closed/Vacated [	uring Entire	Period o	f Abate	ement		1123 BEAVE	R STREET					
Abatement Performed Ou Time of Abatement:	Iside of Norr	nal Facili	ty Hou	rs - De	scribe	City, State, Zip Co						
		1 101/3.0	<u> </u>	UAIVI		BRISTOL, PA						
Scope of Work (Check all the	t apply)											
≥3 sf or ≥3 lf		⊠ Re	enovat	ion			ainment with Nega	ative Pressu	re			
≥160 sf or ≥260 lf			emoliti				Procedure					
		1 6	. 1		1	☐ Non-Exer	mpted (*) and Non	-Friable Pro	cedure			
Location of		300	S Local Norma						1	bate	ment T	vpe
Asbestos-Containing Mate	rial (ACM)	Use	ed Sole	ely by	Asbes	Description of stos Containing Mat	erial (ACM)			1	1	-
TO BE ABATEI IN Facility		Cus	intena todial	ince/	(i.e.	, thermal systems in	nsulation	Amount (Specify	701 GE	Napail	nca	ncic
(13)			(12)			surfacing, VAT, other miscellaneo	01	SF or LF	) [2]	.   =	Encapsulate	Enclosure
		Yes	No	N/A		outer misochaneo	,43)		1		ate	0
Basement Boiler Room					Exterior	Boiler Insulation	n	00.05		+	+-	
Basement Boiler Room			П		Duct Ins		-	90 SF		-	10	
Basement Boiler Room					Pipe Fitt			90 SF		-		
Basement Boiler Room					Pipe Ins			60 LF				
Name of Registered Waste Ha	uler		IN	JDEP V		Cubic Yards of		315 LF				
SERVICE TRANSPORT		VC.		auler ID	222	Waste	Name of Registe					
City, State				20990			MINERVA LA	NDFILL				
NEW CASTLE, DE						Disposal Date	City, State					
completed By (Print or Type)	Tit	·lo				TBD	WAYNESBU	RG, OH				
Dillan DeCaro		ie Estimat	015			Signature	000		Date /	/	_	
B-41		_ound[	J1			Dellan .	Olars /	P	11/9	1/1	8	
11.40							/-/		_ /			

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Date of Notification (1)				IA	lama of D	uildin	g Owner/Operator	(0)	0.5000				
9 /	2 /	18		1.			stwood C.O.	(2)	MEC	F	2	W	· [5]
Agencies Notified	ype Noti	ification		S	Street Addr	ress				177		1.1	
The state of the s	] Initial	20.00			175 Bro	adw	ay						5.5
⊠ DOH	] Ameno	ded dment # <u>2 -</u>	4417	140 C	ity, State,	Zip (	Code		THE DE	<u> </u>	3 2	018	_
		ency (inclu		110	Hillsdale	e, N.	J 07642						į.
(NJAC 5:23-8)	justific		unig	N	ame of Co	ontac	t		Telephone Nur	nher	000	ngagay pa	
	] Cance	llation			Renzo C	ont	reras		973-951-05	42E	ISIN	3	
Name of Facility Where Aba	lomont :	- T-1: D	1	0)	FACILIT	Y IN	IFORMATION						
Verizon Westwood C	nement i	s raking P	iace (	3)				Type of Facility		T			
Street Address	J.							School (K-1)	2)	20)			
175 Broadway			00					Other (i.e., p	8 (Other than K-1) private and comme	2) ercial f	nuildir	100	
City (5)	-							homes, etc.	)	, roidi k	Junun	iys,	
Hillsdale								Square Feet	# of Floors	E	Bldg.	Age	
County (6)	-							32,775	3		+-5	0	
Hillsdale					County Cod	de (7)	(STATE USE ONLY)		ior if being demoli	shed)			
								Verizon Co	mmunications				
Name of Monitoring Firm Hi		ilding Owr	er (8)	AS	CM No.		Name of Abateme	ent Contractor (9)					
TTI Environmental, In	1						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
1253 North Church St	eet						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co						
Moorestown, NJ 0805							BRISTOL, PA	19007					
Project Manager for Monitori Kris Smith	ig Firm		T	Telepho		- 1	Telephone No.		License No.				
					313-8218		215-788-6040		00509				
Start Date (10)		Schedule	d Gom	pletion	Date (11)		Name of OSHA M						
		0					BRISTOL EN	VIRONMENTAL	_, INC				
Occupancy Status During Ab							Street Address						_
Facility Closed/Vacated D	iring En	tire Period	of Aba	atemen	t		1123 BEAVER	STREET					
Abatement Performed Ou Time of Abatement:	SIDE OF IN	Normal Fac	CODE	ours - [	Describe		City, State, Zip Co	de					
			<u>00</u> FIVI	-2.00/-	\IVI		BRISTOL, PA	19007					
Scope of Work (Check all tha	apply)						_						
≥3 sf or ≥3 If		$\boxtimes$	Renov	ation				ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			Demo				☐ Glovebag	Procedure					
							☐ Non-Exen	npted (*) and Nor	n-Friable Procedu	e			
Location of			Is Lo	cation nally			1:30:10:32:14-2001003 V Fd			Ab	atem	ent T	ype
Asbestos-Containing Mate	rial (ACI	vn U	sed S	olely by	/ As	heet	Description of os Containing Mate	orial (A CAA)	200000		_	1	
TO BE ABATED		· I	Mainte	nance/ al Staff	1 3	(i.e.,	thermal systems in	sulation,	Amount (Specify	Remova	Repair	nca	nclo
IN Facility (13)			ustouii (1		·		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(.0)		Ye			A		other miscellaneo	us)				late	œ
Basement Power Room					VAT/	Mast	tic		2,200 SF		_		
HSB Area					VAT/	mas	tic		288 SF				
Pad Area			10		VAT/r	masi	tic		1760 SF	-			
Meter Room					VAT/I				135 SF				믬
Name of Registered Waste Ha					P Waste		Cubic Yards of	Name of Registe			Ш	Ш	
SERVICE TRANSPORT	3ROUF	P, INC.			ID No.	100	Vaste	MINERVA L					
City, State				209	90	P	Disposal Date		AND ILL				
NEW CASTLE, DE							TBD	City, State	IDC CIT				
Completed By (Print or Type)		Title						WAYNESBU	JRG, UH				
Dillan DeCaro		Estim	ator				Signature	De 10	/ . Dat	e /	/	. 6	-
SB-41		Louis	2.01				Wellon	. De Caus	11	11/7	1/1	18	
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Date of Notification (1)					TAI	mo of Duild	in = 0			A play of the property of the party of	enga ang ang ang	terrequest, c	
9 /	12	/	18				ing Owner/Operator	(2)		(C)	E		II le
Agencies Notified  ☑ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8)	☐ Emer	nded idment	# <u>2 - 1</u>		8 Cit	eet Address 175 Broad y, State, Zip Hillsdale, I	Way Code NJ 07642		A (2)	)EC	3	20	18
	☐ Cance				- 1	Renzo Con			76lephone Nu 973-951-0	- T. T. T. T. T.	ENS	AG.	******
					F	ACILITY I	NFORMATION		010-001-0	J-42			
Name of Facility Where At	atement	is Taki	ing Pla	ce (3)				Type of Facility (	4)				
Verizon Westwood ( Street Address	.0.							School (K-12	)				
175 Broadway								Subchapter 8	Other than K-	(2)	huildi	200	
City (5)								nomes, etc.)	Trace and Comm	erciai	Dullull	igs,	
Hillsdale								Square Feet	# of Floors		Bldg.	Age	
County (6)					10-		T) (0=1==	32,775	3		+-5	D	
Hillsdale					Co	unty Code (	7)(STATE USE ONLY)				)		
Name of Monitoring Firm H	red by R	uilding	Owno	r /0\	LACO	M A I -	1	Verizon Com	munications				
TTI Environmental, In		unumg	Owne	(0)	ASCI	M No.		ent Contractor (9)					
Street Address								VIRONMENTAL	, INC.				
1253 North Church S	reef						Street Address						
City, State, Zip Code							1123 BEAVE						
Moorestown, NJ 0805	7						City, State, Zip Co						
Project Manager for Monito				Tol	ephone	a Na	BRISTOL, PA	19007					
Kris Smith				0.00		3-8218	Telephone No.		License No.				
Start Date (10)		Sche	duled (			ate (11)	215-788-6040		00509				
40	18	Conc	01	U	HO	D (11)	Name of OSHA M	onitor VIRONMENTAL,	INC				
Occupancy Status During A	atement	(Chec	k only	one)			Street Address	VINORIVIER I AL,	INC				
☐ Facility Closed/Vacated I	uring Er	tire Pe	eriod of	Abate	ment		1123 BEAVER	CIDEET					- 25
	tside of	Norma	I Facili	tv Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:	_AM	P	M/5:00	0PM-2	:00AN	1	BRISTOL, PA						
Scope of Work (Check all th	t apply)							10007					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				enovat emoliti			☐ Mini-Encl	ainment with Negai osure Procedure npted (*) and Non-		re			
1				Loca							atem	ent T	ivno
Location of Asbestos-Containing Mat TO BE ABATE IN Facility (13)	erial (AC	M)	Use Ma	Norma ed Sole intena todial (12)	ely by nce/	Asbes (i.e.	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement Sprinkler Roc	m				×	VAT/Mas	stic		60.65	F2			
Basement Diesel Room						VAT/mas			60 SF 720 SF				
Hallway Power Room	A Proposition of the Proposition					VAT/mas			200 SF				
Stairwell Landing						VAT/Mas			81 SF				
Name of Registered Waste H				N	JDEP I		Cubic Yards of	Name of Register			Ш	Ш	
SERVICE TRANSPORT	GROU	P, INC	:.	10553	auler II	O No.	Waste	MINERVA LA					
City, State					20990		Disposal Data		NUTILL				
NEW CASTLE, DE							Disposal Date TBD	City, State					
Completed By (Print or Type)	-	Title						WAYNESBUF	KG, OH				
Dillan DeCaro			timat	or			Signature	DeCar	Lig Da	te /.	1/1	F	
SB-41 NN 13 NN 10 1 9 1	}	* -	<b>.</b>				- Compa		1	1	//	e.	

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Date of Notification (1)					1 61-	(5.0			571	,	ected that has been a	enni,	
9 / _	12	/ _1	18				ing Owner/Operator estwood C.O.	(2)		G	E	i	W
Agencies Notified  ☑ EPA ☑ DOLWD ☑ DOH ☐ DCA	☐ Emerg	ided dment gency (	# <u>2 -1</u>		Cit	reet Address 175 Broad y, State, Zip Hillsdale, I	way Code			DEC	- Tar limen		018
(NJAC 5:23-8)	justific	cation)		3		me of Conta	157A		Telephone Nu 973-951-0		DE C	JNG JNG	T(O)
					F	ACILITY	NFORMATION		070-001-00	342			
Name of Facility Where Al Verizon Westwood (	atement	is Takir	ng Pla	ice (3)			Orana i i i	Type of Facility	(4)				
Street Address	.0.							School (K-1)	2)				
175 Broadway								☐ Other (i.e., p	8 (Other than K-1 private and comm	(2) ercial	buildir	ngs,	
City (5)	0							homes, etc.				-	
Hillsdale								Square Feet 32,775	# of Floors		Bldg. /		ad neces
County (6)					Co	unty Code (	7)(STATE USE ONLY)	15	ior if being demo	E-tD		J	
Hillsdale	-						, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		mmunications	lisnea)			
Name of Monitoring Firm F		uilding	Owne	r (8)	ASC	M No.	Name of Abateme	ent Contractor (9)					
TTI Environmental, I	C						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address 1253 North Church S							Street Address						
City, State, Zip Code	reet						1123 BEAVE						
Moorestown, NJ 080	7						City, State, Zip Co	ode					
Project Manager for Monito							BRISTOL, PA	19007					
Kris Smith	ing Firm			1	ephon		Telephone No.	FC .	License No.				
Start Date (10)	-	0.1				3-8218	215-788-6040		00509				
_10_ / _1_ / _	18	Sched	O	N		ate (11)	Name of OSHA M BRISTOL EN	onitor /IRONMENTAL	INC				
Occupancy Status During A	atement	(Check	k only	one)			Street Address	-	-, 1140				
☐ Facility Closed/Vacated	uring En	tire Pe	riod of	f Abate	ement		1123 BEAVER	STREET					
Abatement Performed O	itside of f	Normal	Facili	ty Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:		P	VI/ <u>5:0</u>	<u>0</u> PM- <u>2</u>	:00AN	1	BRISTOL, PA						
Scope of Work (Check all th	it apply)						_						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				enovat emoliti			☐ Mini-Enclo			iro.			
			0.00	s Loca					1100000			t T	
Location of Asbestos-Containing Mar TO BE ABATE IN Facility (13)	erial (ACI)	VI)	Use Ma	Norma ed Sola intena todial (12)	ely by ince/ Staff?	Asbes (i.e.	Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement Meter Storag	Poom		Yes	No	N/A	1/47/06						te	
Basement AC Room 2						VAT/Mas			75 SF				
Dadement AC (COM 2	-					VAT/Mas	stic		420 SF				
Vame of Registered Waste H				Щ									
SERVICE TRANSPORT	110000000000000000000000000000000000000	O IAI C		1 2 (3)	JDEP \ auler II		Cubic Yards of Waste	Name of Registe					
		, INC	•		20990			MINERVA L	ANDFILL				
City, State  NEW CASTLE, DE							Disposal Date TBD	City, State	IDO 01:	- 344-9 (20)			
Completed By (Print or Type)	-	Title						WAYNESBU	KG, OH				
Dillan DeCaro			timat	tor			Signature	De Cau	I Da	te ///	1/10	8	
SB-41 N 13		* 0	o not	una th	i. 6	£				/	1.		

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	3	,99	N	OTIF	ICATI (Purs	ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	ATEMENT 16)	Pal			
Date of Notification (1)					Na	me of Build	ling Owner/Operator	(2)	JOE TO	(P) 17	= []	NA F
9 /	12	/	18				estwood C.O.	(-)		49 L	2 1	
Agencies Notified	ype No	tificati	on	-	St	eet Address	s					
⊠ EPA	☑ Initia				1,00000	75 Broad	ALC:		HIII D	EC	5	2018
☑ DOLWD	Amer     Amer		t # <u>1-1</u> (	n In I4 c	0.4	y, State, Zip	*					
□ DCA	] Emer					lillsdale, l			4.39E	Sirie		TRIN 4
(NJAC 5:23-8)	justifi	cation	)	9	Na	me of Conta	act		Telephone N	umber	CON	DINET Y
	] Cano	ellation	า		F	Renzo Cor	ntreras		973-951-0			Ver is 11
No. of the second					F	ACILITY I	NFORMATION					
Name of Facility Where Ab Verizon Westwood C		is Tak	ing Pla	ace (3)				Type of Facility			-	
Street Address	0.							School (K-12	)			
175 Broadway							76	Subchapter 8	ivate and comm	-12) nercial	huildi	nas
City (5)								nomes, etc.)		Horoidi	Dunai	1195,
Hillsdale								Square Feet	# of Floors		Bldg.	Age
County (6)	-			-	Co	unty Code (	(7)(STATE USE ONLY)	32,775	3		+-5	0
Hillsdale						, 0000 (	MOTHIE GOL ONET)	Current Use (Pric	or if being dem	olished)	)	
Name of Monitoring Firm Hi		uilding	Owne	r (8)	ASCI	VI No.	Name of Abatem	ent Contractor (9)	inunications	S 		
TTI Environmental, In	;							VIRONMENTAL	. INC			
Street Address						*	Street Address		., 1100.			
1253 North Church St	eet						1123 BEAVE	R STREET				
City, State, Zip Code Moorestown, NJ 0805							City, State, Zip Co					
Project Manager for Monitori	The second secon			1=			BRISTOL, PA	19007				
Kris Smith	ig Firm				lephone		Telephone No.		License No.			
Start Date (10)		Sche	halluh			3-8218 ate (11)	215-788-6040		00509			
_10 / 1 /	8					18	Name of OSHA M					
Occupancy Status During Ab							Street Address	/IRONMENTAL,	INC			
☐ Facility Closed/Vacated D	iring Er	tire Pe	eriod of	Abate	ement		1123 BEAVER	STREET				
	side of	Norma	I Facili	tv Hou	ırs - De	scribe	City, State, Zip Co					
Time of Abatement:		P	IVI/ <u>5:01</u>	UPM-2	::00AM		BRISTOL, PA					
Scope of Work (Check all tha	apply)											
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				enovat emoliti						uro		
				Loca					1,10000		natam	ent Type
Location of Asbestos-Containing Mate	ial (ACI	M)	Use	Norma ed Sole	ely by	Ashes	Description of tos Containing Mate	orial (ACMA)	2	1000000		
TO BE ABATED IN Facility			Ma	intena todial	nce/ Staff?	(i.e.	, thermal systems in	sulation.	Amount (Specify	Remova	Repair	Enclosure Encapsulate
(13)				(12)			surfacing, VAT, other miscellaneous	or or	SF or LF)	Val	7	sure
			Yes	No	N/A							ate
Basement Boiler Room Basement Boiler Room	-						Boiler Insulation	1	90 SF			
						Duct Ins	ulation		90 SF	×		ПП
Basement Boiler Room					$\boxtimes$	Pipe Fitt	ings		60 LF			
Basement Boiler Room					$\boxtimes$	Pipe Inst	ulation		315 LF	П	П	
Name of Registered Waste Ha SERVICE TRANSPORT		P, INC		Ha	JDEP V auler ID <b>20</b> 990	No.	Cubic Yards of Waste	Name of Register MINERVA LA				010
City, State					20000		Disposal Date	City, State				
NEW CASTLE, DE							TBD	WAYNESBUR	RG, OH			
Completed By (Print or Type) Dillan DeCaro		Title	timat	O.W.			Signature	V-50.7 10 10 10	Da	ite		
		E.S	uniid()	O1			Willam	DeCaro/	m 11	1-9	1-1	8

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	34	191			(Purs	uant to h	IJAC 8:60 and 5	4 I EIVIEIV I :16)	20	2		F) F	* 11 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2
Date of Notification (1)							ding Owner/Operato			(5 \ E	1 1	W	In Its
9 / _	12	1_	18	2			Vestwood C.O.						İ
Agencies Notified  EPA	Type No		on			reet Addres				)EC	3	2018	) [
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⊠ DOH	Ame	ndmen			0	ty, State, Z			A331	STUS	OCA	GR(	) 月 约
DCA (NJAC 5:23-8)	☐ Eme	rgency ication	(includ	ding	-	me of Con	NJ 07642		1	LICE	YSIN	g	
(10,10 0,00	] Cano				1,500	Renzo Co	1000000		Telephone I				
							INFORMATION		973-951-	0542			
Name of Facility Where At	atement	is Tak	ing Pla	ace (3)		AOILITI	INGI OKIMATATOR	Type of Facilit	24 (4)				
Verizon Westwood C	.0.							School (K-					
Street Address								→ Subchapte	8 (Other than k	(-12)			
175 Broadway								homes, etc	private and com	mercial	build	ings,	
City (5)								Square Feet	# of Floors		Bldg.	Ασο	
Hillsdale								32,775	3		- 6		
County (6) Hillsdale					Co	ounty Code	(7)(STATE USE ONLY)	Current Use (F	rior if being den	nolished	)		
Name of Monitoring Firm H	ad by D	)![al!		(0)				Verizon Co	mmunication	IS	2.0		
TTI Environmental, Ir		ullaing	Owne	er (8)	ASC	M No.	Name of Abatem						
Street Address	-							IVIRONMENTA	AL, INC.				
1253 North Church St	eet .						Street Address	D OTDERT		(4)-lbs			
City, State, Zip Code							1123 BEAVE City, State, Zip C						
Moorestown, NJ 0805	P						BRISTOL, PA						
Project Manager for Monitor	ng Firm			Te	lephon	e No.	Telephone No.	15001	License No.				
Kris Smith				- 1		3-8218	215-788-6040	)	00509				
Start Date (10)						Date (11)	Name of OSHA M	lonitor	00303				
/ / /					6_ /	18	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Al	atemen	t (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated [  Abatement Performed Or	uring Er	ntire Pe	eriod of	f Abate	ement		1123 BEAVE	RSTREET					
Abatement Performed Οι Time of Abatement:	AM-	Norma P	i Facili M/5:0	ty Hou OPM-2	rs - De	scribe	City, State, Zip Co						
Scope of Work (Check all that				2. 11. 2			BRISTOL, PA	19007					
	appiy)						M Full Cont	nimmont with ht					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				enovat				ainment with Neg osure	ative Pressure				
23 = 100 01 01 <u>2</u> 200 11			L De	emoliti	on		☐ Glovebag	Procedure npted (*) and No	- F B	0.			
			Is	Loca	tion		LI NOTI-EXE	ripted ( ) and No	n-Friable Proced				
Location of Asbestos-Containing Mate	-1-1 (0.0)	5.65		Norma			Description of				patem	ent T	_
TO BE ABATED	nai (AC	IVI)	Ma	intena	nce/	Asbe	stos Containing Mat ., thermal systems ir	erial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todial (12)	Staff?	(	surfacing, VAT,	or	(Specify SF or LF)	nova	air	apsi	losu
(10)			Yes	No	N/A	1	other miscellaneo	us)	/	-		ulate	re
Basement Power Room	Managaga		П			VAT/Ma	etic					(D	
ISB Area						VAT/ma			2,200 SF				
ad Area						VAT/ma	30.500 <del>3</del> 0.		288 SF				
feter Room					-				1760 SF				
ame of Registered Waste Ha	ıler				JDEP V	VAT/Ma:			135 SF				
SERVICE TRANSPORT		P. INC			auler ID		Cubic Yards of Waste	Name of Regist					
ity, State		,	-		20990		Dianoas! Dei	MINERVA L	ANDFILL				
NEW CASTLE, DE							Disposal Date TBD	City, State	IDO 0::				
ompleted By (Print or Type)		Title						WAYNESBU					
Dillan DeCaro		1.020.00	timat	or			Signature	Dicari	11 10	ate	0		
3-41 0 - 10					255		1) Colan	- Will	11 211	0-0	1-1	China Contraction of the Contrac	

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Date of Notification (1)	12	1	18					ling Owner/Operat	or (2)			1 10 1 10 m		17
Agencies Notified		otificati	on		-	Street Ad				1	DEC		3 2	018
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DCA		rgency			10	Hillsd	ale, I	NJ 07642			LI(	ENS	OHI DAK	
(NJAC 5:23-8)	justi	fication	)	umg	1	Name of	Conta	act		Tolonhana	h1 1			
	] Can	cellation	ר		- 1	Renzo	Con	itreras		Telephone		ì		
						FACIL	ITVI	NFORMATION		973-951	1-0542			
Name of Facility Where Al	temen	t is Tak	ing Pl	ace (3	3)	IAOIL		MICKINATION	T ( E					
Verizon Westwood (	0.				*				Type of Facility  ☑ School (K-12					
Street Address									Subchapter	(Other than	K 10)			
175 Broadway									U Other (i.e., p	rivate and co	mmercia	build	linge	
City (5)	-								nomes, etc.)			Dune	migs,	
Hillsdale	4.5								Square Feet	# of Floors	S	Bldg	. Age	
County (6)						2 / 2			32,775	3		+-	50	
Hillsdale					10	Jounty C	ode (	7)(STATE USE ONLY	The second second second	or if being de	molished	1)		
	: - I L . F		_						Verizon Con	nmunicatio	ns			
Name of Monitoring Firm H	i ea by E	Building	Owne	er (8)	AS	CM No.		Name of Abater	nent Contractor (9)			_		
TTI Environmental, Ir	1 :							BRISTOL EI	VVIRONMENTAL	INC.				
Street Address								Street Address		,				
1253 North Church S	teet							1123 BEAVE	R STREET					
City, State, Zip Code								City, State, Zip C						
Moorestown, NJ 0805								BRISTOL, P.						
Project Manager for Monitor	i g Firm	ı		T	elepho	ne No.		Telephone No.	10001	T.:				
Kris Smith				10000		13-821	8	215-788-604	n	License No	).			
Start Date (10)		Sche	duled			Date (11	-	Name of OSHA		00509				
_10_ / _1_ / _	18					/ 18								
Occupancy Status During Al						,			VIRONMENTAL	, INC				
☐ Facility Closed/Vacated [	rina E	ntire D	k only	one)			1	Street Address	W					
Abatement Performed Ou	illing El	Norma	LESS!	T Aba	tement	t 		1123 BEAVE	R STREET					
Time of Abatement:	AM-	P	M/5:0	OPM-	2.000	NA		City, State, Zip C	ode					
			.v <u>o.o</u>	<u>o</u> i 101-	2.007	IIVI		BRISTOL, PA	19007					
Scope of Work (Check all the	apply)							NAME OF STREET						
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf				enova emolii				Glovebac	Procedure					
			15	s Loca	ation			LI MOII-LXE	mpted (*) and Non-	Friable Proce	dure			
Location of	000000			Norm	ally			Description o	f		A	baten	nent 7	уре
Asbestos-Containing Mate	al (AC	M)			lely by ance/	A	sbest	os Containing Mar	terial (ACM)	Amount	Re	Re	回	П
IN Facility	200				Staff?		(i.e.,	thermal systems i	nsulation.	(Specify	Remova	Repair	Encapsulate	CIO
(13)				(12	)			surfacing, VAT, other miscellaned	or or	SF or LF)	Val	-	lusc	Enclosure
			Yes	No	N/A	A			,43)				ate	0
asement Sprinkler Roo						VAT	/Mas	tic		60 SF	157		-	-
asement Diesel Room						VAT	/mas	tic						L
allway Power Room					×	VATA				720 SF				
airwell Landing						VAT				200 SF				
me of Registered Waste Ha					1	Waste		Subic Yards of	Name of Barria	81 SF				
SERVICE TRANSPORT	ROU	P, INC	b.	28 50000		ID No.		Vaste	Name of Registers MINERVA LA					
ry, State					E000	V	D	isposal Date	City, State	* If then bear				
NEW CASTLE, DE							1	TBD	WAYNESBUR	IG. OH				
mpleted By (Print or Type)		Title		II.		//		Signature			S-1			
Dillan DeCaro		Es	timat	or					DeCaro	100	Date 10-9	_/	0	

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Date of Notification (1)							ding Owner/Operato		19	$T_{j}$	E		W	
9 / _	12	/	18			Verizon W	lestwood C.O.	(2)						
Agencies Notified	Гуре №		on		St	reet Addres	s			DEC		2 2	010	
⊠ EPA ⊠ DOLWD	☑ Initia					175 Broad	lway		101 5.2	2160		) (	010	
⊠ DOLVVD	⊠ Ame		t # <u>1 -</u>	40/0/4	Ci	ty, State, Zip			4 1.000					
DCA	] Eme				9 1	Hillsdale,	NJ 07642		4.8	BEUN	OS C DEM			
(NJAC 5:23-8)	justif	ication	)	9	Na	me of Conta	act		Telephone N	And the Paris	A COMPANY	21111	1	
	] Cano	ellatio	n		E	Renzo Cor	ntreras		973-951-0					
					F	ACILITY	INFORMATION							
Name of Facility Where Ab		is Tak	ing Pla	ace (3)				Type of Facility	(4)					
Verizon Westwood C	0.							School (K-1)	2)					
Street Address								Subchapter	8 (Other than K	-12)	V 621 %			
175 Broadway								Other (i.e., p	invate and comi	nercial	build	ings,		
City (5) Hillsdale								Square Feet	# of Floors		Blda.	Age		
County (6)								32,775	3	- 1	J. E			
Hillsdale					Co	ounty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished	)			
Name of Monitoring Firm Hi	- d b D	V !! -!!-		(2)				Verizon Cor	nmunications	S	•			
TTI Environmental, In		sullaing	Owne	r (8)	ASC	M No.		ent Contractor (9)						
Street Address	·							VIRONMENTA	L, INC.					
1253 North Church St	'cot						Street Address	mana a ser series con con con						
City, State, Zip Code							1123 BEAVE							
Moorestown, NJ 0805	,						City, State, Zip Co							
Project Manager for Monitor				Ta		- 51-	BRISTOL, PA	19007						
Kris Smith	The state of the s					e No. 3-8218	Telephone No.		License No.					
Start Date (10)		Sche	haluh				215-788-6040		00509					
10//	0   44   15						Name of OSHA M	ENVIRONMENTAL, INC						
Occupancy Status During Ab	-							TRUNMENTAL	., INC					
☐ Facility Closed/Vacated D	uring Er	ntire Pr	eriod o	f Abata	ment		Street Address							
	side of	Norma	I Facili	ty Hou	rs - Do	scribe	1123 BEAVER							
Time of Abatement:	_AM	P	M/5:0	<u> </u>	:00AN	1	City, State, Zip Co			- 75450		Age 50		
Scope of Work (Check all tha	apply)						BRISTOL, PA	19007						
☐ ≥3 sf or ≥3 lf			_					inment with Neos	tive Pressure					
\(\sum_{\geq} \geq 160 \text{ sf or \geq_260 lf}\)				enovat emolitic				osure	ante i ressuje					
				SI HOIRIN	ווכ		☐ Glovebag ☐ Non-Exen	Procedure	Eriable Drawn					
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Location of Asbestos-Containing Mate	ial (AO	5.6\		Norma ed Sole			Description of				_	T	уре	
TO BE ABATED	iai (AC	IVI)	Ma	intena	nce/	Asbes	tos Containing Mate, thermal systems in	erial (ACM)	# of Floors 3 +-50  or if being demolished) nmunications  -, INC.  License No. 00509  , INC  tive Pressure  Friable Procedure  Abatement	Enc	Enc			
IN Facility			Cus	todial (12)	Staff?	(1.6.	surfacing, VAT,	sulation,		SVOL	air	aps	dost	
(13)			Yes	No.	N/A	1	other miscellaneo	us)		=		ulat	l'e	
Basement Meter Storage	Room				N/A	VATER	-41-		1			Ф		
Basement AC Room 2					-	VAT/Mas			75 SF					
The Hoom Z						VAT/Mas	stic		420 SF					
				Ц								П	П	
ame of Registered Waste Ha					DEP V		Cubic Yards of	Name of Registe	red Landfill					
SERVICE TRANSPORT	ROU	P, INC	: <b>.</b>		uler ID 20990		Waste	MINERVA LA						
ity, State							Disposal Date	City, State						
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B-41 NAIDAAB							I DOGWA	MANUE	4)0- 11	0-9	-1	8		

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

chit 3435

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Date of Notification (1)	40	1272.5		N	ame of Build	ding Owner/Operato	r (2)	F	6	FI	-	ŋ_	
9 / _	13 / _	18	_		Verizon V	Vestwood Co			9 1	la U	<u>\</u>	1	
Agencies Notified	Type Notifica	ation		S	treet Addres	is.							
Ø EPA 9258	☑ Initial				175 Broad	fwav		D.	EC	2	201	2	
Ø DOLWD 924\	Amended				ty, State, Zij			In M.	LU	J	401	0	
D DCA	Amendme				Hillsdale,								
(NJAC 5:23-8)	☐ Emergend justification	oy (incit on)	aing	-	me of Cont			ASBE				10	
	☐ Cancellati				Renzo Coi			Telephone Number NSING					
			-					973-951-0	542				
Name of Facility Where At	atement is T	akina D	lace (2)		FACILITY	INFORMATION					1.5		
Verizon Westwood (	0	aking r	ace (3)				Type of Facility					_	
Street Address							School (K-12	2)					
175 Broadway							Subchapter ( Other (i.e., p	rivate and com-	-12)				
City (5)	-						1	vate and com	nercia	I DUIIC	lings,	,	
Hillsdale							Square Feet	# of Floors		Bldg	Age	-	
County (6)					-		32,775	3		4		28	
Bergen				Co	ounty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olisher	4)		_	
	ad b., D. 11						Verizon Con	nmunications	3	-/			
Name of Monitoring Firm H TTI Environmental, In	ea by Buildir	ng Own	er (8)	ASC	M No.		ent Contractor (9)						
Street Address						BRISTOL EN	ENVIRONMENTAL, INC.						
	Catheria de					Street Address	is						
1253 North Church St	eet					1123 BEAVE	23 BEAVER STREET						
City, State, Zip Code	City State 7in Code						de						
Moorestown, NJ 0805	BRISTOL BA 40007							Œ.					
Project Manager for Monitor	ng Firm Telephone No. Telephone No.							License No.					
Kris Smith	609-313-8218 215-788-6040							00509					
Start Date (10)	Scheduled Completion Date (11) Name of OSHA Monitor						onitor	00509					
10/1/	8 11 / 2 / 18 BRISTOL ENVIRONMENTA							INC					
Occupancy Status During At	t atement (Check only one)							, 1140					
☐ Facility Closed/Vacated D	Iring Entire Period of Abatement					1123 BEAVER	STREET						
Abatement Performed Ou	side of Norm	al Facil	ity Hou	rs - De	scribe	City, State, Zip Coo							
Time of Abatement:		PM/ <u>5:0</u>	<u>0</u> PM- <u>2</u>	:00AM	1	BRISTOL, PA							
cope of Work (Check all tha	apply)					Didolot, FA	19007						
] ≥3 sf or ≥3 lf			enovati				inment with Nega	tive Proseurs				_	
≥160 sf or ≥260 lf		sure	tive Flessure										
10.270-25.00	Demolition  Glovebag Procedure Non-Exempted (*) and No							On-Friable Procedure					
		1	s Locat				( ) and Non-	Friable Procedu	1				
Location of Asbestos-Containing Mate	ial (A Cu s)		Norma ed Sole			Description of			At	Abatement		у	
TO BE ABATED	iai (ACM)	Mia	aintena	nce/	Asbes	tos Containing Mate	rial (ACM)	Amount	Re	Re	回	1	
IN Facility		Cus	todial S	Staff?	(i.e.,	thermal systems in: surfacing, VAT, o	sulation,	(Specify	Removal	Repair	cap	1	
(13)		V	(12)			other miscellaneou	s)	SF or LF)	a		Encapsulate	-	
		Yes	No	N/A					1		ife	-	
200man/ P - 11 - T				$\boxtimes$	Exterior	Boiler Insulation		90 SF	D			+	
		1	_	57	Duct Inci	ulation					Ш		
				$\boxtimes$	I LOUGH III ISSE				1 1		П	1	
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Chrt 3435

Date of Notification (1)			¥0		IN	lame of Buil	Iding Owner/Operate	) (2)							
9 /	13	1_	18	2	1.	Verizon V	Nestwood Co	or (2)			-27				
Agencies Notified	Type N	lotificati	on		S	treet Addres									
⊠ EPA	☑ Initial					175 Broadway									
⊠ DOLWD	☐ Ame				C	ity, State, Z									
☑ DOH □ DCA		endmen			- 1		NJ 07642						- 17		
(NJAC 5:23-8)	iusti	ergency	(Inclu	ding		ame of Cont									
	1377	cellation				Renzo Co			Telephone N	lumbe	r				
	-								973-951-0	0542					
Name of Facility Where A	tatemen	t is Tak	ing DI	200 (2	\	FACILITY	INFORMATION								
Verizon Westwood	0	it is Tan	ing Fi	ace (3	)			Type of Facility					-		
Street Address	-							School (K-1	2)						
175 Broadway								Subchapter Other (i.e., phomes etc.)	8 (Other than K	-12)		West of the			
City (5)								homes, etc.	) are sug comi	nercia	l build	lings	1.		
Hillsdale								Square Feet	# of Floors		Blda	. Age			
County (6)								32,775	3			. Aye 50			
					C	ounty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olishor	17-	50			
Bergen								Verizon Co	nmunications	Suoi iet	1)				
Name of Monitoring Firm H	ed by E	Building	Owne	er (8)	ASC	M No.	Name of Abaten	ent Contractor (9)		,			_		
TTI Environmental, I	7 >						BRISTOL ENVIRONMENTAL, INC.								
Street Address	100		14				Street Address		-, 1140.						
1253 North Church S	eet						1123 BEAVER STREET								
City, State, Zip Code							City, State, Zip C		I						
Moorestown, NJ 0805							F1 52 55	BRISTOL, PA 19007							
Project Manager for Monitor	ng Firm	1		Te	lephon	e No.	Telephone No.	15007							
Kris Smith	609-313-8218						215-788-6040	License No.							
Start Date (10)	Scheduled Completio						Name of OSHA N		00509						
10 /1 /	8					18									
Occupancy Status During Al								VIRONMENTAL	, INC						
Facility Closed/Vacated [	uring Fr	ntire Pe	riod o	f Abot	omont		Street Address	b)					_		
Abatement Performed Ou	side of	Normal	l Facili	ty Hou	ement	noribo	1123 BEAVE	ode							
Time of Abatement:	_AM	PI	VI/5:0	OPM-2	2:00AN	scribe 1	City, State, Zip Co						_		
cope of Work (Check all tha							BRISTOL, PA	19007							
	apply)						Ø = # 0	v.					_		
] ≥3 sf or ≥3 lf			⊠ R	enovat	ion	⊠ Full Containment with Negative Pressure             □ Mini-Enclosure									
≥160 sf or ≥260 lf	☐ Demolition						☐ Glovebac	a Procedure							
							☐ Non-Exer	npted (*) and Non-	Friable Procedu	ıre					
Location of			22	Norma				Abateme			ont 7	r			
Asbestos-Containing Mate	Normally Used Solely Maintenance Custodial Sta					Achee	Description of				_	T	_		
TO BE ABATED						(i.e.	stos Containing Mat , thermal systems in	erial (ACM)	Amount	Ren	Repair	Enc			
IN Facility (13)		1	Cus	(12)	Staff?		surfacing, VAT.	or	(Specify SF or LF)	Removal	air	aps			
(10)		ŀ	Yes	No	N/A		other miscellaneo	us)	or or Erj	1 2		Encapsulate	1		
sement Power Room	-		10000000		-							(e	1		
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ERVICE TRANSPORT	ROUF	P, INC.	e		auler ID 20990	0.000	Waste	MINERVA LA							
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1 NN18179											)	10			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) DEC 2018 8 18 Rutgers University / Job #1807-2328 Chk. #NA Agencies Notified ype Notification Street Address **⊠** EPA ASBESTOS CONTROL & ] Initial 33 Knightsbridge Road **⊠** DOLWD LICENSING Amended City, State, Zip Code ☑ DHSS Amendment #4 Piscataway, NJ 08854 ☐ DCA ] Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number [ ] Cancellation Joan Stanton, PE 848-445-2419 FACILITY INFORMATION Name of Facility Where Ab tement is Taking Place (3) Type of Facility (4) Building #3084 - Kree ger Learning Annex School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 151 College Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Piscataway 14000 1 40 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Vacant Name of Monitoring Firm Hi ed by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Criterion Laboratories Asbestos and Mold Services, Corp. Street Address Street Address 400 Street Road 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 Hainesport, NJ 08036 Project Manager for Monitor ng Firm Telephone No. Telephone No. License No. Mike Panepresso 215-244-1300 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 24 / 8 12 / 31 / 18 EMSL Analytical, Inc. Occupancy Status During At atement (Check only one) Street Address ☐ Facility Closed/Vacated [ uring Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Ou side 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) ☐ Full Containment with Negative Pressure $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ Renovation ☐ Mini-Enclosure ☐ Glovebag Proce ≥160 sf or ≥260 If □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Remova Encapsulate Enclosure Amount Maintenance/ TO BE ABATEI (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Exterior $\boxtimes$ Cement Board Siding 1500 SF X Exterior M Black Tar Paper Vapor Barrier 4500 SF M П Exterior П X Roofing 14,000 SF П П Name of Registered Waste H. uler NJDEP Waste Cubic Yards of Name of Registered Landfill Champion Hauler ID No. Waste **Grand Central** 32707 5 City, State Disposal Date City, State Hainesport, NJ 12/31/18 Penn Argyle, PA Completed By (Print or Type) Signature Date Kimberly Trumbetti Office Coordinator 11-26-18 ASB-41 MAY 11 \* Do not use this form for asbestos licengure exempted activities.

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W. 1791	) 1	AII	NOTI (	FICATIO	N OF AS	BESTO	SABATE	MENT	T	(n)	EC	E			7 7 7
Date of Notification (1)					of Buildir le Lee			r (2)			DEC		20	18	PARTICIPATION OF THE PARTICIPA
Agencies Notified Ty	e Notificatio	n		Street	Address					11 11	DEC		) 20	10	- 10 Avan
EPA DEP	Initial Amended			City S	tate, Zip	Codo				Į.	ASBEST	08.0	ONT	ani.	_]
⊠ DOL	Amendmer				ont, NJ					non-Tue-State Service		CENS		1 W Au	-
□ DOH	justification	1)			of Contac	77.0				Те	lephone N	umber			- 3-5-3
DCA L	Cancellatio	n			le Lee I										
Name of Facility Where Abat	ment is Taki	ng Place (	3)	FAC	ILITY IN	FORMAT	TION	Туре	of Facility	(4)					
Residential Home								_	School (K-						
Street Address								×	Subchapte Other (i.e.	r 8 (Oth	ner than K- & commer	12) cial bu	ldings	, hom	es,
City (5)									etc.) ire Feet	# 0	f Floors	Т	Bldg.	Aae	
Dumont								230		2			70 +	-	
County (6) Bergen				County (STATE	Code (7) USE ONL	n		Curre	ent Use (Pri sidential H	ior if be	ing demolis	hed)			
Name of Monitoring Firm Hire Project Manager	d by Building	Owner (8)		ASCI	M No.				atement Co S Abatem		(9)				
Street Address							Street		enviolence in the	ent					
07.01.77							280 1	N. Mi	dland Av	e.					
City, State, Zip Code									ip Code ook, NJ (	07663					
Project Manager for Monitorir	յ Firm	1 No. 17 - 2 and 1 - 2 and		Telepho	ne No.		Teleph	one N	0.	01000	License 1	No.			
Start Date (10)		Schedule	ad Cor	mpletion	Data /11		201-6				01305				
12/3/18		12/7/18		ripietion	Date (11	)	Name	of USF	HA Monitor						
Occupancy Status During Aba	tement (Che	ck Only On	e)				Street	Addres	SS						
Facility Closed/Vacated Abatement Performed O Other – Describe: 8 A.M.t	itside of Norr	Period of Annal Facility	Abaten Hours	nent s			City, St	ate, Zi	ip Code						
Scope of Work (Check All Tha	: Apply)														
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		-	enova emolit	100000000000000000000000000000000000000			×	Min Glo	Containme i-Enclosure vebag Prod -Exempted	e cedure					
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Location of Asbestos-Containing Mate	ial (ACM)		lormal d Sole				scription					-	Ту	pe	
TO BE ABATED In Facility (13)		(1) (1) (1)	ntenar odial S (12)	100000		. thermal surfa	aining Ma systems cing, VAT niscelland	insula , or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		ate	re
Basement		1	Х				VAT			69	5 SF	x			
		+	_									-			
		+										-			
Name of Registered Waste Ha	iler		2333	JDEP W	100000000000000000000000000000000000000	Cubic			Name of F	Register	ed Landfill				
All Stages Abatement			200	auler ID 036592		of Was	sie		Grand (	Centra	I Sanitar	y Lan	dfill		
City, State Saddle Brook, NJ						Dispos	al Date		City, State				11.44.70		
Completed by		Title					ignature	// ,	Pen Arg	yı, PA	. Da	te			
Richard Cristofol	-	Presid	dent				lill	1	/s/			/30/1	8		

State of NJ Notification of Asbestos Abatement 2018-238 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 9013 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1 1 3 10 1/11 18 Jerry Ciraulo Agencies Notified Type Not ication Street Address ☐ EPA Ini al 3 2018 DFC ☐ DEP City, State, Zip Code X DOL Am indment Ridgewood, NJ 07450 A CRESTOS CONTROL & X DOH Telephone Number NSING Name of Contact Car cellation ☐ DCA Jerry Ciraulo **FACILITY INFORMATION** Name of facility where abatem int is taking place (3) Type of Facility (4) School (K - 12) Jerry Ciraulo Subchapter 8 (Other than K-12) Street Address X Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Ridgewood, NJ 07450 Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 12/10/2018 12/11/2018 Street Address

Occupancy Status During Abate	mer	nt (Check o	only one)			105 Ryerson Ro	pad					
Facility closed/vacated du Abatement performed out Describe:						City, State, Zip Code						
Other-Describe:						Lincoln Park, N.	J 07035					
Scope of Work (check all that	ppl	y)									*3	
☐ Demolition	X	Renovation	n		X	Full Containment w/neg	ative pressure	Glove	bag pr	ocedi	ıre	
> 3  sf or $> 3 $ If	K	≥160 sf or	≥260 If			Mini-enclosure		Non-f	riable <sub>l</sub>	proced	dure	
Location of asbestos-containing material to be			n normally uenance/cust			asbestos-containing	Amount (Specify S	SF or	R e m	R e p	E n c	Enc
abated in facility (13)		Yes	No	N/A	material (7 tols	'/	ĹF)		o v e	i	a p	L
basement				X	VAT (no mast	ic)	247 sf		X			
Registered Waste Hauler B & G Restoration, Inc.			EP Hauler I 19563	D#   Ci	ubic Yards of Waste 3		Landfill tral Landfill					
City, State Lincoln Park, NJ Disposal Da 12/12					ate 2/2018	City, State Pen Argyle,	PA				ýz	
Completed by (Print or Type) Gordana Luna  Title Secretary/Treasurer					Signature	Gordana Luna		Date	0/201	18		

		A				State of	New Jersey	Į	12 g	EC	P n	ПЛ	energy 1	A COLUMN THE PARTY OF THE PARTY
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Date of Notification (1)					Nam	ne of Buildi	ng Owner/Operator	(2)	111	DEO			1 1	
/	3 /	1	8		Li	dl U.S. O	perations, LLC	<i>[</i> ],	I L	DEC	3 2	2018	The same of	IJ
	pe Noti	fication	1		Stre	et Address			- 1				-	
177 DOLLUM	Initial				35	00 S. Cla	rk Street	1		ASBESTOS	SCON	TROL	1	
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	Amend Emerg			_	88		VA 22202				Age of the party of the Party o	Water Street Street Street	Mikey	
(NJAC 5:23-8)	justific		riciuuli	ig		e of Conta	Winds Charles of America			Telephone N	li mahar		_	_
	Cancel		92		Da	mon Ko	zul							
					_		NFORMATION	1000000		732-221-	4820		8	
Name of Facility Where Abar	ment is	s Takir	ng Plac	e (3)		(OILITT)	MOLINIA I TOM	Type of Fac	ilit. /	41			-	
Commercial				. ,				School (						
Street Address								Subchap	ter 8	(Other than I	(-12)			
514 North Main Street								Other (i.e	e., pri	vate and com	mercial	building		
City (5)	-							homes,		T.,			-	
Lacey Township								Square Fee	Ţ	# of Floors		Bldg. A		
County (6)					Cou	nty Code /	7)(STATE USE ONLY)	Current II-	<b>(D)</b>					
Ocean					000	my code (	I NOTATE USE UNLY)	Current Use	(Pric	or if being den	nolished	)		
Name of Monitoring Firm Hire	d by Bu	ildina	Owner	(8)	ASCM	No	Name of Abatem	amt Camtan at	(0)				/ <sub>-</sub>	4-5/
Bio Terra Solutions				(0)	7.001	110.	ALL PRO MA			_				
Street Address							Street Address	ANAGEWEN	I LL					
P.O. Box 1224							27 Outwater	Lano						
City, State, Zip Code							City, State, Zip C						/-	
Union, NJ							Garfield, NJ							
Project Manager for Monitorin	j Firm			Tele	ephone	No.	Telephone No.	01020	-	License No			88	
Rick Eustaquio						-3762	973-928-4888	3		1188				
Start Date (10)		Sched	duled (	Comple	tion Da	ite (11)	Name of OSHA N	Monitor		1100			0	
12 /07 /1	3		12_ /	3	_ /	18	ALL PRO MA		T LL	С				
Occupancy Status During Aba	tement	(Checl	k only	one)			Street Address						14	
□ Facility Closed/Vacated Delivery     □ Facilit	ring En	tire Pe	riod of	Abate	ment		27 Outwater	l ano						
□ Abatement Performed Out	ide of N	Vormal	Facilit	v Hou	s - Des	cribe	City, State, Zip Co		-				9	
Time of Abatement:	.AM	PI	VI/	PM		AM	Garfield, NJ							
Scope of Work (Check all that	apply)						,						3	
≥3 sf or ≥3 lf			Пр	enovati	20		☐ Full Conf	tainment with I	Nega	tive Pressure				
≥160 sf or ≥260 lf				emolitic			☐ Mini-Enc	losure g Procedure						
						X.30/0 No	Non-Exe     Non-Exe	mpted (*) and	Non-	Friable Proce	edure			
Location of			17.000	Local Norma							A	bateme	T	уре
Asbestos-Containing Mate	ial (ACI	M)		ed Sole		Asho	Description o stos Containing Ma	f toriol (ACM)			Z	R	1	
TO BE ABATED		,		intena todial		(i.e	., thermal systems i	insulation.		Amount (Specify	Removal	Repair		nck
IN Facility (13)			Cus	(12)	otair?		surfacing, VAT,	or		SF or LF)	oval	=		Enclosure
()			Yes	No	N/A	1	other miscellane	ous)						е
Southern Hardware Section-	Walkwa	ay	П			VAT/Ma	etic		+			+-+	-	
Main Retail Building Roo			_	_					$\perp$	720 SF			]	
main Retail Building Roo						Miscella	aneous Tar			80 SF			]	
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									1	-		1-	1	
Name of Registered Waste Ha	ıler				JDEP V	Vaste	Cubic Yards of	Name of Re	niste	red I andfill			1	Ш
Century Waste, LLC				auler ID	No.	Waste			th Landfill/	Fairles	elan	:11		
City, State				32797		As Needed Disposal Date	City, State		Landini/	i antes	- LdII	-111		
Elizabeth, NJ							TBD	1	llo '	24				
Completed By (Print or Type)	-	Title	il-					Morrisvi	ne, i	A			13-	
Allen Monchik		0.000	oject	Man	naer		Signature	7.7			Date			
SB-41		1 ,,	Ject	INICII	gei		Allen	Monch	ik		11/28	/18		
AN 13									_					

Date of Notification (1)		18		ΓΙΓΙC (P	ATIO ursua Nam	N OF AS nt to NJ e of Buildin	New Jersey BESTOS AB AC 8:60 and 5 ng Owner/Operato perations, LLC	:16) or (2)	TENT	DE C	to commence of the same		2018		Commence of the commence of th
	pe Notif	ication				et Address	A A		-	ASDES	TOST	ON	IBO	0	
[7] DOLLING	Initial				35	00 S. Cla	rk Street		-		ICEN	SINC	3	×	
⊠ DOLWD □	Amend Amend		£33		City,	State, Zip	Code						TO STATE OF THE PARTY OF THE PA	-	Ministry Ages
	Emerge			-	Ar	lington, \	/A 22202								
(NJAC 5:23-8)	justifica	ation)	roidalli	9	Name	e of Conta	ct			Telephone	Numb	er		-	
	Cancel	lation			Da	mon Koz	zul			732-221					
					FA	CILITY II	NFORMATION							9	
Name of Facility Where Aba Residential Street Address 15 Haines Street	ement is	Takin	g Plac	e (3)					oe of Facility School (K-1 Subchapter Other (i.e., I homes, etc.	2) 8 (Other than private and co	K-12) mmerc	cial bu	uilding	90 <del>2 - 10</del>	
City (5)									uare Feet	# of Floor	s	I BI	dg. A	· -	
Lacey Township										" 311 1001		51	uy. A		
County (6)					Cou	nty Code (	7)(STATE USE ONLY	) Cur	rent Use (P	rior if being de	molish	led)		-	
Ocean						· 10		1	-50 (1	somig de		,			
Name of Monitoring Firm Hire	d by Bu	ilding (	Owner	(8)	ASCM	No.	Name of Abate	ment C	ontractor (9	)			-	-	
Bio Terra Solutions							ALL PRO N								
Street Address	1000000						Street Address							-	
P.O. Box 1224							27 Outwate	r Lane	9						
City, State, Zip Code							City, State, Zip	Code							
Union, NJ							Garfield, N.	J 0702	26						
Project Manager for Monitorir	g Firm				phone		Telephone No.			License N	0.			-	_
Rick Eustaquio						-3762	973-928-488	88		1188					
Start Date (10)12 /07 /1	3					te (11) 18	Name of OSHA ALL PRO M	NAME OF TAXABLE PARTY.		LC				N	
Occupancy Status During Ab	tement	(Check	only	one)			Street Address						-	-	
☐ Facility Closed/Vacated D	ring Ent	tire Per	riod of	Abater	nent		27 Outwate	r Lane	)						
Abatement Performed Out Time of Abatement:	ide of N	Normal	Facility	y Hour	s - Des		City, State, Zip	Code						1))	
	_AM	PI	/u	PIVI-		AM .	Garfield, NJ	0702	26						
Scope of Work (Check all that  ≥3 sf or ≥3 lf	apply)						☐ Full Co	ntainm	ent with Ne	gative Pressur	re			-	
□ ≥160 sf or ≥260 lf	9 <u></u>			novati			☐ Mini-Er ☐ Gloveb ☒ Non-Ex	ag Pro	cedure	n-Friable Prod	cedure				
Location of				Locat			7000 Sec. 20						ateme	T	ype
Asbestos-Containing Mate TO BE ABATED IN Facility (13)		VI)	Use Ma	d Sole intena todial S (12)	ly by nce/	Asbe (i.e	Description stos Containing M ., thermal system: surfacing, VA other miscellan	faterial s insula T, or	(ACM) ation,	Amount (Specify SF or LF	,	Removal	Repair	7	Enclosure
Kitchen			1.5.5		-	00:								_	
						Gray Si	nk Undercoat			4 SF		$\boxtimes$		]	
Exterior- Beneath Roof L	aders					Ground	Drain Pipe			10 LF				]	
														]	
														1	П
Name of Registered Waste Ha	uler			1000000	JDEP V		Cubic Yards of	Na	me of Regis	tered Landfill		_		-	_
Century Waste, LLC				H	auler IE <b>32797</b>		Waste As Nooded	1000000		orth Landfil	I/ Fair	less	Lan	ill	
City, State	-				JE131		As Needed Disposal Date		y, State						
Elizabeth, NJ							TBD	10000	/orrisville	, PA					
Completed By (Print or Type)		Title					Signature		and the second s		Date			_	
Allen Monchik		Pr	oject	Mana	ger			M.	onchik	<i>ś</i> .			4.0		
ASB-41 JAN 13		* /	)o not	use th	is form	for ashest	os licensum even	7.000	- Way		11/2	28/	Ιδ		1/2-7

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

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K2068	PA	ID		ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE		T	Dr	E C	E		$\mathbb{V}$	匠	The second secon
Date of Notification (1)				Name o	of Building	Owner/0	perato	r (2)	The State of the S	M		_		201		
11/30/18				RJB E	Evolution	n, LLC			1	ШШ	DE	C	3	201		2000
Agencies Notified Ty	e Notification	18		Street A	Address			22/11-2025								***************************************
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III DEP IIT	Amended			City, St	ate, Zip Co	ode			8	3.00	AUDEC	LICE	NS	NG		*
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☑ DOH ☐	Emergency justification)		1	Name o	of Contact						ephone					
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Name of Facility Where Abat	ment is Takir	ng Place (	3)	FAU	ILIT INF	ORMAII	ON	Tvr	e of Facility	(4)					-	
Former store front & fr		,	÷*							00000						
Street Address								H	School (K- Subchapte		er than l	K-121	8			
310 Asbury Ave.								X	Other (i.e.	private 8	& comm	ercia	buil	dings	ome	es,
City (5)								Sai	etc.) uare Feet	1 # 0	f Floors		70	ldg. /	9	
Ocean City,NJ 08226									000	1 1	1 10015			iog. /	5	
County (6)			Г	County	Code (7)					1 '		-11-1	1	,U 1.		
Cape May			1	(STATE	USE ONLY	2			rent Use (Proandoned	ior it bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hire	d by Duttata	Oue = '2					-									
IRIS	a by Building	Owner (8	)	ASCI	M No.				batement Co							
Street Address		all all and					Street		zi Environr	nenata	al Serv	ices	, inc	;		
									nelon Rd							1
City, State, Zip Code							L. 2007		Zip Code						-	
Union, NJ									Zip Code 1, NJ 0740	5						
Project Manager for Monitoria	a Firm		- 1	Telepho	ne No		Telepi				Licens	o No			_	
Richard Eustaquia	u <del>-</del> uoxxa¤±			20 Carlotte 25	94-3762				-0880		0122					
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)				SHA Monitor		0,122		-		-	-
12/14/18		12/18/	18				Yanı	nuzz	zi Environn	nental	Servic	es				
Occupancy Status During Ab	tement (Chec	k Only O	ne)				Street								_	
Facility Closed/Vacated	Juring Entire	Period of	Abaten	nent			135	Kinn	nelon Rd							
Abatement Performed C Other – Describe:	ıtside of Norn	nal Facilit	y Hours	S		150	City, S	State,	Zip Code						_	
							Kinn	elor	n, NJ 0740	5						
Scope of Work (Check All Th	t Apply)									1080						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				N. I.	e M G	ull Containm lini-Enclosur Blovebag Pro	e cedure	·					
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1			S Locati Normal			Alexandra								Abate Ty	ent	1
Location of Asbestos-Containing Mate	rial (ACM)	Use	ed Sole	ly by	Ashas		cription		ial (ACM)		mo: tr1					
TO BE ABATED			intena		(i.e.	thermal	system	s insu	ulation,		mount Specify	1	Z,	-	Enc	m
In Facility		Cus	(12)	oldii!			ing, VA			SF	or LF)	- 1	emo	Repair	ans	clo
(13)		-	/	_	-	other m	niscellar	neous	5)				Removal	<u>a</u> .	Encapsulate	Enclosure
		Yes	No	N/A									_		Ð	w
Flooring through	out			х			VAT			1,0	000SF		x			
Name of Device																
Name of Registered Waste H	uler		10000	IJDEP W lauler ID		Cubic			Name of	Registe	red Land	dfill				
Yannuzzi Group, Inc.			1		10.000000	of Was	ie		GROW	/S nort	h/Fairl	ess				1
City, State			1	17	467		al Date		City, Stat							
Kinnelon, NJ 07405						12/18			Morris		Α					
Completed by		Title	****			240 240 0000	gnature	1	7777	1		Date		-		
John Mucha		AHE	RA P	roject [	Designer		1		1 11.	J. A.		2010	w'	3.4		5
				•	J		-	4	1 16						_	

Date of Notification (1)			NOTI		ATION	OF ASI	ew Jersey BESTOS ABA C 8:60 and 5:1	6)			3 20	. to	District of the last of the la
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	pe Notific	cation				Address	(100) - 100	1			ISING	/ Same	a
	Amende	d				Huron R			Control of the second s	- Lines			-
⊠ DOH	Amendr				1000	State, Zip C							
	Emerger		cluding				es, NJ 07417-2	210				_	
(NJAC 5:23-8)	justificat Cancella	250				of Contac			Telephone Nu				
L	Cancella	uion				vard Eas			201-788-9	646			
Name of Facility Where Aba	ama and in	Tabiaa	Disease	(0)	FA	CILITY IN	FORMATION	I= 6=				_	
Commercial	ementis	raking	Place	(3)				Type of Facility  ☐ School (K-12	7.07				
Street Address								Subchapter 8		-12)			
104 Wagaraw Road								Other (i.e., p	rivate and comn	nercia	l buildin	ç	
City (5)								homes, etc.)			DI	_	
Hawthorne								Square Feet	# of Floors		Bldg. A	1	
County (6)	-				Cour	ty Code /7	)(STATE USE ONLY)	Current Use (Pr	or if boing do-	oliobo	4)	_	
Passaic					Cour	ity Code (/	MOTATE OSE CIVET)	Guilent Use (Pr	or it being dem	olisne	u)		
Name of Monitoring Firm Hir	d by Buil	Idina O	wner /	8) [	ASCM	No.	Name of Ahatem	ent Contractor (9)					-
Bio Terra Solutions			(	-/				NAGEMENT L					
Street Address							Street Address	WAOLIILA L				_	$\dashv$
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code	-						City, State, Zip C						$\dashv$
Union, NJ							Garfield, NJ						
Project Manager for Monitori	ıg Firm			Tele	phone	No.	Telephone No.		License No.	1 <del>11 1</del> 2		_	-
Rick Eustaquio					73-494		973-928-488	3	1188				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA	Monitor				-	$\neg$
12 /01 /	8	_1	2_/	_ 3	1_/	18	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During At	atement (	(Check	only o	ne)			Street Address					-	
☐ Facility Closed/Vacated D							27 Outwater	Lane					
Abatement Performed Ou	side of N	lormal	Facility	/ Hou	rs - Des	cribe	City, State, Zip C	ode				_	
Time of Abatement:	_AM	PN	N/	_PM		AM	Garfield, NJ	07026					
Scope of Work (Check all the	t apply)							9792 858 855 850	252 265				$\neg$
☐ ≥3 sf or ≥3 lf	221.00		⊠ Re	novat	ion		☐ Full Cor	itainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			☐ De				Gloveba	g Procedure					
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Asbestos-Containing Ma		M)	1000000000		ely by		stos Containing M	aterial (ACM)	Amount		Remova	Encapsulate	Enclosure
TO BE ABATE IN Facility	5			intena todial	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)		nov	ans	losu
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City, State							Disposal Date	City, State				_	
Elizabeth, NJ / Garfiel	I, NJ						TBD	Morrisville	, PA				
Completed By (Print or Type		Title					Signature			Date		-	$\neg$
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ASB-41		_	Da			£					10	-	
JAN 13		*	uo not	use t	riis torm	for asbes	tos licensure exem	pred activities.					

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

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SPA	Date of Notification (1)	/		18						10,5387	DE(		35 (	018
Name of Contact	☐ EPA ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Initial Amend	ded dment	# <u>3</u>	ina	1 City	00 Green	wood Avenue Code		A				ROL &
Pancellation	1				ing	Nar	ne of Conta	act		Telephon	e Numb	er		
Name of Facility Where Abate   Technology   School (K-12)   Subchapter 8 (Other than K-12)   School (K-12)   Schoo		Cance	llation			C	arol Souk	cup						
Name of Facility Where Abate ment is Taking Place (3)										000-42	3-223			
Verizon-Woodbury CC	Name of Facility Where Abate	nent i	s Taki	ng Pla	ce (3)	- '	ACILITI	NFORMATION	True of Facility	740				
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Gloucester   Name of Monitoring Firm Hire   USA Environmental											rs	Bld	g. e	)
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Street Address 8436 Enterprise Ave.  City, State, Zip Code Philadelphia, PA 19153  Project Manager for Monitoring Mark Jenkins  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code Lumberton, NJ 08048  Project Manager for Monitoring Mark Jenkins  Start Date (10) 11 / 5 / 18    Scheduled Completion Date (11)   12 / 7 / 18   Scheduled Completion Date (11)   Facility Closed/Vacated Dur or gentified Abatement gentified of Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Abatement gentified Period of Abatement gentified Abate		by Bu	ilding	Owner	r (8)	ASC	√ No.	Name of Abatem	ent Contractor (9)				_	11-22-01
State Colors and State Ave.  City, State, Zip Code Philadelphia, PA 19153  Project Manager for Monitoring Mark Jenkins  Stard Date (10)  Star								AbateTech, I	nc.					
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City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitorinc Mark Jenkins  Start Date (10) 11 / 5 / 18  Coccupancy Status During Abat Facility Closed/Vacated Dur of Entire Period of Abatement Abatement Performed Outs Time of Abatement:    > 3 st or > 3 lf   > 2 store of Work (Check all that explain)   > 2 store of Work (Check all that explain)   > 2 store of Work (Check all that explain)   > 2 store of Work (Check all that explain)   > 3 st or > 3 lf   > 2 l60 st or ≥ 280 lf    > 2 store of Work (Check all that explain)     > 3 store > 3 lf     > 2 store of Work (Check all that explain)     > 3 store > 3 lf     > 3	8436 Enterprise Ave.							30 Maple Ave	e. PO Box 25					
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Cocupancy Status During Abat   ment (Check only one)   Street Address   200 Route 130 North     Abatement Performed Outs   to of Normal Facility Hours - Describe   Time of Abatement   Mr.   PM   PM   AM     Scope of Work (Check all that a ply)   Renovation   Demolition   Pmolition   Pmoliti				-				/						
Facility Closed/Vacated Dur   Abatement   e of Normal Facility Hours - Describe   Time of Abatement   e of Normal Facility Hours - Describe   Time of Abatement   e of Normal Facility Hours - Describe   MrPMAM			20		(2)			EMSL Analyt	ical					
Abatement Performed Outs   Time of Abatement:	Occupancy Status During Abat	ment	(Chec	k only	one)		, a constitution	Street Address					_	
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Scope of Work (Check all that a pply)    Scope of Work (Check all that a pply)   Pull Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-E	Time of Abatement:	le of N	Norma	l Facilit	ty Hou	ırs - De		City, State, Zip Co	ode				-	
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Senovation   Demolition   Mini-Enclosure   Glovebag Procedure   Mon-Exempted (*) and Non-Friable Procedure	Scope of Work (Check all that a	oply)												
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Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Penthouse/Main Roof  Penthouse Roof  Main R								-				Abati	en it	Туре
Penthouse/Main Roof  Penthouse Roof  Main Ro	Asbestos-Containing Materi TO BE ABATED IN Facility	I (ACN	vI)	Use Ma Cus	ed Sol intena todial (12)	ely by ance/ Staff?		stos Containing Mat , thermal systems i surfacing, VAT,	rerial (ACM) nsulation, or	(Specify	t y =)	Removal	_	
Penthouse Roof    Gravel Stop   75 SF	Penthouse/Main Roof					1000000	Silver D	aint Bast Flast		1		<u> </u>	= =	-
Main Roof    Sllver Paint Roof Flashing   1,252 SF						-			ng			-	<u> </u>	
Silver Faint Roof Flashing   1,252 SF	Main Roof							•					= =	1
Name of Registered Waste Hauler Abate Tech, Inc.  Disposal Date Lumberton, NJ  Completed By (Print or Type) Gwendolyn Trumbetti  Disposal Date September Signature  Disposal Date Signature  Operations Coordinator  Disposal Date Signature  Operations Coordinator  Disposal Date Signature  Operations Coordinator									ng		-		_ =	
AbateTech, Inc.  Hauler ID No. 18750  Waste 40  G.R.O.W.S. Landfill  Disposal Date 12/7/18  Completed By (Print or Type)  Gwendolyn Trumbetti  Generations Coordinator  Date 12/7/18  Tullytown, PA  Date 12/7/18  Date 12/7/18				Ц				-		ME			J	
City, State Lumberton, NJ Completed By (Print or Type) Gwendolyn Trumbetti  B-41  18750  40  City, State  Disposal Date 12/7/18  Tullytown, PA  Signature  Operations Coordinator		er			198								_	
Lumberton, NJ  Completed By (Print or Type) Gwendolyn Trumbetti  SB-41  Clark State  Tullytown, PA  Signature  Operations Coordinator							)	40	G.R.O.W.S.	Landfill				
Completed By (Print or Type)  Gwendolyn Trumbetti  B-41  Title  Operations Coordinator  Signature  Date  1 - 18								Disposal Date	City, State				_	
Gwendolyn Trumbetti Operations Coordinator 11-28 18	The state of the s							12/7/18	Tullytown, F	PA				
Gwendolyn Trumbetti Operations Coordinator 11-28-18	Completed By (Print or Type)		Title					Signature			Date		_	_
58-41	Gwendolyn Trumbetti		0	perati	ons (	Coordi	nator		MAM			- 1	( -	18
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Date of Notification (1) / 28	/	1	8		100000000000000000000000000000000000000	ne of Buildi	ng Owner/Operator / Job	303036	Check	D	EC	? 2	2018
☐ EPA ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	e Notifical Initial Amende Amende Emerger	ed nent #	<u> </u>	na	City,	et Address 000 Hadle State, Zip outh Plair	y Road		The state of the s	ASBE	STOS LICEI	ON	TROI
(NJAC 5:23-8)	ustificat	tion)	iroidali	ig	100000000000000000000000000000000000000	e of Conta			Telephone 201-206		٢		
							NFORMATION		201-200	-0000		_	
Name of Facility Where Abate PSE&G Metuchen Swit Street Address	The second second		g Plac	e (3)				Type of Facility School (K-12	2) B (Other than				
234 Pierson Avenue								Other (i.e., p homes, etc.)		nmercia	al buildi	S,	
City (5) Edison, NJ	-							Square Feet	# of Floors	5	Bldg.	je	
County (6) Middlesex					Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pr Switchyard	ior if being de	molishe	d)		
Name of Monitoring Firm Hire	0.000	ding (	Owner	(8)	ASCM	l No.	HE SECOND - NOT COME AND CONTRACTOR OF COME	nent Contractor (9)					
Health & Safety Service	5						AbateTech,	Inc.				_	
Street Address PO Box 365							Street Address 30 Maple Av	e. PO Box 25					
City, State, Zip Code Berlin, NJ 08009	-						City, State, Zip C	ode					
Project Manager for Monitoring	Firm			Tel	ephone	No.	Telephone No.		License No	D.			
Jim Proctor	188 6 7			6	09-839	9-2432	609-265-210	7	00529				4 1
Start Date (10)11 /5 /18	0.000					ate (11) 18	Name of OSHA N EMSL Analys						
Occupancy Status During Aba  Facility Closed/Vacated Du						and the state of t	Street Address 200 Route 13	30 North					
☐ Abatement Performed Outs	de of No	ormal	Facilit	y Hou	rs - Des		City, State, Zip C	ode				-	
Scope of Work (Check all that	pply)								(02) (25)			-	
$\boxtimes \ge 3$ sf or $\ge 3$ if $\Box \ge 160$ sf or $\ge 260$ if			⊠ Re				☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and Nor					
Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	al (ACM	)	Use Ma	intena	lly ely by		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)		Abater Repair	t Encapsulate	pe Enclosure
Control House						Transit	e Foor Panels		85 SF		X C		
Control House					$\boxtimes$	Roof FI	ashing		120 LF	-			
										-			
Name of Registered Waste Ha	ler			1000	JDEP \		Cubic Yards of	Name of Regist	ered Landfill	[		<u></u>	
AbateTech, Inc.				H	18750		Waste 20	G.R.O.W.S.	Landfill				
City, State					10/00		Disposal Date	City, State					
Lumberton, NJ	-						12/7/18	Tullytown,	PA				
Completed By (Print or Type)  Gwendolyn Trumbetti		Title		ons (	Coordi	inator	Signature	NAM		Date	-28	18	-
SB-41 IAY 11		* [	Do not	use th	is form	for asbest	os licensure exemp	ted activities.				-	

Print Form	
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Date of Notification (1) 11/27/2018 check#9	8	A 92			Building (		Operator	(2)			Tanana and a Canana  ) EC		2018	to bell addressed by the second	
	Ty be Notification		- 1	Street A	ddress ORTH F	RANK	LIN TU	JRNF	PIKE		a visit de la companya de la company	)EC	<del> </del>	<del>EU10</del>	STATE OF THE PERSON
EPA DEP  DOL	Initial Amended Amendment #	ŧ			te, Zip Co		23			Cir.	ASB		OS CO	ITRO G	- 8:
□ DOH	Emergency (in justification)		_	Name of	Contact EMMINO					Teler	ohone		-	Majde Branderman	
DCA	Cancellation				LITY INFO	_	ON				_	37.12		_	
Name of Facility Where A SAINT LUKE"S CHU		Place (3	3)	FAGI	LITTINEC	/KIVIA I	ION		of Facility (4 School (K-12	D.	NAT HILL			-	
Street Address 302 NORTH FRANK	L N TURNPIKE	<b>=</b>						×	Subchapter ( Other (i.e. pr etc.)	(Other				, hom	es,
City (5) HO HO KUS NJ,074	2:							Squa	re Feet X300	# of F	Floors		Bld 60	Age EARS	3
County (6) BERGEN COUNTY		-		County (	Code (7) USE ONLY)			Curre	ent Use (Prio	r if being	g dem	olishe	ed)		
Name of Monitoring Firm	Hii ad by Building O	wner (8)		ASCN	l No.				atement Cont			ING	INC	-	
Street Address							Street 24 C		ss CH ST						
City, State, Zip Code			-						Zip Code DD NJ,074	07					
Project Manager for Monit	or ng Firm			Telepho	ne No.		Telept 201-	none N 873		40.0	Licens 0130		-:	-	
Start Date (10) 12/22/2018		Schedule 12/24/2		npletion l	Date (11)		1		HA Monitor JTIONS C	ONTR	RACT	ING	INC	-	
Occupancy Status During	A atement (Check	Only Or	ne)				Street							-	
Facility Closed/Vaca Abatement Performe Other – Describe: 7:	d Dutside of Norma						City, S	state, Z	CH ST tip Code DD NJ,074	07	<u></u>				
Scope of Work (Check All	T at Apply)													-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processor and a second	Renova Demolit				×	Mi	III Containme ni-Enclosure ovebag Proc on-Exempted	edure				re	
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1ST FLOOR H	ALWAY		X			FL(	DOR T	ILE		450	0 SF		X	+	
														-	
Name of Registered Was	lauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Register	ed Lar	ndfill			
ATLANTIC CARTING	100		F	lauler ID	No.	of Wa			GRAND	CENT					
City, State PEN ARGYL						TDB	sal Date	2	City, State		PA 18				
Completed by LUIS ARCILA		Title Signature PRESIDENT									<u>-</u>	Dat 11	e /27/2(	3	

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1¢ DEP 16	Amended		Cit	y, State, Zip Code	1 /						<u> Arthurson</u> in
1 / L	Amendment #_ Emergency (inc	luding	- L	Sea 1Sc	Cite	NJ	08234				
□ DOH □	justification) Cancellation		Nar	ne of Contact	1		Telephone l	Numbe	er .	2 ">	
2 BCR 10	Cancellation			ACILITY INFORM	ATION		609	4	25	1.5	1
Name of Facility Where Abateme	π is Taking Plac	c (3)	1	ACIDIT I INFORME	ATION	Type of Faci	ility (4)				-
Street Address					:	☐ School	(K-12)				
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City (5)						Square Feet	# of Floors		Bld	g. Ag	
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Cape ma				nty Code (7) TE USE ONLY		Current Lise (	Prior if being demolis	ned)			
Name of Monitoring Firm Hired by	Building Owner	(8)	AS	SCM No.	Name o	of Abatement C	Contractor (9)	\	11:		
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Succe Address					Street A	address 2 Bizli					
City, State, Zip Code						ate, Zip Code	THE KIN IN	THE			
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Project Manager for Monitoring Fir	1		Telepi	none No.	Telepho	ne No.	License				
Start Date (10)	Sch	eduled Cor	noletion	Date (11)		OSHA Monito		41	- 2		
12/7/18		1/1	7/1	¥	I same or	COLLA MUILLO	11				
Occupancy Status During Abatemen			1	/	Street Ad	ldress					
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Scope of Work (Check All That App	1)										
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.☑ ≥160 sf or ≥260 lf	\ <u>\</u>	Demoli		23	U	Mini-Enclosur	re	222016			
						Glovebag Prog Non-Exemple	cedure d (*) and Non-Friable	Proces	dure		
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Lecation of Asbestos-Containing Material (A	IM)	Normal Used Solai Maintena		Asbestos Contai	eription of ining Mater	iai (ACM)	Amount		Ī	I	
TO BE ABATED In Facility		Custodial S		(i.e. thermal system	ns insulatio AT, or	n, surfacing	(Specify SF or LF)	Ren	₹	Encupsulate	
(13)	<u> </u>	(12)		other mi	iscellaneous	s)	0. 0. 21	Removal	Repair	sula	Encloser
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HILL WE LLC		1	0547 0547			HIM	of PA				
City; State  DE 14100	<u> </u>			Disposal I	Date SD	City, State	Waterin &	) }=			_
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JL1900	具工队员		(10	rsuant to	uilding Owner/O					DEC		)	18
Date of Notification (1)				100	Morland	Can	Struck	ion_	1 1	FST	08.0	-	HOLS.
Agencies Notified ! Type Not	fication		St	reet Addr	500	77	th 521	4.1		Li	ĢENS	SIN	
T EPA I Init	nded		Ci	In	Zip Code	C .	ALT	08	234				
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lame of Facility Where Abatement is	12King race							l (K-I2) apter 8 (G	Other than K-12) ate & commercial b	uilding	s, hom	es.	)
treet Address	a1.	1					Other Square Feet		# of Floors	Bi	dg. Ag	e	
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ounty (6) 2			C	COUNTY CO	de (7) E ONLY					- 1	;	_	-
CAR Mail  Iame of Monitoring Firm Hired by E	ilding Owns	r(8)		ASCM	No.	Name	of Abatement		ior (9) Teilleit Le	117	TIZTI	1	
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in, State, Zip Code						(-j-	도 나라 (년 Hone No.		License No.	())	7_	_	
roject Manager for Monitoring Firm			T	elephone	No.	6-6	1-346	-691	16 816	=72		_	-
		cheduled	Compl	etion Dat	e(11)	Name	of OSHA Mo	nitor					
Start Date (10) 12/7 119	(Ciracle Opin	One) 1	<u> 17</u>	1.14		Street	Address						
Occupancy Status During Abatement  Facility Closed/Vacated During	Engra Perint	nt apal	ement			City,	State, Zip Cod	ie				_	
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BEST REMOVAL INC

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Abatement Performed Out Side of Normal Facility Hours - Describe Time of Abatement:						ment				Dood Dide #	255			
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Non-Exempted (*) and Non-Friable Procedure	>3 st or >3 it > 160 sf or >260 if							Ø			Tent with Negati	ive Pressi		
Location of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A			) L		rionii.	21.1			Non-Exe	mpted (*) and N	on-Friable Proces	dure		
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Maintenance/ Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   SiF or LF   Signature   Signa		veial IACN		llse	Norma	lly elv hv						D D	1	
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Name of Registered Waste   auler   NJDEP Waste Hauler ID No.   Cubic Yards of Waste   Name of Registered Landfill   Gr Tech LLC   0033785   TBD   T.R.R.F. Inc   City, State   Disposal Date   City, State   Wayne, NJ 07470   TBD   Tullytown, PA   Completed By (Print or Type   Title   Signature   Signature   Date   NJevtic   Owner   TIL/28/18	Basement					X	Boiler in	nsulation			50 SF			
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□ DOH	Emergency justification		g		of Contac			-		Tel	ephone Nu	mber			- Marine Salve on 1
DCA	Cancellation			300000000000000000000000000000000000000	E WALS					9					
Name of Facility Where Al	pa ement is Takir	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Тур	e of Facility (4	-)					
Charact Add									School (K-12	2)					
Street Address								×	Subchapter Other (i.e. pr	8 (Oth	er than K-1	2) ial bu	ildin	, hom	ies.
City (5)								_	etc.)		f Floors		Bld	\qe	
NUTLEY,NJ 07110									K100	2F		10	60	EAR	S
County (6) ESSEX				County (STATE	Code (7)	.Y)			rent Use (Prio	r if bei	ng demolis	hed)		1,774-51,7	
Name of Monitoring Firm F	lir d by Building	Owner (8	3)	ASC	M No.		Name		atement Conf	ractor	(9)			-	
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Project Manager for Monito	g Firm			Telepho	one No.		Telepho 201-8				License N 01301	lo.			
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Occupancy Status During	524	1.5					Street A		ess CH ST						
Facility Closed/Vacate Abatement Performed  Other – Describe: 7:3	Cutside of Norn	nal Facilit	Abater y Hour	nent s					Zip Code				_	-	
<del></del>						_			DD NJ,0740	)7					
Scope of Work (Check All 1  ≥3 sf or ≥3 lf	n it Apply)	<b>ा</b> .	_						30 May 20						
≥3 \$1 of ≥3 11 × ≥160 sf or ≥260 lf		-	Renova Demoli				×	Fu Mi	all Containmer ini-Enclosure	it with	Negative F	ressu	ure		
							×	GI- No	ovebag Proce on-Exempted	dure (*) and	Non-Friab	le Pro	ocec	9	
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Location of Asbestos-Containing Management			Normal ed Sole		Achor		scription o		1/4010	2	E 6	-	Т	pe	
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(13)			(12)			other m	cing, VAT niscellane	, or eous)		SF	or LF)	Remova	Kehall	Encapsulate	Enclosure
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198.44 /D ne nev							/			1					

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) **EMERGENCY NOTIFICATION** Pine Hill Board of Education 2018 DEC 11/26/18 Agencies Notified Notification Type Street Address 1003 Turnerville Road **⊠** EPA ☑ Initial Notification ASBESTOS **ONTROL** & City, State, Zip Code □ DCA □ Amended # LICE SING Pine Hill, NJ 08021 **⊠** DOL Name of Contact Telephone Number □ DEP justification) Zipporah Daniels-Browne 856-783-6900 **MDOH** □ Cancelled President BOE FACILITY INFORMATION Name of Facility Where Abatemer t is Taking Place (3) Type of Facility (4) Overbrook Highschool School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings., homes, etc.) 1200 Turnerville Road Sq. Feet: # of Floors:1 Bldg. Age: 1960's Current Use (prior if being demolished): School City (5) County (6) County Code (7) Pine Hill Camden (State Use Only) Name of Monitoring Firm Hired by 3ldg. Owner (8) ASCM No. Name of Contractor (9) N/A Epic Environmental Service;, LLC Panoramic Window & Door Systems, Inc. Street Address Street Address 1930 Brown Road 712 Sergeantsville Road City, State, Zip Code City State, Zip Code Newfield, NJ 08344 Stockton, NJ 08559 Project Manager for Monitoring Fir n Telephone Number Telephone Number License Number James Eberts P (732)926-0900 856-205-1077 01237 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/3/18 IAQ GURU LLC Occupancy Status During Abatem nt (Check only one) Street Address ☐ Facility Closed/Vacated During :ntire Period of Abatement 87 Main Street Describe City, State, Zip Code □Other - Describe: Lincoln Park, NJ 07035 Source of Work (Check all that apr ly)  $\boxtimes$   $\geq$  3 sf or  $\geq$  3 lf ⊠ Renovation ☐ Mini-Enclosure  $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$ ■ Demolition ☐Glovebag Procedure ☑ Non-Friable Procedure Location of Asbestoss Location Normally Description of Asbestos Containing Material Amount <u>Abatement</u> ype Containing Material (ACM) in Jsed Solely by (ACM) (i.e. thermal systems insulation, (Specify SF or Facility (13) /laint./Custodial Staff? surfacing, VAT, or other misc.) LF) ıcap Enclose 12) YES NO NA Exterior of School X Transite panels above Visitors Doorway 20 SF X [X] Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered ndfill Chrin Brothers Sanitar 0036057 Panoramic Window & Door Sys Inc Disposal Date City, St A Easton Completed by (Print or Type) Signature Date Mark M Jovic **Environmental Projects Manager** 11/28/18

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Date of Notification (1)  11 / 20	/	18				ng Owner/Operator Stone Harbor B	Professional Contract of the C	ion D	EC 3	018
⊠ EPA □ DOLWD □ DOH □ DCA	ne Notificati Initial Amended Amendmen Emergency	nt #	g	Stree 27 City, Sto	et Address 5 93rd St State, Zip one Harb	reet Code or, NJ 08247		ASBE	STOS CO LICENSII	FROL &
(NJAC 5:23-8)	justification Cancellatio	****			e of Contac rc DeBla	7.7		Telephone N 609-854-		
				FA	CILITY II	NFORMATION		***		
Name of Facility Where Abat Stone Harbor Museum Street Address		king Place	e (3)				Type of Facility ( School (K12) Subchapter 8	(Other than k	(12)	
235 93 <sup>rd</sup> Street							Other (i.e., pr homes, etc.)	ivate and com	imercial bui	ngs,
City (5) Stone Harbor							Square Feet 2,000	# of Floors	Bld 7	Age
County (6) Cape May				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished)	
Name of Monitoring Firm Hire	by Buildin	g Owner	(8)	ASCM	No	Name of Abatem	ent Contractor (9)			-
Environmental Testing						The second secon	onmental, LLC			
Street Address		,					Jilliental, LLC			
413 N. Black Horse Pik	1					Street Address				
City, State, Zip Code	-	-				623 Cutler Av				
Runnemede, NJ 08078						City, State, Zip Co				
Project Manager for Monitorin	ı Firm		Tol	ephone	No	Maple Shade	, NJ 08052	Tre se		_
Heather McKeever	,			56-482		Telephone No. 856-755-0099	i	License No 00842		
Start Date (10)	Sch	neduled C	100		114 Maria 115 Maria 116 Maria 116 Maria 116 Maria 116 Maria 116 Maria 116 Maria 116 Maria 116 Maria 116 Maria	Name of OSHA M		00042		
/	<u> </u>	_12/	_1			EMSL Analyt				
Occupancy Status During Aba				7		Street Address				
Facility Closed/Vacated Du	ring Entire I	Period of	Abate	ment		200 Route 13	0 North			
Abatement Performed Out Time of Abatement:	AMF					City, State, Zip Co	ode			
		141/	- IVI		/I	Cinnaminson	, NJ 08077			
Scope of Work (Check all that \( \sum_{>3} \) sf or $>3$ if \( \sum_{>160} \) sf or $>260$ if	apply)	☐ Re	novat moliti			☐ MiniEnclo	Procedure			
		10	Loca	tion	T	Non-Exe	mpted (*) and Non	-Friable Proce		
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	ial (ACM)	Use Ma	Norma d Sole intena	ely by ence/ Staff?	Asbe (i.e	Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Aba	nent Type Enclosure Encapsulate
Exterior	-	П			T	- Cidi-			M	
LXterior				-	Transite	Siding		2,000 SF		
			ш							
			Ш							
Name of Registered Waste Ha	ıler		N	JDEP V	Naste	Cubic Yards of	Name of Registe	ered I andfill		
Freehold Cartage			1.00	15939	No.	Waste 20	Cape May C		ies Autho	у
City, State						Disposal Date	City, State			
Freehold, NJ						12/14/2018	Woodbine,	NJ		
Completed By (Print or Type)	Ti	tle				Signature			Date	-
Christina Lynch		Vice Pre	eside	nt of C	Operation				11/26	10
ASB-41						10.103			11/20	

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

JAN 13

NOCK			NOT!	FICATIO	State of N ON OF AS nt to NJA	BESTO	ABATE	EMENT	1		C	F	1]	7	E P
Date of Notification (1) 11/16/2018				Name 673	of Buildir South 2	ng Owner	Operato	r (2)	7		- 16	<u>IC</u>			
1 200	e Notification			Street	Address E Linde				400		DEC	,	3 2	8	
EPA DEP DOL DOH DCA	Amended Amendmen Emergency justification) Cancellation	(includin	g	City, S Linde Name	etate, Zip on the contract of Contact on the contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact of Contact on the contact on the contact of Contact on the contact of Contact on the contact on the	Code 17036		ron)	Delivery of Charles	Teleph	BEST	CEN-		OL	8
					CILITY IN			тер)		(732)	597-2	2046			
Name of Facility Where Abat Commercial Building	ment is Takir	ng Place (	(3)						Facility (4)						
Street Address 671 South 21st Street								Sul	hool (K-12 bchapter 8 ner (i.e. pri .)	Other th	nan K-1 ommerc	2) ial bui	ilding	hom	es,
City (5) Irvington								Square 1 50,000	Feet	# of Flo	ors		Bldg. 70	je	
County (6) Essex				County (STATE	Code (7) USE ONL	Y)		Current	Use (Prior ouse Bu	if being a tildina	demolis	hed)		-	
Name of Monitoring Firm Hire TBD	I by Building	Owner (8	)	ASC	M No.		Name Sky (	of Abaten	nent Contr ting, LLC	actor (9)				-	
Street Address								Address Valley	Road, S	uite K					
City, State, Zip Code								tate, Zip C ne, New	Code Jersey	07470					
Project Manager for Monitorin	Firm			Telepho	one No.		400000000000000000000000000000000000000	one No. 928-50	40		ense N 874	0.	-	-	
Start Date (10) 11/19/2018		Schedul 12/15/2		mpletion	Date (11)	)		of OSHA I	Monitor ing, LLC	 }					
Occupancy Status During Aba	7/2		55				Street	Address					- 100	_	-
Facility Closed/Vacated I Abatement Performed Or Other – Describe:	uring Entire F tside of Norm	Period of A	Abater / Hour	nent s			City, St	ate, Zip C					_		
Scope of Work (Check All Tha	Apply)						Wayr	ne, New	Jersey	07470					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demolit				×	Mini-Er Gloveb	ontainment nclosure pag Proced kempted (*	dure					
		1000	Locati					,,,,,,	, ompted (	j ana 140	ii-i iiabi		Abat	nent	
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	al (ACM)	Use Mai	Normal d Sole intenal odial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription of aining Massystems bing, VAT his cellane	aterial (AC insulation , or	CM)	Amou (Speci SF or L	fy	Remova	Repair	Encapsulate	Enclosure
Soo Attack and		Yes	No	N/A		22-22						/al	=	late	ure
See Attached															
														-	
Name of Registered Waste Har	ler		N	JDEP W	aste	Cubic \	⁄ards	Na	ime of Reg	nistered I	andfill				
Service Transport Group,	Inc.			auler ID 990	No.	of Was		1 100000	inerva E			_C			
City, State New Castle, Delaware						Dispos	al Date	Cit	y, State aynesbu	S				_	
Completed by Predrag Sarcev		Title Vice F	Presid	dent			gnature		3,10300	. 9, 0111	Date	e '16/2	018	_	
	-92072-0-27					7		-	and my					-	

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

DEC E

2018

Date of Notification (1) Name of Building Owner/Operator (2) 5-18 EARTHTECH CONTRACTIME ONTRO Agencies Notified Type Notification Street Address Initial Amended City, State, Zip Code DOL. Amendment # GREENFIEL Emergency (including justification) DOH DCA Name of Contact Telephone Number Cancellation BRUCE FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial build homes, etc.) City (5) Square Feet # of Floors Bld Age OCT MAN 2000 County Code (7) (STATE County (6) Current Use (Prior if being demolished) USE ONLY) APF MAY MACAWIT Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. KLEMCO INC Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE Project Manager for Mor toring Firm Telephone No. Telephone No. License No. 856-779-0472 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Street Address Occupancy Status Durin Abatement (Check only one) Recility Closed/Vacate 1 During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure \_\_\_\_≥3 sf or ≥3 lf Renovation Mini-Enclosure ₹ ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Ab. ment Normally Used Solely by Description of Location o Maintenance/ Asbestos Containing Material (ACM) Asbestos-Containing M terial (ACM) Amount Encapsulate Custodial TO BE ABATE D (i.e., thermal systems insulation, (Specify Removal Staff? surfacing, VAT, or SF or LF) IN Facility other miscellaneous) (12)(13)N/A Yes No SIDIN Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 1(1,tmc City, State City, State Disposal Date WOODBINI MAPLE Completed By Signature MICHAU MM

CK# 4681

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

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DEC	2018	And the second s

					4		200		100
Date of Notification	-25-18		ing Owner/Operator		ASBESTO	OS ( EN	NG	ROL	_&
Agencies Notified	Type Notification	Street Address	s		MUDMIG	O'CHE L		A	
DEPA	ix Initial Amended	City. State. Zip	Code		AMIDINO		_	=	=
™ DOL	Amendment # Emergency (including		GG HAVR	BOR	N. J	0	2	18	_
DOH DCA	justification)  Cancellation	Name of Conta	Tom		609 - 96		140	18	
		FACILITY IN	FORMATION						
	e Abatement is Taking Place (3)			Type of Facility  School (K-1					
Street Address	27100		7	Other (i.e., p	8 (Other than K-12 private & commercia		ngs,		
City (5)				homes, etc Square Feet	# of Floors	E	3 A	ge	_
	OCKAN CITY		(7) (0F1FE	1200	rior if being demolis	1-	0	+	_
County (6) CAPI	- MAY	USE ONLY)	(1) (STATE	0.22 0.	CAMT	nea)			_
Name of Monitoring F	m Hired by Building Owner	ASCM No.		ent Contractor (9			Merca.		
Street Address	N/A		Stree: Address		al C.	=	=		=
			369 City, State, Zip C	S. Spru	ICE AVE	=	_		=
City, State, Zip Code			MAP(		DE NI.T	0;	25	2	
Project Manager for M	mitoring Firm Tel	ephone No.	Telephone No.	1~0U77	License No.	37			
Start Date (10)	Scheduled Comple	etion Date (11)	Name of OSHA N		1			! =	_
12-5-18	12-15-1		Street Address	NIA		=	_	=	=
Occupancy Status Du	ng Abatement (Check only orie) ited During Entire Period of Abate	ement	Sueet Address	,	ii .	_		_	_
Abatement Perform	ed Outside of Normal Facility Hou	TS .	City. State, Zip Co	ode	ī,				
Other - Describe: Scope of Work (Check	all that anoly)					=	-		_
Scope of Work (Check	Renovat	ion	Mini-End		gatve Pressure				
≥160 sf or ≥260 H	Demotition	on	Non-Exe	g Procedure empted (*) and No	on-Friable Procedur	e_		2001	
	Is Location						Typ	nent e	
Location Asbestos-Containing	Material (ACM)   Maintenan	ice/ Asbes	Description of tos Containing Mate	erial (ACM)	Amount (Specify			En	ĒΓ
TO BE AB	TED Staff?	al (i.e.,	thermal systems in surfacing, VAT.	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12)		other miscellaneo	(8)		val	-	late	П
	Yes No	N/A	RAWSIT	F -	2250 SF	X	-		
510 IM	<u>C</u>	X	KANJII		<u>cc)- 0.</u>				
							_		
			Cubic Yards	Name of Regi	stered Landfill	_			
Name of Registered W	şte Hadiei	UDEP Waste auter ID No.	of Waste	A	CUA				
KLEMCO City State	-TVC	1777	Disposal Date	City, State			1	_	
City, State  MAPLE	SHAVE W.J.		Signature	1 PLEMS	SANITUILLE		1	<u></u>	=
Completed By MICH ALZ K	LEMM SUPER	UISOR	Mie	102		7	18	_	=
ISRAI			c licensure exemi	oted activities.					

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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Commence of the commence of th	DEC	3	)18	

			(Pursua)	nt to NJA	C 8:60 and 12:12	0)	1-32 Lord E			1
Date of Notification (1	-25-18		Nar	ne of Buildi	ng Owner/Operator	ONTRA	CTORESESTOS	S CO	ROL	8
Agencies Notified	Type Notification    Maintal     Amended	łn	_		061 R	Г 9	Control of the second section of the second	CONTRACTOR OF THE PARTY OF THE	Manuscriptor of the second	
Ø DOF	Amendment  Emergency	(including			DE MK	AV N			3	_
DCA DOH	justification  Cancellation	)	Nan	ne of Conta	S15		Telephone Numb	oer		
				ACILITY IN	FORMATION					
Name of Facility When	Abatement is Tak		(3)			Type of Facili	P-02-070	11		
Street Address						Other (i.e., homes, et	private & commercia c.)		gs.	
City (5)	WILDWO	00	lii.			Square Feet	# of Floors	BI	Age 2 +	
County (6)			_ Us	E ONLY)	7) (STATE	V	Prior if being demolis A CLANIT	shed)		
Name of Monitoring Fin (8)	Hired by Building	Owner	ASCA	4 No.	Name of Abatem		9) EVI C			
Street Address					Street Address		RUCE AU	E		
City, State, Zip Code					City, State, Zip C	E SH	ADE NIJ	<u> </u>	05	2
Project Manager for Mo			Telephone		Telephone No.	7-0472	License No.	71		
Start Date (10)		duled Con		ate (11)	Name of OSHA N	fonitor N/A			_	
Occupancy Status Duri	g Abatement (Che	ck only or	ne)		Street Address					
Facility Closed/Vaca Abatement Performe Other - Describe:	ad During Entire Po	eriod of At al Facility h	fours		City, State, Zip Co	ode				
Scope of Work (Check	Il that apply)		wation		Mini-Enc	losure	egative Pressure			
>160 sf or ≥260 lf		Demo		1		g Procedure mpted (*) and N	lon-Friable Procedur	e A	temen	-
		Is Loc Nom Used So	naty		Description of				уре	H
Location Asbestos-Containing I TO BE ABA	laterial (ACM)	Mainter Custo	nance/ odial	Asbest (i.e.,	os Containing Mate thermal systems in surfacing, VAT,	sulation.	Amount (Specify SF or LF)	Rer	Encar	Enclosure
IN Facility (13)		Sta (12	2)		other miscellaneou		01 01 21 7	Removal	Encapsulate	osure
SUOV	17	Yes N	40 N/A	-	RAN SITE		2750 SF	X	+	
SIDI	16-		1						I	
									+	$\vdash$
										$\vdash$
Name of Registered Was	-		Hauter (		Cubic Yards of Waste	Name of Reg	istered Landfill	U.	4	
KLTMCD City, State	INC		للدا		Disposal Date	City, State	anikulr			
MAPLE S Completed By	HADE N	(,)			Signature	7	ODBINE Daje	25	18	=
MICHAEL	ILTMM_	SUP	· <u> </u>		Mell			<u></u>	10	

### 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) 11 Verizon Agencies Notified T pe Notification Street Address **⊠** EPA Initial 15 East Montgomery Place, Lower Level □ DOLWD City, State, Zip Code ☑ DHSS Amendment #1-11/28/18 ASSESTOS COM B JOF Pittsburgh, PA 15212 LICENSIN ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Aba ement is Taking Place (3) Type of Facility (4) Verizon Cedarville C.C. School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial bui 89 Maple Avenue homes, etc.) City (5) Square Feet # of Floors Bld Age Cedarville County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cumberland Name of Monitoring Firm Hire d by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental M. nagement BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitorir 3 Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 3 / 13 12 / 7 / 18 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Ab: tement (Check only one) Street Address ☐ Facility Closed/Vacated D ring Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Out ide of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_ AM-PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abal nent Type Normally Location of Description of Used Solely by Asbestos-Containing Mate ial (ACM) Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A 1st Floor Generator Room П $\boxtimes$ Floor tile and mastic 160 SF X П 1st Floor Outside General or Room П Floor tile and mastic 14 SF X 1st Floor New Generator I rea П M П Floor tile and mastic 200 SF X 1st Floor generator room X П Vibration Cloth 2 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA 19067 WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Brian Scafiro Estimator Dream 128 ASR-41 B 518126

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

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Verizon 18 11 Street Address Type Notification Agencies Notified 15 East Montgomery Place, Lower Level ☑ II itial **⊠** EPA ISSESTOS CONTR **⊠** DOLWD City, State, Zip Code LICENSING A mendment #1-11/28/18 Pittsburgh, PA 15212 ☑ DHSS E mergency (including Telephone Number ☐ DCA Name of Contact istification) (NJAC 5:23-8) 412-633-4021 Anthony Porta ancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abate nent is Taking Place (3) School (K-12) Verizon Cedarville C.O. ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial build Street Address homes, etc.) 89 Maple Avenue Bldc ae Square Feet # of Floors City (5) Cedarville Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Cumberland Name of Abatement Contractor (9) Name of Monitoring Firm Hire 1 by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. USA Environmental Ma nagement Street Address Street Address 1123 BEAVER STREET 8436 Enterprise Ave City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Philadelphia, PA 1915 License No. Telephone No. Telephone No. Project Manager for Monitoril g Firm 00509 215-788-6040 215-365-5810 Mark Jenkins Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) BRISTOL ENVIRONMENTAL, INC. 12 / 7 / 18 12 / 3 / \_ Street Address Occupancy Status During At atement (Check only one) 1123 BEAVER STREET ☐ Facility Closed/Vacated [ uring Entire Period of Abatement City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_\_PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all the t apply) Mini-Enclosure ⊠ Renovation ≥3 sf or ≥3 lf Glovebag Procedure □ Demolition ☐ Non-Exempted (\*) and Non-Friable Procedure ≥160 sf or ≥260 lf ement Type Is Location Normally Description of Encapsulate Removal Repair Location of Asbestos Containing Material (ACM) Amount Used Solely by Asbestos-Containing Ma erial (ACM) (i.e., thermal systems insulation, (Specify Maintenance/ TO BE ABATE D SF or LF) **Custodial Staff?** surfacing, VAT, or IN Facility other miscellaneous) (12)(13)N/A No Yes П $\boxtimes$ 65 SF Floor tile and mastic X 1st Floor Electrical Are П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste MINERVA LANDFILL Hauler ID No. SERVICE TRANSPO IT GROUP, INC. 20990 City, State Disposal Date City, State WAYNESBURG, OH 44688 YARDLEY, PA Signature Completed By (Print or Ty e) Estimator Brian Scafiro

State of New Jersey

B 518121

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

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

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Date of Notification (1)	1	/	18		Na		ling Owner/Operator		DE G	E	<u> </u>	
DOLWD9786 DHSS 9779		l nded ndment	:#	_	1 City	y, State, Zip	ontgomery Place	, Lower Level	DEC ASBESTO	3 OS CON	18	A.
(NJAC 5:23-8)	Emer	cation)		ing	Nar	me of Conta	act	1	Telephone Nu	mber		
						•	-247.00		412-633-40	021		
Name of Facility Where Aba	ement	is Tak	ing Dia	co (3)		ACILITY	INFORMATION				13.3-0	
Verizon Cedarville C. Street Address 89 Maple Avenue	().		g 1 ic					Type of Facility  School (K-12 Subchapter Other (i.e., p	2) 8 (Other than K-1 rivate and comm	12) ercial bu	ngs,	
City (5) Cedarville								Square Feet	# of Floors	Blo	Age	Y
County (6) Cumberland					Co	unty Code	(7)(STATE USE ONLY)		or if being demo	lished)		-
Name of Monitoring Firm Hir	d by B	uilding	Owne	r (8)	ASCI	VI No.	Name of Abateme	Office				
USA Environmental M	ınageı	ment		1-7				VIRONMENTAL				
Street Address							Street Address	THOMBINIA	-, INC.			
8436 Enterprise Ave							1123 BEAVE	RSTREET				
City, State, Zip Code							City, State, Zip Co					
Philadelphia, PA 1915							BRISTOL, PA					
Project Manager for Monitori	g Firm			Tel	ephone	No.	Telephone No.	10001	T1: 1:			
Mark Jenkins				1		5-5810	215-788-6040		License No.			
Start Date (10)		Sche	duled	1		ate (11)	Name of OSHA M		00509		_	
11 /26 /1	3					18	1	/IRONMENTAL	0.41			
Occupancy Status During Ab	tement						Street Address	IKOMMEN I AL	, INC.			
☐ Facility Closed/Vacated D	ring En	ntire Pe	riod of	Ahate	ment			07000				
Abatement Performed Out	ide of I	Norma	Facili	ty Hou	rs - De	scribe	1123 BEAVER					
Time of Abatement:	AM	P	M/ <u>5:0</u> (	PM-1	:30AM		City, State, Zip Co					
Scope of Work (Check all that	annly)						BRISTOL, PA	19007				
_ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			□ De	enovat	on		☐ Glovebag	ninment with Nega soure Procedure apted (*) and Non-		re		
Location of			27.73	Local Vorma						Abat	ent 7	-
Asbestos-Containing Mate TO BE ABATED IN Facility (13)	al (ACI	M)	Use Ma	ed Sole intena todial (12)	ely by nce/	Asbes (i.e.	Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneou	sulation,	Amount (Specify SF or LF)	Removal	Encapsulate	
st Floor Generator Room						Floor tile	e and mastic		160 SF			-
<sup>st</sup> Floor Outside Generat	r Roo	m		×		Floor tile	e and mastic		14 SF	+		1
st Floor New Generator A	rea						and mastic		200 SF	] 🗵		
st Floor generator room						Vibratio				] 🖾 [		] [
ame of Registered Waste Ha				N.	JDEP V	Vaste	Cubic Yards of	Name of Register	2 SF			
SERVICE TRANSPORT	ROUP	P, INC		400	auler ID	No.	Waste	MINERVA LA				
ty, State					20990		Disposal Date					
YARDLEY, PA 19067							opodui Date	City, State	00 011 4			
ompleted By (Print or Type)		Title					Cierratio	ANYLMESRO	RG, OH 44688			
Brian Scafiro			timat	or			Signature Bu am	Scalino	1 One 1	e /-/-	IP	
B5/8/26		* 0	o not i	ise thi	e form	for anhanta	s licensure exempte	00 7000	1 1 11		0	

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

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

Date of Notification (1)					1.8	ame of Rui	ding Oursello	(6)	1100/			
11 /	1	1	18		1"	Verizon	lding Owner/Operate	or (2)				
Agencies Notified	ype No	tificati	on		-	troot A dele-			_ [] [] D	EC :	2018	Q
⊠ EPA	☐ Initia		011		1	treet Addre	TATE IN		and the second		1010	2
1	] Ame				_	15 East IV	fontgomery Plac	e, Lower Leve	1	and the same of the same of the same of	-	
☑ DHSS		ndmen	t #			ity, State, Z			1.000	9700 a	TIME	11
□ DCA [	] Emer	rgency	(inclu	ding			h, PA 15212		11 ( A 10 )	LICENS	G	
(NJAC 5:23-8)	justifi	ication	)		N	ame of Con	tact		Telephone N	lumber	_	_
	] Canc	ellation	n			Anthony I	Porta		412-633-4			
Nome of English Miles and						FACILITY	INFORMATION				-	_
Name of Facility Where Aba Verizon Cedarville C.	tement	is Tak	ing Pl	ace (3	)			Type of Facili	ty (4)			_
Street Address	<i>/</i>							School (K-	12)			
89 Maple Avenue								Other (i.e.	er 8 (Other than K	-12)		
								homes, et	c.)	nercial bu	ngs,	
City (5)					1			Square Feet	# of Floors	- Di-	A	
Cedarville								- quality cot	# OI FIOOIS	Blc	Age	
County (6)					C	ounty Code	(7)(STATE USE ONLY	Current Use (	Prior if being demo	aliahad\		
Cumberland							1.11	Office	nor it being dem	olisnea)		
Name of Monitoring Firm Hir				er (8)	ASC	M No.	Name of Ahaten	nent Contractor (	0)		_	
USA Environmental M				** ******								
Street Address					1			VIRONMENT	AL, INC.			
8436 Enterprise Ave							Street Address					
City, State, Zip Code							1123 BEAVE					
Philadelphia, PA 1915:							City, State, Zip C					
Project Manager for Monitoria							BRISTOL, P.	A 19007				
Mark Jenkins	g Firm			200	lephon		Telephone No.		License No.			
						55-5810	215-788-604	)	00509			
Start Date (10)11 /26 /1	}					Date (11) 18	Name of OSHA				-	_
Occupancy Status During Aba								VIRONMENTA	L, INC.			
☐ Facility Closed/Vacated Di	ring En	(Cilec	K Only	one)	000000000000000000000000000000000000000		Street Address					
Abatement Performed Out	ide of I	Norma	Fooil	Abati	ement	•	1123 BEAVE					
Time of Abatement:	AM-	BIIIIOPI	M/5.0	NDM-1	112 - DE	escribe	City, State, Zip C	ode			-	
			<u></u>	<u></u>	.00///	VI	BRISTOL, PA	19007				
Scope of Work (Check all that	apply)										-	_
] ≥3 sf or ≥3 lf			X R	enovat	ion		Full Cont	ainment with Ne	gative Pressure			
≥160 sf or ≥260 lf				emoliti			☐ Mini-Enc ☐ Glovebag	losure Procedure				
							☐ Non-Exe	mpted (*) and No	n-Friable Procedu			
				Loca	300 C C C C C C C C C C C C C C C C C C			mptod ( ) diid 110	II-I Hable Procedi		_	
Location of				Norma			Description of	f		Abat	ent T	yp
Asbestos-Containing Mater TO BE ABATED	al (ACI	VI)		ed Sol		Asbe	stos Containing Mai	terial (ACM)	Amount	R	m	
IN Facility					Staff?	(i.e	., thermal systems i	nsulation,	(Specify	Removal	ıca	
(13)				(12)	e e 100(fa)		surfacing, VAT, other miscellaned		SF or LF)	val	Encapsulate	
			Yes	No	N/A		- Inscending	,ua)			late	1
t Floor Electrical Area						Floor til	e and mastic		65 SF	□ □		Г
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me of Registered Waste Hau	er		Ц	UITS TO		1						Γ
BERVICE TRANSPORT O		0141 6			JDEP I		Cubic Yards of	Name of Regist	ered Landfill	1 1		-
	KUUF	, INC	•		20990		Waste	MINERVA L				
							Disposal Date	City, State	agragi Aldini Aldini Palika Palika Palika Palika di Salah di Salah Palika Palika Palika Palika Palika Palika Palika Palika Palika Palika Palika Palika P			
						1			JRG, OH 44688			
7//												
y, State 'ARDLEY, PA mpleted By (Print or Type)		Title	-				Cianata		NG, OH 44688	}		
ARDLEY, PA		Title	timat	OF			Signature Bu'an	2	Da Da			_

	NONE	× .	NO.		CATIO	N OF AS	New Jersey BBESTOS ABA AC 8:60 and 5:1			lg 1	TOTAL CONTRACT OF THE PARTY OF	**************************************
	Date of Notification (1)	/1	18				ng Owner/Operator	(2)	BECEL			The second secon
	☐ EPA ☐ ☐ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)	ne Notificatio Initial Amended Amendment Emergency ( justification)	# <u>3-11/</u> (includir		City,	t Address 5 Broadv State, Zip Isdale, N e of Contact	Code J 07642	The state of the s	ASBESTOS CON LICENSIN Telephone Number			
		Cancellation				nzo Con		973-951-0542				
	Name of Facility Where Abat	ment is Taki	na Plac	0 (3)	FA	CILITY II	NFORMATION	Tune of Facility	(4)			
2	Verizon Westwood C.0 Street Address 175 Broadway		ing i lac					Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-1) Other (i.e., private and comme homes, etc.)			igs,	
	City (5) Hillsdale						Square Feet 32,775	# of Floors	Bld:	Age		
	County (6) Hillsdale Name of Monitoring Firm Hire	County Code (7)(STATE USE ONLY) Current Use (Prior if being demolish  Verizon Communications									_	
	TTI Environmental, Inc	by Building Owner (8) ASCM No. Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL, INC.										
	Street Address		Street Address									
	1253 North Church Str	THE PERCENTION OF THE PERCENTI										
	City, State, Zip Code Moorestown, NJ 08057	City, State, Zip Code BRISTOL, PA 19007									P. Control of the Con	
	Project Manager for Monitorin	j Firm		Te	lephone	No.	Telephone No.					
	Kris Smith			6	609-313	-8218	215-788-6040	00509				
	Start Date (10)	1			letion Da		Name of OSHA N	lonitor				
本米水												
	Occupancy Status During Aba											
	Abatement Performed Out	ring Entire Period of Abatement 1123 BEAVER STREET ide of Normal Facility Hours - Describe City, State, Zin Code										
	Time of Abatement:	AMPM/5:00PM-2:00AM City, State, Zip Code BRISTOL, PA 19007										
-	Scope of Work (Check all that	anniv)	72,000				BRISTOL, PA	19007				
	<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	арріу)	<ul> <li>☐ Renovation</li> <li>☐ Demolition</li> <li>☐ Mini-Enclosure</li> <li>☐ Glovebag Procedure</li> <li>☐ Non-Exempted (*) and Non-Friable Procedure</li> </ul>									
	Location of			S Loca Norma						Abat	nent 7	Гуре
	Asbestos-Containing Mate TO BE ABATED IN Facility (13)		Use Ma	ed So ainten todial (12	lely by ance/ I Staff?		Description o stos Containing Ma , thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Encapsulate	Enclosure
-	Basement Boiler Room		Yes	No		F	D.11			4_4		
	Basement Boiler Room						r Boiler Insulatio	on	90 SF			
-	Basement Boiler Room						sulation		90 SF		1	
-			10			Pipe Fit			60 LF			
L	Basement Boiler Room					-	sulation		315 LF			
	Name of Registered Waste Has SERVICE TRANSPORT	15-00/2000	IC.	100	NJDEP V Hauler ID	No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			253 (6)	
	City, State				20990		Disposal Date	City, State			-	
	NEW CASTLE, DE						TBD	WAYNESBU	JRG, OH			
	Completed By (Print or Type) Dillan DeCaro	Tit	le Estima	tor		3	Signature Willan		Da	ite 1/28/1		
	SB-41 00/8079	Estimator Willon De Caro/jl 11/28/1										

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

Pg 2

Date of Notification (1)				Nam	e of Build	ing Owner/Operator	(2)	Party FE P	[ ]	- D 17	lum.
9 / 1	2 / _	18				estwood C.O.	(2)	10)45	15	M	Ē
⊠ EPA ∑	pe Notific	ation			et Address 5 Broad			DEC	· 3	2018	
group .	Amended	d		1	State, Zip			IN AL DEC	, J	1010	
⊠ DOH		ent #3-11		5							
	Emergen		ng		e of Conta	NJ 07642		ASSEST		TRO	L
(NJAC 5:23-8)	justificati Cancellat			1000	e of Conta			Telephone Nun	3	Colonia in	
		uon				973-951-054	12				
				F/	CILITY						
Name of Facility Where Aba		Taking Place	ce (3)				Type of Facility	(4)			
Verizon Westwood C.	).						School (K-12) ☐ Subchapter 8 (Other than K-12)				
Street Address 175 Broadway			rivate and comme	than K-12) d commercial bu							
City (5)							homes, etc.) Square Feet	# of Floors	Blc	Age	
Hillsdale							32,775	3		O O	
County (6)				Cou	inty Code	(7)(STATE USE ONLY)		ior if being demolis	(bed)		
Hillsdale					,	( ),		nmunications	sileu)		
Name of Monitoring Firm Hir	d by Build	ding Owner	(8)	ASCN	l No.	Name of Ahatem	ent Contractor (9)				_
TTI Environmental, Inc		•					VIRONMENTAL, INC.				
Street Address						Street Address	AUCHAININ	L, ING.			
1253 North Church St	eet					1123 BEAVE					
City, State, Zip Code			-			City, State, Zip C					
Moorestown, NJ 0805						BRISTOL, PA					
Project Manager for Monitori			Te	lephone	No						
Kris Smith	3 1 11111		1	609-313		Telephone No. 215-788-6040		License No.			
Start Date (10)	- 19	cheduled (						00509			
	8				18 _#	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
,					<u></u>						
Occupancy Status During At Facility Closed/Vacated D						Street Address					
Abatement Performed Ou	side of No	e Period of	ADATE	ement	a a riba		1123 BEAVER STREET				
Time of Abatement:	_AMPM/ <u>5:00</u> PM- <u>2:00</u> AM BRISTOL, PA 19007										
Scope of Work (Check all that	apply)										
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enova emoliti			☐ Mini-Enc ☐ Glovebag	Procedure	ative Pressure			
			s Loca						Aba	nent "	Tyr
Location of Asbestos-Containing Mat	rial (ACM)		Norma ed Sol	ally lely by	0-1-	Description o	f	8 <b>2</b> 00000000000000	D		-
TO BE ABATEI		Ma	Maintena		ASD6	estos Containing Ma e., thermal systems i	terial (ACM) Amount insulation, (Specify		Removal	nca	
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT, or		SF or LF)	oval	Encapsulate	
(13)		Yes	No			other miscellane	ous)			late	
Basement Power Room				$\boxtimes$	VAT/M	astic		2,200 SF			1 1
HSB Area					VAT/m			288 SF			
Pad Area		-			VAT/m	2-3-2-7-2-00)		1760 SF			I
Meter Room	-				VAT/Ma			135 SF			
Name of Registered Waste H SERVICE TRANSPORT			Hauler II	O No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State  NEW CASTLE, DE				20990	,	Disposal Date TBD					
Completed By (Print or Type)  Dillan DeCaro		Title Estima					ESBURG, OH  Date  11/2				

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

Date of Notification (1)	-				No	mo of Duildi	0 10		St. Self-trapp and conference of the Self-trapp and conference of			
9 /	1	! /	18					(2)	MEC	FI	W/	E
Agencies Notified	T,	oe Notification									U	Lb
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☑ DOLWD		Amended					The state of the s		IIIII DEC	, 3	118	vertorass,
☑ DOH		Amendmen	t #3-11	/28/18	5			Į.			210	
DCA		Emergency (including						3	Continues on the contraction of		arrows.	and the second
(NJAC 5:23-8)		justification)			1			Į.			ROL	. 8.
*	4	Cancellation	n		R	enzo Con	treras		973-951-05	42	<b>-</b> 444 274	
N 65 W 110					F	ACILITY II	NFORMATION				-	
Name of Facility Where A			ing Pla	ce (3)				Type of Facility	(4)		_	
Verizon Westwood	C.C							School (K-12	2)			
Street Address								Subchapter 8	8 (Other than K-1	2)	-	
175 Broadway								homes, etc.)	invate and comme	sicial pul	igs,	
City (5)								Square Feet	# of Floors	Bld	Age	
Hillsdale								32,775	3	+	)	
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	ished)			
Hillsdale												
						M No.	Name of Abatem				-	
TTI Environmental, I	nc											
Street Address							Street Address				-	
1253 North Church Str City, State, Zip Code		et					1123 BEAVE	R STREET				
					ASCM No.   Name of Abatement Contractor (9)   BRISTOL ENVIRONMENTAL, INC.     Street Address   1123 BEAVER STREET     City, State, Zip Code   BRISTOL, PA 19007     Street Address   1123 BEAVER STREET     City, State, Zip Code   BRISTOL, PA 19007     Street Address   1123 BEAVER STREET     City, State, Zip Code   BRISTOL, PA 19007     Street Address   1123 BEAVER STREET     City, State, Zip Code   BRISTOL, PA 19007     Street Address   1123 BEAVER STREET     City, State, Zip Code   BRISTOL, PA 19007     Street Address   1123 BEAVER STREET     City, State, Zip Code   BRISTOL, PA 19007     Street Address   1123 BEAVER STREET     City, State, Zip Code   BRISTOL, PA 19007     City, State, Zip Code   BRISTOL, PA 19007     Street Address   1123 BEAVER STREET     City, State, Zip Code   BRISTOL, PA 19007     Street Address   1123 BEAVER STREET     City, State, Zip Code   BRISTOL, PA 19007     Abat   City, State, Zip Code							
Moorestown, NJ 080							BRISTOL, PA	19007				
	orin	Firm	Warran Visite-	Tel	ephon	e No.	Telephone No.		License No.		_	
Project Manager for Monitori Kris Smith  Start Date (10) 11/28/						3-8218	215-788-6040		The second second			
							Name of OSHA M	Ionitor				
		_   _	11_	/ _2	9 /	18 米	BRISTOL EN	VIRONMENTAL, INC				
Occupancy Status During A	Aba	ement (Che	ck only	one)							_	
☐ Facility Closed/Vacated	Du	ing Entire P	eriod of	Abate	ment			STREET				
Abatement Performed C	Out:	ide of Norm	al Facili	ty Hou	rs - De	scribe						
Time of Abatement:	_	AMF	PM/ <u>5:0(</u>	<u> 2</u> PM- <u>2</u>	:00AN	1						
Scope of Work (Check all the	hat	apply)		117								
≥3 sf or ≥3 If			□ Renovation				☐ Full Containment with Negative Pressure					
≥160 sf or ≥260 lf				emoliti				Procedure				
	_						☐ Non-Exer	npted (*) and Non	Non-Friable Procedure			
1,000				Loca						1	ent T	vne
Location of Asbestos-Containing Ma		al (ACM)		Norma		0.1					T	-
TO BE ABATI		ar (/ tolvi)	Ma	aintena	ince/	(i.e.	thermal systems in	erial (ACM)		em -	nca	ncl
IN Facility	3		Cus	todial (12)		(	surfacing, VAT,	or		ova	psu	uso
(13)			Yes	No		-	other miscellaneo	ous)			late	æ
Basement Sprinkler Ro	or		П			-	stic		C0 CF	F2   F		-
Basement Diesel Room					-							
Hallway Power Room					-	1				-		
Stairwell Landing Name of Registered Waste Ha												
		ler										
SERVICE TRANSPOR			C.	2523				l .				
City, State		, 114	-		2099	0			ANDFILL			
NEW CASTLE, DE								704			-	
							TBD	WAYNESBU	IRG, OH			
Completed By (Print or Type	€)	Titl						0 0	, Da			
Dillan DeCaro		E	Estima	tor			Dellan	De Caro	1 of		18	
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