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

Ck# 3131

Date of Notification								wner / Operato	or (2	2)	100	TE	G - E		1	7 [	
Agencies Notified	12/7/16 Type Notific	ation				dress	IVIIV	IUNICATION	S		11	7					7
EPA	Type Notific	ation				Brd Stre	apt						F 0	002	00		100
DEP		ľ	1 man	or other desired		te & Zir	-	ode	11.			<u> </u>	EC .	<del>- 9</del>	-20	16	- 11
□ DOL	Ame	nded		-		nton											-
□ DOH	☐ Eme	rgency		-		Contac					1	ASBES	Teler	ohor	ie N	umb	ep
☐ DCA	☐ Cano	cellation	1	ALE	XB	AYLO	R					ASDE			OLEMAN AND	est in	Z OI
				F/	ACIL	I YTI.	NFC	RMATION			<u> </u>		- Car				_
Name of Facility Wh		ent is Taking F	Place (3	5)				Type of Facil									
Hammonton Cen	tral Office							School (									
Street Address										3 (Other th							
213 S. 3 <sup>rd</sup> Street								Other (i.								tc.)	
07. (5)		I						Square Feet		# of Flo	ors	1	Bldg.	Age			
City (5)		County (6)	Col	unty	Coo	le (7)		24011			3				70		
Hammonton		Atlantic						Current Use	355	770	lemolis	hed)					
NI	F: 11: 11				-			COMMUNIC									
Name of Monitoring USA ENVIRONM	ENTAL MA	NAGEMENT	ner (8) <mark>,INC</mark> .		A	SCM N	lo.	Name of Aba BRISTOL E									
Street Address 8436 ENTERPRIS	E AVE							Street Addres		STREET							
City, State & Zip Coo								City, State &									
PHILADELPHIA P	A 19153							BRISTOL, F									
Project Manager for	Monitoring F	irm	Telep					Telephone N	umbe		L	icense N	Numbe	er			
MARK JENKINS			215-3		_			215-788-604					00	509	)		
Scheduled Start Dat December 19,		Scheduled Cor <b>Dece</b>	npletion mber					Name of OSH BRISTOL E			ITAL II	NC					
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement								Street Addres	ss						-5555		
								1123 BEAV		ti 20 liberati se propinsi di se							
		utside of Norm	al Hou	rs –	7an	to 3pr	n	City, State &									
Describe:								BRISTOL, F	PA 1	9007							
Facility Occu Scope of Work (Che									10000								
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≥3 sf or ≥3 lf			$\boxtimes$	Rei	nova	ition			$\boxtimes$	Mini-End	closure						
≥160 sf ≥260	) If			Der	molit	ion			$\boxtimes$	Glove B	ag Prod	cedures					
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	cation of s-Containing			ocat		,		Description				mount	A	bate	eme	nt Ty	/pe
	rial (ACM)	}	Norm	lely		a	9	Asbestos-Cont Material (AC		ng		pecify or LF)				m	
	E ABATED		Mainte			or	(	(i.e., thermal sy		ns	31	OI LI)		R	R	nca	Enc
in	Facility		Custo		Staff	?	ins	sulation, surfac	cing,	VAT				Remova	Repair	psu	Enclsoure
	(13)			(12)	T		01	r other miscella	aneo	us)			1 9	/a	=	Encapsulate	ure
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realine of registered	vvasic i laule	1		7.35.52				Waste	INali	ne or Kegis	stered	Lanuilli					
BRISTOL ENVIRO	NMENTAL	INC		100,700	706		10		ATI	LANTIC C	COUNT	TY UTIL	ITY A	TUA	НО	RIT	Υ
City, State							Di	isposal Date		, State		100000000000000000000000000000000000000					
BRISTOL, PA								BD		G HARBO	OR TW	P, NJ					
Completed By (Print				Tit	le		Si	gnature				tx	Date	е			-
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2018 -11

Date of Notification (1)					Name	of Buildin	a Ow	ner/Operator (	2)		<del>)EC -</del>	9 7	2016		
12 /	7 /	16					2011		Check #8776	heck #8776					
Agencies Notified	Type Notifica	ation			Street	Address				ASBE	STOS	000	ITRO	71 8	
⊠ EPA	☐ Initial	ation				Central	Ave			AUDL	LICE				
☑ DOLWD	☐ Amended	ı				State, Zip (				***************************************					
□ DHSS	Amendme	The state of the s				nmontor		08037							
DCA	☐ Emergen justification		uding			of Contac	.00			Telephone Nu	ımber			-	
(NJAC 5:23-8)	☐ Cancellat					∘e Santaı				-	_				
			J. 1991					RMATION							
Name of Facility Where Al	hatament is T	akina E	Naca	(3)	FA	SILIT III	IFUI	MIATION	Type of Facility	(4)					
South Jersey Gas	paternent is i	aning i	lace	(3)					School (K-12					1	
Street Address							-1000		Subchapter 8	Other than K-	12)	out out			
13 Lincoln Ave.									Other (i.e., property)		nercial bi	ailding	js,	- 1	
City (5)									Square Feet	# of Floors	В	dg. A	ge	_	
Hammonton, NJ 080	37										3.0-2				
County (6)					Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being demo	olished)				
Atlantic															
Name of Monitoring Firm H	Hired by Build	ding Ow	ner (8	8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)						
NA							Α	bateTech, lı	nc.						
Street Address	eet Address						Stre	Street Address							
						3	30 Maple Ave. PO Box 25								
City, State, Zip Code	ity, State, Zip Code							City, State, Zip Code							
				L	umberton, N	IJ 08048									
Project Manager for Monito	oring Firm			Tele	phone	No.	Tel	ephone No.		License No.					
				1 3	09-265-2107		00529								
Start Date (10) Scheduled Comple								ne of OSHA M							
12 /16 / _	16	_12	_ /	16	_ / -	16	E	MSL Analyti	ical						
Occupancy Status During	Abatement (0	Check o	nly o	ne)			Stre	eet Address							
☐ Facility Closed/Vacated							2	00 Route 13	0 North						
Abatement Performed ( Time of Abatement:							City	, State, Zip Co	ode						
						Alvi	С	innaminson	, NJ 08077						
Scope of Work (Check all t	that apply)							□ Full Cont	ainment with Neg	ative Pressure					
≥3 sf or ≥3 lf			Rer	novatio	on			☐ Mini-Enc	losure	alive Fiessure					
☐ ≥160 sf or ≥260 lf			Der	nolitio	n			☐ Glovebag	g Procedure mpted (*) and No	n Eriabla Braca	dura				
			- Io	Locati	on		-	⊠ Noll-Exe	mpted ( ) and No	II-FIIable Floce		atem	ont T	vne	
Location o	nf.			lormal				Description o	f		Files	-	1		
Asbestos-Containing M		)		d Sole		Asbe	stos	Containing Ma	terial (ACM)	Amount	\em	Repair	nca	incl	
TO BE ABAT IN Facility				ntenai odial S		(i.e		rmal systems i urfacing, VAT,		(Specify SF or LF)	Remova	Ĭ.	Encapsulate	Enclosure	
(13)	(			(12)				ner miscellane		0. 0. 1. /	-		late	6	
		\	Yes	No	N/A										
Exterior					$\boxtimes$	Seal/Ga	ske	t Material		6 SF					
		1													
Name of Registered Waste	e Hauler			-339	JDEP \		200	ic Yards of	Name of Regis	tered Landfill					
AbateTech, Inc. Hauler ID No. 18750							Was			unty ACUA					
City, State						Disp	oosal Date	City, State	4555 NAS 100	20.000					
Lumberton, NJ						12/16/16 Egg Harbor Township, NJ									
Completed By (Print or Typ	oe)	Title						Signature	1	in the second se	Date	1			
Gwendolyn Trumbet	D D D D D D D D D D D D D D D D D D D							uni	12/7/16						

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Date of Notification (1)	50-2 50	PARK P		0.00779434			ner/Operator (		L	leac-	EC -	- 9	21	Nb	1
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Agencies Notified	Type Notifica	ation			Address Box 504	2				ASBES	STOS				_ & _
⊠ DOLWD		d		2.2	State, Zip (				-						
□ DHSS	Amendme	140 150 150 150 150 150 150 150 150 150 15			odbridge		07095								
DCA	☐ Emergen justification		3		of Contac	18		elephone Number							
(NJAC 5:23-8)	☐ Cancellat				n Hall										
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Name of Facility Where	Ahatement is T	Taking Place	(3)	IA	CILITI	11 01	MINITION	Type of Facility	(4)			_			
Interheange #4	Abatement is i	aking r lace	. (0)					☐ School (K-12							
Street Address								Subchapter 8	(01	ther than K	. 12)	-1222		200	
Milepost 34.6, NJ-	73							Other (i.e., pi		te and comi	merciai	bu	ııaıng	S,	
City (5)		11-991						Square Feet	-	# of Floors		Blo	dg. A	ge	
Camden								0.000	1 332						
County (6)				Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	or if	f being dem	nolished	d)			
Camden															
Name of Monitoring Firm		ding Owner	(8)	ASCM	No.	V		ent Contractor (9)							
	Health & Safety Services					1	bateTech, I	nc.							
Street Address						1 3	eet Address								
PO Box 365						30 Maple Ave. PO Box 25									
City, State, Zip Code			City, State, Zip Code												
Berlin, NJ			1	úmberton, l	NJ 08048										
Project Manager for Mor	lephone		X	ephone No.		L	License No.	•							
					-2432		09-265-2107			00529	5-2-53				
Start Date (10)	etion Da	The second second	1505450	me of OSHA N											
/		12/	-	9/	16		MSL Analyt	icai							
Occupancy Status Durin							eet Address								
☐ Facility Closed/Vacat					oribo		00 Route 13								
☐ Abatement Performe Time of Abatement:							, State, Zip C								
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Scope of Work (Check a	ili that apply)						☐ Full Con	tainment with Neg	ativ	re Pressure	•				
							☐ Mini-End	closure g Procedure							
≥160 sf or ≥260 lf		☐ De	emolii	ion				empted (*) and No	n-Fr	riable Proce	edure				
		Is	Loca	ation								Ab	atem	ent T	уре
Location		114	Norm				Description of			¥ 0	7	D	R	Щ	Щ
Asbestos-Containing TO BE AB				lely by ance/			Containing Ma rmal systems			Amount (Specify	1	Removal	Repair	ncap	Enclosure
IN Faci		Cus		Staff?	(1.0	S	surfacing, VAT	, or		SF or LF)	2	<u>S</u>	_	Encapsulate	sure
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(12		-	ot	her miscellane	ous)						ate	
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Name of Registered Wa	ste Hauler			NJDEP		100000000000000000000000000000000000000	oic Yards of	Name of Regis							
AbateTech, Inc.				Hauler II 1875		Wa 1	ste 6	G.R.O.W.S	. La	andfill					
City, State				.010			posal Date	City, State							
Lumberton, NJ					1	2/9/16	Tullytown,	PA							
Completed By (Print or 1	Гуре)	Title			- 200		Signature	7			Date		- 1	2.5	
Gwendolyn Trumb		Operat	ions	Coord	inator		()	mut 12/2/				10			



ew Jersey BESTOS ABATEMENT C 8:60 and 5:16)	DECEIVE
Owner/Operator (2)	17

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Date of Notification (1)	40						er/Operator (	<sup>2)</sup> 386 Check #87	74	LU -	9 21	Ulb	14
//	16			NJT	A	/ J	00 #1611-50	J86 Check #67	1	-			
Agencies Notified	ification				Address Box 5042	2			ASBES	STOS ( LICEN	SING	TROI	L &
☑ DOLWD ☑ Amen				City, S	tate, Zip C	ode							
	dment # <u>2</u>	Di contra di con	a 1	Woo	odbridge	, NJ (	07095						
DCA Emerg		clualing	-	Name	of Contact				Telephone Nu	ımber			
Cance				Joh	n Hall								
				FAC	CILITY IN	FORI	MATION						
Name of Facility Where Abatement	is Taking	Place	(3)	1710	/ILIT 114	. 014		Type of Facility (	4)				
Interhoange #7A		, 1000	(0)					School (K-12)	)				
Street Address								Subchapter 8	(Other than K-	·12)	uildina	10	
Milepost 60 I-195								Other (i.e., pr homes, etc.)					
City (5)								Square Feet	# of Floors	B	ldg. A	ge	
Allentown						in 10000							
County (6)				Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being dem	olished)			
Monmouth													
Name of Monitoring Firm Hired by E	uilding C	)wner (	8) /	ASCM	No.	Nam	e of Abateme	ent Contractor (9)					
Health & Safety Services						5.973	oateTech, I	nc.				- Total	
Street Address							et Address						
PO Box 365						30	Maple Ave	e. PO Box 25					
City, State, Zip Code							State, Zip Co						
Berlin, NJ							ımberton, l	1J 08048					
Project Manager for Monitoring Firm	1		Tele	phone	No.	100000000000000000000000000000000000000	phone No.		License No.				
Jim Proctor				9-839	Mari yang manan	/	9-265-2107		00529				
Start Date (10)	Sched					CHARLE	ie of OSHA N						
12 /5 /16	1	2_/	23	_ / -	16	EN	VISL Analyt	ical					
Occupancy Status During Abateme				/		12.50	et Address						
Facility Closed/Vacated During B	Intire Per	riod of	Abater	nent		20	0 Route 13	0 North					
Abatement Performed Outside o						0.73%	State, Zip Co						
Time of Abatement:AM	PI	/U			AIVI	Ci	nnaminsor	n, NJ 08077					
Scope of Work (Check all that apply	')						□ Eull Con	tainment with Neg	iativa Draesura				
≥3 sf or ≥3 lf		⊠ Re	novatio	on			☐ Mini-End	0.00	alive riessure				
☐ ≥160 sf or ≥260 lf		and the same of	molitio				Gloveba	g Procedure	- Erichia Droos	dura			
							⊠ Non-Exe	mpted (*) and No	II-FIIADIE PIOCE		hatam	ont T	ivno
1		2.2	Locati Jormal				Description of	of .			batem		
Location of Asbestos-Containing Material (A	CM)	Use	d Sole	ly by	Asbes		Containing Ma		Amount	Remova	Repair	inc	Enclosure
TO BE ABATED		1,555,555	intena todial S		(i.e.		mal systems		(Specify SF or LF)	3701	=	sde	nso
IN Facility (13)		Ous	(12)	Juli.			ırfacing, VAT er miscellane		31 01 11 )	=		Encapsulate	Ге
(10)		Yes	No	N/A	1								
Throughout					Floor til	le & r	mastic		950 SF				
			П								П	П	
Name of Registered Waste Hauler		Ш_	I N	JDEP \	Naste	Cubi	ic Yards of	Name of Regis	tered Landfill		1-		
AbateTech, Inc.				auler II	O No.	Was	te	G.R.O.W.S					
City, State				10100			osal Date	City, State					
Lumberton, NJ						12	2/23/16	Tullytown,	PA				
Completed By (Print or Type)	Title	)					Signature	1		Date	101	11	
Gwendolyn Trumbetti	11 2000		ions (	Coord	inator		M	1/1/8		19	12	16	

ASB-41 MAY 11

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



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NA								DEC	- 9	2016		Lad )		
Date of Notification (1)					3	Owner/Operator (2	4	75			9	Suprimerar		
/	16			NJT	A	/ Job #1611-50	086 Check #87	ASBESTO	0.001	6707				
Agencies Notified Type Notifica	tion			Street	Address				ENGIN		)L a			
⊠ EPA ☐ Initial	1			PO	Box 5042	2	l	6,10	1 12 4 27 7 14	*				
□ DOLWD     □ Amended			H	City. S	tate, Zip C	ode			11-					
□ DHSS . Amendme	-/					, NJ 07095								
DCA Emergence (NJAC 5:23-8)		ing	-		of Contact									
(NJAC 5:23-8) justificatio					n Hall									
						FORMATION								
Name of Facility Where Abatement is T	aking Pla	re (3)	1	IAC	VILIT I IIV	TORWATION	Type of Facility (	4)				-		
Interheange #5	aking i ic	100 (0,	,				School (K-12)							
Street Address							☐ Subchapter 8	(Other than K-1)						
Milepost 44							Other (i.e., pr homes, etc.)	ivate and comme	ercial bu	lding	3,			
							Square Feet	# of Floors	Bio	lg. Ag	ρ.			
City (5)							Square r cer	# 011 10013		9.719	•			
Burlington				Cour	ty Code /7	)(STATE USE ONLY)	Current Use (Pri	or if heing demol	ished)	7.1				
County (6)				Coun	ty Code (/	MOTATE OSE ONET)	Junein Use (PH	c. II boiling defiller	.500)					
Burlington  Name of Monitoring Firm Hired by Build	ing Our	or (0)	17	ASCM I	No	Name of Abateme	ant Contractor (9)							
	ing Own	ei (o)	'	ASCIVI I	NO.	AbateTech, In								
Saban Engineering							16.							
Street Address	01 Stuyvesant Avenue						Street Address							
							30 Maple Ave. PO Box 25  City, State, Zip Code							
City, State, Zip Code		Lumberton, N												
	Lyndhurst, NJ 07071  Project Manager for Monitoring Firm Telephone No.							License No						
Project Manager for Monitoring Firm		Telephone No.		License No. 00529										
Stephen Pharai	7705	609-265-2107		00529										
	chedule					Name of OSHA M								
11 /28 /16				_ / -	10)	EMSL Analyt	icai							
Occupancy Status During Abatement (C						Street Address								
☐ Facility Closed/Vacated During Entir					o mo e	200 Route 13								
Abatement Performed Outside of No Time of Abatement:AM						City, State, Zip Co								
			-			Cinnaminson	n, NJ 08077							
Scope of Work (Check all that apply)						☐ Full Cont	tainment with Neg	ative Pressure						
≥3 sf or ≥3 lf	$\boxtimes$	Reno	vatio	on		☐ Mini-Enc	losure	******						
☐ ≥160 sf or ≥260 lf		Demo	olitio	n			g Procedure mpted (*) and No	n-Friable Proced	ure					
		Is Lo	ncati	on		⊠ Moli-Exe	Impled ( ) and 140	n-i nabio i rocca		ateme	nt T	vne		
Location of			mal			Description of	of							
Asbestos-Containing Material (ACM		Jsed S Maint				stos Containing Ma	iterial (ACM)	Amount	em	Repair	nca	incl		
TO BE ABATED	1 1	Custod		0.775500	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	H.	ısqı	Enclosure		
IN Facility (13)			12)			other miscellane		Of Of Lif	-		Encapsulate	e l		
	Y	es I	No	N/A			20							
Equipment		] [		$\boxtimes$	Double	layer floor tile 8	k mastic	60 SF	$\boxtimes$					
			7						П	П	П	П		
		] [						Y 2		Ш	Ш	Ш		
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Name of Registered Waste Hauler	-	-	15.50	JDEP \		Cubic Yards of	Name of Regis							
AbateTech, Inc.				auler II 18750		Waste 12	G.R.O.W.S	. Landfill						
City, State				.0100		Disposal Date	City, State							
Lumberton, NJ						12/1/16	Tullytown,	PA						
Completed By (Print or Type)	Title					Signature		[	Date .					
Gwendolyn Trumbetti		ration	ns C	Coord	inator		amit		11/19	11	110	,		
							1111		11/6	- 0	14			

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Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	fisal first				1		
	16			NJ.	TA	/ Job #1611-5	086 Check #8	773	200	3.1700	01	١		
Agencies Notified Type Notific	ation		-	Street	Address			ASBESTOS	S (SU) ENSH		UL	Č		
☑ EPA ☐ Initial	\			РО	Box 504	2	1 hor	k., 67, 7k,	.1 **_>**	6.1,3				
□ DOLWD     □ Amende	- A			City. S	State, Zip (	Code						-		
□ DHSS Amendm	-				그 마음이 10 전에 다 되었는다.	e, NJ 07095								
DCA Emerger (NJAC 5:23-8)		luding	1		of Contac			Telephone Numb	er					
Cancella					n Hall		roophole Hallise							
				1000000	National Control	IFORMATION								
Name of Facility Where Abatement is	Taking I	Place	(3)	FA	CILITI	IFORMATION	Type of Facility	(4)						
Interhoange #4	raking	i iacc	(5)				School (K-12							
Street Address			-					8 (Other than K-12)	K					
Milepost 34.6, NJ-73							Other (i.e., p	rivate and commer		uilding	s,			
City (5)							homes, etc.)		DI	-l - A				
Camden							Square Feet	# of Floors	BI	dg. A	ge			
County (6)				Cour	tu Cada /7	VOTATE LIGE ONLY	Comment Head (De	in a life basing and a second in	l= = =1\					
Camden				Cour	ity Code (/	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	nea)					
Name of Monitoring Firm Hired by Buil	dina Ou		0)	ACCM	NI-	Name of Abotem								
Saban Engineering	aing Ov	vner (	°)	ASCM	NO.	Name of Abateme								
Street Address						AbateTech, It	ic.							
						Street Address	DO D 25							
201 Stuyvesant Avenue						30 Maple Ave	State of the second second second							
City, State, Zip Code						City, State, Zip Co								
Lyndhurst, NJ 07071			ITI	-		Lumberton, N	1J 08048							
Project Manager for Monitoring Firm		100000	phone	1	Telephone No.		License No.							
Stephen Pharai	<u> </u>				-7705	609-265-2107		00529						
32320	Schedul		4			Name of OSHA M								
		_		_ / -	10	EMSL Analyti	icai							
Occupancy Status During Abatement (						Street Address								
☐ Facility Closed/Vacated During Enti						200 Route 13								
Abatement Performed Outside of N Time of Abatement:AM					cribe AM	City, State, Zip Co								
						Cinnaminson	, NJ 08077							
Scope of Work (Check all that apply)						□ Full Cont	ainment with Nes	rativa Proceura						
≥3 sf or ≥3 If		☑ Rei	novatio	on		☐ Mini-Enc	ainment with Neg losure	Jalive Plessure						
≥160 sf or ≥260 lf		] Der	molitio	n		☐ Glovebag	Procedure							
	-			200	Ι	⊠ Non-Exer	mpted (*) and No	n-Friable Procedur	1	40	10.15.2			
Location of			Locati Iormal	-		Description			Ab	atem	ent T	ype		
Asbestos-Containing Material (ACN	1)	Use	d Sole	ly by	Asbe	Description of stos Containing Mar		Amount	Rer	Repair	Enc	Enc		
TO BE ABATED			ntenar			., thermal systems i	nsulation,	(Specify	Removal	oair	aps	Enclosure		
IN Facility (13)		Cust	(12)	otail!		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure		
(13)	į,	Yes	No	N/A		Other miscenaries	ous)				te			
Throughout	1	_			Double	layer floor tile &	montin	750 SF						
Tilloughout	-				Double	layer floor the &	illastic	750 51			ш	Ш		
	[[													
	[													
	ı	7	П							П	П			
Name of Registered Waste Hauler			□ NI	JDEP V	Naste	Cubic Yards of	Name of Regis	tered Landfill			П			
AbateTech, Inc.			13330	auler I		Waste	G.R.O.W.S							
				18750		16								
City, State						Disposal Date	City, State	DA						
Lumberton, NJ						12/9/16	Tullytown,	PA						
Completed By (Print or Type)	Title	255	24.40			Signature	MMT	Dat	е	11.				
Gwendolyn Trumbetti	Ope	erati	ons C	oordi	nator		0/1/11	1	1121	1111	1			

NO CK

DEO		0040
DEC	- 9	2016

Date of Notification (1)				Name	of Building	Owne	er/Operator (2	2)		TI TI PLO	Ü	20	10	men
	16			NJT					Check #877	7.4				
//	16	-		INJI	^	730	D #1011-50	000	Cileck #01	ASBESTO	150	OME	ROL	8
Agencies Notified Type Notifica	tion			Street	Address				3	LIČ	EMS	ING		
⊠ EPA ☐ Initial	1			PO	Box 5042	2								
☐ DOLWD ☐ Amended Amendme	nt #1			City, S	tate, Zip C	Code								
☐ DCA ☐ Emergence	-	udina		Woo	odbridge	, NJ C	7095							
(NJAC 5:23-8) justificatio		uunig		Name	of Contact	t				Telephone Numb	er			
☐ Cancellati				Joh	n Hall						-			
				FAC	ILITY IN	FORM	MATION							
Name of Facility Where Abatement is T	aking F	Place (	3)	20000				Ту	pe of Facility (4	1)				
Interhcange #7A			ico.fc					2.00	School (K-12)					
Street Address				- Parlun = -					Subchapter 8	(Other than K-12)				
Milepost 60 I-195									homes, etc.)	vate and commerc	nai bu	liaing	s,	
City (5)								Sc	quare Feet	# of Floors	Blo	lg. Ag	e	
Allentown														
County (6)				Coun	ty Code (7	)(STATE	E USE ONLY)	Cı	urrent Use (Prio	or if being demolish	ned)			
Monmouth														
Name of Monitoring Firm Hired by Build	ing Ow	ner (8	()	ASCM I	No.	Nam	e of Abateme	ent	Contractor (9)					
Saban Engineering						Ab	ateTech, Ir	nc.						
Street Address						Stree	et Address							
201 Stuyvesant Avenue						30	Maple Ave	e. P	O Box 25					
City, State, Zip Code	C= 2 1						State, Zip Co							
Lyndhurst, NJ 07071						C-10-500	mberton, N							
Project Manager for Monitoring Firm			Tele	phone I	No.		ohone No.			License No.				_
Stephen Pharai				1-299			9-265-2107	,		00529				
A CONTRACTOR OF THE PROPERTY O	chedul	led Co		tion Dat	1	Nam	e of OSHA M	loni	itor					$\neg$
_12_/_5_/_16(		/			16	EN	ISL Analyt	ica	d					
Occupancy Status During Abatement (C	Check o	only or	ne)	-	/	Stree	et Address							
☐ Facility Closed/Vacated During Entire				ment		20	0 Route 13	0 N	North					
☐ Abatement Performed Outside of No					cribe	1.7	State, Zip Co	33 3						_
Time of Abatement:AM							nnaminson							
Scope of Work (Check all that apply)								.,						-
NAME OF THE OWNER.	K-	7.5							ment with Nega	ative Pressure				
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>		⊠ Ren					☐ Mini-Enc		S7000 11					
<u> </u>	_		101111	211						-Friable Procedur	е			
		2000	Loca								Ab	ateme	ent Ty	уре
Location of			orma	lly ely by			Description o	of .			R	Re	Ε'n	m
Asbestos-Containing Material (ACM TO BE ABATED	)			ince/	Asbe	stos C	ontaining Ma mal systems	ins	ial (ACM)	Amount (Specify	Remova	Repair	ıcap	iclo:
IN Facility		Custo		Staff?	(1.0		rfacing, VAT			SF or LF)	Val	_	Encapsulate	Enclosure
(13)	-	.,	(12)			othe	er miscellane	ous	s)				ate	
		Yes	No	N/A		70-70-70-70-70-70-70-70-70-70-70-70-70-7								
Throughout	] [				Floor ti	le & n	nastic			950 SF		Ш	Ш	Ш
	]													
	]													
		П	П								П	П	П	П
Name of Registered Waste Hauler				JDEP V		Cubi	c Yards of	1	Name of Regist	ered Landfill		_		
AbateTech, Inc.			11.65	lauler ID	No.	Wast	te		G.R.O.W.S.					
City, State				18750	1	Dispo	osal Date	(	City, State					
Lumberton, NJ						Λ	/23/16/		Tullytown,	PA				
Completed By (Print or Type)	Title					V	Signature	_		Da	te	-		
Gwendolyn Trumbetti	Control en en en en	orati	ane	Coordi	inator	-	Olgridanie	0	MT	Da	111	11	11	a
Gweridolyn Trumbetti	Op	eratio	2115	Coordi	iiiatui				V 1111		111	10	14	

Ch357L	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)												Times and the same
Date of Notification (1)	. 6 /	16				of Building Gomez	Owner/Operator (	2)	DEC DEC	- 9	201	6	Carrier or
Agencies Notified	Type Notific	ation	_		Street	Address			The state of the s				1
⊠ EPA	☐ Initial	Jation			Otrect	71001000			ASBESTO	s co	NTF	OL	&
☑ DOLWD	☐ Amende	d			City S	tate, Zip C	ode		LIG.	ENSI	40		
☑ DOH	Amendn		0.00				, NJ 08110						
□ DCA	☐ Emerge		cluding			of Contact	**		Telephone Numl	per			EG
(NJAC 5:23-8)	justificat					Gomez				_			
	1				FAC	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)				
Gomez Residence								School (K-1					
Street Address								Other (i.e., )	8 (Other than K-12 private and commen	) cial bu	ilding	s,	
014 (5)	2							homes, etc.	# of Floors	RI	dg. Ag	ne e	
City (5)								1,500	3	1	39. AŞ 30	90	
Pennsauken					Coun	tu Codo 17	)(STATE USE ONLY)	(8)	Prior if being demolis				
County (6)					Coun	ty Code (7	JISTATE USE ONET)	Residence		nica)			
Camden Name of Monitoring Firm	Uirod by Dui	ildina C	humar /	0)	ASCM	No	Name of Abatem						
Mgmt. & Environme				2137	ASCIVI	140.	Total Automotive and the second and	onmental, LLC					
Street Address	ental Const	unung	Servi	ces			Street Address	ommeritar, EEC					
PO Box 341							623 Cutler A	venue					
City, State, Zip Code							City, State, Zip C			- 1/			107
Chesterfield, NJ 08	515						Maple Shade						
Project Manager for Mon	200			Tele	phone	No	Telephone No.	., 110 00002	License No.				
Bill Weisgarber	itoling Filli				09-298		856-755-0099	3	00842				
Start Date (10)		School	ulad C		tion Da	onevenes of the	Name of OSHA N						
12 / 26 /	0.0000				7/		EMSL Analyt						
Occupancy Status During	Abatement	(Check	only	one)			Street Address						-
□ Facility Closed/Vacate					ment		200 Route 13	80 North					
☐ Abatement Performed							City, State, Zip C	ode					
Time of Abatement: _	AM	PN	///	_PM		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I that apply)		⊠ Re	novat			☐ Mini-End	closure g Procedure	egative Pressure	re			
			Is	Loca	tion	Γ.					atem	ent Ty	уре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (AC ATED	M)	Use Ma Cus	Norma ed Sole intena todial (12)	ally ely by ance/ Staff?	Asbe (i.e	Description of stos Containing Manager, thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	*Repair	Encapsulate	Enclosure
D			Yes	No.	N/A	Dones	on Ductwork		120 SF				
Basement						Paper c	on Ductwork		120 31				
								.b /					
							8 8	4				Ш	
Name of Registered Was	te Hauler				JDEP \ Hauler  [		Cubic Yards of Waste		istered Landfill and County Land	lfill			

ASB-41 JAN 13

City, State

Freehold Cartage

Completed By (Print or Type)

Freehold, NJ

Christina Lynch

15939

Vice President of Operations

12/27/2016

Signature

Cumberland County Landfill

Date

12/0/10

City, State

Newburg, PA

1 Disposal Date

		(Pt	ursua	ant to I	NJAC 8:	60 and 12:120	)		-4/				_
Date of Notification (1)	16				Building McGo	Owner/Operator nigle	(2)	manufacture of the state of the	DEC DEC	- 9	201	6	-
Agencies Notified	Type Notification		S	treet A	ddress			- Land					
TEPA	Initial								ASBESTO	5.00	31-20-1	10L	<u>-</u> å
DEP	Amended Amendment #_				te, Zip Co			) All Comments	LIC	ENS	NG		+
DOL	Emergency (inc	cluding			May, NJ				Telephone Numbe	er			ᅱ
DOH	justification)				of Conta	act		1	Totophian				
DCA	Cancellation		1		Smith								٦
				FACI	LITY INFO	ORMATION	Tyr	e of Facility (4	1)				$\exists$
Name of Facility When	e Abatement is Taking	Place (3)	)					School (K-12)					
Residence								Subchapter 8	(Other than K-12)	) 			
Street Address							X	Other (i.e., printed homes, etc.)	vate 8 commercia				
							Sq	uare Feet	# of Floors	100000	g. Ag	ge	
City (s)						0		00	3	_	yrs		=_
Cape May, NJ County (6)			T	Count	y Code(7	7) (STATE	1000000		or if being demolis	hed)			
Cape May			_	USE	ONLY)		_	cant				_	=
	irm Hired by Building (	Owner	TA	SCM N	0.	Name of Abater	ment (	Contractor (9)					
(8)	2000 - 100 -					AEi2, LLC					_		=
Street Address						Street Address		ike					
						361 E. Flemin							=
City, State, Zip Code						Hammonton,	NI (	08037					_
				1 N		Telephone No.			License No.				
Project Manager fo	r Monitoring Firm		lelep	hone N	10.	609-481-21	22		00689				_
	I Coho	duled Con	nnleti	on Dat	e (11)	Name of OSHA		tor					
Start Date (10)	12/2		IIpicu	on Dat	· ()	AEi2, LLC							=
12/14/16	uring Abatement (Che	100000000000000000000000000000000000000	ne)			Street Addres		185					
V Eacility Closed/V	acated During Entire F	Period of A	Abate	ement		361 E. Flem						_	_
Abatement Perfor	acility Closed/Vacated During Entire Period of Al batement Performed Outside of Normal Facility H					City, State, Zip Hammontor	Code n. N.	08037					
Other - Describe:									egative Pressure				_
Scope of Work (Che	ck all that apply)					Mini-E			gativo i rossare				
≥3 sf or ≥3 lf		Ren	ovatio	on		Glove	bag F	Procedure					
≥160 sf or ≥260	lf	Dem	011110	n		□ Non-E	Exem	pted (*) and N	on-Friable Proced	ure			
		Is Lo	catio	n						A	bate Typ	ment e	
		North Used S	mally			Description	of			-		E	E
Loca Asbestos-Containi	tion of ng Material (ACM)	Mainte	enan	ce/	Asbe	stos Containing M	ateria	al (ACM)	Amount (Specify	R	R	n c	
TO BE A	ABATED		stodia taff?	al .	(I.e	surfacing, VA	T, or		SF or LF)	m	p	a p s	
IN Fa	3)	(	12)			other miscellar	neous	)		v a	i	u 1	
•	Occupio.			l	1					1	-	a t	1
		Yes	No	N/A	Misc.				40 LF	X		c	
Interior Wall Cha	se			X	141130.								
		-		_	_								T
								Control Statement Control					T
				NJDEP	Magta	T Cubic Yards		Name of Reg	istered Landfill			_	-
Name of Registered	d Waste Hauler			NJDEP Hauler I	D No.	of Waste		TBD					
AEi2, LLC				21376		.2 Disposal Date		City, State					_
City, State						TBD /	1	TBD	/				
Hammonton, N.		201				Signature	(A)	/ <del></del>	Date				_
Completed By		ïtle Program	Mo	or		VIII	H	may	12/5/	16			
Wm. Minnick		riogram	1 1715	51.		NU							

### State of New Jersey NOTIFICATION OF ASSESTOS ARATEM

no Ch		NOI				AC 8:60 and 5:1	Control of the Contro					
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	THE DE	C	9 2	016	
	16 /	15		Sta	ate of Ne	w Jersey Depart	ment of Trans	poration				
Agencies Notified  EPA	Type Notifica  ☑ Initial	ation			t Address 35 Parkw	vay Ave., CN 600	<u></u>	ASBEST		CON ISIN		)L &
□ DOLWD				-	State, Zip			Lorentz and the second second second				
☐ DCA		ent # <u>7-12/</u>		1 200	enton, No							
(NJAC 5:23-8)	☐ Emergend		g		e of Contac			Telephone Num	ber			
	☐ Cancellat	ion		Lu	is Limo							
				FA	CILITY II	NFORMATION						
Name of Facility Where A	batement is T	aking Place	e (3)				Type of Facility	(4)				
Route 7 Bridge							School (K-1)					
Street Address			-					8 (Other than K-12		- marco		
Rt 7							homes, etc.	rivate and comme	ciai b	ullain	js,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Kearny												
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	for if being demolis	shed)			
Bergen												
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	)				
Cardno ATC						BRISTOL EN	IVIRONMENTA	L, INC.				
Street Address		CONTRACTOR - 1882-				Street Address						
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
Burlington, NJ 0801						BRISTOL, PA	A 19007					
Project Manager for Monit	oring Firm			ephone		Telephone No.		License No.				
John Lutz				09-386		215-788-6040	)	00509				
Start Date (10)		cheduled C	ompl	etion Da	te (11)	Name of OSHA N	Monitor					
5/23/	16	ON	H	040		BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated						1123 BEAVE	R STREET					
Abatement Performed Time of Abatement:						City, State, Zip Co	ode					
				-	.∕UNI	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)					П г.:II С.	4=:					
≥3 sf or ≥3 lf		☐ Re	nova	tion		☑ Mini-Enc	tainment with Neg closure	gative Pressure				
≥160 sf or ≥260 lf		⊠ De	molit	ion			g Procedure	E: B				
		le	Loca	tion	Т	⊠ Non-Exe	mpted (*) and No	n-Friable Procedur	1			
Location of	f	1	Norma	ally		Description of	of		0.00	ateme		_
Asbestos-Containing N				ely by ance/		stos Containing Ma	iterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility				Staff?	(i.e	e., thermal systems surfacing, VAT,		(Specify SF or LF)	SVOL	=	aps	losu
(13)			(12)		-	other miscellane		0. 0. 2. /	=		ulate	е
		Yes	No	N/A							CD	
Underside of bridge p	ers			$\boxtimes$	Sheet p	acking		2800 SF	$\boxtimes$			
									П		П	П
				1								
			ш	+=-							Ш	
			Ц			,						
Name of Registered Waste SERVICE TRANSPOR		INC.	10.0	NJDEP Nauler III 20990	No.	Cubic Yards of Waste	Name of Regis					
City, State	35 0 0 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C-1112				Disposal Date	City, State					
NEW CASTLE, DE 19	720						WAYNESB	URG, OH 44688				
Completed By (Print or Typ	e)	Title				Signature	/ /	Dat	e /	/		
Brian Scafiro		Estimat	or			Ania-	Scal		2/5	-/10	2	

ASB-41 MAY 11 B 5 1 5 10 2

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

Date of Notification (1)				I Na	ame of Buil	ding Owner/Opera	for (2)		DEC	er f	5	116
	/	15				lew Jersey Dep		nsporation				
Agencies Notified Type №   区 EPA	Votificatio	on			reet Addres	ss way Ave., CN 6	00	ASE	55 TV	IS C	ON	TAC
☑ DOLWD ☑ Am	ended							E - Angel Colonia Salvano - Angel Colonia An	7140.7	10000		
	endment	C. L. Charles and S. C.	and the same of	CONTRACTOR	y, State, Zi							
	ergency tification)		ing	-	Trenton, I me of Cont							
The state of the s	ncellation				uis Limo			Telephone N	umbe	r		
						INFORMATION						
Name of Facility Where Abatemen	nt is Taki	ing Pla	ce (3)		AOILITI	HOLINATION	Type of Facili	(4.76)				
Route 7 Bridge			8.6				School (K					
Street Address							── ☐ Subchapte	er 8 (Other than K-	12)			
Rt 7							Other (i.e. homes, et	, private and comm	nercia	l build	lings	,
City (5)							Square Feet	# of Floors		Dida	A = =	
Kearny							oquare reet	# 01 1 10015		blag	. Age	l.
County (6)				Co	unty Code	(7)(STATE USE ONL)	Y) Current Use (	Prior if being demo	licho	4/		
Bergen					umæn umbreddin		, , , , , , , , , , , , , , , , , , , ,	o. ii being deffic	mai IE	1)		
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASC	M No.	Name of Abate	ment Contractor (	9)				
Cardno ATC			-0.000				NVIRONMENT					
Street Address						Street Address		AL, IIIO.				
3 Terri Lane						1123 BEAV	ER STREET					
City, State, Zip Code						City, State, Zip						
Burlington, NJ 08016						BRISTOL, F						
Project Manager for Monitoring Firm	n		Te	ephon	e No.	Telephone No.		License No.				
John Lutz			6	09-38	6-8800	215-788-604	10	00509				
Start Date (10)0 FF SITE 12/5	Sched	duled C	ompl	etion D	ate (11)	Name of OSHA	Monitor	00000		-		
5/23/16				/	16	BRISTOL EI	NVIRONMENTA	L, INC.				
Occupancy Status During Abateme		1.00				Street Address						
Facility Closed/Vacated During E						1123 BEAVE	R STREET					
Abatement Performed Outside o Time of Abatement:AM	f Normal Pi	l Facilit VI/	y Hou PM	rs - De -	scribe	City, State, Zip C						-
Scope of Work (Check all that apply						BRISTOL, P.	A 19007					
	,					☐ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		☐ Re 図 De				Mini-En	closure	3-110 1 1000uid				
		△ De	MINOR	ווע			g Procedure empted (*) and No	n-Friable Procedu	ro			
			Locat		T		, and rec		_	patem	0004	Tv
Location of	010		lorma d Sole			Description of	of			_	1	1
Asbestos-Containing Material (A) TO BE ABATED	CIVI)		ntena			stos Containing Ma , thermal systems		Amount	Removal	Repair	Enc	Enclosure
IN Facility	1	Cust		Staff?	(1.6.	surfacing, VAT		(Specify SF or LF)	SVOL	a-	aps	losu
(13)	-	Yes	(12) No	N/A	1	other miscellane	ous)	J. J. J. 7	=		Encapsulate	ľe
Inderside of bridge piers			П	$\boxtimes$	Sheet pa	ackina				_		-
				-	Sileet pa	acking		2800 SF		Ш		
(B. ) /												
ame of Registered Waste Hauler SERVICE TRANSPORT GROU	ID INC		12000	IDEP V		Cubic Yards of Waste	Name of Regist		-			
	, inc.			20990			MINERVA L	ANDFILL				
ty, State NEW CASTLE, DE 19720						Disposal Date	City, State	IDC 011 44000				
ompleted By (Print or Type)	Title					16:	MANIMESBL	JRG, OH 44688				
Brian Scafiro		imato	r			Signature	Scaliro	Date	2/2	1,,		
						Man	Laguro	1-A 1.	1/2	116		

ASB-41  $B \le 15 10 2$ \* Do not use this form for asbestos licensure exempted activities.

\*  $CFF \le 17E MoN \cdot 12 / 5 / 16$ 

Date of Notification (1)					Name of D	uildia	- 0		(0)			DE	C =	0	201
10 / 16	1	15					g Owner/Ope			1					
							w Jersey De	epart	ment of Tra	anspora					
	e Notificat nitial	tion			Street Addr						- //-	2EST		OON OON	
· · · · · · · · · · · · · · · · ·	mended						ay Ave., CN	600		i <sub>n-1</sub> , mag	Orași de Sant Sant Sant Sant Sant Sant Sant Sant		±.:1	4.7	5.7
	mendmer	nt #5-	-11/23	/16	City, State, 2										_
□ DCA □ E	mergency	y (incl			Trenton,										
76 (1997)	stification			1	lame of Co	ntact				Tel	ephone	Numb	er		
	ancellatio	n			Luis Lim	10				1					
					FACILITY	YINI	FORMATIO	N			70.00				_
Name of Facility Where Abatem	ent is Tal	king F	Place (	3)				1	Type of Fac	ility (4)					-
Route 7 Bridge								- 1	☐ School (F						
Street Address									☐ Subchap	ter 8 (Oth	er than i	K-12)			
Rt 7								- 1	Other (i.e homes, e	private	and com	nmerc	ial bu	ilding	s,
City (5)								-	Square Feet	10000	f Floors		1		
Kearny									oquaic i eet	# 0	ii Floors		Bio	ig. Ag	je
County (6)				10	County Code	e (7)/3	STATE USE ON	II N I	Current Use	/Drian if h					
Bergen					,	- 1.71.	- // L OOL ON	-"/	ounent ose	(Prior if be	eing den	nolishe	ed)		
Name of Monitoring Firm Hired b	y Building	Own	ner (8)	ASI	CM No.	11	Name of Abat	temen	t Contractor	(0)					
Cardno ATC						Ι.			RONMENT						
Street Address						-	Street Address		RONNENI	AL, INC	•				
3 Terri Lane						1	1123 BEA	75	CTDFFF						
City, State, Zip Code						-									
Burlington, NJ 08016						10	City, State, Zip								
Project Manager for Monitoring Fir	rm		T	elephor	no Ma	+-	BRISTOL,		9007						
John Lutz					86-8800	1.	elephone No.			Lice	nse No.				
Start Date (10) ON SITE 11/2	& School	dulad	Come	lotion I	00-0000	_	215-788-60			00	509				
5 /23 /16					16	1	ame of OSHA								
그리는 병이 되는데 있으므로 보기 중요하다 하는데, 그는 이 모모를 보고 있었다.							BRISTOL E	NVIF	RONMENTA	L, INC.					
Occupancy Status During Abateme						St	reet Address								
Facility Closed/Vacated During Abatement Performed Outside of	of Normal	riog c	of Abat	ement		1	1123 BEAV	ER S	TREET						
Time of Abatement:AM-	PN	VI/	Pl	uis - De 11-	AM	Cit	ty, State, Zip	Code							
					_/	E	BRISTOL, P	A 19	007						
cope of Work (Check all that apply	/)							10. 20	500 500 500						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		□R	enova	tion			☐ Full Co	ntainr	ment with Neg	gative Pre	ssure				
≥160 sf or ≥260 lf		⊠ D	emoliti	on				ag Pro	ocedure						
		- 1					⊠ Non-Ex	empte	ed (*) and No	n-Friable	Procedu	re			
Location of	1		s Loca Norma				_					At	aten	nent 7	Tvr
Asbestos-Containing Material (A)	CM)	Use	ed Sole	ely by	Ashes	etne (	Description Containing Ma		I (ACEA)		entropy.	-	_	T -	-
TO BE ABATED	,		intena todial		(i.e.	., the	mal systems	insul	ation.	Amo (Spe		em	Repair	nce	- Indicadio
IN Facility (13)		Cus	(12)	Stall?		SI	urfacing, VAT	, or		SF or		Removal	Ŧ	Encapsulate	200
(10)		Yes	No	N/A	1	otn	er miscellane	eous)				-		late	a
derside of bridge piers	1		П		Charter	!-!						-			
and a minge piere	-	_	_		Sheet pa	aCKII	ng			2800	SF	$\boxtimes$			
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e of Registered Waste Hauler															
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RVICE TRANSPORT GROU	r, INC.			20990	. V	v v d S (6	<b>C</b>	M	IINERVA LA	NDFILL					
State					D	Dispo	sal Date	City	, State						_
	CASTLE, DE 19720							1							
W CASTLE, DE 19720								W	AYNESBU	RG. OH	44688				
W CASTLE, DE 19720 Deted By (Print or Type)	Title					Ts	Signature	W	AYNESBU	RG, OH	44688 Date				

SB-41
IAY 11
BACK ON SITE 11/22/11

Date of Notification (1		Name of Bu	ilding Owner/O	perato	(2)	l l	K CVC+ F	OT	500 /				
		15			State of	New Jersey I	Depar	tment of Tra	nsporation	ASEE		Jan 1 De N	SAM SAM
Agencies Notified	Type Noti	fication			Street Addre					**********	NAME OF THE OWNER, OWNE		
⊠ EPA ⊠ DOLWD	⊠ Initial				1035 Par	kway Ave., C	N 600	)					
⊠ DHSS		ea ment #4	1.5/31	116	City, State, Z	Zip Code							
DCA	☐ Emerge				Trenton,	NJ 09625							
(NJAC 5:23-8)	justifica	tion)			Name of Cor	ntact			Telephor	e Num	ber		
	☐ Cancell	ation			Luis Lime	0							
					FACILITY	INFORMATI	ОИ						
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facili					
Route 7 Bridge								School (K-	-12)				
Street Address								Other (i.e.	er 8 (Other that private and c	n K-12	oial h	وزاران	
Rt 7								nomes, et	C.)	omme	Clai D	unan	igs,
City (5)								Square Feet	# of Floo	rs	В	ldg. /	Age
Kearny													
County (6)				1	County Code	(7)(STATE USE C	NLY)	Current Use (F	rior if being d	emolist	ned)	-	
Bergen													
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8)	A:	SCM No.			nt Contractor (9					
Cardno ATC						BRISTO	LENV	TRONMENTA	L, INC.				
Street Address						Street Addre							
3 Terri Lane						1123 BE	AVER	STREET					
City, State, Zip Code	_					City, State, Z	ip Coo	le		15.00		-	
Burlington, NJ 0801						BRISTOL	, PA '	19007					
Project Manager for Monit	oring Firm		1		one No.	Telephone N			License No	ο.			
John Lutz			1		386-8800	215-788-6	040		00509				
Start Date (10)	So	hedule	d Comp	oletion	Date (11)	Name of OSH			-				
5/23/						BRISTOL	ENVI	RONMENTAL	_, INC.				
Occupancy Status During A						Street Addres	S				-		
Facility Closed/Vacated						1123 BEA	VER S	STREET					
Abatement Performed C Time of Abatement:						City, State, Zip							
				'-		BRISTOL,	PA 19	3007					
Scope of Work (Check all th	at apply)					<b>D</b> = #0					e i		
_ ≥3 sf or ≥3 lf			Renova	tion		☐ Full C	nclos	ment with Nega	tive Pressure				
≥160 sf or ≥260 lf		X D	emolit	ion		⊠ Glove	bag Pr	ocedure					
			-1	41		⊠ Non-E	xempt	ed (*) and Non-	Friable Proced	dure			
Location of		"	s Loca Norma			Description				A	bater	nent	Туре
Asbestos-Containing Mate	erial (ACM)	1 1	ed Sol		Asbest	Description os Containing N		I (ACM)	Amount	æ	R	Ē	m
TO BE ABATEL	2	(5/2)33	aintena stodial		(ie	thermal system	s insul	ation,	(Specify	Removal	Repair	ıcar	nclo
IN Facility (13)			(12)	otan:		surfacing, VA other miscellan			SF or LF)	Val	17	Encapsulate	Enclosure
V - /		Yes	No	N/A		other misochan	icous					ate	10
derside of bridge piers	S				Sheet pad	king			2800 SF				1
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											П	П	
ne of Registered Waste Ha	uler	-	NJ	DEP	Vaste Ci	ubic Yards of	Na	me of Registere	d Landfill				
ERVICE TRANSPORT	GROUP, INC	<b>.</b>		uler ID		aste		INERVA LAN					
State				0990		sposal Date		, State					_
EW CASTLE, DE 19720							170	AYNESBURG	S OH MAGGO				
pleted By (Print or Type)	Title					Signature	1	1					
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#### DEC -9 2016

Date of Notification (1)				Name of Bu	uilding Owner	/Operato	or (2)		-	ASD	E 0 1	03	oona
	6 / _	15			New Jerse			Transp	oration	·		OFN	ISING
Agencies Notified Ty	pe Notificat	ion		Street Addre		-							
1	Initial			1	rkway Ave.,	CN 60	n						
1 —	Amended			City, State, 2		014 00						200	
	Amendmer				NJ 09625								Charles and a second
	Emergency justification		ling	Name of Cor									
	Cancellation			Luis Lime					Telepho	one Nu	mbe	r	
					INFORMA	TION							
Name of Facility Where Abater	ment is Tak	ing Pla	ce (3)	THOILIT	HEI OKINA	HOTE	Type of F	Facility (4)					
Route 7 Bridge							☐ School						
Street Address							- ☐ Subch	apter 8 (C	Other tha	an K-1	21		
Rt 7							D Other	lie. priva	te and	comme	ercial	build	ings,
City (5)							Square Fe	s, etc.)					
Kearny							Squale re	eet	of Floo	ors	-	Bldg.	Age
County (6)		-		County Code	(7)(STATE LISE	ONIV	Current H						
Bergen				County Code	(I)(SIAIL USE	ONLT	Current Us	se (Prior if	being o	emolis	hed)	1	
Name of Monitoring Firm Hired b	v Building (	Owner	(8) A	SCM No.	Mama of A	botomo	nt Contract						
Cardno ATC	,		(0)	COM NO.					_				
Street Address							IRONME	NIAL, IN	C.				
3 Terri Lane					Street Add	-12-04-02-07	050EEE						
City, State, Zip Code							STREET						
Burlington, NJ 08016					City, State,								
Project Manager for Monitoring Fir	m		~ ! !		BRISTO		9007						
John Lutz	m	- 1	Teleph		Telephone f			Lic	ense No	0.			
	1011	1		386-8800	215-788-			0	0509				
Start Date (10)				Date (11)	Name of OS								
5 / 23 / 16				/ _16	BRISTOL	. ENVIP	RONMENT	TAL, INC					
Occupancy Status During Abatemen		•			Street Addres	ss							
☐ Facility Closed/Vacated During E					1123 BEA	VER S	TREET						
Abatement Performed Outside of Time of Abatement:AM	Normal Fa	cility H	lours - D	escribe	City, State, Zi	p Code							
Time of Abatement.			-IVI	_AM	BRISTOL,	PA 19	007						
Scope of Work (Check all that apply)													
7 >3 ef or >3 ff	П	Renov	otion		☐ Full C	ontainm	ent with Ne	egative Pre	essure				
≥3 sf or ≥3 ff     ≥160 sf or ≥260 ff		Demoli			Mini-E     Glove								
					⊠ Non-E	xempte	d (*) and No	on-Friable	Proced	ure			
4000000 A		Is Loc									hater	nent 1	Type
Location of Asbestos-Containing Material (ACI)	(A) U	Norm sed So	lely by	1	Description						_		_
TO BE ABATED	I N	fainten	ance/		Containing Nemal system			Amo		Removal	Repair	Enc	Enclosure
IN Facility	Cu		Staff?	(	surfacing, VA	T, or	lion,	(Spe		10V	air.	aps	los
(13)	Yes	(12) No	N/A		her miscellan			0, 0,		=		Encapsulate	Tre
		140	+									6	
Iderside of bridge piers			Ø	Sheet pack	ing			2800	SF	X			
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ie of Registered Waste Hauler		1	DEP W		c Yards of	Name	of Register	red Landfi	1				=
RVICE TRANSPORT GROUP,	INC.		uler ID 1 20990	No.   Wast	e	MIM	VERVA LA	NDFILL					1
State		- 4		Dispo	sal Date	City, 5							_
W CASTLE, DE 19720							YNESBUR	RG. OH A	4688				
eleted By (Print or Type)	itle				Signature			-, 0114	1-				
an Scafiro	Estimato	r			B	1	1.	1.	Date	101	1.	_	

#### DEC - 9 2016

d By (Print or Type)	Title					Signature	-	0. 1	,, -	Date				1
e CASTLE, DE 19720					. Disp	osal Date	City, St	iste 'NESBU!	RG, OH 4	468R				7
ICE TRANSPORT GROU	IP, INC.		Hai	DEP W uler ID I 0990	No. Was	77617 to	MIN	of Registe ERVA LA						
Registered Waste Hauler				DEPIN	neto lo	is Varda	7							
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side of bridge piers				Ø	Sheet pac	king			2800	e E	53	-	-	
(13)		Yes	(12) No	N/A	1	other miscellar	neous)		510	or LF)	lal la		Encapsulate	ure
TO BE ABATED IN Facility		1	stodial	Staff?	(i.e., t	hermal system surfacing, VA		ion,	(Sp	ecify	Removal	Repair	Cap	Enclosure
pestos-Containing Material (	ACM)			lely by	Asbesto	os Containing I	Material (	ACM)	Δ=	ount	-			
Location of			Norm	ally		Description	n of				A	bate	ment	Туре
160 sf or <u>&gt;</u> 260 lf			Demoli Is Loc			⊠ Glove ⊠ Non-E	ebag Prod Exempted	cedure d (*) and f	Ion-Friable	e Proced	dure ·			
3 sf or ≥3 lf			Renov			∠ Mini-i	Enclosur	ent with h	legative P	ressure				
pe of Work (Check all that ap	oply)					D								
		_ ((VI)		161-	NIVI	BRISTOL	PA 190	007						
Abatement Performed Outsic Time of Abatement:A						City, State, Z	ip Code							
Facility Closed/Vacated Duri						1123 BEA	EVER S	TREET						
cupancy Status During Abate			- PK	52		Street Addre	SS							
5 / 23 / 16	_	5	_ / -	27	/ _16_	BRISTO	LENVIR	ROHMEN	ITAL, IN	C.				
nd Date (10)	1				n Date (11)	Name of OS								
John Lutz	27				-386-8800	215-788	-6040			00509	1000			
oject Manager for Monitorin	g Firm				none No.	Telephone	No.		I	icense f	No.			
Burlington, NJ 08016						BRISTO	L, PA 1	9007						
ity, State, Zip Code						City, State	, Zip Cod	е						
3 Terri Lane						1123 B	EAVER	STREE	T					
Street Address						Street Add	-							_
Cardno ATC						BRIST	OL ENV	IRONM	ENTAL,	INC.				
Name of Monitoring Firm His	red by Bu	ilding (	Owner	(8)	ASCM No.	Name of								
Bergen	-,										3		8	
County (6)					County Cod	de (7)(STATE US	E ONL Y)	Current	Use (Prio	r if being	demo	lishe	d)	
Kearny														ogo
City (5)								Square		# of F	loors		Bld	g. Age
Rt 7								hom	er (i.e., pr ies, etc.)	ivate an	d comi	merc.	ial bu	ildings,
Street Address								- □ Sub	chapter 8	Other	than K	-12)		
Route 7 Bridge								Sch	00 (K-12	1				
Name of Facility Where A	batement	is Tak	ing Pla	ace (3)				Type o	1 Facility	(4)				
					FACILI	TY INFORMA	KTION		_	1		_		
	☐ Cano	cellatio	n		Luis Li	mo				1			261	
(NJAC 5:23-8)	justif	fication	1)	8	Name of (	Contact				Teler	ohone	Numi	her	
☑ DHSS ☐ DCA	☐ Eme				Trento	n, NJ 09625								
Ø DOLWD	⊠ Ame		nf #9_6	/20/16	City C4-4	e, Zip Code						7/		
Ø EPA	⊠ Initia				1035 6	arkway Ave	., CN 60	00						
Agencies Notified	Type h		tion		Street Ac									
10 /	16	_ / _	15	_	State	of New Jers	ey Depa	rtment	of Tran	sporati	ion	*****	1.	<u>-MSII</u>
					reame of	Building Owne	er/Operat	or (2)	1922	1	List (		7 1 000	<u>s.co</u>

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ind her						

Date of Notification (1)					Name	of Duitding C	10				nou	LIO	NSII	iG
1	6 /	1	5	j	State	of Building C	wner/Opera	etor (2)		441		100	and the second	
						e of New J	ersey Dep	anment	of Trans	spora	tion			
	pe Notifii Initial	cation	E			Address	0116	66						
	Amende			1		Parkway A		00						
	Amendm			3/15		te, Zip Code			tistas					
	Emergen justificatio	cy (in	cluding			on, NJ 096	25							
	Cancellat			1	Luis L	Contact				Tele	phone h	lumber		
Name of Facility Where Abaten	nant is To	- Isla-	D/		FACIL	ITY IKFOR	MATION							
Route 7 Bridge	HEIILIS 12	sking	Place (	3)				Type o	f Facility (	4)		Accessory of the Control of the Cont		
Street Address								Sch	001 (K-12)	_				
Rt 7									chapter 8 er (i.e., printes, etc.)	(Other vate ar	than K. nd comm	12) iercial b	vildinas	
City (5)								Square						
Kearny								CQUEIC	, cei	前 of F	loors	BI	dg. Age	
County (6)				Col	unty Co	de (7)(STATE	USE ONLY)	Current I	Use (Prior	37 h = 1	- /			
Bergen						0. 75	1		11101	n being	g demoli	shed)		
Name of Monitoring Firm Hired by	Building	Own	er (8)	ASCH	No.	Name	of Abatemen	nt Contrac	ctor (9)					
Cardno ATC				1			TOL ENV			ale.				1
Street Address						Street A			, 11	RC.				
3 Terri Lane						1123	BEAVER	STREET	r					
ity, State, Zip Code						City, Sta	te, Zip Code	e						
Burlington, NJ 08016						BRIST	OL, PA 1	9007						1
oject Manager for Monitoring Firm		/	Tele	phone N	0.	Telephon	e No.		Lie	ense f	n/o			$\rightarrow$
Iohn Lutz			1	9-386-8	-	215-78	8-6040		1	0509				
rt Date (10)				on Date	(11)	Name of (	OSHA Monit	tor						_
10 / 19 / 15		N	HOL	E _		BRISTO	DL ENVIR	ONMEN'	TAL, INC					
upancy Status During Abatement (	Check o	nly o	ne)			Street Add	ress							
acility Closed/Vacated During Enti						1123 BE	AVER ST	REET						
batement Performed Outside of No						City, State,	Zip Code							
ime of Abatement:AM			PIN	AM	- 1	BRISTO	L, PA 190	07						1
e of Work (Check all that apply)														]
sf or ≥3 If	$\Box$	Penn	vation			□ Full	Containme	nt with Ne	gative Pre	ssure				1
30 sf or ≥260 lf		Demo				MILITIAN I	Enclosure ebag Proce							
	A-TONIA					⊠ Non-	Exempted	(*) and No	n-Frieble F	romed	UPO		- 1	
-		Norn	ation					7	1	70000				
Location of estos-Containing Material (ACM)			lely by	1 .	abas4	Description						tement	1	
TO BE ABATED	Ma	einter	ance/	1 ~	(i.e., th	s Containing ermal system	materiai (A ns insulatio	CM)	Amou	200 TO	Removal	Encap	Enclosure	
IN Facility	Cus	todia (12	Staff?	1		surfacing, Vi	AT, or	,	(Spec SF or L	ffy E\	Non	aps	Sol	
(13)	Yes	No	N/A	1	01	ther miscella	neous)		-, 0, 2	. /	=	Encapsulate Repair	Te	
de al bridge piere	+		+	Charles		•		-				6		
de of bridge piers			×	Snee	packi	ing			2800 S	F	Ø C			
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egistered Waste Hauler		N.I	DEP W	esie	Cubie	Yards of	Name of	Parist	11				] [	
E TRANSPORT GROUP, INC.		Hai	uler ID 1		Waste			Registered					7	
		2	0880		-	15.		RVA LAN	UFILL				1	
STLE, DE 19720					Dispos	sal Date	City, State						1	
01LE, DE 1514U							WAYN	ESBURG	OK 446	66				

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

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

CL #28945105

Date of Notification (1)	Name of Building Owner 19
_ 10 / 16 / 15	Name of Building Owner/Operator (2)
Agencies Notified Type Notification	State of New Jersey Department of Transporation
Ø EPA Ø Inkiel	Street Address
☑ DOLWD ☐ Amended	1035 Perkwey Ave., CK 600
☑ DKSSAmendment#	City, State, Zip Code
□ DCA □ Emergency (including justification)	Trenton, NJ 08625
Cancellation	Name of Contact
D dendenation	Luis Limo Telephone Number
Alama of English 16th Abote 1	FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge	Type of Facility (4)
Street Address	School IK CO.
Rt 7	I Supchania a ra
	Other (i.e., private and commercial buildings, homes, etc.)
City (5)	C- E
Kearny	Bldg. Age
County (6)	ounty Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)
Bergen	(Filor if being demolished)
sme of Monitoring Firm Hired by Building Owner (8) ASCA	Name of Abaiement Contractor (9)
Cardno ATC	BRISTOL ENVIRONMENTAL, INC.
reef Address	Street Address
Terri Lane	1123 BEAVER STREET
y, State, Zip Code	City, State, Zip Code
urlington, NJ 06016	BRISTOL, PA 19007
ect Manager for Monitoring Firm Telephone N	to. Telephone No.
hn Lutz 609-386-8	The priorite 160,
Date (10) Scheduled Completion Date	
10 / 19 / 15   11 / 28 / 1	The second second
pancy Status During Abatement (Check only one)	The state of the s
cility Closed/Vacated During Entire Period of Abatement	Street Address
tement Performed Outside of Normal Facility Hours - Describe	1123 BEAVER STREET
e of Abatement:AMPM/PMAM	Chy, Sizie, Zip Code
f Work (Check all that apply)	BRISTOL, PA 19007
, tront (orion an instapping)	DENG
or≥3 ff ☐ Renovation	☐ Full Containment with Negative Pressure  Mini-Enclosure
sf or ≥260 lf	S Glasebea Brandum
Is Location	☑ Non-Exempted (*) and Non-Friable Procedure
Location of Normally	
os-Containing Material (ACM) Used Solely by Ast	Description of Absternent Type bestos Containing Material (ACM)
	i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)
IN Facility Custodial Staff? (13) (12)	surfacing, VAT, or SF or LF)
Yes No N/A	i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  SF or LF)
of bridge piers D D Sheet n	
D D Diffeet p	secking 2800 SF 🗵 🗆 🗆
ered Marta Haulas	
THE SE	Cubic Yards of Name of Registered Landfill
RANSFORT GROUP, INC.   Hauler ID No.   VI	Weste MINERVA LANDFILL
Di	isposal Date   City, State
E, DE 19720	WA VIEEDING ALL



								I DE	`	9 2	040	
Date of Notification (1)	۵					g Owner/Operator	(2)			J L	.0.10	
12/5/10	the same of the sa				nard Mye	ers				THE REAL PROPERTY.		=
Agencies Notified	Type Notificat	tion		Stree	t Address			ASBEST	08 (			DL &
EPA DEP	Initial   Amended			City	State, Zip	Code						= $+$
⊠ DOL	Amendme		_		t Berlin,							
<b>⊠</b> DOH	Emergenc justificato	y (includin n)	g	_	e of Con			Telephone Num	ber		_	=
DCA	Cancellation				ard Myer				ah.			
						ORMATION			_		_	-
Name of Facility Where	Abotement is To	king Dloo	2 (3)	FA	CILITIM	ONWATION	Type of Facility	(4)				-
Residence	Abatement is 1	aking Place	3 (3)				School (K-1					
Street Address								8 (Other than K-12				
Otreet Address							Other (i.e., p	orivate 8 commerci	al build	dings,		- 1
City (s)							homes, etc. Square Feet	# of Floors	В	ldg. /	Age	
West Berlin, NJ							2200	2	40	yrs)		
County (6)				Cou	nty Code(	7) (STATE	Current Use (P	rior if being demoli	shed)			
Camden				USE	ONLY)		Vacant					_
Name of Monitoring Firm	Hired by Buildi	ng Owner	T	ASCM	No.	and the second s	nent Contractor (9	9)				
(8)						AEi2, LLC						
Street Address						Street Address						
						361 E. Flemin						
City, State, Zip Code						City, State, Zi						
						Hammonton,	NJ 08037	T 17 N-				_
Project Manager for M	Monitoring Firm	1	Tele	ephone	No.	Telephone No. 609-481-212	22	License No. 00689				
2: 12 / //8			<u></u>	. 5	- (44)	Name of OSHA						=
Start Date (10)	100000	cheduled C 2/21/16	omple	etion Da	ite (11)	AEi2, LLC	VIONILOI					
12/14/16 Occupancy Status Durin			onel			Street Address				_		= $+$
☐ Facility Closed/Vacat				tement		361 E. Flem						- 1
Abatement Performed						City, State, Zip C					-	-
Other - Describe:						Hammonton	, NJ 08037					
Scope of Work (Check a	Il that apply)					Full Co	ntainment with N	egative Pressure	11/2			
		Пв	enovat	ion		☐ Mini-En	closure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ De	emolitic	on			ag Procedure					
					Г	Non-Ex	cempted (*) and N	Ion-Friable Proced		bate	mont	-
		1000000	Locati ormall						'	Typ		
Location		Used	d Sole	ly by	0 - 1	Description o		Amount		Г	E	E
Asbestos-Containing N TO BE ABAT			ntenar ustodi:			tos Containing Ma thermal systems		(Specify	R	R	E C	n c 1
IN Facility			Staff?			surfacing, VAT	, or	SF or LF)	m o	p	e p	0 5
(13)			(12)			other miscellane	ous)		v a	i	u 1	u
		Yes	No	N/A					1	r	a	e
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Name of Registered Was	ste Hauler			NJDEP	Vaste	Cubic Yards	Name of Reg	stered Landfill				_
	oto i idaloi		1	Hauler II		of Waste	TBD	and the state of t				
AEi2, LLC			-12	21376		4 Disposal Date	City, State			_		_
City, State Hammonton, NJ						TBD /	TBD .	1				
		Title				Signature	M.	/   Date				_
Completed By Wm. Minnick		Program	n Mo	т		100	Hmm		5			
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### State of New Jersey

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Date of Notification (1) 12/6/16					of Building		A STATE OF THE PARTY OF THE PAR	or (2	)			EC	<del>- 9</del>	20	16
Agencies Notified	Type Notification	ı			Address						I to the second				
X EPA	✓ Initial			810 9	Seventh	Avenue	e 10th	Flo	oor	1	ASEE	STO	S CO	MI	ROL
DEP	Initial Amended		İ	City, St	ate, Zip C	ode						1-10		1:11:1	
DOL	Amendmen			New	York NY	10019									
X DOH	Emergency justification)		1	Name o	of Contact					Tel	ephone Nur	nber			111111
X DOH □ DCA	Cancellation			Mike											
				FAC	ILITY INF	ORMATI	ON								
Name of Facility Where A		ng Place (	3)					T	ype of Facility	(4)					
Vacant House & ga	arage								School (K-						
Street Address										er 8 (Oth	er than K-12 & commerci	2) al bui	dinge	hom	
868 RT 73								×	etc.)	private	o commerci	ai bui	unigs	, 11011	ies,
City (5)									quare Feet		f Floors		Bldg. /	Age	
Marlton NJ 08053									000+	1			35+		
County (6)				County	Code (7) USE ONLY	n		100	urrent Use (Pr		ng demolish	ned)			
Camden						·/			ouse & Ga	-					
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASCI	M No.				Abatement Co co Inc.	ntractor	(9)				
Street Address							Street		dress x 329						
City, State, Zip Code					-				e, Zip Code Berlin NJ 08	001					
Project Manager for Moni	torina Firm			Telepho	ne No		Telepi			031	License N				
							856	-75	3-9800		00727	0.			
Start Date (10)				npletion	Date (11)				OSHA Monitor						
12/15/16		12/23					Sam								
Occupancy Status During	Abatement (Chec	ck Only O	ne)				Street	Ad	dress						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I ed Outside of Norm	Period of an all Facility	Abaten / Hours	nent		_	City, S	State	e, Zip Code		·		0111		-
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	таст, фруу		Renova Demolit				×		Full Containm Mini-Enclosur Glovebag Pro	e cedure					
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Location Asbestos-Containing N	71		d Sole		Ashoo		cription		riol (ACM)	۸.					
TO BE ABA	TED		intenar			thermal s			erial (ACM) sulation,		mount pecify	Z		Enc	m
In Facilit	у	Cus	(12)	statt?		surfac	ing, VA	T, c	or		or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			55 157	Γ		other m	iscellar	neou	IS)			val	air	ulat	sure
		Yes	No	N/A										Ф	
sun room & ba	throoms			X		floorin	g &m	ast	ic	26	0 SF	х			
Garage gable	e ends			х		exter	ior sic	ding	3	35	0 SF	x			
Garage R	oof			x		Fla	ashing	g		10	00 LF	x			
Garage bath	room			Х		red	floorir	na		27	5 SF	x			
Name of Registered Waste			N	JDEP W	/aste	Cubic Y		3	Name of		red Landfill				_
United Roll Off			Н	auler ID 2459		of Wast	te		G.R.O.	1000 101 101 100					
City, State						Disposa		Š	City, Stat						
Elm NJ		1				12/22			Morris	/IIIe P/	19067				
Completed by		Title				Sig	gnature	20			Dat	е			

Anthony T Perna

President

12/6/16

Print Form

CIL 58661

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

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Date of Notification (1) 12/6/16					Building O nageme		erator (	2)		and de la contraction de la co	L		J 6	UIU	1
	e Notification		0.00	Street Ad 810 Se	dress eventh A	venue 1	10th F	loor			ASBES	TOS (	ON SHI	TRO 3	L&
DEP D	Amended			5000	e, Zip Cod					Transfer Manage	100 mm to 1	N. J. Priester St. Belleville, etc.	sello () (in idea) i	L' L'INCHESTRE	
DOL	Amendment # Emergency (ir				ork NY 1	10019				T = .					_
DOH DCA	justification)	loluding	, 225	Name of	Contact					Tele	phone Nu	umber			
☐ DCA ☐	Cancellation			Mike											_
N. CE-Wit Minera Abata	mont in Taking	Place (3)	_	FACIL	ITY INFO	RMATION	M	Type o	f Facility (4)	)					-
Name of Facility Where Abate Vacant Restaurant	ment is Taking	Place (3)						□ s	chool (K-12	)	- 41 16	40)			
Street Address 841 Route 73								X O	ubchapter 8 ther (i.e. pri c.)	ivate &	commer	cial build	ings,	home	s,
City (5)								Square		# of	Floors	BI	dg. A	ge	
Marlton NJ 08053								1000		2			5+		
County (6) Camden				County C	ode (7) ISE ONLY)				t Use (Prior aurant	r if beir	g demoli	shed)			
Name of Monitoring Firm Hired	d by Building O	wner (8)		ASCM	No.	1	Name o	of Abate	ement Cont	ractor	(9)				
N/A							Pern	aco In	ic.						
Street Address						5	Street /	Address	3		100				02
1 20							PO E	30x 32	.9						
City, State, Zip Code						1		ate, Zip							
				- 2					n NJ 080	91					
Project Manager for Monitoring	g Firm			Telephon	ne No.			one No 753-98			License 00727				
Start Date (10)		Schedule	d Com	pletion D	Date (11)	1	Name (	of OSH.	A Monitor						
12/15/16		12/22/1	16				Sam	е	2						
Occupancy Status During Aba	atement (Check	Only One	e)				Street	Address	S						
Facility Closed/Vacated I Abatement Performed O Other – Describe:	During Entire P outside of Norm	eriod of A al Facility	batem Hours	ent		_	City, S	tate, Zir	Code						
Scope of Work (Check All Tha	at Annly)		-												
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ac Apply)	Section 201	enova emolit				Z X	Mini	Containme i-Enclosure vebag Proc i-Exempted	edure				e	
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Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Mai Cust	d Sole intenar odial S (12)	ly by nce/ Staff?	Asbest (i.e.	tos Contai thermal s surfaci other mi	ining N systems ng, VA	faterial s insula T, or	(ACM) tion,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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		+		х		Fla	ashing	7		15	50 SF	x			
flat roof		-				1 10	20111115	9				-	$\vdash$		
Name of Registered Waste H	lauler		IN	IJDEP W	/aste	Cubic Y	/ards		Name of I	Registe	ered Land	ifill		1	
United Roll Off	iduloi		F	lauler ID		of Wast	te		G.R.O.	W.S.					
			4	2700		Disposa	al Date		City, State	е					
City, State Elm NJ						12/22			Morrisv		A 1906	7			
Completed by		Title				Si	gnatur	<b>9</b> 7				Date			
Anthony T Perna		Pres	ident						Andread of the Parks	-4		12/6/1	6		

Print Form

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ARR-41 (R-05-08)

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2660 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 06\_\_/\_\_ 16 Jeniffer Baratta Agencies Notified Type Notification Street Address ASBESTOS CONTROL ☐ EPA X Initial DOLWD. Amended City, State, Zip Code Amendment # X DHSS Ho-Ho-Kus, NJ 07423 T Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation Jeniffer Baratta **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ho-Ho-Kus, NJ 07423 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 12 / 15 / 16 12 / 16 / 16 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf 5 160 sf or 2260 lf □ Renovation Mini-Enclosure Giovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Asbestos-Containing Material (ACM) Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X $\boxtimes$ Basement Pipe insulation 25 LF $\boxtimes$ Laundry room Pipe insulation 15 LF П NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler 0033785 Gr Tech LLC 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 Date N.Jevtic Wenad 12/06/16 Owner ASB-41

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Date of Notification (1)				Name	of Buildir	g Owner/Operator (	2)	THE PI		3-61	110	
	<u> </u>	16		Wa	Iters Res	sidential			308	57	2	
	pe Notification	on		Stree	Address			ASSES	TOS C	CINC	FRO	L &
	Initial Amended							·				
	Amendmen	t #		City, S	State, Zip	Code						
	Emergency			Bai	rnegat, N	IJ 08005						
	justification			Name	of Contac	ot		Telephone Nu	mber			
	Cancellation	n		Vic	tor			1				
				FA	CILITY II	NFORMATION						
Name of Facility Where Abate	ement is Tak	king Place	(3)				Type of Facility	(4)				
Residence							School (K-12					
Street Address							Subchapter 8	B (Other than K- rivate and comm		uilding	js,	
							homes, etc.)			ं		
City (5)							Square Feet	# of Floors	В	dg. A	ge	
Brick							1500 sf	1		65		
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	lished)			
Ocean							Residence					
Name of Monitoring Firm Hire	d by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A						Guardian Co	ntracting, Inc.					
Street Address						Street Address						
						1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co	ode					
						Toms River, I	New Jersey 08	755				
Project Manager for Monitorin	g Firm		Tele	phone	No.	Telephone No.		License No.				
						732-349-9932	L	00624				
Start Date (10)	Sch	neduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
12 / 07 / 16	6	12_ /	08	_ /	16	E.M.S.L. Ana	lytical					
Occupancy Status During Aba	atement (Ch	eck only	one)			Street Address						
□ Facility Closed/Vacated Du	uring Entire I	Period of	Abate	nent		1056 Stelton						
☐ Abatement Performed Out:						City, State, Zip Co	ode					
Time of Abatement:	_AM	PM/	_PM-		AM	Piscataway, I	New Jersey 08	854				
Scope of Work (Check all that	apply)										-	-
D > 2 - 4 - 4 > 2 14							ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-	novati molitic			☐ Mini-Enc ☐ Glovebag						
		23 - 0					mpted (*) and No	n-Friable Proced	dure			
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Location of			Norma d Sole			Description o		rough a proper Contract to Austra	R	Z.	ш	Ш
Asbestos-Containing Mate TO BE ABATED			intena			stos Containing Ma		Amount (Specify	Removal	Repair	าса	nclo
IN Facility		Cus	todial	Staff?	(1.0	surfacing, VAT,		SF or LF)	oval	=	Encapsulate	Enclosure
(13)			(12)		-	other miscellane	ous)				late	O
		Yes	No	N/A								
exterior					asbest	os siding		1400 sf				
		Тп	П	П						П	П	П
Name of Registered Waste Ha	auler		N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contracting, I			10000	auler II	No.	Waste	T.R.R.F.	torou Larrami				
City, State				20223	,	3 Disposal Date	City, State			-	-	
Toms River, New Jersey	y					12/9/16		Pennşylvania	ı			
Completed By (Print or Type)		itle				Signature		A	Date /	- 1		
Nicholas Fernicola		Project	Mana	ager		3.5	_ ′	1	15/	1/1	/	
				_			1		1001	W 11	2	

Check #12496

Date of Notification (1) December 5, 2016				Name of Building Owner/Ope		m) E		F [	\\//	E I.
Agencies Notified	Notification			Street Address		7	(U)	<u> </u>	10	
<b>⊠</b> EPA	The second second second	Notificanded Not		86 MORRIS AVENUE City, State, Zip Code			DEC		2010	
DCA	AND STREET OF STREET		including	SUMMIT, NJ 07901			DEC		2016	t I fee
■ DOL     ■ DEP- No Longer REQUIRED	A STATE OF THE STA	ication)		Name of Contact  MS. Jennifer D'Emilio	- 1	Telepho				1
<b>⊠</b> DOH	□ Cano	elled		Facilities Engineer		. (013)	10163 10163	s COI ENSIN		L&
				Engineering, Construction, Carbon Management	&					
			FACILITY INF	FORMATION						
Name of Facility Where Abatement			77,0,277,110	Type of Facility (4)						
CELGENE CORPORATION	- "H., ROILDIN	G		□ School (K-12) □ Subchapter 8 (other than K-	12)					
Street Address 86 MORRIS AVENUE				Other (i.e. private & comme	ercial buildi			0		
City (5) Cou	inty (6)		y Code (7)	<u>Sq. Feet:</u> <b>42,666</b> # of F	-100rs: 2 I	Blag. Ag	<u>e.</u> ~o	u year	5	
SUMMIT	MORRIS	(State	Use Only)	Current Use (prior if being de	molished)	: ADMIN	IISTRA	TIVE O	FFICE	S
Name of Monitoring Firm Hired by B		ASCM 001		Name of Contractor (9)						
SERVICES, LLC	nL	001	10	GREENWOOD ABATEM	MENT CO	ONSUL	FANTS	, INC.		
Street Address	NUIE #0.4			Street Address						
464 VALLEY BROOK AVE	NUE #3A			268 MAIN STREET						
City, State, Zip Code				City State, ZipCode						
LYNDHURST, NJ 07071  Project Manager for Monitoring Firm	n Telephone	Number		BUTLER, NJ 07405 Telephone Number		License	Number			_
JOHN CHIAVELLO	732-43	8-4839		973-492-0477		00840				
Scheduled Start Date (10)			on Date (11)	Name of OSHA Monitor						
12/14/16	06/30/1	100		ENVIROVISION, INC.						
Occupancy Status During Abater  Facility Closed/Vacated During			nt	Street Address						
☐ Abatement Performed Outside				20-21 WARGARAW RO	AD					
Describe  X Facility Occupied During Entire	re Period of Ahat	ament Are	a Vacated	City, State, Zip Code						
(NOT SUB 8 – PHASED S				FAIRLAWN, NJ 07410						
12/16, Subsequent Phase										
Be Determined – weekends as needed)	W - F /am	– 4 pm	(24 nrs &							
Source of Work (Check all that app	ly)			T 5	Containm	ent with I	Venative	Proce	ure	
			⊠ Renovation		i-Enclosur		*cyalive	11692	uic	
□ ≥ 160 sf or ≥ 260 li	f		Demolition		vebag Pro n-Exempte		Non Er	iahla P	roced	ire.
Location of Asbestos-Containing	Is Location Norm	ally Used	Description of As	bestos Containing Material	Amoun	t /	bateme			10
Material (ACM) in Facility (13)	Solely by Maint. /Custodial Staff?		(ACM) (i.e. therm VAT, or other mis	al systems insulation, surfacing, scell.)	(Specify or LF)	y SF E	Remove I	Repair E	ncap E	nclose
Executive Restrooms	YES NO	NA T	Mirror Mastic		40 S	F E	×			
					-					
Name of Reg. Waste Hauler		aste Haule		Cubic Yards of Waste: 5 (	CY	Name of G.R.O.				11
Newark Carting, Inc. Newark, NJ 04509	NJ DE	# 4509				0		J		10
					sposal Da			ty, State 0 New	E Ford Mi	ill Rd.
Notes: None				00	0/00/201	•	Mo		e, Pa 19	
Completed by (Print or Type)	Title	DD 0 :=	O.T.	Signature		<u>Date</u>				
RAYMOND C. PEDALING	SENIOR MANAGI		CI	Raymond C. Pedalin	io	Decen	nper 5	, 201	O	

12/85/2016 12:12PM 18562248799

ASSURED SERVICES

PAGE 83/84

		NOT	FICATIO	State of I ON OF AS IN 10 NJA	BESTO!	TABATE	MENT	· c	HE(	CK#	166	9		
Oste of Notification (1) 12/05/2016			Name	of Buildin	OF GL	Operate ASSB(	(Z) OHO		,		1		_	1
Agencies Notified Type Notification			Street 1 SC	Address OUTH M	AIN ST	REET				· . I	TEU.	1	V	0
DEP Arrended Amendment Emergency	diam's and a		GLA	State, Zp ASSBOR	Gode IO NJ (	8028	-		:		-112			- 6.25
DOH justification)  DCA Cencellation		項	Name FRA	of Contac	SABO	NĖ			Te	enorice	Misrola	vr .		
Hame of Facility Where Abstament is Taking	g Piace	(3)	FA	CILITY IN	FORMA'	TION								
RESIDENTIAL Street Address City (5)							A	School (K. Subchape Other (I.e. etc.)	-12) or 8 /Oth	ner than & somm	K=12) terolal b	uliding	rs, ho	Tiès,
GLASSBORO							Squi 230	re Fast	3	f Floors		Bidg BO+		
County (6) GLOUCESTER			County (STATE	Code (7) USE ONL	7		Cum	ONT USE (P	nor if be	ing dem	olished)			
Name of Monitoring Firm Hired by Building to STRATEGIC ENVIRONMENTAL	Owner (	8)	ASC	M No.		Name ASS	URE	Hernant Co D ENVIF	ntractor RONM	(9) ENTAL	SER	/ICE	S IN	
Street Address 1834 SOUTH DELAWARE STREE	Т				,	Street	Actina		-					
City, State, Zip Code PAULSBORO NJ 08068						City 6	iste, Z	ip Code HILL NA	0806	2				<u> </u>
Project Manager for Manitoring Firm ED KEEGAN			Telephi 856-4	one No. 123-571	1	Teleph 610-	one M	Ď.		Licens 0114			_	_
Start Date (10) 12/06/2018	12/09	/2018	mpletion	Date (11)	ís es	Name (		A Monitor						
Occupancy Status During Abstament (Check Facility Closed/Vacated During Entire P					-	Street /	Addres	15 30 NORT	ru				- Channel	_
Abelement Parformed Outside of Normal Other - Describe: VACANT RESIDEN	Fedit	y Hour	nent S			City, St	ata, Zi							
Scape of Work (Check All That Apply)	-		-			O1141	at Assess	TADULT IN	9 000/	·/.				
≥3 af or ≥3 # , a160 ef or ≥260 if		Renova Demok				KKK	Gla	Containm Hindbeun vebag Prod Historypies	nedure.					
Location of		Lacati Normal	ly		Day	reriotion o				10001-10	11	Abat	PE PE	t
Asbestos-Contelling Mitteriel (ACM)  TO BE ABATED  in Facility  (13)	Ma	nd Bole international focial S (12)	ton/ Ealt7	Asbes (i.e.	tes Cont thermal surfec	sining Ma systems sing, VAT decallance	inaulai	(ACM) ilon.	(8)	nount pacify or LP)	Remova	Repair	Encapsulate	Enclosure
REAR BATHROOM	Yes	No	N/A								1		#	3
BASEMENT			. X		Maria Control	ER WA				) SF	×			
BASEMENT			X	L		NSULA			5	SF	X			
			X		FLUE	PACKI	NG		2	SF	×			
Name of Registered Wests Hauter ASSURED ENVIRONMENTAL		H	IDEP VI Luier ID 134895	No.	Gubio 1 of Wasi			Name of F				<u> </u>		
Chy, State MULLICA HILL NJ					Dispess 08/19/	al Date /2016		City, State WAYNE	SBUR	(G. OH				
Completed by RON SWANSON	TILLS GEN	ERAL	MANA	AGER	Big	matura	and a	ohu	CHI DA	4   6	Dete 12/05/	2016	-	-

#### CHECK #1669

Date of Notification (1) 12/05/2016		N:	ame of E 30RO	Building On JGH OF	wner/Op GLAS	erator ( SSBOI	(2) 30						-		
Agencies Notified Type Notification			SOU	dress TH MAII	N STR	EET			111	DEC	- 9	201	ò		
DEP Amended Amendment#		_ (	ity, State GLASS	e, Zip Cod BBORO	e NJ 080	)28									
DOH justification Cancellation	cluaing		ame of 0	Contact COSS	ABON	E			Tele	phone Ni	imher ,				
			FACIL	ITY INFO	RMATIC	N									
Name of Facility Where Abatement is Taking RESIDENTIAL	Place (3)						☐ Sc	f Facility (4 chool (*12	2)	;;	10)				
Street Address							o et	ubchapter ther (i.e. pr c.)	rivate &	commerc	cial buil				ì,
City (5) GLASSBORO							Square 2300		2	Floors	(	sldg. 80+		•	
County (6) GLOUCESTER			ounty C	ode (7) SE ONLY)			Curren VAC/	t Use (Prio ANT	r if beir	g demoli:	shed)				
Name of Monitoring Firm Hired by Building Of STRATEGIC ENVIRONMENTAL	wner (8)		ASCM	No.		Name	of Abate URED	ement Con ENVIRO	tractor ONME	(9) NTAL S	SERVI	CE:	11 8	VC.	
Street Address 1634 SOUTH DELAWARE STREE	Γ						Address CLEM	S RUN							
City, State, Zip Code PAULSBORO NJ 08066						City, S MUL	tate, Zip LICA I	Code HILL NJ	08062	)					
Project Manager for Monitoring Firm ED KEEGAN			elephon 856-42	e No. 23-5711			one No 304-46			License 01145					
Start Date (10) 12/06/2016	Scheduled 12/09/2		pletion D	Date (11)		Name EMS		A Monitor							
Occupancy Status During Abatement (Check	Only One	:)					Address								
Facility Closed/Vacated During Entire Pe	eriod of Al	oateme	ent					30 NORT	Н						
Abatement Performed Outside of Norma Other – Describe: VACANT RESIDENT	I Facility	Hours			_		State, Zip NAMIN	SON N	J 0807	77					
Scope of Work (Check All That Apply)	_						2								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				2 2 2	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure				uro		
		500					_ Non	1-Exempted	u ( ) an	J NOII-FII	able Fi			nent	
	77.75	_ocatio	1000		~. · · .	scription	o o f						Тур	е	
Location of Asbestos-Containing Material (ACM)	Used	Solei	y by		os Cont	aining I	Material			mount				щ	т
TO BE ABATED In Facility		dial S		(i.e.		system cing, VA	is insula AT, or	tion,		Specify or LF)	Remova	Neball		cap	Enclosure
(13)		(12)				niscella					oval	2		Encapsulate	sure
	Yes	No	N/A							- 0-			1	Ф	
REAR BATHROOM			X			STORES AND	VALLS			0 SF	X				
BASEMENT			X	L			MOITA	V		SF	X		1	-	
BASEMENT			X		FLUE	PAC	KING			2 SF	X	-	1		
•											150				
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		Н	JDEP Wauler ID 03489	No.	of Wa	Yards ste				ered Land ANDFIL					
City, State MULLICA HILL NJ						sal Date 9/2016		City, Star WAYN	te ESBU	IRG, OI	Н				
Completed by RON SWANSON	Title GEN	ERAI	_ MAN	AGER		Signatu	S are	es	VCMD	en	Date 12/05	/20	16		

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

		(1	Pursuani	10 N.J.A.C.				E 1	اب را	12	1.55
C Project # 060-16					Name of Building Owner/Ope	rator (2	2)	VOEN	ı		
ate of Notification (1)	2016				RUTGERS, THE STAT	TE UN	VIVERSIT	T UF N		0040	-
December 6, gencies Notified	Notificat	ion Ty	<u>rpe</u> tification		Street Address	ALTI	H & SAFE	TY DEP	т. <sup>– э</sup>	2016	
IEPA	□ Ame	ended	l Notifica	tion #	27 ROAD 1, BLDG 408	36, LI	VINGSTO	N CAIN	100		-
IDCA	□ Fm	erger	ncy (incl	udina [	City, State, Zip Code	054					
DOL	inc	tifica	tion)		PISCATAWAY, NJ 088	854	Talanh	nne Niimb	er		
DEP- No Longer REQUIRED	□ Can				Name of Contact		1 elepno	THE WITTE			
	Lican	Celle	u		MICHAEL SMITH, EN	<u>v.</u>	1				
M DOH					<b>HEALTH &amp; SAFETY</b>						
				FACILITY INF	ORMATION						12 2 - 3 - 1
ame of Facility Where Abatement is	Taking Place	(3)			Type of Facility (4)						
PHARMACY, BLDG# 3750	raining r rass	1			☐ School (K-12)						
HARIVIACT, BLDOW 0700					☐Subchapter 8 (other than K	12)		nos etc.)			
Street Address					☑ Other (i.e. private & comm	nercial t	rs: 6 Bldg	Age: 6	n+ vea	rs	
BUSCH CAMPUS					Sq. Feet: N/A # of	1 -1001	S. 6 Diug	. Ago.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City (5) Count	v (6) DDLESE	x	County Co (State Use	ode (7) e Only)	Current Use (prior if being d	lemolis	shed): ACA	DEMIC			
	- 10	.	ASCM No		Name of Contractor (9)						
Name of Monitoring Firm Hired by Blo	ig. Owner (8	1	0098	es p	The state of the s		T CONCIL	LTANTS	INC		
ATC			0030		GREENWOOD ABATE	MEN	I CONSU	LIANIS	, 1140.		
				and the state	Street Address						
Street Address 3 TERRI LANE					268 MAIN STREET						_
an at a 71- Cada		-			City State, ZipCode						
City, State, Zip Code BURLINGTON, NJ 0801	6				BUTLER, NJ 07405		Licens	se Number			
Project Manager for Monitoring Firm	Teleph	none N	Number		Telephone Number	22					
BRIAN KEARNY	609	-386	-8800		973-492-0477		0084	10			
DIVIAN REALTH				Deta (111)	Name of OSHA Monitor						
Scheduled Start Date (10)			Completion	Date (11)	`1						
12/16/16	12/1	9/16			ENVIROVISION, INC						
n : Abatam	ont (Check	only o	ne)		Street Address						
Occupancy Status During Abatem  Facility Closed/Vacated During	Entire Peri	od of	Abatement	:	20-21 WARGARAW F	ROAD	)				
Abatement Performed Outside	of Normal F	acility	Hours -		City, State, Zip Code	(0) (2					
☑Other – Describe: Schedule: 5PM – 5AM (24 HC	URS & W	EEKE	ENDS AS	NEEDED)	FAIRLAWN, NJ						
								. 'U. Nac	office Dr	CCLIFE	
Scope of Work (Check all that apply	<u>U</u>						Containmen	t with iveg	auve rit	,33010	
				▼ Renovation			-Enclosure	. / \//===	o Cut		
$\ge 3 \text{ sf or } \ge 3 \text{ lf}$	,			□ Demolition		Glove	bag Proced	ure / vvra	ρα Cut	Droce	dure
$\square \ge 160 \text{ sf or } \ge 260 \text{ l}$						× Nor	n-Exempted	(*) and NC	nent Type	1 1000	
- Containing	Is Location	Norm	ally Used	Description of	Asbestos Containing Material	ina	Amount (Specify SF				_
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solely by N	//aint./	Custodial	(ACM) (i.e. the	ermal systems insulation, surface	ang,	or LF)	Remove	e Repair	Encap E	nclos
Waterial (AGM) III I domiy (197	Staff? (12)			VAT, or other r	nisceii.)						
	YES	NO	NA				120 SF	[X]			
Room 104		X		VAT			120 31	1			
Koom 104								-	-		
			1				1.55	ne of Regi	stored La	ndfill	
	INIT	ED W	aste Haule	r ID #	Cubic Yards of Waste:	5 C	Y Nar	R.O.W.S	North	Landfi	ill
Name of Reg. Waste Hauler		e Belo					G.1	1.0.77.3			
See Hauler Below #1 & 2				NI 07405		Disp	osal Date		City, Sta 100 Nev	v Ford I	Mill
Hauler #1) Greenwood Abatemen	it Consultan	its, inc	Butter,	140 07403					Rd. Moi	risville	, Pa
NIDEP # 12561						12/	19/2016		19067		
Hauler #2) Newark Carting, Inc. NJ DEP # 4509	, INCWALK, IN	0 450	5						215-736	-1700	
NJ DEP # 4509							Da	te			
Completed by (Print or Type)	Title			70°	Signature	20		Dec	ember	6, 20	16
RAYMOND C. PEDALIN		NOR	PROJE	CT	Raymond C. G	Pedali	no			255	
KATIMOND G. PEDALIN		NAG									
	IVIAI	UAV	LIX								

4342

Print Form

Date of Notification (1) DEC. 6, 2016				Name of DOW	f Building NTOWN	Owner/0	Operator STOR:	(2) S, L	LC				_	5		
Agencies Notified	Type Notification			Street A	ddress	LACE						DE	<u> </u>	- 5	201	G
EPA DEP DOL	Initial Amended Amendment		_		ite, Zip Co BANK, N		01		1		-	se n		12.7		
DOH DCA	justification) Cancellation				f Contact HERM	AN				Tele	ephone N	Numb	er			
				FACI	LITY INFO	ORMAT	ON				72 - J-033					
Name of Facility Where FORMER RESIDE Street Address 29 LINDEN PLACE	NCE	g Place (3	)					Typ	School (K-12 Subchapter of Other (i.e. pr	2) 8 (Othe			build	dings,	home	es,
City (5) RED BANK			U.C. T. C. C.					Squ	etc.) uare Feet 60 SF	# of 2	Floors			ldg. A	ge	
County (6) MONMOUTH					Code (7) USE ONLY,	) 		Cur	rent Use (Prio		ng demo	lishe				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.				patement Cont			eme	nt C	orp.	, Inc	
Street Address							Street 17 T		ress npson Stree	et			04.4.1654			
City, State, Zip Code									Zip Code ng Branch,	NJ 0	7764				-	
Project Manager for Mor N/A	nitoring Firm			Telepho	ne No.		Teleph 732.		No. .8372		License 00040					
Start Date (10) DEC. 16, 2016		Schedule 12/20/		npletion I	Date (11)		Name N/A	of O	SHA Monitor					-35		
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Addı	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I ned Outside of Norm	Period of A nal Facility	baten	nent			City, S	state,	Zip Code			10-10-		-	<del></del>	
	W.T 1.0 1.3					_										
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	III That Apply)	THE REAL PROPERTY.	enova emolit	20000000			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	full Containme Mini-Enclosure Blovebag Proce Ion-Exempted	edure					ρ	
		le	Locati	on					Ton Examples	( ) ( ) (		- I		The State of	ement	
Locatior Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED iity	Used Mai Custo	ormal d Sole ntena odial S (12)	ly ly by nce/ Staff?		tos Cont thermal surfa	scription taining M systems cing, VA niscellar	Mater s insu T, or		(S	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
EXTER	IOR	Yes	No	N/A X		AC	SIDIN	IG	-	54	10 SF	+	Х			
BASEM				X		710	TSI				5 LF		X			
-			-				III Tarras sana			300	**************************************	+				
V.								27-32								
Name of Registered Was Finishing Touch Asb		nt Corp.,	TH	JDEP Wauler ID 2058		Cubic of Wa 3 CY	Yards ste		Name of R			Ifill				
City, State WEST LONG BRAN	NCH, NJ 07764					12/20		,	City, State		N, PA					
Completed by JOSEPH P. MILLER	?	Title PRES	SIDE	NT		S	Signature	di	ofleth			Date 12/		5		

5124

#### Print Form

Date of Notification (1) 12/05/16				luilding Owr ach Real		ator (2	2)		Lij						
Agencies Notified  Type Notification  EPA DEP Amended Amendment # Emergency (ir justification)		Ci P	aulsbo	, Zip Code ero, NJ 08 Contact	066				Tele	DE nhone Nu	C -	3	201	6	
DCA Cancellation		N		Snyder							•				
Name of Facility Where Abatement is Taking Street Address	Place (3)		FACILI	TY INFOR	MATION		Sc Su	Facility (4) chool (K-12) ubchapter 8 ther (i.e. privoc.)	(Othe	er than K-1	2) cial build	lings	s, ho	omes	i.
City (5) Paulsboro							Square 3000		3	Floors		ldg.	Age	9	
County (6) Gloucester County			ounty Co	ode (7) SE ONLY)		-	Current	t Use (Prior	if beir	ng demolis	shed)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.				ment Contr PROFES							
Street Address					10 97797	725-500-60	Address	OVE CO	URT						
City, State, Zip Code							tate, Zip	Code D, NJ 08	701						
Project Manager for Monitoring Firm		Т	elephon	e No.		8.0	one No.			License 1200	No.				
Start Date (10) 12/15/16	Scheduled 12/16/16		pletion D	ate (11)				A Monitor PROFES	SSIO	NALS					
Occupancy Status During Abatement (Check	(Only One)						Address		una						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ab al Facility H	atem	ent		Ci	ity, St	tate, Zip	Code DD, NJ 08				Diversity of the second			
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	novat	20E011			×	Mini	Containmer i-Enclosure vebag Proce	edure				lure		
	· · · ·	7*				_	1 1001	I-Exempted	( ) ai	d (VOIT ) I	100.11			ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Main Custo	tenar	y ly by nce/	(i.e. th	Descris Contain ermal sys surfacing other miso	ning N stems g, VA	Material s insula T, or		(	Amount Specify F or LF)	Removal	Noboli	Тур	e Encapsulate	Enclosure
EXTERIOR					SID	DING	}		3	000SF	х				
											-	+	-		
						*						1			
Name of Registered Waste Hauler		4 1	JDEP W		Cubic Ya			Name of F	Regist	ered Land	fili				
NEWARK CARTING			4509		10			IESI							
City, State NEWARK, NJ					Disposal 12/16/1	6		City, State		M PA					
Completed by JOSEPH PERLSTEIN	Title OWN!	ER			Sign	natur	e				Date				

5123

Print Form

Date of Notification (1 12/02/16	)		Na Si	me of Bu	ilding Ow STREET	ner/Op	erator (2 NSTRL	2) JCTIO!	V .						
Agencies Notified	Type Notification		Sti	reet Addr	ess						DEC	- 9	201	6	
EPA DEP X DOL	initial Amended Amendment #		Ci	ty, State,	Zip Code				P		. ZE T	366		- ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	5
DOH DCA	Emergency (in justification)  Cancellation	cluding	14 8.83	ome of Co						Tele	phone Numi	oer	S te	2070	**
				FACILIT	TY INFOR	MATIC	N	T	Facility (4)						_
Name of Facility Whe Street Address	ere Abatement is Taking	Place (3)				ā <u>—</u> -2		Sch Sul X Oth	nool (K-12 bchapter 8 ner (i.e. pri	) I (Othe	er than K-12) Lommercia	l buildir	ngs, h	omes	,
City (5)								Square 6000	Feet	3	Floors		g. Ag	Э	
County (6) PASSAIC				ounty Co	de (7) E ONLY)			Current		r if bei	ng demolish	ed)			
	Firm Hired by Building C	wner (8)		ASCM N	No.		Name AAA	of Abate	ment Cont	ractor	(9) NALS				
Street Address	t Address State, Zip Code						Street	Address							
City, State, Zip Code	State, Zip Code						City, S	tate, Zip							
Project Manager for	\$10,000,000 M				e No.		Teleph	none No. 668-90			License N 1200	0.			F 3/11
Start Date (10)	ject Manager for Monitoring Firm  rt Date (10) Scheo				ate (11)		Name	of OSHA	A Monitor PROFE	SSIC	NALS				
12/08/16		12/15/16				_		Address			7117120				
	During Abatement (Chec								OVE CO	DURT	T <sup>o</sup>				
Facility Closed Abatement Per X Other – Descri	Nacated During Entire F formed Outside of Norm be:	Period of Aba nal Facility H	ours	ent		_		State, Zip EWOC	Code D, NJ 0	8701					
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26		17,227,0	nova: moliti					Mini	-Enclosure	e cedure	th Negative i			e	
				T			L	1401	-Lxempte	4 / 7 4	110111111		Abate	emen	t
Asbestos-Conta	cation of aining Material (ACM)  E ABATED Facility (13)	No Used Main Custo	tenar dial S (12)	ly ly by nce/ Staff?	Asbest (i.e.	os Cor therma surfa	escription ntaining al syster acing, V miscella	Material ns insula AT, or	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Eliciosario
		Yes	No	N/A			Loor 7	ile		3	700 SF	x			1
	TERIOR						DEBR					x	+		
EX	TERIOR	+++					DEDIN								1
	F2								1			:11			
	eme of Registered Waste Hauler				Vaste No.	of W	ic Yards /aste		Name o	ī Regi	stered Landf	iil			
NEWARK CAR	TING			4509		30	15		Transcensor	nte				_	
City, State NEWARK, NJ						Disp	osal Da		City, Sta		EM PA	) ata			
Completed by JOSEPH PERL	STEIN	Title OWN	ER				Signati	ıre				Date 			

12	Date of Notification (1)				Name o	of Building (	Owner/Operator (2	2)			1255			
DOLWD   DOLWD   DAMENDER   DAME	12/	05 / 1	16		State	e of Antho	ony Coppola			70,8	6	7	<u> </u>	
DOH										0.				
DOA		☐ Amended			City St	ate 7 in Co	Ode DEC - 3 /MR							
DAG (NJAC 5:23-8)	☑ DOH	The state of the s	-		330			- LVIV						
	19 <del></del>			+	2010/2010/10			Telephone Number						
Name of Facility Where Abatement is Taking Place (3)	(NJAC 5:23-8)								, , , , , , , , , , , , , , , , , , ,		P . A	÷		
School (K-12)   Street Address   Stree					FAC	ILITY INF	ORMATION		1		16. 16		400	
School (K-12)   School (K-12)   Street Address   Street	Name of Facility Where	Abatement is Tak	ing Place	(3)				Type of Facility (	4)	2.1				
Street Address   Square Feet   # of Floors   Bidg, Age   £5	ATTENDED TO A STATE OF THE STAT													
Name of Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion of Abatement   Abatement Performed Outside of Normal Partitive Portion   Abatement   Abatement Performed Outside of Normal Partitive Portion   Abatement   Abatement Partitive Portion   Abatement Pa	Street Address										Idinas			
Name of Monitoring Firm Hired by Building Owner (8)									ivate and comme	siciai bui	iding	*,		
Hazlet	City (5)							Square Feet	7.7.784.70.104.37 ±8.344.57.5764.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.					
County (6)   Monmouth   Residence   Res								1500 sf	1	65				
Monmouth					Count	ty Code (7)	STATE USE ONLY)	Current Use (Pri	or if being demol	ished)				
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.  Street Address  1889 Rts. 9, Unit 61  City, State, Zip Code Toms River, New Jersey 08755  Telephone No. Nicholas Fernicola  Stard Date (10)  12 / 05 / 16 12 / 06 / 16  Cocupancy Status During Abatement (Check only one)  Stard Date (10)  Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:  Am— PM— PM— AM  Scope of Work (Check all that apply)  Asbestos-Containing Material (ACM) To BE ABATED IN Facility (13)  Name of Registered Waste Hauler Guardian Contracting, Inc.  ASCM No.  Name of Abatement Contracting, Inc.  Street Address  1889 Route 9, Unit 61  City, State, Zip Code Toms River, New Jersey 08755  Telephone No. Towns River, New Jersey 08755  Telephone No. Telephone No. Towns River, New Jersey 08755  Telephone No. Telephone No. Towns River, New Jersey 08755  Telephone No. Telephone No. Towns River, New Jersey 08755  Telephone No. Telephone No. Telephone No. Telephone No. Towns River, New Jersey 08755  Telephone No. Telephone No. Telephone No. Telephone No. Towns River, New Jersey 08755  Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Towns River, New Jersey 08755  Telephone No. Tele								Residence						
Guardian Contracting, Inc.  Street Address  1889 Rete. 9, Unit 61  City, State, Zip Code Toms River, New Jersey 08755  Project Manager for Monitoring Firm Nicholas Fernicola  Steet Address  1889 Route 9, Unit 61  City, State, Zip Code Toms River, New Jersey 08755  Project Manager for Monitoring Firm Nicholas Fernicola  Star Date (10) 12 / 05 / 16  12 / 06 / 16  Cocupancy Status During Abatement (Check only one) Se Facility Closed/Avacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM- AM  Scope of Work (Check all that apply)  23 sf or 23 lf 2100 si or 2260 lf  Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Asbestos-Containing Material (ACM) (13)  Dasement  Normally Service Address  Location Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A  Dasement  Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A  Dasement  Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A  Dasemost Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) (Specify User Solely Work (Lie, thermal systems insulation, Specify (I.e., thermal systems insulat	Control of the Contro	m Hired by Buildin	a Owner (	8) /	ASCM N	No.	Name of Abateme	ent Contractor (9)						
Street Address   1889 Ret. 9, Unit 61   1889 Route	1		3 (	-/										
1889 Rote 9, Unit 61		ing, mo.						<u> </u>						
City, State, Zip Code   Toms River, New Jersey 08755		31						). Unit 61						
Toms River, New Jersey 08755   Toms River, New Jersey 08755				- 5								- He		
Project Manager for Monitoring Firm   Telephone No.   732-349-9932   732-349-9		Jarsov 08755			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Nicholas Fernicola   732-349-9932   732-349-9932   00624		Tolo	nhone l	No										
Start Date (10)  12						-0000000000	. Olophono ( vi							
12	Michigan dimical													
Occupancy Status During Abatement (Check only one)    Street Address	1 2 5				The state of the s									
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement: AM- PW/ PM- AM   AM   PW/ PM- AM   AM   PW/ PM- AM											-		_	
Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement:AMPM/_PMAM		<sup>-</sup>			The state of the s									
Time of Abatement:AMPMAM						cribe								
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Maintenancian (Slovebag Procedure   Non-Exampted (*) and Non-Friable Procedure   Non-Exampted (*) and Non-Friable Procedure   Abatement Type   Non-Exampted (*) and Non-Friable Procedure   Abatement Type   Non-Exampted (*) and Non-Exampted (*) and Non-Friable Procedure   Abatement Type   Order of Non-Exampted (*) and Non-Friable Procedure   Abatement Type   Non-Exampted (*) and Non-Friable Procedure   Abatement Type   Order of Non-Exampted (*) and Non-Friable Procedure   Abatement Type   Non-Exampted (*) and Non-Exampte									854					
Secondarion   Secondario   Secondario   Secondario   Secondario   Secondario   Seco		The second secon					riscataway,	New Jersey ou						
Second   Demolition   Demolit	Scope of Work (Check	all that apply)					☐ Full Con	tainment with Ne	gative Pressure					
Non-Exempted (*) and Non-Friable Procedure   Abatement Type														
Is Location of Normally   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A     Asbestos Containing Material (ACM) (specify (12)   Yes   No   N/A   Asbestos pipe insulation   Normally (specify (12)   Yes   No   N/A   Asbestos pipe insulation   N/A   Asbestos Containing Material (ACM) (specify (Specify (12)   Yes   No   N/A   Asbestos Containing Material (ACM) (specify (Specify (12)   Yes   No   N/A	≥160 sf or ≥260 lf		∐ De	molitic	on		⊠ Gloveba	ig Procedure empted (*) and No	on-Friable Proced	dure				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  basement    Date   Date   Date   Date   Date			ls	Local	tion						atem	ent T	уре	
IN Facility (13)   Custodial Staff? (12)   Surfacing, VAT, or other miscellaneous)   SF or LF)   Second S	Locati	on of	1	Norma	ılly		Description	of			_		T	
IN Facility (13)   Custodial Staff? (12)   Surfacing, VAT, or other miscellaneous)   SF or LF)   Second S	Asbestos-Containir	ng Material (ACM)	1000000		0.700					em	epa	nca	nclo	
Yes   No   N/A						(I.e.					=	nsd	Sur	
basement				(12)								late	Œ	
Name of Registered Waste Hauler  Guardian Contracting, Inc.  City, State Toms River, New Jersey  Title  Cubic Yards of Waste Hauler ID No. 20223  Disposal Date 12/6/16  Signature  Date  Date			Yes	No	N/A							100.000		
Name of Registered Waste Hauler  Guardian Contracting, Inc.  City, State Toms River, New Jersey    Completed By (Print or Type)   Title   Signature   Cubic Yards of Waste   Cubic Yards of Waste   T.R.R.F.     City, State   Tullytown, Pennsylvania     Completed Signature   Date   City State     Completed Signature   Date	basement			$\boxtimes$		asbesto	s pipe insulati	on	100 If					
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  NJDEP Waste Hauler ID No. 20223  Disposal Date 12/6/16  T.R.R.F.  City, State Tullytown, Pennsylvania  Date  Date														
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  NJDEP Waste Hauler ID No. 20223  Disposal Date 12/6/16  T.R.R.F.  City, State Tullytown, Pennsylvania  Date  Date														
Guardian Contracting, Inc.  Hauler ID No. 20223  City, State Toms River, New Jersey  Completed By (Print or Type)  Title  Hauler ID No. 20223  Usaste T.R.R.F.  Disposal Date 12/6/16  Tullytown, Pennsylvania  Date														
City, State Toms River, New Jersey  Completed By (Print or Type)  Title  20223  3  City, State Tullytown, Pennsylvania  Completed By (Print or Type)  Title  Date	Name of Registered W	laste Hauler		10.3				Name of Reg	stered Landfill					
Toms River, New Jersey  Completed By (Print or Type)  Title  Tullytown, Pennsylvania  Signature  Date	975			ŀ			3	T.R.R.F.						
Completed By (Print or Type) Title Signature Date	The state of the s	lersev							, Pennsylvania	а				
		-						1 anytown	1		1			
Nicholas Fernicola Project Manager	Completed By (Print o Nicholas Fernico			t Man	ager		Signature	~ ()		/ 1	3/1	6		

Date of Notification (1)				Name	of Building	Owner/Operator (						-1		
12 /	05 /	16		Jaso	on Babich	1		1 1 3	0.3	= /	.0			
Agencies Notified Type Notification				Street Address										
⊠ EPA	☐ Initial						DEO 3 page							
⊠ DOLWD	Amended Amendmen	+ 44		City, St	tate, Zip Co	ode	DEC - 2016							
☑ DOH ☐ DCA				Unic	on Beach	, NJ 07735	*							
(NJAC 5:23-8)	justification		Ī	Name	of Contact	I the same of the								
	n		Jaso	on Babich	1		= 2		> 4		2			
				FAC	ILITY INF	FORMATION								
Name of Facility Where A	batement is Tal	king Place	(3)				Type of Facility							
Residence							School (K-12	) 3 (Other than K-1	2)					
Street Address						Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.)								
City (5)			-				Square Feet # of Floors Bldg.				. Age			
Union Beach							1000 sf	1		65				
County (6)				Coun	ty Code (7)	(STATE USE ONLY)		or if being demol	ished)					
Monmouth				Journ	ty oodo (//	(0////2 002 0//2/)	Residence		**************************************					
Name of Monitoring Firm	Hirad by Buildin	na Owner	(8)	ASCM I	No	Name of Ahatem	ent Contractor (9)	N		-		_		
N/A	i iiied by ballali	ig Owner	(0)	NOOW I			ontracting, Inc.							
Street Address	×					Street Address	madoung, mo.							
Street Address						1889 Route	9 Unit 61							
City, State, Zip Code						City, State, Zip C								
City, State, Zip Code				(4)		Control of the Contro	New Jersey 08755							
Project Manager for Moni	toring Firm		Tolo	phone I	No	Telephone No.	License No.							
Project Manager for Mon	toring rinn		100	priorie	140.	732-349-993	7042727272							
Start Date (10)	Sc	cheduled C	omnle	tion Dat	te (11)	Name of OSHA								
		12 /				E.M.S.L. Ana								
Occupancy Status During	Abatement (C	heck only	one)	Street Address										
The state of the s	Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Aba					1056 Stelton	1							
☐ Abatement Performed	☐ Abatement Performed Outside of Normal Facility Ho					City, State, Zip C	ode							
Time of Abatement: _	AM	_PM/	PM-		AM	Piscataway,	New Jersey 08	854						
Scope of Work (Check all	that apply)									0.045.00				
☐ >3 sf or ≥3 lf		ПВ	enovat	ion		☐ Full Cor ☐ Mini-En	ntainment with Ne	gative Pressure						
≥ 160 sf or ≥260 lf			emolitic			☐ Gloveba	ag Procedure							
200						⊠ Non-Ex	empted (*) and No	on-Friable Proced						
	×-17=	100	s Loca Norma						Ab	atem	ent T	ype		
	Location of Used S  Asbestos-Containing Material (ACM)				Ashe	Description stos Containing M		Amount	Rer	Repair	Enc	Enc		
TO BE ABA		Ma	aintena	nce/ Staff?		., thermal systems	s insulation,	(Specify	Removal	air	aps	Enclosure		
IN Facili	ty	Cus	(12)			surfacing, VA		SF or LF)	<u>a</u>		Encapsulate	le l		
(13)		Yes	No	N/A		other miscenan	cous			5	Ф			
exterior					asbesto	s siding		1000 sf	$\boxtimes$					
exterior					asbesto	os roofing		1000 sf	$\boxtimes$					
Name of Registered Was	te Hauler		1	NJDEP '	Waste	Cubic Yards of	Name of Regi	stered Landfill						
Guardian Contracti		ŀ	dauler I		Waste 5	T.R.R.F.								
City, State						Disposal Date	City, State							
Toms River, New Jersey					12/8/16 Tullytown, Pennsylvania									
Completed By (Print or T	ype)	Title		Signature			1	//	Date /	1				
Nicholas Fernicola							一十		12/	5/1	6			

ASB-41 JAN 13

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

	6 /	16			District	ling Owner/Operato	r (2)						
Agencies Notified						Public Schools					4	•••	
M FD4	ype Notificat	ion			reet Address		218 21	15 15 15 15 15 15	. 1		No.	1	
F	⊠ Initial  ☐ Amended				920 Park A								
⊠ DOH		Amendment #			ty, State, Zip	Code	DEO CONTRACTOR						
□ DCA □	Emergency (including				Plainfield,	NJ 07060	DEC - 9 2016						
(140AC 3.23-0)	Justification	۱)	,	Na	ame of Conta	act	<del></del>	Tolophana	A1 .				
	Cancellatio	n			Jason Gree	er		Telephone.I	Number	Erre .			
No. 6					FACILITY I	NFORMATION		<del>1</del>			2.4		
Name of Facility Where Aba	tement is Ta	king Pl	ace (3	)		OTAMATION	Type of Facility	7.05				7	
Plainfield Former Adn	ninistratior	Buile	ding				Type of Facility  School (K-1						
Street Address							Subchapter	(2) (Other than I	K 12)				
504 Madison Avenue							Uther (i.e., i	private and com	n-12) nmercia	l buile	dinas		
City (5)							nomes, etc.	.)			anigs,		
Plainfield							Square Feet	# of Floors Bldg. A			. Age		
County (6)				T C	nuntu Cada /	7\/0.54.75.1105	10,000	2		80	1		
Essex					ounty Code (	7)(STATE USE ONLY)	22 (1.50)	rior if being den	nolished	d)			
Name of Monitoring Firm Hire	ed by Building	g Own	er (8)	ASC	M No.	IN-	Vacant						
TTI Environmental, Inc	;.	2	(0)	122,000,000,000	003	Name of Abatem							
Street Address				00	003		onmental, LLC						
1253 North Church Str	eet					Street Address							
City, State, Zip Code		-				623 Cutler Av		le					
Moorestown, NJ 08057						City, State, Zip Co							
Project Manager for Monitorin			1=			Maple Shade	, NJ 08052						
Mike Stocku	ig i iiiii			lephon		Telephone No.	License No.						
Start Date (12)					0088-04	856-755-0099	00842						
					Date (11)	Name of OSHA M	onitor	00042					
	_	1	/	3_ /	17	EMSL Analyti	cal Inc						
Z Earlith Of the Control of the Cont	tement (Che	ck only	one)				cai, iiic.						
□ Facility Closed/Vacated Dia	ring Entire D	oriod a	5 AL-1	ement		Street Address							
□ Facility Closed/Vacated Du     □ Abatement Performed Outs	iring Entire P	eriod o	f Abate	_	escribe	Street Address 200 Route 130	) North						
Abatement Performed Outs Time of Abatement:	oring Entire P side of Norma AMF	eriod o	f Abate	_	escribe _AM	Street Address 200 Route 130 City, State, Zip Co.	) North						
Abatement Performed Outs Time of Abatement:	oring Entire P side of Norma AMF	eriod o	f Abate	_	escribe _AM	Street Address 200 Route 130	) North						
Abatement Performed Outs Time of Abatement:    Cope of Work (Check all that	oring Entire P side of Norma AMF	eriod o al Facil PM/	of Abate ity Hou PN	irs - De	escribe _AM	Street Address 200 Route 130 City, State, Zip Con Cinnaminson,	North de NJ 08077	ative Pressure				-	
Abatement Performed Outs Time of Abatement:  cope of Work (Check all that	oring Entire P side of Norma AMF	eriod o	if Abate ity Hou PN	irs - De	escribe _AM	Street Address 200 Route 130 City, State, Zip Cor Cinnaminson,    Full Conta	North  de NJ 08077	ative Pressure					
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Abatement Performed Outs Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	oring Entire P side of Norma AMF	eriod o	enovai emoliti	ion on	escribe _AM	Street Address 200 Route 130 City, State, Zip Cor Cinnaminson,   Full Conta  Mini-Enclo	North  de NJ 08077		dure				
Abatement Performed Outs Time of Abatement:    Cope of Work (Check all that	ring Entire P side of Norma _AMF apply)	eriod o	enovatemoliti	irs - De	_AM .	Street Address 200 Route 130 City, State, Zip Cor Cinnaminson,   Full Conta  Mini-Enclo Glovebag Non-Exem	North  de NJ 08077  inment with Negasure Procedure pted (*) and Non			baten	nent T	ype	
Abatement Performed Outs Time of Abatement:    Cope of Work (Check all that	ring Entire P side of Norma _AMF apply)	eriod o	enovate emoliti	ion ion ion illy	Asbesi	Street Address  200 Route 130 City, State, Zip Concentration,  Street Address  200 Route 130 City, State, Zip Concentration, Street Address  Street Address  District Address  Street Address  District Address  Street Address  District Address  Dis	North  de NJ 08077  Innment with Negasure Procedure Inted (*) and Non-	-Friable Proced	Ai	7		-	
Abatement Performed Outs Time of Abatement:  Cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Materi TO BE ABATED IN Facility	ring Entire P side of Norma _AMF apply)	eriod de al Facil PM/	enovate emoliti s Loca Norma ed Sola intena	ion ion ition illy ely by	Asbesi	Street Address  200 Route 130  City, State, Zip Concinnaminson,  Full Contain Mini-Encloid Glovebag  Non-Exem  Description of tos Containing Mate thermal systems in	North  de NJ 08077  inment with Negative Procedure opted (*) and Non- erial (ACM) sulation	-Friable Proced  Amount (Specify	Ai	7		-	
Abatement Performed Outs Time of Abatement:  Cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Materi TO BE ABATED	ring Entire P side of Norma _AMF apply)	eriod de al Facil PM/	enovate emoliti s Loca Norma ed Sole aintena stodial (12)	ion ion ition illy ely by	Asbesi	Street Address  200 Route 130  City, State, Zip Concentration,  Full Contain Mini-Enclor Glovebag  Non-Exemple Non-Exemple Containing Mate thermal systems in surfacing, VAT. c	North  de NJ 08077  inment with Negative Procedure procedure procedure (*) and Nonerial (ACM) sulation, or	-Friable Proced		oaten Repair		-	
Abatement Performed Outs Time of Abatement:    Cope of Work (Check all that	ring Entire P side of Norma _AMF apply)	eriod de al Facil PM/	enovate emoliti s Loca Norma ed Sola intena	ion ion ition illy ely by	Asbesi	Street Address  200 Route 130  City, State, Zip Concinnaminson,  Full Contain Mini-Encloid Glovebag  Non-Exem  Description of tos Containing Mate thermal systems in	North  de NJ 08077  inment with Negative Procedure procedure procedure (*) and Nonerial (ACM) sulation, or	-Friable Proced  Amount (Specify	Ai	7	ent T Encapsulate	-	
Abatement Performed Outs Time of Abatement:  Scope of Work (Check all that 2 2 3 sf or 2 3 lf 2 160 sf or 2 260 lf  Location of Asbestos-Containing Materion TO BE ABATED IN Facility (13)  rst and Second Floors	ring Entire P side of Norma _AMF apply)	eriod de al Facil PM/	enovate emoliti s Loca Norma ed Sole aintena stodial (12)	ion on tion on tion on llly ely by ence/ Staff?	Asbest (i.e.,	Street Address 200 Route 130 City, State, Zip Cor Cinnaminson,  Full Conta Mini-Enclo Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, co	North  de NJ 08077  inment with Negative Procedure procedure procedure (*) and Nonerial (ACM) sulation, or	-Friable Proced Amount (Specify SF or LF)	Removal	7		-	
Abatement Performed Outs Time of Abatement:    Coope of Work (Check all that	ring Entire P side of Norma _AMF apply)	eriod de la Facil PM/	enovate emoliti s Loca Norma et Sola intena et odial (12)	ion on lily by ence/ Staff?	Asbest (i.e.,	Street Address  200 Route 130 City, State, Zip Concentration,  Street Address  200 Route 130 City, State, Zip Concentration, Street Address  Street Address  200 Route 130 City, State, Zip Contentration, Street Address  Street Address  Figure 130 Figure	North  de NJ 08077  inment with Negative Procedure procedure procedure (*) and Nonerial (ACM) sulation, or	-Friable Proced  Amount (Specify	Ai	7		-	
Abatement Performed Outs Time of Abatement:    Coope of Work (Check all that	ring Entire P side of Norma _AMF apply)	eriod de la Facili PM/	enovate emolitii s Loca Norma ed Sole aintena etodial (12) No	ion on tion on tion on llly ely by ence/ Staff?	Asbest (i.e.,	Street Address  200 Route 130 City, State, Zip Concentration,  Street Address  200 Route 130 City, State, Zip Concentration, Street Address  Street Address  200 Route 130 City, State, Zip Contentration, Street Address  Street Address  Figure 130 Figure	North  de NJ 08077  inment with Negative Procedure procedure procedure (*) and Nonerial (ACM) sulation, or	-Friable Proced Amount (Specify SF or LF)	Removal	7		-	
Abatement Performed Outs Time of Abatement:    Coope of Work (Check all that	ring Entire P side of Norma _AMF apply)	eriod de la Facil PM/	enovate emoliti s Loca Norma et Sola intena et odial (12)	ion on lily by ence/ Staff?	Asbest (i.e.,	Street Address 200 Route 130 City, State, Zip Concentration,  Full Contain Mini-Enclor Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous ster	North  de NJ 08077  inment with Negative Procedure procedure (*) and Nonth North Nor	Amount (Specify SF or LF) 3,200 SF 1,600 SF	Removal 🛛	7		-	
Abatement Performed Outs Time of Abatement:    Coope of Work (Check all that	iring Entire P side of Norma _AMF apply)	eriod de la Facil PM/	enovate emolitii s Loca Norma ed Sole aintena stodial (12) No	ion on tion lilly ely by ence/	Asbest (i.e., Wall Plas Celing Pl	Street Address 200 Route 130 City, State, Zip Concentration,  Full Contain Mini-Enclor Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous other miscellaneous ster  etrock (Compound	North de NJ 08077  Innment with Negatore Procedure Intel (*) and Non- Intel (ACM) Sulation, or Intel I	-Friable Proced  Amount (Specify SF or LF)	Removal	7		-	
Abatement Performed Outs Time of Abatement:    Coope of Work (Check all that	iring Entire P side of Norma _AMF apply)	eriod de al Facil PM/  RR D Use Ma Cus Yes	enovate emolitii s Loca Norma et Sola intena et codial (12) No	ion on tion nilly elly by nice/Staff?	Asbest (i.e., Wall Plas Celing Pl Wall Shee	Street Address 200 Route 130 City, State, Zip Con Cinnaminson,  Full Conta Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous other metrock (Compoundation of Compoundation (Compoundation)  Ster  Etrock (Compoundation)	North  de NJ 08077  Innment with Negative Procedure Procedure (*) and Non  Prial (ACM) Sulation, or (act)  or (act)  ound)	Amount (Specify SF or LF)  3,200 SF  1,600 SF  2,650 SF  1,675 SF	Removal 🛛	7		-	
Abatement Performed Outs Time of Abatement:    Coope of Work (Check all that	iring Entire P side of Norma _AMF apply)	eriod de al Facil PM/  RR D Use Ma Cus Yes	enovate emolitii s Loca Norma et Sola intena et codial (12) No	ion on lilly lely by ince/Staff?	Asbest (i.e.,  Wall Plas  Celing Pl  Wall Sheet  Ceiling Si  Vaste	Street Address 200 Route 130 City, State, Zip Con Cinnaminson,  Full Conta Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous other miscellaneous eter  etrock (Compoundation of Compoundation of Compound	North de NJ 08077  Innment with Negalisure Procedure Inted (*) and Non- Prial (ACM) Sulation, Interest (ACM) Sulation, In	Amount (Specify SF or LF)  3,200 SF 1,600 SF 2,650 SF 1,675 SF red Landfill	A Removal	7		-	
Abatement Performed Outs Time of Abatement:    Coope of Work (Check all that	iring Entire P side of Norma _AMF apply)	eriod de al Facil PM/  RR D Use Ma Cus Yes	enovate emolitii s Loca Norma ed Sola intena etodial (12) No	ion on tion nilly elly by nice/Staff?	Asbest (i.e.,  Wall Plas  Celing Pl  Wall Sheet  Ceiling Si  Vaste Colors	Street Address 200 Route 130 City, State, Zip Con Cinnaminson,  Full Conta Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous other metrock (Compoundation of Compoundation (Compoundation)  Ster  Etrock (Compoundation)	North de NJ 08077  Innment with Negalisure Procedure Inted (*) and Non- Prial (ACM) Sulation, Interest (ACM) Sulation, In	Amount (Specify SF or LF)  3,200 SF 1,600 SF 2,650 SF 1,675 SF red Landfill	A Removal	7		-	
Abatement Performed Outs Time of Abatement:  Scope of Work (Check all that is 23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Materia In Facility (13)  rst and Second Floors me of Registered Waste Haulfreehold Cartage y, State	iring Entire P side of Norma _AMF apply)	eriod de al Facil PM/  RR D Use Ma Cus Yes	enovate emolitii s Loca Norma ed Sola intena etodial (12) No	ion on lilly lely by ince/Staff?	Asbest (i.e., Wall Plas Celing Pl Wall Shee Ceiling Si Vaste No.	Street Address 200 Route 130 City, State, Zip Concinnaminson,  Full Contain Mini-Enclor Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous other miscellaneous eter  etrock (Compoundable Yards of Vaste 120	North  de NJ 08077  Innment with Negative Procedure Procedure (*) and Non  Prial (ACM) Sulation, or (act)  or (act)  ound)	Amount (Specify SF or LF)  3,200 SF 1,600 SF 2,650 SF 1,675 SF red Landfill	A Removal	7		-	
Abatement Performed Outs Time of Abatement:  Scope of Work (Check all that:  \$\frac{2}{3} \text{ sf or } \text{ sd}\$ if  Location of  Asbestos-Containing Materian In Facility (13)  In Fa	iring Entire P side of Norma _AMF apply)	eriod de al Facil PM/  RR D Use Ma Cus Yes	enovate emolitii s Loca Norma ed Sola intena etodial (12) No	ion on lilly lely by ince/Staff?	Asbest (i.e., Wall Plas Celing Pl Wall Shee Ceiling Si Vaste No.	Street Address 200 Route 130 City, State, Zip Concinnaminson,  Full Contain Mini-Enclor Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous other miscellaneous eter  etrock (Compoundable Yards of Vaste 120	D North  de NJ 08077  Innment with Negalisure Procedure Inted (*) and Non  Prial (ACM) Sulation, Or Intel In	Amount (Specify SF or LF)  3,200 SF  1,600 SF  2,650 SF  1,675 SF  red Landfill  County Lance	A Removal	7		-	
Scope of Work (Check all that  \$\frac{1}{2} \geq 3 \text{ sf or } \geq 3 \text{ lf}  \$\frac{1}{2} \geq 160 \text{ sf or } \geq 260 \text{ lf}  \$\frac{1}{2} \text{ Location of Asbestos-Containing Matering TO BE ABATED IN Facility} \$\frac{1}{2} \text{ ln Facility}\$	iring Entire P side of Norma _AMF apply)	eriod de al Facil PM/  R R  D D  Use Ma Cus  Yes	enovate emolitii s Loca Norma ed Sola intena etodial (12) No	ion on lilly lely by ince/Staff?	Asbest (i.e., Wall Plas Celing Pl Wall Shee Ceiling Si Vaste No.	Street Address 200 Route 130 City, State, Zip Concinnaminson,  Full Contain Mini-Enclor Glovebag Non-Exem  Description of tos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous other miscellaneous eter  aster  etrock (Compoundable Vaste 120 Disposal Date	o North  de NJ 08077  Innment with Negalister Procedure Procedure Proted (*) and Non  Prial (ACM) Sulation, Or  Ind)  Ound)  Name of Register Cumberland	Amount (Specify SF or LF)  3,200 SF 1,600 SF 2,650 SF 1,675 SF red Landfill County Land	A Removal	7		ype Enclosure	

	Second Floor		First and Second Floors		(ACM) TO BE ABATED In Facility  Is Location Normally Used Solely by Maintenance/Custodial Staff?
				Yes	Is Location Normally Used Solely by Maintenance/Custodial Staff?
>	×			No	Normally Lance/Custo
				N/A	Sed Solely odial Staff?
vermiculite Type Attic Insulation/Debris	Flooring Materials				Description of Asbestos Containing Material (ACM)
1,500 SF	-,0.0	1,975 SF		-	Amount (Specify
×	>	<			Removal

36 14 Print Form

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

CHECK # 23674 Date of Notification (1) Name of Building Owner/Operator (2) 12-05-16 Monmouth University Agencies Notified Type Notification Street Address 400 Cedar Avenue **EPA** × Initial DEC - 9 DEP Amended City, State, Zip Code × DOL Amendment # West Long Branch, NJ 07764-1898 Emergency (including × DOH justification) Name of Contact Telephone Number DCA Cancellation Robert L. Cornero Name of Facility Where Abatement is Taking Place (3) **FACILITY INFORMATION** Monmouth University: Edison School of Science Type of Facility (4) Street Address School (K-12) X Subchapter 8 (Other than K-12) 400 Cedar Avenue Other (i.e. private & commercial buildings, homes, City (5) etc.) Square Feet West Long Branch # of Floors Bldg. Age ~59.000 3 County (6) 1968 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) Academic ASCM No. Name of Abatement Contractor (9) **Briggs Associates** 0004 Pinnacle Environmental Corp. Street Address Street Address 3 Crosswicks Street 200 Broad Street City, State, Zip Code Bordentown, NJ 08505 City, State, Zip Code Carlstadt, NJ 07072 Project Manager for Monitoring Firm Telephone No. Telephone No. Mike Hoodak License No. (609) 298-5520 201-939-6565 Start Date (10) 00756 Scheduled Completion Date (11) Name of OSHA Monitor 12-27-16 01-20-17 Even-Air Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 10-59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours
Other – Describe: The Floor will be vacated for asbestos abatement City, State, Zip Code Long Island City, NY 11101 Scope of Work (Check All That Apply) OSHA Class II & Site Specific Variance ≥3 sf or ≥3 If Renovation × × ≥160 sf or ≥260 If Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Location of Normally Type Asbestos-Containing Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, Custodial Staff? Encapsulate In Facility (Specify surfacing, VAT, or Remova Enclosure (13)(12)SF or LF) other miscellaneous) Yes No N/A 2nd Floor Acoustical Ceiling Plaster X 600SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill ATC, Inc. / JBT (50071) Hauler ID No. of Waste 24310 Minerva Enterprises TBD City, State Disposal Date Shirley, NY / Bronx, NY City, State TBD Waynesburg, OH 44688 Completed by Signature Richard Doran Date Project Manager 12-05-16