WERTH		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ARATEN	MENT	/_A	-1		_	Charle Charles	toronde des	
Date of Notification (1)	10	U	Name	of Building	Owner/		()	TE	JC E	9Da	M E		1	
(100) - 100 (100)			Mary	anne Ke	ehoe			3						
Agencies Notified Type Notification  EPA   Initial			Street	Address			1		DEC -	- 9 20	119	The same	廾	
DEP Amended			City, St	ate, Zip C	ode			-					1	
X DOL Amendment Emergency (		[		field NJ				ASE	BESTOS		ROL	&		
DOH justification)	noid dinig	' [		of Contact			Teconomic Teconomic	Te	lephone:	NSING Number	est vitrorineus co	un encentrate	and the same of	
DCA Cancellation				anne Ke										
Name of Facility Where Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	T							
house	· · · · · · ·	-,					Type of Facility							
Street Address							School (K Subchapte Other (i.e.	er 8 (Oth	er than h & comm	<-12) ercial bu	ildings	s, hom	ies,	
City (5) Plainfield						- 1	etc.) Square Feet 2000	# 0	f Floors	- 1	Bldg. 82	Age		
County (6) Union			County (STATE	Code (7) USE ONLY	)		Current Use (P		ing demo	- 1				
Name of Monitoring Firm Hired by Building C	wner (8	)	ASCI	M No.		Name o	of Abatement Co			1.0				
Street Address						Street A	and the same of th							
City, State, Zip Code						City, Sta	ate, Zip Code vood, NJ 07							
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho		-10	License	e No.				
	Schedul 12/12/		npletion	Date (11)			f OSHA Monito	r	703					
Occupancy Status During Abatement (Check	Only Or	ne)				Street A	ddress	-						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: basement	eriod of a	Abaten / Hours	nent			City, Sta	ate, Zip Code							
Scope of Work (Check All That Apply)					_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promote and a second	Renova Demolit				×	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure						
Location of		Locati	17000		4	90 T 10 T			91101111	lable i it	Abat	emen ype	t	
Asbestos-Containing Material (ACM)  TO BE ABATED	Use Ma	d Sole intenar	ly by nce/	Asbes	tos Cont	scription of aining Ma	f terial (ACM) nsulation,	1000	mount		Τ	T		
In Facility (13)	Cusi	todial S (12)	зтап?		surfac	cing, VAT,	or		or LF)	Removal	Repair	Encapsulate	Enclosure	
h1	Yes	No	N/A							<u>a</u>	7	late	Ire	
basement			X		pipe	insulation	on	18	30 LF	х				
											- 14			
Name of Registered Waste Hauler		l N	JDEP W	aste	Cubic	Vorde								
Newark Carting		Н	auler ID		of Was	and the second s	Name of				1 4000			
City, State		1 02				al D-1		and Central Sanitary Landfill						
Newark, NJ Completed by	Title				TBD	al Date	City, Star Pen Ar	Pen Argyl, PA						
A. Scott Higgins	sident					$\overline{}$	Date 11/12/19							

Date of Notification (1)

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

te of Notification (1)			Tone	elli Dev	ng Owner/C elopment	Corp.	y-/	1111		·W : E	711		
1/25/19 encies Notified T	ype Notification		Street	t Address					DEC - 9	2019	- Contraction	JJI	
Choice tre	_			Highland				111	UEU 9	C418	1		
EPA DEP	7 Amended		City,	State, Zip	Code NJ 07645	5			ACRECTOS CO	UTDAL	O.		
DOL	Amendment # Emergency (inclu	udina		e of Cont				17	relephone Numbe	iG	CI.		
DOH -	justification)			o Tonell			1	-		Montana	miles of Port	HEROTOPICAL STATE	-
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ame of Facility Where Al	patement is Taking Pl	ace (3)	- 17	AOILITI			Type of Fa	cility (4)					
ome	Jatomont is 1 - 1 0			100 - 100 -				ol (K-12)	Other than K-12)				
treet Address							Other	(i.e. priva	ate & commercial b	uildings	, hom	es,	
1100171441000							etc.) Square Fe		# of Floors	Bldg.			1
ity (5)							1600	et	2	73			
Norwood					(-7)			se (Prior i	if being demolished	i)		+1	
County (6)			COL	anty Code	(/) ONLY)		home		100 mar				
Rergen		(0)	1	ASCM No		Nan	ne of Abateme	ent Contra	actor (9)				
Name of Monitoring Firm	Hired by Building Ov	vner (8)	1	ASONI NO		AE	S Environ	mental (	Services, LLC				_
				-		Stre	et Address						
Street Address							Box 483,		ite Drive				_
Tip Code						City	, State, Zip C	ode	0				
City, State, Zip Code				74			enwood, N	J 0741	License No	).			
Project Manager for Mo	nitoring Firm		Te	elephone	No.		ephone No. 73-764-227	6	703				
, tojout manas					(4.4)		me of OSHA						
Start Date (10)	-	Scheduled		letion Da	te (11)	ING	1116 01 001 1						
12/9/19		12/16/19				St	eet Address		*				
Occupancy Status Duri	ng Abatement (Check	( Only One)											_
Facility Closed/Va	cated During Entire F med Outside of Norm	eriod of Ab	ateme lours	ent		Ci	ty, State, Zip	Code					
Abatement Perfor	exterior					Carrie							_
Scope of Work (Check									ur M thro	Drocelice			
23 sf or ≥3 lf		× Re	novat	ion			Full (	Containm Enclosur	ent with Negative	riessuic	,		
≥160 sf or ≥260 l	f	☐ De	emoliti	on				1 D	cedure d (*) and Non-Fria	hle Proc	edure	3	
_		100					Non-	-Exempte	d ( ) and Non-i no		Abate	ment	
-			Locati								Ту	ре	_
Loca	tion of		lormal d Sole			Desc	iption of ning Material	(ACM)	Amount			回 ]	
Ashestos-Contain	ing Material (ACM)	Mai	ntena	nce/	(i.e. th	nermal st	stems insula	tion,	(Specify SF or LF)	Remova	Repair	Encapsulate	
	ABATED acility	Cust	odial (12)			surfacir	ng, VAT, or scellaneous)		3F 01 L1)	lova	pair	sula	-
	13)		\ 12/			OUTET THE				=		le	-
		Yes	No	N/A					2,000 SF	×			T
. 2	terior			X		. S	iding		2,000 31			-	+
67											-	+	+
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			1	NJDEP \		Cubic	Yards		of Registered Lan				
Name of Registered				Hauler II		of Was		Chrin	n Brothers San	itary La	andfi	Н	
Tony's Cleanup	& Hauling			17787		TBD	nal Date	City, S					
City, State						TBD	sal Date		ton, PA				
Bridgewater, N.	J						Signature			Date	- Walker		
Completed by		Title		n+			, ig. ia.a.	U	$\sim$	11/2	5/19		
A. Scott Higgin	-	Pre	eside	111		1 .		N					

27 LUCD DU		NOTIF	TCATIC	State of New Je	OS ARATI	EMENT	. 1	4		ء ر		the Albanian
Date of Notification (1)	ne. III	( (	usuar	of Building Own	and 12:12	20)	Kee	19	57	5	Fire	
11/25/19 - 12/6/19	}		Fran	k College	ciropeiall	n (2)		<u> </u>		$\mathbb{V}$		10
-	otification		Street	Address			In		-			
EPA Init	tial nended	-	City	tain 7in O				DEC	- 0	2019	)	$\ U\rangle$
⊠ DOL An	nendment#			tate, Zip Code on, NJ 0881	n							
□ DOH □ jus	nergency (including tification)	-		of Contact			1 7	SBESTO	<del>0 00i</del>	VTP(	N 8	
DCA Ca	ncellation			k College		L	trosam-	lephone N	nweet	IG	Apparent	Mile commune
Name of Facility Where Abatemen	t is Taking Place (3	37	FAC	CILITY INFORM.	ATION							
home	ic to raking riace (c	)				Type of Facility	y (4)					
Street Address		-				School (K Subchapt	er 8 (Ot	ner than K-	12)			
City (5)						etc.)		& commer	cial bu	lding	s, hon	nes,
Dayton County (6)	er .					Square Feet 1700	2	of Floors		Bldg. 82	Age	
Middlesex		- 1	County (STATE	Code (7) USE ONLY)		Current Use (P home	rior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by	Building Owner (8)		ASC	M No.	Name	of Abatement Co	ontracto	r (9)				
Street Address						Environment Address	al Ser	vices, LL	С			
City, State, Zip Code						Box 483, 4 E	Gate D	rive				
Oity, State, Zip Code						State, Zip Code					-	
Project Manager for Monitoring Fire	n		Telepho	ne No		wood, NJ 07	418					
			, cicpiic	ine IVO,		none No. 764-2276		License 1	Vo.		-3000000000	
Start Date (10) 12/5/19 12/9/19	Schedule			Date (11)		of OSHA Monitor	ſ	703				
Occupancy Status During Abateme	nt (Check Only One	e)	9/16	117	Street	Address						
Facility Closed/Vacated During Abatement Performed Outside	of Normal Facility	batem	ent						*			
Other - Describe: : Docaons	LT	Hours			City, S	tate, Zip Code						
Scope of Work (Check All That App	ly)											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	X Re	enovati emolitio	ion on		×	Glovebag Pro	e cedure					
		_ocatio	****			Non-Exempte	u ( ) alle	i Non-Friat	Die Pro		e emen	+
Location of Asbestos-Containing Material (A		ormally Solely		D	escription	of					ре	
TO BE ABATED In Facility (13)	Main Custo	ntenand dial St (12)	ce/	(i.e. therm surf	ntaining M al systems acing, VA miscellan	aterial (ACM) insulation, T, or	(8	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						val	air	ulate	sure
basement			Х	pip	e insulat	ion	3	0 LF	-	Х		
basement			Х	pi	pe fitting	IS		20	1	Х		
Name of Registered Waste Hauler		LATI	255									
o mentalis		Hai	DEP Wa	Aste Cubic No. of Wa	Yards aste	Name of	Register	ed Landfill				
City, State				Dispo	sal Date	City, State	9					
Completed by						Oity, State	6					
A. Scott Higgins	Title Presid	on!			Signature	1		Da				
330	Presid	ent				lla			1351	9 /	2/6	/19

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HOLD	L. H	H.	NOT	FICATIO	N OF ASI	BESTOS	ABATE	MENT	1		~ 1-			(3	
Date of Notification (1)	Ow				t to NJAC			l (page	KER	節	W	)[F	FR		
11/25/19	2.			Name Frank	of Building k Colleg	g Owner/	'Operator	(2)		1-4.11				$\parallel$	
Agencies Notified	Type Notification	n	-		Address			- 111	DEC	- 0 '	ากสต	1			
EPA DED	✓ Initial							LI	DEC	- 9 (	2U 13	9			
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⊠ DOH	Emergency justification	(includin	g		of Contact			Paneline	LIC	ENSIN	G	JL OL	-		
DCA	Cancellatio				k Colleg				Telepho	ne Num	ber				
Name of Facility Where	Abatement is Taki	ng Place	(3)	FAC	ILITY INF	ORMAT	ION								
home			(0)					Type of Facility	A100 (A1)						
Street Address								School (K	er 8 (Other tha	an K-12	)				
City (5)								Other (i.e. etc.)	private & con	nmercia	l buil	ldings	, hon	nes,	
Dayton	79							Square Feet	# of Floo	ors	1	3ldg.	Age		
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Middlesex	¥			(STATE	USE ONLY	n		Current Use (P	rior if being de	emolishe	ed)				
Name of Monitoring Firm	n Hired by Building	Owner (8	)	ASC	M No.			of Abatement Co							
Street Address								BS Environmental Services, LLC							
								Address Box 483, 4 E	Gate Drive						
City, State, Zip Code							City, S	tate, Zip Code							
Project Manager for Mor	nitorina Firm			Telepho	ana Nie			wood, NJ 07	418						
	9			relebile	me No.			one No. 764-2276	Lice 703	nse No				******	
Start Date (10) 12/5/19	*	Schedu	led Co	mpletion	Date (11)			of OSHA Monito							
Occupancy Status During	g Abatement (Che	12/13						Ti .							
Facility Closed/Vac	ated During Entire	Pariod of	٠ ١	ment			Street	Address							
Abatement Perform Other – Describe:	ed Outside of Non	mal Facilit	y Hour	s			City, St	ate, Zip Code						1	
Scope of Work (Check A															
≥3 sf or ≥3 lf		×	Renova	ation									7-1-1-1		
≥160 sf or ≥260 lf			Demoli					Mini-Enclosus		ative Pre	essu	re.			
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1			Locat Norma						7 4114 11011	- Habit	, 1 10	Abate		t	
Location Asbestos-Containing	Material (ACM)	Use	ed Sole	ly by	Achae	De:	scription	of			_	Ty	rpe	_	
TO BE ABA			intena todial s		(i.e.	thermal	systems	aterial (ACM) insulation,	Amount (Specify		Ŗ	_	Enc	1	
. (13)	•		(12)			other n	cing, VAT niscellane	or eous)	SF or LF	=)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A							/al	₹.	ılate	ure	
baseme	ent			Х		pipe	insulati	ion	30 LF					-	
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									20	-		X		-	
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value of registered Was	te Hauler			JDEP W lauler ID		Cubic of Was	Yards	Name of	Registered La	andfill					
City, State		2				UI YYdS	210								
e const						Dispos	al Date	City, Sta	ie						
Completed by		Title				10	ignature								
A. Scott Higgins President						3	gnature	0,_		Date				ty in the	
	Vietnik see	-					10		11/	40/1	9				

		N		CATION	of New-	TOS	BATE			1	-		7/-		7
NUL			(Pt	ursuant f	to NJAC 8:6	60 and	12:120	)	6	15/	C EY	OW/	0	5	
Date of Notification (1) 11/25/19 を / みー	6-19				Building Ov nire Hatha				Realty				Character of State	The second secon	
Agencies Notified	Type Notification			Street Ad						D	EC - 9	2019		U	
EPA	× Initial			1.58	oulevard								_		
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⊠ DOH	justification)			Victoria	Contact						phone Nu 3-417-03				
DCA	Cancellation				LITY INFOR	RAATI	ON			37.	3-417-00	75-			
Name of Facility Where	Abatement is Taking	Place (3	)	FACII	LITTINFOR	CIVIATIO	JIN	Туре с	of Facility (	4)					
home			•					TI s	chool (K-1	2)					
Street Address								S	ubchapter	8 (Othe	er than K-1				
								100	)ther (i.e. p tc.)	rivate 8	commerc	ial build	ings,	nome	is,
City (5)								Square		# of	Floors		dg. A	ge	
Wood Ridge								1300		2		8	2		
County (6)				County C						or if bei	ng demolis	hed)			
Middlesex				(STATE C	JSE ONLY)			home							
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCN	1 No.				ement Cor onmenta		(9) ices, LL	С			
Street Address				-				Address	s 33, 4 E G	ate D	rive				
City, State, Zip Code								tate, Zip							
0.1,, 0.1.1.0, 2.1, 0.000									NJ 074	18					
Project Manager for Mon	nitoring Firm			Telepho	ne No.			764-2			License I	No.			
Start Date (10) 12/4/19 /J - /		Schedule	-	npletion I	Date (11)		Name	of OSH	A Monitor						
Occupancy Status Durin		/0	249.4	10 10	11		Street	Addres	s						
	cated During Entire P			nent .				+1							
	ned Outside of Norma					_	City, S	State, Zip	p Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demoli				>	Min Glo	i-Enclosur vebag Pro	e cedure	Negative			e	
		le	Locat	ion									Abate	ement	t
Locatio	n of	1	Vorma	lly		De	scription	n of					Т	ре	_
Asbestos-Containing	g Material (ACM)		d Sole		Asbesto	s Cont	taining N	Material			mount			m	ш
TO BE AE			todial	Staff?	(i.e. th		system cing, VA		tion,		Specify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)				niscella					ova	air	sula	sure
		Yes	No	N/A										te	1
exter	ior			X			siding			1.6	500 SF	x			
		1													
		-										-	-		
				-								-			
Name of Registered Wa	aste Hauler		1	NJDEP W	Vaste	Cubic	Yards		Name of	Registe	ered Landi	fill			1
Tony's Cleanup & H			1	Hauler ID	100000000	of Wa TBD					rs Sanit		ndfill		
City, State							sal Date	Э	City, Sta						
Bridgewater, NJ		1 =				TBD			Eastor	1, PA					
Completed by		Title	idas			8	Signatur	e A	1		1 2	Date 11/25/	10 %	D-	6-10
A. Scott Higgins		Pres	ident					1	_			11/23/	19 6	10 (	617

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

IN WAS MEN U				OF ASBE to NJAC 8				C	001	. 1	95	17	6		
Date of Notification (1) 11/25/19				Building Online Hath		11.50		Realty	) E	CE		V			
Agencies Notified Type Notification  EPA Initial			economic eco	oulevard	201					DEC -	- g	201	9		
DEP Amended  DOL Amendment #				te, Zip Co ouck He		NJ 07	604	l fresh	tou.I					Inserts	
DOH justification)  DCA Cancellation	cluding			Contact				-	/Fèil	phone N	umb	WIF	OL 8	i.	7
DCA Cancellation				a Viola				- Indiana	97	3-447-6	394	VU *********	Description.		
Name of Facility Where Abatement is Taking	Place (3	)	FACII	LITY INFO	ORMA	rion	Туре	e of Facility (	4)					-	
home								School (K-1							
Street Address							×	Subchapter Other (i.e. p etc.)				buildi	ings,	home	s,
City (5) Wood Ridge							Squa 130	are Feet	# of 2	Floors	37	Blo 82	dg. A	ge	
County (6) Middlesex			County C	Code (7) USE ONLY)			Curr	ent Use (Prio	or if bei	ng demol	lished	i)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	1 No.				atement Cor ironmenta			LC				
Street Address						Street	Addre	ess				-	_		
City, State, Zip Code								183, 4 E G	ate D	rive					
City, state, Zip Code								Zip Code d, NJ 074	18						
Project Manager for Monitoring Firm			Telephor	ne No.		Telepi	hone N			License	No.				
1 (2) (2) (2) (3) (3) (4) (4)	Schedule		npletion [	Date (11)				SHA Monitor		700					
Occupancy Status During Abatement (Check						Street	Addre	ess							-
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: exterior	eriod of <i>F</i> Il Facility	Abatem	nent			City, S	State, 2	Zip Code					): 		
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emolit	S				M G	ull Containm ini-Enclosure lovebag Pro- on-Exempte	e cedure					e	
	Is	Locati	on								T		Abate	ement	
Location of Asbestos-Containing Material (ACM)		Vormal d Sole		0 -1		escription					-		Ту	ре	
TO BE ABATED In Facility (13)	F	intenar todial S (12)			therm: surf	ntaining i al system acing, VA miscella	is insu AT, or	- "	(5	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		ite	o o
exterior			X			siding			1,6	800 SF		х			
								,			+				
									A CONTRACTOR						
Name of Registered Waste Hauler		12.00	IJDEP W lauler ID		\$220 miles	c Yards aste		Name of	Registe	ered Land	dfill				
Tony's Cleanup & Hauling		972	7787		TBE	)		Chrin E		rs Sani	itary	Lar	ndfill		
City, State Bridgewater, NJ					Disp	osal Date	9	City, Stat							
Completed by A. Scott Higgins	Title	ident				Signatur	'e	1	, i /\		Date	25/	1 Q		115-30
	1						1				1 17	-01			

State of New Jersey

Ch 1319 Inv/	(olei	ноти								G EC	E	k #20	1 3	
Date of Notification (1):			Name o	f Building	Owner/0	Operator	(2)	- 100	1					1 1
Agencies Notified Type Notification			Street A	ddress	<u> </u>	DUIC	010	G- MSX	CIATES		G G ENS		ROL	&
	*				PRI	MFIE	CO	AUÉ.	Later Charles and State Control of		#21.60	11 5 -1		-
X EPA X Initial Amended Amendment	4 ~		City, Sta	ite, Zip Co	de							-		
Emergency (		-		f Contact	CHAN	uz,	10	J 0		Marent				
DOH justification) DCA Cancellation	8			REW					Telephone	Numi 74	3-4	47	89	1
Name of Facility Where Abatement is Taking	. Dlace (		FACI	LITY INFO	DRMAT	ON								
KINNEY BUIL		9)					Тур	e of Facility (4	683					
Street Address 790 BROAN STREE			-				X	School (K-1: Subchapter Other (i.e. p etc.)	2) 8 (Other than I rivate & comm	<-12) ercial	buildi	ngs,	home	es,
City (5) NBWARK			0.7	100				are Feet	# of Floors		100000	ig. A		
County (6) ESSEY			County ( (STATE (	Code (7) USE ONLY)	***********		Cur	rent Use (Prio 9 CANT	r if being demo	olishe - EL	d)	-	-	TFLO
Name of Monitoring Firm Hired by Building C	Wner (8)		ASCN	No.			of Ab	etement Con Contracting	tractor (9)	-				
Street Address						Street		ess land Ave.	<del></del>	-		AND PROPERTY.		
City, State, Zip Code			and the second					Zip Code		-				-
								Park, NJ 07	7432					
Project Manager for Monitoring Firm			Telepho				262-	5841	Licens 00156					
Start Date (10) 19 19	1,	119		Date (11)		Ome	ga E		tal Servicer	Inc.				
Occupancy Status During Abatement (Check						Street 280		ess er Street						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	state,	Zip Code ack, NJ 07	606	-				_
Scope of Work (Check All That Apply)			***********									-		-
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				100 100 100	M	ini-Enclosure lovebag Proc	edure					
	le	Locati	an				1 14	on-exempled	(*) and Non-F	nable		_	ment	$\neg$
Location of	1	Vormal ed Sole	ly		De	scription	of			-		Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Me	Intena	nce/	Asbest (i.e.	tos Cont	taining N system	Aateri s insu	al (ACM)	Amount (Specify		20	_	Enc	m l
In Facility (13)	Cus	todial 8 (12)	starr?	1019380	surfa	cing, VA niscellar	T, or		SF or LF)	.	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		001011	111000011011	10000	'		.	1	7	late	ure
BASEMENT	1		X	0	LAST	EVZ			8,74	0:	X	-		
BASEMENT	<b> </b>		X	-	IPE				330	-	X	_		
						-CHICAGO IN		-	<u> </u>	-	4	-		
				11 1	:	*************	***			+	1			
Name of Registered Waste Hauter Newark Carting Inc.		Н	JDEP W lauler ID 4509		Cubic of Wa			1 -	Registered Lan Central Sanii		Land	lfill		
City, State Newark, NJ 07105					Dispo	sal Date		City, State	yl, PA 0807	2				1
Completed by R. McDonald	Title Pres	ident	weders remediately		-	Signatur	_	PMS	and of	Date	2/	5/	19	

9	$\Delta U$	N	110	2	y	1:	State of I	New	Jersev	[	F 12	<u></u>	70	7 0	ſΊΓ	7 6
14/19/19	X		NO	TIF	ICAT	TIO	N OF AS	SBE	STOS ABA	TEMENT	In) E	6	5	1	<u> </u>	
(1)1104	0				(Purs	sua	m to N	AC	8:60 and 5:	16)	153					
Date of Notification (1)					I	vam	e of Baildir	ng O	wner/Operator	(2)		nro	- 0	20	110	- 11
	5 /	1	9							ny / Job #1912	-5567 Ch	DEC eck#	1184	8	113	1
Agencies Notified	Type Notif	icatio	n		S	Stree	et Address	95			ACD	ESTO	0.0	TIAC		0
⊠ EPA					-	10	Legion F	Plac	e- Building	Α	ASD			ING		CL
⊠ DOLWD	Amend		,,		C	ity,	State, Zip	Code	e				-			man angle
☑ DHSS	Amend		_	_			orristown									
DCA (NJAC 5:23-8)			incluali	ng	N		e of Contac				Telephone	Mumb	or			
(110710 0.20 0)	Cancell					200000000000000000000000000000000000000	hn Greco	-			201-60					
						FA	CILITY	NFO	RMATION		201-00	2-1400				
Name of Facility Where A	Abatement is	Takir	ng Plac	e (3)	)			0	TUIDATION	Type of Facility	(4)		_	_		
JCP&L Sandy Hool										School (K-12						
Street Address										Subchapter 8	Other than	K-12)				
Hartshorne Drive										Other (i.e., pr homes, etc.)		mmerc	ial b	uildin	gs,	
City (5)										Square Feet	# of Floor	s	В	ldg. A	ge	
Highlands, NJ						211.75										
County (6)					10	Cour	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pri	or if being de	emolish	ed)	- 227		
Monmouth										Substation						
Name of Monitoring Firm	Hired by Bui	ilding	Owner	(8)	AS	CM	No.	Na	me of Abatem	ent Contractor (9)					-	
NA								1	AbateTech, I	nc.						
Street Address								Str	reet Address							
								3	30 Maple Ave	e. PO Box 25						
City, State, Zip Code								City	y, State, Zip C	ode					-	
								L	umberton, I	NJ 08048						
Project Manager for Monit	toring Firm			Te	elepho	ne	No.	Tel	lephone No.		License N	lo.				
				1				6	09-265-2107		00529					
Start Date (10)		Sche	duled C	Comp	oletion	Da	te (11)	Nar	me of OSHA N	Ionitor						
12 /6 / .	19		12		6	1	19_	E	MSL Analyt	ical						
Occupancy Status During	Abatement (	Chec	k only	one)	1			Stre	eet Address							-
☐ Facility Closed/Vacated	d During Ent	ire Pe	riod of	Aba	temen	nt		2	00 Route 13	0 North						
Abatement Performed	Outside of N	orma	Facilit	у Но	urs - l	Des	cribe	City	, State, Zip Co	ode						
Time of Abatement:	AM	PI	M/	PI	M		AM	C	innaminson	, NJ 08077						
Scope of Work (Check all	that apply)															
≥3 sf or ≥3 lf			⊠ Re	nov:	ation				☐ Full Cont ☐ Mini-Enc	ainment with Nega	ative Pressu	re				
☐ ≥160 sf or ≥260 lf			De						☐ Glovebag	Procedure						
									Non-Exe     Non-Exe	mpted (*) and Non	-Friable Pro	cedure				
1	,				ation								Ab	atem	ent Ty	уре
Location of Asbestos-Containing M		4)			olely b	У	Ashas	etne (	Description of Containing Mar		Amount	. ]	Re	Re	En	E
TO BE ABAT	ED	-/			nance				rmal systems i		(Specify		Removal	Repair	cap	clos
IN Facility	,		Cus	todia (12	l Staff	17			urfacing, VAT,		SF or LF	)	val		Encapsulate	Enclosure
(13)			Yes	No		/A		otn	ner miscellaned	ous)					ate	
Exterior Utility Pole							Asbesto	os rie	sers		16 LF			П		П
s consideration de la cons											.5 =1					] [
															ᆜ	
						-			4				Ш	Ц	Ц	Ц
Name of Desisters 1141	11-1															
Name of Registered Waste	Hauler			- 13	NJDE Haule			Cub	ic Yards of	Name of Registe						
AbateTech, Inc.						750		2		G.R.O.W.S.	Landfill					
City, State Lumberton, NJ									oosal Date	City, State	24					
STO SOCIOLOGICAL PROPERTIES AND ACCOUNT OF	-1	1						12	2/6/19	Tullytown, F	A					
Completed By (Print or Typ	e)	Title			^				Signature	. +		Date			_	
Gwen Trumbetti		0	perati	ons	C00	rdii	nator		( )	W		112.	1	7		

Ch 1184/1	nvl	NO	TIFIC	CATIC	ON OF AS	SBESTOS ABA AC 8:60 and 5:1	6)	DEC	E	VEI
Date of Notification (1)	10 0		6 0 0	Nar	ne of Buildi	ng Owner Operator	(2)	DE DE	C - 9	2019
12 /5	19	)		70.000.000		stEnergy Compa	* * * * * * * * * * * * * * * * * * * *	-5566 Chec	R #14847 2	into II
Agencies Notified Type Not	ification		-	_	eet Address		- 1	- P D.C.	0	.010
⊠ EPA ⊠ Initial	mounon					Place- Building A		Appetergence	TO CONTRACTO THE SECTION	
☑ DOLWD ☐ Amen	ded				, State, Zip			ASBES:	TOS CON	TROL &
	dment #_		2	1		, NJ 07960	Lan	l.	ICENSING	j 
DCA Emerg		cludir	g		ne of Conta			1= 1		
(NJAC 5:23-8) justific	70				ohn Greco	-		Telephone N		
	nation -							201-602-	1499	
Name of Equility Miles and Abeles and	- T-11		(0)	F	ACILITY II	NFORMATION				
Name of Facility Where Abatement i	s raking	Plac	e (3)				Type of Facility	5 50		
Street Address							☐ School (K-12 ☐ Subchapter 8	) (Other than K	12\	
							Other (i.e., pr	ivate and com	-12) mercial build	dings,
195 Leonardsville Road							homes, etc.)		B 544	
City (5)				11	777	10	Square Feet	# of Floors	Bldg	. Age
Belford, NJ			=	-	1 10	0				
County (6)				Cou	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)	
Monmouth							Substation			
Name of Monitoring Firm Hired by Bu	ilding O	wner	(8)	ASCN	/ No.	Name of Abateme	ent Contractor (9)			
One Source Safety & Health						AbateTech, I	nc.			
Street Address	1100			9	S. 43/(40	Street Address				
140 S. Village Ave. Suite 130						30 Maple Ave	. PO Box 25			
City, State, Zip Code						City, State, Zip Co	de			
Exton, PA 19341						Lumberton, N	J 08048			
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.		
Brian Hovendon			6	10-52	4-5525	609-265-2107		00529		
Start Date (10)	Schedu	iled C	omple	etion Da	ate (11)	Name of OSHA M	onitor			
12 /18 /18					19	EMSL Analyti	cal			
Occupancy Status During Abatement	(Check	only o	ne)			Street Address				
☐ Facility Closed/Vacated During En				ment		200 Route 130	North			
☐ Abatement Performed Outside of N	Normal F	acility	Hou	rs - Des	scribe	City, State, Zip Co				
Time of Abatement:AM	PM/		_PM-		_AM	Cinnaminson,				
Scope of Work (Check all that apply)			-			Cimaminson	NJ 00077			
						□ Full Conta	inment with Nega	tive Pressure		
≥3 sf or ≥3 if     ≥160 sf or ≥260 if	_	Re				☐ Mini-Enclo	osure			
☐ ≥100 st of ≥200 ft	L	_ De	nolitic	п		☐ Glovebag	Procedure npted (*) and Non-	Eriable Bress	dura	
		Is	Locat	ion		L Non-Exch	ipica ( ) and Non-	1 Hable Flocet		T
Location of		Ν	orma	lly		Description of				ment Type
Asbestos-Containing Material (ACI	M)		d Sole		Asbes	tos Containing Mate	erial (ACM)	Amount	Remov	Enc Enc
TO BE ABATED IN Facility	- 1			Staff?	(i.e.	, thermal systems in surfacing, VAT,	sulation,	(Specify	Removal	Enclosure
(13)			(12)	_		other miscellaneo		SF or LF)	<u>w</u>	Enclosure
		Yes	No	N/A						Φ
Interior East Wall	Γ		$\boxtimes$		Transite	1		50 SF		
	-	7	A							
	-	-								1 1 1 1 1
						(14)	15			
Name of Registered Waste Hauler			N.	JDEP \	Naste	Cubic Yards of	Name of Registe	red Landfill		-1-1-
AbateTech, Inc.			1600000	auler II		Waste	G.R.O.W.S. I			
City, State				18750		20 Disposal Date			_	
Lumberton, NJ						12/19/19	City, State	٨		
Completed By (Print or Type)	TW						Tullytown, P			
Gwen Trumbetti	Title	met:				Signature	ma M		Date	-1 00
	Ope	eratio	ons C	oordi	nator				12-5-	1
SB-41 IAY 11	* Do	not u	se thi	s form	for ashesto	s licensure exempte	activities			