	TU!	

OK 1328		PAI	O	NOTIF (F	ICATIO	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE	MENT	2 10.00 10.00 10.00 10.00		GI		W	FOR	700
Date of Notification (1) 11/14/2018						of Building			(2)		31		1 0	103	0	
Agencies Notified	Тур	Notification			Street A	Address				- 11	111	DEC	1.3	101	ŏ	1.000
	X	Initial				SYLVAN				1	- Je promote			marror	and the second second	4424
DEP X DOL		Amended Amendment #	ŧ			ate, Zip C _EWOO		- N. I			A.S	BESTO	S CO	TF	IOL 8	
		Emergency (i				of Contact		F NJ.		-	Talaah	and the second second			Late of the Party of the	erania and a sin
DOH DCA		justification) Cancellation			PETE							one Nur 161-43				
					FAC	ILITY INF	ORMAT	ION						_		
Name of Facility Where Ab	oate	nent is Taking	Place (3)					Type of F	acility (4)					J	
Street Address										ool (K-12) chapter 8 (Other	oon V 12	11			
376. WILLSON AVE.	. (376	-(a	0.1	1500	~ A	vo.)		er (i.e. priva				gs,	, home	es,
City (5)		-							etc.) Square F		# of Flo	nors	RI	3. F	lae.	_
FORT LEE NJ.		FOH	1	- 6	6-	NJ			1800		2	,013	76		igo	
County (6) BERGEN 13 e	1.	200				Code (7) USE ONLY)		Current U	lse (Prior it	being o	demolish	ed)			
Name of Monitoring Firm H			wner (8)		ASC	M No.		Name	of Abatem	ent Contra	ctor (9)			_		
N/A							T ENVIF	100	ENTAL	LLC	,					
Street Address																
011 011 011						TREET										
City, State, Zip Code					^{ode} GEN NJ	. 0704	7									
Project Manager for Monito	oring	Firm	NORTH BERGI).	-		
Start Date (10)					npletion 20/8	Date (11)		Name	of OSHA N	Monitor		300 =N(= A)				
Occupancy Status During	Δhat				20/3				Address	TENVIR	CONIVII	ENTAL				
Facility Closed/Vacate			20	870					51st. S	TREET						
Abatement Performed	d Ou	side of Norma	I Facility	Hours	nent S				ate, Zip Co					_		-
Other – Describe:							-	E		GEN NJ						
Scope of Work (Check All	That	Apply)	-												111	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolii				×	Mini-En Gloveba	ntainment iclosure ag Procedi	ure					
	_								Non-Ex	empted (*)	and No	n-Friabl			ement	
Location o	æ			Locati Normal	77.00		Doc	scription	o.f						ре	
Asbestos-Containing M	later	al (ACM)		d Sole		Asbes	tos Cont	aining M	aterial (AC	(M)	Amou	ınt			ш	_
TO BE ABAT In Facility			18070 07	odial S		(i.e.		systems cing, VA7	insulation,		(Spec		Removal	D	Encapsulate	Enclosure
(13)				(12)				niscellan				/	lova	Donair	sula	Sur
			Yes	No	N/A								-		te	CD
EXTERIOR SI	IDI	G		Х			TR	ANSIT	E		1,20	0	Х			
														-		
														-		
Name of Registered Waste	Нац	er		100030	JDEP W		Cubic '		Na	me of Reg	istered	Landfill				-
NEWARK CARTING I	NC			H	auler ID	No.	of Was		IE	SI BETH	ILEM	LANDE	FILL			
City, State								al Date		y, State			8850000	-		_
HILLSIDE NJ. 07205							TBD		BI	ETHI EM	PA.1	8015				
Completed by			Title		-		Si	ignature	n	11	100	Date	е	-		\neg
CARLOS ESQUIVEL			SAFE	ETY N	MANAG	SER		1/1	Eginey	suref	C/C	11/	14/20	18		
ASB-41 (R-06-08)							/		/	orm for asb	estos li	censure	exemp	ed :	activit	ies.

														F	rint For
JL 2873) PA	UD	NOT	(Pursua	State of N ON OF AS nt to NJA	BESTOS C 8:60 ai	ABATE nd 12:12	(0)	N T		EC	2 E		W	
Date of Notification (1) 12/04/2018					of Buildin dence	g Owner	/Operato	r (2)			DE	r	1 2	2010	A CANADA
Agencies Notified	ype Notification	n			Address					11 15	l DE	.U	1 3	2018	
X EPA X DEP X DOL	Initial Amended Amendmer	nt#			State, Zip (THE BLANCE OF THE PARTY OF THE	ومناور ورسادة	ASPES	TOS	CO NSII	ITRO G	Lâ
ĭ DOH	Emergency justification Cancellatio)	ng	Name	of Contact	:t				Tel	ephone Ni	ımhe	ır	- Terroria	
Name of Facility Where Ab	Itement is Taki	ng Place	(3)	FAG	CILITY IN	FORMAT	ION	Tree	pe of Facility (4						
Residence		9	(-)					l l y	School (K-12	50					
Street Address								×	Subchapter 8 Other (i.e. prietc.)	(Oth	er than K-1 & commerc	12) cial bi	uildin	s, hon	nes,
City (5) Middlesex								10000	uare Feet 858	# of 2	Floors		Bldç 75	Age	
County (6) Middlesex					Code (7)			Cur	rent Use (Prior	if bei	ng demolis	hed)			
Name of Monitoring Firm H A. Seine Lighthouse S	ed by Building olutions	Brinks Tank Services Street Address 1256 Liberty Avenue													
Street Address PO Box 354		Street Address 1256 Liberty Avenue City, State, Zip Code													
City, State, Zip Code South Orange, NJ 070	79 City, State, Zip Code Hillside, NJ 07205														
Project Manager for Monitor Sarah Calandra	79 Hillside, NJ 07205 ng Firm Telephone No. 201-349-2666 844-462-7465 License No. 01316														
Start Date (10) 12/14/2018		Schedu 01/04			Date (11)				SHA Monitor Lighthouse	Solu	tions				
Occupancy Status During A	atement (Chec	ck Only C	ne)				Street	Addr	ess					-	
Facility Closed/Vacate Abatement Performed Other – Describe:	During Entire I Outside of Norn	Period of nal Facilit	Abater ty Hour	ment				tate,	Zip Code	7070					
Scope of Work (Check All T	at Apply)						Souti	II OI	ange, NJ 07	0/9					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovi Demoli				×	Fi M G	ull Containmen ini-Enclosure lovebag Proced on-Exempted (dure					
		57.5	s Locat						on-Exempted () and	INOII-FIIAL	T PI	-	emen	t
Location of Asbestos-Containing Ma			Norma ed Sole		Achos	Des stos Cont	scription		-1 (4014)		WYC 10 TO 12 II	-	$\overline{}$	ype	$\overline{}$
TO BE ABATE In Facility (13)	2	Cus	aintena stodial ((12)		(i.e.	thermal . surfac	systems sing, VAT niscelland	insul r, or	lation,	(Sp	nount pecify or LF)	Removal	кераіг	Encapsulate	Enclosure
Living roon		Yes	No X	N/A		ceilir	ng dryw	ı all		004	205		-	fe	.,,
2nd floor bedroon			X				e wrap				SF LF	X	-	-	
						r r		20					-	-	
Name of Registered Waste H	auler			IJDEP W	laste	Cubic `	Vord-		I No. 15						
Newark Carting			H	lauler ID 4509		of Was	72		Name of Re Waste Ma			andf	ill		
City, State East Orange, NJ						Dispos	al Date	_	City, State Penn Argy	yle, F	PA				
Completed by Alison Lamers		Title Office	e Mar	nager		Si	gnature	1	Front	A	Dat	te /04/	201	2	
ASB-41 (R-06-08)						1	* Do not	use	this form for as	besto	s licensure	exer	mpte	activit	ies.

State of New Jersey

Check: 4 13359

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

						1	=<1			111
Date of Notification (1)					Name of Building Owner	r/Operator (2)	MI			
December 4, 2018					RUTGERS, THE S	TATE UNI	VERSIT	TY OF N	3 2018	
Agencies Notified EPA DCA		Notification Initial Amende	Notificed Cert	ification	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH	& SAFI	ETY DEP	USNTROL 8	The same of the sa
X DOL				including	City, State, Zip Code	_		LIU!	Sive.	
DEP - No Longer REQUIR	D	justific			PISCATAWAY, NJ	08854				
⊠ DOH		□ Cance	lled		Name of Contact Michael Smith ENV HE SAFETY	ALTH &		one Numbe 445.2550		
				FACILITY INF					-	
Name of Facility Where Abatem	nt is Ta	king Place (3)			Type of Facility (4)					-
Stanley Bergen Bldg #	7252				☐ School (K-12)					
Street Address					Subchapter 8 (other that					
RBHS Newark Campus	5				Other (i.e. private & co	mmercial build	ngs, home	es, etc.)		
					Sq. Feet: Unknown	# of Floors	<u>s:</u> 18	Bldg. Age	80+ years	5
	unty (6	5)		v Code (7)					E1 20	
Newark	ssex		State	Use Only)	Current Use (prior if being	ng dernolished): Acade	emic		
N (11 11 1 11 11 11 11 11 11 11 11 11 11										
Name of Monitoring Firm Hired b	Bldg. (Owner (8)	ASCM		Name of Contractor (9)					
ATC			0098		CDEENWOOD ADA	TEMENT	0110111			
Street Address					GREENWOOD ABA Street Address	TEMENT	ONSUL	IANIS,	IC.	
3 TERRI LANE					Street Address					
					511 MAIN STREET					
City, State, Zip Code					City State, ZipCode					_
BURLINGTON, NJ 080	6				Butler, NJ 07405					
Project Manager for Monitoring F	m	Telephone N	umber		Telephone Number		License	Number		_
BRIAN KEARNY		609-386-8	3800							
Scheduled Start Date (10)		Cohodulado	1-4	- D-1- (44)	973-492-0477		00840)		
December 14, 2018		Scheduled C December			Name of OSHA Monitor					
200011301 14, 2010		Decembe	113, 2	2010	Envirovision, Inc.					
Occupancy Status During Abat	ment (Check only or	ne)		Street Address					-
Facility Closed/Vacated	uring E	Entire Period o	f Abate	ment						- 1
Abatement Performed O	tside o	f Normal Facil	ity Hour	'S -	20-21, Bldg E Waga	araw Road				
Describe	_				City, State, Zip Code					
X Other − Describe: 4p	n – 5	am –(24 hr	s & W	eekends as	Egirlown N.I					
Needed)					Fairlawn, NJ					
Source of Mark (Cheek all that a	-1:->									
Source of Work (Check all that a	DIV)					_				
⊠ ≥3 sf or ≥ 3 lf				IDI		□Full Conta		ith Negative	Pressure	
□≥ 160 sf or ≥ 260				Renovation		☐Mini-Enclos				
□ ≥ 100 \$1 01 ≥ 200				■ Demolition		Glovebag I				
	LISTO	cation Normall	Llead	Description of Ash	estos Containing Material				ole Procedure	9
Location of Asbestos-Containing		y by Maint./Cu			al systems insulation, surfac	ing, (Specif		Abatement 1	<u>pe</u>	
Material (ACM) in Facility (13)	Staff'	? (12)		VAT, or other misc		or LF)		Remove Rep	r Encap Enclo	se
0.00	YES	to the second	NA							
210 Suite	<u>L</u> ,	X		TSI		<9 LF	1	X		
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Wast		1D#	Cubic Yards of Waste:				andfill	
		See Below			5 CYDS		GROW	/S North I	andfill	
Hauler #1) Greenwood Ab		nt Consultai	nts, Ind	c. – Butler, NJ 0	7405	Disposal Da		City,		- 2
NJ DEP # 1256						December '	15, 2018		w Ford Mill Vorrisville, PA	
Hauler #2) Newark Carting	Inc	Newark, NJ	04509,	NJ DEP # 19551				19067	violitisville, FA	
								0.17.77.77.00	6-1700	
Completed by (D.)	- 1 -									
Completed by (Print or Type)		itle	00 100	·-	Signature		Date			
Raymond C. Pedalino		SENIOR PR		,1	Raymond C. Pedalino		Dece	mber 4, 🕻	018	
		MANAGER							·	
GAC # 2018-060										

W 534	3 PA	ADD-40	State of New TIFICATION OF ASBE (Pursuant to NJAC 3:	CTOC . DA	TEMENT 20)	RE	<u> </u>		V E
Date of Notification (1) 12 Agencies Notified	ype Notification		Name of Building Ow	1	(2) Atachin Li	5	DEC	13 %	118
DEPA DOL	Initial Amended Amendmenr # Emergency (in justification)	cluding	City, State, Zip Code Sea 154	· 77	h Stat	ASE 8234	LICE	S CON ENSING	ROL &
Name of Facility Where Abates	Cancellation	ce (3)	FACILITY INFORM	MATION	I.E. GERMAN		e Number	56	72
City (5)	Lest 12	-			Type of Facility (- School (K-ii Subchapter 8 Other (i.e. pr	2) (Other than 5	-12) ercial buil	dings, ho	es, etc.)
County (6)			County Code (7)		Square Feet	# of Floors		Bldg. A	
Name of Monitoring Firm Hired	y Building Owne	1	(STATE USE ONLI) ASCM No.	l Name of	Current Use (Prior		shed)		
Street Address				Street Ac	Ide Ahie	tencent j		ITIZY	10
City, State, Zip Code				City, Sizi	e, Zip Code	}			
Project Manager for Monitoring Fi		1	elephone No.	1 elephone	101100 No.	License	はつ) No. (ごファ	<u>リ</u>	
Occupancy/Status During Abatemer	I I	eduled Complet	ion Date (11)		SHA Monitor				
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside ☐ Other — Describe:	Entire Danie 1 -			Street Addi					
Scope of Work (Check All That App □ ≥3 sfor≥3 If .□ ≥160 sfor≥260 If	1 Table 1	Renovation Demolition		- 1V	uli Containment wit fini-Enclosure lovebag Procedure	n Negative Pres	ssure		
Lecation of Asbestos-Containing Material (A TO BE ABATED In Facility (13)		Is Location Normally Ised Solely by Maintenance/ ustodial Staff? (12)	Asbestos Contain (i.e. thermal system: VA	ription of ning Material s insulation, s	(ACM)	d Non-Friable) Amount Specify F or LF)	At	batement Type	
345 te	Yes	No N/A	-	cellaneous)			Removal	Encapsulate	Enclosura
			1 200		1/5	SF SF	1		
Name of Registered Waste Hauler All ME LL City, State		NJDEP W Hauler ID 2084	No. of Waste		Name of Registered	Landfill			
Completed by Jeff T. H. II.	Title K	Resident.	Disposal Da	D	City, State	On Pia	. ,	<u>8</u>	-

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/29/2018 Division of Property Management and Construction (DPMC) Agencies Notified Type Notification Street Address 33 West State Street Initial X DEP Amended City, State, Zip Code CONTROLS DOL Amendment # 1 LICE Trenton, NJ 08625 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation William Byster (609)433-2001 FACILITY INFORMATION Name of Facility Where Aba ement is Taking Place (3) Type of Facility (4) Abandoned Flood House School (K-12) Street Address Subchapter 8 (Other than K-12) 164 Bayview Road Other (i.e. private & commercial bui lings, homes. etc.) City (5) Square Feet # of Floors dg. Age Downe Township Varies Varies 0+ County (6) County Code (7) Current Use (Prior if being demolished) Cumberland (STATE USE ONLY) Housing Deemed Unsafe Name of Monitoring Firm Hir ed by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Site Enterprises, Inc. Street Address Street Address PO Box 365 6626 Delilah Road City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Egg Harbor Township, NJ 08234 Project Manager for Monitori g Firm Telephone No. Telephone No. License No. James Proctor (856) 452 - 1311 609-567-1250 01172 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/26/2018 3/14/2019 Health & Safety Services, Inc. Occupancy Status During Ab Itement (Check Only One) Street Address PO Box 365 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Cutside of Normal Facility Hours City, State, Zip Code Other - Describe: vaca 1t Berlin, NJ 08009 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressu 3 ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro edure **\batement** Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATEI (i.e. thermal systems insulation, (Specify Custodial Staff? Remova In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Houses Deemed Unsafe X Houses Deemed Unsafe 200 yd per res Name of Registered Waste H uler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Site Enterprises Inc./J.F. Fidler Trucking CCIA 35220/32054 20 cv City, State Disposal Date City, State Egg Harbor Township, NJ/Maple Shade, NJ 3/14/2019 Rosenhayn, NJ 08352 Completed by Title Signature

Eric Keys

OM

11/29/;)18

MU			(Pui	rsuant to N	NJAC 8	:60 and	12:12	0)		11.	And I	H	M	3	1 [7]	7 72
Date of Notification (1) 11/29/2018				lame of Bu				200	nent and C	onstru	ction	(DP	MC)	18.00	1	10.4
Agencies Notified	Ty e Notification	1	S	treet Addre	ess					57.04		- 2	EC	3	201	R
EPA	Initial			33 West						1					6.01	J
DEP DOL	Amended Amendmer	nt # 1	1000	ity, State, Z						, i	i,		7.57.11.21.2.3	-	komen operation o	
	Emergency	(including		Trenton,		0025				1.			ESTO JUCI	7.3.	N: h	Mi. č.
DOH DCA	justification Cancellatio		1	William B						E 22500		ne Nur 33-2		1.000	and a page	
				FACILITY	***************************************	RMATIC	ON		4	(0	00)4					
Name of Facility Where A Abandoned Flood F	bat ment is Taki	ng Place (3)						Ту	pe of Facility	(4)						
Street Address								H	School (K- Subchapte		or the	n V 1	21			
179 Bayview Road								H	Other (i.e. etc.)	private 8	er tha & com	merci	al buil	ings	, hom	es,
City (5)								Sq	uare Feet	# of	Floo	rs	E	Jg. /	Age	
Downe Township									aries		ries)+		
County (6) Cumberland				ounty Code					rrent Use (Prousing De				ned)			
Name of Monitoring Firm	Hire d by Building	Owner (8)	\neg	ASCM No	1.		Name		batement Co							
Health & Safety Ser	vic es								erprises, I		(-)					
Street Address PO Box 365							Street		45.74%							
City, State, Zip Code							2000	71 530	elilah Road , Zip Code	i i						
Berlin, NJ 08009									, Zip Code rbor Town:	ship. N	J 08	234				
Project Manager for Monit	torir 3 Firm		Te	elephone N	lo.		Teleph					nse N	0.			
James Proctor			(8	856)452-	1311		609-	567	'-1250		011	72				
Start Date (10) 11/26/2018		Scheduled 3/14/20		letion Date	(11)				SHA Monitor & Safety S		Inc			-		
Occupancy Status During	Ab: tement (Che	ck Only One)				Street				,			-		
Facility Closed/Vacat	ted Juring Entire	Period of Ab	atemer	nt			PO E	Зох	365							
Abatement Performe Other – Describe: v	d O Itside of Nori aca It	mal Facility F	Hours			_ [Zip Code VJ 08009					3		
Scope of Work (Check All	That Apply)						Dom	, .	10 00000		-			_		
≥3 sf or ≥3 lf	4940 JA 08	Re	novatio	n] F	Full Containm	ent with	Nega	tive P	ressu	,		
≥160 sf or ≥260 lf		☐ De	molitior	1			H	1	/lini-Enclosur	е				N.Fr		
									Glovebag Pro Non-Exempte	d (*) and	l Non-	-Friab	le Pro	edur	е	
		Is L	ocation											bate	ement	t
Location	AND THE PERSON NAMED IN COLUMN TWO		rmally Solely	by .			cription						_		ре	-
Asbestos-Containing N TO BE ABA		Maint	tenance	e/ A		s Conta nermal s			ial (ACM)		nount pecify		70		Ē	m
In Facility			dial Sta (12)	ff?	0.00	surfaci	ng, VA	T, or	2 (or LF		Remova	Repair	caps	Enclosure
(13)			No	N/A	C	other mi	scellan	eous	S)				oval	<u>a</u> .	Encapsulate	sure
Houses Deeme	d I poofe	res	NO	2.502.000	11.								_	9		
Houses Deeme	u unsale	-	_	X	Hous	ses De	eemed	d Ur	nsate	200 y	d per	rres	X			
			-											_		
		-	_											1 <u>-</u>		
Name of Registered Waste	e Hauler		NJD	EP Waste		Cubic Y	ards		Name of	Register	ed La	ndfill		_		
Site Enterprises Inc./		ckina	Hau	ler ID No.	(of Wast	100000000000000000000000000000000000000		CCIA	register	eu Le	mumi				
City, State			352	220/3205		20 cy Disposa	I Data							_		
Egg Harbor Township	o, NJ/Maple S	hade, NJ				3/14/2			City, Stat Rosen		VJ OS	3352				
Completed by	salus (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980)	Title				Sid	inature	11	1.00011	, i	.0 00	Dat	e			
Eric Keys		ОМ				9	wi	h	la				/29/2)18		
						-	-	A	70			-	-	1		

NO (K)			(P	ursuan	t to NJAC	8:60 an	d 12:12	0)		essente.	W. 78	i i	-904	7.7	1.54 1.54 1.52	144
Date of Notification (1) 11/29/2018					of Building				ent and C	onetru	ction (DPM	C)		5.4	
	pe Notification			Street A	Address est Stat			,0111	chi ana o	Onsuu			3	2018	3	
EPA DEP	Initial Amended				ate, Zip C		-			7 1	and the second		_		a-17	(*
DOL	Amendment		_		on, NJ (1	ARRE	106	0		DL.	í.
DOH L	Emergency justification)	including		Name o	of Contact					Tel	lephone	Numb		143		
☐ DCA ☐	Cancellation			Willia	m Byste	er				(6	09)43	3-200)1			
Name of Facility Where Aba	one and in Table	- DI (0)		FAC	ILITY INF	ORMAT	ION									
Abandoned Flood Ho	ement is Takin	g Place (3)						Тур	e of Facility	(4)						
Street Address	150								School (K-							
246 E Nantuxent Dr								Н	Subchapte Other (i.e. etc.)	r 8 (Oth private	er than & comm	K-12) nercial	bu	agnit	hom	es,
City (5)								Squ	are Feet	# o	f Floors		T	Idg. A	Age	
Downe Township			- 11					Va	ries	Va	aries			30+		
County (6) Cumberland					Code (7) USE ONLY)	-		rent Use (Prousing De				d)			
Name of Monitoring Firm Hi	10.000	Owner (8)		ASC	M No.		Name	of Ab	patement Co	ntractor	(9)		_			
Health & Safety Servi	es						Site	Ente	erprises, I	nc.						
Street Address				U.S.			Street		(주)(라마스							
PO Box 365							6626	6 De	lilah Road	i						
City, State, Zip Code Berlin, NJ 08009							120200		Zip Code bor Towns	ahin N	11000	0.4				
Project Manager for Monitor	na Firm	7	T	elepho	ne No		Teleph			silip, iv			_			
James Proctor	1.5		10.0		452-131	1			-1250		Licens 0117					3
Start Date (10) 11/26/2018		Scheduled	Com						SHA Monitor		0117	_	_	_		
		3/14/20					Heal	th &	Safety Se	ervices	s, Inc.					
Occupancy Status During Al	atement (Check	Only One)				Street									
Facility Closed/Vacated	During Entire P	eriod of Ab	ateme	ent			PO E									
Abatement Performed Other – Describe: vac	nt nt	al Facility F	Hours				100		Zip Code IJ 08009							
Scope of Work (Check All Th	at Apply)											_	_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic					M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure	1673				-	
		le I	ocatio	n				- 11	on Exempte	a () and	1 11011-1	Table	FIL	Abate		
Location of		0.0000000000000000000000000000000000000	rmally	2000		Dos	scription	o f						Ту		
Asbestos-Containing Ma		Used	Solely		Asbes	tos Conta	aining M	ateria	al (ACM)	Ar	mount				ш	
TO BE ABATE In Facility	<u>)</u>	Custo		101112 m	(i.e.	thermal	systems	insu	lation,		pecify		Re	R	Encapsulate	Enc
(13)		((12)				niscellan)	21	or LF)		Remova	Repair	nsd	Enclosure
		Yes	No	N/A									<u>n</u>	7	late	ire
Houses Deemed	Jnsafe			Х	Но	uses D	eemed	Un	safe	200 y	d per i	res 2	X			
							2									
	-											_	_	-		
Name of Registered Waste H	auler		NJ	DEP W	aste	Cubic `	Yards		Name of	Register	red I an	dfill	_			
Site Enterprises Inc./J.F	. Fidler Truc	king	На	uler ID 220/3:	No.	of Was	te		CCIA	0910101	Ju Luii	- 1111				
City, State			100			,	al Date	-	City, State	Δ			_			
Egg Harbor Township,	JJ/Maple Sh	ade, NJ				3/14/2			Rosent		VJ กลว	352				
Completed by	•	Title				Si	gnature	0 1	1.000.11	,, 1	15 500	Date	_			-
Eric Keys		OM				12	wi	12	,				9/	018		

NOCK		· ·	NOTIF (F	ursuar	ON OF AS	BESTOS C 8:60 ar	ABATE nd 12:12	EMEN 20)	T ⁻	- 1	-	/5 F		1.7	
Date of Notification (1) 11/29/2018					of Buildin					1 4	11 -				
				Divis	sion of P	roperty	Mana	gem	ent and (Constru	ction ((DPMC			
Agencies Notified T	pe Notification	1			Address	_	230				1	DEC	3	2018	11
EPA E	Initial				Vest Sta		et			7					1
DEP DOL	Amended Amendmen	+#1			tate, Zip (1	-30.08	100	10.751.1	5.
	Emergency	(including	-		ton, NJ						· ·	101	LEI	K	
DOH DCA	justification Cancellatio				of Contac							Numbe			
	Cancellatio	11			am Byst					(6	09)43	3-2001			
Name of Facility Where Aba	ement is Taki	ng Place (3))	FAC	CILITY IN	ORMAT	ION	Typ	e of Facility	. (4)					
Abandoned Flood Ho	ıse		ć.					Тур	4.7						
Street Address								H	School (K Subchapt	(-12)	or than	V 12\			
250 E Nantuxent Dr								H	Other (i.e.	. private	& comm	nercial bu	ı dine	s. hon	nes
City (5)								Carr	etc.)						/2505M
Downe Township									are Feet ries	0	f Floors	8		Age	
County (6)				County	Code (7)						aries		10+		
Cumberland				(STATE	USE ONL	n			ent Use (P using De						
Name of Monitoring Firm Hir	ad by Building	Owner (8)		ASC	M No.	atement Co			-						
Health & Safety Service	es			1,000,000		erprises,		(9)							
Street Address						Date Commence and	irio.			VI.					
PO Box 365						d									
City, State, Zip Code													3,5		
Berlin, NJ 08009		Street Address 6626 Delilah Road City, State, Zip Code Egg Harbor Town:										34			
Project Manager for Monitori	ıg Firm	City, State, Zip Code										se No.	-		
James Proctor				0117											
Start Date (10)		Scheduled	d Com					500000	1250 HA Monito	r	0.117	-			
11/26/2018		3/14/20					Heal	th &	Safety S	ervices	. Inc.				
Occupancy Status During Ab	atement (Chec	k Only One	e)				Street				A 31/10/74				
Facility Closed/Vacated	During Entire I	Period of Ab	patem	ent			PO E	Box 3	865						
Abatement Performed (Other – Describe: vaca	utside of Norn	nal Facility H	Hours				City, S	tate, Z	ip Code						_
	Francisco de la Companya de la Compa					_	Berli	n, N	J 08009						
Scope of Work (Check All Th	it Apply)	****													
≥3 sf or ≥3 lf		Re	novat	ion				Fu	II Containm	nent with	Negativ	A Press	2		
2160 sf or ≥260 lf		De	molitic	on			-	Mi	ni-Enclosur	re	riogani	70 1 1000			
								No	ovebag Pro n-Exempte	cedure	Non-F	riahla Dr	- odi	ro	
		ls I	.ocatio	n					. Exempte	, and	11011-1	nable F1		temen	t
Location of		No	rmally	,		Des	cription	of						уре	`
Asbestos-Containing Mat		Used	Solely		Asbes	tos Conta	aining M	ateria	I (ACM)	An	nount	4	390-67	T	
TO BE ABATEI In Facility	!	Custo			(i.e.	thermal	systems	insula	ation,	(S _I	pecify	Re	Z	inca	En
(13)		((12)				ing, VAT			SF	or LF)	Remova	Repair	apsu	Enclosure
		Yes	No	N/A								/al	=	Encapsulate	ure
Houses Deemed I	lu a a f a	100	140												
nouses Deemed (insate			X	Но	uses D	eemed	Uns	afe	200 yo	d per r	es x			
					11.00										\vdash
												+	-	-	\vdash
Name of Registered Waste H	uler		N	DEP W	aste	Cubic \	/ordo		Marie	D'-	- 11	1611			
		delm	0.5000			of Was			Name of	Register	ed Land	ITIII			
Site Enterprises Inc./J.P	riuler Truc	Trucking Hauler ID No. of Waste 35220/32054 20 cy CCIA													
City, State	2792/1021 to 102/102	2000 - 20				Disposa			City, Stat	е					-
Egg Harbor Township, N	J/Maple Sh	ade, NJ				3/14/2	2019		Roseni	hayn, N	JJ 083	52			
Completed by		Title				Sig	gnature	12				Date			\neg
Eric Keys		OM				4	(es)	12	9			11/29/	118	i	
							-	407							

NOCK					N OF ASE t to NJAC				IT			in 13	7		7 A.
Date of Notification (1) 11/29/2018					of Building				ent and Co	onetrue	tion (D)		1 15	la y	
	y e Notification	1		Street A	Address est Stat			geni	ent and Co	JIISHUC		DEC DEC	3	201	3
EPA DEP				City, St	ate, Zip C	ode					7 700	marine a	13-140 11-140	······································	***
DOL C	Amendmen Emergency	(including	_		on, NJ (Earo Lic		99.77. NG	at eta
DOH DCA	justification Cancellation				m Byste					765700	phone No 9)433-2				
Name of Facility Where Aba	of smooth in Tabili	DI	(2)		ILITY INF		ION			,					
Abandoned Flood Ho		ng Place ((3)					Тур	oe of Facility						
Street Address 160 Bayview Road								Ħ	School (K- Subchapte Other (i.e.)	r 8 (Othe			lings	hom	es
City (5)							-	Sai	etc.) uare Feet		Floors		.gt		
Downe Township									aries	Var)+	Age	
County (6) Cumberland					Code (7) USE ONLY)	*		rrent Use (Pri			shed)			
Name of Monitoring Firm Hi Health & Safety Servi		(STATE USE ONLY) Housi by Building Owner (8) ASCM No. Name of Abates								ntractor (_	-15	
Street Address	0 75								•	nc.					
PO Box 365															
City, State, Zip Code							5.0								
Berlin, NJ 08009 Project Manager for Monitor	ir a Firm			Telepho	ne No		Egg		bor Towns	ship, No					
James Proctor					452-131	1			-1250		License I	NO.			
Start Date (10) 11/26/2018		Schedul 3/14/2	led Cor	npletion	Date (11)				SHA Monitor Safety Se	ruiooo	Inc		-		
Occupancy Status During A	b: tement (Chec	k Only O	ne)				Street			er vices,	Inc.				
Facility Closed/Vacated	During Entire	Period of	Abaten	nent			PO E		30.500						
Abatement Performed Other – Describe: vac	a t	nai Facilit	y Hours						Zip Code IJ 08009						
Scope of Work (Check All T	na t Apply)							,	.0 00000				_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					N G	ull Containme lini-Enclosure lovebag Prod on-Exempted	e cedure	•			re	
		Is	Locati	on							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ī	bat	ement	
Location of Asbestos-Containing Ma	to rial (ACM)		Normal ed Sole		Ashaa		scription		-1/4010			-	13	/pe	П
TO BE ABATE In Facility (13)		1.000	todial S (12)			thermal surfa	systems cing, VA niscellan	s insu T, or		(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	(D
Houses Deemed	L <mark>nsafe</mark>			Х	Hoi	uses D	eemed	d Un	safe	200 yd	per res	X	_		
Name of Registered Waste H	Hauler ID No. of Worth								Registere	ed Landfil	1				
Site Enterprises Inc./J.	P Fidler Tru	Hauler ID No. of Waste													
City, State Egg Harbor Township,	N I/Manio Si	nado N		CLLUIO	2004	-	al Date		City, State		11.0005		-		-
Completed by	- Wiapie Si	Title	J .	<u> </u>			ignature		Rosenh	iayn, N		2 ate			
Eric Keys		ОМ					Eli	V	die			1/29/)18		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO CK		ľ			to NJAC				NT							
Date of Notification (1) 11/29/2018					of Building				nent and C	onetru	ctions/F	MGE	Ch	201	0	
Agencies Notified T	oe Notification		-	Street A		operty	iviaria	gon	ioni and o	Oristiu	CHOIL	_ IVI	P/-	_201	ŏ	Ji.
	1-11-1				est State	e Stree	t				To the same of the					1
EPA DEP	Initial Amended		H	City, Sta	ate, Zip C	ode				-	Fasta	-11.X			0.75, 5	- 1
DOL	Amendment			Trent	on, NJ C	8625				٦.,		LIÇ!		NE.		
□ DOH	Emergency justification)			Name o	f Contact					Te	lephone	Numb	er			
☐ DCA ☐	Cancellation	1		Willia	m Byste	er				(6	609)433	3-200)1			
Name of Facility Where Aba	amont in Table	DI (2		FAC	ILITY INF	ORMAT	ON	_					_			
Abandoned Flood Ho		ig Place (3)					Ту	pe of Facility							
Street Address	36							Н	School (K-			ov				
181 Bayview Road								H	Subchapte Other (i.e. etc.)				bui	lings,	home	es,
City (5)								Sq	uare Feet	# 0	f Floors	-	TE	dg. A	ge	
Downe Township								Va	aries	Va	aries			0+		
County (6)					Code (7)			Cu	rrent Use (Pr	ior if be	ing demo	olished	d)			
Cumberland				-	USE ONLY			1500	ousing De			1				
Name of Monitoring Firm Hi		Owner (8)		ASCN	Л No.				batement Co		(9)		-			
Health & Safety Servi	es					12.4			terprises, I	nc.						
Street Address							Street		14. J.							
PO Box 365							222000	2000	elilah Road	i						
City, State, Zip Code Berlin, NJ 08009							1000		, Zip Code							
Project Manager for Monitor	i a Firm			Talanha	as No				rbor Towns	snip, i		3-22				
James Proctor	ing Filli			Telepho (856)	152-131	1	Teleph 609-		7-1250		Licens 0117					
Start Date (10)		Schedule	d Con						SHA Monitor		0117		_	-		
11/26/2018		3/14/20		piotion	Julio (11)				& Safety Se		s, Inc.					
Occupancy Status During A	atement (Chec	k Only On	e)				Street									
Facility Closed/Vacated	During Entire	Period of A	batem	ent			PO I	Box	365							
Abatement Performed Other – Describe: vac		nal Facility	Hours	5			City, S	state,	, Zip Code							
							Berl	in, N	VJ 08009							
Scope of Work (Check All T	at Apply)							_								
≥3 sf or ≥3 lf			enova				-		ull Containm		Negativ	e Pre	SSU	е		
≥160 sf or ≥260 lf		Цυ	emolit	ion					Mini-Enclosur Glovebag Pro							
									Non-Exempte		d Non-Fr	riable	Pro	edur	e	
		71.000	Locati	10000										Abate		
Location of		100000	lormall d Sole	*			scription					-	_	- i y	ре	
Asbestos-Containing Ma TO BE ABATE		Mai	ntenar	ice/		tos Cont thermal			rial (ACM)		mount Specify		ZJ	earner .	En	ш
In Facility	1	Cust	odial S (12)	staff?	(surfac	cing, VA	T, or	r		or LF)		Removal	Repair	caps	Enclosure
(13)		-	(/			other n	niscellar	neous	s)				oval	ar.	Encapsulate	sure
		Yes	No	N/A											е	
Houses Deemed	Jnsafe			X	Но	uses D	eeme	d Ur	nsafe	200 y	d per r	es	X			
													_			
								1000				_	_	-		
		+							_	-						
Name of Registered Waste I	auler	NJDEP Waste Cubic Yards Name of Regi										4fill				
		Hauler ID No. of Waste									ieu Lano	1111				
Site Enterprises Inc./J.	r . Flaier i ru	скіпд														
City, State							al Date	i i	City, Stat							
Egg Harbor Township,	NJ/Maple SI					3/14/			Rosen	hayn,	NJ 083	352				
Completed by Eric Keys		Title				8	ignature	1				Date	00/	018		
Elic Keys		OM					امار	12	1			11/2	-31	010		

NO UL			(P	ursuani	t to NJAC	8:60 an	d 12:12	0)		ji.	4			A 11 11 11 11 11 11 11 11 11 11 11 11 11		
Date of Notification (1) 11/29/2018					of Building ion of Pr				nent and C	onstru	ction ([ic)	3	2018	
Agencies Notified T	e Notification				Address					1	, , , , , ,					-
□ EPA □	Initial		- 1	33 W	est Stat	e Stree	et					1 4"	-755	00	5700	v k
DEP X	Amended	4		2000	ate, Zip C						F. 6.71	1	ICE	JEIN	13	2007
DOL	Amendment Emergency (-	Trent	on, NJ (8625						* (* *)		and a section	4-14-7-7	
□ DOH □	justification)	including		Name o	of Contact					Tel	ephone l	Num	per			
DCA L	Cancellation			Willia	m Byste	er				(6	09)433	-20	01			
Name of Engility Whose Abo	Annual la Tabla	DI (0		FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Aba Abandoned Flood Ho	se	g Place (3)					Ty	pe of Facility	3000						
Street Address								H	School (K- Subchapte	-12) er 8 (Oth	er than k	(-12)				
114 Bayview Road									Other (i.e. etc.)	private 8	& comme	ercial	buil	lings	home	es,
City (5)					ii			Sc	quare Feet	# 01	f Floors		TE	dg. A	\ae	
Downe Township									aries	Va	aries			0+	3	
County (6)					Code (7)			Cı	urrent Use (Pr	rior if bei	ng demo	lishe	d)			
Cumberland				(STATE	USE ONLY)	<u></u>	1900000	lousing De							
Name of Monitoring Firm Hir		Owner (8)		ASC	И No.		Name	of A	Abatement Co	ntractor	(9)			-		
Health & Safety Service	es						Site	En	terprises, I	nc.						
Street Address							Street							Na Petro	11-16-1	
PO Box 365 City, State, Zip Code									elilah Road	<u> </u>						
Berlin, NJ 08009									e, Zip Code	-l-:- NI	110000					
Project Manager for Monitori	g Firm	344500		Telepho	no No		Teleph		rbor Town	snip, iv		350				
James Proctor	9 1 1111				452-131	1	100000000000000000000000000000000000000		7-1250		License 01172				r -	
Start Date (10)		Schedule	d Con		Date (11)		15.815.000.000		OSHA Monitor		01172	-	_			_
11/26/2018		3/14/20		•	, ,				& Safety S		s, Inc.					
Occupancy Status During Ab	itement (Check	Only One	∋)				Street		Carrier and the state of the same							-
Facility Closed/Vacated	During Entire P	eriod of A	batem	ent			PO I	Вох	365							
Abatement Performed (Other – Describe: vaca	utside of Norm	al Facility	Hours	l.			City, S	tate	, Zip Code					-		
						_	Berli	in, l	NJ 08009							
Scope of Work (Check All Th	it Apply)	_						,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	enova				-		Full Containm		Negative	e Pre	ssu	9		
		П	emoliti	ion					Mini-Enclosur Glovebag Pro							
									Non-Exempte		d Non-Fr	iable	Pro	edur	е	
		Is	ocati	on											ement	
Location of			ormall Sole			Des	scription	of				-	_	- I y	ре	
Asbestos-Containing Mat TO BE ABATE			ntenar						rial (ACM)	2760	mount		_		щ	m
In Facility	1.	Custo	dial S	staff?	(1.6.	thermal surfac	systems cing, VA				pecify or LF)	- 1	₹em	Repair	ıcap	nclo
(13)			(12)				niscellan			25500			Remova	oair	Encapsulate	Enclosure
		Yes	No	N/A									_		ate	Ø
Houses Deemed	nsafe			X	Но	uses D	eemed	U	nsafe	200 y	d per re	es	X			
			- /									1	_	-		
												+				
												+		-		
Name of Registered Waste H	uler		N.	JDEP W	aste	Cubic `	Yards		Name of	Register	red Land	fill	_			-
Site Enterprises Inc./J.F	. Fidler Truc	king	2022	auler ID 5220/3	FK FK 1.50	of Was 20 cy			CCIA	J		99(3)				
City, State					_00+		al Date	_	City, Stat	e			_		_	
Egg Harbor Township,	J/Maple Sh	ade, NJ				3/14/2	2019		Rosen		VJ 083	52				
Completed by		Title				Si	gnature	ı		, . , ,		Date	_	-		
Eric Keys		ОМ				1	ناو	16	20				29/2	018		

ASB-41 (R-06-08)

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

NOCK			NOTIF	ICATIO Pursuan	N OF AS	BESTOS C 8:60 an	ABATE d 12:12	EME 20)	ENT			(A)	[23]	7 1 1 1 1 1		
Date of Notification (1) 11/29/2018					of Building							- 1.79*	- 1027-4 - 107			1
Agencies Notified T	pe Notification					roperty	Mana	igei	ment and C	-	ction	(DPI	MC)	2 1	010	11
EPA [Address /est Stat	te Stree	et			71:	1	NEC	, 1	J 6	010	7 7
DEP	Initial Amended		ŀ	City, St	tate, Zip C	ode				1	- Exmander	1-019477		Approximately		į.
DOL	Amendment				ton, NJ					+	<i>4.</i> (1)	12.71	COS LOGIST	XON SIM		- " +
□ DOH	Emergency (justification)	including	3		of Contact					Te	lephone		- 10	erur-	Acres 11	4.51
□ DCA □	Cancellation			Willia	ım Byste	er					09)43					
Name of Facility When Al				FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Aba Abandoned Flood Ho	ement is Taking	g Place (3)					Т	ype of Facility	(4)						
Street Address	ise								School (K							
116 Bayview Road									Subchapte Other (i.e.	er 8 (Oth private	er than & comn	K-12 nercia	2) al bui	dings	, hom	es,
City (5)								S	etc.) quare Feet	1#0	f Floors			ldg. /	100	
Downe Township									/aries		aries		1	10g. /	ige	
County (6)			Т	County	Code (7)							nolish	ed)	-		
Cumberland		County Code (7) (STATE USE ONLY) Building Owner (8) ASCM No. Name of Abatement Code (7) Site Enterprises, I Street Address 6626 Delilah Road											.cuj			
Name of Monitoring Firm Hi	ed by Building C	uilding Owner (8) ASCM No. Name of Abatement Site Enterprises Street Address														
Health & Safety Servi	es										(-)					
Street Address				-						7,0808			_			-
PO Box 365							662	6 E	elilah Roa	d						
City, State, Zip Code							City, S	State	e, Zip Code							
Berlin, NJ 08009							Egg	Ha	arbor Town	ship, N	JJ 082	34				
Project Manager for Monitor	ig Firm			Telepho	ne No.		Telep	hon	e No.		Licen	se No	D.			
James Proctor				0.5	452-131		609	-56	7-1250		0117	72				
Start Date (10) 11/26/2018		Schedul 3/14/2	ed Cor	npletion	Date (11)				OSHA Monito					-		
	-11								& Safety S	ervices	s, Inc.					
Occupancy Status During At	2.	15	50				Street		제하.전쟁((B. 1.)							
Facility Closed/Vacated Abatement Performed (During Entire P	eriod of	Abaten	nent					x 365							
Other – Describe: vac	nt	ai Facilit	y Hours				CDB - 5		e, Zip Code NJ 08009							
Scope of Work (Check All Th	at Apply)						DCII	1111,	140 00003							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					1	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure					e	
		le	Locati	on					-			11010			ement	
Location of		1	Normal	ly		Des	scription	of						Ту	ре	
Asbestos-Containing Mar			d Sole			tos Cont	aining N	/late	erial (ACM)	А	mount				т	
TO BE ABATE In Facility	2	0.00	todial S		(i.e.	thermal	system: cing, VA				pecify or LF)		Rer	Re	Encapsulate	Enclosure
(13)			(12)				niscellar			31	OI LF)		Removal	Repair	psul	losu
		Yes	No	N/A									al	,	ate	6
Houses Deemed	Insafe			X	Но	uses D	eeme	d U	Insafe	200 v	d per	res	Х	_		
					- 12						- P-01	-				
													_			
Name of Registered Waste H	luler	Traine C									red I an	dfill				
Site Enterprises Inc./J.F		er Trucking Hauler ID No. of Waste									.cu Lan	will				
City, State			3	022013	2004	20 cy	al Date			to.						
Egg Harbor Township,	JJ/Manle Sh	ade N.	I			3/14/2	2019		City, Star Rosen		NII nor	350				
Completed by		Title					gnåture	. 1	1103611	nayn, l	40 000	Date				
Eric Keys		OM				3		Vo	no					018		

NOCK			NOTIF (F	CATION	OF ASB	ESTOS 8:60 an	ABATE d 12:120	MENT D)			E S	1.49	3 1		12	
Date of Notification (1) 11/29/2018					of Building on of Pr		and some or an arrangement		nt and C	onstru			IC)		**, - 34	
Agencies Notified	Type Notification	1		Street A							DE	0	10	201	8	11
☐ EPA [Initial			2,282-0100-0	est State		et									
H DEP DOL	Amended Amendmen	t#1			ate, Zip Co on, NJ 0						1.39118	TŌ	s Gi	ATT	01.5	
	Emergency	(including			of Contact	10025				Tal		100	A 10	M.		
DOH DCA	justification Cancellatio				m Byste	r					ephone N 09)433					
	Ī				ILITY INF		ION			(0,	00)400	20				
Name of Facility Where Ab		ng Place (3)					Туре	of Facility	(4)						
Abandoned Flood Ho	olise								School (K-							
Street Address									Subchapte Other (i.e.	r 8 (Othe	er than K	-12)	hui	lings	home	.
122 Bayview Road								_ е	etc.)	private c	x comme	IGIAI	Dui	miys,	ПОПТК	25,
City (5)									e Feet	1	Floors		1	ldg. A	ge	
Downe Township County (6)				0	0 1 (7)			Varie			ries			0+		
Cumberland					Code (7) USE ONLY)			nt Use (Pr sing De			lishe	ed)			
Name of Monitoring Firm H	ir ed by Building	Owner (8)		ASCN	A No		Name		ement Co						-	
Health & Safety Serv		o mile (e)		7.001	1110.		1		prises, I		(3)					
Street Address							1000000	Addres	never the second				_			-
PO Box 365							6626	6 Delila	ah Road	d						
City, State, Zip Code							City, S	tate, Zi	p Code				_			
Berlin, NJ 08009							Egg	Harbo	r Towns	ship, N	J 0823	4				
Project Manager for Monito	ri ng Firm			Telepho			75	one No			License	No.		9.1777.2		
James Proctor					152-131	1	609-	567-1	250		01172	2				
Start Date (10) 11/26/2018		3/14/2		npletion	Date (11)		100000000000000000000000000000000000000		A Monitor Safety S		. Inc					
Occupancy Status During A	atement (Che	ck Only Or	ne)					Addres	374	OI VICCO	, 1110.					_
Facility Closed/Vacate	d During Entire	Period of	Abaten	nent			PO E	30x 36	85							
Abatement Performed Other – Describe: va	Outside of Norr	mal Facility	/ Hours	5				tate, Zip	08009		3					
Scope of Work (Check All 7	That Apply)						Deni	11, 110	00009				_	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Mini Glov	Containm i-Enclosur vebag Pro -Exempte	e cedure					9	
		le	Locati	ion					Zxompto	a () and	11011111		_		ment	
Location of	f .	1	Normal	ly		De	scription	of						Ту	ре	
Asbestos-Containing M	aterial (ACM)	100000000000000000000000000000000000000	d Sole intena			tos Cont	taining M	laterial		Ar	mount				ш	_
TO BE ABAT In Facility	<u>E 2</u>	7000	todial S		(i.e.		systems cing, VA		tion,		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)			(12)				niscellan				0, 2, ,		lova	pair	sula	osur
		Yes	No	N/A									_		ite	Ф
Houses Deemed	Jnsafe			Х	Но	uses D)eemed	d Unsa	afe	200 y	d per re	es	X			
Name of Registered Waste	H auler		1	JDEP W		100000000000000000000000000000000000000	Yards		Name of	Register	red Land	fill				
Site Enterprises Inc./J	.F. Fidler Tru	icking	1,500	auler ID 5220/3		of Was			CCIA							
City, State				J	_007		sal Date		City, Stat	te			_	_		-
Egg Harbor Township	J/Maple S	hade, N	J			3/14/					NJ 083	52				
Completed by Eric Keys		Title				S	ignature	16				Date		.018		
	-						lh	140								

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/29/2018 Division of Property Management and Construction (DPMC Agencies Notified Type Notification Street Address 33 West State Street **EPA** Initial $\overline{\mathbf{x}}$ DEP City, State, Zip Code Amended ASBESTOE CONTROLA DOL Amendment # 1 Trenton, NJ 08625 LICE VSING Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation William Byster (609)433-2001 FACILITY INFORMATION Name of Facility Where Aba ement is Taking Place (3) Type of Facility (4) Abandoned Flood House School (K-12) Street Address Subchapter 8 (Other than K-12) 158 Bayview Road Other (i.e. private & commercial buil lings, homes, City (5) Square Feet # of Floors E dg. Age Downe Township Varies Varies :0+ County (6) County Code (7) Current Use (Prior if being demolished) Cumberland (STATE USE ONLY) Housing Deemed Unsafe Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Site Enterprises, Inc. Street Address Street Address PO Box 365 6626 Delilah Road City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Egg Harbor Township, NJ 08234 Project Manager for Monitori g Firm Telephone No. Telephone No. License No. James Proctor (856) 452 - 1311 609-567-1250 01172 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/26/2018 3/14/2019 Health & Safety Services, Inc. Occupancy Status During Ab Itement (Check Only One) Street Address PO Box 365 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Cutside of Normal Facility Hours City, State, Zip Code Other - Describe: vacant Berlin, NJ 08009 Scope of Work (Check All Th it Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressu > ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro edure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATEI =ncapsulate (i.e. thermal systems insulation. (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Houses Deemed Unsafe Houses Deemed Unsafe X 200 yd per res Name of Registered Waste Hi uler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Site Enterprises Inc./J.P Fidler Trucking CCIA 35220/32054 20 cy City, State Disposal Date City, State 3/14/2019 Egg Harbor Township, NJ/Maple Shade, NJ Rosenhayn, NJ 08352 Completed by Title Signature Date Eric Keys OM 11/29/2 018

State of New Jersey

ASB-41 (R-06-08)

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/29/2018 Division of Property Management and Construction (PPMC) Agencies Notified Type Notification Street Address 33 West State Street **EPA** Initial X DEP City, State, Zip Code STOO OF WIRDLA Amended LICENSI IG DOL Amendment # 1 Trenton, NJ 08625 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation William Byster (609)433-2001 **FACILITY INFORMATION** Name of Facility Where Aba ement is Taking Place (3) Type of Facility (4) Abandoned Flood House School (K-12) Street Address Subchapter 8 (Other than K-12) 177 Bayview Road Other (i.e. private & commercial buil lings, homes, etc.) City (5) Square Feet # of Floors Eldq. Age Downe Township Varies Varies : 0+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Cumberland Housing Deemed Unsafe Name of Monitoring Firm Hir d by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Site Enterprises, Inc. Street Address Street Address PO Box 365 6626 Delilah Road City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Egg Harbor Township, NJ 08234 Project Manager for Monitoria g Firm Telephone No. Telephone No. License No. James Proctor (856) 452 - 1311 609-567-1250 01172 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/26/2018 3/14/2019 Health & Safety Services, Inc. Occupancy Status During Ab Itement (Check Only One) Street Address PO Box 365 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Cutside of Normal Facility Hours City, State, Zip Code Other - Describe: vacant Berlin, NJ 08009 Scope of Work (Check All The t Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro edure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATEL Encapsulate (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Houses Deemed Unsafe X Houses Deemed Unsafe 200 yd per res Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Site Enterprises Inc./J.P Fidler Trucking CCIA 35220/32054 20 cy City, State Disposal Date City, State Egg Harbor Township, NJ/Maple Shade, NJ 3/14/2019 Rosenhayn, NJ 08352 Completed by Title Signature

OM

Eric Keys

11/29/2)18

ASB-41 (R-06-08)

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO CK		N		CATION	OF ASBI	ESTOS	ABATE				国の	En	-	147	[2]	17
Date of Notification (1) 11/29/2018					Building (it and Co		ation (D	DMC	.,			TATION AND AND AND AND AND AND AND AND AND AN
I ASSOCIATION OF THE PROPERTY	e Notification			Street A	ddress			gerrier	it and ot	Jijstiuc	LIOIN EY	TIVIC	7	2018		
EPA E	Initial				est State		t		i	f.,	KESEST	007	77	Transport	N 6	
DEP DOL	Amendment #		_		on, NJ 0				,		L	CEN	SI !	G	IL, C.	
□ DOH □	Emergency (ir justification)	cluding			Contact	0					ephone N					
DCA L	Cancellation				n Byster		ON.			(60	09)433-	200	1			
Name of Facility Where Aba	ement is Taking	Place (3)	FACI	LITY INFO	RIVIATI	ON	Type	of Facility	(4)			_			
Abandoned Flood Ho	33%							_	School (K-							
Street Address									Subchapte	r 8 (Othe				•		
34 Paris Road									Other (i.e. etc.)	private &	& comme	rcial b	ull	ings,	nome	es,
City (5)								100	e Feet		f Floors			dg. A	ge	
Lawrence Township								Varie			ries			0+		
County (6) Cumberland			100	County ((STATE L	Code (7) JSE ONLY)				nt Use (Pr sing De			ished)			
Name of Monitoring Firm Hi	r d by Building O	wner (8)		ASCN	1 No.		Name		ement Co							
Health & Safety Servi	es						Site	Enter	prises, li	nc.						
Street Address								Addres								
PO Box 365									ah Roac	l						
City, State, Zip Code								State, Zi	•	-l-:- N	11.0000	,				
Berlin, NJ 08009 Project Manager for Monitor	i va Eirm			Telephor	no No			hone No	or Towns	snip, iv	License	-	_			
James Proctor	ing rain				52-131	1		-567-1			01172					
Start Date (10)				pletion I	Date (11)		Name	of OSH	A Monitor				-			
11/26/2018		3/14/20					Hea	Ith & S	Safety Se	ervices	s, Inc.					
Occupancy Status During A	atement (Check	Only On	e)					Addres								
Facility Closed/Vacated Abatement Performed								Box 36								
Other – Describe: vac	nt	ii i dointy	110013			_			08009							
Scope of Work (Check All T	at Apply)		N										_			
≥3 sf or ≥3 lf			enova				F	Full	Containm	ent with	Negative	e Pres	SSL	е		
≥160 sf or ≥260 lf			emoliti	ion			-		i-Enclosur vebag Pro							
		,							n-Exempte		d Non-Fri	able l	Prc :	edur	e	
		1000	Location	9517003											ement pe	
Location of			lormall d Sole				scription		/ L O. I.			H	-	. ,	PC	
Asbestos-Containing Ma TO BE ABATE		Ma	intenar	nce/		tos Cont thermal				1000	mount Specify		ZD.	77	Enc	En
In Facility (13)		Cust	odial S (12)	ian?			cing, VA			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Othern	ilisociia	neous)					<u>a</u>	=,	ilate	ure
I I Donne Donne I	1	165	INO		11-			م دا ا اد		000.						
Houses Deemed	Jnsate			X	HO	uses D	eeme	d Uns	are	200 y	/d per re	es 2	X			
			<u> </u>			2 (C. 1 (2 C. 1 (2 C) (2 C. 1 (2 C) (2 C. 1 (2						-				
													_			
Name of Registered Waste	auler		- N	JDEP W	/aste	Cubic	Yards		Name of	Reaiste	ered Land	lfill				
Site Enterprises Inc./J.		king	Н	auler ID	No.	of Wa	ste		CCIA							
City, State			3	5220/3	2004	20 cy Dispos	sal Date	9	City, Sta	te						
Egg Harbor Township,	NJ/Maple Sha	ade, N	J				2019		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NJ 083	52				
Completed by		Title				S	gnatur	ę/				Date	-			
Eric Keys		OM				(Cei	120	,			11/2	29.	2018	ĺ.	
								N/								

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/29/2018 Division of Property Management and Construction (DBMC): Agencies Notified Type Notification Street Address 33 West State Street **EPA** Initial SEESTOS OF ALT X City, State, Zip Code DEP Amended LICENS NG DOL Amendment # 1 Trenton, NJ 08625 Emergency (including Name of Contact DOH Telephone Number justification) DCA Cancellation William Byster (609)433-2001 **FACILITY INFORMATION** Name of Facility Where Abat ment is Taking Place (3) Type of Facility (4) Abandoned Flood House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buil ings, homes, 118 & 120 Bayview Road City (5) Square Feet # of Floors E dg. Age Downe Township Varies Varies :0+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Cumberland Housing Deemed Unsafe Name of Monitoring Firm Hire d by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Site Enterprises, Inc. Street Address Street Address PO Box 365 6626 Delilah Road City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Egg Harbor Township, NJ 08234 Project Manager for Monitorii g Firm Telephone No. Telephone No. License No. James Proctor (856) 452-1311 609-567-1250 01172 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/26/2018 3/14/2019 Health & Safety Services, Inc. Occupancy Status During Ab Itement (Check Only One) Street Address PO Box 365 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Cutside of Normal Facility Hours City, State, Zip Code Other - Describe: vacant Berlin, NJ 08009 Scope of Work (Check All Th it Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressul ? ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proredure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATEI (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Houses Deemed Unsafe X Houses Deemed Unsafe 200 yd per res X Name of Registered Waste H uler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Site Enterprises Inc./J.F. Fidler Trucking CCIA 35220/32054 20 cv City, State Disposal Date City, State 3/14/2019 Egg Harbor Township, NJ/Maple Shade, NJ Rosenhayn, NJ 08352 Completed by Title Signature Date Eric Keys 11/29/2 018 OM

ASB-41 (R-06-08)

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

NULK			(Pi	ursuant	to NJAC	8:60 an	d 12:12	(0)		-weiter in	and the		market.	V.7	ran con	part .
Date of Notification (1) 11/29/2018					f Building on of Pr		2.5		ent and Co		ction ([111	Lin	A CONTRACTOR OF THE PARTY OF TH
Agencies Notified	Ty be Notification			Street A		477.9		J	1					2018	0.00	
EPA DEP	Initial Amended				ate, Zip Co					1 164	170.70			_	1	
DOL	Amendment		_		on, NJ 0					1_	Marie Color Serve Serve			and the same of the		
П рон	Emergency (justification)	including	-		f Contact					Tel	ephone	Num	ber	HK.	er. Ca	
DCA	Cancellation				m Byste	r					09)433		Line best mile		100 m	(1 1 4 1 g 1 x 2
				FACI	LITY INF	ORMATI	ON									
Name of Facility Where A Abandoned Flood F		Place (3))					Тур	e of Facility School (K-	200200 2000000						
Street Address 124 Bayview Road									Subchapte Other (i.e. etc.)	r 8 (Other	er than I & comm	K-12) ercia	l buil	lings,	home	es,
City (5)								Squ	uare Feet	# 01	f Floors		TE	dg. A	ge	
Downe Township								Va	ries		ries		- 1	0+	,	
County (6)					Code (7)			Cur	rent Use (Pr	ior if bei	ng demo	olishe	ed)			
Cumberland				(STATE	USE ONLY)		Н	ousing Dee	emed l	Unsafe		-			
Name of Monitoring Firm	Hir d by Building (Owner (8)		ASCN	ΛNo.		Name	of Al	patement Co	ntractor	(9)					
Health & Safety Ser	vides						Site	Ent	erprises, li	nc.						
Street Address							Street	Addr	ress					-		
PO Box 365							662	6 De	elilah Road	ł						
City, State, Zip Code									Zip Code							
Berlin, NJ 08009							Egg	Har	bor Towns	ship, N	J 0823	34				
Project Manager for Monit	tori ig Firm		1	Telepho			Telep				Licens		i.			
James Proctor					152-131	1		98170755	-1250		0117	2				
Start Date (10) 11/26/2018		Schedule 3/14/20	19	pletion	Date (11)				SHA Monitor Safety Se		s, Inc.					
Occupancy Status During	Ab atement (Check	Only One	e)				Street									
Facility Closed/Vaca	ted During Entire P	eriod of A	batem	ent			PO	Box	365							
Abatement Performe Other – Describe: v	d Cutside of Norm	al Facility	Hours						Zip Code							
						_	Berl	lin, N	J 08009							
Scope of Work (Check All	That Apply)						-	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					- N	ull Containm Iini-Enclosur Slovebag Pro Ion-Exempte	e cedure						
		Τ							ion-Exemple	u () and	u Non-F	labit	3 P10	Abate		
		10.000,000	Location ormall			_		1700.00 4 01						Ту		18
Location Asbestos-Containing	TOTAL CONTRACTOR CONTR	Used	Solel	y by	Asbes		scription aining N		al (ACM)	A	mount					
TO BE ABA	TE)		ntenan odial S			thermal	system	s inst	ulation,	(S	Specify		Re	æ	Encapsulate	Enc
In Facilit (13)	У		(12)				cing, VA niscellar			SF	or LF)		Removal	Repair	nsdı	Enclosure
		Yes	No	N/A									'al	-	late	ıre
Houses Deeme	d Jnsafe			Χ	Но	uses D	eeme	d Ur	nsafe	200 y	d per r	es	Х			
										and the second second						
														-		
Name of Registered Wast	e Hauler			JDEP W		Cubic			Name of	Registe	red Lan	dfill		_		
Site Enterprises Inc./	J.F. Fidler Truc	king	1000	auler ID 5220/3		of Was 20 cy			CCIA							
City, State							al Date		City, Stat			ALC: NO.				
Egg Harbor Township	o, NJ/Maple Sh					3/14/			Rosen	hayn,	NJ 083	352		<u> </u>		
Completed by		Title				S	ignature	9 /				Date		:018		
Eric Keys		OM					YM	10	4			1.17	231	.010		

MOCL				(Pi	ursuant	to NJAC	8:60 an	d 12:120	0)		2 -4	marine and a service of the service	(A)		PARKING AND IN	The Marine
Date of Notification (1) 11/29/2018						f Building							(L)			
	_						perty	Manag	gem	ent and Co	nstru	ction (D	PMC)		The last second	**************************************
Agencies Notified	Тур	Notification			Street A	ddress est State	Stree	t			1000	FORWARD IN SEC.	DEC	1 3	2018	2
EPA DEP	X	Initial Amended		-	City, Sta	te, Zip Co	de				-	The state of the s			-010	, ,
DOL		Amendment #		_		on, NJ 0					å }	1-00	Specification of the		and commenced to the second	ļ*
П рон	Ш	Emergency (in justification)	cluding	-	Name o	f Contact					Tel	ephone N	lumber	27 X	DATTI	H.E.
DCA		Cancellation			Willian	m Byster	•				(6	09)433-	2001	1000	uva	ira samue
					FACI	LITY INFO	DRMATI	ON				- 2				
Name of Facility Where A			Place (3)						Тур	e of Facility ((4)					
Abandoned Flood F	Hous	е								School (K-1	12)					
Street Address 138 Bayview Road									R	Subchapter Other (i.e. p				ildi 1g	s, hom	es,
City (5)										etc.)	-					
Downe Township										uare Feet	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Floors			. Age	
										aries		ries		3(+		
County (6) Cumberland					(STATE	Code (7) USE ONLY)	-			rrent Use (Pri ousing Dee			ished)			
Name of Monitoring Firm	Hire	by Building Ov	vner (8)		ASCN	1 No.		Name		batement Cor						
Health & Safety Ser		D. S.			,					erprises, Ir		(3)				
Street Address				-	1	-		Street	2000		10.			_		
PO Box 365								100000000000000000000000000000000000000		elilah Road						
City, State, Zip Code								City, S	State,	Zip Code						-
Berlin, NJ 08009								Egg	Har	bor Towns	ship, N	J 08234	4			
Project Manager for Moni	toring	Firm			Telepho	ne No.		Teleph	none	No.		License	No.			
James Proctor					(856)4	152-131	1	609-	567	-1250		01172	!			
Start Date (10) 11/26/2018			Scheduled 3/14/20		pletion	Date (11)				SHA Monitor Safety Se	ervices	, Inc.				
Occupancy Status During	Aba	ement (Check	Only One	e)				Street	Addr	ress						
Facility Closed/Vaca	ted [urina Entire Pe	riod of Al	patem	ent			PO I	Вох	365						
Abatement Performe	ed Ou	tside of Norma						City, S	state,	Zip Code				1200		
Other – Describe: v	acar							Berl	in, N	NJ 08009						
Scope of Work (Check All	Tha	Apply)														
≥3 sf or ≥3 lf			☐ Re	nova	tion				F	ull Containm	ent with	Negative	Press	ure		
\(\geq \geq 160 \text{ sf or ≥260 lf}			☐ De	emoliti	ion			-		Mini-Enclosure Blovebag Pro						
										lon-Exempte		Non-Fri	able Pr	oc :d	ure	
			le I	ocati	on									/ ba	atemen	t
Location	of		(2.55)	ormall			Do	scription	of						Type	
Asbestos-Containing I	2/322	ial (ACM)	Used	Sole			os Cont	aining N	/later	ial (ACM)	Α	mount			m	
TO BE ABA In Facilit		30 30	Custo			(i.e.		systems				pecify	Rei	2	nca	Enc
(13)	Ly			(12)				cing, VA niscellar			51	or LF)	Remova	Kepair	Encapsulate	Enclosure
			Yes	No	N/A								<u>a</u>	7	late	l'e
Houses Deeme	n h	nsafe			X	Ho	ISAS D	eeme	d Ur	nsafe	200 v	d per re	es X	+-		
Tiodoco Bootilo						110	4303 L	CCITIC	u Oi	isaic	200 y	a per re	75 A	-	+-	
								-						+-	+	\vdash
					-								-	+-	-	
Name of Registered Wast	te Ha	ıler		N	JDEP W	laste	Cubic	Yarde		Name of	Registe	red Land	fill	1_		
		C.044505	doa	1000000	auler ID		of Was				, togiste	, ou Land				
Site Enterprises Inc./	IJ.P	-iuler Truck	urig	3	5220/3	2054	20 cy			CCIA			- N. 10 Pares 1849			
City, State		10.4						sal Date 2019		City, Stat		NII noor				
Egg Harbor Townshi	p, N	J/Maple Sha								Hosen	nayn,	NJ 083				
Completed by			Title				S	ignature	: 1/				Date 11/29	121	18	
Eric Keys			OM					er	. 1	1			11/20			

NOCK.				CATION	of Ne OF ASB to NJAC	ESTOS	ABATE		NT		with the control parties of the first	enema y san ya sa	to not a manual		
Date of Notification (1) 11/29/2018					f Building on of Pr		0.7	2011	nent and C	onstru	ction (DP	MC)	19	I in	
Agencies Notified T	yr e Notification			Street A	Contract Indiana	200			1	And the second s	•		2018		
DEP DOL	Amended Amendment #				ate, Zip Co						010		.010	-	. ,
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name o	f Contact m Byste						ephone Nu 09)433-2		17/10	71 - 51	
					LITY INF		ON			(0	00)400 2	001			
Name of Facility Where Aba		Place (3	3)					Ту	pe of Facility	(4)					
Abandoned Flood Ho	u <mark>se</mark>								School (K-	12)					
Street Address									Subchapte	r 8 (Oth	er than K-1	2)		¥270000	90
142 Bayview Road								L	Other (i.e. etc.)	private d	& commerc	iai buii	ngs	nome	es,
City (5)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					uare Feet	# of	Floors	E	dg. A	lge	
Downe Township								100	aries	200	ries		3)+		
County (6) Cumberland					Code (7) USE ONLY)	_	1000	irrent Use (Pr lousing De		-	hed)			
Name of Monitoring Firm Hi Health & Safety Servi		wner (8)		ASCN	/I No.				Abatement Co		(9)				
Street Address							Street	/		116.					
PO Box 365									elilah Road	1					
City, State, Zip Code	-							200	, Zip Code				-		_
Berlin, NJ 08009							1000		rbor Towns	ship, N	J 08234				
Project Manager for Monitor	in j Firm			Telepho	ne No.		Teleph	hone	No.		License N	lo.			
James Proctor				(856)4	152-131	1	609-	-56	7-1250		01172				
Start Date (10) 11/26/2018		Schedul	ed Com	pletion	Date (11)				SHA Monitor						
		3/14/2					Hea	lth	& Safety S	ervices	s, Inc.				
Occupancy Status During A	tement (Check	Only Or	ne)				Street								
Facility Closed/Vacated Abatement Performed	Juring Entire Po	eriod of	Abatem	ent			00.110		365						
Other – Describe: vac	a t	ii Facility	Hours						, Zip Code						
Scope of Work (Check All T							beri	m,	NJ 08009						_
≥3 sf or ≥3 lf	ile (Apply)	п.					г	7		70 (000)	240 92 1/2				
≥160 sf or ≥260 lf		H	Renovat Demoliti	tion					Full Containm Mini-Enclosur		Negative F	ressu	r :		
							-		Glovebag Pro						
	-		10. 1980						Non-Exempte	d (*) and	Non-Friat	le Pro		e ement	-
			Location Normall											pe	.
Location of Asbestos-Containing Ma	te rial (ACM)	Use	d Solel	y by	Ashes		scription aining M		rial (ACM)	Δ	mount			_	
TO BE ABATE			intenar todial S			thermal	systems	s ins	sulation,	(S	pecify	Re	R	inca	Enc
In Facility (13)			(12)				cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
***		Yes	No	N/A		60-116-7-10-10			-,			a	7	late	лге
Houses Deemed	Unsafe			X	Но	uses D	eeme	d U	nsafe	200 y	d per res	Х	i de		
											•		-		
												1	-		
Name of Davids			1												
Name of Registered Waste	10 10 10 10 10 10 10 10 10 10 10 10 10 1	200	2072	JDEP W auler ID	170000000000000000000000000000000000000	Cubic of Was			0-004-000	Registe	red Landfill				
Site Enterprises Inc./J.	P Fidler Truc	king	1 237	5220/3		20 cy			CCIA						
City, State							al Date		City, Sta	te					$\neg \uparrow$
Egg Harbor Township,	J/Maple Sha	ade, N	J			3/14/	2019		Rosen	hayn, l	NJ 08352	2			
Completed by		Title				S	ignature	1/3				ite	240	6	
Eric Keys		OM					The	·	10			1/29/	710	1	

100 W				٠,			0.00 am	u 12.12	0,	-7-	h E	P		5.7	(5	1 1	
Date of Notification (1) 11/29/2018						of Building						de extra constitution of	10 THE R. P. LEWIS CO., LANSING	-		-11	111
Agencies Notified	Tyr	e Notification				Address	operty	Manag	gemer	nt and C	onstru	ction (D	PMC)			
	1 71					est State	e Stree	t		1,14,1	and the second	DEC 1	3 2	01	}		1
EPA DEP	닒	Initial Amended		-		ate, Zip Ci		•			-			_		1	
DOL		Amendment #				on, NJ C				á	£22	ESTOS	CON	TE	517		
□ DOH	ш	Emergency (i justification)	ncluding	1	Name o	of Contact						ephone N				*	
DCA		Cancellation			Willia	m Byste	r					09)433					
Name of Facility Where A	hat	annuk in Talvina	DI (5		FAC	ILITY INF	ORMATI	ON									
Abandoned Flood F			Place (3	5)					Туре	of Facility	(4)						
Street Address	iou								H :	School (K- Subchapte	12)	V	10\				
144 Bayview Road									H	Other (i.e.	private a	& comme	rcial b	uild	ngs,	hom	es,
City (5)	-									etc.) re Feet	# 00	f Floors		DI	lg. A		
Downe Township									Vari			ries)+	ige	
County (6)				T	County	Code (7)			Curre	nt Use (Pr			lished)	_	-		
Cumberland					(STATE	USE ONLY)			ising De			-/				
Name of Monitoring Firm			wner (8)		ASC	И No.				tement Co		(9)		_			
Health & Safety Ser	VIC	S								prises, li	nc.						
Street Address PO Box 365									Addres								
City, State, Zip Code										lah Road							
Berlin, NJ 08009										ip Code or Towns	shin N	110000					
Project Manager for Monit	torin	ı Firm			Telepho	ne No			none No		silip, iv	License					
James Proctor		100/97/100			10 m	452-131	1		567-1			01172					
Start Date (10)			Schedule	ed Con		Date (11)			2333	A Monitor				_	_		
11/26/2018			3/14/20					Heal	lth & S	Safety Se	ervices	s, Inc.					
Occupancy Status During	Aba	ement (Check	Only On	e)					Addres					_			
Facility Closed/Vacat	ted [uring Entire Pe	eriod of A	baten	nent				30x 36								
Abatement Performe Other – Describe: vi	acar	tside of Norma	II Facility	Hours	;					p Code							
Scope of Work (Check All	Tha	Apply)						Berii	in, NJ	08009				_	Certification of the Certifica		
≥3 sf or ≥3 lf		, (ppiy)	Пь					г	1			/ * /* / / / / / / / / / / / / / / / / /					
≥160 sf or ≥260 lf				enova emolit	700000000000000000000000000000000000000					Containm		Negative	Press	ure			
			1,000					-		vebag Pro		J NI== ==	-LI- D		1		
									1 NOT	n-Exempte	d (*) and	Non-Fri	able P	_		ment	
Location	of		1 177.000	Locati Iormal			Dan								Ту		
Asbestos-Containing N	/late	ial (ACM)		d Sole ntenar		Asbes	tos Conta	cription aining M		(ACM)	A	mount		T		т	
TO BE ABAT				odial S		(i.e.	thermal:	systems		tion,		pecify	20		R	nca	Enc
(13)	'			(12)				niscellan			SF	or LF)	Remova		Repair	Encapsulate	Enclosure
			Yes	No	N/A								8	8	`	ate	ře
Houses Deeme	d U	 rsafe			X	Ho	uses D	eemer	d I Inc	afo	200 1/	d per re	es X	+	-		
Trodoco Doctrio						110	u363 D	COITICO	01150	ale	200 y	u per re	25 A	+			
														4			
														1			
h																	
Name of Registered Waste				1000000	JDEP W auler ID		Cubic \ of Was			Name of	Registe	red Land	fill	200			
Site Enterprises Inc./	J.P.	Fidler Truck	king	10000	5220/3		20 cy	220		CCIA							
City, State		NUMBER 22 - 1-1000					Dispos	al Date		City, Stat	е						
Egg Harbor Township	o, N	J/Maple Sha					3/14/2	2019		Roseni	nayn, I	NJ 0835	52				
Completed by		William Control	Title				Si	gnature	1				Date 11/29	10	110		
Eric Keys			OM				(Ce.	1/1/	2			11/28	12	110		

NOC		N			OF ASBI				Т			Ē	7	7 6	
Date of Notification (1) 11/29/2018					Building					125					
WANTED STREET					CONT. C.	perty	Manag	geme	ent and Co	nstruc				10	2 1
Agencies Notified Typ	Notification Initial			Street A	^{ddress} est State	Stree	t				DEC	1 0	ZU	lð	
DEP DOL	Amended Amendment	# 1			te, Zip Co						FREET.	80	5 (7)		
	Emergency (- L		on, NJ 0	8625				Tole	lali	har	J. Jan.		
DOH DCA	ustification) Cancellation				n Bystei					1	phone Num 9)433-20				
	-				LITY INFO	lega e de la companya	ON	<u> </u>		(0)	707 100 20		-		
Name of Facility Where Abate Abandoned Flood Hou		Place (3)						Тур	e of Facility (School (K-1						
Street Address								Ħ	Subchapter		r than K-12				
148 Bayview Road									Other (i.e. petc.)	orivate 8	commercia	l build	i gs,	home	es,
City (5)								Squ	are Feet	# of	Floors	В	c g. A	ge	
Downe Township								Va	ıries	Va	ries	3	C +		
County (6)				County (i i			rent Use (Pri		(E)	ed)			
Cumberland					JSE ONLY)		_		ousing Dee						
Name of Monitoring Firm Hire Health & Safety Service		Owner (8)		ASCN	1 No.				oatement Cor erprises, Ir		(9)				
Street Address							Street	Addr	ess						
PO Box 365							120000000000000000000000000000000000000		elilah Road						
City, State, Zip Code									Zip Code						
Berlin, NJ 08009									bor Towns	ship, N					
Project Manager for Monitorin James Proctor	g Firm			Telephor	ne No. 52-131	1	Teleph		No. -1250		License No 01172				
Start Date (10)	-	Schedule	d Corr						SHA Monitor		01172				
11/26/2018		3/14/20							Safety Se	ervices	, Inc.				
Occupancy Status During Ab	at ment (Check	Only One	e)				Street								
Facility Closed/Vacated							PO E						_		
Abatement Performed Cother – Describe: vaca		al Facility	Hours						Zip Code JJ 08009						
Scope of Work (Check All The	Apply)	177											327		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti					N G	full Containm Mini-Enclosure Blovebag Pro Jon-Exempte	e cedure				۵	
		1						4 19	ton Exempte	a () and	THOIT HUD!			ement	
Location of		570	Location ormall	700		Do	scription	of					Ту	ре	
Asbestos-Containing Mate	er al (ACM)		d Sole			tos Cont	taining N	/lateri	ial (ACM)		nount			ш	_
TO BE ABATEI In Facility	2		odial S		(i.e.		systems cing, VA				pecify or LF)	Ren	Re	ncap	incl
(13)			(12)				niscellar			0.	o, _, ,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	Ф
Houses Deemed I	Isafe			X	Но	uses D	eeme	d Ur	nsafe	200 y	d per res	Х			
Name of Registered Waste H	aller	1	3.0%	JDEP W		\$1000 B	Yards		Name of	Registe	red Landfill				
Site Enterprises Inc./J.F	P. Fidler True	cking		auler ID 5220/3		of Wa			CCIA						
City, State							sal Date		City, Stat						
Egg Harbor Township, I	J/Maple Sh	nade, NJ	ij.			3/14/	2019		Rosen	hayn, I	NJ 08352				
Completed by		Title				S	Signature	11			Dat 11		2018		
Eric Keys		OM					7h	1	W			1231			

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO CK	=	NO		ATION OF AS		ABATE			er new arg on a	The state of the s		ne er er en	p _{res} in set in ,	- T
Date of Notification (1) 11/29/2018			1 22	me of Buildir	-			t and Co	7 2 6	tion (DPI		11//		-
Agencies Notified T	/p : Notification		Str	reet Address 3 West Sta				17) \$542.500	The state of the s	DEC		1018		
DEP X	Amended	1		y, State, Zip					1					
DOL C	Amendment Emergency (- 000	renton, NJ				Ť.		GBESTO			N.A	
DOH DCA	justification) Cancellation			me of Contac Villiam Bys				4	10 h 10 h	ephone Nur	A CHARLES	ji j		
	Cancellation			FACILITY IN		ION			(6)	09)433-20)U I	-		
Name of Facility Where Aba Abandoned Flood Ho		g Place (3)		771012117 111	. Ortinari	ion		of Facility	8 (5) 0000					
Street Address 150 & 152 Bayview R	o, d						□ s	ubchapte	r 8 (Othe	er than K-12 & commerci		d nas.	hom	es.
City (5)							ு et	tc.)		, va cauca		1070		
Downe Township							Square Varie			Floors ries	1 Const	kg. A	ige	
County (6) Cumberland				unty Code (7 ATE USE ON			2.17.2	t Use (Pri		ng demolish Insafe	ed)			
Name of Monitoring Firm Hi	100	Owner (8)	/	ASCM No.			of Abate	ement Co	ntractor		·			
Health & Safety Servi	DE S						**	rises, Ir	nc.					
Street Address PO Box 365							Address Delila	s ah Road						
City, State, Zip Code							State, Zip							
Berlin, NJ 08009						Egg	Harbo	r Towns	ship, N	J 08234				- 1
Project Manager for Monitor James Proctor	ing Firm			ephone No.	44		none No.			License N	ο.			
Start Date (10)		Scheduled		56)452-13 etion Date (1		0.707.070	of OSH	A Monitor		01172				
11/26/2018		3/14/20		onor Dato (1	'.			afety Se	ervices	, Inc.				
Occupancy Status During A	ement (Chec	k Only One)				Address							
Facility Closed/Vacated Abatement Performed Other – Describe: vac	Outside of Norm			t		City, S	Box 36 state, Zip in, NJ (Code		n				
Scope of Work (Check All T	na Apply)					Dell	III, INJ (00009				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Rei	novatior molition	1			Mini- Glov	Enclosure ebag Pro	e cedure	Negative P				
		ls I	ocation			_	1 14011	Lxcmpte	u () and	1 NOTI-1 Hab		/ bate		
Location of		No	rmally		De	scription	of				_	Ту	ре	
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Maint Custor	Solely b tenance dial Staf (12)	/ ASDI			s insulati T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No 1	N/A									te	w
Houses Deemed	Unsafe			X H	louses D)eeme	d Unsa	ıfe	200 y	d per res	Х			
			_				- U							
	-		-											
Name of Registered Waste I	la ıler		N.IDI	EP Waste	Cubic	Yards		Name of	Registe	red Landfill	L			
Site Enterprises Inc./J.		cking	Haul	er ID No. 20/32054	of Wa	ste		CCIA	, togleto	.00 20.701				
City, State Egg Harbor Township,	N J/Maple Sh	nade, NJ			Dispos	sal Date 2019		City, Stat		NJ 08352				
Completed by		Title			S	Signature	216	_		Da	e			
Eric Keys		OM				Ch	12)		11	/29/2			

MOCK				(Pi	ursuant	to NJAC	8:60 and	d 12:120	0)	1.7		To E		1		
Date of Notification (1) 11/29/2018						f Building on of Pro				nent and Co	ji T	Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MC)	2	400	Section of the sectio
Agencies Notified	Тур	Notification			Street A	ddress				1.5	111	DEC 1	3 1/2	10	j	1
☐ EPA		Initial				est State		t		9	į	at an artist and a state of the	and the same of	(a) (a) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b		
DEP DOL	X	Amended Amendment #	1			ate, Zip Co					1.	TESTO:	1001 168H		12.165	
		Emergency (ir		-		on, NJ 0	8625				1	+ + + - / * * .		13.75		
DOH DCA		justification) Cancellation				n Byste	r					ephone Nu 09)433-2				
L BOX	_	Caricellation			142151549,0231	LITY INFO	The second	ON			(0	09)433-2	001	-	- 27	
Name of Facility Where A	bate	nent is Taking	Place (3)		1710		JI (WIZ 11		Ту	pe of Facility	(4)			-		
Abandoned Flood F	lous	е								School (K-	12)					
Street Address										Subchapte				1 200	home	
154 & 156 Bayview	Ro	ıd							Г	Other (i.e. etc.)	• • • • • • • • • • • • • • • • • • • •		iai buile	ı iys,	потпе	35,
City (5)									10076	uare Feet	3,400,000	Floors	188	lg. A	ge	
Downe Township										aries	All	ries		()+		
County (6) Cumberland						Code (7) USE ONLY)				irrent Use (Pr			hed)			
Name of Monitoring Firm	Hire	hy Building O	wner (8)		ASCN			Nama		lousing Dea						
Health & Safety Ser			wilei (0)		ASUN	n INO.				terprises, I		(9)				
Street Address								Street			10.					
PO Box 365										elilah Roac	1					
City, State, Zip Code								City, S	tate	, Zip Code				100		
Berlin, NJ 08009								Egg	На	rbor Towns	ship, N	J 08234				
Project Manager for Monit	torin	Firm		Τ.	Telepho			Teleph	none	No.		License N	lo.			
James Proctor					35	152-131	1			7-1250		01172				
Start Date (10) 11/26/2018			Scheduled 3/14/20		pletion	Date (11)				SHA Monitor & Safety Se		, Inc.				
Occupancy Status During	Aba	ement (Check	Only One)				Street								
Facility Closed/Vacat										365						
Abatement Performe Other – Describe: v			I Facility I	Hours						, Zip Code						
Scope of Work (Check All								Berli	ın,	NJ 08009						
	HIIa	Apply)						Г	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				nova moliti						Full Containm Mini-Enclosur		Negative F	Pressu	1		
								-	1	Glovebag Pro	cedure			9.000mm		
										Non-Exempte	d (*) and	Non-Friat			e ement	
			200	.ocation			- 20	020020	82.0						pe	
Location Asbestos-Containing N		ial (ACM)	Used	Sole	y by	Asbest		scription aining M		rial (ACM)	А	mount			_	
TO BE ABA	TED	(* 1.511.)	Main Custo	itenar		(i.e.	thermal	systems	s ins	sulation,	(S	pecify	Re	R	nca	Enc
In Facility (13)	У		10000000000000	(12)				cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A					1			<u>a</u>		late	re
Houses Deeme	1 b				X	Но	uses D	loomor	411	neafo	200 1	d per res	X			\vdash
Tiouses Deeme	u	- Isaic				1101	uses D	eemed	u 0	lisale	200 y	u per res	Λ	_		
Name of Registered Wast	e Ha	ıler		1000000	JDEP W		Cubic			Name of	Registe	red Landfil				
Site Enterprises Inc./	J.P	Fidler Truck	king	1000000	auler ID 5220/3		of Was 20 cy			CCIA						
City, State		104 1 5:					Dispos 3/14/	al Date		City, Sta						
Egg Harbor Township	p, N	J/Maple Sha	,							Rosen	nayn,	NJ 08352				
Completed by Eric Keys			Title OM				S	ignature	14	0			ate 1/29/2)18		
Life Neys			Olvi				(n	4	Y						

NOCK.

WOCK					t to NJAC				NT		Paul	6	F		VIII	F
Date of Notification (1) 11/29/2018				Name of Divis	of Building	Owner/	Operato	r (2)	nent and C	onetru	ction (אסו	1C)	-	P.T. PRESCRIPTION	1
Agencies Notified Typ	Notification			Street	Address	opo, ty	· · · · · · · ·	9011	ioni ana o		JIOIT (I	JEC	10,	-	2018	- 11
□ EPA □	Initial			33 W	est Stat	e Stree	et			4	i i					4
DEP 🕱	Amended			City, St	ate, Zip C	ode		_			A.SBI	SCT	no r	261	77.0	- 1
DOL _	Amendment			Trent	ton, NJ (08625				3	4 (0.00.00)	Li	CIEN	i org	inca B	104
□ DOH □	Emergency justification)		3	Name o	of Contact					Tele	ephone	- State Com	4 1 The less		(*).*, y	e >
DCA DCA	Cancellation			Willia	m Byste	er				(60	09)433	3-20	01			
Name of Facility Where Abate	nant in Tabia	- DI - /	2)	FAC	ILITY INF	ORMAT	ION							-		
Abandoned Flood Hous		ig Place (3)					Ту	pe of Facility	(4)						
Street Address									School (K-	-12)						
146 Bayview Road								H	Subchapte Other (i.e. etc.)	er 8 (Othe private 8	er than h & comme	(-12) ercia	build	i ıgs	, hom	es,
City (5)								Sq	uare Feet	# of	Floors	-	BI	(g. /	Age	
Downe Township								Va	aries	Va	ries			(+		
County (6)				County	Code (7)			Cu	rrent Use (Pr	rior if beir	ng demo	lishe	d)			
Cumberland				STATE	USE ONLY	" —			ousing De							
Name of Monitoring Firm Hired		Owner (8)	ASCI	VI No.				batement Co		(9)					
Health & Safety Service	3						Site	Ent	erprises, I	nc.						
Street Address PO Box 365							Street							9.2		
									elilah Road	t						
City, State, Zip Code Berlin, NJ 08009									Zip Code							
Project Manager for Monitoring	Eirm			Talaub.					bor Town	ship, N						
James Proctor	1 11111			Telepho	ne No. 452-131	1	Teleph		No. '-1250		License					
Start Date (10)		Schedul	ed Cor	All and the second	Date (11)		0000000		SHA Monitor		01172					
11/26/2018		3/14/2	019	ripiction	Date (11)				Sna Monitor		, Inc.					
Occupancy Status During Abat	ment (Chec	k Only Or	ne)				Street	Addı	ess							
Facility Closed/Vacated D	ıring Entire F	Period of A	Abaten	nent			PO E	Зох	365							
Abatement Performed Ou Other – Describe: vacant	side of Norm	al Facility	/ Hours	3					Zip Code JJ 08009							
Scope of Work (Check All That	Apply)						DOTT	11, 1	0 00009						-11	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit	1,000				N G	ull Containm Iini-Enclosur Iovebag Pro Ion-Exempte	e cedure					9	
		le	Locati	ion						<u> </u>	14011 1 1	T			ement	
Location of			Normal			Dor	scription	o.f							ре	
Asbestos-Containing Mater	al (ACM)	0.000	d Sole intena	, ,	Asbes	tos Cont	aining M	ateri	al (ACM)	An	nount				т	
TO BE ABATED In Facility		1	odial S		(i.e.	thermal	systems cing, VA	insu	ulation,		pecify		Rei	D	Encapsulate	Enclosure
(13)			(12)				niscellan			SF	or LF)		Remova	0	psu	losu
		Yes	No	N/A									<u>a</u>	•	late	Ге
Houses Deemed Ur	safe			Χ	Но	uses D	eemed	l Ur	safe	200 yo	d per re	25	x	_		
													-	_		
Name of Registered Waste Hau	er		l NI	JDEP W	acto	Cubic	Varda		No	D'		511				
		dalar -	1100000	auler ID		Cubic of Was	8 (T) 12 T4 T/S		Name of	Register	ed Land	till				
Site Enterprises Inc./J.P.	-iaier i ruc	King	3	5220/3	2054	20 cy			CCIA							
City, State	V-10 - 11 - 22 - 11	g	3				al Date		City, Stat	е				A -		
Egg Harbor Township, N.	/Maple Sh		J			3/14/2	1000400000000		Rosen	hayn, N	J 083	52				
Completed by		Title	A			Si	gnature	2 1				Date				
Eric Keys		OM					Lei	19	Л			11/2	29/20	118	-21-610	

NUCE			(P	ursuant	to NJAC	8:60 an	d 12:120	0)		1344		(Pa		1	W	522
Date of Notification (1) 11/29/2018					f Building				nt and C	Constru	<i>t</i> 1			Ц	1.7	1
Agencies Notified Type	e Notification			Street A				,		3111	the state of the s)EC	4 .	-2	118	- 11
□ ЕРА □	Initial			33 W	est Stat	e Stree	et			1	4			· ·	3 10	1
□ DEP ☑	Amended	erar.		City, Sta	ate, Zip C	ode					1	~		and the state of		
DOL	Amendment : Emergency (Trento	on, NJ (08625				D	ASBI		SO	ING	AC.	
□ DOH □	justification)	ricidality			f Contact					Tel	lephone	Numb	er	-	.,	
☐ DCA ☐	Cancellation			William	m Byste	er				(6	09)433	3-200	01			
Name of Facility Where Abate	mont in Taking	Diago (2)		FACI	LITY INF	ORMAT	ION									
Abandoned Flood Hou	:P	Place (3)						Туре	of Facility	(4)						
Street Address									School (K-	-12)						
162 Bayview Road								H	Subchapte Other (i.e.	private	er than I & comm	K-12) ercial	build	nas	home	es
City (5)									etc.)							
Downe Township								1.50	re Feet		f Floors		1000	ig. A	Age	
County (6)			- 1	County (20do (7)			Vari			aries		. 188)+		
Cumberland				(STATE L	JSE ONLY)			nt Use (Pr sing De				d)			
Name of Monitoring Firm Hire	l by Building C	wner (8)		ASCM	1 No		Name		tement Co			:		7. -		
Health & Safety Service		\ = /							prises, I		(9)					
Street Address							Street /			110.			100	_	- Committee	
PO Box 365							222400000000000000000000000000000000000		ah Road	d						
City, State, Zip Code							City, St							_		
Berlin, NJ 08009							Service Committee of the Committee of th		or Town	ship. N	J 0823	34				
Project Manager for Monitorin	Firm		17	Telephor	ne No.		Telepho				Licens			1		
James Proctor				(856)4	52-131	1	609-5				0117					
Start Date (10) 11/26/2018		Scheduled 3/14/20	Com	pletion [Date (11)				A Monitor Safety S		Inc			-		
Occupancy Status During Aba	ement (Check	Only One)				Street A			CI VICES	, 1110.			_		
Facility Closed/Vacated I	5897	5/ 2		ont			PO B		5-2							
Abatement Performed Or	tside of Norma	I Facility F	dours	ent			City, Sta				-			-		
Other – Describe: vacar									08009							
Scope of Work (Check All Tha	Apply)															
≥3 sf or ≥3 lf		Re	novati	ion				Full	Containm	ent with	Negativ	e Pre	ceur			
\[\geq \geq 160 \text{ sf or ≥260 lf}		☐ De	molitio	on			Н	Mini	i-Enclosur	е	recgativ	CIIC	SSUI			
							Н	Glov	vebag Pro -Exempte	cedure	i Non-Er	iahla	Droo	dur		- 1
		le I	ocatio	n I				14011	Lacinple	a () and	14011-71	aule			ment	
Location of		1175 1000	rmally			Dag	cription o							Ту		
Asbestos-Containing Mate	al (ACM)	Used	Solely tenan		Asbes		aining Ma		(ACM)	Ar	nount				Ш	
TO BE ABATED In Facility		Custo			(i.e.		systems		tion,	U 0.78000	pecify		Re	R	nca	Enc
(13)		((12)				ing, VAT			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	7	late	re
Houses Deemed U					Lite	ues - D		11	,	007				-		
Tiodses Deemed O	15016			Х	HO	uses D	eemed	Unsa	are	200 y	d per r	es 2	X	-		
								524500145								
													+	-		\neg
Name of Registered Waste Ha	ler		NJ	DEP Wa	ste	Cubic Y	/ards		Name of	Register	ed Land	Ifill				
Site Enterprises Inc./J.P.	Fidler Truck	ina	0.000	uler ID N		of Wast	te		CCIA	-3.0.01		10.000				
City, State			35	220/32	2054	20 cy				//						
Egg Harbor Township, N	I/Manla Sha	de NII				Disposa			City, Stat		11000	=0				
Completed by	minaple office	Title					1000000000		Rosenl	nayn, N						
Eric Keys		OM				Sig	gnature					Date 11/2	9/2	118		
, -							ery	1					JIL			

CK 7178

* Emergency *

		A.A.	且且是	(10 110/10 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		٠,) 1944 2 1984	3 1		Ę		W	臣	7
Date of Notification (1) 12/10/18						f Building (n Whites]	3/-	= 3	200	1	roadi.	13.1	and or minimum party.
Agencies Notified	Тур	e Notification			Street A	ddress				1 1 1	1	nr.	C 1	2	201		11/1
⊠ EPA [Initial								11		DE	U :	Ů.	201		200
DEP [Amended			City, Sta	te, Zip Coo	de				- Salar						
DOL ;		Amendment #		_	Burling	gton NJ (08016	3		ž 5	£	SBES	TOS	CON	VTF	DL 8.	
DOH DCA	X	Emergency (ir justification)	icluding		Name of	Contact						ephone				e and a little of	
DCA [Cancellation			John b	paptista								ė			
					FACI	LITY INFO	RMAT	ION									
Name of Facility Where At			Place (3	3)					Тур	e of Facility (4)						
Marvin Whitest (Priv	vat	Homej								School (K-12							
Street Address									X	Subchapter 8 Other (i.e. pretc.)					ding	, home	es,
City (5)									Squ	uare Feet	# 0	f Floors		В	ldg.	Age	
Burlington NJ 08016	;								10	+ 000	2			5	+0		
County (6) Burlington						Code (7) USE ONLY)			Cur	rrent Use (Prior	if bei	ng dem	olishe	ed)			
Name of Monitoring Firm H	Hire	d by Building O	vner (8)		ASCN	1 No.		Name	of Al	batement Cont	ractor	(9)				teres (Lamber	
N/A		orena European (biodia Meli 1984)			200000000000000000000000000000000000000	acco.095555450		Perr									
Street Address								Street	Add	ress		-					-
	П							PO	Вох	329							
City, State, Zip Code								City, S	State,	Zip Code					_		
								Wes	st Be	erlin NJ 0809	91						
Project Manager for Monito	orir	g Firm		1	Telepho	ne No.		Teleph	hone	No.		Licen	se No				
2007								856-	-753	-9800		0072	27				
Start Date (10)					pletion	Date (11)		Name	of O	SHA Monitor							
10/11/18			10/13/	18				Sam	ne								1
Occupancy Status During	Aba	tement (Check	Only Or	ne)				Street	Addı	ress							
Facility Closed/Vacate	ed	Ouring Entire Pe	riod of A	Abatem	ent												
Abatement Performed Other – Describe: HC	d O	Itside of Norma	I Facility	Hours	inc			City, S	State,	Zip Code							
			JIVIE NOR	WIAL HOU	JRS												
Scope of Work (Check All	Th	t Apply)														30.000	
≥3 sf or ≥3 lf	П			Renovat					F	ull Containmer	nt with	Negat	ive Pr	essu	re		1
≥160 sf or ≥260 lf				emoliti	on			-	1000	Mini-Enclosure Blovebag Proce	duro						
								\geq		lon-Exempted		d Non-F	Friable	Pro	ced	e	
			ls	Location	าก											ement	
Location of	of		1	Vormall	у		De	scription	n of							/ре	
Asbestos-Containing M	Mate	rial (ACM)	0.0000000000000000000000000000000000000	d Solel intenar			os Con	taining N	Mater	ial (ACM)	Α	mount				т	
TO BE ABAT				todial S		(i.e.		I systems				Specify or LF)		Rer	Z.	nca	Enc
(13)	y			(12)				miscellar			31	OI LF)		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A									<u>a</u>	-	ate	Ге
Basemer	nt				X		Т	ile only	y		60	00 SF		Х			
															-		
	\neg												-			-	
	-														_		
N (B)																	
Name of Registered Waste	e H	uler		100000	JDEP W auler ID	STREET, STREET	Cubic of Wa	: Yards		Name of R		ered Lar	ndfill				
United Containers				10000	2459	. 10.	3	.5.0		G.R.O.V	V.S.						
City, State							Dispo	sal Date	•	City, State		Town A					
Elm NJ							10/1	3/18		Morrisvi	lle P	A 196	0				
Completed by			Title				15	Signature	e ,2				Date	9	-		
Anthony T Perna			Pres	ident					K				`12	/10/	18		

V.7470		d		CATION	ate of Nev OF ASBE to NJAC 8	STOS	ABATE		Trendstate in the second	D)-	EC	E		7	Ē	A Language
Date of Notification (1) 12/11/18					Building (rust Res				THE WATER CONTRACT TO	A CONTRACTOR OF THE PARTY OF TH	DEC	; 1	3	20 18	3	A CONTRACTOR OF THE PERSON OF
	pe Notification			Street A 3525 F		t Road	d NE, E	Buildir	ng 7 Suite	70	The Charles of the Land	area observa			(Marie Marie Space Control	- Contraction
EPA DEP	Amendment a				ite, Zip Co a, GA, 30						COECT LI	OS CEI	CON VSIN	dT h	DL &	
DOH DCA	Emergency (i justification) Cancellation	ricidaling			Contact rust Res	identi	al Serv	rices		1000000	ephone N 4-554-0					
				FACI	LITY INFO	RMAT	ION									
Name of Facility Where Aba 1600 Myrtle Avenue	tement is Taking	Place (3)						of Facility (School (K-1	2)						
Street Address 1600 Myrtle Avenue						4		×	Subchapter Other (i.e. p etc.)	orivate 8	& comme		build	inę 3,	home	ès,
City (5) Plainfield								Squa	re Feet	# of	Floors		BI	dg A	ge	
County (6) Union		1)		County (Code (7) USE ONLY)			Curre	ent Use (Pri	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hi	ed by Building C	wner (8)		ASCN	l No.				atement Cor D PROFE							
Street Address							Street 6 WH	ss DOVE C	DURT							
City, State, Zip Code									ip Code OD, NJ 0	8701						
Project Manager for Monito	ing Firm			Telepho	ne No.		Teleph 732-6				License 1200	e No.				
Start Date (10) 12/23/18		12/30/1	18	npletion l	Date (11)				HA Monitor D PROFE	SSIO	NALS					
Occupancy Status During A	patement (Check	Only On	ie)				Street			OLIDT.						
Facility Closed/Vacate Abatement Performed Other – Describe:							City, S	tate, Z	DOVE CO Cip Code OD, NJ 0							
Scope of Work (Check All T	nat Apply)						LATO		00,110	0101				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit		g		×	Mi	II Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					e	
Location of		1	Locati Vormal	ly		De	escription	of							ement /pe	t T
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	terial (ACM) <u>D</u>	Ma Cust	d Sole intenar todial S (12)	nce/ Staff?	Asbesi (i.e.	therma surfa	ntaining M Il system: acing, VA miscellar	s insul T, or	ation,	(5	mount Specify or LF)		Removal	- vepan	Encapsulate	Enclosure
Interior		Yes	140	N/A		r	Flooring	7		1	00SF		x	-		-
interior							Piping	4			005F 00LF	-	Λ		-	
							· iping							-		
Name of Registered Waste	Hauler		200	IJDEP W		100000000000000000000000000000000000000	Yards		Name of	Registe	ered Land	dfill			-	
NEWARK CARTING				lauler ID 4509	NO.	of Wa			IESI	to.						
City, State NEWARK, NJ		T ====				12/3	osal Date 0/18 Signature		City, Star BETHL		1 PA	D :				
Completed by JOSEPH PERLSTEIN		Title OWN	IER						Date 12/	11/	18					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 12 10 Kenneth Bowden Typ: Notification Agencies Notified Street Address ⊠ Initial **⊠** DOLWD mended City, State, Zip Code mendment # **⊠** DOH Normandy Beach, NJ 08739 I mergency (including □ DCA Name of Contact Telephone Number (NJAC 5:23-8) ustification) (ancellation Kenneth Bowden **FACILITY INFORMATION** Name of Facility Where Abate nent is Taking Place (3) Type of Facility (4) School (K-12) Residence Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) # of Floors Bldg Age Square Feet City (5) 1500 sf 80 Seaside Heights 1 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hire by Building Owner (8) ASCM No. N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitorin Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12__ / __21__ / __18 __12__ / __20__ / __1{___ E.M.S.L. Analytical Occupancy Status During Aba :ement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Out ide of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM-Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf ☐ Renovation ☐ Glovebag Procedure ≥160 sf or ≥260 lf □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abat :ment Type Normally Description of Location of Used Solely by Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify **Custodial Staff?** surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A M 1500 sf X exterior П asbestos siding П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste H uler Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State Disposal Date City, State 09/28/18 Tullytown, Pennsylvania Toms River, New Jerse /

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

Signature

Date

Completed By (Print or Type)

Nicholas Fernicola

ASB-41

JAN 13

Title

Project Manager

-		-		
U	TOIL	-0	rm	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12/05/2018 Pointe Developers Reatail, LLC- Seth Yaronii Agencies Notified Type Notification P.O Box 3039 × FPA Initial × City, State, Zip Code DEP Amended ESTOS CO VTROL & × DOL Amendment # South Amboy, NJ 08879 LICENSH IG Emergency (including Name of Contact Telephone Number × DOH justification) DCA Seth Yaroni 732-921-3241 Cancellation FACILITY INFORMATION Name of Facility Where Aba ement is Taking Place (3) Type of Facility (4) Private Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial building s, homes, City (5) Bldg Age Square Feet # of Floors Jersey City, 07306 3850 50+ 3 County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson Residental Name of Monitoring Firm Hir ad by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Nari Construction, LLC Street Address Street Address 63 Leather Stocking Path City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 862-264-9463 01306 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/17/2018 01/05/2019 Nari Construction, LLC Occupancy Status During At atement (Check Only One) Street Address 63 Leather Stocking Path Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Lincoln Park, NJ 07035 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Proced Ire Ab tement Is Location ype Normally Location of Description of Used Solely by Asbestos-Containing Ma erial (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATE) (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Kepair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A X See Attached See Attached See Attached X X X X X X X X X X NJDEP Waste Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Nari Construction, LLC G.R.O.W.S 0037535 20 CY City, State Disposal Date City, State Lincoln Park, NJ TBD Morrisvile, PA Completed by Title Signature Date Igor Jezdimirovic P.Manager 12/05/2013

Do not use this form for asbestos licensure exempte 1 activities.

	Location	Material	Quantities
	Basement	Gray Pipe Insulation/Fittings	150 LF of Pipe
	Basement	Gray Pipe Insulation/Fittings	Insulation and Debris, 56
	Basement	Gray Pipe Insulation/Fittings	Fittings
	Basement	Gray/White Duct Tape/Paper	8 Duct lines
	Basement	Gray/White Duct Tape/Paper	only 3 feet of each exposed
	Basement	Gray/White Duct Tape/Paper	Total 25 SF
	Basement	Gray/White Plaster Base Layer	150 SF of Debris and
	Basement	Gray/White Plaster Base Layer	150 SF above Boiler
Ba	ement Stairs	Gray/White Plaster Base Layer	175 SF
1st Flo	or under Carpet	9x9 White/Brown/Green	180 SF
by I	/lain Entrance	Vinyl Floor Tile	Additional
by i	or under Carpet lain Entrance	9x9 White/Brown/Green Vinyl Floor Tile	Room 100 SF and 40 SF of the hall
	loor Bedroom	White/Gray Plaster Base Layer	2,950 SF
	loor Bedroom /e Ceiling Tile	Gray/White Plaster Base Layer	
	loor Bedroom	Gray/White Plaster Base	Rougly 2,500
	/e Ceiling Tile	Layer	to 3,000 SF
	loor Roof Fire Space	Black Rolled Roofing	20 SF and 6 more window over-hang, 15 SF each
	Exterior	Gray/White Transite	
	Exterior	Gray/White Transite	4,800 SF

DEC 1 3 2018

ASSESTES OF NTROLA

	C 1900		PAI			ATION	ate of New OF ASBE to NJAC 8	STOS	ABATE		Γ		E G	PAL	P. I.	Ŋ.	17.27 17.27 17.21 17.21	
	e of Notification (1) -05-18						Building Construction			(2)		Y	מרס	4	· ·	110	o v sufficiency of place w	The second secon
Age	encies Notified		Notification		11	Street Ad 49 Her	ddress mon St.	8			And and a second	Tan Comment	DEC	-	3 4	ПО	A PART TO A PART	J
ĸ	EPA DEP DOL		nitial Amended Amendment				te, Zip Coo k, NJ 07					- l	RSBEST LI	OS (CON	RO	1.8.	V-10-1
r	DOH DCA		Emergency (ustification) Cancellation	including			Contact Espinos	sa					ephone N 73) 344					
Nar	ne of Facility Where	Ahater	ent is Taking	Place (3)	FACII	LITY INFO	RMATI	ON	Type	e of Facility	(4)				_		
Pri	ivate Home			, idoo (e	, 						School (K-	12)						
Stre	eet Address									r	Subchapte Other (i.e. etc.)				buildi	gs,	home	s,
	(5) tle Falls									Squ	are Feet	# 0	f Floors		Blo	j. A	је	
1000	unty (6) ergen						Code (7) USE ONLY)			Curi	rent Use (Pr	or if be	ing demol	lished	d)			
100000	me of Monitoring Firm	n Hired	by Building (Owner (8)		ASCN	l No.		0.000		ntracting I		(9)					
Stre	eet Address								Street 522	Addr	ess							
City	, State, Zip Code	C 112 (5.05.71		Zip Code ty NJ 0708	37						
Pro	ject Manager for Mor	nitoring	Firm		1	Γelephoι	ne No.		Telepl	hone l			License 01206					
	rt Date (10) 2-06-18			Schedule 12-08-		pletion I	Date (11)				SHA Monitor ntracting l							
Occ	cupancy Status Durin	g Aba	ement (Chec	k Only Or	ne)				Street 522									
x .	Facility Closed/Vac Abatement Perform Other – Describe:					ent		_	City, S	State,	Zip Code ity NJ 070	87				-		
Sco	ppe of Work (Check A	All Tha	Apply)						Offic)II OI	110 07 0							
x x	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renovat Demoliti					N G	full Containm Mini-Enclosur Blovebag Pro Mon-Exempte	e cedure					e	
					Location										1	bate Ty	ment pe	ë E
	Locatio Asbestos-Containing TO BE AB In Faci (13)	Mate ATED lity		Use Ma	Normall ed Solel intenar todial S (12)	y by nce/ taff?		tos Con therma surfa	escription taining I I system acing, V/ miscella	Materi ns insu AT, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	F // D			Yes	No	N/A	Dom	alitian	Ashor	otoo	Debris							
	Entire Pro	ореп			×		Dem	OIILIOI	ASDE	Sios	Deblis					-		
Nai	me of Registered Wa	ste Ha	ıler		l N	JDEP W	Vaste	Cubic	Yards		Name o	Regist	ered Land	dfill		e e		
100000	eigle Trucking				H	auler ID		of Wa			-8.050		erprises					
1972/700000	y, State den, PA								sal Date -07-18		City, Sta Wayne		j, Ohio					
100000	mpleted by me Delgado			Title Proj.	Mana	ager.			Signatur	re	H			Date 12-	9 06-1	3		
						1 3												

								1 jea	AEG			Pr	int For
UC1476	PA	UU		ICATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE		Т		C 13	201	3	
Date of Notification (1) 12/05/2018					Building Owner/G Developers R			C- Seth Yaro	-2.0%				
	Ty e Notification			Street A	ddress		17.5022		ASSES	TOS C	UNTI	DL Ĉ	
EPA DEP DOL	Initial Amended Amendment	#	-	City, Sta	ite, Zip Code Amboy, NJ 0	8879		- 4-	THE R. P. LEWIS CO., LANSING, MICH.		er regione in a first	-	
☑ DOH □ DCA	Emergency (i justification) Cancellation		_		f Contact				Telephone		г	-	
	Cariocilation				LITY INFORMAT	ION					-		
Name of Facility Where Ab Private Residence Street Address	eat ∍ment is Taking	Place (3))	170	en i monmai			School (K-12) Subchapter 8) (Other than		11.11		
City (5)	-							Other (i.e. pri etc.) uare Feet	# of Floors		Bldg.	Age	es,
Jersey City, 07306 County (6) Hudson	-			County (Code (7)	19.50		rent Use (Prior esidental	if being dem	olished)	50+	-	
Name of Monitoring Firm F	fir d by Building C	wner (8)		ASCN			of Al	batement Contr nstruction, LI					
Street Address						Street	Addı					-	
City, State, Zip Code						City, S	State,	Zip Code Park, NJ 070					
Project Manager for Monito	ori ig Firm			Telephor	ne No.	Telepi 862-		No. -9463	Licens 0130	se No. 16			
Start Date (10) 12/21/2018		Schedule 01/05/2		mpletion (Date (11)			SHA Monitor Instruction, LL	_C				
Occupancy Status During	325	107/10	250	ment		Street 63 L		ress er Stocking	Path				
Abatement Performed Other – Describe:	d Cutside of Norm	al Facility	Hour	S				Zip Code Park, NJ 070)35				
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Tr at Apply)		enova emoli			<u> </u>	_ N	Full Containmen Aini-Enclosure Glovebag Proce Non-Exempted (dure			ire	
Location o	·f	78533	Locat	32000	De	escription						temen	t
Asbestos-Containing N TO BE ABAT In Facility (13)	la erial (ACM) E <u>)</u>	Mai Cust	d Sole ntena odial (12) No	nce/ Staff?	Asbestos Con (i.e. therma surfa	taining N	Mater s insi AT, or	ulation,	Amount (Specify SF or LF)	Ixellioval	Removal	Encapsulate	Enclosure
First Floo	or ———	Yes	INO	N/A X		VAT			364 SF	X	+	X	
Roof/Lower,Vents a				X	Black F	1255 2000 213	Roof	fing	550 SF		_	X	
Exterior of House a				X		ransite			3.700 SF		+	X	

Garage X Black Base Flashing 80 SF X NJDEP Waste Hauler ID No. Name of Registered Waste Fauler Cubic Yards Name of Registered Landfill of Waste Nari Construction, LLC G.R.O.W.S 0037535 20 CY City, State Disposal Date City, State Lincoln Park, NJ TBD Morrisvile, PA Completed by Title Signature Date Igor Jezdimirovic P.Manager 12/05/2013

	nt		

K7177	a	A NO		ATION	te of New OF ASBE to NJAC 8	STOS	ABATE		To the state of th	Q _T			W	[Market State Control of the Contro
Date of Notification (1) 12/10/18			100		Building (/lacko (F			25 52	12 (Apr. 200) 344		DEC	1 3	2018	3	
Agencies Notified	ype Notification		S	treet Ac	ddress				-	- Company	1971c				*
	Initial			it. Oto	7:- 0	4.		4-5-3	9	E-m	LSBESTO			31.8	
DEP [Amended Amendment	#	10.00		te, Zip Coo awkin N		50		1	and the second	L1(DENSI) <u>(3</u>	.gg:/parceller.c	*****
□ DOH	Emergency (i justification)	ncluding			Contact					Tel	ephone Nu	ımber			
DCA [Cancellation		,	John								4			
Name of Facility Where Al	atement is Taking	Place (3)		FACIL	LITY INFO	RMATI	ON	Typ	e of Facility (4)					
John Macko (Private	A 100 A	(-)							School (K-1						
Street Address									Subchapter Other (i.e. p	8 (Oth			d ngs,	home	es,
City (5)								***************************************	are Feet	19 1000	f Floors	1000	I Ig. A	ge	
Manahawkin NJ 080	50			\tC) - d - (7)				00 +	1	dP		5)+		
County (6) Ocean		(0)		STATE U	Code (7) ISE ONLY)			Но	rent Use (Prio			snea)			
Name of Monitoring Firm I N/A	ired by Building C	wner (8)		ASCM	No.		223	of At	oatement Cor	itractor	(9)				
Street Address							Street		(GERNER)						
							PO	Box	329						
City, State, Zip Code									Zip Code erlin NJ 080)91					
Project Manager for Monit	ring Firm		Т	elephor	ne No.		Teleph 856-		No. -9800		License 00727	No.			
Start Date (10) 12/20/18		Scheduled 12/28/18		oletion [Date (11)		Name Sam		SHA Monitor						
Occupancy Status During	Nbatement (Check						Street	131772	ess						
Facility Closed/Vacate Abatement Performe Other – Describe:				ent		_	City, S	State,	Zip Code					=1155-	
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	**************************************		novati molitic				- - >	- N	Full Containmonioni- Mini-Enclosure Blovebag Prod Mon-Exempte	e cedure	ă			e	
		ls L	ocatio	n								T	Vbat	ement	
Location		No	ormally Solely	,			scription					-	1)	ре	
Asbestos-Containing II TO BE ABA In Facilit	ED	Main Custo	tenand dial St	ce/		thermal surfa	taining li I system icing, VA miscella	s insi AT, or		(mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		ou ioi i	Moodila		,			l la	7	late	ıre
Exterior Si	ing			Х		Exte	rior Si	ding		12	200 SF	x			
Name of Registered Wast	Hauler		1127435	IDEP W			Yards		Name of	Regist	ered Land	fill			
United Containers			0.03333	auler ID 2459	No.	of Wa	iste		G.R.O	.W.S.					
City, State Elm NJ				- 100		9.35	sal Date)	City, Stat		A 1960				
Completed by Anthony T Perna		Title Presid	dent				Signatúr	e ()		1	Date `12/10	18		
/ andiony i i ema		1 16310	Joint											<u> </u>	

D. t. I	Form
PRINT	Form
I THE	LOTTE

CK7468	; PA	VUD	NOTIFI (P	CATION	ate of Nev I OF ASBI to NJAC I	ESTOS	ABATE	MENT			G.	T.	R	V	Canada and	J. Same
Date of Notification (1) 12/10/18					f Building (e Everet		Operator	(2)		4						Spiritary and the spiritary an
	e Notification			Street A	ddress				A market being		DEC	, 1	3	201	}	
EPA DEP DOL	Amended Amendment				ate, Zip Co ntown, N				41 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	A.	SPES	TOS	CON	JTF IG	ÖL &	
DOH DCA	Emergency (justification) Cancellation				f Contact Everett	ŀ				Tele	phone	Númi	er	MO ENGLE		
	Caricellation				LITY INFO		ION						_	_		
Name of Facility Where Aba	ement is Takin	g Place (3	3)					Type of Fa	acility (4)							
Street Address								Subc Othe etc.)	ool (K-12) chapter 8 r (i.e. priv	ate &	comme					es,
City (5) Bordentown								Square Fe	eet	# of	Floors		BI	dg.	\ge	
County (6) Burlington				County (Code (7) USE ONLY)			Current U	se (Prior i	f bein	g demo	olishe	d)			
Name of Monitoring Firm Hir	d by Building (Owner (8)		ASCN	No.			of Abateme		95077						
Street Address							100000000000000000000000000000000000000	Address HITE DO\	/E COL	JRT						
City, State, Zip Code								tate, Zip Co EWOOD,		01						
Project Manager for Monitori	ig Firm			Telepho	ne No.		100000000000000000000000000000000000000	none No. 668-9078			License 1200	e No.				
Start Date (10) 12/19/18		Schedul 12/24/		npletion	Date (11)			of OSHA M LEAD PF		SION	NALS					
Occupancy Status During At	atement (Chec	k Only Or	ne)					Address	/F 001	.D.T.						
Facility Closed/Vacated Abatement Performed (Other – Describe:	During Entire F utside of Norm	Period of a	Abatem / Hours	nent			City, S	tate, Zip Co	ode							
Scope of Work (Check All Th	at Apply)						LAN	EWOOD,	NJ 087	UT						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Breeze .	Renova Demolit				×	Mini-En Gloveba	ntainment closure ag Proced empted (*	lure					re	
		0.000	Locati										,		ement /pe	
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)		Use Ma	Normal ed Sole iintenar todial S (12)	ly by nce/		tos Con therma surfa		laterial (AC s insulation, T, or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Interior		Yes	No	N/A			- T			45	.005				· O	
Interior		-					loor Til	e 		15	0SF		X	_		-
Name of Registered Waste H	auler		N	JDEP W	/aste	Cubic	Yards	Na	me of Re	aister	ed Lan	dfill				
NEWARK CARTING			Н	lauler ID 4509		of Wa		1	SI	gialei	ou Lair	unit:				
City, State NEWARK, NJ			,			Dispo 12/24	sal Date 1/18		y, State ETHLEH	НЕМ	PA					
Completed by JOSEPH PERLSTEIN		Title OWN	NER				Signature)				Date 12/	10/1	8		

Check # 25744

Date of Notification (1)	Name of Building Owner/Operator (2)											E 1
12/10/20	8					R	oache		COLUMN TO THE STATE OF		And I	77
	e Notification		Street /	Address			EF where the	n n	FC 1	2 (A10	TOTAL COLUMN
EPA DEP	Initial Amended		City, St	tate, Zip Co	de			JIII U	EC 1	3 4	UIÖ	- { } }
X DOL	Amendment		- 0.0,	.с.о, д.р оо		tle Sil	ver, NJ 07739	- Indiana				P.
X DOH	Emergency justification)		Name o	of Contact			1	Telephone	Number	LOON	ROL	ζ,
DCA C	Cancellation			Linda	Roache				Marian .			
Name of Facility Minary Ale	and to Table	- DI (0)	FAC	ILITY INFO	RMATION							
Name of Facility Where Aba	dential	ig Place (3)					Type of Facility (4)					
Street Address							School (K-12) Subchapter 8		(-12)			
							Other (i.e. privetc.)			uildings	, home	es,
City (5) Little Silv	er, NJ 0773	19					Square Feet 2500	# of Floors 2		Bldg. 9(\ge +/-	
County (6) Monmouth				Code (7)		(Current Use (Prior	if being demo	olished)			
Name of Monitoring Firm Hi	d by Building	Owner (8)		M No.		lame of	f Abatement Contr	actor (0)				
MECS	d by building	Owner (o)	ASC	W NO.			ns Environmen		s, Inc.			
Street Address PO Box 34	1				19070-	treet A	ddress ox 322					
City, State, Zip Code					С	ity, Sta	ite, Zip Code				_	-
	, NJ 08515				own, NJ 08501							
Project Manager for Monitor Bill Weisgarber	i ig Firm		1 100 100 100	one No.) 298-407	113.551.5	elepho 809 25	ne No. 59-9688	Licens 00493				
Start Date (10) 12/12/2018		Scheduled 12/	Completion /13/2018	Date (11)	1,700,00	lame of	OSHA Monitor					
Occupancy Status During A	atement (Chec	ck Only One)			St	treet A	ddress				-	_
X Facility Closed/Vacated	0.50		atement		P	O Bo	x 341					
Abatement Performed Other – Describe:					1		te, Zip Code erfield, NJ 085	15				
Scope of Work (Check All T	at Apply)											-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		100000000000000000000000000000000000000	ovation			×	Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure			_	
				T			Non-Exempled () and Non-F	lable F		ement	
Location of		Nor	cation mally		Docori	iption o	f				/pe	
Asbestos-Containing Ma	erial (ACM)		Solely by enance/		tos Containi	ing Ma	terial (ACM)	Amount			ш	_
TO BE ABATE In Facility	2	Custod	ial Staff?	(i.e.	thermal sys surfacing			(Specify SF or LF)	Ken	Re	ncap	Encl
(13)		(12)		other misc			0. 0. 2. 7	Kemova	Repair	Encapsulate	Enclosure
		Yes 1	No N/A						-		ate	O.
Crawl Space	;	X		Th	nermal Pi	pe &	Debris	12 lf	X			
Name of Registered Waste			NJDEP V Hauler ID		Cubic Yar of Waste		1	egistered Lan	dfill			
Stevens Environmental	Services		1829		1 c		Fairless I	_andtill				
City, State Allentown, NJ					Disposal I 12/14/		City, State Morrisvill	e, PA				
Completed by Mahlon E. Stevens		Title	oject Man	ager	Sign	naturé /			Date 12	/10/20	18	
			1	ğ	/	41/1						

M0002/0004

\ \	<u></u>	2574		PAI		N	OTIFICA (Pera	ATION OF	of New Je ASBESTO JAC 8:50	AG ADIATI	BMENT 20)		**	Ch	eck	#-2	574	4	Prin	For	m
)		te of Notification (1) 12/10/	- 1				Na	me of Bull	Idirig Owne	et/Operato	Roac	ha	1	That Days a	1		(A)		7.1		27 194
		PROJES NOTIFIED EPA DEP DOL	I X	Initias Amended Amendmen				eet Addre						And the statement of th	A Commence of	1	Ed	7	20	18	CONTRACTOR SECTIONS
		DOH DCA		Emergency justification Canosilistic	y (includ h) on				nda Roa	che	Silver,	N.	07/39	Teleph	one A	lamb	PTO	S CC	NTF	101.8	The state of the s
	Nar	ne of Fadility Where A	ba on	neni is Taki antial	ng Plac	(3)		ACILITY	INFORMA	TION	Type	70	allity (4)					-110	100	+	
	Stre	al Address	36 34	ential							XI O SO SO	icht Libe	H (K-12) hapter 8 (Lei priv	10ther th	nan K	-12) Calb	ulidin	gs, ho	mes.		
			ilv ez	, NJ 0773	39						Square		H_ I	2 of Flo		-	Bidg	. Age	_	-	
		Monmouth					COL	nty Code ((7) *Ln		Curram	t Lit	: (Pitar			ahed)	-	90+/	_	-	
		of Monitoring Firm F MECS	ire i i	by Building	Owner	(8)	A	SCM No.		Steve	of Abata	m-a vir	t Contra	clor (9)	icas	Inc		_		\dashv	
		PO Box 34 State, 2ip Code	11							Street /	Address Ox 322								_	-	
-		Crosswio	ka N	NJ 08515						City. 8s Allent	eia, Zip own, N	Cit	8501						_	+	
1		ci Manager for Monito Bill Weisgarber	rin i F	-irm			Talep (608	hone No.) 295-4	070	Telepho					ente l	Vo.		_		-	
		Date (10) 12/12/2018				12/1	3/201	on Date (1	1)	Name o	1 OSHA		Nto:	00.	*83	_		_		1	
		pancy Status During A scility Closed/Vacate batement Performed Other - Describe:	d C 44	lan			ement m	*		Street A PO Bo	ddress x 341	-						_			
-		of Work (Check All T	121 A	nahA					_	Cheste	erfield,	Pi	08515	,							
	X 3	3 of or 23 m 160 of or 2260 if				Renov				X	Glovet	nex hac	Probadu	-							
		1				a Loga					Non-E	xe!	pted (*)	Ind Non-	Frab	e Pro		emen			
	As	Location of Design Containing Main IOBE ABATE	afild ((AGM)	Us4 Ma	Norma ad Sal Lintaru	ely by ince/	Asbe	stos Conts	cription of kining Mat	prist /AC	CAT		Amount		-		pe I			
		in Facility (13)			Yes	(12) No	Staff? N/A	1	i. thermal : auties other m	ing, VA7.	Cr Cr	۱,		(Specify SF of LF)	Restoral	Ropair	Encapariate	eurschus		
-	-	Crawl Space	9		X			T	hermal F	olpe & D	ebris			1216		X			\dashv		
			-					-					1_								
							_			_											
St		f Registered Waste H s Environmental :					IDEP V	No.	Gubic Y of Wask				es Lan		Hill				-		
Al	iento	Wn, NJ							12/14	D816 1/2018			sylle, F	Α					\dashv		
	mplet	E. Stevens			Title P	mjec	t Man	ager		Met year	7	1	7,10,1		Date 1		/201	8	-		
AS	B-41 (f	R-06-05)							1.	Do pot us	e links for	ren 1	or asses	los licen	aune e	wemp	ted a	ctiviti			

		PAIL	, NO	(Pur	suant to	OF ASBES NJAC 8:6	60 and	12:120)	т		C	k+	E I	9	68	
Date of Notification (1)						Building Ov						[F	3 6) F	=	B F	F
12/10/18				9.2		ewark To	wn C	enter	LLC)	4		7 (7	3 .	11 14	
Agencies Notified	T	pe Notification		17270	treet Add						1	YI	W	inari nya	alicine.	12/4/12/14/00	
EPA	×	Initial		1 5		ssaic Av	77				ļ į		90. 44		0	000	
DEP	×	Amended		12.000		e, Zip Code							DE	:C	1	201	5
X DOL	-	Amendment # Emergency (ir				k, New J	ersey				1 -1.			1000			_
DOH DCA		justification)	oldallig	N	ame of (Contact					Tele	phorie N	COLUMN TWO IS NOT THE OWNER.	STATE BANKSTON	~ (OAITE	Δ1 a
DCA		Cancellation										Pi	355			ONTR	ULC
			Di (2)		FACIL	ITY INFOR	ITAMS	ON	Tvr	oe of Facility (4)			*****	charage :	e-survivorum té s	4111 AVIDA D-100
Name of Facility Where	4Da	tement is Taking	Place (3)						1 71								4
Building # 64	_								H	School (K-1 Subchapter		er than K	-12)				
Street Address									X	Other (i.e. p	rivate 8	comme	rcial I	ouildir	ngs	homes	5,
900 Passaic Ave										etc.) uare Feet	1 # -4	Floors		DIA	g. /	GO.	_
City (5)										uare Feet 5,000	3	rioors		50	_	ge	
East Newark						1 (71)				rrent Use (Pri	1	a domo	lichor	100000			_
County (6)					County C	ode (/) SE ONLY)			10	ommercial			iisiiet	1)			
Essex			(0)					Nome							_	-	$\overline{}$
Name of Monitoring Firm	ı H	ed by Building O	wner (8)		ASCM No. Name of Abatement Contract N/a Harmony Contract												
n/a					n/a		ing in			_	_		_				
Street Address							iress isade Ave										
n/a	_						, Zip Code							_			
City, State, Zip Code							i, NJ 07026	;									
n/a	it.	ing Firm		1.7	elephor	e No		No.		Licens	e No.	_			\neg		
Project Manager for Mor	IIIC	ing riiii			n/a	ie ivo.				.6026		0125					
Start Date (10)	-		Schedule			Date (11)				OSHA Monitor					_		\dashv
12/19/18			01/31/		p.010 2	2010 (11)				ny Contract		2					
Occupancy Status Durin	na /	hatement (Check					- 200	Street							_		
necessaria e e e e e e e e e e e e e e e e e e e					ont			360	Pa	lisade Ave							
Facility Closed/Vac Abatement Perform	nec	Outside of Norm	al Facility	Hours	ent			City,	State	e, Zip Code				- 7	_		
Other - Describe:	Sc	reduled for Demo					_	Gar	field	d, NJ 0702	6						
Scope of Work (Check A	All '	hat Apply)	-							100				THE S			
≥3 sf or ≥3 lf				Renovat	ion					Full Containn	ent with	n Negativ	ve Pre	essur	е		
≥160 sf or ≥260 lf			×	emoliti	on				-	Mini-Enclosu							
									×	Glovebag Pro Non-Exempte			riable	Proc	ed	re	
			lo	Location	20											ement	
1				Normall			D	escriptio	n of				-			ype	-
Locatio Asbestos-Containing				d Solel			os Cor	ntaining	Mate	erial (ACM)		Amount				ш	п
TO BE AE	BA"	ED		intenar todial S		(i.e.		al systen acing, V		sulation,		Specify F or LF)		Ren	HO N	ıcap	nclo
In Fac	-			(12)				miscella			"	,		Remova	керап	Encapsulate	Enclosure
(,		Yes	No	N/A									ш.		ate	9
	_		res	NO	INA					W.C.	-	7715	-		_	+-	\vdash
1st Fl	OC			X	-		-	e Insul		n	+	37 LF		Κ		+	
2nd F	lo	r		X			F		/	'80 SF		×	_	-			
						I.						1000					
Name of Registered Wa	ast	: Hauler		1		그들에는 어디에 하게 하면 하는 그 그 그 그래요. 그리는						tered La	ndfill				
Rovic Transport				H	lauler ID	er ID No. of Waste TBD ISEI						1					
	_					Disposal Date City, State								-	-		
City, State						TBD Bethlehei						PA					
Riverdale, NJ	_		Title			Signature							Dat	е	-		
Completed by E. Cirovic			2007	retary		Signature E. Carva							1 - 1 - 3	/5/1	8		
L. OHOVIC			000	· Otal y				() (ME	7/7			150				

CV 27710	PAN	NOTI		TION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16	1.5.4	DEC.		17	E	A CONTRACTOR OF THE PARTY OF TH			
Date of Notification (1)	型 及 热 热,	.P.,		Name	of Building	Owner/Operator (2	2)	DEC	1 2	20 10					
12 / 7	/18_				_	College of NJ	1.1	TI DEC	13	ZU 10	- Control of the Cont	-			
Agencies Notified Ty	e Notification				Address			I do la decembra							
	nitial		4	505	Rama	po Valley Ro	1	ASBESTO	IS COP ENSIN	G	IL &				
	Amended Amendment #		t		ate, Zip C		*	fact of		office (Co	underway.	OF CHILDREN			
☑ DOH ☐ DCA	Emergency (inc	dudina	1	Mal											
(NJAC 5:23-8)	ustification)	, a a a a a a	Telephone Nu	Number											
	Cancellation			1908-87	8-17	63									
		FACILITY INFORMATION 1908-87													
Name of Facility Where Abat		nent is Taking Place (3) Type of Facility (4)													
Ramapo College -	_inden Ha	[]					School (K-12		40)			1			
Street Address		v.					Subchapter 8	rivate and comm	nercial b	uil lir	gs,	1			
505 Ramapo Valle	/ Rd						homes, etc.)								
City (5)							Square Feet	# of Floors	B	ldς.					
Mahwah				-			50,000			50	yrs				
County (6)				Count	ty Code (7)	Current Use (Pr	ior if being demo	olished)							
Bergen Name of Monitoring Firm Hire	d by Building O	unor/	0)	ASCM N	la .	Name of Abateme	ent Contractor (0)								
		wiet ((0)	HOCIVI I	NO.	Academy C									
Owner has hired Street Address	is own.					Street Address	onstruction	IIIC.							
offeet Address		205 Rt. 46 West Suite													
City, State, Zip Code						ode									
		Totowa, NJ													
Project Manager for Monitori	g Firm		Tele	phone N	Vo.	Telephone No. 973-832-42		License No. 01379							
Start Date (10)	Sched	uled C	omplet	ion Dat	e (11)	Name of OSHA N	lonitor								
12 / 19 / 1	3_ 12	_ /	_31	_ / _	18_	Same as above									
Occupancy Status During Ab						Street Address									
☐ Facility Closed/Vacated D															
Abatement Performed Ou Time of Abatement:						City, State, Zip Co	ode								
Scope of Work (Check all that	annly)														
_ w was seemed	GPP-J/	077 ~					tainment with Ne	gative Pressure							
$ \times \ge 3 \text{ sf or } \ge 3 \text{ lf}$ = > 160 sf or > 260 lf			novatí			☐ Mini-End	d Procedure								
							mpted (*) and No	n-Friable Proce	dure P	Proc edures					
			Locati			E 10 10 10 10 10 10 10 10 10 10 10 10 10	-2		Α	Aba ement Type					
Location of Asbestos-Containing Mat	rial (ACM)		d Sole		Asbe	Description of stos Containing Ma		Amount	T.e.	Kepair	Enc	Enc			
TO BE ABATE			intena todial S			., thermal systems	insulation,	(Specify	Remova	Dair	aps	Enclosure			
IN Facility (13)		Cus	(12)	Jian :		surfacing, VAT other miscellane		SF or LF)	<u> </u>		Encapsulate	lire			
		Yes	No	N/A							- 10				
1st flr 14 sprinkler h	ads 35lf			X	Sprinkle	er Pipes, White dop	e on threads	35lf	IX						
2nd flr sprinkler hea	ds 20lf				Sprinkle	er Pipes, White dop	e on threads	20lf	X						
3rd flr 11 sprinkler	eads 20lf			X	Sprinkle	er Pipes, White dop	e on threads	20lf	X						
4th flr 11 sprinkler				X	Sprinkl	er Pipes, White do	oe on threads	20lf	X						
Name of Registered Waste				JDEP V		Cubic Yards of	ds of Name of Registered Landfill								
Academy Construc	tion Inc.			auler IC 3442		Waste 3	Fairless	Landfill							
City, State				JUTTI		Disposal Date	City, State								
Totowa, NJ						TBD	Morrisvill	e, PA							
Completed By (Print or Type	Title					Signature	11 9	11	Date						
John Geleski		PN	Λ			1	in the	13	12/7	/18					
ACD 41															

ny Azau	1991 Gamelia No. 197	State of New Jersey FICATION OF ASBESTOS A Pursuant to NJAC 8:60 and	ABATE	VIENI	23	24		Prii	nt Form			
Date of Notification (1)		Name of Building Owner/O	perator	(2)	117	尼瓜	E		1 2 2			
12/06/18		Holy Trinity Church						Season Severe	em-minus quant de di			
Agencies Notified Ty	e Notification	Street Address							A CONTRACTOR			
X EPA X	Initial	315 First St.			1000000	DEC	1	3 2018				
DEP I	Amended	City, State, Zip Code	ind look				£ 2					
X DOL	Amendment # Emergency (including	Westfield, NJ 07079			į	-		Number Memorie	1			
DOH DCA	justification)	Name of Contact			Telephone Numbers CONTROL &							
X DCA □	Cancellation	Keith Gibbons			908-723-4343 CENSIN G							
		FACILITY INFORMATI	ON	T (1)								
Name of Facility Where Aba	ement is Taking Place (3)			Type of Facility (4)								
Holy Trinity School				School (K-12) Subchapter 8		on K 12\						
Street Address				Other (i.e. priv	ate & co	mmercial b	uilding	gs, liome	es,			
336 First St.				etc.)				-				
City (5)			Square Feet	# of Floors			Bldg. Aç e					
Westfield	0.000			unknown	2		50+	r. 				
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)								
Essex		(STATE OSE ONET)	School									
Name of Monitoring Firm His	d by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)									
EnviroVision Consulta	its Inc.	00079		co Services Inc.								
Street Address				Address								
20-21 Wagaraw Rd. E	dg 35E		156	Maple Ave.			1300					
City State 7in Code			City State Zin Code									

V 0099	PATD			ICATION	OF AS		y ABATEM d 12:120)	ENT	D	ECE		$\underline{\mathbb{W}}_{-}$		1			
Date of Notification (1) DECEMBER 05 2018	CHECK #99	9				g Owner/0 MADDO	Operator (2)		DEC	3 2	018	The state of the s				
Agencies Notified Ty	e Notification			Street A	ddress					ASBESTOS	CON	TDO	0				
EPA X	Initial Amended		-	City, Sta							NSING		Ci				
× DOL	Amendment Emergency (-				NJ. 0766	0									
DOH DCA	justification) Cancellation			Name of	Contac	(1	Telephone No	imper						
Name of Facility Where Aba	ement is Taking	g Place (3	3)	FACI	LITY IN	FORMAT		Type of Faci	lity (4)								
								School	(K-12)								
Street Address								Other (Other than K- ate & commerc		din(s	hom	es,			
City (5)								etc.) Square Feet	0 0								
RIDGFIELD PARK NJ County (6)	07660			County (Code (7)	V.		50X100		2 being demolis	- 1	0 YE	EAR	S 			
BERGEN		(STATE USE ONLY) EMPTY								***	, iou)						
Name of Monitoring Firm Hir	d by Building (Owner (8)		ASCN	No.			f Abatement OLUTION		ctor (9) NTRACTIN	G INC)					
Street Address							Street A	ddress			-						
City, State, Zip Code	-						City, Sta	ite, Zip Code	9								
Project Manager for Monitori	ıg Firm		Т	Telephoi	ne No.		Telepho	ne No.	01401	License No.							
Start Date (10)		Scheduled Completion Date (11) Name of								01301							
12-14-2019	3	- \	5-		OSHA Mor		NTRACTIN	G INC									
Occupancy Status During At				200200 8			Street A 24 CH	ddress URCH S1	-								
Abatement Performed (Other – Describe: 7:30	utside of Normal Facility Hours City State Zin Code								9								
Scope of Work (Check All Th	at Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	Renova Demoli				×	Mini-Enclo Glovebag	sure Procedi								
		Is	Locat	ion				Non-Exem	ipted (*)	and Non-Fria	Die Pro	Ab at	emen	t			
Location of Asbestos-Containing Mai	arial (ACM)		Normal	ally Descript						A			/pe	Г			
TO BE ABATE In Facility			intena todial s	nce/ (i.e. thermal s			I systems insulation icing, VAT, or			Amount (Specify SF or LF)		71	Enca	100			
(13)			(12)	_			niscellane			Or or Ery	Removal	Vahaii.	Encapsulate	Liciosuie			
BASEMEN		Yes	No	N/A X		PIPE II	NSULAT	ION		25	X	-	0	-			
S/ (OEINE)							110011	1011			A						
Name of Registered Waste H	aulas		1.	JDEP W	t-	10	Vest										
ATLANTIC CARTING	aulei		10.00	lauler ID		9,00,000,000	waste GRAND CENTRAL										
City, State PEN ARGYL PA						80800	sal Date	City,	State	YZ PA,1807	72						
Completed by		Title					Signature	,	//	· D	ate	-					
LUIS ARCILA		PRES	SIDE	NT		L	en	_ /	1/	1	2/05/	18					

Print Form

Check# 13365

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

Completed by (Print or Type)	Т	itle			Signature	L	Date	215-7	36-1700					
Hauler #1) Greenwood Abateme NJDEP # 12561 Hauler #2) Newark Carting, Inc. NJ DEP # 4509			Butler, N	J 07405		Disposal Da 12/24/20		8 19067						
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was See Below	,		Cubic Yards of Waste:	5 CY	G.R.O	.W.S. Nort		1				
	1	-		. normal dys	iciii iiiəulauUli	-9	-1	<u>ы</u>	+					
Room 036	YES	NO NO	NA	Thermal Svs	tem Insulation	<0	<9 LF		lose					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solel Staff	y by Maint./Cu (12)	stodial		bestos Containing Material al systems insulation, surfac	Amou	nt ify SF	Abatement T Remove Rep Enclose	<u>vpe</u>					
				Renovation Demolition	□Full Containment with Negative Fressure □Mini-Enclosure □I Glove bag Procedure / Wrap & Cut □ Non-Exempted (*) and Non-Friable Procedure									
Scope of Work (Check all that ap	ly)					J Full Contair	ment with	h Negative F	ressure					
Describe: Other- Describe: Schedule WEEKENDS AS NEEDED)	5PM -	1.52		OURS &	City, State, Zip Code FAIRLAWN, NJ 07410									
□ Facility Closed/Vacated Duri □ Abatement Performed Outside	ıg Entir	e Period of A	batement	Š	20-21 WARGARAW	ROAD, BI	.DG# 35	5E						
12/19/18 Occupancy Status During Abat	ment (12/24/18 Check only or			ENVIROVISION, IN Street Address	C.			y transcriptor of the transcriptor					
Scheduled Start Date (10)		Scheduled (Completion	n Date (11)	973-492-0477 Name of OSHA Monitor		00840	0						
Project Manager for Monitoring F BRIAN R. KEARNEY	<u>rm</u>	Telephone 1 609-386			Telephone Number <u>License Number</u>									
BURLINGTON, NJ 0	016				City State, ZipCode BUTLER, NJ 07405									
City, State, Zip Code					511 MAIN STREET									
Street Address 3 TERRI LANE					GREENWOOD ABATEMENT CONSULTANTS, NC. Street Address									
ATC			0009	-		TEMENT	ONGLI	TANTE	NC					
Name of Monitoring Firm Hired b	Blda. C	Owner (8)	ASCM N	No.	Name of Contractor (9)									
City (5) NEW BRUNSWICK	ounty (6	LESEX		Code (7) Jse Only)	Current Use (prior if being			-c	,					
Street Address COLLEGE AVENUE CA	MPUS	3			Other (i.e. private & co				vears					
RU GYM, BLDG# 3097					School (K-12) Subchapter 8 (other that	an K 12)								
Name of Facility Where Abateme	nt is Tal	king Place (3)		FACILITY IN	FORMATION Type of Facility (4)									
- DOTT					MICHAEL F. SMIT HEALTH & SAFET		848-4	445-2550						
DEP- No Longer REQUIR	D	□Cance			Name of Contact	1.	Teleph	hone Numbe	SING					
X DOL			gency (i cation)	including	City, State, Zip Code PISCATAWAY, NJ	l-	SBESTOS CONTROL &							
□ EPA □ DCA		☐ Amen	ded Not	ification#	74 STREET 1603,	BLDG 41	6, LIVII	NGSTON	CAMPU	S)				
Agencies Notified		Notification X Initial		ation	Street Address ENVIRONMENTAL		11 111			C TOTAL COLUMN				
Date of Notification (1) Decemb	er 10,	2018			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF N.									
Date 110 jeet # 000-10							11 11 11		_11 \\//	P				

534	? PAI		OTIF	State of New J ICATION OF ASBES Pursuant to NJAC 8:6	TOSARA	TEMENT 20)	13:		G	E	1 W (
Date of Notification (1) 11/27/18 Agencies Notified	ype Notification			Unclan	er/Operator	(2) 9152ru	Han	Ū	EC.	-:/-	2018
I	Í Initial I Amended			300 City, State, Zip Code	7) th S	liel 7	VGBE	STO	S CO ENSI	NTROI NG
Ø DOH □ DCA □		cluding	- N		City	N				- 9:	3 97)
Name of Facility Where Abate	nent is Taking Plac	e (3)		FACILITY INFORM	ATION			-			- 1
Res 4	1-L	(2)		¥.		Type of Fa	cility (4)				
Street Address City (5)						Subch	apter 8 (Other than K	C-I2) ercial l	ouildin	s, ho	nes, etc.)
Sex 15	۷					Square Feet	# of Floors		BI	dg. Ag	je.
Name of Monitoring Firm Hirec	by Building O	(0)	(ST	ATE USE ONLY)				ished)			
Street Address	oy Building Owner	(8)	1.4	ASCM No.	ANI	Jee.	11 1 1	1/21	<i>ii7:</i> [1	<u> </u> 27	10
City, State, Zip Code					1212	2 10 izl	INCOR: h	<u> </u>			- Company
Project Manager for Monitoring I	im		7.1		2/1.1	10110	NITO	130	D)(
			tereb	none No.			License	No.			
Stert Date (10)		1/17	pletion //	1 Date (11)							
Occupancy Status During Abatema Facility Closed/Vacated During Abatement Performed Outsid Other - Describe:	G Frite Pariod of	A barran and		Transmission I							
Scope of Work (Check All That Ap	ly)										
☐ ≥3 sfor≥3 lf .☐ ≥160 sfor≥260 lf		Renovati Demoliti	on on	a		Mini-Enclosu	re	essure			-
	1			1		Non-Exemple	ceoure d (*) and Non-Friable	e Proce	dure		1
Lecation of Asbestos-Contining Material ((CM)	Normally Ised Solely	by	Asbestos Contain	ription of				Aba		,
TO BE ABATED In Facility (13)	C	ustodial Sta (12)	£17	(i.e. thermal systems	s insulation T. or	Type of Facility (4) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial Square Feet # of Floors Current Use (Prior if being demolished) Abatement Contractor (9) Contr	Remov	Repai	Bucubsu	Enclos	
- 1 Ca	Yes	No	NIA				3.0000-900-90	=	7	late	Ire
Out 5 4c		Anna and anna and anna anna anna anna an		Sidin		/	4500 SF				
N. CD											_
Name of Registered Waste Hauler		Haule	er ID N	ste Cubic Yard of Waste	S	Name of Re	egistered Landfill				
City, State		1 20	547					7			
Completed by Japan 1 Hall.	1 75.1-	NOTIFICATION ASSESTOR ASSESTOR ASSESTOR ASSESTOR ASSESTOR OF CALL ASSESTOR		- Indiana							
						13/		MIL	111	<u>D</u>	

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