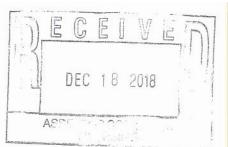
Date of Marie			N	OTIF	(Pur	ION OF suant to	of New Jersey ASBESTOS ABA NJAC 8:60 and 5:	:16)	E C			\mathbb{V}	
Date of Notification (1)	11	,	10		1		ilding Owner/Operato			C 1		018	
		-	18	-		State of	NJ Department of	Treasury / J	ob #1810-5404	Checl	k		Í
Agencies Notified EPA	Type No		on		S	treet Addre			ASPILE	i (recover ¹
⊠ DOLWD	☐ Initia ☑ Amer				- 1	50 Barra	ck Street			UNIN.	JING.		will.
☑ DHSS		ndea ndment	#2		C	ity, State, 2	Zip Code				and the state of		
☑ DCA	☐ Emer			dina			NJ 08608					_	
(NJAC 5:23-8)	justifi	ication)		ung		ame of Cor			Tolombana	l b e			
	☐ Canc	ellation				Mike Wils	son		Telephone N 609-512-		DI		
						FACILITY	INFORMATION		009-512-	2345			
Name of Facility Where A	atement	is Takir	ng Pla	ace (3)	AOILITI	INFORMATION	T					
Executive State Hou	se			, ,	9			Type of Faci					
Street Address								School (K	(-12) er 8 (Other than K	40)			
125 West State Stree	t							Other (i.e.	., private and com	-12) mercial	l build	linge	
City (5)								homes, et	tc.)		. Juliu	mys,	
Trenton, NJ								Square Feet	# of Floors		Bldg.	Age	
County (6)												-	
Mercer					C	ounty Code	(7)(STATE USE ONLY)	Current Use (Prior if being dem	olished	i)		
										2	,		
Name of Monitoring Firm F	red by Br	uilding (Owne	r (8)	ASC	M No.	Name of Abateme	ent Contractor ((9)				
Langan Engineering							AbateTech, I		(-)				
Street Address						1-1-1-1	Street Address						
300 Kimball Drive								. DO D 05					
City, State, Zip Code							30 Maple Ave						
Parsippany, NJ 07054							City, State, Zip Co						
Project Manager for Monito				To	lephon	- M-	Lumberton, N	IJ 08048					
and the same of th				116	repriori	e No.	Telephone No.						
Vilay Patel				100					License No.				
Vijay Patel Start Date (10)		Cabad	at t	9	73-56	0-4900	609-265-2107		License No. 00529				
Start Date (10)	10			Compl	73-56 etion D	ate (11)			(10 to 10 to		SI.		
Start Date (10)11 /12 /	18	_ 1:	2_	Compl / 3	73-56 etion D		609-265-2107	onitor	(10 to 10 to		<u> 54 </u>		
Start Date (10)	18 atement	1; (Check	2 only	Compl / 3	73-56 etion D	ate (11)	609-265-2107 Name of OSHA Mo	onitor	(10 to 10 to		d		
Start Date (10)	atement	(Check	2 only	Compl / 3 one)	973-56 etion D	ate (11) 18	609-265-2107 Name of OSHA Mo EMSL Analytic Street Address	onitor cal	(10 to 10 to	4	34		
Start Date (10)	atement uring Ent	(Check tire Peri	2 only iod of Facilit	Compl / 3 one) Abate ty Hou	etion E 1 / ement rs - De	ate (11) 18 scribe	Name of OSHA Mo EMSL Analytic Street Address 200 Route 130	onitor cal North	(10 to 10 to	4	8		
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Start Date (10)	atement uring Ent tside of N _AM	(Check tire Peri	2 only iod of Facilit	Compl / 3 one) Abate ty Hou	etion E 1 / ement rs - De	ate (11) 18 scribe	Name of OSHA Mo EMSL Analytic Street Address 200 Route 130	onitor cal) North	(10 to 10 to		31		
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Start Date (10)	atement uring Ent tside of N _AM	1; (Check tire Peri Normal F	2 only iod of Facilit	Completed and a second and a se	etion E 1 / ement rs - De	ate (11) 18 scribe	609-265-2107 Name of OSHA More EMSL Analytic Street Address 200 Route 130 City, State, Zip Coor Cinnaminson, Full Contain Mini-Encloin Glovebag	onitor cal North de NJ 08077 inment with Nessure Procedure	00529	1	natem	agnt T	ime
Start Date (10)	atement uring Ent tside of N _AM t apply)	1: (Check tire Peri	only iod of Facilit	Compl / 3 one) Abate by Hou PM enovati	erion E 1 / ement rs - De	scribe _AM	609-265-2107 Name of OSHA Mo EMSL Analytic Street Address 200 Route 130 City, State, Zip Coc Cinnaminson, Full Conta	onitor cal North de NJ 08077 inment with Nesure Procedure pted (*) and No	00529	AŁ	patem	1	T
Start Date (10)	atement uring Ent tside of N _AM t apply)	1: (Check tire Peri Normal FPM	only iod of Faciliti	Compl / 3 one) Abate ty Hou PM enovati	erion E 1 / ement rs - De ion ion illy elly by	scribe _AM	609-265-2107 Name of OSHA More EMSL Analytic Street Address 200 Route 130 City, State, Zip Coor Cinnaminson, Full Contal Mini-Enclo Glovebag In Non-Exem Description of stos Containing Mate	onitor cal North de NJ 08077 inment with Nesure Procedure pted (*) and No	gative Pressure On-Friable Procedu	AŁ	_	1	T
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Start Date (10)	atement uring Ent tside of N _AM t apply)	1: (Check tire Peri Normal F PM	conly iod of Faciliti	Completed Solution (12)	etion E 1 / ement rs - De ion ion illy elly by nce/ Staff?	scribe _AM	609-265-2107 Name of OSHA More EMSL Analytic Street Address 200 Route 130 City, State, Zip Coor Cinnaminson, Full Contain Mini-Encloin Glovebage Non-Exem Description of stos Containing Material, thermal systems insurfacing, VAT, o	onitor cal North de NJ 08077 inment with Ne sure Procedure pted (*) and No	gative Pressure On-Friable Procedu Amount (Specify SF or LF)	Removal	_	1	Enclosure
Start Date (10)	atement uring Ent tside of N _AM t apply)	1: (Check tire Peri Normal F_PM	conly only only only only only only only	Completed Solution (12) No	erion Education	scribe _AM	609-265-2107 Name of OSHA More EMSL Analytic Street Address 200 Route 130 City, State, Zip Coo Cinnaminson, Full Conta Glovebag I Non-Exem Description of stos Containing Mater, thermal systems ins surfacing, VAT, o other miscellaneou	onitor cal North de NJ 08077 inment with Ne sure Procedure pted (*) and No	gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	_	1	Enclosure
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Start Date (10)	atement uring Ent tside of N _AM t apply)	(Check tire Peri Normal F PM	conly only only only only only only only	Completed Solution (12) No	erion Education	scribe _AM	609-265-2107 Name of OSHA More EMSL Analytic Street Address 200 Route 130 City, State, Zip Coo Cinnaminson, Full Conta Glovebag I Non-Exem Description of stos Containing Mater, thermal systems ins surfacing, VAT, o other miscellaneou	onitor cal North de NJ 08077 inment with Ne sure Procedure pted (*) and No	gative Pressure On-Friable Procedu Amount (Specify SF or LF)	Removal	_	1	Enclosure
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Start Date (10)	atement uring Ent tside of N _AM t apply)	1: (Check tire Peri Normal F PM	2 conly iod of Facilities Is Nusee Mai Cust	Compl / 3 one) Abate by Hou PM chovati chorma d Sole intena odial s (12) No	erion D erment rs - De ion lion lly lly by nce/ Staff? N/A	scribe _AM Asbe (i.e	Street Address 200 Route 130	onitor cal North de NJ 08077 inment with Ne sure Procedure pted (*) and No rial (ACM) sulation, r (s)	gative Pressure on-Friable Procedu Amount (Specify SF or LF) SEE ATTACHED	Removal	_	1	Enclosure
Start Date (10)	atement uring Ent tside of N _AM t apply)	1: (Check tire Peri Normal F PM	2 conly iod of Facilities Is Nusee Mai Cust	Completed and the complete and the compl	erion Dan lion lion lily by nce/ Staff?	ate (11) 18 scribe AMM Asbe (i.e) SEE AT	Street Address 200 Route 130	onitor cal North de NJ 08077 inment with Ne sure Procedure pted (*) and North sulation, r is)	gative Pressure On-Friable Procedu Amount (Specify SF or LF) SEE ATTACHED	At Removal	_	1	Enclosure
Start Date (10)	atement uring Ent tside of N _AM t apply)	1: (Check tire Peri Normal F PM	2 conly iod of Facilities Is Nusee Mai Cust	Completed and the complete and the compl	etion D ement rs - De ion lly ely by nce/ Staff?	ate (11) 18 scribe AMM Asbe (i.e	Street Address 200 Route 130	onitor cal North de NJ 08077 inment with Nesure Procedure pted (*) and Nortial (ACM) sulation, r is) Name of Regist G.R.O.W.S.	gative Pressure On-Friable Procedu Amount (Specify SF or LF) SEE ATTACHED	At Removal	_	1	Enclosure
Start Date (10)	atement uring Ent tside of N _AM t apply)	1: (Check tire Peri Normal F PM	2 conly iod of Facilities Is Nusee Mai Cust	Completed and the complete and the compl	erion Dan lion lion lily by nce/ Staff?	ate (11) 18 scribe AMM Asbe (i.e	Street Address 200 Route 130	onitor cal North de NJ 08077 inment with Ne sure Procedure pted (*) and No rial (ACM) sulation, r (ss) Name of Regist G.R.O.W.S. City, State	gative Pressure On-Friable Procedu Amount (Specify SF or LF) SEE ATTACHED	At Removal	_	1	Enclosure
Start Date (10)	atement uring Ent tside of N _AM t apply) rial (ACM	(Check tire Peri Normal F PM	2 conly iod of Facilities Is Nusee Mai Cust	Completed and the complete and the compl	erion Dan lion lion lily by nce/ Staff?	ate (11) 18 scribe AMM Asbe (i.e	Street Address 200 Route 130	onitor cal North de NJ 08077 inment with Nesure Procedure pted (*) and Nortial (ACM) sulation, r is) Name of Regist G.R.O.W.S.	gative Pressure On-Friable Procedu Amount (Specify SF or LF) SEE ATTACHED	At Removal	_	1	Enclosure
Start Date (10)	atement uring Ent tside of N _AM t apply) rial (ACM	1: (Check tire Peri Normal F PM	2 conly iod of Facilities Is No Main Cust	Completed Solution (12) No No No No No No No No No N	erion Dement rs - De lion lion lively by nce/ Staff?	ate (11) 18 scribe AM Asbe (i.e	Street Address 200 Route 130	onitor cal North de NJ 08077 inment with Ne sure Procedure pted (*) and No rial (ACM) sulation, r (ss) Name of Regist G.R.O.W.S. City, State	gative Pressure On-Friable Procedu Amount (Specify SF or LF) SEE ATTACHED tered Landfill Landfill	At Removal	_	1	Enclosure
Start Date (10)	atement uring Ent tside of N _AM t apply) rial (ACM	1: (Check tire Peri Normal F PM	2 conly iod of Facilities Is No Main Cust	Completed Solution (12) No No No No No No No No No N	erion Dan lion lion lily by nce/ Staff?	ate (11) 18 scribe AM Asbe (i.e	Name of OSHA More EMSL Analytic Street Address 200 Route 130 City, State, Zip Coc Cinnaminson, Street Address 200 Route 130 City, State, Zip Coc Cinnaminson, Street Address 200 Route 130 City, State, Zip Coc Cinnaminson, Street Address 200 Route 130 City, State, Zip Coc Cinnaminson, Street Address 200 Route 130 City, State, Zip Coc Cinnaminson, Street Address 200 Route 130 R	onitor cal North de NJ 08077 inment with Ne sure Procedure pted (*) and No rial (ACM) sulation, r (ss) Name of Regist G.R.O.W.S. City, State	gative Pressure On-Friable Procedu Amount (Specify SF or LF) SEE ATTACHED	At Removal	_	1	Enclosure



Scope of Work Cont.

and the same of th				The second secon
Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
Governor's Office	NO	Plaster	1,250 SF	Removal
Governor's C ffice	NO	Duct Insulation	50 SF	Removal
Governor's C ffice	NO	Vapor Barrier	150 SF	Removal
2 nd Floor	NO	Plaster	2,100 SF	Removal
2 nd Floor	NO	Duct Insulation	150 SF	Removal
2 nd Floor	NO	Vapor Barrier	150 SF	Removal
Building Entrance	NO	Plaster	1,900 SF	Removal
Exterior	NO	Roofing Material	600 SF	Removal
Throughout	NO	Window Caulk	200 LF	Removal
Executive Offi :es	NO	Ceiling Plaster	120 SF	Removal
Executive Offices	NO	Pipe Insulation	15 LF	Removal
Executive Offices	NO	Black Mastic	320 SF	Removal

Ch 108r	Chr. sprovy season significant.			NOT	IFIC <i>A</i> (Pu	State TION OF rsuant to	New Jersey ASBESTOS AE NJAC 8:60 and	ATEMENT (16)					
Date of Notification (1) 12 /	11	/	18			Name of Bu	ilding Owner/Operat	or (2)	1	2 18			
Agencies Notified	Type N	lotifica	ation	_		Characteristic	Resorts Acquisi	tion Group,LE	S Job#1809-5 ASD	384CI	neck	# 108	371
⊠ EPA	☐ Initia	al			- 1	Street Addre				LEN.			200
Ø DOLWD					-	City Ctate 7	iner Street, SUite	200		on the later of th	eri kratheri -	in in	114.5
☐ DHSS	Ame	endme	nt #4			City, State, Z							
(NJAC 5:23-8)	☐ Eme	ergenc	y (incl	uding	-	Tampa, F							
(0.20 0)	☐ Cano	cellatio	n)		1	Name of Con			Telephone	Numbe	r		
	- Odnic	Conauc	JII			Chris Wal	lsh		609-517		(7)		
Name of English Mark						FACILITY	INFORMATION		1/2				_
Name of Facility Where	batement	t is Ta	king F	lace (3)			Type of Facilit	v (4)				
Stockton Seaview	otel & (Golf (Club					School (K-					
Street Address								Subchapter	r 8 (Other than I	K 12)			
401 South New Yor	Road							Other (i.e.,	private and con	nmercia	al buil	dinas	
City (5)								nomes, etc	.)	100		unigo	())
Galloway, NJ 08205								Square Feet	# of Floors		Bldg	g. Age	-
County (6)													
Atlantic					10	County Code	(7)(STATE USE ONLY)	Current Use (P	rior if being den	nolishe	d)		
Name of Monitoring Circuit	- 11 =							Hotel	g	10110110	۵)		
Name of Monitoring Firm I	Irea by B	Building	g Own	er (8)	AS	CM No.	Name of Abatem	ent Contractor (9	1				_
Heath & Safety Serv	ces						AbateTech,		,				
Street Address							Street Address						
PO Box 365							30 Maple Ave	. DO D					
City, State, Zip Code													
Berlin, NJ 08009							City, State, Zip C						
Project Manager for Monito	ing Firm			T	elepho	no Ne	Lumberton, I	NJ 08048					
Jim Proctor							Telephone No.		License No.				
Start Date (10)		Sobo	odula d		009-7	04=8850	609-265-2107		00529				
_10 / _15 /	18	Sche	12	Comp	pletion	Date (11)	Name of OSHA M	onitor				-	
	1 0		12	/	31	1 18	EMSL Analyti	cal					
Occupancy Status During A	atement	(Chec	k only	one)	-		Street Address						
Facility Closed/Vacated	uring Ent	tire Pe	eriod o	f Abat	ement		200 Route 130) Alauth					
I Aparement Performed O	tside of N	Vorma	I Facil	ity Ho	urs - D	escribe	City, State, Zip Co						
or / waternerit.	_AIVI	P	M/	PN	Λ	_AM	I						
Scope of Work (Check all the	t apply)						Cinnaminson,	NJ 08077					
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 			⊠ Re	enova	tion ion	3. ₁	☑ Mini-Encid	inment with Nega sure Procedure opted (*) and Non-		ure			
Location of				Loca					. 10080				
Asbestos-Containing Mate	rial (ACM	1)		Norma	ely by		Description of			1000	T	nent T	T
TO BE ABATED			Ma	intena	ance/	Asbes	tos Containing Mate thermal systems in:	rial (ACM)	Amount	Removal	Repair	Encapsulate	Circiosure
IN Facility (13)		- 1	Cus	todial (12)	Staff?	(,	surfacing, VAT, o	sulation,	(Specify SF or LF)	VOL	air	aps	io
(10)		t	Yes		_	4	other miscellaneou	is)	SF OI LF)	<u>a</u>		u a	ure
Regency Wing 1st FI.				No	N/A							6	
						Accousti	cal Fire proofing		2,500 SF		-		-
Regency Wing 2 nd FI.						12.23	cal Fire proofing						L
Regency Wing 3rd FI.							cal Fire proofing		2,500 SF		Ш		
Bay Wing 3 rd FI.			П	П	×		cal Fire proofing		2,500 SF				
ame of Registered Waste Ha	iler				JDEP V				2,500 SF	\boxtimes			
AbateTech, Inc.				Ha	auler IC		Cubic Yards of I	Name of Register					
ity, State					18750	7	40	G.R.O.W.S. L	andfill				
Lumberton, NJ						D	isposal Date (City, State					
							12/31//18	Tullytown, PA	Α				
ompleted By (Print or Type)		Title					Signature	1					
Gwendolyn Trumbetti		Ope	eratio	ns C	oordi	nator		. 4	Da	te		^	
B-41							IVW	VI		2-1	1-	1X	
Y 11		* Do	not u	se this	s form	for ashestos	liconcum America			0-1	1	1 0	_

Scope of Work Cont.

DEC 18 2018

Location of A M Used for Maint. Description of ACM Amount Abatement Type

Dining Room

NO

Acoustical material on plaster

3,000 SF

Removal

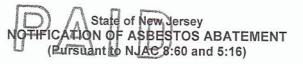
	1	N	OTIF	ICAT (Purs	ION OF	of New Jersey ASBESTOS AB NJAC 8:60 and 5	ATEMENT		<u>6</u> E		\mathbb{V}	ك
Date of Notification (1)	1000					Iding Owner/Operato			HEC 1	8 2	018	
/	11 / _	18	_		PSE&G		# 1810-5388 C	heck#				
Agencies Notified	Type Notifica	tion		St	reet Addre	ss		AST		- Contractor		********
⊠ EPA ⊠ DOLWD] Initial				4000 Had	lley Road				ional Jana		
⊠ DHSS	Amended Amendme			_	ty, State, Z	man and the second seco			mer	Programme and Septime		
□ DCA] Emergenc		dina			infield, NJ						
(NJAC 5:23-8)	justification	у (пісіці п)	ung	_	me of Con			Talash	N			
	Cancellatio	n		1	Christina	Meerlo		Telephone		Š		
						INFORMATION		908-756	-//36			
Name of Facility Where Ab	tement is Ta	kina Pl	ace (3)	1	ACILITY	INFORMATION	I =					
PSE&G- North Bruns	vick Statio	n Con	trol H	01150			Type of Facility					
Street Address				ouse	ē		School (K-1	(Other then	V 10)			
301 Victory Blvd.							Other (i.e.,	private and cor	nmercial	build	inas	
City (5)							homes, etc	.)		Juliu.	ngo,	
North Brunswick, NJ							Square Feet	# of Floors	;	Bldg.	Age	
County (6)												
Middlesex				Co	Current Use (P	rior if being der	molished	1)		_		
The state of the s					Control Ho							
Name of Monitoring Firm Hi	ed by Buildin	g Owne	er (8)	ASC	ent Contractor (9)				_		
Health & Safety Service	es				nc.	\$4.						
Street Address						Street Address						_
PO Box 365						30 Maple Ave	PO Box 25					
City, State, Zip Code						City, State, Zip C						_
Berlin, NJ 08009						Lumberton, I		((e				
Project Manager for Monitori	g Firm		Te	tephone	e-No	Telephone No.		License No				_
Jim Proctor					4-8850	609-265-2107		00529				
Start Date (10)	Sch	eduled			ate (11)	Name of OSHA M		00529				_
10 / _11_ / _1	3				18	EMSL Analyti						
Occupancy Status During Ab	tement (Che					Street Address						
☐ Facility Closed/Vacated D	ring Entire P	eriod of	f Abata	ment_								
☐ Abatement Performed Out	ide of Norma	al-Facili	ty Hou	rs - De	scribe	200 Route 13						
Time of Abatement:	.AMF	/M/	PM		_AM	City, State, Zip Co						
Scope of Work (Check all that	annly)					Cinnaminson	NJ 08077					
	арріу)					□ Full Contr	inmont with No.					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovat				ninment with Neg	ative Pressure				
△ <u>-</u> 100 31 01 <u>-</u> 200 11				on			Joure					
		∐ D∈	emolitic	-11		Glovebag	Procedure					
						☐ Glovebag ☒ Non-Exen	Procedure pted (*) and Non					
Location of		Is	S Locat Norma	tion		⊠ Non-Exen	Procedure		dure	batem	ent T	yı
Asbestos-Containing Mate	al (ACM)	ls Use	S Locat Norma	tion Illy ely by	Asbes	Description of stos Containing Mate	Procedure npted (*) and Non	n-Friable Proce	dure	_	_	-
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Asbestos-Containing Mate	al (ACM)	Is Use Ma	S Locat Norma ed Sole	tion ally ely by ance/	Asbe:	Description of stos Containing Mate , thermal systems in surfacing, VAT,	Procedure npted (*) and Non erial (ACM) sulation, or	n-Friable Proce	dure	Repair	_	-
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APPROVED BY: tom voorhees, NJ DOL

State of New Jersey NOTIFICATION-OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

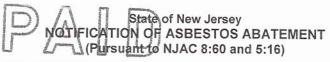
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Date of Notification (5.0 f						Owner / Operato	or (2)	NEGE	I W E M
	12/11/18	and the latest and th					of Education	- 1		
Agencies Notified	Type Notif	cation			Addr		C44		-5	
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Grace Dunn Midd				,			School (FRIABLE	
Street Address								oter 8 (Other		
401 Dayton Street										lings, homes, etc.)
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Name of Monitoring F			ner (8)		ASC	CM No.				
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Street Address 120 North Warren	Stroot						Street Addres			
City, State & Zip Cod							City, State &	A STATE OF THE PARTY OF THE PAR		
Trenton, NJ 08010							Bristol, PA			
Project Manager for N		Firm	Telep	hone	Numb	per	Telephone N		License	Number
Steve Mania			609-				(215)788-60		00509	
Scheduled Start Date	(10)	Scheduled Cor	npletic	n Da	te (11))	Name of OSI	HA Monitor		
12/11/18			12/13				Bristol Env	ironmenta	l Inc.	
Occupancy Status Du	uring Abat	ment (Check or	nly one	9)			Street Addres			
		During Entire P					1123 Beave			
		Outside of Norma	ai Hoi	ırs –	/am to	o 3pm	City, State &			
Describe: 3		J Abatement					Bristol, PA	19007		
Scope of Work (Chec				Marin						
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	Facility		Custo	dial S	Staff?	i	nsulation, surface	ing, VAT		Enclsoure incapsulat Repair Removal
	(13)		· ·	(12)			or other miscell	aneous)		Enclsoure Encapsulate Repair Removal
D			Yes	No	N/A					
Rooms A-37, A-43	, A-45		님		H		Nail Cre	te	400 SF	
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Bristol Environme	ntal Inc			18	706		1 Cu yd	Fairless L	.andfill	
City, State							Disposal Date	City, State		
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Completed By (Print of	or Type)			Titl			Signature	0	1 ~	Date
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GI 18282										



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Date of Notification (1)					Nam	e of Buildin	ng Owner/Operator ((2)			-		
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Name of Facility Where Aba	ite nent i	s Takin	g Plac	e (3)				Type of Facility	(4)				
Morristown High Sch	od I							School (K-12					
Street Address						,			Other than K-1				
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City (5)								Square Feet	# of Floors	R	ldg. A		
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County (6)					Cou	inty Code (7)(STATE USE ONLY)				T-5U		
Morris					000	inty Code (I NOTATE USE UNLT)	Current Use (Pr	or if being demoli	snea)			
Name of Monitoring Firm His	h. D	ا المائن	Ou	(0)	1000	A NI.	Tit.						
	92		Owner	(8)	ASCN	1 No.	Name of Abateme						
Environmental Conne	c ion, i	nc					BRISTOL EN	VIRONMENTA	L, INC.				
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120 North Warren Stre	Эе:						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08608							BRISTOL, PA	19007					
Project Manager for Monitor	in Firm			Tel	ephone	No.	Telephone No.		License No.	-			SELECTION I
Dominick Dercole				6	09-39	2-4200	215-788-6040	0	00509				
Start Date (10)	_	Sched	duled (Compl	etion D	ate (11)	Name of OSHA M	Ionitor					-
12 /21 /	The second second		12	/ _3		18		VIRONMENTAI	_, INC				
Occupancy Status During Al	oa ement	(Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated [ou ing Er	ntire Pe	riod of	Abate	ement		1123 BEAVER	R STREET					
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≥3 sf or ≥3 lf≥160 sf or >260 lf				enova			☐ Mini-Enc	losure					
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TO BE ABATE		1	- mark 192	inten			e., thermal systems i		(Specify	Removal	pair	сар	Clos
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Name of Registered Waste H	la iler	******		1	NJDEP	Waste	Cubic Yards of	Name of Regist	ered Landfill				
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							Disposal Date	City, State					
YARDLEY, PA							TBD	WAYNESB	JRG, OH				
Completed By (Print or Type)		Title					Signature	0 0		ate			
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Date of Notification (1)	_			-	-	Nam	e of Ruildi	ng Owner/Operator ((2)	- 1				
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Middlesex			N/ Building Owner (9) ASCM No. Name of Abeliand Co.								,			
Name of Monitoring Firm H	lire	d by Build												
Cardno ATC		2 0 ,	BRISTOL ENVIRONMEN											
Street Address	-							VIKONIVIENTAL	-, INC.					
3 Terri Lane								Street Address						
	_							1123 BEAVE						
City, State, Zip Code								City, State, Zip Co						
Burlington, NJ 08016								BRISTOL, PA	19007					
Project Manager for Monito	orin	j Firm			Tele	phone	No.	Telephone No.		License No				
John Lutz					6	09-386	6-8800	215-788-6040		00509				
Start Date (10)		S	Schedu	led C	omple	tion Da	ate (11)	Name of OSHA M	Ionitor					_
12 /21 /	1	3	12	2 /	28	3 /	18	BRISTOL EN	VIRONMENTAL	. INC.				
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☐ Facility Closed/Vacated						ment		1123 BEAVER	CTDEET					
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			100		_			BRISTOL, PA	19007					
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City, State								Disposal Date	City, State					
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1AY 11 GI 18283			* Do	nof	use th	is form	for ashesi	os licensure exemp	ted activities					

Dels of Notification (1) 12/14/2018 Name of Building Owner/Operator (2) Suncoc Parthers, Marketing & Terminals - Epigle Point Facility Point Parthers Route 295 & Route 130 County (6) County (7) County (7) County (8) Clourly (8) Clou	1	10253	267	981	NOTI	FICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE			0.0	0 1 0	0	-/ /	And the second s
EPA Dol											ninals - E	-1			18	
Name of Facility Where Abate Section Sec			aug.					Route	130		4	ASBES	TOS C	ONTI	ROLE	i.
Second Content Second	×	DEP [Amended Amendment									The season of th				TT-MAN-COMM
Name of Facility Where Abate ment is Taking Place (3) Eagle Point Facility (4) Eagle Point Facility Street Address Route 295 & Route 12 Courty (6) Gloucester Name of Monitoring Firm Hild Demolition County (7) County (8)	X		justification)		9							를 보고 다른 기를 받는 것		r		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc / 30 / 2018 Tyr e Notification Street Address Agencies Notified nitial 1000 Route 202 ASSESTUS CONTEST ☐ EPA Amended Ø LICENSING City, State, Zip Code DOLWD Amendment # ☑ DOH Raritan, NJ ☐ Emergency (including Telephone Number ☐ DCA Name of Contact justification) (NJAC 5:23-8) 908 927-6912 Cancellation Harold Marsan FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abat ment is Taking Place (3) ☐ School (K-12) JANSSEN PHARMA (EUTICAL, INC ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, Street Address homes, etc.) 1000 ROUTE 202 Bldg. Age Square Feet # of Floors City (5) RARITAN County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Hunterdon Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hir ad by Building Owner (8) Delta/BJDS, Inc. Environmental Healt Investigations Street Address Street Address 1345 Industrial Blvd 655 West Shore Trail City, State, Zip Code City, State, Zip Code Southampton, Pa 18966 Sparta, NJ 07871 License No. Telephone No. Telephone No. Project Manager for Monitor ng Firm 00783 215 322-2900 973 729-5649 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 1 / 4 / 2019 12 / 04 / 20 18 N/A Street Address Occupancy Status During A patement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed O Itside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure Renovation ☐ Mini-Enclosure ≥3 sf or ≥3 lf ☐ Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Encapsulate Remova Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing M Iterial (ACM) (i.e., thermal systems insulation, (Specify Maintenance/ TO BE ABAT :D Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)No N/A Yes 200 SF X Ceiling Tiles 3rd fl Bldg B Room 3 339E X X П П П 400 LF Interior Window panel caulking Х 3rd FI Bldg B П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste Type text here Service Transport Group Inc 20990 City, State Disposal Date City, State Waynesburg, Ohio 58 Pyles Lane New Castle DE Date Signature Completed By (Print or Ty)e) Title 12/17/2018 Asst. Admin Christine Del Viscio

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□ DCA (NJAC 5:23-8)	justification)	oludiilig		Name	of Contact	:		Telephone Numb				
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				FAC	ILITY IN	FORMATION						
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Name of Monitoring Firm Hi	ed by Building C	wner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Environmental Healt	ı Investigati	ons				Delta/BJDS,	Inc					
Street Address						Street Address						
655 West Shore Tr	ail					1345 Indust	rial Blvd					
City, State, Zip Code						City, State, Zip Co	ode					
Sparta, NJ 07871						Southamptor	i, Pa 18966					
Project Manager for Monitor	ng Firm		Tele	phone !	No.	Telephone No.		License No.				
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* Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 12-14-18			Name o	f Buildi	ng Own	er/Operator (2) cany and Chemou	rs Company			,	*********	
Agencies Notified	Notification Type		Street A Rt 130 S	ddress		ouny and onomou	is company	DEC	18	2018		
☑ DEP ☑ DOL	Amended Emergency (Includi		City, Sta Deepwa	ate, Zip ter, NJ	Code 08023		i i	ASSESTC LIC	S COM	TAC	i.	
☑ DOH ☐ DCA	Justification) Cancellation	· ·	Name of Joe Mi	A COLUMNIA SERVICE	ct				one Num 05-776			
			FAC	ILITY II	NFORM	ATION						
Name of Facility Where Chamber Works Plant	statement is Taking Plac	e (3)					Type of Facili	ty (4)				
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Bear, De					New	Castle, DE 197	720					
Project Manager for Mor Wesly Morrison			26-233		(302)	one Number 322-8946		License 00578		r		
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Scope of Work (Check a	that apply)		۵	☑ Reno	vation		inment with Neg	ative Press	ure			
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$] Dem		☐ Mini-Enclos ☐ Glovebag I	sure					
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DCA (NJAC 5:23-8)	=merge ustifica		ncludin	g	_	of Contac			Telephone Numb	A COLUMN		03-4-36	1-1-1-1-1-1
(140/10/3.23-0)	Cancella	ST. ST. ST.				Loren F	1375		732-657-574				
									132-031-314				
None of Facility When Al-	-1		- 51	(0)	FA	CILITY IN	NFORMATION		***				
Name of Facility Where Ab			g Place	(3)				Type of Facility					
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Street Address									rivate and commer		ilding	IS.	
301 Union Ave								homes, etc.					
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Lakehurst													
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	ned)			
Ocean													
Name of Monitoring Firm H		lding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental In	c.						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					.,,		Street Address						
1253 N Church St							1123 BEAVE	R STREET					
City, State, Zip Code		7. 2.2.2.2.					City, State, Zip Co	ode					
Moorestown, NJ 0808	57						BRISTOL, PA	19007					
Project Manager for Monito	rin į Firm	y		Tele	ephone	No.	Telephone No.		License No.				
Mike Keehn				6	09-386	-8800	215-788-6040		00509				
Start Date (10)		Sched	duled C	omple	etion Da	ite (11)	Name of OSHA M	lonitor		-7-2		0.170.000	
11 /13 /	11		12 /	_ 2	1_/	18	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During A	batement	(Checl	k only	one)			Street Address						
☐ Facility Closed/Vacated					ment		1123 BEAVER	STREET					
Abatement Performed C	ut ide of N	Vormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement: 7:0	<u>0</u> ∤M- <u>3:30</u>	PM/_	P	M	AM		BRISTOL, PA						
Scope of Work (Check all th	at apply)						Dividio C, 17	10007					
	1-1-1-37		V					ainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re	novat			☐ Mini-Enc ☐ Glovebac						
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Asbestos-Containing Ma		VI)		intena	ely by		stos Containing Ma		Amount	(em	Repair	nc	incl
TO BE ABATE IN Facility	<u>: U</u>				Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	ai-	sde	Enclosure
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			Yes	No	N/A							(D	
Rooms 1-9, Custodial o	off ce &			\boxtimes		Floor ti	le and mastic		8,358 SF			П	П
Rooms 1-9, Custodial o	off ce &					Glue do	ots		450 SF				
Rooms 12-15 & 17-21				\boxtimes		Floor ti	le and mastic		6,550 SF		П	П	
Rooms 23-30, Server R	m Conf	Rm	П			Eloor ti	le and mastic		9,970 SF	Jacob Cont.			
& Corridor Name of Registered Waste					J L JDEP I		Cubic Yards of	Name of Desig				Ш	Ш
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		,	J.		20990)	D: 15		LANDFILL				
City, State	72.)						Disposal Date	City, State	uno en com				
NEW CASTLE, DE 19						1		WAYNESB	URG, OH 44688				
Completed By (Print or Type	*)	Title		0.0			Signature	n 1:	/ Dat	е	-	1	~
Brian Scafiro		E	stima	tor			Burn	Scomo	14h /10	e 2 -	17	.500	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)						I NI -	(D :	11.11	0 10	-		. E N		1.		1	
	26	_ /	18	3					g Owner/Operato chool District		2)						1
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⊠ DHSS	2	Amenda		2-12/	13/18		y, State, Z	-					response to			7	
		Emerge				L	akehur	st, M	NJ 08733			ARRESTS	BUC	MIT		1	
(NJAC 5:23-8)		justificat	tion)		5	Na	me of Cor	ntac	t			Telephone	Numb	er	161		4-1
		Cancella	ation			I	Mr. Lore	n Fı	uhring			732-657	-5741				
None of Facility Miles of Al			T 1:		(0)	F	FACILITY	Y IN	FORMATION								
Name of Facility Where At				g Plac	e (3)						Type of Facility	• •					
Lakehurst Elementa	ry	School	ÿ.								School (K-1		K 40)				
Street Address						3.0					☐ Subchapter ☐ Other (i.e., p	o (Other than crivate and cor	K-12) nmerc	ial bu	ildin	as	
301 Union Ave											homes, etc.		miloro	iui be		90,	
City (5)											Square Feet	# of Floors	3	BI	dg. A	ge	
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County (6)						C	ounty Cod	de (7	(STATE USE ONLY	0	Current Use (P	ior if being de	molish	ed)			100
Ocean								2.00	(A)		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/			
Name of Monitoring Firm F	lire	d by Bui	Iding	Owner	(8)	ASC	CM No.		Name of Abater	me	ent Contractor (9)					
TTI Environmental Ir	ıc.								BRISTOL E	N١	VIRONMENTA	L, INC.					
Street Address							20185-1211		Street Address					-			
1253 N Church St									1123 BEAV	EF	RSTREET						
City, State, Zip Code									City, State, Zip				-				
Moorestown, NJ 080	57								BRISTOL, F								
Project Manager for Monito	orin	ı Firm			Tel	epho	ne No.		Telephone No.	i Aloka		License N	0				
Mike Keehn	240.00					- 1	86-8800		215-788-604	40		00509	0.				
Start Date (10)	-		Sched	duled (Compl	etion	Date (11)		Name of OSHA	M	onitor						
11 /13 / _	1						/18		BRISTOL E	N۱	/IRONMENTA	L, INC.					
Occupancy Status During /	Aba	tement ((Chec	k only	one)				Street Address							-50.55	
☐ Facility Closed/Vacated									1123 BEAV	EF	RSTREET						
									City, State, Zip				111100000				
Time of Abatement: 7:0	<u>00</u> /	M- <u>3:30</u>	PM/_	F	M	A	M		BRISTOL, P								
Scope of Work (Check all t	hat	apply)															
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf					enova emoliti				☐ Mini-Er ☐ Gloveb	ncl	ainment with Negosure Procedure poted (*) and No						
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Location of					Norma ed Sol		, .		Description					Z	R	m	ш
Asbestos-Containing M TO BE ABAT			VI)		ainten		1		stos Containing N , thermal system			Amount		Removal	Repair	Encapsulate	nck
IN Facility				Cus	todial		?	(1.6.	surfacing, VA			(Specify SF or LF		ova	≅.	psu	Enclosure
(13)					(12)				other miscellar			0.500 (Acc. 0 .00 0	_	_		late	G.
D00.00.0				Yes	No	N/	'A										
Rooms 23-30, Server F	۲m	Cont I	Rm		\boxtimes		Glue	Do	its			710 SF					
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Name of Registered Waste					1 197		P Waste		Cubic Yards of		Name of Regis	tered Landfill					
SERVICE TRANSPOR	₹T	GROU	P, IN	С.	1	daule 209	r ID No.		Waste		MINERVA	LANDFILL					
City, State		-				209	30	-	Disposal Date	-	City, State						
NEW CASTLE, DE 19	72)										URG, OH 44	1688				
Completed By (Print or Typ			Title	<u> </u>					Signature								
Brian Scafiro	٠,		0.000	; stima	tor				Miga	'n	Scapio	/ Onc	Date		12-	18	/
ASB-41 10 - : 0 111	_							_	1240	- [Cayou	())	10	· /)	/ 0	
MAY 11 BS 18140	7		*	Do not	use t	his fo	rm for asb	esto	os licensure exen	npt	ed activities.						

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

Date of Notification (1)								,					
10 /	26	/ 1	8				ing Owner/Operator School District	(2)	I E A	Tip Is	F 1 3 12		
Aganaias Natified						akenuisi	School District		/-=_!2_		1.52	1.5	1
Agencies Notified EPA	-	e Notification	n		Stre	et Address	S		1/			1	
⊠ DOLWD	1220	Initial Amended				01 Union			DEC	180	244	1	1 1 1
☑ DHSS		Amendment	#1-11	/16/18	City	State, Zip	Code		DEC	102	018		111
☐ DCA		Emergency (La		, NJ 08733	į.				it.	7.5
(NJAC 5:23-8)		ustification)			Nam	ne of Conta	act		Telephone N	Number	7	- 1	
	Ц	Cancellation			M	r. Loren	Fuhring		732-657-	5741	in y.	42	
Name of E-citic Name					F	ACILITY	INFORMATION				18		
Name of Facility Where A	bate	ment is Takir	ng Plac	ce (3)				Type of Facility (4)				
Lakehurst Elementa	iry	chool						School (K-12)					
Street Address								Subchapter 8	(Other than k	(-12)			
301 Union Ave								Other (i.e., pri	vate and com	imercial	buildir	ıgs,	
City (5)								Square Feet	# of Floors		Bldg. /	100	
Lakehurst									" " " " " " " " " " " " " " " " " " "	- 1	blug. 7	ige	
County (6)					Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being den	nolished		-	
Ocean							universitive out man the enthances (1995) in the Tail /		Jonig dell	ronaneu,			
Name of Monitoring Firm H		by Building	Owner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)					
TTI Environmental Ir	nc.							VIRONMENTAL	INC				
Street Address			110000000				Street Address	THOMALIA	, 1110.				
1253 N Church St							1123 BEAVE	PSTREET					
City, State, Zip Code	_			_			City, State, Zip Co						
Moorestown, NJ 080	57						BRISTOL, PA						
Project Manager for Monito	oring	Firm		Tel	ephone	No	Telephone No.	19007	T.				
Mike Keehn						6-8800	215-788-6040		License No.				
Start Date (10)	_	Sched	duled (ate (11)			00509				
11 /13 / _	18				4_ /		Name of OSHA M	ionitor VIRONMENTAL,	INIO				
Occupancy Status During A								VIRONWENTAL,	, INC.				
☐ Facility Closed/Vacated	Du	ing Entire Pe	riod of	Abata	mont		Street Address						
☐ Abatement Performed C	Outs	de of Norma	l Facilit	N Hou	re - Do	ccribo	1123 BEAVER						
Ime of Abatement: 7:0	00A	1-3:30PM/	P	PM-	AM	scribe	City, State, Zip Co						
Scope of Work (Check all ti							BRISTOL, PA	19007					
	nat	ppiy)											-
☐ ≥3 sf or ≥3 lf			⊠ Re	enovat	ion		☐ Full Conta	ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			☐ De	emolitie	on		☐ Glovebag	Procedure					
							Non-Exer Non-Exer	npted (*) and Non-	Friable Proce	dure			
Location of				S Local Norma						Al	patem	ent T	уре
Asbestos-Containing Ma	ater	al (ACM)		ed Sole		Asha	Description of stos Containing Mat		1020 80				T
TO BE ABATE	ED		1 2000	intena		(i.e	., thermal systems in	erial (ACIVI)	Amount (Specify	em	Repair	nca	nci
IN Facility (13)			Cus	todial (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	Removal	=	psu	Enclosure
(10)			Yes	No	N/A	1	other miscellaneo	ous)	500,0			Encapsulate	G,
Rooms 1-9, Custodial of	offic	e &			-	F1							
Rooms 1-9, Custodial of	offic	e &					le and mastic		8,358 SF				
corrodor			Ш			Glue do	ots		450 SF				
Rooms 12-15 & 17-21				\boxtimes		Floor ti	le and mastic		6,550 SF		П	П	П
Rooms 23-30, Server R	THE STATE OF	S-00-00-00-00-00-00-00-00-00-00-00-00-00		\boxtimes		Floor til	le and mastic		9,970 SF				
Name of Registered Waste				1000	JDEP V		Cubic Yards of	Name of Register	000		T		
SERVICE TRANSPOR	TO	ROUP, INC	: .	H	auler IE		Waste	MINERVA LA					
City, State					20990	V	Disposal Date	City, State					energie (m.
NEW CASTLE, DE 197	720						- iopodai Date	WAYNESBUI	SG OH 440	00			
Completed By (Print or Type	e)	Title					Signature						
Brian Scafiro	255		stimat	or			olghaldre	1.0.1	0	Date	1.	-	
SB-41							mon x	scoper /	pc	11/16	1/6	1	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Chut 3459

Date of Notification (1)								19.1	56 F	totari. Z 18		
10 / 26	/	18				ding Owner/Operator t School District			D.F			10
Agencies Notified Ty												
	e Notifica	ation			eet Addres				IFO 1	8	0010	
	Amended	ı		3	01 Unior	1 Ave		[1] L	EC	0	2018	
Ø DHSS 9274	Amendme			City	, State, Zi	p Code		1		_		
DCA 9219	Emergen		ina	L	akehurs	t, NJ 08733		. (SOTOS	or.	hate	
(NJAC 5:23-8)	ustification	on)	9	Nar	ne of Cont	act		Telephone N				7 ·
	Cancellat	ion			ir. Loren	1000		732-657-5				
Name of Escility Whore Abet				F	ACILITY	INFORMATION						
Name of Facility Where Abate Lakehurst Elementary	ment is i	aking Pla	ice (3))			Type of Facility	y (4)				
	cnool						School (K-1	12)				
Street Address							Subchapter	8 (Other than K-	-12)			
301 Union Ave							homes, etc.	private and comr	nercial	buildir	igs,	
City (5)							Square Feet	# of Floors	Tr	Olda	^~~	
Lakehurst							- 4	# 01 1 1001S	1,	3ldg. A	age	
County (6)				Co	unty Code	(7)(STATE USE ONLY	Current Use (P	rior if being demo	oliob od\	V		
Ocean						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	outlent osc (i	nor it being demi	olisnea)			
Name of Monitoring Firm Hired	by Buildi	ing Owne	r (8)	ASCI	/I No.	Name of Abater	nent Contractor (9					
TTI Environmental Inc.		J	,	1.00.								
Street Address		•					NVIRONMENTA	AL, INC.				
1253 N Church St						Street Address						
City, State, Zip Code						1123 BEAVE	and the state of t					
Moorestown, NJ 08057						City, State, Zip (
			-			BRISTOL, P	A 19007					
Project Manager for Monitoring	Firm		1	elephone		Telephone No.		License No.				
Mike Keehn			1	609-38		215-788-604	0	00509				
Start Date (10)11 /18 /18	So	heduled		oletion D		Name of OSHA						\neg
Occupancy Status During Abat							VIRONMENTA	L, INC.				- 1
☐ Facility Closed/Vacated Dur	on Entire	neck only	one)			Street Address						
Abatement Performed Outs	i lo of Nor	Period of	Abat	tement		1123 BEAVE	R STREET					
Time of Abatement: 7:00Al	-3:30PM	mai Facili M	TY HO	urs - De AM		City, State, Zip C	ode		S. T. T. T. T.			
		" '	141-			BRISTOL, PA	A 19007					
Scope of Work (Check all that a	oply)					22200000						-
≥3 sf or ≥3 lf		⊠ R	enova	tion		☐ Full Con	tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			emolit			☐ Mini-End	g Procedure					
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			s Loca				I			ateme	ont To	-
Location of			Norm	ally lelv bv		Description of				-		
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(13)			(12))		other miscellane	ous)	SF or LF)	<u>a</u>		Encapsulate	ure
Rooms 1-9, Custodial offic	. 0	Yes	No	N/A							te	
corrodor	1000				Floor ti	le and mastic		8,358 SF				
Rooms 1-9, Custodial offic	! &		\boxtimes		Glue do	ots		450 SF		П		
Rooms 12-15 & 17-21			\boxtimes		Floor ti	e and mastic		6,550 SF				
Rooms 23-30, Server Rm, (onf Rm				Floor til	e and mastic			-		븨	
Vame of Registered Waste Haul	er .			NJDEP V		Cubic Yards of	I Name of D	9,970 SF				
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City, State			1	20990	ACCES 25000 E		MINERVA L	ANDFILL				
						Disposal Date	City, State					
NEW CASTLE, DE 19720							WAYNESBU	JRG, OH 4468	В			
completed By (Print or Type)	Ti	tle				Signature			ate			
Brian Scafiro		Estimat	or			Bainn	Calina		0-2	1 -1	18	
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Pg. 2

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

Date of Notification (1)				Na	me of Buil	ding Owner/Operator	(2)						
10 /26	_ / _	18				t School District	(2)		DEC	18	20	118	7
Agencies Notified Ty	e Notificati	on		Str	eet Addres	SS	ì					10	1
1_	nitial				01 Union	50 ₀		France in	a that a second as a second design, a stay,			No.	_ 1
	Amended				y, State, Z			Asis	HESTOR	3 (1	DAT		4.
DHSS	Amendmen		_			t, NJ 08733				1	iiVia.		
□ DCA (NJAC 5:23-8)	Emergency ustification	(includ	ding	-	me of Con								
The state of the s	Cancellation	•		100000		270.77	4	Telephon	ne Numb	er			
	- Tarioenation	1				Fuhring		732-6	57-5741	1			
Name of Facility Where Abate	nent is Tak	ing Pla	ace (3)		ACILITY	INFORMATION	T						
Lakehurst Elementary	chool	9	100 (0)				Type of Facility	• •					
Street Address							School (K-12)	- 1/ 40)				
301 Union Ave							Other (i.e., pr	ivate and c	in K-12)	rial h	mildir	200	
	2						homes, etc.)	Trace and C	,orminero	Hai L	ullull	igs,	
City (5)							Square Feet	# of Floo	ors	TE	Ildg. /	Age	
Lakehurst										1	9	.90	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being o	demolish	ned)			
Ocean						,		or in boning c	2011011511	ieu)			
Name of Monitoring Firm Hired	by Building	Owne	er (8)	ASCI	M No.	Name of Abatem	ent Contractor (9)						
TTI Environmental Inc.			. ,				VIRONMENTAL	1110					
Street Address							VIRONWENTAL	., INC.			W. Son		
1253 N Church St						Street Address							- 35
City, State, Zip Code						1123 BEAVE							
Moorestown, NJ 08057						City, State, Zip C							
						BRISTOL, PA	19007						
Project Manager for Monitoring	Firm		Te	lephone	e No.	Telephone No.	T.	License	No.				
Mike Keehn			(609-38	6-8800	215-788-6040	É	00509	3				
Start Date (10)11 /13 /18	Sche				ate (11) 18	Name of OSHA N	Ionitor VIRONMENTAL	ING			- 1-1-		
Occupancy Status During Abat							VIRONWENTAL	, INC.					
Facility Closed/Vacated Dur	ag Entire D	oriod a	one)			Street Address							
Abatement Performed Outsi	le of Norm	erioa o	T Abate	ement		1123 BEAVE							
Time of Abatement: 7:00AN	-3:30PM/	ai racii	ity Hot PM-	IIS - De	SCRIDE 1	City, State, Zip Co							
	200					BRISTOL, PA	19007						
Scope of Work (Check all that a	oply)					П- " с							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enova emoliti				ainment with Nega osure Procedure	tive Pressu	ıre				
						⊠ Non-Exer	npted (*) and Non-	Friable Pro	ocedure				
Location of		1	s Loca Norma							Ab	atem	ent T	уре
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TO BE ABATED	, ,		aintena		(i.e	e., thermal systems in	nsulation	Amoun (Specif	it	em	Repair	nca	ncl
IN Facility		Cus	stodial (12)			surfacing, VAT,	or	SF or LF	F)	Removal	Ħ	Encapsulate	Enclosure
(13)		Yes	1		+	other miscellaned	ous)	According to the Control of the Cont	′	-		ılatı	re
Rooms 23-30, Server Rm, (onf Rm		No	N/A	-			19				O	
Corridor					Glue D	ots		710 SF	F	\boxtimes		П	
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lame of Registered Waste Haul			1.3	JDEP \		Cubic Yards of	Name of Register	ed Landfill					
SERVICE TRANSPORT G	ROUP, INC	C.	H	auler II		Waste	MINERVA LA						
ity, State				20990	,	Disposal Date	City, State						
NEW CASTLE, DE 19720						opodui Date		30 011 -					
ompleted By (Print or Type)	720						WAYNESBU	KG, OH 44	4688				
Brian Scafiro	Title					Signature	0 1- 1	0	Date				
	E:	stima	tor			Brian	Scagno 1	you	10) -	26	-/8	2
B-41 18518140	*	Do not	use th	is form	for asbest	os licensure exempte	ed activities.	<i>U</i>				1 0	لـــ

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

Date of Notification (1)			///				or to oldo and o						
	2 2						ding Owner/Operato		1 // //	[72 P	13 T	F:	1-0
	2 3	′	18		L	.akehurs	t School District				17	fra. Lim	17
D		otification	on		Str	eet Addres	S		<u>. /</u>			1 10	
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(NJAC 5:23-8)	justif	fication)	(іпсіца	ing		ne of Cont			English State of Stat	Sand and Sand Sand Sand Sand Sand Sand S		!	
. [17.55	ellation				ir. Loren		4-1-	Telephon		6		
									732-65	7-5741	Testil es-		
Name of Facility Where Aba	e emen	t is Tak	ing Pla	ce (3)		ACILITY	INFORMATION						
Lakehurst Elementar	v Scho	ool	gu	00 (0)				Type of Facility					
Street Address	-							School (K-12	!) ? (Other the	- 14 46)			
301 Union Ave								☐ Other (i.e., p	rivate and c	n K-12) ommercia	l build	nae	
City (5)								nomes, etc.)	-10 4114 0	OTTET TOTOIC	ii bullu	ngs,	
Lakehurst								Square Feet	# of Floo	rs	Bldg.	Age	
County (6)												J	
Ocean					Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being d	emolishe	d)		
									7.		,		
Name of Monitoring Firm Hi TTI Environmental Inc	e a by E	Building	Owne	r (8)	ASCI	И No.	Name of Abatem	nent Contractor (9)					
	;. 						BRISTOL EN	VIRONMENTAL	INC.				
Street Address							Street Address				71 - C. F. C. F.		_
1253 N Church St							1123 BEAVE	R STREET					
City, State, Zip Code			8-				City, State, Zip C						
Moorestown, NJ 0805							BRISTOL, PA						
Project Manager for Monitori	n 3 Firm	1		Tel	ephone	No.	Telephone No.		License N	lo.			
Mike Keehn				6	09-38	6-8800	215-788-6040	0	00509	117.2			
Start Date (10)		Sche	duled	Compl	etion D	ate (11)	Name of OSHA N		00309				
11 /13 /	1		12	/ _ 1	4 /	18		VIRONMENTAL	INC				
Occupancy Status During Ab	emer	nt (Ched	ck only	one)			Street Address	VIITOMMENTAL	, INC.				
☐ Facility Closed/Vacated D	ina E	ntire Pe	eriod o	Ahate	ement			DOTOGGG					
	ts ide of	Norma	I Facili	ty Hou	re De	scribe	1123 BEAVE						
Time of Abatement: 7:00	A VI-3:3	0PM/_	F	PM	AM		City, State, Zip Co					3.5	
Scope of Work (Check all tha	t apply)					BRISTOL, PA	19007					
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					□ Full Cont	tainmant with NI-		1924			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ R	enovat	ion		☐ Mini-Enc	tainment with Nega	tive Pressu	re			
				emoliti	on		Glovebag	g Procedure					
	_		1	s Loca	tion		⊠ Non-Exe	mpted (*) and Non-	Friable Pro	cedure	3		
Location of				Norma	lly		Donosintian			F	batem	ent T	уре
Asbestos-Containing Mate	er al (A(CM)		ed Sole		Asbe	Description o stos Containing Ma	terial (ACM)	Amount	. 2	D ZD	m	m
TO BE ABATED IN Facility	2			aintena todial		(i.e	., thermal systems i	insulation,	(Specify		Repair	าса	nclo
(13)			125,000	(12)	Otali .		surfacing, VAT, other miscellane	or	SF or LF) \(\frac{1}{2} \)	. =	Encapsulate	Enclosure
			Yes	No	N/A	1	other miscellane	ous)				late	0
Rooms 23-30, Server Rm	, Conf	Rm			П	Glue Do	nto.						
2 Carridar				_	+=-	Giue Di	J15		710 SF				
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			П	П								Ш	П
lame of Registered Waste Ha	ler					Mast	0.11						
SERVICE TRANSPORT		ID INC	-		JDEP V		Cubic Yards of Waste	Name of Register					
ity, State		, , , , ,	•		20990		- 74515	MINERVA LA	NDFILL				
50 1 TO 10 10 10 10 10 10 10 10 10 10 10 10 10							Disposal Date	City, State					
NEW CASTLE, DE 1972								WAYNESBUI	RG, OH 44	688			
ompleted By (Print or Type)		Title					Signature						
Brian Scafiro		E	stimat	tor						Date			- 1
B-41	- 1												
Y11 水米子 NOT	4	WZ	Do not	use th	is form	for asbesto	os licensure exempt	ed activities.					
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Date of Notification (1) 12/14/18	T-N-05		P	ame of Buildir rinceton l	ng Owner Jnivers	Operato Sity	r (2)	DEC	, 1	8 20	018	
Agencies Notified PA PA PB PB Agencies Notified	Type Notification Initial		E	reet Address ,A. macM		uilding	3	ASTER	(-
DOL	Amended Amendmen Emergency	(including	Pi	ty. State. Zip inceton N	NJ 085	44						
DOH DCA	justification) Cancellation			ob Ortega	1			Telephone N 609-258-				
Name of Facility Where A	batement is Takir	g Place (3)	FACILITY IN	FORMA	ION	Type of Facili	203 (2)		1 - 1 - 1		
Street Address 201 Forrestal ro	ad			il.			Other (i.e	K-12) oter 8 (Other than K- e. private & commer	·12) rcial bu	uilding	s, hon	nes,
City (5) Princeton NJ 085	14						Square Feet 200000	# of Floors		Bldg.	Age	
County (6)				unty Code (7) FATE USE ONL				Prior if being demoli				
Name of Monitoring Firm TTI Environmenta	Hired by Building (Owner (8)		ASCM No.			of Abatement Cociated Spe	Contractor (9) ecialty Contra	cting	Inc).	
Street Address 1253 North Churc City, State, Zip Code	h street			ė		Street 98 La	Address Crue Ave					
Moorestown NJ 0 Project Manager for Moni			1 7-1			Glen	tate, Zip Code Mills Pa 1	9342				
Mike Kheen Start Date (10)	- I	Schedular	85	ephone No. 6-840-880 etion Date (11)		610-3	364-9622	License 01103		9		
1/2/19 Occupancy Status During		1/17/19)	etion Date (11)		of OSHA Monite	or				
Facility Closed/Vaca Abatement Performe Other – Describe:	ed During Entire F	eriod of Al	natement				ate, Zip Code					_
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		novation molition		74	7	Mini-Enclosu Glovebag Pr				·e	
Location		No	ocation ormally Solely by		Des	scription	of				ement /pe	
Asbestos-Containing N TO BE ABA In Facility (13)	ED	Main Custo	tenance/ dial Staff (12)	Asbes	. thermal surfac			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
data center 1st flo	or restroom	Yes	No N	I/A Mt	ud Bed	Vat and	d mastic	247sf	x		e e	6
0 1 10 15			х									
2nd and 3rd floor w	mens room		X	ceramic	floor tile	, cmu wa	all, pipe fittings	170st seranvc floor, 300st wall 40to	X ***			
Name of Registered Waste Mercer Grou		tional	NJDE	P Waste r ID No.	Cubic of Was		#22275500 PE	 f Registered Landfill own Resources		very	Lan	dfill
City, State 1519 Rev S. Howard				NJ 08637	Dispos	al Date quired	City, Sta					
Completed by Jack Tomasura		Title Sr, Est	120			gnature	Pava	Da	ate 2/14/	2018	3	
ASB-41 (R-06-08)					1	· Do no:	USO this form for	v ashastas lisa				

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Date of Notification (1)	14	, ·	18		Na	me of Build	ling Owner/Operator	r (2)	\0~F4	00-01		70-41		
Agencies Notified							stEnergy Compa	any / Job #1/(0-5	98 Check	#118	/6,1	1877 V	SI
⊠ EPA	Type No ☑ Initia		n		100000	eet Address		4	III		ط	U	ש נ	=
☑ DOLWD	☐ Ame						Place- Building	A		3				
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☐ DCA				ding	_ n	Norristow	n, NJ 07960		list :	UL.	<i>y</i> 15	2 (110	Ì
(NJAC 5:23-8)	10-00-00-00-00-00-00-00-00-00-00-00-00-0	ication)				me of Conta	25%		LI	elephone Nu	umber			1
	☐ Cano	ellation			J	ohn Grec	0			204-602-1	499 C	OM.	HCL.	Ġ.
					F	ACILITY I	NFORMATION			-	CLIN		mains at a	
Name of Facility Where A								Type of Facility	(4)	. t-	-1		-	
JCP&L- Legion Place	e Comp	lex- B	uildii	ng D				School (K-1	2)					
Street Address					2			Subchapter Other (i.e.,	8 (0	ther than K-	12)	المائدي		
11 Legion Place								homes, etc.	privat .)	e and comm	ierciai i	oulidir	igs,	
City (5)				0				Square Feet		of Floors	1	Bldg. /	Age	
Morristown, NJ 0790	0											1.70		
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if	being demo	lished)			
Morris								Substation		1.55	,7.			
Name of Monitoring Firm I			Owne	r (8)	ASCI	M No.	Name of Abatem	ent Contractor (9)					
1 Source Safety & H	alth, In	c.					AbateTech, I	nc.						
Street Address					Marie series I acre									
140 S. Village Ave., S	uite 130)												
City, State, Zip Code						ode								
Exton, PA 19341														
Project Manager for Monito Brian Hovendon	ring Firm			10	ephone		Telephone No.		Li	cense No.				
Start Date (10)		C-1				4-5525	609-265-2107			00529				
12 /20 /	18					ate (11) 18	Name of OSHA M							
Occupancy Status During A							EMSL Analyti	cai						
☐ Facility Closed/Vacated					ment		Street Address	2.11						
☐ Abatement Performed C	utside of	Normal	Facili	ty Hou	rs - De	scribe	200 Route 130							
Time of Abatement:	AM	PN	Λ/	PM		_AM	City, State, Zip Co Cinnaminson							
Scope of Work (Check all th	at apply)						Cilitatiiiison	, NJ 00077						
☐ ≥3 sf or ≥3 lf	1.0 -1.0		5 7.5		• 50000 A		☐ Full Conta	ainment with Neg	ative	Pressure				
≥160 sf or ≥260 lf				enovat emolitic				osure Procedure						
							Non-Exen Non-Exen	npted (*) and Nor	n-Fria	ble Procedu	ıre			
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Location of Asbestos-Containing Ma	erial (AC	M)		Norma ed Sole			Description of					_		
TO BE ABATE	2	WI)	Ma	intena	nce/	Asbes (i.e.	tos Containing Mate , thermal systems in	erial (ACM)		Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)			Cus	todial ((12)	Staff?	,	surfacing, VAT,	or		F or LF)	oval	=	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	other miscellaneo	us)					ate	Ф
Reader Meters Office A	ea	-		×		2v lavor	Floor tile & Mas	etio .	1	,196 SF	57			
Supervisor's Office	7.77						Floor tile & Mast							븨
						zx layer	1 loor tile & Mas	lic		221 SF				븸
				П							1		Ш	믜
Name of Registered Waste F	auler				JDEP V	Masta	Cubic Vanda d	N						
AbateTech, Inc.	20101			152993	auler IC		Cubic Yards of Waste	Name of Registe						
City, State					18750		20	G.R.O.W.S.	Lan	atill				
Lumberton, NJ							Disposal Date	City, State						
Completed By (Print or Type)		Title			-		12/27/18	Tullytown, F	A					
Gwen Trumbetti		Title	orot!	on- 0	05-1		Signature	1/		Da		91	1	
ASB-41		Up	erati	UIIS C	oordi	nator	I IV	q		l de	2-11	1-1	8	
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Date of Notification (1) 12 /	14	/	18				ding Owner/Operations			DEC 12-5421 Check	1 8	201 5	8	
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	_ Can	cellation	1		I	rving Silv	erman			978-490-6	6930			
					F	ACILITY	INFORMATION	V						
Name of Facility Where At	atemen	t is Tak	ing Pla	ce (3)				Type of Facility	y (4)				
JCP&L									School (K-	12)				
Street Address				100	3.7-73.5				Subchapter	8 (Other than K	-12)			
610 Beer Street									homes, etc	private and com	mercial t	uildii	igs,	
City (5)									Square Feet	# of Floors	TF	Bldg.	Age	
Hazlet, NJ									- 4	01710010	1	nug. i	·9c	
County (6)					Co	unty Code	(7)(STATE USE ON	I YI	Current Use (P	rior if being dem	olished)			
Monmouth						,	(. // 01/11/2 002 0/11	/	Substation		Olisileu)			
Name of Monitoring Firm H	red by E	Buildina	Owne	r (8)	ASC	M No.	Name of Abat	omo	ent Contractor (9					
1 Source Safety & He				(-)	1.00		AbateTecl			")				
Street Address			71117		1		Street Addres		ic.					
140 S. Village Ave. St	ite 13	n						7	DO D					
City, State, Zip Code	100						. PO Box 25							
Exton, PA 19341							City, State, Zip			5	(20)		100	
Project Manager for Monitor	Fin			1-			Lumberto		IJ 08048					
Brian Hovendon	ng Fim	1		1	elephon		Telephone No			License No.				
Start Date (10)	-	10.				4-5525	609-265-21			00529				
	10					Date (11)	Name of OSH							
12 /26 /		1			26_ /	18	EMSL Ana	lyti	cal					
Occupancy Status During A							Street Address	3						
Facility Closed/Vacated I	uring E	ntire Pe	eriod of	Abat	ement		200 Route	130	North					
Abatement Performed On Time of Abatement:	tside of	Norma	II Facili	ty Ho	urs - De	escribe	City, State, Zip	Cod	de					
			101/		/	_AIVI	Cinnamins	on,	NJ 08077					
Scope of Work (Check all the	t apply)					W SEE							
≥3 sf or ≥3 If ≥160 sf or ≥260 If			⊠ Re	enova			☐ Mini-E ☐ Glove	inclo bag	Procedure	gative Pressure n-Friable Proced	lure			
				Loca								atem	ent T	vpe
Location of Asbestos-Containing Mat	riel /A	28.43		Norm	ally lely by		Description					_	_	
TO BE ABATE		JIVI)			ance/	Asbe	estos Containing I e., thermal system	Mate	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	1	surfacing, VA			SF or LF)	oval	=	psu	Sur
(13)			Vac	(12 No		-	other miscella	neou	us)				late	Ф
Exterior Pole			Yes	No	N/A		os risers	_		16 LF				_
			_	=		0000	-51.0013			10 LF				
			Ш											
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lame of Registered Waste H	ıuler			1	NJDEP	Waste	Cubic Yards of		Name of Regis	tered I andfill		L		Ч
AbateTech, Inc.				100	Hauler I	D No.	Waste		G.R.O.W.S.					
ity, State					1875	0	2 Disposal Data			Landin				
Lumberton, NJ							Disposal Date		City, State	D.4				
							12/26/18		Tullytown,	PA				
completed By (Print or Type) Gwen Trumbetti		Title		ons	Coord	inator	Signature	11	+)ate	4.	-1 <	7
B-41 Y 11		*1	Do not	use tl	his form	for asbest	os licensure exern	npte	d activities.			ŧ	ŧ	U

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Date of Notification (1) 12 /	13 /	18	_	N		ling Owner/Operato Regional School		#1808-5359)FC Check	1,8	2018	3
Agencies Notified ☑ EPA	Type Notific			1	treet Address					CC		
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□ DCA	Amendn		dina		30 mg	Harbor, NJ						
(NJAC 5:23-8)	justificat	ion)	ding	_	ame of Conta			Talambass	1			
	☐ Cancella				Kevin Mac	Donald		Telephone 8 856-662-				
						NFORMATION		030-002-	9500			
Name of Facility Where A	atement is	Taking P	lace (3)	ACILITI	NFORMATION	IT 15 111					
Pinelands Junior Hi	th School		0) 000	/			Type of Facility					
Street Address		-					School (K-1) Subchapter	2) 8 (Other than k	(12)			
590 Nugentown Roa	4						Other (i.e., p	rivate and com	mercial	build	ings.	
City (5)							homes, etc.)					
Little Egg Harbor, N	d)						Square Feet	# of Floors		Bldg.	Age	
County (6)				Co	ounty Code (7)(STATE USE ONLY)	Current Hee (D-	- 16 h - 1 - 1				
Ocean					rainty oddo (INGIATE OSE ONET)	Current Use (Pr	or if being dem	nolished)		
Name of Monitoring Firm F	red by Build	lina Own	er (8)	ASC	M No.	Name of Abstan	1					
TTI Environmental	•		o. (o)	7.00	WI INO.		nent Contractor (9)					
Street Address						AbateTech,	inc.					
1253 North Church S	reet					Street Address	e. PO Box 25					
City, State, Zip Code												
Moorestown, NJ 080	7					City, State, Zip C						
Project Manager for Monito			1-			Lumberton,	NJ 08048					
Jim Guilardi	ing rinn			lephon		Telephone No.		License No.				
Start Date (10)	W6.				0-8800	609-265-2107		00529				
8/22/	18 (/ _3		Date (11) 18	Name of OSHA N EMSL Analyt						
Occupancy Status During A	atement (S	heck only	one)			Street Address	000,000					_
☐ Facility Closed/Vacated	uring Entire	Period o	f Abate	ement		200 Route 13	0 North					
Abatement Performed O	tside of Nor	mal Facil			scribe	City, State, Zip Co						
Time of Abatement:	100	_PM/	PN	l	_AM	Cinnaminson						
Scope of Work (Check all th	t apply)		,				, 110 000//					
$\square \ge 3$ sf or ≥ 3 if $\square \ge 160$ sf or ≥ 260 if			enovat emoliti			☐ Mini-Encl			lura			
			s Loca							atom	ent T	
Location of Asbestos-Containing Mat	riol (A Chr)		Norma ed Sol			Description of				1	1	_
TO BE ABATE	ilai (ACIVI)	Ma	aintena	ince/	Asbest	tos Containing Mat thermal systems in	erial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial	Staff?	(1.6.,	surfacing, VAT,	or	(Specify SF or LF)	ova	air	sde	nso
(13)		V	(12)	T	-	other miscellaneo	ous)	O. O. L.	_		late	ē
Various Bathroom/Lock	r Doomo	Yes	No	N/A							(D	
Cafeteria	Rooms					n fixture caulk		600 LF				
Carciona					Cove Bas	se Mastic		400 LF	\boxtimes			
Name of De-i-t												
Name of Registered Waste H	uler			JDEP V		Cubic Yards of	Name of Register	ed Landfill		_		
AbateTech, Inc.				auler IE 18750		Vaste 40	Fairless Land					
City, State						Disposal Date	City, State				-	-
Lumberton, NJ						12/31/18	Tullytown, PA	A				
Completed By (Print or Type)	Ti	tle				Signature	7.2.7.11,17		-1-		8	
Gwendolyn Trumbetti		Operati	ons C	oordi	nator		MV8	D	ate 2 ()	3	1	8
NY 11		* Do not	uso thi	o form	farasharia	licensure exempto	71				# O	

Date of Notification (1)	14		N	OTE	Purs	ION OF Juant to	f New Jersey ASBESTOS AB JAC 8:60 and 5	5:16)		G I		V	7 12
12 /	12	/	18	Check	IN.		ding Owner/Operat Job # 1812-541			DEC	18	201	8
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⊠ EPA	I ppe No		on			treet Addres	74	-	ACDI	- Arriva			
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☐ DCA	☐ Eme	rgency	(includ	ding	-		infield, NJ		100		-		
(NJAC 5:23-8)	justif	ication)		10,000	ame of Cont			Telephone N	umber			
] Cano	ellation	ı			Ken Carm	elia		609-410-0				
						FACILITY	INFORMATION						
Name of Facility Where Ab	itement	is Tak	ing Pla	ace (3))			Type of Facility	(4)				
PSE&G- Central Gas	Plant							School (K-12					
Street Address								── ☐ Subchapter 8	(Other than K	-12)			
Blair Road								Other (i.e., pr	ivate and com	mercial	buildi	ngs,	
City (5)								homes, etc.)					
Woodbridge, NJ								Square Feet	# of Floors		Bldg.	Age	
County (6)					10								
Middlesex					100	ounty Code	(7)(STATE USE ONLY	Current Use (Price	or if being dem	olished)		
								Gas Plant					
Name of Monitoring Firm Hi	ed by B	Building	Owne	r (8)	ASC	M No.	Name of Abater	nent Contractor (9)					
Health & Safety							AbateTech,	Inc.					
Street Address							Street Address			4-5-1-2			
PO Box 365							e. PO Box 25						
City, State, Zip Code							Code						
Berlin, NJ 08009							NJ 08048						
Project Manager for Monitor	ng Firm			Te	lephon	e No	Telephone No.	143 00040	T.				
James Proctor				1.0	icpitoti	C NO.		_	License No.				
Start Date (10)		Scho	dulad	Comm	-4 F	Date (11)	609-265-210	-	00529				
12 /24 /	8						Name of OSHA I						
					.0_ /	18	EMSL Analy	tical					
Occupancy Status During Ab	atement	t (Chec	k only	one)			Street Address		- 111				
☐ Facility Closed/Vacated ☐	uring En	ntire Pe	eriod o	Abate	ement		200 Route 13	80 North					
Abatement Performed Ou Time of Abatement:	Side of	Norma	l Facili	ty Hou	irs - De	escribe	City, State, Zip C	ode					
			IVI/	PIV		_AM	Cinnaminson						
Scope of Work (Check all that	apply)												
≥3 sf or ≥3 If ≥160 sf or ≥260 If				enovat			☐ Mini-End	tainment with Negal losure g Procedure mpted (*) and Non-l		ure			
				Loca						Al	patem	ent T	vpe
Location of Asbestos-Containing Mate	ial (ACI	R.#\		Norma			Description of	f			_	_	1
TO BE ABATED	iai (ACI	ivi)	Ma	intena	ince/	Asbe	stos Containing Ma ., thermal systems	terial (ACM)	Amount	Removal	Repair	nce	Enclosure
IN Facility			Cus		Staff?		surfacing, VAT,	or	(Specify SF or LF)	ova	=	psu	nsc
(13)			Vaa	(12)			other miscellane		/	-		Encapsulate	6
Exterior			Yes	No	N/A	-							
Exterior					\boxtimes	Coal Ta	r Wrap		16 LF				
						1							Ш
V											П	П	П
Name of Registered Waste Ha				1000	JDEP		Cubic Yards of	Name of Register	ed Landfill				
Environmental Transpo	t Grou	ıp			auler II	O No. 006920	Waste	G.R.O.W.S. L					
City, State					טטנאו		Disposal Date	City, State					
Flanders, NJ							12/26/18	Morrisville, P.	٨				
Completed By (Print or Type)		Title					1/0/16/09/09/09/09	wiorisville, P	н				
Gwendolyn Trumbetti		0.000	orat'		٠		Signature	A		ate		-	
SB-41		Op	eratio	ons C	oordi	nator	1 Ox	MM	1	2-10	2-1	8	
AY 11		* 0	o not	iso th	e form	for ashasts	s licensure exemp	7					

HIRETS I	-QV	115	NO NO	TIFIC	CATIC	NOEAS	New Jersey SBESTOS ABA AG-8:60 and 5:	TEMENT			_	_	\	
Date of Notification (1)	20	16	2_				ng Owner/Operator							1
12 /	7 /	1	8						Check	#10869	1087	2 40	272	
Agencies Notified	/pe Noti	ification	n		Stro	et Address	Ith Network / Jo	7.001-0255		"EC		2, 0	W	F
	Initial	moatio					tree Road, NW	2.4.4.4.00	1111			-		
☑ DOLWD] Amen				_	State, Zip		Suite 1400						
☐ DHSS	Amend			_			oergia 30305		L	DEC	1	8 2	018	1.
DCA (NJAC 5:23-8)] Emerg justific	ency (includi	ng	-	ne of Contac					and the same of th			i
	Cance				100000000000000000000000000000000000000	hn Devin	55		1	ASPECT	the latest desired the	2011	1.71	
									856	-262-180	D _{,FIN}	SIN		14.53
Name of Facility Where Aba	ement i	s Takir	na Plac	na (3)		ACILITY	NFORMATION	T = =====						1
Zee Farm Building #1			ig i lac	JE (3)				Type of Facility						
Street Address								School (K-1) Subchapter	2) 8 (Other	than K-12)			
700 Mullica Hill Road								Other (i.e., p	rivate an	d commer	rcial b	uildin	gs,	
City (5)								homes, etc.		-1		1.1		
Mullica Hill, NJ								Square Feet	# 01 F	Floors	B	ldg. A	ige	
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if hoir	a domolio	hod)			
Gloucester						, (.	Norma des disci	Farm	ioi ii beli	ig demons	neu)			
Name of Monitoring Firm Hi	ed by Bu	uilding	Owner	(8)	ASCN	1 No.	Name of Abatem						22.050	
M.E.C.S.							AbateTech, I							
Street Address							Street Address							
PO Box 341		30 Maple Ave. PO Box 25												
City, State, Zip Code							City, State, Zip C							
Chesterfield, NJ 0851							Lumberton, I							
Project Manager for Monitori	ig Firm			Tel	ephone	No.	Telephone No.		Licen	se No.				
William Weisgarber Jr	-			6	09-298	3-4070	609-265-2107	re .	5.0000000	529				
Start Date (10)	550					ate (11)	Name of OSHA N	lonitor						-
12 /19 /	8	-	1	/ _ 1	1_ /	19	EMSL Analyt	ical						
Occupancy Status During Ab							Street Address				- 10			
☐ Facility Closed/Vacated ☐	uring En	tire Pe	riod of	Abate	ment		200 Route 13	0 North						
Abatement Performed Ou	side of I	Norma	l Facilit	ty Hou	rs - De	scribe	City, State, Zip Co	ode						
			IVI/	PIVI		_AIVI	Cinnaminson	, NJ 08077						
Scope of Work (Check all the	apply)							D 10 100 0000				5 11 5 5		
≥3 sf or ≥3 If			☐ Re	enovat	ion		☐ Full Cont	ainment with Neg	ative Pre	essure				
≥160 sf or ≥260 lf			⊠ De	emoliti	on		☐ Glovebac	Procedure						
			1 6			T	☑ Non-Exe	mpted (*) and No	n-Friable	Procedure	е			
Location of				s Loca Norma			D				Ab	atem	ent T	уре
Asbestos-Containing Mate	rial (AC	M)	Use	ed Sol	ely by	Asbes	Description o stos Containing Ma		Am	ount	Re	Re	En	En
TO BE ABATED IN Facility				intena todial	ince/ Staff?	(i.e.	, thermal systems i	nsulation,	(Sp	ecify	Remova	Repair	caps	Enclosure
(13)				(12)			surfacing, VAT, other miscellane		SF	or LF)	a		Encapsulate	ure
			Yes	No	N/A								e	
Exterior Bldg. #1					\boxtimes	Roof Til	es		1.20	0 SF		П	П	П
Exterior Bldg. #3B						Shingle	s			5 SF				
Exterior Bldg. #3C						Silver R			100) SF				
									550	7 31				블
Name of Registered Waste H	uler				JDEP \	Maste	Cubic Yards of	Nome of Desire		16.11	Ш	Ш	Ш	Ш
AbateTech, Inc.	00000755			0.000	auler II	O No.	Waste	Name of Registree G.R.O.W.S.						
City, State					18750)	Disposal Data	A STATE OF THE PROPERTY OF THE PARTY OF THE	Langill					
Lumberton, NJ							Disposal Date 1/11/19	City, State	DA					
Completed By (Print or Type)		Title	rec				100000000000000000000000000000000000000	Tullytown,	ra					
Gwendolyn Trumbetti				one (Coordi	nator	Signature	11		Date		-	, ,	٦,
ASB-41			perau	0115	Joordi	iiat0f		WVX		l	L	1-	18	
MAY 11		* 1	Do not	use th	is form	for ashesto	s licensure exemp	tod activities						

CK # 4695

PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

DEC 1 8 2018

Date of Notification	1)(3-18	Name of Buildi	ng Owner/Operator	(2) E(L M	ichous :	- Janes	1775		į.
Agencies Notified	Type Notification	Street Address	72 1	CING S	;† - LICE	NSIN	G.		
DEP	☐ Amended Amendment #	City, State, Zip	Code			-21	13		뒥
⊠ DOL	Emergency (including justification)	Name of Conta	RIO GRAI	MDE K	Telephone Numb	FZ1	10		닉
DCA	Cancellation		AME						_
		FACILITY IN	FORMATION	T (5-34	(4)				
Name of Facility Wh	re Abatement is Taking Place (3)			Type of Facility School (K-1	2)				
Street Address				Other (i.e., p	8 (Other than K-12 private & commercial		lings,		
City (5)	1.0			homes, etc. Square Feet	# of Floors	Ble	dg. A		\dashv
(APT MAY POI	County Code (7) (STATE	Current I be (P	rior if being demolis	hed)	50		=
COUNTY (6)	MAY	USE ONLY)	(1) (STATE		CANIT	nicu)			_
Name of Monitoring (8)	irm Hired by Building Owner	ASCM No.	Name of Abatem	ent Contractor (S	INC				
Street Address			Street Address		PRUCE A	15			
City, State, Zip Code			City, State, Zip Co	ode					=
				PLE St	HADE MI.)			_
Project Manager for	Nonitoring Firm Tele	ephone No.		9-0472	License No.	71			
Start Date (10)	Scheduled Comple	etion Date (11)	Name of OSHA N	1onitor WIL	\				_
Occupancy Status D	ring Abatement (Check only one)		Street Address						
Facility Closed/Va	ated During Entire Period of Abate ned Outside of Normal Facility Hou	ment rs	City, State, Zip Co	ode				-	ᅱ
Other - Describe:									_
Scope of Work (Che	k all that apply)			tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	. Renovati Demolitio			g Procedure	on-Friable Procedu	e e	- 0.0000000		
	Is Location					_	bater Typ		
Locati		y by	Description of tos Containing Mate	orial (ACM)	Amount	\vdash	7	-	
Asbestos-Containir TO BE A	ATED Custodia		thermal systems in surfacing, VAT,	sulation,	(Specify SF or LF)	Ren	Re	ncap	Enclosure
IN Fac (13	MLY (40)		other miscellaneo		0. 0. 2. /	Removal	Repair	Encapsulate	sure
	Yes No	N/A						Ф	
510 W	46-	X	TRANSIT	E	1250 SE	X		_	
						-	$\overline{}$		\vdash
						-			
Name of Registered V		UDEP Waste	Cubic Yards of Waste		stered Landfill	, ,	. A		
KLOMCO	INC]	auler ID No.	Disposal Date		ш.С.М.	U.	H	_	=
City, State	SHADE WIJ			City, State -	OBINE	N	.5		
Completed By	Title		Signature	DW.	Date	~13	4	8	
MICHAEL	CCMM SUP.			~ /~					

PAID

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

DEC 1 8 2018

		-	-		-						41
Date of Notification (1	-13-18		1	lame of Build	ting Owner/Operato	(2) 14 BU	1LDURS	3 00	677	01.	
Agencies Notified	Type Notifical	ion	S	treet Addres	55 76 S	SUMSET			14.	7.W	
DEPA DEP	Initial Amended		-	ity, State, Zip		DUNGE	P C		-		=
⊠ DOL	Amendmen		_	ну, овк. Д	OCTAV	U CITY	r ILL. J				
Ø DOH □ DCA	justificatio	n)		ame of Cont			Telephone Nun	ber			
	Caricatato	<u>"</u>			ARMON						_
Name of Facility Where	Abstament is To	vina Place	(3)	FACILITY II	FORMATION	Type of Facili	tv (4)				
	SIDENC		(5)			School (K-	12)				
Street Address							er 8 (Other than K-1 provate & commerci		ildina	s.	
						homes, et Square Feet	c.) # of Floors		ildg.	A170	
City (5)	DAW CI	tr				1500	7	1	57	35	
County (6)					(7) (STATE	Current Use (I	Prior if being demoli	shed)			_
CAP	= MA			ISE ONLY)			CANT			_	
Name of Monitoring Firm (8)	Hired by Building	g Owner	ASC	ZM No.	Name of Abatem	LFMCO	IW(
Street Address	 		=1=		Street Address						_
							RUCE ALL				_
City, State, Zip Code					City, State, Zip C		ADE N.J	08	05	7	
Project Manager for Mor	itoring Firm		Telephor	ne No.	Telephone No.		Liœnse No.	1			=
Project Manager to Mon	nong i mi				856-779	7-0472	# 01	37	1_		_
Start Date (10)		eduled Co	mpletion	Date (11)	Name of OSHA M	fonitor					
17-23-1	0 1 1	4 Z			Street Address	NA		_			_
Occupancy Status Durin	d During Entire P	eak only of eriod of A	batemeni								
Abatement Performed	Outside of Norm	al Facility	Hours		City, State, Zip Co	xde					
Other - Describe:								_			=
Scope of Work (Check a	that apply)						egative Pressure				
>3 sf or ≥3 lf			ovation ofition			g Procedure					
∑≥160 sf or ≥260 H		43			Non-Exe	mpted (*) and N	on-Friable Procedu	-	bate	meni	
		Nom	cation nally					1	Typ		
Location o		Used S Mainte	olely by nance/	Asbest	Description of os Containing Mate	rial (ACM)	Amount			ш	Е
Asbestos-Containing M TO BE ABAT			odial	(i.e.,	thermal systems in surfacing, VAT, o	sulation.	(Specify SF or LF)	Rem	Repair	Сар	Enclosure
IN Facility (13)		(1:			other miscellaneou	s)		Removal	nac nac	Encapsulate	sure
2754		Yes	N/A				3-4			0	
0.000.011	()		X	TI	CANSITE		800 SF	X			
ROOKIN	12		-								
			_	1							_
			1								_
Name of Registered Wast	: Hauler		NUDEP Hauler		Cubic Yards of Waste	Name of Regi	stered Landfill A A / A A	1)	Λ		
KLEMCO	INC		179	24	4	City State :	* IVI C VV	V	K		=
City, State	111 7				Disposal Date	The state of	CODKIN	10		V	5
	DE W. 1				Signature		Date	-	, .	4	
Completed By MICHAFT LLOW		PRES.			Thell	Ju-		-1	>_	0	

CK # 4605
PAID



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

DEC 18 2018

Maria - Deversion and Company of the Company	and the second second						1				
Date of Notification (1)	13-18		Na _	ame of Build	ing Owner/Operator	(2) 21A BUIL	Drie ASSEST	OS C	SING	THC:	11.
Agencies Notified	Type Notification	'n	St	reel Addres	S	SIMPSON					
DEP	initial Amended		Cit	y. State. Zip	Code				-		=
⊠ DOC	Amendment Emergency justification	including	No.	me of Conta	OCTA A	1 (11)	Telephone Num	her	_	10	_
□ DOH □ DCA	Cancellation		140	ane or corne							
				ACILITY IN	FORMATION	T T 1 F 5%					
Name of Facility Where	SIDEW CE	ng Ptace (3)	_		Type of Facility School (K-1	2)				
Street Address	210000				`	Other (i.e., phomes, etc	8 (Other than K-1; private & commerci .)	al built			
City (5)	CCPW (city				Square Feet 1500	# of Floors	В	dg. A	44.00	
County (6)	E MIAY		Cc US	ounty Code SE ONLY)	(7) (STATE		rior if being demois	shed)			
Name of Monitoring Firm			ASC	M No.	Name of Abatem	nent Contractor (9	INC				
(8) Number of Street Address	/A		-1		Street Address			_			_
Sueet Address					City, State, Zip C		RUCE HIE		_		_
City, State, Zip Code		-					ADE N.J	08	05	2	_
Project Manager for Mor	toring Firm		Telephor	ne No.	Telephone No. 856-77	9-0472	License No.	371			
Start Date (10)	Sche	duled Con		Date (11)	Name of OSHA N	Monitor NIA					
12-23-18 Occupancy Status Durin	Ahatement (Che	- Z-	1-9-		Street Address	10/2					=
Facility Closed/Vacate Abatement Performed	d During Entire Pe	eriod of Ab	atement		City, State, Zip Co	ode			_		=
Other - Describe:											_
Scope of Work (Check a	that apply)	☐ Reno	vation vition		☐ Mini-End	a Procedure	gative Pressure on-Friable Procedu	ra			
∑≥160 sf or ≥260 lf		Is Loc		1	Non-Exe	empted () and INC	AFFIRME FIME			ment	
Location 0		Norm Used Sc	nally olely by		Description of tos Containing Mate	erial (ACM)	Amount	H	Typ		
Asbestos-Containing M TO BE ABAT	sterial (ACM)	Mainter Custo Star	dial	(i.e.,	thermal systems in surfacing, VAT.	nsulation.	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		(12			other miscellaneo	us)		oval	ah	ulate	9me
		Yes N	to N/A	W 44" -	C = =		17:5	V	-		
SIDING			X	<u> I</u>	RANSITE		1250 SF	X	-	-	
							-:	\vdash			
		-		-							_
Name of Registered Was	: Hauler		NUDEP		Cubic Yards of Waste	Name of Regis	stered Landfill	2.1			
KLEMCO	INC		Hauter 179	04_	Disposal Date	City, State		1.7			
City. State MAPLE SHP	DE W.J				Signature	1 Wood	2 BIALL A	1)	_		=
Completed By	Title	PRES			- Well	Mu	=12-	-13	78		=
MICHAEL LOW	M	1									



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Fede	r Il Notification	of Asbestos	Abatement	/Piir	suant to NJAC 8:60-7 an			_	010
Date of Notification		and the second second	ranne of bull	uma	Uwner/Conerator		Mary or the separate of the second	** property and the state of th	
1 2 1	4 _	1 8	MACY'S CO	RPOF	ATE SERVICES (FEDE	RATED)	NoshST	OS CONT GENSING	TROL.
Agencies Notified	ype of Notifica		Street Addres					ATTACKAR.	
X USEPA	Initial	1 1	7 WEST SEV	ss /FNT	H STREET				
X DEP X DCA/DOL	Notificati	ion	************	LIVI	II STREET				
X DCA/DOL X DOH	Amende	- 1 1	City, State, Z	p Co	de				
. 5011	Cancella	tion C	CINCINNATI,	OHIO	0 45202				
		1 1							
			lame of Cont	act		Telephone N	lumber		
		110	alph Copolla			Interpretation	dilibei		
		-	ACILITY INFO	ODM	ATION	973-265-976	3		
Name of Facility Where	atement is Ta	king Place	TOTAL TITLE	OKWI,	Type of Facility				
	1				() School (K-12)				
MACY'S WOODBRIDGE Street Address	ENTER MALI				() Sub-Chapter 8	Other than K 12)			
					(X) Other (I.e. priva	ate & Commercial			
ROUTE 1				L	buildings, homes	, etc.)			
ity	County	Cour	ity Code	ا ا	SF of Bldg.	# Floor		Age of B	lda
100000			use Only	1	1 MILLION	+SF	3	50+	
/OODBRIDGE	UNION		doc Only	1	urrent Use (prior if being	demolished)			
ame of Monitoring Firm	red by Buildin	g Owner	ASCM N	lo. N	ame of Abatment Contra	otor			
ENNONI ASSOCIATES					and of Abatment Contra	CLOF			
reet Address				Α	CM CONSULTING COR	Р.			
	=			S	treet Address				
COMMERCE ST - SUI	Γ Ξ 300								
ty, State, Zip Code				12	50 STANLEY TERRACE				
IMADIC NI COLOR				10	ty, State, Zip Code				
EWARK, NJ 07102				UI	NION, NJ 07083				
oject Manager for Monito	ng Firm	Telepho	ne No.	Te	lephone Number	Il igames N I			
BE DETERMINED		TO 55		- 1		License Numb	er		
heduled Start Date	Schodulad	TO BE DET	ERMINED		8-687-1008	008	575		
	Ocheduled	Completion D	ate	Na	me of OSHA Monitor				- 10.114
	9 2	27 20	18	E	ICL ANALYSTICA				
onth Day Ye	a Month	D- 34		Str	ISL ANALYTICAL eet Address				
cupancy Status During A	atement (Che	ck Only One)		٦٠	oot Address				
Facility Closed/Vacat Abatement Outside N	el I During Entire	Doring of AL	atement	307	WEST 38TH STREET				
Describe: 9:30PM TO	(Imal Facility M	ours		Cit	/, State, Zip Code				
Other - Describe:	0.50AW			1					
()				INE	W YORK, NY 10118				
pe of Work (Checl Only	(ne)		Abatemen	Meti	nod			AV-	
Demolition >3sf or >3lf			X		Containment with Negati	D			
≥ 160sf or ≥ 260lf				Min	i-Enclosure	ve Pressure			
Renovation			X	Glo	ebag Procedure				
	-	llo I oost	i M	Non	-Friable Procedure				
ation of ACM Facility		I leed by	ion Normally Custodial S		Describtion of	Amount to be	Abaten	nent Type	
		Yes			ACM to be Removed	Removed		.,,,,,	
RTHWEST STAIRWELL		100	T	INA	Sprayon Fireproofing	(Specify SF/LF)		Rep. Enc.	Encl.
					PIPE ELBOWS	4000SF	X		
					I IF ELBOVYS	6 LF	X		
e of Registers 4144									
e of Registered Waste H STATE TRANSFER ASS	uler	NJDE	P Waste ID I	Vo.	Cubic Yds waste	Name of Desire	1		
State State	O., INC.		SW1896		TBD	Name of Register MINERVA ENTE	ed Landf	III	
NX, NY			sal Date		City, State of Registered	Landfill	NENIOES	, INC	
oleted By (Print or Type)		TBD			WAYNESBURG, OHIO				
A SMOLAR		100000000	DAL 82444		Signature)	A	Da	ate	
A SMOLAR		GENE	RAL MANAG		autr	mol		ate 12/14/20	018

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CK'/L	S(P)	AII	NOTIF	ICATIO	N OF ASE t to NJAC	BESTOS	ABATE	ME (0)	ENT) [\[\]		
Date of Notification (1) 12/14/18					of Building ransit	Owner/	Operator	r (2	?)		DE	C 1	3	201	8	
Agencies Notified	Type Notification			Street	Address											4
⊠ EPA	☑ Initial			One	Penn Pl	aza Ea	st			į.	4.SEES	77.9	70	AFFO	er	
DEP DOL	Amended Amendment	ш	- [ate, Zip C		20491919			The second	Characteristal	JOE	451	VG	122.5	
	Emergency (-		ark NJ 0											
☑ DOH ☐ DCA	justification) Cancellation		1		of Contact el Sama						lephone					
					ILITY INF		ION			9,	73-491	-/21	6			
Name of Facility Where			3)	170	1611 1 1141	OKMAI	ION	T	ype of Facility	(4)						
NJ Transit Maplew	ood GOB Buildi	ng						E	School (K	-12)						
Street Address									Subchapte	er 8 (Oth	er than h	K-12)	1. 9			
180 Boyden Avenu	e					35-414		Z	Other (i.e. etc.)			erciai	DUII	aings,	nom	es,
City (5) Maplewood NJ 070	40							1	quare Feet	7735	f Floors		1000	ldg. A	ge	
County (6)	40			County	Code (7)				10000 +	2			- 3	60+		
Essex					USE ONLY)			Surrent Use (P	rior if bei	ng demo	olishe	d)			
Name of Monitoring Firn	Hired by Building C	wner (8)		ASCI	M No.		Name	of	Abatement Co	ontractor	(9)			-		
McCabe Enviro. Ll	С						I management		co Inc	-	(0)					
Street Address		3 11 12 1					Street	Ad	Idress						-	
464 Valley Brook A	V.						POI	Во	x 329							
City, State, Zip Code Lynhurst NJ 07074							1.75.55		e, Zip Code							
Project Manager for Mor			- 1	T-1	11-				Berlin NJ 08	3091			va Es			
John Chiaviello	toring Firm			Telepho	ne No. 38-4839)	Teleph		ie No. 53-9800		License 0072					
Start Date (10)		Schedule	ed Con		Date (11)				OSHA Monito	r	0072	1				
12/28/18		12/31/		• • • • • • • • • • • • • • • • • • • •	, ,		Sam		00.11.111011110							
Occupancy Status Durin	Abatement (Check	Only On	e)				Street	Ad	dress				-			-
Facility Closed/Vac Abatement Perform Other – Describe:	ted During Entire P ≥d Outside of Norma Veek End Hours	eriod of A al Facility	batem	nent		_	City, S	state	e, Zip Code				N-0 110			
Scope of Work (Check A	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	· ·	-	enova emoliti				X		Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					Э	
			Locati										į.	Abate	acomin ne	
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TO BE AB. In Facil (13)	TED	Cust	ntenar odial S (12)	Staff?	(i.e.	thermal surface	systems cing, VA niscellan	s in		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Was	e Hauler		100000	JDEP W		Cubic '			Name of	Registe	red Land	fill				
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City, State		N-1075-1-1		- 1		1000000	al Date		City, Sta							
Totowa NJ						1/2/19			Pen A		18072	2				
Completed by		Title	· · · · · · · · · · · · · · · · · · ·			Si	gnature		77	-2337		Date				
Anthony T Perna		Presi	dent					٨				12/1	4/1	8		

X75	D PATT	N		CATION	OF ASBES ON NJAC 8:0	TOS	ABATE		NT	100	测置	C			
Date of Notification 12/14/18	(1)		- 1	Name of All Ris	Building Ov k Inc.	wner/C	perator	(2)				DFC.	18	201	Q
Agencies Notified	Type Notification		- 1	Street Ad		o Del	d== D:			ş.		<u> </u>		-/-//	0
EPA DEP	Initial Amended				Clement te, Zip Code		uge Ho	oac			1.00	ESTO	0.00	N. S.	F-1 -
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DOH	justification)	icidaing		Name of Dave N				7		1000000	phone N				
☐ DCA	Cancellation				VIARIN	ITA MS	ON			85	6-546-0	0016			
	nere Abatement is Taking			IAOIL		CIVIZ-CY I	OIV	Ту	pe of Facility	(4)					
North Hunterd Street Address	n Regional High Sch	nool Dis	trict	34545555				X	School (K- Subchapte		r than V	12)			
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Annandale NJ	08801							1	+ 0000	2		1	50+		
County (6) Hunterdon				County C STATE U	Code (7) ISE ONLY)			Cı	urrent Use (Pr	ior if bei	ng demol	ished)			
Name of Monitoring	Firm Hired by Building O	wner (8)		ASCM	No.		CONTRACTOR OF THE PARTY OF THE		Abatement Co o Inc	ntractor	(9)				
Street Address	2						Street PO I	100000	dress x 329						
City, State, Zip Co	e								e, Zip Code Berlin NJ 08	091					
Project Manager fo	· Monitoring Firm		1	Telephon	ne No.		Teleph 856-		e No. 3-9800		License 00727				
Start Date (10) 12/15/18		Scheduled		pletion D	Date (11)		Name Sam		OSHA Monitor					ne se no	
Occupancy Status	During Abatement (Check	Only One	9)				Street	Ad	dress						
X Abatement P	/Vacated During Entire Performed Outside of Normal be: Week End Hours					_	City, S	State	e, Zip Code						
Scope of Work (Ct ≥3 sf or ≥3 lf ≥160 sf or ≥2	ock All That Apply)	CONTRACT.	enovat emoliti				[- -		Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	100 0 10 - T -10 (2011)		ocedi		0
	cation of	C 23333	ocatio	2.82		De	scription	n of						temen ype	t
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Principa	s Office area			X	г	1001	i iie & i	ivia	Suc :	14	00 SF	X			
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Name of Registere	1 Waste Hauler		200	JDEP W			Yards		Name o	f Registe	ered Land	Ifill			-
United Contain	∍rs		1000	auler ID 2459		of Wa).W.S.					
City, State Elm NJ					- 1	Dispo 12/1	sal Date 7/18	9	City, Sta Morris		A 1960				
Completed by Anthony T Peri	а	Title Presid	dent			8	Signatur	e	2			Date 12/14	/18		

PAID

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

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020 to 211 to 20 0000 to 20 0000 to 20 0000	☐ Cancell	lation			Ja	cob Fish	er		267	7-386-8	3600 E	COL	ITRO	1.7
					F	ACILITY II	NFORMATION				64 W/G	Sil	1.5 	-30-)+24
Name of Facility Where Al	atement is	Taking	Place	e (3)				Type of Facility	(4)					
Camp Kilmer Buildir	g							School (K-12						
Street Address	-	2						Subchapter 8	8 (Other	than K	-12)			
111 Truman Drive								Other (i.e., p	rivate ar	nd com	mercial b	ouildin	ıgs,	
City (5)								Square Feet		Floors		Bldg. A	100	_
Edison, NJ								45,000	1	1 10013	1.	50	-ye	
County (6)		County Code (7)(STATE USE ONLY) County Code (7)(STATE USE ONLY) Current Vacai Dy Building Owner (8) ASCM No. Name of Abatement Contra Plymouth Environme Street Address 923 Haws Ave City, State, Zip Code Norristown, PA 1940 City, State, Zip Code Norristown, PA 1940 Telephone No. (856) 581-9055 Scheduled Completion Date (11) 2 / 28 / 19 Plymouth Environme Street Address Plymouth Environme Plymouth Environme City, State, Zip Code Name of OSHA Monitor Plymouth Environme Street Address Plymouth Environme Plymouth Environme								na dom	olichod)	300000		
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304 Harper Drive, Su	te 207	Vacar y Building Owner (8) ASCM No. Name of Abatement Contra Plymouth Environme Street Address 923 Haws Ave City, State, Zip Code Norristown, PA 19401 Telephone No. Telephone No. (856) 581-9055 610-239-9920												
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Jack Carney	mig i iiii			7.00				•	1200000000	nse No.				
Start Date (10)		Schodu	lod C	100					00.	398				
	19						1000000							
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Scope of Work (Check all t	at apply)						Norristown, I	PA 19401		1,000				
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			lo.	Lagat	ion		☐ Non-Exe	mpted (*) and Nor	n-Friable	Proce	dure			
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Service Transport	200 200	Hauler ID No. Wa						Minerva En						
City, State			-		2099	U	360 Disposal Date	City, State	6110	-				
New Castle, DE							2/28/19	Waynesbur	a OH					
Completed By (Print or Type)	Title					Signature	- Taynooda	g, O11		Dot-	-		
James M. Kelly	Ĺ	1,22112,230,230,0	e Pr	eside	nt		Signature				Date /._	/14/	10	
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I DCA	Cancellati	on			مسام	5)TOS		3	elephone				-
Name of Facility Where Abar				F	ACILITY II	MFORM	ATION		19	73-80	3-71	70	K 4	4
A O.	MINERE IS 130	ong Mac						Type of Fac	lily (4)				-	
Street Address	TUENT	<u> 30</u>	6.					☐ School	(K-12)					
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City (5)	KBURN	Ave						THE WAR		& conse	ercial b	uidin	gs, ho	mes,
Mus Mus	1.01							Square Feet	and at	of Floors		Bide	- Age	
County (6)	16.30			Count	ty Code (7	n		15,000	- American -	3		1	50	
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Name of Monitoring Firm Hire	i by Building	Owner (8)	1	CM No.	-	1.05	K	E6/06>	mac.				
and the second s					CHAR ESO.		A AA	of Abatement VC Contract	CURRENCE	r (9)				
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City, State, Zip Code			-				9	ate, Zip Code						
Deninet Manager for 14 11 1							Midle	ind Park, N.	i 07432					
Project Manager for Monitorin	Firm		-	Teleph	ione No.			one No.		License	0.50			
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Occupancy Status During Aba	amont (Pho	dr Chalu C	10/1	5			Omeg	ya Environn	nental S	ervices	Inc.	0.0		
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Facility Closed/Vacated D Abatement Performed Out	side of Non	Period of nal Facilit	Abates v House	neni				luyler Stree	ŧ					
Ti One - Describe:			2 contr					ite, Zip Code	Millian San					
Scope of Work (Check All That	Apply)						race	ensack, NJ	07606					
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		and	-			PE JA	عمادمة	100	60	4	1		P. Contraction	
Name of Registered Waste Haul	F	1 1	§ 948	DEP W	sein 1	0.41					SALVANO.	and the same	OLD STREET	
Newark Carting Inc.			He	wier ID i	No.	Cubic Y of Wast	ards e	1.5		d Landill				
City, State		-	04	509	o established the second	6	7	Grand	Central	Sanitary	/ Lan	dfill		And Supering
Newark, NJ 07105					and the same of th	Disposa		City, Stat			-			
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Ch5930)	NO	TIFIC	Pursua	t to No.	lew Jersey BESTOS ABA AC 8:60 and 5:1	6)) EGI		\mathbb{V}	E	7
Date of Notification (1)				Name	of Buildir	ng Owner/Operator	(2)	DEC '	18	2018	3	1.7
12 /	13 / _	18		Sta	ate of Ne	w Jersey Dept. o	of Corrections					30
Agencies Notified	ype Notifica	tion			t Address							1
⊠ EPA	☑ Initial			100000000000000000000000000000000000000		Road, CN 863	Parker of the Pa	ASPECTOR 1160			11.3	
☑ DOLWD] Amended			-	State, Zip		Lens .	The second second	Production of			
□ DHSS	Amendme		_	10000	enton, N				-	-		
DCA] Emergenc		ng		of Contac			1=				
(NJAC 5:23-8)	justificatio Cancellatio	20.00				· ·		Telephone Numb				
		JII			w Panga			609-292-403	6 x 5	270		
Name of Facility (All and Al				FA	CILITY II	NFORMATION						
Name of Facility Where Ab			ce (3)				Type of Facility	(4)				
Adult Diagnostic Tre	itment Cer	iter					School (K-1:					
Street Address							Subchapter Other (i.e. r	8 (Other than K-12) private and commen) cial bi	uildin	ae	
8 Production Way							homes, etc.		Ciai Di	ununi	ys,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Avenel 07001							180,000 SF	2	- 1	50	•	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)			
Middlesex						•	Control of the Contro	ling - Boiler Roo		ımn	Roo	m
Name of Monitoring Firm H	red by Buildi	ng Owne	r (8)	ASCM	No.	Name of Abateme				аттр	1100	***
Environmental Conn						A COMPANIES AND	d Mold Service					
Street Address						Street Address	a mora dervice	ез, согр.				
120 North Warren Str	et					3859 Sylon B	loulovand					
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08608												
Project Manager for Monito	ing Firm		TTO	lanhana	Ma	Hainesport, N	42 08036					
Dominick Dercole	ing i iiiii			lephone		Telephone No.		License No.				
Start Date (10)		h - 1 1 - 1		09-392		609-702-0400		00862				
12 / 28 /	12020	heduled				Name of OSHA M	A 25 26					
	18			28_ /	18	EMSL Analyt	ical, Inc.					
Occupancy Status During A					200	Street Address						
☐ Facility Closed/Vacated	Juring Entire	Period o	f Abat	ement		200 U.S. Rou	te 130 North					
☐ Abatement Performed C Time of Abatement:	atside of Nor	mal Facil PM/				City, State, Zip Co	ode					
Time of Abatement.		_PIVI/	PN	·	AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all the	at apply)											
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	19		enova emolit			☐ Mini-Enc ☐ Glovebag	Procedure	gative Pressure n-Friable Procedure				
		T	s Loca	ation		L HOH EXE	p.cod () and No	Triable Frocedure	1	-4-		i un
Location of			Norm			Description o	f		7.	atem	1	_
Asbestos-Containing Ma	erial (ACM)			lely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE IN Facility	₫		ainten stodial	Staff?	(i.e	., thermal systems i		(Specify	Non	oair	aps	los
(13)			(12			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		sula	ure
		Yes	No	N/A		out of thiodoliano	Jus,				te	
Mechcanical Room					Hot Wa	ter/Steam Pipe		5 LF		П	П	П
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			1							Ш	Ш	
Name of Registered Waste	lauler		1.0	NJDEP V		Cubic Yards of	Name of Regis	tered Landfill	-			
Waste Management			1	Hauler ID		Waste	Grand Cen	tral				

ASB-41 **MAY 11**

Lafayette, NJ

Completed By (Print or Type

Kimberly A. Trumbetti

City, State

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

5

Disposal Date

12/28/18

Signature

City, State

Penn Argyle, PA

Date

12-13-18

17273

Office Coordinator

Title

										- Annaham	1	7	
Date of Notification (1)	R		NC	TE TE	Purst	ON OF P	New Jersey SBESTOS AB AC 8:60 and 5	:16)	DEC	18		<u>√</u> 1 118	
12 /	13	, 40	0				ding Owner/Operate	or (2)					-
		/	_		1	eon and	Donna Rose	1	Job #1812-2392	Chk	#52	28-	manager)
Agencies Notified EPA	Type No				Str	eet Addres	s		Ac	. 115.	44.5		
☑ DOLWD	☐ Amen								entre de la constante de la co	ettition			-
☑ DHSS		idment#	ŧ		100	, State, Zi			. 148				
□ DCA	⊠ Emer	gency (ir	nclud	ing			I, NJ 08003						
(NJAC 5:23-8)	☐ Cance	cation)				ne of Cont			Telephone Nu	mber			
		Shallon				ACCUPATION OF THE PROPERTY OF	an, Prestige Bu	Iding Group	856-229-45	19			
Name of Facility Where A		- 7-11	-		F	ACILITY	INFORMATION					7	
Ross Residence	atement	is laking	g Pla	ce (3)				Type of Faci					
Street Address								School (K	(-12)	21			
								Other (i.e homes, e	er 8 (Other than K-1 ., private and comm tc.)	2) ercial l	buildii	ngs,	
City (5) Margate							8	Square Feet		1	3ldg.	Age	
County (6)								3000	3	1	78	•	
Atlantic					Co	unty Code	(7)(STATE USE ONLY	Vacant	(Prior if being demol	ished)			
Name of Monitoring Firm I	ired by Br	uilding C)wner	(8)	ASCI	nent Contractor	(9)			0.7501			
Finog Environmenta							nd Mold Serv						
Street Address													
617 Stokes Rd #4-3	8												
City, State, Zip Code						Code					_		
Medford, NJ 08055	-						Hainesport,	NJ 08036					
Project Manager for Monito Rebecca Rubnitz	ing Firm				lephone		Telephone No.		License No.				
Start Date (10)		0.1.1				96-9994	609-702-040		00862				
12 /14 /	7.7	12	2	/ _1		ate (11) 18	Name of OSHA EMSL Analy						
Occupancy Status During A	batement	(Check	only	one)			Street Address						
☐ Facility Closed/Vacated	During En	tire Peri	od of	Abate	ement		200 U.S. Rot	ite 130 North					
Abatement Performed Co	utside of N	Normal F PM	acilit				City, State, Zip C			_			
Scope of Work (Check all th		PIVI		PIV	l	_AM	Cinnaminso						
☐ ≥3 sf or >3 lf	at apply)	ľ	⊠ Re	nova	tion		☐ Full Cor	tainment with N	egative Pressure				
⊠ ≥160 sf or ≥260 lf		[moliti				g Procedure	WYAP AND CH Ion-Friable Procedu	+			
Langting				Loca							atem	ent T	vpe
Location of Asbestos-Containing Ma	erial (ACI	M)			ely by	Acho	Description of stos Containing Ma	of			T		
TO BE ABATE	2	'		intena	ance/ Staff?	(i.e	., thermal systems	insulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Ousi	(12)			surfacing, VAT	, or	SF or LF)	val	-	lusq	Sure
			Yes	No	N/A		other miscellane	ous)				ate	(0)
First Floor & Basement		[Pipe Ins	sulation	-	185 LF			П	
		[
										1			-
		Г		П					-	1		_	
Name of Registered Waste H	auler				JDEP V	Vaste	Cubic Yards of	Name of D				Ц	
Waste Management	- 17 BALC-40 JACO				auler ID	No.	Waste	ACUA	stered Landfill				
City, State					17273		5 Disposal Data						
Lafayette, NJ							Disposal Date 12/14/18	City, State	:4 811				
Completed By (Print or Type)		Title					Signature	Atlantic C					
Kimberly A. Trumbetti			ce C	oord	inator		Dat	OFFI CA	7-18	7			
ASB-41 MAY 11		* Do	not i	iso th	is form	for ashest			10	18	Ž		

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

Chk#3487

Date of Notification (1)					Nam	ne of Buildi	ng Owner/Operator	(2)		<u> </u>	= -		2 1 2
12/	2/	18	3			ider Univ		(-)	1) <u>E</u>	G		\mathbb{V}	
Agencies Notified	pe Notif	fication			Stre	et Address			11-31-				
⊠ EPA [Initial				20	183 Lawre	enceville Road			. = .			_
☑ DOLWD [Amend	ded				State, Zip)EC_	18	201	8
⊠ DOH	Amend	lment #		_									
☑ DCA [Emerge		ncludir	ng	_		ille, NJ 08648		-	Water to the last			-
(NJAC 5:23-8)	justifica				Nam	e of Conta	ct		Telephone Nur	nber	CC		V
	Cancel	llation			W	alter Edd	у		(609) 896-5	000-	ادلانا		····
N					FA	ACILITY II	NFORMATION		3.	147	-	. –	
Name of Facility Where Aba	ement is	s Takin	g Plac	e (3)				Type of Facility	(4)				
Kroner Building								School (K-12	2)				
Street Address								Subchapter 8	3 (Other than K-1	2)			
2083 Lawrenceville R	ad							Other (i.e., p	rivate and comme	ercial b	uildin	gs,	
City (5)								homes, etc.)					
Lawrenceviile								Square Feet	# of Floors	В	Bldg. A	100	
								44000	4		+- 5	0	
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demol	ished)			
Mercer								Dorm					
Name of Monitoring Firm Hi	ed by Bu	uilding (Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					_
Pennoni					001			VIRONMENTAI					
Street Address	-			-1-1	001	-	Street Address	VIICONWENTAL	L, INC.				
515 Grove Street, Sui	1 A D												
	1 1 B						1123 BEAVE	RSTREET					
City, State, Zip Code						3.000	City, State, Zip Co	ode					
Haddon Heights, NJ 0	1035						BRISTOL, PA	19007					
Project Manager for Monitor	ig Firm			Tel	ephone	No.	Telephone No.		License No.				
Brian Clark	1000 to			1		7-0505	215-788-6040		2-1776-1771-1771-1771				
Start Date (10)	-	School	ulod (ate (11)	1		00509				
1/_7_/_				100		0.1 35 250	Name of OSHA M						
					0_/	19	BRISTOL EN	VIRONMENTAL	_, INC				
Occupancy Status During Al							Street Address						
☐ Facility Closed/Vacated [uring En	tire Per	iod of	Abate	ment		1123 BEAVER	STREET					
Abatement Performed Or	side of I	Normal	Facilit	y Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement: 7:00	M- <u>5:00</u>	DPM/	P	M	AM		BRISTOL, PA						
Scope of Work (Check all that	: annly)						BRISTOL, PA	19007					
Topo of tronk (official all the	apply)						M Full Cont	ainment with Neg	otivo Decesion				
≥3 sf or ≥3 lf			⊠ Re	enovat	ion		☐ Mini-Encl	anninent with Neg. Osure	ative Pressure				
≥160 sf or ≥260 lf			☐ De	emoliti	on			Procedure					
							☐ Non-Exer	npted (*) and Nor	n-Friable Procedu	re			
				Loca						Ar	atem	ent T	vpe
Location of				Norma			Description of				-	1	T
Asbestos-Containing Mat		M)		ed Sol		Asbe	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE IN Facility	<u>.</u>				Staff?	(i.e	., thermal systems in		(Specify	Von	air.	aps	los
(13)				(12)			surfacing, VAT, other miscellaned	10.02.000	SF or LF)	<u>a</u>		sula	ure
		- 1	Yes	No	N/A		other miscenariet	ius)				ite	
Basement Rec Room/ha	lwav					Flhow	nsulation		20 -5	N 7			_
First Floor Bathooms/Ha							nsulation		30 sf				
Second Floor Bathroom									60 sf			Ш	
The second secon		-					nsulation		20 sf				
Third Floor Bathrooms/	11.70			Ш	\boxtimes	The second second	nsulation		20 sf				
Name of Registered Waste H	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				JDEP !		Cubic Yards of	Name of Registe	ered Landfill				
Bristol Environmental	nc			H	auler II		Waste	Fairless Lar					
City, State					18706)	20 Disposal Date		50 0000 1.11				
Bristol, PA							[조크림프라마일(BAS) 11 12 12 12 12 12 12 12 12 12 12 12 12	City, State					
							TBD	Fairless Hill	ls, PA				
Completed By (Print or Type)		Title					Signature	-	, Da	ite			-
Patrick DeCaro		Es	timat	tor			Patric	ie Nocas		2-	10	1	C
ASB-41 (T 100 -	-	1					TUCINE	u juller	010-1	X.	100	-10	
IAN 13 GI 1827/	B	* D	o not	use th	is form	for asbesto	os licensure exempt	ed activities					

(5.	7	NOT		NOITA	OF AS	ew Jersey BESTOS ABA AC 8:60 and 5:1			EGE		1		1
Date of Notification (1)		_				g Owner/Operator	(2)		DEC	1 8 20	18		
	2 / 1	8		Ric	ler Unive	rsity		. bm	i nro	1 50 1.50		- Company	Ú
1.22	pe Notification	1			Address					Responsibility		ester.	-1
	Initial Amended					nceville Road		NO PARAMETERS	AST	1			
⊠ DOH	Amendment	#		100000000000000000000000000000000000000	State, Zip (-	SECRETARIO CONTRACTOR OF STREET		ಾರ್		
100	Emergency (Lav	vrencevi	lle, NJ 08648			2 4 H - H +		7		
(NJAC 5:23-8)	justification)			Name	of Contac	t			Telephone N	umber			
	Cancellation			Wa	Iter Eddy				(609) 896	-5000			
				FA	CILITY IN	IFORMATION							
Name of Facility Where Aba	ement is Taki	ng Place	(3)				Type of Fa	cility (4	4)				
Kroner Building							☐ School						
Street Address									(Other than K vate and com		uildin	ne e	
2083 Lawrenceville R	ad						homes		vato and com	riciolal b	unum	90,	
City (5)							Square Fe	et	# of Floors	В	ldg. A	ge	
Lawrenceviile							44000		4		+- 50)	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Us	e (Pric	or if being dem	olished)			
Mercer							Dorm						
Name of Monitoring Firm Hi	ed by Building	Owner	(8)	ASCM	No.	Name of Abatem	ent Contract	or (9)					
Pennoni				0010)2	BRISTOL EN	IVIRONME	NTAL	, INC.				
Street Address						Street Address							
515 Grove Street, Suit	e 1B					1123 BEAVE	R STREET						
City, State, Zip Code						City, State, Zip C	ode						
Haddon Heights, NJ0	035					BRISTOL, PA	A 19007						
Project Manager for Monitor	ng Firm		Tele	phone	No.	Telephone No.			License No.	i i		975 (5)1	
Brian Clark			85	6-547	-0505	215-788-6040)		00509				
Start Date (10)1 / 7 /		duled C				Name of OSHA N		NTAL	, INC				
Occupancy Status During Al	atement (Che	ck only o	one)			Street Address							
☐ Facility Closed/Vacated [1123 BEAVE	R STREET	•					
Abatement Performed Ou					cribe	City, State, Zip C	ode						
Time of Abatement: 7:00	AM- <u>5:00</u> PM/_	P	M	AM		BRISTOL, PA	19007						
Scope of Work (Check all the	t apply)					(C)							Ordino
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	37 (00)		novati			☐ Mini-End ☐ Gloveba	closure g Procedure		tive Pressure -Friable Proce				
		Is	Locat	ion	I		, , , , ,	T			atem	ent T	vne
Location of	51 (100)		Vorma			Description of					_		T
Asbestos-Containing Ma TO BE ABATE		1232	d Sole intena			stos Containing Ma			Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	2	Cust	todial S	Staff?	(1.6	 thermal systems surfacing, VAT 			(Specify SF or LF)	ova	₩.	psu	unsc
(13)			(12)	1		other miscellane			J. J. J. J.	_		ilate	Ġ.
D.: D		Yes	No	N/A							_	-	
Boiler Room				\boxtimes	Plpe Flu	ue Insulation			50 sf				
Boiler Room					Boiler I	nsulation			60 sf				
W. Carlotte													
Name of Registered Waste F			310833	JDEP V		Cubic Yards of	Name of	Registe	ered Landfill				
Bristol Environmental	Inc			auler II 18706	CLUCH MORE OF	Waste 20	Fairles	ss Lar	ndfill				
City, State				.0100		Disposal Date	City, State	е					
Bristol, PA						TBD	Fairles		s, PA				
Completed By (Print or Type	Tit	le				Signature	54		10	Date			
Patrick DeCaro	E	Estimat	tor			Patri	che De	Car	0/92	12-1	2-1	18	
CD 44	100000000000000000000000000000000000000												

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

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hidop			NOTIF	ICATIO Ursuan	tate of New Jers N OF ASBESTO t to NJAC 8:60 a	ey 5 ABATE nd 12:12	MENT	-					20	
Date of Notification (1) 12/10/2018				Name of Enrice	of Building Owner	/Operato	r (2)			End.				
Agencies Notified	Type Notification				Address					ASI	RECT.	00 C	nig Ing	
X EPA X DEP X DOL	Initial Amended Amendmen				ate, Zip Code rson,NJ, 0751	4								
▼ DOH DCA	Emergency justification) Cancellation				of Contact ue Rios				Teler	ohone N	lumbe			
Name of Facility Where A Private House	atement is Takir	ng Place (3	3)	FAC	ILITY INFORMA	TION	Туре	of Facility (4	4)					
Street Address							×	School (K-12 Subchapter of Other (i.e. pr	8 (Other			ıildings	s, hom	es,
City (5) Paterson	-							etc.) are Feet	# of F N/A	loors		Bldg. N/A	Age	
County (6) Essex	-				Code (7) USE ONLY)		Curre	ent Use (Prio vate	r if being	g demol	ished)			
Name of Monitoring Firm N/A	ired by Building	Owner (8)		ASCI	VI No.	Name EHV	of Aba	atement Cont	ractor (9	9)			Albert Isr	
Street Address				-			Addre	ss KLIN STR	EET					
City, State, Zip Code						City, S	State, Z	ip Code NJ,07524	2				2	
Project Manager for Monit	ring Firm			Telepho	ne No.	Teleph	none N -333-5	0.	1	License 01274				
Start Date (10) 12/21/2018		Schedule 12/22/	ed Con 2018	npletion	Date (11)			HA Monitor ATEMENT	LLC					
Occupancy Status During							Addres							-
Facility Closed/Vacat Abatement Performe Other – Describe:	d During Entire I Outside of Norn	Period of A nal Facility	Abatem	nent		City, S	tate, Z	KLIN STRI ip Code DN,NJ,075						
Scope of Work (Check All	hat Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		× R	enova emolit	tion ion		×	Mir	I Containment ni-Enclosure nvebag Proce n-Exempted	dure					
Location	a.	l N	Location	ly	D	escription		LXCIIIpted	() and i	NOTIFI TR	able F1	Abat	ement ype	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	I ED	Mai	d Solel intenar odial S (12)	ice/	Asbestos Cor (i.e. therma surfa	ntaining M	faterial s insula T, or	(ACM) ation,		ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
Basemer		Yes	No X	N/A	nine	insulat	ion		160) I£			ate	ē .
	-				Pipe	modial	.011		100	/ 11	x	+		
Name of Registered Waste EHW ABATEMENT L			Ha	JDEP Wauler ID	No. of Wa	: Yards		Name of R	17					
City, State Paterson,NJ						sal Date		City, State BRONX	NY					\dashv
Completed by Victor Espíritu		Title Proje	ct Ma	nager		Signature	(k.	n Wi	My		ate 12/10	/2018	3	

111/	100			#	State	of New Jersey.		111) 6	6		W.	E
Cho2	43		NOTI	FICA (Pur	DON OF	ASBESTOS 7	RATEMENT					mar-ca.
Date of Notification (1			11			ilding Owner/Ope	1	D D	EC 1	8 2	2018	
12/	6	/18			Vanessa	& Sigismund I	Robort					
Agencies Notified	Type No	otification			Street Addre		Copert		812-23	89-(Chk:	#5
□ EPA	☑ Initia	1			otreet Addre	ess			11141	454141	3	
☑ DOLWD ☑ DHSS	☐ Ame				ity Chat-				and adjustment	and the same of th		
□ DCA	Amer	ndment #_		1	ity, State, Z					-		
(NJAC 5:23-8)	iustifi	gency (inclication)	uding	N	Willingbo ame of Con							
	☐ Cano	ellation		- 1				Telephone	Numbe	r		_
					Vanessa	and the second s						
Name of Facility Where	Abatement	is Taking F	Na //		FACILITY	INFORMATIO	V	•				mound
Residential Prope	tv	is raking r	riace (5)			Type of Facili	ty (4)	-			_
Street Address	-,				Carrier Control		School (K-	-12)				
							Subchapte	er 8 (Other than	K-12)			
City (5)							homes, et	private and cor	nmercia	l build	lings	i.
Willingboro							Square Feet	# of Floors		Dida	^-	_
County (6)							1.593	1		53	. Age	
Burlington				C	ounty Code	(7)(STATE USE ONL	Y) Current Use (F	Prior if being der	molicho	22		_
Name of Monitoring Firm	Hirad by D						Residentia	ıl	Housile	1)		
Horizon Enviromer	tal	uilding Own	er (8)	ASC	CM No.	Name of Abat	ement Contractor (9)				_
Street Address	<u></u>						and Mold Service					
PO Box 316						Street Address	3	. со, согр.				_
City, State, Zip Code						3859 Sylor	Boulevard					
Thorofare NJ 08086						City, State, Zip	Code					
							t, NJ 08036					
Project Manager for Moni Dave or Steve Flani	oring Firm		Te	elephon	e No.	Telephone No.		11:				
Start Date (10)				856-84	18-0800	609-702-04		License No.	10			
10 / 0-	40	Scheduled	Comp	letion [Date (11)	Name of OSHA		00862				
		12	/_3	31 /	18	EMSL Anal						
Occupancy Status During	Abatement ((Check only	y one)			Street Address	,,					
☐ Abatement Performed	During Ent	ire Period o	of Abat	ement			ute 130 North					
Abatement Performed Time of Abatement:	Jutside of N	lormal Faci	lity Ho	ırs - De	escribe	City, State, Zip						
Coope of Maria		PIVI/	PN	1	_AM		on, NJ 08077					
Scope of Work (Check all t	nat apply)						711, NO 00077					
≥3 sf or ≥3 If		⊠ p	enova	lion		⊠ Full-Co	ntainment-with Neg	ative Pressure	To	100		
☐ ≥160 sf or ≥260 lf			emoliti	on					EIIC	102	Urc	-
						☐ Non-Ex	ag Procedure empted (*) and Nor	Friehle D.	10000			
Location of			s Loca				Tribut () and 1401	I-I Hable Proced			1.	_
Asbestos-Containing Ma	terial (ACM	Us	Norma ed Sole			Description	of		1000	patem	ent T	_
TO BE ABATI	<u>D</u>	Ma	aintena	ince/	Asbes	stos Containing M , thermal systems	aterial (ACM)	Amount	Remova	Repair	E	
IN Facility (13)		Cus	todial (12)	Staff?	(surfacing, VAT	. or	(Specify SF or LF)	Non	air	apo	- Coodin
		Yes	No	N/A	-	other miscellane	eous)	SF OF LF)	<u>a</u>		Encapsulate	0
Throughout											6	
					Floor Til	e/Mastic		370 SF		П		F
				\boxtimes						ᆜ		-
									\perp \sqcup	Ш	Ц	L
Name of Registered Waste I	auler				V					П	П	Г
Waste Management			Ha	IDEP V		Cubic Yards of Waste	Name of Registe					_
City, State				17273		5	Grand Centr					
Lafayette, NJ						Disposal Date	City, State					
Completed By (Print or Type)						12/31/18	Penn Argyle	. PA				
Kimberly A T	1	Title				Signature /						
Kimberly A. Trumbetti		Office C	oordi	nator					ate	, 1	8	
SB-41 AY 11				2000		THE WAR			2-11	18		
		Do not u	ise this	form fo	or asbestos	licensure exempt	ed activities					

2h149)	NOT	TFIC (P	S ATION ursua	tate of N OEAS it to NJ	BEC	Jersey STOS ABAT :60 and 5:1	EMENT		E (20	10
Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator (2)		UF	1	10	70	10
12/	07	/ 1	8					elopment Ag	(5)						
Agencies Notified	Ty e	Notification	1		Stree	t Address				A	SDE				- F - F
⊠ EPA	⊠In	itial			100000000000000000000000000000000000000		St. (City Hall- Sui	te 1300	ANDRES	friskrywswu y	K HIMP	No	MG	
⊠ DOLWD		mended	2			State, Zip			10 1000			-			
□ DCA		mendment :		-				101-5120			- 63				
(NJAC 5:23-8)	LI =	mergency (instification)	nciuain	g	_	of Contac				Telephone N	lumba	r			
	100	ancellation			Jai	nes Harv	reso	n	520	856-757-		•			
	7				FA	CILITY IN	VFO	RMATION							
Name of Facility Where At	oate m	nent is Takir	ng Place	e (3)				MINTION	Type of Facility	(4)	-				
Commercial									School (K-12						
Street Address			·						☐ Subchapter	(Other than h	(-12)				
1667 Davis Street									Other (i.e., p homes, etc.)	rivate and com	nmercia	al bu	ilding	js,	
City (5)	_								Square Feet	# of Floors		Blo	ig. A	ae	-
Camden												"	3.11	J-	
County (6)					Cou	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use (Pr	ior if being den	nolishe	ed)			-
Camden							*	į.	,	3		•			
Name of Monitoring Firm F	lire 1	by Building	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					_	
Bio Terra Solutions							1	ALL PRO MA	NAGEMENT L	LC					- 1
Street Address				10			Str	eet Address							
P.O. Box 1224							2	27 Outwater	Lane						
City, State, Zip Code							Cit	y, State, Zip Co	ode						
Union, NJ							(Garfield, NJ	07026						
Project Manager for Monito	orin 3	Firm		Tele	ephone	No.	Te	lephone No.		License No).				
Rick Eustaquio					73-494		5	73-928-4888	Č.	1188					
Start Date (10)	4		duled C			2.0	1	me of OSHA M							
///		_	01_ /	- 22	1_/	19	1	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During							Str	eet Address							
 ☑ Facility Closed/Vacated ☑ Abatement Performed C 	Duri	ng Entire Po	eriod of	Abate	ment			27 Outwater I							
Time of Abatement:	A	AM- F	n raciii M/	y Hou PM	rs - Des -	AM		y, State, Zip Co	17777			6:-2			77
					10	· ""	(Garfield, NJ	07026						
Scope of Work (Check all t	nai a	pply)						□ Full Cont	ainment with Nec	otivo Procesura					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				enovat emoliti				☐ Mini-Enc	losure		2				
22 80 9				Loca							T	Aba	atem	ent T	vpe
Location of Asbestos-Containing M		I (ACM)	0.000000	Norma ed Sol		Asha		Description o	f	Talker out or conseque	t		_		
TO BE ABAT	ED	ii (AOIVI)	Ma	aintena	ance/	(i.e	sios ., the	Containing Ma	nsulation.	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todial (12)	Staff?		5	surfacing, VAT,	or	SF or LF)		oval	7	psul	Sur
(13)			Yes	No	N/A	1	ot	her miscellane	ous)					late	0
Exterior	_					Wet De	mo					\boxtimes			П
Exterior- Concrete Sla	b					Mastic	244242			5,000 SF	_				
	_									3,000 31					
	-										_				
Name of Registered Waste	Haul	ler	1		JDEP 1	Naste	Cut	oic Yards of	Nome of Davi	found to the			П	Ц	
Century Waste, LLC		· ·			lauler II	O No.	Wa	ste	Name of Regis		/C-1-4				
City, State	_ -				32797	7		s Needed		orth Landfill	rairle	ess	Lan	atill	
Elizabeth, NJ								posal Date BD	City, State	DA					
Completed By (Print or Typ	-						_ '		Morrisville	, PA					
Allen Monchik	(9	Titi		- B/Io-	200-			Signature	.	,	Date				
ASB-41			roject	. IVIdil	ayer			Allen	Monchik	2	12/7	7/1	8		

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

JAN 13

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Date of Notification (1) 12/04/2018				Name La C	of Building Owr asa Don Pe	ner/Operato dro	r (2)		book	0.00	10		
Agencies Notified EPA DEP DOL	Type Notification Initial Amended			317 I	Address Roseville Av				AS	PECTY.	in or This		
M DOL M DCA	Amendmen Emergency justification Cancellation	(including		Name o	ark,NJ,0771 of Contact stopher Paga				Telephone 973-485				
Name of Facility Where A Private House	atement is Takir	ng Place (3)	FAC	ILITY INFORM	ATION	Тур	e of Facility (4)					
Street Address					IVI		×	School (K-12) Subchapter 8 Other (i.e. prietc.)	(Other than I	<-12) ercial bu	ildings	, hom	es,
City (5) Newark							Squ N/A	are Feet A	# of Floors N/A		Bldg. / N/A	Age	
County (6) ESSEX				County (STATE	Code (7) USE ONLY)		Curr	ent Use (Prior SIDENCE	if being demo	olished)			
Name of Monitoring Firm I N/A	ired by Building	Owner (8))	ASCI	M No.	Name EHV	of Ab	atement Contr	actor (9) LLC				
Street Address						Street 89 F		ess IKLIN STRE	ET				
City, State, Zip Code						City, S	State, 2	Zip Code ON,NJ,0752					
Project Manager for Monit	ring Firm			Telepho	one No.	Teleph	none N		License 0127				
Start Date (10) 12/05/2018		Schedul 12/06/	ed Con 2018	npletion	Date (11)			HA Monitor ATEMENT L	LC				\dashv
Ccupancy Status During Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire	Period of	Ahatem	nent			RAN	ess IKLIN STRE	ET			10-25	
Scope of Work (Check All						PAT	ERS	ON,NJ,0752	24				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		× F	Renova Demoliti	tion ion		×	Mi Gl	ill Containment ni-Enclosure ovebag Proced on-Exempted (*	lure			0	
Location o		1	Location Loc	У		Description	of) did 11011-11		Abate	emeni	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	<u>=D</u>	Ma	intenar todial S (12)	ice/	su	ontaining M nal systems rfacing, VA er miscellan	s insul T, or	ation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Basemer	,	Yes	No	N/A	Dir	o Inquilat	ion		0015			ate	6
Datomer			^		- PI	e Insulat	1101.		30 LF	K			
													\dashv
Name of Registered Waste EHW ABATEMENT LI			Ha	JDEP Wauler ID	No. of V	oic Yards Vaste			gistered Land				
City, State PATERSON,NJ						posal Date		City, State BRONX,N	JY 3				
Completed by Victor Espíritu		Title Proje	ct Ma	nager		Signature	W.	- Wie		Date 12/04/	2018		

Date of Notification (1)	300)	NO	ΓΙFΙC,	rsuant to	of New Jersey ASBESTOS NJAC 8:60 an	BATEMEN d 5:16)	T DE	C	E		
12 /	40	/ 18	,		Name of B	uilding Owner/Ope	rator (2)		DEC	18	201	8
Agencies Notified					JCP&L/	FirstEnergy Co	mpany / Job	#1812-5417 Ch	eck #	l Nonn	201	U
⊠ EPA	Type No	tification			Street Addr	ress						and the same
☑ DOLWD	☐ Amer			- 1	10 Legio	on Place- Buildi	na A		Haster Libe	- UL ENSII	NG NG	Ch. i
☑ DHSS		idea idment #_			City, State,	Zip Code	3		THE PERSON NAMED IN	Manager 14	Market	
□ DCA		gency (inc	cluding			wn, NJ 07960		•			-	
(NJAC 5:23-8)	Justific	cation)		T	Name of Co	ntact		TT.I.				
	☐ Cance	ellation	30500		Irving Si	lverman		Telephon				
Name of Facility 100					FACILITY	Y INFORMATIO	M	978-49	0-6930)		
Name of Facility Where	batement	is Taking	Place	(3)		THE STANLATIO	Wife and the second sec	- 1111 (4)				
JCP&L-Pole BT409	530C							acility (4)		27540		
Street Address				200			☐ Schoo	i (K-12) apter 8 (Other than	n K 12\			
73 Wickapeco Drive							□ W Other	(i.e., private and co	ommerc	ial bui	ldinas	
City (5)	51-7-6.5	A Alleger					nomes	s, etc.)			90	
Ocean, NJ							Square Fe	eet # of Floor	s	Bld	g. Age	е
County (6)				1	County Code	e (7)(STATE USE ON	N C					
Ocean					,	O (THOTATE USE ON		se (Prior if being de	emolish	ed)		
Name of Monitoring Firm	lired by Bu	ilding Ow	ner (8)	AS	CM No.	Name of About	Substa					
1 Source Safety & H	alth, Inc.					Abote T-	ement Contract	or (9)				
Street Address						AbateTech						
140 S. Village Ave. S	uite 130					Street Address						
City, State, Zip Code						30 Maple A	ve. PO Box	25				
Exton, PA 19341						City, State, Zip		*:	918 C-11			
Project Manager for Monito	ing Firm		T	elenho	ne No.	Lumberton	, NJ 08048					
Brian Hovendon	100		1		24-5525	Telephone No.		License No	o.			
Start Date (10)	15	Scheduler	d Com	olotion	Date (11)	609-265-21		00529				
12 /14 /	18	12	/	14	/18	Name of OSHA						
Occupancy Status During A	atement (Chools and	·	1-7		EMSL Anal	ytical					
L Facility Closed/Vacated	Jurina Casta		72 83			Street Address						
- Parchielli Lellollied ()	tside of No	rmal Faci	oi Aba ility Ho	tement		200 Route 1						
Time of Abatement:	AM	PM/	Pi	uis - D И-	AM	City, State, Zip (Code					
Scope of Work (Check all the	t apply)					Cinnaminso	n, NJ 08077					
≥3 sf or ≥3 If ≥160 sf or ≥260 If	(арріу)	⊠ F	Renova	tion		☐ Full Cor	ntainment with I	Negative Pressure				
□ ≥ 100 St Of ≥250 If			emolit	ion	_	☐ Gloveba	ciosure la Procedure	Non-Friable Proce				
Location of			ls Loca Norma							haten	nent T	1/10 -
Asbestos-Containing Mate	rial (ACM)	Us	ed Sol	ely by	Asbes	Description of stos Containing Ma	of	1000	100		1	T
IN Facility	1	Maintenance/ Custodial Staff? (12)			(i.e.	, thermal systems	insulation	Amount (Specify	em	Repair	nca	ncl
(13)		1	(12)			surfacing, VAT other miscellane	, or	SF or LF)	Removal	=	psu	Enclosure
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AbateTech, Inc.			H	auler ID	No.	Vaste		stered Landfill				
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umberton, NJ						Disposal Date	City, State					
mpleted By (Print or Type)	7:	lo				12/14/18	Tullytown	, PA				
Gwen Trumbetti	Tit		1.4	2 0000		Signature	1		ate			
-41		Operatio	ons C	oordii	nator		MILE			0-1	0	
11	Ý	* Do not u	se this	form f	or asbestos	licensure exempte	activities		2-11	7.1	٥	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) DEC 1 8 2018 Date of Notification (1) Name of Building Owner/Operator (2) 12/10/2018 U.S. AIRFORCE BASE ASPECTORO Agencies Notified /pe Notification STREET ADDRESS □ EPA X Initial 3021 MCGUIRE BLVD. ☐ DEP ☐ Amended Amendment # City, State, Zip Code DOL DOL Emergency (including JT. BASE MDL, NJ 08641 DOH DOH justification) Name of Contact Telephone Number DCA ☐ Cancellation DANNY ANDERSON 907-223-5452 CELL **FACILITY INFORMATION** Name of Facility Where Abat ment is Taking Place (3) Type of Facility (4) MAGUIRE AFB School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) TEXAS AVENUE Other (i.e., private & commercial buildings) City (5) Square Feet # of Floors Bldg. Age WRIGHTSTOWN, NJ County County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) BURLINGTON Name of Monitoring Firm Hire 1 by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A CREAM RIDGE ENVIRONMENTAL INC. Street Address Street Address 15 BLACK FOREST ROAD City, State, Zip Code City, State, Zip Code Hamilton, NJ 08691 Project Manager for Monitorin 1 Firm Telephone No. Telephone No. License No. 609-890-7110 00676 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/17/2018 MECS Occupancy Status During Aba tement (Check only one) Street Address Facility Closed/Vacated Juring Entire Period of Abatement P.O. BOX 341 Abatement Performed O tside of Normal Facility Hours City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } > 3 \text{ lf}$ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) & Non-Friable Procedure Is Location Abatement Type Normally Used Description of Asbestos Containing Location of Asbestos-Confaining Encapsulate Solely by Material (ACM) (i.e. thermal systems Material (ACM) TO BE ABA FED In Amount (Specify SF or Removal Maintenance/Custo Repair insulation, surfacing, VAT, or other Facility (13) LF) dial Staff? (12)

miscellaneous)

Cubic Yards of

Disposal Date

Waste

20 YD

1/9/2019

Signatur 27-Mar

900 S.F.

1600.S.F.

GROWS

City, State

Name of Registered Landfill

MORRISVILLE, PA.

X

Date

12/10/2018

TRANSITE PANELS

NJDEP Waste

Hauler ID No.

10416

NFVAT & ADHESIVE

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

Yes

Title

PRESIDENT

BLDG. 3325

BLDG. 3326

City, State

TRENTON, NJ

DAVID D'ANDREA

Completed By

Name of Registered Waste Hailer

HORIZON DISPOSAL SER VICES

No

N/A

Pg.

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

Chut 3484

Date of Notification (1)	3700					Name	of Buildin	g Owner/Operator	(2)			- 1		-
12 /	1	_ / -	18				ler Unive			MEGE		W	Ē	n
Agencies Notified	Ту	e Notific	ation			Street	t Address			124		=		
⊠ EPA		Initial				208	33 Lawre	nceville Road				004	~	
⊠ DOLWD		Amende				City, S	State, Zip (Code		DEC	1-8	2011	<u> </u>	+
⊠ DOH □ DCA		Amendm			1. 1	Lav	vrencevi	Ile NJ 08648						1
(NJAC 5:23-8)	Ш	Emerger		ciuain	9		of Contac	STATE OF THE STATE		Telephone Numb	eroc			
		Cancella				Wa	Iter Eddy	1		(609) 896-500		1,7		
							-	FORMATION		un carneteinininininhalteteet. Tette	The second			
Name of Facility Where A	bat	ment is	Taking	Place	(3)		OILITT III	TORMATION	Type of Facility	(4)				
Kroner Building			2000 100 100 100 100 100 100 100 100 100		(-)				School (K-1	577.570				
Street Address	-								☐ Subchapter	8 (Other than K-12)				
2083 Lawrenceville	Ro	ad							Other (i.e., phomes, etc.	private and commerce)	cial bu	uilding	js,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Lawrenceviile									44000	4		+- 50	1	
County (6)						Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolish	ned)			
Mercer									Dorm					
Name of Monitoring Firm	Hire	d by Buile	ding C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Pennoni								BRISTOL EN	VIRONMENTA	L, INC.				
Street Address								Street Address						
515 Grove Street, S	uite	1B						1123 BEAVE	R STREET					
City, State, Zip Code						1000		City, State, Zip Co	ode					
Haddon Heights, N.								BRISTOL, PA	19007					
Project Manager for Monit	torii	g Firm			1	phone		Telephone No.		License No.				
Brian Clark						65470		215-788-6040		00509				
Start Date (10)					***************************************		te (11)	Name of OSHA M						
12 /27 /						_ / -	19_	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During		125		- 55	3.5			Street Address				0		
☐ Abstancest Bodiesed								1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 7:	00	M- <u>5:00</u> F	PM/_	PI PI	y Hour M	s - Des AM	cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	tha	apply)						2.110.102,17						
☐ >3 sf or >3 lf	57000	11.37		⊠ Re	novati	on		☐ Full Cont	ainment with Ne	gative Pressure				
≥160 sf or ≥260 lf					molitic			☐ Glovebag	Procedure					
							T		mpted (*) and No	n-Friable Procedure	_			
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Asbestos-Containing N		rial (ACN	1)	Use	d Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Re	Re	E	En
TO BE ABA	TEL		,		intena todial \$		(i.e	., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	у			Cusi	(12)	otali !		surfacing, VAT, other miscellane		SF or LF)	'al		Encapsulate	ure
(10)				Yes	No	N/A		other miscellane	ous				te	
Basement Rec Room/	На	lway					VAT/Ma	stic		1000 SF				
First Floor "C" Wing						\boxtimes	VAT/Ma	stic		2000 SF				
First Floor "A & B" Ha	allw	ay				\boxtimes	VAT/Ma	stic		1350 SF	\boxtimes			
Second Floor "A, B &	C"	Hallway	,			\boxtimes	VAT/Ma	stic		1950 SF	\boxtimes			
Name of Registered Waste	e H	iuler			120	JDEP V	20.505.505.	Cubic Yards of	Name of Regis	stered Landfill				
Bristol Environment	tal	nc.			Н	auler IE 18706	The second second	Waste 75	Fairless La	andfill				
City, State						.0700		Disposal Date	City, State				0	
Bristol, PA								TBD	Fairless H	ills, PA				
Completed By (Print or Ty	pe)		Title					Signature		Date	e	- 7000		-
Patrick DeCaro			Es	stimat	or				KT. DeC			11-	18	>

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Rider University 11 18 1 DEC 18 2018 Type Notification Agencies Notified Street Address **⊠** EPA 2083 Lawrenceville Road **⊠** DOLWD A nended City, State, Zip Code X DOH A nendment # Lawrenceville, NJ 08648 □ DCA ☐ E nergency (including Name of Contact Telephone Number ju stification) (NJAC 5:23-8) ☐ Cancellation Walter Eddy (609) 896-5000 **FACILITY INFORMATION** Name of Facility Where Abater ent is Taking Place (3) Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Kroner Building Street Address Other (i.e., private and commercial buildings, 2083 Lawrenceville Roal homes, etc.) # of Floors City (5) Square Feet Bldg. Age 44000 Lawrenceviile 4 +- 50 Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Pennoni Street Address Street Address 1123 BEAVER STREET 515 Grove Street, Suite B City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Haddon Heights, NJ080 5 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-547-0505 215-788-6040 00509 Brian Clark Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 27 / 18 1 / 30 / 19 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abat ment (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET ☐ Abatement Performed Outs 1e of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00Al I-5:00PM/ PM- AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf ⊠ >160 sf or >260 lf ☐ Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Repair Encapsulate Used Solely by Asbestos-Containing Mater al (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1950 SF \boxtimes Third Floor "A, B & C" Ha way \boxtimes VAT/Mastic П 18 П Name of Registered Landfill Name of Registered Waste Haller NJDEP Waste Cubic Yards of Hauler ID No. Waste Fairless Landfill Bristol Environmental Ir c. 18706 75 City, State Disposal Date City, State TBD Fairless Hills, PA Bristol, PA Completed By (Print or Type) Title Signature Date Patrick DeCaro Estimator JAN 13 GI 182

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

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CK7470	' an	Aq	NO	OTIFICA (Pursi	TION OF	of New Je ASBEST NJAC 8:60	OS ARAT	EMENT			[2] [2]			
Date of Notification (1) 12/13/18				Nar	ne of Bu	ilding Owne	er/Operate	or (2)		DEC	18	2018		
Agencies Notified EPA DEP DOL DOH DCA	justificati	d nent # ncy (includ	ding	City	State, Z ckson, I	Zip Code		y ,		JESTO LICI	S CON	VTRO G		
Name of the last o	Cancella			F	ACILITY	INFORMA	TION		1	elephone	e Numb	er		
Name of Facility Where Street Address City (5)	Abatement is Ta	aking Plac	ce (3)			THE OTHER	. IION	Type of Facil School (Subchal Other (i. etc.)		her than	K-12) nercial t	ouildin	gs, ho	omes,
Jackson County (6)				I C.				Square Feet		of Floors			ı. Age	10
Ocean Name of Monitoring Firm	Hired by Buildin	a Owner	(8)	(STAT	ty Code E USE O	(7) NLY)		Current Use (Home			olished)		
Street Address				ASI	GIVI NO.		AAA	of Abatement (LEAD PROI Address	Contractor FESSIC	r (9) NALS				
City, State, Zip Code							City, St	IITE DOVE						
Project Manager for Moni	oring Firm			Teleph	one No.		Telepho	WOOD, NJ	08701	License	e No.			
Start Date (10) 12/17/18		12/24	/18	mpletion	Date (1	1)	Name o	68-9078 f OSHA Monito EAD PROF	or ESSIO	1200				
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ed During Entire I Outside of Nor	Desired 1		ment rs			Street A 6 WHI City, Sta	ddress TE DOVE C	OURT	NALS				
Scope of Work (Check All ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	That Apply)		Renova Demoli				LAKE	Full Containn Mini-Enclosur Glovebag Pro	nent with					
Location of Asbestos-Containing M	aterial (ACM)	Use	S Locat Normal ed Sole	lly elv bv		Des	cription of	Non-Exempte	d () and	Non-Fria	able Pro	Abat	re emen /pe	t
TO BE ABAT In Facility (13)	ΞD		todial S (12)	Staff?	Asbe (i.e	e. thermal s surfaci	ining Mat systems in ing, VAT, iscellaneo	or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Interior		res	No	N/A		Popco	rn Ceilir	ng	100	0SF	×		ate	ē
									100		^			
Name of Registered Waste NEWARK CARTING City, State NEWARK, NJ	lauler		Ha	IDEP Wa auler ID 1 509	aste No.	Cubic Ya of Waste 10	9	Name of FIESI		d Landfil	I			
Completed by JOSEPH PERLSTEIN		Title OWN!	ER			12/24/1		BETHLE		Da	ite 2/13/18	3		

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

Check # 25724

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Date of Notification (1) 11/3/2)18			Name	of Building (Owner/0	Operator	1	/ett			, N-48 *		10-	I.	
Agencies Notified	Type Notification			Street /	Address					- 11		n	EC	-	2 20)18
☐ EPA	× Initial									1	1 53	D	LU	3.3	· 40	/10
DEP X DOL	Amended Amendment	#		City, St	tate, Zip Coo	de	0		111.0054		l.	Market of the second of the second		i Vani Saman		renoger in the
	Emergency (_	NI			Princ	eto	n, NJ 0854	-		(aae	1.493	Flank Broke	575 500	ROL.
DOH DCA	justification) Cancellation			name o	of Contact Mike Dar	nna -	Pinned	Co	nst.	Te	lephone	e Num	ber :	// %1, 	ATT NAMES	
				FAC	ILITY INFO	SESSIONA	Commercial						-	8		
Name of Facility Where	batement is Taking esidential	Place (3)					Тур	oe of Facility (4)						
Street Address									School (K-1 Subchapter		or them	V 40				
								×	Other (i.e. p					dings	, hom	es,
City (5)								Sqi	etc.) uare Feet	# 0	f Floors	S	В	Ildg. A	Age	
	inceton, NJ 08	3540							3500		3			77.00)+/-	
County (6) Mercer	15				Code (7) USE ONLY)			Cui	rrent Use (Prid	or if be	ing den	nolishe	ed)			
Name of Monitoring Firm MECS		wner (8)	ASC	M No.				batement Con Environme			es, Ir	ıc.			
Street Address PO Box 3	41						Street PO B	100000	7.77							
City, State, Zip Code									Zip Code				-17	10		
	ks, NJ 08515						Allen	tow	n, NJ 0850	1						
Project Manager for Moni Bill Weisgarber	oring Firm			Telepho (609)	ne No. 298-4070)	Teleph 609 2		No. -9688		Licen 0049	se No 3				
Start Date (10) 11/13/2018		Schedul		npletion	Date (11)		Name MEC		SHA Monitor							
Occupancy Status During	Abatement (Check	Only Or	ne)				Street		ess			-	-			
× Facility Closed/Vaca	ed During Entire P	eriod of	Abaten	nent			PO B	ox :	341							
Abatement Performe Other – Describe:	Outside of Norma	al Facility	/ Hours	3		_			Zip Code ield, NJ 08	515						
Scope of Work (Check Al	That Apply)								100 - 100 - 200 -							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit				×	N G	ull Containme lini-Enclosure llovebag Proc lon-Exempted	edure					0	
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Asbestos-Containing I TO BE ABA	laterial (ACM) ED	Ma	intenar	nce/			aining M systems		al (ACM)		mount		70		En	m
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							ipo iii	-		-	-0 11		Λ			
Name of Registered Wast	0.000.000000000000000000000000000000000			JDEP W auler ID		Cubic \			Name of F	egiste	red Lar	ndfill				
Stevens Environment	al Services		"	18292		of Was 1	te CU		Fairless	Land	fill					
City, State Allentown, NJ							al Date 16/201	8/	City, State Morrisvil	le, PA	4					
Completed by		Title				Si	gnature	1-	1/	/-		Date				
Mahlon E. Stevens		F	rojec	t Mana	ager		11		1/			1	1/03	3/20	18	

nheck 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) MARK FRANCHI DEMOLITION Agencies Notified ype Notification Street Address 348 HURFFVILLE-GRENLOCH ROAD **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # SEWELL, NJ 08080 Emergency (including Name of Contact Telephone Number DOH justification) 856-820-02950S CONTROL & CENSING DCA MARK FRANCHI Cancellation **FACILITY INFORMATION** Name of Facility Where Ab Itement is Taking Place (3) Type of Facility (4) OLD VACANT HOTEL School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 517 SOUTH PENNS /ILLE AUBURN ROAD etc.) Square Feet # of Floors Bldg. Age CARNEYS POINT, NJ 08069 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) SALEM HOTEL Name of Monitoring Firm H red by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A EPC TECHNOLOGIES INC 5 Street Address Street Address P.O. BOX 337 City, State, Zip Code City, State, Zip Code NEW EGYPT, NJ 08533 Project Manager for Monito ing Firm Telephone No. Telephone No. License No. 609-758-3365 00394 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor DECEMBER 12, 2018 **FEBRUARY 14, 2019 EPC TECH** Occupancy Status During Abatement (Check Only One) Street Address P.O. BOX 337 Facility Closed/Vacate 1 During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: NEW EGYPT, NJ 085633 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing M Iterial (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABAT ED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 2 FRONT BLACK ROOFS X X ROOF BLACK SEAM CAULK 6.000 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste EPC TECHNOLOGIES INC SALEM COUNTY IMPROVEMENT 17000 10

Disposal Date

BY 2/14/19

Signature

Title

PRESIDENT

Completed by

City, State

NEW EGYPT, NJ

STEVE SCHENKER

Date

12/12/18

City, State

ALLOWAY, NJ

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

Check # 10574

	Date of Notification (1)	2/12/18		T	Name of	f Building	Owner/	Operator	(2)	MARK FR	ANG	I DE IS	NATIO			7 [2]
	Agencies Notified T	pe Notification		-	Street A	ddress		-	- 0		8.3	5-3 1 E				600, 3 # 0000 (1, 1, 10)
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	Name of English When Abo	Lancard in Table	DI (2)		FACI	LITY INFO	ORMAT	ION								
	Name of Facility Where Aba OLD VACANT HOTE		Place (3)						powers.	of Facility (
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-	County (6)				County (Code (7)			Curre	nt Use (Pric	or if bei	na demoli	shed)			
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J	Name of Monitoring Firm Hi N/A	ed by Building O	wner (8)		ASCM N/A	1 No.				tement Cor						
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-	City, State, Zip Code									p Code						
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)	Project Manager for Monitor	ng Firm	`	Ť	Telepho	ne No.		Teleph		Э.		License 00394	No.			
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7	DECEMBER 12,		FEBRU		14, 20)19		EPC	TECH	Н						
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-	Facility Closed/Vacated Abatement Performed	During Entire Pe	eriod of Al	batem	ent				BOX	p Code						
5	Other – Describe:	——————————————————————————————————————	ii i aciiity i	Tiours	_			100000000000000000000000000000000000000		PT, NJ (8563	3				
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City, Siste. Zip Code						PO	Box 322							
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VL 35589	PA	NO		CATIO	N OF AS	New Jersey BESTOS ABAT AC 8:60 and 5:1		DE	e E		2018	
Date of Notification (1)				Nan	ne of Buildin	ng Owner/Operator	(2)	1			2010	
	13 /	18		R	alco Build	ders		1-5	2	2	5	2
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☑ DOLWD	Amenda Amenda			City	State, Zip	Code						
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(NJAC 5:23-8)	justifica	tion)	9	Nam	e of Conta	ct		Telephone Num	ber			
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N				F	ACILITY II	NFORMATION						
Name of Facility Where Ab Residence	at ment is	Taking Pla	ice (3)				Type of Facility					
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Street Address							Other (i.e., p	rivate and commer	rcial bu	uilding	gs,	
City (5)			7.2				homes, etc.	· · · · · · · · · · · · · · · · · · ·	15.	4		
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Name of Monitoring Firm H	lire 1 by Bu	ilding Own	er (8)	ASC	/ No.	Name of Abateme						
N/A		155	5650			ntracting, Inc.						
Street Address						3,						
), Unit 61						
City, State, Zip Code						City, State, Zip Co	ode					
		and the second				Toms River,	New Jersey 08	755				
Project Manager for Monito	orir 3 Firm		Te	lephone	No.		License No.					
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Start Date (10)/		Scheduled 12	20		ate (11) 18	Name of OSHA M E.M.S.L. Ana					e e	
Occupancy Status During A						Street Address						
☐ Facility Closed/Vacated	Di ring Ent	tire Period	of Abat	ement		1056 Stelton						
Abatement Performed C Time of Abatement:		Normal Fac PM/		urs - D∈ ∕I-	scribe AM	City, State, Zip Co	ode			500		
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Scope of Work (Check all the same of the s	hat apply)		Renova	ıtı	ti.	Full Cont	tainment with Neg	gative Pressure				
\(\sum_{\geq} \geq 160 \text{ sf or } \geq 260 \text{ lf}			Demoli			☐ Mini-Enc ☐ Gloveba ☑ Non-Exe	Procedure	n-Friable Procedur	e			
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Location of Asbestos-Containing Ma		M) [1]	Norm sed So	ally lely by	Act	Description o			4-2			
TO BE ABATI		1	//ainter	ance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ncap	nclo
IN Facility (13)		C	ustodia (12	I Staff?		surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(13)		Ye	T	1		other miscellane	ous)				ate	
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Name of Registered Waste	Ha uler		10	NJDEP		Cubic Yards of	Name of Regis	tered Landfill	1-			
Guardian Contracting	g, nc.			Hauler 2022		Waste	T.R.R.F.					
City, State				2022		Disposal Date	City, State					-
Toms River, New Jers	se r					4		Pennsylvania				
Completed By (Print or Type	e)	Title				Signature	A	// Da	te /			
Nicholas Fernicola		Proje	ct Ma	nager		1	1	1		13/	18	Ü
ASB-41					-		1 10		-	-1		

page 1

14 Dec 2018 03:12PM NJ Asbestos Control 609.633,0664

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

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Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)	1			_	/ -	- 11.
12 /	1 / 1	8		Ly	nx Wast	e & Recycling, In	ic.	<u> </u>	-	7		59	B
Agencies Notified	Type Notification	n		Stree	t Address			AS	BESTO	SCO	TIME	ROL	2
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	Amended				State, Zip								
⊠ DOH	Amendment			The second second		e, NJ 07762							
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(140/10/0/20-0)	Cancellation			020000	140			Telephone					
· ·	Gariocilation		_	100000	chard Hy			732-76	2-7365	Ž.			
Name of Facility Miles - Al-			(2)	FA	CILITY	NFORMATION							
Name of Facility Where Ab	at ament is Taki	ng Place	e (3)				Type of Facility						
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City (5)							Square Feet	# of Floo	rs	BI	dg. A	ige	
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Monmouth							Residence						
Name of Monitoring Firm H	ired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-		
N/A							ntracting, Inc.						
Street Address				-		Street Address	3,						
						1889 Route 9	Unit 61						
City, State, Zip Code					4	City, State, Zip Co	The state of the s						
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Project Manager for Monito	rii a Firm		Tel	lephone	No	Telephone No.	ivew sersey oo		N1				
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					-10	E.M.S.L. Ana	iyticai						
Occupancy Status During A Facility Closed/Vacated						Street Address							
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		S. 11 SY				Piscataway, I	New Jersey 088	854					
Scope of Work (Check all th	apply)					□ F!! C	-i						
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Completed By (Print or Type	4.					Signature	/ /		Date		1	and then	
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Date of Notification (1)	12	P	NO	TIE	(Pur	TIO sua	int to N.	SBE	STOS ABA 8:60 and 5:	:16)		Company Commence			18	<u>₩</u>		Amount of the state of the stat
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□ DOLWD □	7 11110110				-		State, Zip	To The	9									
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Name of Monitoring Firm Hire	d by Bu	ilding	Owner	(8)	AS	SCM	No.	Na	me of Abatem	ment	Contract	or (9)						
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Scope of Work (Check all that	apply							P	iscataway,	Nev	v Jerse	y 0885	i4					
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B-41 N 13		* [Do not	use	this fo	orm i	for asbest	tos lice	ensure exemp	y oted	activities				9- 1		1	

State of New Jersey

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT Initial Friable N
(Pursuant to NJAC 8:60-7 and 12:120-7)
Check #: 7327

Initial Friable Notification

			Y						
Date of Notification	1000	Name of Buil	ding Owner/Operat	or (2)		= A	B 77	Car.	j
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(X]DOH	Notification	Name of Cont		Tel	ephone Numb	S CO	MTE	11 /	
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VIDOR		Michele Has	tings	201	-664-0880 x	. 2012	2		
			TY INFORMATION						
Name of Facility Where	Abatement is Ta	king Place (3		Type of Facil	ity (4)				
Westwood Regional Hig	School			X1Schoo	1 (K-12)				
Street Address	301001				apter 8 (Ot (i.e., pri				
				ll cial	buildings.	homes	s. et	c.)	
701 Ridgewood Road				Square Feet	# of Floor	s B	1020	Age	
City (5)	County	(6)	County Code (7)	30000 Current Use (1		60		-31
Township of Washington, N	107676		(STATE USE ONLY)	Parent de la martina de la companione		ing o	zewo r	isne	(10)
Name of Monitoring Fir	107676 Bergen	ING LASCH NO	I Name of Abata	School Buildin	g /4\				
Owner (8)	, miled of build	ang moon no.	Maine Of Adace	ement contracto	2 (3)				
Westchester Environmen	tal, LLC	00110	Four Strong B	uilders, Inc.					
Street Address		1000	Street Addres	ss		-			
1248 Wrights Lane			180 Sargeant	Avenue					
City. State. Zip Code			City. State.	Zip Code					
West Chaster DA 10380	2		Clifton, NJ 070	113 1035					
West Chester, PA 19380 Project Manager for Mo	itoring Firm T	elephone Numbe	Telephone Num	nber	Lice	nse h	lumbe	ī	
Matt Abraham			The second secon						
Scheduled Start Date (0) Sched.Comp	10-431-7545 letion Date ()	973-614-0377 Name of OSHA		0080) /			
			Thame of oshin	Honizot					
1 2 / 2 6 / 1 1 1 Occupancy Status Durin	Month /	8 / 1 8 Day / Year	Four Strong B						
			Street Addres	SS					
[X] Facility Closed/V of Abatement	cated During En	tire Period	180 Sargeant	Avenue					
[]Abatement Perform	d Outside of No.	rmal Facility	City, State.						
<pre>Hours - Describe: []Other - Describe:</pre>			01.2						
Scope of Work (Check a	T that apply		Clifton, NJ 070)13					
		12/22/01	[X]Full	. Containment w	ith Negativ	e Pre	essur	e	1
<pre>[]Demolition []>3 sf or >3</pre>	16	□ Renovation	[]Mini	Enclosure rebag Procedure					
XI∑160 sf or			[]Non-	Friable Proced	ure				
		Is			1	Abat	emen	t T	7De
Location	e	Location Normally	Description	NT OF		R		E	E
Asbestos-Cont	ining	Used	Asbestos-Cont	aining	Amount	E	R	C	C T.
Material (A TO BE ABAT	G .	Solely by Main-	Material (A	systems	SF or	M	E	A P	T.
in Facilit	-	tenance/	insulation, surf	acing. VAT.	LF)	V	A	S	S
. (13)	1.	Custodial Staff(12)	or other misc	ellaneous)		A	I R	U	U R
01 1 1		res No N/A							Ē
Glass Lab		X	AT & Mastic		830 SF	X			
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Name of Registered Was	O Halllar	IN IDEB Hacto	ICubi - Vando	TN		<u> </u>			
or westpreten was	e uddier	NJDEP Waste Hauler ID No	Cubic Yards of Waste	Name of Regis	tered Landf	111			
Newark Carting, Co.		4509		Grand Central	Sanitary Lan	dfill			
City. State			Disposal Date	City. State	- annually Euro				
Mowark ALI			, _	76/	10077				
Newark, NJ Completed By (Print or	Typo) Intel		10	Pen Argyl, PA	18072				
	Type) Title		SIGNATURE	/10	, //	Da	ite		
Bilyana Kulakovska	Office Adı	ministrator	the state of the s	reco	//	115	2/14/	18	
ASB-41		-			/_	112	_/ 1-4/	10	
JUN 95								G466	57
				. /					- 5.

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maxol	0	$\overline{}$	E	(P	CATION ursuant t	6 NJAC	.00 and	1 12:120))	7	Γ	ECI		\mathbb{V}		7
Date of Notification (1)						Building (火厂		01	1.40	200	
12/10/2018	Typo	Notification		-	South Street Ad		/ Mapl	ewood	So	chool Distric	- 11	DEC	Chec	018	0675) UC
Agencies Notified	-75					ademy				of the state of th	: bad	200				9.7%
EPA DEP	×	nitial kmended		T	10.00	e, Zip Co					A	SBECTE	CCV		-	10.7
× DOL		mendment #_ imergency (in	cludina	- [wood, N	J 0704	10				THE PERSON NAMED IN	idolidi	3	1.70	- Indian
X DOH X DCA		ustification)			Name of	Contact ter Rom	nain				77	3-762-56				
IXI DOA						ITY INFO		ON				0 102 00			- 77	
Name of Facility Where A	- CONTRACTOR		Place (3))					Ту	pe of Facility (4	1)					
Maplewood Middle 3	Scho								×	School (K-1: Subchapter		er than K-1	2)			
7 Burnet Street										Other (i.e. p				ings,	home	es,
City (5)				7/20					Sq	etc.) uare Feet	# 01	Floors	BI	dg. A	ge	
Maplewood),000+	2			0÷		
County (6) Essex					County C	ode (7) ISE ONLY)		4147		rrent Use (Pric	or if bei	ng demolis	ned)			
Name of Monitoring Firm	Hired	ov Building Ov	vner (8)	i_	ASCM	No.		Name		batement Con	tractor	(9)		-		
AHERA Consultants		The second secon	(0)		0005					Diagnostic		1-2				
Street Address								Street								
P.O. Box 385										wild Ave						
City, State, Zip Code Oceanville, NJ 0823	31									, zip code igdale, NJ 0	7403					
Project Manager for Moni	itoring	Firm			Telephor			Telepi				License N	lo.			
Mr. Eric Clarkson					20-62-2000-20-00-00-00-00-00-00-00-00-00-00-	2-1833		() SOUTHERN ()	115550	3-3995		01181				
Start Date (10) 12/21/2018			Schedule 12/29/2		mpletion [Date (11)				SHA Monitor Diagnostic	LLC					
Occupancy Status During	g Abat							Street		and the second						
Facility Closed/Vaca	ated D	ıring Entire Pe	riod of A	bater	ment			16 0	elen	wild Ave						
Abatement Performe			l Facility	Hour	S					, Zip Code ngdale, NJ (7403					
Scope of Work (Check Al								BIOC	21 1111	iguale, No C	77-400			-		
≥3 sf or ≥3 lf		10.6.47	X R	enova	ation			>	<	Full Containme	ent with	Negative I	Pressui	re		
≥160 sf or ≥260 lf				emoli	tion				_	Mini-Enclosure Glovebag Prod	9					
										Non-Exempted		d Non-Frial	ole Pro	93V2 30		
			1	Locat	20000000										emen rpe	t
Location Asbestos-Containing	5000	al (ACM)	Use		ely by	Asbes		scription taining N		rial (ACM)	۵	mount			m	
TO BE ABA	ATED		0.00	intena odial	Ince/ Staff?		thermal		s ins	sulation,		Specify F or LF)	Ren	Repair	ncap	Enclo
(13)	ity			(12)				niscella			0.	0, 2, ,	Removal	pair	Encapsulate	Enclosure
			Yes	No	N/A										te	
Guidance Suite-Hall	way,	Office 137			X	VAT	/ Mast	ic & Fl	oor	Leveler	4.	50 SF	Х			
and Enterance V	Vaitir	g Area														
									No.							
											Set Sille Service					
Name of Registered Was					NJDEP W Hauler ID		Cubic of Wa	Yards		485 950	50	ered Landfi	1			
Hazmat Diagnostic L	LLC /	Newark Ca	rting,lr	00	035440		TBD	51.465		Fairles		atill				
City, State	,	Nowask M	1				Dispo	sal Date	9	City, Stat		Δ				
Bloomingdale, NJ Completed by	1	Newark,N.	J Title					Signatur	e	IVIOTISV	me, r		ate			
Tatiana Rotaru			COC)				3	1				2/10/	2018	3	
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Date of Notification (1)	13)	NOTI	FICA (Pu	TION rsuar	tto NU	BES VC 8:	ersey TOS-ABAT :60 and 5:1	6)			-	E 18	3 2(V (
	12 /	18				dre Lope	-	neiroperator (<i>2</i>)						
☐ EPA ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	pe Notifi Initial Amenda Amenda Emerge	ication ed ment #_	cludina		Street City, S	Address State, Zip (Code	002			ACR	Was also	P C	c HING	
(NJAC 5:23-8)	justifica	ition)	o.uug			of Contac				Telephone N	lumber				
L	Cancell	ation				ire Lope									
Name of English Where Ah		Tables	DI	(0)	FAG	CILITY IN	IFOF	RMATION							
Name of Facility Where Aba Residential	ement is	raking	Place	(3)					Type of Facility ☐ School (K-12)	05.000					
Street Address									Subchapter Other (i.e., p	8 (Other than K rivate and com		l bui	ldings	S,	
City (5) Bayonne									Square Feet	# of Floors		Bld	g. Ag	е	
County (6)				-	Cour	ity Code (7)(STA	TE USE ONLY	Current Use (Pr	ior if heing den	nolisho	q)			\dashv
Hudson					Journ	ity Oddo (i	ДОТА	TE OOL ONE I)	Current Ose (i i	ior ii benig den	iiulisiie	u)			
Name of Monitoring Firm Hi	ed by Bu	ilding O	wner (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)						
Bio Terra Solutions							A	LL PRO MA	NAGEMENT L	LC					
Street Address															
P.O. Box 1224						Lane									
City, State, Zip Code						ode									
Union, NJ						07026									
Project Manager for Monitor Rick Eustaquio	ng Firm				phone	License No).								
Start Date (10)		Schedi	ulad C		3-494	(25) 50 (T-5)	557.0	73-928-4888	7	1188					
12 /22 /					lion Da /	58 (5)		ne of OSHA M	IONITOR NAGEMENT L	I C					
Occupancy Status During A		S. Marie						eet Address	TACERLENT E						\dashv
□ Facility Closed/Vacated					nent			7 Outwater	l ane						
☐ Abatement Performed O	tside of N	Vormal	Facility	Hour	s - Des	cribe		, State, Zip Co							\dashv
Time of Abatement:	_AM	PN	1/	_PM-		AM	1	arfield, NJ							
Scope of Work (Check all th	t apply)														-
≥3 sf or ≥3 If ≥160 sf or ≥260 If			⊠ Rei						tainment with Neg dosure g Procedure mpted (*) and No						
				Locat				30 <u>-</u> 2003, 5, 5, 5, 5, 40				Aba	teme	nt Ty	ре
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	erial (AC	M)	Use Mai	d Sole intena odial (12)	ly by nce/	Asbe (i.e	., the	Description of Containing Marmal systems urfacing, VAT her miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Basement				0.000		Pipe In	sulat	tion		100 LF	-		П		\exists
		□ □ □ Pipe Insulation									-				귀
					님	믬	믬								
												믜		뷔	믬
Name of Registered Waste													ш		
Century Waste, LLC	Hauler ID No. 32797 Waste GROWS No. As Needed										l/ Fairl	ess	Lan	dfill	
City, State	32797 As Needed Disposal Date City, State												0.00		-
Elizabeth, NJ								BD	Morrisville	, PA					
Completed By (Print or Type	8	Title					1	Signature	1 .	<u> </u>	Date				-
Allen Monchik		Pi	roject	Mana	ager				Monchik	é	12/1	2/1	18		
SR-41		-						-					-	_	

2h1803			NOTIF (P	ICATIO	of ASE	ESTOS	ABATE	MEN	т		E	C	E		V Pr	int F
Date of Notification (1) 12/12/18					of Building el Sanse		Operator	(2)				DEC	. 1	3 21	018	
Agencies Notified Ty EPA DEP DEP DOL	oe Notification Initial Amended Amendmen				ate, Zip C		64				ASP		on c	SING		
DOH DCA	Emergency justification) Cancellation	(including		Name o	Edge, North Contact Sanse		01			Tele	ephone	e Nur	nber			
				FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Aba Residential Home Street Address	ement is Takir	ng Place (3)					Typ	School (K-12 Subchapter Other (i.e. pr	2) 8 (Othe				dings	, hom	es,
City (5) River Edge								Squ 220	etc.) pare Feet 00	# of	f Floor:	S		ildg. A	-	
County (6) Bergen				County (STATE	Code (7) USE ONLY)		Re	rent Use (Prio sidential Ho	ome		nolish	ned)			0
Name of Monitoring Firm Hir Project Manager	d by Building	Owner (8)		ASC	И No.		0.0000000000000000000000000000000000000		es Abateme		(9)					
Street Address							Street 280		_{ess} lidland Ave							
City, State, Zip Code									Zip Code Brook, NJ 0	7663						
Project Manager for Monitori	ig Firm			Telepho	ne No.		Teleph 201-		No. 3184		Licer 0130		0.			
Start Date (10) 12/13/18		12/16/	18	npletion	Date (11)		Name	of OS	SHA Monitor							
Occupancy Status During At Facility Closed/Vacated	During Entire	Period of	Abatem	nent			Street	Addre	ess							
Abatement Performed (X Other – Describe: 8 A.M	:0 4 P.M	nal Facility	/ Hours				City, S	tate,	Zip Code							
Scope of Work (Check All Th	at Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure					0	57
			Locati						on Exempted	() and	11011-	Hab	10110	Abate	ement pe	
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)		Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Con therma surfa	scription taining M I systems cing, VA miscellan	lateria insu T, or	4.5480.000.00	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Vitaban		Yes	No	N/A			\			40	4.05				e	
Kitchen			X	- 2			VAT			16	4 SF		X			
Name of Registered Waste H	auler		l Ai	JDEP W	laste	C!	Vo-d-		None of S	001-1		الأكام				
All Stages Abatement	20161		Н	auler ID 036592	No.	of Wa	Yards ste		Name of R				/ Lar	dfill		
City, State Saddle Brook, NJ							sal Date		City, State Pen Arg	yl, PA	4					
Completed by Richard Cristofol		Title Pres	ident				Signature	4	11		,	Date 12	te !/12/	18		

P'AJID

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

Clur#3488

Date of Notification (1)					Name	of Building	Owner/Operator	(2)						
12 /	3 /	18			Prin	ceton Ur	niversity-Office	of I	Design and C	Construction	177		7 (2	1944
Agencies Notified	ype Notifica	ation			Street	Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1147 1549	THE
□EPA	☐ Initial				200	Elm Dr.			# T					1:1
☑ DOLWD	Amended	1			City S	tate, Zip C	ode		- : !	DEC	18	20	8	
☑ DHSS	Amendme	ent #1	-12/1:	3/18	3.5	ceton, N			nis	I III DEG		20		
	[] Emergen		luding			of Contact				Tolophono Niun	abor			
(NJAC 5:23-8)	justification				2003 40000000				ū.	Telephone Nun 609-258-18	OS C	Dritt	iOL.	
	Cancellat	ion				ert Orteg			1	009-238-18	CENS	ING		
N 65 111 1411 A1			Disco	(0)	FAC	ILITY IN	FORMATION	I T		4)				
Name of Facility Where Ab				(3)				1. 1	pe of Facility (4	in the second se				
Princeton University	Firestone	Libra	ary						School (K-12)	(Other than K-1	21			
Street Address									Other (i.e., pri	vate and comme	ercial b	uildin	gs,	
Washington Rd									homes, etc.)					
City (5)								Sc	quare Feet	# of Floors	В	ldg. A	ge	
Princeton												70		
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Cı	urrent Use (Pric	or if being demol	ished)			
MERCER						,	,	1	Office/Class					
Name of Monitoring Firm F	red by Ruile	ding O	wner (8)	ASCM	No	Name of Abatem	nent	Contractor (9)					
TTI Environmental Ir	197	unig O	wilei (٠,	0000		BRISTOL EN			INC				
PERSON CHEST AND ADDRESS OF THE STREET, CAR	<u> </u>				0000	3		AAII	COMMENTAL	., 1140.				
Street Address							Street Address							
1253 North Church F	d						1123 BEAVE							
City, State, Zip Code							City, State, Zip C							
Moorestown, NJ 080	57						BRISTOL, P	A 19	9007					
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.			License No.				
Michael Keehn				6	09-386	-8800	215-788-604	0		00509				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA I	Mon	itor					
12 / 12 /					1/	100	BRISTOL EN	VVIF	RONMENTAL	, INC.				
Occupancy Status During	hatement (Check	only	ne)			Street Address			- 4				
☐ Facility Closed/Vacated					ment		1123 BEAVE	-R 9	TREET					
						cribe	City, State, Zip C	retermo.						_
Time of Abatement: 7:							BRISTOL, P							
Scope of Work (Check all	nat apply)					_								-
					20				ment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re				☐ Mini-En ☐ Gloveba							
△ ≥ 100 SI OI ≥200 II			Пре	HOHU	JII					n-Friable Proced	lure			
			Is	Loca	tion						A	bater	nent T	vpe
Location of				Norma			Description	of					_	
Asbestos-Containing M	aterial (ACN	1)			ely by	Asbe	stos Containing M	later	ial (ACM)	Amount	Rem	Repair	nca	ncl
TO BE ABAT		*		intena todial	Staff?	(i.e	., thermal systems surfacing, VA			(Specify SF or LF)	Remova	#	Encapsulate	Enclosure
IN Facility (13)		1		(12)			other miscellan			31 01 11)	=		ulat	9
()			Yes	No	N/A								Ф	
Exterior of Emeritus R	oom				П	Windov	v Caulk			320 LF				
					-	Disctor	·			22 SF	8	-		
Trustees Reading Roo	m	7222				Plaster				22 31			12	
	2										L			Ш
Name of Registered Waste	Hauler			1	NJDEP 1	Waste	Cubic Yards of		Name of Regis	tered Landfill		-		
BRISTOL ENVIRON		NC.		ŀ	lauler II		Waste		FAIRLESS	LANDFILL				
					18706)	Disposal Date		City, State					
City, State							Dispusai Date			HILLS, PA 19	047			
BRISTOL, PA 19007									PAIRLESS					
Completed By (Print or Ty	(e)	Title					Signature		N 1.		Date		, ^	
Brian Scafiro		E	stima	tor			BANCO	M	Scafero	/yu	12-	13-	18	
ASB-41 B518166		130			100 020	2 1								
MAN 11 10 10 100		*	Da na	+	hin form	tor onhon	taa liaanawa awa-		Ali: .:Ali					

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Agencies Notified Stanley Andrusik DEC 2018	CK 2010	52	VIII	NOTIF (F	FICATIO	N OF AS	BESTO	SARATE	MENT			EG				
Street Address Street Address Street Address Street Address Street Address					Name Stanl	of Building ley Andr	g Owner usik	/Operator	r (2)			DEC	1.8	20	18	
City, State, Zip Code			8		Street	Address					the last	520		- 20	10	
Sond	☐ DEP	Amended Amendment		_	City, St	tate, Zip C aken, N.	ode J 0771	2				Constant LI	OS C CENS	DNT! ING	W.	
Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than		justification)	,		Name	of Contact					Te	lephone N				11.75 (5.4
Street Address City (5) Interlaken, NJ 07712 County (6) Monmouth Name of Monitoring Firm H red by Building Owner (8) Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitor 12-11-2018 Street Address Street Address City, State, Zip Code Project Manager for Monitor 12-11-2018 Scheduled Completion Date (11) 12-11-2018 Scheduled Completion Date (11) Scheduled Completion Date (11) Street Address Street Address City, State, Zip Code Jersey City, NJ 07304 Project Manager for Monitor 12-11-2018 Scheduled Completion Date (11) Scheduled Completion Date (Name of Facility Where At	atement is Takin	g Place (3))	FAC	ILITY INF	ORMA	TION	Туре	of Facility	(4)					
Interlaken, NJ 07712	Street Address									Subchapte Other (i.e.	er 8 (Oth private	& commer	12) cial bui	ildings	, hom	ies,
Monmouth Name of Monitoring Firm He de by Building Owner (8) Street Address Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. 201-333-8855 01174 Scheduled Completion Date (11) 12-11-2018 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Abatement Parimetry In Facility Closed Avenue Abatement Parimetry In Facility Closed Avenue Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Abatement Parimetry In Facility Closed Avenue Abatement Parimetry In Facility Closed Avenue Abatement Parimetry In Facility Closed Avenue In Facility Closed Avenue Abatement Parimetry In Facility Closed Avenue In Facility Closed Avenue	Interlaken, NJ 07712										5.00	f Floors		-	Age	
Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monito Ing Firm Telephone No. Totat Date (10) 12-11-2018 Scheduled Completion Date (11) 12-11-2018 Scheduled Completion Date (11) Telephone No. Telephone No. Telephone No. Totat Date (10) Name of OSHA Monitor Green Environmental Services, LLC Totation Environmental Services, LLC Street Address 235 Virginia Avenue Street Address Totat Date (10) Scheduled Completion Date (11) Telephone No. Totation Date (11) Name of OSHA Monitor Green Environmental Services, LLC Street Address Street Address Street Address Street Address Totation Date (11) Name of OSHA Monitor Green Environmental Services, LLC Street Address St	Monmouth						n		Currer	nt Use (Pr	rior if be	ing demoli	shed)			
City, State, Zip Code		red by Building (Owner (8)		ASCI	M No.		Name Gree	of Abate n Env	ement Co ironmer	ontractor ntal Se	(9) rvices, L	LC.			
Project Manager for Monito Project Manager for Monito In Facility Closed/Vacate Abatement Performed Other - Describe: Cocposition of Asbestos-Containing Marian In Facility (13) Coction of Maintenance/Coction of								1.1 (CONTRACTOR CONTRACTOR			ie					
Telephone No. 201-333-8855											304					
Start Date (10) 12-11-2018 Coccupancy Status During A During Entire Period of Abatement Abatement Performed Other – Describe:	200	ing Firm			Telepho	one No.		Teleph	one No				No.			
Street Address 235 Virginia Avenue	12-11-2018		12-11-2	018	npletion	Date (11)						rvices I	I C			
Scope of Work (Check All T lat Apply) Scope of Work (Check All T	× Facility Closed/Vacate Abatement Performed	During Entire P	eriod of At	natem	ent			Street / 235 \ City, St	Address /irginia tate, Zip	Avenu Code	ie					
Demolition State Demolition Demoliti		nat Apply)						Jerse	ey City	, NJ 07	304					
Asbestos-Containing Material (ACM) TO BE ABATE D In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Waste Green Environmental S ervices, LLC Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos					11. Table 1. Table 1.				Mini- Glov	Enclosur ebag Pro	e cedure				۵	
Asbestos-Containing Material (ACM) TO BE ABATE D In Facility (13) Yes No N/A Kitchen X Pipe Insulation Name of Registered Waste Green Environmental S ervices, LLC Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Application Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Application Amount (Specify SF or LF) Application Amount (Specify SF or LF) Application Amount (Specify SF or LF) Application Application Amount (Specify SF or LF) Application Applicat	Location of		100000											Abate	ement	
Name of Registered Waste Hauler ID No. O034889 Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Fairless Landfill	Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility	erial (ACM)	Main Custoo	tenan dial S (12)	ice/	Asbes (i.e.	tos Con thermal surfa	taining Ma systems cing, VAT	aterial (, insulati Γ, or	ACM) on,	(S	pecify	Removal	Repair	Encapsula	Enclosure
Name of Registered Waste auler	Kitchen			0.8055	N/A		Pipe	Insulat	ion		19	9 I F	X		te	· · ·
Green Environmental Services, LLC Hauler ID No. of Waste 1 Fairless Landfill													ļ.,			
Green Environmental Services, LLC Hauler ID No. of Waste 10034889 Total Fairless Landfill	Name of Registered Waste	auler		I N.	IDEP W	asto	Cubic	Varde		Name of						
	Green Environmental S	Description (На	uler ID	No.	of Was		- 1				I			
Jersey City, NJ 12-11-2018 Mogrisville, PA							7.0					\				
Completed by Liliana Serrano Title Office Manager Signature Date 12-10-2018				Mana	ager		1					Da		2018		

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Date of Notification (1) 12/14/2018				Na	me of Building 3 Chloe, LL	g Owne		V	EC	1 8	201	9				
Agencies Notified	Type Notificat	ion			eet Address	14	Liti U	LL	. 0	201)					
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DOH	Emergen justification	on)	ding		ne of Contact		0 0001		Telephone Number							
DCA	Cancellat	ion			illiam Scha					008 - 420						
Name of Facility Where A	atement is Ta	king Plac	e (3)	F	ACILITY INF	ORMA	TION	Type of Facili	4(4)							
Street Address								School (
501 King Georges R	oad,							Subchar	oter 8 (Ot	her than h	(-12) ercial b	ouildings, homes,				
Woodbridge County (6)					Square Fee 15,000					of Floors		Bidg. Age				
Middlesex				(STA	nty Code (7) TE USE ONLY))		Current Use (I	Prior if be	ing demo	lished)	-		-		
Name of Monitoring Firm F ENVIRONMENTAL (ired by Building	g Owner	(8)	AS	SCM No.		Name	of Abatement C	g - slab only Contractor (9)							
Street Address 2002 Renaissance B							Street	ON Environn Address Glenwood Di								
City, State, Zip Code King of Prussia, PA 1																
Project Manager for Monito				Teleni	hone No.		Wash	hington Crossing, PA 18977								
Andrew D. Hubley					279-7070		-313-7427 License No. 01225									
Start Date (10) 12/27/2018		Sched 01/18	uled Co 3/2019	mpletio	pletion Date (11) Name of OSHA Moni											
Occupancy Status During A	patement (Che	ck Only (One)		Same Street Address											
Facility Closed/Vacate Abatement Performed Other – Describe:	During Entire	Dorinal a	E A I	nent s				Address tate, Zip Code								
Scope of Work (Check All T	at Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demolii				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			s Locati				- Beerd	Non-Exempte	d (*) and	Non-Frial	ole Pro					
Location of Asbestos-Containing Mar	rial (ACM)	Use	Normali ed Sole	lv bv		Desc	ription of	ption of ing Material (ACM) stems insulation, y, VAT, or sellaneous)		Amount (Specify SF or LF)		Abatement Type				
TO BE ABATE In Facility (13)	1	Cus	aintenar stodial S (12)	taff?	(I.e. the	ermal s surfacir	ystems ir 1g. VAT.					Repair	Encapsulate	Enclosure		
slab		Yes	No	N/A							Removal		late	lre		
Siau		-		Х				inder 2"	150	000	x					
					of addition	nal co	ncrete (on 5" slab								
Name of Registered Waste Ha													-	-		
Service Transport Group				DEP W uler ID	20000000	ubic Ya f Waste		Name of F	Registere	d Landfill				\dashv		
City, State			100000000000000000000000000000000000000	V2117	TI	BD		Minerva	Enretp	rises						
lew Castle DE						isposal	Date	City, State						\dashv		
ompleted by ndre Gosek		Title Mana	ger			BD	ature	₩aynes	burg, C	Date				4		
SB-41 (R-06-08)						16		sel		12/	14/20	018				

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

Agencies Notified EPA DEP DOL	1 Emerg	ied Iment#_ ency (inc	luding		Name of Millens Street Ac 201 N. City, State	Front Stree, Zip Code en, NJ 08	STOS ABA 60 and 12: wner/Opera	120)	7	The state of the s	12	DEC	1 OS (CEN	8 2	Print F 2018	
Name of Facility Where Ab	Justifica Cancel	ition) lation	10.50	F	Name of Contact Rebecca Rubnitz FACILITY INFORMATION					Telephone Number 888-715-2211						
Street Address 201 N. Front Street City (5) Camden								III s	of Facility (4) School (K-12) Subchapter 8 (Other (i.e. private.)	ite & com	mercia	al bull			es,	
County (6) Camden Name of Monitoring Firm Hire	i by Building Owner (8)				56,0			56,00	t Use (Prior if	3	of Floors eing demolisher			Bldg, Age 50+		
Street Address 617 Stokes Road, Suite					ASCM No. Name of Abatement Cor ELCON Environme Street Address					Contractor (9) mental, inc						
City, State, Zip Code Medford, NJ 08055 Project Manager for Manitoring	-			150	150 Glenwood Dr City, State, Zip Code Washington Cross I											
Start Date (10)		Scheo	luled C	887 ompletic	87-152-2211 21 ation Date (11) Nar			Name of OSHA Monitor				License No. 01225				
Occupancy Status During Abat Facility Closed/Vacated Di Abatement Performed Out Other – Describe:		ck Only	One)		Same Street Address City, State, Zip Code Full Containment Mini-Enclosure Gloveban Procedi											
Scope of Work (Check All That) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	pply)		Renov Demoli	ation ition						f with Negative Pressure						
Location of Asbestos-Containing Material TO BE ABITED	Waintenance/				Asb	estos Conta	cription of	Non-Exempted (*) an			Ion-Friable Procedure Abatement Type					
In Facility (13)		Gustodial Staff? (12) Yes No N/A		N/A	(1.	Surfaci	ystems insi ng, VAT, or scellaneous	(Sp	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
															Transplanta and a second	
Name of Registered Waste Hauler Service Transport Group Dity, State			Hau	DEP Wa iler ID N 2117	ste	Cubic Yall of Waste	rds		of Registered							
lew Castle, DE ompleted by ndre Gosek	E44	Title Manag	er			Disposal I TBD	_	City, S		-						
SB-41 (R-08-08)		-3				-5	o not use th	is form for	for asbestos lic	112	1-1	_				

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						Amount	(Specify SF or LF)	468 LF	454 LF	504 LF	440 LF	140 LF	260 LF	1000 LF	5100	5100
Material	S CWICK	thermal	systems	insulation,	surfacing,	VAT, or other	s)	Pipe insulation	Floor tile	Ceiling tile						
by Maintenance/							N/A	×	×	×	×	×	×	×	×	×
mally Used Solely by Custodial Staff? (12)						×	No									
Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)							Yes									
Locotion		Asbestos-	Containing	Material	(ACM) TO	In Facility	(13)	6th Floor	5th Floor	4th Floor	3rd Floor	2nd Floor	1st Floor	Garage	Cafeteria	Above cafeteria

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