Check# 2981

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

GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF N. December 15, 2016 Notification Type Agencies Notified Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT ☑Initial Notification □ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification # DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Name of Contact Telephone Number □ Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCILS, BLDG# 3134 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS # of Floors: 4 Bldg. Age: 60+ years Sq. Feet: N/A City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK MIDDLESEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 12/27/16 12/30/16 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 8AM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ■ Mini-Enclosure □ > 3 sf or > 3 lf ■ Renovation X > 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Staff? (12) or LF) Remove Repair Encap Enclose VAT, or other miscell.) NO YES NA Room 312 X X VAT 270 SF Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 10 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 12/30/2016 19067 NJ DEP # 4509 215-736-1700 Date Completed by (Print or Type) Signature SENIOR PROJECT December 15, 2016 RAYMOND C. PEDALINO Raymond C. Pedalino MANAGER

Date of Notification (1) 12/14/16			of Building Dexter	Owner/	Operator	r (2)			DI	EC 2	0	2016)		
Agencies Notified Type Notification		+	Street A	Address					1						1
X		_ [Far H	ate, Zip C ills NJ 0	7931				i i	Enter of the	3703		100	4	
X DOH justification) X DCA ☐ Cancellation	• ·		Name o	of Contact					Tel	ephone I	Numbe	r			
			FAC	ILITY INF	ORMAT	ION									-
Name of Facility Where Abatement is Takin Earle Dexter	g Place (3)						Тур	e of Facility							
Street Address							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than k & comme	(-12) ercial b	uildi	ngs, h	ome	s,
City (5) Far Hills							Squ	are Feet	# 0	f Floors		Blo	lg. Ag	е	
County (6) Somerset County				Code (7) USE ONLY)		Cur	rent Use (Pr	ior if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building (Owner (8)		ASCI	M No.				patement Co tement	ntractor	(9)					
Street Address				183*2***********************************		Street 1009		ess th Street S	Suite A	4					
City, State, Zip Code						City, S	state,	Zip Code ergen, NJ (
Project Manager for Monitoring Firm		T	Telepho	one No.		Teleph	none			License 01223					
Start Date (10) 12/15/16	Con	npletion	Date (11)		Name	of OS	SHA Monitor								
Occupancy Status During Abatement (Chec	k Only One)				Street					-		21-1-02		-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Ab	aten	nent			1000000		UTE EAS	T SUI	TE 107					
Other – Describe: Scope of Work (Check All That Apply)					_	I		NJ 07083							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova molit				×	M G	ull Containm lini-Enclosur llovebag Pro on-Exempte	e cedure	-					
	ls I	ocati	on						<u> </u>				baten	nent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	rmal Sole tenar	ly ly by nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	lateri s insu T, or	10.	(S	mount pecify or LF)	Kemova		Type	m	Enclosure
	Yes	No	N/A								-			te	Ф
Ground Floor					TSI			1	2LF	х					
														1	
Name of Registered Waste Hauler		I A1	JDEP W	lasto	Cubic	Vords		Name of	Don:-1	rod I sa	I-FIII				
NEWARK CARTING		Н	auler ID 1509		of Was			WASTE				GR	OWS	6 N.	
City, State HILLSIDE, NJ					Dispos	sal Date		City, State MORRI		E PA					
Completed by Bryan Parra	5000 10 / 10 ft 10 10 10 10 10 10 10 10 10 10 10 10 10							u fa	que		Date 12/14	/16			

State of New Jersey - Notification of Asbestos Abatement

Marin Graure

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) December 13, 2016 Medexpress Agencies Notified Notification Type Street Address Initial Notification 370 Southpointe Dr. Suite 100 X EPA X-Amended Certification #4 City, State, Zip Code DCA Canonsburg, PA 15317 Postponed By Owner x DOL Emergency (including Name of Contact Telephone Number X DEP Mr. Ryan Rodeheaver justification) x DOH □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Vacant Building - Back Building School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 1532 Prospect Street Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 70 years City (5) County (6) County Code (7) Mercer (State Use Only) Ewing Current Use (prior if being demolished): Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Environmental Forensics, LLC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 Clementon Way **511 MAIN STREET** City, State, Zip Code City State, ZipCode Lawrenceville, NJ 08648 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Lance Berens 609.495.4069 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor December 19, 2016 December 27, 2016 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road xDescribe - Vacant Retail Space City, State, Zip Code Other - Describe: Scheduled to be demolished Piscataway, NJ 08854 Source of Work (Check all that apply) Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf Renovation Mini-Enclosure □≥ 160 sf or ≥ 260 x Demolition Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NA Exterior X Built up Roofing 4,500 sf Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Meadowfill Landfill G.R.O.W. Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State Route 2. Box 68 NJ DEP # 12561 NY DEP # December 27, Bridgeport, WVA Hauler #2) STG Transport Inc., 58 Pyles Lane, New Castle DE- T. 215.768.1366 2016 304-842-2784 Completed by (Print or Type) Signature

Marin Graure

December 13, 2016

SENIOR PROJECT

MANAGER

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

GAC Project # 060-16				re a sur market and a sur a su		312					111
Date of Notification (1) Decem	ber 16,	2016			Name of Building Owner/ RUTGERS, THE S	Operator (2)	VERSI	TY GI	- พิ.ภ ส	016	
Agencies Notified		Notification			Street Address	1	1				
□EPA		⊠Initial N			ENVIRONMENTAL					enter of	
		☐ Amend			27 ROAD 1, BLDG	4086, LIV	NG5	UN C	AMPUS	filter -	474
DCA		☐ Emerg	ency (i	ncluding	City, State, Zip Code	14.			1102.1	1	4
⊠ DOL		justific	ation)		PISCATAWAY, NJ	08854					
■ DEP- No Longer REQUI	RED	□ Cancel	led		Name of Contact		Telepl	hone No	umber		
⊠ DOH					MICHAEL SMITH, E						
					HEALTH & SAFET	<u>Y</u>					
				FACILITY INF							
Name of Facility Where Abate					Type of Facility (4)						
RWJMS RESEARCH	CTR, BI	LDG# 3688			School (K-12)						
					Subchapter 8 (other that						
Street Address	40110				Other (i.e. private & co						
RBHS CENTRAL CAN	APUS				Sq. Feet: N/A #	of Floors:	8 Bldg	g. Age:	60+ ye	ars	
City (5)	County (6	3)	County	Code (7)							
PISCATAWAY		DLESEX		Use Only)	Current Use (prior if being	g demolished	i): ACA	DEMIC	į		
Name of Monitoring Firm Hired	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)	No. of the last of					
ATC			0098	3							
					GREENWOOD ABA	TEMENT C	ONSU	LTAN	TS, INC		
Street Address					Street Address						
3 TERRI LANE					OCO MAIN CTREET						
					268 MAIN STREET						
City, State, Zip Code	38111				City State, ZipCode			Creation Co.			
BURLINGTON, NJ	08016				BUTLER, NJ 07405						
Project Manager for Monitoring	Firm	Telephone N			Telephone Number		Licens	e Numb	er		
BRIAN KEARNY		609-386	-8800		070 400 0477		0004				
			1 1:	D 1 (44)	973-492-0477		0084	U			
Scheduled Start Date (10)		Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor						
12/27/16		12/30/16			ENVIROVISION, INC	n.					
Occupancy Status During At	natement	(Check only o	ne)		Street Address	<u>. </u>					
☑ Facility Closed/Vacated D				nt							
□ Abatement Performed Out					20-21 WARGARAW	ROAD					
Describe	tolde of 14	orritar r activity	i louis -		City, State, Zip Code			1			7
XOther - Describe:											
Schedule: 8AM - 5AM (24	4 HOUR	S & WFFKF	NDS A	S NEEDED)	EAIDI AMAL MI						
Concedition of the (2		0 0 11 = 11 =			FAIRLAWN, NJ						
Scope of Work (Check all that	apply)					☐ Full Cont	ainmont	with No	antivo D	roccuro	
D . 2 - 4 2 2 14				⊠ Renovation				WILLIAM	galive Fi	essure	.00
□≥ 3 sf or ≥ 3 lf	000 15					Mini-Encl		/ ۱۸/-	0 Cut		
≥ 160 sf or ≥ 3	260 IT			■ Demolition		Glove bag					d
I am the set A about a Containing	T (- 1	ocation Normal	l I lawai	Description of Asl	bestos Containing Material	Non-Exer	1 /		ment Type		dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ely by Maint./Ci			nal systems insulation, surfac				2000 200 200	T ()	
		f? (12)		VAT, or other mis		or LF		Remove	e Repair B	Encap E	Enclose
	YE	S NO	NA			1					
Room 312	_	X		VAT		650	SF	X			
Room 312	_			VAI		030	01	E21	-		
					THE ACTION OF THE PERSON OF				-	-	
								(5)		1511	
Name of Reg. Waste Hauler	•	NJDEP Was		- ID #	Cubic Yards of Waste:	15 CY			North L		II.
See Hauler Below #1 &	2	See Below					G.K.C	J. VV. S.	MOLITIC	.anum	11
Hauler #1) Greenwood Abate	ment Con	sultants, Inc	Butler, 1	NJ 07405		Disposal Da	ate		City, State		
NJDEP # 12561									100 New		
Hauler #2) Newark Carting, I	nc., Newa	rk, NJ 04509				12/30/20	16		Rd. Morr 19067	isville,	га
NJ DEP # 4509									215-736-	1700	
Completed by (Drint or Turns)		Titlo			T Signature		Date				
Completed by (Print or Type) RAYMOND C. PEDAL	250000000000000000000000000000000000000	Title SENIOR P	T	Signature	n	Date	Deco	mber 1	6 20	16	
RATINIOND C. PEDAL				<i>></i> 1	Raymond C. Pe	edalino		Dece	mber i	0, 20	10
		MANAGER									

Ch#5873

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

REA	9	n	2018

Print Form

Date of Notification (1) 12/15/16				Building O ger, Inc.					131	DEA	E 6	EV1	,	kan	
Agencies Notified	Type Notification		1 ~	Street Ad	dress Narne Hi	ghwa	у		i	Ato	13829T	08.00 08.181	vTB G	10. 6.	
X EPA DEP X DOL	✓ Initial✓ AmendedAmendment ‡	<u> </u>		A CONTRACTOR OF THE PARTY OF TH	e, Zip Cod sport, NJ		36								
☑ DOH □ DCA	Emergency (in justification) Cancellation	ncluding	N	Name of						Tele	ephone N	umber			
Ц вод	ourionation				ITY INFO	RMATI	ON			1					
Name of Facility Where A	Abatement is Taking	Place (3)							of Facility (4 School (K-12	2)		40)			
Street Address 7th Avenue & Kaig	hn Avenue							过 (Subchapter of the contract of	ivate 8	er than K- & commer	cial build			s,
City (5)									e Feet		Floors		dg. A	ge	
Camden NJ 08102	2							1000		5	na domoli		5+		_
County (6)			0	County C STATE U	ode (/)				nt Use (Prio nmercial E			srieu)	10		1
Camden Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.		Name		tement Con						_
N/A	rimed by banding c	wiici (o)		7100111			L. ASSESSMENT	naco I			3/25/2				
Street Address					4		Street	Addres	SS						
								Вох 3							
City, State, Zip Code	1								ip Code in NJ 080	91					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		1 .	none N -753-9			License 00727				
Start Date (10) 12/28/16		Schedule		pletion [Date (11)		Name Sam		HA Monitor						
Occupancy Status Durin	ng Abatement (Check	k Only On	e)				Street	Addres	SS		8				
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire F ned Outside of Norm	Period of A lal Facility	batem Hours	ent		_	City, S	State, Z	ip Code			2			
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Comment of the Commen	enova emoliti					Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure				e	
		Τ.	1				Rate	110	II Exompto	() =-			Abat	emeni	t
			Locati Iormali			De	escription	n of					Ty	ре	
Locatio Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Ma	d Sole intenar odial S (12)	nce/		os Cor therma surfa	ntaining I Il system acing, VA miscella	Vlateria is insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											
5 story main	building			х			Roof			5	000SF	x			
5 story main		х		F	Flashin	g		6	00 SF	х					
3rd floor mai	n Building			х		deb	ris pile	TSI			50 CF	х			
Middle B	uilding			х			transite	Э		1	50 SF	x			
Name of Registered Wa				JDEP W		Cubic of Wa	c Yards		Name of	Regist	ered Land	Hill			
United Roll Off				2459	NO.	60	3516		G.R.O.	W.S.					
City, State Elm NJ						Dispo 1/13	osal Date 3/17	9	City, State		A 1906	7			
Completed by	Title						Signatur	9-7				Date /	. /.	,	
Anthony T Perna		Pres	ident					1	The state of the s	and the same of		12/13)//	کا	



C11001-1		(Pi	ursuant	to NJAC	8:60 and	d 12:120	0)			DEC	20	2011	0	
Date of Notification (1) 12/16/16				f Building by Priva			(2)	1		DE0	4 U	ZUI)	
Agencies Notified Type Notificat	ion		Street A	ddress					70		9 (1.0		-10.7	
X EPA DEP Amender X DOL	ent #	_		ate, Zip C Bottom		08		id	-		147	in a		
□ DOH justificati □ DCA Cancella			Name o	f Contact					Tel	ephone Nur	nber	-		
			FACI	LITY INF	ORMATI	ON								
Name of Facility Where Abatement is Ta Crosby Private Home	iking Place (3))						f Facility (- chool (K-1						
Street Address				***			□ s □ o	ubchapter	8 (Oth	er than K-12 & commerci		dings	hom	es,
City (5) Ship Bottom NJ 08008							Square 1000	Feet	# 0	f Floors		31dg. <i>A</i> 35+	\ge	
County (6) Ocean				Code (7) USE ONLY	n		Curren Hom		or if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)		ASCN	No.			of Abate	ement Con	tractor	(9)				
Street Address							Address Box 32							
City, State, Zip Code						- 6	State, Zip	Code NJ 080	91	00-11-11-11-11-11-11-11-11-11-11-11-11-1				
Project Manager for Monitoring Firm							none No.			License N 00727	0.			
Start Date (10) 12/26/16	d Con	pletion l	Date (11)			of OSHA	A Monitor							
Occupancy Status During Abatement (C							Address							
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of A	batem	ent			City, S	state, Zip	Code				5		
Scope of Work (Check All That Apply)						-		-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	principal de la constitución de	enova emoliti				×	Mini- Glov	Enclosure ebag Proc	edure	Negative F			e	
Location of		Locati			Doc	scription						Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	d Solei ntenar odial S (12)	ice/		tos Cont thermal surfac	aining M	faterial (s insulati T, or		(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	No	N/A										te	Ф	
exterior siding		X		exte	rior sid	ling		10	00 SF	x				
-													V	
Name of Registered Waste Hauler	N.	JDEP W	aste	Cubic	Yards		Name of F	Registe	red Landfill					
United Roll Off		H	auler ID 2459		of Was			G.R.O.\	ALCOHOLOGY AND					
City, State Elm NJ			2-0	Dispos 12/29	al Date 1/16		City, State Morrisv		A 19067					
Completed by				S	ignature	1			Da	te				

President

Anthony T Perna

12/16/16

Dec 15 2016 04:45PM NJ Asbestos Control 609.633,0664

12/15/2016 03:27PM 2013297440

page 1

BEST REMOVAL INC

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

DEC 2 0 2016

02/04

Date of Notification (1)			131	,	- F N TIANY		# _ 10 -	i.		1	
12/15/16			I'sm	BASE (Opensor ((2) (2)	3 ASSE	-	17	NTE	71.3
Agencies Notified Type Notification	on .	_	Street	M Address	مارين	roluer!	0,00000	1	V	165 0000 N	
☐ EPA ☐ Initial				25 M100) CES	ex Es	SEX TU	2	Pil	(F	V.,
DEP America	er it		City.	State, Zip Code							
Emargence Emargence	y (includir	g		ISECIN	, N:	7. 58.	390		4		
DCA Justificatio			Name	S. DIANA	1110		Telephone Nu	mber			_
		-	Fa	CILITY INFORMA		GHT					-
Name of Facility Whore Absternant is Takin	Flace (3)			CADACT HAT CORPORATE	TIUN	Type of Facility	v (4)				
Street Address						□ School (K	7.0%				
	_	N THE STATE OF THE			0.20	☐ Subchabe	or 8 (Other than K-12)			
Chy(S)	- 354	YE	TUR	en pince		Other (i.e.	. private & comparci	n prik	dings,	homes,	atc.)
الاحلالا						Square Feet	# of Floors		Bldg.	Age	_
County (6)			Count	y Code (7)		100000	33		61	Yo	shed
MIDDUESEY				E LOSE ONLY		Current Use (Pr	ior if being demolah	d)			
Name of Monitoring Firm Hired by Building	Owner (6)	_	AS	CM No.	Name o	of Abatement Cor	FATCE / LAN	5	-		
(H)	7000					st Removal					
655 West SHORE			1000		Street A		Alto				
City, Sura, Zip Code	CI ISA	ic.			450	South Riv	er Street				
	787	,			City, St	aic, Zip Code		-			
Project Manager for Morutoring Firm	101	-	Mala-la	igne No.		kensack, N.	07601				
J.P. VON DOGHREN			972	729- 5649	Telepho	ne No. 01-329-744	License N				-
Start Date (10)	Schedu	ad Cor		Deta (11)		OSHA Monitor	00	388			
12/17/16		2/1	8/16	· · · · · · · · · · · · · · · · · · ·		ega Enviro			,0,0		
Occupancy Status During Abstement (Check C					Street A	ddress		-			_
Abstract Performed Cursing Entire Pr	Phod of At	atomen	1		280	Huyler St	reet				.
Abatement Performed Outside of Normal Other Describe: 2: 9 9 Am	LELINA L	م والم	1			ta, 210 Code		-			_
Bcope of Work (Chack All That Apply)					30	un Hacken	sack, NJ 0760	5			
23 25 or ≥3 if	-	Ranova	rion .		_		•				
☐ ≥160 af or ≥260 af		Danoli			The same	Pull Containm Mini-Englosur	est with Nagazive Pro	SUR			
					2	Glovebas Proc	adura				1
		s Loca	ion			14041-1606HILDING	(*) and Mon-Friable	Proce	CHARLES SHOW	ament	-
Location of		Normal	ly	Dae	ortotion o					Abe Stretter	- 1
Asbertus-Containing Material (ACM) IO RE ABATED	N N	ed Solal aintena	uces, là gà	Asbastos Conte	dall anthu	eriol (ACLA)	Atrourd		T		
In Facility (13)	Cn	Rod(a) 8	1977	(i.e. thermal system	ma insules /AT. or	ion, surfacing,	(Specify SF or LF)	20	82.	Enon	E S
(13)	-		_		aiscellane o	ut)	SF OF EFF	Removal	d cymic	Enoupsulge	Bacleage
At and the address of the same	Yes	No	NIA					-		2	"
ALWAY HAT LAS AREA				THELLIAL SYS	GMS.	ما عن نور امد	3068	×		1	-
SHIPPING /RECENING				THERMAL SYST			MLF			×	\neg
							70201		_	~	\dashv
								-	_	-	\dashv
lame of Registered Wests Hauler			DEP W		ande	Nume of F	Installed Landfill	Щ			_
Best Removal Inc		H	Euler ID		1/20	a					
lly, State			1710	Disposal		City, State	inverva Enter	orise	8, L	LC_	
Hackensack, NJ 07601		120			9/16		esburg, OH 44	1200		58	
J. Majorano	Title				neture	/)	Date			-	_
e. translight	Es	timat	70		Kr	Taiona		2/0	5 1	6	
524) (E-06-08)					()	and the same					_
					U : Do	not use this fam	n for asbustos licensu	La SWel	npned	notivitie	3 .

(以本 3059

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:69 and 12:126)

				are and tarble			12		inn a		2010	2	
Date of Notification (1)			Name	of Buildin		r/Operator			IEG 2	(0)	2016	- 3	
Agencies Notified Type Notification				24 hov	K, I	Robel	wif, +	Mg 1:1	٢,		-		
53			7	() G	ÌA	1 0		1 /4.55	17	QD:		and the same	2
DEP DEP Amended			City. S	State Zip	Code	V L.	100+4	LIME	11-12-1		V	1)_
DOL Amendment #			1	achs:	7	New	10-5	PY U	150	17			
DOH justification)	rioraesi i	3	Name	of Conta	ct /			Tele	nhone i	dumha	£		-
L LICA L Cancellation			FA) · //	(TO 50 52 A								4
Name of Facility Where Abatement is Taking		3)	\$ P\$	CILITY IN	FUNNA	HILM	Type of Facil	itu (4)					_
Varated Firedamaged	014	? (e	Buil	d.a.	7-	i de	School (20.00					
2095 W. County Liv	x R	4	Un	it l	-	the of the same of	Subchar	oter 8 (Other e. private & (than K- comme	-12) rcial bu	siding	s, ho	ne
City (5)							Square Feet	# of F	loors	-	Blag.	Age	
County (6)			Count	· Fada II			1600				4	7	
niego			(STATE	y Code (7) E USE ONL	.y)		Current Use (1				
Name of Monitoring Firm Hired by Building O.	wner (8))	ASC	CM No.		Name	U + t · () of Abatement (2 Dontractor (F	010	4			
and the state of t			20.00			Ace I	nsulation C	o., Inc	4	J			
Street Address							Address			-			
City. State, Zip Code						1	ontrose Rd						
							ite, Zip Code Neck, New						
Project Manager for Monitoring Firm		r. v.	Telepho	me Mo.		Telepho			mare a 1				
		Section 2				3	94 1757	1	icense (0029	RO.			
Start Date (10)	ichedule	ed Co	mpletion	Date (11)	Name o	f OSHA Monit	The state of the s					-
Occupancy Status During Abatement (Check (11.	21	1 }-			100							
2 Winners						Street A	ddress						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	Facility	Hours	neni s			City Sta	te, Zip Code						
Other – Describe: Am -	740	<u>n</u>				J.ty, D.ta	10, 21p 0000						
Scope of Work (Check All That Apply)	2000										720009		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				And the second s	Full Contains	nent with Me	gative f	Pressu	re		
	THE DE	a , e i Carre	(471)				Mini-Enclosu Glavebag Pr	re ocedure					
				1			Non-Exempt	ed (*) and N	on-Frial	ole Pro	cedu	e	
Location of		Locati omral								40		emen ype	der
Asbestos-Containing Material (ACM) TO BE ABATED	Used	l Sole itenar	ly by	Asbes	tos Cont	scription of aining Mat	erial (ACM)	Апю	ent		1	1	
In Facility	Custo	dial S		(i.e.	thermal	systems in	sulation.	(Spec	ify	To.	B	ince	110
(13)		(12)	- Alicenter		other m	iscellaneo	us)	SF or I	LF)	Removal	Repair	Encapsulate	AUTSOBIE
	Yes	No	N/A									ate	9.1
putawa	and the second		V	5.	din	ζ,		1600	14	1			
	-		1			1		WVV	7	W			
A A L E	th and									The state of the s			
	1									1			
Name of Registered Waste Hauler			IDEP W		Cubic 1	rards	Name of	Registered	anditi	1			
Ace Insulation Co., Inc.		1	iuler ID f 086	No.	of Wasi	te Z		Landfill					
City, State		1		1	Disposa	el Date	City, Stat						
Colts Neck, New Jersey				a care of the	-	3/17	Easion	- C					
D 88-0 :	iše Poset				S	Bature	- 1-	<i>f</i>	Dat	e 1	-		
- Moderno	ecreta	ary i	reasur	er	į	101	11/1		{ }	15	16	116	

* Do not use this form for ashastas licensure exempted activities

Date of Notification (1) Agenores Notification Type of Facility Where Absterment a Taking Place (3) Street Address Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment a Taking Place (3) Street Notification Type of Facility Where Absterment Absterment Absterment Absterment Contractor (7) Facility (1) Street Notification Type of Facility Where Absterment Contractor (8) Facility (1) Street Address									11-41				-
PPA Initial Amended PPA Amended Amended PPA PPA Amended PPA	Date of Notification (1)	12-17-16		N	ame of	Building Owner	Operator (2)	mar t	Jomes)EC	2 0	20	16
Initial Amended Amen	Agencies Notified	Control of the contro) Til Tilber en vis	S	treet Ad	dress 7/	01.	M:11	0				
Amendment & Eq. Labora Lab	□ EPA			_	ity Stat	e Zin Code	Stove	2 11/11	Court	EST	350	NVT)	ROT:
DOH				_	ity, Stat		aRhor	Two.	NJG	18:	730	1340	
Name of Facility Where Abstement is Taking Place (3) Single family Shore Home Street Indianaes	≠ DOH		luding	Α.		Contact		1	Telenhone Num	her			
Name of Facility Where Abatement is Taking Place (c) Single Family Shore Home Street Address City (5) Ventnor NT 08406 County Code (7) (County Code (7) (STATE USE OUT) Subchapter 8 (Other than K-12) Other (Le. private & commercial buildings, homes, etc.) County (8) At Latic County Code (7) (STATE USE OUT) Subchapter 8 (Other than K-12) Other (Le. private & commercial buildings, homes, etc.) County (8) At Latic County Code (7) (STATE USE OUT) Subchapter 8 (Other than K-12) Other (Le. private & commercial buildings, homes, etc.) County (8) At Latic County Code (7) (STATE USE OUT) County Code (7) Co	/	☐ Cancellation							1			_	₹
Street Morress City (5) Ventor NT 08406 County (6) At I an 1 'c Name of Monitorina Firm High by Building Owner (8) Street Address Street	Name of Facility Where	Abatement is Taking F	Place (3)		1 Aoit			ype of Facility (4	4) .				
City (5) Venting NT 08406 Square Feet # of Floors Bidg. Age Localism Facility Closed/Natable During Entire Period of Abatement Contractor (9) Street Address Street Ad	Single fami	ly Shore	Hon	ne)			
County (5) Ventor Not O8406 County (6) At I an fic County (6) At I an fic County Code (7) (STATE USE ONLY) Street Address Street Address Street Address Coty, State, Zip Code Project Manager for Monthings irm Telephone No. Competition Date (11) State (10) Facility Closed/Vacated During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Other - Deacribo. Scope of Work (Check All That Apply) 23 st or 23 ff Asbestos-Containing Material (ACM) To Be Abatted Asbestos-Containing Material (ACM) To Be Abatted Is Location Normally Used Solely by Asbestos-Containing Material (ACM) To Be Abatted To Custodia Steff? (13) Yes No N/A Name of Registered Waste Hauler EPC Technologies Name of Registered Landfill Name of Registered Landfill	Street Address		N.				12.0	Other (i.e. p	rivate & commercia	l build	ings,	home	s,
County (6) A Han Fig. County Code (7) Code (7) County Code (7)	City (5) , / ;	. 1	[40	.,		quare Feet	# of Floors	BI	dg. A	ge	
Name of Monitoring Firm Hilled by Building Owner (8) Street Address City, Stage, Zip Code Name of Abatement Contractor (9) Street Address City, Stage, Zip Code Name of Manager for Monitoring Firm Period of Monitoring Abatement (Check Only One) Start Date (10) Tan 14 2017 Scheduled Completion Date (11) Facility Closed/Abated Period of Abatement (Check Only One) Project Manager for Monitoring Abatement (Check Only One) Scheduled Completion Date (11) Scheduled Completion Date (11) Facility Closed/Abated Period of Abatement (Check Only One) Project Manager for Monitoring Abatement (Check Only One) Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Facility Closed/Abated Monitor Facility Closed/Abated Monitor Error Period of Abatement (Check Only One) Project Manager for Monitoring Abatement (Check Only One) Scheduled Completion Date (11) Scheduled Completion No. 34 Site of 250 - 34 Monitor City, State, Zip Code New Sympty August Date (12) Abatement with Negative Pressure Mini-Endosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Abatement Type Abatement (Check Only One) Specify Date (1) and Non-Friable Procedure Non-Exempted (1) an	1 /	nor N	J						or if being demolish	ed)			
Street Address City, State, Zip Code Project Manager for Mouthing Firm Telephone No. 609 758-3365 City, State, Zip Code Project Manager for Mouthing Firm Telephone No. 609 758-3365 City, State, Zip Code Project Manager for Mouthing Firm Telephone No. 609 758-3365 City, State, Zip Code Name of Registered Waste Hauler Name of Registered Landfill Name of Registe	County (6) 1+1	in tie						unem ose (Fin	of the being demonstra				
Street Address City, State, Zip Code No. 1	Name of Monitoring Fire	n Hired by Building Ow	vner (8)		ASCM	No.	Name of			9 - 6	-		
City, State, Zip Code OS533 City, State, Zip Code OS533 City, State, Zip Code OS533 Telephone No. GO9 758-3365 Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code Name of No. Abatement Type Inc Completed Value of Non-Friable Procedure Inc Location of Asbestos Containing Material (ACM) (Specify Custodial Staff? (I2) Yes No N/A Intel Containment with Negative Pressure Inc Containing Material (ACM) (Specify Specify Specified Value of Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos Containing Material (ACM) (Specify Specified Value of Non-Friable Procedure Non-Exempted (*) and	EPCTE	chnole	fic:			MA	Street Ad		LH no leg	16.5	9 6	100	
Project Manager for Monitaring Firm Telephone No. Loop 758-3355 Gog 758-3355 Gog 758-3355 Cog 7	Street Address	Box 33	57				P. (). Box	337			- 22	-
Project Manager for Mostlining Firm Compared Manager for Mostlining Material (ACM) Complete Manager for Mostlining Material (ACM) Compared Manager for Mana	City, State, Zip Code		714	- (19	533		General Control of the Control of th	TIA 4A	0	96	13	3
Start Date (10) Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Wew Egypt NJ 08533 Scope of Work (Check All That Apply) 23 sf or 23 if 23 sf or 23 if 23 sf or 23 if 24 so or 2560 if State Address P. O. Box 337 City, State, Zip Code Wew Egypt NJ 08533 Scope of Work (Check All That Apply) Says or 25 if Renovation Demolition Renovation Demolition Street Address P. O. Box 337 City, State, Zip Code Wew Egypt NJ 08533 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Spac Kling Shirt Composed Specific State Speck Rock Name of Registered Waste Hauler Name of Registered Landfill Name of Registered	New E	ST T T T T T T T T T T T T T T T T T T	VU	T	elephor	ne No.). e		ê ê	Sing.
Start Date (10) Jan 14 2017 FPC Technologies Inc Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Pemolition Procedure Non-Exempted (*) and Non-Fnable Procedure Non-Exempted (*) and Non-Fnabl	Steve S	chen ked	9				5 609 7	58-336	5 00		1	-	
Cocupancy Status During Abatement (Check Only One) Facility Closed/Vaccated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥150 sf or ≥260 lf Renovation Demolition Renovation Demolition Period of Abatement With Negative Pressure Mini-Enclosure (Sucheage Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-E	Start Date (10)	2017	chedule	d Com	pletion I	Date (11)			hnologies	\mathcal{I}	20		ĺ
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 23 sf or 23 lf 2160 sf or 2260 lf City, State, Zip Code New Egypt NJ 08.5.33 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) (Specify Description of Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous) Total Radity (13) Yes No N/A Spac Kling Joint Compound 2500 SF X Sheet - Rock Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 1700 1	Occupancy Status Durin	ng Abatement (Check	Only On) e)	-1,	2011	Street A	ddress	~				
Abatement Performed Outside of Normal Facility Hours Other - Describe: New Egypt NJ 08.533	Facility Closed/Val	cated During Entire Pe	riod of A	bateme	ent				33 t	_			
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Renovation Description of Asbestos Containing Material (ACM) Amount (Specify Specify	Abatement Perform	ned Outside of Norma	I Facility	Hours		- 14 			NJ C	183	53	3	
Salif Sal													
Completed by Comp	≥3 sf or ≥3 lf						>E			ressu	re		
Is Location of Asbestos Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A Spac Kling / Join+ Compound 2500 SF X Sheet-Rock N/A Spac Kling / Join+ Compound 2500 SF X Sheet-Rock N/A Spac Kling / Join+ Compound Abatement Type Ab	≥160 sf or ≥260 lf		Цυ	emoliti	on			Glovebag Pro	cedure	le Pro	cedur	e	
Normally Used Solety by Maintenance / Custodial Staff? (12) No. N/A			Γ.					NOTI-EXCTIPIE	a () and room		Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler For Technologies Name of Registered Waste Hauler Name of Registered Waste Hauler For Technologies Name of Registered Landfill Name of Registered Landfil	Location	on of	N	lormall	4					-	1 9		
Toterior Yes No N/A Spackling Joint Compound 2500 SF X Sheet-Rock Name of Registered Waste Hauler Registered Waste Hauler EPC Technologies City, State New Egypt No N/A Spackling Joint Compound 2500 SF X Sheet-Rock Name of Registered Landfill Waste Management of PIA Disposal Date Disposal Date Date Signature Signature Signature Date Date	Asbestos-Containin	g Material (ACM)	07000000		500000000000000000000000000000000000000	Asbestos Co	ontaining Ma nal systems i	terial (ACM) insulation,		Re	R	Ence	Enc
Toterior Yes No N/A Spackling Joint Compound 2500 SF X Sheet-Rock Name of Registered Waste Hauler Registered Waste Hauler EPC Technologies City, State New Egypt No N/A Spackling Joint Compound 2500 SF X Sheet-Rock Name of Registered Landfill Waste Management of PIA Disposal Date Disposal Date Date Signature Signature Signature Date Date	In Fac	ility	Cust		taff?	su	rfacing, VAT	, or	SF or LF)	mov	epair	psul	losu
Toterior X Spackling Joint Compound 2500 SF X Sheet-Rock Name of Registered Waste Hauler Registered Waste Hauler EPC Technologies City, State Now Egypt No Spackling Joint Compound 2500 SF X Sheet-Rock Name of Registered Landfill Waste Management of PA Disposal Date City, State Title Signature Signature Date Date	(13)	Voc	No	N/A	l out	Í	/		a		ate	e
Name of Registered Waste Hauler EPC Technologies NJDEP Waste Hauler ID No. 17000 Disposal Date Oity, State Name of Registered Landfill Waste Management of PA Disposal Date Oity, State Date Ompleted by Title Signature Sal Ja-17-16			162		1107	SocoVI	in / Tain	+ Camanud	2500 SF	x			
Name of Registered Waste Hauler EPC Technologies City, State New Egypt Title Completed by Comp	Interior			A		Spacki	3/30.0	Con My Down	Sheet-Rock				
Name of Registered Waste Hauler EPC Technologies City, State New Egypt Title Completed by Comp													
Name of Registered Waste Hauler EPC Technologies City, State New Egypt Title Completed by Comp													
EPC Technologies 17000 12 Waste Management of PA City, State New Egypt NJ Disposal Date by Jan 142017 Mornisville PA Completed by Signature Salary	Name of Registered W	aste Hauler									,	_ (Λ.ς
City, State New Egypt Normisville PA Signature Signature Signature Signature Signature Signature Signature Signature Signature	FPC TO	chnologies		11		00	12	Was	te Manage	nen	to	E 1	TH
New Egypt 103 Completed by C	City, State	J					posal Date	City, Sta	re rispille î	PA			
Completed by	New E	gypt 1		× _	0	by	Signature		Class Cor	ate	, ~	2	,
		en Kee	Pre	sid	ent		Slee	ep) Och	she !	d-	17	- 10	0

CK1863

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

ra E	10 E	Print Form
10),=	to la	
	חבר מת	2016

Date of Notification (1)			Name o	of Building	Owner/	Operator (2)	311	11 DE	C 2	0	2016	- 1	
December	16, 2016						and Drilling	•	1	-1				[
Agencies Notified	Type Notification	1		Street /	Address	50,11,9	una Dimini	3		Naesi	700	008	**************************************	1 14
EPA	M Initial				148 Wr	ight Stre	eet		i i	JACKET L	Light	UU.	G.	les Suis
DEP	Amended			City, St	ate, Zip C	ode			See and	Name of Administration		aw t		
EPA DEP DOL	Amendmen				Newark	, NJ 0	7102							
DOH DCA	Emergency justification		7	Name o	of Contact				Te	lephone N	umber			
DCA	Cancellatio			5	Shelly La	ch								
Name of Facility Mills				FAC	ILITY INF	ORMAT	ION							
Name of Facility Where	Abatement is Taki	ng Place ((3)				T	ype of Facility	(4)					
Vacant Building Street Address								School (K-						
							5	Subchapte Other (i.e.	er 8 (Oth	ner than K-	12)	t at		
99 Emmett Street	· · · · · · · · · · · · · · · · · · · 						2	etc.)	private	& Commen	ciai bu	iaings	s, non	ies,
City (5)							S	quare Feet	0.0000000000000000000000000000000000000	f Floors		Bldg.	Age	
Newark County (6)								10000	3			6	5	
Essex					Code (7) USE ONL	n	C	urrent Use (Pr			100	02		
Name of Monitoring Firm	n Hirad hu Duildinn	O /0	\perp							/arehouse)			
Health and Safety	in three by building	Owner (8)	ASC	M No.			Abatement Co						
Street Address								nvironment	al Grou	p Inc				
Po Box 365							Street Ad	dress Mount Cobb	Daad					
City, State, Zip Code								e, Zip Code	Road					u==2/2= 5
Berlin, NJ 08009														
Project Manager for Mor	nitoring Firm			Telepho	ne No		Telephon	Ariel, PA 18	436	License I	N.			
Jim Proctor	10.TX			- To 100	452-1311	ı		883-4151						
Start Date (10)		Schedul	ed Cor		Date (11)		1	OSHA Monitor		012	16			
12/27/16		12/	30/16		. ,			Nat						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street Ad	dress						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of	Abaten	nent			1380	Mount Cob	b Road	1				
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	/ Hours	S			City, State	e, Zip Code			-			
			7				Lak	e Ariel, PA						
Scope of Work (Check A	II That Apply)	200									11 20112			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Torrespond	Renova	000000000000000000000000000000000000000			X	Full Containm	ent with	Negative	Pressu	re		
2100 31 01 2200 [1		X r	Demolit	ion				Mini-Enclosur Glovebag Pro	е					
								Non-Exempte		d Non-Friai	ble Pro	cedu	e	
		Is	Locati	ion							T	Abat	emen	t
Location	10.70.70		Normal ed Sole			De	scription of					T	/pe	
Asbestos-Containing TO BE ABA			intena				taining Mate			mount			Ш	_
In Facili		Cust	todial S (12)	Staff?	(1.6.		systems in cing, VAT, c			pecify or LF)	Rem	Re	ncar	nol
(13)			(12)	,		other n	niscellaneou	ıs)		/	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-		ate	e,
Exterior			X		Roof Fla	shing			250 sf		X			-
Interior Office			X		Floo	r Tile O	Nly		7000 s		×			\vdash
Interior Office			X		Pipe	Insula	tion		110		-			\vdash
		+-+									X			-
Name of Registered Was	te Hauler		l NI	JDEP W	ooto	0.11	Vest							
The second secon	- riddioi		1.257233	auler ID		Cubic of Was		Name of	Registe	red Landfil	I			
Cardella Trucking				19484		30		IESI Beti	nlehem					
City, State						Dispos	sal Date	City, Stat	е					
North Bergen NJ						Vari	ious	Morrisvi	lle, PA					
Completed by		Title		C WELL STORY		S	ignature		>	Da	ate			
Troy Butter		SF	RPM								12/1	5/16		
									The second second	CONTRACTOR OF THE PARTY OF THE	-			

Data of Natification (1)				Nama	of Building	a Owner/Operator /	2/		EG 2	0 3	2018	
Date of Notification (1) 12 /	16 /	16			The Article Wood Control of the Control of the	g Owner/Operator (king & Disposal		309	17/)	.010	
Agencies Notified	Type Notifica				Address			101	100	CON	7111	
⊠ EPA	☐ Initial	ation			Box 136	12		1	Lile	Cal	; · · ·	
⊠ DOLWD	☐ Amended	Í.		0.50	State, Zip C	2703				***	* *	-
□ DOH	Amendme			1000	II, NJ 077							
□ DCA	⊠ Emergen			0.035-5	of Contac			Telephone Num	her			
(NJAC 5:23-8)	justification Cancellat			Dou		· ·		- releptione (val)	ine!			
	Caricellat	1011		77.000				<u> </u>	+			
			721	FAC	CILITY IN	IFORMATION	T =					
Name of Facility Where	Abatement is T	aking Place	(3)				Type of Facility					
Residence							Subchapter	?) 3 (Other than K-12	2)			
Street Address							Other (i.e., p	rivate and comme		ilding	S,	
27 (5)							homes, etc.)					
City (5)							Square Feet	# of Floors	10000	dg. Ag	ge	
Lakewood					1.0.1.77	NOTATE HOE ON M	2500	3		65	00 184	
County (6)				Coun	ity Code (/)(STATE USE ONLY)	100 march 100 ma	ior if being demoli	snea)			
Ocean			a) T				Residence					
Name of Monitoring Firm		ding Owner (8)	ASCM	No.	Name of Abateme						
Guardian Contract	ing, Inc.						ntracting, Inc.					
Street Address						Street Address						
1889 Rte. 9, Unit 61	1:					1889 Route 9	74					
City, State, Zip Code						City, State, Zip Co						
Toms River, New J	<u>-</u>					8	New Jersey 08				¥	
Project Manager for Mon			1011010100	phone		Telephone No.		License No.				
Nicholas Fernicola				32-349		732-349-9932		00624				
Start Date (10)	1997/199	Scheduled Co				Name of OSHA N						
12 /16 /	16	12 /	19	_ / _	16	E.M.S.L. Ana	lytical					
Occupancy Status During	g Abatement (Check only o	ne)			Street Address					151-2	
Facility Closed/Vacate						1056 Stelton						
Abatement Performed						City, State, Zip Co	ode					
Time of Abatement: _	AIVI	PIVI/	PIVI-		AIVI	Piscataway,	New Jersey 08	854				
Scope of Work (Check a	II that apply)					П г .: О	talanant with Man	esti es Desseus				
		☐ Re	novati	on		☐ Mini-End	tainment with Neg closure	gative Pressure				
_ ≥160 sf or ≥260 lf		⊠ De	molitic	n			g Procedure					
				******	T	☐ Non-Exe	mpted (*) and No	n-Friable Proced				
1 1:		10.00	Locat Iorma			Description			0	atem		1
Location Asbestos-Containing) Use	d Sole	ely by	Asbe	Description of estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	ATED	Ma	intena	nce/ Staff?		e., thermal systems	insulation,	(Specify	von	air	aps	losi
IN Facil (13)	ity	Cusi	(12)	otan:		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		ulat	ITe.
(10)		Yes	No	N/A		other micronarie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ö	
basement			asbesto	os pipe insulatio	n	25 If						
				A A				П	П	П		
			-				12	-	_	1		
										П	П	Ш
Name of Registered Was	ste Hauler		155	IJDEP \		Cubic Yards of	Name of Regis	stered Landfill	-			-
Guardian Contract	ing, Inc.		1	20223		Waste 2	T.R.R.F.					
City, State				20223		Disposal Date	City, State					
Toms River, New J	ersey					12/20/16		Pennsylvania				
		Title				Signature		/	ate /			
Nicholas Fernicola	oleted By (Print or Type) Title Project N					Signature		V	()	1, 1	1.	

										il m	1 1	110	,72	- 14	111	100
Date of Notification (1) 12/14/2016					Building (owner	Owner/C	Operator	(2)		menoran menoran managan man man managan managan managan managan managan managan managan managan managan managan managan managan man managan managan managan man man managan man man man man man man man man man m		<u></u>	L.	L!		
	Notification			Street A	ddress					And the second s	ll I	DEC	2	0 2	2016	The second second
DEP A	nitial .mended .mendment #_			City, Sta Elizabe	te, Zip Co eth NJ	de	Mail				655	ESTO		THE SALES	Tille in	7.
□ DOH ☐ ju	mergency (in stification) ancellation	cluding	- 1	Name of Edgar	Contact					Tele	phone I					e les
<u> </u>				FACI	LITY INFO	RMATI	ON			_E				-	-	
Name of Facility Where Abateme Private Property	ent is Taking I	Place (3	3)					_	of Facility (School (K-1							
Street Address								×	Subchapter Other (i.e. petc.)				uilo	lings,	home	es,
City (5) Elizabeth NJ								Squar 1000	re Feet)	# of 2	Floors			ldg. A 50	ge	
County (6) Union					Code (7) USE ONLY)			Curre	nt Use (Pri	or if bein	g demo	lished)			
Name of Monitoring Firm Hired b	y Building Ov	vner (8)		ASCM N/A	1 No.				tement Cor tions Ser						344	
Street Address N/A							100000000000000000000000000000000000000	Addres 51st	s Street							
City, State, Zip Code N/A									p Code jen NJ 07	7047						
Project Manager for Monitoring F N/A	irm			Telephor N/A	ne No.			none No 552-9			License 01320					
Start Date (10) 12/20/2016		Schedule 12/27/3		pletion [Date (11)				IA Monitor nmental l	Labora	tories					
Occupancy Status During Abater	ment (Check	Only On	ie)				Street	Addres	S							
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:							City, S	tate, Zi	e 22 Wes p Code 07803	st						
Scope of Work (Check All That A	nnly						Unio	II NJ (37003							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	фріу)	-	tenoval emoliti				×	Min Glo	Containme i-Enclosure vebag Prod n-Exempted	e cedure					e	
		Is	Location	on l										Abate	ment	
Location of		1	Iormall	y		Des	scription	of				-	_	Ту	ре	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM)	Mai Cust	d Solel intenar odial S (12)	taff?		thermal surfac	aining M systems cing, VA niscellar	s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A X		•				40	2005	-	_			-
exterior first floor	exterior						site sin				00SF 0SF	×				
	second floor stair landing											-	-			
second floor stair land	second noor stair landing						oot tile	,			OSF	X				
Name of Registered Waste Haule	er l		I N	JDEP W	aste	Cubic	Yards		Name of	Register	ed Land	dfill				
Newark Carting Inc			1000000	auler ID 509	No.	of Was	ste		ISES B				dfill			
City, State Po Box 5670									City, State 2335 A		tter Ro	d Bet	hle	hem	PA	
Completed by Marcos Regato		Title Presi	dent			S	ignature	an	Ces 1	len	6	Date 12/1	4/2	016		

B & G proj. #: 2016-150

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

*** New location & footages ***

Check # 8/1619 0 2018

Date of Notification (1)	N	ame of Build	ing Owne	er/Operator (2)									
1 12 1/1 16 1/11 16	- 11	Atlantic H	ealth Sy	/stem				11.5	20163			states of	
Agencies Notified Type Notification	on St	reet Address	3				ē,			11.			4
EPA Initial		100 Madis	son Ave	enue				V					
DEP		ity, State, Zip											
X DOL X Amenda		Morristow)7960 —————				7 1 1	. Nb.				
▼ DOH	11	ame of Conta	act					i elepnoi	ne Number	R			
☐ DCA ☐ Cancella	tion	Peter Pa	lmer							-			_
			FACI	LITY INFORMA	MOITA	١							
Name of facility where abatement is	taking pla	ce (3)					Туре	of Facility Scho	(4) ol (K - 12)				
Morristown Medical Center	, Franklir	n C (No	ON Sub	8)				=	napter 8 (C		an K-	12)	
Street Address									(Private/C		rcial		
100-Madison Avenue							Squa	re Feet	/Homes, e		Blo	lg. Ag	e
City (5)	Cour	ity (6)				inty Code (7)							
Morristown	Мо	rris			(Sta	ate use only)	Hos	pital (no	Prior if bein		olishe	d)	
Name of Monitoring Firm Hired by I	3ldg. Owne	er (8)		ASCM No.		Name of Abatement	Contrac	or (9)					
T&M Associates				0145		B & G Restorat	ion, Ind).					
Street Address						Street Address 105 Ryerson F	Soad						
11 Tindall Road						City, State, Zip Code	and the same of the same						
City, State, Zip Code Middletown, NJ 07748					Lincoln Park,		35						
Project Manager for Monitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-686	30		License	Numb 0378	er		
Kevin Burns		732	-676-40	000		Name of OSHA Mon				0010			
Scheduled Start Date (10)	Sched	. Completion	Date (1	1)		B & G Restora		О.					
10/17/2016		17/2016				Street Address							
Occupancy Status During Abatemer						105 Ryerson R							
Facility closed/vacated during Abatement performed outside	entire peri of normal	od of abatem facility hours	nent. -			City, State, Zip Code		_					
Describe: Work shift	3:30pm	- 12:00am				LincolnPark, N	IJ 0703	5					_
Scope of Work (check all that apply	()					SC-770-179 to 58 to 69 m					200-00-00-00-00-00-00-00-00-00-00-00-00-		
☐ Demolition	Renovation	n				Full Containment w/ne	gative p	essure	✗ Glove				
	≥160 sf or	≥260 If			X	Mini-enclosure			∐ Non-t	riable i			
Location of		n normally us enance/custo						Amount		е	R	E n	E
asbestos-containing material to be	staff(12)	110070000		Description material (asbestos-containing		(Specify	SF or	m	p a	c a	n c
abated in facility (13)	Yes	No	N/A	11.01.01.01		\ X		LF)		v e	i	р	L I
Below Blood Donor Reno Area			X	pipe insula	ation	from riser		15 If		X			
21				1			_ _		-	ዙ			H
- V				X	-		_			ዙ	H	-	H
							_			묶	H	님	H
25 - Internal Manufa Harrison	INID	EP Hauler ID	<u> </u>	Cubic Yards of	Waste	Name of Registered	d Landfill			_		Ш.	
Registered Waste Hauler B & G Restoration, Inc.		19563		1		Tullytown	Resou	irce & F	Recovery	Cen	ter	-	
City, State Lincoln Park, NJ			Disposal I 10/1	7/16 - 01/17/	/16	City, State Tullytown,	PA		Date			+	
Completed by (Print or Type) Gordana Luna	Title Secreta	ry/Treasu	rer	Signature	Gordana Luna 12/16/2016								

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:

2016-150

*** NON Sub 8 ***

B & G proj. #:			١.		*** NOI		Check # 8107							
Date of Notification	(1)	I I Nar	ne of Ruil	ding Ow	ner/Operator (2)								
11 11 1/11 11			tlantic H			-)				DEC	2.0	20	16	
Agencies Notified	Type Notificat		et Addres							DEA	L 0		10	
☐ EPA	☐ Initial	11000	00 Mad		/enue									
☐ DEP	LI miliai		, State, Zi						1			_	-	7:
X DOL	X Amenda		Morristo		07960									
X DOH	<u> </u>	Nam	ne of Cont	act	100000000000000000000000000000000000000	A			Telephone	Number				
☐ DCA	Cancella	ation	Peter Pa	almer										
				FAC	CILITY INFOR	MATIO	N							
Name of facility who	ere abatement i	s taking place	e (3)		The state of the s		T	Туре о	f Facility (4					
				orior					=	(K - 12)				
Morristown Me	edical Cerilei	, FIGURIUI	wing ext	enoi					751	pter 8 (O			12)	
Street Address	■ TO CONTROL OF SAME						-			Private/Co Homes, et		Cial		
100 Madison A	Avenue							Squar	e Feet	# of Floor	S	Blo	ig. A	ge
City (5)		County	(6)				unty Code (7) ate use only)			in the factor		a lia ba	۵۱	
Morristown		Morri	S			(5)	ate use only)	100000000000000000000000000000000000000	nt Use (Pr oital (nor		g dem	Olishe	·u)	
Name of Monitoring	Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatement	Contracto	or (9)					
T&M Associa	tes				0145		B & G Restora	tion, Inc						
Street Address	45						Street Address	Dood						
11 Tindall Ro							105 Ryerson I					-	-	_
City, State, Zip Code Middletown, I	e NJ 07748						City, State, Zip Code Lincoln Park,		35					
Project Manager for	Monitoring Firm	1	Pho	ne Num	ber		Telephone Number	20		License		er		
Kevin Burns			732	2-676-4	1000		(973)696-6869 00378 Name of OSHA Monitor						_	
Scheduled Start Date	e (10)	Sched. C	Completion	n Date (11)		B & G Restora							
10/17/2016		01/17	/2016				Street Address							
Occupancy Status D	uring Abatemer	nt (Check only	y one)	X			105 Ryerson F	Road						
Abatement per	/vacated during rformed outside	entire period of normal fac	of abaten	nent. S-			City, State, Zip Code							
Describe:	e: work shift	4:00pm - 1	2:30am				LincolnPark, N	IJ 07035	5					-
Scope of Work (che														
☐ Demolition	X	Renovation					Full Containment w/ne	egative pre	ssure	Gloveb				
\times >3 sf or >3 lf		≥160 sf or ≥2	160 If				Mini-enclosure		2	Non-fr			dure	
Location of		Is location r			ly						R e	R	E	E
asbestos-cont material to be		staff(12)	ance/cusic	Julai	Descrip materia		asbestos-containing		Amount Specify S	F or	m o	p a	С	n
abated in facil		Yes	No	N/A	materia	i (/ tolii	,		_F)		v	i	a p	L
exterior window	cudain wall			X	Thlack as	phaltic	felt paper	1	20 sf		e X		П	10
Deskovick 5	Surtain Waii			×	fittings	oriaitie	Tell paper		4 fittings		X			
Deskovick 5				X	roof drain	S			roof dra		X			
Deskovick B				X	pipe insu	lation			lf		X			
Deskovick B				x	4 risers				2 If		X			
Registered Waste Ha			Hauler IE 563)#	Cubic Yards o 6	f Waste	Name of Registered Tullytown		re & Po	COVER	Cent	er		
B & G Restorati	on, inc.			Disposal			City, State	i Nesoul	ce α πε	covery	OCIIL	CI		
City, State Lincoln Park, N	J				7/16 - 01/1	7/16	Tullytown	, PA						
Completed by (Print	or Type)	Title	-		Signature		Gordana Luna			Date	1004	C		12
Gordana Luna		Secretary	Treasur	rer			zoraana Luna			11/11	1207	0		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) -16-Agencies Notified Type Notification Street Address X Initial EPA. City, State, Zip Code DEP Amended DOL. Amendment # Emergency (including Name of Contact DOH justification) DCA Cancellation ohn FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Divelling School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Square Feet # of Floors Bldg. Age City (5) Current Use (Prior if being demolished) County Code (7) County (6 (STATE USE ONLY) Dingle tamily omerset Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address City, State, Zip Code City, State, Zip Code Telephone No. Telephone No 609 758-336 609 758-3365 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EPC" Dec 27, 2016 Dec Occupancy Status During Abatement (Check Only One) 30 Technologies 2016 Street Address BOK 6-0 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: New E Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf П Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 200 SF Exterior Malls Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Waste Management of PA 7000

(Signature)	Date 1	1
STASAVI	12/11	-11/
West Police	lain	1110

Mornisville

Disposal Date 12/30/16

President

DEC 2 0 2016

Date of Notification (1)		Name of Building Owner/Operator (2)									
/	16	Lynx Waste & Recycling, Inc. 30.952									
Agencies Notified Type Notifica	tion		Street	Address			productive life.	1.31		20.5	
⊠ EPA ☐ Initial			PO	Box 188		i i					
☑ DOLWD ☐ Amended ☒ DOH Amendme			City, S	tate, Zip C	ode						
DOH Amendme □ DCA □ Emergence			Spr	ing Lake	, NJ 07762						
(NJAC 5:23-8) justificatio			Name	of Contact	t		Telephone Numb	er			
☐ Cancellati	on		Ric	hard Hyd	le						
		(0)	FAC	CILITY IN	FORMATION	T					
Name of Facility Where Abatement is To Residence	aking Place	(3)				Type of Facility ☐ School (K-12					
Street Address							3 (Other than K-12)				
Street Address						Other (i.e., p homes, etc.)	rivate and commerc	cial bu	ilding	S,	
City (5)						Square Feet	# of Floors	Blo	dg. Ag	ge	
Manasquan						900	1		65		
County (6)			Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Monmouth						Residence					
Name of Monitoring Firm Hired by Build	ing Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A					1000 1000 0000	ntracting, Inc.					
Street Address					Street Address	-					
					1889 Route 9	, Unit 61					
City, State, Zip Code		City, State, Zip Code									
						New Jersey 08	755				
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
		10,000,00			732-349-9932	!	00624				
Start Date (10)	cheduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
12 /16 /16	_12_/	19	_ / _	16	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement (C	Check only o	one)	Street Address								
☐ Facility Closed/Vacated During Entire					1056 Stelton						
Abatement Performed Outside of No					City, State, Zip Co	ode		1 1 2 2 2	- 3500		
Time of Abatement:AM	PIVI/	_PIVI-		AM	Piscataway,	New Jersey 08	854				
Scope of Work (Check all that apply)					Π.Ε.ΙΙ.Ο.						
☐ >3 sf or >3 lf	П Ве	novati	on		☐ Full Con	tainment with Neg	gative Pressure				
⊠ ≥160 sf or ≥260 lf		molitic			Gloveba	g Procedure					
				_	Non-Exe	mpted (*) and No	n-Friable Procedur	1			
1 6	10.73	Locat Norma			D			Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM) Use	ed Sole	ely by	Asbe	Description of stos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABATED	Ma	intena todial			., thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facility (13)	Ous	(12)	Otan:		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ы
(10)	Yes	No	N/A		ourse missenans					е	
exterior		\boxtimes		asbesto	os siding		900 sf	\boxtimes			
Name of Registered Waste Hauler		I	IJDEP V	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Guardian Contracting, Inc.		F	lauler II 20223		Waste 3	T.R.R.F.					
City, State			2022	Disposal Date City, State							
Toms River, New Jersey					12/20/16	Tullytown	Pennsylvania				
Completed By (Print or Type)	Title				Signature	ature Date					
Nicholas Fernicola	Project	t Man	ager				1	2/1	< 11	L	

DEC 2 0 2016

Date of Notification (1)	T	Name	of Building	Own	er/Operator (2	2)		12 13				1		
12 /15 /	16			Roc	k Solid C	ontr	racting			3	2.9	6.7		
Agencies Notified Type Notif	ication			Street	Address						LOR	1811		
				182	0 E. Penn	ısylv	ania Avenu	ue, U	Init 2	1	- 16 1			
☑ DOLWD ☐ Amend			Ī	City, S	tate, Zip C	ode								
	ment #_			Ortl	ey Beach	n, NJ	08751							
DCA Emerg justification		Cidding	İ	Name	of Contact					Telephone Num	ber			
Cance				Don	ninick Ga	audio	oso		r					
				FAC	CILITY IN	FOR	MATION							
Name of Facility Where Abatement i	Taking	Place	(3)					_	e of Facility (4					
Residence									School (K-12)	(Other than K-12	2)			
Street Address								⊠ (Other (i.e., printed the homes, etc.)	vate and comme	rcial bu	ilding	S,	
City (5)									are Feet	# of Floors	RI	dg. Ag	16	
Lavallette								505 SS 50 M CO	00 sf	1	100000	39.7 (s 60	,0	
				Cour	ty Codo (7)	/CTAT	TE USE ONLY)		A-10-1111-0115	r if being demoli		-		
County (6)				Coun	ty Code (r)	NOTAI	IL USL UNLI)	1000	lesidence	in being demon	Silcu)			
Ocean	ildina C		0)	ASCM	No	Non	ne of Abateme							
Name of Monitoring Firm Hired by B	illaing C	wher (.0)	ASCIVI	NO.	1000	uardian Co		The same of the sa					
N/A							and the second s	пппа	cung, mc.				-	
Street Address						0-000	et Address) IIn	i+ C1					
011 01-1- 71- 0-1-						7550	889 Route 9	C 200 1-1111	111.01					
City, State, Zip Code							, State, Zip Co		Lorony 097	'EE				
D : (M - M - M - M - M - Time			Tale		Ma	800	phone No.	Mew	Jersey 087	License No.				
Project Manager for Monitoring Firm			reie	phone	NO.	110000000000000000000000000000000000000	32-349-9932	2		00624				
Ct - + D - + - (40)	Cabaa	lulad C	amala	tion Do	to /11\		ne of OSHA N		0.5	00024				
Start Date (10) 12 / 28 / 16				lion Da) /	te (11)	1000	.M.S.L. Ana							
			1		10_			ilytic	,aı					
Occupancy Status During Abatemen						V0201702	et Address							
 □ Facility Closed/Vacated During E □ Abatement Performed Outside of 					oribo		056 Stelton							
Time of Abatement:AM				ony, state, 2.p seed										
					011-074-10	۲	iscataway,	new	Jersey 088	154				
Scope of Work (Check all that apply							☐ Full Con	tainn	nent with Neg	ative Pressure				
≥3 sf or ≥3 lf		Re					☐ Mini-End	closu	re					
≥160 sf or ≥260 lf		⊠ De	molitic	on			☐ Gloveba ⊠ Non-Exe			n-Friable Procedu	ure			
		Is	Locat	ion								atem	ent T	ype
Location of			Norma				Description of	of				1		
Asbestos-Containing Material (A	CM)	1000000	ed Sole intena				Containing Ma			Amount	Remova	Repair	nca	nclo
TO BE ABATED IN Facility		388888	todial		(i.e		rmal systems urfacing, VAT		iation,	(Specify SF or LF)	oval	=	Encapsulate	Enclosure
(13)			(12)	_	-		ner miscellane						ate	(D
		Yes	No	N/A								_		_
exterior					asbesto	os si	ding			550 sf	\boxtimes	Ш	Ш	Ш
							201100 1000 2000							
Name of Registered Waste Hauler		JDEP'		100000	oic Yards of	N	ame of Regist	tered Landfill						
Guardian Contracting, Inc.	H	lauler I		Wa:			T.R.R.F.							
City, State			Disposal Date City, State											
Toms River, New Jersey	12/30/16 Tullytown, Pennsylvania													
Completed By (Print or Type)	Title	е					Signature		1	//	Date		_	
Nicholas Fernicola	P	rojec	t Man	ager			V		· ten	1	12/	15/	6	

DEC 2 0 2016

Date of Notification (1)		Name of Building Owner/Operator (2)							_	7			
/	15 / _	16		MB	Custom	Buil	lders		1	30	J.	1	
Agencies Notified	Type Notifica	tion		10.000	Address		Sunday Alexan advantables			LICEN	3776		
□ EPA □ DOLWD	☐ Initial ☐ Amended						e, Suite 105						
⊠ DOLWD	Amendme				State, Zip C								
DCA			ng	Pali	isades P	ark,	NJ 07650						
(NJAC 5:23-8)	justificatio	n)	J	Name	of Contac	t			Telephone Nun	nber	-9,741 (3.91)		
	☐ Cancellati	on		Mik	e Broder	ick				-			
				FAC	CILITY IN	IFOR	RMATION						
Name of Facility Where Al	batement is T	aking Plac	e (3)					Type of Facility	y (4)				
Residence								School (K-1		0)			
Street Address									8 (Other than K-1 private and comme		ildino	S	
	an etter a sitter water be-							homes, etc				-,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Ridgefield								1200	2		65		
County (6)				Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (F	rior if being demol	ished)			
Bergen								Residence					
Name of Monitoring Firm I	Hired by Build	ing Owner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9	9)				
Guardian Contractir	ng, Inc.					G	Suardian Co	ntracting, Inc					
Street Address	12770					Stre	eet Address	20					
1889 Rte. 9, Unit 61						1	889 Route 9	, Unit 61					
City, State, Zip Code						City	y, State, Zip C	ode					
Toms River, New Je	rsey 08755					Т	oms River,	New Jersey 0	8755				
Project Manager for Monit	oring Firm		Tel	ephone	No.	Tele	ephone No.	111	License No.				
Nicholas Fernicola			7	32-349	-9932	7	32-349-9932	<u>!</u>	00624				
Start Date (10)	S	cheduled	Comple	etion Da	te (11)	Nar	me of OSHA N	lonitor	9				
12 /15 /	16	_12_	/ _1	6_/	16	E	.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (C	Check only	one)			Stre	eet Address						_
☐ Facility Closed/Vacated				ment		1	056 Stelton						
☐ Abatement Performed	Outside of No	rmal Facil	ity Hou	rs - Des		City	y, State, Zip C	ode					
Time of Abatement:	AM	PM/	PM		AM		iscataway,	8854					
Scope of Work (Check all	that apply)						•	•					
E E				•					egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		E-3 -	enova: emoliti				☐ Mini-End	dosure g Procedure					
			Omont						Ion-Friable Proced	ure			
			ls Loca			0.000				Ab	atem	ent T	уре
Location			Norma sed Sol			9 9	Description of		200000000000000000000000000000000000000	Z	D	ш	m
Asbestos-Containing N TO BE ABA			lainten				Containing Ma ermal systems		Amount (Specify	Removal	Repair	ncap	nclo
IN Facility		Cu		Staff?		S	surfacing, VAT	, or	SF or LF)	val	_	Encapsulate	Enclosure
(13)		Va	(12) No		-	oti	her miscellane	eous)				ate	
		Yes		100000	2 0								-
basement					asbest	os pi	ipe insulation	on	50 If		Ш	Ш	
	П								П	П			
			+-						+				
10 10 11 11 11	- 111		14		0/	10.1	hi- Varda af	Name of Dea	intered Landfill		Ш	ш	
Name of Registered Wast	1.00	NJDEP I Hauler II		Wa	bic Yards of iste		istered Landfill						
Guardian Contractir		20223		2		T.R.R.F.							
City, State	Disposal Date City, State												
Toms River, New Je	rsey					1	2/19/16	Tullytown	n, Pennsylvania	£		-5 591	
Completed By (Print or Ty	pe)	Title		Signatu					// [Date	1	. /	11
Nicholas Fernicola		Proje	ct Mar	nager			1 2	- to	1	121	15	11	6

NO CK

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) DEC 2 0 2016														
12/14/			Arc	onic											
Agencies Notified Type Notific	ation			Street	Address					A,S (4.7)	STOS	17.74	**************************************	1 5	
				9 R	oy Street				1	V. 35 40 40 40 4	1.55	VSW		1. 31	
□ DOLWD	d		+		State, Zip C				- 914		S 44, - 17,	****			
□ DOH Amendm					er, NJ 07										
□ DCA □ Emergen		ding	-		of Contact	1/-7-2				Talanhana	Munah	0.5			
(NJAC 5:23-8) justificati										Telephone	Numb	el			
Cancella	tion			Cha	arlie Pres	sne	r								
N. 55 32 140 At	F 1: DI			FAG	CILITY IN	FOF	RMATION	-	. =						
Name of Facility Where Abatement is	aking Pla	ace (3	3)					0070000	of Facility (
Arconic			2						chool (K-12) (Other than	K 12)				
Street Address										ivate and co		ial bu	ildinas	S.	
9 Roy Street									omes, etc.)						
City (5)								Squa	re Feet	# of Floor	s	Blo	dg. Ag	е	
Dover								10	,000	2		1	50		
County (6)				Cour	tv Code (7)(STA	TE USE ONLY)	Curre	ent Use (Pri	or if being de	emolish	ned)			
Morris						/ Comment	,		dustrial						
Name of Monitoring Firm Hired by Build	dina Own	or (8)		ASCM	No	Mar	ne of Abateme							-	
EHS Environmental Co., Inc.	unig Own	CI (0)	,	TOOIVI	140.	100000000000000000000000000000000000000	lymouth En			lne					
						-		VIIOII	illelitai Ct	J., IIIC.					
Street Address							eet Address								
411 Southgate Court						-	23 Haws Av	(5.5)							
City, State, Zip Code						City	, State, Zip Co	ode							
Mickleton, NJ 08056							lorristown, F	PA 19	401						
Project Manager for Monitoring Firm			Tele	ohone	No.	Tele	ephone No.			License 1	Vo.				
Jack Carney			- 500		-0080		10-239-9920			00398					
	Schedule					1500000000	ne of OSHA N								
				_ / -	17		HS Environ	ment	al Co., Inc	-					
Occupancy Status During Abatement (7.0													
Facility Closed/Vacated During Enti							11 Southgat		urt						
Abatement Performed Outside of No. Time of Abatement: 7:00AM-3:30F		1000		Oity, Otato, Lip Code											
Scope of Work (Check all that apply)						L									
	M	Reno	watio	nn.			⊠ Full Cont □ Mini-Enc □ □ Mini-Enc □ Mini-Enc			ative Pressu	ıre				
□ ≥160 sf or ≥260 lf		Demo					Glovebag								
	_						☐ Non-Exe			n-Friable Pro	ocedure)			
		Is Lo	ocati	on								Ab	ateme	nt Ty	уре
Location of			rmal				Description o					D	_D	ш	ш
Asbestos-Containing Material (ACM		Jsed Maint					Containing Ma			Amour		em	Repair	nca	nclo
TO BE ABATED IN Facility		usto			(I.e		rmal systems urfacing, VAT		ion,	(Specing SF or L		Removal	₹	psu	Enclosure
(13)		((12)				ner miscellane			0. 0	. ,	_		Encapsulate	O,
	Y	es	No	N/A										(D	
1st floor office] [X		floor tile	e an	d mastic			1,8598	SF.	\boxtimes			
1st Floor] [XI		pipe ins	sulat	tion			73LF		\boxtimes			
] [
Name of Registered Waste Hauler	N.	JDEP \	Naste	Cub	oic Yards of	Nar	ne of Regis	tered Landfi	II						
Newark Carting		auler II 4509	O No.	Was	ste CY		ROWS								
City, State				.000			posal Date	City	, State						
Newark, NJ						1:	2/12/16	IV	lorrisville,	PA					
Consider al Divide to Time		-			10: .								_		
Completed By (Print or Type)						Signature	/			Dat	e ,	60			

S S S S S S S S S S S S S S S S S S S	10-10-16 10-16 10-	(Purseaut to I	P O Descore	Belphi Box 69 Vel - 1	DI -	
Name of Feedo Hime	a Abrianghi ia Taling Pera (SACOUT	NO COMMANICAL			-1
i sometime	Kerden I		- TOGERAL	Type of Passay		
County (6)	Inna Co	County Code (0 (\$1075	Coose		Sig. Age
Name of Monitoring Form	Helystein One	TRE OVERA	<u> </u>	Cured the grade	Resident	
Sirest Admess		LESTING .	Name of Alexander	IR Conferences		
		The Constitution of the Co	January Die brown	A Comment	1	Professional Control Control
Cay, Siste, Zip Code		1.	City, State, Zer Conf.	12/12/m	HARL	
Frejer: Waneger im Mostly	ning Fam Telep	hone No.	D.Uhrico	MICORDI		
Sign Date (3m)		District.	356-52-1091	7 1	01070	
Company Sales Dump A	Schablifet Complete 12.26-/6	Dele(11) IN	erne of OSHA More	Ge/f	27072	
The County Language of The	the party of the p	Si	reat Adoress	SUL		
City - Despite	Audi miss Faile of Alekana Side of Normal Paully Kiras	7	y, Sies, Zip Code			M. Santana James
මියාලය හරි Work (Chast ell tha	12009					The state of the s
			[]Gim=S	ad mão Negado Pa edige Marel Nior-Fiebb		The state of the s
Location of	Phone Dy	indivining in			-mosaure Å Abate	anerá (
Astractor Contactor Material IC SE ARSTED		A PERSON CON	පත්ත්වා ඒ ජෝර්ගු මිස්ක්ෂ් (ජා	2G Ammo	f Tyr	ce
6V FeeDy (13)	(82)	officers officers	issies baka Ing. 1987, er Tationensi	25 OF 1	Edhall	Byelloclastic
portside	Yes No NA		•	**************************************	Dally Dally DVGI	Stephockaring Structures and the Structures of t
The second secon		_ (HUM,	Siding	4000 5	74	
Ma of Regeleral Masie Karis				Management of the second secon		
ANI DUTLLE	NDEW Halfed MUSS(c)	Se Cubic Y	n	Registration		Marie Control
A COMPANY OF THE PROPERTY OF T	Nico NT	S Dispussi		Met Pa	or and a second	
	115-2			Tullytown	PA	
1411			加州		3-16-16	
	⁹ Do not use tile form for a	ochostop Washaure	The state of the s	THE IN	-10-10	
				U	13-11	

no ck

Date of Notification (1) December 14, 2016				Name of Building Owner/Operator (2) CELGENE CORPORATION							
Agencies Notified	Notification			Street Address		111	2 P A A A	0.000			
X EPA	FI STANDARDS	Notification anded Notification		86 MORRIS AVENUE City, State, Zip Code	- 11	111	DEC 20	2016	N and		
□DCA	A STATE OF THE PARTY OF THE PAR	rgency (inc		SUMMIT, NJ 07901	ļ						
☑ DOL	iusti	ication)	, admig	Name of Contact		Telepl	hone Number		4.		
☑ DEP- No Longer REQUIRED ☑ DOH	□ IXI Can			MS. Jennifer D'Emilio	- 1						
DON	No was access to			Facilities Engineer Engineering, Construction,	&						
				Carbon Management							
			FACILITY INF	FORMATION							
Name of Facility Where Abatemen		-		Type of Facility (4)							
CELGENE CORPORATION	- "H" BUILDIN	IG		☐ School (K-12) ☐ Subchapter 8 (other than K-	10)						
Street Address				Subchapter 6 (other than K-		ngs, hoi	mes, etc.)				
86 MORRIS AVENUE				Sq. Feet: 42,666 # of F				ars			
City (5) SUMMIT	unty (6) MORRIS	County Co (State Use		Current Use (prior if being de	molichad	. ADM	IINISTDATIVE	OFFICE	S		
SUMMIT	WORKIS	Totale 03	e Omy)	Current Use (prior it being de	monsneu).	. ADN	IINISTRATIVE	OFFICES	5		
Name of Monitoring Firm Hired by		ASCM No		Name of Contractor (9)							
McCABE ENVIRONMENT SERVICES, LLC	AL	00118		GREENWOOD ABATEM	MENT CO	ONSU	LTANTS, IN	IC.			
Street Address				Street Address							
464 VALLEY BROOK AVE	NUE #3A			268 MAIN STREET							
City, State, Zip Code				City State, ZipCode							
LYNDHURST, NJ 07071		N		BUTLER, NJ 07405		Linna	- Ni				
Project Manager for Monitoring Fir JOHN CHIAVELLO		8-4839		Telephone Number	1	Licens	e Number				
The electronic of the control of the	William All Mark		973-492-0477 00840								
Scheduled Start Date (10) 12/14/16	06/30/1	Completion D	Date (11)	Name of OSHA Monitor							
	3 70.53			ENVIROVISION, INC.							
Occupancy Status During Abate Facility Closed/Vacated During				Street Address							
☐ Abatement Performed Outsid				20-21 WARGARAW RO	AD						
Describe		• • • • • • • • • • • • • • • • • • • •		City, State, Zip Code							
▼ Facility Occupied During Ent (NOT SUB 8 – PHASED 3)	ire Period of Abat	ement Area V	acated	FAIRLAWN, NJ 07410							
12/16, Subsequent Phas											
Be Determined –											
weekends as needed)											
Source of Work (Check all that app	oly)			□ Full	Containm	ent with	n Negative Pre	ATILES			
⊠ > 3 sf or ≥ 3 lf		E	Renovation		-Enclosure			,55016			
□ ≥ 160 sf or ≥ 260	lf		Demolition	☐ Glo	vebag Pro	cedure					
	T				n-Exempte		nd Non-Friable		re		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Norn Solely by Maint.			bestos Containing Material al systems insulation, surfacing,	(Specify		Abatement Ty	Table 1984			
	/Custodial Staff? YES NO	(12) \ NA	/AT, or other mis	scell.)	or LF)		Remove Repa	r Encap Er	nclose		
Executive Restrooms	I X		Mirror Mastic		40 SF	F	X	T			
					-						
					+			-	-		
Name of Reg. Waste Hauler	NJDEP W	aste Hauler ID) #	Cubic Yards of Waste: 5 (CY T	Name	of Registered I	_andfill			
Newark Carting, Inc.		°# 4509	- 10	Cubio Turdo di Traste.	.		D.W.S. North		1		
Newark, NJ 04509					anneal Det	10	City, S	tato			
Notes: None					sposal Dat 5/30/201		100 Ne	w Ford Mil			
Trotes, Itolic								ville, Pa 190 6-1700	067		
Completed by (Print or Type)	Title			Signature		Date					
RAYMOND C. PEDALING		PROJECT		Raymond C. Pedalin	a	Dece	ember 14, 2	2016			
1	MANAGE	:K		1 7	1						



State of New Jersey

100 90				N OF ASE t to NJAC				CH	ECK #12	2725/	2314	9/23:	570
Date of Notification (1) 12-15-16				of Building L/First E					. DE	U 6	U ,	2015	5
	Notification nitial			Address Madison	Avenue	Э			743265	1081 :201	004 (C) (1	DPO	1, 5.
DEP X DOL	Amended Amendment #_3	[ate, Zip C stown, N		60							
IX DOH ji	Emergency (including ustification)	1		of Contact		7		LI	elephone No	PROCE			
DCA C	Cancellation			ILITY INF		ON		1-					
Name of Facility Where Abatem Morristown General Office			170	12111 1141	ORWIAT	ON	Type of Fa	cility (4)					
Street Address 300 Madison Avenue							Subch	apter 8 (Otl	her than K-1 & commerc	2) ial bui	ldings	, hom	ies,
City (5) Morristown							Square Fee	et # 0	of Floors	1	3ldg. /	Age	
County (6) Morris				Code (7) USE ONLY)		Current Us Commer		eing demolis	hed)			
Name of Monitoring Firm Hired book One Source Safety & Hea)	ASCN	M No.		1 2 2 2 2 2 2	e of Abatemer nacle Envir						
Street Address 140 South Village Avenue	e, Suite 130						et Address Broad Stre	et					
City, State, Zip Code Exton, PA 19341							State, Zip Coo Istadt, NJ 0						
Project Manager for Monitoring F Brian Hoverdon	irm .		Telepho 908-30	ne No. 09-1021		100 mm 200 mm	hone No. -939-6565		License N 00756	lo.			
Start Date (10) 01-22-2016		ed Completion Date (11) ect Completed					e of OSHA Mo						
Occupancy Status During Abater	ment (Check Only O	ne)	(9)			Stree	t Address						
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:			urs City, State, Zip Code								<u></u>		
Scope of Work (Check All That A	nnly)					Lon	g Island Cit	y, NY 11	101				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× F	Renova Demolit					Mini-Encl Glovebag	osure Procedure	h Negative F			e	
	793	Locati	20,00,712								Abate	emen	t
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	(ACM) Use	Normal ed Sole iintenai todial S (12)	ly by nce/		tos Cont thermal	system sing, V	Material (ACN ns insulation, AT, or	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		ate	G.
Ground Floor		X	S	pray or	Fire	proofing	1	50SF	х				
(1) 3rd Floor		x	S	pray or	Fire	proofing	2	00SF	х				
(2) Maintenance Gara		х		Pipe	Insla	tion	1	15 LF	Х				
N(D1						• 100.00							
Name of Registered Waste Haule ATC, Inc. / JBT (50071)	H	Н	JDEP W auler ID 1310		of Was		N	e of Registe erva Ente	ered Landfill erprises				
City, State Shirley, New York					Dispos TBD	al Date		State ynesburg	OH 4468	88			
Completed by	Title	V Section			Si	gnatur	61		Da				

Project Manager

Joseph Patrick

12-15-16

1 10	140				HP Tay	足但		13 A		
Date of Notification (1) December 5, 2016				Name of Building Owner/Ope CELGENE CORPORATI		l=	Alter 11 La	121		
Agencies Notified	Notificati Initia	on Type I Notifica	ition	Street Address 86 MORRIS AVENUE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEC	2 0 2016			
EPA	☐ Ame	nded Not	ification	City, State, Zip Code						
DCA	☐ Eme	rgency (including	SUMMIT, NJ 07901				N .		
☑ DOL	iusti	fication)		Name of Contact		Telephor	ne Number			
☑ DEP- No Longer REQUIRE	D 🗖 Can			MS. Jennifer D'Emilio	- ,					
X DOH	- 0411	Jonou		Facilities Engineer	* * * * * * * * * * * * * * * * * * * *	i denti e	å di			
				Engineering, Construction,	&					
				Carbon Management						
Name of Facility Where Abatemen	nt in Taking Place /	2)	FACILITY IN	FORMATION Type of Facility (4)						
CELGENE CORPORATION	I - "H" BUILDI	1G		School (K-12)						
Street Address				Subchapter 8 (other than K-	12)					
86 MORRIS AVENUE				Sq. Feet: 42,666 # of F						
City (5)	ounty (6)	Count	y Code (7)	1						
SUMMIT	MORRIS	(State	Use Only)	Current Use (prior if being de	molished)	: ADMIN	ISTRATIVE OF	FICES		
Name of Monitoring Firm Hired by McCABE ENVIRONMEN		ASCM 001		Name of Contractor (9)						
SERVICES, LLC	IAL	001	10	GREENWOOD ABATEM	MENT CO	ONSULT	ANTS, INC.			
Street Address 464 VALLEY BROOK AV	ENIIE #3^			Street Address						
404 VALLET BROOK AVI	LINUL #3A			268 MAIN STREET						
City, State, Zip Code LYNDHURST, NJ 07071				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fi	rm Telephon	e Number		Telephone Number		License N	lumber			
JOHN CHIAVELLO		8-4839								
				973-492-0477		00840				
Scheduled Start Date (10)			on Date (11)	Name of OSHA Monitor				118-W-12		
12/14/16	06/30/1	7		ENVIROVISION, INC.						
Occupancy Status During Abate	ement (Check only	one)		Street Address						
☐ Facility Closed/Vacated Duri			nt		2.20					
☐ Abatement Performed Outside	de of Normal Facil	ity Hours		20-21 WARGARAW RO	AD					
Describe				City, State, Zip Code						
▼ Facility Occupied During En				FAIRLAWN, NJ 07410						
(NOT SUB 8 - PHASED				TAIRLAVIII, NO 07410						
12/16, Subsequent Phas	and property the first or an experience of the first of the second		State of the state	1						
Be Determined –	M – F 7am	- 4 pm	(24 hrs &							
weekends as needed)		**	3							
Source of Work (Check all that ap	ply)									
<u></u>			_	12-2			legative Pressur	re		
\ge 3 sf or \ge 3 lf			X Renovation		-Enclosure					
$\square \ge 160 \text{ sf or } \ge 260$	If		Demolition		vebag Pro					
	T		I p				Non-Friable Pro	cedure		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Norr Solely by Maint.	nally Used		bestos Containing Material al systems insulation, surfacing,	Amount (Specify		batement Type			
material (NOW) in Facility (10)	/Custodial Staff	(12)	VAT, or other mis		or LF)	Re	emove Repair End	cap Enclose		
	YES NO	ŇA	1							
Executive Restrooms	×		Mirror Mastic		40 SI	F 🗵	1			
A STATE OF THE STA										
					-					
					-					
Name of Reg. Waste Hauler		aste Haule		Cubic Yards of Waste: 5 0	CY		Registered Landf			
Newark Carting, Inc.	NJ DE	P # 4509				G.R.O.V	V.S. North La	naiili		
Newark, NJ 04509				L			10::0::			
N					posal Dat		City, State 100 New Fo	ord Mill Rd		
Notes: None				06	30/201	1	Morrisville, I	PRINCIPAL STATE OF THE STATE OF		
			215-7							
Completed by (Print or Type)	<u>Title</u>			Signature		Date	•			
RAYMOND C. PEDALIN			CT	Raymond C. Pedalin	a	Decem	ber 5, 2016			
	MANAG	ER		Raymond C. Pedalino December 5, 2016						

										1 1	111					
Date of Notification (1) 12 /	14 /	16			1.000	e of Buildin ermath S		ner/Operator ((2)	1	1	DE	7 2	0	2016	ì
Agencies Notified	Type Notific	ation			Chana	4 A -1 -1										
☐ EPA	Initial	Jation			100000000000000000000000000000000000000	t Address	. D.:	C!4- 20	10		1	laasi	ÓŞ	CON	Ti.	
□ DOLWD		d						ive, Suite 20	10	1,				(E.F.)	ů,	
□ DHSS	Amendm					State, Zip (rora, Illin										
DCA			cludin	g		of Contac		00004								
(NJAC 5:23-8)	justificat Cancella					Dulce Ca				Tele	phone	Numbe	er			
Name of Equility Where A	h-4	T . I .	DI	(0)	FA	CILITY IN	VFOR	RMATION								
Name of Facility Where A	batement is	ıakınç	Place	(3)					Type of Facility (
Street Address									School (K-12) Subchapter 8		er than	K-12)				
Street Address									Other (i.e., pr homes, etc.)				al bu	uilding	js,	
City (5)									Square Feet	# c	f Floor	S	В	dg. A	ae	
Hainsport	K.								2500	2		-		60+	3.	
County (6)					Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Prid	or if b	eing de	emolish	ed)			
Burlington									Residential							
Name of Monitoring Firm		ding C)wner	(8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)							
Watterson Environn	nental						В	RISTOL EN	VIRONMENTAL	, INC	٥.					
Street Address							Stre	et Address			EV.110					
1827 Walden Office	Square						1	123 BEAVE	R STREET							
City, State, Zip Code							City	, State, Zip Co	ode							
Schaumburg, III 601							84	47-925-9800								
Project Manager for Monit	oring Firm	1		Tele	phone	No.	Tele	ephone No.		Lic	ense N	lo.				
Rollie Jones				2000	9-392	and a second	21	15-788-6040		0	0509					
Start Date (10)						te (11)	1000	ne of OSHA M					2000	******		
/		- 1			_ / -	16	В	RISTOL EN	VIRONMENTAL	, INC	; .					
Occupancy Status During																
☐ Facility Closed/Vacated ☐ Abatement Performed	During Enti	re Per	iod of	Abate	nent			123 BEAVE								
Time of Abatement: 7:	00AM-3:30F	PM/	P	у поиг М	S - Describe City, State, Zip Code BRISTOL, PA 19007											
Scope of Work (Check all	that apply)															
≥3 sf or ≥3 lf			⊠ Re	novati	on			☐ Full Cont Mini-Enc	ainment with Nega	ative I	Pressui	re				
☐ ≥160 sf or ≥260 lf			☐ De					Glovebag	Procedure							
								☐ Non-Exe	mpted (*) and Non	-Friat	ole Pro	cedure				
1	,			Locat Norma									Ab	ateme	ent T	уре
Location of Asbestos-Containing M		1)		d Sole		Ashe		Description o Containing Ma		1	Amount		Re	Re	En	En
TO BE ABAT				intena odial			., ther	mal systems i	nsulation,	(Specify	,	Removal	Repair	cap	Enclosure
IN Facility (13)	/		Ousi	(12)	otan:			urfacing, VAT, er miscellane		S	F or LF	.)	<u>a</u>		Encapsulate	ure
3.72			Yes	No	N/A		Otti	or misocharice	, ,						e e	
Kitchen						Sheet F	loori	ng			90 SF		\boxtimes			
													П	П	П	П
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubi	ic Yards of	Name of Registe	ered L	andfill					
CERTICE TRANSPORT GROOF INC						No.	Was	te Cu Yd	MINERVA L							
City, State								osal Date	City, State	-						
NEW CASTLE, DE				12	16//16	WAYNESBL	IRG,	ОН								
Completed By (Print or Typ	oe)	Title						Signature	1		1 .	Date	/	,	,	
Gino Pizzigoni		Es	timat	or			. /	128	12	1/1	5/1	6				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(F	ursua	ant to NJ	AC 8:60 and 5:1	6)							
Date of Notification (1) /14	_ /	16				ng Owner/Operator Services LLC	(2)	DE	C 2	0 2	2016			
□ EPA 🗵 II	Notification	on			et Address Executiv	ve Drive, Suite 20	00	Account many of	16.8 15.5		78.			
	mended	n.		City,	State, Zip	Code		· w,	-			le le		
D 01100	mendmen mergency		_	At	urora, Illin	nois 60504								
	stification)		ıy	Nam	ne of Contac	ct		Telephone Nur	nber					
	ancellation			M	s Dulce C	asas								
				FA	ACILITY IN	NFORMATION								
Name of Facility Where Abaten Street Address	nent is Tak	ing Plac	ce (3)				Type of Facility (- School (K-12) Subchapter 8 Other (i.e., pri homes, etc.)	(Other than K-1 vate and comm	ercial b					
City (5)							Square Feet	# of Floors	E	Bldg. A				
Hainsport							2500	2		60+				
County (6) Burlington				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Prio Residential	or if being demol	ished)					
Name of Monitoring Firm Hired	by Building	Owner ((8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)				3.5	-		
Watterson Environmenta	al					BRISTOL EN	VIRONMENTAL	AL, INC.						
Street Address	Miles			Street Address										
1827 Walden Office Squa	ire					1123 BEAVE								
City, State, Zip Code						City, State, Zip Co	ode				5-117.7			
Schaumburg, III 60173						847-925-9800								
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No.						
Rollie Jones			6	09-392	2-4200	215-788-6040		00509						
Start Date (10)12	4	eduled (ate (11) 16	Name of OSHA M BRISTOL EN	onitor /IRONMENTAL,	INC.						
Occupancy Status During Abate Facility Closed/Vacated During				ment		Street Address	RSTREET							
Abatement Performed Outsid Time of Abatement: 7:00AM	e of Norm	al Facilit	y Hou	rs - Des		City, State, Zip Co BRISTOL, PA								
Scope of Work (Check all that ap	ply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovat emolitio			Mini-Encl Glovebag	osure Procedure	h Negative Pressure						
		10 223	Loca	50.5000					Ab	atem	ent T	уре		
Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	(ACM)	Use Ma	Norma ed Sole intena todial (12)	ely by nce/		Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Kitchen					Sheet Fl	looring		90 SF		П	П			
Kitolieli					- Chicae i	.com.g								
								붐						
								H						
A Consistent Masta Maria					Monto	Cubia Varda of	Name of Posietor	ad Landfill		ш	ш	ш		
Name of Registered Waste Haule BRISTOL ENVIRONMENTA		1,000	NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste G.R.O.W.S. NORTH LAND 18706					FILL						
City, State BRISTOL, PA 19007						Disposal Date 1216//16	City, State MORRISVILL	E, PA 19067						
Completed By (Print or Type)	Title	8		Signature Date				Date , ,						
Gino Pizzigoni	stimat	or			7.1	Espizari ,	19X 1	2/1	14/1	6				

	Name of Building	g Owner Operator (2)	27405 00	DEC 2	0 2016
Date of Notification (1) 44.77.2046 11/25/2016 12/12/2016	TULFRA HA	AMPSHIRE SELF ST	URAGE CO. 1	010 2	- 1010
Agencies Notified Type Notification	Street Accress	ASSAIC STREET			
EPA DEP Amenament = 12 Amenament = 12 Emergency including	One Store 7in		EY 07662	I NOT M	5000
DOL Emergency (including justification) Cancellation	Name of Conta	P	Telepi	rone Number	
	The second secon	NFORMATION Type	of Facility (4)		
Name of Facility Where Abatement is Taking Place (3 TOTOWA BUSINESS CENTER # 100 Street Address)	<u>_</u>	School K-12 Subchapter 8 (Other Other (i.e. private & 0	inan K-12 sommercial built	dings names.
930 NORTH RIVERVIEW DRIVE			etc. are Feet = of F	laars B	Bidg, Age
City (5) TOTOWA		118	5.000 ren: Use (Prior if being	2 gemolished)	1962
County (6) PASSAIC	County Code (STATE USE C	ONLY) S-	1/B		
Name of Monitoring Firm Hired by Building Owner (8 BIOTERRA ENVIRONMENTAL SOLUTION) ASCM No.	Name of At INCINIA	contractor (CONTRACTING	; .INC.	
Street Address 1030 CHESTNUT STREET # 1224			IFTON AVENUE	. UNIT 365	
City. State. Zip Code UNION, NEW JERSEY 07083		City. State CLIFTO	Zip Code N. NEW JERSEY		
Project Manager for Monitoring Firm	Telephone N 973-494-3			License No. 01036	
RICK EUSTAQUIO Start Date (10) 12/15/2016 Schedu	iled Completion Date	(11) Name of C	SHA Moritor A CONTRACTING	i. INC.	
12/16 Tentaive 12/19/16 12/16 Occupancy Status During Abatement (Check Only C	/2016 1/27/20	Street Add	ress		
- Fatta Barias a			LIFTON AVENUE	UNII 300	
Abatement Performed Outside of Normal Facility Other – Describe: M-F. 7 AM - 5 PM	ity Hours	City State CLIFTC	. Zio Code DN. NEW JERSE	Y 07012	
Scope of Work (Check All That Apply)					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demoition		Full Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) an		
		<u>\</u>	Non-exempled () all	L NO. P. Hoole .	Abatement
Aspestos-Containing Material (ACM)	Is Location Normally Useo Solely by Maintenance Fustocial Staff? (12) s No NA	Description of Aspestos Containing Mat I.e. thermal systems in surfacing, VAT. other miscellaned	erial (ACM) / esulation. (or S	Amount Specify Flor LF/	Enclosure Encapsulate Repair Removal
	X	PIPE INSULAT	ION	30 LF 3	
1ST FLOOR		PIPE INSULATION		20 SF 3	
1ST FLOOR		VAT - WHIT		00 SF 3	
1ST FLOOR OFFICE	X				
1ST FLOOR OFFICE	X NJDEP Was	VAT - TAN	2 Name of Regis	00 SF /	
Name of Reg stered Waste Hauler ATLANTIC CARTING	Hauler ID N NJ 691				ANDFILL COR
City State WAYNE, NEW JERSEY 07470		Disposal Date TBD	City, State BETHLEHE	M. PA	11/25/2016
Completed by Tit		Signayare	10 -	Date	
MILENA ZORIC E	XECUTIVE DIRE	CIUR UV			7/28/8 12/12/2016

Location of Aspestos- Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or 1 F)		Repair	i i i i i i i i i i i i i i i i i i i	Lachisure
	Yes No NA						
15 Figor – Foyer	X ·	VAT, Blue	300 SF	X			
2ne Floor	X	VAT and associated Mastic	40.000 SF				

no Ch

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

Date of Notification (1)	15				Na	me of B	uilding	g O	wner/Operator	(2)			DEC	-2	0 2)16	-
12/		16				Doug S					6	ria h	4	1	# 0.55°	3,	95
	pe Notific	cation			Stre	eet Addr	ress					111	SEDI.		1.11	20	2.1
_	Initial	-56.0											1.1	7.14			2.0
	Amende Amendr				City	y, State,	Zip C	Code	e							\.	
14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Emerger	-		-	T	oms R	liver,	N.	J 08753								
I I I I I I I I I I I I I I I I I I I	justificat		Olugii.	g	Nar	me of Co	ontact	t				Telephone	Numb	er			4256
	Cancella	ation			D	oug S _l	pellm	nan	1		I	V Tanada a garan					
					F	ACILIT	Y IN	FO	RMATION								
Name of Facility Where Abate Residence	ement is	Taking	j Place	e (3)						Type of F	Control of the second)					
										School	ol (K-12)	Other than	14 40)				
Street Address										Other	iapter 8 ((i.e., priv s, etc.)	Other than rate and co	mmero	cial b	uildin	gs,	
City (5)									eet	# of Floor	rs	В	ldg. A	ae			
Island Heights										f	1			65	ige		
County (6)					Co	unty Co	de (7)	(ST	ATE USE ONLY)	Current U	Ise (Prior	r if being de	emolish				
Ocean										Reside		-		93%			
Name of Monitoring Firm Hire	(8)	ASC	M No.		Na	ame of Abatem	ent Contrac	ctor (9)									
N/A						Guardian Co											
Street Address								-	reet Address	3,1000							
					-	1889 Route 9	9, Unit 61										
City, State, Zip Code					Cit	ty, State, Zip Co	ode							-			
					7	Toms River,	New Jers	ey 0875	55								
Project Manager for Monitoring	Те	elephon	e No.			lephone No. 732-349-9932)		License N	10.							
Start Date (10)	5	Schedi	uled C	omp	letion [Date (11))	- 12	me of OSHA M			0002-1					
12 /23 /16	6	13	2_/	_2	23_ /	16			E.M.S.L. Ana								
Occupancy Status During Aba	atement (Check	only (one)					eet Address	-							
□ Facility Closed/Vacated Du	uring Entir	re Peri	iod of	Abat	ement				056 Stelton								
☐ Abatement Performed Outs	side of No	ormal F	Facility	у Но	urs - De	s - Describe											
Time of Abatement:	_AM	PM	/	_PN	/	_AM			Piscataway, I		ev 0885	4					
Scope of Work (Check all that	apply)								······································	1011 00100	J 0000	-					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			□ Re 図 De														
			Is	Loca	ation	T		100			110111	TIADIC I TO	ccuure		ateme	ont T	vno.
Location of				Norm	ally lely by				Description o	f				- 222			
Asbestos-Containing Mater TO BE ABATED	rial (ACM)			ance/	A	sbest	the	Containing Ma ermal systems i	terial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?		(1.0.,	S	surfacing, VAT,	or		(Specify SF or LF		ova	=	psu	nsc
(13)		-	Yes	(12 No	-			oth	her miscellaned	ous)						late	e,
exterior			П				estos	e e i	iding			FF0 -5		N			
		-				asbe	55105	5 51	unig			550 sf					
		-						_						Ш	Ш	Ш	
					44			_									
Name of Decistered Wests II																	
Name of Registered Waste Hat Guardian Contracting, Ir				100	NJDEP Hauler I	Waste	1000	Cub Was	oic Yards of	The state of the s	- Contract of the contract of	ed Landfill					
outrain contracting, inc.						3		3		T.R.R.							
City, State Toms River, New Jersey					oosal Date	City, State											
				12	2/26/16	Tullyto	own, Pe	ennsylvar	nia								
Completed By (Print or Type) Nicholas Fernicola		Title							Signature				Date				
Nicholas Fernicola		Pro	ject	Man	nager					\	te		115	115	111.		

Print Fo



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

Date of Notification (1)				RITTE I						
Agencies Notified Type Notification			Address	RITCI						
EPA DEP DOL Amended Amendment # Emergency (in justification)		City, S	ate, Zip Co	gitelt Sitel), UN; C	1090	whor -	_	28	
DCA Cancellation		11.00	ILITY INFO						-	
Name of Facility Where Abatement is Taking RITTERS LOME Street Address	Place (3)				Other (i.e. p	2) 8 (Other than K-12 private & commerci	al build			S,
City (5) WESTE I ELD					Square Feet 3600	# of Floors	,	da A	Ž	
County (6) UNION			Code (7) USE ONLY	-	RESIDE					
Name of Monitoring Firm Hired by Building On	wner (8)	ASC	M No.	Name 45668	of Abatement Cor	ntractor (9) 25 dir. INDI	AN A	RN:	W	1949
Street Address				100703230000	Address					
City, State, Zip Code				City, S	State, Zip Code	NJ 0.7570	1			
Project Manager for Monitoring Firm		Teleph	one No.	O 3 3	6539652	125	10.			
Start Date (10)	Scheduled C	Sompletion &	Date (11)	G01	of OSHA Monitor	₩				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Aba	tement ours		144	Address Milh State, Zip Code TENSON	ST 20 CU	150))		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		ovation polition		V	Mini-Enclosur Glovebag Pro				9	
	Is Lo	cation						Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi (1	mally solely by enance/ al Staff?	(i.e.	Description tos Containing M thermal system surfacing, VA other miscellar	Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
FIRSTPLOOP	V	/		TSI		KOLF	V			
Name of Registered Waste Hauler	NJDEP Hauler	D No.	Cubic Yards of Waste TBD Disposal Date	FAI City, Sta	Registered Landfille AS HILLE	15	PA	2		
Completed by GORAN TGEN	Title	P		Signatur			12/	161	16	٦ .

D&S Proj. #: 16-370

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

1 1 1			
Control of the Contro			
11 11	HAC	2.0	2016

Name of Building Owner/Operator (2) Date of Notification (1) 1 2 / 1 2 / 1 6 ASBESTOS CONTROL & andy petricoff Agencies Notified Type Notification Street Address EPA ✓ Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency MONTCLAIR, NJ 07042 X DOH (including Name of Contact Telephone Number justification) ☐ DCA andy petricoff Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) andy petricoff Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) MONTCLAIR **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/22/16 01/20/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing staff(12) n material (acm) to be m D C (Specify SF or material (ACM) C 0 abated in facility (13) a a Yes No N/A L BASEMENT PIPE INSULATION 249 1 ft M BASEMENT BARE HEATING PIPES 381ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 3 vds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 12/23/16 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 12/14/16 Do not use this form for ashestos licensure exempted activities ASR-41

CK009469

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

n	E	1	0	0	20	IR	
5.1	-		100	1.1	611	111	

Date of Notification (1) 12-16-16	· · · · · · · · · · · · · · · · · · ·		Name of Building Owner/Operator (2) Dupont Nemours Company							EA	10			
	otification Type		Street A Rt 130 S		5			ASSEST	OS CO	TMC	RC	L	j Št	
☑ DEP ☐ ☐ DOL	Initial Amended		City, Sta Deepwa				L. P.	E	10 1 40	W2		CIF -		
□ DOH	Emergency (Includin Justification) Cancellation		Name o Joe M					Telepho	one Nun	nber				
			EAC	II ITV I	NFORM	ATION								
Name of Facility Where Abate	smont in Taking Diese	(2)	FAC	ILIII I	NFORW	ATION	Tune of Faci							
Chamber Works Plant	ement is Taking Place	(3)					Type of Facil							
Street Address Rt 130 South							Subchapt Other (i.e homes, e	er 8 (other th private & co			ildin	ıgs,		
City (5) Deepwater							Square Feet							
County (6) Salem					County Code (7) (STATE USE ONLY)					shed)			
Name of Monitoring Firm Hire Harvard Environmental	<i>-</i>	ASCM N	10.		of Contractor (9) ty Environmen	tal								
Street Address 761 Pulaski Hwy				Street	Address Iew Churchma									
City, State, Zip Code Bear, De					ate, Zip Code Castle, DE 197	720								
Project Manager for Monitoring Wesly Morrison	elepho 02-32	ne No. 26-233	3	Teleph	one Number 322-8946		License 00578		r					
Scheduled Start Date (10) 1-2-17	Scheduled Comp 3-31-17	oletion	Date (1	1)	1900 acceptant	of OSHA Monitor ty Environmen	tal ((17-003A)						
Occupancy Status During Aba	I stement (Check only o	ne)				Address Iew Churchma	ns Pood		e e constituente					
 ☐ Facility Closed/Vacated Du ☐ Abatement Performed Outs ☐ Other – Describe: Unoccup 	side of Normal Facility	Abatem Hours	ement											
Scope of Work (Check all that			r	Z D		M F. II O	and the state of the state	D	SCHOOL STATE					
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$			Ĺ		ovation nolition	☐ Mini-Enclos ☐ Glovebag I)				
		ls	Location	on.						_	ate		nt	
Location of Asbestos-Containing M	aterial (ACM)	Use Ma	Normally ed Solely intenan Custodia	y by ce/		Description of stos Containing Ma thermal systems surfacing, VAT	aterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Í	_	Enclosure	
TO BE ABATE IN Facility (13			Staff? (12)			other miscellane	eous)	us)		ioval	pair	sulate	osure	
		Yes	No	N/A										
Thermal Systems			X			al coverings throu		10,000LF 3,000SF		X	V	V		
Thermal Systems Floor Tile /Mastic		X			ile and mastic thro	×	2,300SF		X	X	1	\neg		
Name of Reg. Waste Hauler S&J Transport.	NJE ID N 032	DEP Wa No.	ste Ha		Cubic Yards of Waste >30		eg. Landfill							
City, State Woodstown, NJ					Disposal Date TBD	te City, State Morgantown, PA								
Completed by T Evelyn Walsh (Signature	Date 12-16-16								

CK 00941de

Notification Type

☐ Emergency (Including

☐ Initial

Name of Facility Where Abatement is Taking Place (3)

Justification)

Cancellation

Date of Notification (1)

Chamber Works Plant

Street Address Rt 130 South

City (5) Deepwater

Agencies Notified

12-16-16

⊠ EPA ⊠ DEP ⊠ DOL

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

Chemours Company FC LLC

FACILITY INFORMATION

Street Address 1007 Market Street

City, State, Zip Code Wilmington, DE 19898

Name of Contact

Joe Murphy

Name of Building Owner/Operator (2)

			1818 IDng	1
		g C E I	VEN	Care of Charles and Market Control
	S. C.	DEC 20	2016	Christian statement of base base of second
	A	SBESTOS CO LICENS	ING	
		Telephone Nu	mber	
	Square Feet	# of Floors	Bldg. Age	
	Current Use (pri	I ior if being demo	lished)	
) en	tal			
na	ns Rd.			
97	20			
		Lineman Missala		

County (6) Salem					inty Code (7) (E ONLY)	STATE	Current Use (prior if being demolished)								
Name of Monitoring Firm H Harvard Environment		(8)	ASCM No		Name of Cont County Env		al								
Street Address 761 Pulaski Hwy					Street Addres 461 New C	s hurchmai	2.020.0								
City, State, Zip Code Bear, De					City State, Zip New Castle		20								
Project Manager for Monito Wesly Morrison	ring Firm	Telepho	ne No. 26-2333		Telephone Number License Number (302) 322-8946 00578										
Scheduled Start Date (10) 1-2-17	-2-17 3-31-17					Name of OSHA Monitor County Environmental (17-003A)									
	Occupancy Status During Abatement (Check only one)						Street Address 461 New Churchmans Road								
 ☐ Facility Closed/Vacated ☐ Abatement Performed C ☐ Other – Describe: Unoc 	utside of Normal Fac		City, State, Zip Code New Castle, DE 19720												
Scope of Work (Check all that apply)					vation Ilition	Mini-Enclos Glovebag F									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N				by e/	Asbestos Co (i.e. therm surf other	al systems i facing, VAT r miscellane	terial (ACM) nsulation, , or ous)	Amou (Spec SF or I	ify	Removal	Ту	e e Encapsulate			
Thermal Systems			X		Thermal cove			10,000LF		Х					
Thermal Systems			X		Thermal cove			3,000SF		V	X	X			
Name of Reg. Waste Hauler					Waste >30	Yards of	Name of Ro Constoga	2,300SF eg. Landfill		X					
City, State Woodstown, NJ					Dispo	sal Date TBD	City, State Morgantow	n, PA							
Completed by Evelyn Walsh						ture			Date 12-16	6-16	6				
						8									