

CK# 1478

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Date of Notification (1) 1-29-2018					of Building of Bui				[F	7 E	C	E	7 1	V/ [
Agencies Notified Type	Notification			Street A	Address						, (0)		Ш	7 1
□ EPA 🗓	Initial			One \	Washingt	to Boule	vard	Suite 9		3				
X DOL _ /	Amended Amendment #_				ate, Zip Co insville, N		1	***************************************		Ц	FEB	-	5 21)18
	Emergency (inclustification)	cluding		Name o	of Contact				This	-6-4- 1	lumbar			Chicherion (Inches
DCA C	Cancellation			Paul									LNO.	FROL
Name of Facility Where Abatem	ent is Taking P	Place (3	3)	FAC	ILITY INFO	ORMATIO	N	Type of Facility	(4)			O-14	OII YO	PERSONAL SPRINGER
Former Kepner-Tregoe, I								School (K-						
Street Address								Subchapte	r 8 (Othe	r than K	-12)			
17 Research Road								Other (i.e. etc.)	private &	comme	rcial bui	ldings	, hom	es,
City (5)								Square Feet		Floors	1	Bldg.	Age	
Montgomery Township								40,000	1			50+		
County (6) Somerset					Code (7) USE ONLY)		_	Current Use (Pri Abandoned 1						
Name of Monitoring Firm Hired I	by Building Ow	ner (8)		100000000	M No.			of Abatement Co		9)				
n/a Street Address				n/a				nony Contract	ing					
n/a								Address Palisade Ave.						
City, State, Zip Code								ate, Zip Code	-					
n/a						1.0	5.5	eld, NJ 07026	3					
Project Manager for Monitoring F	Firm			Telepho	ne No.	1.5		one No.		License	No.			
n/a				n/a			973-	460-6026		01255				
Start Date (10) 2-7-2018		chedule		npletion	Date (11)			of OSHA Monitor nony Contract						
Occupancy Status During Abate	ment (Check O	nly Or	ie)					Address	- 3					
Facility Closed/Vacated Du	ring Entire Peri	iod of A	Abaten	nent		;	360 F	Palisade Ave						
Abatement Performed Outs Other – Describe:	side of Normal F	Facility	Hours	3				ate, Zip Code						
Scope of Work (Check All That A	\nnlu\					-	Garfi	eld, NJ 07026	3					
	vbbià)	П.					EX							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Į	prompted to the same of the sa	enova emolit				X	Full Containme Mini-Enclosure Glovebag Prod	e cedure					
		(000					X	Non-Exempted	d (*) and	Non-Fria	able Pro	industriana	VIII December	
V			Locati Iormal										ement /pe	i .
Location of Asbestos-Containing Materia	I (ACM)	Use	d Sole	ly by	Asbesto	Descri os Contain		of aterial (ACM)	Am	ount				
TO BE ABATED In Facility	3 3		ntenar odial S				stems	insulation,		ecify	Rer	R	Encapsulate	Enclosure
(13)			(12)			other misc			SF (or LF)	Remova	Repair	psul	losu
		Yes	No	N/A							1 =	li seesit	ate	Ге
Throughout Bldg & Under	r Carpet	Х				9x9 Flo	oor T	ile	7,30	0 SF	×			
Throughout Bldg & Under	r Carpet	Х				Ма	stic		7,30	0 SF	x			
Loading Dock			Textur	ed Plast	er O	n Columns	200	SF	x					
HVAC Duct in Reception	n Area	х			,	Vibration	n Dar	nper	12	LF	x			
Name of Registered Waste Haule	Name of Registered Waste Hauler						rds	Name of I	Registere	ed Landf	III			
TBD	1000000	auler ID BD	No.	of Waste TBD		TBD								
City, State TBD						Disposal I	Date	City, State	9					
Completed by		Title				Sign	ature			1 (2)	ate			
E. Cirovic		Secre	etary			14	4		_	1	-29-2	018		

161100	L Not	TIFICA	TION OF	of New Jers	SABATE	MENT		DEC	; E		Prin	t For
Date of Notification (1) 1/29/2018		Nai	me of Bu	uilding Owne & Shirley (r/Operator			ID) FE	B - 5	20	118	277
Agencies Notified Type Notification		Str	eet Addr					ASBES	STOS C	ONT	ROL	&
EPA Initial Amended Amendment:		В	everly,	Zip Code NJ 08010								
DOH justification Cancellation	g	ıA	me of Condrew	Ricco	TION			Telenhone Ni	imber			
Name of Facility Where Abatement is Taking Vacant SFD	g Place (3)		FACILII	TY INFORMA	TION		of Facility (4 School (K-12		12)			
Street Address 100 N Garden Blvd						X	Other (i.e. pr etc.)	ivate & commerc	cial build			3,
City (5) Beverly							are Feet	# of Floors		dg. A		
County (6) Burlington		(\$7	unty Co	EONLY)				r if being demolis	sneu)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM N	lo.	Rico		nstruction					
Street Address					282	Cree	k Road Zip Code					, i
City, State, Zip Code		То	lephone	No	Bell		, NJ 08031	License	No.			
Project Manager for Monitoring Firm Start Date (10)	Scheduled		•		856	.466.	64552 HA Monitor	01339				
1/29/2018 Occupancy Status During Abatement (Chec	1/29/201	8	Cuon Da		And	rew F	Ricco				A second	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Aba	atemer	nt		282 City, 5	Cree State,	k Road Zip Code r, NJ 0803	1				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio nolitior				M G	ini-Enclosure				e	
	1	ocation rmally	1		Descriptio	1/2				Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	(12)	e/ aff?	, sı		Materi ns insu AT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	Yes	No	N/A X	T	ransite S	iding		400 SF	Х			
										9		
Name of Registered Waste Hauler		Hai	DEP Wa	-	ubic Yards Waste		Name of Salem	Registered Land	fill			
Ricco Construction Corp City, State		2	8909		1 sposal Dat FBD	te	City, State	е		- (20)		
Bellmawr, NJ Completed by Andrew Ricco	Title	r			Signatu	re /	in li		Date 1/29/2	018		

h 1608	PI	2	CATION	te of New Jers OF ASBESTOS ONJAC 8:60 a	SABATE	MENT 0)					\mathbb{V}		
Date of Notification (1) 01/26/2018				Building Owner d Helmer	/Operator	(2)	1		FEB -	- 5	2018	}	L
Agencies Notified Type Notific	ation		Street Ad	idress				A	SBESTOS	S CO	NTRO	DL &	
X EPA X Initial X DEP Amend X DOL Amend	led			te, Zip Code			le de			NSI		e en Principal de	method calculated to
Emerg	Iment # ency (including	-	Short F	Hills, NJ 070	78			Tol	enhone Nun	ahor-			
DOH justifica				d Helmer					JANUAR IVIII	A A A A A A A A A A A A A A A A A A A			
Name of Facility Where Abatement is	Taking Place (3))	FACIL	ITY INFORMA	TION	Туре	of Facility (4)					
House							School (K-1		or than V 15	1)			
Street Address						×			er than K-12 & commercia		dings,	home	es,
City (5) Short Hills							e Feet	# of N/A	f Floors A		ldg. A I/A	.ge	
County (6) Essex			County C	Code (7) ISE ONLY)		Currer		or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Bui	Iding Owner (8)		ASCM	No.	10 CONTRACTOR		ement Cor ement,Inc		(9)				
Street Address						t Addres Roseng	s Iren Avei	nue					
City, State, Zip Code						State, Zij wa, N	p Code J 07512						
Project Manager for Monitoring Firm			Telephor	ne No.	N. C. S.	hone No -345-86			License N 01311	0.			
Start Date (10) 02/07/2018	Schedule 02/08/2		npletion [Date (11)			IA Monitor ement, In	C.					
Occupancy Status During Abatement			THE THE			t Addres	s Iren Avei	nue					
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe: occupied	intire Period of A f Normal Facility	Hours	nent s		City, S	State, Zi			11100				
Scope of Work (Check All That Apply)		-				_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova			anno anno	Min Glo	i-Enclosure vebag Pro	e cedure	Negative F			e	
	100	Locat						_ (/			Abate	ement	Ċ
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	M) Use	lormal d Sole intena odial ((12)	ely by nce/ Staff?	Asbestos Co (i.e. therm sur		Material ns insula AT, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									te	(U
Basement		X		Pip	e Insula	ation		1.	45 LF	X			
Name of Registered Waste Hauler		0.5	J NJDEP W Hauler ID	41.40.00° - 1 20.0000	ic Yards Vaste				ered Landfill				
D&S Abatement, Inc.		11 (20.00)	0996	TBI)				gement o	t PA			
City, State Totowa, NJ				Dis _i TBI	oosal Date O	e _/	City, Stat		PA				
Completed by Oliver Hegedis	Title Proje	ct Ma	anager		Signatur		/_			ite 1/26/	2018		

Print Form

Ch 11007	P		CATION	ate of New I OF ASBE to NJAC 8	ESTOS	ABATE	MEN	Т) <u>E</u>	G		Pr W	int For
Date of Notification (1) 01/26/2018				f Building (t Ilaria	Owner/0	Operator	r (2)		141	- Film	EB	- 5	2018	
Agencies Notified Type Notification EPA Initial			Street A	ddress						ASB	ESTO:	S CO ENSI	NTRO	DL&
X DEP Amended X DOL Amendment		_ [ate, Zip Co on, NJ 0					-		NE SUPERIOR PRO	and the second second	ACTION AND ADDRESS OF THE PARTY	THE PERSON NAMED IN
■ Emergency justification) ■ DCA Cancellation				f Contact t Ilaria					Talar	hone N	ımher			
Name of Facility Where Abatement is Takin	g Place (3	3)	FACI	LITY INFO	RMAT	ION	Тур	ne of Facility (4	.)					
House		e.f.						School (K-12	2)					
Street Address							×	Subchapter (Other (i.e. pr etc.)				ildings	, hom	es,
City (5) Madison							Squ N/A	uare Feet	# of F N/A	loors		Bldg. / N/A	Age	
County (6) Morris				Code (7) USE ONLY)			1 2 2 2 2	rrent Use (Prio ouse	r if being	demoli:	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	/ No.				batement Cont atement,Inc		9)				
Street Address	1					Street 11 R		ress ngren Aven	ue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		No. -8685		License 01311	No.			
Start Date (10) 02/06/2018	Schedul 02/07/2			Date (11)				SHA Monitor atement, Inc).					
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: occupied						City, S	State,	ngren Aven Zip Code NJ 07512	ue					
Scope of Work (Check All That Apply)				<u> </u>		1010	···a,	110 07012						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	N C	ull Containmen Mini-Enclosure Glovebag Proce	edure					
Location of	1000	Locat						Ion-Exempted	(*) and i	NON-FRA	ible Pri	Abat	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial (12)	ince/ Staff?		os Cont thermal surfa	scription taining N system cing, VA niscellar	Materi s insu T, or		(Spe	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ate	е
Basement		X				VAT			NO NOTICE OF	SF	X			
1st Floor		X				VAT			150	SF	X			
Name of Danistavad Waste Hards			LIDEDI	lasts 1	0.1.	V		I No. 15		37				
Name of Registered Waste Hauler D&S Abatement, Inc.		F	NJDEP W Hauler ID 0996	(1000)(175)	of Was	Yards ste		Name of R Waste N						
City, State Totowa, NJ					Dispos TBD	sal Date		City, State Moorisvi						
Completed by Ned Joksimovic	Title Proje	ct Ma	anager		S	Signature	5	FN			ate 11/26/	2018		

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2h 3015807	N	IO IF	Sta CATION ursuart	of New OF ASBE	Jersey STOS AB 60 and 1	ATEN 2:120	TENT				C [-			n n n
Date of Notification (1) 01/26/2018				Building Co	Owner/Ope ca	erator	(2)		UL	i t	EB	5	20	18	L
Agencies Notified Type Notification			Street Ad	ddress						ASB	ESTOS			ROL	&
X EPA X Initial Amended Amendmen	t #	_		te, Zip Coo Ridge, NJ					L		LICE	11/0	ING		
□ Emergency □ justification □ DCA □ Cancellation)		Name of Jodi Be	Contact edagliac	ce				Tele	nhone	Numbe	ar			
			FACII	LITY INFO	RMATION	V	_	- (= -:1:4	4)						
Name of Facility Where Abatement is Takin House	ng Place (3)					-	of Facility (School (K-1							
Street Address							П	Subchapter Other (i.e.)	8 (Othe	er than & comm	K-12) nercial b	uildi	ngs,	home	s,
City (5)							Squa	etc.) re Feet	# of	Floors			ig. A	ge	
Glen Ridge County (6) Essex			County C	Code (7)			N/A Curre	ent Use (Pri			olished))			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM		N		of Aba	tement Co ement,In		(9)					
Street Address					S	Street	Addre								
City, State, Zip Code						City, S	tate, Z	ip Code IJ 07512							
Project Manager for Monitoring Firm			Telephor	ne No.		7.0	one N 345-8			Licens 0131	se No. 1				
Start Date (10) 02/08/2018	Schedule 02/09/2		npletion [Date (11)	100			HA Monitor ement, Ir							
Occupancy Status During Abatement (Che	ck Only On	ne)					Addre								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: occupied					C	City, S	tate, Z	gren Ave ip Code IJ 07512	nue						
Scope of Work (Check All That Apply)				V 1/1											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Mi Gl	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					er.	
Location of	1	Locat	2000		Doggr	ription	Committee of the commit	n-Exemple	u () an	u Nori-r	Tiable			ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial ((12)	nce/		tos Contair thermal sy surfacin other mis	ning M /stem: ng, VA	lateria s insul T, or	ation,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		D: 1				0/	2015				ite	CD
Basement		X			Pipe Ir	nsula	tion		20	00 LF		X			
Name of Registered Waste Hauler D&S Abatement, Inc.		H	JDEP W lauler ID 0996		Cubic Ya of Waste TBD			Name of Waste				PA			
City, State Totowa, NJ					Disposal TBD	l Date		City, Sta Mooris		PΑ					
Completed by Ned Joksimovic	Title	ect M	anager		Sign	nature	5	4/	_		Date 01/2		018		

2h/1604		P		MATION	TE OF New OF ASSE NJAC 8	STOS A	ABATEN				EG	<u> </u>		<u> </u>		
Date of Notification (1) 01/26/2018					Building © VanLinte		perator	(2)		J U	ttt	-	J	2018)	
_	ype Notification			Street Ad	Idress						ASBES1				DL &	
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Coo orne, NJ		6			NACTOR AND DE	acustant/downstron-resi	ICEN	SIN	IG	Y-PC-20073679	-
⊠ DOH DCA	Emergency (justification) Cancellation	including		Name of						Tel	enhone N	Ji imhe	Г			
Name of Facility Where Ab	atement is Takin	g Place (3)	FACIL	ITY INFO	RMATI	ON	Type o	of Facility (4)			_	82311	1	
House Street Address								x S	ichool (K-1 subchapter other (i.e. p	8 (Oth			uildi	ngs,	home	:S,
City (5) Hawthorne								Squar N/A	e Feet	# o	f Floors A		Blo N	dg. A	ge	
County (6) Passaic				County C	ode (7) ISE ONLY)			Currer	nt Use (Pri se	or if bei	ing demo	lished				
Name of Monitoring Firm H N/A	lired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		ement Cor		(9)					
Street Address								Addres	s ren Ave	nue						
City, State, Zip Code								State, Zij	p Code J 07512							
Project Manager for Monito	oring Firm			Telephor	ne No.		Teleph	none No 345-86).		License 01311					
Start Date (10) 02/05/2018		Schedule		mpletion [Date (11)				A Monitor ement, Ir	IC.						
Occupancy Status During A	Abatement (Ched	k Only On	ie)				Street	Addres	s				2211			
Facility Closed/Vacate Abatement Performed Other – Describe: Occ	d Outside of Norn						City, S	State, Zi	ren Ave p Code J 07512	lue						
Scope of Work (Check All	That Apply)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				=::==::::				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				\ \ \ \ \ \	Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure					9	
		(20.0a)	Locat	80.00.0000 //									-	Abate	ment pe	
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	faterial (ACM)	Use Ma	Norma d Sole intena todial (12)	ely by ince/ Staff?	Asbest (i.e.	os Con thermal surfa	escription taining N I system icing, VA miscellai	Material is insula AT, or	(ACM) tion,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		1 - 200					=	_			е	
Basemer	nt		X	1		Pipe	Insula	ation			80 LF		X			
				+			<u> </u>									
Name of Registered Waste D&S Abatement, Inc.	e Hauler		1	NJDEP W Hauler ID 20996		of Wa			Constant of		ered Lan igemen		Ά			
City, State Totowa, NJ						Dispo	sal Date	e در	City, Sta Mooris		PA					
Completed by Oliver Hegedis		Title Proje	ect M	anager			Signatur	e // /	1/_			Date 01/2	6/2	018	// // // // // // // // // // // // //	

Print Form

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CAN-TI	ഹ പ	tate	Of Ne	w Jersey	\mathcal{O}^{-1}		051	1-1	1 (U	M
Ch 2811 Pg	ursuant	to N	J.A.C	ew Jersey BESTOS AE C. 8:60 and	3ATEMEN 12:120)		EG	E	1 W	7 [5	F
Date of Notification (1)	Nam	e of Bu	uilding (Owner / Operato	or (2)		1		1 0		\parallel
O1-30-2018 Agencies Notified Type Notification				Associates, LLC	& Grand Li	nden Ap			004	0	Ш
EPA		et Addr Box 644					L FEB	- 5	201	8	
☐ DEP ☐ Initial	City,	State	& Zip C								
☑ DOL☑ Amended☑ DOH☑ Emergency		ewood e of Co	NJ 07	631		$-\Gamma$	ASBEŞŢ	os ço	NTE	OL.8	-
☑ DOH ☐ Emergency ☐ DCA ☐ Cancellation			neider					elepto	MEN	lumb =	er
	lF	ACILI	TY INF	ORMATION							
Name of Facility Where Abatement is Taking P	lace (3)			Type of Facil		- /					
Apartment Bldg Street Address				School (K-12) oter 8 (Other	than K 1	2)				
59 E. Linden Avenue				Other (i.	e. private &	commerc	ial building			etc.)	
City (5) County (6)	County	Code	(7)	Square Feet 10.621	# of	Floors	BI	dg. Ag	e 50		
Englewood, NJ Bergen	County	Code	(1)	Current Use	(Prior if bein	g demolis	shed)	100	50		
Name of Manitorina Firm Hind by Duilding O	(0)	1400	214.11	Residential	** (***)						
Name of Monitoring Firm Hired by Building Own Health and Safety Services	ner (8)	ASC	CM No.	Name of Aba Resource Ma							
Street Address P.O. Box 365		ERTE & ELL		Street Addres 2115 Hamilto		202					
City, State & Zip Code				City, State &		202					
Berlin, NJ 08009	T= 1 1			Trenton, NJ (
Project Manager for Monitoring Firm Mr. Jim Proctor	Telephon 856-452-	1311		Telephone N 609-914-427			License No	umber 0118	35		
Scheduled Start Date (10) Scheduled Col 2-12-2018 Scheduled Col	mpletion Da 2-23-2018)	Name of OSH J&S Environr		ratories. I	nc.				
Occupancy Status During Abatement (Check o		g:		Street Addres	ss						
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed during Normal H		ateme	nt	2333 Route 2 City, State &					-		
Describe: 8:30am - 5:00pm	ours.			Union, NJ 07							
Facility Occupied During Abatement Scope of Work (Check all that apply)				1							
Scope of Work (Check all that apply)					☐ Full (Containm	ent with Ne	egative	Pres	sure	
≥3 sf or ≥3 lf	-	novatio			☐ Mini-	Enclosure	е	J			
≥160 sf ≥260 If	∐ De	molitio	n				ocedures d and Non-	Criable	D		
Location of	Is Loca	tion		Description			Amount		atem		
Asbestos-Containing	Normally	Used		Asbestos-Con	taining	(Specify				700
Material (ACM) TO BE ABATED	Solely Maintena			Material (A) (i.e., thermal s		S	F or LF)	Re	D	Enc	Ē
in Facility	Custodial		ii	nsulation, surfac				Remova	Repair	aps	Enclosure
(13)	Yes No	N/A		or other miscell	aneous)			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ŧ	Encapsulat	ure
Boiler room		IN/A	Dine	rap insulation			66 LF				
Storage Room	HH		1 -	rap insulation			162 LF		П	H	П
Storage Room A				rap insulation			02 LF				
Name of Registered Waste Hauler		JDEP \	Naste	Cubic Yards	Name of R	egistered	Landfill		Ш	Ш	Ш
	Н	auler II	No.	of Waste		W. 100	Larrami				
Resource Management Group, LLC	00	035218		TBD	Grows Lan	dtill					
City, State Trenton, NJ 08619				Disposal Date TBD	City, State Morrisville,	PA					
Completed By (Print or Type)		tle		Signature		//		Date			
Mr. Brian Haney	P	esiden	t	FDY	12 A	IMA	//	1-30-	2018		
				17	(/// 1)	nu	//				

Ch2811

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1)	N		of Bu	ildina (Owner / Operato	or (2)	BER	II I	7\//	TE	1
01-30-2018						& Grand Linde	h Apartments	ا کام	W		-In
Agencies Notified Type Notification			Addre		-		15				1111
⊠ EPA	-	-	x 644				IIII FED	_ 5	004		IIIII
☐ DEP ☐ Initial				Zip C			THE LED	J	2018	j	E
☑ DOL☑ Amended☑ Emergency				NJ 07	631						
□ DOH □ Emergency □ DCA □ Cancellation	1000		of Co				ASBES	elenho	ne N		
□ DOA □ Cancellation	17	open	Cocm	leider				JENSI	V() -	&	
		FA	CILIT	YINF	ORMATION		The second secon	REAL BRIDAY	CHILD'S SECTION	No. of Street, or other Designation of the least of the l	Name and Address of the Owner, where
Name of Facility Where Abatement is Takin	g Place (3)				Type of Facil						
Apartment Bldg					School (
Street Address 60 E. Linden Avenue					Subchap	oter 8 (Other tha	n K-12)				
OO E. Ellideli Avelide						e. private & com				tc.)	
City (5) County (6)	Cou	nty C	ode (7)	Square Feet 14,036	# of Floo	ors B	ldg. Ag	e 50		
Englewood, NJ Bergen	Cou	iity C	oue (')		(Prior if being de	amolished)		50		
					Residential	(i fior ii beilig de	errioristicu)				
Name of Monitoring Firm Hired by Building (Owner (8)		ASC	M No.	Name of Aba	tement Contract	tor (9)				
Health and Safety Services					Resource Ma	nagement Grou					
Street Address					Street Addres						
P.O. Box 365						n Ave, Suite 202	2				
City, State & Zip Code Berlin, NJ 08009					City, State &						
Project Manager for Monitoring Firm	Teleph	one	Numb	or	Trenton, NJ (License N	ımhar			
Mr. Jim Proctor	856-45			CI	609-914-4279		Licerise N	0118	35		
Scheduled Start Date (10) Scheduled					Name of OSH			0110			
2-12-2018	2-23-20)18	3 /			nental Laborator	ries, Inc.				
Occupancy Status During Abatement (Chec	k only one)			- 315	Street Addres						
Facility Closed/Vacated During Entir	e Period of	Aba	temer	nt	2333 Route 2	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					
Abatement Performed during Normal Describe: 8:30am – 5:00pm	l Hours:				City, State &						
Facility Occupied During Abatement				7	Union, NJ 07	083					
Scope of Work (Check all that apply)											
, , , , , , , , , , , , , , , , , , , ,						☐ Full Cont	ainment with Ne	egative	Pres	sure	
≥3 sf or ≥3 lf	\boxtimes	Rend	ovatio	n		☐ Mini-Enc		•			
≥160 sf ≥260 If		Dem	olition	1		⊠ Glove Ba	g Procedures				
		1100					mpted and Non-	-Friable	Prod	cedu	re
Location of		ocatio			Description		Amount	Aba	ateme	ent T	ype
Asbestos-Containing Material (ACM)	Norma	ely b			Asbestos-Con Material (A		(Specify			-	
TO BE ABATED	Mainte				(i.e., thermal s		SF or LF)	Rei	Z	nc	Enc
in Facility	Custoo			ir	nsulation, surfac) m	Repair	ap	clo
(13)	(12)			or other miscella			moval	ar.	Encapsulat	dosure
	Yes	No	N/A					1 -		at	CD
Garage 13			X	Pipe w	rap insulation		194 LF				
Garage 10					rap insulation		140 LF				
Garage 5			-		rap insulation		140 LF				
Garage 2		\Box			rap insulation		140 LF		П	П	П
Resident Manager Storage room					rap insulation		253 LF		Ħ	H	H
Boiler room Storage					rap insulation		301 LF		T	F	Ħ
Name of Registered Waste Hauler		NJE	4.00		Cubic Yards	Name of Regis		1 = 3			-
			ıler ID	100	of Waste						
Resource Management Group, LLC		003	5218		TBD	Grows Landfill					
City, State					Disposal Date	City, State			100 m 100 m		
Trenton, NJ 08619					TBD	Morrisville, PA					
Completed By (Print or Type)		Title			Signature	,		Date			
Mr. Brian Haney		Pres	sident		1/			1-30-2	2018		

m	E	C			\mathbb{V}	Ē	10
IK							
	F	EB	- !	5 ;	2018		

Date of Notification 01-30-2018	(1)	463					Owner / Operato				2010		1
Agencies Notified	Type Notific	ation		Lindei Street			Associates, LLC	& Grand Linde			TO THE PERSON NAMED IN	COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	
⊠ EPA	Type Noting	ation	- 1	PO Bo					ASBES	TOS CON JCENSIN	VTRC	L &	
□ DEP		1	-			& Zip C	Code			TO THOUSE WHEN	C)	SOURCE TRANS	an proper program
⊠ DOL	☐ Ame			Engle	wood	, NJ 07							
⊠ DOH	2000	rgency				ontact				Telepho	ne N	umb	er
☐ DCA	☐ Cano	cellation		Rober	t Sch	neider						$\overline{}$	
				FA	ACILI	TY INF	ORMATION						
Name of Facility Wh	nere Abatem	ent is Taking P	lace (3				Type of Facil	ity (4)					
Apartment Bldg							School (
Street Address								oter 8 (Other tha					
60 E. Linden Avenu	е							e. private & com				tc.)	
City (5)		County (6)	Co	unty (aho.	(7)	Square Feet 14,036	# of Floo	ors	Bldg. Ag	e 50		
Englewood, NJ		Bergen	100	unity C	Joue	(1)		(Prior if being de	emolished)		50		
		150.50					Residential	(i fior ii being de	emonstrea)				
Name of Monitoring		y Building Own	ner (8)		AS	CM No.		tement Contrac					
Health and Safety S Street Address	ervices							inagement Grou	ıp, LLC				
P.O. Box 365							Street Addres	ss in Ave, Suite 20	2				
City, State & Zip Coo	de						City, State &						
Berlin, NJ 08009							Trenton, NJ C						
Project Manager for	Monitoring F	irm	Telep	hone	Num	ber	Telephone No		License	Number			
Mr. Jim Proctor	- (40)	0 1 1 1 1 0		52-13			609-914-4279	MAN TO SELECT THE SECOND SECON		0118	5		
Scheduled Start Dat 2-12-2018		Scheduled Cor	npletic 2-23-2		e (11)	Name of OSH J&S Environn	HA Monitor nental Laborato	ries Inc				
Occupancy Status D	ouring Abate	ment (Check or	nly one	9)			Street Addres		1100, 1110.				
Facility Clos	ed/Vacated I	During Entire P	eriod	of Aba	ateme	ent	2333 Route 2	2 West					
		uring Normal H	ours:				City, State & .						
Describe: Facility Occu							Union, NJ 07	083					
Scope of Work (Che													-
	ron an triat ap	P-37						☐ Full Cont	tainment with	Negative	Pres	sure	
≥3 sf or ≥3 lf			\boxtimes	Ren	ovatio	on		☐ Mini-Enc		3		37 (TO 10 10 10 10 10 10 10 10 10 10 10 10 10	100
≥160 sf ≥260) If			Den	nolitio	n		☐ Glove Ba	ag Procedures	í			
		99							mpted and No				
	cation of os-Containin	~	CONT. 1	_ocati			Description		Amount	Aba	ateme	ent T	ype
	erial (ACM)	g		nally to			Asbestos-Con Material (A		(Specify SF or LF)			ш	
	E ABATED			tenan			(i.e., thermal sy		SI OILI)	Removal	Re	nc	Encl
in	Facility		7230	dial S		i	nsulation, surfac			l mo	epair	aps	dos
	(13)			(12)			or other miscella	aneous)		val	₹.	Encapsulat	osure
			Yes	No	N/A							_	
Laundry Room Sto	rage		Ш	Щ	\boxtimes	_	wrap insulation		371 LF				
Laundry Room			Щ	Щ	\boxtimes	Pipe v	vrap insulation		6 LF		Ш		
			Ш	Ш	Ш							Ш	
				Ш									
			Ц	Ц	Ц_								
Name of Registered	Ш	I NI II		Manta	Cubic Yards	Name of David			Ш				
Name of Registered				D No.	of Waste	Name of Regis	stered Landilli						
Resource Managem	LC			35218		TBD	Grows Landfill					- 1	
City, State							Disposal Date	City, State					
Trenton, NJ 08619							TBD	Morrisville, PA					
Completed By (Print	or Type)			Title	9		Signature /)		Date			
Mr. Brian Haney	7.1				sider	it	1	/		1-30-2	2018		
							1/2						

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CM 2000		NOT	FICATIO Pursuar	tate if N of the off Assessment of NJAC 8:60	rsey os ABAT and 12:1		DE	E		\mathbb{V}	
Date of Notification (1)			Name	of Building Own	er/Operate	01(2)	THE FE	B -	5 2	2018	
agencies Notified Type Notification	n		Street	Address	FUC	0, 0	+				
EPA Initial			(0)	100 No	oto	nor Av	ASBES	TOS	CON	TROI	2.
DEP Amended			City, S	tate, Zip Code	7 3 13	- Indiana		ICEN	SINC	3	- 00
DOL Amendme	ent # cy (includin		10/	HOP.	NOW	, Drsg	W OF YO	0			-
DOH justificatio	n)	ij	Name	of Contact			A	Lumbay	-		
DCA Cancellati	on		1	50+44							
ime of Facility Where Abatement is Tal	king Place	(3)	FA	CILITY INFORM	ATION	Type of Facilit	bs /43				
Vontor Food Ps	0,0004	- 71				forestd	5 195				
reet Address	4	7				School (#	<- 12) ter 8 (Other than K-	121			
Leyou Ventor	1110					Other (i.e	. private & commer	cial bu	ildings	s, hon	nes,
y (5)	1					Square Feet	# of Floors		Bldg.	Ann.	
ven the						2000	1 01210013	and the same of th	****) j-	
unty (6)		1		Code (7)		Current Use (F	rior if being demali	shedl	J'		-
Atluntic			(STATE	USE ONLY)		1 (AG) S	itation o	100	Cod	2	
me of Monitoring Firm Hired by Buildin	g Owner (8	3)	ASC	M No.	Name	of Abatement C	Contractor (9)			-	
							1ction (1) 1	In (Na	
eet Address					Street	Address				**	
, State, Zip Code					19)	Monto	256 87 C				
, otate, zip dode					City, S	State, Zip Code	FATT	77			
ject Manager for Monitoring Firm		1	Telepho	ne No.		none No.	License		Shi	Jh	
		ribacte que		***************************************	720	129417-5	7 000		9		
rt Date (10)	Schedu	led Cor	npletion	Date (11)	Name	of OSHA Monito		o had	4		
318118	121	911	8								
cupancy Status During Abatement (Cha	ck Only O	ine)			Street	Address					-
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	rmal Facilit	Abater ty Hour	nent s		City, S	State, Zip Code					
pe of Work (Check All That Apply)											
- ≥3 sf or ≥3 lf		Renova	tion		[] = "0		_			
≥160 sf or ≥260 if	固(i	Demolit	ion		lama lama	Mini-Enclosu	nent with Negative I	Pressu	re		
					5	Glovebag Pro	ocedure ed (*) and Non-Frial	ida Ora	and		
	1	S Locati	nn				1	1		emen	
Location of		Normal	ly	·	escription)	of				ype	
Asbestos-Containing Material (ACM)		ed Sole sintena		Asbestos Co	intaining N	laterial (ACM)	Amount	- emolytowa	and a second	m	
TO BE ABATED In Facility	100	itodial S		(i.e. therm	al systems facing, VA	s insulation,	(Specify SF or LF)	Rer	Re	nca	Enclosure
(13)		(12)		othe	miscellan	eous)	0:0121	Removal	Repair	Encapsulate	USO
	Yes	No	N/A			0.00		=		ate	6
Herior			X	Door	1-10.	Amestic	15010	V			
administration of the second s	and the same of th				, , <u>, , , , , , , , , , , , , , , , , </u>	The state of the s		1	-		
e of Registered Waste Hauter		1 81	JDEP W	asta I Cubi	c Yards	Name of	Basista II II				
Δ	A		auter ID	No. of W	aste 🦳	ivame of	Registered Landfil	1			
Stole		-	208	0	<u> </u>	1/3/					
State 145 AMK NT				Disp	osal Date	City, Sta	1.0	1. 1 -	-		
pleted by	Title			19	Signature	1 1=9	9 Harby	10)			
101 WEE1, VS	Speci	O LE	100	205150-	P	A	Da	2	1 0	5-	

Date of Notification (1)	PAT	F			Nam	e of Buildi	ng Ov	ner/Operator	(2)					
1/	30 /	18	<u> </u>		Tr	ustees o	f Prir	ceton /	Job #1801-52	52 Check #983	6/983	7/99	19	
Agencies Notified	Type Notific	ation			Stre	et Address								
⊠ EPA					Tr	ustees o	F Prir	ceton Unive	ersity E.A. Mag	Millan Bidg.	4279 FEB 1764	TP-Delegan	T-10-10-10-10-10-10-10-10-10-10-10-10-10-	
□ DOLWD	☐ Amende				1000	State, Zip				IN E G	5	11/	Ic	7
☑ DHSS	Amendm		70.0	-		inceton,			likut. a		5 1	13		
☑ DCA	☐ Emerger		cluding	g		e of Conta				Telephone Num	205			111
(NJAC 5:23-8)	justificati Cancella				1000			D.F.	Į.	lejephone radii	,-	2016		
	☐ Cancella	tion				bert Orte				- 4	- ,	2018	}	1
Nome of Facility Wileses	. h . s	T-1.:	- DI	(2)	FA	CILITY	NFO	RMATION	T 65106	//				
Name of Facility Where A Princeton Universit			55		50 SP	en pc	4		School (K-1	(4) ASSESTOS 2) LICE 8 (Other than K-12	CO	TH(16	±b
Street Address	y - riiestoi	ile Lii	DI al y	ГПа	se ob	ор P G	'		Subchapter	8 (Other than K-12	1000	TY THE THE	- devises	erona
One Washington Re	oad								Other (i.e., phomes, etc.	private and commer	cial b	uilding	js,	
City (5)	200								Square Feet	# of Floors	В	dg. A	ge	
Princeton									1,000,000	8		72		
County (6)					Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Mercer									University	Library				
Name of Monitoring Firm	Hired by Build	ding C)wner	(8)	ASCN	l No.	Na	me of Abateme	ent Contractor (9)				1
ATC Associates					000	98	1	bateTech, I	nc.					
Street Address							Str	eet Address						
3 Terri Lane							3	0 Maple Ave	. PO Box 25					
City, State, Zip Code			1000				_	, State, Zip Co						
Burlington, NJ 0801	6						100000	umberton, N						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tel	ephone No.		License No.				
Michael R. Keehn	1.5			6	09-38	6-8800	6	09-265-2107		00529				
Start Date (10)	8	Sched	uled C	ompl	etion D	ate (11)	Nai	me of OSHA M	lonitor					
2 / 21 /	18	9	/	_3	0_/	18	E	MSL Analyt	ical					
Occupancy Status During	Abatement (Check	only	one)			Stre	eet Address						
☐ Facility Closed/Vacate	d During Entir	re Per	iod of	Abate	ement		2	00 Route 13	0 North					
☐ Abatement Performed				•			City	, State, Zip Co	ode					
Time of Abatement:	AM	PM	Λ/	PN		_AM	C	innaminson	, NJ 08077					
Scope of Work (Check all	that apply)							E		5				
≥3 sf or ≥3 lf			⊠ Re	nova	tion			☐ Mini-Enc	ainment with Ne	gative Pressure				
≥160 sf or ≥260 lf			De					☐ Glovebag	g Procedure					
								☐ Non-Exe	mpted (*) and No	n-Friable Procedu	_		4	
	negs			Loca					_		Ab	atem	ent T	ype
Location of Asbestos-Containing N		.			lely by	Aaba	oton	Description o Containing Ma		Amount	Re	Repair	ш	Ē
TO BE ABA		'	Ma	inten	ance/	(i.e	e the	mal systems	insulation.	(Specify	Removal	pai	cap	clos
IN Facility			Cust		Staff?		S	urfacing, VAT,	or	SF or LF)	val		Encapsulate	Enclosure
(13)		-		(12	T	4	otl	ner miscellane	ous)				ate	
			Yes	No	_	-	2%	200			-	_		
Phases 6B-6D- Levels					14	Pipe In		500000		1,145 LF				
Phases 6B-6D- Levels		_			\perp	1.100.		Mastic		3,775 SF				
Phases 6B-6D- Levels	1 & 2	_					7,000	Ceiling Plas	ter	5,395 SF				
Phases 6B-6D- Levels						Spline				56		Ш	Ш	
Name of Registered Wast	e Hauler			1.77	NJDEP Hauler		Cub	oic Yards of	Name of Regis					
AbateTech, Inc.					1875		4	0	G.R.O.W.S	. Landfill				
City, State							1	posal Date	City, State	DA				
Lumberton, NJ							9	/30/18	Tullytown					
Completed By (Print or Ty		Title						Signature	+	Da		, 1	0	
Gwendolyn Trumber	tti	O	perati	ons	Coord	linator		1200	M		11:	30	10	

ASB-41 MAY 11

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



Date of Notification (1)					Nam	e of Buildir	ng Ov	wner/Operator ((2)					
1/	30 /	18	_		Tre	ustees of	Pri	nceton /	Job #1801-52	252 Check #	9836/9	B37/99	19 -	Fra?
Agencies Notified	Type Notific	cation			Stree	t Address					6	- -	W	
⊠ EPA	☑ Initial				Tro	ustees of	Pri	nceton Unive	ersity E.A. Mad	cMillan Bldg.	CANAL CONTRACT			
⊠ DOLWD	Amende	10 Table 10				State, Zip	111				THE ALL PARTY I			
☑ DHSS ☑ DCA	Amenda Emerger				Pri	nceton, I	UJ 0	8544			EEB -	· 5 2	018	
(NJAC 5:23-8)	justificat		laing		Name	e of Contac	ct			Telephone N	Number			\neg
	☐ Cancella	ation			Ro	bert Orte	go,	P.E.			2	ČC I	Tr.O.	L Či
					FA	CILITY IN	IFO	RMATION			1.77			oter supplicates in
Name of Facility Where A	batement is	Taking P	lace (3)					Type of Facility	(4)				
Princeton University	y – Firesto	ne Libr	ary P	has	e 6B-	6D PG2	2		School (K-1					
Street Address									☐ Subchapter ☐ Other (i.e., p	8 (Other than I	(-12)	huildin	ae	
One Washington Ro	ad								homes, etc.		mercial	Dallall	90,	
City (5)									Square Feet	# of Floors		Bldg. A	ge	
Princeton									1,000,000	8		72		
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if being den	nolished)		
Mercer									University	Library				
Name of Monitoring Firm I	lired by Buil	ding Ow	ner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)				
ATC Associates					0009	98	1	AbateTech, Ir	nc.					
Street Address							Str	eet Address						
3 Terri Lane							3	80 Maple Ave	. PO Box 25					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
Burlington, NJ 0801								umberton, N	IJ 08048					
Project Manager for Monito	oring Firm				phone		1	ephone No.		License No).			
Michael R. Keehn						-8800		09-265-2107		00529				
Start Date (10) 2 / 21 /		Schedule a				te (11) 18		me of OSHA M						
		100			_ ′ -	10		MSL Analyti	Cai					
Occupancy Status During				1.5	nont			eet Address 00 Route 13	O North					
☐ Abatement Performed (cribe	1000	, State, Zip Co	a continue					
Time of Abatement:								innaminson						
Scope of Work (Check all t	hat apply)								, 110 00011					-
		57			2019				ainment with Ne	gative Pressure	9			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Rend					☐ Mini-Encl☐ Glovebag						
								☐ Non-Exer	npted (*) and No	n-Friable Proce	edure			
				ocati rmal				2200.000000000			A	batem	ent Ty	уре
Location of Asbestos-Containing M		n 1	Jsed			Ashes	stos	Description of Containing Mat		Amount	Re	Repair	E I	En
TO BE ABAT	ED		Maint				, the	rmal systems in	nsulation,	(Specify	Removal	pair	caps	Enclosure
IN Facility (13)				12)	otali:			urfacing, VAT, ner miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
V7		Y	es	No	N/A				,				Θ.	
Phases 6B-6D- Levels	1 & 2			3		Transite	Pa	nels		56 SF	×			
Phases 6B-6D- Levels	1 & 2			3		Radiato	r en	clsure liner		48 SF	×			
			1 []										
			1 [7							TE		П	\Box
Name of Registered Waste	Hauler		- -		JDEP V	Vaste	Cub	oic Yards of	Name of Regis	stered Landfill		.1—		\dashv
AbateTech, Inc.				1000	auler ID	agent was and	Was	507-11-14	G.R.O.W.S					
City, State				1	18750		Disp	oosal Date	City, State					\dashv
Lumberton, NJ								/30/18	Tullytown,	PA				
Completed By (Print or Typ	e)	Title					-	Signature			Date	4	1	
Gwendolyn Trumbett		Ope	ration	ıs C	oordi	nator		()	NAT		1	30		8
200								1	118101				001	

ASB-41 MAY 11



Date of Notification (1)					Nar	ne of Buildi	na Ov	wner/Operator ((2)	A CONTRACTOR OF THE PROPERTY O	operation to	CZ./PORT		- June
	31 /	18			9		15500	unications		# PG1 of 3 G				7
Agencies Notified	Type Notific	ation			Stre	et Address	,							1 1 1
⊠ EPA	☐ Initial	929			1	00 Green	wood	d Avenue	9	FER.	E	20.	0	21.7
☑ DOLWD ☑ DHSS			,		City	, State, Zip	Code	9		HI WI FEE	***	70	0	0.00
□ DCA	Amendm Emerger		58	_	J	enkintow	n, PA	19046						į
(NJAC 5:23-8)	justificat		Sidding	9	Nar	ne of Conta	ict			Telephone Numb	er O	0141	10L	Čt.
	☐ Cancella	tion			A	lex Baylo	r			řI.		145	- 1/221-	er sance
					F	ACILITY I	NFO	RMATION			-			
Name of Facility Where Al	batement is	Taking	Place	(3)					Type of Facility	(4)				
Verizon Market CO									School (K-12	2)				
Street Address									☐ Subchapter	8 (Other than K-12) private and commen	rial h	uilding	10	
95 William Street									homes, etc.))	ciai bi	anding	15,	
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Newark														
County (6)					Co	unty Code	(7)(ST	ATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)			
Essex									Offices					
Name of Monitoring Firm I	lired by Buil	ding O	wner ((8)	ASC	Л No.	Na	me of Abateme	ent Contractor (9)					
USA Environmental							1	AbateTech, I	nc.					
Street Address							Str	eet Address						
8436 Enterprise Ave							1 3	30 Maple Ave	e. PO Box 25					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
Philadelphia, PA 191							L	umberton, N	J 08048					
Project Manager for Monito	oring Firm			Te	ephon	e No.	Te	lephone No.		License No.				_
Mark Jenkins				-2	15-36	5-5810	(09-265-2107		00529				
Start Date (10)		Schedu	uled C	ompl	etion [ate (11)	Na	me of OSHA M	lonitor					
8 / _25_ / _	17	3	/	_3	0_/	18	E	EMSL Analyti	ical					
Occupancy Status During	Abatement (Check	only o	ne)			Str	eet Address				70.50		_
☐ Facility Closed/Vacated	During Enti	re Peri	od of	Abate	ement		2	200 Route 13	0 North					
Abatement Performed (Outside of No	ormal F	acility	/ Ηοι	ırs - De	escribe	Cit	y, State, Zip Co	ode					-
Time of Abatement: 7A		5PM- <u>2</u>	AM					innaminson						
Scope of Work (Check all t	hat apply)							M Full Cont	ninmant with No.	native December				
≥3 sf or ≥3 lf		1	⊠ Rei	nova	tion			Mini-Encl	ainment with Neglosure	gative Pressure				
≥160 sf or ≥260 lf		I	☐ Der	molit	ion			☐ Glovebag						
			lo.	Loca	diam.			Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedure	-			
Location o	f		N	lorm	ally			Description of			Ab	ateme	ent Ty	уре
Asbestos-Containing M	aterial (ACM)			lely by	Asbe	estos	Containing Mat		Amount	Re	Repair	En	En
TO BE ABAT					ance/ Staff?	(i.e	e., the	ermal systems i	nsulation,	(Specify	Removal	oair	caps	Enclosure
IN Facility (13)				(12				surfacing, VAT, her miscellaned		SF or LF)	20		Encapsulate	ure
******			Yes	No	N/A	· ·							te	
Please see attached				\boxtimes		Please	see	attached		Please see				
Basement						Tank li	nsula	ation		75 SF	\boxtimes			
Basement				\boxtimes		Pipe F	tting	IS		25 total	\boxtimes			
1st to 3rd Floor Pipe Cha	ase			\boxtimes		Pipe Fi	tting	s		45 total				
Name of Registered Waste	Hauler			100		Waste	1000000	oic Yards of	Name of Regis	tered Landfill			_	
AbateTech, Inc.					Hauler 1875	ID No.	Wa 4	ste 0	G.R.O.W.S	. Landfill				
City, State					.010			posal Date	City, State					
Lumberton, NJ							3	/30/18	Tullytown,	PA				
Completed By (Print or Typ	e)	Title						Signature	-	Dat	e.		,	-
Gwendolyn Trumbett	i	Ор	erati	ons	Coor	dinator		1 2 2	m		31	11/		
100.11									1 9 0 1)	1 11	W 1	110		

ASB-41 MAY 11



Date of Notification (1)				Name	e of Building	a Ov	wner/Operator (2)			_			
1 / 31	/1	18		1			unications	Control of the Contro	heck # PG2	of 3	ПЛ	F-17	دا کا کوافندون	1600
Agencies Notified Type N	otification	n		Stree	t Address				15 U 10	- 11	11/	15	100	4
⊠ EPA ☐ Initi					0 Greenw		Avenue		,,,	Marie Congres	* 1-04		11	
☑ DOLWD ☑ Am	ended				State, Zip C	100000000000000000000000000000000000000		11 11	Ern	12		-	111	11
	endment	_						14 64	FEB -	20	118	Ĭ	U	//
	ergency (g	-	nkintown,		19046					j	mannel	
The state of the s	fication) cellation				of Contact Ex Baylor	t		1 7	Telephone I	Numbe	r	ļ		and Charles
						FOI	RMATION	The second section has not	to state at a section of the	The second	The care	er commence		-
Name of Facility Where Abateme	nt is Takir	ng Place	(3)					Type of Facility	(4)	A-010-0		ALTERN C.	*	<u> </u>
Verizon Market CO		1.5						School (K-1:						
Street Address			_					☐ Subchapter	8 (Other than I	K-12)				
95 William Street								Other (i.e., phomes, etc.		nmerci	al bu	ildin	js,	
City (5)								Square Feet	# of Floors		BI	dg. A	ae	
Newark												-3	3-	
County (6)				Cour	nty Code (7)	VSTA	ATE USE ONLY)	Current Use (Pr	ior if heing der	moliehe	ad)			
Essex				1 225.50				Offices	io. Il bollig del	Honoric)			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9))					
USA Environmental						1000	AbateTech, Ir							
Street Address						Str	eet Address							
8436 Enterprise Ave.						3	80 Maple Ave	. PO Box 25						
City, State, Zip Code						_	y, State, Zip Co	- terra var. and the second rate					_	
Philadelphia, PA 19153						L	umberton, N	IJ 08048						
Project Manager for Monitoring Fin	m		Tel	ephone	No.	Tel	ephone No.		License No	5 .				
Mark Jenkins			2	15-365	-5810	6	09-265-2107		00529					
Start Date (10)	Sche	eduled C	omple	etion Da	te (11)	Nar	me of OSHA M	onitor					- 7:57	
8/25/17	-		-	<u> </u>	18	E	MSL Analyti	cal						
Occupancy Status During Abatem						Stre	eet Address							
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment		2	00 Route 13	North						
	of Norma	al Facility	y Hou	rs - Des	cribe	City	y, State, Zip Co	de						
		I-ZAIVI		_		С	innaminson	, NJ 08077						
Scope of Work (Check all that app	ly)						M = 110 ·							
≥3 sf or ≥3 lf		⊠ Re	novat	ion				ainment with Neg	gative Pressure	Э				
≥160 sf or ≥260 lf		☐ De	moliti	on				Procedure						
		T .			Ī		Non-Exer	npted (*) and No	n-Friable Proc	edure				
Location of		33	Loca Vorma				Б				Aba		ent T	уре
Asbestos-Containing Material (ACM)	Use	d Sol	ely by	Asbes	tos	Description of Containing Mat		Amount		Re	Repair	Ē	四
TO BE ABATED	***********		intena	nce/ Staff?		, the	rmal systems in	nsulation,	(Specify		Removal	pair	cap	Enclosure
IN Facility (13)		Ousi	(12)				surfacing, VAT, her miscellaned		SF or LF)		<u>a</u>		Encapsulate	ure
(10)		Yes	No	N/A	1	Uti	nei miscenanec	ous)					te	
Basement Mechanical Loft			\boxtimes		Pipe Fitt	ting	s	/	10 total			П	П	
7 th Floor			\boxtimes		Exterior	brie	ck façade/bla	ack mastic	2,569 SF			$\overline{\Box}$		
7 th Floor			\boxtimes		Pipe Fitt	ting	Insulation		88 LF	-				П
7 th Floor			\boxtimes		Caulking	gan	nd Glazing		3 window	_			$\overline{\Box}$	
Name of Registered Waste Hauler				IJDEP V			oic Yards of	Name of Regis				_	_	
AbateTech, Inc.			F	18750		Was		G.R.O.W.S						
City, State	117			10100			posal Date	City, State						
Lumberton, NJ							/30/18	Tullytown,	PA					
Completed By (Print or Type)	Titl	le					Signature			Date				_
Gwendolyn Trumbetti	(Operati	ons	Coordi	nator		3			Date				
<u> </u>							1			1				



Date of Notification (1)					Nam	e of Buildin	a Ov	wner/Operator	(2)					
	31 /	18			-035550			unications	200.00	heck #9673	DC2 7	· 2 . (2000)	energy and the	
								unications	7 300 # 0	1100K #3073	OFG3.01	N	7 [9	3 4
	Type Notific ☐ Initial	cation				et Address			1	land process	D E23	U ()		7
	☐ IIIIIai	d			1990	0 Greenw		TO STATE OF THE ST	Positive	1				The same of the sa
☑ DHSS	Amendm	-	3		- 8	State, Zip			TO CPA	II III FE	B - F	201	Q	-
	☐ Emerger		cludin	g	_	nkintown	10.	19046				201	3	j. h-mor
(NJAC 5:23-8)	justificat	20019 2018			0.0000000000000000000000000000000000000	e of Contac	200		Billion	Telephone I	Number			
	☐ Cancella	ition			Al	ex Baylor			26-01			NTE)Ł. &	£.
					FA	CILITY IN	IFO	RMATION	Ž,-+	Andrew Control of the Party of	al .	(4-) Homesa	V-26745	and the same
Name of Facility Where Ab	atement is	Taking	Place	e (3)	100		5.7		Type of Facility	(4)				
Verizon Market CO									School (K-1	2)				
Street Address									Subchapter	8 (Other than I	<-12)			
95 William Street									Other (i.e., phomes, etc.		ımerciai i	oullain	gs,	
City (5)									Square Feet	# of Floors	- 1	Bldg. A	ae	
Newark									N 24				•	
County (6)				-	Cou	nty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if beina der	nolished)			
Essex								•	Offices	3	,			
Name of Monitoring Firm H	lired by Buil	ding O	wner	(8)	ASCN	l No.	Na	me of Abateme	ent Contractor (9)				
USA Environmental		8571		S 10				AbateTech, I	The production of the producti	,				
Street Address								reet Address						
8436 Enterprise Ave.	e							30 Maple Ave	PO Box 25					
City, State, Zip Code							-	y, State, Zip Co	Allege to conference of the control					
Philadelphia, PA 191	53							_umberton, N						
Project Manager for Monito	ring Firm			Tel	ephone	No		lephone No.	10 000-10	License No				
Mark Jenkins				- 1		5-5810	-	09-265-2107		00529	la:			
Start Date (10)		Schedu	ıled C	- 20	The second second	ate (11)		me of OSHA M		00323		-		
8 /25 /						18		EMSL Analyti						
Occupancy Status During A	Abatement (_	eet Address						
☐ Facility Closed/Vacated					ment		1000	200 Route 13	O Marth					
Abatement Performed C	outside of No	ormal F	acility	y Hou	rs - De	scribe		y, State, Zip Co						
Time of Abatement: 7AI	M-3:30PM/	5PM-2	AM	8 300		500003		y, state, zip co Cinnaminson						
Scope of Work (Check all th	nat apply)							Jimaminson	, NJ 08077					
102 <u>-03</u>	iat apply)							☑ Full Cont	ainment with Neg	gative Pressure	4			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		[⊠ Re						osure	J-11-1 1 1000a10	8			
23 2 100 31 01 2200 II		- 1	De	moliti	on			⊠ Glovebag Non-Ever	Procedure npted (*) and No	n Friable Bree	oduro			
			Is	Loca	tion		-	Z NON-EXC	ripied () and No	III-I Hable Floci				
Location of			١	Norma	ally			Description of				batem	1	T
Asbestos-Containing Ma		1)			ely by ance/	Asbe	stos	Containing Mat	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATE IN Facility	ED				Staff?	(i.e		ermal systems in surfacing, VAT,		(Specify	VOU	a:	aps	losu
(13)				(12)				her miscellaned		SF or LF)	<u>m</u>		Encapsulate	I'e
			Yes	No	N/A								O	
4th Floor Exterior				\boxtimes		Pipe/ Fi	ttino	g Insulation		10 LF			П	
4th Floor Exterior			п				7,55						=	
Tarrioor Exterior		_			1 100000	Roof Fla	asm	ing		30 SF			П	
			Ш											
Name of Registered Waste	Hauler			1000	JDEP			oic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.					1875		Wa:	ste 0	G.R.O.W.S	. Landfill				
City, State					.070			posal Date	City, State					
Lumberton, NJ							3	/30/18	Tullytown,	PA				
Completed By (Print or Type	e)	Title						Signature			Date			
Gwendolyn Trumbetti		Op	erati	ons	Coord	inator		- 3			Date			
						ocontratori (57)								

ASB-41 MAY 11



Date of Notification (1)				Name	e of Buildin	ng Ow	ner/Operator	(2)				12 -	
/	1	8		0.000				ny / Job #170	9-5221 Che	ck #97) BO	TE	
Agencies Notified Type Not	ification			Stree	t Address	====				- U.S	A	1123	7
☐ EPA ☐ Initial				10	Legion P	Place	- Building A	· ·					diament disease
☑ DOLWD ☑ Amen ☑ DHSS Amen	ded dment #	E		City,	State, Zip (Code			Hill FE	B - !	20	8	
□ DCA □ Emerg			~	Mo	rristown	, NJ	07960	to.	and to-dig				- Description
	ation)	icidalli	9	Name	e of Contac	ct			Telephone !	Number	yer-was are	العمرية مال وال	1
☐ Cance	llation			Jo	hn Greco)		District.	Nº CO. TO CO. C.	TO CO. PO.	WIF	OL &	ĺ
				FA	CILITY IN	NFOF	RMATION	<u> </u>		40-M-1-1-1-1-1-1	11(3)	A constituting the con-	and the first training to the
Name of Facility Where Abatement	is Takin	g Place	e (3)					Type of Facility	(4)				
JCP&L- Substation								☐ School (K-1					
Street Address								Subchapter	8 (Other than I	K-12)	ta contrare		
300 Madison Ave.								homes, etc.	private and com	nmerciai	bullai	ngs,	
City (5)								Square Feet	# of Floors		Bldg.	Age	
Morristown, NJ 07960												•	
County (6)				Cou	nty Code (7	7)(STA	TE USE ONLY)	Current Use (P	rior if being der	nolished	i)		
Morris								Substation	10.7				
Name of Monitoring Firm Hired by B	uilding	Owner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9))				
1 Source Safety & health, Inc.	.						bateTech, I	•					
Street Address						-	eet Address					-	
140 S. Village Ave. Suite 130						3	0 Maple Ave	e. PO Box 25					
City, State, Zip Code							, State, Zip Co						
Exton, PA 19341						L	umberton, N	J 08048					
Project Manager for Monitoring Firm			Tele	phone	No.	Tele	ephone No.		License No).			
Brian Hovendon			6	10-524	-5525	60	09-265-2107		00529				
Start Date (10)	Sched	duled C	omple	tion Da	ite (11) >	Nan	me of OSHA M	Ionitor					
9 / _25_ / _17_	_	3_ /	30	1	18	E	MSL Analyti	ical					
Occupancy Status During Abatemen	t (Chec	k only o	one)			Stre	et Address						
☐ Facility Closed/Vacated During E	ntire Pe	riod of	Abate	ment		20	00 Route 13	0 North					
Abatement Performed Outside of	Normal	Facilit	y Hou	s - Des	cribe	City	, State, Zip Co	ode					
Time of Abatement:AM	PI	VI/ <u>3:30</u>	PM-1	<u>2</u> AM		1	innaminson						
Scope of Work (Check all that apply)	7)						M Full Cont	ainment with Ne	gativa Pragave				
≥3 sf or ≥3 lf			novat				Mini-Encl Mini-En	losure	gative Fressure	7			
≥160 sf or ≥260 lf		☐ De	molitic	n			Glovebag		=		8		
		le	Locat	ion			☐ Non-Exer	mpted (*) and No	n-Friable Proc		500 10		
Location of		870	Vorma	3370033			Description of	f				nent T	уре
Asbestos-Containing Material (A	CM)		d Sole		Asbes	stos (Containing Mat	terial (ACM)	Amount	200	Repair	Enc	Enc
TO BE ABATED IN Facility			intena todial	Staff?	(i.e.		rmal systems i urfacing, VAT,		(Specify	Kemova	air	aps	Enclosure
(13)			(12)				ner miscellane		SF or LF)	<u>=</u>	-	Encapsulate	Iге
and Fig. 21		Yes	No	N/A								Ф	
3 rd Floor Plenum Area						20 20 20	material		4200 SF				
Microwave Room Basement					Pipe Ins		-10-40-100		3 LF	D			
Fire Control Panel Room- Base	ment				Pipe Ins	sulati	ion		10 LF	D			
Name of Registered Waste Hauler			1138	JDEP V	STATE OF THE PARTY	12757210	ic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.				auler IE 18750		Was 20		G.R.O.W.S	6. Landfill				
City, State			-				osal Date	City, State					\neg
Lumberton, NJ				34		3/3	30/18	Tullytown	, PA				
Completed By (Print or Type)	Title	1					Signature			Date			-
Gwen Trumbetti	0	perati	ons (Coordi	nator		O	MI		1	10	31	
ASB-41							/	[] 1]		1	1 0	1	

ASB-41 MAY 11

PATE	Yo.		(Pi	ursu	ant to NJ	AC	8:60 and 5:	16)						
Date of Notification (1)	J.			Nan	ne of Buildin	ng (Owner/Operator	(2)						
1/29	/18			J	CP&L/Firs	stE	nergy Compa	ny / Job#	1801	5257 Chec	k-#989	6	ANNERS STORY	
Agencies Notified Type No	otification				et Address				111	FG	5	W	<u> </u>	[m]
☑ EPA ☑ Initia						Plac	ce- Building A	۸.		rim (9)	Land of the			
☑ DOLWD ☐ Ame					State, Zip			`	11 100	19				
	ndment #			1	orristown					FEB	- 5	2018		4
	rgency (incl ication)	luding			ne of Contac	S / / V. 7.1	0 07 500		Lad to	Talashasa	le constitución			S-Anner
Cano	COLUMN TO STATE OF THE STATE OF			30.772.0	hn Greco	•			The state of the s	Telephone N		iin.	<u>_</u>	
				F/	ACILITY IN	VFC	ORMATION		t	Lis.	E. L. (7	e szan ülene	a s
Name of Facility Where Abatement	is Taking I	Place	(3)					Type of Fa	cility (4	4)				
JCP&L- Substation								☐ School						
Street Address								Subcha	pter 8	(Other than K	(-12)			
400 Lincoln Drive								homes	etc.)	vate and com	mercial	buildi	ngs,	
City (5)	7							Square Fe		# of Floors		Bldg.	Ane	
Phillipsburg, NJ									•	01110010		Diag.	Age	
County (6)				Cou	inty Code (7)(S7	TATE USE ONLY)	Current Us	e (Prio	r if being dem	nolished)		
Warren								Substat		J		•		
Name of Monitoring Firm Hired by E		ner (8) /	ASCM	No.	N	ame of Abateme	ent Contracto	or (9)					
1 Source Safety & health, In	c.						AbateTech, I							
Street Address						St	treet Address							
140 S. Village Ave. Suite 130	1						30 Maple Ave	. PO Box	25					
City, State, Zip Code						Ci	ty, State, Zip Co	ode						
Exton, PA 19341							Lumberton, N	J 08048						
Project Manager for Monitoring Firm		T	Telep	hone	No.	Te	elephone No.			License No.				
Brian Hovendon			610	0-524	-5525		609-265-2107			00529				
Start Date (10)	Schedule	d Con	npleti	on Da	ate (11)	Na	ame of OSHA M	lonitor						
1 /31 /18	1	_ / _	31	_ / .	18	ı	EMSL Analyti	cal						
Occupancy Status During Abatemen	t (Check o	nly one	e)			Str	reet Address							
☐ Facility Closed/Vacated During E	ntire Period	of Ab	atem	ent		2	200 Route 130	0 North						
Abatement Performed Outside of	Normal Fa	cility F	Hours	- Des	cribe		y, State, Zip Co					_	-	
Time of Abatement:AM	PM/_		PM		AM		Cinnaminson							1
Scope of Work (Check all that apply)								•						-
≥3 sf or ≥3 If	N	D					☐ Full Conta	ainment with	Negat	tive Pressure				1
□ ≥160 sf or ≥260 lf		Reno					☐ Mini-Encl							
									d Non-l	Friable Proce	dure			
			ocatio								A	batem	ent T	уре
Location of Asbestos-Containing Material (AC	SAA)	Nor Used S	rmally Solely			200	Description of					1	1	
TO BE ABATED	,	Mainte	enand	ce/	Asbes	tos	Containing Matermal systems in	erial (ACM)		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	0	Custod		aff?	(5	surfacing, VAT,	or		SF or LF)	ova	=	psu	Sur
(13)			12)	NI/A	ł	ot	her miscellaneo	ous)		58			late	Ø.
7.4.4			No	N/A										
Exterior				\boxtimes	Asbesto	s c	ontaining co	nduit pipe		12 LF				
												П	П	П
			7											
			_						-			12		
Name of Registered Waste Hauler			-	DEP V	Vacto	Cuk	oio Vanda af	N (D				Ш	Ш	
AbateTech, Inc.			1 2 2 2 2	iler ID		Wa:	oic Yards of ste	1		ed Landfill				
City, State	1		1	8750		6		G.R.O.V	v.S. L	anofili				
Lumberton, NJ							posal Date	City, State	1	21				
	1					1/	/31/18	Tullytov	vn, P	Ą				
Completed By (Print or Type)	Title						Signature	а		1	Date 1	20	1.0	
Gwen Trumbetti	Oper	ation	s Co	ordi	nator		1 / W	101 \$			11	d4	118	

ASB-41 MAY 11



NOTIFICATION OF ASSESTOS AS ATEMENY (Pursuant to MJAC 8:50 and 12:120)

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	mended	Ully State. Zi	o code		5 1		FEB	- 5 20
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L DUY 11 U	ancellation	T GIE	4-4-6	HI40 000 H				1014
		FACILITY	MECEMATIO	U.			1.1	are and the
Name of Facility Where Abateme	nt is Taking Place (3)	150.000000		Type of Facility	116		10 4 - 4	* * ***
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7-2-2-2-1				ورسامه				
7 7 7 7				Contact Con-	Wast Camp	-	Dide	A
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V Green				+ 7879			+	
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	manufacture and the second				DENTIAL			
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Street Address					120			
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Olfv State Zip Code			-	ity. State. Zip Coda				
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				Midland Park, NJ	UZAUZ			
Declari Managar for Monitorino Fi		Talephone No	-	elechane No.	11000	reg lvo.		
				20122624841	7.7.1			
				TITLE STANFORD		100		
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2/12/18				imero Endronn	ontal Sacur			
		1.10			STATES STATES			
VIII-Jana, Oldica Dating Abelein			0	ileoi ridorono				
51 Facility Closed/Vacated Outri	in I-nitre Penna of Ana	temen:		200 Haylar Otisat				
			210000					
Company	o or morner reality ria	iuis		ну, экаке, для бойб				
				THUREITSHUK, 1907 L	r/ nun			
access of AAGUS LOUGCK WILLIAM WO	PN(s.c)							
	(117)							
A second	(HA)							
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A second	IJ Fan	othen		Li - Far Contains	ngar terih bianga 13	und midd	STITE	
Z ¹ =3 sfor 33 4	IJ Fan			Mini-Enclosu	i a	und nide	CITE	
∆ ¹ =3 sf or 33 4	IJ Fan			Mini-Enclosu Signature	i a		STITE	
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∆ ¹ =3 sf or 33 4	E Para	olition cauco	Notice de la company	Mini-Enclosu	i a	mie vree	Cline	S
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Check # 25668

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

PATT		(P	ursuant	to NJAC	8:60 an	d 12:12	0)								
Date of Notification (1) 2/1/2018			Name o	f Building	Owner/0	Operator		enzel			G	E		// [
Agencies Notified Type Notification			Street A	ddress					11-3		11-11 3 -12-1-1-1-1	W- 18 W	e e metro	A P Z a suffic	
		-	City, Sta	ate, Zip Co	ode	_			Service Co.		EB	- 5	20	10	3
X DOL Amendment :		-				Penni	ngto	on, NJ 085							
DOH justification) Cancellation			Name o	f Contact Don	Wenze	el			Te	lephon	e, Num	ber.	1 1416-21	IOL	<u>ئے</u> گو
Name of Eacility Whore Abstement is Taking	DI /2		FACI	LITY INF	ORMAT	ON	-	ć =						MACON'S	
Name of Facility Where Abatement is Taking Residential/Office		5)					Тур	e of Facility	5000						
Street Address							×	School (K- Subchapte Other (i.e.	r 8 (Oth				tings,	home	es,
City (5)								etc.) Jare Feet	# (of Floors		TR	ldg. A	no.	
Pennington, NJ County (6)	08534		01	0-1-7			;	5000		2			125	-	
Mercer				Code (7) USE ONLY)	_	Cur	rent Use (Pr	ior if be	ing der	nolish	ed)			
Name of Monitoring Firm Hired by Building C MECS	wner (8)		ASCN	/ No.				eatement Co Environme			es, li	nc.			
Street Address PO Box 341						Street PO E									
City, State, Zip Code Chesterfield, NJ 08	515							Zip Code n, NJ 0850	11						
Project Manager for Monitoring Firm			Telepho	no No		Teleph			<i>)</i>	Line	NI-				
Bill Weisgarber			609 29	8-4070				.9688		0049	ise No 93	١.			
Start Date (10) 2/12/2018	Schedule		npletion 16/201	Date (11) 18		Name MEC		SHA Monitor							
Occupancy Status During Abatement (Check	Only On	e)				Street							- 1111		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	batem	ent				tate,	Zip Code							_
					_	Ches	sterf	ield, NJ 08	3515						
Scope of Work (Check All That Apply)	_					_	7								
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Location of	l N	lormal	ly		De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/		tos Cont thermal surfa	aining M	lateri s insu T, or		(Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									-		te	Φ
Basement	Х			Th	ermal	(55/2)		ation		16 If		Х			
Basement	X				Duct	Insula	tion			6 sf		Х			
Crawl Space	X			Th	ermal	Pipe In	sula	ation		10 If		Х			
Name of Registered Waste Hauler		1 4.	IDED IA	laata	C	Vard		N	D						
Stevens Environmental Services			JDEP W auler ID 18292	No.	Oubic of Was			Name of Fairless			ndfill				
City, State Allentown, NJ					1001000	al Date 6/2018	3 ,	City, Stat		A					
Completed by Mahlon E. Stevens	Title Proje	ct Ma	nager		S	ignaturé	1/1	~	=		Date	e 2/2/1	8		



Check # 25669

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Date of Notification (1)			Name o	f Building Ow	ner/Operato	or (2)		\mathbb{H}	15	<u>U</u>	Ľ		W	
2/1/2018					50	Pent	ta	In	Carlo and Carlo					Section 6
Agencies Notified Type Notification		1	Street A	ddress						FEB	ren.	5 2	2018	ultrajetija
EPA Initial DEP Amended		-	City, Sta	ate, Zip Code	Ž				1		_			
X DOL Amendment #		_		100		own, l	NJ 07748-	3609	ASE	EST.	52	JON	TAO	2
Emergency (ir justification)	ncluding	1	Name o	f Contact				Tele	phone	Numb	er	Site	T-AREA	or Care
DCA Cancellation			=	Richard	S 1987								2.5895.000	
Name of Facility Where Abatement is Taking	Place (3))	FACI	LITY INFORI	MATION	Type	of Facility (4)			_			
Residential						lп	School (K-12	2)						
Street Address				1011		×	Subchapter Other (i.e. pretc.)	(Othe			build	ings,	home	s,
City (5) Highland, NJ 07732	2					Squa	are Feet 800	# of	Floors 1			dg. A		
County (6) Monmouth				Code (7) USE ONLY)		Curre	ent Use (Prio	r if beir	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building O NA	wner (8)		ASCN	/I No.			atement Cont Environme			es, In	c.			
Street Address						t Addre Box 3								
City, State, Zip Code					100000000000000000000000000000000000000		Zip Code , NJ 0850	1					FI.	
Project Manager for Monitoring Firm		1	Telepho	ne No.		259-9			Licens 0049					
Start Date (10) 2/12/2018	Schedule		pletion 1 23/201	Date (11) 18	Name ME		HA Monitor							
Occupancy Status During Abatement (Check	Only One	e)			Stree	t Addre	ss							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					City,		ip Code						-	
					Che	esterfie	eld, NJ 085	515						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Mi Gl	III Containme ni-Enclosure ovebag Proc on-Exempted	edure					9	
Location of	1900	Locatio			Description	F. 35						yv- 1 11	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii Custo	d Solely ntenan odial S (12)	ce/ taff?	(i.e. the	Containing ermal system surfacing, V ther miscella	Materia ns insul AT, or	ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Cutodos	Yes	No	N/A	_	F	: .1:		04	00 - 6					-
Exterior			X		Fransite S	iding		21	00 sf		Х			
Name of Registered Waste Hauler		N.	JDEP W	/aste C	Subic Yards		Name of F	Pagisto	red I a	ndfill				
Stevens Environmental Services		1000000	auler ID 18292	No. o	f Waste 5		Fairless			idill				
City, State Allentown, NJ				D	Disposal Dat 2/23/201		City, State Morrisvi		A					
Completed by Mahlon E. Stevens	Title Projec	ct Ma	nager		Signatu	re//				Date 2	/1/1	8		

Check # 25523

PAID

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

Date of Notification (1) 1/25/2018	J		Name of	f Building O				ersity Hos	pital	E	G			W.	
Agencies Notified Type Notification X EPA X Initial			Street A	ddress		254 E	Easton	Ave.	1		FEB		5	2018	
X EPA X Initial Amended Amendment X Emergency		_ [City, Sta	ite, Zip Cod		/ Brui	nswick	, NJ 0890)1	-	NAME OF STREET	unt for	****	6 541 - H.M.P.	
□ DOH justification) □ DCA □ Cancellation	· · · · · · · · · · · · · · · · · · ·		N 10 10 10 10 10 10 10 10 10 10 10 10 10	200	n Carva				Tele	phone	Numbe	r E	1	*113 10 	Tim OX
Name of Facility Where Abatement is Takin St. Peters Univer			FACI	LITY INFO	RMATIO	N	_	f Facility (4)							2
Street Address 254 Easton A	-						S X	chool (K-12) ubchapter 8 ther (i.e. pri	(Othe			uildi	ngs,	home	s,
City (5) New Brunswick,	NJ 0890	1					Square	tc.) e Feet 10,000	# of	Floors 5		Blo	dg. A		
County (6) Middlesex		Т	County (Code (7) USE ONLY)			122110	t Use (Prior	if bein	g demo	olished)		100000	0.040	
Name of Monitoring Firm Hired by Building Environmental Tactic			ASCN	1 No.				ement Contr			s, Inc				
Street Address 64 Broad Street					- 1 2		Address 30x 32								
City, State, Zip Code Matawan, NJ 0774	7						tate, Zip town,	Code NJ 08501	0						
Project Manager for Monitoring Firm Thomas Geiger			Telephor 732 29	ne No. 90-2217		The state of the s	one No 259-96			Licens 00493					
Start Date (10) 1/29/2018	Schedule		npletion 1 /2/2018		1 2	Name MEC		A Monitor							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire I		99 5 100 0	nent				Address Box 34								
Abatement Performed Outside of Norm Other – Describe: 5 pm to 1 am							tate, Zip sterfiel	Code d, NJ 085	15						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mini Glov	Containmer -Enclosure rebag Proce -Exempted	dure					9	
l and the second		Locat			D							F	Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Custo	d Sole ntena odial ((12)	ly by nce/ Staff?	(i.e. th	bescos Contai hermal sy surfacir other mis	ystem: ng, VA	faterial (s insulat T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A	Therr	mal Fitt	tings	Insula	tion		42	2	2			
Name of Registered Waste Hauler Stevens Environmental Services		12501	IJDEP W lauler ID 18292	No.		e 1		Name of R			dfill		DATE OF		
City, State Allentown, NJ					Disposa 2/2/20		1	City, State Morrisvill	le, PA	4					
Completed by Mahlon E. Stevens	Title Projec	ct Ma	anager	•	Sig	nature	1	V/	/		Date 1/2	25/	18		

A38-41 (R-08-08)

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Date of Notification (1) 1/25/2018		Nam	e of Building				111				_	
Agentales Notified Type Notification		Ento	et Address	5t.	Peter	9 Univers	VEC	spital FFR	- Ę	2018	3/_	
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DEF Amended DOL Amendment	丝	City,	State, Zip C		sw Bru	nswick, i		ACSEMOS	0.00	V	Ji. R	
	(Including	Nam	e of Contac		IW DIG	(lowidk,)		Telephone Nu	moner			_
DCA Cancellation)		F	Ron Car				1 Grophistic 112	TITLDE:			
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St. Peters Univer	raity Hosp	pital .					i zane: (1850				
Street Address 254 Easton A	Avenue					Sub Sub	1601:1	d (Other than K-1	2) Jel bul	ldings	, hom	es.
Cly (5) New Brunswick,	NJ 0890	1				Square F.	M -	# of Flaors		aldg. A	Ags	-
County (6) Middlesex		Coun	ity Code (7)	7)		11777237		or if baing damplie	hed)	101	0+/-	-
Name of Manitoring Firm Hired by Building I	Owner (6)		ICM No.		Name	of Abstern	45 21	otrector (9)		_		-
Street Address	8				-	Address	DIT IS	ntal Services,	Inc.	_	_	
64 Broad Street City, State, Zip Code				-		ox 322	10					
Matewan, NJ 0774	7					town, N.		11				
Project Manager for Monitoring Firm Thomas Geiger			hone No. 290-2217	,		one No. 259-9681		License N 004B3	10.			
Sign Date (10) 1/29/2018	Scheduled	2/2/20	on Date (11)		Name	of OSHA	niti r			_		
Occupancy Status During Abatement (Chec	k Only One	25000.000000000			Street	Address						
Facility Closed/Vacated During Entire F Abstement Performed Cutside of Norm Other - Describe: 5 pm to 1 sm	Period of Al	etement				ox 341						
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Scope of Work (Check All That Apply) 23 of or 23 if 2180 of or 2260 if		novation molition			×	Mini-En	a Pipo					
		ocation					T		T	Abak	men	
Location of Asbestos-Containing Material (ACM)	Ųsed	omally Solely by	Achre	Dan Los Cont	cription	of eterial (Al)	4	America	-	TY	pe	
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Başement	×	+	The	rmal Fi	ttings t	nsulation	-+	42	X			
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Name of Registered Waste Hauler		NJDEP	Waste	Cubic '	/aeda	- N;	ne de	Registered Landfill				
tevens Environmental Services		Hauler 182	ID Na.	of Was				Landfill				
City, State		102		100000000000000000000000000000000000000	al Date	C1	, Si Ma		_	_		\dashv
Completed by	Title			2/2/2	D18	N	TIN IV	lle, PA	Pa .			_
fahlon E. Stevens		Manage	er		14	CV			1/25	/18		
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PAGE 02/03

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Date of NorthCastern (1) Table Topic NorthCastern (1)													
IEI DON Justification	1)	*4	Meme	of Cont	1	A —		2 7	Telephone N	Lember	-	-	
LI OCA III Cancellank	at .		1	AME	S UE	ach							
Name of Facility Where Abalancert is Tak	no Place	(3)	<u>FA</u>	CLIAI	HICHMA	NON							
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Street Address		-					Scho	(K- 2)	Yohan Hann M	456			
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Date of Needfaction (1) Auguste in Red file													
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name or mornsoring Firm Hired by Building	Owner (8)	ASC	M No.		Name	of Abeterner	Co: fruit	ofor (8)	-	-		
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Carle of NotReallon (1)  / 23   18  Agencies Woulfest   Type NotReallon  SPA   Initial Armended Armended Armended Armended DOL   Carpostatto	(including		Street City, S	AUDRE MOTH Of Consor	RIVER	, N.3	· - · - · - · · - · · · · · · · · ·	8882 Telephone M	Umber	/		
Name of Facility Where Abatement is Take EECID to 26K	ng Place	(4)				Type of F	C (N-	27.50	12)	**************************************	epus s no	
Source LIVER.	e sel		County	Code (7)	2 <b>5 </b>	Equand F	-	with a comme	·	Bidg. + S	Ágo	1000
Name of Monttoning Film Hired by Building Stroot Advisors	Öwner (8	<u></u>		N No	Nem A.N	Address	1 6	> MOUTIAL.	4. 14 I soon		<b></b>	
City, State, Zip Code  Project Menagar has beautioning Firm	rhand marks	d the wine i Voge	Telepho	vne No	Cky, Mid	Midlend A State, Zip Co lend Park, share No.	1	7432	No.			
Shirt Date (10)			npietion	Dene (11)	201 Name Om	-282-5841 - of 58HA M	ii Hai	00158	-ii,	dradi sekuak (d. 141) 1870 - The Thi Nabada	· · · · · · · · · · · · · · · · · · ·	
Facility Closed/Vacated During Entitle Abusing Performed Outside of Mon Other – Describe:	Panos of nal Feom	Abaten y Hous	reterit		Cny,	Huyler Sti Stete Zip Co skensack, I	1	606		2 to promote the last of the l		1 Mg - 2000 / 15 - Ng Mg
Scope of Work (Check All That Apply)  23 at or 23 N 2180 pl or 2280 n	B	flanova Demoit	Hion Ion	<u> </u>		Glovebu	HALL SAN	nt with Negative is adults				
Location of Ashestos-Controling Malerial (ACM)		1.gosti Normai ed Sola	y		Descriptio	n of				Abak	GIPTER IT	1
TO ST ABATED IN PSURING (13)		todisis (12)		(i.e.	tos Contening i thermal system surficing. Vi office miscarbs	46 Inscintion, 47, or	7	Amount (Specify 3F or LF)	Renoral	Rupair	Exceptatate	Enclasura
BASHENT		110	/		PIPE INS	vano)		TAA re		1		
Name of Registered Waste Harrier Newerls Catting Inc.		H	Dep w		Cubic Yanta of Whate			positioned Length		T.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A NAME OF THE PARTY OF THE PART
	rumbhaman gar	- 0	1509		Disposal Dete	City	Heli	, <del></del>		mai ili		Marketon .
City, State Newsork, NJ 07 105					1/22/H DN	DA	p 3 300	d, PA 08702				\$

201 - 262 - 5841.

Chark# 3076

	State	e of Nev	vNers	Wolffice	ation of Asbestos Al	bate	ment		nai	KH	50	16	0
	Stat	(D)	Pluksua	to NJ.A.C.	8:60-7 and 12:120-7)			1 5	P [	Z 1	7\// [c	3 [	7
GAC Project # 060-18		IP/	1					) [	6	5	W [	=	11
Date of Notification (1)	0040	U	] , person		Name of Building Owner/O	perato	INIVE	RSIT	Y OF N	<b>1</b> J			
January 25		otification T	vne		Street Address	- I I			FFR	-52	018	TIL	11
Agencies Notified		Initial No		on	Street Address ENVIRONMENTAL H	IEAL	TH & S	AFE	TY DE	PT. (F	(EHS)	)  -	4
☐ EPA		Amende	d Notifi	cation #	74 STREET 1603, BL	DG	4116, L	IVIN	GSTO	N CAN	11705		L
□ DCA		I Emerge		cluding	City, State, Zip Code PISCATAWAY, NJ 08	225/		ASE		SCON		&	
☑ DOL ☑ DEP- No Longer REQUIRED		justifica		-	Name of Contact	0034	1	тупторот	LIU	ENSING	2	Otosawaya	+
DDP- No Longer KEQOIKED		Cancelle	ea		MICHAEL F. SMITH,	ENV	<u>.                                    </u>			*			
					<b>HEALTH &amp; SAFETY</b>							1112	-
		D1 (0)		FACILITY INFO	Type of Facility (4)								+
Name of Facility Where Abatement in OLSON HALL, BLDG# 72:	s Taking	Place (3)		1	School (K-12)								
OLSON HALL, BLDG# 72	25				□Subchapter 8 (other than	K-12)							
Street Address					Other (i.e. private & com	mercia	al building	s, hom	es, etc.)				
NEWARK CAMPUS		155			Sq. Feet: N/A #0	of Flo	ors: 4	Bldg. /	Age: t	iu+ yea	irs		
	nty (6)		County (		Current Use (prior if being	demo	lished):	ACAD	EMIC C	FFICES	3		
NEWARK	ESSE	EX	(State U	se Only)									
		(0)	ASCM N	lo l	Name of Contractor (9)								1
Name of Monitoring Firm Hired by B	siag. Own	er (8)	00098	anner .					T & B.I.T.	o INIC			
					GREENWOOD ABAT	EME	NT CO	VSUL	IANI	5, INC.			+
Street Address					Street Address								
3 TERRI LANE					511 MAIN STREET								_
City, State, Zip Code					City State, ZipCode								
BURLINGTON, NJ 080	710-1				BUTLER, NJ 07405		License Number						
Project Manager for Monitoring Firm		elephone N 609-386-			Telephone Number		-	.1001100	11011100	i e			
					973-492-0477		(	00840					-
Scheduled Start Date (10)		cheduled C 12/12/18	completion	n Date (11)	Name of OSHA Monitor ENVIROVISION, INC								
02/03/18 Occupancy Status During Abater			10)		Street Address								
□ Facility Closed/Vacated During	Entire P	Period of Al	oatement		20-21 WARGARAW F	ROA	D, BLD	G# 35	E				
■ Abatement Performed Outside	of Norm	al Facility I	Hours -		City, State, Zip Code	17 5-01-		-					1
Describe:	DN 5	AM Daile	. /24 40	NIDS &	FAIRLAWN, NJ 0741	0							
☑ Other- Describe: Schedule: 3 WEEKENDS AS NEEDED)	3PIVI — 5	AW Dally	(24 110	ONS &	1 Sec. 2 March 2 Sec. 1								
WEEKENDS AS NEEDED)													
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Scope of Work (Check all that appl	<u>y)</u>					<b>J</b> Full (	Containm	nent wi	th Nega	tive Pre	ssure		
				☑ Renovation			-Enclosu						
≥ 160 sf or ≥ 260 l	f			■ Demolition			re bag Pr Exempte					uro	
	1-1	tion Normal	lly Head	Description of Asi	bestos Containing Material	Non-	Amount	0 ( ) a	Abatem	ent Type	9	uic	$\exists$
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solely b	by Maint./Co	ustodial	(ACM) (i.e. therm	nal systems insulation, surfaci	ing,	(Specify	SF	Remove	Repair	Encap	Enclose	9
	Staff? (	12) NO	NA	VAT, or other mis	scell.)		or LF)		110111011				
	YES		ING	701 Pi I	letion		<9 LF	-+	X	T	T	Г	٦
ROOM 009 MER		X	-	TSI – Pipe Ir	ISUIALION		10 LI		X				$\neg$
									X				
Name of Reg. Waste Hauler		NJDEP Wa	ste Haule	r ID #	Cubic Yards of Waste:	5 C	Y	Name	of Regis	tered La	ndfill	:11	
See Hauler Below #1 & 2	1 -	See Belov	33.7					G.R.C		North		111	
Hauler #1) Greenwood Abatemen	t Consul	tants, Inc	Butler,	NJ 07405		Disp	osal Date	2		City, Sta 100 New		Mill	
NJDEP # 12561						02/	12/201	8		Rd. Mor			
Hauler #2) Newark Carting, Inc., NJ DEP # 4509	newark,	143 04309				021	12/201			19067 215-736	-1700		
					Cianatura			Date					
Completed by (Print or Type)	Titl	<u>le</u> ENIOR P	RO IE	CT.	Signature (Signature)	011			ary 2	5, 2018	8		
RAYMOND C. PEDALING		ANAGE			Raymond C. Fe	edatir	10			WAL			

CHECK # 24945

Date of Notification (1)		Smean	Nome	f Building Own	ar/Onaratar	(2)								
01-26-18				of Building Own on Communi		(2)	ſ	DE	C.	F	7			
Agencies Notified Type Notification				Address Iidden Ridge				UP		123	U t	/ [4		
EPA Initial Amended		+		ate, Zip Code			- 1		FFD		. 00	40		
X DOL Amendment		_		TX 75038			1	J U	FEB	- 5	20	18		
■ Emergency justification)		Ī		f Contact			Tel	ephone N	umber					
DCA Cancellation			12.310/p565	Leonardo	ATION		-		TIC	ENS		ROL		
Name of Facility Where Abatement is Takin	g Place (3)	)	FAC	ILIIT INFORM	ATION	Type of Facilit	ty (4)		LIC	JL-IVC	MVG			
						School (I								
Street Address 588 Atlantic City Boulevard								er than K- & commer		dings	home	es,		
City (5)						etc.) Square Feet	# 0	f Floors	F	Bldg. A	Ane.			
Bayville						30,000	3	1110010	11390	952	igo			
County (6)				Code (7) USE ONLY)		Current Use (I		ng demolis	shed)					
Ocean  Name of Monitoring Firm Hired by Building	Owner (8)		TASC	8 8		Commercia of Abatement (	200	(0)						
ESIS Health, Safety & Environmen			ASCI	vi INO.		acle Environ								
Street Address P.O. Box 430						Address Broad Street								
City, State, Zip Code	100				City, S	tate, Zip Code								
North Versailles, PA 15137				3		tadt, NJ 070	72							
Project Manager for Monitoring Firm Johnny De Los Santos			Telepho (347) 8	ne No. 386-6714		one No. 939-6565		License No. 00756						
Start Date (10) 02-06-18	Schedule 03-06-1		npletion	Date (11)	100000000000000000000000000000000000000	of OSHA Monit -Air Inc.	or							
Occupancy Status During Abatement (Chec	k Only One	9)				Address								
Facility Closed/Vacated During Entire R  Abatement Performed Outside of Norm					1.00 miles	Jackson Av	venue							
Other – Describe:	ial racility	nours	•			Island City,	NY 111	01						
Scope of Work (Check All That Apply)					_	4//								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit			×	Full Contain Mini-Enclos Glovebag P	ure rocedure	40004						
	T to I	ocati			<u> </u>	Non-Exemp	ted (*) and	non-Fria	ble Pro	1000	e ement			
Location of	N	ormal	ly		Description	of				Ту	ре			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)		Sole ntenar dial S (12)	nce/	(i.e. thern su			(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A	9000000					<u>a</u>		ate	Ге		
Cellar: Frame Room			х	_	VAT		16	60SF	х					
Name of Posistered Wests Haules		N1	JDEP W	lasta   C. I	ic Yards	Mana	of Docists	rod I ands						
Name of Registered Waste Hauler Newark Carting, Inc.		Н	auler ID 4509		Vaste	100000000000000000000000000000000000000		red Landfi Il Sanitai		dfill				
City, State Newark, NJ 07105		102	-503		osal Date	City, St								
Completed by	Title			IBI	Signature	Wen A	igyi, PF		ate					
Joseph Patrick	Projec	t Ma	nager		J.gridule	12	)	1.55000	1-26-1	18				

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

M.	E	C	E		$\mathbb{V}$	n.
M	1	FEB	-	5	2018	

MACK	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)										LU	10	
Date of Notification (1) Januaury 31, 2018		Name of NJ Tran		Owner/Operator (2)				ASBE	STOS LICEI	CO	NTF NG	ROL	&
Agencies Notified Type Notification  EPA Initial		Street Ad 1 Penn	dress	East						13-45-45	Daniel W	dintrio.	Lancinos
DEP 🗵 Amended		City, State							≥ (110.00.0° to				
⊠ DOL   Amendment # 1     □ Emergency (including	_	Newar Name of 0		77105			Telephone Numb	er				-	
☑ DOH justification)		Renzo :	Sosa				4						
区 DCA ☐ Cancelation			FA	CILITY INFORMAT	ION					_			
Name of Facility Where Abatement is Taking Place (3)					Турес	of Facility (4)				1100			
NJ Transit Hoboken Terminal & Yards Ferry	Terminal					_	2) Non-Subchar						
Street Address 1 Hudson Plaza							8 (Other than k orivate & Comm		gs, horr	ies, (	etc.)		
City (5) Hoboken					Square 150,		# of Floors	Bldg. Age 1907					
County (6)		19	County C	ode (7) ISE ONLY)	1000	t Use (Prior if be Ferminal	ing demolished)						
Hudson County  Name of Monitoring Firm Hired by Building Owner (8)		,	JIAILU		-								
Matrix New World Engineering, P.C.				ASCM No. 00121		of Abatement Co orn Contrac							
Street Address				00121	1	Address	ting corp.			-			_
26 Columbia Turnpike					E	illow Way							
City, State, Zip Code					City, St	ate, Zip Code							
Florham Park, NJ 07932					Woo	dland Park,	NJ 07424						
Project Manager fo Monitoring Firm			Telephon		A company	one No.		License No.					
Gavin Gilmore				10-1800 tion Date (11)	-	333-9176 of OSHA Monito	,	101331	-	-			_
Start Date (10) February 5, 2018	- 1	Decemb					sultants, Inc.						
Occupancy Status During Abatement (Check Only One)					+	Address				REELIK			
☐ Facility Closed/Vacated During Entire Perio	od of Abat	tement			20-21	L Wagaraw	Rd., Bldg. 35-E						
☐ Abatement Performed Outside of Normal	Facility Ho	ours				ate, Zip Code							
Other - Describe:07:00am to 3:30pm_ Scope of Work (Check All That Apply)					Fair L	awn, NJ 07	410						- 7
□ ≥3 sf or ≥3 If		⊠ R	lenova	tion	$\times$	Full Contain	ment with Nega	tive Pressure					
≥160 sf or ≥260 lf			emolit		$\boxtimes$	Mini-Enclose							
					$\boxtimes$	Glovebag Pr	ocedure						
					X	Non-Exempt	ed (*) and Non-	Friable Proce	dure	_	Abate	ment	
Location of	1 0000	Location lormally			Descr	iption of						pe	
Asbestos-Containing Material (ACM)	Use	d Solely by	300		s Contair	ning Material (A		Amour					
TO BE ABATED In Facility	\$	intenance/ odial Staff		(i.e. th		ystems insulation ng, VAT, or	n,	(Specit SF or Li	99			Enc	m
(13)	Yes	(12) No	N/A			scellaneous)		1		Removal	Repair	Encapsulate	Enclosure
See Attached													
												_	_
								-				-	-
					C 11-1/-	-1		Name of Regu	etorod la	ndfill			$\dashv$
lame of Registered Waste Hauler Newark Carting, Inc.		IJDEP Was 14509	te Haule	TIUNO.	TBD	irds of Waste		IESI Bethle					
ity, State	10	7,305			Disposal	Date	/	City, State					
lewark, New Jersey 07105				(2)	TBD	/	20	Bethlehem	ı, PA				
ompleted by	Title			•		Signature	11	1	1	Date		0.000.000.00	
Pimo Golcev	General	Manag	er			(A	1 //			01/	31/2	018	

#### State of New Jersey Notification of Asbestos Abatement Continuation Sheet

FEB - 5 2018 ASBESTOS CONTROL LICENSING

Location of Asbestos-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 LF)

Encapsula

	Yes	No N/A			=		ate	
Throughout Project Area		X	ACM - Plaster Ceiling	3,393 SF	Х			I
Throughout Project Area		X	ACM -Decorative Ceiling Plaster	150 SF		Х		
Throughout Project Area		X	ACM - Wall Plaster	330 SF		Х		
Throughout Project Area		Х	ACM - Double Layer Vinyl Floor Tile	30SF	Χ			
Throughout Project Area		Х	ACM- Triple Later Vinyl Floor Tile	4,900 SF	Х			
Throughout Project Area		×	ACM - Interior Caulk	120 LF	Χ			
Throughout Project Area		X	Assumed ACM - Pipe	718 LF	Х			
Throughout Project Area		X	ACM - Wall Plaster	1,260 SF	Х			
Throughout Project Area		×	Assumed ACM - Floor Composite	40 SF	Х			
Throughout Project Area		×	Assumed ACM - Built Up Roofing	200 SF	Х			
Throughout Project Area		X	Assumed ACM - Contaminated Plaster	175 SF	Х			

1	na	1	X											Prii	nt Fo
Chloron Emerge	N		Sta CATION Irsuant	OF ASBI	v Jerse ESTOS 8:60 and	ABATEI 12:120	MEN	T CK					7 7	ПГ	
Date of Notification (1)		- 1	Name of	Building	Owner/C	perator	(2)		m	E	6	5			
1/30/18				ny Ellen		-		ome	111/	/					
Agencies Notified Type Notification			Street A	ddress					ITT		rrn		- 01	110	11
X EPA     Initial										7	FEB	- (	) 21	110	
DEP Amended			and the same of the same	te, Zip Co											
DOL Amendment >	ncluding	-		y Cedar	s NJ 0	8008				ASE	EST	os c	CNO	ROL	. &
DOH justification)	•		Name of Mike	Contact					II Tel	ephone	Numl	perM	SING	ì	
DCA Cancellation			311175555	LITY INFO	DES A T	ON				_					
Name of Facility Where Abatement is Taking	Place (3	)	FACI	LITTIME	JAMAII	ON	Ту	pe of Facility (4	-)						
Anthony Ellenbogen Private Home		5					П	School (K-12	144						
Street Address								Subchapter 8	(Oth						
							X	Other (i.e. pr etc.)	ivate 8	& comn	nercial	build	ings,	home	s,
City (5)							Sq	uare Feet	# 0	f Floors	;	BI	dg. A	ge	
Harvey Cedars NJ 08008							10	+ 000	2			3	5+		
County (6)			County (		i i		100.00	rrent Use (Prio	r if bei	ing den	nolishe	ed)			
Ocean				JSE ONLY)			1.50	ouse							
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	1 No.				batement Cont	ractor	(9)					
N/A			1					o Inc.							
Street Address						Street		ress : 329							
City, State, Zip Code					-	100000000000000000000000000000000000000		, Zip Code				10000			-
City, State, Zip Code						150		erlin NJ 080	91						- 1
Project Manager for Monitoring Firm	5-27-11-0-2-1		Telephor	ne No.		Teleph				Licen	se No.				
						100000000000000000000000000000000000000		3-9800		007	27				
Start Date (10)	Schedule	ed Con	npletion I	Date (11)		Name	of C	SHA Monitor							
1/31/18	2/2/18					Sam	ne								
Occupancy Status During Abatement (Check	Only Or	ie)				Street	Add	ress							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:						City, S	State	, Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	tenova emolit	F 10 10 10 10 10 10 10 10 10 10 10 10 10					Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure						
	Ι.					<u> </u>	21 1	NOTI-EXEMPLE	() all	u Non-	Habit			ment	
Longition of	100	Locati Iormal			ρ.								Ту	ре	
Location of Asbestos-Containing Material (ACM)		d Sole			tos Con		/late	rial (ACM)	А	mount				т	
TO BE ABATED In Facility	1/10/03/03	odial S		(i.e.		system: cing, VA				Specify or LF		Remova	Re	Encapsulate	Enclosure
(13)		(12)				niscellar		100	0.	0, 1,		evor	Repair	sula	osur
	Yes	No	N/A								-		ate	e,	
Exterior Siding upper part of house			х		Fyte	rior Si	dina	4		1200		x			
Exterior dialing appear part of riouse			^		LAIC	1101 011	unit	9	-	1200	-		-		
									2-5017-111						
Name of Registered Waste Hauler	1	17757	JDEP W		100000000000000000000000000000000000000	Yards		Name of F	Registe	ered La	ndfill				
United Containers		1000	auler ID 2459	No.	of Wa	ste		G.R.O.\	N.S.						
City, State			2400		233	sal Date	i e	City, State							_
Elm NJ					2/3/1		텧	Morrisvi		A 190	67				
Completed by	Title				1	Signature	277				Date	9			-
Anthony T Perna		ident				10	/	å				30/18	3		

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8 16:31 NJ Asbestos Control 6	09,633.0	664		pa	ge 1				<u> </u>	GE	02/	-
3/2018 14:57 2012620321				DAMA		1	15	-	-			
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16 11- 15	MOT	NEW AT	States O MOD	ne New Jorney ABDESTOS A	DATEMEN	F -	551	1911	17			-
n Inyo	LZ CT 1	เลากลา	ant to F	ANE 6918 DATA	42:120)			ASBESTO	S.C€ ENS	NTI	ROL	ă
nets of Notelicenton (1)		Ner		K ENDRU			**;		.)			
1 29 19 gencies Notification Type Notification		Str	EN Pel Addr		-22	<u> </u>		-11	- 14			
		Cit	Sinte.	Zip Code		- +	11 1800	1 1 1 1 1 1 1	13/ J.F.	<u></u>	+	
DEP Inits Amended Amended Amengement & Emergency (init	ciudina		RAI	USHILL W.	5. (	274 6	Tak	phone hive	<b></b>	- )	manne	
OOH justification) Canodistian	Od nemst 138	Ma	me alc	OLUMC	<b>PS</b>		1010	ibit ce a sec				
d	Diaca (3)		FACILI	TY INFORMATI	NN .	ype of? citi	(4)			_	_	_
Visine of Facility Where Absternant is Taking	- recento;		Y				-12)	ar than K-12	)			
Proof Address		W.V			8	Other (Le	privitie é	commercia	i bulletr	gi, h	omes.	
287 (5)			-		8	quare Fin	क् वर्ग	1 Floors	100000000000000000000000000000000000000	9. Ag 50	Ė	
COUNTY (5)	. 16.	TC	unty Co	ide (7)		J 75%						
REPLEN		10000			blama nd	Abstern 10	Number of	19)				
varie of Monitoring Firm Hired by Building O	wner(8)		ASCM	¥a		Contri ali		(4)				
Street Address					Street Ad	idiand / /è						
City, State, Zip Code					City, Sta	is, Zip Ci s	1 17/430					
Project Manager for Monitoring Firm		TI	phonical	e No.	Telaphor	Na ivo.	A 27 TRUM	Lionna N	o			
		,	(-0) F	77.		62-5841 TOSHA M: W	io.	00156				_
Start Dets (10)	Schedulet 2/	9/18	MBOQII D	RESIDE ( L L)	Omeg	a Enviro in	ni ntal S	Services In	NC .			
Occupancy Status During Abetement (Chack	Coly One	!}			Street A	ddress Luyler Str. e	),t					
Pacifity Closed/Vacated During Entire P Abatement Performed Outside of Norm	erlod of Al al Facility	Hours Hours	n			ste. Zip Co. i					MAT SOURCE STATE	-
Cither - Describe: Scope of Work (Check All That Apply)					Hacke	ensack, (- )	U rous					
Scope of Work (Check No. 1 (10) Chiny)	Z R	enovati	ĊП		8	Full Con II	ne set wi	th Nagmine I	Promous	a		
2 5160 af or \$280 H		ern celtic	217		B	Alexander I	Dec water	nd Non-Frie	bla Pro	zedun	a a	
-		Locatio								Abade	irment Dili	
Locotton of Asbestos-Consining Material (ACM)	Line	ornali d Sobol	r by	Spherine CA	escription :	aterial (ACA		Amount	303		37	
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(13)	Yes	No	N/A	QQ161	mine#ane	anna!			10		cutos	
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KITCHEN IST FLOOR			/	V	100000000000000000000000000000000000000		11	50.5F	1	<u></u>	ļ	-
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Name of Registered Waste Haule:	لــــــــــــــــــــــــــــــــــــــ	I N	JDEP W		ic Yards			evered Land		<u></u>	<u></u>	1
Newsrk Carding Inc.		] H	6509		dante 2			itral Senita	ry La	ndfill		
City, State	,				OSAI Date		liste n kroint	PA 08702	2			
Newark, NJ 07105 Completed by	Title	-		- 1/-	Signature	1			Dais .	5/4		_
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Jan 29

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Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

☐ Amended

Type Notification

Amendment #

justification) ☐ Cancellation

☐ Emergency (including

18

Date of Notification (1) 01

Agencies Notified

(NJAC 5:23-8)

Residence Street Address

Toms River Twp.

□ DOH

☐ DCA

City (5)

County (6)

Ocean

□ DOLWD

### NOTIFICATION OF ASBESTOS ABATEMENT

PC Guthrie Street Address

City, State, Zip Code

Name of Contact

PC Guthrie

ASCM No.

Brick, NJ 08724

(Pursuant to NJAC 8:60 and 5:16)

Name of Building Owner/Operator (2)

**FACILITY INFORMATION** 

County Code (7)(STATE USE ONLY)

w Jersey ESTOS ABAT 3 8:60 and 5:16		DE C		
Owner/Operator (2	2)	1 3	3 586	
			OS CONTROL & CENSING	and supplies to the
ode 724		(4		
		Telenhone Number		
ORMATION				
	Type of Facility (4)	)		
	School (K-12)	011 11 17 10)		
	☐ Subchapter 8 ( ☐ Other (i.e., priv homes, etc.)	other than K-12) ate and commercia	l buildings,	
	Square Feet	# of Floors	Bldg. Age	1
	1200	1	65	
(STATE USE ONLY)	Current Use (Prior Residence	if being demolishe	d)	
Name of Abateme	ent Contractor (9)			
Guardian Co	ntracting, Inc.			
Street Address				
1889 Route 9	, Unit 61			
City, State, Zip Co	ode			
Toms River,	New Jersey 0875	55		
Telephone No.		License No.		
732-349-9932	2	00624		- 1
Name of OSHA N				
E.M.S.L. Ana	lytical			
Street Address				
1056 Stelton				
City, State, Zip Co	ode			
Piscataway,	New Jersey 088	54		

N/A					Guardian Contracting, Inc.								
Street Address					Street Address								
					1889 Route 9	, Unit 61							
City, State, Zip Code					City, State, Zip Co	ode							
					Toms River, I	New Jersey 08	755						
Project Manager for Monitoring Firm		Tel	ephone I	No.	Telephone No.		License No.						
					732-349-9932		00624						
Start Date (10) Sche	duled C	ompl	etion Dat	e (11)	Name of OSHA M	lonitor							
02/12/18	02 /	_1	3 /	18	E.M.S.L. Anal	lytical							
Occupancy Status During Abatement (Che	ck only o	one)			Street Address								
☐ Facility Closed/Vacated During Entire P	eriod of	Abat	ement		1056 Stelton								
☐ Abatement Performed Outside of Norma					City, State, Zip Co	ode							
Time of Abatement:AMF	PM/	_PN	Λ	AM	Piscataway, I	New Jersey 08	854						
Scope of Work (Check all that apply)	-									- 1100			
□ >2 of or>2 If	□Re		tion		☐ Full Cont	tainment with Neg	gative Pressure						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	☐ Re					g Procedure							
2							n-Friable Procedur	re					
	700	Loca						Ab	atem	ent Ty	уре		
Location of		Norm	ally lely by		Description of	THE CONTRACTOR AND ADDRESS OF THE PARTY OF T		Re	Re	Щ	ш		
Asbestos-Containing Material (ACM) TO BE ABATED			ance/		stos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	cap	clos		
IN Facility	Cus		I Staff?	(1.5	surfacing, VAT		SF or LF)	val	-	Encapsulate	Enclosure		
(13)		(12	T. Francisco	-	other miscellane	eous)				ate			
	Yes	No								_			
exterior				asbest	os siding		1200 sf				Ш		
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		П						ПП					
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		片						+-	П	П			
Name of Registered Waste Hauler				Naste	Cubic Yards of	Name of Regis	stered Landfill				Ш		
Name of Registered Waste Hauler					Cubic Yards of Waste	Name of Regis	stered Landfill						
Guardian Contracting, Inc.			NJDEP \	O No.	Waste 3	T.R.R.F.	stered Landfill						
Guardian Contracting, Inc. City, State			NJDEP \	O No.	Waste 3 Disposal Date	T.R.R.F. City, State							
Guardian Contracting, Inc.  City, State  Toms River, New Jersey			NJDEP \	O No.	Waste 3 Disposal Date 02/13/18	T.R.R.F. City, State	, Pennsylvania						
Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed By (Print or Type)	tle		NJDEP \ Hauler II 20223	O No.	Waste 3 Disposal Date	T.R.R.F. City, State	, Pennsylvania	ate /	30				

CK335M

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

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gencies Notified	Type Notification		5	Street	Address					,	LI(	CENSI	VG.		-
] EPA	☐ Initial					2									
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<b>V</b> = 5	☐ Cancellation				on Caste										7
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lame of Facility Where	Abatement is Taking	g Place (	(3)						of Facility (4) school (K-12)	!					
Residence								T c	whehanter 8 (	Other th	an K-12)				
treet Address							)	$\boxtimes$	Other (i.e., priv	ate and	commerci	al buildi	ngs,		
									nomes, etc.)	# of Flo	oors	Bldg.	Age		
City (5)								1000	are Feet 500 sf	2	5015	70			
South River								38.0	rent Use (Prio		demolish	1170000			-
County (6)				Cour	nty Code (	(7)(STA	ATE USE ONLY)		esidence	i ii neiile	GUITOIISIT	/			
Middlesex															-
Name of Monitoring Fire	m Hired by Building	Owner (	8)	ASCM	No.		me of Abatem								
Guardian Contrac	ting, Inc.						Guardian Co	ontra	cting, inc.						-
Street Address							reet Address		:4 04						
1889 Rte. 9, Unit 6	61						1889 Route 9		111 61						
City, State, Zip Code							ty, State, Zip C		1007	755					
Toms River, New	Jersey 08755						Toms River,	New	Jersey uo		se No.				
Project Manager for Mo			100000000000000000000000000000000000000	phone			elephone No.			006					
Nicholas Fernico	la				9-9932	31 3	732-349-993			000	724				
Start Date (10)					ate (11)	0.0000	ame of OSHA								
2 / 1	/18	2_/	2	/	18		E.M.S.L. An	aiyti	cai						
Occupancy Status Dur	ring Abatement (Che	eck only	one)				treet Address								
M Facility Closed Vac	ated During Entire F	Period of	Abate	ement	22 - 51		1056 Steltor								
Abstament Perform	ned Outside of Norm	nal Facili	ty Hou	rs - De	escribe	С	ity, State, Zip (			054					
Time of Abatement	t:AM	PIVI/	PIV	-			Piscataway	, Nev	v Jersey uo	004					
Scope of Work (Check	k all that apply)						□ Full Co	ontain	ment with Neg	gative Pr	essure				
		⊠R	enova	tion			☐ Mini-Ei	nclos	ure	5					
$\boxtimes \ge 3$ sf or $\ge 3$ lf $\square \ge 160$ sf or $\ge 260$ lf			emolit	ion			☐ Gloveb	pag P	rocedure ted (*) and No	n-Friabl	e Procedu	ire			
							☐ NOTI-E.	venib	tou ( ) and the			Aba	ateme	ent Ty	/pe
			ls Loca Norm				Description	n of				D	D	ш	Щ
Locat	tion of		sed Sc	lely by	/ As	sbesto	os Containing I	Mater	ial (ACM)	000.00	mount	Remova	Repair	ncap	Enclosure
Asbestos-Contain TO BE	ing Material (ACM) ABATED		lainter istodia		2	(i.e., t	thermal system surfacing, V/	ns ins	ulation,		Specify or LF)	oval	=	Encapsulate	Sure
IN F	acility	00	(12				other miscella	aneou	s)					ate	
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N (D	Waste Hauler			NJDI	EP Waste		Cubic Yards of	f	Name of Reg	istered I	_andfill				
Name of Registered				Haul	er ID No.		Waste		T.R.R.F.						
Guardian Contr	acting, inc.			20	223		3 Disposal Date		City, State						
City, State	•						2/2/18		Tullytowi	n, Penr	nsylvania	2			
Toms River, Ne							Signature	e	1	//5	_1	Date		1	
Completed By (Print		Title		0000	0.5		Signature	_		1		11.	30	11	8
Nicholas Fernic	cola	Proje	ect M	anag	er		\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1					1	-	_

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Check#2972		410	TIF	ICATI (Pum	ON OF A	New Jerray SEESTICS ABO JAC LET and S	TEMEN			EB	_	5 2018
Date of Notification (1)			—			ing Owner/Operator						
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Agencies Notified Try	pe Notificatio	in			rest Addres				_			
DOLWD DHSS	Initial Amended Amendment							ν.		S	/	!
D DCA	ing		ų, sisis. 21) <u>us</u> ville, NJ	Out Called The Called			7	1				
(M2MG 5:23-8)		11/4	N	me of Cont	ici	Telephone M.	her:	<u>~</u>	ie in	The last		
	Cancellation			COLUMN DESIGNATION OF THE PERSON NAMED IN COLUMN DESIGNATION OF THE PERS	ce Robert			-	~			
Name of Pacility Where Abet	ement is Taki	ng Pla	Gir (3)	,	PACILITY	INFORMATION	Thomas i	scill y (4)				
Private bouse Street Address	~				School School	(K· 12)						
- was read (Life)	41.0 / 1.						Schor (K-12) Subor spts 6 (Other than K-1.2) Other i.e. private and commercial buildings.					
W(J (3)	ttern side		_				Squere I'	( 400 // )				
Titusville, NJ 08560 County (8)										Bldg.	Age	
Mercer	2 8	Co	ounty Code (7	(STATE USE ONLY)	Current L	e ( Inor If being demol	ished)	,	_			
Name of Monitoring Firm Hire	d by Building	OWNE	r (8)	TASC	M No.	Name of Abatem	ent Contra	Dr (3)			-	
Street Address		Ţ,				Gr Tech LLC		~, (·)				
						Street Address						
City, State, Zip Code		_				576 Valley Rd : City, State, Zip C	/283 ode					
Project Manager for Monitoring	Firm		1 9	-1		Wayne, NJ 074	(4.5°E)	*				1
			110	elaphon	s No.	Telephone No.		License No.				
Start Dats (10) Schaduled Completed 10 / 28 / 18 01 / 29					Date (11)	973-638-1777 Name of OSHA N	fonitor .					
Occupancy Status During Abar	ament (Char	diani-	emak		18	Envirovision Co	nsultants,	10				
E Facility Closed/Vacated Du	ring Forte P	belod o	44			Street Address 20-21 Wagaraw	Pood BU	S1 578				
Abstament Performed Outs Time of Abatement:	AM- p	I Facili	ty Ho	Nrs - Di	-AM	City, State, Zip Co	ode ] સંસ્કૃ	5/8 1/O :		-		$\overline{}$
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☐ 2 160 ST OF 2280 If			emolik	tion		Glovebac	Procedura	Tent with Negative Pressure				
Legation of		B Loc		T	L Ron-Exg	ubisa (.) si	J N m-Frieble Procedu	and the latest designation of the latest des	Abetement Type			
Asbestos-Containing Material (ACM)		Normally Used Solety by Asbo Maintenancel				Description o slos Containing Mat	MOAL ISH	Amount	_	_	1	1
TO BE ABATED	IN Fackity		todia	Stuff?	(i.e	thermal systems in surfacing, VAT,	nsulation.	(Specify SIF or LF)	Removai	Repair	Encapsulate	Enclosure
IO SE ABATED		Yes No				other miscell anec	aus)			1	Iden	1 2
IO SE ABATED	rst floor-mud room				Pipe insa	lation			ICI	-		
IO SE ABATED IN Facility (13)		П			194 8651	- VM		20 LF		片	H	
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IO SE ABATED IN Facility (13)			_		7 - 1 - 2 - 2 - 2	. deprese	Maria T	7-11		믐		片
IO SE ABATED IN Facility (13)  irst floor-mud room						Cubic Yards of Waste	Marno ed :	sgit lered Landfill	1		Ы	
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IO SE ABATED IN Facility (13)  irst floor-mud room  irst floor-mud room		e Agent			85	TBD Disposal Date	T.R.R.F.	CT III-		_		
IO SE ABATED IN Packing (13)  irst floor-mud room  irst floor-mud room  fame of Registered Weste Hau f Tech LLC (Ny. State (ayne, NJ 07470 (completed by (Print or Type)	Tipe	ent			85	TBD Disposal Date TBD Signature	T.R.R.F. City. State Tullycow	P. Lyc.	te	_		
IO SE ABATED IN Facility (13)  Irst floor-mud room  Issue of Registered Weste Hau If Tech LLC	Tiple	e Allen		00337	<b>85</b>	TBD Disposal Date TBD Signature	T.R.R.F. Cily, State Tullytown	De 01/	26/18			

148005	B		LATION	Ite of New OF ASBE	SITOS	ABATER 1)12:120	RENT )		EG	<u></u>						
Date of Notification (1)  January 26,2018	and I	Name of Building Owner/Operator (2)  Residential Dwelling							201	8	14					
Agencies Notified Type Notification	and the second	Street Address  ASBESTOS CONTROL &														
DEP Initial Amended Amendment #	Amended				City, State, Zip Code											
Emergency (ir	Amendment #_ Emergency (including justification)					Name of Contact Telephone Number										
DCA Cancellation	Lda.	RMATI	stal on	Ni	_											
Name of Facility Where Abatement is Taking	)	Type of Facility (4)  School (K-12)														
Street Address		Subchapte						r than K-12 commercia	l build	lings,	home	5,				
City (5)		etc.) Square Feet					# of Floors Bldg. Age									
Lollings wood			2435 County Code (7) Current Use (P)						2.5	ed)	70	yr:	5			
county (6) Camden	:		(STATE L	USE ONLY)			Resid	enc	3.5							
Name of Monitoring Firm Hired by Building O Quality Environmental Concepts	wner (8)		1	ASCM No. Name of Abatement Co None Quality Environme												
Street Address 1053 North Tuckahoe Road					1	Address North Tuckal	hoe Road									
City, State, Zip Code Williamstown, New Jersey 08094							City, State, Zip Code Williamstown, New Jersey 08094									
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No.										
Edward Knorr 856-629-1166 Start Date (10) Scheduled Completion Date (11)							856-629-1166 01086 Name of OSHA Monitor									
02-06-2018 02-10-2018  Occupancy Status During Abatement (Check Only One)							Quality Environmental Concepts Street Address									
Facility Closed/Vacated During Entire Po			1053	1053 North Tuckahoe Road												
Abatement Performed Outside of Normal Facility Hou Other – Describe:				City, State, Zip Code Williamstown, New Je					y 08094							
Scope of Work (Check All That Apply)					-	,										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tion ion		Full Containment with Negati Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-													
•		Is Location										Abatement Type				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Use Ma	intena todial S	olely by Asbesto				Material (ACM) s insulation,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure			
(13)	Yes	(12) No	l N/A	Annual An	other i	miscellar	neous)			oval	air	sulate	sure			
Basement	Tes	. 140	IN/A	Duc	Frien	-K:	Toints	+/_	255	V						
Crawlspace			V			oipe insulation			JLF	V						
				+cement joints												
Name of Registered Waste Hauler		I N	JDEP V	/aste	Cubic	Yards	Name o	Registe	red Landfill	<u></u>	1. 1	1.1.	040			
Quality Environmental Concepts	H	Hauler ID No. of Waste 4cy				Salem County Solid Was 18 Complex										
City, State Williamstown, New Jersey					Dispo	sal Date	ALL	te DWQ		J						
Completed by Edward Knorr	ompleted by Title						ta Ad	Jeknow 01-26-2018								

Print Form

Check# 3018

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) January 29, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☑Initial Notification ☐ EPA 74 STREET 1603, BLDG 411d, LIVINGSTON CAMPUS ☐ Amended Notification # ☐ DCA ■ Emergency (including City, State, Zip Code ASBESTOS CONTROL & X DOL PISCATAWAY, NJ 08854 justification) LICENSING DEP- No Longer REQUIRED Telephone Number Name of Contact □ Cancelled X DOH MICHAEL F. SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DOUGLASS BIOLOGY, BLDG# 8304 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS # of Floors: 4 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC OFFICES **NEW BRUNSWICK** (State Use Only) **MIDDLESEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC Group Services LLC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ENVIROVISION, INC. 02/09/18 02/12/18 Occupancy Status During Abatement (Check only one) Street Address 20-21 WARGARAW ROAD, BLDG# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 3PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) □Full Containment with Negative Pressure □> 3 sf or >3 lf **X**Renovation ☐ Mini-Enclosure ☐ Glove bag Procedure / Wrap & Cut  $\boxtimes$   $\geq$  160 sf or  $\geq$  260 lf ■ Demolition Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA **ROOM 001** X VAT 440 SF X **ROOM 006** X VAT 10 SF X **ROOM 206** X VAT 10 SF X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill 20 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 02/12/2018 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Raymond C. Pedalino SENIOR PROJECT January 29, 2018 RAYMOND C. PEDALINO MANAGER

ew Jersey - Notification of Asbestos Abatement

Ch4443

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



			7-	uant			100				+	-1					
Date of Notification (1) 7 6 -18					Name of Building Owner/Operator (2) PINELAMOS CONSTROL &												
Agencies Notified	Type Notification		7	300 77TH ST.													
[].8PA [].DEP	M Initial  ☐ Amended		-	City S	tate, Zip C				7/1	2		7					
DOL	Amendment #	cludina		O.K.J., O	SEA	ISLE	CITY		, S.d	5		=					
Ø DOH □ DCA	justification)  Cancellation	Z.Comig	Ī	Name	of Contact	LANIC		Telephone Number									
				FAC	ILITY INF	ORMATION											
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facili										
	ESIDENC	E				School (K-	er 8 (Other than K-12)	متام الدريا									
Street Address							Other (i.e. homes, et	private & commercial c.)									
City (5)		Square Feet	# of Floors		g Ag												
St		(07177	1500	Prior if being demolish	-	<u></u>	_	-									
County (6) CIAV	ty Code ( ONLY)	VACHAIT															
Name of Monitoring Fin	¥o.	Name of Abatement Contractor (9)															
(8)	NIA					Street Address											
Street Address						369 City, State, Zip		PRUCE AUG		-	_	=					
City, State, Zip Code	City, State, Zip		HADE M.J	0	80	52	_										
Project Manager for Me	¥0.	Telephone No. 856-779-0472 License No. 00444															
	1.0-1-	duled C		ion Dat	te (11)	Name of OSHA Monitor											
Start Date (10) 7 - 5 - 18	7	- 1	1 2	-18	,	N/A											
Occupancy Status Dur		Street Address															
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours						City, State, Zip	Code		32								
Other - Describe:										_	_	=					
Scope of Work (Check	all that apply)					☐ Full C	ontainment with	Negative Pressure									
	Renovation							Mini-Enclosure     Glovebag Procedure     Non-Exempted (*) and Non-Friable Procedure									
≥3 st or ≥3 ft   ≥160 sf or ≥260 lf   Demolition						Non-E	xempted (*) and	Non-Friable Procedur	e A	bater	nent						
Is Location Normally Used Solely by Maintenance/ Asbe								000	Тур								
						Description tos Containing M	laterial (ACM)	Amount			m	П					
Asbestos-Containing Material (ACIVI)  Custodial					(i.e.	thermal systems surfacing, VA	s insulation,	(Specify SF or LF)	Remova	Repair	caps	Enclosure					
IN Faci	IN Facility (12)					other miscellan	eous)		oval	air	Encapsulate	sure					
(13)		Yes	No	N/A				-			-						
SIDIN	16-			X		TRANS	TE	300050	X			-					
SIVIN	<u> </u>								$\vdash$	_		-					
									$\vdash$	_	$\vdash$						
					N	Cubic Yards	Name of R	tegistered Landfill									
Name of Registered V	/aste Hauler			UDEP Lauter IC		of Waste	A STATE OF THE STA	1. C. MU-A-		7.55							
ICLEMO	O DUC.			179	04_	Disposal Date	City, State			_		- 110 63 74					
City, State	SHANF	M(.	T	08	520		Woo	DOBINE 1	1.1	-							
Completed By	3 FIZUE	e				Signature	: Wh	Date	26	-19	8_						
MICHAEL	Klomm _	S	UP				2000										

2h459t	(P)	MORTY	of ASE t to NJA	BE\$	rsey FOS ABAT 60 and 5:16	ΓΕ <b>Ν</b> 6)	MENT [	DE G	E	$\mathbb{V}$					
Date of Notification (1)  01 /	29 /	18				of Building or Holdir		ner/Operator (	(2)		THE FEB	- 5	201	8	巴
-							195, 1								
Agencies Notified	Type Notificat	tion				Address	oko	Overlook I	NI\A/		ASBEST	OS CO	ONTE	10L8	k
☑ DOLWD	☐ Amended				75200	tate, Zip C		Overlook, I	1444		L	ICENS	ING	EL SYSTEMETRIS	HALD SING
☑ DOH	Amendme	nt #				vorth, GA		01							
☐ DCA	☐ Emergend		luding			of Contac					Telephone Nur	nber			
(NJAC 5:23-8)	justificatio  Cancellati				ASSESSED ASSESSED	hael Bas									
	Carrochati			-				MATION					_		
Name of Facility When I	Shatanant in T	altina	Dlago	/2\	FA	JILII Y IN	IFUR	MATION	TT	ype of Facility (4	)				-
Name of Facility Where A		aking	Place	(3)					1 1	School (K-12)	7				
Foote and Jenks C	orporation								- [	Subchapter 8 (					
Street Address 1420 Crestmont Av										Other (i.e., priv	ate and comm	ercial b	uildin	JS,	
	enue			-					100	homes, etc.) quare Feet	# of Floors	B	ldg. A	ne .	-
City (5)										10,000	2		80	90	
Camden					Cour	ty Codo /	N/CTA	TE USE ONLY)		urrent Use (Prio	1/7	lished)		MO-1-1-1	
County (6) Camden					Cour	ity Code (/	доти	IE. OOL ONLI		Factory	i ii boilig doilio				
Name of Monitoring Firm	Hirad by Duild	ing O	woor (	2)	ASCM	No	Nan	ne of Ahatem		Contractor (9)					-
Management & Env				200	ASCIVI	INO.				mental, LLC					
Street Address	iro. Consuit	ing c	el vic	63			1000	et Address	0111	nontai, EEG				-	-
PO Box 341								23 Cutler A	Ver	1116					
					, State, Zip C	_						-			
City, State, Zip Code					laple Shade							1			
Chesterfield, NJ 08				Tal	ephone	No		ephone No.	, 14	0 00002	License No.				-
Project Manager for Mon	itoring Firm			1171-723/20-22	09-298		25000000	56-755-0099	9		00842				1
Bill Weisgarber Start Date (10)		chod	ulad Co		etion Da			ne of OSHA N	-	itor	00012				
02 /07 /					2_ /			MSL Analyt							
Occupancy Status During							50000	eet Address							
☐ Facility Closed/Vacate							2	00 Route 13	30 1	North					
Abatement Performed Time of Abatement: _								, State, Zip C	- 2						
Time of Abatement	Aivi-					. C.IVI	С	innaminso	n, ľ	NJ 08077					
Scope of Work (Check a	ll that apply)							⊠ Eull Con	atair	nment with Nega	ativa Praesura				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			⊠ Re □ De					☐ Mini-End	clos			dure			
			Is	Loca	tion							A	baten	nent T	уре
Location				lorm:	ally lely by		54 1	Description			A	Re	Re	I III	En
Asbestos-Containing TO BE ABA		)			ance/			Containing Ma rmal systems			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil			Cust		Staff?	(	S	surfacing, VAT	T, 01	r	SF or LF)	Val		sula	ure
(13)		1		(12		-	oth	her miscellane	eou	s)				ate	
Boiler Room			Yes	No	N/A	Pipe Fi	ittina	ıs			12 LF				
						-					6 LF			$I_{\Box}$	
					$\perp$ $\perp$	Pipe In	Sula	uon			0 11			12	
												<u> </u>		$\perp$	닏
												L			Ш
Name of Registered Waste Hauler Freehold Cartage						Waste D No.	Cub Wa			Name of Regist					
City, State					1593	-	Dis	posal Date		City, State					
Freehold, NJ							0	2/12/2018		Morrisville,	PA				
Completed By (Print or Type) Title								Signature	1			Date		1	
Christina Lynch	esid	ent of	Operatio	ns	( )her	2			1/2	91	7				



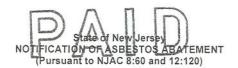
# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NUAC 8:60 and 5:16)

<u></u>	E	C	E		$\mathbb{V}$	F	M.
M		EB	_	5	<del>2018</del>		
			5	3	58	0	

Date of Notification (1)					Name o	f Building	Owner/Operator	(2)		III HO	) _	2010	1	B
01 /	29 /	18			Carir	no Partne	ership				539	58	0	
Agencies Notified	Type Notification	on			Street A	ddress				ASBEST	OS CO	VTRC	L&	
⊠ EPA					601 N	Miller Ro	ad		L	LIC	CENSIN	IG		-
□ DOLWD	☐ Amended				City, Sta	ate, Zip Co	ode							
⊠ DOH	Amendmen	100			Wycl	koff, NJ (	07481							
DCA (NJAC 5:23-8)	☐ Emergency justification		aing		Name o	f Contact				Telephone Num	ber			
(110710 0.20 0)	☐ Cancellation	50			Maril	yn Vado	n							
					FAC	ILITY INF	ORMATION							
Name of Facility Where	Abatement is Tal	king Pl	ace (3	3)				Т	Type of Facility (	4)				
Residence								[	School (K-12)		N.			
Street Address									Subchapter 8     Other (i.e., pr	(Other than K-12 ivate and comme	() ercial buil	dings	,	
									homes, etc.)					
City (5)		- T. T. T.				10		5	Square Feet	# of Floors		g. Age	9	
Seaside Park									2200 sf	2	6	5		
County (6)					Count	y Code (7)	(STATE USE ONLY,	) (	Current Use (Pri	or if being demoli	shed)			
Ocean									Residence					
Name of Monitoring Firm	n Hired by Buildir	ng Owr	ner (8)	) <i>F</i>	SCM N	10.	Name of Abater	men	t Contractor (9)					
N/A							Guardian C	ont	tracting, Inc.					
Street Address			1,1,1,1,1,1				Street Address		2028 91 2021					
							1889 Route	9,	Unit 61					
City, State, Zip Code	City, State, Zip Code						City, State, Zip							
2							Toms River	r, N	ew Jersey 08					
Project Manager for Mor	Project Manager for Monitoring Firm						Telephone No.			License No.				
							732-349-99			00624				
Start Date (10)					ion Dat	23. 22	Name of OSHA							
02/09/	18	_02	_ / .	12	_ / _	18	E.M.S.L. Ar	naly	/tical					
Occupancy Status Durin	ng Abatement (C	heck o	nly or	ne)			Street Address							
□ Facility Closed/Vaca	ted During Entire	Perio	d of A	bater	nent	W	1056 Stelto	n						
☐ Abatement Performe	ed Outside of Nor	mal Fa	acility	Hour	s - Desc	cribe	City, State, Zip							
Time of Abatement:	AIVI	_PIVI/_		_PIVI-		-XIVI	Piscataway	/, N	ew Jersey 08	854				
Scope of Work (Check a	all that apply)							onts	ainment with Neg	native Pressure				
☐ >3 sf or >3 lf		Г	7 Ren	ovati	on		☐ Mini-E	nclo	osure	ganto i rocca.				
≥160 sf or ≥260 lf		D	☑ Den	nolitic	n		☐ Glovel	bag	Procedure	n-Friable Proced	lure			
			11		1		⊠ Non-E	xen	npled ( ) and No	III-FIIable F100e0		ateme	ent Ty	vne
1	6		3700	Locat orma			Description	n of						
Locatio Asbestos-Containing			Used	Sole	ely by	Asbe	stos Containing	Mat	erial (ACM)	Amount	\em	Repair	nca	nclo
TO BE AB	BATED			ntena	nce/ Staff?	(i.e	., thermal system surfacing, V			(Specify SF or LF)	Removal	¥	Encapsulate	Enclosure
IN Fac			000.	(12)			other miscella			0, 0, 2, 7	_		late	G,
(10)			Yes	No	N/A		20142 of profession 0,000 and more							
exterior				$\boxtimes$		asbesto	os siding			2300 sf				
					1_									
Name of Registered Waste Hauler					NJDEP V		Cubic Yards of	f	Name of Regi	stered Landfill				
Guardian Contracting, Inc.					Hauler II	D No.	Waste		T.R.R.F.					
City, State					20223	3	Disposal Date		City, State					
Toms River, New Jersey							2/12/18		[1] SS (22.0)	, Pennsylvania	a			
Completed By (Print or Type) Title							Signature	2	1/1	//	Date /		+	
	Man	ager		Signature		1.	1	1	19	/18	3			
Nicholas Fernicol	oject	iviai	agei		1	/		`	1/0	+ 1	1			

M3357			19h		BES	dersey STOS ABA					- C			V				
Date of Notification (1)	F				١	Vame	of Buildin	g Ov	vner/Operato	r (2	2)			TE	-	- >	201	8
	29 /	18				Wa	Iters Res	side	ntial				7	53	, <	57	9	
Agencies Notified	Type Notific	ation			S	Street	Address						AS	SBES	TOS	CO	NTR	OL 8
⊠ EPA														L	ICE	NSI	VG.	encome or
⊠ DOLWD	Amended	2000000			C	City, S	State, Zip	Code										
☑ DOH □ DCA	Amendm  Emergen					Bar	negat, N	J 08	3005									
(NJAC 5:23-8)	justificati		cidani	9	N	lame	of Contac	ct				Te	elephone N	lumbe	r			
Q. 1507	☐ Cancella	tion				Vic	tor											
			=183			FAC	CILITY IN	NFOI	RMATION			-						
Name of Facility Where A	batement is	Taking	Place	(3)		-				Т	Type of Facility	(4)						
Residence											School (K-1							
Street Address											☐ Subchapter ☑ Other (i.e., p				al b	م من امان		
											homes, etc.		e and com	mercia	ai Du	ilaing	s,	
City (5)					1177-5	16=				1	Square Feet	5 10	of Floors		Blo	dg. A	ge	
Surf City										-	1000	1000	1			35	J ==	
County (6)						Coun	ty Code (	7)(STA	ATE USE ONLY	0	Current Use (P.	rior if	being den	nolishe	ed)			
Ocean											Residence				,			
Name of Monitoring Firm	Hired by Build	ding C	)wner (	(8)	AS	SCM	No.	Na	me of Abate	me	nt Contractor (9	)						
N/A								10 .			tracting, Inc.	Š.						
Street Address					_			-	eet Address		3,							
									1889 Route	9	Unit 61							
City, State, Zip Code					(Var. 1972)	y, State, Zip		The state of the s										
											lew Jersey 08	3755						
Project Manager for Monit	toring Firm			Te	lenh	none	Nο		lephone No.	,	iew dersey de	100	icense No					
,,ag	3				лорг	10110			32-349-99:	32		-	00624					
Start Date (10)	9	Sched	uled C	omn	letio	n Dat	te (11)	1	me of OSHA		nitor		00024					
02/08/			2 /						E.M.S.L. Ar									
Occupancy Status During			- C					Str	eet Address									
☐ Facility Closed/Vacate								1	056 Stelto	n								
Abatement Performed								City	y, State, Zip	Cod	de							
Time of Abatement:	AIVI	PIV	///	PI	VI		AIVI	F	Piscataway	, N	ew Jersey 08	854						
Scope of Work (Check all	that apply)			(6)							ă							
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>			□ Re 図 De						☐ Mini-Ei ☐ Gloveb	nclo pag	ainment with Ne osure Procedure opted (*) and No							
			***************************************		ation										Aba	ateme	ent T	уре
Location		_		Norm	nally olely				Description					-				
Asbestos-Containing N TO BE ABA		1)			nanc				Containing Nermal system				Amount		Remova	Repair	Encapsulate	Enclosure
IN Facility			Cust			aff?	(1.6		surfacing, VA				(Specify SF or LF)		ova	Ŧ	psu	nusc
(13)				(12					her miscellar						_		late	·e
exterior-house			Yes	N		N/A	asbesto	ns si	idina				1000 sf					П
ovtorior garage							asbesto						April 1981	-				
exterior-garage								os s	laing				450 sf	-		Ш		Ш
			Ц		- 1													
					1													
Name of Registered Wast	e Hauler						Vaste	1000000	bic Yards of	-	Name of Regis	stere	d Landfill					
Guardian Contractin	ng, Inc.					ler ID 0223		Wa 3			T.R.R.F.							
City, State						ر <u>د</u> کی			posal Date		City, State							-
Toms River, New Je	rsey							1	/9/18		Tullytown	, Per	nnsylvan	ia				
Completed By (Print or Type)   Title							11.22	Signature		/		17	Date	-		7	-	
Nicholas Fernicola			oject	Ма	nag	er			J. gridiand	\	1	_	1		1.	9	// 8	5

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1'h	11	IUI L
41	101	1-10



i C	E	Whin E	orm)
FEB	- 5	2018	

Date of Notification (1) JAN. 30, 2018					of Building Ov	wner/Ope	erator	(2)		unaane#htn	erous rea	-		
Agencies Notified	Type Notification	9	$\dashv$		Address				A	SBES	TOS ICE	COL	NTRO	S JC
☐ EPA	× Initial								-	-	d Seed of Virtual	Property little	· ·	
X DEP X DOL	Amended Amendmen	t #		City, St NOR	ate, Zip Code TH PORT,	FL 342	286-7	'119						
П рон	Emergency justification)				of Contact	+			1	a Mum	har			
☐ DCA	Cancellation	1		0-451510-5548	IAM MAY									
Name of Facility Where	Abatement is Takir	ng Place (3	)	FAC	ILITY INFOR	MATION	<u> </u>	Type of Facility (4	)				12.7	
MAY RESIDENCE								School (K-12						
Street Address								Subchapter of Other (i.e. pr	(Other that ivate & com	n K-12) imercia	l buil	dings	, hom	es,
City (5) KEYPORT			A					Square Feet 1364 SF	# of Floo	rs		ldg. A		
County (6)				County	Code (7)		-	Current Use (Prio	1000	molishe				
MONMOUTH					USE ONLY)			RESIDENCE			9070.50			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCI	M No.			of Abatement Cont hing Touch Ast		ateme	ent C	Corp.	, Inc	
Street Address								Address hompson Stree	t					
City, State, Zip Code								tate, Zip Code Long Branch,	NJ 07764	1				
Project Manager for Mon N/A								one No. 222-8372	Lice 000	nse No )40				
Start Date (10)			Date (11)	10000		of OSHA Monitor								
FEB. 12, 2018	Al1	FEB. 1		18			N/A			Y-1				
Occupancy Status During  Facility Closed/Vaca				wer		S	treet A	Address						
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours	ient		C	ity, St	ate, Zip Code						
Scope of Work (Check A	I That Apply)	80-570								Jan 1880		-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit				×	Full Containmer Mini-Enclosure Glovebag Proce	edure					
								Non-Exempted	(*) and Non	-Friable			e ement	
Location	of	N	Locati Iormall	у		Descri	intion (	of					ре	
Asbestos-Containing TO BE ABA	Material (ACM)		d Solei ntenar			Contain	ing Ma	aterial (ACM) insulation,	Amouni (Specify		т		m	т
In Facili (13)		Cust	odial S (12)	taff?		surfacing	g, VAT	r, or	SF or LF		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	0	ther misc	cellane	eous)			val	¥.	ulate	sure
BASEME	ENT	100		X		Т	SI		65 LF		X			
Baseme	ent			X	decontan	ninate o	conte	ents of Bsmt.	100sf			X		
Basement				х	dispose	of cont	tamin	nated items	150sf			Х		
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I				JDEP W	No. o	Cubic Yar	rds		egistered La					
City, State WEST LONG BRANCH, NJ				2058		3 CY Disposal I 2/16/18		City, State	SVILLE, [/					-
Completed by Title							ature	1 011	- VILLE, [/	Date				_
JOSEPH P. MILLER		PRES	SIDEI	VT		1	de	de PM			0/18	3		





[ ]								8				FFA	_	5 01	110	11
Date of Notification (1) 01/24/2018	01/24/2018					wner/0	Operator	r (2)	-	- D	i			V 41	710	
Agencies Notified	Type Notification	ı		Street /	Address						ASS	EBT.	700	or oak Vitte jed	1841 H. B. H	
X EPA	× Initial								a t			Li	191	1.3	1.174.	Č.
× DEP	Amended		Ì		ate, Zip Code								10.00	-		+ 1241-2
X DOL	Amendmen Emergency			Colon	ia, N.J 070	067										
▼ DOH	justification)		' [	Name o	of Contact					Te	elephon	e Nu	mber			
DCA	Cancellation	1		Elise												
Name of Facility Where	Abatement is Takir	ng Place (	3)	FAC	ILITY INFOR	RMATI	ON	Туре	e of Facility (	(4)						
Residence								П	School (K-1	12)						
Street Address									Subchapter	8 (Ot						
								×	Other (i.e. petc.)	orivate	& com	merci	al buil	dings	hom	es,
City (5)								Squa	are Feet	#	of Floor	S	TE	Bldg. A	lae	
Colonia								1,98	39	2				88	•	
County (6) Middlesex					Code (7) USE ONLY)			Curr	ent Use (Pri	or if be	eing der	nolish	ned)			
Name of Monitoring Firm	Llies of her Desilations	0		30-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	energy something of											
A. Seine Lighthouse		Owner (8	)	ASC	vi No.				atement Cor		or (9)					
Street Address							Street	Addre	ess					-		
PO Box 354									erty Avenu	ie						
City, State, Zip Code							City, S	State, 2	Zip Code							
The state of the s	outh Orange, NJ 07079						Hillsi	de, N	NJ 07205							
	oject Manager for Monitoring Firm arah Calandra						Teleph					ise N	0.			
Start Date (10)	Sarah Calandra						844-		1 200000		013	16				
02/05/2018		02/09/		npietion	Date (11)				HA Monitor Lighthouse	e Sol	utions					
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addre	ess							
X Facility Closed/Vaca	ited During Entire	Period of	Abaten	nent			PO B	3 ox	54							
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	/ Hours	S		Ī	City, S	tate, Z	Zip Code							
						-8	Sout	h Ora	ange, NJ (	0707	9					
Scope of Work (Check Al	That Apply)						-									
× ≥3 sf or ≥3 lf		-	Renova						III Containme		h Nega	tive P	ressu	re		
≥160 sf or ≥260 lf			Demolit	tion			×	5	ni-Enclosure ovebag Proc							
									n-Exempted			Friab	le Pro	cedur	е	
		Is	Locati	ion										A COLUMN	ement	t l
Location			Vormal			Des	cription	of						Ту	ре	
Asbestos-Containing TO BE ABA			d Sole		Asbestos						Amount		_		ш	m
In Facili		Cus	todial S	Staff?			systems ing, VA		ation,		Specify F or LF		Rem	Re	car	incl
(13)			(12)				iscellan					•	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									-		ite	Ø.
First Floor Bad	ck Room		X		1.0	Flo	or Tile	s		2	53 SF		Х			
Front Fo	yer		Χ			Flo	or Tile	s		5	55 SF		Х			
Name of Registered Wasta Hauler																
				IJDEP W lauler ID	35121.2.5h	Cubic `of Was			Name of F	a. 9			50,500	202		
Newark Carting 04									Waste N	Mana	geme	nt La	andfi	II		
City, State						Dispos	al Date		City, State		5.					
East Orange, NJ							-Λ		Penn Ar	rgyle	, PA					
Alison Lamers	Completed by Title					Si	gnature	1 M	MV			Da 01		0010		
	ison Lamers Office Ma						MIL					01	124/2	2018		

RECEIVED 01/31/2018 05:44PM 2013297440 BEST REMOVAL INC Jan 31 2018 17:17 NJ Asbestos Control 609.633.0664 page 1 01/31/2018 05:38PM 2013297440 BEST REMOVAL INC PAGE 02/04 PATD State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Farestant to NJAC 8:60 and 12:128) FFR Name of Building Owner/Operator (2) Dace of Northbestion (1) LEONE Type Nothcation Street Address 1. 6 Agencies Notified Initial
Amonded
Amonded
Amendment# D EPA City, State, Zip Code DEP 07410 FAIR LAWN . N.S. DOL. Emergency (including Telephone Number -Name of Contact junification) Cancellation DOM: Ms. LEONE D DCA FACILITY INFORMATION Type of Fac (y (-) Namo of Facility Where Abetament & Taking Place (3) MS LINDA LEONE School K-12) Subch ner 1 (Other than K-12)

Other e private & commercial buildings, homes, etc.) Street Address Square Fee: Bidg. Age # of Floors City (5) 1940 Z FAIR LAUN Current Up: Price If being demolished) County Code (?) County (6) ZIBIDENCE BERGEN Name of Absternest Contractor (9) ASCM No. Name of Mentering Firm Hired by Building Owner (8) Best Remn tel Inc. emanhha para 2 450 South River Street City, State, Zip Code Hackensacc, NJ 07601 Licensa No. Telephone No. Project Manager for Monitoring Frim 201-329-7344 Name of OSHA Minter 00388 Scheduled Completion Date (11) Start Date (10) 2/2/18 2/3/18 Omega Environmental Occupancy States During Absometic (Check Only One) 280 Huyler Street Pacility Closed/Vecated During Entire Period of Abasement Abasement Parliamed Outside of Normal Facility House Coher - Describe: City, State, Zip Co e South Hackensack, NJ 07606 Scope of Work (Check All That Apply) D Full Co min ment with Negative Premure

Mini-E closure

Glove) g Procedure RANOVATion ට ≥3 ක් ග ≥3 ක් □ ≥160 ක් ග ≥360 ක් Demolition ☐ Non-E) imp ad (*) and Non-Frieble Procedure Abatement Is Location Туре

Location of Asbestoe-Containing Meterial (A TO BE ABATES In Pacifity (13)	(C14)	Uso	d Solely distories andial Si (12)	by	Description of Ashestos Containing Material (AC (i.a. thermal systems insulation, surii VAT, or other totacs larreous)	d) sing	Amount (Specify SP or LP)	Rentwal	Rapair	Enenpaulat	Encloser
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ASB-41 (R-06-08)

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□ DOH justification)     □ DCA □ Cancellation			Ed	Contact					Tel	ephone Num	nber			
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Name of Facility Where Abatement is Taking	Place (3	)					Ту	pe of Facility (	(4)					
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Street Address					2.5		岗			er than K-12 & commercia		dings,	home	es,
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Street Address						Street	Add	Iress						
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City, State, Zip Code					1		, Zip Code	204						
Project Manager for Monitoring Firm	- 1	Telepho	no No		Telep		erlin NJ 080	J91	License No					
Project Manager for Monitoring Pitti			releption	He NO.				3-9800		00727	).			
Start Date (10)	Schedule	ed Con	pletion	Date (11)			M	SHA Monitor						-
2/9/18	2/15/1	8				San	ne							
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma					-	O'h. C	24-4-	7:- 0-4-						
Other – Describe:	Гасшіу	Houis			_	City, 8	state	, Zip Code						
Scope of Work (Check All That Apply)												V 3 1 V		
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≥160 sf or ≥260 lf	X D	emolit	ion			-		Mini-Enclosure		3				
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City, State Elm NJ				Dispos 2/15/		•	City, Stat		A 19067					

Anthony T Perna

Completed by

Title

President

Signature

Date 1/31/18

NOTIFICATION OF ASBESTOS ABATEMENT MO#24776105231 (Pursuant to NJAC 8:60 and 5:16) Cancellation Date of Notification (1) Name of Building Owner/Operator (2) 31 / 18 Audrey Loyer Agencies Notified Type Notification Street Address □ EPA ☐ Initial **☒** DOLWD Amended City, State, Zip Code X DHSS Amendment # ASSESTOS CONTROL & ☐ DCA Emergency (including South River, NJ 08882 (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Audrey Loyer **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age South River, NJ 08882 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 31 / 18 02 / 01 / 18 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/__ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If ≥ 160 sf or ≥260 If Renovation
Demolition Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Remova Asbestos Containing Material (ACM) Enclosure Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement  $\boxtimes$ Pipe insulation 40 LF X П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature Date N.Jevtic Owner 01/31/18 ASB-41

State of New Jersey



Date of Notification (1)	31,2018	Name	of Building Owner/	Operator (2)	D vi	i.				a empression
Agencies Notified Type Notific		Street	Address ///QR	K Van	DURI	K	_	7	7 [	- 11
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Name of Facility Where Abatement is		7		Туре	of Facility	(4) 🔑	1		proprie and part	أوالمواحد والمرابين
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Od Cot Addicas			*		Other (i.e.	private & comme	rcial buil	dings,	home	es,
City (5)		~	- 000	Squa	etc.) are Feet	# of Floors	E	Bldg. A		-
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County (6) Middlesex			Code (7) USE ONLY)	Curr	ent Use (Pri	ior if being demol	lished)			
Name of Monitoring Firm Hired by Buil	digg Owner (8)	ASC	M No.	Name of Ab	atement Co	ntractor (9)				
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Street Address	337		7	Street Addre	SS	337	J			
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New Egypt	NO	UE	CCC	New	Egy	DY M	<u>U (</u>	6	10	3
Project Manager for Mooif in gurinm	Code		one No. 758-3365	Telephone N 609 758	dib. a	License	0.3	49	4	
Start Date (10)	Scheduled			Name of OS	HA Monitor	1				
3-12-18		-13-	18	EP	C Tec	hnologie	SI	nc	•	
Occupancy Status During Abatement (				Street Addre	ss Box	727				
Facility Closed/Vacated During E  Abatement Performed Outside of				City, State, 2		. J. r				
Other – Describe:					Egypt	TLN	08	53	3	
Scope of Work (Check All That Apply)					0 (1					
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N CO (A - AMC A Harles		NJDEP V	Masta Cubic	Yards	Name of	Registered Land	1611			
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Steve Schenker	HRes	ident		Diese	DCK	sky		31-	18	



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 27 18 Messercola Excavating Co., Inc. Agencies Notified Type Notification Street Address **⊠** EPA Initial 549 East 3rd Street □ DOLWD City, State, Zip Code ☑ DOH Amendment # Plainfield, NJ 07060 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Fernando Messercola **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Barn School (K-12) Subchapter 8 (Other than K-12) Street Address D. 1255 Wao Other (i.e., private and commercial buildings, 314 Route 12 wing homes, etc.) City (5) # of Floors Square Feet Bldg. Age Raritan 1000 sf 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hunterdon Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1 / 29 / 18 02 / 02 / 18 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-_ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 lf Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior X asbestos wall panels 3034 sf sf X

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					Disposal Date 02/02/18	City, State Tullytown, Penn	sylvania			
Completed By (Print or Type)  Nicholas Fernicola  Title  Project Mai			nager		Signature		Date	7/	18	6

ASB-41 JAN 13

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

Date of Notification (1)					Name	e of Buildin	α O	wner/Operator (	(2)	1	AMERICAN COMPANY OF STREET	garana in materia		7	1	11
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	pe Notific	ation			Stree	t Address				1			710		hopeans	1
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(NJAC 5:23-8)	justificati	ion)	, adding	1.2	Name	e of Contac	t				Telephone N	lumbe	r			
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Name of Facility Where Abate				(3)					Type of Faci	lity (4	1)					
Verizon Long Branch C	Central (	Office							School (K							
Street Address									☐ Subchapt ☐ Other (i.e	er 8	(Other than k	(-12) merci:	al hu	ildina	10	
28-34 3 rd Ave									homes, e		vato una con	iiiicicii	ai bu	iidiii	,,	
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Monmouth									Verizon							
Name of Monitoring Firm Hire	d by Build	ding Ov	wner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor	(9)						
TTI Environmental Inc							E	BRISTOL EN	VIRONMEN	TAL	, INC.					
Street Address							Str	reet Address							571	
1253 North Church Stre	eet						1	1123 BEAVER	RSTREET							
City, State, Zip Code						2)	Cit	y, State, Zip Co	ode							7
Moorestown, NJ 08057							E	BRISTOL, PA	19007							
Project Manager for Monitorin	g Firm			Tel	ephone	No.	Те	lephone No.			License No					
Kristopher Smith				6	09-313	-8218	2	215-788-6040			00509					
Start Date (10)		Schedu	led C	omple	etion Da	ite (11)	Na	me of OSHA M	lonitor							
_1 / _31 / _18	8	2	/	8	/ .	18	E	BRISTOL EN	VIRONMEN	ΓAL,	INC					
Occupancy Status During Aba							Str	eet Address								
☐ Facility Closed/Vacated Du							1	1123 BEAVER	RSTREET							
Abatement Performed Outs	side of No	ormal F	acility	Hou	rs - Des	scribe	Cit	y, State, Zip Co	ode							Silintelli
Time of Abatement:		PIVI/	5:00	-IVI- <u>-</u>	:00AM		E	BRISTOL, PA	19007							
Scope of Work (Check all that	apply)							⊠ Full Cont	ainment with I	Moga	tivo Procesura					
≥3 sf or ≥3 lf			⊠ Re		(17)(1734)			☑ Mini-Encl	osure	veya	live Flessule					
≥160 sf or ≥260 lf			_] Dei	noliti	on			☐ Glovebag								
		T	le	Loca	tion	T		□ Non-Exer	mpted (*) and	Non-	Friable Proce	edure	122			
Location of				lorma				Description of	f			-	Aba		ent Ty	
Asbestos-Containing Mate	rial (ACM	1)			ely by			Containing Mat	terial (ACM)		Amount		Removal	Repair	Enc	Enclosure
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(13)				(12)				surfacing, VAT, her miscellaned			SF or LF)		<u>=</u>		Encapsulate	Тe
			Yes	No	N/A										TO	
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Basement Generator Area					Floor Ti	le 8	Mastic			30 SF		$\boxtimes$				
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													П	П	П	П
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City, State			-		20990	)	Die	posal Date	City, State					15916		
NEW CASTLE, DE								BD	WAYNES	SRII	RG OH					
Completed By (Print or Type)		Title							WATNE	000	, 011	D :				
Dillan DeCaro								Signature	De Car	1420	1-0	Date	12.	/12	7	
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^{*} Do not use this form for asbestos licensure exempted activities.

Data of Matification (4)						JAC 8:60 and 5:		CK	3	30	56	
Date of Notification (1)  /17	/	18				ding Owner/Operato	r (2)		107	ŲĘ,	i.i.	ľ,
BEPA 2540 S Initi		on		1	eet Addres 8-34 3 rd A				FE8	- 5	20	018
	ended endment	t#		City	, State, Zi	p Code		1 lovern			-	
	ergency		ing	L	ong Brar	nch, NJ, 07740		ASE:	4.74			1
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		-		F	ACILITY	INFORMATION						-
Name of Facility Where Abatemen	nt is Tak	ing Pla	ce (3)				Type of Facilit	v (4)				-
Verizon Long Branch Cent	ral Offi	ice					School (K-	12)				
Street Address 28-34 3 rd Ave							Other (i.e.,	r 8 (Other than K- private and comm	12) nercial	buildi	ings,	±.
City (5)							homes, etc			Dist	^	
Long Branch							19.500	# of Floors	11	Bldg.		ŝ
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Monmouth					, 0000	(F)(OTATE OOL ONET)	Verizon	Thor is being demo	usnea	)		
Name of Monitoring Firm Hired by	Building	Owne	r (8)	ASC	ЛNo.	Name of Abatem	ent Contractor (9	9)				
TTI Environmental Inc						BRISTOL EN	IVIRONMENT	AL, INC.				
Street Address						Street Address						
1253 North Church Street						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					_
Moorestown, NJ 08057						BRISTOL, PA	19007					
Project Manager for Monitoring Fire	n		Te	lephone	No.	Telephone No.		License No.				
Kristopher Smith			6	09-31	3-8218	215-788-6040	)	00509				
Start Date (10)					ate (11)	Name of OSHA M						
//				3_ /	18	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Abateme						Street Address						- Inves
☐ Facility Closed/Vacated During I ☐ Abatement Performed Outside of						1123 BEAVE	RSTREET					
Time of Abatement:AM-	P Norma	M/ <u>5:0</u>	DPM-2	rs - De: 2:00AM	scribe	City, State, Zip Co						
Scope of Work (Check all that apply	()					BRISTOL, PA	19007	-				
	,					□ Full Cont	ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			enovat			Mini-Enc.	osure					
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Location of Asbestos-Containing Material (A	CNA)		Norma		Asha	Description of		2	R	Z	m	Ť
TO BE ABATED	Oivij	773.202	intena			stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	nca	
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	=.	Encapsulate	
(13)		Yes	No	N/A		other miscellaned	ous)				ate	
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ame of Registered Waste Hauler	ID INC		100000	JDEP V		Cubic Yards of Waste	Name of Regist					
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mpleted By (Print or Type)	Title		2000	-		Signature		Dat				_

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



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		Control of the Contro	(P	ursuant	to NJAC	8:60 and	12:120	))					de areala		
Date of Notification (1) 1/25/2018					f Building ( Wetzel	Owner/C	perator	(2)		LEB -	5 20	18	Control of the Contro	#	
Agencies Notified	Type Notification			Street A	ddress				A.C.	BESTOE (	entre interes.	 	54.	- Common	
EPA	☐ Initial								) AG	THAT!	2010 2010	152 inv	UK .		
X DEP DOL	Amended Amendment	#			ate, Zip Co ood, NJ				Entra span <del>age sa consta</del>		.,	( 155-56)			
_	Emergency (		-		f Contact	01001				Telephon	o Nium	hor		-	
DOH DCA	justification) Cancellation				Wetzel					relephon	e Mulli	Dei			
Name of Facility Where	Abstract is Takin	- Dless (1		FACI	LITY INFO	DRMATI	ON	T	-5 Fiii- //						
Name of Facility Where Wetzel's Resident		y riace (3	)					_	of Facility (4 School (K-12						
Street Address									Subchapter 8	(Other than				<b>.</b>	
								×	Other (i.e. pri etc.)	vate & com	mercial	DIIII	ings,	nome	es,
City (5)								Squa	are Feet	# of Floor	S	BI	dg. A	ge	
Maywood															
County (6) Bergen					Code (7) USE ONLY)			Curre	ent Use (Prior	if being der	nolishe	ed)			
Name of Monitoring Fir	m Hired by Building (	Owner (8)		ASCN	ЛNo.		18		atement Cont perty Main	* *	LC				
Street Address							Street	Addre	ess						
	niesos anterior de la company								Magnolia A	Avenue					
City, State, Zip Code							100000		Zip Code I, NJ 07607	,					
Project Manager for Mo	onitoring Firm		Telepho	ne No.		Teleph				nse No	•			1	
0: 15 : (10)		0 / 1 /			5				9008	013	36			Columbia	
Start Date (10) 2/9/2018		2/29/2		npietion	Date (11)		Name	ot 05	HA Monitor						
Occupancy Status Duri	ng Abatement (Chec	k Only Or	ne)	-			Street	Addre	ess						
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire I med Outside of Norm	Period of A	Abaten Hours	nent			City, S	tate, Z	Zip Code						
Scope of Work (Check	All That Apply)							secolii.							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mi Gl	all Containment ini-Enclosure ovebag Proce on-Exempted	edure				9	
		Is	Locati	on									Abate	ement	
Location			Normal ed Sole				scription					-	1 9	pe	
Asbestos-Containir <u>TO BE A</u> In Fac (13	BATED	Ma	todial 8	nce/	Asbesi (i.e.	thermal surfa	taining M systems cing, VA miscellar	s insul T, or		Amount (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						- 12-12-110-110-110-110-110-110-110-110-11				(D	
	Basement						Insula			39 LF		X			
Gara	age	X	-		Pipe	Insula	tion		18 LF		X				
		-		-	-										
Name of Registered W	aste Hauter		I N	JDEP W	Vaste	Cubic	Yards		Name of P	egistered La	andfill				
TBD	H	lauler ID BD		of Wa	ste			d Compa							
City, State						Dispo	sal Date	h seed	City, State Melville,	NY 1174	7			<del> </del>	
Completed by Darko Raloski		Title Proje	ect Ma	anager	•	5	Signature	3	1		Date 1/2	e 25/20	)18		

Print Form



X		NOT		ATION	OF ASI	BESTOS ABAT C 8:60 and 5:16	6	(1), E (G		W	E	
Date of Notification (1)  01 /	30 /	18			of Building	g Owner/Operator (2 ord, LLC	2)	TI FEB	-5	2016		
☐ EPA ☐ ☐ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)	Type Notifica  Initial  Amended  Amendme  Emergence  justification	I ent # <u>1</u> cy (including on)	9	City, S Pitr Name	State, Zip ( man, NJ ( of Contac	08071 t		Telephone No	Table 1	inė,	-&	
	☐ Cancellat	ion			k Aspras				_			
Name of Facility Where Ab Freeway Diner Street Address 1215 Hurffville Road		Faking Place	(3)	FAG	CILITY	IFORMATION	Type of Facility  School (K-12  Subchapter 8  Other (i.e., phomes, etc.)	?) 3 (Other than K rivate and comr		uilding	js,	
City (5) Deptford							Square Feet 10,000	# of Floors		dg. A <b>70</b>	ge	
County (6) Gloucester				Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being dem		70		
Name of Monitoring Firm H PARS Environmenta Street Address 500 Horizon Drive, S	I, Inc.	ding Owner	(8)	ASCM	No.	Shade Environment Street Address 623 Cutler Av	onmental, LLC					
City, State, Zip Code Robbinsville, NJ 086					3.1	City, State, Zip Co						
Project Manager for Monitor Rafael Torres  Start Date (10)  01 / 15 /	S	Scheduled C	Compl	lephone 609-890 letion Da	-7277 te (11)	Name of OSHA MEMSL Analytic	lonitor	License No. 00842				
Occupancy Status During A  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:	Abatement (0 I During Entir Outside of No	Check only re Period of ormal Facilit	one) Abat	ement urs - Des	scribe	Street Address 200 Route 13: City, State, Zip Co	0 North					
Scope of Work (Check all t  ⊠ ≥3 sf or ≥3 lf  ⊠ ≥160 sf or ≥260 lf	hat apply)	□ Re	enova			⊠ Full Cont □ Mini-Encl □ Glovebas	ainment with Neg					
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM <u>ED</u>	l) Use	inten	ally lely by ance/ I Staff?		Description c stos Containing Ma c, thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	A Removal	Repair	ent Encapsulate	e Enclosure
Exterior					Roofing	9		4,000 SF	$\boxtimes$			
Throughout					Glue De	ots		200 SF	$\boxtimes$			
Exterior			$\boxtimes$		Roofing	g		3,000 SF				
Name of Registered Waste Freehold Cartage City, State Freehold, NJ	e Hauler		100	NJDEP I Hauler II 15939	O No.	Cubic Yards of Waste 20 Disposal Date 02/23/2018	Name of Regis GROWS N City, State Morrisville	orth Landfill				
Completed By (Print or Typ Christina Lynch	pe)	Title Vice P	resid	lent of (	Operatio	Signature	225	, , , ,	Date 1/30	118	/	

#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service

PO Box 369 Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 6

Fax: 609-826-4975



#### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION	AGS. MICE CALLADL&
Date of Notification:01 /31 /2018	
II. BUILDING INFORMATION	
Name of Building Owner/Operator: PTSI Managed Services, Inc.	c.
Street Address: 955 L'Enfant Plaza N, SW City: Washington State:	DC Zip: 20024
Name of Contact: Thomas Lee Telephone No.: 2	
III. FACILITY INFORMATION	
Name of Facility Where Work Activity is to Take Place: QC4 Remote Communications	s Link Repeater Site
Describe Facility Use: Government Building	
Street Address: 128 Emley's Hill Road City: Cream Ridge State:	NJ Zip: 08514
County Name: Monmouth County Code (State Use Only):	
	02 / 09 / 2018
Occupancy Status During Activity (check only one):	
☐ Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe:	
☐ Other—Describe:	
Scope of Work (check all that apply):	
	Asbestos: 12%
	Asbestos: 0%
IV. CONTRACTOR INFORMATION	
Company Name: Shado Environmental, LLC Telephone No	856-755-0099
	NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842	
Monitoring Firm (if applicable): Environmental Connection, Inc. Telephone No	609-392-4200
V. SIGNATURE	
Completed By	
(type or print legibly): Christina Lynch Title: Vice Pres	ident of Operations
Signature: Date:	January 31, 2018

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#### New Jersey Department of Health

Consumer, Environmental and Occupational Health Service

PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



#### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMA	TION
Date of Notification: 01 / 31 / 2018 ☐ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must Type of Work: ☐ Demolition ☐ Renovation	include justification)
II. BUILDING INFORMATION	ON
Name of Building Owner/Operator: PTSI Mana	aged Services, Inc.
Street Address: 955 L'Enfant Plaza N, SW City: Washington	
	Telephone No.: 202-484-3678
III. FACILITY INFORMATION	ON
Name of Facility Where Work Activity is to Take Place: QC6 Remote	Communications Link Repeater Site
Describe Facility Use: Government	
Street Address: 32 Autumn Lane City: East Brunswick	
	(State Use Only):
	completion Date: 02 / 09 / 2018
Occupancy Status During Activity (check only one):	
Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe:	
Other—Describe:	
Scope of Work (check all that apply):	
	Percentage Asbestos: 5%
✓ Mastic Square Footage: 150 SF	Percentage Asbestos: 0%
IV. CONTRACTOR INFORMA	
Company Name: Shade Environmental, LLC	Telephone No.:856-755-0099
Street Address: 623 Cutler Avenue City: Maple Shade	State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842	
Monitoring Firm (if applicable): Environmental Connection, Inc.	Telephone No.:609-392-4200
V. SIGNATURE	
Completed By (type or print legibly): Christina Lynch Title	e: Vice President of Operations
Signature:	Date: January 31, 2018





	(Pu	ırsuant i	to NJAC 8	3:60 ar	id 12:120	))		- 1	TE	P	F	7 [	W	F	
Date of Notification (1) 1/29/18				Building ( y Equitie		Operator	(2)		To the same of the		. W	<del>) [</del>	- 13		Lizzi Lizzi
Agencies Notified Type Notification			Street Ac 701 Cr	ddress oss St					Constitution of the last		FE	В	- 5	201	8
EPA DEP DOL Amended Amendment #_ Emergency (inclinity) justification) Cancellation	uding -	- !	City, Sta Lakew	te, Zip Co ood, NJ Contact		1			Tele	AS	Numb				01.6
DCA Cancellation				LITY INFO	RMAT	ION			•				(		_
Name of Facility Where Abatement is Taking Pl. 1287 NJ 35	ace (3)		1 7011	LITT HAT C	7130071	JON	Тур	oe of Facility (	2)	0000					
Street Address 1287 NJ-35				<u> </u>			×	Subchapter Other (i.e. p etc.)							s,
City (5) Middletown							500000	uare Feet	1800.000	Floors			dg. A	ge	
County (6) Monmouth			County C	Code (7) USE ONLY)				rrent Use (Prid tail store	or if beir	ng demo	olishe	d)	8	Section 19	
Name of Monitoring Firm Hired by Building Own	er (8)		ASCM	1 No.				batement Cor AD PROFE							
Street Address						Street 6 Wh		ress E DOVE CO	DURT						
City, State, Zip Code						Promision Children		, Zip Code OOD, NJ 0	3701						
Project Manager for Monitoring Firm		1	Telephor	ne No.		Teleph 732-6		No. -9078		Licens 1200					
	heduled 15/18	Com	pletion (	Date (11)				SHA Monitor AD PROFE	SSIO	NALS				11	
Occupancy Status During Abatement (Check O						Street 6 Wh		ress E DOVE CO	DURT					-7.07-200	
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Foundation Other – Describe:								, Zip Code OOD, NJ 0	8701				1		
Scope of Work (Check All That Apply)													10		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat	CONTRACTOR CONTRACTOR			×		Full Containme Wini-Enclosure Glovebag Prod Non-Exempted	edure					3	
	ls Lo	ocatio	on						7				Abate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used : Maint Custoo	enan	y by nce/		tos Cor therma surfa	escription ntaining M al systems acing, VA miscellar	Mater s ins	r	(S	mount specify or LF)		Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A											U.	
EXTERIOR						Roofing			30	00SF		X			
									2.533						
Name of Registered Waste Hauler		TN	JDEP W	/aste	Cubi	c Yards		Name of	Registe	red Lan	ndfill				
NEWARK CARTING		H	auler ID 1509		of W	aste		IESI				1000000			
City, State NEWARK, NJ					Dispo 2/15	osal Date /18		City, Stat BETHL		1 PA					
	Title OWNE	R				Signature	9				Date	9			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2973 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 29 / 18 L&L Property Enterprises LLC Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial 1030 Saint George Ave.#302 **⋈** DOLWD Amended City, State, Zip Code Amendment # X DHSS ☐ DCA Avenel, NJ 07001 □ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Khayyam Islam **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Auto Shop School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 45 West Main Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Denville, NJ 07834 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 07 / 18 02 / 12 / 18 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure □ Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Roof X Roof flushing 200 SF X Storage room X VAT floor tiles M 99 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature Date N.Jevtic Owner Wenad 01/29/18 ASB-41

	PATE					and 12:120-7	)	10.00				
Date of Notificatio	n (1)	9				Owner/Operator						
1/29/2018			Ja	son a	and E	Elisabeth	Williams					
Agencies Notified	Type Notificat	ion	Stree	t Addr	ess			11-11 15	GE	1	W/	G i
[ ]EPA	[X]Initial								U I	<u>:</u> !	Vj	
[ ]DEP	Notifica	tion	City,	State	, Zip (	Code		1.1711				- CATALOGUE
[X]DOL	[ ]Amended		Ma	plew	ood, N	J,07040		Common Co	EB -	5 2	112	William.
[X] DOH	Notifica	tion		of Con	523		m-1h	34 64	<b>L</b> .	-	710	
S S	[ ]EMERGENCY					lisabeth	тетерис	one Number	to the second second	NT0		
[ ]DCA	[ ]Cancellati	ion		liams		arrame cir		ASS	STOS	CHI	TIOL	. &c
	1		AATT		The second second	NFORMATION			LICEN		n Freihieum inte	The Late Asia
Name of Facility Who	ere Abatement i	s Taki	ng Pla	ace (3)	1	7	Type of Faci	lity (4)				
Jason and Eli	sabeth Wil	liam	ıs				[ ]School	(K-12)				
Street Address							[ ]Subcha	pter 8 (Oth				
street Address								(i.e., priv, homes, et		omme	rcia	1
							Square Feet	# of Flo	sociale)	Ldg.	Age	
City (5)	Co	ounty	(6)		Coun	ty Code (7)	oquazo 1000	" 02 220	-		9-	
	E	ssex			(STA	TE USE ONLY)	Current Use	(Prior if bo	eing de	moli	shed	)
Name of Monitoring H	Firm hired by Bu	ildin	g ASC	CM No.			ment Contracto					
Owner (8) N/A						AZTECH M	IANAGEMEN'I	, Inc.				
Street Address						Street Address	s					
						86 Chris	topher St	٤.				
City, State, Zip Coo	de	7770	- Sections			City, State,	Zip Code			21/2-1-		
						Montclai	r, NJ 070	142				
Project Manager for	Monitoring Firm	n Tel	Lephon	e Numb	er	Telephone Numl	ber		License	Num	per	
		N/	'A			(973) 744	-8800		0037	1		
Scheduled Start Date	e (10) Sched.	Compl	Letion	Date	(11)	Name of OSHA 1	Monitor					
02- 10-	18 02	- 1	.2-	18		N/A						
	ear Mont		ay	Year								
Occupancy Status Dur [X]Facility Clo	sed/Vacated Dur					Street Address	3					
of Abatemen	t				.							
	rformed Outside ribe: «OffHours			racilit	cA	City, State, 2	Zip Code					
[ ]other - Desc			-	ript»								
Scope of Work (Check	all that apply	7)										
[X]>3 sf or	>3 1f	[7	X1 Reno	vation	1		Containment w Enclosure	ith Negative	e Press	ure		
[ ]≥160 sf o			72.0	lition		75-77-70-70-70-70-70-70-70-70-70-70-70-70-	-bag Procedure	e				
			Is			[ ]Non-F	riable Procedu	ire	Ab	ateme	nt T	'ame
Location	n of		ocation ormal			Descriptio	n of		55.975	T	E	E
Asbestos-Con			Used	-		Asbestos-Cont		Amount	R	R	C	C
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In Facil	The state of the s		ıstodi aff (:		ins	ulation, surfa	acing, VAT,	LF)	VA	A	S	S
(13)		Yes	No	N/A	01	r other miscel	Llaneous)		L	R	L	R
Basement				X	Cras	vl Space		20 LF	X		•	13
Dabemen c				-	020.	opuco				-		
		-										_
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AZTECH MANAG		Ha		ID No.		Vaste 0.5		Enterp		INC	2	
City, State	7272727300				1	posal Date	City, State					
Montclair, NJ	07042				02	2/13/18	Waynesb	ourg/Oh			3	
Completed By (Print						Signature	A-1-	1/	Date	/2018		
Constantine V.	ıvıan Pre	side	nt			1	No. 1.	111.	1/29	\ \COT!	-	



CHECK# 1388

Date of Notification (1)					of Building Owne						2002	
1/29/18 Agencies Notified	Type Notification				-irst Presi	oyteri	an Churc	h at Caldw				G F
100					Address	mfia	اط ۸،،م	川川追	(h)		1 1	
EPA  DEP	☐ Amended			City, St	326 Bloc tate, Zip Code			ie i K		000000000		
DOL DOL	Amendment  Emergency				Caldwell	, NJ	07006	F.	FR	_ ["	201	10
DOH DCA -	justification)  □ Cancellation		18	Name (	of Contact Or. Richar	d Sor	nmers	Telephone N				10,1
					ILITY INFORMA			1 /			1.0-41.11	
Name of Facility Where . Former Chu		ng Place (	3)				Type of Facility	(4)	1.5	( (	1.11	
Street Address	ICII						☐ School (K-				80 8	-511
471 Pleasant	Valley Way						Subchapte Other (i.e. etc.)	er 8 (Other than K- private & commerc	12) cial bui	ldings	, hom	ies,
City (5) West Orange,	NJ 07052						Square Feet 8,000	# of Floors		Bldg. /		
County (6) Essex	A CONTRACTOR OF THE PARTY OF TH				Code (7) USE ONLY)		Current Use (Pr	rior if being demolis	shed)		71-8939	
Name of Monitoring Firm Whitestone	Hired by Building	Owner (8)		ASCI	M No.		of Abatement Co					-
	rssociates							ironmental	Co.	, Inc		
Street Address 1600 Manor	Drive						Address 3 Haws Ave	nue				
City, State, Zip Code	10011						itate, Zip Code			***************************************		
Chalfont, PA Project Manager for Mon				T 1 1			rristown,					
Jeremy Hass					-712-2700		none No. 0–239–9920	License 0039				
Start Date (10) 2-12-18					Date (11)		of OSHA Monitor			- 1000		
Occupancy Status During	Abatement (Chec	3-2		0			Address	nmental, l	nc.			
☐ Facility Closed/Vaca				ment		100000000000000000000000000000000000000		e Court, Sui	to F			
☐ Abatement Performs	ed Outside of Norm	nal Facility	Hour	S		City, S	tate, Zip Code	c court, cui	ic L		-	
Other - Describe: _ Scope of Work (Check Al	I That Analys					Mi	ckleton, N	J 08056				
□ ≥3 sf or ≥3 lf	г тпат Арргу)			- AT U. U.								
X ≥160 sf or ≥260 lf			Renova Demoli			D	K Mini-Enclosur		Pressu	ire		0.7
						D		cedure ed (*) and Non-Fria	hle Pro	cadur	· a	
		Is	Locat	ion			C HOILEXCITIFIC	d ( ) and Non-rina	lie Fit		ement	t
Location		N	lorma d Sole	lly	D	escription	of			Ty	ре	
Asbestos-Containing TO BE ABA	Material (ACM) TED	Ma	intena	nce/	Asbestos Cor	ntaining N	laterial (ACM) s insulation,	Amount (Specify			m	m
In Facilii (13)		Cust	todial (12)	Staff?	surf	acing, VA	T, or	SF or LF)	Remova	Repair	caps	Enclosure
(10)		Yes	No	N/A	other	miscellan	eous)		val	air	Encapsulate	sure
church			X		pipe fitting	9		220 LF	X			$\vdash$
					window ca			800 LF	X	-		$\vdash$
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									-		-	
Name of Registered Wast	e Hauler			JDEP W		: Yards	Name of	Registered Landfi	I			
Newark Cart	ing		H	lauler ID 4509	No. of Wa	aste 30	Min	erva Landi	fill			
City, State					Name and the second	sal Date	City, Sta					-
Newark, NJ					3-1	0-18	Way	mesburg,	ОН			
James Kelly		Pre	منم	ont	(	Signature		1 1 1	ate	00 4	10	
James Kelly			SIU	CIIL		AL	MUO K	VVVX L	1-2	29-	IQ	



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	工人	夏夏	P		(P	ursuant	to NJAC	8:60 a	ind 12:12	0)	11.00	\ F						100
	e of Notification (1)					Name o	f Building	Owne	r/Operator	r (2)	111	1, 4	****					. 1
1/2	29/18					Atlant	tic City E	lectr	ic									
Age	encies Notified	Туре	Notification			Street A					111	, si	FF	-		012	-30,00	The deli
X	EPA	X	Initial			1000000000	shen Ro	700			100	-						
	DEP		Amended	ш			ate, Zip Co										أسيم	
X	DOL	П	Amendment Emergency		_	- Commission of the last	May Co	urt H	louse N	J 082	10	A.	il varia				L Ö	
X	DOH		justification)				f Contact		0.000			Tel	ephone 1	Numl	er :	4.		80 C
Ш	DCA	Ш	Cancellation				ge Samu											
Nan	ne of Facility Where	Abater	ment is Takin	n Place (	3)	FAC	ILITY INFO	ORMA	TION	Type	of Facility (	4)			-			
	lantic City Electri		noncio raini	9 1 1000 (1	,													
	et Address										School (K-1 Subchapter		er than k	(-12)				
30	Goshen Rd.									N N	Other (i.e. p				build	dings,	home	es,
City	(5)										etc.) re Feet	T # of	Floors		T B	ldg. A	ne.	
1995	ape May Court H	ouse	NJ 08210							600		1	1 10013		1	15+	gc	
	inty (6)				T	County	Code (7)	-		0.50	ent Use (Pri	or if bei	na demo	olishe			72777	
Ca	аре Мау					(STATE	USE ONLY,				rage She				-/			
	ne of Monitoring Firm	Hired	by Building	Owner (8)	)	ASCN	И No.				tement Cor	ntractor	(9)					
N/			-11-0-2						5.49(5555)	naco I	09.79							
Stre	et Address								100000000000000000000000000000000000000	Addres								
City	, State, Zip Code									Box 3					_			
City	, State, Zip Code										ip Code Iin NJ 080	101						
Proi	ect Manager for Mon	itorino	Firm			Tolopho	no No					181	License	o No		-		
rioj	ect Manager for Mon	illoring	i ciiiii			Telepho	ne No.			hone N -753-9			License 0072					
Star	t Date (10)		1	Schedul	ed Con	nnletion	Date (11)				HA Monitor		0072	<i>'</i>				
	9/18			2/16/1		ipiction	Date (11)		Sam		IX WOULD							
	upancy Status During	g Abat	ement (Chec					-	1 200	Addres	ss							-
X	Facility Closed/Vac				7.020 <b>.5</b> 0	ont												
	Abatement Perform								City, S	State, Z	ip Code							_
	Other – Describe:							_										
Sco	pe of Work (Check A	II That	Apply)															
	≥3 sf or ≥3 lf				Renova	tion				Ful	I Containm	ent with	Negativ	re Pre	essur	e		
$\times$	≥160 sf or ≥260 lf			$\times$	Demolit	ion			-	Mir	ni-Enclosure	9						
									Σ		ovebag Pro n-Exempte		d Non-Fr	riable	Pro	cedur	е	
				Is	Locati	on										Abate	ment	t
	Location	n of			Normal	ly			Description	of				-		Ту	ре	
,	Asbestos-Containing		rial (ACM)		ed Sole			tos Co	ontaining N	Material			mount		_		Щ	п.
	TO BE AB				todial S		(i.e.		al system facing, VA		ation,		pecify or LF)		Rem	Repair	ıcap	ncle
	(13)				(12)				r miscellar				,		Remova	pair	Encapsulate	Enclosure
				Yes	No	N/A									_		ite	Ф
	Exterior Transite Panels						Ex	terior	r Transit	e Pan	els	86	33 SF		x			
100										Al seeming								
				+	-	-						-		+				
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						LIDED	<u> </u>							167				
	ne of Registered Was		JDEP W lauler ID		100000000000000000000000000000000000000	ic Yards /aste		Name of	765									
Tra	nsformation	200	8952		10	20.0		Cape N	Лау С	ounty N	MUA							
City,	, State		200		Disp	osal Date	;	City, Stat	е									
Egg	g Harbor NJ							2/1	6/18		Woodb	ine N	J 0827	0				
	npleted by			Title					Signature	ė	,			Date			OHES TO	
Ant	hony T Perna			Pres	sident				(	_ <	The same and the same of the s	-		1/2	9/18	3		

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		L ^{jr}	NOT				BESTOS ABAT AC 8:60 and 5:1		)EG		W		
Date of Notification (1)	22 /	18	}				g Owner/Operator ( Schools Develo		ty FFP	E /	0000	- Contracting of	or or other property
Agencies Notified  EPA DOLWD	Type Notific ☐ Initial ☑ Amende				Stree	t Address E. Front	St.		L FEE	-5 2	018		[6]
☑ DHSS	Amendm		3		10 Part (1982) (1982)	State, Zip (		i .			l (-63) i	. (2)	
☐ DCA	☐ Emerger		ncluding	3			08625-0991			T 1	er Kaliford Inc		FE 60
(NJAC 5:23-8)	justificati	50				of Contac	**************************************		Telephone N	lumber			
	☐ Cancella	tion			An	drew Oak	dey		3				
					FA	CILITY IN	IFORMATION						
Name of Facility Where A		Takin	g Place	(3)				Type of Facility (	0.04				
Former Camden Hig	gh School							School (K-12		( 40)			
Street Address								Subchapter 8 Other (i.e., pr			uildin	IS.	
1700 Park Blvd.								homes, etc.)	7 (1950 A POLOSTO S POLOSTO A			,-,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Camden								175,000	3		+/- 5	0	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished)			
Camden								Vacant					
Name of Monitoring Firm				(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Brinkerhoff Environ	mental Ser	vice	s Inc.				USA Environ	mental Manage	ement, Inc.				
Street Address							Street Address						
1805 Atlantic Avenu	ie						8436 Enterpr	ise Avenue					
City, State, Zip Code							City, State, Zip Co	ode			7.6		
Manasquan NJ 0873	86						Philadelphia,	PA 19153					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No				-077
Gary Fleming				7	32-223	-2225	215-365-5810	ß	001156				
Start Date (10)	5	Sched	luled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
10 /05 /	17	C	)4/	_2	6_/	18_	USA Environ	mental Manage	ement, Inc.				
Occupancy Status During	Abatement (	Check	c only o	ne)			Street Address						
☑ Facility Closed/Vacated							8436 Entperp	rise Avenue					
Abatement Performed							City, State, Zip Co						
Time of Abatement: 7:	00_AM- <u>5:30</u>	PM/_	P	M	AM		Philadelphia,						
Scope of Work (Check all	that apply)						•				1.02		
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			□ Re				Mini-Enc     Glovebage     Glovebag						
			Is	Loca	tion						batem	ent T	vpe
Location				Norma			Description o				_		_
Asbestos-Containing N TO BE ABA		1)	10000000		ely by ance/		stos Containing Ma ., thermal systems i		Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	oval	=	psu	Sur
(13)				(12)	1000000	-	other miscellane	ous)	07.20073 (770M			late	O O
Boiler Room			Yes	No	N/A		Lining (Small &	Large	800 SF		П	П	
Boiler Room						Roilers					+		+
Boiler Room (Roof To	n Mach Dr						p Patch		15 SF				
Main Building Connec		n)				Gaskets			160 Each		-		닏
				Ц		Transite			600 SF			Ш	Ш
Name of Registered Waste Service Transport G				1.00	JDEP I		Cubic Yards of Waste	Name of Regist Minerva La					
City, State							210 Disposal Date	City, State					
New Castle, DE							4/26/18	Minerva, O	Н				
Completed By (Print or Ty	By (Print or Type) Title							111		Date			
Kevin Meldrum		Р	roject	Man	ager		Signature	Meld		/-	22	-1	8

ASB-41 **MAY** 11

Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)	TO E	ı []	11/1	1	1,5
	/	B		Ne	w Jersey	Schools Develo	pment Author	ity) E G	] i	Vi.		100
Agencies Notified Type No				Stree	t Address			11-41			inest	
☑ EPA ☐ Initial				32	E. Front	St.	ì	TER FER	- 5	201	8	In com
☑ DOLWD ☑ Amei		12		City,	State, Zip (	Code		TED				1
☑ DHSS   Amer     ☐ DCA   ☐ Emer	ndment #		~	Tre	enton, NJ	08625-0991			10.4			. s. ord
	cation)	iciuali	9	Name	e of Contac	et .		Telephone Numb	per	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CK
Cano				An	drew Oal	kley						ar enante depri d
				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement		g Place	e (3)				Type of Facility					
Former Camden High Scho	ol						School (K-1)					
Street Address							Other (i.e., p	8 (Other than K-12) private and commer	ı cial bu	ildino	IS.	
1700 Park Blvd.							homes, etc.				9 89	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Camden			- Seite				175,000	3		+/- 5	0	
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)			
Camden							Vacant					
Name of Monitoring Firm Hired by I				ASCM	No.	Name of Abateme	ent Contractor (9)	)				
Brinkerhoff Environmental	Service	s Inc.				USA Environ	mental Manag	ement, Inc.				
Street Address			1000			Street Address		STATE OF STA				
1805 Atlantic Avenue						8436 Enterpr	ise Avenue					
City, State, Zip Code	A PERSON					City, State, Zip Co	ode					
Manasquan NJ 08736						Philadelphia,	PA 19153					
Project Manager for Monitoring Firm	1		Tele	ephone	No.	Telephone No.		License No.		10-2111		
Gary Fleming			7	32-223	3-2225	215-365-5810	)	001156				
Start Date (10)	Schee	duled C	omple	etion Da	ate (11)	Name of OSHA M	Monitor					
10 /05 /17		04_ /	_ 20	6_ /	18	USA Environ	mental Manag	ement, Inc.				
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address		*				-
☑ Facility Closed/Vacated During I				ment		8436 Entperp	rise Avenue					
☐ Abatement Performed Outside of	f Norma	I Facilit	y Hou	rs - Des		City, State, Zip Co						
Time of Abatement: 7:00 AM-5	30PM/_	F	PM	AN	1	Philadelphia,						
Scope of Work (Check all that apply	')											
≥3 sf or ≥3 lf		Re	enovat	ion		☑ Full Con	tainment with Neg dosure	gative Pressure				
≥160 sf or ≥260 lf		⊠ De	emoliti	on			g Procedure					
							mpted (*) and No	n-Friable Procedur	е			
Location of		1 111	Loca Norma			5			Ab	atem	ent T	-
Asbestos-Containing Material (A	CM)	Use	ed Sol	ely by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	En	Enclosure
TO BE ABATED	ne a nation of the	1000000	intena	nce/ Staff?		., thermal systems	insulation,	(Specify	Removal	pair	cap	clos
IN Facility (13)		Cus	(12)			surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Yes	No	N/A	1	outer miscellane	ous)				te	
Main BuildingCrawIspace and					Air Cell	Insulation Debr	ris	40,000 SF				П
Main Building Chase					Air Cell	Pipe insulation	9	180 LF				
			П			•						
									1			
Name of Registered Waste Hauler				JDEP	Waste	Cubic Yards of	Name of Regis	stered I andfill	1-			1-
Service Transport Group			1 123	lauler I		Waste 210	Minerva La					
City, State						Disposal Date	City, State					
New Castle, DE						4/26/18	Minerva, C	ЭН				
Completed By (Print or Type)	Title	е				Signature	144	Da				
Kevin Meldrum	P	roject	Man	ager		X	Mill	_ /	- 5	22	-/	5

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant	to	NJAC	8:60	and	5:16	١
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				(P	ursuar	nt to NJA	C 8:60 and 5:1	6) ,,	EPE	11 11	1 [5					
Date of Notification (1)					Name of Building Owner/Operator (2)											
1/	22 /	18			New Jersey Schools Development Authority											
Agencies Notified	Type Notifica	ation			Street	t Address		111	11 11 FEU	5 20	10	- 11	4			
☑ EPA	☐ Initial					E. Front	St		i ILU		10 M	· Park	August.			
☑ DOLWD		24				State, Zip (				a 400 - 140 A-1	15 - 114 (214)	0.00				
☑ DHSS	Amendme	_					08625-0991	1	ACT OF	45,14	r.OL	. Et				
DCA (NJAC 5:23-8)	☐ Emergene justification		cluding	3		of Contac			Telephone Nun			والمعتبة والدائي	Part and the second			
(110/10/0.25/0)	☐ Cancellat				AND DESCRIPTION	drew Oak			The statement constitution	ibei						
							IFORMATION		_ <i>i</i>							
Name of Facility Where A	batement is T	akino	Place	(3)	IA	CILITITI	IFORWATION	Type of Facility	(4)							
Former Camden Hi			, , , , , ,	(0)				School (K-12	\$1.00							
Street Address	•							☐ Subchapter	(Other than K-1							
1700 Park Blvd.									rivate and comme	ercial bu	ilding	js,				
City (5)								homes, etc.) Square Feet	# of Floors	DI	dg. A	20				
Camden								175,000	3	1	+/- 5	_				
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	7.5	ior if being demol			_				
Camden							,, , , , , , , , , , , , , , , , , , , ,	Vacant								
Name of Monitoring Firm	Hired by Build	ding C	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)								
Brinkerhoff Enviror	mental Ser	vices	Inc.				1	nent Contractor (9) nmental Management, Inc.								
Street Address							Street Address	mentai management, inc.								
1805 Atlantic Avenu	1 <b>e</b>						8436 Enterpr	rise Avenue								
City, State, Zip Code							City, State, Zip Co	ode								
Manasquan NJ 0873	36						Philadelphia,	PA 19153								
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.							
Gary Fleming				7:	32-223	-2225	215-365-5810		001156							
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	lonitor								
10 /05 /		_ 0	4_/	26	3_ / _	18	USA Environ	mental Manag	ement, Inc.							
Occupancy Status During							Street Address									
Facility Closed/Vacate							8436 Entperp	rise Avenue								
Abatement Performed Time of Abatement: 7							City, State, Zip Co	ode								
		101/		IVI	AIVI		Philadelphia,	PA 19153								
Scope of Work (Check all	that apply)						П		_							
≥3 sf or ≥3 lf			☐ Re	novati	ion		☐ Full Cont	tainment with Neo losure	gative Pressure							
≥160 sf or ≥260 lf			☑ De				⊠ Glovebag	g Procedure	10201 1010 1020 - 10							
			1-	1			⊠ Non-Exe	mpted (*) and No	n-Friable Procedu							
Location	of			Locat Iorma			Description of			Ab	atem		ype			
Asbestos-Containing I	Material (ACM	)			ely by	Asbe	stos Containing Ma		Amount	Rer	Repair	Enc	Enc			
TO BE ABA IN Facilit				intena odial	ince/ Staff?	(i.e	., thermal systems		(Specify	Removal	air	aps	Enclosure			
(13)	у			(12)			surfacing, VAT other miscellane		SF or LF)	<u> a</u>		Encapsulate	re			
\$ 10			Yes	No	N/A							е				
Exteriro Doors & Win	dows					Caulkin	g		25,760 LF							
Roof (302, parapet, co	pping, tar					Caulkin	g		3,162 LF			П				
Sinks (102 & 104)						Mastic	Under Coating		10 Each		П	П				
Underground Trench						Transite			200LF							
Name of Registered Wast	e Hauler			N	JDEP \	100000000000000000000000000000000000000	Cubic Yards of	Name of Regis	tered Landfill		_					
Service Transport G	roup			H	lauler I	O No.	Waste	Minerva La								
City, State	400						210 Disposal Date	City, State								
New Castle, DE					4/26/18			Minerva, OH								
Completed By (Print or Ty	pe)	Title			-2500000		Signaturé	1	16	ate						
Kevin Meldrum		1000	oject	Man	ager		K	Much		/ - J	1,2	-12	8			

ASB-41 MAY 11

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

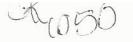


	PAID	3		St CATION ursuant	0)	To the sale of the	$\overline{\mathbb{D}}_{\Gamma}$	居 (	G	2 (2)	1	7 [	3 3 3	The second second			
Date of Notification (1) 2/1/18				Name o Jane (	f Building Chang	(2)		1	F	EB	iš	20	18	0.1	]]		
Agencies Notified	Type Notification			Street A	ddress					A 100 1	1		- 17		3.3	- Per	and I
X EPA	☐ Initial										pariote material All P	ent ne res		Tariff for the	- 57		
EPA DEP DOL	Amended Amendment	#			ate, Zip Co e, NJ 07					100	Audi	DIO LO			عدال ، ا	CX.	
D DOH	Emergency (	including	-	Name o	f Contact	10.792			· Come		Telep	hone	Num	ber			-
DCA	Cancellation Bob Kinch																
Name of Facility Where	T +.		PA - 743														
Residential Home	1)	Type of Facility (4)															
Street Address		School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									es,						
City (5) Wayne			quare Feet 300		# of F	loors		100	ldg. A 5+/-	ge							
County (6)			1000	urrent Use	(Prior i		g demo	lishe	1000	017							
Passaic	1. 1. 5 1				esidentia	RAIN PARKETAN	AND CORE										
Name of Monitoring Fin Project Manager	m Hired by Building (		Name of Abatement Contractor (9) All Stages Abatement														
Street Address		Street Address 280 N. Midland Ave															
City, State, Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e, Zip Code Brook, N		663												
Project Manager for Monitoring Firm Telephone No.									e No. 0-3184		11	Licens 01305					
Start Date (10) Scheduled Completion Date (11) 2/2/18 2/7/18									OSHA Mon	itor							
Occupancy Status Duris	ng Abatement (Chec	k Only Or	ne)				Street	Add	dress								
	cated During Entire F ned Outside of Norm						City, S	tate	, Zip Code	Ü,							
Scope of Work (Check	All That Apply)	-3															
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf			Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	X2	Is	Locati	on						T					Abate	ement	
Locatio			Normali ed Sole				escription					de compa			l y	ре	
Asbestos-Containin TO BE AB In Fac (13	BATED	50.7	intenar todial S (12)			therma surfa	ll systems acing, VA miscellar	s ins	or	Ì	(Sp	ecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										-		ıte	е
1st	FI		х				VAT				821	SF		x			
1st	FI		х				Mastic				821	SF		х			
Name of D			17	JDEP W					1.73		-						
Name of Registered Wa All Stages Abateme	of Wa			1163000000000			ed Land Sanit		Lan	dfill							
City, State I Saddle Brook, NJ									City, S	State Argyl	, PA		100				
Completed by		Title				Signature Date											
Richard Cristofol		2/1/18															





			NOTIF	FICATION OF ASBESTOS ABATE (Pursuant to NJAC 8:60 and 12:12)					r	MECELV							
Date of Notification (1)											<u>L</u>	(J)	in Person	13 1	ar exercise		
				Name	of Building			(2)		13						-	
2-2-18 Agencies Notified T	una Matification			01. 1	CITY C	OF CAN	IDEN					-FD	- 1	20	118	-	
Agencies Notified	ype Notification				Address						1 8	TLU			, , ,	Î	
X EPA X DEP	Initial				520 MA		STREE	ET		<u> </u>							
X DEP X DOL	Amended Amendment	ц			ate, Zip C					lb.	ACC	EbT.	50 (		no	be	
			-		CAMDE		08101			1	Philippin		je-j	1.			
DOH DCA	justification)				of Contact					Tel	ephone	Numb	oer				
X DCA	Cancellation				VIN KILE												
Name of Facility Where Aba	tement le Takine	Diago /	21	FAC	ILITY INF	ORMAT	ION	_									
		Place (	3)					Тур	e of Facility	(4)							
OUTSIDE BRIDGEV Street Address	VAY								School (K-	12)	orani <b>s v</b> alurosa						
									Subchapte Other (i.e.	r 8 (Oth	er than	K-12)	hulld	inac I	ama		
RIVER ROAD AND N	MAIN STREET							X	etc.)	private t	x comm	ierciai	build	ings, i	ione	ъ,	
City (5)								Squ	are Feet	# 01	Floors	;	BI	dg. Ag	je		
CAMDEN																	
County (6)				County Code (7) (STATE USE ONLY)					ent Use (Pri	or If bel	ng den	olishe	d)				
CAMDEN				(STATE	USE ONLY	)											
Name of Monitoring Firm Hir	)	ASCI	M No.		Name	of Ab	atement Co	ntractor	(9)								
HEALTH AND SAF	ETY SERVICE					PE	PPE	R ENVIRO	NMEN	TAL S	SERVI	CES	INC				
Street Address					Street		AVAILE HEAVE CHEEKS					1	•				
P.O. BOX 365					22	et Address 2251 FRALEY STREET											
City, State, Zip Code						State, Zip Code											
BERLIN, NJ 08009						PH	ILADI	ELPHIA, PA	19137								
Project Manager for Monitori	ng Firm		Telephone No. Teleph								se No.	- 0 - 1 -		RECTIFIED IN	-2-5		
JIM PROCTOR	- 1	609-839	-2432		215-5	33-51	155		0	1166							
Start Date (10)			empletion Date (11) Name					HA Monitor			. 100						
2-4-18			2-4-18						ND SAFET		/ICES						
Occupancy Status During Ab	atement (Check			Street			TOLK	TICES		-							
Facility Closed/Vacated	During Entire Pe	erlad of	Ahatan						365								
Abatement Performed (	Outside of Norma	I Facility	Hours	irs City, St					1,022,00					_	-		
Other – Describe:				1					A THE CONTRACTOR								
Scope of Work (Check All Th	at Apply)			BERLIN, I					40 00003		-		_				
≥3 sf or ≥3 lf	33.51	1.	2000110						Full Containment with Negative Pressure								
≥160 sf or ≥260 lf			Renova Demolit					Mini-Enclosure									
									Glovebag Procedure								
								Non-Exempted (*) and Non-Friable Pr					Proc	edure			
		1000	Locati	V 100								-	Abate				
Location of			Normal ed Sole		NAMES OF THE PARTY	De	scription of				-	_	Тур	9			
Asbestos-Containing Mat <u>TO BE ABATE</u>			intena		Asbes	tos Cont	aining M	1ateria	I (ACM)		mount		_		щ	m	
In Facility	≅	Cus	todial S	Staff?	(i.e.	thermal surfa	systems cing, VA		lation,		pecify or LF		Ren	Re	Car	ncl	
(13)			(12)				niscellan		)		0, 2,	' I	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									<u>m</u>	.	ate	9	
OUTSIDE BRIDGEWAY					PIPE					25	LF	$\dashv$	_	-	-		
				-	FIFE					30	LF		Х	-	-	_	
Name of Registered Waste H	auler	1000	JDEP W	0.10.720.00	Cubic	Yards		Name of	Registe	red La	ndfill						
	Н	auler ID	No.	of Was	ste												
SERVICE TRANSPORT G	ROUP							MINERVA LANDFILL									
City, State				Disposal Date				1									
NEW CASTLE, DE						WAYNESBURG, OH											
Completed by		Title				1	ignature		Cin	51		Date	9				
DENISE M. NIVEN		ADMI	VISTRA	ATIVE A	SSISTAN	IT/ W	Ula	111	1/1	111	-	1 2	2_18				



Date of Notification (1) 02/02/2018			Name o	of Building	Owner/	Operato	or (2)	[ ]	E ()	E	W	L			
Agencies Notified Type Notification	,		Ctract	N al al						U.S. U.S. U.S. S. C. S.	+ 11110	-			
				Address Myrtle A	vo Cuit	- 150						de la constante	de la constante de la constant	and the same of th	
EPA Initial Amended		+		ate, Zip C		e 450			FF	B - 5	2018	- 1	1		
DEP Amended Amendment	#			ate, zip C klyn, NY				lad had				Î		and a constant	
Emergency	(including	-		of Contact		)				end of all the supple	4.2 (17.4)	امد		d agents	
DOH justification)  Cancellation			Jay B		ephone Nu	mber			1						
Caricellation			7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ILITY INF	ODMAT	1011			<u></u>			de num	er machair (se		
Name of Facility Where Abatement is Takin	g Place (3)	)	FAC	ILIT INF	URWAI	ION	Type	of Facility (4	1)			-			
Private	- , ,							8.3							
Street Address							-H	School (K-1: Subchapter	2) 8 (Oth	er than K-1	2)				
							×	Other (i.e. p	rivate a	& commerc	ial bui	ldings	, hom	es,	
City (5)	7-14		-					etc.) re Feet	# 0	f Floors		Old-	۸		
Newark							Oqua	e reet	# 0	Floors	1	3ldg. /	-ge		
County (6)			County	Code (7)			Curro	nt Use (Pric	r if bai		L - 4\			-	
Essex				USE ONLY	າ		Ourie	111 036 (1110	n n bei	ng demons	nea)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	A No.		Name	of Aha	tement Con	tractor	(0)					
			100000000000000000000000000000000000000					Safety LL		(9)					
Street Address															
							et Address Crosby Ave								
City, State, Zip Code		-					, State, Zip Code								
							aterson, NJ 07502								
Project Manager for Monitoring Firm			Telepho	ne No.			hone No		-	License N	lo	-1			
		15.45.003e-#1815.1e-/				-400-8			01332	.0.					
Start Date (10)	d Con	pletion	Date (11)				IA Monitor		0.002						
02/11/2018	018				C. SECTION AND ADDRESS.		Safety LL	С							
Occupancy Status During Abatement (Chec	k Only One	)					Addres	4573							
Facility Closed/Vacated During Entire F	Period of Al	batem	ent			8 Cı	rosby /	Ave							
Abatement Performed Outside of Norm	al Facility I	Hours				City, S	State, Zi	p Code			-				
Other – Describe: 8:00 am - 5:00 pm		-	-					NJ 07502	2						
Scope of Work (Check All That Apply)	30-10-2														
23 sf or ≥3 lf	X Re	enova	tion			2	K Full	Containme	nt with	Negative I	Pracci	ro			
× ≥160 sf or ≥260 lf	☐ De	emoliti	A1.1 (2.7) (2.7) (2.7)					i-Enclosure		riogative	10330	10			
						F	100	vebag Proce		d Non Erick	lo Dro		_		
	le l	ocatio	nn				1101	n-Exempted	( ) and	INOII-FIIAL	T PIC	57.00	e ement		
Location of	400,000	ormall	7.000		D		I-W						pe		
Asbestos-Containing Material (ACM)	Used	Solel		Asbes	tos Cont	scriptior aining N		(ACM)	A	mount			_		
TO BE ABATED In Facility	Custo			(i.e.	thermal	system	s insula	tion,	(S	pecify	Re	70	inca	Ē	
(13)		(12)				cing, VA			SF	or LF)	Remova	Repair	sde	Enclosure	
	Yes	No	N/A				,				/al	=	Encapsulate	ure	
Collina	103	140	IN/A												
Ceiling			X		Т	ransite	9		300	00 SF	x		x		
		10													
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Varda		Nom F	!	- 11 16					
Atlantic Carting LLC		1012334	auler ID	570-7	of Was			Name of R							
The state of the s		48	32012F	PAE	8		GROWS North								
City, State						al Date		City, State							
Wayne, NJ				TBD				Morrisville, PA							
	Completed by Title							nature / Date							
Lasko Veskov	Presid	lent			1	righ	0 6	Bolio	V	0:	2/02/	2018			

PATD

## 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)											
	18		7 E	sterbroo	k, LLC	/ Job #	1801-2263	Chk.#	4950		1			
Agencies Notified Type Notific	ation		Stree	t Address							111			
☑ EPA ☐ Initial			100	00 East P	ark Avenue	Į.	U UI FEE	3 - 5	2010					
□ DOLWD			City.	State, Zip (	Code			- 0	4010	-	homeson			
☑ DHSS Amendm	5111 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				e, NJ 08052	ľ	B. C. Comments of the Comments	This was a		ļ				
DCA Emergen (NJAC 5:23-8) Emergen	icy (includin	g		of Contac			ASSEST.		17:17		_			
Cancella			10000-0000	b Neitzel	170	1	Telephone N	lumber		in Lit				
					IFORMATION		1	<del></del> -		- Care ag.	11400			
Name of Facility Where Abatement is	Taking Plac	e (3)		OILIT I	II ORIMATION	Type of Facility	(A)							
Stonhard	J	- (-/				School (K-1	234:35.0							
Street Address		-					8 (Other than K	(-12)						
7 Esterbrook Lane							orivate and com	mercial b	uilding	js,				
City (5)			-			homes, etc. Square Feet	# of Floors		lala A	102				
Cherry Hill						180,000	1	В	ldg. A	78				
County (6)			Cour	atu Cada /	VETATE LICE ONLY				30 +	-				
Camden			Cour	ity Code (/	()(STATE USE ONLY)		rior if being dem	nolished)						
	li 0	(0)	10011		1	Vacant								
Name of Monitoring Firm Hired by Build Horizon Environmental	aing Owner	(8)	ASCM	No.	Name of Abateme		* ·							
						d Mold Servic	es, Corp.							
Street Address					Street Address									
PO Box 316					3859 Sylon B	Boulevard								
City, State, Zip Code					City, State, Zip Co									
Thorofare, NJ 08086					Hainesport, N	1J 08036								
Project Manager for Monitoring Firm		0.00	ephone		Telephone No.		License No.							
Dave Flanigan		1 200	56-848		609-702-0400		00862							
	Scheduled (				Name of OSHA M	lonitor		221						
1/10/18			_ / -	/18 EMSL Analytical, Inc.										
Occupancy Status During Abatement (					Street Address									
☐ Facility Closed/Vacated During Entir					200 U.S. Rout	te 130 North								
Abatement Performed Outside of No					City, State, Zip Co									
Time of Abatement:AM	PIVI/	PIVI		AM	Cinnaminson	, NJ 08077								
Scope of Work (Check all that apply)					M									
≥3 sf or ≥3 If	⊠ Re	enovat	ion		☐ Mini-Encl	ainment with Ne	gative Pressure							
≥160 sf or ≥260 If	□ De	emoliti	on		☐ Glovebag	Procedure								
					☐ Non-Exer	mpted (*) and No	n-Friable Proce	edure						
Location of		s Loca Norma						Ab	atem	ent T	ype			
Location of Asbestos-Containing Material (ACM	10000000	ed Sol		Ashe	Description of stos Containing Mat		Amount	R	Re	E	Ē			
TO BE ABATED	Ma	intena			., thermal systems i		(Specify	Removal	Repair	cap	clos			
IN Facility (13)	Cus	todiai (12)	Staff?	N.M.	surfacing, VAT,		SF or LF)	\ \lambda	-	Encapsulate	Enclosure			
(13)	Yes	No	N/A	1	other miscellaned	ous)				ate				
Throughout				Floor Ti	le & Mastic		23,719		П	П				
Open Area across from Lobby				Cerami	c, tile & mastic		81 SF							
Restroom				Ceramie	c, wet bed & mas	stic	220 SF				П			
Restroom					c, tile and mastic		246 SF							
Name of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Regis		KA		_				
Waste Management		11000	lauler ID	No.	Waste	Grand Cer					1			
City, State			17273		5 Disposal Data									
Lafayette, NJ					Disposal Date 2/9/18	City, State Penn Argyle, PA								
	T'01				Δ.	Penn Argy	ie, PA							
Completed By (Print or Type)	Title	_			Signature			Date						
Kimberly A. Trumbetti	Office	Coord	inator		MY	_		1-5	31-1	8				

ASB-41 MAY 11

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



	PAI		1401				C 8:60 and 5:1		D) <u>  E </u>	G E						
Date of Notification (1)					Name	of Building	g Owner/Operator (					# 1 P				
1 / _	29 /	18					rship, LLC/ Job		K NA - Cou	testy N	otifig	atio	n			
Agencies Notified	Type Notific	ation			Stree	t Address		5					i bos			
☐ EPA					69	King Stre	et		Commented to the said from a state of the said s							
□ DOLWD   □   □   □   □   □   □   □   □   □	☐ Amende				City. S	State, Zip C	Code		Abbti	STOS O LICENS		TOL	<u>e</u>			
☑ DHSS	Amendm		7		Section 1	ver, NJ 0		i	A CASE OF SALES	Automorphisms	12	of the sales of	endale car			
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		cluding	3		of Contac	MECH.	Telephone N	lumah a s							
(140/10/3.25-0)	☐ Cancella				V200000	k Harpell	2		Telephone N	lumber						
					FA	CILITY IN	FORMATION			98000			-			
Name of Facility Where A	batement is	Taking	Place	(3)	7,576-5			Type of Facility	(4)							
Commercial Proper		•						School (K-12	, ,							
Street Address	,							☐ Subchapter	8 (Other than K	(-12)						
69 King Street								Other (i.e., p		mercial b	uildin	gs,				
City (5)								homes, etc.)								
								Square Feet	# of Floors	B	Ildg. A	ge				
Dover					,			217,800	4		107					
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr		nolished)						
Morris								Warehouse								
Name of Monitoring Firm		ding O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)		750		- Held				
Criterion Laborator	ies						Asbestos and	d Mold Service	es, Corp.							
Street Address							Street Address									
3370 Progress Drive	e, Suite J						3859 Sylon B	oulevard								
City, State, Zip Code							City, State, Zip Co	ode								
Bensalem, PA 1902	0						Hainesport, N	1J 08036								
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				_			
Mike Panepresso				21	5-244	-1300	609-702-0400		00862							
Start Date (10)	15	Schedu	ıled C			te (11)	Name of OSHA M	<u> </u>	3332		2-111-124					
1/30/	200000	1			_ / _	ALCOHOLOGICA CONTRACTOR	EMSL Analyti									
Occupancy Status During	Abatement (	Check	only o	ne)		A10.	Street Address			7000			-			
□ Facility Closed/Vacate	d During Enti	re Peri	od of	Abater	nent		200 U.S. Rout	te 130 North								
Abatement Performed							City, State, Zip Co	ode								
Time of Abatement: _	AM- <u>6:0</u>	<u>0</u> PM/		PM-2	:00 AN	4	Cinnaminson									
Scope of Work (Check all	that apply)															
□ . o . f . o . f	0.0 500	8					☐ Full Cont	ainment with Neg	ative Pressure							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re □ De		707.00		☐ Mini-Encl									
				Hondic				Procedure mpted (*) and No.	n-Friable Proce	edure						
			Is	Locat	ion					10000	batem	ent T	vne			
Location				lorma	-		Description of	f		-		1				
Asbestos-Containing N	Material (ACM	1)		d Sole intena	, ,		stos Containing Mat		Amount	Removal	Repair	nc	Enclosure			
TO BE ABA IN Facilit	V V			odial S		(i.e.	, thermal systems i surfacing, VAT,		(Specify SF or LF)	lova	활	aps	USO			
(13)				(12)			other miscellaned		SF OI LF)	1 2	ě	Encapsulate	Гe			
			Yes	No	N/A							(D)				
Bookstore & Hallway						Pipe Ru	ns		TBD			П				
			П		$\boxtimes$						П					
		-	П					-			╁═					
		-	=-								닏					
Name of Desistent (184)	- 11 - 1												П			
Name of Registered Wast				1,500	JDEP V auler ID		Cubic Yards of Waste	Name of Regis								
Waste Management					17273	S225 C - 10 S2 S2 S2	5	Grand Cen	trai							
City, State Lafayette, NJ							Disposal Date 1/30/18	City, State Penn Argyl	le. PA							
Completed By (Print or Ty							-,	Data								
Kimberly A. Trumbe	*000	Title	fice C	`00=0	inator	S.	Signature			Date	0	N				
Tamberry A. Trumbe	tti	U	iice C	Joord	mator	/ ₁	WXI I			1-1	9-1	8				

ASB-41 MAY 11

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