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

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			227					11 100				111
Date of Notification (1)	07					ling Owner/Operate	or (2)	FEB b #1701-5107 Ch	- 7	20	17	
	/	17		R	obert Wo	ood Johnson Ho	ospital / Jo	b#1701-5107 Ch	eck a	4895	6/	land Success
Agencies Notified	Type Notifica	ation		Stre	et Addres	S		IT. TER	E	П	17	rd 1
⊠ EPA	☐ Initial			0	ne Robe	rt Wood Johnso	n Place	ASBESTO:	s'ec	TIAC	ROL	. &
☑ DOLWD ☑ DHSS	Amended Amendme			City	State, Zip	Code		LICE	ENS	NG		
□ DCA	Emergend	777	ina	N	ew Bruns	swick, NJ 08901						
(NJAC 5:23-8)	justificatio		iii g	Nam	ne of Conta	act		Telephone Num	ber			
	☐ Cancellati	on		Kı	risten Be	ell		F 0000 0000000000000000000000000000000				
				FA	ACILITY	INFORMATION						
Name of Facility Where A	Abatement is Ta	aking Pla	ce (3)				Type of Facilit	tv (4)				
Robert Wood Johns			285				School (K-	1000 A				
Street Address							─ Subchapte	r 8 (Other than K-12)			
One Robert Wood	Johnson Plac	ce					Other (i.e., homes, etc	private and comme	rcial b	uildin	gs,	
City (5)							Square Feet		To	Bldg. A	\	
New Brunswick							Square reet	# 01 F10015	2	nag. F	ige	
County (6)				Cou	inty Code	(7)(STATE USE ONLY	Current Use (F	l Prior if being demolis	(bed)			
Middlesex					.,		Hospital	Denig derrions	ou)			
Name of Monitoring Firm	Hired by Buildi	ng Owne	r (8)	ASCN	1 No.	Name of Ahater	ment Contractor (9)				
Omega Environmen			1-7			AbateTech,		J)				
Street Address						Street Address						
280 Huylar Street							ve. PO Box 25					
City, State, Zip Code						City, State, Zip						_
South Hackensack,	N.I.07606											
Project Manager for Monit			Tole	phone	No	Lumberton,	NJ 00046	I Lineau No				
Geiser Fajardo	oning raini		1		9-8700	609-265-210	7	License No.				
Start Date (10)	Sc	heduled						00529				
1 /25 /		2			970.35	Name of OSHA EMSL Analy						
				_ ′			licai					
Occupancy Status During Facility Closed/Vacated						Street Address						
Abatement Performed	Outside of Norr	Period of	Abate	ment	ariba	200 Route 1						
Time of Abatement:	AM-	PM/	PM-	5 - Des	AM	City, State, Zip (
N====						Cinnaminso	n, NJ 08077					
Scope of Work (Check all t	tnat apply)					□ Full Cor	ntainment with Ne	agative Pressure				
≥3 sf or ≥3 lf			enovati			☐ Mini-En	closure	gative Flessule				
≥160 sf or ≥260 lf		☐ D	emolitio	n			ag Procedure	- F:-11- D				
		1	s Locat	ion	1	⊠ Non-Ex	empted (") and No	on-Friable Procedure	1			
Location of	f		Normal			Description	of		Ab	atem		ype
Asbestos-Containing M	aterial (ACM)	Use	ed Sole	ly by	Asbe	estos Containing M		Amount	Rer	Repair	Enc	Enc
TO BE ABAT		19633	aintena todial S			e., thermal systems	insulation,	(Specify	Removal	pair	aps	Enclosure
IN Facility (13)		Jour	(12)	man.		surfacing, VAT other miscelland		SF or LF)	<u>a</u>		Encapsulate	ure
Y		Yes	No	N/A	1	other middenam	2003)				te	
Auditorium Closets					Floor T	ile & mastic		240 SF		П	П	
French St. Level South	Blda				Lating Street, and		-A!-					
Tenerior. Level 30dti	Diug				2x layer	r floor tile & Ma	STIC	150 SF	Ø	Ш	Ш	Ш
										口		
								1900 Television				
Name of Registered Waste	Hauler		1000000	DEP V		Cubic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.			CATTER	uler ID 18750		Waste 20	G.R.O.W.S	. Landfill				
City, State				.0100		Disposal Date	City, State	9-1-1-1-1				
Lumberton, NJ						2/3/17	Tullytown,	PA				
Completed By (Print or Type	e) Ti	itle				Signature	1	Date	91	1		-
Gwendolyn Trumbetti	i	Operati	ons C	oordi	nator	(M	1 P X.		12	71	10	7
D 11		755		2000	and the state of t				10	' 1		× :

nock	/		NO		CATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DE	CE		\mathbb{V}	E
Date of Notification (1)	30 /	1	7				ng Owner/Operator Job #1701-5108	M 50	COURTE	sy -	7	2017	7
Agencies Notified EPA DOLWD DHSS	Type Notif	fication	1		Stree 27 City,	et Address 700 Sauce State, Zip	on Valley Road		1.	STOS			OL 8
□ DCA	☐ Emerge		ncludir	ng		enter Vall	ley, PA 18034		1-11				
(NJAC 5:23-8)	justifica Cancel					ie of Conta illiam Tui			Telephone N	umber			
	- Cancel	iation											
Name of Facility Where	Ahatement is	Takir	a Dlac	2 (2)	FA	ACILITY	NFORMATION	Tona of Facility	(4)				
Aldi Super Market Street Address 50 Racetrack Road		o rakii	ig Flac	e (3)					2) 8 (Other than K private and com		ouildir	ngs,	
City (5)								Square Feet	# of Floors	F	Bldg. /	Ane	- 11-11-11
East Brunswick, N.	J 08816							oquais i coi	W 01 1 10010		nug. i	igo	
County (6) Middlesex					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	-	olished)			
Name of Monitoring Firm	Hired by Bu	ilding	Owner	(8)	ASCM	l No.	Name of Abatem	ent Contractor (9)					
NA							AbateTech, I	nc.					
Street Address							Street Address						11/10/00
							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co						6
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		License No.				
							609-265-2107		00529				
Start Date (10) / / /						17_	Name of OSHA N EMSL Analyt						
Occupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement:	d During Ent Outside of N AM	ire Pe Iormal	riod of Facilit	Abate y Hou	rs - Des		Street Address 200 Route 13 City, State, Zip Co	ode					
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		⊠ Re				☐ Mini-Enc	ainment with Neg losure g Procedure mpted (*) and No		dure			
				Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing N TO BE ABAT IN Facility (13)	Material (ACN	Л)	Use Ma	(12)	ely by		Description o stos Containing Mar , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior			Yes	No	N/A	Ashest	os Containing Co	oncrete Pine	110 LF				
					-	Aspesto	Jo Containing Ci	oncrete Libe	TIVEF		블		
			Ш									Ш	Ш
Name of Registered Waste AbateTech, Inc.	Hauler			1322	JDEP V auler ID 18750	No.	Cubic Yards of Waste 20	Name of Registres G.R.O.W.S.					
City, State							Disposal Date	City, State	D.A.				
Lumberton, NJ				SHOW			2/1/17	Tullytown,					
Completed By (Print or Typ Gwendolyn Trumbett		Title O _I		ons (Coordi	nator	Signature'	mt		Date 2	801	17	

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

Date of Notification (1)				Nam	ne of Buildir	ng Owner/Operator	(2)	111111111111111111111111111111111111111	EB	7	201	7
	/	17		10000		w Jersey		5110 Check #8	921	- /	201	1
⊠ EPA ⊠ I	e Notification	on		20		Police Drive		ASBES		S CC ENSI		ROL
	mendment	#	_		State, Zip							
□ DCA □ E	mergency	(includir	ng		est Trento							
	ustification)			110712717062-519	e of Contac	500		Telephone Num	ber			
	Cancellation	1		Ja	mes Lark	ins				- 3		
				F/	CILITY IN	NFORMATION						
Name of Facility Where Abater							Type of Facility					
Philip Alampi Beneficial	Insect R	earing	Labo	ratory			School (K-12	?) 3 (Other than K-12)\			
Street Address 20 Cozy Drive								rivate and comme		ouildin	gs,	
City (5)							Square Feet	# of Floors	F	Bldg. A	lae.	
West Trenton, NJ							Oquare i eet	# 011 10013		nug. r	ige	
County (6)				Cou	nty Code (7	')(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Mercer							Laboratory					
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
Whitman Companies						AbateTech, I	nc.					
Street Address						Street Address						
7 Pleasant Hill Road						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Cranbury, NJ 08512						Lumberton, N	NJ 08048					
Project Manager for Monitoring	Firm		Tele	ephone	No.	Telephone No.		License No.				
Kevin Lovely			7	32-390)-5858	609-265-2107		00529				
Start Date (10)		eduled C	omple	tion Da	ate (11)	Name of OSHA M	lonitor					
2/13/17_	- -	2_/	1;	3_/	17	EMSL Analyti	ical					
Occupancy Status During Abate	ment (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated Duri						200 Route 13	0 North					
Abatement Performed Outsic						City, State, Zip Co						
					20,931	Cinnaminson	, NJ 08077					
Scope of Work (Check all that a ≥3 sf or ≥3 If ≥160 sf or ≥260 If	pply)		novat molitic			☐ Mini-Encl	Procedure					
		1 10	Locat			☑ Non-Exer	mpted (*) and Nor	1-Friable Procedul	1			
Location of			Vorma			Description of	f		7	oatem	_	1
Asbestos-Containing Materia	I (ACM)		d Sole		Asbes	stos Containing Mai		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			intena todial		(i.e.	, thermal systems i		(Specify SF or LF)	SVOL	=	apsi	losu
(13)			(12)			surfacing, VAT, other miscellaned		Si Oi Li)	=		ulate	ē
		Yes	No	N/A							(0)	
Exterior			\boxtimes			ulation with Ma	stic &	45 LF				
		П	П								П	П
Name of Registered Waste Haule	er			JDEP \	Naste	Cubic Yards of	Name of Regist	ered Landfill	1_			
AbateTech, Inc.			Н	auler II 18750		Waste 12	G.R.O.W.S.					
City, State						Disposal Date	City, State					
Lumberton, NJ						2/13/17	Tuliytown, i	PA				
Completed By (Print or Type)	Titl	е				Signature	1-	Da	te	7		7
Gwendolyn Trumbetti	(Operati	ons (Coordi	inator	Cha	1		0-1	d	1 -	+

ASB-41 MAY 11

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

00 C.K			NO			ON OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		ME	G	E		
Date of Notification (1)					Nor	no of Duildi	0	(2)					
	1 /	1	7		100000000000000000000000000000000000000		ng Owner/Operator ob #1701-5103	(2)		FEB	- 7	20	17
Agencies Notified	Type Notif	fication	n		Stre	et Address							
☑ EPA	☐ Initial				4	000 Hadle	y Road		ASBI	ESTO	SC	ONT	ROL
⊠ DOLWD					City	, State, Zip	Code		1 7.00			SIME	
⊠ DHSS	Amend			ī	10	outh Plair			7 WAY IN THE PARK WAS AND				
DCA (NJAC 5:23-8)	☐ Emerge justifica		inciuai	ng	Nan	ne of Conta	ct		Telephone Nur	nher			
(110) (0 0.20 0)	☐ Cancel	20			III.Storenson	reg Maror	-		i diapilolio i tal				
										-	_		
Name of Facility Where A	hatament is	Takir	na Dla	20 (3)	F/	ACILITY	NFORMATION	Town of Families	(4)				
PSE&G- Union	voaterrierit is	Iakii	ig Plac	ce (3)				Type of Facility					
								School (K-12) 3 (Other than K-1	2)			
Street Address 1133 Springfield Ro	ad							Other (i.e., proposed homes, etc.)	rivate and comm	ercial b	uildir	ıgs,	
City (5)								Square Feet	# of Floors	E	Bldg. /	Age	
Union, NJ 07083									The control of the co				
County (6)					Cou	unty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Union						, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Substation	3	,			
Name of Monitoring Firm	Hired by Bu	ildina	Owner	r (8)	ASCN	/ No	Name of Abateme						
Health and Safety S			0 111101	(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AbateTech, I						
Street Address							Street Address	110.					
PO BOX 365							Several and the second	DO D 25					
City, State, Zip Code							30 Maple Ave						
							City, State, Zip Co						
Berlin, NJ 08009				-			Lumberton, N	NJ 08048					
Project Manager for Monit	oring Firm			10	ephone	and the same of th	Telephone No.		License No.				
Jim Proctor						2-1311	609-265-2107		00529		200		
Start Date (10)1 /19 / _					etion D 4/	ate (11)	Name of OSHA M EMSL Analyti						
Occupancy Status During	Abatement	(Chec	k only	one)		/	Street Address		W				
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ement		200 Route 13	0 North					
☐ Abatement Performed (Outside of N	lorma	Facili	ty Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:	AM	PI	VI/	PM		_AM	Cinnaminson						
Scope of Work (Check all t	hat annly)						Ommaninioon	, 110 00077					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ас арріу)			enoval emoliti			☐ Mini-Encl ☐ Glovebag			ıre			
			100	Loca	50500000					Ab	atem	ent T	уре
Location of				Norma	ally ely by		Description of		and the second of the con-	Z	R	Ш	Ш
Asbestos-Containing M TO BE ABAT		/1)		intena			stos Containing Mat , thermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	(1.0.	surfacing, VAT,		SF or LF)	oval	=	nso	sur
(13)				(12)		-	other miscellaned		2			late	o
Exterior			Yes	No	N/A	China			25.05	57			
LAterior						Stucco			25 SF		Ш	Ш	Ш
											П	П	П
Name of Registered Waste AbateTech, Inc.	Hauler			1000	IJDEP I	D No.	Cubic Yards of Waste	Name of Registe G.R.O.W.S.			المحاة		
City, State					18750	,	12 Disposal Date	City, State	W KE-WE-				
Lumberton, NJ							2/24/17	Tullytown, F	PA				
Completed By (Print or Type		Title					Signature	+	100	ate 1	1	~	
Gwendolyn Trumbetti	1	0	perati	ons (Joord	inator	1 1 1	1111		1) 1	11	1	

Chus	831			ICATION	ate of New Jerse NOF ASBESTOS to NJAC 8:60 an	ABATE		Personal Property of the State	D) E	G	E	Pr	nt Form
Date of Notification (1) 02/03/2017					f Building Owner/ood Apartmer					EB	- 7	201	7
Agencies Notified	Type Notification			Street A	ddress rry Hill Lane			and the same of th	ASBE	STO	S CC ENSI	ONTE	ROL &
DEP X DOL	Amended Amendment				ate, Zip Code dge, NJ 08857	•					21 101	1300	
DOH DCA	justification) Cancellation	iriciuuirig		Name o Eric P	f Contact rieto			Tel	anhone Ni	mhor	1		
Name of Facility MA	Ab	DI	-	FACI	LITY INFORMAT	ION							
Name of Facility Where Glenwood Apartme		Place (3)				Type of Facility	/ (4)					
Street Address	7110						School (K			0)			
43-49 Apple Tree L	n						Subchapte Other (i.e.	er 8 (Oth . private 8	er than K-1 & commerc	ial bui	ldinas.	home	es.
City (5)	-11						etc.)	300					*
Oldbridge, NJ							Square Feet 6,000	2	f Floors	6	Bldg. A	\ge	
County (6)				7.	USE ONLY)		Current Use (P Apartment	- XXX 4.30 × 332M30		hed)			
Name of Monitoring Firm N/A	n Hired by Building C	Owner (8))	ASCN	1 No.		of Abatement Co General Cons						
Street Address						1360	Address Clifton Aven	ue, PM	B Suite 2	218			
City, State, Zip Code							State, Zip Code on, NJ 07012						
Project Manager for Mor	nitoring Firm			Telepho	ne No.	100000000000000000000000000000000000000	none No. 389-0089		License N 00693	No.			
Start Date (10) 02/17/2017		Schedul 02/28/		npletion I	Date (11)		of OSHA Monito General Cons		n, Inc	5			
Occupancy Status Durin Facility Closed/Vac	g Abatement (Check ated During Entire P			nent			Address Clifton Ave,	PMB S	uite 218				
	ed Outside of Norma						state, Zip Code on, NJ 07012						
Scope of Work (Check A	II That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	VIII - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Renova Demolii			Þ	Full Containr Mini-Enclosu Glovebag Pr Non-Exempte	ire ocedure				e	
Location	n of		Locat Normal	İly	De	scription	of					ement pe	
Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED	Ma Cus	ed Sole intena todial (12)	nce/ Staff?	Asbestos Cont (i.e. thermal surfa	aining N	Material (ACM) s insulation, T, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
43 A-D Apple Tree I	_n-Crawl Space	Yes	No	N/A	Pipe/ Ell	oow In	sulation	16	60 LF	X		10	
45 A-D Apple Tree I	_n-Crawl Space	X			Pipe/ Ell			-	50 LF	X			-
47 A-D Apple Tree I		X			Pipe/ Ell				50 LF	X			
49 A-D Apple Tree I					Pipe/ Ell				50 LF	X			

Name of Registered Waste Hauler

Service Transport Group

NJDEP Waste Hauler ID No.

20990

Cubic Yards

Disposal Date

02/28/2017

of Waste

12 CY

Minerva Landfill

City, State

City, State

02/03/2017

Name of Registered Landfill

CK 25	681	N	OTIF		MOITA	OF AS	BESTOS ABA AC 8:60 and 5:		B) LE G	E		<u> </u>	
Date of Notification (1) 02 / 0)3 /	17				of Buildir	ng Owner/Operator #1	(2)	III L. FEB	- 7	7 20	17	Table and a second
☐ EPA ☐ DOLWD ☐	ype Notific Initial Amende	d			108	t Address Church State, Zip	Street, 3 rd Floo Code	r	ASBESTO	OS C CENS	ONT	ROL	. &
(NJAC 5:23-8)	Amendm Emerger justificati Cancella	ncy (inclu ion)	ding		Name	w Bruns of Conta			Telephone Num	ber			
	_ Carroella												
Name of Facility Where Aba	atement is	Taking P	ace (3)	FA	CILITTI	NFORMATION	Type of Facility	(4)				
Residential Single Fa Street Address								School (K-1	2) 8 (Other than K-12 private and commer		uildinç	js,	
City (5)								Square Feet	# of Floors	B	ldg. A	ae	
Newark								1582	2		102	5.0	
County (6) Essex					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm Hi	red by Buil	ding Owr	er (8)		ASCM	No.	Name of Abatem	nent Contractor (9)				
Health and Safety Ser	vices, In	c.			0011	17	Superior Ab	atement Inc					
Street Address							Street Address						
PO Box 365							2 Henderson	n Drive					
City, State, Zip Code Berlin, NJ 08009							City, State, Zip C West Caldw	Code ell, NJ 07006	,				
Project Manager for Monitor	ing Firm			Tele	phone	No.	Telephone No.	53750	License No.				
Jim Proctor					6-452		(973) 808-16	16	00411				
Start Date (10)2 /14 /		Schedule 2		72		te (11) 17	Name of OSHA Superior Ab	Monitor atement Inc			0-00-1		
Occupancy Status During Al							Street Address						
Facility Closed/Vacated [2 Henderson	n Drive					
Abatement Performed Or Time of Abatement:	AM						City, State, Zip C West Caldw	code ell, NJ 07006					
Scope of Work (Check all th	at apply)						N F. 11 C	-1-1114- NI					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Rend				☐ Mini-En ☐ Gloveba	ag Procedure	gative Pressure on-Friable Procedur	e e			
			Is L	ocat rma			100			Ab	ateme	ent Ty	уре
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		''	Jsed Maint Custoo	Sole	ly by		Description estos Containing M e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Attic				No	N/A	FI (•		040.05			е	
			-			Floor ti			240 SF			Ш	Ц
Basement		L				TSI Pip	e Insulation		2 LF				
									7/				
Name of Registered Waste H Service Transport Gro		'		Н	JDEP V auler ID SW21	No.	Cubic Yards of Waste 2	Name of Regis					
City, State New Castle, DE						. 1	Disposal Date 2/16/17	City, State Waynesbu	rgh, OH				
Completed By (Print or Type Mary Petrovski)	Title Pres	iden	t			Signature	At 1	Da 2	te /	1/	7	

11/05/	E/I	NOT	IFIC.			ew Jersey BESTOS ABAT	TEMENT	MEG			7 [3
(L'L')	0701	14011				AC 8:60 and 5:1						
Date of Notification (1)				Name	of Buildin	g Owner/Operator ((2)	HIII FEB	- 7	201	17	-
	03 / 17				PC ASF	•		In In I co				-
Agencies Notified	Type Notification			Street	Address			ASBESTO	15 00	TMC	ROI	2
□ EPA				108	Church	Street, 3 rd Floor			CENS		1101	u
☑ DOLWD	Amended			City, S	State, Zip (Code		had a second and a second and a second	The second second			
□ DHSS	Amendment #			Nev	v Brunsv	wick, NJ 08901						
(NJAC 5:23-8)	justification)	roluding		Name	of Contac	:t		Telephone Num	ber			
NOTES OF THE PROPERTY OF THE P	☐ Cancellation			Dar	Karbov	vnik		ı				
				FAC	CILITY IN	FORMATION						
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	(4)			55	
Residential Single	Family						School (K-1		76			
Street Address							Other (i.e., p	8 (Other than K-12 private and comme		uilding	gs,	
C:h. (5)							homes, etc.					
City (5) Toms River							Square Feet	# of Floors		dg. A	ge	
County (6)				0	t. 0-1-/	NOTATE HOE ON N	1431	1	- i	67		
Ocean				Coun	ity Code (7)(STATE USE ONLY)	Vacant	rior if being demolis	shea)			
Name of Monitoring Firm	Hirad by Building	Owner (0)	ASCM	No	Name of Abateme		\				
Health and Safety S) ionwo	0)	0011		Superior Aba)				
Street Address	JC: 11003, 1110.			0011		Street Address	itement inc				<u> </u>	
PO Box 365						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co					-	
Berlin, NJ 08009						West Caldwe						
Project Manager for Mon	itoring Firm		Tele	phone I	No.	Telephone No.		License No.				
Jim Proctor			85	6-452	-1311	(973) 808-161	6	00411				
Start Date (10)	Sched	duled Co	omple	tion Dat	te (11)	Name of OSHA M	lonitor					
2/13/	17	2_ /	15	_ / _	17	Superior Aba	tement Inc					
Occupancy Status During	Abatement (Check	k only o	ne)			Street Address						
☐ Facility Closed/Vacate						2 Henderson	Drive					
Abatement Performed						City, State, Zip Co	ode					
Time of Abatement: _	AMPi	M/	_PM-		AM	West Caldwe	II, NJ 07006					
Scope of Work (Check al	I that apply)					M Full Cont	ininun and with Nia	native December		0		
≥3 sf or ≥3 lf		⊠ Rer	novatio	on		☐ Mini-Enc	tainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf		☐ Der	molitio	n			g Procedure					
		le	Locati	on		☐ Non-Exe	mpted (*) and No	n-Friable Procedu	1	-		
Location	of	N	lormal	ly		Description o	f		-	ateme		
Asbestos-Containing	Material (ACM)		d Sole			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA			odial S		(i.e	., thermal systems i surfacing, VAT,		(Specify SF or LF)	SVOL	air	apsı	losu
(13)	-7		(12)	N/A		other miscellane		Of Or Er)	<u>n</u>		ulat	ire
	Yes N										CD	

ASB-41 MAY 11

City, State

New Castle, DE

Mary Petrovski

Completed By (Print or Type)

Kitchen Area

Name of Registered Waste Hauler

Service Transport Group, Inc.

Linoleum under ceramic tile

Cubic Yards of

Disposal Date

Signature

2/15/17

Waste

3

256 SF

Name of Registered Landfill

Minerva Landfill

Waynesburgh, OH

City, State

 \boxtimes

Title

President

 \boxtimes

NJDEP Waste

Hauler ID No.

SW2117

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

	01618	121		NOTIC	S	tate of New Jerse	y ADATE		-		DE	C	E	Pr V	nt Form
	CMU ()')()				N OF ASBESTOS t to NJAC 8:60 an			I		ñI.			323	() () () () () () () () () ()
	te of Notification (1) 2/03/2017					of Building Owner/ovood Apartmer			ty Club			EB	- 7	201	7
Ag	encies Notified EPA	Type Notification				Address erry Hill Lane					ASBE	STO	S CC	ONTE	ROL &
×	DEP DOL	Initial Amended Amendment	:#			ate, Zip Code idge, NJ 08857	,			- Tropp		LIU	ENS	ING	
×	DOH DCA	Emergency justification) Cancellation			Name of	of Contact Prieto				Tel	ephone Nu	mber			
					FAC	ILITY INFORMAT	ION							14	
	me of Facility Where a enwood Apartme		g Place ((3)				Тур	e of Facility	(4)					
	eet Address	TILS							School (K-						
	11 White Oak Ln							×			er than K-1. & commerci		ldings	home	es,
	/ ⁽⁵⁾ dbridge, NJ							Squ 2,0	uare Feet	# of 2	f Floors		Bldg. A	\ge	
Cor	unty (6)					Code (7) USE ONLY)			rent Use (Pr artment	ior if bei	ng demolisi	hed)			
Nar N/	me of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.			patement Co eral Cons						
Stre	eet Address						Street	Addr				1Ω			
City	, State, Zip Code						City, S	tate,	Zip Code	Je, i ivi	D Guille 2	. 10			
Pro	ject Manager for Mon	itoring Firm			Telepho	ne No.	Teleph	one			License N	lo.			_
Sto	rt Date (10)		0-11	1-10	1.11	5	973-3				00693				
02	/17/2017	7	02/28/	2017	npletion	Date (11)			SHA Monitor eral Const		n, Inc				
	cupancy Status During		10.0				Street		ess ton Ave, F	OMP C	uito 219				
×	Facility Closed/Vaca Abatement Performe	ated During Entire I and Outside of Norm	Period of nal Facilit	Abaten v Hours	nent				Zip Code	- IVID SI	uite 2 10				
	Other - Describe: _	200 05000							J 07012						
Sco	pe of Work (Check Al	I That Apply)													
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		generated .	Renova Demolit			×	M G	ull Containm lini-Enclosur llovebag Pro	e cedure	•				
			1	Locati				ı N	on-Exempte	(*) and	Non-Friab	le Pro	Abate	ement	
	Location Asbestos-Containing <u>TO BE ABA</u> In Facilii (13)	Material (ACM)	Use Ma	Normal ed Sole aintenar todial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfac		lateria insu T, or	lation,	(S	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
9 /	A-D White Oak Lr	n-Crawl Space	X	,,,0	, 10/3	Pipe/ Elb	now Inc	sulat	tion	15	80 LF	X			
	A-D White Oak L					Pipe/ Elb					50 LF	X			
			_		-				7255			100			

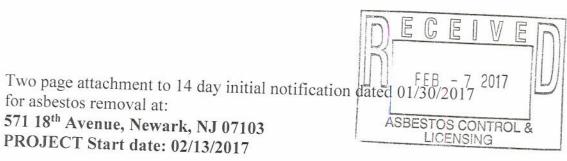
Service Transport Group	Hauler ID No. 20990	of Waste 6 CY	Name of Registered I	_andfill
City, State New Castle, DE 19720		Disposal Date 02/28/2017	City, State Waynesburg, OH	44688
Completed by Milan Njezic Vice	President	Signature		Date 02/03/2017

2017-13 B & G proj. #:

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

			Acres de la companya del companya de la companya del companya de la companya de l			NON		0			ck # 8				
Date of Notification (1)		1	Name o	of Building	Ow	ner/Operator (2)									Ξ
10 11 1/13 10 1/1	1 7		1	18th Av							E (SE		9	
	pe Notificatio	n	Street A		CIT	ue LLC						9 5	П	ן ע	L
X EPA															
☐ DEP	Initial					9th floor				The second secon	FE	B - 7	20	17	
X DOL	Amendme	ent	22.	ate, Zip Co											=
	,			NY 1000	J1						CDEC	TOSC	OLIT		-
▼ DOH	Cancellati	- 17	Name of	Contact	E-12-12-13-13		-			Teleph	one Nu	imber NS	ING		-
☐ DCA ☐	Cancellati	on	Pete	er Hantes	S								1110		-
				F	FAC	ILITY INFORM	ATIC	DN .						_	=
Name of facility where a	batement is t	taking	place (3)							Type of Facility	. (4)				_
Former Warehous		٠,	, ,								ool (K	- 12)			
	e racility									=		8 (Other	than	K-12	וכ
Street Address								i i				te/Comn			-)
571 18th Avenue									L	Bldgs	s./Hom	es, etc.	.0.0.0		
City (5)		TCc	unty (6)		=		_		T	Square Feet	# of	Floors	E	3ldg.	. /
J. 1981		1	unity (0)					ounty Code (7)	L						_
Newark, NJ 0710	3	E	ssex				(5)	tate use only)		Current Use (Prior if	being de	molis	hed)	ĺ
Name of Monitoring Firm	Hired by Blo	ig. Ow	ner (8)		7	ASCM No.	-	Name of Abatemen		VACANT B	uildin	g			_
Whitman Compar		2				110									
Street Address					_	110	_	B & G Restora	itior	n, Inc.					_
7 Pleasant Hill Ro	oad							Street Address 105 Ryerson	Ros	ad					
City, State, Zip Code							_			au .					_
Cranbury, NJ 085	12							City, State, Zip Code Lincoln Park,		07035					
Project Manager for Monit	oring Firm			Phone Nu	ımh	er	-	Telephone Number	140	07033	TI for				_
Kevin Lovely	7.			732-3		57.0	- 1	(973)696-686	39		Lice	nse Num 00378			
cheduled Start Date (10)		TScho	d Compl	etion Date			_	Name of OSHA Mor				00070			=
		1			(11)		B & G Restora							
02/13/2017		1 2000	/17/2017					Street Address					-	_	=
occupancy Status During								105 Ryerson F	₹oa	d					
Facility closed/vacat	ed during ent	tire per	iod of aba	atement.			-	City, State, Zip Code				-			=
Abatement performe Describe:	ed outside of	normal	facility ho	ours-											
Other-Describe:								Lincoln Park, N	1J C	7035					
Scope of Work (check all	that apply)														
■ Demolition	▼ Re	enovatio	on			ī	X F	ull Containment w/ne	nativ	/e pressure		vebag pi			
3 sf or >3 lf	× >16	0 sfor	≥260 If					Mini-enclosure	guar						
1			37/4	ly used sol	lelv!	<u> </u>	<u>.</u>	Willin-Cholosure			NO.	n-friable		_	-
Location of asbestos-containing	by	mainte	enance/cu		Ciy	D: ::				A		e R	R	E	
material to be	_	aff(12)			-	material (A	or a	sbestos-containing		Amount (Specify S	SF or	m	р	C	
abated in facility (13)	, ,	Yes	No	N/A						LF)		O V	i	a	
ilding C, basement				X	-	nine albam	. 0	iointo (···· 0		05.6		e	[2	
dg C, basement boi					井			joints (wrap & cut	_	95 sf		X		닏	
dg A, 2nd fl boiler ro				X	4	boiler insula fire stop	IOII	1	_	15 sf		X		Ш	r.
dg A, 2nd fl boiler ro		=	<u> </u>	X	=	The state of the s	and the same			3 If		X	닏	Ш	10
dg-A, 2nd fl boiler ro			_	×	=#	Gasket			_	6 sf		X		Ш	-5
egistered Waste Hauler	JOIN L	INIDI	P Hauler	X		boiler insula bic Yards of Wa			_	5 sf		X			
& G Restoration, In	iC.	. 1	19563		_	100	31E	Name of Registered Tullytown	Res	dfill source & Re	cove	ry Cent	er		
ty, State Lincoln Park, NJ				Disposal 02/1		te 17 - 02/17/17	,	City, State Tullytown,							-
empleted by (Print or Type					T	Signature	_	Gordana Luna			Date			¥	-
Bordana Luna			ry/Treas				(010				30/201			

Re:



Location of asbestos-containing material to be abated in facility			Amount (LF or SF)	Remove	Wrap & Cut
Bldg. A, 2nd fl. boiler room	NO	Boiler insulation between bricks	240 sf	X	
Bldg. A, 2nd fl. boiler room	NO	Boiler support brick	240 sf	X	
Bldg. A, 2nd fl. boiler room	NO	Fire brick & mortar	240 sf	X	
Bldg. A, 2nd fl. boiler room Building C	NO	Gasket	2 sf	X	
	NO	Roof Flashing	1,350 lf	X	
Building C boiler room roof	NO	Roof shingles & tar paper	800 sf	X	
Building C Building C	NO	VAT & mastic	2,280 sf	X	
	NO	Cove base with mastic	200 If	X	
Building E	NO	Roof Flashing	1,300 LF	X	
Building A	NO	Roof Flashing	1,600 LF	X	
Bldg. B 4 th fl. roof	NO	Rood flashing	1,600 LF	X	
Bldg. D Roof	NO	Roof flashing	1,200 LF	X	
Bldg. E, interior roof incl. tectum ceiling	NO	Black mastic	3,000 SF	X	
Bldgs. A & C 1 st & 2 nd floors	NO	Pipe insul, elbows & joints	510 LF		X
Bldgs. A, B, & E	NO	Exterior Window Caulk	2,850 LF	Х	
Throughout buildings A, B, C, & E	NO		1,200 LF	X	

Do not use this form for asbestos licensure exempted activities.

THREWI

CK 31207

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

	E	C	E		\mathbb{V}	E	M
\mathbb{P}	The second secon	FEB 5	-	7-0	2017	7	
	ASBE	STO	OS C	ON	ITR(G	DL &	

Date of Notification (1)				Name of	of Building	Owner/Operator (2	2)	IU LI FEB	- 7	20	7	114
				Lert	ch Wrecl	king & Disposal		1 3	121)_	1	
	tion			Street /	Address 5 Belmar Blvd. ASBESTOS CONTROL & LICENSING							
	Notification Ital											
	nt #		T	City, St	asbestos contract State							
2		 dina	Street Address State Zip Code Wall, NJ 07727									
		3	1	Name	of Contact	ASBESTOS CONTROL & LICENSING						
☐ Cancellati	on			Dou	g			20 *2				
	17											
	17											
Residence				Street Address ASBESTOS CONTROL & LICENSING								
Street Address							ASSESTOS CONTROL & LICENSING Telephone Number ATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 65 USE ONLY) Current Use (Prior if being demolished) Residence of Abatement Contractor (9) Irdian Contracting, Inc. Address 9 Route 9, Unit 61 Itate, Zip Code Is River, New Jersey 08755 Iciense No. Idea (Inc.) Address 6 Stelton Itate, Zip Code Is Analytical Address 6 Stelton Itate, Zip Code Is Inc. Is					
City (5)												
			Street Address 5115 Belmar Blvd. City, State, Zip Code Wall, NJ 07727 Name of Contact Doug FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 6 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet 1200 # of Floors State Feet 1200 # of Floors Street Address 189 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755 Telephone No. Total Address 1056 Stelton City, State, Zip Code Toms River, New Jersey 08755 Telephone No. Telephone No. Telephone No. Total Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 ASSENTING ASSENTING Telephone Number ASSENTING Telephone Number Bidg. Age 65 City, State, Zip Code Toms River, New Jersey 08755 Telephone No. Telephone No. Telephone No. Total Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 ASSENTING Telephone Number Bidg. Age 100 City, State, Zip Code Toms River, New Jersey 08755 Telephone No. Telephone No. Total Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 Assestos Containing Material (ACM) (i.e., thermal systems insulation, Specify Signature Description of Specify Signature NAIDEP Waste Touch Carter Harder (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Touch Carter Harder (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Touch Carter Harder (1) and Non-Friable Procedure Touch Carte									
County (6)			-	Count	v Code (7)	### ASBESTOS CONTROL & LICENSING ASBESTOS CONTROL & LICENSING						
Ocean				Oodin	y code (r)	ASBESTOS CONTROL & LICENSING ASBESTOS CONTROL & LICENSING To Code Differ (i.e., private and commercial buildings, homes, etc.) Elegiber (i.e., private and commercial buildings, homes, et						
	ing Own	or (8)		SCM	vio.	Name of Ahatem	ASBESTOS CONTROL & LICENSING Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet 1200 1 Residence Patement Contractor (9) n Contracting, Inc. ess Pate 9, Unit 61 Zip Code iver, New Jersey 08755 No. 10624 SHA Monitor Analytical ess Patentian Analytical es					
N/A	ing Own	ei (o)	1	Street Address								
Street Address						1919-1918-1919-1919 - 1919-1919-1919-191	ASBESTOS CONTROL & LICENSING Telephone Number					
City State Zin Code						ASBESTOS CONTROL & LICENSING Zip Code 107727 Intact Telephone Number Ty INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) S						
City, State, Zip Code							ASBESTOS CONTROL & LICENSING Telephone Number					
Project Manager for Monitoring Firm		Т	eler	nhone N	No.	The second secon		Telephone Number School (K-12)	_			
Troject Manager for Monitoring 1 inn			0.01	31101101			13	21163046C000012C00200	ASBESTOS CONTROL LICENSING Phone Number er than K-12) and commercial buildings, of Floors Bldg. Age 65 eing demolished) Pressure Abatement T Amount (Specify SF or LF) 1200 sf			
Start Date (10) S	chedule	d Com	plet	ion Dat	e (11)							-
02 / 14 / 17												
Occupancy Status During Abatement (C	Check on	nly one)			Street Address						
I				nent		1056 Stelton						
						City, State, Zip C	ode					
Time of Abatement:AM	PM/		PIVI-	/	AM	Piscataway,	New Jersey 08	854				
Scope of Work (Check all that apply)						□ Eull Con	tainment with Ner	native Pressure				
≥3 sf or ≥3 lf						☐ Mini-End	closure	Telephone Number Telephone Nu				
≥160 sf or ≥260 lf	\boxtimes	Demo	litio	n								
		la La				⊠ Non-Exe	mpted (*) and No		-			
Location of						Description (sf.		5550			
Asbestos-Containing Material (ACM)					stos Containing Ma	iterial (ACM)		Rem	₹ep	nca	incl
	2000				(i.e				SVOI	air	sde	uso
								Si Ol El)	=		ılate	ē
No. constant	Y	es l	No	N/A								
exterior			3		asbesto	os siding		1200 sf				
		1 []									
Name of Registered Waste Hauler			100				Name of Regi	stered Landfill				
Guardian Contracting, Inc.			Н			DOMESTICAL STATE OF THE STATE O	T.R.R.F.					
City, State			-				City, State					
Toms River, New Jersey						02/16/17	Tullytown	, Pennsylvania				
Completed By (Print or Type)	Title					Signature	1/1	7 Da	ite	1	1	
Nicholas Fernicola	Proj	ect N	lana	ager			Jel	/	2-/	2/	17	

CK 5288

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

Agencies Notified FPA	Date of Notification (1) 2/2/17	3.14.111				f Building Spinrad	Owner/0	Operator	(2)			1-6-	1		UII	ĺ
Cip	Agencies Notified	Type Notification	1		Street A	ddress					ASB					DL &
DOL	The state of the s	Contraction of the Contraction o		-	City Sta	ate Zin Co	nde			L		L	CEN	ISIN	<u>G</u>	
DOH		Amendmen		_				701								
Name of Facility Where Abatement is Taking Place (3) Lakewood Street Address City (5) Lakewood County (6) County (7) Name of Monitoring Firm Hired by Building Owner (6) Name of Monitoring Firm Hired by Building Owner (6) Name of Monitoring Firm Hired by Building Owner (6) Street Address Street Addr		justification)			f Contact					Telephon	e Nun	ber			
Same of Facility Where Abstement is Taking Place (3)	DCA -	Cancellation	n			LITYINE	ORMATI	ION								
Street Address School (RF2		ng Place (3)	17.01		ORMATI		Туре	of Facility (4)							
City (5) Clarkewood County (6) C		kewood										17.40				
County (6)	Street Address								×	Other (i.e. pri				dings	hom	es,
County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) Street Address Street	A CONTRACTOR OF THE PROPERTY O									transcript -	# of Floor	S	Е	Bldg. A	ge	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ASCM No. Name of Abatement Contractor (9) AAAL LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. 732-668-9078 1200 Start Date (10) 2/15/17 Cocupancy Status During Abatement (Check Only One) Fability Closed/Vacated During Entire Period of Abatement Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code LAKEWOOD, NJ 08701 Name of OSHA Monitor AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. 732-668-9078 1200 Start Date (10) 2/15/17 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: City, State, Zip Code LAKEWOOD, NJ 08701 Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure (Slovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) Accusted Staff? (13) Full Containment with Negative Pressure Mini-Enclosure (Slovebag Procedure Non-Exempted (1) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) Accusted Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Material (ACM) Accusted Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Material (ACM) Accusted Address 6 WHITE DOVE COURT														30007		
Street Address License No. 732-668-9078 1200 Start Date (10) 2/12/177 2/15/17 Start Date (10) 2/15/17 Name of OSHA Monitor AAA LEAD PROFESSIONALS Street Address Street)				if being der	nolish	ed)			
Street Address Street Address 6 WHITE DOVE COURT	Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.		A STATE OF THE PARTY OF THE PAR				20				
City, State, Zip Code City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Tolephone No.	Street Address							100000000000000000000000000000000000000	1000		SSIONALS	S 				
Project Manager for Monitoring Firm	Street Address										URT					
Start Date (10) Scheduled Completion Date (11) 2/12/17 2/15/17 2/	City, State, Zip Code	2 60 0									701					
2/12/17	Project Manager for Mon	itoring Firm			Telepho	ne No.	Evi).			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) I DB E ABATED In Facility (13) EXTERIOR INTERIOR INTERIOR Name of Registered Waste Hauler NEWARK CARTING Nemoly Status During Abatement (Check Only One) Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Specify surfacing, VAT, or other miscellaneous) For LF) Piping So LF X INTERIOR Name of Registered Landfill NEWARK CARTING Name of Registered Landfill IESI City, State NEWARK, NJ Completed by Title Signature Date	CONTRACTOR AND				npletion	Date (11)					SIONALS	 S				
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	Occupancy Status During	g Abatement (Che	l ck Only On	e)				100000		and the second second			- 100			-
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Sa sf or ≥3 If Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-											JRT					
Saliding Security		ed Outside of Norr	nal Facility	Hours							701					
Second procedure Second pro	Scope of Work (Check A	II That Apply)														
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) EXTERIOR INTERIOR INTERIOR INTERIOR Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ Completed by Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Bis Location Normally Used Solely by Maintenance/Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Find Observed Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Find Observed Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Find Observed Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Find Observed Association Association Association Association (Specify SF or LF) Find Observed Association Association Association Association Association Association (Specify SF or LF) Find Observed Association Association Association Association (Specify SF or LF) Association Association (Specify SF or LF) Find Observed Association Association (Specify SF or LF) Find Observed Association Association (Specify SF or LF) Find Observed Association Association Association (Specify SF or LF) Find Observed A			-					×	Mir	ni-Enclosure ovebag Proce	dure					
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EXTERIOR EXTERIOR INTERIOR INTERIOR INTERIOR INTERIOR INTERIOR Boiler Insulation Siding 4300SF x Boiler Insulation 20SF x INTERIOR Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ Completed by Title Signature Date	In Facil		Cust		Staff?	(1.6.	surfac	cing, VAT	, or	30011,			emo	Repa	caps	ndos
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NEWARK, NJ Completed by Title Signature Date	NEWARK CARTING			1000		140.		316		IESI						
											НЕМ РА					
OVITEIN OVITEIN	Completed by JOSEPH PERLSTEI	N		ER			S	Signature				Dai	е			

CK 6317

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	(Pt	ursuant	to NJAC 8:60 a	ınd 12:120	0)	April Paril		TED -	7 /	017		
Date of Notification (1) 2/3/2017			Building Owner	10	200	JB		LU -	1 6	.011		
Agencies Notified Type Notification EPA Initial		Street A	ddress NCH BOWL	ROAD	10		ASBE	STOS LICE!) į	
DEP Amended Amendment #			te, Zip Code RISTOWN, N	IEW JEF	RSE	Y 07960						
▼ DOH	ding		Contact BROMAGE				Teleph	none Nun	nber			
		FACI	LITY INFORMA	TION	I +	7E - 112						
Name of Facility Where Abatement is Taking Place MAIN CLUB HOUSE	ce (3)				Гур	School (K-1	12)	U 17 40				
Street Address 36 PUNCH BOWL ROAD					×	Subchapter Other (i.e. p etc.)	orivate & c	ommercia	al build			es,
City (5) MORRISTOWN					20000	uare Feet 5,272	# of FI	oors	7.33	ldg. A 920	ge	
County (6) MORRIS		County (Code (7) JSE ONLY)			rrent Use (Pri JSINESS-(ed)			
Name of Monitoring Firm Hired by Building Owne BIOTERRA ENVIRONMENTAL SOLU		ASCM	1 No.			batement Cor CONTRA						
Street Address 1030 CHESTNUT STREET #1224				Street 1360		ress _IFTON AV	/ENUE,	UNIT 3	35			
City, State, Zip Code UNION, NEW JERSEY 07083				City, S	State,	Zip Code N, NEW J						
Project Manager for Monitoring Firm		Telephor	ne No.	Teleph		3177 - 127 -		icense N	D.			
RICK EUSTAQUIO	adulad Car		94-3762			0-9500 SHA Monitor	0	1036			- 10	
	eduled Con 0/2017	ipietion t	Date (TT)			CONTRA	CTING,	INC				
Occupancy Status During Abatement (Check Onl		in the same		Street 1360		ress LIFTON AV	/FNUF	UNIT 3	35			
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fa Other – Describe:	d of Abatem cility Hours	ent		City, S	State,	Zip Code N, NEW JI		2000 (2000)				
Scope of Work (Check All That Apply)				02		.,,.,_,,						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renova Demolit			×	N	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				a.	
	Is Locati	on							T	Abate	-	
Location of	Normal Used Sole			Description						, у		
TO BE ABATED	Maintenar Custodial S (12)	nce/			s ins	ulation,	Amo (Spe SF or	ecify	Removal	Repair	Encapsulate	Enclosure
	es No	N/A	000000	N. EIDE	DD.	2051110	400	05				
FIRST FLOOR CORRIDOR	X		SPRAY-O				400		K			
MEN'S BATHROOM OFFICE	X		SPRAY-0						K.			
MEN'S BATHROOM OFFICE	X		GRI	EY PLAS	SIE	K	400	5F	K			
Name of Registered Waste Hauler	1000	JDEP W		ic Yards		Name of	Registered	d Landfill				
ATLANTIC CARTING	1950	auler ID IJ641	40	Vaste			O CENTI	RAL SA	NITA	ARY	LAN	DFI
City, State WAYNE, NEW JERSEY 07470			Disp TB	oosal Date	1	City, Stat	te .RGYL, F					
Completed by	^{tle} XECUTI	VE DIF	RECTOR	Signatur		2		Da 2	te 3/20	17		

Print Form

Project #			ICATIO	N OF AS t to NJA	BESTOS	ABATE		IT	C	heck # 37	04			
Date of Notification (1) 02/03/2017				of Building		Operator	(2)		-	FEB	-	2(17	- 1
Agencies Notified Type Notification	on			Address	BUE									-
EPA Initial			92 Ry	erson F	Rd				Ā	SBESTO	SC	ONT	RO	L &
DEP Amended		1		ate, Zip C				1		Lic	1-1-1	HIVE	4	
DOL Amendme	ent #_ cy (including	_	Lincol	n Park,	NJ 070	035								
DOH justification		1	Name	of Contac	t				Te	lephone Nu	mber			
DCA Cancellat	on			Hernar									<u> </u>	F. 1710 - 1910 - 1910
Name of Facility Where Abatement is Ta	ing Diago	2)	FAC	ILITY IN	FORMAT	ION	T	F = - 11th	. ///	-				
	ung Place ((3)					Typ	oe of Facility	387 35					
Elementary School Street Address							7	School (K		ner than K-1	2)			
274 Pine Brook Rd							H			& commerc		ldings	, hom	nes,
City (5)							C	etc.)	14.	of Floors		714-	1	-
Lincoln Park							Squ	uare Feet	# 0	Floors		Bldg. /	age	
County (6) Morris				Code (7) USE ONL	n		Cur	rrent Use (P	rior if be	ing demolis	ned)			
Name of Monitoring Firm Hired by Buildin	a Owner (8)	LASC	M No.		Name	of Al	batement Co	ontracto	(9)			-	_
Aero Environmental	3 (-	,						toration L		(0)				
Street Address						Street			LU					
275 Rt 10 East						72 Bro	ook	side Rd						
City, State, Zip Code								Zip Code		-				
Succassuna, NJ 07876						Rando	olph	n, NJ 078	69					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph			-	License N	0.			
Michael Berta				20-9061		97393	3-2	550		01133				
Start Date (10) 02/16/2017	Schedu 02/18/2		npletion	Date (11))	Name o	of O	SHA Monito	r					
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street	Addr	229						
The second secon		00000	a ont			12443111100000		22 West						
Abatement Performed Outside of No	rmal Facilit	y Hours	nent S					Zip Code						
Other – Describe:								J 07083						
Scope of Work (Check All That Apply)							,				a	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				- - - -	N G	lini-Enclosu lovebag Pro	re ocedure	Negative F	alada arang makang) e	
	Is	Locati	on										ement	t
Location of		Normal ed Sole		1		scription					_	Ту	ре	_
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In Facility	Cus	todial S (12)	Staff?	(surfac	cing, VAT	T, or		200	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other m	niscellane	eous)			oval	air	sula	Sur
	Yes	No	N/A										te	w
Gym area		×		TSI					8 LF		×			
49														
Name of Registered Waste Hauler		100	JDEP Wauler ID		Cubic \ of Was			Name of	Registe	red Landfill				
Nick Restoration LLC			33782		TBD			G.R.O.	W.S					
City, State Randolph, NJ		100	22.00		Dispos	al Date		City, Sta						
Completed by	Title				TBD	anature		Tullytov						
Section Committee To V	Presid				1 21	gnature		live	01	Da	e 03/2			

Lh 5957	ı		CATION	OF ASB	ESTOS	ABATE		T	ASBESTOS CONTROL & LICENSING Telephone Number 4) 12) 18 (Other than K-12) 19 orivate & commercial buildings, homes, 1							
Date of Notification (1)						Operator	(2)	1	ASBESTOS CONTROL & LICENSING Telephone Number Cility (4) If (K-12) Inapter 8 (Other than K-12) If (i.e. private & commercial buildings, homes, et							
2/3/17 Agencies Notified Type Notification			A Company of the Comp	TION OF ASBESTOS ABATEMENT uant to NJAC 8:60 and 12:120) me of Building Owner/Operator (2) oharmed Njeidi estet Address 4 Holden Blvd. y, State, Zip Code taten Island NY 10314 me of Contact oharmed FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 1000+ 100												
					/d		TEMENT 120) ASBESTOS CONTROL & LICENSING Telephone Number Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 1000+ 1 35+ Current Use (Prior if being demolished) warehouse me of Abatement Contractor (9) ernaco Inc. Seet Address O Box 329 7, State, Zip Code (est Berlin NJ 08091) Sephone No. License No. 00727 The of OSHA Monitor arme eret Address									
EPA			118008018-1804			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		LI	OF IAO	IVC	4			
DOL Amendmen						314		ASBESTOS CONTROL & LICENSING Telephone Number e of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) are Feet # of Floors Bldg. Age 35+ rent Use (Prior if being demolished) rehouse latement Contractor (9) Inc. license No. 10727 SHA Monitor ess 22 Zip Code uill Containment with Negative Pressure ini-Enclosure lovebag Procedure on-Exempted (*) and Non-Friable Procedure Abatement Type								
			Name o	f Contact					ASBESTOS CONTROL & LICENSING Telephone Number Of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) e Feet # of Floors Bldg. Age 35+ of Use (Prior if being demolished) ehouse ement Contractor (9) of Code NJ 08091 D.							
DCA Cancellation			Moha	med		Jersey STOS ABATEMENT 80 and 12:120) Wher/Operator (2) III ASBESTOS CONTROL & LICENSING Y 10314 Telephone Number IMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 1000+ 1 35+ Current Use (Prior if being demolished) Warehouse Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 O0727 Name of OSHA Monitor Same Street Address City, State, Zip Code Wini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Description of										
N	DI "	Telephone Number County Code (7) County Code (7) (STATE USE ONL') Pernaco Inc.														
Name of Facility Where Abatement is Takir Vacant Warehouse	ig Place (5)					Тур									
Street Address							H			or than	K-12)					
36 Hyers St							片	Other (i.e.	private	& comm	ercial b	ıildi	ngs,	home	es,	
City (5)	14 Holden Blvd. City, State, Zip Code Staten Island NY 10314 Name of Contact Mohamed FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1000+ 1 felphone Number Warehouse ASCM No. Name of Abatement Permaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Telephone No. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Scheduled Completion Date (11) 2/21/17 Same Street Address City, State, Zip Code West Address Formal Facility Hours Full Containment with Negative Pressure Mini-Enclosure Glovebage Procedure Full Containment with Negative Pressure Mini-Enclosure Glovebage Procedure															
Toms River NJ 08753		14 Holden Blvd. Licensing														
County (6)		- 1	County (Code (7)			100	WAS TO SE	or if be	ina dem	olished)					
Ocean)					J	/					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	Л No.		Name	of Al	batement Co	ntractor	(9)						
N/A						Perr	naco	Inc.								
Street Address						100000000000000000000000000000000000000										
City, State, Zip Code						200 - 100 -										
Project Manager for Monitoring Firm		Τ.	Tolopho	And Constitution of the Co												
Froject Manager for Morittoning Firm			relehilo	ne No.		1 2										
Start Date (10)	Schedule	ed Com	pletion	Date (11)						00.2		_			_	
2/14/17			. ₩007-11-7-87-8			Sam	ie									
Occupancy Status During Abatement (Chec	ck Only Or	ne)				Street	Addr	ress								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abatem Hours	ent			City, S	tate,	Zip Code	4							
Scope of Work (Check All That Apply)											1000					
≥3 sf or ≥3 If ≥160 sf or ≥260 If						×	N G	//ini-Enclosur Blovebag Pro	e cedure	10000						
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Location of	1	Vormall	у		De	scrintion	of						Ту	oe	_	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	nce/		tos Cont thermal surfa	Description of					Enclosur					
	Yes	No	N/A		ate ate				ite	æ						
Exterior siding			x			rior sic				00 SF	x					
small flat roof			Х		F	lashing	9		1	00 IF	х					
loft area			Х		FI	oor Til	е		80	00 SF	х					
warehouse area			Х		Tra	nsite p	ipe		1	5 LF	x					
Name of Registered Waste Hauler			JDEP W		Cubic	Yards		Name of			15.					
United Roll Off		55.8	auler ID 2459	No.	of Wa			G.R.O	.W.S.							
City, State Elm NJ		•				sal Date		City, Star Morris		A 1906	67					
Completed by Anthony T Perna	Title Pres	ident	Signature							Date 2/3/1	7			7		

State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

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e of Notification (1)	IN	ame o	of Building	Owner/Operator (1
2/2/17	J	ill Bo	onawitz			-	ASBEST	os cc	ITM	ROL	&	1
encies Notified Type Notification	S	treet	Address				LI	CENSI	NG.			+
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DEP Amended		City, St Bellm	tate, Zip Co	ode								
Emergency (including			of Conta	ect			Telephone N	umber				
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me of Facility Where Abatement is Taking Place	(3)			192,00	1=-	ol (K-12)	(Other than	K-12)				
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ounty (6)		Cou	nty Code(7	7) (STATE	Vacant		01 11 2 2 9		41500			_
amden				Name of Abater								
ame of Monitoring Firm Hired by Building Owner	F	ASCM	No.	AEi2, LLC								=
)				Street Address	3							
treet Address				361 E. Flemi	ng Pike					_	_	=
				City, State, Z	ip Code							
ity, State, Zip Code				Hammonton.	, NJ 080	37	License 1	VIO	_	_		=
roject Manager for Monitoring Firm	Tele	phone	No.	Telephone No.	22		00689	NO.				
				609-481-21								-
Start Date (10) Scheduled	Comple	tion D	ate (11)	Name of OSHA AEi2, LLC	4 Monitor							_
2/12/17 2/18/17				Street Address	22							
Check on Abatement (Check on	ly one)			361 E. Fler	ning Pik	e						_
7 Familian Closed Wasated During Entire Period	1 DI ADA	irs	11.	City State 7in	Code							
Abatement Performed Outside of Normal Faci	ility 1100	110		Hammonto	n, NJ 08							=
Other - Describe:				Full (Containme	ent with N	Negative Pre	ssure				
Scope of Work (Check all that apply)	_	Han		Mini-	Enclosure	Control Description						
≥3 sf or ≥3 lf	Renova Demoliti	ion		HGlov	ebag Proc	edure	Non-Friable F	Procedur	re			_
∑≥160 sf or ≥260 lf				LI NOII	-Exemples	1 / 01/0			А	bater Typ		
	s Locat Normal								_	Тур	E	Г
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Asbestos-Containing Material (ACM)	Custod	tial	(i.	e., thermal syster surfacing, V	ns insulau	on,	SF or L		m	e p	a P	
TO BE ABATED IN Facility	Staff (12)			other miscella	aneous)				v a	a i	u u	١
(13)	(12)		\dashv						1	r	a t	١
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Basement									+	\vdash		1
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	_	1			, t	ome of D	egistered Lar	ndfill		_		٢
Name of Registered Waste Hauler			EP Waste	Cubic Yards of Waste			cylotered Ear					
		Haul 213	er ID No. 76	1	_	BD			_			=
AEi2, LLC		413	10	Disposal Da	2007/201	ity, State TBD	17					
				TBD /	111 1	עמי		Date				=
City, State Hammonton, NJ		_		1000	trald 1	7	1					
Hammonton, NJ	gram N			Signati	tre/hn	m	1	2/2/17	3			-

CK 1151			St FICATION Pursuant		BESTOS	ABATE), EC	EII	VE		-	11	51
Date of Notification (1)			Name o	f Building	Owner/	Operator	(2)	FFD	- 7 0/	117				
February 03, 2017			KB Nev	vark, LL	C		14 1	A LED	- 7 20	JII		/		
Agencies Notified Type Notification			Street A	ddress				1				+		-
EPA Initial			6-02 Fa	air Lawr	Ave.			ASBESTO	S CONT	ROL	. &			
DEP Amended	· ·		City, Sta	ate, Zip C	ode			LIC	ENSING	ì		_		
DOL Amendment			Fair Lav	wn NJ (7410									
DOH Emergency justification)	including			f Contact					Telepho	neNu	mher			
DCA Cancellation			Project	Manag	er				relopin	3170140				
				LITY INF		ION				-				
Name of Facility Where Abatement is Takin	g Place (3	3)			OTTO	1014	Туре	of Facility (4))					
former Cardolite								School /K 12	Š.					
Street Address							Н	School (K-12 Subchapter 8		an K-1	2)			
500 Doremus							X	Other (i.e. pri	ivate & cor	mmerc	ial buil	dings	, hom	es,
City (5)								etc.)				2000	W 220020	
							Squa	re Feet	# of Floo	ors	E	Bldg.	Age	
Newark, NJ								TBD	T	3D		1.5	ГBD	
County (6)				Code (7) USE ONLY	er.		Curre	ent Use (Prior	if being d	emolis	hed)			
Essex			(BIAIL)	JOL ONLI					fac	ility				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.		Name	of Aba	tement Contr	actor (9)					
AET, Inc.						The M	ACK	Group, LL	C.					
Street Address						Street								
907 Doolittle Drive						1500 k	Kinas	HWY N, S	TF 209					
City, State, Zip Code							-	ip Code				200		
Bridgewater, NJ 08807						040000		NJ 08034						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph			Lice	ense N	lo.			27-0-1
Eric Houseknecht		/	908) 21											
Start Date (10)	Schedule		mpletion [(973) 7		HA Monitor	007	81				
12/05/16	Concaan					1			0					
Occupancy Status During Abatement (Checi	Only On		12/05/1	/		-		Group, LLO	C					
						Street								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of	bater	nent					HWY N, S	TE 209					
Other - Describe:	ai Facility	Hours	S			2300		ip Code						
						Cherry	Hill,	NJ 08034						
Scope of Work (Check All That Apply)	2000						20174							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	present	enova emolit		-			Min Glo	l Containmen il-Enclosure vebag Proced il-Exempted (*)	dure					
	Is	Locat	ion									Abat	emen	t
Location of	1 100	lormal			Do	scription	of					Ty	ре	
Asbestos-Containing Material (ACM)	U. W.	d Sole ntena		Asbes		taining Ma		(ACM)	Amour	nt				
TO BE ABATED	1	odial S	100000	(i.e.		systems		tion,	(Specif		R	ת	Encapsulate	E
In Facility (13)		(12)				cing, VAT niscellane			SF or L	F)	Remova	Repair	aps	Enclosure
(1.57	-				otheri	mscenane	eous)				Va	air	ulat	Sure
	Yes	No	N/A								_		e	
Bld 1	X				Т	ransite	0		360s	£	V			
"			-		- 1	Tallsite					$\langle \rangle$		_	
						vessel			300 s	/f	X			
Bld 2	\times					pipe			720	lf	X	1		
0											$\langle \rangle$			
Name of Registered Waste Hauler		N.I	J DEP Wa	anto		vessel		N	635 s		X			
Tame of registered Waste Hauler		140502	auler ID N		Cubic of Was			Name of Re	gistered L	andfill				
lewark Carting / Spartan Environme	ntal		2225			TBD		Cumberlar	nd Co / E	REI / C	SPO	1/0	TDI	OE
City, State					Disnos	sal Date		City, State	iu 00./ E) I I / (١١٥١١	V3/	1771	11
lewark, NJ					1 10				lm = -	1 / 8 *		u		
Completed by	Title					2/05/17 ignature		Newburg /	imperia	1		iie, F	A	
lichael Cooper	Preside	- n-			9	grature	1	1/1	7	Da				
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NO CK			St FICATION Pursuant	OFAS		ABATE		T The second sec	7	E G	E_l	W	国 1	055
Date of Notification (1)			Name of	f Building	g Owner/	Operator	(2)			FFB	- 7	201	7	1
November 15, 2016			Phoenix	<				į -	1 -	1 6 60			į	James .
Agencies Notified Type Notification			Street A	TO STATE OF THE ST					1		20.00		01 0	
EPA Initial			333 Bro	ad Str	eet				AS	SBESTO	OS CO DENSI	NIF	ULO	A.
DEP Amended			City, Sta	te, Zip C	Code			- lun			/L-1 4011	<u> </u>		
DOL Amendment			Red Ba	nk. NJ	07701					,				
DOH Emergency justification)	including		Name of						Т	elephone	Numbe	-		
DCA Cancellation			Project	Manag	er				1	•				
			100		ORMAT	ION						10		
Name of Facility Where Abatement is Takin	g Place (3)					Тур	e of Facility	(4)					
former Cardolite								School (K-						
Street Address								Subchapte Other (i.e.	er 8 (O	ther than	K-12)	سالدان		2202020
500 Doremus							\times	etc.)	privati	e & Comm	ercial bi	mam	gs, nor	mes,
City (5)							Squ	are Feet	#	of Floors		Bldg	. Age	
Newark, NJ			No. to the last of					TBD		TBD)		TBD)
County (6)			County (ir i		Curr	rent Use (Pr	ior if b	eing dem	olished)			
Essex			(STATE U	SE ONL	· —					facility	У			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCM	No.		Name	of Ab	atement Co	ntracto	or (9)				
AET, Inc.						The M.	ACK	Group, I	LLC.					
Street Address						Street	Addre	ess						17 23 2
907 Doolittle Drive						1500 K	(ings	s HWY N	STE	209				
City, State, Zip Code						City, St	tate,	Zip Code						
Bridgewater, NJ 08807								, NJ 0803	34					
Project Manager for Monitoring Firm			Telephor			Teleph	one N	No.		Licens	se No.			
Eric Houseknecht			(908) 21			(973) 7				00781	S N			
Start Date (10)	Schedul	ed Co	mpletion [SHA Monitor						
10/30/16			4/30/17	7				Group, I	LC.					
Occupancy Status During Abatement (Chec	222-11-12-12-00 Facility					Street /								
Facility Closed/Vacated During Entire F	Period of	Abate	ment				_	S HWY N	STE	209				
Abatement Performed Outside of Norm Other - Describe:	al Facility	Hou	rs					Zip Code						
Scope of Work (Chack All That Apply)						Cherry	Hill	, NJ 0803	34					
Scope of Work (Check All That Apply)							7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of	Renov Demol					M	ull Containm ini-Enclosur lovebag Pro	е		ve Press	ure		
	1					2	N	on-Exempted	d (*) an	d Non-Fria	able Proc	edur	9	
	1000	Loca	500000000000000000000000000000000000000										ateme Type	nt
Location of Asbestos-Containing Material (ACM)	17.17.1	Norma ed Sol	ely by			scription					-	T	Type	_
TO BE ABATED		inten	A COMMON TO THE WAY AND THE PARTY OF THE PAR	Asbes (i.e	thermal	taining Ma	ateria insul	at (ACM) lation.	1	Amount (Specify	7		En	ш
In Facility	Cus	(12)	Staff?	10.5	surfa	cing, VAT	, or			F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-				other r	miscellane	eous))			ova	air	sular	Sure
	Yes	No	N/A								-		te	10
Bld 1	X				-	Roofing			Δ	150 s/f	X	/		
292	X					vessel			72.5	300 s/f		\rightarrow		
DIA O	\rightarrow		-								$-\langle$	>		
Bld 2	\triangle			_		pipe				405 lf	X			
11	X					vessel				35 s/f	\times			
Name of Registered Waste Hauler			NJ DEP W		0.00000	Yards		Name of	Regist	ered Land	dfill	-11		
Newark Carting / Spartan Environme	ntal		Hauler ID 1 2225		of Wa			Cumbe	lond	C	1100	21010		
City, State	ıııdı		4443)3	Disno	TBD sal Date		Cumber City, Stat		CO./ BF	I/GK(JVVS) / I h	(KF
Newark, NJ						1/30/17		A		norial /	Mossis	۽ اان	D ^	
Completed by	Title					ignature	_	Newburg	9/111	heugi /	Date	viiie	PA	
Michael Cooper	Presid	ent				1/2	-/	9//-			11/15/	16		
CONTRACTOR OF STATE O		-111							-		11/10/	U		

Location of	1	Locati Normall	ly	Description of				ement /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			<u>a</u>	_	ate	Ø.
Bld 2	X			roofing	6500 s/f	X			
"	X			transite	3160 s/f	X			
Bld 3	X			transite	880 s/f	X			
_"-	X			roofing	2900 s/f	X			
Bld 4	X			duct insul	850 s/f	X			
"	X			roofing	2500 s/f	X			
Bld 5	X			transite	480 s/f	X			
11	X			pipe	220 l/f	X			
Bld 6A	X			roofing	1715 s/f	X			
Bld 7	X			pipe	100 l/f	X			
Bld 10	X			galbestos	3500 s/f	X			
Bld 12	X			transite	1075 s/f	X	-0-22413		
_"-	X			vessel	200 s/f	X			
0	X			pipe	215 l/f	X			
Bld 21	X			pipe	230 l/f	X			
0	X			Vat/Mastic	200 s/f	X			
0	X			transite	100 s/f	X			
pipe rack	X			pipe	915 l/f	X			
misc	X			vessel	300 s/f	X			
misc structures	X			transite	880 s/f	X			
						-			
				-					
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				Posterio,	XI -	-	-	3//	111
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				and the second	FEB -	20	17		圳
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Date of Notification (1)			Name	of Building C)wner/Operato	or (2)			FFR	-	7 9	n17					
November 29, 2016			-000	wark, LLC		V-7		L L	V. L. L.			- 01 1	Ì				
Agencies Notified Type Notification				Address					1059 FER - 7 2017 ASBESTOS CONTROL & LICENSING ther than K-12) & commercial buildings, homes, of Floors TBD TBD TBD TBD TBD TBD TBD TB								
N 504				air Lawn A	Δνο			ASB	ASBESTOS CONTROL & LICENSING LIC								
EPA Initial Amended		1	The Residence Indian	tate, Zip Cod					LICI	LIV	SHV	G _					
DOL Amendment	#2			awn NJ 07													
DOH Emergency	(including	-		of Contact	410			Talanhass	N1								
DOH justification) DCA Cancellation								relephone	LICENSING elephoneNumber mer than K-12) & commercial buildings, homes, of Floors Bldg. Age TBD TBD eing demolished) facility r (9) License No.								
				t Manager					ephoneNumber Than K-12) Commercial buildings, homes, Floors Bldg. Age TBD TBD Ig demolished) facility 9) Uicense No. 100781								
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INFO	RMATION	Tyn	e of Facility (4)		ther than K-12) e & commercial buildings, homes, of Floors Bldg. Age TBD TBD being demolished) facility or (9) License No. 00781								
former Cardolite						,,,,			TBD TBD being demolished) facility tor (9) E 209 License No.								
Street Address						+H	School (K-12 Subchanter 8		K 12)								
500 Doremus						x	Other (i.e. pri	vate & comm	ercial b	uildi	nas.	hom	es.				
City (5)							etc.)				3-,		5.51				
						Squ	are Feet	# of Floors		Blo	dg. A	ge					
Newark, NJ							TBD				Т	BD					
County (6)				Code (7) USE ONLY)		Cur	rent Use (Prior	if being demo	olished)								
Essex			WAIE	OOR UNLI)					y								
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.	Name	of Ab	atement Contr										
AET, Inc.					The N	ЛАСЬ	K Group, LL	C.									
Street Address			-			t Addr											
007 Doolittle Drive					1500	Kina	s HWY N, S	TF 209									
City, State, Zip Code					-		Zip Code										
Bridgewater, NJ 08807					25.703.00		, NJ 08034										
Project Manager for Monitoring Firm			Telepho	one No.	Telep												
Eric Houseknecht				18-1108	The second second		- 5000	100000000000000000000000000000000000000									
Start Date (10)	Schedule			Date (11)			SHA Monitor	00781									
12/05/16					100000 000			_									
Occupancy Status During Abatement (Chec	k Only On		5/31/1	1		Addre	Group, LLO	J									
	200	9	1500		20000000			TE 000									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A	baten	nent				S HWY N, S	1E 209									
Other - Describe:	dointy	, louis	4)		1 march (\$100 m)		Zip Code						10				
Scope of Work (Check All That Apply)					Cherr	y Hill	NJ 08034										
					-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	enova						t with Negativ	e Press	sure							
		emolit	ion				ini-Enclosure lovebag Proced	ture									
						X N	on-Exempted (*)	and Non-Fria	ble Prod	cedu	re						
	Is	Locati	on			_					20000	ment					
Location of	N	lormal	ly		Description	n of					Тур						
Asbestos-Containing Material (ACM)		d Sole ntenar		Asbestos	S Containing N		al (ACM)	Amount				E .					
TO BE ABATED In Facility	Custo	odial S	Staff?		ermal system	s insul		(Specify	7	١.	70	nca	En				
(13)		(12)			surfacing, VA other miscellar			SF or LF)	Removal	1	Renair	Encapsulate	Enclosure				
- 0 9					- Intoonal				lave	=	air	late	ure				
	Yes	No	N/A									Œ					
DI I 4	X				Roofing	q		4150 s/f	X								
Bld 1	()				vessel					>							
-"- Bld 1	X							300 s/f		>							
"	X				pipe 405 If												
	X				pipe			700 II	_ /	/							
"	X				vessel				$-\langle$								
" Bld 2 _"_	X	N.	J DEP W	′aste (Name of Re-	35 s/f) X								
-"- Bld 2 -"- Name of Registered Waste Hauler	X	0.009	auler ID	No.	vessel		Name of Re		Ifill								
-"- Bld 2 -"- Name of Registered Waste Hauler ewark Carting / Spartan Environme	ntal	0.009		No.	vessel Cubic Yards		Name of Re	35 s/f gistered Land) DW	S/	TRF	F				
Bld 2 _"- Name of Registered Waste Hauler ewark Carting / Spartan Environme City, State	ntal	0.009	auler ID	No. 6	vessel Cubic Yards of Waste			35 s/f gistered Land)) WC	S/	TRF	¦F				
Bld 2 _"- Name of Registered Waste Hauler Iewark Carting / Spartan Environme City, State Iewark, NJ	ntal	0.009	auler ID	No. 6	vessel Cubic Yards of Waste TBD		Cumberlan City, State	35 s/f gistered Land d Co./ BFI	/ GRO				¦F				
-"- Bld 2	ntal	0.009	auler ID	No. 6	vessel Cubic Yards of Waste TBD Disposal Date		Cumberlan	35 s/f gistered Land d Co./ BFI Imperial / I	/ GRO				lF_				

Bid 2	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	S Locati Normal ed Sole sintenar todial S (12)	ly ly by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal		temen ype Encapsulate	Enclosure
Bid 2		Yes	No	N/A	8		val	air	ulate	ure
Section Sect	Bld 2	X			roofing	325 s/f	X			
Bid 3	-"-	X					$\langle \rangle$			
Window caulk 10lif	Bld 3	X			transite		X			
Bid 4	_"_	X			window caulk		X			
Recording 1500 s/f	Bld 4	X			transite		X			
Bid 5	_"_	X			roofing		$\langle \rangle$			
Dip	Bld 5	X					X			
Bid 1	_"_	X			pipe		$\langle \rangle$			
Bld 7	Bld 1	X					X			
Bld 10	Bld 7	X			pipe		$\langle \rangle$			
Bld 12	Bld 10	X					X			
pipe gaskets pipe gaskets gaskets 400 Bld 21 pipe 230 l/f Vat/Mastic 200 s/f base of tanks black sealant 250 sf exterior pipe misc vessel transite 560 s/f FEB - 7 2017	Bld 12	X			transite		X			
pipe gaskets Bld 21 pipe 230 l/f -"- Vat/Mastic black sealant exterior pipe misc misc vessel transite 560 s/f FEB - 7 2017	_"_	X			pipe		$\langle \rangle$			
Bld 21 ———————————————————————————————————	pipe gaskets	X					$\langle \rangle$			
Vat/Mastic base of tanks base of tanks black sealant exterior pipe misc vessel misc structures transite 560 s/f FEB - 7 2017	Bld 21	X					$\langle \rangle$	_		
base of tanks black sealant 250 sf exterior pipe pipe 970 l/f misc vessel 400 s/f misc structures transite 560 s/f The provided HTML of the pipe 100 structure 100 str	_"_	X					$\langle \rangle$			
exterior pipe pipe 970 l/f misc vessel 400 s/f misc structures transite 560 s/f The pipe pipe 970 l/f Vessel 400 s/f The pipe vessel 400 s/f T	base of tanks	X					X			
misc vessel 400 s/f misc structures transite 560 s/f	exterior pipe	X			pipe		X			
misc structures	misc	X					X			
DECEIVED FEB - 7 2017	misc structures	X			transite		X			
DEGELVED					12					
DEGELVED										
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ASBESTOS CONTROL & LICENSING					The second secon	FEB - 7	2017		IJ	
ASBESTOS CONTROL & LICENSING					1009 25-1					
						ASBESTOS CO	VTRO	Lâ		
						LIGENSII	4 C			

		NOT	IFIC	ATIO	State of N	New Jers	Sey OS ARAT	TEMENT				9.77	<u></u>
Check#2708							and 5:16			<u>6</u> [5		\mathbb{W}	Ľ,
Date of Notification (1)				Nam	e of Buildir	ng Owner	Operator (2)					
02/	03 / 1	7			Property I				III F	EB -	7	201	7
Agencies Notified	Type Notification				et Address		111					-	
☐ EPA ■ DOLWD	☐ Amended								ASBES	STOS	CO	VTR	OL 8
☑ DHSS	Amendment :	¥		City,	State, Zip	Code				LICE			
DCA	☐ Emergency (i	ncludin	g g		enfield, N								
(NJAC 5:23-8)	justification) Cancellation				e of Conta				Telephone Nur	mber			
	Cancenation		-	_	aris Posac								
Name of Facility Where	Ahatement is Takir	a Diace	(2)	FA	CILITY	NFORM	ATION	TT 15	7.3				
Private house	, location of the Takin	ig Flace	(3)					Type of Facility School (K-1	AS IN A STORY				
Street Address								Subchapter	8 (Other than K-1	2)			
Company of the State of the Sta								Other (i.e., homes, etc.	private and comme	ercial bi	uildin	gs,	
City (5)						-		Square Feet	en la companya de companya de la companya del companya de la comp	T B	ldg. A	ae.	
Bergenfield, NJ 0762	I										-9	3-	
County (6)				Cou	nty Code (7)	(STATE L	SE ONLY)	Current Use (P	rior if being demol	lished)	- 0:		
Bergen Name of Monitoring Firm	a History D. D. D. D.		101										
Name of Monitoring Fini	i nirea by Bullaing	Owner	(8)	ASCN	No.	This says		ent Contractor (9)				
Street Address				L		Gr Tec							
							Address	202					
City, State, Zip Code							illey Rd #. tate, Zip Co						
						1	, NJ 0747						
Project Manager for Mor	nitoring Firm		Te	lephone	No.	Teleph			License No.		77		
Ct1 D-1- (40)						973-63	8-1777		01127				
Start Date (10)/		02	1		17	- Inner and the	of OSHA M vision Co	onitor nsultants,Inc					
Occupancy Status Durin							Address						
□ Facility Closed/Vacat □ Abatement Performer	d Outside of Norma	I Facilit	v Hni	irs - De	scriba			Road, Bldg .#	35E				
Time of Abatement:	AMP	M/	PN		_AM		ate, Zip Co						
Scope of Work (Check a	II that apply)	_				Fair La	wn, NJ 07		nation with negative	VA Drac	eliro.		
M >3 sf or >3 If	, ,	⊠ n.		er		H	Full Cont	ainment with Ne	gative Pressure	re pies	suic		
>3 sf or >3 If ≥ 160 sf or ≥260 If			nova molit			×	Mini-Encl Glovebac		Tent with Negativ	e Press	sure		
		1					Non-Exer	npted (*) and No	on-Friable Proced	ure	ı		
Location	of		Loca Norm	ally		Do	scription o	r		Ab	atem	ent T	уре
Asbestos-Containing TO BE ABA		Use	d So	lely by ance/		stos Con	taining Mat	erial (ACM)	Amount	Rer	Repair	Enc	Enc
IN Facil			todial	Staff?	(1.6	e., therma surfa	I systems in cing, VAT,	nsulation, or	(Specify SIF or LF)	Remova	pair	Encapsulate	Enclosure
(13)		-	(12)	-		miscellaneo		011 01 21 /	2		late	re l
		Yes	No		-								
Basement		\perp	Ш	\boxtimes	Pipe ins	ulation			45 LF				
X.											П	П	П
Name of Registered Was	ste Hauler		N.	JDEP Wast	e Hauler ID No	Cubic Ya	irds of Waste	Name of Regi	stered Landfill			-	
Gr Tech LLC				00337	85	TB	O	T.R.R.F. Inc					
City, State						Disposa	al Date •	City, State					
Wayne, NJ 07470						TB)	Tullytown, P	A				
Completed By (Print or T	ype) Titi	е				Sig	gnature	1		ate	-491.600		
N.Jevtic	Ow	ner						lewic Wen	ad 02	2/03/17	7		
Company of the Compan							1/						

Check#2709			NC	TIFI	CATI	State of	New	Jersey	ATEMENT	MEA	2 E	Π	W/	
				(Pursu	ant to N	JAC 8	3:60 and 5	16)) <u>(5</u>	Ш	U	L
Date of Notification (1) 02	03 /	17			Na	me of Build	ding Ov	vner/Operato	r (2)	III)	В -	7 2	017	
Agencies Notified	Type Notif		_		_	son Fairch					U	/ _	.011	
☐ EPA	Initial	ncation			Str	eet Addres	S			ASBES	TOS	2011	TDC	71
⊠ DOFMD	☐ Amend				0:1	0					ICEN			Л
☑ DHSS		lment #_		_	1	, State, Zij					THE PERSON	-		=
DCA (NJAC 5:23-8)	☐ Emerge	ency (incl	ludi	ng		ord, NJ 0								
Province	Cancel				1000000					Telephone N	umber			_
						on Fairch	200,007,000							
Name of Facility Where	Abatement is	s Taking I	Plac	ce (3)	Г	ACILITY	INFO	RMATION	T+					
Private house				- (-/					Type of Facil					
Street Address			_						School (K	-12) er 8 (Other than K-	1 2)			
									Other (i.e.	, private and comr	nercial	buildi	ngs.	
City (5)									homes, et					
Oxford, NJ 07863		-22.51							oquale Feet	# of Floors		Bldg.	Age	
County (6)	2		35.5		Cor	unty Code (7) (STAT	E USE ONLY	Current Use (Prior if being demo	nliehod		-	_
Warren	111						5450		1 200 1	or in being defile	JIISHEO,			
Name of Monitoring Firm	Hired by Bui	ilding Ow	ner	(8)	ASC	A No.	Nar	ne of Abaten	nent Contractor ((9)	No.			_
Street Address								Tech LLC		e-vell.				
officer Address								et Address					-	_
City, State, Zip Code							576	Valley Rd	#283					
,, - 12121 Z.p 0000							City	State, Zip C	ode					
Project Manager for Monit	toring Firm		_	Tol	ephone	M	Way	ne, NJ 074	70					
				1 01	epnone	NO.	1	phone No.		License No.			ACT POST	
Start Date (10)		Schedule	ed C	compl	etion D	ate (11)		638-1777 ne of OSHA I	1	01127				
02 /14 / _	17	02												
Occupancy Status During	Abatement ((Check or	nlv (one)			Envi	rovision Co	onsultants,Inc					
✓ Facility Closed/Vacated	d During Enti	ire Period	d of	Ahate	ement				D 1 DII					
Abatement Performed Time of Abatement:	Outside of N AM-	lormal Fa	cilit	у Ноц	rs - De	scribe	City,	State, Zip C	Road, Bldg .#	35E				_
		PIVI/_		PIVI		_AM		Lawn, NJ 0						
cope of Work (Check all t	that apply)		500	ZAVIE III				Clean u	and decontam	ination with negati	ve pres	SUITE		_
>3 sf or >3 If ≥ 160 sf or >260 If		\boxtimes	Re	novat	ion			Full Con Mini-End	tainment with Ne	gative Pressure				
] = 100 St 01 2200 IT			De	molitic	on		Ĺ	Gloveba	Procedure F	Tent with Negativ	e Pres	sure		
			Is	Locat	ion			☑ Non-Exe	mpted (*) and N	on-Friable Proced	ure	1		
Location of Ashestos Containing M	f	. ,	ħ	Vorma	lly			Description o	.f		Ab	atem	ent 7	
Asbestos-Containing Ma TO BE ABAT	ateriai (ACM ED	1) '	use Mai	d Sole	ely by nce/	Asbes	stos Co	ntaining Ma	terial (ACM)	Amount	Re	Re	E	
IN Facility		C	Cust	odial	Staff?	(I.e	., therr	nal systems i facing, VAT,	nsulation,	(Specify	Remova	Repair	caps	
(13)		-		(12)	T	1	othe	r miscellane	ous)	SIF or LF)	<u>a</u>		Encapsulate	
camant		Ye	es	No	N/A								0	
sement				Ц	\boxtimes	Duct insu	ulation	1		30 SF	\boxtimes	П	П	
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me of Registered Waste	Hauler		1	NJD	EP Waste	Hauler ID No.	Cubic	(ards of Masta	Name of Regis	terral I				
Tech LLC					03378				l comment	stered Landfill				
y, State					022/0	J	Dispos	al Date	T.R.R.F. Inc					
yne, NJ 07470									City, State					
mpleted By (Print or Type)	Title					TE	ignature /	Tullytown, PA					_
evtic		Owner						A. S.	utc Wena	1	ite			
41								//e	wic Wena	of 02/	03/17			

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

Date of Notification (1)									- 11		P -	8	
	1/18/17			Nam	ne of Buildir	ng Owner/Operato	TA Propert	ies					
Agencies Notified EPA	Type Notifica Initial	tion		Stre	et Address	3	268 Spruce A	110	ASB	EST	OS	C	
□ DEP	☐ Amended			City	State, Zip	Code	200 Spruce A	IVC.			ICEN	10	
⊠ DOL	Amendme Emergence	nt#_	-	J.c.y,	Otato, Lip		ple Shade, NJ	08052					
MOD DOH DCA	lustification	on)	9	Nam	ne of Contac		51440,110	Telephone	Number	N.		_	
_ 1004	☐ Ćancellatio	חנ			T	homas Taylo	r						
				F.A	ACILITY IN	FORMATION			-				
Name of Facility Where							Type of Facility	(4)					
Street Address	R	esidenti	ıal				School (K-1	2)	14 10)				
Sireel Address						31	Subchapter Other (i.e., p			ouildi	nas		
City (5)							homes, etc.)					
/ity (5)	Pennsau	iven 35	7 95	10			Square Feet	# of Floo	rs		g. Agg		
County (6)	1 Chrisac	IKCII, IN.	1 00		unty Code /	(7) (STATE	1200	<u>. </u>		bea.	8G+,	/-	
	Camden			US	E ONLY)	(1) (STATE	Current Use (P	rior if being o	iemolishe	d)			
Name of Monitoring Firm	m Hired by Buildi	ng Owner		ASCN	/ No.	Name of Abate	ment Contractor (9))				_	
8)	NA				2022-0020		vens Environi		rvices	Inc	: .		
Street Address						Street Address					-	=	
N. O. I.						·		322 Box 322					
City, State, Zip Code						City, State, Zip							
roject Manager for Mo	nitorina Cirm		1 7 7		N		Allentown	n, NJ 085	01			_	
Tojour manager for Mio	intolling Film		10000000	phone	No. 59-9688	Telephone No.	50 0600	License		100			
tart Date (10)	LSc	heduled C	-	-		Name of OSHA	59-9688 Manifest	l 	004	.93		_	
1/31/17	"		2/3/1		ate (11)	Name of OSHA		ECS					
ccupancy Status Durin	ng Abatement (C	heck only	one)	,		Street Address	141.	LCS		-		_	
Facility Closed/Vacat	ted During Entire	Period of	Abate	ment			PO B	ox 341					
Abatement Performe	d Outside of Non	mal Facilit	y Hour	'S		City, State, Zip C	ode					=	
Other - Describe:							Crosswick	s, NJ 085	515				
cope of Work (Check a	all that apply)					□ Eull Cor	ntainment with Neg	etive Dress					
≥3 sf or ≥3 lf 2≥160 sf or ≥260 lf			novatio				closure	jative Presst	ire				
] ≥ 160 st or ≥260 lf			molition			- Clause							
				11		Non-Evi	g Procedure	. Eriabla Dra					
		Is L	ocatio	n		Non-Ex	empted (*) and Nor	n-Friable Pro	cedure	Aha	temer	nt	
Location	of	Is L	omally	n		Non-Ex	empted (*) and Nor	n-Friable Pro	cedure		atemer Type	nt	
	Material (ACM)	Is L No Used Main	omally Solely itenanc	n by ce/	Asbesto	Description of os Containing Mat	empted (*) and Nor	n-Friable Pro	cedure		Гуре		
Asbestos-Containing N TO BE ABAT	Material (ACM) TED	Is L No Used Main Cu	omally Solely	n by ce/	Asbesto	Description of os Containing Mat thermal systems in	empted (*) and Nor	Amount (Specify		T	Гуре		
Asbestos-Containing N	Material (ACM) TED	Is L No Used Main Cu S	Solely stenance stodial	n by ce/	(i.e., t	Description of os Containing Mat	ernal (ACM) nsulation, or	Amount		T	Гуре		
Asbestos-Containing M <u>TO BE ABAT</u> IN Facility	Material (ACM) TED	Is L No Used Main Cu S	Solely Solely itenanci istodial staff?	n by ce/	(i.e., t	Description of os Containing Mat thermal systems is surfacing, VAT,	ernal (ACM) nsulation, or	Amount (Specify	2	T	Гуре	7	
Asbestos-Containing M TO BE ABAT IN Facility (13)	Material (ACM) TED /	Is L No Used Main Cu S	Solely Solely itenance istodial Staff? (12)	n by be/	(i.e., t	Description of os Containing Mat thermal systems i surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or us)	Amount (Specify SF or LF)	Kemoval	Demoval	Гуре	1	
Asbestos-Containing M <u>TO BE ABAT</u> IN Facility	Material (ACM) TED /	Is L No Used Main Cu S	Solely Solely itenanci istodial staff? (12)	n by be/	(i.e., t	Description of os Containing Mat thermal systems is surfacing, VAT,	erial (ACM) nsulation, or us)	Amount (Specify		Demoval	Гуре	1	
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Asbestos-Containing M TO BE ABAT IN Facility (13)	Material (ACM) TED /	Is L No Used Main Cu S	Solely Solely itenance istodial Staff? (12)	n by be/	(i.e., t	Description of os Containing Mat thermal systems i surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or us)	Amount (Specify SF or LF)	Kemoval	Demoval	Гуре	1	
Asbestos-Containing N TO BE ABAT IN Facility (13) Exterio	Material (ACM) TED Or	Is L No Used Main Cu S	Solely stenancistodial Staff? (12)	n by be/	(i.e., t	Description of os Containing Mat thermal systems is surfacing, VAT, other miscellaned	erial (ACM) nsulation, or us)	Amount (Specify SF or LF)	Kemoval	Demoval	Гуре	1	
Asbestos-Containing M TO BE ABAT IN Facility (13) Exterio	Material (ACM) TED Or ste Hauler	Is L No Used Main Cu S	Solely stenancistodial staff? (12)	n by ce/	Vaste No.	Description of os Containing Mat thermal systems is surfacing, VAT, other miscellaned. Transite Sid: Cubic Yards of Waste	erial (ACM) nsulation, or us) Name of Regist	Amount (Specify SF or LF) 900 sf	Kemoval	Pemoval	Гуре	7	
Asbestos-Containing M TO BE ABAT IN Facility (13) Exterio	Material (ACM) TED Or ste Hauler	Is L No Used Main Cu S	Solely stenancistodial staff? (12)	n / by ce/	Vaste No. 92	Description of os Containing Mat thermal systems is surfacing, VAT, other miscellaned. Transite Sid: Cubic Yards of Waste 3 CU	erial (ACM) nsulation, or us) Name of Regist	Amount (Specify SF or LF)	xemoval X	Pemoval	Гуре	7	
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Asbestos-Containing N TO BE ABAT IN Facility (13)	Material (ACM) TED Or Ste Hauler nental Service Allentown,	Is L No Used Main Cu S (Yes es, Inc.	Solely stenancistodial staff? (12)	n/A N/A DEP Wuler ID	Vaste No. 92	Description of os Containing Mat thermal systems is surfacing, VAT, other miscellaned. Transite Sid: Cubic Yards of Waste 3 CU	erial (ACM) nsulation, or us) Name of Regist City, State	Amount (Specify SF or LF) 900 sf	Landfil	Removal	Гуре	1	

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

NO CK

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

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Water State	FEB	-	7	2017	7	
ASB	EST(DS (00	NTA VG	OL 8] &
	ASB	FER	FEB -	FEB - 7		FEB - 7 2017

Data of Natification (4)										LI F	EΒ	- /	20	17
Date of Notification (1)	/17			Nam	e of Buildir	ng O	wner/Operator							
		,,						TA Propert	ies	ASBES	TO	3 00	TMC	nol
	ype Notific	ation		Stree	et Address			260.0			LICE	ENS	NG	
	Initial Amende	d						268 Spruce A	ve.					
⊠ DOL	Amendm	nent#		City,	State, Zip	Code		1 01 1 277	000=	•				
⊠ DOH	Emerger justificat	ncy (includin	g)				Map	ole Shade, NJ						
DCA	Cancella			Name	e of Conta		m 1		Teleph	none Numi	per			
					1	hon	nas Taylor	<u> </u>	_		r 7			
				FA	CILITY IN	FOR	MATION							-
Name of Facility Where Aba			50.00					Type of Facility	(4)					_
]	Resident	ial				3.	School (K-1)	2)					
Street Address								Subchapter						
								Other (i.e., p homes, etc.		commerci	al buil	dings		
S:5/(5)		-		-			-	Square Feet		loors	ТВ	lda 1	ge -	
	Pennsa	uken, N.	081	10				1200	ſ	1	Í_	80	+/-	- 18 m
County (6)	741			Cour	nty Code (7) (STATE Current Use (Prior if being demolished)								
Came	den			USE	ONLY)	rosti (A)	33			~	76			
Name of Monitoring Firm Hire	T	ASCM	No.	Na	me of Abatem	ent Contractor (9))							
(8) N				_	Stev	ens Environn	nental	Service	s, Ir	C.				
Street Address			Str	eet Address										
						PO B	ox 322	2						
City, State, Zip Code						City	y, State, Zip C		The second second					_
								Allentown	1, NJ (8501				
Project Manager for Monitori	ing Firm		Tele	phone	No.	Telephone No. License Ne-								
			(60	9) 25	9-9688	_	(609) 25	9-9688		0	0493	3		
Start Date (10)		Scheduled C	omple	tion Da	te (11)	Name of OSHA Monitor								
1/31/17		(3	3/31/	17				M.	ECS					
Occupancy Status During Al	batement (Check-only	one)			Str	eet Address							
★ Facility Closed/Vacated D	During Enti	re Period of	Abate	ment				PO B	ox 34	1				_
☐ Abatement Performed Out	utside of No	ormal Facili	y Hou	rs		City	y, State, Zip C	ode						
Other - Describe:						Crosswicks, NJ 08515								
Scope of Work (Check all the	at apply)													
>3 sf or >3 lf		ПР	enovati	ion			☐ Full Con	tainment with Neg	gative Pr	essure				
≥160 sf or ≥260 lf			emolitic				Gloveba	g Procedure						
							Non-Exe	empted (*) and No	n-Friable	Procedur				
			Location or ally								A	bate. Typ	ment	
Location of			Sole				Description of					1 91		
Asbestos-Containing Mate			ntenan				ontaining Mat		Amo		1		Ш	_
TO BE ABATED IN Facility		1277	ustodia Staff?	11	(i.e.,		mal systems in rfacing, VAT,		(Spe		Rer	Re	nca	nc
(13)			(12)				er miscellaneo		0, 0	,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>	7	late	Ire
		163	INO	INIA						890				
Exterior		_	×			Tı	ransite Sid	ing	900) sf	×			
Name of Registered Waste Hauler NJDEP Waste					3/10.28									
Stevens Environmental Services, Inc. Hauler ID No. 18292					292	of \	Waste 3 CU		GROV	WS Lan	dfill			
City, State					Dis	posal Date	Çity, State						=	
Allentown, NJ							3/31/17	601	Morr	isville,	PA			
Completed By		Title) ·		Signature	1 /1	/	Date				=
Mahlon E. Steven	ns	P	rojec	t Mar	nager		114				2/3	/17		
		Valuation of the same of the s						-		1				

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

UC 3950

Date of Notification (1)		Name	of Building Own	er/Onemtor (2)					
2/3/17					TY 2003	LUEDEF	. Parl	5 1	W	ß
Agencies Notified Type Notification	1		Address	1100	1 3		107	<u> </u>	- 1//	
□ EPA ☑ Initial		. (P.O. BO	× 94	Ю	11				
D DEP	55	City,	State, Zip Code	1.4	2 -	A STATE OF THE STA	FEB	- 7	201	7
Ø DOL Amendmen ☐ Emergency	The second secon	-		NY	1095	2-				
DOH justification)		of Contact			Talanhama h	T L			
□ DCA □ Cancellation	n .	20	SCHUSS	ELFEUD			LIUE	NSI	VT-i	
Name of Facility Where Abatement is Taking	Place (3)	FAG	CILITY INFOR	MATION	Type of Facility			11011		
EXECUTIVE PROPERTY Z		e. Et	. 4.		□ School (K-					
Street Address	200		1,100		☐ Subchapter	8 (Other than K-1				
254 JOHALEMON	AJE				Other (i.e.	private & commen	cial build	lings, h	omes,	etc.)
City (5)					Square Feet	# of Floors		Bldg.	Age	
BELLEVILLE			21 3 x		18.000	3		7	070	MRS
County (6)			Code (7)			or if being demolis	hed)			
ESSEX			E USE ONLY) _			25				
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	CM No.		of Abatement Con					
Street Address					st Removal	lnc				
Street Address					Address	~				
City, State, Zip Code					0 South Rive tate, Zip Code	er Street				• •
				1 358	kensack, NJ	07601				
Project Manager for Monitoring Firm		Teleph	one No.		one No.	License	No			
, , , , , , , , , , , , , , , , , , , ,		Totopia	one rvo.		201-329-744		00388			
Start Date (10)	Scheduled C	ompletion]	Date (11)	Name o	of OSHA Monitor					
2/15/17		2/16/	77	On	nega Enviror	nmental				
Occupancy Status During Abatement (Check C				Street A	Address					
☐ Facility Closed/Vacated During Entire Pe	riod of Abaten	ent	**	28	0 Huyler Str	reet				-
☐ Abatement Performed Outside of Normal ☐ Other - Describe: _ SAM To S	Facility Hours				ate, Zip Code	1 311 077	00			
				. 80	outh Hackens	sack, NJ U/6	000			
Scope of Work (Check All That Apply)		114				The state of the s				
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		ovation olition			Full Containme Mini-Enclosure	ant with Negative	Pressure			
		ionaon			Glovebag Proc	edure				
			1		Non-Exempted	(*) and Non-Frial	ole Proce	70.00		
	11	cation						1	ement ype	
Location of Asbestos-Containing Material (ACM)	200000000000000000000000000000000000000	mally olely by	A shortes C	Description	of aterial (ACM)	Amount		T	İ	П
TO BE ABATED		enance/			ation, surfacing,	(Specify	Re	7	Enc	En
In Facility (13)		12)	oti	VAT, or ner miscellane	eone)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
S2	Yes 1	7- 27/4	-	ici iiiisconari	was)		<u>a</u>	-	late	ıre
	165 1	lo N/A				VN.	-	-		
BASEMENT BOLLEROOM		-	THE LMAC STE	TEY, NS.	ILTION	2041	_	-		
BASEMENT GASHETER NOOM			THERMAL SY	STEM IN	SULATION	506	FX	-		H
Name of Registered Waste Hauler		NJDEP W Hauler ID		bic Yards Waste	Name of I	Registered Landfill		`		
Best Removal Inc		171		2	/20 N	linverva Ent	erpris	es, L	LC	
City, State				posal Date	City, State					
Hackensack, NJ 07601				2/16/17	7 Wayı	nesburg, OH	4468	8		
Completed by	Title			Signature	^		Date		1	
J. Maiorano	Estir	nator		IVA	المناهدة نعا		2	/3	17	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) JA Neary Excavating 1/27/17 Street Address Agencies Notified Type Notification 330 Lincoln Boulevard EPA Initial City, State, Zip Code × DEP Amended ASBESTOS CONTROL & Amendment # Middlesex, NJ 08846 DOL Emergency (including Name of Contact DOH justification) Phil Sabatino DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 1346 Route 23 etc.) City (5) Square Feet # of Floors Bldg. Age 3100 Wayne 1 63 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/6/17 3/31/17 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount -Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify rcapsulate Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A shed north of main building roofing 300 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Freehold Cartage Western Berks Landfill 15939 TBD City, State Disposal Date City, State TBD Freehold, NJ Birdsboro, PA Completed by Title Signature Date A. Scott Higgins President 1/27/17

82/83/2817 83:59PM 2613297448

BEST REMOVAL INC

PAGE 82/84

BEST REMOVAL INC

		State	of New Jore	ল্	*********	C1	1382E	G	E		W
16	NOTIFIC (Pa	O MOITA	Basesto NJAC 8,60 p	is abatem ine 12:220)	ENT		151				7.77 d
E of Neofficiation (1) 2/3/17	N			CALOR		SCAR	RT	1111	- 1		
males Notified Type Notification	8	reet Addre	164				ASB	EST	00	06	NE
EPA Initial DEP Amended Amendament #		Chry, Beaus,	Zip Code DGEN	ومود		13.	07450	-	E	1	
DOM justification DCA Concellation	1.5			SCAL	47		Telephone Nukatik		7.		1
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me of Manineing Firm Rived by Building Own	er (8)	ASCM)	No.			apsi Contrac					
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vet Address						h River	Street				,.
ry, State, Zip Code				City.	State Zip	2056			NEW Y		
•••						sk, NJ 0	7601 License No.				\dashv
roject Manager for Monitoring Pitto		Telephone		1		9-7444	003	88		_	
BILLE POINTS (T.C.)	Schoduled Comp	pletion Des	1 (11)		MOSHA	DAILDEL Moulton	nental				
7 6/17 company Status During Absonment (Check Onl		111		Street	Address		,				
- 35 Constituented Paring Paring Paring	of Abetement		9			ler Stre	et.				
Abetement Periormed Outside of Normal P	South House			Cay.	State, Zip South F	code lackense	ck, NJ 07606	_			
cope of Work (Check All That Apply)		•					it with Negative Press	LI LITTO			
23 st of 23 lt 2 ≥ 160 st or ≥ 260 lt	Renova D Demoii			-	Minu	- Enaclosure		Pest			
1 Shorter or Execut	-			-	E Glov	ribag Proso Exempted	iuse (*) and Non-Princht E	ruenda	100		
	ls Locs				- 178				Abata		
Lossion of Ashesso-Consisting Memoral (ACM) TO BE ABATED In Pacificy (13)	Pierms Used Soli Mainton Cumpital (12)	ally sly by ancer 3mil?	Asbesto (i.e. therm	Description Consisting of systems in VAT, other miscell	or Subscion, su Managridi Managrid Managrid Managrid Managrid Managrid Managrid Managrid Managrid Managrid Managrid Managrid M	ACM) inholog,	Amount (Specify SF or LF)	Removal	Rigain	Bhagadde	Emdanse
(.5)	Yes No	N/A								R	
BASSIENT		Action States	TECHN	L System	91226	w. all	GOLF	×			
	+-							-			
	+	-			-						
Name of Registered Westo Haufer Bost Removal Inc		NIDEP W Hander ID	No.	Cubic Yards of Wasts Z	1207	36	Angustered Landfill Inverva Enter	pris	es, L	LC	
City, State		2,4		Disposal De	116	City, State	nesburg, OH 4		8		
Hackensack, NJ 07601				- 1 -	1						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check # 11509

Date of Notification (1					Owner / Operator (2									
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⊠DOH	Amended Amendment	#	Attantic	City, No	00401	18401								
DCA	Cancellation	_		of Contact		i i	ASDES TOS TELE	phone	Nun	ber				
	N-CC		William	Malazita										
			FAC	ILITY IN	FORMATION									
Name of Facility Whe AtlantiCare Regiona		g Place (3)	Type of Facilit											
Street Address	Nedical Center					oter 8 (Other than k	(-12)							
1925 Pacific Avenue														
		:tt:			Square Feet	# of Floor	s Bldg.			570				
City (5)					Current Use (Current Use (Prior if being demolished)								
Atlantic City, NJ					Hospital	Filor is being derice	maried)							
County (6) Atlantic		County Code USE ONLY_	(7)											
Name of Monitoring F Hillmann Consulting	irm Hired by Building	Owner (8)		ASCM N	Alternative and the second second second second second second second second second second second second second	Name of Abatement Contractor (9) Synatech, Inc.								
Street Address	,,			1	Street Addres	Street Address								
1600 Route 22 East,						829 Radio Road City, State & Zip Code								
City, State & Zip Code Union, NJ 07083	3				Little Egg Ha	rbor, NJ 08087								
Project Manager for N	Telephone Nu 609-296-6916		License Numb	er 00817	7									
Stephen Cherepany Scheduled Start Date	Name of OSH		1.00											
February 17,	Synatech, Inc				-									
Occupancy Status Du	uring Abatement (Chec ed/Vacated During Ent	k only one) ire Period of A	Abatemer	nt	Street Addres 829 Radio Ro									
	Performed Outside of N				City, State & 2	Zip Code								
Other - Des	cribe:				Little Egg Ha	arbor, NJ 08087								
Facility Occu	pied During Abatemer	nt		e 3 15						_				
Scope of Work (Chec	k all that apply)					Eull Containment	with Negative Pressu	IFA						
≥3 sf or ≥ 50 lf			Renovation	on		Mini-Enclosure	With Negative 1 10000							
≥160 sf or ≥26	O If		Demolitio	n		Glovebag Proced	ure							
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	cation of	Is Locati	on Norma y Mainter	illy Used	Descript Asbestos-C		Amount (Specify	Ab	ateme	ent T	Гуре			
	ining Material (ACM) E ABATED		dial Staff		Material ((ACM)	SF or LF)	L						
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	(13)				or other misc			₹em	Repair	cap	nclo			
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		Yes	No	N/A				-		te	0			
Hallway, Starting at	Gym 1 Door			Х	Floor Tile ar	nd Mastic	216 SF	Х						
					Ti Ti									
Name of Registered	Waste Hauler	NJDEP \		Cubic Y	ards of Waste	Name of Registe	ered Landfill							
Synatech, Inc.	54.0		429	6		Fairless Hills								
City, State				Disposa	al Date	City, State								
Little Egg Harbor, N	IJ 08087			March 2	20, 2017	Morrisville, PA								
Completed By	Title			Signátu	re . // /		Date							
Diane Aloia	Exec	utive Admini	strator	NO	ane alors	RT F	ebruary 3, 2017							

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

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] EPA] DOLWD	☐ Amended				e, Zip Cod			-		10.00				-+	
DOH	Amendment #				City, NJ										
DCA	☐ Emergency (in	ncluding	100		Contact		Telephone Number								
(NJAC 5:23-8)	justification)		1		ny DeFi	20	5-5-5 dec.5893								
	☐ Cancellation				36%						-				
				FACIL	ITY INFO	ORMATION	Tunn of	Facility (4)			-				
ame of Facility Where	Abatement is Takin	g Place (3)			=	The state of the s	ool (K-12)							
Apartment Buildin		T Cube	shantar 8 (C	ther than K-1	2)										
Street Address		☐ Othe	er (i.e., priva	te and comm	ercial t	ouildi	ngs,								
4500 Kennedy Ave	nue							ies, etc.)	# of Floors	1	3lda	Ane			
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Union City						77	50,00		6 80					_	
				County	Code (7)(-	STATE USE ONLY)			if being demo	olisnea	ł.				
County (6) Hudson						Apartments									
Name of Monitoring Fire	- Hirad by Building	Owner (8)	IA	SCM No	0.	Name of Abatem									
Name of Monitoring Fill	n miled by ballating	a Service	25			Shade Envir	onment								
Mgmt. & Environm	iental Consultin	g oci vioc				Street Address									
Street Address						623 Cutler Avenue									
PO Box 341						City, State, Zip Code									
City, State, Zip Code						Maple Shade, NJ 08052									
Chesterfield, NJ 0			T 1	hann N		Telephone No. License No.									
Project Manager for Mo	nitoring Firm			hone N 9-298-		856-755-0099 00842									
Bill Weisgarber						Name of OSHA									
Start Date (10)		eduled Co						ıc.							
02 / 13	/ _17	02_ /	14	_ ′ _	17	EMSL Analytical, Inc.									
Occupancy Status Dur	ing Abatement (Che	eck only or	ne)			Street Address	00 11 4	t.							
M Facility Closed Vac	ated During Entire I	Period of A	bater	nent	22	200 Route 130 North									
Abatament Perform	ed Outside of Norn	nal Facility	Hours	s - Desc	cribe	City, State, Zip Code Cinnaminson, NJ 08077									
Time of Abatement	:AM	_PM/	_PM-		AIVI	Cinnamins	on, NJ 0	8077				10000			
Scope of Work (Check	all that apply)					F7 = 110		at with Noas	ative Pressure	2					
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≥3 sf or ≥3 lf		⊠ Rer	novati nolitic			T Clayer	an Proce	edure							
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TO BE A	BATED	100000		Staff?	1	surfacing, V	AT, or	or SFOILF))	a		ulat	C	
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7	AL IIII		14	NJDEP	Waste	Cubic Yards o			tered Landfill						
Name of Registered \				Hauler I		Waste			nd County I		III				
Freehold Cartag	е	-		1593	9	1 Diapasal Date	2	y, State					- STORE		
City, State						Disposal Date		vewburg,	PA						
Freehold, NJ						2/14/17	- 1	*cwbuig,		Dat	Δ				
Completed By (Print	or Type)	Title				Signature		1		1000					
Christina Lynch	0000	Vice P	resid	lent of	Operati	ons ()A	2/18		>	2	13,	117		_	

Christina Lynch

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013	115		TION OF A	New Jergey SBESTOS ABA IAC 6:60 and 6:1			FFB -	7 <u>.</u> 2
Date of Notification (1	3 / 4		Name of Build The YMCA	Ing Ow/ner/Operator	(2)		SBESTOS C LICIEN	10 N
Agendies Natified EXI EPA	Type Notification	١	Giraci Address		4 1000 ga			_
図 DOLWD	☐ Amended				P. 11 11 000	1 1		_
Ø DOH	Amendment	ø	Chy, State, Zip			1 1/1/51 1	12 - 1 0 - 1	1
□ QCA	Emergancy (including	Wedford, R					0.240
(NJAC 5;23-8)	justification)		Name of Cons			Telephone Num	blir	
			1.17					
Name of Facility When	& Altoforment in Table	na Dinas /31	PAGILITY	INFORMATION	THE 170 A 200	//:		
Camp Ockinicko		uñ Lipce (3)			Type of Facility	4		
Street Address	1			-,	Gahool (K-1)	t) 8 (Other than K-12	N .	
1303 Stokes Res	4				Other (hen p	ก่งผู้ใช สกษ์ เมลาเกล	rolal buildings.	
City (5)	9				hamas, acc.	1	(3)	
Medford					Square Foot	N of Floors	Bidg. Age	
County (6)			6 (6 (10,000	1	80	
Burlington			Conuth Code	MARTATE USE ONLY	Current Use (Pr	ior if ballig demols	। । । । । । । । । । । । । । । । । । ।	
Name of Monitoring Fir	m Mired by Building	Owner (8)	SCM No.	Name of Abatum	ent Contractor (9)			1.11
MDG Environmen				D 03 50	onmental, LLC			
Street Address				Street Address				1
boowslqsM 0001	Drive, Suite 270			823 Cutler A	Janua.			1
City, Stele, Zip Cate		16 1 10 10		City, State, Zip C			1	
Maple Shade, NJ	08052			Maple Shade				- 1
Project Manager for Mo	nhoring Firm	Yelep	hone No.	Telephone No.		License No.		_
Chria Maori		886	-766-9300	858-766-0098	1	00842		
Start Date (10)	Sche	duied Complette	on Date (11)	Name of OSHA N	ionitor			
02 / _08_		02 / 07	/ _17	EMSL Analyt	ical, Inc.			
Occupancy Status Durin			1.	Street Address				-
Tability Closed/Veca	led During Sittire Pa	riod of Abatam	enl	200 Route 13	0 North			
☐ Abalament Performs Time of Abalamant	AM- P	Featily Hours	- Describe	City, State, Zip Co			W (1)	
Scape of Work (Chack				Cinnaminson	, NJ D8077			
acribe of sacik (Cueck (an that abbid)			P Full Care	alnmant with Neu	stive Dressure		
전 23 sfor 23 ff 집 2160 klor 2260 N		Renovetlor Demoilson	i Z	☐ Mini-End	osure repositure			
		Is Lecation		EN NON-Exe	Tiples (") and Nor	-Frishle Procedun	2000	
Lucullar	n of	Normally		Description of			Absensed Ty	
Asbedios-Containing TO BE AB	Material (ACM)	Meintersen	by Aste	satos Containing Mai 1., thermal systems i	erial (ACM)	Amount (Specify	Repair	Errab.

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Luculion of	10.0	Norma Norma					Absternent Type					
Asbedio-Containing Majorial (ACM TO BE ABATED IN Facility (13)) Use	ed Bak	aly by enca/ Staff?		Description destos Containing M i.e., thermal systems surfacing, VA) other mines lane	eterial (ACM) insulation, I, or	Amount (Specify SF or LF)	RIETYDY 3	Repair	Encapsulate	BILLY BOX 28.13	
	You	No	NIA							1		
Dining Half		X		Ceme	nt Board	1	512	Ø	0			
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				1				П	17	11	1'1	
Name of Registered Wests Hauler Freehold Cartage 15839				No.	Cubic Yards of Waste	Namo of Regis	lered Landsill d County Land	Mai			Led	
City, State Freshold, NJ					Diaposat Dale 02/07/2017	City, State Newburg, F	PA					
Completed By (Print or Type)		Signature		· · ID:	16			-				

* Do not use this form for sase stos licensure exempted activities.

Vice President of Operations