'hlan	N		ATION	e of New DEASBES NJAC 8:	STOS AB				E	CE 1	2 20	L	Prin	JF0
Date of Notification (1)		1 33		Building O	wner/Ope	erator	(2)	UL		1 6 4		10	-	1
02-07-2018			Mark So						J. W.Z. W. W.			201		
Agencies Notified Type N	Votification	5	Street Add	dress					ASE	BESTOS C	SING	HUL	Č.	
EPA In	iitial mended		City, State	e, Zip Cod	e						a Attractor	S S A S A S A S A S A S A S A S A S A S	- 042 08 7504	
X DOL A	mendment #	_ '	Westfie	ld NJ 07	7090							- 1322		
X DOH ju	mergency (including istification)	11 3	Name of C						T-1		har			
DCA C	ancellation		Mark S	oldati ITY INFO	DMATION	V.			-		-			
Name of Facility Where Abateme	ent is Taking Place (3)		FACILI	II I INFO	KWATIO	·	Туре о	f Facility (4)					
Private Dwelling								chool (K-12						
Street Address								ubchapter 8	Othe	er than K-12 & commercia	!) al build	inas. I	nomes	S.
							e e	tc.)						
City (5)							Square	e Feet	# of	Floors	Bi	dg. Ag	je	
Westfield NJ 07090		- 1	County C	odo /7\			n/a Curren	t Use /Prior		ng demolish	ed)			_
County (6) Union			County Co	ode (7) SE ONLY)		_		te Dwelli		20.110.101	/			
Name of Monitoring Firm Hired b	by Building Owner (8)		ASCM	No.	1	Name	of Abat	ement Cont	ractor	(9)				
Standard Environmental	23							tracting L	LC					
Street Address					1000		Address BOX 7							
2108 Fulton St							State, Zip							
City, State, Zip Code Brooklyn NY 11233								PARK nj	0742	24				
Project Manager for Monitoring F	Firm	Τ.	Telephon	e No.			hone No			License N	0.			
Kayode Adefisoye			347-24	1-7673			-692-6			01266				
Start Date (10) 02-08-2018	Schedule 02-10-2		pletion D	ate (11)	1335			A Monitor tracting L	LC					
Occupancy Status During Abate	ment (Check Only On	e)	100		100		Addres						34. 77	
Facility Closed/Vacated Du	ring Entire Period of A	batem	nent			1 / 100	BOX 7							_
Abatement Performed Outs Other – Describe:	side of Normal Facility	Hours			_		State, Zi odland	Park NJ	0742	24				
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X R	enova emolit					Min Slo	i-Enclosure vebag Proc	edure	n Negative F			е	
	ls	Locati	ion										ement pe	
Location of	N Use	lormal d Sole	ly			criptio		(40:1)	65	\		1 9		
Asbestos-Containing Materia TO BE ABATED	al (ACM) Mai	intena	nce/		tos Conta thermal s				(Amount Specify	Re	Z	Encapsulate	<u>-</u>
In Facility	Cust	odial 5 (12)	Staff?		surfaci other mi				S	F or LF)	Remova	Repair	nsq	Eliciosula
(13)			1		outer in	SUCIIC	ineous)				<u>a</u>	7	late	ā
Decement	Yes	No	N/A x		Pipe I	Insul	ation		-	40 LF	X			
Basement		_			1 100 1	11001								
			1											
			-									-		
			LIDED	lanta	Cubic Y	/ards		Name of	Reniet	tered Landfi	11			
Name of Registered Waste Hau Amax Contracting LLC	iler	1	NJDEP W Hauler ID 1036184	No.	of Wast			Fairles			5			
City, State			50010		Disposa	al Dat	e//	City, Stat	е					
Woodland Park NJ 07424					02-15		1 11	Morrisv	ille F	PΑ				
Completed by	Title				Si	gnaty	łe ,	\sim			ate	2044		
Tome Maslarkov	Proje	ect M	anager		1	11	C		~	(2-07-	2018	3	

Date of Notification (1) Agencies Notified Type Notified Agencies Notified Initial DEP Initial Amencies DOL Amencies Amencies Notified Amencies Amencies Notified	ed menr#		Name of Building Ow Street Address City, State, Zip Code Characterists	mer/Operator (2)		ASBES	B 1	2 2018 CONTROL
DOH Justifice	ition) ation		Name of Contact /	111 /0) (7 8007 Telepho	ne Numb	er	
Name of Facility Where Abatement is Tak Resident Street Address	ing Place ((3)	FACILITY INFOR	Type of I	Facility (4)			
City (3)		. , , ,		∫ □ Sub	chapter 8 (Other than er (i.e. private & comn	nercial bu		
County (6) Cander	5	1 (County Code (7)	250			Bidg	Age
Name of Monitoring Firm Hired by Building Street Address	Owner (8)	ASCM No.	Name of Abasemen	t Contractor (9)) hun		7: 100
City, State, Zip Code				Street Address /212 Dic 2 City, State, Zip Code	lington	Mile	-11116	71 / 👊
Project Manager for Monitoring Firm		Te	elephone No.	Telephone No.	Licens	250 e No.		-
Start Date (10) 2 / 1/8 Occupancy Status During Abatement (Check C	1 2	led Complet	ion Date (11)	Name of OSHA Mon				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:		atement ours		Street Address City, State, Zip Code				
Scope of Work (Check All That Apply) 3 sf or >3 If				,				
.☑ ≥160 sf or ≥260 If		Renovation Demolition	*	☐ Glovebag Pro	ocedure			-
Lecation of Asbestos-Containing Material (ACM) TO BE ABATED	Used	Location formally I Solely by	Desc.	ning Material (ACM)	ed (*) and Non-Friabl	1	re Abatem Type	
In Facility (13)	Custo	intenance/ odial Staff? (12)	(r.e. thermal system V other mi	as insulation, surfacing AT, or scellaneous)	Amount (Specify SF or LF)	Removal	Repair	Enclosure
O: ASIde	Yes	No NA	Siding		2500 SF	-	ate	Ire
)					
Name of Registered Waste Hauler		NJDEP W	No. of Waste	ls Name of R	egistered Landfill			
City, State Completed by	,	2084	7 Disposal Di		ot PA)		***************************************
SE-1 (R-06-08)	ide K. Rit	sident.	Signat		Date	18	1/18	3

no ch		NOT		MOITA	OF AS	ew Jersey BESTOS ABA ⁻ AC 8:60 and 5:1	The second secon	DEG	ם פ	\mathbb{V}	E	
Date of Notification (1) 1 / 17	/18	3		A 22 Y 22 Z		g Owner/Operator mmunications	(2)	III FEB	1 2 2	2018		U
☐ EPA ☐ I ☐ DOLWD ☐ A ☐ DOH	e Notification nitial Amended Amendment #			28- City, S	t Address 34 3 rd Av State, Zip 0		a de la companya de l	ASBESTOS LIGE	CON		L&	Secondary was
(NJAC 5:23-8) j	Emergency (ir ustification) Cancellation	ncludin	g	Name	of Contac x Baylor	t		Telephone Num	ber			
				FA	CILITY IN	IFORMATION		28			. 5	
Name of Facility Where Abate Verizon Long Branch C Street Address 28-34 3 rd Ave			€ (3)					12) er 8 (Other than K-12 private and comme		uilding	gs,	
City (5) Long Branch						7	Square Feet 19,500	# of Floors		dg. A	700	
County (6)				Cour	nty Code (7)(STATE USE ONLY)		Prior if being demoli		1-50		70,500
Monmouth					,	nonne ode onen	Verizon	Thor it being deriven.	,,,cu,			
Name of Monitoring Firm Hired	by Building (Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)				
TTI Environmental Inc							VIRONMENT	AL, INC.				
Street Address 1253 North Church Stre	et					Street Address 1123 BEAVE	D STDEET					
City, State, Zip Code	<u> </u>		-			City, State, Zip C						12 (20 00 00)
Moorestown, NJ 08057						BRISTOL, PA						
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephone No.		License No.				
Kristopher Smith				09-313		215-788-6040)	00509				
Start Date (10)					ite (11)	Name of OSHA N						
2 / 8 / 18				2_ / -	18		VIRONMENT	AL, INC				
Occupancy Status During Abat Facility Closed/Vacated During				mont		Street Address	D CTDEET					
Abatement Performed Outs Time of Abatement:	ide of Normal	Facilit	y Hou	s - Des	scribe	City, State, Zip Co BRISTOL, PA	ode					
Scope of Work (Check all that a	apply)					BRISTOL, FA	(13007					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	620		enovati emolitio			Mini-Enc Gloveba	losure g Procedure	egative Pressure	re			
10 E 2		1975	Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Materi TO BE ABATED IN Facility (13)	al (ACM)	Use Ma	Norma ed Sole intena todial (12)	ely by nce/		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement Generator Area					Pipe Ins	sulation	100 to	350 LF				
Basement Generator Area					Floor Ti	le & Mastic		30 SF				
Name of Registered Waste Hau SERVICE TRANSPORT (). D.	500	JDEP V auler III 20990	O No.	Cubic Yards of Waste	Language Company (Company)	gistered Landfill				
City, State				20330		Disposal Date	City, State					
NEW CASTLE, DE						TBD	WAYNES	BURG, OH				
Completed By (Print or Type) Dillan DeCaro	Title	stima	tor			Signature Dilla	n De Can	0/M DE	7 - 8 DV	P-1	P	
ASB-41 XX ON SITE 2/	8/18 .	Do not	use th	is form	for asbesto	os licensure exemp	ted activities.		DE	218	où	14

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

								40 0.00 and 5.	080000 # 00	11	1	/					1	
Date of Notification (1) 1 /	17 /		18		N			ng Owner/Operator mmunications	(2)			Total Control	EB	1 2	2	018		Legi
Agencies Notified	Type Not	ificatio	n		S	treet Add	ress					1					-	
⊠ EPA						28-34 3	rd Av	renue				ASBE	STO	S CC	N)	TROI.	8	
⊠ DOLWD	⊠ Amen		"O O"	7/40	C	ity, State,	Zip (Code		L			Lic	ENSI	NC	-	-	
☑ DOH ☐ DCA	Amend							h, NJ, 07740		SH400	27.386.07.869		ASSOCIATION OF THE STATE OF	dan accounting.	TO THE REAL PROPERTY.		r. saksak	
(NJAC 5:23-8)	☐ Emergi justific		includ	ing	N	ame of Co					-	Tolonho	ana M	م ما معرب	_			
,	Cance					Alex Ba		30				Telepho	one N	umbe				
							•			_	-0.0					- 2		
Name of Facility Where A	Abatement i	s Taki	na Pla	ce /3)	FACILII	TIN	IFORMATION	T (5	-111								
Verizon Long Brand				00 (0	,				Type of Fac									
Street Address		. 01111		-					School (K-	12) r.8	(Other th	nan K.	12)				
28-34 3 rd Ave									Other (i.e	e.,	priv	vate and	comr	nercia	al b	uildino	IS,	
City (5)									homes,	eto)							
Long Branch									Square Fee	t		# of Flo	oors		В	ldg. A	ge	
									19,500			2				+-50		
County (6)					10	County Co	de (7)(STATE USE ONLY)		(F	Prior	r if being	dem	olishe	d)			
Monmouth									Verizon									
Name of Monitoring Firm		ıilding	Owne	r (8)	AS	CM No.		Name of Abatem										
TTI Environmental I	nc							BRISTOL EN	IVIRONMEN	IT	۹L,	INC.						
Street Address								Street Address										
1253 North Church	Street							1123 BEAVE	R STREET									
City, State, Zip Code								City, State, Zip C	ode						_			
Moorestown, NJ 080								BRISTOL, PA	19007									
Project Manager for Monit	oring Firm			Te	elepho	ne No.		Telephone No.				License	e No.		-		-	
Kristopher Smith					609-3	13-8218		215-788-6040)			0050						
Start Date (10)		Sched	duled	Comp	oletion	Date (11)		Name of OSHA M	fonitor						_	-		
1/31/_	18	C	ME	1 1	to4	0		BRISTOL EN	VIRONMEN'	TA	L.	INC						
Occupancy Status During	Abatement	(Chec	k only	one)				Street Address								-		
☐ Facility Closed/Vacated						t		1123 BEAVE	STDEET									
Abatement Performed (Outside of N	Vormal	Facili	ty Ho	urs - D	escribe		City, State, Zip Co		_					_			
Time of Abatement:	AM	PI	M/ <u>5:0</u> (PM-	2:00A	.M		BRISTOL, PA										
Scope of Work (Check all t	hat apply)	-						DRISTOL, FA	19007	1000								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re					Mini-Encl Glovebage						ure				
				Loc								1.01.08.00.000.00			Aha	temer	nt T	vn
Location of				Norm	ally lely by			Description of							Т		-190	-
Asbestos-Containing Ma TO BE ABATI		VI)	Ma	inten	ance/	1	sbest	os Containing Mat thermal systems in	erial (ACM)			Amou	20000	1	200	Repair	inc	1100000
IN Facility			Cus		Staff	?	(1.0.,	surfacing, VAT,	or			(Spec		TO TO VI		₩.	Encapsulate	0
(13)				(12		_		other miscellaned				0, 0,	/	=			ılatı	c
			Yes	No	N/A	Α											Œ	
asement Generator A						Pipe	Insu	lation				350 L	-F				X	
asement Generator A	rea					Floor	Tile	& Mastic				30 S	F		3			
ame of Registered Waste SERVICE TRANSPOR		. INC			Hauler	Waste ID No.	1000	Cubic Yards of Vaste	Name of Reg									
ty, State		8			2099	90		lianagal Data			-/1	ADLIFF						
NEW CASTLE, DE								isposal Date TBD	City, State WAYNES	В	UR	G, OH						
empleted By (Print or Type	:)	Title						Signature					D	ate				-
Dillan DeCaro		Es	timat	or				Dellan	De Can	9	10	M	17772		7	-/	P	

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

OL# 33/2

			,			on the different	,			-		
Date of Notification (1) 1 / 17	1	18		1		ing Owner/Operato		In) & 6	E		\forall	
					enzon C	ommunications		118				
Agencies Notified Type ⊠ EPA □ Ini	Notification	on		1000	eet Address 8-34 3 rd A	7.		III I FEB	1	2 21	112	
7.5	nended							1 H	0.500	C (1)	110	
☑ DOH An	nendmen	#1-1/	30/18	18	, State, Zip							-
	nergency		ing	-		ch, NJ, 07740		ASBEST				&
	stification) incellation				ne of Conta			Telephone N	mber	SING	жинаски	WITCH STORY
Ca	licellation	1			lex Baylo							
				F	ACILITY I	NFORMATION		1				
Name of Facility Where Abateme		Substance and	ce (3)				Type of Facil					
Verizon Long Branch Cer	itral Off	ice					School (K		4.00			
Street Address							Other (i.e.	er 8 (Other than K- , private and comm	12) nercial	huild	inas	
28-34 3 rd Ave							homes, et	c.)	1010101	Dana	nigo,	
City (5)							Square Feet	# of Floors		Bldg.	Age	
Long Branch							19,500	2		4-5	0	
County (6)				Co	unty Code	(7)(STATE USE ONLY	Current Use (Prior if being demo	lished	1)		
Monmouth							Verizon					
Name of Monitoring Firm Hired by	y Building	Owne	r (8)	ASCI	ΛNo.	Name of Abater	nent Contractor ((9)				
TTI Environmental Inc						BRISTOL E	NVIRONMENT	AL, INC.				
Street Address		51,753	C.V.			Street Address		•				
1253 North Church Street						1123 BEAVE	ER STREET					
City, State, Zip Code						City, State, Zip (Code					
Moorestown, NJ 08057						BRISTOL, P						
Project Manager for Monitoring Fi	rm		Tel	ephone	No.	Telephone No.		License No.				
Kristopher Smith					3-8218	215-788-604	0	00509				
Start Date (10)	Sche	duled	Comple	etion D	ate (11)	Name of OSHA		00000	D. 1875			
1/31/18					18		VIRONMENT	AL, INC				
Occupancy Status During Abatem	ent (Ched	ck only	one)			Street Address					-	-
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside						City, State, Zip C	ode					
Time of Abatement:AM	P	M/ <u>5:0</u>	<u> </u>	:00AM		BRISTOL, PA						
Scope of Work (Check all that app	ly)									-	2	
≥3 sf or ≥3 lf		⊠ R	enovati	on		Full Con Mini-End Mini-End	tainment with Ne	egative Pressure				
☑ ≥160 sf or ≥260 lf			emolitic				g Procedure					
						☐ Non-Exe	empted (*) and No	on-Friable Procedu	re			
		100	Locat						A	batem	ent T	ype
Location of Asbestos-Containing Material (A	A C 8 4 \		Norma ed Sole			Description of	of			_	T	T
TO BE ABATED	ACIVI)	Ma	intena	nce/	Asbes	stos Containing Ma , thermal systems	iterial (ACM)	Amount (Specify	Remova	Repair	nca	ncio
IN Facility		Cus	todial	Staff?	(,,,,,	surfacing, VAT		SF or LF)	ova	=	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A	-	other miscellane	ous)				late	e
Sasement Generator Area		П		⊠ ×	Pipe Ins	ulation		350 LF		-		
Sasement Generator Area						le & Mastic						
accinent constator Area		_			11001 11	ie or iviastic		30 SF				
(D1-1 1)#/ 1 11												
ame of Registered Waste Hauler SERVICE TRANSPORT GRO	UP. INC		70000	JDEP V auler ID	1.000	Cubic Yards of Waste	Name of Regis					
ty, State		afi		20990		D. 15		LANDFILL				
						Disposal Date	City, State					
NEW CASTLE, DE		<u> </u>				TBD	WAYNESB	URG, OH				
empleted By (Print or Type)	Title					Signature	5.0	/ Dat		/		
Dillan DeCaro	Es	timat	or			Dellan	De Caro	/il	1/30	0/18	7	
								11		0		

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

			1401				AC 8:60 and 5:1		n Can	25:	3/6	61	F
Date of Notification (1)	17 /	18					ng Owner/Operator	(2)		250	-	U	<u></u>
Agencies Notified EPA	Type Notific				Stree	t Address			H FE	1-1-	2-2	018	-
□ DOLWD	☐ Amende					State, Zip			ASBES"	TOSC	ON	TROI	2
⊠ DOH	Amenda	_			7 100		ch, NJ, 07740		L	ICEN	SING)	- 0
☐ DCA (NJAC 5:23-8)	☐ Emerge justificat		ciuaing	3	Name	e of Contac	ct		Telephone Num	ber _			THE PERSON NAMED IN
	☐ Cancella	ation			Ale	x Baylor	ſ		ľ				
	-				FA	CILITY IN	NFORMATION						
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facility (4)	-			
Verizon Long Bran	ch Central	Office						School (K-12)		21			
Street Address									(Other than K-12 ivate and comme		uildin	gs,	
28-34 3 rd Ave								homes, etc.)					
City (5)								Square Feet	# of Floors		dg. A		
Long Branch								19,500	2		+-50		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Control of the contro	or if being demoli	shed)			
Monmouth				(0)			1	Verizon		(To = 67)			
Name of Monitoring Firm		lding O	wner	(8)	ASCM	No.	The state of the second of the	ent Contractor (9)	1110				
TTI Environmental	Inc							VIRONMENTAL	., INC.				
Street Address 1253 North Church	Ctroot						Street Address 1123 BEAVE	DOTREET					
City, State, Zip Code	Street						City, State, Zip Co			100000000			
Moorestown, NJ 08	057						BRISTOL, PA						
Project Manager for Mon				Tel	ephone	No	Telephone No.	10007	License No.				
Kristopher Smith	itoring r iirii			1	09-313		215-788-6040)	00509				
Start Date (10)		Schedu	uled C			ite (11)	Name of OSHA M						-
1/31/	2000					18	BRISTOL EN	VIRONMENTAL	, INC				
Occupancy Status During	Abatement ((Check	only o	ne)			Street Address				-		
☐ Facility Closed/Vacate	7.0						1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: _						scribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)						575.00						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De	novat moliti			⊠ Mini-Enc ⊠ Glovebaç	tainment with Nega losure g Procedure mpted (*) and Non		r0			
			Is	Loca	tion	T	□ Non-Exe	mpted () and Non	-i habie i focedu	-	atem	ent T	vne
Location Asbestos-Containing I		4)	ħ	Norma		Asha	Description o		Amount	1000		T	1
TO BE ABA	TED	.,			ance/ Staff?		e., thermal systems i	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	ty		Ouoi	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		ulat	re
, ,			Yes	No	N/A			,				0	
Basement Generator	Area				\boxtimes	Pipe Ins	sulation		350 LF	\boxtimes			
			П	П	П						П	П	П
Name of Registered Wast		P. INC.		11.3	IJDEP \ lauler II		Cubic Yards of Waste	Name of Registe					
City, State			3		20990)	Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESBL	JRG, OH				
Completed By (Print or Ty	rpe)	Title					Signature	^ -	/Oa4 Da			2017	
Dillan DeCaro		Es	timat	or			MILLAN	1 NoCara	14K 1	-1-	7-1	0	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 18 Verizon Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA LICENSING 15 East Montgomery Place, Lower Level **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #1-2/7/18 Pittsburgh, PA 15212 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Anthony Porta **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Elizabeth Central Office School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1196 E Grand Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Elizabeth County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Union Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental Management** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __1__ / _ 23 / 18 2 / 16 / 18 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___ ___AM-____PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ >3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate Asbestos-Containing Material (ACM) Repair Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Stairwell #2 \boxtimes Floor tile and mastic 271 SF X Basement Power Room & Storage \boxtimes Floor tile and mastic 3,338 SF \boxtimes Roome

Brian Scafiro

City, State

11 BS17147

Basement Mechanical Room

Name of Registered Waste Hauler

NEW CASTLE, DE 19720

Completed By (Print or Type)

Basement Equipment and HSB

SERVICE TRANSPORT GROUP, INC.

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

Floor tile and mastic

Floor tile and mastic

Waste

Cubic Yards of

Disposal Date

Signature

900 SF

738 SF

Name of Registered Landfill

MINERVA LANDFILL

WAYNESBURG, OH 44688

City, State

X

 \boxtimes

 \boxtimes

NJDEP Waste

Hauler ID No.

20990

П

Estimator

Title

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

Date of Notification (4)					- 1.				III I		5 1	W	F
Date of Notification (1)	9	/	18	20	- 1	ame of Build Verizon	ling Owner/Operato	r (2)		9 1			
Agencies Notified ⊠ EPA 2490 ⊠ DOLWD 2458	Type No	I	on				ontgomery Place	, Lower Level		EB	12	201	8
Ø DHSS 2 489	Amer	ndment				ty, State, Zip Pittsburgh	Code , PA 15212		ASB	ESTO			₹OL :
DCA (NJAC 5:23-8)	☐ Emer	rgency ication)		ding	-	me of Conta	(2)		Tolonbono N		ENSI	NG	
(116/10 0.20 0)	☐ Canc					Anthony P			Telephone N	umber			
						FACILITY	INFORMATION		1		_		
Name of Facility Where			ing Pla	ace (3				Type of Facility ((4)		-		-
Verizon Elizabeth C	Central O	ffice						School (K-12)				
Street Address								Subchapter 8 Other (i.e., pr	(Other than K-	12)	la di di		
1196 E Grand Stree	t							homes, etc.)	ivate and comm	nercia	DUIIO	lings,	
City (5)								Square Feet	# of Floors		Bldg	Age	
Elizabeth													
County (6) Union					C	ounty Code	(7)(STATE USE ONLY)	(2)	or if being demo	olished	1)		
Name of Monitoring Firm	Hirad hy D	luildiss	0	r (0)	1000	M No.	This control	Office					
USA Environmental		_	Owne	er (8)	ASC	M No.		ent Contractor (9)					
Street Address	wanaye	mem					Street Address	IVIRONMENTAL	, INC.				
8436 Enterprise Ave	4						1123 BEAVE	D STREET					
City, State, Zip Code							City, State, Zip C						
Philadelphia, PA 19	153						BRISTOL, PA						
Project Manager for Monit			-	TT	elephon	e No.	Telephone No.	13007	License No.				
Mark Jenkins				1		55-5810	215-788-6040		00509				
Start Date (10)		Sche	duled	Comp	oletion E	Date (11)	Name of OSHA M	2	00000	A. C. S. C.		_	
1/23/	18		2	/	9 /	18	BRISTOL EN	VIRONMENTAL,	INC.				
Occupancy Status During	Abatement	t (Chec	k only	one)			Street Address			-	-	_	
☐ Facility Closed/Vacated							1123 BEAVER	R STREET					
Abatement Performed (City, State, Zip Co	ode					
Time of Abatement:	Alvi		IVI/ <u>5:U</u>	UPIVI-	1:30 AN	Л	BRISTOL, PA	19007					
Scope of Work (Check all to	hat apply)												
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TO BE ABATE		141)			ance/ Staff?		, thermal systems in	sulation,	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
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(1.0)			Yes	No			otrei miscenarieo	us)				ate	
tairwell #2						Floor tile	e and mastic		271 SF		\Box	П	
asement Power Room	& Stora	ge				Floor tile	and mastic		3,338 SF				
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ty, State					~0000		Disposal Date	City, State					
NEW CASTLE, DE 197	20							WAYNESBUR	G, OH 44688				
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Brian Scafiro		Es	timat	or			Brian	Scalins	el 1	19/1	8		

ASB-41 MAY 11 B517147

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Date of Notification (1) 02 /	07 /	18	L			of Building outy Vent		ner/Operator (2	2)		U FEB	312	2018	14	النا
Agencies Notified	Type Notifica	tion				Address				-	ASBESTO	28.00	UTDO	1 /	-
⊠ EPA					23 [Deputy M	inis	ter Drive				CENSI)L Q	
☑ DOLWD	Amended Amendme				City, S	State, Zip C	ode								
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(NJAC 5:23-8)	justificatio					of Contact					Telephone Nu	mber			
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Name of Facility Where a Residence	Abatement is T	aking	Place	(3)					Type of Fa ☐ School)				
Street Address										.e., priv	Other than K- vate and comm		uildin	gs,	
City (5)									Square Fe	100	# of Floors	TE	ldg. A	ae	
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Name of Monitoring Firm	n Hired by Build	ling O	wner ((8)	ASCM	No.		me of Abateme		0.0					
N/A								uardian Co	ntracting,	Inc.					
Street Address							0.000000	eet Address							
0'' 0' ' 7' 0 '								889 Route 9	31						
City, State, Zip Code								oms River,		v 087	55				
Project Manager for Mor	nitoring Firm			Tele	phone	No.		ephone No.		,	License No.				
				13-23-343-5			7	32-349-9932	?		00624				
Start Date (10) 02 / 19 /					tion Da		32.50	me of OSHA M							
Occupancy Status Durin								eet Address							
□ Facility Closed/Vacat					ment		1	056 Stelton							
Abatement Performer		rmal I PM	AN INVIOLENCE	y Hour		cribe AM		, State, Zip Co iscataway, I		v 088	54				
Scope of Work (Check a	III that apply)				(1000 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 /			,		, , ,					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			_	novat molitic				☐ Mini-End	closure g Procedure		tive Pressure -Friable Proce	dure			
			35	Loca								А	baten	nent T	уре
Location Asbestos-Containing TO BE AB, IN Facil	Material (ACM ATED)	Use Ma	intena todial	ely by ince/ Staff?		., the	Description of Containing Ma rmal systems surfacing, VAT	iterial (ACM) insulation, , or)	Amount (Specify SF or LF)	Kemoval	Repair	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A		oti	her miscellane	ous)					ate	1
exterior-house						asbesto	os si	ding			3100 sf	×			
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City, State					20223	3	Dist	posal Date	City, Stat						
Toms River, New J	lersey							2/21/18			Pennsylvani	а			
Completed By (Print or T	Гуре)	Title					-	Signature	-/		//	Date		1	
Nicholas Fernicola	ı	Pr	oject	Man	ager			1	7	-3/	P	2/	7/	1/8	/

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Date of Notification (1)					1			*	ner/Operator	(2)) [1 L			2010		
/	07 /	18				Mai	rc-Stef P	rope	erties				3	36	45		
Agencies Notified	Type Notifica	ation			5	Street	Address					ASE	BESTOS			L &	
⊠ EPA						PO	Box 484	1			L		LICE	NSIN	G	-	
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Name of Facility Where A	Abatement is 7	Taking	Place	(3)						T	Type of Facility	(4)					
Residence											☐ School (K-12						
Street Address											Subchapter				م من ام ان		
											Other (i.e., p homes, etc.)))	comme	ciai bi	maing	IS,	
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County (6)					T	Coun	ty Code (7)(STA	TE USE ONLY)	(Current Use (Pr	ior if being	demolis	hed)			
Middlesex											Residence						
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	A	SCM	No.	Na	me of Abatem	er	nt Contractor (9)						-
Guardian Contracti	ng, Inc.							0	Suardian Co	n	tracting, Inc.						
Street Address								Stre	eet Address								
1889 Rte. 9, Unit 61								1	889 Route 9	9,	Unit 61						
City, State, Zip Code								City	y, State, Zip C	000	de						
Toms River, New Je	ersey 08755	i						Т	oms River,	N	ew Jersey 08	755					
Project Manager for Moni	itoring Firm			Te	elepl	hone	No.	Tel	ephone No.			Licens	e No.				
Nicholas Fernicola					732	-349	-9932	7	32-349-9932	2		006	24				
Start Date (10)	5	Sched	uled C	omp	letic	on Da	te (11)	Nar	me of OSHA N	Иo	onitor						
02 / 19 /	18	_ 0	2 /	_ :	21	_ / _	18	E	.M.S.L. Ana	aly	/tical						
Occupancy Status During	Abatement (Check	only	one)				Stre	eet Address	-							
☐ Facility Closed/Vacate	ed During Enti	re Per	riod of	Aba	tem	ent		1	056 Stelton	Ě							
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Time of Abatement: _	AM	PN	Λ/	_PI	VI		AM	P	iscataway,	N	ew Jersey 08	854					
Scope of Work (Check all	that apply)											-					
≥3 sf or ≥3 lf			⊠ Re		otion						inment with Neg	gative Pres	ssure				
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City, State									posal Date		City, State						
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Nicholas Fernicola	gave till.	5013500	roject	Ma	nac	ger					/]	11	2		//	8	
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Date of Notification (1)		NOTE	ursuan	tate of New Je N OF ASEEST HO NJAC 8:60	and 12:12				FEE	3 1	, .	2018	ring Fo
2/7/18				of Building Owne ard Burdette I			ation Mamt						
Agencies Notified Type Notif			Street	Address	- (W)		i Lugi	-	SBES L		CO		SL &
	ndment #			tate, Zip Code nam, NJ 0792		i kusi.							
× DOH justifi	gency (including cation) ellation	g		of Contact		i i i	1-1 - 1 1-1 - 1 - 1	Telephor	ne Num				
Name of Facility Where Abatement is	Taking Place	2/	FAC	ILITY INFORMA	ATION	1 -	· · · · · · · · · · · · · · · · · · ·	, *		21			
Name of Facility Where Abatement is	s raking Place ((3)				Туре	of Facility (4 School (K-12	5)					
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City (5) Chatham						Squa 447	re Feet 1	# of Floo	rs	E	Bldg. /	Age	
County (6) Morris				Code (7) USE ONLY)		Curre	ent Use (Prior 16	if being de	molishe	ed)			
Name of Monitoring Firm Hired by Bu	ilding Owner (8)	ASCI	M No.			atement Cont D PROFES		S				
Street Address						t Addre HITE	ss DOVE CO	URT					
City, State, Zip Code							ip Code OD, NJ 08	701					
Project Manager for Monitoring Firm			Telepho	one No.		hone N 668-9		Lice 120	nse No 0				
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Occupancy Status During Abatement	(Check Only O	ne)	-			Addre							
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Scope of Work (Check All That Apply))				LAN		OD, 143 06	701					
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		Locati Normal						,			Abate	ement pe	
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Use	ed Sole intenar todial S (12)	ly by nce/	Asbestos Co (i.e. therm sur		Material s insula T, or		Amount (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
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INTERIOR				Tile	and Ma	astic		700SF	:	x			
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Completed by	Title	IED			Signature			o-mand tak	Date		-		

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Ch (e3/e7	P	Notie	CATIO	tate of New Je N OF ASBEST to NJAC 8:50	OS ABATE	MEN [*]	т) <u>[</u> [C E		W	占
Date of Notification (1) 2/7/18				of Building Owr i Developers		r (2)			1	: b 1	2 2	2018	
Agencies Notified Type Notification	on		Street /	Address					ASBE				L &
EPA X Initial DEP Amended Amendment				ate, Zip Code vood, NJ 08	701			ALC: NAME OF THE PARTY OF THE P		LICEN	1211/1	G	THE PARTY OF THE P
	cy (including n)]	Name o	of Contact chem Frank				Tal	onhono N	lumher			
			1611/2011/20	ILITY INFORM				-61	100				
Name of Facility Where Abatement is Tal	king Place (3)				Тур	e of Facility	(4)					
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City (5) Westfield							etc.) are Feet		f Floors		Bldg. /		
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Name of Monitoring Firm Hired by Buildin	g Owner (8))	ASC	M No.		of Ab	atement Cor						
Street Address					Street	Addre							
City, State, Zip Code					City, S	State, 2	Zip Code OOD, NJ 0						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none N			License 1200	No.			
Start Date (10) 2/18/18	Schedul 3/2/18		npletion	Date (11)			HA Monitor D PROFE	SSIO	NALS				
Occupancy Status During Abatement (Ch	eck Only Or	ne)	-		Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of a rmal Facility	Abaten y Hours	nent		City, S	tate, Z	DOVE CO						
Scope of Work (Check All That Apply)					LAKI	EVVO	OD, NJ 0	8701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Mi Gl	ull Containme ini-Enclosure ovebag Prod on-Exempted	e cedure				· Q	
Location of	1	Locati Normal	ly		Description			() =	140111111		Abate	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ма	ed Sole intenar todial S (12)	nce/	Asbestos C (i.e. therr su		lateria s insul T, or	ation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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INTENIOR				JOI	nt Compo	ouna		40	00SF	X			
lame of Registered Waste Hauler EWARK CARTING		H	JDEP Wauler ID 509		oic Yards Vaste	in the second	Name of F	Register	ed Landf	ill			
ity, State EWARK, NJ					posal Date /18		City, State		PA				
Completed by OSEPH PERLSTEIN	Title OWN	ER			Signature					ate			

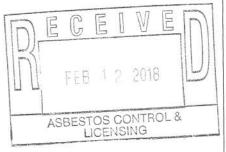
Basement Name of Registered Waste Hauler City, State Disposal Date City, State Montclair, NJ 07042 2/15/18 Waynesburg, Ohio 44688 Completed By (Print or Type) Title Signature Date

Constantine Vivian

President

2/7/2018

Ch 1257		D)	CATION	ate of New I OF ASBES TO NJAC 8:	Jersey STOS ABA :60 and 12:	TEN 120	ЛENT)			E	G I		U V	Pr	at Fo	
Date of Notification (1)				100	wner/Opera		(2)		IU L		ŁÜ	12	20	НВ	L	IJ
02-06-2018			Collec	ge of Sain	t Elizabet	h										
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Emergency				stown, NJ	07960											
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Name of Facility Where Abatement is Takin	g Place (3)	FACI	LITY INFO	RMATION		Type	of Facility (4	1)	-						
O'Connor Hall	3 : 1000 (0	′					_	1000 2000 2000								
Street Address						-		School (K-1, Subchapter		er than	K-12)					
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City (5)						-		etc.) are Feet	# 01	f Floors		P	ldg. A	ae		+
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County (6)			County	Code (7)		+		ent Use (Pric	-	na dem	olisher		_			-
Morris				USE ONLY)				lege		3 -0111		1				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	Л No.	Nar	ne o		atement Con	tractor	(9)						
Envirovision Consultants, Inc.	1.7		0007		19370			fety LLC								
Street Address					Stre	eet /	Addre	ss								
20-21 Wagaraw Road					12	M	aple	Ave #F2								
City, State, Zip Code					City	, St	ate, Z	ip Code								
Fair Lawn, NJ 07410					Pi	ne	Broc	k, NJ 070	58							
Project Manager for Monitoring Firm		17	Telepho	ne No.	Tele	epho	one N	lo.		Licens	se No.				-577	
Guillermo Morales			973-63	36-9144	97	3-2	276-0	0099		0131	7					
Start Date (10)	Schedule	d Com	pletion	Date (11)	Nar	ne d	of OSI	HA Monitor								
03-03-2018	03-08-2	2018			Ur	nite	d Sa	fety LLC								
Occupancy Status During Abatement (Chec	k Only On	e)					Addre									
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm			ent		12	M	aple	Ave #F2								
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hours						ip Code	Santage .							
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Scope of Work (Check All That Apply)	100000															
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In Facility	Cust	odial Si (12)	taff?		surfacing, '	VAT	Γ, or			or LF)		Remova	Repair	Encapsulate	Enclosure	
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City, State					Disposal Da	ate		City, State		-						
Pine Brook, NJ					TBD			Tullytow		4						
Completed by	Title				Signat	ure		(Date					
Vanco Petkov	Proje	ct Ma	nager		1	7	O.E	1 Ble	15	el.	02-0	06-2	2018			



	1						Abatem	Abatement	
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(12)	Cheto	Custodial Staff?	ff)	other miscellaneous)	`	0	a	ล	_
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Basement Hallway outside Main Electrical		<		Dine Inculation	OTE	×			
MOOIII on 1 reflection to Product and account		>							
Basement Hallway outside Trunk Room		×		Pipe Insulation	3 LF	×			
Decement I sundry Room I sunge									
The state of the s		×		Pipe Insulation	130 LF	×			
Basement Hallway outside Laundry Room									
Lounge		×		Pipe Insulation	5 LF	×			
Basement Hallway outside Gender Neutral									
Bathroom		×		Pipe Insulation	30 LF	×			
Basement Hallway outside Class 1956				1000 1000 1000 1000 1000 1000 1000 100					
		×		Pipe Insulation	40 LF	×			
Basement Trash Room									
		×		Pipe Insulation	80 LF	×			
And a second district of the second district									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Agencies Notified Type Notification Type Notification Street Address Agencies Notified DEPA DOL DEPA Amendment #
Agencies Notified Type Notification EPA DOL DEP DOL
Agencies Notified FPA
DEP Amended Amended Amended Amended SOUTH PLAINFIELD, NJ 07080 DOH
DEP Amendment # DOL Amendment # City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Facility Where Abatement is Taking Place (3) Street Address 3
DOH DCA
Name of Facility Where Abatement is Taking Place (3) Street Address County (6) PARILTON County (7) ENVIRONMENTAL TACTICS Street Address County (8) ASCM No. 0045 Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA Street Address ASCM No. 0045 Street Address Street Address Street Address Street Address Street Address ASTATION Street Address SOUTH RIVER, NJ 08882 Telephone No. 732-432-8350 O11111 Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address Street Address Street Address Street Address Street Address SOUTH RIVER, NJ 08882 Telephone No. 732-432-8350 O11111 Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 0475, 256 Other - Describe: 0475, 266 Other - Describe:
Type of Facility (4) Street Address 3 / 9 0 South CLINTON AVE. City (5) What is a foliation of Monitoring Firm Hired by Building Owner (8) Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Tocupancy Status During Abatement (Check Only One) Scheduled Completion Date (11) Abatement Performed Outside of Normal Facility Hours Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e. private & commercial buildings, home etc.) Square Feet # of Floors Bidg. Age N A N A N A A A Square Feet # of Floors Bidg. Age N A N A A Square Feet # of Floors Bidg. Age N A A A Square Feet # of Floors Bidg. Age N A A A Square Feet # of Floors Bidg. Age N A A A Square Feet # of Floors Bidg. Age N A A A Square Feet # of Floors Bidg. Age N A A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A A Square Feet # of Floors Bidg. Age N A A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Floors Bidg. Age N A A Square Feet # of Flo
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Square Feet # of Floors Bldg. Age N/A
County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS ASCM Nd. 0045 Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. 732-290-2217 Telephone No. 732-432-8350 City, State Jay Code South River, NJ 08882 Telephone No. 732-432-8350 City Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code South River, NJ 08882 Telephone No. 732-432-8350 City Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code South River, NJ 08882 Telephone No. 732-432-8350 City Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code South River, NJ 08882 City, State, Zip Code
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396 WHITEHEAD AVE. City, State, Zip Code MATAWAN, NJ 07747 City, State, Zip Code SOUTH RIVER, NJ 08882 Telephone No. 732-290-2217 Telephone No. 732-432-8350 Other – Describe: Out is a control of Abatement Abatement Performed Outside of Normal Facility Hours 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Telephone No. 732-432-8350 Other – Describe: Out is a control of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Out is a control of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Out is a control of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Out is a control of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Out is a control of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Out is a control of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Out is a control of Abatement Abatement Performed Outside of Normal Facility Hours
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Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. Other – Describe: Out 5, DE Other – Describe: Out 5, DE
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code SOUTH PIVED NA 20000
Other - Describe: Out S, DE City, State, Zip Code
SOUTH DIVER ALL COORD
cope of Work (Check All That Apply)
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
Is Location Non-Exempted (*) and Non-Friable Procedure
Location of Normally Aspestos-Containing Material (ACA) Used Solely by Description of Type
10 BE ARATED Maintenance/ Added to State Maintenance/ Maintenance/ Added to State Maintenance/ Main
In Facility Custodial Staff? (i.e. thermal systems insulation, (Specify (13)) (12) Surfacing, VAT, or SF or LF)
other miscellaneous)
OUTDOORS X TRANSITE PIPE SOOLF X
me of Registered Waste Hauler N.IDEP Waste Cubic Varia
ASTE MANAGEMENT Hauler ID No. of Waste Name of Registered Landfill
v. State 1125 APP × 20 GROWS NORTH
IZABETH, N.I. Disposal Date City, State
moleted by MORRISVILLE, PA
ROL RAIMO OFFICE MANACED Signature Date OFFICE MANACED

CK# 8661											Г	Print For
		NO.	TIFICAT	TION OF	of New Jer ASBESTO JAC 8:60	SARAT	EMENT	DEG	E		V I	EM
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Agencies Notified Type Notificati			Stre 400	et Addres	LEY RO	AD		ASBEST	OS CO	ONITE		2
DEP Amended Amendme Emergence State Control Control	ent # cv (includ	ling	SO	State, Zi UTH Pl e of Con	AINFIE	LD, NJ	07080	ACCIONATION CONTRACTOR	JENS.	ING	TOL	Q
DCA Cancellati	ion		D	AN	n.	ERA		Telephone	Numbe	er		_
Name of Facility Where Abatement is Tall PSE+GHAM. Street Address	1:170	η	Sug	3	III OIIIA	TION	Type of Facili	K-12)				
3190 SOUTH C	Lin	Ton	A	IVE.			Subchar Other (i. etc.)	oter 8 (Other than K e. private & comme	(-12) ercial b			
County (6)			Count	ty Code (7)		Square Feet N Current Use (# of Floors W / A Prior if being demoi	- lighod)	W	. Age	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS) Owner	(8)	AS	CM No.	ILY)	Name	of Abatement C	Contractor (9)	SNO			
Street Address 64 BROAD STREET			004	+ 5		Street	QUE SYSTEI Address WHITEHEAD	MS OF AMERIC	CA			
City, State, Zip Code MATAWAN, NJ 07747				**	<u> </u>	City, S	tate, Zip Code TH RIVER, N					
Project Manager for Monitoring Firm TOM GEIGER Start Date (10)	School	ulad Ox	732-2	none No. 290-221		Telepho 732-4	one No. 32-8350	License 01111	No.			
Occupancy Status During Abatement (Che	1 .	2/5		Date (1	1)	Name of UNIQ		r IS OF AMERIC	Ά			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Out 5, DE	Dorind a	£ A L 4 -	nent			396 V	HITEHEAD	AVE.				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if			-		· ·		H RIVER, N	J 08882				
≥160 sf or ≥260 lf	<u> </u>	Renova Demolit				X	Mini-Enclosur Glovebag Pro	nent with Negative I e cedure d (*) and Non-Friat				
Location of Asbestos-Containing Material (ACM)		s Location Normall and Solel	у		Des	cription o	f	- () dire Heller Hat	76 110	Abate		t
TO BE ABATED In Facility (13)	Ma	aintenan todial S (12)	ce/	Asbe (i.e	thermal s. surfaci	ining Mai systems in ng, VAT, scellaned	or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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					100//	_ P ₁	re	500 LF	\wedge			
Name of Registered Waste Hauler WASTE MANAGEMENT		111	DEP W		Cubic Ya		Name of F	Registered Landfill				
City, State ELIZABETH, NJ			uler ID I 25	NU.	of Waste	20 Date	GROWS City, State	NORTH				
Completed by CAROL RAIMO	Title OFFI(CE MA	NAGE			BD nature		SVILLE, PA	1/	, ,	/	

no cr				State of TION OF A ant to NJAC		ABA			M.	E	C	E		
Date of Notification (1)	i	`		Nam	e of Buildi	ng C	wner/Operator	(2)	ñ					
2 / 6 /18	}				et Address	18000					FEB	1:	20	18
Agencies Notified Type No	tification					VA V	ENUE, P.O. BO	X 2000, RY2	8-414					
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DCAEN	IERGENC'	/ NOT	IFICA	TION PAT	RICIA JOHI	NSO	N							
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Street Address								private & co		bldg				
126 EAST LINCOLN AVENUE - BUI		N					Square Feet 40,000	1				g. Age 65	Э	
RAHWAY	unty (6) ION				ty Code (7) USE ONL		Current Use (P RESEARCH L	0.500			500	FACIL	.1	
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST			r (8)		ASCM N 104	10.	Name of Abate				ION			1
Street Address							Street Address							1
655 WEST SHORE TRAIL							313 SPOOK R							
City, State, Zip Code SPARTA	, NEW JE	RSEY	07871				City, State, Zip SUFFERN, NE		901					
Project Manager for Monitoring Firm		Tele	ephone	e Number			Telephone Nun	nber	Licer	ise N	lumbe	er		1
WILLIAM S. KERBEL, CIH		_	-729-5	2000000			845-369-7500		1101					
Expected State Date (10) 2			omple 4 /	etion Date (5 Day	(11) /18 Ye	or	Name of OSHA AMERISCI LAB		S INC		#	11480)	
Occupancy Status During Abatemen X Facility Closed/Vacated D Abatement Performed Ou	t (Check of uring Entir	nly one e Perio rmal F	od of A	Abatement Hours - De			Street Address 117 EAST 30TI City, State, Zip	H STREET Code						
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF		novatio	on		X Mini E Glove	Enclo bag	inment with Neg	W YORK, NE		KK 1	10016			
Location of Asbestos-containing	- A	s Loca rmally			escription o						patem		уре	
Material (ACM) TO BE ABATED in Facility (13)	Ма	solely	by stodial	ins	ontaining Ma (ie. Therma sulation, sur or other miso	ıl sys facin	tems g, VAT,	Amour (Specif SF or Li	y	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE	
1ST FLOOR LABS			х	GALBEST	OS DUCT			200 SF		X				
1ST FLOOR LABS			X	DUCT SEA				290 SF		X				
1ST FLOOR LABS			X	SOUND PE	ROOF BATT	TING	INSULATION	130 SF		X				
1ST FLOOR LABS			Х	PIPE FITTI	NG			8 LF		X				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	1000	EP W	Seedingson a	Cubic Yard	s of Waste		Name of Regist LYCOMING CC		DURCE	= MA	NAG	EMEN	IT SE	
825 HIGHWAY 33		1593	CARLEST .				447 ALEXANDE					- The I		
City, State FREEHOLD, NEW JERSEY				Disposal Da 10/23-04/05		1	City, State MONTGOMER	Y , PA 17752						
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	R OF	OPER	RATIONS	Signature	1	3		Date -	2-	6	18		

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					Nan	ne of B	Building C	Owner/0		(2)	In				
Date of Notification (1)					ME	RCK SI	HARP & D	OOHME	CORP.			F	FR	12	201
	/17				Stre	et Add	ress				 U 			1 6	20
Agencies Notified Type	Notificatio	on			126	E. LIN	ICOLN AV	ENUE,	P.O. BO	X 2000, R	Y28-4	SECURIOR SEC	SACON IT. IN	North Herein	and the second later
	Initial Noti Amended						, Zip Code		7005			ASBI		S CC	
	Cancellati		Jauon	t.	KAR	TVVAY,	NEW JEF	KSEYU	77065		Name and Address of the Owner, where the Owner, which is the Owner	Chi and Anniche Char		etrosicamonum	
	On Hold		#1 a		Nam	ne of C	ontact			Telepho	ne Nur	mber	-		
		Control of the Contro	NOTIF	FICAT	ION PAT	RICIA	JOHNSO	N		1					
					ACILITY I	NFORM	MATION					-			
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Street Address										private &		cl. bld			
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33.32 T-0.00.05	UNION	,					ONLY)			ABORAT(_			FACII	LI
Name of Monitoring Firm Hired	by Buildi	ing Ov	vner	(8)	*	_	CM No.			ement Co		A THE STATE OF THE			-11
ENVIRONMETAL HEALTH INVE	STIGATIO	DNS, II	NC.				104			MENTAL			ION		
Street Address									t Address						
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City, State, Zip Code SPAR	EV n	7871					State, Zip	Code W YORK	10001						
Project Manager for Monitoring Fi	_		Number				hone Nur			ense I	Numh	er			
WILLIAM S. KERBEL, CIH	i maran (18)	729-56				1000000	69-7500	11001	111		varrib	Ci			
Expected State Date (10)	d. Co	mple	tion Date	(11)			of OSHA	Monitor	1	•					
12 / 5 /	4	/	5		/18	AMEF	RISCI LA	BORATOR	RIES IN	1C	#	11480	0		
Month Day Year Occupancy Status During Abatem	nth		Day		Year	Change	· ^ -l -l	8							
X Facility Closed/Vacate								Street	t Address						
	a Dunna E	ntire l	Period	d of Al	hatement			117 F	AST 30T	HSTREE	T				
						escribe:	:	117 E	AST 30T	H STREE	Т				
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Abatement Performed X Other - Describe:	Outside o MONDAY	f Norm	nal Fa	acility I	Hours - De			City, S	State, Zip NE'	Code W YORK,	NEW	YORK	10016	3	
Abatement Performed X Other - Describe: Scope of Work (Check all that app	Outside o MONDAY	f Norm -FRID	nal Fa IAY 7	acility I AM-3:	Hours - De		Full Conta	City, S	State, Zip NE'	Code W YORK,	NEW	YORK	10016	3	
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Date of Notification (1)				N	lame of Building	Owner/Operato	r (2)	う [E	C	[]	7 77
11 / 22 /17				s	treet Address			JI 5	6	5	1 \V/
Agencies Notified Type Notific	cation			1	26 E. LINCOLN AV	VENUE, P.O. BO	OX 2000, RY2	8-414			
EPA X Initial	Notificat	ion		-	ity, State, Zip Cod		- 111		FEB	10	2060
	ded Not	ification	on		AHWAY, NEW JE			PT	LU	1 2	2018
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N CE W				FACILIT'	Y INFORMATION	- W STATE	*				E. TA. SHIMOCHER SHIP.
Name of Facility Where Abatement is	Taking	Plac	e (3)			Type of Facil					
MERCK SHARP & DOHME CORPORA	TION					School (
WENCK SHARP & DOHNE CORPORA	TION					Subchar	oter 8 (Other th	nan K-12	2)		
Street Address			-				. private & cor				
126 EAST LINCOLN AVENUE - BUILD	ING 80N	J				Square Feet		ors	BI	ldg. Ag	je
City (5) Count		•			unty Code (7)	40,000	1			65	
RAHWAY UNION					ATE USE ONLY)	Current Use (F	APODATOR	emolish	ed)		
Name of Monitoring Firm Hired by Bu		Owne	r (8)	1 (3.7	ASCM No.	RESEARCH L				: FACI	LI
ENVIRONMETAL HEALTH INVESTIGA	TIONS.	INC.	(-)		104	Name of Abar PAR ENVIRO					
Street Address					107	Street Address		NOUK	ATION		
655 WEST SHORE TRAIL						313 SPOOK R	51.0				
City, State, Zip Code						City, State, Zip	A CONTRACTOR OF THE PERSON AND ADDRESS OF TH				
SPARTA, N	EW JER	SEY	07871			SUFFERN, NE		01			
Project Manager for Monitoring Firm	Tele	ephone	e Number		Telephone Nu		License	Numh	ner		
WILLIAM S. KERBEL, CIH		973	-729-5	649		845-369-7500		1101			
Expected State Date (10)	ed. C	omple	etion Dat	e (11)	Name of OSH	A Monitor					
12 / 5 /17 Month Day Year			1 /		5 /18	AMERISCI LA		SINC		#1148	.0
Month Day Year Occupancy Status During Abatement (C	onth	1	Day	Year	10						
X Facility Closed/Vacated Durin	Perio	od of A	hatomon	+	Street Address						
Abatement Performed Outside	mal F	acility	Hours - [Describe:	117 EAST 30T	HSIREEI		(6)			
X Other - Describe: MONDA					ocacinae.	City, State, Zip	Codo				
							W YORK, NEV	N YORK	< 1001	6	
Scope of Work (Check all that apply)				Full Conta	inment with Neg	ative Pressur	e e	. 1001	O		
Demolition X	ovatio	n		X Mini Enclo	a .						
>3SF OR LF			Glovebag	Procedure							
X >160 SF OR 260 LF	1					e Procedure					
Location of Asbestos-containing		Loca mally			Description of Asi						уре
			useu		Containing MA-1 .				Abater	ment 1	
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Date of Notification (1)				Building O					UL	FEE)]	2	2010	3	P
2/7/18 Agencies Notified Type Notification			Viargar treet Add	et Luttre	ell Pri	vate H	ome				OF HEALTH	e, waters 4	S. OFFICE OF		
			lieel Adi	01633						ASBES L	TOS JCEN	CO	NTR VG	OL &	
EPA Initial Amended Amendment #				e, Zip Cod ty NJ 08					ACCOUNT.						
☐ Emergency (in justification) ☐ DCA ☐ Cancellation	cluding	50	lame of o			-		iii	Te	elephone N	umbe	г			
lead to the second seco			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking Margaret Luttrell Private Home Street Address	Place (3)				1			of Facility (School (K-1 Subchapter	2)	her than K-	-12)				
Street Address								other (i.e. p	orivate	& commer	rcial b	uildi	ngs, l	nome	S,
City (5) Surf City NJ 08008							Squar 1000		2	of Floors			lg. Aq 5+	je	
County (6)		(6	County C	ode (7) SE ONLY)			Currer	nt Use (Pri	or if be	eing demol	ished))			
Ocean Name of Monitoring Firm Hired by Building Over	vner (8)		ASCM	No.		Name	of Abat	ement Cor	ntracto	or (9)			3.330		
N/A							naco Ir								
Street Address						PO	Addres Box 32	29							
City, State, Zip Code						2500	State, Zi st Berli	p Code in NJ 080	091						
Project Manager for Monitoring Firm		1	elephon	e No.		4760676357	none No -753-9		2-12-55	License 00727					
	Scheduled		pletion D	Date (11)		Name Sam		IA Monitor							
Occupancy Status During Abatement (Check	Only One	e)				Street	Addres	S		4					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Home owner will be	I Facility	batem Hours	ent			City, S	State, Zi	p Code		-					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ Re	enovat emoliti	ion on				- Mir Glo	i-Enclosur	e cedur	ith Negative e and Non-Fr				Э	
	Is	Location	on										Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used .Mai	ormall d Solel ntenar odial S (12)	y by ice/		tos Con therma surfa	escription staining l I system acing, V/ miscella	Material ns insula AT, or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											О	
Exterior Siding			х		Exte	erior S	iding			1800 SF	-	x			
											-				
											-				
Name of Registered Waste Hauler		IN	JDEP W	laste	Cubic	Yards		Name of	f Regi	stered Lan	dfill				
United Containers		Н	auler ID 2459		of Wa	aste		G.R.C			200000				
City, State					Dispo	sal Date	е	City, Sta		PA 1906	7				
Elm NJ Completed by	Title					Signatu	re n	IVIOTTIS	VIIIC	. / 1300	Date				
Anthony T Perna	Presi	ident				1	L		5 5 4 4 4 5 5 6 4 4 4 4		2/7	/18			

Chileio	F) TIF	Sta CATION Ureualt	of ASBI to NJAC	stos.	ABATE	MENT 0)		Dr	EG				
Date of Notification (1) 02/06/2018				Building						168	12	20	8	F
Agencies Notified Type Notification			Street A	ddress le Point	on Hu	dson				ASBESTO	OS CO		OL 8	ž.
X EPA	#		City, Sta	te, Zip Co	de					LIC	ZINO	ING		
	(including	_	Name of Kevi K	Contact					Те	lephone Nu	mber			
Name of Facility Where Abatement is Takir	o Place (3)		FACII	LITY INFO	ORMATI	ON	Type	of Facility	(4)					
School (Burchard Building) Street Address 1 Castle Point On Hudson	3 (-,						×	School (K- Subchapte	12) r 8 (Oth	er than K-1 & commerc		dings	, home	es,
City (5) Hoboken								re Feet	# c	f Floors A	100	Bldg. /	Age	
County (6) Hudson			County C	Code (7) JSE ONLY)						ing demolis Building				
Name of Monitoring Firm Hired by Building Briggs Associates	Owner (8)		ASCM 0004					tement Co ement, Ir		(9)				
Street Address 3 Crosswicks Street							Addres	ss gren Ave	nue					
City, State, Zip Code Bordentown, NJ 08505								ip Code J 07512						
Project Manager for Monitoring Firm Michael Hoodak	-1		Telephor	ne No. 8-5520		100000000000000000000000000000000000000	hone No 345-8			License N	10.			
Start Date (10) 02/17/2018	Schedule 02/19/2			Date (11)				HA Monitor ement, Ir			ACT TO SE			
Occupancy Status During Abatement (Chec							Addres	ss gren Ave	nue					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:						City, S	State, Zi	p Code J 07512	1140			-11.0000		
Scope of Work (Check All That Apply)							,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Re	enova emoli				××	Mir Glo	i-Enclosur vebag Pro	e cedure	n Negative I			·e	
		Locat					_						ement /pe	Ĺ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	d Sole ntena	ely by ance/ Staff?		tos Cont thermal surfa		Material s insula NT, or		(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	(0)
Burchard Building Room #615		X			Pipe	Insula	ation			5 LF	X			
										W2				
Name of Registered Waste Hauler		1	NJDEP W	aste	Cubic	Yards		Name of	Registe	ered Landfil				
D&S Abatement, Inc.		10.00	Hauler ID 10996	No.	of Was			Waste	Mana	gement o				
City, State Totowa, NJ					Dispos TBD	sal Date		City, Stat Mooris		PA				
Completed by Ned Joksimovic	Title Projec	et Ma	anager		S	ignature	2	FA!		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate 2/06/:	2017	Ŷ	

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Chilelle	P) L	GATION Histiant	of New OF ASE to NJAC 8	8:50 and	ABATE 1 12:120	0)	Т	000	E				E	
Date of Notification (1) 02/06/2018				f Building (Hruscik	Swner/C	perator	(2)			}	FB	12	201	ď	1
Agencies Notified Type Notification			Street A	ddress						ASB	EST(OS C	ONTE	ROL	<u> </u>
X EPA X Initial Amended Amendment	#			ate, Zip Co ah, NJ 0							LIC	CENS	ING		MCMMOC N. C. COMM
Emergency (justification)			Name o	f Contact Hruscik	7 100				Те	lephor	ne Nur	mber			
DCA Cancellation				LITY INFO	DRAATI	ON									
Name of Facility Where Abatement is Taking House	g Place (3	3)	PAGI	LITTIME	ZKWATI	ON	Тур	e of Facility							
Street Address							×	School (K- Subchapte Other (i.e.	r 8 (Oth	ner tha & com	n K-12 ımerci	2) al buil	dings,	home	es,
City (5) Mahwah								etc.) uare Feet A	# 0 N/	of Floo	rs	11/2/20	Bldg. A	ge	
County (6) Bergen				Code (7) USE ONLY)			Cui	rrent Use (Pr	1		molish			3000	
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN				of Al	batement Co atement, I		r (9)					
Street Address						Street	Add	ress							
						to store		ngren Ave	nue						
City, State, Zip Code						0.00		Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		No. -8685		Lice 013	nse N	0.			
Start Date (10) 02/16/2018	Schedule 02/17/2		npletion	Date (11)				SHA Monitor atement, Ir							
Occupancy Status During Abatement (Chec	k Only Or	ie)				Street									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: occupied						City, S	state,	Zip Code	nue						
Scope of Work (Check All That Apply)						1010	wa,	NJ 07512							-
≥3 sf or ≥3 if ≥160 sf or ≥260 if		tenova emolit				×	N C	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure						
Location of		Locati Iormal			Dos	scription			4 () 4.	14 1101			Abate		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	nce/		os Cont thermal surfac	aining N	Mater s insi T, or	8	(Amoun Specif F or Lf	y	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					,						te	(0
Basement	Χ			Pipe	Insula	tion		,	95 LF		X				
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	IJDEP W lauler ID 0996	RECOGNISION OF THE PERSON OF T	of Was			Name of Waste							
City, State Totowa, NJ						al Date		City, Sta Mooris		 PA					
Completed by Ned Joksimovic	Title Proje	ct Ma	nager			ignature	9	Ta	/		Da 02	ite 2/06/2	2018		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) CHECK# 1724

Date of Notification (1) 02/06/2018				Name of LISA	of Building	Owner/0	Operato	r (2)					П	D.C.		
Agencies Notified	Type Notification			Street A	Address					HD),	EC	E		\mathbb{V}	5	In
EPA DEP DOL	Initial Amended Amendment	#		City, St.	ate, Zip C _INGSW	ode /OOD 1	NJ 081	108		M	FE	B 1	2	201	8	
DOH DCA	Emergency (justification) Cancellation			Name o	of Contact					Tel	enhone i	Numbe	er_		JL &	
Name of Facility Where A	Abatement is Takin	n Place (3	()	FAC	ILITY INF	ORMAT	ION	Type	of Facility ((4)		LIVEN	On	VV.		-
RESIDENTÍAL Street Address									School (K-1 Subchapter Other (i.e. petc.)	12) r 8 (Oth	er than K & comme	(-12) ercial b	uild	ings	hom	es,
City (5) COLLINGSWOOD									re Feet	# 0	f Floors			dg. <i>A</i>	\ge	
County (6) CAMDEN	11				Code (7) USE ONLY)		Curre	nt Use (Pri SIDENTIA	or if bei	ng demo	lished))			
Name of Monitoring Firm ACER ASSOC.	Hired by Building (Owner (8)		ASC	И No.		Name ASS	of Aba SUREI	tement Cor D ENVIR	ntractor ONM	(9) ENTAL	SER'	VIC	ES	INC	
Street Address 1012 INDUSTRIAL	DRIVE						100000000000000000000000000000000000000	Addres	ss MS RUN							
City, State, Zip Code WEST BERLIN NJ	08091								ip Code HILL NJ	08062	2					
Project Manager for Moni MATT DEPALMA	toring Firm			Telepho 856-8	ne No. 09-1202	2		hone No -304-4			License 01145					
Start Date (10) 02/21/2018		Schedule 02/23/2	d Cor 2018	npletion	Date (11)		Name EMS		IA Monitor							
Occupancy Status During			10					Addres	ss 30 NORT	-Н		D=3 (8, =8)				
Facility Closed/Vaca Abatement Performe Other – Describe: V	ted During Entire P ed Outside of Norm VORK AREA VACA	eriod of A al Facility NT DURI	baten Hours NG Al	nent S BATEME	NT		City, S	State, Zi			77					
Scope of Work (Check All	That Apply)														100000	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		The same of the sa	enova emolit				× ×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure	(50)				9	(e) (d)
			Locati						LXOMPLOC	/ / 4/10	211017-111	IGDIC I	-	bate	ment	
Location Asbestos-Containing N	50	Used	lormal d Sole	ly by	Ashes	Des tos Cont	scription		(ACM)	۸۰	mount		Т	Ту		
TO BE ABA In Facilit (13)	TED		ntenar odial S (12)		(i.e.	thermal surface	systems cing, VA niscellar	s insula T, or	tion,	(S	pecify or LF)	Remova	0	Repair	Encapsulate	Enclosure
BASEME	NIT	Yes	No	N/A		DIDE		.=							te	U
DASEIVIE	IN I			X		PIPE I	NSUL	AHON	Į į	22	0 LF	X				
													1			
Name of Registered Waste	a Haules		1	IDED												,
ASSURED ENVIRON		VICES	Н	JDEP W auler ID 034895	No.	of Was 08			Name of I							
City, State MULLICA HILL NJ							al Date 3/2018		City, State		RG, OH	Н				
Completed by RON SWANSON		Title GENI	ERAL	_ MAN	AGER	S	ignature	Kush	ebu	CHOS		Date 02/06	3/2	018		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
140 N IAC 8:60-7 and 12:120-7)

FEB 1 2 2018

ETS JOB # 4959/17 (CHECK# 28548 AMENDMENT #7 -ADDED WORK HOURS QUANTITIES & LOCATION Date of Notification (1) Name of Building Owner / Operator (2) ASBESTOS CONTROL & 2/6/2018 NJIT LICENSING Agencies Notified Type Notification Street Address \boxtimes **EPA** 323 DR. MARTIN LUTHER KING BLVD. DEP Initial Notification City, State & Zip Code X X DOL Amended Notification NEWARK, NJ 07102 X Telephone N. DOH Cancellation Name of Contact DCA MR. TODD K. MILLER **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJIT - FACULTY MEMORIAL HALL School (K-12) Street Address Subchapter 8 (Other than K-12) 111 SUMMIT STREET AKA 120-142 BLEEKER STREET Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 92,516 5 51 **NEWARK ESSEX** Current Use (Prior if being demolished) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) OMEGA ENVIRONMENTAL 00120 ETS CONTRACTING, INC. Street Address Street Address 280 HUYLER STREET 160 CLAY STREET City, State & Zip Code City, State & Zip Code SOUTH HACKENSACK, NJ 07606 BROOKLYN, NY 11222 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number ALEX PALLETS 201-310-9665 718-706-6300 00511 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor 10/11/2017 10/01/2018 TESTOR TECH. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 10 59 JACKSON AVENUE Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: MONDAY - FRIDAY 9:00 PM - 5:30 AM LONG ISLAND CITY, NY 11101 Other - Describe: Scope of Work (Check all that apply) □ Renovation Demolition Full Containment \boxtimes Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM Glovebag Procedure Other: TENT & EXTERIOR NON-FRIABLE PROCEDURES, WRAP & CUT Quantity is ≥ 160 SF or ≥ 260 LF ACM Location of Is Location Normally Description of Amount Abatement Type Asbestos-Containing Material (ACM) Used Solely by Asbestos-Containing (Specify (Specify: Removal, Maintenance or TO BE ABATED in Facility Material (ACM) (i.e., thermal systems Square Feet or Repair, Encapsulation Custodial Staff? (12) (13)insulation, surfacing, VAT Linear Feet) or Enclosure) or other miscellaneous) BASEMENT - BOILER ROOM YES PIPE INSULATION 150 LF TENT/GLOVEBAG OR **GLOVEBAG** ROOF LEVEL YES ROOFING & FLASHING 2400 SF EXTERIOR NON-FRIABLE **PROCEDURES** BASEMENT - HALLWAY & ROOMS NO PIPE INSULATION 45 LF TENT FACADES - NORTH & SOUTH NO TRANSITE 2,000 SF EXTERIOR NON-FRIABLE **PROCEDURES** 1ST FLOOR NO PIPE INSULATION (WRAP & CUT) 213 LF TENT WINDOW GLAZING 76 SF EXTERIOR NON-FRIABLE **PROCEDURES** PIPE INSULATION 100 LF WRAP & CUT

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45142	N	OTIFIC J (Pu	Sta CATION Irsuant	te of New OF ASBE ONJAC 8	Jersey STOS ABA :60 and 12:	TEN 120	MEN	т					₩		
Date of Notification (1)				Building O en Clemo	wner/Opera	ator	(2)		ШЦ	t	: B 1	5	201	ğ	L
Agencies Notified Type Notification			Street Ad	Idress						ASBE				OL 8	Ž.
EPA Initial DEP X Amended Amendment	4			e, Zip Cod					and the superior of the superi	ALIEN PER PER	LICE	NS	ING		-
Emergency (i			Jersey Name of	City, NJ	07305					anhone l	Numha	ar.			-
DOH justification) DCA Cancellation			Kathy (Clemons					c'=						
Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFO	RMATION	7	Тур	e of Facility ((4)			=			
Residence-Clemons								School (K-1							
Street Address							×	Subchapter Other (i.e. p	r 8 (Othe orivate 8	er than r & comme	K-12) ercial b	uild	ings,	home	s,
City (5)						-	Sq	etc.) uare Feet	# of	Floors		BI	dg. A	ge	
Jersey City							25		2			- 20	00		
County (6) Hudson			County C (STATE U	code (7) ISE ONLY)				rrent Use (Pri			olished	l) 			
Name of Monitoring Firm Hired by Building C Active Environmental Technologies			ASCM	No.				batement Co nvironmen			gies,	Inc			
Street Address 203 Pine Street					10000			ress e Street							
City, State, Zip Code Mt. Holly, NJ 08060								, Zip Code /, NJ 0806	60						
Project Manager for Monitoring Firm Nick Smaritto		- 1	Telephor 856-29	ne No. 8-2555	7858		none -702	No. 2-1500		Licens 01299					
Start Date (10) 2/7/18	Schedule 2/8/18	ed Con	npletion [Date (11)	Na	me	of C	SHA Monitor							
Occupancy Status During Abatement (Chec	k Only On	ie)			Str	reet	Add	ress							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Vacated during abate	al Facility	Hours	nent S		Cit	ly, S	State	, Zip Code							
Scope of Work (Check All That Apply)					-	_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enova emolit				2/2		Full Containm Mini-Enclosur Glovebag Pro	e cedure	- -						
	Locat	ion					Non-Exempte	o (*) an	id INOTI-F	Tiable		Abate	ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Normal d Sole intena todial 3 (12)	lly ely by nce/		Descriptos Containing thermal system surfacing other miscontains	ng N tem , VA	Mate is ins AT, o	sulation, r	(5	Amount Specify F or LF)		Remova	Ty Repair	e Encapsulate	Enclosure	
(13)	No	N/A ,		outer finad	Jac	.,550	,				<u>a</u>		late.	Ire	
basement	X			9 X 9	Til	es			25 SF		ζ				
basement	Χ			mas	stic	;		60	0 SF X	()	ζ				
Name of Registered Waste Hauler Active Environmental Technologies	, Inc.	F	JDEP W lauler ID 5704	100 Page 100	Cubic Yar of Waste 1	ds		Name of Moder			ndfill				
City, State Vt. Holly, NJ					Disposal Dis	Date	,	City, Sta York, F							
Completed by Victoria Wise	Title Proje	ect Ma	anager		Signa	atur	e	4	/	Λ	Date 2/7/				

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	e Notification	on		Stre	eet Address	S			_ U 1		CUI	0
	Initial			55-011-210-1		ligh Street			PLETONIE I		Total Consumer	_
				-	, State, Zip			ASBE	STOS	COI	VTR	Q
						ook, NJ 08805			LICE	NSIN	G	-
(NJAC 5:23-8)	iustification)	(inclua	ing	-	ne of Conta			* Telephone Nu				
// / / /					lex Baylo			1 Telephone Ni	mher			
						INFORMATION					-	
Name of Facility Where Abate	ment is Tak	ing Pla	ce (3)	- 1	ACILITY	INFORMATION	Tues of Feeder	///				
Verizon Bound Brook C	entral Off	ice	00 (0)				Type of Facility					
Street Address							School (K-1	8 (Other than K-	12\			
204 East High Street							Other (i.e.,	orivate and comm	nercial	buildi	nas.	
City (5)							homes, etc.)			3-,	
							Square Feet	# of Floors		Bldg.	Age	
County (6)						77/07/	26,043	2		+-5	0	
2 3 7				Col	unty Code	(7)(STATE USE ONLY)		rior if being demo)		
	by Duiter	. 0	- /0:	1.5=				mmunications				
	ny Building	Owne	r (8)	ASC	ЛNo.		ent Contractor (9					-
						BRISTOL EN	NVIRONMENTA	L, INC.				
						Street Address		W- 1995				-
					1123 BEAVE	R STREET						
					City, State, Zip C	ode			-		-	
					BRISTOL, PA	A 19007						
		Te	lephone	No.	Telephone No.		License No.				-	
				5-5810	215-788-604)	00509					
EPA						Name of OSHA N	Nonitor			-		_
	_			4_/	18	BRISTOL EN	VIRONMENTA	L. INC				
Occupancy Status During Abate	ement (Che	ck only	one)			Street Address		*SO # SO I LANCE LOOP		Data de la		_
☐ Facility Closed/Vacated Duri	ng Entire Po	eriod of	f Abate	ement		1123 BEAVE	RSTREET					
Abatement Performed Outsi Time of Abatement	de of Norma	al Facili	ty Hou	ırs - De	scribe	City, State, Zip C						_
Time of Abatement:A	AMF	M/ <u>5:0</u> 0	<u>0</u> PM- <u>2</u>	2:00AM		BRISTOL, PA						
cope of Work (Check all that a	pply)					Dittorol, 17	13007					
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emoliti				tainment with Neg losure g Procedure mpted (*) and No		ıre			
6		1	s Loca							atem	ent T	_
	I (ACM)		Norma ed Sol			Description o	f			1	1	-
TO BE ABATED	ii (ACIVI)	Ma	aintena	ance/	Asbe	stos Containing Ma	terial (ACM)	Amount	(em	Repair	nca	
		Cus	todial (12)	Staff?	(,,,,	surfacing, VAT,	or	(Specify SF or LF)	Remova	₩.	psu	
(13)		Yes	No.	N/A		other miscellane	ous)	200 TEST /	-		Encapsulate	
asement Sprinkler Room					0.01/11							
		_				T and Mastic		336 SF	\boxtimes			1
	2000	-				ting Insulation		1 LF				
	om		느			T and Mastic		760 SF				
			Щ			Tand Mastic		665 SF	\boxtimes			1
		D.	100000	IJDEP V lauler ID	No.	Cubic Yards of Waste	Name of Regist					1
y, State				20990		5'	MINERVA L	ANDFILL				
						Disposal Date	City, State					
						TBD	WAYNESBU	JRG, OH				
	Title					Signature		Z Da	te			-
Tillan DoC	10						1 DeCaro				8	

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						State of I				0								
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Date of Notification (1)											JITY E	6	E	Ш	\mathbb{W}	15		
02 /	09 /	18	1		1000		0.20	wner/Operator unications	(2)									
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Agencies Notified	Type Notific ☐ Initial	cation			100000	t Address	- In C	24				1 LU	- 1	()	2010			
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(110/10/0.20/0)	☐ Cancella				Ale	ex Baylo	r			,								
*			200		FA	CILITY	NFO	FORMATION										
Name of Facility Where A				e (3)					Type of Fa									
Verizon Bound Broo	ok Central	Offic	е						(K-12)	(Other than K	(_12)							
Street Address	v.										vate and com		al bu	ilding	js,			
204 East High Stree City (5)	τ					homes, etc.					T							
Bound Brook									Square Fe 26,043	et	# of Floors		0.000	dg. A +-50	-			
County (6)			-		Cou	ntv Code (7)(ST/	ATE USE ONLY)		se (Prio	r if being dem	nolishe		1-50	-			
Somerset	(),												-/					
Name of Monitoring Firm I	me of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)											272						
USA Environmental Inc BRISTOL ENVIRONMENT										NTAL,								
Street Address					Str	Street Address												
8436 Enterprise Ave)						1	1123 BEAVE	R STREET	3								
City, State, Zip Code								ty, State, Zip C										
Philadelphia, PA, 19	-				BRISTOL, PA	19007												
Project Manager for Monit Mark Jenkins	oring Firm				lephone		100	lephone No.			License No							
Start Date (10)		Sahaa	lulad C		215-36: letion Da			215-788-6040 me of OSHA N			00509							
02 /26 /	18)4 /)4 /	W		BRISTOL EN		NTAL,	INC							
Occupancy Status During	Abatement ((Checl	k only (one)			Str	reet Address			VANDAGES			-				
☐ Facility Closed/Vacated	d During Ent	ire Pe	riod of	Abat	ement	\$11 PART - 1												
Abatement Performed																		
Time of Abatement:		P	VI/ <u>5:00</u>	PIVI-	2:00AW	BRISTOL, PA 19007												
Scope of Work (Check all	that apply)					57.5.11.0						W -2						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re	nova			 ⊠ Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 											
ZZ = 100 31 01 = 200 11				111011	1011						Friable Proce	edure						
			0.000		ation							T	Aba	ateme	ent Ty	уре		
Location of Asbestos-Containing M		A)		Norm	lally lelv bv	Ach	. ataa	Description of Containing Ma			A		Re	Re	Щ	ш		
TO BE ABAT	red	vij	A-300000		ance/			ermal systems		'	Amount (Specify		Removal	Repair	Encapsulate	Enclosure		
IN Facility (13)	/		Cus	1001a (12	I Staff?			surfacing, VAT ther miscellane			SF or LF)		/al		sula	sure		
(10)			Yes	No	1		Οί	inei illiscellane	ous)						te			
Basement Power Rooi	m					9x9 VA	Tan	nd Mastic			1,152 SF							
Basement Battery Roo	om #1				\boxtimes	9x9 VA	Tan	nd Mastic			650 SF		\boxtimes					
Basement Battery Roc	om #2				\boxtimes	9x9 VA	Tan	nd Mastic			1,520 SF	-						
Basement Collocation	Area				\boxtimes	9x9 VA	Tan		650 SF									
Name of Registered Waste	NJDEP		0.000	bic Yards of	Name of F	Registe	red Landfill				(
SERVICE TRANSPO	Hauler I 2099		Wa	iste	MINER	RVA LA	ANDFILL											
City, State			Dis	posal Date	City, State	е												
NEW CASTLE, DE							T	BD	WAYN	ESBU	BBURG, OH							
Completed By (Print or Type) Title								Signature	^ -		10-	Date	,	0				
Dillan DeCaro Estimator								Dilla	n Dece	aw/gr 2-9-18								
SB-41	S.									1				-	-			

State of New Jersey ATION OF ASBESTOS ABATEMENT Surstant to NJAC 8,60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Verizon Communications 18 09 02 Street Address Type Notification Agencies Notified 204 East High Street **⊠** EPA ASBESTOS CONTROL & ☐ Amended City, State, Zip Code **⊠** DOLWD LICENSING Amendment # Bound Brook, NJ 08805 **⊠** DOH ☐ Emergency (including Telephone Number □ DCA Name of Contact justification) (NJAC 5:23-8) Alex Baylor Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Verizon Bound Brook Central Office ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) 204 East High Street Bldg Age Square Feet # of Floors City (5) +-50 2 26,043 **Bound Brook** Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Verizon Communications Somerset Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. USA Environmental Inc Street Address Street Address 1123 BEAVER STREET 8436 Enterprise Ave City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Philadelphia, PA, 19153 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00509 215-788-6040 215-365-5810 Mark Jenkins Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) BRISTOL ENVIRONMENTAL, INC 04 / 04 / 18 02 / 26 / 18 Street Address Occupancy Status During Abatement (Check only one) 1123 BEAVER STREET ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/5:00PM-2:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Mini-Enclosure □ Renovation >3 sf or ≥3 lf ☐ Demolition >160 sf or ≥260 lf ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Encapsulate Enclosure Removal Location of Asbestos Containing Material (ACM) Amount Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A Yes No X 195 SF 9x9 VAT and Mastic X Basement Switching Store Room

MINERVA LANDFILL Hauler ID No. SERVICE TRANSPORT GROUP, INC. 20990 City, State Disposal Date City, State WAYNESBURG, OH TBD NEW CASTLE, DE Signature Completed By (Print or Type) Estimator Dillan DeCaro

X

 \boxtimes

N.IDEP Waste

Name of Registered Waste Hauler

Cubic Yards of

Waste

Name of Registered Landfill

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h4063		NOI	(F		uant	ALAC	8:60 and 5:	16)		UU FEB	1	2 2	2018			
Date of Notification (1)				N	ame of	Building C)wner/Operator	(2)								
	8 / _1	18			Mr. St	tephen D	urney		/ Job #4	ASBEST	Chk.	CON	ITRO	DL &		
Agencies Notified	Type Notificatio	n		S	treet Ad	ddress			L	L	ICEN	SIN	u	www.mar		
⊠ EPA	Initial														_	
□ DOLWD	☐ Amended	н		C	ity, Sta	te, Zip Coo	de									
□ DHSS	Amendment		-		Toms	River, N	IJ 08753									
DCA (NJAC 5:23-8)	☐ Emergency justification)		ig	N		Contact	0			Telephone Num	ber					
	Cancellation	1					witz, Corner	Sto	ne							
					FACI	LITY INF	ORMATION	17	Type of Facility (4	1)			0.000			
Name of Facility Where A		ing Plac	ce (3))					School (K-12)	')						
Residential Proper	ty							[Subchapter 8	(Other than K-12	2)					
Street Address								Ī	Other (i.e., privalent)	vate and comme	mmercial buildings,					
								- 5	Square Feet	# of Floors	E	Bldg. Age				
City (5)									2500	3		53				
Toms River					County	Code (7)	STATE USE ONL	Y) (Current Use (Pric	or if being demol	ished)					
County (6) Ocean				o o u,				Vacant								
Name of Monitoring Firm	Hired by Buildin	TA	SCM N	0.	Name of Abate	emer	nt Contractor (9)									
Horizon Env.	Timea by Banan	g O IIII o	. (0)						Mold Services	vices, Corp.						
Street Address			-	7,0			Street Address	3								
PO Box 316							3859 Sylor	n Bo	oulevard							
City, State, Zip Code					City, State, Zip											
Thorofare, NJ 0808	36				Hainespor	t, N	J 08036						_			
Project Manager for Mor	nitoring Firm		-	Telep	hone N	lo.	Telephone No 609-702-04			License No.						
Dave Flanigan					6-848-		00862									
Start Date (10)	Sc	heduled					Name of OSH									
2 / 22 /	18	_ 2	. / _	23	_ / _	18	EMSL Ana		cai, inc.							
Occupancy Status Durin	ng Abatement (Cl	neck onl	ly on	e)	wit two stores		Street Address		420 North							
☐ Facility Closed/Vaca	ted During Entire	Period	of Al	oaten	nent	ribo			te 130 North					-		
Abatement Performe	d Outside of Nor AM	mal Fac _PM/_	cility i	PM-		AM	City, State, Zi		, NJ 08077							
Scope of Work (Check a	all that apply)						[7] E-#-		ainment with Neg	nativa Prassura	En	do	line	_		
□ > 2 of or > 2 If		N	Ren	ovatio	on		☐ Mini-	Encl	losure	gative i recours	On	- ,				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Second .	1.0000	olitio			Glov	ebag	g Procedure mpted (*) and No	n-Friable Proce	dure					
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				ocati ormal			Descripti	on o	of			T				
Locatio Asbestos-Containing			Used	Sole	ly by	Asbe	stos Containing	Ма	iterial (ACM)	Amount		emo	Repair	nca	nclo	
TO BE A	BATED			ntena	nce/ Staff?	(i.e	., thermal systematics, thermal systematics, the surfacing, the surfacing, the systematics are surfacing and the systematics are surfacing as the systematics are surfacing as the systematics are surfacing as the systematic and the systematics are surfacing as the systematic and the systematic are surfacing as the systematics are surfacing as the systematic and the systematic and the systematic and the systematic are surfacing as the systematic and the systematic are surfacing as the systematic and the systematic and the systematic are surfacing as the systematic and the systematic and the systematic are surfacing as the systematic and the systematic are surfacing as the systematic and the systematic are surfacing as the systematic and the system	ems VAT	insulation,	(Specify SF or LF)		Removal	=	Encapsulate	Enclosure	
IN Fac			<i>,</i> , , , , , , , , , , , , , , , , , ,	(12)	J.Co.		other miscel							ate	CO	
(13,		Y	es	No	N/A											
Family Room & Clo	set]		\boxtimes	Floor T	ile			200 SF						
	1940		7									\boxtimes				
			-													
			-	ᆜ	+=-								П	П	П	
				Ц.		0/	Cubic Yards	of	Name of Regi	stered Landfill			_			
Name of Registered W Waste Manageme				1153	JDEP I	D No.	Waste 5	UI	Grand Ce							
City, State			-		1727		Disposal Dat	е	City, State							
Lafayette, NJ							2/23/18		Penn Arg	yle, PA						
Completed By (Print or	Tyne)	Title					Signatu	re			Date					
Kimberly A. Trum	Coor	dinator 2-8							8-	18						

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h495		NOTE	ICAT (Pur	MON.	OF ASE	w Jersey SESTOS ABAT C 8:60 and 5:16	EMENT	DEGE N FEB 1	2	V 2018					
Date of Notification (1)		1	Name o	f Building	Owner/Operator (2	2)	and lead				-			
2 /	8 / 18			Wayı	ne Senio	r Citizens Runr	nymede Corp /	Job #1502-1959 (hk.		MINISTER TURNS				
								ASBESTOS LICE	CON		DL&	_			
Agencies Notified	Type Notification		- 1		Address		L	LIVE	1/1/211/	.0		EMICSCHAIN			
⊠ EPA	⊠ Initial					ede Drive									
⊠ DOLWD	Amended Amendment #		(City, Sta	ate, Zip C	ode									
☐ DHSS	☐ Emergency (inc	cluding		Wayı	ne, NJ 0	7470									
(NJAC 5:23-8)	justification)	Jidding		Name o	of Contact		Telephone Number								
,	☐ Cancellation			Vinc	y Bruno										
				FACILITY INFORMATION											
Name of Facility M/bo	re Abatement is Taking	Place	(3)	1710			Type of Facility (4)							
		I lace	(5)				☐ School (K-12)								
	r. Citizens Village						(Other than K-12)								
Street Address								ivate and commercia	al buil	dings	5,				
100 Runnymede	Drive						homes, etc.)	# -f Flagge	DIA		_				
City (5)							Square Feet	# of Floors		g. Ag	-				
Wayne							9000	1	4	U					
County (6)				Count	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolishe	∌d)						
Passaic							R-2								
Name of Monitoring F	irm Hired by Building C	Owner (8	B) /	SCM N	No.	Name of Abatem	ent Contractor (9)								
Criterion Labora						Asbestos an	d Mold Service	s, Corp.							
Street Address						Street Address									
3370 Progress I	Trive Suite I					3859 Sylon E	Boulevard								
City, State, Zip Code	The state of the s														
						City, State, Zip C Hainesport,									
Bensalem, PA			Tolor	ohone N	lo	Telephone No.	110 00000	License No.							
Project Manager for I			060000000000000000000000000000000000000			609-702-0400									
Mike Panepress			1000	5-244-											
Start Date (10)	and the second s	fuled Co			100	Name of OSHA									
_ 2 / _ 23	_ / _ 18	2/	23	_ / _	18	EMSL Analy	tical, inc.								
Occupancy Status Di	uring Abatement (Check	k only o	ne)			Street Address									
☐ Facility Closed/Va	acated During Entire Pe	riod of	Abater	nent		200 U.S. Rot	ite 130 North								
☐ Abatement Perfor	med Outside of Normal	Facility	/ Hours	s - Desc	cribe	City, State, Zip C	ode								
Time of Abateme	nt:PI	M/	_PM-	/	ΑM	Cinnaminso	n, NJ 08077								
Scope of Work (Chec	ck all that annly)														
Scope of Work (Chec	ok all triat apply)						ntainment with Neg	gative Pressure							
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-En	closure ag Procedure								
≥160 sf or ≥260 lf	900 200 200 200 200 200 200 200 200 200	∐ ⊅е	molitio	n:		⊠ Non-Ex	empted (*) and No	n-Friable Procedure	3						
		le	Locat	ion					_	ateme	ent T	уре			
1000	ation of	1	Vorma			Description	of			1					
107070707	ning Material (ACM)	7.53563636	ed Sole			estos Containing M	aterial (ACM)	Amount	em	Repair	nca	nck			
TO BE	ABATED	60 0	intena todial		(i.e	e., thermal systems		(Specify SF or LF)	Removal	#	psu	Enclosure			
305-9112	acility	Cus	(12)	olai!		surfacing, VA other miscellan		SF UI LF)	<u> =</u>		Encapsulate	e			
(13)	Yes	No N/A		1	other miscentari					CD				
					D	Cailin (4 !! -	trin nor unit	approx. 5 SF							
Unit 101 - Tower	Building				Popco	rn Ceiling (1 " s	suip per unit)				N				

140 SF Floor Tile & Mastic (14 SF per unit) \boxtimes SAME UNITS AS ABOVE Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste **GROWS Landfill** Freehold Cartage

City, State 02265 5 Disposal Date City, State

Freehold, NJ 2/23/18 Morrisville, PA 19067

Freehold, NJ

Completed By (Print or Type)

Kimberly A. Trumbetti

Title

Office Coordinator

Morrisville, PA 1906

 \boxtimes

Ch15704	NO	TIFIE	ATIO	NOF AS	BESTOS ABA AC 8 60 and 5:1	TEMENT	DE GE		\mathbb{V}					
Date of Notification (1)	9800	Li			ng Owner/Operator	1	THEB	1 2	2018	}	$\parallel \downarrow \parallel$			
//	18		Cı	uthbert B	oulevard RE, LL	c	U U FED	1 2	2010		1			
Agencies Notified Type Notif	ication		Stree	et Address						-	_			
☐ EPA ☐ Initial ☐ Amend	a d		10	0 SE Thi	rd Ave., Suite #1	880	ASBESTO	S COI	NTRO JG)L &				
☑ DOLWD ☐ Amend ☑ DHSS Amend			City,	State, Zip	Code		LIOI	114011	40					
	ency (includi	ng			lale, FL 33394									
(NJAC 5:23-8) justifica		_	1 12 13 42 41 11 12	e of Conta			Telephone Nun	ber						
☐ Cancell	ation		Jo	e Barbar	а			_						
			FA	CILITY	NFORMATION									
Name of Facility Where Abatement is	Taking Place	ce (3)				Type of Facilit	2000							
761 Cuthbert Blvd.						School (K-								
Street Address						Other (i.e.,	r 8 (Other than K-12 private and comme	() rcial b	uildin	as				
761 Cuthbert Blvd.						homes, etc	i.)		and in	90,				
City (5)						В	ldg. A	\ge						
Cherry Hill, NJ	1		1			44,000	1		55+					
County (6)			Cou	nty Code (7)(STATE USE ONLY)		Prior if being demoli	shed)						
Camden	T. 0	(8)				Vacant								
Name of Monitoring Firm Hired by Bu Vertex	liding Owner	r (8)	ASCM	No.	Name of Abatem		2.5							
Street Address			NA			ironmental Sy	/stems							
700 Turner Way					Street Address									
City, State, Zip Code					550 East Union St. City, State, Zip Code									
Aston, PA 19014					West Cheste									
Project Manager for Monitoring Firm		Tel	ephone	No	Telephone No.	I, FA 19302	License Ne							
Don Heim		7000	10-558		610-701-9000)	License No. 00508							
Start Date (10)	Scheduled (- 330			Name of OSHA M		00308							
			/		Vertex									
Occupancy Status During Abatement					Street Address					7-1510				
☐ Facility Closed/Vacated During Ent			ment -	-	700 Turner W	lav								
Abatement Performed Outside of N				scribe	City, State, Zip Co					_				
Time of Abatement: 7AMP	M/ <u>3:30</u> PM-		AM		Aston, PA 19									
Scope of Work (Check all that apply)														
□ >3 sf or >3 lf	Пв	enovat	ion				gative Pressure							
\square \geq 3 sf or \geq 3 lf \square \geq 160 sf or \geq 260 lf		emoliti			☐ Glovebac	Procedure								
					☐ Non-Exer	mpted (*) and N	on-Friable Procedu	е						
Location of	1000	s Loca Norma			D	•		Ab	atem	ent T	ype			
Asbestos-Containing Material (ACN	(I) Us	ed Sole	ely by	Asbe	Description of stos Containing Mat		Amount	Re	Re	En	En			
TO BE ABATED	1,100	aintena stodial			., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure			
IN Facility (13)	Jul	(12)	Otan:		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure			
* *	Yes	No	N/A		outer impositation	340)				te				
Main Floor				VAT			8000 SF				П			
Men's Room				Wall Til	e Adhesive		300 SF							
Main Floor				Pipe Ins	silation Debris		2000 SF							
Exterior Windows				A CONTRACTOR	Glazing		30 EA	-						
Name of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Regis			Ш	Ш	Ш			
Richard Burns & Co.		1000	auler ID	No.	Waste	그 아이 맛이 없었습니다. 살맞아 보다 보다 생기 없는	Berks Community	, I an	Afill					
City, State			19955		40 Disposal Date	City, State	Johnnann	_a11	will!					
Phila., PA					TBD	Birdsboro	ΡΔ							
Completed By (Print or Type)	Title				Signature	Direction								
Mark Griffin	Estima	tor			Signature	M TA	Dat	e /	0/	1	>			
SB-41					/	VIYTAM		2/	1/	18	>			

Alhint. 1		NOT	EICATHO	State of New Je DN OF ASBEST	rsey		ME	C		п п	2 -			
411004		NOT	Pursual	E										
Date of Notification (1)			Name	of Building Own	er/Operato	or (2)	115							
02/10/2018			Osv	aldo Mendez		. (2)		FEB	12	วก	10			
Agencies Notified Type No	tification		Street	Address					1 6	20	10	-		
EPA X Init	ial							Salamana waxay	Ort to charge	Difference Con-				
	ended			state, Zip Code			AS	BESTO	OS CO DENS		ROL 8	Š		
☐ Fm	endment # ergency (includir	na	Irvin	gton, NJ 071	11		Arranasana and and and and and and and and and	h-1 \.	A 11 4 0	IIVG		Marketon de		
DOH just	ification)	ig	212000000000000000000000000000000000000	of Contact			Teleph	none N	umber					
DCA Car	ncellation			aldo Mendez			1							
Name of Facility Where Abatement	is Taking Place	(3)	FAC	CILITY INFORM	ATION		€,,							
Private	raining i lace	(5)				Type of Facility	(4)	1						
Street Address						School (K-	-12)							
						Subchapte Other (i.e.	er 8 (Other t	han K-1	12) sial bu	ildina	o h			
City (5)						etc.)	e. private & commercial buildings, homes,							
Irvington						Square Feet	# of Floors Bldg. Age							
County (6)			County	Code (7)										
Essex			(STATE	USE ONLY)		Current Use (Pr	for if being	demolis	hed)					
Name of Monitoring Firm Hired by E	Building Owner (8	3)	ASC	M No.	Name	of Abatamant Ca	-11 (0)							
	-					noval Safety L	Contractor (9)							
Street Address					Street		n series							
						osby Ave								
City, State, Zip Code						tate, Zip Code								
						rson, NJ 0750)2							
Project Manager for Monitoring Firm	1		Telepho	one No.		one No.		cense N	lo					
Charl Data (40)			973-	400-8711		1332								
Start Date (10) 02/19/2018	Schedu	led Cor	mpletion	Date (11)		of OSHA Monitor								
The second control of the second seco	02/22				Rem	oval Safety Ll	_C							
Occupancy Status During Abatemer						Address								
Facility Closed/Vacated During Abatement Performed Outside	Entire Period of	Abaten	nent			osby Ave								
Other – Describe: 8:00 am -5:	00 pm	y Hours	5			ate, Zip Code								
Scope of Work (Check All That Apply	v)				Pate	rson, NJ 0750	2							
					_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			H	Full Containme	ent with Neg	gative P	ressu	re				
			.011		×	Mini-Enclosure Glovebag Prod								
						Non-Exempted	d (*) and No	n-Friab	le Pro	cedur	е			
		Locati				Abatement								
Location of Asbestos-Containing Material (A)	Use Use	Normal d Sole	ly by	D	escription	of			-	Ту	pe I			
TO BE ABATED	Ma	intenar todial S	nce/	(i.e. therm	ntaining Ma al systems	aterial (ACM) insulation,	Amour (Speci	100	77		ᄪ	ш		
In Facility (13)	Cus	(12)	olaii?	surf	acing, VAT	, or	SF or L		Removal	Repair	Encapsulate	Enclosure		
#******* *	N .		T	otner	miscellane	eous)			ova	air	sula	nusc		
	Yes	No	N/A						_		ate	е		
Basement			Х	Pip	e Insulati	ion	30 LF	=	х		X			
							12:50, 700				^			
											_			
Name of Registered Waste Hauler		IN	JDEP Wa	anta I o I i										
Removal Safety, LLC			auler ID I		c Yards aste		Registered L	andfill						
City, State		37007		100 (0.7k)	GROW	S North								
Paterson, NJ	33370 03203	sal Date	City, State											
Completed by		TBD			Morrisville, Pa									
-asko Veskov	Title Presi	dant			Signature/ / Date									
			Zaslus Leslor 02/10/2018											

JH15703		١	ITO		ATJON	OF AS	BESTOS ABAT C 8 60 and 5:10		DEG		VE				
Date of Notification (1)		Continue.			20000		g Owner/Operator (2)	m			111			
	9 /	18	-33		Exx	conMobil			UU FEB	122	2018				
Agencies Notified	Type Notific	ation			Street	Address						+			
⊠ EPA					154	5 Route	33 East	1	ASBESTO	SCON	ITROL 8	2			
□ DOLWD	☐ Amende	d			City. S	State, Zip 0	Code		LIC	ENSIN	G				
□ DHSS	Amendm		- 144				NJ 08801		PERSONAL ADMINISTRAL ARCHITECTURES AND ACTIVIDES (AND TOWNS OF THE COMMENSARIAN AND THE COMENSARIAN AND THE COMMENSARIAN AND THE COMMENSARIAN AND THE COMMEN						
DCA (NJAC 5:23-8)	☐ Emerger justificati		uding	l		of Contac			Telephone Num	ber					
(NJAC 5.23-0)	☐ Cancella				10.000000000000000000000000000000000000	nes Lour	272		relephone Number						
							IFORMATION								
Name of Facility Where A	hatement is	Taking I	Place	(3)	FA	CILITI IIV	IFORMATION	Type of Facility	ity (4)						
ExxonMobil Clintor		r aking i	1400	(0)				School (K-1	V. 5.74						
Street Address	Titesearch							☐ Subchapter	8 (Other than K-12						
1980/4080000040									private and comme	rcial bui	ldings,				
1545 Route 22 East								homes, etc.		DIA					
City (5)	0.4							Square Feet	# of Floors	1 10 50	lg. Age				
Annandale, NJ 0880	U1							850,000	3		30÷				
County (6)					Cour	ity Code (7	()(STATE USE ONLY)		rior if being demoli	shed)					
Hunterdon								Research							
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8)	ASCM	No.	Name of Abateme								
Vertex					NA		Alliance Envi	ronmental Sy	rstems						
Street Address							Street Address								
700 Turner Way							550 East Union St.								
City, State, Zip Code							City, State, Zip Co	ode							
Aston, PA 19014							West Chester	r, PA 19382							
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.						
Don Heim				6	0-558	-8902	610-701-9000		00508						
Start Date (10)	5	Schedu	led C	omple	tion Da	te (11)	Name of OSHA M	lonitor							
2 / _26_ /	18	_ 3	/	_ 30	_ /	18	Vertex								
Occupancy Status During	Abatement (Check of	only o	ne)			Street Address								
☐ Facility Closed/Vacate	d During Enti	re Perio	d of	Abate	ment		700 Turner W	'ay							
Abatement Performed						cribe	City, State, Zip Co	ode							
Time of Abatement: 7	AMPN	// <u>3:30</u> F	PM	/	AM		Aston, PA 19	014							
Scope of Work (Check all	that apply)														
□ >2 of or >2 If		_	7 Da						gative Pressure						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati molitic			☐ Mini-Encl	osure Procedure							
						â			on-Friable Procedu	re					
VI VOID				Locat						Aba	tement 7	Гуре			
Location		.		lorma d Sole	lly ely by	A - 1-	Description of		A10000000000	R	Z II	ш			
Asbestos-Containing I TO BE ABA		"	Mai	ntena	nce/		stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Encaps Repair	ıclo			
IN Facilit			Cust		Staff?	(surfacing, VAT,	or	SF or LF)	va l	Encapsulate Repair	Enclosure			
(13)		-	. 1	(12)	1		other miscellaned	ous)			ate	(D			
			Yes	No	N/A					-					
Ground Floor Storage	9	1				VAT / M	lastic		8000 SF						
		[
] [
		Г													
Name of Registered Wast	e Hauler				JDEP V	Vaste	Cubic Yards of	Name of Regi	stered Landfill		_ _	1			
Veola				10000	auler II		Waste		Berks Communi	ty Lanc	dfill				
City, State		-					120 Disposal Date	City, State		10000000000000000000000000000000000000					
Flanders, NJ							TBD	Birdsboro	, PA						
Completed By (Print or Ty	me)	Title	-				Signature			ate ,					
Mark Griffin	r ~/	The state of	imat	or			7	m Att		2/9	110				

D&S Froj. #: 18-34	Đ		Notific (Pursu	cal		FEB 1 2 2018								
Date of Notification (1)	Na Na	ame of Build	ling Own	er/	Operator (2)								_	
0 2 / 0 6 / 1 7		OMGI CO		JC'	TION			ASBE	STOS C	TMO:	ROL	&	\rightarrow	
Agencies Notified Type Notificatio	n Sti	reet Address	S					Technology and appropriate the second	MANAGEMENT OF THE PROPERTY.	No. of Concession,	and the same	on pleasure of the		
DEP Amended	11 -	1934 APP		OL	DRIVE									
Amendment #:	11	ty, State, Zi												
Emergency	1.1	ORFIELD		180	069			Telephone	Number		-			
DOH (including justification)	Na	me of Conta	act					1 Telephone	rambor					
☐ DCA ☐ Cancellation		MARTY												
 			FAC	ILI	ITY INFORMA	TION								
Name of facility where abatement is	taking pla	ce (3)						Type of Facility (4)	//C 42\					
								School		hor th	on k	10)		
NJ AMERICAN WATER					☐ Subchar	oter 8 (Ot rivate/Co			12)					
Street Address					Bldgs./H	omes, et	c.							
300 DUKES PARKWAY							Square Feet # of Floors Bldg. A							
City (5)	Coun	ty (6)					ty Code (7) e use only)	Current Use (Price	or if being	demi	olishe	d)		
MANVILLE	WA	RREN				(0.0	, , , ,	Current Osc (i iii	21 11 DOING	,		/		
Name of Monitoring Firm Hired by B	ldg. Owne	r (8)			ASCM No.		Name of Abatement (Contractor (9)						
							D & S RESTORA	TION, INC.						
Street Address				_			Street Address							
							20 California Av	e.	-	No.				
City, State, Zip Code							City, State, Zip Code	-02						
		Inha	ne Numi	ha		- -	Paterson, NJ 07: Telephone Number		License	Numb	er			
Project Manager for Monitoring Firm		Pric	me Num	Dei	·		973-345-8020	21160						
-0 5 (10)	ICahad	. Completion	Date (1	11)			Name of OSHA Moni	tor						
Start Date (10)	200000000000000000000000000000000000000		Date (1	' '/			D & S Restoration	on, Inc.						
02/22/18	03/22			Day 3	State of the Control	_	Street Address							
Occupancy Status During Abatement			nent				20 California Av City, State, Zip Code	enue						
Abatement performed outside	of normal	facility hours	S-				City, State, Zip Code							
Describe: NORMAL HO	OURS					-	Paterson, NJ 07	503						
Scope of Work (check all that apply								-ull Containment w/	negative	press	ure			
	Renovatio	n						Mini-enclosure						
□ >160 sf or ≥260 lf	Demolition	1						Glovebag procedure Non-Exempted (*) a		friable	proc	edure	•	
Location of	Is location	n normally u	sed sole	ly						R	R	E	E	
asbestos-containing	by mainte staff(12)	enance/cust	odial				sbestos-containing	Amount (Specify SI	= or	m	e p	n c	n	
material (acm) to be abated in facility (13)		No	N/A	-	material (ACM)		LF)	OI .	O V	a i	a p	L	
and the minimum (v = /	Yes	No	IN/A					1001 FT		e	-		 	
EXTERION MAIN BLDG.							/CHIMNEY LINING	100 L FT 142 SQ FT			片	片	ዙ	
EXTERIOR UTILITY RM.		L X		mont!			ANSITE PANELS	22 1 777			H	H	片	
" " "		 X		4			ANEL & CHIMNEY LINI HALT ROOF	100 SQ FT			H	片	H	
SHED		<u> </u>	11	믞	KOOLLED	ASIT	HALI KOOI	100 5Q 1 1			Ħ	Ħ	盲	
Registered Waste Hauler	NJD	EP Hauler II	D#	Ct	ubic Yards of \	Waste	Name of Registered	Landfill		.1			1	
D & S RESTORATION, INC.	135	506		_	YDS		TULLYTOWN,	RESOURCE RE	COVER	RY				
City, State	ate		City, State TULLYTOWN	РΔ										
PATERSON, NJ 07503 02/23/18 Completed by (Print or Type) Title Signature							Date							
BOGDAN JOLDZIC	PRESID	ENT							02/06	/2018	3			
	D	a thia farm	for achor	-to	e liceneure ev	amnte	d activities					- 17 I F		

Ch47108		NOT	FICATI Fursua	ON OF A	New Jers SBESTO: AC 8:60 a	SADMED	EMENT 0)	D,-[E C	E	\mathbb{V}	E		
Date of Notification (1) 02/07/2018			Name	e of Build	ing Owner tate Uni	/Operato	r (2)		FEB	12	201	8	1	
Agencies Notified Type Notification	1		Stree	t Address	s	versity			ASBEST	25 00	ONTE	OL 8	1	
➤ DEP				State, Zip				F	LI	CENS	ING			
Emergency		na	Mon	tclair, N	NJ 07043	3								
DOH justification Cancellatio)	3		of Conta Ferdin				Te	lenhone N	lumbe	r			
Name of Facility Where Abatement is Taki	DI	(6)		CILITY II										
College Hall	ng Place	(3)					Type of Facility	y (4)						
Street Address							School (K	(-12) er 8 (Oth	er than K	12\				
1 Normal Avenue							Other (i.e etc.)	bchapter 8 (Other than K-12) her (i.e. private & commercial buildings, homes,						
City (5) Montclair							Square Feet	# 01	f Floors	T	Bldg.	Age		
County (6)			County	Code (7	7) LY)		Current Use (P	rior if hai	na de 1	- h1)				
Essex	Name of Monitoring Firm Hired by Building Owner (8)							nor ii bei	ng demol	snea)				
Detail Associates Inc.	ASC 001	M No. 2		Name VMC	of Abatement Co Company In	ontractor	(9)							
Street Address 300 Grand Avenue		Street Address												
City, State, Zip Code					Piaget Avenu	e								
Englewood, NJ 07631 Project Manager for Monitoring Firm					n, NJ 07011									
Steven Jaraczewski		one No. 69-670	18	Telepho 973-2	one No. 53-8828		License 00704	No.						
Start Date (10) 02/19/2018	Schedu 04/16/	led Co		Date (11		Name o	of OSHA Monitor							
Occupancy Status During Abatement (Chec						Street A	Company Inc							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of	Abatar	ment			208 P	iaget Avenue	9						
Other - Describe: occupied							ate, Zip Code n, NJ 07011							
Scope of Work (Check All That Apply)	50115-00						, 0.011							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-Enclosur Glovebag Pro	Containment with Negative Pressure i-Enclosure vebag Procedure i-Exempted (*) and Non-Friable Procedure						
	Is	Locat	ion		***************************************		Non-Exempte	d (*) and	Non-Friat	ole Pro	Cedur			
Location of Asbestos-Containing Material (ACM)		Normal d Sole			Des	cription o	f					ре		
TO BE ABATED In Facility	Ma	intenai todial S	nce/	Asbe (i.e	thermal s	systems i	terial (ACM)		ount ecify	מ		Ē	т	
(13)		(12)	ztair:		surfac	ing, VAT, iscellane	or		or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A				, ,			val	air	ulate	sure	
Various locations			X		Blackbo	pard ma	stic	2,00	5 SF	x				
Throughout building			X		Fire	doors			EA	x			\neg	
Various Locations			X		Transi	ite pane	els	845		х			\dashv	
Attic			Х		Tal	ble top		7 5	SF	x			-	
Name of Registered Waste Hauler Newark Carting Inc			JDEP Wa		Cubic Y of Waste	300 - Carlo -	Name of F	Registere	d Landfill					
City, State			409		40y		Grand (Central:	Sanitary	Lan	dfill			
Newark, NJ			Disposa	I Date	City, State Pen Arg									
Completed by /oytek Roszkowski	lent			Sig	nature (& cosks	a Shir	Dat 02	te /07/2	018				

M145	X	NOI	(Pu	suant	to NJA	C 8.	09 ABA1	6)		15 11	U		
Date of Notification (1)	0			Name	of Building	Own	er/Operator (2	2)	The con-	10	2019		
02 /	09 /	18					Owners, LL	[1]	T FED	12	2010		-
Agencies Notified	Type Notificati	ion		Street	Address						mirtural security		
⊠ EPA	☐ Initial	.011				Ave	nue, Suite 2	203	ASBEST	os cor	NTRO	L &	
☑ DOLWD	☐ Amended				tate, Zip C				L	CENSIA	117	CONTRACTOR OF THE PARTY OF THE	ERS-97/10
□ DOH	Amendmer		.	2000	hmont, I		0538						
DCA (NJAC 5:23-8)			g		of Contact	555	2002200		Telephone Nu	mber			
(NJAC 3.23-0)	☐ Cancellation			Patr	ick Dobb	oins							
				FΔC	ILITY IN	FOR	MATION						
Name of Facility Where	Abatement is Ta	king Place	(3)	IAC	ALTI IN	OK	MATION	Type of Facility ((4)				_
Commercial	Abdicinent to 1 d	itting i ido	(0)					☐ School (K-12					
Street Address			_					Subchapter 8	Other than K-	12)	11-11		
540 Broad Street							1	Other (i.e., pr homes, etc.)		nerciai bu	ilaings	5,	
City (5)								Square Feet	# of Floors	Ble	dg. Ag	е	
Newark								%.			š š		
County (6)				Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being demo	olished)		71	
Essex				0.0000000000000000000000000000000000000	- W.				**************************************				
Name of Monitoring Fire	m Hired by Buildi	ng Owner	(8)	ASCM I	No.	Nam	ne of Abateme	ent Contractor (9)			-		
Whitman Environ		J	3.2			Al	LL PRO MA	NAGEMENT L	LC				
Street Address	(10-50-07/20-1800-2-)					Stre	et Address						
7 Pleasant Hill Ro	ad					27	Outwater	Lane					
City, State, Zip Code						City,	State, Zip Co	ode					
Cranbury, NJ						G	arfield, NJ	07026					
Project Manager for Mo	nitoring Firm		Tele	phone I	No.	Tele	phone No.		License No.	i i			
Kevin Lovely	ē.						73-928-4888		1188				
Start Date (10)	So	cheduled (Comple	ompletion Date (11) Name of OSHA				lonitor					
02 / 09	/18	02	/ _23	_ / _	18	A	LL PRO MA	NAGEMENT L	LC				
Occupancy Status Duri	ng Abatement (C	heck only	one)			Stre	et Address						
☐ Facility Closed/Vaca	and the state of the same of the same			ment		27	7 Outwater	Lane					
☐ Abatement Performe						City	State, Zip Co	ode					
Time of Abatement:	AM	PM/	PM-		AM	G	arfield, NJ	07026					
Scope of Work (Check	all that apply)								748 748				
		⊠ n	anauat	on			☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitic					g Procedure					
				8007			☐ Non-Exe	empted (*) and No	n-Friable Proce	edure			
			s Loca Norma							At	ateme	ent T	ype
Location Asbestos-Containin		Us	ed Sol		Ashe	stos (Description of Containing Ma		Amount	Re	Repair	Enc	En
TO BE A	BATED	l N	aintena			., the	rmal systems	insulation,	(Specify	Removal	pair	Encapsulate	Enclosure
IN Fac		Cu	stodial (12)				urfacing, VAT ner miscellane		SF or LF)	<u>a</u>		sula	ure
(13)	Yes		N/A		Ott	iei miscenane	ous)				te	
Bathroom - Floor 6							tion		25 LF				
Bathroom- Floor 7		\boxtimes	Pipe In:	sulat	tion		25 LF						
Bathroom- Floor 9					Pipe In	sulat	tion		25 LF				
Name of Registered W	aste Hauler		1	NJDEP I	Waste	Cub	oic Yards of	Name of Regi	stered Landfill				
ATC / All Pro Mar		:		Hauler ID No. Waste SW-24310 / 989 As Needed				Minerva Enterpris	ses / G.R.O.W.S. No	orth Landfill	/ Fairles	s Lan	dfill
City, State							oosal Date	City, State		NE 19881 1			
Shirley, NY / Garf	ield, NJ					T	BD	Waynesbu	ırg, OH / Mor	risville,	PA		
Completed By (Print or	Type)	Title		Signature						Date			
Allen Monchik		Proje	ct Mar	ager			Allen	Monchik	,	2/9/1	8		

PAI	пом (FICATIO	State of New Jers DN OF ASBESTO nt to NJAC 8:60 a	SABATE	MENT 0)	-	-	CHEC	:K#:	047
Date of Notification (1)	Accessed the second	Name	of Building Owner		Action .	11) <u>E</u>	ğ [3	
Agencies Notification Type Notification	วก	Street	Address	ER	GILARD		1	r D	1 2 2	018
EPA Initial Amended Amendment		City, S	State, Zip Code)		U_	Ц	EB	1 2 2	J 10
Emergenc	y (including	Name	WUCKOF of Contact	e , N	.5 07	437	ASBE	STO	S CON	TROL 8
DOH justificatio			GINGER-	Gic	ARD		Spirone iac	HI MEDIL	LIVOITY	_
Name of Facility Where Abatement is Tal-	ting Place (3)	1 74	DILTT INFORMA	IIOIA	Type of Facility	(4)				
RESIDENCE	E				School (K			**		
Street Address					Subchapte Other (i.e. etc.)	er 8 (Othe	er than K-1 commerc	2) ial bui	ldings, ho	omes,
City (5) WUCKOFF	,				Square Feet	# of	Floors	1	Bidg. Age	
BELGEN			Code (7) USE ONLY)		Current Use (Pr	rior if beir		hed)		
Name of Monitoring Firm Hired by Building	g Owner (8)	ASC	M No.		of Abatement Co AC Contractin	ntractor	(9)			
Street Address		-1		Street	Address Midland Ave					
City, State, Zip Code				City, S	tate, Zip Code and Park, NJ (77432				
Project Manager for Monitoring Firm		Teleph	one No.	Teleph	one No. 262-5841		License N	0.		
Start Date (10) 2/16/13	Scheduled Cor	mpletion	Date (11)	Name	of OSHA Monitor ga Environme					
Occupancy Status During Abatement (Che	eck Only One)	[10		_	ga Environine Address	illai Se	ivices ii	IC		
Facility Closed/Vacated During Entire	Period of Abater	nent		280	Huyler Street					
Abatement Performed Outside of Nor Other – Describe:	mai Facility Hour	S		\$0 PMSS	ate, Zip Code	7000				
Scope of Work (Check All That Apply)				Наск	ensack, NJ 0	7606				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova				Full Containm Mini-Enclosum Glovebag Pro Non-Exempte	e cedure				The second secon
Location of	Is Locati Normal	ly	Do	scription	100			1	Abateme Type	nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Used Sole Maintena Custodial S (12)	Solely by tenance/ dial Staff? Solely by Asbestos Contact (i.e. thermal staff?			aterial (ACM) insulation,	(Sp	ount ecify or LF)	Rem	Encap	Enclo

(12)

Vice President

Joseph Vocaturo

(13)

	110	2 4	. 2
CHECK #:	22.2	200	- 2
1 . 5-K3- (. 5% 3E*	1.00	- 10	7

	\bigvee	n		CATION	OF ASB	ESTOS	ABATEN		_					
		IU	1		to NJAC					DEC		11	/ F	3 [
Date of Notification (1)		Comme		Name of	Building					N.				-11
2/1/18 Agencies Notified T	ype Notification		-	Street A		HUCK	^	Jac	006	H	1 1 0	004	10	+
200	Initial		-							JU FEE	3 1 2	20	18	L
EPA X DEP X DOL	Amended		Ì	City, Sta	ite, Zip Co	ode								T
X DOL	Amendment #_ Emergency (in	cludina	- L			Jas	LU	2.	5 0	76 ASBEST	OS CO	ONTE	OL 8	2
☑ DOH	justification)	Guanty		Name of	Contact	0.7		,	lane.	Telephone N	WEBAS	ING		
DCA L	Cancellation			EACH	CHO		Mac	00 F		-				200
Name of Facility Where Aba	atement is Taking	Place (3)	1	PAUI	LITY INF	URMAII	OM	Type o	of Facility (4)		1177/00		
	10 ENCE								School (K-12	2)	80			
Street Address									Subchapter I	3 (Other than K- ivate & commer	·12)	dinge	home	ae.
					an a second			e	etc.)			15		
City (5)							-	Squar	e Feet	# of Floors	E	ldg. A	23.	
TENOF	LU							18	50	1 ob		+5	U	
County (6)					Code (7) USE ONLY	2		Currer	_	r if being demol	isnea)			
BE PAE A Name of Monitoring Firm Hi		uner (8)	- 1	ASCM	/ No		Name	of Ahat	ement Cont					
Name of Monttoning Firm Fi	rea by ballarig Of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		710011	1110.				ntracting					
Street Address							Street	Addres	s					
							185 [Midlar	nd Ave					
City, State, Zip Code							1		p Code					
							1		ark, NJ 07					
Project Manager for Monitor	ring Firm			Telephor	ne No.			one No 262-5		License 00158	No.			
Start Date (10)	T c	chadula	d Con	onletion I	Date (11)				A Monitor	00100				-
2-19-18				3-18						ital Services	inc			
Occupancy Status During A	batement (Check			0				Addres		*				
Facility Closed/Vacate	d Durina Entire Pe	riod of A	batem	nent			280 F	Huyle	r Street					
Abatement Performed	Outside of Normal	Facility	Hours						p Code					
Other - Describe:							Hack	ensa	ck, NJ 07	606				
Scope of Work (Check All T	hat Apply)	2000M.d					-	3						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		DATE OF THE PARTY	enova emolit	2000					Containme i-Enclosure	nt with Negative	Pressu	re		
E 100 31 01 2200 11			Ginom	1011			Z	Glo	vebag Proc			100		
	mark.						- Eur	1 Nor	-Exempted	(*) and Non-Fri	able Pro	Abate		
2.1.31			Locati ormal			-			1			Ty		
Location of Asbestos-Containing Ma		Used	d Sole	ly by	Asbes		scription taining M		(ACM)	Amount			Е	
TO BE ABATE In Facility			ntenar odial S		(î.e		systems cing, VA		tion,	(Specify SF or LF)	Reg	Re	Encapsulate	Enclosure
(13)	E CONTRACTOR DE		(12)				niscellan			OF Or LIT	Removal	Repair	sula	Inso
	A control of the cont	Yes	No	N/A							=		ote	0
٥	A District			1	5	.00	NSUL	<i>a</i> . b	. 1	4366	17			
Basement	1	-			700	Wes /	MAGE	11711		1000	-			
							4							
			1		. ,	T =					1			
Name of Registered Waste	mauler		1000	JDEP W auler ID		of Wa	Yards ste			legistered Land		1511		
Newark Carting Inc.			04	4509		1. 2			Grand C	Central Sanita	ary Lar	idilli		
City, State							sal Date		City, State					
Newark, NJ 07105		Titla					18 ON		ren Arg	yl, PA 08702				
Completed by Joseph Vocaturo		Title Vice F	Presi	dent		8	Signature N	8 1	No.	,	Date	10		
							- }	4 (Malin		000/1	110		
ASB-41 (R-06-08)							* Boho	t use th	nls form for	asbestos licensi	ure exen	npted	activit	ies.

	PA	NOTIFICA	ATION OF	NEW JERSEY ASBESTOS ABATEN JAC 8:60-7 AND 12:1:	1ENT 20-7		C.K	ecl.	430
Date of Notification (1)	_		Name of	f Building Owner / O L MYERS SQUIBB, II	perator (2)		EG	EI	VE
Aganaias Natified True of	NI-4161 41		Street A			113			
Agencies Notified Type of EPA	Notification Initial		ALTERNATION AND DESCRIPTION AN	UIBB DRIVE		1111			- 11
DEP	Amended	. s	NEW BF	ite, Zip Code RUNSWICK, NJ 08903	3	100	ttt		5018
DOH DOL		w/ justification		FContact SPIRITO		Teleph	one Num	THE RESERVE AND	ITROL &
	Cancellation	Market Street Street	FACILITY	INFORMATION		11		MENSIN	
Name of Facility Where Abate BRISTOL MYERS SQUIBB	ement is Taking	Place (3)		Type of Facility (4))				
Street Address ONE SQUIBB DRIVE				✓ Other (I)	(K-12) pter 8 (Other .e., private & homes, etc.)	than K-12 cmmercia	2) al		
City (5) County NEW BRUNSWICK MIDDLE	10.40	County Code	(7)	Square Feet	# Of Floors		Buildin	ng Age	
NEW BROKEWICK WIDDEL	OLX			25,000 Current Use (Prior		olished)	-	40	
Name of Monitoring Firm Hire	d by Blda O	(O)	Tanna	LABORATORY/RE					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nonector a	ASCM N	91					
ENVIRONMENTAL HEALTH INVESTIGET Address	STIGATIONS, INC),	0104	NORTHSTAR CON	TRACTING GI	ROUP, IN	C.		
655 WEST SHORE TRAIL				Street Address					
City, State, Zip Code				32 Williams Parkwa					
SPARTA, NJ 07871 Project Mngr. For Monitoring	Firm	Telephone Nu	una la a u	City, State, Zip Co	de				
WILLIAM KERBEL		973-729-5649		East Hanover, NJ 0	7936				
Sheduled Start Date (10)		pletetion Date (,	Telephone Numbe	r	License	Number		
$\frac{-03}{}$ $\frac{-07}{}$ $\frac{-18}{}$	04	$\frac{18}{18}$	18	973-884-8682				00860	
Occupancy Status During Aba	tement (Check	Only 1)		Name of OSHA Mo			testero-	30000	
Facility Closed/Vac Abatement	ated During En	tire Period of		NORTHSTAR CON' Street Address	TRACTING GF	ROUP, IN	C		
Abatement Perform	ed Outside of I	Normal Facility							
Hours - Describe: _ Other - Describe: _	7:00 AM-3:30	PM		32 Williams Parkwa			-		
				East Hanover, NJ 07					
Scope of Work (Check All Tha	t Apply)								
 Demolition ≥3sf or ≥3lf ≥160 sf or ≥260 lf 	V	Renovation	\ \ \ \ \	Full Containment w Mini - Enclosure Glovebag Procedur Non-Exempted (*) a	re				
Location of	Is	T	Descript	ion of	T	Abateme	ent Type		
Asbestos Containing	Location Normally	As	bestos - C Material		A	R	_	E	E
TO BE ABATED	Used	(1.	e., therma		Amount (Specify	E M	R	N C	N C
in Facility (13)	Solely	insu	lation, sur	facing, VAT,	SF or LF)	0	P	A	L
(13)	by Main- tenance/	or	other misc	ellaneous)		V A	A	PS	O S
	Custodial	1				Ĺ	R	ů	U
	Staff (12) YES NO N/A	-						L	R
B 90		CAULK & GLA	ZING WINI	OOW	1 EA	7		+	
B 90, ROOM 120		PIPE & FITTIN			15 LF	7			TH
B 90 B 90 ROOF		FIRE DOORS			20 EA	V			
Name of Registered Waste Hau NORTHSTAR CONTRACTING C	ıler	NJDEP Waste Hauler ID No.	Simple and the second	Name of Registered WASTE MANAGEM		SS HILL L	ANDFILL		!
City, State EAST HANOVER, NJ		, 50004		City. State MORRISVILLE, PA	. •				
Completed by (Print or Type)		Title		Signature	/	()		In.	
		1		7 7 7 2	1	5	-	Date	
Steve Stiles		Project Manage	r		een S	CCF	2	02/	/09/18

Committee out		\ [Constitution	NOTIFICA	TION OF A	NEW JERS SBESTOS A AC 8:60-7 A	BATEMEN		Le.	ckt	4_ =	303	5
Date of Notification 02 / 09	1) L / 18	U	L			Building Ov MYERS SC				r r	G I		-
/-	/				Street Ad				111)/-	5 6	5 1	VE	M
Agencies Notified	Type of No	tificatio	on			JIBB DRIVE			115				Ш
☐ EPA		Initial				e, Zip Code			111 111	P = B	4 /	2010	
☐ DEP		Amend				JNSWICK, N	NJ 08903		11111	FEH		2018	#4
☑ DOH		Amend			Name of					nb.	er		
DOL		Emerg		/ justification	PHIL DES	SPIRITO			11 4	4~~~.	CON	ITDOL 0	Щ
					FACILITY II	NFORMATIO	NC			LIC	CENSIN	G	\Box
Name of Facility Who BRISTOL MYERS SO		ent is T	aking I	Place (3)		Type of Fa	scility (4)	(-12)					
Street Address						1 🖺		er 8 (Other ti	han K-12)	i.			
ONE SQUIBB DRIVE								., private & c					
ONE SQUIDD DRIVE								omes, etc.)	iiiiiici Gidi	*			- 1
City (5)	County (6)			County Code	(7)	Square Fe		# Of Floors		Buildin	n Ane		\dashv
City (5) NEW BRUNSWICK	MIDDLESE			County Code	(1)		000	2		Januari	590		
INTERV DIXOROVVIOR	.VIIDDLLGE							being demo	lished)	†	40		
	l .	-				LABORAT					.5		
Name of Monitoring	Firm Hired	by Blde	a. Own	er (8)	ASCM NO		U. T. T. L. O.						\neg
or morntorning	rinea	J, Diag	,. O WIN	J. (J)	1.55.11.110								
ENVIRONMENTAL HEA	LTH INVEST	IGATION	NS, INC.		0104	NORTHST	AR CONT	RACTING GR	OUP, INC	0.			
Street Address					-	Street Add	iress						
655 WEST SHORE T	RAIL												- 1
City, State, Zip Code						32 Williams					V		
SPARTA, NJ 07871						City, State	, Zip Code	:					
Project Mngr. For Mo WILLIAM KERBEL	onitoring Fi	rm		Telephone No 973-729-5649		East Hano	ver. NJ 079	936					
Sheduled Start Date	(10)	Sched.	Comp	letetion Date (Telephone			License	Number			\neg
02 / 27	/ 18	0		30	/ 18	10.0							- 1
	/		-/	/		973-88	4-8682			0	0860		
Occupancy Status D	uring Abate	ment (Check	Only 1)		Name of C							
☐ Facility CI	osed/Vacat	ed Duri	ing Ent	ire Period of		NORTHST	AR CONTI	RACTING GR	OUP, INC).			
Abatemen						Street Add	Iress						
		d Outsi	de of N	lormal Facility									
Hours - De				20.000		32 Williams							_
✓ Other - De	escribe:	7:00 AN	И-3:30 F	PM		City, State							- 1
0 (11/ 1/0)	-1 All The					East Hanov	ver, NJ 079	336			-		-
Scope of Work (Che	ck All That	Apply)											
☐ Demolitio	n	7	7	Renovation		Full Conta	inment wi	th Negative F	Pressure				- 1
>3sf or >3			_			Mini - Enc							
✓ ≥160 sf or						Glovebag	Procedure	•					
_					1	Non-Exem	pted (*) ar	nd Non-Friab	le Proced	lure			
Location of	f 1	Is		1	Descript	ion of		1	Abateme	ent Tyne			-
Asbestos Conta	1000000		ation	Ι Δ	sbestos - C				R	I	ĮΕ	E	
ASDESIOS CONTE	9		nally		Material			Amount	E	R	N	N	
TO BE ABAT	ED	Us		(I.e., therma			(Specify	M	E	C	С	
in Facility			lely			facing, VAT		SF or LF)	0	P	A	L	
(13)		by N	200	1	(17)	ellaneous)	3	,	V	Α	P	0	
, ,		tena							Α	1	s	S	
			odial						L	R	U	U	
	0 = 0 =	Staff									L	R	
			IQ N/A										
B 91, ROOF				CAULK				40 LF	V				
B 91, ROOF				FLASHING				900 SF	V				
B 91				FIRE DOORS				10 EA	7				
								12711					_
Name of Registered				NJDEP Waste		Name of R			00	AND			-
NORTHSTAR CONTR	RACTING G	ROUP I	NC	Hauler ID No.		WASTE M	ANAGEME	NT - FAIRLE	SS HILL L	LANDFILL	e c		
21: 21:				3053	4 of Waste	014 01 1							-
City, State					Disposal	City. State							
EAST HANOVER, NJ					Date	MORRISVI	ILLE, PA						
Completed by (Print	or Type)			Title	1	1	Signature	. /	7,		Date		
Steve Stiles				Project Manag	ner .		Sto	eens	lo	3_	0.	2/09/18	
OTEAC OTHES				i infectivialiat	101			-			1 02		

MOCK	NO				BESTOS ABA C 8:60 and 5:1		E C E	2 20	V [18		
Date of Notification (1)	18			ne of Building rustees of	Owner/Operator Princeton		52 Check #9			918	
		ing	City	et Address rustees of I , State, Zip C rinceton, N		ersity E.A Mad	CMARINERINGS LIGEN			&	
(NJAC 5:23-8)	ation)	irig		ne of Contact obert Orteg		8	Talanhona Nu	mher			
			F	ACILITY IN	FORMATION		odie		_		
Name of Facility Where Abatement is Princeton University – Firest Street Address One Washington Road			se 6B	-6D PG1		Other (i.e., phomes, etc.	2) 8 (Other than K-7 private and comm		ouildin	gs,	
City (5)						Square Feet	# of Floors	E	Bldg. A	\ge	1900
Princeton						1,000,000	8		72		
County (6)			Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
Mercer						University I	Library				
Name of Monitoring Firm Hired by Bu	ilding Owne	r (8)	ASCN	1 No.	Name of Abateme	ent Contractor (9))				
TTI Environmental			000	03	AbateTech, I	nc.					
Street Address					Street Address					****	
1253 North Church Street				1	30 Maple Ave	. PO Box 25					
City, State, Zip Code					City, State, Zip Co				_	_	
Moorestown, NJ 08057					Lumberton, N						
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
Michael R. Keehn				X 0088-0	609-265-2107		00529				
Start Date (10)2 /21 /18	Scheduled (etion Da		Name of OSHA M						
					EMSL Analyti	cai					
Occupancy Status During Abatement Facility Closed/Vacated During-Ent			Wa a n 4	-	Street Address						
Abatement Performed Outside of N	lormal Facili	tv Hou	ment rs - Des	scribe	200 Route 130						
Time of Abatement:AM	PM/	PM-	-	AM	City, State, Zip Co Cinnaminson						
Scope of Work (Check all that apply)											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	1000	enovati emolitio			☐ Mini-Encl	Procedure	native Pressure	ıre			
	100	s Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility	(I) Use	Norma ed Sole aintena stodial S	ely by nce/		Description of os Containing Mat hermal systems in surfacing, VAT,	erial (ACM) nsulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	-	(12)	T	-	other miscellaneo		-, -, <u>-</u> , ,	-		ilate	e
Phases 6B-6D- Levels 1 & 2	Yes	No 🖂	N/A	Pipe Insu	lation		1,145 LF				П
Phases 6B-6D- Levels 1 & 2				Floor tile			3,775 SF				
Phases 6B-6D- Levels 1 & 2					I Ceiling Plast	ar	5,395 SF				
Phases 6B-6D- Levels 1 & 2				Spline cei			56				
Name of Registered Waste Hauler			JDEP V	1.000	ubic Yards of	Name of Decist				ш	Ш
AbateTech, Inc.		Ha	auler ID 18750	No. W	aste	Name of Regist G.R.O.W.S.					
City, State			10130		isposal Date	City, State					
Lumberton, NJ				1	9/30/18	Tullytown, I	PA				
Completed By (Print or Type)	Title				Signature	. ,		ate .		0.00	
Gwendolyn Trumbetti	Operati	ons C	oordi	nator	Ox	mo	, D	21	11	18	

		N	OTIF			SBESTOS ABA JAC 8:60 and 5:		DEG	E [\mathbb{V}	G	F
Date of Notification (1)				Na	ame of Build	ing Owner/Operato		FEB	1 100 5	018		-
		18			Trustees o	of Princeton	/ Job #1801-5	252 Check	#9836/9	37/9	919	
Agencies Notified	Type Notifi	ication		Sti	reet Address	5					-	WEST CO.
⊠ EPA	☐ Initial			5.7	Trustees o	of Princeton Univ	versity E.A. Ma	cMiffan Bldg	DS CON	TRO	2	_
☑ DOLWD ☑ DHSS					y, State, Zip		THE OWNER OF THE OWNER OWNE	LIC	DENSIN	3		
⊠ DCA	☐ Emerge	_	dina	F	Princeton,	NJ 08544						-3000011
(NJAC 5:23-8)	justifica	tion)	411.9	Na	me of Conta	act		Telephone	Number			
	☐ Cancell	ation		F	Robert Ort	ego, P.E.	,	7				
					ACILITY I	NFORMATION					9	
Name of Facility Where							Type of Facilit	y (4)				
Princeton Univers	ity – Firesto	ne Libra	ry Ph	iase 6	3-6D PG	2	School (K-	12)	IC 40\			
Street Address								r 8 (Other than I private and con		buildir	ias.	
One Washington F	Road					4	homes, etc				3-1	
City (5)							Square Feet	# of Floors	1	3ldg. /	Age	
Princeton				_		<u> </u>	1,000,000	8		72		
County (6) Mercer				Co	ounty Code	7)(STATE USE ONLY)	,	rior if being der	molished)			
Name of Monitoring Firm	Liend by Duil	dia a O	(0)	1000			University					
TTI Environmental	i mired by Bull	aing Own	er (8)		M No. 003	Name of Abatem		9)				
Street Address				00	003	AbateTech,	inc.					
1253 North Church	Street					Street Address	. DO Day 25	•				
City, State, Zip Code						City, State, Zip C	e. PO Box 25					
Moorestown, NJ 08	057					Lumberton,	1					
Project Manager for Moni			T	elephon	e No.	Telephone No.	140 00040	License No	1			_
Michael R. Keehn					0-8800 X	/	7	00529				
Start Date (10)	5	Scheduled			/	Name of OSHA N						_
2 /21 /	18	_ 9	/	30 J	18	EMSL Analyt	tical					
Decupancy Status During	Abatement (Check onl	y one)			Street Address						_
Facility Closed/Vacate	d During Entir	e-Period	of Aba	tement		200 Route 13	0 North					
Abatement Performed	Outside of No	ormal Faci	lity Ho	urs - De	escribe	City, State, Zip Co	ode					_
Time of Abatement:	AIVI	PIVI/	P	VI	_AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all	that apply)					FI 5-11 0						
_ ≥3 sf or ≥3 lf		⊠ F	Renova	ation		☐ Mini-Enc	tainment with Ne losure	gative Pressure	!			
≥160 sf or ≥260 If)emoli	tion			g Procedure					
			ls Loc	ation		□ Non-Exe	mpted (*) and No	n-Friable Proce		-		
Location of			Norm	ally		Description o	f			atem	1	Т
Asbestos-Containing N TO BE ABA				lely by		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Liiciosuie
IN Facility		10 00000	stodia	I Staff?	(i.e	., thermal systems i surfacing, VAT,		(Specify SF or LF)	lova	a-	apsu	000
(13)			(12	1	-	other miscellane	ous)	0, 0, 2, 7	-		ilate	a
		Yes	1400	N/A								
hases 6B-6D- Levels	S PARTY				Transite	Panels		56 SF				
hases 6B-6D- Levels	1 & 2				Radiato	r enclsure liner		48 SF				
										П	П	Г
ame of Registered Waste	Hauler			NJDEP		Cubic Yards of	Name of Regis	tered Landfill				_
AbateTech, Inc.				Hauler I	The state of the s	Waste	G.R.O.W.S					
ty, State				10/5	U	40 Disposal Date	City, State				1/2	
Lumberton, NJ						9/30/18	Tullytown,	PA				
ompleted By (Print or Typ	e)	Title				Signature	Α -		Date			-
Gwendolyn Trumbett	ti	Opera	tions	Coord	inator		ALY			111	Q	
3-41	1	***************************************					VV'		0	11	O.	

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

MAY 11

State of New Jersey

					3	state of N	ew Jersey						
no CK			NOT		ATION ursuai	N OF AS	BESTOS ABAT AC 8:60 and 5:16	6) D)	ECEI	\mathbb{V}			
Date of Notification (1)	5 /	18					g Owner/Operator (: bb # 1712-5241	2) Check #98	95 FEB 12	201	8		川
Agencies Notified EPA DOLWD DHSS	Type Notific ☐ Initial ☐ Amende Amendm	d nent #1	7.0	\supset	400 City, \$	t Address 00 Hadley State, Zip (uth Plain	Code		ASBESTOS CO LICENS		OL 8		
DCA (NJAC 5:23-8)	☐ Emerger justificat ☐ Cancella	ion)	ciuding	9		of Contac			Telephone Numb	er			
					FA	CILITY IN	IFORMATION						
Name of Facility Where Al	patement is	Taking	Place	(3)		V		Type of Facility	(4)		3.0		
PSE&G- Moorestow		9		(-/				School (K-12	2) 8 (Other than K-12)				
Street Address 300 New Albany Rd.								homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je	
Moorestown, NJ 080	55												-57/54
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	ned)			
Burlington								Control Hou	ıse				
Name of Monitoring Firm H	lired by Buil	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Serv	rices												
Street Address							Street Address						
PO Box 365													
City, State, Zip Code City, State, Zip Code													
Berlin, NJ 08009 Lumberton, NJ 08048													
Project Manager for Monito	oring Firm			Tele	ephone	No.	Telephone No.		License No.				
Jim Proctor				8	56-452	-1311	609-265-2107		00529				
Start Date (10)		Schedu	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
2/12/_					/_	18	EMSL Analyti	ical					
Occupancy Status During A					mant		Street Address 200 Route 13	0 North					
 ☐ Facility Closed/Vacated ☐ Abatement Performed C 						cribe							-
Time of Abatement:							City, State, Zip Co						
Scope of Work (Check all t	hat apply)							,				-105	-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	тас арріј)		⊠ Re □ De				☐ Mini-Encl	Procedure	gative Pressure on-Friable Procedur	e			
			ls	Loca	tion					Aba	ateme	ent Ty	уре
Location of Asbestos-Containing M- TO BE ABAT IN Facility (13)	aterial (ACIV	1)	Use Ma	intena	ely by ance/ Staff?		Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
D			Yes	No	N/A	Plack to	ar & paper flashi	na	100 SF		П	П	П
Roof #1			<u> </u>		_					1,000,000			
Roof #5							e Cement Board		12,740 SF				
Roof #3 and #4						Black to	ar & paper flashi	ng	550 SF				
											Ш	Ш	П
Name of Registered Waste Waste Management	Hauler				JDEP \ lauler II 18750	O No.	Cubic Yards of Waste 40	Name of Regis					
City, State Camden, NJ							Disposal Date 3/30/18	City, State Morrisville	, PA	/		4	
Completed By (Print or Typ		Title					Signature	an K	Da	te 1	51	18	
Gwendolyn Trumbett	i	Or	perati	ons	Coord	inator	1 / W	VVVV		1	2	10	

Date of Notification (1)	Caronal		Nam	ne of Buildi	ng Owner/Operator	(2)					
2 / 9 /	18		100000000000000000000000000000000000000		od Johnson Hos	**	#1802-5265	Check	#992	1	
Agencies Notified Type Notific ☐ EPA ☐ Initial	cation			et Address ne Rober	t Wood Johnson	Place	MEC	E		7 6	
☑ DOLWD ☐ Amende			City	State, Zip	Code		15(
□ DHSS	ACCEPTAGE AND SECTION	_	100		wick, NJ 08901		11111	1 0	001		
DCA Emerge justification		ng		e of Conta			Telephone Nu		201	8	15
Cancella			10.000	isten Bel						-	
			F.A	CILITY	NFORMATION		ASBEST	OS CC CENSI	NO	OL 8	X.
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility		JENOI	IVG		
Robert Wood Johnson Hospit	al					School (K-1	2)				
Street Address							8 (Other than K-		11-11-		
One Robert Wood Johnson Pl	ace					homes, etc.	private and comm .)	ercial b	ullain	gs,	
City (5)						Square Feet	# of Floors	В	ldg. A	.ge	
New Brunswick											
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			
Middlesex						Hospital					
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	l No.	Name of Abatem	ent Contractor (9)				
Omega Environmental					AbateTech, I	nc.					
Street Address					Street Address	500					
280 Huylar Street					30 Maple Ave	e. PO Box 25					
City, State, Zip Code					City, State, Zip C						-
South Hackensack, NJ 07606					Lumberton, I						
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Geiser Fajardo		1 8	201-489		609-265-2107	•	00529				
TO THE PARTY OF TH	Scheduled (Name of OSHA M		00023				-
2/_19_/_18_		37	2/		EMSL Analyt						
Occupancy Status During Abatement (Check only	one)	1-24-1		Street Address						\neg
☐ Facility Closed/Vacated During Entir	re Period of	Abate	ement		200 Route 13	0 North					
☐ Abatement Performed Outside of No					City, State, Zip Co	ode					-
Time of Abatement:AM	PM/	PN	l	AM	Cinnaminson						
Scope of Work (Check all that apply)						ainment with Ne	gativo Proceuro				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enova emolit			☐ Mini-Enc		galive Flessule				
		Jillone	011				n-Friable Proced	ure			
	17 198	Loca						Ab	atem	ent Ty	/ре
Location of		Norma	ally ely by		Description o				1	1	
Asbestos-Containing Material (ACM TO BE ABATED		inten			stos Containing Ma ., thermal systems i		Amount	Removal	Repair	nca	Enclosure
IN Facility	Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	ova	=	psu	unsc
(13)	Yes	(12) No	N/A		other miscellane					Encapsulate	,e
Exterior 2 nd Floor 58 Building	res	No	IN/A	Window	/ Caulk/glazing		400 LF				
			_	Williady	Oddinglazing		400 Li		ш	ш	Щ
Name of Registered Waste Hauler		1	JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.		H	dauler IE		Waste	G.R.O.W.S					
City, State	7.52		18750		12 Disposal Date	City, State					
Lumberton, NJ					3/2/18	Tullytown,	PA				
Completed By (Print or Type)	Title				SCHOOL SC			ate	-	- 40	
Gwendolyn Trumbetti	Operat	one	Coordi	nator	Signature	211		10	711	8	
Owerldoryn Trumbetti	Operati	0115	Coordi	nator				1	- [ن	



NOTIFICATION OF ASBESTOS ABATEMENT

		(Purs	uant	to N.T.	AC 8 - 6	0-7 and 12:120-7						
Date of Notification	(1)	(1 411	Nan	ne of E	uildir	ng Owner/Operato	r (2)	Pe	F-2 -		economia.	ingrama
2/6/2018						.llman	ALT TATALOGUE	n E U		\mathbb{W}		[7]
Agencies Notified	Type Notif	ication	Str	eet Ad	dress			[] [] [] [] [] [] [] [] [] []		و والنظامة (1966)	- F	
[]EPA	[X] Initia						alternance error-kowa	III FF	3 1 2	2010	Section division	11 111
[]DEP	Notif	fication	Cit	y, Sta	te, Zi	p Code	j la	[[6] L) []	2018	-	land
[X]DOL	[]Amende					well,NJ,	AT-III	L. Weiner	10-12-10-00-00-00-00-00-00-00-00-00-00-00-00-			dilledina
[X]DOH	NOTII	fication		e of C			ma la sala	ASSEST	OF COL	TROL	2	- Company
[]DCA	[]EMERGE	ENCY				llman	retebu	one Number	CENSA.	6	This is a	-
	[]Cancel	lation										
Warra of Barriotti				FA	CILITY	INFORMATION						
Name of Facility Whe	re Abatemer	nt is Tak:	ing E	Place (3)		Type of Fac:	ility (4)				
Yooree Gillmar	1						[]School					
Street Address					72.75		[]Subcha	apter 8 (Otl (i.e., pri	her tha	n K-12	2)	1
		:					buildings	, homes, e	tc.)	commer	.c.a.	_
City (5)		County	161		- la		Square Feet	# of Flo	oors	Bldg.	Age	
West Caldwell		Essex				ounty Code (7)						
		20002	-				Current Use	(Prior if h	eing d	emolis	hed))
Name of Monitoring Fi	rm hired b	y Buildir	g A	SCM No		Name of Abate	ment Contract	or (0)				
Owner (8) N/A		70.	-		7.0. +	AZTECH M						
Street Address						Street Address						
							topher St	t.				
City, State, Zip Code						City, State, 2		-				
						Montclai		042				
Project Manager for M	onitoring 1	Firm Te	lepho	one Num	ber	Telephone Numb			License	Mumb	~~	
			/A			(973) 744			003		er	
Scheduled Start Date	(10) Sch	ned. Comp	letic	n Date	(11)	Name of OSHA M						
2-15-18		2-16-18				N/A						
Month Day Yea Occupancy Status Duri	ir N	Month 1	Day	Yea	r		=					
[X] Facility Close	d/Vacated	During En	tire	Period	i	Street Address				77-18		
of Abatement []Abatement Perf	ormed Outs	ide of No	rmal	Facili								
Hours - Descri	be: «OffHou	rs Descri	pt»		LLY	City, State, Z	ip Code					
[]other - Descri			Des	cript»								
Scope of Work (Check a	all that ap	oply)										
$[X] \ge 3$ sf or \ge	3 lf	[:	K]Rer	ovatio	n	[X]Mini-E	ontainment want on closure	ith Negativ	e Press	ure		
[]≥160 sf or	≥260 lf]]Den	olitio	n		bag Procedure					
			Is		T	[]NON-FF	iable Procedu	ire	Aba	atemen	+ т _т	me
Location of Asbestos-Conta			ocati	Lly		Description					E	E
Material (A			Usec Sole	-У		Asbestos-Conta Material (A		Amount (Specify	RE	RE	C	C
TO BE ABAT	- Contraction of the Contraction		inte	nance/ ial		(i.e., thermal		SF or	Ö	PA	A P S	L O S
(13)	-Y	Yes	No	(12) N/A		sulation, surfactor or other miscell		LF)	V A	P	U	U
		163	NO						L		L	R E
Basement				X	Pipe	insulatio	n	105LF	X			
ame of Registered Was AZTECH MANAGEN				Waste ID No.		bic Yards Waste 1.25	Name of Regi					-
	TENT, IL	NC. 1	704		01	waste 1.25	Minerva	Enterp	rise	INC		
ity, State	7040				- 1	sposal Date	City, State	/				
Montclair, NJ (1042				2	2-19-18	Waynesb	urg, Oh:	io 44	688		
ompleted By (Print or	Type) Ti	tle				Signature/	1	/	Date			
Constantine Viv		reside	nt			1 The	1.1.11		Date 2/6/	2018		
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PALL				ate of Ne				- The second					
Project #				to NJAC				C	heck#		1		
Date of Notification (1)			Name o	f Building	Owner/	Operator	(2)	100	- 18-71	Charles of		· · ·	157
12/27/2017		- 1	Wayne	BOE			į						Í
Agencies Notified Type Notification			Street A		0		1		FLEB	12	20:	10	
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DOL Amendmen			Wayne	e, NJ 07	470			A	CHEDIC	Sir		-	با
■ Emergency justification		Ī		f Contact			2.	Te	lephone Nu	imber	JA)	Contract	AC:
DCA Cancellation			John N	/laso			9* i		7.00			Harris	manage & skip.
			FAC	ILITY INFO	ORMAT	ION		-					
Name of Facility Where Abatement is Takin	ng Place (3)					Type of Facility	(4)					
Wayne Valley HS							School (K	-12)					
Street Address					210				ner than K-1		F		
551 Valley Rd City (5)							etc.) Square Feet	(1.76)	& commerc		aings, Bldg. A		es,
Wayne, NJ							Oquale Feet		71 10015	'	nug. A	ge	
County (6)				Code (7) USE ONLY)	70	Current Use (F	rior if be	ing demolis	shed)			
Passaic County	0 /5		#1000000000000000000000000000000000000						(0)				
Name of Monitoring Firm Hired by Building	Owner (8))	ASC	vi No.			of Abatement C		r (9)				
RAMM						1	Restoration	LC					
Street Address							Address						
77 Nottingham Rd						100000000000000000000000000000000000000	ookside Rd						
City, State, Zip Code							State, Zip Code						
Fair Lawn				7.6			olph NJ 07	869	At-currence				
Project Manager for Monitoring Firm			Telepho			Teleph	none No.		License I	No.			
Rodger Headrick				75-9880			33-2550		01133				
Start Date (10)			npletion	Date (11)			of OSHA Monito	r					
12/28/2017	12/29/2	are the second				IRIS							
Occupancy Status During Abatement (Che	ck Only O	ne)					Address						
Facility Closed/Vacated During Entire							RT 22						
Abatement Performed Outside of Non Other – Describe:	mai Facility	y Hours	S				State, Zip Code						
						Unior	i, NJ 07083						
Scope of Work (Check All That Apply)	_					per	-						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	manuscript .	Renova Demoli					Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	To the second				
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Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes		escription taining N	nor Material (ACM)	1 /	Amount			m	
TO BE ABATED		aintena todial			therma	l system	s insulation,	(Specify	Re	ZD.	Encapsulate	Enc
In Facility (13)		(12)				acing, VA miscellar		S	F or LF)	Remova	Repair	psu	Enclosure
VV.	Yes	No	N/A	1	outor		10000)			/al	=	late	ıre
Room # 121	×		Wrap 8	& Cut	pipe		70 LI	=					
Room # 121		×		Wrap 8	& cure	TSI		30 LF	=				
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			1					1		+			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards	Name o	f Regist	ered Landfi	II			
Nick Restoration LLC		H	lauler ID 3782		of Wa		G.R.O			20			
City, State Randolph, NJ 07869			Disposal Date TBD					Λ					
Completed by	Title			TBD Tullytown, PA				A	ata .				
Elvira Mrda		dont			1	oignature	V11100 /	dela	D	ate	0047		
LIVII a IVII Ua	Presi	uent				7	will le	ucher	/ 12	2/27/2	110		



Date of Notification (1) 02/05/18 Check # 3131				f Building	Owner/	Operator	(2)				E D	1.0			Section and and
Agencies Notified Type Notification			Street A	n Louie					W []	F	ЕB	12	20	18	116
			OlloctA	uui C33				and a			ATIC (AD)	10.0 May	Part Notice of		-
DEP Amended				ate, Zip Co						ASSE	LICE	CC	MITE	OL	*
■ Amendment ■ Emergency (i		-	Fort Le	ee, NJ,	07024					No. Account of A	Nati		LANG.		water number
DOH justification)	including			f Contact					Tel	lenhone	Numb	or			
DCA Cancellation				n Louie	ODEFAT	1011			1	_			-		
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INF	JRIMAI	ION	Туре	of Facility (4)						
Residential								School (K-1	83118						
Street Address								Subchapter Other (i.e. petc.)	8 (Oth			build	lings,	home	es,
City (5)							Squar	e Feet	100000000000000000000000000000000000000	f Floors		BI	ldg. A	ge	-
Fort Lee							2000		2			1	0+		
County (6) Bergen				Code (7) USE ONLY			Currei N/A	nt Use (Prid	or if bei	ing demo	olishe	d)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCM N/A	1 No.			of Abat Service	ement Cor	ntractor	(9)					
Street Address N/A			V 33				Addres 69th s								
City, State, Zip Code N/A							State, Zi enberg	p Code g, NJ, 07	093						
Project Manager for Monitoring Firm N/A			Telephoi N/A	ne No.			none No 295-17			Licens 01074		8			
	Scheduled 02/11/18		npletion (Date (11)		Name N/A	of OSH	A Monitor							
Occupancy Status During Abatement (Check	Only One	e)				Street	Addres	s				_			-
Facility Closed/Vacated During Entire P						N/A									
Abatement Performed Outside of Normal Other – Describe: Starting	al Facility I IO AM					City, S N/A	tate, Zi _l	p Code							
Scope of Work (Check All That Apply)	81×2×4×2×2						7								
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enovat emoliti				×	Min	Containme i-Enclosure vebag Prod	2	Negativ	ve Pre	ssur	е		
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	- 1,000	ocation of the contract of the	160000										Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM)	Used	Solel	ly by	Asbes		scription taining N		(ACM)	А	mount	T			m	
TO BE ABATED In Facility	Custo	itenar idial S			therma	systems	s insula			Specify or LF)		Rer	Re	Encapsulate	Enclosure
(13)		(12)				miscellar			31	OI LIT)		Remova	Repair	sula	osur
	Yes	No	N/A									-		ite	е
Basement		Х			F	loor Til	е		50	00 SF	2	2			
											4				
Name of Registered Waste Hauler		N	JDEP W	aste.	Cubic	Yards		Name of I	Reniete	red I an	dfill				
Tri-State Transfer Associates		H	auler ID 9551		of Wa			Minerva							
City, State Bronx, NY		-			Dispo TBD	sal Date		City, State Waynes		ОН					
Completed by		-					- 1								



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Date of Notification (1) 01/31/2018 Check #	3126			f Building the King		Operator	r (2)	100 mm m	F	EB 10	201	g.	- Company	The state of the s
Agencies Notified Type Notification		- 0	Street A	ddress loodside	Δνο							Ų	h-map	1
EPA Initial Amended				ate, Zip Co					A Color	E (125 C)	1711	OL 8	1	AND STATE OF THE PERSON NAMED IN COLUMN 1
DOL Amendment #				rk, NJ, 0	7101				11/551		Mil		en de	
DOH justification)	loiddiilig		Name of Chris	f Contact					Tele	phone Nu	mber			
				LITY INFO	DRMAT	ION			1			_		
Name of Facility Where Abatement is Taking Christ the King Elementary School	Place (3	3)					_	Facility (4)		2. 1011 270W	()			
Street Address			- 					hool (K-12) bchapter 8		r than K-1	2)			
243 Woodside Ave							Oth etc	ner (i.e. pri	vate &	commerci	ial build	dings,	home	es,
City (5) Newark							Square 30,000		# of 2+	Floors		ldg. A 0+	ge	
County (6) Essex				Code (7) USE ONLY)			Current None	Use (Prior	if bein	g demolisl	hed)			
Name of Monitoring Firm Hired by Building O'N/A	wner (8)		ASCN N/A	/ No.			of Abater Services	ment Contr	ractor (9)				
Street Address N/A							Address 69th st							
City, State, Zip Code N/A							State, Zip (enberg,	Code NJ, 070	93					
Project Manager for Monitoring Firm N/A			Telephoi	ne No.		Teleph	hone No. 295-170			License N	lo.			
		ed Corr		Date (11)		Name	of OSHA	927						
	02/18/2	111/00/1999				N/A								
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ont			N/A	Address							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						City, S N/A	State, Zip (Code						
Scope of Work (Check All That Apply)				1										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				×	Mini-E Glove	ontainmer Enclosure bag Proce	dure	270				
	le	Location	on.			<u> </u>	⊻ Non-E	Exempted	(*) and	Non-Friat	ole Pro	Abate		1
Location of	1	Normall	у		De	scription	n of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Solel	nce/				Material (A s insulatio			nount pecify	R		Enc	Ē
In Facility (13)	Cus	todial S (12)	olan?			cing, VA	100 100 Page 100 100 100 100 100 100 100 100 100 10			or LF)	Remova	Repair	Encapsulate	Enclosure
* *	Yes	No	N/A				*00000 * 0				al	7	late	le le
Bsmnt Machine Room		Х		Ex	posed	Valves	s @ Pip	е	3	LF		Х		
1st Floor TV Hallway		Х				Ceiling			1	SF		Х		
Name of Registered Waste Hauler Tri-State Transfer Associates		Н	JDEP Wauler ID		Oubic of Wa	Yards ste		Name of Ro Minerva	_0.50					
City, State		19	9551		Disno	sal Date		City, State		P1130 1110	_			
Bronx, NY					TBD	Jui Dale		Naynest	ourg,	ОН				
Completed by Gina Betances	Title Office	e Mar	ager			Signature		ua)	8_	100000	ate 1/31/2	2018		



720	NC		TION OF ASBE Lant to NJAC 8	ESTOS ABA		77-1-1-1-1)		ĒŒ	G		7	
Date of Notification (1) 01/31/2018	# 3125		me of Building (bly Trinity	Owner/Oper	rator	(2)		FFR	1 '	2 20	118	The state of the s
Agencies Notified Type Notific			eet Address 6 1st street					1 LU		<u> </u>	110	
EPA X Initial DEP Amend DOL Amend	ed ment#	City	, State, Zip Co estfield, NJ,			The same of the sa	£.:			(11.7	nÖ.	<u>&</u>
DOH Emergi	ency (including ation)	Nan	me of Contact	07031			Telenh	one Num	ber		T der rode	
DCA Cancel	lation		bert						11			
Name of Facility Where Abatement is Holy Trinity Interparochial scho			FACILITY INFO	DRMATION		Type of Facility (4	10. Vo					
Street Address 336 1st street						Subchapter 8 Other (i.e. pr	Other th			lings,	home	es,
City (5) Westfield						Square Feet 30,000+	# of Flo 2+	ors		ldg. A 0+	ge	
County (6) Union	27		inty Code (7) ATE USE ONLY)			Current Use (Prior	r if being o	lemolish	ed)			
Name of Monitoring Firm Hired by Buil N/A	ding Owner (8)	111 1233	SCM No.			of Abatement Cont	ractor (9)					
Street Address N/A				10000		Address 9th st						
City, State, Zip Code N/A						ate, Zip Code	93					
Project Manager for Monitoring Firm N/A		Tele N/A	ephone No.	Te	eleph	one No. 295-1700	Lic	cense No).			
Start Date (10) 02/16/2018	Scheduled 02/17/20		tion Date (11)	Na	VERSIER 202	of OSHA Monitor						
Occupancy Status During Abatement	17.52000000000000000000000000000000000000	20.4.1 36 .0.1		St	treet /	Address			-			
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of Ab Normal Facility H	atement lours			I/A ity, St	ate, Zip Code						
Other – Describe:				_ N	I/A							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	novation molition			×	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure	×			e	
Constitution of		ocation rmally		Danasia	-4:	-5				Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	M) Used Maint Custoo	Solely by tenance/ dial Staff (12)	(i.e.	Descriptos Containion thermal sys surfacing other misc	ing M stems g, VA	aterial (ACM) insulation, T, or	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
			N/A								е	
Gym Ceiling		X		Crack or			1.5 8	8170		X		
Cafeteria		X		Sprayed			1 S			X		
Bsmt Art Room		X	S	econd Wa	all S	peaker	1 S	F		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		1000000000	EP Waste er ID No.	Cubic Yar of Waste		Name of F Minerva	Entrepr					
City, State Bronx, NY				Disposal I	Date	City, State Waynes		Н				
Completed by Michael Fajardo	Title Office	Rep		Signa	ature	EVicas		Da 01		2018		



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Date of Notification (1) 2/6/2018					of Building		Operato	er (2)	77		G G	15			7
Agencies Notified	Type Notification			Street	Address						FFR	1 1)	004		
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ĭ DOH	Emergency justification	(includin	g		of Contact	S14400 TOSTER	017			A.	lenhohe N	M mber	W.) L. C.	
DCA	Cancellation				RY LOB						ierninie iv	umbei		- 0-70	en e
Name of English Where	Ab	Di	(0)	FAC	CILITY INF	ORMAT	ION			1.					
Name of Facility Where FIRE DAMAGED B		ng Place	(3)					□ s	of Facility (school (K-1	2)					
Street Address 268 MAIN STREET	29							X C	ubchapter other (i.e. p tc.)	8 (Oth private	er than K- & commer	12) cial bu	ildings	, hom	ies,
City (5) PATERSON								Square		# 0	f Floors		Bldg.	Age	
County (6) PASSAIC					Code (7)	n		Currer	t Use (Prid	or if be	ng demoli	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abate	ement Con	tractor	(9) [RACTII	VG. II	VC.		
Street Address							Street	Address	3						_
Cit. Ct-t- 7' O. I							11 V	REELA	AND AVI	ENUE					
City, State, Zip Code								State, Zip OWA,	Code NJ 0751	2					
Project Manager for Mon	itoring Firm			Telepho	one No.	2777		one No.			License 00494	No.			
Start Date (10) 2/7/2018		Schedu 2/20/2	led Co	mpletion	Date (11)				A Monitor (9) ABO	VE					
Occupancy Status During	Abatement (Chec							Address		V L					
Facility Closed/Vaca Abatement Perform Other – Describe: V	ed Outside of Norm	al Facilit	v Hour	nent s			City, S	tate, Zip	Code						
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolii					Mini- Glov	Containme Enclosure ebag Proc Exempted	edure				e	
		Is	Locat	ion						, ,		T	Abate	ement	t
Location Asbestos-Containing			Normal ed Sole				scription					_	Ty	ре	
TO BE ABA In Facilii (13)	TED	Ma	intena todial ((12)	nce/				insulati T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	174	Yes	No	N/A										te	
					BUILD	ING TO	BE D	EMOE	DAS						
					ASBE	STOS,	FIRE	DAMA	GED						
					E	BLDG D	DEEME	ED AS							
					IMMINE	ENT CC	DLLAP	SE HA	ZARC						
Name of Registered Wast			0.0	JDEP W		Cubic \			Name of R	egister	ed Landfil	1			
TWO BROTHERS C	ONTRACTING		200	auler ID 8743	INU.	of Was 500			WASTE	MAN	AGEME	NT G	R.C	.W.S	S.
TOTOWA, NJ						Disposi 2/20/2			City, State MORRIS	SVILL	E, PA				
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02/08/2018 15:12 Two Brothers Contracting

- FAX: 973 956 8811

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Date of Notification (1) 2/6/2018		•	Name	of Building	Dwnad Op	erator	- (2)		1	L.		<u>L</u> -	U.	W	
			FRE	DY SRO	UR		\-/			lil					
The Melineau	'n		Street	Address						111	FEB	17	7	nk .	/
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X DOL Amendma	nt #		NEW	YORK.	NY 1001:	7				1	**************************************	 	-		
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☐ DGA ☐ Cancellati			9272497	RYLOBO					****	1 188	SOLIDING MU	mber	- W - 3	Alexandri	76mm2
Name of Facility Where Absternant is Tak	na Place	(3)	FA	BILITY INF	ORMATION	V .			_	-			_		\dashv
FIRE DAMAGED BUILDING		(0)					Typ	of Faci	(2)(T) (S)(V)						
Street Address						\dashv	H	School Subohii	<-1:1) Lon	er than K•1	2)			1
268 MAIN STREET	41-10-7-10-7					-	×	Other I	B. p	vata d	commerc	el bul	ildings	, ham	az,
PATERSON						7		elo.) Rre Fest			Floore		Bidg. /		\dashv
County (6) PASSAIC			County	Code (7)	_	7	CUIP	ent Use	⊒ 7(;	in ball	g damolis	180	-		_
Name of Monitoring Firm Hired by Building	Owner /	1		USEONLY								/			
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Street Address			-	-			Addre			UNI	RACTIN	G, II	AC.		_
City, State, Zo Code								LAND.	WH	NUE					
2.11, O216, 2p 600#					C	ty. 81	tata, 2	ip Codi		_				- National Const	\neg
Project Manager for Monitoring Firm			Telapho	ona No.			AWC	NJ (51 2	<u> </u>					
Olasi G. a. 1/1			•		1 9			8700		- 1	License N	9.			
Slart Oate (10) 2/7/2018	Schadu	led Cor	rplation	Date (11)	N	รกาล (30 h	HA Mois			00707	_		_	\dashv
Occupancy Status During Abstement (Che	2/20/2	2018						(B) A	101	E					
Facility Classed Alessay Aud					at at	tra el J	Addre	35		1					
Other - Describe: VACANT - COLLAR	mai Facilit 198 HAZA	Aparen V Houn	nanı		_ C	iy. Si	ate, Z	ip Cod							\dashv
Scope of Work (Check All That Apply)	_						_			_					_
≥3 af or ≥3.if ≥160 af or ≥260 if		Renova Domeik					364	I Contin	CUTE		Negative P	ressu	N'S		
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(13)		(12)			other misc	allana	ions)			56	or LP)	Rumove	Repair	Encapodate	endosum
(Yes	No	N/A		-							1		Bille	3
	+			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	NG TO B				ij						\dashv
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Nama of Registered Weste Hauler					NT COL	AP	SE H								-
TWO BROTHERS CONTRACTING			mpsi ID N 4300		Cubic Yar	da		Nami	d1 =	Bjerau	ed Landill				\dashv
City, State			8743		500			WA.	TE I	MAN	AGEME	NT G	.R.0	.W.s	ŝ.
TOTOWA, NJ					Disposal 0 2/20/201			City,	tate		E, PA				\dashv
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THE VANIANCE	PRO.	JECT	COOF	RDINATO			et	از _	-0.1	7-	2/8	1/201	18		

^{*} Do not use this forly for labeatos licensure exempted activities.

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FAIL					8:60 and			7) [CE		\mathbb{W}_{-}	5	m
Date of Notification (1)		1	Name o	f Building	Owner/Op	perator ((2)	W.	Property tenders	A.M. GAR		7	\mathbb{H}
2-8-18			R	ddress	AD	R	20/1		FER 1	2 2	018	de subalue a	
Agencies Notified Type Notification			Street A	ddress			×		T-L-D	4-6	U10 -	1	
EPA Li Initial		-	Pl	2 4	Box ode	5	8%						
DEP Amended		İ						AS	BESTOS	CON	TAOL	. &	
DOL Amendment			1	vin	SOW	10-			LICE		<u> </u>		THE THE SAME
DOH justification) DCA Cancellation			Name o	5 Contact	P			1 le	lephone Nur	nber		<u> </u>	
Garlesianor				/ /	ORMATIO	IN		=				7	
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility	(4)					
RAY RAP							School (K						
Street Address	2000						Subchapte	er 8 (Oth	er than K-12 & commercia) d breite	linas	hame	25
							etc.)				27.		
City (5) PRIN BANK						Maria	Square Feet		Floors	B	ldg. A	ge	
County (6)			County	Code (7)		\dashv	Current Use (P			1			
County (6) BONK				USE ONLY)	-	REST	BRE	2				
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	A No.		Name o	of Abatement C	ontractor	(9)				
						AC	2/10	50,	41-10	U	60		
Street Address						Cianat !	Address 1170at E				************		
City State 7ie Code						25,	11/0000						
City, State, Zip Code						City, St	ate, Zip Code	K.	NJ O	77	J.	2	
Project Manager for Monitoring Firm		-	Telepho	ne No.			ne No.						
		-			7	325	941751		License N	15)		
Start Date (10)				Date (11)		Name o	f OSHA Monito	r	16	0.00			
2-1718			2/	-18-			MI JO	VIC	110				
Occupancy Status During Abatement (Check						Street A	ddress	NS	1				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of	Abaten	nent		-	City St	ate 7in Code		· · · · · ·				
Abatement Performed Outside of Norm Other – Describe:)	,) ?	3/8)			/,/	ate, Zip Code	PK	Res				
Scope of Work (Check All That Apply)													
23 sf or ≥3 lf		Renova					Full Contains	nent with	Negative P	ressu	re		
≥160 sf or ≥260 lf		Semolit	ion				Mini-Enclosu Glovebag Pri						
							Non-Exempt	ed (°) an	d Non-Friab	e Pro	cedure	3	
		s Locat	3.77.000								Abate	ment pe	
Location of	1	Normal ed Sole				cription (-	1	pe	1
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	nce/				aterial (ACM) insulation,	1 20	imount Specify	忍	-	Enc	Ш
In Facility (13)	Cus	todial ((12)	stati ?		surfacin	ng, VAT			For LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		outer III	Scenario	:005)			Val	=	ılate	ure
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1320 20011S				71	AS 18	2		6	00 4	-			
									egent a sinet and	1			
Name of Registered Waste Hauler		N	IJDEP W lauler ID	raste No	Cubic Y		Name o	of Registe	ered Landfill	<i>.</i>		- 1	1
Acq insulation c	In	-1	120	86		6	FA	1.2/-	255 /	AN	15/	//	
Name of Registered Waste Hauler Geg INSU/ALION Co City, State 951770012086 Completed by CEORGE G Winst	2/4	11	12, 1		Disposa		City, St	ate	1/1/12	Pa	1_		
Completed by	LTitle	10	-/(1	118					-1		
Caspia Callet	20	85%	DENG		Sig	mature	rze que	heel	Da	2-5	-15)	-
CEDRE C Man	1					72	regue		10	-60	10		

PATD

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

CHECK# 2519

Date of Notification (1)				Name o	f Building	Owner	Operator	(2)			LATE	ساساند	- 1	J	-21	6
2/2/2018					/brook ((2)	7222							
Agencies Notified	Type Notification			Street A					7 7 7 7	IE	(A) 5	The Part of the Pa	imalifetate En	NET AND	diginate.	
EPA	× Initial			2 Dan	iel Road	ł					G	7 1	11	/ [E	3 1	71
DEP DOL	Amended Amendmen				ate, Zip Co Id, NJ 0				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		0.10		A A N. A.	1	711	
X DOH	Emergency justification)		ı	Name o	f Contact				14	Te	lephone	Numt	en1	Q	111	Ш
X DOH X DCA	Cancellation			Mr. Az	ad Khu	bani			Í	į						1
Ninna of Facility and				FACI	LITY INF	ORMAT	ION			Catalan	** - * - *****		517.44		1	
Name of Facility Where A Wilowbrook Center		ig Place (3	3)					_	of Facility School (K-	A STORESSEE			17;(3)L &		
Street Address 201 Willowbrook Bo	oulevard							П	Subchapte Other (i.e.				build	dings,	home	es,
City (5)									etc.) ire Feet	# 0	f Floors		Тв	ldg. A	ae	
Wayne								Y 000 * 1000	,000	9			4	_	3-	
County (6) Passaic					Code (7) USE ONLY)			ent Use (Pri				d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No		Name		tement Co			9				
Health & Safety Ser				0011			Sky	Contr	acting, L		(9)					
Street Address 318 12th Street								Addre Valle	ss ey Road,	Suite	K					
City, State, Zip Code Hammonton, NJ 08	037								ip Code ew Jerse	v 074	70				7-1-1-	
Project Manager for Mon		-		Telepho	ne No		Teleph			y 014	Licens	o No		_		
Mr. Jim Proctor				(609)	704-855	0			-5040		00874					
Start Date (10) 2/16/2018		8/30/20		npletion	Date (11)				HA Monitor acting, Ll							
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street									
Facility Closed/Vaca	ated During Entire	Period of A	Abaten	nent			1385	Valle	ey Road,	Suite	K					
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours	3					ip Code							
							Way	ne, N	ew Jerse	y 074	70					
Scope of Work (Check A	II That Apply)						-									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same of th	Renova				×		II Containm		n Negativ	e Pre	ssur	e		
≥160 sf or ≥260 lf			emolit	ion					ni-Enclosur ovebag Pro							
									n-Exempte		d Non-Fr	riable	Pro	cedur	е	
		Is	Locati	on											ment	
Location			Normal d Sole				scription			190		ŀ		Ту	pe	
Asbestos-Containing TO BE ABA			intena				taining M systems				mount		71		四	т
In Facili		Cust	todial S	Staff?	(1.6.		cing, VA		auon,		Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other r	niscellar	neous)					ova	oair	sula	Sure
44- Ft T		Yes	No	N/A					_						ite	O
4th Floor Tho			Х				fing Sp	<u> </u>			500 SF		х			
6th Floor Thr	oughout		X	-	Fi	reproo	fing Sp	oray-(On	19,	500 SF		х			
Name of Registered Was	te Hauler	-	100000	JDEP W		Cubic			Name of	Registe	ered Lan	dfill				
Service Transport Gr	roup, Inc.			auler ID 0990	No.	of Was	ste		Minerva	a Ente	rprises	, LL	С			
City, State New Castle, Delawar	re					Dispos	sal Date		City, Stat Wayne		Ohio					
Completed by		Title					ignature			- 3		Date				
Predrag Sarcev		Vice	Presi	dent		-	1-			Di Chia		2/2/		8		



	PALL	F		(Pt	ırsuar	it to NJA	.C 8:60 and 5:16	5)					
Date of Notification (1) 02 /	08 /	18			A	of Building A Demo	Owner/Operator (2) (1) [G EN	製厂		1	
Agencies Notified	Type Notifica	ation			Street	Address				26		411	
⊠ EPA	☐ Initial				215	6 Campla	ain Road	4.00 mm	FEB 12	2019		III	
⊠ DOLWD	Amended				City, S	State, Zip C	Code	1 100 100	. 20 , 2 ,	-010	Designation	7	
☑ DOH ☐ DCA	Amendmo		udina		Hill	sborougl	h, NJ 08844	L	Part de la come de la come		İ	-	
(NJAC 5:23-8)	justification		uaing		Name	of Contact	t	AGI:	Telephone Nu	mber - 0		-	
	☐ Cancellat	tion				onio Dim		The same and the second	1.00 (2.00) (3.00)		e with the tage .		
Nome of Facility Miles on A	L - 1 1 ' - 7		21	(0)	FA	CILITY IN	FORMATION						
Name of Facility Where A Residence	batement is i	aking F	lace	(3)				Type of Facility (4					
Street Address								☐ School (K-12) ☐ Subchapter 8		12)			
Street Address								Other (i.e., pri	ivate and comm	ercial bu	ilding	IS,	
City (5)								Square Feet	# of Floors	BI	dg. A	76	
Iselin								1200 sf	1	200	65	90	
County (6)					Cour	tv Code (7)(STATE USE ONLY)	Current Use (Price					
Middlesex						, , , , , ,	,,,	Residence	or in boing dome	шоноа			
Name of Monitoring Firm	Hired by Build	ding Ow	mer (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A							Guardian Cor	ntracting, Inc.					
Street Address							Street Address						
City Ctata 7ia Oada							1889 Route 9	<u> </u>					
City, State, Zip Code							City, State, Zip Co	ode New Jersey 087	755				
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.				0.000
							732-349-9932		00624				
Start Date (10)		Schedul					Name of OSHA M	lonitor					
02 /09 /	18	02	_ /	_ 12	_ / _	18	E.M.S.L. Anal	ytical					
Occupancy Status During							Street Address						
 ☑ Facility Closed/Vacate ☐ Abatement Performed 						a and a	1056 Stelton						
Time of Abatement:							City, State, Zip Co						
Scope of Work (Check all	that apply)						Piscataway, i	New Jersey 088	154				
	triat apply)	_	_				☐ Full Cont	ainment with Nega	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati			☐ Mini-Encl						
					527.)			mpted (*) and Non	-Friable Proced	dure			
		9		Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing N		n		Iorma d Sole	ely by	Acho	Description of stos Containing Mar	f		R	D.	Щ	Щ
TO BE ABA	ΓED			ntena		(i.e	., thermal systems i	insulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	/		Cust	(12)	Staff?	9.2	surfacing, VAT,	or	SF or LF)	Val	"	suk	sure
(13)		,	Yes	No	N/A		other miscellane	ous)				ate	
exterior				\boxtimes		asbesto	s siding		1250 sf	\boxtimes			
											П	П	
		Г	7										
			5										
Name of Registered Wast	e Hauler				JDEP \	Naste	Cubic Yards of	Name of Regist	ered Landfill		ш	Ш	Ш
Guardian Contractin				1000	auler II 20223	No.	Waste 3	T.R.R.F.	crea Landilli				
City, State					20223		Disposal Date	City, State					
Toms River, New Je	rsey						02/12/18	100 mars and 100 m	Pennsylvania	1			
Completed By (Print or Ty	pe)	Title				100 1000	Signature			Date /	-/		
Nicholas Fernicola	¥ 11Ē	Pro	ject	Man	ager			1	1	2/	8/1	0	

ASB-41 JAN 13

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



Data of Nationalia (4)							_				IC Un		111	12	173
Date of Notification (1) 02 /	08 /	18				of Building D Excava		ner/Operator (2)			1 -2	/ 1	77	9
			_				LIOII				pre-)	>6	7	11 11
Agencies Notified EPA	Type Notifica	ation				Address			1	1 11	rto	1 4 6	2018	li d	1
☑ DOLWD	☐ Amended					Box 561				1				+	
☑ DOH	Amendme					State, Zip C			-	h.c.	NOUS TO	S Tr	Tiloi		
☐ DCA	☐ Emergend	cy (inclu	uding					NJ 08734	1		1,11	10044			
(NJAC 5:23-8)	justificatio					of Contact				Tele	ephone Nu	mber			
	☐ Cancellati	ion			Ric	h									
					FAG	CILITY IN	FOR	MATION							
Name of Facility Where A	Abatement is T	aking F	Place	(3)					Type of Facility	(4)					
Residence									School (K-1			10)			
Street Address									☐ Subchapter ☐ Other (i.e.,				ildina	S.	
									homes, etc				3		
City (5)		100							Square Feet	# (of Floors	BI	dg. Ag	e	
Beachwood									1200 sf		1		65		
County (6)					Cour	ty Code (7)	(STA	TE USE ONLY)	Current Use (F	rior if b	eing demo	lished)			
Ocean									Residence						
Name of Monitoring Firm	Hired by Build	ling Ow	mer (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9	9)					
N/A							G	uardian Co	ntracting, Inc						
Street Address							Stre	et Address							
							18	889 Route 9	, Unit 61						
City, State, Zip Code							City	, State, Zip Co	ode						
							Т	oms River,	New Jersey 0	8755					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		Lic	cense No.				
							7	32-349-9932	2		00624				
Start Date (10)		chedul					Nan	ne of OSHA N	Monitor						
02 /19 /	18	_02	_ /	_ 22	_ / _	18	E	.M.S.L. Ana	lytical						
Occupancy Status During	Abatement (C	Check o	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacate							10	056 Stelton							
Abatement Performed							City	, State, Zip Co	ode						
Time of Abatement: _	AM	PM/		_PM-		AM	Р	iscataway, I	New Jersey 0	8854					
Scope of Work (Check al	I that apply)														
☐ >3 sf or >3 lf		-	Rer	ovati	on			☐ Full Cont	tainment with Ne	egative	Pressure				
≥160 sf or ≥260 lf			Der					Gloveba	g Procedure						
								Non-Exe	mpted (*) and N	lon-Fria	able Proced	dure			
	5			Locat								Al	ateme	ent T	ype
Location Asbestos-Containing		x		lorma d Sole		Acho	ctoc (Description of Containing Ma			Amount	Re	Re	En	En
TO BE ABA	TED	'	Mai	ntena	nce/			rmal systems			Amount (Specify	Removal	Repair	cap	clos
IN Facili	ty		Cust	odiai 3 (12)	Staff?	1		urfacing, VAT		:	SF or LF)	<u>a</u>		Encapsulate	Enclosure
(13)		Ι,	Yes	No	N/A	1	Ott	ner miscellane	eous)					te	
exterior		-		15 30		anhanta	:	di			4200 - 6	N N			
exterior		L				asbesto	JS 51	uirig		-	1200 sf		Ш	Ц	Ш
		[1						
		[
		Г		П											
Name of Registered Was	te Hauler	I		N	JDEP \	Naste	Cub	oic Yards of	Name of Reg	istarad	I I andfill				П
Guardian Contracti				33.8	auler II		Was		T.R.R.F.	istered	Langilli				
					20223	3	3								
City, State							- 28	oosal Date	City, State	-					
Toms River, New Je							02	2/22/18	Tullytown	n, Pen	nsylvania	3			
Completed By (Print or T	ype)	Title						Signature	- 1	1/	/	Date /	_/	1	
Nicholas Fernicola		Pro	oject	Mana	ager				7. 1.	X		2-1	8//	5	

OK 33650

JAN 13

PAID

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

Date of Notification (1)			Name	of Building	g Owner/Operator (2	2)					
	18		Eis	co-NJ		A TO THE	.2	12	16	50)
Agencies Notified Type Notifica	ation		Street	Address		Trit	EGE	11/1	150	enable of the	1
			43	New Brui	nswick Avenue,	Unit 3	P 9 15 0	- 13	L'a	. 11	
☐ DOLWD ☐ Amended				State, Zip C			1			111	
☑ DOH Amendm		•		oelawn, N		Section 2	FEB 12	2018)		111
DCA Emergen (NJAC 5:23-8) Emergen justification		9		of Contac		The ha	Telephone Numb)	i beni	4
☐ Cancellat	1000		Jeff		•		II: relephone Numb	51			Broom
					IFORMATION	ļ	v	71115	1.6	1	-
Name of Facility Where Abatement is T	aking Place	2 (3)	FAG	CILIT IN	IFORMATION	Type of Facility	(4)		*****	ed the tarrey	1
Prism Construction	9	(0)				School (K-12	7 - 7				
Street Address						☐ Subchapter 8	(Other than K-12)				
340 Kinsland Street, Building 1	20					M Other (i.e., p	rivate and commerc	ial bu	ilding	s,	
City (5)						Square Feet	# of Floors	BI	dg. A	ne er	
Nutley					100	20,000 sf	3		60	90	
County (6)			Cour	tv Code (7)(STATE USE ONLY)		or if being demolish		-		
Essex				.ty 0000 (.)(OTTILE GOL GILLI)	Building	or it being derrions	icu)			
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No	Name of Abateme		-				
Guardian Contracting, Inc.	,	(0)			The state of the s	ntracting, Inc.					
Street Address					Street Address	inadang, mo.					
1889 Rte. 9, Unit 61					1889 Route 9	. Unit 61					
City, State, Zip Code					City, State, Zip Co						
Toms River, New Jersey 08755						New Jersey 08	755				
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Nicholas Fernicola		100000000000000000000000000000000000000	32-349		732-349-9932	!	00624				
Start Date (10)	Scheduled C				Name of OSHA M		00024	-		constan	
02/_24_/_18	02 /			20	E.M.S.L. Anal						
Occupancy Status During Abatement (0					Street Address						
☐ Facility Closed/Vacated During Entire			ment		1056 Stelton						
☐ Abatement Performed Outside of No	rmal Facilit	y Hour	s - Des		City, State, Zip Co	nde					
Time of Abatement:AM	PM/	PM-		AM		New Jersey 08	854				
Scope of Work (Check all that apply)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
₩ >3 of or > 2 lf	M D					ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf		enovati emolitic			☐ Mini-Enc ☐ Glovebag						
							n-Friable Procedure	9			
	0.000	Locat				(6)		Ab	atem	ent T	уре
Location of		Norma ed Sole			Description o			R	D	ш	т
Asbestos-Containing Material (ACM TO BE ABATED		intena			stos Containing Ma ., thermal systems i		Amount (Specify	em	Repair	nca	ncic
IN Facility	Cus	todial	Staff?	(1.0	surfacing, VAT,		SF or LF)	Removal	=	Encapsulate	Enclosure
(13)	Yes	(12) No	N/A	-	other miscellane	ous)				ate	(D
1 st floor	_	-									
2 nd floor			-		os pipe insulatio		55 If				
					os pipe insulatio		30 If		Ш	Ш	Ш
3 rd floor				asbesto	os pipe insulatio	n	6 If				
Name of Registered Waste Hauler		1000	JDEP V auler II		Cubic Yards of Waste	Name of Regis	tered Landfill	.Q	(A) = (E)		Alberta III
Guardian Contracting, Inc.		''	20223		vvasie 2	T.R.R.F.					
City, State					Disposal Date	City, State					
Toms River, New Jersey					2/26/18	Tullytown,	Pennsylvania	9	1		
Completed By (Print or Type)	Title				Signature	-/1	Dat	8	-	,	
Nicholas Fernicola	Project	Man	ager			1:4	of 1:	2 [81	1 8	5
ASB-41						1 10	1 1 2	-	- 1	*	

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



PATD

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

Date of Notification (1) 02 /	08 /	18					g Owner/Opera Builders, LI		2)	NE	C F	11 11/16	区位	15	Vy.
							bulluers, Li	LC			Of the second	D . 片		JP.	1
Agencies Notified EPA	Type Notifica	ation			(0.000000000000000000000000000000000000	t Address	lb = = 4 1 = = =		Carl Contracts	A STATE OF THE STA					The Darge
☑ DOLWD	☐ Amended	i				State, Zip (Iboat Lane		11	11 -	EB 12	2018			/
⊠ DOH	Amendme	_			30-10-10-10-10-10-10-10-10-10-10-10-10-10	- 14-4 1-14-14-14-14-14-14-14-14-14-14-14-14-14	k, NJ 08008		Ì	İ				hroune.c	-
☐ DCA (NJAC 5:23-8)	☐ Emergene justification		luding			of Contac	J956			A Tele	phone Nun	her	7 0		-
	☐ Cancellat				100000000000000000000000000000000000000	vis Leply	3		ř.		bijone Man	3	(53		in the second
							FORMATIO	NI.		· 1		T TANK	11-12-4 make	Mary Co.	1
Name of Facility Where Al	batement is T	akina	Place	(3)	IA	CILITIIN	IFORWATIO	IN	Type of Faci	lity (4)					
Residence		3		,-,					School (H						
Street Address									Subchape Other (i.e homes, e	ter 8 (Othe			ilding	JS,	
City (5)									Square Feet		f Floors	Bl	dg. A	ge	
Long Beach Twp.									2000	2	!		65		
County (6)					Cour	nty Code (7)(STATE USE OI	NLY)	Current Use	(Prior if be	eing demol	ished)			
Ocean									Residen	ce					
Name of Monitoring Firm I	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Aba	ateme	ent Contractor	(9)					
N/A							Guardiar	Co	ntracting, Ir	ıc.					
Street Address							Street Addre								
				10			1889 Rou	- AMERICAN ST	district the subsection						
City, State, Zip Code							City, State, Z								
Drainet Manager for Marit	-des Fiere							830	New Jersey						
Project Manager for Monito	oring Firm			rei	ephone	No.	Telephone N		r:		ense No.				
Start Date (10)		Chod	ulod C	ample	tion Do	ate (11)	732-349-9 Name of OS			0	0624				
02 / 21 /					3_ /	100	E.M.S.L.								
Occupancy Status During							Street Addre		iy tioai						
☐ Facility Closed/Vacated					ment	2	1056 Ste	2000							
☐ Abatement Performed						scribe	City, State, Z		nde				_		
Time of Abatement:	AM	PM	l/	_PM		_AM			New Jersey	08854					
Scope of Work (Check all	that apply)							Cont	cinmont with	Nogotive I	Dragouro				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re 図 De				☐ Min	i-Enc	tainment with losure g Procedure	Negative i	Pressure				
							⊠ Nor	ı-Exe	mpted (*) and	Non-Friat	ole Procedi	ure			
Location	, e			Loca					,			Ab	atem	ent T	-
Location of Asbestos-Containing M)	Use	d Sol	ely by	Asbe	Descript stos Containin				Amount	Re	Repair	Enc	Enclosure
TO BE ABAT	ED				ance/ Staff?		., thermal syst	ems	insulation,	(Specify	Removal	oair	aps	closi
(13)				(12)			surfacing, other misce			S	F or LF)	<u>a</u>		Encapsulate	Гe
			Yes	No	N/A			nisous tallens						Ф	
exterior				\boxtimes		asbesto	os siding			1	850 sf				
												П			
		\neg		П				-							
Name of Registered Waste	e Hauler			$\overline{}$	NJDEP '	Waste	Cubic Yards	of	Name of R	eaistered I	Landfill				
Guardian Contractin				ŀ	dauler I		Waste 3		T.R.R.F	0.70					
City, State					2022		Disposal Dat	e	City, State						-
Toms River, New Jer	rsey						2/23/18		1000000 TOTAL CAST STATE	wn, Penn	sylvania				
Completed By (Print or Type	pe)	Title					Signatu	re	1/1)		ate	1	1	
Nicholas Fernicola		Pr	oject	Mar	ager				1/1/	K		2/	81	18	2
ACD 44							- /		1	-			i	1	

ASB-41 JAN 13

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

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Date of Notification (1)					Name	of Building	g Owner/Operator ((2)			EED	1 1	2 0	210	- [
1/	17 / _	18					nmunications				FEB		£ 21	718	
Agencies Notified	Type Notifica	ation			Street	Address				benne.	aranga.		the content	to war	寸
⊠ EPA					28-	34 3rd Av	enue		į.	Phil	GESTO	12 (C	GMT Mag	hill	&
⊠ DOLWD	Amended		21714	0	City, S	State, Zip C	Code		1 / 1% to make		*** **********************************		- 2-20	THEFT	Arwa -
DOH □ DCA	Amendme	100			Lor	ng Branc	h, NJ, 07740								
(NJAC 5:23-8)	justification		Juding		Name	of Contac	t		Tele	ephone	Numbe	er			
*	☐ Cancellat	ion			Ale	x Baylor									
					FAG	CILITY IN	IFORMATION								
Name of Facility Where A		_		(3)				Type of Facility		10					
Verizon Long Branc	h Central C	Office						School (K-12		or them	V 12)				
Street Address								☐ Subchapter ☐ Subchapter ☐ Other (i.e., p				ial bu	ildina	IS,	
28-34 3 rd Ave								homes, etc.)							
City (5)								Square Feet	1,000	of Floor	rs	Blo	dg. A	ge	
Long Branch								19,500	_	2		12 1000	+-50		
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if b	eing de	emolish	red)			
Monmouth								Verizon							
Name of Monitoring Firm	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ding O	wner ((8)	ASCM	No.	Name of Abatem	rase in the contract of the co							
TTI Environmental I	nc						BRISTOL EN	VIRONMENTA	L, IN	C.					
Street Address							Street Address								
1253 North Church	Street			44 - 700			1123 BEAVE	R STREET							
City, State, Zip Code							City, State, Zip C	ode							
Moorestown, NJ 080							BRISTOL, PA	19007							
Project Manager for Monit	oring Firm				phone		Telephone No.		Lie	cense N	Vo.				
Kristopher Smith					9-313		215-788-6040)		00509					
Start Date (10)	05065	Schedi	uled C	omple	tion Da	te (11)	Name of OSHA N			_					
1/31/					140			VIRONMENTA	L, IN	C					
Occupancy Status During	-						Street Address								
☐ Facility Closed/Vacated ☐ Abatement Performed						ariba	1123 BEAVE								
Time of Abatement:						cribe	City, State, Zip Co								
Scope of Work (Check all	that apply)		-							D					
≥3 sf or ≥3 lf			⊠ Re	novati	on		⊠ Full Con ⊠ Mini-End	tainment with Neg closure	gative	Pressu	ıre				
≥160 sf or ≥260 lf			☐ De	molitio	n			g Procedure		LL D		y1			
			lo	Locat	ion	ı	□ Moù-Exe	mpted (*) and No	n-rna	able Pro	ocedure	1			
Location	of			Vorma			Description of	of						ent Ty	
Asbestos-Containing N		1)		d Sole		Asbe	stos Containing Ma			Amour	nt	Removal	Repair	Enc	Enclosure
TO BE ABA				intena todial	nce/ Staff?	(i.e	., thermal systems			(Specif		SVOL	ar.	aps	losu
(13)	y			(12)			surfacing, VAT other miscellane		,	SF or L	.г)	=		Encapsulate	ē
			Yes	No	N/A									Ф	
Basement Generator	Area				\boxtimes	Pipe Ins	sulation			350 L	F	\boxtimes		\boxtimes	
Basement Generator	Area				\boxtimes	Floor T	ile & Mastic			30 SF	E 0	\boxtimes			
							ā.								
Name of Registered Wast	e Hauler			1.0	JDEP \		Cubic Yards of	Name of Regis	stered	Landfi	II	-			\neg
SERVICE TRANSPO	RT GROUP	, INC	: .	H	20990		Waste	MINERVA	LAN	DFILL					
City, State				100			Disposal Date	City, State							
NEW CASTLE, DE							TBD	WAYNESE	BURG	, OH					
Completed By (Print or Ty	pe)	Title					Signature		1		Dat			2000	
Dillan DeCaro		Es	stima	tor			Dellar	DeCaro	19	M	2		7-	18	

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Date of Notification (1)			1.5					11 1		7 11 7	- 1	11:	
1 / 17 /	18			Verizon	uilding Owner/Oper	ator (2)		of pom	4600 S	4 - Jarry			
Agencies Notified Type Notifie						15	The state of the s						
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☑ DOLWD ☑ Amende			.		d Avenue		1	Ī				-0.0	2
☑ DOH Amendn			8	City, State,			4	Law.	er		A. Proc. 10		-
DCA Emerger (NJAC 5:23-8) justificat	ncy (inc	luding	-	Name of Co	ranch, NJ, 07740				i i i i i i i i i i i i i i i i i i i			TriC	1
Cancella			1"					-Tele	phone N	lumb	er	at a way]
				Alex Bay									
Name of Facility Where Abatement is	Takina I	Dinas (21	FACILIT	Y INFORMATION	277					30		_
Verizon Long Branch Central (office	-lace (S	9)			Type of I							-
Street Address						School	ol (K-12))	100 71				
28-34 3rd Ave						☐ Subcl ☑ Other	(i.e., pri	(Other	than K	-12) merci	al hui	Idina	-
City (5)						nome	s, etc.)		10 001111	Heren	ai bui	ung	٥
Long Branch					9.1	Square F		# of	Floors		Bld	g. Ag	16
County (6)				·		19,500		2				-50	
Monmouth			1	ounty Cod	e (7)(STATE USE ONL		se (Prio	r if bei	ng demo	olishe	d)		
Name of Monitoring Firm Hired by Build	ing Own	nor /9\	100	Cha hi	150	Verizo							
TTI Environmental Inc	ing Owi	iei (0)	ASI	CM No.	Name of Abate								-
Street Address						NVIRONME	NTAL,	INC.					
1253 North Church Street					Street Address			-					
City, State, Zip Code						ER STREET							
Moorestown, NJ 08057					City, State, Zip								
Project Manager for Monitoring Firm		1-			BRISTOL, F	PA 19007							
Kristopher Smith			elephor		Telephone No.			Licens	se No.				-
carpinor carrier		1 '	009-3	13-8218	215-788-604	10	1	005	00				
Start Date (10)	hadulas	10000	1-41 1					000	03				
1 (2)				Date (11)	Name of OSHA	Monitor						_	
1 / _31 / _18	2	/		Date (11) '18		Monitor	VTAL, I						
1 / 31 / 18 Occupancy Status During Abatement (Ch	2 eck onl	y one)	8_ /	18	Name of OSHA BRISTOL El Street Address	Monitor NVIRONMEN	√TAL, I						
	2 eck onl	y one)	8 /	18	Name of OSHA BRISTOL EI Street Address 1123 BEAVE	Monitor NVIRONMEN	∜TAL, I			S22			_
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)	47						ing Owner/Operator	(2)		Politica and the control of the control		IJ	=	
	17 /	1	8			erizon Co	ommunications	A Stanford	10000				tadar:	
Agencies Notified	Type Notif	ication	1			eet Address				FEB 1	2 2)18		Jjj
S EPA 2540 DOLWD2526	☐ Initial	la d				28-34 3rd A		N. Carlot	ĺ				j bro	
Ø DOH2533	Amend	di name	#		1	y, State, Zip		Sharen.		Asaestos	Street, many	-1541	لأحي	
□ DCA	☐ Emerge			ng	1	ong Bran	ch, NJ, 07740	?	the pass of the	A	2016			f.
(NJAC 5:23-8)	justifica	ation)		•	Na	me of Conta	act		T	Telenhone Ni	ımher	COLUMN TO		man.
	☐ Cancel	lation			A	lex Baylo	r							
						ACILITY	NFORMATION							
Name of Facility Where A	Abatement is	Takir	ng Plac	e (3)				Type of Facil	lity (4	1)				
Verizon Long Brand	ch Central	Offic	e					School (K			250.000			
Street Address										(Other than K- vate and comm		huildir	nae	
28-34 3 rd Ave								homes, et		ate and comm	ricrolar	Danan	193,	
City (5)								Square Feet		# of Floors		Bldg. /	Age	
Long Branch								19,500		2		+-50)	
County (6)			an-sacratur-a-r	0,	Co	ounty Code	(7)(STATE USE ONLY)	Current Use ((Prio	r if being demo	olished)		
Monmouth								Verizon						
Name of Monitoring Firm	Hired by Bu	ilding	Owner	(8)	ASC	M No.	Name of Abatem	ent Contractor	(9)					
TTI Environmental I	nc						BRISTOL EN	VIRONMENT	ΓAL,	INC.				
Street Address							Street Address		czde-ti.					
1253 North Church	Street						1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip C	ode						
Moorestown, NJ 080							BRISTOL, PA	19007						
Project Manager for Monit	oring Firm		am-3	Te	elephor	e No.	Telephone No.			License No.				
Kristopher Smith	35.5				609-3	3-8218	215-788-6040)		00509				
Start Date (10)	4					Date (11)	Name of OSHA N	lonitor						
/	18	_	2		8_/	18	BRISTOL EN	VIRONMENT	AL,	INC				
Occupancy Status During	Abatement	(Chec	k only	one)			Street Address							
☐ Facility Closed/Vacated							1123 BEAVE	R STREET			12			
Abatement Performed							City, State, Zip Co	ode						
Time of Abatement:	AM	PI	VI/ <u>5:00</u>	PM-	2:00AI	VI	BRISTOL, PA	19007						
Scope of Work (Check all	that apply)			- /// /-										
☐ >3 sf or >3 lf			⊠ Re	nova	tion			ainment with N	egat	ive Pressure				
≥160 sf or ≥260 lf			De				⊠ Glovebag							
							☐ Non-Exe	mpted (*) and N	lon-F	Friable Proced	ure			
			7.5	Loc: Norm			120 B100 S				A	batem	ent T	ype
Location o Asbestos-Containing M		//)			lely by	Asha	Description o stos Containing Ma			Amount	R	Re	m	m l
TO BE ABAT	ED	,			ance/	(ie	., thermal systems i	nsulation,		(Specify	Removal	Repair	cap	Enclosure
IN Facility			Cus	1001a (12	l Staff?		surfacing, VAT,			SF or LF)	val	1	Encapsulate	sure
(13)			Yes	No			other miscellaned	ous)	1			1	ite	
Basement Generator A			2000			-			+		-	-	57	
basement Generator A	Area					Pipe in	sulation			350 LF			\boxtimes	Ш
												П		
			П			1			+		10			
Name of Registered Waste	Hauler					Waste	Cubic Yards of	Name of Reg	ictor	ad Landfill			Ш	
SERVICE TRANSPOR		, INC	:.	1.2	Hauler 2099	ID No.	Waste	MINERVA						
City, State							Disposal Date	City, State						
NEW CASTLE, DE							TBD	WAYNESI	BUR	RG, OH				
Completed By (Print or Type	e)	Title					Signature			D	ate			
Dillan DeCaro	200	Es	timat	or			Nillan	No Car	2/	OK!	1-1	7-1	8	

ASB-41 DD18004

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

OK lele16

Date of Notification (1)			-	Name of	f Building (Owner	/Operator	(2)	111		6	5 (1	7-1	3 p	411
2/8/18	+				a Deshp			3998 U	ne		*****	of the local and				Tanana and
Agencies Notified	Type Notification			Street A	ddress				1000		FEB	4 5	20.	10		The second
EPA DEP	Initial			City Sta	ite, Zip Co	do				kå į		1.6	ZV:	0	110	4
DEP DOL	Amended Amendment	#			NJ 086				Ē	Land.		egi e gan			1	and a part
☑ DOH	Emergency (i justification)	ncluding		_	Contact					Tel	ephone	Numb	er	AL 6	<u> </u>	-
DCA	Cancellation			Tara	e					. —				***	and the say.	-a !
Name of Facility Where	Abatement is Taking	Place (3)	FACI	LITY INFO	RMA	TION	Type	of Facility	(4)						-20.0
Monica Deshpande		11 1000 (0	,						School (K-1							
Street Address									Subchapter	r 8 (Oth						
									Other (i.e. petc.)	private 8	& comme	ercial	build	ings,	home	es,
City (5)								350	re Feet		f Floors			dg. A	ge	
Ewing NJ 08638				Coumbs (20d= (7)			100		2	4			5⊹		
County (6) Mercer				(STATE L	Code (7) USE ONLY)			Curre	ent Use (Pri	or it bei	ng aemo	olisned	1)			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCIV	1 No.		Name	of Aba	atement Co	ntractor	(9)				100	
N/A	355 S	968					1	nacol			× %					
Street Address							Addre									
City, State, Zip Code								Box 3	ip Code							
Oity, State, Zip Code						100		lin NJ 080	091							
Project Manager for Mor	nitoring Firm		Τ.	Telepho	ne No.			none N			Licens	e No.				
							856-	753-9	9800		0072	7	i i i i i i i i i i i i i i i i i i i			
Start Date (10) 2/9/18		Schedule 2/13/1		npletion I	Date (11)				HA Monitor							
Occupancy Status Durin	a Abatement (Check						Street	Addre	ee		The Later of the L		-			
	ated During Entire P		520 5 70	ont			Succe	Addie	33	٠						
Abatement Perform	ned Outside of Norm	al Facility					City, S	state, Z	ip Code							
	Home owner will be	home				-		747 1				9.8				
Scope of Work (Check A	All That Apply)	_		3			100	•1				-			111111111111111111111111111111111111111	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit						II Containm ni-Enclosur		Negativ	ve Pre	ssur	е		
2 - 100 01 01 - 200 11		ш	omone	.011			5	Glo	ovebag Pro	cedure	d No	2-61-	D			
		T	Locati				<u> </u>	ZF 1/10	n-Exempte	d (*) an	a Non-F	nable			ement	<u> </u>
Location	n of	1	Vormal	ly		ח	escription	of					_	Ту	ре	
Asbestos-Containing	Material (ACM)		d Sole intenar			os Co	ntaining N	/lateria		FG 5850	mount		_		щ	m
TO BE AB In Faci		100000000000000000000000000000000000000	odial S		(i.e.	surf	al system acing, VA	T, or			Specify or LF)		Remova	Repair	ıcapı	Enclosure
(13)			(12)	1		other	miscella	neous)					oval	air	Encapsulate	sure
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2nd Flo	oor			х		Flo	or Tile	only		60	00 SF		x			
Kitche	en			×		Flo	or Tile	only		9	0 SF		С			
Name of Registered Wa			300	JDEP Wauler ID		Cubi of W	c Yards aste		Name of		ered Lan	dfill				
Horizon Disposal S	er.		1935	0416		4			G.R.O							
City, State						307533	osal Date		City, Stat		A 4000	27				
Trenton NJ Completed by		Title					3/18 Signature	~	Morris	ville P	A 1906			-		50.7112.7
Anthony T Perna		1,000,000	ident				Signature	0			المسيد	Date 2/7				

PAID

Agencies Notified PFA	Date of Notification (1) 02/06/18	Check # 3132	2			of Building		Operator	r (2)		ALC CAL				The particular party	
DDP	Agencies Notified	Type Notification			Street A	Address			-		EB	1 2 201	8	land land	1	
DOL Amendment # Woodridge, NJ, 07075 Abstraction Telephone Number.				-	City St	ate 7in C	nde		-		-W-15	san proper see	- C E C - 440*	<u></u>		
DOH		Amendment		_				75		ASS	ESTO	SOCNIA	:OL&			
Name of Facility Where Abatement is Taking Place (3) Residential Street Address School (K-12) School		justification)	activity and a contrast				alfe		-	- 14 to 15 - 1 to 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15		and the second of the second	ımber	igaz Ascher uz		
School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (O					FAC	ILITY INF	ORMAT	ION			_			154		
Subchapter 6 (Other than K-12) City Code (7) (STATE USE ONLY) County (6) County (6) County (6) County (7) (STATE USE ONLY) County (7) Current Use (Prior if being demolished) County (8) Coun		Abatement is Takin	g Place (3	3)					Тур	875/83	9/7					
City (5) Square Feet # of Floors Bidg. Age 2000+ 2 50+	Street Address								H			er than K-	12)			
Square Feet									×		rivate	& commerc	cial bui	ldings	home	es,
County (6) Bergen County Code (7)									50000	are Feet	300000	f Floors			Age	
Sergen (\$7x7\tilde{its} outly)					County	Code (7)						na demolis	- 3	+00		
N/A Street Address N/A Street Address N/A City, State, Zip Code N/A City, State, Zip Code N/A Start Date (10) N/A Start Date (10) O2/12/18 Occupancy Status During Abatement (Check Only One) Abatement Performed Outside of Normal Facility Hours Other — Describe: Abatement Performed Outside of Normal Facility Hours Other — Describe: Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Appty) Sold of 23 if Sold of 23 if Sold of 250 if Abatement Abatement (20) Asbestos-Containing Material (ACM) I D SE ABATED In Facility (13) Master Bedroom X Floor Tile & Attached Plywood Tri-State Transfer Associates Name of Registered Landfill Minierva Entreprise LLC Disposal Date Name of Registered Landfill Minierva Entreprise LLC Disposal Date Name of Registered Landfill Minierva Entreprise LLC Disposal Date Name of Registered Landfill Minierva Entreprise LLC Disposal Date Name of Registered Landfill Minierva Entreprise LLC Disposal Date Name of Registered Landfill Minierva Entreprise LLC Disposal Date Name of Registered Landfill Minerva Entreprise LLC Disposal Date Signature Date Octive Transfer Associates N/A Street Address NJ, O7093 Name of Registered Landfill Minerva Entreprise LLC Disposal Date Signature Date	Bergen										71 11 00	ng demon	ileu)			
August August		Hired by Building	Owner (8)		1.0000000000000000000000000000000000000	M No.					tractor	(9)				
N/A Project Manager for Monitoring Firm N/A N/A Telephone No. N/A																
Project Manager for Monitoring Firm N/A Telephone No. N/A Telephone No. N/A Telephone No. N/A 201-295-1700 Date (11) 02/09/18 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code N/A Scope of Work (Check All That Apply) 3 sf or 23 lf Each of or 2250 lf Street Address N/A City, State, Zip Code N/A Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Master Bedroom X Floor Tile & Attached Plywood Tile Name of Registered Waste Hauler Tri-State Transfer Associates Tile Telephone No. 201-295-1700 Name of Registered Waste Hauler Tri-State Transfer Associates Tile Tile Signature Telephone No. 201-295-1700 Name of OSHA Monitor N/A NAM Street Address N/A City, State, Zip Code N/A City, State, Zip Code N/A Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and										093						
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Abatement Performed Outside of Normal Facility Hours City, State, Zip Code			73	8				1 2 2	Addr	ess						
Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Demolition □ Description of Asbestos-Containing Material (ACM) (Specify (13)) □ Normally (Specify (12)) ──────────────────────────────────		ed Outside of Norm	Period of A al Facility	baten Hours	nent S				state,	Zip Code						
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Demolition De		ll That Apply)						F==	7							
Source Non-Exempted (*) and Non-Friable Procedure			=									Negative	Pressu	ire		
S Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A								×	G	lovebag Proc on-Exempted	edure (*) an	d Non-Fria	ble Pro	cedur	е	
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Master Bedroom X Floor Tile & Attached Plywood Title Signature Date			Use	d Sole	ly by	Achae	De	scription	of Natori	al (ACM)	٨	mount	-	1)		
Master Bedroom X Floor Tile & Attached Plywood 174 SF X Name of Registered Waste Hauler Tri-State Transfer Associates NJDEP Waste Hauler ID No. 19551 Name of Registered Landfill of Waste TBD Ninerva Entreprise LLC Disposal Date TBD Completed by Title Signature Date	TO BE ABA	ATED				(i.e.	thermal	systems	s insu	lation,	(5	Specify	Rei	R	Enca	Enc
Master Bedroom X Floor Tile & Attached Plywood 174 SF X Name of Registered Waste Hauler Tri-State Transfer Associates NJDEP Waste Hauler ID No. 19551 Name of Registered Landfill of Waste TBD Ninerva Entreprise LLC Disposal Date TBD Completed by Title Signature Date		ity		(12))	51	or LF)	nova	epair	psula	losur
Name of Registered Waste Hauler Tri-State Transfer Associates City, State Bronx, NY Name of Registered Waste Hauler Hauler ID No. 19551 Disposal Date TBD City, State Waynesburg, OH Completed by Title Signature Date			Yes	No	N/A								-		ate	Ф
Tri-State Transfer Associates Hauler ID No. 19551 Of Waste TBD Minerva Entreprise LLC City, State Bronx, NY Disposal Date TBD Completed by Title Signature Date	Master Bed	droom		X		Floor	Tile &	Attach	ed P	lywood	17	74 SF	X			
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Tri-State Transfer Associates Hauler ID No. 19551 Of Waste TBD Minerva Entreprise LLC City, State Bronx, NY Disposal Date TBD Completed by Title Signature Date																
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City, State Bronx, NY Completed by Title Signature TBD Winterval Entroprise EE City, State Waynesburg, OH Date	AND THE RESIDENCE OF THE PARTY		Н	auler ID		of Was			10000000000000000000000000000000000000	2017						
Bronx, NY TBD Waynesburg, OH Completed by Title Signature Date				19	9551			al Date	6			SPI ISE LL	.0			
Ci P-1								sai Dale				ОН				
Office Mariager	Completed by Gina Betances		100,000,000	Mar	ager		S	ignature	/	Blua	1	V35-500		18		



Date of Notification (1) 2/7/18					f Building						<u>[t]</u>	7.0			
Agencies Notified	Type Notification	ı		Street A	San Line Control				Parameter Parame	FEB	12	2018		圳	
EPA DEP DOL	Initial Amended Amendmen			City, Sta	ate, Zip Co	ode			AS	JEET (OS CON	THOL	8	- In the second second	
DOH DCA	Emergency justification Cancellation)			f Contact				1	1.11	phone	· -	_		
N (5 W)				FAC	LITY INFO	ORMAT	ION			r.					
Name of Facility Where A	Abatement is Takir	ng Place (3	3)					Тур	e of Facility (4						
Street Address				·				H	School (K-12 Subchapter 8		r than K-	12)			
								×	Other (i.e. pr				dings	hom	es,
City (5)		=						Squ	etc.) are Feet	# of	Floors	E	3ldg. /	Age	
Union								220	00	2		(33		
County (6) Union					Code (7) USE ONLY)		Curr	ent Use (Prior	r if bein	g demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	-	ASCN	ΛNo.				atement Cont ironmental			C			
Street Address			17.				Street	Addre	ess						
City State 7in Code								183, 4 E Ga	ate Dr	ive					
City, State, Zip Code								Zip Code d, NJ 0741	8						
Project Manager for Mon	itoring Firm			Telepho	ne No.	- W. S. A. C.	Telepl				License I	Vo.			
	15								2276		703				
Start Date (10) 2/8/18		Schedule 2/22/18		mpletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During	g Abatement (Che	ck Only On	e)		288-2045		Street	Addre	ess						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	Period of A	Abaten Hour	nent s			City, S	State, 2	Zip Code						
Scope of Work (Check A															
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In Facili (13)	ity	Oust	(12)	otan :			cing, VA niscellar			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
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baseme	ent			X		fl	oor tile	Э		80	0 SF	x			
Name of Registered Was	te Hauler		186	IJDEP W lauler ID		Cubic of Was	Yards		Name of R				-		
Freehold Cartage			111 1522	5939		TBD			Grows/F	airles	s Landi	ill			
City, State Freehold, NJ		1,20				Dispos TBD	sal Date		City, State Morrisvil		\ \				
Completed by		Title				S	ignature	9 /	1		-	ate			
A. Scott Higgins		Presi	dent					12			2	2/7/18			



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Date of Notification (1) 2/8/18					of Building ael O'Co		Operato	r (2)		FE	EB 1	2 2	018	1	IJ	L. L. Control
Agencies Notified	Type Notification			Street A	Address				Part total					+		
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DEP	Amended				ate, Zip Co		~ ·	- 2-13-0		Alama	L	197	<u> </u>	1 L.		1
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× DOH	justification)		· [of Contact					I Tal	enhone	Num	her			
☐ DCA	Cancellation	1		Korina	a Down											
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Home	Abatement is Takii	ig Place (3)					Type of	Facility (4)						
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									bchapter her (i.e. p					dings	home	es,
City (5)								etc		П 41 -	£ 51			11-1		
Montclair								Square 2000	reet	2	f Floors		1000	81dg. <i>A</i> 82	\ge	
County (6)				County	Code (7)				Use (Prid		ing dem	olich	-17.85	12		
Essex					USE ONLY)		HOME		or ii bei	ng dem	Olisiii	suj			
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCI	M No.		Name	of Abate	ment Cor	ntractor	(9)					
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Street Address						Street	Address									
						PO	Box 483	8, 4 E G	ate D	rive						
City, State, Zip Code							State, Zip							e de lini-		
								nwood, I	NJ 074	18						
Project Manager for Mon	nitoring Firm			Telepho	ne No.			hone No.	7.0		Licens	se No				
Start Date (10)		0-11-1		1	5			764-22			703					
2/9/18		2/16/1		npietion	Date (11)		Name	of OSHA	Monitor							
Occupancy Status During	g Abatement (Cher	THE STREET	· 7				Stroot	Address								
		59					Succi	Address								
Facility Closed/Vaca	ed Outside of Norr	nal Facility	Abatem V Hours	ient			City S	State, Zip	Code							
X Other – Describe:	basement						,,									
Scope of Work (Check A	ll That Apply)															
≥3 sf or ≥3 If		×	Renova	tion			>	Full C	ontainme	ent with	Negativ	ve Pr	essu	re		
× ≥160 sf or ≥260 lf			Demolit	ion				Mini-E	Enclosure	•						
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(13)	**		(12)				niscella			01	OI LI)		Remova	Repair	Encapsulate	Enclosure
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basemo	ent			X		fl	oor tile			0.0	00 SF					
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								10-20-20-20-20-20-20-20-20-20-20-20-20-20			500-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0					
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Freehold Cartage				3939	NO.	of Was	sie	1	Grows/I	Fairle	ss Lan	dfill				
City, State							sal Date	(City, State	9						
Freehold NJ						TBD		1 (5)	Morrisv		Α					
Completed by		Title				S	ignature					Dat	е		Winds	-
A. Scott Higgins		Pres	ident					U	<u></u>	-		2/8	3/18			



Date of Notification (1)							CHE	ECK# 1	422	-		
2-7-18			Fir	Building Owner/ st Presbyt	Operator (2 erian	Church	at Cald	well	e san tariff to		11.17	[]
Agencies Notified Type Notification X EPA			Street A	^{ddress} 6 Bloomf	ield A	Avenue	Him		- Programme	-11	<u>\}!</u>	16.5
DEP Amended Amendment	#_1_		City, Sta	te. Zip Code Idwell, N	J 07	006		ST FE	ים ז	ń	2018	
M DOH Emergency (i justification)	ncluding		Name of				Te	lephone Numb				\dashv
				LITY INFORMA		215		+64800000				
Name of Facility Where Abatement is Taking P	lace (3)			CITTE TORM	110.4	Type of Fa	icility (4)	F.(1-2)		r. ·	4.52	
Former Church						□ Scho	ol (K-12)	Carried and American	(4.000)			
471 Pleasant Valley Way						☐ Subc	hapter 8 (Other	r than K-12) & commercial l	buildin	gs, hor	nes, et	e.)
West Orange, NJ 07052	2					Square Fee 8,000		of Floors	В	ldg. A		
County (6) Essex		T	County C	Code (7) SE O.V.LY)	***************************************	Current Us		ng demolished)			-
Name of Monitoring Firm Hired by Building Ox	vner (8)		ASCN	l No	Name		t Contractor (
Whitestone Associates				0.00000				mental (' O	Tna		
Street Address 1600 Manor Drive					Street	Address Haws			~,	TIIC	•	
City, State, Zip Code Chalfont, PA 18914					City, S	tate, Zip Coo		2401			1115	_
Project Manager for Monitoring Firm Jeremy Hassett			Telephon	ne No. 712-2700	Teleph	one No. -239-9		License No				
Start Date (10)	Scheduled	d Com				of OSHA M		0039	8			
2-12-18 Occupancy Status During Abatement (Check Or	3-20	0-18			EH	IS Envi	ironmen	tal, Inc.				
X Facility Closed/Vacated During Entire Per	od of Abat	tement				Address 1 Soutl	ngate Co	ourt, Sui	te E			
Other – Describe:	acility Ho	urs			City, S	tate, Zip Co	de , NJ 08	-				
Scope of Work (Check All That Apply)							, 110 00					_
☐ ≥3 sf or ≥3 lf ⋈ ≥160 sf or ≥260 lf		lenovat Jemolit				X Mini-Ei X Gloveba	nclosure ag Procedure	n Negative Pre				
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Location of	1	Normal ed Sole	ly	ı	Description	ı of					pe	es illustra
Asbestos-Containing Material (ACM) TO BE ABATED	M	intena todial 5	nce/	Ashestos Co (i.e. thermal sy	ntaining N	laterial (AC)	M)	Amount (Specify	_		팓	100
In Facility (13)		(12)	Juli .		VAT. or r miscellar			SF or LF)	Remova	Repair	Encapsulate	Enclosure
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church		x		pipe fittings	5		2	20 LF	X			
				window ca	ıulk		8	00 LF	X			
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Parish Building Name of Registered Waste Hauler		X	In an	VAT				,000 SF	X			
Newark Carting		F	JDEP W lauler ID 4509	No. of W	ic Yards aste 30	7	ame of Regist	ered Landfill a Landfill	 I			
Newark, NJ			.000	Disp	osal Date -20-18		ity, State	sburg, O				
Completed by	Title				Signature		1/01/1		ate			
James Kelly	F	resi	ident			mlo	alle		2-	7-1	8	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	on (1)	IN IN	Name of Buil	.ding	Owner/Operator	(2)	1. 7/10-1-978/19-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	to de santante.	with the control	·	Wash of
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	[]Cancellat	cion						*			
V6 P11/179				LITY I	NFORMATION						
Name of Facility Wh Maxine Angel	ere Abatement :	is Taking	g Place (3)			Type of Facil	(K-12)				
Street Address						[X]Other (i.e., priva homes, etc	ate & c			1
City (E)			-,			Square Feet	# of Floo	ors B	ldg. 1	Age	
City (5) Teaneck	L L	County (6 Essex	5)	1000	aty Code (7) ATE USE ONLY)						
						Current Use (eing de	molis	hed)).
Name of Monitoring Owner (8) N/A	Firm hired by 1	Building	ASCM No.			ment Contracto IANAGEMENT					
Street Address		-			Street Address	s	005				
					86 Chris	stopher St					
City, State, Zip Co	de				City, State, Montclai	Zip Code .r, NJ 070	42	N			
Project Manager for	Monitoring Fin	rm Tele	ephone Numbe	er	Telephone Numl	ber	þ	License	Numb	er	
		N/2	A		(973) 744	-8800		0037	11		
Month Day	.8 2 Year Mor	- 9- nth Da		(11)	Name of OSHA I						
of Abatemen	osed/Vacated Du	ring Ent	ire Period	v	Street Address City, State,						
Hours - Desc	cribe: «OffHours cribe: «Other Oc	Descrip	t»	2	city, state,	zip code					
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City, State Montclair, NJ	07042			11	posal Date /12/18	Gity, State Waynesb	urg, Oh	io 4	1688	1	
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Name of Facility Where Abater	ment is Taking F	Place					Type of Facil	lity (4)						
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Street Address								oter 8 (Other th	and the second of the second					
500 Water Street							Other (i. Square Feet	e. private & co			dg. Ag		etc.)	
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Gloucester	Camden	N.		, -		(.)		(Prior if being			`			
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Street Address 234 20 th Ave							Street Addres	ss Hollow Road	DO Bo	v 70				
City, State & Zip Code				S			City, State &		, FU BU	X 70	-			
Brick, NJ 08724							Winslow, N	J 08095						
Project Manager for Monitoring	Firm	Tele				ber	Telephone N		Lie	cense Nu				
Kelly Walton Scheduled Start Date (10)	Scheduled Co	908)	09-567-06 Name of OSI				0126	3		
2/12/18			/18	, att	(<i>I</i>	EMSL Anal							
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City, State & Zip Co Berlin, NJ 08009	de							y, State & nton, NJ ()					
Project Manager for Mr. Jim Proctor	Monitoring I	Firm		phone 452-1	Num	ber	Tele	ephone N 9-914-427	lumber		License		-		
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