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) 2 13 17 Atlantic City Boardwalk Hall Type Notification Street Address Agencies Notified 1 4 2017 **⊠** EPA 2301 Boardwalk □ DOLWD ☐ Amended City, State, Zip Code Amendment # X DOH Atlantic City, NJ 08401 ☐ Emergency (including ASSESTOS CONTROL 8 □ DCA Name of Contact justification) (NJAC 5:23-8) Telephone Number G ☐ Cancellation Jim McDonald **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Atlantic City Boardwalk Hall Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2301 Boardwalk homes, etc.) Square Feet City (5) # of Floors Bldg. Age 50+ Atlantic City 700.000+ 5 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Atlantic Boardwalk Hall Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Design Inc** N/A Controlled Environmental Systems Street Address Street Address 1121 N. Bethlehem Pike - Suite 60 5434 King Avenue, Suite 101 City, State, Zip Code City, State, Zip Code Pennsauken, NJ 08109 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215 542 7000 Tim Gorman 856 616 9516 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 27 / 17 CES Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 60 ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-12:00PM/____PM-___AM Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If ☐ Mini-Enclosure ⊠ Renovation ☐ Glovebag Procedure WPAP+CuT K
☐ Non-Exempted (*) and Non-Friable Procedure ≥160 sf or ≥260 lf Demolition Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)(13)other miscellaneous) Yes No N/A 2nd FI Women Bathroom/Georgia \boxtimes Thermal Systems Pipe Insulation 35 LF \boxtimes П П П N.IDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste Geppert Recycling Western Berks Community Landfill 5 City, State Disposal Date City. State 3/10/17 Hatfield, PA Birdsboro, PA 19508

ASB-41 JAN 13

Completed By (Print or Type)

Patricia Visco

Title

Office Manager

Signature

Ollyper

Date

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

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

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

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

CHECK # 1527

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7) Date of Notification (1) Name of Building Owner/Operator (2) 02/13/17 Preit Services LLC FEB 1 4 2017 Month/Day/Year Agency Notified Type Notification Street Address X EPA Initial 200 South Broad Street 3rd floor ASBESTOS CONTROL X DEP Notification City, State, Zip Code X DCA Amended Philadelphia, PA 19102 DOH Notification Name of Contact Telephone Number Cancellation Dan Costello FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cherry Hill Mall- Electric room 1804-1805 School (K12) Subchapter 8 (Other than K12) Street Address Other (i. e. Private & commercial 2000 N.J-38 buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 99,000 2 80 Cherry Hill (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) FINOG Environmental Inc Associated Specialty Contracting Inc Street Address Street Address 617 Stokes Road Suite 4-318 98 LaCrue Avenue City, State, Zip Code City, State, Zip Code Medford NJ 08055 Glen Mills, PA 19342 Project Manager of Monitoring Firm Telephone Number Telephone Number Licence Number Mark Rubnitz 888-715-2211 610-364-9622 1103 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 02/27/17 2/29/17 Criterion Labs Month/Day/Year Month/Day/Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 3370 Progress Dr Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: ___ 8:00 AM to 4:30 PM Bensalem, PA 19020 Other - Describe: Scope of work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure >3 sf or >3 if Glovebag Procedure >160 sf or >260 lf Non-Friable Procedure Is Abatement Type Location of Location Description of F E Asbestos - Containing Normally Asbestos-Containing Amount R N Material (ACM) Used Material (ACM) (Specify E R C C TO BE ABATED Solely (ie. Thermal systems SF or M E A L In Facility by Maininsulation, surfacing, VAT. LF) 0 P P 0 (13)tenance/ or other miscellaneous) A S S Custodial A I U U Staff (12) L R R Yes No E Space 1804-1805 floor tile 715 SF Space 1804-1805 mastic 715 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Mercer Group International Tulltown Resources Recovery Facility City, State Disposal Date City, State

As req.

Title

Project Manager

Tullytown PA

ABS-41 JUN 95

Mark Goshow

Completed By (Print or Type)

1519 Rev S Howard Woodson Jr Way, trento NJ 08638

D&S Proj. #: 17-49

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

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Name of facility where abateme	nt is taking	place (3)					П	Type of Facility					
CATHY MATANLE									ol (K - 12		h = = 10	(10)	
Street Address							-	☐ Subcr	napter 8 ((Private/			-12)	
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						D & S REST	ORA	TION, INC.					
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02/17/17		28/17				Street Address							
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Facility closed/vacated during Abatement performed outside						City, State, Zip C	ode						
Describe: NORMAL	HOURS				-	Paterson, NJ	0750)3					
Scope of Work (check all that ap						1		Il Containment v	v/negative	nress	ure		
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16 Date of Notification (1)	and ship the same	the contract of the contract o			Name of Building Owner/Operate	05 (2)			
February	8, 2017	7)			Name of Building Owner/Operator RUTGERS, THE STATE		SITY OF	NJ	
Agencies Notified EPA DCA DOL DEP- No Longer REQUIRED DOH		X Amend	lotificatiled Not & Cone ency (in ation)	tion ification #3 apletion dates including	Street Address ENVIRONMENTAL HEAL 27 ROAD 1, BLDG 4086, City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	LIVINGS	STON C	EPT.	w E [
				FACILITY INF	ORMATION	THUT !			
Name of Facility Where Abatement LIPMAN HALL, BLDG# 6		g Place (3)			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12)		FEB	1 4 2	017
Street Address COOK CAMPUS					Other (i.e. private & commercial Sq. Feet: N/A # of Flo	l buildings, l	nomes, etc.		arsol &
A STATE OF THE PARTY OF THE PAR	unty (6) MIDDLI	ESEX		/ Code (7) Use Only)	Current Use (prior if being demol	lished): -A	GADEMIC	ENSING	3
Name of Monitoring Firm Hired by ATC	Bidg. Ow	ner (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABATEMEN	NT CONS	ULTAN	rs, inc	
Street Address 3 TERRI LANE					Street Address 268 MAIN STREET				
City, State, Zip Code BURLINGTON, NJ 08					City State, ZipCode BUTLER, NJ 07405				
Project Manager for Monitoring Fir BRIAN KEARNY		felephone N 609-386-	8800		<u>Telephone Number</u> 973-492-0477		ense Number	<u>er</u>	
Scheduled Start Date (10) 02/10/17		Scheduled C 02/20/17	ompletio	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC.				
Occupancy Status During Abate Status During Abate Statility Occupied Facility Closed/Vacated Durin Abatement Performed Outside Describe Other - Describe: Schedule: 5PM - 5AM (24 He)	g Entire F e of Norm	Period of Alnal Facility I	batemer Hours -		20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ)			
Scope of Work (Check all that app		VYLLINE	NDO A	S NEEDED)				1	
□≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 Location of Asbestos-Containing		tion Normall	ly Hood	Renovation Demolition	☐ Mini- ☐ Glove ☐ Non-	Il Containm -Enclosure e bag Proce Exempted	edure / Wra (*) and No	ap & Cut n-Friable	Procedure
Material (ACM) in Facility (13)		by Maint./Cu			al systems insulation, surfacing, (Amount (Specify SF or LF)		nent Type Repair E	Encap Enclos
Lab 212		X		TSI	1	250 LF	X		
							-		
Name of Reg. Waste Hauler See Hauler Below #1 & 2	S	JDEP Wast	()		Cubic Yards of Waste: 15 CY		ne of Regis R.O.W.S.		
Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509			Butler,	NJ 07405	Control of the Contro	/2017			Ford Mill sville, Pa
Completed by (Print or Type) RAYMOND C. PEDALING	A 100 100 100 100 100 100 100 100 100 10	ENIOR PR ANAGER		т	Signature Raymond C. Pedalino		bruary 8		

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) February 3, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEDITIOL & **□**EPA Amended Notification #2 27 ROAD 1, BLDG 4086, LIVINGSTON GAMPUS X DCA New Start & Completion dates City, State, Zip Code X DOL □ Emergency (including PISCATAWAY, NJ 08854 X DEP- No Longer REQUIRED justification) Name of Contact X DOH Telephone Number □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COOK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) **NEW BRUNSWICK** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN KEARNY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/08/17 02/18/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Occupied ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☐Other - Describe: FAIRLAWN, NJ Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 If **X**Renovation ■ Mini-Enclosure ≥ 160 sf or > 260 lf □ Demolition ☐ Glove bag Procedure / Wrap & Cut ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Material (ACM) in Facility (13) Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) or LF) Remove Repair Encap Enclose YES NO NA Lab 212 X TSI 250 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 15 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 2/18/2017 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino February 3, 2017 MANAGER

State of New Jersey - Notification of Asbestos Abatement

	S	State of N			cation of Asbestos		列區	G [<u> </u>	VE	
GAC Project # 060-16					·		7				
Date of Notification (1)					Name of Building Owner	Operator (2		FFB	1 1 0	017	+
January	11, 20	17			RUTGERS, THE S			ITYO	FNJ	017	-
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□ EPA		- Approx		ification #1	27 ROAD 1, BLDG	4086 I IV	INGS	ONG	AMPIL	SHUL	. &
⊠ DCA	S. S	Facility (City, State, Zip Code			010	-14014	2	
X DOL	## T			including	PISCATAWAY, NJ	08854					
DEP- No Longer REQUIRE	D		cation)	including	Name of Contact	0000-	Teler	ohone N	umber		
⊠ DOH					MICHAEL SMITH, I	ENV	1 10101	JITOTIC IV	umber		
4.000 (0.0		□ Cance	llea		HEALTH & SAFET	<u> </u>	1				
				FACILITY INI		<u> </u>					
Name of Facility Where Abateme	ent is Tak	king Place (3		PACILITY IIVI	Type of Facility (4)						
LIPMAN HALL, BLDG#		g 1 1000 (0	4		School (K-12)						
	0020				Subchapter 8 (other that	1/ 40\					
Street Address									72		
COOK CAMPUS					Other (i.e. private & con						
					Sq. Feet: N/A	of Floors:	4 <u>Bld</u>	g. Age:	80+ y	ears	
	ounty (6)	-		/ Code (7)	1	4 9 9					
NEW BRUNSWICK	MIDD	LESEX	(State	Use Only)	Current Use (prior if bein	g demolishe	d): AC	ADEMIC	,		
Name of Monitoring Firm Hired by	y Bldg. C	Owner (8)	ASCM		Name of Contractor (9)						
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Ohrant Address					GREENWOOD ABA	TEMENT (CONSL	JLTAN	TS, INC	; <u>. </u>	
Street Address					Street Address						
3 TERRI LANE					268 MAIN STREET						
011 011 011											
City, State, Zip Code					City State, ZipCode						
	3016				BUTLER, NJ 07405						
Project Manager for Monitoring F	<u>irm</u>	Telephone			Telephone Number		Licens	se Numb	er		
BRIAN KEARNY		609-386	6-8800		070 400 0477		000				
Scheduled Start Date (10)		Cahadulad	Completie	on Date (11)	973-492-0477		0084	10			
02/03/17		02/13/17		n Date (11)	Name of OSHA Monitor						
02/03/11		02/13/1/			ENVIROVISION, IN	<u></u>					
Occupancy Status During Abat	ement (Check only	nne)		Street Address	·.					
☑ Facility Occupied	omone (Official Chily	21107		<u>511001710017000</u>						
□ Facility Closed/Vacated Durin	na Entire	e Period of	hatamar	1	20-21 WARGARAW	ROAD					
□ Abatement Performed Outsid				11	City, State, Zip Code						
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Other - Describe:											
Schedule: 5PM - 5AM (24 H	OURS	& WEEK	NDS A	S NEEDED)	FAIRLAWN, NJ						
Scope of Work (Check all that app	nly)	O VALLEY	INDO A	3 NEEDED)			1.00	-			
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$\square \ge 3 \text{ sf or } \ge 3 \text{ If}$				▼Renovation		☐ Mini-Encl		ic with 14	cgative	163301	C
$\boxtimes \ge 160 \text{ sf or } \ge 260$) If			□ Demolition		Glove bag		1150 / \\/r	an & Cut	e .	
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Material (ACM) in Facility (13)		ly by Maint./C			nal systems insulation, surfac		ify SF	Abater	nent Type	2	
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See Hauler Below #1 & 2		See Belov	V				G.R.	O.W.S.	North I	_andfi	11
Hauler #1) Greenwood Abateme	nt Consi	ultants, Inc.	- Butler, 1	NJ 07405		Disposal Da	ate		City, Stat	e	
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Hauler #2) Newark Carting, Inc.	, Newar	k, NJ 04509				2/13/201	7		Rd. Morr	risville,	Pa
NJ DEP # 4509							9.5		19067	1700	
									215-736-	1700	
Completed by (Print or Type)		itle			Signature		Date		000000	5260;2000000000	
RAYMOND C. PEDALIN		SENIOR F		CT .	Raymond C. Pe	dalina		Janu	ary 11	,2017	
	I N	MANAGE	2		- 191101111 0.00	Printer N. Co.	1				

		Sta	ate of I	New J	ersey - Noti	fication of Asbestos	s Aba	atem	nt	E (SE		E
GAC Project # 060-16				(Pur	rsuant to N.J.A.	<u>C</u> . 8:60-7 and 12:120-7	7)		113				
Date of Notification (1)			-				7/				- 0 4		47
Januar Agencies Notified	y 11,					Name of Building Own RUTGERS, THE	er/Ope STAT	rator (2	IVER		B 1 OF NJ	4 20	11/
□EPA ☑ DCA			Notificatio ⊠Initial □ Amer	Notific ded No	otification #	Street Address ENVIRONMENTA 27 ROAD 1, BLD0	L HE	ALTH	& SA	AFE TY	DEPT		
☑ DOL ☑ DEP- No Longer REQUIR	RED	1.		ication	(including)	City, State, Zip Code PISCATAWAY, N. Name of Contact				ephone I			
⊠ DOH						MICHAEL SMITH, HEALTH & SAFE		<u>.</u>	1	bilone i	vuilibei		
Name (F. W. 148					FACILITY II	VFORMATION	_			_			
Name of Facility Where Abatem LIPMAN HALL, BLDG	ent is T	aking 5	g Place (3)		Type of Facility (4) ☐ School (K-12)							
Street Address						Subchapter 8 (other to	han K-1	2)					
COOK CAMPUS						Other (i.e. private & c	ommer	cial build	dings, h	omes, et dg. Age	c.)	voare	
NEW BRUNSWICK	MID		ESEX	Coun (State	ty Code (7) Use Only)	Current Use (prior if bei						yours	
Name of Monitoring Firm Hired I	by Bldg.	. Owr	ner (8)	ASCN		Name of Contractor (9)							
Street Address				009	8	GREENWOOD ABA	TEM	ENT C	ONSI	JLTAN	TS, IN	C.	
3 TERRI LANE						Street Address 268 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ 0	8016					City State, ZipCode							
Project Manager for Monitoring F BRIAN KEARNY			elephone			BUTLER, NJ 07405 Telephone Number			Licen	se Numb	er		
Scheduled Start Date (10)			509-386			973-492-0477			0084	40	HE 200		
02/03/17			2/13/17		on Date (11)	Name of OSHA Monitor	_	10					
Occupancy Status During Abat Security Closed/Vacated Dur	tement	(Che	eck only o	ne)	West .	ENVIROVISION, IN Street Address	C.						
■Abatement Performed Outside Describe	de of N	orma	al Facility	Nours -	nt	20-21 WARGARAW City, State, Zip Code	ROA	D					
☑Other – Describe: Schedule: 5PM – 5AM (24 h	HOUR	S &	WEEKE	NDS A	S NEEDED)	FAIRLAWN, NJ							
Scope of Work (Check all that ap	ply)												
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes 2 \text{ 160 sf or } \ge 260$	0 If				☑Renovation ☐ Demolition	i i	☐ Min ☐ Glov	i-Enclo /e bag l	sure Procedi	ure / Wra	ap & Cu	t	
Location of Asbestos-Containing	Is Lo	ocatio	on Normal	y Used	Description of Ast	Destos Containing Material		Amoun	t ()	and No	n-Friable nent Typ	Proce	edure
Material (ACM) in Facility (13)		f? (12	Maint./Cu 2) NO	stodial NA	(ACM) (i.e. therm VAT, or other mis	al systems insulation, surfact	ing,	(Specif or LF)	VE 1		Repair	-	Enclose
_ab 212			X		TSI			250 L	_	X	1		_
							-	200 L		<u></u>	+	-	-
									_		+		
Name of Reg. Waste Hauler		NJI	DEP Was	e Hauler	ID#	Cubic Yards of Waste:	15 C	v	Name	of Regis	fored Le	dell	
See Hauler Below #1 &-2 Hauler #1) Greenwood Abatemen	nt Cone	/2558EE	e Below	D d N	V 05 10 5	Odbie Faids of Waste.			G.R.C	D.W.S.	North I	andfi	iII
NJDEP # 12561				outier, N	NJ 07405		Dispo	sal Date	9		City, Stat		
Hauler #2) Newark Carting, Inc., NJ DEP # 4509	, Newar	k, N.	J 04509				2/13	/2017		F	100 New Rd. Morr 19067 115-736-	isville,	100000000000000000000000000000000000000
Completed by (Print or Type)	17	Title		-		Signature			D		10-130-	1700	
RAYMOND C. PEDALING	0 3	SEN	IIOR PE		т .	Signature Raymond C. Pet	daline	2	Date	Janua	ıry 11,	2017	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:50 and 12:120)

Print Form

				it to NJA				%	FFR 1	1 20	17		U	1
Date of Notification (1) 02/10/2017				of Buildin Farlow			r (2) I Estate &	Devel		<u>A CU</u>	11	1,4	+4:	45
Agencies Notified Type Notification	1		Street	Address					RESTOS	CONT	RC	1 8	1	7
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DCA Cancellation	n ———			Farlow CILITY IN		TON							18 18 N. 18 T. 17 T. 17 T.	
Name of Facility Where Abatement is Takin Residence	ng Place	(3)	IAC	VICIT IN	PORMAI	ION	Type of Fa	cility (4)					
Street Address								ol (K-12						
onest Address									Other than		buil	dings	, hon	ies.
City (5)							etc.) Square Fe	et	# of Floor	'S	T B	ldg. /	Age	
Berkeley Heights									1				.9-	
County (6) Union				Code (7) USE ONL			Current Us Residen	e (Prior ce-Va	if being der cant	molishe	d)			teres i
Name of Monitoring Firm Hired by Building Environmental Design,Inc	Owner (8	8)	ASC	M No.			of Abateme		ractor (9)				-	ALC: YOU
Street Address 5434 King Avenue							Address							K II
City, State, Zip Code		···					McBride A							
Pennsauken, NJ 08109							State, Zip Co dland parl		7424					
Project Manager for Monitoring Firm Dennis Gober			Telepho 856-6	one No. 16-9516	3	Teleph	none No. 225-8400			nse No.				
Start Date (10)				Date (11)	Name	of OSHA Mo	onitor			-			-
02-21-2017 Occupancy Status During Abatement (Chec	02-24						nvironme	ntal La	boratorie	s, LLC	;			
Facility Closed/Vacated During Entire	-						Address Route 22	West						
Abatement Performed Outside of Norn Other – Describe:	nal Facili	ty Hour	nent s			City, S	state, Zip Coo	de	4					7.44
Scope of Work (Check All That Apply)						01110	11, 145 070							
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 	personal live	Renova Demoli				×	Mini-Enc Glovebag	losure p Proced	t with Negat dure *) and Non-l					
	1	s Locat	ion				1 HOII-LAG	inpled () and Non-	rilable		THE RESIDENCE AND	men	t
Location of Asbestos-Containing Material (ACM)		Norma ed Sole				scription				_		Ту	ре	т
TO BE ABATED	Ma	aintena stodial S	nce/		. thermal	systems	laterial (ACN insulation,	1)	Amount (Specify		ZD	TI	Enc	m
In Facility (13)		(12)				cing, VA niscellan			SF or LF)		Remova	Repair	Encapsulate	Enclosure
	No	N/A								<u>a</u>	7	late	ire	
windows exterior		Х		wind	low ca	ulk		220 LF	×					
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Name of Registered Waste Hauler		l N	JDEP W	lacto	Cubic	V===!-	- 1.,							
ilich Corporation		Н	auler ID 3724	100707	of Was		0.000		gistered Lar Landfill	ndfill				
City, State Voodland Park, New Jersey					Dispos 02/20	al Date		State ri\$ville	e, PA					794
Completed by Adriana Olejarova	Title	dont			Si	gnature		1		Date			18-4-1	
	presi	uent.			1.0	MX	NII	111.	л I	02/10)/2()17		į

*Do hot use this form for asbestos licensure exempted activities.

CK 2967

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

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Date of Notification (1) 2/6/2017 Check #2	2967				g Owner/C egional		r (2) al Center		FEB	1 /	201	7	
Agencies Notified Type No			Street	Address	on Stree			الما الما					Jaren
EPA Initi	al ended			ate, Zip C				1	SBEST	OS C	ONT	ROL	8
DOL Am	endment #		775,000		J 07207	,		1	<u>LI</u>	CENS	SING		
DOH Em	ergency (including fication)	g		of Contact				Te	lephone N	umber	ų.		
	cellation		Willia	m Strai	nahan			1					
			FAC	ILITY INF	FORMATI	ON							
Name of Facility Where Abatement							Type of Facility	(4)					
Trinitas Regional Medical C	enter-Penthol	use					School (K-						
Street Address 225 Williamson Street							Subchapte Other (i.e.	er 8 (Oth	er than K-	12)		h	
							Other (i.e. etc.)	private	α comme	ciai bu	liaings	nom	es,
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Elizabeth							70,000	7			50+		
County (6) UNION				Code (7) USE ONLY	Y)		Current Use (Pr	ior if be	ing demoli	shed)			
		,			.,		Hospital						
Name of Monitoring Firm Hired by E N/A	suliding Owner (8)	ASCI	M No.			of Abatement Co						
Street Address							Services Corp	oration				-77	
Street Address							Address -69th Street						
City, State, Zip Code						177.51-0-27							
ony, orate, zip oode							tate, Zip Code enberg, NJ 07	003					
Project Manager for Monitoring Firm	1	-	Telepho	ne No			one No.	093	License	NI-			
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Start Date (10)	Schedu	led Cor	mpletion	Date (11)			of OSHA Monitor		01074				
2/7/2017	2/9/20						e as above						
Occupancy Status During Abatement	nt (Check Only O	ne)				Street	Address		2 441 1				
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Starting 4 P	of Normal Facility	Abater y Hour	ment s			City, S	tate, Zip Code						
Scope of Work (Check All That App	y)		-1-1										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				9	
	Is	Locat	ion							1	Abate		
Location of	1	Norma	lly		Des	cription	of				Ту	ре	
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	Ma Ma	ed Sole intena todial ((12)	nce/	Asbes (i.e.	tos Conta thermal s	ining M systems ing, VA	aterial (ACM) insulation, Γ, or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									te	(D
Penthouse	Х			Hot w	ater ta	ank	6) SF	х				
					El	bows			3	х			
					731								
Many of Device 1141													
Name of Registered Waste Hauler		11.4.5	IJDEP W lauler ID	707	Cubic Y of Wast		Name of	Registe	red Landfi	11			
Freehold Carting	130	5939		tbd	~	Cumbe	rland l	_andfill					
City, State Freehold, NJ					Disposa	I Date	City, Stat						
Completed by	Titlo				tbd	nature	Newbu	rg, PA					
Gina Betances	eleted by Title						(Blien)	8_		ate /6/20	17		

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Date of Notification (1) 2/10/2017	Check #2970)			f Building Shephe			(2)			D) F	EB	1 4	201	17
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DEP	Amended				ate, Zip Co					\top	ASBE		S C ENS		HOL
DOL	Amendment Emergency		- [on, NJ					1-		LIO	LINO	IIVO	
DOH	justification)				f Contact					Te	lephone Nu	mher			
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Name of Facility Where	Abatement is Takir	g Place (3)	FACI	LITY INF	ORMAT	ION	Type	of Facility (4)					
Good Sphepherd A		3 (0								000					
Street Address								×	School (K-1 Subchapter		ner than K-1	2)			
285 Nesbit Terrace	9								Other (i.e. p etc.)				dings	, home	es,
City (5) Irvington, NJ 0711	1							Squa	re Feet	# 0	of Floors		3ldg. <i>A</i> 50+	Age	
County (6)			T	County		W		Curre	ent Use (Pric	or if be	ing demolis	hed)			
ESSEX					USE ONLY)	_								
Name of Monitoring Firm	n Hirea by Building	Owner (8)		ASCN	/I No.				atement Con ces Corpo		2000				
Street Address							Street	Addre	ss						
City, State, Zip Code					-		231022	200.200	Street Lip Code						
0.387.0 Schoolsessinstitution (2.200)							Gutt	enbe	rg, NJ 070	93					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 201-	none N 295-			License N 01074	lo.			
Start Date (10) 2/20/2017		Schedule 2/21/20		npletion I	Date (11)		11 G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1		HA Monitor above						
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	7.00 Tel-10	THE TRACE OF STREET						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of A	baten	nent			City, S	state, Z	ip Code						
Other - Describe:															
Scope of Work (Check A	(II I nat Apply)	127					_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		personal .	enova emolit						II Containme ni-Enclosure		h Negative F	ressu	re		
		_					×	Gl	ovebag Proc			I- D		ALC: C	
		Let	Losson	· vocav			<u> </u>	i ivo	n-Exempted	i () ar	id ivon-Friat	ne Pro		e ement	
Location	o of	17.76	Locati ormal	87537		D-								ре	
Asbestos-Containing	Material (ACM)		d Sole		Asbes	tos Con	scription taining N		I (ACM)	A	Amount			ш	
TO BE AB		(0.000 90.000	odial S			thermal		s insul			Specify	Rer	R	Encapsulate	Enclosure
(13)			(12)				niscellar			3	F or LF)	Remova	Repair	psul	nso
100		Yes	No	N/A								1 2		ate	е
Boiler R	oom					Re-	wrap p	ipe			1		Х		
Hallway (between	room 22 & 23)					9x9	floor t	tile			6		Х		
				-								-			
Name of Registered Was	ste Hauler		I N	JDEP W	aste	Cubic	Yards		Name of F	Regist	ered Landfill				
Freehold Carting			10000000	lauler ID 5939	No.	of Wa	ste				Landfill				
City, State				0.0000000000000000000000000000000000000		Dispos	sal Date		City, State						
Freehold, NJ						tbd			Newbur	g, PA	4				

Completed by

Gina Betances

Title

Office Manager

Date

2/10/2017

Signature

CK2969

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

,,,		(P	ursuant	to NJAC	8:60 and	12:12	0)			rrn	2		0047	
Date of Notification (1) 2/9/2017 Check #2969	?			f Building ancis Aca		oerator	(2)			FEB	1	4	2017	1
Agencies Notified Type Notification			Street A						ASE	ESTO				DL &
EPA Initial		1		Central					1	LIC	EN	ISIN	G_	
DEP Amended Amendment	#			ate, Zip Co City, No										
☐ DOH Emergency justification)		,	12-01/19/2-19-01/L	f Contact	0.001				Telephone	Numbe	er			
DCA Cancellation			Carlos	s Muñoz										
Name of Facility Where Abatement is Takin	DI/	0)	FAC	ILITY INFO	ORMATIC	N	T		4:-					
St Francis Academy	ig Place (3)						of Facility (4)						
Street Address								School (K-12) Subchapter 8		K-12)				
1601 Central Avenue								Other (i.e. pri	vate & comm	nercial b	uild	lings,	home	es,
City (5)								e Feet	# of Floors		ВІ	dg. A	ge	
Union City											- 30	0+		
County (6) UNION				Code (7) USE ONLY)		Scho	nt Use (Prior ool	if being dem	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	ЛNo.				ement Contr					0.24-5	
N/A						manage seed of	23.00000000	es Corpora	ation					
Street Address					1		Addres	s Street						
City, State, Zip Code				7 7		100,000	State, Zi						-	
						Gutt	enber	g, NJ 0709	93					
Project Manager for Monitoring Firm			Telepho	ne No.			none No			se No.				
0(-+D-(-/40)	0						295-1	210200210	0107	4				
Start Date (10) 2/21/2017	2/22/2		mpletion	Date (11)		V-200000000	of OSH	A Monitor						
Occupancy Status During Abatement (Chec	No.	915					Addres							-
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Starting 9 AM					_	City, S	state, Zi	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Min Glo	Containmen i-Enclosure vebag Proce i-Exempted (dure				e	
	Is	s Locat	ion								,		ement	
Location of	108,000,000	Normal ed Sole				cription		(1.014)	***************************************		\neg	тy	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintena stodial (12)	nce/ Staff?		tos Conta thermal s surfaci other mi	ystems ng, VA	s insula T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ф	
Basement Storage-Room #!		Х		Re	-wrap se	eams	& elb	ow	1 LF			Х		
Boiler Room	X				Re-w	rap jo	oint		3 LF			Х		
				5										
Name of Registered Waste Hauler Freehold Carting			IJDEP W Hauler ID 5939		Cubic Y of Wast tbd				egistered Lar and Landf					
City, State Freehold, NJ			J333		Disposa	al Date		City, State Newburg	. PA	26 I				
Completed by Gina Betances	Title Offic	e Ma	nager			gnature	BU	was	-	Date 2/6/2	201	7		

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

Date of Notification (1)			-		1	(B. !! !!			111111111111111111111111111111111111111		00	-	
DGA (NJAC 5:23-8)													
							& SONS INC		5	124	00		
	1.20	cation										ROL	. &
		ed							ILIC	ENS	ING		-
⊠ DOH	The second secon												
1			uding	9					T				
(NJAC 5.23-8)	100	200					2.00		Telephone Num	ber			
Name of Facility Where /	hatament is	Toking [None	(2)	FA	CILITYII	NFORMATION		7072.020				
Col March	voaternent is	raking i	lace	(3)									
)			
								Other (i.e.,	private and comme		uildin	gs,	
City (5)											1.1. 4		
								20		В		ge	
County (6)					Соц	ntv Code (7)(STATE USE ONLY)			(hod)	00		
						, 0000 (MOTHE OUE ONET			sileu)			
Name of Monitoring Firm	Hired by Bui	Iding Ow	ner ((8)	ASCM	No.	Name of Abateme						
	į.												
Street Address													
							1889 Route 9	. Unit 61					
City, State, Zip Code									7/1				
									8755				
Project Manager for Moni	toring Firm			Tele	phone	No.		•					
							732-349-9932		00624				
							Name of OSHA M	lonitor					
					_ /	_17_	E.M.S.L. Ana	lytical					
							Street Address						
							1056 Stelton						
						Zivi	Piscataway, I	New Jersey 08	8854				
Scope of Work (Check all	that apply)						□ Eull Cont	ainment with No	pative Deserves				
≥3 sf or ≥3 lf													
≥160 sf or ≥260 lf		\trianglerighteq	De	molitic	n		☐ Glovebag	Procedure	E E				
		T	le	Locat	ion		☑ Non-Exe	mpted (") and No	on-Friable Procedur	1	- 1/2 (1 - 1 - 1	Chrysla	
Location	of		N	lorma	lly		Description o	f			_	T -	T
		1)					stos Containing Ma	terial (ACM)	1007000000000000	Ren	Rep	Enc	Enc
						(i.e				SVOL	air	aps	losu
	<u> </u>			(12)	_		other miscellane	ous)	SI OILF)	=		ulate	re
)	'es	No	N/A							(D	
exterior				\boxtimes		asbesto	s siding		600 sf	\boxtimes			
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			7			277							
Name of Registered Waste	e Hauler					Macto	Cubic Varda of	Name of Desi	at and I and SII		Ш	Ш	Ш
Q2													
22													
Toms River, New Jer	rsey							V-0-0-400000000000000000000000000000000	, Pennsylvania				
Completed By (Print or Typ	oe)	Title					Signature		Dat	te/	1		
Nicholas Fernicola		Proj	ect	Mana	ager				1 2	10	1,-		



Anita Smolar

1 4 2017

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) ASBESTOS CONTROL & Name of Building Owner/Operator Date of Notification LICENSING 0 2 ATLANTIC HEALTHCARE SYSTEMS Agencies Notified Type of Notification Street Address USEPA Initial 99 BEAUVIOR AVENUE X DEP Amended X Amendment #1 DOL City, State, Zip Code Emergency SUMMIT, NJ 07901 Cancelation X DOH Telephone Number Name of Contact DCA MARTIN MANFREDO FACILITY INFORMATION Type of Facility Name of Facility Where Abatement is Taking Place () School (K-12)) Sub-Chapter 8 (Other than K-12) **OVERLOOK HOSPITAL** (X) Other (I.e. private & Commercial Street Address buildings, homes, etc.) Age of Bldg. 99 BEAUVOIR AVENUE SF of Bldg. # Floor 1000000 13 County Code City County Current Use (prior if being demolished) State use Only UNION SUMMIT, NJ ASCM No. Name of Abatment Contractor Name of Monitoring Firm Hired by Building Owner ACM CONSULTING CORP. Partner Engineering and Science Street Address Street Address 2150 STANLEY TERRACE 611 Industrial Way West City, State, Zip Code City, State, Zip Code Eatontown, NJ 07724 UNION, NJ 07083 License Number Project Manager for Monitoring Firm Telephone No. Telephone Number 00575 TO BE DETERMINED 908-687-1008 TO BE DETERMINED Scheduled Start Date Scheduled Completion Date Name of OSHA Monitor **EMSL ANALYTICAL** 2017 2017 Year Street Address Day Year Month Month Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET City, State, Zip Code Abatement Outside Normal Facility Hours Describe: 7:30PM TO 3:30AM X NEW YORK, NY 10118 Other - Describe: Scope of Work (Checl Only One) Abatement Method Full Containment with Negative Pressure Demolition Mini-Enclosure >3sf or >3lf X > 160sf or ≥ 260lf Glovebag Procedure X Non-Friable Procedure Renovation Is Location Normally, Describtion of Amount to be Abatement Type Removed Used by Custodial Staff ACM to be Location of ACM Facility N/A Removed (Specify SF/LF Rem. Rep. Yes NO PIPE INSULATION 500LF 2nd Floor Mechanical Room Name of Registered Landfill NJDEP Waste ID No. Cubic Yds waste Name of Registered Waste Hauler MINERVA ENTERPRISES, INC SW1896 TBD TRI-STATE TRANSFER ASSOC., INC. Disposal Date City, State of Registered Landfill City, State WAYNESBURG, OHIO BRONX, NY TBD Date Signáture Completed By (Print or Type) Title 2/8/2017

GENERAL MANAGER

Ch 2048

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

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	FFB	1 / 2017	7	

Date of Notification (1)		la s)		FEB 1	1 /	2017	1
2/5/2017		Name of	Building	Owner / Opi	erator (2)	1	d bet			2011	1
Agencies Notified Type Notific	cation	Builder	s Inc		20.00	1	100				
⊠ EPA	adon.	Street Ac					ASB	ESTOS LICEI	COL	VTR	DL
DEP Initia	al	4 Raym	ond Dri	ve		1-		LIVE	MOIN	10	
DOL Ame	ended	City, Stat Haverto	e a Zip (ode							
DOH Eme	ergency	Name of	Contact	19083							
☐ DCA ☐ Cand	cellation	Dan Mc						Telep	phone	Nur	nbe
								200			
Name of Facility Where Abateme	ent is Taking Place	FACIL	ITY INF	ORMATIO	V						
	ent to raking react	= (3)		Type of F	acility (4)						
Street Address				☐ Scho	ol (K-12)						
2 Skeet Road				Subc	hapter 8 (Other than K	-12)				
				Other	r (i.e. priva	ite & comme	cial build	lings, ho	omes	etc.)
City (5)	County (6)	County Code	(7)	Joquale Fe	561	# of Floors		Bldg. A	\ge		
Medford	Burlington	ounty oode	(1)	100		1			50	+	
				Current U	se (Prior if	being demol	ished)				
Name of Monitoring Firm Hired by	/ Building Owner /	8) [40	CM No.	Kental S	tores						
	owner (o) AS	CM No.	Name of A	batement	Contractor (9	3)		W. C. W. LOCAL DE LA CO.	CONTRACTOR OF THE PERSON NAMED IN	
Street Address				Strock Add	Vironme	ntal Servic	es				
ity State 9 7in C				Street Add 2129 Rou	ress						
City, State & Zip Code				City, State	2 7in Co.						
roject Manager for Monitoring Fir				Hamilton.	N I need	ie I					
roject Manager for Monitoring Fir	m Tele	phone Num	ber	Telephone	Number	10	11.				
cheduled Start Date (10) So				609-847-2	956		License				
	cheduled Complet 21/2017	ion Date (11)	Name of O		tor		012	22		
ccupancy Status During Abateme	21/201/			EMSL Ana	alytical						
Facility Closed/Vacated Du	Iring Entire Period	ef Ab-		Street Addr	ess						
Abatement Performed Outs Describe:	side of Normal He	of Abateme	nt	107 Hadde	on Ave.						
Describe:	side of Normal Inc	ours – /am to	o 3pm	City, State 8	Zip Code	9					-
Facility Occupied During Al	batement			Westmont	, NJ 081	08					
cope of Work (Check all that appl	v)										
	**										
≥3 sf or ≥3 lf ≥160 sf ≥260 lf	П	Renovation	n		님 F	ull Containme	nt with N	legative	Pres	sure	
≥160 sf ≥260 lf	$\overline{\boxtimes}$	Demolition			M IN	ini-Enclosure					
	,					ove Bag Pro					
Location of	Isl	_ocation		D	⊠ No	n-Exempted	and Non	-Friable	Proc	edur	e
Asbestos-Containing	Norn	nally Used	А	Descriptionsbestos-Cor	n or	A	mount		teme		
Material (ACM) TO BE ABATED	Sc	olely by	,	Material (A	CM)		pecify		T	Ť	-
in Facility	Maint	enance or	(i.	e., thermal s	vstems	5	or LF)	70	_	En	Ш
(13)		dial Staff? (12)	insu	lation, surface	cina. VAT	1		Remova	Repair	ap	ncls
		No N/A	Or (other miscell	aneous)			ova	air	Encapsulate	Enclsoure
t 1 rear-Unit 2 and 3 restrooms t 2 and 3				1/15						e	Ф
12 and 3	. -			VAT Caulk		400		M	TI	Th	
ne of Registered Waste Hauler		10115	S	ilver Cost De	ofina	300 2200sf			-1	- '	_
		NJDEP W	aste Cut	oic Yards		Registered L	andfill				
PHA ENVIRONMENTAL		Hauler ID I		Vaste			- i willi				
, State		00033330	1		Grows	_andfill					- 1
			Disp	osal Date	City, Stat	е					_
nton, NJ			Var	ious	88						
pleted By (Print or Type)		Title			Morrisv	ille, PA					
Richardson		Project	1	nature	. 2			Date			-
		Manager	120	nd Riche	ardson			2/5/20)17		
			9				1				- 40

Cr 5306	NOT	IFICA (Purs	TION (e of New of ASBES NJAC 8:	STOS A	BATEN 12:120	MENT)	Annabas Annaba		FEB			<u> </u>	
Date of Notification (1) 2/9/17				Building Ov Balseca	wner/O	perator	(2)	-	L	150	10.50	2011		
Agencies Notified Type Notif	fication	St	reet Ad	dress					AS	BESTO	s coi	VTR	OL 8	K.
EPA X Initia	I.	0:		7:- 01						LICI	-MSIN	IG_		_
DEP Ame	nded ndment#			e, Zip Code , NJ 071										
Eme	rgency (including			Contact					Tele	phone Nur	nber	-		
	ication) cellation	M	liguel						6					
			FACIL	ITY INFOR	RMATIC	ON	_	C = - 1114 . / /	`					
Name of Facility Where Abatement Newark	is Taking Place (3)						Гур	e of Facility (4 School (K-12	2)	s than V 1	2)			
Street Address							×	Subchapter Other (i.e. pretc.)	rivate 8	commerci	al build	ings, l	nome	5,
City (5) Newark							Squ	are Feet	# of	Floors	BI	dg. Ag	je	
County (6)				ode (7)				rent Use (Pric	r if bei	ng demolis	hed)			
Essex		(S		SE ONLY)				me		(0)				
Name of Monitoring Firm Hired by E	Building Owner (8)		ASCM	No.				atement Con AD PROFE						
Street Address						Street 6 Wh		ress E DOVE CO	URT					
City, State, Zip Code -						City, S	State,	Zip Code						
								OOD, NJ 08	3701		1-			
Project Manager for Monitoring Firm	n	Te	elephor	ie No.			668	-9078		License N 1200	NO.			
Start Date (10) 2/15/17	2/16/17	Comp	oletion [Date (11)				SHA Monitor AD PROFE	SSIO	NALS				
Occupancy Status During Abateme	nt (Check Only One)					Street			LIDT					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	g Entire Period of Aba e of Normal Facility Ho	ateme ours	ent		- 1 20	City, S	State,	DOVE CO , Zip Code OOD, NJ 0						
Scope of Work (Check All That App	oly)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Ren	novati					×	Full Containmondini-Enclosure Glovebag Pro- Non-Exempte	e cedure				e	
						L		Non-Exemple	u () ai	id Non-i ne	1	Abate		
		catio rmally	308 M		Do	scriptio	n of					Ту	ре	
Location of Asbestos-Containing Material (TO BE ABATED In Facility (13)	Custod (enand lial St 12)	ce/ taff?		os Con therma surfa	taining	Mate ns ins AT, o		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		<u> </u>	11	-41		1	00 LF	x			-
INTERIOR					Pipe	Insul	atioi	n .	1.0	OU LI				-
-												-		
						-		0.05					-	
									Dest	torod I and	FIII			
Name of Registered Waste Hauler			JDEP V auler ID		Cubic of Wa	Yards aste			Regis	tered Land	mi			
NEWARK CARTING		100000	509		5			IESI						
City, State NEWARK, NJ				<i>M</i> 2 (1775)	2/16	osal Dat /17	te	City, Sta BETHI		МРА				
Completed by	Title	-				Signatu	ire	- 4.04			Date			

OWNER

JOSEPH PERLSTEIN

CK 5300

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

F	E C	E		Prin	t.Eorm
	FEB	1	4	2017	The second secon
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	1,	urouune	to NJAC 6	.oo ana	12.120	,			FEB	1 4	201	ĺ	1
Date of Notification (1) _ 2/8/17			Building C I Carhar		perator	(2)	and the same of th						
Agencies Notified Type Notification		Street A	ddress OUTE 20	02			Marie age age age	ASBI	ESTOS LICE			OL 8	Š.
EPA X Initial Amended Amendment #		City, Sta Flemin	te, Zip Coo igton	de									
Emergency (includin justification)	ig		Contact					Teleph	none Nur	nber			
DCA Cancellation		THE SECTION OF THE SECTION	Haiback					1.					
Name of Facility Where Abatement is Taking Place 463 ROUTE 202 FLEMINGTON NJ	(3)	FACI	LITY INFO	RMATIC	ON	Туре	e of Facility (4	*					
Street Address 463 ROUTE 202						×	School (K-12 Subchapter 8 Other (i.e. pr	(Other t			dings,	home	es,
City (5)						Squa	etc.) are Feet	# of FI	oors	В	ldg. A	ge	
FLEMINGTON						600		2					
County (6) Hunterdon		County (Code (7) JSE ONLY)		_	offic	ent Use (Prior ce bldg		,	ned)			
Name of Monitoring Firm Hired by Building Owner (8)	ASCN	1 No.				atement Cont D PROFES						
Street Address					Street 6 WH		oss DOVE CO	URT					
City, State, Zip Code							Zip Code OD, NJ 08	701					li li
Project Manager for Monitoring Firm		Telephor	ne No.		Teleph 732-6				icense N	0.			
Start Date (10) Sched 2/19/17 2/27/		npletion l	Date (11)		Name	of OS	HA Monitor D PROFES						
Occupancy Status During Abatement (Check Only 6					Street			JOIOIN	ALO				
Facility Closed/Vacated During Entire Period of		nent					DOVE CO	URT					
Abatement Performed Outside of Normal Facil Other – Describe:	ity Hours	S					Zip Code OOD, NJ 08	701					
Scope of Work (Check All That Apply)						-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				×	M G	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure	1.70			e	
	Is Locat	53									Abate	ement pe	
	Norma sed Sole	ely by	Ashest		cription		al (ACM)	Amo	ount				
TO BE ABATED In Facility (13)	Maintena ustodial ((12)	Staff?		thermal s	systems ing, VA	s insu T, or	lation,	(Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
INTERIOR	No	INA		Flo	or Til	e		400	SF	x	-		
INTERIOR	+			Joint C				5000		x			
-	+												
	1												
Name of Registered Waste Hauler	1000	NJDEP W	10 (2) (2) (2) (4)	Cubic Y			Name of F	Registere	d Landfil				3.1.2
NEWARK CARTING	1 22	Hauler ID 4509	INU.	15			IESI						
City, State NEWARK, NJ	en s			Disposa 2/27/1		17.25.1 1.11.1	City, State BETHLE		PA				
Completed by JOSEPH PERLSTEIN OW	/NER				gnature)			Da	ite			

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Fax: 609-826-4975 Telephone: 609-826-4950

) (Must be	submitted 10 days prior to the	beginning of Wartien		FER	1 4 20	
	I. NOTIFICA	TION INFORMATION				
ate of Notification: 2 Initial	Cancellation	mergency (must includ	de justification)	ASBESTO LIC	OS CONT CENSING	ROL &
ype of vvoi	II. BUILD	ING INFORMATION				A SEM PORT OF E
	TOTAL SECTION AND AND AND AND AND AND AND AND AND AN	Inffroy I	efkowitz			
Name of Building Owner/Ope	erator:	Dockaway	State:	NJ	Zip:	07866
Street Address:		Tele	phone No.:	-		
Name of Contact: Jeffrey						
	III. FACI	LITY INFORMATION		donno		
- W. Where Worl	k Activity is to Take Place:		efkowitz Resi	dence		
	K / tourny / -	Residence		NI	Zin:	07866
Describe Facility Use:	City:	Rockaway	State:	140	ZIP	
Street Address:		County Code (Sta	ate Use Only):	0 1	24	/ 2017
Cabaduled Start Date: 2	2 / 21 / 2017	County Code (Sta	pletion Date:			
Scheduled Start Date: Occupancy Status During Facility Closed/Vacated	2 / 21 / 2017 Activity (check only one): During Entire Activity ide Normal Facility Hours—Des	Scheduled Com	pietion Bate.			
Scheduled Start Date:	Activity (check only one): During Entire Activity ide Normal Facility Hours—Des	Scheduled Com	pletion Date.			
Scheduled Start Date:	Activity (check only one): During Entire Activity ide Normal Facility Hours—Des that apply):	Scheduled Comescribe:	Percenta	ge Asbest	tos:	%
Scheduled Start Date:	Activity (check only one): During Entire Activity ide Normal Facility Hours—Des that apply):	Scheduled Comescribe:	Percenta	ge Asbest		%
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Occupancy Status During Facility Closed/Vacated Activity Performed Outsi Other—Describe: Scope of Work (check all Floor Tile Mastic Company Name: Street Address: 623 Cu	Activity (check only one): During Entire Activity ide Normal Facility Hours—Des that apply): Square Footage: Square Footage: IV. CONT Shade Environment atter Avenue Cite	scribe: 240 SF 240 SF TRACTOR INFORMAT al, LLC y: Maple Shade 00842	Percenta Percenta Tion Telephone	ge Asbest ge Asbest No.: e:NJ	tos: tos: 856-75: Zip:	% % 5-0099 08052

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

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	ON OF NON-FRIA		Please type of print legib	oly.	
	I. NOTIFICA	TION INFORMATIO	N L	-EB 1 4 2	01/ 15
Date of Notification.	8 / 2017 Cancellation Renovation	mergency (must incl	ASBE ude justification)	ESTOS CON LICENSIN	
	II. BUILD	ING INFORMATION			
		Rita E	sposito		
Name of Building Owner/Operator: Street Address: Name of Contact: Rita Esposit		Ventnor City	State: NJ	Zip:08	3406
Name of Contact.		ITY INFORMATION			
	121 KELINGTEN (SEL 149), 1820 BOSTS UNITERAL	CONTRACTOR OF THE PARTY OF THE		7973-2661 E (-273 <u>-</u>	100000000000000000000000000000000000000
Name of Facility Where Work Activ	ity is to Take Place:	- E	sposito Residence		
Describe Facility Use: Street Address: County Name: Atlantic	City:	Ventnor City	State: NJ ate Use Only):		8406
Occupancy Status During Activi Facility Closed/Vacated During Activity Performed Outside Nor Other—Describe:	Entire Activity mal Facility Hours—Desc				
Scope of Work (check all that ap					
☐ Floor Tile	Square Footage:	984 SF	Percentage Asbest	tos:	
☐ Mastic	Square Footage:		Percentage Asbest	tos:	%
	IV CONTR	ACTOR INFORMATI	ON		
				856-755-00	099
Company Name: Street Address: 623 Cutler Av	enue City:	Maple Shade	Telephone No.: State:NJ		08052
New Jersey Asbestos License Nu Monitoring Firm (if applicable):	mber (if applicable): Mgmt. & Enviro. Con	00842 sulting Services	Telephone No.:	609-298-4	070
	V	. SIGNATURE			
Completed By (type or print legibly):	Christina Lynch	Title:	Vice President	of Operation	ons
Signature: Challe			Date: Febru	ıary 8, 2 <mark>01</mark> 7	

CL 3729

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Burguent to N IAC 8:60 and 5:16)

CAC O 6	<i>></i> 1	NOTIF	(Pur	suant	to NJAC	8:60 and 5:16)	D)r	<u> </u>	U W		- }	April a state
Date of Notification (1)	9 / 1	7	1		f Building Venitsk	Owner/Operator (2 y)		FEB 1	4 201	7	IJ	The second second
Agencies Notified EPA DOLWD	Type Notification Initial Amended Amendment				ate, Zip Co			A	SBESTOS LICEN		ROL (<u>.</u>	and the second second second
☑ DOH ☐ DCA (NJAC 5:23-8)	Emergency (justification) Cancellation		1	Name o	f Contact Venitsk			T	Telephone Nun	nber			
	Cancellation	<u> </u>				FORMATION					-		
Name of Facility When	a Abatamant is Taki	na Place (3)	FACI	ILIT IIVI	OKWATION	Type of Fac	ility (4)					
Residence Street Address	e Abatement is Tank						School (in Subchape Other (i.e. homes,	ter 8 (e., priv	Other than K-1 ate and comme	2) ercial bui	ldings	i,	
City (5)							Square Fee		# of Floors		g. Age	e	
Delran County (6)				County	y Code (7)	(STATE USE ONLY)	Current Use		if being demo	lished)			
Burlington	Ui d by Dyildio	Owner (S	2) /	ASCM N	lo.	Name of Abateme							
Name of Monitoring F Mgmt. & Environ				1001111		Shade Enviro							
Street Address	illeritar oorisarar	ig corrie				Street Address							
PO Box 341						623 Cutler Av	venue						
City, State, Zip Code						City, State, Zip C							
Chesterfield, NJ	08515					Maple Shade	, NJ 08052		,				
Project Manager for M Bill Weisgarber	lonitoring Firm			phone N 9-298-		Telephone No. 856-755-0099			License No. 00842				
Start Date (10) 02 / 22		neduled Co				Name of OSHA N EMSL Analys							
Occupancy Status Du Facility Closed/Val				ment		Street Address 200 Route 13	30 North						
☐ Abatement Perform	med Outside of Norn	nal Facility	/ Hour	s - Desc	cribe AM	City, State, Zip C		7					
Scope of Work (Chec	k all that apply)	⊠ Re				☐ Mini-En	closure na Procedure		ative Pressure	dure			
		16.77	Locat							Ab	ateme	ent Ty	
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility (3)	Use Ma	Norma d Sole intena todial (12)	ely by ince/ Staff?	Asbe (i.€	Description estos Containing M e., thermal systems surfacing, VA other miscellan	aterial (ACM) insulation, Γ, or)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Attic				$\perp \Box$	Vermio	ulite		-	1,000 31		H		
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Name of Registered			1 20	Hauler II	D No.	Cubic Yards of Waste			tered Landfill d County La	ndfill			
City, State				15939	9	Disposal Date	City, Sta		PA				
Freehold, NJ	T	Title				Signature				Date			
Completed By (Print	or Type)	Title				Joignature .	. \	`		0 10	2 /	_	

Christina Lynch

Vice President of Operations

Date of Notification	(1)		1885	Na	me c	of Buildi	ina (Owner / Opera	4 (5)	T palpores.	- FO A		***************************************		-) ,	
	1/4/17			VE	RIZ	ON CC	DMI	MUNICATION	itor (2)	Th				PI"	41	
Agencies Notified	Type Notific	cation		Stre	eet A	Address	5	IONICATION	40	1447		- Maria - Condition	· · · · · · · · · · · · · · · · · · ·	7		
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DCA		ergency				of Conta							Teleph	one	Num	her
	Can	cellation		ALI	EX I	BAYLO	DR			l F	Call in	144	1 7:-63		1.04	1001
				F	ACI	LITY II	NFO	ORMATION		Louisian		1000				
Name of Facility WI	nere Abatem	ent is Taking Pl	ace	(3)				Type of Fac	ility (4)							
ROBERTSVILLE Street Address	CENTRAL	OFFICE						School	(K-12)							
408 Tennent Roa	a.							Subcha	apter 8	(Other t	than K-12	2)				
400 Telliletti Koa	u							Other (i	i.e. priv	ate & c	ommerci	al buildir	ngs, hor	nes,	etc.))
City (5)		County (0)						Square Feet	t	# of F			Bldg. A		,	
Morganville		County (6)		ounty	/ Co	de (7)		8762			2					
Worganville		MONMOUTH	1					Current Use	(Prior	if being	demolis	ned)		D-12-14-1		
Name of Monitoring	Firm Hirad h	y Puilding O		,				COMMUNI								
USA ENVIRONM	ENTAL MA	NAGEMENT	er (8 INI)	1	ASCM N	VO.	Name of Aba	atemen	t Contra	actor (9)					
Street Address		CEMENT,	1140	٠.				Street Addre	ENVIR	ONME	NTAL II	NC				
8436 ENTERPRIS								1123 BEAV		FDEET						
City, State & Zip Coo								City, State &								
PHILADELPHIA P								BRISTOL,	PA 19	007						
Project Manager for MARK JENKINS	Monitoring F	100				umber		Telephone N	lumber		L	icense N	lumber			
Scheduled Start Date	· (10)			365-				215-788-60					0050			
January 18, 2		Scheduled Comp ON SITE	pleti	on Da	ate ((11)		Name of OSI			recommendation and					
Occupancy Status D		nent (Check only	2/10	0)	- 21	11/17		BRISTOL E		ONME	NTAL IN	IC				
Facility Close	ed/Vacated D	uring Entire Pe	riod	of Ab	oater	ment		Street Addres 1123 BEAV		DEET				. 1		
Abatement P	erformed Ou	tside of Normal	Но	urs –	7an	n to 3pr	n	City, State &	Zin Co	de						
Describe: (5:00 PM - 1:	30 AM)						BRISTOL, F								
Facility Occu	pied During ,	Abatement	L. Lander						,,,,,,,							
Scope of Work (Chec	ck all that ap	oly)					Orași de									
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≥160 sf ≥260	lf		A		molit	ation					closure					
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	ation of		ls l	ocat	tion	1	-	Description	of	NON-EX	empted a					
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Mater	ial (ACM) ABATED			olely				Material (AC	CM)			or LF)			ш	
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1st Floor AHU Roo	m		3					VAT/MAST	TC .			SF		Ħ	H	H
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SERVICE TRANSPO	ORT GROL	IP. INC.			990	ID No.	10	Waste	MINIE	21/4 1	ANDE	r.				
City, State		,		20.							ANDFIL	L				
NEW CASTLE, DE							TB		City, St		RG, OH	11500				
completed By (Print or	Type)			Title	е —		Sig	nature								
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			Name (of Bu	ilding	Owner	Operator (2))						
e of Notification ((1)		VERIZ	ON	COM	MUNI	CATIONS	Par)	FEB 1	1 2017				
	1/4/17 Type Notificat	tion	Street	Addr	ress				I FED '	4 10.				
TICICO I	Type Notificat	,1011	408 Te	enne	ent Ro	Code		poss			_			
1 EPA		r	City, S	tate	& ZIP	1077	51		ASBESTOS	CONTRO	elephone	Nu	mbe	r
DEP DOL	⊠ Amen	ded #1-1/20/17	Morga Name	anvi	ontact	3 011			LICEN	ISING IT	Elephone	4		
	☐ Emerg	gency	Name	BA	YLOF	2							_	_
DOH DCA	Cance	ellation	ALEA	DA		-001	AATION							
_			FAC	CILL	TY IN	FORM	MATION ype of Facility	v (4)						
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ame of Facility W OBERTSVILLE	CENTRAL	OFFICE				-li	Subchapt	er 8 (Other than K-1	2)	as home	s, e	tc.)	
treet Address	02					li	Other (i.e.	. priva	ate & commerc	lai bullani	Bldg. Age			
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ity (5)		County (6)	County	Cou	C (.)	Ī	Current Use (Prior	if being demoli	isrieu)				
Norganville		MONMOUTH				1	COBABALINIC	:ATIC	ONS					
lorganvine			(0)	TA	SCM	Vo.	Name of Abat	temer	nt Contractor (INC.				
lome of Monitorin	ng Firm Hired	by Building Owne	INC	1			BRISTOL E	NVIF	RONMENTAL	. II V				
ISA ENVIRON	MENTAL MA	ANAGEMENT,	1140.				Street Addres	SS ED 9	TREFT					
The at Address						_	City, State &	Zin C	ode					
3436 ENTERPR	ISE AVE					- 1	BRISTOL, I	PA 1	9007				_	
Ctoto & Zin (Code				- 1		Telephone N	umbe	er	License	0050 0050	19		
PHILADELPHIA Project Manager	for Monitoring	Firm	Telephor	ie Ni	umber		215-788-60	40			0000	-		
Project Manager MARK JENKIN	S		215-365	1-00	(11)		201	LIA NA	lonitor	LINC				
Scheduled Start	Date (10)	Scheduled Com	IOLD 1	1211	17		BRISTOL E	ENVI	RONMENTA	LINC				12.5
January 1	8, 2017	THE STATE OF STREET	L. anal				Street Addre	ess	OTDEET					
Occupancy Statu	is During Abai	tement (Check on d During Entire Po	eriod of /	Abati	ement		1123 BEA	/ER	Code				×111+1-11	
Facility C	losed/Vacate	d During Entire 1	al Hours	- 78	am to 3	3pm	City, State 8	z ZIP	40007					
- Abatama	ant Performed	Outside of training					BRISTOL,	PA	19007					
11-	/E-00 PM	- 1.30 Am										. D		ura
Described Facility (Occupied Duri	t apply)						X	Full Contai	nment with	1 Negativ	e Pi	ress	UI C
Scope of Work	Check all that	(apply)		HAVE TO LIVE	**			\boxtimes	Mini-Enclos	sure				
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(Purs	uant	to h	1.J.	A.C. 8	:60 and 12	124) [5	CR #	4			1				
,	1	-6 E	mildi	na Own	er / Operator (2)	-									
Date of Notification (1)	VER	ZOP	A CC	MMU	ICATIONS	TED	1 4 20	17 1	2						
1/4/1/	Stree	t Add	dress	;		1 44					+				
Agencies Notified Type Notification	408	Ten	nent	Road		ASBEST	OC CONT	ROL &	-						
EPA/301	City,	State	e & Z	ip Code	751	ASBEST	JS CONT	Telepho	ne Num	ber	1				
DEP 1221 Amended	Morganville, NJ 07751 Name of Contact LICENSING Telephone Nur														
	ALE	X B	AYL	OR						-	+				
DOH/3/4 Cancellation	ALL	70.	ITV	INIEOD	MATION						1				
	FA	CIL	.111	INFOR	Type of Facility	4)									
Name of Facility Where Abatement is Taking Place	e (3)			- 1	School (K-1	2)	-12)								
Name of Facility Where Abademont ROBERTSVILLE CENTRAL OFFICE					Subchapter Other (i.e. p	8 (Other than K	rcial buildi	ngs, hom	nes, etc.	.)	_				
Street Address					Other (i.e. p	# of Floors		Bldg. Ag	je						
408 Tennent Road					Square Feet	2									
County (6)	County	y Co	de (7)	8762 Current Use (Pr	ior if being dem	olished)								
City (5) MONMOUTH					Current Use (Pr	TIONS				-	4				
Morganville					COMMUNICA Name of Abater	ment Contractor	(9)								
Lhu Building Owner	(8)	1	ASC	M No.	BRISTOL EN	VIRONMENTA	LINC			Control Service	\dashv				
Name of Monitoring Firm Hired by Building Owner USA ENVIRONMENTAL MANAGEMENT, I	NC.				Chant Address										
USA ENVIRONMENTAL					1123 BEAVER	RSTREET					\dashv				
Street Address 8436 ENTERPRISE AVE					City State & Zi	p Code									
City, State & Zip Code	8436 ENTERPRISE AT								BRISTOL, PA 19007						
The second secon	lumb	er	Telephone Nun	nber	Lioone	008	509		4						
Project Manager for Monitoring 1 mm		215-788-6040 Name of OSHA	Monitor												
MARK JENKINS		Name of USHA	VIRONMENT	AL INC				\dashv							
Scheduled Start Date (10)		Otrant Address													
January 18, 2017				-1	1123 BEAVE	R STREET				_	\dashv				
Occupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Per Facility Closed/Vacated Du	riod of	Aba	teme	o Sum	City State & Z	ip Code									
A betoment Performed Outside Citter	I Hours	s – /	am u	O Spiii	BRISTOL, PA	A 19007									
/F.AA DN = 1.30 ANN															
Tability Occupied During Abatement						Eull Conta	ainment wit	th Negati	ive Pres	sure					
Scope of Work (Check all that apply)					Full Containment with Negative Pressu Mini-Enclosure										
								g Procedures npted and Non-Friable Procedure							
☐ ≥3 sf or ≥3 lf	Ħ	Den	nolitio	n		Non-Exer	npted and	Non-Fria	ble Pro	cedure	9				
≥160 sf ≥260 lf	_				Description	nt /	Abatement Type								
Location of	Is L	ocati	ion		Ashestos-Conf	taining	(Speci	ry F)		m	m				
Asbestos-Containing	Norm	ally t lely l	Jsea hv		Material (ACM)					Encapsulate	Enclsoure				
Material (ACM)	Mainte	enan	ce o	r .	(i.e., thermal synsulation, surface	ring. VAT		1	Repair	Sula	our				
TO BE ABATED	Custo	dial 3	Staff	? !	or other miscell	aneous)			=	te	(D)				
in Facility (13)		(12)	N/A		OI Other			-		Int	П				
(,	Yes	No	1407	-	VAT/MAS	TIC	350 S			H	门				
tot Floor Engine Room	X	+	+	1	FITTING	S	10 S		岗台	ITI					
1st Floor Engine Room 1st Floor Engine Room	X	ዙ	+	1	VAT/MAS	TIC	35 S 14 S								
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1 ST Floor Mechanical Room	\boxtimes	뷰	+=	1	VAT/MAS	TIC	5 31								
1st Floor AHU Room	12	뷰	十	it		Name of Reg	etered Lan	dfill			n/4				
	JDE	Waste	Cubic Yards												
Name of Registered Waste Hauler	r ID No.	of waste	MINERVA L	ANDFILL											
TOTAL CROUP INC.		2	0990)	10	City State									
SERVICE TRANSPORT GROUP, INC.					Disposal Date	WAYNESBI	JRG, OH	44688	- 1		_				
City Cipie		70.000						11	Date 1/4/17						
NEW CASTLE, DE 19720			itle	nata-	O M	J. Dec	seal L	pt 1	14111						
Completed By (Print or Type) ATRICK T. DeCARO		E	:Stin	nator	Patrick	1.00	-4/								

Date of Notification	(1)			Nan	ne of	Buildi	lina Ow	mer / One	rator (3V	7	FPE	DA F	315	2			
	14///10					Name of Building Owner / Operator (2)											
Agencies Notified	Type Notific	ype Notification Street Ac						MOATIC	143	M			111	Ш.			
⊠ EPA	_			213	S. 3	rd Str	reet				FEB 14 2	1017	111 1	Ш			
DEP				City, State & Zip Co				е	300	- 1	FED 14	2017		4			
⊠ DOL	1000000	nded R#3-2/8	3/17	Hammonton NJ					- 1	- 1							
□ DOH	Eme	rgency		Nam	ne of	Conta	act			ASI	BESTOS CON	TTalan	none	Nium			
☐ DCA	☐ Cano	cellation		ALE	X B	AYLC	OR				LICENSIN	Hicieo	acu te	i Nun	nber		
Name of Facility Wh	nere Abatem	ent is Taking	Place	F/	ACIL	ITY I		MATION									
Hammonton Cen	tral Office	cittis raking	riace	(3)				Type of Fa	cility (4) of (K-12)								
Street Address										Other t	than K-12)						
213 S. 3rd Street								Other	(i e priva	ate & c	ommercial build	linas be					
\$							9	Square Fe	et	# of F	Joans			, etc.)		
City (5)		County (6)	C	ounty	Code	e (7)		240		# 01 F		Bldg. A					
Hammonton	nonton Atlantic					· (,)					3		7	0			
								Current Use (Prior if being demolished)									
Name of Monitoring	Firm Hired b	y Building Ow	vner (8)	AS	SCM N		Name of Al			actor (9)						
USA ENVIRONMI	ENTAL MA	NAGEMEN [®]	T, INC).			E	BRISTOL	ENVIR	ONME	NTAL INC						
Street Address							S	Street Addi	ress		TIAL INO						
8436 ENTERPRIS							1	123 BEA	VER ST	REET	•						
City, State & Zip Coo						48000 000		City, State							10.77		
Project Manager for	A 19153	•					E	BRISTOL, PA 19007									
Project Manager for I MARK JENKINS	Monitoring Fi	irm	Tele	phone	Nun	nber	T	elephone	Number		License	Number					
Scheduled Start Date	(10)	Scheduled Co	Z15-	365-	5810	4)		15-788-6				005	09				
December 19,	2016	ON SIT	E 2/9	/17 -	ite (1 2/18	1) / 17		lame of OS			NTAL INC						
Occupancy Status Di	uring Abatem	ent (Check o	nly on	۵)			S	treet Addr	ess) I VI VI C	NIAL INC	7,					
Facility Close	d/Vacated D	uring Entire F	Period	of Ab	atem	ent	11	123 BEA		REET							
Abatement P	erformed Ou	tside of Norm	al Ho	urs –	7am	to 3pr	m C	ity, State &	Zip Coc	le							
Describe: 5	:00 PM – 1	:30 PM						RISTOL,									
Facility Occup Scope of Work (Chec	k all that and	Abatement															
	m an triat app	oly)								Full Co	ntainment with I	Maastiria	D				
≥3 sf or ≥3 If			\boxtimes	Ren	ovati	on			A '	Aini-En	ntainment with I	vegative	Pre	ssure	е		
≥160 sf ≥260	lf		ñ	Demolition					· Comment		Bag Procedures						
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	ation of		Is I	ocati	on	1		Description	on of	VOII-LX	empted and No		_				
	s-Containing		Norm	nally L	Jsed		Ash	Asbestos-Containing			Amount (Specify	Aba	Abatement Type				
Mater	ial (ACM)		Sc	olely by				Material (ACM)			SF or LF)			m			
	ABATED acility		Maint	enan	ce or		(i.e.	.e., thermal systems ulation, surfacing, VAT			0. 0. 2. /	Re	Z	nca	Enc		
	(13)		Custo		staff?		insula					Remova	Repair	sde	ciso		
	,		Yes	(12) No	N/A	1	or ot	her miscel	laneous)			/al	=	Encapsulate	Enclsoure		
quipment room a	nd Boiler R	Room			П		P	ipe insula	ation		240 LF		П				
ASEMENT POWE					Ī	PIPE		JLATION		INGS	180 LF		H	H	ዙ		
ND FLOOR JANITO	R'S CLOS	ET	X		Ī			E INSUL		11400	16 LF		Η	H	H		
ENTHOUSE			X	Ħ	Ħ	PII				ON	10 LF		H	님	H		
	PIPE FITTING INSULATION 10 LF							H	H	H							
ame of Registered W	looks III- I												H	H	Ħ		
						Waste No.		c Yards	Name o	of Regi	stered Landfill						
RISTOL ENVIRON	MENTAL II	NC		187		. 110.	10	4010	ATLAN	NTIC C	COUNTY UTIL	ΙΤΥ ΔΙΙ	ТЦС	דום	rv		
ty, State RISTOL, PA								sal Date	City, St		JOONT OTIL	III AU	1110	וואכ	-		
	Tunch						TBD		EGG H	IARBO	OR TWP, NJ						
ompleted By (Print or ATRICK T. DeCAR	rype)			Title		7	Signa					Date					
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1/155							10	wick	1.1		aro / gr						
016155						The Paris State of the State of					- //		-				

Date of Notification	(1)			Na	me o	f Building	Owner / O	perator (2)	TEGE	3 1 V	[[]		
	12/7/16			VE	RIZ	ON COM	MUNICAT	perator (2)	\$				
Agencies Notified	Type Notifica	ation		Str	eet A	ddress	HAIOIAICM	1111	LID	7 777			
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DEP	Initial					te & Zip						· Carrier and Carr	
⊠ DOL		ided R#2-12/2	9/16	Ha	mme	onton N.	I	1	ACDEOTION				
□ DOH		gency				Contact			ASBESTOS	CONTR			
☐ DCA	☐ Cance	ellation				AYLOR		i	LIUE	VSING	Telephone	e Numbe	
							ORMATIC				1		
Name of Facility Wh	ere Abateme	nt is Taking Pla	ace (3	3)	AOIL	-11 1 114		Facility (4)					
Hammonton Cent Street Address	ral Office						☐ Sch	100l (K-12)					
									Other than K-	12)			
213 S. 3 rd Street							⊠ Oth	er (i.e. priva	te & commercial	12)			
							Square I	Eggt	te & commerc	iblind ler		, etc.)	
City (5)		County (6)	Cor	untv	Cod	e (7)	_	1	# of Floors		Bldg. Age		
Hammonton	10	Atlantic	1		Oou	C (1)		011	3		7	0	
	1		1				Current	Jse (Prior if	being demolis	shed)			
lame of Monitoring F	irm Hired by	Building Own	- (0)		1		COMMI	JNICATIO	NS				
JSA ENVIRONME	NTAL MAN	ACERENT	r (8)		AS	SCM No.	Name of	Abatement	Contractor (9))			
Street Address	NINE MAIN	AGENIEN I,	INC.				TRKI210	L ENVIRO	NMENTAL	NC			
436 ENTERPRISE	AVE						Street Ad	ldress					
ity, State & Zip Code							1123 BE	AVER ST	REET				
HILADELPHIA PA	10152						City, State	e & Zip Cod	е				
roject Manager for M	Initorina Fina						BRISTO	L, PA 1900	07				
ARK JENKINS	ionitoring Firm	100	eleph	none	Nun	nber	Telephone	e Number		icense N	dumbor		
cheduled Start Date	(40)	2	15-3	65-	5810		215-788-	6040	-		00509		
December 19, 2	(10) Sch	neduled Compl	etion	Da	te (1°	1)	Name of C	OSHA Monit	or		00303		
		ON	I HO	LD			BRISTOL	- ENVIRO	NMENTAL II	VC.			
ccupancy Status Dur	ing Abatemer	nt (Check only	one)				Street Add	ress	WILLIAM II	40			
Facility Closed	/Vacated Dur	ing Entire Peri	od of	Aba	ateme	ent		AVER STR	EET				
Abatement Per	formed Outsi	de of Normal I	Hours	s - :	7am t	o 3pm	City State	& Zip Code					
Describe: 5:0	00 PM - 1:3	0 PM					BRISTOL	., PA 1900					
Facility Occupie	ed During Aba	atement					DIGITOL	, FA 1900	1				
cope of Work (Check	all that apply;)											
≥3 sf or ≥3 lf		_						☐ Fu	III Containmer	it with Ne	enative Droc	CUITO	
		\triangleright] F	Rend	ovatio	n		Mi Mi	ni-Enclosure	r valett 146	egalive Fres	sure	
≥160 sf ≥260 lf] [Dem	olitio	า				e Bag Procedures			
									n-Evennted	suures	F :		
Locati	on of		s Loc	catio	n		Descripti	on of	n-Exempted a	ina Non-			
Asbestos-C	Containing	No	rmall	ly U	sed	А	sbestos-Co	ntaining		ount	Abateme	nt Type	
Material	(ACM)	1 8	Solel	ly by	/		Material (ACM)		ecify			
TO BE A		Ma	inten	anc	e or	(i.	e., thermal	systems	0,0	SF or LF)		E E	
(13		Cus	todia		aff?	insu	lation, surfa	acing, VAT			Repair	ap	
(10	′)	Yes	(12		110	or	other misce	llaneous)			Repair	Encisoure Encapsulate	
uinmont room and	D-11- D		No	0 1	N/A						-	e e	
uipment room and	Boller Roc	om 🛛	L				Pipe insul	ation	240	IF		7	
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STOL ENVIRONM!	ENTAL INC	1)		870		10	/aste	ATI ALI	0.05:::			-	
State	117.7		110	010		The state of the s		AILANTI	C COUNTY	UTILIT	Y AUTHOR	YTIS	
STOL, PA							osal Date	City, State					
oleted By (Print or Ty	201					TBD)	EGG HAF	RBOR TWP,	NJ			
RICK T. DeCARO	pe)			tle		Sign	ature			To	ate		
MON I. DECARO			Es	stim	ator	1	11-1	00	Caro /	- 4	2/7/16		
						Ta	week	1.10	Cars /	26 "	4///10		
6155									//				

Name of Facility Where Abatement is Taking Place (3) Hammonton Central Office Street Address 213 S. 3rd Street City (5) County (6) Atlantic County (6) Atlantic County (7) ASSUM NO. Name of Monitoring Firm Hired by Building Cwner (8) USA ENVIRONMENTAL MANAGEMENT, INC. Sireet Address Street Address Stree	Date of Notification			N	ame of	Buildin	g Owner /	Operator (E I W	FM			
DEP	Agencies Notified			V	VERIZON COMMUNICATIONS									
DOL Amended R#1-12/2016 Hammonton NJ Name of Contact LICEMSING Telephone Number Cancellation Name of Facility Where Abatement is Taking Place (3) Telephone Number Street Address Street Add		Type Notif	cation	101	reet Ad	dress		Anons	!		1			
DOL		Initi	al	21	3 S. 3'	rd Stre	et		: FEB 1	4 2017	7 IIUII			
Part	□ DOL			Cit	y, State	& Zip	Code	1			Income!			
Name of Facility Where Abatement is Teking Place (3) School (k-12) School (k-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other 11) Subchapter 9 (Ø DOH		erided K #1-12/2		mmor	nton N	J			04507-000-0-000-0-000-0-000-0-000-0-000-0-000-0-	1			
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Facility (4) School (K-12) S	☐ DCA	Can	cellation	Na	me of C	Contact		1	SRESTOS	CONTR	OLIS.			
Hammonton Central Office Street Address Street Add			- CHARLOTT	AL	EX BA	YLOR		£	LIGEN	JSING	Telephone N	lumber		
Hammonton Central Office Street Address Street Add	Name of Facility Name			F	ACILI	TY INF	ODMAT	ION			- 1			
Street Address 213 S. 3" Street School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet	Hammonton Cont	ere Abatem	ent is Taking Pla	ace (3)		1 1 1141	Type	of Facility (4)						
Subchapter 8 (Other flae rK-12) Subchapter 8 (Other flae rK-12) Square Feet # of Floors Bidg. Age 24011 3 Current Use (Prior if being demolished) COMMUNICATIONS Street Address Assembly Street Address A	- iaminomon cem	rai Office					In s	chool (K-12))					
City (5) Hammonton Atlantic County (6) Atlantic County Code (7) County Use (Pior if being demolished) CommUNICATIONS County Use (Pior if being demolished) CommUNICATIONS County Use (Pior if being demolished) City, State & Zip Code BRISTOL PA 19007 Fellows Part Address Street Address BRISTOL PA 19007 Fellows Part Address Street Address BRISTOL PA 19007 Fellows Part Address Street Address BRISTOL POWNENTAL INC Street								uhchanter 0	/O45	2000				
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. ASCM No. Name of Abatement Contractor (9) SRISTOL ENVIRONMENTAL INC Street Address Street Ad	213 S. 3 Street						N O	ther (i.e. priv	(Other than F	(-12)				
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address Str	City (5)		1				Square	Feet	# of El	ercial build	dings, homes, e	tc.)		
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. Street Address Street A	L 65 (C. S)					(7)	_				Bldg. Age			
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) SRISTOL ENVIRONMENTAL INC	ranimonton		Atlantic						3		70			
USA ENVIRONMENTAL MANAGEMENT, INC. ASCM No. Street Address	Nome of Marin is a			1			COMA	FILLUCATION	if being demo	lished)				
Sireet Address Sireet Address Street Address	IISA ENVIDONTORING F	rm Hired by	Building Owner	(8)	ASC	M No	Namo	TONICATIC	INS					
Sireet Address 1123 BEAVER STREET Project Manager for Monitoring Firm MARK JENKINS Telephone Number 215-365-5810 Telephone Number 215-365-5810 Telephone Number 215-38-6040 December 19, 2016 Cocupancy Status During Abatement (Check only one) Pescribe: 5:00 PM − 1:30 PM Facility Cocupied During Abatement Abatement Performed Outside of Normal Hours − 7am to 3pm Describe: 5:00 PM − 1:30 PM Facility Occupied During Abatement Scope of Work (Check all that apply) To BE ABATED In Facility (13) Name of Registered Waste Hauler NIDEP Waste Normally Used Namintenance or Custodial Staff? (12) Yes No N/A Quipment room and Boiler Room Normally Used Normally Used Namintenance or Custodial Staff? (12) Yes No N/A Pipe Insulation ALLORITOR MARKET STREET Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Non-Exempted and Non-Friable Procedure Normally Used Normally Used Namintenance or Custodial Staff? (12) Yes No N/A Quipment room and Boiler Room Normally Used Namintenance or Custodial Staff? (12) Yes No N/A Pipe Insulation Pipe Insulation ALANTIC COUNTY UTILITY AUTHORITY Disposal Date TBD City, State City, State Size Address 12123 BEAVER STREET License Number 215-788-60-04 00509 Describer 00509 Describer 00509 Describer 00509 Describer 00509 Describer 00509 Describer 00609 Annount with Negative Pressure Mini-Enclosure Non-Exempted and Non-Friable Procedure Non-Exempted and Non-Friable Procedure Non-Exempted and Non-Friable Procedure Non-Exempted License Number City, State Street Address St	OOV THAILOUAINE	VIAL MAI	NAGEMENT, I	NC.	1		BRIST	OI ENVID	t Contractor (9)				
City, State & Zip Code	oucci Addiess						Street A	ddrose	UNMENTAL	- INC				
PHILADELPHIA PA 19153 City, State & Zip Code	City, State & Zin Code	AVE					1123 B	FAVER ST	DEET			F-18-7-6		
Project Manager for Monitoring Firm	PHILADEL PHIA PA	10152					City, Sta	ite & Zin Cor	NEE I					
Scheduled (10) Scheduled Completion Date (11) December 19, 2016 December 30, 2	Project Manager for Mo	nitoring Fir	m				BRISTO	DL. PA 190	07					
Scheduled Start Date (10) December 19, 2016 December 19, 2016 December 39, 2016 December 19, 2016 December 39, 2016 December 39, 2016 December 39, 2016 December 39, 2016 December 30, 2016 December 39, 2016 December 30, 2016 December 19, 2016 December 30, 2016 Dece	MARK JENKINS	antorning i ii	100000	lephone	Numbe	er	Telepho	ne Number	· ·	License	NI I			
December 19, 2016 December 30, 2016 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours − 7am to 3pm Describe: 5:00 PM − 1:30 PM Facility Closed During Abatement Scope of Work (Check all that apply) Safety 25 of r ≥ 3 if Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) TO BE ABATED In Facility (13) Quipment room and Boiler Room Minitenance or Custodial Staffy (12) Yes No N/A Quipment room and Boiler Room Minitenance or Chern miscellaneous) Pipe insulation Pipe insulation Pipe insulation Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of SHA Monitor Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State State City		10)	hedulad Carry	5-365-5	810		215-788	-6040		Licerise				
Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Normal Hours - 7am to 3pm	December 19, 20	116	1100001		e (11)		Name of	OSHA Moni	itor		00509			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 PM Facility Occupied During Abatement Scope of Work (Check all that apply) 23 sf or ≥3 lf	Occupancy Status Durin	n Abatama	mt /CL! .	-	THE REAL PROPERTY.		BRISTO	L ENVIRO	NMENTAL	INC				
Describe: 5:00 PM – 1:30 PM Facility Occupied During Abatement Scope of Work (Check all that apply)	L donity Closed/	acateo i iii	ring Entire Desi-	1 - 5 61	tomant		Street Ad	ldress						
Facility Occupied During Abatement BRISTOL, PA 19007	Viparement bell	ormed Outs	ide of Normal L	loure _ 7	om to 2		1123 BE	AVER STR	REET			- 1		
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf		1 - 1 - 1 - 1	(I) PM	10013 - 7	ann 10 3		City, State	e & Zip Code	е					
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 If □ ≥160 sf ≥260 If □ Demolition □ Demolition □ Demolition □ Demolition □ Demolition □ Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedure Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) □ TO BE ABATED in Facility (12) Yes No N/A quipment room and Boiler Room □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	L Facility Occupied	During Ah	atemont			1	BRISTO	L, PA 1900	7					
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Maintenance or Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	Material (A	ntaining	Norr	nally Us	ed	As	bestos-C	ontaining	100		Abatement T	уре		
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Hauler ID No. 18706 of Waste 10 ATLANTIC COUNTY UTILITY AUTHORITY ISTOL, PA Disposal Date TBD City, State EGG HARBOR TWP, NJ Title Signature	me of Registered Waste	Hauler		INIDED	Mosto	Cubin	V .	1				#		
7, State ISTOL, PA Disposal Date TBD Title Signature ATLANTIC COUNTY UTILITY AUTHORITY City, State EGG HARBOR TWP, NJ	JICTOL ENVIDOUSE			Hauler	ID No	of Ma	Yards	Name of R	egistered Lar	ndfill		4		
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npleted By (Print or Type) Title Signature							al Dota	AILANII(COUNTY	UTILITY	AUTHORITY			
Title Signature							ai Date	City, State				7		
Estimator Patrick J. Dears / Date 12/7/16	npleted By (Print or Type)			Title			150	EGG HAR	ROK TWP,	NJ				
6155 Paris / 12/7/16	RICK I. DeCARO				tor	Oigilatt	. /	4 0		Da		-		
6155						tal	rick	1. 14	Cars /	/ 12	/7/16			
1/	6155					55 AND AND			17					

Date of Notification	uant to N.J.A.C. 8:60 and 12:120)
(1)	Name of Building Owner (0)
Agencies Notified Type Notification	Name of Building Owner / Operator (2) UERIZON COMMUNICATIONS
Agencies Notified Type Notification	1
DEP Initial	213 S. 3rd Street
☑ DOL 0886 ☐ Amended	City, State & Zip Code
IN DOHOSEN I I Eman	Hammonton N I
L DCA Cancellation	Name of Contact
	ALEX RAVI OR
	Live Manager Control Notifice
Name of Facility Where Abatement is Taking Place (3 Hammonton Central Office	FACILITY INFORMATION
Street Address	Type of Facility (4)
213 S. 3 rd Street	School (K-12)
- Chieel	Subchapter 8 (Other than K-12)
City (5)	Curier (i.e. private & commercial buildings, how
Hammonton County (6) Court	
Atlantic	24017
Name of Manitaria	Current Use (Prior if being domestic) 70
Name of Monitoring Firm Hired by Building Owner (8)	TOO WIND NICATIONS
USA ENVIRONMENTAL MANAGEMENT, INC. Street Address	I TOUTH OF ADDIEM ON CO.
8436 ENTERPRISE AVE	JUNE TOLENVIRONMENTS
City, State & Zip Code	To cot Address
PHILADELPHIA PA 10152	1123 BEAVER STREET
Project Manager for Manifesia 5:	City, State & Zip Code
MARK JERKINS	BRISTOL, PA 19007 Telephone Number
Scheduled Start Date (10) Schoduled Start Date (10)	EQ40
December 19, 2016	te (11)
Occupancy Status During Above	2016 PRISTOL THE MOUNTO
	Street Address
	atement 1123 BEAVER STREET
Describe: 5:00 PM - 1:30 PM	City, State & Zip Code
L Facility Occupied During Abada	BRISTOL, PA 19007
cope of Work (Check all that apply)	,
 ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Reno 	vation Full Containment with Negative Process
≥160 sf ≥260 If	
	Glove Bag Procedures
Location of Is Location	I IVUI-Exempted and the
Asbestos-Containing Material (ACM) Is Location Normally Use	Description of Amount Absternation Assessed Assessed Assessed Assessed Amount Absternation
TO BE ABATED Solely by	Specific Abatement Type
in Essilia.	OF CE LE
(13) Custodial Staf	(2)
(12) Yes No N/	or other miscellaneous)
ipment room and Boiler Room	la la la la la la la la la la la la la l
	ripe insulation
	240 LF
of Registered Waste Hauler	
INSUEP	Vaste Cubic Yards Name of Registered Lands
OL ENVIRONMENTAL INC	No. of Waste
ate	10 ATLANTIC COUNTY UTIL
OL, PA	Disposal Date City, State
ted By (Print or Type)	TBD EGG HARBOR TWP, NJ
KT. DeCARO	Cignatule
Estimato	Pt. 1 P 10ep / Date
15	Patrick A. Delaw / il 1217/16

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(1	ursua	III to NJ	AC 8:60 and 5:1	6)	S CE 7	1 5	10	1					
Date of Notification (1)	0 ,	47					ng Owner/Operator ((2)	THE FEB	1 4	201	7	#L				
	8 /	17	-		Ir	enton Pu	blic Schools		- L				-				
Agencies Notified	Type Notific	cation				t Address	90 E		ACDECTO	200	AITE	201	9				
⊠ DOLWD	Amende	d				8 N. Clint		ASBESTOS CONTROL & LICENSING									
⊠ DHSS	Amenda				City,	State, Zip	Code										
□ DCA	☐ Emerger		luding		Tre	enton, N.	J 08609										
(NJAC 5:23-8)	justificat	ion)			Nam	e of Contac	ct		Telephone Nun	nber							
	☐ Cancella	ition			Dv	ayne Mo	sely										
					FA	CILITY II	NFORMATION				-						
Name of Facility Where		Taking I	Place	(3)				Type of Facility	(4)								
Grant Elementary	School							School (K-1	2)								
Street Address								Subchapter	8 (Other than K-1)	2)	: 1 - 1 :						
159 North Clinton /	Ave							homes, etc.	nivate and comme)	rcial c	ullain	gs,					
City (5)								Square Feet	# of Floors	E	Bldg. A	\ae					
Trenton												.5-					
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)							
Mercer								School		,							
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-						
Environmental Cor	nection, Inc	c.						VIRONMENTA									
Street Address				_			Street Address		2, 1110.								
120 North Warren S	Street						1123 BEAVER	STREET									
City, State, Zip Code							City, State, Zip Code										
Trenton, NJ 08608							BRISTOL, PA 19007										
Project Manager for Mon	itorina Firm			Tele	phone	No	Telephone No.	13007	Linnan Na								
Roland Jones 609-392-4200							215-788-6040		License No.								
Start Date (10)								onitos	00509								
02/09/						17	Name of OSHA M		1110								
					_ ′ ·			/IRONMENTA	L, INC.								
Occupancy Status During Facility Closed/Vacate							Street Address										
☐ Abatement Performed	Outside of No	rmal F	a ot Al	oater	nent	oribo	1123 BEAVER STREET										
Time of Abatement: 7	:00AM-3:30F	PM/	PM-	- IOUI	S - Des AM	Cribe	City, State, Zip Co										
Scope of Work (Check all							BRISTOL, PA	19007									
	mat apply)						☐ Full Conta	ainment with Neg	ative Pressure								
≥3 sf or ≥3 If ≥160 sf or >260 If			Rend				☐ Mini-Encl	osure	1 1033410								
≥ 160 St of ≥260 If] Dem	olitic	n		☐ Glovebag	Procedure	- Edeble December								
		-	le I	ocat	on		☑ Noll-Exel	ripted () and No	n-Friable Procedu	1		108					
Location	of			rmal			Description of			Ab	atem	ent I	ype				
Asbestos-Containing N)	Used			Asbes	stos Containing Mat		Amount	Rer	Repair	Enc	Enc				
TO BE ABA			Main: Custo			(i.e.	, thermal systems in		(Specify	Removal	pair	Saps	Enclosure				
(13)	y			(12)			surfacing, VAT, other miscellaneo		SF or LF)	<u>n</u>		Encapsulate	ure				
		Y	'es	No	N/A							é					
Room A-1				X		Floor til	e and mastic		30 SF		П	П	П				
Room A-1						Pipe Ins			5 LF								
			-						0 21								
			200							분			닏				
Name of Registered Waste	e Hauler		- -		JDEP V	Vacto	Cubia Varda of	Name of Decision	11 150		Ш	Ш					
SERVICE TRANSPO		INC		100000	auler ID		Cubic Yards of Waste	Name of Regist									
	SILOUP,	,		- V-S	20990		2	GROWS La	пати								
Dity, State	7700						Disposal Date	City, State									
NEW CASTLE, DE 19					2/11/2017 Morrisville, PA 19067												
Completed By (Print or Typ	pe)	Title					Signature	0) Date								
Gino Pizzigoni		Estir	mato	•			Lins 1	Marian.	I il 2	18	117	7					
SB-41						1	11 40 10		1	10.5							

State of New Jersey Notification of Asbestos Abatement CHECK A SECTION |

		(Purs	uant to N.J.A.C.	8:60-7 and 12:120-7)		1								
Date of Notification (1) 02/09/17				Name of Building Owner Operator (2) 1 4 2017										
Agencies Notified ☑ EPA □ DCA ☑ DOL ☑ DEP	⊠ Amen	notification ded #1 ency notifica	ation	City, State, Zip Code Dumont NJ Name of Contact: Jerry Coriolan ASBESTOS CONTROL of LICENSING Telephone Number										
⊠DOH			FACILITY INF	ORMATION										
Name of Facility Where Abatemer Private House Street Address	nt is Taking Pla	<u>ce (3)</u>	TAGILITIM	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc. Sf 1900 sf Floors 2 .Age;45 Current Use (prior if being demolished):										
City (5) County Dumont NJ Berger			Code (7) Use Only)											
Name of Monitoring Firm Hired by	Bldg. Owner (ASCM	No.	Name of Contractor (9) BL Contracting ,Inc										
Street Address				Street Address 5 Marguerite Lane										
City, State, Zip Cod		ne Number	City State, Zip Code Towaco 07082 Telephone Number License Number											
Projec Manager for Monitoring F		973-901-0153		01265										
Scheduled Start Date (10) 02/13/17	ion Date (11)	Name of OSHA Monitor BL Contracting Inc.	<u>or</u>	5.										
Occupancy Status During Abater ☐ Facility Closed/Vacated Duri ☑ Abatement Performed Outside Describe ☐Other – Describe:	ent	Street Address 5 Marquerite Lane City, State, Zip Code Towaco, NJ 07082												
Source of Work (Check all that a			⊠ Renovatio □ Demolitior	n G	Non Exampted at Mini-Enclosure love bag Procedu	ıre								
≥ 160 sf or ≥ 260	lf		Li Delliolitioi	X	Full Containmen	nt with Nega	ative Press	sure						
Location of Asbestos- Containing Material (ACM) in Facility (13)	ocation of Asbestos- Containing Material (ACM) in Used Solely by Used Solely by Institute State Containing Material (ACM) in State Containing Material (ACM					of Asbestos Containing CM) (i.e. thermal systems urfacing, VAT, or other Amount (Specify SF or LF) Abatement LF) Remove Rep								
First Floor	YES	NO NA	Plaster		1200 SF		X							
Name of Reg. Waste Hauler Waste Management of Pennsylva		Waste Hauler	r ID#	Cubic Yards of Waste 6		Name of Re	2251							
-				r =	Disposal Date	2	City. St. Tullytov	vn, PA						
Completed by (Print or Type) Nedo Vasilic	<u>Title</u> Presi	dent		Signature Nede Ve	silic	Date 02/09/20)17							