

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

Date of Notification (1) 2/15/18				Name o	f Building S Hall Ca	Owner/O	Operator By NJ (	(2) Coas	et Guard	ràinin	Cente	er		W		Carried States
Agencies Notified  EPA DEP DOL	Type Notification  Initial Amended Amendment	#		1 Mun	ddress ro Aven ate, Zip Co May, NJ	ue			is designed on the control and			3 1	6_	2018	100	
DOH     DCA	Emergency justification) Cancellation	(including		Name o	f Contact Constr					Tel	ephone.	Numb	14	ITAC G	)L&	
Name of Facility Where A	hotomont is Takin	- Di (0)		FAC	LITY INFO	ORMATI	ON	_								
James Hall	Datement is Takin	g Place (3)						Тур	e of Facility							
Street Address 1 Munro Ave								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			build	lings,	home	es,
City (5) Cape May								Squ 450	are Feet	# o	f Floors			ldg. A 0+	ge	
County (6) Cape May					Code (7) USE ONLY	)	_		rent Use (Pri aining / Mil		ng demo	olished	i)			
Name of Monitoring Firm I Vertex	Hired by Building	Owner (8)		ASCN	/I No.				eatement Cor ces, LLC	ntractor	(9)					
Street Address 700 Turner Industria	l Way, Suite 1	05					Street 303		ess ational Roa	ad						
City, State, Zip Code Aston, PA 19014									Zip Code A 19341							
Project Manager for Monit Dave Turotsy	toring Firm			Telepho 610-55	ne No. 58-8902		Teleph 484-		No. 8884		License 01161					
Start Date (10) 2/26/18		Scheduled 3/2/18	Com	pletion	Date (11)		Name EMS		SHA Monitor							
Occupancy Status During	Abatement (Chec	k Only One	e)				Street									
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire I d Outside of Norm	Period of Al nal Facility	oatem Hours	ent			City, S	tate, 2	zip Code							
Scope of Work (Check All	That Apply)					_	Cinn	amir	nson, NJ							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	τιαι Αρριγ)		enova emoliti				×	M G	ull Containmolini-Enclosure lovebag Prodon-Exempted	e cedure					9	
		ls l	ocati	on										Abate	ment	
Location of Asbestos-Containing Machine Asbestos-Containin	Material (ACM) TED	Used	Solel Solel itenar idial S (12)	y by nce/		tos Cont thermal surfac		fateria s insu T, or		(5	mount Specify or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
		Yes	No -	N/A									<u>=</u>		ate	ге
1st floor exca	avation	X				Pipe	Insula	tion		15	50 LF	×				
Name of Registered Waste	e Hauler		1795	JDEP Wauler ID		Cubic of Was			Name of			dfill				
ecoservices, LLC						2			GROW		dfill					
City, State Exton, PA						Dispos TBD	al Date		City, State Morrisv		Ą					
Completed by Jack Bally		Title Sr. Pro	oject	Mana	ger	S	ignature	3 %	3alle	+6	lò l	Date 2/15	/18			

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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				f Building ( an Towe		perator)	(2)		100	3							Table of the last	THE PERSON NAMED IN
February 15				Transport Contracts		215							FEB	1	6	2018			Ш
Agencies Notified  EPA	Type Notification  Initial			Street A 608 W	ddress 'ashingto	on Stre	et		ř	Series Series	and department		ILD	1	6	2010			
EPA DEP DOL	Amended Amendment	#_3			ite, Zip Co May, NJ					##Bduddin	8	ASS	EST	GS (	CON	TA	)L &	4	- recommenda
ĭ DOH	Emergency (	including			f Contact							Feld	phon	e Nu					-
DCA DCA	justification) Cancellation				ke Pero	naci						1			12				
				FACI	LITY INFO	DRMATI	ON												
Name of Facility Where A Victorian Towers	Abatement is Taking	Place (3	3)					Тур	oe of Fa										
Street Address								H	Scho Subc				er tha	n K-1	2)				
608 Washington Str	reet							×	Other	r (i.e	e. pri	vate 8	com	merc	ial bu	uildin	gs. h	ome	8.
City (5)				7//				Sq	uare Fe	et		# of	Floor	rs		11950000	. Age	е	
Cape may		20-						1000	0,000			6				50+			
County (6) Cape May				County (	Code (7) USE ONLY				rrent Us esiden			if bei	ng de	molis	ned)				
Name of Monitoring Firm Vertex	Hired by Building (	Owner (8)		ASCM	/ No.				bateme ices, L			actor	(9)						
Street Address				1			Street				C20200	10							
700 Turner Way									ationa		oad								
City, State, Zip Code Aston, PA 19014									Zip Co A 19		1								
Project Manager for Moni	itoring Firm			Telepho	ne No.		Telep	hone	No.					nse l	No.				
Dave Turotsy					58-8902		0.70		-8884				011	61					
Start Date (10) December 20, 2017		Schedule			Date (11)		Name EMS		SHA M	lonii	tor								
Occupancy Status During		0					Street			2 1	. 4								
Facility Closed/Vaca Abatement Performe									te 130		iortr	1	-					V.	
X Other – Describe: V									inson,		J								
Scope of Work (Check Al	II That Apply)							_											
× ≥3 sf or ≥3 lf			Renova				1		Full Cor			nt with	Nega	ative	Pres	sure			
× ≥160 sf or ≥260 lf			Demolit	ion					Mini-En Gloveba			dure							
<u> </u>							[2	<u>×</u> 1	Non-Ex	emp	oted	(*) an	d Non	n-Fria	ble P				
			Locati													A	baten Typ		
Location Asbestos-Containing	10.72.17		Normal ed Sole		Achor	De tos Conf	scription		rial /AC	14.6		Δ	moun	nt.		T	T	_	
TO BE ABA			intenai			thermal	system	ns ins	ulation.			(5	Specif	У	100	D	Z	inca	Enc
In Facili (13)	ity	Cus	(12)	otaii :			cing, V/ niscella					SF	or LI	F)	T C I I O V O	3	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		other			,						2	2		late	ге
See attac	ched			+							+				1	1			
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Name of Registered Was	te Hauler		91 838	JDEP W		The state of the s	Yards		Na	me	of R	egiste	ered L	andf	ill				
Waste Management				lauler ID	No.	of Wa				1500.000		Lan	dfill						
City, State Trenton, NJ						Dispo: TBD	sal Date	9			State isvil	le, P	Α						
Completed by		Title			(62/6-202	5	Signatur	е		2	, ,		1		ate	<u>-1</u>	C		
Jack Bally		Sr. P	roject	t Mana	ger	(	00	<u>u</u>	1/-	Sec	بللا	1 la	W		2/1	2	8		

OK 2439

PLEASE TAKE

	PAII		NOT		TION		BES	ersey TOS ABAT 60 and 5:16		A	EG	E	f			h
Date of Notification (1)  01 /	17 /	18			1,000			ner/Operator (2 te Companie	20000000	K			u			
Agencies Notified  EPA	Type Notifica					Address road Stre	et, S	Suite 400			FEB	1-6	_2	018	and and an and all all and an	٧
☑ DOLWD ☑ DOH ☐ DCA	☐ Amended Amendme	ent#_	luding			state, Zip C omfield,		7003			ASSESTO LIC	IS CO	ON!	HOI	- &	
(NJAC 5:23-8)	justification	on)	, duning		212/27	of Contact	**************************************		16	T	Telephone Nu	ımber				
					FAC	CILITY IN	FOR	MATION								
Name of Facility Where A	batement is T	aking	Place	(3)	170	JILITI III	POR	MATION	Type of Faci		)					
									☐ School (K		Other than K-	12\				
Street Address 169 Minnisink Road	l- Cottage #	7								., priv	ate and comn		l bu	ilding	s,	
City (5) Totowa									Square Feet		# of Floors		Blo	ig. Ag	je	
County (6)					Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use	(Prior	if being demo	olishe	d)			
Passaic Name of Monitoring Firm	Hirad by Buile	lina O	umar /	0/ /	ASCM											
Bio Terra Solutions	3.55	iing O	wner (	8)	ASCIVI	NO.	12500	ne of Abateme			_					
Street Address			-					et Address	NAGENIEN	LL	<u>,                                      </u>	-				
P.O. Box 1224								7 Outwater L	ane							
City, State, Zip Code								, State, Zip Co					_			
Union, NJ								arfield, NJ								12
Project Manager for Moni	toring Firm			Tele	phone	No.		ephone No.	100.1-0.4-0-0.0.4-0		License No.					
Rick Eustaquio				97	3-494	-3762	9	73-928-4888			1188					
Start Date (10)					tion Da	te (11) 18		ne of OSHA M		r LLC	C		-			
Occupancy Status During	Abatement (0						- 350	et Address					TELE			-
□ Facility Closed/Vacate	d During Entir	e Peri	od of	Abater			2	7 Outwater L	ane							
Abatement Performed Time of Abatement:	Outside of No	ormal I	acility	/ Hour _PM-	s - Des	cribe AM		, State, Zip Co arfield, NJ (								
Scope of Work (Check all	that apply)			-			-	arrieru, No	01020							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			□ Re ☑ De					☐ Mini-Encl	osure Procedure		tive Pressure Friable Proce	dura				
			Is	Locat	ion					1			Aba	ateme	ent T	vpe
Location Asbestos-Containing I		,		lorma d Sole				Description of			4 Charles Charles	t				
TO BE ABA		'	Ma	intena	nce/			Containing Maternal systems i			Amount (Specify		Removal	Repair	ncap	nclo
IN Facilit	У		Cust	odial (12)	Staff?		s	urfacing, VAT,	or		SF or LF)		val	-	Encapsulate	Enclosure
(13)			Yes	No	N/A		otr	ner miscellane	ous)						ate	
1st Floor- Center Wing	3					VAT					120 SF					
1st Floor- Dorm A						VAT					5,400 SF					
1st Floor- Center Wing	3				$\boxtimes$	Transite	Pa	nels			275 SF					
1st Floor-Stairs					$\boxtimes$	Transite	Pa	nels			600 SF					
Name of Registered Wast	e Hauler			10.00	JDEP \			ic Yards of	Name of Re	eaiste	red Landfill					
ATC / Century Waste, LLC/	All Pro Manage	ement,	LLC		auler II N-24310	) No. /32797/989	Was	ste s Needed	1		,W.S. North Landfill/ F	airless l	andfill.	IESI Be	thlehem	Landfill
City, State								oosal Date	City, State							
Shirley, NY / Elizabe	eth, NJ/ Gar	field,	NJ				Т	BD	Wavnesh	ura. (	OH / Morrisvi	lle. P	A/ R	ethle	hem	. PA
Completed By (Print or Ty	rpe)	Title						Signature		- 31 '		Date	1000	32110		,
Allen Monchik		Pr	oject	Man	ager			Allen	Monch	ik		01/	17/	18		

### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-

7) CONTINUATION SHEET



	-	M promoter		7) CONTINUATION SHEET		- 1				- 1
SECRETARIA CATOLOGICA CONTRACTOR	-	with product		169 Minnisink Road- Cottage 7		Abateme	nt <b>AS</b> RES	TOS CO	ONTRO	. &
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely itenandial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u l	E n c l o s u r e	
	Yes	No	N/A							
1st Floor- Center Wing			Х	Textured Paint	3,000 SF	Х			-5-CE-1114-1014-10	
1st Floor- Dorm A			X	Textured Paint	3,000 SF	Х				
1st Floor- Dorm B			Х	Textured Paint	3,000 SF	Х		Care Counts	A PARTY NAMED IN	
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				ATTEMPT TO A WARRANT TO THE ATTEMPT OF THE ATTEMPT						
				No. 200 Annual Control of the Contro						
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Completed by: (Print or type)	T.L.	Desired NA	THE RESIDENCE OF THE PARTY OF T	The state of the s
	Title:	Project Manager	Signature:	Date:
Allen Monchik	8		100 711 1:1	
Discontinuos de la constante d			Allen Monchik	01/17/18
The state of the s	A PROPERTY OF STREET	THE PROPERTY STREET, AND ASSESSMENT OF THE PROPERTY OF THE PASSESSMENT	THE PROPERTY OF THE PROPERTY O	The Section of the Se

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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CM #3319

Date of Notification (1)			Name	e of	Bui	ldina (	Owner / Operato	r (2)						-
2/14/17						ersity		ii.	7 6	e e	0 0/7	E	Total Control	71
Agencies Notified Type Notific	ation		Stree					- Control of the Cont	7) [	GE		5		
☐ EPA ☐ Initia							EVILLE ROAL		<u> </u>					
	nded					Zip C		Daniel Co.		FEB 1	6 2018	9		][
	rgency		Name				LE, NJ 08648		11	LED :	6 2010 Telepho		lumb	2
	cellation	1	Walt					,	t-		releptic	iie iv	hiin	CI
						350			AS	BESTOS		)		
Name of English Whose Abston	ent is Takina Di	/		CIL	-IT'	Y INF	ORMATION	1 (4)		LICE		**********		1
Name of Facility Where Abatem Rider University – Wright H		ace (3	3)				Type of Facil	ity (4) K-12) Non-Sι	hchant	or 8				
Street Address	all			-	_			ter 8 (Other t						
2083 LAWRENCEVILLE RO	AD							e. private & co			nas. hom	es. e	etc.)	
							Square Feet	# of F			Bldg. Ag		/	
City (5)	County (6)	Co	unty	Coc	de (7	7)								
LAWRENCEVILLE	MERCER						Current Use	Prior if being	demol	ished)				
Name of Monitoring Firm Hired I		er (8)		Α	SC	M No.				9)				
Health & Safety Services In	c.						Bristol Env		Inc.					
Street Address PO Box 365							Street Addres							
City, State & Zip Code							City, State &							
Berlin, NJ 08009							Bristol, PA							
Project Manager for Monitoring I	irm	Telep	hone	Nu	ımb	er	Telephone No			License	Number			
Jim Proctor		856 6	656-2	287	5		(215)788-60	40		00509				
	Scheduled Com			te (	11)		Name of OSH							
2/28/18		3/6/					Bristol Env		Inc.					
Occupancy Status During Abate Facility Closed/Vacated				atar	mor	.4	Street Addres							
Abatement Performed C	_						1123 Beave City, State & 3							
Describe:	atolac of Ivoline	11 1100	uio	7 (41)	11 10	Opini	Bristol, PA	17						
☐ Facility Occupied During	Abatement						Bristoi, i A	10007						
Scope of Work (Check all that a								SV. SV						
□ >2.sf>2.f										nent with	Negative	Pres	sure	3
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>		$\bowtie$			atio:				nclosu	re ocedures				
Z = 100 31 = 200 11			Del	11011	HOH			A CONTRACTOR OF THE PARTY OF TH	-	ed and No		Pro	cedi	ire
Location of		ls l	Locat	ion	Т		Description		-	Amount				Гуре
Asbestos-Containir	g	Norm			ed		Asbestos-Con			(Specify				Ť
Material (ACM) TO BE ABATED		Maint	olely		05		Material (A) (i.e., thermal sy			SF or LF)	2	-	0	E
in Facility		Custo				i	nsulation, surfac				Remova	Repair	Clean Up	Enclosure
(13)			(12)				or other miscella				val	¥.	P	ure
		Yes	No	N,	/A									
Basement		$\boxtimes$		Į			Tank Insula			150 SF				
B Wing		니	X	Ļ	4		Linoleur			100 SF			Ц	닏
Exterior		뷔		Ļ	4		Window Sill	Caulk		100 LF		Ц	Ц	1
		井	+	<del>   -</del>	┽┼						ᆜ님	H	H	ዙ
1		H	H	╁┾	┽┼		·		-		-	H	H	H
Name of Registered Waste Hau	er L		IN.	DF.	PW	/aste	Cubic Yards	Name of Re	nistere	d Landfill				
						70000	of Waste		9.010.0	a Lanaiii				
Bristol Environmental Inc.				18	870	6	2	Fairless La	andfill					
City, State							Disposal Date	City, State						
Bristol, PA								Fairless H	ills, P	Α				
Completed By (Print or Type)			Tit				Signature		ů.		Date			~
Gino Pizzigoni			A882	oje	ct ige		Dino P	mian	1/	M	12-	14	-1	8
O T 10		-	IAIG	uila	ye		120100 17	10.80	` /	U				

Feb 09 2018 01:00PM Hazmat Dagnostic LLC 9739283994 Page 2 2110

Osse of Nathanier (1)	AID	NOT	Trication (Purcueru	ies ruac e:	8708 Abate 20 and 12:19	动)	Constitution of the Consti	E C	en reigen	6	VE 2018	) (10) <b>-</b>	
02/08/2018			Name o	of Building O	owner/Operato	(3)	141-	1	D I		<u>Ulo</u>	7	Gramme.
Agendies Natifies 1	Abe Motifice To	1		Address	CHAN DIST	IGI	ļ		/	1	1		_
	In the			litton Ave				ASSES	SOT JOE	CON	MAC	168	
	Amended Ameremen	? g		=15, Zip Cad			4	· · · · · · · · · · · · · · · · · · ·	-1 \_1 24	9107FW			<u> </u>
THE DOM:	Emergency justification	(Including		n. NJ 070 อร์ Coniza	13							***	
	Cancelleno		A: Ma	rchlone				Têlepho	ne Ku	mber			
Name of Federy Where Ab	atement is Tall	no Place Co	FAC	ILIYY INFO	MOITAME								
Ciman Fublic Schoo	No.2	رق) صدر ، عاد				Type of I							
Street Advece					~	I Sub	<b>日、元</b>	a 8 (Other th	8n K-13	2)			
City (5)						Oth atc	er e.	r vale & cor	nmeral	al bull	dings,	, חסת	88.
Cliffon					\$200 A	Square F 70,000		# of Flor	ora		edg.	ige	
County (6) Paggg.c			County	Coos (7)				irlif being d	amalier		iO+	_	
	mail by F. 19 19 19		STATE	mas darra		School			wit #2116[	ied)			
hams of Mantofing Flom Hi Ahera Consultante Inc	o ned by Briging	Owner (8)	ASCA	₹ No.	Name	of Abstan	en: Ib	reador (9)			_		
Speet Address		-	<u> </u>		-	mat Diag		LLC					-
P.O. Box 385 City, State, Zip Cade						i Audiese Blanwild A	Lua						
Oceanville, NJ 08231						State, Zip C							_
Project Manager for Monto	ring Flam		Tálápho	TE NO		mingdak hone No.	ل ۱۰ <u>۱</u>						
Eric Clarkson			(809) (	947-8015		none No. 1)828-398	S		181 181	0.			
Start Casts (10) 02/1 0/2018		Scheduled Co 02/11/2018	אתרופולסין	Date (11)	Name	OF OSHA	lon ar				-	-	
Coouperby Statue Daing A	betameni (Cha		,	_		ret Dieg	10: .lc	TC					
Facin CincerAlecer	S During Elain		mac.			address Nerveld A	W:				or live or when		
Absiement Performed Other - Desorbs:	Oublide of Nort	nai Facility Hou	æ			200 € 20 C							
Sappe of Work (Check All T	hat Apply)				- Bloo	raingdele	, l· 1	7408					
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Location of a containing file to the containing file to the containing file to the containing file to the containing file (13)	ers. (ACM) ID	Used Sci Meinten Custoe 8:	lely by anse/ Stah?	. (1.0. th	Description Contenting & ermal system surfacing, VA wher miscales	daterial (AC s institution T, or	M)	Amour (98851 SF or L	У	Remova	Roggain	8. Encapsulate	Enclosure
		Yes No	NIA			•	1			Ē.	-	ale	8
Basament Hal	hway	X		AČM pi	pe & Fitting	j insulati	en t	Appr.30	LF	×			-
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losso of David							- +			-	-		
lame of Registered Weste I Example Diagnostic LLC			HOLEF W		Cubia Yerds	Ne	ma vi	gelered L	andfill				
			035440	T	if Waste BD	,	R ).	i.s.					
<del></del>					Date issocial		y, :- 21						
illy, State foomingdess, rk.j				1 ~	20	20	at 1871	11					
lly, State		. Tres		17	Signature		orn v	II B.PA	I Dat	e.			



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

Date of Notification (1) 2/15/18		1111		Name of	of Building s Hall Ca	Owner/0	Operator ay NJ (	(2) Coa	st Guard T	ràinin	Cen	ter		W		Cardina Comment
	Initial Amended Amendment	#		Street A 1 Mur City, Sta	Address aro Aven ate, Zip Co May, No	ue			Silver transmission (files	The state of the s	FE		6	2018		
	Emergency ( justification) Cancellation			Name o	of Contact Constr		T		A STATE OF THE STA	T p	ephone	Nun	1	THE LG		الم
Name of Facility Where Ab James Hall	atement is Takin	g Place (3)		FAC	ILITY INF	ORMATI	ON	Ту	pe of Facility	` '				-		
Street Address 1 Munro Ave								×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than & comm	K-12 nercia	) Il buile	dings,	home	es,
City (5) Cape May								45		3	f Floors		5	lldg. <i>A</i> 0+	ge	
County (6) Cape May				(STATE	Code (7) USE ONLY			Tra	rrent Use (Pr aining / Mi	litary		nolish	ed)			
Name of Monitoring Firm H Vertex	lired by Building (	Owner (8)		ASCI	/I No.		ecos	ervi	batement Co ices, LLC	ntractor	(9)					
Street Address 700 Turner Industrial	Way, Suite 10	)5						ΒN	ational Ro	ad						
City, State, Zip Code Aston, PA 19014							Exto	n, P	, Zip Code PA 19341							
Project Manager for Monito Dave Turotsy	ring Firm				58-8902		Teleph 484-8		No. -8884		Licens 0116		).			
Start Date (10) 2/26/18		Schedule 3/2/18		npletion	Date (11)		Name EMS		SHA Monitor							
Occupancy Status During A  Facility Closed/Vacate Abatement Performed	d During Entire P	eriod of A	batem	ent			Street 200 F		ress ite 130							
Other – Describe:		al Facility	Hours			_			Zip Code nson, NJ							
Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		enova				×	N	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	1,51				e	
Location of			ocati			2000								Abate	ment pe	
Location of Asbestos-Containing Ma TO BE ABATI In Facility (13)	aterial (ACM)	Used Mair Custo	Soleintenar dial S (12)	y by nce/		tos Cont thermal surfac		later s insi T, or	•	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
1st floor excav	/ation	X				Pipe	Insula	tion		15	50 LF		x			
Name of Registered Waste	Hauler		l N.	JDEP W	aste.	Cubic	Yards		Name of	Peniste	red I ar	ndfill				
ecoservices, LLC	esociationis		25.00	auler ID		of Was			GROW			MIIII				
City, State Exton, PA						Dispos TBD	al Date		City, Stat Morrisv		Ą					
Completed by Jack Bally		Title Sr. Pro	oject	Manaç	ger	S	ignature VAL		Ball	+ 6	10	Date 2/1	e 5/18	3		

												L	Р	rint	FC
	PATH		State of New Jer FICATION OF ASBESTO Pursuant to NJAC 8:60	S ABATE			m	E	C			$\mathbb{V}$	E		Banklane -
Date of Notification (1)	- 6		Name of Building Own	er/Operator	(2)		IXI						Bottodes	-	demonstrative or other transferration or other transfe
February 15.			Victorian Towers						ern.	-1		010			-
Agencies Notified  X EPA	Type Notification		Street Address 608 Washington S	Street		t			FEB	1	b 2	018	westerlands		TATAL DESIGNATION
EPA DEP DOL	X Amended Amendment		City, State, Zip Code Cape May, NJ				į.	ASS	E87(	IS C			- 84		- SECTION OF
DOH DCA	Emergency justification) Cancellation		Name of Contact Mr. Mike Peronac					Fele #	ephone			<u>;</u>			
			FACILITY INFORM	ATION											
Name of Facility Where A Victorian Towers Street Address 608 Washington Str		og Place (3)			Type	School	cility (4) of (K-12) napter 8 (i.e. priv	) (Othe				ildings	s, hoi	mes,	
City (5) Cape may					15.83	,000	et	# of 6	Floors	S		Bldg. 50+	Age		
County (6) Cape May			County Code (7) (STATE USE ONLY)		27 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C	ent Us siden	e (Prior tial	if beir	ng den	nolish	ned)				
Name of Monitoring Firm Vertex	Hired by Building	Owner (8)	ASCM No.	The Constitution of		ateme es, L	nt Contr LC	actor	(9)						
Street Address 700 Turner Way				Street 303			l Road	l							
City, State, Zip Code Aston, PA 19014				City, S Exto		Zip Co A 193		2011/201							
Project Manager for Mon Dave Turotsy	itoring Firm		Telephone No. 610-558-8902	Telepl 484-	none N 872-				Licer 0116	nse N 61	0.				
Start Date (10) December 20, 2017	•	Scheduled Co	ompletion Date (11)	Name EMS		SHA M	onitor								Contract of the
Occupancy Status During	Abatement (Che	ck Only One)		Street			2.163731 17431								
Facility Closed/Vaca	ated During Entire	Period of Abate	ment	200	Rout	e 130	North	1							
Abatement Performed Street Volume - Describe: V				1		Zip Co ISON,									
Scope of Work (Check A	II That Apply)														1
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renov Demo		) )	≤ M	ini-End	tainmen dosure g Proce		Nega	tive F	ress	ure			

≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		Renova Demolit					×	Mini-Enclosur Glovebag Pro	_				e	
	21.7	Locati Vormal											emen pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	ed Sole iintena todial S (12)	ely by nce/		stos C e. therr su	Descripti containing mal syste irfacing, \ er miscel	g Mate ems ins VAT, c	)r	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	(1)
See attached														
Name of Registered Waste Hauler Waste Management		11/7/0	IJDEP W lauler ID		100000	bic Yards Waste 0	3	C reserve constant	Registered Lar S Landfill	ndfill				
City. State Trenton, NJ					Dis TB	posal Da D	ate	City, Sta Morris	te rille, PA					
Completed by Jack Bally	Title Sr. P	roject	t Mana	ger		Signati	ure (LC)	u Beil	ly all	Date 2	15	18	K	

		Permit Fee Summary							
		Victorian Towers, Washington Street, Cape May	lay						
	Is location normally solely by								
Work Area	Maintenance/Custodial Staff?	Description	Amount	Units	Removal/Repair/Enc apsulate/Enclose	Regulated by NESHAP	TEM rea'd		Fee
Handicap unit, 2nd floor	u	popcorn ceiling treatment	240	sf	remove	yes	yes	\$	200.00
Handicap unit, 2nd floor	c	VAT & mastic	250	sf	remove	yes	yes		
Handicap unit, 3rd floor	С	popcorn ceiling treatment	240	sf	remove	yes	yes	Ş	200.00
Handicap unit, 3rd floor	u	VAT & mastic	250	sf	remove	yes	yes		
Handicap unit, 4th floor	c	popcorn ceiling treatment	240	sf	remove	yes	yes	\$	200.00
Handicap unit, 4th floor	u	VAT & mastic	250	sf	remove	yes	yes		
Handicap unit, 5th floor	u	popcorn ceiling treatment	240	sf	remove	yes	yes	\$	200.00
Handicap unit, 5th floor	c	VAT & mastic	250	sf	remove	yes	yes		
Handicap unit, 6th floor	c	popcorn ceiling treatment	240	sf	remove	yes	yes	\$	200.00
Handicap unit, 6th floor	c	VAT & mastic	250	sŧ	remove	yes	yes		
Handicap, efficiency, 2nd fl.	c	popcorn ceiling treatment	100	sŧ	remove	ou	ou		*
Handicap, efficiency 3rd fl.	c	popcorn ceiling treatment	100	st	remove	ou	ou		*
Handicap, efficiency, 4th fl.	ш	popcorn ceiling treatment	100	sf	remove	ou	OU		*
Handicap, efficiency, 5th fl.	c	popcorn ceiling treatment	100	st	remove	ou	OU		*
Handicap, efficiency, 6th fl.	c	popcorn ceiling treatment	100	sf	remove	OL	00		*
Lobby ceiling	c	stucco	1500	sf	remove	yes	yes	s	200.00
Window opening, throughout, 1 sf/apt.	c	popcorn encapsulate	009	sf	encapsulate	OU	no		*
Throughout, as encountered	c	fitting insulation	100	Each	remove	00	ou		*
Mens room	c	VAT	144	sf	remove	ou	no		*
Ladies room	c	VAT	144	st	remove	OU	no		*
Kitchen	c	VAT	10	sŧ	remove	OU	no		*
Construction office	c	VAT	140	sf	remove	ou	no		*
First Floor, stage	c	tar paper	540	sŧ	remove	yes	yes	s	200.00
Handicap, Efficiency (201-601)	<b>c</b>	fire stop material	15	sf	remove	00	00	\$	200.00
Elevator cars A & B	c	Floor tile	130	sf	remove	ou	no	*	

\* facility notification fee of \$200.00 for all work areas below NESHAPS.

**Projected Total** 



\$ 1,600.00

OK 2439

PLEASE TAKE

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Data of Natification (4)							N.		•	$\Pi$	EC		1	W.	5	$\prod$				
Date of Notification (1)  01 /	47 /	40						ner/Operator (		13					Į.					
1 0 -	/	18	-		ivie	ro Real i	estai	te Companie	es	-	FEB	1 6	21	110	-	IU.				
Agencies Notified	Type Notifica	ation			Street	Address			11	L 6.	I FLD	10		J10						
⊠ EPA ⊠ DOLWD	Initial ☐ Amended	,			2 B	road Stre	et, S	Suite 400		avoida:					i					
⊠ DOLVID	Amendme					State, Zip C					ASBESTO	38 00	TMC	HOL	.8.					
□ DCA	☐ Emergend		uding		Blo	omfield,	NJ 0	7003				DENS				anatomic o				
(NJAC 5:23-8)	justification	on)			10 C C C C C C C C C C C C C C C C C C C	of Contact					Telephone N	umber								
	☐ Cancellat	ion			Wa	rren Spra	ke			į		1								
	FOR	RMATION																		
Name of Facility Where A				Type of Fac	ility (4	)														
Commercial									School (			10								
Street Address			SHE SE								Other than K rate and com		l bui	ildinas	3					
169 Minnisink Road	- Cottage #	7							homes,					uug	''					
City (5)									Square Fee	Square Feet # of Floors B						Bldg. Age				
Totowa																				
County (6)					Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use	(Prio	r if being dem	olishe	d)							
Passaic																				
Name of Monitoring Firm I	Hired by Build	ling Ow	ner (	B) /	ASCM	No.	100000	ne of Abateme												
Bio Terra Solutions							02.500	LL PRO MA	NAGEMEN	IT LL	С									
Street Address P.O. Box 1224							Street Address													
10 000000000000000000000000000000000000							27 Outwater Lane													
City, State, Zip Code Union, NJ							City, State, Zip Code Garfield, NJ 07026													
Project Manager for Monit	oring Firm			Tolor	nhana	No		Carry Chip and M. Chip Chip Co.	07026		Tre Se									
Project Manager for Monitoring Firm Telephone No.  Rick Eustaquio 973-494-3762								ephone No. <b>73-928-4888</b>			License No.					*				
Start Date (10)	Is	chedul	ed Co			te (11)		ne of OSHA M			1188									
_01_ / 26 /					/	26 (150)	ALL PRO MANAGEMENT LLC													
Occupancy Status During	Abatement (C						1 0000	et Address												
☐ Facility Closed/Vacated					nent			7 Outwater I	ane											
☐ Abatement Performed	Outside of No	ormal Fa	acility	Hours	s - Des	cribe	7.85	, State, Zip Co					600-0	117,339						
Time of Abatement:	AM	PM/_		_PM-		AM		arfield, NJ												
Scope of Work (Check all	that apply)												- 17							
≥3 sf or ≥3 lf		_	7 0							Nega	tive Pressure									
≥3 st ot ≥3 tt     ≥160 sf or ≥260 lf		_		novatio nolitio				☐ Mini-Encl												
2										d Non-	Friable Proce	edure								
				Locati									Aba	Abatement Type						
Location of Asbestos-Containing N		,	Normal Used Sole			Ashe	etne (	Description o Containing Ma					Re	Re	m_	m				
TO BE ABA	TED	′		ntena			, the	rmal systems i	insulation,		Amount (Specify		Removal	Repair	cap	Enclosure				
IN Facility (13)	У		Cust	odial 8 (12)	otan?			urfacing, VAT, ner miscellane			SF or LF)		<u>a</u>		Encapsulate	ure				
(10)		,	Yes	No	N/A	1	Ott	iei misceliane	ous)						ate					
1st Floor- Center Wing	ı	[				VAT					120 SF									
1st Floor- Dorm A		Г		П		VAT				_	5,400 SF	-								
1st Floor- Center Wing	ı	_				Transite	nels		+	275 SF	_									
1st Floor- Stairs			_	$\overline{\Box}$		Transite	5/4			+	600 SF	_			7					
				JDEP \			oic Yards of													
ATC / Century Waste 11 C/ All Pro Management 11 C					auler II	2000 CO.	Was	ste	Name of Registered Landfill  Minerva Enterprises/G,R,O,W,S, North Landfill/ Fairless Landfill/IESI Bethlehem Landfill											
				u-24310	1321311383	_ ^	s Needed posal Date	City, State												
Shirley, NY / Elizabe	th, NJ/ Gar	field. f	NJ					BD			011.122									
Completed By (Print or Ty		Title						Signature	waynest	ourg, (	OH / Morrisv	Date		ethle	ehem, PA					
Allen Monchik	. /	1/1/2000	oiect	Mana	ager				7M.	./		2.252		4.0						
			Project Manager Allen					Monch	ue		01/	17/	18							

State of New Jersey

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-

7) CONTINUATION SHEET



	MERCHANICAL PROPERTY.	SA HERSTON	We summer to	7) CONTINUATION SHEET			1			
					169 Minnisink Road- Cottage 7 Aba					
Material (ACM) TO BE ABATED In Faculty (13)  Solely by Maintenance/Cust odial Staff (12)  Yes No N/A  1st Floor- Center Wing X T		rmally Solely Itenand	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e R n e o p	E n c a p s u l	E n c l o s u r e	
A STATE OF THE STA			- HISCH	Textured Paint	3,000 SF	Х				
			X	Textured Paint	3,000 SF	Х			ATT DE LES	
1st Floor- Dorm B			Х	Textured Paint	3,000 SF	Х				
NAME OF THE OWNER, AND ADDRESS OF THE OWNER,										
									Activities	
			AND STATE OF THE S							
				***************************************		-	THE PERSON NAMED IN			
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				ACCURATE STATE OF THE STATE OF				-		
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							PARTIE SERVICE			
CANCELL COLOR DE LA COLOR DE L		-								
				(4.)						
				The second secon	W. C.				-	
					***************************************	***************************************			-	
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	-		- AMERICAN			THE RESERVE OF THE PERSON NAMED IN				
The second secon						REAL PROPERTY AND A SECOND ASSESSMENT OF THE PERSON AS	NAME OF TAXABLE PARTY.		- HARMAN AND AND AND AND AND AND AND AND AND A	
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						accoming a company				
	DATES OF THE PARTY			NITE OF STREET OF STREET STREE						

Completed by (Drive as to as)	THE REAL PROPERTY.	THE PARTY AND PROPERTY OF THE PARTY OF THE P	The second secon	A president and a contract that the second	
Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:	
Allen Monchik				Dutc.	1
	Language March	S E SAFERS HAD STALL	Allen Monchik	01/17/18	

PAII

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) 0 JM # 33 19

Date of Notification (1)					Owner / Operato	r (2)			-	wenter.	ener;
2/14/17 Agencies Notified Type Notification			Addre	ersity		1	TEGE	$-\mathbb{I}$	F	10	1
EPA					EVILLE ROAD	)		ii W		7	A STREET, STRE
☐ DEP ☐ Initial				Zip C			7)				
DOL Amended					LE, NJ 08648	- Company (Company)	III FEB 1	6 2018	3	114	
□ DOH □ Emergency				ntact		- 1		Telepho		umb	er
□ Cancellation	V	Valte	r Ede	dy		1				1	
		EAC	TI IT	VINE	ORMATION		ASBESTORI LICEA	TOMERS	116		-
Name of Facility Where Abatement is Taking	Place (3)		/ILII	TIME	Type of Facili	tv (4)	1 (1 ) - 1.	1.194			
Rider University – Wright Hall	riace (5)	)				ιγ (4) K-12) Non-Sι	ibchanter 8				
Street Address		70.00	0.000		Subchap						
2083 LAWRENCEVILLE ROAD							ommercial buildin	as, hom	es. e	tc.)	
					Square Feet			Bldg. Ag		-	
City (5) County (6)	Cou	inty C	ode (	7)	<b>-</b> '			0 0			
LAWRENCEVILLE MERCER	100000000000000000000000000000000000000		•		Current Use (	Prior if being	demolished)			10000000	
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	M No.	Name of Abat	tement Contr	actor (9)				
Health & Safety Services Inc.					Bristol Envi		, Inc.				
Street Address					Street Addres						
PO Box 365 City, State & Zip Code					1123 Beave						
Berlin, NJ 08009					City, State & 2 Bristol, PA						
Project Manager for Monitoring Firm	Teleph	none	Numb	per	Telephone Nu		License N	lumber			
Jim Proctor	856 6				(215)788-60		00509				
Scheduled Start Date (10) Scheduled (	Completion	n Date	e (11)		Name of OSH	A Monitor					
2/28/18	3/6/1				Bristol Envi	ironmental	Inc.				
Occupancy Status During Abatement (Check					Street Addres						
Facility Closed/Vacated During Entire  Abatement Performed Outside of No					1123 Beave						
Describe:	IIIIai nou	15 – 1	annic	o opin	City, State & 2 Bristol, PA						
Facility Occupied During Abatement					DIISIOI, PA	19007					
Scope of Work (Check all that apply)											
	V-22-2						ontainment with N	legative	Pres	sure	:
≥3 sf or ≥3 lf	$\boxtimes$		ovatio				nclosure				
≥160 sf ≥260 lf		Dem	olitior	1			Bag Procedures	Friable	Dro	di	
Location of	ls l	ocatio	nn n		Description		xempted and Nor Amount				
Asbestos-Containing	Norma				Asbestos-Cont		(Specify	7,00	item	21111 1	ypc
Material (ACM)	So	lely b	у		Material (AC	CM)	SF or LF)			_	m
TO BE ABATED	Mainte				(i.e., thermal sy			\cen	Re	lea	nclo
in Facility (13)	Custo	oiai 5 (12)	tan?		nsulation, surfactor or other miscella			Remova	Repair	Clean Up	Enclosure
(10)		No	N/A		or other miscens	aneous)		=		ъ	.e
Basement		$\Box$			Tank Insula	tion	150 SF		П	П	
B Wing			H		Linoleur	-	100 SF		H	H	H
Exterior	十一十		Ħ		Window Sill		100 LF		H	H	H
	161	H	Ħ		Williad Wolf	Juani	100 21		H	H	H
		Ħ	П				1		Ħ	Ħ	Ħ
								一百	Ī	Ī	
Name of Registered Waste Hauler		300.000			Cubic Yards	Name of Re	gistered Landfill				
Bristol Environmental Inc.		Hau	ıler ID	Commence of	of Waste	Faides I	IE:II				
City, State			1870		2 Diamanal Data	Fairless La	angili				
Bristol, PA					Disposal Date	City, State Fairless H	ills PA				
Completed By (Print or Type)		Title	j.		Signature	. 41103311		Date			
Gino Pizzigoni		100000000000000000000000000000000000000	ject				100		100	1	0
<b>3</b>		100000000000000000000000000000000000000	nage	r	Dino P	myjagon	1/92	2-	14	-10	5

Feb 09 2018 01:00PM Hazmat Dagnostic LLC 9739283994 page 2

PAID	NOT	FICATION	ies of How OP ASSE So NJAC 8	/ Jeresy STOS Aba 150 and 12	TEMER	Control Contro		EGE		V				
Osle of Raphaelen (1) 02/08/2018		Name o	Public S	owner/Oper	#101 (3)	$-\!$	<u>  _ .</u>	FEB 1	<u> </u>	2018	7	1		
Agenties Natification	1	Clifton Public School District  Bitsal Address												
G EPA G INDIA		746 0	lifton Ave			ASSESTOS COMTROL&								
	1 S	Climen	5. Zp Ca2 1. NJ 070	ia 013		-	-,							
instruction	)	Lakeo	Contact	-			_	Têlephone Rius	mber			_		
			rchlone			2								
Name of Feetry Where Abetement is Tak	ng Place (3)	FAC	LIW INFO	MOSTAN	Tv	o of Fac	54	5		_				
Clifton Public School No.2 Street Address						Sahao		g .						
1270 ven Houten Ave						Subar:	nte:	8 (Other than K-1)	2)					
G(y (B)						etc.)		ivate & commerci	al bull	dings.	, hom	88.		
Clifon					8c.	uara Fasi ,0Ö0÷		# of Floors		dg.	ige .			
County (6)		County	2005 (7)				Er.	r H being demolisr		50+				
Peess C Name of then toding Firm Hired by Building Owner (8)			STATE WE ONLY School					· wearing destrosses	ieu,					
after a Consultants Inc	Owner (8)	ASCN	No.	Na Na	me of Al	datamen: Diagno	Zb/t	rador (9)						
rest Address					est Add:		-							
P.O. Box 385 Py. Stap. Zip Oma						rid An								
Dosenvilla, NJ 08231		7.50				Zip Cod								
Project Wanager for Workbring Flori						jdak. I	1 1							
Eric Clarkson		ිම්පදන්න (පිටම්)	75 NO. 947-8015		enane 73)826			License N	Ò.					
Dian Data (10) 02/1 0/2018	Date (10) Sanadylad C 0/2018 02/11/2016					SKA Mon			·		-			
Occupancy Status During Absternant (Che		Hazmet Diagna Street Street				.10	TC							
Facility Ciccoed/Vacasted During Entire Abdisment Performed Outside or Non Other — Desoriba:	Badad at their	imer: Irs		135	Gleny	vild Aw:								
Cone: 2 Sections: The Apply						gdale, h		7403						
526) 3101 5550 # 50 4101 50 550 #	Renor Demo				503	lovenck	7.9	If with Negative P						
	is Loc				V il N	cn-Exem	fac.	(*) end Non-Friab	e Pro					
್ಲ ಎಡಬಾಗಿ ಇ	Nome	254		Ceseriot	an of				Ĺ	Abata Ty	pe meni			
Audestos-Centening Meserc. (ACM) TO BE ABATED	Manten	anse/ :	Aspesso	e Contentin	a Materi	ei (ACM)	1	Amount			E.	_		
in Facility (13)	Custoe 6:			termal systematics.	VAT, OF		,	(Specify SF or LF)	Rem	Корди	ncap	inch		
()	Yes No	-	٤	other mead	encous	)	1		Removal	n PB	Encapeulak	Enclosure		
Basament Hallway	Tes No	AVA	ACREA	ina a mai		Cif w Attack	+				क			
	+	-	- Acidi b	ipe & Fitt	ing ins	ulation	+	Appr.30LF	X					
	+						1							
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ame of Registered Wasto Hauler		HOEF W	Alte	Subjectives			1							
ezmał Diegnostic LLC	1	2016-10 2035440	<del>්</del> ප. ,	Cubic Yerds of Waste TBD		Nama G.R		paletered Landfill S.			9,00			
ity, State		300776		) 55 085022 De	Y.S.	City.			_					
Comingdes, AJ				rad				B.PA						
	. Tide			Sighati		OF .	-		8					