CH2612	(Pu	ATION OF A	f New Jersey ASBESTOS A JAC 8:60 and	12.12-)			EGE	1 201			
e of Notification (1) Type Notification		Name of Buil	ding Owner/O	Derator (BOZIV		FEB 2	CONTR		8	
EPA DEP DOL DOH DOH DOH DOA EPA Amended Amendment #_ Emergency (inc justification) Cancellation		Name of Co	ntact kis	W	V 1/N7	Te	LICEI LICEI	121110			
DCA		FACILIT	Y INFORMATI	ON	Type of Fac	cility (4)					
ame of Facility Where Abatement is Taking F treet Address	Place (3)		1-		School	ol (K-12)	her than K-12) & commercial			es,	
					Square Fe	et #	of Floors	Bldg.			
ity (5) 1 2 2 2 2 2 6 1 1	$\Omega \Lambda$				1372			10	0_		1
1/10/2200	MI	County Co	de (7)		Current Us	e (Prior if b	eing demolishe	u)			
county (6)	10	(STATE US	E ONLY)		<u> </u>	1000	tor (9)		7.7.		1
V Wind by Building O	wner (8)	ASCM N	No.	Nam	e of Abateme	ent Contract	101 (3)				
lame of Monitoring Firm Hired by Building O	***********				et Address	33 1110.					
. A J dragge					D. Box 915)					_
Street Address	4			City	State Zip C	ode		17,52			
City, State, Zip Code				Bri	ick, New J	ersey 087	723				_
Sity, State, 2.5		Telephon	o No	Tele	ephone No.		License No).			
Project Manager for Monitoring Firm		Telephon	e No.	(7:	32)899-749	99	01196				_
Start Date (10)	Scheduled (3 Z	Date (11)		me of OSHA eet Address	Monitor					_
Occupancy Status During Abatement (Cher	ck Only One)										
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Dariod of ADS	atement ours		Cit	y, State, Zip	Code					
Scope of Work (Check All That Apply) >3 sf or ≥3 If	Rer De	novation molition			Mini-	Enclosure	t with Negative				
≥160 sf or ≥260 lf	<i>y</i>				Non-	Exempted	dure (*) and Non-Fria	IDIC 1 100	ware		
	In I	ocation							Тур	e T	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormally Solely by Internance/ odial Staff?	(i.e. the	Contain ermal sy	iption of hing Material estems insulat g, VAT, or cellaneous)	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(10)	Yes	No N/A				1 -	ISDIF	1			
			4000°	SIK	Dalle	15	10051				-
			SAFRE	SiDC	Piask	5	1900SF	0	-		+
			1111	10.					-	-	+
		NUDET	Waste	Cubic Y	'ards	Name of	Registered Lan	dfill			
Name of Registered Waste Hauler		Hauler	ID No.	of Wast		GROV	/S Inc.				
Brick Industries Inc.		21602		Dispos	al Date	City, Sta	te				
City, State Brick, New Jersey				31	ignature C	PA		Date)	18	11	7
Completed by	Title	oidont			7				10		
Eric Plackis	Pres	sident				this form f	or asbestos lice	nsure ex	empte	ed acti	V

NOT	TIFICA	OITA	N C	OF AS	BESTOS A	BATEMEN	ITEN E 6		7 🖂	Saucencie III
					.C. 8:60 and			E I V	<u>E</u>	
Date of Notification (1) 12/7/16		Name	e of E	Building	Owner / Opera	tor (2)		0 1 001	7	
Agencies Notified Type Notification		Stree			INUNICATION	45	III II FE	3 2 1 201	1	land.
				d Stree	et					
DEP Initial				& Zip				OS CONTI	ROL	&
 ☑ DOL ☑ Amended R#5-2/1 ☑ DOH ☐ Emergency 	1000000000		_	ton N			IL	ICENSING		
☑ DOH ☐ Emergency ☐ DCA ☐ Cancellation				ontact				Telenhone I	Numb	ber
Carcellation				YLOR	E).					
Name of Facility Where Abatement is Taking	Place (3)	CILI	I I IIVI	Type of Fac	sility (A)				
Hammonton Central Office	(.	-,			School		8.			
Street Address						apter 8 (Other	than K-12)			
213 S. 3 rd Street					Other (i	i.e. private & c	ommercial buildi	ngs, homes,	etc.)	
City (E)					Square Fee	t # of F	loors	Bldg. Age		
City (5) County (6)	Co	unty (Code	(7)	2401		3	70		
Hammonton Atlantic						(Prior if being	demolished)			
Name of Monitoring Firm I like J by D. 1111 . O.	/81				COMMUNI					
Name of Monitoring Firm Hired by Building Ov USA ENVIRONMENTAL MANAGEMEN	vner (8) T,INC		AS	CM No		atement Contr ENVIRONME	actor (9)			
Street Address					Street Addre		INTAL INO			
8436 ENTERPRISE AVE						/ER STREET	Ī			
City, State & Zip Code PHILADELPHIA PA 19153					City, State &					
Project Manager for Monitoring Firm	Telep	hone	Num	hor	BRISTOL, Telephone N		1.:			
MARK JENKINS	215-3	365-5	810		215-788-60		License I	00509		
Scheduled Start Date (10) December 19, 2016 Scheduled Co On site					Name of OS					
Occupancy Status During Abatement (Check of	only one	9)			Street Addre	ENVIRONME ss	NIALINC	7		
Facility Closed/Vacated During Entire	Period o	of Aba	teme	ent		ER STREET				
Abatement Performed Outside of Norm	nal Hou	ırs — 7	'am t	o 3pm	City, State &					
Describe: 5:00 PM – 1:30 PM Facility Occupied During Abatement					BRISTOL, I	PA 19007				
Scope of Work (Check all that apply)					L					
(encor an that apply)						□ Full Co	ntainment with N	legative Pres	curo	
≥3 sf or ≥3 lf	\boxtimes	Ren	ovatio	on			nclosure	egative Fies	Suie	
≥160 sf ≥260 lf		Dem	olitio	n			Bag Procedures			
							empted and Nor	n-Friable Pro	cedu	re
Location of Asbestos-Containing		ocatio			Description		Amount	Abateme	ent T	уре
Material (ACM)	Norm	lely b	sea v		Asbestos-Con Material (A		(Specify		_	
TO BE ABATED	Mainte	enanc	e or		(i.e., thermal s	vstems	SF or LF)	Re R	nc	E
in Facility (13)	Custo		taff?		nsulation, surfac	cing, VAT		Removal	sde	Enclsoure
(13)		(12) No	N/A		or other miscell	aneous)		ir l	Encapsulate	ure
Equipment room and Boiler Room					Pipe insula	ition	240 LF			П
BASEMENT POWER ROOM	\boxtimes			PIPE	INSULATION				計	H
2 ND FLOOR JANITOR'S CLOSET	\boxtimes				PIPE INSULA	ATION	16 LF		Ħ	Ħ
PENTHOUSE				PIP	E FITTING INS	SULATION	10 LF			
		Ш								
Name of Registered Waste Hauler		TALLE				1				
					Cubic Yards of Waste	Name of Reg	istered Landfill			
BRISTOL ENVIRONMENTAL INC City, State		187	06		10		COUNTY UTIL	ITY AUTHO	RIT	Y
BRISTOL, PA					Disposal Date TBD	City, State EGG HARR	OR TWP, NJ			
Completed By (Print or Type)		Title		200	Signature		J. 1771 , NO	Date		
PATRICK T. DeCARO			mate		0.1.0	n Der	aro/gl	12/7/16		
					Farrick	1.00	aro/gl			

NO	TIFIC	ATI			SBESTOS A		MENT (-12 F	@ F	П Т	10 10	
	Purs	suan	t to	N.J.A	<u>.C.</u> 8:60 an	d 12:1	20))	CE		WE	
Date of Notification (1) 12/7/16					g Owner / Opera			N F	EB 2	1 20	117	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified Type Notification		Stre	eet Ac	dress			1	3.1	LU C	1 (1	11.7	1
☐ EPA ☐ Initial		_		rd Stre e & Zip				ASBES	STOS C	CONT	TROLI	Q.
☑ DOL ☑ Amended R#4-2	10/17	Ha	mmo	nton N	J				LICENS			~
□ DOH □ Emergency □ DCA □ Cancellation				Contact AYLOF	5-0				Teleph	none	Numbe	r
- Box - Gardenatori					FORMATION			all and the second	1			
Name of Facility Where Abatement is Taking	Place		ACIL	NI I III	Type of Fa	cility (4)						
Hammonton Central Office						I (K-12)	5.11 .1					
Street Address 213 S. 3rd Street							Other than K- ate & commer		lings ho	mac	etc.)	
213 3. 3 "Street					Square Fee		# of Floors	Clai Dullu	Bldg. A		etc.)	_
City (5) County (6)		County	/ Code	e (7)	2401		3			70	J	
Hammonton Atlantic							being demol	ished)				
		0)	700	201111	COMMUN							
Name of Monitoring Firm Hired by Building O' USA ENVIRONMENTAL MANAGEMEN			A	SCM No			Contractor (SONMENTAL					
Street Address	,				Street Addr	ess						
8436 ENTERPRISE AVE					1123 BEA							
City, State & Zip Code PHILADELPHIA PA 19153					City, State & BRISTOL,							
Project Manager for Monitoring Firm			e Nur		Telephone I	Number		License				
MARK JENKINS	THE RESERVE OF THE PERSON NAMED IN	THE PARTY NAMED IN	-5810	Company of the last of	215-788-6	A STREET, SQUARE, SQUA	16		005	09		
Scheduled Start Date (10) Scheduled Control December 19, 2016 Off site 2					Name of OS BRISTOL		NMENTAL	INC				
Occupancy Status During Abatement (Check	only or	ne)		-	Street Addre							
Facility Closed/Vacated During Entire					1123 BEA							
Abatement Performed Outside of Norr Describe: 5:00 PM – 1:30 PM	nal Ho	ours –	7am	to 3pm	City, State & BRISTOL,							
Facility Occupied During Abatement					BRISTOL,	FA 150	01					
Scope of Work (Check all that apply)						_						
≥3 sf or ≥3 lf	\boxtimes	Pa	novati	ion			Full Containm Mini-Enclosur		Negative	Pres	sure	
≥ 160 sf ≥260 lf	H		molitic				Glove Bag Pro					
						1	Von-Exempte			e Proc	cedure	
Location of Asbestos-Containing	100	Loca	tion Used		Descriptio Asbestos-Cor		1 2	Amount Specify	Aba	ateme	ent Typ	е
Material (ACM)	S	olely	by		Material (A	CM)		F or LF)	_		m .	ш
TO BE ABATED in Facility			nce or Staff?		i.e., thermal s nsulation, surfa		-		Remova	Repair	cap	ncls
(13)	Cust	(12)	otaii!		or other miscel				oval	air	Encapsulate	Enclsoure
# #	Yes	No	N/A								6	
Equipment room and Boiler Room	X				Pipe insula			40 LF				
BASEMENT POWER ROOM 2ND FLOOR JANITOR'S CLOSET		H	H	PIPE	PIPE INSULA			80 LF		ዙ	HH	4
PENTHOUSE		H	H	PIP	E FITTING IN			16 LF		H	러누	#
												j
						1	, ,					
Name of Registered Waste Hauler			DEP \ uler I[Cubic Yards of Waste	Name	of Registered	Landfill				
3RISTOL ENVIRONMENTAL INC		1000000	706	1000,1000,000,000	10	ATLA	NTIC COUN	TY UTIL	ITY AU	тно	RITY	
Dity, State 3RISTOL, PA					Disposal Date	City, St EGG F	ate IARBOR TV	VP, NJ				
completed By (Print or Type)		Titl			Signature			2000	Date			7
'ATRICK T. DeCARO		Es	timat	or	Signature	T.	Daw	17K	12/7/1	6		

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

Date of No. 11	70				<u>o.</u> 0.00 and		20)	J.A	2 36 63	JA F
Date of Notification	(1) 12/7/16		Name of	Building (Owner / Operat	tor (2)	-		240-0	132
Agencies Notified	Type Notification		Street Ac	dress	MUNICATION	15	[]	Ht	FFR 21	2017
⊠ EPA				rd Street			-	1		2017
☐ DEP ☐ DOL			City, State	e & Zip Co	ode			ACDE	The same and the s	
	Amended R	7	Hammo	nton NJ			1	HOBE	STOS CO	VIROL &
□ DOH □ DCA	Emergency		Name of 0					Control of the Parish of the Parish	THOU IN SIN	11 -
□ DCA	☐ Cancellation		ALEX BA	AYLOR					lelepho	one Numbe
			FACILI	TY INFO	RMATION				_	
Name of Facility Whe	ere Abatement is Ta	king Place (3	3)		Type of Facil	ity (A)				
Hammonton Centr	al Office	A			School (K-12)				
Street Address							ther than K	12)		
213 S. 3rd Street					Other (i.e	e. privat	e & comme	cial buil	dince hom	oo oto l
C:4., /E)					Square Feet	#	of Floors	Oldi Dali	Bldg. Age	es, etc.)
City (5)	County		inty Code	(7)	24011	- 1	3		blug. Age	
Hammonton	Atlantic	-			Current Use (I	Prior if b	Deing demol	ichod)		70
					COMMUNIC	ATION	c dellio	isneuj		
Name of Monitoring Fir	m Hired by Building	Owner (8)	ASC		Name of Abate			11		
JSA ENVIRONMEN	ITAL MANAGEM	ENT, INC.		- 00/4000 CONTROL	BRISTOL EN	VIRO	VMENTAL	INIC		
Street Address	61.00				Street Address		THILITIME	INC		
1436 ENTERPRISE	AVE				1123 BEAVE		EET			
City, State & Zip Code PHILADELPHIA PA	10459		(CERTS)	10	City, State & Zi	p Code		-		
roject Manager for Mo	nitorina Firm	1=			BRISTOL, PA	19007	7			
ARK JENKINS	nitoring Firm	Telepho	one Numb	er 1	elephone Nun	nber		License	Number	
cheduled Start Date (1	(1) Cobodulad	215-36	5-5810		15-788-6040		- 1		00509	
December 19, 20		Completion	Date (11)		lame of OSHA	Monito	Г		-	
ccupancy Status Durin	Ahatement (Chas	SITE 2/9/17	- 2/18/1		RISTOL EN	VIRON	MENTAL I	NC		
Facility Closed/V	acated During Entir	e Period of	hataman		freet Address					
Abatement Perfo	rmed Outside of No	rmal Hours	Zom 4-		123 BEAVER	STRE	ET			
Describe: 5:00	PM - 1:30 PM	imai nouis	- 7am 10	2000	ty, State & Zip					
Facility Occupied	During Abatement			B	RISTOL, PA	19007				
ope of Work (Check al	that apply)									
	,					Eull	Ca=4=:-			
≥3 sf or ≥3 lf		⊠ Re	enovation		×	Mini	Containmer Enclosure	it with N	egative Pre	ssure
≥160 sf ≥260 lf			molition		X			2		
		_			A	Mon	e Bag Proce	edures		1
Location		Is Loca	tion	1	Description of	14011-	Exempted a			
Asbestos-Cor	ntaining	Normally			estos-Containi	na		ount ecify	Abatem	ent Type
Material (A TO BE ABA		Solely	by	M	aterial (ACM)		SFo	r LF)		m
in Facilit		Maintenar Custodial	ice or	(i.e.,	thermal syster	ทร		/	R R	E E
(13)	,	(12)	Stall?	insulati	on, surfacing,	VAT			Repair	clsc
		Yes No	N/A	or othe	er miscellaneo	us)			Val H	Encisoure
ipment room and B	oiler Room	N D		D:-						0
EMENT POWER RO	DOM	園片		PIP	e insulation		240	LF		
LOOR JANITOR'S	CLOSET	窗片	HIPIF		ATION & FI		180	LF		TITI
THOUSE		窗片	 		INSULATIO		16 [.F		
		# #	H P	IPE FITT	ING INSULA	TION	10 L	.F	Ø o	키터
			-							
of Registered Waste I	Hauler		L L	10 11						1
	iauloi	NJL	EP Waste ler ID No.	e Cubic Y		e of Reg	sistered Lan	dfill		
TOL ENVIRONMEN	TAL INC	187		of Wast	e					
tate		107			ATL	ANTIC	COUNTY	JTILITY	AUTHOR	YTIS
TOL, PA				Disposa	Date City,	State				
eted By (Print or Type)		17.0		TBD	EGG	HARB	OR TWP,	LV		
ICK T. DeCARO		Title		Signatur				Da	ate	
······		Esti	mator	07	wick A.	De,	1 1	0 12	17/16	
EE				lau	uck 1'.	N	are /y	x		
.55				17 ANT A EAST	HEVER WELLENGE		- 1			1

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 12/7/16 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address EPA 213 S. 3rd Street ASBESTOS CONTROL & DEP Initial City, State & Zip Code Ø DOL X Amended R#2-12/29/16 Hammonton NJ X DOH Emergency Name of Contact DCA Cancellation Telephone Number ALEX BAYLOR FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Hammonton Central Office** School (K-12) Street Address Subchapter 8 (Other than K-12) 213 S. 3rd Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age County (6) County Code (7) 24011 Hammonton 70 Atlantic Current Use (Prior if being demolished) COMMUNICATIONS lame of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ISA ENVIRONMENTAL MANAGEMENT, INC. BRISTOL ENVIRONMENTAL INC treet Address Street Address 436 ENTERPRISE AVE 1123 BEAVER STREET ity, State & Zip Code City, State & Zip Code HILADELPHIA PA 19153 BRISTOL, PA 19007 oject Manager for Monitoring Firm Telephone Number Telephone Number License Number ARK JENKINS 215-365-5810 215-788-6040 heduled Start Date (10) 00509 Scheduled Completion Date (11) Name of OSHA Monitor December 19, 2016 ON HOLD BRISTOL ENVIRONMENTAL INC cupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM - 1:30 PM BRISTOL, PA 19007 Facility Occupied During Abatement pe of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Asbestos-Containing Amount Abatement Type Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Encapsulate (i.e., thermal systems Removal Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A pment room and Boiler Room Pipe insulation 240 LF of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste OL ENVIRONMENTAL INC 18706 ATLANTIC COUNTY UTILITY AUTHORITY 10 ate Disposal Date City, State OL, PA TBD EGG HARBOR TWP, NJ ted By (Print or Type) Title Signature Patrick A. D'Con / je Date CK T. DeCARO Estimator 12/7/16 55

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 12/7/16 VERIZON COMMUNICATIONS FEB 2017 Agencies Notified Type Notification Street Address EPA 213 S. 3rd Street DEP XX Initial City, State & Zip Code Amended R#1-12/20/16 | Hammonton NJ X DOL LICENSING X DOH Emergency Name of Contact DCA Telenhone Number Cancellation ALEX BAYLOR FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)
School (K-12) Hammonton Central Office Street Address Subchapter 8 (Other than K-12) 213 S. 3rd Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age County (6) County Code (7) 24011 lammonton 70 Atlantic Current Use (Prior if being demolished) COMMUNICATIONS ame of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) SA ENVIRONMENTAL MANAGEMENT, INC. BRISTOL ENVIRONMENTAL INC reet Address Street Address 136 ENTERPRISE AVE 1123 BEAVER STREET ty, State & Zip Code City, State & Zip Code **ILADELPHIA PA 19153** BRISTOL, PA 19007 oject Manager for Monitoring Firm Telephone Number Telephone Number License Number **IRK JENKINS** 215-365-5810 215-788-6040 neduled Start Date (10) 00509 Scheduled Completion Date (11) Name of OSHA Monitor December 19, 2016 December 30, 2016 BRISTOL ENVIRONMENTAL INC supancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM - 1:30 PM BRISTOL, PA 19007 Facility Occupied During Abatement be of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Asbestos-Containing Amount Abatement Type Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Encapsulate Removal (i.e., thermal systems Enclsoure Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A ment room and Boiler Room Pipe insulation 240 LF f Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. OL ENVIRONMENTAL INC 18706 10 ATLANTIC COUNTY UTILITY AUTHORITY fe Disposal Date City, State)L, PA EGG HARBOR TWP, NJ TBD ed By (Print or Type) Title Signature KT. DeCARO Patrick 9. D'Caro, Date Estimator 12/7/16 5

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

		dent to N.J.	A.C. 8:60 and 1	2:120)) - Cl #	2/2/
Date of Notification (1)	/7/16	Name of Buildin	ng Owner / Operator	(2)		0101
	Notification	IVERIZON CO	MMUNICATIONS	(2)	U FEB 21;	2047
☐ EPA	· · · · · · · · · · · · · · · · · · ·	Street Address 213 S. 3rd Stre			L ILD CIC	2017
DEP N	Initial	City, State & Zip	Codo		Company of the Compan	
Ø DOL 6881 ☐	Amended	Hammonton N	LI	-	ASBEST OS CON	TROL &
DOH 0850	Emergency	Name of Contact				3
	Cancellation	ALEX BAYLOR	ž .	10	Telepho	one Number
Name of Equility VAR-		FACILITY INF	ORMATION			
Name of Facility Where Ab. Hammonton Central Of	atement is Taking Place (3)	Type of Facility (4)		
Street Address	· ruy		School (K-12)		
213 S. 3rd Street			Subchapter 8	(Other than K	-12)	
			Square Feet	rate & comme	rcial buildings, home	s, etc.)
City (5)	County (6) Cour	nty Code (7)	24011	# of Floors	Blog. Age	
lammonton	Atlantic		Current Lice (Prior	3		70
	Management of the Control of the Con		Current Use (Prior COMMUNICATIO	it being demoli	ished)	
ame of Monitoring Firm Hire	d by Building Owner (8)	ASCM No.	Name of Abatemen	Contract	1	
SA ENVIRONMENTAL I	HANAGEMENT, INC.		IDKISTOL ENVIRO	ONMENTAL	inc.	
36 ENTERPRISE AVE			Street Address		1110	
y, State & Zip Code			1123 BEAVER ST	REET		
ILADELPHIA PA 19153		- 1	City, State & Zip Coo BRISTOL, PA 1900	le		
ject Manager for Monitoring RK JENKINS	1.0.00110110	e Number 1	Telephone Number			
THE RESIDENCE OF THE PARTY OF T	215-365-	5810	215-788-6040	JL.	icense Number	
December 19, 2016	Scheduled Completion Da	te (11)	Name of OSHA Monito	or	00509	
upancy Status During Ahate	December 23,	The same of the sa	RISTOL ENVIROR	MENTAL IN	С	
raciity Closed/Vacated I	During Entire Period of Aha	tomaré (S	treet Address			
Abatement Performed Ou	stside of Normal Hours - 7		123 BEAVER STRE	EET		
Describe: 5:00 PM - 1	:30 PM	1	ty, State & Zip Code RISTOL, PA 19007			
Facility Occupied During A	Abatement	1-	NOTOL, PA 1800/			
of Work (Check all that app	ily)					
≥3 sf or ≥3 If	N 50		☐ Full	Containment v	vith Negative Pressu	
≥160 sf ≥260 If	Renov		A Print SP	Lidosure		ire
	Detrior	ILION		e Bag Procedu	res	
Location of	Is Location	7	Non-	Exempted and	Non-Friable Proced	ure
Asbestos-Containing	Normally Use	. 1	escription of stos-Containing	Amour	nt Abatement	Type
Material (ACM) TO BE ABATED	Solely by	Ma	terial (ACM)	(Specif	У	
in Facility	Maintenance of Custodial Staff	()	nermal systems	OF OF LE		m
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		1	HIERIETIALI	240 LF		
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egistered Waste Hauler						뤼
	NJDEP W	aste Cubic Yard	ds Name of Regis	fered Landfill		71
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	1.0100		ATLANTIC CO	DUNTY UTIL	ITY AUTHORITY	
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By (Print or Type)	Title	Signature	EGG HARBOR	TWP, NJ		1
r. DeCARO	Estimator		1 10 1000	1:0	Date	1
		takich	& P. DeCari	1-th 1	12/7/16	
				1	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2722 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 14 / 17 Domenic Maffei Agencies Notified Type Notification Street Address ☐ EPA X Initial ASBESTOS CONTROL 8 ■ DOLWD ☐ Amended LICENSING Uity, State, Lip Couc X DHSS Amendment # ☐ DCA Emergency (including West Orange, NJ 07052 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Domenic Maffei FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) **City (5)** Square Feet # of Floors Bldg. Age West Orange, NJ 07052 County (6) County Code (7) (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) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 24 / 17 02 / 25 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-____PM/ City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure >3 sf or >3 If 5 160 sf or 260 If Full Containment with Negative Pressure Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Abatement Type Normally Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Removal Encapsulate Repair TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SIF or LF) other miscellaneous) Yes No N/A Basement X Pipe insulation 45 LF П Name of Registered Waste Hauler NDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner Tentre ASB-41 02/14/17 * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	FEB	2	Month.	2017	

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Date of Notification (1) FEB. 15, 2017			Name o Marq	of Building Owner/ uis Health Ser	Operator vices	r (2)	COS	लेकर	AC.	CON	ITRO
Agencies Notified Type Notification EPA Initial		į		Address Duquesne Boul	evard		AOP			ISIN	
DEP Amended Amendment			City, St Brick	ate, Zip Code , NJ 08723							
DOH justification) DCA Cancellation				of Contact than Rhoades	nies		Tolonhone Mui	mher	_		
7			FAC	ILITY INFORMAT	ION						
Name of Facility Where Abatement is Takin Coral Harbor Rehab Center	g Place (3)				Type of Facility School (K					
Street Address 2050 6th Avenue						Subchapt	er 8 (Other than K-12 private & commerci		ldings	, hom	es,
City (5) Neptune City						Square Feet	# of Floors	9.0	3ldg. /		
County (6) Monmouth				Code (7) USE ONLY)	_	Current Use (P Rehab Cen	rior if being demolish ter	100	, ,		
Name of Monitoring Firm Hired by Building O			ASC	Λ No.	Name Finis	of Abatement Co shing Touch A	ontractor (9) sbestos Abatem	ent (Corp	., Inc	
Street Address 301 E. WARD S7. City, State, Zip Code			•			Address hompson Str	eet				
HIGHTS TOWN, NE C	985â	0	Min			tate, Zip Code t Long Brancl	h, NJ 07764				
Project Manager for Monitoring Firm PAULD KICLNUM			Telepho	-371-2489		one No. 222.8372	License N 00040	0.			
Start Date (10) MARCH 21, 2017	MARK	ed Con			Name N/A	of OSHA Monito	r				
Occupancy Status During Abatement (Check	k Only Or	ne)			Street	Address					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: ROOMS VACATED	Period of A al Facility	Abaten Hours	nent S		City, S	tate, Zip Code					_
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emolit			<u> </u>	Mini-Enclosus Glovebag Pro	ocedure				
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormal d Sole intenar odial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfac		laterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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4 PATIENT ROOM	ļ.,		X		VAT	4(660 594	Х			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatemer	nt Corp.	I H	JDEP W auler ID 2058	No. of Was			Registered Landfill ESS LANDFILL				
City, State WEST LONG BRANCH, NJ 07764				Dispos 2/2	al Date	City, Sta MORF	te RISVILLE, PA				
Completed by JOSEPH P. MILLER	Title PRE	SIDE	NT	1	ignature	Par Mela	Dat	e 2//	5/	17	
ASB-41 (R-06-08)				U	* Do not	t use this form fo	r asbestos licensure	exen	npted	activit	ies.

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Date of Notification (1)	1/17		1	M<	LIS LIS	DIA TO	ZAM	20						
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□ DCA	☐ Cancellation				LITY INFOR									
Name of Facility Where Al	batement is Taking Place	æ(3)				a de la contraction de la cont	Type o	of Facility (4	1)		23			
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Name of Monitoring Firm	Hired by Building Own	er (8)		ASCN	í No.	200000000000000000000000000000000000000		ment Contr						
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Street Address							Address							
								th Rive	r Street					
City, State, Zip Code						1	State, Zip		05/01					
								ack, NJ		×-				
Project Manager for Monit	oring Firm			Telephon	e No.		one No.	29-7444	License	e No. 0038	0			
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Start Date (10)	18			letion Da	ite (11)	5:375.00		A Monitor						
2/27/17			28/	1]	·		nega	Environ	mental					-
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	ed During Entire Period I Outside of Normal Fa				V		State, Zip	-						
Other - Describe:	8:00 AU 70,	5:00	en			S S	outh I	Hackens	ack, NJ 076	506				
Scope of Work (Check All	That Apply)			7	-	`		(
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							Glo Nor	vebag Proce	edure (*) and Non-Fria	able Pro	cedu	re		
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Location Asbestos-Containing			ed Solely	50	Achectos	Description Containing N		ACM)	Amount					
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Name of Registered Waste	TIAME		1007600	auler ID	77.55.77. S.	C1174-	=75	0.000.000.000	10.75 (A)			72		
Best Removal In	С			171			/		Iinverva En	terpr	ise	s, L	LC	
City, State	07/01				1	Disposal Date		City, State		·	.00			
Hackensack, NJ	0/601			ii.		2/28/		Wayı	nesburg, OI		88			
Completed by		Title				Signature	1.		2	Date	, /	,1	1,-	7
J. Maiorano		E	stima	tor		116	le :	ممر		2	7	1-1/	' /	

D&S Proj. #: 17-51

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

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Date of Notification (1)		lame of Build	ding Own	er/Operator (2)							No. of Concession, Name of Street, or other Persons, Name of Street, Name of S	
0 2 / 1 3 / 1 7	_	BARRY P	OTVIN				ASRE	STOS	ON	rro	1 &	
Agencies Notified Type Notificat EPA Initial Amended	on S	treet Addres	S					LICEN	SINC	<u> </u>		
DEP Amended Amendment #:	Ito	ity, State, Zi	p Code				-					
DOL Emergency	`	MAYWO	78 	07607								
DOH (including	l N	ame of Conta		07007			Telephon	e Number				
justification)		DADDVI	DOT! ID	Y.								
Cancellation		BARRY	POTVIN	1								_
			FACI	LITY INFORM	ATION							
Name of facility where abatement is	s taking pla	ace (3)					Type of Facility (4) (K - 12)				
BARRY POTVIN							1 =	apter 8 (Of	ther th	an K	-12)	
Street Address							Other (Private/Co	mme			
								Homes, et	_	BI	dg. Ag	
City (5)	I Gour	nty (6)			Cou	nty Code (7)	Square Feet	# 01 1 1001	٠	υ,	29. 7 ts	, ,
Oity (3)	"	.5 (0)				te use only)	Current Use (Pr	ior if being	dem	olish	ed)	
MAYWOOD	_	RGEN										
Name of Monitoring Firm Hired by I	3ldg. Owne	er (8)		ASCM No.		Name of Abatement	t Contractor (9)					
					_	D & S RESTOR	ATION, INC.					
Street Address						Street Address						
					_	20 California A City, State, Zip Code						
City, State, Zip Code												
Project Manager for Monitoring Firm		I Pho	ne Numb	or	_	Paterson, NJ 0' Telephone Number	7303	License	Numb	er		
Project Manager for Monitoring Film		Filo	ne Numb	CI		973-345-8020)		1169			
Ot-+ D-+- (40)	ICabad	. Completion	Data (11	()	_	Name of OSHA Mor	nitor					
Start Date (10)	Scried	. Completion	Date (1	1)		D & S Restorat	tion, Inc.					
02/27/17	03/15					Street Address						
Occupancy Status During Abatement Facility closed/vacated during			nont.			20 California A						
Abatement performed outside						City, State, Zip Code	9					
Describe:NORMAL H					-	Paterson, NJ 0	7503					
Scope of Work (check all that apply							Full Containment w	/negative	nress	ure		_
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>160 sf or >260 lf	Demolition					☒	Glovebag procedu					
		n normally us	and anials	.1			Non-Exempted (*)	and Non-f	riable I R	proc	Edure	$\overline{}$
Location of asbestos-containing		nance/custo			on of o	sbestos-containing	Amount		e	е	n	E n
material (acm) to be	staff(12)			material (spesios-containing	(Specify S	For	m o	p a	c	c
abated in facility (13)	Yes	No	N/A				LF)		v e	i	p	L
BASEMENT/BOILER,LAUNDRY +		X		PIPE INSU	LATI	ON	70 L FT		X			
Registered Waste Hauler	NJDI 135	EP Hauler ID		ubic Yards of \	Naste	Name of Registere	d Landfill , RESOURCE RE	COVED	V			
D & S RESTORATION, INC. City, State	133	11.71.700.	Disposal D	l yd. Date		City, State	, KESOUKCE KI	COVER	. 1		Summer	
PATERSON, NJ 07503		٦	02/28/1			TULLYTOWN	I, PA					
Completed by (Print or Type)	Title			Signature				Date				
BOGDAN JOLDZIC	PRESID	ENT						02/13/	/2017	7		

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Date of Notification (1)				Nom	o of Duildi	n= Oumas/Onesster	(0)	posses -	<u> </u>	F	пр	17 F
2 /	15 / 1	7		-		ng Owner/Operator (Hospital	(2)	ID) <u>L</u>	U		1	y L
Agencies Notified												
☐ EPA	Type Notification				et Address			000000	FEB	2 1	20	117
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☐ DCA		ncludin	g	1	The state of the s	g, NJ 08865		ASBI	ESTO	SC	ONT	rro
(NJAC 5:23-8)	justification)	STE	AM		e of Conta	ect		Telephone Num	paric	ENS	SING	ì
	☐ Cancellation	LE	ak	Те	d Ruhf			ļ -				
				FA	CILITY	NFORMATION	WATER 195					
Name of Facility Where Al	atement is Takir	g Plac	e (3)				Type of Facility					
St. Luke's Hospital							School (K-12					
Street Address							Other (i.e. p	3 (Other than K-12 rivate and comme	rcial h	uildin	as	
185 Roseberry St.							homes, etc.)		TOIG! D	anam	90,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Phillipsburg, NJ 088	65						100,000+	2		41+		
County (6)				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Warren						30.00	Hospital					
Name of Monitoring Firm H	lired by Building	Owner	(8)	ASCN	No.	Name of Abateme						
Pennonni Assoc.		e.	(-)	NA			ironmental Sys					
Street Address				1473		Street Address	ii Offineritar Sys	steriis				
515 Grove St.							01					
27.0070.070.070.070.070.070.070						550 East Uni						
City, State, Zip Code	00005					City, State, Zip Co						
Haddon Heights, NJ						West Cheste	r, PA 19382					
Project Manager for Monito	ring Firm		Tel	ephone	No.	Telephone No.		License No.				
Tom Adams					7-0505	610-701-9000		00508				
Start Date (10)					ate (11)	Name of OSHA M	lonitor					
_2 / _16 / _	17	2	1	6_ /	17	AET						
Occupancy Status During A	Abatement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated	During Entire Pe	riod of	Abate	ement		28 N. Pennel	Road					
Abatement Performed C	outside of Norma	Facilit	у Ноц	rs - De	scribe	City, State, Zip Co						
Time of Abatement:	AMP	M/ <u>8:00</u>	PM-4	1:00AM		Media, PA 19						
Scope of Work (Check all ti	nat apply)					,						
□ >2 of or >2 If		⊠ n-				☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De	enova	ion		☐ Mini-Enc ☐ Glovebag						
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		63650	Loca						1 200	atem	ent T	vne
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Asbestos-Containing Ma TO BE ABATI			inten		Asbe	estos Containing Ma	terial (ACM)	Amount	Removal	Repair	nc	Enclosure
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(13)		_	(12)		-	other miscellaned		0. 0. 2.)	=		Encapsulate	re
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Name of Registered Waste	Hauler			NJDEP	Masta	Cubic Yards of	Name of Design	ered Landfill		Ш	Ш	
Richard Burns & Co.			702	lauler I	O No.	Waste	Name of Regist	erea Lanamı erks Communit	vlan	dfill		
City, State				1995)	160 Disposal Date		communit	,	aill!		
Phila., PA						TBD	City, State	DA				
						1200000	Birdsboro,	ra				
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SB-41	2		200000				11///		11	7	//	
AY 11	* 1	Jo not	use th	ns form	tor asbest	tos licensure exempt	ed activities.		50			

CK 6993

D&S Proj. #: 17-54

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

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-		FEB	2	1	2017		

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Date of Notification (1)		Name of	Building Owr	ner/Operator (2)		i			0	10.000	
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Agencies Notified Type Notifica	tion	Street Add	//					LIC	ENS	SING		
_	- 11						Non-stay-ord-teaming business					
Amendment #.	10	City, State	, Zip Code									
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justification)	- 11	rob m										
Cancellation	1 11	rob mo									-	_
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Name of facility where abatement i	s taking pi	ace (3)					Type of Facility ((4) I (K - 12)				
douglas nash							Subch	apter 8 (Oth	ner tha	an K-	12)	
Street Address								(Private/Cor		cial		
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City (5)	Cour	nty (6)			Co	unty Code (7)	Oquale i eet	# 011 10013		Dia	9.7.9	-
						ate use only)	Current Use (P	rior if being	demo	lished	d)	
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Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
						D & S RESTOR	ATION, INC.					
Street Address						Street Address						
						20 California A	ve.		-			
City, State, Zip Code						City, State, Zip Code						
						Paterson, NJ 07	7503					
Project Manager for Monitoring Firm			Phone Numb	er		Telephone Number 973-345-8020		License N		r		
						Name of OSHA Mon	itor	011	107			
Start Date (10)	Sched	I. Comple	tion Date (1	1)		D & S Restorati						
02/20/17	03/10	0/17				Street Address					-	
Occupancy Status During Abatemer	t (Check o	nly one)	+ read Total State	Seath week at the seat		20 California Av	/enue					
Facility closed/vacated during						City, State, Zip Code		<u> </u>				
Abatement performed outside Describe:		racility no	urs-		_							
Other-Describe: NORMAL H					-	Paterson, NJ 07	503				_	
Scope of Work (check all that apply	')					Construction of the Constr	Full Containment w	/negative p	ressu	re		
\boxtimes >3 sf or >3 lf	Renovation	n				The state of the s	Mini-enclosure Glovebag procedu					
≥160 sf or ≥260 lf	Demolition	n					Non-Exempted (*)		able p	roce	dure	
Location of			y used solely	/					R	R	E	E
asbestos-containing	by mainte staff(12)	enance/cu	istodial			asbestos-containing	Amount		e m	e p	n C	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (ACM,)	(Specify S LF)	FOI	0	a	а	C L
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Registered Waste Hauler D & S RESTORATION, INC.	NJDF	EP Haule 606		ubic Yards of V l yd.	vaste	Name of Registered TULLYTOWN,		COVERY	7			
City, State			Disposal D			City, State	ALBOOKEL KI	, oo i Ditt				THE REAL PROPERTY.
PATERSON, NJ 07503			02/21/1			TULLYTOWN,	, PA					
Completed by (Print or Type)	Title			Signature				Date				
ROGDAN IOLDZIC	PRESID	ENT		I				02/15/1	7			

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Date of Notification (1) 2/16/17			Name	of Buildin dra Guer	g Owner/0	Operato	r (2)			F	EB 2	2 1	201	7
Agencies Notified Type Notification	n		Street	Address					-	1005	2700	200	NITT	01 8
			i.							ASBE	LICE	NSI	NG NG	OL &
DEP Amended Amendme Emergence		20		State, Zip (lell, NJ (
DOH justification Cancellation	n)	ig		of Contact Ira Guer	-				Tele	ephone N	umher		20000	
Name of Facility Manage Abote and Table			FAC	CILITY IN	FORMATI	ON								
Name of Facility Where Abatement is Tak Residential Home	ing Place	(3)					Тур	oe of Facility	(4)					
Street Address							×	School (K- Subchapte Other (i.e. etc.)	r.8 (Othe	er than K- commer	12) cial bu	ildings	s, hom	nes,
City (5) Oradell							Squ 26	uare Feet	# of	Floors		Bldg. 60+/-		
County (6) Bergen			County (STATE	Code (7)	y)		Cur	rrent Use (Presidential F	ior if beir Home	ng demolis				
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	M No.		Name All S	of Al	patement Co	ntractor ent	(9)				
Street Address						Street	Addr							
City, State, Zip Code								Zip Code Brook, NJ (07663) b				
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 201-		No. 3184		License I	No.			
Start Date (10)	Schedu	iled Co	mpletion	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Che	ck Only C	ne)				Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8 A.M. to 4 P.M	Period of mal Facility	Abater ty Hour	ment s		-	City, S	tate,	Zip Code				_		
Scope of Work (Check All That Apply)											- 4			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				-2	
	ls	s Locat	ion					on Exempled	() and	NUII-FIIdi	JIE PTO		e ement	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				cription						Ту	/ре	
TO BE ABATED In Facility (13)	Ma	aintena stodial S (12)	nce/	Asbes (i.e.	tos Conta thermal s surfaci other mi	ystems	insu T, or	lation,	(Sp	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Ground Floor	Yes	No	N/A							To a man	22	-3	ate	re
Gloulid Floor		X				/AT			291	SF	-			
ame of Registered Waste Hauler		I NI	JDEP W	/aste	Cubi- 1	ord-		l Nicosa						
ewark Carting		H	auler ID \$509		of Waste 2 CU			Name of F	30.0 7 .000.0000	d Landfill				
ty, State ewark, NJ					Disposa TBD	Date		City, State						-
ompleted by	Title					nature	1	Bethlehe	∍m, PA					
ichard Cristofol	Presi	dent			Sig	nature	1/,	1		Da	te 16/17			

CR# 3157

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ate of Notification (1)							wner/Operator (2		NEGE				7
02 /	17 / 17	7		,	Verizo	n Comm	nunications	Paris de la Company de la Comp					Ш
gencies Notified	Type Notification			St	reet Ad	Idress		Liver and the contract of the	7)	4 0/	047		
gonolog					18 Pat	tterson S	Street		III FEB 2	1 21	017_	-	7
DOLWD	☐ Amended					e, Zip Coo							
☑ DOH	Amendment #	2.70	-	4 6	New E	Brunswic	k NJ, 07728		L ASSESTOS	CON	TRO	L&	\dashv
DCA (NJAC 5:23-8)	☐ Emergency (in justification)	HCIUUIII	ig	Na	ame of	Contact			Telephone Numbe	VSIN	<u> </u>		
(143/40-3.25-0)	Cancellation				Alex E	Baylor						_	一
	land and a second				FACIL	ITY INF	ORMATION						_
Name of Facility Where A	batement is Takir	ng Plac	ce (3))				Type of Facility (4	.)				
New Brunswick Cer								☐ School (K-12) ☐ Subchapter 8	(Other than K-12)				
Street Address								Other (i.e., priv	vate and commercia	al build	ings,		
18 Patterson Street								homes, etc.)	1 - 4 - 1	Dida	۸۵۵		_
City (5)								Square Feet	# of Floors		. Age - 80		
New Brunswick								240100	10	-	- 00		
County (6)					County	Code (7)(STATE USE ONLY)		or if being demolished	ea)			
Middlesex								Verizon Com	munication			-	_
Name of Monitoring Firm	Hired by Building	Owne	r (8)	AS	SCM N	0.	Name of Abateme	ent Contractor (9)					
USA Environmenta	I Management	Inc						VIRONMENTAL	., INC.				
Street Address							Street Address						
8436 Enterprise Av	enue						1123 BEAVE						_
City, State, Zip Code							City, State, Zip C						
Philadelphia, PA, 1	9153						BRISTOL, PA	19007	T No				-
Project Manager for Mon			7	Telepl	hone N	0.	Telephone No.		License No.				
Mark Jenkins	9990 W			215	36558	310	215-788-6040		00509				
Start Date (10)	Sch	neduled					Name of OSHA		INC				
03 / 06 /	17	03	1	10	_ / _	17	BRISTOL EN	IVIRONMENTAL	_, INC				_
Occupancy Status Durin		eck on	ly on	e)			Street Address						
☐ Facility Closed Vacat	ed During Entire	Period	of Al	batem	ent		1123 BEAVE	STREET					
Abatement Performe Time of Abatement:	d Outside of Norn	nal Fac	cility I	Hours	- Desc	cribe	City, State, Zip C BRISTOL, P.						
Scope of Work (Check a									-tive Dragguro				
Scope of Work (Check a	in that apply)	_	-		76			ntainment with Neg	gative Pressure				
			Dem	ovatio nolition	n n		Cloveb:	an Procedure	Eighte Descodur	0			
≥160 sf or ≥260 lf		_					☐ Non-Ex	empted (*) and No	on-Friable Procedur	Ahe	ateme	nt Tv	ma
				ocati			= 0.0						
Locatio	n of			ormall Sole		Acho	Description stos Containing N	or laterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing TO BE AB	Material (ACM)		Mair	ntenar	nce/	(i.e	, thermal system	s insulation,	(Specify SF or LF)	NOVA	ai.	ısqı	nso
IN Fac	ility	(Custo	odial S (12)	staff?		surfacing, VA other miscellar	i, or neous)	31 01 11)	=		late	G
(13)			/oc	No	N/A		Other miscenar	icous)				,,,	
			es	INO	N/A	VAT			504 SF				
First Floor Frame A		_ [-	VAT			80 SF				E
Second Floor Batte	ry Area					VAI							E
		L		Ц							П	П	T
							12	N	istered Landfill				1
Name of Registered W	aste Hauler			12515	IJDEP		Cubic Yards of Waste		LANDFILL				
SERVICE TRANS	PORT GROUP,	, INC.		H	2099		4		LANDFILL				
City, State							Disposal Date	City, State	DUBC OF				
NEW CASTLE, DE							TBD	WAYNES	BURG, OH				
Completed By (Print or		Title					Signature	on Ol Car	/ 0	ate /	2/	17	
I COMPICTED DY (1 TIME OF	- 7 - 7		ima	tor			Nell	on Olar	w/ th	all	1/1	-	

CKT	608
Paragon Job#	

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

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		FEB	2	1	2017	
	V C E	SEST	25	CC	NTR	OL

Paragon Job#	_								FEB 2	2 1 20	17		
			10	tor (2)				lead less				1	
Date of Notification (1)	1.1	Building Owner		rator (2)				L	BESTOS	CONT	RO	-8	
0 2 / 1 6 / 1 /	Gatewa	y EH 4/5, L	LC_					AU	LICE	NSING			
Agencies Notified Type Notificatio	Street Add	Iress						None and a second					
EPA Initial		emorial Dr.											
DEP Amendm	ent City, State	e, Zip Code											
DOL Amendment # -	— Camd	en, NJ 0810)3	and the same of the same of the same of			all (V) is not	Telephor	ne Number				
DOH Emergency (i	nclud Name of 0	Contact						1					
DCA justification Cancellar	tion Chris	Condon								_			=
DCA			YTLIE	INFORMAT	ION								
		IAC	ZILII I				Туре	of Facility	(4)	Y.			
Name of facility where abatement is	taking place (3)					1			ol (K - 12)		V 1	2)	
								Subc	hapter 8 (C :(Private/C	ommerci	al al	۷)	
Warehouse								Bldgs	./Homes,	etc.			
Street Address							Squ	are Feet	# of Floo	ors		g. Age	
1150 Wright Ave.					County	Code (7)	23.0	600 SF	01		55		
City (5)	County (6)				(State	use only)	Cu	rrent Use (Prior if bei	ng demol	shec	1)	
	Camden				83			cant Buil	ding				
Camden Name of Monitoring Firm Hired by			AS	SCM No.	1000	ame of Abateme							
	2.03					Paragon Contra	acting,	Inc.					_
Langan Engineering					S	treet Address							
Street Address						590 River Rd.	40						
300 Kimball Dr. 4th Floor City, State, Zip Code						ity, State, Zip Coo							
Parsippany, NJ 07054					_	Clifton, NJ 07	014		Licens	se Numb	er		
Project Manager for Monitoring Fin	m	Phone Nu	mber		111	(973) 614-16			0074	48			
		973-560	-4900			Name of OSHA M							
Langan Scheduled Start Date (10)	Sched, Con	npletion Date	(11)			Paragon Cont		Inc.		-			
	03/07/201	7				Street Address	The second second						
03/02/2017 Occupancy Status During Abatem			September 1	TO THE OWNER OF THE PARTY OF TH		590 River Rd	l				_		
Kd = w -ldhanatad durir	an entire period of	abatement.			10	City, State, Zip C	ode						
Abatement performed outside	de of normal facilit	y hours-					-014						
Describe:					_	Clifton, NJ C	7014						=
Other-Describe:	inly)									ovebag p	0000	lura	
Scope of Work (check all that ap	Renovation				□F	ull Containment v	v/negativ	e pressur	The second second				٠
_		n If			\square N	Mini-enclosure		⊠ Non-E	Exempted (() NOII-	R	E	dure
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Is location no	rmally used s	solely							e	e	n	E
Location of	by maintenar	ce/custodial		Descript	tion of a	sbestos-containii	ng	Amoi (Spe	cify SF or	m	p	c	n
asbestos-containing material to be	staff(12)			material	(ACM)			LF)		V	i	p	L
abated in facility (13)	Yes	No N	I/A					1225 CE		e	1	dn	+
			X	VAT&Ma	astic			325 SF			TF	ith	묶
Men's Room										- F	T	TH	十片
								-			T	TI	十
											TE	TIE	十
					CVAL	Name of Regi	stered I	andfill					
Registered Waste Hauler		Hauler ID#		ubic Yards o	or vvaste	GROWS/T	ullytow	'n					
Paragon Contracting, Inc.	2216	Dien	osal D			City, State							_
City, State			BD			Tullytown	, PA			loto.			
Clifton, NJ 07014	Title			Signature	//	h			1 -	ate 2/16/20	17		
Completed by (Print or Type) Goran Lazevski	President				M	//			L				
UUI all Laze valu													

Building WAS DROPPED OF THE Date of Notification (1) 1/13/17	L GAS	£ 1 50	NOTIFI (Pu	CATION Irsuant to	te of New Jo OF ASBEST O NJAC 8:60	ersey FOS ABA D and 12:	TEMENT 120)		de la		星点		F
1/13/17				Name of	Building Owr	ner/Onera	tor (2)			步	<u> </u>	<u>/ L</u>	, []
Agencies Notified Type Noti				America	an Legion	Building]			11	FI	F.R.	2 -
				Street Add						1	F'E'	B 2	1
DEP I'illia					abeth Ave	9				L	SPEG		
Amei	ndment #		_ 1	Newark	, Zip Code NJ 07108						BEST		
□ DOH □ justifi	gency (incl	luding		lame of C)				- v	L	ICEN	ISI
DCA Canc	ellation		V	Vayne	ontact				Talanhar	a Niur	nher		
Name of Facility Where Abatement is	Taking Di	200 (2)		FACILIT	Y INFORMA	ATION							
- office American Building Fir	e Damag	ged					Type of Fa	cility (4)					
Street Address			-				Schoo	ol (K-12)					
212 Elizabeth Ave							Subch	apter 8 (C	ther than	K-12)		
City (5) Newark, NJ								(i.e. privat	e & comr	mercia	buildi	ngs, h	nome
County (6)							Square Fee 6000		of Floors	3		dg. Ag	е
Essex			Co	unty Code	e (7)			(Prior if b			50		
Name of Monitoring Firm Hired by Buil	dina Overs	r (0)		ATE USE			Current Use Abandone	ed	eing dem	nolishe	d)		
	ung Owne	(8)	1	ASCM No	P	Name	of Abatement	Contracto	or (9)				
Street Address						rann	uzzı Enviro	nmenta	I Service	ces			
City Chata Tr						Street	Address						
City, State, Zip Code							Cinnelon Ro		02				
Project Manager for Monitoring Firm						Kinne	ate, Zip Code Ion, NJ 074	405					
- Ser for Worldoring Firm			Tele	phone No).	Telepho		100	Lie				
Start Date (10)	School	dulod o		-		908-2	18-0880		License 01228				
2/17/17			omplet	ion Date ((11)	Name o	f OSHA Monit	tor					
Occupancy Status During Abatement (C	heck Only	One)				Yannu	zzi Enviror	nmental	Service	es			
Facility Closed //acatad During F			ment			Street A	ddress nnelon Rd	ouit- 1-	^				
Abatement Performed Outside of N Other – Describe:	ormal Faci	lity Hou	rs		}		te, Zip Code	suite 10	2				
Scope of Work (Check All That Apply)						Kinnel	on, NJ 074	05					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renov Demoli			(4)	H	Full Containr Mini-Enclosu	ment with	Negative	Press	ure		
						×	Glovebag Pro Non-Exempte	ocedure ed (*) and	Non-Fria	hlo D	00- 1	20	
Location of		s Locat Normal	llv					7 2110	vii i ila	DIE PI		re emen	t
Asbestos-Containing Material (ACM) TO BE ABATED	Us	ed Sole aintena	ly by	Ash	Desc	ription of						уре	
In Facility	Cus	stodial S	Staff?	(i.	estos Contai e. thermal sy	vstems in	Sulation		ount ecify	-		m	_
(13)		(12)			surfacir	ng, VAT, o cellaneou	r	SF o	r LF)	Removal	Repair	сар	Enclo
ENTIRE CTRUE	Yes	No	N/A				-/			oval	air	Encapsulate	Enclosure
ENTIRE STRUCTURE			×	E	ENTIRE S	TRUCT	IDE					e	
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ame of Registered Waste Hauler		NJ	DEP W	/aste	Cubic Yar	-da						+	
annuzzi Group		Ha	uler ID 467	No.	of Waste	us	Name of F	Registered	Landfill				-
ty, State nnelon NJ		172	+0/		300		Grows						
ompleted by					Disposal Dis	Date	City, State						-
hn Mucha	Title	2.200			Signa	iture	Morrisvil	Ie PA					
100 mg/m 100	Projec	t Man	g		Jagina	1			Date	7/17			
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				183					(5)	F9 F7					
Date of Notification (1)		Controll			2000000000			ner/Operator (2	2)						
	14 /	17			Yar	nuzzi Gr	oup			ASBI	ESTO	S	CO	NTI	301
Agencies Notified	Type Notifica	ation	Sterra		Street	Address					LIC				
⊠ EPA					135	Kinnelo	n Ro	ad			**************************************	***	W- Charles	and the same	
☑ DOLWD	☐ Amended				City, S	State, Zip C	Code								-
⊠ DOH	Amendm		-ti-adia-a	8	Kin	nelon, N.	J 074	405							
☐ DCA (NJAC 5:23-8)	☐ Emergen justification		ciuaing	1	Name	of Contact	t			Telephone N	umber	-		-	
North Control of the	☐ Cancellat				Joh	n Mucha	E.								
					FΔ	II ITY IN	FOR	RMATION				-			
Name of Facility Where A	batement is T	akino	Place	(3)	170	JILIII III	1 01	MATION	Type of Facility	(4)		-	-		
				(-)					☐ School (K-12						
Street Address							_		☐ Subchapter	8 (Other than K					
171-175 Morris Stre	et								Other (i.e., p homes, etc.)	rivate and com	mercial	bui	Iding	IS,	
City (5)			-						Square Feet	# of Floors		Dic	g. A	20	
Morristown, New Je	ersev								Square reet	# OF FIGURE		DIC	ig. A	ye	
County (6)					Cour	ty Code (7	VSTA	TE USE ONLY)	Current Use (Pr	ior if being dem	olishad	1			-
Morris County					Cour	ity Code (i	ДОГА	TE OOL ONE I)		or demolition		,			
Name of Monitoring Firm	Hirad by Ruile	dina O	wpor	8)	ASCM	No	Mar	no of Abatama	nt Contractor (9)			-			
Bio Terra Solutions		ing O	WIICI (0)	0615		10000000	nipro, Inc.	in Contractor (9)						
Street Address	2				0013	333	-	et Address				_			-
P.O. Box 1224							6000000	73 Karkus A	Vanua						
City, State, Zip Code															
Union, NJ							000000	, State, Zip Co							
Project Manager for Moni	torina Firm			TT-1-		M-	-	loodbridge,	MJ 07095	Tr.			-		
Rick Eustaquio	toring Firm			10174-1523	phone 73-494		THE REAL PROPERTY.	ephone No.		License No.					
Start Date (10)	16	`abad	.11 0	0,582	tion Da		-	32-726-3111							
3 / 1 /					tion Da		.00000000	ne of OSHA M	onitor						
18 to					_ ′ -			nipro, Inc.							
Occupancy Status During			15		00:00:00		1000	et Address							
☐ Facility Closed/Vacate						a satta sa s		73 Karkus A							
☐ Abatement Performed Time of Abatement: _								, State, Zip Co							
				=/***			N	loodbridge,	NJ 07095						
Scope of Work (Check all	that apply)							M Full Cont	ainment with Neg	nativa Praecura					
≥3 sf or ≥3 lf			Re	novati	on			Mini-Encl		gative Fressure					
≥160 sf or ≥260 If			De	molitic	on			☐ Glovebag		F: 11 B					
			lo	Locat	ion	1		Non-Exe	mpted (*) and No	n-Friable Proce			V		Blood S
Location	of			Vorma				Description o	f		-	_		ent T	
Asbestos-Containing I		1)		d Sole		Asbes	stos (Containing Ma		Amount	2	0	Repair	Enc	Enc
TO BE ABA				intena todial		(i.e.		mal systems i		(Specify	200		air	aps	dosure
IN Facilit (13)	.y			(12)				urfacing, VAT, ner miscellane		SF or LF)	2	-		Encapsulate	Гe
			Yes	No	N/A									0	
Bldgs 171-175					\boxtimes	Air Cell	Pipe	e Insulation		145 LF		a			
Bldgs 171-175					\boxtimes	roof shi	_			240 SF	D	-			
Bldgs 171-175					\boxtimes	floor tile	е			1,758 SF	D	3			
Bldgs 171-175			П	П		wall pla	ster	2		3,500 SF	D	a	П	П	П
Name of Registered Wast	te Hauler				JDEP \			oic Yards of	Name of Regis		12	-	J		
Newark Carting					lauler II		Was			idge Landfill					
					04509)		s Needed	L.						
City, State								oosal Date	City, State	ura DA					
Newark, NJ							1	BD	Chamberb	urg, PA	-				
Completed By (Print or Ty	rpe)	Title		W-10162***				Signature			Date	7	1 7		
David Tolchin		Pr	reside	ent				David 70	lchin		2-1	/-	1/		

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Date of Notification (1)					Name o	f Building C	wne	r/Operator (2	2)							
	14 /	17			Yann	uzzi Grou	ıp				ASBE					OL
Agencies Notified	Type Notification	n			Street A	ddress					-	LIC		121	VG_	-
⊠ EPA					135 F	(innelon	Roa	d								
□ DOLWD	☐ Amended			ı	City, Sta	ate, Zip Coo	de									
□ DOH	Amendment		<u> </u>		Kinn	elon, NJ (0740	5								
DCA	☐ Emergency justification)		aing	t	Name o	f Contact					Telephone Nun	nber				
(NJAC 5:23-8)	Cancellation				John	Mucha				I.						
					FACI	LITY INF	ORN	MATION								
Name of Facility Where	Abatement is Tak	king Pla	ace (3)						e of Facility (4)					
										School (K-12)	Other than K-1	21				
Street Address										Other (i.e., priv	ate and comme	ercial l	ouile	dings		
171-175 Morris Str	reet									homes, etc.)						
City (5)			100						Squ	uare Feet	# of Floors	1	3ldg	j. Ag	е	
Morristown, New	Jersev								55			- 1				
County (6)					Count	y Code (7)(S	STATE	USE ONLY)	Cur	rrent Use (Prio	r if being demo	lished				
Morris County								-	S	Schedule for	demolition					
Name of Monitoring Fire	m Hired by Ruildin	a Own	ner (8)	1	ASCM N	lo.	Nam	e of Abateme	ent C	Contractor (9)						
Bio Terra Solution		ig Om	101 (0)	1	06159	2336a. V		ipro, Inc.								
Street Address	15				0010			et Address								
								3 Karkus A	Aver	nue						
P.O. Box 1224							- 88	State, Zip Co		100		_	_			\neg
City, State, Zip Code						1		oodbridge,		07005						
Union, NJ									, 145	07033	License No.	-	_			-
Project Manager for Mo	onitoring Firm				phone N	777		ohone No.			Licerise No.					
Rick Eustaquio				7010	3-494-	2000000	_ 15,57	2-726-3111	-					_		
Start Date (10)					tion Date	- (,		e of OSHA N	vionit	tor						
3/_1_	/ _17_	_4_	_ / -	1	_ / _	17_	Ur	nipro, Inc.								
Occupancy Status Duri							Stree	et Address								
□ Facility Closed/Vaca	ated During Entire	Period	d of Al	ate	ment		17	3 Karkus A	Avei	nue						
☐ Abatement Perform Time of Abatement:	ed Outside of Nor :AM	mal Fa _PM/_	acility I	Hour PM-	s - Desc	cribe AM		State, Zip C oodbridge								
Scope of Work (Check	all that apply)						-									
Ocope of Work (Oncor	aa. app.y/		-							ment with Neg	ative Pressure					
☐ ≥3 sf or ≥3 lf			Ren													
≥160 sf or ≥260 lf			7 Dell	Onuc)11			⊠ Non-Exe	empl	ted (*) and Nor	n-Friable Proce	dure				
			ls L	oca	tion								Aba	atem	ent Ty	/ре
Location				orma				Description	of				D.	R	Щ	Ē
Asbestos-Containir	ng Material (ACM)				ely by ance/			Containing M mal systems			Amount (Specify		Remo	Repair	cap	clo
	TO BE ABATED Mai					(i.e.		urfacing, VA			SF or LF)		val	73	Encapsulate	Enclosure
	(13)					-	oth	er miscellan	eous	s)					ate	
			Yes	No	N/A						2 SF		X			
Bldgs 173-2		_				duct he		nield				-	_	1		
Bldgs 173-2]				duct car					6 LF		X			=
Storage Sheds		[exterior	vap	or barrier	8		200 SF	-				
175 Morris Street		[\boxtimes	window	2.000	0000	- [No.	184 SF		X	Ш		
Name of Registered V	/aste Hauler			100	NJDEP '		100 CK 0	oic Yards of		Name of Regis						
Newark Carting					Hauler II 04509		Wa:	ste s Needed			dge Landfill					
City, State							Dis	posal Date		City, State						
Newark, NJ							T	BD		Chamberb	urg, PA					
Completed By (Print o	r Type)	Title						Signature				Date				
David Tolchin	e 0.5000000	Pre	eside	nt				David 7	olche	in		2-1	7-	17		
		10000							dile 801	955						

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	F E B	2	4	2017	

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Date of Notification (1)	1E / 1	7		N		Building O h Patel	wner/Operator (2	2)	/ Job #1	508-2011	Chk				
/	15 / 1									ASBES	STOS	CO	TINC	BOI	-2
Agencies Notified	Type Notification	1		S	treet Ac	ddress avidson	Avenue				LICE				
☐ EPA ☑ DOLWD	Amended					te, Zip Coo									
☑ DHSS	Amendment	#	_		200										
□ DCA	☐ Emergency (includir	ng		Section 1	rset, NJ	00073		T	elephone Num	ber				
(NJAC 5:23-8)	justification)			N		Contact				0,0		Ŀ			
VARIOUS TO THE PARTY OF THE PAR	☐ Cancellation				70-1-200	Merrill						-			
			-		FACI	LITY INFO	ORMATION	T	as of Escility (4)			_			
Name of Facility Where	Abatement is Taki	ing Plac	ce (3)					10.000	pe of Facility (4)						
Somerset/Bridgew	ater Hotel							1 1	School (K-12) Subchapter 8 (C	Other than K-12	2)				
Street Address								×	Other (i.e., priva	ate and comme	rcial b	uild	ings,		
110 Davidson Ave	nue					1744127447			homes, etc.)	" (5)		Ida	۸۵۵		_
City (5)										# of Floors	В		. Age		
Somerset									21,000	3		37			_
County (6)					County	Code (7)(5	STATE USE ONLY)	Cu	ırrent Use (Prior	if being demoli	ished)				
Somerset									Vacant						_
Name of Monitoring Firr	m Hired by Building	g Owne	er (8)	A	SCM N	0.	Name of Abatem								
Horizon Environm			2. 30				Asbestos an	d N	lold Services,	Corp.					
Street Address			- 20 20 30				Street Address								
PO Box 316							3859 Sylon B	3ou	levard						
						City, State, Zip C	ode								
City, State, Zip Code	96				1	Hainesport,									
Thorofare, NJ 080			17	Telen	hone N	0	Telephone No.			License No.					
Project Manager for Mo	initoring Firm		- 1 '		6-848-0	13 mag	609-702-040	0		00862					
Dave Flanigan	Col	heduled	1 Com	-1770-00		ON CONTRACTOR OF THE PROPERTY	Name of OSHA I		itor						
Start Date (10)	1000000	2					EMSL Analy								
2 /27							Street Address								
Occupancy Status Duri	ng Abatement (Ch	eck on	ly one	≘)			200 U.S. Ro	uto	120 North						
☐ Facility Closed/Vaca	ated During Entire	Period	of Ab	aten	nent	ribo					1/4				_
Abatement Performa	ed Outside of Norr	mai Fac	cility r	iours PM-	s - Desc	AM	City, State, Zip C								
Time of Abatement.	Alvi-	_'		-			Cinnaminso	on, r	42 00077			-			-
Scope of Work (Check	all that apply)						☐ Full Co	ntair	nment with Nega	tive Pressure					
☐ >3 sf or ≥3 lf			Reno	vatio	on		☐ Mini-Er	nclos	sure						
			Dem				Gloveb	ag F	Procedure oted (*) and Non-	-Eriable Proced	dure				
							⊠ Non-Ex	cenn	oted () and Non	1 110010 1 10000		Aha	teme	ent Ty	/pe
				ocati			Description	of			-				2-12-1
Location			Used			Asbes	stos Containing N	/late	rial (ACM)	Amount	3	ama	Repair	nce	nclo
Asbestos-Containir TO BE A			Main			(i.e.	, thermal system	s ins	sulation,	(Specify SF or LF)		Removal	Ħ.	psu	Enclosure
IN Fa		1		diai 3 (12)	Staff?		surfacing, VA other miscellar	11,0	or is)	SF OI LI		-		Encapsulate	.6
(13	3)	Y	es	No	N/A		Other miscenar	1000	,						
		-		0.000		Transite	e Panels			48 SF					
Wing B			-			Hallolic	5 T diffelo					X	П		
				Ц_							-				П
]								_		-		
					\boxtimes				Name of Regist	lared Londfill			ш	ш	
Name of Registered V				1000	IJDEP \ lauler II		Cubic Yards of Waste		GROWS La						
Freehold Cartage	e, Inc.				02265		5								
City, State							Disposal Date		City, State Morrisville,	PA 19067					
Freehold, NJ				-075.			2		WOI I SVIII C		Date			-	
Completed By (Print o	r Type)	Title			5350 00		Signature	1				_ /	5-	17	
Kimberly A. Trur	nbetti	Offi	ce C	oor	dinato	r	CAXI	V			2	1)-	1 1	

100			(1-1	ıışuan	L LU NUM	0.00 and 5.10	*)	1111	0.1	004	-	11
Date of Notification (1)	20 /	17		Name NJS		g Owner/Operator (2)	TI FEB	21	201	ĺ	200-1
					<u> </u>					NAME OF TAXABLE PARTY.	-01	
Agencies Notified ⊠ EPA	Type Notifica ☐ Initial	tion		10.000.000	Address Front S	St		ASBESTO LIC	IS UC ENS!		HOL	. &
⊠ DOLWD					tate, Zip C			The second secon	101127-1-9100	*******		-
⊠ DOH	Amendme	ent # <u>1</u>			nton, NJ							
☐ DCA	☐ Emergend				of Contac			Telephone Numb	er	TILL PRINCE		
(NJAC 5:23-8)	justificatio			Ivallie	OI COIIIaC			relephone reams	0.			
				FAC	CILITY IN	IFORMATION						
Name of Facility Where A	batement is T	aking Place	(3)				Type of Facility (
Abandoned Resider	ntal -slated	for Demo					School (K-12)) (Other than K-12)				
Street Address							Other (i.e., pr	ivate and commerce	cial bui	ildings	S,	
26th S 5 th Street							homes, etc.)					
City (5)							Square Feet	# of Floors	Bld	lg. Ag	е	
Harrison							3,000	3	5	+06		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Hudson							Abandoned	Residental Stru	cture	s-De	mo	
Name of Monitoring Firm	Hired by Build	ling Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Louis Berger Group)					Controlled E	nvironmental S	ystems				
Street Address						Street Address						
412 Mt Kemble						1121 N. Beth	lehem Pike - St	uite 60				
City, State, Zip Code						City, State, Zip C	ode					
Morristown, NJ 079	62-1946					Spring Hous	e, PA 19477					
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No.				
Bruce Lockwood			2	01-247	-8907	215 542 7000)	00847				
Start Date (10) 2 / 22 /	100000	Scheduled C		etion Da		Name of OSHA N	Monitor					
		ACTOR DE				Street Address						
Occupancy Status During							lehem Pike - Si	uito 60				
☐ Facility Closed/Vacate☐ Abatement Performed					crihe			uite 60				
Time of Abatement: 7					OTIDO	City, State, Zip C Spring Hous						
Scope of Work (Check all	that apply)											
							tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf>160 sf or >260 lf		☐ Re 図 De				☐ Mini-End	g Procedure					
24 - 100 of of -200 ii								n-Friable Procedur	e			
			Loca						Ab	atem	ent T	ype
Location		Hee	Norm	ally lely by		Description			R	Re	П	Щ
Asbestos-Containing TO BE ABA		11		ance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili		Cus		I Staff?	1	surfacing, VAT	, or	SF or LF)	Va.		sul	sure
(13)			(12	T	-	other miscellane	eous)				ate	
		Yes	No			• 200		100 SF			П	
Main Roof					Roof T							
Porch Roof					Roofin	g		100 SF				屵
Shed Roof					Roofin	g		300SF		Ш		Щ
Name of Registered Was	te Hauler			NJDEP		Cubic Yards of	Name of Regis					
Champion Waste R	emoval			Hauler I	D NO.	Waste 2	GROWS T	ullytown				
City, State						Disposal Date 3/31/2017	City, State Morgantov	vn. PA				
		T =: 41 -					1		ate /			
Completed By (Print or T	ype)	Title	8./I -			Signature		1	7/	201	/	
Patricia Visco		Office	wan	ager		VALI	reled In	uco 1	2/2	0/	17	

Moc	K		NOT				SBE	V Jersey ESTOS ABAT 8:60 and 5:1		DEC	E		/ [
Date of Notification (1)	20 /	17	,			ne of Build JSDA	ing C	Owner/Operator ((2)	FE FE	B 21	20	17	1
Agencies Notified	Type Notific	cation			Stre	et Address	S			ASBEST	TO 9 C	ONIT	201	-
⊠ EPA	☐ Initial					E Front					ICENS		nUL.	. Ci
⊠ DOLWD	⊠ Amende	250			City	State, Zip	Coc	de			Committee of the con-	Witness of Views		
□ DOH □ DCA	Amenda					enton, N								
(NJAC 5:23-8)	☐ Emerge justificat	tion)	iciuain	g	-	ne of Conta				Telephone Nu	ımber			
					F	ACII ITY I	INFO	ORMATION						
Name of Facility Where A	batement is	Takin	g Place	e (3)	-	TOILITT		JIMIA II ON	Type of Facility	(4)		-		-
Abandoned Reside									School (K-12					
Street Address									Subchapter	8 (Other than K-	12)			
24 S 5 th Street									Momes, etc.	rivate and comn	nercial b	uildin	gs,	
City (5)		-							Square Feet	# of Floors	IB	ldg. A	ne	
Harrison									3,500	3		50+	90	
County (6)					Co	unty Code	(7)/S	TATE USE ONLY)		for if being demo	olished)	-		
Hudson							1 /1-	,		Residental S		es-D	emo	,
Name of Monitoring Firm	Hired by Bui	lding (Owner	(8)	ASCI	Λ No.	IN	lame of Abateme	ent Contractor (9)		- Gotta	00 0		
Louis Berger Group		:::::::: 							nvironmental \$					
Street Address							S	treet Address		-,0100				
412 Mt Kemble									lehem Pike - S	uite 60				
City, State, Zip Code							C	ity, State, Zip Co						
Morristown, NJ 079	62-1946							Spring House						
Project Manager for Monit	oring Firm			Tel	ephon	e No.	T	elephone No.	.,	License No.		-		
Bruce Lockwood					-	7-8907		215 542 7000		00847				
Start Date (10)		Sched	luled C	ompl	etion D	ate (11)		ame of OSHA M					William	
	17_		3_/	_3		17	1	CES						
Occupancy Status During							1	treet Address						
☐ Facility Closed/Vacated☐ Abatement Performed	During Ent Outside of N	ire Pe	riod of	Abate	ement				ehem Pike - S	uite 60				
Time of Abatement: 7:	00AM- <u>5:00</u> F	PM/	PM		_AM	scribe		ity, State, Zip Co Spring House				-27,58		
Scope of Work (Check all	that apply)		- 723349					_						-
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			□ Re 図 De	nova				☐ Mini-Encl	ainment with Neg losure g Procedure mpted (*) and No		dure			
				Loca							1	atem	ent T	vpe
Location of				Norma	ally elv by			Description of	Discourse of the contract of t		-	_		
Asbestos-Containing N TO BE ABAT		(I)	1100470		ance/			s Containing Mat nermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust	35,5,773	Staff?	(1.	C., ti	surfacing, VAT,		SF or LF)	ova	=	nsd	Sur
(13)				(12)	1	-	C	other miscellaned	ous)				late	CO.
Interior Throughout			Yes	No	N/A		r Wa	alls & Ceilings	3	7000 SF		$\frac{1}{1}$	П	П
Basement			П			-		ation & Elbow			-] [
Bedroom closet					-		isui	auon & Eibow	15	200 LF				
Dedition Closet		291-				Tile				12 SF		Ш	Ш	Ш
Name of Registered Waste				1 333	JDEP lauler	Waste D.No.	10000000	ubic Yards of aste	Name of Regis					
Champion Waste Re	movai				.uuioi	J 140.	100000	40	GROWS To	ıllytown				
City, State								sposal Date 3/31/2017	City, State Morgantow	n, PA				
Completed By (Print or Typ	oe)	Title						Signature	1		Date /			
Patricia Visco	7 740	0	fice N	lana	ger			7	ma Mel	_	2/2	20/1	7	

000	K		NOT		ATIO		BE	Jersey STOS ABA ¹ 3:60 and 5:1		1	EG	E		\mathbb{V}	6	1
Date of Notification (1)	20 /	17				e of Buildir	ng Ov	wner/Operator	(2)		LI FEB	2 1	2	017		U
Agencies Notified	Type Notific	cation			Stree	et Address					ACDECTO				_	
⊠ EPA	☐ Initial				32	E Front	St				ASBESTO:	S CC ENSI	M	TRO	L &	
☑ DOLWD		100000	1		City,	State, Zip	Code	9			last O'L	-14:01	71			
□ DCA	☐ Emerger			a	Tr	enton, NJ	086	808								
(NJAC 5:23-8)	justificat Cancella	ion)		5	Nam	e of Contac	ct .				Telephone Nu	ımber				
					FA	CILITY IN	NFO	RMATION								
Name of Facility Where A	Abatement is	Taking	Place	e (3)					Type of Facili	ty (4	.)			111-24		
Abandoned Reside	ntal -slated	for [Demo						School (K							
Street Address											Other than K- rate and comm		her	مدالدا:	120	
22 S 5 th Street									homes, et		rate and comm	lercia	bu	lidirig	5,	
City (5)									Square Feet	2:	# of Floors		Blo	g. A	ge	
Harrison									3,500		3		Ę	÷0		
County (6)					Cou	nty Code (7)(ST/	ATE USE ONLY)	Current Use (Prio	r if being demo	olished	1)			_
Hudson									Abandon	ed F	Residental S	truct	ure	s-D	emo	
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCN	No.	Na	me of Abatem	ent Contractor	(9)						-
Louis Berger Group)						1	Controlled E	nvironmenta	I Sy	stems					
Street Address							Str	reet Address								
412 Mt Kemble							1	1121 N. Beth	lehem Pike -	Sui	te 60					
City, State, Zip Code							Cit	y, State, Zip C	ode					-		
Morristown, NJ 079	62-1946						5	Spring Hous	e, PA 19477							
Project Manager for Moni	toring Firm			Tele	ephone	No.	Te	lephone No.			License No.				-50/0	
Bruce Lockwood				2	01-247	7-8907	2	215 542 7000)		00847					
Start Date (10) / /					etion Da	ate (11) 17		me of OSHA N	Monitor							
Occupancy Status During	Abatement (Check	only	one)			Str	eet Address								-
□ Facility Closed/Vacate	d During Enti	re Per	riod of	Abate			1	121 N. Beth	lehem Pike -	Sui	te 60					
☐ Abatement Performed					rs - De	scribe	Cit	y, State, Zip Co	ode							
Time of Abatement: 7:	00AM- <u>5:00</u> P	PM/	PM	I	_AM		5	Spring House	e, PA 19477							
Scope of Work (Check all	that apply)														-	-
☐ >3 sf or >3 lf			☐ Re	enovat	ion			☐ Full Con	tainment with N	lega	tive Pressure					
≥160 sf or ≥260 lf			⊠ De						g Procedure To				-			
									empted (*) and I	Non-	Friable Proced					
Location	of		건문	Loca Vorma				5					Aba	teme	ent T	ype
Asbestos-Containing N	5.50	1)	Use	d Sol	ely by	Asbe	stos	Description of Containing Ma			Amount		Re	Repair	En	Enclosure
TO BE ABA	200 mm 1 1000 mm.			intena	nce/ Staff?		., the	ermal systems	insulation,		(Specify		Removal	oair	Encapsulate	clos
IN Facility (13)	y		Ous	(12)	Otair:			surfacing, VAT her miscellane			SF or LF)	5	<u>n</u>		sula	ure
(/			Yes	No	N/A		Ŭ.	nor misochane	ous						te	
Basement Throughou	ıt					Pipe In:	sula	tion & Elbov	VS		150 LF	0				
Rear Roofing				\boxtimes		Roofing	g- No	on Friable E	xterior		100 SF	D	3	П	П	П
			П			1				+		Г	7	П		
			=			-				+			-			
Name of Registered Wast	a Haulas			14		10/			1	1			7	Ш	Ш	Ш
Champion Waste rei				13/20	IJDEP lauler I		Wa 2		Name of Reg							
City, State		2007						posal Date	City, State				-			
							3	/31/2017	Morgant	own	, PA					
Completed By (Print or Ty	pe)	Title	8					Signature		_) [Date	777 TV	ĺ		
Patricia Visco		Of	ffice I	Wana	ger			Pati	-	Ul	ace	2	-/	20,	10	

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1100					to NJAC					K						A CONTRACTOR
Date of Notification (1) 2-13-2017					f Building Jimene:		Operator	(2)			FEI	B 2	1	2017		世
Agencies Notified EPA DEP DOL	Type Notification X Initial Amended				ate, Zip Co		07000			A	ASBEST L	OS			 &	
☑ DOH □ DCA	Amendment Emergency justification) Cancellation	(including		Name o	New Yor f Contact ian Basti		07093			Te	elephone	Num	her			
Name of Facility Where A	Abatement is Takin	g Place (3	3)	FACI	ILITY INFO	ORMATI	ION	Туре	of Facility	(4)	,					
Street Address									School (K- Subchapte Other (i.e. etc.)	er 8 (Ot				lings,	home	es,
City (5) West New York, NJ	07093								re Feet	2	of Floors		(4.3)	ldg. A 18+	ge	
County (6) Hudson					Code (7) USE ONLY)			Curre	ent Use (Pr	ior if be	eing dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.		1000		atement Co vironmer			LLC		77.72		
Street Address								Virgir	nia Avenu	ıe						
City, State, Zip Code							Jerse	ey Cit	Zip Code ty, NJ 07	304						
Project Manager for Mon	itoring Firm	0.1.1.1		Telepho			Teleph 201-	333-8	3855	200402	Licens 0117					
Start Date (10) 2-13-2017		2-13-2		pletion	Date (11)		September 1	version management	HA Monitor above	r						
Occupancy Status During		- 35 550	1000				Street	Addre	SS			-				
Facility Closed/Vaca X Abatement Performe Other – Describe:	ited During Entire I ed Outside of Norn	Period of an all Facility	Abatem / Hours	ent			City, S	tate, Z	Ip Code							
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	l That Apply)		Renoval Demoliti				×××	Mi	II Containm ni-Enclosur ovebag Pro on-Exempte	re ocedure	9				9	
Location		1	Location Normalled Solel	у			scription							Abate Ty		
Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma Cus	intenar todial S (12)	rice/ staff?		thermal surfac	taining N systems cing, VA niscellar	s insul T, or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Baseme	ent	Yes	No X	N/A		Pine	insula	tion		1	,5 LF		x			
			^			1 ipc	ilisula	tion		L.	100					
Name of Registered Was	te Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of	Regis	tered Lan	dfill				
Green Environmenta			H	auler ID 34889	No.	of Was	ste		G.r.o.v	v.s. N	orth Lai					
City, State Jersey City, NJ						Dispos 2-13-	sal Date 2017		City, Sta Morris		PA					
Completed by Liliana Serrano		Title Office	e Man	ager		S	Signature		uSe	Adia:	1.05	Date 2-1	3-20)17		

CK 2155

Date of Notification (1)					IL LO NJA				di mana in	X						
2-13-2017				MLC	of Buildin Remod	g Owne eling,	r/Operato LLC	r (2)		net kann	FEB	2	1 2	2017		IJ
EPA X DEP X DOL X DOH DCA	Amended Amendmen Emergency justification Cancellatio	it # (includin) n		City, S Mayv Name Maric	Address Palmer A tate, Zip C vood, No of Contac D Robles CILITY INF	Code J 0760 t	7				BESTO	CEN	3ll\)L &	
Name of Facility Where Aba Residential	itement is Taki	ng Place	(3)					Ту	pe of Facility	100						
City (5) Jersey City,NJ 07307									School (K Subchapte Other (i.e. etc.) uare Feet	er 8 (Ot private	her than & comm	nercia	bui	ldings 3ldg. /		nes,
County (6)					Code (7)			Cu	21 rrent Use (P	rior if be	eina dem	nolishe	100	75+		
Hudson Name of Monitoring Firm Hir	ed by Building	Owner (8	3)		M No.	n	Name	of A	batement Co	ontracto	r (9)			-12-20-000		
Street Address City, State, Zip Code							Street 235	Add Virg	inia Avent		ervices	, LLC				
Project Manager for Monitori	ng Firm		Telepho	one No			еу С	Zip Code City, NJ 07	304							
								-8855		Licens 0117						
Start Date (10) 2-14-2017		2-14-2	2017	mpletion	Date (11)		(1) (1) (1) (1) (1) (1) (1) (1) (1)		SHA Monitor above							
Occupancy Status During Ab Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire I	Period of	Abater	ment s			Street City, S		Zip Code							
Scope of Work (Check All Th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)	_	Renova Demolit				×	N G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure					9	
Location of		100	s Locati Normal	100 000										Abate Ty	ment	
Asbestos-Containing Mate TO BE ABATEI In Facility (13)	erial (ACM) 2	Use Ma	ed Sole aintena todial S (12)	ly by nce/	Asbes (i.e.	tos Con therma surfa	scription taining M I systems cing, VAT niscelland	ateri insu Γ, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement		103	X	IV/A		Pipe	insulat	ion		6	5 LF	X			· · ·	
Name of Registered Waste Ha	auler		1.772375	JDEP W		Cubic	Yards		Name of	Registe	red Lan	dfill				
Green Environmental Se	ervices		1 1 1 1 1 1 1 1 1	auler ID 034889		of Wa	ste		G.r.o.w	97,5						
City, State lersey City, NJ						Dispo: 2-14-	sal Date 2017		City, Stat Morrisv		A					
Completed by iliana Serrano		Title Office	e Man	ager		S	ignature					Date 2-13	-20	17		

									TIES	14 711	1 1	11:	,		11
Date of Notification (1) 02/13/2017			Name FLAI	of Building Ov JM MANAC	wner/0 GEM	Operato ENT (or (2) COMPA	ANY INC.	111	13	FEB	2	1 2	017	-
Agencies Notified Type No	otification tial			Address ANDREWS	STE	REET	SUIT	E 500		ASBE	STO	200	ONT	PO	ļ
DEP An An	nended nendment #		City, Si ROC	tate, Zip Code HESTER N	NEW	YOR	K 1462	20		, lobe	LIC	ENS	SING	inoi	_ (X
✓ DOH jus	nergency (including tification) ncellation			of Contact ER FLAUM	1				Te	lephon	e Nur	nber			
Name of Facility Where Abatemen	nt is Taking Place (3)		FAC	ILITY INFOR	MATI	ON	Tuna	6 Fa 2014 . /	4)						
GRANDVIÉW APARTMEN	ITS						_	of Facility (4 school (K-1)							
Street Address 450 CRAFTON AVE.							S	Subchapter Other (i.e. p tc.)	8 (Oth	er thar & com	n K-12 mercia	?) al bui	ldings	, hom	ies,
City (5) PITMAN							Square		# 0	f Floor	S		3ldg. <i>i</i> 50+	Age	
County (6) GLOUCESTER		(-	County STATE	Code (7) USE ONLY)			Curren	t Use (Prio	r if bei	ng der ARTN	nolish /IEN	ed) TS			
Name of Monitoring Firm Hired by ACER ASSOC.	Building Owner (8)		ASCI	M No.		Name	of Abate SURED	ement Con	tractor DNM	(9) ENTA	LSE	RVI	CES	INC	;.
Street Address 1012 INDUSTRIAL DRIVE							Address	S RUN							
City, State, Zip Code WEST BERLIN NJ 08091							State, Zip _LICA ł	Code HILL NJ (08062	2				S	
Project Manager for Monitoring Firm MATT DEPALMA	n			ne No. 09-1202			none No.			Licen 0114	se No).			
Start Date (10) 02/13/2017	Scheduled 02/14/2	i Comp	oletion	Date (11)		Name EMS		A Monitor							
Occupancy Status During Abateme	nt (Check Only One)	525				Address							-	
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	g Entire Period of Ab of Normal Facility F	ateme Hours	nt			City, S	tate, Zip		3-10	W-74					
Scope of Work (Check All That App	olv)					CINI	NAMIN	SON NJ	0807	7					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	✓ Re	novatio molitio	5,0020			× ×	Mini- Glove	Containmer Enclosure ebag Proce Exempted	dure					2	
	ls Lo	ocation	1				1 14011-	Lxempled	() and	11011-1	Habit		1297 - C. V.	ement	
Location of Asbestos-Containing Material (A		rmally Solely	bv			cription							Ту	ре	
TO BE ABATED In Facility (13)	Maint Custoo	tenanc dial Sta (12)	e/ aff?	s	rmal s urfaci	systems ng, VA scellan	s insulatio T, or	ACM)	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A X	DID	E IN	QIII A	TION		4.0					Ф	8000
S/ OCIVICITY			^	FIF		SULA	TION		15	LF		Х			
Name of Registered Waste Hauler ASSURED ENVIRONMENTA	AL SERVICES	Hau	DEP Wiler ID	No. of	ubic Y Wast		34 3	Name of Re							
City, State MULLICA HILL NJ				Dis		Date 2017		City, State	SBUF	 ≀G. ∩	Н				
Completed by RON SWANSON	Title GENER	RALI	MANA			nature		11-	ш О 9		Date		2017		
						11	11		7575	150					

02/13/2017 03:24PM 18562248799

ASSURED SERVICES PAGE 83/84

02/13/2017 03:	24PM 1856224	8/99			-		, JE								NEW PROPERTY.
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Data of Notification (1) 02/13/2017			Ma	LAUN	Building O	MEME MEME	PSTETOT.	(2) OMP	ANY INC.		1	7			
Agencies Notified	Type Notification			AA DOO	drama IDREWS	STR	EET	SUIT	E 500			F	20	201	1
DEP	Amended Amendment		CI	y, State	e, Zp Cod ESTER	NEW	YORK	(148	20		ASBE	1117	S CC	NT	ROL
DOH DCA	Emergency (justification) Cancellation	uetraing	N	Me of	Contact R FLAUN	А				II Tale	nhang N	nthêr:	110	140	
				FACIL	ITY INFO	TAME	ON								
Mame of Facily What GRANDVIEW AP	Abatament is Takin ARTMENTS	p Place (3)						-	of Facility (School (K-1			59			
Street Address 450 CRAFTON A	VE.								Subchaptar Other (i.e. ; etc.)	8 (Other singless &	er than K-	12) ciał buji	dings,	home	5,
City (5) PITMAN								900	P/UNIT	2	Florins	1	idg. A	ge	
County (8) GLOUCESTER			Ci	TATE U	ode (7) ISE DALY)		_	RE	ant Use (Pri SIDENT)	or IT bei	ng diamoli ARTMEI	wheel)			
Name of Maniforing Fit ACER ASSOC.	rm Hirad by Blufding (Chimes (8)		ASCM	No.		Name ASS	URE	D ENVIR	on Miles	(9) NTAL 8	ERVI	CE8	INC.	
Street Address 1012 INDUSTRIA	LDRIVE						570		MUR BN		() () () () () () () () () ()				
City, State, Zip Code WEST BERLIN N							MÜL	LIÇA	Pip Code HILL NJ	0806					
Project Manager for M MATT DEPALMA	enitoring Plim		6		9-1202		610	10ne N -304-	4876		01145	No.			
Start Date (10) 02/13/2017		Sche duled 02/14/20	317	istion C	Deta (11)		Nama EMS		HA Monitor						
Cooupancy Status Dur	1				_		Street	Addre	SO NORT	TH					
Facility Closed As Abstract Parior Other - Describe:	eceted During Entire in med Outside of Nom	Period of Ab	atema lours	nl		_	City, S	itale, 2	Tip Code INSON N		77				-
Scope of Work (Check	All That Apply)														\neg
≥160 at or ≥260 f			novatio molitic					A M	il Corssinm ni-Endosur ovebag Pro an-Example	o çedire	-			9	
		1	ocstice emaily	n				4						ement pe	
Asbestos Containi 10 BE A In Pa	ng Matsital (ACM) BATED Cility	Maid Custo	Solaly		Ashest (l.e.)	es Con hermai surfa	acription taining to system cing, VA niscella	dateris IS insul LT, or		(\$	insunt Specify For L.F)	Removali	Ropair	Encapadate	Endosure
BASE	MENT	1		X	F	IPE	NSUL	ATIO	N	1	5 LF	X			
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Hame of Registered W ASSURED ENVIR		RVICES		DEP W uler ID 34898		Cubic of We	Yerds ste				ered Land				
City, State MULLICA HILL NJ						Disas 02/1	sal Data 4/2017		City, Sta WAYN	ESBL	IRG, OH	1			
Completed by FON SWANSON		Title GENE	RAL	MAN	AGER	18	ignatu)	Z.	eb	CHO		Date 02/13	12017	,	
						Gran Arman						· ·			

ABB-41 (R-06-08)

^{*} Do not use this form for appealing licensure exampted activities.

NOCK

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

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be	e submitted 10 days prior to	the beginning of wo	ork. Please type or	print legib	ly. 6	EUVEI
	I. NOTIFI	CATION INFORMA	ATION			
Date of Notification: 2 ☑ Initial ☐ Amended Type of Work: ☐ Demolition	☐ Cancellation ☐] Emergency (must	include justificatio	ASBI	FEB (2 1 2017 L CONTROL & NSING
	II. BUIL	DING INFORMATI	ON			
Name of Building Owner/Ope	rator:	Eliz	abeth Ripple			
Street Address:	City:	Haddonfield	State:	NJ	Zip:	08033
Name of Contact: Renee (Garrison - Adams Techn		Telephone No.:		100	
	III. FAC	ILITY INFORMATION	ON			
Name of Facility Where Work	Activity is to Take Place:		Ripple Resid	ence		
Describe Facility Use:		Reside	nce			
Street Address:	City:	Haddonfield	State:	NJ	Zip:	08033
County Name: Camden			(State Use Only):			
Scheduled Start Date: 2	/ 24 / 2017		ompletion Date:		28	/ 2017
Occupancy Status During A	ctivity (check only one):					
□ Facility Closed/Vacated Du	ring Entire Activity					
☐ Activity Performed Outside	Normal Facility Hours—Des	cribe:				
Other—Describe:						
Scope of Work (check all tha						
	Square Footage:	794 SF	Percentage	Asbestos:		%
☐ Mastic	Square Footage:		Percentage	Asbestos:		%
	IV. CONTR	ACTOR INFORMA	TION			
Company Name:	Shade Environmental	LLC	Telephone No	o.: 85	66-755-	0099
Street Address: 623 Cutler		Maple Shade	State:	A 2 1	Zip:	08052
New Jersey Asbestos License	Number (if applicable):	00842				
Monitoring Firm (if applicable):		sulting Services	Telephone No	o.:60	9-298-	4070
	V.	SIGNATURE				
Completed By (type or print legibly):	Christina Lynch	Title:	Vice Pres	ident of (Operati	ons
Signature:			Date: F	ebruary	15, 201	7

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(F	ursuant	t to NJAC	8:60 an	d 12:12	0)			ll F	EB	2 1	20	17	
Date of Notification (1) 2/15/17					g Owner/0				Ш		LU		20	11	
Agencies Notified Type Notifica	ition		Street A	Address			0000000			ASBE				ROL	. &
								L			LIC	ENS	ING		
DEP Amende	3.70%			ate, Zip C		.=0		**************************************							
Emerge	ncy (including	_			NJ 080)50		W-100							
DOH justifica		ox.	Mike	of Contact	t				T	elephone	e Nun	nber			
1			FAC	ILITY INF	FORMATI	ION			_				-		
Name of Facility Where Abatement is 1 Mike Bucchino Private Home	aking Place (3)						of Facility (School (K-1							
Street Address								Subchapter Other (i.e. petc.)	r 8 (O	ther than e & comr	n K-12 mercia) al buil	dings	, hom	ies,
City (5)							Squar	e Feet	#	of Floors	S	E	Bldg. /	Age	
Manahawkin NJ 08050							1000		1				35+		
County (6) Ocean				Code (7) USE ONL	n	_	Currer	nt Use (Pri Se	or if b	eing den	nolish	ed)			
Name of Monitoring Firm Hired by Build N/A	ling Owner (8)	ASC	M No.		100000000000000000000000000000000000000	of Abat	ement Cor	ntracto	or (9)					
Street Address						2005	Addres	2/3/3/							
Control of the Control of Adulta Control							Box 32								
City, State, Zip Code						City, S	State, Zip	o Code							
						Wes	t Berli	n NJ 080	091						
Project Manager for Monitoring Firm	oject Manager for Monitoring Firm						none No -753-9			Licen 0072).			
Start Date (10)	Schedul	ed Cor	npletion	Date (11)				A Monitor		0077					
2/24/17	3/1/17			(/		Sam		, t monitor							
Occupancy Status During Abatement (C	heck Only O	ne)				Street	Address	S							
Facility Closed/Vacated During En Abatement Performed Outside of N	tire Period of A	Abaten / Hours	nent			City, S	state, Zip	Code		- 13 - 13 - 1					
Other – Describe: Scope of Work (Check All That Apply)															
		•					7								
≥3 sf or ≥3 If ≥160 sf or ≥260 If	processor .	Renova Demolit					Full Mini	Containme -Enclosure	ent wi	th Negat	ive P	essu	re		
							Glov	ebag Proc	cedure						
					-	<u> X</u>	⊍ Non-	-Exempted	d (*) a	nd Non-F	Friable	e Pro	7550 T 691	e emeni	
		Locati	200											pe	
Location of Asbestos-Containing Material (ACM	Use	d Sole	ly by	Asbes	Des stos Conta	cription aining M		(ACM)		Amount					
TO BE ABATED In Facility		intena todial S			. thermal	systems	s insulat		((Specify		Re	R	ince	Enc
(13)		(12)				ing, VA			S	SF or LF)	8	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									a	-	late	лге
exterior siding			x		exter	rior sid	ling		19	900 SF	:	X			
										100000					
Name of Registered Waste Hauler		I N	JDEP W	laste.	Cubic	Varde		Name of F	Pagist	orad Lar	adfill				
United Roll Off		Н	auler ID 2459		of Was			G.R.O.	35776		IGIIII				
City, State			00		Dispos	al Date		City, State	9			-			
Elm NJ					3/1/17			Morrisv		A 1906	67				
Completed by	Title				Sj	gnature					Date	9		-0.00	
Anthony T Perna	Pres	ident				-	2				2/1	5/17	7		

2/15/17

CH 3155

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

Date of Notification (1)				Ma	(D :::			1	111	FFR	U	2017		
	_ /1	7		71			owner/Operator C Schools	(2)	J la		,	LUIT		henson
Agencies Notified Type ☐ EPA ☐ In	Notification	n		3.500	et Address	-			,	ASBEST OS)L 8	
	nended			1	08 N. Clir	nton	Ave.	<u></u>		LICEN	1	3	-	
	nendment	#		City	, State, Zip	o Cod	le					7		1000
	nergency (na	T	renton, N	1J 08	609							
	stification)		.5	Nan	ne of Conta	act			17	Telephone Num	ber			
□ C:	ancellation			_	wayne M		*		_ '					
Name of Equility Where Ab store		5	(0)	F.	ACILITY	INFO	RMATION							
Name of Facility Where Abatem		ng Plac	e (3)					Type of Facilit		8				
Grace Dunn Middle Scho	01							School (K-		Dub 4b 14 4 0				
Street Address								Other (i.e.	priva	Other than K-12 ate and comme) rcial h	uildin	as	
401 Dayton Street					DATE: THE			homes, etc			0.01	Zunum	90,	
City (5)								Square Feet		# of Floors	E	Bldg. A	\ge	
Trenton														
County (6)				Co	unty Code	(7)(ST	TATE USE ONLY)	Current Use (F	rior	if being demolis	shed)			
Mercer								School						
Name of Monitoring Firm Hired b	15	Owner	(8)	ASC	/I No.	Na	ame of Abateme	ent Contractor (9	9)					
Environmental Connection	n, Inc.							VIRONMENTA		INC.				
Street Address						St	reet Address					-		
120 North Warren Street							1123 BEAVE	R STREET						
City, State, Zip Code						Cit	ty, State, Zip Co	ode	V2-6				-	-
Trenton, NJ 08608						10 8	BRISTOL, PA							
Project Manager for Monitoring F	irm		Te	lephone	No.		elephone No.			License No.				
Roland Jones					2-4200		215-788-6040	ř		00509				
Start Date (10)	Sche	duled C	ompl	etion D	ate (11)		ame of OSHA M		Sante	00000				
02/14/17					17			VIRONMENTA	AL, I	NC.				
Occupancy Status During Abater						Str	reet Address				_	-	-	-
□ Facility Closed/Vacated During	g Entire Pe	eriod of	Abate	ement		1	1123 BEAVER	R STREET						
Abatement Performed Outside	e of Norma	l Facilit	у Ноц	ırs - De	scribe		y, State, Zip Co							
Time of Abatement:Al			PM- <u>1</u>	12:30A	M		BRISTOL, PA							
Scope of Work (Check all that ap	ply)						П г. II О I			_				
≥3 sf or ≥3 If		⊠ Re	nova	tion			☐ Mini-Encl	ainment with Ne losure	gativ	e Pressure				
≥160 sf or ≥260 lf		☐ De	molit	ion			☐ Glovebag	Procedure						
							Non-Exer	mpted (*) and No	on-F	riable Procedur	е			
Location of			Loca Vorma					1			Ab	atem	ent T	уре
Asbestos-Containing Material	(ACM)			lely by	Ashe	eetne	Description of Containing Mat			Amount	Re	Re	ш	Щ
TO BE ABATED	V			ance/ Staff?	(i.e	e., the	ermal systems in	nsulation,		(Specify	Removal	Repair	icap	iclo
IN Facility (13)		Cus	(12)				surfacing, VAT,			SF or LF)	<u>a</u>	7	Encapsulate	Enclosure
(15)		Yes	No	N/A		Ot	her miscellaned	ous)					ate	
Room B-1			\boxtimes		Nailcre	ete				100 SF			П	П
Room B-12					Nailcre	ete				150 SF			$\overline{\Box}$	П
Room B-33			\boxtimes		Nailcre	te				75 SF	П			
		П	П	1		- 300				1001				
Name of Registered Waste Haule	r		1	JDEP		Cub	oic Yards of	Name of Regis	stere	d I andfill			ш	Ц
BRISTOL ENVIRONMENTA			1232	lauler I	D No.	Was	ste	GROWS L						
City, State				1870	3	1 Diag			unu					
BRISTOL, PA						100	posal Date	City, State	-	1000				
	12					21	/16/2017	Morrisville	, PA	19067				
Completed By (Print or Type)	Title						Signature	0.		Date	9 /	/	33	
Gino Pizzigoni	E:	stimat	or				Sino	Congran	ni	/ C/n = 3	2/1	4/1	7	
SB-41				_				11.10	, - 4	- //	- 2	-1.	-725	

ASB-41 MAY 11 GI (7033

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

MO:24206546081

					Pursuan	t to NJAC	8:60 ar	nd 12:12	0)			EED	2 1	0	047					
Todayas	e of Notification (1)			of Building			r (2)			FEE			017_	10						
1 1 1 1 1 1	2/15/2017				1	toga Par	ners L	LC												
	encies Notified	Type Notification				Street Address ASBESTOS C 5 Parclake CT LICENS										- &				
X	EPA DEP	× Initial				tate, Zip C				L		LI	JENS	INC	1					
×	DOL	Amended Amendmen	t #		1	ne NJ 07														
X	DOH	Emergency justification		g		of Contact			Telephone Number											
×	DCA	Cancellation			Joe	Simone			In the state of th											
					FAC	ILITY INF	ORMAT	ION												
	ne of Facility Where A ivate house	Abatement is Takir	ng Place	(3)					Тур	e of Facility										
	et Address									School (K	ol (K-12) apter 8 (Other than K-12)									
									×	Other (i.e.	private	& comme	ercial be	uildin	gs, ho	mes,				
City	(5)								Sau	etc.) rare Feet	1#0	of Floors	Т							
·Ha	ledon								N/A		N.			N/A	g. Age					
	nty (6) ssaic	86				Code (7))		The Address of	rent Use (P vate Hou		ing demo	lished)							
Nan	ne of Monitoring Firm	Hired by Building	Owner (8	1)	ASC	M No.		Name	100			r (9)								
N/A	A							A STATE OF THE STA	ne of Abatement Contractor (9) New York (9)											
Stre	et Address								et Address											
011	0							A	Franklin Street											
City	State, Zip Code					77		100		Zip Code						0) 20 122 222				
Proi	ect Manager for Moni	toring Firm			Telepho	ana Na		Teleph		,NJ,0752	:4	Linner	NI							
	oot manager to morn	toring raini			releptio	one No.		1 100 CO TO 100 CO		-5144		License 01274								
Star	t Date (10)		Schedu	led Co	mpletion	Date (11)				SHA Monito	г									
	/24/2017		7			EHV	/ AB	ATEMEN	IT LLC	;										
	upancy Status During	Abatement (Chec	k Only O	ne)				Street												
×	Facility Closed/Vaca Abatement Performe	ted During Entire	Period of	Abate	ment			100000000000000000000000000000000000000		iln Street										
H	Other – Describe: _	d Outside of Norn	nai Facilit	y Hou	rs 					Zip Code I,NJ, 075	2.4									
Scop	e of Work (Check All	That Apply)						rate	1501	1,113, 075.	24					54-51-51-51-51-51-51-51-51-51-51-51-51-51-				
	≥3 sf or ≥3 lf		X	Renov	ation			×	1 =	ull Containn	cont with	Nogotive	Droop							
×	≥160 sf or ≥260 lf		THE COLUMN TWO IS NOT	Demol				×	М	ini-Enclosu	re	rivegative	e Fless	ure						
									9 -	lovebag Pro		d Non-Fri	able Procedure							
			Is	Loca	tion				TON-Exempte			led () and Non-r hab			Abatement					
	Location	of		Norma	ally		De	scription	of					_	Туре					
A	Asbestos-Containing N TO BE ABA			ed Sol	ely by ance/			taining M systems		al (ACM)	1000	mount			g	1 m				
	In Facility		Cus	todial (12)	Staff?	(1.6.	surfa	cing, VA	T, or			Specify For LF)	Remova	Vehau	Encapsulate	Enclosure				
	(13)			(12)			other n	niscellan	eous)			oval	dil	sula	sure				
			Yes	No	N/A										le					
	BASEME		F	PIPE IN	NSULA	TIOI	N	8	0 LF	Х										
	BASEME		ВС	OILER	INSUL	ATIO	NC	3	OSF	X										
											1	1								
														+	+	+				
Name	e of Registered Waste	e Hauler		1755	NJDEP W		Cubic			Name of	Registe	red Land	fill	-						
	STATE TRANSF	FER / YIMY BF	lauler ID 9551	No.	of Was	ste		Branch Control		NTERP		S								
	State RANDALL AVE	BRONX NY			Dispos TBD	sal Date		City, Sta 900 MI		'A RD W	VAYN	ESBURG OH								
	oleted by		Title					ignaturje		//-	-1	1	Date							
VICT	OR ESPIRITU		T MANA	AGER	11/	WAGE.	11	1	02/15/2017											

5				388					312		FEB 2	1 201	7		Ш			
Date of Notification (1) 02 /		100000000000000000000000000000000000000	e of Buildir rrilli Hom		vner/Operator ((2)		ILD C	3/	1		7						
Agencies Notified ⊠ EPA	Type Notifica	ation				t Address 6 Mantol	okin	g Road		AS	SBESTOS C		10	<u>.</u> &				
□ DOLWD	☐ Amended					City, State, Zip Code												
☑ DOH	Amendm					ck, NJ 0												
☐ DCA (NJAC 5:23-8)	☐ Emergen justification		uding			of Contac					Telephone N	Jumher						
(143/10/3.23-0)	☐ Cancellat					trick Bot		i			1 Totophone I							
															7/			
Name of Facility Where A	hotomont in T	Fakina F	None	(2)	FA	CILITY	NFO	RMATION	T		(4)							
Residence	Abatement is i	aking r	riace	(3)					Type of Facility (4)									
							_		☐ School (K-12) ☐ Subchapter 8 (Other than K-12)									
Street Address									☑ Othe	er (i.e., pr nes, etc.)	rivate and com	mercial	bui	lding	s,			
City (5)					100				Square	Feet	# of Floors		Bld	g. Ag	ge			
Brick									1500	sf	1	4	6	5				
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)	Current	Use (Pri	ior if being den	nolished	1)					
Ocean									Resi	dence								
Name of Monitoring Firm	Hired by Build	ding Ow	vner (8)	ASCM	No.	Na	me of Abatem	ent Contr	actor (9)								
N/A							(Guardian Co	ontracting, Inc.									
Street Address							Str	eet Address										
							1	1889 Route 9	9, Unit 61									
City, State, Zip Code							Cit	y, State, Zip C	ode									
								Toms River,		rsey 08	755							
Project Manager for Moni	toring Firm			Tel	ephone	No.		lephone No.			License No).						
				0.00000			1	32-349-9932	2		00624							
Start Date (10)	5	Schedul	ed Co	mple	etion Da	ate (11)	Na	me of OSHA N	Monitor									
02 / 27 /	AND DESCRIPTION				8 /	Section Control Control	E	E.M.S.L. Ana	lvtical									
Occupancy Status During	Abatement (Check o	nly o	ne)				eet Address			17 - 27				- 1			
□ Facility Closed/Vacate					ement			056 Stelton										
☐ Abatement Performed						scribe		y, State, Zip C										
Time of Abatement: _	AM	PM/		_PM		_AM		Piscataway,		reav 08	854							
Scope of Work (Check all	that apply)							isoataway,	11011 00	130y 000	004							
	inat apping							☐ Full Con	tainment	with Neg	ative Pressure	е						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Rer Der					☐ Mini-End										
△ ≥ 100 31 01 ≥ 200 11		Z	7 Dei	HOIIL	OH						n-Friable Proc	edure						
			Is	Loca	tion								Aba	ateme	ent T	vpe		
Location		.		orma				Description of	of					-				
Asbestos-Containing N TO BE ABA		1)			ely by ance/			Containing Ma			Arnount		Removal	Repair	Encapsulate	Enclosure		
IN Facilit			Cust		Staff?	(1.6		ermal systems surfacing, VAT		11,	(Specify SF or LF))	RVC	Ŧ	psu	Sur		
(13)				(12)	T	-		her miscellane			500 Beduce.		_		late	e		
			Yes	No	N/A													
exterior				\boxtimes		asbest	os s	iding			1500 sf							
												[
		I	7	П			111223					Г	7	П	П	П		
Name of Registered Wast	e Hauler				NJDEP	Waste	Cul	bic Yards of	Name	of Regis	tered Landfill		_	_				
Guardian Contractir					lauler I 2022	D No.	Wa 3	ste		.R.F.	torou Eurium							
City, State								posal Date	City, S	State			1-115					
Toms River, New Je	rsey						0	2/29/17			Pennsylvan	nia						
Completed By (Print or Ty		-	Signature	-	1	1	Date	1	1									
Nicholas Fernicola									-	-0-	1	2	1	5/	1-	7		

		(F	Pursua	ant to N	JAC 8:60 a	nd 12:120))		TOLC	NEB 2	46	17	4	11		
Date of Notification (1)					Iding Owner	/Operator	(2)		ПЦ				-			
2/13/17			272 7077	ora Lo						DECTOR	CONIT	DOI	2	11		
	Type Notification		Stree	et Addre	ess			ASBESTOS CONTROL & LICENSING								
	× Initial			o:	7:- Codo											
EPA DEP	Amended		City,	State, A	Zip Code Park NJ 0	7204										
X DOL	Amendment #_ Emergency (in	cluding	20000	ne of Co	er	r										
× DOH	iustification)	0.000		bra Lo					Telephone Number							
× DOH DCA	Cancellation				Y INFORMA	ATION								-		
	t to set in Taking	Place (3)		ACILIT	1 IN OTHER		Тур	e of Facility	(4)							
Name of Facility Where A	batement is Taking	riace (o)						School (K	(-12)							
House								Subchapt	er 8 (Other	r than K-12) commercial	building	s, ho	mes,			
Street Address							×	etc.)						_		
			ARCHITECTURE					uare Feet		Floors	Blag 75	. Age				
City (5)								200	2					-		
Roselle Park			Co	unty Co	de (7)		Cu	ırrent Use (I	Prior if bein	ng demolishe	a)					
County (6)			(ST	ATE US	E ONLY) _					10)				-		
Union Name of Monitoring Firm	Hired by Building O	wner (8)	1	ASCM N	۱o.	Name	Name of Abatement Contractor (9)									
Name of Monitoring Film	Tilled by Bulleting	, ,					ABS Environmental Services, LLC									
Other Address						Stree	Street Address									
Street Address							PO Box 483, 4 E Gate Drive City, State, Zip Code									
City, State, Zip Code						City,	State	e, Zip Code ood, NJ (
City, State, Zip Code									77410	License No).					
Project Manager for Mor	nitoring Firm		Te	elephone	e No.			e No. 4-2276		703						
Project Manager 14	er alter til en et er co lo ne av aver av av							OSHA Mon	itor							
Start Date (10)		Scheduled	Comp	letion D	ate (11)	Nam	ne or	USHA MUN	itoi							
2/22/17		3/20/17				Chro	at Ac	dress								
Occupancy Status Durin	ng Abatement (Chec	k Only One)			Sire	et Ac	101633								
- W 01-1040/01	nated During Entire	Period of Ab	ateme	nt		City	Stat	te, Zip Code	 							
Ahatement Perform	ned Outside of North	nal Facility F	lours			- Only	, Ota	,								
Other - Describe:																
Scope of Work (Check	All That Apply)	_						Full Conta	ainment wit	th Negative F	ressur	9				
≥3 sf or ≥3 lf			enovati emolitic					Mini-Encl	osure							
× ≥160 sf or ≥260 lf			, monte	***			A	Glovebag Non-Exer	Procedure	e nd Non-Frial	ole Prod	edure				
								Non Exe				Abatemen Type				
			Locatio				w Marana sa mara					Ty	De T	_		
Locati	on of	Used	ormally Solel	y y by	Achesto	Descrip	tion c	aterial (ACM	1)	Amount			Ē	ш		
Asbestos-Containir	ng Material (ACM)	Mai	ntenan	ice/	(i.e. th	nermal syst	tems	insulation,	10	(Specify SF or LF)	Remova	Repair	Encapsulate	ncio		
TO BE A		Custo	odial S (12)	tanr		surfacing, other misce	, VA I ellane	, or eous)		01 01 - 7	ova	air	suia	Enclosure		
(1:	3)		(A) (1) (A)	Т		Ott To The T					_		te	10		
		Yes	No	N/A						70 LF	×					
basement &	garage area			×		pipe ins	sulat	ion		70 LF	^		-			
Dasellient &	33.434												-	-		
						Oubin Va	rde	Na	me of Rea	istered Land	fill	-				
Name of Registered V	Vaste Hauler			JDEP V		Cubic Yar of Waste	us	10 (0.000)		erks Land						
Freehold Cartage			1 1 25	5939		TBD		1000		OTRO EGITO			-	_		
(A) (A) (A)						Disposal	Date		y, State	DΛ						
City, State Freehold, NJ						TBD		В	rdsboro,		Data			-		
Completed by		Title			Signature						Date 2/13/17					
A. Scott Higgins		Pres	sident	t				· b			2, 10,					
A. Ocoll inggine																

		NOTIF	ICATIO ursua	ON OF A	New Jersey ASBESTOS A AC 8:60 and	12:120)		low	FGE	(I W		The contract of the contract o	MANAGET AND PARTY OF THE PARTY			
ate of Notification (1)			Name	e of Build	ding Owner/O Mruskovic	perator (2)	profitation	FEB 2	1 20	17					
2/14/17	N. Alfredian			Street Address												
gencies Notified	Type Notification								ASBESTOS	CONT	ROL	&	1			
] EPA	X Initial Amended		City,	State, Z	ip Code				LICE	VSING			+			
DEP DOL	Amendment #_	Judina	1		NJ 07208		Telephone Number									
1	Emergency (indigustification)	adding	Nam	Name of Contact Christina Mruskovic												
DOH DCA	Cancellation				INFORMAT						-					
	Abatament is Taking	Place (3)	F	ACILITI	IN Orthor		Type of Facility (4)									
	Abatement is Taking I	,000 (0)						School (K-12) Subchapter 8 (Other than K-12)								
House Street Address							×	ther (i.e. priva	ate & commercia	l building	s, hor	nes,				
treet Address				-			е е	tc.)	# of Floors	Bldg.	Age					
City (5)							1900	0,001	eet # of Floors Blag. Age 70							
Elizabeth					(7)		Curre	nt Use (Prior i	f being demolish	ed)						
County (6)			Cou (ST.	unty Cod	e (7) ONLY)		Current Use (Prior if being demolished)									
Union		(0)		ASCM N		Name	ame of Abatement Contractor (9)									
Name of Monitoring Fi	rm Hired by Building O	wner (8)	1	400W1V		ABS	ABS Environmental Services, LLC									
						Stree	Street Address									
Street Address							PO Box 483, 4 E Gate Drive City, State, Zip Code									
City, State, Zip Code						City,	State, Z	ip Code 1, NJ 0741	8							
City, State, Zip Code							phone N		License N	10.	77-3					
Project Manager for M	Monitoring Firm		Te	lephone	No.	973	3-764-2	2276	703							
			0	lation Do	ato (11)	220000000		HA Monitor								
Start Date (10)		Scheduled 3/30/17	Comp	letion Da	10 (11)	1.100/1.2.2.3		Ti .								
2/23/17	the second (Char		1			Stre	et Addre	ess								
Occupancy Status Di	uring Abatement (Chec	Daried of Ah	, ateme	ent												
Facility Closed/Abatement Perf Other – Describ	Vacated During Entire formed Outside of Norrie: basement	nal Facility h	Hours			City	City, State, Zip Code									
Scope of Work (Che									ent with Negative	Pressur	е					
23 sf or ≥3 lf			enovati					Aini-Enclosure	9							
≥ 160 sf or ≥260) If		emolitio	on			Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
								VOII-EXCITIPIO		Abatement Type						
			Locatio				tion of				Г	pe				
Loc	cation of		ormall d Solel		Asbestos	Descrip Containing	na Mater	rial (ACM)	Amount (Specify	D	-	Enc	r			
Asbestos-Conta	ining Material (ACM) E ABATED	Mai	ntenar odial S	nce/ Staff?	(i.e. the	ermal sys surfacing	tems ins	sulation,	SF or LF)	Removal	Repair	Encapsulate	1,0000			
In	Facility	Cust	(12)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	ther misc	ellaneou	ıs)		val	H.	Jlate	1			
	(13)	Van	No	N/A							_		1			
		Yes	INO	-		pipe ins	sulation	n	65 LF	x						
basement	& garage area			X		hiho iiii										
											1	-	1			
								Name	of Registered Lar	ndfill			1			
Name of Registere	ed Waste Hauler		1	NJDEP V Hauler II		Cubic Ya of Waste			ern Berks Lar							
Freehold Carta				15939	7110.	TBD							-			
						Disposal	Date	City, St Birds	ate boro, PA							
City, State Freehold, NJ						TBD	nature	1		Date						
Completed by		Title				Sig	nature	1		2/14/	4/17					
A. Scott Higgin	ns .	Pre	siden	ι			-6	July 1								

71 / U4,40FI*I INJ	ASDESTOS CONTR	01 603	,653,		200		hage	£	Land Property College	FEB 2	1 2				For	
		ı	NOTIF (P	CATION	ote of New . OF ASBES to NJAC 5:	708	ABATER	AENT	CA	BESTOS (19	ITA	JI.	7		
Date of Nothication (1) 2/15/17			Kathy	Building Ov Ferrante	Vitah/0											
Agencies Nothied EPA DEP DOL OOH DCA	Type Notification Initial Amended Amendment Emergency (justification) Cancellation			Fairley Name of	City, State, Zip Code Fairlawn, NJ 07410 Name of Contact Kathy Ferrante WANTAGARDON TAGARDON TO THE PROPERTY OF THE PROPERTY											
Name of Facility Where	Abatement is Taking	Pince (LITY INFOR	MAT	ION	Туре	of Facility (4		_							
House Street Address				140				School (K-12) Subchapter & (Other than K-12)								
City (5) Fairlawn								1800	79 F46()	to of Floors			ldg. A	g e		
County (8) Bergen				County (Code (7) USE ONLY)		_	Current Use (Prior If being demolished)								
Name of Monitoring Firm Sircel Address	n Hired by Building C		ABCM	No.			Envir		ractor (9) Services, I	LLC	_					
City, Stale, Zip Code						City, S Glen	late, Zi wood	33.4 E Ga p Code . NJ 0741				_	_	_		
Project Managor for Moi	nitoring Pirm	2.00		Telapho	no No.		Teleph 973-	764-2	316	703	se No	h				
Start Date (10) 2/17/17		2/21/1	7	mpletion	Date (11)		Name	of OSH	iA Monitor							
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other - Describs;	aled During Entire P	7		nant s		•	Gity, 6		p Code			1,1	** ** **			
Scope of Work (Check # 23 sfor 23 if 2160 sfor 2260 if	il That Apply)		lenova Jemoli				×	Min	i-Enclosure	nt with Negal						
			Local						I-CARITIPIES	pled (*) and Non-Fret			Abate	ment po		
Location Aspesios-constitution 10 AE AB 10 Faci	Material (ACM) ATED Ily	Ma	d Sola Intena Iodial ((12)	ncel Stall?		enna enna	scription Islning M systems ning, VA niscellan	leterial insula T, or		Amount (Specify SF ur LF)		Removal	Repair	Encapsulate	Endosure	
		Yes	No	N/A		1					_			ate	•	
basem		×		bibe	insulat	lion		BO LF		×	1		_			
		+	· •·													
venu of Ragistered Wat reehold Carlage	1	JDEP W lauler ID 5939	No.	BD				egistered Lar Berks Lan				. 1	_			
City, State Freehold, NJ				33	BD	eleD las		City, Stoke Birdsbor	o PA							
Completed by A. Scott Higgins		dent				ignatura		A.		Date 2/1	6/17		-			

ASB-41 (R-08-08)

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

	NO	OTIFICA (Pur	ATION (e of New OF ASBES NJAC 8:	STOS A	BATEN 12:120	MENT)	Cle	61	F L	16	7/7						
Date of Notification (1) 2/15/17		14 95355	ame of E Cathy F	E 6		V	E	The second secon										
Agencies Notified Type Notification		S	reet Ad	dress				- Constitution		FEB	2 1	20	17					
										FED	4 1	20	17	H				
EPA Initial Amended		1		e, Zip Cod					1									
X DOL Amendment #	odin a	F	airlaw	n, NJ 0	7410			100	A	SBESTO	SCC	TMC	ROL	&				
➤ Emergency (inclusion) I	laing	1000	ame of					-	Tele	phone Nun	Peric	NG						
DCA Cancellation		P		errante				10100-101						-				
All	(2)		FACIL	ITY INFO	RMATIC	ON	Tyne	of Facility (4)										
Name of Facility Where Abatement is Taking Pla House	ace (3)						28.5	School (K-12	5 1/5									
Street Address							T S	Subchapter 8	(Othe	r than K-12	!)							
Street Address								Other (i.e. pri	vate &	commercia	al build	ings,	nome	S,				
City (E)								e Feet	# of	Floors	Bl	dg. A	ge					
City (5) Fairlawn							1800)	2		69	9						
County (6)		С	ounty C	ode (7)			Curre	nt Use (Prior	if beir	ng demolish	ed)							
Bergen		(5	STATE U	SE ONLY)		_												
Name of Monitoring Firm Hired by Building Own	er (8)		ASCM	No.		Name of Abatement Contractor (9)												
						ABS Environmental Services, LLC												
Street Address						Street Address PO Box 483, 4 E Gate Drive												
						City, State, Zip Code												
City, State, Zip Code								, NJ 0741	8									
Project Manager for Monitoring Firm	-	Т	elephor	ne No.	1-31-31	25.00	hone N			License N	0.							
Project Mariager for Monitoring 1 min					973-	764-2	276		703									
Start Date (10) Sc	d Com	oletion E	Date (11)		Name	of OSI	HA Monitor											
	21/17	7																
Occupancy Status During Abatement (Check O	nly On	e)				Street	Addres	SS										
Facility Closed/Vacated During Entire Period	od of A	bateme	ent															
Abatement Performed Outside of Normal F Other – Describe: basement	acility	Hours	ours City, State, Zip Code															
Scope of Work (Check All That Apply)						_	_											
23 sf or ≥3 lf		enovat				Full Containment with Negative Pressure Mini-Enclosure												
× ≥160 sf or ≥260 lf	D	emoliti	on			2	K Glo	ovebag Proc	edure									
						L	_ No	n-Exempted	(*) an	d Non-Frial	ole Pro							
	Is	Locatio	n									Abatement Type						
Location of		lormally d Solel		100000000000000000000000000000000000000		scription						ı İ						
Asbestos-Containing Material (ACM)	Ma	intenan	ce/	Asbest	tos Cont thermal	aining l	Materia Is insul	I (ACM) ation.		mount Specify	N N	TI	Enc	m				
TO BE ABATED In Facility	Cust	odial S (12)	taff?	(surfac	cing, V	AT, or		SI	or LF)	Remova	Repair	apsı	Enclosure				
(13)		(12)			other n	niscella	neous)	1			val	Hr.	Encapsulate	ure				
	Yes	No	N/A										(U					
basement		Х		pipe	insula	ation		8	30 LF	×								
Name of Registered Waste Hauler	10000	JDEP W			Yards		Name of	Regist	ered Landfi	I								
Freehold Cartage	20000	auler ID 5939	No.	of Wa	ste		Wester	n Ber	ks Landf	ill								
CONTRACTOR	110	3000			sal Dat	e	City, State	State										
City, State Freehold, NJ				TBD		er d		sboro, PA										
Completed by	-			5	Signatu	re	A .		4	ate								
A. Scott Higgins	ident						W	2/15/17										