									FI	1957	
					STOS ABATEMENT		111),554	7 5	11 /	<u> </u>	-
Date of Notificatio	n (1)				-7 and 12:120-7 g Owner/Operator		n				
2/21/2017			Phil F		g Owner/Operator	(2)	III II FE	B 2 7	7 20)17	L
Agencies Notified	Type Notifica	tion	Street Add	TOSS							_
[]EPA	[X]Initial		Screet Add	Tess			ASBES"	TOSC	ONIT	ROI	2
-	Notifica	tion	a: a a					ICENS			_ u
[]DEP	[]Amended		City, Stat		Code , NJ, 07042	2					
[X]DOL	Notifica	and the second second			, No, 07042	۷					
[X]DOH	[]EMERGENCY		Name of Co			Telepho	one Number				
[]DCA	[]Cancellat		Phil H	laws							
	1 Cancellat	1011	FAC	יד.דייע	INFORMATION						
Name of Facility Wh	ere Abatement i	s Takin			INFORMATION	Type of Faci	lity (4)				
Phil Haws			· - · · · · · · · · · · · · · · · · · · ·			[]School	5				
Street Address						[]Subcha	pter 8 (Othe				
Street Address							(i.e., priva		omme	rcia	1
						Square Feet	, homes, etc				
City (5)	c	ounty (6)	Co	unty Code (7)	1800	2	LS B.	1.0g. 91	Age	
Montclair	E	ssex		(8	TATE USE ONLY)	Current Use		ing de		S)
									-10000		
Name of Monitoring 1 Owner (8)	Firm hired by B	uilding	ASCM No.			ment Contract	10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
N/A					AZTECH M	ianagement	f, Inc.				
Street Address					Street Addres	s			200		
					86 Chris	topher St	Ξ.				
City, State, Zip Coo	ie				City, State,	-					
					Montclai	r, NJ 070	142				
Project Manager for	Monitoring Fir		ephone Num	ber	Telephone Numl	ber	庄	icense	Num	ber	
		N/	A		(973) 744	-8800		0037	1		
Scheduled Start Date		. Comple	etion Date		Name of OSHA	Monitor					
	017 03	0			N/A						
Occupancy Status Dur	ear Mon-	(Check	ay Yea: only one)		Street Address						
[X] Facility Close of Abatement	sed/Vacated Dur	ing Ent	ire Period	l							
[]Abatement Pe		of Nor	mal Facili	tv	City, State, 2	Zin Code					
Hours - Desc:	ribe: «OffHours	Descrip	t»	_	ordy, beate, 2	aip code					
[]other - Descri			Descript»								
Scope of Work (Check	all that apply	7)			וווידו :	Containment wi	th Negative	Prese	iro		
[X]≥3 sf or]Renovation			Enclosure	. megative	TIESS	ire		
[]≥160 sf c	or ≥260 lf	[]]Demolition	n		-bag Procedure riable Procedu					
		To	Is cation					Aba	teme	nt I	ype
Location Asbestos-Con		No	rmally		Description Asbestos-Cont		Amount	R		E	E
Material	400 M 400 M 100 M 100 M	, s	Used olely		Material (-	(Specify	E	R	C	C
TO BE ABA			intenance/ stodial		(i.e., thermal		SF or	0	E P A	A P	0
In Facil	ıcy		ff (12)	11	sulation, surfa or other miscel	(): 주()	LF)	V	I	S	S
		Yes	No N/A					L	-`	L	R E
Basement			X	Pip	e Insulation	on	60 LF	X			
Name of Registered W		1	EP Waste		bic Yards	Name of Regi					
AZTECH MANAGI	EMENT, INC		ler ID No. 040	of	Waste 1.5	Minerva	Enterpr	ise	INC	2	
City, State				1	sposal Date	City, State					
Montclair, NJ	07042			(03/07/2017	Waynesb	urg, Ohi	0 44	688	3	
Completed Dr. (Daint	on Timol miss				- Ic.	1	/				
Completed By (Print of Constantine Vi	777	e siden	· +		Signature	1	7/	Date	001-	,	
CONTROLLING AT	-vran Fre	STUEI	16		1/ 8	Taster du	116_	2/21/	2017		

CK 260910		N	IOTIF	FICAT	ION OF A	f New Jersey ASBESTOS AB	ATEMENT	MEG				
1				(Purs	uant to N	IJAC 8:60 and 5	5:16)	K				1.
Date of Notification (1)				N	ame of Build	ding Owner/Operate	or (2)	HIII FEE	7 -	7 00	17	Ш
	_ / _	17			New Jers	ey Department o	of Transportati	ion Central	5 2 /	20	17	L
	Notificat	ion		Si	reet Addres	e		on opinial				
⊠ EPA ⊠ In				1		way Ave.		ASBEST				&
	mended				ty, State, Zi		L	LI	CENS	ING		
	nendmer				Trenton N					200 A.E.		
/21110	nergency stification	/ (inclu	iding									
	ncellatio				me of Cont	2015.70		Telephone	Numbe	г		
					Keith Lurt							
Name of Facility Where Abatem	ont in Tal	de - Di			FACILITY	INFORMATION		The state of the s			-	
Abandoned Building	ent is Tal	king Pi	lace (3)			Type of Facili	ty (4)				
Street Address							School (K-	12)				
2 Beebetown Rd.							Subchapte	er 8 (Other than I	<-12)			
City (5)							homes, et	private and com	nmercia	al build	dings,	
Winslow Township				Sc- sile or			Square Feet	# of Floors		Dida	Λ	
County (6)		15000000					1000	1		1	. Age - 70	
Camden			14-3-15	Co	ounty Code	(7)(STATE USE ONLY)	Current Use (Prior if being den	oliche		- 70	
							Vacant	nor it being den	ionsne	۵)		
Name of Monitoring Firm Hired by	y Building) Own	er (8)	ASC	M No.	Name of Abatem	nent Contractor (2)				
Indoor Environmental Cor	cepts					USA Enviro	nmental Mana	9) 20				
Street Address						Street Address	illientai iviana	gement, Inc.				
286 Sunset Rd						8436 Enterp	rice Augus					
City, State, Zip Code						City, State, Zip C						
Barrington NJ. 08007												
Project Manager for Monitoring Fir	m		Te	elephon	e No	Philadelphia Telephone No.	, PA 19153					
Gerard Hogan					8-6020	215-365-581(License No.				
Start Date (10)	Sche	duled			ate (11)			1156				
3/6/17					17	Name of OSHA N						
Occupancy Status During Abateme	ent (Cher	rk only	(000)				mental Manag	ement, Inc				
	Entire Pa	priod o	f Abot			Street Address						
I Abatement Performed Outside	of Norma	I Facil	ity Ha	uro D-	aarib =	8436 Enterpr						
Time of Abatement: 7:00 AM-5	:30PM/	. ,	PM-	A1	A Scribe	City, State, Zip Co						
Scope of Work (Check all that appl				1// 50		Philadelphia,	PA 19153					
	у)					Π = " ο						
] ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		□ R	enova	tion		☐ Mini-Encl	ainment with Neg	gative Pressure				
<u> </u>		⊠D	emoliti	on		☐ Glovebac	Procedure					
		1	s Loca	tion			npted (*) and No	n-Friable Proced	lure			
Location of			Norma						A	baten	ent T	vpe
Asbestos-Containing Material (A	CM)	Us	ed Sol	ely by	Asbes	Description of tos Containing Mat	orial (ACM)	2			T	T
TO BE ABATED IN Facility		Cus	aintena stodial	ance/ Staff?	(i.e.	, thermal systems in	sulation	Amount (Specify	Removal	Repair	nca	Enclosure
(13)		CHATCH.	(12)			surfacing, VAT.	or	SF or LF)	oval	=	psu	Insc
		Yes	No	N/A		other miscellaneo	us)				Encapsulate	e
orth Side Abutment					Vanorilla	oieture De 1						
outh Side Abutment				-	1000	oisture Barrier		50 SF				
					vapor/M	oisture Barrier		50 SF				
									П	П	П	П
imp of Docists												
ame of Registered Waste Hauler				JDEP V	2000	Cubic Yards of	Name of Registe	ered Landfill				Ц
Service Transport			H	auler ID		Waste	Minerva Lar					
y, State						10 Disposal Date	City, State					
New Castle De.						5/1/17	TO SECURITION OF THE SECURITIO	- D-				
mpleted By (Print or Type)	Title						Waynesburg		2.2			
Kevin Meldrum	1	piect	Mana	ger		Signature	10 /	Da	2//		/	
-41		,,,,,,,		901		7	Inn		2/1	6/1	1>	

CK 1068	NO	TIFICATION (Pursuant	to NJAC 8	STOS A	ABATEM 112:120)	dan emilikasi dan		E G E		2017		
Date of Notification (1) 02-23-2017			of Building Congression				ciation		TED (. /	2017		-
Agencies Notified Type Notification		Street A	Address 0x 362					Aŝ	SBESTOS LICE	CON	VTRO	DL &	
X EPA X Initial Amended Amendmen	t #		ate, Zip Coo		2								
□ Emergency justification) □ DCA □ Cancellation	(including		of Contact					Te	lephone Nur	nber			
BCA Cancellation	I		ILITY INFO	RMATIO	ON					-		-	-
Name of Facility Where Abatement is Takin American Legion Post	ng Place (3)	.,,,,				_	of Facility	E - 20					
Street Address 41 NJ 31					7.	×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than K-12 & commerci	2) al buik	dings,	home	es,
City (5) Flemington							re Feet	# o	f Floors A		ldg. A	ge	
County (6) Hunterdon			Code (7) USE ONLY)			Curre	ent Use (Pr	ior if be	ing demolish	ned)			
Name of Monitoring Firm Hired by Building Bioterra Solution	Owner (8)	ASC	M No.				tement Co fety LLC	ntractor	(9)				
Street Address 1130 W Chestnut St			(CONTINUE DE LA CONTINUE DE LA CONT		Street . 12 M		ss Ave #F2		10 to				
City, State, Zip Code Union, NJ 07083							ip Code k, NJ 070	058					
Project Manager for Monitoring Firm Rick Eustaquio		Telepho 973-49	ne No. 94-3762		Teleph 973-2				License N 01317	0.			
Start Date (10) 03-06-2017	Scheduled 03-14-20		Date (11)				HA Monitor fety LLC	0.0000000000000000000000000000000000000					
Occupancy Status During Abatement (Cher	Ø. 255				Street /		ss Ave #F2						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:				_	City, St	tate, Z	ip Code k, NJ 07	058					-
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		ovation nolition			X X X	Mir	ni-Enclosur ovebag Pro	e cedure	n Negative F			e	
		cation mally									Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	Solely by enance/ ial Staff?	(i.e. t	os Conta thermal surfac	cription aining M systems sing, VA iiscellan	aterial insula T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes 1	No N/A										ë	
See Attached					-0								
							-						
Name of Registered Waste Hauler United Safety LLC		NJDEP W Hauler ID 0036820	No.	Cubic 'of Was			Name of Grows	6.2%	ered Landfill				

TBD

Project Manager

Disposal Date

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

Tullytown, PA

Date

City, State

Completed by

Vanco Petkov

City, State Pine Brook, NJ

Signature 02-23-2017

Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility	Is Location By Mainter	Normally U	Is Location Normally Used Solely By Maintenance/Custodial Staff?	Description of Asbestos Containing Material (ACM)	Amount (specify SF or LF)	Kemoval
	Yes	No	N/A			2
		×		Gray Floor Tile	2,204 SF	×
Play Room				Cross lacilation	20 LF	×
Basement Ahove Bathroom		×		Olay Illouiation	300 SE	×
Dascillent Agos of the		×		Gray Transite	300 31	
Basement Boiler Celling				Rlack Flashing	60 SF	×
Loose Duct of Roof		×		Diagna incoming	17 Windows	×
Around Window Perimeter		×		Gray Window Glazing	167 SF	



CK 5978

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	ASBESTOS LICE			L &	
	Telephone N	'·ımbe	er		
	-		× 5		
School (K-1 Subchapter Other (i.e. p etc.)		-12) rcial b	uildings	s, hom	nes,
uare Feet	# of Floors		Bldg.	Age	
000+ irrent Use (Pri ouse	or if being demoli	ished)	35+		
batement Cor	ntractor (9)				
o Inc. Iress					
329					
, Zip Code					
erlin NJ 080)91				
No.	License				
SHA Monitor	00727				
OI IA WOIILO					1
ress	4				
Zip Code					
Mini-Enclosure Blovebag Prod			rocedur Abate	emen	t
		-	13	/pe T	$\overline{}$
ial (ACM) ulation,	Amount (Specify	2	7	Enc	9
s)	SF or LF)	Kemoval	Repair	Encapsulate	Enclosure
	2500 SF	x			
on	15 SF	x			
Name of F	Registered Landfi	11			
G.R.O.\	N.S.				

Agencies Notified Type Notification	Date of Notification (1)							Operator (2) 4	lane	FFR	2.7	201	7 :	
EPA DP	2/21/17	Type Metification				The second second	Priva	te Home							
Dep		_			Street	Address				ASE				OL &	
DOH	DEP	promote and the second			City, S	state, Zip C	ode						<u>u</u>		
DOH	☑ DOL				Berli	n NJ 08	009								
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Sub		justification)		, [oggjunatan da zuan				Te	lanhong	N1-Imbe			
Name of Facility Where Abatement is Taking Place (3) Harry Pizzico Private Home Street Address School (K-12) School (K-1	☐ DCA	Cancellation	1				ODIGAT	TON		_			× 5.		
School (April 2) School	Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	JILII T INF	ORWAI		ype of Facility	(4)					
Street Address	Harry Pizzico Priva	te Home						I	School (K	-12)					
City (5) Square Feet # of Floors Bidg. Age 35+	Street Address								Subchapte	er 8 (Oth	ner than	K-12)	.:1.4:		
Berlin NJ 08009	City (E)								etc.)			erciai bi	lliair	gs, nor	mes,
County (6) County Code (7)	10 A.							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE PARTY OF THE PAR	111	of Floors			3 (50)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)					County	Code (7)				_	ing dem	olished)	35	F	
Street Address Street Address Street Address PO Box 329					(STATE	USE ONLY	n				ing donn	oliorica)			
Street Address PO Box 329 City, Stata, Zip Code City, State, Zip Code Vest Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. S56-753-9800 00727 Start Date (10) 3/3/17 Same Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offer- Describe: Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offer- Describe: Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offer- Describe: Street Address Street Address Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Mon-Exempted (*) and Non-Friable Procedure Normally Used Solety by Maintenance/ Custodial Staff? (12) To BE ABATED In Facility (13) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Removed Procedure Surfacing, VAT, or other miscellaneous) Project Manager for Monitoring Firm Street Address		Hired by Building	Owner (8)	ASC	M No.				ontracto	r (9)				
City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. S56-753-9800 00727 Start Date (10) 3/3/17 Scheduled Completion Date (11) Name of OSHA Monitor Same Occupancy Status During Abatement (Check Only One) Streat Address City, State, Zip Code West Berlin NJ 08091 Telephone No. S56-753-9800 00727 Same Occupancy Status During Abatement (Check Only One) Streat Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Custodial Staff? (12) Yes No N/A exterior siding Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Procedure Abatement Type Abatement Non-Exempted (*) and Non-Friable Procedure Custodial Staff? (12) Yes No N/A exterior siding A exterior siding			3												
City, State, Zip Code City, State, Zip Code West Berlin NJ 08091	Sileet Address							Market Section 200							
Project Manager for Monitoring Firm Telephone No. To same The second of Same Telephone No. The second of Same The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of OSHA Monitor Same Telephone No. The second of Name of Registered Landfill of Name o	City, State, Zip Code						-								
Start Date (10) 3/3/17 Start Date (10) 3/3/17 Scheduled Completion Date (11) 3/3/17 Same Same of OSHA Monitor Same								7.555.55		8091					
Start Date (10) 3/3/17 3/9/17 3/9/17 Same Street Address Street Address Street Address Street Address Street Address Street Address City, State, Zip Code	Project Manager for Mon	toring Firm			Teleph	one No.					100000000000000000000000000000000000000				
3/3/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	Start Date (10)		Cahadul	ad Car		D-4- (44)			NAT AND ADDRESS OF THE PARTY OF		0072	7			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Is Location of Asbestos-Containing Material (ACM) In BE ABATED In Facility (13) Pyes No N/A exterior siding basement Assembly Service Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 10 of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 20 of Waste Abatement Trype Abatement Trype Abatement Trype Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 20 of Waste Abatement Trype Abatement Trype Abatement Trype Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 20 of Waste Abatement Trype Abatement Trype Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 20 of Waste Abatement Trype Abatement Trype Abatement Trype Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 20 of Waste Abatement Trype Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 20 of Waste Abatement Trype Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 20 of Waste Abatement Trype Abatement Trype Asbestos Containing Material (ACM) (i.e. thermal systems insulation, sur					ripietion	i Date (11)		Anna Charles Commission Control	OSHA Monito	r					
Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Demolition Demolition Demolition Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Security	Occupancy Status During	Abatement (Chec	k Only O	ne)					dress			-	_		
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Second Secon	☐ Facility Closed/Vaca	ted During Entire I	Period of	Abaten	nent					4	4				
Sale of of open section Sale open section	Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	/ Hours	3			City, State	e, Zip Code						
Sale of of open section Sale open section		That Apply)		- Topolis						- 15					
Demolition Description of Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, Surface in Section (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, Section of Asbestos Containing Material (ACM) (I.e. thermal systems insulation (I.e.			П	Penova	ition			П	Full Contains	ont with	. Manati	D			
Location of Asbestos-Containing Material (ACM) Location of Asbestos-Containing Material (ACM) Location of In Facility (13) Vased Solely by Maintenance/ Custodial Staff? (12) Ves No N/A Exterior siding X Exterior siding X Exterior siding Ex								Ä	Mini-Enclosur	e e	i ivegativ	e Press	ure		
St. Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A								×	Glovebag Pro Non-Exempte	cedure ed (*) an	d Non-Fr	riable Pr	oceo	lure	
Location of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A			Is	Locati	ion									atemer	nt
Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A												-	_	Type	_
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exterior siding		У	Cus		otan :					SF	or LF)	omo) apa	apsu	clos
exterior siding x exterior siding 2500 SF x basement x Furnace Insulation 15 SF x Name of Registered Waste Hauler United Roll Off 22459 City, State Elm NJ Completed by Title exterior siding 2500 SF x Purnace Insulation 15 SF x Purnace	* 0000 * 00		Yes	No	N/A	1	0.1.01	· · · · · · · · · · · · · · · · · · ·	30)			/al	=	ulate	ure
basement x Furnace Insulation 15 SF x Name of Registered Waste Hauler United Roll Off 22459 City, State Elm NJ Completed by Title Turnace Insulation 15 SF x Cubic Yards of Waste Cubic Yards of Waste 4 G.R.O.W.S. City, State Disposal Date City, State Morrisville PA 19067 Date	exterior si	dina	1.00				ovto	rior cidina	4	25	00.05	200	+	-	-
Name of Registered Waste Hauler United Roll Off United Roll Off United Roll Off Disposal Date City, State Elm NJ Completed by Title NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste G.R.O.W.S. City, State Disposal Date Morrisville PA 19067 Date			-		1								+	+	+
United Roll Off Hauler ID No. 22459 Of Waste 4 G.R.O.W.S.	bacomo		+				uiiiac	e ilisulat	1011	1	3 31	X	+	-	-
United Roll Off Hauler ID No. 22459 Of Waste 4 G.R.O.W.S.												-	-	-	
United Roll Off Hauler ID No. 22459 Of Waste 4 G.R.O.W.S.	Name of Registered Wast	IN	JDEP W	Vaste	Cubic	Yards	Name of	Registe	red I and	Hfill					
City, State Disposal Date City, State Elm NJ Completed by Title Signature Disposal Date Morrisville PA 19067 Date	877		Н	auler ID		of Was				nou Lail	41111				
Elm NJ Completed by Title Signature Date				2	2459			al Data							
Completed by Title Signature Date											A 1906	7			
Anthony T Perna President 2/21/17	Completed by	1119	Title		******										
	Anthony T Perna		Pres	dent	4			/ /				2/21/1	7		



CK 374	7		NOT		OITA	N OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1		n <u>ec</u>		V/		1
Date of Notification (1)	20 .						ng Owner/Operator	(2)	FEB	2.7	201	7	-
	20 /	17	_		Fra	ancis Ale	gre	-					
Agencies Notified EPA	Type Notif	fication			Stree	t Address			ASBESTO			OL.	&
⊠ DOLWD	☐ Amend	led			Cit	01-1-7:	0 1		LIU	ENSI	VG_		
□ DOH	Amend	lment #				State, Zip							
☐ DCA	☐ Emerge		cluding	g			e, NJ 08078		T				
(NJAC 5:23-8)	justifica	STATE STATE OF THE				e of Contac thany M a	ot athie - Keller Will	iams Realty	Telephone Nun	nber			
					FA	CILITY IN	NFORMATION				9		
Name of Facility Where	Abatement is	s Takin	g Place	(3)				Type of Facility	(4)				
Residence								School (K-12					
Street Address								Subchapter	8 (Other than K-1				
								Other (i.e., p	rivate and comme	ercial bi	uildin	gs,	
City (5)				-				Square Feet	# of Floors	D	dg. A	90	_
Runnemede								1,500	3	1	80 80	ige	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Camden								Residence					
Name of Monitoring Firm	Hired by Bu	uilding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			2-2-2-0	C. 1000	
Mgmt. & Environm	ental Cons	ulting	Servi	ces			Shade Enviro	onmental, LLC					
Street Address							Street Address						
PO Box 341							623 Cutler Av	venue					
City, State, Zip Code		(m) 200			-		City, State, Zip Co	ode					
Chesterfield, NJ 08	515						Maple Shade						
Project Manager for Mon			ree alex	Tele	phone	No.	Telephone No.		License No.			-	
Bill Weisgarber	•			1000000		3-4070	856-755-0099	1	00842				
Start Date (10)		Sched	luled C	-	tion Da	Name of OSHA M			-				
03 / 01 /	17					17	EMSL Analyt						
Occupancy Status During Status During			ALCOHOLD STORY	10000	mont		Street Address	O Manufic					
☐ Abatement Performed	[1] [[[[[[[[[[[[[[[[[[[crihe	200 Route 13						
Time of Abatement: _							City, State, Zip Co						
Scope of Work (Check al							Cinnaminson	i, NJ 08077					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	т пас арріу)		⊠ Re	novati molitic	2000		☐ Mini-Enc ☐ Glovebag	g Procedure					
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	77.00		111111111111111111111111111111111111111	Locat Vorma						Ab	atem	ent T	ype
Location Asbestos-Containing		(M)		d Sole		Asho	Description o stos Containing Ma		Amount	Re	Re	En	E
TO BE ABA			1 200	intena			, thermal systems i		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili	ty		Cust	odial: (12)	Staff?		surfacing, VAT,		SF or LF)	<u>a</u>		sula	ure
(13)			Yes	No	N/A		other miscellane	ous)				ite	
Closet in Living Room	n					Duct In	sulation		25 SF		П	П	П
Basement					П	Duct In	sulation	NIK SIRESON KIRINGS	105 SF				П
2 nd Floor Floor Regis	ter					Insulati			3 SF				
2 1 1001 1 1001 Regis						Ilisulati	OII		3 31			=	
							Ta Vi					Ш	Ш
Name of Registered Was Freehold Cartage	te Hauler			1.555	JDEP \	O No.	Cubic Yards of Waste	Name of Regis	tered Landfill d County Land	lfill			
City, State					15939	đ	1 Disposal Date	City, State					<u>Gradinin</u>
Freehold, NJ							3/3/2017	Newburg, F	PA				

Completed By (Print or Type)

Christina Lynch

Title

Vice President of Operations

Signature

2/20/17

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February 20, 201 Agercles holding Type Northca	7 Hori		GP		in, LLC	or Document	1. (5)		- 11	10	AY	1
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Name of Facility Whose Aberementle 7: Battery Building	sking Plan	₹ (9)	1.40 have a service of	OLD OF CHANGE STREET		TIME TECHNISMS	Type of Tank	RY (4)	*************	. 1000d 01 -4		
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177 Main Street	and the second s						Bubchas	ates 8 (Other than 8 6. private & comma	c-12) Malai b	i (ial din	ga. ho	mes.
Vesi Orange				******	entrope to manage for to		SHURED FOOT	# of Floors		Old	g. 494	
County (6)	***************************************		Peur	dy Conn i	remander of the second	· · · · · · · · · · · · · · · · · ·	-7	6			% · ·	
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EY			002			10000	ACK Group,		wmutoods		- chilaten	
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Or Docume Dirive		•		***************************************		1500 k	(ings HWY)	N, STE 209				
ridgewater, NJ 08807						City. 8	into. Zip Chuq					
Project Manager for Monitoring Firm	n , a .m. m. M. mhor 16		Total	iona Na.		Cherry Telephi	Hiil, NJ 080				117AL	
ric Houseknacht			(908)	218-11	66		959 NO. '59 × 5000	Licerce	No.			Status ir
Sust Date (10)	Senaci	ulos Co	mplens	n Date (s	11	Name	OSHA Monte	00781	ann salaa		morelist.) 41 ml = 24 ml = 25 ml =
2/21/17 Scoupency Status Quring Abelem on (CA	1		2/21/	18		The MA	ACK Group.					
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Facility Glosed/Yeosted Dusing Entitle Aborement Performed Outside of Not Other - Describer.	mai facili	i Abato iy How	ពាជព៖ (3)			1500 K	ings HWY N	STE 209	1101/14/200	traction :		
and the control of th		.www.easy.com	mangage sage and a second		······································		ilo. Zin Codo Hill, NJ 080:	34				well Heart
Paper of Work (Check All That Apply)						DIRECTY	/ MI, NJ 080	34				
7 7940 tt 01 7500 lt	B	Repor Dentasi					Mini-Enutosia Diovebna Pri	ocodure				
	1	s Locat	lor	"	C180884441111111111111111111111111111111	-1 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Trans Ann Ute	d (" and Non Frable	e Pros			*****
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TO SE AGATED	M	nieszno	nser	Ashe	e, thermel	alning Mar	edal (AC ba)	4 mount	1	1	114	T
In Facility (13)	Lili	លេកស្រ ! (19)	SP#11 7	1	Spria:	ING VAT.	16	ASpectly SP or LP1	Remark	N.B	8	N.
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THE PROPERTY OF THE PROPERTY O		L,		NF AC	M caulk	on Wind	low sashes	TBD	X			
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me of Registered Waste Hauster		~.m., p			**************************************	**************************************		The desired the second	-			
		1.1.1	JOEP W	asia No.	Cuhin Y		Name of	Registered Landfill	1	L,	ll	(*51 ma) (****
Wark / Freehold / American Waste	/ Rovic		456		5827 864562888	rbd	1		- C1 -			Ц
	1				Dispose	William Committee to the Committee of	City, State	and County / IE	តា អូ	einie	វាខ្មា	**************************************
wask / Freehold / Newton / Riverd	ale, NJ			***************		21/18	Newburg	/ Bethlehem, F	À			
e Cooner	Presid	***			1	1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5) p	******			
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Date of Notification (1) 2/21/17					of Building / Janzer		3] '	, 60	2 /		.011		-
Agencies Notified	Type Notification	ı			Address		0 1 10111		10.00	AS	BEST	OS C	NC	ITRO	OL 8	×.
	X Initial			0.1					-			CENS				
DEP DOL	Amended Amendmen	t #			ate, Zip Cahawkin		050									
DOH DCA	Emergency justification		3		of Contact					Te	lephone I	Niimhe	r			
DCA [Cancellation	n		Rand	•											
Name of Facility Where Al	patement is Takin	ng Place ((3)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)						
Stacy Janzer Private	e Home								School (K-	**						
Street Address								X	Subchapte Other (i.e. etc.)	r 8 (Oth private	er than K & comme	(-12) ercial b	uild	lings,	hom	es,
City (5)	150							1.0	re Feet		f Floors			dg. A	ge	
Manahawkin NJ 080 County (6)	150			County	Code (7)			100	0+ ent Use (Pr	1	ina domo	lichod)	332	5+		
Ocean				(STATE	USE ONLY)		Hou	ise			ilistieu)				
Name of Monitoring Firm F N/A	Hired by Building	Owner (8)	ASCI	M No.			of Aba	tement Co	ntractor	(9)					
Street Address					A)		Street						_			
							POI	Вох 3	29							
City, State, Zip Code							1 2		ip Code	004						
Project Manager for Monito	orina Firm			Telepho	ne No.		Teleph		in NJ 08	091	License	a No				
	3							753-9			00727					
Start Date (10) 3/2/17		Schedu 3/8/17		mpletion	Date (11)		Name Sam		HA Monitor							
Occupancy Status During	Abatement (Che	ck Only O	ne)	97			Street		SS							
Facility Closed/Vacate Abatement Performed Other – Describe:							City, S	tate, Z	ip Code	4 <u>7</u>						
Scope of Work (Check All	That Apply)												_			
≥3 sf or ≥3 If ≥160 sf or ≥260 If		_	Renova Demolii				×	Mir Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	-come mess				2	
		Is	Locat	ion						- ()		1		Abate	ment	
Location o			Normal ed Sole		100000000000000000000000000000000000000		scription					-	Т	Ту	ре	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Ma	aintena todial s (12)	nce/		thermal surfa	taining M systems cing, VA niscellan	insula T, or		(5	mount Specify For LF)	Kellloval		Repair	Encapsulate	Enclosure
exterior sid	ina	163	140			ovto	rior old	ina		10	00.05		+			
exterior sid	iiig			X		exte	rior sid	ing		10	00 SF	X	+			
Name of Registered Waste	Hauler		I N	JDEP W	/aste	Cubic	Varde		Name of	Registo	red Land	Ifill				
United Roll Off	riddioi		H	lauler ID 2459		of Was			G.R.O.	National control	ieu Lanu	11111				
City, State Elm NJ						Dispos 3/8/1	sal Date 7		City, Stat		A 19067	7				
Completed by		Title				S	ignature					Date	60			
Anthony T Perna		Pres	ident				/	2		-		2/21/	17			

Print Form

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CHECK # GOO FEB 2 7 2017

Facility (13)	YES NO	NA Floor Tile and Floor Tile and		03/06/17	me of Registere	
	YES NO	NA Floor Tile and Floor Tile and	mastic Cubic Yards of Waste	288 SF	Inc.	
E ≥ 160 sf or ≥ 260 lf Location of Asbestos- Containing Material (ACM) in Facility (13) First Floor Second Floor	YES NO	NA Floor Tile and Floor Tile and			Enc	lose
≥ 160 sf or ≥ 260 lf Cocation of Asbestos- Containing Material (ACM) in facility (13) Cirst Floor	YES NO	NA Floor Tile and			Enc	lose
© ≥ 160 sf or ≥ 260 lf ocation of Asbestos- containing Material (ACM) in acility (13) irst Floor	YES NO	NA Floor Tile and		370 SF	Enc	lose
© ≥ 160 sf or ≥ 260 lf ocation of Asbestos- containing Material (ACM) in acility (13)	YES NO	NA ,			Enc	lose
≥ 160 sf or ≥ 260 lf Docation of Asbestos- ontaining Material (ACM) in Acility (13)	16-1	misc.)		T .	Rei	nove Repair Encap
⊠ ≥ 160 sf or ≥ 260 lf	ls Location Normall Used Solely by Maint/Custodial Sta (12)	Material (ACM) insulation, surfa	Asbestos Containing (i.e. thermal systems acing, VAT, or other	Amount (Specify LF)	SF or Ab	atement Type
		⊠ Renovation □ Demolition	n	XNon Exampted and ☐ Mini-Enclosure Glove bag Procedur ☐ Full Containment	e	
Source of Work (Check all that app	ply)					
10ther - Describe:			City, State, Zip Coo Towaco, NJ 07082			
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside Describe			Street Address 5 Marguerite Lane	-		
02/27/17 Decupancy Status During Abstance	03/04/17	Completion Date (11)	Name of OSHA M BL Contracting Ir	onitor nc.	I.	
Scheduled Start Date (10)			<u>Telephone Numbe</u> 973-901-0153	_	License Nur 01265	mber
Projec Manager for Monitoring F	Firm Telephone	Number	City State, Zip Co Towaco 07082			
City, State, Zip Cod			Street Address 5 Marguerite Lar			
Street Address			BL Contracting	Inc		
Name of Monitoring Firm Hired I	by Bldg. Owner (8)	ASCM No.	Name of Contrac	tor (9)		
Nutley, NJ Suss	E-356	County Code (7) (State Use Only)	Current Use (prid	or if being demolishe	d):	
0), (5)			Sf 2300 sf	8 (other than K-12) ivate & commercial I Floors 2 .Age;48		es, etc.
Private House Street Address	3.419	<u>e (5)</u>	Type of Facility School (K-12)			
Name of Facility Where Abater	ment is Taking Plac	FACILI7	TY INFORMATION			
⊠ DEP ⊠DOH	- Cance	med	Name of Contac Rozanna Lockr	ot:	Telephon	e Number
□ DCA 図 DOL	☐ Emerg	ency notification	City, State, .Zip Nutley, NJ	Code		
⊠ EPA	☑ Initial ☐ Amen	notification	Street Address		AODEO	TOS CONTROL LICENSING
02/17/17 Agencies Notified	Notificati	on Trans		uilding Owne	r/Operato	r (2)

State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

		(P	ursua	nt to N	JAC 8:	60 and 12:120))		FEB	2 7	201	7		7
ate of Notification (1)			Na	ame of	Building	Owner/Operator ((2)							
2/17/17			_			Hill Temple		7	SULSTO	3 60	NTF	0L	&	۲
gencies Notified	Type Notification		St	reet Ac	ddress	Road			LIC	ENSI	VU_			-
EPA	Initial Amended		_		e, Zip Co					7/2				
DEP DOL	Amendment #	luding			Hill, N									_
] DOH	Emergency (inc justification)	lualing	N	ame o	of Conta	act		1	Telephone M	imhar				
DCA	☐ Cancellation		Sh	nailesh	bhai Pa	atel					=	_	_	_
				FACIL	ITY INF	ORMATION								_
ame of Facility Where	Abatement is Taking	Place (3)				Тур	e of Facility (4 School (K-12)	·)					
emple							IT	Subchanter 8	(Other than I	<-12)	200000			
treet Address								Other (i.e., priv	rate 8 comme	ercial b	uildin	gs,		
9 Burnt Mill Road							Squ	homes, etc.) lare Feet	# of Floors		Bldg	J. Ag	е	
ity (s)							10,	000	2		40 y	TS		_
Cherry Hill, NJ			T	County	/ Code(7) (STATE	1	rent Use (Pric	r if being der	nolishe	d)			
county (6) Camden			_	USE Ó	NLY)	Ne 25		cant						=
lame of Monitoring Fire	n Hired by Building C	wner	A	SCM No).	Name of Abater	ment C	Contractor (9)						
8)						AEi2, LLC								=
Street Address						Street Address 361 E. Flemin		ke						
						City, State, Zi								
City, State, Zip Code						Hammonton,	NJ 0	8037						_
- for	Monitoring Firm		Telep	hone No	0.	Telephone No.			License N 00689	0.				
Project Manager for	Monitoring t iiiii		relop			609-481-21			00089					_
Start Date (10)	Schee	duled Co	mpleti	on Date	(11)	Name of OSHA	Monit	tor						
2/22/17	3/4/1	7				AEi2, LLC	10					_		_
Occupancy Status Dur	ing Abatement (Che	ck only o	ne)	34		Street Addres 361 E. Flem		Dike						
I Encility Closed/Vac	ated During Entire P	eriod of	Apate	ment		City State 7in	Code							
Abatement Perform Other - Describe:	ed Outside of Norma	II Facility	Tiouis	2		Hammonton	n, NJ	08037						_
Scope of Work (Check	all that annly)					Full C	ontair	nment with No	egative Pres	sure				
Scope of Work (Check	all true app.)	NZ Day	- auctic	20		Mini-E								
≥3 sf or ≥3 lf		Der	novation nolition	1		Glove	bag P	rocedure oted (*) and N	on-Friable Pr	ocedur	е			
≥160 sf or ≥260 If			ocatio			IZI Non-	CXCIII	Jieu () and I			Α	bater		
		No	rmally			Description	of					Тур	E	_
Locatio	on of	Used	Solely	/ by ce/	Asbe	etos Containing M	lateria	I (ACM)	Amour (Specify		R e	R	n	
Asbestos-Containing TO BE AB	ATED	Cu	stodia		(i.e	., thermal system surfacing, VA	s insu	lation,	SF or LF		m	e P	a P	١
IN Fac	lily		staff? (12)			other miscellar	neous))			v a	a i	u 1	
(13	L:							1			1	r	a	
		Yes	No	N/A	A =1- ==	tos containing	debr	is and TSI	400 CY		X		e	T
Boiler Rooms		X			Asbes	tos contanning	ucor	is and Tor						T
		-												T
						Secret Supplied to the second								T
		_		11050	Manta	I Cubic Yards	Т	Name of Reg	istered Land	fill		-		
Name of Registered	Naste Hauler			NJDEP \ Hauler II		of Waste		TBD						
AEi2, LLC			_ 2	21376		20 Disposal Date	2	City, State						
City, State			_			TBD /	1	TBD						
Hammonton, NJ	I-r	itle				Signatur	e//1			Date	,			
Completed By Wm. Minnick	100	itle Prograi	n Mo	21.		11/19	1//	Mu	1 2	/17/1′	/			=
TTTT A ALMANA		- 1021 al				1								

			(1-0	2010-1292-1292-129		0.00 and 12.12		1 FEB 2-1	20	11		-
Date of Notification (1) 2/17/17	7					ng Owner/Operato illiamson	r (2)		400	ITRO	51LC	3
Agencies Notified	Type Notific	cation			et Address			ABANTORY	1015	80	-8	
□ EPA	Initial			Ourc	ct /tdarest			LISTA	THE			
DEP	Amende	ed		City	State, Zip	Code						_
⊠ DOL	Amenda		_	2500	man, NJ							
⊠ DOH	justifica	ncy (includir iton)	ıg		ne of Cor			Telephone Num	her			
☐ DCA	Cancella			1000000	William			r relephone itan	ibei			
				F.A	CILITY IN	FORMATION						
Name of Facility Where A Residence	Abatement is	Taking Plac	e (3)				Type of Facili					
Street Address							Subchapte	r 8 (Other than K-1	2)			
							Other (i.e.,	private 8 commerci	al bui	ldings	3,	
City (s)							Square Feet	# of Floors	I F	Bldg.	Age	
Pitman, NJ 08071							1900 SF	2		0 yr		
County (6)				Cor	inty Code	(7) (STATE	Current Use (— I ——————————————————————————————————				
Gloucester				USI	E ONLY)	(,,(e,,,,,=	Residence		0,100/	90		
Name of Monitoring Firm	Hired by Buil	ding Owner		ASCM	l No.	Name of Abaten	nent Contractor (9)				
(8)						AEi2, LLC						
Street Address			, named to	11110094000		Street Address	2000					
						361 E. Flemin						
City, State, Zip Code						City, State, Zip						
						Hammonton,	NJ 08037					
Project Manager for M	onitoring Fir	-m	Tel	ephone	No.	Telephone No. 609-481-212	2	License No. 00689				
Start Date (10)	1	Scheduled C	- Comple	tion D	ato (11)	Name of OSHA N						_
2/27/17		3/5/17	ompie	כם ווטוו	ate (11)	AEi2, LLC	MOTITO					
Occupancy Status During	Abatement ((Check only	one)			Street Address						_
Facility Closed/Vacate				tement		361 E. Flemi						
Abatement Performed						City, State, Zip C						-
Other - Describe: Se	eparated Ar	ea				Hammonton,	NJ 08037					
Scope of Work (Check all	that apply)					Full Cor	ntainment with N	Negative Pressure				
□>3 sf or >3 If		⊠ R€	enovat	ion		Mini-End	closure					
∑≥160 sf or ≥260 lf		De	molitic	n			g Procedure					
		T la l			Γ	∟ Non-Ex	empted (*) and N	lon-Friable Procedu				-
		N.	ocation or mally	1					'	Abate Typ		
Location o		Used	Sole	y by		Description of			-	1	l E	E
Asbestos-Containing Ma TO BE ABATE			ntenan ustodia	7		os Containing Mate thermal systems in		Amount (Specify	R e	R	n	n
IN Facility			Staff?		(surfacing, VAT,	or	SF or LF)	m	e p	a P	1 0
(13)			(12)			other miscellaneo	us)		v	a	s u	s u
		Van	NIa	N/A					a 1	r	1 a	r e
Basement		Yes	No	X	HVAC	Ducts & TSI		165 LF	X		t e	\vdash
		= $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$		Λ					Λ	-		\vdash
									-	-	-	
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Name of Registered Wast	a Haular		I AI	JDEP V	Nasta I	Cubic Yards	I Name of Dog	stered Landfill				
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AEi2, LLC			1	1376		3	TBD					
City, State						Disposal Date	City, State	7				
Hammonton, NJ						TBD /	TBD	-/				
Completed By		Title	1.1			Signature	Jami	Date 2/17/17				
Wm. Minnick		Program	Mg			0//101/	10000	2/17/17				

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Mercer Name of Monitoring Fi	rm Hired by Buildir	ng Owner (8	3) P	SCIV	N NO.		Suardian Co	ntract	ting, Inc			NE					-
Guardian Contra	cting, Inc.						eet Address										
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ASB-41 JAN 13

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

CK 4 4179

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M	FEB	2	7	2017	7	

Date of Notification (1)	19-17			Name	of Buildin	g Owner/Operator	(2) ECH CON	TASBESTOS (COV	TRO G	DL 8	ž.
Agencies Notified	Type Notification		+	Street	Address	ISS RT	Siction					
□ P A	Initial Amended		-	City S	state, Zip (133	30					=
DEP DEP	Amendment #		-	City, S	GHE	ELMFIE	O MLJ	0823	0			_
⊠ DOH	Emergency (in justification)	ncluding		Name	of Contac			Telephone Numbe	Г			
DCA	Cancellation				BRI	UCE						_
				FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility					
R	ESIDENCE	€					School (K-12	8 (Other than K-12)				
Street Address				à		19	Other (i.e., p homes, etc.)	rivate & commercial				
City (5)							Square Feet	# of Floors	1	g. Ag		
V	FUALON						2000	ior if being demolish		00	_	닉
COUNTY (6)	MAY			USE	ity Code (ONLY)	7) (STATE	VAC	AWIT	cu)			
Name of Monitoring Firm		Owner	$\overline{}$	ASCM	No.		nent Contractor (9					
(8)	VIA		_				EMCO I	NC	_	-	_	=
Street Address						Street Address	S SPIEU	CE WIF				
			_			City, State, Zip C			_			=
City, State, Zip Code	ty, State, Zip Code					MAPL	E SHAD	E M. J C	180	52		
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.	0 -1100	License No.	١,1			
, 10,001							9-0472	0044	7		_	=
Start Date (10)	CONTROL 100 100 100 100 100 100 100 100 100 10	duled C			te (11)	Name of OSHA	Monitor					
Occupancy Status Durin						Street Address						
To Facility Closed/Vacat	ed During Entire Pe	eriod of	Abate	ment			-		_		_	ᅴ
Abatement Performe	d Outside of Norma	al Facility	y Hou	rs		City, State, Zip C	Code					
Other - Describe:												=
Scope of Work (Check a	all that apply)						ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf	*	☐ Re	novati	on		☐ Gloveh	closure ag Procedure					
∑≥160 sf or ≥260 lf		DE DE	IIIOIIO			Non-Ex	empted (*) and N	on-Friable Procedure		bater	ment	-
		10.752	ocationally	333011						Typ		
Location	of	Used	Sole	y by		Description of tos Containing Ma	of storial (ACM)	Amount			m	
Asbestos-Containing N			tenan stodia		(i.e.	thermal systems	insulation,	(Specify SF or LF)	Rei	Re	Encapsulate	Enclosure
IN Facility		4	Staff? (12)			surfacing, VAT other miscellane	, or ous)	SF G LF)	Removal	Repair	Sula	osur
(13)		-		L					=		ate	6
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SIDIN	16			X		TRANSIT	15	11000	/		-	
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										-		-
				10551		Cubic Yards	T Name of Rec	istered Landfill				
Name of Registered Wa				JDEP \ lauler IC		of Waste	Traine of riog	d C IM U-	14			
KLEMCO	INC			tauler IC	04_	Disposal Date	City, State	1. (. 0.0-	V .			
City, State	LADE IN	T				Disposal Date		DBINE				
Completed By	LADE IN	2				Signature	1 05.	Date	19	-1	7	
Michael K	LOMM _	5	UP			_DMU	uln		1 (_

CK 5338

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Print Form

		(Pursuar	nt to NJAC	8:60 and 1	2:120)	Market		FEB	27	20	17	
Date of Notification (1) 2/21/17			Name NJG		Owner/Ope	erator (2)		1 LU	<u> </u>	20	1./	1
	lotification			Address SOUTHE	BROOK D	R		ASE	ESTO. LICI	S CC ENSI	NTI NG	ROE	&
DEP A	mended mendment # mergency (including			state, Zip C ntown, N			4		-				
<u> </u>	stification) ancellation	g		of Contact Soliman				Tele	phone N	umber			
Name of Facility Where Abateme	nt in Tokina Di	(0)	FAC	CILITY INF	ORMATION			1			-		
73 Washington St, Mt Holl	y	(3)					Γype of Facility ☐					S-07750 H	re-signa
Street Address							School (K-	er 8 (Othe	r than K-	12)			
73 Washington St						Ē	Other (i.e. etc.)	private &	commer	cial bu	ilding	s, hon	nes,
City (5) Mt Holly						5	Square Feet	# of I	Floors		Bldg.	Age	
County (6) Burlington				Code (7))	-	Current Use (Pr	ior if being	g demolis	shed)			
Name of Monitoring Firm Hired by	Building Owner (8)	ASC	M No.			Abatement Co						
Street Address					St	reet Ad							-25 - 40
City, State, Zip Code					Cit	ty, Stat	e, Zip Code						
Project Manager for Monitoring Fir	m	- 1	Telepho	one No		elephor	VOOD, NJ C		License N	la.			
2000 - 00 10 200 - 200 000 000							8-9078	1.30	1200	NO.			
Start Date (10) 3/3/17	3/6/17		mpletion	Date (11)			OSHA Monitor EAD PROFE		ALS				
Occupancy Status During Abatem	ent (Check Only Or	ne)			1	reet Ad						Control	
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	ng Entire Period of a e of Normal Facility	Abater / Hour:	ment s		Cit	y, Stat	e, Zip Code						
Scope of Work (Check All That Ap	ply)					ANEV	VOOD, NJ 0	8701					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				°0	
	Is	Locati	ion					7 / 41.14	101111100	1		emen	t
Location of Asbestos-Containing Material (1.1.	Vormal d Sole			Descript	tion of				-		/pe	_
TO BE ABATED In Facility (13)	Ma	intenar odial S (12) No			os Containin thermal syste surfacing, other misce	ems in VAT, (sulation,	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
INTERIOR	1.03	140	19/74		Tile			400	05	-			
INTERIOR				Pipe Inst			400		X				
	INTERIOR							100		×			
				70	M Glue be	Silliu	Tiles	100	SF	x			
Name of Registered Waste Hauler		I N.	JDEP W	aste T	Cubic Yards	S	Name of F	Registers	d Londell				
NEWARK CARTING	H	auler ID I 1509	No.	of Waste	_	IESI	vealstele(a Langiiii					
City, State NEWARK, NJ						ate	City, State BETHLE		PA				
Completed by JOSEPH PERLSTEIN	eted by Title					ure	1		Da	te			

									1 2	12	17 /	
Date of Notification (1) / /	17					g Owner/Operator (& Excavating	2)	3	12°	1)	1
Agencies Notified Type Notif	ication			Street	Address			ASBEST	OS C	ON	RO	1. &
⊠ EPA				546	Vath St	reet			CEN			index
☑ DOLWD ☐ Amend	500000			City, S	State, Zip (Code		- A				200
DOH Amend ☐ DCA ☐ Emerge	ment #_	luding	,	Jac	kson, N	J 08527						
(NJAC 5:23-8) justifica		Juding	3	Name	of Contac	t		Telephone Num	ber			
☐ Cancel	lation			Joh	n		'					
1				FA	CILITY IN	NFORMATION		91				
Name of Facility Where Abatement is	s Taking	Place	(3)				Type of Facility (4	4)				_
Residence							School (K-12)					
Street Address							Subchapter 8					
						1	Other (i.e., pri homes, etc.)	vate and comme	rcial bu	ııldıng	JS,	
City (5)							Square Feet	# of Floors	В	dg. A	ae	_
Toms River							1200 sf	1		65	5-	
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being demoli				
Ocean					,	,,	Residence					
Name of Monitoring Firm Hired by Bu	ilding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
N/A	J					1992 1999 630	ntracting, Inc.					
Street Address						Street Address						
						1889 Route 9	Unit 61					
City, State, Zip Code	ity, State, Zip Code							6				
3)					City, State, Zip Co	New Jersey 087	55					
Project Manager for Monitoring Firm		-	Tele	phone	No.	Telephone No.		License No.				
,						732-349-9932		00624				
Start Date (10)	Schedu	ıled C	omple	tion Da	te (11)	Name of OSHA M						
03 / 02 / 17					17	E.M.S.L. Anal						
Occupancy Status During Abatement						Street Address	.,					
☐ Facility Closed/Vacated During Er			100	nent		1056 Stelton						
☐ Abatement Performed Outside of					cribe		, do					
Time of Abatement:AM						City, State, Zip Co	New Jersey 088	E4				
Scope of Work (Check all that apply)						Piscalaway, i	vew Jersey 000	54				
Occipe of Work (Officer all that apply)						☐ Full Cont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf			novati			Mini-Enc						
≥160 sf or ≥260 lf		∐ De	molitic	n			g Procedure mpted (*) and Non	-Friable Procedu	re			
		Is	Locat	ion			inplied () and Non	-1 Habie 1 100cdu		atem	ant T	vno
Location of		1	Vorma	ly		Description o	f		-	T		
Asbestos-Containing Material (AC	(M)		d Sole intena		Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			todial S		(i.e	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	SVOI	ai-	sqe	uso
(13)			(12)	,		other miscellane		Of Of Lif	=		ulate	6
		Yes	No	N/A							CD	
exterior			\boxtimes		asbest	os siding		1250 sf				
		П	П					*****				
					-					1		
		Ш										Ш
Name of Registered Waste Hauler			1889	JDEP V		Cubic Yards of	Name of Regist	ered Landfill				
Guardian Contracting, Inc.					O No.	Waste	T.R.R.F.					
City, State						Disposal Date	City, State	W. San				
Toms River, New Jersey						03/07/17	U	Pennsylvania				
Completed By (Print or Type)					Signature	1		até	1			
Nicholas Fernicola	oject	Mana	ager			(1)	1 3		11	7		

								•		III FF	FR 2	7	201	7	l les
Date of Notification (1)		Zorenis		*	10 NO. 10		g Owner/Operator (2)	and i	m-					lateupri
02/		17			Fiv	e Star Se	rvices			1-2	1	9	1	101	1
Agencies Notified	Type Notific	ation			Street	Address				ASSES	LICEN	iali	NH NG	UL	č
⊠ EPA	☐ Initial				2 C	oles Way	1				Sales S. May Connect S.	A			
⊠ DOLWD	Amended				City, S	State, Zip C	Code								
☑ DOH ☐ DCA	Amendm ⊠ Emergen		ludina		Lak	ewood, l	NJ 08701								
(NJAC 5:23-8)	justificati		iuuirig		Name	of Contac	t		Tel	lephone N	lumber				
	☐ Cancella	tion			Yeh	uda Bra	un		1						
					FA	CILITY IN	IFORMATION						-		
Name of Facility Where A	Abatement is 7	Taking	Place	(3)	15.000			Type of Facility	(4)						
Residence								School (K-12	2)						
Street Address				-				Subchapter 8	B (Otl	her than K	(-12)				
								Other (i.e., p homes, etc.)		e and com	imerciai	bui	laings	,	
City (5)								Square Feet		of Floors		Bld	g. Ag	е	
Lakewood								1600 sf	1,002	1			5		
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if	being den	nolished	i)			
Ocean								Residence							
Name of Monitoring Firm	Hired by Build	ding Ov	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
N/A							Guardian Co	ntracting, Inc.							
Street Address		41400					Street Address								
							1889 Route 9	, Unit 61							
City, State, Zip Code							City, State, Zip Co	ode							
								New Jersey 08	755						
Project Manager for Moni	Manager for Monitoring Firm						Telephone No.		_	icense No).				
					•••		732-349-9932	!		00624					
Start Date (10)		Schedu	led Co	omple	tion Da	te (11)	Name of OSHA M	onitor							
02 / 21 /	1000000					17	E.M.S.L. Ana	lytical							
Occupancy Status During							Street Address	-				-	-		
☐ Facility Closed/Vacate					ment		1056 Stelton								
☐ Abatement Performed	Outside of N	ormal F	acility	/ Hou	rs - Des		City, State, Zip Co	ode					_		
Time of Abatement: _	AM	PM	/	_PM	-	AM		New Jersey 08	854						
Scope of Work (Check all	I that apply)						,								
								tainment with Neg	gative	e Pressure	е				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		- [Re ☑ Dei	novat moliti	on		☐ Mini-End	closure g Procedure							
24 - 100 01 01 - 200 11			<u> </u>					mpted (*) and No	n-Fri	iable Proc	edure				
				Loca								Aba	ateme	ent T	уре
Location				d Sol	illy ely by		Description of					R.	Re	Щ	Щ
Asbestos-Containing TO BE ABA		n)		intena			stos Containing Ma ., thermal systems			Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facili			Cust	odial (12)	Staff?	, , ,	surfacing, VAT	, or		SF or LF)	Val		sula	sure
(13)		-	Yes	No.	N/A	1	other miscellane	ous)						ate	
			Tes		IN/A						-				
exterior	exterior 🔲 🛭						os siding			1350 sf		X	Ц	Ш	Ш
			П		П								П	П	П
					1										
Name of Desistered Wes	to Haulas			Ш	I L	Mosto	Cubia Vasda af	Name of Dani	etore	d Londell			Ц	П	Ш
Name of Registered Was				75	JDEP I lauler II		Cubic Yards of Waste	Name of Regis	stere	u Landiii					
Guardian Contracti	ng, mc.				2022		3	Anni Savenne va							
City, State							Disposal Date	City, State	_						
Toms River, New Je					Q15*Q2******		2/22/17	Tullytown	, Per	nnsylvar	nia		,		
Completed By (Print or Ty	/pe)	Title					Signature			V	Date	1		1	
Nicholas Fernicola		Pro	oject	Mar	ager			γ \perp	/	/	0	2 1	20	11'	7

Date of Notification (1)				Name	of Buildin	a Owr	ner/Operator (2	2)	HH FEE	27	201	7	11
02 /	20 /	17					cavating	-/	2	11	011	/	Same
									AGRECI	00.00	19	01	1
Agencies Notified ⊠ EPA	Type Notifica	tion			Address				ASBEST	OS UC CENSI		UL.	α
⊠ DOLWD	☐ Amended				Vath St				L.				
⊠ DOH	Amendme	nt #	_	100000000000000000000000000000000000000	State, Zip (27						
☐ DCA	☐ Emergend		ng		kson, N.		21		Talanhana Nive	nh ne			_
(NJAC 5:23-8)	justificatio				of Contac	t			Telephone Nur	nber			
	☐ Cancellation	on ———		Joh	2707.0								
				FAG	CILITY IN	IFOR	MATION						
Name of Facility Where A	Abatement is Ta	aking Plac	e (3)					Type of Facility	7.7				
Residence								School (K-12		2)			
Street Address									8 (Other than K-1 rivate and comm		ildings	S.	
								homes, etc.)			Ü		
City (5)								Square Feet	# of Floors	Blo	dg. Ag	е	
Toms River								1500 sf	1	(35		
County (6)				Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
Ocean								Residence					
Name of Monitoring Firm	Hired by Build	ing Owne	r (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9))				
N/A						G	uardian Co	ntracting, Inc.					
Street Address				W		Stre	eet Address					-	
						1	889 Route 9	, Unit 61					
City, State, Zip Code						City	, State, Zip C	ode	(A)				
								New Jersey 08	3755				
Project Manager for Mon	itorina Firm		Te	ephone	No.	_	ephone No.	•	License No.				
. rojost managor tor mon				-,		1	32-349-9932	2	00624				
Start Date (10)	S	cheduled	Compl	etion Da	te (11)	Nar	ne of OSHA N	Monitor					-
03 / 02 /		03					.M.S.L. Ana						
							eet Address	.,			-		
Occupancy Status During				amont			056 Stelton						
☐ Facility Closed/Vacate					cribe								
Time of Abatement:							, State, Zip C		9054				
						_ P	iscalaway,	New Jersey 08	0034				
Scope of Work (Check al	i that apply)						☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			Renova				☐ Mini-End	closure					
≥160 sf or ≥260 lf			Demoli	ion				g Procedure	on-Friable Proced	lure			
			Is Loc	ation				inplod () and th	1		ateme	ent T	vne
Location	of		Norm				Description of	of		1		UNIVERSITY OF	1
Asbestos-Containing		1 3		lely by	Asbe	estos	Containing Ma		Amount	Rem	Repair	nc	nc
TO BE ABA		1 0 0 0 0 0 0	/lainter ustodia	ance/	(i.e		ermal systems		(Specify SF or LF)	Removal	ar a	sde	Enclosure
IN Facili (13)	ity		(12				surfacing, VAT her miscellane		SF ULLF)	1 =		Encapsulate	ē
(,		Ye	s No	N/A				*				D	
exterior					asbest	ns si	idina		1500 sf			П	
CALCITOT			(3)-50		40000		unig	,				_	
		ᆜᆜ			-					_ ⊔		ш	Ш
Name of Registered Was	ste Hauler			NJDEP	Waste	Cul	oic Yards of	Name of Regi	istered Landfill				
Guardian Contracti				Hauler I	D No.	Wa		T.R.R.F.					
	3,			2022	3	Die	posal Date	City, State					
City, State	oreov						3/07/17	The company of the contract of	, Pennsylvania	a			
Toms River, New Jersey							7	Tullytown					
Completed By (Print or T		Title				_	Signature			Date /	/	7	
Nicholas Fernicola		Proje	ct Ma	nager				-ti~	1	2/0	20/1	/	

CV NIOS	N	OTIFIC		OF ASBEST		MENT	F	0 6	0 0/	7 7	lane.	7
CK All 8		(Pu	rsuant t	o NJAC 8:60	and 12:120))	IDE	GE	<u>U</u> W		1	
Date of Notification (1)		N	Name of	Building Own	er/Operator	(2)		rrn 0	7 20	17		
Agencies Notified Type Notification		5	Street Ac	dress	(0)		111,	110 2	1 20	17	MONTH	1
						•					1	1
EPA Initial Amended		C		te, Zip Code		27.7	ASE	BESTOS	CONT	ROL	&	1
DOL Amendment #_	aludina	-	Sa	yonne	1 N J	0700		the second property of the Control of	USING			
DOH Emergency (in justification)	cluding	1.7		Contact			Tel	ephone Nu	mber			
DCA Cancellation			Eric Pl									
Taking I	Diago /2)		FACIL	LITY INFORM	IATION	Type of Fac	ility (4)					
Name of Facility Where Abatement is Taking I	Place (3)	r.					0 0.76/42 25 2000 2000 2004					
Charat Address	- 11					School Subcha	apter 8 (Oth	er than K-1	2)			
Street Address						Other (i.e. private	& commerc	ial build	ings, l	nome	s,
21 (5)					· · · · · · · · · · · · · · · · · · ·	etc.) Square Fee	t # o	f Floors	BI	dg. Ag	ie .	
City (5) BOYDAR						300		3		65		
County (6)				Code (7) USE ONLY)		Current Use	(Prior if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM		Name	of Abatemen		(9)				
Name of Monitoring Firm Fined by Building Ov	viici (c)		7.00			k Industries						
Street Address						Address Box 915						
						State, Zip Cod	Δ					
City, State, Zip Code						k, New Jers		3				
Project Manager for Monitoring Firm			Telephor	ne No.		hone No.		License N	No.			
				2 (44)		0)899-7499 of OSHA Mo		01196				
Start Date (10) 2/17/17	Schedule 7	S 3	pletion I	Date (11)	Name	OI OSHA WO	TIROI					
Occupancy Status During Abatement (Check	Only On	e)	: 1 1		Street	Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of A	batem	ent		City 5	State, Zip Cod	le					
Other – Describe:	1 I donity	Tiouis			Oily,	Julio, E.P. 001	3					
Scope of Work (Check All That Apply)					_	_						
≥3 sf or ≥3 lf	_	tenovat					ainment witl	n Negative	Pressur	e		
≥160 sf or ≥260 lf		emoliti	on			Mini-Encl	Procedure					
						Non-Exe	mpted (*) ar	d Non-Fria				
	Is	Location	on						- 1	Abate Ty		
Location of		Normall d Solel			Descriptio					ĺ		
Asbestos-Containing Material (ACM)	0.0000000000000000000000000000000000000	intenar				Material (ACN ns insulation,		Amount Specify	Z	71	Encapsulate	E
TO BE ABATED In Facility	Cust	todial S (12)	staff?	, ,	surfacing, V	AT, or		F or LF)	Remova	Repair	apsı	Enclosure
(13)		(12)		ot	her miscella	neous)			val	Ę.	ılate	ure
	Yes	No	N/A	0.1								
				HOO	tile		60	DSF	0			
			ton	SHE Q	anels	7	SF	0				
			Nucl	.4	3	7	1	8				
				aucr	MSULL	MIDN	U	ST				
Mana of Dogistara d Waste Hauler		N	JDEP W	Vaste I C	ubic Yards	Nan	ne of Regist	ered Landf	ill			
Name of Registered Waste Hauler	1 2.33	auler ID		f Waste _{		ROWS Inc						
Brick Industries Inc.	2	1602		_	/		,. 					
City, State			D	Disposal Dat	e City	, State						
Completed by	rick, New Jersey					re (2 11/1	77	E	ate a	1.	1.	0
Eric Plackis	eted by Title					THE			L	11	0/1	(

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(1	0	$) \cup$	0

State of New Jersey

CKASI) 8	1			OF ASBE to NJAC 8						3					100
Date of Notification (1) 2/16/2017				Name of Reside	f Building (ence	Owner/C	perator	(2)			U	FEE	1-2	7 2	017	2012
Agencies Notified	Type Notification			Street A	ddress						ASE	BEST		CON)L &
X EPA X DEP X DOL	Initial Amended Amendment				ite, Zip Coo n Plains,		076			-		History Co. St. Land			<u></u>	
DOH DCA	Emergency (injustification) Cancellation	including		Name of Tom	f Contact					Tel	enhon	e Niim	her			
	 			FACI	LITY INFO	RMATI	ON					\$65 0.00				
Name of Facility Where A	Abatement is Taking	Place (3	3)						of Facility (4							
Street Address	×							×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	8 (Oth	er thar & com	n K-12) mercia	l build	lings,	home	s,
City (5) Scotch Plains						_			re Feet	# o	f Floor	s	8:	ldg. A 5	ge	
County (6) Union					Code (7) USE ONLY)			Curre	ent Use (Prio	r if bei	ng der	molishe	ed)			
Name of Monitoring Firm A. Seine Lighthous		Owner (8)		ASCN	1 No.		100000000000000000000000000000000000000		tement Cont		(9)					
Street Address PO Box 354								Addre Libe	ss rty Avenue	9						
City, State, Zip Code South Orange, NJ (07079								ip Code IJ 07205						6	
Project Manager for Mor Sarah Calandra	nitoring Firm			Telephor 201-34	ne No. 19-2666		1.50	hone N 462-7			Licer 013	nse No 16	23			
Start Date (10) 3/3/2017		Schedule 3/10/20		pletion I	Date (11)		7357551000		HA Monitor Lighthouse	Solu	utions	3				
Occupancy Status Durin	g Abatement (Check	k Only Or	ne)					Addre Box 3					14			
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ned Outside of Norm	Period of A	Abatem / Hours	ent		_	City, S	State, Z	ip Code ange, NJ 0	7079						
Scope of Work (Check A	All That Apply)						Oou		1190, 140 0	,, 0, 0						
X ≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demoliti				>	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure					0	
		1	Locati	Section 1					III-Excilipted	() an	u mon	11100		Abate	ement pe	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) <u>ATED</u> lity	Use Ma	Normall ed Sole iintenar todial S (12)	ly by nce/		os Con thermal surfa	scription taining M system cing, VA miscella	Materia is insul AT, or		(5	moun Specify F or LF	y	Remova	Repair	Encapsulate	Enclosure
(15)		No	N/A		11000000000							a	7	ate	re	
basem	ent	Х				pipe				60lf		Х				
											-1,1					
Name of Registered War Newark Carting	Name of Registered Waste Hauler Newark Carting						Yards ste		Name of F Waste N				ndfi	II		
City, State East Orange, NJ		4509		Dispo	sal Date	9	City, State		PA							
Completed by Alison Lamers		Title Offic	e Mar	nager			Signatur	la	mer	8		Dat 2/1	e 6/20	017		

CK886	NOT	TIFICATI (Pursua	ON C	e of New Jersey OF ASBESTOS A NJAC 8:60 and	BATEN	MENT			EG	L		<u> </u>	II n n
Date of Notification (1) 02-14-17				Building Owner/O	perator	(2)			U FEB	2	7 20)17	1
(1) =	tification	Stree	et Add	dress					Ĺ				J
	nended			e, Zip Code					ASBEST LI	OS C			_&_
□ Em	nendment #1 nergency (including			eld, NJ 07003 Contact				Tele	phone Numb	er			
	tification) ncellation	Mor	nique	e Sylvester									
		F	ACILI	ITY INFORMATION	NC	Tuno of	Facility (4	1					
Name of Facility Where Abatemer Private Home	it is Taking Place (3)												
Street Address		>>===================================				T Su	her (i.e. pr	8 (Othe	er than K-12) commercial	buildi	ngs, h	nomes	5,
City (5) Bloomfield				10 Pr		Square	/	# of	Floors	Bk	dg. Ag	je	
County (6) Essex		Cour (STA	nty Co	ode (7) SE ONLY)		Current	Use (Prio	r if bei	ng demolishe	d)			
Name of Monitoring Firm Hired by N/A	Building Owner (8)	AS	SCM	No.			ment Contacting LI		(9)				/
Street Address					Street	Address 7th St.							
						State, Zip	Code						-
City, State, Zip Code							NJ 0708	7					
Project Manager for Monitoring Fi	rm	Tele	phon	e No.		none No. 216-96			License No 01206	•			
Start Date (10) 02-24-17	Scheduled 02-25-17		ion D	Pate (11)		the property of	Monitor acting L	LC					
Occupancy Status During Abatem	nent (Check Only One)					Address							
Facility Closed/Vacated Duri	ng Entire Period of Ab	atement				7th St.							
Abatement Performed Outsi Other – Describe: 7:00am -	de of Normal Facility H 5:00pm	lours				State, Zip on City	NJ 0708	7					
Scope of Work (Check All That A	oply)		attion			_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition				Mini Glov	Enclosure	e cedure	n Negative Produced Non-Friable			Э	
		ocation									Abate Ty	ment	3
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Used Main Custo	rmally Solely by tenance/ dial Staff (12)		Asbestos Con (i.e. therma surfa	scription taining l I system icing, V/ miscella	Material on Material on Materi	(ACM) ion,	(mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No N	N/A									te	
Basement		Х		Pipe	Insul	ation			10 LF	X			
				72						-			-
										-			
								D- : :	التقلم ما أمميم				

NJDEP Waste Hauler ID No. 35240 Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler Tullytown Resource Recovery Facility Delfa Contracting LLC Disposal Date City, State City, State 02-28-17 Tullytown, PA Union City, NJ Date Signature Completed by 02-14-17 Proj. Manager. Jaime Delgado

Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenan todial S (12)	ice/	Asbestos C (i.e. them su	ontaining Materi nal systems insurfacing, VAT, or er miscellaneous	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							б	
Basement		Х		Pi	pe Insulation		36 LF	X			
									-		
						N	Desistered Landi	=11			
Name of Registered Waste Hauler Delfa Contracting LLC		32.3	JDEP W auler ID 35240	No. of \	bic Yards Waste 1	Annual Control	Registered Landf wn Resource I		ery F	acilit	ty
City, State Jnion City, NJ			170.000	posal Date -20-17	City, Sta Tullyto	te wn, PA					
Completed by Jaime Delgado	Title Proj.	Mana	iger.		Signature	4		Date 02-14-	17		
						9					-1-1

CK299	860	1			to NJAC) []			<u> </u>		1
Date of Notification (1) 2/23/17					f Building Diana T				me	F	EB 2	7 21	147		
Agencies Notified	Type Notification		-	Street A		aisain	5 1 110	ate 110		in I	LU C	/ (1)17	l bee	1
				Str GOL / 1	441000										
EPA DEP	Initial Amended		H	City, Sta	te, Zip Co	de		I to the second		ASBE	STOS	CONT	ROL	&	+
Ĭ DOL	Amendment #				May NJ		1		-		LICEN	ISING			
⊠ DOH	Emergency (injustification)	ncluding	F	Name o	f Contact					Tele	phone N	lumber			
DCA	Cancellation			Jim											
				FACI	LITY INFO	RMAT	ION								
Name of Facility Where A		2 53	3)					Type o	of Facility (4	4)					
Jay & Diana Talsan	lis Private Hom	е							chool (K-1		- 4h 1/	40)			
Street Address									ubchapter ther (i.e. p				ldinas	home	es.
011 (5)								e e	tc.)						
City (5)	4							Square			Floors	- 1	Bldg. A	ge	
Cape May NJ 0820	4			0	0 - 4 - (7)			1000		1	- 11		35+		
County (6) Capemay				(STATE	Code (7) USE ONLY)			Hous	nt Use (Pric	or ii bein	g aemoi	isnea)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	1 No		Name		ement Con	tractor ((0)				
N/A	Timed by Editaring C	WIICI (0)		710011	1110.		1	naco Ir		il dotoi (٥)				
Street Address								Address							
							POI	Box 32	29						
City, State, Zip Code					-		10000000	state, Zip							
							1 33.5		n NJ 080	91					
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none No		1	License	No.			
							856-	753-9	800		00727				
Start Date (10)				npletion	Date (11)				A Monitor						
3/6/17	7	Same													
Occupancy Status During	Abatement (Check	Only Or	ne)				Street	Address	3	4-					
Facility Closed/Vaca	ted During Entire Po	eriod of	Abatem	ent			011 0	=					-4:-	W-128-5	
Abatement Performe Other – Describe:	ed Outside of Norma	ii Facility	/ Hours				City, S	tate, Zip	Code						
Scope of Work (Check Al	I That Annly)														
	i illat Apply)	П.	V 25 00 10 00 00 00 10 10 10 10 10 10 10 10	2 € 10000 (10			Г	7							
≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf		Annual Contract of the Contrac	Renova Demoliti						Containme -Enclosure		Negative	Pressi	ure		
							×	Glov	ebag Proc	edure					
		1						의 Non	-Exempted	(*) and	Non-Fri	able Pr		ement	+
	0.49 <u>2.</u> 0°		Locati Normali											/pe	
Location Asbestos-Containing		Use	d Sole	ly by	Ashes		scription taining N		(ACM)	An	nount			m	
TO BE ABA	ATED	150000	intenar todial S		(i.e.	thermal	system	s insulat	tion,	(S	pecify	Re	D.	nca	Enc
In Facilii (13)	ty		(12)	, curri			cing, VA niscellar			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
()		Yes	No	N/A				,				<u>ai</u>	-	late	Iге
		165	INO	IN/A								_	-		
exterior si	ding			X		exte	erior sic	ding		120	00 SF	×			
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Register	ed Land	fill			
United Roll Off				auler ID		of Wa			G.R.O.	45,		med Paris			
			2	2459		3									
City, State							sal Date		City, State		1000	7			
Elm NJ		T:#-				3/10/	W1001		Morrisv	me FA					
Completed by		Title	ident			18	Signature	0			1	Date 2/23/ ⁻	17		
Anthony T Perna President								2/23/11							

State of New Jersey

Check # 1952

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	EB	2	7	2017		W

Date of Notification (1)				N	ame of	Building O	wner/Operato	r (2)		III III FER	27	2017	
02 /	22 / 1	17			Sandı	ra Harrell					_	2011	Linear
Agencies Notified	Type Notification	n		S	treet A	ddress				ASREST	08.00	NTR	71 8
☐ EPA	Initial					ASBESTOS CONTROL & LICENSING							
□ DOLWD	☐ Amended			C	ity, Sta	te, Zip Cod	le				China and and according		Act and a second
☑ DHSS	Amendment		_		Clifto	n, NJ 070	12						
☐ DCA	☐ Emergency (justification)	N		Contact			Telephone Number						
(NJAC 5:23-8)	☐ Cancellation					ra Harrell	F						
					FACI	LITY INFO	ORMATION						
Name of Facility Where A	hatement is Tak	ing Place	e (3)	-					Type of Facility (4)			
Residence	(Datomont io Tax		- (-)						School (K-12)	2)		
Street Address									Subchapter 8	(Other than K-12 ivate and comme	z) ercial build	dings,	
Street Address									homes, etc.)				
City (5)									Square Feet	# of Floors	Bldg	. Age	
Clifton									1,300	1	80	yrs.	
0				Т	County	Code (7)(S	STATE USE ONL	Y)	Current Use (Pri	or if being demol	ished)		
County (6) Passaic									House				
Name of Monitoring Firm	Hired by Buildin	a Owner	(8)	IA	SCM N	o. I	Name of Abate	eme	ent Contractor (9)				
N/A	Trinca by Banam	.g •	(-)		N/A				az Mat Remov				
Street Address				_		- :	Street Address	s					
Street Address							494 East 4	11st	Street				
City, State, Zip Code							City, State, Zip	р Сс	ode				
City, State, Zip Code							Paterson,	NJ	07504				
Project Manager for Mor	nitoring Firm		Te	elep	hone N	lo.	Telephone No).		License No.	W.C.		
1 Tojoot Managor Tor III.o.							973-345-0	022	!	00507			
Start Date (10)	Sc	heduled	Comp	oleti	on Date	e (11)	Name of OSH	A N	lonitor				
03 / 04 /	17	03	1_	10	_ / _	17	Same as a	abo	ve				
Occupancy Status Durin	And the second second	heck only	one))			Street Addres	s					
☐ Facility Closed/Vaca	ted During Entire	Period o	of Aba	aten	nent							No.	
☐ Abatement Performe	d Outside of Nor	mal Faci	lity Ho	ours	- Desc	cribe	City, State, Zi	рС	ode				
Time of Abatement:	AM	PM/	P	M		AM.							
Scope of Work (Check a	all that apply)									ti - Processor			
		M		41.			☐ Full I		tainment with Ne	egative Pressure			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demo				⊠ Glov	reba	a Procedure	5.888.02	2/0		
☐ ≥160 St 01 ≥200 II							☐ Non-	-Exe	empted (*) and N	on-Friable Proced			
			Is Lo								-		nt Type
Locatio			Nor			Aches	Descript stos Containing	on M	ot aterial (ACM)	Amount	Removal	Repair	Enclosure
Asbestos-Containing TO BE AB	g Materiai (ACM) RATED	' 1	Mainte	ena	nce/	(i.e.	, thermal syste	ems	insulation,	(Specify	nov	air	losu
IN Fac	ility	C		ial 3	Staff?		surfacing, other misce	VAT	r, or	SF or LF)	<u>m</u>		Enclosure Encapsulate
(13))	Ye		No.	N/A	1	other misce	ilaii	6003)				Ф
			, 	7	×	Pipe Ins	sulation			70 LF			
Basement		_		_		1 ipe inc	Julianon				П	П	
			L							X			
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			Г										
Name of Registered W	aste Hauler			IN	IJDEP '	Waste	Cubic Yards	of		gistered Landfill	. Washington		
East Coast Haz M		nc.		H	lauler II	D No.	Waste 5		G.R.O.W	.S., North W/M	of PA		
City, State					413		Disposal Dat	te	City, State				
Paterson, NJ							3-10-17	1	Morrisyil	le, PA			
Completed By (Print or	Type)	Title		-	21112		Signatu	íre	/ ///		Date		. A
James Unger	. , , , ,		stim	ato	or/Proj	ect Mgr.	An	w	1/4		2-	22	-17

MDH 244031	0985	Notif	Sta CATION ursuant	ate of Nev OF ASB to NJAC	ESTOS	ABATE	MENT				<u> </u>		W	5	
Date of Notification (1) 02/21/2017				Building sa Don		perator	(2)				8 2	1 2	017	The same of the sa	
Agencies Notified Type Notific	ation						TOS	CON	TPC	1 2					
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X DEP Amend	0.70000	Ì	College and the second	ite, Zip Co											
X DOL Amend	lment # ency (including			rk ,NJ, 0	7017										
DOH justifica	ation)			Contact					Tele	nhone Ni	ımher				
DCA Cance	llation			STOPHE			235011-1115-2								
Name of Facility Where Abatement is	Taking Place (3	5/	FACII	LITY INFO	ORMATI	ON	Type	of Facility (4)					-	_	
Private House	raking riace (s	,,					_								
Street Address								School (K-12) Subchapter 8		er than K-	12)				
							X	Other (i.e. pri				dings,	home	es,	
City (5)								etc.) re Feet	# of	Floors	P	ldg. A	ae		
Bloomfield							N/A	10 1 000	N/A		11112	1/A	90		
County (6)			County C	Code (7)	-127-25-		Area Sentos	nt Use (Prior	if beir	ng demoli	shed)				
Essex				JSE ONLY,						-					
Name of Monitoring Firm Hired by Bui	Iding Owner (8)		ASCM	1 No.		Name	of Aba	tement Contr	actor	(9)					
N/A						EHV	V ABA	TEMENT	LLC						
Street Address						Street	Addres	SS							
						89 F	RANK	KLIN STRE	ET						
City, State, Zip Code								ip Code							
			Se 12. 21 - 20			PAT	ERSC	075, N,NI	24						
Project Manager for Monitoring Firm Telephone No.							none No			License	No.				
							333-5			01274					
Start Date (10) 03/03/2017			mpletion [Date (11)				HA Monitor							
	03/04/							TEMENT	LLC	_					
Occupancy Status During Abatement							Addres	ss KLIN STRE	ET						
Facility Closed/Vacated During E Abatement Performed Outside of								p Code							
Other – Describe:	rvoimar r admity	rioui						07, UN, NC	524						
Scope of Work (Check All That Apply)								211,110,01							
≥3 sf or ≥3 lf		Renov	ation			×] Eu	l Containmen	t with	Negative	Draceu	ro			
≥160 sf or ≥260 lf	-	Demol				×	Mir	i-Enclosure	L WILLI	rvegauve	1 10330				
						ř		vebag Proce n-Exempted (l Non-Eris	hle Pro	cedur	۵		
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Asbestos-Containing Material (ACI		d Sol	ely by		tos Cont	aining N	/laterial		A	mount			Ш	_	
TO BE ABATED In Facility		Staff?	(i.e.	thermal	systems cing, VA		ition,		pecify or LF)	Ren	Re	ncap	incl		
(13)		(12)				niscellar			01	or Er)	Remova	Repair	Encapsulate	Enclosure	
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Name of Registered Waste Hauler		- 1	NJDEP W Hauler ID	100 W 1000	Cubic of Was			Name of Re							
TRY STATE TRANSFER /YIM	Y BROTHER	00	19551		N/A			MINERV	A EN	NIERPE	KISES				
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1199 RANDALL AVE BRONX I	NY				TBD		ė	900 MIN	ERV	A RD W	/AYNE	SBL	JRG	ОН	
Completed by	Title				S	ignature	// .	:: 14.	1	1115	Date				
VICTOR ESPIRITU	PRO	JEC.	T MANE	GER		hu71	7-/	West	6	(02/21/	2017			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) NOVARTIS PHARMACUETICALS CORPORATION Date of Notification (1) Street Address /17 23 2 **59 ROUTE 10** Type Notification Agencies Notified City, State, Zip Code ASBESTOS CONTROL & LICENSING Initial Notification **EPA** EAST HANOVER, NEW JERSEY 07936 Amended Notification DEP Cancellation DOL Telephone Number Name of Contact On Hold DOH EMERGENCY NOTIFICATION KEVIN READIE DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) NOVARTIS Bldg. Age # of Floors Square Feet Street Address 52 9,350 59 ROUTE 10 -BUILDING 702 Current Use (Prior if being demolished) County Code (7) County (6) City (5) COMMERCIAL (STATE USE ONLY) MORRIS EAST HANOVER Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 99 LANGAN Street Address Street Address 313 SPOOK ROCK ROAD 300 KIMBALL DRIVE City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 PARSIPPANY, NEW JERSEY 07054 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 460 845-369-7500 973-560-4983 VIJAY PATEL Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) QUALITY ENVIRONMENTAL 6/ 6 Year Day Year Day Month Street Address Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY - FRIDAY 7AM-3:30 PM WAPPINGERS FALLS, NEW YORK 10016 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclos, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure 260 LF >160 SF OR Abatement Type Description of Asbestos-Is Location Location of ENCAPSULE Amount REPAIR ENCLOSU Containing Material (ACM) REMOVAI normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) insulation, surfacing, VAT, SF or LF) Maint/Custodial TO BE ABATED or other miscellaneous) JRE Staff (12) in Facility (13) Yes No N/A X 12 LN. FT. PIPE FITTINGS INSULATION X 1ST SOUTHEAST /SOUTHWEST Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler GRAND CENTRAL SANITARY LANDFILL Hauler ID No. NEWARK CARTING, INC. 913 369 RAYMOND BLVD. City, State Disposal Date PLAINFIELD TOWNSHIP, PA City, State 3/6-6/30/17 NEWARK, NEW JERSEY 07105 Signature

Completed by (Print or Type)

BENJAMIN SANCHEZ

DIRECTOR OF OPERATIONS

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12) Date of Notification (1) Name of Building Owner/Operator (2) 2 7 2017 02/23/17 Calpine New Jersey Generation LLC Agencies Notified Notification Type Street Address ASBESTOS CONTROL & (X) EPA () Initial Notification 717 Texas Ave. Suite 1000 LICENSING () DEP (x) Amended Certification City, State, Zip Code (X) DOL () Cancelled (X) DOH Houston, TX 77002-2743 () DCA Name of Contact Tel Number Paul Ostberg **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) () School (K-12) Calpine New Jersey Generation LLC () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 373 N. Broadway Sq. Feet 97,850 # of Floors 8 City (5) County (6) County Code (7) Bldg. Age 55 (State Use Only) Pennsville Salem Current Use (prior if being demolished) Power Plant Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Horizon Environmental Group 00073 Brandenburg Industrial Service Company Street Address Street Address PO Box 316 2217 Spillman Dr City, State, Zip Code City State, Zip Code Thorofare, NJ 08086 Bethlehem Pennsylvania 18015 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Steve Flanigan 856-848-0800 610-691-1800 00721 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/02/18 Brandenburg Industrial Service Company Occupancy Status During Abatement (Check only one) Street Address (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -2217 Spillman Drive City, State, Zip Code Describe Demolition (x) Scheduled Demo Start 07/11/16 Scheduled Demo Completion 09/28/18 Bethlehem, PA 18015 Source of Work (Check all that apply) (x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure Is Location Normally Used Location of Asbestos-Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Containing Material (ACM) in Solely by Maint./Custodial thermal systems insulation. Facility (13) Staff? (12) surfacing, VAT, or other YES NO NA miscell.) Rem. Rep. Encap Enclose Plant Boilers X Insulation 180,000 sf X Plant Boilers Fire Brick X 24,000 sf X Main Plant Pipe Insulation 12,500 lf X X Main Plant X Transite/Galbestos 32,265 sf X Main Plant VAT X 55,000 sf X Main Plant X Flashing/Tar Paper 68,100 sf X Main Plant Caulk/Exp Jt X 13,570 sf X Pipe Rack Pipe Insulation X 9.820 lf X Conveyor Galbestos 8,000 sf X X Misc Small Out Bldgs X Caulk/Exp Jt 33,000 sf X Misc Small Out Bldgs Transite/Galbestos X 4,450 sf X Misc Small Out Bldgs Insulation X 2,840 sf X Misc Small Out Bldgs X Flashing/Tar Paper 4,650 sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill Massari & Sons 01951 25.000 cv Salem County Improvement Authority Landfill City, State Disp. Date City, State Carneys Point, NJ

02/23/17

Alloway, NJ

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of W	/aste	Name of R	of Reg. Landfill		
Brandenburg Industrial Service Company	21838	1000 cy		Salem County Improvement Au Landfill			
City, State			Disp. Date		City, State		
Bethlehem, PA 18015			02/23/17	NF	Alloway, NJ		
Completed by (Print or Type)	<u>Title</u>	Signature		Date			
Jennifer Polzer	Contract Manager	962		02/23/17			

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

