NOTIFICATION OF ASBESTOS ARATEMENT Pursuant to NJAC 8:60-7 and 12:120-7

Date of White	EG	(Pur	csuan	t to M	JAC 8:6	0-7 and 12:	120-	± −7)					
Date of Notification (1)					g Owner/Ope							
02/22/18			11	Mar	air	Bar			,,	@ [Element.	FL 17	5;-2
Agencies Notified Type	e Notifica	ation	st	reet A	ddress	1001	10		IN E	6	n	Ŋ	
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[]DEP	Notific	ation	CI	EV. ST	ate, Zij	Code			444		a 0	201	.
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[≪] DOH	Notifica	ation	NT-3	1017	clair	- NJ	. C	H042			41.1		
[]DCA X] EMERGENC:	Y	11_	- / -	Contact	D -		Telepi	none Number	· (A.T. A.A.T.)	r Or	1.5	0.8
	Cancellat	tion	11 11	1440	200	Barry	LS	1					
Name of Headline				FF	CILITY	INFORMATION	N						
Name of Facility Where A		is Tak	ing I	Place	(3)			Type of Fac	ility (4)	_			
	rne.S							[]School	(K-12)				
Street Address							_	[]Subcha	apter 8 (Ot	her th	in K-	-12)	
								cial	(i.e., pri buildings,	vate & homes	com	er-	
City (5)	ic	ounty	(6)		la			Square Feet	# of Fl			. Age	9
Montciair				,	(83	inty Code ('	7) LY)						
		ES		27			-	Current Use	(Prior if)	being c	emol	ishe	d)
Name of Monitoring Firm h Owner (8)	ired by B	uildir	ng A	SCM No		Name of At	pater	ment Contract	OF (9)				
N/A				7		AZTECH	ME	ANAGEMEN:	F. Inc.				
Street Address			1-			Street Add							
								topher St	t				
City, State, Zip Code		V				City, Stat							
~								r, NJ 070	142				
ject Manager for Monito	oring Firm	n Te	lepho	ne Num	per	Telephone	Numi	er		Licens	a Nu	nber	
		N	/A			(973)7	44	-8800		003			
Scheduled Start Date (10)	Sched.	. Comp	letio	n Date	(11)	Name of OS	HA M	fonitor			2		
02 - 22 - 18 Month Day Year		5		- 18		N/A							
Occupancy Status During Al	Mont Datement	Check	only	Ye'a		Street Add	ress						
[]Facility Closed/Va of Abatement	cated Dur	ing En	tire	Perio	i								
[]Abatement Performed	d Outside	of No	rmal	Facili	Lty	City, State	e, Z:	ip Code					
Hours - Describe:«	OffHours I	Descri	pt» Desc	ript»	1								
Scope of Work (Check all t						×							
			2_			[]Ful	Ll C	ontainment wi	th Negative	Press	ure		
[29≥3 sf or ≥3 lf []≥160 sf or >260	lf			ovatio: olitio:		[]Glo	ii-Ei	nclosure ag Procedure					
						[]Nor	ı-Fr	iable Procedu	re				-0.00-0.7-00-
Location of			Is ocati			Descript	ion	೧೯		Aba	teme	ent T	Ype
Asbestos-Containing Material (ACM)	ı		Used	-		Asbestos-C	onta	ining	Amount	RE	R	Z C	N
TO BE ABATED		By	Solely Main	n-	(Material i.e., therm			(Specify SF or	MOV	REPAI	AP	HO
In Facility	İ	Cu	enanci stodi	al	inst	ulation, su	rfac	ing, VAT,	LF)		AI	S	MGWOHOW
(13)	1	Yes	Mo	12) N/A	03	other mis	cell	aneous)		. A	R	T L	
Basement	İ			X	Ry	iler	-		208F	- 1	<u> </u>	-	E
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ame of Registered Waste Ha			DEP Wa		Cubi	c Yards		Name of Regis	tered Land	F111			
ZTECH MANAGEMENT	, INC.		11er :	ID No.	of W	aste 1.5	ŀ	G.R.O.W.S	5.				
ity, State		1			Dispo	osal Date	10	City, State					
fontclair, NJ 0704	2				-0-2	:126/18	-	Morrisvil	le, PA	1906	7		
ompleted By (Print or Type)) Title					Signatur	/1	, /	L:	h-+-			
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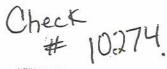
Г	ate of Notif	ication 2/21/	'1Ω	Man								C
				Ade	le of E	Building O i lligan)wner	/ Operator (2)	the acceptance is relative to any organization	eren automatic division de la company		
Agend		Type of Not	fication		et Ado			IIN E C				
	EPA		rgency Notific	ation					de la company de			
1	DEP	X Initia	Notification	City,	State	& Zip Co	ode	IInii				
X	DOL	Ame	nded Notificat	ion Ros	eland	d, NJ 070	068	III III FF	B 2 3 20	18 11	//	
X	DOH	Cano	ellation	Nam	e of C	Contact		hel lenk		locate l	Telenho	one Number
	DCA			Ade	le Mi	lligan					Tilolopite	ALC HAILIDE
					ACIL	ITY INFO	ORM	ATION ACCES	un z cent Licensing		. !	
Name	of Facility V	Vhere Abater	nent is Taking	Place (3)			Тур	e of Facility (4)	etalese in a service of the service	Taken and a second		
Street	Address	vaca	nt Residence	ce				School (K-12)				
Olicel	Addiess							Subchapter 8 (Other than k	(-12)		
							X	Other (i.e., priva	ate & comm	ercial buildi	ngs, hom	ies, etc.
0:1 /5:							Squ	are Feet	# of Floors		Eldg. Ag	
City (5)			County (6)	County	Code	(7)	1	2,500	2			70+
	Manasq	uan	Ocean				Curr	rent Use (Prior if	being demo	olished)		
								idence		/		
Name	of Monitorin	g Firm Hired	by Building O	wner (8)	AS	CM No.	Nam	ne of Abatement	Contractor	(9)		
Enviro	onmental	Tactics			N/A	Ą		bal Abatemen				
	Address					2017		et Address		,		
	oad Street						443	Schoolhouse	Road			
	tate & Zip C							State & Zip Coo				
	van, NJ 07							roe Townshi		1		
		or Monitoring	Firm	Telephone	Num	ber		phone Number	,	License N	lumber	
Tom G				732-290-2				-605-9062			00714	4
Schedu	led Start Da	ate (10)	Scheduled Cor	mpletion Da	te (11)	Nam	e of OSHA Mon	itor			
	3/3/18			3/5/18			Glo	bal Abatemen	t Services	, LLC		
Occupa Y F	ancy Status	During Abate	ement (Check uring Entire P	only one)			Stree	et Address				
								Schoolhouse			25 E. T.	
	escribe:	enomied Ou	tside of Norma	al Facility Ho	ours -			State & Zip Coo				
	ther - Desci	ribe:					Mon	roe Township	o, NJ 0883	1		
Scope of	of Work (Ch	eck all that a	(vlaa									
	emolition		X Renovat	ion				Full Contr	ninnantith	Nia and an E		
La	arge Project	É						Mini-Encl	ainment with	Negative F	ressure	
		3 SF or ≥ 3 I	FACM					X Glovebag				
			260 LF ACM									
		cation of	ZOO EI MOIN	Is Locati	00		-		lon-friable		-	
		os-Containin	a	Normally L				escription of tos-Containing	1	Amount		ment Type
	Mate	erial (ACM)	·	Solely b		1		terial (ACM)		Specify are Feet or		y: Removal,
		E ABATED		Maintenand	ce or	(i		nermal systems	Lir	ear Feet)		tepair, sulation or
	in	Facility		Custodial S	Staff?	inst	ulatio	n, surfacing, VA	T	ioui i ocij		closure)
		(13)		(12)		or	other	miscellaneous)				
	Ra	sement		NI/A								
		Scilletti		N/A				SI Pipe		110 LF	Re	moval
lame of	f Registered	Waste Haul	er	NJDEP Was	ste Ha	uler ID #	1/	Cu. Yds. of Was	to N-	o of D : 11		1611
reeho	ld Cartage	9			1869			ou. ras. of vvas		e of Registenberland (atill
ity, Sta							-	Disposal Date		State	Junty	
	ehold, NJ							3/6/18		burg, PA		
omplet	ed By (Print	or Type)	Title				15	Signature				Date
DOM	inick Tring	gaii	Manage	r			1	Dominick Trie	rgali			2/21/18
									0			

Date of Notification (1) Name of Building Owner/Operator (2) 2-23-18 Mr. Fran Camardella Agencies Notified Type Notification Street Address FP4 以 Initial DEP Amended City, State, Zip Code $\Box X$ DOL Amendment # Haddonfield, NJ 08037 Emergency (including Name of Contact Fran Camardella DOH justification) Telephone Numbe DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Haddonfield 60 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Camden residence Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. EHS Environmental, Inc. Plymouth Environmental Co., Inc. Street Address Street Address 923 Haws Avenue 411 Southgate Court, Suite E City, State, Zip Code City, State, Zip Code Mickleton, NJ 08056 Norristown, PA 19401 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jack Carney 856-224-0080 610-239-9920 00398 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3-9-18 3-10-18 Plymouth Environmental Co., Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 923 Haws Avenue Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Norristown, PA 19401 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf X Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition X Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, surfacing, (Specify Custodial Staff? ncapsulate Removal Repair In Facility VAT, or SF or LF) (12)(13) other miscellaneous) Yes No N/A first floor х duct insulation 10 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Robinson Waste Disposal 17304 5 Tullytown Resource City, State Disposal Date City, State Bellmawr, NJ 3-10-18 Morrisville, PA Completed by Sighatur Date James Kelly President 2-23-18

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Date of Notification (1)	里 工工工						10700			-			-
				Name	of Buildin	Owner/Operator	(2)	T	111111	FFH	2	701	X
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(NJAC 5:23-8)	Emergency (in justification)	cluding	3	Mana	c, NJ 070	150		1	1				
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					en H.Do		98						
Name of Facility Where Abe	Samana to Wall			FA	CILITY IN	FORMATION		mponer					
	rament is 1 eking	Place	(3)			-	Type of Fr						
Private house Street Address							School	K-12)				
arrach (Middl Bible							De Other	3(8) (ivate and committee K-	12)	ett alta ma		
City (B)				_			homes	etc)	treate wild house	describit Of	Rigit! B	1	
City (5)					-		Square Fe	it.	# of Floors	181	dg. Alk	1	-
Orange, NJ 07050						and the substitute of the subs					- 1 Al.	250	
County (6)		-140		Coun	ly Code (7)	STATE USE ONLY	Current U	0 (F r	or If being dem	oliahed)			_
Name of Manifestor Flow IV				-		1 Jan 19			•	* ****			
Name of Monitoring Firm Hi	and by Building C	wner	(8)	MOSA	No.	Nama of Abatem	ent Contrac	n (II)			-		_
Street Address						Or Tech LLC			AVV.				
						Street Address	2164						
City, State, Zip Code	,			1 -	*****	576 Valley Rd	#283	1.					
A this age of mile modell				. 5	y 1 - 1 121	City, State, Zip C	ode	*					
Project Manager for Monkor	ing Flow					Wayne, NJ 074	70						
manege by the man			Tiple	enoriqe	Nię, -	Telephone No.			License No.				
Start Date (10)	16-1	. de-2 =			-	973-638-1777	250	9. Wa	01127				
92 / 24 /				rion De		Name of OSHA	Monitor	amount too	. German		-		-
	APRELIA	4_ /	_4.	5/	19	Ravirovision C	onsultants.	70					
Occupancy Status During A Fiscility Closed/Vacated i	batement (Check	only o	one)			Street Address					-		-
□ Abstement Performed D	utside of Normal	Forlie	u Harri	m - Pas	mella -	20-21 Wagaraw City, State, Zip C	Road, Bk	3.83	35E				
Time of Abstement:	AM- PI	N_	PML	م بعہ (ج2)	AM			-					_
Scope of Work (Check all th		- Laboratory	DAN .	- Constant		Fair Lawn, NJ (7410		***				
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≥ 3 sf or >3 ff ≥ 160 sf or ≥260 tf		⊠ Re	noval	100		Mini-En	Closure		ativa Pressure				
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		1	Local	Haz		U NON-EX	swbseq.(,) v	G 1/10	n-Friable Proce	Constitution of the last of th	-		
Location of		-	Norma	My -		Dascription	ے نے کے دیے	2	7 5	-	atemail	n Ty	oe.
Asbestos-Containing Ma	terist (ACM)		ed Sak	ely by	Asbe	stos Containing Ma	aterial (ACM		Amount	27	20	F	En
TO BE ABATE	70			Staff?	5.1)	thermal systems	insulation.	-	(Specify	Remove	Repair	Encapsulate	Enclosure
(13)			(12)			cities miscellen	- OF		SIF or LF)	1 5	-		an a
		Yes	No	NA			1.5					ē	
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Name of Registered Waste	Heuler		N)	DEP WAS	Hauler D He.	Cubic Yards of Was	Name of	Rapie	tered Landill	ليحار			
Gr Tech LLC			1	003378		TBD	1						
City, State	***************************************			747716		Disposal Date	TRRF	Int:					-
Wayne, NJ 07470	1858) I				0.00		2.5						
Completed By (Print or Type	i) Title	,		-		TBD	Tallytav	0, 1	1				
Jevtic						Signature	11			Date			
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Date of Notification (1) 2-24	-18	, '	Name o	f Building Owner/		atri	Cla F	lae.	tm	67	7
Agencies Notified Type Notification			Street A	ddress			~	IVIK	744		111
□ EPA 📜 Initial		-	Titu Cto	ite, Zip Code			UR	live	2018	3	11
DOL Amended Amendment	#	_ [Jily, Sie	Ocea	a True		NHO	77	12		
DOH Emergency (i	ncluding	1	Vame o	f Contact		P	TAIARDAN		. ~	, As	:5
□ DCA □ Cancellation			Pa	tricia	Hart	man	Ar.				-41
Name of Easility Where Abatement is Taking	Place (3)		FACI	LITY INFORMAT		of Facility	(4)		2002		
Single family			llin	O		School (K-					
Street Address	7 0 4		(///			Subchapte	r 8 (Other than K-	12)	J		
						etc.)	private & commer	ciai bullo	ings,	nome	s,
City (5)		٨١	7	07717	Squa	re Feet	# of Floors	В	ldg. A	_	,
County (6)	,	10	County (Code (7)	Сипте	ent Use (Pri	or if being demoli	ished)	_/	07	
Monmouth				USE ONLY)	-			,			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	No.	Name of Aba	tement Co				7	
Street Address	7.63			4100	Street Addre	SS.	chnole	3160	,	LN	
P.O. Box 3.	57				P.O.	Box	337			•	
City, State, Zip Code	N2	• (80	533	City State, Z	ip Code	AL ALT	O	25	13	3
Project Manager for Monif ril gy-irm	110		elepho	ne No.	Telephone N	o. 37	License	No.	10		
Steve Schenken	2			758-3365	609 758		5 0	03	34	4	
1010	Scheduled		pletion		Name of OSI		1 1. ,				
Occupancy Status During Abatement (Check	Only One	-		2018	Street Addre		hnologie	s L	nc		
Facility Closed/Vacated During Entire P		A.	ent	2)	P.O.	Box	337				
☐ Abatement Performed Outside of Norma	al Facility I	Hours	8		City, State, Z	ip Code				200	
Other – Describe:					New	Egypt	W	033	53	3	•
Scope of Work (Check All That Apply)	V =					!! Ct-!	and with Noneth to	Dronou			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enovati emolitic			☐ Mir	ni-Enclosur		Pressui	re		
E						ovebag Pro n-Exempte	cedure d (*) and Non-Fria	able Pro	cedure	2	
	ls I	ocatio	n						Abate	ment	
Location of	No	Soleh	1		scription of		F0		Ту	Je	-
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntenan	œ/		taining Materia I systems insul		Amount (Specify	Re	R	Ence	Enc
In Facility (13)	Custo	dial Si (12)	ldii?		cing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/Δ		,			<u>a</u>		late	Гe
B.co. I family	100	140	''NA	D.: T	. 1 .1	. 1	804	FX			
Basement/Crawkpace	X			ripe L	Bulch	un.	2014				
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	+-+							+-			-
Name of Registc.ed Waste Hauler		N.	JDEP W	/aste Cubic	Yards	Name of	Registered Land	fill			-
		Ha	auler ID		ste 2		te Manage		t . i	P	A
EPC Technologies City, State	>		170		sal Date	City, Star	te		. 01		•
New Egypt	NJ.	N		3-	8-18	Morn	<i>visuille</i>	PA			
Completed by	Title		1	15	Signature	5.0		Date	24	1-1	2
Steve Schenker	Pres	side	nT		Steel	Dicke	oh	\propto	x 1	l (\cup

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Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	111	T	Service of the	W	ne autom	711	111
02/	23 /	18			RF	Product	s, Inc.		D						Total Section
Agencies Notified	Type Notific	ation			Stree	t Address				FEB	200	2010	}	111	4
☑ EPA	☐ Initial				150	00 Davis	Street	ł							
☑ DOLWD					City.	State, Zip (Code			E de la lacción de la	0.00 1 (p. 1)	Error	Chi Trista	1	-
⊠ DOH	Amendm	_				mden, N.		**		ASSESTO	is Qua Pistosi	111	w bu C		ļ
DCA (NJAC 5:23-8)	☐ Emerger justificati		luding	3		of Contac			·/14/2027	Telephone N			w.arv.		Luy
(140/10 0.20-0)	☐ Cancella					bert Mink			1	releptione is	(ullib5)				
Name of Facility Where A	hatament is	Takina I	Diana	(2)	FA	CILITY IN	IFORMATION								
RF Products, Inc.	Abatement is	raking i	Place	(3)				Type of Fac)					
The second secon								School (Other than K	(-12)				
Street Address										ate and com		buil	dings		
1500 Davis Street								homes,					- 20		
City (5)								Square Fee	t	# of Floors			g. Age	е	
Camden								50,000		3		7	0		
County (6)					Cour	nty Code (7)(STATE USE ONLY)			r if being den	nolished)			
Camden								Commer							
Name of Monitoring Firm				100000	ASCM	No.	Name of Abateme	ent Contracto	r (9)						
Management & Env	iro. Consul	ting S	ervi	ces			Shade Enviro	nmental, L	.LC						
Street Address							Street Address								
PO Box 341							623 Cutler Av	enue							
City, State, Zip Code							City, State, Zip Co	ode							
Chesterfield, NJ 08							Maple Shade	NJ 08052							
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.			License No					
Bill Weisgarber				60	9-298	-4070	856-755-0099			00842					
Start Date (10)		Schedul	led C	omple	tion Da	te (11)	Name of OSHA M	onitor	-00						
02 /05 /	18	05	/	04	_ / _	18	EMSL Analyti	cal, Inc.							
Occupancy Status During	Abatement (Check o	only o	ne)			Street Address						1311		
☐ Facility Closed/Vacate	d During Enti	re Perio	d of	Abater	nent		200 Route 13	0 North							
☐ Abatement Performed	Outside of No	ormal Fa	acility	Hour	s - Des	cribe	City, State, Zip Co								-
Time of Abatement:	AM	PM/		_PM-		AM	Cinnaminson								
Scope of Work (Check all	that apply)						,	,							
		_		.72				ainment with	Negat	tive Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		_	_	novati molitio			☐ Mini-Encl	osure Procedure							
		_		montac				npted (*) and	Non-	Friable Proce	edure				
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Location	7.7			lormal			Description of			r e se	-			-	-
Asbestos-Containing N TO BE ABA		1)		d Sole intena			stos Containing Mai			Amount	9	3	pair	ica	1Clc
IN Facilit			Cust	odial S	Staff?	(1.6	., thermal systems i surfacing, VAT,			(Specify SF or LF)			=	capsulate	nclosure
(13)				(12)		1	other miscellane			,				late	e.
			Yes	No	N/A										
Level 3				\boxtimes		Floor Ti	ile and Mastic			10,500 SF	= [2	a [
Level 2				\boxtimes	П	Floor Ti	le and Mastic		+	10,500 SF			7 1	5	$\overline{\Box}$
Level 1		-	-			100.000.000.000.000			+			-		=+	님
Level I		- -				Floor II	le and Mastic			656 SF		3 [_	井	
		L				<u> </u>		·			L	7 [7	Ш
Name of Registered Wast		2000		2115/96	JDEP \ auler II	2002 C	Cubic Yards of Waste	4		red Landfill					
Robinson Waste Dis	sposal Serv	ice		3556.0	17304	S. 0.179500	200		S Nor	th Landfill					
City, State						-	Disposal Date	City, State				-7-12-0			
Voorhees, NJ							05/04/2018	Morrisv	ille, F	PA					
Completed By (Print or Ty	pe)	Title	-		ů.		Signature	1	:		Date	-			\neg
Christina Lynch		Vice	e Pre	eside	nt of (Operation	/ 11 % n	Q			2/	12	1/15	7	

U 2997			State	of Nev	w Jersey							
1	NC				ESTOS ABATEI 8:60 and 12:12		EG	EIW	123 C	271		
Data as Nation 11	PAID					- 11U				Programme (C. C.		
Date of Notification ((1) 2-21-2018				Owner / Operator y Hospital	(2)			A COLUMN TO THE PERSON TO THE	The state of the s		
Agencies Notified	Type Notification	Stre	et Addr	ess			T FEE	2 3 201		4		-
⊠ EPA □ DEP				el Hill C & Zip C	Campus							
⊠ DOL	Amended			NJ 080		-	ASSEST	E (Y MI)	01.8	į.		
□ DOH □ DCA	☐ Emergency ☐ Cancellation		ne of Co	ontact Closke	V	F &	DLS. ARRIVES COLOR, PROF. L.		elephor	ne Nu	mbe	Γ
							2ª [*]					
Name of Facility Who	ere Abatement is Taking Pla	ice (3)	FACILI	TYINF	ORMATION Type of Facilit	hy (4)						
Kennedy University I		(-)			School (K	(-12)						
Street Address 2201 Chapel Hill Car	mnus						er than K-1		1			
					Other (i.e Square Feet		of Floors	The second name of the second name of the second	dg. Age)	
City (5)	County (6)	County	Code	(7)	250,000		2		0 0	52		
Cherry Hill, NJ	Camden				Current Use (i Hospital	Prior if bei	ing demolis	hed)				
Name of Monitoring Criterion Laboratorie	Firm Hired by Building Owner	er (8)	ASC	CM No.	Name of Abate							
Street Address					Resource Mar Street Address		Group, LL	3		Western L.		
3370 Progress Drive, S					2115 Hamilton	Ave, Sui	te 202					
City, State & Zip Coo Bensalem, PA, 19020	le				City, State & Z Trenton, NJ 08							
Project Manager for Mr. Mike Panepresso	Monitoring Firm	Telephon 215-244-1		per	Telephone Nu 609-914-4279		1	License No	imber 01185	5		
Scheduled Start Date 3-6-2018					Name of OSH	A Monitor						-
	uring Abatement (Check onl	3-20-2018 v one)	5		J&S Environm Street Address		oratories, Ir	nc				
☐ Facility Close	ed/Vacated During Entire Performed Outside of Norma	riod of Aba	itemen	t	2333 Route 22 City, State & Z	2 West						
			us voeans	000		N						
	Project to be conducted 2 nd upled During Abatement	shift 6:00p	m to 2:	00am	Union, NJ 070	83						
Scope of Work (Ched						_						
☐ ≥3 sf or ≥3 lf		⊠ Re	novatio	on			l Containm ni-Enclosur	ent with Ne e	gative P	ressu	ire	
≥160 sf ≥260) If	☐ De	molitio	n			ove Bag Pro				-1	
	ocation of	Is Loca		T	Description		The second second	d and Non- Amount		temer		
	os-Containing erial (ACM)	Normally Solely			Asbestos-Cont Material (AC			(Specify SF or LF)		1	m	
TO B	BE ABATED	Maintena	nce or		(i.e., thermal sy	stems		or or er)	Ren	Re	ncar	Encl
ır	Facility (13)	Custodia (12			insulation, surfaci or other miscella	•			Remova	Repair	Encapsulate	Enclosure
		Yes No			or ourse micoone				=		ate	œ.
CPD area					tile & mastic		1,123		\boxtimes			
CFD alea			+片	Textur	ed plaster ceiling		415 S	ŀ		H	H	H
			+=						101			\exists
									101			
Name of Registered	Mosta Haulan		(DED)	N/		(b) c						
		H	JDEP \ auler I[O No.	Cubic Yards of Waste			Landfill				
Resource Manageme City, State	an Group, LLG		035218	'	TBD Disposal Date	Grows La City, Stat						
Trenton, NJ					TBD	Morrisville						
Completed By (Print Mr. Brian J. Haney	or Type)		itle residen	ıt	Signature	. 1	HAM	4	Date 2-21-2	018		
					11/1/1/1	11	-1 11111		1			

		E M. M. M.	×), 6 6		51	71		
Date of Notification ((1) 2-23-2018			Name	of B	uilding	Owner / Operator ty Hospital	(2)	31			1		
Agencies Notified	Type Notifica	ation			t Addı		ty Hospitai		U FEB	2 8 2018	2 11	#		
⊠ EPA				2201	Chap	el Hill (Campus		and]	C - CON	lane.	7		
☐ DEP ☐ DOL	☐ Initia ☐ Ame	l nded(start date	`			& Zip 0		the sale	ASSESTED	**		The state of the s		
☑ DOH		rgency	,	_	-	ontact	002		Lice	- 1.6W139(Telepho	na N	umh	or
☐ DCA		ellation				Closke	ey			*	Telebile	JIIG IV	umb	CI.
						T\/ 1515	ODMATION							
Name of Facility Wh	ere Abateme	nt is Taking Pla	ce (3))	ACILI	I Y INF	ORMATION Type of Facili	ity (A)						
Kennedy University	Hospital-CPD	area	00 (0)				School (I							
Street Address	later constanting						☐ Subchap	ter 8 (O	ther than K-1					
2201 Chapel Hill Car	mpus								e & commerc				c.)	
City (5)		County (6)	C	ounty	Code	(7)	Square Feet 250,000		# of Floors 2		Eldg. Ag	e 52		
Cherry Hill, NJ		Camden		,		(-)	Current Use ((100)	shed)		02		
Name of Maria	F 11: 11				1		Hospital							
Name of Monitoring Criterion Laboratorie		Building Owne	er (8)		AS	CM No	 Name of Abat Resource Ma 							
Street Address							Street Addres		ent Group, LL	U .	9		_	
3370 Progress Drive, S							2115 Hamilton	n Ave, S	Suite 202					
City, State & Zip Coo Bensalem, PA, 19020	de						City, State & 7 Trenton, NJ 0		е					
Project Manager for	Monitoring Fi	rm	Tele	phone	Numl	ber	Telephone Nu	umber		License N	Number	-		
Mr. Mike Panepresso				244-13			609-914-4279				0118	35		
Scheduled Start Date 3-8-2018		Scheduled Con	3-26	-2018	e (11)		Name of OSH J&S Environm			nc				
Occupancy Status D							Street Addres	ss						
☐ Facility Close ☐ Abatement F	ed/Vacated D	uring Entire Petside of Norma	riod c	of Abat	emen	t	2333 Route 2							
	onomica ou	tolde of Norma	i ioui	3			City, State & 2	zip Cou	е					
		conducted 2 nd	shift 6	3:00pn	1 to 2:	00am	Union, NJ 070	083						
Scope of Work (Che	pied During A										-			
Armen In the St.		,,y,							Full Containm	ent with N	egative l	Press	sure	
≥3 sf or ≥3 lf≥160 sf ≥260			\boxtimes		novatio				Mini-Enclosur	е				
Z = 100 SI = 200	<i>)</i> II		Ц	Der	nolitio	n			Glove Bag Pro Non-Exempte		-Friable	Proc	edure	e
	ocation of			Locat			Description	of		Amount		atem		
	os-Containino erial (ACM)	3		mally Solely			Asbestos-Conf Material (A)			(Specify SF or LF)			Ш	_
<u>TO E</u>	BE ABATED		Mair	ntenar	ce or		(i.e., thermal sy	ystems		or or Er)	Removal	Re	Encapsulate	Enclosure
tr	r Facility (13)		Cust	todial (12)	Staff?		insulation, surfactor or other miscella				Nov	Repair	nsd	nso
	(10)		Yes	No	N/A	1	or other miscens	arieous)			<u>a</u>	,	ate	re
CPD area						Floor	tile & mastic		1,123	SF				
CPD area						Textu	red plaster ceiling		415 S	F				
										-2-41		П		
						-					-		Ц	
			H	╁╫	H							H	H	H
Name of Registered	Waste Hauler			NJ	DEP \	Naste	Cubic Yards of	Name	of Registered	Landfill				
Resource Manageme	ent Group, LL	С			uler II 35218		Waste TBD	Grows	Landfill					
City, State Trenton, NJ							Disposal Date TBD	City, S Morris	tate ville, PA					
Completed By (Print	or Type)			Tit		se s	Signature)				Date			
Mr. Brian J. Haney				Pre	esiden	ıt					2-23-2	2018		

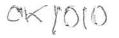
Data of Notice at 1 (4)			1			500	ST ANDREWS CONTRACTOR OF THE PARTY OF THE PA	Check # 12	791			
Date of Notification (1)	bruary 23, 2018		Name	e of Build r Cole	ing Owne	r / Operator	R) E C	EIVER	V			
Agencies Notified	Type Notification			t Address	S	1			1			
ПЕРА						100		Contraction of the Contraction o	Table 1			
DEP							TI FER	2 3 2018	//			
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 ⊠doh	Amended Amendme	int #			s, NJ 070	26	ASSESTE	ECONTROL &	TO-Develope			
DCA	Cancellation		Name	e of Conta	act		to the second se	7	lephor	ne Nu	ımbei	r
	_		Todd	Shropsh	nire, Cod	e Blue		,,,		10 110	11.00	
			FA	CILITY	' INFOR	MATION						
Name of Facility When Residence	e Abatement is Tal	king Place (3)				Type of Faci						
Street Address						_	apter 8 (Other tha	n K-12)				
					- 1			commercial building	s. hor	ne. e	tc.)	
						Square Feet			g. Age		,	
City (5) Scotch Plains						1,54		2		3 yea	ırs	
OCOLOTI FIAITIS					1	Current Use Residence	(Prior if being de	molished)				
County (6) Union		County Cod	e (7)			residence						
Name of Monitoring Fir	m Hired by Buildin			ASCM			atement Contract	or (9)				
Street Address						Synatech, Ir Street Addre		501000				
0: 0: 0 = 0						329 Radio R						
City, State & Zip Code						City, State &						
Project Manager for Mo	onitoring Firm	Te	elephone	Number		Telephone N		License Num				
Scheduled Start Date (10) Sche	duled Completi	ion Date	(11)		09-296-691 Name of OSI			0081	7		
March 2, 201	18	Marc	h 29, 201			Synatech, In						
Occupancy Status Duri Facility Closed	ng Abatement (Chell/Vacated During E	eck only one) intire Period of	Abateme	nt		Street Addre						
Abatement Pe	rformed Outside of	Normal Hours	S			City, State &	Zip Code					
Other - Descri					L	ittle Egg H	arbor, NJ 08087					
Facility Occup Scope of Work (Check	ied During Abatem	ent										
ocope of work (Check	ан шасарріу)						1					
≥3 sf or ≥ 3 lf			Renovati	on			Mini-Enclosure	nt with Negative Press	ure			
≥160 sf or ≥260	If		Demolitic				Glovebag Proce	edure				
						\boxtimes		(*) and Non-Friable Pr	cedu	re		
	ion of			ally Used		Descript	ion of	1	_	atem	ent T	уре
Asbestos-Containi TO BE A			y Mainter dial Staff			Asbestos-C Material	ontaining	Amount (Specify	1			
IN Fa	acility			1		(i.e., therma	systems	SF or LF)	\vdash			-
(1	3)					sulation, sur or other misc			Z.	71	Enc	m l
						other misc	elianeous)	1	Remova	Repair	aps	clos
		Yes	No	N/A					val	¥.	Encapsulate	Enclosure
Family/Work Room			Х			Floor	Tile	570 SF	Х		\vdash	\vdash
						27.1287.257.0	10000000000000000000000000000000000000		^			
Name of Registered Wa	este Hauler	NJDEP V	Masta	Cubia	Varda of V	Masta	Manage of David	11 150				
	JOSO I IQUICI	Hauler IE	No.		Yards of V	vaste	Name of Regis	tered Landfill				
Synatech, Inc. City, State		27	429	10 Dispos	al Date		Fairless Hills					
- Tab				Dispos	ai Date		City, State					
ittle Egg Harbor, NJ				April 2			Morrisville, PA	l _s				
Completed By	Title			Signatu		17 11		Date				
Diane Aloia	Exe	cutive Admini	strator		Mine	6666	E	February 23, 2018				

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)(1)	. N		CATION	tate of New Jersey N OF ASBESTOS A to NJAC 8:60 and		MENT	NECI		W	CI.J	Carrie and
Date of Notification (1)		1	Name of	Building Owner/Op	erator (2)) -	M				1
2/12/18				on Corpo		9 1	III FEB	23	2018		
Agencies Notified Type Notification	- 02:00m co		Street Ad			į be	d test		***************************************		-
EPA Initial				Sylvan A	ve	and the state of t	Committee at 15 of 15 of	g.par 4 1970 .	, mary mark	2.07-25-	l .
□ DEP □ Amended				e, Zip Code			ASBER			, e try Cik	
DOL Amendment #_	aludina	- :	Eng1	ewood Cl:	iffs	,NJ. 07€	32	ar to the		4-2-7	20.0-2
DOH Emergency (in justification)	ciuding	1	Name of	Contact			Telephone Num	ber			
□ DCA □ Cancellation			Ms.E	mily Rod	rigu	ez					
	(2)		FACIL	LITY INFORMAT	ION	Type of Facility (4	1)				-
Name of Facility Where Abatement is Taking Pla						B. Commence					
North Brunswick Ga	rden	IS				☐ School (K-12	2) 3 (Other than K-12)				
Street Address						Other (i.e. pr	ivate & commercial	bui din	gs, hon	nes, et	c.)
6 Pardun Rd						Square Feet	# of Floors	В	ldg. Ag	ge	
City (5)				*		3468	2		60	55.00	
North Brunswick		1	County C	ode (7)			if being demolished			•	
County (6) Middlesex				ISE ONLY)			75	,			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	1 No	Name	of Abatement Contr					
Name of Monitoring runi ruled by Building Ow	ner (o)		AUC.	1110.		t Removal		676			
Street Address						Address	inc				
Dave radios						South Ri	ver St				20
City, State, Zip Code						tate, Zip Code					
0.17, 0.110, 2.17						kensack ,	NJ 07601				
Project Manager for Monitoring Firm		-1	Telephon	e No.		one No.	License No).			
				ve (5.33)		-329-7444	00388	3			
Start Date (10)	Schedule	d Comp	letion Da	ate (11)		of OSHA Monitor					
3/9/18		21/1			Ome	ga Enviro	nmental S	Serv	7ice	es	
Occupancy Status During Abatement (Check On		-11				Address					
☐ Facility Closed/Vacated During Entire Period		tement			280	Huyler S	T				
Abatement Performed Outside of Normal F Other – Describe: 8:00 AM	acility Ho	ours ou			City, S	tate, Zip Code					
Other-Describe: 8:00 NM TO	8:00	OFF			Sou	th Hacken	sack ,NJ	076	606		
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf	P I	Renovati	ion				ant with Negative Pre	ssure			
□ ≥160 sf or ≥260 lf		Demoliti				Mini-Enclosure Glovebag Proce					
					[Non-Exempted	(*) and Non-Friable	Proced	ure		
	,	e I se-t	on			•			Abate		
T		s Location Normall		-	scription	of			Ty	pe	_
Location of Asbestos-Containing Material (ACM)	Use	ed Solel	y by	Asbestos Cont	taining M	laterial (ACM)	Amount			ш	_
TO BE ABATED		aintenar stodial S		(i.e. thermal syst	ems insu		(Specify SF or LF)	Removal	Repair	псар	inch
In Facility (13)		(12)		other	miscellar		J. J. D. ,	oval	yair	Encapsulate	Enclosure
173 5	Yes	No	N/A							6	(9
	1.00	1.10	-)	200 10	1			
BLDG3-CLAWL SPACE 11	-		×	THERMAR 10			225 LF		-		
3LD63-CRAWL SPACE 12			7	THENUL !			23 4 LF	X			_
BLOG 3 - CRAWL SPACE 15			7	THERMAL			225 LF	7			_
BLAG 3 - CRAWL SPACE 16			7	THERMA	, also L	ATION	234 LF	x			
Name of Registered Waste Hauler			JDEP W		Yards	Name of	Registered Landfill				
Newark Carting		1 1 2 2	lauler ID 0450		12 c	Crand	Central ^S	ani	tar	rv	T. 2
City, State			J4 J U		sal Date	City, Stat		- 4111		- J	-u C
5.001 5. 001 (5.00)					3/21/		- 1èhem∴,RA	1.1.5	30.78	2	
Newark, N.J. 07105	Title				Signature			ate	12	12	
J. Maiorano		time	ator	1		Moionor	-9	2	112	2/19	5
0.110101010	2 تر 2	CTIIIS	TOT			10000				,	
ASB-41 (R-06-08)					()	* Do not use this for	rm for asbestos licens	sure: exe	empted	activ	ities.

MICH TYPO ERROL ON FACILITY ADDRESS State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2/22/18 Kamson Corporation Type Notification Street Address Agencies Notified 270 Sylvan Ave ASSES! Initial . ET EPA City, State, Zip Code Amended DEP DOL Englewood Cliffs , NJ 07632 Amendment # Emergency (including Telephone Number Name of Contact justification) DOH Emily Rodriguez Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) North Brunswick Gardens ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 65D Pardun Rd # of Floors Bldg. Age Square Feet City (5) North Brunswick 60 YRST 3468 Current Use (Prior if being demolished) County Code (7) County (6) ARTS (STATE USE ONLY) Middlesex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack ,NJ.07601 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00388 201-329-7444 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental Services 3/2//18 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler St □ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours
Other - Describe: 8:00 DHTO \$1000PM South Hackensack ,NJ.07606 Scope of Work (Check All That Apply) Full Containment with Negative Press re 23 sf or ≥3 lf Renovation Mini-Enclosure □ >160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, surfacing, (Specify Enclosure TO BE ABATED Custodial Staff? SF or LF) VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A V 225 LF THER MAR INSULATION BLD43 CRAWC SPACE 11 234 LF V THERMIN INSOLATION BLOG 3 LRAWLSPACE 12 225 LF INSULATION THELMAL BLOG 3 CRAWISPACE 15 234 CF THERUAL INSULATION BLOG 3 CRAWL SPACE Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards NIDEP Waste Hauler ID No. of Waste Grand Central Sanitary Lan Newark Carting 12cys 04509 Disposal Date City, State Bethlehem , PA. 18072 Newark, NJ. 07105 3/21/ Signature Completed by J. Maiorano Estimator Do not use this form for asbestos licensure exempted activities.

PAIN	n ((Pu	CATION (te of New Je OF ASBEST o NJAC 8:60	OS ABA 0 and 12:	120)		R	E C I	90	2018	Prin	Fo
Date of Notification (1) 02-20-2018	2)			Building Own w Mastror		ator (2)		1 = 0				Lopezza
Agencies Notified Type Notification			Street Ad	dress				1	CEEST!		THC S	L. &	
X EPA X Initial Amended Amendment				e, Zip Code				The second of the Party	COMMENT OF THE PARTY OF THE		**	- Marie (Marie)	
Emergency (Sea GI Name of	rt NJ 0875 Contact	50	-		Tel	enhone Nu	mhar			
DOH justification) DCA Cancellation				w Mastror									
Name of Facility Where Abatement is Taking	g Place (3))	FACIL	ITY INFORI	MATION	T	Type of Facil	ity (4)					
Private Dwelling							School (K-12)	er than K-1	2)			
Street Address							Other (i.	e. private	& commerc	ial build	lings,	home	5,
City (5)						1	Square Feet	# c	f Floors	10000	ldg. A	ge	
Sea Girt NJ 08750 County (6)			County C	ode (7)		1	N/A Current Use				I/A		
Monmouth				SE ONLY) _		-	Private Dv	velling					
Name of Monitoring Firm Hired by Building Bioterra Solution	Owner (8)		ASCM	No.			of Abatement Contraction		r (9)				
Street Address			1		Str	reet /	Address						
1130 W Chestnut St							OX 734 ate, Zip Code					-	
City, State, Zip Code Union NJ 07083					4		dland Park		24				
Project Manager for Monitoring Firm		21	Telephon	ne No. 14-3762	- 1	5.5	one No. 692-6298		License N 01266	No.			
Rick Eustaquio Start Date (10)	Schedule						of OSHA Mon	itor	0.1200				
03-09-2018	03-19-						Contracti	ng LLC					
Occupancy Status During Abatement (Chec			ont				Address OX 734						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours	ien.		-		ate, Zip Code		24				
Scope of Work (Check All That Apply)					- V	V000	diand Park	NJ 0742				-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mini-Enclo	sure Procedure	th Negative the nd Non-Fria			е	
	ls	Locat	ion								Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole iintena todial ((12)	ely by nce/	(i.e. th	Descrip s Containing ermal sys surfacing other misc	ing M stems J, VA	laterial (ACM) insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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First Floor Kitchen			X		VA	41			300 SF	^	-		
	-							-		-	-		
	-										T		
Name of Registered Waste Hauler Amax Contracting LLC		H	NJDEP W Hauler ID 0036184	No.	Cubic Yar of Waste 3 CY		Fair	less Hill	tered Landf S	ill	-		
City, State Woodland Park NJ 07424					Disposal I			State risville F	PA				
Completed by	Title	ect M	anager			ature	1001/			Date 02-20-	-2018	3	-
Tome Maslarkov	1 10	JUL IVI	anagoi		1/	1	1	1		The Course			



PAI	D			N OF ASI t to NJAC				[19]	E (GE		W			-
Date of Notification (1)			Name o	of Building	g Owner/	Operator	r (2)	ilU)i		9) Same		- 12 saw Francis			and and and and and and and and and and
02/20/2018			Commence of the second	ohine La	ang			Im				2010	1		
Agencies Notified Type Notificati	on		Street A	Address					F	EB 2		2018	-	Inno	1
EPA Initial	8		City Ct	-t- 7:- 0											
DEP Amended Amended				ate, Zip C el, NJ, C					ASBI			1710	01.8		ŀ
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City, State, Zip Code New York, NY 10018						City, St	ate, Z	ip Code						
Project Manager for Monitoring Firm			Tolopho	no No				NJ 07072						
Arnel Javal			Telepho (212)	221-782	2	Telepho 201-9			10-00	icense 0756				
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1st Floor: Restroom			х		C	aulking			12	SF	x			
Roof: Entrance Canopy Roof			х		FI	lashing			360	SF	x			
1st & 2nd Floors			х		W	/all Tar	17-27-5		6,220	SF	x			\Box
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Jeymy Donneys Owner						1-1	UN	Me !	Lhi	11-)	02/0	9/2	018		

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

82/22/2018 87:81 2012520321 NOTEFICATION OF ADDESTOS ABATEMENT (Pursuant to NJAC 5:50 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2/24/18 See Notifico PLOPER! E Type Notification 160 EPA DEP 村斯科 City, State. Zip Gode Amended 团 DOL Amendment 3 KWG 9.796 FD Emergency (Including Name of Contact DOH Justification) DCA Cancalistica JOE GRAN Name of Facility Where Absternant is Taking Place (3) Type of Fact ty (4) WESTHINSTER TOWER School K-12) Subthy size B (Other than K-12) Other (a.) Ivets & commercial buildings, homes. etc.) City (5) # of Floors Square Fee Bldg. Age 35000 ELIZABETH 3 +50 County (8) County Code (7) Current Us: "Pri ir If being demolished) VALIDA. Name of Monthing Firm Hired by Building Owner (8) ASCM No. Name of Absterner | Cor tractor (9) A.MAC Contractine Inc. Stroot Address Stroot Address 185 Midland Av a City, State, Zip Gode City, State, Zip Coxi Midland Park, J 07432 Project Manager for Monitoring Firm Talephona No. Taimphone No. License No. 201-282-5841 00156 Start Data (10) Scheduled Completion Date (11) Name of OSHA Mer bor Omega Enviror ne Ital Servicas Inc. Status During Abstramont (Chack Only One) Street Address Facility Olosed/Vacated During Entire Period of Abetement Abstract Performed Outside of Normal Facility Hours 280 Huyler Stre at City, State, Zip Coci Other - Describe: Hackensack, M 0 606 Scope of Work (Check All That Apply) 23 of or 23 ! Ranovation Full Conti nm nt with Negative Pressure ≥150 st or ≥260 If Demoition MINTENO: MIN Gloveball Procedure Non-Exe pto (*) and Non-Frights Procedure Abelement Is Location Normally TYPOG Location of Desaription of Asbestos Conteining Metanial (ACM)
TO BE ARATED Used Solely by Asbestos Containing Material (ACA) Amount Maintenance/ Custodisi Staff? (i.e. thermal systems insulation, (Soath in Facility SF or LF) surfacing, VAT, or (12) (19) other miscellaneous) Yes No NA HAINT. CLOSET VAT 100-SF Name of Registered Wasto Heuler NJDEP Wests Cubic Yarde Nani of legistered Landfill Hauter ID No. of Weste Newark Carting Inc. Gra id Central Sanitary Landfill 04509 p City, State Dispospi Dale City Item Newark, NJ 07105 ZIZELO ON Pen Arilyl, PA 08702

ASS 41 (R-02-02)

Joseph Vocaturo

Completed by

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Signature

Vice President



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Date of Notification (1) 02/22/18		Name of Building Owner/Operator (2) DELAWARE EDGE					III			0.0	201	Q	10 mm	卅		
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Street Address								Subchapter 8 (Other than K-12)								
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Street Address								Address HITE DO	VE CO	DURT						
City, State, Zip Code								tate, Zip C EWOOD		8701						
Project Manager for Monitoring Firm					ne No.		100000000000000000000000000000000000000	one No.	8		Licens 1200	e No).			
Start Date (10) 02/26/18		Schedule 03/05/1		pletion l	Date (11)	of OSHA I		SSIOI	NALS							
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Facility Closed/Vac	ated During Entire F	Period of A	Abatem							DURT				- Carlos		
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Scope of Work (Check A	II That Apply)	lamed.					Ę	7								
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Project Manager for Mo	nitoring Firm	Tel	ephon	e No.		Telephone No. License No.						
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☐ Other – Describe:						Old Brid	ge, NJ O	0037				\dashv
Scope of Work (Check a	all that apply)							n Negative Pressu	re			
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Carlos Almeida President						1 1 21	The second	C	1 02/2	0/2	OIC	

MOCK

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 submitted 10 days prior to the beginning of work. Please type or print legibly:
I. NOTIFICATION INFORMATION
Date of Notification:
II. BUILDING INFORMATION
Name of Building Owner/Operator: Hopewell Valley Regional School District
Street Address: 425 South Main Street City: Pennington State: NJ Zip: 08534
Name of Contact: Thomas Quinn Telephone No
III. FACILITY INFORMATION
Name of Facility Where Work Activity is to Take Place: Hopewell Central High School
Describe Facility Use: School
Street Address: 259 Pennington-Titusville City: Pennington State: NJ Zip: 08534
County Name: Mercer County Code (State Use Only):
Scheduled Start Date: 03 / 05 / 2018 Scheduled Completion Date: 03 / 06 / 2018
Occupancy Status During Activity (check only one):
☐ Facility Closed/Vacated During Entire Activity
□ Activity Performed Outside Normal Facility Hours—Describe: 2 nd Shift (4pm-12am)
Other—Describe:
Scope of Work (check all that apply):
⊠ Floor Tile Square Footage: 100 SF Percentage Asbestos: %
IV. CONTRACTOR INFORMATION
Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): PARS Environmental, Inc. Telephone No.: 609-890-7277
V. SIGNATURE
Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations
Signature: Date: February 23, 2018

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				- 11	Lincoln P	rk, NJ	07035				
Project Manager for Mentoring f	'Im	Phone Number	er		alsphone Nun			Licensa N	tumber		
					(973)698	3869		003	78		- There
Scheduled Stert Date (10)	TSchool C	impletion Date (11	_	-1	Name of OSHA	Vioritor					
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02/24/2018	02/24/	2018			Street Address			A STATE OF THE STA		-	
Occupancy Status During Abata	ment (Chack only	one)			105 Ryers	n Fload	i				
Facility closed/vacsted du	ing entire period	of abatement.		l h	City, State, Zip	040			CHICAGO CONT.		
Abetement performed out	ide of normal faci	lity hours-					0004000				
Other-Describe:				_	LincolnPa	- NJ 07	/035				Alexandra (
Scope of Work (check all that a	pply)	Annua									
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国 >3 sf or >3 ff		SO II		M	ini-enclosura	8	Ī	☐ Mon-fri	sble pro	ocedure	
		now Jaios base ylamic	1				h		K	RIE	J
Location of		ucs,crajoqisi Stumilà fizind Edibij	Ti		.h.a.te1	_	Amount	20	8	e n	
asbestos-containing material to be	staff(12)		Descript material		ibestos-contali	1g .	(Specify S	Fot		PC	
abated in facility (13)	Yes	No NA	11120110	1			LF)		Y	3 2	1
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boiler room		T X	pipe Insul	ation		SOUTH STREET	60 lf		R		
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The second secon						Design to the same		The state of the s			
Registered Wests Haular B & G Restoration, Inc.		Hauler ID# C	Guere Yards of 3	Wasta	Name of Reg	Tared La	ndisi source & Re	icaren.	Cento	ır	-
City, State		Disposal L		G SHIVE	City, State	244111/5	JUDITUE OF INC	or or div	Je1116		-
Lincoln Park, NJ	89		26/2018		Tully	IWE, PA	1				
Completed by (Print or Type)	Title	William Commence	T Signatura			Bines: belonsey		Date	No.	EX PAR	-Vine
Gordana Luna		Treasurer			Gerdana S	(PSId)		. 02/22	¥2018	§	





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

Check	#	8841
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Date of Notification	(1)	Name	of Building Ow	ner/Operator (2)		MECELVENI								
10 12 1/12 12	1/118	Dia	ne Lungaro						W 12						
Agencies Notified	Type Notificati	on Street	Address					== 000	0.10	111	111				
☐ EPA	X Initial						L L	EB 282	J18	L	1				
L DEP		City, S	tate, Zip Code							T	T				
X DOL	Amenda	nent We	est Milford, N	J 07480			ASBE	STOS CON	ROL	&					
X DOH	_	Name	of Contact				Telephon	e Number	CONTRACTOR SAID	all Market Selection (1)	D WHEN				
☐ DCA	☐ Cancella	ition Dia	ane Lungaro	ì			1 -								
				CILITY INFORM	MOITAN	1	1								
Name of facility wh	nere abatement is	s taking place (3	3)				Type of Facility (4)								
Diane Lungar	0						School (K - 12) Subchapter 8 (Other than K-12)								
Street Address								Private/Comm		12)					
Oticet Address							Bldgs./Homes, etc.								
Cit. (5)		County (6	1		T Cor	inty Code (7)	Square Feet	# 01 F1001S	DIC	ig. Ag	je				
City (5)		County (o	,		W. T. C.	ate use only)	Current Use (Pr	ior if being de	nolishe	ed)					
West Milford		Passaid					Residential								
Name of Monitorin	g Firm Hired by I	3ldg. Owner (8)		ASCM No.		Name of Abatement (Contractor (9)								
				n/a		B & G Restorati	on, Inc.								
Street Address						Street Address 105 Ryerson R									
							Uau.								
City, State, Zip Cod	е					City, State, Zip Code Lincoln Park, N	NJ 07035								
Project Manager for	r Monitorina Firm		Phone Num	nber	-	Telephone Number		License Num	iber						
1 Tojoot Managor To.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					(973)696-6869		00378	,						
Scheduled Start Da	te (10)	Sched. Cor	mpletion Date (11)	_	Name of OSHA Monit B & G Restorati									
02/24/2018		02/24/2	018			Street Address	011, 1110.								
Occupancy Status I	During Abatemer	nt (Check only o	ne)			105 Ryerson Ro	oad								
X Facility closed						City, State, Zip Code									
Abatement pe Describe:	erformed outside	of normal facilit	y hours-		_	Lincoln Dork N	1.07025								
Other-Describ	be:				_	LincolnPark, N.					_				
Scope of Work (ch		/)													
Demolition	X	Renovation				Full Containment w/neg	ative pressure								
\times >3 sf or >3 lf		≥160 sf or ≥260	***		X I	Mini-enclosure	L	Non-friable							
Location of	72 8	Is location nor by maintenant	mally used sole				Amount	e	R	E n	E				
asbestos-con material to be		staff(12)		 Descript material 		asbestos-containing	(Specify S	F or o	p	С	n				
abated in fac	ility (13)	Yes	No N/A		, ,		LF)	v e	i	a p	L				
basement			X	pipe insu	lation		120 lf	X	白						
boiler room			×	pipe insul	ation		60 lf	X							
											닏				
							1 1611			Ш,					
Registered Waste F B & G Restorat		NJDÉP H 1956		Cubic Yards of 3	Waste Name of Registered Landfill Tullytown Resource & Recovery Center										
City, State Disposal Da					Date City, State										
Lincoln Park, NJ 02/26/2018 Completed by (Print or Type) Title Signature									Ý						
Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer					Gordana Luna Date 02/22/2018										

S ABATEMENT Check#2992 Amended Notification (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 22 / 18 02 Dorothy DeFilippo Agencies Notified Type Notification Street Address X EPA ☐ Initial 2 8 2018 X DOLWD City, State, Zip Code X DHSS Amendment # 1 New Brunswick, NJ 08901 Emergency (including □ DCA ASBESTOS CONTROL & (NJAC 5:23-8) justification) Name of Contact Telephone NumberNSING Cancellation Dorothy DeFilippo FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age New Brunswick, NJ 08901 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex 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 Wavne, 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 / 22 / 18 02 / 23 / 18 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 City, State, Zip Code Time of Abatement: _____AM-___PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If ⊠ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (Specify (i.e., thermal systems insulation, Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A \boxtimes Pipe insulation 105 LF Basement X 8 LF 1st floor-closet Pipe insulation \boxtimes X VAT floor tiles Basement 400 SF

Name of Registered Waste Hauler NJDEP 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 Teute Wenad 02/22/18 N.Jevtic Owner ASB-41





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

Check # 8841

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Date of Notification	(1)	Nam	ne of Building Ow	vne	r/Operator (2)			In E	CE	1	V [
10 12 1/12 12	J/ <u>[1 </u>		iane Lungaro		**************************************				9 5	U I	<u> </u>	-	
Agencies Notified	Type Notification	on Stree	et Address	-		-		lini			100 200		誧
☐ EPA	X Initial							ILI LI F	EB 21	3 20	118		2
☐ DEP		City	, State, Zip Code	;								\top	1
X DOL	Amendm	201000	Vest Milford, N		07480			ASBE	STOS C	ONT	ROL	&	
X DOH		Nam	e of Contact				The state of the s	Telephon	e Numbe	SING	NAME OF TAXABLE PARTY.	Names (Williams	CO 198000
☐ DCA	Cancella	tion E	Diane Lungaro	0				_					
					ITY INFORM	ATIO	N	1					
Name of facility who	ere abatement is	taking place					<u> </u>	Type of Facility (4)				
Diane Lungard		5 F	(-)						I (K - 12)				
				_					apter 8 (C			-12)	
Street Address							*1		Private/C Homes, e		rcial		
								Square Feet	# of Floor	s	BI	dg. A	ge
City (5)		County	(6)			1.00000000	unty Code (7)						
West Milford		Passa	aic			(50	(State use only) Current Use (Prior if being demolished) Residential						
Name of Monitoring	Firm Hired by B	ldg. Owner (8)	T	ASCM No.		Name of Abatement C						
				n/a		B & G Restoration	on, Inc.						
Street Address					_	Street Address							
Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de						105 Ryerson R	oad		-	alice to the			
City, State, Zip Code							City, State, Zip Code Lincoln Park, N	11.07035					
Project Manager for	Monitoring Eirm		Phone Nun	mho	Nr.	-	Telephone Number	45 07035	License	Numb	ner		
Project Manager for	Monitoring Firm		Phone Num	TIDE	21		(973)696-6869	3		378			
Scheduled Start Dat	e (10)	ISched C	Completion Date ((11))	-	Name of OSHA Monitor						
02/24/2018	e (10)	02/24/		(,	,		B & G Restorati	on, Inc.					
		_		-		-	Street Address 105 Ryerson Ro	and					
Occupancy Status D	107						City, State, Zip Code	au					
Abatement pe	rformed outside						City, State, Zip Code						
Describe: Other-Describ	e:					_	LincolnPark, NJ	07035					
Scope of Work (che)											1.4
☐ Demolition	X	Renovation					Full Containment w/neg	ative pressure	✗ Glovel	oag pr	oced	ıre	
		160 sf or ≥2	60 If			X	Mini-enclosure	[Non-fr	iable	proce	dure	
Location of			ormally used sole	ely						R	R	E	E
asbestos-conf		by maintena staff(12)	ince/custodial				asbestos-containing	Amount (Specify S	Eor	e m	e p	n	n
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	0.00	100								e	r	р	1
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Registered Waste Ha	auler		Hauler ID#	CL	ubic Yards of V	Vaste							
B & G Restorati	ion, Inc.	19:	563	15	3		AND DESCRIPTION OF THE PARTY OF	Resource & Re	ecovery	Cen	ter		
City, State Lincoln Park, N	IJ		Disposa 02		_{ate} 6/2018		City, State Tullytown, I	PA					
Completed by (Print		Title		T	Signature		<u> </u>		Date			,	
Gordana Luna) (1 mil of 1) po)						Gordana Luna 02/22/2018						

Check#2992

NO IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

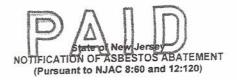
Amended Notification

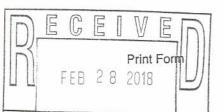
Date of Notification (1)			T	Name	of Building	Owner/(Operator (2)	FRA	TE	ПТ	77 [e n
02/					,	72.5	ID) 15 6	15		y L	5/1		
Agencies Notified	Type Notification				ny DeFili Address	ppo			118				-
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☑ DOLWD ☑ DHSS	Amended Amendment #	1		City, S	State, Zip C	ode			Ind box				十
D DCA	Emergency (in			New E	Brunswick	c, NJ 08	901		ACDEON		ONIT		-
(NJAC 5:23-8)	justification)				of Contact				ASBESTO	BENS	SING	HOL	Č.
	☐ Cancellation			Dorotl	ny DeFili	ppo				Title-content	Children (Service)		
				FAG	CILITY IN	FORMA	TION		=3 3				
Name of Facility Where A	batement is Taking	Place	(3)					Type of Facility	(4)				
Private house								School (K-12	2) 8 (Other than K-1 2)				
Street Address							ial bu	ildina	s				
									~				
City (5)								Square Feet	# of Floors	ors Bldg. A			
New Brunswick, NJ 08	901												
County (6)				Count	y Code (7)	STATE U	SE ONLY)	Current Use (Pr	rior if being demolish	ned)		1000-1001	
Middlesex Name of Monitoring Firm	Hirod by Duilding (Viiinas 1	0) [Г							
Name of Monitoring Firm	niled by building (wher (0) /	ASCM	No.	le i		ent Contractor (9)				
Street Address						Gr Tecl Street A							
01100171001003				lley Rd#	202								
City, State, Zip Code				-									
					ate, Zip Co N.I.0747								
Project Manager for Moni	Tele	phone l	No.	Wayne, NJ 07470 Telephone No. License No.							-		
						973-638-1777 01127							
Start Date (10)		luled C	omplet	ion Dat	te (11)	Name of OSHA Monitor							
	18 (2_ /	23	_ / _	18	Envirov	ision Co	nsultants,Inc					
Occupancy Status During						Street A							
☐ Facility Closed/Vacate						20-21 V	Vagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	Outside of Normal	Facility	y Hours PM	s - Des	cribe 4 M		ate, Zip Co						
						Fair La	wn, NJ 0						
Scope of Work (Check all	that apply)					Н		and decontaming and decontamination and decontaminatio	nation with negative	press	sure		
>3 sf or >3 lf		⊠ Re	novatio	ОП		日	Mini-Enc	losure		_			
≥ 160 sf or ≥260 lf		∐ De	molitio	n		Ř	Glovebas Non-Exe	g Procedure L	Tent with Negative on-Friable Procedure	Press e	ure		
		Is	Locati	on	T	B-mM				_	atem	ent Ty	vne
Location			Normal				scription o						
Asbestos-Containing I TO BE ABA		44,000,000	d Sole intena					terial (ACM) insulation,	Amount (Specify	em	Repair	nca	nclo
IN Facilit		Cust	todial S	Staff?	(1.0		cing, VAT.		SIF or LF)	Removal	air	Encapsulate	Enclosure
(13)			(12)	T	-	other r	miscellane	ous)		-		ate	Ф
		Yes	No	N/A						-	_		
Basement		Ш	Ш	\boxtimes	Pipe inst	ılation			105 LF				Ш
1st floor-closet				\boxtimes	Pipe insu	ılation			8 LF				
Basement				\boxtimes	VAT flo	or tiles			400 SF				
		П	П	П						П	П	П	П
Name of Registered Was	te Hauler		NJD		Hauler ID No.	Cubic Ya	irds of Wast	e Name of Regi	L stered Landfill	1	bourd		,
Gr Tech LLC			0	03378	15	TBI		T.R.R.F. Inc					
City, State				00010		Disposa	100	City, State					
Wayne, NJ 07470						TBI		Tullytown, P	Δ				
Completed By (Print or Ty	rpe) Title)					gnature	1	Dat	te		340007-0	
N.Jevtic	Own	ner						Teure Wen	and mi	22/18			
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Date of Notification (1)	^	T	Name	of Building Owner	r/Operato	r (2)				-			
2/23/1	8		FAMILY RE INVESTHENES E I V E										
Agencies Notified Type Notifica	tion		Street	Address		-					#		
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DEP Amende	-	1	City, Si	tate, Zip Code	01 -	1 076	Sp TEB	20	ZUIC	,	L		
DE Emergei	ncy (including	5 -	UI	MON	<u>L. VI</u>	010	0.80	TOWN TO PERSON	ediction of the latest	deserve	Supposit.		
DOH Justificati		- '	MR	of Contact TINA	Ta	ORRES TRESPUSED UNDENTROIS							
				LITY INFORMA		MCDI					-		
Name of Facility Where Abatement is Ta	iking Place ((3)				Type of Facilit	y (4)				-		
Street Address						School (I	K-12)	(0)					
				F		Other (i.e	ter 8 (Other than K- . private & commerc	12) Xalbu	iilding	s, hor	nes		
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WESTFIE	10	N;	J .			3000) 2		9				
County (6)				Code (7) USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Buildin	of Owner (9)	1	ASCA	, 		7.11	HOUSE						
The state of the s	ig Owner (o)	/	HOUR	a No.	Name	of Abatement C							
Street Address					Street	Address	21/100	*****					
		-			LP.	O. RO	(814	L=1912300	SOUR LINE				
City, State, Zip Code					City, St	City, State, Zip Code OID Brick N.D. 088							
Project Manager for Monitoring Firm		Te	lephor	ne No	Telanh	Telephone No. License No.							
		. '	/ reprior	10.	720	238x7			6				
Start Date (10)	Schedule	Comp	etion I	Date (11)	1	of OSHA Monito	7 ^		<u> </u>				
a a 7 1 10	13	124		8	NO	VATECT	1 (NC						
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire		1	. \		Street A	lddress). (20X	814						
Abatement Performed Outside of No	e Penod of A rmal Facility	lbatemen Hours	Œ.		City, Str	ate, Zip Code							
Other - Describe:				Market Waller Control of the Control	OID	Bridge	0.00	88	57	-			
Scope of Work (Check All That Apply)						0		******					
23 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enovation	1			Full Containm	nent with Negative P	ressu	re				
2.000,0,1200,1	~ ~	CHICKGON				Glovebag Pro	cedure						
	Т.		T		<u>X</u>	Non-Exempte	ed (*) and Non-Friab	1	Abate				
Location of		Location ormally		Dea	cription o	ě.			Ту				
Asbestos-Containing Material (ACM)		Solely b		Asbestos Conta	aining Ma	terial (ACM)	Amount			m	1		
TO BE ABATED In Facility		dial Staf (12)	77		ing, VAT,	or	(Specify SF or LF)	Removal	Repair	caps	44.0		
(13)	-			other m	iscellane	ous)		oval	air	Encapsulate	1		
	Yes	No 1	V/A										
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				-					-				
Name of Registered Waste Hauler			P Was			Name of	Registered Landfill						
NOVAIECH IN)(18	50		1	1.01	2,0,00,0,		A		_		
City, State	0920	57		Displos	1110	Sh City, State	isolille	1	117	,			
Completed by	Title)	<u> </u>		(2) d	mature	7) 1000	Date				-		
PANOS AMEDA	ME	310	N=		1 44	MARIN	U. 12	12	3/	18			
SB-41 (R-06-08)				*	Do not	rea this farm for	asbestos licensure	vemi	oted a	ctiviti	et		
/ /					1001 W	and will to	CONTRACTOR STANIS	-	12200		SHE!		





Do not use this form for asbestos licensure exempted activities.

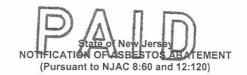
0,		(Pur	suant to	NJAC 8:60 and	12.120	"		ASRI	TOTOO	001		
Date of Notification (1) /		N	lame of E	Building Owner/O	perator	(2)		1	ESTOS LICE	VSIN	IG	Lä
02/21/18			N	ESTOR		HORE	-40					=
Agencies Notified Type Notification		S	treet Ad	dress		1.00						
EPA Initial Amended Amendment	#	C	City, State	e, Zip Code	P	NJ	0-1	080				
Emergency justification) DCA Emergency control in the control in		N	lame of C	Contact OR MOR	60/	0		Telephone **	•			
			FACIL	ITY INFORMATI	ON		a ciliby (A)			_		\dashv
Name of Facility Where Abatement is Takin MORT NO S HOH	g Place (3)					H Suha	ool (K-12)	(Other than K-1	2)			
Street Address						Othe etc.)	r (i.e. priv	# of Floors	ial build	ings, I		-
City (5) PLAINFIELD	-					Square Fe	0	3	1/5	22	8	
County (6)			County C STATE U	ode (7) SE ONLY)		HOM	16/	if being demolis	shed) T			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	Name	of Abatemi	ent Contr	actor (9)				
Street Address					14	t Address 4 MIL						
City, State, Zip Code					(b)	State, Zip C 4762S	04	NJ	750	9		
Project Manager for Monitoring Firm			Telephon	e No.	Telep 97	J653	3650	License 125.	No. 7			
Start Date (10)	Schedule	d Com	pletion [Date (11)	Name	of OSHA N	Agnitor /GA	/				
Occupancy Status During Abatement (Che	ck Only On	e)			Stree	t Address		17.				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A	batem	ent					NO 030	701			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Pemoliti			177	Full Co	ontainmer nclosure	nt with Negative	Pressu		е	
		Locati						y		Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normall d Sole intenar todial S (12)	ly by nce/ Staff?	Asbestos Cor (i.e. therma surfa	system scing, V	Material (At ns insulation	CM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		TSI			35LP	V			\neg
BASEMENT		V			10)			0,557				
									+			-
Name of Registered Waste Hauler		1 3	JDEP W lauler ID		c Yards	N	lame of F	Registered Land	Ifill C	1		
IHDIMI ARROW INDUS	TRIFS	17	257	- 3	6 03	8/ te 0	City, State	e.o. w	<u>~</u>	7	A	
City, State PATERSON NOUS	1			70	Signatu	111	No	orisvia	Date	1	1/6	>
Completed by	Title	P			Jignatt	1/1/	1		02	121	110	

(V 17200	P	A	GATION	ate of Ne OF ASB to NJAC	#STOS	ABATE	EMENT		o A		29			
Date of Notification (1)	- C		Name of	f Building	Owner/0	Operato		CALL	Th	EG	E	M		
2/20/18			Secondaria co	Davis Re	estorati	ion								
Agencies Notified Type Notifica	tion		Street A 1 Fras	^{ddress} setto W	/ay					FEB	2 8	3 20	18	
DEP Amende	227			ite, Zip Co										1
DOL Amendr	nent # ncy (including	- [Lincol	n Park,	NJ 07	035				ASBEST	OS C	ONT	ROL 8	8
X DOH justificat	ion)			Contact					Tel	ephone Num				
DCA Cancella	ation			Down					_					
Name of Facility Where Abatement is T	aking Place (3)		FACI	LITY INF	ORMAT	ION	Type	e of Facility (4	4)					
home	aking riace (o)						Турс		0.000					
Street Address							H	School (K-1 Subchapter		er than K-12	2)			
							×	Other (i.e. p				dings	home	es,
City (5)							Saus	etc.) are Feet	# 0	f Floors	IF	Bldg. A	ine.	
Montclair							210		2	1110013	- 1 8	70	igo	
County (6)	100		County (Code (7)			25,500,000	ent Use (Pric	or if bei	na demolish	ned)			
Essex				JSE ONLY)		hor			3	8			
Name of Monitoring Firm Hired by Build	ing Owner (8)	_	ASCM	1 No.		Name	e of Ab	atement Con	tractor	(9)				
						ABS	S Env	ironmenta	I Serv	rices, LLC	,			
Street Address						Stree	t Addre	ess		· II				
						PO	Box 4	183, 4 E G	ate D	rive				
City, State, Zip Code						100000000000000000000000000000000000000		Zip Code d, NJ 074	18					
Project Manager for Monitoring Firm	6		Telephor	ne No.		100	hone N -764-			License N 703	0.			
Start Date (10)	Scheduled	Con	pletion [Date (11)		Name	of OS	HA Monitor						
3/3/18	3/10/18			11										
Occupancy Status During Abatement (0	Check Only One)				Stree	t Addre	SS	***					
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe: basement	tire Period of Ab Normal Facility F	atem	ent			City, \$	State, 2	Zip Code						
Scope of Work (Check All That Apply)														
The state of the s	107 a		5400000				⊽ _							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		nova moliti						ıll Containme ini-Enclosure		Negative P	ressu	re		
							GI	ovebag Proc	edure					
							_ No	on-Exempted	l (*) an	d Non-Friab	le Pro			
	- Store	ocati rmall	27 (1) (2)										ement /pe	į.
Location of Asbestos-Containing Material (ACM	11000			Aches		scription		al (ACM)	۸	mount		T		
TO BE ABATED	/ Main		(1/4/2/17) U		thermal	system	ns insul		(5	Specify	Re	l z	Encapsulate	En
In Facility (13)		(12)	, tuni			cing, V <i>i</i> niscella			SF	or LF)	Remova	Repair	apsu	Enclosure
()	- No	KT-2	NI/A		Other	mocena	ncous,				/al	=.	ılate	ure
	Yes	No	N/A								-			
basement		X		fl	loor til	e		85	50 SF	Х				
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of F	Registe	red Landfill				
Tonys Cleanup & Hauling		11 398	auler ID	No.	of Wa	ste		FEW 91 590	8	s Sanitary		dfill		
City, State		17	7787		TBD	aal D-/				- Carintary	_41	, GIIII		
Freehold NJ					TBD	sal Date	3	City, State Easton,						
Completed by	Title					Signatur	·e	Lasion,	1 /	Da	to			
A. Scott Higgins	Presid	ent				- g. iatul	_/	ll-		11 15 15	22/1	8		

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000		NO			TION	OF ASE	w Jersey BESTOS ABAT C 8:60 and 5:16		DE G				
Date of Notification (1)				T	Name o	of Building	Owner/Operator (2	2)	IL FEB	28	20	18	哇
	22 / _	18			Jers	ey Shore	e Medical Cente	r					
Agencies Notified	Type Notificat	tion			Street A	Address			ASBEST	OS C	ITNC	ROL	&
					1945	Route 3	33		L1(CENS	ING		NAME OF TAXABLE PARTY.
	Amended Amendme	nt#			City, St	ate, Zip C	ode						
☑ DOH ☐ DCA	☐ Emergenc		ina		Nept	tune, NJ	07753						
(NJAC 5:23-8)	justification		9		Name o	of Contact			Telephone Number	er			
	☐ Cancellation	on			Lisa	Fritz			1	-			
					FAC	ILITY IN	FORMATION						
Name of Facility Where At	atement is Ta	aking Pla	ace (3)					Type of Facility (
Jersey Shore Medica	al Center-Ad	ckerma	n Bu	ildii	ng 4			School (K-12) (Other than K-12)				
Street Address									ivate and commerc	ial bui	ldings	5,	
1945 Route 33								homes, etc.)					
City (5)		20000						Square Feet	# of Floors	Blo	lg. Ag	е	
Neptune								750,000 sf	7	6	55		
County (6)				10	Count	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Monmouth								Hospital					
Name of Monitoring Firm F	lired by Build	ing Own	er (8)	P	SCM N	No.	Name of Abateme	ent Contractor (9)					
Environmental Tacti	cs						Guardian Co	ntracting, Inc.					
Street Address							Street Address						
64 Broad Street							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
Matawan, NJ 07747							Toms River,	New Jersey 08	755				
Project Manager for Monit	oring Firm		T	elep	hone N	No.	Telephone No.		License No.				
Tom Geiger				73	2-290-	2217	732-349-9932	2	00624				
Start Date (10)	S	chedule	d Com	plet	ion Dat	e (11)	Name of OSHA N	Monitor	82				
03 /05 /	18	_03	_ / _	09	_ / _	18	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (C	Check on	ly one)			Street Address						
□ Facility Closed/Vacated					nent		1056 Stelton						
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:	AM	PM/_	F	PM	/	ΑM	- marketing and the second second	New Jersey 08	854				
Scope of Work (Check all	that apply)							A	20-2 -772				
M . 2 . f 2 !f			Reno	votic			☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf>160 sf or >260 lf			Demo				☐ Gloveba	g Procedure					
							☐ Non-Exe	empted (*) and No	n-Friable Procedur				
			Is Lo							Ab	ateme	ent Ty	/pe
Location of		. .	Nor Used S	mal Sole		Aaba	Description of stos Containing Ma		Amount	Re	Re	Ē	Ē
Asbestos-Containing N TO BE ABA		,	Maint	enai	nce/		e, thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility		10	Custod	lial S 12)	Staff?		surfacing, VAT		SF or LF)	la la	100	Encapsulate	ure
(13)		_		No	N/A		other miscellane	eous)				te	
Cath Lab Ackerman 4			16 16			plaster			400 sf		\Box	П	П
				3			sulation		90 If				
Cath Lab Ackerman 4				7		pipe in	Sulation		30 11				
		L] L								Ш		
								-1				Ш	Ш
Name of Registered Wast				1,532	JDEP V auler ID		Cubic Yards of Waste	Name of Regis	stered Landfill				
Guardian Contractir	ng, Inc.			'	20223		10	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Je	rsey						03/09/18	Tullytown	, Pennsylvania				
Completed By (Print or Ty	pe)	Title					Signature		Da	te /			
Nicholas Fernicola		Proj	ect N	lana	ager			1.		2/	2>	-//	8

Ch 1000		NOT	YCATIO	N OF ASI	BESIOS	ABATEMENT	•		D)_E	G	E		
Date of Notification (1) 02/22/2018		U	Name The P	eddie Sc	Owner hool	Operator (2)			Check#	1025	2 8	201	18
Agencies Notified Type Notification □ EPA ☑ Initial				Address ain Street					ASE	BESTO	18.00	NITE	201.8
□ DEP □ Amended Amendment # □ Emergency (in	cluding	_ [tate, Zip C stown, Ne		ey 08520			AOL	LIC	ENSI	NG	OL O
☐ DCA justification ☐ Cancellation	ordding		John N	of Contact Newman				Tele	ephone N	umber)			
Name of Facility Where Abatement is Takin	a Place /	2)	FAC	ILITY INF	ORMAT		-1114 - 7.45						
Ian H Graham Althletic Center	g Flace (3)				Type of Fa	15 30050						
Street Address 155 Etra Road						☐ Subcha		ner than k & comme	(-12) ercial buil	dings, l	nomes	, etc.)
City (5) Hightstown, New Jersey 08520						Square Fee 30,000	et	# of 2	Floors		3ldg. <i>A</i> 50+	\ge	
County (6) Mercer				Code (7) USE ONLY	n	Current Use	e (Prior if be Scho		olished)				
Name of Monitoring Firm Hired by Building C Lis Consulting Services, LLC	Owner (8)	ASC	M No.		Name of Ab Lilich Corp	atement Co oration	ntractor ((9)				
Street Address 134 Bennington Pkwy						Street Addre							
City, State, Zip Code Franklin Park, New Jersey 08823						City, State, 2 Woodland		Jersey					
Project Manager for Monitoring Firm Barbara Lis			Telepho 609-65	one No 52-1833		Telephone N 973-225-84			License 01104	No.			
Start Date (10) 03/10/2018	Schedul 03/18/2	ed Cor	npletion	Date (11)		Name of OS Iris Environ			es, LLC				
Occupancy Status During Abatement (Chec						Street Addre							
□ Facility Closed/Vacated During Entire F □ Abatement Performed Outside of Norm □ Other – Describe: Facility Occupied	al Facilit	/ Hours	3	am-7pm		City, State, Z Union, N							
Scope of Work (Check All That Apply)													10000000
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoliti				☐ Mi	II Containm ni-Enclosur ove Bag Pro n-Exempte	e ocedure	Limited (Contair	ment	&Ten	it
Location of		Locati	15								Abate		ţ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfa	scription of taining Materia systems insul- cing, VAT, or niscellaneous)		(Sp	nount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									te	(D
Gymnasium	-	X	-	Joints r		Insul.	111 LF		X				
	-		-	(Wrap			-						
	1									-			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards	Name of	Register	ed Landfil	1			
Lilich Corporation		1	auler ID 18724	No.	of Was	ste	Fairless	Landfill					
City, State Woodland Park, New Jersey					Dispos 03/18/	sal Date 2018	City, Stat Morrisvil						
Completed by Adriana Olejarova	Title Pre	siden	t		S	ignature	Qax			ate 02/22/	2018		

Ch 697



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Date of Notification (1) 02-20-2018					f Building rk Public			r (2))				-87.000	7		
Agencies Notified	Type Notification		\forall	Street A	ddress	eet					ASBE	STO	S C ENS	ONT	ROL	&
× EPA × DEP × DOL	Initial Amended Amendmen	t#		City, Sta	ate, Zip Co	de		1834						2-110-y-110-y-1		THE PERSON NAMED IN
ĭ DOH	Emergency justification	(including	-	111111111111111111111111111111111111111	f Contact	102				Te	lephone	Numl	er			
X DCA	Cancellation			Christ	opher C	erf				10			_			
				FACI	LITY INFO	DRMA	TION	_								
Name of Facility Where		ng Place (3)						Ty	ype of Facility	(4)						
Newark Vocational	High School								School (K-							
Street Address 301 W Kinney Stre	et							×	Subchapter Other (i.e. p				build	dings	hom	es,
City (5)								S	etc.) quare Feet	1#0	f Floors		Тв	ldg. A	Age	
Newark NJ 07103								1	I/A	N/			1000	1/A	-9-	
County (6) Essex					Code (7) USE ONLY)				urrent Use (Pri	or if be	ing dem	olishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN			Nama		School Abatement Cor	ntrooto	(0)					, , , , , , , , , , , , , , , , , , , ,
Whitman Environm	0.0	7.0		ASCI	n NO.				Contracting		(3)					
Street Address							Street									
7 Pleasant Hill Roa	ad						301 200030		X 734							
City, State, Zip Code Cranbury NJ 0851	2						, , ,		e, Zip Code and Park NJ	0742	4					
Project Manager for Mor				Telepho	ne No.		Teleph				Licens	se No.	- 7 2.5			
Kevin Lovely					90-5858		973-	-69	2-6298	4	0126	6				
Start Date (10) 04-01-2018		Scheduled 11-19-2		npletion I	Date (11)		- ALANAS DINAS CONTRA		OSHA Monitor Contracting	LLC						
Occupancy Status Durin	g Abatement (Che		725-11005				Street						_			
Facility Closed/Vac		85	(5)	nent			POE	ВО	X 734							
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility I	Hours				100000000000000000000000000000000000000		e, Zip Code							
Scope of Work (Check A							Woo	odla	and Park NJ	0742	4					
≥3 sf or ≥3 lf	ш так друу	and the same of th	nova				×	-	Full Containm		n Negati	ve Pre	ssui	re		
× ≥160 sf or ≥260 lf			molit	ion				1	Mini-Enclosure Glovebag Prod	cedure						
							×	<u> </u>	Non-Exempted	d (*) an	d Non-F	riable		14.197		
1 4		700.00	ocati ormal			-									ement pe	
Location Asbestos-Containing		Used	Sole		Asbest		escription ntaining M		erial (ACM)	А	mount				Ш	l se se
TO BE AB		Custo			(i.e.		al systems acing, VA				Specify or LF)		Ren	Re	ncap	Encl
(13)			(12)				miscellan			Ů.	0. 2.)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	w
First FI	oor			x		acou	stical ce	eili	ng	96	13 SF	2	ζ.			
2nd and 3r	d Floor			x	1	x1 ce	iling glu	ue d	dots	71	45 SF	1	ζ.			
Throughout	Building			X		W	INDOM	VS			430		ζ			
Name of Registered Was	eta Haular		I NI	JDEP W	laata	Cubi	c Yards		Name of	Dogists	rod Lan	dfill				
Amax Contracting L			Н	auler ID	No.	of W	aste		Fairless	100		iuiiii				
City, State			0	036184	h	80 C	SY osal Date		Oity, State					VA.300-3		
Woodland Park NJ (7424					100	8-2018		Morrisv		A					
Completed by		Title	10.12.121				Signature	1	11	7		Date				
Tome Maslarkov		Projec	t Ma	nager			17	/	un			02-2	20-2	2018		

1614 BC	NOTIF	ICATIO Pursua	ON OF A	New Jersey ASBESTOS AI AC 8:60 and 1	,			E C E I	<u>2018</u>	E		
231 : 5 - vion (1)		Name	of Buildi	ng Owner/Oper	ator (2)							
te of Notification (1)		Kam	nson	Corpor	atio	on		ASBESTOS CO		SL&		
gencies Notified Type Notification			Address	lvan Av	e			LICENSIN	IG_	-		4
Initial Initial			7i-	Code								
DEP Amended		Eng	elew	ood Cli	ffs	,NJ. 0	7632	elephone Number				1
DOL Emergency (inclu	ding	Name	of Cont	act			1	Ciopilolis				
DOH justification		Ms	.Emi	ly Rodi	igu	ez			_			-
DCA	40)	FA	CILITY	INFORMAT	ON	Type of Facility	ty (4)	1				
ame of Facility Where Abatement is Taking Place	(3)					☐ School (K-12)	V 12\				
North Brunswick Gar	dens		- 9	*		Subchap	e. private	her than K-12) & commercial build	ings, h	omes,	etc.)	
treet Address								# of Floors	Bldg.	Age		7
6 Bardun Rd						Square Feet 364		7-	6	04		
City (5) North Brunswick						Current Use (Prior if b	eing demolished)		180 350 000		1
County (6)		Cou	nty Code	(7) ONLY)			AG	TS				\dashv
Middlesex	(0)		SCM No		Name	of Abatement (Contracto	τ (9)				
Name of Monitoring Firm Hired by Building Own	er (8)	1	1001.1	0.5	Bes	st Remov	val_	Inc				
	· ·				Street	t Address) South	D - 1 17	er St				
Street Address					450	State, Zip Code	KIV	CI DU				
City, State, Zip Code						ckensac		J 07601				_
City, Sauti, C.F.		1	- h)	Ja	Teles	phone No.	,	License No.				
Project Manager for Monitoring Firm		lei	lephone l	١٠.	2.0	1 - 329 - 7	444	00388				
	Scheduled (Complet	ion Date	(11)	Nam	e of OSHA Mo	nitor		* 17 1	ice	S	
Start Date (10) 26 [18	Donoua.v-	317	7/18		Om	ega Env	iron	mental Se	TV	LCC		
Occupancy Status During Abatement (Check On	ly One)	9/1	-1			et Address	~ ST	1				
Classificated During Entire Peri	od of Abate	ment			O:-	O Huyle , State, Zip Cod	e.					
Facility Closed Vacanet During	acility Hou	100	PM		So	uth Hac	kens	sack ,NJ 0	760	06		
Other - Describe:												
Scope of Work (Check All That Apply)	D D	enovatio	n.	9		Full Con	ntainmen	t with Negative Press	ure			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	D D	emolitio	n			Mini-Er Gloveba		lure	di	ITP.		
☐ ≥160 St Gt ≥200 II				1.00		☐ Non-Ex	empted (*) and Non-Friable P	100001	Abate	ment	
	Is	Locatio	en.							Ty	pe	
V	N	Normally	/		Descrip	otion of ng Material (AC	M)	Amount			En	10
Location of Asbestos-Containing Material (ACM)	Ma	d Solely aintenan	ce/	(i.e. thermal	systems	insulation, suite	ecing,	(Specify SF or LF)	Removal	Repair	Encapsulate	Dictoons
TO BE ABATED In Facility	Cus	todial St (12)	taff?		VA	T, or cellaneous)	1		val	=	late	ore
(13)		T .,	N/A									-
	Yes	No			, ,,1	SULTION		225 LF	×	_		-
BLOG 1 - CRAWL SPACE 3			7	THERMA	1.0	ICIL Ares	SN	23468	×			
BING- L- CRAWE SPACE 4			7	THERM	at 11	NSULATIO	11)	225LF	7			
BLOG-1-CRAWL SPACE A BLOG-1-CRAWL SPACE S			7	THERM	uc i	NSU LATIO	2 4)	234.49	70			
BLOG-1- CRAWL SPACE &			T		uc	INSULATI	Name of	Registered Landfill	1	-		
Name of Registered Waste Hauler			NIDEP W	auto	ubic Ya f Waste			d CentralS	lan	ita	rv	I
Newark Carting			0450	9			City, Sta	te Central				e e e
City, State					Disposal 2	1 1.0	Béti	ilèhem: ;RA	1:1	807	2	
Newark, N.J. 0710) 5				3 TSign	1		D	ate	1	. 1	2
110 11 64 1 10 1	Title				Sig	- L.	DNA	Suns	2	112	11	0
Completed by			ator		Į.	1 / 2						

Do not use this form for asbestos licensure exempted activities.

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					(2)		11 11 11 11	20	CUI	U	1
Date of Notification (1)				ilding Owner/Open							
2/12/18		Ka	amso	n Corpor	ation		ASBEST	25 00	ONITE	2018	2
Agencies Notified Type Notification			et Addr				ASDEST	CENS	ING	1000	^
				ylvan Av	e		MANY DESCRIPTION OF THE PROPERTY OF THE PROPER	or earner people	Section Section Assessment		
EPA Initial Amended		City	y, State,	Zip Code	*3	0 = 7.6					
Amendment #_		E	ngle	wood Cli	ffs ,NJ.	0/63	Telephone Number			-	\dashv
☐ Emergency (inc	luding	Nan	me of Co	ontact			Telephone Number				
DOH justification		M	- Fm	ily Rodr	191167				_		-
DCA Cancellation		1 11:	ACILI	TY INFORMATION	ON						\dashv
Name of Facility Where Abatement is Taking Place	re (3)		(LULIUS		Type of	Facility (4)					
Name of Facility Where Abatement is raking to	. 1				☐ Scl	nool (K-12)					
North Brunswick Ga	rdens				□ Sui	ochapter 8 (Other than K-12) rate & commercial bu	ildinos	home	s. etc.)
Street Address					D- 0th	ner (n.e. priv	ate & commercial oc				
6 Bardun Rd				· ·	Square I	eet	# of Floors		g. Age		
City (5)					23	312	2	6	0	†	
North Brunswick				1 (7)	Current	Use (Prior i	f being demolished)		-0.0		
County (6)			unty Co	de (/) E ONLY)		AP	45				
Middlesex		1,0			Name of Abaten						
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	No.							
					Best Rei	Tevon	THE				
Street Address					Street Address	. 1 . 5 .	C+				
					450 Sou		ver st				-
City, State, Zip Code	A.				City, State, Zip		07/01				
City, State, 2th Coas						ack,	NJ 07601				\dashv
S. Manitoring Firm		To	elephone	No.	Telephone No.		License No.				
Project Manager for Monitoring Firm			•		201-329		00388				_
	Scheduled (Comple	tion Dat	e (11)	Name of OSHA						
Start Date (10)		3/9		- ()	Omega E	nviro	nmental S	erv	ice	S	
3)6/18		3/ 4/	110		Street Address						
Occupancy Status During Abatement (Check On				**	280 Huy	ler S	Т				
☐ Facility Closed/Vacated During Entire Peri	od of Abate	ment			City, State, Zip	Code					
Abatement Performed Outside of Normal F Other – Describe: 8:00 km To	S: So	SPM			South H	acken	sack ,NJ	076	06		
Other - Describe:					Boden in						
Scope of Work (Check All That Apply)							nt with Negative Pres	Suns			
≥3 sf or ≥3 lf	/	novatio			Full Min	i-Enclosure	III WILLI NEGALITO 1100				1
☐ ≥160 sf or ≥260 lf	□ De	molitic	on		~ ~ ~	-aless Droop	virma.		200		
					☐ Nor	-Exempted	(*) and Non-Friable	Proced	Abate	ment	-
	T .						¥8		Ty		1
	19	Locatio		-	escription of			-			-
Location of		i Soleh		A shorter Con	taining Material (ACM)	Amount	_		En	177
Asbestos-Containing Material (ACM) TO BE ABATED	1	intenan		(i.e. thermal sys	tems insulation, s	urfacing,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Facility Where Abatement is Taking Place								Facility (4)						
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Street Address 65D Pardun Rd				25			0	ther (i.e. pri	vate & o	commercial	buildin	gs, hor	nes, et	(C.)
City (5)							Square	Feet	# of	Floors	1	ldg. A	Ω:	
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Name of Monitoring Firm Hired by Building Owner	(8)		ASCM	No.				nent Contra emova						
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Street Address								th Ri	ver	St				
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City, State, Zip Code						Нас	kens	ack ,	NJ.	07601				
Project Manager for Monitoring Firm		T	elephon	e No.			one No.			License No				
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Start Date (10)	heduled			te (11)				Monitor		n + o 1	Cor	,, i o	0.0	
3/6/18		3/9	7/18				ga E Address	nviro	niie	ntal	ber	VIC	65	-
Occupancy Status During Abatement (Check Only						The second second		ıyler	St					
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Faci	of Abate	ement				City, S	tate, Zip	Code						
Abatement Performed Outside of Normal Paci-	515	2281	4			S	outh	Hack	ens	ack ,	NJ.	076	06	
Scope of Work (Check All That Apply)	_													
≥3 sf or ≥3 lf	₽ R	enovatio	on] Full	Containme	nt with	Negative Pro	essure			
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Location of		Normally d Solely		Copropersor		escription		ACM	1	Amount		T		
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In Facility	Cust	todial St (12)	aff?	o Million Carlo		VAT, or miscella			S	F or LF)	Remova	Repair	Encapsulate	
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Name of Registered Waste Hauler			auler ID 0450		of Wa	iste G	YS	Grand	d Ce	entral	Sa	nit	ar	У
Name of Registered Waste Hauler Newark Carting			U + J C		Dispo	sal Date	1	City Stat	e					
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CKH 1510

Date of Notification (1) 2/20/2018		1811	Name	of Building ate proper	Owner	/Operato	(2)			G	3 1] [7-6
Agencies Notified EPA DEP Amended Amendme			City, S	Address State, Zip Co	ode				F	EB	28	20	18
DOL Amendmen Emergency justification DCA Cancellation	y (includir n)	ng	Name Andr	of Contact e Rocha				Telep	hône Nt	mber	S OC ENSI	NTF	OL 8
Name of Facility Where Abatement is Tak Private property Street Address	ing Place	(3)	FA	CILITY INFO	ORMAT	TON	Type of Facility School (K-Subchapte Other (i.e.	12) r 8 (Other	than K-1	2) ial bu	ilding	s, hor	nes,
City (5) Leonia County (6)		1	Count	/ Code (7)			Square Feet 2000	# of F	loors		Bldg. +50		
Bergen County Name of Monitoring Firm Hired by Building	Owner (3)	(STATE	USE ONLY) M No.			Current Use (Pri			ned)			,
N/A Street Address	Owner (c		N/A			ACM	of Abatement Con Solutions Ser Address	ntractor (9 vices LL) .C				
N/A City, State, Zip Code N/A				-		City, S	51st Street	70.17					
Project Manager for Monitoring Firm N/A			Telepho N/A	one No.		Teleph	Bergen NJ 07 one No. 552-9685	L	icense N	0.	-		
Start Date (10) 2/29/2018	3/3/20	18	mpletion	Date (11)			of OSHA Monitor nvironmental L						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norrother – Describe:	Period of	Ahater	ment s			2333 City, St	Address Route 22 Wes ate, Zip Code NJ 07803	st					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of	Renova Demoli				O I II O	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				4 9	
Location of Asbestos-Containing Material (ACM)		Locat Normal	ly		Des	cription o	of	() and No	JII-FIIADI	e Pro	Abate	e emeni pe	
TO BE ABATED In Facility (13)	Ma Cus	intena todial ((12)	nce/	(i.e. th	nermal s surfac	aining Ma systems ing, VAT iscellane	terial (ACM) insulation, , or ous)	Amou (Spec SF or	ify	Remova	Repair	Encapsulate	Enclosure
exterior	Yes	No	N/A		Sh	ningles		25008	SF	x		ite	Ф
Name of Registered Waste Hauler		100000	JDEP W		Cubic Y		Name of R	egistered l	Landfill				
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Po Box 5670 Completed by	Title				Disposa		City, State 2335 App	olebutter	Rd Be	thle	nem	PA	
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Agencies Notified EPA DOLWD	Type Notificat ⊠ Initial □ Amended	ion			Address	`oda		-	ASBESTC LIC	S CO ENSI	NTR VG	SL &	
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Name of Facility Where A	Abetement is Te	aking Place	(3)	FAC	ILITI	IFORMATIO	14	Type of Facility (4	4)				-
Residence	Apatement is 16	aking i lace	(0)):		School (K-12) Subchapter 8	(Other than K-12)				
Street Address								homes, etc.)	vate and commer				
City (5)								Square Feet	# of Floors		g. Ag	е	
Ventnor								1,000	3		0		
County (6)				Coun	ty Code (7)(STATE USE O	NLY)		or if being demolis	ned)			
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Name of Monitoring Firm				ASCM I	No.			ent Contractor (9)					
Management & Env	viro. Consult	ing Servic	es			Shade E	nviro	onmental, LLC					
Street Address						Street Addre							
PO Box 341						623 Cutl							
City, State, Zip Code						City, State, 2							
Chesterfield, NJ 08	3515		U.S. and Control of the Control of t					, NJ 08052					
Project Manager for Mon	nitoring Firm		Tele	phone f	Vo.	Telephone N			License No.				
Bill Weisgarber			60	9-298	-4070	856-755-	-0099)	00842				
Start Date (10)	S	cheduled C	omple	tion Dat	te (11)	Name of OS							
03 /06 /		03 /		_ / _	18			ical, Inc.					
Occupancy Status Durin						Street Addre		O Namb					
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Name of Registered Wa	ste Hauler		17.5	NJDEP !		Cubic Yards	s of	Name of Regis					
Shade Environmen	ntal, LLC		1	1auler II 32426		Waste 1			ounty Utilities A	utho	rity		
City, State				OA TA		Disposal Da	ate	City, State					
Maple Shade, NJ						03/08/20	18	Egg Harbo	r Township, N.	J			- 5200
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Date of Notification (1) Job #: 9892.01 Name of Building Owner(Operator (2) Job #: 9892.01 Name of Recommendation (2) Name of Recommendation (2) Name of Recommendation (3) Notification (3	Ch 70	97			NOTIFI (R	Sta GATION Ursuant	of ASB	w Jersey ESTOS Al 8:60 and 1	BATEMEN 2:120)	Т		E G	图 2	8 2	<u>₩</u> <u>L</u> 018	
Agencies Notified Notified Notification Type Street Address ASBESTOS CONTROLS (LICENSING One Hamilton Health Place City, Siste, 2ip Code Amendment#91 Amendment#9	Date of Notification (1)	Job	#: 9692	.01	Name	of Build	ding Owner	r/Operator	(2)	144		- Com-	0 6	0.10	1
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Dennis Rudolff				cidding		Name	of Cont	tact	15		1	relephor	e Nu	mber		
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson University Hospital Street Address One Hamilton Health Place County (6) Hamilton County (6) Mercer County (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address 400 Street Road City, Sita, Zip Code Bensalem, PA 19020 Bensalem, PA 19020 Project Manager for Monitoring Firm Michael Panepresso Scheduled Start Date (10) Facility Closed/Vacated During Entire Period of Abatement Habatement Performed Outside of Normal Facility Hours Facility Closed/Vacated During Entire Period of Abatement Habatement Performed Outside of Normal Facility Hours Source of Work (Check all Iteat apply) Paris Road County Code Bensalem, PA 19020 Fortier on Labs Street Address 400 Street Road City, Sitate, Zip Code Bensalem, PA 19020 Ben		☐ Cance	ellation			Denn	is Rudlo	off			- 1			-		
Name of Facility Where Abatement is Taking Place (3) Street Address						FACI	LITY IN	FORMATION	ON		-	33.7				
Street Address Content (Chity (5) Square Feet # of Floors Street Address Street	Name of Facility Whe	ere Abateme	nt is Ta	king Pla	ce (3)					Type of Fa	acility (4)				-	
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Criterion Labs Prime Group Remediation, Inc.		Time I line of the	. D:III:		- (0)											
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March 15, 2018			Sched					100100000000000000000000000000000000000		nitor	00000					
Street Address																
Abatement Performed Outside of Normal Facility Hours - City, State, Zip Code Bensalem, PA 19020		uring Abater														
Abatement Performed Outside of Normal Facility Hours - Other - Describe: Work area to be vacated during entire abatement. City, State, Zip Code Bensalem, PA 19020	☐ Facility Closed/Va	cated Durin	a Entire	Period o	of Abate	ment		400 Stre	et Road							
Source of Work (Check all that apply) 3 sf or >3 lf	☐ Abatement Perfor	med Outside	e of Nor	mal Faci	lity Hou	rs -		City, Stat	te, Zip Cod	е						
Safer > 3 if Safer > 160 sf or > 260 lf Demolition Demolition Safer	Other - Describe:	Work area t	o be va	cated du	iring en	tire abate	ement.	Bensale	m, PA 190	20						
Secondarian Demolition Mini-Enclosure Glovebag Procedure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*)	Source of Work (Che	ck all that ap	oply)													
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Non-Exempted (*) and Non-Friable Procedure Location of Asbestos- Containing Material (ACM) Maintenance / Custodial Staff? (12) Ves No N/A Radiology - X-Ray Rm 1 - Side Work Room Normally Used Solely by Maintenance / (12) Ves No N/A Radiology - X-Ray Rm 1 - Side Work Room Normally Used Solely by Maintenance / (12) Ves No N/A Radiology - X-Ray Rm 1 - Side X Floor Tile 160 X Prime Group Remediation, Inc. NJDEP Waste Hauler ID # 19272 1 City, State Disposal Date O3/20/2018 Birdsboro, PA Completed by Title Signature Date Containing Material (ACM) Amount Amount Type Abatement Type Abatement Type Amount Amount Asbestos Containing Material (ACM) (Specify (△ >160 sf or >260 lf				☐ De	molition					•					
Normally Used Solely by Maintenance/ Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A N/A Staff? (12) N/A Floor Tile N/A Floor Tile N/A												able Pro	cedur	е		
Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ (13) Yes No N/A N/A Ploor Tile Normally Used Solely by Maintenance/ (13) Yes No N/A Ploor Tile Normally Used Solely by Maintenance/ (14) N/A Staff? (12) N/A Staff? (12) Yes No N/A Ploor Tile Prime Group Remediation, Inc. N/A Ploor Tile N/A Ploor Tile Prime Group Remediation, Inc. N/A Ploor Tile Prime Group Remediation, Inc. N/A Ploor Tile			1	- Iti										Abat		
Location of Asbestos- Containing Material (ACM) TO BE ABATED IN Facility (13) Radiology - X-Ray Rm 1 - Side Work Room Name of Reg. Waste Hauler Prime Group Remediation, Inc. Name of Reg. Waste Hauler City, State Bensalem, PA Completed by Title Solely by Maintenance/ Custodial Staff? (12) Name of Reg. Custodial Staff? (12) Name of Reg. Custodial Staff? (12) No N/A Rabestos Containing Material (ACM) (Specify SF or LF) Reg. Amount (Specify SF or LF) Reg. Waste Hauler (Specify SF or LF) Reg. Waste Hauler Custodial Staff? (12) N/A Floor Tile Cubic Yards of Waste 1 Signature Date																
TO BE ABATED IN Facility (13) Yes No N/A Radiology - X-Ray Rm 1 -Side Work Room Name of Reg. Waste Hauler Prime Group Remediation, Inc. City, State Bensalem, PA Completed by Title Custodial Staff? (12) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) From City, State Disposal Date City, State Date				Solely b	У											_
Radiology - X-Ray Rm 1 -Side Work Room Name of Reg. Waste Hauler Prime Group Remediation, Inc. City, State Bensalem, PA Completed by Title Pres No N/A Floor Tile 160 X Waste Cubic Yards of Waste Hauler ID # 19272 1 Disposal Date O3/20/2018 Signature Date													_		ш	m
Radiology - X-Ray Rm 1 -Side Work Room Name of Reg. Waste Hauler Prime Group Remediation, Inc. City, State Bensalem, PA Completed by Title Pres No N/A Floor Tile 160 X Waste Cubic Yards of Waste Hauler ID # 19272 1 Disposal Date O3/20/2018 Signature Date	IN Facility				41	(surf	acing, VAT	, or		01 01 21)	,	Rem	Re	ıcar	ncl
Radiology - X-Ray Rm 1 -Side	(13)			(12)			other	miscellane	eous)				NOV	pair	lusc	nso
Radiology - X-Ray Rm 1 -Side Work Room Name of Reg. Waste Hauler Prime Group Remediation, Inc. City, State Bensalem, PA Completed by Title Ploor Tile 160 X Floor Tile 160 X Waste Cubic Yards of Waste Hauler ID # of Waste 19272 1 Disposal Date 03/20/2018 Birdsboro, PA Date													=		ate	G.
Name of Reg. Waste Hauler Prime Group Remediation, Inc. City, State Bensalem, PA Completed by NJDEP Waste Hauler ID # 19272 Disposal Date 03/20/2018 Disposal Date Signature Date Name of Reg. Landfill Western Berks Community Landfill (DEP#100739) City, State Birdsboro, PA Date	Radiology - X-Ray R	Rm 1 -Side	Yes	-	N/A	Floor	Tile			160			X			-
Prime Group Remediation, Inc. Hauler ID # 19272 of Waste 1 Western Berks Community Landfill (DEP#100739) City, State Disposal Date City, State Bensalem, PA 03/20/2018 Birdsboro, PA Completed by Title Signature Date						11001	inc			100					55271	
Prime Group Remediation, Inc. Hauler ID # 19272 of Waste 1 Western Berks Community Landfill (DEP#100739) City, State Disposal Date City, State Bensalem, PA 03/20/2018 Birdsboro, PA Completed by Title Signature Date										5						
Prime Group Remediation, Inc. Hauler ID # 19272 of Waste 1 Western Berks Community Landfill (DEP#100739) City, State Disposal Date City, State Bensalem, PA 03/20/2018 Birdsboro, PA Completed by Title Signature Date										¥0						
Prime Group Remediation, Inc. 19272 1 Western Berks Community Landfill (DEP#100739) City, State Disposal Date City, State Bensalem, PA 03/20/2018 Birdsboro, PA Completed by Title Signature Date	Name of Reg. Waste	Hauler	1	10000					Name o	f Reg. Landi	Till .					-
City, State Bensalem, PA Completed by Disposal Date City, State Birdsboro, PA Date Date	Prime Group Remo	diation Inc		92.00		#	- Carrieran	ste	Wester	n Berks Cor	nmunitv La	andfill (I	EP#	10073	9)	
Bensalem, PA Completed by Title Date Date		aladon, IIIC	•	13	1212			sal Date					"		.7 F	
Completed by Title Signature Date	Contract of the Contract of the Contract						The second second		100000000000000000000000000000000000000							
		Titl	е						The second secon			Date)			
Vincent Primavera Project Manager February 21, 2018	Vincent Primavera	Pro	ject Ma	anager	II. LESSEL						>	Feb	ruary	21, 2	018	

1 /1 33	143	NOT	TIFIC	ATK	ON Ø	of New ASBE	STO	S ABATE and 5:16)	MENT	IN FEB	2 8	201	8	
Date of Notification (1)	1			Na	me of l	Building C)wner/	Operator (2)			/			
02 /	23 / 1	18		1	Platin	um Deve	lope	rs, LLC		DASBEST	os bo	NAF	ROL 8	× ×
Agencies Notified	Type Notificatio	n		St	reet Ad	dress				L	CENS	NG		
Agencies Notified ☐ EPA	☐ Initial				210 O	cean Av	enue							
☑ DOLWD	☐ Amended					e, Zip Coo								
⊠ DOH	Amendment	and the factories	_		3500	ood, NJ		01						
☐ DCA	☐ Emergency		ng	1		Contact		· · · · · · · · · · · · · · · · · · ·		Telephone Number	er			
(NJAC 5:23-8)	justification)			1		p Patel								
	Caricellation					ITY INF	OPM	ATION						
			(2)		FACIL	TIT INF	OKIVI	ATION	Type of Facility	(4)				
Name of Facility Where	e Abatement is Tak	(ing Pla	ice (3)	1.					☐ School (K-1	2)				
Garage									☐ Subchapter	8 (Other than K-12)	لدائد ما الد:			
Street Address									Other (i.e.,) homes, etc.	private and commerc	iai bulio	ings,		
103 E. 23 rd Street									Square Feet	# of Floors	Bldg	. Age		
City (5)									560 sf	1	80			
Bayonne						0 1 (7)	OTATE	HOE ONLY		rior if being demolish	ned)			
County (6)				1	County	Code (/)(SIAIE	USE ONLY)	Garage	flor if boing domene.	,			
Hudson									-)\				\dashv
Name of Monitoring Fi	rm Hired by Buildir	ng Own	er (8)	AS	SCM No	D.			ent Contractor (9					
Guardian Contra	cting, Inc.								ntracting, Inc	•				-
Street Address								Address	04					
1889 Route 9, Un	nit 61							39 Route 9						-
City, State, Zip Code						84		State, Zip Co		0755				
Toms River, New	Jersey 08755								New Jersey 0					-
Project Manager for M	lonitoring Firm			Telepi	hone N	0.		hone No.		License No.				
Nicholas Fernico	ola				-349-9		170.717	2-349-9932		00624				-
Start Date (10)	Sc	chedule						e of OSHA N						
03 / 05	/ 19	03	_ /	16	_ / _	18	E.N	M.S.L. Ana	lytical					
Occupancy Status Du		heck or	nly on	e)			Stree	t Address						
☐ Facility Closed/Vac	cated During Entire	e Period	d of Al	oatem	ent		10	56 Stelton		25				
☐ Abatement Perform	med Outside of Nor	rmal Fa	cility I	Hours	- Desc	ribe		State, Zip C						
Time of Abatemen	nt:AM	PM/_		_PM	A	M	Pis	scataway,	New Jersey (08854				
Scope of Work (Chec	k all that apply)									Innative Procesure				
Passage No.			7 D	a. ratio				☐ Full Cor	itainment with r closure	legative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf] Ren	ovatio nolition				☐ Gloveha	an Procedure					
≥ 160 St 01 ≥200 II								Non-Ex	empted (*) and	Non-Friable Procedu	ire		-4 To	
			200700	ocati					2				ent Ty	1000
	tion of			ormall Sole		Asha	atan C	Description	of aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Contain	ning Material (ACM) ABATED		Mair	ntenar	nce/	(i.e	ther	mal systems	s insulation,	(Specify	VOV	air	aps	OSL
	acility		Custo	odial S	Staff?	,	SL	urfacing, VA	T, or	SF or LF)	<u>n</u>		ulat	Ге
	13)			(12)	T		oth	er miscellan	eous)				Œ	
			Yes	No	N/A					25 sf		П	П	П
interior		[\boxtimes				ing panels	; 		-			
exterior]		\boxtimes		roofing	mate	erial		560 sf				
		1		П									Ш	Ш
	Masta Haular	- 1			JDEP \		Cub	ic Yards of	Name of R	egistered Landfill				
Name of Registered Guardian Contr				1000	lauler II	D No.	Was		T.R.R.F	•				
	aoung, mo.				20223	3	Dist	oosal Date	City, State					
City, State	1							3/16/18		wn, Pennsylvania				
Toms River, Ne		Leni							1	1	Date /		1	
Completed By (Print		Title			80000000000000000000000000000000000000			Signature	_ /			13	118)
Nicholas Fernic	cola	Pro	oject	Man	ager				11	-en	- 10		11	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

	E	C	E		\mathbb{V}	E	M
		FEB	2	8	2018		
3	3 ASE	7L SEST		001	VTRC)L &	

Date of Notification (1)				Na	me of Build	ing Owner/Operator	(2)			9 5	- 91	140
02/23	/ 1	8				ck Meridan Health		14	ED (10		110
Agencies Notified Typ	e Notification	1			eet Address			213	76	15		
	nitial	25		2000000		ous Parkway		ASBI		DS C CENS		
	Amended			-	, State, Zip			And the second s	F-10	J L 1 V C	711 4 0	***************************************
	Amendment #		-	-	eptune, N							
DCA DCA (NJAC 5:23-8)	Emergency (i ustification)	ncludin	g	1	ne of Conta			Tolophone Numb				
	Cancellation			10 555	isa Fritz	200		Telephone Numi	per			
						INFORMATION		1	_	04.00		
Name of Facility Where Abater	ment is Takir	ng Plac	P (3)		ACILITY	INFORMATION	T 1 F 10	(4)				
Residence	none to rakin	ig i iac	C (0)				Type of Facility ☐ School (K-1)	1.00				
Street Address							Subchapter	د) 8 (Other than K-12)	1			
							Other (i.e., p	private and commer	cial b	uildir	gs,	
City (5)			-				homes, etc.)	9				
Red Bank							Square Feet 2500 sf	# of Floors	В	ldg. /	\ge	
County (6)				Co	unty Code	(7)(STATE USE ONLY)			1. 15	100		
Monmouth					unty Code	(1)(STATE 03E ONET)	Residence	rior if being demolis	ned)			
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASC	M No.	Name of Abateme		\				
Guardian Contracting, II			(0)	7.00			ntracting, Inc.					
Street Address	Y-11-					Street Address	indacting, inc.					
1889 Rte. 9, Unit 61						1889 Route 9	Unit 61					
City, State, Zip Code						City, State, Zip Co						
Toms River, New Jersey	08755						New Jersey 08	755				
Project Manager for Monitoring	Firm		Te	elephon	e No.	Telephone No.		License No.				-
Nicholas Fernicola				732-34	9-9932	732-349-9932		00624				
Start Date (10)		duled C	omp	letion E	ate (11)	Name of OSHA M	lonitor					
03/08/18	_ _(03_/		16_ /	18	E.M.S.L. Anal	ytical					
Occupancy Status During Abate	ement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated Duri	ing Entire Pe	riod of	Abat	tement		1056 Stelton						
Abatement Performed Outsi	de of Norma	Facilit	у Но	urs - De	escribe	City, State, Zip Co	ode					
Time of Abatement:/		VI/	_P	VI	_AM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	New Jersey 08	854				
Scope of Work (Check all that a	pply)											
≥3 sf or ≥3 If		□Re	nova	ation		☐ Full Conta	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		⊠ De				⊠ Glovebag	Procedure					
						Non-Exer	npted (*) and No	n-Friable Procedure	3			
Location of		5.83	Loc	ation					Ab	atem	ent T	уре
Asbestos-Containing Materia	al (ACM)	Use	d Sc	olely by	Asbe	Description of estos Containing Mat		Amount	Re	Re	Ē	ш
TO BE ABATED	VI.			nance/	/i e	e., thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Ousi	(12			surfacing, VAT, other miscellaned		SF or LF)	val	7	Encapsulate	sure
		Yes	No	N/A		other miscellanet	ous)				ite	
basement					asbest	os pipe insulation	n	108 If			П	П
basement					fuel oil	tank insulation		10 sf				
1 st floor					asbest	os floor tile		100 sf				
exterior			\boxtimes		roof ma	aterials		580 sf		F		
Name of Registered Waste Hau			1100	NJDEP		Cubic Yards of	Name of Regist	tered Landfill			_	_
Guardian Contracting, In-	C.			Hauler 2022		Waste 15	T.R.R.F.					
City, State				2022	-	Disposal Date	City, State					
Toms River, New Jersey						03/16/18		Pennsylvania				
Completed By (Print or Type)	Title					Signature	1	Date	2 /			
Nicholas Fernicola	Pi	oject	Mar	nager		3.5.5	0	. A Date	1	, -	1,	0
SB-41)	1	11 0	1/0	23	110	5

JN 25 14	+	NOTI	(Pi	ursuan	t to NJA	C 8 60 and 5:10	6)		***************************************		
Date of Notification (1)	1			Name	of Building	g Owner/Operator (2)	THE F	FB 28	2018	5
	/	-				evelopers, LLC	-,	13	374	4	
	Notification	1		Street	Address			ASBE	STOS CO	VTRO	DL &
⊠ EPA □ Ini				210	Ocean A	Avenue			LICENSIA	IG	CHETHANISMONT
	ended endment #	#		City, S	State, Zip C	Code					
0.00	ergency (i			Lak	ewood, I	NJ 08701					
	tification)	including		Name	of Contac	t		Telephone Numb	ber		
	ncellation			San	ndip Pate	I					
				FAC	CILITY IN	FORMATION		3*			
Name of Facility Where Abatem	ent is Takir	ng Place	(3)				Type of Facility	(4)			
Commercial Building			*				☐ School (K-12				
Street Address								(Other than K-12)			
170 Avenue F							homes, etc.)	rivate and commer	cial building	s,	
City (5)							Square Feet	# of Floors	Bldg. Ag	10	
Bayonne							2600 sf	1	80	,0	
County (6)				Coun	ty Code (7)(STATE USE ONLY)		or if being demolis	1		
Hudson				Ooun	ity Couc (r	MOTATE OOL ONET	Commercia		neu)		
Name of Monitoring Firm Hired b	v Building	Owner (0\	ASCM	No	Nome of Abstone		Duilding			
Guardian Contracting, Inc	X	Owner (0)	ASCIVI	INO.	Name of Abateme					
Street Address	,.						ntracting, Inc.				
portion and a second reservoir						Street Address	11 04				
1889 Route 9, Unit 61						1889 Route 9	* 1990ACA (CONTROL)				
City, State, Zip Code						City, State, Zip Co					
Toms River, New Jersey (New Jersey 08	755			
Project Manager for Monitoring F	irm		Tele	phone l	No.	Telephone No.		License No.			
Nicholas Fernicola			7	32-349	-9932	732-349-9932		00624			
Start Date (10)	000000000000000000000000000000000000000	duled Co			A CANADA CONTRACTOR	Name of OSHA M	lonitor				500
03/05/19_		03 /	16	3_/_	18	E.M.S.L. Anal	lytical				
Occupancy Status During Abater	nent (Chec	ck only o	ne)			Street Address					
☐ Facility Closed/Vacated Durin	g Entire Pe	eriod of A	Abate	ment		1056 Stelton					
☐ Abatement Performed Outsid						City, State, Zip Co	ode				
Time of Abatement:A	ИP	PM/	_PM		AM		New Jersey 08	854			
Scope of Work (Check all that ap	ply)					,,,	,				
	,						ainment with Neg	ative Pressure			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		∐ Rer ☑ Der	novat			☐ Mini-Enc	losure Procedure				
Z ≥ 100 31 01 ≥ 200 11		M Dei	HOIL)				n-Friable Procedur	'e		
		Is	Loca	tion					Abateme	ent Ty	/ne
Location of			lorma			Description o	f		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2025
Asbestos-Containing Materia	(ACM)			ely by ince/		stos Containing Ma		Amount	Repair	inca	Enclosure
TO BE ABATED IN Facility		0.000,000		Staff?	(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	air	squ	uso
(13)			(12)	,		other miscellane		Of Of Lif	=	Encapsulate	ē
e/ 35		Yes	No	N/A						(D	
interior-bathroom			\boxtimes		shower	caulk		6 If			
exterior			\boxtimes		rolled re	oofing		2610 sf			
Name of Registered Waste Haule	er		N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill			
Guardian Contracting, Inc			H	lauler ID		Waste	T.R.R.F.				
City, State				20223		20 Disposal Date	City, State				
Toms River, New Jersey						03/16/18		Pennsylvania			
Completed By (Print or Type)	7:41	lo.					A A A	1 -		,	
Nicholas Fernicola	Titl		B.#			Signature	1 0	/ Da		1.	,
ASR-41		Project	ivian	ager			.+11	0	2/23/	18	

State of NJ

B & G proj. #: 201	8-21	- [P					os Abatement 7 and 12:120-7)		(Check	# 883	31				
Date of Notification (1)		I Name o	of Building O	wne	er/Operator (2)	\		-	-000							
0 2 1/12 10 1/11	8	4 1	575		ute of Tech		oav		Tr		E			W	7 [3 [
	Notification			otit	dic or recr	IIIOIC	99		4	<u> </u>		<u> </u>	IJ	U	- [-	4
X EPA	Initial			ght	ts, 333 ML	(Blv	d.,			M		- 0	0	00/	i d	and the second
☐ DEP ☐			ate, Zip Code						+			<u>p</u> 2	×.	211	X	+
X DOL X	Amendme	V9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ark, NJ 0		02-1982									w-widel		
X DOH			Contact						ТТе	lepho	ie Nun	ber 2	UUI	VII	IUL	à
□ DCA □ □ C	Cancellatio	And	rew P. Ch	ris	t, PE	***************************************			1		and the same of th	LICEN	1211	IG	-	-
			FA	ACIL	LITY INFORM	ATIO	N									
Name of facility where abate	ement is ta	king place (3)						Туре	of F	acility	(4)			_		
Fleisher Athletic Cen	ter								=		ol (K -					
Street Address				_							apter 8 (Private				12)	
80 Lock Street							~				/Homes		ierci	aı		
City (5)		County (6)				Co	unhi Cada (7)	Squa	are F	eet	# of FI	oors		Bld	g. A	je
							unty Code (7) ate use only)	Curr	ent I	Ise (P	rior if b	eina de		che	4)	_
Newark, NJ 07102-1	1982	Essex					.,			ntial		onig do	THOM	3110	۵,	
Name of Monitoring Firm Hi		20 (0.20) (0.20)		T	ASCM No.	7	Name of Abatemer									
Omega Environmen	tal Servi	ces Inc.			n/a		B & G Restora	ation, In	C.							
Street Address				-1-			Street Address 105 Ryerson	Pood								
280 Huyler Street City, State, Zip Code						_	City, State, Zip Code		-						_	
South Hackensack,	NJ 0760	6					Lincoln Park		035							
Project Manager for Monitorin	ng Firm		Phone Nun	nbe	r	-	Telephone Number				Licen	se Nun	nber			
Geiser Fajardo			201-489	9-87	700		(973)696-68					00378	3			
Scheduled Start Date (10)		Sched. Comp	letion Date ((11)		_	Name of OSHA Mo		•							
02/20/2018		03/26/201	8				B & G Restora	tion, in	C.				-			_
Occupancy Status During Ab	atement (C	heck only one)	interior constitution of			105 Ryerson I	Road								
Facility closed/vacated							City, State, Zip Code)								
Abatement performed of Describe:	outside of r	normal facility I	nours-													
Other-Describe:					-	-	LincolnPark, N	IJ 0703	5							
Scope of Work (check all that	at apply)					X	wrap & cut									
■ Demolition	Re	novation				X	full Containment w/ne	egative pr	essu	ıre [Glov	ebag p	roce	dur	е	
> 3 sf or $> 3 $ If	X ≥16	0 sf or ≥260 If				X	Mini-enclosure				√ Nor	-friable	pro	cedu	ıre	
Location of		location norma maintenance/		ely							-	R	R		E	E
asbestos-containing material to be		iff(12)	custourar	_	Descriptio material (A		sbestos-containing		Amo (Spe	ount ecify S	F or	m	p		n	n
abated in facility (13)		res No	N/A		material (A	-(CIVI)			LF)	ony o		o v	i		a D	C L
Roof, Middle Elevation			X	\dashv	top layer			1 2	0 5	00 sf		e	Ir	111	7	
2nd floor			X	╡	fittings				If	00 31		X	恄		=	Ħ
2nd fl hallways & all roc	ms		×	Ť		socia	ited mastic	2	2,50	0 sf		X	T			市
1st floor Room 139			X	T	VAT & ass	socia	ited mastic	1	12	sf		X	T			
1st fl MER 129 & entr. 1	42		X		expansion			1	,00	0 If		X				
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Haul 19563	er ID#	Cub	oic Yards of W 250	aste	Name of Registered Tullytown		rce	& Pa	COVE	v Cen	ter			
City, State		1	Disposal		te		City, State		.00	W 1/C	2016	y Cell	ICI	-	-	-
Lincoln Park, NJ			02/2		18 - 03/26/1	18	Tullytown,	PA							7.	
Completed by (Print or Type) Gordana Luna	Titl Se	e cretary/Trea	asurer	T	Signature		Gordana Luna				Date 02/2	20/20	18			
*** Additional quantities				-					>>	·>>>						

M CK	/		NOT		MOITA	OF AS	ew Jersey BESTOS ABA AC 8:60 and 5:1		DEG	E			
Date of Notification (1)					Name	of Buildin	g Owner/Operator ((2)	HIL FEB	2 8	20	10	+
	26 /	18					oulevard RE, LL0		II U FED	L 0	ZU	10	
Agencies Notified	Type Notific	cation			7,335,555	Address			ASBEST	OS CO	ITNC	ROL	&
⊠ DOLWD	☐ Amende	hd					d Ave., Suite #1	880	LIC	CENS	ING		
☑ DHSS	Amenda	10000			- 1000	State, Zip (December 1
☐ DCA	☐ Emerge		cluding	1	08, 5000		ale, FL 33394						
(NJAC 5:23-8)	justificat	135			LANGERS COM	of Contac	***		Telephone Numb	er			
	□ Cancella	ation			Joe	Barbara	1			_			
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				
761 Cuthbert Blvd.								School (K-12					
Street Address									3 (Other than K-12) rivate and commen		ildina	c	
761 Cuthbert Blvd.								homes, etc.)		olal bu	nunig	٥,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
Cherry Hill, NJ								44,000	1		55+		
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Camden							9	Vacant	3	3.6			
Name of Monitoring Firm	Hired by Bui	Iding C	Owner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Vertex	a para tangga pangga pangga 🕶 pangga				NA			ironmental Sys					
Street Address							Street Address						
700 Turner Way							550 East Uni	on St.					
City, State, Zip Code		-U		-	-		City, State, Zip C			-			
Aston, PA 19014							West Cheste						
Project Manager for Moni	toring Firm			Tele	phone	No	Telephone No.	1, 171 10002	License No.			-	
Don Heim				J	0-558		610-701-9000)	00508				
Start Date (10)		Sched	luled C	19500	tion Da		Name of OSHA N		00300				
2 / 26 /					lion Da	22 22	Vertex	MOTITEO					
					_ ′ -								
Occupancy Status During		en en en en en en en en en en en en en e					Street Address						
□ Facility Closed/Vacate □ Abatement Performed						oribo	700 Turner V	- Landerson Davidson					
Time of Abatement: 7						clibe	City, State, Zip C						
							Aston, PA 19	014					
Scope of Work (Check all	that apply)						⊠ Full Con	tainment with Neg	native Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re 図 De	novati			Mini-End		jative Flessule				
									n-Friable Procedur	е			
			671001	Locat						Aba	ateme	ent Ty	уре
Location Asbestos-Containing I		(4)		lorma d Sole		Aaba	Description of			R	Re	ш	ш
TO BE ABA		VI)	Ma	intena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ıcap	ıclo
IN Facilit			Cust	odial (12)	Staff?		surfacing, VAT	, or	SF or LF)	val	7	Encapsulate	Enclosure
(13)			Yes	No	N/A	-	other miscellane	ous)				ate	W
Main Floor						VAT			8000 SF	\boxtimes	П		
Men's Room		-			\boxtimes	Wall Til	le Adhesive		300 SF				
Main Floor						Pipe In:	silation Debris		2000 SF				
Exterior Windows			П	П		Windov	v Glazing		30 EA		П	П	
Name of Registered Wast	e Hauler				JDEP \		Cubic Yards of	Name of Regis					
Richard Burns & Co				4330	auler II		Waste		erks Community	/lan	dfill		
City, State	3				19955	5	40		orko Gommanii.	Lan	aiiii		
Phila., PA							Disposal Date TBD	City, State	DΛ				
The second secon		1						Birdsboro,				1	
Completed By (Print or Ty	rpe)	Title					Signature	_ M	Da	te /	٠,	1.	
Mark Griffin		E	stimat	or			1	MARA	12	-12	6	1/4	5
SB-41 IAY 11		*	Do not	1150 #	ie form	for achas	tos licensure exemp	atod activity		1	7		
more total		- 1	001101	ust II	101111	ioi asnesi	ios ilcerisure exemp	neu activilles.					

D&S Proj. #: 18-47 Date of Notification (1) 0 2 / 2 0 / 1 8 Agencies Notified	th Stre		rearion of As mant to AJA mer/Operator (2	C 8 60	Abatement and 12:120)		A	Market & Allen Broger in the Annie	OS C	ONT	ROL	The state of the s
DCA Cancellation		homas gilmartir	1					A				
		FAC	CILITY INFORM	MOITAN	ı							
Name of facility where abatement thomas gilmartin Street Address	is taking place	€ (3)	11				Subcha	(K - 12) pter 8 (O	omme		(-12)	
City (5)	I County	(6)				Squa	re Feet #	of Floor	s	В	ldg. Ag	je
City (5)	County	(0)		0.0000000000000000000000000000000000000	nty Code (7) te use only)	Curr	ent Use (Pri	or if bein	g dem	nolish	ed)	
rahway	union						(135)				f)	
Name of Monitoring Firm Hired by Street Address	Bldg. Owner (8)	ASCM No.	_	D & S RESTOR Street Address 20 California A	RATION						
City, State, Zip Code Project Manager for Monitoring Firm	1	Phone Num	ber		City, State, Zip Code Paterson, NJ 0 Telephone Number 973-345-8020	7503		License 0	Numb 1169	er		
Start Date (10) 02/22/18	Sched. C	completion Date (1	1)		D & S Restorat Street Address							
Occupancy Status During Abatement Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H	entire period of normal fac	of abatement.		_	20 California A City, State, Zip Code Paterson, NJ 0	•						
Scope of Work (check all that apply	Renovation Demolition					Mini-end Gloveba	tainment w/r closure g procedure empted (*) a		riable	proc	edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		ormally used sole nce/custodial No N/A			sbestos-containing		Amount (Specify SF LF)	or	ReEove	Repai	E n c a p	E n c L
BASEMENT		X	PIPE INSU	JLATI	ON	130) l ft		×			
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP 13506		Cubic Yards of 2 yds.	Waste	Name of Registered		JRCE REC	COVER	<u> </u>	Ц	<u> </u>	<u>Ц</u>
City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDEN	Disposal I 02/23/1			City, State TULLYTOWN	, PA		Date 02/20/	2018			
ASB-41 *	Do not use th	is form for asbest	os licensure ex	empted	activities.							

									0.000000				
Chia	4	J		CATION	nte of New Jerse OA ASBESTOS to NUAC 8:60 an	ABATE d 12:120			E (2 8	3-20-00	int E
Date of Notification (1) 2/26/2018					Building Owner/ oods Rd Cap					eren albertan sterete	11000-2-1000	O SEPHENOM	e romovement
Agencies Notified	Type Notification			Street A	ddress d Woods Rd				ASSE		S CO ENSI		OL 8
EPA DEP DOL	Initial Amended Amendment	#		City, Sta Saddle	te, Zip Code e River NJ 07	458							
▼ DOH DCA	Emergency (justification) Cancellation	including			Contact Stankovic, P	roject N	Manager	Teleph	hone Num	nber	1		
				FACI	LITY INFORMAT	ION							
Name of Facility Where	Abatement is Taking	g Place (3	3)		1		Type of Facility	(4)					
N/A Street Address 36 Old Woods Rd							School (K- Subchapte Other (i.e. etc.)	r 8 (Other t			dings,	home	es,
City (5) Saddle River							Square Feet 2000	# of FI 2	oors		Bldg. A	.ge	
County (6) Bergen				County (Code (7) USE ONLY)		Current Use (Pr unoccupied	ior if being	demolish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8))	ASCM	1 No.		of Abatement Co ckmark Indust)				
Street Address							Address Morgan Dr						
City, State, Zip Code							State, Zip Code rta NJ 07871						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		hone No. -570-2645		icense No 01334	э.			
Start Date (10) 3/9/2018		Schedul 3/14/2		npletion I	Date (11)		of OSHA Monitor ckmark Indust						
Occupancy Status Durin						100000000000000000000000000000000000000	Address Norgan Dr						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm					City, S	State, Zip Code arta NJ 07871						
Scope of Work (Check A	II That Apply)		1162										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	н ттак Арріу)	Name and Address of the Owner, where	Renova Demolit			 	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
1	, of		S Locati Normal			noorietie-	of.					ement pe	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Use Ma Cus	ed Sole aintena stodial S (12)	ely by nce/ Staff?	Asbestos Cor (i.e. therma surfa		Material (ACM) is insulation, AT, or	Amo (Spe SF or	ecify	Removal	Repair	Encapsulate	Enclosure
basem	ent	Yes	No X	N/A		VCT		600	SF	Х		LD.	
Dascill	OIII		//	1		VUI		000	U	Δ	1	1	1

(13)		(12)		other m	iscellaneou	s)		oval	ai-	ulate	sure
	Yes	No	N/A					_		te	100
basement		Х			VCT		600 SF	Х			
Name of Registered Waste Hauler Atlantic Carting			JDEP Waste auler ID No.	Cubic \ of Was			Registered Land Management				
City, State Wayne NJ				Dispos	al Date	City, State Tulleyto	e own PA				
Completed by Corey Stankovic	Title CEC)		Si	gnature TOI	Ković		Date 2/26/2	018		



Chk# 3826

							- 10	(0)			П	р. д	
Date of Notification (1)	26 /	18					Owner/Operator Jersey, Dept of		PMC DE C			\mathbb{V}	
Agencies Notified	Type Notificati	ion				Address	e St., 3 rd Floor		ID) FE	2 2	8 2	A10	
☑ DOLWD	☐ Amended			-					144 15	J -	U L	UIU	1
☑ DHSS	Amendmer	nt #				ate, Zip C							
□ DCA	☐ Emergency	y (includ	ding	-		ton, NJ			Telephone Numb	TOS	CON	TROL	- &
(NJAC 5:23-8)	_ justification					of Contact			relephone Numb	CEN	ISIN	3	
	☐ Cancellation	on			Ms.	Georgett	te Bunch		The state of the s				
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Ta	aking Pl	ace (3)				Type of Facility	y (4)				
NJ Division of Tax	cation Bldg.							School (K-					
Street Address									r 8 (Other than K-12) private and commerce	ial bu	ldinas	5,	
50 Barrack Street								homes, etc			J		
City (5)				55 (2)				Square Feet	# of Floors	Blo	lg. Ag	е	
Trenton													
County (6)			-	0.000	Count	y Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being demolish	ned)	0-6-116		
Mercer						500 S							
Name of Monitoring Fin	m Hired by Buildi	ing Own	ner (8	B) A	ASCM I	No.	Name of Abaten	nent Contractor (9)				
Environmental Co				'				VIRONMENT					
Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Street Address				- 107		
120 N. Warren St							1123 BEAVE	R STREET					
			-1-5-11-1				City, State, Zip (
City, State, Zip Code							BRISTOL, P						
Trenton, NJ 08608				Tolor	ohone I	Vo.	Telephone No.		License No.				
Project Manager for Mo	onitoning Firm				9-392		215-788-604	0	00509				
Roland Jones	16	chedule	40				Name of OSHA				-		
Start Date (10) 3 / 9		3						NVIRONMENT	AL INC.				
					_ ′ -	10_		TVIICOTTIIIETT	7.2, 11.07				
Occupancy Status Duri	.7						Street Address	-D OTDEET					
☐ Facility Closed/Vaca	ated During Entire	e Period	d of A	Abater	nent	oribo	1123 BEAVI						
Abatement Perform Time of Abatement	ed Outside of No	mai ra PM/5	5:00F	PM-1:	30AM	Clibe	City, State, Zip						
				vareas 			BRISTOL, P	A 19007					_
Scope of Work (Check	all that apply)						☐ Full Co	ntainment with N	legative Pressure				
≥3 sf or ≥3 lf		\boxtimes	Rei	novati	on		Mini-Er	nclosure					
≥160 sf or ≥260 lf] Der	nolitic	n		⊠ Gloveb	ag Procedure	Non-Friable Procedu	e			
			1.	1 4		1	☐ Noti-Ex	tempted () and i	Toolar Habie i Toolaa		atem	ent Ty	me
Lacati	f			Locat Iorma			Description	of			1		
Location Asbestos-Containing)	Use	d Sole	ly by		stos Containing N	faterial (ACM)	Amount	Remova	Repair	inca	Enclosure
TO BE A	BATED			ntena	nce/ Staff?	(i.e	e., thermal system		(Specify SF or LF)	lova	ai-	squ	nso
IN Fa			Cusi	(12)	otan:		surfacing, VA other miscellar		SF ULLE)	=		Encapsulate	е
(13	')	1	Yes	No	N/A	1	ours. Imeedia	special Tr€s				(D	
9 th Floor North Med	h Room		X			Pipe/Fi	tting Insulation	ľ	5 LF	\boxtimes			
		Г											
Name of Registered W	laste Hauler				JDEP	Waste	Cubic Yards of	Name of Re	gistered Landfill				
BRISTOL ENVIRO		NC.		F	lauler I		Waste	, to-reconstituted	SS LANDFILL				
City, State BRISTOL, PA 190	007						Disposal Date	City, State FAIRLES	SS HILLS, PA				
Completed By (Print or	200	Title					Signature		, Da	ate			_
Brian Scafiro	.,,,,		ject	Man	ager		Bria	4 Scafin	0/9/	2-	M	,-(8

	_	9 1								Prir	nt Form
CK # 8743		OTY I	St	ate of New Yerse OF ASHESTOS O NJAO 8:69 and	y ABATE d 12:120	MENT	DE	E		E	
Date of Notification (1)			Name of PSE&	f Building Owner/C G	perator	(2)	III III FE	B 28	201	8	
Agencies Notified Type Notification EPA Initial				HADLEY ROAL)		ASBES	STOS C		OL &	
DEP Amended Amendment				ate, Zip Code 'H PLAINFIELE), NJ 0	7080	The second secon	EMBA SASTINI SASTINISTA (ASS			
□ DOH	nciuaing		J			DLEX	Telephone	Number			
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	LITY INFORMATI	ON	Type of Facilit	ty (4)	4 +			
PSEQ G Street Address							ter 8 (Other than			*********	
982 SPR:NG	FIE	40	A	VE.		Other (i.e etc.) Square Feet	e. private & comm		ildings, Bldg. <i>P</i>		S,
LRYINGTON						12,000	2	/			OYES
County (6) ESSEX				Code (7) USE ONLY)		0.020	Prior if being dem				
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	wner (8)		ASCN 0045	M No: *	UPSTRUKENS.	of Abatement (
Street Address 64 BROAD STREET					1	Address WHITEHEA[D AVE.				
City, State, Zip Code MATAWAN, NJ 07747			-			State, Zip Code ITH RIVER,	NJ 08882				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 90-2217		none No. 432-8350	Licens 0111	se No. 1			
Start Date (10) 3/1/2018	8	5/1	/	Date (11)	1.0572512	of OSHA Monit QUE SYSTE	or MS OF AMER	RICA			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F		-5550	· · · ·			Address WHITEHEAI	D AVE.				
Abatement Performed Outside of Norm Other – Describe: Meassachy of	al Facility	Hours	; .	4		State, Zip Code	NJ 08882				
Scope of Work (Check All That Apply)	/			,		_				-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Remoliti			N M	Mini-Enclos Glovebag P					
		Locati		V C C C C C C C C C C C C C C C C C C C		3 Non-Exemp	lied () and Non-i	Hable F1	Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/	Asbestos Con (i.e. thermal surfa		Matěrial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							alle	0
Windows		X		ACM win							_
ROOFTOP		X		ACM D	uct	WRAP'	120 5	SFX	+		
									1		
Name of Registered Waste Hauler WASTE MANAGEMENT		Н	JDEP W auler ID 125		Yards ste		of Registered Lar WS NORTH	ndfill			
City, State ELIZABETH, NJ			mit 43(150)		sal Date		tate RISVILLE, PA	λ.			
Completed by CAROL RAIMO	Title OFFI	CE M	IANAG	8	Signature	aral }	laimo	Date	27/	1,8	1

OK # 8'109	1		CATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE			L G E		\mathbb{V}		
Date of Notification (1)			Name o PSE&	f Building Owner/ G	Operator	(2)		FEB 2	8 2	2018		U
Agencies Notified Type Notification EPA	4		City, Sta	ddress HADLEY ROA ate, Zip Code 'H PLAINFIEL		7080	A	ASBESTOS (LIGEA			. &	
Emergency (i justification) DCA Emergency (i justification) Cancellation			Name o	f Contact	BRA	DLEX	To	slanhana Ni				
Name of Facility Where Abatement is Taking PSEQ Street Address							K-12) iter 8 (Oti	her than K-12)		linas,	home	es,
982 SPR:NG City (5) IRVINGTON County (6)	FIE					etc.) Square Feet) #	of Floors	B	ldg. A	ge	oye:
County (6) ESSEX Name of Monitoring Firm Hired by Building C	wner (8)		(STATÉ	Code (7) USE ONLY) M No:	Name	Current Use (Su of Abatement (BST	ATiO				
ENVIRONMENTAL TACTICS Street Address			0045	27 NO. 27 T.	UNIC	QUE SYSTE	MS OF					
64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747					City, S	WHITEHEAI State, Zip Code ITH RIVER,		82				
Project Manager for Monitoring Firm TOM GEIGER				90-2217	Teleph	none No. 432-8350		License No				
Start Date (10) 3/1/2018 Occupancy Status During Abatement (Check	-	5/1	1	Date (11)	UNIC	of OSHA Monit QUE SYSTE Address		AMERICA		4		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of	Abatem		4	396 City, S	WHITEHEAD State, Zip Code JTH RIVER,		82				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit		1	5	Full Contair Mini-Enclos Glovebag P	nment wit	h Negative Pr				
Location of		Locati Normal	У	De	scription	ı of				Abate Typ		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	(i.e. therma			(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
winbows	Yes	No X	N/A	ACM WIN	Dow	CAUKing	9 de	2505F	X		е	
Name of Registered Waste Hauler WASTE MANAGEMENT		Н	JDEP W auler ID 125	1717	Yards ste	1	of Regist	ered Landfill DRTH				
City, State ELIZABETH, NJ		1		12 22	sal Date	1.75		LE, PA				
Completed by CAROL RAIMO	Title OFF	CE M	ANAG		Signature	Topal (Par	Date	2/	4/	18	

Print Form

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Date of Notification (1)			T	Name	of Building	Owner/Op	erator (2	2)	1111	B 28	2018	?		
	27 / _	18		Veri			A CONTRACTOR NO.	1		0 20	2010	J	-	
Agencies Notified	Type Notifica	tion		Street	Address	1300 HOUSE TO 100			ASSES	TOS CC	NTR	21 8	_	
⊠ EPA				133	Prospec	t Street			AGBEG	ICENS	NG	<i>J</i>	£((
⊠ DOLWD	Amended Amendme	n+ #	Ì	City, S	tate, Zip C	ode			Canada de la canad					
☑ DHSS ☐ DCA	☐ Emergence			Pas	saic, NJ	07055								
(NJAC 5:23-8)	justificatio		' i	Name	of Contact				Telephone Nu	mber			19793	
	☐ Cancellati	on		Alex	Baylor								41	
				FAC	ILITY IN	FORMAT	ION							
Name of Facility Where A	Abatement is Ta	aking Place	(3)					Type of Facility						
Verizon								School (K-12		40)				
Street Address								☐ Subchapter 8 ☑ Other (i.e., p	rivate and comn	12) nercial bu	ildinas	S.		
133 Prospect Stree	t					D.		homes, etc.)						
City (5)								Square Feet	# of Floors	Ble	dg. Ag	е		
Passaic								10,000	3		50			
County (6)				Coun	ty Code (7)	(STATE USE	ONLY)	Current Use (Pr	ior if being demo	olished)				
Passaic														
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM I	Vo.	Name of	Abateme	nt Contractor (9)						
USA Environmenta	I Managaem	ent Inc.				JVN R	estorat	ion Inc						
Street Address					Street Address									
8436 Enterprise Av	8436 Enterprise Avenue City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm						ster Roa	ad						
City, State, Zip Code			0.0011000			City, State	e, Zip Co	ode						
Philadelphia, PA 19	153					Staten	Island	NY 10309						
Project Manager for Mon	itoring Firm		Tele	phone I	No.	Telephon	e No.		License No.					
Mark Jenkins	21	15-365	-5810	718-60	5-6256		00774							
Start Date (10)	omple	tion Dat	te (11)	Name of	OSHA M	onitor								
03 /08 /	_ 25	5_ / _	18_	Testor	Tech									
Occupancy Status During	g Abatement (C	Check only	one)			Street Ad	dress			9-1-1-1				
☐ Facility Closed/Vacate	ed During Entir	e Period of	Abater	ment		10 59	Jackso	n Avenue						
Abatement Performed					cribe	City, State	e, Zip Co	ode						
Time of Abatement: _	AM	PM/ <u>5:00</u>	PM- <u>1</u> :	:30AM		LIC NY	Y 11101							
Scope of Work (Check al	Il that apply)													
N > 2 of or > 2 If		Mρ	novati	ion			Full Cont Mini-Enc	ainment with Neg	gative Pressure					
\boxtimes \geq 3 sf or \geq 3 lf \square \geq 160 sf or \geq 260 lf			molitic					g Procedure						
		142.=131				I	Non-Exe	mpted (*) and No	n-Friable Proce	dure				
		(C)	Locat Norma			_				Ab	ateme	ent Ty	/pe	
Location Asbestos-Containing		11-	ed Sole	-	Ashe		cription o ining Ma	terial (ACM)	Amount	Re	Re	En	En	
TO BE ABA		Ma	intena			., thermal s	systems i	insulation,	(Specify	Removal	Repair	caps	Enclosure	
IN Facil	ity	Cus	todial (12)				ng, VAT, iscellane		SF or LF)	<u>a</u>		Encapsulate	ure	
(13)		Yes	No	N/A		other iii	Scellarie	ous)				te		
Second Floor Telco	Room				Floor T	ile and M	astic		150 SF					
			П											
			П											
				+=-						П	П			
Name of Registered Was	N	JDEP /	l Naste	Cubic Ya	rds of	Name of Regi	stered Landfill		1000000					
Newark Carting	210 7100101		1970	Hauler II	O No.	Waste		G.R.O.W.S						
City, State		NJ-566 15 Disposal Date				City, State	Ø							
Hackettstown, NJ						03/15/18 Morrisville,PA								
	· m a l	T:41-				450,550,707.50		1//		Date		0		
Completed By (Print or T	ype)	Title	4 B/Io-	22425		Sign	nature /	1//	7	02-	77	70	2	
Ralph Barnhardt		Projec	, ividi	layer		/	MILL	ph. hom		01.	01-	W	0	

State of New Jersey

Thech \$ 3050 NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT_TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator (2) Date of Notification (1) SOUTH AVE II,LLC 18 02 26 Street Address Agencies Notified Type of Notification 570 COMMERCE BLVD City, State, Zip Code EPA J Initial CARLSTADT, NJ 07072 DEP Amended Telephone Number Name of Contact 1 DOH Amendment # Emergency w/ justification DOMINICK TUCCI 1 DOL Cancellation **FACILITY INFORMATION** ASBESTOS CONTROL & Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 451-453 SOUTH AVENUE School (K-12) Subchapter 8 (Other than K-12) Street Address 1 Other (I.e., private & cmmercial 451-453 SOUTH AVENUE bldgs., homes, etc.) County Code (7) Square Feet # Of Floors **Building Age** County (6) City (5) GARWOOD UNION 40 + Current Use (Prior if being demolished) BANK ASCM NO Name of Monitoring Firm Hired by Bldg. Owner (8) NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway City, State, Zip Code SPARTA, NJ 07871 Telephone Number Project Mngr. For Monitoring Firm 973-729-5649 East Hanover, NJ 07936 WILLIAM KIERBIL License Number Sheduled Start Date (10) Sched, Completetion Date (11) Telephone Number 18 03 12 03 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Facility Closed/Vacated During Entire Period of Street Address Abatement Abatement Performed Outside of Normal Facility П 32 Williams Parkway Hours - Describe: City, State, Zip Code V Other - Describe: 7:00 AM-3:30 PM East Hanover, NJ 07936 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation 1 Demolition 7 Mini - Enclosure >3sf or >3lf Glovebag Procedure >160 sf or >260 If Non-Exempted (*) and Non-Friable Procedure [7] Description of Abatement Type Location of Is R Location Asbestos - Containing Asbestos Containing E N N Amount Material (ACM) Normally C C (Specify M E (I.e., thermal systems Used TO BE ABATED P L 0 A Solely insulation, surfacing, VAT, SF or LF) in Facility 0 P V A by Mainor other miscellaneous) (13)s s A 1 tenance/ U U R Custodial L Staff (12) STOLA 70 LF EXTERIOR 7 CAULK 1 250 SF BANK VAT/MASTIC Name of Registered Waste Haule Name of Registered Landfill NJDEP Waste Cubic NORTHSTAR CONTRACTING GROUP, INC Hauler ID No. Yards **GROWS** of Waste Disposal City. State City, State MORRISVILLE, PA EAST HANOVER, NJ Date Date Signature Title Completed by (Print or Type) 02/26/18

Project Manager

STATE OF NEW JERSEY

Date of Notification (1)	P	NOTIFICA	TION OF A	NEW JERSEY ASBESTOS ABATE AC 8:60-7 AND 12:	120-7 CL	ecl	_61	30	53
	_ U		SOUTH	Building Owner / (AVE URBAN RENE	Operator (2) WAL, LLC	[[F P	'EI	WEL
Agencies Notified Type of	Notification		Street A	ddress MMERCE BLVD		1111	5 0		
☑ EPA ☑	Initial		-	te, Zip Code		11			111
DEP	Amended		CARLST	ADT, NJ 07072			FFF	3 28	2018 11
✓ DOH ✓ DOL □	Amendment			Contact		Telepho	ne Numb		Louis
DOL	Cancellation	w/ justification	DOMINIC	CK TUCCI			esecutive contraction of the con		
			FACILITY	NFORMATION	and the second second	L	-	ICENSIN	IG STROL &
Name of Facility Where Abat 450-490 SOUTH AVENUE	ement is Taking	Place (3)		Type of Facility (
Street Address 450-490 SOUTH AVENUE				☐ Subch	ol (K-12) napter 8 (Other t (I.e., private & c , homes, etc.)				
City (5) County GARWOOD UNION	(6)	County Code	(7)	Square Feet	# Of Floors		Buildin	ig Age	
GARWOOD UNION		1		85,000 Current Use (Price	1	Habaal)	1	40	20
				MANUFACTURIN		nisnea)		40 +	5
Name of Monitoring Firm Hir	ed by Bldg. Owr	ner (8)	ASCM NO						
EHI				NORTHOTAR OO	NITO A OTINIO OF		à		
Street Address				NORTHSTAR CO	NIRACTING GR	ROUP, INC			
655 WEST SHORE TRAIL		4-24-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		ou out Addition					
City, State, Zip Code				32 Williams Parkw					
SPARTA, NJ 07871 Project Mngr. For Monitoring	Eirm	Talanhana Ni	um le a u	City, State, Zip Co	ode				
WILLIAM KIERBIL		Telephone Nu 973-729-5649	mber	East Hanover, NJ	07936				
Sheduled Start Date (10)	Sched. Comp	oletetion Date (*	11)	Telephone Numb		License I	Number		
$\frac{03}{12} / \frac{12}{18}$		/ <u></u>	18	072 004 0000			4		
Occupancy Status During Ab	atement (Check	Only 1)		973-884-8682 Name of OSHA M	onitor			00860	
☐ Facility Closed/Va	cated During En	tire Period of		NORTHSTAR CO		OUP, INC			
Abatement Abatement Perform	and Outside of 8			Street Address					
Hours - Describe:	ned Outside of i	Normal Facility		32 Williams Parkw	av				
Other - Describe:	7:00 AM-3:30	PM		City, State, Zip Co					
Scope of Work (Check All The	at Apply)			East Hanover, NJ	07936				
Coope of Work (offect All The	at Apply)								
☐ Demolition	~	Renovation	V	Full Containment	with Negative F	ressure			
≥3sf or ≥3lf≥160 sf or ≥260 lf				Mini - Enclosure					
			\sqrt{\sq}\}}}\sqrt{\sq}}}}}\sqrt{\sq}}}}}}\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}\signt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\signtition}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\signtition}\sqrt{\sqrt{\sq}}}}}}}\signtition}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{	Glovebag Proced Non-Exempted (*)		le Procedi	ura		
Location of Asbestos Containing	ls Location		Descript			Abatemer	nt Type	1-	1-
Addition Containing	Normally	AS	bestos - C Material		Amount	R	R	E N	E N
TO BE ABATED	Used '		e., therma	systems	(Specify	M	E	C	C
in Facility	Solely	insu	lation, sur	facing, VAT,	SF or LF)	0	Р	A	L
(13)	by Main- tenance/	or	other misc	ellaneous)		V A	Ą	P	0
	Custodial					L	l R	S	S U
	<u>Staff (12)</u>							Ĺ	R
OFFICES/SHOPS	TS D DA	PIPE & FITTIN	0		0.00015				
BOILER ROOM		FITTINGS	G		2,020 LF 3 EA	7		+	
OFFICES/SHOPS		VAT/MASTIC			3,000 SF	7	- 	1 	++
OFFICES		LINOLEUM			290 SF	V		1 5	
Name of Registered Waste Ha NORTHSTAR CONTRACTING		NJDEP Waste Hauler ID No.		Name of Registere GROWS	ed Landfill				
	2,1001,1110	. Iddiei ib No.	of Waste	GNOVIS					
City, State			Disposal	City. State					
EAST HANOVER, NJ			Date	MORRISVILLE, PA	L ē				
Completed by (Print or Type)		Title		Signatu	Ire	77		Date	
				- /	4	110	-	Date	
Steve Stiles		Project Manage	er	-41	THE L	MA		02	2/26/18
ASB-41					1	Carrier and the			

Location of Asbestos Containing TO BE ABATED in Facility	Loca Norm Use Sole	ition nally ed	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT,	Amount (Specify SF or LF)	Abatemo R E M O	R E P	E N C	E N C
(13)	by M tenar Custo Staff	nce/ odial (12)	or other miscellaneous)		V A L	A I R	P S U L	O S U R
21100	YES NO	O N/A						
SHOP			TRANSITE	60 SF	- 1			
SHOP			GALBETOS	2,000 SF	1			
SHOP			ELECTRICAL BOARD	10 SF	J			
EXTERIOR			GLAZING	59 EA	7	1 1		
EXTERIOR			CAULK	2,400 LF	V	1 7	1 7	1 7
ROOF			ROOFING	35,400 SF	V		1 1	H
ROOF			FLASHING/TAR	500 SF	V	 	 	1 7
GARAGE/SHOP			PIPE & FITTING	230 LF	7	H	1 7	1 7
SHED			FLASHING	50 SF	7	H	l H	H
				12.00			1 7	1 1
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NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) SOUTH AVE II,LLC Street Address Agencies Notified Type of Notification 570 COMMERCE BLVD **EPA** Initial City, State, Zip Code DEP CARLSTADT, NJ 07072 Amended 1 DOH Amendment # Name of Contact Telephone Number 1 DOL Emergency w/ justification DOMINICK TUCCI Cancellation FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 447 SOUTH AVENUE School (K-12) Street Address Subchapter 8 (Other than K-12) 447 SOUTH AVENUE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** GARWOOD UNION 1,800 Current Use (Prior if being demolished) 40 + HOUSE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO EHI NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway SPARTA, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number WILLIAM KIERBIL 973-729-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 03 18 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: __ 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Renovation 1 Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure 7 >160 sf or >260 lf 1 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure 1 Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) N Amount E R TO BE ABATED Used (I.e., thermal systems C (Specify M E C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P (13)by Mainor other miscellaneous) V 0 A tenance/ s Α 1 s Custodial U R Staff (12) SPIA BASEMENT ☐ ☐ PIPE FITTING 1 I F HALLWAY VAT 200 SF 1 1ST FLOOR VAT/MASTIC 150 SF 1 2ND FLOOR VAT/MASTIC 240 SF 1 Name of Registered Waste Haule NJDEP WastelCubic Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC. Hauler ID No. Yards GROWS of Waste City, State City. State Disposal EAST HANOVER, NJ Date MORRISVILLE, PA Completed by (Print or Type) Title Signature Steve Stiles Project Manager 02/26/18

ASB-41

STATE OF NEW JERSEY

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I	E N C A P S U	E N C L O S U R
	YES NO N/A				+	-	IN.
ROOF	HIJH	TAR	110SF	- V		1 -	
ROOF		FLASHING	100SF	N			1 7
				n	1 7	1 1	1 7
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					AC 8:60-7 ANI			oke	-B	4	3	04
Date of Notific			7511	Name of	Building Owr	ner / Ope	rator (2)	IF	E	a C	ППЛЛ	E
- 02 / -	26 / 18	- Vend	ם ע ע	Street A	AVE URBAN R	RENEWA	L, LLC		E (<u>E</u>
Agencies Not	ified Type of N	Notification			MERCE BLVE)		115	1			
	EPA 🗵	Initial			te, Zip Code			1111	FE	B 28	3 2018	a II
=	DEP	Amended Amendment	#	THE RESERVE TO THE PERSON NAMED IN	ADT, NJ 07072 Contact	2		14 4	1		2010	- 11
	DOL		# v/ justification		CONTACT CK TUCCI			Telepho	ne Numi	ber	enery of the compar	
		Cancellation						6	V 00000	TOS C	ONTRO	SL&
				FACILITY	INFORMATION	N		Lowers	EDITORNICO CARREN	PLIT O'BLIT Y'C	TITO TO	And to had a warmer
Name of Facil	lity Where Abater	nent is Taking	Place (3)		Type of Fac	ility (4)						
400 SOUTH A	VENUE						40)					
Street Addres	s					School (K Subchant	12) er 8 (Other t	han K-12				
400 SOUTH A	VENUE				☑ ○	ther (I.e.	, private & c	mmercial	Ď			
City (5)	County (6	3)	County Code	(7)	Square Feet		mes, etc.)		15			
GARWOOD	UNION	• •	County Code	(1)	50,00		# Of Floors		Buildir	ig Age		
					Current Use		being demo	olished)	†	40	+	
Name of Moni	itoring Firm Hired	hy Bldg Own	or (9)	ASCM NO	MANUFACTI	URING						
I sumo or morn	toring rinn rinec	by Blug. Own	er (o)	ASCIVI NO	1							
EHI					NORTHSTAF	R CONTR	RACTING GF	ROUP, INC).			
Street Address 655 WEST SH					Street Addre	ess						
City, State, Zip	o Code				32 Williams F	Parkway						
SPARTA, NJ 0					City, State, Z							
WILLIAM KIER	For Monitoring F	irm	Telephone Nu 973-729-5649	ımber	East Hanove	- NI 070	26					
Sheduled Star		Sched. Comp	letetion Date (11)	Telephone N		36	License	Number	,		
03//	12 / 18	06/	/	/ <u>18</u>					, tumber			
Occupancy St	atus During Abat	ement (Check	Only 1)		973-884- Name of OSI				(00860		
☐ Fac	ility Closed/Vaca	ted During Ent	ire Period of		NORTHSTAF			OUP, INC	:			
	atement	40-4-14- (1			Street Addre							
☐ Aba	atement Performe urs - Describe:	d Outside of N	iormal Facility		32 Williams F	Parkway						
☑ Oth	er - Describe:	7:00 AM-3:30	PM		City, State, Z							
Scope of Work	k (Check All That	Apply)			East Hanover	r, NJ 0793	36				-	
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	nolition f or >3If	~	Renovation		Full Contains		h Negative F	Pressure				
	0 sf or ≥260 If				Mini - Enclos Glovebag Pro							
					Non-Exempte		d Non-Friab	le Proced	ure			
Loca	tion of	ls	1	Descript	ion of			Abeteme	-4 T			
Asbestos	Containing	Location	As	sbestos - C				Abateme R	Type	E	ĮΕ	
TORE	ABATED	Normally	l "	Material		- 1	Amount	E	R	N	N	
	acility	Used Solely		e., therma	l systems facing, VAT,	- 1	(Specify SF or LF)	M O	E P	C	C	
	13)	by Main-			ellaneous)	- 1	3F OI LF)	v	A	P	L	
		tenance/						Α	1	s	s	
		Custodial Staff (12)				- 1		L	R	U	U R	
		SODA							<u> </u>	+	- K	
BASEMENT			PIPE & FITTIN				600 LF	7				
1ST FLOOR 2ND FLOOR			PIPE & FITTIN PIPE & FITTIN				435 LF	V				
1ST FLOOR			CEILING TILE	J		-	40 LF 1,850 SF	7		+ +	-	-
Name of Regis	tered Waste Hau		NJDEP Waste		Name of Reg							
NOK (HSTAR (CONTRACTING G	KOUP, INC	Hauler ID No.	Yards of Waste	GROWS							
City, State				Disposal	City. State							
EAST HANOVE	R, NJ			Date	MORRISVILLI	E, PA						
Completed by ((Print or Type)		Title		le:	gnature		1		ID-t-		
	, , , , , , , , , , , , , , , ,				اعاد	- 10	_	V OS		Date		
Steve Stiles ASB-41		Section 2011	Project Manage	er		Ite	n L	LU	ン ト	0	2/26/1	8
- T					/							

STATE OF NEW JERSEY

Location of	ls	Description of		Abateme	ent Type		
Asbestos Containing TO BE ABATED in Facility (13)	Location Normally Used Solely by Main- tenance/ Custodial	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U	E N C L O S U
	Staff (12) YES NO N/A					L	R
2ND FLOOR		IVAT	400 SF				1
1ST FLOOR		VAT& MASTIC	150 SF		1 1	-	
ROOF		ROOFING	750 SF			-	
ROOF		FLASHING	1,280 SF	7			



		P	/ WNOTIFICA	TION OF A	NEW JERSI SBESTOS A AC 8:60-7 AN	BATEMEN	T 7	ck	ecl	is.	30	.55
Date of Notification02_ / 26	(1) / 18			Name of	Building Ov	vner / Oper	ator (2)					
	/			Street Ac	dress		, 220	1111)	<u> </u>			E
Agencies Notified EPA		lotification		_	MERCE BLV			112		-	District Control of the Control of t	
☑ EPA DEP		Initial Amended			te, Zip Code ADT, NJ 070				F		0010	
☑ DOH	-	Amendment	#	Name of		12		Telepho	ne Numb	2 <u>8</u>	-2018	
☑ DOL			v/ justification	DOMINIC	K TUCCI							
		Cancellation		TACILITY I	NFORMATIC)	-	03 00	MINC	71 &
				ACILITY	NFORMATIC	אכ		-	L	ICENSI	NG	
Name of Facility Wh 70 CENTER STREET		nent is Taking	Place (3)		Type of Fa		40)					
Street Address						School (K-	r 8 (Other t	han K-12\				
70 CENTER STREET	Г						private & c					
City (5)	County 16		10	/=\		bldgs., hor	-					
City (5) GARWOOD	County (6 UNION)	County Code	(7)	Square Fee		# Of Floors 2		Buildin	g Age		
	o i ii o i i						being demo		+	40	+	
					GYM			,		10	25	
Name of Monitoring	Firm Hired	l by Bldg. Own	er (8)	ASCM NO								
EHI					NORTHSTA	AD CONTD	ACTING GR	OLID INC	2			
Street Address					Street Add	THE RESERVE TO SHARE THE PARTY OF THE PARTY	ACTING GR	OUP, INC	•			
655 WEST SHORE T												
City, State, Zip Code SPARTA, NJ 07871)				32 Williams							
Project Mngr. For M	onitoring F	irm	Telephone Nu	mhor	City, State,	Zip Code						
WILLIAM KIERBIL			973-729-5649	ilibei	East Hanov	er, NJ 0793	36					
Sheduled Start Date	, ,	and the second s	letetion Date (1	1)	Telephone			License	Number			
	<u> 18</u>	06/	/ <u>30</u> /	18	973-884	4 0000				0000		
Occupancy Status D	uring Abat	ement (Check	Only 1)		Name of O		or		0	0860		
☐ Facility C	losed/Vaca	ted During Ent	tire Period of				ACTING GR	OUP, INC				
Abatemer Abatemer		ما ۲۰۰۰منام مد ۱	laumal Facilita		Street Add	ress						
Hours - D	escribe:	d Outside of N	lormal Facility		32 Williams	Parkway						
		7:00 AM-3:30	PM		City, State,							
0					East Hanov	er, NJ 0793	6					
Scope of Work (Che	ck All That	Apply)										
☐ Demolitio	n	1	Renovation		Full Contai	nment with	Negative F	Pressure				
☐ ≥3sf or ≥3					Mini - Enclo							
	· ≥260 If				Glovebag F Non-Exemp		Man Frield	la D	2002			
					NOII-EXCIT	pieu () and	I NOII-FIIAD	ie Proced	are			
Location o		ls		Descript				Abateme	nt Type	120		
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TO BE ABAT	ED	Used	(1.	e., thermal			Amount (Specify	E M	R	N	N	
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- Simple to a by (1 mill	or rabel		Title		1	Signature	U	e		Date		
Steve Stiles			Project Manage	r		XXOE	MAX				02/26/1	18
ASB-41					1		1					

(PURSUANTYO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 02 18 26 SOUTH AVE URBAN RENEWAL, LLC Street Address Agencies Notified Type of Notification 570 COMMERCE BLVD **EPA** 1 Initial City, State, Zip Code DEP Amended CARLSTADT, NJ 07072 1 DOH Amendment # Name of Contact Telephone Number 1 DOL Emergency w/ justification DOMINICK TUCCI Cancellation FACILITY INFORMATION ASBESTOS CONTROL & LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 50 CENTER STREET School (K-12) Street Address Subchapter 8 (Other than K-12) 50 CENTER STREET $\overline{\mathbf{v}}$ Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** GARWOOD UNION 80,000 Current Use (Prior if being demolished) 40 + OFFICES/SHOPS Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO EHI NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway SPARTA, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number WILLIAM KIERBIL 973-729-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 18 06 18 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure ≥160 sf or ≥260 If 1 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure 1 Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount E R N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 (13)by Mainor other miscellaneous) ٧ 0 tenance/ s Α S Custodial R U Staff (12) R STOLA OFFICES/SHOPS PIPE & FITTING 3,570 LF **OFFICES** VAT/MASTIC 3,700 SF 1 SHOP TRANSITE 3,600 SF ROOF ROOFING 86,390 SF 1 Name of Registered Waste Haule NJDEP WastelCubic Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC. Hauler ID No. Yards **GROWS** of Waste City, State Disposal City. State EAST HANOVER, NJ Date MORRISVILLE, PA Completed by (Print or Type) Title Signature Date Steve Stiles Project Manager 02/26/18

ASB-41

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

Location of	T	-		ls .		Description of		Abatem	ent Type		
Asbestos Containing TO BE ABATED in Facility (13)		b te Ci	So y Mena	ma sed lel Vlai and tod	lly l y n- e/	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U I	E N C L O S U R
	T	YE.	SI	NO	N/A			_	+	+	+
ROOF	T		Į.	7		FLASHING	1,120 SF	V			
EXTERIOR			-	4		CAULK	305 LF	V	T Ti	1 7	1 -
ROOF				2		TAR	360 SF	1	1 7	TH	1 7
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