	[r	20			ASBESTOS AC 8:60-7 A			000	11	. J	007
Date of Notification		2/1	(, 5, 5, 5,		Building O	10-5-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-	3				
01 / 03	18				DEVELOPM	IENT INC.	Pos	JE	r e		国国
Agencies Notified	Type of N	otification		Street Ac	idress IMERCE BL	VD			9 5	U U	느
☐ EPA	I ypc oi ii	Initial			te, Zip Code	Caralles 2	- I was	1			
☐ DEP		Amended		CARLST	ADT, NJ 070			1 1	AN - 5	5 2018	
☑ DOH		Amendment		Name of				Telepho	ne Numb	er	
☑ DOL	ΙH	Cancellation	v/ justification	DOMINIC	CK TUCCI		L-			-	
				FACILITY I	NFORMATI	ON			LICENS	1,000	8
Name of Facility Wh	ere Abaten	nent is Taking	Blace (2)		ITuna of E	coilib. (4)	***************************************		The Control of the Co	THE PERSON NAMED IN COLUMN 1	- Commence of Comm
FORMER MERCK UN		ient is raking	Place (3)		Type of F	acility (4)					
						School (F	5.050				
Street Address 1011 MORRIS AVE							ter 8 (Other t				
TOTT WORKIS AVE							., private & c omes, etc.)	mmerciai			
City (5)	County (6	5)	County Code	(7)	Square F		# Of Floors		Buildin	g Age	
UNION	UNION					0,000	3		1	100 Sept.	
						Jse (Prior II WAREHOL	being demo	lished)		40 +	8
Name of Monitoring	Firm Hired	by Bldg. Own	ier (8)	ASCM NO		VVAILLIOC	701				

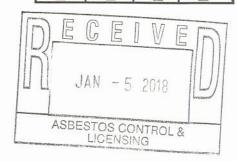
EHI Street Address					NORTHS		RACTING GR	OUP, INC			
655 WEST SHORE T	RAIL				Street Ad	aress					
City, State, Zip Code			la Wassing		32 William	ns Parkway					
SPARTA, NJ 07871			I= : : ::		City, State	e, Zip Code)				
Project Mngr. For Mo WILLIAM KIERBIL	onitoring F	irm	Telephone Nu 973-729-5649	mber	Fast Hand	ver, NJ 079	36				
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	11)	AND DESCRIPTION OF THE PARTY OF	e Number		License	Number		
01//15	/18	06/		18	070.0						
Occupancy Status D	uring Abat	ement (Check	Only 1)		-	84-8682 OSHA Mon	itor		0	0860	
		ted During En					RACTING GR	OUP, INC	•		
Abatemen	7.7	10 4 1 4			Street Ad	dress				9	
Hours - De		d Outside of N	lormal Facility		32 William	s Parkway					
		7:00 AM-3:30	PM		_	e, Zip Code	1				
Scana of Work (Cha	ok All That	Annly			East Hand	ver, NJ 079	936				
Scope of Work (Che	ck All That	Apply)									
Demolitio		V	Renovation		Full Conta	ainment wi	th Negative F	ressure			
≥3sf or_≥3 ✓ ≥160 sf or					Mini - End	losure Procedure					
2100 31 01	<u>-</u> 200 II						; nd Non-Friabl	e Proced	ure		
						* **					
Location of Asbestos Conta		ls Location	۸.	Descript	tion of Containing			Abateme R	nt Type	E	ΙE
AGGGGG GOILE	9	Normally	1	Material	-		Amount	E	R	N	N
TO BE ABAT		Used			l systems		(Specify	M	E	С	С
in Facility (13)		Solely by Main-			facing, VAT		SF or LF)	0	P	A P	L O
(10)		tenance/		outer misc	enaneous			A	î	S	s
		Custodial						L	R	U	U
		Staff (12)								L	R
U 13 - EXTERIOR FA	ÇADE		WATERPROO	FING			11,000 SF	V		1	
Name of Registered	Waste Hau		NJDEP Waste	Cubic	IName of F	Registered	Landfill				
NEWARK CARTING / NO			Hauler ID No.	Yards of Waste	I.E.S.I. / G						
City, State NEWARK, NJ	***************************************			Disposal Date			YTOWN, PA				2
							_				
Completed by (Print	or Type)		Title			Signature	VI	. 0		Date	
Steve Stiles			Project Manage	er		X to	on De	W		01	/03/18

STATE OF NEW JERSEY

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 18 03 CELGENE CORPORATION Street Address (1) 15 Agencies Notified Type of Notification 535 MORRIS AVENUE V **EPA** Initial City, State, Zip Code DEP Amended SUMMIT, NJ 07901 DOH Amendment Name of Contact Telephone Number DOL Emergency w/ justification JANOS ANGELI Cancellation FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CELGENE CORPORATION - BLDG. S-2 School (K-12) Street Address Subchapter 8 (Other than K-12) 535 MORRIS AVENUE 1 Other (I.e., private & commercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** SUMMIT UNION 17,000 Current Use (Prior if being demolished) 40+ OFFICE/CAFATERIA Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO WCD GROUP LLC / EWMA NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 23 RT 31 NORTH, STE B26 / 100 MISTY LANE City, State, Zip Code 32 Williams Parkway PENNINGTON, NJ 08534 / PARSIPPANY, NJ 07054 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number MIKE GARAMBONE / Kevin Seise 609-730-0007 / 973-560-1400 East Hanover, NJ 07036 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 01 / 29 04 30 973-884-8682 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: ___ 7:00 am to 3:30 pm 32 Williams Parkway 1 Other - Describe: MON-FRI City, State, Zip Code East Hanover, NJ 07036 Scope of Work (Check All That Apply) Demolition 1 Renovation 4 Full Containment with Negative Pressure ✓ >3sf or >3lf Mini - Enclosure ≥160 sf or ≥260 If 1 Glovebag Procedure 1 Non-Exempted (*) and Non-Friable Procedure 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 Ε C C in Facility Solely insulation, surfacing, VAT, 0 P SF or LF) (13)by Mainor other miscellaneous) V P A 0 tenance/ A ì S S Custodial U R U Staff (12) R YES NO N/A S-2 THRU OUT V PIPE FITTINGS 262 LF S-2 2ND FLOOR ROOF DUCT CALK 260 LF J S-2 1ST & 2ND FLOORS FOAM MASTIC 2,442 SF 1 S-2 BASEMENT VAT /MASTIC 862 SF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NORTHSTAR CONTRACTIN GROUP, INC. Hauler ID No. Yards FAIRLESS LANDFILL of Waste City, State Disposal City. State EAST HANOVER, NJ Date MORESVILLE, PA Completed by (Print or Type) Title Signáture Date Steven Stiles Project Manager 01/03/18 ASB-41

Location of		ls		Description of		Abateme	ent Type		
Asbestos Containing	Lo	ocat	ion	Asbestos - Containing		R	I	E	E
TO BE ABATED in Facility (13)	by te Cu St	Orma Use Sole y Ma enan usto taff (d ly in- ce/ dial 12)	Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	E M O V A L	R E P A I R	N C A P S U L	N C L O S U R
	YES	NC	N/A						
S-2 BASEMENT STAIRWELL		4		VAT/MASTIC	100 SF	1			
S-2 BASEMENT BANK AREA		V		VAT/MASTIC	750 SF	1			
S-2 BASEMENT LOCKER AREA		V		VAT/MASTIC	900 SF	1			
S-2 BASEMENT		1		PIPE INSULATION	120 LF	1			
						П			



		NOTIFICAT	ION OF AS	NEW JERSEY BBESTOS ABATEM C 8:60-7 AND 12:12	0-7 (L	lecl	如、	300	5
Date of Notification (1)				Building Owner / O	perator (2)				
$\frac{-01}{-00} / \frac{-00}{-00} / \frac{-10}{-00}$			Street Ad	International		ME	GE		FR
Agencies Notified Type of N	lotification			te 208 North			<u> </u>	, 0 0	
□ EPA □	Initial			e, Zip Code		5			
☐ DEP ☐	Amended		Fairlawn,	New Jersey, 07410			IAN -	5 2019	. 111 //
☑ DOH	Amendment		Name of		1	LTelephor	ne Numbe	er conc	
DOL 0		// justification	KEITH PA	ACKARD	1				
	Cancellation		ACILITY IN	IFORMATION		ASI	BESTUS	CUNTRO	JLa
			ACILITY	IFORWIATION	1	7.0.		NSING	
Name of Facility Where Abater Mondelez International	nent is Taking	Place (3)		Type of Facility (4					
Street Address				School Subcha	(K-12) opter 8 (Other	than V 12	21		
2211 Route 208				☑ Other (l.e., private & homes, etc.)				
City (5) County (6	5)	County Code	(7)	Square Feet	# Of Floo	rs	Building	Age	
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				Current Use (Prio	5750	nolished)		40 +	
Name of Manifester Firm History	I bee Blate O	(0)	Lacarine	Bakery/WAREHOL	ISE				
Name of Monitoring Firm Hired	i by Blag. Own	er (8)	ASCM NO	۱۱					
AET				NORTHSTAR CON	ITRACTING O	ROUP IN	C		
Street Address				Street Address			-40		
907 Doolittle Drive									
City, State, Zip Code				32 Williams Parkwa	,				
Bridgewater, NJ 08807		I= : : : ::		City, State, Zip Co	de				
Project Mngr. For Monitoring F Eric Houseknecth	ırm	Telephone Nu 908-218-1108	mber	East Hanover, NJ 0	7026				
Sheduled Start Date (10)	Sched, Comp	letetion Date (1	1)	Telephone Number	1101000000	License N	Jumber		
01//06/18	01	08 /	,'' 18	Totophone Number		Liberise	varriber		
		/		973-884-8682			00	0860	
Occupancy Status During Abat	ement (Check	Only 1)		Name of OSHA Mo			-		
Facility Closed/Vaca	ted During Ent	ire Period of		NORTHSTAR CON	TRACTING G	ROUP, IN	C.		
Abatement Performe	d Outside of N	lormal Facility		Street Address					
Hours - Describe:	a outside of it	ionnan raomity		32 Williams Parkwa	iv				
Other - Describe:	7:00AM - 3:30	PM		City, State, Zip Co					
				East Hanover, NJ 0	7936				
Scope of Work (Check All That	Apply)								
☐ Demolition		Renovation		Full Containment	with Nagative	Drocouro			
✓ ≥3sf or_>3lf	V	Reliovation		Mini - Enclosure	with Negative	Pressure			
☐ ≥160 sf or ≥260 lf			V	Glovebag Procedu	ire				
140				Non-Exempted (*)	and Non-Fria	ble Proce	dure		
1									
Location of Asbestos Containing	ls Location	٨٥	Descript bestos - C			Abatemer R	nt Type	E	ΙE
Assested Containing	Normally		Material		Amount	E	R	N N	N
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in Facility	Solely			facing, VAT,	SF or LF)	0.000	Р	Α	L
(13)	by Main-	or o	other misc	ellaneous)		V	A	P	0
	tenance/ Custodial	l				A L	I R	S	S
	Staff (12)					_	K	ľ	U R
	YES NO N/A				_			-	1.
					+				
BAKERY WAREHOUSE		PIPE & FITTING	G		90 LF	7			
Name of Decision and the		N. IDEE							
Name of Registered Waste Hau NEWARK CARTING	ier	NJDEP Waste	D2003 NO	Name of Registere	d Landfill				CALCOLOR STORY
INLVVARK CARTING		Hauler ID No. 4509	Yards of Waste	I.E.S.I.					
City, State		4503	Disposal	City. State					
NEWARK, NJ			Date	BETHLEHEM, PA 1	8105				
Completed by (Print or Type)		Title		Signatu	re	1/5		Date	
Steve Stiles		Project Manage	r	IX1	0000 1	la s	1	01/	03/18
ASB-41		j manago	- CONTRACTOR SE	The state of the s	zwin/			01/	33/10

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CK 8080		NOTH (F	ursuani Pursuani	N OF ASBESTOS to NJAC 8:60 an	ABATE d 12:12	0)	Т		JAN	- 5	20	18
Date of Notification (1) 1/3/18				of Building Owner/ Transportation	Operator	r (2)						
Agencies Notified Type Notification			Street A	Address Vater Street				ASB	EST(OS CO CENS	ONTE ING	₹OL (
EPA		-		ate, Zip Code				A CONTROL OF CASE OF C				
X DOL Amendment X Emergency		_	100000000000000000000000000000000000000	onville, FL 322	02							
DOH justification) DCA Cancellation			Name o	of Contact				Telephone Nu	ımber			
			FAC	ILITY INFORMAT	ION							
Name of Facility Where Abatement is Takin Oak Island Rail Yard - Railcar MW						-	be of Facility (4)					
Street Address 611 Delancey Street						×) (Other than K-1 vate & commerc		ildinas	hom	20
City (5)							etc.) uare Feet	# of Floors		Bldg.		
Newark, NJ 07105								1		50+	,gc	
County (6) Essex				Code (7) USE ONLY)			rrent Use (Prior etail	if being demolis	hed)			
Name of Monitoring Firm Hired by Building AECOM	Owner (8))	ASC	M No.			batement Contresponse, Inc					
Street Address 4840 Cox Road					Street 102		ress hnology Lan	e				
City, State, Zip Code Glen Allen, VA 23060					City, S	State,	Zip Code PA 15632					
Project Manager for Monitoring Firm Mark Connors		T	Telepho	ne No. 72-7519	Teleph	none		License N	No.			
Start Date (10) 1/17/2018	Schedul			Date (11)	2000 - Mexico	of O	SHA Monitor	01121				
Occupancy Status During Abatement (Chec		BUMBA			Street	25000000	ess		2 20			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of a	Abaten y Hours	nent				x Road Zip Code					
					Glen	Alle	en, VA 23060	0				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	× F	Renova Demolit	ition ion		×	G	ilini-Enclosure Blovebag Procei	t with Negative I dure *) and Non-Frial			٩	
		Locati						7		Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfa		Materi s insu T, or	ulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						=		ate	.e
Railcar MWC 500108			Х	С	aulking	9		210	LF			
						2 72/4 2			-			
Name of Degistered Wests Useda			IDED :	feete Louis	Vacd		News (C	mintage d I del				
Name of Registered Waste Hauler Waste Management		Н	JDEP W auler ID W1724	No. of Was	Yards ste		GROWS	egistered Landfil Landfill				
City, State Frenton, New Jersey	- 100-100-100-100-100-100-100-100-100-10		2/		al Date	n	City, State Morrisville	e, PA		0		
Completed by Jessica Wolfe	Title Admi	n. Su	pport	1 22 22 20	ignature	1/	1/2/10	Da	ate 3/18			
national and the second	10/1/20/1/20/1/20		• • • • • • • • • • • • • • • • • • • •		1	0	o Une				-	

E C E Not Serro

New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1/3/18 CSX Transportation Agencies Notified Type Notification Street Address ASBESTOS CONTROL & 500 Water Street LICENSING × **EPA** Initial X City, State, Zip Code DEP Amended DOL Amendment #1 Jacksonville, FL 32202 X Emergency (including Name of Contact DOH Telephone Number justification) Mark Connors DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Railyard - Raritan Corrdior Line School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 900 Green Lane X etc.) City (5) Square Feet # of Floors Bldg. Age Union, NJ 07083 60+ County (6) County Code (7) Current Use (Prior if being demolished) (STATÉ USE ONLY) Union Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **AECOM** Prism Response, Inc. Street Address Street Address 4840 Cox Road 102 Technology Lane City, State, Zip Code City, State, Zip Code Glen Allen, VA 23060 Export, PA 15632 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Connors 732-672-7519 724-325-3330 01121 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/08/2018 01/17/2018 AECOM Occupancy Status During Abatement (Check Only One) Street Address 4840 Cox Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Glen Allen, VA 23060 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally 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, (Specify Remova Enclosure Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Railcar GACX 54336 X Caulking 2160 IF Railcar IFTX 92098 X Caulking 100 LF Railcar GACX 54338 X Caulking 160 IF

X

NJDEP Waste

Hauler ID No.

SW1724

Title

Admin. Support

1/3/18 Morrisville, PA
Signature Date
1/3/18

City, State

Caulking

Cubic Yards

Disposal Date

of Waste

1600

Name of Registered Landfill

GROWS Landfill

IF

Completed by

Jessica Wolfe

City, State

Railcar GACX 54325

Name of Registered Waste Hauler

Waste Management

Trenton, New Jersey



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

Ck# 3300

Data of Nationalia (4)								:		7 1		11 77	
Date of Notification (1)	2 /	18				e of Buildir rizon	g Owner/Operator ((2)	(D),E			\mathbb{V}	E
Agencies Notified	Type Notific	ation			Stree	t Address			11				-
☐ EPA					15	East Mo	ntgomery Place,	Lower Level	III L JA	N -	5 8	2018	
□ DOLWD □	☐ Amende					State, Zip			1 2				-1
□ DHSS	Amendm				0.000		PA 15212		10000	TOO	001	-	
DCA (NJAC 5:23-8)	☐ Emerger justificati		aing			of Contac			ASBES	LOS	COV	IRO	18
(1,07.10 0.20 0)	☐ Cancella				An	thony Po	orta				40114		THE RESIDENCE OF THE PERSON NAMED IN
			-				NFORMATION		1				
Name of Facility Where Al	batement is	Taking Pl	ace	(3)	1 A	CILITIII	VIORWATION	Type of Facility	(4)		-		
Verizon South River		· uning · ·	uoo	(0)				School (K-12	3 (0)				
Street Address								☐ Subchapter 8	Other than K-12				
318 Cranbury Road								Other (i.e., property)	rivate and commer	cial b	uilding	gs,	
City (5)				_				Square Feet	# of Floors	IR	ldg. A	70	
East Brunswick								oquare r cer	111 011 10013		ug. A	gc	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	hed)			
Middlesex					000	ny code (, your cost one ty	Carroni Coc (i ii	or it being demons	nicu)			
Name of Monitoring Firm I	Hired by Build	dina Owr	ner (8	3)	ASCM	No	Name of Abateme	ent Contractor (9)					
USA Environmental			(-				VIRONMENTA	INC				
Street Address			-				Street Address	VIICONIIIENTA	-,				
8436 Enterprise Ave							1123 BEAVE	RSTREET					
City, State, Zip Code							City, State, Zip C			Diggs			_
Philadelphia, PA 191	153						BRISTOL, PA						
Project Manager for Monito				Tele	phone	No	Telephone No.	. 10001	License No.				
Mark Jenkins	3			2000		-5810	215-788-6040)	00509				
Start Date (10)	5	Schedule	d Co	400000			Name of OSHA N	· ·					
1/_15/		1						VIRONMENTAI	INC.				
Occupancy Status During					2001 8		Street Address		T-11				-
☐ Facility Closed/Vacated	뭐 없는 그 그렇게 하시는 어린다.			Charles Co.	ment		1123 BEAVE	RSTREET					
☐ Abatement Performed						cribe	City, State, Zip Co						_
Time of Abatement:							BRISTOL, PA						
Scope of Work (Check all t	that apply)						Ditiorot, 17	(15001	100				
	.,,	2000						tainment with Neg	ative Pressure				
≥3 sf or ≥3 If ≥160 sf or ≥260 If				ovati nolitio			Mini-Enc Mini-Enc	losure g Procedure					
		ш	Dell	HOIRE	711				n-Friable Procedu	e			
				Locat				T		Ab	atem	ent T	ype
Location o		. 1		orma	lly ely by		Description of		20 0	200	1		Г
Asbestos-Containing M TO BE ABAT				ntena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	nca	nclo
IN Facility			Custo	(12)	Staff?		surfacing, VAT	, or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		V	es	No.	N/A		other miscellane	ous)				late	Ф
Becoment Bettern B						D: .							
Basement Battery Roo	om 	L	1			Pipe In	sulation		79 LF		Ш		Ш
	1												
										П	П	П	П
Name of Registered Waste	Hauler			N	JDEP \		Cubic Yards of	Name of Regis	tered Landfill	1-			
SERVICE TRANSPOR		, INC.		10000	auler II	O No.	Waste	MINERVA I					
City, State							Disposal Date	City, State					
NEW CASTLE, DE 19	720							WAYNESB	URG, OH 44688				
Completed By (Print or Typ	oe)	Title		- 60- 60			Signature	100	, Da				
Brian Scafiro		Estir	nato	or			Parican	Scolino	/ gr	1-2	2-	18	

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OD CK		NOT	IFICATI	State of New Jer ON OF ASBEST ont to NJAC 8:60	S ABAT	EME 20)	NT				<u>C</u>			
Date of Notification (1) 12-22-17				of Building Own						Ĵ	AN	- 5	2018	
Agencies Notified Type Notification	n			t Address								-		
EPA Initial) Hadley Rd.					AS	SBE	STO	S CC ENSI	NTROI	
DEP X Amended Amendme				State, Zip Code h Plainfield, N	.1			laneau con			Permission	Winnerus and		
▼ DOH Emergence		ng	_	of Contact		-		Telenh	one Nu	mho	r			
DCA Cancellation			John	n Yeliseyev					7.11	11111				
Name of Facility Where Abatement is Tak	ing Place	(2)	FA	CILITY INFORMA	MOITA	1 =								
PSEG Hinchmans Substation	ing Flace	(3)				Ту	pe of Facility					- 50		
Street Address 685 Hamburg Turnpike						×	Other (i.e.	12) r 8 (Other th private & co	nan K-12 mmerci	2) al bu	uilding	ıs, hoi	mes,	
City (5) Wayne						Sq N/	etc.) juare Feet A	# of Flo	ors		Bldg.	Age		
County (6) Passaic			County (STATE	Code (7) USE ONLY)		Cu	rrent Use (Pri vitching ya	ior if being o	lemolish					
Name of Monitoring Firm Hired by Building N/A	Owner (3)	ASC N/A	M No.	Name WRS	of A	batement Con vironmenta	ntractor (9) al Service	s Inc	·.				
Street Address N/A					Street 17 C		ress Jock Road							
City, State, Zip Code N/A						nank	Zip Code k, NY 1198	0						
N/A Start Date (10)	Manager for Monitoring Firm Telephone No. N/A ate (10) Scheduled Completion Date (11)								ense No 136).				
01-03-18 Decupancy Status During Abatement (Che	06-03	-18	mpletion	Date (11)	WRS	S En	SHA Monitor vironmenta	al Service	s Inc.					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Ahaten	nent			ld D	ock Road							
Other – Describe: Electrical circuit cab	inet	y nour	5				Zip Code ., NY 11980)						
Scope of Work (Check All That Apply)					1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Profession and Profes	Renova Demolit			×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure				-A		
Y 30		Locati Normal									Abate	emen /pe	t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole iintenar todial S (12)	ly by nce/	Asbestos Cor (i.e. therma surfa	rmal systems insulation,				t y -)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A)				/al	Ť	ılate	ure	
Control House	House x				Brick			60 SF	2	K				
										_				
ame of Registered Waste Hauler /aste Management		Ha	IDEP Waller ID				Name of Re Fairless	egistered La	ındfill					
ty, State izabeth, NJ 07201				5.000	al Date		City, State Morrisvill	e PA 190	67			i mana		
ompleted by aymond Tutiven	Title Super	visor		S	ignature	mpr	1	Tim A	Date	2-1	7			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	JAN	-	5	2018		

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Date of Notification (1)				ame of E		ner/Operat	or (2)				accepted to twice to			1
10/11/2017 gencies Notified	Type Notification		100	treet Add	-			-	+	ASBE	STO	S CC ENS	NTRO	71
-	Initial :	8	1		ADLEY F			•				and the state of t		
DEP DOL	Amended Amendment#	1	Ci	ity, State	e, Zip Code	HELD NJ	07080						100	
1	Emergency (in justification)			ame of 0	Contact				Tele	nhone Num	her			_
DOH DCA	Cancellation		1			I LENHA			is.				(_
ame of Facility Where A	batement Is Takino	Place (3)		FACIL	ITY INFOR	MATION	Type o	f Facility (4)					*******	
BAYWAY SWITCH	NG STATION	,					☐ s	chool (K-12)	roit.	than 17 do				
Sireet Address	4						0	ubchapter 8 ther (i.e. pri	(Otne & etav	commercia) I bulldi	ings, l	nomes,	
602 TRENTON AVI		•					Square	tc.) Feet	# of	Floors		dg. Ag	le .	
CO (5) ELIZABETH, NJ 07	202		34				N/A		N/A			/A		
County (6)				ounty C	ode (7) SE ONLY)		Curren	t Use (Prior CTRIC SV	if bein VITCI	g demolish HING YA	ed) RD			
UNION lame of Monitoring Firm	Hired by Building O	wner (8)	-1	ASCM	No.	Nan	ne of Abate	ement Contr	actor ((9)	=0 !\			
N/A				N/A				IRONMEN	VTAL	SERVIC	ESI	٧C.		_
Street Address							et Address OLD D(S DCK RD,						
N/A City, Stale, Zip Code							, State, Zij							
N/A								, NY 1198	30	License N	2			
Project Manager for Mon N/A	ltoring Firm			elephon	e No.		ephone No 1-924-8		-	01136	J,			
Start Date (10)		Schedule		pletion D				A Monitor	1					_
10/23/2017		1	,	10	31/201	0	AME AS	ABOVE		-				_
Occupancy Status Durin				ont		N/								
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire P and Outside of Norm	al Facility	Hours	ant.		- City	, State, Zi A	p Code						
Scope of Work (Check F	II That Apply)													
23 sf or ≥3 lf ≥160 sf or ≥260 lf	S2		enoval emolili		2		H Min	Containmei i-Enclosure vebag Proce	edure					
							No.	n-Exempted	(*) and	d Non-Friet	le Pro	cedure		_
		45.0	Locatio				u (%)					Ty		
Locatio Asbestos-Containing	n of Material (ACM)	Use	d Solel	y by	Asbest	Descrip os Containir	Material	(ACM)	100	mount	-0		m r	m
TO BE AS	BATED		intenan todial S		(i.e. l	hermal syst surfacing,	VAT, or	ation,		Specify or LF)	Remova	Repair	Encapsulate	nclas
(13)	337 5 10		(12)	_		other misce	ellaneous)				Val	1	ulate	ire
	mie Wipp	Yes	No	N/A X	Transii	e Plpe(En	O hearn	condulf)	2	00LF	X			_
26KV SWITCH	HING YARU	-		1	,11811511	e tihe(Tu	CASCU C	oridate	-	002				-
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-								L'alama of t	Postol	ered Landii	1			_
Name of Registered Waste MANAGE		S	H	UDEP W		Cubic Yar of Waste	19		7720	121	Fill			
	AICIAL OFLIANCE		1	7273		Disposal	ate 72	City, State	irles	D POV	1-11	·		
City. State	ELIZA			072	٥١٠		/	MOVUE		e P	<u>A</u> .			
Completed by		Tille	ERVI	***********		Sign	ature	1			ate 0/11/	12017	,	
PEDRO GUERRA												m w 11		

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Date of Notification (1)		N	ame of B	uilding Own	ner/Oper	rator (2)	TETER		ΔSR	ESTOS CO	NTR	01.8		_
12/28/17		19	treet Add			-	10 10.		AOU	LICENSI	VG.			
Agencies Notified Type Notification		3	ucci rida	1000	0.50	N.	h 1922	-		AND THE PERSON NAMED IN COLUMN 1	THE PARTY NAMED IN		2004	
□ EPA Initial		0	ity State	, Zip Code			200							
DEP Amended Amendment #			CI	To Pa	= 6	2AC	1. N.	25	0	7010				
DOL Amendment #_	uding	-	lame of C						Teles	phone Number				
DOH justification)		P		REY	EN									
□ DCA □ Cancellation				ITY INFOI		ON								
Name of Facility Where Abatement is Taking Place	2(3)		FACIL	III INFO	WIATLA TA		Type of Fac	ility (4)						
Name of Facility Where Abatement is Taking Flace	0						☐ Schoo	l (K-12)						
MS. MEYER			<u> </u>				Cubch	anter 8 (Other t	han K-12)	5724	025	100	
Street Address				70			Other	(i.e. priva	ate & c	commercial bui	ldings	, hom	es, etc	:.)
						-	Square Feet		# of	Floors	Bld	g. Ag	е	
City (5)							220			2	1	19	-	
CLIFSIDE PAR	C			1 (5)						demolished)		-	-	
County (6) BERGEN			County Co	ode (7) SE ONLY)				510						
		,					of Abatement							
Name of Monitoring Firm Hired by Building Own	er (8)		ASCM	No.		Name o	of Abatemen	Connac	101 (2)	850				
							Remo	val	In	2				
Street Address						Street A								
									rer	Street	-			
City, State, Zip Code							tate, Zip Coo							
						Hack	censac	k, N	IJ (07601				
Project Manager for Monitoring Firm		Π.	Telephon	e No.		Teleph	one No.			License No.				
rioject ramage. tel i-telinoring						201-	-329-7	444	5-15	00388		1		
Start Date (10)	Scheduled	Comp	letion Da	te (11)		Name	of OSHA Mo	onitor						
119118	1	110	118			Ome	ga Env	iror	me	ntal				
Occupancy Status During Abatement (Check Only		11	/			Street	Address							
						280	Huyle	r St	re	et				
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fa					1		state, Zip Coo							
Other – Describe: 730 AM TO	5:00	284	t		_				290	k, NJ O	76	06		
						13001	LII IIac	Kells	ac.	K , 110 0				
Scope of Work (Check All That Apply)	8		22			Е	T Full Co	ntainmen	t with	Negative Press	ure			
≥3 sf or ≥3 lf	100	enovat emolit				-	Mini-Er	closure		110844111				
☐ ≥160 sf or ≥260 lf	и и	CHIOII	1011			1	- Gloveh	o Proces	lure	Non Erichla D	rocedi	ITA		
						E	☐ Non-Ex	empted (+) and	Non-Friable P	occui		ement	_
	Is	Locat	ion										ре	
Location of		Vormal			De	escription	n of							
Asbestos-Containing Material (ACM)		d Sole		Asbes	tos Cont	taining N	Material (AC)	M)	27.	Amount Specify	R	_	Enc	12
TO BE ABATED	100000	todial S		(i.e. ther		VAT, or		cing,		F or LF)	Remova	Repair	aps	Euclosure
In Facility (13)		(12)				miscella					val	Ę.	Encapsulate	Suic
(13)	Yes	No	N/A	1									6	
	1 es	INO	NA					-		22-10	×			1
			X	THERMI	al sy	STEM	IN SU WAT	ION		225 LF	1		-	+
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BASEMENT							7,000						1	
BASEMENT			-						10				1	
BASEMENT														T
								lom 2 of F) arrive	red I andfill				
BASEMENT Name of Registered Waste Hauler			NJDEP W		A 100 CONTRACTOR	e Yards		lame of F	Registe	red Landfill				
Name of Registered Waste Hauler			Hauler ID	No.	Cubic of Wa	aste,			1000		ori	ses	5.	I.T
Name of Registered Waste Hauler Best Removal Inc				No.	of Wa	AC.	75 1		rva	red Landfill Enteri	ori	ses	5.,	LI
Name of Registered Waste Hauler Best Removal Inc City, State			Hauler ID	No.	of Wa	AC osal Date	75 1	line:	rva	Enter		ses	3,	I.I
Name of Registered Waste Hauler Best_Removal_Inc City, State Hackensack, N.I. 07601	Tide		Hauler ID	No.	of Wa	aste A C osal Date	75 N	line: City, State Vayne	rva esb	Enter	I 4	468	3.8	ŢŢ
Name of Registered Waste Hauler Best Removal Inc City, State	Title	1	Hauler ID	No.	of Wa	AC osal Date	75 N	line:	rva esb	Enteri	I 4	468	3.8]



CHECK # 2506

Date of Notification (1)				f Building Owr					Cer				
12/22/2017				n Commerc	cial Prope	rties		JE	C	E		\mathbb{V}	E
Agencies Notified Type Notification			Street A 820 M	ddress Iorris Turnp	ike			7/		-			
X EPA X Initial Amended Amendment	#		City, Sta	ate, Zip Code Hills, NJ 07					JAN		5 2	2018	-
Emergency		T		f Contact			Te	lephone	Numh	or			
DOH justification) DCA Cancellation				seph DeNiv								TRO	L &
Name of Facility Where Abatement is Takin	a Place (3)	FACI	LITY INFORM	MATION	Type of F	acility (4)		lee 1 1		 	-	-
Former Brogan Cadillac - Building		- /					ool (K-12)						
Street Address 100 South Broad Street						Sub-	chapter 8 (Other (i.e. private	ner than I & comm	K-12) ercial l	ouildi	ngs,	home	es,
City (5) Ridgewood						Square Fi 13,500	eet # 0	of Floors		Blo 70	g. A	ge	
County (6) Bergen				Code (7) USE ONLY)			se (Prior if be	ing dem	olished	1.0			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	/ No.	Name	The second second	ent Contracto	r (9)					
TBD	3000	3				Contracti		1.55					
Street Address					[[[] [] [] [] [] [] [] [] []	Address Valley F	Road, Suite	K					
City, State, Zip Code						tate, Zip C	ode Jersey 074	70		Į.			
Project Manager for Monitoring Firm			Telepho	ne No.	92/20/20/20/20	one No.) 928-504	10	Licens 00874					
Start Date (10) 1/15/2018	Schedul 3/31/2		npletion	Date (11)	Name	of OSHA M	Ionitor						
Occupancy Status During Abatement (Chec	k Only O	ne)			Street	Address	257.0						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of an all Facility	Abatem y Hours	nent		City, S	tate, Zip Co							
Scope of Work (Check All That Apply)					vvayı	ne, New	Jersey 074	.70					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor and the same of the	Renova Demolit			×	Mini-En Gloveb	ntainment with closure ag Procedure empted (*) ar						
	Is	Locati	on								bater	ment	
Location of		Normal ed Sole			Description				-	-	Тур	e	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?	(i.e. ther	Containing M rmal systems urfacing, VA ner miscellan	insulation T, or	, (Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Rear Boiler Room	Yes	No	N/A	Po	iler Rib Ga	aakat)F OF			-	· ·	
Showroom Roof	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X			y Flashing			S5 SF	-	2	-		
Exterior - Windows		X		Grey	Caulking	-		30 LF		-	+	-	
Exterior - Willdows		^			Caulking	}	1-	30 LF	- 2	2		-	_
Name of Registered Waste Hauler		N	JDEP W	aste Cu	ubic Yards	Na	me of Registe	ered Lan	dfill				
Service Transport Group, Inc.		Н	auler ID 1990		Waste	Floresco.	inerva Ente			;			
City, State New Castle, Delaware					sposal Date		y, State aynesburg	, Ohio					
Completed by Predrag Sarcev	Title Vice	Presid	dent	(/	Signature		>	~	Date 12/2	2/20	17		



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	5333			d S				la mad				
4	С	ity, State,	Zip Code					J	AN	- 5	20	18
				8 			Telepho	no Nur	nhor			
	2398	/lr. Josep	oh DeNivo									OL
g Place (3)		FACILIT	Y INFORMAT	ION	Type	of Facility (4)		LIU	CIVO	1146	region e statue
			N.									
					×	Subchapter Other (i.e. p	8 (Other tha	an K-12 nmercia	2) al buil	dings	, hom	es,
					Squar	re Feet		rs			\ge	
	10	ount. Cod	- (7)		J.,		1		- 1	80		
	(S	TATÉ USE	ONLY)		Com	mercial		emolish	ed)			
Owner (8)		ASCM No)	Name Sky (of Aba Contra	tement Con acting, LL	tractor (9) .C					
							Suite K					
***************************************							07470					
	Те	elephone N	lo.	Teleph	none No).	Lice).			
Scheduled 3/31/201	Compl 8	letion Date	(11)	Name	of OSH	IA Monitor	nitor					
						80						
eriod of Aba al Facility H	atemer ours	nt				A CONTRACTOR OF	Suite K					
				Wayı	ne, Ne	ew Jersey	07470					
					Min Glo	i-Enclosure vebag Proc	edure					
la La				X	Nor	i-Exempted	(*) and Non	-Friabl	-	_	-	
Nor	mally		De	scription	of							
Mainte Custod	enance ial Stat	e/ F	(i.e. thermal surfa	systems cing, VA	insula T, or	(ACM) tion,	(Specif	/	Removal	Repair	Encapsula	Enclosure
Yes 1	No	N/A									fe	
	NJD	EP Waste	Cubic	Yards		Name of R	egistered L	andfill				
	Haul	ler ID No.							.C			
			Dispos	al Date)				
Title Vice Pre	eside	nt	S	ignature		2		Date		017		
	Scheduled 3/31/201 Conly One) Period of Abal Facility H Rer Der Is Lo Nor Used S Mainte Custod (' Yes I	#	Garden C Street Addr 820 Morr City, State, Short Hill Name of Co Mr. Josep FACILIT g Place (3) County Cod (STATE USE Dwner (8) ASCM No Scheduled Completion Date 3/31/2018 Conly One) Period of Abatement al Facility Hours Renovation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Waste Hauler ID No. 20990	#	Street Address 820 Morris Turnpike City, State, Zip Code Short Hills, NJ 07078 Name of Contact Mr. Joseph DeNivo FACILITY INFORMATION g Place (3) County Code (7) (STATE USE ONLY) Downer (8) ASCM No. Name Sky Street 1385 City, S Ways Street 1385 City, S Ways Telephone No. Teleph (973) Scheduled Completion Date (11) 3/31/2018 Conly One) Period of Abatement al Facility Hours Renovation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Waste Hauler ID No. 20990 Title Title Signature Title Signature Signature Signature Signature	# B20 Morris Turnpike City, State, Zip Code Short Hills, NJ 07078 Name of Contact Mr. Joseph DeNivo FACILITY INFORMATION g Place (3) County Code (7) Curre Com Street Addres 1385 Valle City, State, Zi Wayne, Ne Telephone No. Telephone No. (973) 928- Scheduled Completion Date (11) 3/31/2018 Conly One) Fried Abatement al Facility Hours Renovation Renovation Renovation Street Addres City, State, Zi Wayne, Ne Ci	## Street Address 820 Morris Turnpike City, State, Zip Code Short Hills, NJ 07078 Name of Contact Mr. Joseph DeNivo Square Feet 14,000 Current Use (Pric. p. etc.) Square Fee	Name of Building Owner/Operator (2) Garden Commercial Properties	Name of Building Owner/Operator (2) Garden Commercial Properties	Name of Building Owner/Operator (2) Sarden Commercial Properties	Name of Building Owner/Operator (2) Garden Commercial Properties Street Address 820 Morris Turnpike City, State, Zip Code Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Telephone No. Telephone No. Telephone No. (973) 928-5040 Telephone No. (973) 1728-5044 (1) Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Telephone No. Telephone No. (973) 928-5040 Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Telephone No. Telephone No. Telephone No. (973) 928-5040 Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Telephone No. Telephone No. (973) 928-5040 Street Address 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470 Telephone No. (973) 928-5040 Telephone No. (1) Telephone No. (1) Telephone No. (1) Telephone No. (1) Telephone	Street Address 820 Morris Turnpike City, State, Zip Code Short Hills, NJ 07078 Name of Contact Mr. Joseph DeNivo FACILITY INFORMATION g Place (3) County Code (7) (STATE USE ONLY) Commercial City, State, Zip Code Short Hills, NJ 07078 Square Feet # of Floors Bidg, Age 80 County Code (7) (STATE USE ONLY) Commercial Commercial County Code (7) (STATE USE ONLY) Commercial County Code (7) (STATE USE ONLY) Commercial Conserved Commercial Commercial Commercial Conserved Commercial Conserved Code Wayne, New Jersey 07470 Telephone No. (973) 928-5040 Conserved Code Wayne, New Jersey 07470 Conserved Code Wayne, New Jersey 07470 Conserved Code Wayne, New Jersey 07470 Color Code Wayne, New Jersey 07470 Code Code Wayne, New Jersey 07470 Code Code Code Code Code Code Code Cod

D'Angelo's Farm Property 510 Washington Avenue Dumont, New Jersey

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Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	Normalled Sole intenaretodial S	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation,	ASBEST Amount LI (Specify	OS CO CENS	NG	iOL 8	
In Facility (13)	Cus	(12)	laii!	surfacing, VAT, or other miscellaneous)	SF or LF)	Removal	Repair	ncapsulate	theosure
	Yes	No	N/A			2872		te	()
Storage Area - Above Ceiling		X		Black Paint	1,200 SF	Х			
Roof - Lower Area		X		Roofing Material	300 SF	Х			
Roof - Higher Roof		X	1,420 SF	X					
Roof - Small Roof by Attic		X		Black Roofing Material	485 SF	X			
Roof - Small Roof by Pitched Roof		Х		Black Roofing Material	850 SF	Х			
Roof - Small Roof by Attic		Х		Black Roof Flashing Material	100 SF	Х			
Roof - Small Roof by Pitched Roof		Х		Roof Flashing	175 SF	Х			
Roof - Rear Pitched Roof		Х		Roofing Material	2,400 SF	Х			_
Roof - Rear Pitched Roof South		X		Black Flashing	220 SF	Х			_
Roof - Main Store Roof		Х		Roofing Material	3,680 SF	Х			
Roof - Main Store South & North		Х		Roof Flashing	395 SF	Х			
Roof - Wing by Main Store		×		Roofing Material	2,575 SF	X			
Roof - Wing by Main Store		X		Roof Flashing	250 SF	Х			
Siding - Pitched Roof		X		Transite Panels	650 SF	Х			
Exterior - Ground		Х		Junk Pile scattered debris	25,000 SF	Х			5-17-5-2
Blockhouse - Bedroom # 3		X		Linoleum Flooring	4 SF	Х			

	NO		ATION (e of New of ASBES NJAC 8:	STOS AE				D) E (GE		\mathbb{V}	
Date of Notification (1) 12/29/2017 Check 3120	/	N	lame of E South E	Building Ov Bergen J	wner/Ope	erator Com	(2) nmiss	sion School		ال ال	4N -	5 2	018	
Agencies Notified Type Notification		1000	Street Add	dress ion Stree	ot						and American			
EPA Initial		1		e, Zip Cod						ASBE	STOS			_&_
DEP Amended Amendment #				J 07644					beautiens	-;	CHARLET COMMUNICA	NAME AND POSTOR		
Emergency (in	cluding	N	lame of 0	Contact					Telep	hone Nu	nber			
DOH justification) Cancellation			Joan									7		
	DI /2\		FACIL	ITY INFO	RMATIO	N	Type	of Facility (4)						
Name of Facility Where Abatement is Taking Sout Bergen Jointure Commission	Place (3)						× ×	School (K-12)						
Street Address								Subchapter 8 (Other	than K-1	2)			
125 Union Street								Other (i.e. priva	ate &	commerc	iai bulla	ings, i	iomes	5,
City (5)									# of F	loors	- 30 223	dg. Aq)+	je	
Lodi				1 (7)				ent Use (Prior i	2 f being	n damolis		J+		
County (6) BERGEN				SE ONLY)		_	Scl	nool			1100)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	No.				atement Contra ces Corpora		3)				7
Street Address						Street								
4 0								Street Zip Code						
City, State, Zip Code						1.5		erg, NJ 0709	3					
Project Manager for Monitoring Firm			Telephor	ie No.		Teleph	none l			License 1	No.			
Start Date (10)	Schedule	d Com	pletion [Date (11)	-	0.0000000000000000000000000000000000000		SHA Monitor						
January 15/2018	1/16/18		•			Sam	ne as	above						
Occupancy Status During Abatement (Check	Only On	e)				Street	Addr	ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	batem Hours	ent		_	City, S	State,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 2	enova emolit	70.7				N C	ull Containmen Ini-Enclosure Blovebag Proced Ion-Exempted (dure				9	
	le	Locati	on									Abate	ment	i
Location of	N	lormal	ly			scription						1	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intena odial S (12)	nce/		thermal	system cing, V	ns ins AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						200					
Boiler Room & Bathroom		X			pipe	insula	ation			LF	_	Х		
Boiler Room & Stage		X			(ceiling	3		2	SF		X		
				11-	Cubic	Verde		Name of R	enisto	red Land	SII			
Name of Registered Waste Hauler			NJDEP W Hauler ID		of Was			Minerva						
Tri State Transfer Assoc	1	9551		tbd	anl Dat				. p. 1000					
City, State Bronx, NY				tbd	sal Dat		City, State Waynes	burg,						
Completed by Gina Betances	Title Offic	е Ма	nager		S	Signatu	re	Blua	1.		Date 12/29/	2017	7	

1/3121 PA	тои	Pur	ATION OF	NJAC 8:60	os ABATEI and 12:120	0)		0,-	EGE		\mathbb{V}		D
Date of Notification (1) 12/29/2017 Check 3121		24 "3		allaing Own h School	er/Operator	(2)			JAN -	5 2	018		ال
Agencies Notified Type Notification		1	treet Add	12 2 2 2									
EPA Initial Amended		100	115 Telf					A	SBESTOS			L &	-
				Zip Code ange, NJ	07018			********	LICE	NSIN	J	Non-Marine	-
DOL Amendment # Emergency (in justification)		- 1	lame of C					Telen	hone Numb	er			
DCA Cancellation					ATION							-	-
Name of Facility Where Abatement is Taking	Place (3)	_	FACILI	TY INFORM	MATION	T	ype of Facility (4)					
St Joseph School	1 1000 (0)					5	School (K-12	2)					
Street Address							Subchapter Other (i.e. pr	8 (Other	than K-12)	buildir	nas h	omes	š.
115 Telford Street							etc.)						
City (5)							Square Feet	11 33 3000	Floors	60 60	g. Ag +	е	
East Orange							20,000 Current Use (Pric	2	a demolishe		-		
County (6) ESSEX		(County Co STATE US	ode (7) SE ONLY) _			School						
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			Abatement Con ervices Corpo		9)				
N/A Street Address		-					ddress						
Street Address					426	6 6	9th Street						
City, State, Zip Code							ate, Zip Code nberg, NJ 070	093					
Project Manager for Monitoring Firm			Telephon	e No.	Tele	pho	one No. 95-1700		License No).			
		10		ata (11)		100	of OSHA Monitor		01071				
Start Date (10)	Scheduled	Con	npietion D	ale (11)			as above						
January 15/2018 Occupancy Status During Abatement (Chec		e)			Stre	et A	Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of At	baten	nent		City	, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)						-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Characterists.	enova emoli				E	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
						×	Non-Exempte	ed (*) and	d Non-Friab				
	ls l	Locat	tion								Abate Ty	meni pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ntena	ely by ance/ Staff?	(i.e. th	Descript s Containing nermal system surfacing, other misce	ig M ems VA	laterial (ACM) s insulation, T, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			20			4 I E	-	V	-	-
Boiler Room	X				pipe insu				1 LF 3 SF	×	X		
Gym-Storage Room		X			12 x 12	2 111	es	,	J 01	12.5			T
Name of Registered Waste Hauler			NJDEP W		Cubic Yard	ds			ered Landfil	1			
Tri State Transfer Assoc			Hauler ID 19551	No.	of Waste tbd				erprises				
City, State					Disposal D	Date	City, St		- OL				
Bronx, NY					tbd			esburg		ate	77-21-2		
Completed by	Title	e M	anager		Signa	atur	Olivas	8		ate 2/29/	201	7	
Gina Betances	Unic	O IVI	ariagoi				772000					d a a tin	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NIAC 8:50 and 5:45)

(11)			(P	ursua	nt to NJ	AC 8	3:60 and 5:1	6)	Pa	1			
Date of Notification (1) 2 / 27	/ _ 1	7		11/24/2013/2013		· · · · ·	vner/Operator PRINCETON	(2) I UNIVERSITY	DE	G	5 [\mathbb{V}	E
	Notification al ended	1		20	t Address	RIVE				IAN	- 5	201	18
	endment #			1 88	State, Zip						nacrodano.		NAME OF TAXABLE PARTY.
	ergency (i	ncludin	g	100000	e of Conta	000	0 00044		ASB Telephone Nun	ESTO	SCO	ING	ROL 8
	ncellation			300000000000000000000000000000000000000	BERT O		GO		r rejeptione real	IDGIIO		ING	
				FA	CILITY	NFO	RMATION					-	
Name of Facility Where Abateme								Type of Facility	<i>i</i> (4)				
PRINCETON UNIVERSITY	- FIRES	TONE	LIBR	ARY				School (K-1					
Street Address 1 WASHINGTON ROAD								Other (i.e., homes, etc	8 (Other than K-1: private and comme	2) ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	\ge	
PRINCETON, NJ								1,000,000	8		70		
County (6) MERCER				Cou	nty Code (ATE USE ONLY)	UNIVERSIT	rior if being demol	shed)			
Name of Monitoring Firm Hired by	C. C	Owner	(8)	ASCM	CONTRACTOR OF THE PARTY OF THE			ent Contractor (9					
ATC GROUP SERVICES L Street Address	LC			000	098	-		VIRONMENTA	AL, INC.				
3 TERRI LANE						00000000	eet Address	DOTRET					
City, State, Zip Code							y, State, Zip Co						
BURLINGTON, NJ 08016							RISTOL, PA						
Project Manager for Monitoring F	rm		Tele	phone	No.		ephone No.	. 10001	License No.				_
MICHAEL R. KEEHN			6	09-386	-8800	1	15-788-6040	r:	00509				
Start Date (10)					ite (11)	Nar	me of OSHA M	lonitor					
12 /4 /17	2000			/ .	18	В	RISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Abatem						Stre	eet Address						
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	Entire Pe	riod of	Abate	ment	arib a		123 BEAVER						
Time of Abatement: 6:00AM-	3:00PM/_	P.	у пои М	AM	cribe	33	, State, Zip Co						
Scope of Work (Check all that app			13	*		B	RISTOL, PA	19007					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	-97	⊠ Re □ De					☐ Mini-Encl☑ Glovebac	Procedure	gative Pressure on-Friable Procedu	re			
			Locat					-		Ab	atem	ent T	уре
Location of Asbestos-Containing Material	ACM)		lorma d Sole		Ashe	etne (Description of Containing Mat		Amount	Re	Re	ш	Щ
TO BE ABATED IN Facility	,		intena	nce/ Staff?		., the	rmal systems i	nsulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
(13)			(12)	J			urfacing, VAT, ner miscellaned		SF or LF)	<u>a</u>		sulat	ure
		Yes	No	N/A		10.00001						e	
PHASE 5A - LEVELS C & B					PIPE IN	ISUL	ATION		1010 LF				
PHASE 5A - LEVELS C & B					FLOOR	TILE	E & MASTIC		43,057 SF	\boxtimes			
PHASE 5A - LEVELS C & B					Packed	fittir	ngs on fiber	glass	285 EA				
PHASE 5A - LEVELS C & B							s on fibergla	iss	40 EA	\boxtimes			
Name of Registered Waste Hauler			100000	JDEP V auler ID		Cub	ic Yards of	Name of Regis					
SERVICE TRANSPORT GR	JUP, INC	٠.		20990	1000000			MINERVA	LANDFILL				
City, State NEW CASTLE, DE						Disp	osal Date	City, State WAYNESB	IIBC On				
Completed By (Print or Type)	Title		-				Signature	MATRESE		to			
BRIAN SCAFIRO	10000000	STIMA	TOR				2 a distance	Scrips	/m Da		00	1-	7
SD 44							DNUM	O CHIVIO	())	2-0	27-	-1	1

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

			110					8:60 and 5:1		F	9.	2			
Date of Notification (1)	27 /	17	7					wner/Operator ((2) I UNIVERSITY		E	G [\mathbb{V}	E
Agencies Notified EPA	Type Notifi ☑ Initial					et Address 0 ELM DF		E				AN -	- 5	2018	3
☑ DOLWD	Amenda Amenda		8-12/	29/17	City,	State, Zip	Cod	le		100	1	All	J	2010)
⊠ DCA	☐ Emerge				1	RINCETO		J 08544		-	THE PERSONNEL PROPERTY.		ota menas	Minimum News	Contract of the last
(NJAC 5:23-8)	justifica Cancell	tion)		5		e of Contac BERT O		EGO		Telepho	ASPF	BIPS	VSIN	VTRO IG	DL &
					FA	CILITY IN	VFC	RMATION		76			10		
Name of Facility Where A	batement is	Takin	g Plac	e (3)					Type of Facility	(4)					
PRINCETON UNIVE	RSITY - FI	RES1	ONE	LIBR	ARY				☐ School (K-1						
Street Address									Subchapter	8 (Other th	an K-1	2)			
1 WASHINGTON RO	DAD								Other (i.e.,) homes, etc.	private and .)	comme	ercial b	uildin	gs,	
City (5)									Square Feet	# of Flo	oors	В	ldg. A	ge	300000
PRINCETON, NJ									1,000,000	8			70		
County (6) MERCER					Cou	nty Code (7	7)(S1	TATE USE ONLY)	Current Use (P UNIVERSIT			ished)			
Name of Monitoring Firm I	Hired by Bui	lding (Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
ATC GROUP SERVI	CES LLC				00	098			VIRONMENTA						
Street Address							St	reet Address							
3 TERRI LANE								1123 BEAVER	R STREET						
City, State, Zip Code							Ci	ty, State, Zip Co	ode						
BURLINGTON, NJ 08								BRISTOL, PA	19007						
Project Manager for Monit				Tele	phone	No.	Te	elephone No.		License	e No.				1-0
MICHAEL R. KEEHN						-8800	1	215-788-6040		0050	9				
Start Date (10)						ite (11)		ame of OSHA M							
/ / /					_ / .	18		BRISTOL EN	VIRONMENTA	L, INC					
Occupancy Status During							St	reet Address							
☐ Facility Closed/Vacated ☐ Abatement Performed (During Ent	ire Pei	riod of	Abate	ment	- 21		1123 BEAVR							
Time of Abatement: 6:0	00AM-3:00	PM/	P	y noui M-	s - Des AM	cribe		ty, State, Zip Co							
Scope of Work (Check all t								BRISTOL, PA	19007						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitic								ıre			
				Locat	0.00							1	atem	ent Ty	vpe
Location o Asbestos-Containing M	Marie America de Caracteria de	4 \		Norma d Sole		• You would have been been been been been been been be		Description of					_		
TO BE ABAT		n)	Ma	intena	nce/	Asbes (i.e.	stos the	Containing Matermal systems in	erial (ACM)	Amor (Spec		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial ((12)	Staff?			surfacing, VAT,	or	SF or		oval	=	nsd	Sur
(13)			Yes	No	N/A		ot	ther miscellaneo	ous)					ate	(D)
PHASE 6 - LEVEL 1						ACOUS	TIC	AL CEILING I	PLASTER	6075	SF		П		П
PHASE 6 - LEVEL 1						PIPE IN	SUI	ATION		200					
PHASE 6 - LEVEL 1								ILING TILES		4050					
TRUSTEES READING I	RM MEZZ.			П		ACOUS	TIC	AL PLASTER	CELLING	450 \$					H
Name of Registered Waste	Hauler				JDEP V			bic Yards of	Name of Regis					Ш	Щ
SERVICE TRANSPOR		, INC		H	auler ID 20990	No.		iste	MINERVA						
City, State	v = 11-0-00-00-00-00-00-00-00-00-00-00-00-00						Dis	posal Date	City, State						
NEW CASTLE, DE									WAYNESB	URG, OH					
Completed By (Print or Type	e)	Title						Signature	1-	10:	Da	ite			
BRIAN SCAFIRO		ES	TIMA	TOR				Raida	Sedino	/ ML	1	7-	70.	1-	7

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

Date of Notification (1)			-	Nam	e of Ruildi	na O	wner/Operator	(2)			3 1	- \\7	-12
								UNIVERSITY		; <u> </u>		<u> </u>	_5
Agencies Notified Type Not ☐ EPA ☐ Initial ☐ DOLWD ☐ Amen.					t Address 0 ELM D		Ε			JAN -	- 5	2018	8
	ded dment #	£8-12/	29/1	City,	State, Zip	Code	е						-
☑ DCA ☐ Emerg				PR	INCETO	N, N	IJ 08544			BESTOS			OL &
(NJAC 5:23-8) justific	ation)		J	100000000000000000000000000000000000000	e of Conta				Telenhone	Numbbel	NSI	NG	CONTRACTOR OF
Cance	llation			RC	BERT O	RTE	GO						
				FA	CILITY	NFO	RMATION						
Name of Facility Where Abatement								Type of Facility	(4)				
PRINCETON UNIVERSITY - I	IRES	TONE	LIB	RARY				School (K-12		1275227			
Street Address 1 WASHINGTON ROAD								Subchapter 8 Other (i.e., property homes, etc.)	rivate and con		ouildi	ngs,	
City (5)								Square Feet	# of Floors	5 1	3ldg.	Age	
PRINCETON, NJ								1,000,000	8		70		
County (6)				Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	ior if being der	molished)			
MERCER								UNIVERSITY					
Name of Monitoring Firm Hired by B		Owner	(8)	ASCM				ent Contractor (9)					
ATC GROUP SERVICES LLC			-	00	098	_		VIRONMENTAL	L, INC.				
Street Address 3 TERRI LANE							reet Address						
City, State, Zip Code							1123 BEAVE						
BURLINGTON, NJ 08016						ty, State, Zip C							
Project Manager for Monitoring Firm			TTO	lephone	No		BRISTOL, PA	19007					
MICHAEL R. KEEHN				309-386			lephone No. 215-788-6040		License No	0.			
Start Date (10)	Scheo	duled C		letion Da			me of OSHA N		00509				
12/4/17		1/		5 /		, comes		VIRONMENTAL	_, INC				
Occupancy Status During Abatemen						Str	reet Address						
Facility Closed/Vacated During En	itire Pe	riod of	Abat	ement		1	1123 BEAVR	STREET					
Abatement Performed Outside of Time of Abatement: 6:00AM-3:0	Normal OPM/_	Facilit P	y Ho	urs - Des AM	cribe		y, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)						-							
≥3 sf or ≥3 if≥160 sf or ≥260 if		⊠ Re					☐ Mini-Enc☑ Glovebag						
			Loca								pater	nent T	vne
Location of Asbestos-Containing Material (AC	NA)		Norm	ally lely by	A = 1		Description o		0.210-0.40.00.00				Ť
TO BE ABATED	ivij	Ma	inten	ance/	Asbe (i.e	stos the	Containing Mar ermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todia (12	Staff?		5	surfacing, VAT,	or	SF or LF)	val	=	luso	Sure
		Yes	No	N/A		ot	her miscellane	ous)				ate	TO .
TRUSTEES READING RM MEZ	<u> </u>				PIPE IN	ISUL	ATION		85 LF	\boxtimes			
WALL OUTSIDE COTSEN LIBR			WATER	RPRO	OOFING		250 SF	\boxtimes					
PRESERVATION ROOF					WATER	RPR	OOFING		150 SF				
LEVEL 1 STAIR #4				\boxtimes	PIPE (V	VRA	P & CUT)		12 LF	\boxtimes			
Name of Registered Waste Hauler SERVICE TRANSPORT GROU	VJDEP V Hauler ID 20990	No.	Cub	oic Yards of ste	Name of Registe								
City, State	City, State						posal Date		/ IIIVI ILL				
NEW CASTLE, DE			010	pusai Dale	City, State WAYNESBL	IRC OH							
Completed By (Print or Type)				Signature	WATNESDU	JNG, UN	D-1-						
BRIAN SCAFIRO	STIMA	ATOF	?				Scofins/	gu	Date (2)	-2	9-1	17	
SR-41						-		4					9

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(P	ursuai	nt to NJA	AC 8:60 and 5:1	6)	Pg.	1			
Date of Notification (1)					1		g Owner/Operator (ME	0 [7/7	E
	27 /	17			TR	USTEES	OF PRINCETON	UNIVERSITY		<i>D</i> L	<u> </u>	(#)	E
Agencies Notified	Type Notific	cation			Stree	t Address					7-250		
⊠ EPA ⊠ DOLWD		ad.				ELM DF			III U. JA	N -	- 5	201	8
⊠ DOH	Amenda		12/29	9/17		State, Zip							
□ DCA	☐ Emerge	ncy (incl					N, NJ 08544		ASSES	TOS	200	MITD	01.0
(NJAC 5:23-8)	justificat Cancella				AYOURNESS	of Contac	67/0		Telephone Num	Pro-	NSI	VG	or a
	☐ Calicella	ation		-		BERT O				_			
Name of Facility Where A	hatament is	Takina	Dless	/2\	FA	CILITY	NFORMATION	T = 15	748				
PRINCETON UNIVE					ADV		tl	Type of Facility	0.000000				
Street Address	Noil i - Fil	NES I C	NINE L	JIDIK	AKI			School (K-1)	^{∠)} 8 (Other than K-12)				
1 WASHINGTON RO) A D							Other (i.e., p	rivate and commer		uildin	gs,	
City (5)								homes, etc.					
PRINCETON, NJ								1,000,000	# of Floors		ldg. A 70	ge	
County (6)		-			Cour	nty Code (7	7)(STATE USE ONLY)		for if being demolisi		70		
MERCER					Jour	ity code (i	NOTHIE GOL GIVE TY	UNIVERSIT	-	ieu)			
Name of Monitoring Firm	Hired by Buil	ldina Ov	vner (3)	ASCM	No	Name of Abateme						
ATC GROUP SERVI		- 3 -		7.		098		VIRONMENTA					
Street Address							Street Address	· into it in Entry	2, 1110.				
3 TERRI LANE							1123 BEAVER	R STREET					
City, State, Zip Code							City, State, Zip Co						
BURLINGTON, NJ 0	8016						BRISTOL, PA						
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No.		License No.				_
MICHAEL R. KEEHN	1			60	9-386	-8800	215-788-6040		00509				
Start Date (10)		Schedul	ed Co	mple	tion Da	te (11)	Name of OSHA M	onitor	- I was strong and				
12 /4 /	17_	1	_ /	5	_ / .	18	BRISTOL ENV	VIRONMENTA	L, INC				
Occupancy Status During						1	Street Address						
☐ Facility Closed/Vacated							1123 BEAVR	STREET					
Abatement Performed Time of Abatement: 6:	Outside of N	lormal F	acility	Hou	s - Des	cribe	City, State, Zip Co	de					
		P IVI/	PIV	1	AIVI		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)						M						
≥3 sf or ≥3 lf		D	Ren	ovati	on			ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf] Den	nolitio	n			Procedure	erector and a constant of the				
			le l	ocat	ion		☐ Non-Exer	mpted (*) and No	n-Friable Procedure	_			
Location of	of			orma			Description of	f		Ab	atem	ent T	ype
Asbestos-Containing N	naterial (ACN	A)			ly by	Asbe	stos Containing Mat		Amount	Rer	Repair	Enc	Enc
TO BE ABAT IN Facility				ntena	nce/ Staff?	(i.e	., thermal systems in	nsulation,	(Specify	Removal	air	aps	Enclosure
(13)	<i>y</i>			(12)			surfacing, VAT, other miscellaned		SF or LF)	a		Encapsulate	ure
		,	Yes	No	N/A							(6)	
ACCESS OFFICE					\boxtimes	FLOOR	TILE/MASTIC		460 SF				
ACCESS OFFICE					\boxtimes	PIPE IN	SULATION		206 LF				
MEN'S RESTROOM					\boxtimes	PIPE IN	SULATION		160 LF				
												П	П
Name of Registered Waste	e Hauler			8800	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	RT GROUP	P, INC.		H	auler IE 20990	10000	Waste	MINERVA I	LANDFILL				
City, State					20000		Disposal Date	City, State					
NEW CASTLE, DE								WAYNESB	URG, OH				
Completed By (Print or Tyr	ne)	Title		-			Signature		T Date				

BRIAN SCAFIRO

ESTIMATOR

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

and the second	6547
CK	1 (1)
1 1	(007/

1 /	4/11/12)	***********			U allu 12.120		CK	6	54	7_				
Date of Notification (1) 12/29/17	COLUMN DESIGNATION OF THE PERSON OF THE PERS				0.70	ner/Operator ty - Rutgers		nden	Γ	haccount	F	P	了[1 7/	7
Agencies Notified	Type Notification		S	treet Ad	dress				1	10)-	5	U .	5 1	1 1	+
EPA DEP	Initial			A VALUE AND DESCRIPTION OF THE PARTY OF THE		Suite 300			_	M					
DEP X DOL	Amended Amendment	#		5.000	e, Zip Code en NJ 081						J	AN	- 5	20	18
	Emergency	(including			Contact				Tele	phone	Mumh	05		0.000	
DOH DCA	justification) Cancellation		I	Dean I	D'Astuto										ROL 8
CP 104 1 A B	Ab at a serie Takin	a Diago (2)		FACIL	ITY INFOR	MATION	Type	of Facility (4)				LIC	ENS	livu	
Name of Facility Where Demo (Former B							_	School (K-12)							
Street Address		/						Subchapter 8 Other (i.e. priv	(Othe	er than I	(-12)	huildi	naa k	202201	
200-202 South Br	roadway							Otner (i.e. pri) etc.)			erciai				5,
City (5)							C-1200 CO	re Feet	# of	Floors		6382	lg. Ag 5+	e	
Camden NJ 0803	0) - d - (7)		100	u+ ent Use (Prior		na demi	olishe		77		_
County (6) Camdenn					Code (7) USE ONLY)		Con	nmercial S	tore		0110110	۵) ———			
Name of Monitoring Fir	rm Hired by Building	Owner (8)		ASCM	No.	Part Special Control	of Aba	tement Contr	actor	(9)					
N/A							Addre								_
Street Address							Box 3								
City, State, Zip Code								ip Code							
								lin NJ 0809	91	1:	a Na				
Project Manager for M	onitoring Firm		1	elephor	ne No.		hone N -753-9			Licens 0072					
Start Date (10)		Schedule	d Com	pletion l	Date (11)	Name	of OS	HA Monitor	-						
1/12/18		2/2/18				San									
Occupancy Status Dur						Stree	t Addre	SS							
Facility Closed/Va Abatement Perfor Other – Describe	acated During Entire rmed Outside of Nori :	Period of A mal Facility	bateme Hours	ent		City,	State, Z	ip Code							
Scope of Work (Check	(All That Apply)				1.0	ر	≤ W	et wrap	an	l ctt	-				
≥3 sf or ≥3 lf		ACCURATION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	enovat			-	- Fu	III Containmer	nt with	n Negat	ive Pr	essur	е		
≥160 sf or ≥260 lf	f.	X D	emoliti	on		Ī	GI	ni-Enclosure ovebag Proce	edure			_			
		-			I	L	X No	on-Exempted	(*) an	id Non-I	-riable			ement	
	200 02		Location Iormali			Descriptio	n of						Ту	ре	
	ion of ng Material (ACM)	Use	d Solel	y by	Asbesto	s Containing	Materia	al (ACM)		Amount		70		En	m
TO BE A		1000000	odial S		(i.e. t	hermal syster surfacing, V	ns insu AT, or	lation,		Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
A 2000 CONTRACTOR	3)		(12)			other miscella	aneous))				val	ai.	ulate	sure
		Yes	No	N/A											
Main Floor Be	elow Plywood			х		Floor Tile I	Vlastic	;		400 SF		х			
Crawl	Space			х		Floor tile o	debris		1	00 SF		x			
Base	ment			Х	1	Pipe Insu		2	1	20 LF		х			
					(WET	Whap W	ud C								
Name of Registered V	Vaste Hauler		0.75070	JDEP V auler ID		Cubic Yards of Waste		Name of F	22 CO 50 F.A.		indfill				
United Containers	3			2459	/ 100.	TBD		G.R.O.\							
City, State						Disposal Date 2/2/18	te	City, State Morrisv		A 190)67				
Elm NJ Completed by		Title				Signatu	ire \	141011194			Dat	te			
Anthony T Perna		9 9 9 9 9 9 9	ident			(0				12	2/29/	17		

Ch 6549 F		OTIFI (P	CATION	The of New Jers Of ASBESTOS to NJAC 8:60 at	ABATE	MENT 0)	CK		651	19			
Date of Notification (1)	Stead	Chapter 1		Building Owner				-		(a) [F	э П	77.77	F
12/29/17				n University -	Rutger	s Ca	mden	II pro-	JEI	C		W	
Agencies Notified Type Notification			Street Ac	idress ederal St. Su	iite 300			11	7				2
EPA X Initial DEP Amended				te, Zip Code				₩	11	AN -	- 5	2018	-
DOL Amendment :		_	Camd	en NJ 08103				ПП	Ц	A11	J	2010	1
Emergency (i justification)	ncluding			Contact			-	Tele	ephone Nu	ımher	201	UTDO	1 0
DCA Cancellation				D'Astuto	m1 en h 1			ı.		LIVE	101. (1311.	NTRO	La
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFORMA	TION	Турс	e of Facility (4)		Signal and Control of Control		ALT/SHOWERS		NO. OF THE PARTY NAMED IN COLUMN 1
Demo (Former Gold Way Jewelers							School (K-12)						
Street Address							Subchapter 8 Other (i.e. priv	(Othe			dinas	homo	
204 South Broadway						X	etc.)	vale o	a commen	Jai Duli	uirigs,	HOHIE	5,
City (5)						22	are Feet		Floors	- 1	ildg. A	ge	
Camden NJ 08030		- 1	O-11-h-1	2-d- (7\		1 373	00+ ent Use (Prior	1 is boin	aa damalia		35+		_
County (6) Camden			County ((STATE L	Jode (/) JSE ONLY)		400000000000000000000000000000000000000	ent use (Prior mmercial Si		ig demons	neu)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	l No.	Name	of Ab	atement Contra	actor	(9)				_
N/A					Per	naco	Inc						
Street Address						t Addre							
						Вох							
City, State, Zip Code							Zip Code rlin NJ 0809	1					
Project Manager for Monitoring Firm			Telephor	ne No.		hone I			License	No.			
					1		9800		00727				
Start Date (10) 1/12/18	Schedule 2/2/18		ipletion i	Jate (11)	San		SHA Monitor						
Occupancy Status During Abatement (Check						t Addre	ess						\dashv
Facility Closed/Vacated During Entire F			ent						٠				
Abatement Performed Outside of Norm Other – Describe:					City,	State,	Zip Code						
Scope of Work (Check All That Apply)													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	OCCUPATION.	tenova emolit				M G	ull Containmen ini-Enclosure lovebag Proce on-Exempted (dure				e	
	Is	Locati	on									ement	
Location of		lormal d Sole			escriptio					-	13	pe	\dashv
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/ Staff?			ns insu AT, or	lation,	(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-	-		
Main Floor			Х	Floo	or Tile N	/lastic	;		00 SF	x			
Windows	-		Х		Glazin	g		6	0 SF	х	-		_
										_	-		
Name of Registered Waste Hauler United Containers	Н	JDEP Wauler ID 2459	1000	ic Yards /aste		Name of Re G.R.O.V	2	ered Landî	168				
City, State		2700	Disp	osal Date	е	City, State	le D	A 40007					
Elm NJ			2/2	2000000		Morrisvil	ie Pi		ate				
Completed by Anthony T Perna	Title Pres	ident			Signatu			*******		12/29/	17		

LK 4545

State of New Jersey
NO MEICATION OF ASSESTOS ABATEMENT
(Putsuant to NJAC 5:60 and 12:120)

CK 6545

UN US	10		1	- (0	11-11	10	rotor (2)						ББ	
Date of Notification (1) 12/29/17					uilding Ow Universi			mden	In	E (\mathbb{V}	且
Agencies Notified	Type Notification		Str	eet Add	ress				TIS					
	X Initial		400		leral St.		00		+	11/	<u> </u>	5	2018	-1
DEP	Amended Amendment #	ě			, Zip Code n NJ 081					1				
☑ DOL	Emergency (i		1	me of C					Telepho	ne Numi	oer	201	VITRO)1 R
DOH DCA	justification) Cancellation				'Astuto							SIN	1G	
				FACILI	TY INFOR	MATION	l Tree	ne of Facility (4)	lannersona	-				\exists
Name of Facility Where A	Abatement is Taking	Place (3)												
Demo (Former Ton	norrow's ivien's	Shop)						School (K-12) Subchapter 8	(Other th	an K-12)				
Street Address 220 South Broadwa	av.						×	Other (i.e. pri	vate & co	mmercia	l buildir	ngs, n	omes,	
City (5)				-			Sq	uare Feet	# of Flo	ors		g. Ag	е	
Camden NJ 08030								+000	1		35)-l-		_
County (6)				ounty Co	ode (7) SE ONLY)			rrent Use (Prior ommercial S		lemolish	ed)			
Camden			13					batement Conti			11-1-12-1-1			\dashv
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.	1	Pernac		dotor (v)					
N/A Street Address						5	Street Add	iress						
Street Address							PO Box							
City, State, Zip Code								, Zip Code	24					
						13		erlin NJ 0809		cense No	2			
Project Manager for Mor	nitoring Firm		T	elephon	e No.		Telephone 856-75			0727	J.			
		Scheduled	Come	aletion D	nate (11)			OSHA Monitor						
Start Date (10) 1/12/18		2/2/18	Comp	JICHOIT D	rate (11)		Same							
Occupancy Status Durin	a Abatement (Ched)			- 1	Street Ad	dress						
S English Closed Mac	ated During Entire	Period of Ab	ateme	ent						•				_
Abatement Perform	ned Outside of Norr	nal Facility F	lours				City, State	e, Zip Code						
Other - Describe:														\dashv
Scope of Work (Check A	All That Apply)	-					П	Full Containme	ant with N	enative F	Pressui	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Executive	novati					Mini-Enclosure	Et	oguaro .				
≥160 sf or ≥260 lf								Glovebag Prod Non-Exempted	edure (*) and	lon-Friat	ole Pro	cedur	е	
		Т					Garage					Abate	ement	
		7.500	ocation or mail:	2.00		Des	cription of				-	1 9	pe	
Location Asbestos-Containing			Soleh		Asbest	os Conta	aining Mat	erial (ACM)		ount ecify	R		Enc	Ш
TO BE AS	BATED	Custo	dial S		(i.e.	thermal s	systems in sing, VAT,	nsulation, or		r LF)	Removal	Repair	Encapsulate	Enclosure
(13	(C) (1) *C		(12)			other m	niscellaneo	ous)			Val	Ħ	ılate	ure
		Yes	No	N/A							+-	-		
Main F	Floor			х	Floor	Tile &	Tar pap	er 3 layers	153	6 SF	х	_		
Window						Exterio	or windo	ows	100) LF	X			
				1112222										
Name of Registered W	aste Hauler		151500	IJDEP V		Cubic		Name of	Register	ed Landfi	ll			
United Containers		lauler ID 2459	No.	of Was	ste	G.R.O	.W.S.							
		2-700			sal Date	City, Sta						× 10 m		
City, State Elm NJ				2/2/1		Morris	ville PA							
Completed by							Signature	1	,		ate 12/29	117		
Anthony T Perna		Presi	ident				(/				12129	111		

C1C4529	Pro		CAITIO Pursua	NOF A	SBESTOS ABA IAC 8:60 and 5:1	6)	DE C		\mathbb{V}	E	N
Date of Notification (1)	17	U		e of Build orence I	ing Owner/Operator	(2)	JAN	- 5	2018		U
Agencies Notified			Stree	et Address	3		ASBESTO	OS CON CENSIN	ITRO G	L &	
☑ DOH Amendr	ment #	_		State, Zip	Code NJ 08106		The second second second				CHI STREET, ST
DCA Emerge (NJAC 5:23-8) ustifica	ncy (includi	ng	-	e of Conta			Telenhone N	lumbas			
Cancella			100000000000000000000000000000000000000	orence F			1 Telefilline N	mmoet			
			F.A	CILITY	INFORMATION			-		12 V. 14	
Name of Facility Where Abatement is	Taking Place	ce (3)				Type of Facility	/ (4)				
Hoskins Residence						☐ School (K-1	2)				
Street Address						Subchapter	8 (Other than K private and com	(-12)	o uildia	~~	
						homes, etc.	onvate and com. .)	merciai i	Juliair	gs,	
City (5)						Square Feet	# of Floors	E	Bldg. A	Age	
Audubon						1,000	2		70		
County (6)			Cou	nty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)			
Camden						Residence					
Name of Monitoring Firm Hired by Bui	3.53	100000	ASCN	l No.	Name of Abatem		*				
Management & Enviro. Consu	Iting Serv	ices				onmental, LLC	;				
Street Address PO Box 341					Street Address						
City, State, Zip Code					623 Cutler A	207.22.78.7					
Chesterfield, NJ 08515					City, State, Zip C						
Project Manager for Monitoring Firm		To	lonkono	No	Maple Shade	, NJ 08052			-7,53		
Bill Weisgarber			lephone 809-298		Telephone No. 856-755-0099)	License No. 00842				
	Scheduled (Name of OSHA M	Nonitor	DO 15 11 2				
01/_09/_18	01	/ _1	0 /	18_	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (Street Address						
Facility Closed/Vacated During Enti	re Period of	Abate	ement		200 Route 13	0 North					
Abatement Performed Outside of N Time of Abatement:AM	ormal Facili	ty Hou	ırs - Des	scribe	City, State, Zip Co	ode					
	F 1V1/			_AIVI	Cinnaminson	i, NJ 08077					
Scope of Work (Check all that apply)					□ Eull Cont	ainment with Ne	antina Deserves				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit			Mini-Enc Glovebag	losure		dure			
	1	s Loca						Al	patem	ent T	уре
Location of Asbestos-Containing Material (ACM	and the second	Norma ed So	ally lely by	Ach	Description o			D.	T.R.	面	m
TO BE ABATED	., Ma	ainten	ance/		estos Containing Ma e., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	Cus	todiai (12)	Staff?		surfacing, VAT,	or	SF or LF)	Val	~	sula	sure
(13)	Yes	No	T	1	other miscellane	ous)				ate	
Crawlspace				Paper	on Ductwork		25 SF			П	П
	П								П	П	
		H								Ш	Ш
Name of Degistered West 11				1,422	Table 1						
Name of Registered Waste Hauler Freehold Cartage			JDEP V	No.	Cubic Yards of Waste	Name of Regis	tered Landfill orth Landfill				
City, State	en sangen seich		15939		Disposal Date	City, State	E III	-			
Freehold, NJ					01/10/2018	Morrisville	, PA				
Completed By (Print or Type)	Title				Signature			Date			
Christina Lynch	DESCRIPTION	eside	ent of C	Operation	7. (CRIQ	1	212	V/i	1	

Date of Notification (1) Name of Building Owner/Operator (2) Rowan University- Rutgers Camden Appraisa Notification Street Address			1
12/29/17 Rowan University- Rutgers Camden	20	18	
Adencies Numer Type Notification	ONTE	ROL	&
Z EPA Initial 200 federal St. Suite 300 LICENS City, State, Zip Code	SING		
DEP Amended City, state, 219 Code Amendment # Camden NJ 08103			
Emergency (including Name of Contact			
DCA Cancellation Dean D'Astuto			_
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)		12	
Demo (Former Daebat)			
Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial build	lings, h	nomes	s,
218 South Broadway etc.)	ldg. Ag	je	
City (5) Camden NJ 08030	35+		
County (6) County Code (7) Current Use (Prior if being demolished)			
Camden Cammercial Store			
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pernaco Inc			
N/A Street Address Street Address			
PO Box 329			
City, State, Zip Code City, State, Zip Code West Berlin NJ 08091			
License No.			
Project Manager for Monitoring Firm Telephone No. Telephone No. 856-753-9800 00727			
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor			
1/12/18 Same 2/2/18 Street Address			
Occupancy Status During Abatement (Check Only Only)			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Presst Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		re	
Is Location	Abate	emeni	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) S F or LF)	T	e Encapsulate	Enclosure
Yes No N/A	+	-	-
Basement x Floor Tile & Mastic 100 SF x	+-	-	+
Main Floor X Floor Tile 2000 SF x	+	-	-
	+		+
NUMBER Waste Hauler NUMBER Waste Cubic Yards Name of Registered Landfill			
United Containers Hauler ID No. of Waste TBD G.R.O.W.S.			
City, State Disposal Date 2/2/18 Morrisville PA 19067			
EIM NJ Signature Date			ALC: STATE OF THE
Completed by Anthony T Perna President 12/29	9/17		

	200	F Same	322	1-54	
P			α	m	

PAII		NOTI	FICATIO	State of No ON OF ASI of to NJAC	BESTOS	ABATE	EMEN (0)			65	55	(-			Nani Lincolni (Control of Control
Date of Notification (1)	XXXXX		Name	of Building	g Owner/	Operato	r (2)	CI		100			\	2 П	пп	E
12/29/17			Row	an Unive	ersity -	Rutge	rs Ca	amden			E	(C			\mathbb{V}	E
Agencies Notified Type Notification	1		Street	Address						114	/-					+
☑ EPA ☑ Initial			200	Federal	St. Sui	te 300					1					1
DEP Amended			City, S	tate, Zip C	ode					Ш	1:	JA	A!	5	2018	+
X DOL Amendmen			Cam	den NJ	08103						1					
		g	Name	of Contact	t				l Tal	ennon	e Niin	iber	ent tues out			-
DCA Cancellation			Dear	n D'Astu	to								108	CON	NI RO	4 &
			FAC	CILITY INF	FORMAT	TON					80		-	VOIIV		+
Name of Facility Where Abatement is Takin	ng Place	(3)					Тур	e of Facility (4)				6.00				1
Demo (Former Ana's Pizza)								School (K-12)	1							
Street Address								Subchapter 8	(Othe	er than	K-12)				
208 South Broadway							X	Other (i.e. privetc.)	vate 8	s com	mercia	al bui	ldings	, hon	nes,	
City (5)							Squ	are Feet	# of	Floors	s	1	Bldg.	Age		1
Camden NJ 08030							10	00÷	1				35+			
County (6)		-V=1.50-V		Code (7)			Curi	rent Use (Prior	if beir	ng den	nolish	ed)				1
Camden			(STATE	USE ONLY	n		Co	mmercial St	ore							
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	ne of Abatement Contractor (9)									1
N/A						Perr	Pernaco Inc									
Street Address						Street	Addre	ess			2				117	1
						PO	Box :	329								
City, State, Zip Code				7-44		City, S	State, 2	Zip Code								1
						Wes	t Be	rlin NJ 0809	1							
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none N	No.		Licen	se No				-	1
						856-	753-	9800		0072	27					
Start Date (10)			mpletion	Date (11)		Name	of OS	SHA Monitor								1
1/12/18	2/2/18					Sam	e									
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addre	ess	-							
Facility Closed/Vacated During Entire I	Period of	Abate	ment		72					ø						
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hour	8		_	City, S	tate, 2	Zip Code								
Scope of Work (Check All That Apply)		1000				įk		a* 0 a		T					-	
≥3 sf or ≥3 lf	П	Renova	ation			ŕ		et whop.								
≥160 sf or ≥260 lf	Second Se	Demoli] Ni	ill Containment	with	Negati	ive Pr	essu	ге			
						×	GI	ovebag Proced	ure							
-	T			T			1 No	n-Exempted (*) and	Non-F	riable	Pro	37.00			
		Local Norma												ement pe		
Location of Asbestos-Containing Material (ACM)		ed Sole		A - h		scription					-		1 7	pe		
TO BE ABATED	Ma	intena	nce/	Asbes (i.e.	tos Conta thermal	aining M systems	ateria insul	II (ACNI)		nount pecify		21		g	m	
In Facility	Cus	todial ((12)	Staff?	(surfac	cing, VA	T, or			or LF)		Rem	Repair	cap	nck	
(13)		(12)			other m	niscellan	eous)			•		Remova	oair	Encapsulate	Enclosure	
	Yes	No	N/A								1	-		ate	e.	
Basement			х		Pipe	Insulat	tion		90) LF		х				
				WET	ulin	400	T									
					-						-					
									11000		-		-			
Name of Registered Waste Hauler	1	1 1	JDEP W	lanto	Cubic \	/ord-		I Man 55			15					
		0.00	lauler ID		of Was			Name of Reg		ed Lan	dfill					
United Containers	1 100	2459		TBD												
City, State					Dispos	al Date	I Date City, State									
Elm NJ		2/2/18														
Completed by	Title						Signature Date									
Anthony T Perna	Pres	ident				()	1	-				29/1	7			



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

D-1(A)	land browner							-/	C	K	6	255	2	-		
Date of Notification (1) 12/29/17					of Building an Unive				mden		-	F	(A) [F	- n	пп	
	Type Notification	1			Address	ersity -	Ruigei	s ca	maen		n).	E	G E		\mathbb{W}	E
					ederal	St. Suit	te 300				3					
DEP	Initial Amended			City, St	ate, Zip C	ode				-		1	AN -	- 5	2012	-
☑ DOL	Amendmer			Cam	den NJ	08103				14	L	U	-114	J	2010	[1
⊠ DOH	Emergency justification			Name o	of Contact		-			11 -	Talah	hone N	lumhar	_		
DCA [Cancellatio	n		Dean	D'Astu	to				*				20.	1770	L&
Name of Facility Where Al	etement is Tabi	DI	0)	FAC	ILITY INF	ORMAT	ION			Mobiles	- Williams	Santana Karas			d_	
Demo (Former T Mo		ng Place (3)					Тур	of Facility	(4)						
Street Address	obile)		H Guest I Fe						School (K-							
210 South Broadway	/							岗	Subchapte Other (i.e.	privat	otner te & c	inan K- omme	-12) rcial bu	ilding	s, hon	nes.
City (5)									etc.)							
Camden NJ 08030								100	are Feet	11 100	≠ofF 1	loors		Bldg.		
County (6)			- 1	County	Code (7)				ent Use (Pr		•	domal	iahad\	35+		
Camden					USE ONL	n			mmercial			demoi	isrieu)			
Name of Monitoring Firm H	lired by Building	Owner (8)	ASCI	M No.		Name		atement Co)				
N/A		500					100000000000000000000000000000000000000	naco			(-	,				
Street Address	***	100 1000					Street	Addre	ess							
							PO	Box 3	329							
City, State, Zip Code			2000				City, S	State, 2	Zip Code		1000					
							Wes	t Ber	lin NJ 08	091						
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph				L	icense	No.			
0/ (5 / //0)							856-	753-	9800		0	0727				
Start Date (10) 1/12/18		2/2/18		npletion	Date (11)				HA Monitor							
Occupancy Status During A	hatament (Cha						Sam									
							Street	Addre	SS							
X Facility Closed/Vacate Abatement Performed	d During Entire Outside of Norr	Period of . nal Facilit	Abaten / Hours	nent			City S	tate 7	ip Code							
Other - Describe:			,				Oity, S	tate, Z	ip Code							
Scope of Work (Check All 7	That Apply)											program (_		
≥3 sf or ≥3 lf	and the second s	П	Renova	tion			Г] =	II Containm	opt w	ith N	a a tirra	Drass			
≥160 sf or ≥260 lf		-	Demolit					Mi	II Containm ni-Enclosure	ent w	Itiline	galive	Pressi	ıre		
							×		ovebag Pro			on Eric	blo De			
		1	Locati				L	140	II-LXemple	u () e	and N	011-1116	Die Pr		re temen	+
Location of	F	468	Vormal			Do		-6							ype	
Asbestos-Containing Ma	aterial (ACM)	100000000000000000000000000000000000000	d Sole		Asbes	tos Cont	scription aining M		(ACM)		Amo	unt			_ m	
TO BE ABAT In Facility	ED	U	todial S	13177770	(i.e.	thermal	systems	insula	ation,		(Spe		Re	R	nce	Enc
(13)			(12)			other n	cing, VA	eous)		,	SF or	LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u> 20</u>	-	late	ıre
Main Floor botto	m laver					Floo	. Tile .	- l			2000	\ _ f	-	-	-	\vdash
man ricor botto	iii layei	+		X		F100	r Tile c	my			2000	ST	X	_	-	
Name of Registered Waste	Hauler		5.78	JDEP W		Cubic '	110000000000000000000000000000000000000		Name of	Regis	tered	Landfi	11	-		
United Containers			1 833	auler ID 2459	NO.	of Was	te		G.R.O.	W.S						
City, State			12	22459 TBD Disposal Date				al Date City, State								
Elm NJ		2/2/18 Morrisville PA 19067														
Completed by		Title				300000	ignature	7					ate		-	
Anthony T Perna		Pres	ident					K_					2/27/	17		

CKLESHY

State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT
(Furought to UJAC 8:50 and 12:120)

CHU'JY I	U	(9	ursuaht	tellJAq	8:60 an	d 12:120	0)	CK	6	54	8				
Date of Notification (1) 12/29/17				of Building					[r	100h		Fr	- r	7.7	7 6
Agencies Notified Type Notificat	ion	-	Street A	an Unive	isity - i	Ruiger	SC	amden				ľ		\mathbb{V}	
_				ederal S	St. Suit	e 300				7					
DEP Amended	d		City, Sta	ate, Zip Co	ode		11725-328		\dashv		JAI	V -	- 5	201	8
DOL Amendm	ent # cy (including		Camo	den NJ 0	8103				-				400	17.00	
	on)	Ī		of Contact				or that to construct the construction of the c	Tal	enhone.	Numbe	er	20		
DCA Cancella	tion			D'Astute										NTR NG	OL 8
Name of Facility Where Abatement is Ta	king Place /3	2)	FAC	ILITY INFO	ORMAT	ON	Т.,	no of Facility /	Invest	-	-	mermo.		-	and the state of
Demo (Former Beauty Supply		,,					ı y	pe of Facility (4							
Street Address		VIII-COLLEGE					H	School (K-12 Subchapter		er than l	K-12)				
200-202 South Broadway							X	Other (i.e. p	rivate 8	& comm	ercial b	ouild	ings,	home	es,
City (5)							Sa	etc.) uare Feet	# 01	Floors	-	RI	dg. A	ne.	
Camden NJ 08030								000+	1	1 10010			5+	ge	
County (6)		T		Code (7)			Cu	rrent Use (Prio	r if bei	ng demo	olished)			
Camdenn			(STATE	USE ONLY,				ommercial S		•					
Name of Monitoring Firm Hired by Buildi	ng Owner (8)		ASC	VI No.		Name	of A	batement Con	tractor	(9)					
N/A						Perr	naco	o Inc							
Street Address						Street									
						PO	A SELECTION OF								
City, State, Zip Code						F 5000		, Zip Code	nertous!						
								erlin NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				Licens					
Ctart Data (40)	l Cabadat	10		D-1- (44)				3-9800		0072		_			
Start Date (10) 1/12/18	2/2/18	ea Cor	npietion	Date (11)		Sam		SHA Monitor							
Occupancy Status During Abatement (C		e)				Street		race							
Facility Closed/Vacated During Enti						Olicot	, luu	1000							
Abatement Performed Outside of N Other – Describe:	ormal Facility	Hours	S		_	City, S	tate,	, Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	Пв	enova	ation] ,	Full Containme	nt with	Negativ	ie Pres	eur	9		
≥160 sf or ≥260 lf		emoli					1	Mini-Enclosure		rvogati	70 1 103	our			
						×		Glovebag Proce Non-Exempted		l Non-F	riahla [Proc	adur		
	le le	Locat	ion				-	Torr Exempted	() dire	1110111	Trable 1			ment	
Location of	1 000	lorma			Do	scription	of						Ту	ре	
Asbestos-Containing Material (ACM)		d Sole intena		Asbes				rial (ACM)	A	mount				Ш	
TO BE ABATED In Facility	1,000	odial		(i.e.		systems cing, VA				pecify or LF)		Rer	Re	nca	Enc
(13)		(12)				niscellan			31	OI LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								1 5	2		ate	re
Roof			x		F	lashing)		180	00 SF	>				
Roof			X		Cov	e Capp	ina		60	0 SF	>				
		(5				-	+	-		
											+	+	-		
Name of Registered Waste Hauler		I N	JDEP W	/aste	Cubic	Yarde		Name of R	anieta	red I on	4611				
United Containers			lauler ID		of Was			SARE MOTOR A	mesous	eu La!!	ullii				
		2	2459		TBD		u 200	G.R.O.V	II TOTO VITO CO						
City, State						sal Date		City, State							
Elm NJ					2/2/1			Morrisvi	lle PA	1906					
Completed by Anthony T Perna	Title Presi	dent			S	ignature	6	2		_	Date 12/2	9/1	7		

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UL453		NOT		AT Í ÓN	OF AS	ew Jersey BESTOS ABA AC 8:60 and 5:1		DE	E		V [
Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)	1111 11	N - 5	- 20	140	
12/2	29 /	17		Dar	ren Yoh	е		III II. OA	14) 2(110	L
[1] [[[[[[[[[[[[[[[[[[ype Notificat	ion	//ES//E	Street	Address			ACDEO	TOOO	O 1 1		
	☑ Initial ☐ Amended							ASBES	LICENS		ROL	&
☑ DOH	Amendmer	nt #		N 5500 L	State, Zip (this bronzaotyrus-y.	MINISTERNA N	-	The state of the s
□ DCA □	☐ Emergency		g	C 0.00	myra, No			T÷		711-12		
(NJAC 5:23-8)	justification Cancellation			(0.000000000000000000000000000000000000	of Contactor		4	Talanhone Nun	nber			
Name of Facility Where Aba	tement is Ta	king Place	(3)	FAC		NFORMATION	Type of Facility	(4)		0.00011111		
Yohe Residence	atement is 16	ikilig i lace	(3)				School (K-12					
Street Address			-CW 39				- ☐ Subchapter	8 (Other than K-1		2000		
							Other (i.e., p homes, etc.)	rivate and comme	ercial bu	ilding	S,	
City (5)							Square Feet	# of Floors	Blo	dg. A	qe	
Palmyra							1,500	3	10.00	70		
County (6)				Coun	ity Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			
Burlington							Residence					
Name of Monitoring Firm Hi	red by Buildi	ng Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9))				
Management & Enviro	o. Consulti	ng Servi	ces			Shade Envir	onmental, LLC					
Street Address						Street Address					Part of Table	
PO Box 341						623 Cutler A	venue					
City, State, Zip Code						City, State, Zip C	ode					
Chesterfield, NJ 0851	5		-wasanin			Maple Shade	e, NJ 08052					
Project Manager for Monitor	ring Firm		Tel	ephone I	No.	Telephone No.		License No.				
Bill Weisgarber				09-298		856-755-0099	9	00842				'n
Start Date (10)		cheduled C				Name of OSHA N	Monitor					3.7.
01 /10 /	18	01 /	1	1_/_	18	EMSL Analyt	tical, Inc.					
Occupancy Status During A	117					Street Address						
☐ Facility Closed/Vacated I						200 Route 13	30 North					
Abatement Performed O Time of Abatement:						City, State, Zip C	ode					
					CIVI	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all th ⊠ ≥3 sf or ≥3 If □ ≥160 sf or ≥260 If	at apply)	⊠ Re	enovat emoliti				tainment with Net closure g Procedure empted (*) and No		ure			
		377	Loca	(C)(T)(1)(1)					Ab	atem	ent Ty	уре
Location of		1 11-	Norma	ally ely by		Description			70	ω Z	m	īīi
Asbestos-Containing Ma TO BE ABATE		7 3338000	inten			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	ıcap	Enclosure
IN Facility		Cus		Staff?	(surfacing, VAT	, or	SF or LF)	val	7	Encapsulate	sure
(13)		Yes	(12) No	N/A		other miscellane	eous)				ate	
- '					D: 1			0515	K7			
Basement					Pipe In	sulation		35 LF		Ш	Ш	
								The state of the s				

			П			- 1						
Name of Registered Waste I	Hauler		1	NJDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage			1	Hauler ID		Waste		orth Landfill				
City, State		0.8.1.2	W 1	15939	-1-1	Disposal Date	City, State		- 14	21 894		- 101
Freehold, NJ						01/11/2018	Morrisville	, PA				
Completed By (Print or Type	e) [Title				Signature	10		Date			
Christina Lynch			resid	ent of (Operatio		Lat V)	2.10	9/	7	



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

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	(0)

	J W L L	-						CN	60	_		_			
Date of Notification (1) 12/29/17					Building Owner/ University -			en	[F	7 E	G	F	3 [W	B
Agencies Notified	Type Notification		- 1	Street Ac	Idress				111		- 02/		-		-
□·	☑			200 Fe	ederal St. Sui	te 300				7					
EPA DEP	Initial Amended		h	City, Stat	te, Zip Code				111	1	JAN	-	- 5	2018	R
▼ DOL	Amendment		_	Camde	en NJ 08103				14	<u>ا</u>					
NOD HOD	Emergency justification)	including		Name of	Contact			Т	Thlar	hone N	lumber		West	NOT SOLVE	-
DOH DCA	Cancellation			Dean I	D' Astuto								30	NTR	OL &
				FACIL	ITY INFORMAT	ION			array to	energencous	Sales of the Control	V :	SH	WG	
Name of Facility Where A)				Type of	Facility (4)							
Demo (Former Che	eck Cashing St	ore)						hool (K-12)							
Street Address								bchapter 8 ner (i.e. priv				ildir	200	aomo	.
206 South Broadwa	ay						☑ Oth		ale &	Comme	i Giai Di	man	iys, i	iome	5,
City (5)							Square		# of F	loors		Bld	g. Ag	je	
Camden NJ 08030							1000+	-	1			35	+		
County (6)				County C			Current	Use (Prior i	if being	g demol	ished)				
Camden				(STATE L	ISE ONLY)		Comn	nercial St	ore						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	Name	of Abater	ment Contra	actor (9)					
N/A						Peri	naco Ind	;							
Street Address						Street	t Address								
						PO	Box 329	9							
City, State, Zip Code						City, S	State, Zip	Code						2-1-12	
						Wes	st Berlin	NJ 0809	1						
Project Manager for Mon	itoring Firm	2.000		Telephor	ne No.	Telep	hone No.			License	No.				
1						856	-753-98	00		00727	7				
Start Date (10)		Schedule	ed Con	pletion [Date (11)	Name	of OSHA	Monitor						40	
1/12/18		2/2/18				San	ne								
Occupancy Status During	g Abatement (Chec	k Only On	ie)			Street	t Address								
▼ Facility Closed/Vaca	ated During Entire	Period of A	Abatem	ent											
Abatement Perform	ed Outside of Norr	nal Facility	Hours			City, S	State, Zip	Code							
Other - Describe: _															
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf			Renova	tion			Full C	Containmen	t with I	Negativ	e Pres	sure	1		
≥160 sf or ≥260 lf			emolit	ion		-		Enclosure	d						
						5	X Non-	ebag Proced Exempted (dure *) and	Non-Fr	iable P	roce	edure		
		Τ.												ment	
		1 50	Locati Normal			a a a vintia	n of	-					Ту	oe _	
Location Asbestos-Containing		Use	d Sole	ly by	Asbestos Co	escription taining		ACM)	An	nount				ш	
TO BE AB	ATED		intenal todial S		(i.e. therm	al system	ns insulation			pecify	2		Re	nca	Enc
In Facil (13)		000	(12)			acing, V			SF	or LF)	201000		Repair	Encapsulate	Enclosure
(10)				T							2	2	7	ate	re
		Yes	No	N/A							-	+	_		
Main Floor Be				Х		or Tile				0 SF	X	+		_	
Basem	ent			×	Floor	Tile &	Mastic		45	0 SF	Х				
Name of Registered Was	ste Hauler		IN	JDEP W	aste Cub	ic Yards		Name of Re	egister	ed Land	dfill				
United Containers	1925-100 (TC=97 ¹⁰ TAT)		H	lauler ID	No. of W	aste		G.R.O.W							
			2	2459	TBI										
City, State						osal Date	е	City, State	I- D4	1000	7				
Elm NJ					2/2	MINISTER .		Morrisvil	ie PA	1906		_			
Completed by		Title				Signatur	re				Date	014	7		
Anthony T Perna		Pres	ident			1	X				12/2	9/1	1		



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

		West TE		NJAC 8:6				CK	05	53					
Date of Notification (1)		N:	ame of B	uilding Ow Universi	ner/O	perator	(2) Carr	nden [7	EC	E		\mathbb{W}	E	F
12/29/17			treet Add		Ly-10	atgero	Oun	140.1	Uhr			L L			H
Agencies Notified Type Notification		100		deral St	Suite	300			U)					-	
EPA X Initial Amended		1167	and the same of the	, Zip Code					Ш	MAL) (2018		U
DOL Amendment #			-	n NJ 081											
Emergency (Ir	cluding	N	ame of C	Contact					Tele	phone Nt	ımber	N	TRO	1 &	
☑ DOH justification) ☐ DCA ☐ Cancellation		1	Dean D	'Astuto								-1	G		
			FACILI	TY INFOR	MATI	ON		tea				SHOUSE		and Courses	-
Name of Facility Where Abatement is Taking	Place (3)						Туре	of Facility (4))						
Demo (Former Robin J)								School (K-12)	- shan V	42\				
Street Address							片	Subchapter 8 Other (i.e. pr	ivate &	commer	cial bu	ildir	igs, h	omes	,
214 South Broadway								etc.)							_
City (5)								are Feet	100000000000000000000000000000000000000	Floors		35	g. Ag	3	
Camden NJ 08030					5)		N. Indiana	00+	1		-11	1	T		_
County (6)			County Co	ode (7) SE ONLY)				ent Use (Prio		ig demoii	snea)				
Camden		10						mmercial S		(0)					-
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		Name		atement Conf	ractor	(9)					
N/A								110.70							-
Street Address						Street	Adar Box								
											-	_			-
City, State, Zip Code								Zip Code rlin NJ 080	91						
		- 17	F.1b.s.	- No		Telepl		Section 19 and 19 a		License	No.				-
Project Manager for Monitoring Firm			Telephon	e No.		2000 3.00		-9800		00727					
	Scheduled	d Com	nletion C	nata (11)				SHA Monitor							
Start Date (10)	2/2/18	COIII	piedon	ate (11)		San									
1/12/18 Occupancy Status During Abatement (Check		9)				Street		ess							
			ent							÷					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility	Hours	CIIL			City, S	State,	Zip Code							
Other – Describe:					_							-			
Scope of Work (Check All That Apply)						-			7.500						
\[≥3 sf or ≥3 lf	ПВ	enovat	tion] F	ull Containme	ent with	n Negativ	e Pres	sure	9		
≥3 \$1 01 ≥3 11 X ≥160 sf or ≥260 lf	Section 2	emoliti				F		Aini-Enclosure Blovebag Prod							
Depart							Z N	Non-Exempted	i (*) an	d Non-Fr	iable l	Proc	edure	:	
	lo	Locati	on										Abate	ment	
	1.00	ormal	111111111111111111111111111111111111111		De	escriptio	n of				-	Т	Ту	Je T	
Location of Asbestos-Containing Material (ACM)		d Sole		Asbest	os Cor	ntaining	Mater	rial (ACM)		mount		-	5500	四	ш
TO BE ABATED	11100	ntenai odial S		(i.e.	therma	al systen	ns ins	ulation,	SI	Specify F or LF)		Remova	Repair	cap	nclo
In Facility (13)		(12)				miscella				3 33365 37		ova	air	Encapsulate	Enclosure
()	Yes	No	N/A) C						ie	(D
	103	110	X	1-100	Tra	nsit Pa	anels		3	30 SF		x			
	Basement						Floor Tile 2000 SF 💥								
Main Floor	-		1		- '	1001 1	-								
			-								\dashv				
			LIDED 14	leata	Cubi	ic Yards		Name of	Regist	ered Lan	dfill				
Name of Registered Waste Hauler		2.0	JDEP W lauler ID		of W										
United Containers		14 (2)	2459		TBE)		G.R.O	. ۷۷.5.	9					
City, State				Disposal Date				te City, State							
Elm NJ								Morrisville PA 19067							
Completed by	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Signature Date				17						
Anthony T Perna	The state of the s								12/29/17						

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

CHECK# 1720

Date of Notification (†)		1	Name of	Building (Owner/C	perator	(2)		F				7\//	EI
12/29/2017 Agencies Notified Type Notification			STON Street Ad	HARD F	ACILI	ΤΥ), [<u> </u>		V	
EPA Initial				ERBRO	OK LA	NE)]	LAN	_ 5	2018	The same of the sa
DEP Amended Amendment #				te, Zip Cod RY HILL		8003				4	JAN	- J	ZU10-	1
DOH Emergency (i justification) Cancellation	ncluding		Name of CARL	Contact					16.				NTRO IG	L &
Name of Facility Where Abstragat is Taking	Diago (2)		FACII	LITY INFO	RMATI	ON	Tuna	of Facility (1		LIDAMAS STORES			
Name of Facility Where Abatement is Taking COMMERCIAL OFFICE SPACE	Place (3)						_	of Facility (School (K-1	(1959) (2007)					
Street Address 7 ESTERBROOK LANE				1				Subchapter Other (i.e. p etc.)	8 (Othe			ildings	, home	es,
City (5) CHERRY HILL							Squar 50,0	e Feet 00	# of 1	Floors		Bldg. 50+	Age	
County (6) CAMDEN				Code (7) JSE ONLY)	7 ₂₄			nt Use (Pri		ng demol	ished)			
Name of Monitoring Firm Hired by Building C ACER ASSOC.	wner (8)		ASCM	l No.		Name	of Abat	ement Cor ENVIR	ntractor ONME	(9) ENTAL (SERV	ICES	INC.	
Street Address 1012 INDUSTRIAL DRIVE							Addres	s IS RUN						
City, State, Zip Code WEST BERLIN NJ 08091) (P110)					State, Zip LLICA	p Code HILL NJ	08062	2				
Project Manager for Monitoring Firm MATT DEPALMA		Telephor 856-80	ne No. 09-1202			hone No -304-4			License 01145					
Start Date (10) 01/11/2018	Scheduled 02/28/20							A Monitor						
Occupancy Status During Abatement (Check	Only One)					Addres		Н					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:										77				
Scope of Work (Check All That Apply)												-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Contraction (novat moliti					Min Glo	Containmoi- i-Enclosure vebag Prod i-Exempted	edure					
	Is L	ocatio	on				_ Nor	1-Exemple	ı()an	u Non-Fii	able Pi	Aba	tement	
Location of	1 2000000	rmall	у			scription		(A CR 4)	^			Т	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	tenan dial S (12)	ice/ taff?	Asbest (i.e.	thermal surfa	system cing, VA niscella		tion,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
GROUND FLOOR	Yes	No	N/A X		NE1 E	LOOF	RTILE		86	65 SF	X		-	
ditotibi Edoli			^	1	INITI	LOOI	1 1166			00 01	A	+		
Name of Decistored Wests Having		KI	IDED W	laata	Cubi-	Varda		Name of	Dogista	red I and	(fill			
Name of Registered Waste Hauler DAVID GEPPERT							STERN BERKS LANDFILL							
City, State PHILADELPHIA PA		Disposal Date Oity, State BIRDSB						D, PA						
Completed by RON SWANSON	RAL	MAN	AGER	8	Signature Luxel Duxen Date 12/29/201							7		

1h33440 P	North	Purs	ONO uant to	NJAC 8	STOS 8:60 a	ABATE and 5:16)		DECE	5 20	7 E		
Date of Notification (1)		N				perator (2))	JAN Z	21	11	1/5	11
12 /29 /1	7		Miz Co	nstructi	on, In	С.			00017	101	0	\dashv
Agencies Notified Type Notification		S	treet Ad					ASBESTOS LICEN	USING	HUL	α	
				d Street,		302		ENCORPORATION CONTRACTOR CONTRACT	WY WE SHIP GRADE	Training or the same	NOT THE REAL PROPERTY.	RIMENT SECURE
□ DOLWD □ Amended □ Amendment #	#	C	(7.0)	e, Zip Cod rood, NJ		1						
□ DCA □ Emergency (i	ncluding	N		Contact	0070			Telephone N	-			
(NJAC 5:23-8) justification)				assover								
			FACIL	ITY INFO	ORMA	TION						
Name of Facility Where Abatement is Taki	ng Place (3	3)					Type of Facil					
Residence				===			☐ School (K	er 8 (Other than K-12)				
Street Address							Other (i.e	., private and commerc	al build	ings,		
							homes, e		Bldg	. Age		\dashv
City (5)							2500 sf	2	80			
Lakewood			County	Code (7)(5	STATE L	ISE ONLY)	Current Use	(Prior if being demolish	ed)			
County (6) Ocean			,				Residen	100.00				
Name of Monitoring Firm Hired by Building	Owner (8) A	SCM No	o. I			ent Contractor					
N/A							ntracting, li	nc.				_
Street Address						Address	Unit 61					
						Route 9 tate, Zip C	4		7007 57			
City, State, Zip Code							New Jersey	y 08755				
Project Manager for Monitoring Firm		Teler	hone N	0.		one No.		License No.				
Project Manager for Monitoring 1 min		1.30.5		A.S.	732	-349-9932	2	00624				_
Start Date (10) Sch	neduled Co					of OSHA N .S.L. Ana			1			
Occupancy Status During Abatement (Ch	eck only o	ne)			Street	Address						
☐ Facility Closed/Vacated During Entire	Period of	Abater	nent	-1		6 Stelton						
Abatement Performed Outside of Normal Time of Abatement:AM	nal Facility PM/	Hour PM-	s - Desc A	M		State, Zip C	New Jerse	v 08854				
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				☐ Mini-En	closure	h Negative Pressure nd Non-Friable Procedu	re			
	Is	Locat	ion			_				ateme	ent Ty	уре
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sole intena	lly ely by ance/ Staff?	Asbes (i.e	stos Co ., them su	Description ontaining Nonal system facing, VA er miscellar	laterial (ACM) s insulation, T, or) Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A						57			
exterior-house		\boxtimes		asbesto	os sid	ing		2400 sf				
exterior-garage	\boxtimes		asbesto	os sid	ing		800 sf				닏	
exterior-shed				asbest	os sid	ling		450 sf		닏		냳
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Hauler II	D No.	Cubi Was	c Yards of te	T.R.R					
City, State Toms River, New Jersey		1/11/18 Tul					City, Sta	town, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola	Title Projec	et Ma	nager		-	Signature	0	ul	Date 12	12.	9/1	7

West Williams	7	n			
[/.\		11))	State of Ne	W
1	$I\Delta$		11 180	TIFICATION OF ASB	E
	1	П		(Pursuant to NJAC	8

P	All	D	TIFIC (Pur	ATION (e of New J OF ASBES NJAC 8:6	TOS	ABATER	MENT)	CK	4	54	0	/80	-	n - 7		
Date of Notification (1)					Building Ow				4		J) [G	E		\mathbb{V}		
12/29/17		Rowan University - Rutgers Camden															
Agencies Notified Ty	1	Street Address									- 4						
⊠ EPA ⊠	Initial		1	200 Federal St. Suite 300 JAN - 5 20										018	4		
L DEP	Amended			City, State, Zip Code													
⊠ DOL ⊢	Amendment # Emergency (in		-		n NJ 081	103	-			T = 1.	nhand D	0.507	^^ ^	ON	700	1	
DOH DCA	100	lame of	MC1000000000000000000000000000000000000					1 1010	nnana			ON.)L &			
DCA C			D'Astuto									with	NOME OF THE OWNER.	-			
		FACIL	ITY INFOR	MATI	ION	Type	of Facility (4	1					11-3	\dashv			
Name of Facility Where Aba								90									
Demo (Former Lees	Dell)								School (K-12 Subchapter 8		r than K-	12)					
Street Address									Other (i.e. pr	ivate 8	commer	cial bu	ildings	s, ho	nes,		
212 South Broadway								E	etc.)								
City (5)									e Feet	100000000000000000000000000000000000000	Floors		Bldg.				
Camden NJ 08030								1000		1			35+				
County (6)				County C	ode (7)				nt Use (Prio		ng demol	ished)					
Camden			16	SIAIEU	SE ONĹY)				nmercial S								
Name of Monitoring Firm Hi	ired by Building C	wner (8)		ASCM	No.			of Abatement Contractor (9)									
N/A	. 77.00 - 7.000			Pernaco Inc					nc	98							
Street Address				Street Address													
							PO	Box 3	29								
City, State, Zip Code		City, State, Zip Code															
Only, Grand, Elp Good					Wes	st Berl	in NJ 080	91									
Project Manager for Monito	1-	Telephor	ne No.		Telep	hone N	0.		License								
1 Tojout Managor for months					856	-753-9	9800		00727	7							
Start Date (10)	d Com	pletion [Date (11)		Name	of OSI	-IA Monitor						CO IV				
1/12/18		**	18. 37		San	ne											
Occupancy Status During A	9)			-	Stree	t Addres	SS										
									٠								
Facility Closed/Vacate Abatement Performed Other – Describe:	Hours	urs City, State, Zip Code															
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf	enova	tion			I	Fu	II Containme	ent with	n Negativ	e Pres	sure						
≥3 st or ≥3 if ≥160 sf or ≥260 lf	emoliti				Į.	Mii	ni-Enclosure	9									
					ŀ	X No	ovebag Proc on-Exempted	edure (*) an	d Non-Fr	iable F	roced	ure					
		1		-	I		TVOIT-EXAMPLES ()				Abatement						
			Locati Iormal										Туре				
Location o	d Sole		Achaet		Description of Containing Material (ACM)			F				m .					
Asbestos-Containing M TO BE ABAT			ntenai		(i.e. t	herma	al systems insulation,				Specify		20 2	0	Encapsulate	Enclosure	
In Facility		Cust	odial 5 (12)	stan?		surf	facing, VAT, or miscellaneous)			S	F or LF)		Removal		Isa	losi	
(13)			(1.2)			otner	miscella	aneous)					<u> </u>	3	late	lie	
		Yes	No	N/A										1			
Main Flo	Or.			X	Floor T	ile IV	lastic a	and Ta	r paper	2	000 sf	2	2				
IVIAITI I IO	<u> </u>	-		+											1		
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Name of Registered Waste	e Hauler		IN	JDEP V	Vaste	Cub	ic Yards		Name of	Regist	ered Lan	dfill					
The same and appears of the same and	0.144101		1	lauler ID	NAME OF TAXABLE PARTY.		/aste		G.R.O	WS							
United Containers			2	2459		TBI	Michigan Company										
City, State						E7 300	osal Da	te	City, Stat		e ille PA 19067						
Elm NJ						2/2			Morris	ville F	A 1906						
Completed by		Title					Signate	nature Date					to:				
Anthony T Perna	ident	ent 12							12/2	29/17							

	mindred (FFPs.	pers.	Seed.	Inches !						III		0 5		(NF 111	150			
CK 662	P		OTIFIC (Pu	Sta CATION rsuant	te of New OF ASBE 6 NJAC 8	Jersey STOS :60 and	/ ABATEN d 12:120)	MENT			4	N -		2018				
Date of Notification (1)			Building C															
12-28-2107 Agencies Notified		Street Ac		J G.VV	IIKEIIS			ASBESTOS CONTROL &										
		LICENSING											-					
× DEP		City, State, Zip Code																
	Emergency (including						Hillsborough NJ 08844 Name of Contact											
× DOH □ DCA	1	Zoran Dimovski																
				FACIL	ITY INFO	RMATI	ON	_	.= 111 /									
Name of Facility Where Commercial	Abatement is Takin	ig Place (3)						_	of Facility (4									
Street Address				-0.000					chool (K-12 ubchapter		er than K-1	2)						
111 Quimby Street								1551	other (i.e. pr	rivate	& commerc	ial build	dings,	home	s,			
City (5) Westfield NJ 0709	90	11.11						Square N/A		# of Floors Bldg. Age N/A N/A				.ge				
County (6)				County C					nt Use (Prio	or if be	ing demolis	hed)	200.00	L Total				
Union				STATE U	ISE ONLY)	-			mercial	7)								
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM No. Name of Abatement Cont							440 N (100 N) - 100 N (100 N)							
Bioterra Solution				Amax Contracting LLC Street Address														
1130 W Chestnut S	PO BOX 734																	
City, State, Zip Code			City, State, Zip Code															
Union NJ 07083						Park NJ	0742	U/424 License No.										
Project Manager for Mor Rick Eustaquio	- 1	Telephone No. Telephone No. 972-494-3762 973-692-62					298	01266										
Start Date (10)		pletion [Date (11)				A Monitor tracting L	10										
01-06-2018	a Abatamant (Cha	2018			.LO													
Occupancy Status Durin		Street Address PO BOX 734																
Facility Closed/Vac Abatement Perforn Other – Describe:	ned Outside of Norr	Hours	rs City, State, Zip Code Woodland Park NJ							24								
Scope of Work (Check A	All That Apply)						20000000			15.00 Sept.								
Demolition Mini-Enclosure Glovebag Proc																		
								_ Nor	i-Exempted	1 (") ar	na Non-Fria	ible Pro	170-003-110	ement				
Locatio	Locati Iormal	ly		scription	ntion of				_	Туре								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Maint Custor				nce/		tos Con therma surfa	nataining Material (ACM) nal systems insulation, facing, VAT, or r miscellaneous)			(Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
		Yes	No	N/A					2					te	W .			
2nd Floor		X		spray-on				2	220 SF x									
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o ng was v		T = 140	EC. 00 10 113 11 11 11 11 11 11 11 11 11 11 11 11						9.16									
100 A 11 A 30 1					115													
Name of Registered Wa Amax Contracting L			F	NJDEP Waste Cubic Yards Hauler ID No. of Waste					Name of Registered Landfill Fairless Hills									
City, State	1440 April 1970			0036184 10 CY Disposal Date City, S														
Woodland Park NJ	07424	man y a reco		101			5-2018	11	Morrisv	rille F		Date						
Completed by Title Tome Maslarkov Project				Manager Signature					12-28-2017									

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

Wrin Form

.Jevtic	Ow	ner				Heure	ic Wenad 12/29/17								
Completed By (Print or Type						Sig	nature/			Date	-				
/ayne, NJ 07470						TBI)	Tullytown, PA	A						
City, State						Disposa		City, State	***************************************				_		
r Tech LLC				03378		TBI		T.R.R.F. Inc	LOIGG LAHUIIII						
Name of Registered Waste	Hauler	1-	NJC	EP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regis	tered Landfill				L		
			П				-			ᆜᆜ		Ш	L		
													-		
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asement				\boxtimes	Pipe insu	ılation	A-UIF 2ABEALL		120 LF	\boxtimes	П		T		
(13)		Yes	No	N/A		other	miscellaneo	ous)	-1000 TASTA	<u>m</u>		ılate	1		
Location of Asbestos-Containing Ma <u>TO BE ABATE</u> IN Facility (13)	Norma Norma ed Sole intena todial (12)	illy ely by ince/	Asbe:	stos Con ., therma surfa	I systems in cing, VAT,	erial (ACM) nsulation, or	Amount (Specify SIF or LF)	Remo	Repair	en Encapsulate	УР				
>3 sf or >3 If > 160 sf or >260 If			enovat emoliti			×	Full Cont Mini-Encl Glovebac	and decontaminal ainment with Ne osure Procedure moted (*) and No	gative Pressur Tent with Neg	e ative Pres					
Scope of Work (Check all the						Fair La	wn, NJ 0		notion with	-11.					
□ Facility Closed/Vacated □ Abatement Performed C Time of Abatement:	During Entire P Outside of Norma	eriod o	f Abate	rs - De	scribe AM	20-21		Road, Bldg .#	35E						
Occupancy Status During A	The second secon			′		Envirovision Consultants,Inc Street Address									
Start Date (10)		01			ate (11)	1	of OSHA N		100 T T T T						
Chart Date (40)				22.		973-63	88-1777		01127	.510).					
Project Manager for Monito	oring Firm		Tel	ephone	e No.		e, NJ 0747 ione No.	70	License N	0.					
							state, Zip Co								
City, State, Zip Code							alley Rd#								
Street Address				I.			Street Address								
¥	,	,	1-1	AGUI	n NU.	1	of Abateme ch LLC	Abatement Contractor (9)							
Essex Name of Monitoring Firm F	lired by Building	Owner	(8)	ASCN	A No	T Manua	- 5 A1 - 1								
County (6)				Cou	unty Code (7) (STATE	USE ONLY)	Current Use (F	rior if being de	emolished)		-			
East Orange, NJ 07018									# 01 F1001	3	Bldg.	Age			
City (5)								homes, etc	.) # of Floor						
Officer Address								Other (i.e.,	8 (Other than private and co	K-1 2) mmercial I	buildi	ngs,			
Private house Street Address								School (K-	12)	I/ 4 0					
Name of Facility Where Al	batement is Tak	ing Plac	ce (3)					Type of Facility	y (4)						
					ACILITY I					-	,				
	Cancellation				n William		r		Telephone	Number					
DCA (NJAC 5:23-8)	Emergency justification)		ng		Orange, I		T= / .								
☑ DHSS	Amendment		_	1 - 9	, State, Zip		10-21-21-11-00-11-0			LIOL	IIOII	VG			
☐ EPA ☑ DOLWD	✓ Initial ✓ Amended							AS	BESTOS LICE	CO	NTR	OL			
Agencies Notified	Type Notification				on Willian eet Address		r								
12/	29 /	17						(2)		JAN .	- 5	201	8		
Date of Notification (1)					ne of Buildi								_		
MO#24776107042		IAF) F)	ursu	ant to NJ	AC 8.6	OS ABA 0 and 5:1	TEMENT		5 to 1	5 1	W			
		Nh	ITTEL	-/4	State of	New Je	rsey	TERRENIT	[D]	1 9 5	<u> </u>	7\/	7		

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(UK10210	P	No	Purs	TION OF	of New Jersey ASBESTOS AI JAC 8:60 and	12:120)			中国图型		\mathbb{V}_{-}				
C	Date of Notification (1)	12-29-1	7	Na	me of Bu	ilding Owner/Op	erator (2) <u>T</u>	211	les fahes	5 2	018		У		
Agencies Notified Type Notification					Street Address 800 Main Street Street Street Address											
☐ EPA Initial ☐ Amended Amendment #					ty, State,	Zip Code Be	Ime	.ve	14	J 67	49171	7		_		
7	DOH "	☐ Emergency (included) justification)	i	ame of Co	1/	•		T	Telephone Numh	er		N	_			
H	□ DCA	☐ Cancellation			000	YINFORMATIC	N	Type of F	acility (4)	4	-			\dashv		
T	Name of Facility Where	Abatement is Taking Pla	ace (3)						ool-(K-12)							
-	Street Address	Rent - Wald	۸			•		Sub Othe	chanter 8	(Other than K-12) vate & commercial	buildir	igs, h	omes,			
-	/O City (5)	1 1000	4UE					etc.) Square F	eet	# of Floors	1	g. Age		٦		
1	County (6)	lmar N	<u>.</u>	()	ounty Co	de (7)		Current L		if being demolishe	d)		<u> </u>	\dashv		
	Moni	nouth	age (0)	(\$	ASCM N		Name o	5 †c.	رو (ent Contr	Beeuty Plu actor (9)	5 St	ere		\dashv		
	Name of Monitoring Firm	Hired by Building Owl	169		. 1	V/A	Street	Address	Tee	hoologi	ies	J	n	6		
	Street Address	Box 33	7				P.	O. B	OX	337		h .				
	City, State, Zip Code	evat /	V 3	' (380	533	Ne	w	Egy	of NO	08	15	3	5		
-	Project Manager for Mo	nit ri g Firm			elephone	No. 158-3365		one No. 7 <i>5</i> 8-	336	License No	3	9	4	_		
1	Start Date (10)	On in		Com	pletion Da		AGETTERNATION	of OSHA		mologies	I	ic		La Carried In		
-	Occupancy Status Duri	ing Abatement (Check C	Fe Only One		XO;	9/010_	Street	Address		337						
1	Facility Closed/Va	cated During Entire Per med Outside of Normal	riod of A Facility	batem Hours	ent		City, S	tate, Zip	Code	(17	200	- 7				
	☐ Other – Describe:						[No	ew E	+946	NJ C	18-	53	2			
	Scope of Work (Check ≥3 sf or ≥3 lf			enovat				Full C	Containme Enclosure	nt with Negative P	ressur	е				
	≥160 sf or ≥260 lf		D	emoliti	On			Clove	han Proc	edure (*) and Non-Friab	le Prod	edure	<u>}-</u>			
			10.00	Locati								Abate Ty	ment pe			
	Locati Asbestos-Containi	ion of , , , , , , , , , , , , , , , , , ,	Use	lormali d Sole intenar	ly by	Ashestos Cor	escription ntaining h	Material (A	ACM)	Amount (Specify	Z _Q	71	Enc	En		
200000000000000000000000000000000000000	TO BE A	ABATED		odial S (12)		surfa	al systems insulation, acing, VAT, or miscellaneous)			SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	(1	3)	Yes	No	N/A	50.01		5374					ite	Ф		
	Boof		X			Roofing	Ma	tenia	l'	9000 SF						
	Offices			X		Floor	Tile	<u>s</u>		800 SF				-		
	Weekbous	٠		X		Pipe I	nsul	elvor	\	700 [-					
	Name of Registered V	Mosto Hauler		1	NJDEP W	dote	ic Yards			Registered Landfil		L				
	AND THE RESERVE OF THE PARTY OF	chnologies	>	ŀ	lauler ID	00	Vaste 3	0	Was City, Sta	te Manage	men	to	E }	M		
	City, State		NJ				oosal Dat		More	visuille '	PA		•			
	Completed by	-gypt	Title		n +		Signatu		Sal		ate	, Q	i- i	7		
	Store Sch	ven hea	MR	esic	Kn 1		1				3.5	-				

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CK 2057 /	Py		ATION	OFFASBESTOS ONJAC 8:60 ar	ABATE					\mathbb{V}		
Date of Notification (1) 12/27/2017	Story			Building Owner, Saloman	Operator	(2)		I JAN	- 5	2018		
Agencies Notified Type Notification			Street A					1007070			crestament and	
EPA X Initial Amended								ASBESTO LIC	S CO ENSI)L &	
DEP Amended Amendment	#	- 1	1 622	te, Zip Code , NJ 07012			Swales	ioni, simulikosususususususususususususususususususu	NETHEL PRINCIPALISA	PRODUCT CONTRACTOR	- Charles	
Emergency (justification)		1	Name of	Contact				Telenhone Nu	mher			
DCA Cancellation				Saloman LITY INFORMA	FION						_	
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITTINFORMA	HON	Туре	of Facility (4)				
							School (K-12		۵١			
Street Address						×	Other (i.e. p	8 (Other than K-1 ivate & commerc	z) ial buil	dings,	home	s,
City (5)							etc.) re Feet	# of Floors	Е	ldg. A	ge	
Clifton						1,87		1		55		
County (6) Passaic				Code (7) USE ONLY)		Curre		r if being demolis	hed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	1 No.			atement Con					
Enviro-Pro UnLTD Corp.					1000000000	n Ente	erprise Gr	oup, LLC			_	
Street Address 262 West 38th St., Suite 601, 6th F	loor						ss n Ave., Su	ite 210				
City, State, Zip Code					100000000000000000000000000000000000000		ip Code					
New York, NY 10018					110 100 100 100		NJ 07055		d.			
Project Manager for Monitoring Firm Yevgeniy (Eugene) Golubchik			Γelephoi 718-8(ne No.)1-2231	100	hone N -928-6		License 1 01229	No.			
Start Date (10)	Schedule		pletion l	Date (11)	11.00 E 10.00 E		HA Monitor					
01/09/2018	01/09/2					n Ente	erprise Gr	oup, LLC			10344	
Occupancy Status During Abatement (Chec			ont				n Ave., Su	ite 210				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Private Home			ent				Zip Code NJ 07055					
Scope of Work (Check All That Apply)					1 45	outo, i	140 07 000					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CHARGE STATE OF THE PARTY OF TH	enovat emoliti				Mir Glo	ni-Enclosure ovebag Prod	edure			0	
	la la	Lonati			Ľ	NO INC	on-Exempled	(*) and Non-Fria	DIE FIL	Abate		
Location of	1	Location	У		escription				-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solel intenar	ice/	Asbestos Co (i.e. therm				Amount (Specify	Re	ת	Enc	g l
In Facility (13)	Cust	odial S (12)	itam?		facing, VA r miscella			SF or LF)	Remova	Repair	Encapsulate	Enclosure
(,	Yes	No	N/A						<u>a</u>	,	ate	Ге
Basement			X		VAT			950 SF	X			
		SU										
Name of Registered Waste Hauler		100000	JDEP W auler ID		ic Yards /aste		10000	Registered Landf				
Newark Carting, Inc			826561	PAE TBI)		-	Central Sanita	iry La	ndfill		
City, State Newark, NJ 07105				Disp TBI	oosal Date	9	City, State	e gyl, PA 18072				
Completed by	Title			100	Signatur	e /	1//	4	ate			
Bogdan Markovski	100000000000000000000000000000000000000	of Ope	eration	s	Bo	plai	n Man	(400) [2]	12/27	2017		

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Date of Notification (1)	- bad - bad			Building Ow McFarla		perator	(2)			1	1	J			
12.26.2017 Agencies Notified Type Notification			Street Add	ar market i casar ye.	He					ASBES	TOS	CO	VTRO)L &	
								l	SHARMAN	L	ICE	NSIN	IG	MENOTE DESCRIPTION OF	
DEP Amended Amendment				e, Zip Code Hill NJ 0		!									
▼ DOH		1 3	Name of 0	Contact McFarla	ne				ΙT	elenhone N	lumh	er			
_			FACIL	ITY INFOR	MATI	ON			41						
Name of Facility Where Abatement is Takin Same Street Address	g Place (3)							of Facility (School (K-1 Subchapter	2) 8 (O	ther than K	-12)				
Same							E e	etc.)		e & comme	rcial		ngs, h		5,
City (5)							1842		1			70	13		
County (6)			County C (STATE U	ode (7) SE ONLY)				nt Use (Pri idential	or if b	peing demol	lishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Cor ronmenta							
AET Street Address			0021			71000 955	Addres			31 1100					
28 North Pennell Rd.							979	erman S	t						
City, State, Zip Code Media PA 19063							a PA 1	ip Code 19136		19-1-1					
Project Manager for Monitoring Firm Carmelo Altamonte			Telephon	e No. 4-6583			333-5			License 01328					
Start Date (10)	Schedule			30 100000000		Name		HA Monitor							
12.30.17 Occupancy Status During Abatement (Che	1.13.18 ck Only On					Street	Addres								
Facility Closed/Vacated During Entire	Period of A	baten	nent					Pennell F ip Code	Rd.						
Abatement Performed Outside of Nor Other – Describe:	mai raciiity	Hours	•		_			19063							
Scope of Work (Check All That Apply)						-	-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	enova emolit	ation tion				Mir	ni-Enclosui ovebag Pro	re ocedu	with Negativ are and Non-F				9	
	Is	Locat	ion					•						ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lorma d Sole intena todial ((12)	ely by nce/ Staff?	(i.e. t	os Cor herma surfa	escription ntaining al system acing, Va miscella	Materia ns insul AT, or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A) /A T			-	200		x			
Garage floor tile		X				VAT			-	200		^			
			-												
Name of Registered Waste Hauler		1 3	VJDEP W Hauler ID	70.20	Cubi of W	c Yards aste				gistered Lar		PC	۱۸/ ۹	2	
Republic Services		10.00	2798	VILONOS	Disc	4 osal Dat	Δ	City, Sta		nagemer	11-0	,,,,,,		_	
City, State New Brunswick NJ					DISP	oodi Dal		Morris		PA .					
Completed by Anthony Jones	Title Proje	ect M	lanager			Signatu	re nHo	ony	To	ny	Da 12	te 2.26.	2017		

CV 3347	34 [DNG			ION	OF ASB	w Jersey ESTOS ABAT 8:60 and 5:16		DEG		\mathbb{V}		
Date of Notification (1)				1			Owner/Operator (2		TI JAN	-5 -5	201	8	14
12/		17			EIC	ontractir	ng Solution, Inc	•	1 2	>4	54		
Agencies Notified	Type Notificati	ion		1		Address	Street Suite 100	14	ASBEST	OS CO		OL 8	Ž.
	☐ Initial ☐ Amended						Street, Suite 199	/1		OLIVOI	140	A WITH SHAPE	-
☑ DOLWD	Amendmer	nt#				ate, Zip Co							
□ DCA	☐ Emergency		ing			City, NY	10956		Telephone Num	her			-
(NJAC 5:23-8)	justification					of Contact			Telebilone Num	Dei			
	☐ Cancellation	on		9	Mich	ael Figu	ra				-		-
					FAC	ILITY INF	FORMATION		(1)				_
Name of Facility Where	Abatement is Ta	aking Pla	ace (3	3)				Type of Facility					
Residence							7	☐ School (K-12	:) 3 (Other than K-12	2)			
Street Address							g .	Other (i.e., p	rivate and comme	rcial buil	dings	,	
								Square Feet	# of Floors	Blde	g. Age	9	
City (5)								1800	1	6			
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ON OF ASBESTOS ABATEMENT NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 28 17 Estate of James A Corcoran Jr. Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA LICENSING **⊠** DOLWD Amended City, State, Zip Code **⊠** DOH Amendment #_ New Providence, NJ 07974 ☐ DCA ☐ Emergency (including) Talanhone Number Name of Contact (NJAC 5:23-8) justification) Cancellation Robert Thelander FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Garage School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 795 Old Springfield Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Summit 3000 sf 1 60 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union Garage Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Guardian Contracting, Inc. Street Address Street Address 1889 Rte. 9, Unit 61 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Nicholas Fernicola 732-349-9932 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 08 / 18 01 / 09 / 18 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ PM- AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Remova Repair Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A garage \boxtimes asbestos pipe insulation 125 If X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Completed By (Print or Type)

Nicholas Fernicola

Disposal Date

01/09/18

Signature

20223

Title

Project Manager

T.R.R.F.

Tullytown, Pennsylvania

Date

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City, State

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State of New Jersey

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State of New Jersey

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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

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		C 8:60 and 12:12						
				JAN - 8	2018		Щ	4
Date of Notification (1)	Name of Bulk	ding Owner/Operaco	EL M	ICHOLS			Langer	1
Agencies Notified Type Notification Type Notification Type No	Street Addres		KING "	ASBESTOS CON	ITRO	L&	-	
☐ BPA	City, State, Zir		MIND	O L LICENSIN	G		AND DESCRIPTION	
DOL Amendment # Emergency (including		RIO GRA	WDE K	1.7 08	121	12		_
	Name of Cont	act SAME		Telephone Numb	er			
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Name of Facility Where Abatement is Taking Place (3)	TACIDIT II	4 0101111011	Type of Facility	(4)				
RESIDENCE			School (K-1		v.			
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City (5)			homes, etc. Square Feet	# of Floors	Blo	ig. Ag	ge	
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Name of Monitoring Firm Hired by Building Owner	ASCM No.	1	nent Contractor (S	INC				
(8) N/A Street Address		Street Address					-	=
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City, State. Zip Code		MA	PLE ST	HADE MI	7_			_
Project Manager for Monitoring Firm Tele	phone No.	Telephone No.	9-0472	License No.	14			_
Start Date (10) Scheduled Comple	tion Date (11)	Name of OSHA N	Monitor					
Occupancy Status During Abatement (Check only one)	-10	Street Address	NIFE	1		_	_	=
Facility Closed/Vacated During Entire Period of Abates	ment		12					_
☐ Abatement Performed Outside of Normal Facility Hour ☐ Other - Describe:	2	City, State, Zip C	ode					
Scope of Work (Check all that apply)				. 5				
≥3 sf or ≥3 lf		☐ Mini-End	a Procedure					
4		Non-Exe	empted (*) and No	on-Friable Procedur		paten	nen!	
Is Locatio Normally						Тур		
Location of Used Solely Asbestos-Containing Material (ACM) Maintenance	ce/ Asbe:	Description of stos Containing Mate	erial (ACM)	Amount			四	ш
TO BE ABATED CUSTODIA	(i.e	 thermal systems in surfacing, VAT, 		(Specify SF or LF)	Removal	Repair	Cap	Enclosure
IN Facility State (12)		other miscellaneo	us)		oval	alr	Encapsulate	sure
Yes No	N/A						0	
SIDING	X _	TRANSIT	E	2500-3F	X	1		
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					-	-	-	_
	IDER Marks	Cubic Yards	Name of Regi	stered Landfill				_
Harrie of Negrotered Waste Fladio	IDEP Waste auler ID No. 7 9 0 4	of Waste	C C	W. C. W. I) 1	A		
City, State	1904	Disposal Date	City, State					
MAPLE SHADE HI)		Signature	_ W00	Date	M.	7	_	_
MICHAET KINAM SUP.		Signature	el In	12-	29	-1'	7_	

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*		NOT			New Jersey SBESTOS ABATE	MENT	IIKI			<u> </u>) [_
ATD		(Pursuan	it to NJA	C 8:60 and 12:12	20)		. ΙΔΝ	- R	20	10	
Date of Notification (1)	79-17		Nan	ne of Build	ing Owner/Operato	SONS	land Seath				70	
Agencies Notified	Type Notification	'n	Stre	et Addres	s	EAS HOR	- 10 II	SBESTO	S CC	NTF	ROL	&
□ DEP	Initial Amended	24.2	City	, State, Zip	Code .				Proceedings and	ACA	-	_
⊠ DOL	Amendment Emergency	(including				MAY W		28701				_
DOH □ DCA	justification Cancellation		Nan	ne of Cont	i ASOW		Teleph	none Numb	er			
			FA	ACILITY IN	FORMATION		1					
Name of Facility Where A	batement is Taki	ng Place (3)			Type of Facilit	\$ 100 D				725-025	
Street Address	SIDEMC					School (K-	r 8 (Other					
Street Address						Other (i.e., homes, etc		commercia	al buil	dings,		
City (5)	CAPE	MA	<u>ر</u>			Square Feet	# of F	Floors	B	ldg. A		
County (6)	CHIPE	IN P		inty Code	(7) (STATE	Current Use (F	rior if beir	ng demolis	hed)	50	-	=
CAPE	MAY			E ONLY)		VA	CAN					_
Name of Monitoring Firm F	Hired by Building	Owner	ASCN	No.	Name of Abater	nent Contractor (9) [W(
Street Address	H				Street Address						V	_
City State Tip Code					City, State, Zip C		CUCE	ALL	_			_
City, State, Zip Code							ADE	W.J	08	05	2	_
Project Manager for Monito	oring Firm	Ī	elephone	No.	Telephone No. 856-77	9-0472	Licer 4±	nse No.	44			
Start Date (10)	Sche	duled Com		ate (11)	Name of OSHA	Monitor						_
1-8-18		-15	-18		Charles Address	NIA						=
Occupancy Status During Facility Closed/Vacated					Street Address		51 1/2					
Abatement Performed C					City, State, Zip C	code		- Harrison Company				
Other - Describe:												=
Scope of Work (Check all t	that apply)					ntainment with Ne	egative Pr	essure	702			
>3 sf or ≥3 ff √≥160 sf or ≥260 ff		☐ Renov			☐ Mini-En ☐ Gloveba	ag Procedure	و من المراجعة المراجع	COURSE STORY IN COURSE WATER				
		Is Loca	tion		Non-Ex	empted (*) and N	on-Friable	Procedur	7	bater	nent	
		Norma	ally		Desail des				L	Тур		
Location of Asbestos-Containing Mat	terial (ACM)	Used Sol Mainten	ance/		Description of tos Containing Mat	terial (ACM)	Amo				Щ	r
TO BE ABATEL IN Facility		Custor Staff		(i.e.	, thermal systems i surfacing, VAT,		(Spe		Remova	Repair	caps	Eliciosura
(13)		(12))		other miscellaned				oval	air	Encapsulate	onio
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			+-						\vdash		\dashv	_
			+									
Name of Registered Waste	Hauler		NUDEP	Carlo de la carlo	Cubic Yards	Name of Reg	istered La	andfill				
KLEMCO :	INC		Hauler ID) No.	of Waste		M.C	. 11.1	2.1	<u>A</u> _	_	_
City, State MAPLE SHAK	25 IN T				Disposal Date	City, State	OBB	1415				
Completed By	Title	<u> </u>			Signature	M		Date 17 -	70	-1>		
MICHAEL YLOUR	n 1	PRES.			Mall	0/4		1-16	4	1/		

MICHAEL

Kirmin

PRES

(KK 4406

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) ENI. TRANSFORMATION Type Notification Street Address Agencies Notified DEPA DOL X Initial 60 Amended City, State, Zip Code Amendment # FGG HAR BOR 08218 Emergency (including DOH DCA justification) Name of Contact Cancellation OW FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Subchapter o (Outer therm.)..., Other (i.e., private & commercial buildings, Street Addres homes, etc.) Square Feet # of Floors Bldg. Age City (5) 4 02 GALLOWAY 1200 Current Use (Prior if being demolished) County Code (7) (STATE County (6) USE ONLY) VAC AMT AMTIC Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLEMCO Street Address Street Address 369 PRUCE City, State, Zip Code City, State, Zip Code MAPL Telephone No. Telephone No. Project Manager for Monitoring Firm = 00 44 A 856-779-0472 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 1-15-18 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure ___≥3 sf or ≥3 H ∑≥160 sf or ≥260 H Renovation Glovebag Procedure Demotition Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Location of Asbestos Containing Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Custodial TO BE ABATED surfacing, VAT, or SF or LF) Staff? IN Facility other miscellaneous) (12) (13)N/A No Yes TRAWSITE JOSE X SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waşte Hauler Hauter D No. of Waste KLEMCO City, State Disposal Date City, State EMSIANITUIL Signature Title Completed R SUPERVISOR

LLEMW





Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address

Lakewood County (6)

Street Address

Start Date (10)

1/4/18

City, State, Zip Code

Project Manager for Monitoring Firm

Other - Describe:

≥160 sf or ≥260 lf

≥3 sf or ≥3 lf

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

INTERIOR

Name of Registered Waste Hauler

NEWARK CARTING

JOSEPH PERLSTEIN

City (5)

Ocean

×

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours

Amended

Amendment #

justification)

Cancellation

Emergency (including

12/25/17

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

Disposal Date

Signature

1/8/18

Scheduled Completion Date (11)

Renovation

Demolition

Is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

NJDEP Waste

Hauler ID No.

04509

Yes

Title

OWNER

1/8/18

						\ [=	G [7./7	₽ri	nt For	m
CATION	OF ASB	w Jersey ESTOS ABATE 8:60 and 12:12					JAN		2018			
	Building Manag	Owner/Operator ement	(2)		Ш		07111		_010			
Street A	ddress shley Av	/e				AS	BESTO: LICE	NSIN		L&		
	te, Zip Co ood, NJ			- 1 y - 1						A 0		
Name of Devora			1 51			Tele	enhone Nu	ımber				
FACI	LITY INFO	ORMATION	7 10								- 1	
			Squar	Other (i etc.) re Feet	(K-12) opter 8 i.e. pri	(Othe	er than K-	cial build	dings,		es,	
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County ((STATE L	Code (7) ISE ONLY	1	Curre hom		(Prior	if beir	ng demolis	shed)				
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			Addres		COL	JRT						
			State, Zi EWO0			701						
Telephor	ne No.		none No 668-9				License 1200	No.				
pletion [Date (11)		of OSH LEAD			SIOI	NALS					
nent			Addres	3.72	COL	JRT						
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tion ion		>	Min Glo	ii-Enclo	sure Proce	dure	Negative I Non-Fria			e		
on ly		Description	of							ement pe		
ly by nce/ staff?		tos Containing M thermal system surfacing, VA other miscellar	/laterial s insula T, or			(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
		Flooring	3			15	50SF	х				
								-				
JDEP W	aste	Cubic Yards		Name	e of Re	niste	red Landfi					
auler ID 1509		of Waste		IESI		5,00						

City, State

NEWARK, NJ

Completed by

Date

City, State

BETHLEHEM PA

(K# 7013	74	OTIFICATI	State of New Jer ON OF ASBESTO	S ABATI	EMENT	1007/100			n n		F11111
Date of Notification (1)	題 5		of Building Owne			HD)-	G	<u>E</u>	<u> </u>	<u> </u>	
Agencies Notified Type Notification		17+1	5 Enterp	1 ises		AAC	` -JAN	8	20	18	
EPA Initial Amended Amended Amended	ı. er		2 (CVC)	Aue		A	SBEST			ROL 8	<u> </u>
DOH Emergency justification)	(including		of Contact	, Ne	W Je-si	el-/	THE RESIDENCE OF THE PARTY OF T	DENS	retire passus		
DCA Cancellation			\sim			166	ninone A	umbe	F		i
Name of Facility Where Abatement is Takin	ig Place (3)	2-2-2	CILITY INFORMA	HOM	Type of Facili	ty (4)					
Street Address	oper-+	7			School (5 5050	than K-	121			
Giy (5) Cike Ale					Other (i.e etc.)	a. private &	commen	cial bu			nes,
tarhaven					Square Feet	#ofF	foors	-6.1	Pldg.		
County (6) Mannuth			Code (7)		Current Use (I	Prior if being	g demoli	shed)		,	
Name of Monitoring Firm Hired by Building (Owner (8)		M No.	Name	of Abatement C				Note the last		
Circuit Add	market	and the same of th		Ace	Insulation Co		7 \$				
Sireet Address				1	Address Iontrose Rd	**************************************					
City, State, Zip Code			the first contract of the same		late, Zip Code Neck, New	formou					
Project Manager for Monitoring Firm		Telephi	me No.	Teleph	one No.		icense h	ło.			
Start Date (10)	Scheduledy	Completion	Date (11)		294 1757 of OSHA Monite		0029				-
Occupancy Status During Abatement (Check	1/9/	18	2007111	Total Section 1	ui Goria Moniu Aridress)Ţ					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:	eriod of Aba al Facility Ho	dement ours			ate, Zip Code						
Scope of Work (Check All That Apply)	n										
23 sf or ≥3 ≥160 sf or ≥260		ovation olition		The state of the s	Full Contains Mini-Enclosu Glovebag Pro Non-Exempte	ie ocedure				ra.	4200
Berring and a second a second and a second a		cation	Description of the Party of the						Abat	emen	i
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used S		Asbestos Cons (i.e. thermal surface	scription daining Massystems systems sing, VAT riscellane	eterial (ACM) insulation, , or	Amo (Spe SF or	cify	Remova	Repair	e Encapsulate	Enclosure
	Yes N	o N/A						<u> </u>		late !	Tre
house and garage exprior		X	Siding	·		2010	D	×			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						10 mm			
Name of Registered Waste Hauler	The second secon	NJOEP W	aste Cubic	Vaeda	1.01						
Ace Insulation Co., Inc.	Personal contraction	Hauler ID	The second secon			Registered Landfill	randbil				Parameter St. Co.
City, State Cofts Neck, New Jersey	* 10		Dispos	al Date	City, Stat	0 2					- det-larman
Completed by	Title		119	118 mætjire	Easion	1 194	Dat	S 2	· · · · · · · · · · · · · · · · · · ·		
Bree McGuire	Secretar	y Treasu	rer /	Br	4		1/2	2/2	24/1	7.	N. of the same of

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

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		JAN	- 8	3 %	2018	-		
	ASB	ESTO	OS CO	ON	TRO	L &		

Date of Notification (1) 12/27/2017			Name Lid1 I	of Buildi	ng Owner/0	Operator	(2)			JAN -	8 20	18	#	#
Agencies Notified Type Notificatio Type Notificatio Initial Amended Amendment	n		Street 3500	Address South	Clark St	reet			ASBI	ESTOS (CONTR	ROL 8		+
	(includin	g	Arling	of Conta	A 22202		-		7	elephone	- Control of the Cont	er_		_
Name of Facility Where Abatement is Taki Commercial - Building No. 1	ng Place	(3)			FORMATI		Type of F	acili	ty (4)			677		
Street Address 2365 US Highway 22 West							Sub	chap er (i.	K-12) oter 8 (O e. privat	ther than e & comm	K-12) nercial b	uilding	gs, hor	mes,
City (5) Union							Square F 20,000		2	of Floors		Bldg 50	. Age	
County (6) Union			County (STATE	Code (7) Ly		Current L			eing dem	olished)		
Name of Monitoring Firm Hired by Building TBD	Owner (8	3)	ASC	M No.		Name of Sky C	of Abatem Contracti	ent (Contract	or (9)				
Street Address						Street A	Address Valley F							
City, State, Zip Code						City, St	ate, Zip C	ode						
Project Manager for Monitoring Firm			Telepho	one No.		Telepho				Licens				
Start Date (10) 12/28/2017	1/5/20	18	mpletion	Date (11)	Name o	f OSHA N ontracti	Ionite						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of	Ahater	ment			Street A		load		K				
Scope of Work (Check All That Apply)							e, New .		ey 074	170				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-End Gloveba	closu ag Pr	ire ocedure	h Negativ				
Location of	1	Locat Normal	lly								dbicit	Abat	emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena odial s (12)	nce/	Asbes (i.e	stos Contai thermal s	ystems ir ng, VAT,	terial (ACI nsulation, or	M)	(3	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Ground Floor (Center)	Yes	No	N/A								<u>a</u>	7	late	ıre
Ground Floor (West)		X		Pip	oe Insula				3:	30 LF	x			
Staircase Casing		X				or Tile:			2,0	000 SF	x			
otalicase Casing					Transit	e Pane	els		15	50 SF	х			
Name of Registered Waste Hauler Service Transport Group, Inc. City, State		H	JDEP Wa auler ID I		Cubic Ya of Waste 30					red Land rprises,				
New Castle, Delaware					Disposal TBD	Date	11 100000000000000000000000000000000000	. Sta	te sburg,	Ohio				
Completed by /ivian Jurcevic	Title Office	Man	ager		100	nature UUA	n De	0		1	Date 12/27/2	2017		

26 2017 12:11 NJ	Asbestos	Con	itrol	609,	633,06	564	page	2	1	10	E	C	E	Īl	0.77
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Date of Motification (1)	76	17		30	Name	of Bulldin	g Owner/Operator (2)	1	1		LIC	ENS	SING	ma.
Agencies Notified	Z6 /					odeja				,					
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(NJAC 5:23-8)	justifica Cancell					of Contac	*		L. 100	Telephone V	umbe	-	•		
					4	odejs	FORMATION	_							_
Name of Facility Where A	Abstament is	Taking	Place	(3)	FA	airi[1]	TORMATION	1	ype of Facility	(4)					\dashv
Private house		30		2010/2					School (K-1	2)					
Street Address						-		5	Other (j.s., p	6 (Other than Kandom Private and com	ri 2) merck	al but	iding	3,	
City (5)								0	homes, etc.	# of Floors		1 51-	la 4	7.0	
Glen Rock, NJ 07452								0	Angre Leg(P 01 F10019		510	lg. As	44	
County (5)	-				Сош	ty Code (7)	(STATE USE ONLY)	C	urrent Use (Pr	or If being den	nolishe	M)	_		-
Bergen Name of Monitoring Firm	Ulmad by Dr.	ildian ?	hume-	781	1000			L	4						
cares or montocing 1970	CITED BY RE	naing C	wher	(6)	ASCM	NQ.	Name of Abatem	ent	Contractor (9)						
Street Address							Gr Tech LLC Street Address				_				\dashv
City Class 71- Carl							576 Valley Rd #								
City. State. Zip Code							City, State, Zip C								
Project Manager for Mon	itating Firm			Tel	ephone	No.	Wayne, NJ 0741	/ Ų		License No	·			-	-
							973-638-1777		111	01127					
Start Date (10) 12 / 27 /	12					He (11)	Name of OSHA I		98.00.7.20					~	
Occupancy Status During		. 33		-		18	Envirovision Co	PET S	ultants,Inc						_
Facility Closed/Vacet	ed During En	alra Pa	riod of	Abate	ment		20-21 Wagaraw	P	oad, Ride #	35E					
Abatement Performed Time of Abatement:	Outside of P AM-	Normal Pl	Fadili W	y Hou PM	ra • Des		City, State, Zip C	od	0			-	_		\dashv
Scope of Work (Check as			ENGPHIN	-			Fair Lawn, NJ C			ngga with neg	ative r	noe P	2160	fing it same	
120	The obsert)		М п.	enovat	ine		Full Con	ieh	nment with Ne	gative Pressure		H 299	eld.		
>3 of pr >3 if > 160 of pr >260 if			N De	arovel inions	001		Mini-End Gloveba	g F	Procedure-	Fent with Negr	ntivo P	ress	ure		
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Asbestos-Containing I	of Material (AC)	SA1		Norma			Description		4.1/8.44					_	
TO BE ABA	TED	eat1	Ma	intan			atos Containing Ma a., thermal systems	ins	ulation,	Amount (Specify		Recurse	Ropair	Encapsulate	Eraciosure
IN Facility (12)	d,		-	(12)	4.4		surfacing, VAT other relacations	, Q	r 36)	SIF or LF)		20	-	sulat	2
			Yes	No	-			95.55	a≅a					<u>a</u>	
Basement					Ø	Floor til	es			600 SF	-	X			
Attic					N	Vennica	lite insulation	_		1,600 SF		X			
Back foyer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				X	Vermica	litz insulation	_		400 SF		X			
Name of Registered Was	to Haules				DEFINE	e Hessier KO No	TALL VIII	in B	Managari - 1	Garad t an Jaris					
Gr Tech LLC	es rupliner						712-4 10(0) 01 -11-1	- 8		itered Lendfill					
City, State					00337	53	TBD Disposel Date		F.R.R.F. Inc City, State		*************		and the same of th		
Wayne, NJ 07470							TBD	-	Talkytown, P.	A					
Completed By (Print or T)	ype)	Title)				Signature	1			Date				
NJoylic Albai		Own	ner .					1/2	use wen	ad	12/2	5/17	100		
MAY 11		ė	Do no	d 2000 i	this for	n for asbus	tus licensure exemp	Air	d octivities.	9	8 3				

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

MAG		(P	ursuant	to NJAC	8:60 and	12:120))		5	1	: C	F	П	W	13	2
Date of Notification (1) 12/30/2017			Name of Philip	f Building (Ginty	Owner/Op	perator	(2)		II.	广	, <u>W</u>	<u> </u>	U	U		
Agencies Notified Type Notification			Street A	ddress							JAN	ı -	8	2018		U
EPA DEP DOL DOH DINITIAL DINITIAL Amended Amendment = Emergency (injustification)		_	Sunys Name of	ite, Zip Co ide, NY f Contact	11104				LI (BEST	os	CON	TROI	- &	
DCA Cancellation	7.5		Aline k	Kolankov	wski					-						
Name of Facility Whore Abstract is Taking	Dlass /	2/	FACI	LITY INFO	ORMATIC	N	T	f [:li	£. (1)							
Name of Facility Where Abatement is Taking House	Place (3	5)						pe of Facili School (K-12)		10				
Street Address							×	Subchar Other (i. etc.)						dings,	home	es,
City (5) Maplewood		1					Sq N/	uare Feet A		# o N//	f Floors	S		Bidg. A N/A	ge	
County (6) Essex				Code (7) USE ONLY)		_		rrent Use (ouse	Prior	if bei	ng den	nolish	ied)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCN	/ No.				batement o			(9)					
Street Address						Street 11 R		ress engren A	venu	ıe						
City, State, Zip Code								, Zip Code NJ, 075								
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		No. -8685			Licer 013		0.			
	Schedule 01/12/2			Date (11)				SHA Moni atement,								
Occupancy Status During Abatement (Check	Only Or	ne)				Street		-	0.000000					7		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: occupied						City, S	tate	ngren Av Zip Code NJ, 075		ie					-	
Scope of Work (Check All That Apply)						1010	wa,	145, 075	12							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	alterestation .	Renova Demoli				×	1	Full Contain Mini-Enclose Glovebag F Non-Exemp	sure Proce	dure	~				e	
8	Is	Locat	tion											Abat	emen	t
Location of		Norma				cription							-	1)	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena	nce/ Staff?		thermal s	systems ing, VA	s ins	Г		(8	mount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A												(D)	
2nd floor		Х			Pipe I	Insula	tior	1			8 LF		X			
Attic		X			Pipe I	Insula	tior	1	-	(6 LF		X			
Name of Registered Waste Hauler D&S Abatement, Inc.		H	NJDEP W Hauler ID 10996		of Wast						ered La geme		PA			
City, State Totowa, NJ					Disposa TBD	al Date	1	City, S Moor		le, F	PΑ					
Completed by Oliver Hegedis	Title Proje	ect Ma	anager		Sig	gnature	DE	//_	_			Da	9000	2017		

State of New Jersey

FAIL	1			OF ASBE to NJAC 8						<u>L</u>	<u> </u>	<u>15</u>	Ш	<u> </u>		
Date of Notification (1) 12/30/2017			Name of Harry I	Building (Owner/O	perator	(2)				JAN	-	8 2	018	L	벳
Agencies Notified Type Notification			Street A	ddress						ar ar ar			0011	rnol	•	\dashv
X DEP X DOL X DOL X DOL X Initial X Amended Amendment	4			te, Zip Co		7650				ASI	BEST Li	CEN	SINC	HOL	. CL	
Emergency				des Parl	K, NJ U	7650				Tolo	nhone	Num	har		_	
DOH justification) Cancellation			Harry I						İ	.,		. IYUIII	DCI			
			FACI	LITY INFO	RMATI	ON										
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Street Address			6				St X O	chool (K ubchapt ther (i.e tc.)	er 8 (lings,	home	es,
City (5) Palisades Park							Square N/A		1.0	# of N/A	Floors	5	200	ldg. A	ge	
County (6) Bergen				Code (7) JSE ONLY)				t Use (P			70	nolish	ed)		0	
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN				of Abate	ement C		ctor	(9)					
N/A Street Address						3.000.000.00	Abate	S	Inc.							
Street Address							osengr		enue	Э						
City, State, Zip Code							state, Zip wa, NJ		2							
Project Manager for Monitoring Firm			Telephoi	ne No.			none No. 345-86				Licen 0131	se No).			
Start Date (10) 01/12/2018	Schedule		pletion I	Date (11)			of OSHA									
Occupancy Status During Abatement (Chec		E. EWIL, 50.		_		Street	Address	3								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	Abatem	ent				osengr		enue	9						
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours			_	12 12 12 12 12 12 12 12 12 12 12 12 12 1	state, Zip wa, NJ		2							
Scope of Work (Check All That Apply)	1 <u>94 - 1</u> 93			The state of the s			-						- 1			
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	Is	Locati	on							2				Abate		
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D&S Abatement, Inc.		Н	auler ID 0996		of Was			Waste					PA			
City, State Totowa, NJ					Dispos TBD	sal Date		City, St Moori		e, P	A					
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		S	ignature						Dat		2017	8	

Print Form

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PAID		NOTI	FICATIO	ON OF ASI	BESTOS ABATE C 8:60 and 5:16	MENT 5)	DEC			7 [
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Name of Monitoring Fire	m Hired by Building (Owner	ASCN	I No.	Name of Abaten	nent Contractor	(9)				_
(8)	MECS				Stev	vens Environ	nmental Service	es, I	nc.		
Street Address		E0			Street Address						
	PO Box 34	1					Box 322				
City, State, Zip Code	rocarrioles NII (00515			City, State, Zip C						_
	rosswicks, NJ (Allentov	vn, NJ 08501				_
Project Manager for Mo	initoring Firm eisgarber	100	elephone		Telephone No.	70.0600	License Ne.	0010	_		
Start Date (10)				98-4070	(609) 25			0049	3		_
		duled Comp		ate (11)	Name of OSHA		AECC				
12/21/20 Occupancy Status Duri	ng Abatement (Cher	2/22-/2	017		Street Address	N	MECS				_
☐ Facility Closed/Vaca					Street Address	PO	Box 341				
☐ Abatement Performe	d Outside of Normal				City, State, Zip C		DOX J+1			_	_
Other - Describe:	8am 4pm				,,, <u>-</u> .p -		ks, NJ 08515				
Scope of Work (Check	all that apply)	-22									_
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≥160 sf or ≥260 lf		Demoli				ng Procedure					
		1-1	··		Non-Exe	empted (*) and N	lon-Friable Procedu	ire			
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IN Facility (13)	,	Staff (12)		,,	surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Wa	ste Hauler		NJDEP \	Vaste I	Cubic Yards	Name of Reg	istered Landfill				
Stevens Environr	nental Services	Inc	Hauler ID	No.	of Waste	\cap		JÆ11			
City- State		, 1110.	182	292	Disposal Date	City, State	Fairless Land	11111			_
social Experience	Allentown, N	J			Disposal Date	LONG /	Morrisville,	DΛ			
Completed By	Title				Signature	41/-/-	Date	IA	_		-
Mahlon E. Ste	evens	Projec	et Man	ager	1/14		12/2	20/1	7		
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	Crosswicks, N.	0851	5			City, State, Zp C	Allentow	and BT	1/19501		- Contraction	-	
oject Manager for h	Aprilaring Firm			sphone	No.	Telephone No.	Attentov		ansa No-				-
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DATE			(P	ursuar	IL LO NJA	C 6:60 and 5:10	°'		- 0	- Insul	7	111
Date of Notification (1)	3-3	5.0		Activities of the second		g Owner/Operator ((2)	LAAL	0 004	٥		Ш
12 /	27 / _	17		Lyr	nne Kous	er	II L	JAN -	3 201	8	L	1
Agencies Notified	Type Notifica	ation	THE PERSON NAMED IN	Stree	t Address					- //-		1
⊠ EPA								ASBESTOS C	ONTR	2 10		\dashv
⊠ DOLWD	Amended			City, S	State, Zip (Code		LICENS	SING	<u> </u>		
☑ DOH ☐ DCA	Amendm Emergen		-	Wil	liamstow	n, NJ 08094				ON THE PERSON NAMED IN		PORTING .
(NJAC 5:23-8)	justificati		19	Name	of Contac	t		Telephone Nur	nber			
	☐ Cancellat	tion		Lyr	nne Kous	er						
				FA	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is 7	Taking Plac	e (3)				Type of Facility ((4)	_ 0			= 77
Kouser Residence							School (K-12		0)			
Street Address							☐ Subchapter 8	3 (Other than K-1 rivate and common		ildino	IS.	
							homes, etc.)					
City (5)							Square Feet	# of Floors	Ble	dg. A	ge	
Williamstown							1,500	3		70		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Gloucester							Residence					
Name of Monitoring Firm		THURSDAY - HARBOARD	20000000	ASCM	No.		ent Contractor (9)					
Management & Env	riro. Consul	ting Serv	ices			Shade Enviro	onmental, LLC					
Street Address						Street Address						
PO Box 341						623 Cutler Av	venue					
City, State, Zip Code						City, State, Zip Co	ode					
Chesterfield, NJ 08	515					Maple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm			ephone		Telephone No.		License No.				
Bill Weisgarber				09-298		856-755-0099		00842		11.5		
Start Date (10)	2000	Scheduled				Name of OSHA N	way to the state					
01 /05 /	18	01	/ _0	8_ /	18_	EMSL Analyt	tical, Inc.					
Occupancy Status During	Abatement (Check only	one)			Street Address						10
☐ Facility Closed/Vacate	-					200 Route 13	0 North					
Abatement Performed Time of Abatement: _						City, State, Zip Co	ode					
						Cinnaminsor	n, NJ 08077					
Scope of Work (Check al	I that apply)						talamant with Non	etive Process				
≥3 sf or ≥3 lf		⊠F	enova	ion			tainment with Neg closure	ative Pressure				
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Freehold Cartage			,	lauler II 1593		Waste 1	GROWS No	orth Landfill				i i
City, State						Disposal Date	City, State					
Freehold, NJ						01/08/2018	Morrisville,	PA				
Completed By (Print or Ty	ype)	Title				Signature	~	D)ate			
Christina Lynch		Vice F	resid	ent of	Operatio	ns ()M	Las	,	12/2	7/	17	

RECEIVED 12/27/2017 11:56AM 2013297440 BEST REMOVAL INC Dec 27 2017 11:31 NJ Asbestos Control 609.633.0664 page 1 12/26/2017 06:25PM 2013297440 PAGE BEST REMOVAL INC 02/04 3 PAID JAN State of New Japacy NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 5:66 and 12:120) Date of Notification (1) ASBERTOS CONTROL& Name of Building Owner/Operator (2) PUMA 12/26/17 COFIN TURBO - ticensing Birest Address Agencies Notified Type Notification 320 DEKN ST NTUOS Initial
Amended
Amendment #
Emergency (including DEP DOL City, State, Zip Code GOO WAS DAS 07631 . Tu. P Name of Contact justification) Cancellation DOH TLDIM KINNEARY DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) COTTIN TURGO PUMP INC School (K-12) D Subolepter 8 (Other than K-12)

Other (i.e. private & commercial buildings, homes, etc.) 326 SOUTH DEAN ST City (5) # of Floors BIGE YES 25000 200 WEDDIS 2 Cuppet Use (Prior if being demolished) County (6) County Code (7) PLANTS BORGEN ANUTACTURING Name of Monitoring Firm Hired by Building Owner (8) ASCM NO Name of Abstoment Contractor (9) Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Data (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/29/17 12/30/17 Omega E Sures Address Environmentel Occupancy Status During Abstantons (Check Only One) 280 Huyler Street City, State, Zip Code South Hackensack, N.J 07606 Scope of Work (Check All That Apply) ≥ star≥ if □ ≥160 star≥260 if C Full Containment with Nogative Pressure
Mini-Enclosure
Glove tag Procedure Renovation Demolition Non-Exampted (*) and Non-Frieble Procedure Abstendent le Location Type Normally Location of Description of Used Solely by Ashinos Containing Meterial (ACM) Asbestos Containing Materiel (ACM)
(i.e. thermal systems insulation, surfacing, Amount Maintenance TO BE ABATED (Specify BEHING Repuir Custodial Stuff? In Facility VAT. or SF or LF) (12)(13) other miscellaneous) Yes No NIA WELDING AMEA LOLF THERMA ST STEME! N SUNTINO Name of Registered Weste Haules Cubic Yatch NJDEP Wante Name of Registered Landfill Hauler ID No of Waste 2/207 Best Removal Inc 17109 Minerva Enterprises, LLC Disposal Dete Hackensack, N.J 07601 Wayngaburg OH AGGRA Signatura LONDA J. Maiorano 12/25/17 Estimator

Do not use this form for asbessos licensure exempted activities.

ASS-41 (R-45-08)

Estimator

J. Maiorano

ASB-41 (R-45-05)

12/26/17

Do not use this thron for asbestoe licensuse consepted activities.

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

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N	M		JAN	_	8	2018	3

Date of Notification	(1)			Name	of Bui	Iding (Owner / Operator	(2)			-			
	12/30/2017				Higg							A JTTO	management NA O	
	Type Notifica	ation	1	Street	Addre	SS				ASBEST L	ICENSI		JL&	
⊠ EPA				0.1	1-1-0	7: 0			-	THE COLUMN TWO IS NOT THE COLUMN TWO	ACCIONINO GIORNI		NAME AND ADDRESS OF THE OWNER, TH	-
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□ DOH □ DCA		ellation	- 1		Higg				989		relepiic	ile iv	unibe	21
					CILITY	Y INF	ORMATION							
Name of Facility Wh Residence	nere Abateme	ent is Taking Pl	ace (3	3)			Type of Facilit							
Street Address							Subchapt	ter 8 (Other	than K-	12)				
							Other (i.e	. private &	commer	cial buildin	gs, hom	es, e	tc.)	
							Square Feet	# of	Floors	E	3ldg. Ag	е		
City (5)		County (6)	Co	unty C	Code (7)	2000		2			50÷		
Belmar		Monmouth					Current Use (Prior if bein	g demol	ished)		3 (1) (1) (2)		
							Residential							
Name of Monitoring	Firm Hired b	y Building Own	er (8)		ASC	M No.								
							Alpha Envir		Servic	es				
Street Address							Street Addres							
							2129 Route							
City, State & Zip Co	de						City, State & Z							
D	Maritarian F	:	Talaa		Mumala		Hamilton, N			License N	lumbar			
Project Manager for	· · · · · · · · · · · · · · · · · · ·				Numb		609-847-295			License iv	0122	22		
Scheduled Start Date 12/9/201		Scheduled Com 1/22/2018	pletic	n Dat	e (11)		Name of OSH EMSL Analy							
Occupancy Status D	_		ly one	2)			Street Addres							
		During Entire Po			temer	nt	107 Haddon	T						
		utside of Norma					City, State & 2							\neg
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					uler ID 03333		of Waste	Grows L	andfill					
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STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTHING TION OF ASBESTOS ABATEMENT Name of Building Owner/Operator (2) Date of Notification (1) 12/20/2017 GCP Investments, LLC Agencies Notified Type of Notification Street Address JAN - 8 2018 20 Booth Ave () EPA X) Initial Notification City, State, Zip Code (X) NJDEP) Amended (X) NJ DOL Amendment # Englewood Cliffs, NJ 07632 ASBESTOS CONTROL & (X) DOH Tel Number LICENSING (X) Emergency (including Name of Contact () DCA justification) Chad Gulrajanev Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) () School (K-12) Residential Property Street Address) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Entire Building: Sq. Feet: ~860,000 # of Floors 44 Bldg. Age 41 City (5) County Code (7) County (6) Condo unit (project location): Sq. Feet: ~800 # of Floors 1 (Apt 26J) (State Use Only) Current Use (if being demolished): HUDSON Guttenberg Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc. Street Address Street Address N/A 3300 Hudson Avenue City, State, Zip Code City State, Zip Code N/A Union City, NJ 07087 Project Manager for Monitoring Telephone Number Telephone Number License Number Firm (201)325-0055 01124 N/A Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/21/2017 12/30/2017 ISES, Inc. Occupancy Status During Abatement (Check only one) Street Address) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue Abatement Performed Outside of Normal Facility Hours -(X) Other - Describe: City, State, Zip Code Work in unoccupied apartment Union City, NJ 07087 Source of Work (Check all that apply)) Demolition (X) Renovation) Minor Project (< 25 SF or < 10 LF ACM) X) Full Containment with Negative Pressure) Small Project (>25 <160 SF or >10 <260 LF ACM)) Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM) Glove-bag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Used Location of Asbestos-Description of ACM Amount (Specify Abatement Type Containing Material (ACM) Solely by Maintenance or (i.e. thermal systems insulation, SF or LF) To be Abated in Facility (13) Custodial Staff? (12) surfacing, VAT, or other miscellaneous.) Enclosure Remova Repair YES NO N/A Bedroom, living room. X Floor Mastic (black) and ~ 700 SQ FT X dining room associated wood floor Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill Atlas Disposal Options, Inc. Grand Central Sanitation 50452 30 1963 Pen Argyl Road City, State Disp. Date/ City, State 311 East Blackwell Street, Dover, NJ 07801 12/29/2017 Pen Argyl, PA 18072 Completed by (Print or Type) Title Signaturé Date 12/20/2017 David Camacho Project Supervisor

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 6:16)

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Oh 45 Date of Notification (1)	19	Nd	TIFI	LR126	ent to K.	New Jensey SBESTOS ABA IAC 8:60 and 5:	16)	T			JA		2/16 - 8	2018
12/	26 /	17		1	Cherry Hil	ing Ownercoperator	(2)	1	i.	, AS	BES	TOS	SCO	NTRO
Agencies Notified EPA	Type Natification	П		Str	set Address	i		-	-	-	MARKET PR	100	II VC/II	10
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D DCA (NJAC 5:23-8)	Emergency	(înclud	ing	Nar	ne of Conta	, NJ 08034					1	ļ		
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Name of the last				F	ACILITY I	NFORMATION								
Name of Facility Where . Book Middle School	Abstement is Taki	ng Pla	de (3)	-			Type of	Facility	(4)	-				4
Street Address			-	-			⊠ 8 cho	ol (K-12)	00000				
950 Cropwell Road							Othe	umbiar o) (Other then K- Ivale and contr	·12) norcial	bulldi	nas.		
City (5)							Square i	and army	# of Floors					_
Cherry Hill County (8)							100.0		8 01 110018		Didg. 8ô	Age		
Camden				Co	unty Code (T)(STATE USE ONLY)	Current I	Jan (Pri	or If being domi	olished	00	-		-
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TTI Environmental,	inc.	Q41.1Q1	143		703 103	Name of Abstern Shado Envir	ent Contra	ctor (9)						1
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Moorestown, NJ 08	057					Oity, State, Zip C			-		-			1
Project Manager for Moni			Tel	aphone	Na	Maple Shade Telephone No.	, NJ 080	52			222			
Jim Guilardi	•				0-8800	856-765-0096			License No.	- 1 - 10			100000	
Start Date (10)					ate (11)	Name of OSHA N		-	00842					
12 / 27 /	THE REAL PROPERTY.	12	/ _3	0_/		EMSL Analyt	lesi, inc.							
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Abutement Performed	Outside of Name	Frein	hr Men	m - Pa	scribe	200 Route 13			_					
I SUP OF SERVICE -	AMP	M/	_PM		AM	Cinneminson		rig						
Scape of Work (Check all	that apply)	_						-		-				
전 >3 =1 or >3 f 집 >150 =1 or >250 f		⊠ Re □ De	enoval emoliti	ion on		☐ Full Cent ☑ Mini-End ☐ Glovebag ☑ Non-Exer	Procedun osure Procedun opted (*) p	th Nega o nd Nep-	tivo Pressure Frizbie Presed	Urm.				
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Asbestos-Containing M	laterial (ACM)	Use	rd Soli Intens	ncer	Asbos	Description of itos Containing Mat	edel (ACIA	, 1	Amount	-	-	7	-	
IN Facility			todial	Staff?	(I.e.	thermal systems is surfacing, VAT	reulation, or		(Specify SF or LF)	Removal	Regair	Saps	Enclosure	
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Freehold, NJ						12/30/2017	Morris		A					
ompleted By (Print of Type	e) Title					Signature			***					

Dec 26 2017 16:41 NJ Asbestos Control 609.633.0664 page 1

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 12-27-2017 Cristina DiMeglio Agencies Notified Type Notification Street Address EPA **ASBESTOS CONTROL &** DEP LICENSING Initial City, State & Zip Code \boxtimes DOL Amended II(END Date) Lawrenceville, NJ 08648 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Cristina DiMeglio **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1,620 Lawrence, NJ 08648 Mercer Current Use (Prior if being demolished) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12-30-2017 J&S Environmental Laboratories, Inc. 1-4-2017 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:00am - 4:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If M Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclosure Remova TO BE ABATED Repair Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Crawl space Transite pipe 15 LF \boxtimes П П ПП Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City. State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 12-27-2017

State of New Jersey

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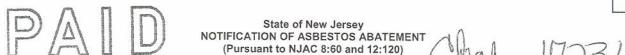
12-27-2017

State of New Jersey

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

D 1 (1) 110 11						1153			711						
Date of Notification 12-21-2017	(1)	N	lame	of B	uilding Meglio	Owner / Operate	or (2)	111 11	N -8 20	150					
Agencies Notified EPA	Type Notification			Add					UT 0 CU	10	11 6-0				
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Name of Facility Wh Residense	ere Abatement is Taking F	Place (3)				Type of Faci									
Street Address						School of									
oli col / ladi css						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
						Square Feet # of Floors Bldg. Age									
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Lawrenceville, NJ 08	3648 Mercer					Current Use (Prior if being demolished)									
Name of Monitoring	Firm Hired by Building Ow	(0)		TAG	214.11	Residential									
Health and Safety S	ervices	ner (o)		1117	CM No	D. Name of Abatement Contractor (9) Resource Management Group, LLC									
Street Address				1		Street Addre	SS								
P.O. Box 365 City, State & Zip Co	d						on Ave, Suite 20	02							
Berlin, NJ 08009	erlin, NJ 08009					City, State & Trenton, NJ (
	oject Manager for Monitoring Firm					Telephone N		License	Number						
Mr. Jim Proctor	. Jim Proctor 85					609-914-427		License	01185						
Scheduled Start Dat 12-30-201		mpletior 12-30-2		e (11)	Name of OSI	HA Monitor mental Laborate	orios Inc							
Occupancy Status D	uring Abatement (Check o	nly one)				Street Addre		ones, mc.							
Facility Clos	ed/Vacated During Entire F	eriod of	Aba	teme	nt	2333 Route 2	22 West								
Abatement F	Performed during Normal H 8:00am – 4:00pm	ours:				City, State &		11/2-11							
Facility Occu	pied During Abatement					Union, NJ 07	083								
Scope of Work (Che	ck all that apply)										=				
<u> </u>	(4.5) FA(☐ Full Cor	ntainment with	Negative Pre	essure	1				
≥3 sf or ≥3 lf≥160 sf ≥260		1		ovatio											
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Lo	cation of	Isla	ocati	on		Description	n-Friable Pr Abaten								
	os-Containing	Norma				Asbestos-Con		Amount (Specify	Abater	T I	ype				
	erial (ACM)		ely b			Material (A		SF or LF)	Re Z	四	Encl				
	E ABATED Facility	Mainte				i.e., thermal s) insulation, surfac			em Rep	cap	SC				
	(13)		12)	tan:		or other miscell			Removal	Encapsulat	losure				
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Crawl space				\boxtimes	Trans	ite pipe		15 LF							
			닠	<u> </u>											
Name of Registered		NII)ED I	Nacto	Cubic Yards		Ш								
					No.	of Waste	Ivallie of Regi	stered Landfill							
Resource Management Group, LLC 00						TBD	Grows Landfil	I							
City, State			-			Disposal Date	City, State								
Trenton, NJ 08619						TBD	Morrisville, PA	A							
Completed By (Print or Type)						Signature	•		Date						
Mr. Brian Haney			Pre	siden	it		Nonconstant - 4 de la companya de la companya de la companya de la companya de la companya de la companya de l		12-21-20	17					
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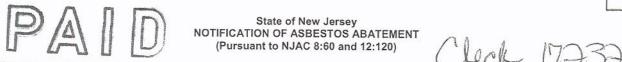
Cham PA	DIFICATION	OF ASB	w Jersey ESTOS ABATE 8:60 and 12:1:	EMENT 20)	DEG		V [
Date of Notification (1)	Name of	Building	Owner / Operato	r (2)	HII JAN	- 8 20)18	- 111	\mathcal{H}			
12-27-2017			ty Hospital	(-)	H H JAN	0 21	110		7			
Agencies Notified Type Notification	Street Ac											
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☐ DEP ☐ Initial ☐ Amended		te & Zip C		1	LIC	ENSING		TILDOSHI (TEM				
☐ DOH ☐ Emergency	Name of	III, NJ 08	002									
☐ DCA ☐ Cancellation	Jim Urico					Telepho	one N	lumb	er			
Name of Facility Where Abatement is Taking Pla	FAC	ILITY INF	ORMATION				5.25.57					
Kennedy University Hospital-Admin Corridor	ice (3)		Type of Facil School (
Street Address				oter 8 (Other th	an K 12)							
2201 Chapel Hill Campus			Other (i.	e. private & co	mmercial building	s home	e et	۲.				
			Square Feet	# of Fl		Bldg. Ag		0.)				
City (5) County (6)	County Cod	le (7)	250,00	0	2		52					
Cherry Hill, NJ Camden			Current Use	(Prior if being o	demolished)			1111111111				
Name of Manitaria Eigen			Hospital									
Name of Monitoring Firm Hired by Building Own Criterion Laboratories	er (8) A	SCM No.		tement Contra	ctor (9)							
Street Address				nagement Gro	up, LLC							
3370 Progress Drive, Suite J			Street Addres		20							
City, State & Zip Code				n Ave, Suite 20	02							
Bensalem, PA, 19020			City, State & .	Zip Code								
Project Manager for Monitoring Firm	Tolophone N.			Trenton, NJ 08619								
Mr. Mike Panepresso	Telephone Nui 215-244-1300	mber	Telephone No 609-914-4279		License N	lumber 0118	35					
	npletion Date (1	1)	Name of OSH									
1-10-2018 Occupancy Status During Abatement (Check on	2-28-2018			nental Laborato	ories, Inc							
Facility Closed/Vacated During Entire Pe	y one)		Street Addres									
Abatement Performed Outside of Norma	Hours	ent	2333 Route 2									
	1110013		City, State & 2	zip Code								
Describe: Project to be conducted 2 nd Facility Occupied During Abatement	shift 4:00pm to	12:30am	Union, NJ 070	083								
Scope of Work (Check all that apply)												
					ntainment with N	avitena	Drace	nıra				
≥3 sf or ≥3 lf	Renova	ation			closure	cgative	1030	suic				
≥160 sf ≥260 lf	□ Demolit	tion		☐ Glove E	Bag Procedures							
Location of	Is Location		Danawintin	Non-Ex No	empted and Non	-Friable	Proc	edure	Э			
Asbestos-Containing	Normally Used	d	Description Asbestos-Conf	1 OT	Amount	Aba	atem	ent T	уре			
Material (ACM)	Solely by	<u> </u>	Material (A)		(Specify SF or LF)			Е	m			
TO BE ABATED	Maintenance of		(i.e., thermal sy	/stems	01 01 21)	Rei	20	пса	inc			
in Facility	Custodial Staff	f?	insulation, surfac	ing, VAT		Remova	Repair	psu	Enclosure			
(13)	(12)	ΙΔ.	or other miscella	aneous)		<u>a</u>	=	Encapsulate	ure			
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Mail room		Fire p			2,500							
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Name of Registered Waste Hauler) \\/t-	Cubia Vand	IN 65								
or registered waste nauler	Hauler	Waste	Cubic Yards of Waste	Name of Regi	stered Landfill							
Resource Management Group, LLC	003521		TBD	Grows Landfil	II							
City, State			Disposal Date	City, State								
Trenton, NJ	TBD / Morrisville, PA											
Completed By (Print or Type)	Signature Date						-					
Mr. Brian J. Haney	Preside		4			12-27	-2017	7				
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Date of Notification (1)	LI Lum	(1	2000-00-00-00-00-00-00-00-00-00-00-00-00	of Building				Cho			1	31		
12/28/17				Davis Re			(2)	Passer	1 [2 1	17.77	F	-
	Notification		Street A			0.57211					<u> </u>	$-\mathbb{V}$		
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	Amendment #_			e Brook		7663		4	L	JAN	U	2010	and the same of	
× DOH	Emergency (including justification)			f Contact				-	Tele	phone Nu	umber		-	
DCA	Cancellation			George					I. ·		-17011		L&	
Name of Facility Where Abater	ment is Taking Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4)		AND DESCRIPTION OF THE PARTY OF		TO THE OWNER	terminal name	TOTAL MICE
House	,	- /						School (K-12)						
Street Address								Subchapter 8 Other (i.e. pri	(Othe			ldings	, hom	ies,
City (5)			10					etc.) re Feet	# of	Floors	TI	Bldg. /	Age	-
Irvington							2100)	2			75		
County (6) Essex			County (STATE	Code (7) USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired	by Building Owner (8)		ASCN	И No.				Abatement Contractor (9) nvironmental Services, LLC						
Street Address			-			Street	Addres	SS						
City, State, Zip Code							Box 483, 4 E Gate Drive State, Zip Code							
						1 275-575		, NJ 0741	8					
Project Manager for Monitoring	Firm		Telepho	ne No.			one No			License I	No.			
						764-2	8258 827		703					
Start Date (10) 1/7/18	1/22/1	npletion	Date (11)		Name	of OSH	IA Monitor							
Occupancy Status During Abat	ement (Check Only Or	ne)				Street	Addres	S						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	uring Entire Period of tside of Normal Facility	Abaten / Hours	nent s			City, S	tate, Zi _l	p Code		=				
Scope of Work (Check All That	Apply)										-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× F	Renova Demolit				×	Min Glo	Containmen i-Enclosure vebag Proced n-Exempted (dure				re.	
	Is	Locati	ion						7				emen	t
Location of	Llas	Normal			De	scription	of				-	Ty	ype	т
Asbestos-Containing Materi TO BE ABATED In Facility (13)	Ma (ACIVI)	ed Sole intena todial s (12)	nce/		tos Cont thermal surfa	systems cing, VA niscellan	laterial s insula T, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ö	
Basement			X		Pipe	insula	tion		75	5 LF	Х			
											+	-		-
Name of Registered Waste Hau	ıler	71	IJDEP W lauler ID		Cubic of Was			Name of Re	gister	ed Landfi	II			
Freehold Cartage		600	5939		TBD	310		Western	Berk	s Landf	ill			
City, State Freehold, NJ					Dispos	sal Date		City, State Birdsboro	, PA	7				
Completed by A. Scott Higgins	44-45-55-55-55-55-55-55-55-55-55-55-55-5						1	2		D	ate 2/28/	17		



FAIL)			N OF ASB				00	orl	C 1	75	13	3		
Date of Notification (1)				f Building		Operator	(2)						-		
12/28/17 Agencies Notified Type Notification				Webber				<u>Ш</u>	7			\mathbb{V}	E	E	
			Street A	Address		Ī			1/C						
EPA X Initial DEP Amended		H	City, Sta	ate, Zip Co	ode				\mathbb{H}	LAM	0 /	1040	\parallel	Ш	
X DOL Amendment				ton, NJ				lu	Ц	JAN .	-0 2	2018		7	
■ Emergency justification)	including	1	Name o	of Contact					Tel	enhone Ni	ımber		+		
DCA Cancellation			Jery V	Vebber					L			ROL	. &		
None of Facility Wilson About the Table	D		FAC	ILITY INF	ORMAT	ION	r	limangno		LIVE	MOHA	à	Name and Association	Name and Associated as Associa	
Name of Facility Where Abatement is Takin House	g Place (3)					Туре	of Facility (4)						
Street Address								chool (K-1		41 1/	10)				
On cer / iddress								Subchapter Other (i.e. p				dings	hom	es,	
City (5)							е е	tc.)	1 # 4	(Classes	1	21-1-1			
Wharton							2100	e Feet	et # of Floors Bldg. Age 72						
County (6)			County	Code (7)			Current Use (Prior if being demolished)								
Morris			(STATE	USE ONLY)		- school								
Name of Monitoring Firm Hired by Building (Owner (8)	ASCN	И No.		Name	ame of Abatement Contractor (9)								
						ABS	BS Environmental Services, LLC								
Street Address						Street	Address								
						PO E	3ox 48	483, 4 E Gate Drive							
City, State, Zip Code						0.0000000000000000000000000000000000000	tate, Zip								
Droingt Manager for Maribaile a City							NJ 074	18				5-000.000			
Project Manager for Monitoring Firm		Telepho	ne No.		100	none No 764-22			License	No.					
Start Date (10)	Start Date (10) Scheduled C							A Monitor		703				-	
1/15/18	1/30/1		pietion	Date (11)		ivame	01 USH	A Monitor							
Occupancy Status During Abatement (Chec						Street	Address	3							
Facility Closed/Vacated During Entire F	320	- A	ent			0	, tau, 00t	7							
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours				City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	processor.	Renova Demolit					Mini	Containme -Enclosure		Negative	Pressu	ire			
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	le le	Locati	0.0			-	1 14011	-Exempled	() and	INOII-FIIA	DIE PIC	70.35.35	emen	t	
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TO BE ABATED In Facility		todial S		(i.e.	thermal	systems cing, VA	s insulat	ion,		pecify or LF)	Rer	Re	Encapsulate	Enclosure	
(13)		(12)				niscellan			31	OI LF)	Remova	Repair	psul	uso	
	Yes	No	N/A								<u>a</u>	1	ate	9	
Basement		X		Pipe	insula	tion		10	00 LF	×	-				
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Name of Registered Waste Hauler		l N	וחבהיי	/oot-	0.11	V- '									
		14 3.200	JDEP W auler ID		Cubic of Was			Name of F	1170000						
Freehold Cartage		15939 TBD					BD Western Berks Landfill								
City, State	Disposal Date					City, State						-			
Freehold, NJ	TBD														
Completed by A. Scott Higgins	Title	ident	Signatu					1/2 -		1.000	ate				
" Cook i nggilis					1//		-	1	2/28/	17					



Date of Notification (1)								ech	- [10	0	7			
12/28/17				of Building rt Webb		Operato	r (2)	[r	n E	: C [FI	7\/7	e i		
Agencies Notified Type Notifie	cation		100000000000000000000000000000000000000	Address			10.00 a			161	<u> </u>	W	딬	M	
	dment #		0.0	ate, Zip C eck, NJ		· · · · · · · · · · · · · · · · · · ·				JAN	- 8	2018	TOTAL MARKET MAR	W	
DOH justific				of Contact				-	Tal	enhana Á	lumbar	270600			
DCA Cance	llation		Robe	rt ILITY INF	OPMAT	ION		- Language	1 -	E/UL	TOUT		L &		
Name of Facility Where Abatement is	Taking Place (3)	170	ILIT HAT	OKWAT	ION	Туре	e of Facility	(4)						
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City (5) Teaneck					10-10-5		Squa 200	etc.) are Feet	1000	Floors		Bldg.	Age		
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Bergen			2	USE ONLY)	school									
Name of Monitoring Firm Hired by Bui	Iding Owner (8))	ASC	M No.					ment Contractor (9) nmental Services, LLC						
Street Address						IN STATES	Addre Box 4	ss 83, 4 E Gate Drive							
City, State, Zip Code		(-				City, S	City, State, Zip Code								
Project Manager for Monitoring Firm		Telepho	no No				d, NJ 074	118							
respectmentages for Monitoring Firm		releptio	ne ivo.		Teleph 973-	764-2			License 703	No.					
Start Date (10) 1/13/18	ed Cor 8	npletion	Date (11)		Name	of OS	HA Monitor								
Occupancy Status During Abatement	(Check Only Or	ne)				Street	Addre	SS							
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	ntire Period of A Normal Facility	Abaten Hours	nent		_	City, S	tate, Z	ip Code							
Scope of Work (Check All That Apply)						-			-						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	- December 1	Renova Demolit				×	Mir Glo	Il Containmeni-Enclosure	e cedure				F O.		
	Is	Locati	on				1 110	n-Exemple	a () and	I INOII-I III	riable Procedure Abatement			ıt	
Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	M) Use	Normal d Sole intenar odial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	laterial s insula T, or	I (ACM) ation,	(S	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure	
	Yes	No	N/A								<u>a</u>		ate	re	
Basement	Basement						tion		80) LF	х				
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									111		-	-	-	-	
Name of Registered Waste Hauler		363	JDEP W		Cubic '			Name of I	Register	ed Landfi	ill			1	
Freehold Cartage	Hauler ID No. of Was 15939 TBD				f Waste			s Landf	ill						
City, State Freehold, NJ				300	Dispos TBD	al Date		City, State Birdsbo							
Completed by A. Scott Higgins		Si	ignature	1			D	ate	17						



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

FAID				N OF ASB t to NJAC				(%	hoo	N	17:	73	4		
Date of Notification (1)				of Building		Operato	r (2)		1		2 E	ח ח	ı ı	3 (
12/28/17				ne Padu	ch					E	SE				
Agencies Notified Type Notification			Street	Address					113					-	
× EPA × Initial		-	City Ct	tota 7in Ca					1111	1	110	8 20	110	Щ	
DEP Amended X DOL Amendment	#			tate, Zip Co n Bound		NII			In r	4	313	O 1	710	-	
Emergency		3		of Contact	DIOOK,	140				enh '	Umbor	various market	nerson benefit to	1	
DCA justification) Cancellation			0.5-22-6-6-6-6	ne Paduo	ch				ioa				ROL	&	
			FAC	ILITY INFO	ORMATI	ON			1 10				2007000	CENTRAL PROPERTY.	
Name of Facility Where Abatement is Takin	g Place ((3)					Туре	of Facility	(4)		325				
house								School (K-							
Street Address								Subchapter Other (i.e.)				ildinas	hom	00	
City (5)								etc.)						C3,	
South Bound Brook							0359	re Feet		f Floors		Bldg.	Age		
County (6)			County	Code (7)			220		2			62			
Somerset				USE ONLY)			hou	ent Use (Pri Se	or it bei	ng demo	lisned)				
Name of Monitoring Firm Hired by Building (Owner (8)	ASCI	M No.		Name	of Aba	tement Cor	t Contractor (9)						
						ABS	Envi	ronmenta	nental Services, LLC						
Street Address							Addre		150-1 D:						
City State 7in Code							83, 4 E Gate Drive								
City, State, Zip Code							ip Code	140							
Project Manager for Monitoring Firm		Telepho	no No				l, NJ 074	18							
reject manager for Morntoning Firm			relepiio	ne no.		Teleph 973-	764-2			License 703	No.				
Start Date (10)	Schedu	ed Cor	npletion	Date (11)		L BANK SE I	W. 120 C. 10	HA Monitor		100					
12/30/17	1/15/1			t or available to the first set of											
Occupancy Status During Abatement (Check	Only O	ne)				Street	Addres	SS							
× Facility Closed/Vacated During Entire F	eriod of	Abaten	nent												
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours	3		_ [City, S	tate, Z	ip Code	reduced with the						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	X	Renova	tion			×] [I Containm		M					
× ≥160 sf or ≥260 lf	-	Demolit					Mir	I Containme ni-Enclosure)	Negative	e Pressi	ire			
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	le	Locati	on				1 140	II-Exempled	1 / Jane	I NOII-FII	able Pro		ement		
Location of		Normal	ly		Des	cription	of						/ре		
Asbestos-Containing Material (ACM)		ed Sole intena		Asbest	os Conta	aining M	laterial	(ACM)		mount			m		
TO BE ABATED In Facility	95000	todial S		(i.e. 1	thermal: surfac	systems ing, VA	s insula T. or	ition,		pecify or LF)	Removal	Re	Encapsulate	Enclosure	
(13)		(12)			other m				01	01 21)	SVOL	Repair	Sul	osur	
	Yes	No	N/A								=		ate	Ö.	
living room			Х		cei	ling tile	е		22	.5 SF	x				
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	1											-			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic \	/ards		Name of F	Register	red Landi	fill				
Freehold Cartage		1121000	auler ID 5959	No.	of Was			Western							
City, State		1,	-		Disposa	al Date		City, State							
reehold, NJ				TBD			Birdsbo		\						
Completed by				Sig	gnature										
A Scott Higgins	ident						12/28/17								

Steve Stiles ASB-41

STATE OF NEW JERSEY

	PAII	Sales of the sales					ABATEMEI		016	42	Per	0			
Date of Notification	(1)	Art.	- (8) - (3)	KOONO I)			wner / Ope			., (6			
12_ /19_	/17				BRISTOL	MYERS SO	QUIBB, INC		PA	PI	7/7 /	PMI			
Agencies Notified	/	-416141 -			Street Ad	40031476370476			E U	IS II	/\hat{\alpha} [SINI			
✓ EPA	Type of N	Initial	DΠ		_	RENCEVIL			-						
		Amend	ed			ON, NJ 085			I IA	N C	2010				
☑ DOH	_	Amend		The second secon	Name of	Contact		14 1	Telepho		er				
☑ DOL		Emerge		// justification	NICOLE	MOSKAL									
		Caricei	ation		ACILITY	NFORMATI	ON		ASSES	TUS UU	NINUL	Cit I			
					AOILITT II	u Oluman	OII			JOENSI					
Name of Facility Who BRISTOL MYERS SO		nent is Ta	aking	Place (3)		Type of F									
Street Address							School (K	12) er 8 (Other ti	nan K 12)						
3551 LAWRENCEVIL	LE ROAD						Other (I.e.	., private & comes, etc.)							
City (5)	County (6)		County Code	(7)	Square Fe		# Of Floors		Buildin	g Age				
PRINCETON	MERCER						6,850	3		1	40				
			-			OFFICE	se (Prior II	being demo	lisnea)		40-	r.			
Name of Monitoring	Firm Hired	by Bldg	. Own	er (8)	ASCM NO	10-11-10-11-10-11-10-11									
EACLE INDUSTRIAL UN	CIENE ACC	COLATIO				NODTHO.									
EAGLE INDUSTRIAL HY Street Address	rGIENE ASS	OCIATIO	N, INC.			Street Add		RACTING GR	OUP, INC						
359 DRESHER ROAD					on cor Address										
City, State, Zip Code						32 William	is Parkway	arkway							
HORSHAM, PA 1904						City, State	e, Zip Code	Code							
Project Mngr. For Mo MARK HAYS	onitoring F	ırm		Telephone Nu 215-672-6088	mber	Fact Hano	ver, NJ 079	36							
Sheduled Start Date	(10)	Sched.	Comp	letetion Date (1	1)	Telephone		30	License	Number					
01//15	/18	04			18										
Occupancy Status D	uring Abote	omant (C	haak	() () () () () () () () () ()			34-8682			0	0860				
Facility CI	osed/Vacat	ted Durir	na Ent	ire Period of			OSHA Moni	tor RACTING GR	OUP INC						
Abatemen	t		<i>2</i> 1 - 21 - 21 - 21 - 22 - 22 - 23 - 24 - 24 - 24 - 24 - 24			Street Add		0.01.110 0.1	001, 1110	-					
		d Outsid	le of N	lormal Facility		00 14555									
Hours - De	escribe:	7:00 AM	-3·30 I	DM			s Parkway e, Zip Code								
		MON-FF		IVI			ver, NJ 079								
Scope of Work (Ched	k All That	Apply)									les constitution				
☐ Demolition		F-7		D			. • 100 - 100								
	lf	J		Renovation		Mini - Enc		h Negative F	ressure						
≥160 sf or							Procedure								
						Non-Exem	npted (*) an	d Non-Friabl	e Proced	ure					
Location of		Is		г	Descript	on of			Abateme	nt Tuno					
Asbestos Conta		Locat		As	bestos - C				R	I Type	E	E			
		Norm	2001	A 70.000	Material	ACM)		Amount	E	R	N	N			
TO BE ABATI in Facility	<u>ED</u>	Use			e., thermal			(Specify	M	E	C	С			
(13)		Sole by Ma				acing, VAT	,	SF or LF)	O V	P A	A	L			
(/		tenan			outer mise	onancous)			A	lî	s	s			
		Custo							L	R	U	U			
		Staff YES NO									L	R			
MOD B, 4TH FL	SHEETROCK/	IOINT COM	IDOLIND.		60,000 SF			-	1						
MOD B, 4TH FL	CAULK	JOINT CON	IFOUND		800 LF	▽	\vdash								
MOD B, 4TH FL			Territoria.	DUCT MASTIC				150 SF	7	H	H	+ +			
						1872									
Name of Registered \ NORTHSTAR CONTR				NJDEP Waste	1000										
TORTHOTAR CONTR	ACTING G	KOUP IN		Hauler ID No. 30534	Yards of Waste	VVASIEIVI	ANAGEME	NI - FAIRLES	S HILL L	ANDFILL					
City, State				3,000		City. State									
EAST HANOVER, NJ					Date	MORRISVI									
Completed by (Print of	or Type)			Title			Signature	77			Date				
	11.7						V.L	. (//	-	5					
Steve Stiles				Project Manage	r		Nee	ONLL	W	-	0	1/05/18			

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 L	E N C L O S U R
	YES NO N/A			Á	1		
MOD B, 3RD FL		SHEETROCK/JOINT COMPOUND	60,000 SF	V			
MOD B, 3RD FL		CAULK	800 LF	7			1 1
MOD B, 3RD FL		DUCT MASTIC	150 SF	V	1 7	In	
MOD B, 2ND FL		SHEETROCK/JOINT COMPOUND	60,000 SF	7	T T		
MOD B, 2ND FL		CAULK	800 LF	7		1 1	
MOD B, 2ND FL		DUCT MASTIC	150 SF	7		1 7	1 1
MOD B, 1ST FL		VAT	360 SF	N	T T	1 1	1 7
MOD B THRU OUT		PIPE SADDLES	100 EA	7	ΙĦ	1 1	



OK# (04)

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

	DATE		(F	Pursuan	t to NJAC	8:60 an	d 12:12	0)	In	EC	E	1	W	3	7		
Date of Notification (1)	祖 人 及及及少				of Building		Operator	r (2)	111	15 0	<u> </u>	<u>u</u>	17	레	1111		
01/02/2018	T 11 115 11				Rap Rea	alty			11	American					1 111		
Agencies Notified	Type Notification				Address udson A	Vonue] JAN	- 8	2	018		9		
EPA DEP	Initial Amended		}		ate, Zip C				-					1			
× DOL	Amendment				Bank, N		1		and the same of th	ASBEST				. å	and the same		
X DOH	Emergency justification)	(including	1		of Contact		-			LI Telephone	CENS						
☐ DCA	Cancellation			Rayn	nond Ra	pcavag	je			. c.opnon		001					
Name of Facility Where	Abstament in Takin	- DI //	2)	FAC	ILITY INF	ORMAT	ION										
Private Home	Abatement is Takin	g Place (3)					Type of Fac	cility (4)								
Street Address								Schoo	(K-12)) (Other than	K 40)						
								× Other	(i.e. pri	vate & comr	nercial	buil	dings,	hom	es,		
City (5)								etc.) Square Fee	t	# of Floors		Te	ldg. A	nge.	S-fe		
Red Bank								- 4		" 01 1 10010	,		ilug. 7	ige			
County (6)				County	Code (7)			Current Use	(Prior	if being den	nolishe	d)					
Monmouth	15 11 5 33				USE ONLY	<i></i>											
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				batement Contractor (9)								
Street Address								noval Safety LLC									
							17 (07-15)7/17	osby Ave									
City, State, Zip Code								tate, Zip Cod	е.								
								rson, NJ 0									
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	one No.		Licen	se No.	_	-				
Start Date (10)							87/1/201	400-8711		0133	32						
01/12/2018		01/17/			Date (11)		The state of the s	of OSHA Moi									
Occupancy Status During	Abatement (Chec							oval Safet	y LLC	iš				011015			
Facility Closed/Vaca			3.50	nent				osby Ave									
Abatement Performe	ed Outside of Norm	al Facility	Hours	City, State, Zip C							-						
-						_	Pate	rson, NJ 0	7502								
Scope of Work (Check Al	I That Apply)						(2 <u>-11-</u>	20									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit					Full Containment with Negative Pressure									
			remont	1011				Mini-Enclo Glovebag	osure Proced	dure							
		T-					×	Non-Exen	npted (*) and Non-F	riable						
1			Locati Normal										Abate Ty				
Location Asbestos-Containing		Use	d Sole	ly by	Asbes		scription	of aterial (ACM		Amount	-						
TO BE ABA	TED	1	intenar odial S		(i.e.	thermal	systems	insulation,	'	(Specify		Re	ע	Enca	Ē		
(13)	.y		(12)				ing, VA			SF or LF)		Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A				•				a	7	late	лге		
Externa	al			x		Т	ransite			3600 SF							
				"			arioito			3000 31		x					
								The second secon	-								
Name of Registered Wast	te Hauler		NI NI	JDEP W	asto	Cubi- V	Vords	1.0			15						
Atlantic Carting LLC	o riddici			auler ID		Cubic of Was				gistered Lar	ndfill						
			4	81257	PAE	11			S Lan	dfill							
City, State Wayne, NJ	Disposa						Disposal Date City, State										
Completed by Title							TBD Pen Argyl, PA										
Lasko Veskov		Signature				allo	1/57	/	Date 01/02/2018								

((-			NOTI	FICATIO	N OF AS	BESTOS	ABATE	MENT	Г	117	E C		11 1	V/ [2 1	
	DATE		(1	Pursuan	t to NJA	8:60 an	id 12:12	(0)		114		F.J	El .	<u>y</u> [[5/	
Date of Notification (1)	A Landon			Name	of Building	g Owner/	Operator	r (2)			1				-111	
01/02/2018				Ray	Rap Re	alty				17 1	JAN	1 - 3	20	18		
Agencies Notified	Type Notification				Address										1	
	× Initial			0.000	udson A		-05				ASBEST	DS CC	iliro	01.0	J	
DEP DOL	Amended Amendment	#		250	tate, Zip C				1		Lik	ENS!	NG	UL U		
	Emergency (g	and the second second	Bank, N		1							Samuel Contraction Co.	*******	
DOH DCA	justification) Cancellation				nond Ra		70			Te	lephone N	umber				
					ILITY INF											
Name of Facility Where Ab	patement is Taking	Place ((3)	1710		OKMAI	ION	Туре	of Facility	(4)						
Private Home								П	School (K-							
Street Address									Subchapte	r 8 (Oth	er than K-	12)				
Oit (5)								×	Other (i.e. etc.)	private	& commer	cial bui	ldings	, hom	es,	
City (5) Red Bank								Squa	are Feet	# o	f Floors	E	Bldg.	Age		
County (6)					0 1 ===											
Monmouth					Code (7) USE ONL	n		Curre	ent Use (Pr	ior if bei	ing demoli	shed)				
Name of Monitoring Firm F	lired by Building C	wner (8)	ASCI	M No.			me of Abatement Contractor (9)								
Street Address				1				emoval Safety LLC								
							250000000	et Address Crosby Ave								
City, State, Zip Code									Zip Code							
58 18							2500		, NJ 0750)2						
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph				License	No.			-	
							973-	400-	8711		01332					
Start Date (10)					Date (11)				HA Monitor							
01/12/2018	N- 1 (6)	01/17	12,0107				Rem	noval	Safety LI	_C						
Occupancy Status During A		C					Street									
Facility Closed/Vacate Abatement Performed	ed During Entire Po	eriod of	Abater	nent			8 Cro									
X Other – Describe: 8:0	00am-5:00pm	ar r doint	y i loui.	0.17) 0.00.0					ip Code , NJ 0750	10						
Scope of Work (Check All 1	That Apply)						1 ale	15011	, 140 0730)						
≥3 sf or ≥3 lf			Renova	ation] F.,	II Containm	ont with	Mogative	D				
≥160 sf or ≥260 lf		×	Demoli	tion			F	Mir	ni-Enclosur	е	Negative	Pressu	re			
							×	Glo	ovebag Pro n-Exempte	cedure	d Non-Eria	hla Pro	cadur			
		Is	Locat	ion						a () and	a Honer na		0.407	ement		
Location of			Norma		32	Des	scription	of					Ту	ре		
Asbestos-Containing Ma TO BE ABAT	aterial (ACM)	(2) (Common V	ed Sole aintena	, ,	Asbes	tos Cont	aining M	aterial	(ACM)		mount			Ш	_	
In Facility		Cus	todial ((12)	Staff?	(i.e	thermal surface	systems cing, VA	s insula T. or	ation,		pecify or LF)	Ren	Re	ncap	Encl	
(13)			(12)				niscellan				J. 2. /	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								_		ate	Ġ.	
External	External					T	ransite)		280	00 SF	х				
														-		
Name of Registered Waste	Hauler			JDEP W		Cubic '			Name of	Registe	red Landfil	1				
Atlantic Carting LLC				lauler ID 81257F		of Was	ste		GCS L	andfill						
City, State						3,555,555	al Date		City, Stat	e						
Wayne, NJ						TBD			Pen Ar	gyl, PA	A					
Completed by Lasko Veskov		Title	ident			Si	ignature	1	1/1	/	1000	ate				
EGONO VESKUV					ash	12	10 Mes	50	0	1/02/2	2018					



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

woods and the second			(1	ursua	int to NJA	C 8:60 and 5:16)		477300.000					
Date of Notification (1)	2/2018			Nam	ne of Buildin	ng Owner/Operator	(2) Chemiça		JAN -	- ?	2018			
Agencies Notified	Type Notificati	ion		Stro.	et Address		CHEMITGE	II PI	diit				_	
⊠ EPA	i X Initial	1011		Sile	et Address	267 н	omestead	A AS	BESTOS	CON	TRO)L &	<u></u>	
DEP	Amended			City	State, Zip		omesecue	AVC	FIOE	ACIM	<u> </u>			
⊠ DOL	Amendmen		_	City,	State, Zip		1, NJ (7001						
⊠ DOH	☐ Emergency justification	/ (Includir n)	ıg	Nam	e of Conta		1, 100							
□ DCA	☐ Ćancellatio			and the second second		el Velsz		l elepi	hone Num	her				
				FA	CILITY IN	FORMATION								
Name of Facility Where							Type of Facili	ty (4)		-				
	hemical	Plan	t				School (K-	12)						
Street Address	67 Homes	stead	Av	e.			Subchapte Other (i.e.,	private &			lding	5,		
City (5)							homes, etc Square Feet		Floors		ldg.	۸۵۵		
	venel, N	NJ 07	001				20,000		1		50	-ye		
County (6) Middles	ex			USE	inty Code (E ONLY)	7) (STATE	Current Use (F	Prior if bei	ng demolis	shed)				
Name of Monitoring Firm	Hired by Buildin	g Owner		ASCN	l No.	Name of Abatem	ment Contractor (9)							
(8)	MECS						evens Environmental Services, Inc.							
Street Address						Street Address								
	PO Box 3	341					PO	Box 32	2					
City, State, Zip Code	E	ne Maree mere v		- 100		City, State, Zip C								
	osswicks, N.	J 0851.	5				Allentov	vn, NJ (08501					
Project Manager for Mon				phone		Telephone No.		Licer	ise N o.				_	
Bill Wei			_	_	8-4070	(609) 25	9-9688		0	049	3			
Start Date (10) 1/15/2018	Sch	neduled C			ate (11)	Name of OSHA N		1ECS					_	
Occupancy Status During	Abatement (Ch		** * **			Street Address	17	ILCS					_	
☐ Facility Closed/Vacate				ment		ou oct / tagless	PO I	Box 341	1					
Abatement Performed	Outside of Norn	nal Facilit	y Hou	rs		City, State, Zip Co							-	
Other - Describe:	7am 3pm						Crosswich	ks. NJ	08515					
Scope of Work (Check al	I that apply)			-									-	
∑ ≥3 sf or ≥3 lf			enovat emolitic			Mini-Enc Mini-Enc	tainment with Ne losure g Procedure	egative Pre	essure					
		1				Non-Exe	mpted (*) and N	on-Friable	Procedur	е				
			ocationally							А	bate			
Location of		Used	Sole	v bv		Description of				L.,	Тур	e		
Asbestos-Containing M TO BE ABATE	atenai (ACM) ED		ntenan			os Containing Mate thermal systems in		Amo				ш	_	
IN Facility			Staff?		(1.6.,	surfacing, VAT,		(Spe SF or		Ren	Repair	псар	ncl	
(13)			(12)			other miscellaneou	us)			Remova	pair	Encapsulate	Enclosure	
		Yes	No	N/A						-		ate	e	
Boiler Room X 1						site Flue		20	lf	Х				
									\neg					
											-			
Name of Registered Wast	e Hauler		10000	JDEP V	0.0000000000000000000000000000000000000	Cubic Yards	Name of Regi	stered Lar	ndfill				-	
Stevens Environmental Services, Inc. Hauler ID No. 18292						of Waste 2		Fairles	ss Land	fill				
City, State						Disposal Date	City, State	- 411100	Juliu	4414			=	
Allentown, NJ						2/28/18/ Morrisville, PA								
Completed By Title						Signature Date					=			
Mahlon E. Stev	rens	Pro	oject	t Manager										
D 44										2011				

Allen Monchik

PAII	NO		ATIO	OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1		BEC			<u>W</u>			
Date of Notification (1)	18				g Owner/Operator (ds Ventures, LL		THE JA	(N -	- 3	2018			
Agencies Notified Type Notific ☐ EPA ☐ Initial	cation		100700000000	t Address			ASBES	STOS	CO	NTRO	DL &		
☑ DOLWD ☐ Amende	d			5 Stelton				LICE	MSII	1G	-		
☑ DOH Amendm			2.00	State, Zip (Zegrana.						
☐ DCA ☐ Emerger	2.2.2.2.2.2.2.2.	ng	Pis	cataway,	, NJ 08854								
(NJAC 5:23-8) justificat	tion)		Name	e of Contac	ot .		Telephone Numl	ber					
☐ Cancella	ation		Se	an Stone									
			FA	CILITY IN	NFORMATION								
Name of Facility Where Abatement is	Taking Plac	e (3)				Type of Facility (4)						
Commercial						School (K-12)		22					
Street Address							(Other than K-12) vate and commer		ilding	10			
475 Stelton Road						homes, etc.)	vate and comme	Ciai De	anon iş	,,			
City (5)						Square Feet	# of Floors	BI	dg. A	ge			
Piscataway, NJ													
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)					
Middlesex													
Name of Monitoring Firm Hired by Buil	Iding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Bio Terra Solutions					ALL PRO MA	NAGEMENT LL	.c						
Street Address					Street Address	7 (1) (2000)	1174	_			-		
P.O. Box 1224					27 Outwater	Lane							
City, State, Zip Code				- 111/081	City, State, Zip Co	1007111700				_			
Union, NJ					Garfield, NJ								
Project Manager for Monitoring Firm		Te	lephone	No	Telephone No.	07020	License No.	- 100					
Rick Eustaquio		1 878	73-494		973-928-4888	•	1188						
	Scheduled				Name of OSHA M	1100							
		50	25 /			NAGEMENT LL	.c						
Occupancy Status During Abatement ((Check only	one)			Street Address								
□ Facility Closed/Vacated During Ent					27 Outwater	Lane							
Abatement Performed Outside of N					City, State, Zip Co	ode			0.00				
Time of Abatement:AM	PM/	PN	1	_AM	Garfield, NJ	07026							
Scope of Work (Check all that apply)					☐ Full Con	tainment with Nega	ative Pressure						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enova emolit			☐ Mini-End ☐ Gloveba			re					
		ls Loc	200					1	atem	ent Ty	vpe		
Location of		Norm	ally lely by	All and Marketing and an	Description of			77.50	_				
Asbestos-Containing Material (ACN TO BE ABATED			ance/		estos Containing Ma e., thermal systems		Amount	Removal	Repair	nca	Enclosure		
IN Facility	Cu		I Staff?	(1.6	surfacing, VAT	or	(Specify SF or LF)	ova	H.	psu	nso		
(13)		(12		-	other miscellane		seem seed of the first	_		Encapsulate	e		
Frederica	Yes	-	-					-	-	1000			
Exterior				VAT De	Debris 1,000 SF ⊠ □ □								
				-					Ш	Ш			
					1000								
Name of Registered Waste Hauler		- 1	NJDEP		Cubic Yards of	ered Landfill		1					
Century Waste LLC			Hauler I 3279		Waste As Needed	G.R.O.W.S.	North Landfill	/ Fair	less	Land	lfill		
City, State			3213		Disposal Date	City, State							
Elizabeth, NJ			TBD Morrisville, PA										
Completed By (Print or Type)	Title		10000000		Signature		Date						

Project Manager

Allen Monchik

01/02/18

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

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	0-	JAN	_	00	2018		U
	ASE	SEST L	OS (00 1811	NTR()L&	

DARB	Name of Building Owner/Operator (2) JAN - 3 2018							8	Th					
Date of Notification (1) 01/03/18	of Notification (1) 03/18						JJ Operating Inc.							Desiren
Agencies Notified Type Notification			reet Addre	ess 4th Stree	et			night-and-se	Į	ASBEST	FOS CO	INTE	OL &	
EPA X Initial Amended Amendment #		Ci	ity, State,	Zip Code k, NY 10				Ĺ	~		ACE NO	1477		
Littergency (iii		Na	ame of Co	ontact					Tele	ohone Nu	mher			
DOH justification) DCA Cancellation		V	Villiam C	Jamai Y INFOR	MATIC	ON								
Name of Facility Where Abatement is Taking Supremo Foodmarket & Former 99	Place (3) cent Plaz	a					Sc	Facility (4) hool (K-12 bchapter 8) L(Othe	er than K-1	12)			
Street Address 235-255 East Front Street							X Ot etc	her (i.e. pri c.)	ivate 8	commerc	cial build	dg. Ag		-
City (5)							Square 140,0	00	3	Floors	5	ug. A.)÷		
Plainfield County (6)		C	County Co	de (7) E ONLY)				Use (Prior Store / V			shed)			
Union Name of Monitoring Firm Hired by Building O	wner (8)	1	ASCM N	50. 00		Name	of Abate	ment Cont	ractor	(9)	Inc			
RK Occupational&Environmental A	nalysis		0090			7	Address	truction &	k Kes	storation	i, inc.		-	
Street Address 401 St. James Avenue						265	Route	46 Suite	3d					
City, State, Zip Code							State, Zip wa, NJ	Code .						
Phillipsburg, NJ 08865 Project Manager for Monitoring Firm			Telephone			Telep	hone No. 256 70		-	License 00666				
Jon Gilbert	Scheduled		908 454			Name	of OSH	A Monitor						
01/15/18	all Date (10)							truction	& Re	storation	n, Inc.			
Occupancy Status During Abatement (Chec							t Address Route	s 46 Suite	3d					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: OCCUPIED	Period of Ab nal Facility F	lours	City, State, Zip Code Totowa, NJ 07512											
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova					X Min	Containmo i-Enclosuro vebag Prod i-Exempte	e cedure	1			edure	
	ls L	ocati	ion									Abai	emen ype	Ě
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Location Normally ad Solely by intenance/ todial Staff? (12) Location Asbor (i.e.			es Co therm	Description of Containing Material (AC) ermal systems insulation, surfacing, VAT, or ther miscellaneous)			(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	- X	Dia	a lagu	lation			220LF	X	-		-
2nd Floor Mechanical Room	Х				Pip	e Insu	lation			22011	Ť			
											-			
Name of Registered Waste Hauler		NJDEP Waste Cubic Yard Hauler ID No. of Waste									itv			
Bako Construction & Restoration,	1000	20889		TBI		ate.	City, Sta			- 1.000	,		,	
City, State Totowa,NJ					TB			Tullyto		PA	<u> </u>			
Completed by Goran Kojic Title Project Manager						Signat	/ _		2	F7	Date 01/03	3/18		
Octan repo			-	5			estos licer			d coti	ritio			

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

Ck# 3302

					5 5 5	TO putting						
Date of Notification (1) 1/5/18			Owner / Operato	門門區(GEIW	匠り	A CONTRACTOR OF THE PARTY OF TH					
Agencies Notified Type Notification		ys Inc. t Address			The state of the s							
⊠ EPA	7.000.00	st Sevent	h Street	IIMI.	2 001	. 111	- Comment					
☐ DEP ☐ Initial		State & Zip		111 111 →	1AN = 3 2018	3	4					
	Cinc	innati, OH	45202									
DOH Emergency	1	e of Contact		400	ESTOS CONTR	Telephor	ne Nu	mber				
☐ DCA ☐ Cancellation	Tia V	Venrich		ASSI	LICENSING			-				
		CILITY IN	FORMATION	Land to the second	Ship to a second							
Name of Facility Where Abatement is Takir	ng Place (3)		Type of Facil									
Macys Store Street Address			School (
				oter 8 (Other th	2.5			- \				
South Orange Ave & Walnut Ave.			Square Feet		mmercial buildi			;.)				
City (5) County (6) County	Code (7)	- Oquare i eet	# OI FIG	5015	Bldg. Age	ř.					
Livingston Essex	, Joanny	0000 (1)	Current Use	(Prior if being	demolished)			-				
2000			Retail	(i iioi ii boiiig i	aomonorioa)							
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No		tement Contra	ictor (9)							
Pennoni Associates, Inc.			Bristol Environmental, Inc.									
Street Address			ou out man o	Street Address								
515 Grove St. City, State & Zip Code				1123 Beaver Street								
Haddon Heights, NJ 08035				City, State & Zip Code Bristol, PA 19007								
Project Manager for Monitoring Firm	Telephone	Number		Telephone Number License Number								
Alan Lloyd	856-656-2	2875	(215)788-60		00509							
	Completion Da	te (11)	Name of OSI									
1/22/18	1/31/18		_	ironmental I	nc.							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Enti		atement	Street Addres									
Abatement Performed Outside of N		atement	City, State &									
Describe: 10PM to 7AM	ormai mouro		Bristol, PA									
Facility Occupied During Abatemen	t											
Scope of Work (Check all that apply)		3/2/11/12		_								
☐ ≥3 sf or ≥3 lf	⊠ Bor	novation			ntainment with	Negative I	Pressi	ure				
≥160 sf ≥260 lf		nolition	☐ Mini-Enclosure ☐ Glove Bag Procedures									
		nondon			empted and No		Proce	edure				
Location of	is Locat	ion	Description		Amount			nt Type				
Asbestos-Containing	Normally !		Asbestos-Con		(Specify		T					
Material (ACM) TO BE ABATED	Solely I Maintenan		Material (At (i.e., thermal s		SF or LF)	72	-	Enc				
in Facility	Custodial	0.776 11 0.500 (4.00)	insulation, surface			Remova	Repair	Enclosure				
(13)	(12)		or other miscell			val	₩.	Enclosure Encapsulate				
<u> </u>	Yes No	N/A						(D)				
Mechanical Room			Spray On Fire	oroofing	600 SF			ᆜᆜ				
		H					늬닕	414				
	-HHH						HH					
		H				-H	뉘뉴					
		H			-	$\exists \exists \exists$	뉘뉴					
Name of Registered Waste Hauler	NJ	DEP Waste	Cubic Yards	Name of Reg	istered Landfill							
	Ha	uler ID No.	of Waste									
Service Transport Inc.		20990	4 cu yd	Minerva La	ndfill							
City, State New Castle, Delaware			Disposal Date 1/31/18	City, State Waynesbur	.а. ОН							
Completed By (Print or Type)	Titl	0	Signature	waynesbur	у, ОП	Date						
Gino Pizzigoni	177.7.5%	e oject) .	1001	128420202	,	0				
<u> </u>		anager	Dino t	1-9	1-5-18							

GI18003

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

2018-13 B & G proj. # Check # Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/10 15 1/11 18 1 New Jersey Turnpike Authority Agencies Notified Type Notification Street Address ZUI ☐ EPA 581 Main Street X Initial DEP City, State, Zip Code ASBESTOS CONTROL & X DOL Amendment Woodbridge, NJ 07095 LICENSING X DOH Name of Contact Telephone Number Cancellation DCA Bob / ACP Contracting, Inc. **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Toll Utility Buildings & Tunnels (New Jersey Turnpike) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Interchange # 16 E / 18 E # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Secaucus, NJ Hudson Toll utility building Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. T & M Environmental 145 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 40 Monmouth Park Highway, Suite 2 City, State, Zip Code City, State, Zip Code West Long Branch, NJ 07764 Lincoln Park, NJ 07035 License Number Project Manager for Monitoring Firm Telephone Number Phone Number (973)696-6869 00378 Kevin Burns (732)676-4000 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 01/18/2018 01/19/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Occupied Scope of Work (check all that apply) Demolition | Renovation Full Containment w/negative pressure ✗ Glovebag procedure × >3 sf or >3 If X Mini-enclosure >160 sf or >260 lf Non-friable procedure Is location normally used solely Location of E е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C (Specify SF or material to be material (ACM) C 0 a a LF) abated in facility (13) Yes No N/A ٧ 11 fittings X tunnel entrance below roadway 6 If NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler B & G Restoration, Inc. 19563 1 Tullytown Resource & Recovery Center Disposal Date City, State Lincoln Park, NJ 01/19/2018 Tullytown, PA Signature Completed by (Print or Type) Title Gordana Luna Gordana Luna Secretary/Treasurer 01/05/2018

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2018-12 B & G proj. #: Check # 8754 Date of Notification (1) Name of Building Owner/Operator (2) 10 | 1 | / | 0 | 5 | / | 1 | 8 | NJIND Talmadge Road, LLC Agencies Notified Type Notification Street Address JAN 2018 EPA 2 Tower Center Blvd. - 20th Floor X Initial ☐ DEP City, State, Zip Code ASBESTOS CONTROL & X DOL Amendment East Brunswick, NJ 08816 LICENSING X DOH Name of Contact Telephone Number Cancellation ☐ DCA Moshe Stern **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) New Jersey Frozen Storage Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 145 Talmage Road Bldg. Age Square Feet # of Floors County (6) 10.000. 50+ City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Edison Middlesex Storage Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm License Number Telephone Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 01/16/2018 01/26/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition **X** Renovation Full Containment w/negative pressure Glovebag procedure × >3 sf or >3 If ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E e e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A e X Cooling Tower - exterior exterior asbestos transite panels 300 SF Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center Disposal Date City, State City, State Lincoln Park, NJ 01/16-26/2018 Tullytown, PA Signature Completed by (Print or Type) Gordana Luna Gordana Luna 01/05/2018 Secretary/Treasurer

CK# 576

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

Date of Notification (1)		Mamo	of Buildin	Owner/Operator (1151					- 6			
force automorphism and fine illustration with					2)	Control of Control of	JAN		Ω	2012	-		
	05 / 18			-		ikins		11 11	07111		0	2010	-
Agencies Notified	Type Notification Initial			(C) (N) (C) (C)	Address	, (1							September 1
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☑ DOH	Amendment #						2222	1			SIN		
☐ DCA	☐ Emergency (in	cluding	}	N	<i>jesth</i>	eld, NJ	07090			100			
(NJAC 5:23-8)	justification)				of Contac	222		Telenhor	e Numbe	er			
	Cancellation			-7(ack	3a114		1	•				
				FA	CILITY IN	FORMATION							
Name of Facility Where A	Abatement is Taking	Place	(3)				Type of Facility	(4)					
Office Buil	dina						School (K-1:	2)					
Street Address							Subchapter			-1.6	Statte -	22	
III Quimby	Street						Other (i.e., p homes, etc.		commerci	ai bu	ilairig	JS,	
City (5)	1 -311 ((1						Square Feet	# of Flo	ors	Bio	dg. A	ge	
Westfield							000,01	7		E		+	
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being	demolish	ed)		1	_
Union						A TROUBLE CONTROL OF THE PROPERTY OF THE PROPE	Comm						
Name of Monitoring Firm	Hired by Building C	Owner (8)	ASCM	No.	Name of Abateme				-			-
AFT						ecosen							
Street Address						Street Address	aices ce	٠٠					
29 N. Ponn	ell Road					303BN	latacaci	77-0					
City, State, Zip Code	y, State, Zip Code					City, State, Zip Co	11000						
Modin On	dedia Pa 19063					Edan	41						
Project Manager for Moni	itoring Firm		Tele	phone	No.	Telephone Nò.	H 110	License	No	_			
Eric Housel			2		1-0114	484-872	VQ011	011					
Start Date (10)	Sched	uled Co		tion Da		Name of OSHA M				-		-	
01/19/	18 0	1	21	/ \	8		iomioi						
Occupancy Status During	Abatement (Check	, only o	no)			Street Address					-		
Facility Closed/Vacate				ment			1. 120	010W-					
☐ Abatement Performed					cribe	City, State, Zip Co	NOVTY)					
Time of Abatement: _													
Scope of Work (Check all	I that apply)					Cirnam	insan, i	LV					
**	титат арргу)					☐ Full Cont	ainment with Neg	gative Press	sure				
≥3 sf or ≥3 lf		Rei				☑Mini-Encl	losure						
		☐ Dei	molitic	n			g Procedure mpted (*) and No	n-Friable P	rncedure				
		ls	Locat	ion			inpica () and me	ni i nabio i	roccaure	Λh	atom	ont T	uno.
Location	of	N	lorma	lly		Description o	f			F_31		ent Ty	
Asbestos-Containing I		- Control (1)	d Sole intena			stos Containing Ma	terial (ACM)	Amou	2227	Remova	Repair	Enca	Enclosure
TO BE ABA IN Facilit		0.0000000000000000000000000000000000000	odial		(i.e	 thermal systems i surfacing, VAT, 		(Spec SF or		3401	air	sqe	uso
(13)	.,	-	(12)	,		other miscellane		31 01	LF)	=		Encapsulate	l e
		Yes	No	N/A								CD	
2nd floor hal	1 Naclia				PJ	n in insula		185	SF	0	П	П	
ZIN PROVINCE	1, 100,711				1700	110 1112011	211011	100.	21				
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									_				
Name of Registered Wast	te Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Land	fill	8 33	90 5 6 s		
CLOSPINICES	110			auler ID		Waste 10	GROW		rdf11				
City, State	, cc					Disposal Date	City, State	> Uti	ten 11	-			
Fichan Da						TBD	Morris	allo [)_				
Completed By (Print or Type) Title						447	MOLLIZ	one, 1					
						Signature	A A A		Date		0		
Jack Bail	K	. Th	OPEC	t IV	anage	1 Llack	1 sally	(cub)		5/1	R		
ASB-41	and was		١		U	/	. ()						

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