State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	**COURTESY NOT	TETCAT	זא רע	(Pur	suant t	o NJAC 8:60	and 12:	:120)		Marie de la sopres (2017	it i			
International Companies (Companies Companies (Companies Companies Companie	Date of Notification (1)	TLICAL	TON	<i> </i>		Name of Ru	ildina O	umar/Onarata (2)	<u> </u>	14.61	1	2010	į.	
Second Process Seco									-1 111	JAN	· U	2019	1	
□ DPA		Type Notific	ration									****		1
DEP	1222		Jation			Teach commission of the person of the commission			2.		000	VIII.		
□ DOL Emergency (including justification) JT. BASE MDL, NJ 08641 Name of Contact DANNY ANDERSON 907-223-5452 CELI PO7-223-5452 CELI PO7-223-5452 CELI PO7-223-5452 CELI PO7-223	☐ DEP		ded An	nendme	ent#1									
DOH	☑ DOL										econ into			
DANY ANDERSON FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) MAGUIRE AFB Type of Facility (4) School (K-12)	□ DOH			noid dil	9			J 08641						
Street Address Stre	□ DCA							0.11			Tele	ephone	Num	nber
Name of Facility Where Abatement is Taking Place (3) MAGUIRE AFB Street Address Street Address Street Address TEXAS AVENUE County WRIGHTSTOWN, NJ County Code (7) (STATE USE ONLY) County BURLINGTON Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Start Date (10) IJ18/2019 Cocupany Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check all that apply) 2 3 sf or ≥ 3 if Location of Asbestos-Containing Material (ACM) (10 BE ABATED In Facility (13) Material (ACM) 10 BE ABATED In Facility (13) Materi			nation								907	-223-5	452	CELL
Street Address Street Address Street Address Square Feet # of Floors Bldg, Age	Name of Facility Where Ab	atement is 7	Taking	Place /	3)	FACILITY IN	FURIVI	ATION	I=					
Street Address	The same of the sa		· cirtii ig	1 1000 (0)				100000000000000000000000000000000000000	95) (Sept. 19)				
IEAAS AVENUE														
City (5) WRIGHTSTOWN, NJ County WRIGHTSTOWN, NJ County BURLINGTON Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. G98-99-7110 County Manager for Monitoring Firm Telephone No. G98-99-7110 County Code (7) (STATE USE ONLY) CREAM RIDGE ENVIRONMENTAL INC. Street Address IS BLACK FOREST ROAD City, State, Zip Code Hamilton, NJ 08691 Telephone No. G98-99-7110 Coupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Abatement Period of Abatement Abatement Period Of Abatement Coupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Abatement Period Of Abatement Coupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Abatement Period Of Abatement Coupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Abatement Period Of Abatement Coupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Coupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Coupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Coupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Coupancy Status During Abatement With Negative Pressure CROSSWICKS, NJ 08515 Full Containment with Negative Pressure Coupancy Status During Abatement (Procedur CROSSWICKS, NJ 08515 Full Containment with Negative Pressure Coupancy Status During Abatement (Procedur CROSSWICKS, NJ 08515 Full Containment with Negative Pressure Coupancy Status During Abatement (Procedur Coupancy Status During Abatement (Procedur Coupancy Status During Abatement (Procedur Coupancy Status During Abatement Type Coupancy Status During Abatement Type Coupancy Status During Abatem	TEXAS AVENUE													
County Code (7) (STATE USE ONLY) BURLINGTON NAME of Monitoring Firm Hired by Building Owner (8) NA Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Gity, State (10) Start Date (10) Start Dat														
County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	WRIGHTSTOWN, NJ								Square Fe	et	# of	Floors	Bldg	. Age
ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)						County Code	(7) (5	TATE LISE ONLY	Current I I	on /Drine if he	lin a al		[1\)	
Street Address IS BLACK FOREST ROAD City, State, Zip Code Hamilton, NJ 08691 Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor MECS Street Address P.O. BOHA Monitor MECS Street Address Street Address Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Scope of Work (Check all th	BURLINGTON						(1) (0	TATE OSE ONET	Current Os	se (Prior if be	ing a	emoiis	nea)	
Street Address IS BLACK FOREST ROAD City, State, Zip Code Hamilton, NJ 08691 Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor MECS Street Address P.O. BOHA Monitor MECS Street Address Street Address Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) Scope of Work (Check all th	Name of Monitoring Firm H	red by Build	ling Ow	/ner (8)		ASCM No.	Name	of Ahatement Con	tractor (0)					
Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Start Date (10) I1/28/2019 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check all that apply) Scope of Work (Check all that apply) Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location Facility (13) Location Facility (13) Is Location Normally Used Solely by Maintenance/Custo dial Staff? (12) Yes No N/A TRANSITE PANELS POBO S.F. Amount (Specify SF or Diagrams) Amount		+5.000+000+000					Charge and an arrival			TAL INC				
City, State, Zip Code City, State, Zip Code	Street Address		-		177				ROMMEN	TAL INC.			-	
City, State, Zip Code City, State, Zip Code Hamitton, NJ 08691							200000000000000000000000000000000000000		OAD					
Hamilton, NJ 08691	City, State, Zip Code		-						OAD					
Telephone No. Telephone No. Copy and the property of the process of the process of the property of the process of the process of the property of the process of the process of the process of the process of the property of the process of the								_ 5						
Start Date (10) 1/14/2019 1/28/2019 Name of OSHA Monitor MECS Street Address Street Address P.O. BOX 341	Project Manager for Monitor	ing Firm	Telep	ohone N	Vo.		-				Tice	nee No		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/14/2019 I/28/2019 MECS							2.0						<i>.</i> .	
MECS	Start Date (10)		Sche	duled (Complet	ion Date (11)					1000	70		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	1/14/2019													
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code							Street	Address			_			
CROSSWICKS, NJ 08515	Facility Closed/Vacated	d During Ent	tire Per	iod of A	Abateme	ent	P.O. B	OX 341						
Scope of Work (Check all that apply) Scope of Work (☐ Abatement Performed	Outside of N	Normal	Facility	Hours		City, St	ate, Zip Code					-	
Scope of Work (Check all that apply) Scope of Work (CROS	SWICKS, NJ 08	515					
Second to perform the procedure Second to perform the performance of the performance		at apply)								ontainment w	ith Ne	egative	Pres	sure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Solely by Maintenance/Custo dial Staff? (12) Yes No N/A						Renovati	ion							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BLDG. 3325 BLDG. 3326 TRANSITE PANELS Norwally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A TRANSITE PANELS NFVAT & ADHESIVE Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES Title Title Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or Left) Ramount	L ≥ 160 st or ≥ 260 lf					☐ Demolition	on	12	☐ Gloveb	ag Procedur	e			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BLDG. 3325 BLDG. 3326 TRANSITE PANELS No N/A Normally Used Solely by Maintenance/Custo dial Staff? (12) Yes No N/A TRANSITE PANELS Nor Normally Used Solely by Maintenance/Custo dial Staff? (12) Yes No N/A TRANSITE PANELS NFVAT & ADHESIVE Normally Used Solely by Maintenance/Custo dial Staff? (12) Yes No N/A TRANSITE PANELS NFVAT & ADHESIVE Normally Used Solely by Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE PANELS NFVAT & ADHESIVE Name of Registered Waste Hauler Horizon Disposal Date I/30/2019 Title Title Signakin 27-Mar Date Date Date Date NADABLE AL VIZIONE												-Friabl	e Pro	cedure
Material (ACM) TO BE ABATED In Facility (13) Material (ACM) TO BE ABATED In Facility (13) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Material (ACM) (i.e. thermal systems insulation insulation, surf	EDITOR SAMBLES AND THE DAY					D								
TRANSITE PANELS BLDG. 3325 NFVAT & ADHESIVE 1600.S.F. Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste City, State TRENTON, NJ Completed By DAVID D'ANDREA TRANSITE PANELS 900 S.F. X Name of Registered Landfill Name of Registered Landfill Waste City, State Disposal Date 1/30/2019 MORRISVILLE, PA. Date Date Date Date Date Date Date	Location of Asbestos-Co	ntaining				Material (AC	OT ASDE	stos Containing	A		-		Щ	Е
TRANSITE PANELS BLDG. 3325 NFVAT & ADHESIVE 1600.S.F. Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste City, State TRENTON, NJ Completed By DAVID D'ANDREA TRANSITE PANELS 900 S.F. X Name of Registered Landfill Name of Registered Landfill Waste City, State Disposal Date 1/30/2019 MORRISVILLE, PA. Date Date Date Date Date Date Date		SATED IN				insulation, s	surfacing	g. VAT. or other			Rem	Re	icar	ncl
TRANSITE PANELS BLDG. 3325 NFVAT & ADHESIVE 1600.S.F. Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste City, State TRENTON, NJ Completed By DAVID D'ANDREA TRANSITE PANELS 900 S.F. X Name of Registered Landfill Name of Registered Landfill Waste City, State Disposal Date 1/30/2019 MORRISVILLE, PA. Date Date Date Date Date Date Date	i domey (10)									.,	NOV	pair	lusc	uso
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 10416 Disposal Date FRENTON, NJ Completed By DAVID D'ANDREA NFVAT & ADHESIVE NAME of Registered Landfill NJDEP Waste Hauler ID No. Waste Disposal Date 1/30/2019 Date Date Date Date Date Date Date D	DI DC 2225		Yes	No	N/A						<u>m</u>	,	ate	Ге
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 10416 Disposal Date Dispo			-	X					900 S.F.		X			
HORIZON DISPOSAL SERVICES Hauler ID No. 10416 20 YD GROWS City, State Disposal Date 1/30/2019 MORRISVILLE, PA. Date DAVID D'ANDREA PRESIDENT Hauler ID No. 10416 20 YD GROWS City, State MORRISVILLE, PA. Date Date Date	BLDG. 3320		-	X		NFVAT & A	DHEST	VE	1600.S.F.					
HORIZON DISPOSAL SERVICES Hauler ID No. 10416 20 YD GROWS City, State Disposal Date 1/30/2019 MORRISVILLE, PA. Date DAVID D'ANDREA PRESIDENT Hauler ID No. 10416 20 YD GROWS City, State MORRISVILLE, PA. Date Date Date														
HORIZON DISPOSAL SERVICES Hauler ID No. 10416 20 YD GROWS City, State Disposal Date 1/30/2019 MORRISVILLE, PA. Date DAVID D'ANDREA PRESIDENT Hauler ID No. 10416 20 YD GROWS City, State MORRISVILLE, PA. Date Date Date	Name of Registered Waste L	Jaular				NIDEDIN								
City, State Disposal Date Disposal	or registered waster	iaulei							Name of Re	egistered Lan	dfill			
City, State Disposal Date City, State TRENTON, NJ Completed By Title DAVID D'ANDREA Disposal Date 1/30/2019 MORRISVILLE, PA. Date Date Date Date	HORIZON DISPOSAL SE	RVICES				V-000000000			CROWS					
TRENTON, NJ Completed By Title DAVID D'ANDREA Title PRESIDENT Title Signatur 27-Mar (ALT A) A (DAVID D'ANDREA) Title Date 1/7/2019	City, State			7-22		10110								
Completed By Title Signatur 27-Mar DAVID D'ANDREA PRESIDENT Title Signatur 27-Mar OADI 0 0 1/7/2019	FRENTON, NJ													
DAVID D'ANDREA PRESIDENT (ALTA) LA COARS CO. 1/7/2019	Completed By		Title			T-	Signator	The state of the s	MORRISV		<u> </u>			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				IDEN	г	1	if	1. / 1 //	1()/	0				
	ASB-41	-			-		1 de	wif y-1	Un.	dila	1/7/20	019		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3244 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 05 JAN 1 0 2019 Kris Hintz Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # Licrasido ☐ DCA ☐ Emergency (including Basking Ridge, NJ 07920 (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Kris Hintz **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Basking Ridge, NJ 07920 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 17 / 19 01 / 18 / 19 Envirovision Consultants,Inc

Occupancy Status During Abatemer	It (Check	k only	one)			Street A	ddroce				_			
▼ Facility Closed/Vacated During E	ntire Pe	riod o	f Abate	ment										
☐ Abatement Performed Outside of	f Normal	Facili	h Hou	ro Do	scriba	20-21 W	/agarav	Road, Bldg .	∮35E					
Time of Abatement:AM	PI	M/	PM		AM	City, Sta	ite, Zip (Code						
						Fair Lav	vn, NJ	07410						
Scope of Work (Check all that apply)	1						Clean	p and decontam	ination with neg	gative r	ress	ure		
>3 sf or >3 If > 160 sf or >260 If		₩ R	enovati	inn		A	Full Co	ntainment with N	egative Pressur	е				
☐ ≥ 160 sf or ≥260 If		D	emolitic	on			Mini-En	ciosure ag Procedure	Tent with No.	active C	lraaa			
							Non-Ex	empted (*) and N	Jon-Friable Prod	cedure r	1622	ure		
			s Locat						T	1				
Location of Asbestos-Containing Material (A)	0.4		Norma			Des	cription	of		- 1	ADE		ent Ty	ype
TO BE ABATED	JIVI)	Ma	ed Sole aintena	ely by	Asbe	estos Conta	ining Ma	aterial (ACM)	Amount		Re	Repair	Ep	E
IN Facility			todial		(1.6	e., thermal:	systems	insulation,	(Specify		Remova	pai	Сар	clos
(13)			(12)			other m	ing, VAT	, or	SIF or LF)	val	7	Encapsulate	Enclosure
		Yes	No	N/A				, ,					te	
Crawl space				\boxtimes	Duct ins	ulation			75 LF		X	П		П
		П		П					T DI					
		$\overline{\Box}$			-									Ш
		Ц	Ш											П
							OverDursele :							
Name of Registered Waste Hauler			NJD	EP Waste	Hauler ID No.	Cubic Yard	s of Was	Name of Regi	stored Landfil				Ш	Ц
Gr Tech LLC			0	03378	5	1								
City, State				03376	13	TBD	Data	T.R.R.F. Inc						
Wayne, NJ 07470						Disposal	Date	City, State						
Completed By (Print or Type)	Title					TBD		Tullytown, P	A					
	Title					Sign	ature	Λ		Date				
N.Jevtic	Own	er					7	tente Wen.	. 0	01/05	/10			
AAY 11	sk	Dano	tura il	is farm	for sale	1:	11		10	1000	1/			
		-0 1101	use In	io jorni	jor aspesi	ios ticensur	e exemp	ted activities.						

COID9 PAI	D		CATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE		1	E	6		7	VI I		
Date of Notification (1) 12/27/2018 check #0109				f Building		Operator	(2)			JAN	1	0 20)19	The state of the s	
Agencies Notified Type Notification			Street A	Address				1 1			4	0 -		- 1.5,	1
EPA DEP DOL Amended Amendment # Emergency (iii justification)			RIDGI Name o	ate, Zip Co EWOOE	O,NJ 07	7450				ephon	NEW.	eliid)			-
DCA Cancellation				SCHE											
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INF	ORMATI	ION	Туре	of Facility ((4)						
Street Address							×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth orivate	& com	merc		dings	, hom	es,
City (5) RIDGEWOOD,NJ 07450							Squa 50X	re Feet 100	# o	f Floor L	S		Bldg. A	Age EARS	3
County (6) BERGEN				Code (7) USE ONLY)	_		nt Use (Pri CUPIED	or if be	ing der	nolis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8))	ASCN	/I No.		12775700 00		tement Cor ITIONS (TIN	G	7.5		
Street Address						Street 24 C		SS CH ST			***		- //		
City, State, Zip Code						p Code D NJ 074	107								
Project Manager for Monitoring Firm	for Monitoring Firm Telephone No.									Licer 0130		Vo.	n		
	Schedul 12/29/		npletion	Date (11)				IA Monitor	CONT	RAC	TING				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe	- 55	(12)				Street 24 C		S CH ST							
Abatement Performed Outside of Norma Other – Describe: 7:00 AM TO 3:30	I Facility	Hours	nent S			City, S	tate, Zi	p Code D NJ 074	107		11000				
Scope of Work (Check All That Apply)						LLIVI		D 140 07-			N		-01		_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Min	Containmoi-Enclosure vebag Prod -Exempted	e cedure	J				e	
Location of	100				Des	scription	-6							ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	TO BE ABATED In Facility Custodial Staff?							(ACM) tion,	(5	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
BASEMENT			X		PIPE II	NSULA	MOIT		3	35LF		X			
Name of Decistored March 11															
Name of Registered Waste Hauler ATLANTIC CARTING		7,5335	IJDEP W lauler ID		of Was			Name of I							
City, State PEN ARGYL,PA 18072					Dispos	al Date		City, State	RG/YL.	PA 1	807	2			
Completed by LUIS ARCILA	Title PRE	SIDE	NT		S	ignature	_	, 4	5	,	Da	ate 2/27/2	2018		

CK27821, 27818 PAID

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

Date of Notification (1)	- The annual control of the			Nar	me of Buildin	ng Owner/Operator	(2)					Mary Control
	4 / _	19			Rowan Uni		(2)	JA	N 1	0 20	119	Contract of the
☐ EPA [Type Notifica ☑ Initial ☐ Amended			2		Hill Road		A SEC	TOSC	ZMI.	7.7	- 1 - 1
☑ DHSS	Amendme		_	100	, State, Zip				Gran	Allest A		-
DCA (NJAC 5:23-8)	☐ Emergeno justificatio	y (includi	ng		ne of Contac	NJ. 08028						
	Cancellatio				om Gallia	ct		Telephone N	lumber			
				F	ACII ITY IN	NFORMATION		1 -			_	
Name of Facility Where Aba	atement is Ta	aking Plac	ce (3)		AOILITT II	WI OKWATION	T	(1)				
Wilson Hall	1900 (1904)		(0)				Type of Facility School (K-12	2)				
Street Address							Subchapter	8 (Other than k	(-12)			
201 Mullica Hill Road							Other (i.e., p homes, etc.)	rivate and com	mercial	buildir	ngs,	
City (5)							Square Feet	# of Floors		Bldg.	Δαρ	
Glassboro							100,500	3		+/- '		
County (6) Gloucester				Cou	unty Code (7	7)(STATE USE ONLY)	Current Use (Pri	1	nolished		0	
April 100 Color of the Color of							Vacant	tario anticali. La cara de troma en el co ntrol proteccione.				
Name of Monitoring Firm His	red by Buildir	ng Owner	(8)	ASCN	/ No.	Name of Abatem	ent Contractor (9)					
Pars Environmental S	ervices						mental Manage					
Street Address						Street Address		•				
500 Horizon Drive #54	0					8436 Enterpr	ise Avenue					
City, State, Zip Code						City, State, Zip Co						
Hamilton Township N						Philadelphia,	PA 19153					
Project Manager for Monitori	ng Firm			ephone		Telephone No.		License No.				-
Rafael Torres					0-7277	215-365-5810	ĺ.	1156				
Start Date (10)		neduled C				Name of OSHA M	lonitor					
///		2 /		4_ /	19	USA Environ	mental Manage	ment, Inc				
Occupancy Status During Ab	atement (Ch	eck only	one)			Street Address						
Facility Closed/Vacated D Abatement Performed Out	uring Entire	Period of	Abate	ment		8436 Enterpri						
Time of Abatement: 7:00	AM-11:00P	M/	PM	A	M	City, State, Zip Co						
Scope of Work (Check all tha						Philadelphia,	PA 19153					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Encl	Procedure					
		Is	Loca	ion		M NOII-EXE	npted (*) and Non	-Friable Proced				
Location of		1	Vorma	lly		Description of			A	batem	ent Ty	, ,
Asbestos-Containing Mate	erial (ACM)	Use	d Sole	ely by	Asbest	tos Containing Mat	erial (ACM)	Amount	Rer	Repair	Enc	Enclosure
IN Facility	2		todial		(i.e.,	thermal systems in surfacing, VAT,	nsulation,	(Specify	Removal	pair	aps	losi
(13)			(12)	_	-	other miscellaneo	us)	SF or LF)	<u>a</u>	1	Encapsulate	ure
Daa 200		Yes	No	N/A							e	
Room 220 Room 234					Floor Tile	e & Mastic Non-	Friable	150 SF				
ROOM 234					Floor Tile	e & Mastic Non-	Friable	150 SF				
										П		
Name of Registered Waste Ha	auler			JDEP V		Cubic Yards of	Name of Registe	red Landfill				
Service Transport			H	auler ID	No.	Waste 30	Minerva Lan					
City, State					[Disposal Date	City, State					-
New Castle De.						2/14/19	Waynesburg	Pa.				
Completed By (Print or Type)	Tit	tle				Signature			ate		-	\dashv
Kevin Meldrum		Project	Mana	ger		Their	Mulk	-verran	1-	4-	19	

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

B & G proj. #: 2019-09

*** EMERGENCY ***

Check # 9094

Date of Notification	(1)	Nar	ne of Buil	ding Owne	er/Operator (2)			A CONTRACTOR	The COLUMN TWO LOOK	-	hitz. above o		
10 11 1/10 13	1/1191	R	obert P	ollara				FIE		1 5	7 :=	11	
Agencies Notified	Type Notification	Stre	et Addres	SS				11-9/1	·			γii	
☐ EPA	X Initial											77.0	
☐ DEP	inder	Cit	, State, Z	in Code				- 1 1/2 - H	W + 0	201	9	T	1
X DOL	☐ Amendme	4.1	British and the second of the second	wn, NJ 0	7960		0	1					
X DOH	_	Nar	ne of Con	tact				Telephone	Number				
☐ DCA	Cancellati	on	Robert I	Pollara					A . 101 A			201.0	
N-2				FACI	LITY INFORM	ATION							
Name of facility wh	nere abatement is	taking plac	e (3)					Type of Facility (4					
Robert Pollars	а								pter 8 (Oth	er tha	an K-1	2)	
Street Address									rivate/Cor		cial		
									omes, etc		Bld	a. Ag	e
Cib. (5)		Count	v (6)			Count	y Code (7)	oquate i cot "	0, 1,00,0				
City (5)			5000 50			3	use only)	Current Use (Pri	or if being	demo	lished	1)	
Morristown		Mori	ris					residential					
Name of Monitorin	ng Firm Hired by B	dg. Owner	(8)		ASCM No.	111	Name of Abatement	Contractor (9)					
					n/a		B & G Restorat	ion, Inc.					
Street Address							Street Address	N = -1					
							105 Ryerson R	toad					
City, State, Zip Coo	de						ity, State, Zip Code Lincoln Park,	N I 07025					
						_ _	Telephone Number	NJ 07035	License N	lumh	or.		
Project Manager fo	or Monitoring Firm		Pr	one Numb	ber		(973)696-686			378			
Scheduled Start Da	ate (10)	Sched.	Completi	on Date (1	1)		Name of OSHA Mon B & G Restorat						
01/04/2019		01/0	5/2019				Street Address	don, mc.					
Occupancy Status	During Abatemen	(Check or	ly one)	MOCH COLUMN			105 Ryerson R	load					
	ed/vacated during					1	City, State, Zip Code				THE STREET	100,000	
Abatement p Describe:	performed outside	of normal f	acility hou	rs-			1 D l . N	1.07005					
Other-Descr	ribe:					- 11	LincolnPark, N	J 07035				- 13	
Scope of Work (c	check all that apply)							• 1 = 2 = 10				
☐ Demolition	X	Renovation	1			¥ FL	ill Containment w/ne	gative pressure	Gloveb	ag pr	ocedu	re	
>3 sf or >3	lf 🔲 :	160 sf or	≥260 If			☐ M	ini-enclosure		Non-fri	able p	oroceo	dure	
Location of				used sole	ly				-	R	Re	E	E
asbestos-co	ontaining	by mainte staff(12)	nance/cus	stodial	100 TO 10		bestos-containing	Amount (Specify S	Eor	m	p	n	n
material to be abated in fa			N-	NI/A	- materia	(ACM)		LF)	1-01	0	a	a	C
	, (, -,	Yes	No	N/A						е	r	Р	1
basement				×] boiler bo	ard ins	ulation	16 SF		X		Ц	1
4					4					H		H	1
					-					H	H	1	井
					4					屵	H		岩
Registered Waste	Hauler	INID	EP Hauler	10#	Cubic Yards o	f Waste	Name of Registere	d Landfill				111.	1
B & G Restor	ation, Inc.		19563		1		Grand Ce	entral Landfill		2000 Pd = 1		and the same of th	
City, State Lincoln Park,	NJ			Disposal 01	Date /05/2018		City, State Pen Argyl	, PA					u.
Completed by (Pr Gordana Lur	int or Type)	Title Secreta	ny/Trees	urer	Signature	(Gordana Luna		Date 01/03	3/20	19		
- Coluana Lui	iu	- COLETA	yricas	Juici					1				

02 Jan 2000 12:17AM NJ Asbestos Control 609,633,0664 page 1 State of NJ Notification of Asbestos Abatement 2019-09 JAN 1 0 2019 (Pursuant to NJAC 5:60-7 and 12:120 7) *** EMERGENCY *** Date of Notification (1) Name of Building Owner/Operator (2) 0 11 1/10 13 1/11 191 Robert Pollera Agencies Noteled Type Notification Sireel Address C EPA Initial DEP City, State, Zp Code E DOL Amendment Merristown, NJ 07960 E DOH Name of Contact Cancellation elephone Number TT DOA Robert Politica FACILITY INFORMATION Name of facility where abetement is to bing place (3) Type of Facility (4) Robert Pollara School (K - 12) Street Address Subchapter 5 (Other than K-12) Other (Private/Commercial Bidgs/Homes, etc. City (5) Square Feet # 01 F | COM Sidg. Aga County (6) County Code (7) Morristown (State use only) Morris Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Sidg. Owner (8) residential ASCM No. Name di Abater ent Comracto 7/2 B & G Resi itation, Inc. Steet Address 105 Ryers: n Road City, State. Zio Code City, State, Zip C ide Lincoln Pirk, NJ 0703 Project Manager for Montaging Firm Frone Number Glaphone Nur! B! conse Number (973)698 .. (869) 00378 Scheduled Start Date (10) Schag, Completion Date (11) Name of OSHA Soniar B & G Resa ration, Inc. 01/04/2018 01/05/2019 Street Address Occupancy Status During Absternant (Check only one) 105 Ryerso | Read Facility closed/vecaled during entire period of absternent. Absterrent performed outside of normal facility hours-City, State, Zip (; de Dear be:_ Cther-Describe: Lincoln Paris NJ 07035 Scope of Work (check all that apply) Demotition Renovetion To Pull Containment III regative preserve 图 >3 af or >3 f Giovabag procedure 2180 sf or ≥280 H Mini-enclosure Mon-hiable procedure is location normally used eately Lacation of by meinis nance/custodial esbestos-conteining E steff(12) ε material to be Description of esbesios containing 0 Ambung P abated in facility (13) material (ACM) m (See of SF of 0.0 3 No NIA basement boiler board insulation 16 SF registered Waste Hayler B & G Restoration, Inc. Neme of Registri id Landell Grand (entrel Lency) Cubic Yards of Vensors Lincoln Park, NJ City, Siam 01/05/2018 Pen Argi I, PA Completed by (Priet or Type) Gordana Luna Secretary/Treasurer Em Som 01/03/2019

2019-01-03 14:54 Shade Environmental 1 >> 609 633 (664

K 538	a PA	NOTI		MOIT		BEST	ersoy TOS ABAT 80 and 5:16				to the state of the		E,	15	
Date of Notification (1)	<u> </u>			Name (of Building	Own	eriOperator (2)				1 1 1 2 2		AN	
01 /	03 / 19	9			an Pets					[::		10 L	MY		
gencies Notified	Type Notification	ı	_	Straet /	Address							-		3017	os s
C EPA	⊠ initial													THE	
g dohad g dohad	Amended Amendment	ė			ate, Zip C				T	٤.		-1	7	1	
DCA	Emergency (i				le Shade		08052						_	ı.	
(NJAC 5:23-8)	justification)	7		D2-0-101-0	of Contact	700			, 1	Telepho	HO BILLY	DELV			
	☐ Cancellation			Jord	ian Pets	cho				100	<u> </u>			- 1	
	170			FAC	ILITY IN	FOR	MATION		1990 Stime .	ne negative exists	1			• • •	
ame of Facility Where		i Place	(3)		***************************************			Type of F)	Ī				
Patsche Residono	0							Subci	(K+12) pter 6	Ornor (I	Ln K-12	21			- 1
Ireet Address								☑ Other	. D., pris	/ate pnd	tomme	rcial by	Adings	S.,	
16.285						_		Square F	etc.)	1 M - 2 M		l mi	10.00	_	_
ity (5) Maple Shade								2,200	Dr.	# of FI	DI S	(2775)	19. Ag 30	ic.	
ounty (6)				Count	V Code (7)/3 Ta	TE USE ONLY		a (Prin		damoi	1	-		-
Burlington				300.	., (i	Manuel		Resid		- n wand		Tringle			1
ame of Monitoring Fire	n Hired by Buildina	Owner t	8)	ASCMI	No.	Nen	no of Abatem			-	1			_	-
Management & En							hade Enviro								
treet Address				130 70		Stre	et Address		P			-	200		
PO Box 341						6	23 Cutier A	venue							
hy, State, Zip Code				-		City	, State, Zip C	ode				and the same		-	
Chostorfield, NJ 0	851 <i>S</i>					26	laple Shade	. NJ 080	5						
roject Manager for Mo	nitoring Firm		Tele	phone l	Na.	Tole	ephone No.				a No.				
Bill Welsgarbor			1	09-298			\$8-756-0096			008	42				
itart Date (10)		adulas Ç					na of OSHA N	-							
01 / 08		01 /		2 / -	18	_	MSL Analy	igal, Inc.		_					
Occupancy Status Durk							ant Address								
E Facility Clased/Vaca Abelement Performs					esika.		00 Route 13								
Time of Abatement:		PM_	PM	- 13 - DÓŻ	ands Ani	1	, State, Zip C		700						
						1 0	innamineo	ואט נא ה							_
Scope of Work (Ghack	gii that apply)						X Full Con		th Neg	ativa Pn	ssure				
집 23 와 or 23 lf _] 2160 #f or 2260 lf		Z R	movat	lon			Mini-End	closure ig Proced.							ļ
TISJAN BLOUSSAN IL		L 00	HTIGHLU	ΘN			Non-Ex			-Frieble	Proced	Aire			
		ts	Loca	tion	1							At	stem	ant Ty	/pe
Aebostos-Containin			Ngrmi	ally bly	Ach	nathe .	Description Containing Ma	of anariat (Afi	m) [الم	oun:	20	3	5	m
TO BE A	BATED	ME	inten		(1.1	s., the	ermal systems	insulation	"	ŝ	ount	Renoval	Regair	de	Enclosuro
IN Fac		GUS	(12)			et.	surfacing, VA1 that miscellant	r. of Bous)		SF	or LF)	1		Елсиреціан	900
1,0	e .	Yes	No	NA										130	
Little Dormer		10	Ø		Vermi	culito)			1	SF	×	10		
			To		1								后		
			-	-		and the same of th						THE OWNER OF THE OWNER,	-	-	-
							- Aller South Colored						-		
											L.,				
Name of Registered W				NUDEP			bic Yards of		if Regia	0	ndfill				
Freshold Cartage				Haulet I		1			ess La	indfill					
City, State							possi Date	City.		_,			-		
Fraehold, NJ						6	1/10/2019	Moi	·lsvlile	PA					
Completed By (Print or	Type) T	itie	100		122		Signatura	8	3			Date	3 3 4		70
Christina Lynch		Vice P	resid	ent of	Operation	ons.	Unida		二			1/3	10		
58-41 AN 13		* Do no	ezu s	this form	n for asba	stos l	iconsura exen		iles.	1					
14 FW		- A 14 B		a last waited		~~~~			0.000	12					

02 Jan 2000 12:19AM NJ Asbestos Control 609.633,0664 page 1 2019-01-03 09:09 Shade Environmental 1 >> 609 633 0664 State of New Jorgey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 5:16) of Notification (1) Name of Building Owner/Operator (2) 01 19 Holy Faith Temple Church of God in I hrist Agencies Notified Type Notification Street Address S Initial 2713 River Avenue M DOLWD Amended City, State, Zip Code MOU E Amandment # O DCA Camden, NJ 08105 Emergency (including (NJAC 5:23-8) Justification] Name of Contact Telepho o-Number Cancellation Pastor Neal 856-952-8869 FACILITY INFORMATION Name of Facility Where Abelement is Taking Piece (3) Type of Fi pility (4) Holy Faith Temple Church of God in Christ School (K-12)
Subclipper 8 Strest Address Subchi pter 8 (Other than K-12) Other (e., private and commercial buildings, hame; etc.) 2713 River Avenue City (5) # of Fleors Square Fe st Bldg. App Camden 5,000 2 County (6) County Code (7)(8TATE USE ONLY) | Current Li: a (Prior if being demolphed) Camden Church Name of Monkoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contral or (5) Management & Enviro, Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 **623 Cutier Avenue** City, State, Zip Code City, State, Zip Code Chasterfield, NJ 08515 Maple Shade, NJ 0804 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Welsgarbor 609-298-4070 856-755-0099 00882 Start Date (10) Scheduled Completion Date (11) Name of DSHA Monitor 01 / 07 / 19 01 / 09 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Feolity Hours - Describe City, State, Zip Code Time of Abstement: AM-PWV Cinnaminson, NJ 0807 ' Scope of Work (Check all that poply) Full Containment will Negative Pressure 1 33 Ef ne 33 H

□ ≥150 at or ≥250 ir		iemovi iemoli			⊠ Mini-En ⊠ Gloveba □ Non-Ex	closure g Procedun empted (*)	dM	pn-Frlable I	toce	dwre			
Location of		le Loc Norm	veller		Description		-			The same of	belan	sent T	ype
Asbeston-Containing Material (ACI 10 BE ABATED IN Facility (13)	N	la into	plely by nance/ ol Shaff? 2)	Ast (I	cestos Containing Mi i.e., thermal systems surfacing, VAT other miscalians	aterial (ACM Insulation, . or		Ama (Spi SF o	elfu.	Remoyal	Repair	Encapsulate	FUCIOSALO
	Yes	N	g N/A									ন	
Basemont	図			Pipe I	naulation			130	LF	18	10		C
						,,	STREET, S				+-	F	Ē
							_					in	Ē
						P	-	-	-		-		Ē
Name of Registered Waste Hauter Freehold Cartage			NUDEP I	D No.	Cubic Yards of Waste			stered Lan andfill	nii		10		
City, State Freehold, NJ			10000		Disposal Date 01/03/2019	City, Star	_						-
Completed By (Print or Type) Christina Lynch	Title Vice P	realc	ient of (Operation	Signature		-		П	Date	10	·	
ASB41 JAN 13	" Do no	t uza	this form	for asbe	stos ilcensura axam	oted solivitic	t.		\vdash	100	-10	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 04 19 Florence Sochor Agencies Notified Street Address Type Notification ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment #_ Maple Shade, NJ 08052 ☐ DCA ☐ Emergency (including justification) Name of Contact Telephone Number (NJAC 5:23-8) ☐ Cancellation **Chuck Thomas FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12)

Street Address								8 (Other than K-1 rivate and comm		ilding	js,	
City (5)							Square Feet	# of Floors	BI	dg. A	ne	
Maple Shade							1.500	3	- 1	80	90	
County (6)				Cou	nty Code (7)	(STATE USE ONLY)		ior if being demo				00.15
Burlington					, (,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence		,			
Name of Monitoring Firm Hired by Build	ding C	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)	V				
Management & Enviro. Consult	ting s	Servi	ces			Shade Enviro	onmental, LLC					
Street Address						Street Address						
PO Box 341						623 Cutler Av	/enue					
City, State, Zip Code						City, State, Zip Co	ode					
Chesterfield, NJ 08515						Maple Shade	, NJ 08052					
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.				
Bill Weisgarber			6	09-298	3-4070	856-755-0099	(<u></u>	00842				
Start Date (10)	Sched	uled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor					
01 /14 /19	0	1 /	_ 2	5 /	19	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (C	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated During Entir	e Per	iod of	Abate	ement	43	200 Route 13	0 North					
☐ Abatement Performed Outside of No		100				City, State, Zip Co	ode					
Time of Abatement:AM	PN	Λ/	_PN	l	_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)		⊠ Re □ De				☐ Mini-Enc ☐ Gloveba	tainment with Neg losure g Procedure mpted (*) and No		lure			
		1000	Loca						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13))	Use Ma	inten	lely by ance/ Staff?		Description of stos Containing Ma , thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Attic		П		Tim	Vermicu	ılite		735 SF			П	П
				+	13.111130			. 50 01		1		
		ᆜ		10	-				ᆜᆜ	닏		
										Ш	Ш	Ш
Name of Registered Waste Hauler		000404	110	NJDEP		Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage				Hauler I 1593		Waste 5	Fairless La	andfill				
City, State Freehold, NJ						Disposal Date 01/25/2019	City, State Morrisville	, PA				
Completed By (Print or Type)	Title					Signature		[Date			
Christina Lynch	Vi	ice Pr	esid	ent of	Operation	is Marks	A A		114-	19		
ASB-41 AN 13	* [Do not	use t	this form	n for asbesto	os licensure exemp	oted activities.				22.5-911	

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

NOCK		NOT					TOS ABAT 60 and 5:16),EG		V	FA FA FA FA	
Date of Notification (1) 01 / 04	/19)		A 1000 000		- n	ner/Operator (2 ity Health &	2) Safety Office	JAN	102	019	Contractions are an all	
⊠ EPA ☐ Initia					Address St 1603				The state of the s	ANTENIO DE LOS DE L	~		
☑ DOLWD ☑ Ame				City, S	State, Zip C	Code			<u> </u>	Sucal Taran		. Gi	
	ndment # rgency (ir			Pis	cataway,	NJ (08854	-0.4		9			
	ication)	rolading	100	Name	of Contac	t			Telephone Nu	mber			
☐ Cano	ellation			Mic	hael F. S	mith	n, HSS		848-445-2	550			
				FAG	CILITY IN	IFOR	RMATION						
Name of Facility Where Abatemen	t is Takin	g Place	(3)					Type of Facility	(4)				
Rutgers University Newark	Campu	s Hill I	Hall					School (K-12		12)			
Street Address									8 (Other than K- rivate and comm		ilding	S,	
360 Martin Luther King Boo	ılevard							homes, etc.)					
City (5)								Square Feet	# of Floors	11 %	dg. Ag	je	
Newark								N/A	8+		+06		
County (6)				Cour	ity Code (7)(STA	TE USE ONL Y)	Current Use (Pr	ior if being demo	lished)			
Essex								Academic					
Name of Monitoring Firm Hired by	Building	Owner (8)	ASCM				ent Contractor (9)					
ATC Group Services, LLC				0009	38			onmental, LLC			Z		
Street Address							eet Address	·aniia					
3 Terri Lane, Suite 4 City, State, Zip Code						20	23 Cutler Av	20T1 (1/4) T01T					
Burlington, NJ 08016						1 12	r, State, Zip Co laple Shade						
Project Manager for Monitoring Fir	m		Tal	ephone	No		ephone No.	, 140 00032	License No.	_		_	
Brian Kearney				09-479			56-755-0099		00842				
Start Date (10)	Sche	duled C		etion Da			ne of OSHA M		00042				
01 /10 /19	_	01/	1	4_ / _		2000	MSL Analyti						
Occupancy Status During Abateme						Stre	eet Address						
Facility Closed/Vacated During					a alla a		00 Route 13						
Abatement Performed Outside Time of Abatement: AM-						100000	, State, Zip Co						
			-		W.	C	innaminson	, NJ 08077					
Scope of Work (Check all that appl ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	у)	⊠ Re	nova moliti				☐ Mini-Enc	Procedure					
		1 .			1		Non-Exer Non-Exer	mpted (*) and No	n-Friable Proced	-			
			Loca Norma		(6)		Description				ateme		
Location of Asbestos-Containing Material (ACM)	Use	d So	ely by	Asbe	stos (Description o Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED		1 2 2 2		ance/ Staff?	(i.e		rmal systems i		(Specify	SVOL	air	apsı	uso
IN Facility (13)		5.55	(12			oth	urfacing, VAT, ner miscellane	ous)	SF or LF)	1 =		ulate	ਰ
		Yes	No	N/A								(D	
Roof		\boxtimes			Cooling	g Tov	wer Panels		1,000 SF				
		П	П	П									
Name of Registered Waste Hauler		1-		NJDEP \	Naste	Cub	oic Yards of	Name of Regis	stered Landfill				
Freehold Cartage			1	Hauler II 15939		Was		Fairless La					
City, State				.0000			oosal Date	City, State	3				
Freehold, NJ						0	1/14/2019	Morrisville	, PA				
Completed By (Print or Type)	Titl	e					Signature			Date			
Christina Lynch	١	/ice Pr	esid	ent of	Operatio	ns	Ohoste			14.	19		

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

0111 # 3Una

Date of Notification (1)				Nan	ne of Buildi	ing Owner/Operator	(2)	Choic II 3	F	11 0	7.	
	16 /	18		S	MON PR	OPERTY GROUP	INC.	DE C	l)ar			1
□ EPA ☑ DOLWD4777 ☑ DHSS 9760	Type Notific ☐ Initial ☐ Amende Amende	ed nent#	_	City,	State, Zip	WASHINGTON S		JAN	1 0	20	19	7
DCA (NJAC 5:23-8)	Emerge justifical		ing	-	e of Conta	OLIS, INDIANA 46	5204	/			7.	. ,
	☐ Cancella			Ivan	ie di Conta	ICI.		Teléphone Num 317-636-160				
)				F	CILITY	NFORMATION			-			_
Name of Facility Where Ab			55 53				Type of Facility					_
QUAKERBRIDGE MA	LL - JC F	PENNEYS	·				School (K-12	2) 8 (Other than K-12				
Street Address 500 QUAKER BRIDG	ERALI						Other (i.e., p	rivate and comme	2) rcial b	uildin	nas.	
City (5)	LIVIALL						homes, etc.)	- C			2 0	
TRENTON, NJ 08648							Square Feet	# of Floors	В	ldg. A	Age	
County (6)				Cor	inty Code (7)(STATE USE ONLY)	Current Hee /Dr	ior if being demolis				
MERCER					my oodo (MOTATE OOL ONET	COMMERCI		sned)			
Name of Monitoring Firm H	ired by Buil	ding Owne	r (8)	ASCIV	l No.	Name of Abateme			15. HJ -01.			_
Watterson EFM		95W	2005				VIRONMENTA					
Street Address				1		Street Address						-
5580 Monroe Street, S	Suite 103					1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip Co	ode			-		-
Sylvania, OH 43560						BRISTOL, PA	19007					
Project Manager for Monitor	ring Firm		Te	ephone	No.	Telephone No.		License No.				
Dave Dukat			1		1-5210	215-788-6040		00509				
Start Date (10)8 /1 /		Scheduled 8	115.7			Name of OSHA M BRISTOL EN	onitor /IRONMENTAL	INC				
Occupancy Status During A	batement (- CO				Street Address		-,				_
☐ Facility Closed/Vacated I	During Enti	re Period o	f Abate	ement		1123 BEAVER	STREET					
Abatement Performed Of Time of Abatement: 8:00	utside of No DAM- <u>4:30</u> F	ormal Facil	ity Hou PM	rs - Des AM	scribe	City, State, Zip Co BRISTOL, PA	de		_			
Scope of Work (Check all th	at apply)					BRISTOL, FA	19007					_
≥3 sf or ≥3 if≥160 sf or ≥260 if		arrena .	enova emoliti			☐ Mini-Encl	Procedure	ative Pressure	·e			
9.000.000.000			s Loca				18		Ab	atem	ent T	ypr
Location of Asbestos-Containing Mai TO BE ABATE IN Facility (13)		M	Norma ed Sol aintena stodial (12)	ely by ance/ Staff?	Asbe (i.e	Description of stos Containing Mat ,, thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
77 17		Yes	No	N/A							e e	
OOF TOP COOLING TO	OWER				TRANS	ITE PANELS		550 SF				
												E
							-					
												Г
lame of Registered Waste F BRISTOL ENVIRONME		С	1.05	IJDEP \	No.	Cubic Yards of Waste	Name of Regist		1			
ity, State BRISTOL, PA				18706		5 Cu Yds Disposal Date	City, State					
DINOTOL, FA						7/31/18	FAIRLESS I	HILLS, PA				
ompleted By (Print or Type)		Title				Signature						_

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

NOTIFICATION OF ASBESTOS ABATEMENT Check#3246 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 10 2019 Jean Shavel Agencies Notified Type Notification Street Address ☐ EPA X Initial **⊠** DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # Bayonne, NJ 07002 □ DCA Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Ed Szawiel **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address ☑ Other (i.e., private and commercial buildings. homes, etc.) Square Feet # of Floors Bldg. Age City (5) Bayonne, NJ 07002 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 01127 973-638-1777 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 19 / 19 01 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Encapsulate Used Solely by 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 SIF or LF) (12)(13)other miscellaneous) Yes N/A No X X Pipe insulation 250 LF Basement П NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Tullytown, PA Wayne, NJ 07470 TBD Date Completed By (Print or Type) Title Signature ewic wena

State of New Jersey

Owner

01/07/19

N.Jevtic

CK7200 PA		NOTIF (F	ICATIO Pursuan	N OF ASI	BESTOS 8:60 ar	ABATE nd 12:12	MENT 0)	Г			= [[5	5		
Date of Notification (1)				of Building					- 17						-
1/7/19 Agencies Notified Type Notification		_		las Kink	all Pri	vate Ho	ome				JA	N	10	201	9
			Street	Address					1						
EPA Initial Amended		}	City St	tate, Zip C	ode					1 (3/6/	·			anyers o	
DOL Amendment				ate NJ 0						20,0					
DOH Emergency justification)		1		of Contact					Tele	anhone	Mun	her		1 1-1-	
DCA Cancellation			Doug	1											
Name of Facility Wilson Alvid Co. T. C.			FAC	ILITY INF	ORMAT	ION							-		
Name of Facility Where Abatement is Takin Douglas Kinball Private Home	g Place (3)					Туре	of Facility	(4)	08/13/1					
Street Address								School (K	-12)	41	16.40				
							K	Subchapte Other (i.e.	private 8	er than & comn	K-12 nercia) Il buil	dinas	hom	es.
City (5)								etc.)							
Holgate NJ 08008							100	are Feet ∩0+	2	Floors	5	- 1	81dg. <i>F</i> 35+	Age	
County (6)			County	Code (7)	1.1.11		.115.441.5	ent Use (P	1	na dem	nolish		JOT:	-	
Ocean				USE ONLY)		Ho			ig don	.0011	Juj			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		Name	of Aba	atement Co	ontractor	(9)					
N/A						Perr	naco	Inc.							
Street Address						Street									
City, State, Zip Code							Box 3								
Oity, State, Zip Code						100000000000000000000000000000000000000		ip Code In NJ 08	2004						
Project Manager for Monitoring Firm		Т	Telepho	ne No		Teleph			1 600	Licen	oo Nie				
						856-				Licens 0072					
Start Date (10)						- No. of the Contract of		HA Monito	- I			-	_		_
1/16/19	1=00					Sam									
Occupancy Status During Abatement (Check	Status During Abatement (Check Only One					Street	Addre	SS							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe:	eriod of A	Abatem Hours	ent			City, S	tate, Z	ip Code							
	- Describe:														
	ork (Check All That Apply)					_	,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				-		II Containn		Negati	ve Pr	essu	re		
-	-						Glo	ovebag Pro	cedure						
	Т .	50 NS				X	l No	n-Exempte	ed (*) and	Non-F	riable				
Location of	1.0	Locati Iormall											Abate Ty		
Asbestos-Containing Material (ACM)	Use	d Solel	y by	Asbes		scription aining M		(ACM)	An	nount					alli e-
TO BE ABATED In Facility		intenar odial S		(i.e.	thermal	systems	insula	ation,	(S	pecify		Re	R	Encapsulate	Enclosure
(13)		(12)	102/22/01			cing, VAT niscellan			SF	or LF)		Remova	Repair	nsdı	losu
	Yes No						W					<u>a</u>	7	late	ıге
Exterior Siding	Exterior Siding				Exto	rior Sid	lina		200	00 -6	-	-			
	ž				LAIG	noi oid	iiig		200	00 sf	_	x			
	-														
Name of Posistand Market															
Name of Registered Waste Hauler		(A) (A) (A)	JDEP W auler ID		Cubic of Was			Name of		ed Lan	dfill				
United Roll Off		1000	2459		4			G.R.O	.W.S.						
City, State					100	al Date		City, Stat	te				-	111-22-	
n NJ					1/25/			Morris	ville PA	1906	57				
Completed by Anthony T Perna	Title	dont			S	ignature	7				Date				
Androny i Fema							1				1/7	/19			

State of New Jersey

Print	
Print	-orn
F 131 14	1.0111

CK9307 PA	<u>Lio</u>		ICATIO	tate of New Je N OF ASBEST t to NJAC 8:60	OS ABATE				11/		
Date of Notification (1)			Name of	of Building Own	er/Operator	(2)	JAN 1	0 2	019		3/
Agencies Notified Type Notification				Address HADLEY RO	DAD		A-Parcs	JON'	ir.	+ . 1 	
EPA X Initial Amended Amendment	‡			ate, Zip Code TH PLAINFIE	ID NIC	7080	1.039		ete a Ti	-2	456.7
Emergency (i justification)			Name o	of Contact	_		Telephone Nur			~	1,1
				EX S	COT ATION	7	732-6	1/5	- 5	/~	14
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility (4	4)		301=311		
PSE4G- Street Address						School (K-1	2) 8 (Other than K-12	٥١			
126 DAVIDSONS	s 1	1:1	LE	2 D.		Other (i.e. p etc.)	rivate & commercia	al buil			es,
City (5) NORTH BRUN						Square Feet	# of Floors		Bldg. A		·
County (6)	5ω	101	County	Code (7)		Current Use (Price	or if being demolish	ned)	Px	80	YRS
MIDDLESEX				USE ONLY)		Suß S	STATION				
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	ASCI 004	M No.* 5		of Abatement Con QUE SYSTEMS		A INC			
Street Address 64 BROAD STREET						Address WHITEHEAD A	AVE.				
City, State, Zip Code MATAWAN, NJ 07747			,	saler i	100000000000000000000000000000000000000	tate, Zip Code TH RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER			Telepho	one No. 90-2217	Teleph	ione No. 432-8350	License No.	0.	-		
Start Date (10) 1/24/18	Schedul	ed Con	npletion	Date (11)	Name	of OSHA Monitor		INC			
Occupancy Status During Abatement (Check	Only O	ne)	8/,	1 82	Street	QUE SYSTEMS Address	V TOLDER TO THE SECOND CONTROL OF THE SECOND	INC	,. 		_
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	I Facility	/ Hours	100	0		WHITEHEAD A tate, Zip Code	VE.	-110-1111			
Other – Describe:	apo	rala	us o	nly	SOU	TH RIVER, NJ	08882			222	
≥3 sf or ≥3 If	₩.		4.	-	F	1					
≥160 sf or ≥260 lf		Renova Demolit				Mini-Enclosure Glovebag Proc	edure				
	le	Locati	on		LX.	Non-Exempted	(*) and Non-Friabl	e Pro	Abate		
Location of	1	Normal	У		Description	of			Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/	Asbestos C (i.e. therm		aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
V 22 - C	Yes	No	N/A	0010	i inocciar	oous)		val	=	ılate	ure
CONTROL ROOM		X		Floor	1.LE+	M Astic	5/00 SF	X			
11				TRANS	TE FL	OOR PANELS	24 SF	×			
Name of Registered Waste Hauler		l N	JDEP W	laste Cut	oic Yards	Nome of D	logistared Logaril				
WASTE MANAGEMENT		Н	auler ID 125	37070700000	Vaste	FAIRLES	legistered Landfill				
City, State ELIZABETH, NJ					oosal Date	City, State	SVILLE, PA				
Completed by CAROL RAIMO	Title OFFI	CE M	GR.		Signature		Dat	e//	91	20	12

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

(K1191)	二 《 是 是 是]	*	(PC	ipacient i	d njaç 0:	ons.ve	12:120	1		3					
Date of Notification (1)	1/7/19			Name of	Building O	wner/O	perator E	(2) = 4/2	ZABET	H	J. Du	160	w	haraterre se	
Agencies Notified	Type Notification		1	Street Ac					171-124 171-124			7 2	V	7	4 }
DOL	Initial Amended Amendment # Emergency (in justification)	cluding	_	EAS		uns			NJ	් උ දි	Maria de la compania	0		9	
DOH DCA	Cancellation			DEB	Contact O RA 1:	+ 4	Duio	-0a	/	1					
Name of Facility Where A	hatament in Taking	Dingo (2)		FACIL	JTY INFO	RMATH	ON	Tuno	of Facility (4		autorus Liter	t.A.A Vijar		Allers.	_
DUI GO D Street Address	Datement is rawing i	- race (a)						A	School (K-12 Subchapter I	l) 3 (Other	rthan K-12)		1 1		
25020 (1000						=			Other (i.e. pr etc.)						s,
City (5) EAST BR	enswick			,				1	re Feet 850	1		1	dg. A		
County (6) MINOLESEX		v.		County C STATE U	Code (7) ISE ONLY)		_	Curre	PE_	r if bein S	g demolishe	d)		2	
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCM	No.				itement Cont ontracting		9)				
Street Address								/reela	and Ave.	•					
City, State, Zip Code					•				ip Code ark, N.J.						
Project Manager for Moni	toring Firm			Telephor	ne No.		Teleph 201-2				License No. 00156				
Start Date (10) / 9	. 5	Schedule		npletion I	Date (11)		Name Ome	of OSI	HA Monitor nvironmen	ital Se	rvices Inc				
Occupancy Status During	Abatement (Check	Only On	e)				Street		A						
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire Pe ed Outside of Norma	riod of A I Facility	baten Hours	nent s			City, S	tate, Z	or Street Tip Code ack, N.J. 0	7806					
Scope of Work (Check Al	That Apply)				*****		Haor	(6) 100	1011, 11.0. 0	1000					
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova emolii					MI	ill Containme ni-Enclosure ovebag Proc on-Exempted	edure				9	
		Is	Locat	ion									Abate	ment	
Location Asbestos-Containing TO BE AB In Facili (13)	Material (ACM)	Use Ma	lorma d Sole intena odial (12)	ely by nce/ Staff?		os Cont thermal surfa	scription taining N system cing, VA niscellar	lateria s insul T, or	- 1	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT + 1	of FLOOR	-		×		VA	77				30185	×			
0.100.00				1		-									
				1							*				
Name of Registered Was Newark Carting, Inc.			11	VJDEP V lauler ID 4509		Cubic of Wa	Yards ste	(2	1		red Landfill I Sanitary	Lan	dfill		
City, State Newark, N.J. 0710	5		- 1-			Dispo	sal Date	700	City, State		08072				
Completed by R. McDonald		Title Pres	siden	t			Signatur		Full	-	Dat	e /	7/1	9	

CK 1296	P		CATIO	tate of Ne N OF ASB I to NJAC	ESTOS	ABATE			The case of the ca	and any analysis of the same of		The second of	
Date of Notification (1) 12/5/2018	-			of Building		perator	(2)		<u> 101.</u>	- 1.0	DAY	7	To refer to many to
Agencies Notified Type Notification	on	+		Address		51-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					7.85	1	
▼ EPA								and the same of th	40.7		/	1	1
DEP Amended		ľ	27.7	ate, Zip Co					7	1			of the Parks
DOL Amendme	nt # y (including	-	Jerse	y City, N	IJ 0730	2		I tan	8 B 10-	**************************************			-
DOH justification	n)	Γ		f Contact				Те	lephone N	lumber			
DCA Cancellati	on			ie Clama			1.	F	EA	E	- NA	E	Prompt
Name of Facility Where Abatement is Tal	king Place (3)	FAC	ILITY INFO	ORMATI	ON	Type of Faci	lity(4)	15 16	15 1	W	L	-10
Private							School	(K-12)					111
Street Address							Subcha Other (i	pter 8 (Olf .e. private	er than K	-12) ()	201	home	es
							Other (i etc.)						,
City (5)							Square Feet	#6	ASBE	on do	ldg. A	ge	2
Jersey City			Cauntur	Code (7)			Current Use	(Prior if ho	ina damal	ichod)			
County (6)				Code (7) USE ONLY)	_	Current Ose	(Prior ii be	ing demoi	istico)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASC	M No.			of Abatement C Services		r (9)				
Street Address							Address Route 23	South #	111				
City, State, Zip Code							state, Zip Code		111				
						Way	ne, NJ 074	70					
Project Manager for Monitoring Firm			Telepho	ne No.			none No. 750-0752		License 01253				
Start Date (10) 12/6/2018	Schedul 12/7/2		npletion	Date (11)			of OSHA Mon		9				
Occupancy Status During Abatement (Ch							Address						
Facility Closed/Vacated During Entir							1 Wagaraw						
Abatement Performed Outside of No Other – Describe:	rmal Facility	/ Hours	•		_		itate, Zip Code Lawn, NJ 0						
Scope of Work (Check All That Apply)				-			_						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demolit				×		sure Procedure	-				
	1			1			Non-Exem	pted (*) an	nd Non-Fri	able Pro	Service Company	e ement	
		Locati										pe	١
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Aches		cription	of Material (ACM)		Amount			m	
TO BE ABATED	1	intenar todial S	100000000000000000000000000000000000000		thermal	systems	s insulation,	(Specify	Re	R	Encapsulate	Enclosure
In Facility (13)	003	(12)	J.Carr.			ing, VA		S	F or LF)	Remova	Repair	nsd	losu
(1-)	Yes	No	N/A	1	000000000000000000000000000000000000000					22		ate	ře
Basement	100	110	X			TSI		1	10 LF	X			
						242000			0H				
	_		-					\dashv		+			
			-										
Name of Designated West- United		LAI	JDEP W	lasta	Cubic '	Varda	Name	e of Regist	ered I and	fill			
Name of Registered Waste Hauler			lauler ID		of Was				creu Land	1111			
G S C Services Corp		0	036309	9			TRF						
City, State Wayne, NJ					Dispos	al Date		State ytown, P	A				
Completed by	Title				I/s	Ignature	A	1		Date		11.2.2.2.2	
Daniela Antic	Own	er			1	/	YC			12/5/2	018		
ACD 44 /D 06 00)						, Do D	ot use this form	o for ashas	tos licens	ure eyer	nnted	activi	ities.

CK 1289



(Pursuant to NJAC 8:60 and 12.128)

JAN 1 0 2019

Date of North Canon (1)	With the William Planting Co.			Aleman .	of Building (Tunent	EARSON	1131		-+-	-	-	-	-
12/4/2016				Stude	e Hade					F-Stance	200	11/2/2	V 40000000	
Agendes Nathed	Type Nothcasen	W		Station ,	Action es		-	***************************************	-		1		100	Al Ca
EPA DEP	(4) Install										***	- ive-		NAME O despre
	Amended		Ì	Cay St	are In Co	e the								
E oct	Amendment Emergency		-	Pack	ana sta	be. NJ	0.47	Ų						
El co+	presentation;				of Contact				Te	ingrane to	eriter			
☐ DCA	Caecelator	1		±040	m 2 =									
Name of Facility Where.	Annemant of Falls	G ED TALL		FAC	ALITY INFO	RMATE	DN	Y			-			
Private	Production of the 1 speci	As F WALL IN						Type of Facility	100					
Street Address		-		-				School/K.		instantin	471			
								Cther de				dres	hors	45
Gtv /5)					-			Schart Fred	1 -					
Packanack Laker								2012/25 2 2 660	1 = 1	d Facers	1	9.57	40.00	
County (6)				Chuntu	Code (7)		-	Current Line (2)	una di ka					
Passata			l	STATE	USE CHLY		i	may all a made and	2.8 (1.5.4)	or with the countries.	nea.			
Name of Monasting Furt	HPM DV BUILDAS	Owner (B)		ASC	La san		Name	of Abatement Co	VEF-SATE	191		and the latest terminal		
						- 1		Li Services Co						
Street Address								Appress						-
							14(-)	a Route 23 So	udn m	111				
City State Int Code						$\neg \uparrow$		case Lo Cone						
							Way	re Milli7470						
Project Marager for Man	Mosing Fish			Telegrap	ind file:			one No		Lecense	45			
							9734	150-6152		01253				
Start Date (10)					Cate (11)			of OISHA Manitor		A				
12/14/2016		12-15 7						naVision Cons	Listi	's				
Godesianov Status Dunn	a Abatement (Chec	is Only On	ei					Accirca						
A Facility Closed Vac								1 Wage aw R	-4.					
Abatement Pertorn Other - Describe		ral Facility	Hour	2				tale Zo Code						
Scale of Werk (Check A	2 The carrie						† <u>#</u> ##	Layer 143 074	2 f)					
T asserbly	or a company to the Li	production of					7	1						
F 2160 st or 2250 r			CTOM CTOM				12	Full Containing Meri Englosus		Negative	Pressu	F (22)		1
			W				18	Storechag Pro	cedure					
		_			-			Non-Exempte	c (") ar	d Non Fra	tie Pra			
			LDCST									4.000	ement od	١
Location Aspesses Centarying		0.0000		By By	1		oretion.				-	1	Ī	\vdash
TO BE ABI	ATED		mena		nie i	os wonce Incomel :	eneng w Systems	fateral (ACM) Litsulation		undung Specify	20	-	20	5
[# F ###]	7.5	€ 12574	(12)	31.311/			ng, VA			FORLES	Remove	Repair	45.4	57.6555.45
1131		-		т —	1	CARCT IN	1202120	(C-3172)			12	315	X/RV14-Ch/Su/3	7.0
		Yes	tvo	Na									0	
Elapera	944			X			151		1	SOLF				
			winding resident			COMMENCEMENT	Mayer produces	and the second s		Telescope (Control of Control of	1	1		
	~-~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 1	-	1					-	***************************************	+-			\vdash
		+-+	(-			-		+	_	_	\vdash
Name of Receivered Was	ir Haun		13	NOSP W	larra I	France V	-	I Mama al	Care					
				DESERT O		Cubic Y				red Landi	1			
GSCS+ mes Cig	.1		0	03630	9	1 775		1, 15 15 1						
City States						Disses.	S Date	CO Str						
Vinjer IIJ								3 July la	wr E	4				
Completed by		The				1	anature	1/01	_		2.00	100000		
Europe Artis		Own.				_/{_,		1/			211.	,11;		

2019-01-07 11:19

Shade Environmental 1 >> 609 633 0664

P 2/4

Date of Notification (1)			Na (me of Build	ling Owner/Operator	(2)		hebris (501	OST	
Agencies notified EPA DOLWD Amended Months	nt#		Git	sel Address /, State, Zip	Code		1	1	/		1
DCA (NUAC 5:23-8) Emergency justificatio	n)	ing	Nar	ne of Control ary Your		**** · · · · · · · · · · · · · · · · ·	Telephone Nu	rnber	_		
			-		NFORMATION			_			
Name of Facility Where Abatement is To	king Pla	ce (3)	The Real Property lies	-	THE PERSON NAMED IN	Type of Facilit	145				
Young Residence Streat Address City (5)						School (K- Subthapte Other (i.e., homes, etc	12) r 6 (Other than K-	I2) erdal	bulid	ings,	
Mount Holly						Square Fact	# of Floors		Bldg.	Ade	
County (5)						1,800	3		86		
Burlington			Ce	unty Code ((7)(STATE USE ONLY)		rior if being demo	ished'	1		-
lame of Monitoring Firm Hirad by Buildin						Rosidence					
Management & Enviro. Consulting	B AMUS	r (B)	ASC	A No.	Name of Abatoms	m Contractor (f)			_	_
iree! Address	iå sev	IC#5		_	Shade Enviro	nmental, LLC	3				
PO Box 341					Street Address				-		_
ily, State, Zip Code					623 Cutlor Av						
			(2)		City, State, Zip Co	de		-	_		_
Chesterfield, NJ 08516		_			Maple Shade,						
roject Manager for Monitoring Firm		Te	aphone	No.	Telephone No.		Liconse No.				_
Bill Welegarber				8-4070	266-755-0099		90542				
tert Date (10) Sch	edulad i	Compl	etion D	pte (11)	Name of OSHA M	art from	90842				
01 / 08 / 19	01	1_1	0 /	_19	EMSL Analyti					Raille S.	
ccupancy Status During Abatement (Ch.	ak anly	éne)	-		Street Address	-dis 1160.					
Facility Closed/Vacated During Entire !	Saelani al	file ma	ment		200 Route 130	***					
Absternant Performed Cutoids of Norm	al Feell	W Hall	- De	scribe	City, State Zip God	WORTH					
Time of Abatement:AM	PW	PM		AM	Cinnaminson,	31 (0000					_
cope of Work (Check all that apply)					Annemikieon,	MJ 08077					
] ≥3 af or ≥3 (f] ≥160 af or ≥260 (f		enovat moliti			⊠ Glovebas	isure Procedure	gativo Pressuro m-Friable Procedu	re			
Location of		Local Norma						-	aten	I len	VIN
Asbestos-Containing Material (ACM)	Lise	d Sol	oly by	Ashar	Description of stas Containing Mate	rio (Aman	A	-	_	_	-
TO BE ABATED		intens tedial	ince/ Steff7	(1.0.	, inermal systems in	Sulation I	Amount (Specify	Renagual	Repair	Encapsulate	CHIROTHIA
(13)	- Channel	(12)			surfacing, VAT, o	۲	SF or LF)	E	-	DE SE	
150mont	Yes	No	N/A	Al-C-II						968	
sement		_	+		Pipe insulation	_	76 LF	X			
		X		Duct Pa	per		2 SF	×			
					7			-	-	_	-
-											
no of Registered Waste Houler	-	- Comment	JOEPV	Uncin	Outla Maria						
rechold Cartago		H	auler (C		Cubic Yards of Waste	Name of Regist		S///			-
/, State	-	100	10939		1	Fairless La	ndfill				
						City, State				-	_
raphald MI											
reshold, NJ npleted By (Print or Type) Title					01/10/2019	Morrisville,	PA				



State of New Jersey NOTIFICATION OF ASSESTOS A

CK 7218 PA	D	NOTIF (P	ICATIO	tate of New N OF ASBE t to NJAC 8	STOS	ABATE	MEN ¹	Г 		E.C	3 E	3		7	
Date of Notification (1)				of Building O			100000000000000000000000000000000000000	1							1
1/7/19				n Monnig	Private	e Hom	ne	į.		JA	IN.	0	20	119	
Agencies Notified Type Notification			Street A	Address				4	6						
EPA Initial		1	Cit. Ct	-1- 7:- 0-1						Sec. 7					2007
DEP Amended Amendment	#	1	The state of the s	ate, Zip Cod ey Cedars		onno				An Esta	onto LCP			130-1	-1
Emergency (7		of Contact	O UV	3000			T T-1	Director 188	-94-74			· 1/2 · 1 · 2	- 1
DOH justification) DCA Cancellation			Justin						1 16	ephone	Numb	er			
				ILITY INFO	RMATIC	ON									
Name of Facility Where Abatement is Taking	Place (3)					Тур	e of Facility (4)						
Justin Monnig Private Home								School (K-1	2)						
Street Address								Subchapter				a, iila	linas	h	
							X	Other (i.e. p etc.)	nivate d	k comm	erciai	DUIIC	iings,	nom	es,
City (5)							55-53-3	are Feet	1000000	Floors		1 33	ldg. A	ge	
Harvey Cedars NJ 08008				0 1 (=)			100	7.52	1				5+		
County (6) Ocean				Code (7) USE ONLY)				ent Use (Prid	or if bei	ng demo	olished	1)			
Name of Monitoring Firm Hired by Building C	lwner (8	,	ASCI	M No.		Nama	-	age	A4	(0)				-15-5	
N/A	Wilei (U	,	AGGI	WINO.		Pern		atement Cor	itractor	(9)			201		
Street Address						Street	0.4690.40								
					.	PO E									
City, State, Zip Code					-			Zip Code						-	-
						3500		lin NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N	lo.		Licens	e No.				
						856-	753-	9800		0072	7				
			npletion	Date (11)				HA Monitor							
1/16/19	1/25/1					Sam	е								
Occupancy Status During Abatement (Check						Street	Addre	ess							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of	Abatem	nent												
Other – Describe:	ai racilit	y Hours				City, Si	tate, 2	Zip Code							
Scope of Work (Check All That Apply)	- 100c														
☐ ≥3 sf or ≥3 lf	П.	_					1 -			-20000000000000000000000000000000000000					
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf		Renova Demoliti						ill Containme ni-Enclosure		Negativ	e Pres	ssur	е		
	_					X	GI	ovebag Proc	edure						
			Water Comment	Г			ı No	n-Exempted	(*) and	Non-Fr	riable I				
Location of	1	Locati Normall			22	140720	9					,		ment pe	
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbestos		cription inina M		I (ACM)	Ar	nount				_	
TO BE ABATED In Facility	F	intenar todial S			nermal s	ystems	insul		(S	pecify		Re	Z	ince	En
(13)		(12)			surraci other mi	ng, VA			SF	or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								1	<u>a</u>	-	late	Тe
Exterior Siding	1.00					0:1					-	-			
Exterior Siding			Х		Exteri	or Sid	iing		80	00 sf	2	2	- 711		
Name of Registered Waste Hauler		1000	JDEP W		Cubic Y			Name of F	Register	red Land	dfill				
United Roll Off		832	auler ID 2459	3835533	of Wast	е		G.R.O.	W.S.						
City, State			2409		2 Disposa	I Data		A construction							
Elm NJ				0.0	1/25/1			City, State Morrisv		1906	7				
Completed by	Title				1000	nature	1	HOITION			Date		-		
Anthony T Perna	Pres	ident			(-1		_	-		1/7/	19			

CK1970 PAIT		TICATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 an	ABATE		1000		; E		W	
Date of Notification (1) 1/7/19		Name o	f Building Owner/0 Daly	Operator	r (2)			N 1	0	2019	
Agencies Notified Type Notification		Street A	ddress				i un	11	0	2013	
EPA Initial		011 01	7. 0. 1				hans	and	ewana	den eng	
DEP Amended DOL Amendment #			ate, Zip Code nah, NJ 08090)			Action i	HUS HEN	tor Torr	H: (3	i. 64
Emergency (inclu	uding		f Contact			Teler	phone Nun		- 1-1	·/#===	
DCA Gancellation		John I	Daly			4_					
Name of Facility Where Abatement is Taking Pla	ace (3)	FACI	LITY INFORMAT	ION	Type of Facility (4)					
Vacant SFD	206 (0)					83					
Street Address			August		School (K-1 Subchapter Other (i.e. p	8 (Other			dings,	home	es,
City (5) Wenonah					Square Feet	# of F	Floors	В	ldg. A	ge	
County (6) Gloucester			Code (7) USE ONLY)	_	Current Use (Prio	or if being	g demolish	ed)			
Name of Monitoring Firm Hired by Building Owner	er (8)	ASCN	/ No.		of Abatement Cor o Construction		9)				
Street Address				Street	Address Creek Road	СОГР					
City, State, Zip Code					State, Zip Code						
00.00 - 00.00 Disable - 0.00 St					mawr, NJ 0803	1					
Project Manager for Monitoring Firm		Telepho	ne No.		none No. 931.3366		License No 01339).			
	neduled Co 29/19	mpletion I	Date (11)		of OSHA Monitor rew Ricco						
Occupancy Status During Abatement (Check On	ly One)				Address						
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Fr	d of Abater	ment		1000	Creek Road						
Other – Describe:	acility Hour	S			state, Zip Code mawr, NJ 0803	1					
Scope of Work (Check All That Apply)	_		(5)	,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				_	
	Is Locat	tion			1 Non-Exempled	() and	Non-Friabi			ment	-
Location of	Norma Used Sole	lly	De	scription	of				Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintena	ince/	Asbestos Cont (i.e. thermal		Material (ACM) s insulation,		ount ecify	D D		Ē	ш
In Facility (13)	Custodial (12)		surfa	cing, VA	T, or		or LF)	Remova	Repair	Encapsulate	Enclosure
· · · ·	es No	N/A	outer 1	illocalai	ledus)			val	₹	ulate	ure
Interior		Х	9)	X9 Floo	or Tile	50	00 SF	Χ			
Name of Registered Waste Hauler		NJDEP W	aste Cubio	Yards	Nome of !	Pagistora	d l andfii				
Ricco Construction Corp		Hauler ID 28909	No. of Was		Name of F Salem (
City, State Bellmawr, NJ				sal Date	City, State)				
Completed by	itle			ignature		,	Dat	9			\dashv
Andrew Ricco F	resident		(M	Mu	1/	6	/19			

CK 7588 PA	MI	NO	TIFICAT (Pursu	TION OF A	New Jer ASBESTO IAC 8:60 a	S ARATI	EMENT 20)		E G	F		W	524 125 143 143
Date of Notification (1) 01/07/19 Agencies Notified Type Notification	200		Am	eritrust	ling Owne Resider	er/Operato ntial Ser	r (2) Vices	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JAN	1	0 :	2019	St. 1
EPA Initial Amended Amendme	ent #		352 City,	State, Zip	nont Rd		ilding 7 Suite	70		OS CEI	<u>POA</u>		
DOH Emergence justification Cancellation	n)	ing	Nam	e of Conta eritrust I	act Residen	tial Sen	/ices	Telep	hone Nu 554-01	mbei			
Name of Facility Where Abatement is Tak Street Address City (5)	ing Place	e (3)	FA	ACILITY I	NFORMA	TION	Type of Facilit School (P Subchap Other (i.e.		than K-1; ommerci	2) al bu	ilding	s, hor	mes,
Plainfield County (6)							Square Feet	# of Flo	oors		Bldg.	Age	
Union Name of Monitoring Firm Hired by Building			(STAT	ty Code (7 E USE ON	() LY)		Current Use (F	Prior if being	demolish	ed)			
Street Address	Owner ((8)	ASO	CM No.		Name AAA	of Abatement C LEAD PROF	ontractor (9) ESSIONA	LS				
City, State, Zip Code							Address IITE DOVE C	COURT					
Project Manager for Monitoring Firm						City, St LAKE	ate, Zip Code WOOD, NJ	08701					
Start Date (10)				one No.		Telepho 732-6	one No. 68-9078		cense No),			
01/17/19	01/23	/19	mpletior	n Date (11)	Name o	of OSHA Monitor	r ESSIONAI	LS				
Occupancy Status During Abatement (Chec	Dariad of	^ h = 1 =	ment			Street A	ddress TE DOVE C	OURT					
Abatement Performed Outside of Norm Other – Describe: Scope of Work (Check All That Apply)	nal Facili	ty Hour	S				ite, Zip Code WOOD, NJ (08701					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE SERVICE STATE STATE SERVICE STATE STATE STATE SERVICE STATE STATE STATE SERVICE STATE STAT	Renova Demoli				×	Full Containm Mini-Enclosun Glovebag Pro Non-Exempte	ent with Neg				e	
Location of Asbestos-Containing Material (ACM)		S Locat Normal ed Sole	ly		Des	cription o	f				Abate	ment pe	İ
TO BE ABATED In Facility (13)	Ma	todial (12)	nce/	Asbes (i.e	thermal s. surfaci	aining Mai systems ii ing, VAT, iscellaned	or	Amour (Specif SF or Li	17.5	Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		FLO	OR TILE		5000		<u>a</u>		ate	Ire
					1 200	OK TILL	-	500SF	- X	-	-		
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP W		Cubic Y		195655654.0	Registered La	andfill				
City, State NEWARK, NJ		04	509		Disposa		City, State						
Completed by OSEPH PERLSTEIN	Title OWN	ER			01/23/1	nature	BETHLE	HEM PA	Date	7/10	·		

State of New Jersey

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

Data of Notification (4)			3397				,	\$11 B31	1441	1 0) 00	150
Date of Notification (1)	_					ng Owner/Operator		711 11	JAN		46	H 9
	7 / –	19		C	ommunity	y Medical Cente	r	12	5	7	15	-
	pe Notificati	ion		Stre	et Address			(POIL	- A	20 VI 2	See See
F7	Initial			99	Route 3	7 W			į./K.	DMS	W.K.	
100 miles 100 mi	Amended				State, Zip				A 0	9/11 52	****	West:
□ DCA □	Amendmen		-	100000000		r, NJ 08753						
(NJAC 5:23-8)	Emergency justification		ıg		e of Contac	111		T-1- 1				
	Cancellatio			1000	ul McAte	553		Telephone Nur				
				1	100,000,000,000,000			201-264-17	87			
Name of Facility Where Abat	ement is Tal	kina Dlas	~ (2)	FA	CILITY	NFORMATION						
Community Medical C		King Plac	e (3)				Type of Facility (
Street Address	enter						School (K-12)	(Oth th 1/ 4	٥)			
99 Route 37 W							Subchapter 8 Other (i.e., pri	vate and comme	2) ercial b	uildin	as	
City (5)							homes, etc.)		noidi b	unum	90,	
Toms River							Square Feet	# of Floors	В	ldg. A	\ge	
							300,000	6		70		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pric	r if being demol	ished)			-
Ocean							Hospital					
Name of Monitoring Firm Hire		g Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)		511 gyres			
Guardian Contracting,	Inc.					Guardian Co	ntracting, Inc.					
Street Address						Street Address						
1889 Rte. 9, Unit 61						1889 Route 9	9, Unit 61					
City, State, Zip Code				7		City, State, Zip C	The state of the s		_			
Toms River, New Jerse							New Jersey 087	55				
Project Manager for Monitorin	g Firm		Tele	ephone	No.	Telephone No.		License No.		- 3	2777	_
Nicholas Fernicola			7	32-349	-9932	732-349-9932	2	00624				
Start Date (10)	Sch	neduled C	omple	etion Da	ite (11)	Name of OSHA N		00024				
01 /07 /1	9	01 /				E.M.S.L. Ana						
Occupancy Status During Aba	atement (Che					Street Address						
☐ Facility Closed/Vacated Du	urina Entire F	Period of	Ahate	ment								
□ Abatement Performed Out:	side of Norm	nal Facility	v Hou	rs - Des	scribe	1056 Stelton				V=-11=-		
Time of Abatement:	_AM	PM/	_PM		AM	City, State, Zip Co						
Scope of Work (Check all that	annly)					Piscataway,	New Jersey 088	54				
	арріу)					⊠ Full Con	tainment with Nega	tivo Drocover				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re				☐ Mini-End	losure	live Pressure				
△ ≥100 St Or ≥260 IT		∐ De	molitio	on		Gloveba	g Procedure					
		le	Locat	ion		□ Non-Exe	mpted (*) and Non-	Friable Procedu	re			
Location of		511	Vorma	0.5000		Description			Ab	atem	ent T	уре
Asbestos-Containing Mate	rial (ACM)		d Sole		Asbes	Description o stos Containing Ma		Amount	Re	Re	Ē	m
TO BE ABATED IN Facility		200000000	intena odial	nce/ Staff?	(i.e.	, thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
(13)			(12)	otum.		surfacing, VAT, other miscellane		SF or LF)	Val		Encapsulate	sure
**************************************		Yes	No	N/A	1	other miscellane	ous)				ate	
tank #1 Mechanical Room	1				tank ins	ulation			-	_	_	
tank #2 Mechanical Room				1_				300 sf		Ш		Ш
penthouse #4					tank ins			150 sf				
pentilouse #4					heat exc	changer		70 sf				
Name of Posistered West 11												
Name of Registered Waste Ha			1 (10)	JDEP V auler ID		Cubic Yards of	Name of Register	red Landfill				
Guardian Contracting, In	nc.			20223		Waste 10	T.R.R.F.					
City, State						Disposal Date	City, State					-
Toms River, New Jersey	1					01/11/19	Tullytown, P	ennsylvania				
Completed By (Print or Type)	Tit	tle				Signature	1	Da	tei	1		-
Nicholas Fernicola	1	Project	Mana	iger			1.1	Da	7	110	7	
00.44						V	1 was a month	1	1 1	2 1	E.	1

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

JAN 1 0 2019

Date of Notification (1)	-			NI-	(5 ")	-	,		UMI		20	113
01 / 07	/ 1	9		Na	me of Build Valters R e	ing Owner/Operato	or (2)	L		- 67-	_	
Agencies Notified Type No		_						3.	57	8/51	JIT.	
Agencies Notified		1		500,000	eet Address	22		- 1.9.0	1 - 1		#", >	= 15
☑ DOLWD ☐ Amer						gate Blvd.						
	dment a			1	y, State, Zip							
DCA Emerging DCA Ustific	gency (i	ncludi	ng	_	Barnegat,							
Cance	cation)			1000	me of Conta	ıct		Telephone Nu	mber			
	SHALIOTI				ictor			609-607-9	500			
Name of Escility Whose Abot				F	ACILITY I	NFORMATION						
Name of Facility Where Abatement Residence	is Takir	ig Plac	e (3)				Type of Facility	(4)				
Street Address							School (K-1:	2)				
oli oct / tudi ess							Subchapter	8 (Other than K- private and comm	12)	h!!!		
City (5)							homes, etc.)	ierciai	bullat	ngs,	
Toms River							Square Feet	# of Floors	T	Bldg.	Age	
County (6)					- 23/10/27		2500 sf	2		65		
Ocean				Co	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
			-				Residence	○ = - 119				
Name of Monitoring Firm Hired by B	uilding (Owner	(8)	ASC	M No.	Name of Abaten	nent Contractor (9)	<u> </u>			_	-
Street Address							ontracting, Inc.					
Olicet Address						Street Address						
City State Zin Code						1889 Route	9, Unit 61					
City, State, Zip Code						City, State, Zip C	ode				_	
Project Manager Fred Maria						Toms River,	New Jersey 08	755				
Project Manager for Monitoring Firm			Te	lephone	e No.	Telephone No.		License No.		-		
Start Date (10)	T					732-349-993	2	00624				
01 / _18_ / 19					ate (11)	Name of OSHA I	Monitor					
				21 /	19	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement	(Check	only	one)	250		Street Address						
☐ Facility Closed/Vacated During En	ntire Per	iod of	Abate	ement		1056 Stelton						
Abatement Performed Outside of Time of Abatement: AM_PM_PM_	Normal AM	Facility	у Ног	ırs - De	scribe	City, State, Zip C	ode					
						and the state of t	New Jersey 088	354				
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf		Re	nova	tion		☐ Full Con	tainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		⊠ De	moliti	on		☐ Mini-End ☐ Gloveba	g Procedure					
		130				Non-Exe ■ Non-Exe	mpted (*) and Non	-Friable Procedu	ire			
Location of			Loca Iorma	223 27 (223)						patem	ent T	vne
Asbestos-Containing Material (AC	M)	Use	d Sol	ely by	Achor	Description o	f				1	1
TO BE ABATED				ance/ Staff?	(i.e.	stos Containing Ma , thermal systems	terial (ACM)	Amount (Specify	em	Repair	nca	incl
IN Facility (13)		Gust	(12)			surfacing, VAT.	or	SF or LF)	Removal	=	Encapsulate	Enclosure
****		Yes	No	N/A		other miscellane	ous)		-		late	e e
xterior	and a su										-	
		=			asbesto	s slaing		2800 sf				
		ш							To	П	П	Г
										1	1	
			П	П						Ш	Ш	Ш
ame of Registered Waste Hauler				JDEP V	Naste T	Cubio Vorde	TN					
Guardian Contracting, Inc.			0.000	auler I		Cubic Yards of Waste	Name of Registe	ered Landfill				
y, State				20223	-	3	T.R.R.F.					
Toms River, New Jersey						Disposal Date	City, State					
mpleted By (Print or Type)	T:41					01/21/19	Tullytown, P	ennsylvania				
Nicholas Fernicola	Title					Signature	/	Da	te			
-41	Pro	ject I	viana	ager			1. Ar	/ (;	/-	7 /	1 =	7
41						,	7. 1.		1	1 1	1 .	5

CK 7586 P	AI	No	TIFICAT (Pursua	State of ION OF A ant to NJ	New Jer ASBESTO AC 8:60 a	SARATE	EMENT		C!	EI	W	far fr fr fr fr	
Date of Notification (1) 01/07/19			Nam Yitz	e of Build chok Fe	ing Owne	r/Operato	ır (2)	T Posterior T	JAN	10'	ากาก	1	The state of the s
Agencies Notified Type Notification	n		Stree	et Address	S		4	1 1	UAN	1 0 6	2019		1
EPA X Initial DEP Amended							1	Lance	"At helifor hadened.	in animal a second			
DOL Amended Amendmen	nt#		City,	State, Zip	Code	704	9	Pes:	23100	र दिस्स	127	- 1.1	
Emergence	(includi	ing		ewood,		01	*F	et error	to Later		j urwy	N 2	
DCA justification				chok Fe		ď		Te	elephone	Numbe	r		
			_	CILITY		_							
Name of Facility Where Abatement is Taki	ng Place	(3)			VI OINIIA	TION	Type of Facili	tv (4)					
Street Address							School (i Subchap Other (i.e	K-12) oter 8 (Ot	her than I & comm	K-12) ercial bu	uilding	s, hor	nes,
City (5) Lakewood							etc.) Square Feet	# (of Floors		Bldg.	Age	
County (6) Ocean		-	Count	y Code (7 E USE ON	")		Current Use (F	Prior if be	ing demo	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)	1	CM No.		Name	of Abatement C						
Street Address						AAA	LEAD PROF	ESSIC	NALS				
27 (27) (28) (28) (28)							Address IITE DOVE (COLIRT		1			
City, State, Zip Code						City, St	ate, Zip Code				- >		
Project Manager for Monitoring Firm			Teleph	one No.			WOOD, NJ	08701	Linear				
Start Date (10)							68-9078		License 1200	NO.			
01/17/19	01/23	/19	mpletion	Date (11)		of OSHA Monito LEAD PROF		NALC				
Occupancy Status During Abatement (Chec	k Only C	ne)				Street A			INALS				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of	Abate	ment			6 WH	ITE DOVE C	OURT					
Other - Describe:		y rioui	-				ate, Zip Code WOOD, NJ	08701					
Scope of Work (Check All That Apply)							•						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Entertain	Renovi Demoli				×	Full Containn Mini-Enclosus Glovebag Pro	re ocedure					
	15	s Locat	ion			- Land	Non-Exempte	au () and	Non-Fria	able Pro		e ement	
Location of		Norma ed Sole			Des	scription o	f					pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	nce/	Asbes	stos Conta	aining Ma	terial (ACM)	10.000	nount			ш	
In Facility (13)	Cus	todial ((12)	Staff?	(1.6	surfac	ing, VAT.	nsulation, or	(S _I	pecify or LF)	Ren	Re	nca	Enc
(10)	Yes	No	N/A		other m	niscellane	ous)		/	Removal	Repair	Encapsulate	Enclosure
EXTERIOR					S	IDING		2!	500	x		Ф	
										1			
								-					\dashv
Name of Registered Waste Hauler		1	IDES										
IEWARK CARTING		H	JDEP W auler ID 1509		Cubic Y of Wast		Name of IESI	Registere	ed Landfil	II			
City, State		104	1008		15 Disposa	al Data							
EWARK, NJ					01/23/		City, State BETHLI		PA				
Completed by OSEPH PERLSTEIN	Title OWN	FR				nature			Da	ate			
	J , V , V	\							0.	1/07/1	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1 PN CC 21		U)		(Purs	uant to N	JAC 8:60 and 5:	16)					
Date of Notification (1)				Na	ame of Build	ling Owner/Operator	r (2)	JA	N1	0 20	119	1
01/04	/	19	2		CKM Grou	ıb	. (2)		_		19	
Agencies Notified Type I	Votificati	ion			reet Addres	27.0		1388.4.7 ₂ (10.212.2		S S))	1.8
⊠ EPA ⊠ Init	al				3 Wilson (5			UDS C	autoja. Suletas	. 1	121
☑ DOLWD ☐ Am					y, State, Zip					1 1-11-		4
7 111	endmen	nt #			8 8 8	gh, NJ 08844						
	ergency ification	(Inclui	ding		me of Conta							
	cellation				Mark Allen			Telephone N		8		
	2.55							908-380-	8374			
Name of Facility Where Abateme	nt is Tak	cina Pl	200 (3)	1	ACILITY	NFORMATION						
Residence	10 10	ung i i	ace (5)	,			Type of Facility					
Street Address							School (K-12	!)				
							Subchapter 8 Other (i.e., pr	Other than K	(-12) mercial	huildi		
City (5)							nomes, etc.)	rate and com	mercial	Dullali	igs,	
Seaside Park							Square Feet	# of Floors		Bldg.	Age	
County (6)				100			1500	1		65		
Ocean				00	ounty Code	(7)(STATE USE ONLY)	The first property of the property of the second	or if being dem	olished)	100 m	
Name of Monitoring Firm Hired by	Building	Owne	or (0)	TACC	M No.		Residence					
N/A	- andmig	OWING	51 (0)	ASC	IVI NO.		ent Contractor (9)					
Street Address							ntracting, Inc.					
						Street Address						
City, State, Zip Code				_		1889 Route 9						
						City, State, Zip Co						
Project Manager for Monitoring Fire	n		To	lonhon	- N	Toms River,	New Jersey 087	55				
3			16	lephon	e No.	Telephone No.		License No.				
Start Date (10)	Sche	haluha	Comp	lotion D	ate (11)	732-349-9932		00624				
01 / _16_ / _19		01	/ 1	7 /	19	Name of OSHA M						
Occupancy Status During Abateme	nt (Cho	ok only	>			E.M.S.L. Anal	lytical					
□ Facility Closed/Vacated During I	Intire Pa	eriod o	f Abot			Street Address		1-7-				
Abatement Performed Outside of	f Norma	al Facil	ity Ho	ire De	soribo	1056 Stelton						
Time of Abatement:AM-	P	PM/	PN	1	AM	City, State, Zip Co						
Scope of Work (Check all that apply						Piscataway, N	lew Jersey 0885	54				
						□ Full Conta						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		□ R	enova	tion		LI WILLI-FUCIO	ainment with Negatosure	tive Pressure				
-		MD	emoliti	on		☐ Glovebag	Procedure					
		I	s Loca	tion	T	M NOII-EXEI	npted (*) and Non-	Friable Proced	ure			
Location of		200000	Norma	3		Description of			Ab	pateme	ent T	ype
Asbestos-Containing Material (A TO BE ABATED	CM)		ed Sol aintena		Asbes	tos Containing Mate	erial (ACM)	Amount	Re	Re	En	m
IN Facility		Cus	stodial	Staff?	(I.e.	, thermal systems in surfacing, VAT, of	sulation	(Specify	Removal	Repair	сар	Enclosure
(13)		-	(12)		-	other miscellaneou	us)	SF or LF)	/al		Encapsulate	ure
and a		Yes	No	N/A							ite	
exterior					asbesto	s siding		1350 sf				
								1000 31		Ш	Ш	П
				-								
			_									
Name of Registered Waste Hauler		Ш									П	П
Guardian Contracting, Inc.			N	JDEP V		Cubic Yards of	Name of Register	ed Landfill			_	
City, State				auler IE 20223		Waste 3	T.R.R.F.					
		200					City, State					_
Toms River, New Jersey						01/17/19	Tullytown, Pe	nnsvlvania				
Completed By (Print or Type)	Title					Signature			1	1		
Nicholas Fernicola	Pr	oject	Mana	iger				1	ate /	1/1	li.	
SB-41	-					1	1 3	1	11	111	1	

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

JAN 1 0 2019

Date of Notification (1)		Name		NELAWE		STRUCTI	DAL		4.44	
Agencies Notified Type Notification	n	Stree	1 Address	300 7	774 ST					
DEP Amended Amendment i Emergency (i iustification)	# including		of Conta	Code ISUG	CITY	N.J. C	8 Z ber	43		=
DOH justification				PAMIC						=
		FA	CILITY IN	ORMATION	Type of Facility	v (4)				_
Name of Facility Where Abatement is Takin RESIDEAL Street Address	ng Place (3)				School (K-1	S. Chicago		lings,		
City (5)					homes, etc Square Feet	# of Floors	100	dg. Ag		-
SUA ISL	CIT	TCON	nty Code (7) (STATE	Current Use (P	rior if being demoli		00		=
COUNTY (6) CAPE WAY		USE	ONLY)		V	ACHRIT				_
Name of Monitoring Firm Hired by Building (8)	Owner	ASCM	No.	Name of Abatem	ent Contractor (9					_
Street Address				Street Address	SSPI	PUCE AU	(-			
City, State, Zip Code				City State, Zip C			TC	80	5	>_
Project Manager for Monitoring Firm	Tele	ephone	No.	Telephone No.		License No.	37	i		
	duled Comple	tion Da	te (11)	Name of OSHA N				_		_
1-13-18	-23-19	8			N	4			_	=
Occupancy Status During Abatement (Che	ck only one)	ment		Street Address	E	20				_
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	Facility Hou	rs		City, State, Zip C	ode	A				
Other - Describe:						antina Processo				7000
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovati	ion in		☐ Mini-End	dosure a Procedure	egative Pressure on-Friable Procedu	ле			
X 2100 \$1 01 2200 !!	Is Location			MAGIFER	simpled () and it	GITT Lable 1 10000	A	bater		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Normally Used Solet Maintenan Custodia Staff?	y by ce/	Asbes (i.e.,	Description of tos Containing Mat thermal systems it surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	(12) Yes No	N/A		00101111000	,		1 2		ate	е
SIDING	-	X		TRANSIT	E	1500 SF	X			_
SIDIME		-					+-		_	-
							+			
	I A	UDEP V	Vaste	Cubic Yards	Name of Reg	ristered Landfill				-
Name of Registered Waste Hauler	H	buter 10	No	of Waste	CM.	C.MU.A.				_
City. State				Disposal Date-	City, State		7 14	- /		
MAPLE SHOULE	MI. J	08	252	Signature -	1000	DBINE Date	2 1	9		_
Completed By Title	SUP	-		- Then	Wh		3-1	Q		=

(K#4717

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

JAN 1 0 2019

Name of Building Owner/Operator (2) CONTRACTING EARTHTECH Date of Notification (1) 2-19 Street Address Type Notification Agericies Notified Initial Amer City, State, Zip Code Amended GREENFIEL Amendment #_ DOL. Emergency (including justification) elephone Number Name of Contact DOH DCA BRUCE Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, Street Address nomes, etc.) Bldg. Age # of Floors Square Feet City (5) 2000 County Code (7) (STATE Current Use (Prior if being demolished) MACANIT County (6) USE ONLY) APF Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLEMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code HADE MAPLE License No. Telephone No Telephone No. Project Manager for Monitoring Firm 856-779-0472 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 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:] Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation Glovebag Procedure ___≥3 sf or ≥3 lf ₩≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Demotition Abatement Type Is Location Normally Description of Used Solely by Amount Asbestos Containing Material (ACM) Location of Maintenance/ (Specify (i.e., thermal systems insulation, Asbestos-Containing Material (ACM) Custodial SF or LF) surfacing, VAT, or TO BE ABATED Staff? other miscellaneous) IN Facility (12)(13)NIA No Yes 50 SF SIDING Name of Registered Landfill Cubic Yards NIDEP Waste Name of Registered Waste Hauler of Waste Hauter ID No. (Ltm() Disposal Date R City, State MADLE Signature Title

01/257311				State of New Jer	SON				-		
(K#5234)	PAJ	No	TIFICAT (Pursua	ION OF ASBESTO ant to NJAC 8:60	SARAT	EMENT 20)	DEC	E	W	y iso y so i kan	
Date of Notification (1)			Nam	e of Building Owne		or (2)					
Agencies Notified Type Notificati	on		Street	t Address)		JAN	10	2019)	
	011		Siece	at Address		8					† †
X DEP Amended			City,	State, Zip Code			Professor Communication Commun		Tree :	-	9
Emergen		ina	L Ar	mandale	. Ne	W 6-911		I-MO			
DOH justification DCA Cancellat	in)	9	Name	e of Contact	1 100	a cy	Telephone N	lumber	-		
Caricellat	ЮП			CILITY INFORMA	TION						
Name of Facility Where Abatement is Ta	king Place	€ (3)	T P	CILIT INFORMA	HON	Type of Facilit	v (4)	20020010		-	
LIKUS Keriderce						School (k					
Street Address						Subchapt	er 8 (Other than K-	-12)			
City (5)						etc.)	. private & comme	rcial bu	ildings	, hon	nes,
Annon date						Square Feet	# of Floors		Bldg.		
County (6)			Count	y Code (7)		2300	1 0		101	1	
Hunterdon			(STAT	E USE ONLY)		Farm H	rior if being demoli	shed)			
Name of Monitoring Firm Hired by Buildin	g Owner ((8)	ASC	CM No.	Name	of Abatement C	ontractor (9)				
Street Address					A	OC LOSI	10 tion ()	Ta	(
Street Address					1 6	Address	01				
City, State, Zip Code					(9)	Montros	eRd	1-07-			
					1	State, Zip Code	(>			
Project Manager for Monitoring Firm			Teleph	one No.	Teleph	DIVCK, J	License	No.			
	24.23.20 (P. 100 - 100 P.				1	294175					
Start Date (10)	Schedu	uled Co	mpletion	Date (11)	Name	of OSHA Monito	r	O			-
Occupancy Status During Abatement (Che	ole Onles C	29/1	9								
Facility Closed/Vacated During Entire					Street	Address					
Abatement Performed Outside of Nor	mal Facili	ty Hour	rs		City S	tate, Zip Code					
	-AM-	For	<u> </u>		July, C	ato, zip odde					
Scope of Work (Check All That Apply)				V						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova				Full Containm	ent with Negative	Pressu	re		
	R	Demoli	uon			Mini-Enclosur Glovebag Pro	e				
	<u> </u>			1	X		d (*) and Non-Frial	ole Pro	cedure	=	
	9	s Local Norma							Abate		t
Location of Asbestos-Containing Material (ACM)	Us	ed Sole	ely by	Asbestos Cont	scription	of			Ту	pe	
TO BE ABATED In Facility		aintena stodial		(i.e. thermal	systems	insulation.	Amount (Specify	Z		Enc	щ
(13)		(12)		surface other n	cing, VA7	r, or eous)	SF or LF)	Removal	Repair	apsi	Enclosure
	Yes	No	N/A			,		<u>a</u>	=	Encapsulate	ure
Ovlecia			1,	101	7		1) 2- 1	1			_
harmot	-	1	TV.	1 3 ding (6	411-41)	2300 1/2	X			
, , , , , , , , , , , , , , , , , , , ,	-		1	Dibe 1275	1640	7	100 LF	X			
*	+										
ame of Registered Waste Hauler		1 00	JDEP W	Costo Cutio							-
ACO TO ACOUNT	,		auler ID	,		Name of I	Registered Landfill Factory Mar.	11.vc	e. 71	+	
tv. State	10		209	10 horfi	13	- Chains	Easton, P		1		
SITS NOCK UT				Disposi	al Date	City, State	:	***************************************			\neg
ompleted by	Title			1 10	gnature	East					
see me bure	150	pto	VII	easser -	TZ STIGITURE		Da	le .	.0.		1
	1 637	, , ,	7+1	C > 0	1)-	V//	1 1	141	17		-
B-41 (R-06-08)					* Do not	use this form for	asbestos licensure	exem	pted a	ctiviti	es.
									ALCOHOLD STATE	100000000000000000000000000000000000000	A000000

CK:	7580	> PA	ID			N OF ASE t to NJAC									U Y		The second
Date of Not 01/04/19	tification (1)				Name o	of Building	Owner/	Operator	(2)		Total Control		JAN	1 0	20	19	
Agencies N EPA DEP DOL		Type Notification Initial Amended Amendmen	t #			Address ate, Zip C Pleasan		, NJ				1	:537Y	08 00 1310		()	<u>.</u>
DOH DCA		Emergency justification) Cancellation		1		of Contact					T	elepho	ne Nui	nber			
Name of Fa	acility Where At	patement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	TON	Tyne	of Facility	(4)						
Street Addr	ress								x e	School (K- Subchapte Other (i.e.	-12) er 8 (O				dings,	home	es,
City (5) Point Ple	asant Boro,	NJ							Squar	e Feet	#	of Floo	ors	В	ldg. A	ge	
County (6) Ocean						Code (7) USE ONLY	,		Currer	nt Use (Pr	rior if b	eing de	emolish	ned)			
Name of Mo	onitoring Firm H	lired by Building	Owner (8)	ASC	M No.				ement Co PROFI			.S				
Street Addre	ess								Address	s OOVE C	OUR	T					
City, State,	Zip Code							City, S	tate, Zip								
Project Man	nager for Monito	oring Firm			Telepho	ne No.			one No 668-90			Lice	ense N	0.			
Start Date (** 01/15/19	10)		Schedul 01/18/		npletion	Date (11)				A Monitor		ONAL	.S				
Occupancy	Status During /	Abatement (Chec	k Only O	ne)					Address		0110	_					
Abaten	Closed/Vacate nent Performed - Describe:	ed During Entire I I Outside of Norn	Period of nal Facility	Abatem y Hours	nent			City, S	tate, Zip	OVE Code OD, NJ (_
Scope of Wo	ork (Check All	That Apply)			1			LAN		, NJ С	0010						
≥3 sf or ≥160 sf	r ≥3 lf f or ≥260 lf		property .	Renova Demolit				×	Mini- Glov	Containm -Enclosur /ebag Pro -Exempte	e cedur	е				•	
	Just = Mass	2		Locati Normali										T	Abate Ty	ment	
Asbestos	Location o s-Containing M TO BE ABAT In Facility (13)	aterial (ACM)	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ staff?		tos Con thermal surfa	scription taining M I systems cing, VA miscellan	laterial (insulat T, or		10	Amoun (Specif SF or LI	y	Removal	Repair	Encapsulate	Enclosure
	INTERIO	R	Yes	No	N/A		DIDE I	NSULA	TION			220LF				Ф	
	WYZERIO							NSOLA	TION			ZZULF		х			
Name of Reg	gistered Waste	Hauler		353	JDEP W		2.000	Yards	T	Name of	Regis	tered L	andfill				\dashv
NEWARK	CARTING			1 1 1 1 1 1 1 1 1	auler ID 1509	No.	of Wa			IESI	10000						
City, State NEWARK,	NOW.						Dispo: 01/18	sal Date 3/19		City, Stat BETHL		M PA					
Completed b	y PERLSTEIN		Title OWN	IER			S	Signature					Dat 01	e /04/1	9		

State of New Jersey

Page 18	C. 150	6W	
Prir	11	mon	PPW.
ERR	EL	U	

(K 7579 PAI	D	NOTIF	ICATIO	N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)	- Congression			9		W	153	71
Date of Notification (1) 01/04/19				of Building and Tow			(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		JA	ιN	1 0	2019)	1
Agencies Notified Type Notification EPA Notification Type Notification Not				Address ine Ave	nue				St. walled						Fact of
DEP Amended DOL Amendment		_		ate, Zip C		1	-1-2-1-2		- I		iro:	900 1181	Arrest 403		
DOH Emergency (in justification) DCA Cancellation	ncludino	,	Name o	of Contact idelman					Tel	ephone	Nun	nber			
	2,000			ILITY INF		ION									
Name of Facility Where Abatement is Taking 680 Vine Avenue	Place (3)	170		OKWAT	ON	Туре	of Facility (1.50						
Street Address 680 Vine Avenue							×	Subchapter Other (i.e. p	8 (Oth	er than & comm	K-12 nercia	:) al build	dings,	home	es,
City (5) Lakewood							Squa	etc.) are Feet	# 01	Floors	1	В	ldg. A	ge	
County (6) Ocean			County (STATE	Code (7) USE ONLY	0		Curre	ent Use (Prid	or if bei	ng dem	nolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.				atement Con D PROFE			}				
Street Address						Street	Addre								
City, State, Zip Code								ip Code OD, NJ 08	3701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6	none N	lo.		Licens).			
	Schedul 01/11/		npletion	Date (11)		Name	of OSI	HA Monitor D PROFE	SSIO	0.092.02.00.05					
Occupancy Status During Abatement (Check	23	200				Street	Addre								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of	Abatem / Hours	ent			City, St	tate, Z	ip Code OD, NJ 08	200725740						
Scope of Work (Check All That Apply)						LAKE		OD, NJ 00	0/01						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Differences.	Renova Demoliti				×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure						
Location of	200	Locati			Dos	scription							Abate Typ	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/	Asbes (i.e.	tos Conta thermal surfac	aining M	laterial insula T, or	(ACM) ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A		9	IDING			25	00SF				te	tu
						IDING			20	005F		х		_	
Name of Registered Waste Hauler		N	JDEP W	laste	Cubic `	Yarde		Name of E	logists.	od I ac	Yen				
NEWARK CARTING		Ha	auler ID 509	(A) -	of Was			Name of R	egistel	eu Lan	iafili				
City, State NEWARK, NJ					Dispos 01/11/	al Date /19		City, State BETHLE		PA					
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Si	gnature					Date 01/	04/1	9		



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

	PALL	J.	NOT!	FICATIO (Pursuar	ON OF AS	BESTOS C 8:60 ai	ABATE nd 12:12	MENT (0)	dl	an l	,	R	05	7	
Date of Notification (1) 1/4/19					of Buildin Levitski		/Operato	r (2)		200		<u>0</u>	FI		7 75
Agencies Notified	Type Notification				Address	y				11.3	Lin .	1.7		15	1-
EPA	× Initial										į				
DEP	Amended			City, S	tate, Zip (Code				11	1	ΔN	10	201	0
X DOL	Amendment				ettstow		7840			- 100 1		nn	. 0	201	J
X DOH	Emergency justification)	incluair	g	Name	of Contac	t				Telen	hone Nu	ımher			
DCA	Cancellation			Ivan						Голор	110110 140	modifica		MIT.	
Name of English Whan				FAC	CILITY IN	FORMAT	ION						4 T.	*	
Name of Facility Where A	Abatement is Takin	g Place	(3)					Туре	of Facility (4)						
Street Address							0	☐ s	chool (K-12))					
oli cet Address								S	ubchapter 8	(Other	than K-	12)		4	
City (5)								× C	ther (i.e. pri	vale & C	ommer	iai bu	ilaings	, non	ies,
Chatham								Square	Feet	# of F	loors		Bldg.	Age	
County (6)								2100		2		_	73		
Morris					Code (7)	Y)			t Use (Prior	if being	demolis	hed)			
Name of Monitoring Firm	Hired by Building (Dunor (6	2)	1887		6		home							
	Timed by Building C	owner (c	·)	ASC	M No.				ement Contra onmental S			2			
Street Address								Address							
City, State, Zip Code							POE	30x 48	3, 4 E Gat	te Driv	е				
City, State, Zip Code								tate, Zip							
Project Manager for Moni	toring Firm			-			0-000000	4-2-0-12-0-12-0-1	NJ 07418						
. reject manager for Mon	toring Firm			Telepho	one No.		100000000000000000000000000000000000000	one No.			cense N	lo.			
Start Date (10)		Schodu	lod Co	malatias	Date (11)			764-22		7	03				
1/15/19		1/29/1		inpletion	Date (11)		ivame (of USHA	Monitor						
Occupancy Status During	Abatement (Check		195000				Stroot	Address							
Facility Closed/Vaca							Sileer	Address							
Abatement Performe X Other – Describe: b	d Outside of Norma	al Facilit	y Hour	nent s			City, St	ate, Zip	Code						
Scope of Work (Check All	That Apply)														
Property of the Property of th	ттаг дрргу)	E-21					Canada								
≥3 sf or ≥3 lf× ≥160 sf or ≥260 lf		-	Renova Demoli					Full C	ontainment	with Ne	gative F	ressu	re		
		ш.	Jenion	COII			×		Enclosure bag Proced	ure					
		Т —							Exempted (*		on-Friab	le Pro	cedur	е	
		1	Locat	10000										ement	
Location of Asbestos-Containing M	of		Normal ed Sole		A.400009-00000	Des	scription (of				-	Тy	ре	
TO BE ABA	TED	Ma	intena	nce/	Asbes	tos Conta thermal	aining Ma	aterial (A	CM)	Amou		_		Щ	m
In Facility		Cus	todial 9 (12)	Staff?	(1.0.	surfac	ing, VAT	. or)(1,	(Spec		Removal	Repair	Encapsulate	Enclosure
(13)			(12)	_		other m	iscellane	eous)				SVOI	pair	Sula	unso
		Yes	No	N/A								=	1 44	ate	e.
baseme	nt			х		pipe i	nsulati	on		60 L	F	х			
												-			
Name of Registered Waste	Hauler		I NI	JDEP W	nata	C.L.	laud-								
Freehold Cartage	, riddici			auler ID		Cubic Y		l v	lame of Reg	istered	Landfill				
			10000	5939		TBD	-	١	Western B	erks L	.andfill				
City, State						Disposa	al Date	C	ity, State						
Freehold, NJ						TBD			Birdsboro,	PA					
Completed by		Title				Sig	gnature	1			Dat	e			
A. Scott Higgins		Presi	dent					1	~		110	14/10			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

10000				Pursi	uant to N	SBESTOS ABA JAC 8:60 and 5:	16)	19	F			13.50
Date of Notification (1)	12 /	18			me of Build Rider Univ	ling Owner/Operator	(2)		JAN	10	20	19
Agencies Notified	Type Notifica	ation			eet Addres					en en anne	march a	
⊠ EPA	Initial					enceville Road		I_{ψ}	3310			14.
					y, State, Zip			Contract - According	. , L.(.			
☑ DOH	Amendme	ent # <u>1-1/</u>	4/19									
(NJAC 5:23-8)	☐ Emergeno justificatio	cy (includ	ling		me of Conta	ville, NJ 08648						
	☐ Cancellati				Valter Edd			Telephone No				
						-		(609) 896-	-5000			
Name of Facility Where Aba	atement is To	okina Dia	(2)	F	ACILITY	NFORMATION						
Kroner Building	atement is 18	aking Pia	ice (3)				Type of Facility				200	
Street Address							School (K-1	12)				
2083 Lawrenceville R	and						Subchapter	8 (Other than K-	12)			
City (5)	oaq						homes, etc.	private and comn	nercial	buildi	ngs,	
Lawrenceviile							Square Feet	# of Floors		Bldg.	Δαο	
County (6)							44000	4	- 1	+- £	-	
Mercer				Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lichad		-	_
						**	Dorm	II being deme	Jiistieu)		
Name of Monitoring Firm Hir	red by Buildir	ng Owne	r (8)	ASC	√l No.	Name of Abateme	ent Contractor (9	1				
Pennoni				00	102		VIRONMENTA					
Street Address	12					Street Address	· · · · · · · · · · · · · · · · · · ·	L, INC.				
515 Grove Street, Suit	te 1B					1123 BEAVER	STPEET					
City, State, Zip Code						City, State, Zip Co			400000		VECTOR S	
Haddon Heights, NJ 0						BRISTOL, PA						
Project Manager for Monitori	ng Firm		Tel	ephone	e No	Telephone No.	19007					
Brian Clark					7-0505	215-788-6040		License No.				
Start Date (10)	Sch	neduled						00509				
		1201	-20111pi		ate (11)	Name of OSHA M	onitor	5.7775.55	or a Company			
1 O NI		HOL	111	/		DDIOTOL TO						
		HOL				BRISTOL ENV	/IRONMENTAI	L, INC				
Occupancy Status During Ab	atement (Ch	eck only	one)			Street Address		L, INC				
Occupancy Status During Ab Facility Closed/Vacated D Abatement Performed Out	atement (Che	eck only Period of	one)	ment		Street Address 1123 BEAVER	STREET	L, INC			(Fell + C	
Occupancy Status During Ab Facility Closed/Vacated D Abatement Performed Out	atement (Che	eck only Period of	one)	ment	scribe	Street Address 1123 BEAVER City, State, Zip Coo	STREET	L, INC				
Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 7:00	atement (Che during Entire I during Entire I during Entire I	eck only Period of	one)	ment	scribe	Street Address 1123 BEAVER	STREET	L, INC				
Doccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/	atement (Che during Entire I during Entire I during Entire I	eck only Period of	one)	ment	scribe	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	STREET de 19007					
Dccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Scope of Work (Check all that	atement (Che during Entire I during Entire I during Entire I	eck only Period of nal Facili	one)	ement rs - De: AM	scribe	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	STREET de 19007					
Dccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Ccope of Work (Check all that	atement (Che during Entire I during Entire I during Entire I	eck only Period of nal FaciliF	one) Abate ty Hou	ement rs - De: AM	scribe	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Conta Mini-Enclo	STREET de 19007 inment with Neg sure Procedure	ative Pressure				
Dccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/	atement (Che during Entire I during Entire I during Entire I	eck only Period of hal FaciliF	one) Abate ty Hou M enovate emolitie	ement rs - Der _AM ion on	scribe	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Conta Mini-Enclo	STREET de 19007 inment with Neg sure Procedure	ative Pressure	ure			
Occupancy Status During Ab ☐ Facility Closed/Vacated D ☐ Abatement Performed Our Time of Abatement: 7:00/ Coope of Work (Check all that ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	atement (Che during Entire I during Entire I during Entire I	eck only Period of nal Facilit F	one) Abate ty Hou M enovate conditions Local	ement rs - De: _AM ion on	scribe	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA State Conta Mini-Enclo Glovebag Non-Exem	STREET de 19007 inment with Neg sure Procedure		_	hatem	ent T	·w
Cocupancy Status During Ab Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 7:00/ Goope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate	ratement (Chiuring Entire I tside of Norm AM- <u>5:00</u> PM/ t apply)	eck only Period of onal Facility Recommended Recommen	one) Abate ty Hou M enovat emolities Locat Norma	ement rs - De:AM ion on lly ely by		Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of	STREET de 19007 inment with Neg sure Procedure pted (*) and Nor	ative Pressure	Al	batem	T	T
Cocupancy Status During Ab Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 7:00/ Coope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED	ratement (Chiuring Entire I tside of Norm AM- <u>5:00</u> PM/ t apply)	eck only Period of onal Facility Re De	one) Abate ty Hou M enovat emolitie Local Norma ed Sole intena	ement rs - De: _AM ion on lion lly ely by nce/	Asbes	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	STREET de 19007 inment with Neg sure Procedure pted (*) and Nor	ative Pressure n-Friable Procedu	Al	1	T	T
Cocupancy Status During Ab Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 7:00/ Coope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED IN Facility	ratement (Chiuring Entire I tside of Norm AM- <u>5:00</u> PM/ t apply)	eck only Period of onal Facility Re De	one) Abate ty Hou M enovat emolitie Local Norma ed Sole intena	ement rs - De: _AM ion on lion lly ely by nce/	Asbes	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Stull Conta Significant State Non-Exem Description of Stos Containing Mate thermal systems in surfacing, VAT, of	inment with Neg sure Procedure pted (*) and Nor	ative Pressure n-Friable Procedu Amount (Specify	Al	Repair	T	T
Cocupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Cope of Work (Check all that 3 sf or 23 lf 2160 sf or 2260 lf Location of Asbestos-Containing Mate TO BE ABATED	ratement (Chiuring Entire I tside of Norm AM- <u>5:00</u> PM/ t apply)	eck only Period of onal Facility Record December 1	one) Abate ty Hou M- enovat emolitie S Local Norma ed Sole intena todial (12)	ement rs - De:AM ion ion illy lly by nce/ Staff?	Asbes	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Stull Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in	inment with Neg sure Procedure pted (*) and Nor	ative Pressure n-Friable Procedu	_	1	T	T
Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Scope of Work (Check all that 3 3 sf or 23 lf 2 160 sf or 260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	ratement (Chouring Entire I tside of Norm AM- <u>5:00</u> PM/ t apply)	eck only Period of the period	one) Abate ty Hou M- enovat emolitie Local Normal todial (12) No	ement rs - De: _AM ion on lion lly ely by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Stull Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	inment with Neg sure Procedure pted (*) and Nor	ative Pressure n-Friable Procedu Amount (Specify	Al	1	en Encapsulate	T
Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) asement Rec Room/hall	ratement (Churing Entire I tside of Norm AM- <u>5:00</u> PM/ t apply)	eck only Period of onal Facility Record December 1	one) Abate ty Hou M- enovat emolitie S Local Norma ed Sole intena todial (12)	ement rs - De:AM ion ion illy lly by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Stull Conta Significant State Non-Exem Description of Stos Containing Mate thermal systems in surfacing, VAT, of	inment with Neg sure Procedure pted (*) and Nor	ative Pressure n-Friable Procedu Amount (Specify	Removal	1	T	
Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) asement Rec Room/hall	ratement (Churing Entire I tside of Norm AM- <u>5:00</u> PM/ t apply)	eck only Period of the period	one) Abate ty Hou M- enovat emolitie Local Normal todial (12) No	ement rs - De: _AM ion on lion lly ely by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA State, Zip Cod BRISTOL, PA State, Zip Cod BRISTOL, PA State, Zip Cod Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, cod other miscellaneous	inment with Neg sure Procedure pted (*) and Nor	Amount (Specify SF or LF)	At Removal	1	T	
Doccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Scope of Work (Check all tha 3 sf or >3 if 5 160 sf or >260 if Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) assement Rec Room/hall irst Floor Bathooms/Hal	ratement (Chouring Entire I tside of Norm AM- <u>5:00</u> PM/ t apply)	eck only Period of onal Facility Re De Use Ma Cus Yes	one) Abate ty Hou M- enovat emolitie Local Normal todial (12) No	ion ion illy ly by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, co other miscellaneous	inment with Neg sure Procedure pted (*) and Nor	Amount (Specify SF or LF) 30 sf 60 sf	Removal 🛛	1	T	Гур
Decupancy Status During Ab Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 7:00/ Goope of Work (Check all that 3 ≥3 sf or ≥3 if 2 ≥160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) assement Rec Room/hall rest Floor Bathooms/Hall econd Floor Bathrooms	atement (Churing Entire I tside of Norm AM-5:00PM/ t apply) erial (ACM) lway lway /Hallway	eck only Period of onal Facilit Re De Is Use Ma Cus Yes	one) Abate ty Hou M enovat emolitie Local Norma ed Sole intena todial : (12) No	ion on lly by noce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Substituting Mini-Enclor Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous insulation insulation insulation	inment with Neg sure Procedure pted (*) and Nor	Amount (Specify SF or LF)	At Removal	1	T	
Doccupancy Status During Ab ☐ Facility Closed/Vacated D ☐ Abatement Performed Our Time of Abatement: 7:00/ ☐ Scope of Work (Check all tha ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ Location of Asbestos-Containing Mate ☐ D BE ABATED ☐ IN Facility ☐ (13) ☐ asement Rec Room/hall ☐ rest Floor Bathooms/Hall ☐ econd Floor Bathrooms/Hall ☐ acond Floor Bathrooms/Hall ☐ acond Floor Bathrooms/Hall ☐ Abatement Rec Room/hall ☐ Cond Floor Bathrooms/Hall ☐ Cond Floor Bathrooms/Hall	ratement (Chouring Entire I tside of Norm AM- <u>5:00</u> PM/ t apply) Prial (ACM) Iway Iway /Hallway	eck only Period of onal Facility Re De Use Ma Cus Yes	one) Abate ty Hou M enovat enovat enovat enovat enovat intena todial: (12) No	ion ion illy illy by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Strull Conta Signature Signature Signature Signature Description of Stos Containing Mate to Stos Containing Mate thermal systems in surfacing, VAT, coother miscellaneous sulation sulation sulation sulation	inment with Neg sure Procedure pted (*) and Nor	Amount (Specify SF or LF) 30 sf 60 sf	Removal 🛛	1	T	
Doccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Scope of Work (Check all that 3 ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) assement Rec Room/hall rst Floor Bathooms/Hale econd Floor Bathrooms/Hale ame of Registered Waste Hale	ratement (Chouring Entire Intside of NormAM-5:00 PM/ t apply) traid (ACM) lway lway lway /Hallway uller	eck only Period of onal Facilit Re De Is Use Ma Cus Yes	one) Abate ty Hou M enovat enovat enovat enovat enovat intena todial (12) No No	ion ion illy ly by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Strull Conta Signification Signification Sulation Sulation Cubic Yards of	inment with Neg sure Procedure pted (*) and Nor crial (ACM) sulation, or	Amount (Specify SF or LF) 30 sf 60 sf 20 sf	Removal 🛛	1	T	
Doccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) asement Rec Room/hall first Floor Bathooms/Hale econd Floor Bathrooms hird Floor Bathrooms/Hale ame of Registered Waste Hale Bristol Environmental In	ratement (Chouring Entire Intside of NormAM-5:00 PM/ t apply) traid (ACM) lway lway lway /Hallway uller	eck only Period of onal Facilit Re De Is Use Ma Cus Yes	one) Abate ty Hou M- enovate enovate Morma ed Sole intena todial (12) No	ion ion illy ly by nce/ Staff? N/A	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Sull Conta Sull	inment with Neg sure Procedure pted (*) and Nor	Amount (Specify SF or LF) 30 sf 60 sf 20 sf ered Landfill	Removal 🛛	1	T	
Decupancy Status During Ab ☐ Facility Closed/Vacated D ☐ Abatement Performed Our Time of Abatement: 7:00/ ☐ Scope of Work (Check all that ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Location of ☐ Asbestos-Containing Mate ☐ D BE ABATED ☐ IN Facility ☐ (13) ☐ asement Rec Room/hall ☐ irst Floor Bathooms/Hale ☐ econd Floor Bathrooms ☐ irith Floor Bathrooms/Hale ☐ Registered Waste Hale ☐ Bristol Environmental Interpretations ☐ Interpretatio	ratement (Chouring Entire Intside of NormAM-5:00 PM/ t apply) traid (ACM) lway lway lway /Hallway uller	eck only Period of onal Facilit Re De Is Use Ma Cus Yes	one) Abate ty Hou M- enovate enovate Morma ed Sole intena todial (12) No	ion ion illy ly by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Street Address City, State, Zip Cod BRISTOL, PA Full Conta Side Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous Insulation Insulation Insulation Cubic Yards of Waste 20	inment with Negrocedure procedure pr	Amount (Specify SF or LF) 30 sf 60 sf 20 sf ered Landfill	Removal	1	T	
Doccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) assement Rec Room/hall irst Floor Bathooms/Hale econd Floor Bathrooms/Hale ame of Registered Waste Hale Bristol Environmental Interpretation, PA	ratement (Chouring Entire Intside of NormAM-5:00 PM/ t apply) traid (ACM) lway lway lway /Hallway uller	eck only Period of onal Facilit Re De Is Use Ma Cus Yes	one) Abate ty Hou M- enovate enovate Morma ed Sole intena todial (12) No	ion ion illy ly by nce/ Staff? N/A	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Substitute of Full Conta Substitute of Mini-Enclor Substitute of Store Containing Mate And thermal systems in surfacing, VAT, containing Mate And the miscellaneous of the Minimum of Substitute	inment with Neg sure Procedure pted (*) and Nor rial (ACM) sulation, or us) Name of Registe Fairless Lar	Amount (Specify SF or LF) 30 sf 60 sf 20 sf ered Landfill	Removal	1	T	
Cocupancy Status During Ab Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 7:00/ Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility	ratement (Churing Entire I tside of Norm AM- <u>5:00</u> PM/ t apply) trail (ACM) lway lway lway /Hallway uller	eck only Period of hal Facility Record Decords Use MacCus Yes	one) Abate ty Hou M- enovate enovate Morma ed Sole intena todial (12) No	ion ion illy ly by nce/ Staff? N/A	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Substitute of Mini-Enclor Glovebag Non-Exem Description of Stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous other miscellaneous esulation Isulation Isulation Cubic Yards of Waste 20 Disposal Date TBD	inment with Negrocedure procedure pr	Amount (Specify SF or LF) 30 sf 60 sf 20 sf ered Landfill	Removal	1	T	
Doccupancy Status During Ab Facility Closed/Vacated D Abatement Performed Our Time of Abatement: 7:00/ Scope of Work (Check all tha 3 sf or ≥3 if 2160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) assement Rec Room/hall irst Floor Bathooms/Hal econd Floor Bathrooms/Hal ame of Registered Waste Ha Bristol Environmental In ty, State Bristol, PA	atement (Chouring Entire Intside of NormAM-5:00 PM/ t apply) Prial (ACM) Iway Iway /Hallway allway uler nc	eck only Period of hal Facility Record Decords Use MacCus Yes	one) Abate ty Hou M enovat emolitie Local Norma ed Sole intena todial (12) No	ion ion illy ly by nce/ Staff? N/A	Asbes (i.e.	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Sullation Sullation Sullation Sullation Cubic Yards of Waste 20 Signature Signature 1123 BEAVER Coo BRISTOL, PA Full Conta Glovebag Non-Exem Description of stos Containing Mate Non-	inment with Neg sure Procedure pted (*) and Nor rial (ACM) sulation, or us) Name of Registe Fairless Lar	Amount (Specify SF or LF) 30 sf 60 sf 20 sf ered Landfill adfill s, PA	Removal	Repair	Encapsulate	

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

Date of Notification (1)								10-0
12/12/	18			me of Build: R ider Univ	ing Owner/Operator	(2)		
Agencies Notified Type Notificat	ion							
⊠ EPA ⊠ Initial	1011		1	eet Address			1441	10 0000
□ DOLWD					enceville Road		JAN	0 2019
DOH Amendmer	nt # <u>1-1/</u>	4/19	100	, State, Zip			İ	
□ DCA □ Emergency (NJAC 5:23-8) □ justification	(includ	ing	_		rille, NJ 08648		7. 1. 17	3.00 N
☐ Cancellation				ne of Conta			Telephone Nu	mber
				alter Edd			(609) 896-5	5000
Name of Facility Where Abatement is Ta	kina Pla	ce (3)	F/	ACILITY	NFORMATION	-		
Kroner Building		(0)				Type of Facility		
Street Address						School (K-1	2) 8 (Other than K-1	12)
2083 Lawrenceville Road						Other (i.e., p	private and comm	ercial buildings
City (5)	-					nomes, etc.)	3-1
Lawrenceviile						Square Feet	# of Floors	Bldg. Age
County (6)			LCo	unto 0 - d - 6	- 10	44000	4	+- 50
Mercer			Col	Inty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demol	lished)
Name of Monitoring Firm Hired by Buildin	a Owne	r (8)	ASCN	/ No	I No.	Dorm		
Pennoni	5 OWING	. (0)	001		Name of Abateme			
Street Address			001	UZ		VIRONMENTA	L, INC.	
515 Grove Street, Suite 1B					Street Address			
City, State, Zip Code	SHICLE HOLD				1123 BEAVE			
Haddon Heights, NJ08035					City, State, Zip Co			
Project Manager for Monitoring Firm		Tol		NI-	BRISTOL, PA	19007		
Brian Clark			ephone	7-0505	Telephone No.		License No.	
Start Date (10)	odulad			ate (11)	215-788-6040		00509	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HO	110	uon Da	ate (11)	Name of OSHA M			
Occupancy Status During Abatement (Che					BRISTOL ENV	IRONMENTAL	_, INC	
☐ Facility Closed/Vacated During Entire F	ck only	one)			Street Address			
Abatement Performed Outside of Norm	ellog o	Abate	ment		1123 BEAVER	STREET		
Time of Abatement: 7:00AM-5:00PM/	arr acili	ry moui PM-	S - Des		City, State, Zip Coo			
					BRISTOL, PA	19007		
Scope of Work (Check all that apply)								
-27					M F			
☐ >3 sf or >3 If		enovati			☐ Full Conta	inment with Neg	ative Pressure	
☐ >3 sf or >3 If		enovati emolitic			☐ Mini-Encid	sure Procedure		
☐ >3 sf or >3 lf	_ D	emolitio	n		☐ Mini-Encid	sure Procedure	ative Pressure	re
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Location of		emolitic	ion		☐ Mini-Enclo	Procedure npted (*) and Nor		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	I: Use	s Locat Normal	ion lly	Asbes	☐ Mini-Enclo	Procedure npted (*) and Nor	n-Friable Procedu	Abatement Typ
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	s Locat Normal ed Sole	ion lly ly by	Asbes (i.e.	☐ Mini-Enclor ☐ Glovebag ☐ Non-Exem Description of tos Containing Mate	Procedure apted (*) and Nor	n-Friable Procedu	Abatement Typ
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	Use Ma	s Locat Normal	ion lly ly by	Asbes (i.e.,	Description of tos Containing Mate, thermal systems in surfacing, VAT, o	Procedure procedure	n-Friable Procedu	Abatement Typ
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Use Ma	s Locat Normal ed Sole aintenal	ion lly ly by	Asbes (i.e.,	☐ Mini-Enclor ☐ Glovebag ☐ Non-Exem Description of tos Containing Mate, thermal systems in	Procedure procedure	Amount (Specify	Abatement Typ
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma Cus	S Locati Normal ed Sole aintena todial S (12)	ion lly lly by nce/ Staff?	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	Procedure procedure	Amount (Specify SF or LF)	Abatement Type Encapsulate Repair
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room	Usa Ma Cus	s Locat Normal ed Sole aintenan todial S (12)	ion lly lly by nce/ Staff?	Plpe Flu	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e Insulation	Procedure procedure	Amount (Specify SF or LF)	Abatement Type Removal Removal
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room	Use Ma Cus	s Locati Normal ed Sole aintenantodial S (12)	ion illy ily by nce/ Staff? N/A	(i.e.	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e Insulation	Procedure procedure	Amount (Specify SF or LF)	Abatement Type Encapsulate Repair
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Soiler Room	Use Ma Cus	s Locat Normal ed Sole aintenan todial S (12)	ion lly lly by nce/ Staff? N/A	Plpe Flu	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e Insulation	Procedure procedure	Amount (Specify SF or LF)	Abatement Type Removal Removal
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room Boiler Room	Use Ma Cus	s Locat Normal ed Sole aintenan todial S (12) No	ion lly lly by nce/ Staff? N/A	Plpe Flu Boiler In	☐ Mini-Enclo ☐ Glovebag ☐ Non-Exem Description of tos Containing Mate, thermal systems in surfacing, VAT, of other miscellaneouse Insulation	erial (ACM) sulation, or	Amount (Specify SF or LF) 50 sf 60 sf	Abatement Type Removal Removal
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room Boiler Room ame of Registered Waste Hauler	Use Ma Cus	s Locati Normal ed Sole aintenantodial S (12) No	ion ily ily by nce/ Staff? N/A	Plpe Flu Boiler In	Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e Insulation Cubic Yards of	Procedure Interpretation Procedure Interpretation Perial (ACM) Sulation, Dr Jus Name of Registe	Amount (Specify SF or LF) 50 sf 60 sf	Abatement Type Removal Removal
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room Boiler Room ame of Registered Waste Hauler Bristol Environmental Inc	Use Ma Cus	s Locat Normal ed Sole aintenan todial S (12) No	ion lly lly by nce/ Staff? N/A	Plpe Flu Boiler In Vaste	Description of Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e Insulation Cubic Yards of Waste 20	erial (ACM) sulation, or	Amount (Specify SF or LF) 50 sf 60 sf	Abatement Type Removal Removal
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room Boiler Room ame of Registered Waste Hauler Bristol Environmental Inc ity, State	Use Ma Cus	s Locat Normal ed Sole aintenan todial S (12) No	ion lly lly by nce/ Staff? N/A DDEP Valuer ID	Plpe Flu Boiler In Vaste	Description of Non-Exem Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e Insulation Cubic Yards of Waste 20 Disposal Date	Name of Registe Fairless Lar City, State	Amount (Specify SF or LF) 50 sf 60 sf	Abatement Type Removal Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room Boiler Room ame of Registered Waste Hauler Bristol Environmental Inc ity, State Bristol, PA	Use Ma Cus	s Locat Normal ed Sole aintenan todial S (12) No	ion lly lly by nce/ Staff? N/A DDEP Valuer ID	Plpe Flu Boiler In Vaste	Description of Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e Insulation Cubic Yards of Waste 20	Name of Registe	Amount (Specify SF or LF) 50 sf 60 sf	Abatement Type Removal Removal
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room Boiler Room Bame of Registered Waste Hauler Bristol Environmental Inc Sity, State Bristol, PA Completed By (Print or Type) Title	Use Ma Cus	s Locat Normal ed Sole aintenan todial \$ (12) No	ion lly lly by nce/ Staff? N/A DDEP Valuer ID	Plpe Flu Boiler In Vaste	Description of Non-Exem Description of tos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous e Insulation Cubic Yards of Waste 20 Disposal Date TBD	Name of Registe Fairless Lar City, State	Amount (Specify SF or LF) 50 sf 60 sf ered Landfill adfill	Abatement Type Removal Removal Removal

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

111.4621100

					1			10)	Coult		77	5 1
Date of Notification (1)	12	, .	18				ding Owner/Operator	(2)		7.1	77 11	1
Agencies Notified						Rider Uni				1- 7		. 11.
⊠ EPA 4756	Type Not		n			eet Addres			11.1			
Ø DOLWD 4732	☐ Amen						renceville Road		JA JA	IN I	0 3	2019
DOH 4749		dment	#			y, State, Zi			i			- 10
☑ DCA 4763	☐ Emerg			ling	-		ville, NJ 08648		i		territories en transcriptories	. + 91
(NJAC 5:23-8)	Justific	cation)				me of Cont			Telephone Nu			7
	LI Cance	ellation			V	Valter Ed	dy		(609) 896-			
None of Facility 188					F	ACILITY	INFORMATION					
Name of Facility Where A	Abatement	is Taki	ng Pla	ice (3)		25-7		Type of Facility	(4)			_
Kroner Building Street Address								School (K-1	2)			
2083 Lawrenceville	Б							Subchapter	8 (Other than K-1	12)		
	Road							homes, etc.	orivate and comm	ercial	buildin	igs,
City (5) Lawrenceviile								Square Feet	# of Floors	T	Bldg. A	Age.
The state of the s								44000	4	1.	+- 5	
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)		
Mercer			100					Dorm	5			
Name of Monitoring Firm I	Hired by Bu	uilding	Owne	r (8)	ASC		Name of Abateme	ent Contractor (9))			
Pennoni					001	102	BRISTOL EN	VIRONMENTA	L, INC.			
Street Address	.14				-0,		Street Address					
515 Grove Street, Su	lite 1B						1123 BEAVE	RSTREET				
City, State, Zip Code				-77	*		City, State, Zip Co	ode				
Haddon Heights, NJ							BRISTOL, PA	19007				
Project Manager for Monito	oring Firm			1	ephone		Telephone No.		License No.			
Brian Clark						7-0505	215-788-6040		00509			
tart Date (10)	10					ate (11)	Name of OSHA M				-	
					<u>U/</u>	19	BRISTOL EN	/IRONMENTAI	L, INC			
ccupancy Status During A	Abatement	(Check	k only	one)			Street Address					
Facility Closed/Vacated Abatement Performed C	During Ent	tire Pe	riod of	Abate	ment		1123 BEAVER					
Time of Abstement: 7:0	DAME FOR	vormal	racili	iy Hou M-	rs - Des	scribe	City, State, Zip Co.	de				
Time of Abatement. 1.0	טט:פ-ועואטי	PM/	F				DDIOTO: TI	10007				
Time of Abatement: 7:0		PM/	F				BRISTOL, PA	13007				
		PM/	F			4					-	
cope of Work (Check all th		PM/		enovat	ion			inment with Nea	ative Pressure			
cope of Work (Check all th		PM/	⊠ Re					inment with Neg				
cope of Work (Check all th		PM/	⊠ Re	enovat	on	1		inment with Neg	ative Pressure	re		
cope of Work (Check all the least of the least of the least of le	nat apply)		⊠ Re □ De	enovat	ion		⊠ Full Conta □ Mini-Enclo ⊠ Glovebag □ Non-Exem	inment with Neg			ateme	ent T
cope of Work (Check all the second of the s	nat apply)		⊠ Re □ De Is	enovati emolition Locat Norma	ion lly	Asbe	☐ Full Conta ☐ Mini-Enclo ☐ Glovebag ☐ Non-Exem Description of stos Containing Mate	inment with Neg sure Procedure apted (*) and Nor	n-Friable Procedu	Ab	I	a line
≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Ma TO BE ABATE	nat apply)		⊠ Re □ De	enovati emolition Locati Norma ed Sole intena	ion lly ely by	Asbe:	Full Conta	inment with Neg sure Procedure apted (*) and Nor erial (ACM) sulation,		Ab	I	and i
eope of Work (Check all the ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma	nat apply)		⊠ Re □ De	enovati emolition Locat Norma	ion lly ely by	Asber (i.e.	Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate , thermal systems in surfacing, VAT, of	inment with Neg soure Procedure apted (*) and Nor erial (ACM) sulation,	n-Friable Procedu		I	and i
cope of Work (Check all the least of the least of least	nat apply)		⊠ Re □ De	enovatemolitica Locate Norma ed Sole intena	ion lly ely by	Asbe:	Full Conta	inment with Neg soure Procedure apted (*) and Nor erial (ACM) sulation,	Amount (Specify	Ab	I	E Encapsulate
cope of Work (Check all the second of the se	nat apply) sterial (ACM		Is Use Ma	Locat Norma ed Sole intena (12)	tion lly ely by nce/ Staff?	(i.e.	Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate , thermal systems in surfacing, VAT, of	inment with Neg soure Procedure apted (*) and Nor erial (ACM) sulation,	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate
cope of Work (Check all the least of the least of least	nat apply) sterial (ACN		⊠ Re □ De □ Is □ Use ■ Ma Cus Yes	Enovative molitice international (12)	tion lly ely by nce/ Staff?	(i.e.	Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneous	inment with Neg soure Procedure apted (*) and Nor erial (ACM) sulation,	Amount (Specify SF or LF)	A Removal	Repair	a later
cope of Work (Check all the least of the least of least	nat apply) aterial (ACM allway allway	A)	⊠ Re □ De □ Is □ Use Ma Cus Yes □	Enovatemolitics Locate Norman ed Sole intenatodial (12) No	ion Illy ely by nce/ Staff? N/A	Elbow Ir	☐ Full Conta ☐ Mini-Encle ☐ Glovebag ☐ Non-Exen Description of stos Containing Mate., thermal systems in surfacing, VAT, cother miscellaneous ensulation	inment with Neg soure Procedure apted (*) and Nor erial (ACM) sulation,	Amount (Specify SF or LF)	Removal 🛛	Repair	Encapsulate
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Seement Rec Room/ha est Floor Bathooms/Hacond Floor Bathroom	nat apply) aterial (ACM allway allway	N)	Is Re Is I Use Ma Cus	Enovatiemolities Locatiemolities Normaled Sole intenational (12) No	ion illy ely by nce/ Staff?	Elbow Ir	☐ Full Conta ☐ Mini-Enclo ☐ Glovebag ☐ Non-Exem Description of stos Containing Mate., thermal systems in surfacing, VAT, cother miscellaneous ensulation nsulation nsulation	inment with Neg soure Procedure apted (*) and Nor erial (ACM) sulation,	Amount (Specify SF or LF) 30 sf 60 sf	Removal 🛛 🗎	Repair	Encapsulate
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) seement Rec Room/ha st Floor Bathrooms/Ha	nat apply) aterial (ACM allway allway allway Hallway	N)	⊠ Re □ De □ Is □ Use Ma Cus Yes □	Enovatiemolities Locaties Norma ed Sole intena todial (12) No	cion lly ely by nce/ Staff?	Elbow Ir Elbow Ir Elbow Ir	☐ Full Conta ☐ Mini-Encle ☐ Glovebag ☐ Non-Exem Description of stos Containing Mate ., thermal systems in surfacing, VAT, cother miscellaneous ensulation nsulation nsulation nsulation	inment with Neg soure Procedure apted (*) and Nor enal (ACM) sulation, or	Amount (Specify SF or LF) 30 sf 60 sf 20 sf	Removal 🛛	Repair	Encapsulate
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Seement Rec Room/ha st Floor Bathooms/Hacond Floor Bathrooms/In the of Registered Waste H	nat apply) aterial (ACN allway allway as/Hallway Hallway	N)	Is Re Is I Use Ma Cus	Enovatemolitics Locate Norma ed Sole intena todial (12) No	ion illy ely by nce/ Staff?	Elbow In Elbow In Elbow In Elbow Invaste	☐ Full Conta ☐ Mini-Encle ☐ Glovebag ☐ Non-Exem Description of stos Containing Mate ., thermal systems in surfacing, VAT, cother miscellaneous ensulation nsulation nsulation nsulation	inment with Neg sure Procedure apted (*) and Nor erial (ACM) sulation, or us)	Amount (Specify SF or LF) 30 sf 60 sf 20 sf ered Landfill	Removal 🛛 🗎	Repair	Encapsulate
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) seement Rec Room/ha rst Floor Bathrooms/Ha cond Floor Bathrooms/Ha ird Floor Bathrooms/Ha me of Registered Waste F	nat apply) aterial (ACN allway allway as/Hallway Hallway	N)	Is Re Is I Use Ma Cus	Enovate emolities Locate Norma ed Sole intena todial (12) No No No Ha	ion lly ely by nce/ Staff? N/A	Elbow In Elbow In Elbow In Vaste No.	□ Full Conta □ Mini-Encle □ Glovebag □ Non-Exem Description of stos Containing Mate ., thermal systems in surfacing, VAT, of other miscellaneous insulation nsulation nsulation Cubic Yards of Waste 20	inment with Neg sure Procedure Interest (*) and Nor Interest (ACM)	Amount (Specify SF or LF) 30 sf 60 sf 20 sf ered Landfill	Removal 🛛 🗎	Repair	Encapsulate
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Resement Rec Room/ha ret Floor Bathrooms/Ha cond Floor Bathrooms/In me of Registered Waste F Bristo! Environmental (, State	nat apply) aterial (ACN allway allway as/Hallway Hallway	N)	Is Re Is I Use Ma Cus	Enovate emolities Locate Norma ed Sole intena todial (12) No No No Ha	ion lly ely by nce/ Staff? N/A	Elbow In Elbow In Elbow In Vaste No.	□ Full Conta □ Mini-Encle □ Glovebag □ Non-Exem Description of stos Containing Mate ., thermal systems in surfacing, VAT, o other miscellaneous consulation nsulation nsulation Cubic Yards of Waste 20 Disposal Date	inment with Negusure Procedure Interpreted (*) and Normal (ACM) Sulation, or Us) Name of Registe Fairless Lan City, State	Amount (Specify SF or LF) 30 sf 60 sf 20 sf ered Landfill	Removal 🛛 🗎	Repair	Encapsulate
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) Resement Rec Room/ha ret Floor Bathrooms/H cond Floor Bathrooms/I me of Registered Waste F Bristol Environmental (, State Bristol, PA	allway allway allway Hallway Hallway	и)	Is Re Is I Use Ma Cus	Enovate emolities Locate Norma ed Sole intena todial (12) No No No Ha	ion lly ely by nce/ Staff? N/A	Elbow In Elbow In Elbow In Vaste No.	□ Full Conta □ Mini-Enclo □ Glovebag □ Non-Exem Description of stos Containing Mate □, thermal systems in surfacing, VAT, or other miscellaneous ensulation nsulation Cubic Yards of Waste 20 Disposal Date TBD	inment with Neg sure Procedure Interpreted (*) and Normal (ACM) Sulation, or Interpreted (ACM) Interpr	Amount (Specify SF or LF) 30 sf 60 sf 20 sf ered Landfill	Removal 🛛 🗎	Repair	Encapsulate
cope of Work (Check all the cope of Work (Check all the cope of Work (Check all the cope of the cope	allway allway allway Hallway Hallway	M)	Is Re Is I Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff? N/A	Elbow In Elbow In Elbow In Vaste No.	□ Full Conta □ Mini-Encle □ Glovebag □ Non-Exem Description of stos Containing Mate ., thermal systems in surfacing, VAT, o other miscellaneous consulation nsulation nsulation Cubic Yards of Waste 20 Disposal Date	inment with Negusure Procedure Interpreted (*) and Normal (ACM) Sulation, or Us) Name of Registe Fairless Lan City, State	Amount (Specify SF or LF) 30 sf 60 sf 20 sf 20 sf ered Landfill	Removal 🛛 🕅 🖂	Repair	Encapsulate

(5.2

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

40					ding Owner/Operato	T [2]	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				_
/	18		- 1	Rider Uni		(2)			11	30.00	
Agencies Notified Type Notific	ation		S	reet Addres					-		
					renceville Road		, Li, J	ANT	U 2	019	
☑ DOLWD ☐ Amended							į				
☑ DOH Amendm			4	ty, State, Zi			1.000	re-reserves de-	+14" = 31" =	¥	-
☑ DCA ☐ Emergen	cy (inclu	iding		Lawrence	ville, NJ 08648		r. T.		F 4 17	1.1.	
(NJAC 5:23-8) justification			Na	me of Cont	tact		Telephone	Numbo	MUST.	-	_
☐ Cancellat	ion		1	Nalter Ed	dy		(609) 89				
Name of English Williams At			ı	ACILITY	INFORMATION		(000) 0.	30-3000			
Name of Facility Where Abatement is T	aking P	lace (3	3)			Type of Facil	ity (4)				
Kroner Building						School (K					
Street Address						→ Subchapte	er 8 (Other than	K-12)			
2083 Lawrenceville Road						U Other (i.e.	. private and co	mmercia	l build	inas	
City (5)						nomes, et	.c.)			90,	
Lawrenceviile						Square Feet	# of Floor	s	Bldg.	Age	
County (6)						44000	4	- 1		50	
Mercer			Co	unty Code	(7)(STATE USE ONLY)	Current Use (Prior if being de	molisher	1)		_
						Dorm	3 00	ononec	.,		
Name of Monitoring Firm Hired by Buildi	ng Own	er (8)	ASC	M No.	Name of Abatem	ent Contractor /	(9)				
Pennoni			00	102	BRISTOL EN						
Street Address					Street Address	THOMAINE N.	AL, INC.				
515 Grove Street, Suite 1B											
City, State, Zip Code					1123 BEAVE						
Haddon Heights, NJ08035					City, State, Zip Co					-	-
Project Manager for Monitoring Firm					BRISTOL, PA	19007					
Brian Clark		Te	elephon	e No.	Telephone No.		License No				
Dilail Claik			OFC FA	7 0505	n In Control of the C		1	••			
C4-4 D-1 (18)			856-54		215-788-6040		00500				
100	neduled			7-0505 ate (11)			00509				
Start Date (10) Sci		Comp	letion D	ate (11)	Name of OSHA M	onitor					_
1/_7_/_19	1	Comp	letion D		Name of OSHA M BRISTOL ENV	onitor					
	eck only	Comp	eletion D	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address	onitor /IRONMENTA					
1 / 7 / 19 Description of the following Abatement (Charles Facility Closed/Vacated During Entire Abatement Performed Outside of Normal Abatement Performed Outside of Normal Abatement Performed Outside of Normal Abatement Performed Outside Outsid	eck only Period o	Comp	ement	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	onitor /IRONMENTA					
1 / 7 / 19 Description of the following Abatement (Charles Facility Closed/Vacated During Entire Abatement Performed Outside of Normal Abatement Performed Outside of Normal Abatement Performed Outside of Normal Abatement Performed Outside Outsid	eck only Period o	Comp	ement	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo	onitor //RONMENTA STREET de					
	eck only Period o	Comp	ement	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo	onitor //RONMENTA STREET de					
	eck only Period o	Comp	ement	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	onitor //RONMENTA STREET de					
1 / 7 / 19 Description of Abatement (Charles and Abatement Performed Outside of Normatime of Abatement: 7:00AM-5:00PM. Scope of Work (Check all that apply)	1 eck only Period on al Facil	Comp / / one) of Abat lity Hol	ement Lurs - De	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	Onitor //RONMENTA STREET de 19007	AL, INC				
1 / 7 / 19 Description of Abatement (Charles Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM. Scope of Work (Check all that apply) 3 sf or >3 if	eck only Period on all Facil	Comp / / one) of Abati ity Hore PM enova	ement urs - DeAN	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	Onitor //RONMENTA R STREET de 19007 inment with Neg	AL, INC				
1 / 7 / 19 Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Scope of Work (Check all that apply) 3 sf or >3 if	eck only Period on all Facil	Comp / / one) of Abat lity Hol	ement urs - DeAN	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	Onitor //RONMENTA STREET de 19007 inment with Newspaper Procedure	AL, INC				
1 / 7 / 19 Description of Abatement (Charles Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM. Scope of Work (Check all that apply) 3 sf or >3 if	eck only Period o nal Facil	Comp / / one) of Abati ity Hore PM enova	ement urs - De AW	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	Onitor //RONMENTA R STREET de 19007 inment with Neg	AL, INC				
	1 eck only Period of the last facility R D	Comp / one) of Abati ity Hole PM enova emoliti s Loca Norma	ement urs - De AN	ate (11) 19	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem	Onitor //RONMENTA STREET de 19007 inment with Newspaper Procedure	AL, INC	dure	patem	ent T	ype
	eck only Period o nal Facil R D Use	Comp / one) of Abat lity Hol PM enova emolit s Loca Norma ed Sol	ement urs - De AN tion ion	ate (11) 19 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem	Onitor //RONMENTA R STREET de 19007 inment with Nepsure Procedure upted (*) and No	gative Pressure	edure	_		-
	eck only Period o nal Facil R D Use	Comp / (one) of Abat lity Hor PM enova emoliti s Loca Norma ed Sol aintena	ement urs - De Alv	ate (11) 19 scribe Asbes	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems in	C STREET de 19007 inment with Newspare Procedure pted (*) and No	gative Pressure	edure	_		-
	eck only Period o nal Facil R D Use	Comp / cone) / one) of Abat lity Hole PM enova emoliti s Loca Norma ed Sol aintena stodial	ement urs - De AN tion ion ally ely by ence/ Staff?	ate (11) 19 scribe Asbes	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Strull Conta Significant Struck Signifi	CONTROLLER CONTROLLER	gative Pressure	edure	at em Repair		-
	eck only Period of the last section of the las	comp / cone) of Abat lity Hol enova emoliti s Loca Norma ed Sol aintena stodial (12)	ement urs - De AN AIV tion ion tion ally ely by ance/ Staff?	ate (11) 19 scribe Asbes	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems in	CONTROLLER CONTROLLER	gative Pressure	dure	_		-
1 / 7 / 19 Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	eck only Period of the last part of the	comp / cone) of Abate lity Hole PM- enova emoliti s Loca Norma ed Sol aintena stodial (12) No	ement urs - De AN tion ion ttion ally ely by ance/ Staff?	ate (11) 19 scribe Asbes (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Street Address Full Conta Store Glovebag Non-Exem Description of stos Containing Mate thermal systems ins surfacing, VAT, of other miscellaneous	CONTROLLER CONTROLLER	gative Pressure	edure	_	ent Encapsulate	-
	eck only Period of the last section of the las	comp / / one) of Abate ity Hor enova emolit s Loca Norma ed Sol aintena stodial (12) No	ement urs - De AN tion ion tion ally ely by ance/ Staff?	ate (11) 19 scribe Asbes (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of too Containing Mate, thermal systems in surfacing, VAT, of other miscellaneous	CONTROLLER CONTROLLER	gative Pressure	edure	_		ype
1 / 7 / 19 Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) ciler Room	eck only Period of the last record of the last reco	comp / cone) / one) of Abat iity Hor enova emoliti s Loca Norma ed Sol aintena stodial (12) No	ement urs - De AN tion ion staff?	ate (11) 19 scribe Asbes (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of too Containing Mate, thermal systems in surfacing, VAT, of other miscellaneous	CONTROLLER CONTROLLER	gative Pressure on-Friable Proce Amount (Specify SF or LF)	At	_		-
1 / 7 / 19 Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) ciler Room	eck only Period of the period	comp / / one) of Abate lity Hole PM enova emoliti s Loca Norma ed Sol aintena stodial (12) No	ement urs - De AN tion ion tion ally ely by ance/ Staff?	ate (11) 19 scribe Asbes (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of too Containing Mate, thermal systems in surfacing, VAT, of other miscellaneous	CONTROLLER CONTROLLER	gative Pressure on-Friable Proce Amount (Specify SF or LF)	At Removal	_		-
1 / 7 / 19 Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Geope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) coller Room	eck only Period of the last record of the last reco	Comp / / one) of Abate lity Hoo PM enova emoliti s Loca Norma ed Sol aintena stodial (12) No	ement urs - De AN tion ion tion ally ely by ance/ Staff?	Asbes (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of too Containing Mate thermal systems insurfacing, VAT, of other miscellaneous	C STREET de 19007 inment with Newsorre Procedure Procedure Protection interial (ACM) sulation, or is)	AL, INC gative Pressure on-Friable Proce Amount (Specify SF or LF) 50 sf 60 sf	At Removal	_		-
1 / 7 / 19 Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Diller Room Diller Room me of Registered Waste Hauler	eck only Period of the period	Comp / / one) of Abate lity Hole PM enova emoliti s Loca Norma ed Sol aintena todial (12) No	ement urs - De AN tion ion tion ally ely by ance/ Staff?	Asbes (i.e. Plpe Flu Boiler In	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Strull Conta Mini-Enclo Glovebag Non-Exem Description of too Containing Mate thermal systems insurfacing, VAT, of other miscellaneous	CONMENTA R STREET de 19007 Inment with Newspace Procedure Interpreted (*) and No Printed (ACM) Sullation, Printed (ACM)	AL, INC gative Pressure on-Friable Proce Amount (Specify SF or LF) 50 sf 60 sf	Removal	_		-
1 / 7 / 19 Decupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Diller Room Diller Room Diller Room The description of the properties of the	eck only Period of the period	Comp / / one) of Abate lity Hole PM enova emoliti s Loca Norma ed Sol aintena todial (12) No	ement urs - De AN tion ion tion ally ely by ance/ Staff?	Asbes (i.e. Plpe Flu Boiler In	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems ins surfacing, VAT, of other miscellaneous e Insulation Cubic Yards of Waste 20	INAME OF REGIST	AL, INC gative Pressure on-Friable Proce Amount (Specify SF or LF) 50 sf 60 sf	Removal	_		-
1 / 7 / 19 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) ciller Room oiler Room oiler Room oiler Room sime of Registered Waste Hauler Bristol Environmental Inc y, State Bristol, PA	eck only Period of the period	Comp / / one) of Abate lity Hole PM enova emoliti s Loca Norma ed Sol aintena todial (12) No	ement urs - De AN tion ion tion ally ely by ance/ Staff?	Asbes (i.e. Plpe Flu Boiler In	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems ins surfacing, VAT, of other miscellaneous e Insulation Cubic Yards of Waste 20	INAME OF REGIST Name of Regist Fairless Lai City, State	AL, INC gative Pressure on-Friable Proce Amount (Specify SF or LF) 50 sf 60 sf	Removal	_		-
1 / 7 / 19 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) ciller Room oiler Room	eck only Period o nal Facil Use Ma Cus Yes	Comp / / one) of Abate lity Hole PM enova emoliti s Loca Norma ed Sol aintena todial (12) No	ement urs - De AN tion ion tion ally ely by ance/ Staff?	Asbes (i.e. Plpe Flu Boiler In	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneou	INAME OF REGIST	AL, INC gative Pressure on-Friable Proce Amount (Specify SF or LF) 50 sf 60 sf	Removal	_		-
1 / 7 / 19 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-5:00PM Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) ciler Room oiler Room	eck only Period o nal Facil Use Ma Cus Yes	Comp / / one) of Abate ity Hore enova emoliti s Loca Norma ed Sol aintena stodial (12) No	ement urs - De AN tion ion tion ally ely by ance/ Staff?	Asbes (i.e. Plpe Flu Boiler In	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems ins surfacing, VAT, o other miscellaneous e Insulation Cubic Yards of Waste 20 Disposal Date TBD Signature	INAME OF REGIST Name of Regist Fairless Lai City, State	AL, INC gative Pressure On-Friable Proce Amount (Specify SF or LF) 50 sf 60 sf	Removal	Repair	Encapsulate	-

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

PAID		(F	Pursuan	it to NJAC	8:60 ai	nd 12:12	MENT 0)	(1	10	2 A		18	4	5.	2
Date of Notification (1) 1/4/19			Name	of Building	Owner	Operator	(2)			LL	0	G		7.7	7511 2,53
Agencies Notified Type Notification				Address					14 1		• 3,00				
× EPA × Initial										į.	11.	. 1	^	1010	
DEP Amended		İ		tate, Zip Co						+ 1	JAN	1 1	U	Uly	
X Emergency		_		nne, NJ	07002	2				ì					1
DOH justification				of Contact	•200000000				Te	ephone	Nun	nber	CON	TEIC:	1, 2
DCA Cancellation	1			ael Rodri		101			٩			ent files			
Name of Facility Where Abatement is Takir home	g Plaçe	(3)	FAC	CILITY INFO	JRMAI	ION	Туре	of Facility (4)						
Street Address								School (K-1	2)						
							×	Subchapter Other (i.e. p	8 (Oth	er than & comn	K-12 nercia	!) al buil	dings	, hom	ies,
City (5)								etc.)							
Bayonne							2000	re Feet)	2	f Floors		1 22	31dg. <i>1</i> 78	Age	
County (6) Hudson				Code (7) USE ONLY)				nt Use (Prio	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name		tement Con	tractor	(9)					
								onmenta			LLC				
Street Address						Street		72							
0,4 0,4 5, 0						POE	30x 48	33, 4 E G	ate D	rive					
City, State, Zip Code								p Code							
Project Manager for Monitoring Firm			Tolonha	and Min		1	e-per entre service	NJ 0741	18						
1 10,000 Manager for Monitoring Firm			Telepho	one No.		Teleph	one No 764-2			Licens 703	se No).			
Start Date (10)	Schedu	led Cor	noletion	Date (11)			0.02000.11999	A Monitor		703					
1/05/19	1/11/1			_ = = (, , ,		- ridino	01 0011	A WOTHO							
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addres	s							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	nent			City, St	ate, Zi	o Code							
					_		,								
Scope of Work (Check All That Apply)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	processes.	Renova Demolit				×	Mini Glov	Containme -Enclosure vebag Proc -Exempted	edure					•	
	Is	Locati	on					Zionipioa	1 June	111011-1	nabit		1000 20	ement	t
Location of		Normal			De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole iintenar	nce/	Asbesto	s Cont	taining Ma systems	aterial	(ACM)		mount		_		ш	
In Facility	Cus	todial S (12)	Staff?		surfa	cing, VAT	, or	ion,		pecify or LF)		Remova	Repair	icap	nclo
(13)		(- /	1		other n	niscellane	eous)					oval	air	Encapsulate	Enclosure
	Yes	No	N/A											fe	(a)
basement			X		pipe	insulati	on		70) LF		х			
														1	
													2.55 (2.15)		
Name of Registered Waste Hauler		3123	JDEP Wauler ID		Cubic			Name of R	egister	ed Lan	dfill				
Freehold Cartage		1 1000	5939		of Was	sie		Western	Berk	s Lan	dfill				
City, State Freehold, NJ					Dispos TBD	al Date		City, State Birdsbor	o PA						
Completed by	Title					ignature		1	5, 17		Date	2			
A. Scott Higgins	Pres	ident					4		_			4/19	1		

CK 0114	PA	MD	NOTI)	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	MEN (0)			EG			W.		134
Date of Notification (1) 12/31/2018 CHEC	K #0114				of Buildin			r (2)	1		141	u 1	n	2019	-	
Agencies Notified	Type Notification	1		Street	Address	-			-	1 111	JAN	A .	U	2019	-	1 2
× EPA DEP	Initial			Cit. C	tata 7:- /	2-1			1.1		100° A -11 - 11 - 11 - 11 - 11 - 11 - 11 -		Park	Carrie	4.442	
₩ DOL	Amended Amendmen				tate, Zip (TH ARL		N,NJ	0703	1		. 2 2	105			1 4	
DOH DCA	Emergency justification Cancellation	1	g	Name	of Contac BARA A	t				Te	elephone	Nun	nber			
Name of Facility Where	Abatement is Takir	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	T								
		.g . 1400	(0)					Тур	e of Facility School (K-							
Street Address								×	Subchapte Other (i.e. etc.)	r 8 (Oth	ner than & comm	K-12 nercia) Il bui	ldings,	hom	es,
City (5) NORTH ARLINGT(ON ,NJ 07031								are Feet (100	# c	of Floors		4.00	Bldg. A		 S
County (6) BERGEN COUNTY	,				Code (7) USE ONL		_		ent Use (Pr	ior if be	ing dem	olish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name	of Ab	atement Co UTIONS	ntractor	(9) RACT	ING				
Street Address							Street 24 C	Addre	ess							
City, State, Zip Code		462					City, S	tate, Z	Zip Code DD NJ,07	407						
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph			+07	Licens	se No				
Start Date (10)		Schedu	led Cor	nnletion	Date (11)		201-				0130	1				
01/14/2019		01/15/	2019	npiction	Date (11)				HA Monitor JTIONS (RACT	ING				
Occupancy Status During							Street 2									
Facility Closed/Vaca Abatement Performe Other – Describe: 7	ed Outside of Norm	Period of nal Facilit	Abaten y Hours	nent s			City, St	tate, Z	ip Code	407			<u> </u>	2		
Scope of Work (Check Al	I That Apply)					ELIVI	VVOC	D NJ,074	407		_					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demolit				×	Mir Glo	Il Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure						
			Locati				3							Abater	nent	
Location Asbestos-Containing		Use	Normal ed Sole	ly by	Ashes	Des	scription		(ACM)	^.	mount	-		Тур		
TO BE ABA In Facilit (13)	TED	1.00	intenar todial S (12)			thermal surface		insula Γ, or		(S	pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									/al	=	llate	ure
BASEME	NT			X		PIPE IN	NSULA	TION	ı	2	5LF		X.			
						-						+			-	-
Name of Registered Wast	e Hauler		l Ni	JDEP W	anto	O. P.	Vas-1-									
ATLANTIC CARTING			500 2540	auler ID		of Was			Name of I			afill				
City, State PEN ARGYL PA, 180	72			-		Dispos	al Date		City, State		PA.180	072				
Completed by LUIS ARCILA		Title PRES	SIDEN	NT		Si	gnature	<u>-</u>	- //			Date 12/3	1/2	018		
						17	V		-4			12/	11/2	010		

CKON3 PAID	N			OF ASBE o NJAC 8				IT (1997)				M	12	14.	
Date of Notification (1) 12/31/2018 CHECK #0113				Building C			(2)			AN-1	0	2019			1 5 P
Agencies Notified Type Notification		8	Street Ad	dress					U	AN .	0	2013			7:
EPA Initial Amended Amendment #_ Emergency (inc	Judina			e, Zip Coo Y CITY,		307		3		5108 LCT	15,4	10			+
DOH justification)	adding		lame of	Contact R MORA	IES				Tele	phone I	Numb	er			
DCA Cancellation				ITY INFO		ON	-			der-					-
Name of Facility Where Abatement is Taking F	Place (3)						Ту	pe of Facility (4)						
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe						s,
City (5) JERSEY CITY,NJ 07307							5300	uare Feet X100	# of 2 F	Floors L		100000	dg. Ag	je ARS	
County (6) HUDSON			County C	ode (7) SE ONLY)		_		irrent Use (Prid CCUPAID	or if beir	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.				batement Cor LUTIONS (NG				
Street Address						Street 24 C		iress IR ST							
City, State, Zip Code								e, Zip Code OOD NJ,074	107						
Project Manager for Monitoring Firm		1	Γelephon	ne No.		Teleph 201-		e No. 3 9418		Licens 0130					
	chedule 1/02/2		pletion D	Date (11)				SHA Monitor	CONT	RACTI	ING				
Occupancy Status During Abatement (Check (Only On	e)				Street					200		7-11-2		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: 7:00 AM TO 3:30					_	City, S	State	JR ST e, Zip Code DOD NJ,074	407			-			
Scope of Work (Check All That Apply)						-									
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		tenovat emoliti				2	×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure						
	la.	Location						Non-Exemple	u () and	4 14011-1	Habit		Abate	ment	
Location of	1	Vormall	y		De	escription	n of						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	d Solel intenar todial S (12)	ice/ staff?		therma surfa		ns in: AT, d		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			MOLII	^ TI	ONI	-	S5LF		X			
BASEMENT			X		PIPE	INSUL	AII	ON		DOLF		X			
			IDED 14	looto	Cubi	c Yards		Name of	Pagista	ared I ar	ndfill				
Name of Registered Waste Hauler ATLANTIC CARTING		10898	JDEP W auler ID		of Wa	aste		GRAN							
City, State PEN ARGYL PA,18072					Dispo TDB	osal Date	e /	City, Sta PEN A		PA,18	3072	!			
Completed by LUIS ARCILA	Title PRE	SIDE	NT			Signatur	re	<u>`</u>	7	<u>.</u>	Dat 12		2018		

1 10 1.	56419	137	NOTIF (F	ursuan		BESTOS 8:60 an	ABATE d 12:12			 		W.			
Date of Notification (1) 01/04/2019					of Building Leahy	Owner/0	Operator	r (2)		JAN	102	019	1	4	
Agencies Notified	Type Notification			Street	Address										
× EPA × DEP × DOL	Initial Amended Amendmen				tate, Zip C nam, NJ				* **	:::T	DA CON LYMENT		ä		
DOH DCA	justification) Cancellation		g	Kelly	of Contact Leahy					Te	lephone N	umber			-5,412,
Name of Facility Where	Abatement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility (4)					
House Street Address								×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth			ldings	, hom	es,
City (5) Chatham								Squa N/A	re Feet	# o N//	f Floors A		Bldg. /	Age	
County (6) Morris					Code (7) USE ONLY)		Curre	ent Use (Prid Se	or if be	ng demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASCI	M No.				tement Cor ement, In		(9)				
Street Address								Addre	ss gren Aver	nue					
City, State, Zip Code		21))			ip Code J 07512						
Project Manager for Moni	toring Firm			Telepho				none N 345-8			License I	No.			
Start Date (10) 01/16/2019		01/17/	2019	npletion	Date (11)				HA Monitor ement, In	C.					
Occupancy Status During Facility Closed/Vaca				nent.				Addres	ss gren Aver	nue			107-11		
Abatement Performe X Other – Describe: 0	ed Outside of Norn	nal Facilit	y Hours	ion(_	City, S	tate, Z	ip Code J 07512		-				
Scope of Work (Check Al	That Apply)	8 3													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		E	Renova Demolit				×	Mir Glo	l Containme ni-Enclosure evebag Proc n-Exempted	edure				'A	
Location	of		s Locati Normal										Abat	emeni pe	
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Us:	ed Sole aintenar stodial S (12)	ly by nce/		tos Conta thermal surfac		laterial s insula T, or		(8	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
Danasa		Yes	No	N/A								_		ite	Ф
Baseme	ent		X			Pipe	Insula	tion	-	8	0 LF	X			
Name of Registered Wast	e Hauler		N	JDEP W	lasta	Cubic `	Varda		Nows of F	100/-1					
D&S Abatement, Inc.			H	auler ID 1996		of Was			Name of F						
City, State Totowa, NJ						Dispos TBD	al Date	/.	City, State Morrisvi		Ą				
Completed by Oliver Hegedis		Title Proje	ect Ma	nager		Si	gnaturé	W/		~	Da	ate 1/04/2	2019	<u> </u>	

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

CAOO DAT	T	(P	ursuant	to NJAC 8	3:60 and	d 12:120	0)							W	100
Date of Notification (1) 01/04/2019	. Die		Name of Jason	Building (Owner/C	Operator	(2)		1.		144	. 1	0		
Agencies Notified Type Notification			Street A	ddress				y make m	4	1	JAI	1	-0-	2019	
EPA Initial			0': 0:	7: 0						į,	T-17+3	alasterija o	Succession		
X DOL Amendment #	ali salias a	_		te, Zip Coi Ridge, No		28				27,63	PST Li	OS CET	ÖĞA Kilik	17.7. 	1.4
DOH justification)	ciuaing		Name of Jason	Contact					Tele	ephone N		-		9.5	700
BCA Cancellation				LITY INFO	RMATI	ON						_			
Name of Facility Where Abatement is Taking House	Place (3)					Ту	pe of Facility (
Street Address	*	1177						School (K-1 Subchapter	8 (Othe						
							×	Other (i.e. p etc.)	rivate 8	comme	rcial l	ouild	ings,	home	s,
City (5)							Sq N/	uare Feet	# of N/A	Floors			dg. A	ge	
Glen Gidge County (6)		-т	County (Code (7)	- 4			rrent Use (Pric			lished		A		_
Essex				JSE ONLY)			Н	ouse							
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM	1 No.				Abatement Con patement, In		(9)					
Street Address	Type Notification X							dress engren Aver	nue	B. 123 1-,-13					
City, State, Zip Code				20				e, Zip Code NJ 07512							
Project Manager for Monitoring Firm		Т	Telepho	ne No.		Teleph				License	e No.				
								5-8685		01311					
			npletion I	Date (11)				OSHA Monitor patement, In	C.						
Occupancy Status During Abatement (Check	Only On	ne)				Street									
Abatement Performed Outside of Norma						City, S	State	engren Aver e, Zip Code	iue						
Scane of Work (Charle All That Apply)					_	Toto	wa	, NJ 07512							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf						>	V	Full Containme Mini-Enclosure Glovebag Prod	edure						
						L		Non-Exempted	d (*) and	d Non-Fr	iable			ement	
Location of	1	Norma	lly		De	scription	n of						Ту		
Asbestos-Containing Material (ACM) TO BE ABATED					tos Con	taining N	Mate	erial (ACM) sulation,		mount Specify		ת	52207	En	ш
In Facility	Cust		Staff?	(surfa	icing, VA miscellar	ΑΤ, c	or		or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		Ollieli	HISCEIIAI	rieut	15)				val	=	ılate	ure
Basement					Pipe	e Insula	atio	n	1:	35 LF	+	Х			
					•						\top				
											\neg				
Name of Registered Waste Hauler		111111111111	JDEP W		Cubic of Wa	Yards		Name of	Sec. 17						
D&S Abatement, Inc.				INU.	TBD	\$08863		Waste		gement	t of F	PA			
City, State Totowa, NJ					Dispo TBD	sal Date	1	City, Stat Morrisv		Α					
Completed by Oliver Hegedis	Title Proje	ect Ma	anager			Signatur	6/	1/1	and the same		Date 01/0		019		

CK180	PA				N OF AS t to NJA(Т		EG			7	
Date of Notification (1) 01/04/2019					of Building Butler	g Owner/	Operato	r (2)			1 4	u 1 :	2 00	**	1
Agencies Notified	Type Notification			Street	Address						JA	V 1	1 20	19	1.1
X EPA	× Initial			07.0						ļ.	NAT STORY OF STREET	Tarint			
× EPA × DEP × DOL	Amended Amendment	#			ate, Zip C Hills, N		8			i		ros o Loriki	ONT:	Ki.,	
X DOH	Emergency (including	g		of Contact					Tel	ephone	E	1.1/10/2009	1716444 +	
☐ DCA	Cancellation			Alvin	Butler					· ·	0,10110				
Name of Facility Where	Ahatement is Takin	n Place	(3)	FAC	ILITY IN	ORMAT	ION	T	f F 111A	(4)					
House	is a tomorrow to taking	9 1 1000	(5)					Т	e of Facility	15 W					
Street Address									School (K- Subchapte	er 8 (Oth					
0:1 /5						Aprella Alberta		×	Other (i.e. etc.)	private a	& comme	ercial b	uilding	s, hon	ies,
City (5) Short Hills								Squ N/A	are Feet	# of N/A	Floors		Bldg.	Age	
County (6)		Trackle -		County	Code (7)				rent Use (Pr			lished)	IN/A		
Essex					USE ONL	Y)		Hou		101 11 001	ng deme	maricu)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8	3)	ASCI	M No.		Name D&S	of Ab Aba	atement Co tement, I	ntractor nc.	(9)				
Street Address							Street					_			
City, State, Zip Code									ngren Ave	enue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Mon	itoring Firm	45 01	Т	Telepho	ne No.		Teleph				License	e No.			
Ct-1D-1-140							973-				01311				
Start Date (10) 01/14/2019		01/15/	led Cor '2019	npletion	Date (11)				SHA Monitor tement, li						
Occupancy Status During	Abatement (Check						Street		Maria	10.					
Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent			11 R	osen	igren Ave	nue					
Abatement Performe X Other – Describe: 0	ed Outside of Norm occupied	al Facilit	y Hours	S					Zip Code NJ 07512						
Scope of Work (Check Al	That Apply)	14170-274													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova						III Containm		Negativ	e Press	ure		
2 100 31 01 2200 11			Demolit	uon				GI	ini-Enclosur ovebag Pro	cedure					
		Τ.					×	l No	on-Exempte	d (*) and	Non-Fr	iable Pi			
Location	of		s Locati Normal	lly		Do	scription	of						temen ype	L
Asbestos-Containing TO BE ABA			ed Sole aintena		Asbes	stos Cont	taining N	lateria	II (ACM)	620.00	nount			Ш	_
In Facili		Cus	todial 5 (12)	Staff?	(1.e		cing, VA	T, or			pecify or LF)	Remova	Repair	ıcap	Enclosure
(13)		-		T		other r	niscellan	eous)				oval	air	Encapsulate	sure
Baseme	nt	Yes	No	N/A) (A T						_	Ф	
Daseille	3111		X				VAT			50	0 SF	Х			_
		-										_			
													-		
Name of Registered Wast	te Hauler		IN	JDEP W	laste	Cubic	Yards		Name of	Dogisto		EII			
D&S Abatement, Inc.			Н	auler ID 0996		of Was	This program		Waste	5000					
City, State Totowa, NJ							sal Date		City, Stat						
Completed by		Title					ignature	10	Morrisv	ille, PA		Date		V. 170-170	
Oliver Hegedis		1.000	ect Ma	nager			-11	CH	_	on The administration of the Land Street, Stre		01/04	2019		

State of New Jersey

State of New Jersey

Check # 16503

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Carl Lane 1/3/2019 Agencies Notified Type Notification Street Address []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended TOSCONTA Montclair, NJ, 07042 [X] DOL Notification [X] DOH Name of Contact Telephone Number [] EMERGENCY Carl Lane []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Carl Lane []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City County County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Montclair Essex Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 01 23 19 01 25 19 N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]>3 sf or >3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Is Abatement Type Location Location of Description of Normally NC Asbestos-Containing Asbestos-Containing NCAP Used Amount RE EMOV Material (ACM) Solely Material (ACM) (Specify LO By Main-tenance/ (i.e., thermal systems TO BE ABATED SF or AI SUR In Facility insulation, surfacing, VAT, LF) Custodial A (13)or other miscellaneous) Staff (12) Yes No N/A 225 LF Basement Piping Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17040 of Waste 1.5 AZTECH MANAGEMENT, INC. Tri - State City, State Disposal Date City, State Montclair, NJ 07042 1/28/19 Bronx, NY, 10474 Completed By (Print or Type) Title Signature Date Constantine Vivian President 1/3/2019

<u>CCC</u> 00		(it to NJAC			•				F		7	
Date of Notification (1) 12/26/2018 check #0108			Name JULI/	of Building	g Owner/ OCHO	Operator	r (2)							
Agencies Notified Type No	tification		Street	Address					1	JAN	1	20	19	- 11
EPA Init														
1 [ended endment #			tate, Zip C KENSAC		7601			÷,	158.0 * + = # 1	087	Z-in		C of C
× Em	ergency (including	3		of Contact		77001			Tel	ephone N	(1		<u> </u>
	ncellation		JULIA	A MORC	HO				1 10	chione is	unibei			
Name of Facility Where Abatemen	t is Taking Place	(3)	FAC	ILITY INF	ORMAT	ION	-							
	the raining radio (0)					Т	e of Facility						
Street Address							×	School (K- Subchapte Other (i.e. etc.)	er 8 (Othe	er than K- & commer	12) cial bu	ildings	, hom	nes,
City (5) HACKENSACK NJ,07601								are Feet K100	# of 2 F	Floors	100	Bldg. 50 Y	-	s
County (6) BERGEN				Code (7) USE ONLY)			rent Use (Pr	rior if bei	ng demoli	- 1			
Name of Monitoring Firm Hired by	Building Owner (8)	ASCI	M No.		Name	of Ab	atement Co UTIONS	ntractor	(9) RACTIN	G			
Street Address						Street	Addre							
City, State, Zip Code						City, S	tate,	Zip Code OD NJ 07	407					
Project Manager for Monitoring Firm	n		Telepho	ne No.		Teleph			407	License I	No.			
Start Date (10)						201-	873	9418		01301				
12/27/2018	12/29/	2018	mpletion	Date (11)				SHA Monitor UTIONS		RACTIN	G			
Occupancy Status During Abateme	55.0	350				Street	A CONTRACTOR							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: 3:30 pm to	of Normal Facility	Abaten Hours	nent s			City, St	ate, 2	Zip Code						
Scope of Work (Check All That App	ly)					ELIVI	NOC	OD NJ 07	407					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Pemolit				×	Mi GI	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure				~	
	Is	Locati	ion					on Exemple	u () anu	NOIH Ha	JIE FIG		emen	t
Location of Asbestos-Containing Material (A	0201 00	lormal d Sole			Des	cription	of				-	Ty	ре	
TO BE ABATED In Facility (13)	Ma Cust	intenar odial S (12)	nce/ Staff?	Asbest (i.e.	tos Conta thermai surfac other m	aining Massystems sing, VAT aiscellane	insul	ation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
DACCMENT	Yes	No	N/A										6	
BASEMENT			Х		PIPE IN					5LF	X			
				BC	DILER	INSUL	ATIC	ON	AROU	ND BO	X			
20											1			
Name of Registered Waste Hauler ATLANTIC CARTING			JDEP Wauler ID		Cubic Y					ed Landfill				
					TDB			GRANE		RAL				
City, State PEN ARGYL,PA 18072					Disposa TDB	al Date		City, State		PA 1807	2			
Completed by _UIS ARCILA	Title PRES	SIDEN	NT		Sig	gneture	2	- 4	le	ت Da 12	ite 2/26/2	2018		

page 1

BEST REMOVAL INC

19914 CIL

Do not : se this form for asbestes licensure exempted activities.

01/02/2019 02:20PM 2013297440 BEST REMOVAL INC PAGE 02/04 YAR PAID Binto of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Parsuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1/2/19 Betty HOD665 KES Type Notification Street Address Agencies Notified Initial 00 EPA City, Stare, Zip Code Amended DBP EAST DRANGE . 07017 N. Amendment # Emergency (including Telephone Number Name of Contact justification) DOH Mes. Betty Hodges Facility information DCA Name of Facility Where Abstement is Taking Place (3) Type of Pi: lity (4) HS. BETTY HODGES □ Sche: (K-12) Subcl ipter 8 (Other then K-12)

Given: i.e. private & commercial buildings, homes, etc.) Street Address # of Floors City (5) 1940 ० रिक्सी ७ ८ 18012 EAST Current U: (Fram if being demolahed) County (5) County Code (7) C. CSI DEN CE 5 33EX ASCM No. Name of Abatemer Contractor (9) Name of Monitoring Firm Hirad by Building Owner (8) Best Reme al, Inc. Street Address Street Address 450 South River Street City, State, Zip Co e City, State, Zip Code Hackens ck, New Jersey 07601 Telephone No. Telephone No. Project Managar for Monitoring Firm 00388 201-329-" .44 Name of OSHA I mitor Scheduled Completion Data (11) 14/19 Omega En ronmental 1/5/19 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyle Street Facility Closed/Veosted During Entire Period of Absternant City, State, Zip Ca le Absternant Performed Quaries of Normal Facility Hours
Other - Describe: 200 FM South Haskensack, NJ 07606 Scope of Work (Chrick All That Apply) Pull C resignant with Negative Pressure
Mini-1 sclosure
Glovel as Procedure
Non-1 sempted (*) and Non-Frisble Procedure 23 1f or 23 H Renovation D ≥160 sf or ≥260 lf Demotriion Abatement Is Location Type Nomally Description of Asbestos Contesting Material (ALM) Lucation of Used Sciely by Asbestos-Containing Masorial (ACM)
TO BE ABATED Amound Encapaulos Mulmenunce (i.e. thermal systems intulation, and cing. (Specify Custodial \$167 VAT, or In Facility (12) other miscellaneous) (13) Yes No NA 30 LF BASSHEWT BRILER ROOM THERMAL SYSTEMS INSING LOAD Tame of Registered Landfill Cubic Yards Name of Registered Waste Hauler NUDE? Wage Hayer ID No. of Wasts Minerva Entreprises, LLC Best Removal, Inc. City, State City, State 1/7/19 Waynesburg, OH 44688 Hackensack, NJ 07601 Title Completed by 1/2/19 صبه ا J. Majorano Estimator



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

CIC 4916

Date of Notification (1)		Lat	CD '11' (2 (0	(0)		17-134 il	- Caraman			7 5	F1 11
1/3/19		Name	of Building (AU C		LLACIC		II.	-	124	1 1	
Agencies Notified Type Notification		Street 2	Address						1 4 4 1	1 0	20	110
□ EPA □ Initial □ Amended		City, S	tate, Zip Coo	le					IAN	1 (20	19
DOL Amendment #					ERGE	EN. No	5. 07	04-	7	general and the	A2001.71114	174.41
DOH justification)	lordunig	Name o	of Contact	_			Telepho	ne Numb	ег	15 (2	1141	Piel.
□ DCA □ Cancellation		FAC	ILITY INF		A CIC			-				
Name of Facility Where Abatement is Taking Pla	ace (3)			ORUMAN		Type of Facility (4)					
Street Address	olus	CK	+			School (K-1		TC 10)				
Succi Addiess					1 5	Subchapter Other (i.e. p	8 (Other than rivate & com		ouildir	ngs, ho	mes, e	etc.)
City (5)					S	quare Feet	# of Floo	ors	E	Bldg. A	ge.	
NORTH BER	G511		-5: 			2000	. 2			19	4	2
County (6)			Code (7) USE ONLY)		0	Current Use (Prio						
Name of Monitoring Firm Hired by Building Ow	mer (8)	ASC	M No.		Name of	Abatement Contr	actor (9)	CC	-			-
						Removal, I						
Street Address					Street Ad 450	dress South Rive	r Street					
City, State, Zip Code					City, Stat	e, Zip Code					-21	
						ckensack, N		•				
Project Manager for Monitoring Firm		Telepho	one No.		Telephone 201-	e No. 329-7444		ense No. 00388				
Start Date (10) 14/19	Scheduled Co	ompletion I				OSHA Monitor a Environn	nental				11	
Occupancy Status During Abatement (Check Onl			•		Street Ad							
☐ Facility Closed/Vacated During Entire Perio		ent		-		Huyler Stre	et					
Abatement Performed Outside of Normal From Other – Describe:	5:20	en		_		e, Zip Code th Hackens	ack. NJ (7606				
Scope of Work (Check All That Apply)							,					
≥3 sf or ≥3 lf	Reno					Full Containme		ive Pres	sure			
□ ≥160 sf or ≥260 lf	☐ Dem	olition			Z	Mini-Enclosure Glovebag Proce						
	1		1			Non-Exempted	(*) and Non-	Friable F	roced	5110		
Tankin of	50325	cation nally			8.8.2					Abate	ement pe	
Location of Asbestos-Containing Material (ACM)	Used S	olely by enance/		stos Conta		rial (ACM)	Amour	nt			ш	
TO BE ABATED In Facility	Custodi	al Staff?	(i.e. ther		ems insulati VAT, or	on, surfacing,	(Specif SF or L		Remova	Repair	ncap	Enclosure
(13)	(,	2)		other n	niscellaneo	us)			oval	air	Encapsulate	sure
	Yes N	lo N/A										
BASEKEN		/	THERMA	YSUR	FAUNC	MOTABLESMA	48	SF	79.	à		
			-	35 T								
Name of Registered Waste Hauler		NJDEP V	/aste	Cubic Y	Varde	Name of I	Registered La	ndfill				
Best Removal, Inc.		Hauler ID	No.	of Wast	te	70 COM AND COMPANY	va Entre		e T	I C		
City, State		1/10	,	Disposa	2ey	City, State		prise	ىد ,د			
Hackensack, NJ 07601	es.			0.0000000000000000000000000000000000000	115/19	200 to 1 100	nesburg,	OH 4	468	8		
Completed by J. Maiorano	Title				gnature			Date			_	
J. IVIAIOIAIIO	Estima	tor			X C	(aioror	5		1/3	3/19	1	

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

JAN 1 0 2019

				The second secon					
Date of Notification (1) 4 – 19			ding Owner/Operato RAW SEU		J ENT.		ή'n.		3
Agencies Notified Type Notifica	tion	Street Addre	ss 001 W. (CLARKSI	MUDMG	RX)		
☐ DEP ☐ Amended Amendme		City, State, Zi			N. T		82	18	
☐ Emergence justification DCA ☐ Cancellation	m)	Name of Con	tact		Telephone Num	ber			
B 6 6 7 1 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FACILITY II	NFORMATION		609-9	6)-	_/4	70	=
Name of Facility Where Abatement is Ta				Type of Facilit	5-000 A/				
RESIDEN (<u>t. </u>		¥	Other (i.e.,	r 8 (Other than K-1) private & commerci	2) al bui	lding:	5,	
City (5)				Square Feet	# of Floors	E	lldg A	\ge	_
BRIGHALT	INE	County Code	/7\ /STATE	1500	Prior if being demolis	- hod	20	+	
County (6) ATL ANTIC		USE ONLY)		VA	CANT	sileu)			
Name of Monitoring Firm Hired by Buildin	g Owner	ASCM No.		ment Contractor (_				
(8) N/A Street Address			Stree! Address	mco j	-WC.		_		=
			369	S. Spri	ICE AVE	_			_
City, State, Zip Code		0	City, State, Zip C		DE M.J	08	30	52	
Project Manager for Monitoring Firm	Tel	ephone No.	Telephone No. 856 - 77	9-0472	License No.	37	1		_
Start Date (10) Sch		etion Date (11)	Name of OSHA	Monitor N / A					
Occupancy Status During Abatement (Ch	eck only one)		Street Address						
Facility Closed/Vacated During Entire f Abatement Performed Outside of Norm Other - Describe:	Period of Abate nal Facility Hou	amen! Irs	City, State, Zip C	ode .	Y.				=
Scope of Work (Check all that apply)			D Eut Con	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf \overline{\ove	Renoval		☐ Mini-End	closure ag Procedure	on-Friable Procedur	е			
	Is Locati					1	bate Tyr		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Fac武ty (13)	Used Sole Maintenar Custodia Staff? (12)	ly by noe/ Asbes	Description of stos Containing Mati, thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A	T-0.1.1517		1750 ST	X	-	-	\dashv
510 IWG		X	TRAWSIT	<u>C</u>	123031	^			
				Name of Regi	atomd Landfill				-
Name of Registered Waşte Hauler	922	UDEP Waste auter ID No.	Cubic Yards of Waste	Name of Regi	C I I 1				
KLEMCO INC		17904	Disposal Date	City, State	- V.		,		
City, State MAPLE SHADE	W.J.		-10:	PLEMS	SANITUILLE		Al.	7	=
Completed By - Title	SUPERI	JISOR	Signature	Mol	Date	4-	19		_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

via us Mail

Date of Notification (1)	.1.1		T	Name of	Building Owner	Operator	(2)		B P	7112	r r
	11919			ORI	IEVA I	NV(STHEN	te cal	10/	1.53	
DEP DOL	Type Notification Initial Amended Amendment: Emergency (justification) Cancellation	The state of the s	- Constitution of the Cons	City, Sta	Z SAYR te, Zip Code 12A BET Contact JUE N	th ones	. Γενν Γενν	JAN 1 0	2019 nber	The second secon	A Commence of the Commence of
Name of Facility Where Al	natement is Takino	Place (3)		FACI	LITY INFORMA	FION	Type of Facility	(4)		,,	
Street Address	-)				}		Other (i.e. etc.)	er 8 (Other than K-12 private & commercia	of princi	ings,	NAME OF THE OWNER, WHEN
City (5) EU 2AB	eth r	J () :					Square Feet	# of Floors	100	30	5
County (6)		epungkanak kulturak dilakah bepunkhan		County (Code (7) USE ONLY)		Current Use (Pi	for if being demolish	ed)		
Name of Monitoring Firm I		wner (8)		ASCN	l No.	1	of Abatement Co	ntractor (9)		es questante	
				<u></u>			10 VAIEC	1100			
Street Address						Pa	J. Box 8	314			
City, State, Zip Code						City, S	State, Zip Code	e NO. 0		5=	t-
Project Manager for Monito	oring Firm			Telephor	ne No.	Telepi	none No.	CO License No		>	
Start Date (10)	C4,	Scheduled	Com		Date (11) 		of OSHA Monito	1100			
Occupancy Status During	Abatement (Check	Only One)		F	Street	Address				
Facility Closed/Vacati Abatement Performed Other - Describe:	ed During Entire P I Outside of Norma	eriod of At at Facility I	atem lours	ent '		1	State, Zip Code	7 880-64	357		
Scope of Work (Check All	That Apply)						Ö				
☐ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				Mini-Enclosus Glovebag Pre	icedure			
		T					Non-Exempte	ed (*) and Non-Friab	e Proc	edun Abate	ement
Location of Asbestos-Containing N TO BE ABAT In Facility (13)	laterial (ACM) ED	Used Main Custo	tenan	y by ice/	Asbestos Cor (i.e. therma surfi	escription staining & if system scing, VA miscellar	faterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate
		Yes	No	N/A						_	0
		1 1						160.00			-
	1DING			X	500	<u> 00</u>		650 SP	H		-
basereul		and the state of t		X	P. PE	·		1230 YE	A	_	1
	Hauler TIXC U(1) - 088	S} <u></u>	Ha	DEP W	No. of Wa	8 sal-Date 15/119	Gity, Sta	fulle P.	1		
Completed by	AUN	Title	251	DENT	A Charles of State of	Signature	al bakin	Date (15	10	1
ASB-41 (R-06-08)						" Do no	of use this form fo	r asbestos licensure	exem	ped a	activiti

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

Date of Notification (1)		月月			Name	e of Buildin	ia Ov	ner/Operator	(2)	JA	N 1 () 20	119	- 1-
	04 /	19					_		perty Managen	nent and Con	structio	on -		12
Agencies Notified EPA	Type Notific	ation			Stree	et Address		treet, 9th Flo		3984	VICEL: Light:	CAR		i.
⊠ DOLWD	☐ Amende	d							OOF	128 LO 24	. 6			- 5
☑ DOH	Amendm			48	1000	State, Zip								
DCA	☐ Emerger		cludin	g		enton, NJ		25-0034		T				
(NJAC 5:23-8)	justificat Cancella					e of Contac				Telephone Nu				
	☐ Cancella	llion			-	seph Syp	-			856-467-2	800			
Name of Facility Where A	h = 1 = = = = = 1 = 1	T-1:	Di	(0)	FA	CILITY	VFO	RMATION	1					
Name of Facility Where A		laking	Place	e (3)					Type of Facility	-2-030				
New Jersey State M	useum								School (K-12		12)			
Street Address 205 West State Street	et								Other (i.e., p	rivate and comm		uildin	gs,	
City (5)									Square Feet	# of Floors	IB	ldg. A	ae	
Trenton									10,000	4		80	90	
County (6)					Cou	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Mercer							***	50.20 359750 - COSCOCIA (C.)	Museum					
Name of Monitoring Firm I	Hired by Buil	ding O	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
Brinkerhoff Environ	mental Ser	rvices	5				1		onmental, LLC					
Street Address							-	eet Address	,					
1805 Atlantic Avenu	е						6	23 Cutler Av	venue	-				
City, State, Zip Code				_			City	y, State, Zip Co	ode					
Manasquan, NJ 0873	36							Maple Shade						
Project Manager for Monito	oring Firm			Tele	ephone	No.	_	ephone No.	<i>i</i>	License No.				
Gary Fleming				7	32-223	3-2225	1	56-755-0099		00842				
Start Date (10)		Schedu	uled C	omple	tion Da	ate (11)	Nar	me of OSHA N	Ionitor					
01 / _21_ /	19	0	1_ /		5_/	19	E	MSL Analyt	ical, Inc.					
Occupancy Status During			50	7.0			Stre	eet Address		allo Association		25 7.	Stilles.	
☐ Facility Closed/Vacated							2	00 Route 13	0 North					
Abatement Performed							City	, State, Zip Co	ode					
Time of Abatement:	AIVI	PIV		PIVI		AW	C	innaminson	, NJ 08077					
Scope of Work (Check all t	that apply)							Пп						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novat molitic				☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and No		duro.			
			Is	Local	ion	T		Z Non Exc	inpica () and No	n-i nabic i rocci		atem	ont T	wno
Location o	of			Vorma				Description o	f				1	1
Asbestos-Containing M		1)		ed Sole intena				Containing Ma	terial (ACM)	Amount	Rem	Repair	nc	nc
TO BE ABAT IN Facility					Staff?	(ı.e		rmal systems i		(Specify SF or LF)	Removal	₩.	sde	Enclosure
(13)		-		(12)				ner miscellane		01 01 21)	-		Encapsulate	е
			Yes	No	N/A							_		
Elevator Mechanical R		-						um Brake Pa	ads	2 SF				
Elevator Mechanical R	loom					Insulate	or Pa	nels		60 SF				
<u> </u>														
Name of Registered Waste	Hauler			255	JDEP \			ic Yards of	Name of Regist	tered Landfill				
Freehold Cartage				- F	15939		Was	ste	Fairless La	ndfill				
City, State		7		-			-	osal Date	City, State					
Freehold, NJ							0.	1/25/2019	Morrisville,	PA				
Completed By (Print or Typ	oe)	Title	-					Signature		1	Date			
Christina Lynch		Vio	ce Pr	eside	nt of (Operation	าร	ande			114.	110		

Ch# 4477

Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1)	Α	- Annual Control of the Control of t		1 Mass	CD '11' C		<i>*</i>		T2: +0=0			
Agonalia Nation	19.18				e of Building Own	er/Operator (SCORINE	(7)	G	1	V
Agencies Notified EPA	Type Notificatio	n		Stree	t Address			SOCIALE	Si	L		The second
DEP DOL	Initial Amended Amendmen	t #		City,	State, Zip Code	1	VIEW	OVAL	JAI	11	0 2	2019
A DOH	Emergency justification	(including		Name	EASDEY of Contact	N.0	0.089	332				
[*] □ DCA	☐ Cancellatio	n		1 this	- 4 5 4 5 5	LES	NET2	Telephone N	umber	XL	18	88
Name of Facility Where	Abatement is Taking	Place (3)		PW	CILITY INFORM	IATION	Type of Facilit	J				
Street Address City (3)							School (R Subchapt Other (i.e	C-12) er 8 (Other than K-12 private & commerc	2) ial buil	dings,	home	s, etc.)
ELIZABE	th NO.	- 0. 71					Square Feet 3 600	# of Floors		Bldg.	Age	
County (6)	ion			County (STATI	y Code (7) E USE ONLY)			ior if being demolish			10	
Name of Monitoring Fire	n Hired by Building O	wner (8)			CM No.	Name o	of Abatement Cor	HOUSE				
Street Address			-			No	NALECK	n inc				
City, State, Zip Code						Street A	J. Box	814				
Project Manager for Mon	itoring Cirm				10	City, St	ate, Zip Code	e Ni).	NR	95	7	
	nornig Pittii			Telepho		Telepho	938 x7	License 1	-	<u> </u>	/	
	20- 18	Schedule	Com	pletion I	Date (11)	10 E00 E00 TO	f OSHA Monitor	,	80	00		
Occupancy Status During		nly One)		6 0		Street A	DUATECY ddress) INC				
Facility Closed/Vaca Abatement Performed Other – Describe:	ated During Entire Per d Outside of Normal I	iod of Abat acility Ho	ement urs			City. Sta	ite, Zip Code	418				
Scope of Work (Check Al	That Apply)					010		2 NO. C	385	25	7	
23 sfor ≥3 lf ≥160 sfor ≥260 lf			enovat emolit		ē		Full Containm Mini-Enclosur Glovebag Proc	ent with Negative Pre	essure			
Location	n of	0.0000	Locati ormall					() and Hone Habit	11000	Abat	ement	
Asbestos-Containing TO BE AB	Material (ACM)	Used	Sole!	y by	Asbestos Cor	escription of taining Mate	erial (ACM)	Amount	-	1)	pe	
In Facil	ity	Custo	odial S (12) No	taff?	(i.e. thermal sys	VAT, or miscellaneo	ion, surfacing,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		163	140	N/A							ਨ	
151 Floor				X	PiPE	insol	ALION	901/5	X			
A Floor				X	PiPG		LATION	50 L/F	X			
ame of Registered Waste	Hauler		l NJ	DEP Wa	ste Cubic	Varda						
NOVATED) INC	,		uler ID 1			Ca R	egistered Landfill				
ty, State 110 Bridge	N_i	5885			Dispos	ial Date	City) State	2100 J	0	1		-
ARIOS A	(ELDA	Title)		DEN	18	ignature	1 John	SUIHE Date	e ,	0	0	-
11	,_,	8,0		ノニー	-1	1 40	The Tale	18mg V. 1	21	8,	18	

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

NOCK	,		(Pursu	ant to N	SBESTOS ABA JAC 8:60 and 5:1	6)					10 1
Date of Notification (1)	16 /	18				ing Owner/Operator		JAN	0 20	19		
Agencies Notified	Type Notification						INC.	1				**
☐ EPA	I ppe Notification	on		100000000000000000000000000000000000000	et Address			ANESTOS	heads as in the	7		
□ DOLWD						WASHINGTON S	TREET	1/2			-1	
☑ DHSS	Amendment	#2 - 1	/4/19		, State, Zip							
DCA	☐ Emergency		ng	_		OLIS, INDIANA 46	3204					
(NJAC 5:23-8)	justification) Cancellation			Nam	ne of Conta	ict		Telephone N				
								317-636-	1600			
Name of Facility Where A	hatement is Tak	ing Pla	20 (3)		ACILITY	NFORMATION						
QUAKERBRIDGE M	ALL - JC PEN	NFYS	JC (J)				Type of Facility	105 50				
Street Address		14210					School (K-12	2) 8 (Other than K	12)			
500 QUAKER BRIDG	SE MALL						Other (i.e., p	rivate and com	mercial b	uildin	gs,	
City (5)							homes, etc.))				
TRENTON, NJ 08648	3						Square Feet	# of Floors	В	ldg. A	Age	
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Hea /Da	d== 16 h = 1				21-12
MERCER					, 0000 (THOTALE OUL ONLY	Current Use (Pr		olished)			
Name of Monitoring Firm I	lired by Building	Owner	(8)	ASCN	1 No.	Name of Abateme						
Watterson EFM							VIRONMENTA					
Street Address						Street Address	AINOMMENTA	L, INC.				
5580 Monroe Street,	Suite 103					1123 BEAVER	STREET					
City, State, Zip Code						City, State, Zip Co						
Sylvania, OH 43560						BRISTOL, PA						
Project Manager for Monito	oring Firm		Tel	ephone	No.	Telephone No.		License No.				
Dave Dukat			4	19-824	1-5210	215-788-6040		00509				
Start Date (10)	Sche	duled (Comple	etion Da	ate (11)	Name of OSHA M	onitor	0000				
////				/	19	BRISTOL EN	/IRONMENTAL	L, INC.				
Occupancy Status During A	Abatement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated	During Entire P	eriod of	Abate	ement		1123 BEAVER	STREET					
Abatement Performed C Time of Abatement: 6:0	Outside of Norma	I Facili	y Hou	rs - Des		City, State, Zip Co				_		
			IVI	AM	·	BRISTOL, PA	19007					
Scope of Work (Check all the	nat apply)					П	1 1 10 100 101	70 S				-
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 			enovat			☐ Mini-Enck	inment with Neg	ative Pressure				
△ ≥100 St 01 ≥260 IF		∐ De	emoliti	on		Glovebag	Procedure					
		Is	Loca	tion	T	⊠ Non-Exen	pted (*) and Nor	n-Friable Proced	dure			
Location of			Norma	lly		Description of			Aba	ateme	ent T	уре
Asbestos-Containing Ma TO BE ABATE	aterial (ACM)		ed Sole intena	ely by	Asbe	stos Containing Mate	erial (ACM)	Amount	Re	Re	En	E
IN Facility	<u>-D</u>			Staff?	(i.e.	., thermal systems in surfacing, VAT,	sulation,	(Specify	Removal	Repair	cap	Enclosure
(13)			(12)	_		other miscellaneo	us)	SF or LF)	<u> </u>		Encapsulate	ure
200====		Yes	No	N/A							te	
ROOF TOP COOLING T	OWER				TRANSI	TE PANELS		550 SF			П	П
											_	
										ш	Ц	Ш
		П										
lame of Registered Wasto	Hauler											
Name of Registered Waste				JDEP V		Cubic Yards of Waste	Name of Registe					
BRISTOL ENVIRONMI					No.	Waste 5 Cu Yds	Name of Registe					
BRISTOL ENVIRONMI City, State				JDEP V	No.	Waste 5 Cu Yds Disposal Date	FAIRLESS L City, State	ANDFILL				
BRISTOL ENVIRONMI Sity, State BRISTOL, PA	ENTAL INC			JDEP V	No.	Waste 5 Cu Yds	FAIRLESS L	ANDFILL				
BRISTOL ENVIRONMI City, State BRISTOL, PA Completed By (Print or Type	ENTAL INC		□ N H	JDEP V	No.	Waste 5 Cu Yds Disposal Date	FAIRLESS L City, State	-ANDFILL	Date ,			
BRISTOL ENVIRONMI Sity, State BRISTOL, PA	ENTAL INC Title		□ N H	JDEP V	No.	Waste 5 Cu Yds Disposal Date 7/31/18	FAIRLESS L City, State	-ANDFILL		1/19		

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

Date of Notification (1) 7 / 16 /	18			11		ng Owner/Operator OPERTY GROUP		JAN	10	20	19	
Agencies Notified Type Notif						ZI ERTT CROOF	ino.					1
☐ EPA ☐ Initial	iication			0.0000000000000000000000000000000000000	et Address	MACHINICTONIO		Energy Cont	SA	Civity		= 49
☑ DOLWD ☑ Amend	led					WASHINGTON S	TREET	£30	TN.	643	***	Art.
	ment # <u>1</u>	1-7/30	0/18	1000	State, Zip (67	0.00				
☐ DCA ☐ Emerge				IN	DIANAPO	LIS, INDIANA 46	3204					
(NJAC 5:23-8) justifica	ation)		9	Nam	e of Contac	t .	200	Telephone Nun	nber			
☐ Cancel	lation						31	317-636-16				
				FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is			(3)				Type of Facility					
QUAKERBRIDGE MALL - JC	PENNE	EYS					School (K-1	2)				
Street Address							Other (i.e., r	8 (Other than K-12 private and comme	2) vrcial i	huildir	100	
500 QUAKER BRIDGE MALL)						homes, etc.)	i Giai i	Juliuli	iys,	
City (5)							Square Feet	# of Floors	I F	3ldg. /	Ane.	-
TRENTON, NJ 08648									1.	Jiug. 1	ige	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)			
MERCER					-		COMMERC		oneu)			
Name of Monitoring Firm Hired by Bu	ildina O	wner	(8)	ASCM	No.	Name of Abateme		200 C 200 C				
Watterson EFM			-	. 100101	.10.	1	10.0	66				
Street Address							VIRONMENTA	L, INC.				
5580 Monroe Street, Suite 103	3					Street Address	OTPET					
City, State, Zip Code						1123 BEAVE						
Sylvania, OH 43560						City, State, Zip Co						
			T = .			BRISTOL, PA	19007					
Project Manager for Monitoring Firm			1	phone		Telephone No.		License No.				
Dave Dukat			1		-5210	215-788-6040		00509				
Start Date (10)	Schedu	led C	omple	tion Da	ate (11)	Name of OSHA M	onitor /IRONMENTA	LINC			Jan 19 (1997)	
Occupancy Status During Abatement	(Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated During Ent				ment		1123 BEAVER	STREET					
Abatement Performed Outside of N	Normal F	acility	Hou	s - Des	cribe	City, State, Zip Co						
Time of Abatement: 8:00AM-4:30	PM/	PI	Λ- <u> </u>	AM		BRISTOL, PA						
Scope of Work (Check all that apply)						DINIOTOL, FA	19007					_
	2	_				☐ Full Conta	ainment with Neg	gative Pressure				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	2		novati				osure					
△ ≥160 St or ≥260 if	L	_ Dei	nolitio	n		☐ Glovebag		- Field B				
		ls	Locat	ion	T	M IAOII-EXE	ilpted () and No	n-Friable Procedu	_			
Location of			lorma			Description of			At	atem	ent T	ype
Asbestos-Containing Material (ACM	VI)		d Sole		Asbes	tos Containing Mat		Amount	Re	Re	m	I I
TO BE ABATED			ntena			, thermal systems in		(Specify	Removal	Repair	Ca	Clo
IN Facility		Cust	(12)	Staff?	88 88	surfacing, VAT,		SF or LF)	val	=	nsc	Enclosure
(13)		Yes	No	N/A	1	other miscellaneo	us)				Encapsulate	0
		× ×			TRANSI	TE PANELS		EEO CE	N			F
ROOF TOP COOLING TOWER	- 4				TICATO	TET ARELO		550 SF		1		1
OOF TOP COOLING TOWER	1											
ROOF TOP COOLING TOWER			_								П	
OOF TOP COOLING TOWER											_	
]											Г
ame of Registered Waste Hauler	. [1	D JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
ame of Registered Waste Hauler	. [H	JDEP V	No.	Waste	Name of Regis					
ame of Registered Waste Hauler BRISTOL ENVIRONMENTAL IN	. [H	D JDEP V	No.	Waste 5 Cu Yds	FAIRLESS					
ame of Registered Waste Hauler BRISTOL ENVIRONMENTAL IN	. [H	JDEP V	No.	Waste 5 Cu Yds Disposal Date	FAIRLESS City, State	LANDFILL				
ame of Registered Waste Hauler BRISTOL ENVIRONMENTAL IN ity, State BRISTOL, PA	(C		H	JDEP V	No.	Waste 5 Cu Yds Disposal Date 7/31/18	FAIRLESS	LANDFILL				
ame of Registered Waste Hauler BRISTOL ENVIRONMENTAL IN	[[C		H	JDEP V	No.	Waste 5 Cu Yds Disposal Date	FAIRLESS City, State FAIRLESS	HILLS, PA	e 7			

CK 7578 PA) (Pursuai	DN OF ASI	8:60 a	nd 12:12	20)	IT j		EC	2 [TW/	12.	reverse Par
Date of Notification (1) 01/04/19			Name Bill H	of Building Handerha	g Owner an	/Operato	r (2)	The state of				-2 11			7
Agencies Notified Type Notification EPA Initial			Street	Address				121 - 121 - 124 A		JAI	N 1	0	2019		
DEP Amended Amendment Emergency				State, Zip C laken, N				-	A.	1991	OS	no.	TEST		
DOH justification) DCA Cancellation		ig		of Contact landerha					Te	lephone		nber		+	
Name of Facility Where Abatement is Takir	a Place	(3)	FAC	CILITY INF	ORMA	TION									
Street Address City (5)	ig i lace	(5)					×	School (K Subchapt Other (i.e etc.)	(-12) er 8 (Oth . private	& comm	nercia	2) al buil	dings	, hom	nes,
Interlaken							Squ	are Feet	# 0	f Floors		E	Bldg. /	\ge	
County (6) Monmouth				Code (7))		Cur	rent Use (P	rior if bei	ing dem	olish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name AAA	of At	atement Co	ontractor	(9) NALS					
Street Address						Street 6 Wh		ess DOVE C	OURT	9)					
City, State, Zip Code								Zip Code OOD, NJ (08701						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 732-6				Licens).		3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Start Date (10) 01/07/19	Schedu 01/09/		mpletion	Date (11)				HA Monito		NIAL C					
Occupancy Status During Abatement (Check						Street	Addre	ess		NALS					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten y Hours	nent s					DOVE C	OURT						
Scope of Work (Check All That Apply)						LAKE	EWC	OD, NJ (08701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	STREET, ST.	Renova Demolit				×	Mi Gl	ill Containm ni-Enclosur ovebag Pro on-Exempte	re ocedure	97				9	
Location of		s Locati Normal	ly		Do	scription							Abate Ty		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintenar stodial S (12)	nce/	Asbest (i.e.	os Cont thermal surfac	scription aining Ma systems cing, VAT niscellane	ateria insul , or	I (ACM) ation,	(S ₁	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
Interior	Yes	INU	IN/A		Pine	Insulat	ion		80) LF	-			Ф	
						modiae	1011) LI	+	X			
Name of Registered Waste Hauler		1 51	IDED												
NEWARK CARTING	Ha	JDEP Wauler ID 509		Oubic of Was			Name of IESI	Register	ed Land	Hill					
City, State NEWARK, NJ				Dispos 01/09/	al Date /19		City, Stat BETHL		PA					\dashv	
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Si	gnature					Date 01/0)4/19	9		

State of New Jersey

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

**COURTESY NOT	IFICAT	CION	**	Suant	to NJAC 8:60	and 12:	(120)					Ę.	
Date of Notification (1)					Name of Bu	ilding O	wner/Operator (2)	1 1	JAN	10	2019		111
1/7/2019					U.S. AIRF				.07111			1	Sec. 25
Agencies Notified	Type Notific				STREET A	DDRESS		- I then	to the same of the same of the	7.8+00-1-	A. S. J. L.		
EPA	nitial 🗊			-95.50	3021 MCG	UIRE E	BLVD.	A.	ARSTOS			!	
☐ DEP	Amen				City, State,	Zip Code	9		175	100011	da Termer	-	
□ DOL	Emerg	gency (includir	ng	JT. BASE	MDL, N	J 08641						
□ DOH	justific	ation)			Name of Co					Tel	ephone	e Nur	mber
□ DCA	☐ Cance	ellation		erem and the fact the	DANNY A	NDERS	ON				-223-5		
					FACILITY IN					1207	-225-2	7-32	CEL
Name of Facility Where Ab	atement is	Taking	Place ((3)				Type of Fac	cility (4)				
MAGUIRE AFB								☐ School	201 (2007/7)				
Street Address							No. of the last of		apter 8 (Oth	er tha	an K-12	2)	
TEXAS AVENUE									i.e., private				uilding
City (5)								Square Fee		-	Floors		
WRIGHTSTOWN, NJ													
County					County Code	e(7)(S7	TATE USE ONLY	Current Use	(Prior if be	ing d	emolis	hed)	
BURLINGTON													
Name of Monitoring Firm Hi	red by Build	ding Ow	ner (8))	ASCM No.	Name	of Abatement Cor	ntractor (9)					
N/A						CREA	M RIDGE ENV	IRONMENT	AL INC.				
Street Address						Street	Address						
City State Zin Cod						15 BL	ACK FOREST F	ROAD					
City, State, Zip Code	*					City, S	tate, Zip Code						
Project Manager for Marit		T= .					ton, NJ 08691						
Project Manager for Monitor	ing Firm	Telep	ohone I	No.		Teleph	one No.			Lice	nse No).	
Start Date (10)		0.1				10.000 Co. 10.000 Co.	0-7110			006	76		
1/14/2019		icano socialis		Comple	tion Date (11)		of OSHA Monitor				2011		
Occupancy Status During Al	actoment (C		2019	- \		MECS							
Facility Closed/Vacated	During En	tire Des	only one	e) ^ ! !	rose r y o		Address						
Abatement Performed	Outside of N	dire Per	100 01 /	Abatem	ent		OX 341						
	Jutside of f	voimai	racility	Hours			ate, Zip Code						
Scope of Work (Check all the	at apply)					CROS	SWICKS, NJ 08						
	at apply)							☐ Full Cor		ith Ne	egative	Pres	ssure
					Renovat			☐ Mini-End					
					☐ Demoliti	on		Gloveba					
		T	s Locat	ion		-		☐ Non-Exe	empted (*) 8			44	
Location of Asbestos-Co	ntoinina		rmally		Description	of Asbe	stos Containing			Abat	ement	Туре)
Material (ACM) TO BE AB	ATED In		Solely		Material (AC	CM) (i.e.	thermal systems	Amount (Spe	ecify SF or	æ	_	Enc	Ш
Facility (13)			enance Staff?	e/Custo	insulation,	surfacing	, VAT, or other	LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	n n	niscellan	eous)	1		oval	air	sula	Sun
BLDG. 3325			V		TRANSITE	DANIET	<u> </u>	000 0 7				te	0
BLDG. 3326		-	0		NFVAT & A			900 S.F.		X			
		 	X		INF VAI & A	DHEST	V E	1600.S.F.					
Name of Registered Waste F	lauler				NJDEP Waste		Cubic Yards of	Nome of Dea	lata as al I a	160			
					Hauler ID No.		Waste	Name of Reg	istered Lan	atill			
HORIZON DISPOSAL SE	RVICES				10416		20 YD	GROWS					
City, State							Disposal Date	City, State					
TRENTON, NJ							1/30/2019	MORRISVI	IIE Di				
Completed By		Title				Signatur	27-Man	/ CIANISVI		Date			
DAVID D'ANDREA		PRES	IDEN	Т		1/4	1 (171)	Vond	1		010		
ASB-41						- Automatical Contraction of the	1 - J	- Jena	res	1/7/20)19		

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

	1,	arou	WIIL TO 145	MC 0.0	and 5:1	(6)			5 il	13)			
Date of Notification (1)				Nan	ne of Build	ing Owner	/Operator	(2)		T. C. Colonia (News)	Correction .		7
	1	19		1	Hintz			3-2		IANI 1	0 0	1010	f
Agencies Notified Type N	Votificatio	n			et Address					JAN 1	0 2	:019	4
□ EPA ☑ Initi						10.			į.				1
Ø DOLWD □ Am				City	, State, Zip	Code			Accept	ESTOS	COMO	177 - 1	- 4
	endment		_	1						JUCE	Side.		24
	ergency ((Includi	ng	Nam	king Ridg	e, NJ 079	920				108		
	ncellation			l.		ict			Telephone	Numbe	r		
					Hintz								
Name of Facility Where Abatemen	nt is Taki	na Plac	ne (3)		ACILITY	NFORM	ATION	T=-					
Private house	To Tolk	ng riuc	00 (0)					Type of Facili					
Street Address								School (K-	-12) er 8 (Other than	K 1 21			
								Other (i.e.	private and co	mmercia	l buildi	ings,	
City (5)								homes, et	c.)		NAME OF THE OWNER, WAS ASSESSED.		
Basking Ridge, NJ 07920								Square Feet	# of Floor	rs .	Bldg.	Age	
County (6)				Cou	inty Codo /7	/CTATE /	10E 0411 10						
Somerset				000	inty Code (7	STATE	SE UNLY)	Current Use (Prior if being de	emolishe	d)		
Name of Monitoring Firm Hired by	/ Buildina	Owner	(8)	ASCN	A No	Nome	of Ab -1	-10					
-	ŭ		X-7	NOON	140.	1		ent Contractor ((9)				
Street Address		-				Gr Tec	h LLC Address						
								202					
City, State, Zip Code	212112						illey Rd # ate, Zip Co						
Project Manager for Monitoring Fir	гm		Tele	ephone	No.	Telepho	NJ 0747	0	License N	I a			
						973-63			E man a construction	IO.			
Start Date (10)	Sche	duled (Comple	tion D:	ate (11)				01127				
	001000100 00						IT OSHA M	onitor					
	_	01	/	3/	19		of OSHA M						
Occupancy Status During Abateme	ent (Chec	01 ck only	/	3/	19	Enviro	ision Co	onitor nsultants,Inc					
Occupancy Status During Abatemed Facility Closed/Vacated During	ent (Chec	01 ck only eriod of	one)	ment		Envirov Street A	vision Con	nsultants,Inc	1255				
Occupancy Status During Abatemed Facility Closed/Vacated During Abatement Performed Outside	ent (Chec	01 ck only eriod of	one) Abate	ment	scribe	Envirov Street A	vision Con address Vagaraw	nsultants,Inc	‡ 35E				
Occupancy Status During Abatemed Facility Closed/Vacated During Abatement Performed Outside Time of Abatement:AM-	ent (Chec Entire Pe of Norma	01 ck only eriod of	one) Abate	ment		Envirov Street A 20-21 V City, Sta	vision Con address Vagaraw I ate, Zip Co	nsultants,Inc Road, Bldg .#	‡ 35E				
Occupancy Status During Abatemed Facility Closed/Vacated During Abatement Performed Outside	ent (Chec Entire Pe of Norma	01 ck only eriod of	one) Abate	ment	scribe	Envirov Street A 20-21 V City, Sta	vision Con Address Vagaraw I ate, Zip Co wn, NJ 07 Clean up	Road, Bldg .# de 410 and decontam	ination with nec	gative pre	essure		
Occupancy Status During Abatemet Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl	ent (Chec Entire Pe of Norma	01 ck only eriod of il Facilit PM/	one) f Abate ty Hour	ment rs - Des	scribe	Environ Street A 20-21 V City, Sta Fair Lav	vision Conductors Vagaraw I ate, Zip Cown, NJ 07 Clean up Full Conta	Road, Bldg .# de 410 and decontam	ination with nec	gative pre	essure		
Occupancy Status During Abatemed Facility Closed/Vacated During Abatement Performed Outside Time of Abatement:AM-	ent (Chec Entire Pe of Norma	ck only eriod of I Facilit	one) f Abate ty Hour	ment rs - Des	scribe	Envirov Street A 20-21 V City, Sta	vision Condidess Vagaraw late, Zip Cown, NJ 07 Clean up Full Conta	Road, Bldg .# de 410 and decontame	ination with neg	e			
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement:AM- Scope of Work (Check all that appl	ent (Chec Entire Pe of Norma	01 ck only eriod of ll Facilit M/	one) f Abate ty Hour pM_ enovati	ment rs - Des	scribe	Environ Street A 20-21 V City, Sta Fair Lav	vision Conductors Vagaraw I ate, Zip Cown, NJ 07 Clean up Full Conta Mini-Enclored	Road, Bldg .# de 410 and decontam	ination with neg egative Pressur Tent with Neg	e ative Pre			
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement:AM- Scope of Work (Check all that appl 3 sf or >3 lf 160 sf or >260 lf	ent (Chec Entire Pe of Norma	O1 ck only eriod of ll Facilit PM/ Re	one) Abate Abate by Hour PM_ enovati emolitic	ment rs - Des	scribe	Envirov Street A 20-21 V City, Sta Fair Lav	vision Condidess Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Enclo Glovebag Non-Exen	Road, Bldg .# de 410 and decontaminent with Neosure Procedurenpted (*) and N	ination with neg egative Pressur Tent with Neg	e lative Pre cedure	essure		ype
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl 3 sf or >3 lf 160 sf or >250 lf Location of Asbestos-Containing Material (A	ent (Chec Entire Pe of Norma P	O1 ck only eriod of la Facilit em/ Re De	one) f Abate ty Hour PM_ enovati emolitic s Locat Normal	ment rs - Des	19 scribe AM	Envirov Street A 20-21 V City, Sta Fair Lav	Vision Condition Con	Road, Bldg .# de /410 and decontam ainment with Ne osure Procedure proted (*) and N	ination with neg egative Pressur Tent with Neg on-Friable Prod	re pative Prescedure	Abaten	nent T	T
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl 3 sf or >3 lf 10 160 sf or >260 lf Location of Asbestos-Containing Material (A	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit M/ Re De	one) f Abate ty Hour PM_ enovati emolitic s Locat Norma ed Sole intena	ment rs - Des	19 scribe AM	Envirov Street A 20-21 V City, Sta Fair Lav	Vision Condidess Vagaraw I ate, Zip Cown, NJ 07 Clean up Full Conta Mini-Enclor Glovebag Non-Exen scription of aining Mate systems in	Road, Bldg .# de 410 and decontam ainment with Ne osure Procedure _ npted (*) and N	ination with neg egative Pressur Tent with Neg on-Friable Prod	re pative Prescedure	Abaten	nent T	T
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl 3 sf or >3 lf 160 sf or >250 lf Location of Asbestos-Containing Material (A	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit M/ Re De	one) f Abate ty Hour PM_ enovati emolitic s Locat Normal	ment rs - Des	19 scribe AM	Envirov Street A 20-21 V City, Sta Fair Lav Des	vision Conductors Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Encla Glovebag Non-Exen scription of aining Mate systems in cing, VAT,	Road, Bldg .# de 410 and decontam ainment with Ne osure Procedure npted (*) and N	ination with neg egative Pressur Tent with Neg on-Friable Prod	re pative Precedure	Abaten	nent T	T
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl > 3 sf or >3 If > 160 sf or >260 If Location of Asbestos-Containing Material (A TO BE ABATED IN Facility	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit M/ Re De	one) f Abate ty Hour pM_ enovati emolitic s Locat Normal ed Sole intena todial 3 (12)	ment rs - Des	19 scribe AM	Envirov Street A 20-21 V City, Sta Fair Lav Des	Vision Condidess Vagaraw I ate, Zip Cown, NJ 07 Clean up Full Conta Mini-Enclor Glovebag Non-Exen scription of aining Mate systems in	Road, Bldg .# de 410 and decontam ainment with Ne osure Procedure npted (*) and N	ination with neg egative Pressur Tent with Neg on-Friable Prod Amount (Specify	re pative Prescedure	Abaten		ype Enclosure
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl > 3 sf or >3 If > 160 sf or >260 If Location of Asbestos-Containing Material (A TO BE ABATED IN Facility	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit PM/ Is Use Ma Cus	one) f Abate ty Hour PM_ enovati emolitio s Locat Normal ed Sole sintena todial (12) No	ment rs - Des on ion lly sly by nce/ Staff?	ascribe AM Asbes	Envirov Street A 20-21 V City, Sta Fair Lav Des	vision Conductors Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Encla Glovebag Non-Exen scription of aining Mate systems in cing, VAT,	Road, Bldg .# de 410 and decontam ainment with Ne osure Procedure npted (*) and N	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF	pative Precedure	Abatem	nent T	T
Occupancy Status During Abateme Apacility Closed/Vacated During Abatement Performed Outside Time of Abatement:AM- Scope of Work (Check all that appl > 3 sf or > 3 If > 160 sf or > 250 If Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13)	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit PM/ Is Use Ma Cus	one) f Abate ty Hour pM enovati emolitic s Locat Normal ed Sole sintena todial ((12) No	ment rs - Des	19 scribe AM	Envirov Street A 20-21 V City, Sta Fair Lav Des	vision Conductors Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Encla Glovebag Non-Exen scription of aining Mate systems in cing, VAT,	Road, Bldg .# de 410 and decontam ainment with Ne osure Procedure npted (*) and N	ination with neg egative Pressur Tent with Neg on-Friable Prod Amount (Specify	re pative Prescedure	Abatem	nent T	T
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl > 3 sf or > 3 If > 160 sf or > 250 If Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13)	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit PM/ Is Use Ma Cus	one) f Abate ty Hour PM_ enovati emolitio s Locat Normal ed Sole sintena todial (12) No	ment rs - Des on ion lly sly by nce/ Staff?	ascribe AM Asbes	Envirov Street A 20-21 V City, Sta Fair Lav Des	vision Conductors Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Encla Glovebag Non-Exen scription of aining Mate systems in cing, VAT,	Road, Bldg .# de 410 and decontam ainment with Ne osure Procedure npted (*) and N	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF	pative Precedure	Abaten	nent T Encapsulate	Т
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl > 3 sf or > 3 If > 160 sf or > 250 If Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13)	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit PM/ Is Use Ma Cus	one) f Abate ty Hour pM enovati emolitic s Locat Normal ed Sole sintena todial ((12) No	ment rs - Des on ion lly sly by nce/ Staff?	ascribe AM Asbes	Envirov Street A 20-21 V City, Sta Fair Lav Des	vision Conductors Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Encla Glovebag Non-Exen scription of aining Mate systems in cing, VAT,	Road, Bldg .# de 410 and decontam ainment with Ne osure Procedure npted (*) and N	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF	re pative Precedure	Abaten	nent T Encapsulate	Т
Occupancy Status During Abatemet Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl > 3 sf or > 3 If > 160 sf or > 250 If Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13) Crawl space	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit PM/ Is Use Ma Cus	one) f Abate ty Hour pM enovati emolitic s Locat Normal ed Sole sintena todial ((12) No	ment rs - Des on ion lly sly by nce/ Staff?	ascribe AM Asbes	Envirov Street A 20-21 V City, Sta Fair Lav Des	vision Conductors Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Encla Glovebag Non-Exen scription of aining Mate systems in cing, VAT,	Road, Bldg .# de 410 and decontam ainment with Ne osure Procedure npted (*) and N	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF	re pative Precedure	Abaten	nent T Encapsulate	T
Occupancy Status During Abatemet Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl > 3 sf or >3 If > 160 sf or >260 If Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13) Crawl space	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit PM/ Ise Ma Cus Yes	one) Abate ty Hour PM_ enovati emolitic s Locat Normal ed Sole sintena todial \$ (12) No	ment rs - Des	ascribe AM Asbes	Environ Street A 20-21 V City, Sta Fair Law Des stos Conta surfac other mulation	Vision Condidess Vagaraw I ate, Zip Co vn, NJ 07 Clean up Full Conta Mini-Enclor Glovebag Non-Exen scription of aining Mate systems in ping, VAT, piscellaneo	Road, Bldg .# de de de d410 and decontame ainment with Ne procedure Procedure Intel (*) and N derial (ACM) desiral (ACM) desiral (ACM) desiral (ACM) desiral (ACM) desiral (ACM) desiral (ACM)	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF)	re pative Precedure	Abaten	nent T Encapsulate	T
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl > 3 sf or >3 If > 160 sf or >260 If Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13) Crawl space Name of Registered Waste Hauler r Tech LLC	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit PM/ Ise Ma Cus Yes	one) Abate ty Hour PM_ enovati emolitic s Locat Normal ed Sole sintena todial (12) No	ment rs - Des	Asbes (i.e	Environ Street A 20-21 V City, Sta Fair Lav Des stos Conta , thermal surfac other m	Vision Condidess Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Enclor Glovebag Non-Exen scription of aining Mate systems in thing, VAT, whiscellaneous districts of Waste	Road, Bldg .# de (410) and decontame ainment with Neosure Procedure Inpted (*) and N erial (ACM) isulation, or us)	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF) 75 LF	re pative Precedure	Abaten	nent T Encapsulate	T
Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl > 3 sf or >3 If > 160 sf or >260 If Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13) Crawl space Name of Registered Waste Hauler r Tech LLC	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit PM/ Ise Ma Cus Yes	one) Abate ty Hour PM_ enovati emolitic s Locat Normal ed Sole sintena todial (12) No	ment rs - Des	Asbes (i.e	Environ Street A 20-21 V City, Sta Fair Lav Des stos Conta surfac other m Illation Cubic Yard	Vision Condidess Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Enclor Glovebag Non-Exen scription of aining Mate systems in thing, VAT, whiscellaneous discontinuous control of the control of	Road, Bldg .# de M410 and decontamelinment with Nebsure Procedure Intel (ACM) Insulation, or us) Name of Register.	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF) 75 LF	re pative Precedure	Abaten	nent T Encapsulate	T
Occupancy Status During Abatemed Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AM- Scope of Work (Check all that appl > 3 sf or >3 If > 160 sf or >260 If Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13) Crawl space Name of Registered Waste Hauler r Tech LLC City, State	ent (Chec Entire Pe of Norma P	O1 ck only eriod of I Facilit PM/ Ise Ma Cus Yes	one) Abate ty Hour PM_ enovati emolitic s Locat Normal ed Sole sintena todial (12) No	ment rs - Des	Asbes (i.e	Environ Street A 20-21 V City, Sta Fair Lav Des stos Conta , thermal surfac other m Cubic Yare TBD Disposal	vision Condidess Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Enclo Glovebag Non-Exen scription of aining Mate systems in cing, VAT, discellaneo	Road, Bldg .# de 410 and decontammainment with Necessure Procedure Procedure Inpted (*) and Necessure Procedure Transper (ACM) issulation, or us) Name of Regist T.R.R.F. Inc. City, State	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF) 75 LF	re pative Precedure	Abaten	nent T Encapsulate	T
Occupancy Status During Abatemed Facility Closed/Vacated During Abatement Performed Outside of Time of Abatement: Scope of Work (Check all that apple in the image) 3 sf or >3 lf > 160 sf or >260 lf Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13) Crawl space Name of Registered Waste Hauler or Tech LLC City, State Vayne, NJ 07470	ent (Chec Entire Pe of Norma P	OI ck only eriod of I Facilit M/ Use Ma Cus Yes	one) Abate ty Hour PM_ enovati emolitic s Locat Normal ed Sole sintena todial (12) No	ment rs - Des	Asbes (i.e	Environ Street A 20-21 V City, Sta Fair Lav Dess stos Conta , thermal surfac other m Cubic Yard TBD Disposal TBD	vision Condidess Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Enclor Glovebag Non-Exen scription of aining Mate systems in sing, VAT, siscellaneo	Road, Bldg .# de M410 and decontamelinment with Nebsure Procedure Intel (ACM) Insulation, or us) Name of Register.	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF) 75 LF	pative Precedure	Abaten	nent T Encapsulate	T
Occupancy Status During Abateme Apacility Closed/Vacated During Abatement Performed Outside Time of Abatement:AM- Scope of Work (Check all that appl > 3 sf or > 3 If > 160 sf or > 250 If Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13)	ent (Chec Entire Pe of Norma P	OI ck only eriod of I Facilit M/ Use Ma Cus Yes	one) Abate ty Hour PM_ enovati emolitic s Locat Normal ed Sole sintena todial (12) No	ment rs - Des	Asbes (i.e	Environ Street A 20-21 V City, Sta Fair Lav Dess stos Conta , thermal surfac other m Cubic Yard TBD Disposal TBD	vision Condidess Vagaraw I ate, Zip Co wn, NJ 07 Clean up Full Conta Mini-Enclor Glovebag Non-Exen scription of aining Mate systems in the contact of the co	Road, Bldg .# de 410 and decontammainment with Necessure Procedure Procedure Inpted (*) and Necessure Procedure Transper (ACM) issulation, or us) Name of Regist T.R.R.F. Inc. City, State	ination with negegative Pressur Tent with Negon-Friable Proc Amount (Specify SIF or LF) 75 LF	re pative Precedure	Abatem Repair	nent T Encapsulate	Т

K0109 P	AID '	NOTIF (F	ICATIO	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	MENT 0)		E	6	E		II.	JIL JIL	
Date of Notification (1) 12/27/2018 check #0109			Name of DAVE	of Building	Owner/0	Operator	(2)	100		JAN	1 (20	19	E mahara	
Agencies Notified Type Notifica	ation		Street A						- Contraction	07111	,	, 20	10	1 2.	+4
EPA Initial Amendo				ate, Zip C EWOO[7450			1	Lit	OS O			***	
	ency (including tion)		Name o	f Contact			-		Tel	lephone	e Nur	nber			
				ILITY INF	ALCOHOLD STREET	ION									
Name of Facility Where Abatement is	Taking Place (3	3)					lacend .	of Facility (4							
Street Address				-			×	School (K-12 Subchapter of Other (i.e. pr	(Oth				dings,	hom	es,
City (5) RIDGEWOOD,NJ 07450			, e e e e e					etc.) re Feet 00	# o	f Floors L	S		ldg. A		 3
County (6) BERGEN				Code (7) USE ONL)	n			nt Use (Prio UPIED	r if bei	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Build	ding Owner (8)		ASC	/I No.				ement Cont TIONS C			TING	<u> </u>			
Street Address						(C) (C) (S) (C) (C)	Addres HURC	<u> </u>							
City, State, Zip Code							tate, Zi WOOI	p Code D NJ 074	07						
Project Manager for Monitoring Firm			Telepho	ne No.			one No 873 9			Licen 0130	nse No).			
Start Date (10) 12/27/2018	Schedule 12/29/2		npletion	Date (11)				A Monitor TIONS C	ONT	RACT	TING	i			
Occupancy Status During Abatement (18					Addres		VX						
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe: 7:00 AM TO 3:3	Normal Facility	Hours	nent S			City, St	tate, Zip		77				110000		
Scope of Work (Check All That Apply)			HILO-17, 15-1					2 110 07-1			tire -		331121		_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	- Contracting	enova				×	Mini Glov	Containmer -Enclosure vebag Proce -Exempted	edure					9	
	100	Locati	2000						()				Abate	ement	
Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> In Facility (13)	l) Used	lormal d Sole ntenai odial S (12)	ly by nce/		tos Cont thermal surfac		laterial insulat T, or		(S	mount Specify For LF)		Remova	Ty Repair	Encapsulate	Enclosure
	Yes	No	N/A									a		late	Ге
BASEMENT			Х		PIPE IN	NSULA	TION		8	5LF		Х			
		edia v v e													
Name of Registered Waste Hauler		l N	JDEP W	aste	Cubic '	Varde		Name of R	ogisto	rod I e	ndfil				
ATLANTIC CARTING		100	auler ID		of Was			GRAND							
City, State PEN ARGYL,PA 18072					Dispos TDB	al Date		City, State PEN AR	∌YL,	PA 18	8072	!			
Completed by LUIS ARCILA	Title PRES	IDEI	NT		Si	grature	5	4	~	,	Dat 12	e 27/2	018		

x 1841 4 1218)	(Pursu	ant to NJ	AC 8:60 and 5:	16)				i j	
Date of Notification (1)				Nar	ne of Buildi	ng Owner/Operator	(2)	10/1				
1 /4	/	19		5/115	owan Uni		(2)	ili d	IAN 1	0	201	9
Agencies Notified Ty	pe Notification	n		Stre	eet Address		į.			- 8		
	Initial					Hill Road		1-1-	ومیداد میروند. ۱۹۵۰ رغاز به از دره وادم ۲		has more one	
	Amended				, State, Zip	A STATE OF THE STA		Un To	STOS	GU	MIS.	Sel all
☑ DHSS □ DCA	Amendment		_		- 10	NJ. 08028			Entra to	34.18	1 1 - 5 - 9	4
(NJAC 5:23-8)	Emergency justification)	(includi	ng	_	ne of Conta							
4 S S L	Cancellation			A 44.500 Cm	om Gallia	AT (5)		Telephone	Numbe	er		
Name of Facility Where Abate	ement is Taki	na Pla	ce (3)	Г.	ACILITY	NFORMATION	T					
Wilson Hall		ng i id	00 (0)				Type of Facility (10.00				
Street Address							School (K-12) Subchapter 8	Other then	V 10\			
201 Mullica Hill Road							Other (i.e., pri	ivate and co	mmerci	al br	uilding	ns.
City (5)							homes, etc.)				anding	,0,
Glassboro							Square Feet	# of Floor	S	BI	ldg. A	ge
County (6)							100,500	3			+/- 70	0
Gloucester				Col	unty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being de	emolishe	ed)		
Name of Monitoring Firm Hire	d by Duilding	^	(0)	1 100			Vacant					
Pars Environmental Se	u by building	Owner	(8)	ASCN	/I No.	Name of Abateme						
Street Address	rvices					USA Environ	mental Manage	ment, Inc.				
500 Horizon Drive #540						Street Address						
City, State, Zip Code						8436 Enterpr						
	00004					City, State, Zip Co	ode					
Hamilton Township NJ.						Philadelphia,	PA 19153					
Project Manager for Monitoring Rafael Torres	g Firm			ephone		Telephone No.		License N	0.			
					0-7277	215-365-5810		1156				
Start Date (10)	Sche				ate (11)	Name of OSHA M	onitor					
//19	100			4_ /	19	USA Environ	mental Manager	ment, Inc				
Occupancy Status During Aba	tement (Chec	k only	one)			Street Address						
Facility Closed/Vacated Du	ring Entire Pe	eriod of	Abate	ement		8436 Enterpri	se Avenue					
Abatement Performed Outs Time of Abatement: 7:00 A	ide of Norma	l Facili	y Hou	rs - Des	scribe	City, State, Zip Co						
			_PM	A	M	Philadelphia,						
Scope of Work (Check all that a	apply)											
≥3 sf or ≥3 If		M R	enovat	ion		Full Conta	ainment with Negat	tive Pressure	е			
≥160 sf or ≥260 lf			emolitic			☐ Mini-Enclo	osure Procedure					
			10.00000-0-0			Non-Exen ■ Non-Exen	npted (*) and Non-	Friable Proc	edure			
E-state at the state of			Loca							Aba	temer	nt Type
Location of Asbestos-Containing Materi	al (ACM)		Norma ed Sole			Description of					Water Town	5-61
TO BE ABATED	ai (710111)	Ma	intena	nce/	Asbes (i.e.	tos Containing Mate, thermal systems in	erial (ACM)	Amount		em	Repair	nce
IN Facility		Cus	todial (12)	Staff?	(surfacing, VAT.	or	(Specify SF or LF)		Removal	Ħ.	Enclosure
(13)		Yes	No	N/A	-	other miscellaneo	us)	0. 0. 2. /	'	-		Enclosure Encapsulate
Room 220				N/A	Floor Til	e & Mastic Non-	F			_		
Room 234						e & Mastic Non-l		150 SF	192			
		175 77			11001 111	e & Mastic Mon-	Friable	150 SF	L			
												$\Box \Box$
lame of Registered Waste Hau										ו כ		
Service Transport	ier		100000	JDEP V auler ID		Cubic Yards of Waste	Name of Register					
City, State						30 Disposal Date						
New Castle De.					1	2/14/19	City, State Waynesburg	Pa				
Completed By (Print or Type)	Title					Signature	yiicabuig		5.			
Kevin Meldrum	Pr	oiect	Mana	nar		Oignature	111.18		Date	. 1	1-1	13

B & G proj. #: 2019-09

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

55			*** EMER	JENC Y		Cneck #	3034			
Date of Notification (1)	Name of	Building Own	er/Operator (2)			to a transmission of	The state of the s	and the second second		
0 11 1/10 13 1/11 19	Robe	rt Pollara			55.0	THE (1	
Agencies Notified Type Notifica	tion Street Ad	ddress					10 mg - 10 mg	William .	74	1
DEP Initial							AN In a	110-	111	111
▼ DOL		te, Zip Code ristown, NJ	07960				411 - 12 Z)13		21
X DOH	Name of	Contact				Telephone	Number		,	
DCA Cancel	lation Rob	ert Pollara					a d (##2 % 14.8	22	55-	
		FAC	ILITY INFORM	IATION						
Name of facility where abatement	is taking place (3)					Type of Facility (4	(K - 12)			
Robert Pollara							pter 8 (Other t	han K-1	2)	
Street Address						Bldgs./h	Private/Comme Homes, etc. # of Floors		g. Age	e
City (5)	County (6)			Count	y Code (7)	Square reet #	F 01 1 10013		,	
Morristown	Morris				use only)	Current Use (Pri	or if being den	nolished	j)	
			L ACCULATE		Name of Abatement	residential				
Name of Monitoring Firm Hired by	/ Blag. Owner (8)		ASCM No.							
Street Address			100		B & G Restora	don, mc.				_
Street Address					105 Ryerson F	Road				
City, State, Zip Code		W W			city, State, Zip Code					
				_	Lincoln Park,	NJ 07035	TLicense Num	hor		
Project Manager for Monitoring Fir	m	Phone Num	ber		Telephone Number (973)696-686	39	00378			
Scheduled Start Date (10)	ISched Com	pletion Date (1	11)		Name of OSHA Mor	(10.77.1)	L			
01/04/2019	01/05/20		,		B & G Restora	ition, Inc.				
Occupancy Status During Abatem					Street Address 105 Ryerson F	Road				
Facility closed/vacated during	ng entire period of a	abatement.			City, State, Zip Code					_
Abatement performed outside Describe:	de of normal facility	hours-								
Other-Describe:				=	LincolnPark, N	NJ 07035			-1	
Scope of Work (check all that ap	ply)			-			_			
☐ Demolition				5- 500000 -0-00000	ıll Containment w/ne	egative pressure [Glovebag p			
<u>✗</u> > <u>3</u> sf or > <u>3</u> lf] ≥160 sf or ≥260		, ,		ini-enclosure		Non-friable	R		J
Location of asbestos-containing	Is location nom			tion of on	bestos-containing	Amount	е	e	E ·	E
material to be	staff(12)		- materia		bestos-containing	(Specify S LF)	0	p	ca	C
abated in facility (13)	Yes N	lo N/A				Lr,	v e	l r	р	L
basement		×] boiler bo	ard insi	ulation	16 SF	X			1
										1
			#	-	Water Company of the			#	H	十
			#					一	百	T
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Ha	3	Cubic Yards o	f Waste	Name of Registers Grand C	ed Landfill entral Landfill				
City, State Lincoln Park, NJ		Disposa 01	/05/2018		City, State Pen Argy	rl, PA			×	ć.
Completed by (Print or Type) Gordana Luna	Title Secretary/Tr	reasurer	Signature	(Gordana Luna		Date 01/03/20)19		

Jeli 2000 12.1771	ווט אצע	comp C	ondo: c	05,033,00	04		hage :					: 11 1	7 15
	109	4	AI	Notif Pursus	int to NUAC I	best 5:60	0s Abatement -7 and 12:120	7)			JAN 1		
Date of Netlinestion (1	9 1				*** EMER	-	CA			Chec	k# 9094	٠	į.
10 11 1/0 13			Name of	Building Ow	ReitOperator (2	>.				J 1.72	144/08	UCNIE	
The same of the sa			Rober	t Pollera		3.5					i julije	Chip	
EPA	Type Notific	ation	Siree Ad	iness					: 1				
TI DEP		1						Ì			~ /	1.	
= 1	_		City, State	Zp Code)				11/		- [
副 DOT	Ameni	ineni	Morris	Stown, NJ	07960			.]	1111				
☑ DOH		1 -	Name of C					-			·		į
D DCA	LI Cance	Setion		DESCRIPTION OF THE PROPERTY OF			14			eleph	West Number		
			- NODE	n Poliara					1 12				
				FAC	LITY INFORM	АТЮ	N'	===				=	
Name of facility when	8 abetement	is taking p	lace (3)				-	77	Time - f				
Robert Pollara									Type of	Sch	(4) IOI (K - 12)		
Street Address		The state of the s						_			hapter 5 (Othe	arhan b.	101
								71	E	Othe	(Privata Com	mercial	,
CHy (5)			Omesaw Colombia					1 -		Bidge	Afomes, etc.		
0.500 (60.000 60.)		Cor	inly (6)			Ca	unity Code (7)	-	-46010	156	a of Licous	2300	g. Aga
Morristown		Mic	orris			(8:	ile use only)	1 1	Curren	Use /	Prior if being d	ampleh a	_
Name of Manitoring F	im Hired by	add, Own	ter (B)					\perp	reside	mistal !	THE PERMIT	m1/61/81/82	ņ
			- 103		ASCM No.		Name of Abatar			(9)			0.00
Steel Address					100		B&GRes	itatio	n, inc.				*
							Steel Accress 105 Ryers:	- Ba					-
Cny, State, Zip Code	Will a District of the Control of th		95			-	City, State, Zip (111100	20				
							Lincoln P						
Project Manager for Ma	mioning Fin	1	TF.	TORE NUMB	er ·	-	Telephone Nur!	n, 146	10/03				9
			ł			-	(973)696	188B .	/		License No		
Scheduled Stan Date (10)	Sche	. Comple	ion Dete (1	7	-	Name of OSHA	lonior			0037	0	
01/04/2018		01/	05/2019				B&G Res	ration	n, inc.				
Occupancy Status Duri	emetedA gn	nt (Check o	(ano virs				Street Address						
THE FREETY HASSING	mebed divice	A-65		Ement			105 Ryerso Cay, State, Zip (;	Rea	đ				
Doom Ba:	med officios	er normal	facility has	ure-			City. Seeds, Zip ()	de					
Other-Describe:						-	Lincoln Park	MJO	7035				
Scope of Work (chack	all that apply	ń						*		-=	7		
		Ranquetic	200			E s	uli Containment v	neneii	US BISS	lizm.			
■ >3 = 0 ×3 f		≥180 af or	≥280 If				lini-enclosure		od bicze	1.6	I	procedure	
Lacation of	A	la location	normally	used ealely							_ Non-mabl	e procedu	re ,
restated to be	ing	Staff(12)	nance/cus	riciai	Description	ofe	ibesios-containing		لہ ا	puns	9		EE
abated in facility ((13)	Yas	No	1	material (A	CM)			(2)	anily S	Fer m	P	п
basement			140	NIA					LF		9	1 1	a c
- September 1					boiler boar	ins	ulation		16 9	=	1 2	3	-
And the second s									10			 	
			2		-							171	
											F	情情	1
Registered Weste Haule B & G Restoration,	r	TRJ6	P Hauler 9583	De I C	Dic Yards of VV		lua .						THE
CEW. Styles	ing.				1		Name of Regati Grand (entre	el Land	11			
Lincoln Park, NJ				Disposed De 101/0	ne 5/2018		City, Siate Pen Argi						
Completed by (Print or 1 Gordana Luna	(sea)	Title Search	/T-	1	Signature		The second secon	5, 57,99					
		Secretar	y/ i reasi	urer			Green Som			attor	Date 01/03/20	119	
			-						~~		1		

2019-01-03 14:54

Shade Environmental 1 >> 609 633 (664

K 5387	PA	NOTI		TION	OF ASE	W Jersey JESTOS ABAT C 8:60 and 5:16				The second secon		<u>L</u>	<u>U</u>	
Date of Notification (1)				Name	of Bulliding	Owner/Operator (2)	-			- 117		AN	10
01 /	03 / 1	9 .	1	Jore	an Pets	cho				1 - 1	00	AY		
Agencies Notified	Type Notification	1		Strael	Address							621	ieli/	obsco
	⊠ Initial						4	200			17	100		
	Amended Amendment	ala .		Oky, S	tate, Zip C	odo			1.		1	7	1	
⊠ DOH □ DCA	Emergency (Map	le Shade	, NJ 08052					1.	/	1	H
(NJAC 5:23-8)	justification)	unenani		Name	of Contact				Telephy	de Mumb	BLV.			\neg
	☐ Cance lation			Jord	ian Pets	cho	i						10	
				FAC	III VTV IN	FORMATION		· inner		#		-		
Name of Facility Where A	natement is Toki	no Place	(3)	1110	rime ; y the	- Grown House	Type of F	cilly 6	40					\dashv
Petsche Residence	appendig to 1 prin	right made	141											
Elreet Address			☐ Subc	a redq	(Other t	un K-12))							
DII GGS PIFE-1900								: .0., pr	ivate pat	tommen	cial bui	idingi	5,	- 1
City (5)							Square F		# of F	eors.	1816	o. Ac	ê	-
Maple Shade							2,200	THE STATE OF THE S	3			10	145	
County (6)			THE REAL PROPERTY.	Coun	ty Code (7	(STATE USE ONLY)		(P)	or if bein	demolis	had)			
Burlington							Resid	nce			15%			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abatem	ant Contra	or (9)		Ī			_	-
Management & Env	ro. Consulting	g Servi	cos			Shade Enviro	onmenta	LLC						
Street Address				_		Street Address						-	_	
PO Box 341						623 Cutier A	venue							
City, State, Zip Code			-			City, State, Zip C	ode					_	-	\neg
Chosterfield, NJ 088	MS					Maple Shade		5						
Project Manager for Monit			Tole	phone	Na.	Telephone No.			Liean	la No.		-	-	_
Bill Welsoarbor	ioning i iii.		(F)	09-298		858-756-009	8			42				
Start Date (10)	I Sch	adulos Ç	-		1	Name of OSHA						_	-	_
01 / 08 /		01 /				EMSL Analy								
Occupancy Status During						Stroat Address							-	_
□ Facility Clased/Vacate				ment		200 Route 1:	30 North							
Abetement Performed	Outside of Norm	al Facili	y Hou	rs - Des	griba	City, State, Zip C				-		_	-	
Time of Abatement;	AM	PM/	PM	-	AM	Cinnaminso		77						
Scope of Work (Check all	that apply)						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							_
	utat appriy)					Full Cor		th Neg	jativa Pn	seure				
23 ≥3 st or ≥3 if 2180 st or ≥2 if			enova:			Mini-En	ciosure sa Proced.							1
☐ 5100 at 61 5560 s.			PITTORU	UI.			empted (*)		n-Friebie	Procedu	re			
		10 2	Loca		1						Ab	atem	ent T	/DB
Location	of		Norma	ally lety by		Description	of			L	The real Party lies and the least lies and the leas			and the same of
Asbestos-Containing TO SE ABA	Material (ACM)	M	ainten	ance/	ASDI (i.t	estos Conteining M s., thermal systems	istenat (At.	m)	i is	ount ecity or LP)	Renoval	Regain	100	Esclosura
IN Facili	ly	Cur	(12)	Staff?	1	aurlacing, VA	T, 07		SF	br LF)	E		Елсираціам	100
(13)		Yes	- Contraction		1	other miscellan	eons)						1	
			-	-	1						mar.	-	-	1
Attic Dormer			×		Vermic	eulito			1	SF	Ø			
		10	15			Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-A		- 11			10		0	
			-	_	+						_	-		-
					1	18.11	-\	75.00						
Name of Registered Was	ta Hauler			NJOEP Haulet I		Cubic Yards of	16 90	_	elered L	and III				
Freehold Cartage				1593		1	_		andfill					
City, State						Disposal Date	City.							
Freehold, NJ		-1 mm (MAP 1 mm				01/10/2019	Mo	'lsvlile	PA					
Completed By (Print or T	ypa)	Title				Signature	7	1		B 11.77	ate e)st		u	
Christina Lynch		Vice F	resid	ient of	Operation	ons Owo	9	7-	-		1/3	10		
ASS-41			-		-		unland make	-						-

201

ASB-41 JAN 13

-01-03 09:09		She	de	Env	icormo	 ntal 1 >> 6	.00 (33			1	is	<u></u>		1 1
1000		9119	MG			iitat >> 6 lew Jorsey	OUY \$55	066	4			. :	2	14
K 5371 P	AD	NOT	FIC	OITA	N OF AS	BESTOS ARA	TEMENT					JAI	M 1	Λ
			tr.			AC 8:80 and 5:1			~~~~ ·		il			14.6
Date of Notification (1)	0.002143425000			Nam	o of Buildir	g Owner/Operator	(2)	· —;		1	-	10	2/	V.
01 /03 /	19	_		He	y Faith	Temple Church	of God in	hrist	: [1	13000		201	00
Agencies Notified Type Not	fication		-	Strat	at Address					ļ.,	1		100	101
S EPA S Initial	2. 2	2			13 River	Avenue		35	;		1	1	1	
	ded dmani #				State, Zip					1	1-1	1		_
D DCA SEmer	waru daa	is will man			mden, N			1	ļ	₽	4()			
(NJAC 6:23-8) Justific	ation]	eansp		_	e of Contac				Talaph					, .
☐ Cance	ilation			Pa	stor Neal			3-1					***	
	-		_			(1)	- West		939-	52-88	69			
Name of Facility Where Abelement	a Tablem	Dinea	1413	PP	WILITY IP	FORMATION		-						
Holy Faith Temple Church of	e realing	Placts Placts	(4)				Type of F							
Street Address	God III	GIII	II.				School	(K-12)	/@ala = = =	I	l.			
2713 River Avenue							Subch Souther	€ 58	Valo ann	In K-1	Z) appiel s	- الملزورو	ar.	
lty (5)							140011111	and it		1	- Colatti D	O DO O	yo,	
Camden							Square F	bì	# of F	eors	18	ldg. A	100	
County (6)		,		16			5,000		2			80		
Camden				Con	nty Godo (7	HSTATE USE ONLY			r If being	demol	ahed)			_
	.16.16						Churc							
ame of Monitoring Firm Hired by Br				ASCM	No.	Name of Abatema							-	
Management & Enviro, Cons treat Address	migua S	ervici	22			Shade Enviro	nmental,	LLC						
						Street Address	-	Desired Street						
PO Box 341						623 Cutier Av	MUD							
lty. State. Zip Code		1				City, State, Zip Co	de	Miles Name			_			-
Chesterfield, NJ 08515						Maple Shade	NJ 6868							
roject Managar for Monitoring Firm			Tele	phone	No.	Telephone No.	()		Licens	No				
Bill Welsgarbor		- 1			4070	856-755-0099			008	- T				
tert Date (10)	Schedul	ed Co	mpla	ion Da	te (11)	Name of DSHA M	onter		1 000			-	and the same	-
01 / 07 / 19	_ 01	_1.	09	_/.	19	EMSL Analyti	ael, inc.							
occupancy Status During Abotement	(Check c	הם עות	8)			Street Address					-			
Facility Closed/Vacated During Er	ntire Perio	d of Ai	hatan	rhéntié		200 Route 13	0 North			1				
Abatement Performed Outside of	Normal F	willos	Hour	- Des	icriba	City, State, Zip Co							-	_
Time of Abstement:AM	PM/		PM-		AM	Cinnaminson		7						
cope of Work (Check all that apply)						- william to bell	110 000							
		2 5				Full Cont	sinment wi	t Nega	the Pres	Euro I				
3 ≥3 sf or ≥3 if] ≥150 af or ≥250 ir	¥	Rend Dem	AMILA	an a		Mini-Encl	OSU18							
	-	2 mai	HUMB	13		⊠ Glovebag □ Non-Exer	recedul	of Moss	Edania (
			cost		1		And the	1	11000	royeu	-	-1		
Location of		No Used	fmai	y		Description of						elsm	_	_
Asbestos-Containing Material (AC TO BE ABATED		Main	(one	tce/	Asber	tos Containing Mai , thermal systems is	orial (ACM		Ams (Sps	unt	Removal	Repair	8	Enclosure
IN Facility		Custo		binff?	100	surfacing, VAT,	or Or	1	SF o	ENY	2	1	2	ISC
(13)	h-	Street, or other Designation of the last	(12)	0415	-	other misselfance	has)			- '	-	1	Encapsulate	16
	_	-	Na	N/A									1.0	
sement		3 [Pipe Ins	ulation			130	LF	区	0		
		J [P.	-				1		-
		-	7		_					\vdash	_	-		
	-	-	_				- Chicago II							
] [3][
armo of Registered Waste Hauter		-		DEPV		Cubic Yards of	Name of	100 total	red Lan					_
Freehold Cartage				iuler IE 1 5938		Waste	Fairle	- 907 Theorem						
cy, State				0030		Disposal Date	City, Star			-	-			_
Freehold, NJ						01/03/2019	Morri		Δ.					
impleted By (Print or Type)	Title					Signature					3.4			_
Christina Lynch		Pros	ider	nt of C	peration			Depart.			ite /a			
A 198 COLOR OF THE RESIDENCE OF THE PROPERTY OF THE PARTY					Acres 20, 20, 20, 20, 50	- 1 5 46 45 45 45 45 45 45 45 45 45 45 45 45 45	-	100	- 1	1 15	150	AFI		

* Do not use this farm for exhesion licensure exempted activitie ::

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 04 19 Florence Sochor Agencies Notified Type Notification Street Address **⊠** EPA □ DOLWD ☐ Amended City, State, Zip Code LATENCIAN **⊠** DOH Amendment # Maple Shade, NJ 08052 ☐ DCA ☐ Emergency (including Name of Contact justification) Telephone Number (NJAC 5:23-8) ☐ Cancellation **Chuck Thomas FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Maple Shade 1,500 80 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 14 / 19 01 / 25 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 If □ 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 Repair Removal Encapsulate Enclosure Used Solely by 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 Attic \boxtimes Vermiculite 735 SF \boxtimes П П П П NJDEP Waste Name of Registered Waste Hauler Name of Registered Landfill Cubic Yards of Hauler ID No. Waste Fairless Landfill Freehold Cartage 15939 5 Disposal Date City. State City, State Freehold, NJ 01/25/2019 Morrisville, PA

Signature

Date

1419

ASB-41 JAN 13

Completed By (Print or Type)

Christina Lynch

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

Vice President of Operations

Title

NOCK			NOT				BESTOS ABAT C 8:60 and 5:16	A VI	EGE		W		174
Date of Notification (1) 01 /	04 /	19					g Owner/Operator (111	JAN 1	0 2	2019	To be the section of the section of	
Agencies Notified EPA DOLWD DOH	Type Notific ☐ Initial ☐ Amende Amendm	d nent # <u>*</u>	-		74 S	Address St 1603 State, Zip C	Code NJ 08854	1 1	AL YESTOS LICEN	e de escapita	~	- 1/2 - 1/2	
DCA (NJAC 5:23-8)	☐ Emerger justificat ☐ Cancella	ion)	cluding	1	Name	of Contac			Telephone Numb 848-445-2550				
					FAG	CILITY IN	IFORMATION						
Name of Facility Where A Rutgers University Street Address 360 Martin Luther K	Newark Ca	mpus					2		75		iilding	s,	
City (5)	5 = 0 a							Square Feet	# of Floors	Bl	dg. A	ne .	
Newark								N/A	8+	- 1	60+	90	
County (6)	1				Cour	ty Code (7)(STATE USE ONLY)		or if being demolisi				
Essex					Jour	ity code (i	HOWITE GOT ONE 17	Academic	or ir being demons	ica			
Name of Monitoring Firm	Hired by Buil	ldina C)wner ((8)	ASCM	No	Name of Abateme			-	-		
ATC Group Service	en transferant and s tandard to	iding c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0009		- ALDERON HOLINANDON PROPERTIES	onmental, LLC					
Street Address	0, 220				-	,,,	Street Address	minerital, LLO			-		1000
3 Terri Lane, Suite	1						623 Cutler Av	/enue					
City, State, Zip Code	<u> </u>	1000					City, State, Zip Co						
Burlington, NJ 0801	16						Maple Shade						
Project Manager for Moni				Tele	phone	No	Telephone No.	, 110 00002	License No.				
Brian Kearney	toring i iiii				9-479		856-755-0099		00842				
Start Date (10)		Sched	uled C	omplet	tion Da	te (11)	Name of OSHA M	lonitor				TELESCO.	
01 /10 /	19	_ 0	1_ /	14	_ / _	19	EMSL Analyti	ical, Inc.					
Occupancy Status During	Abatement ((Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate	5						200 Route 13	0 North					
							City, State, Zip Co						
			111111111111111111111111111111111111111	<u> </u>	7.00/ 11V	*	Cinnaminson	, NJ 08077					
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)			novatio molitio			☐ Mini-Enc ☐ Glovebag			е			
				Locati			26	±1		Ab	atem	ent T	уре
Location Asbestos-Containing N TO BE ABA IN Facilit (13)	Material (ACN TED	M)	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/		Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								
Roof			\boxtimes			Cooling	Tower Panels		1,000 SF				
4													
Name of Registered Wast Freehold Cartage	te Hauler			H	JDEP V auler II	No.	Cubic Yards of Waste	Name of Regist Fairless La					
City, State			-		15939		10 Disposal Date	City, State					
Freehold, NJ							01/14/2019	Morrisville,	PA				
Completed By (Print or Ty	rpe)	Title		Signature		Da	te						

Christina Lynch

Vice President of Operations