M C	h			NOTIFICAT	ION OF AS	NEW JERSI SBESTOS A C 8:60-7 AN	BATEMEN			E C	E	$\mathbb{V}$	
Date of Notification	(1)				Name of First Ener	Building O	wner / Oper	rator (2)		2.2.2			
$\left\lfloor \frac{-\sigma_{1}}{2} \right/ \frac{\sigma_{2}}{2}$	/				Street Ad					JAN	13	2017	1
Agencies Notified	Type of N				76 South								
☐ EPA DEP		Initial Amen			Akron, Oh	e, Zip Code	•		Ā	SBEST	OS CO	NTRO	L &
☑ DOH		Amen	dment		Name of					ne Numb			
☑ DOL			gency w ellation	// justification	Jim Hals								
				F.	ACILITY IN	IFORMATIO	N						
Name of Facility Wh	ere Abatem	nent is	Taking	Place (3)		Type of Fa	acility (4)						
							School (K	Commence of the commence of th					
Street Address 315 EAST MAIN STR	EET							er 8 (Other , private & mes. etc.)					
City (5)	County (6	)		County Code	(7)	Square Fe		# Of Floor	S	Building	g Age		
WRIGHTSTOWN	BURLING	TON				2 411	(D.::6		- P - L D				
						Telephone	se (Prior if	being dem	olisnea)				
Name of Monitoring	Firm Hired	by Bld	g. Own	er (8)	ASCM NO		1 0.0						
Environmental Health	Investigation	200				NODTHET	AR CONTR	ACTING C	BOLID IN	C			
Street Address	investigatio	7115				Street Add		ACTING 6	ROOP. IN	C.			_
655 West Shore Trail						]							
City, State, Zip Code						32 William							
Sparta, NJ 07871 Project Mngr. For Mo	onitoring F	irm		Telephone Nu	mher	City, State	, Zip Code						
Dino Nappi				212-682-9271	moor		ver, NJ 070	36					
Sheduled Start Date	/ 255.156			letetion Date (1	/	Telephone	Number		License I	Number			
$\left  \frac{-01}{2} \right  = \frac{17}{2}$	/	-	01_/	/ <u>19</u> /	17	973-88	4-8682			0	0860		
Occupancy Status D						Name of C	SHA Moni						
Facility CI		ted Dur	ring Ent	tire Period of		NORTHST Street Add	AR CONTR	ACTING G	ROUP. IN	C.			
The second secon	175 man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d Outs	ide of N	Iormal Facility		Street Aut	11622						
Hours - De	escribe:					32 William							
Other - De	scribe:						, Zip Code ver, NJ 070	36					
Scope of Work (Chec	ck All That	Apply)									CHARL STATE		
Demolition	n	Г	7	Renovation		Full Conta	inment wit	h Negative	Pressure				
≥3sf or≥3		<u>.</u>				Mini - Enc	losure						
≥160 sf or	≥260 If						Procedure pted (*) an		hle Proce	dure			
						NOII-EXCII	pica ( ) an	a mon i na	510 1 1000	uuio			
Location of			ls		Descript				Abateme	nt Type	le.	le.	
Asbestos Conta	ining	0.000	ation mally	As	bestos - C Material			Amount	R E	R	E N	E	
TO BE ABAT	ED	5. Medical	sed	(1.	e., therma			(Specify	M	E	C	C	
in Facility	3		lely			facing, VAT	,	SF or LF)	0 V	P	A	L	- 1
(13)			Main- ance/	ore	otner misc	ellaneous)			A	A	PS	o s	
		Cust	todial						L	R	U	U	- 1
			f (12)							ļ	L	R	-
Exterior Telephone Po	le		NO N/A	Transite Condu	it			20 LF	7		1	+-	-
Name of Registered \	Waste Hau	ler IL		NJDEP Waste	Cubic	Name of R	egistered l	_andfill	Ш		1		
NEWARK CARTING				Hauler ID No.	Yards of Waste	I.E.S.I.	570						
City, State NEWARK, NJ					Disposal Date	City. State BETHLEHI	EM, PA 181	05	0				
Completed by (Print	or Type)			Title			Signature		1/-		Date		
Steven Stiles				Project Manage	er		Ster	ur Z	tu		0	1/10/17	7

MO# 240	514572	25	NOTIFI (P	St CATION ursuant	ate of Nev OF ASBI to NJAC	w Jerse ESTOS 8:60 an	y ABATE d 12:12	MENT 0)			EC			<u> </u>	n n n
Date of Notification (1 01/09/17				Name o	f Building r Ruffin						] JA	N 1	3 20	)17	
Agencies Notified  X EPA X DEP X DOL	Type Notification    X				ate, Zip Co					and the second s	ASBES L	TOS (			. &
X DOH X DCA	Emergency ( justification) Cancellation	moluding		Name o	f Contact					Tele	ephone N	umber			
Name of Familia ANII-	Ab	DI /	0)	FAC	ILITY INFO	DRMAT	ION	-							
Lamar Ruffin Street Address	re Abatement is Taking	) Place (	3)					Туре	School (K- Subchapte	12) r 8 (Othe					
City (5)								Sans	Other (i.e. petc.) are Feet		commer Floors	313.00.1.00.00.00.00	dings,		es,
Bergenfield, NJ								Oqu			1,00.0		Jiag. 7	,go	
County (6) Bergen County					Code (7) USE ONLY)			Curr	ent Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring F	irm Hired by Building C	wner (8	)	ASCN	/I No.				atement Co ement	ntractor	(9)				
Street Address				***************************************			Street 1009		ess n Street S	uite A	4				
City, State, Zip Code									Zip Code rgen, NJ (	07047					- 000
Project Manager for M	Ionitoring Firm			Telepho	ne No.		Teleph 201-	none N 293-			License 01223	No.	47.0		
Start Date (10) 01/19/17		Schedul 02/02/		pletion	Date (11)				HA Monitor VI CONSU	JLTING	3 LLC				
Occupancy Status Du				5			Street		ess UTE EAS	TSU	TF 107				
	acated During Entire P rmed Outside of Norm ::					_	City, S	State, Z	Zip Code IJ 07083	1 001	12 107				
Scope of Work (Check	All That Apply)							_							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 ls	f		Renova Demoliti				×	Mi Gl	Ill Containm ni-Enclosure ovebag Pro on-Exempte	e cedure	2:01			e	
		3,000	Locati											ement pe	
Locat Asbestos-Containi TO BE A In Fa (1)	ABATED acility	Use Ma Cus	Normall ed Solel aintenar todial S (12)	y by nce/ staff?		tos Cont thermal surfac		Materia s insul T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Base	ment	Yes	No	N/A			VAT			21	50Sq	x			
		-					V/\(\)								
Name of Registered W NEWARK CARTIN			H	JDEP Wauler ID		Cubic of Was			11.55551.6551.6554.6554		red Landf		ROV	VS N	
City, State HILLSIDE, NJ				. 555		Dispos	sal Date		City, Stat		E PA				
Completed by		Title				.S	ignature	}			D	ate	. 7		
Bryan Parra		Proje	ect Ma	ınager		1	Day	ni	tun	u	)   0	1/09/	1/		

I THILL OH

	MCH	N		CATION	OF ASBESTOS A o NJAC 8:60 and	ABATEN				C E		$\mathbb{V}$	
	Date of Notification (1)  JANUARY 11:	2017	1	Name of	Building Owner/C	perator)	(2) A.B. KI	URRE QQI	VIRACT	ors'	3	2017	
	Agencies Notified  Lype Notification  EPA DEP  Initial Amended	A		Street Ac				ADLEY AV	ENUSES	STOS	COI	VTR(	
	X DOL Amendment #		_	City, Stat	te, Zip Code		OCEA	NPORT, N		LICE	NOIL	<u> </u>   <u> </u>	
	Emergency (IT  DOH  justification)  Cancellation	icluding	1	Name of		EN KUF	RRF	Tele	ephone Nun	nber			
				FACIL	ITY INFORMATI								
	Name of Facility Where Abatement is Taking WOODBROOK SCH Street Address 15 ROBIN ROAD		)				Subch X Other	oll (K-12) napter 8 (Other (i.e. private 8			lings,	home	ıs,
0)	O(1, (F)				2011 1512 N. 1431 Herinson		etc.) Square Fee		Floors	15/6/23	ldg. A	ge	
UPR	EDISON, NJ 08820			County C	ode (7)		N/A Current Us	N/A se (Prior if bei	7.5	1000	I/A		_
ンド	County (6) MIDDLESEX				JSE ONLY)	:	Carroni Go		9				
Ha	Name of Monitoring Firm Hired by Building O N/A OUTSIDE UNDERGROUND W			ASCM	l No.			nt Contractor EPC TI	(9) ECHNOL	OGIE	S, IN	1C	
the	Street Address						Address		D. BOX 3	37			
	City, State, Zip Code					City, S	State, Zip Co		EGYPT, N	4J 08	533		
なくな	Project Manager for Monitoring Firm			Telephor	ne No.	100000000000000000000000000000000000000	none No. 758-3365		License N 00394	lo.			
7		Schedule JANUA			Date (11) 7	Name	of OSHA Mo		TECHNO	LOG	IES,	INC	
200	Occupancy Status During Abatement (Check					Street	Address	P.O.	BOX 337	7			
100	Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma  Other – Describe: NORMAL HOURS, O	al Facility	Hours		ND WORK	City, S	State, Zip Co	de	EGYPT,		3533		
2	Scope of Work (Check All That Apply)						-						
Was	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emoliti			X	Mini-End Gloveba	tainment with closure ag Procedure empted (*) an				ə	
3		4	Locati	500							Abate Tv	ment pe	i.
+CBOLVIT	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormall d Sole intenar odial S (12)	ly by nce/	Asbestos Con (i.e. thermal surfa		Material (ACNs insulation, T, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
I		Yes	No	N/A			45 JT DID	- 1	70.15	H.,		co .	
	OUTSIDE - SEWER PIPE			X	6" TRANSIT	IE CEN	VIENT PIP	E 60	-70 LF	X			
										-			
COLUMN SAME ACCORDINGES	Name of Registered Waste Hadier EPC TECHNOLOGIES, INC		Н	JDEP W auler ID 7000	No. of Wa	1	W	me of Register			F PA	4	
Mary Still	City, State NEW EGYPT, NJ				57	sal Date 11, 20		y, State ORRISVIL	LE, PA				
900	Completed by STEVE SCHENKER	Title PRE	SIDE	NT		Signature	ten Sr	hel		ate AN 1	1, 20	17	

page	1

1	Nex	00.	~~/	. 1
<b>L</b> Y	MER	546	2110	_~/
		. 1		

师	E C	E. L.W.	ELF
	JAN	1 3 2017	
bed best		5917	Lames

Date of Notification (1)	-	T	Name of	Building (	Owner/O	perator	(2)		$\dashv$	151	VAY			
JANUARY 4, 2017	1						Ail	B. KURF	RE CC	NEAGE	3735	8-00	NTE	01.8
Agencies Notified Type Notification			Street A	ddress			26	BRADL	EY A	VENUE	LICE	Nall	VG 1	
EPA E Initial DEP Amended		r	City, Ste	na, Zip Co	de			<del> </del>		7,1	41/	+		
DOL Amendment		7	Ť				00	CEANPO		IJ 0/75	1			
DOH Justification		/ [	Name o	f Contact	ALI	EN K	IDDE		Te	phone Nu	uper	; v .	1	
DCA Caricanation			FACI	LITY INFO	Algebras .		UNNE	+				Mr-feet.		
Name of Facility Where Abatement is Toking		)		Wet1 + 11 4 4	21 447	1	Type	of Pacifity.(	4)	.,	-			
WOODBROOK SCH	GOL	1984						shool (K-1			25			
Street Address 15 ROBIN ROAD								other (f.s. p tc.)	orivate (	than K-1 Loommere	ial bul		SUSE VIDEO	95.
City (5) EDISON, NJ 08820				54			Squar N/A	s Feet	# 01 N/.	Floors		ildg. A V/A	99	
County (8) MIDDLESEX				Code (7) USE ONLY)		_	Currer	nt Use (Pri	or if bei	ng demolis	hed)		imm/secon/mm	
Name of Monitoring Firm Hired by Building C N/A OUTSIDE UNDER GROUND			ASCA	M No.		Name	of Abel	ement Co		(B) FECHNO	DLOG	IES,	INC	
Street Address	-			±1		Street	Addres	g	DO:	במפ צחכ	,			
City, State, Zip Coda						City S	iate, Zi	Code	P.U. 1	30X 337				-
									NEW	EGYPT,	NJ D	8533	0	
Project Manager for Monitoring Firm			Telepho	ne Na.			758-3			Licansa		0394		
Stert Date (10)  JANUARY 11, 2017	Scheoule JANUA			Date (11)		Name	of OSH	A Monitor	E	PC TECH	HNOL	.OGI	ES, I	NC
Occupancy Status During Abetement (Chack	Only On	ė)				Street	Addres	Б	-	O. BOX	222			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	ei Fecility	Hours		n Bulliagu		City, 8	tala, Zij	Code	P.	O, BOX	<i>931</i>	•	-	
Other - Describe: NORMAL HOURS - 0	JU I BILDE	UNDE	RGRUL	IND WORK	_				N	EW EGY	PT, N	4J 08	533	
Scope of Work (Check All That Apply)  23 81 or 23 if  2160 9f or 2250 if		, enova emplit					Min	-Enclosure	Ð	Negative	Preasu	ife		
1				ÇELE ESTEMAT				ebag Pro- Exemple:		i Nan-Friz	ble Pro	cedur	ð	
	1	Locati								F2			eneni Pe	l
Location of Asbestos-Containing Material (ACM)	Used	ormali d Sole	ly by	Antest	Dea los Conta	icription sining M		(ACM)	А	mount		Π		
TO BE ABATED In Feolity (13)		ntenar odial S (12)		(l.g.	thermal	systems ing, VA	insulat T, or	lan,	(5	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
20 11 20 00 10 20 20	Yes	No	N/A					,			-		alle.	Ø
OUTSIDE-SEWER PIPE			X	6" TR	ANSITI	E CEN	MENT	PIPE	28	86 LF	х			
														1.
Name of Registered Waste Hauler			JDEP W		Cubic '					red Lendfi		ie n		*
SAKOUTIS BROTHERS DISPOSAL	. INC.	1	1243	1.7.	20			WAST	= MAN	IAGEME	NIC	)= P/	4	-
City, State COLTS NECK, NJ					01/12	Marie Contraction		City, State MORR		1				
Completed by STEVE SCHENKER	PRES	SIDE	NT	-	Si	ignature *	SI	De	L	#	ate 1/04/	17		
			-								W		F31835	

									(1)	11	7 L #AA	1 4 0	00	47	111
Date of Notification (1) 1/10/17					f Building er Egg		500	1000000	igh Scho	ol .	Ont	110	20	1/	In larges.
Agencies Notified	Type Notification			Street A	ddress	3						M			_
□ -D.	П			1824	Dr. Der	nis Fo	reman	Drive		P	SBEST	OS C	ONT	ROL	&
EPA DEP	Initial Amended		+	City. Sta	ate, Zip C	ode		m reserve Industrie				CENS	ING	-	-
⊠ DOL	Amendmen	t #			Landin		รรรก								
		(including	T		f Contact	7760				T-1	NI				
DOH DCA	justification)									I ei	ephone N	umber			
□ DCA	Cancellation	I.			as Gros	745Y8						//S 13			
Name of Facility Where A	hatament is Takir	a Dioce /	2)	FACI	LITY INF	ORMAT	ION	T	-f = -:!!t- : /	4)					
Oakcrest High Scho		ig Flace (	3)					Туре	of Facility (4	4)					
	001								School (K-1						
Street Address		50							Subchapter					£	
1824 Dr, Dennis Fo	reman Drive								Other (i.e. p etc.)	iivate d	k commer	ciai buii	aings	, nom	es,
City (5)									e Feet	# 01	Floors	TE	Bldg. /	\ae	
Mays Landing NJ 08	3330							1000		1			35+	J	
County (6)				County (	Code (7)			100000	nt Use (Pric	or if bei	na demoli				
Atlantic					USE ONLY	0		June	000 (1 110	, ii boi	ng domon	Jilou)			
Name of Monitoring Firm	Hirad by Building	Owner /8		ASCN	1 No		Nama	of Abo	lamant Can	tro oto r	(0)				
Coastal Environmer	10 E		<i>'</i>	ASCIV	n NO.		I		tement Con	liactor	(9)				
	itai Compilant	,e						naco li						4	
Street Address								Addres							
PO Box 167								Box 3							
City, State, Zip Code									p Code						
Hammonton NJ 080	37						Wes	st Berli	in NJ 080	91					
Project Manager for Monit	toring Firm			Telepho	ne No.		Telepl	hone No	).		License	No.			
Cathy Ledden							856-	-753-9	800		00727				
Start Date (10)		Schedul	ed Cor	noletion I	Date (11)		Name	of OSE	IA Monitor				-		
1/11/16		1/12/1		(E).5300			Sam								
Occupancy Status During	Abatement (Chec						Calabase	Addres	e						
							Olicot	ridaros		4-					
Facility Closed/Vacat Abatement Performe	ted During Entire	Period of a	Abaten	nent			City C	Nata 7	- C-d-						
Other – Describe: A	fter 3;30 Pm	nai i aciiii,	y i iouis	•			City, S	State, Zi	p Code						
Cooperative de (Obserta All	TI														
Scope of Work (Check All	rnat Apply)							KINE	T WEA	0+	Cur				
≥3 sf or ≥3 If			Renova				-	Full	Containme	nt with	Negative	Pressu	re		
≥160 sf or ≥260 lf			Demolit	ion			-		i-Enclosure						
									vebag Proc n-Exempted		Non-Fris	hla Dro	codu	-	
								J 1401	LACINPICA	() and	1 14011-1 116	DICTIO	TOTAL STATE	emeni	
EXC (PSO) HERBS COS		100	Locati Normal									1		pe	
Location ( Asbestos-Containing N			ed Sole		Ashaa		scription		(4000)		201100000	-	Τ	İ	
TO BE ABA		me2750100	intena	CONTRACTOR OF THE PARTY OF THE		stos Cont . thermal					mount pecify	70		田田	m
In Facility		Cus	todial S	Staff?	(	surfa	cing, VA	T, or	,		or LF)	em	Rep	cap	nclc
(13)			(12)			other r	niscellar	neous)				Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	e
						10 1 1						+-	-		
woodsho	op		Х			12 Asb	estos e	elbows	3		12 If	x		N N	
						Wet	wrap &	Cut							
												1			
		-											-		
							000								
Name of Registered Waste	e Hauler		- CO 2000	JDEP W	50.0	Cubic			Name of F	Registe	red Landfi	ll	Wilson 1111/0		
Pernaco Inc.			2003	auler ID	No.	of Was	ste		ACUA						
			2	2459		1									
City, State						0-00-00-00-00-00-00-00-00-00-00-00-00-0	sal Date		City, State						
West Berlin NJ						TO	D	_	Egg Ha	rbor T	wp NJ (	8234			
Completed by		Title				S	ignature	9		11	D	ate			
Anthony T Perna		Pres	ident				( .	- Park			-	/10/1	7		

Print Form

Date of Notification (1	) anuary 10, 20	17			of Buildi						In	11	G	3#7	T <del>q</del> q	E	2
Agencies Notified	Type Notifica				Address		weu	icai ce	nter		113	1					
□EPA □DEP				1925 F	Pacific A	venue					The state of the s	J	ΔN	13	201	7	
DOL				City, S	tate & Zi	p Code	-			7	1	1000	0.70	2.00	3 1777	201	_
⊠рон	Amer	nded ndment #		Atlant	ic City, N	NJ 0840	01					ASBE		S CC ENSI		{UL	, če
DCA		ellation	_	Name	of Conta	ct							-	ephor	OWNERS STREET	mbe	r
				Willian	n Malaz	ita											
				FA	CILITY	INFO	RM	ATION	1								
Name of Facility When AtlantiCare Regional			Place (3)				Тур		cility (4) ol (K-12)								
Street Address								Subch	napter 8 (O	her than k	(-12)						
1925 Pacific Avenue									r (i.e., priv			cial buil			The Property	tc.)	
City (5)							Squ	are Fee	et	# of Floor	rs		Bldg	. Age	8 Yea	ore	
Atlantic City, NJ									e (Prior if b	eing demo	lished	)		- 11	0 166	213	
County (6)			ounty Code				nos	pital									
Atlantic Name of Monitoring Fi	rm Hired by Bı		SE ONLY		ASCM	No	Nan	ne of Al	patement C	ontractor	(0)						
Hillmann Consulting,		anding Ow	mer (o)		AGGIVI	140.		atech,		Ontractor	(9)						
Street Address 1600 Route 22 East, 5	Ste 107							et Addr Radio									
City, State & Zip Code							_		& Zip Code								
Union, NJ 07083		76.7115-2					Litt	e Egg	Harbor, NJ								
Project Manager for Moreon Tammy Lomax	onitoring Firm		Te	lephone N 8-688-780	lumber 10			phone -296-69	Number 16			License	Numb	er 0081	7		
Scheduled Start Date (		Scheduled	d Completi	on Date (1	11)		_	-	SHA Monito	or				0001			
January 20, 2 Occupancy Status Dur		(Check o		ary 20, 20	17			atech, et Addr									
Facility Close	d/Vacated Dur	ing Entire	Period of		nt		100000	Radio	Barrier .								
Abatement Pe		de of Nor	mal Hours						& Zip Code								
Other – Descr		atement					Littl	e Egg l	Harbor, NJ	08087							
Scope of Work (Check		and the same of th														_	-
≥3 sf or ≥ 50 lf	A.A. 5.5.			Renovatio	n.					tainment v			Pressu	ire			
>160 sf or >260	lf			Demolitio					Mini-End Gloveba	osure g Procedu							
	52		_		8			ř		empted(*)		on-Friah	le Pro	cedur	ъ		
10 10 10 10 10 10 10 10 10 10 10 10 10 1	tion of			on Norma					ption of			8.07/821			ateme	ent T	уре
Asbestos-Contain TO BE	ing Material (A ABATED	(CM)		y Mainten dial Staff?					Containing (ACM)			unt (Spe F or LF)					
IN F	acility				(/		(i.e	, therm	al systems			01 121 /				m	$\Box$
(1	13)								urfacing, VA scellaneous					Re	Z	Encapsulate	Enclosure
										·				Remova	Repair	psu	dos
			Yes	No	N/A									a	7	late	ıre
East Building, South	Basement, H\	/AC Unit			Х	F	Pipe	Fittings	/ Insulation	on		35 LF		X		$\neg$	
Name of Registered W	aste Hauler		NJDEP V		Cubic	ards of	Was	ste	Name o	f Register	ed Lar	ndfill					-
Synatech, Inc.			30.00	429	2				Fairles	s Hills							
City, State					Dispos	al Date			City, St	ate							
Little Egg Harbor, NJ	08087				Februa	ry 21, 2	2017		Morrisy	ille, PA							
Completed By		Title			Signatu		ν.	10			ite						
Diane Aloia		Executiv	e Adminis	strator	1	lane	- 6	Un		Ja	nuary	10, 201	7				

IID)-	E C	E		$\mathbb{W}$	
	JAN	1	3	2017	

D . (11-55-35-2-(4)			Name of Ruild	ing Owner/Operato	r (2)					
Date of Notification (1)			M	SSURA	BURGE	PASBESTOS (	CON	TRO	1 &	_
Agencies Notified Type Notification	n		Street Addres	S			CLL	7	0	
☐ DEP ☐ Amended		-	City, State, Zip	Code		4_>	VI			=
M DOL Amendment		_		AN VIE	W NI	T 082	30			
☐ Emergency justification		rg	Name of Conta		1	Telephone Numi	per			
DCA Cancellation			R	101-						
			FACILITY IN	FORMATION						
Name of Facility Where Abatement is Tak	ing Plac	e (3)			Type of Facilit	***********				ZA-SIII
RESIDEN	CE				School (K-	12) r 8 (Other than K-12	2)			
Street Address					Other (i.e., homes, etc	private & commercia	al buil	dings		
City (5)	-				Square Feet	# of Floors		dg. A		
SEA ISLL	- (	ITY			2000		-   -	10	+	
County (6) CAPE MAY			County Code USE ONLY)	(7) (STATE		Prior if being demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner		SCM No.	Name of Abaten	nent Contractor (	9)				
(8) N/A		-		KLEN	10 LA	1 C			_	_
Street Address				Street Address	S. Spr	ence Aux				
City, State, Zip Code				City, State, Zip C	ode					_
City, State, 2p Code				MAPC	E SHA		08	0)	2	
Project Manager for Monitoring Firm		Telep	hone No.	Telephone No.	79-0473	License No.	140	1		_
Start Date (10) Sche	eduled C	ompletic	on Date (11)	Name of OSHA		9				
1-19-17 .   _		6-1	2							
Occupancy Status During Abatement (Che				Street Address	g N/					
Facility Closed/Vacated During Entire P  Abatement Performed Outside of Normal	enod of al Facilit	Abatem v Hours	ent	City, State Zip C	ode					-
Other - Describe:				_ ( =					_	_
Scope of Work (Check all that apply)				Full Cor	ntainment with Ne	egative Pressure				
		novation	n	Mini-End	closure ag Procedure	A				
≥160 sf or ≥260 lf	ADe	molition		Non-Exe	empted (*) and N	on-Friable Procedu			_	
		ocation		N Ka			P	bater Typ		
Location of		ormality   Solety I	by	Description of	N. (10) (10) (20)		-			
Asbestos-Containing Material (ACM)	100000000000000000000000000000000000000	ntenance estodial	e/ Asbes	tos Containing Mat thermal systems in	erial (ACM) nsulation.	Amount (Specify	R	71	Encapsulate	En
TO BE ABATED IN Facility	5	Staff?	(1.0.	surfacing, VAT, other miscellaneo	or	SF or LF)	Removal	Repair	apsu	Enclosure
(13)	-	(12)		Otter muscenaries	<i>(</i> 13)		/al	-	late	Гe
	Yes		N/A	· · · · ·	C.=	1-4-	1			_
SIDING			X	TRAN SI	16	1500 SE	X		-	_
							-			200000
							-		-	$\neg$
		1	ED Wards	Cubic Yards	T Name of Rec	istered Landfill				-
Name of Registered Waste Hauler		Hau	EP Waste er ID No,	of Waste	CIA	A C M.	()	1		
CLEMED INC		-11-	1904	Disposal Date	City, State	1, (1)	V^ 1			=
City. State MAPLE SITABE	1	(, )			Ung. State			N	1	
Completed By / Title	Pr			Signature .	lion.	Date	18-	-17		
MICHAEL RECORD V	11 1			- Jule						

tweep-	F		П	W	F	Print L
		<i>y</i> 15	- 11	U		
mm 1						
11111						

							) lest bout				
Date of Notification (1)			Nar	The second second	ng Owner/Operator	c Loon	Nie D				
Agencies Notified   Type Notification	on		Stre	et Address			ASSESH	JS C DEMS	CHI	PRO	58
☐ BPA 🔀 Initial			_	70	10 Hau	Itul b	AUE	7 <u>-14</u> -	DIIV	2	_
DEP Amended			City	, State, Zip					- /		
M DOL Amendmen ☐ Emergency		ng	_	00	EXAM C	ITY	11.1 08	527	26	)	
DOH justification	1)	ř.	Nan	ne of Conta			Telephone Num	ber			
☐ DCA ☐ Cancellation	1			54	ME						_
			F	ACILITY IN	FORMATION						
Name of Facility Where Abatement is Tak		ce (3)	- 1938			Type of Facili					
RESIDENCE						School (K-	12) r 8 (Other than K-12	21			
Street Address		_					private & commerci		dings	ě	
City (5)						Square Feet	# of Floors		ldg. A	-	
OCEAN (1	TY					1000	_		50	+	
County (6)			US	shed)							
Name of Monitoring Firm Hired by Building	Owner	$\equiv$	ASCA	A No.	Name of Abatem						
(8) W/A					KLEMO	OINC					
Street Address					Street Address 369 S	Spair	E 1205				
City, State, Zip Code					City, State, Zip C		e Aloc				_
City, State, 2p Code						SHAPE	M. J 08	505	Z		
Project Manager for Monitoring Firm		Tele	lephone No.   Telephone No.   License No.								
		_	856-779-0472 00444								
			etion Date (11) Name of OSHA Monitor								
1-18-17	4	5.	Street Address								
Occupancy Status During Abatement (Che					Street Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	enod of al Facili	tv Hou	ment		City, State, Zip Co	nde					=
Other - Describe:	ar r acur	., 1100			City, State, Zip C						_
Scope of Work (Check all that apply)					□ F::# Con	tainmant udth Ni	agativa Progeura				
>3 sf or ≥3 lf	□ R	enovati	ion		Mini-Enc		egative Pressure				
≥160 sf or ≥260 lf		emolitio	2000			g Procedure	an Friehla Dropadu				1
	1 1-	Landie		T	Non-Exe	mpted (*) and is	on-Friable Procedu	1	bate	men!	
		Locatio Iornally						1	Тур		
Location of		Sole		A - b	Description of os Containing Mate	orial (ACM)	Amount				
Asbestos-Containing Material (ACM)  TO BE ABATED	100	ntenan ustodia			thermal systems in		(Specify	R	ת	Encapsulate	En
IN Facility		Staff?		1	surfacing, VAT,	or	SF or LF)	Remova	Repair	apsı	Enclosure
(13)		(12)		1	other miscellaneo	us)		val	=	late	ure
	Yes	No	N/A							(U	
SIDING			X	T	RAWSITE	=	1500 SF	X			
Name of Registered Waste Hauler		9 1855	JDEP V		Cubic Yards	Name of Reg	istered Landfill				
KLUMCO INC.		_   H	auler IC	D Ng.	of Waste	C.M	C. M.U	. 4	7	_	
City, State	, T				Disposal Date	City, State	DBINE		2		
Completed By Title	MAPLE SHADE N.J						Date	9	1		
MICHAEL KLENM	SUF				Signature	W/1-		0	L		=

CK 365	55	NOT		ATION	OF ASE	ew Jersey BESTOS ABAT .C 8:60 and 5:16		DECE	Townson	$\mathbb{V}$					
Date of Notification (1)				Name	of Building	Owner/Operator (	2)	JAN 1	3 2	2017		14			
1 /	10 / _	17		Gen	neral Gro	wth Properties	The same of the sa	7 1			1	manuel			
Agencies Notified	Type Notifica	ation	=== >2	Street	Address		and the state of t	L							
⊠ EPA				110	N. Whac	ker Drive	# 1 m	ASBESTOS			DL 8	4			
□ DOLWD	☐ Amended			City. S	tate, Zip C	Code		LICE	1211	<u>U</u>	COLUMN TO				
□ DOH	Amendme		-	20000	cago, IL										
DCA	☐ Emergene justification		g		of Contact			Telephone Numb	er	- 17					
(NJAC 5:23-8)	☐ Cancellat	5.00.00		0.855	y Webb										
				_	-	IEODMATION									
Name of Facility Where A	hatamant is T	Taking Diag	0 (2)	FAC	JILII Y IIV	IFORMATION	Type of Facility	(4)							
Name of Facility Where A		aking Plac	e (3)				School (K-1)								
Woodbridge Center	IVIAII						Subchapter	8 (Other than K-12)	)						
Street Address	unto a Dalica							rivate and commer	cial bu	iilding	S,				
250 Woodbridge Ce	enter Drive						homes, etc.	# of Floors	DI	dg. A	70				
City (5)	005						1,633,000	2		700 m	ic.				
Woodbridge, NJ 07	095			10		NOTATE HOE ON NO									
County (6)				Coun	ity Code (/	)(STATE USE ONLY)	N	rior if being demolis	nea)						
Middlesex			(0)	1		Name of Abateme		nercial							
Name of Monitoring Firm		ding Owner	(8)	ASCM	No.	)									
Criterion Laborator	ies, Inc.														
Street Address					Street Address										
3370 Progress Driv	e, Suite J					623 Cutler Av									
City, State, Zip Code															
Bensalem, PA 1902					Maple Shade, NJ 08052										
Project Manager for Moni	toring Firm		76.000	ephone No. Telephone No. License No.											
Michael Panepress					5-244-1300 856-755-0099 00842										
Start Date (10)	242200				on Date (11) Name of OSHA Monitor										
/ / /		1	/ _2	5_ / _	/ Criterion Laboratories, Inc.										
Occupancy Status During	Abatement (	Check only	one)			Street Address									
☐ Facility Closed/Vacate						3370 Progres	s Drive, Suite	J			1,0000000000000000000000000000000000000				
Abatement Performed						City, State, Zip Co									
Time of Abatement: _	AIVI	PIVI/ <u>10:</u>	<u>UU</u> PIVI	- <u>7:00</u> AN	/1	Bensalem, P.	A 19020								
Scope of Work (Check all	that apply)							nment with Negative Pressure							
≥3 sf or ≥3 lf		Mp	enova	tion		☐ Full Con ☐ Mini-End		gative Pressure							
≥160 sf or ≥260 lf			emolit			☐ Gloveba	g Procedure								
						Non-Exe     Non-Exe	mpted (*) and N	on-Friable Procedu	-						
		1	s Loca						Ab	atem	ent T	ype			
Location		Us	Norm ed So	ally lely by	Aaba	Description of stos Containing Ma		Amount	Re	Re	Ē	E			
Asbestos-Containing TO BE ABA		' <sup>'</sup> M	ainten	ance/		e, thermal systems		(Specify	Removal	Repair	cap	Enclosure			
IN Facili		Cu	stodia (12	Staff?	, , , , , ,	surfacing, VAT	, or	SF or LF)	val		Encapsulate	ure			
(13)		. V				other miscellane	ous)				te				
Tenant Space 2675		Yes	NC	IN/A	Yellow	Glue a/w White	Floor Tile	800 SF							
				+=-	Disak T	for also Eiborglos	a Eittings	6 LF				$\Box$			
Tenant Space 2675			$\boxtimes$		Black I	ar a/w Fiberglas	ss rituings	0 Li	12						
											Ш				
Name of Registered Was	te Hauler		17	NJDEP \		Cubic Yards of	Name of Regi	stered Landfill							
Freehold Cartage				Hauler II 02265		Waste 10	Cumberla	nd County Land	fill						
City, State						Disposal Date	City, State								
Freehold, NJ						1/25/2017	Newburg,	PA							
Completed By (Print or Ty	/pe)	Title				Signature		Da	ate	5,000	200				
Christina Lynch	resid	ent of	Operatio	ns () Ma	QX	)	110	11.	7						

Christina Lynch

	N		CATION	OF ASBESTOS to NJAC 8:60 an	ABATE.		Borb #	-/2	4	8-	7		
Date of Notification (1) 1-10-17				Building Owner/( Bible Ba			IN E	G	<u> </u>	$\mathbb{V}$	7 [		
Agencies Notified Type Notification			Street Ad 1073	dress New Brook				ANI	Am. C.C.	201	7		
X DOL Amendment # □ Emergency (in	cluding	_ [		e, Zip Code iamstown,	NJ (	08094	least least						
XI DOH justification) □ DCA □ Cancellation		1	Steve	en Beppel	<b></b>		Telephone & proph	et O	S CC	NTF NG	ROL		
Name of Facility Where Abatement is Taking Pla Open Bible Baptist Church			FACIL	.ITY INFORMA	1108	Type of Facility (-							
Street Address 1073 New Brooklyn Road City (5)						☐ Subchapter 8	3 (Other than K-12) rivate & commercial b	uildin	gs. hor	nes, etc	c.)		
Williamstown						Square Feet 40,000	# of Floors		dg. Ag 50y:				
County (6) Gloucester			County C (STATE U	ode (7) SE ONLY)		Church	r if being demolished)						
Name of Monitoring Firm Hired by Building Ow EHS Environmental, Inc.	ner (8)		ASCM	No.		of Abatement Contr Nouth Envir	ontractor(9) vironmental Co.,Inc.						
Street Address 411 Southgate Court, Sui	te E		Street Address 923 Haws Avenue							LIIC.			
City, State, Zip Code Mickleton, NJ 08056			City, State, Zip Code Norristown, PA 19401										
Project Manager for Monitoring Firm  Jack Carney			Telephone No. 856–224–0080 Telephone No. 610–239–9920 Co. 610–239–9920 Telephone No. 610–239–9920 Telephone No. 610–239–9920 Telephone No. 610–239–9920 Co. 610–610 Telephone No. 610 Telephone No. 610–610 Telephone No. 61										
1-24-17	2-2	1 Comp 4–17	-						Inc.				
Occupancy Status During Abatement (Check Onl  Facility Closed/Vacated During Entire Period	d of Abat	ement	Street Address 923 Haws Avenue										
Abatement Performed Outside of Normal F:  Other – Describe:	ecility Ho	urs	City, State, Zip Code Norristown, PA 19401										
Scope of Work (Check All That Apply)	50												
☐ ≥3 sf or ≥3 lf 反 ≥160 sf or ≥260 lf		enovati Iemoliti			[ ]	<ul> <li>☐ Mini-Enclosure</li> <li>☐ Glovebag Proc</li> </ul>			ure				
Location of	1	Location	v	1	Description	ı of				ment pe			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Cus	d Solel iintenar todial S (12)	tafP	Asbestos Co (i.e. thermal sy	ntaining N	faterial (ACM) ilation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Basement	Yes	No X	N/A	VAT & ma	astic		300 SF	x					
	Dasement X VA1							Α					
No. 20													
Name of Registered Waste Hauler Robinson Waste Disposal	No of W	ic Yards √aste 5	Name of GROW	Registered Landfill									
City, State Voorhees, NJ			17304	Disp	oosal Date -24–17	100000	risville/ PA						
Completed by Matthew Kelly	ary		Sumality	1 1	/ / /	nte -10	-17						

Date of Notification (1)

Agency Notified

DEPA DEP DOL

DOH DCA

1-9-20

Type Notification

Amendment # Emergency (including justification)
 Cancellation

- Initial ☐ Amended

		E1		
ant to NJA	BESTOS ABAT 8:60 and 12:1	120)	DEG [ Dehale	3915-
M. 1	owner/Operator	120	JAN-	1-5-2011
				S CONTROL & ENSING
City, State, Zip EAST (	DRANGE	NJ	0701	7
Name of Conta	om A SUL	0	Telephone Nu	niber
FACILITY IN	ORMATION			
•	-	Type of Facil	ity (4)	
<del></del>		一個 Other (i.e.	or 8 (Other than K-1) private & commerci	2) al buildings,
		Square Feet 2400		Bidg. Age
County Code (7 ONLY)		PES	(Prior if being demoi	
No.	Name of Abatema Best Rem	ent Contractor	(9)	
	Street Address 450 Sout	h Rive:	r St	
	Caty. State, Zap Co Hackensa	ode		
e No.	Telephone No. 201-329-		License No.	
(11)	Name of OSHA M		00388	
7	Omega E		nental	
2	Street Address			
	.280 Hu	yler St		
	City, State, Zip Co		- N I 07	
Renovation Demolition	O Full Co	ontainment with notosure ag Procedure	, N.J. 07 h Negative Pressure	The second secon
by Asbest	Description of os Containing Mate thermal systems (ATT)	urial (ACM)	Amount (Specify	Abatement Type Reposition

M. TOMASULO Street Address	Place (3)		·		Type of Facility  School (K-12					
03.0	-				Other (i.e. pr	ivate & commercial be	alding	s,		
EAST ORANGE	-			Ess.	Square Feet	# of Floors E	Sidg. A	(20)	RS	>
COUNTY (6) ESSEX		Cour	nty Code ( Y)	7) (STATE USE		ior if being demolished				
Name of Monitoring Firm Hired by Building O (8)	wner A	SCM No.	3f	The second secon	nent Contractor (9	))		-	-	-
Street Address	-			Best Rei	moval Inc	2			_	
					th River	C +				
City, State, Zip Code				City, State, Zip C	Code				-	
Project Manager for Monitoring Firm	13-		-		ack, N.J.	07601				
, tolers measured to second and Latti	iele	phone No		Telephone No. 201-329-	7///	License No.				580
Start Date (10) Scheduled	Completion	Date (11	)	Name of OSHA		00388				
11-19-201111-1	9-7	017	,		invironme	ntal				
Occupancy Status During Abatement (Check	only one)			Street Address	TE OHMC	II Car				
D Facility Closed/Vacated During Entire Perio	d of Abatem	ent		.280 Hu	yler St					
☐ Abatement Performed Outside of Normal Fa	actity Hours			City, State, Zip C			,		112018-	
Scope of Work (Check all that apply)	11/			S. Hac	kensack	,N.J. 0760	6			
	1	Q Der	novation molition	✓ Mini-E	Enclosure bag Procedure	legative Pressure				
. Location of	Non	cation naliy					L		eme /pe	at
	I found 0	oleiy by		Description of	f ,	·		I	m	Enc
Asbestos-Containing Material (ACM) TO BE ARATEDIN Facility (13)	Mainte Çust	odial ff?	(i.e.	stos Containing Mat finermal systems in surfacing, VAT, other miscellaneo	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	เซเทธต์ของ	losure
Asbestos-Containing Material (ACM)  TO BE ARATED  IN Facility  (13)	Mainte Cust Sta	odial ef? 2)	(i.e.	thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	(Specify	Removal	Repair	etaluecteor	Enclosure
Asbestos-Containing Material (ACM)  TO BE ARATED IN Facility	Mainte Cust Sta	odial di? 2)	(i.e.	, thermal systems in surfacing, VAT, other miscellaned	nsulation, or	(Specify SF or LF)	Removal X		etalusciaos	losure
Asbestos-Containing Material (ACM)  TO BE ARATED  IN Facility  (13)	Mainte Cust Sta	odial di? 2)	(i.e.	, thermal systems in surfacing, VAT, other miscellaned	nsulation, or ous)	(Specify SF or LF)			etaluecteor	losure
Asbestos-Containing Material (ACM)  TO BE ARATED  IN Facility  (13)	Mainte Cust Sta	odial di? 2)	(i.e.	, thermal systems in surfacing, VAT, other miscellaned	nsulation, or ous)	(Specify SF or LF)			ospaulate	losure
Asbestos-Containing Material (ACM) TO BE ARATED IN Facility (13)  BASEM FWT	Mainte Cust Str (1 Yes N	odial	THE	thermal systems in surfacing, VAT, other miscellaned	SVLATION	(Specify SF or LF)			capsulate	losure
Asbestos-Containing Material (ACM) TO BE ARATED IN Facility (13)  BASEMENT  Name of Registered Waste Hauler Best Removal Inc	Mainte Cust Str. (1 Yes N NJDEF ID No.	odial di? 2)	THE	thermal systems in surfacing, VAT, other miscellaned	SVL ATION  Name of Register	(Specify SF or LF)	X			losure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  BASEM FUT  Name of Registered Waste Hauler Best Removal Inc  City, State	Mainte Cust Str. (1 Yes N NJDEF ID No. 1	odial #? 2)  o N/A	THE	Cubic Yards of Waste 3/4 YD	SVL ATION  Name of Register	(Specify SF or LF)	X			losure
Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility (13)  BASEM PUT  Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack , N.J. 07	Mainte Cust Str. (1 Yes N NJDEF ID No. 1	odial #? 2)  o N/A	THE	Cubic Yards of Waste 3/4 YD	Name of Register Minerva City, State	(Specify SF or LF)  (65 LF)  red Landfill Enterprise	s ,	The state of the s		losure
Asbestos-Containing Material (ACM)  TO BE ARATEDIN Facility (13)  BASEMENT  Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack , N.J. 07  Completed by Title	Mainte Cust Str. (1 Yes N NJDEF ID No. 1	odial HT? 2) o N/A X X Y X Y X Y Y Y Y Y Y Y Y Y Y Y Y Y	THE	Cubic Yards of Waste 3/4 YD	Name of Register Minerva City, State	(Specify SF or LF)  (65 LF)  red Landfill Enterprise  urg, Oh, 44	s ,	The state of the s		losure
Asbestos-Containing Material (ACM)  TO BE ARATED  IN Facility (13)  BASEMENT  Name of Registered Waste Haufer Best Removal Inc  City, State Hackensack , N.J. 07  Completed by Title  R, VELDRAN Est	Mainte Cust Str. (1 Yes N NJDEF ID No. 1	odial HT? 2) o N/A X X Y X Y X Y X Y X Y X Y X Y X Y X Y	THE	Cubic Yards of Waste 3/4 VD Disposal Date 1-9-17 Signature	Name of Register Minerva City, State Waynesb	(Specify SF or LF)  (65 LF)  red Landfill Enterprise  urg, Oh, 44	s ,	The state of the s		losuro
Asbestos-Containing Material (ACM)  TO BE ARATED  IN Facility (13)  BASEMENT  Name of Registered Waste Haufer Best Removal Inc  City, State Hackensack , N.J. 07  Completed by Title  R, VELDRAN Est	Mainte Cust Str. (1 Yes N NJDEF ID No. 1	odial HT? 2) o N/A X X Y X Y X Y X Y X Y X Y X Y X Y X Y	THE	Cubic Yards of Waste 3 4 4 D Disposal Date 17	Name of Register Minerva City, State Waynesb	(Specify SF or LF)  (65 LF)  red Landfill Enterprise  urg, Oh, 44	s ,	The state of the s		losuro

## CK 3654

- Common	E	C			$\mathbb{V}$	E	The work
K							
TII		JAN	1	3	2017	1	W

OF	09										11.		E A 5.7	1 0	001		-		
Date of Notification (1)	10 /	17						er/Operator ( of the Lord		rish	la <sub>ted</sub>	Mar.	JAN	1 3	201	1	1		
Agencies Notified  EPA	Type Notifica	tion				Address South Fif	th Av	/enue				ASB	ESTO	S CC ENS		ROL	2		
□ DOLWD	☐ Amended					State, Zip C								<u> </u>	IIVIG				
□ DOH	Amendme	ent #				hland Pa		1 08004											
☐ DCA	☐ Emergend		uding		_			3 00304			Tal	ephone	Numb	0.5					
(NJAC 5:23-8)	justificatio					of Contac					1 61	ephone	NUITIO	61					
	☐ Cancellati	on			Fat	her Abra	ham	Lotha											
					FA	CILITY IN	IFOR	MATION											
Name of Facility Where A	Abatement is T	aking I	Place	(3)					Ty	ype of Facility (4									
Guardian Angels C	hurch									School (K-12)									
Street Address			-							Subchapter 8				يبط امن	ildina				
23 South Fifth Aver	าแค									Other (i.e., pri homes, etc.)	ivate	and co	mmerc	iai bu	naing:	5,			
City (5)									S	quare Feet	#	of Floo	rs	Blo	lg. Ag	e			
Highland Park										10.000		2		8	30				
County (6)					Cour	aty Code (	71/2747	TE LISE ONLY			or if I	being d	emolish	ned)					
					County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)  Church														
Middlesex	Little J. E. D. St.	i 0.		0\ T	ASCM No. Name of Abatement Contractor (9)										-				
Name of Monitoring Firm		ing Ov	vner (	0)	ASCIVI	NO.	14/2000	Name of Abatement Contractor (9) Shade Environmental, LLC											
TTI Environmental,	inc.								OIII	mental, LLC									
Street Address							12/19/19/19	et Address											
1253 N. Church Str								23 Cutler A											
City, State, Zip Code	20 A SAN AND AND AND AND AND AND AND AND AND A							, State, Zip C											
Moorestown, NJ 08	057						M	aple Shade	e, N	IJ 08052									
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Tele	phone No.			License No.								
Mike Stocku				6	09-304	-3969	88	56-755-0099	9	27	00842								
Start Date (10)	S	chedu	led Co	omple	etion Da	ite (11)	Nan	ne of OSHA N	Mon	nitor									
1 /23 /	_17	2	/	3	/	/ 17 EMSL Analytical, Inc.													
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	et Address											
	1보 15명이 10mm 10mm 10mm 10mm 10mm 10mm 10mm 10m				ment		20	00 Route 13	30 1	North									
☐ Abatement Performed	한테 마스 하스트 경기를 보고 하는데 이번 때문다.					scribe	City	, State, Zip C	Code	9									
Time of Abatement: _	AM	PM		_PM		AM		innaminso											
Scope of Work (Check al	I that annly)													72	1-0-0				
Scope of Work (Check at	i tilat apply)								ntair	nment with Neg	ative	e Press	ure						
≥3 sf or ≥3 lf		- 7	⊠ Re					Mini-En											
≥160 sf or ≥260 lf		L	Dei	moliti	on			☐ Gloveba		oted (*) and Nor	n-Fri	iable Pr	ocedur	е					
			le	Loca	tion									1	ateme	ent Ty	vne		
Location	of			Norma				Description	of										
Asbestos-Containing		)			ely by			Containing Ma	later			Amou		\en	Repair	nca	ncl		
TO BE ABA	ATED				ance/ Staff?	(i.e		rmal systems				(Spec		Remova	ai-	sde	Enclosure		
IN Facili	ity		Gusi	(12				urfacing, VAT ner miscelland				SF or I	LF)	2		Encapsulate	Гe		
(13)		1	Yes	No	1		Ott	ici illiscellari	cou							O.			
1st Floor Mechanical	Room		$\boxtimes$			Breech	ning I	nsulation				240 5	SF	$\boxtimes$					
1st Floor Mechanical	Room		$\boxtimes$			Pipe F	tting	s				50 L	F	$\boxtimes$					
Lower Mechanical Room						Pipe F	tting	S				50 L	F	$\boxtimes$					
Name of Registered Waste Hauler NJDEP Waste						Cub	oic Yards of	T	Name of Regis	tere	d Landf	fill		A					
Freehold Cartage Hauler ID No. Wasi						ste		Cumberlan				fill							
15939 5						City, State													
						/3/2017		Newburg, F	PA										
FIGURE AND		Trui-								3,			Da	te			-		
Completed By (Print or T	ype)	Title	5		ant - 1	000	ne	Signature	A	0			1		1	7			
Christina Lynch		VIC	ce Pr	esid	ent of	Operation	IIS	( MINOS	X	$\mathbb{V} \longrightarrow$			- 1	/10	1/	+			



Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3) Brick

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

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

Amended

Amendment #

justification)

Cancellation

Emergency (including

Date of Notification (1)

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address

City (5) Brick County (6)

Ocean

Street Address

Start Date (10)

1/12/17

City, State, Zip Code

Project Manager for Monitoring Firm

Other - Describe:

≥160 sf or ≥260 lf

≥3 sf or ≥3 lf

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

INTERIOR

Name of Registered Waste Hauler

NEWARK CARTING

JOSEPH PERLSTEIN

1/9/17

×

×

#### NOTIFICATION (Pursuant

04509

Title

OWNER

NO.	TIFICATION	ate of New Jers OF ASBESTO to NJAC 8:60 a	SABATE		DE	G			Int le
		f Building Owner omanow	r/Operator	(2)				20	
180-180-18	Street A	ddress			ASB		S C		ROL
	City, Sta Brick,	te, Zip Code NJ							
ncluding		Contact			Telephone N	umber			
		LITY INFORMA	TION						-
Place (3)				Other (i.e. p			ldings	, hom	es.
				etc.) Square Feet	# of Floors		Bldg. /	Age	
	County C	Code (7) JSE ONLY)		Current Use (Price home	or if being demoli	shed)			
wner (8)	ASCM	l No.		of Abatement Con LEAD PROFE					
				Address HITE DOVE CO	DURT				
		The state of the s		tate, Zip Code EWOOD, NJ 08	3701				
	Telephor	ne No.	Teleph	none No. 668-9078	License 1200	No.			
Scheduled ( 1/16/17	Completion D	Date (11)		of OSHA Monitor LEAD PROFE	SSIONALS				
Only One)				Address	NIDT.				
eriod of Aba Il Facility Ho			City, S	HITE DOVE CO					
ACTUAL DESIGNATION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE	ovation		LAKE	Mini-Enclosure Glovebag Proc	ent with Negative			e	
Norr	cation mally	n	escription	of				emen /pe	1
Mainte Custodi (1	olely by enance/ al Staff? 2)	Asbestos Co (i.e. therma surf	ntaining M	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Yes N	lo N/A						1	(D	
			Drywall	7 4 4	150SF	х	-		
						+	+		
							1	-	-

NEWARK, NJ

Completed by

City, State

Date

1/9/17

IESI

City, State

BETHLEHEM PA

Disposal Date

Signature

1/16/17

CK 5219

E C	E		Fint	Form
JAN	Berch	3	2017	

Date of Notification (1) 1/9/17					of Building		Operator	(2)	19									
Agencies Notified	Type Notification	1970		Street A	Address					-	ASE		TOS ICE			IOL 8		
EPA DEP DOL DOL DOH DCA	Initial Amended Amendment Emergency justification) Cancellation	including	_	NORT	ate, Zip Co TH BRUI of Contact		CK, NJ	,,		Tel	ephone			NOII	10			
□ bca	Cancellation				ILITY INF	ORMAT	ION											
Na Facility Where Street Address	Ab 'amant is Takin	a Place (3	)						of Facility (4 School (K-12 Subchapter Other (i.e. pletc.)	2) 8 (Oth				dings,	hom	es,		
City (5) NORTH BRUNSW	ICK							Squar	re Feet	# 01	f Floors		В	ldg. A	\ge			
County (6) MIDDLESEX					Code (7) USE ONLY	)	- 14	Curre	nt Use (Prio e	r if bei	ng dem	olish	ed)	)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	И No.				ement Con									
Street Address								Addres	s DOVE CC	URT								
City, State, Zip Code	** ***					City, State, Zip Code LAKEWOOD, NJ 08701												
Project Manager for Mor	oject Manager for Monitoring Firm					Telephone No.         Telephone No.         License No.           732-668-9078         1200							).					
Start Date (10) 1/19/17		Schedule 1/23/17		Completion Date (11)  Name of OSHA Monitor  AAA LEAD PROFESSIONALS														
Occupancy Status Durin Facility Closed/Vac	28 19	28 97 3	100	ont.			2000	Addres	s DOVE CO									
Abatement Perform  Other – Describe:	ed Outside of Norm	al Facility	Hours	City, State, Zip Code LAKEWOOD, NJ 08701														
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Il That Apply)		enova emolit				×	Min Glo	i-Enclosure vebag Proce									
		1 950	_ocati											Abate Ty	ement pe			
Locatior Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Used Mair Custo	ormal Sole ntenar odial S (12)	ly by nce/ staff?		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial s insula T, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure		
INTERI	OR	Yes	No	N/A		Cerr	nent bo	ard	-	10	50SF		х					
INTERI							ict wra	·=/c/c	-		0LF		X					
								<u> </u>			021							
Name of Registered Waste Hauler  NEWARK CARTING  NAME of Registered Waste Hauler  NJDEP Water Hauler ID No. 04509					Cubic of Was 5	ste		Name of R	2570	red Lan	ndfill							
City, State NEWARK, NJ						Dispos 1/23/	sal Date 17		City, State BETHLE		I PA							
Completed by Title JOSEPH PERLSTEIN OWNER					S	ignature			10000		Date 1/9	e /17						



manufacture to the state of the		E C		Print For	m E
The STILL STATE ST		JAN	4 3 3	20 Same	
and the second s	AS		S CC ENSI	NTROL NG	.&

1/9/17					O REAL		Operator	(2)		* Street, and							
Agencies Notified	Type Notification			Street A	ddress w Garde	ens Dr				-	AS	BEST LI		CON ISIN			
EPA DEP X DOL	Initial Amended Amendment		_		ate, Zip Co vood, NJ		1			<del></del>							
× DOH □ DCA	Emergency justification) Cancellation	ji 1570.		Name o MEIR	f Contact					Tele	ephone N	Number					
				FACI	LITY INFO	ORMAT	ION										
Name of Facility Where			)					Тур	e of Facility (4	)							
Street Address	NEPT	JNE					***	×	School (K-12 Subchapter & Other (i.e. pr	(Othe			lding	s, hom	es,		
City (5) NEPTUNE								Squ	etc.) Jare Feet	# of	Floors		3ldg.	Age			
County (6) MONMOUTH					Code (7)	)		Cur	rrent Use (Prior	if bein	ng demo	lished)					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	Л No.			of Al	patement Control AD PROFES								
Street Address			200112		13-3 - c		Street	Addı	ess								
City, State, Zip Code									Zip Code	UKI	# C = 2						
Project Manager for Mon	sitoring Firm			Telepho	ne No		LAKE		DOD, NJ 08	701							
	moning r min						732-6	668-	-9078		License No. 1200						
Start Date (10) – 1/19/17		Schedule 1/23/17		npletion	Date (11)				SHA Monitor AD PROFES	SSIO	NALS						
Occupancy Status During				Street Address 6 WHITE DOVE COURT													
Facility Closed/Vaca Abatement Perform Other – Describe:						_			Zip Code OOD, NJ 08	701							
Scope of Work (Check A	Il That Apply)	2-12-12-12-12-12-12-12-12-12-12-12-12-12					-										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		The second	enova emolit				×	N G	ull Containmer dini-Enclosure Glovebag Proce Ion-Exempted	dure	3			ire			
		la la						- '	ion-Exempted	( ) and	11011111	abic i ii		temen			
Location		100	Locati Iormal			р.		- 5					1	ype			
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Mai	d Sole ntenar odial S (12)	nce/	Asbes (i.e.	tos Con thermal surfa	scription taining M systems cing, VA niscellan	Maten s insu T, or		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A										· O			
EXTERI	OR						Siding			20	00SF	х					
		1											+	-			
Name of Registered Was	te Hauler		10.000	JDEP W			Yards	- 172	Name of R	egiste	red Land	Ifili	-	-			
NEWARK CARTING	Hauler ID No						ste		IESI								
City, State NEWARK, NJ						Dispo: 1/23/	sal Date 17		City, State BETHLE	HEN	I PA			e.][[9]			
Completed by JOSEPH PERLSTEI	N	Title OWN	ER			S	Signature	)				Date 1/9/17					
			-														

				(1 0	IISua	111 10 1437	40 0.00 and 5.1	0)	11111111111	N 1	3 5	017			
Date of Notification (1)				Name of Building Owner/Operator (2)  EHM Builders				11 11 00	)	1 1	V31	- 1			
									210	10	5				
Agencies Notified ☑ EPA	Type Notification ☐ Initial ☐ Amended					t Address A Crocus	slane	ASBESTOS CONTROL & LICENSING							
□ DOLWD					City, State, Zip Code							_			
□ DOH	Amendment #					Whiting, NJ 08759									
DCA Emergency (including					Contraction (Contraction Contraction Contr										
(NJAC 5:23-8) justification)  Cancellation								Telephone Number							
						m Reyno									
					FA	CILITY IN	NFORMATION								
Name of Facility Where	Abatement is	Taking Pla	ace (	(3)				Type of Facility (	53						
Building								School (K-12)							
Street Address						☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,									
4581 Route 27								homes, etc.)							
City (5)								Square Feet	# of Floors	BI	dg. A	ge			
Kingston							2000 sf 2				80				
County (6)					County Code (7)(STATE USE ONLY)			Current Use (Prid	ior if being demolished)						
Somerset								Building							
Name of Monitoring Firm	n Hired by Bui	lding Own	er (8	)	ASCM	No.	Name of Abateme	nent Contractor (9)							
Guardian Contracting, Inc.					Guardian Cor			ntracting, Inc.							
Street Address							Street Address	and the second s							
1889 Rte. 9, Unit 61							1889 Route 9	, Unit 61							
City, State, Zip Code							City, State, Zip Code								
Toms River, New Jersey 08755							Toms River, New Jersey 08755								
					phone	No.		Telephone No.			4111100	0.072-1			
					2-349	-9932	732-349-9932		License No. 00624	00624					
Start Date (10) Scheduled Completi				tion Da	te (11)	Name of OSHA Monitor									
01 /10 /17						E.M.S.L. Analytical									
Occupancy Status Durin					-		Street Address	.,							
			-		nent		1056 Stelton								
<ul> <li>✓ Facility Closed/Vacated During Entire Period of Abatement</li> <li>✓ Abatement Performed Outside of Normal Facility Hours - Describe</li> </ul>															
Time of Abatement:							City, State, Zip Code Piscataway, New Jersey 08854								
Scope of Work (Check a	II that apply)						Piscalaway, i	New Jersey 088	54						
	iii tilat apply)						☐ Full Cont	ainment with Nega	ative Pressure						
≥3 sf or ≥3 lf Renovation						☐ Mini-Enclosure									
≥160 sf or ≥260 lf		Ц	Dem	olitio	n		☐ Glovebag	g Procedure mpted (*) and Non	-Friable Procedu	ro					
			ls I	ocat	on	T		impled ( ) and 140h	-i flable i focedu			t T			
1 2707				ormal	ly		Description of			0-10	atem	100			
Asbestos-Containing Material (ACM)					ly by		stos Containing Ma	Amount	Removal	Repair	Encapsulate	Enclosure			
TO BE ABATED Maint						(i.e	thermal systems i	(Specify	VOC	<u>a</u>	aps	losu			
IN Facility (13)				(12)			surfacing, VAT, or other miscellaneous)		SF or LF)	<u>n</u>		ulai	лге		
		Ye	s	No	N/A							e			
Basement				$\boxtimes$	П	abestos	s pipe insulation		115 If		П	П			
						pipo modiation			11011	12		=			
			_   1		Ш						Ш	Ш			
			[												
		П	1	$\neg$	П						П	П			
Name of Registered Was	ste Hauler				JDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill						
Guardian Contracti				H	auler II	No.	Waste	T.R.R.F.	- Ju - Surgerilli						
City, State					20223	3	Disposal Data								
Toms River, New J	arsav						Disposal Date	City, State	Da Sua di Li						
		1-200					01/12/17	Tullytown, I	Pennsylvania		,				
ompleted By (Print or Type) Title							Signature	/	// Da	te	1				
Nicholas Fernicola	Proje	ct N	lana	ger			1.1	1	19	11	7				

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



Date of Notification (1)			Name of Building Owner/Operator (2)  Delaware Valley Regional High School District OS CONTROL &							
Agencies Notified	00	Notification	Туре		Street Address 19 Senator Stout Road					
⊠ EPA □ DCA		☑ Initial No		6	City, State, Zip Code Frenchtown, NJ 08825					
⊠ DOL □ DEP			cation (including	Name of Contact Telephone Number						
⊠DOH	□ Cancelle			Mrs. Daria Wasserbach	-					
				FACILITY INF	ORMATION					
Name of Facility Where A Delaware Valley Re	(3)		Type of Facility (4)  ☑ School (K-12)  ☐ Subchapter 8 (other than K-12)							
Street Address 19 Senator Stout R			Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors: Bldg. Age: 1960's Current Use (prior if being demolished): High School							
City (5) Frenchtown	County (6) Hun	terdon		y Code (7) Use Only)						
Name of Monitoring Firm	lg. Owner (8)	ASCM	No.	Name of Contractor (9)						
					Panoramic Window & Door Systems Inc.					
Street Address			Street Address 712 Sergeantsville Road							
City, State, Zip Code					City State, Zip Code Stockton, NJ 08559					
Project Manager for Moni	Telephone I	Number		Telephone Number P (732)926-0900	Number License Number					
Scheduled Start Date (10 01/13/17	)	Scheduled 0 01/15/17	Complet	ion Date (11)	Name of OSHA Monitor IAQ GURU LLC					
Occupancy Status During  ☑ Facility Closed/Vacate  □ Abatement Performed 0	batemer	nt	Street Address 87 Main Street							
Describe			City, State, Zip Code							
□Other - Describe:				Lincoln Park, NJ 07035						
Source of Work (Check all that apply)										
≥ 3 sf o ⊠ ≥ 160 sf		lf		⊠ Renova  □ Demo						
Location of Asbestos- Containing Material (ACM Facility (13)	l) in Us Ma (12		6		sbestos Containing Material mal systems insulation, or other misc.)		Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose			
Exterior of Building	YE	S NO	NA ⊠	Winc	low Glaze & Caulk	410 LF	=			
In gym corridor NW Corner		T						X		
Name of Reg. Waste Hau Panoramic Window & D		NJDEP Was 0036057	ste Haul	er ID#	Cubic Yards of Waste  Name of Registered Landfill  Chrin Landfill					
- I anoramo vimació a s	. 0 1110			e7.4.	Disposal Da	ate .	City, State Easton, PA			
Completed by (Print or Type) Mark M Jovic  Title Project Manager					Signature Date 1/9/17					
					4/0		873			