Date of Notification	1 1	Control Control	7	anti	O		<u>/C.</u> 8:6	0 and 12:1	20)		CH	ECK:	#EU	\mathbb{W}	E	F
		W.		Na	me	of Bu	ilding (Owner / Oper	rator (2)		15				-	\mathbb{H}
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Agencies Notified EPA	Type Notific	cation				Addr		•			U U	97111	1 1 31	EUN	-	
DEP		al		_				Street								
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□ DOH	_	ergency					ntact	00000		<u> </u>		LI	CENSIN			-
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								ORMATION								
Name of Facility Wh	ere Abatem	ent is Taking	Place	(3)	,,,		1 1141	Type of Fa	The second second second							
Former O.S. John	son, Co. I	Property		. ,					ol (K-12)							
Street Address									apter 8 (Other th	an K-12	2)				
450 North King St	reet (Build	ding 4)						Other	(i.e. priva	ete & cor	nmercia	al buildi	nas. ho	mes	eic \	
	22	37						Square Fe	et	# of Flo	ors		Bldg. A		0.0.)	-
City (5)		County (6)	0	ount	y Co	ode (7)	T NA			NA		NA	.90		
Gloucester		Camden	IN	IA	500	-335.83		Current Us	-	f being d		ned)	IVA	V 1 1		
								Vacant/N		. Doning d	CITIONSI	ica)				
Name of Monitoring F	irm Hired b	y Building Ov	ner (8	3)		ASC	M No.	Name of Al		Contrac	etor (Q)					
Figer Environmen	tal LLC			5				Enterpris	e Netwo	ork Ree	olution	is Cor	ntracti:	ו מר	0	
Street Address								Street Addr	ess		Olution	13 001	iliacill	ıy, L		_
234 20 th Ave								874 Piney		Road.	PO Bo	x 70				
ity, State & Zip Cod	е							City, State	& Zip Coo	de						
Brick, NJ 08724			,					Winslow,		95						
roject Manager for N	Nonitoring F	irm				lumbe	er	Telephone			Lie	cense l	Number			
Celly Walton	(40)			-862				609-567-0					012	63		
cheduled Start Date 1-17-17	(10)	Scheduled Co			ate	(11)		Name of OS								
	-i Al1	1 (0)		8-18				EMSL Ana		Inc.						
Ccupancy Status Du X Facility Closed	Ing Abaten	nent (Check o	nly or	e)				Street Addre	7.7.50							
Abatement Pe								200 Route								
Describe:	nonneu Ou	itside of North	ai no	urs –	· /a	m to .	3pm	City, State 8								
Facility Occup	ied During	Ahatamant						Cinnamins	son NJ (08077						
cope of Work (Check																
rapa or tront (onoo!	t an trat app	Siy)							ПЕ	ull Cont	ainman	t with N	logotivo	Dron	01150	
≥3 sf or ≥3 lf				Re	nov	ation				/lini-Encl		t with iv	legative	Pres	sure	
X ≥160 sf ≥260 l	f		X			ition				Blove Ba		dures				
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Loca	tion of		Is	Locat	ion			Descriptio		T LXC		ount		ateme		
	-Containing			nally		d	P	Asbestos-Cor		1		ecify	Aba	T	IIL I	he
	al (ACM)			olely I tenan	-	.		Material (A	CM)			r LF)			四	П
	ABATED acility	8		odial S		200	(i	.e., thermal s	systems	_			lem	Re	cap	5
	13)			(12)	_			ulation, surfa other miscel		1			Removal	Repair	Encapsulate	Elicisoure
	-7/		Yes	No	N/	/A	UI	outer miscel	ianeous)				<u>m</u>		ate	e
of (Upper & Low	er Levels)				X	R	oof an	d flashing	materia	1 4	950 s.	f.	X		\neg	
indows (garage/s	hop)				X			glazing ma			80 l.f.		X	H	+	H
iler (garage/shop				T	X			isulation			0 s.f.		X	H	+	H
	200		TI	Ħ	Ī	7				- 10	0.1.		1	H	=	H
			ni	T		il								H	#	片
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				NJ	DEF	Wa:	ste Cu	bic Yards	Name o	of Regist	ered La	ndfill				
me of Registered W	aste Hauler					IDN		Vaste			-, -u La					
									100							
II Waste & Recyc					435		60		Salem	County	/ Landi	fill				
II Waste & Recyc									Salem City, Sta		/ Landi	Fill				
II Waste & Recyc							Dis	posal Date	City, Sta	ate						
me of Registered Waste & Recyc y, State rlin, NJ	ling, Inc.			214	435		Dis 2-2	posal Date		ate			D .			
III Waste & Recyc y, State rlin, NJ mpleted By (Print or	ling, Inc.			Z14	435 e		Dis 2-2	posal Date	City, Sta	ate		′	Date	7		
II Waste & Recyc , State rlin, NJ	ling, Inc.			Z14	435 e		Dis 2-2	posal Date	City, Sta	ate		′	Date 1177/1	7		

	Sales Constants			w Jersey						
ML DUE	NOTIFIC	ATION	OF ASB	ESTOS ABATE	EMENT					
	Teursu	art to N	.J.A.C. 8	:60 and 12:12	0)	L GHECK	15 1	W	F	5
Date of Notification (1)	U L	7) 11		0 10						\mathbb{I}
12/15/17				g Owner / Opera	tor (2)	IID)				\prod
Agencies Notified Type Notifica	ation		Address	riles LLG		- III LI JAN	16 2	2018		14)
⊠ EPA		1	King St	reet					1	-
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□ DOL □ Amen	ded		ester, N			ASBESTO	DS CON CENSINO	THO	_ &	
□ DOH □ Emerg		Name	of Contac	t .			Telepho		Jumi	ber
☐ DCA ☐ Cance	ellation	Micha	el Flueh	r					101111	20.
N		FAC	ILITY IN	FORMATION						
Name of Facility Where Abatemen	nt is Taking Place	(3)		Type of Fac						
Street Address		_		School		3				
451-453 North Broadway						er than K-12)				
451-455 NOITH Broadway						& commercial buildir			etc.)	
City (5)	County (C)	2	- J- (7)	Square Fee	100		Bldg. Ag	je		
		County C	ode (7)	NA NA		NA I	NA			
Gloucester	Camden	NΑ				ing demolished)				
Name of Monitoring Firm Hired by	Duilding Owner (0)	IA COMANI	Vacant/No						
Tiger Environmental Inc.	building Owner (8)	ASCM No						_	
Street Address			1	Street Addre		Resolutions Con	tracting	g, LL	_C	
234 20th Avenue						oad, PO Box 70				
City, State & Zip Code				City, State &	Zip Code	7dd, 1 O DOX 70				
Brick, NJ 08724				Winslow, I						
Project Manager for Monitoring Fir	m Tel	ephone N	Number	Telephone N		License N	lumber			
		-		609-567-06			0126	3		
Scheduled Start Date (10) Scheduled Start Date (10)	cheduled Comple		(11)	Name of OS						
		28-18	***************************************	EMSL Ana						
Occupancy Status During Abateme X Facility Closed/Vacated Du	ent (Check only o	ne) d of Abati	ement	Street Addre						
Abatement Performed Outs				200 Route City, State &						
Describe:	oldo of Horniar 11	ours – re	an to opin	Cinnamins		77				
Facility Occupied During A	batement			Olimaninis	011 140 000	111				
Scope of Work (Check all that appl	ly)									
					☐ Full	Containment with N	egative	Pres	sure	3
≥3 sf or ≥3 If		Keno			Mini	-Enclosure				
X ≥160 sf ≥260 lf	Х	Demo	lition			e Bag Procedures				
						-Exempted and Non				
Location of Asbestos-Containing		s Location rmally Use		Description		Amount	Aba	teme	ent T	ype
Material (ACM)	1,000	Solely by		Asbestos-Con Material (A		(Specify SF or LF)			ш	
TO BE ABATED		intenance stodial Sta	440	(i.e., thermal s	ystems	OI OI LI)	Rer	R	nca	Enc
in Facility	Cus	(12)	11.7	insulation, surfac			Remova	Repair	Encapsulate	Enclsoure
(13)	Yes		N/A	or other miscell	aneous)		<u>a</u>	7	ate	Ire
Roof (Upper & Lower Levels)		\Box	X Blac	k Tar Material/	Flaching	1500 s. f.	X	\Box		
(-)		THI	X Diac	C Tai Waterian	1 lastillig	1500 S. 1.	1^	H	뉘	H
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Name of Registered Waste Hauler				Cubic Yards	Name of R	Registered Landfill				
Dull Marks 2 D				of Waste		PA 10				
Bull Waste & Recycling, Inc.		2143	5	60		ounty Landfill				
City, State				Disposal Date	City, State		Ti.			
Berlin, NJ				2-28-18	Alloway,	New Jersey				
Completed By (Print or Type)		Title		Signature	17	1	Date			
Theodore S. Budzynski		Pres	ident		1/1		12/15/	17		
					11					

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(h313)	Pyr	sua	nt to	N.J	A.C.	3:60 and 12:12	(O)		HECK #				11
Date of Notification (1)	4 0	L	Nan	ne of	Buildin	g Owner / Opera	ator (2)	K					-
11-7-17			City	of (Glouc		(-/		JAN 1	6 20	18		7
Agencies Notified Type Notifi	ication				ldress							1	1
☐ DEP ☐ Initi	al		_		e & Zip	h Street			SBESTOS	CONTE	OL 8		1
☑ DOL ☐ Am	ended	A.				J 08030	Ŀ			NSING	1020		
	ergency				Contac		-			Teleph	one N	lumb	er
DCA Car	ncellation				sett				-				201
Name of Equility Where Abeter	and: Till Di	,	F/	ACIL	AI YTI.	FORMATION							
Name of Facility Where Abaten Former O.S. Johnson, Co.	Property	ace (3)			Type of Fa	cility (4) I (K-12)						
Street Address	roperty						apter 8 (Other	than K	12)				
445 N Broadway (Building	3)					Other of	(i.e. private & c	omme	-12 <i>)</i> rcial buildir	nas hon	nes e	etc)	
	•					Square Fee				Bldg. Ac		,,	
City (5)	County (6)	Co	unty	Cod	e (7)	NA NA		NA		NA	, -		
Gloucester	Camden	N/	A			Current Use	e (Prior if being	demo	lished)	1007-07			
No. of the control of						Vacant/No							
Name of Monitoring Firm Hired Tiger Environmental Inc.	by Building Owne	er (8)		A	SCM N		atement Contr						
Street Address		-				Street Addr	e Network Re	solut	ions Con	tractin	g, LL	.C	
234 20 th Ave							Hollow Road	d. PO	Box 70				
City, State & Zip Code	1 2					City, State 8		.,. 0	DOX 10				
Brick, NJ 08724	F: T=					Winslow,							
Project Manager for Monitoring Kelly Walton	List Control of the C			e Nur 430 1	nber	Telephone I 609-567-06			License N				
Scheduled Start Date (10)	Scheduled Comp						SHA Monitor			0126	3		
11-17-17		2-28		110 (1	')		lytical, Inc.						
Occupancy Status During Abate	ment (Check only	y one	9)			Street Addre							
X Facility Closed/Vacated							130 North						
Abatement Performed O Describe:	utside of Normal	Ηοι	ırs –	7am	to 3pn					E-3-			
Facility Occupied During	Abatement					Cinnamins	son NJ 08077	7					
Scope of Work (Check all that a												-	-
							Full Co	ontainn	nent with N	egative	Pres	sure	
≥3 sf or ≥3 lf]			novat			Mini-E	nclosu	re				
X ≥160 sf ≥260 lf		X	Der	noliti	on	0			ocedures	222 200 200	250		
Location of		ls I	ocat	ion		See attached Description			ed and Non				
Asbestos-Containin	g	Norm	nally l	Jsed		Asbestos-Coi			Amount (Specify	Aba	teme	nt I	ype
Material (ACM)			olely l	oy ce or		Material (A			F or LF)	70		Ē	Ш
TO BE ABATED in Facility		Custo	dial S	Staff?		(i.e., thermal sinsulation, surfa				emi	Repair	caps	ncls
(13)	_	es	(12) No	N/A	-	or other miscel				Removal	a-	Encapsulate	Enclsoure
Poof (garage area)		7										Ф	
Roof (garage area)		╬	Ц	X	Buil	up roofing m	aterial	2250	s. f.	X			
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		=	H	П	+						H	H	H
	17	Ħ	Ħ	H		***************************************					H	H	H
		1										H	H
Name of Registered Waste Haule	er					Cubic Yards	Name of Reg	istered	d Landfill				
Bull Waste & Recycling, Inc.			100000	uler I 435	D No.	of Waste	Salom Co.	nfı l	ndfill				
City, State			41	700		Disposal Date	Salem Cou City, State	iity La	mafili				_
Berlin, NJ						2-28-18	Alloway, No	NA 10.	reov.				
Completed By (Print or Type)			Title	α		Signature	Alloway, No	W Jel	Sey	IDat-			
Theodore S. Budzynski			125 600 6	side	ent	oignature /	////			Date 11/7/1	7		
:(5)					2.500.000	//	1				•		
						4	1/			1			

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State of New Jersey ATION OF ASBESTOS ABATEME ant to NJAC 8:60 and 12:120)

Date of Notification (1)				Name o	of Building	Owne	r/Operator	(2)		parent, in	F	<u></u>	P 1	11//	727
1/4/18				Luma	ij Builde	s LL	c ·	• •		IID) <u>E</u>	C	5	\mathbb{V}	E
Agencies Notified	Type Notification			Street A	Address					112					
□ EPA	X Initial			345 F	Route 17	Sou	th				II.	IAN	10	201	0
DEP	Amended		1	City, St	ate, Zip Co	ode					4	JAN	10	- 201	0
X DOL	Amendmen Emergency		_	Uppe	r Saddle	Rive	er, NJ								
DOH DCA	justification) Cancellation)		Name o	of Contact					Telep	hones		OS CO		OL &
				FAC	ILITY INF	ORMA	TION			limiterati		MANAGEMENT TO	PER CONTRACTOR	M SOFT PERSON	ac-re-mande
Name of Facility Where	Abatement is Takir	ng Place (3)						Тур	e of Facility (4)						
Residential House									School (K-12)					
Street Address									Subchapter 8	(Other	than K-	-12)	200	199	
									Other (i.e. pri etc.)	vate & c	commer	rcial bu	ildings	, hom	es,
City (5)								Squ	are Feet	# of F	loors		Bldg.	Age	
Cresskill								20	00	2			50+	~	
County (6)				County	Code (7)			Cur	rent Use (Prior	if being	demoli	ished)			
Bergen				(STATE	USE ONLY			Re	sidential Ho	use					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	И No.		Name	of Ab	atement Contr	actor (9)				
n/a				n/a			Harn	nony	/ Contractin	g Inc					
Street Address							Street	Addr	ess					- 100000	
n/a							360	Palis	sade Ave						
City, State, Zip Code							1 1000		Zip Code						
n/a			-81				Garfi	ield,	NJ 07026						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	one l	No.	L	icense	No.			
n/a				n/a			9734	4.00		(1255				
Start Date (10) 1/13/18		Scheduled 1/31/17	Cor	npletion	Date (11)		and the second		HA Monitor Contracting	a Inc					
Occupancy Status During	g Abatement (Chec	k Only One)				Street				10				
Facility Closed/Vaca	ated During Entire	Period of Ah	aten	nent			360 F	Palis	ade Ave						
Abatement Perform	ed Outside of Norn	nal Facility F	lours	5			City, St	ate,	Zip Code						
Other - Describe: _	DEMOLITION					_	Garfi	ield,	NJ 07026						
Scope of Work (Check A	li That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				×	M G	ull Containmen ini-Enclosure ovebag Proced on-Exempted (dure				·A	
		ls l	ocati	ion) and i	1011 1 110	1010111		ement	\neg
Location	of		rmal			_	escription	of						/ре	
Asbestos-Containing	Material (ACM)	Used Main			Asbest	os Co	ntaining M	ateria	al (ACM)	Amo	ount				
TO BE ABA		Custo			(i.e.		al systems facing, VAT		ation,	(Spe		Re	Z	Encapsulate	Enclosure
(13)	•		(12)				miscellane			SF or	rLF)	Remova	Repair	ıpsu	losi
		Yes	No	N/A								<u>a</u>	-	late	re
Pagame													-		
Baseme	erit			X	Ast	esto	s Floor C	COVE	ering	400	SF	к			
												-			
Name of Registered Was	te Hauler		N	JDEP W	aste	Cubi	c Yards		Name of Re	gistered	d Landfi	ill			
Harmony Contracting	g Inc		0.795	lauler ID	No.	of W			GROWS			no 46			
City, State							osal Date		City, State						-
Garfield, NJ						TBI			Morrisvill	e, PA					
Completed by		Title					Signature					ate			
Tina Caporino	<u></u>	Secret	ary				tim Co	। भुट्ट	LL			1/4/18	3		



Ck # 1428

Date of Notification (1)			Name	of Buildin	g Owner	/Operato	(2)							
1/4/18			Abd	ul Hamd	lan	горогию	(2)	1	JE	C	E	П	M	EI
Agencies Notified Type Notification EPA DEP Initial Amended				Address					加	<u> </u>	<u> </u>	Ш	V	
DOL Amendment	#			tate, Zip C				111		JAN		6 2	018	
DOH Emergency justification) DCA Cancellation	including			of Contac				++	elephon	e Nun	nber.	20215		
			FΔ	CILITY INF	ODMAT	TION			AOE	BEST	JEN.	SING	HOL	. &
Name of Facility Where Abatement is Takin	g Place (3))	.,,,	JILITI IIVI	OKIMA	ION	Type of Fac	cility (4)	THE REAL PROPERTY.		Person	1.78 milyopyco	September 1	- Carrier Maryla
Residential House Street Address							Subch	l (K-12) apter 8 (O (i.e. private	ther than	n K-12 mercia) ıl buil	dings	, hom	es,
City (5) Long Branch							Square Fee	t #	of Floor	s	E	Bldg. /	Age	
County (6)			Count	0-1-(7)			2000	2	39.		10.00	50+		
Monmouth			(STATE	Code (7)	n		Current Use	(Prior if b	eing der	nolish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)		1	M No.			of Abatement							100
Street Address			n/a				nony Contr	racting Ir	nc					
n/a						100000000000000000000000000000000000000	Address Palisade A	VO.						
City, State, Zip Code							ate, Zip Code				-			
n/a						88500	eld, NJ 07							_
Project Manager for Monitoring Firm n/a			Telepho	one No.		10 10 10 10 10 10 10 10 10 10 10 10 10 1	one No.		Licen	se No				
	Scheduled	Con	n/a	D-4- (44)			60.6026		012	55				
1/13/18	1/31/18	Con	ipieuon	Date (11)		0.00000	of OSHA Mon							
Occupancy Status During Abatement (Check)					Address	acting in	IC					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: DEMOLITION	eriod of Ab al Facility H	atem lours	ent			360 F	Palisade Avate, Zip Code							
					_	Garfi	eld, NJ 070	026						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Parameter	novat moliti				×	Full Contal Mini-Enclo Glovebag I Non-Exem	sure Procedure						
	Is Lo	ocatio	on							1.00.0		Abate		
Location of Asbestos-Containing Material (ACM)	No.	rmall: Solel:			Des	scription of	of			-		Ту	ре	
TO BE ABATED In Facility (13)	Maint Custod (enan lial S 12)	ce/ taff?	Asbesi (i.e.	thermal surfac	aining Ma systems cing, VAT niscellane	aterial (ACM) insulation, , or ous)	(5	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Flat Roof	165	No	N/A										0	
rial Rooi			Х		Roofir	ng Mate	rial	40	00 SF	,	2			
										_		-		-
Name of Registered Waste Hauler		N.	DEP W	aste	Cubic \	/arda	Nema	-60-11						
Harmony Contracting Inc		Ha	uler ID 3085		of Was			of Registe OWS Lar		dnil				
City, State			3000		Disposa	al Date	City, S				-			
Garfield, NJ					TBD		100000000000000000000000000000000000000	isville, P	Α					
Completed by Fina Caporino	Title Secreta	arv			- I	gnature on Cay				Date 1/4/	10			

PA		56 26 15	CATION	ate of New OF ASBES to NJAC 8:	STOS	ABATE			k.	# 1	4.	30)		
Date of Notification (1) 1/4/18	U s			Building Ov Hamdan		perator	(2)		1) E	C			W	E
Agencies Notified Type Notification		-	Street A						₩						ᆿ
□ EPA ☑ Initial)	1 A h1	4	0	0040	
DEP Amended				te, Zip Code	е				L	Ц,	JAN	-	O	2010	
DOL Amendment #		— L		son, NJ							-		an or		
DOH justification) Cancellation			Name of	f Contact					Tele	phone B			CON)L&
			FACI	LITY INFOR	RMATI	ON			I I I I I I I I I I I I I I I I I I I	of the second se	Aun 1		evienipii ene		THE PERSONNELS
Name of Facility Where Abatement is Taking Commercial Building	Place (3	3)					Туре	of Facility (4)							
Street Address					~			School (K-12) Subchapter 8		r than K	-12)				
231 Third Ave							×	Other (i.e. priv				ouild	ings,	home	es,
City (5)								etc.) re Feet	# of	Floors		Bl	dg. A	ge	
Long Branch							200	7.00	2			1	0+		
County (6) Monmouth				Code (7) USE ONLY)				ent Use (Prior		~		·			
Name of Monitoring Firm Hired by Building O	wnor (8)		ASCN			Namo		nmercial Bi		_	emo)			
n/a	wrier (o)		n/a	I NO.				Contracting							
Street Address							Addres								
n/a							-	ade Ave							
City, State, Zip Code n/a								ip Code NJ 07026							
Project Manager for Monitoring Firm		1	Telephor	ne No.		1 2 2 2 2 2 2 2 2	none N			License	No.				
n/a			n/a				460.6			01255					
			pletion I	Date (11)				HA Monitor				-			
	1/31/1	Venn						Contracting	g Inc						
Occupancy Status During Abatement (Check	75	315					Addres	ss ade Ave							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	I Facility	Hours	ent		}			ip Code							-
Other – Describe:DEMOLITION						Garf	field, l	NJ 07026							
Scope of Work (Check All That Apply)	manan					_	9								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				×	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted (dure	3				е	
	ls	Location	on								T	,	1000	ement	
Location of		Normall d Solel				scription			2210		-		1 y	pe	\vdash
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	ice/	Asbesto (i.e. th	nermal	systems	s insula		(S	nount pecify		Re	70	Encapsulate	ᄪ
In Facility (13)	Ous	(12)	can:			cing, VA niscellar			SF	or LF)		Remova	Repair	nsde	Enclosure
	Yes	No	N/A									<u>a</u>	7	late	Ire
Flat Roof			x	I	Roofii	ng Mat	terial		2,0	00 SF	×				
		000111													
		1													
Name of Registered Waste Hauler		2000	JDEP W auler ID	(F)(F)(F)(F)(F)	Cubic of Was			Name of Re	32.5		ifill				
Harmony Contracting Inc		0:	33085		TBD			GROWS	Lan	atill					
City, State Garfield, NJ				1.00	Dispos TBD	sal Date		City, State Morrisvill	a D	Δ					
Completed by	Title					ignature	9	IVIOTTISVIII	, F		Date				
Tina Caporino	10	etary				iva (wo			1/4/	18			

State of New Jersey NOTIFICATION OF ASBESTOS A

ט טייע ט		NOTI	Pursuar	nt to NJA	BESTOS C 8:60 ai	ABATE nd 12:12	MEN (0)	IT	Ck	# 14	17.	7		
Date of Notification (1)			Name	of Buildin	g Owner	Operato	r (2)		hanse	E 6		<u> </u>		
1/4/18			0.255511255-7-	ul Hamo	lan					EG	E		y [5 1
Agencies Notified Type Notification I EPA DEP DOL Amended Amendmen Emergency justification) Cancellation Type Notification	#_ (includin	g	City, S	Address state, Zip (erson, No of Contac	J				Te	JAN Lephone No ASBEST	os c	ONT	118 ROL	&
News AF 19, 10			FAC	CILITY IN	FORMAT	ION				LI	CENS	SING	No de la constitue d	NAMES OF THE OWNER.
Name of Facility Where Abatement is Takir Residential House Street Address City (5)	g Place	(3)					×	School (K Subchapt Other (i.e. etc.)	-12) er 8 (Oth private	er than K-1 & commerc	ial bui			nes,
Long Branch							20		2	f Floors	1 1 3 9	Bldg. , 50+	Age	
County (6)		T	County	Code (7)				rent Use (P	A7778	ina demolis		30+		
Monmouth			(STATE	USE ONL	n			· · · · · · · · · · · · · · · · · · ·		mig dominono	ilouj			
Name of Monitoring Firm Hired by Building n/a	Owner (8	3)	ASC n/a	M No.				patement Co y Contrac						
Street Address n/a						Street								
City, State, Zip Code								sade Ave						
n/a						100000000000000000000000000000000000000		Zip Code NJ 0702	6					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph				License N	lo.			
n/a			n/a			9734	160.0	6026		01255				
Start Date (10) 1/13/18			npletion	Date (11)				SHA Monitor						
Occupancy Status During Abatement (Chec	1/31/1	200						/ Contrac	ting Inc	;				
		7.5				Street		ess sade Ave						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:DEMOLITION	eriod of al Facilit	Abaten y Hours	nent				7,700	Zip Code						
Scope of Work (Check All That Apply)					_	Garf	ield,	NJ 0702	6					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				×	M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure				e	
		Locati										Abate	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				scription						Ту	ре	_
TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	Asbes (i.e.	thermal surface	aining M systems cing, VAT niscelland	insu r, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
1st Floor			x	Dn	ywall Jo	oint Co	mpo	und	10	00 SF	K			
Basement			x			9 VAT	•	unu	5000	77.				
And the second s					- 37	O VAI			20	0 SF	×		- A	
Name of Registered Waste Hauler	1	N	JDEP W	/aste	Cubic '	Yards		Name of	Register	red Landfill				
Harmony Contracting Inc		Н	auler ID 33085		of Was			GROW	3					
City, State						al Date		City, Stat						\neg
Garfield, NJ Completed by	Title				TBD			Morris	ville, P	10				
ouriplotod by	Title				S	gnature				Dat	0			

Tina Caporino

Date

1/4/18

Signature

Secretary

time Caperino

-100	K	NO				AC 8:60 and 5:1		IN Pa				Towns to the same
Date of Notification (1)	90 N	200		100000000000000000000000000000000000000		ng Owner/Operator (11 H 194	11	20	118	
	27 /	17		TF	RUSTEES	OF PRINCETON	UNIVERSITY					1
Agencies Notified	Type Notification	n		Stree	et Address			ASBEST	OS C	ONT	ROL	8
☑ EPA ☑ DOLWD	☐ Initial			20	0 ELM D	RIVE		L. LI	CENS	ING	-	Trans.
⊠ DOH	Amended Amendment	#10-1/	12/18	City,	State, Zip	Code				70.7		
☑ DCA	☐ Emergency			PF	RINCETO	N, NJ 08544						
(NJAC 5:23-8)	justification)			100000000	e of Conta			Telephone Num	nber			
	☐ Cancellation			RC	BERT O	RTEGO						
				FA	CILITY	NFORMATION						
Name of Facility Where A							Type of Facility					
PRINCETON UNIVE	RSITY - FIRES	STONE	LIBE	RARY			Subchapter	2) 8 (Other than K-12	2)			
1 WASHINGTON RO	240						Other (i.e., p	private and comme	rcial b	uildin	gs,	
City (5)	JAD						homes, etc.				3.3	
PRINCETON, NJ							Square Feet	# of Floors	В	ldg. A	ge	
County (6)				Cou	nty Code /	7)(STATE USE ONLY)	1,000,000	8		70		
MERCER				000	my code (THOTATE OSE ONET)		rior if being demoli Y LIBRARY	snea)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme						
ATC GROUP SERVI					098		VIRONMENTA					
Street Address						Street Address		,				
3 TERRI LANE						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
BURLINGTON, NJ 0						BRISTOL, PA	19007					
Project Manager for Moni	(Table 1994)		Tel	ephone	No.	Telephone No.		License No.				
MICHAEL R. KEEHN				09-386		215-788-6040		00509				
Start Date (10)		eduled (etion Da	ate (11)	Name of OSHA M						
	Oscillation and the second	UN	-	10	<u></u> ;	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate☒ Abatement Performed	a During Entire P	eriod of	Abate	ment	ariba	1123 BEAVER						
Time of Abatement: 6:	00AM-3:00PM/	ar r acili	iy nou PM-	AM	scribe	City, State, Zip Co						
Scope of Work (Check all			105-110			BRISTOL, PA	19007					
	triat apply)					□ Full Conta	ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti				osure	•				
			SITIOIILI	UII				n-Friable Procedu	re			
			Loca						1	atem	ent T	vpe
Location of Asbestos-Containing N			Norma	ally ely by		Description of						
TO BE ABA	ΓED	Ma	aintena	ance/	(i.e	stos Containing Mat	nsulation.	Amount (Specify	Removal	Repair	ncal	nclo
IN Facility (13)	4	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(10)		Yes	No	N/A	1	other miscellaned	ous)				ate	
PHASE 5A - LEVELS (C & B		П	\boxtimes	PIPE IN	SULATION		1010 LF				
PHASE 5A - LEVELS (
PHASE 5A - LEVELS (1			TILE & MASTIC	191	43,057 SF		Ш	Ш	Ц
		10				fittings on fiber		285 EA				
PHASE 5A - LEVELS (Щ,			pads on fibergla		40 EA				
Name of Registered Waste SERVICE TRANSPO		C	0.000	IJDEP \ lauler I[Cubic Yards of Waste	Name of Regis					
City, State	01.001 , 11.	· ·		20990		Disposal D. (MINERVA	LANDFILL				
NEW CASTLE, DE						Disposal Date	City, State WAYNESB	IIBC OH				
Completed By (Print or Type	oe) Tit	P				Cianat	WATNESB					
BRIAN SCAFIRO	. 10	e ESTIM/	ATOR			Signature	0.1:1	OV. Da		,	0	
CD 41		-011111	010			Brian	scamo!	2 1	-17	110	3	
AN 13 BS17024	,	Do not	use th	nis form	for asbest	os licensure exempt	ed activities.					

State of New Jersey

M	V .		NOT		ATION		BE	Jersey STOS ABAT 8:60 and 5:16		DE	C E	7	\mathbb{V}		
Date of Notification (1)					Name	of Buildin	a O	wner/Operator (2)		0) 1	-			
/	27 /	17			100000000000000000000000000000000000000		8	PRINCETON			IÁN 1	6	201	8	L
Agencies Notified	Type Notific	ation			Street	Address				ASRE	ESTOS	00	AITO	~ A	
		4				ELM DF			distribution of the state of th	AGDE	LICEN	VSIN	VG	UL &	
☑ DOH	Amendm		0-1/1	2/18		State, Zip (- 111 - 1111	(State of State	COLOR SANDE	- The Contract of the Contract	ALL STREET
☑ DCA	☐ Emergen		cluding			NCETON	- 10	IJ 08544							
(NJAC 5:23-8)	justificati Cancellat	Contract.				of Contact		GO		Telephone	Number				
								RMATION		_'					
Name of Facility Where A	batement is 1	Takino	Place	(3)	IA	OILITT III	41 0	KWATION	Type of Facility	(4)					
PRINCETON UNIVE				22 57	ARY				School (K-12						
Street Address	1200 1 100								Subchapter	8 (Other than					
1 WASHINGTON RO	DAD								Other (i.e., p homes, etc.)		mmercia	l bu	ilding	s,	
City (5)					1,500	7-20			Square Feet	# of Floors	S	Blo	ig. Ag	ge	
PRINCETON, NJ									1,000,000	8		7	0		
County (6)					Cour	ity Code (7	')(ST	TATE USE ONLY)	Current Use (Pr	ior if being de	molishe	d)			
MERCER									UNIVERSIT	Y LIBRARY					
Name of Monitoring Firm	Hired by Build	ding C	wner (8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9))					
ATC GROUP SERVI	CES LLC				000	98		BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							St	treet Address							
3 TERRI LANE								1123 BEAVER	R STREET						
City, State, Zip Code							1	ity, State, Zip Co							
BURLINGTON, NJ 0							_	BRISTOL, PA	19007						
Project Manager for Monit					ephone		1 8	elephone No.		License N	0.				
MICHAEL R. KEEHN Start Date (10)			l1 O		09-386	25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		215-788-6040		00509					
12 /4 /		-		2 3	tion Da	K 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ame of OSHA M BRISTOL EN	onitor VIRONMENTA	L, INC					
Occupancy Status During	100			- 5			St	reet Address							
☐ Facility Closed/Vacate								1123 BEAVER	RSTREET						
Abatement Performed Time of Abatement: 6:						cribe		ty, State, Zip Co							
								BRISTOL, PA	19007						
Scope of Work (Check all	that apply)							⊠ Full Cont	ainment with Neg	native Pressur	re				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Rei □ Dei	novat				☐ Mini-Encl	losure	3					
				Loca								Aba	ateme	ent Ty	ре
Location (Asbestos-Containing N				lorma d Sole	illy ely by	A = b =	_+	Description o			. [R	R	Щ	щ
TO BE ABA		1)	Mai	ntena	ance/			Containing Mai ermal systems i		Amount (Specify	,	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	у		Cust	odial (12)	Staff?			surfacing, VAT,		SF or LF	-)	val	-	sula	sure
(13)		ì	Yes	No	N/A		0	ther miscellaned	ous)					ate	
PHASE 6 - LEVEL 1						ACOUS	TIC	CAL CEILING	PLASTER	6075 SI	F I	\boxtimes	П	П	П
PHASE 6 - LEVEL 1						PIPE IN	SU	LATION		200 LF		\boxtimes	$\overline{\Box}$		\Box
PHASE 6 - LEVEL 1								EILING TILES		4050 SI	-		$\overline{\Box}$	ᆔ	
TRUSTEES READING	RM MEZZ.					ACOUS	TIC	CAL PLASTER	RCEILING	450 SF	-	\boxtimes	$\overline{\Box}$		
Name of Registered Wast	e Hauler			_ 	JDEP V	Vaste	Cu	ibic Yards of	Name of Regis			_			_
SERVICE TRANSPO	RT GROUP	, INC	:.	H	lauler IE		Wa	aste	MINERVA						
City, State		il-a-u			20990		Dis	sposal Date	City, State						-
NEW CASTLE, DE									WAYNESB	URG, OH					
Completed By (Print or Ty	pe)	Title						Signature			Date				
BRIAN SCAFIRO		ES	AMIT	TOR	2			BANA	SCRLIAD	ICM	1-	1	7-	18	

ASB-41 JAN 13 BS17024

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

NO (1/4	ľ	1011					STOS ABAT 3:60 and 5:16		line	R	1	C 1	2010	The state of the s
Date of Notification (1)	27 / _	17	_					vner/Operator (2 PRINCETON	2) UNIVERSITY		JATY		1) /	SHUE	-
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notifica ☑ Initial ☑ Amended				200	Address ELM DF				ASI	BESTO	IEN	SIN	TRO G	L &
⊠ DOH	Amendme)-1/12	2/18	•	State, Zip (NCETON									
□ DCA (NJAC 5:23-8)	☐ Emergend justification		uding			of Contac	- 60	3 00344		Telephone N	lumber	8			
(10/10/0.20-0)	☐ Cancellati	5 11 11				BERT OF		GO		_ alophone is	· ui i i boi				
					FAC	CILITY IN	NFO	RMATION				-			
Name of Facility Where A	batement is T	aking l	Place	(3)					Type of Facility	(4)					
PRINCETON UNIVE	RSITY - FIR	ESTO	NE L	IBRA	ARY				School (K-12						
Street Address									Subchapter Other (i.e., p			l bu	ildina	S.	
1 WASHINGTON RO	DAD								homes, etc.)					· · ·	
City (5)									Square Feet	# of Floors			lg. A	ge	
PRINCETON, NJ					T = -				1,000,000	8			0		
County (6) MERCER					Coun	ty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pr		nolishe	(t			
Name of Monitoring Firm	Llizad by Duild	lina Ou	1205/	ov T	ASCM	NI-	Nie	of Abotomo	UNIVERSIT			_			
ATC GROUP SERV		iing Ov	vner (5)	000				nt Contractor (9)						
Street Address	OLO LLO				000	130	-	reet Address	VIKONIVIENTA	L, INC.		_			
3 TERRI LANE							1	1123 BEAVER	STREET						
City, State, Zip Code				To come in				y, State, Zip Co			-				
BURLINGTON, NJ	8016						1000000	BRISTOL, PA							
Project Manager for Moni	toring Firm			Tele	phone I	No.		lephone No.		License No).				
MICHAEL R. KEEHI	N			60	9-386	-8800	2	215-788-6040		00509					
Start Date (10)12 /4 /		chedu _ <i>O</i> /	led Co	0 0	tion Dat	te (11)		me of OSHA M BRISTOL EN	onitor /IRONMENTA	L, INC					
Occupancy Status During	Abatement (C	Check	only o	ne)	-		Str	eet Address							
☐ Facility Closed/Vacate							1	1123 BEAVER	STREET						
Abatement Performed Time of Abatement: <u>6</u>						cribe		y, State, Zip Co BRISTOL, PA							
Scope of Work (Check all	that apply)														
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		[⊠ Rer ☐ Der	novati nolitic				☐ Mini-Encl☑ Glovebag							
				Locat				90 - 1				Aba	atem	ent T	уре
Location Asbestos-Containing I	Material (ACM))	Used	orma d Sole ntena	ly by			Description of Containing Mat	erial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure
TO BE ABA IN Facilit				odial ((i.e		ermal systems in surfacing, VAT,		(Specify SF or LF)	.	lova	air	apsu	uso
(13)	,	-		(12)	_			ther miscellaned		01 01 11)		-		ılate	G.
			Yes	No	N/A		and a								
TRUSTEES READING	RM MEZZ.					PIPE IN	ISUL	LATION		85 LF		\boxtimes			
WALL OUTSIDE COT	SEN LIBRAI	RY				WATER	RPR	OOFING		250 SF					
PRESERVATION ROO)F					WATER	RPR	OOFING		150 SF		\boxtimes			
LEVEL 1 STAIR #4		1				PIPE (V	۷RA	P & CUT)		12 LF					
Name of Registered Was SERVICE TRANSPO		, INC.		V 63.0%	JDEP V auler ID 20990	No.	0.000	bic Yards of aste	Name of Regis						
City, State					20330		Dis	posal Date	City, State						
NEW CASTLE, DE									WAYNESE	URG, OH					
Completed By (Print or Ty	rpe)	Title						Signature	C 1 °	100-	Date	11-11			
BRIAN SCAFIRO		EC	TIMAA	TOD				11/1	1 4 - 111	1////	1	1.	5	1 17	

State of New Jersey

ASB-41 BS 17024

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1/0	CV		NOT					8:60 and 5:16		PS.	(/		
Date of Notification (1)					Name	of Buildin	ng C	Owner/Operator (2)	IME	2 [3 [W	P
	27 /	17			TR	USTEES	OF	F PRINCETON	UNIVERSITY		<u> </u>	=	<u>M</u>	
Agencies Notified	Type Notifica	ation			Street	Address								
⊠ EPA					200	ELM DF	RIV	Æ		III II JA	N 1	6	2018	
☑ DOLWD			0.4/4	2/40	City, S	State, Zip (Coc	de					- 0 11	
⊠ DOH ⊠ DCA	☐ Emergen	7			PR	INCETOR	N, î	NJ 08544		ASREC	700		THE STREET	- Territoria
(NJAC 5:23-8)	justification	on)	0,00,0		Name	of Contac	ct			ASBES Telephone Numb	enen	ISIN	TRO	L&
	☐ Cancellat	tion			RO	BERT OF	RT	EGO			_	~	- Charles	-
					FA	CILITY IN	NFC	ORMATION						
Name of Facility Where A	batement is T	Γaking	Place	(3)					Type of Facility	(4)				
PRINCETON UNIVE	RSITY - FIR	REST	ONE	IBR	ARY				School (K-12	2)				
Street Address										3 (Other than K-12) rivate and commerc	ial bu	ildina	s	
1 WASHINGTON RO	DAD							ā a	homes, etc.)			9	٠,	
City (5)									Square Feet	# of Floors	Blo	dg. Ag	ge	
PRINCETON, NJ									1,000,000	8	5	70		
County (6)					Cour	nty Code (7	7)(S	STATE USE ONLY)	Current Use (Pr	ior if being demolish	ied)			
MERCER									UNIVERSIT	Y LIBRARY				
Name of Monitoring Firm	Hired by Build	ding C	wner (8)	ASCM	No.	N	Name of Abateme	ent Contractor (9)					
ATC GROUP SERVI	CES LLC				000	98		BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							S	Street Address						
3 TERRI LANE								1123 BEAVE	R STREET					
City, State, Zip Code							C	City, State, Zip Co	ode					
BURLINGTON, NJ 0	8016							BRISTOL, PA	19007					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Т	Telephone No.		License No.				
MICHAEL R. KEEHN				1. 3	09-386			215-788-6040		00509				
Start Date (10)					etion Da		N	Name of OSHA M	lonitor					
12 /4 /	17	_C	10/	1	1) U			BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During	Abatement (0	Check	only o	ne)			S	Street Address						
☐ Facility Closed/Vacate								1123 BEAVER	R STREET					
Abatement Performed						scribe	C	City, State, Zip Co	ode					
Time of Abatement: 6:	:00AM-3:00F	-IVI/	PI	VI	AIVI			BRISTOL, PA	19007					
Scope of Work (Check all	that apply)							724						
≥3 sf or ≥3 lf			⊠ Re	nova	tion				ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf				moliti					g Procedure					
								☐ Non-Exe	mpted (*) and No	n-Friable Procedure	3			
Y W				Loca					9		Ab	atem	ent T	уре
Location Asbestos-Containing N	7.5	1)			ely by	Asbe	esto	Description o os Containing Ma		Amount	Re	Repair	En	E
TO BE ABA	TED	,			ance/ Staff?			hermal systems	insulation,	(Specify	Removal	oair	Encapsulate	Enclosure
IN Facilit (13)	У		Cusi	(12			ă	surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		sula	ure
(10)			Yes	No	N/A		-	other miscellane	ous				te	
ACCESS OFFICE						FLOOR	R TI	ILE/MASTIC		460 SF				
ACCESS OFFICE					\boxtimes	PIPE IN	ISI	ULATION		206 LF				
MEN'S RESTROOM				П		PIPE IN	ISI	ULATION		160 LF		П	П	П
			П				100000							
Name of Registered Wast	to Hauler		Ц		NJDEP I	Masta	To	Cubic Yards of	Name of Bosis	torad Landfill	Ш	Ш	Ш	ш
SERVICE TRANSPO		, INC) .	100	Hauler II 20990	O No.		Vaste	Name of Regis					
City, State							D	Disposal Date	City, State					
NEW CASTLE, DE		,						-	WAYNESE	URG, OH				
Completed By (Print or Ty BRIAN SCAFIRO	rpe)	Title	STIMA	TOF	3			Signature	Scolini	OR Dat	e -/	7 -1	8	

ASB-41 JAN 13 BS 17024

otification of Asbestos Abatement 2018-21 B & G proj. #: suant to NJAC 8:60-7 and 12:120-7) Check # 8770 Date of Notification (1) Name of Building Owner/Operator (2) 10 | 1 | / | 1 | 2 | / | 1 | 8 | New Jersey Institute of Technology Agencies Notified Type Notification X EPA JAN 1 6 2018 X University Heights, 333 MLK Blvd., Initial ☐ DEP City, State, Zip Code X DOL Amendment Newark, NJ 07102-1982 ASBESTOS CONTROL & X DOH Name of Contact Cancellation DCA Andrew P. Christ, PE **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Fleisher Athletic Center Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 80 Lock Street Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Newark, NJ 07102-1982 Essex Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental Services Inc. n/a B & G Restoration, Inc. Street Address Street Address 280 Huyler Street 105 Ryerson Road City, State, Zip Code City, State, Zip Code South Hackensack, NJ 07606 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 Geiser Fajardo 00378 201-489-8700 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 01/29/2018 03/26/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) x wrap & cut X Demolition Renovation X Full Containment w/negative pressure ✗ Glovebag procedure >3 sf or >3 If X ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e asbestos-containing п Amount Description of asbestos-containing n staff(12) m p C material to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes L No N/A V p e Roof, Middle Elevation top layer X 20,500 sf 2nd floor 4 If X fittings 2nd fl hallways & all rooms VAT & associated mastic 2,500 sf X × 1st floor Room 139 VAT & associated mastic 112 sf X X expansion joint 1st fl MER 129 & entr. 142 1.000 If X Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# B & G Restoration, Inc. 19563 250 Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 01/29/18 - 03/26/18 Tullytown, PA Signature Completed by (Print or Type) Gordana Luna Gordana Luna Secretary/Treasurer 01/12/2018 *** Additional quantities & locations *** see next page

State of NJ

Re:

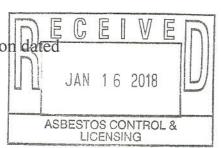
One page attachment to 14 day initial notification dated 01/12/2018 for ashestos remarks

01/12/2018 for asbestos removal at:

Fleisher Athletic Center

80 Lock Street, Newark, NJ 07102-1982

Start date: 01/29/2018



The following materials shall be abated:

Location of asbestos- containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
1 st FL Gym by roof	NO	Window glazing	15 windows	X	
1 st Elevation MER	NO	Caulking around wall	15 lf	X	
1 st Elevation MER	NO	Mastic inside Air hanging unit	52 sf	X	
1st floor	NO	fittings	416 lf	X	
1st floor	NO	Pipe insulation	250 lf	X	
basement	NO	fittings	57 lf	X	
basement	NO	Pipe insulation	580 lf	X	

B & G proj. #:

0 11/1 12 1/11 18 1

Date of Notification (1)

Agencies Notified

☐ EPA

X DOH

DCA

DEP

DOL

Richard Krouth

Milford, NJ 08848

Street Address

City (5)

Street Address

City, State, Zip Code

Scheduled Start Date (10)

01/23/2018

Describe:

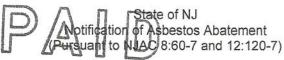
Demolition

× >3 sf or >3 lf

Other-Describe:

2018-22

Initial



Check # 8773 Name of Building Owner/Operator (2) Richard Krouth Type Notification Street Address City, State, Zip Code Amendment Perkasie, PA 18944 Name of Contact Cancellation Richard Krouth **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) hunterdon Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 01/24/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Scope of Work (check all that apply) Renovation X Full Containment w/negative pressure Glovebag procedure >160 sf or >260 lf Mini-enclosure Non-friable procedure Is location normally used solely RRE

Location of asbestos-containing material to be		normally nance/cus	used solely todial		sbestos-containing	Amount (Specify SF		R e m	R e p	E n	E n
abated in facility (13)	Yes	No	N/A	material (ACIVI)		LF)		o v e	a i	a p	L
itchen			X	VAT		75 sf	[X			
]				
							[
							[
1							[
Registered Waste Hauler B & G Restoration, Inc.		P Hauler I 9563	ID# C	ubic Yards of Waste 1	Name of Registered Lar Tullytown Re		covery C	ent	er		
City, State Lincoln Park, NJ			Disposal D 01/2	ate 4/2018	City, State Tullytown, PA						
Completed by (Print or Type) Gordana Luna					Signature Gordana Luna						

GL16-004 Cypress		NOTIF (F	ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	EME 20)		k#3	376		enn ern disser			
Date of Notification (1) 1/5/2018	Emma			of Building apo Colle						5)-	E (\mathbb{V}	E
Agencies Notified Type Notification				Address Ramapo '	Vallev	Road					1,	N.	1 6	2018	
EPA Initial Amended Amendment:	Initial												1 0	2010	
Emergency (i		_		vah, NJ C)/430				II Te	elenho	SEE ne Nii	STOS	CO	NTRO)L&
DOH justification) Cancellation	DCA Gina Mayer-Costa													'G	
Name of Facility Where Abatement is Taking	Dlace /	3/	FAC	ILITY INFO	ORMAT	TON	T-E		-						
Cypress Building College Park Apa							17	pe of Facility School (K-							
Street Address							×	Subchapte	r 8 (Otl						
505 Ramapo Valley Road								Other (i.e. etc.)	3	200				Alleran	es,
City (5) Mahwah							12.000	quare Feet 1,054	3	of Floo	ors	- 1	31dg. <i>i</i> 17	Age	
County (6) Bergen				Code (7) USE ONLY)			urrent Use (Pr ollege Apar			emolis	hed)			
Name of Monitoring Firm Hired by Building C USA Environmental Management, I	wner (8 nc)	ASCI 001	M No. 12				Abatement Co up, Inc	ntracto	r (9)					
Street Address 344 West State Street						Street 140 l		dress mburg Turn	pike						
City, State, Zip Code Trenton, New Jersey 08618						City, S	State	e, Zip Code		3					
Project Manager for Monitoring Firm William Weisgarber, Jr.			Telepho 609.6	one No. 56.8101		Teleph 201-7		No. 0-9725			ense N	lo.			
	Schedul 4-15-1		npletion	Date (11)				SHA Monitor up, Inc	è	1					
Occupancy Status During Abatement (Check	Only O	ne)				Street									
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	eriod of	Abaten y Hours	nent					nburg Turn , Zip Code	pike						
Other – Describe:					_			ngdale, NJ	07403	3					
Scope of Work (Check All That Apply)	oww.		090				7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor .	Renova Demolit				×		Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure					e	
	87	Locati	7.11										Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Asbest	De os Con	scription	of Nate	rial (ACM)	_	Amour	ıt	-	1,	pe	\neg
TO BE ABATED In Facility		intenar todial S		(i.e.	thermal	systems cing, VA	s ins	ulation,	(Specif F or L	y	Rer	Re	Encapsulate	Encl
(13)		(12)				niscellan			Si	OI L	-)	Remova	Repair	psula	Enclosure
A	Yes	No	N/A				_							te	0
Apartments A-V & Mechanical Rm		X						npound	-	73,799 SF					
Apartments A-V & Mechanical Rm Apartments A-V		X								36,846 LF					
Apartments A-v		X		Res	illent i	Floor C	OVE	erings	5,8	907 S	SF	X			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered L	andfill				_
GL Group, Inc		Н	auler ID 033034	No.	of Was	ste		Minerva	a						
City, State Bloomingdale, NJ					TBD	sal Date		City, State Waynes		, ОН					
Completed by Elena Solakov	Title Presi	dent			S	ignature		Eleru Sde	lla	i	Da 1-	te 5-20	18		

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Date of Notification (1) 01-05-18		- 		Name	of Building	Owner/	Operator	r (2)									
Agencies Notified	Type Notification	<u> </u>			ASBESTOS CO Street Address LICENSII									ITRC G	L&		
☐ EPA	Initial Amended				Hadley		LIOENSING										
DEP X DOL	Amended Amendmen	it#			tate, Zip C h Plainfie												
DOH DOA	Emergency justification	(includin	g		of Contact	W. North				Tolophore 11							
DCA	Cancellatio				don Pre												
Name of Facility Where A	Abatement is Taki	ng Place	(3)	FAC	CILITY INF	ORMAT	ION	Tv	pe of Facility	(4)							
PSEG Linden			5//5:						School (K-	12)							
Street Address 4001 S Wood Ave.								×	Subchapte Other (i.e. etc.)	r 8 (Othe private &	r than K- commer	-12) rcial bu	ildings	, hon	ies,		
City (5) Linden						Sq N/	uare Feet A	# of N/A	Floors	Bldg.	Age						
County (6) Union		County (STATE	Code (7)	······		Cu	rrent Use (Pri	or if bein		1							
Name of Monitoring Firm	Hired by Building)		M No.		Name		ontrol Hous		9)							
N/A	<u>.</u>	N/A	1							nc.	C.						
Street Address N/A		Street Address 17 Old Dock Road															
City, State, Zip Code N/A		Cily, State, Zip Code Yaphank, NY 11980															
Project Manager for Moni N/A	T	Telepho	one No.		Teleph	one	No.	T	License	No.							
Start Date (10)		Schedu	led Cor	N/A noletion	Date (11)				-8111 SHA Monitor		01136						
01-16-18		06-03	-18		()				vironmenta	al Servi	ces Inc).					
Occupancy Status During							Street /		ress lock Road								
Facility Closed/Vaca Abatement Performe X Other – Describe: E	ed Outside of Norr	nal Facilit	Abaten y Hours	nent S	City, State, Zip Code Yaphank, NY 11980												
Scope of Work (Check All	That Apply)						iapii	iaiir	1,141 1190	0							
≥3 sf or ≥3 If ≥160 sf or ≥260 If	- 0399	×	Renova Demolit	ition ion			×	N	full Containme Mini-Enclosure Blovebag Proc Ion-Exempted	edure				·e			
Location	of		Locati Normal	on Posserintian of								Abatement Type					
TO BE ABATED				bily by Asbestos Containing Material (ACM) Amo (Staff? Cite. thermal systems insulation, surfacing, VAT, or other miscellaneous)						ecify	Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A								-		ate	¢,		
Control Ho				х			stucco			3300) SF	x					
Control Ho				Х			roof				0 sf	x					
Control Ho				Х			oor tile			2000000	0 sf	x					
Control ho Name of Registered Waste			N1	JDEP W	fasto		miculite	9			0sf	x					
Waste Management	o naules		H	JDEP W auler ID 7273		Cubic \ of Was			Name of F Fairless	10.00 21 -0 00000000000000000000000000000000000		I					
City, State Elizabeth, NJ 07201				210		Dispos TBD	al Date	(5/1)-	City, State	}	2. 				\dashv		
Completed by		Title					gnature		THO THOU			ate			_		
Raymond Tutiven		supe	rvisor				ayn	d	(ut	W	0	1-05-	18				

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Sale of Homodatory (1)			Ivante	OI BURGII	ig Owner	Operato	r (2)		Ц	NAU	10	201	8	1	
Agencies Notified Type Notificati	on		Street	Address					100	COTO	2.00	AITO		_	
EPA Initial Amended			City	tate, Zip	Codo				ASB	ESTO:	S CO ENSI	MIK(OL &		
DOL Amendme	ent #		City, S	itate, zip	Code				A STATE OF THE PARTY OF THE PAR	A AND OF THE PARTY OF THE	THE PERIOD AND	Net Protestant on	The second second second	200,903	
DOH justification Cancellati		g	Name	of Contac	pt .			T	elephone	Numbe	r				
Name of Facility Where Abatement is Tai	. 5	703	FAC	CILITY IN	FORMAT	ПОИ									
reality where Abatement is Tal	ang Place	(3)					Type of Fa								
Street Address		-					Subch Olher	ol (K-12) napter 8 (O (i.e. private	ther than e & comm	K-12) terclal bi	ullding	s, hor	nes,		
City (5)				7754	the total or the same of the s		Square Fee	et #	of Floors		Bldg.	Age			
County (6)			County (STATE	Code (7)	Y)		Current Use	e (Prior if b	eing dem	olished)					
Name of Monitoring Firm Hired by Buildin	g Owner (8	3)	ASC	M No.		Name	of Abatemen	t Contracto	or (9)						
Street Address						Street	Address								
City, State, Zip Code						City, S	tate, Zip Cod	e							
Project Manager for Monitoring Firm				one No.		Teleph	hone No. License No.								
Start Date (10)			mpletion	ppletion Date (11) Name of OSHA Monitor											
Occupancy Status During Abatement (Che						Street	Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of No. Other – Describe:	Period of mal Facilit	Abater y Hour	nent s	15.1		City, St	ate, Zip Code	e					_		
Scope of Work (Check All That Apply)	•					<u> </u>									
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli					Mini-Enclo Glovebag	ninment wit osure Procedure opted (*) ar				uro.			
	Is Location							700	id HON-1	Table 1 1	t				
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Anhai		scription				-	1	уре	-		
TO BE ABATED In Facility (13)	Ma	intena todial ((12)	nce/	(i.e	. thermal surfac	systems systems sing, VAT niscellane	aterial (ACM) Insulation, , or eous)	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure		
Switching yard	Yes	No	N/A X						160 lf		-	ite	е		
9 / 4.4						or bain			100 11	×	-	-	H		
											-				
Name of Registered Waste Hauler		3.0	JDEP W auler ID		Cubic of Was		Name	of Registe	ered Land	ndfill					
City, State					Dispos	al Date	City, §	State							
Completed by	Title				Si	gnature			T	Date			\dashv		