

Date of Notification (1)				Nan	ne of Buildir	ng Owner/Operator	(2)		District of the		-	edensi ann
	18	3				od Johnson Hos	pital / Job	1801-5251 C	heck	#97	78	m
Agencies Notified Type Noti	fication			Stre	et Address		112					
				0	ne Robert	Wood Johnson	Place	IAAI o		010	- Alternation	
☑ DOLWD ☐ Amend				City	State, Zip	Code	land la	JAN 2	2 2	018	20.0	T)
	ment #		_			wick, NJ 08901	1.0	ĺ			and and	
DCA Emerg		ncludir	ng		ne of Contac			Thinks & North	bör :	77.75		
(NJAC 5:23-8) justific Cance				1	risten Bell		The state of the s	Telephone Num				· ·
				F	ACILITY IN	NFORMATION		100			-	
Name of Facility Where Abatement is	s Takin	g Plac	e (3)				Type of Facility (4)				
Robert Wood Johnson Hosp	ital						School (K-12)					
Street Address								(Other than K-12 ivate and comment		مثاماته	~~	
One Robert Wood Johnson F	Place						homes, etc.)		iciai b	ullulli	ys,	
City (5)							Square Feet	# of Floors	В	Ildg. A	ge	
New Brunswick												
County (6)				Cou	inty Code (7	()(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)			
Middlesex							Hospital					
Name of Monitoring Firm Hired by Bu	ilding C	wner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)					
Omega Environmental						AbateTech, In	nc.					
Street Address						Street Address						
280 Huylar Street						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
South Hackensack, NJ 07606						Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.				
Geiser Fajardo			2	01-489	9-8700	609-265-2107		00529				
Start Date (10)	Sched	uled C	omple	etion Da	ate (11)	Name of OSHA M	onitor					
1 /26 /18	_ 2	2/	5	<u> </u>	18	EMSL Analyti	cal					
Occupancy Status During Abatement	(Check	only	one)			Street Address						
☐ Facility Closed/Vacated During En						200 Route 130	0 North					
Abatement Performed Outside of N					scribe	City, State, Zip Co	de					
Time of Abatement:AM	PN	1/ <u>5</u> PM		_AM		Cinnaminson						
Scope of Work (Check all that apply)						Margaret Section 1	72					
≥3 sf or ≥3 lf		⊠ n.					ainment with Nega	ative Pressure				
≥ 25 st of ≥5 ti ≥ 2160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-Encl ☐ Glovebag						
		_				Non-Exer Non-Exer	npted (*) and Non-	-Friable Procedur	e			
			Loca						Ab	atem	ent T	уре
Location of			Norma			Description of			R	D	Ш	Ш
Asbestos-Containing Material (ACI TO BE ABATED	VI)		intena			stos Containing Mat , thermal systems in		Amount (Specify	Remova	Repair	пса	nclo
IN Facility		Cus		Staff?	(1.6.	surfacing, VAT,		SF or LF)	oval	=	Encapsulate	Enclosure
(13)	-	la de	(12)			other miscellaned		8800010000-0 100000 *			late	е
		Yes	No	N/A								
1st Floor Emergency Room					Floor til	e & mastic		430 SF				
						F)						
Name of Registered Waste Hauler			N	JDEP 1	Waste	Cubic Yards of	Name of Registe	ered Landfill			78 19	
AbateTech, Inc.			Н	auler II 1875(and the second	Waste 25	G.R.O.W.S.					
City, State						Disposal Date	City, State					
Lumberton, NJ						2/5/18	Tullytown, F	PA				
Completed By (Print or Type)	Title					Signature		Dat	te	i	$\overline{}$	
Gwendolyn Trumbetti	Ор	erati	ons (Coord	inator		MAK	j	117		X	

ASB-41 MAY 11

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

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Date of Notification (1) 1/18/18				of Building		r/Operator	(2)			-	(5)	.!! 	17		
Agencies Notified Type Notificati	on			Address					Ш	JAN	2 2	2	018	and or the second	IJ
EPA Initial Amended			City C	tota 7in O											
X DOL Amendm	ent#		Roch	tate, Zip C elle Parl	k, NJ (07662			AS	BEST(OS O	ONT	ROL	. &	
DOH justification				of Contact					LTe	lenhon	-				
				ne Mucc		TION			4						
Name of Facility Where Abatement is Ta Residential Home	king Place (3)	1710	ALTT THE	OIMIA	TION	Type of Fa	cility	(4)						
Street Address			112 7 117 2				School Subch	ol (K-	12) r 8 (Oth	or then	V 10				
							× Other	(i.e.	private	& comr	nercia) I buil	ldings	, hom	ies,
City (5) Rochelle Park							etc.) Square Fee	et	1302	f Floors	S	E	Bldg. /	Age	
County (6)			County	Code (7)			1870	- /D	2			100	35 +/	- Ecs	
Bergen				USE ONLY	0		Current Use Resident	e (Pr ial F	ior it bei Home	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Buildir Project Manager	g Owner (8)		ASC	M No.		Name	of Abatemer tages Aba	nt Co	ntractor	(9)					
Street Address							Address	tem	ent						
City State 7in Code						280 1	N. Midland	Av	e.						
City, State, Zip Code							tate, Zip Coo lle Brook,		17663						
Project Manager for Monitoring Firm			Telepho	one No.			one No.	-	77000	Licen	se No				110000
Start Date (10)	Cabadal	-10	1. 15	D		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	300-3184			0130)5				
1/31/18	2/3/18	ea Cor	npietion	Date (11)		Name	of OSHA Mo	nitor							
Occupancy Status During Abatement (Ch	eck Only On	ie)				Street	Address	11-55-0							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: 8 A.M to 4 P.M	e Period of A rmal Facility	Abaten	nent			City, St	ate, Zip Cod	е							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	enova emolit				×	Full Conta Mini-Enclo Glovebag Non-Exer	OSUF6 Proc	e cedure						
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Location of Asbestos-Containing Material (ACM)		lormai d Sole		Achoo		escription				16	-		Ту	ре	
TO BE ABATED In Facility (13)	100000000000000000000000000000000000000	ntenar odial S (12)		(i.e.	therma surfa	Italining Will I systems acing, VAT miscellane		,	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
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Basement		Х				VAT			5	61	2	C.			
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Name of Registered Waste Hauler		100	JDEP Wauler ID		Cubic of Wa	Yards	Name	e of F	Register	ed Lan	dfill				
All Stages Abatement			36592		2 CU		Grai	nd C	Central	Sani	tary I	and	dfill		
City, State Saddle Brook, NJ					Dispo TBD	sal Date	City,		yl, PA						
Completed by	Title	e de la compania de				Signature	///	rig	// /		Date				
Richard Cristofol	Presid	lent				h	12 6	/	_	_	1/18	/18			



Print Form

Data of Natification (4)				IL TO NOA				MI.	A 5.1				
Date of Notification (1)			Name Buck	of Buildin	g Owner rtners L	Operator	(2)		AN 2	2	201	8	L
Agencies Notified Type Notificatio	n			Address Maurer	Rd			ASBE	STOS LICE	CO	NTR	OL 8	ì
X DEP X Amended Amendment		_		tate, Zip (Amboy		3861	1		LIVE!	2011	4 (2	- Contract	etherica solu
X DOH justification X DCA Cancellation)			of Contac				Telephor	ne Num	her			
				CILITY IN	All Market Control	ION		1				-	
Name of Facility Where Abatement is Taking Buckeye Partners LLP	ng Place (3)					Type of Facility	500					
Street Address 380 Maurer Rd				+			Other (i.e.	er 8 (Other that private & com	n K-12) mercial	bui	ldings	s, hon	nes,
City (5) Perth Amboy							etc.) Square Feet 90 LF	# of Floor	rs	- 1	Bldg.	Age	
County (6) Middlesex				Code (7)			Current Use (Pr	ior if being de	molishe		VA.		
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name	of Abatement Co	ntractor (9)					
Street Address						Street	Address			J.			
City, State, Zip Code						City, S	Main Street E tate, Zip Code		uite 1	0			
Project Manager for Monitoring Firm			Telepho	one No.			one No.		nse No.	3 E E E E			
Start Date (30) 7till waiting on	FIVE.	200	malatica	D-1- (44)			525-0100	007	50				
01/17/18 PSEG FOR POWER Lines	, 01/19/1	8	mpietion	Date (11)			of OSHA Monitor Environmenta						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire			22012				Address Oth Ave				-/		
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hour	rient 's			City, St	ate, Zip Code NJ 08724						
Scope of Work (Check All That Apply)							9						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	enova emoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				20	
		Locat					Tron Exemples	() and Non-	Паріе		Seau Signa	ement	t
Location of Asbestos-Containing Material (ACM)	Used	ormal Sole	ely by	Ashor	Des	scription of	of aterial (ACM)		-		Ту	ре	
TO BE ABATED In Facility (13)		ntena odial s (12)	nce/ Staff?	(i.e.	thermal surface	systems sing, VAT niscellane	insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Î					1	-		ate	Гe
Transfer Pipe	X	_			Pipe	Insulati	on	90 LF	X				
					- <u> </u>					-			
Name of Registered Waste Hauler		IN	JDEP W	aste.	Cubic \	/arde	Name of I	Dogiotora d I a	1611				
Freehold Cartage		Н	auler ID 5939		of Was		Fairless	Registered Lar Landfill	ruilli				
City, State Freehold, NJ					Dispos: 01/19/		City, State Morrisvi						
Completed by Dan Baptista	Title Safety	Age	ent			gnature	TAM		Date 01/12	0/19			
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Date of Notification (1)					aria 12.12	.0)		JAN ;	22	2018		
1/19/18			Name Buil	of Building Owne ders, Inc.	r/Operato	r (2)			- 6	<u>4.U10</u>		Dumos
Agencies Notified Type Notificat	ion		4 Ra	t Address aymond Drive,	Unit 3		AS	BESTOS LICE	CON	ITAC G	L&	1
X DOL Amender	Contract and Contr	ina	City,	State, Zip Code ertown, PA 19	083			The state of the s	d microphy, mountain	Tellips To Library	MAKE MUSE	ed Abenia
DCA justification Cancellat	on)	ing		of Contact Steve Smith				Telephone I	Numbe	er ;		
Name of Facility Where Abatement is Ta	king Dlace	2 /21	FA	CILITY INFORMA	TION							
vvarenouse Building	ning Flace	s (3)				Type of Fac	5.17.567.56	1000				
Street Address 200 (194 - 236, et al) Liberty Stre	eet					Subch Other	l (K-12) apter 8 (C (i.e. privat	other than K	(-12) ercial b	uilding	s, hor	mes,
City (5) Little Ferry						etc.) Square Fee 30,000		of Floors		-	Age	
County (6) Bergen			County (STATE	Code (7)		Current Use Warehous	(Prior if t	eing demo	lished)			
Name of Monitoring Firm Hired by Buildin	g Owner ((8)	ASC	M No.	Name	of Abatemen						
AET Street Address					ecos	ervices, LL	.C	- (0)				
28 Penneli Road					6.77.20.00	Address 3 National	Road					
City, State, Zip Code Media, PA 19063						ate, Zip Code n, PA 1934						
Project Manager for Monitoring Firm Customer Service			Telephi 610-8	one No. 91-0114		one No. 372-8884		License 01161	No.			
Start Date (10) 4/16/18	101	29/	mpletion &	Date (11)	Name of EMSL	of OSHA Mon	itor					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of	Abata	ment		Street A	Address Coute 100 N	North					
Other – Describe:	mal Facili	ty Hour	8		2002	ate, Zip Code minson, N						2
Scope of Work (Check All That Apply)	_								J-3			
X ≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf		Renova Demoli			×	Full Contai Mini-Enclos Glovebag F	sure Procedure					
	Is	s Locat	ion			Non-Exem	pted (*) ar	nd Non-Fria	ble Pro	21575	e ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly ly by	Des Asbestos Cont	scription o	f		e ve		-	/pe	
TO BE ABATED In Facility (13)		aintena stodial s (12)		(i.e. thermal surfac	systems i sing, VAT, niscellane	nsulation, or	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Soo Attacked	Yes	No	N/A						182	=	ilate	ure
See Attached												
									-			_
lame of Registered Waste Hauler		NI	JDEP W	seta Cubi- S	/ordo							
ervice Transport Group			auler ID I				of Registe NS Lan	red Landfill dfill				
ity. State ew Castle, DE				Dispose	al Date	City, St	ate sville, P	Δ				
empleted by ck Bally	Title Sr. Pr	oject	Manag	Sic	inature	2.1	Λ (Da	te 19 1			
S8-41 (R-06-08)					Parch	L/201	ly (
					Do not u	se this form for	or aspest	os licensure	exem	pted a	ctivitie	es.

Location of Asbestos Containing Material (ACM)	Is location normally				Absect	ant T		_
To Be Abated In Facility	used solely by Maintenance/ Custodial Staff? Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	ent Type Encap	Enclosure	TEM
Throughout	N/A	Pipe Fitting Insulation	25 EA	X	Керап	Спсар	Enclosure	
Throughout	N/A	Window glazing	85 EA	x				No
Sprinkler Room	N/A	Flu Pack	20 SF					No
Boiler Room	N/A	boiler Insulation	150 SF	23 X		-		No
Throughout	N/A	Floor tile and mastic	VICTORIA DEPARTS	X				No
Loading dock and office	N/A	GWB / JC	2,545 SF	Х				Yes
Roof	N/A	Tar on duct	25900 SF	X				Yes
Roof	N/A	Flashing	141 SF	X				No
Roof Area 2	N/A	Built up roofing	11,039 SF	X				No
Restrooms	N/A	Floor tile and mastic	10,043 SF	X				No
Restrooms	N/A		300 SF	X				Yes
		GWB / JC	1100 SF	Х				Yes
							-	-
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 01/19/2018 Agencies Notified Type Notification Initial DEP Amended Amendment # 1 Emergency (including justification) DCA DOH DCA Telephone Numbe FACILITY INFORMATION State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) DJAN 2 2 201 JAN 2 2 201 JAN 2 2 201 JAN 2 2 201 Street Address 111 Quimby Street City, State, Zip Code Westfield, NJ 07090 Name of Contact Jack Bally FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Office Building Street Address 111 Quimby Street City (5) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial biletc.) City (5) Westfield	118		
Agencies Notified Agencies Notified Type Notification Initial DEP Amended Amendment # 1 Emergency (including justification) DCA Type Notification Street Address 111 Quimby Street City, State, Zip Code Westfield, NJ 07090 Name of Contact Jack Bally FACILITY INFORMATION Type of Facility (4) Street Address 111 Quimby Street City (5) Square Feet # of Floors	HOL	. å	
Agencies Notified Type Notification Street Address 111 Quimby Street City, State, Zip Code	HOL	a	
Initial DEP Amended Amended Westfield, NJ 07090 LICENSING		å	
Street Address Subchapter 8 (Other than K-12) City (5) Square Feet # of Floors	er		re-ra
Street Address 111 Quimby Street City (5) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial biletc.) Square Feet # of Floors			
Office Building Street Address 111 Quimby Street City (5) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial biletc.) Square Feet # of Floors			-
Street Address 111 Quimby Street City (5) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial biletc.) Square Feet # of Floors			
City (5) Square Feet # of Floors	buildin	ngs,	, ho
Westfield 10,000 2	Bldg 50+	10 TO 1	ge
County (6) County Code (7) Current Use (Prior if being demolished) Union (STATE USE ONLY) Commercial	i)		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ecoservices, LLC			
Street Address 28 N. Pennell Road Street Address 303 B National Road			
City, State, Zip Code Media, PA 19063 City, State, Zip Code Exton, PA 19341			
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Eric Houseknecht 610-891-0114 484-872-8884 01161			
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/26/2018 01/28/2018 EMSL			
Occupancy Status During Abatement (Check Only One) Street Address 200 Route 130 North			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code Cinnaminson, NJ			
Scope of Work (Check All That Apply)			
X ≥3 sf or ≥3 lf X Renovation Renovation X Full Containment with Negative Press X ≥160 sf or ≥260 lf Demolition X Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable P			·e
Is Location	Ab	bate	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	_	Repair	Encapsulate
Yes No N/A			le
2nd floor hall, North X Blown in insulation 185 SF X	+		
	\perp		
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill			
ecoservices, LLC NDEP Waste Hauler ID No. Rame of Registered Landfill GROWS Landfill			
City, State Disposal Date City, State Exton, PA TBD Morrisville, PA			
Completed by Title Signature Date	/18		

Do not use this form for asbestos licensure exempted activities.

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 18 19 CELGENE CORPORATION Street Address Type of Notification Agencies Notified 535 MORRIS AVENUE **EPA** Initial City, State, Zip Code SUMMIT, NJ 07901 DEP Amended JAN DOH Amendment Name of Contact Telephone Number DOL Emergency w/ justification JANOS ANGELI Cancellation STOS CONTROL & FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CELGENE CORPORATION - BLDG. S-8 School (K-12) Street Address Subchapter 8 (Other than K-12) 535 MORRIS AVENUE 1 Other (I.e., private & commercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** SUMMIT UNION 60,000 Current Use (Prior if being demolished) 40+ OFFICE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO WCD GROUP LLC / EWMA NORTHSTAR CONTRACTING GROUP. INC. Street Address Street Address 23 RT 31 NORTH, STE B26 / 100 MISTY LANE City, State, Zip Code 32 Williams Parkway PENNINGTON, NJ 08534 / PARSIPPANY, NJ 07054 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number MIKE GARAMBONE / Kevin Seise 609-730-0007 / 973-560-1400 East Hanover, NJ 07036 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 30 02 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP. INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: __ 7:00 am to 3:30 pm 32 Williams Parkway 1 Other - Describe: __ MON-FRI City, State, Zip Code East Hanover, NJ 07036 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure П >3sf or >3lf Mini - Enclosure 4 >160 sf or >260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Ε Amount N N R TO BE ABATED C Used (I.e., thermal systems (Specify M E C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P Α P (13)by Mainor other miscellaneous) V 0 A tenance/ S s A I Custodial L R U U Staff (12) R YES NO N/A BLDG S8 BASEMENT ☐ ☐ DUCT CAULK 310 LF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC. Hauler ID No. Yards FAIRLESS LANDFILL 30534 of Waste City, State Disposal City. State EAST HANOVER, NJ Date MORRISVILLE, PA Completed by (Print or Type) Title Date Signature

Project Manager

01/19/18

Steven Stiles



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Data of Notice at a 140										I I L U				; /
Date of Notification (1)	4= .				100000000000000000000000000000000000000			vner/Operator (111
	17 /	18	_		Me	tro Real	Esta	ate Compani	ies	11 .14	N 22	201	0	
Agencies Notified	Type Notific	ation			Stree	t Address			- 1	I ha	1 4 4	-201	3	11
⊠ EPA		2			2 E	Broad Stre	eet,	Suite 400	1.	1				
☑ DOLWD	Amende Amendr				City,	State, Zip (Code	2		ASBELT	200	NTH	31 0	
DCA	Emerger	-		7	Blo	omfield,	NJ	07003	L_	1		NG	الم ما	
(NJAC 5:23-8)	justificat	ion)	Ciddiii	4	Name	of Contac	t			Telephone N	Number	or Project	A PONTE MICON	And other sections
	☐ Cancella	tion			Wa	rren Spra	ake			412		1		
		*= 1.75			FA	CILITY IN	IFO	RMATION						
Name of Facility Where A	batement is	Taking	Place	(3)	7.7.7				Type of Facilit	v (4)		-		
Commercial									School (K-	52 (35.56)				
Street Address									☐ Subchapte	r 8 (Other than I	(-12)			
169 Minnisink Road	- Cottage #	¥12							Other (i.e., homes, etc	private and con	nmercial	buildin	gs,	
City (5)									Square Feet	# of Floors		Bldg. A	100	
Totowa									oquare r cer	# 01110013		blug. /	·ye	
County (6)					Сош	nty Code (7	VSTA	ATE USE ONLY)	Current Hee /F	Prior if being der	nolichod	\		
Passaic						,	ησ.,	ITE GOL ONET	odirent ose (i	nor ir being der	nonsneu)		
Name of Monitoring Firm	Hired by Buil	dina C)wner ((8)	ASCM	No	Na	me of Ahateme	ent Contractor (9	2)				
Bio Terra Solutions		5		.	7 100III	110.			NAGEMENT	5.0				
Street Address		-						eet Address	NAGENIEN	LLC				
P.O. Box 1224							20000000	27 Outwater I	ano					
City, State, Zip Code								y, State, Zip Co						
Union, NJ								Garfield, NJ						
Project Manager for Monit	oring Firm			Tele	phone	No.		ephone No.	0.020	License No		_		
Rick Eustaquio					73-494			73-928-4888		1188				
Start Date (10)	15	Sched	uled C	-	Sept. Characterist	te (11)		me of OSHA M		1100				
01 / _26_ /					5_/		1		NAGEMENT	LIC				
Occupancy Status During	Abatement (eet Address	CEMEIT					
☐ Facility Closed/Vacated					ment		0.8	?7 Outwater I						
☐ Abatement Performed	Outside of No	ormal	Facility	/ Hou	s - Des	cribe		y, State, Zip Co						
Time of Abatement:	AM	PN	1/	_PM		AM		Sarfield, NJ						
Scope of Work (Check all	that apply)	- 117						parnelu, No	07020					
	1177		_					☐ Full Cont	ainment with Ne	egative Pressure	}			- 1
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Re						osure					
23 _ 100 07 07 1 200 11			M De	monue	ווע			⊠ Glovebag □ Non-Exer □ Non	g Procedure mpted (*) and N	on-Friable Proc	edure			
				Loca					, ,			baten	ent T	vne
Location of				lorma	lly ely by	İ		Description of				\neg	1	T
Asbestos-Containing N TO BE ABAT		1)		intena		Asbes	stos	Containing Mat ermal systems i	terial (ACM)	Amount (Specify	Kellova	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	(1.0.		surfacing, VAT,		SF or LF)	OVA	¥	psu	osui
(13)			Yes	(12) No	N/A	1	ot	her miscellaned	ous)	•	-		late	9
Basement/ Crawl Space	20				N/A ⊠	Dine Inc		41		4 0 7 0 1 7	.	-	"	
1st Floor						Pipe Ins	-			1,050 LF				
Basement/ Crawl Space	20									225 LF	D	-		빝
1st Floor	Je						_	Insulation		125 LF	D			
[32] (0.22) (2.22) (2.22)	. Haules							Insulation		25 LF				
Name of Registered Waste ATC / Century Waste, LLC/		aar	4110	111111111111111111111111111111111111111	IJDEP \ lauler IE		Cut	oic Yards of	Name of Reg	istered Landfill				
	All FIO Mana	gemer	it, LLC			1 327971 989	Α	s Needed	Minerva Enterprises/G	.R.O.W.S. North Landfill/	Fairless Land	fil/IESI Be	thiehem I	Landfill
City, State		20000						posal Date	City, State					
Shirley, NY / Elizaber		tield,	NJ				T	BD	Waynesburg, O	H / Morrisville, PA/ I	Bethlehem	, PA		
Completed By (Print or Typ	oe)	Title						Signature			Date			
Allen Monchik		Pr	oject	Man	ager			Allow.	Monchik	6,	01/1	7/12		
SR-41								I VICTO	inningue		01/1	,,,0		100

CK 2396

State of New Jersey

	AID	NOT				BESTOS ABAT AC 8:60 and 5:10	Children and the property of the fact of) EGE	10	// <u>[</u>	5	
Date of Notification (1) 01 /	17 /	18				g Owner/Operator (Estate Companie		JAN 2	2 20	18	templates at 100 annual	U
Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH	Type Notifica Initial Amended Amendme	I ent #		2 B City, S	State, Zip (AG		101	&	
☐ DCA (NJAC 5:23-8)	☐ Emergend justification	on)	g	Name	of Contac	176		Telephone Num	ber			
	Caricellat	1011			-							
Name of Facility Where A	hatement is T	aking Place	(3)	FA	CILITYIN	IFORMATION	Time of Feellit	(4)				
Commercial Street Address	The state of the s	aking r lace	. (0)				Type of Facilit School (K- Subchapte	12) r 8 (Other than K-12)			
169 Minnisink Road	l- Cottage #	6					homes, etc	private and commer :.)	rcial bu	ilding	gs,	
City (5) Totowa							Square Feet	# of Floors	BI	dg. A	ge	
County (6) Passaic				Cour	nty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demolis	shed)			
Name of Monitoring Firm Bio Terra Solutions	50	ling Owner	(8)	ASCM	No.	Name of Abateme		3.60				
Street Address						Street Address						
P.O. Box 1224						27 Outwater I	Lane					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ			T= .			Garfield, NJ	07026					
Project Manager for Moni	toring Firm			phone		Telephone No.		License No.				
Rick Eustaquio Start Date (10)	0	obodulod C		73-494		973-928-4888		1188				
01/26/		cheduled C	300			Name of OSHA M ALL PRO MA		LLC				
Occupancy Status During	(I)		5 5 5	75.00		Street Address						
☐ Facility Closed/Vacate☐ Abatement Performed	d During Entire	e Period of	Abate	ment	arib a	27 Outwater I						
Time of Abatement:	AM	PM/	PM-	s - Des	AM	City, State, Zip Co						
Scope of Work (Check all	that apply)					M Full Cont	-1					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Re ☑ De	novati molitic			☐ Mini-Encl	osure Procedure	egative Pressure on-Friable Procedu	re			
	6		Locat						Ab	ateme	ent T	ype
Location Asbestos-Containing N TO BE ABA IN Facilit (13)	Material (ACM) TED) Use Ma	Norma ed Sole intena todial ((12)	ely by nce/	Asbe: (i.e	Description o stos Containing Mai , thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1st Floor- Center Wing	3			\boxtimes	VAT			120 SF				
1 st Floor- Entrance				\boxtimes	VAT			100 Sf				
1st Floor- Dorm A					VAT			5,400 SF				
1st Floor- Center Wing	3			\boxtimes	Transite	Panels		275 SF				
Name of Registered Wast ATC / Century Waste, LLC/ City, State		ment, LLC	Н	JDEP V auler IE w-24310		Cubic Yards of Waste As Needed	Minerva Enterprises/	istered Landfill 3.R.O.W.S. North Landfill/Fairle	ss Landfill	/ IESI Be	thlehem	ı Landfi
Shirley, NY / Elizabe	th, NJ/ Garf	ield, NJ				Disposal Date TBD	City, State Waynesburg	g, OH / Morrisville,	PA/ B	ethle'	hem.	. PA
Completed By (Print or Ty	ne)	Title				Signature),				-

Allen Monchik

01/17/18

Project Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

JAN 2 2 2018

	_	_		,					
				169 Minnisink Road- Cottage 6		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Local ormally Solely ntenan ial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A						
1st Floor- Stairs			Х	Transite Panels	600 SF	Х			
1st Floor- Center Wing			Х	Textured Paint	3,000 SF	Х			
1st Floor- Dorm A			Х	Textured Paint	3,000 SF	Х			
1st Floor- Dorm B			Х	Textured Paint	3,000 SF	Х			
	_								
								-	
							\dashv	\dashv	

Completed by: (Print or type) Title: Project Manager Allen Monchik	Signature: Allen Monchik	Date: 01/17/18
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

					41044	iii to No.	10	o.oo and 5.	10)	Imi						
Date of Notification (1)	47 .				1900			wner/Operator	7. 7		JA	N	2 2	2	018	
/	17 /	18	8		Me	etro Real	Est	ate Compan	ies	[Seed Seed]						
Agencies Notified	Type Notifi	cation			Stree	t Address							4.1.00		e-codition and	
⊠ EPA ⊠ DOLWD	Initial □ Amende				2 E	Broad Str	reet,	, Suite 400			ASBES		S Q ENS	JIN	HiOL	
⊠ DOH	Amendr				City,	State, Zip	Code	е		Secretary and the second			F157 4017		ALT SUBSECT	
DCA	☐ Emerge			- a	Ble	oomfield,	, NJ	07003								
(NJAC 5:23-8)	justifica	tion)			Nam	e of Conta	ct			Telephone	Number					
	☐ Cancella	ation			Wa	arren Spr	ake				1					
					FA	CILITY II	VFO	RMATION								
Name of Facility Where A	batement is	Takin	g Place	€ (3)			(4)	5515								
Commercial									School (K-12)						
Street Address									Subchapter 8	ter 8 (Other than K-12) 2., private and commercial buildings,						
169 Minnisink Road	- Cottage	#7							homes, etc.)	rate and our	milerola	ii Du	illuling	٥,		
City (5)									Square Feet	# of Floors	3	Blo	dg. A	ge		
Totowa						C										
County (6)					Cou	nty Code (7)(ST.	ATE USE ONLY)	Current Use (Price	or if being de	molishe	d)				
Passaic					ASCM No. No. of the control of the											
Name of Monitoring Firm		lding (Owner	(8)	ASCM No. Name of Abatement Contractor (9)											
	reet Address						ALL PRO MANAGEMENT L									
	P.O. Box 1224						Sti	reet Address								
		27 Outwater Lane														
City, State, Zip Code Union, NJ							Cit	ty, State, Zip C	ode							
							_	Garfield, NJ	07026							
Project Manager for Monit Rick Eustaquio	oring Firm			256,365	phone			lephone No.		License No	0.					
Start Date (10)		Cabaa		7.00	73-494-3762 973-928-4888 etion Date (11) Name of OSHA Mor					1188						
01 / _26 /								me of OSHA N								
					5 / 18 ALL PRO MANAGEMENT LLC					.C						
Occupancy Status During Facility Closed/Vacated							8	reet Address								
Abatement Performed	Outside of N	ormal	Facility	Abater / Hour	nent s - Dos	cribo		27 Outwater								
Time of Abatement:	AM	PN	Λ/	_PM-	3 - DC3	AM		y, State, Zip Co		743						
Scope of Work (Check all t						*********	(Garfield, NJ	07026							
	and apply)								ainment with Nega	ative Pressure	۵					
 ≥3 sf or ≥3 if ≥160 sf or >260 if 			☐ Re ☑ De	novati					losure		~					
			₩ De	monuo	11			☐ Glovebag Non-Exe	g Procedure mpted (*) and Non	-Friable Proc	edura					
70				Locati						11100101100		Δha	teme	nt T	vno.	
Location o Asbestos-Containing M				lormal d Sole				Description of	f					Table 1		
TO BE ABAT	ED (ACIV	1)	Ma	intena	nce/	Asbe	stos	Containing Ma	terial (ACM)	Amount		Removal	Repair	inca	Enclosure	
IN Facility			Cust	odial 8 (12)	Staff?	(8	surfacing, VAT,	or	(Specify SF or LF)		ova	#	ısqı	nso	
(13)			Yes	No	N/A		ot	her miscellane	ous)	2				Encapsulate	, e	
1st Floor- Center Wing					×	VAT				400.00	-			, 100 m		
1st Floor- Dorm A						VAT				120 SF		X				
1st Floor- Center Wing							D-			5,400 SF		X			Ш	
1st Floor- Stairs			Transite	A			275 SF									
						Transite				600 SF						
Name of Registered Waste Hauler ATC / Century Waste, LLC/ All Pro Management, LLC Hauler						TY (623) 1-1	Cut	bic Yards of	Name of Registe	red Landfill						
544-243						/32797/989		se Needed	Minerva Enterprises/G,R,C	.W.S. North Landfill	/ Fairless Lar	ndfilVI.	ESI Beth	lehem	Landfill	
City, State								posal Date	City, State							
Shirley, NY / Elizabeth, NJ/ Garfield, NJ							T	BD	Waynesburg, (OH / Morrisv	ille. PA	/ Be	thle	em	PΔ	
Completed By (Print or Typ	e)	Title		2260				Signature			Date					
Allen Monchik Project Manag						Allen Monchik					01/17/18					

DECEIVED JAN 2 2 2018 ASSESTED CONTROL & LICENSING

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

				169 Minnisink Road- Cottage 7	Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Main			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u	E n c l o s u r e		
4 . 5	Yes	No	-								
1st Floor- Center Wing				Textured Paint	3,000 SF	X					
1st Floor- Dorm A			Х	Textured Paint	3,000 SF	X					
1st Floor- Dorm B			X	Textured Paint	3,000 SF	Х					

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 01/17/18
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NJ5 WE PAIN

m.	EG			EIN
	JAN	22	2018	The state of the s

Date of Notification (1)			Name of Building Owner/Operator (2)							
	18		Met	tro Real I	Estate Companie	es	AS	BESTGS CONTENT		
Agencies Notified Type Notifica	ation		Street	Address			and the second second second second	LICENSING		
☑ EPA ☑ Initial			2 B	road Stre	eet, Suite 400			and the second of the second o		
☑ DOLWD ☐ Amended			City, S	State, Zip C	Code					
DOH Amendme	**************************************		Blo	omfield,	NJ 07003					
(NJAC 5:23-8) justification		ng	Name	of Contac	t		Telephone Nu	mber		
Cancellat			Wa	rren Spra	ake					
			FAG	CILITY IN	IFORMATION					
Name of Facility Where Abatement is T	aking Pla	ce (3)			Type of Facility (4)					
Commercial						School (K-12		10)		
Street Address						☐ Subchapter 8 ☐ Other (i.e., pr	rivate and comm	ercial buildings.		
169 Minnisink Road- Unit 3						homes, etc.)		J.,		
City (5)						Bldg. Age				
Totowa										
County (6)			Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	lished)		
Passaic								11		
Name of Monitoring Firm Hired by Build	ling Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Bio Terra Solutions					ALL PRO MA	NAGEMENT L	LC			
Street Address					Street Address					
P.O. Box 1224					27 Outwater I	_ane				
City, State, Zip Code					City, State, Zip Co	ode				
Union, NJ					Garfield, NJ	07026				
Project Manager for Monitoring Firm	ų.	Tel	ephone	No.	Telephone No.		License No.			
Rick Eustaquio		9	73-494	-3762	973-928-4888	-4888 1188				
[1] 1485 24	cheduled	Compl	etion Da	te (11)	Name of OSHA M	onitor				
	05	/ _2	5_/_	18	LC					
Occupancy Status During Abatement (0					Street Address					
☐ Facility Closed/Vacated During Entir					27 Outwater I	_ane				
Abatement Performed Outside of No Time of Abatement:AM					City, State, Zip Co Garfield, NJ					
Scope of Work (Check all that apply)					Garneiu, No	07026				
□ >3 sf or >3 lf			lian.		☐ Full Cont	ainment with Neg	gative Pressure			
≥3 \$1 01 ≥3 11 ≥ ≥160 sf or ≥260 lf		Renova Demolit			Mini-Enc Glovebage Glovebag					
			5556 			mpted (*) and No	n-Friable Proced	fure		
ps 7444 5/250		Is Loca						Abatement Type		
Location of Asbestos-Containing Material (ACM	, U	Norm sed So		Anha	Description o stos Containing Ma			2 2 0 0		
TO BE ABATED	' N	/lainten	ance/		., thermal systems i		Amount (Specify	Enclosure Encapsulate Repair Removal		
IN Facility	Ct	ustodial (12			surfacing, VAT,	or	SF or LF)	sure		
(13)	Ye	1 1000	1	1	other miscellane	ous)		ate		
Basement/ Crawl Space				Pipe Ins	sulation		1,200 LF			
2 nd Floor					sulation		75 LF			
Basement/ Crawl Space			\boxtimes	Pipe Fit	tting Insulation		60 LF			
2nd Floor					tting Insulation		12 LF			
Name of Registered Waste Hauler		1	NJDEP \		Cubic Yards of	Name of Regis	stered Landfill			
ATC / Century Waste, LLC/ All Pro Manage	1 0	Hauler II		Waste						
City, State			SW-24310 /32797/ 989 As Needed Minerva Enterprises/G.R.O.W.S. North Landfill/Fairless Land Disposal Date City, State				iness LandniviESI Bethlehem Landfill			
Shirley, NY / Elizabeth, NJ/ Gar				TBD		OU / Marries - ***	a DAIDathistan Da			
Completed By (Print or Type)		waynesburg, OH / Morrisville, PA/ Bethlehem				e, PA/ Bethlehem, PA Date				
Allen Monchik	Title Proie	ct Mai	nager		100 74 44					
ACD 44					Allen	monchik		01/17/18		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

JAN 2 2 2018

				7) CONTINUATION SHEET			and	TOS PO	V71	
				169 Minnisink Road- Unit 3		Abateme			100 %	- 13
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely atenandial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	E n c a p s u	E n c I o s u r e	
	Yes	No	N/A							
Basement			Х	Tank Insulation	75 SF	X	Section and the second			
Roof			Х	Built-Up Roofing	2,000 SF	Х				
	_		_						\vdash	
								_	\vdash	

Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik			Allen Monchik	01/17/18

CKH 4434
PAID

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

JAN 2 2 2018

(Pursuant to NJAC 8:60 and 12:120)

									-	100000000000000000000000000000000000000		71 0				
Date of Notification (1)	me of Build		er/Operaco		A	1CHOESS!	1G	<i>J</i> = 0	and when the							
Agencies Notified	Type Notificati	on		Str	eet Addres	5										
	Initial Amended			City	, State, Zip	Code					_	-100	-	=		
Ø DOL	Amendmen Emergency		ing				GRA	WDE	X	1.7 0	82	42				
⊠ DOH □ DCA	justification Cancellation			Nar	ne of Conta					Telephone Num	ber					
				<u></u>	ACILITY IN	AM								_		
Name of Facility Where A	batement is Tak	ding Pla	ce (3)		ACILITIN	FURGILA	TION	Type o	f Facility	y (4)						
	ESIUTA								ool (K-1		o.					
Street Address								Othe hor	er (i.e., p	8 (Other than K-1 private & commerc .)	ial buildings,					
City (5)	ILDWOO	رم د						Square 150	0	# of Floors		Sidg. A	C. 53.00			
CAPE	MAY				unty Code (E ONLY)	7) (STA	TE	Current		rior if being demoli CANIT	shed)					
	ame of Monitoring Firm Hired by Building Owner ASCM No.								ractor (9	25						
(8) Address	IV IP								Street Address							
	reet Address								S	PRUCE A	HE		_	_		
City, State, Zip Code	0000					Oity, S	state, Zip C	PLE	SH	HADE MI	T					
Project Manager for Monit	oring Firm		Tele	phone	No.	Teleph	one No.	9-0	472	License No.	44					
Start Date (10)	Sche	eduled (tion D	ate (11)	Name	of OSHA N	Monitor U	ILA	·						
Occupancy Status During	Abatement (Che	eck only	_	(P		Street	Address									
☐ Facility Closed/Vacated ☐ Abatement Performed (City C	tate, Zip C	oda					_	=		
Other - Describe:	Juside of North	a / 00ai	., 1100			Oily, S	ate, ap o									
Scope of Work (Check all	that apply)					Г	T Full Con	tainment	with Ne	gative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	enovati emolitio				Mini-End Gloveba	closure g Procede	ure	on-Friable Procedu	re					
			Locatio								T	Abate				
Location of			ormally Solely				cription of				_	Туг	<i>E</i>			
Asbestos-Containing Ma TO BE ABATE		C	ntenan ustodia				eining Mate systems ir		1)	Amount (Specify	R	71	Enc	En		
IN Facility	=	\$	Staff? (12)				ing, VAT, iscellaneo			SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)		Yes	No.	N/A		30.0					al		ate	IГӨ		
S 110 111 1				X	-	NA	MSIT	F		1250 SF	V	\vdash		_		
SIDIMG			-	X		JCM	74311		-	1000	1					
Name of Registered Waste	Hauler			DEP V		Cubic Y		Name	of Regis	stered Landfill	. \	. A				
KLTMCO	INC		_ 1	nuter ID	DY		407	City Ct	1	4. C. M.	U.	H		_		
City, State S	HADE Y	11.3	`			Disposa		City, St		OBINE_	N	.5		_		
Completed By	Title	Su	P		icto	Sig	nature .	100	1_	Date	5-	-18				
MICHAEL ICU	mul _	00	1 ,			_ _ //	The state of the s	· /		1						

CK #4 4311

PA				FICAT	nt to NJA	New Jersey SBESTOS ABATI C 8:60 and 12:1	20)	CEIN	y [<u>e</u>	7 7 7		
Date of Notification (1)	15-18			Na	me of Build	ling Owner/Operat	or (2)	USTRUCT	10A	(7	
Agencies Notified	Type Notificati	ion		Str	eet Addres	300	77T SAS	BESTOS CONTI	POL 8	i i		_
DEP DEP	Amended Amendmen	#		City	y, State, Zip	Code			-	Sunc redu		
	☐ Emergency	(includ	ling	_		+ ISLE	CITY		280	24	5	_
Ø DOH ☐ DCA	justification Cancellation			Nar	me of Conta	RAMIC		Telephone Nur	nber			
			1	F	ACILITY IN	FORMATION						
Name of Facility Where			се (3)				Type of Facil				550	
Street Address	ESIDEAL	LE					School (K	er 8 (Other than K-1	12)			
Street Address							Other (i.e. homes, et	, private & commerc	iud laic	lding	s,	
City (5)							Square Feet	# of Floors	E	Bldg. /	Age	
	LAN (II	<u> </u>				1200			50	+	_
County (6)	MAY				unty Code E ONLY)	(7) (STATE	Current Use (Prior if being demolished) VALAUT					
Name of Monitoring Firm	Hired by Building	Owne	٢	ASC	M No.		ment Contractor	1000				
(8)	IA					KUMCO INC						
Street Address						Street Address		RUCE AU	E			
City, State, Zip Code						City, State, Zip		HADE M.	TO	280	25	>
Project Manager for Moni	toring Firm		Te	ephone	e No.	Telephone No.	9-0472	License No.				
Start Date (10)		eduled			ate (11)	Name of OSHA		10				_
Occupancy Status During		_	-	(0		Street Address						_
Facility Closed/Vacated	During Entire P	eriod o	f Abate			87						_
Abatement Performed	Outside of Norma	al Facil	ity Hou	Irs		City, State, Zip 0	Code					
Other - Describe:	that apply)					<u> </u>						=
Scope of Work (Check all ≥3 sf or ≥3 lf	патарруу)	□R	enoval	ion		Full Co		egative Pressure				
≥160 sf or ≥260 lf		⊠ D	emolitic	on			ag Procedure :empted (*) and N	Ion-Friable Procedu	иe			
			Locati			,	()		1	Abate:		
Location of		Use	d Sole	y by	A-b	Description of the Containing Ma		Amount	-	П		
Asbestos-Containing Ma TO BE ABATE		C	ustodia			thermal systems i	insulation,	(Specify	R	Z Z	Encapsulate	Enc
IN Facility	-		Staff? (12)			surfacing, VAT, other miscellane		SF or LF)	Remova	Repair	psu	Enclosure
(13)		V		N/A			/		l a	7	late	re
		Yes	No	N/A		T.O A I C . C	-15	(1000 =	1	\vdash		
SIDING				X		TRAWSI	16	4000 SF	1	\vdash		_
									-	\vdash	-	
									-	\dashv	-	
(B	Under		LA	JDEP V	Nocto I	Cubic Yards	I Name of Red	istered Landfill				
Name of Registered Waste	DIC			auter 10		of Waste		C.M().A.				
CLEMCO City State	JAL			170	24	Disposal Date-	City, State	C120-17-				
City, State WAPUE S	HLADE	ML.	T	080	520		0.000	OBINE 1	1.7	-		
Completed By	Title		0			Signature -	100,	Date	-15	-1	8	



E	G	E		\mathbb{V}		M
	JAN	2	2	2018		
ASE		OS (NTRO	L&	

Date of Notification (1) 01 / 17 /	18				g Owner/Operator (Headley	II II JAN	2 2	2018		世			
Agencies Notified Type Notific				t Address			ASBESTO			L&			
	4					L	LIC	ENSIN	<u>G</u>	ether and the	get officer pages as		
	ent#			State, Zip (
□ DCA □ Emergen		ng			ord, NJ 08066								
(NJAC 5:23-8) justificati	on)			of Contac			Telephone Nur	mber					
☐ Cancella	tion		Chi	ristopher	Headley								
			FA	CILITY IN	FORMATION								
Name of Facility Where Abatement is 1	Taking Pla	ce (3)				Type of Facility	(4)						
Headley Residence						School (K-1		10)					
Street Address				70			8 (Other than K-1 private and comm						
City (5)						# of Floors	Bldg. Age						
West Deptford					1,300 3								
County (6)			Cour	nty Code (7)(STATE USE ONLY)	rior if being demo	lished)		+				
Gloucester						Residence	11 272 S						
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)						
MDG Environmental, LLC					Shade Enviro	onmental, LLC							
Street Address					Street Address	*							
1000 Maplewood Drive, Suite 2	07				623 Cutler Av	venue							
City, State, Zip Code		-			City, State, Zip Co	ode				8-7-1			
Maple Shade, NJ 08052					Maple Shade, NJ 08052								
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No. License No.								
Chris Macri		. 8	56-755	-9300	856-755-0099 00842								
Start Date (10)	Scheduled	Comple	tion Da	te (11)	Name of OSHA M	Monitor							
01 / 26 / 18	01	/ _29	2_/	18	EMSL Analyt	ical, Inc.							
Occupancy Status During Abatement (Check only	one)			Street Address								
☐ Facility Closed/Vacated During Entire	re Period o	f Abate	ment		200 Route 13	0 North							
Abatement Performed Outside of No					City, State, Zip Co	ode							
Time of Abatement:AM	PM/	РМ		AM	Cinnaminsor	n, NJ 08077							
Scope of Work (Check all that apply)						tainment with Ne	egative Pressure						
≥3 sf or ≥3 lf		Renovat Demoliti			☐ Mini-Enc	losure							
☐ ≥160 sf or ≥260 lf		emonu	JI1			g Procedure mpted (*) and N	on-Friable Proced	lure					
		Is Loca	ion					Ab	atem	ent T	уре		
Location of	11	Norma sed Sol			Description of		200-0-1000	20	Z	111	<u>o</u>		
Asbestos-Containing Material (ACM TO BE ABATED		laintena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ncal	nclo		
IN Facility	Cu	stodial	Staff?	(1.0	surfacing, VAT	, or	SF or LF)	oval	-	Encapsulate	Enclosure		
(13)	Va	(12)	T NI/A		other miscellane	ous)				ate			
	Yes		N/A						-	_			
Bathroom				Tar Pap	oer		63 SF			Ш			
			I_{\Box}			0.000		$\exists \Box$	П	П			
Name of Registered Waste Hauler			JDEP \		Cubic Yards of	Name of Regi	stered Landfill						
Freehold Cartage	1980	lauler II	O No.	Waste		North Landfill							
City, State		15939	j	1 Disposal Date	City, State	2000		-					
Freehold, NJ			01/29/2018	Morrisville	e, PA								
Completed By (Print or Type)			Signature	1	- M	Date							
Christina Lynch	Title Vice F	reside	ent of 0	Operation		01		1/1:	1/1	0			
5.14646767888000001774 F17777777	0.001500020000		section (Section 1)		1/11/1/			1 4 1	161	0			

X-4068

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Ā							C 8:60 and 5:16	ō) [m	EGE	-	W	区	M		
Date of Notification (1)		THE PLAN			Name	of Building	g Owner/Operator (2)	U			and the second		11 111		
01 /	17 /	18			Me	tro Devel	opment of SJ, L	LC	n				-	$\parallel \parallel \parallel \parallel$		
Agencies Notified	Type Notifica	ation	_		Stroot	Address				JAN	227	018		1		
1 8 7 9	⊓ Initial	alion					n l ana		п -	1			1			
	⊠ Amended	d			12.500	Covingto				-		1750	71 0			
⊠ DOH	Amendm			60.00	-	State, Zip C				ASBESTO	IS CON ENISIN	II HU) La			
	☐ Emergen	cy (incl	uding			orhees, N		1		THE REAL PROPERTY AND ADDRESS OF THE PARTY O	a long to more or the first the	-		geoest		
(NJAC 5:23-8)	justificati					of Contac				Telephone Nu	ımber					
	☐ Cancellat	tion			Nic	k Aspras										
					FA	CILITY IN	FORMATION									
Name of Facility Where Ab	atement is T	Taking F	Place	(3)				Type of Faci	lity (4	1)						
Future Wawa								School (K-12)								
Street Address							☐ Subchapter 8 (Other than K-12 ☐ Other (i.e., private and comme						inac			
912 Haddonfield Roa	d						1	homes, e		vate and comi	nerciai	Juliu	ngs,			
City (5)	2000							Square Feet	0000000	# of Floors		3lda.	Age			
Cherry Hill							50,000 1									
County (6)					Cour	ty Code (7	(7)(STATE USE ONLY) Current Use (Prior if being demolished					50	_			
Camden					Cour	ity Code (/	Vacant Commercial Space									
Name of Monitoring Firm H	lired by Build	dina Ou	mer (8)	ASCM	No	1									
	RS Environmental, Inc.						Name of Abatement Contractor (9)									
							A STATE OF THE STA	Environmental, LLC								
Street Address	Drive Suite 540						Street Address									
	zon Drive, Suite 540						623 Cutler Av			garestee a constant of the con						
City, State, Zip Code						City, State, Zip Code										
Robbinsville, NJ 086	91						Maple Shade	, NJ 08052								
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.			License No.						
Rafael Torres				60	9-890	-7277	856-755-0099			00842						
Start Date (10)	5	Schedul	led Co	mple	tion Da	te (11)	Name of OSHA M	Ionitor		1 12 13						
01/04/	18	01	/	_ 22	2_/	18	EMSL Analyt	ical, Inc.								
Occupancy Status During A	Abatement (0	Check o	only o	ne)	1 1000		Street Address	A Samuel				_				
☐ Facility Closed/Vacated			- 3	100	ment		200 Route 13	0 North								
☐ Abatement Performed C	Outside of No	ormal F	acility	Hour	s - Des	cribe	City, State, Zip Co	ode					- 100			
Time of Abatement:	AM	PM/		_PM-		AM	Cinnaminson									
Scope of Work (Check all the	hat annly)						Ommaninison	, 110 00011								
	nat apply)						☐ Full Cont	ainment with	Nega	tive Pressure						
≥3 sf or ≥3 lf			Rer				☐ Mini-Enc									
≥160 sf or ≥260 If		12	☑ Der	nolitic	on		☐ Glovebag		Non-	-Friable Proce	dure					
	7		le	Locat	ion		Z Non-Exc	inplod () dild	1	1 11000		hata	ment	Туре		
Location of	F			orma			Description o	f								
Asbestos-Containing M		1)			ely by	Asbe	stos Containing Ma			Amount	remova	yeball	Encapsulate	Enclosure		
TO BE ABAT				ntena odial	nce/ Staff?	(i.e	., thermal systems			(Specify	VOL	=	aps	ost		
IN Facility (13)			Oust	(12)	otan:		surfacing, VAT, other miscellane			SF or LF)	<u>a</u>		ua	- Te		
(13)			Yes	No	N/A	1	other miscellane	ousj			**		6			
Meinke Exterior						Roof FI	ashing			600 SF		3 [
Shed Exterior		1		\boxtimes	$\dagger \Box$	Transite	e Siding			150 SF	×		1			
											- F	1 -	7 -			
												1	1 _	1 _		
] [
Name of Registered Waste Hauler NJDEP						Cubic Yards of	Name of Re	egiste	ered Landfill							
Jack Robinson Waste Disposal Service Hauler ID 1						Waste	GROWS	No	rth Landfill							
City, State						40 Disposal Date	City, State				6077100					
						01/22/2018	Morrisv	ille	PA							
Voorhees, NJ							,		Doto							
Completed By (Print or Typ	e)	Title	o D	امام	nt of	Operation	Signature	14			Date	7	10			
CHIISHIIA I VIICH		VIC	E FIF	201016	TILL CHILL	JUCIALIO	13 110. \\ 8.	10	3	10	1 /1	21 1	1 V			



	PAI)	NOTI	FICATIO	N OF AS	lew Jerse BESTOS C 8:60 ar	ABAT	EN 20	MENT			: N	Π/I	F	
Date of Notification (1) 01-15-18					of Buildin	g Owner/	Operat	or	(2)	ST.			₩.		
Agencies Notified	Type Notification	n		Street /	Address						JAN 2	2 2	010	-	Н
EPA DEP DOL	Initial Amended Amendmer				ate, Zip (Code NJ 0700	3			AS	BESTOS			2	ש
■ DOH	Emergency justification	1)	g		of Contac					J	elephone N	umbés		OI.	
□ DCA	Cancellatio	n			do Zum	iba FORMAT	1011						_		
Name of Facility Where	Abatement is Taki	ing Place ((3)	FAU	ILITIN	FURNIA	ION	Т	Type of Facilit	y (4)					
Private Home Street Address				Ke di kacamatan		-400-00-00-00-00-00-00-00-00-00-00-00-00				ter 8 (O	ther than K- e & commen		ldings	, hom	ies,
City (5) Bloomfield									Square Feet	#	of Floors		Bldg.	Age	
County (6) Essex					Code (7) USE ONL			Ì	Current Use (F	Prior if b	eing demoli	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASCI	M No.				of Abatement C Contracting		or (9)				
Street Address									Address th St.						
City, State, Zip Code	qu.						500000000000000000000000000000000000000		ate, Zip Code City NJ 070	087					
Project Manager for Mor	itoring Firm	7		Telepho			N. Y. S. S. S.		ne No. 16-9603		License 01206	No.			
Start Date (10) 01-17-18 Habe of Medianesed Ass	idia Lange	01-22-	-18	mpletion	Date (11)	1000000		f OSHA Monito Contracting	77					
Facility Closed/Vaca Abatement Perform	Abatement (Che ated During Entire	Period of	Abate	ment rs			522	71	ddress th St. ate, Zip Code						
Other - Describe:	UTL 4 A . 1 S						Uni	on	City NJ 070	087					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ii That Apply)		Renov Demol	ation ition				E .	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	•			-	
		Is	s Loca	tion	I				Non-Exemple	leu () a	nu non-rna	Die Pro	Will be a second	emen	t
Location			Norma	illy			scriptio					_	Ту	ре	1
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Ma	aintena todial (12)	ance/ Staff?		. thermal	systen	ns i	iterial (ACM) insulation, , or ous)	1	Amount (Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
1 of Elec	or	103		TWA		Colli	na Dla	001		-	40.05	-			_
Op 2nd Flo			X			Ceiling/	ng Pla Wall			+	40 SF 60 SF	X			
, Abate															
Name of Registered Wast Delfa Contracting LLC	e Hauler		1 (1)	JDEP W lauler ID 3524(No.	Cubic of Was	ste		ESSENSION VI		ered Landfil esource R		ery F	acili	ty
City, State Union City, NJ						Dispos 01-24		9	City, Sta Tullyto		A				

Completed by

Jaime Delgado

Date

01-15-18

Signature

Proj. Manager.



				t to NJAC				1	[E (G	3 1	N/I	12	
Date of Notification (1)			Name o	of Building	Owner/0	Operator	(2)		10),	<u> </u>	5	3	A	6	An.
12-31-17				ounty Ser			, ,		M	- 1					
Agencies Notified Ty	oe Notification			Address aple Ave.					ШЩ	U	AN	22	2018		U
EPA DEP	Initial Amended			ate, Zip Co											
DEP DOL	Amendment #			lland Par		07424				ASBE	STOS	NSIN	ITRO	L&	
■ DOH	Emergency (inclu justification)	Jaing		of Contact					11	elepho			-	-erziege	CANDOL .
DCA L	Cancellation		Joe S	ILITY INFO	ODMATI	ON			,			1_			
Name of Facility Where Abat	ement is Taking Pla	ace (3)	TAG	ALIT INFO	ORIVIATI	ON	Тур	e of Facility	y (4)						
Private Home								School (K				-			
Street Address							-	Subchapt Other (i.e	er 8 (O	ther that e & con	n K-1 nmerc	2) ial buil	dings,	home	es,
City (5)							Squ	etc.) lare Feet	#	of Floo	ers	TE	ildg. A	ae	
Wayne					5.0524										
County (6) Bergen				Code (7) USE ONLY))	_	Cun	rent Use (F	rior if b	eing de	emolis	hed)			
Name of Monitoring Firm Hire N/A	ed by Building Own	er (8)	ASCI	M No.				atement C ntracting		or (9)					
Street Address						Street 522									
City, State, Zip Code								Zip Code							
791								y NJ 070	87						
Project Manager for Monitorin	ng Firm		Telepho	one No.		Teleph		No. 9603		Lice 012	nse N	0.			
Start Date (10)	Sch	eduled Co	mpletion	Date (11)		MANUAL PERS		SHA Monito	ır	012	.00			- 10-1	
01-10-18	01-	-14-18	cescondificación de Procesidad.					ntracting							
Occupancy Status During Ab	27.1			2,000000		Street 522									
Facility Closed/Vacated Abatement Performed C	During Entire Perio outside of Normal Fa	d of Abate acility Hou	ement irs				11/2	Zip Code							
Other – Describe:					_			y NJ 070	87						
Scope of Work (Check All The	at Apply)	-				_	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Renov						ull Containr ini-Enclosu		th Nega	ative F	ressu	re		
	-					ezes g	GI	lovebag Pron-Exempte	ocedure	e nd Non	-Friah	le Pro	redun		
		Is Loca	ation						T		11100	1	Abate	ment	
Location of Asbestos-Containing Mate	ACM) lein	Norm Used So		Ashant		scription		1 (4 04 0)			2	-	Ту	pe	
TO BE ABATED In Facility	2	Mainten Custodial			thermal	systems	s insul	al (ACM) lation,		Amoun (Specify	У	Re	Z)	Enca	Enc
(13)		(12)		other m	cing, VA niscellan	i, or eous))	8	SF or LF	-)	Remova	Repair	Encapsulate	Enclosure
	Y	es No	N/A									=		ate	6
315 Riverlawn Dr. /	Exterior	X				N. 41				200.0	_				
Exterior	LAIGHUI	X	-			Siding	oina		-	200 S		X		_	
NAC TICL AND LAND TO		^	-		vviriac	ow Gla	sing		10	(Eac	n)	X			
Name of Registered Waste Ha	uler		NJDEP W	/aste	Cubic '	Yards		Name of	f Regist	tered L	andfill	_			
Delfa Contracting LLC			Hauler ID 3524	No.	of Was			Tullyto				ecove	ery F	acilit	y
City, State			55240			al Date		City, Sta							
Union City, NJ					01-1			Tullyto		Α					
Completed by Jaime Delgado	Tit Pi	^{tle} roj. Man	ager.		Si	gnature	/	12			Da 12	te -31-1	7		



Date of Notification (1) 12-31-17					Building (unty Ser			(2)		扩	5	5		\mathbb{V}		M
Agencies Notified	Type Notification			Street Ad	ddress ple Ave.				14	Щ	JAN	22	20	118		
DEP DOL	Initial Amended Amendment		_	City, Sta	te, Zip Co and Par	de	7424			ASE	ESTOS epHoneR					
DOH DCA	Emergency justification) Cancellation			Name of Joe S.	Contact					+ Tel	epHone!	Numbe	H.	OL	ž.	
Name of Facility Where	Abatement is Takin	g Place (3)	FACI	LITY INFO	RMATI	ON	Тур	e of Facility (4	ł)			77			
Private Home									School (K-12							
Street Address								ť	Subchapter Other (i.e. pretc.)				uild	ings,	home	s,
City (5) Wayne								Squ	are Feet	#0	f Floors		Ble	dg. A	ge	
County (6) Bergen				County C	Code (7) JSE ONLY)			Cun	rent Use (Prio	r if bei	ng demo	olished)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	1 No.		1		ntracting LI		(9)					
Street Address					-		Street 522									
City, State, Zip Code	****************								Zip Code ty NJ 0708	7						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph 201		No. 9603		License 01206					
Start Date (10) 01-10-18		Schedule 01-14-		mpletion [Date (11)				SHA Monitor ntracting LI	_C			2910			
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street									
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire led Outside of Norr	Period of Anal Facility	Abater Hour	ment			No. of Contract Contr	State,	Zip Code	7					Name of the last o	
Scope of Work (Check A	Il That Apply)						Omo	II CI	ty NJ 0708							-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Description of the last of the	enova emoli					M G	ull Containme lini-Enclosure llovebag Proc lon-Exempted	edure	200				4	
		1	Locat	100						<u> </u>				ALC: COMMO	ment	
Location Asbestos-Containing		Use		ely by	Ashes		scription		al (ACM)	Δ	mount		1	1 9		
TO BE AB. In Facil (13)	ATED	Cust	intena odial (12)	Staff?		thermal surfa	system cing, VA niscellar	s insu AT, or	lation,	(8	Specify or LF)	Konjova	Domoval	Repair	Encapsulate	Enclosure
43 Edith Ct	/ Poof	Yes	No	N/A		D	6-14 D			40	00.05	-	4	_	to	
43 Editil Ci	.7 R001		X			Koot	felt Pa	aper		12	00 SF	X				
												-	-			
Name of Registered Was	te Hauler			JDEP W		Cubic			Name of F	Registe	ered Lan	dfill				
Delfa Contracting LL	C	3 0 111		dauler ID 35240		of Was	ste		Tullytow		source	Reco	ove	ry F	acilit	у
City, State Union City, NJ						100000000000000000000000000000000000000	sal Date 5-18		City, State		4					
Completed by Jaime Delgado		Title Proj. I	Mana	ager.		S	ignature	е	A	5		Date 12-3	1-1	7		



			(P	ursuant	to NJAC	8:60 aı	nd 12:120	0)		m	EC		I	W	F	F
Date of Notification (1) 01-15-18					f Building unty Ser			(2)		KI				*****	Liss	100 mm m
Agencies Notified	Type Notification			Street A 57 Ma	ddress ple Ave.						JAN	V 2 :	2	2018		世
DEP DOL	Initial Amended Amendment	#	Ī	City, Sta	te, Zip Co land Par	de	07424			L	ASBEST	08.0	ON.	ITRO	. R.	
DOH DCA	Emergency justification) Cancellation	- 1			f Contact						elephone l					ed et al layer.
	Cancellation				LITY INFO	DMAT	TION	107/4					_	-		
Name of Facility Where Private Home	Abatement is Takin	g Place (3	3)	TAG	LITT HAT	JINIMI	ION	Ту	pe of Facility							
Street Address										er 8 (Ot			uild	ings,	home	es,
City (5) Wayne								So	etc.) quare Feet	# (of Floors		Ble	dg. A	ge	
County (6) Bergen				County (Code (7) USE ONLY)		Cı	urrent Use (P	rior if be	eing demo	lished))			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	/I No.				Abatement Contracting		er (9)					
Street Address							Street 522	Add	dress				-	-		
City, State, Zip Code						City, S	State	e, Zip Code City NJ 070	187							
Project Manager for Mor	nitoring Firm	T	Telepho	ne No.		Teleph	none			License 01206		-	****			
Start Date (10)		Cohodul	od Cor	nnlation	Date (11)				OSHA Monito	-	01200	,				
01-24-18		01-25-	18	ripietion	Date (11)		Delfa	a C	ontracting							
Occupancy Status Durin Facility Closed/Vac				nont			Street 522	1227								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nom	nal Facility	Hours	S		_			, Zip Code City NJ 070)87						
Scope of Work (Check A	II That Apply)				***************************************											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli						Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	÷				Ç.	
		1 1-	1 1						14011-LACITIPE	T a	IIU INOII-I I	lable i		Abate		
Location	n of	1	Locati Normal	Olivernia de la companya della companya della companya de la companya de la companya della compa		D	escription	of						Ту	oe	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma Cus	ed Sole intena todial ((12)	nce/ Staff?		tos Cor therma surfa		Mate s ins	or		Amount (Specify (SF or LF)	Kallioval	Ramoval	Repair	Encapsulate	Enclosure
		Yes	No	N/A						-			4	_		_
Shed Hous	se Roof		Х			Roof	ing Mat	eria	als	1	20 SF	X	1			
													1			
Name of Registered Was Delfa Contracting LL				IJDEP W lauler ID 3524	No.	of Wa			1000 00000	- 5	tered Land esource		ove	ry F	acilit	у
City, State Union City, NJ						Dispo	sal Date 29-18		City, Sta		Α					
Completed by		Title					Signature	9	10			Date	-			
Jaime Delgado		Proj.	Mana	ager.				1	1			01-1	5-1	8		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

						(Pursua	ant to NJAC 8:60 a	nd 12:	120)	B	Etreck-	上	11	0
Date of No	otification (1	.)			Name	of Building	g Owner/Operator (2)	V-5-2-7		117) (S C B I	11/1	F-7	and the same of the
Januauı	ry 16, 20	18			NJ Tr	ansit				IIXI	9 15 11	1//	E	M
Agencies N	Notified	Type N	otification		Street A	Address	0.00					-	-	
⊠ E	PA	X	Initial		1 Per	in Plaza	a East			11111	JAN 22 2		- 1	IIIII
	DEP		Amended		City, St	ate, Zip Co	ode			1 1	2 2 2	018	1	UII
X C	OOL	_	Amendment #	_		rk, NJ				1 L	SELECTION OF THE PARTY OF THE P		1	7
			Emergency (including		100000000000000000000000000000000000000	of Contact				Telephone Number		*****		
	OH		justification)		Renzo	o Sosa					LICENSING	OL 8		- 1
)CA		Cancelation				ACILITY INFORMA	TION			The state of the s	1.00		
Name of Fa	acility When	e Abate	ement is Taking Place (3)				ACILITY INFORMA		of Facility (4)					******
			erminal & Yards Ferry	Termina	al					2) Non-Subchapt	or 8			
Street Add	ress									8 (Other than K-	(
1 Hudso	on Plaza										rcial buildings, hon	nes, et	c.)	
City (5)								Squar	e Feet	# of Floors	Bldg. Age			
Hoboke	n							150.		2	1907			
County (6)		111 F212				County	Code (7)	-	nt Use (Prior if be	ing demolished)	1200			
Hudson	County					(STATE	USE ONLY)	Bus	Terminal					
Name of M	lonitoring Fi	rm Hire	ed by Building Owner (8)				ASCM No.	Name	of Abatement Co	entractor (9)				
Matrix N	New Wor	ld En	gineering, P.C.				00121	1 1 1 1 1 1 1 1 1 1	orn Contract					
Street Add	ress								Address					
26 Colui	mbia Tur	npike	2					100000000000000000000000000000000000000	Villow Way					
City, State,	Zip Code								itate, Zip Code			22-14		
Florham	Park, NJ	079	32						odland Park,	NI 07424				
a was an	nager fo Mo		570.00			Telepho	one No.		hone No.		License No.			
Gavin G						100000000000000000000000000000000000000	40-1800	100000	333-9176		01331			
Start Date ((10)				Schedul	1	etion Date (11)		of OSHA Monitor					
		CA's p	ermit approval				9, 2018		rovision Cons					
Occupancy	Status Durir	ng Aba	tement (Check Only One)						Address				-	
☐ Fa	cility Clos	ed/Va	acated During Entire Peri	od of Ab	atemen	t				Rd., Bldg. 35-E				
			rmed Outside of Normal						tate, Zip Code	,				
	ther - Des								Lawn, NJ 074	410				
Scope of W	ork (Check A	All That												
□ ≥3	sf or ≥3 l	f			X	Renov	ation	X	Full Contains	ment with Negat	ive Pressure			
× ≥1	L60 sf or ≥	260 lf	1			Demol	ition	X	Mini-Enclosu					
								X	Glovebag Pr	ocedure				
								X			riable Procedure			
					Is Locatio	n			1.0000000000000000000000000000000000000		1	A	bater	ment
			tion of	1	Normally sed Solely				cription of			\vdash	Тур	e
	Aspestos-t		ing Material (ACM) ABATED	10 100	laintenan		10.43533		ining Material (A) systems insulation		Amount (Specity			
			acility	Cu	stodial St	aff?	(1.0.		ing, VAT, or	24	SF or LF)			Enc.
		(13)		(12)			other m	iscellaneous)			Removal	Renair	Enclosure
				Yes	No	N/A						levi	i i	ure
See Atta	ched													
Vame of Re	gistered Wa	ste Hau	ıler		NJDEP W	aste Hau	ler ID No.	Cubic Y	ards of Waste		Name of Regustered L	andfill		
Newark (Carting, I	nc.			04509			TBD			IESI Bethlehem I	andfi	11	
lity, State	New Jers	0,10	7105					Dispos	al Date	1	City, State			
		sey U	/ 103	Tra	-			TBD	Signature	17 0	Bethlehem, PA		-	
ompleted I Dimo Go				Title	al Man	200-			S.g.iature	11/1		Date	c 12	210
71110 00	icev			Joener	al Man	ager				1/		01/1	0/21	719

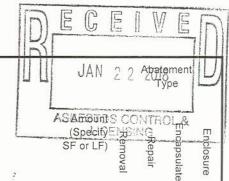
State of New Jersey Notification of Asbestos Abatement Continuation Sheet

Location of
Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility
(13)

Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)

Description of
Asbestos Containing Material (ACM)
(i.e. thermal systems insulation,
surfacing, VAT, or
other miscellaneous)



	Yes	No	N/A	å				Ø	
Throughout Project Area			Х	ACM - Plaster Ceiling	3,393 SF	X			
Throughout Project Area			Х	ACM -Decorative Ceiling Plaster	150 SF		Х		
Throughout Project Area			Х	ACM - Wall Plaster	330 SF		Х		
Throughout Project Area			Х	ACM - Double Layer Vinyl Floor Tile	30SF	Х			
Throughout Project Area			Х	ACM- Triple Later Vinyl Floor Tile	4,900 SF	Х			
Throughout Project Area			х	ACM - Interior Caulk	120 LF	Χ			
Throughout Project Area			Х	Assumed ACM - Pipe	718 LF	Х			
Throughout Project Area			Х	ACM - Wall Plaster	1,260 SF	Χ			
Throughout Project Area			Х	Assumed ACM - Floor Composite	40 SF	Х			
Throughout Project Area			Х	Assumed ACM - Built Up Roofing	200 SF	Х			
Throughout Project Area			Х	Assumed ACM - Contaminated Plaster	175 SF	Х			

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Date of Notification (1) 01 /	18 /	17				of Buildir O Energ	ng Owner/Operator (y	2)] JAN	22 ;	201	8	An inches]]]
Agencies Notified	Type Notific	cation			Stree	t Address			1		_		Person	1
⊠ EPA	☐ Initial				100	Lenox	Drive	and the same of th	ASBESTOS	2 CON	777		J	-
□ DEP	Amende				City.	State, Zip	Code		LICE	INSING	3771	11 8		+
☐ DCA (NJAC 5:16) ☐ DHSS	Amendm					September 1	Ile, NJ 08460			the second	-	A STATE OF THE PARTY OF THE PAR	Maria de la compansión de	!
DCA	☐ Emerger justificat		iciuain	3		of Contac			Telephone N	Vumber		7.00		_
(NJAC 5:23-8)	☐ Cancella						r Project Manage	er	, oropriorio i	10,111001				
						-	NFORMATION						22/2000	
Name of Facility Where A	hatement is	Takin	n Diago	(2)	гА	CILITTI	NFORMATION	Tune of Equility	(4)		_			
Marie Katzenbach S				: (3)				Type of Facility	\$2500					
Street Address	CHOOL IOL	lile D	eai					School (K-12		<-12)				
320 Sullivan Way	BUILDING	8, 9, [,]	10, 11	, 12,	13			Other (i.e., property homes, etc.)	rivate & comm		uild	ings,		
City (5)								Square Feet	# of Floors		Blo	dg. Ag	ge	
Ewing								4000	1		5	50+		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished	d)			
Mercer								Prior use so	hool being	demol	ish	ed		
Name of Monitoring Firm I	Hired by Buil	lding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Environmental Conf	nection, In	С			003)	Diamond Hui	ntbach Constru	action Corpo	oratior	1			
Street Address							Street Address							
120 North Warren St	reet						500 East Luz	erne Street						
City, State, Zip Code		17.					City, State, Zip Co	ode						
Trenton, NJ 08608							Philadelphia,	PA 19124						
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No).				
Roland Jones				6	09-392	-4200	215-739-8166	i.	00646					
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					-71	-
01 /19 / _		-			<u> </u>	18	SAME AS AB	OVE						
Occupancy Status During			Account to the contract of the	100000000000000000000000000000000000000			Street Address							
☐ Facility Closed/Vacated														
Abatement Performed of Time of Abatement: 7A						scribe	City, State, Zip Co	ode				11		
Scope of Work (Check all	that apply)				111		100000000000000000000000000000000000000	22 9 200 904						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			□ Re ☑ De	novat moliti			☐ Mini-Enc ☐ Glovebag	the state of the s						
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Location of				d Sol	illy ely by		Description o		West-65000000000000000000000000000000000000					
Asbestos-Containing N TO BE ABAT		л)	Ма	intena	ance/		estos Containing Ma rmal systems insula		Amount (Specify	1	₹err	Repair	inca	ncl
IN Facility			Cus		Staff?	(VAT, or		SF or LF)	,	Removal	air	sde	Enclosure
(13)			Yes	(12) No	N/A	-	other miscellane	ous)			-		Encapsulate	re
Underground chase				NO NO		Pipe In	sulation		100 LF	E	X	П	П	П
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			Ш	ш	П							Ш	Ш	Ц
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Name of Registered Waste				1 231	JDEP V lauler II		Cubic Yards of Waste	Name of Regist						
Waste Management	or New Jer	sey,	inc		10026		3	Fairless La	патн					
City, State Philadelphia, PA 191	01-3648						Disposal Date as needed	City, State Morrisville,	PA 19067			nedstal		
Completed By (Print or Typ	e)	Title					Signature			Date		187		
Wayne Huntbach		Pr	oject	Man	ager		Win				1	8-1	18	

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Date of Notification (1) 01 /	18 /	18				g Owner/Operator (king & Disposa	1000 01	0K3	3	2 2 54	018 3	Constitution of the last of th
Agencies Notified EPA	Type Notifica	tion			Address 5 Belma	r Blvd.		ASBES	TOS C	ONT SING	ROL	- &
□ DOLWD	☐ Amended			City, S	tate, Zip C	Code				Market Did	Pit william of	Charles
□ DOH	Amendme	WILLIAM		- 50		e, NJ 07727						
DCA	☐ Emergend justification		1	67 0000	of Contac			Telephone Num	her			_
(NJAC 5:23-8)	☐ Cancellati			Dou				Tolophono Hall				
			-			I CODMATION						
A1	AL -1 1:- T	-Li Di	(0)	FAC	JILIIY IN	IFORMATION	TT (F 10) - 1	(4)		0.01		
Name of Facility Where	e Abatement is 1	aking Place	(3)				Type of Facility					
Residence							School (K-12	:) 3 (Other than K-12	2)			
Street Address								rivate and comme		ilding	IS,	
City (5)							Square Feet	# of Floors	Ble	dg. A	ae	
Wall							1200	1		65		
County (6)				Coun	tv Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Monmouth					9 (,,,	Residence	3	,			
Name of Monitoring Fin	m Hired by Build	lina Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9))				
N/A	,		/				ntracting, Inc.					
Street Address						Street Address						
						1889 Route 9	9, Unit 61					
City, State, Zip Code						City, State, Zip C	ode		-1			
						Toms River,	New Jersey 08	755				
Project Manager for Mo	onitoring Firm		Tele	phone	No.	Telephone No.	- 10	License No.				
						732-349-9932	2	00624				
Start Date (10)	S	cheduled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
01 /29	/18	01 /	_ 30	_ / _	18	E.M.S.L. Ana	llytical					
Occupancy Status Duri	ing Abatement (0	Check only	one)			Street Address						
☐ Facility Closed/Vaca	ated During Entir	e Period of	Abate	ment		1056 Stelton						
☐ Abatement Perform						City, State, Zip C	ode					-
Time of Abatement:	AM	PM/	PM-		AM	Piscataway,	New Jersey 08	854				
Scope of Work (Check	all that apply)						P2 V2					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		□ Re	enovati emolitio	on on		☐ Mini-End☐ Gloveba	g Procedure					
						⊠ Non-Exe	empted (*) and No	n-Friable Procedu	-			/ · · · · · · · · · · · · · · · · · · ·
1		100	s Locat Norma			Description	of.		Ab	atem	1	T
Location Asbestos-Containin) Use	ed Sole	ely by	Asbe	estos Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE A	BATED	Ma	aintena todial		(i.e	e., thermal systems	insulation,	(Specify	Removal	air	aps	losu
IN Fac		Ous	(12)	Otan:		surfacing, VAT other miscellane		SF or LF)	<u>n</u>		ulat	īe
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exterior			\boxtimes		asbest	os siding		1150 sf	\boxtimes			
		П							П			
									$\pm \overline{\Box}$			
										-	Ш	
Name of Registered Wood				IJDEP I lauler II	D No.	Cubic Yards of Waste	Name of Regis	stered Landfill				
City, State				20223	3	3 Disposal Date	City, State					
Toms River, New	Jersey					01/31/18	L 50	Pennsylvania	1	1		
Completed By (Print or	Type)	Title				Signature	//	// D	ate	,1		
Nicholas Fernicol	la	Projec	t Man	ager			1	1	1/18	5//	8	

RECEIVED 01/17/2018 02:16PM Jan 17 2018 14:14 NJ Asbestos Control 609.633.0664 page 1 Notification of Asbestos Abatement 2018-11-A (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: JAN - 2018 ***EMERGENCY*** Check # 8788 Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/116 1/11 18 ASBESTOS CONTROL Kiran Patel Agencies Notified Type Notification LICE Street Address EPA X Initial DEP City, State, Zip Code RI DOL Amandment Glen Ridge, NJ 07028 I DOH Name of Contact elephone Number Cancellation D DCA Goko Naumovski-OnCanter Construction FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) Kiran Patel | School (K - 12) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, atc. Square Feet | # of Floors City (5) Bldg. Age County (6) County Code (7) (State use only) Glen Ridge Current Use (Prior If being demolished) Essex Residential Name of Monitoring Firm Hired by Blog. Owner (8) Name of Abstement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 106 Ryerson Road City, State, Zip Gode City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Ferm Phone Number Ephone Number License Number (973)696-6869 00378 Schedulad Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor B & G Restoration, Inc. 01/18/2018 01/19/2018 Street Address Occupancy Status During Abstement (Check only one) 105 Ryerson Road Facility closed/vacated during satire period of sbatement.

Abatement performed outside of normal facility hours-City, State, Zip Gode Describe:_ Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all that apply) ☐ Demolition Rangvation Full Containment w/negative pressure Glovebag procedure 5 >3 sf or >3 If ≥160 af or ≥250 if Mint-enclosure ☐ Non-frisble procedure is location normally used acialy Location of as beetos-containing by maintenance/oustodis! F Description of aspestos-containing material (ACM) staff(12) n material to be (Specify SF or LF) m n ebated in facility (13) 0 Yes 0 Ċ No NIA D 1st Fl. & 2nd Fl. M · duct (wrap & cut) 80 soft K

1 1/2

Signatura

Disposal Date

01/19/2018

Registered Waste Hauler

Lincoln Park, NJ

Gordana Luna

City, State

B & G Restoration, Inc.

Completed by (Print or Type)

NJDEP Haute

Secretary/Treasurer

19563

01/16/2018

of Registered Landfill

Tullytown, PA

City, State

Geralema Lana

Tullytown Resource & Recovery Center

State of NJ Notification of Asbestos Abatement

2018-11-A B & G proj. #:

(Pursuant to NJAC 8:60-7 and 12:120-7) ***EMERGENCY*** Check# 8786 Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/11 16 1/11 18 1 Kiran Patel Agencies Notified 2 2 2018 Type Notification Street Address ☐ EPA X Initial ☐ DEP City, State, Zip Code ASSESTOS CONT LICENSING X DOL Amendment Glen Ridge, NJ 07028 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Goko Naumovski-OnCenter Construction **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Kiran Patel Subchapter 8 (Other than K-12) Street Address Other (Private/Commercia! Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Glen Ridge Essex Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 01/18/2018 01/19/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road X Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure Glovebag procedure >3 sf or >3 If >160 sf or >260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing е Description of asbestos-containing Amount n staff(12) material to be m n p C (Specify SF or material (ACM) abated in facility (13) C 0 a Yes No а N/A V 1 1st Fl. & 2nd Fl. X duct (wrap & cut) 60 saft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 1 1/2 Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 01/19/2018 Tullytown, PA Completed by (Print or Type) Signature Date Gordana Luna Gordana Luna Secretary/Treasurer 01/16/2018

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Date of Notification (1)				Building Owner/O	Operator	TO BE GET	BEVE I	列	
Agencies Notified Type Notification		1	Street A	ddress		RD.	Application of the second seco		
I EPA Initial Amended		1	City, Sta	te, Zip Code	_]L	H JAN	7073 V	7	Y.
DDEP Amendment D Emergency	# (including	-		N MOO:	01	1910.0		7 4	
DOH justification)		-	MA	Confact ASCO	ESE	ASBESTO LIC	E		
Name of Facility Where Abatement is Takin	n Place (3)		FACI	LITYINFORMAT	ION	Type of Facility	(4)		
Mallie of Lacinth Assists Medicines 1	g - 10127 (-)					School (K-	r a rother than K-12)	
Street Address						Other (i.e.	private & commercia	I DURK	
City (5)	2)					Square Feet	# of Floors	B >>	30
FANGOOD	<u>00</u>	Ť	County (Code (7)		Current Use (Pr	or if being demolish		Herodratia
County (6) (1010N				REONLY)	I Morno	[-] of Abatement Co	0 05E		- Allerda
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	i No.		- CANADARY N	1100		n a produce dito
Street Address		petronomodon		and the second s		Addrage -	14		
City, State, Zip Code						tate, Zip Code	80 · C.U	20	7
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Project Manager for Monitoring Firm				من ويون ويدا	1750	これならい	001008	06	
Start Date (10) /12 18	Scheduled	Con	apletion 1		1 .	of OSHA Monitor JATECH	INL		
Occupancy Status During Abetement (Chec	only One	$\frac{1}{2}$	9/11	<u> </u>	The state of the s	Address J. Gox 8	114		
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of Ab	eteu lours	ient -		City, S	Antin Tim Comolin		100	7
Other - Desoribe:		_			OID	Briefe	N.D. 08	500	<u>)T</u>
Scope of Work (Check All That Apply) ≥3 of or ≥3 li	₩ Re	nova	tion		X.	Full Containm	ent with Negative Pr	easur	9:
E ≥360 or ≥3 ii □ ≥160 of or ≥260 ii		molit			X	- me	e cedure d (") and Non-Friabl	e Pro	cedu
	7					i Won-Exemple	6 ()-8181 tante. 1111111		Abat Ti
Location of		ocati rmai	y.	De	scription	01	Amount		
Asbestos-Containing Material (ACM) TO BE ABATED	Main	tehal	nce!	Asbestos Con (i.e. therma	naumig n I system iolog, VA	s insulation,	(Specify SF or LF)	Removal	Repair
in Facility (13)		(12)	,	otheri	niscellan	eous)		Jeve	M
	Yes	No	NVA						
	+-+			P.O. 1	NEL	LALION	215:07E	X	
BREMENT.				PIPE 1	.000	011.0.0	200		
							Registered Landfiil		
Name of Registered Waste Haujer			JOEP W ayler JO	No. of Wa	Yards ste / \		0.005.		
NOVATEDY INC		1_	1850		sal Date	City, Sta	ie ()	1	
city, state OID Bridge N.O. 08	857	للمتسيدين		13		18/1/20	SOUR PU	7.	+
Completed by OAMELDA	THE	Si	DENT		Signature Signature	15 Ba	de. 11	113	815
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THE REAL PROPERTY.					5000 500	d'ound de sens entre et gang			

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State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

	r.:		(Pu	rsuant	to NJAC	8:60 and 12:12	0)	In	1				111
Date of Notification (1)	8					ng Owner/Operator Dealership	r (2)		JAN	2.2	2018	3	H
Agencies Notified	Type Notific			160	et Address 5 Route '	70 W.			ASBESTO	S CC		OL 8	
DEP	Amende Amendr Emerger	nent#	a	2000	State, Zip erry Hill,	Code NJ 08002			Į _{ij} i.				CONTRACTOR OF THE PERSON OF TH
DOH DCA	justifica Cancella	ton)	5		ne of Con en von Ka			1	Telephone Num	iber			
				FA	CILITY IN	FORMATION							_
Name of Facility Where New Tesla Dealersh		Taking Plac	e (3)				Type of Faci	(-12)					
Street Address 1605 Route 70 W.								., priv	Other than K-1 ate 8 commerci		ldings	í	
City (s) Cherry Hill, NJ 0800)2						Square Feet 4000 SF		# of Floors 1 SF		Bldg. / O yrs	2000	
County (6) Camden					inty Code(E ONLY)	(7) (STATE	Current Use Commercia		if being demoli ilding	shed)			
Name of Monitoring Firm (8)	Hired by Buil	ding Owner		ASCM	No.	Name of Abaten AEi2, LLC	nent Contractor	(9)					
Street Address						Street Address 361 E. Flemin	ng Pike						
City, State, Zip Code						City, State, Zij Hammonton,							
Project Manager for M	lonitoring Fir	m	Tel	ephone	No.	Telephone No. 609-481-212	2	T	License No. 00689				
Start Date (10) 1/22/18		Scheduled C	omple	tion Da	ate (11)	Name of OSHA N AEi2, LLC	Monitor					nez	
Occupancy Status During	그렇게 있었다면 하다 나는 나를 되었다.	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tement		Street Address 361 E. Flemi							_
Abatement Performed Other - Describe:	Outside of No	ormal Facilit			50 50 50 50 50 50 50 50 50 50 50 50 50 5	City, State, Zip C Hammonton,	ode						
Scope of Work (Check al	I that apply)					☐ Full Coi	ntainment with	Nega	tive Pressure				
>3 sf or >3 lf >160 sf or >260 lf		Re De	novat molitic	ion on		Mini-End	closure ag Procedure	·					
			ocati			ESI NON-EX	empted (*) and	Non-	Friable Procedi		Abater	nent	
Location of	of		ormally Solel			Description of					Тур	е	
Asbestos-Containing M TO BE ABAT	The state of the s	No. 100 (100 (100 (100 (100 (100 (100 (100	tenar Istodia			os Containing Mat thermal systems in	erial (ACM)	1	Amount (Specify	R	R	E n c	E n
IN Facility		5	Staff?		(1.6.,	surfacing, VAT,	or		SF or LF)	m	e p	a p	1 0
(13)			(12)			other miscellaneo	ous)			v a	i	u 1	s u r
		Yes	No	N/A		and the second s				1	r	a t	e
Parking lot				X	Transite	Pipe		10	00 LF	X		c	
								-		_			
							The same of the sa	-		-		_	
Name of Registered Was	te Hauler		IN	JDEP V	Naste I	Cubic Yards	Name of Re	gister	ed Landfill				
AEi2, LLC			H	auler (C	SATERY CAST ***	of Waste	TBD	9.0.0.					
City, State			<u>-12</u>	1376		15 Disposal Date	City, State						=
Hammonton, NJ						TBD	TBD	_	1				
Completed By Wm. Minnick		Title Program	Ma		0	Signature	Mm	2 /	Date 1/16/18				
VV III, IVIIIIIIICK		LIDEIGII	INTAL			1 611/11	11/1/11	11	/ 1/10/10	A			



PAID	NO	(Purs	ATION O suant to	of New Jers F ASBESTO NJAC 8:60 a	S ABATEN and 12:120)	D	E	GE		7 [3		1
Date of Notification (1) 01-13-2018				uilding Owne Valentino	r/Operator	(2)		Water State of State	JAN 22	201	188		
Agencies Notified Type Notification		St	reet Add	ress									
X EPA Initial		C	tu Ctata	, Zip Code				ASB	ESTOS C		TOL		\dashv
▼ EPA ▼ Initial ▼ Amended ▼ DOL ▼ Amendment #				oro, New J	ersey 08	536	L		LICENS	ING	whether officers		embr.
Emergency (ii	ncluding	704	ame of C	388				Teler	hone Numb	er			
DOH justification) Cancellation		P	andy Fi	ore Jr.									
			FACILI	TY INFORMA	ATION	Time of	Facility (4)			-	-		
Name of Facility Where Abatement is Taking	Place (3)					_							
Private Dwelling						E Su	hool (K-12) bchapter 8	(Other	than K-12)				
Street Address						× Otl		vate &	commercial	buildir	ngs, h	omes	3,
City (5)						Square		# of I	Floors	1000	lg. Ag	е	
Florham Park NJ 07932						n/a		N/A		N/	A		
County (6)			County Co						g demolishe	d)			
Morris		(5		SE ONLY)			e Dwellir	_	0)				
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.			ment Contr racting L		5)				
Standard Environmental						Address	CONTRACTOR CONTRACTOR						
Street Address						BOX 73							
2108 Fulton St Suite 2A City, State, Zip Code						State, Zip							
Brooklyn NY 11233							rk NJ 07	424				-277	
Project Manager for Monitoring Firm		Т	Telephon	e No.		hone No.			License No				
Kayode Adefisoye						-692-62			01266				
Start Date (10)	Schedule		pletion D	ate (11)	0.0000000	of OSHA	A Monitor racting L	I C					
01-25-2018	01-20-2				200	t Address	8500				-		
Occupancy Status During Abatement (Chec			- 100			BOX 73							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	ent	-	55.00	State, Zip odland	Code Park NJ	0742	4				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				Mini	-Enclosure	edure	Negative P	e Pro	cedur		
	Is	Locati	on								Abate	men pe	t
Location of	N	lormal	ly	1000 4000000	Description	on of			30/0 300 and a		.,		
Asbestos-Containing Material (ACM)		d Sole intena		Asbestos	Containing	Material ms insula	(ACM) tion,		mount Specify	Re	מ	Encapsulate	Enc
TO BE ABATED In Facility	Cust	todial 9 (12)	Staff?		surfacing, \	/AT, or		SF	or LF)	Removal	Repair	nsde	Enclosure
(13)		()	T	OI	her miscell	aneous)				a	-	late	Ге
	Yes	No	N/A		Schwick lie					-			
Ground Level			X		VAT			3	00 SF	Х			-
Name of Registered Waste Hauler			NJDEP V		Cubic Yards	3	Name of	Regist	ered Landfill			NO LOCAL	
Amax Contracting LLC		100	Hauler ID 03618	4 5	of Waste		Fairles City, Star		8				
City, State					Disposal Da 01-21-201		Morris		Α				
Woodland Park NJ 07424	Title				Signat	1900	1.1			ate			
Completed by Tome Malarkov	10000000	ct Ma	anager		J.g.ide	J	Mu	f	0	1-13-	-201	8	

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

7 (F)									4 .	manuel	150 lb.			W_	F	IM
Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (2)	M	<u>E</u> 6	113		U		
	10 /	17			Ve	rizon Cor	nmu	inications	1	14						
Agencies Notified	Type Notifica	ation		-	Stree	t Address	-			M	JAN	2.2	7	0118		HU,
	Initial				160	9 Pacific	Ave	enue	1	ПП	II OM	2 2		.0.4		
					City,	State, Zip 0	Code						parent &	On + 124,912		1
⊠ DOH	Amendm	-			The second second	antic City					ASBEST	os C	40	JATE C)L&	
DCA (NJAC 5:23-8)	Emergen justification		cluaing			of Contac	650			II	elephone Nu	(- N.	-11	-	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	-
	☐ Cancellat				Ale	x Baylor				-						
					1			RMATION								-
Name of Facility Where Ab	atement is 1	Takino	Place	(3)	- 17	OILII I III		- TON	Type of Facilit	v (4)						
Verizon Atlantic City			, , ,,,,,,	(0)					School (K-							
Street Address	- Contrar O								☐ Subchapte	r 8 (O						
1609 Pacific Avenue									Other (i.e., homes, etc		te and comm	nercia	l bu	ilding	s,	
City (5)			-						Square Feet		# of Floors		Blo	dg. A	16	
Atlantic City									88,066	'	7			+-75	30	
County (6)	****				Cou	nty Code (7	V/STA	TE USE ONLY)	Current Use (F	Prior i		olisher		-1.0		
Atlantic					000	nty oode (r	ДОТ	TIL OOL ONLT)	Verizon Co		entral control of the control of the control of		-/			
Name of Monitoring Firm H	lired by Ruile	ding C)wner (8)	ASCM	No	Na	me of Ahateme	ent Contractor (umounome					
USA Environmental I	A CONTRACTOR OF THE	anig c	,,,,,,,,	٠,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110.	1000000		VIRONMENT		NC.					
Street Address								eet Address		, .						
8346 Enterprise Aver	nue						1	123 BEAVE	R STREET							
City, State, Zip Code				IDS(1 to 5			10 St	y, State, Zip Co							11/2	-
Philadelphia, PA 191	53						100	BRISTOL, PA								
Project Manager for Monito				Tel	ephone	No.	100	ephone No.		T	License No.				2911	
Mark Jenkins					15-365		111111111111111111111111111111111111111	15-788-6040	ř.		00509					
Start Date (10)	15	Sched	uled C		etion Da		Nar	me of OSHA N	Ionitor			-				
12 / 13 /	0.0000				OLD		E	BRISTOL EN	VIRONMENT	AL. I	NC					
Occupancy Status During A			1000					eet Address		,						
☐ Facility Closed/Vacated					ement			123 BEAVE	R STREET							
Abatement Performed C						scribe		y, State, Zip Co								
Time of Abatement:								BRISTOL, PA								
Scope of Work (Check all the	hat apply)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			No.		-			
					2 9 8-531				tainment with N	egativ	e Pressure					
≥3 sf or ≥3 lf≥160 sf or >260 lf			⊠ Re □ De						losure g Procedure							
2 5 100 31 01 5 200 11				mont	1011				mpted (*) and N	lon-F	riable Proced	dure				
			1000		ation	T				T			Aba	atem	ent T	уре
Location of				Norm	ally lely by			Description of		1			D.	D	m	m
Asbestos-Containing Ma TO BE ABATI		1)	441.75		ance/			Containing Ma ermal systems		1	Amount (Specify		Removal	Repair	nca	nclo
IN Facility			Cust		Staff?	(1.0		surfacing, VAT			SF or LF)		oval	=	Encapsulate	Enclosure
(13)				(12		-	ot	her miscellane	ous)						ate	CD
			Yes	No		-				-						
1st Floor Turbine/Store	Room					VAT / N	lasti	ic (Same Are	ea)		1085 SF	[X			
1st Floor Turbine/Store	Room				\boxtimes	Genera	tor E	Exhaust Insu	ulation		200 SF		\boxtimes			
1st Floor HSB/New Pad	Area				\boxtimes	VAT / N	lasti	ic			1055 SF	[X			
1st Floor Temporary St	ore Room					VAT / N	lasti	ic			210 SF	[X			
Name of Registered Waste	Hauler			100	NJDEP	어머니 맛있게요 하다	100000000000000000000000000000000000000	oic Yards of	Name of Reg	istere	ed Landfill					1
Bristol Environmenta	I Inc				Hauler I		Wa	ste	ACUA Ha	nem	an Enviro	nmer	ntal	Par	k	
City, State							Dis	posal Date	City, State							
Bristol, PA							T	BD	Egg Harb	or T	ownship					
Completed By (Print or Type	e)	Title		-			-	Signature			10	Date	GEN	6		
Dillan DeCaro		Es	stimat	or				DIVA	M De Ca	M	1 m	1-	1	8-	18	
								1-0000	1 000			15	.6		100	

ASB-41 JAN 13 9017070

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

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

Date of Notification (1)			260		Nam	e of Buildin	ng Own	er/Operator ((2)	n E C E		W	E	M				
						rizon Co	mmun	ications		1	Ed Principality (mode)	K.J Kimiralanga	一					
Agencies Notified	ation				et Address 09 Pacific	c Aver	nue		JAN 2	2 2	2018	Bank and the control of the control						
☑ DOH	Amender Amendm	D	R-1/18	/18	City,	State, Zip	Code		and the same of th									
DCA	☐ Emerger				At	lantic City	y, NJ (08401	and the second s	ASBESTOS CONTROL &								
(NJAC 5:23-8)	justificati	on)	•		Nam	e of Contac	ct		l.	Telephone Number								
	☐ Cancella		1 _															
					FA	CILITY IN	NFORI	MATION										
Name of Facility Where A				(3)			A		Type of Facility									
Verizon Atlantic Cit	y Central C	ffice							School (K-12		١١)							
Street Address								☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,										
1609 Pacific Avenue	e 								homes, etc.)									
City (5)									Square Feet	# of Floors	В	ldg. A	~					
Atlantic City									88,066	7		+-75						
County (6)					Cou	nty Code (7	7)(STAT	E USE ONLY)		ior if being demoli	shed)							
Atlantic	II: II D "				1000		1			mmunications								
Name of Monitoring Firm USA Environmental		aing C)wner ((8)	ASCN	No.	100000000000000000000000000000000000000		ent Contractor (9)									
Street Address	TITIC								VIRONMENTAL, INC.									
700,0000 0000000000 000 1000 Mg	anue							et Address	D STDEET									
8346 Enterprise Avenue City, State, Zip Code								1123 BEAVER STREET										
Philadelphia, PA 19	153						City, State, Zip Code BRISTOL, PA 19007											
Project Manager for Monit		Tel	ephone	No		ohone No.	13007	License No.										
Mark Jenkins			5-5810	1	5-788-6040	i e	00509											
Start Date (10) Scheduled Comple								e of OSHA M		00000								
12 / _13_ /	h	OU)			VIRONMENTA	L. INC											
Occupancy Status During	ne)		Street Address															
☐ Facility Closed/Vacate	1.5			85	ement	3.8	V comes		R STREET									
Abatement Performed	Outside of No	ormal	Facility	γ Ηοι	ırs - De			State, Zip Co										
Time of Abatement:	AM	PN	1/ <u>5:00</u>	PM-2	2:00AN	8		RISTOL, PA										
Scope of Work (Check all					-	1												
≥3 sf or ≥3 If			⊠ Re	nova	tion			□ Full Cont □ Mini-Enc □ Mini-Enc	tainment with Neg	ative Pressure								
≥160 sf or ≥260 lf			☐ De						g Procedure	rocedure								
	Daries Total							☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re							
V			1/2	Loca					-		Ab	Abatement 7						
Location of Asbestos-Containing N	0.00	1)			lely by	Asbe		Description on ontaining Ma	terial (ACM)	Amount	Re	Repair	E	E				
TO BE ABA	TED	,			ance/ Staff?		e., therr	nal systems	insulation,	(Specify	Removal	pair	caps	Enclosure				
IN Facility (13)	у		Ousi	(12)				rfacing, VAT er miscellane		SF or LF)	<u>a</u>		Encapsulate	ure				
()			Yes	No	N/A		otric	i misochane	ous)				te					
1st Floor Penetrations						VAT / N	/lastic			6 SF			П					
2 nd Floor Frame Room	Penetration	ons				VAT / N	/lastic			6 SF								
3 rd Floor Office Penet	rations					VAT / N	/lastic			6 SF								
6 th Floor Hallway Pene	etrations					Mastic				6 SF		П						
Name of Registered Wast	e Hauler			1	NJDEP	Waste	Cubic	Yards of	Name of Registered Landfill									
Bristol Environmental Inc					Hauler I		Wast	е	ACUA Haneman Environmental Park									
City, State					1010	<u> </u>	Dispo	sal Date	City, State									
Bristol, PA					TBD Egg Harbor Township													
Completed By (Print or Ty	pe)	Title					1	Signature		Da	ate							
Dillan DeCaro		Es	stimat	or				Della	an De Caro/ gr 1-18-18									

ASB-41 JAN 13 DD 17070

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

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

			NOT						:60 and 5:1		11	ner	3 11	Π/7	Te le	Comment		
Date of Notification (1)	IN	Name of Building Owner/Operator (2)										15						
							Verizon Communications Street Address JAN 2 2 201											
Agencies Notified Type Notification							Address			-	1	7 777 2	2	2018		IU,		
⊠ EPA		1				160	9 Pacific	Av	enue		1				Í	-		
⊠ DOLWD	Amended Amendm		1/12	/1 Q	C	City, S	tate, Zip C	ode			1	ASSESTOS LICEN	COM	710132	_			
☑ DOH ☐ DCA	☐ Emergen			100		Atla	intic City	, N.	J 08401		W	LICEN	Sinic	INUL	Č	1		
(NJAC 5:23-8)	justificati		oluullig		١	Vame	of Contact	1				Telephone Numb	er		and the second	be-they.		
	☐ Cancella	tion				Alex Baylor												
	RMATION	-																
Name of Facility Where A			T	ype of Facility (4)													
Verizon Atlantic Cit	y Central O	ffice									School (K-12)							
Street Address												(Other than K-12) ivate and commer		ilding	c			
1609 Pacific Avenue	е									1	homes, etc.)	ivate and comme	olal bi	anding	٥,			
City (5)										S	Square Feet	# of Floors	В	dg. A	ge			
Atlantic Clty											88,066	7		+-75				
County (6)						Coun	ty Code (7)(STA	ATE USE ONLY)	C		or if being demolis	hed)					
Atlantic												nmunications						
Name of Monitoring Firm	AS	SCM	No.	1000			t Contractor (9)											
USA Environmental						IVI	VIRONMENTAL, INC.											
Street Address								Street Address										
8346 Enterprise Avenue									1123 BEAVER STREET									
City, State, Zip Code								City, State, Zip Code BRISTOL, PA 19007										
Philadelphia, PA 19153								Telephone No. License No.										
Project Manager for Monitoring Firm Telephone No. Mark Jenkins 215-365-5810									215-788-6040	0		00509						
Start Date (10) Scheduled Completion Date (11)									me of OSHA N		aitor	00303	-			-		
12 /13 /	0.00000		NI					BRISTOL ENVIRONMENTAL, INC										
Occupancy Status During	Abatement (Check	only c	ne)				Street Address										
☐ Facility Closed/Vacate	10.00							1123 BEAVER STREET										
							cribe	City, State, Zip Code										
		'	<u>0.00</u>			<u>0</u> / ((V)		E	BRISTOL, PA	A 19007								
Scope of Work (Check all	that apply)								⊠ Full Con	tair	nment with Neg	ative Pressure						
≥3 sf or ≥3 lf			⊠ Re			on Mini-Enclosure												
≥160 sf or ≥260 lf											Procedure oted (*) and Nor	n-Friable Procedur	e					
			Is	Loca	atio	n					prod () dila ital	T Tidble T Toobda	1	atem	ent T	vne		
Location				Norm					Description of	of				_				
Asbestos-Containing N TO BE ABA		1)		d So inten	-				Containing Ma			Amount	Removal	Repair	Encapsulate	Enclosure		
IN Facility			Cust	odia	l Sta		(1.6		ermal systems surfacing, VAT			(Specify SF or LF)	oval	=	nsd	Sur		
(13)				(12					her miscellane			and the second of the second o			late	0		
1st Fl. Outside Central	l Staireage		Yes	No	-	N/A	VAT / M	ooti	io	_		50 SF						
1st Floor Turbine Roo					-					_		30 SF						
Chase	m Exhaust			Ш		Ц_	Debris (Clea	an Up					Ш	Ш	Ш		
					-													
Name of Registered Wast				1100		DEP V			bic Yards of		Name of Regist							
Bristol Environment	tal Inc					ıler ID 8706		Wa	isie		ACUA Hane	eman Environm	enta	l Par	k			
City, State									posal Date		City, State	H600 0442						
Bristol, PA								Т	BD	Egg Harbor Township								
Completed By (Print or Ty	pe)	Title						Signature Date										
Dillan DeCaro		Estimator							Dellan Decaro/ gr 1-18-18									

ASB-41 JAN 13 DD 17070

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

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

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	1000		Problems was	New years	
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	Sec. of the Particular States	Paragraph of the state of the s	140		-
	Telephon	e Number	g.		
	:26				
e of Facility School (K-1 Subchapter Other (i.e., homes, etc	2) 8 (Other tha private and c	n K-12) ommercia	l build	lings,	
are Feet	# of Floo	rs	Bldg.	Age	
8,066	7		+-	75	
rent Use (P	rior if being o	lemolished	d)		
erizon Co	mmunicati	ons			
ontractor (9				llaren per ye	
DNMENTA	L, INC.				
REET					
07					
	License 00509				
r NMENTA	L, INC			n	
REET					
07					
e cedure	gative Pressu				
- () and 140	I Habie i II		Abate	ment T	vne
(ACM) tion,	Amour (Specii SF or L	nt g	Removal	incapsulate	Enclosure
	1085 S	F D	3 [
n	200 S	F D	alr		

Date of Notification (1)				None	a of Duildia	- 0	(2)	JAN ;	7	2010		111					
10 / 10	/ 1	7		0000		g Owner/Operator ((2)	I T OAN 2	- 2	2018		L					
							1000										
Agencies Notified	otificatior al	1		200,000	et Address	Ανορμο	1	ASBESTOS CONTROL & LICENSING									
☑ DOLWD ☑ Ame				100.00	1609 Pacific Avenue LICENSING City, State, Zip Code												
	ndment a				City, State, Zip Code Atlantic City, NJ 08401												
	rgency (i fication)	ncludin	g	- Contract	e of Contac												
	cellation				ex Baylor	53		- relephone Num	Del								
				FA	CILITY IN	NFORMATION		-	-		W. C.	diam'r.					
Name of Facility Where Abatemer	t is Takir	ng Plac	e (3)		Type of Facility (4)												
Verizon Atlantic City Centr	al Offic	е	0. 50			School (K-1											
Street Address					Subchapter 8 (Other than K-12)												
1609 Pacific Avenue					Other (i.e., private and commercial buildings, homes, etc.)												
City (5)							Square Feet	# of Floors	В	ldg. A	ge						
Atlantic Clty							88,066	7		+-75	e E						
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)								
Atlantic							Verizon Co	mmunications									
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9))									
USA Environmental Inc						BRISTOL EN	VIRONMENTA	AL, INC.									
Street Address						Street Address											
8346 Enterprise Avenue						1123 BEAVE	RSTREET										
City, State, Zip Code						City, State, Zip Co	ode										
Philadelphia, PA 19153						BRISTOL, PA 19007											
Project Manager for Monitoring Fir	n		Te	lephone	No.	Telephone No. License No.											
Mark Jenkins			2	215-365	5-5810	215-788-6040	00509										
Start Date (10)	duled C	omp	letion Da	ate (11)	Name of OSHA M	onitor	22. 19.000			1840							
12 /13 /17	_	1_ /	_2	24_ /	18	BRISTOL ENVIRONMENTAL, INC											
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address											
☐ Facility Closed/Vacated During						1123 BEAVER STREET											
Abatement Performed Outside						City, State, Zip Code											
Time of Abatement:AM-		W// <u>5.00</u>	PIVI-2	2.00AW		BRISTOL, PA 19007											
Scope of Work (Check all that appl	y)					M Full Cont	ainment with Ne	native Pressure									
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re	nova	tion	n ⊠ Mini-Enclosure												
≥160 sf or ≥260 lf		☐ De	molit	ion	☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure												
		Is	Loca	otion	T	□ Non-Exer	empted (*) and Non-Friable Procedure Abatement Typ										
Location of		1	Norm			Description of				T		Ī					
Asbestos-Containing Material (A	ACM)	25,235.60		lely by	Asbes	stos Containing Mat		Amount	Removal	Repair	Enc	Enclosure					
TO BE ABATED		0.000000		ance/ Staff?	(i.e.	, thermal systems in		(Specify	VOC	air	aps	losu					
IN Facility (13)			(12			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	Гe					
		Yes	No	N/A							œ.						
1st Floor Turbine/Store Room				\boxtimes	VAT / M	astic (Same Are	a)	1085 SF									
1st Floor Turbine/Store Room				\boxtimes	Generat	or Exhaust Insu	lation	200 SF									
1st Floor HSB/New Pad Area				\boxtimes	VAT / M	astic		1055 SF									
1st Floor Temporary Store Ro	om			\boxtimes	VAT / M	astic		210 SF	\boxtimes								
Name of Registered Waste Hauler			1 803	NJDEP I		Cubic Yards of	Name of Regis	stered Landfill	-								
Bristol Environmental Inc			I	18706		Waste	ACUA Han	eman Environm	enta	Par	k						
City, State				10100		Disposal Date	City, State										
Bristol, PA						TBD	Egg Harbo	r Township									
Completed By (Print or Type)	Title)				Signature		Dat	е,								
Dillan DeCaro	E	stimat	or			D:0000	· De Caro	1:0 1/	16/1	8							
SR_41						Burn	~ coro	17	/								

ASB-41

JAN 13

ON SITE 1/17/18 * Do not use this form for asbestos licensure exempted activities.

PREVIOUSLY ON HOLD

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

Date of Notification (1)				Mar	(5. 11.			5	1 2	16		911.	45			
	_ /	17				ling Owner/Operator ommunications	(2)	UN		Carlo Carlos	Table State)		Di acceptante de la constitución		
⊠ EPA ⊠ Ini	Notificatio	on		11505530	eet Address	s fic Avenue			JAN	2 2	2018	}				
	nended			-	, State, Zip				-	a meative-4	Proper Appeal			1		
	endment ergency			5 H - S		ty, NJ 08401		ASBESTOS CONTROL & LICENSING								
	tification)		ing		ne of Conta			-	Telepho			Annie Marie	treat de Na	Market Service		
□ Ca	or															
				F.	ACILITY	INFORMATION				-				7- E 1		
Name of Facility Where Abateme		Type of Facili	itv (4	1)												
Verizon Atlantic City Cent		School (K		,												
Street Address	Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings,															
1609 Pacific Avenue							homes, et	, priv	ate and	comme	ercial	buildi	ngs,			
City (5)							Square Feet		# of Flo	ors		Bldg.	Age			
Atlantic Clty							88,066		7			+-7	100			
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Prior	r if beina	demoli	shed)	97.0		-05/45%		
Atlantic						nete same same	Verizon C				01100)					
Name of Monitoring Firm Hired by	/ Building	Owne	r (8)	ASCI	ΛNo.	Name of Abateme	The state of the s				-	_		-		
USA Environmental Inc						Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.										
Street Address					-	Street Address										
8346 Enterprise Avenue						1123 BEAVE	R STREET									
City, State, Zip Code						City, State, Zip Code										
Philadelphia, PA 19153						BRISTOL, PA 19007										
Project Manager for Monitoring Fi	rm		Te	ephone	No.	Telephone No. License No.										
Mark Jenkins			2	15-36	5-5810	215-788-6040 00509										
Start Date (10)	Sche	duled	Compl	etion D	ate (11)	Name of OSHA Monitor										
12 /13 /17		1	/ _2	4_ /	18	BRISTOL ENVIRONMENTAL, INC										
Occupancy Status During Abatem	ent (Ched	ck only	one)			Street Address										
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ement		1123 BEAVER STREET										
Abatement Performed Outside	of Norma	I Facili	ty Hou	rs - De	scribe	City, State, Zip Code										
Time of Abatement:AM		M/ <u>5:0</u>	<u>D</u> PM- <u>2</u>	:00AM		BRISTOL, PA 19007										
Scope of Work (Check all that app	ly)					M = 110-11										
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti		 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure 											
		1	Loca	tion		☐ Non-Exen										
Location of		100	Norma			Description of					Ab	Abatement 7				
Asbestos-Containing Material (ACM)		ed Sol		Asbe	stos Containing Mat			Amou	int	Rer	Repair	Enc	Enclosure		
TO BE ABATED IN Facility		M	todial		(i.e	., thermal systems in			(Speci	-	Removal	bair	aps	clos		
(13)			(12)			surfacing, VAT, other miscellaneo			SF or L	_⊢)	<u>a</u>		Encapsulate	ure		
		Yes	No	N/A									te			
st Floor Penetrations				\boxtimes	VAT / M	astic			6 SF	28	\boxtimes					
2nd Floor Frame Room Penetr	ations				VAT / M	astic			6 SF		\boxtimes					
rd Floor Office Penetrations				\boxtimes	VAT / M	astic			6 SF	R	\boxtimes					
th Floor Hallway Penetrations	3			\boxtimes	Mastic			6 SF 🛛 🗆 🗆								
lame of Registered Waste Hauler			833	JDEP V		Cubic Yards of	Name of Regis									
Bristol Environmental Inc			H	auler ID 18706	State and	Waste	ACUA Har	nema	an Envi	ironm	ental	Par	K			
ity, State						Disposal Date	City, State									
Bristol, PA						TBD	Egg Harbo	or To	ownshi	р						
ompleted By (Print or Type)	Title					Signature				Date	9		_			
Dillan DeCaro	Dillon D	Caro / je	0			/16/	1/8	-								
B-41					13000		- //				-					

ASB-41

JAN 13

ON SITE 1/17/18 * Do not use this form for asbestos licensure exempted activities.

PREVIOUSLY ON HOLD

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

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	/ _1	7		100000000000000000000000000000000000000			wner/Operator (unications	(2)]			7
/ /	Cies Notified PA DLWD DH CA DLWD DH CA DJAC 5:23-8) PA DJAC 5:23-8 PA DJAC 5:23-16 PA DJAC 5:21-16 PA DJAC 5:21-							111	1 1 2 2			H	\parallel
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	a Notified						е		The state of the s			1	1
	Type Notification Initial Ini						IJ 08401	Control of the Contro	ASBESTOR	Ch177	(21.0	- Constant	1
(NJAC 5:23-8) jus	a Notified					ct		1	Telephone No	ımber	J- CK		150
☐ Car	ncellation			Al	ex Baylor	•				-	NAT POS		
				FA	CILITY IN	NFO	RMATION						
1			e (3)	10				Type of Facility	/ (4)			-25-1010	
	ral Offic	е	-2-1,1-1					School (K-1		40)			
Street Address									8 (Other than K- private and comm		ouildin	os.	
1609 Pacific Avenue								homes, etc					
City (5)								Square Feet	# of Floors	E	Bldg. A	ge	
Atlantic Clty								88,066	7		+-75		
County (6)				Cou	nty Code (7	7)(ST	ATE USE ONLY)	-	rior if being demo		Ď.		
Atlantic									mmunications	5			
ATT 11 (ATT)	/ Building	Owner	(8)	ASCN	l No.	1000		ent Contractor (9	(E)		(4)		
			200000			-		VIRONMENTA	AL, INC.				
Street Address							reet Address						
•							1123 BEAVER						
City, State, Zip Code							ty, State, Zip Co						
			1=				BRISTOL, PA	19007					
	rm			ephone		1	elephone No.		License No.				
. tr v	Caba	dula d C		15-365			215-788-6040		00509				
Start Date (10)					18		me of OSHA M BRISTOL EN\	onitor /IRONMENTA	L, INC				
Occupancy Status During Abatem	ent (Chec	k only	one)			Str	reet Address						
						1	1123 BEAVER	STREET					
							y, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that app	ly)										7.0		-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re	enova emoliti					Procedure	gative Pressure on-Friable Proced	lure			
		0.0	Loca								ateme	ent T	ype
	0.014		Norma	ally elv bv			Description of		V 🛊 geologija rojeka	R	Z	ш	Ш
	ACM)	1 22.20		ance/			Containing Matermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial (12)	Staff?	(surfacing, VAT,		SF or LF)	oval	=.	nsc	sure
(13)		Yes	No.	N/A		ot	her miscellaneo	ous)				ate	U
1st Fl. Outside Central Stairca	ase				VAT / M	asti	ic		50 SF				
1st Floor Turbine Room Exha	aust				Debris (Clea	an Up						
Chase		П	П							П		П	П
Name of Registered Waste Hauler				JDEP /	Vaste	Cur	oic Yards of	Name of Regis	tered Landfill				
Bristol Environmental Inc			1 1 2 2	lauler I	No.	Wa			eman Environ	menta	l Parl	(
City, State				18706		Dist	posal Date	City, State					
Bristol, PA							BD		r Township				
Completed By (Print or Type)	Title					1020	Signature			ate			
Dillan DeCaro	2033353	stimat	or				Dillan	De Caro 1	The state of	1/16	/18	F	

ASB-41

JAN 13

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

* ON SITE 1/17/18 - PREVIOUS LY ON HOLD



Date of Notification (1)					V (D :			Ш	19	7-	1 1.1		_
10 / 10	1	17				Iding Owner/Operato	r (2)	n					
Agencies Notified Type N	Votification	on		-					<u>l</u> JAN	2 2	201	8	
⊠ EPA ⊠ Initi	ial	011			Street Addre 1609 Pac	ss ific Avenue							
	ended		101141	_ 0	City, State, Z				ACCECTO			OL	8
	endmen ergency			17		City, NJ 08401	į.		LiC	ENS!	NG	tangur, pater 1	
(NJAC 5:23-8) just	tification)	(111010	airig	N	lame of Con				Tolophone N	l			
☐ Can	ncellation	ח			Alex Bayl	or			Telephone N	umbe	4		
·					FACILITY	INFORMATION					_		_
Name of Facility Where Abatemer	nt is Tak	ing P	lace (3)		in ordination	Type of Faci	lita /	4)				
Verizon Atlantic City Centr	al Offic	ce					School (K						
Street Address							→ □ Subchapt	er 8	(Other than K	-12)			
1609 Pacific Avenue							homes, e	., pri	vate and com	mercia	al build	lings	5,
City (5)							Square Feet		# of Floors		Dida	^~	_
Atlantic City							88,066		7		Bldg	. Ag 7 5	0
County (6)				C	ounty Code	(7)(STATE USE ONLY)		Prio		olicho	25	/ 5	_
Atlantic									munications		u)		
Name of Monitoring Firm Hired by	Building	Own	er (8)	ASC	CM No.	Name of Abateme				,			
USA Environmental Inc						BRISTOL EN			INC.				
Street Address						Street Address		, .m.,			-	_	_
8346 Enterprise Avenue						1123 BEAVER	RSTREET						
ity, State, Zip Code						City, State, Zip Co							_
Philadelphia, PA 19153						BRISTOL, PA							
roject Manager for Monitoring Firm	ר		Te	lephor	ne No.	Telephone No.		1	License No.				-
Mark Jenkins			1		65-5810	215-788-6040			00509				
tart Date (10)	Sched	duled	Comp	letion l	Date (11)	Name of OSHA Me	onitor						_
/ /		ON		402	<i>D</i>	BRISTOL ENV	IRONMENTA	AL, I	NC				
ccupancy Status During Abatemen	it (Check	k only	one)			Street Address					-		_
Facility Closed/Vacated During E	ntire Per	riod o	f Abate	ement		1123 BEAVER	STREET						
Abatement Performed Outside of Time of Abatement:AM	Normal	Facil	ity Hou	rs - De	escribe	City, State, Zip Coo	le						_
		VI/ <u>3.0</u>	UPIVI-Z	::UUA	VI	BRISTOL, PA							
cope of Work (Check all that apply)								_					
≥3 sf or ≥3 lf		⊠ R	enovat	ion			inment with Ne	gativ	e Pressure				
≥160 sf or ≥260 lf			emoliti	on		☐ Glovebag	Procedure						
		1.				☐ Non-Exem	pted (*) and No	on-Fr	iable Procedu	ire			
Location of			s Loca: Norma							A	batem	ent	T
Asbestos-Containing Material (AC	(M:	Use	ed Sole	ely by	Asbes	Description of stos Containing Mate	rial (ACM)		A	R	Z.	m	
TO BE ABATED IN Facility	1	Cus	intena todial	nce/ Staff?	(i.e.	, thermal systems ins	sulation,		Amount (Specify	Remova	Repair	тсар	
(13)	L		(12)			surfacing, VAT, o other miscellaneou			SF or LF)	Val	-	Encapsulate	
		Yes	No	N/A	7	other miscenarie ou	3)					ate	
Floor Turbine/Store Room					VAT / Ma	astic (Same Area)		-	1085 SF				1
Floor Turbine/Store Room	1					or Exhaust Insula			200 SF				1
Floor HSB/New Pad Area]			\boxtimes	VAT / Ma				1055 SF				-
Floor Temporary Store Room	1 [\boxtimes	VAT / Ma	stic			210 SF	-			1
e of Registered Waste Hauler				IDEP V	Naste (Name of Regist	ered			Ш	Ц	L
ristol Environmental Inc				uler II 18706) No. 1	Waste	ACUA Hane			enfol	Port		
State				10700		Disposal Date C	City, State			Unital	i dil		
istol, PA						TBD	Egg Harbor	To	wnehin				
pleted By (Print or Type)	Title	0					-99 Haibor	101					
	Esti	mate	or			Signature	1011	1	Date	e/ /	/	1	
illan DeCaro	Esti	mate	or			Dellan	D'Carol	1	Date 12	e/14/	/17	}	-

ASB-41 JAN 13

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

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American		JAN	2	2	2018	U

Data of Natification (4)							TO SECOND	DI 100	~		111
Date of Notification (1)	10 /	17				ling Owner/Operato ommunications	r (2)	JUN 2	2 2 20)18	iben.
Agencies Notified ☑ EPA ☑ DOLWD	Type Notificati ☑ Initial ☑ Amended	ion			reet Address 1609 Pacif y, State, Zip	ic Avenue	And Chicago	ASBESTOS LIGE	S CONT NSING		4
Ø DOH	Amendmen	C 5 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5		7		ty, NJ 08401					
DCA (NJAC 5:23-8)	☐ Emergency justification		ling	1	me of Conta	A COLUMN TO A COLU		Tolophana Mu			
(1.57.10 0.20 0)	☐ Cancellation	-			Alex Baylo			Telephone Nu	mber		
					ACILITY	NFORMATION					-
Name of Facility Where A			ice (3)				Type of Facili	ity (4)			_
Verizon Atlantic Cit	ty Central Offi	ce					School (K-	-12)			
Street Address							Subchapte	er 8 (Other than K-1 , private and comm	(2)	ildinas	
1609 Pacific Avenu	е						homes, et	c.)	ercial bu	marigs,	Ē.
City (5)							Square Feet	# of Floors	Ble	dg. Age	
Atlantic City							88,066	7	1	+-75	
County (6)				Co	ounty Code ((7)(STATE USE ONLY)	Current Use (I	Prior if being demol	lished)		
Atlantic							4 mars 150	ommunications			
Name of Monitoring Firm	Hired by Building	Owne	r (8)	ASC	M No.	Name of Abatem	ent Contractor (9)	2011-1-10		_
USA Environmental	Inc					BRISTOL EN	VIRONMENT	AL, INC.			
Street Address						Street Address					
8346 Enterprise Ave	nue					1123 BEAVE	R STREET				
City, State, Zip Code			33-5			City, State, Zip C	ode				_
Philadelphia, PA 191	153					BRISTOL, PA				79	
Project Manager for Monito	oring Firm		Te	ephone	e No.	Telephone No.		License No.			
Mark Jenkins			2	15-36	5-5810	215-788-6040)	00509			
tart Date (10)	Sche	eduled	Compl	etion D	ate (11)	Name of OSHA M	lonitor ·				-
12 /13 /	17	ON		104		BRISTOL EN		AL. INC			
occupancy Status During	Abatement (Che	ck only	one)			Street Address		,			
☐ Facility Closed/Vacated				ment		1123 BEAVE	STREET				
Abatement Performed C	Dutside of Norma	al Facili	ty Hou	rs - De	scribe	City, State, Zip Co	I M LA SOLO SI ANTION AND AND ANTION AND ANT				
Time of Abatement:	AMF	M/ <u>5:0</u>	0PM-2	:00AN	1	BRISTOL, PA					
cope of Work (Check all the	hat apply)										
7 >3 sf or >3 lf		⊠ p.	enovat	ion		Full Cont	ainment with Ne	gative Pressure			
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf			emoliti			Mini-Encl Glovebag					
						☐ Non-Exer	npted (*) and No	on-Friable Procedu	re		
(25) 3939 995		1	Loca							ement	Typ
Location of Asbestos-Containing Ma			Norma ed Sole		A - L -	Description of	COLUMN COLUMN		1		T
TO BE ABATE		Ma	intena	nce/	(i.e.	stos Containing Mat , thermal systems in	eriai (ACM)	Amount (Specify	Removal	Encaps	
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	Encapsulate Repair	
(13)		Yes	No	N/A	1	other miscellaneo	us)			late	1
Floor Penetrations			П		VAT / Ma	astic		6 SF			+
Floor Frame Room I	Penetrations				VAT / Ma						1
Floor Office Penetra					VAT / Ma			6 SF		111	L
Floor Hallway Penetr					Mastic			6 SF			1
me of Registered Waste H		ш_		JDEP V		Cubic Varda of	No. of D	6 SF			L
Bristol Environmental			1 1 3 5 7 3	auler ID		Cubic Yards of Waste	Name of Regis		W 100E		
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/, State					1	Disposal Date	City, State				
Bristol, PA						TBD	Egg Harbor	r Township			
	Title	e viere				Signature	.04.0	Date	e /	1	
illan DeCaro	Es	stimat	or			N. Olan	De Caro	11/1/10	2/14	1/15	7
mpleted By (Print or Type) Oillan DeCaro	2		or			Signature	De Caro	Date	/	4	4/17

ASB-41 JAN 13

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

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

0				(Purs	suant to N	IJAC 8:60 and 5	:16)	11-4	= 3	141	E
Date of Notification (1)				N	lame of Buil	ding Owner/Operat	or (2)	31 7			
	anager for Monitoring Firm enkins (10) / 10 / 17 Facility Where Abatement is Taking Plant on Atlantic City Central Office didress Pacific Avenue Consequence					communications		U JAN 2	22	2018	
Agencies Notified	Type Notification Initial MD Amended Amendment #6-12 Emergency (including justification) Cancellation Facility Where Abatement is Taking Plant Atlantic City Central Office Iddress Pacific Avenue Ic City Initial Amended Amendment #6-12 Emergency (including justification) Cancellation Facility Where Abatement is Taking Plant Atlantic City Central Office Iddress Pacific Avenue Ic City Initial Amended Amendment #6-12 Emergency (including justification) Cancellation Facility Central Office Iddress Pacific Avenue Inc Iddress Pacific Avenue Iddress Inc Iddress Inc Iddress Id			S	treet Addres	SS	i sal	trad	'	2010	
⊠ EPA	1,000,000,000				1609 Paci	fic Avenue	Tables of the Control	Landania de la compania es	er or ox	Single Cold of Fig.	
☑ DOLWD	10				ity, State, Zi			ASBESTOS	CON	ITHO	_&
DCA						ity, NJ 08401		East Co.	NSIN	-	to diamen
(NJAC 5:23-8)	10				ame of Cont	177.0		TT			
	Type Notification Initial Amended Amendment #6-12 Emergency (including justification) Cancellation			- 1	Alex Baylo			Telephone N	umber	r	
	10					INFORMATION					
Name of Facility Where A	Abatement is	Taking P	ace (3	3)	ACILITY	INFORMATION	Type of Facili				
				<i>'</i>			Type of Facili School (K-				
Street Address							── Subchapte	er 8 (Other than K-	-12)		
1609 Pacific Avenue	е						Other (i.e.,	private and comr	nercia	l build	ings
City (5)							nomes, etc	C.)			
Atlantic Clty							Square Feet	# of Floors		Bldg.	Age
County (6)					ounty Code	/7\/CT4TE / 10E 04" \	88,066	7		+-7	5
Atlantic					ounty Code	(7)(STATE USE ONLY,	and the second s	Prior if being demo		d)	
Name of Monitoring Firm I	Hired by Build	ina Own	er (8)	IASC	M No.	I Name of At 1		ommunications	5		
USA Environmental		g Owin	(0)	ASC	ANI INO.		nent Contractor (9				
Street Address	115						NVIRONMENT	AL, INC.			
8346 Enterprise Ave	ies Notified A LWD H AAC 5:23-8) Type Notification Initial Amended Amendment #6-12 Emergency (including justification) Cancellation Of Facility Where Abatement is Taking Place and Atlantic City Central Office Address Pacific Avenue Actic City (6) tic Monitoring Firm Hired by Building Owner Environmental Inc didress Enterprise Avenue te, Zip Code delphia, PA 19153 Ianager for Monitoring Firm Jenkins e (10) Cy Status During Abatement (Check only of the Check only of the Check all that apply) Toy Status During Abatement (Check only of the Check all that apply) Toy Status I that apply Toy Sta					Street Address					
City, State, Zip Code						1123 BEAVE					
	53					City, State, Zip C		•			
			1	11		BRISTOL, PA	19007				
Mark Jenkins	orning Filmi			elephon		Telephone No.		License No.			
tart Date (10)	10-	h 1 1 1			55-5810	215-788-6040		00509			
	17		Comp	H6	Date (11)	Name of OSHA N		(INC			
ccupancy Status During A	hatement (Ct	neck only					VIRONMENTA	L, INC			
Facility Closed/Vacated	During Entire	Period o	f Ahat	ement		Street Address					-
Abatement Performed O	utside of Norr	mal Facil	tv Ho	ırs - De	scribe	1123 BEAVE					
Time of Abatement:	AM	PM/5:0	<u>0</u> PM-2	2:00AN	1	City, State, Zip Co					
ope of Work (Check all th	at apply)					BRISTOL, PA	19007				
≥3 sf or ≥3 lf		⊠R	enova	tion			ainment with Neg	ative Pressure			
≥160 sf or ≥260 lf			emoliti	on		☐ Glovebac	Procedure				
		1 .	. 1			☐ Non-Exer	npted (*) and Nor	n-Friable Procedu	re		
Location of			s Loca Norma						Ab	ateme	ent T
Asbestos-Containing Mat		Use	ed Sol	ely by	Ashes	Description of tos Containing Mat	erial (ACM)		R	ZD	Ш
	D				(i.e.,	, thermal systems in	nsulation,	Amount (Specify	Removal	Repair	nca
			(12)	Otan:		surfacing, VAT, other miscellaneo		SF or LF)	val	-	Encapsulate
50, 250		Yes	No	N/A		other miscellaneo	us)				ate
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o of Bosistored W											
197			133000	JDEP V	100	Cubic Yards of	Name of Registe	ered Landfill			
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State						Disposal Date	City, State				
istol, PA						TBD	Egg Harbor	Township			
pleted By (Print or Type)	Titl	е				Signature	0301				
Ilan DeCaro	E	Stimate	or			6 500	De Care	Date		11.	7
1						Hillan	N Care	112 12	2/14	11	1

ASB-41 JAN 13 DD 17070

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

2018 14:09 NJ Asbestos Contro 1/17/2018 06:41 2812620		33.0664		pag AMAC	ge 1				G		
Ch 1038 P		ATIPICATION	Marie Comme	y Jersey ISTOS ABA	ATEMENT	1		V	JAN	7	2 2018
Date of Notification (1) ////19 Agencies Notified Type Notification EPA Initial Amended Amended Amended Amended Ensergency		Street	Andrees P. O tate, Zip Co Mont	Pox	E HI P.	10716	**	2 0 -)	CEN	ISING
DOH Justification) DCA Justification			MAOD MACE	FLEH	به)د		Telephone No	mber		-	
Name of Facility Where Abstement is Takin RESIDENCE Street Address City (5)	g Place (3)			Francisco Constitution of the Constitution of	Squi	Other (i.e. etc.) are Feet		ing late	Idings	Age	ne s,
County (6) SERGED Name of Monitoring Firm Hired by Building	Owner (8)	(STATE)	Code (?) LUSE ONLY) M No.	1	Curri	ZES etament Co	or if being demolis 10 わかん。 ntractor (9)	ihed)			
Street Address City, State, Zip Code				5% 11	eet Addre 85 Midle	and Ave	Inc.				
Project Manager for Monitoring Firm		Telepin	one No.	M	y, State, 2 lidiand F lephone N 01-262-5	Park, NJ C	07432 Liberas F	JQ.			
Stan Date (10) 1 / 7 / 18 Occupancy Status During Absternent (Chee	Scheduled 5/1: k Only One)	4/18	Det# (11)	O Str	mega E	66	ntal Services I	nc			
Facility Closed/Veceted During Entire F Abatement Performed Outside of Norm Other – Describe: Fcope of Work (Check All Yhat Apply)	Period of Abr al Facility H	ours		Cit	y, State, Z	ar Street tip Code ack, NJ 01	7606		-		
23 sf or ≥3 H ≥160 sf or ≥260 H	Ren Den	novetion noition			Gk Gk	ovebag Pro				**	- Andreas - Andr
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M					CILITY INFORMA	TION		_				_
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Name of Facility Where Abatement is Taking 10 pager 4204 Sheet Anthrees 214 mark 570	ng Place (3 PCA PCA-T	-	PAQ	LITY INFORM			s of Facility (School (K-1 Subchapter Other (Le. p	2) B (Oliver	Usus K-12 conscherole	i) ei budi	dings,	home	18,
the cichaeper				<u> </u>		Squ	elc.) and Feel y 4 J v.	# 0/	leore / O	76	idg. A	99	_
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Name of Monitoring Firm Hired by Building	Owner (E)		ASCN			of Ab	atement Con	PROID! (
Street Address					Stree	Addre	ontracting see land Ava.	ino.					Harrison de
Cily, \$1864, Zip Code							Žip Code Park, N.J.						
Project Managar for Montoring Firm		T	elepho:	ne No.	Telep	hone I	No.	71	Joanse N 00156	g.			**********
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Newark Carting, Inc.			509		spessi Dat	• 6	Grand I		Seniter	y Lar	idfill		
Newsrk, N.J. 07105	annapanggapas dawa sa	-			10/18	5	Pen An		08072				
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		(Purs	uant to	NJAC 8:	60-7	and 12:120)-7)		-	44
Date of Notificatio	1/16/18						ME	GE		
EPA	Emergeno	y Notification	n					JAN 2	2018	
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DCA			Sam C	Carasso				LIC		
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Name of Facility Where			ace (3)							
Street Address	of Notification 1/16/18 Notified Type of Notification Emergency Notification Amended Notification Amended Notification Cancellation Facility Where Abatement is Takin Vacant Resider Amended Notification Cancellation County (6) Milltown Middlesex Monitoring Firm Hired by Building Middlesex Monitoring Firm Hired by Building Middlesex Active Screet Active Scr					100		7.0		
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yviole interes.				ode (7)	Curr	100 March 200 - 200	U	shed)	70)+
Millicowiii	livilo	MICOCX				430	Joing domai	0.100/		
	County (6) Middlesex	Building Own	er (8)	ASCM No.				A		
Environmental Tact				N/A	_		t Services,	LLC		
Street Address 64 Broad Street		Estate of Leon Carasso City, State & Zip Code								
City, State & Zip Code	Name of Building Owner / Operator (2)									
Matawan, NJ 07716		Notification Emergency Notification Initial Notification Emergency Notification City, State & Zip Code Milltown, NJ 08850 Name of Contact Sam Carasso FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determent is Taking Place (3) Acant Residence FACILITY INFORMATION Determine Is a Commercial buildings, homes, etc. Square Feet #foF Floors Bidg. Age 70+ Current Use (Prior if being demolished) Mixed Use 70+ Mixed Use 70+ Mixed Use 70+ Global Abatement Contractor (9) Global Abatement Services, LLC Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831 Talephone Number 732-290-2217 Talephone Number 732-605-9062 Scheduled Completion Date (11) Aname of OSHA Monitor OSHA M								
	nitoring Firm							License No		
Tom Geiger	10) Caba	State of Leon Carasso Street Address ASBESTOS REALIST Number State & Zip Code Milltown, NJ 08850 Name of Contact Sam Carasso Smeath of Contact Sam Carasso Such apter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Square Feet								
and the second of the second of the second s	Type of Notification Emergency Notification X Initial Notification Cancellation FACILITY IN Where Abatement is Taking Place (3) Vacant Residence County (6) Middlesex Tactics ASCM N N/A Tactics Telephone Number 732-290-2217 Cate (10) Code Completion Date (11) Code Code Code Code Code Code Code Code	e (11)				LLC				
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Abatement Perfo	rmed Outside	e of Normal F	acility Ho	urs -		1				
Describe:					Mor	roe Townshi	p, NJ 08831			
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			1			Full Cont	ainment with	Negative P	ressure	
Large Project	Α.	110110101101								
	or≥ 3 LF A	CM				X Glovebag	g			
X Quantity is ≥ 160	SF or ≥ 260	LF ACM				Other:	Non-friable			
Asbestos-C Material <u>TO BE A</u> in Fa	Containing (ACM) BATED cility	N	Normally U Solely by Maintenance Sustodial S	sed y ce or taff? in	Asbe Ma (i.e., t sulation	stos-Containing aterial (ACM) hermal systems on, surfacing, VA	Squa Lin	Specify are Feet or	(Specify Re Encaps	: Removal, epair, sulation or
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City, State Freehold, NJ										
Completed By (Print or	75) T 56					Signature		3,		
Dominion Tringal		manayer				Dominica Ir	ungati ————			1, 10, 10

Oih.	210	NOTHIC	TION Y	o N	AC 8	ersey TOS AB :60 and	tor (2)	ENT			GEI	V € 2018					
W) \ (1)	0	Name o	t Saci	red H	eart Chur	ch		-	ACR	ESTOS CO	ONTROL	&	T	7		
ate of Notific	01 /1	1 / 18	Street							ASD	LICENS	ING		+			
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Agencies No	Junea	∑ Initial ☐ Amended	0:4. 5	tote 7	ip Co	de			- I - I - a	hone	Nimba-						
☑ DOLWD)	Amendment #	Wa	llingt	on, N	J 07057			Telep	Min-				4			
DOH		Emergency (including justification)	1	e of Co	ntaci									-			
DCA (NJAC 5	5:23-8)	☐ Cancellation	Pe	ter	rv INI	FORMATI	ON	(Facili	ity (4)					1			
				ACILI	1 114.			Type of Facili			n K-12)						
	: Why Where /	Abatement is Taking Place (3)					School (K	er 8 (Oth	er tha	ommercial b	ouildings,					
Name of F	on Annex Sc	hool			1000			Other (i.e.				Bldg. Age					
Street Ad	Hdress							Square Fee		of Flo	015	50+			-		
6 Bon	nd St							2,000+		heina	demolished	<u>(</u>					
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Walli	ington, NJ 07	057	10	country	0000	V 10		School	or (9)								
County	(6)		0) AS	SCM N	0.	Name	of Abate	ment Contract	on						7		
BER	GEN of Monitoring F	irm Hired by Building Owner ((8)	,		EA	Service	SOUP									
Name	Of Mothers, 2					Street	Address 69 th St	reet									
Street	Address						State 7	o Code								1	
						Gu	ttenbe	rg, NJ 07093	3	Lice	nse No.						
City, S	State, Zip Code		-T= 1-	phone	No.	Teler	hone N	0.			1074					1	
	at anger for	Monitoring Firm	Tele	priorie		20	1-295-	1700								1	
Proje	ect Manager 10.	1.100	Comple	tion D	ate (11	' l -	16 01 02	HA Monitor above								7	
Start	t Date (10)	0.4	1 _1:	2_/	18		et Addr									_	
	01 / 12	2 / 10	aly one)			Sile		555									
Occ	cupancy Status Facility Closed	During Abatement (Check or Nacated During Entire Period formed Outside of Normal Fament: 8:00AMPM/_	d of Abat acility Ho PM-	ement urs - D	escrib _AM	e Cit		Zip Code			D. accurre						1
	Time of Abate						⊠ F	ull Containme	nt with N	egativ	e Pressure						
0.0	oone of Work (at all that apply)						Mini-Enclosure	cedure .	Non-F	riable Proce	edure				_	
			⊠ Renov	lition			出	Mini-Enclosure Glovebag Prod Non-Exempted	d (*) and	NOTIFI	, industrial in the second	Ak		men		pe	-
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	I	O BE ABATED IN Facility	Cusic	(12)			otner			+	6 Lf		X			1	
		(13)	Yes	No	N/A	Pipe ma	aterial						3		C]	-
						Pipe iii							П		L]	
	Basement l	Hallway				-			Description				一	T	TE	1	1
			10									EII	_	1	-		
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		.10.15.		1	NJDE	Waste ID No.	Wast	e			ind Landfi						
	Name of Re	gistered Waste Hauler			Haule 195	51	Disp	d osal Date	City, S	tate	PA						
	Tristate	Transfer Association					0.00	1-11-18	Nev	burg		Da	te				
	City, State	- 174						Signature		V						_	
	Bronx,	NY	Title	55.	nage	r		(e)	Jua.								
	Completed	i By (Print or Type) letances	Offic	се Ма	nayo:		hactor li	censure exem	pted acti	vities.							
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GAC Project # 060-18	State of N			cation of Asbestos A . 8:60-7 and 12:120-7)	Dwner/Operator 22 HE STATE UNIVERSITY OF NJ Part of Figure 1 TAL HEALT	V357	7		
Date of Notification (1) January 16	3 2018	5		Name of Building Owner	Operator (2)	VEDSIT	WN- 2,7 2	018	U
Agencies Notified EPA DCA	Notification ☑ Initial ☐ Amend	Notificated Not	ification#	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH-	& SAFE	TY-DEPCHN	TROL &	
☑ DOL ☑ DEP- No Longer REQUIRED ☑ DOH		cation)	including	City, State, Zip Code PISCATAWAY, NJ Name of Contact MICHAEL SMITH, E HEALTH & SAFET	ENV.	T-looke	one Number		
Name of Facility Where Abatement MARTIN HALL, BLDG# 60			FACILITY INF	Type of Facility (4) School (K-12)			6		
Street Address COOK CAMPUS			ь		mmercial build			/ears	
The state of the s	nty (6) IIDDLESEX			Current Use (prior if bein	g demolished	i): ACAD	ЕМІС		
Name of Monitoring Firm Hired by B	ldg. Owner (8)			Name of Contractor (9) GREENWOOD ABA	TEMENT C	ONSUL	TANTS, INC		
Street Address 3 TERRI LANE				Street Address			,	*	
City, State, Zip Code BURLINGTON, NJ 080	16			City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring Firm BRIAN KEARNY				<u>Telephone Number</u> 973-492-0477		100			
Scheduled Start Date (10) 01/26/18			on Date (11)	Name of OSHA Monitor	C.				
Occupancy Status During Abatem SFacility Closed/Vacated During	Entire Period of	County Code (7) (State Use Only) Current Use (prior if being demolished): ACADEMIC Owner (8) ASCM No. 0098 Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 511 MAIN STREET City State, ZipCode BUTLER, NJ 07405 Telephone Number 609-386-8800 Scheduled Completion Date (11) 01/29/18 City State, ZipCode BUTLER, NJ 07405 Telephone Number 973-492-0477 00840 Name of OSHA Monitor 1 ENVIROVISION, INC. Street Address 20-21 WARGARAW ROAD City, State, Zip Code RS & WEEKENDS AS NEEDED) FAIRLAWN, NJ							
Describe Other- Describe:	100		S NEEDED)						
Scope of Work (Check all that apply			10 - 1000 - 1	TAINLAWN, NO					
□≥ 3 sf or ≥ 3 lf ☑≥ 160 sf or ≥ 260 l	f		☑Renovation ☐ Demolition	0	Mini-Enclosu Glovebag P	ire rocedure /	Wrap & Cut		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normal Solely by Maint./C Staff? (12) YES NO			pestos Containing Material nal systems insulation, surfac cell.)	ing, (Spec	ify SF			ose
009 Suite	X		VAT		1200	SF [X		
		1				-			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Wa See Belov		r ID #	Cubic Yards of Waste:	15 CY				
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509		- Butler,	NJ 07405				100 New Rd. Morr 19067	Ford Mill isville, Pa	
Completed by (Print or Type) RAYMOND C. PEDALINO	SENIOR P		т	Signature Raymond C. &	Pedalino		nuary 16, 2	.018	

nock:

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

Chk#3297

F						15AC 6.60 an			BEI	0/2	חו	MI	
Date of Notification (1) 10 / 10	,	47				ilding Owner/Ope		(2)	ID) 5	9 1	1	1/4	<u> </u>
		17	_		Verizon (Communication	ons						
Agencies Notified Type N ⊠ EPA □ Initia	otification	on		1	Street Addre				III J	AN 2	2	2018	
	ended	5.450		L		ific Avenue			per rey				
	endment	# <u>5-</u>	12/8/1	7	City, State, Z				1000		ALC ALC A	With the same	VI 0
	ergency		uding	-		City, NJ 08401			ASSE	LICE	VSIL		NL 8
	fication) cellation			1	lame of Con				Telephone	Numb	er	- AND THE LAND	ALC: F
Can	cenation				Alex Bayl				_ '				
Name of Facility Where Abatement	t in Tabi			.,	FACILITY	INFORMATIO	N				100.55		
Verizon Atlantic City Centra			iace (3	5)				Type of Facility			0.000		
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City (5)							-	Square Feet	# of Floors		DIA	- ^	
Atlantic City								88.066	7		1	g. Ag -75	е
County (6)				10	County Code	(7)(STATE USE ON	VLY)	Current Use (Pr	1 -	nolisha		-/5	
Atlantic					ž.	modi	1		mmunication		.0)		
Name of Monitoring Firm Hired by B	Building	Owne	er (8)	ASO	CM No.	Name of Aba	temer	nt Contractor (9)					
USA Environmental Inc						4		TRONMENTA					
Street Address						Street Addres	ss				-		
8346 Enterprise Avenue						1123 BEA	VER	STREET					
City, State, Zip Code						City, State, Zi	р Соо	le .					
Philadelphia, PA 19153						BRISTOL,	PA 1	19007					
Project Manager for Monitoring Firm			1	alla e	ne No.	Telephone No).		License No.				
Mark Jenkins					65-5810	215-788-60			00509				
Start Date (10)					Date (11)	Name of OSH							
12 / 13 / 17				5 /	11/2 - 11/2	BRISTOL	ENVI	RONMENTAL	, INC				
Occupancy Status During Abatement		1000				Street Address			100				
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of N	Normal F	ioa oi Facili	ty Hou	ement	acariba	1123 BEAV							
Time of Abatement:AM	PM	/ <u>5:0(</u>	2PM-2	:00A	N N	City, State, Zip BRISTOL, I							
cope of Work (Check all that apply)						BRISTOL, I	PA 13	9007					
		7 -	·	•000000		Full Co	ontain	ment with Nega	tive Pressure				
] ≥3 sf or ≥3 If] ≥160 sf or >260 If	Į.	XI Re	enovat emoliti	ion on		Mini-E Gloveb	nclosi	ure					
		775 . :				☐ Non-Ex	xempt	ted (*) and Non-	Friable Proced	ure			
			Local								baten	nent 1	vne
Location of Asbestos-Containing Material (ACN	1)		Norma d Sole		Ashs-	Description		1/4035	ç.		_	T	T
TO BE ABATED	1	Ma	intena	nce/		tos Containing M thermal systems			Amount (Specify	Remova	Repair	пса	ncic
IN Facility (13)		Cust	odial (12)	stan?		surfacing, VA			SF or LF)	val	=	Encapsulate	Enclosure
()	Y	es	No	N/A	1	other miscellan	eous)					ate	(D
Floor Turbine/Store Room					VAT / Ma	stic (Same Ar	ea)		1085 SF				
Floor Turbine/Store Room						or Exhaust Ins		on	200 SF				
Floor HSB/New Pad Area				\boxtimes	VAT / Ma				1055 SF				
Floor Temporary Store Room		1			VAT / Mas				210 SF	+] [
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ristol, PA							1 500		**************************************				
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Verizon Atlantic City Cer				1-7			Type of Fa							
Street Address			N = 20 = 20				── Subcha	apter	8 (Other than	n K-12	2)			
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Philadelphia, PA 19153						BRISTOL, PA								
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Mark Jenkins				215-	365-5810	215-788-6040)		00509	0.				
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					FACILITY	INFORMATION								
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Verizon Atlantic City Cen							School (H							
Street Address							─ Subchap	ter 8 (Other tha	an K-12)					
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Date of Notification (1)

Agencies Notified

(NJAC 5:23-8)

1609 Pacific Avenue

USA Environmental Inc

8346 Enterprise Avenue

Philadelphia, PA 19153

Project Manager for Monitoring Firm

11 / 30 / 17

PROTECT "ON HOLD"

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

(13)

Scope of Work (Check all that apply)

Time of Abatement:

X EPA

⊠ DOH

☐ DCA

☑ DOLWD

Street Address

Atlantic City County (6)

City (5)

Atlantic

Street Address

City, State, Zip Code

Mark Jenkins

Start Date (10)

≥3 sf or ≥3 If

≥160 sf or ≥260 If

10

10 / 17

Amendment #4-11/29/17

☐ Emergency (including

Type Notification

justification)

□ Cancellation

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City Central Office

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 - Describe

AM-

☑ Initial

State of New Jersey NOTIFICATION OF ASBESTOS AS (Pursuant to NJAC 8:60 and

ASCM No.

Telephone No.

Scheduled Completion Date (11)

PM/5:00PM-2:00AM

□ Demolition

Is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

Yes

AFTER 2AM -

12 / 1 / 17

215-365-5810

A	TION O	e of New Jersey F ASBESTOS A o NJAC 8:60 and	ABATEMENT	. (Q# 33	-	4	011	7. F	O for
	Name of	Building Owner/Ope	rator (2)	N. C.	n	N 2	- d	9	1	7 7
1	Street Ad			1	1 1 0/1	114 2		2018	}	HL
		acific Avenue		The regions	10000	ACMAGNA ₂	- Name of the	70.00		- Carlon
	200	e, Zip Code		1	Model	TOS ICE	CUN	THE)L &	5
A	lame of C	c City, NJ 08401		1.00.000	The same of the sa	to the day of	A I I C I	2	Mark Barrier	CHAPMAN,
13	Alex Ba				Telephone I	Numh	er			
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			Square Fee	et	# of Floors		Blo	lg. Ag	ge	
_	Sunt. C.	J- (7) (074 75 1105 011	88,066		7			-75		
C	ounty Co	de (7)(STATE USE ON		(Prio	r if being dem	olish	ed)			
50	CM No.	Name of Abet	ement Contractor		munication	S				
	J.W. 110.	A Prince of the second	ENVIRONMEN		thio.					
		Street Address		IAL,	INC.				7.00	
			/ER STREET							
-		City, State, Zip	TO DO THE STATE OF							
		BRISTOL,								
on	ne No.	Telephone No.	71 10001		License No.					_
36	65-5810	215-788-60	40		00509					
E	Date (11)	Name of OSHA			00000					4
1	17	BRISTOL E	NVIRONMENT	AL.	NC					
	-91100-5-11000	Street Address								_
ŧ		1123 BEAV	ER STREET							
De M	escribe	City, State, Zip (Code	1-1-2						-
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		Description (of			A	baten	nent 1	Гуре	
	Asb	estos Containing Ma	aterial (ACM)	1	Amount	Rer	Re	En	En	
	(1.	e., thermal systems surfacing, VAT	insulation,		(Specify	Removal	Repair	Encapsulate	Enclosure	
_		other miscellane	ous)		SF or LF)	a		ula	ure	
1								e		
	VAT /	Mastic (Same Are	a)		1085 SF	×	П	П	П	
	Genera	tor Exhaust Insu	lation		200 SF] [
Generator Exhaust Insulation VAT / Mastic										
1				1	055 SF	\boxtimes				
	VAT / N				210 SF					
	/aste No.	Cubic Yards of Waste	Name of Regist							
5				eman	Environme	ental	Park	(
Disposal Date City, State										
	1	TBD	Egg Harbor	Tow	nshin					

N/A 1st Floor Turbine/Store Room X VAT / Mastic (Same Area) 1st Floor Turbine/Store Room П X Generator Exhaust Insula 1st Floor HSB/New Pad Area X VAT / Mastic 1st Floor Temporary Store Room M VAT / Mastic Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Bristol Environmental Inc. Waste 18706 City, State Disposal Date Bristol, PA TBD Completed By (Print or Type) Title Signature Date Dillan DeCaro Estimator SB-41 * Do not use this form for asbestos licensure exempted activities.

			(Pt	irsuant t	o NJAC 8:60 and	d 5:16)		6 E		W	1	215
Date of Notification (1)		Name of	Building Owner/Ope	rator (2)	KE	a artindesconstructor	eregain vertical, e	attach de aport ph	-	71		
	17			Verizo	n Communicatio	ns		JAN 2	7	201	0	
Agencies Notified Type Notif	ication			Street Add	dress		ШЩ	UAN Z	2	2010	5	lenson.
☑ EPA☑ Initial☑ DOLWD☑ Amend				1609 P	acific Avenue							
☑ DOH Amend		-11/2	9/17	City, State	, Zip Code	- de	AGD	ceree			OL 8	2
☐ DCA ☐ Emerge	ncy (in	luding	1	Atlantic	City, NJ 08401	45		LICE	131	VG	يد د عصر مواد	PROPERTY AND
(NJAC 5:23-8) justifica	tion)			Name of C			Tele	phone N	umh	er		
Cancell	ation			Alex Ba	aylor		1		G1112	.01		
				FACILI	TY INFORMATIO	И						
Name of Facility Where Abatement is	Taking	Place	(3)			Type of F	acility (4)					
Verizon Atlantic City Central (Street Address	Office					☐ School	(K-12)					
1609 Pacific Avenue						Subcha	apter 8 (Othe	er than K-	12)	. 22		
City (5)						homes	, etc.)				ilding	gs,
Atlantic City						Square Fe					ig. A	ge
County (6)						88,066	7			1 +	-75	
	Atlantic					County Code (7)(STATE USE ONLY) Current Use					-6/130	
	Name of Monitoring Firm Hired by Building Owner (8)					Verizon	Communi	cations		ं		
	Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc					ement Contracto			-			110000
Street Address						ENVIRONMEN	NTAL, INC.					
	Street Address 8346 Enterprise Avenue											
City, State, Zip Code						ER STREET						
Philadelphia, PA 19153					City, State, Zip					A. S. C.		
Project Manager for Monitoring Firm		1-	Telepho	ne No.	BRISTOL, I	PA 19007						
Mark Jenkins		1		365-5810	Telephone No.	40	1	se No.				
Start Date (10)	heduled	Com		Date (11)	215-788-604 Name of OSHA	37	. 005	509				
11 /30 /17				/_17								
Occupancy Status During Abatement (Ch						NVIRONMEN	IAL, INC					
☐ Facility Closed/Vacated During Entire	Period	of Aba	tement	E)	Street Address							
Abatement Performed Outside of Norm	nal Fac	lity Ho	urs - D	escribe	1123 BEAVE							
I lime of Abatement: AM	DEALE.	MOSE	0.00.		City, State, Zip C							
Scope of Work (Check all that apply)	ELER	(d	AM:	12/1/1	BRISTOL, P.	A 19007						
≥3 sf or ≥3 lf	57 -					ntainment with N	egative Pres	SUITA				
⊠ ≥160 sf or ≥260 lf		enova emoli	ition tion			closure g Procedure	3-11-0-1	,0010				
	-				☐ Non-Exe	empted (*) and N	ion-Friable P	roceduro				
		s Loca					T THE BIET	Tocedule				T
Location of Asbestos-Containing Material (ACM)		Norm ed So	ally lely by	1	Description of	of				atem	T	
TO BE ABATED	Ma	ainten	ance/	ASDE (i.e	estos Containing Ma e., thermal systems	terial (ACM)	Amou	55.67	₹em	Repair	nc	Enc
IN Facility (13)	Cus	(12)	Staff?		surfacing, VAT,	or	(Spec		Removal	air	Sde	Enclosure
()	Yes	No	N/A	1	other miscellane	ous)		. 1			Encapsulate	le l
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	-			VAT / M	lastic		6 SF	-	\boxtimes			
	Floor Frame Room Penetrations						6 SF		X	П	П	
3 rd Floor Office Penetrations	\boxtimes	VAT / M	astic		6 SF		X					
6th Floor Hallway Penetrations		Mastic				- 4	-		ш			
Name of Registered Waste Hauler			Cubic Yards of	Name of Day'	6 SF	1 4	X					
Bristol Environmental Inc	Bristol Environmental Inc Hauler II					Name of Regis						
City, State	======================================		18706		Disposal Data	ACUA Hand	ernan Envi	ronmen	tal	Park		
Bristol, PA					Disposal Date TBD	City, State	-					
Completed By (Print or Type) Title					1011000000	Egg Harbor	Township)				
D:II D 0	timato	r			Signature	De 1	1.	Date	,	1		
B-41					Alellan	De Caro	178	11/0	29	10	7	

14 15	Title				Signature Oulla	Egg Ha	rbor Town	ship				
City, State Bristol, PA			18706		sposal Date	City, State	Haneman	Environm	ental	Park		
Bristol Environmental Inc		Ha	JDEP V	No. W	ubic Yards of aste		Registered L					4
Name of Registered Waste Hauler										H	긁	
	$ \parallel$ \square											
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1st Fl. Outside Central Staircase				VAT / Mas	-41-						(D	
Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	l N	sed So faintenastodial (12)	lely by ance/ Staff?	(i.e.,	Description tos Containing M thermal systems surfacing, VA other miscelland	aterial (ACN insulation, r, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if		Renova Demoli	ation tion		Gloveb	ag Procedu	re					
☐ Facility Closed/Vacated During Et ☐ Abatement Performed Outside of Time of Abatement: ☐ AM- ☐ AM- ☐ A	Normal Fa	cility Ho	ours - E	Describe	1123 BEA\ City, State, Zip BRISTOL, I	Code	ET					
Occupancy Status During Abatemen	t (Check or	nly one)		Street Address		MENTAL, I	NC				
Start Date (10)11				Date (11)	Name of OSH		AFN					
Mark Jenkins			215-	365-5810	215-788-6			License No 00509),			
Project Manager for Monitoring Firm	1	1	Teleph	one No.	Telephone No	PA 19007						
Philadelphia, PA 19153					City, State, Z							
City, State, Zip Code						VER STR	EET					
8346 Enterprise Avenue					Street Addre		,					
USA Environmental Inc Street Address						ENVIRON		INC				
Name of Monitoring Firm Hired by	Building O	wner (8) A	SCM No.	Name of Aba	atement Con	rizon Com	municatio	ons			
Atlantic				County Code	= {1](STATE USE 0		nt Use (Prio	r if being de	emolish	ed)		
County (6)				County Code	(7)(STATE USE O		066	7		1.	+-75	
Atlantic City						Squa	re Feet	# of Floo	rs	BI	ldg. Ag	qe
1609 Pacific Avenue City (5)							ther (i.e., promes, etc.)	ivate and c	ommer	cial b	uilding	gs,
Street Address						□ S	ubchapter 8	(Other tha	n K-12)			
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Name of Facility Where Abateme	ent is Takin	o Place	(3)	FACILITY	Y INFORMATION			<u> </u>				
	incenation			Alex Bay								
	stification)			Name of Co				Telephor	ne Num	ber		
∐ DCA □ En	nergency (i	ncludin	g	Atlantic	City, NJ 0840	1	237427-11-400	OT ALTON PERSONNELS	The state of	-	who was the state of the state	Marie Carlotte
100	mended nendment	#4-11 <i>l</i>	29/17	City, State,	Zip Code			ASSEST	OS CO	MTI	ROL	&
⊠ EPA ⊠ In	itial			1	cific Avenue			1000	White May are again.	-		
Agencies Notified Type	Notification			Street Addr		ions		I VAI	V 22	20	118	
	/ 1	7		Verizon	uilding Owner/O	perator (2)		11	100	0.0		19
Date of Notification (1)				Name of D	uildin - C		15	1				Tal

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

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s*			(1	Pursuant to	to N.	JAC 8:60	S AB	ATEME	NI_	E (a)	r	-6		Management Scientific & A.
Date of Notification (1)								15		EC	E	10	1 7	i m
	1	17		Verizo	n C	ling Owner/ommunica	Operato	or (2)	IN					71111
Agencies Notified Type N	otification	nn n					tuons		III	LAN				
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1	ndment	#3-11	/27/17	City, State,						ASBESTO	S C	ONTE	3013	2
	rgency ((includ	ng	Name of Co	CUIT	y, NJ 084	01			Lic	ENS	NG	1020	X
Cano				Alex Ba				Thin e re		Telepho	ne Ni	ımhei		omerse av
Name of Facility Where Abatement	is Takir	ng Plac	e (3)	FACILII	YIN	FORMAT	ION							
Verizon Atlantic City Centra	l Office	9	/					Type of	Facility	(4)				
Street Address								Scho	ol (K-1	2)	72/2/16			
1609 Pacific Avenue								I DULLE	III.e. r	8 (Other tha	an K-1	2)	الماناط:	
City (5)									, CLU.,			CICIAI	Dullat	igs,
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Atlantic			1	, 0000	(1/)	OTATE USE (JIVLY)	Current U	lse (Pri	or if being d	emoli	shed)		
Name of Monitoring Firm Hired by Bu	ilding O	wner (8) A	SCM No.		Name of Ah	otom.	Verizo	n Con	municati	ons			
USA Environmental Inc					- [Name of Ab	EMV	III Contrac	tor (9)					
Street Address					- 5	BRISTO Street Addre	L EIAA	IKONNE	NTAL	, INC.				
8346 Enterprise Avenue					1	1123 BE		STREET						
City, State, Zip Code					10	City, State, Z								
Philadelphia, PA 19153						BRISTOL								
Project Manager for Monitoring Firm Mark Jenkins			Telepho	ne No.		elephone N		3007						
CL IB		1		65-5810		215-788-6				License No	0.		(3.5)	
Start Date (10)	chedule	d Con	pletion	Date (11)	- 1	ame of OSH	30, - 30, -	itor		00509				
		2W_	H00	0		BRISTOL			TAL	110				
Occupancy Status During Abatement (C	heck or	ily one)			eet Address		· O · CHELLIE	IAL,	NC				1
Facility Closed/Vacated During Entire	Period	of Aba	tement		1	123 BEAV		TREET						
Abatement Performed Outside of Nor Time of Abatement:AM	mal Fac	cility Ho	ours - D	escribe		y, State, Zip		INCEI			_			
AND THE PARTY OF T	_FIVI/5:	<u>UU</u> PM	2:00AI	м	1	RISTOL, I		007						
Scope of Work (Check all that apply)							A 130							
≥3 sf or ≥3 lf	⊠ F	Renova	tion			☑ Full Co	ntainm	nent with N	legative	Pressure			-	
⊠ ≥160 sf or ≥260 lf		Demoli	tion			Mini-E Gloveb	100001	=	3	1 1033016				
						☐ Non-Ex	empte	ceaure d (*) and N	lon Eric	able Proced				1
Location of		Is Loca						() = 10	1	DIE Proced	_	200000		
Asbestos-Containing Material (ACM)	Us	Norma ed Sol	elv bv		- 1	Description	of				A	bater	nent 1	уре
TO BE ABATED	Ma	aintena	ance/	Aspesto (i.e. f	os Co	ontaining M nal systems	aterial	(ACM)	1	Amount	Rer	Repair	E	四
IN Facility (13)	Cus	todial (12)	Staff?	1	sur	facing, VAT	. or	tion,		(Specify F or LF)	Removal	pair	cape	Enclosure
	Yes	No	N/A		othe	r miscellane	ous)		"	of LF)	1 20		Encapsulate	ure
Ist Floor Turbine/Store Room					9/8						1	1	te	
st Floor Turbine/Store Room	+		X	VAT / Mas	stic (Same Are	a)		10	085 SF				7
				Generator	Ext	naust Insu	lation		2	00 SF	-			
st Floor HSB/New Pad Area			M	VAT / Mast		1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P								
st Floor Temporary Store Room			_						10	55 SF				\Box
ame of Registered Waste Hauler		I ALI	DEP W	VAT / Masti						0 SF	Ø	П		\exists
Bristol Environmental Inc		Ha	uler ID I		ibic Y aste	ards of	Name	of Regist	ered La	indfill				4
ty, State			8706				AC	UA Hane	man E	Environme	ental	Park		
Bristol, PA				1		I Date	City, S	State						4
				T	BD		Egg	Harbor	Town	ship				
Millow Po Co	11				Sig	nature				Date				
41	timato	r			1	illan	De	Carl	1:0		/2	11	0	
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					of Ruilding Our	10	(0)			(C)	F	1 8		
	_ / _ ·	7		Veriz	of Building Own zon Commun	ications	or (2)	11	1		territorial de		-	7
Agencies Notified Type	Notificatio	1		Street A					the term					
⊠ EPA ⊠ Ir	nitial				Pacific Aver	1110				JAN	2.2	201	8	11
	mended	200	0=4=		ite, Zip Code									
	mendment mergency (i	13-11/	27/17	1	tic City, NJ 0	8401	-		ASB	ESTO	800	AITO	/\L 0	
(NJAC 5:23-8) ju	stification)	iiciduli	ig	Name of			1		-6	4 (4.7)	- 1	13	UL O	X.
□ Ca	ancellation			Alex I	Baylor				le	ephon	e Nun	nber	No. SC. Law	Fried mission
				FACIL	ITY INFORM	ATION								
Name of Facility Where Abateme			e (3)				Type of F	acility	(6)					
Verizon Atlantic City Cent	tral Office						☐ Schoo	I (K-1	2)					
Street Address			- 100				→ Subch	apter	8 (Oth	er thar	K-12)		
1609 Pacific Avenue City (5)							Other homes	(I.e., p	orivate	and co	mmer	cial b	uildin	gs,
Atlantic City							Square Fe	et		f Floor	S	RI	ldg. A	000
County (6)							88,066		7		_	- 1	+-75	
Atlantic				County C	ode (7)(STATE L	ISE ONLY)	Current Us	se (Pr	ior if be	ing de	molist	ned)	7 5	
Name of Monitoring Firm Hired by	Duitelia - O			7			Verizon	Cor	nmun	icatio	ns	100)		
USA Environmental Inc	Building O	wner (8	3) A	SCM No.			ent Contract	or (9)						
Street Address					BRIS	TOL EN	VIRONME	NTAL	, INC					
8346 Enterprise Avenue					Street A									-
City, State, Zip Code							STREET							
Philadelphia, PA 19153						te, Zip Coo								4-6200
Project Manager for Monitoring Firm	1	- 1.	Tolonh			TOL, PA	19007							
Mark Jenkins				ne No. 365-5810	Telephor			V 400.6	Licer	se No.				
THE RESERVED			Z 1	000-0610		10 CA (A			000	509				
Start Date (10)	Schedule	d Com				88-6040		المسيحي	00:	203				
Start Date (10)	Schedule	d Com	pletion	Date (11)	Name of	OSHA Mo		1076						
Start Date (10)	_0	Ŋ _	pletion HOL	Date (11)	Name of BRIST	OSHA Mo	nitor RONMEN	TAL,						
Start Date (10)	t (Check or	ly one	HOL	Date (11)	Name of BRIST Street Add	OSHA Mo OL ENVI dress	RONMEN	TAL,		503				
Start Date (10)	t (Check or ntire Period	lly one of Aba	HOC HOC	Date (11)	Name of BRIST Street Add	OSHA Mo OL ENVI dress EAVER (RONMEN	TAL,		509				
Start Date (10)	t (Check or ntire Period	lly one of Aba	HOC HOC	Date (11)	Name of BRIST Street Add 1123 B City, State	OSHA Mo OL ENVI dress EAVER S , Zip Code	STREET	TAL,		503				
Start Date (10)	t (Check or ntire Period	lly one of Aba	HOC HOC	Date (11)	Name of BRIST Street Add 1123 B City, State	OSHA Mo OL ENVI dress EAVER (STREET	TAL,		509				
Start Date (10)	t (Check or ntire Period Normal Fac PM/5:	of Aba of Aba cility Ho	pletion HOL) atement ours - D -2:00	Date (11)	Name of BRIST Street Add 1123 B City, State BRIST	OSHA Mo. OL ENVI dress EAVER (, Zip Code OL, PA 19	STREET		INC					
Start Date (10)	t (Check or ntire Period Normal Face PM/5:	of Abacility Ho	ppletion HOL atement ours - D -2:00A	Date (11)	Name of BRIST Street Add 1123 B City, State BRISTO	OSHA Mod OL ENVI dress EAVER (, Zip Code OL, PA 19	RONMENT STREET 9007 ment with N	ecatio	INC					
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Start Date (10)	t (Check or ntire Period Normal Fac	Ily one, of Abacility Hoo OOPM- Renova Demoliila Loca Normaded Solaintenastodial (12)	ation ally lely by ance/ Staff?	Date (11)	Name of BRIST Street Add 1123 B City, State BRISTO FI Mi GI Descriptestos Containinger, thermal sys	OSHA Mod OL ENVI dress EAVER (, Zip Code OL, PA 1! Ill Contain ini-Enclosi ovebag Pron-Exempt otion of ing Materia tems insult VAT, or	RONMENT STREET 9007 ment with Nure rocedure led (*) and N	egatio	INC /e Pres	sure Procedu	1	1	1	_
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Start Date (10)	t (Check or ntire Period Normal Face PM/5:	Ily one of Abacility Ho OOPM- Renova Demolii Is Loca Normied So ainten stodial (12) No	ation ally lely by ance/ Staff?	Pate (11) Pescribe M Ash (i VAT / N VAT / N Mastic Vate	Name of BRIST Street Add 1123 B City, State BRISTO Descriptestos Containing, other misce Mastic Mastic	OSHA Mod OL ENVI dress EAVER S Zip Code OL, PA 19 Ill Contain ini-Enclose ovebag Pron-Exempt otion of ing Materia tems insult VAT, or ellaneous)	RONMENT STREET 9007 ment with Nure rocedure led (*) and N	legativ	re Presidable F Amou (Special SF or 6 SF 6 SF 6 SF Landfill	esure Procedu unt iffy LF)	Removal	Repair	Encapsulate	
Start Date (10)	t (Check or ntire Period Normal Face PM/5:	Ily one of Abacility Ho OOPM- Renova Demolii Is Loca Normied So ainten stodial (12) No	ation ally lely by ance/ Staff?	Pate (11) Pescribe M Ash (i VAT / N VAT / N Mastic Vate	Name of BRIST Street Add 1123 B City, State BRISTO BRISTO FILE Minus Descriptestos Containing e., thermal system surfacing, other misce Mastic Cubic Yards of Cu	OSHA Mol OL ENVI dress EAVER (, Zip Code OL, PA 19 Ill Contain ini-Enclose ovebag Pron-Exempt otion of ng Materia tems insul VAT, or ellaneous) of Nar A	RONMENT STREET 9007 ment with Nure rocedure led (*) and N	legativ	re Presidable F Amou (Special SF or 6 SF 6 SF 6 SF Landfill	esure Procedu unt iffy LF)	Removal	Repair	Encapsulate	
Start Date (10)	t (Check or ntire Period Normal Face PM/5:	Ily one of Abacility Ho OOPM- Renova Demolii Is Loca Normied So ainten stodial (12) No	ation ally lely by ance/ Staff?	Pate (11) Pescribe M Ash (i VAT / N VAT / N Mastic Vate	Name of BRIST Street Add 1123 B City, State BRISTO Descript Descript Destros Contains, other misce Mastic Cubic Yards of Waste	OSHA Mo. OL ENVI dress EAVER 9 , Zip Code OL, PA 19 Ill Contain ini-Enclosi ovebag Pron-Exempt otion of ng Materia tems insul VAT, or ellaneous) of Nar A City	RONMENT STREET 9007 ment with Nure rocedure led (*) and N al (ACM) lation, me of Regist CUA Hane r, State	legativ	INC /e Presidable F Amout (Spector) 6 SF 6 SF 6 SF andfill Envir	ronme	Removal	Repair	Encapsulate	_
Start Date (10)	t (Check or ntire Period Normal Face PM/5:	Renova Demolii Is Loca Normalion Is Loca Normali	ation ally lely by ance/ Staff?	Pate (11) Pescribe M Ash (i VAT / N VAT / N Mastic Vate	Name of BRIST Street Add 1123 B City, State BRISTO Descripted State Properties Containing other misce Mastic Cubic Yards of Waste Disposal Date TBD	OSHA Mol OL ENVI dress EAVER S , Zip Code OL, PA 19 Ull Contain ini-Enclose ovebag Pron-Exempt otion of ng Materia tems insul VAT, or ellaneous) of Nar A City Equation	RONMENT STREET 9007 ment with Nure rocedure red (*) and N al (ACM) lation,	eered	/e Presidable F Amou (Special SF or 6 SF 6 SF 6 SF andfill Environment)	ronme	Removal X X X X X X X X X	Repair	Encapsulate	_

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DAN 2 2018, [U)	111		- 15	
1 7 1	UAN	Pa	2018	

Date of Notification (1)		Tale - C			19
	/ 17	Name of	Building Owner/Operat	or (2)	Assertation
	Notification		n Communications	i_	AGGESTOS CONTROL
⊠ EPA ⊠ Ini		Street Add			The state of the s
<u> </u>	nended	1609 P	acific Avenue		
	nendment #2:1.1/20/17	City, State	, Zip Code		
☐ DCA ☐ Em	nergency (including	Atlantic	City, NJ 08401		
(NJAC 5:23-8) jus	tification)	Name of Co	ontact		1
L Car	ncellation	Alex Ba	ylor		Telephone Number
			YINFORMATION		
Name of Facility Where Abatemen	nt is Taking Place (3)	7,01211	THEORMATION	1=	
Verizon Atlantic City Centr	al Office			Type of Facility	(4)
Street Address				School (K-12)
1609 Pacific Avenue				E CHIEF DE	(Other than K-12) ivate and commercial buildings
City (5)				10./	tote and commercial buildings.
Atlantic City				Square Feet	# of Floors Bldg. Age
County (6)		C		88,066	7
Atlantic	=	County Code	(7)(STATE USE ONLY)	Current Use (Prior	r if being demolished)
Name of Monitoring Firm Hired by B	uilding Owner (9)	COLL		verizon Com	nunications
USA Environmental Inc	A.	SCM No.	Name of Abatemer	nt Contractor (9)	
Street Address			BRISTOL ENV	IRONMENTAL,	INC.
8346 Enterprise Avenue			Street Address	,	
City, State, Zip Code			1123 BEAVER	STREET	
Philadelphia, PA 19153			City, State, Zip Code		
			BRISTOL, PA 1		
roject Manager for Monitoring Firm	Telepho		Telephone No.		•
Mark Jenkins	215-3	365-5810	215-788-6040	-	icense No.
art Date (10)	Scheduled Completion	Date (11)	Name of OSHA Moni	for	00509
11 /21 /17	11 /28	/_17	BRISTOL ENVIR		
ccupancy Status During Abatement ((Check only one)		Street Address	ORMENIAL, IN	С
Facility Closed/Vacated During Entire	e Period of Abatement	1			
Abatement Performed Outside of No.	rmal Facility Davis	1	1123 BEAVER ST	REET	
Time of Abatement:AM	PM/ <u>5:00</u> PM- <u>2:00</u> AN	A	City, State, Zip Code	OBCOM	
pe of Work (Check all that apply)			BRISTOL, PA 190	07	
3 sf or ≥3 lf	_		M Full Containe		
160 sf or <u>></u> 260 lf	⊠ Renovation □ Demolition			ent with Negative F	ressure
	Li Demontion		Glovehan Proc	adura	
	Is Location	1	Non-Exempted	(*) and Non-Friable	ie Procedure
Location of	Normally	1			Abatement Type
bestos-Containing Material (ACM)	Used Solely by	Asbestos	Description of Containing Material (
TO BE ABATED IN Facility	Maintenance/ Custodial Staff?	(i.e., th	ermal systems insulation	'"'	nount pecify or LF)
(13)	(12)		surfacing, VAT, or	1 (0)	pecify novair caps
	Yes No N/A	01	ther miscellaneous)	51	nount pecify or LF)
or Turbine/Store Room		VAT / ST			6
oor Turbine/Store Room			c (Same Area)	108	5 SF 🛛 🗆 🗆 🗆
		Generator E	xhaust insulation	200	
or HSB/New Pad Area		VAT / Mastic	2		
or Temporary Store Room		/AT / Mastic		1055	SF 🛛 🗆 🗆
Registered Waste Hauler	NJDEP Was			210	
l Environmental Inc	Hauler ID N	o. Wast	c Yards of Name	of Registered Land	fill
9	18706		ACU	A Haneman Env	vironmental Park
I, PA		Dispo	sal Date City, St	ate	THE PARTY
		TBI	D Egg	Harbor Townshi	in .
d By (Print or Type) Title		S	Signature	· certaii	1
DeCaro Est	imator	- 1	Dille 194	2 /.	Date /
		1 /	The same	act of 1	1/1/20100

work.

. *	(Pursuant to	NJAC 8:60 and	5:16)	INE	CE	1 V	2 13	-
Date of Notification (1)		Name of B	Building Owner/Opera	ator (2)	411) 5	U	11 /	92	3
10/10/	17		Communication		1131		•	,	- Annual Contract
Agencies Notified Type Notific	ation	Street Add				JAN 2	2 20	18	STATE OF THE PARTY OF
⊠ EPA ⊠ Initial			cific Avenue		14 14				1
☑ DOLWD ☑ Amender ☑ DOH Amendm		104 0					n senior constant	or president to the control	Promise
□ DCA □ Emergen	ent.#2:44/20/42	DE 1202	City, NJ 08401		ASE	BESTOS	CONTR	TUL &	
(NJAC 5:23-8) justification	on)	Name of Co			1	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	KANADAT SET STREET	CHARLEST A STORY	awa
☐ Cancellat	ion	Alex Bay	/lor		Tel	ephone N	umber		
		1	Y INFORMATION						
Name of Facility Where Abatement is Ta		····	NOT ANIMATION	Type of	- 200				
Verizon Atlantic City Central Of	fice			☐ School	Facility (4)				
Street Address				── Subch	apter 8 (Othe	er than K-	12)		
1609 Pacific Avenue				/ W Other	(I.e. private :	and comm	iercial bi	uildinas	
City (5)				Square Fe	3, 610.)				
Atlantic City				88,066	1 2 5	Floors	1	dg. Ag€	
County (6)		County Code	(7)(STATE USE ONLY)	- T - 10				·-75	
Atlantic				Processor and a second	se (Prior if bei	ng demol	shed)		
Name of Monitoring Firm Hired by Building	Owner (8) A	SCM No.	Name of Abatem	ent Contract	or (9)	Lations			
USA Environmental Inc			BRISTOL EN	VIRONME	NTAL INC				
Street Address			Street Address		(TAL, 1160.				
8346 Enterprise Avenue			1123 BEAVE	RSTREET					
City, State, Zip Code			City, State, Zip Co						
Philadelphia, PA 19153			BRISTOL, PA						
Project Manager for Monitoring Firm	Teleph	one No.	Telephone No.		Licens	e No			_
Mark Jenkins		365-5810	215-788-6040		005				
	duled Completion		Name of OSHA Mo	onitor		-			_
	1 / 28	/ _17	BRISTOL ENV	IRONMENT	AL. INC				
Occupancy Status During Abatement (Check	only one)		Street Address						
☐ Facility Closed/Vacated During Entire Per	iod of Abatemen	t /	1123 BEAVER	STREET					
Abatement Performed Outside of Normal Time of Abatement:AMPM	Facility Hours - D	escribe	City, State, Zip Cod	e					
	70.001 NF2.00A	IVI	BRISTOL, PA 1	9007					
Scope of Work (Check all that apply)									_
	Renovation			ment with Ne	gative Pressi	ure			
⊠ ≥160 sf or ≥260 lf			☐ Glovebag P	rocedure					
			☐ Non-Exemp	ted (*) and No	on-Friable Pro	cedure			
Location of	Is Location Normally			37.0mm			Abateme	of Type	_
Asbestos-Containing Material (ACM)	Used Solely by	Ashesto	Description of s Containing Materia	1/8010			T	1	_
TO BE ABATED IN Facility	Maintenance/ Custodial Staff?	(i.e., th	nermal systems insu-	lation.	Amount (Specify	em em	Repair	enc	
(13)	(12)	1	surfacing, VAT, or	1	SF or LF	Kemoval	1 =	Encapsula	
	es No N/A	1 0	ther miscellaneous)	-		-		Encapsulate	1
st Floor Penetrations		VAT / Mast						"	1
nd my					6 SF				1
		VAT / Masti	ic		6 SF	×	DI	7/17	1
d Floor Office Penetrations		VAT / Masti	c		6 SF			11	1
Floor Hallway Penetrations		Mastic	**					111	
me of Registered Waste Hauler	NJDEP W	aste Cub	ic Yards of Nar	ne of Register	6 SF	X			
3ristol Environmental Inc	Hauler ID	No. Was					0000		
/, State	18706	Dien			nan Enviror	imental	Park		
ristol, PA		TB	1	State	Wastern Courte				
npleted By (Print or Type) Title			-	g Harbor T	ownship				
illan DeCaro Estima	for		Signature	100	· . D	ate /	,	\dashv	
11			Dillan D	"Cars/	n	11/20	0/17		

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	IAO	9	9	2018	

Date of Notification (1)		101-	0.00 @//			VACCHE 2	018 11
10 /	10 / 17	Name	of Building Owner/Oper	rator (2)			
		Veri	zon Communication	ns	1 40	Minima of the second	Transaction of
	ype Notification	Street A	Address		I No	BESTGS CON	HUL&
	Amended	1609	Pacific Avenue		And the second second second second	Personal August and Commission of the Commission	and a service of the
1_	Amendment #1 - 11/3/		te, Zip Code				
I LI DCA	Emergency (including		tic City, NJ 08401		44.000		
(180AC 5.23-8)	justification)	Name of	Contact				
	Cancellation	Alex E			T	elephone Numbe	1
					_ i		7
Name of Facility Where Abater	ment is Taking Place (3)	FACIL	ITY INFORMATION				
Verizon Atlantic City Cer	ntral Office			Type of F	acility (4)		
Street Address				☐ School	1 1K 121		
1609 Pacific Avenue				TI I Subch	antor B /Ou	her than K-12)	
City (5)				homes		ner than K-12) and commercial	buildings,
Atlantic City				Square Fe		15:	
County (6)				88 066	1 7		Bldg. Age
Atlantic		County Co.	de (7)(STATE USE ONLY)	Current Use		eing demolished)	+-75
Name of Monitoring Firm Hiredby	Building Own (6)			Verizon	Commun	ing demolished)	
USA Environmental Inc	Building Owner (8)	ASCM No.	Name of Abateme	nt Contracto	r (O)	ications	
Street Address			BRISTOL EN	IRONMEN	TAL INC		
8346 Enterprise Avenue			Street Address	100000000000000000000000000000000000000	TAL, INC.	10	
City, State, Zip Code			1123 BEAVER	STREET			
Philadelphia, PA 19153			City, State, Zip Cod				37
Project Manager for Monitoring Firm			BRISTOL, PA 1				
Mark Jenkins	Teleph	one No.	Telephone No.	3001		· ·	1
Start Date (10)	215-	365-5810	215-788-6040		Licens	e No.	
14	Scheduled Completion	Date (11)	Name of OSHA Moni		0050	09	
	ON / HO	/_LD	BRISTOI ENVID	OFFEE	12-2300		
Occupancy Status During Abatement	(Check only one)		BRISTOL ENVIR	ONMENTA	L, INC		
J Facility Closed/Vacated During Ent	ire Derind of at	6	Street Address				
A Abatement Performed Outside of N	ormal Facility 11		1123 BEAVER ST	REET			
Time of Abatement:AM	PM/5:00PM-2:00A	M	City, State, Zip Code				
ope of Work (Check all that apply)			BRISTOL, PA 190	07			
≥3 sf or ≥3 lf			M Euli Cantala				
≥160 sf or ≥260 lf	Renovation Demolition			ent with Negal	tive Pressu	re	
	- Demoinion		☐ Glovehag Brook	o ed			
	Is Location		☐ Non-Exempted	(°) and Non-F	riable Proc	edure.	- 1
Location of	Normally						
sbestos-Containing Material (ACM) TO BE ABATED	Used Solely by	Asbestos	Description of Containing Material (A			Abatemen	
IN Facility	Maintenance/ Custodial Staff?	(1.6., 11)	ermai systems insulation	CM)	Amount	Removal	<u> </u>
(13)	(12)		Surfacing, VAT, or		(Specify SF or LF)	nov Dair	Clos
	Yes No N/A	Oï	her miscellaneous)		or or LF)	Repair Removal	Enclosure
or Turbine/Store Room		/47 /55				16	1-1
or Turbine/Store Room			(Same Area)	- 1	1085 SF		H
or HSB/New Pad Area			xhaust Insulation	1 :	200 SF		
		AT / Mastic		4	055 SF		
or Temporary Store Room		AT / Mastic					
Registered Waste Hauler	NJDEP Was	te Cubic	Yards of Name of	2	10 SF		$\overline{\Box}$
Environmental Inc	Hauler ID No). Waste	1	Registered La	andfill		7
9	18706		ACUA	Haneman I	Environm	ental Park	
, PA		1	Lar July, State	8		20176	_
i By (Print or Type) Title		TBD	Egg Ha	erbor Town:	ship		
	mator		gnature				1
1 580	mator	10	:111 1 1	1-	Date		7

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Date of Notification (1)				Na	me of F	Building Own	er/Opered	er (2)	111 / 11	1			_	
) /	17		V	erizo	n Commun	ications	or (2)		JAI	4	2 201	8	
Agencies Notified Tv	pe Notificat	on					lications							
	Initial	UII		1	et Ada				1 6	eranian in the same		C 1 TT	71 0.	i i
Ø DOLWD Ø	Amended					cific Aven	ue		3	ACTE			er and	d
Ø DOH	Amendmen	#1 -	11/3/1	6 1		Zip Code			7-4-5FE			u esercie	AND THE	anger!
□ DCA □ E	mergency	(include	ding	At		City, NJ 0	8401							
	ustification) ancellation			Name	e of Co	ntact			1.	Telephon	- Al			
	ancellation			Ale	x Bay	lor			1	relephon	e Num	iber		
				FA	CILIT	Y INFORMA	MOITA					-		
Name of Facility Where Abatem	ent is Taki	ng Pla	ce (3)				***************************************	Type of Fa	attle (d)					
Verizon Atlantic City Cen	tral Offic	8						School	icity (4)					
Street Address								d ∐ Subcha	oter 8 (O	therthan	V 101			
1609 Pacific Avenue								D OTHER	e. privat	e and co	mmerc	ial buile	dince	
City (5)		100							010.)			nui Duni	ungs,	
Atlantic City							1	Square Fee	t #	of Floors	3	Bldg	Age	
County (6)				I County	Code	(7)(CTATE (10)		88,066		7		4.7		
Atlantic				County	Code	(7)(STATE US	E ONLY)	Current Use	(Prior if I	being der	nolishe	ed)		_
Name of Monitoring Firm Hired by	Building O	MOST /	D) I	1		1	- 1	verizon (ommu	nication	1S			
USA Environmental Inc	Duning O	verier (0) /	ASCM No),	Name of	Abatemer	nt Contractor	(9)					_
Street Address						BRIST	OL ENV	IRONMENT	AL, INC	.				
8346 Enterprise Avenue						Street Add	iress							_
City, State, Zip Code						1123 B	EAVER :	STREET						
						City, State	Zip Code	3						
Philadelphia, PA 19153						BRISTO	L, PA 1	9007						
Project Manager for Monitoring Firm		T	Teleph	one No.		Telephone	No.		11100	- 41				
Mark Jenkins		1	215-	365-581	0	215-788			- 1	nse No.				
tart Date (10)	Schedule	d Com	pletion	Date (1	1)	Name of OS		for	00	509				
//	ON	1_	HO	/ LD	1			ONMENTAL						
ccupancy Status During Abatement	(Check on	v one						DIVINIERIA	_, INC					
Facility Closed/Vacated During Ent	ire Period	of Aba	femen		1	Street Addre		14 : 17:						-
Abatement Performed Outside of N	ormal Faci	lity Ho	ure - D	locariba	1	1123 BEA		REET						1
Time of Abatement:AM	PM/5:0	OPM-	2:00A	M	10	ity, State, Zi								4
ope of Work (Check all that apply)						BRISTOL,	PA 190	07						1
						53 5 11 4								1
≥3 sf or ≥3 If	⊠ Re	enovat	tion			⊠ Full C	ontainme Inclosure	ent with Negat	ive Pres	sure				1
160 sf or >260 lf	☐ De	emoliti	on			☐ Glove	ban Proc	edure						
	1					☐ Non-E	xempted	(*) and Non-F	riable P	ncedure			- 1	
Lagation of		Locat lorma		1						Jocanie				
Location of sbestos-Containing Material (ACM)	Use	d Sole	lly Iv hv	1		Description	of			1		ment T	ype	
TO BE ABATED	Mai	ntenar	nce/	Asb	estos (Containing N	flaterial (A	(CM)	Amous	nt /	Removal	Encapsulate	m	
IN Facility	Custo	dial S	taff?	(c., the	rmal system urfacing, VA	s insulatio Tor	on,	(Specif	fy	mo	cap	Enclosure	
(13)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(12)			oth	er miscellan	eous)	1	SF or LI	F) i	2	lus	ST.	
	Yes	No	N/A					- 1		1		ate	0	
oor Penetrations	10 1		X I	VAT / N	lastic						+	11		
oor Frame Room Penetrations		7		1/47/11					6 SF					
	1-1-	- 1		VAT/M	astic				6 SF	X	П	П	7	
or Office Penetrations] [X /	VAT / M	astic				REF		-		4	
or Hallway Penetrations		7 5	Z I	Mastic				-	6 SF	\boxtimes] [
f Registered Waste Hauler			EP Wa		Cultin	V- /			6 SF			DIF	7	
ol Environmental Inc		Haule	er ID N	. 1	Cubic Waste	Yards of	Name o	of Registered L	andfill				4	
ie			706				ACU	A Haneman	Enviro	nmental	Park			
I, PA				1	Disposi	al Date	City, Sta	ite					1	
				1	TBD	i		larbor Towr	ehin				1	
d By (Print or Type) Title					Sic	nature		2. 1044						
DeCaro Fs	timeter				10	- 11	n n	100	I D	ate		70	1	

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NO CE	٨	OTIFIC	St	ate of New	Jersey STOS ABA		E C	Ck#3.	275
Date of Notification (1)		(P	Name o	f Building Ow	ner/Operator	16)	P	age dis	
	_ / _ 17		Veriz	on Commu	nications				
Agencies Notified Type ☑ EPA ☑ Ini	Notification		Street A			-	ANGEN	11-15-21 8	
	nended	1		Pacific Ave	nue	N.	Marker I L	CELSNE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ø DOH	nendment#			e, Zip Code		The same of the sa			
DCA Em	ergency (includ tification)	ing	Atlanti	ic City, NJ	08401				
	ncellation	1	Name of (Tele	phone Number	
			Alex B	7.000				· · · · · · · · · · · · · · · · · · ·	
Name of Facility Where Abatemen	nt is Taking Plac	e (3)	FACILI	TY INFORM					
Verizon Atlantic City Centra	al Office	- (0)			1.	Type of Facilit	y (4)		-
Street Address						School (K-	8 /Oth-	. 20	
1609 Pacific Avenue					D	J CHILLINE	Drivate a	nan K-12) nd commercial build	dinas
City (5)						homes, etc	-/		migs,
Atlantic City						88,066	# of F	loors Bldg.	Age
County (6) Atlantic	2,000	Co	ounty Cod	e (7)(STATE U			7	g demolished)	5
Name of Monitoring Firm Hired by Bu	::14: 0					Verizon Con	nmunic:	g demolished)	
USA Environmental Inc	oing Owner (8) ASC	M No.	Name of	Abatement (Contrador (9)		LIONS	
Street Address				BRIST	TOL ENVIR	ONMENTAL	, INC.		
8346 Enterprise Avenue				Street Ad	dress				
City, State, Zip Code					BEAVER ST	REET			
Philadelphia, PA 19153					, Zip Code				
Project Manager for Monitoring Firm	T	elephone	No	Telephone	OL, PA 190	07			
Mark Jenkins		215-365		215-788			License	No.	+
Start Date (10)	cheduled Comp	letion Dat	e (11)		SHA Monitor		00509		1
10/_24_/_17	11/1	6 / _	17		L ENVIROR		110	2	$\overline{}$
Occupancy Status During Abatement (Ci	heck only one)			Street Addre		THE RIGHT	VC .		
☐ Facility Closed/Vacated During Entire	Period of Abate	ement	1		AVER STRE	FFT			
Abatement Performed Outside of Norr Time of Abatement:AM	mai Facility Hou PM/5:00PM-2	rs - Descr	ibe	City, State, Z					
cope of Work (Check all that apply)		- NIN			, PA 19007			to a section of the first of the section of the sec	7
26 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.				- And or Section					
] ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ Renovatio	n		⊠ Full (⊠ Mini-	Containment Enclosure	with Negative	Pressure		1
	☐ Demolition	1		☐ Glove	eban Procedu	ıre			1
	Is Location	n I		□ Non-E	Exempted (*)	and Non-Friat	le Proced	dure	1
Location of	Normally	.		Description	n of			Abatement Ty	/De
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely Maintenand	e/	Asbestos	Containing I	Material (ACA	A) A	mount		
IN Facility	Custodial Sta	ff?	(I.e., th	ermal system surfacing, VA	ns insulation,	(S	pecify	Encapsu Repair Removal	nclo
(13)	Yes No 1	1/0	of	her miscellar	neous)	SF	or LF)	Encapsulate Repair Removal	Enclosure
loor Turbine/Store Room		VA VAT	/ Maeti	c (Same Ar				ate	
Floor Turbine/Store Room						108	5 SF		51
CONTINUE IN LA				xhaust Ins	ulation	200	SF	N D D F	7
		_	/ Mastic			1055	SF		1
of Registered Waste Hauler		5 / 1 / 2003/2011	/ Mastic			210	SE.		4
tol Environmental Inc	NJDER	Waste ID No.		Yards of	Name of R	egistered Land	Ifill		
ate ate	1870		Waste	9	ACUAH	laneman En	vironme	nfal Dad.	
ol, PA			Dispos	sal Date	City, State		viiiiie	mai rark	
		12	TBD)		bor Townshi	n		
Title DeCaro Estin	nator		Si	ignature	A =	1 -	Date		

NOCH

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CR#3275

	(1	Pursuant to NJAC 8:	60 and 5:16)	DEP	IS_ILWAR PON								
Date of Notification (1)		Name of Building Own	- 11	11-12	29e 2								
	_ / _ 17 .	Verizon Commun	nications	U)	-								
	Notification	Street Address	a versus de	III JAN	_2 2 2018 U								
⊠ EPA ⊠ in.		1609 Pacific Aven	ure I										
1 -	nended nendment#	City, State, Zip Code		A S.	and the second of the second o								
□ DCA □ Em	nergency (including	Atlantic City, NJ 0	8401	LIC	75 CONTROL & PENSING								
(NJAC 5:23-8) jus	tification)	Name of Contact		The second second	and the second s								
LI Car	ncellation	Alex Baylor		Tele	nhana Alimhar								
Name of Facility Where Above		FACILITY INFORMA	ATION										
Name of Facility Where Abatement Verizon Atlantic City Centr	nt is Taking Place (3)			Type of Facility (4)									
Street Address	al Office		☐ Sch	001 (K-12)									
1609 Pacific Avenue			- I Sub	Chanter & Mil-	than K-12)								
City (5)				es, etc.)	than K-12) nd commercial buildings,								
Atlantic City			Square		loors . Bldc Age								
County (6)			88,06	6 7	± 75								
Atlantic		County Code (7)(STATE US	E ONLY) Current L	Jse (Prior if being	0 demolished								
Name of Monitoring Firm Hired by B	uilding Owner (8) 105	CM No. Name of	Verizo	n Communic	ations								
USA Environmental Inc	ASI	I realle of	Abatement Contrac	dor (9)									
Street Address			OL ENVIRONME	NTAL, INC.									
8346 Enterprise Avenue		Street Add											
City, State, Zip Code			EAVER STREET										
Philadelphia, PA 19153		City, State,	L, PA 19007										
Project Manager for Monitoring Firm	Telephone	e No. Telephone	Control of the Contro										
Mark Jenkins		5-5810 215-788-		License No.									
Start Date (10)	Scheduled Completion D	ate (11) Name of OS		00509									
	11 /16 /		ENVIRONMENT										
Occupancy Status During Abatement (C	heck only one)	Street Addres		IAL, INC	2								
☐ Facility Closed/Vacated During Entire	Period of Abatement		VER STREET	SEET									
	mal Facility Hours - Des	cribe City, State, Zi											
	_FW/5.00PW-2:00AM		PA 19007										
scope of Work (Check all that apply)													
] ≥3 sf or ≥3 ff	⊠ Renovation	⊠ Full C	ontainment with Ne	gative Pressure									
	☐ Demolition	Glove	bao Procedure		1								
	lata di l	☐ Non-E	xempted (*) and No	n-Friable Proces	fure								
Location of	Is Location Normally		1										
Asbestos-Containing Material (ACM)	Used Solely by	Description Asbestos Containing IV	of Seterial (A CSS)		Abatement Type								
TO BE ABATED IN Facility	Maintenance/ Custodial Staff?	(i.e., thermal systems	s insulation.	Amount (Specify	Enclos Encap: Repair								
(13)	(12)	surfacing, VA other miscellane	T. or	SF or LF)	Enclosure Encapsula Repair								
	Yes No N/A	other misoenam	eous)	(5	Enclosure Encapsulate Repair								
Floor Penetrations		AT / Mastic											
Floor Frame Room Penetrations		T / Mastic		6 SF									
loor Office Penetrations		T / Mastic		6 SF									
oor Hallway Penetrations				6 SF									
of Registered Waste Hauler	NJDEP Waste	stic		6 SF									
tol Environmental Inc	Hauler ID No.	Cubic Yards of Waste	Name of Registere	me of Registered Landfill									
tate	18706	ACUA Haneman Environmental Pari											
tol, PA		Disposal Date City, State											
ted By (Print or Type) Title		TBD Egg Harbor Township											
	mator	Signature											
Latil	112101	11/1/11/11/11	n.P In	1.	1								



CK 4421

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

Date of Notification (1)			Name of	Building ()	wner/Operat	or (2)		BER	IC	II II	// [c	3 1		
Date of Notification (1)				LESU	EY :	ST (PIERRE							
Agencies Notified Type Notification			Street Ac		-/		0							
□ EPA Initial								UU JAN	22	20	18			
□ DEP □ Amended Amendment #				te, Zip Code		~	alt o	27410						
□ Emergency (ir		-	1	Contact	=W00	<u>u</u>	,00	C THE SAME PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRES	A CC	TNITE	201	0.		
DOH justification)					TPIERR	_		Telephone Number	ENIO	שמו	NOL (α		
□ DCA □ Cancellation					DRMATION			ユ			Muse.			
Name of Facility Where Abatement is Taking Pl	ace (3)		THE		J.W. 221201		ype of Facility (4)						
MS LESLEY STRE	ME													
Street Address				18. 2	-		Subchapter:	8 (Other than K-12) rivate & commercial	uildin	gs, ho	mes, e	etc.)		
					1									
City (5)						S	quare Feet	# of Floors	В	ldg. A	ge 4J	-		
(16DGENOOD			0	2 (7)			2500	r if being demolished			-10			
County (6) BERGEN			County ((STATE)	USE ONLY)		-		105N CE				1		
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCN	4 No	IN	ame of	Abatement Contr					$\overline{}$		
Traine of training 1 am times by Bananing 5		12	1.00.				Removal	3E 5E				1		
Street Address	Address													
	duicos						South Ri	ver Stree	t					
City, State, Zip Code	State, Zip Code						e, Zip Code							
-							nsack,	NJ 07601						
Project Manager for Monitoring Firm	Telephor	ne No.	Te	elephone	e No.	License No								
							29-7444	0038	8					
Start Date (10)	Schedule	1	letion Da	ate (11)	N	ame of (OSHA Monitor							
/ // 1 0	//	30/	10		01	nega	Enviro	nmental						
Occupancy Status During Abatement (Check On														
☐ Facility Closed/Vacated During Entire Peri ☐ Abatement Performed Outside of Normal F	od of Abat acility Ho	tement					uyler S	treet						
Other - Describe: 730 Au TO	5:2	SPH			1	200	8 48	sack, NJ	076	06		1		
Scope of Work (Check All That Apply)					lo (Juli	паскен	Sack, No	070	00		\neg		
≥3 sf or ≥3 lf	Æ R	Renovati	on				Full Containme	ent with Negative Pres	sure					
☐ ≥160 sf or ≥260 lf		Demoliti	37.55				Mini-Enclosure					- 1		
							Glovebag Proce Non-Exempted	edure (*) and Non-Friable	Proced	ште				
	T _e	Location	20							Abate	ement			
Location of	1	Normall	y		Descri	ption of				Ty	rpe	-		
Asbestos-Containing Material (ACM)		ed Solely aintenar			tos Containi	ng Mate	rial (ACM)	Amount			E			
TO BE ABATED In Facility	000,000	todial S		(i.e. then		insulati T. or	on, surfacing,	(Specify SF or LF)	Removal	Repair	тсар	inclo		
(13)		(12)			other misc	cellaneo	us)	or ordered whose stores	oval	air	Encapsulate	Enclosure		
	Yes	No	N/A								c			
BASEMENT				THERMA	L SUSTE	W IN	SULATION	65 LF	×					
						-								
	+ 1											\vdash		
									-					
Name of Registered Waste Hauler	لــــــــــــــــــــــــــــــــــــــ	IN	IDEP W	aste	Cubic Yar	ds	Name of	Registered Landfill				-		
		//	auler ID		of Waste	2 ()	/	2.74						
Best Removal Inc 17109 City, State					Dieserin) Dota	Mine City, State	rva Enter	ori	ses	,,]	LLC		
					Disposal D	30 //	9		T 1	1 (^	0			
Hackensack, N.J. 07601 Completed by Title					Signa		Wayn	esburg, Ol	<u> 4</u>	468	8_			
J. Maiorano		ima	tor		July	Vr	Parois		1/1	8/1	8			
o. marorano	1 nor	- 11114	COL			1	V		-1-	-				

	-/P) /4	ТОТІ	FICA	State of New Jersey CATION OF ASBESTOS ABATEMENT								/ [
Check#2965		73 1				C 8:60 and 5:							#
Date of Notification (1)				Name o	of Building	Owner/Operator	(2)		JAN	2 2	20	18	1
01	17 / 18		(Jeorgi	a Di Tore	α.							IT
Agencies Notified	Type Notification				Address				ASBESTO	000	ONIT	POL	0
☐ EPA	Initial Initial									CENS		noL	α
□ DOLWD	☐ Amended			City. S	tate, Zip C	ode	= 01/4		le trade construent por la construent de		Control or other		Commercial Inc.
☑ DHSS	Amendment #_					NJ 07010							
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding			of Contact				Telephone Numbe	er			
(Nano 3.20-0)	Cancellation				Pembert								
			- 11			FORMATION		-	<u> </u>	-	Walter		
Name of Facility Where	Abatement is Taking	Place	(3)	FAU	ILII IIV	FORMATION	Т	ype of Facility (4)				
S 11	Abatement is Taking	riace	(3)				School (K-12)						
Private house							- t	Subchapter 8	(Other than K-1 2)				
Street Address	- 10						0		ivate and commerci	al bui	ldings	i.	
0.7.75	1						-	homes, etc.)	# of Floors	TRId	g. Ag	Δ.	
City (5)	0.2						0	square reet	# 01 / 10015	010	g. Ay		
Cliffside Park, NJ 070	010			I C	Code (7)	CTATE LICE ONLY	1	Surrent Use (Bri	or if being demolish	lhod			-
County (6)				Count	y Code (7)	(STATE USE ONLY		Juli elli Ose (Fil	or it being demonstr	eu)			1
Bergen Name of Monitoring Firm	a Uirod by Duilding (Junor /	0) [ASCM I	la.	I Nome of Abote		t Contractor (9)					_
Name of Worldoring Firm	n Hirea by Building C	wher (0) /	4SCM I	NO.		men	t Contractor (9)					
					Gr Tech LLC								
Street Address					Street Address								
0				100100000000000000000000000000000000000	576 Valley Ro								
City, State, Zip Code						City, State, Zip							
Project Manager for Mor	nitoring Eism		Tala	phone I	VIO.	Wayne, NJ 07470 Telephone No. License No.							_
Project Manager for Moi	nitoring Firm		rele	priorie i	NO.	L.			01127				
Start Date (10)	School	duled C	omplei	ion Da	e (11)	973-638-1777 Name of OSHA		nitor	01127				-
	/					Envirovision (
Occupancy Status Durin	ng Abatement (Chec	k only c	ne)			Street Address							
☐ Facility Closed/Vaca						20-21 Wagara	w R	Road, Bldg .# :	35E				
Abatement Performe						City, State, Zip	Coc	ie					
Time of Abatement:	F	IVI/	' ' '''-		Alvi	Fair Lawn, NJ	074	410					
Scope of Work (Check a	all that apply)								ation with negative	press	ure		
▼ >3 sf or >3 lf		⊠ Re	novati	on		Mini-F	nele	inment with Neg sure					
>3 sf or >3 lf ≥ 160 sf or ≥260 lf			molitic			Glove	bag	Procedure	Tent with Negative	Press	ure		
					1	☐ Non-E	xem	ipted (*) and No	n-Friable Procedure	7	1	-	-
l seeks	4		Locat Norma			Deservation	a af				atem		
Locatio Asbestos-Containing		Use	d Sole	ly by	Asbe	Descriptio estos Containing			Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB		V. 177.75	intena todial		(i.e	e., thermal system			(Specify	Non	pair	aps	losu
IN Fac (13)		003	(12)	J.GII.		surfacing, V. other miscella			SIF or LF)	a		ulat	6
(10)		Yes	No	N/A				,				Ф	
D		П	П	×	Pipe ins	ulation			250 LF				П
Basement		+=			i ipe ilis	ulation	-		230 Di				
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											Ц		
Name of Registered Wa	aste Hauler	-	NJ	DEP Wast	e Hauler ID No	. Cubic Yards of V	Vaste	Name of Regis	stered Landfill				
Gr Tech LLC				003378	35	TBD		T.R.R.F. Inc					
City, State				,055/0	,,,	Disposal Date		City, State					
								- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Λ				
Wayne, NJ 07470 Completed By (Print or	Type) Tit	ie .				TBD Signature		Tullytown, P	A Da	te			
						Signature	//	who wena			0		
N.Jevtic Owner							1/2	wic Wena	ø [01/	17/13	0		

										PI	rin	
no al	N		State of Ne TION OF ASE Luant to NJAC	SESTOS A	BATEM	ENT	ID/E	C		\mathbb{V}	[
Date of Notification (1) January 9, 2018			me of Building	Owner/Op	perator (2	2)	TIL.	JAN :	2 2	2018	3	
Agencies Notified Type Notification	n	Str	eet Address				1				-	
X EPA Initial			0 Bay Stree	or week and the second	806		ASBI	ESTOS	CO	VTRO)L	
DEP Amended Amendme	nt#1		y, State, Zip Co ersey City, N)		AND DESCRIPTION OF THE PERSON NAMED IN	LICE	NSIN	IG	-	
☐ Emergence	y (including		me of Contact				Tolophere **					
DOH justification DCA Cancellation		Ev	an Perry				<u>L</u>					
Name of Facility Where Abatement is Tak	: DI (2)		FACILITY INF	ORMATIC								
varie of Facility where Abatement is Tak	ing Place (3)					ype of Facility (70.2					
Street Address						School (K-1	8 (Other than h	(-12)				
18 Chapel Avenue			4				private & comme	ercial bu	ildings	, hom	es	
City (5) Jersey City					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Square Feet 90000	# of Floors		Bldg. 50+	Age		
County (6) Hudson			unty Code (7) ATE USE ONLY) <u> </u>		Current Use (Pri /acant	or if being demo	lished)				
Name of Monitoring Firm Hired by Building Arcadis	Owner (8)	A	ASCM No.		ntractor (9) nental Corp							
Street Address 10 Friends Lane, Suite 200												
City, State, Zip Code Newtown, PA 18940				20102	City, Stat	eaver Drive te, Zip Code Park, NY 117						
Project Manager for Monitoring Firm		100000000000000000000000000000000000000	ephone No.		Telephor	Control 4	License				_	
James S. McLaughlin, PG, CSP	T =	21:	74.		631	OSHA Monitor	01067					
tart Date (10) January 22, 2018	Scheduled		tion Date (11) 2018		ental Corp.							
ccupancy Status During Abatement (Che								-	_			
Facility Closed/Vacated During Entire	Period of Al	atement				aver Drive						
Abatement Performed Outside of Nor Other – Describe:	mal Facility F	Hours		- 1		e, Zip Code Park, NY 117	754					
cope of Work (Check All That Apply)					Kirigs i	-ain, ini iii	7.04				_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			×	Mini-Enclosure Glovebag Prod				re		
1 1	1000000	ocation ormally		<u></u>	2000					ement ype	ĺ	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely by tenance/ dial Staff (12)	Asbes	tos Contai thermal s surfacii		erial (ACM) sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate		
	Yes	10000	V/A					<u>B</u>		ate		
Main Warehouse			X	TSI (W			200 LF	Х				
Main Roof Area			X		up Root		90,060 SF					
Shed- East Elevation			X		Shingle		56 SF	X				
Throughout Building		Х				sformers	11 eac					
ame of Registered Waste Hauler ryce Alterio Trucking		100000000000000000000000000000000000000	EP Waste er ID No. 18	Cubic Yaste of Waste as nee	е	640.00	Registered Land Enterprises					
ity, State ilesburg PA				Disposa TBD		City, State Waynes	e sburg, OH					
ompleted by ohn Barone	Title Senior	Proiec	t Manager	Sig	nature	Jelin I B.		Date 01/16/	18			

^{2.} Newark Carting Inc. NJ ID No NJ-913 Landfill - Minerva Enterprises

ASB-41 (R-06-08)

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

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	\ <i>IT</i>	JAN	2	2	2018	ON/	

FRIABLE

ETS JOB # 4959/17 CHECK # 6	38483 AMENDI	MENT#	6 –ADDED WORK HOL	JRS QUANTITIE	S & LOCATION					
Date of Notification (1) 1/12/2018	Name of B	uilding O	wner / Operator (2)	ASBES	TOS CONTROL &					
Agencies Notified Type Notification EPA DEP Initial Notification		MARTIN	LUTHER KING BLVD.		ICENSING					
DOL Amended Notifica			102							
DOH Cancellation	Name of C		LLER	Telephone N	umber					
	FACILI	TY INFO	ORMATION	_						
Name of Facility Where Abatement is Taking NJIT – FACULTY MEMORIAL HALL	Place (3)		Type of Facility (4) School (K-12)							
Street Address			Subchapter 8 (Other	than K-12)						
111 SUMMIT STREET AKA 120-142 BI	LEEKER STREE	T	Other (i.e., private &							
011 (5)					3ldg. Age					
City (5) County (6) REWARK ESSEX	County Code	(7)	92,516	5	51					
74			Current Use (Prior if bein UNIVERSITY							
Name of Monitoring Firm Hired by Building On OMEGA ENVIRONMENTAL	8. 5	CM No. 1 20	Name of Abatement Con ETS CONTRACTING,							
Street Address 280 HUYLER STREET			Street Address 160 CLAY STREET							
City, State & Zip Code SOUTH HACKENSACK, NJ 07606			City, State & Zip Code BROOKLYN, NY 11222							
Project Manager for Monitoring Firm ALEX PALLETS	Telephone Num 201-310-9665	ber	Telephone Number 718-706-6300	License N	Number 00511					
Scheduled Start Date (10) Scheduled Co	ompletion Date (11 10/01/2018)	Name of OSHA Monitor TESTOR TECH.							
Occupancy Status During Abatement (Check			Street Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr			10 59 JACKSON AVE City, State & Zip Code	NUE						
Describe: MONDAY – FRIDAY 6 Other - Describe:			LONG ISLAND CITY,	NY 11101						
Scope of Work (Check all that apply)										
☐ Demolition ☐ Renova ☐ Large Project	ation		Full Containm							
Quantity is ≥ 3 SF or ≥ 3 LF ACM			Glovebag Prod	cedure						
Quantity is ≥ 160 SF or ≥ 260 LF ACM			K N STATES	EXTERIOR NON-FRI						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	in	Description of Asbestos-Containing I (ACM) (i.e., thermal systems isulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)					
BASEMENT - BOILER ROOM	YES		PIPE INSULATION	150 LF	TENT/GLOVEBAG OR GLOVEBAG					
ROOF LEVEL	YES	R	ROOFING & FLASHING	2400 SF	EXTERIOR NON- FRIABLE PROCEDURES					
BASEMENT - HALLWAY & ROOMS	NO		PIPE INSULATION	45 LF	TENT					
1 ST FLOOR	NO	PIPE II	NSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 76 SF	TENT EXTERIOR NON- FRIABLE PROCEDURES					
2 ND FLOOR	NO		NSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON- FRIABLE PROCEDURES					
3 RD FLOOR	NO	PIPE IN	SULATION (WRAP & CUT) WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-					

						PROCEDURES		
4 TH FLOOR		NO	21.42.42.42.42.42.42.42.42.42.42.42.42.42.	JLATION (WRAP & CUT) NDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON- FRIABLE PROCEDURES		
PENTHOUSE		NO	PI	PE INSULATION	213 LF	TENT/GLOVEBAG OR GLOVEBAG		
Name of Registered Waste Hau JIMMY BYRNE T/A JIMMY I TRUCKING		NJDEP Waste F		Cu. Yds. of Waste 90	9			
,						VA ROAD, RG, OH 44688		
Completed By (Print or Type) THOMAS AHERN ASB-41 JUN 95 G4667				Signature Med	Date 1/12/2018			

ASBESTOS CONTROL & LICENSING

DOCK	N	OHE	IID)-E	<u>b</u>	L	<u> </u>									
Date of Notification (1) 01 / 16	/18	-			ing Owner/Operator Passaic (Page			JAN	2 2	20	18				
Agencies Notified ☐ EPA ☐ Initia ☐ DOLWD ☐ Ame			4	eet Address 01 Grand	Street		ASB	ESTO LIC	S CO	ONTE	ROL &				
□ DCA □ Eme	endment #4 ergency (inclu- fication)	ding	P	/, State, Zip taterson, ne of Conta	NJ 07505		7.1.1				The second				
	cellation		А	ndrew Th	nompson		Telephone Number								
Name of Facility Where Abatemer	nt is Taking Pl	ace (3	3)	ACILITY I	NFORMATION	Type of Facilit	v (4)								
Passsaic County Courthou Street Address 63 Hamilton Street	se Annex E	Buildi	ing			☐ School (K-	12) r 8 (Other than K-	12) iercial	buildi	ngs,					
City (5) Paterson						Square Feet 40,000	# of Floors		Bldg.	1000					
County (6) Passsaic			Co	unty Code	(7)(STATE USE ONLY)		4 Prior if being demo	lished)	127	yrs					
Name of Monitoring Firm Hired by	Building Own	er (8)	ASCI	vi No	Name of Abatem	Vacant	2)								
Langan		1-7		099	Superior Abatem		3)								
Street Address					Street Address										
300 Kimball Drive City, State, Zip Code					2 Henderson	Drive									
Parsippany, NJ 07054					City, State, Zip Co										
Project Manager for Monitoring Firm	n	T	alaalaa		West Caldwe	II, NJ 07006									
Vijay Patel			elephone	No. 60-4900	Telephone No.	•	License No.								
Start Date (10)	Scheduled				(973) 808-161 Name of OSHA M	00411									
10 /23 /17			17 /		Superior Aba										
Occupancy Status During Abateme	nt (Check only	v one)			Street Address										
□ Facility Closed/Vacated During B	Entire Period o	of Aha	tement		2 Henderson										
Abatement Performed Outside of Time of Abatement: _AM	f Normal Faci PM/ P	lity Ho M-	ours - De AM	scribe	City, State, Zip Co	ode									
Scope of Work (Check all that apply					West Caldwel	I, NJ 07006									
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	⊠ F	Renova Pemoli	ation tion		☐ Mini-Encl	osure	egative Pressure								
Location of		ls Loc Norm							atem	ent T	VDA				
Asbestos-Containing Material (A TO BE ABATED IN Facility	M	ed So ainter	olely by nance/	Asbes	Description of stos Containing Mat- , thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	T	Enclosure				
(13)	Yes	(12	2)	-	surfacing, VAT, other miscellaneo	or us)	SF or LF)	oval	7	Encapsulate	sure				
Ground, 1st, 2nd, 3rd Floors &				Pipe Ins	ulation		1,553 LF			е					
Ground, 1st, 2nd, 3rd Floors &	Attic 🗆				nt Insulation		826 EA								
Ground, 1st, 2nd and 3rd Floor	s 🗆				Ceiling Plaster		41,793 SF								
Ground, 1st, 2nd and 3rd Floor	s 🗆	\boxtimes		Plaster S	Skim Coat		1,030 SF								
Name of Registered Waste Hauler Service Transport Group, Inc			NJDEP V Hauler ID		Cubic Yards of Waste	Name of Regist	gistered Landfill								
City, State			SW21		1500 Diagonal Dat	ndfill									
New Castle, DE					Disposal Date Various	City, State Waynesbur	ah. OH								
Completed By (Print or Type) Nick Petrovski	Title Preside	ent			Signature	1 11	Dat	te, /	1	1.	6				
B-41 Y 11	. 103100	-111	60 - E HELL H.		XMM	2 futs	Mi 1	///	0	110					

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

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Date of Notification (1) 01 /	16 /	18		Nam	e of Buildi	ing Own	ner/Operator ((Page 2 o	f 3)	JAN	2	2 2	2018	and the same of
Agencies Notified EPA DOLWD	Type Notificat	ion			et Address				AS	BESTO LIC	S (CON	TRO)L&
□ DHSS	Amendmer	y (includir	ng		State, Zip									
(NJAC 5:23-8)	justification Cancellation				e of Conta				Telephone	Number	Š			
None of Fault Add				FA	CILITY	NFOR	MATION	v						
Name of Facility Where A Passsaic County Co				g				Type of Facility ☐ School (K-12)	7.00					
Street Address				180.00				Subchapter 8	3 (Other than	K-12)				
63 Hamilton Street								homes, etc.)	private and commercial buildir)			ildin	gs,	
City (5) Paterson						26.		Square Feet	# of Floors Bldg. Ag			.ge		
County (6)				Cour	at. Cada /	/7\/OTAT	E 110E 011110	0 111 /5						
County (o)				Cou	nty Code ((1)(SIAI	E USE ONLY)	Current Use (Pri	ior if being de	molishe	d)			
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)					-	
Street Address														
City, State, Zip Code		7				City,	State, Zip Co	Code						
Project Manager for Monit	toring Firm		Те	lephone	No.	Telep	phone No.		License N	0.				
Start Date (10)	Sci	heduled (Compl	etion Da	ite (11)	Nam	e of OSHA M	onitor				-	_	
//				/ .	NO 1100									
Occupancy Status During	Abatement (Ch	eck only	one)			Stree	et Address							
☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: _A	Outside of Norr	nal Facili	ty Hou	ırs - Des	scribe	City,	State, Zip Co	de						
Scope of Work (Check all	that apply)													
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enova emoliti				☐ Mini-Encl							
			s Loca			-		inpled () and Not	i-i liable F100		Δha	teme	ent T	VDA
Location o Asbestos-Containing M			Norma	ally ely by			Description of			-				
TO BE ABAT IN Facility	ED	Ma	intena todial	ance/ Staff?		e., therm	ontaining Mat nal systems in facing, VAT,	nsulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		othe	r miscellaned	ous)					ilate	6
Ground, 1st, 2nd and 3	3rd Floors		\boxtimes		Plaster	Debri	s		550 S	F D	3	П	П	П
Ground, 1st, 2nd and 3	3rd Floors				Suspen	nded C	eilings w/A	CM debris	15,500 S					
Ground, 1st, 2nd, 3rd I	Floors & Attio	c 🗆	\boxtimes		Duct Ins	sulatio	on		1,210 SI		-			
Ground, 1st, 2nd and 3		s 🗆			Duct Se	eem Ta	аре		8 SI	F	1			
Name of Registered Waste	Hauler		100	JDEP V lauler ID		Cubic Waste	Yards of	Name of Regist	ered Landfill			1		
City, State						Dispos	sal Date	City, State						
Completed By (Print or Typ	e) Ti	itle				S	Signature			Date				
SB-41		00000000				9		0.1-7-1						

NO CIC	/		NOT			N OF AS				FEMENT 6)		<u> </u>	= !	1 /	/ [
Date of Notification (1)	16 /	18	}	10,11,	Nam	e of Buildir	ng Ow	vner/C	perator (2) (Page 3 of 3)	heal brock	IAN 2	2 2	20	18	Land
Agencies Notified	Type Notific				Stree	t Address				(rage o or o)		ESTOS	S CC	ONTE	ROL	&
□ DOLWD	☐ Initial ☐ Amende	31700	4		City,	State, Zip	Code)				LICE	NS	NG	W-SKP ALL	zit seminwizies
☑ DHSS ☐ DCA	Amendr	ncy (ir	_	g							W. 13.1. To					
(NJAC 5:23-8)	justifica				Name	e of Conta	ct				Telephone	Numbe	er			
						CILITY II	NFOF	RMA	TION							
Name of Facility Where A										Type of Facility	(4)					
Passsaic County C	ourthouse	Anne	x Bui	ldin	g					School (K-12		IC 40\				
Street Address 63 Hamilton Street										Subchapter 8	rivate and cor		al bu	uildin	gs,	
City (5)										homes, etc.) Square Feet	# of Floors		DI	J_ ^		
Paterson										Square reet	# 01 F10018	5	Ы	dg. A	ge	
County (6)					Cou	nty Code (7)(STA	ATE US	E ONLY)	Current Use (Pr	ior if being der	molishe	ed)	-77		
						9				(5)	1378					
Name of Monitoring Firm	Hired by Bui	lding (Owner	(8)	ASCM	No.	Nai	me of	Abateme	ent Contractor (9)						
Street Address							Stre	eet Ad	ddress	*						
City, State, Zip Code							City	y, Stat	te, Zip Co	ode	23110					
Project Manager for Moni	toring Firm			Te	lephone	No.	Tel	ephor	ne No.		License No	0.				
Start Date (10)		Sched	luled C		letion Da		Nar	me of	OSHA M	lonitor						
//		-	/	300	/											
Occupancy Status During Facility Closed/Vacate							Stre	eet Ac	ldress							
Abatement Performed Time of Abatement: _/	Outside of N	lormal	Facility	у Но	urs - Des	cribe	City	y, Stat	e, Zip Co	ode						
Scope of Work (Check all	that apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Re	nova moli					Mini-Encl Glovebag	Procedure						
	-1		le	Loc	ation				Non-Exer	mpted (*) and Nor	n-Friable Proc	cedure				
Location			١	lorm	ally			Desc	cription o	f		-		atem		
Asbestos-Containing N TO BE ABA		Л)			lely by ance/	Asbe	stos (Conta	ining Mat	terial (ACM) nsulation,	Amount		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust	odia (12	I Staff?	(1.6	S	urfaci	ng, VAT,	or	(Specify SF or LF)		oval	air .	nsde	osur
(13)			Yes	No	1	-	oth	ner mi	scellaneo	ous)			11025		late	е
1st Floor Space 1-14A				\boxtimes		Woode	n Do	or wi	ith Core	Insulation	20 SI	F	\boxtimes			
Ground, 1st, 2nd and	3rd Floors	d E				Floor T	ile ar	nd M	astic		17570 SI	F	\boxtimes			
Ground, 1st, 2nd and	3rd Floors					Old Ele	ctric	Pan	el Board	d	56 SF	F				
Ground and 1st Floors)				Window	v/Dod	or/Lo	uver Ca	aulk	210 LF	F				
Name of Registered Waste	e Hauler			1.2	NJDEP \ Hauler II		Cub	ic Yar ste	ds of	Name of Regist	ered Landfill					
City, State							Disp	osal [Date	City, State						\exists
Completed By (Print or Typ	oe)	Title	7;					Signa	ature			Date				
SB-41																

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT JAN 22 2018 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 22 / 17 ASBESTOS CONTROL & County of Passaic (Page 1 of 3) LICENSING Agencies Notified Type Notification Street Address X EPA ☐ Initial **401 Grand Street** ☑ DOLWD City, State, Zip Code ☑ DHSS Amendment #3 ☐ DCA Paterson, NJ 07505 ☐ Emergency (including (NJAC 5:23-8) Justification) Name of Contact Telephone Number ☐ Cancellation Andrew Thompson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Passsaic County Courthouse Annex Building School (K-12) Street Address Subchapter 8 (Other than K-12) 63 Hamilton Street Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paterson 40,000 127 yrs County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Passaalc Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Langan 00099 Superior Abatement Inc Street Address Street Address 300 Kimball Drive 2 Henderson Drive City, State, Zip Code City, State, Zip Code Parsippany, NJ 07054 West Caldwell, NJ 07006 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Vijay Patel (973) 560-4900 (973) 808-1616 00411 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 23 / 17 01 / 16 / 18 Superior Abatement Inc Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2 Henderson Drive Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement _AM-__ City, State, Zip Code _PM/_ PM-West Caldwell, NJ 07006 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ☑ Mini-Enclosure ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Renovation Demolition MinI-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Repair Encapsulate Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, ndosure Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Ground, 1st, 2nd, 3rd Floors & Attic X Pipe Insulation 1,553 LF X Ground, 1st, 2nd, 3rd Floors & Attic X Pipe Joint Insulation 826 EA X П Ground, 1st, 2nd and 3rd Floors X Wall and Ceiling Plaster 41,793 SF X Ground, 1st, 2nd and 3rd Floors X П Plaster Skim Coat 1,030 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of

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

Wasta

1500

Disposal Date

Various

Signature

Hauler ID No.

SW2117

Title

President

Name of Registered Landfill

Minerva Landfill

Waynesburgh, OH

City, State

City, State

New Castie. DE

Nick Petrovski

Completed By (Print or Type)

Service Transport Group, Inc.

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 22 / 17 (Page 3 of 3) Agencies Notified ASBESTOS CONTROL & Type Notification Street Address Ø EPA LICENSING ☐ Initial **⊠** DOLWD City, State, Zip Code DHSS Amendment #3 □ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Passsaic County Courthouse Annex Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 63 Hamilton Street homes, etc.) City (5) Square Feet # of Floors Paterson Bldg. Age County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-___PM/__PM-__AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ≥3 sf or ≥3 if ≥160 sf or ≥260 if Renovation Demolition Is Location Location of Normally Abatement Type Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Remova Amount Encapsulate Enclosura Maintenance/ TO BE ABATED (I.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No NVA 1st Floor Space 1-14A X Wooden Door with Core Insulation 20 SF X Ground, 1st, 2nd and 3rd Floors X Floor Tile and Mastic 17570 SF X Ground, 1st, 2nd and 3rd Floors П X Old Electric Panel Board 56 SF X Ground and 1st Floors (Exterior) X Window/Door/Louver Caulk 210 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste

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State of New Jersey

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Signature

Date

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

Title

ASB-41 MAY 11

Date of Notification (1)						Dide Stiff 6		II Li	JAN	2	2 2	201
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300 Kimball Drive				TO 11.53-13.		Street Address						_
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roject Manager for Monitoring F	lm		Te	lephon	e No.	Telephone No.	, , , , , , , ,	License No.				
Vijay Patel					560-4900	(973) 808-16	16	00411				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 05 / 17 (Page 2 of 3) Agencies Notified Type Notification Street Address ASBESTOS CONTROL LICENSING **⊠** EPA ☐ Initial ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment #1 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Passsalc County Courthouse Annex Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 63 Hamilton Street City (5) Square Feet # of Floors Bldg. Age Paterson County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor _ / Occupancy Status During Abatement (Check only one) Street Address ☐ Fadility Closed/Vecated During Entire Period of Abatement ☐ Abstement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AM-____PM/__ City, State, Zip Code _PM-__ AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 if ≥160 sf or ≥260 if Renovation Mini-Enclosure Demolition Giovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Abatement Type Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Removal Repair Encapsulate Enclosure TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Ground, 1st, 2nd and 3rd Floors П X Plaster Debris 550 SF X Ground, 1st, 2nd and 3rd Floors X Suspended Cellings w/ACM debris 15,500 SF X Ground, 1st, 2nd, 3rd Floors & Attic X **Duct Insulation** 1,210 SF X Ground, 1st, 2nd and 3rd FI-Chases X **Duct Seem Tape** 8 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste City, State Disposal Date City, State

Signature

Date

Completed By (Print or Type)

Title

State of New Jersey

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10/	05 /	17					(Page 3 of	3) ASPEC	ectalantes and	DIESCH SH	Chief Manager	FROM HOW
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(NJAC 5:23-8)	justificati	on)	e189	Na	me of Con	tact		Telephone Nu	mber			
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Project Manager for Monito	ring Firm		Te	lephon	e No.	Telephone No.		License No.				
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ame of Registered Waste H	auler		6.00	JDEP V auler ID	The state of the s	Cubic Yards of Waste	Name of Regist	tered Landfill			-	
ty, State						Disposal Date	City, State					

ASB-41 MAY 11

Completed By (Print or Type)

Title

Signature

Date

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

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 29 / County of Passaic (Page 1 of 3) ASBESTOS CONTROL & Agencies Notified Type Notification Street Address ₩ EPA 401 Grand Street ⊠ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # Paterson, NJ 07505 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Andrew Thompson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Passsaic County Courthouse Annex Building ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 63 Hamilton Street Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paterson 40.000 4 127 yrs County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Passsaic Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Langan 00099 Superior Abatement Inc Street Address Street Address 300 Kimball Drive 2 Henderson Drive City, State, Zip Code City, State, Zip Code Parsippany, NJ 07054 West Caldwell, NJ 07006 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Vijay Patel (973) 560-4900 (973) 808-1616 00411 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10__ / __10__ / __17 12 / 22 / 17 Superior Abatement inc Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 2 Henderson Drive ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _AM-____PM/__ PM- AM West Caldwell, NJ 07006 Scope of Work (Check all that apply) ≥3 sf or >3 lf Renovation Demolition Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Removal Repair Encapsulate TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, nclosure Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Ground, 1st, 2nd, 3rd Floors & Attic X Pipe Insulation 1,553 LF X П П Ground, 1st, 2nd, 3rd Floors & Attic X Pipe Joint Insulation 826 EA X П П Ground, 1st, 2nd and 3rd Floors X Wall and Ceiling Plaster 37,293 SF X П Ground, 1st, 2nd and 3rd Floors \boxtimes Plaster Skim Coat 1,030 SF \boxtimes \Box Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Service Transport Group, Inc. Hauler ID No. Waste Minerva Landfill SW2117 1000 City, State Disposal Date City, State New Castle, DE 12/22/2017 Waynesburgh, OH Completed By (Print or Type) Title Signature Nick Petrovski President 29-17

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)							HOO I hamer/i hereter							
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Agencies Notified EPA	Type Notifi ☑ Initial	ication			Stree	et Address									
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* Do not use this form for asbestos licensure exempted activities.

MAY 11