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

JAN 23 2021

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Date of Notification (1)			Na	-	ling Owner/Operato	(2)	11515 20010	A		
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Agencies Notified Type Notifica	ition		Str	eet Addres	PO BO	v · 198		* * ** **** *	4,41	
DEP Amended				y, State, Zip		A 110				
図 DOL Amendme	ent #		CH		CAPE MA	Y Coul	T HOUSE			
☐ Emergenx		ding	=			is cook			-	
□ DCA □ Cancellati			Na	me of Conta	ON N		Telephone Num	ber / \_	78	111
			_				601 18	0	20	10
			F	ACILITY IN	IFORMATION					
Name of Facility Where Abatement is T		ace (3)				Type of Facility				
RESIDEN	CE					School (K-12	2) 8 (Other than K-12	21		
Street Address							rivate & commerci		ldings	s,
City (5)						Square Feet	# of Floors		ldg. A	
AUALOW						1500	1_2		50	0 +
County (6)				unty Code E ONLY)	(7) (STATE		or if being demolis	shed)		
CAPE MAY						_ VAC				
Name of Monitoring Firm Hired by Buildin	ng Owne	r	ASC	y No.	1	ent Contractor (9)				
(8) N.A			_		KLEW	100 IV	IC			
Street Address					Street Address	50000	· 1/1 1 -			
					369 3	. SPRX	EFFUE			
City, State, Zip Code					City, State, Zip Co	ode E SHANE	T 11/1 -	$\bigcirc$	7.	-7
					Telephone No.	E STIMULE	- 14.2	2	0	
Project Manager for Monitoring Firm		Tel	ephone	: No.		9-047.2	License No 3	71	-	
Start Date (10) Sc	neduled			ate (11)	Name of OSHA M	fonitor	-			
1-71-70	1-	31-	20							
Occupancy Status During Abatement (C	neck onl	y one)			Street Address					
Facility Closed/Vacated During Entire	Period of	f Abate	men!			929				
Abatement Performed Outside of Norr	nal Facili	ity Hou	rs	ĺ	City, State, Zip Co	xde				
Other - Describe:										
Scope of Work (Check all that apply)	4 10 10				П = # 6	Line and the Nine	ati a December			
T-2-42#	□ R	enovati	00		Mini-End	ainment with Nega losure	auve Pressure			
≥3 sf or ≥3 lf [☑] ≥160 sf or ≥260 lf		emolitio			Glovebag	Procedure				
	7				Non-Exer	mpted (*) and Non	-Friable Procedure	_	hatar	ment
		Locatio lormally						^	Typ	ment e
Location of	Used	Soleh	by		Description of		20 100		-	T
Asbestos-Containing Material (ACM)	1,000	ntenan ustodia			os Containing Mate thermal systems in:		Amount (Specify	71		Encapsulate
TO BE ABATED  IN Facility	1.000	Staff?		(1.6.,	surfacing, VAT, c		SF or LF)	erm	Repair	aps
(13)		(12)			other miscellaneou	s)		Rernoval	air	sula
# 102*	Yes	No	N/A			1		-		te
SHOLAN	+		X	+	RANISIT	Ē	1750 SF	X		$\top$
SIDING	-	-	-							
	-		-					-	_	$\neg$
	-							-	+	-
			DED V	(and a	Cubic Yards	Name of Registe	ared Landfill			
Name of Registered Waste Hauler			IDEP V	Carle and a large	of Waste	C	C \	iA		
KLENCO INC		- 11	19 G	1	3	_ C M.	C. M. U.	. ~		
City. State WADLE SHADE	M	T			Disposal Date	City, State	BINE			
	<i>y</i> \(	)			Signature	~~	Date			
MiCHALL KLUM	SU	0,			Miss	WK	- 1-1	1-	(0)	_

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

1000		(Pursua	ant to NJA	8:60 an	d 12:12	0)				**********		
Date of Notification (1) 12/26/2019		Nam	e of Building			(2) Village Asso	cation	JA	N 2	3 2	2020	
Agencies Notified  Type Notification  Type Notification  Initial  DEP  Amended  Amendmen			et Address State, Zip C	19 Code	) Bucki	ngham Drive		in and i	i Çerir Notasi			
X       DOH       Emergency justification justific	(including	100-10-20-00	e of Contac Tom Clau	t IS		od, NJ 0870	Те	lephone N (732) 3		630		
Name of Facility Where Abatement is Takin Dorchester Hall Street Address Dorchester Drive Leisure Vil		FA	ACILITY INF	FORMAT	ION	Type of Facilit  School (I  Subchap  Other (i.e	K-12) ter 8 (Oth	ner than K- & commer	12) cial bui	ldings	, hom	ies,
City (5) Lakewood, NJ 08701						Square Feet 20000	# 0	f Floors	1	Bldg	Age +/-	
County (6) Ocean			ty Code (7)	y)		Current Use (I	Prior if be	ing demolis	shed)		<u>a Saga</u>	
Name of Monitoring Firm Hired by Building MECS	Owner (8)	AS	CM No.			of Abatement C			Inc.			
Street Address PO Box 341						Address Box 322					E SECOND	
City, State, Zip Code Crosswicks, NJ 08515						tate, Zip Code town, NJ 08	501					
Project Manager for Monitoring Firm Bill Weisgarber			hone No. 298-4070	)		one No. 259-9688		License 00493	No.			
Start Date (10) 1/9/2020	Scheduled	Completion 1/31/20			Name MEC	of OSHA Monito	or					
Occupancy Status During Abatement (Chec    X   Facility Closed/Vacated During Entire     Abatement Performed Outside of Norm     Other – Describe:	Period of Aba	tement			PO B	Address ox 341 tate, Zip Code sterfield, NJ (	18515	_	=			
Scope of Work (Check All That Apply)					Ciles	terneia, NJ (	00010					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			×	Full Contain Mini-Enclose Glovebag Po Non-Exempt	ure rocedure				e	
Location of		cation nally		D	:-4:					Abat	emen vpe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custodi (1	olely by nance/ al Staff? 2)	(i.e	stos Conta thermal surfac		aterial (ACM) insulation, Γ, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Billiards Room	>	(		VA	T/Mast	ic	33	350 sf	Х			
Name of Registered Waste Hauler		NJDEP Hauler I		Cubic of Was		Name o	f Registe	red Landfil	1			
Stevens Environmental  City, State		1829			10		ss Land	fill				
Allentown, NJ	T =:::			1/3	al Date 1/2020	City, St Morris	ville, P	4				
Completed by Mahlon E. Stevens	Project I	Manage	er	Si	gnature		/		ate 1/18/2	2020		

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

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12/1	CHA		40	UTW

			NOTI	FICATIO	N OF ASBE	STOS ABAT	TEMEN	ΙT	1	IN IT		43		1749.1 44
			(1	Pursuan	t to NJAC 8	:60 and 12:1	120)		Mini E	G	E		$\mathbb{W}$	
Date of Notification (1) 12/26/2	2019			Name	of Building C	Owner/Operat Leisure V		e Assocation			****			77:51
Agencies Notified	Type Notification			Street	Address				121 111	JAN	7.	3 2	020	- 1
X EPA	× Initial					19 Bucki	ingha	m Drive						64.5
DEP × DOL	Amended			City, St	tate, Zip Cod				-		77	April 1	GL INT	
	Amendmen Emergency	(includin	g			Lakewood	d, NJ	08701			4:31.			34
DOH DCA	justification) Cancellation				of Contact om Claus				Telepho					e-te-eye
DON.	Caricellation	1			CILITY INFO	DMATION			(7)	32) 367	7-06	30		
Name of Facility Where Dorchester	Abatement is Takir Hall	ng Place	(3)	TAG	ALITY INFO	RIVIATION	Тур	pe of Facility (						
Street Address	Orive Leisure Vi	llago					甘	School (K-1 Subchapter Other (i.e. p	8 (Other tha	an K-12)	l buil	dinac	hom	
City (5)	onve Leisure vi	liage					×	etc.)			Duli	uirigs	, nom	es,
Lakewood, N	J 08701						1000000	uare Feet 20000	# of Floo	ors	E	Bldg. /	Age +/-	
County (6) Ocean					Code (7) USE ONLY)		Cur	rent Use (Pri	or if being de	emolishe	ed)			
Name of Monitoring Firm MECS	Hired by Building	Owner (8	3)	ASC	M No.	Nam Ste	e of Al	eatement Con Environme	tractor (9)	ces Ir	nc		***	
Street Address PO Box 341						Stree	et Addı	ess		000, 11				
City, State, Zip Code							Box	Name of the second						
Crosswicks, N.						(C)		Zip Code n, NJ 0850	1					
Project Manager for Mon Bill Weisgarber	nitoring Firm			Telepho 609 29	one No. 98-4070		ohone 259-	No. 9688	Lice 004	ense No 193	et -			
Start Date (10) 1/9/2019		Schedu		npletion 0/2020	Date (11)	Name ME0		SHA Monitor						
Occupancy Status During	g Abatement (Chec	k Only O					t Addr	ess						
Facility Closed/Vaca Abatement Perform	ated During Entire Fed Outside of Norm	Period of nal Facilit	Abaten	nent		PO	Box 3							
Other – Describe: _								ield, NJ 08	515					
Scope of Work (Check A	ll That Apply)						200							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					
		15	s Locati	OD.				on Exempled	( ) and Non	-i Hable			ement	
Location	of		Normal	ly		Description	n of					Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma Cus	ed Sole aintenar stodial S (12)	nce/ Staff?	(i.e. the	s Containing I ermal system surfacing, V other miscella	Materians insu AT, or	lation,	Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
Dillowde D	Zoom.	Yes	No	N/A									e	
Billiards R			X			VAT /Mas	stic		3350 s	f	Х			
Name of Registered Was	te Hauler		N.	JDEP W	lasto I d	Cubic Va - 1		I No.						
Stevens Environmen			10000	auler ID 18292	No. o	Cubic Yards of Waste 10		Fairless	egistered La Landfill	andfill				
City, State Allentown, NJ						Disposal Date		City/ State Morrisvil	le PA					
Completed by		Title				Signatur	115 11 1	1 7 113 111	io, i /\	Date	-			
Mahlon E. Stevens		Proje	ct Ma	nager		17/	4				30/	2019	9	

Approved by

State of New Jersey

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

CWL #3666

FAIL	<u> </u>							year on a	: San Taran				
Date of Notification (1)	14 /	20					g Owner/Operator ( ledical Center	2)	EGE		157		
Agencies Notified	Type Notifica	ation			Street	Address							ij.
□ EPA	⊠ Initial				601	Hamilto	n Ave		JAN 3 3	2020		Ħ.	
☑ DOLWD ☑ DHSS	Amended Amendme				City, S	State, Zip C	Code	1 3					
□ DCA	⊠ Emergen		dina		Tre	nton NJ	08629						
(NJAC 5:23-8)	justification		unig		Name	of Contac	l .		Telephone Nur	nber			
	☐ Cancellat	ion			Rita	a Gelli			609-599-50	00	or descri	. 0%	
	-				FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking Pl	ace (3	3)				Type of Facility	(4)				
St Francis Medical	Center							School (K-12		220			
Street Address							11.		B (Other than K-1 rivate and comme		ilding	15	
601 Hamilton Ave								homes, etc.)		oroidi be	andin ş	, ,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Trenton								70,000	3		60+		
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Mercer								Hospital					
Name of Monitoring Firm	Hired by Build	ding Own	er (8)	1	ASCM	No.	Name of Abateme	ent Contractor (9)					
Finog Emvironmen	tal Inc						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
617 Stokes Road							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Medford, NJ 08055							BRISTOL, PA	19007					
Project Manager for Moni	toring Firm		1	Tele	phone	No.	Telephone No.		License No.				
Mark Rubinitz				88	8-715	-2211	215-788-6040		00509				
Start Date (10)	30.00	Schedule	d Con	nple	tion Da	te (11)	Name of OSHA N	lonitor					
//	_20_	1	_ /	14	_ / _	20_	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (0	Check on	ly one	e)			Street Address						
☐ Facility Closed/Vacate							1123 BEAVE	R STREET					
Abatement Performed Time of Abatement:						cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)		-	_						Million and the		20 200	
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			Reno				☐ Mini-Enc ☐ Glovebag	ainment with Neg losure g Procedure mpted (*) and No		ure			
			Is Lo	ocati	ion	I				1	atem	ent T	vpe
Location				rmal			Description of			1700	-	T	T
Asbestos-Containing I TO BE ABA			Used : Maint				stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit		C	Custo		Staff?	(1.0	surfacing, VAT		SF or LF)	oval	=	nsd	nus
(13)		-		12)	Τ	-	other miscellane	ous)	2000 2000 00 00 00 00 00 00 00 00 00 00			late	O
				No	N/A								
Pharmacy - 1st Floor	A Bldg					Pipe Ins	sulation		15 LF				
			] [										
			] [										
			] [										
Name of Registered Wast	te Hauler			0000	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
BRISTOL ENVIRON	MENTAL, IN	IC.		1000000	auler II 18706		Waste 1 Cu Yd	FAIRLESS	LANDFILL				
City, State							Disposal Date	City, State					
BRISTOL, PA							1/14/20	FAIRLESS	HILLS, PA				
Completed By (Print or Ty	/pe)	Title					Signature	0.	, [0	ate		92	
Gino Pizzigoni		Estir	mato	r			Dino	Punto	ni /gr	1-1	4.	-2	0

NOTIFICAT (Pursua

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

Check#2600

	I CALL								5 5	CE	1 1	/ (5	a .	
Date of Notification		0		Name	e of B	uilding	Owner / Operate	or (2)			Charle hav	- 11	7	1 1 1
	01/13/2020						College Corpo	ration						
Agencies Notified EPA	Type Notific	cation			t Add			f c	J.	AN 23	202	20	11.	1
□ DEP	☐ Initia	st.			Box 7		0-1-	Į.						
Ø DOL		ended		107/92 525		& Zip	Code 8-0718				80 y y		4	
☑ DOH		ergency				ontact			2040144	Te	lonho	no A	lumb	or
☐ DCA		cellation			t Alle			112			)9-77		***	er
							CODMATION				,,,,		1 44	
Name of Facility WI	here Ahatem	ent is Taking F	Dlace (	3) LW	CILII	Y INI	Type of Faci	lia. (4)		<del></del>				
Residence	nore / toatem	one is raking i	iace (	3)			School							
Street Address								pter 8 (Other th	nan K-12)					
								e. private & co		buildings	, hom	ies, e	etc.)	
						H	Square Feet				lg. Ag			
City (5)		County (6)	Co	ounty (	Code	(7)	1,600		2			50÷		
Ewing		Mercer					Current Use	(Prior if being		ed)			ana ocali Era do	
N. 624 11 1								Residence	Commence of the Commence of th					
Name of Monitoring	Firm Hired I	by Building Ow	ner (8)	)	ASC	CM No		tement Contra						
Street Address		1000		***************************************			Street Addre		LC					
							PO Box 82							
City, State & Zip Co	de						City, State &							
D : 134			-				Trenton NJ							er Carlling
Project Manager for		-irm	Tele	ohone	Numi	ber	Telephone N 609-847-29		Lice	ense Nu	mber 0122	2		
Scheduled Start Dat		Scheduled Co	mpleti	on Da	te (11	)	Name of OSI							
Occupancy Status D		01/22/2020	nly on	-	-		Street Addres							
Facility Clos	ed/Vacated	During Entire F	Period	of Aba	ateme	nt	200 Route							
		utside of Norm												
Describe:						8		on NJ 08077						
Facility Occu										2. 0				
Scope of Work (Che	eck all that ap	oply)										_		
≥3 sf or ≥3 lf	f			Ren	ovatio	nn.			ntainment closure	with Neg	gative	Pres	sure	
☐ ≥160 sf ≥260	50		A	Showner.	nolitio	5.5000			Bag Proced	dures				
									empted ar		riable	Dro	a a dur	
Lo	cation of		Is	Locati	on		Description		Amo			-	ent Ty	
	os-Containin	g		nally l			Asbestos-Con	taining	(Spe		7100	Come	1	PC
	erial (ACM) SE ABATED			olely t			Material (A		SF or	r LF)	70	- CANADA	E	Ш
	Facility			odial S			i.e., thermal sinsulation, surfac		1		Remova	Repair	caps	ncls
	(13)		Judo	(12)	,		or other miscell				ova	air	Encapsulate	Enclsoure
			Yes	No	N/A			500-5-000 200 <b>-</b> 0					6	
Basement						P	ipe Insulation	/ Fittings	110 LF					
Name of Registered	Waste Haul	er		NJI	DEP V	Vaste	Cubic Yards	Name of Reg	istered La	ndfill				
AI PHA ENVIRON	LPHA ENVIRONMENTAL						of Waste	C						
City, State							Disposal Date	Grows Land City, State	arm					-
Trenton, NJ							various	Morrisville,	PA					
Completed By (Print	or Type)			Title	e		Signature	1		I	Date			
Rod Richardson				1 1000	oject	28	Rod Richardson			10	01/1	3/20	120	
				Ma	nage					1	*	m		

TATTO SY

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

Check# 3687

Date of Notification (1)	Total Policies Communication	#14 Clette		Namo	of Duilding Our	200000000000000000000000000000000000000	- (2)		market (# A	TV 1-24 Specime					della
01/14/2020	15			CBRE	of Building Owi	ier/Operato	or (2)	ř.		172 /	C [		W		3
Agencies Notified	Type Notification				Address	1000000		į,	14/			e telefo	.,	-	
X EPA	× Initial			31775	er Center E	llvd		office a		ſ	1 4 4 1	0 0	200	10	
DEP DOL	Amended Amendmen				ate, Zip Code Brunswick, I	NJ 08816				J	AN	2 3	ZUZ	.U	F A = 2
DOH DCA	Emergency justification)	(including	1		of Contact				Tel	ephon	e Nun	ber			-
DCA	Cancellation	า		Mr. M	oshe Stern			Ť	(73	32) 50	09-28	300			1++
Name of Facility Where	Ahatement is Takir	na Place (	3)	FAC	ILITY INFORM	IATION	Time	of Casility	- 1	2 20	2 T.J. 1804000				
Warehouse Building		ig i lace (	3)				-	of Facility ( School (K-1	**.**						
Street Address								Subchapter	8 (Oth	er thar	n K-12	)		120000	
561 Bay Avenue								Other (i.e. petc.)	orivate a	k com	mercia	il build	ings,	hom	es,
City (5) Elizabeth							Squa 200,	re Feet 000	# of	f Floor:	s	B 6	ldg. A 5	ge	
County (6)					Code (7)			ent Use (Prie			nolish	ed)			
Union	I fine d for D. T. P.	0 (0		22	USE ONLY) _			ehouse E		_					
Name of Monitoring Firm Pennoni	Hirea by Bullaing	Owner (8	)	ASC	/I No			tement Cor acting, LL		(9)					
Street Address 515 Grove Street, S	Suite 1B					100000000000000000000000000000000000000	Addres	ss ey Road,	Suite	K					
City, State, Zip Code								ip Code					1000		
Haddon Heights, N.					Way	ne, Ne	ew Jerse	y 0747	<b>7</b> 0						
Project Manager for Mon Mr. Alan Lloyd	itoring Firm		Telepho (856)	ne No. 656-2875		hone No ) 928-			Licen 0087	nse No 74	<b>.</b> .				
Start Date (10) 01/28/2020		Schedul 02/28/		npletion	Date (11)			HA Monitor acting, LL							
Occupancy Status During	Abatement (Chec	k Only O	ne)			100	Addres	No. of the second							
Facility Closed/Vaca	ated During Entire I	Period of	Abaten	nent		1385	Valle	y Road,	Suite I	<					
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	y Hours	3				p Code ew Jersey	v 074	70					
Scope of Work (Check Al	That Apply)			5-17-12-		vvay	110, 140	CW JCI3C	y 0141						_
≥3 sf or ≥3 lf		X	Renova	tion			] Full	Containme	ent with	Nega	tive Pr	A66111	φ.		
× ≥160 sf or ≥260 lf			Demolit			F	Min	i-Enclosure	•	riogui		Coou			
						×	Glo	vebag Prod n-Exempted	cedure d (*) and	l Non-	Friable	e Pro	cedure	9	
		Is	Locati	on									Abate		t
Location	VD7	1	Normal	ly		Description	of of						Ту	эе	
Asbestos-Containing TO BE ABA			ed Sole iintenar		Asbestos C	ontaining N				mount	- 1	_		Ф	m
In Facilit		Cus	todial S (12)	Staff?	SI	ırfacing, VA	T, or	uon,		pecify or LF)		Remova	Repair	cap	nclo
(13)		-	(12)	Т	oth	er miscellar	neous)					oval	air	Encapsulate	Enclosure
D 2 Kit-1 0	ъ.	Yes	No	N/A										О	
Bay 3, Kitchen 8 Bay 3, Kitchen	The state of the s		X			or Tile & N				0 SF		х			
	1	Х			or Tile & N			- 0.00	0 SF		х				
Bay 3, Back Offi	1.5%	X			or Tile & N				0 SF		х				
Trougho			X			ct Seam (	Caulk			) LF		х			
Name of Registered Wast			10000	JDEP W auler ID		bic Yards Naste		Name of F							
Service Transport Gr	oup, inc.			0990	TB	D		Minerva		prise	es, LL	.C			
City, State New Castle, Delawar	e			Dis TB	posal Date D	^	City, State Waynes		Ohio						
Completed by		Title				Signature	- / 1	/_			Date				
Ljiljana Sekularac		Office	e Assi	stant			_ 1	,	/		01/	14/2	020		

INSTITUTE STATE OF ST

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

<u> </u>						-,						11	4.11			
Date of Notification (1) 01/16/2020				Name o	of Building lence	g Owner/	Operato	r (2)		JAN	2.3	2020				
Agencies Notified Type	Notification			Street /	Address					(0.1)				31		
	Initial Amended Amendment	#			ate, Zip C		)6		1						1	
ĎOH	Emergency ( justification) Cancellation	includinç		Name o	of Contact ette Roto					Tel	ephone	Numb	er			
Name of Facility Where Abater	nent is Taking	n Place /	3)	FAC	ILITY INF	ORMAT	ION	I Toma	-f = -::: /							
Residence		9 1 1000 (	,0)					-	of Facility (							
Street Address								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than I & comm	<-12) ercial l	ouilo	dings	, hom	ies,
City (5) Jersey City									re Feet	# o	f Floors			ldg. /	Age	
County (6) Hudson					Code (7) USE ONL	n		Curre	ent Use (Prid	or if bei	ng demo	olished	1)			
Name of Monitoring Firm Hired A. Seine Lighthouse Solu		Owner (8	)	ASC	M No.				ntement Cor		(9)					
Street Address PO Box 354							5.0000000000000000000000000000000000000	Addre Libe	ss rty Avenu	ie			-			
City, State, Zip Code South Orange, NJ 07079								ip Code J 07205								
Project Manager for Monitoring Sarah Calandra	Firm		Telepho 201-34	ne No. 49-2666	i	110000000000000000000000000000000000000	none N 462-7			License 01316						
Start Date (10) 01/31/2020		02/07/	2020	npletion	Date (11)		W. 2555		HA Monitor	e Solu	tions		1-9-			
Occupancy Status During Abate	ement (Check	Only O	ne)					Addres					: ::			
Facility Closed/Vacated Du Abatement Performed Out Other – Describe:	uring Entire P side of Norma	eriod of al Facilit	Abaten y Hours	nent			City, S		ip Code							
Scope of Work (Check All That	Amala						Sout	h Ora	inge, NJ (	7079						
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	Арріу)		Renova Demolit				×	Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
		ls	Locati	on										Abate	ement	t
Location of	-1 (4.044)		Normal ed Sole				scription							Ту	ре	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	ai (ACM)	Ma Cus	intenar todial S (12)	nce/ Staff?		tos Cont thermal surfac other m		s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
BASEMENT		Yes	No	N/A				2012		100000					O	
BASEMENT			X				e Wra				) LF	X	-			
	X				oor Tile	70			0 SF	X	-					
BASEMENT	Χ				Carpet			36	0 SF	X						
Name of Registered Waste Haul	lor		LN	JDEP W		1011										
Newark Carting	ici		Н	auler ID 1509		Oubic of Was			Name of F Waste N				dfill			
City, State East Orange, NJ						Dispos	al Date		City, State Penn Ar		PA					
Completed by Alison Lamers		Title Office	e Man	ager		Şį	gnature	W				Date 01/16	5/2	020	. — <del></del>	

TN# PAID

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

CK#1334

Date of Notification (1)					Name	of Buildin	ia Ow	ner/Operator	(2)	· ir (0)	PI	11//	11"	1996-19
01 /	20 /	20	_		1000	nk of Am			(2)		<u>E</u>	<u>M</u>		
Agencies Notified	Type Notific	ation			Stree	t Address			9.17	A l			- 1	
					44	South B	road	way	E	JAN	2 3	2020		L.
⊠ DOLWD	Amended				City,	State, Zip	Code	N. Company	1	1				and I
☑ DHSS	Amendm  Emergen		dudina		Wh	ite Plain	s. N	Y 10601	137	L.,		Eest St (e)		
DCA (NJAC 5:23-8)	justificati		Juding	3	11.	of Contac	24	A. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20		Telephone N	lumber	11111		
(10.10 0.20 0)	☐ Cancella				Dir	o Nappi			7	516-972-8		100		1.94
						• • •	IEOE	RMATION		0.00.2				
Name of Facility Where A	hatement is	Takina	Dlace	(3)	ГА	CILITTI	VFOR	RIVIATION	Type of Facility /	4)				
Bank of America	toatement is	raking	riace	(3)					Type of Facility ( ☐ School (K-12)	)	COOR 2000			
Street Address									☐ Subchapter 8 ☑ Other (i.e., pr			huildin	70	
2359 US 9									homes, etc.)	ivate and com	merciari	Juliani	J3,	
City (5)									Square Feet	# of Floors	E	3ldg. A	ge	
Old Bridge, NJ									5,000	1		45		
County (6)					Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Price	or if being dem	nolished)			
Middlesex										15				
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)					
ARCADIS U.S Inc.							100000	VN Restora						
Street Address				1			Stre	eet Address					-	
44 South Broadway							4	7 Foster Ro	ad					
City, State, Zip Code							City	y, State, Zip Co	ode					
White Plains, NY 10	White Plains, NY 10601							taten Island						
Project Manager for Monit				Tele	ephone	No.		ephone No.		License No.				_
Dino Nappi	•			The second	16-972			18-605-6256	;	00774				
Start Date (10)		Schedu	ıled C	1	etion Da		1	me of OSHA N		00114				
02 / 03 /					1_/	1000		estor Tech						
Occupancy Status During	Abatement (						Stre	eet Address						
☐ Facility Closed/Vacate					ment		2.395.68	0- 59 Jackso	on Avenue					
						cribe		, State, Zip Co						
Time of Abatement:						1	8.5	IC NY 11101						
Friday.Saturday F Scope of Work (Check all	M- 1:00 pm	to 9:	30 pr	n. /	AM		_	IC NT TITO						
	triat apply)							☐ Full Cont	tainment with Nega	ative Pressure				
☐ ≥3 sf or ≥3 lf			⊠ Re					Mini-Enc						
≥160 sf or ≥260 lf		3	☐ De	moliti	on			☐ Gloveba	g Procedure mpted (*) and Nor	-Friable Proce	dure			
			Is	Loca	tion			Z Hon Zxo	mptod ( ) dila Holi	T Trable 1 1000		batem	ant T	vne
Location				lorma				Description o	of			1		
Asbestos-Containing N		1)			ely by ance/			Containing Ma		Amount	Remova	Repair	nc	Enclosure
TO BE ABA					Staff?	(I.e		rmal systems urfacing, VAT		(Specify SF or LF)	lova	<u>a</u> .	sde	uso
(13)		-	0004	(12)	T Rosson	1		ner miscellane		0. 0. 2. )	=	25	Encapsulate	ē
			Yes	No	N/A				32,550,500				Ф	
Exterior Windows			$\boxtimes$			Caulkin	ng / 0	Glazing		36 SF				
								- W.S.			Г		П	П
			$\Box$	П										
							47.75							
Name of Registered Wast	o Haular		ш_			Manta	Cul	is Varda of	None of Device				Ш	Ш
Newark Carting	e naulei			1000	IJDEP I lauler II		Was	oic Yards of ste	Name of Regist Grand Cent	ral Sanitary	Landfi	п		
City, State					NJ-56	66	Die	oosal Date	City, State					
Newark, NJ								2/28/2020	Pen Argyl, I	ΡΔ				
	(no)	Title							Ton Argyl, I	-	D :			
Completed By (Print or Ty	pe)	Title	ni/	N/-				Signature	4/	7	Date	00	. 21	2
Ralph Barnhardt		Pr	oject	ivian	ager			pho	11mm	V	Di-	(77)	60	16

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

W#1153X

Date of Notification (1) Name of Building Owner/Operator (2) 1 21 20 Marcus L. Ward Home / Job #2001-2535 Chk, #2218 Agencies Notified Type Notification Street Address LIGHT VIEW **⊠** EPA ☑ Initial 4814 Outlook Drive, Suite 201 **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Wall Township, NJ 07753 ☐ Emergency (including ☐ DCA justification) (NJAC 5:23-8) Name of Contact Telephone Number ☐ Cancellation Heather Falkoff 732-430-3656 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Winchester Gardens ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 333 Elmwood Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Maplewood 473,763 5 89 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Senior Housing/Assisted Living Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Criterion Laboratories Asbestos and Mold Services, Corp. Street Address Street Address 400 Street Road 1835 Underwood Blvd. Suite 1 City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 Delran, NJ 08075 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Panepresso 215-244-1300 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1 / 30 / 20 1 / 31 / 20 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Attic Space  $\boxtimes$ Pipe Insulation 10 LF  $\boxtimes$ 4 Radiators X Pipe Insulation  $\boxtimes$ 3 LF Roof  $\boxtimes$ ACM 9 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Asbestos and Mold Servies **GROWS Landfill** 0035680 5 City, State Disposal Date City, State Delran, NJ 1/31/20 Morrisville, PA 19067 Completed By (Print or Type) Signature Date Kimberly A. Trumbetti Office Coordinator -21-20

ASB-41 **MAY 11** 

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

State of New Jersey - Notification of Asbestos Abatement.

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

	DAT		(Purs	uant to N.J.A.C	. 8:60-7 and	12:120-7)		······································	***********		
Date of Notification (1)  January 16, 2020	A	Id Jo			Name of Bu	ilding Owner/Oper	rator (2)	JAN 2	1 3 2	2020	
Agencies Notified		Notification  Notification		fication	Street Addre	ess Ossing Road		er er			1 1 1 1 1 1 1
X EPA DCA x DOL		□Amende □ Emerg	ency (		City, State, 2 Selkirk,	Zip Code NY 12158		11112	ila n Norto	11-7 <sub>6</sub> 1	i de la companya de l
X DEP x DOH		justific			Name of Co William Parr		<u>Telephone N</u> 518.767.6				
Nome of Facility Where Abate		DI (0)		FACILITY INI							
Name of Facility Where Abate Rail Car # CKIX 5001	ment is Tai	king Place (3)			Type of Facili	-12)					
Street Address CSX Train Yard at 61	1 Deland	cy Street			X Other	er 8 (other than K-1: (i.e. private & communication) Unknown #	nercial buildings				
City (5) Newark	County (6) Essex	)		/ Code (7) Use Only)	Outro Walland	(prior if being den					
Name of Monitoring Firm Hire AECOM	d by Bldg. C	Owner (8)	ASCM	No.	Name of Con	tractor (9)					
						OOD ABATEM	ENT CONSU	JLTANT	S, INC	<b>:</b> .	
Street Address 30 Knightsbridge Ro	ad, Suite	520			Street Addres						
City, State, Zip Code					511 MAIN City State, Zir						
Piscataway, NJ 08854	1				Butler, NJ						
Project Manager for Monitorin		Telephone N			Telephone Nu		License Numl	ber			
Walter Klock		716.923.			973-492-0		00840				
Scheduled Start Date (10) January 27, 2020		Scheduled Co January			Name of OSH EMSL inc.						
Occupancy Status During Al Facility Closed/Vacate Abatement Performed Describe	ed During E	ntire Period o	of Abate		Street Addres	ton Road					
Other – Describe: Va	acant Ra	il Car			City, State, Zi	ay, NJ 08854					
Source of Work (Check all tha	t apply)					= "	10 1: 1				
≥ 3 sf or > 3 lf				Renovation			l Containment v ni-Enclosure	with Negat	ve Pre	ssure	
□≥ 160 sf or ≥ 2				Demolition			vebag Procedu	ıre			
Leasting of Ashartas Octation							on-Exempted (	-			edure
Location of Asbestos-Containi Material (ACM) in Facility (13)	Solel	cation Normall y by Maint./Cu ? (12) NO		Description of Ast (ACM) (i.e. therm VAT, or other miss	al systems insu		Amount (Specify SF or LF)	Abateme Remove		-	Enclose
Train Car # CKIX 500			X	Caulking			60 If	X			
Name of Reg. Waste Hauler		NJDEP Wast		· ID #	Cubic Yards	of Waste:	Name of Regi		dfill		
See Hauler Below # 1 & 2	2	See Below				1	Fairless Lar Grand Ce		ındfil	I	
Hauler #1) Greenwood 07405, NJ DEP # 1256 Hauler #2) Newark Car	61			85		Disposal Date January 29, 2020	City, State FL-1000 N Morrisville Permit No GCL-1963	New Ford F c, PA 1906 18072 3 Pen Argy e,PA 18072	Rd. 7 le Rd		
Completed by (Print or Type)	100	itle	00 150	\T	Signature		<u>Date</u>	0.000			
Marin Graure		SENIOR PI MANAGER		il	Marin G	raure	January 1	6, 2020			
GAC # 2020 605	- 1										

CX QUOI

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check #2601

	PAI	(P	ursu	ant	to N.	J.A.	<u>C.</u> 8:60 and	12:120)		C	E	$\mathbb{W}$		
Date of Notification	(1)		1	Name	of Bu	ilding	Owner / Operator	r (2)		The same of the same	SET 1 1-1-12 11-12		-	Table 1
	01/14/2020		- 1		eider					9 A A!	2 2 2	กาก		
	Type Notifica	ation	- 1		Addre					JAN	23-2	020	7.1	2.29
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☐ DEP ☐ DOL					State 8				-	1.00	in (all	134	. 1.1	
☑ DOH		rgency			of Co		030		1	110	Telepho	ne N	rimb	or
DCA		ellation	- 1		Ahea						508 549			CI
				FA	CILIT	Y INF	ORMATION							
Name of Facility Wh	nere Abateme	ent is Taking P	lace (				Type of Facilit					The William		
Vacant Bldg							School (k			20				
Street Address								ter 8 (Other		**************************************			4-1	
90 US 130 South							Other (i.e Square Feet		Floors		gs, nom		ic.)	
City (5)		County (6)	ICo	unty (	Code (	7\	5040	# 011	10015		nug. Ag	+50		
Bordentown		Burlington	100	unity (	Jouc (	• ,	Current Use (	Prior if being	a demolisi	ned)		. 50		
Dordontown		Durinigton					Vacant		g dome.c.	.00)				
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	M No.	Name of Abat Alpha Envir							
Street Address				111000000000000000000000000000000000000			Street Addres							
City, State & Zip Co	do						P O Box 829 City, State & 2							
Oity, State & Zip Co	ue						Trenton, NJ							
Project Manager for	Monitoring F	irm	Telep	ohone	Numb	er	Telephone Nu		IL	icense N	lumber			
		-					609-847-295	6			0122	22		
Scheduled Start Dat 01/27/202		Scheduled Cor 01/28/2020	npletio	on Dat	te (11)		Name of OSH Briggs Asso							
Occupancy Status D			nly on	e)			Street Addres							
Facility Clos	ed/Vacated [	During Entire P	eriod	of Aba			3 Crosswick	ks Street						
	Performed Ou	utside of Norm	al Ho	urs –	7am to	3pm	City, State & 2	and the state of t	Monocontable (e.zab) Ne					
Describe:							Bordentowr	n NJ 08505	5					
Local Control of the	upied During	Contract to the second												
Scope of Work (Che	ck all that ap	ppiy)						☐ Full C	Containme	nt with N	egative	Pres	sure	
\ \ ≥3 sf or ≥3 lf	f		П	Ren	ovatio	n			Enclosure		- 0	60 4000		
≥160 sf ≥260	O If		$\boxtimes$	Den	nolition	1		Glove	Bag Pro	cedures				
\$ \$m \$6.5								⊠ Non-	Exempted	and Non	-Friable	Pro	cedu	re
· · · · · · · · · · · · · · · · · · ·	cation of			Locati			Description		171.0	mount	Aba	atem	ent T	уре
	os-Containin erial (ACM)	g		nally to			Asbestos-Cont Material (AC			pecify or LF)			m	
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ir	Facility		Cust	odial S	Staff?	i	insulation, surfac	ing, VAT			Remova	Repair	psu	Sou
	(13)		Yes	(12) No	N/A		or other miscella	aneous)			<u>a</u>	_	late	ē
Roof			res	INO			Doofing		50.40	c				
ROOI				ш			Roofing	J	5040s	I			Ш	Ш
Name of Registered	Waste Haule	er		100000	DEP V		Cubic Yards of Waste	Name of R	egistered	Landfill				
Woolston					516	NO.	80	Grows La	ndfill					
City, State				1			Disposal Date	City, State	-		<del></del>			
Bordentown, NJ							Various	Morrisvill	le, PA					
Completed By (Print	or Type)			Titl	е		Signature				Date			
Rod Richardson				Pr	oject anage	r	Rod Richa	rdson			01/1	4/2	020	