State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 2010 28 / 19 Transcontinental Gas Pipe Line Co., LLC 7 Job # Check # Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL & ☐ Initial 99 Farber Road LICENSING ☑ DOLWD City, State, Zip Code **⊠** DHSS Amendment #2 Princeton, NJ 08540 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Winston Hibberd 610-517-2423 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Transcontinental Gas Pie Line Co. ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 192 Southern Blvd. @ The Southern Blvd. ES. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Chatham Township, NJ 07928 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris Utility Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No: Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5 / 23 / 19 7 / 31 / 19 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or >3 If ⊠ Renovation ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Repair Encapsulate Enclosure 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 Exterior X Asbestos Tar Coating 250 LF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 8 City, State Disposal Date City, State Lumberton, NJ 7/31/19 Tullytown, PA Completed By (Print or Type) Signature Gwendolyn Trumbetti **Operations Coordinator** 10-28-19

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

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Name of Monitoring Firm Hired by Bui	ilding Ow	nor (0)	140			Hospital					
Omega Environmental	iding Ow	ner (8)	AS	CM No.	Name of Abateme	nt Contractor (9)					_
Street Address					AbateTech, Ir	ic.					
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City, State, Zip Code					30 Maple Ave	PO Pay 25					
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South Hackensack, NJ 07606											
Project Manager for Monitoring Firm		T	elephor	ne No	Lumberton, N	08048					
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cope of Work (Check all that apply)					ommaninison,	13 08077					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)				Na	ame of Build	ding Owner/Operator	(2)	promise and the second					
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City (5)							homes, etc.	.)					
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County (6)		-		10									
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Name of Monitoring Firm I	dired by Duile	dia a Our	(0)	1000			Substation						
Health & Safety Serv		aing Owr	ier (8)	ASC	M No.	Name of Abateme)					
Street Address	rices					AbateTech, I	nc.						
PO Box 365						Street Address							
City, State, Zip Code						30 Maple Ave	14000						
Berlin, NJ 08009						City, State, Zip Co							
Project Manager for Monito	rina Firm		1-			Lumberton, N	IJ 08048						
James Proctor	ning Film		100	elephon		Telephone No.		License No.					
Start Date (10)	10	ab a d . 16			4-8850	609-265-2107							
5/20/_	19			30 /	ate (11)	Name of OSHA M							
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Occupancy Status During A Facility Closed/Vacated	Abatement (C	heck on	ly one)			Street Address							
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Scope of Work (Check Al	l That Apply)															
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Street Address						s Construction Co., Inc.								
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City, State, Zip Code						tate, Zip Code								
						Howe	ell, NJ 07731							
Project Manager for Monitoring	g Firm		Tele	phone No.		Telephone No. License No.								
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Name of Facility Where Aba	atement is Ta	king Pl	ace (3)	F	ACILITY	INFORMATION	1					
NJ DOT Building 18 8		aking Fia	100 (3)				Type of Facility					
Street Address							School (K-1	2) 8 (Other than K-1	2)			
1035 Parkway Avenue	9						Other (i.e., p	private and comm	ercial	buildi	ngs,	
City (5)							homes, etc.	# of Floors		Dida	Age	
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County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demol	ished			
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Name of Monitoring Firm Hir	ed by Buildir	ng Owne	r (8)	ASCI	M No.	Name of Abatement Contractor (9)						
USA Environmental						AbateTech,	nc.					
Street Address 344 West State Street					Street Address							
City, State, Zip Code					30 Maple Ave. PO Box 25 City, State, Zip Code							
Trenton, NJ 08618												
Project Manager for Monitorin	na Firm		Tol	onhone	hone No. Telephone No. License No.							
William Weisgarber			0.00		6-8101	609-265-2107	•1	License No.				
Start Date (10)	Sch	eduled	- hill bear 29		ate (11)	Name of OSHA M		00529				
7 / 15 / 1	9				19	EMSL Analyt						
Occupancy Status During Aba	atement (Che	eck only	one)			Street Address			10000			
☐ Facility Closed/Vacated Di	uring Entire F	Period o	f Abate	ment		200 Route 13	0 North					
Abatement Performed Out Time of Abatement:	side of Norm	al Facili	ty Hou	rs - De		City, State, Zip Co			_			
		PIVI/	PIVI		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that	apply)						#					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emolitic			Mini-Encl Glovebag	Procedure	ative Pressure -Friable Procedur	re			
Location of			s Locat Norma						T	atem	ent T	уре
Asbestos-Containing Mater	rial (ACM)	Use	ed Sole	ely by	Ashes	Description of stos Containing Mat	erial (ACM)	Amount	Re	R	щ	m
TO BE ABATED IN Facility		Cus	intena todial	nce/ Staff?	(i.e.	, thermal systems in	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			surfacing, VAT, other miscellaneo		SF or LF)	/al		sula	ure
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ASB-41		•				I / VV		Y	-1	-1	-1	

ASB-41 MAY 11 DOT Building 18 and 18A Renovations 1035 Parkway Avenue, Ewing NJ 08618 DPMC PROJECT # T0560-00



	TABLE 1 - QUASSELTUS OF A	GME
Room Number	Material LICENSING	Quantity
Building 18 / Conne	ector	- Andrews Control of the Control of
H102, H201, 216	Corrugated Paper Pipe Insulation	35 LF
H201, 216	Fitting/Joint Insulation	8 LF
210	Light Pad Insulation	2 SF
* 37		
114	Black Mastic Assoc. with Removed 1'x1' Floor Tile	240 SF
102, 103, 116	Gaskets Assoc. with Flanges & Valves	11 Units
R1, R2	Black Mineral Coat Flashing & Tar Paper at Parapet, Mounts and Fan Room Wall	2,198 SF
R2	White Sealant at Metal Flashing to Brick Interface	20 LF
El (Exterior 18)	White Exterior Door / Overhead Door Caulk	4 Doors 1 Overhead
R2	Black Tar Built-Up Roof Field with Stone Ballast	424 SF
E1 (Exterior 18)	Exterior Window Glazing	58 Units
301	White Interior Window Glazing	2 Units
101	9"x9" White Floor Tile	35 SF
H105	Interior/Exterior Window Glazing & Caulk	2 Units
R4	Cementitious Wall Panels (Transite)	440 SF
E2 (Exterior Connector)	White Exterior Door Caulk	2 Doors

	TABLE 2 – QUANTITIES OF A	.CM
Room Number	Material	Quantity
Building 18A		
128, 128A, 131, 131A	Gypsum Paper Drywall and Assoc. Joint Compound	920 SF
001, 128	Kiln Insulation	2 Units (96 SF Per)
R5	Black Tar Built-Up Roof Field with Stone Ballast	7,500 SF
R5	Black Tar Roof Flashing at Roof Mounts	80 SF
R6	Grey Rolled Roofing and Flashing	75 SF
E3 (Exterior 18A)	White Sealant at Brick Façade to Concrete Column Seams	164 LF
E3 (Exterior 18A)	Exterior Window Glazing & Exterior/Interior Window Caulk	80 Units
R5	White Sealant at Roof Mounts & Vents	44 SF
001	Gaskets Assoc. with Flanges & Valves	9 Units

2.03 <u>ADDITIONAL INFORMATION</u>

"WRAP AND CUT" REMOVAL PROCEDURES FOR INSULATED PIPE

ISULATED PIPE JUL - 3 2019 ASBESTOS CONTROL & LICENSING

DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- · Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

AbateTech, Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and "candy-striped" around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation AbateTech, Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, AbateTech, Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

AbateTech, Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by AbateTech, Inc. shall be available at all times at the work site. AbateTech, Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the

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

7444



Date of Notification (1)		Name of Building Owner/Operator (2) All Risk							-	NE	G	E	I	W	E	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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

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Occupancy Status During Abatement (Ch	ok Only One)	,		Street Address					+			
Fecility Closed/Vscaled Outing Entire Abetement Performed Outside of No Other = Describe:	Period of Abai mai Facility Ho	ntê euleur		City, State, Zip	Cade	-			+		SA.	
Scope of Work (Check All That Apply)			*****									
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Location of Asbestos-Containing Material (ACM)	, Noti	nally olely by	Qe	sacription of		N.		Ту	pe	_		
IO BE ABATED , , , in Facility (18)	Custodi	narice/ =1 Stal(7 2)	(l.e. lherma surfa	nteining Material in it systems insulated scing, VAT, or miscellaneous)	(ACM)	Amount (Specify SF or LF)	Remova	.Repai	Encapsulate	Endosure		
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Name of Registered Waste Hauler		NJOEP W		Yarda	Name of Re	gistered Lendfill						
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Olty, State Newark NJ	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			sal Date	City, Siete		red	j.		\neg		
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Date of Notification (1) 106/29/2019 11/V-194	170			of Building AcCarthy		Operator	(2)		In n	0	UL	0	20	10	
Agencies Notified Type Notification	1		Street A	Address						ASBE	STO	S CO	ONTE	ROL	&
X EPA X Initial Amended Amendmen	t #			ate, Zip Co Orange		7079			Lessons			week and the same		abstance of the	
□ Emergency □ DOH justification □ DCA Cancellation	(including		Name o	of Contact AcCarthy		013			Tel	ephone	Num	ber			
				ILITY INF	6	ON									
Name of Facility Where Abatement is Takin House	ng Place (3)					Тур	e of Facility School (K-							
Street Address							×	Subchapte Other (i.e.	r 8 (Oth				dings,	home	es,
City (5) South Orange							Squ N/A	etc.) are Feet	# of N/A	Floors	;		ldg. A	ge	
County (6) Essex			County (STATE	Code (7) USE ONLY)	_	Curr	rent Use (Pr USE	ior if bei	ng dem	nolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCN	M No.				atement Co tement, Ir		(9)					
Street Address			-1			Street 11 R		ess ngren Ave	nue		101001				
City, State, Zip Code						City, S	State, 2	Zip Code	1140						
Project Manager for Monitoring Firm			Telepho	ne No		Toto		NJ 0712		Licens	se No	1			
			·			973-	345-	8685		0131		,. 			
Start Date (10) 07/09/2019	Schedul 07/10/2		npletion	Date (11)				SHA Monitor tement, Ir							
Occupancy Status During Abatement (Che						Street			nuo						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied						City, S	state, 2	Zip Code	nue						
Scope of Work (Check All That Apply)						1010	wa, i	NJ 07512				(I===			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×××	M GI	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure					0	
	Is	Locati	ion			- Line		on-Exemple	u () and	11011-1	Habit		Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenal todial S (12)	ly by nce/		tos Cont thermal surfac		Materia s insul T, or		(S	mount pecify or LF)		Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									=		ate	G,
Basement		Х			Pipe	Insula	tion		1	5 LF		X			
Name of Registered Wests Haviles		1.	IDED	losts	College	Vard		I No.	D. 1.		160				
Name of Registered Waste Hauler Atlantic Carting		H	JDEP W lauler ID 3085		of Was			Name of Grand			natill				
City, State Wayne, NJ					Dispos TBD	al Date		City, Stat		ί.					
Completed by Ned Joksimovic	Title Proje	ect Ma	nager		S	ignature		EN/			Date 06/	Theorem	2019		

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Date of Notification (1) 06/27/2019	2313			f Building a Muller		Operator	(2)			3				The second second
Agencies Notified Type Notifi	cation		Street A	ddress							JUL	- 3	201	9
EPA X Initial Amen Amen	ded dment #			ate, Zip Co						ASI	BESTO	SCC	NTR	OL&
■ Emerging justified I	gency (including ation)		Name o	f Contact					Tel	ephone		ENS	NG	
	ellation			a Muller		ION			8					
Name of Facility Where Abatement is Residential Property	Taking Place (3	3)					_	of Facility (School (K-1	NOTE OF THE PERSON					
Street Address							×	Subchapter Other (i.e. p	8 (Oth	er than l & comm	K-12) ercial bu	ilding	s, hon	nes,
City (5) Clark	- H							etc.) re Feet 0	# 0	f Floors		Bldg.	Age	
County (6) Union				Code (7) USE ONLY)			ent Use (Pri	or if bei	ng demo	olished)		****	
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	I No.				tement Cor ontracting		(9)				
Street Address							Addre: South	ss 5th St.						
City, State, Zip Code								ip Code NJ 0720	6					
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none N 906-4			Licens 0135				
Start Date (10) 07/06/2019	Schedule 07/12/2		npletion	Date (11)		Company of the second		HA Monitor nmental	Labora	atories	, Inc.			
Occupancy Status During Abatement		2000			A.		Addres	ss te 22 We	et					
Facility Closed/Vacated During B Abatement Performed Outside of Other – Describe: OCCUPIED					_	City, S	tate, Z	ip Code 07803						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Pemolit				×	Mir Glo	I Containm ni-Enclosure ovebag Pro	e cedure					
	le le	Locati	on	<u> </u>			_ INO	n-Exempte	a (*) an	d Non-F	nable P	West and	ateme	nt
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Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Ma Ma	d Sole intenar todial S (12)	nce/		thermal surfa	taining M systems cing, VA niscellar	s insula T, or		(5	mount Specify F or LF)	Kemoval	Kepair	Encapsulate	Enclosure
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Dasement					1 ipc	IIISUIA	111011			, Li		+		
Name of Registered Waste Hauler		11000	JDEP W		VE65270	Yards		Name of	Registe	ered Lan	dfill			
Danvic Contracting LLC.	8		auler ID 7574	No.	of Was	ste		Fairless	s Land	lfill				
City, State Elizabeth, New Jersey					Dispos TBD	sal Date	8	City, Stat Morrisv		A				
Completed by Jeymy Donneys	Title Owne	ər			S	Signature Teem	(Daur	1111	0	Date 06/27	/201	9	
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Date of Notification (1) 6/27/2019	and an indicate or the second			ne of Buildin xon Mobi	ng Owner/Operato	r (2)	A CONTRACTOR OF THE CONTRACTOR	JUL	J	2(019
Agencies Notified Type Notific	ation		Stre	et Address				· implement	1 10 marks		
EPA Initial Amende	d				inden Ave, Buil	ding 28A	ASS	STO	S C	TNC	ROL
■ DOL		na		State, Zip den, NJ (B70#0		-	Anne Sanctuck
DOH justificat	ton)			ne of Con			Telephone Nur				
			_	e Sannuti	FORMATION		215-316-671	<u> </u>			
Name of Facility Where Abatement is	Taking Plac	ce (3)		COLLIT III	TORMATION	Type of Facilit					
Residence Street Address						Subchapter	12) r 8 (Other than K-1	2)			
Officer Address							private 8 commerc		ldings	S,	
City (s) Paulsboro, NJ		7				Square Feet	# of Floors		Bldg.		
County (6)			Cou	inty Code((7) (STATE	1400 SF Current Use (P	2 Prior if being demol		0 yr	S	_
Gloucester			USE	EONLY) -		Residence					
Name of Monitoring Firm Hired by Build (8)	ing Owner		ASCM	No.	AEi2, LLC	nent Contractor (9)				
Street Address					Street Address						
City, State, Zip Code					361 E. Flemin City, State, Zip						
					Hammonton,						
Project Manager for Monitoring Fire	m	Tel	ephone	No.	Telephone No. 609-481-212	2	License No. 00689				
Start Date (10)	cheduled (Comple	etion Da	ate (11)	Name of OSHA N		1				_
7/15/19 7 Occupancy Status During Abatement (/20/19	\			AEi2, LLC						
Facility Closed/Vacated During Enti			tement		Street Address 361 E. Flemi						
Abatement Performed Outside of No Other - Describe:					City, State, Zip C Hammonton,	ode					
Scope of Work (Check all that apply)		23/18/2011			-		egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Re	enovat emolitio	ion on		Mini-End Gloveba Non-Ex	g Procedure	on-Friable Proced	ure			
		Locati ormall						_	Abate		
Location of Asbestos-Containing Material (ACM)	Mai	d Solel ntenar	ice/	Asbest	Description of os Containing Mate		Amount	R		E	Ε
TO BE ABATED IN Facilily		ustodia Staff?	al	(i.e.,	thermal systems in surfacing, VAT,	or	(Specify SF or LF)	e m	R e p	o e p	n c 1
(13)	-	(12)			other miscellaneo	us)	erikkit. Kitiku (1907-1902) i V ile	o v a	a i	u 1	s u
Tining & Diring	Yes	No	N/A		1 mH			1	r	a t	c
Living & Dining Rm. Windows	-		X		yl Tile		300 SF 14 Windows	X		c	
			X	Ca	ulk		14 WIIIdows	X			
								\vdash			
Name of Registered Waste Hauler AEi2, LLC		100	IJDEP V lauler ID	2-031-031-031-	Cubic Yards of Waste	Name of Regis					
City, State		_ 2	1376		3 Disposal Date	Gloucester City, State	County	_		-	_
Hammonton, NJ					TBD	TBD					
Completed By Wm. Minnick	Title Progran	ı Mo	r.		Signature		Date 6/27/20	19			

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Date of Notification (1) 6/27/2019						ng Owner/Operator Towers Condomi				.1111		3 0	019	-
	Notificatio	n			et Address		111	Iuiii Associai	Di Li	001	_		UIJ	-
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⊠ DOL Am	ended endment ergency (_		State, Zip antic City	Code /, NJ 08401		entrop at	*		US U			- 8.
X DOH ius	tification))	9	Nan	ne of Cor	ntact	=		Teleph	one Nun	nber			=
DCA Car	ncellation			Barb	ara Rom	e			609-44	12-2104	1		17	
				FA	CILITY IN	FORMATION								
Name of Facility Where Abateme Landmark Towers Condom	nt is Taki	ng Plac	e (3)				T	Type of Facility		-3/2 1 1 1				
	inium A	Associa	tion					School (K-1) Subchapter		than K-1	21			
Street Address 3817 Ventnor Ave.							li	Other (i.e., p				dings		
City (s)							1	homes, etc. Square Feet) # of F			ldg.		
Atlantic City, NJ 08401							1	Large	25	.0013		oyrs 0 yrs		
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Atlantic				USE	ONLY)		1	Condominiun	n					
Name of Monitoring Firm Hired by (8)	/ Building	Owner		ASCM	No.	Name of Abatem AEi2, LLC	ne	nt Contractor (9)					
Street Address						Street Address 361 E. Flemin	10	Pike						
City, State, Zip Code						City, State, Zip	0	Code						-
						Hammonton, I	N.	J 08037						_
Project Manager for Monitorin	g Firm		Tel	ephone	No.	Telephone No. 609-481-2122	2		Licen 0068	se No. 39				_
Start Date (10)		eduled C	omple	etion Da	ate (11)	Name of OSHA N	ЙO	nitor						
7/6/19	7/6/2					AEi2, LLC								
Occupancy Status During Abater						Street Address		- D:L-						
Facility Closed/Vacated Durin Abatement Performed Outside	of Norma	al Facilit				361 E. Flemin	00	ie						=
Other - Describe: Separate		Areas				Hammonton,						_		
Scope of Work (Check all that ap ≥3 sf or ≥3 If ×≥160 sf or ≥260 If	ply)	Re	enovat molitic	ion on		Mini-End Gloveba	clo							
			ocati			IZSI NOII-EXE	er	npted () and No	JII-FIIADIE	Proced		bate		
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Asbestos-Containing Material (A TO BE ABATED IN Facility (13)	ACM)	Mair Cu	ntenar ustodia Staff? (12)	nce/ al		tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	eri ns	ulation,	Amo (Spe SF or	cify	R e m o v	R e p a	Encapsul	E n c l o s u
Dailer Day		Yes	No	N/A	ma	r			OFTE		1	-	a	e
Boiler Rm		+		X	TS				95 LF		X	_		
				X	T				410 SF		X			
ompactor Rm		-		X		/fittings	_		20		X	_		
hop & Office			- 1 1	I DEBY		/fittings	_	Name of Regis	40	adfill	X			
Name of Registered Waste Haule AEi2, LLC	1			NJDEP N Hauler II 21376		Cubic Yards of Waste 80		ACUA	stereu Lâi	runti				
City, State				The state of the s	-	Disposal Date	7	City, State		0				
Hammonton, NJ						TBD /	1	TBD,		//				
Completed By	Titl		140	-		Signature,	/	Uni.	1	Date 6/27/20	10			
Wm. Minnick	P	rogram	iwig	1.		NIMI	1	MM		0121120	117	_		-

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Date of Notification (1)	E E	且且另			Nam	e of Buildir	ng Owner/Operator	(2)		- ?	201	n-	
	28 /	19	_		V	Rose Exc	avating, LLC	(2)	TI OOL	36	8	9 56	
Agencies Notified	Type Notific	cation			Stree	et Address		A A STATE OF THE S	ASBESTO	S CC	NTR	OL 8	ž.
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⊠ DOH	Amendm				City,	State, Zip	Code						
☐ DCA	☐ Emerger	ncy (inclu	ding		-		, NJ 08753						
(NJAC 5:23-8)	justificati Cancella				1 9.45	e of Contac	ct		Telephone Num 848-992-982				
					ΕΛ	CILITYIA	NFORMATION		040-332-302	20		-02-09-0	
Name of Facility Where	Abatement is	Taking Pl	ace	(3)	ГА	CILITI	NFORMATION	Type of Facility	. (4)				
Residence				(0)				Type of Facility ☐ School (K-1					
Street Address			-					☐ Subchapter	8 (Other than K-12 private and comme	2) rcial b	uildin	gs,	
City (5)			1					Square Feet	# of Floors	В	ldg. A	ae	
Lakewood								2500 sf	2	-	80	.50	
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being demoli:	shed)			
Ocean								Residence		60			
Name of Monitoring Firm	Hired by Build	ding Own	er (8	3)	ASCM	No.	Name of Abatem	ent Contractor (9)				
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address						
0::					*		1889 Route 9						
City, State, Zip Code							City, State, Zip C	ode				520	
D :							Toms River,	New Jersey 08	3755				
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
Start Data (40)							732-349-9932		00624				
Start Date (10)07 / _08/		Schedule 07			tion Da		Name of OSHA N	U-2007220					
Occupancy Status During		2831112	-			10	E.M.S.L. Ana	iyucai					
☐ Facility Closed/Vacate					ment		Street Address						
☐ Abatement Performed	Outside of No	ormal Fac	cility	Hour	s - Des	cribe	1056 Stelton						
Time of Abatement: _	AM	PM/_		PM-	() (()) Y = ()	AM	City, State, Zip Co	ode New Jersey 08	054				
Scope of Work (Check all	that apply)		-	-			1 ISCALAWAY, I	New Jersey 00	054				
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IN Facilit	У	C		dial 5 (12)	Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Ye		No.	N/A	-	other miscellane	ous)				late	Ф
exterior						asbesto	s siding		1500 sf				
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Guardian Contractin				Ha	JDEP V auler IC	No.	Cubic Yards of Waste	Name of Regis T.R.R.F.	tered Landfill				
City, State					20223		3 Disposal Date	City, State					
Toms River, New Je	rsey						07/09/19	, and a second a second and a s	Pennsylvania				
Completed By (Print or Ty	pe)	Title					Signature	7	Da	te	1	1	
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ASB-41								V)	C. F.	4/	J- 55	11/	2

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120) Name of Building Owner/Operator (2) July 08, 2019 PATH Agency Notified Type Notification Street Address One PATH Plaza ☐ EPA ☑ Initial Nt.equiedperSetaReg 104004 ☐ Amended City, State, Zip Code ASBESTOS CONTROL & ☑ DOL Amendment # Jersey City, NJ 07306 LICENSING Emergency (including Name of Contact **⊠** DOH Telephone Number justification) ☐ DCA ☐ Cancellation 201-216-6203 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Newark Penn Station ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, 1 Raymond Plaza West homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark, NJ 07102-5405 100,000 County (6) County Code (7) (STATE USE Current Use (Prlor if being demolished) ONLY) Essex Business/Train Station Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) PA of NY & NJ N/A B&N&K Restoration Co. Inc. Street Address Street Address 241 Erie Street, Room 236 223 Randolph Avenue City, State, Zip Code City, State, Zip Code Jersey City, NJ 07310 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Uday Mehta 201-595-4881 973-478-4681 00120 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor July 08, 2019 September 30, 2019 The Saban Engineering Group, Inc. Occupancy Status During Abatement (Check only one) Street Address 201 Stuyvesant Avenue ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ☐ Other - Describe: Lyndhurst, NJ 07071-1704 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ If}$ ⊠ Renovation ☐ Mini-Enclosure □ ≥ 160 sf or ≥ 260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount Encapsulate Enclosure TO BE ABATED (i.e., thermal systems insulation, Removal Custodial (Specify Repair IN Facility Staff? surfacing, VAT, or SF or LF) (13)other miscellaneous) (12)N/A Roof Roof Material 18 sq ft X Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Jimmy Byrne Trucking Cumberland County Landfill / Minerva Enterprises, 19551 < 5 City, State Disposal Date City, State Bronx, NY To be Determined Newburg / Waynesburg Completed by Title Signature Date G. Roger Woodman **Project Manager** 6/27/2019

State of New Jersey

Check No.

IN#12482

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Project #	- PA	JU	NOTI	Pursua	ON OF ASI	2 8:60 ai	nd 12:12	0)		Chec	k ∰46	63		V	
Date of Notification (1)				Name	of Building	Owner.	Operato	r (2)	In	11					
06/26/2019				Roxb	ury BOE	Ξ					.1111	-	3 2	nta	9
Agencies Notified	Type Notificatio	n		100000000000000000000000000000000000000	Address	5.0			i bred				1 4	JIS	
☐ EPA	Initial			42 No	orth Hills	side Av	/e			Į					
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■ DOH	justification		g	100000000000000000000000000000000000000	of Contact				T	Telepho				***************************************	
DCA	Cancellation	n		John	Eschma	nn				973-58	34 609	99			
Nome of Facility Minary			(0)	FA	CILITY INF	ORMAT	ION								
Name of Facility Where A	abatement is Tak	ng Place	(3)				4	Type of Facilit	y (4)						
School								School (H	<-12)						
Street Address								Subchap	ter 8 (Other th	an K-12	2)			
47 Eyland Ave								Other (i.e etc.)	e. privi	ate & cor	mmercia	al bui	ldings	, nom	es,
City (5) Succasunna	NJ							Square Feet	T	# of Floo	ors	T	Bldg.	Age	
County (6)					Code (7)	533		Current Use (F	Prior if	being d	emolish	ed)			
Morris				(STATE	USE ONLY	n									
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement C	ontra	ctor (9)					
Aero Environmental							100000000000000000000000000000000000000	Restoration						ř	
Street Address			2/11/201					Address					-		_
275 Rt 10 East							72 Br	ookside Rd							
City, State, Zip Code								tate, Zip Code					-		
Succassuna, NJ 078	376							olph, NJ 078	260						
Project Manager for Monit	oring Firm			Telepho	one No.			one No.	000	Lice	ense No	,	_		
Michael Berta				973-92	20-9061			33-2550		013					
Start Date (10)		Schedu			Date (11)			of OSHA Monito	or	1010					
7/06/2019		07/10/					Nick F	Restoration I	10						
Occupancy Status During	Abatement (Che							Address						-	
Facility Closed/Vacat	ed During Entire	Period of	Ahater	ment			72 Bro	ookside Rd							
Abatement Performer Other – Describe:	d Outside of Nor	nal Facilit	y Hour	S			City, St	ate, Zip Code						-	
Scope of Work (Check All	That Apply)						Rando	olph, NJ 078	69	-					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	11027		Renova Demoli					Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedu	ire				'e	
		1	s Locat	ion					T	una mon	1 Habit	110		ement	
Location of	nf.		Norma		1	D			1					ре	
Asbestos-Containing M	faterial (ACM)		ed Sole		Asbest	tos Cont	scription aining Ma	aterial (ACM)		Amoun	t [_	
TO BE ABAT In Facility			todial		(i.e.	thermal	systems	insulation,		(Specif	y	Re	D.	inca	En
(13)			(12)		40		cing, VAT		1	SF or Li	F)	Removal	Repair	apsı	Enclosure
23 TK		Yes	No	N/A			noochari.	3043)				val	Ę.	Encapsulate	ure
lasroom # 8			×		Transit	panel	from F	ume hoods	80	SF		×			
÷		-													
Name of Registered Waste	Hauler		IN	JDEP W	/aste I	Cubic \	Varde	Nome	Por!	otored !	an dE"				
ick Restoration LLC			Н	auler ID	No.	of Was		G.R.O.			andtill				
City, State Randolph, N	11						al Date	City, Sta							
Completed by		Title					gnatuge/	Tullyto	νη, I	-a	I D-4				
ikica Mrda		Presi	dent			3	W	lluce	11	vel.	Date 06/2		119		

Tnv+	\$13483)	St	ate of	New J	ersev			professional management and the	Chec	7e #	16667	
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Date of Notification	(1)	(Pursu				Owner/Operato		(2)	INI -			12	1111
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[]DEP	Notifica	tion	City	State	e, Zip	Code			ASBES	LICEN			8
[X]DOL	[]Amended				122	NJ, 0704	2		and the same of th		Onve	-	the state of the same of the s
	Notifica	tion											
[X] DOH	[]EMERGENCY			of Cor	ntact llar			Telepho	ne Number				
[]DCA	[]Cancellat		Su	e vı	TIAK	osa							
	[]Cancerrac	1011		FAC	TT.TTV :	INFORMATION					-		
Name of Facility Whe	re Abatement i	s Taki:	ng Pla			INFORMATION	Thr	ype of Faci.	lity (4)				
Sue Villarosa							11		<u> </u>				
								[]School []Subchar	oter 8 (Oth	er th	an K	-12)	
Street Address							11	[X]Other	(i.e., priva	ate &	com	mer-	
								cial l	buildings, l				
							Sc	quare Feet	# of Flo	ors	Bldg	. Age	1
City	c	ounty			11	nty Code (7)							
Motnclair	Ĭ,				(ST	ATE USE ONLY)	Cu	irrent Use	(Prior if be	eing o	lemo.	Lished	1)
		ssex											
Name of Monitoring F. Owner (8)	irm hired by B	uilding	J ASC	IM No.		Name of Abate							
N/A						AZTECH M	IAL	NAGEMENT	, Inc.				
Street Address						Street Addres	-51	WINDS THE SHIPS					
						86 Chris	sto	opher St					
City, State, Zip Code	Э					City, State,	Zip	Code					
						Montclai	Ir,	, NJ 070	42				
Project Manager for 1	Monitoring Fire	m Tel	ephon	e Numb	per	Telephone Num	ber		þ	Licen	se N	mber	
	35.0	N/	A			(973) 744	1-8	3800	1	003	371		
Scheduled Start Date	(10) Sched	. Compl	etion	Date	(11)	Name of OSHA	Mon	itor					
07 22 19	N2 5)		4	19	,	N/A							
	ar Mont		ay	Year	:								
Occupancy Status Duri						Street Address	s						
of Abatement		ang an	care .	GLIOG									
[]Abatement Per				Facili	ty	City, State,	Zip	Code					
[]other - Descr	ibe: «OffHours ibe: «Other Occ		-	cipt»									
Scope of Work (Check													
TOPE OF HOLIN (OHIOM						[]Full	Con	tainment wi	th Negative	Pres	sure	1	
[X]>3 sf or [[]>160 sf or		7.1		vation		[X]Mini-		losure Procedure					
[]2100 31 0.	2200 11	Ľ	1 Demo	11 0101	*			ble Procedu	ıre				
		T.	Is	מת				_		A	bate	ment	_
Location Asbestos-Cont			Used			Description Asbestos-Cont			Amount		R ,	E	N
Material (Solely			Material (ACN	1)	(Specify	7	E :	A	C
TO BE ABA		te	y Mair enance	e/		(i.e., thermal	2		SF or LF)		0	PS	0
In Facili	cy		stodi eff (1		1	sulation, surfa or other miscel		17 N	LE,		n .	U	U R
		Yes	No	N/A									E
Basement				X	Pipe	Insulation	on		130 LF	X			
Name of Registered Wa	ste Hauler	1 6 6 6	DEP W			ic Yards	N	ame of Regi	stered Land	fill			
AZTECH MANAGE	MENT, INC		uler 7040	ID No.	of	Waste 1.5		Tri - S	tate				
City, State		100	. 5 2 5	<u> </u>	Dis	posal Date	C	ity, State					
Montclair, NJ	07042					2000 C 100 C	1	Bronx,	NY, 104°	74			
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Completed By (Print o						Signature	/ _	+ J.	Min.	Dat			
Constantine Vi	vian Pre	side	nt			1/0	NE	Janne	1/ WW	1 6/2	8/20	119	
25 Warren Place								· vv (· · · · ·	•	٧			

LNV=	# 1200	71		C+	ate of Ne	u lorco												
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Date of Notification (1) 06-28-19					f Building onstruct			r (2)	Total Control	K		ne en en en					Transaum.	Same entering
Agencies Notified	Type Notification			Street A	ddress rmon St				OS GOOD STATE OF THE PARTY OF T			Ji	JL	- 3	20	9	a Filiantia	
EPA DEP DOL	Initial Amended Amendment	#			ite, Zip Co				-	-	AS	BE	STC	s cc	ONTE	ROL	.8	
	Emergency	(including	-		Contact	105			-				LIC	ENSI umber	NG			
DOH DCA	justification) Cancellation			Nelsor	Espino									4568				
Name of Facility Where	Abatement is Takin	ng Place (3	3)	FACI	LITY INFO	ORMAT	ION	Tvi	pe of Facility	(4)							7.000	
Private Home		,	·						School (K-									
Street Address									Subchapte Other (i.e.	er 8 (ildin	ns h	ome	
City (5)								C	etc.)					- T	1000	50.00		
Little Falls								Sq	uare Feet		# of	F100	S		DIUÇ	ı. Ag	e	
County (6) Bergen				County C	Code (7) USE ONLY)		Cu	rrent Use (P	rior it	bein	g de	moli	shed)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.				batement Co			9)						
Street Address							Street	Add	ress		,. 							
City, State, Zip Code	·								st Grand : Zip Code	St.								
0000 011							Eliza	bet	h, NJ 0720	01								
Project Manager for Mon	itoring Firm			Telephor	ne No.		Telepl 201		No. -9603			Lice 012	nse 206	No.				
Start Date (10) 07-11-19		Schedule 07-15-		mpletion [Date (11)				SHA Monito ontracting		;							
Occupancy Status During	g Abatement (Ched	ck Only Or	ne)				Street	Add	ress									
Facility Closed/Vaca Abatement Perform									st Grand S Zip Code	St.								
Other – Describe:							Eliza	abet	h, NJ 072	01			Cana					
Scope of Work (Check A	II That Apply)	П.					Г	٦.										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The same of	Renova Demoli					1 !	Full Containn Mini-Enclosu Glovebag Pro	re		Nega	ative	Press	sure			
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Asbestos-Containing	Material (ACM)	** ENGLISHED	d Sole			tos Con	taining N	Mater	rial (ACM)			noun					ш	ш
<u>TO BE AB</u> In Facil		10,300,000		Staff?	(i.e.		cing, VA	AT, o	r			oecif		Remova	1	Renair	caps	Enclosure
(13)			8 8			other r	niscella	neou	s)					ovai	. 1	, i	Encapsulate	sure
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Name of Registered Was	ste Hauler		1.000	NJDEP W Hauler ID		Cubic of Wa	Yards		Name o	fReg	gister	ed L	andf	ill				
Delfa Contracting LL	.C		100	356240		10-2009/11/20	10		Tullyto	own	Res	our	ce F	Reco	very	/ Fa	cilit	у
City, State Union City, NJ							sal Date 15-19		City, Sta		PA				V 2000			
Completed by		Title					Signature	е	12					Date				
Jaime Delgado		Proj.	Man	ager.			/	1					0	06-28	-19			

Inv#12	18	5		State of N	dow low									Print
CK1130 PA		NOTI (FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	EMENT (20)		EC			V [M
Date of Notification (1) 06.27.2019				of Buildir March		/Operato	or (2)		JUL	- 3	20)19	The strengt of the	Ш
Agencies Notified Type Notification I Limit Li			Street	Address							(T. Carrier as	1
X DEP Amended Amendment Emergency			Shre	tate, Zip wsbury,	NJ 077	702	and the second	A	SBESTO LIC	ENS	NG	ROL.	<u> </u>	
DOH justification) Cancellation		g	Louis	of Contact March	itto				Telephon	ne Nur	nber			
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	CILITY IN	FORMAT	ION	Type of Fa	ciliby (4)						
Private House		. ,						ol (K-12)						
Street Address							☐ Subch	apter 8 (0	Other than the & com	n K-12 mercia	?) al bu	ildings	s, hor	nes,
City (5) Shrewsbury, NJ 07702							Square Fee 2168		# of Floor 2			Bldg. 1903		
County (6) Monmouth County			(STATE	Code (7) USE ONL	n		Current Use Resident	ial		nolish	ed)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8	3) .	ASC	M No.		Name Spes	of Abatements Contracti	t Contrac	ctor (9)					
Street Address						E 100 C 100	Address Meriline Av	e, Unit	С					
City, State, Zip Code							tate, Zip Cod dland Park		424	27				
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No. 307-6330			ise No				
Start Date (10) 07.06.2019	07.07.	2019	npletion	Date (11))		of OSHA Mor Contractir				-			
Occupancy Status During Abatement (Check						Street /	Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten y Hours	nent			_	Meriline Av		C					
Scope of Work (Check All That Apply)							dland Park		424					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedur	e e				q	
		Locati	2000							Habit		Abate	ment	t
Location of Asbestos-Containing Material (ACM)	Use	Normall ed Solel	y by	Asbes	Des	cription	of aterial (ACM)		Amount			IУ	ре	
TO BE ABATED In Facility	Cus	intenar todial S	ice/ staff?	(i.e.	thermal:	systems ing, VAT	insulation.		Amount (Specify		Rei	R	Enca	Enc
(13)	, , , , , , , , , , , , , , , , , , ,	(12)			other m	iscellane	eous)	,	SF or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A	T	SI - Pipe	es and	Fitting	- 2	250 LF	-	ζ.		6	
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y	'ards	Name	of Regis	tered Lan	dfill				
Spes Contracting LLC		1000000	auler ID I 38075		of Wast			less La		J.III				
City, State Woodland Park, NJ 07424					Disposa TBD	al Date	City, S Morr	State isville, F	PA					
Completed by Branislav Pavlov	Title proje	ct mar	nager		Sig	gnature	5			Date 06.2	7.2	019		\neg

IN# 12480

CK 458627

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JUL -3 2019

ASBESTOS CONTROL & L

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) LICENSING Date of Notification Name of Building Owner/Operator 0 6 2 6 1 MACY'S CORPORATE SERVICES (FEDERATED) Agencies Notified Type of Notification Street Address USEPA Initial 7 WEST SEVENTH STREET DEP Notification X **DCA/DOL** Amended City, State, Zip Code X DOH Cancellation CINCINNATI, OHIO 45202 Name of Contact Telephone Number Ralph Copolla 973-265-9763 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place Type of Facility) School (K-12) Macy's Bridgewater Commons) Sub-Chapter 8 (Other than K-12) Street Address X) Other (I.e. private & Commercial buildings, homes, etc.) 400 Commons Way SF of Bldg. # Floor Age of Bldg. City County County Code 1 MILLION +SF 3 50÷ State use Only Current Use (prior if being demolished) nests Bridgewater -----NJ Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatment Contractor PENNONI ASSOCIATES ACM CONSULTING CORP. Street Address Street Address 24 COMMERCE ST - SUITE 300 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code NEWARK, NJ 07102 UNION, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number TO BE DETERMINED TO BE DETERMINED 908-687-1008 00575 Scheduled Start Date Scheduled Completion Date Name of OSHA Monitor 2019 12 2019 EMSL ANALYTICAL Month Year | Month Year Day Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code X Describe: 9:30PM TO 6:30AM Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Demolition X Full Containment with Negative Pressure >3sf or >3lf Mini-Enclosure X ≥ 160sf or ≥ 260lf Glovebag Procedure Renovation Non-Friable Procedure Is Location Normally Describtion of Amount to be Abatement Type Location of ACM Facility Used by Custodial Staff ACM to be Removed Yes NO N/A Removed (Specify SF/LF Rem. Rep. Enc. Encl. 1st Floor Mens Area Parquet Floor Black Mastic 400SF Name of Registered Waste Hauler NJDEP Waste ID No. Cubic Yds waste Name of Registered Landfill TRI-STATE TRANSFER ASSOC., INC. SW1896 TBD MINERVA ENTERPRISES, INC City, State of Registered Landfill City, State Disposal Date BRONX, NY TBD WAYNESBURG, OHIO Completed By (Print or Type) Title Signature Date Gina Smolar GENERAL MANAGER 6/26/2019

JN#12487-PAID

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

· CK SIS3

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Date of Notification (1)	19					ng Owner/Operator	(2) VACE [AVAR-BU	FA.	图		0 0	-
Agency Notified	Type Notification	•	\dashv		Address			THE	A THE REAL PROPERTY.			1	1
□ EPA	& Initial				89	MARION	AU 6		- 2	004	3	Contract of	-
D DEP	☐ Amended			City, S	tate, Zip	Code .	- 0-	II III JUL	J	ZUI	j	1	
-erbol	Amendment #	ina	L	Ţ	MK	OUT, NO	5. 07	828				- Anna	
A DOH	justification)	ng	Γ	Name	of Conta	d		Telephone Num	ber	77	106	8	9
D DCA	☐ Cancellation			ML	DANI	WIZENF	EUS	2925	1.1356	G	17		_
				FACI	LITY INF	ORMATION							
Name of Facility Where							Type of Facilit	y (4)					
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City (5) .						1.4	Square Feet		Bldg.				
· DUH	TENC				20		7500	. 2	70	Y	Rs.	+	
County (6)) (STATE USE		Prior if being demoli					
	GEN			ONLY)				ence Ap	42				
Name of Monitoring Firm (8)	Hired by Building Own	er	ASCM	No.		Name of Abaten	ent Contractor	(9)					
						Best Rei	noval Ir	ıc		1200			
Street Address				22		Street Address	*						
Chi Chata Ta Cada						450 Sout		St				-	_
City, State, Zip Code						City, State, Zip C		07601					
Project Manager for Mon	illuring Firm	TTO	lephor	a No		Hackensa Telephone No.	ick, N.J	License No.		-			_
i toject manager tot most		1	-cpilot	ic No.		201-329-	-7444 -	00388					
Start Date (10) 1	Scheduled C	omplet	on Dat	te (11)		Name of OSHA		1 00000			-		_
7/9/19	7	112	119	}		Omega I	Invironm	ental					
Occupancy Status During	g Abatement (Check on	ly one)		ų.		Street Address		¥					
☐ Facility Closed/Vacate							ıyler St						_
Abatement Performed			urs			City, State, Zip C		N I 07	(0(
Scope of Work (Check a		777		-		5. пас	Kensack	,N.J. 07	000	_			_
	u ust appry)				010707 # 0100			h Negative Pressure	9				
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf				☐ Ren	ovation notition		Enclosure ebag Procedure		*				
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. Locatio		Use	lormal d Sole	ly by	1	Description of				T	T	T	
Asbestos-Containin TO BE Al		Ma	intena: Sustodi	nce/		stos Containing Ma ,, thermal systems		Amount (Specify		2	- I	Enc	5
IN Fac	ality	,	Staff?		(2.5	surfacing, VAT	, or	SF or LF)		Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other miscellane	eous)		-	<u>a</u>	-	date	110
		Yes	No	N/A						1			
Ba CER +	+6			0	THERA	ULL SISTEMIN	SUATION	900		X			
BOILER +	+6			0	THELL	ILL SUFFACIO	اد	280	SF	X			
										I			
Name of Registered Was		50.73	DEP V No.	Vaste F	łauler	Cubic Yards of Waste	Name of Reg	istered Landfill					
Best Remo	val inc	100		109			CUMBERI	AND COUNTY	(LAW	1F	iu	1	
City, State						1 - 1 - 1						_	-
	k , N.J. 07	601				7/12/19	NEW BU	RCH, PA.	172	4	0		
Completed by	Title					Signature /)	ROH, PA.	Date /		. 1	950	
J.Maiorano	Est	imat	cor			VM	caiorqu	<u> </u>	6/	21	3/1	9	2
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(K 5840	PAI	JU)	(Pursi	ant to N	JAC	2 8:60 and 5:	16)			U	<u>L</u>	Ш	V	5	
Date of Notification (1)				Na	me of Build	dina	Owner/Operator	(2)	n	-	4				-	
06/27	_ / _	19					wnship Public			,	JUL	- 3	3 2	019		U
	e Notification	n		Str	eet Addres	s							-		-	
[] =	Initial			2	2565 Princ	ceto	n Pike	Sekverage		ASB	ESTO	SC	ONT	ROL	2	
	Amended Amendmeni	#		Cit	y, State, Zi	р Со	de		-	Charle Richard Charle	LIC	ENS	INC			
	Emergency		ina	L	awrence	ville	e, NJ 08648								THE PERSON NAMED IN	Man Name and a second
(NJAC 5:23-8)	ustification)	(9	Na	me of Cont	act				Telep	hone	Numi	her			
	Cancellation				latt Conn	-					9-671					
Name of English Where Ab -t-				F	ACILITY	INF	ORMATION			niei						
Name of Facility Where Abate Ben Franklin Elementar	ment is Tak	ing Pla	ce (3)					Type of Fac)						
Street Address	y School							School (I	K-12)	·011						
2939 Princeton Pike								Subchap Other (i.e	e., priv	Other rate ar	than	K-12) nmer) cial b	ouildir	igs,	
City (5)								Square Feet		# of l	Floors	,	Te	Sida	100	
Lawrenceville								80,000		2	1 10015	•	1	3ldg. <i>i</i> 75	-ye	
County (6)				Co	unty Code	(7)(S	TATE USE ONLY)	Current Use	(Prior	r if bei	ng dei	molis	hed)			
Mercer								School								
Name of Monitoring Firm Hired	by Building	Owner	r (8)	ASC	M No.	N	lame of Abatem	ent Contractor	(9)							
TTI Environmental, Inc.				00	003		Shade Enviro	onmental, L	LC	•						
Street Address						S	Street Address			e Ladinia						
1253 N. Church Street							623 Cutler Av	venue								
City, State, Zip Code						C	City, State, Zip Co									
Moorestown, NJ 08057	per.		1				Maple Shade	, NJ 08052								
Project Manager for Monitoring Mike Keehn	Firm			lephon		1000	elephone No.			Licen	se No).				
Start Date (10)	Coho	dulad (0-8800	-	856-755-0099			008	842					
07 / _09_ / _19					ate (11) 19		ame of OSHA M EMSL Analyti									
Occupancy Status During Abate						-	treet Address									
Facility Closed/Vacated Duri	ng Entire P	eriod of	Abat	ement			200 Route 13	0 North								
Abatement Performed Outsid	de of Norma	I Facili	ty Hou	urs - De			ity, State, Zip Co									
Time of Abatement:A		IVI/	PN	1	_AM	4	Cinnaminson									
Scope of Work (Check all that a	pply)						□ Full Cont	ainment with N	laaati							
≥3 sf or ≥3 If ≥160 sf or ≥260 If		⊠ Re						osure	vegati	ve Pre	ssure					
		□ 0€	emolit	ion			☐ Glovebag	Procedure mpted (*) and l	Non E	riabla	Droos	- alaa				
Fig. 1		Is	Loca	ition	1		Z Non-Exer	npieu () anu i	1011-1	паріе	Proce	eaure	_			
Location of			Norma	ally lely by			Description of	f					100	atem		T
Asbestos-Containing Materia TO BE ABATED	ii (ACIVI)			ance/	Asbe	stos	Containing Mat ermal systems in	erial (ACM)			ount		Removal	Repair	Enc	Enclosure
IN Facility		Cus		Staff?	1,	,	surfacing, VAT,	or			ecify or LF)		BAOI	ai.	apsu	nso
(13)		Yes	(12) No	N/A	1		ther miscellaneo				- /		=		Encapsulate	Гe
Room No. 104			×			Inst	ulation (Wrap	and Cut)	-	11	LF					
Room No. 105							ulation (Wrap		+-		LF	-				
Room No. 106							ulation (Wrap		+-	5 !			\boxtimes			님
Room No. 108		П		1=			lation (Wrap		-	2 [-				
Name of Registered Waste Haul	er			JDEP		_	bic Yards of	Name of Reg	istoro						Ш	Ц
Freehold Cartage				lauler I	D No.	Wa	ste	Fairless I			um					
City, State				1593	5	Dis	posal Date	City, State								
Freehold, NJ							7/12/2019	Morrisvill	e. PA	Ā						
Completed By (Print or Type)	Title						Signaturé					Date				
Christina Lynch	V	ice Pr	eside	ent of	Operation	าร	Mich	1					10-	ינ ר	72	
SR-41						000007	190200		1			(0)	di	110	É	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	ls Location by Mainter	Normally I nance/Cust	Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify	Removal
20 20 20 20 20 20 20 20 20 20 20 20 20 2	Yes	No	N/A	Waterial (ACIVI)	SF or LF)	
Room No. 109		X		Fitting Insulation (Wrap and Cut)	015	
Room No. 114		X		Fitting Insulation (Wrap and Cut)	2 LF	X
Room No. 115		X		Fitting Insulation (Wrap and Cut)	2 LF	X
Room No. 116		X		Fitting Insulation (Wrap and Cut)	2 LF	X
Room No. 117		X		Fitting Insulation (Wrap and Cut)	2 LF	X
Room No. 121				Fitting Insulation (Wrap and Cut)	2 LF	X_
Room No. 124		X		Fitting Insulation (Wrap and Cut)	@ IPLFI IV	FX F
		X		Fitting Insulation (Wrap and Cut)	15 12LF1 W	IIX I
Room No. 125		X		Fitting Insulation (Wrap and Cut)	- Total Commence	- Ling
				A CONTRACTOR OF THE PROPERTY O	JUL - 3 2019	9

ASBESTOS CONTROL & LICENSING

Inv#	12493	R	NOT	1510			ew Jersey					National States	and the second					
UK 7838	PA		D				BESTOS ABATAC 8:60 and 5:1	£ 1942.414	DECI	EI	\mathbb{V}		M					
Date of Notification (1) 06 /	27 /	19				of Buildin n Angelo	g Owner/Operator	(2)	∭ JUL	- 3 :	2019	-						
Agencies Notified	Type Notifica	ation			Stree	t Address		[i.l-	U VOL	-	.010	\dashv	LONGO P					
⊠ EPA										and the state of t			li Li					
□ DOLWD	☐ Amended				City.	State, Zip (Code		ASSEST	ASBESTOS CONTROL & LICENSING								
⊠ DOH	Amendm						City, NJ 08030		LIC	ENSIN	<u>Ui</u>	MORE LOCAL	activities who we					
☐ DCA (NJAC 5:23-8)	☐ Emergen justification	cy (in	cluding	3		of Contac			Tolophono Ne	ımhor								
(NJAC 3.23-6)	☐ Cancellat					n Angelo			Telephone Number									
					FA	CILITY IN	IFORMATION											
Name of Facility Where Al	patement is T	Taking	Place	(3)				Type of Facility	(4)									
Angelo Residence								School (K-12		40)								
Street Address								☐ Subchapter ☑ Other (i.e., p homes, etc.)	rivate and comr		uilding	gs,						
City (5)								Square Feet	# of Floors	IB	ldg. A	ne						
Gloucester City								816	2		65	ige						
County (6)			24		Cour	nty Code /7)(STATE USE ONLY)		olished)									
Camden				0.001	, 5000 (r	Nomine ode onery	Residence	rior if being demolished)										
Name of Monitoring Firm H	lired by Build	dina C)wner i	(8)	ASCM	No	Name of Abatem						-					
Eagle Industrial Hyg	a. Si			1000	, 100111	110.		onmental, LLC										
Street Address Street Address								-										
359 Dresher Road							623 Cutler A	venue										
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	-		City, State, Zip C					-						
							Maple Shade											
						No.	Telephone No.	, 110 00002	License No.									
	g				5-768		856-755-0099)	00842									
City, State, Zip Code Horsham, PA 19044 Project Manager for Monitoring Firm Larry Nagelberg Start Date (10)			uled C			ite (11)	Name of OSHA N		00072				-					
		127	/	155 70	EMSL Analyt													
Occupancy Status During	Abatement (0	Check	only	one)			Street Address					300	35-3110					
Abatement Performed																		
Time of Abatement:	AIVI	—PI	///	_PIVI-	(t) (a)	AM	Cinnaminson, NJ 08077											
Scope of Work (Check all t ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	hat apply)			novati			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No	•	dure								
				Locat						At	atem	ent T	ype					
Location o	101			Norma ed Sole			Description of			Z.	R	Ш	Im					
Asbestos-Containing M TO BE ABAT		1)	Ma	intena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ncal	nclo					
IN Facility			Cus	todial (12)	Staff?	,	surfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure					
(13)			Yes	No	N/A	1	other miscellane	ous)				ate	100					
Basement, Laundry &	Storage Ri	ms		\boxtimes		Floor Ti	ile		711 SF									
			П									П						
							P											
Freehold Cartage	Hauler			100	JDEP \ auler II 15939	D No.	Cubic Yards of Waste 2	Name of Regis										
City, State Freehold, NJ					. 5500		Disposal Date 07/10/2019											
	ne)	Title					Signature			Date								
Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ Completed By (Print or Type) Title				eside	nt of (Operation	1 0	9-0		(0/2	17/	19						

TO #	=120	192	PAI	NOTIFICAT	TION OF AS		BATEMEN		. 6	<i>f-1</i>	0/2	le		
Date of Notifi	ication (1	1) / 19		(PURSUAI	Name of E	C 8:60-7 AN Building Ov MYERS SQ	vner / Oper	CONTRACTOR OF THE PARTY OF				VER		
	/				Street Add	dress			11)		5 11			
Agencies No		Type of No				IBB DRIVE			141					
	EPA DEP		Initial Amended			e, Zip Code JNSWICK, N				.111	- 3 20	110 III		
	DOH	Ш	Amendment #		Name of C		13 00303		Telephon			113		
	DOL		Emergency w/ Cancellation		PHIL DES			28445.42344.2.1244	732-227-5			8 108		
				F	ACILITY IN	NFORMATIO	ON				ENSING			
Name of Faci BRISTOL MY			ent is Taking P	Place (3)		Type of Fa		-01						
Street Addres						755 077	School (K-	·12) er 8 (Other th	-an K 12)					
ONE SQUIBE						V		private & cr						
City (5)		County (6)		County Code ((7)	Square Fe	et	# Of Floors		Buildin	g Age			
NEW BRUNS	WICK	MIDDLESE	ĒΧ	282	X25631	10000	/A	N/A			AI/A			
						DEMOLISH		being demo	lishea)		N/A	5		
Name of Mor	nitoring F	irm Hired	by Bldg. Owne	er (8)	ASCM NO	1								
ENVIRONMEN	ITAL HEAL	TH INVEST	IGATIONS, INC.		0104	NORTHST	AR CONTR	ACTING GR	OUP, INC					
Street Addres		- A-4578534				Street Add	Iress							
655 WEST SI		RAIL				22 Milliam	Dorloway					1		
City, State, Z SPARTA, NJ						32 Williams City, State	, Zip Code							
Project Mngr	Control of the Contro	nitoring Fi	irm	Telephone Nu	mber	only, cance	, Lip out							
WILLIAM KER	RBEL			973-729-5649			ver, NJ 079	36						
Sheduled Sta			•	letetion Date (1	1	Telephone	Number		License N	Number				
/ -			09 /	/ 30 /		973-88	4-8682			0	0860			
Occupancy S	Status Du	uring Abate	ement (Check (Only 1)			SHA Monit	or			70000			
			ted During Enti			NORTHST	AR CONTR	ACTING GR	OUP, INC					
17.77	batement	-	10 111 - FN	1.5116-4		Street Add	Iress	The same of the sa						
	batement ours - De		d Outside of N	ormal Facility		32 Williams	Parkway							
PRODUCT - 100000			7:00 AM-3:30 F	 PM		City, State, Zip Code								
						East Hanover, NJ 07936								
Scope of Wo	ork (Chec	k All That	Apply)											
	emolition		7	Renovation				h Negative F	ressure					
	3sf or_>3l					Mini - Enc	losure Procedure							
	160 sf or	<u>></u> 200 II				-		d Non-Friab	le Procedi	ure				
B 22 00 7000	cation of os Conta	12 c.	ls Location	Δ.	Descript sbestos - C				Abateme R	nt Type	ΙE	ÍΕ		
Maneau	OS COITE	Illing	Normally	/	Material			Amount	E	R	N	N		
	BE ABATE	<u>ED</u>	Used		.e., thermal	systems		(Specify	M	E	C	С		
in	Facility		Solely			facing, VAT	,	SF or LF)	0	P	A P	L		
1	(13)		by Main- tenance/	ore	other misc	ellaneous)			V A	A	S	o s		
1			Custodial						l î	R	Ü	Ü		
			Staff (12)								L	R		
			YES NO N/A					00015			1-	1		
EXTERIOR U	JNDERGE	ROUND		TRANSITE DU	ICT BANK			300 LF	<u> </u>	H	╅╫			
BLDG 53/65									H	H	1 +	一片		
-											1 -			
Name of Reg NORTHSTAF				NJDEP Waste Hauler ID No.	Yards		Registered I ANAGEME	Landfill NT - FAIRLE	SS HILL L	ANDFILL				
City, State				30534	of Waste Disposal	City. State								
EAST HANO	VER, NJ				Date	MORRISV			5					
Completed b	oy (Print	or Type)		Title	Signature				Date					
Steve Stiles				Project Manage	er		1/60	th X	lce)	0	7/02/19		

State of New Jersey

NOW			NO			State of I ON OF AS ant to NJ	SBEST	OS ABA	EGEIVE JUL - 3 2019								
Date of Notification (1)						ne of Buildi				17 17 9	UL		019	-			
6/	28 /	1	9		G	arden Sp	ires Urb	oan Rene	wal, LP Job#	808-5369 C	heck#			- Company			
Agencies Notified ☑ EPA ☑ DOLWD ☑ DHSS	Type Notif ☐ Initial ☑ Amend Amend	led			88	eet Address 85 2 nd Ave , State, Zip	enue 31	st Floor	ASBESTOS CONTROL & LICENSING								
□ DCA	☐ Emerge			na	N	ew York,	NY 1001	17									
(NJAC 5:23-8)	justifica	ation)		5	Nam	ne of Conta	ct			Telephone Number							
	☐ Cancell	lation			Fr	red Teiche	er			917-952	-1929						
					FA	ACILITY II	NFORM	ATION									
Name of Facility Where A			7.					A	Type of Facility								
Garden Spires Apar	tments-B	uildir	ng 17	5					School (K-1:		(12)						
Street Address									Other (i.e., p			build	ings,				
175 1st Street									homes, etc.								
City (5) Newark, NJ									Square Feet	# of Floors		Bldg.	Age				
County (6)					Cor	inty Code (7	7)/OTATE I	HOE ONLY	Correct Head (De								
Essex					Cot	inty Code (i	(STATE	USE UNLY)	Current Use (Pr	nor if being der	nolished)					
Name of Monitoring Firm F	lired by Bui	ildina	Owner	(8)	ASCN	1 No	Nama	of Abatomo	ent Contractor (9)								
Health & Safety Serv		iding	Owner	(0)	AGGIV	1110.		teTech, I		1							
Street Address	1000							Address	iic.								
PO Box 365									. PO Box 25								
City, State, Zip Code								ate, Zip Co			-			_			
Berlin, NJ 08009								berton, N									
Project Manager for Monito	oring Firm			Tel	ephone	No.		one No.	10 00040	License No							
Jim Proctor				100000000000000000000000000000000000000		4-8850		265-2107		00529	•						
Start Date (10)	1	Sched	duléd C			ate (11)		of OSHA M		1 00020		_		-			
3 / 28 /		350) /		1/2/1/2	L Analyti									
Occupancy Status During A	Abatement Y	'Ghe'c	k-only-	one)		OLE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	Street A							-			
☐ Facility Closed/Vacated					ment		Contraction (Contraction)	Route 130) North								
☐ Abatement Performed C	outside of N					scribe											
Time of Abatement:	AM	PI	νι/	PM		City, State, Zip Code Cinnaminson, NJ 08077											
Scope of Work (Check all the	nat apply)							•						-			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				enovat			\boxtimes	Mini-Enclo	ainment with Neg osure Procedure npted (*) and Nor								
** ***			100000	Loca							I	bater	ment T	уре			
Location of Asbestos-Containing Ma		//\		Norma		Achor		scription of	erial (ACM)	Amount	7	Re	m	m			
TO BE ABATE		.,		intena			, thermal	systems in	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facility (13)			Cus	todial (12)	Stan?		surfac	cing, VAT, niscellaneo	or	SF or LF)	l a	'	sula	ure			
(13)			Yes	No	N/A		othern	niscellaneo	lus)				[e				
(14) E Bathrooms 20 LF	each					Pipe Ins	ulation			280 LF		1		П			
location	ocation U U									200 21							
											+-		ᆜ				
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill AbateTech Inc. Waste C.B.O.W.S. Landfill																	
AbateTech, Inc.					18750)	40	,	G.R.O.W.S.	Landfill							
City, State						_	Disposal		City, State								
Lumberton, NJ							8/30/1		Tullytown,	PA							
Completed By (Print or Type	720	Title					Sig	nature	W		Date	74	^	C			
Gwendolyn Trumbetti		0	perati	ons (Coordi	inator	1	MA	Λ	(o. 26.19							

ASB-41 MAY 11 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

NOUV				(F	ursu	ant to NJ	MEGEIVE													
Date of Notification (1)		THE REAL PROPERTY.			Nan	ne of Buildin	a Ov	vner/Operator	(2)	- 11	1)		U) II		/4/ ·					
6/	28 /	19	9		A 150 12 15 15 15				ity of NJ / Job	#1	804	388 C	heck	#		Ì				
Agencies Notified	Type Notific	cation			Stre	et Address			*	11		J	UL-	3	2019					
☑ EPA	☐ Initial						oad	1 Blda 408	6 Livingston C	am	nue					Ara-san				
☑ DOLWD		ed				State, Zip (o Livingston C	Jan	- 1									
☑ DHSS	Amendn		_		1 2	scataway,			ASBESTO					CON		L&				
DCA	☐ Emerger		ncludin	g		e of Contac		00034	The state of the s							of Statements				
(NJAC 5:23-8)	justificat Cancella	100			0.000	ichael F. S		h	1	Telephone Number 848-445-2550										
						CILITY IN						. 10 20								
Name of Facility Where A	batement is	Takin	g Place	(3)					Type of Facility	vpe of Facility (4)										
Rutgers- Livingstor					087 &	4155			School (K-12											
Street Address				,					Subchapter	8 (0										
27 Road #1									Other (i.e., p homes, etc.)		te and	comm	ercial i	uildin	gs,					
City (5)									Square Feet		# of F	loors	TF	lldg. A	ae	-				
1	Piscataway, NJ 08854								oquaio i cot	1	4	10013	1	60+	go	İ				
County (6)						inty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if	f being	g demol	lished)							
Middlesex						,			Academic											
Name of Monitoring Firm I	Hired by Buil	ding (Owner	(8)	ASCN	1 No.	Nar	me of Abateme	ent Contractor (9)	1										
Health & Safety Serv	vices				117		A	bateTech, Ir	nc.											
Street Address							Stre	eet Address												
PO Box 365							3	0 Maple Ave	. PO Box 25											
City, State, Zip Code						City, State, Zip Code														
Berlin, NJ 08009						No.	L	umberton, N	IJ 08048											
Project Manager for Monit	oring Firm			Tel	ephone	No.	Tele	ephone No.		I	icens	se No.								
James Proctor				8	56-45	2-1311	6	09-265-2107			005	29								
Start Date (10)	, -5						Nan	ne of OSHA M	onitor											
7 / 25 /	18		7/	_3	1_/	_ / _19														
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor											\neg									
☐ Facility Closed/Vacated						_	2	00 Route 130	0 North											
Abatement Performed						12.212	City	, State, Zip Co	ode											
Time of Abatement:	AIVI	P	///	_PIV	_	_AM														
Scope of Work (Check all	that apply)							П г. п о	-1											
☐ >3 sf or >3 lf			⊠ Re	noval	ion			☑ Full Conta	ainment with Neg osure	jativ	e Pre	ssure								
≥160 sf or ≥260 lf			☐ De			n Slovebag Procedure														
			-			T		Non-Exen	mpted (*) and Non-Friable Procedure											
Location o	.f		111/25	Loca Iorma				Description of						_	ent Ty					
Asbestos-Containing M		1)	Use	d Sol	ely by	Asbes	tos (Containing Mat			Amo	ount	Removal	Repair	Encapsulate	Enclosure				
TO BE ABAT					ance/ Staff?	(i.e.		mal systems in			(Spe		VOV	a:	aps	losu				
IN Facility (13)			ouo.	(12)				urfacing, VAT, er miscellaneo			SF o	r LF)	<u>m</u>		ulat	le l				
()			Yes	No	N/A	7			/						o l					
See Attached				\boxtimes		See Atta	che	d		Se	e At	tached								
				П									T	П	П	П				
														1						
						Waste	Cub	ic Yards of	Name of Regis	tere	d Lan	dfill								
AbateTech, Inc.						D No.	Was	ste	Fairless La											
					1875	0	Disp	osal-Date	City, State		-C-100 H 2 +									
Lumberton, NJ							_	31/19	Tullytown,	PA										
Completed By (Print or Typ	oe)	Title				1		Signature	1			D	ate	51.2		\neg				
Gwendolyn Trumbet	2	0	perati	ons	Coord	inator	E	Ch	4 T	628.19										

ASB-41 MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Data of Natification				1.					1	IJ	M e	JUL	J	ZU	19	
Date of Notification (1)	28 /	19						Owner/Operator nergy Compa	(2) ny / Job #19	01-5	435 cG	heck	# 0	ONITE	201	R.
Agencies Notified	Type Notif	ication			_	et Address					AGUI	LIC	ENS	ING	100	G.
⊠ EPA	☐ Initial				1			ce- Building A	٠.		ATTERNATION OF THE PERSON OF T		AL IN SHARING		Politica action	decisional Andread
□ DOLWD					City, State, Zip Code											
☑ DHSS	Amend	ment #4		Morristown, NJ 07960												
DCA (NJAC 5:23-8)			e of Conta		0 07 000		15	-lashas	- M.							
(143/10/3.23-6)		1	eith Slans				1	Telephone Number								
	☐ Cancell										973-95	5-/60	12			
Name of Facility Where	Abatament is	Takina D	200	/2\	FA	ACILITY	NFC	DRMATION	T=							
NJ DOT	Abatement is	I akiliy P	ace	(3)					Type of Facility							
Street Address									School (K-1) Subchapter		Other than	n K-12	1			
	, Avo BARREO	1 12 40 1	24 7	4 0	Daal	Laka Bal			Other (i.e., p	oriva				uildin	gs,	
Route 71 & Asbury City (5)	Ave wiivio	94.13 (0)	νι. /	1 &	Dear	саке ка.	IVIIV	1595.39	homes, etc.							2.73
Neptune, NJ									Square Feet		# of Floo	rs	В	ldg. A	ge	
County (6)				177.0	10											
Monmouth						nty Code (r)(S1	TATE USE ONLY)			f being d	emolis	shed)			
	I III - II - D		/0		1000				Substation							
Name of Monitoring Firm ATC Associates)	ASCM	No.	7000		ent Contractor (9))									
Street Address			SCILLE				-	AbateTech, In	nc.							
3 Terri Lane								reet Address								
						30 Maple Ave. PO Box 25										
City, State, Zip Code	40							ty, State, Zip Co								
Burlington, NJ 080			_					Lumberton, N	IJ 08048							
Project Manager for Mon	itoring Firm	-			phone		1	elephone No.	-8	1	License N	Vo.				
John Lutz	12	2				-7522		609-265-2107	/// - 1		00529					
Start Date (10)3 /25 /		Scheduled 8	Cor		ion Da /		152	ame of OSHA M E <mark>MSL Analyti</mark>								
Occupancy Status During	Abatement	Check on	y on	e)	The same of the sa	***************************************	Str	reet Address			· · · · · · · · ·		-			
☐ Facility Closed/Vacate	ed During Enti	ire Period	of At	oaten	nent		2	200 Route 130	0 North							
Abatement Performed	Outside of N	ormal Fac	ility F	Hours	- Describe City, State, Zip Code											
Time of Abatement: _	AM	PM/	_	PM-		AM	(Cinnaminson,	, NJ 08077							
Scope of Work (Check all	that apply)															
≥3 sf or ≥3 If		M	Dono	vatio					ainment with Neg	jativ	e Pressu	re				
\(\sum_{\geq} \leq 160 \) sf or \(\geq 260 \) If	Ÿ.			olitio				☐ Mini-Enclo	Procedure							
								Non-Exen	npted (*) and No	n-Fr	iable Pro	cedur	9			
A 200 M				ocati rmall									Ab	atem	ent T	уре
Location Asbestos-Containing I	(T)(1)	n U		Solel		Aches	toc	Description of Containing Mate			Amoun		Re	Re	E	m
TO BE ABA	TED	· ·		enar	0.000000		, the	ermal systems ir	nsulation,		(Specify		Removal	Repair	cap	clos
IN Facilit (13)	У			มลเ 5 (12)	taff?			surfacing, VAT,			SF or LF	-)	val		Encapsulate	Enclosure
(13)		Ye		No	N/A	1	OE	her miscellaneo	ous)						ate	
Exterior Street Lights]	×	Asbesto		`andı:!4			0015		E21		_	
Exterior offeet Lights				_		Aspesto	SC	onduit			90 LF			Ш	П	Ш
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Name of Registered Wast	e Hauler				DEP V	Vaste I	Cut	bic Yards of	Name of Regist	tere	d Landfill			П		
AbateTech, Inc.				Ha	uler ID	No.	Wa	ste	G.R.O.W.S.							
City, State				1 '	18750		Disp	posal Date	City, State							
Lumberton, NJ								/30/19	Tullytown,	PA						
Completed By (Print or Ty	pe)	Title		-			107	Signature		0.000		Date		-		
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