		.	277	_	7.7		41. w 1		- 6	hoe	£ #	12	76
		State	e of N			cation of Asbestos		eme	1	1 5	CE	1 W	F
GAC Project # 605-2017	,			(Purs	uant to N.J.A.C	2. 8:60-7 and 12:120-7))[[U W	
Date of Notification (1)					1.000	Name of Building Owner	r/Operat	tor (2)	1150	$\langle - $			
June 2	26, 201	7				KEAN UNIVERSIT				11	111 -	5 201	7
Agencies Notified			tification			Street Address	Sesse See See See See See See See See Se		(m)	1	UL-	641	+
□EPA		100000000000000000000000000000000000000	Initial N	and the second second second		ENVIRONMENTAL		ETY	& HE	ALTH			
□ DCA					ification #1-	1000 MORRIS AVE	ENUE			ASBE		CONTR	ROL 8
X DOL					al and quantity	City, State, Zip Code			1		LICEN	USING	
☑ DEP- No Longer REQUI	IRED	L		- '	ncluding	UNION, NJ 07083 Name of Contact			LTolo	nhone N	umbor		
X DOH			Cancel		ittached)	MS. SUZANNE KU	PIEC			annine iv	minei		
		faced 1	Caricei	ieu		DIRECTOR OF			1				
						ENVIRONMENTAL	HEA!	LTH					
						& SAFETY							
					FACILITY INI								20
Name of Facility Where Abate	ement is T	aking F	Place (3)			Type of Facility (4)		U					
WILKINS THEATRE						☐ School (K-12)							
Street Address						Subchapter 8 (other that	D4091204104 0041090						
MAIN CAMPUS - 100	0 MOR	RRIS	AVENU	JΕ		Sq. Feet: N/A	ommerci # of Flo			omes, etc g. Age:		aare	
City (5)	County	(6)			Code (7)	JG. I CEL WA	TOI FIL	015.	שונים	. Aye.	-10 - Ye	-015	
UNION	L	JNIOI	N		Use Only)	Current Use (prior if beir	ng demo	lished): AC	ADEMIC			
Name of Monitoring Firm Hire	d by Bldg	. Owne	r (8)	ASCM	No.	Name of Contractor (9)							-
HILLMAN CONSULT	ING			0002	23								
Street Address						GREENWOOD ABA Street Address	TEME	NTC	ONS	ULTAN	rs, inc	<i>.</i>	
1600 Route 22 East - 3	Suite #	107				Street Address							
						268 MAIN STREET							
City, State, Zip Code						City State, ZipCode							
UNION, NJ 07083 Project Manager for Monitoring	- Ci	T-1	b N	la constitución de		BUTLER, NJ 07405							
MR. CRAIG ABRAMS			8-688-			Telephone Number			Licer	nse Numb	er		
		100	0-000-	7000		973-492-0477			008	40			
Scheduled Start Date (10)					n Date (11)	Name of OSHA Monitor			-				
06/26/2017		07	/10/201	17		ENVIROVISION, IN	C						
Occupancy Status During Al	batemen	t (Chec	ck only or	ne)		Street Address	0.	-	_		-		
☐ Facility Closed/Vacated [During Er	ntire Pe	eriod of A	bateme	nt								
X Abatement Performed O	utside of	Norma	al Facility	Hours -		20-21 WARGARAW	ROAL)					
Describe					-71	City, State, Zip Code							
☑Other – Describe: 7:00 WEEKENDS AS NEEI		7:00 F	³W (24	HRS.	Šį.	FAIRLAWN, NJ							
Source of Work (Check all tha	t apply)												
							Full Co	ntainr	ent wi	th Negati	ve Press	sure	
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$					☑ Renovation		Mini-En			3			
≥ 160 sf or ≥	260 If				Demolition		Gloveb						
Location of Ashastas Ocata	I · ·	1	- M	L. 1.1 1	[B					and Non-			е
Location of Asbestos-Containi Material (ACM) in Facility (13)			n Normall Maint./Cu			pestos Containing Material all systems insulation, surfac		Amou (Spec		Abaten	nent Type	<u>e</u>	
(,	Sta	aff? (12	2)		VAT, or other mis		J	or LF)	y 01	Remove	Repair	Encap E	nclose
DOOMO 444 0 445	YE	ES	NO	NA									
ROOMS 141 & 143			X		FLOOR TILE	(including mastic)		2514	SF	X			
ROOMS 141 & 143			X		TRANSITE		(A. (A) (A)	670	F	X		1	
Name of Reg. Waste Hauler		NJE	DEP Wast	te Hauler	ID#	Cubic Yards of Waste:	40 CY	1	Nam	e of Regis	tered La	ndfill	
See Hauler Below #1 &	2	_	e Below		******** 2	Cubic Talus of Waste.	40 01			.O.W.S.			I
Hauler #1) Greenwood Abate	ment Cor	nsultan	ts. Inc	Butler, N	J.I 07405		Disno	sal D	te		City, Stat	te	
NJDEP # 12561								0/20				Ford Mi	ill
Hauler #2) Newark Carting, I	Inc., New	ark, NJ	1 04509						10000			risville, F	°a
NJ DEP # 4509											19067 215-736-	-1700	
Completed by (Print or Type)		Title				Signature			Date			2.50.51%.	
RAYMOND C. PEDAL	INO		IOR PE	ROJEC	T	CONTROL	1-0.		- Princettenances	June 2	6. 201	7	
		3444	10000			Raymond C. Pe	Walling.	8		Suite &	w, 2001	Marie C	

2	S	state of N	ew Je	rsey - Notifi	cation of Asbestos	Abate	me n	A E	C		VE		
CAC D: 4 4 605 3015	•		(Purs	uant to N.J.A.C	. 8:60-7 and 12:120-7)		<u> </u>					
GAC Project # 605-2017 Date of Notification (1)					Name of Building Own		11	1	1111	1 /	2017	\mathbb{H}	
	16, 2017				Name of Building Owner KEAN UNIVERSI		I (E	L.	JUL	- 0 (2U11	1	
Agencies Notified		Notification		Allega Marie Control of the Control	Street Address		<u> </u>						
□ЕРА		区 Initial			ENVIRONMENTAL SAFETY & HERESHOS CONTROL &								
D DCA		Amend			1000 MORRIS AV	ENUE	<u> </u>		LICE	ENSIN	G		
X DOL				ncluding	City, State, Zip Code								
DEP- No Longer REQU	IRED	Cance		attached)	UNION, NJ 07083 Name of Contact								
X DOH		Lacance	ileu		MS. SUZANNE KUPIEC								
					DIRECTOR OF								
					ENVIRONMENTAL HEALTH								
					& SAFETY								
Name of Facility Where Abate	ment is Tal	ring Place (3)		FACILITY IN	Y INFORMATION Type of Facility (4)								
WILKINS THEATRE	ment is 1 ar	(ing riace (5)			School (K-12)								
Street Address					Subchapter 8 (other th	an K-12)							
MAIN CAMPUS - 100	0 MORR	IS AVENI	IE.		X Other (i.e. private & c		bui fir	ngs, ho	mes, etc.)			
505 5			70175			# of Floo					ears		
City (5) UNION	County (6)	IION J		y Code (7) Use Only)	Cumant Han /nday if hai								
0141014	OI	41014	Totato	OSC OTHY)	Current Use (prior if bei	ng aemoli	sne):	: ACA	ADEMIC				
Name of Monitoring Firm Hire	d by Bldg. C	Owner (8)	No.	Name of Contractor (9)									
HILLMAN CONSULT			23										
Street Address			GREENWOOD ABATEMENT (ONSULTANTS, INC.										
1600 Route 22 East – 5	Suite #10	7			Street Address								
	J 4110 11 10	•			268 MAIN STREET								
City, State, Zip Code			75.		City State, ZipCode		COLUMB TO SERVICE		X		a e- Writin		
UNION, NJ 07083 Project Manager for Monitoring	a Eirm I	Telephone I	lumb b a s		BUTLER, NJ 07405	i							
MR. CRAIG ABRAMS		908-688-			Telephone Number			Licens	se Numbe	<u>er</u>			
					973-492-0477			0084	0				
Scheduled Start Date (10) 06/26/2017				on Date (11)	Name of OSHA Monitor								
00/20/2017		07/10/20	1 /		ENVIROVISION, INC.								
Occupancy Status During At					Street Address								
☐ Facility Closed/Vacated D					20-21 WARGARAW	/ DOAD							
Abatement Performed On Describe	utside of N	ormal Facility	/ Hours -	•	City, State, Zip Code	RUAD		- 10				-	
☑Other – Describe: 7:00	AM - 7:0	00 PM (24	HRS.	&									
WEEKENDS AS NEED				-	FAIRLAWN, NJ								
Course of West (Ob L-II II)					FAIRLAVIA, NO								
Source of Work (Check all that	apply)				-	FII C4			N1				
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				X Renovation		Full Cont Mini-Encl			i ivegativ	e Press	ure		
\ge 160 sf or \ge 2				☐ Demolition		Gloveba						1	
						Non-Exe				riable P	'rocedu	re	
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normal y by Maint./Co			estos Containing Material	Ai	mou it		Abatem				
Waterial (ACW) III Facility (13)	10000 0000	y by Maint./Ci ? (12)	istodiai	VAT, or other miso	al systems insulation, surfacell.)	- J.	pec ly	SF	Remove	Repair	Encap E	Enclose	
	YES	NO	NA				2005-0						
ROOMS 141 & 143		X		FLOOR TILE	(including mastic)	2	514 8	SF	X				
								_	<u> </u>				
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	ID# I	0 H- V 1	20.01/		Nama	of Regist	predic	ndfill		
See Hauler Below #1 &	2	See Below		T T	Cubic Yards of Waste:	30 CY			D.W.S. I			11	
Hauler #1) Greenwood Abate	ment Const	Anna de la companya d		N.I 07405	*7050	Disposa				ity, Stat			
NJDEP # 12561				10 0 1 703		07/10					Ford M	litt	
Hauler #2) Newark Carting, I	nc., Newarl	k, NJ 04509								d. Morr 9067	risville,	Pa	
NJ DEP # 4509									100	15-736-	1700		
Completed by (Print or Type)		itle			Signature			Date	and the second	19114049	Contraction of the Contraction o		
RAYMOND C. PEDAL	T	Raymond C. Pedalino June 16, 2017						1					
	l N	MANAGER			· Sandanana Co Le	144555555							

State of New Jersey - Notification of Asbestos Abatem of E G E W E												
CA C.P. :		(Purs	suant to N.J.A.C	C. 8:60-7 and 12:120-7)								
GAC Project # 608-2017 Date of Notification (1)				I			10)	- 111				
June 26, 2				Name of Building Ov BLAIR ACADE		ator (JUL - 5 20)17				
Agencies Notified	Notificat □Initia	on Type Notifica	ition	Street Address 2 PARK PLACE	– P.O. E	зох	0600ASBESTOS CONT					
□ EPA	☐ Ame	nded Cer	tification #1	City, State, Zip Code	2		ASBESTOS CONT LICENSING					
□DCA ☑ DOL			ss change	BLAIRSTOWN,	NJ 0782	5-6	0 LICENSING	1				
☑ DEP- No Longer REQUIRED			(including	Name of Contact			Telephone Number	F				
DOH	Just	fication)		MR. DAVID SCI	HMIDT							
	☐ Can	celled		NEORMATION								
Name of Facility Where Abatemen	t is Taking Place	21	FACILITY IN	FORMATION (A)								
BLAIR ACADEMY - MAIN O	CAMPUS	21		Type of Facility (4) School (K-12)								
Street Address				☐Subchapter 8 (other than K-12)								
WEBER HALL				Other (i.e. private &								
City (5) Cou	inty (6)	Count	y Code (7)	Sq. Feet: N/A	# of Floo	rs: 2	Bldg. Age: 60+ years					
BLAIRSTOWN	MORRIS		Use Only)	Current Use (prior if	being demo	olishe	i): MUNICIPAL OFFICES					
Name of Monitoring Firm Hired by ENVIROVISION, INC.	Bldg. Owner (8)	ASCM 000		Name of Contractor (9)							
		000	13	GREENWOOD A	BATEME	NT	ONSULTANTS, INC.					
Street Address				Street Address								
20-21 WARGARAW ROAD).			511 MAIN STREET								
City, State, Zip Code				City State, ZipCode BUTLER, NJ 074								
Project Manager for Monitoring Firm	FAIRLAWN, NJ											
FRED LARSON	6-9145		Telephone Number			License Number						
	373-00	0-3143		973-492-0477			00840					
Scheduled Start Date (10)			on Date (11)	Name of OSHA Monito	or							
06/27/2017	06/28/2	017		ENVIDOVICION	INC							
Occupancy Status During Abater	nent (Check only	one)		ENVIROVISION, Street Address	INC.							
□ Facility Closed/Vacated Durin	g Entire Period o	Abateme	nt									
	of Normal Facil	ty Hours -		20-21 WARGARAW ROAD								
Describe				20-21 WARGARAW ROAD City, State, Zip Code								
☑ Facility UnOccupied During E NOT SUB 8 – SHIFT HOU	ntire Period of A	atement	M (24 have	317, 31410, 219 3340								
as needed)	K3 4.00 PW	- 2:30 A	IVI (24 nours	FAIRLAWN, NJ								
				FAIRLAVVIN, NJ		0						
Source of Work (Check all that app	<u>y)</u>				☐ Full C	`onta	nment with Negative Pressu	re				
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$			■ Renovation			-Encl	international de la company	6				
$\square \ge 160 \text{ sf or } \ge 260$			☐ Demolition				Procedure					
							ed (*) and Non-Friable Prod	edure				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Norm Solely by Maint./		Description of Ast	pestos Containing Materia al systems insulation, su	al	Amoi	nt Abatement Type					
The state of the s	Staff? (12)	Justoulai	VAT, or other mise			(Spe	Remove Repair Enca	p Enclose				
	YES NO	NA										
Mechanical Equipment Room & Adjacent Hallway	X		VAT (includi	ng mastic)		12 5						
Name of Reg. Waste Hauler	NJDEP W		· ID#	Cubic Yards of Waste	: 5 CY		Name of Registered Landfil					
Newark Carting, Inc.	# 4509					G.R.O.W.S. North Lan	dfill					
Newark, NJ 04509												
Notes: None			Disposal Date			Oate City, State 100 New Ford Mill Rd.						
, otos. Hone				06/28/20	017	Morrisville, P	a 19067					
Completed by (Print or Type)			215-736-)					
RAYMOND C. PEDALINO	SENIOR	PROJEC	т									
and the second s	MANAGE			Raymond C. Pedalino June 26, 2017								

06/26/2017	16:12	#299	F.002/0
			A. O. C. C.

				101	34920133		-0	6/26/26	617 16:12	829	9 F.002/	00.4
GAC Project # 608-201	7	State of	Nev	v Jersey - N Pursuant to N.J	othfication	of Asi	L		r==		Colt 1	2/36/2
Date of Notification (1)									Construction Const	111		0047
Agencies Nothing	26, 2017				Name o	Bulldi	DEMY	/Operator	(3)		11 - 5	2014
500000000000000000000000000000000000000		Notificati	on Tw	20	Street	ddragg	LUCKIY					1 }
© EPA		DAme	JOY I	Mcation Centification #1	· L2PAR	KPL	CE -	P.O. BD	Y Agen	ASBES	STOS CO	NTHOU S
DOL DOL		Consult	ent ac	dress change							1 1000101	NG/
DEP- No Longer BECH	RED	WENT FITTE	maen	ov (Includina	Name of	Cooker	VN, NJ	07825		din z		2/
E DOH	A . 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	Justil D Cano	Cath	(חמ	MR. DA	VIDE	SCHMA	DT	I Talani	the Milmho	· KUIII	7
Name of Coullbridge					1		,		The end		27	7 1 1
Name of Facility Where Abate BLAR ACADEMY - MA	Ment b Tel	Place (3		PAGILIT	INFORMATION DIPO OF F	l collibrate				1 / 1/2	14/10/10	DII
Street Address	III GAMP	U8			LED Schoo	(K-12)						
WEBER HALL					- QSubcha	oter & fe	Wher Iban	K-12)				
Silv (6)	County (6)				I W Uther I	A PPLA	An B ann		lidings, home	I. etc.)		-
BLAIRSTOWN	MOI	RRIS	Col	unity Code (7) ste Use Only)			PUI	ricors: 2	Bidg. A	5: 60+ y	9276	1
Name of Monitoring Firm Hired			1	CHESIS CONT	Current Ut	oing) w	lf being	demollehe	d): MUMIC	PAt oreu	-==	
ENVIROVISION, INC.	DY BKIS. O	Mrss (8)		M No.	Mame of Co	ntranta	70)			- 1-02 - 1-16	*12.63	- 1
Street Address			00	079	1							
20-21 WARGARAW RO	AD			10	Street Addin	OOD	ABAT	MENT	CONSULT	INTS, IN	C.	
City, State, Zip Code					511 MAIN	· 111-12-1						
FAIRLAWN, NJ		esch abba venice. No			City State, 2	InDado	-					
Project Manager for Monitoring in		[slaphone N	имра		BUTLER.	NJ 67	405					
		973-636-	9148		Telephone A				License N	mber	-	-
95/27/2017	S	cheduled C	mole	ion Date (11)	979-492-0	477			00840			
	10	16/28/201	7		Name of OS							-
D Facility Closer (Asset of D	emeni (Ch	ack only on	9)		ENVIROV	SION	INC.	_				1
D Facility Closed/Vecated Dur Biochatement Performed Outsi Describe				ant	Sireet Address							-
Describe	GO DI IADIM	INI PROMINE	ioure.		20-21 WA	2010	AIN Bo					
NOT SUB 8 - SHIFT HO	Entire Peri	od of Abate	ment		Gly, State, Z	2 Code	AW KO	AD				
as needed)	uro q:u	0 PM - 2	:30 /	M (24 hours								7
Source of Work (Check all that so	DIVI				PAIRLAW	y, Nj						
Si .										-]
2 3 af or ≥ 3 ll 2 160 af or ≥ 260				Renovation			O Fu	I Conteinn	nent with Ne	jetive Presi	Bure	
				Demolition			- IVII	nd-Enclose exchag Pro	J/e			1 :
Location of Asbeston-Containing Material (ACM) In Facility (13)	la Locatio	n Normal'y t	Jaad	Description of sel				-Exemples	d (°) and No	LEdoble De		
(13)	Staff? (12	Ranles of Lad	dial	(ACM) (I.o. therm		Meteri	riacion	Amount (Specify		ment Type	pcedure	1
Mechanical Equipment	YE6	NO NA		To one integr	ANI.)			or LF)	Bems	R Report En	gap England	
Name of Ros. Waste Hauter		DD		VAT (Includia	g mastic)			12 SF				1 1
Newark Carting, Inc.	NJC	EP Waste F	quier	ID#		***	-			11		
Newark, NJ 04509	143	DEP# 4	509		Cubic Yards of	Webbs	: 5 C'		emp of Rec	Mered Land	gi	
Notes: None		The same of the sa						- 1	3.R.O.W.5	MOLLU LE	ndfill	
Malle							Disposal	Date		City, State		
Completed by (Print or Type)	This						08/28/2	017		Aordavita, P	MIII Rd.	
RAYMOND C. PEDALINO	SENI	OR PRO.	JECT		Blanstyra		-	7.5	ate	16-738-170	0	
	MAN	AGER			Rymond	8. 9	PCL6			26, 2017		
												1

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

()(A	U.S. THI
CVIH.	4048

*Do not use it's form for asbestos licensure exempted act

Date of Notification (1) & 27 12			Name	of Building Owner,	Operator	(2) (E	Im	6CEI	\mathbb{V}		
Agencies Notified Type Notification		-	Street	Address			TIM	DAY SALES		distriction of	
EPA S Initial Amended		13	City S	tate, Zip Code			ЩЩ	JUL 5 2	017		
D DOL Amendment			1	LIZAGE	HA	N	1. 7)acl		and the same of	Name of the last o
DOH Emergency justification)		J		of Contact	- 0	10		BESTESOCOW	TRO	1.8	_
DCA Cancellation			1412	KELIA	1)E12	-	1				•
Name of Facility Where Abatement is Takin	a Place (3)	\ FAC	HITY INFORMAT	HON	Typ	of Facility	(4)			-
reality of County Visitor Passacritories Passacri	9 / 1000 (-,			i i		School (K-	12)			
Street Address						0	Scinchante	r 8 (Other than K-1 private & commerc	2) ial bu	ildina	S. I
			-			11	etc.)			Bldg.	
FLI 2ABETH NO)	15	120	11	J. Carlotte	Squ	re Feet	# of Floors		g (T
County (6) Ni	<i>3</i> *-	$\overline{}$				Cun		or If being demolls	hed)		
GOIGI		1	STATE	Code (7) USE ONLY)	[HOUSE			portedirent
Name of Monitoring Firm Hired by Building	Owner (8))	ASC	M No.		-	tement Cor	ntractor (9)			
				and the state of t			<u>-01</u>	INC .			
Street Address					Street	Adan 	3 00	614			
City, State, Zip Code					City, St	ale,	ip Code				-
and the second s					010	í	Bridge	NO-03	25	+	
Project Manager for Monitoring Firm		and any other parties	Telepho	one No.	Telephi 132	one i)3x75	CO COCC			
Start Date (10)	Scheduk	ed Cor	npletion	Date (11)	Name o	of OS	IA Monitor	and the second s			
6/21/11		1/3	0/17	gar Kalungalapan	TUCL	-	ECVO	(IX)			
Occupancy Status During Abatement (Check			1		Street A		18 XX 814				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of # al Facility	Hours	ient		City, Sta	ate. Z	p Code				_
Other - Describe:		p-	*******		OID	B	ide i	0,0 088	57		
Scope of Work (Check All That Apply)							3				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	F	enova emolit	**				Containme L'Enclosure	int with Negative P	ressu	re.	
A 2100 ST 01 2200 II	7	1292 242666	,,,,,,,		Q	Ch	vehan Proc		la Prin	rinels s	re
	T	l a andi			/Ci	305	MEXICINGUE.	I Janu Horri Ida	Ĭ	Abat	em
Location of	N	Location comail	у	Des	scription o	N.	· Company		-	7)	rpe
Asbestos-Containing Material (ACM)		d Solei ntenar		Asbestos Conti	aining Ma	iteria	(ACM)	Amount (Specify	20	-	and a state
TO BE ABATED in Facility	Cust	odial S (12)	taff7	(i.e. thermat	ing, VAT	, or	16031	SF or LF)	Removal	Repair	SAMOTOR OF CAME CONT
(13)	Yes	No	N/A	other m	iscellane	ous)	Approximation		va.	=7	Heiro
EVICOLAD	\vdash		V	SIDING			-	2960s	EX		
EXTENOR	\vdash			VIDIO		-		1007			
	 			······································							-
											-
Name of Registered Waste Hauler		I No	DEP WA	ste Gubic Y	fards		Name of R	egistered Landfill	L		
NOVATECH INC		Ha	uler JD.1	vio. of Wasi	5			WS .			
City, State				Dispos	al Date		City, State		1		
GIO Bridge NO. 08	857			17/	31/13		MURRIS	WITE IT	\ \-	,	-
Completed by	Title	5.5	\	Sig	gnature	71	112		bi	17	
CHOIS HITEIGH	MES	MUE	VI	- The state of the	W17	11	MIM	<u> </u>	PI		No. of Street, or other Persons

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)
CHECK # 239 5/23925/24001/24174/24335 Date of Notification (1) Name of Building Owner/Operator (2) 06-26-17 Unilever Agencies Notified Type Notification Street Address 700 Sylvan Avenue EPA Initial DEP × City, State, Zip Code Amended × DOL Amendment # 4 Englewood Cliffs, NJ Emergency (including Name of Contact DOH justification) Telephone Number DCA Mohnish Joshi Cancellation FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4 School (K-12 Street Address Subchapter & (Other than K-12) 700 Sylvan Aveue × Other (i.e. pri ate & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Englewood Cliffs County (6) County Code (7) Current Use (Prior f being demolished) Bergen (STATE USE ONLY) Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ALC Environmental Pinnacle Environmer tal Corp. Street Address Street Address 121 West 27th Street, Suite 402 200 Broad Street City, State, Zip Code City, State, Zip Code New York, NY 10001 Carlstadt, NJ 07072 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Shawn Waldron (212) 675-5544 201-939-6565 00756 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03-18-17(2)04-04-17 07-31-17 Even-Air Inc. Occupancy Status During Abatement (Check Only One) Street Address 10-59 Jackson Avenu ? Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Long Island City, NY 1101 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If X Renovation Full Containment vith Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Proced re Non-Exempted (* and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Building D: 2nd Floor X Fireproofing 1,000SF X Building D: 1st Floor VAT X 125SF X Building D: 1st Floor X Pipe Insulation 16LF x Building D: 3rd Floor Fireproofing X 11,000SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Regi tered Landfill Hauler ID No. of Waste ATC, Inc. / JBT (50071) Minerva Er erprises 24310 TBD City, State Disposal Date City, State Shirley, NY / Bronx, NY TBD Waynesbur J, OH 44688

Completed by

Richard Doran

Date

06-26-17

Signature

Project Manager

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

DEGEIVE JUL - 5 2017

Title Of Project: 700 Sylvan Avenue, En glewood Gliff, NJ/ Additional Asterials / Floors

Lagating of	Tv	486	BESTOS COR	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Contain ng Material (ACM) (i.e., thermal systems insulation, surfaci g,* VAT or other miscellane ius)	LAmount (Specify Square Feet or Linear Feet)	Encapsulation or
Building D: 2nd Floor	N/A	Pipe & Fitting	1,400LF	Removal
Building D: 3rd Floor	N/A	Pipe & Fitting	1,400LF	Removal
Building B: Basement	N/A	Fireproofing	144SF	Removal
Building B: 2nd Floor	N/A	Mastic	1,200SF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	6LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	11LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	10LF	Removal
Building A: Ground Floor	N/A	Debris	100SF	Removal
Building A: 1st Floor	N/A	Pipe Insulation	6LF	Removal
(2)Under Pedestrian Bridge between Bldgs. B&C	N/A	Pipe Insulation	60LF	Removal
(2)Under Pedestrian Bridge between Bldgs. A&B	N/A	Pipe Insulation	65LF	Removal
(3) Building A: 3rd Floor	N/A	Glue Dots	15,000SF	Removal
(5) Building B: 2 Level Cafeteria	N/A	Mastic	8,000SF	Removal

State of NJ Notification of Asbestos Abatement Pursuant to NIAC 8:60-7 and 12:120-7

2017-73A (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 8462 ***NON Friable** Date of Notification (1) Name of Building Owner/Operator (2) 0 | 6 | / | 2 | 9 | / | 1 | 7 | Middletown BOE Type Notification Agencies Notified Street Address EPA JUL - 5 2017 P.O. Box 4170 X Initial ☐ DEP City, State, Zip Code X DOL Amendment Middletown, NJ 07748 ASBESTOS CONTROL & X DOH Name of Contact elephone Number INOLING Cancellation ☐ DCA Ken Walls **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) X Nutswamp Elementary School (NON Sub 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 925 Nutswamp Road Square Feet | # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Currer: Use (Prior if being demolished) Middletown, NJ Monmouth NON Sub 8 Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contracto (9) ASCM No. RK Occupational & Environmental Analysis 0090 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 401 St James Avenue City, State, Zip Code City, State, Zip Code Phillipsburg, NJ 08865 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Jonathan Gilbert 908-454-6316 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 07/10/2017 07/22/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pre: sure X Renovation Glovebag procedure Mini-enclosure >3 sf or >3 lf Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely E Location of Е e by maintenance/custodial asbestos-containing n A nount Description of asbestos-containing n staff(12) m p C (pecify SF or material to be material (ACM) C a a abated in facility (13) No N/A v p 9 Classrooms VAT & mastic 73 6 sf X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resourc > & Recovery Center Disposal Date City, State 07/10/2017-07/24/17 Lincoln Park, NJ Tullytown, PA

Signature

Gordana Luna

Date

06/29/2017

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-73B

					***NOI	N Fria	ble**		Cneck	# 8463				-
Date of Notification	1 (1)	- 11	Name of	Building Ow	ner/Operator	(2)			locat)	EG	G		// F	=
0 16 1/12 19	1/117			etown BO					1115		L	U C	I L	7
Agencies Notified	Type Notificat	ion	Street Ad	ddress					TT			-		1
☐ EPA ☐ DEP	X Initial			Box 4170						JUL	- 5	20	17	Land
X DOL	Amend			te, Zip Code lletown, N					L	SBEST	OS C	ONT	ROI	
X DOH	-	11	Name of	Contact			The state of the s	T		ne Number				
☐ DCA	Cancell	ation	Ken	Walls					7.11			_		
				FA	CILITY INFOR	RMATIO	N				200 T S T-200 L			
Name of facility wh	nere abatement	s taking p	place (3)					Type of			7 27 12 1			
Fairview Elem	nentary Scho	ol (NC	N Sub	8)				X		ol (K - 12) napter 8 (O	ther th	an K	-12)	
Street Address										(Private/C		rcial		
230 Cooper A	Avenue							Square		/Homes, e		Blo	dg. Ag	ge
City (5)		Col	unty (6)				unty Code (7) ate use only)	Currer	Llee (F	Prior if bein	n dem	olishe	ed)	
Red Bank, N			onmou	th			.,	NON	Sub 8	Tioi ii beiii	y ucin	Olishe		
Name of Monitorin				1	ASCM No.		Name of Abatement	Contracto	(9)					
RK Occupati	onal & Enviro	onmenta	al Analy	SIS	0090		B & G Restorat	ion, Inc.						
Street Address 401 St Jame	es Avenue						Street Address 105 Ryerson F	Road						
City, State, Zip Cod	e						City, State, Zip Code		Distance of the last of the la					
Phillipsburg,	NJ 08865						Lincoln Park,	NJ 0703	5					
Project Manager for		1	20-1	Phone Num			Telephone Number (973)696-686	a		License	Numb	er		
Jonathan Gi	lbert			908-454	-6316		Name of OSHA Mon			1	310			
Scheduled Start Da	ite (10)	Sche	ed. Comp	letion Date (11)		B & G Restorat							
07/10/2017		07	/22/201	7			Street Address							
Occupancy Status	During Abateme	nt (Check	only one)			105 Ryerson R	oad						
Facility closed		and the same of the same of					City, State, Zip Code							
Describe:	erformed outside	of norma	il facility i	nours-			Lincoln Doule N	1107026						
Other-Descri	be:					_	Lincoln Park, N	13 07038						
Scope of Work (ch	eck all that apply	y)				_								
Demolition	X	Renovat	ion			Ц	Full Containment w/neg	gative pre		Glove	5.90			
\times >3 sf or >3 lf		≥160 sf o	r ≥260 lf				Mini-enclosure			➤ Non-fr			lure	
Location of	***************************************	Is location	on norma	ally used sole custodial							R e	R	E n	E
asbestos-cor material to be	-	staff(12))	Custodiai	Descrip materia		asbestos-containing		nount pecify S	SF or	m o	р	С	n
abated in fac		Yes	No	N/A	materia	ii (ACIVI	,)		v	a i	a p	L
1 CST Room			1	×	7 VAT & m	naetic		10) sf		e	f	·	\vdash
1031 100111			╬═		T VAT WIT	iastic		10	7 51			뉴	H	計
			╫═		1			=			Ħ	Ħ	Ħ	Ħ
			╬═	==							Ħ	Ħ	百	i 一
			#=		1		200 Marie 1997 April 1				F	司		
Registered Waste F B & G Restoral		NJE	DEP Hau 19563	ier ID#	Cubic Yards o	f Waste	Name of Registered Tullytown		= & R	ecovery	Cent	er		
City, State				Disposal			City, State	ooour	3 0 1 11	2307019	3011	J.		
Lincoln Park, N	NJ				0/2017-07/2	4/17	Tullytown,	PA						
Completed by (Prin		Title Secreta	ary/Tre	asurer	Signature		Gordana Luna			Date 06/29	9/201	7	120	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUI - 5 2017 30 06 17 CSH Shrewsbury, LLC Agencies Notified Type Notification Street Address **⊠** EPA Initial ASBESTOS CONTROL 1275 Pennsylvania Avenue □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Washington, DC 2004 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Te aphone Number ☐ Cancellation William Serafin **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Ot er than K-12) Street Address Other (i.e., private and commercial buildings, 515 Shrewsbury Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Shrewsbury County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if leing demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Bio Terra Solutions ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. L cense No. Rick Eustaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 12 / 17 09 / 10 / 17 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM-Garfield, NJ 07026 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or ≥3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Fri ible Procedure is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Remova Enclosure 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 1st Floor- Throughout X VAT/Mastic X 1.565 SF 1st Floor rear addition M Black wood panel glue X П 200 SF \Box 1st Floor-Stairwell \boxtimes 150 SF X Red stair tread material 1st floor wing-storage roomg П \boxtimes Black wood panel glue 100 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registere Landfill

ASB-41 JAN 13

ATC

City, State

Shirley, NY

Allen Monchik

Completed By (Print or Type)

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

Waste

As Needed

\$ignature

Disposal Date

TBD,

Minerva Enter rises

Date

Waynesburg, OH

City, State

Hauler ID No.

Title

Project Manager

SW-24310

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

La la	JUL	- 5	2017
-)	MANAGER AND ADDRESS OF THE PARTY OF THE PARTY.		
_ <i>F</i>	NSBESTO	JENS.	

	_			515 Shrewsbury Avenue	Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No.	s Locat rmally Solely tenanc al Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	E n c a p s u l	E n c l o s u r		
	Yes	No	N/A						1,75		
2nd Floor- Front Office			X	VAT/Mastic	400 SF	Х					
2nd Floor- Unit D			X	VAT/Mastic	200 SF	Х					
2nd Floor- Kitchen			X	VAT/Mastic	190 SF	Х					
2nd Floor- Rear room next											
to kitchen			X	VAT/Mastic	200 SF	х					
Basement			x	Air cell pipe insulation (Old Insulation)	200 LF	х					
Basement			х	Air cell pipe insulation (new insulation)	20 LF	х					
1st Floor				Air cell pipe insulation under wood floor assoc. with radiators Air cell pipe insulation under	10 LF	х					
2nd Floor				wood floor assoc. with radiators Air cell pipe insulation under	16 LF	Х					
3rd Floor				wood floor assoc. with radiators	18 LF	Х					
Central Stairwell area- runs length of building			х	Air cell pipe insulation in the wall	40 LF	х					
Basement			Х	Pipe elbow insulation	10 LF	Х					
	_		-								

			A /1			1	120
Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signatine:	1	Date:	30	7
					_		_

Date of Notification (1)			NOTII	FICATIO Pursuan	State of Ne DN OF ASB It to NJAC	8:60 an	ABATE d 12:12	0)	ĬΤ		E			\v/	rint Fe
6/30/17					of Building Hakoun	Owner/	Operator	r (2)		The Control of the Co	l J	JL -	5 2	017	1
Agencies Notified	Type Notification	n			Address			-		- Andrews	10000	55.6.6	0.01	10000	
EPA DEP	☐ Initial									1	ASBES	STOS LICEI)L &
DEP × DOL	Amended Amendmer	.+ 44			tate, Zip Co					1 Harmonia	- Commence de la comm	Secretary State 1		-	
	× Emergency	(including	g		Orange,	NJ 07	052								
DOH DCA	justification Cancellatio				of Contact Hakoun					Tel	phone N	umber			
Name of Facility 188					CILITY INFO	ORMAT	ION			-					
Name of Facility Where Residential Home	Abatement is Taki	ng Place	(3)					Тур	oe of Facility	(4)					
Street Address								×	School (K- Subchapte Other (i.e.	r 8 (Oth	r than K-	12) cial bui	ildinas	hom	291
City (5) West Orange								_	etc.) Jare Feet		Floors	T	Bldg. /	Age	
County (6) Bergen				County (STATE	Code (7) USE ONLY)		_	Cur	rent Use (Presidential F	ior if bei	g demoli	- 1	, UT/-		
Name of Monitoring Firm Project Manager	Hired by Building	Owner (8)	ASC	M No.				patement Co es Abatem		9)				
Street Address							Street		-						
City, State, Zip Code									lidland Ave Zip Code	e. ———					
78 S.									Zip Code Brook, NJ (7663					
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph	one			License 01305	No.			
Start Date (10) 7/5/17		Schedul 7/9/17		npletion	Date (11)		Name	of OS	SHA Monitor						-
Occupancy Status During	Abatement (Chec				-		Street	A ad ad							
Facility Closed/Vaca Abatement Performe Other – Describe: 8	ited During Entire	Period of	Ahaten	nent					Zip Code		*C				
Scope of Work (Check Al							9								
≥3 sf or ≥3 if ≥160 sf or ≥260 if	т тпат Арріу)		Renova Demolit				×	M	ull Containm lini-Enclosure llovebag Prod on-Exempted	e cedure					
		ls	Locati	ion					OH Exemples	a () and	Non-Fila	Die Pro		ement	
Location Asbestos-Containing I			Normal ed Sole	ly	1 88 88		cription						Ту	ре	
TO BE ABA In Facilit (13)	TED	Ma	intenar todial S (12)	nce/	Asbesto (i.e. t	thermal: surfac	aining M systems ing, VAT iscelland	insu F, or		(S	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			- Jonain		,			val	Ť	ulate	ure
Baseme	ent		Х				VAT			51	SF	x			
Name of Registered Wast	e Hauler		l N	JDEP W	/aste	Cubic \	/arde		Nome of	Donist-	- I - I - I - I - I - I - I - I - I - I				
Il Stages Abatemen			Н	auler ID 036592	No.	of Was			Name of I				dfill		
City, State Saddle Brook, NJ						Disposa TBD	al Date		City, State		18072				
Completed by		Title					gnature	/	//			ate			
Richard Cristofol		Presi	dent			hitel 1.1				13		5/17			1

D&S Proj. #: 17-179

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

3 C	E		W	E	
JUL	-	5	2017		
					l l

							Į L		JUL -	J 2U	17	house
Date of Notification (1)		Name of	Building Ow	ner/Operator (2	2)			1				
0 6 / 2 9 / 1 7		DOLO	RES MAH	ION				ASB	ESTOS (JONT	ROL 8	3.
Agencies Notified Type Notific	cation	Street Add					1-140	***************************************	LICEN	SINIA		
DEP Amended												
Amendment		City, State	, Zip Code									
DOL Emergend		UNIO	N, NJ 070	83								
DOH (including justificatio		Name of C					- in tales	Telenho	ne Numbe	r		
DCA Cancellati		DOLO	RES MA	LION				rolopito	no realibo			
Cancellati	on	DOLC					_		0.00		_	
No. of the second			FAC	CILITY INFORM	IATIC	N						
Name of facility where abatemen	t is taking	place (3)					Туре	Facility				
DOLORES MAHON						1	L		ol (K - 12)			220
Street Address			***************************************				L		hapter 8 (C (Private/C			2)
	Ī						L		./Homes, e		Clai	
City (5)	1.0	ounty (6)					Squar	Feet	# of Floor	S	Bldg	. Age
0.13 (0)		ounty (o)			700000	unty Code (7) ate use only)						
UNION		JNION			,,,,,	ate dec only)	Curre	it Use (F	Prior if being	g demo	olished)	
Name of Monitoring Firm Hired by	Bldg. Ov	vner (8)		ASCM No.		Name of Abatement C	ontract	r (9)				
						D & S RESTORA	TION.	INC.				
Street Address					_	Street Address						
						20 California Av	e.					
City, State, Zip Code						City, State, Zip Code	A CONTRACTOR OF THE PARTY OF TH		MARKON PARAMETERS			
Deci- 114						Paterson, NJ 075	03					
Project Manager for Monitoring Fire	m	P	hone Numb	er		Telephone Number			License	Numbe	er .	
						973-345-8020			01	1169		
Start Date (10)	Sch	ed. Complet	ion Date (1	1)		Name of OSHA Monito						
07/12/1717	07/	28/17				D & S Restoratio	n, Inc.			_		
Occupancy Status During Abateme					EMMEGA.	20 California Ave	nua					
Facility closed/vacated during	g entire pe	eriod of abate	ement.			City, State, Zip Code	nuc					
Abatement performed outside Describe:		al facility hou	irs-									
Other-Describe: NORMAL I					-	Paterson, NJ 075	03	_				
Scope of Work (check all that app									v/negative p	oressui	re	
	Renovat	tion					ini-enck					
≥160 sf or ≥260 lf	Demoliti	on				⊠ G □ N	ovebag on-Exer	procedu	re and Non-fr	iable n	rocedu	re
Location of		on normally itenance/cus					T	1		R	RE	
asbestos-containing material (acm) to be	staff(12		todiai			sbestos-containing	1000	nount	_	e m	e n	E n
abated in facility (13)	Yes	No	N/A	material (A	ACM)		(t	pecify S	r or	.	p c a a	C
DACEMENT			1							e	i p	
BASEMENT		I X		PIPE INSUI	LATI	ON	127	FT				
		_					-					
				-								
		 					-					
Registered Waste Hauler		DEP Hauler I	D# 1 C:	ibic Yards of W	acto	INIone of B	1					
D & S RESTORATION, INC.		506		yds.	asie	Name of Registered La TULLYTOWN, R		CERE	COVERN	/		
City, State			Disposal Da	ate		City, State	55001	CL RE	COVERI	-		
PATERSON, NJ 07503			07/13/17	1		TULLYTOWN, P	A					
Completed by (Print or Type) BOGDAN JOLDZIC	Title			Signature		•			Date			
ASD 44	PRESI	DENT	l						06/29/2	.017		

D&S Proj. #: 17-178

BOGDAN JOLDZIC

ASB-41

PRESIDENT

Do not use this form for asbestos licensure exempted activities.

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

1	1		
	2 10		
	1:		

06/29/17

1 JUL - 5 2017 Date of Notification (1) Name of Building Owner/Operator (2) 10 6 / 2 9 / 1 7 GREGORY HODOWANEC ASBESTOS CONTROL & Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL L Emergency Newark, NJ 07104 (including DOH Name of Contact elephone Number justification) DCA GREGORY HODOWANEC Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type o Facility (4) School (K - 12) GREGORY HODOWANEC Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) (State use only) Currer t Use (Prior if being demolished) Newark Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contracto (9) D & S RESTORATION, NC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 07/10/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Renovation Mini-enclc sure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exen pted (*) and Non-friable procedure Is location normally used solely R Location of E by maintenance/custodial е е asbestos-containing n Description of asbestos-containing A nount staff(12) n m p material (acm) to be C (pecify SF or material (ACM) C 0 a abated in facility (13) a No N/A V BASEMENT PIPE INSULATION 1171 FT X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOUI CE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 07/11/17 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date

State of New Jersey

		NOT				SBESTOS ABATAC 8:60 and 5:1		l		_	0 52	
Date of Notification (1) 6 / 30	1	17		CONT. 100		ng Owner/Operator	M. (M.)	706-2201	Chk	5 2 #47		
Agencies Notified Type N	lotification			-			7 000 #	ASRES				DL 8
⊠ EPA		m		202-000	et Address	D.:			ICEN	ISIN	<u>G</u>	an property and
⊠ DOLWD □ Am						ection Drive						
	endment	#			State, Zip							
	ergency		g	-	ing, TX 7	White the contract of the cont						
The state of the s	ification)			Nam	e of Conta	ct		elephone Nun	nber			
☐ Car	cellation	1		Ch	nelsea Co	oke						
Name of Equilibria/house Ab-				FA	CILITY II	NFORMATION						
Name of Facility Where Abateme	nt is Tak	ing Plac	e (3)				Type of Facility (4					
Residential Property							School (K-12)					
Street Address							Subchapter 8 (Other (i.e., privionnes, etc.)			uildin	gs,	
City (5)							Square Feet	# of Floors	F	Ildg. A	ane	
Mount Laurel							2255	2	1	196		
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Prior	774	obod)	130.		
Burlington					, 5545 (1/(011112 002 01421)	Vacant	in being demon	sileu)			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	1 No	Name of Abateme		-				
Tiger Environmental		, 0 111101	(0)	ACCIV	1140.			0				
Street Address		-					d Mold Services	Corp.				
16 W Elizabeth Ave # 2						Street Address						
City, State, Zip Code						3859 Sylon B						
Linden, NJ 07036						City, State, Zip Co						
The state of the s						Hainesport, N	NJ 08036					
Project Manager for Monitoring Fi	rm			ephone		Telephone No.		License No.				
Kelly Walton					62-4301	609-702-0400		00862				
Start Date (10)7 /17 /17	1	eduled C				Name of OSHA M EMSL Analyti	2000010000					
Occupancy Status During Abatem						Street Address						
☐ Facility Closed/Vacated During				ment			4- 400 N - 41					
☐ Abatement Performed Outside	of Norm	al Facilit	v Hou	rs - Des	scribe	200 U.S. Rout		-				
Time of Abatement:AN		PM/	_PM		AM	City, State, Zip Co						
Scope of Work (Check all that app						Cinnaminson	, NJ 08077	8				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	19)	⊠ Re	novat molitic			☐ Mini-Encl			re			
		Is	Loca	tion						atem	ont T	-uno
Location of			Vorma			Description of	f			T	_	1
Asbestos-Containing Material (TO BE ABATED	ACM)		d Sole			stos Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Staff?	(I.e	., thermal systems i surfacing, VAT,		(Specify SF or LF)	lova	a-	aps	losu
(13)			(12)			other miscellaned		SF OI LF)	<u>m</u>		ulat	re
		Yes	No	N/A							D	
Throughout House Walls/Ce	lings			\boxtimes	Drywall	Joint Compound	d	1001 SF				
				\boxtimes					\boxtimes			
Name of Registered Waste Hauler	Si .		100	JDEP \	123.515	Cubic Yards of	Name of Register	d Landfill			-	
Waste Management			Н	auler II 17273		Waste 5	Grand Centra					
City, State						Disposal Date	City, State	**				
Lafayette, NJ						7/28/17	Penn Argyle,	PA				
Completed By (Print or Type)	Tit	le				Signature		Da	te			

ASB-41 MAY 11

Kimberly A. Trumbetti

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

Office Coordinator

vage 1	of 5	NO ⁻		ATIO	V OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1			DEC	ß		V	E
Date of Notification (1)		-		Nam	e of Buildin	g Owner/Operator ((2)		111		-	N /N N N N	
6 /	30 / 1	7			merville		No. 20 10 10 10 10 10 10 10 10 10 10 10 10 10	447	6-2200 Ch	u	5 1739	2017	
Agencies Notified	Type Notification						7 000 9	711	0-2200 CH	K. #4	+139		
⊠ EPA	Initial	1		1	t Address	20 / DO D	_	4	ASBEST	OS (400	ITAC	71 8
⊠ DOLWD	☐ Amended					22 / PO Box 6872	2				ISIN		w
☑ DHSS	Amendment #	#	_		State, Zip (
□ DCA	☐ Emergency (i	ncludin	g			r, NJ 08807							
(NJAC 5:23-8)	justification) Cancellation				of Contac			1	elephone Numb	er			
	☐ Caricellation			Ва	rry Ages,	KRE Group		_3l _21					
N. CE W. LAG				FA	CILITY IN	IFORMATION						-	
Name of Facility Where A		ig Plac	e (3)				Type of Facility	y (4)					
Commercial Proper	ty						School (K-1	2)					
Street Address				111-1-1			Subchapter	8 ((ther than K-12) e and commerce	oial b	iildin	~~	
60 Fourth Street							homes, etc	.)	e and commen	JIAI DI	ullulli	ys,	
City (5)							Square Feet	T	f of Floors	В	dg. A	ge	
Somerville							15,000		1		35		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior	being demolish	ned)			
Somerset							Vacant						
Name of Monitoring Firm		Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)					
Criterion Laborotori	es					Asbestos and	d Mold Servic	es,	Corp.				
Street Address						Street Address			1				
400 Street Road						3859 Sylon B	oulevard						
City, State, Zip Code						City, State, Zip Co	ode	-					
Bensalem, PA 19020						Hainesport, N	J 08036						
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		Т	icense No.	-			
Mike Panepresso			21	5-244	-1300	609-702-0400			00862				
Start Date (10)	Contraction of the Contraction o	duled C	omple	tion Da	te (11)	Name of OSHA M	onitor						
///	17	8_ /	4	_ / _	17	EMSL Analyti	cal, Inc.						
Occupancy Status During	Abatement (Chec	k only	one)			Street Address							
□ Facility Closed/Vacated	During Entire Pe	riod of	Abater	nent		200 U.S. Rout	te 130 North						
Abatement Performed	Outside of Normal	Facilit	y Hour	s - Des	cribe	City, State, Zip Co							
Time of Abatement:	PI	M/	PM-		AM	Cinnaminson							
Scope of Work (Check all	that apply)												
≥3 sf or >3 If		⊠ Re	novati	on		Mini-Encl Mini-En	Ne	gativ	Pressure EM	1165	HRE		
≥160 sf or ≥260 lf		-	molitio	200			Procedure						
						Non-Exer Non-Exer	mpted (*) and No	n-F	able Procedure				
			Locat Normal							Ab	atem	ent T	уре
Location of Asbestos-Containing M			d Sole		Achoo	Description of stos Containing Mat				R	Z	Ш	m
TO BE ABAT	ED	Ma	intena	nce/	(i.e.	, thermal systems in	nsulation.		Amount (Specify	Removal	Repair	ncal	nclo
IN Facility	1	Cus	todial 8 (12)	staff?		surfacing, VAT,	or		SF or LF)	val	-	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellaneo	ous)					ate	10
SEE ATTACHED SURV	/FY	□ □ ⊠ ATTACHED							-		_		_
WAGIED GOK					ATTACE	ובט			-				
		Ш	Ш			-							
										П	П	П	П

ASB-41 MAY 11

City, State

Name of Registered Waste Hauler

Waste Management

Completed By (Print or Type)

Kimberly A. Trumbetti

Lafayette, NJ

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

Cubic Yards of

Disposal Date

Signature

8/4/17

Waste

5

Name of Registere | Landfill

Grand Central

Penn Argyle, I'A

City, State

Title

NJDEP Waste

Hauler ID No.

17273

Office Coordinator

Page 2 - Somerville JOW

Hil nann Consulting LLC

(Certified Proficient by New Jersey Department of Environmental Protection NJDEP] Laboratory ID #20037). The method of analysis was polarized light microscopy (PL VI) with dispersion staining, as required by the USEPA. Additionally, a total of thirteen (13) representative samples of a were further analyzed via transmission electron microscopy (TEM), as per the New Jersey Labora and Workforce Division (NJLWD) 12:120-3.2, by the same Hillmann laboratory. ACM is defined by federal regulations as any material or product containing more than one per ent asbestos.

The laboratory was instructed to stop analysis after the first positive result it any homogeneous group of samples. In accordance with USEPA protocol, a positive result indicates that the homogeneous group is considered to be asbestos-containing, and further analysis is not necessary. A total of fifty seven (57) PLM samples were collected but not analyzed due to this method.

The laboratory analysis indicated that the following materials were identified as ACM, as listed in the table below:

Location	Material	Quantity	Friable (Y/N)	Condition
	Beige 12"x12" Floor Tile and Mastic	250 SF	N	Good
1st Floor, Lab 1	Cove Base Mastic	65 LF	N	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
	Sink Undercoating	7 SF	N	Good
	Insulated Pipe Fitting	8	Y	Good
	Debris, Brown	1 SF	N	Good
1st Floor, Lab 2	Putty Sealant (on Light Fixtures)	½ SF (1)	N	Good
1 11001, Ea0 2	Cove Base Mastic	45 LF	N	Good
	Insulated Pipe Fittings	3	Y	Good
st Floor, Lab 3	Putty Sealant (on Light Fixtures)	½ SF (2)	N	Good
	Cove Base Mastic	40 LF	N	Good
	Tan 9"x9" Floor Tile and Mastic, Patches near Ceramic Wall	1 SF	N	Good
1 F1001, La0 4	Cove Base Mastic	95 LF	N	Good
	Insulated Pipe Fittings	37	Y	Good
	Putty Sealant (on Light Fixtures)	1½ SF (8)	N	Good
	12"x12" Pink Floor Tile and Mastic, Beige 12"x12" Floor Tile and Mastic	250 SF	N	Good
1 st Floor, Lab 5	Tan 9"x9" Floor Tile and Mastic, beneath Wall Partition	Included	N	Good
. 1001, 540 5	Wallboard and Joint Compound*	715 SF	Y	Good
	Transite Hood	50 SF	N	Good
	Insulated Pipe Fittings	8	Y	Good
	Putty Sealant on Light Fixtures	1 SF (6)	N	Good

Vanc 3 - Somerville sow

			11 11:	1111
Location	Material	Quantity	17	Condition
1st Pi	Cove Base Mastic	30 SF	- ASSE	Good
1st Floor, Lab 6	Putty Sealant (on Light Fixtures) ½ SF (1)	N	Good
	Wallboard and Joint		1	Good
	Compound*	650 SF	Y	Good
	Beige 12"x12" Floor Tile and	250.00		
1st Floor, Lab 7	Underlayment	250 SF	N	Good
, 240 /	Insulated Pipe Fittings	7	Y	Good
	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	
	Pink 12"x12" Floor Tile and		1.4	Good
	Mastic beneath Carpet Mastic*	100 SF	N	Good
1st Floor, Lab Suite	Cove Base Mastic	50 SF	N	Cood
. 1 loor, Lab Suite	Insulated Pipe Fittings	8	Y	Good Good
	Putty Sealant (on Light Fixtures)	½ SF (2)	N	
	Wallboard and Joint		14	Good
	Compound*	275 SF	Y	Good
1st Floor, Corridor from Labs to	Cove Base Mastic	60 SF	N	Carl
Storage Area	Insulated Pipe Fittings	2	Y	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
	Carpet Mastic, Pink Mottled		- N	Good
	12"x12" Floor Tile and Mastic*	180 SF	N	Good
st Floor, Application Lab	Wallboard and Joint			
t.t 223	Compound*	650 SF	Y	Good
	Cove Base Mastic	55 SF	N	
	Putty Sealant (on Light Fixtures)	½ SF (2)		Good
	Pink 12"x12" Floor Tile and	72 01 (2)	N	Good
st Floor, Break Room	Associated Mastic, Orange	310 SF	N	
	9"x9" Floor Tile and Mastic	310 31	N	Good
	Cove Base Mastic	70 SF	N	C .
St Floor Dural D	Pink 12"x12" Floor Tile and	7001	111	Good
Floor, Break Room Storage	Associated Mastic, Orange	130 SF	N	C
111	9"x9" Floor Tile and Mastic		14	Good
	Cove Base Mastic	50 SF	N	Carl
	Beige Mottled 12"x12" Floor		- 14	Good
	Tile and Mastic	800 SF	N	Good
Floor, Corridor	Wallboard and Joint			
1 1001, Corridor	Compound*	135 SF	Y	Good
	Cove Base Mastic	215 SF	N	C
	Putty Sealant (on Light Fixtures)	1½ SF (9)		Good
	Insulated Pipe Fittings	66	- N Y	Good
	Pink 12"x12" Floor Tile and		Y	Good
	Mastic	380 SF	V	Good
Floor, Storage Room #1	Cove Base Mastic	70 SF	- ,	
-58- Noom #1	Putty Coolant (a. 1 1 1 pt		1	Good
	Insulated Pipe Fittings	60 SF (8)	1	Good
	Pipe Insulation			Good
	The state of the s	40 LF	/	Good

Yane 4 - Somerville Sow

H Umann Consulting LLC Location Friable Material Quantity Condition (Y/N) Beige 12"x12" Floor Tile and Mastic, Beige 9"x9" Floor Tile 340 SF LICENSING and Mastic 1st Floor, Storage Room #2 Cove Base Mastic 105 SF N Good Putty Sealant (on Light Fixtures) 21/2 SF N Good (14)Insulated Pipe Fittings 21 Y Good Window Glazing 10 LF N Good Beige Streaked 9"x9" Floor Tile 240 SF 1st Floor, Storage Room #3 and Mastic N Good Cove Base Mastic 60 SF N Good Putty Sealant (on Light Fixtures) 2 SF (10) N Good Insulated Pipe Fittings 2 Y Good Residual Mastic, Leveling 1,560 SF Compound N Good Window Glazing 40 LF 1st Floor, Storage Room #4 N Good Cove Base Mastic 200 SF N Good Putty Sealant (on Light Fixtures) 41/2 SF N Good (27)Insulated Pipe Fittings 21 Good Cove Base Mastic 15 SF 1st Floor, Storage Room #5 N Good Putty Sealant (on Light Fixtures) 2 SF (12) N Good Insulated Pipe Fittings 1st Floor, Storage Room #6 7 Y Good Insulated Pipe Fittings 2 1st Floor, Storage Loft Room Good Insulated Pipe Fittings 30 Good Beige 9"x9" Floor Tile and 400 SF Mastic N Good 1st Floor, Office Storage Room Cove Base Mastic 80 SF N Good Putty Sealant (on Light Fixtures) 11/2 SF (7) N Good Insulated Pipe Fittings 18 Y Good Gray 12"x12" Floor Tile and 195 SF Mastic N Good 1st Floor, Office #1 Cove Base Mastic 30 SF N Good Putty Sealant (on Light Fixtures) 3 SF (17) N Good Insulated Pipe Fittings 6 Good Carpet Mastic, Pink 12"x12" Floor Tile and Mastic, Beige 290 SF N Good 12"x12" Floor Tile and Mastic* Cove Base Mastic 1st Floor, Office #2 65 SF N Good Putty Sealant (on Light Fixtures) I SF (6) V Good Insulated Pipe Fittings 5 Good Wallboard and Joint

Compound*

760 SF

Y

Good

YAME 5 - JOMENNIE JOW

Hill nann Consulting LLC

Location	Material	Quantity	I riable	Condition
	Carpet Mastic, Pink 12"x12" Floor Tile and Mastic, Leveling Compound*	180 SF	T ASS	LICENSING Good
1st Floor, Office #3	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	½ SF (3)	N	Good
	Wallboard and Joint Compound*	670 SF	Y	Good
1st Floor, Warehouse	Insulated Pipe Fittings	43	Y	Good
	Duct Sealant	25 LF	N	Good
1st Floor, Mechanical Room	Flange Gasket	16 SF (16)	N	Good
	Insulated Pipe Fittings	3	Y	Good
	Exterior Transite Panel	970 SF	N	Good
1st Floor, Boiler Room	Insulated Pipe Fittings	17	Y	Good
	Built-up Roofing*	160 SF	N	Good
	Pitch Pockets	3 SF	N	Good

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

Check # 25536

			(P	ursua	nt to NJA	C 8:60 and 5:16	5)		[F	(A)	F	n	n//			
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operato	r (2)		11	E	Un.	E		/W			
	30/17			10.000			&L Investors	LL									
Agencies Notified	Type Notifica	ation	CONT.	Stree	et Address					- 1	ÜL	- 5	9	017			
□ EPA	Initial						62 Oak Ave	e	IH L	d	UL	-		UII			
DEP DOL	Amended Amendme			City,	State, Zip	Code	20176 5.21 520					-					
	☐ Emergend	cy (includin	g				Metuchen, N	\J	A	SBE	STO	S C	ON	TRO			
M DOH □ DCA	justification Cancellati			Nam	e of Conta			Te	ephone N	Numbe	r	11	11, 40	7.1			
	0.24 0.34 0.44 0.44					y Lou Plechn	ier	Ŀ	_				52				
				FA	CILITY IN	ORMATION											
Name of Facility Where							Type of Facility	(4)									
Street Address	K	esidenti	aı				School (K-12		her than	K 12)							
Street Address							Other (i.e., p	rivat	& comm	nercial	build	lings,					
City (5)							homes, etc.)									
	Metuc	hen, NJ	088	40			Square Feet 3000	#	of Floors	3	BI	dg. Ag 854		- 1			
County (6)	Wictuc	11011, 113	000		nty Code (7) (STATE	Current Use (Pr	ior if	Deing der	molich	- l	0.5	/-	_			
	ldlesex				ONLY)	., (0.///2	Current osc (i i	101 11	Jening der	111011311	cu)						
Name of Monitoring Firm	Hired by Build	ing Owner	T	ASCM	No.	Name of Abaten	nent Contractor (9)									
(8)	MECS					Stev	vens Environr	ner	ner tal Services, Inc.								
Street Address						Street Address		_						=			
	PO Box	341				-	PO B	ox	322								
City, State, Zip Code						City, State, Zip C								=			
	sswicks, N	J 0851				S 	Allentown	1, 1	J 0850	1	-			_			
Project Manager for Mon	107		1	ephone		Telephone No.	-0.000	I	cense Ne			9					
Bill Wei			-		8-4070	(609) 25		L		00	493						
Start Date (10)	S	cheduled C			ate (11)	Name of OSHA I		EC	r								
7/10/17 Occupancy Status During	Abatamant (7/21/	1/		Charak Adda	IVI.	EC)				_	_			
☐ Facility Closed/Vacate	5		3.5	ment		Street Address	РО В	OV	2/1								
☐ Abatement Performed						City, State, Zip C			141								
Other - Describe:			•			Oity, Otate, Zip O	Crosswick	s N	1 085	15							
Scope of Work (Check al	I that apply)						C1086 WICK	-	000					=			
X ≥3 sf or ≥3 lf	101 55			Parasi I		Full Cor	ntainment with Neg	gativ	Pressure	е							
≥160 sf or ≥260 lf			enovat emolitic			Mini-End Gloveba	closure ag Procedure										
	200000000000000000000000000000000000000					☐ Non-Exe	empted (*) and No	n-Fr	ble Proc	edure							
			ocation of the company of the compan								Α	oatem Type					
Location o		Used	Sole	y by		Description of				-		Type		_			
Asbestos-Containing M TO BE ABATI		11/185650	ntenan ustodia			os Containing Mat thermal systems in			mount Specify		_		m	m			
IN Facility			Staff?		(1.0.,	surfacing, VAT,	or		or LF)		em	Repair	cap	nclo			
(13)		<u> </u>	(12)			other miscellaneo	ous)				Removal	oair	Encapsulate	Enclosure			
		Yes	No	N/A									हैं	0			
Basemen	nt		X		The	ermal Pipe Ins	sulation		00 lf	\neg	X	1	\dashv	\dashv			
								=	00 11	-+	-	+	+	-			
		_						_		-+	\dashv	-	+	-			
		_						_		-+	+	+	+				
Name of Registered Wast	te Hauler		IN	JDEP \	Vaste I	Cubic Yards	Name of Regis	tere	Landfill					_			
Stevens Environm		cas Inc	1 0	lauler ID	No.	of Waste	-			10	:11						
City, State	Ciliai SCIVI	ces, me		182	292	2 cu Disposal Date	City, State	ra	rless L	andf	111			_			
on, once	Allentown	NI				7/21/17	City, State	M	anior.it	lo D	٨						
Allentown, NJ Completed By Title						Signature	1-1-	IVI	rrisvil		H			=			
Mahlon E. Stev			oiect	t Man	ager				Date		/30.	17					
20.11					D	-1-11-11					20			_			

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

Check	: #	255	40

			(F	ursua	nt to NJA	.C 8:60 an	d 5:16)		ME	P	F		1///		
Date of Notification (1	B			Nam	e of Buildir	ng Owner/O				十一十一	(0)	15	1!	141		
	5/30/17			_			Po	&L Investors	s Ll	9.0						
Agencies Notified	Type Notific	cation		Stree	et Address			62 Oak Av	7 P		JUL	-	5 2	2017		
DEP	☐ Amende	9.50		City,	State, Zip	Code		02 Oak HV	C.	++			_	_		
⊠ DOL	Amendr	nent #_ ncy (includir	ng .		•			Metuchen,	NJ	ASB	EST	OS C	AOC	ITRO		
DOH DCA	justifica Cancella	tion)		Nam	e of Contac	2201			T	lephone-Num	har	JEN	Silv	G		
					Mai	ry Lou P	lechn	er		•	12 12 19			- 1		
Name of Facility 100	- 41	T 6.	(0)	FA	CILITY IN	ORMATIO	N					Salara Maria				
Name of Facility When		Taking Plac Resident	200120					Type of Facility								
Street Address		Resident	lai					School (K-1		ther than K-1	2)					
								Other (i.e., phomes, etc.)	priva			dings				
City (5)							_	Square Feet		of Floors	В	dg. A	ge			
	Metu	chen, NJ	088					3500	_ .	2		85	+/-			
County (6)	iddlesex			Cou	nty Code (ONLY)	7) (STATE		Current Use (P	rior	being demoli	shed)					
Name of Monitoring Fir		lding Owner	_	ASCM	No.	Name of	Abatem	ent Contractor (9	9)							
(8)	MECS							ens Environ		tal Service	es, Ir	ıc.				
Street Address						Street Ac	ddress									
0'1-0'1-7'-0-1	PO Box	¢ 341				<u>. </u>			Вох	322						
City, State, Zip Code	Crosswicks, NJ 08515						e, Zip C	ode Allentow	, n	II 09501						
Project Manager for Mo		ephone	No	Telephone	e No	Anemow	11,	icense Ne-				_				
	Bill Weisgarber (6							9-9688			0493	3				
Start Date (10)		Scheduled (Comple	etion Da	ate (11)	Name of 0	OSHA N	Monitor		-						
7/10/17			7/21/	17				M	EC	S						
Occupancy Status Dur	1.00	T 15	00 00			Street Ad	ldress	DO I		2.4.1						
☐ Facility Closed/Vaca☐ Abatement Performe						City, State	7in C	PO I	30X	341			_	_		
Other - Describe:			.,			City, State	s, 21p C	Crosswick	cs.	JJ 08515						
Scope of Work (Check	all that apply)													_		
x ≥3 sf or ≥3 lf		⋉ Re	enovat	ion		□ F	Full Con Mini-Enc	tainment with Ne losure	gati	e Pressure						
≥160 sf or ≥260 lf			emolitio	on			Gloveba	g Procedure mpted (*) and No	n-F	able Procedu	re.					
		10000	Locati				1011 12/10	inplod () and re	311 1	ubic i roccuu	T -	baten	nent			
Location	of		omall Sole			Descri	otion of					Тур	е			
Asbestos-Containing TO BE ABA		Mai	ntenar ustodia	ice/		os Containi	ing Mate	erial (ACM)		Amount			ш			
IN Facili			Staff?		(I.e.,	thermal sys				Specify F or LF)	Rem	Repair	ncap	Encl		
(13)			(12)			other misc	ellaneo	us)			Removal	pair	Encapsulate	Enclosure		
		Yes	No	N/A									te	Œ		
Basem	ent		×		The	ermal Pi	pe Ins	ulation	_	160 lf	×					
		_							_							
		-							_							
Name of Registered Wa	aste Hauler		IN	JDEP \	Vaste T	Cubic Yar	rds	Name of Regi	ster	1 Landfill						
Stevens Environ		vices. Inc	L	lauler ID		of Waste		I allo of riegi		irless Land	lfill					
City, State			- -	102	272	Disposal D		City, State	1 6	Tiess Lail	+1111			-		
(Allentow	n, NJ				7/21/		101/	/N	orrisville,	PA					
Completed By		Title				Signa	ture	4 1/ /		Date				_		
Mahlon E. St	Mahlon E. Stevens Project Manager					_//	171	1_/_			6/30	/17				

C1L255L11

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

7	F	C	F		W	F	Pession
11)		9	5	П	U		
17)							
111		0111		-	0017		11/

							ů.	1	1	III -	- 5	201	17
Date of Notification (1) 5/30/17			Nam	e of Buildir	ng Owner/Operato			1			701	1
Agencies Notified	The state of the s		unearl		4 A al al		Jorgense	11	A C D E		-	1000	
☐ EPA	Type Notification Initial	1		Stree	et Address				ASBE:	LICE	NSI	NG MH	10
□ DEP	Amended			City	State, Zip (Codo			a the control of the problems	1 C/ Las	1,00	140	
⊠ DOL	Amendment		_	City,	State, Zip (ddonfield, N	TAR	122				
⊠ DOH	Emergency (i	ncludin	ıg	Name	e of Contac		adomneid, N						_
☐ DCA	☐ Cancellation			INAIII		aig Jorgenser	1	103	lephone Num	iber			
							1						
Name of Facility Where	a Abatament is Talii	- Di-	- (2)	FA	CILITY IN	FORMATION							
Ivaile of Facility viller		identi					Type of Facilit						
Street Address	ICS	iuciii	ıaı				School (K-		her than K-1	2)			
01100171001000							Other (i.e.,	priva :	riva 3 & commercial buildings,				
City (5)							homes, etc Square Feet		of Floors	1.0	lala		_
0.0 (0)	Haddo	nfield	1 NI				2000	1	2	В	ldg. /		
County (6)	Traddo	mici	4, 113		nty Codo /	7) (STATE					0.	5+/-	_
	Camden			USE	E ONLY)	I) (STATE	Current Use (F	-rior i	being demoi	isnea)			
Name of Monitoring Fir		Owner	_	ASCM	- No.	Name of Abaten	nent Contractor /	9)			_		_
(8)	MECS					the same of the sa	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	nmeı tal Services, Inc.					
Street Address						Street Address	I - I - I - I - I - I - I - I - I -		an Joh Vil	~o, 11			
	PO Box 34	1					Box 322						
City, State, Zip Code						City, State, Zip C							_
C	rosswicks, NJ	0851	15				Allentow	vn, 1	J 08501				
Project Manager for Mo	onitoring Firm		Tele	phone	No.	Telephone No.		TI	cense Ne-				_
Bill W	eisgarber		(60	9) 29	8-4070	(609) 25	59-9688		(0049	3		
Start Date (10)	Sche	duled (Comple	etion Da	ate (11)	Name of OSHA	HA Monitor						
7/10/17		•	7/21/	17			N	IEC :	S				
Occupancy Status Dur	ing Abatement (Che	ck only	one)			Street Address							
☐ Facility Closed/Vaca						Box :	341				L Marie Control		
Abatement Perform		al Facili	ty Hou	rs									
Other - Describe:						ks, 1	J 08515						
Scope of Work (Check	all that apply)					ПЕЛО			_				
X ≥3 sf or ≥3 lf		⋉ Re	enovat	ion		Mini-End	ntainment with Ne closure	egativ :	Pressure				
≥160 sf or ≥260 lf			emolitic			☐ Gloveba	ag Procedure						
		le	Location	nn.		Non-Exe	empted (*) and N	on-Fr	able Procedu	1			_
		N	omally	1						1 '	oate Typ	ment se	
Location Asbestos-Containing			d Solel ntenan		Ashast	Description of			page and a second	-			
TO BE ABA	ATED	C	ustodia		(i.e.,	os Containing Mat thermal systems in	nsulation.		Amount Specify	7.7		Eng	1
IN Facili (13)	ity	,	Staff? (12)			surfacing, VAT,	or	\$ F	F or LF)	Remova	Repair	Encapsulate	1
(13)				_		other miscellaneo	ous)			oval	air	sula	11000010
	No	N/A								te			
Crawl S	pace	×			Ther	mal Packing I	nsulation		20 sf	x			
		-					<u> </u>	_	0 01	1			
	= = = = = = = = = = = = = = = = = = = =		-					-		+			
					-			-		-			-
Name of Registered Wa	aste Hauler		1 1	JDEP V	Nasto I	Cubic Yards	Name of Reg	ietora	Landfil				
#200000 #2000000 #2000 #		T	L	lauler ID	No.	of Waste	Name of Reg	1					
Stevens Environmental Services, Inc.					292	1 cu		Fa	rless Lan	dfill			
City, State						Disposal Date	City/State	/					
Allentown, NJ						7/21/17	4-1A	/ M	orrisville,	PA			_
Completed By Title						Signature	1' /		Date	6120	/17	8	
Mahlon E. Stevens Project					ager	_ ////	1/		_	6/30	1/1/		_

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

Chec	k	#	25	5	3	E
CIIC	111	11	20	\mathcal{L}	-	

Date of Notification (1)				I Man	(D. 11-11)	0 10	(0)		1 12 (n E	2	W
	/30/17			Ivam	ie of Buildir	ng Owner/Operato	Lifson			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COMMUNICATION OF	
Agencies Notified	Type Notificat	ion		Stree	et Address		Litson		1 11	11	T	004
☐ EPA	Initial								j Jl	JL -	- 5	2017
DEP DOL	Amended	- 1. 44		City,	State, Zip	Code			i i			
	Amendmer Emergency		ig			Fle	mington, NJ 08	88 22	ASBES	TOS	CO	VTR
DOH	justificatio Cancellatio	n)		Nam	e of Conta		Т	مام، ام	N I I	JUE	NSIP	11.00
	Cancellatio	11				Adam Lifson						
				FA	CILITY IN	FORMATION						
Name of Facility Where		-					Type of Facility (4)					
	Re	esident	ial				School (K-12)					
Street Address							Subchapter 8 (0 Other (i.e., priva homes, etc.)	of erthan	n K-12) mercial bu	ilding	S,	
City (5)								# f Floor	rs I	3ldg.	Age	
	Fleming	gton, N.	J 088	322			1800	2		5.	5+/-	
County (6)	interdon			Cou	inty Code (E ONLY)	7) (STATE	Current Use (Prior	if eing de	emolished)		
Name of Monitoring Firm		~ 0						_				
(8)	MECS	ig Owner		ASCM	I INO.		nent Contractor (9)	n: 10				
Street Address	MECS						vens Environme	al Services, inc.				
Oli Cot / ludi C33	PO Box 3	841				Street Address	PO Box					
City, State, Zip Code	TO BOX 5	, 11				City, State, Zip C						_
	osswicks, NJ	0851	.5			Oity, State, Zip C	Allentown, 1	N 085	01			
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		Li ense N				_
Bill We	eisgarber		(60	9) 29	8-4070	(609) 25			0049)3		
Start Date (10)	Sci	heduled (Comple	tion Da	ate (11)	Name of OSHA	Monitor					=
7/10/17			7/14/	17			MEC	E				
Occupancy Status Durir	. 700					Street Address				_		
Facility Closed/Vacat							: 41				_	
☐ Abatement Performed ☐ Other - Describe:	a Outside of Norr	mai Facili	ty Hou	rs		City, State, Zip C	N: 00515					
	11.45-4						Crosswicks, 1	N 085	515			
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ali that apply)	the state of	enovati emolitic	20, 20,00		ntainment with Negativ closure ag Procedure empted (*) and Non-Fi						
			Locatio							Abate	ment	
Location	of		ormally I Solel			Description of				Ту	ре	- 8
Asbestos-Containing N	Material (ACM)	Maii	ntenan	ce/	Asbest	os Containing Mat	erial (ACM)	A nount			ш	
TO BE ABAT IN Facility			Staff?	u	(I.e.,	thermal systems in surfacing, VAT,	nsulation, or	(pecify SI or LF)	Remova	Re	Encapsulate	Enclosure
(13)			(12)			other miscellaned		,	nova	Repair	Sul	nso
		Yes	No	N/A					_		ate	ře
Attic	Attic ×						ulation	(0 sf	×			\neg
												\neg
		_										
News (D. i.e. 1997)		_										
_ L					Waste No.	Cubic Yards of Waste	Name of Registere					
Stevens Environmental Services, Inc.					292	2 cu		i less I	Landfill			
City, State						Disposal Date	City, State	. I				
Allentown, NJ Completed By Title					7/14/17 Mc risville, PA							
Mahlon E. Ste	Man	19.00	Signature	1 1 /	Dat		0/17					
TVIGITION L. SIC	V C113	17	Oject	INIGI	lagel	- 119		-	0/3	0/17		

Check # State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10 RDANO Agencies Notified Type Notification Street Address EPA Initial × DEP Amended City, Sta DOL Amendment # WEST FIELD N.J Emergency (including Name of Contact DOH justification) DCA Cancellation LEE FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 Other than K-12) Other (i.e. prin ite & commercial buildings, homes, X City (5) etc.) Square Feet EST FIELD # of Floors Bldg. Age 750 County (6) +50 County Code (7) (STATE USE ONLY) Current Use (Prior | being demolished) UNION KESID ENCE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contra tor (9) A.MAC Contracting ir c. Street Address Street Address 185 Vreeland Ave City, State, Zip Code City, State, Zip Code Midland Park, NJ 074 12 Project Manager for Monitoring Firm Telephone No. Talephone No. License No. (201)262-5841 00156 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmenta Services Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 280 Huyler Street Other - Describe: City, State, Zip Code Hackensack, NJ 0760 : Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment \ ith Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedu e Non-Exempted (*) Ind Non-Friable Procedure is Location Abatement Normally Location of Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount Encapsulate (i.e. thermal systems insulation, Custodial Staff? (Specify In Facility Remova Enclosure Repair surfacing, VAT, or (13)(12)F or LF) other miscellaneous) Yes No NIA ERMICULITE 280SG Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Regis ered Landfill Newark Carting Inc. Hauler ID No. of Waste 04509 Grand Cent al Sanitary Landfill City, State Disposal Date City, State Newark, NJ 07105 14 Pen Argyl, FA 08702 Completed by Signatu Date Joseph Vocaturo Vice President

* Do not use this form for asber tos licensure exempted activities.

_CK115	58			FICATIO	state of Ne N OF ASI t to NJAC	BESTOS	ABATE		ΙΤ		EC	E		V	HALFC		
Date of Notification (1) 6/30/17					of Building Russo		Operator	r (2)			ווי	_	5 2	017	- Lanco		
Agencies Notified	Type Notification	1		Street /	Address					1	ASBEST	-00	CON	TDO	1 &		
EPA DEP	× Initial			City Ct	-t- 7: 0								ISIH(E. CX		
X DOL	Amended Amendmen				ate, Zip C .awn NJ)			1110000							
DOH DCA	Emergency justification) Cancellation				of Contact Russo			******		Т	lephone No	umber					
					ILITY INF	ORMAT	ION							_			
Name of Facility Where A Residential Home	Abatement is Takir	ng Place ((3)					Тур	e of Facility	(4)	(. 						
Street Address									School (K-		ner than K-	12)					
								×	Other (i.e.	private	& commerce	cial bu	ildings	, hom	es,		
City (5)								2470000000	etc.) Jare Feet	#	of Floors	Т	Bldg.	Age			
Fair Lawn County (6)				County	Codo (7)			16		2			65+/-				
Bergen					Code (7) USE ONLY	0		Re	rent Use (Pr sidential F	ior it b Home	ing demolis	shed)					
Name of Monitoring Firm Project Manager	Hired by Building	Owner (8)	ASCI	M No.				patement Co		r (9)						
Street Address							Street	_	s Abatem	ent	<u> </u>						
									lidland Av	е							
City, State, Zip Code						Zip Code Brook, NJ (0766:	5:									
Project Manager for Moni	toring Firm			Telepho	Teleph 201-6	one	No.		License 1	No.							
Start Date (10)				mpletion	Date (11)				SHA Monitor		01303		70-70				
7/9/17		7/10/1	7														
Occupancy Status During		- 2	3.0	Street Address					ess								
Facility Closed/Vaca Abatement Performe Other – Describe: 8	ed Outside of Norn	Period of an all Facility	Abater y Hour	Datement Hours City, State, Zip Code													
Scope of Work (Check All	That Apply)											-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		×	Renova Demoli	ation tion			×	M G	ini-Enclosure lovebag Pro	e cedure	wii i Negative Pressure dure ') a d Non-Friable Procedi						
		Is	Locat	ion			- Inner		on-Exemple	<u> </u>	d Non-i nai	T		ement			
Location		1	Normal d Sole	lly	1 12 12 14		scription					-	T	/pe			
Asbestos-Containing I TO BE ABA	TED	Ma	intena todial S	nce/	Asbes (i.e.	thermal	systems	insu	al (ACM) lation,		mount Specify	R	77	Enc	E I		
In Facilit (13)	у	Cus	(12)	stan:			cing, VAT)	S	or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes											<u>a</u>	7	late	lre		
Baseme	Basement						oe Wra	p			3 LF	x					
											0.4						
Name of Registered Wast All Stages Abatement			H	JDEP W lauler ID 036592	No.	of Was					red Landfill		ndfil				
City, State Saddle Brook, NJ						Dispos	al Date		City, State	9	18072						
Completed by		Title		TBD Signature			ignature	//	Tell All	yı, r		ite					
Richard Cristofol		Presi	dent					4	11	>		30/1	7				

												Pi	rint F
CKU57			ICATIO		Jersey STOS ABATI 60 and 12:12		NT	Burney and the constitution of the constitutio) E			\mathbb{V}	
Date of Notification (1) 6/30/17				of Building O a Ngo	wner/Operato	or (2)		1		jL -	5	2017	- 1
Agencies Notified Type Notification EPA DEP DEP Amended			Street A	Address ate, Zip Code					ASPES	TOS)L &
DOL Amendmer Emergency justification DCA Cancellation	(including		Name o	_				T	elephone N	umber			
Name of Facility Where Abatement is Taki Residential Home Street Address	ing Place (3)	FAC	ILITY INFOR	RMATION	T)		2) 8 (C	her than K-	12) cial bu	ildings	s, hom	es,
City (5) Oradell						So	etc.) quare Feet 275	-	of Floors		Bldg. 65+/-	Age	
County (6) Bergen				Code (7) USE ONLY)		Cu	urrent Use (Prid esidential H	or if I	eing demolis	shed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8))	ASC	M No.			Abatement Cor es Abateme		or (9)				
Street Address							tress Midland Ave	·					
City, State, Zip Code							, Zip Code Brook, NJ 0	766	3				
Project Manager for Monitoring Firm			Telepho	ne No.	Telep 201		No. 0-3184		License 01305	No.			
Start Date (10) 7/10/17	Schedule 7/16/17		npletion	Date (11)	Name	of C	SHA Monitor						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of	Abaten	nent		Stree	t Add	Iress						
Abatement Performed Outside of Nor Other – Describe: 8 A.M to 4 P.M	mal Facility	/ Hours			City, S	State	, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			2	Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*							
	A100	Locati									Aba	temen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole iintenar todial S (12)	ly by nce/	(i.e. th	Description S Containing I ermal system surfacing, VA other miscella	Mate is ins AT, o	sulation, r		Amount (Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Basement	No X	N/A		VAT	,			== 0=	1		ate	Ф	
Basement									75 SF 75 SF	x	-	-	
					Mastic			_					
Name of Registered Waste Hauler	Н	NJDEP Waste Cubic Yards Hauler ID No. of Waste 0036592 1 CU				1,240,000,000,000,000		ered Landfi		ndfil			
City, State Saddle Brook, NJ	Disposal Date TBD				City, State Pen Ary		'A 18072						
Completed by Richard Cristofol	dent	Signature					_	400	ate /30/1	7			

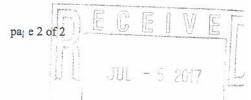
State of New Jersey NOTIFICATION OF ASBESTOS A

Print Form

EDS17-079			NO	TIFICA (Pursi	TION OF A	f New Je ASBEST JAC 8:60	rsey OS ABAT and 12:1:	EMENT 20)	Page	of 2	5))	E (0 [V						
Date of Notification (1) 6-28-2017		-		Nan	ne of Build	ding Own	er/Operato	or (2)		The second secon			11 -	- 5	2017						
Agencies Notified Ty	pe Notification	on			et Addres					- i hed	1-1	.,,	-	<i>*</i>	CUTT						
X EPA	Initial				6 Claren		enue			4	L	DEIC	700		- 1757)						
DEP X DOL	Amended Amendme	nt #2		City	, State, Zi	p Code				0. 5	2710	BES	JOE	NSI	NITE VG						
	Emergenc	y (includ	ding		sey City		305					Print Telephone pure	Pillier, steur	********							
X DOH	justification Cancellation	n)			ne of Cont vin O'Re					ГеІер	hone I	Numbe	er								
- Feed						S. C															
Name of Facility Where Abat PS 20	ement is Tak	ing Plac	e (3)		ACILITY I	NFORMA	ATION	Type of Fa	acility (4)	e -											
									2000 P												
Street Address 160 Danforth Ave								Subc	ol (K-12) hapter 8 (ther t	than K	(-12)									
								Othe	(i.e. priva	e & c	omme	rcial b	uildin	gs, ho	omes,						
City (5) Jersey City								etc.) Square Fe	et	of Flo	oors		Rido	. Age							
County (6)								50,000+			00.0		40+								
Hudson				Coun	ty Code (7	7)		Current Us	e (Prior if	eing	demol	lished)									
Name of Monitoring Firm Hire	d by Building	O	(0)	1				School													
Ahera Consultants Inc	d by building	Owner	(8)	00	CM No.		Name	of Abateme	nt Contrac	or (9)											
Street Address				00	57			roup, Inc													
PO Box 385							Street Address 140 Hamburg Turnp														
City, State, Zip Code										KE											
	ceanville, NJ 08231-0385						City, State, Zip Code Bloomingdale, NJ 07						(3								
Project Manager for Monitoring	g Firm			Teleph	none No.		one No.	140 0740													
John Smoyer				(609) 652-1833				10-9725		License No. 01084											
Start Date (10) 6-22-2017		Sched	uled Co	mpletio	n Date (11	1)		of OSHA Mo	nitor												
		7-26-					roup, Inc														
Occupancy Status During Abat				Street Address																	
Facility Closed/Vacated D Abatement Performed Ou	uring Entire I	Period o	f Abate	ment				amburg T													
Other - Describe: Facility	Occupied	iai Facili	ity Hour	S				ate, Zip Cod		No.	W15-0-										
Scope of Work (Check All That	Apply)						Bloom	ningdale, I	NJ 0740	}											
23 sf or ≥3 lf	. 44.37	×	-				P							All Control							
× ≥160 sf or ≥260 lf		and the same of	Renova				×	Full Conta	inment wi	1 Neg	ative	Pressu	ire								
								Mini-Enclo Glovebag	Procedure												
			- 15 NS	8	T			Non-Exem	pted (*) a	d Nor	n-Frial	ole Pro	cedu	re							
Location of			s Locat Normal											emen	it						
Asbestos-Containing Materi	al (ACM)	Us	ed Sole	ly by	Ashe	Des	scription o	f terial (ACM)					I !!	уре	T						
TO BE ABATED In Facility			aintena stodial S		(i.e	. thermal	systems i	nsulation.		moun	0.70	R	_	E	Ш						
(13)			(12)				cing, VAT,			or LI		Remova	Repair	caps	nclo						
		Yes	No	N/A				Jus)				val	air.	Encapsulate	Enclosure						
Boiler Room							eiling Bla	nkot	-		_			е							
Boiler Room						ink insulat	_	0 SF		X											
Boiler Room		X								5 SF		х									
Classroom 110			X Boiler door rope ins							x											
ame of Registered Waste Haule	er	L		JDFP W						54 S		X									
.GL Group, Inc, 2.RED Te		s, LLC	Ha	Haulet ID No. of Waste			Mine	of Registerva	ed La	andfill											
Ity, State					0030103		al Data		3550.115												
Bloomingdale, NJ					Disposal Date City, State TBD Waynesbu					NIEZ OH											
Completed by Title					Signature					011	D-1										
lena Solakov	dent	nt Signature Elesse					lla		0-2	e 28-20	17										

EDS17-079

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7)



CONTINUATION SHEET

				The state of the s			L	to the second second	
	T-								OS CONTROI SENSING
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance /Custodial Staff (12) Yes No N/A Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)					R E M O V A	R E P A	E N C A P S	E N C L O S U R
Classroom 110	Yes	No	N/A			L	R	L	E
Classroom 110 Restroom		X		VAT & Mastic	750 SF	X			
Classroom 110 Restroom		X		Ceiling & wall plaster	372 SF	X			
Classroom 110 cloak room		X		VAT & Mastic	42 SF	X			
		X		Ceiling & wall plaster	797 SF	X			
Classroom 110 cloak room		X		VAT & Mastic	111 SF	X			
lst fl rear hallway, center hallway & main entrance area		X		VAT & Mastic	2,350 SF	X			
Classroom 210		X		Ceiling & wall plaster	2,154 SF	X			
Classroom 210		X		VAT & Mastic	750 SF	X			
Classroom 210 cloak room		X		Wall plaster	876 SF	X			
Classroom 310		Х		Ceiling & wall plaster	2,154 SF	v			
Classroom 310		X		VAT & Mastic	750 SF	X			
Classroom 310 cloak room		X		Ceiling & wall plaster	1,064 SF	X		-	
Classroom 310 cloak room		X		VAT & Mastic	188 SF	X			
								-+	
						-		-	
								-	
						-		\rightarrow	
								-	
								-	
						-			
					_	-	\vdash		
					_	-			
			-						
			-						
	-	-	-						-

Completed By: (Print or Type) Elena Solakov	Title President	Signature Soullan	Date 6-28-2017

GL17-007 Ph 9

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

Page 1 of 2 Check #2855

								JHCCK	HZ055				
Date of Notification (1) 6-28-2017				of Building rouck He			n) LE	G	E				
Agencies Notified Type Notificat	ion			Address	J				n				
EPA Initial			0.000 0.000 0.000	Boulevard tate, Zip Co						JUL	- 5	201	7
DEP X Amended DOL Amended	112			rouck He		NJ 076	604	-					
Emergen justificati	cy (includin	g		of Contact				1	lephone	Numbe	DS C	UNT	ROL
DCA Cancella				itsianos (1 .	A 10			NG	
Name of Facility Where Abatement is Ta	king Place	(3)	FAC	ILITY INFO	ORMAT	ION	Type of Facility	(4)					0.50
Hasbrouck Heights HS/MS		(-)					School (K	55.5					
Street Address							Subchapt	er 8 (O	er than h				
365 Boulevard							Other (i.e etc.)	. private	& comme	ercial bu	uildings	, hom	es,
City (5) Hasbrouck Heights							Square Feet 40,000 +	2	f Floors		Bldg. 50+	Age	
County (6) Bergen				Code (7) USE ONLY)			Current Use (P School	rior if b	ing demo	olished)			
Name of Monitoring Firm Hired by Buildin Westchester Environmental	ng Owner (8	3)	ASC 0012	M No. 27			of Abatement C Group, Inc	ontracto	(9)				
Street Address 307 North Walnut Street							Address Hamburg Tpk	e e					
City, State, Zip Code West Chester, PA 19380						City, S	tate, Zip Code ningdale, NJ						
Project Manager for Monitoring Firm			Telepho	one No.	-		one No.	07 10	License	e No.			
Philip Conteh				31-7545		(201)	710-9725		01084	ļ			
Start Date (10) 6-16-17 at 3:30 pm	7-16-1	17 at 3	mpletion 3:30 pn	Date (11)			of OSHA Monito roup, Inc	r		23			
Occupancy Status During Abatement (Ch			Street Address						(Cara-11)				
Facility Closed/Vacated During Entition Abatement Performed Outside of No. Other – Describe: after hours	re Period of ormal Facilit	Abater y Hour	rs City, State, Zip Code						-				
Scope of Work (Check All That Apply)		-111-11-1-1-1				Bloor	mingdale, NJ	0740					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Continue to Asia	Renova Demoli				×	Mini-Enclosu Glovebag Pro	re ocedure	wil i Negative Pressure ure ai d Non-Friable Procedure			·e	
		s Locat									Abat	ement	
Location of		Norma ed Sole				cription					1	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	aintena todial ((12)	Asbestos C (i.e. therr				insulation, r, or	(mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Numerous sas attached	Yes	No	N/A			- 04			-			(D	
Numerous, see attached	X			Fir	e Stop	S		9 sf	X				
Name of Registered Waste Hauler		NJDEP Waste Cub			Cubic	ubic Yards Name of Reg		Pogist	rod! and	611			
GL Group, Inc		H	Hauler ID No. of Waste TBD			Minerv		red Land	utti				
City, State Bloomingdale, NJ					Dispos TBD	al Date	City, Sta Wayne		ОН				
Completed by Elena Solakov	ident	Signature					1 11) [Date 6-28-2	017			

Hasbrouck Heights High School / Middle School Pipe Penetration / Abatement Coordination Take Offs

6/13/2017

	Room	Encapsulate	Penetration	n	Reuse I	Penet	ration	New P	enetration
		Qty	Type		Qty	T	Type	Qty	Туре
MD15H/M15H		8	Floor	\neg				10	Floor
	306 Clo.	2	Floor	- 1					11001
	Stairs	2	Wall	-				2	Floor
	Child Study Office	1	Floor	-				2	Floor
	Brown or necessary loans an	1	Wall	- 1					1.001
	Woman's Fac Toil			- 1				2	Floor
	Men's Fac Toil	1	Floor					2	Floor
	an arranomer many r	1	Wall	-					
	SAC Office	2	Floor	-				2	Floor
	310B	2	Floor					2	Floor
		4	Wall					i	
	310A	4	Floor					4	Floor
	310	4	Floor					4	Floor
	312B	2	Floor					2	Floor
	312A	2	Floor					4	Floor
	Girl's Toilet	2	Floor					2	Floor
	305	4	Floor	1				4	Floor
	307	4	Floor					4	Floor
	Boy's Toilet	2	Floor					2	Floor
	Corridor			1				2	Floor
	309	2	Floor					5	Floor
	314	2	Floor	1				2	
	316A	2	Floor	1				2	Floor
	316	4	Floor	1				4	Floor Floor
	318 Clo	2	Floor	1				1 "	Ploor
	318	2	Floor*	1					1
MD14H/M14H	311	2	Floor	1				2	Floor
	313	4	Floor *	1				1	Floor
	322	4	Floor *					6	Floor
	320	2	Floor *	1				2	Floor
	Phys. Ed Office	2	Floor	1				2	Floor
	Phys. Ed Toilet	2	Floor	1				2	Floor
	Roof Access	2	Floor	1				2	Floor
- 1	Stairs	2	Floor	1				2	Floor
- 1	Old Gym	-	11001	1	26		CT.	2	Floor
	Stairs 5	2	Floor	1	26	- 1	Floor		200
- 1	Phys. Ed Office	2	Floor	1				2	Floor
	Phys. Ed Toilet	2	Floor	1				4	Floor
	Stairs 6	2	Floor	1				2	Floor
	Rm Next to Media	4	F1001	1				2	Floor
	Lobby Near Gym	2	Eleca	i i				2	Floor
	2) Guidance Offices	4	Floor	1					
	Conference Room	4	Floor	1				4	Floor
	208	2	Floor	1				2	Floor
100	210	4	Floor	1				2	Floor
	212		Floor	1				2	Floor
	Girl's Toilet	2	Floor	1				4	Floor
	aculty Room	6	Floor					2	Floor
	Office Room		Floor					6	Floor
100	Main Office	2	Floor	1				2	Floor
	/P Office	4	Floor		HUM			4	Floor
		2	Floor		2	F	loor	2	Floor
	rincipal Office oilet	2	Floor					2	Floor
		2	Floor					2	Floor
	Boy's Toilet	4	Floor	l				4	Floor
	Corridor	2	Floor					2	Floor
100	09	2	Floor					4	Floor
100	07	4	Floor					2	Floor
	14 MS Office	2	Floor		2	F	loor	2	Floor
	16	10	Floor					6	Floor
	urse Toilet	2	Wall					2	Wall
	urse							2	Floor
	18	2	Floor					2	Floor
AD12H/M12H 2:	Contraction of the Contraction o	4	Floor*					2	Floor
	IS VP	2	Floor*					2	Floor
-	20	4	Floor*					2	Floor
10	ım	166			30	_		162	

^{*} If pipes are concealed in chases, abandon in place. Encapsulate from below as required.



CH 100)5		NOTII (I	FICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	MEN 0)	Т	Commence of the control of the contr).E	C [5	W	E		
Date of Notification (1)				Name	of Building	Owner/	Operator	r (2)		111							
06/29/2017				Bern	adette De	eRose					LJ J	UL :	- 5	201	7		
Agencies Notified	Type Notification	3		Street	Address												
□ EPA [× Initial									-	ASBE	OTO		ALTO	A1 0		
DEP	Amended				ate, Zip Co					17	-HODE	LICE			UL 0		
X DOL	Amendment Emergency			Sprin	gfield, N	J 0708	31					Name Court Aure	er a final and		a an a room streams		
DOH DCA	justification)				of Contact					Τε	enhone N	umher					
DCA [Cancellation	1			adette De												
Name of Facility Where Ab	atement is Takin	a Place /	21	FAC	ILITY INFO	DRMAT	ION	-			-						
Private Home	atomont to Takin	ig i lace (٥)					Тур	e of Facility								
Street Address								H	School (K- Subchapte		ar than K	12)					
								×	Other (i.e.				ildings	, hom	es,		
City (5)									etc.) lare Feet	1 4	Floors		DIA				
Springfield								Squ	iale reel	# (FIOOIS		Bldg. /	age			
County (6)				County	Code (7)			Cur	rent Use (Pr	ior if he	na demoli	shed)			-		
Union					USE ONLY)			Out	1011: 050 (11	ioi ii be	ng demon	orica)					
Name of Monitoring Firm H	lired by Building	Owner (8)	ASCI	M No.		Name	of Ab	atement Co	ntracto	(9)		N				
									Safety L		, ,						
Street Address							Street	Addr	ess								
									osby Ave								
City, State, Zip Code			Sn., ====================================			City, S	tate,	Zip Code									
D							- C N		n, NJ 0750)2							
Project Manager for Monito	ring Firm			Telepho	ne No.		Teleph				License	No.					
Start Date (10)		Cabadul	-10-						-8711		01332						
07/11/2017		07/12/			Date (11)				SHA Monitor								
Occupancy Status During A	hatement (Chec							Addre	Safety LI	_C							
Facility Closed/Vacate Abatement Performed	Outside of Norm	eriod of a	, , , , , , , , , , , , , , , , , , ,					8 Crosby Ave City, State, Zip Code									
× Other - Describe: 8:0	00am-4:30pm					_			n, NJ 0750	12							
Scope of Work (Check All 7	hat Apply)						, αισ		1, 140 0700				-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	M	ull Containm ini-Enclosur lovebag Pro	е	witl Negative Pressure						
		T						1 No	on-Exempte	d (*) an	Non-Fria	ble Pro			_		
	2	100	Locat Vormal	17 331										ement /pe			
Location of Asbestos-Containing Management		Use	ed Sole	ly by	Ashast		scription		al (ACM)		nount		T	ĺ			
TO BE ABAT			intena todial S		(i.e. t	hermai	systems	insu	lation,		pecify	R	71	Enc	m l		
In Facility (13)		J	(12)	Jan:			cing, VAT			SI	or LF)	Remova	Repair	apsi	Enclosure		
A-7.6		Yes	No	N/A		outer ii	iiscellarii	eous	,			\\\ \a_{\alpha}	=	Encapsulate	ure		
Garage	140	IN/A	Duc	t on co	eiling ir	neula	ation		5sf	-	-						
							Jilling II	iouic	20011		031	Х	-	X	-		
				-								+-	-				
		1											-				
Name of Registered Waste	Hauler	1	IN	JDEP W	aste	Cubic '	Yards		Name of	Registe	ed Landfi						
Removal Safety LLC	Н	NJDEP Waste Cubic Yards Hauler ID No. of Waste 0037007 1					GROW	1976									
City, State			100	al Date		City, Stat											
Paterson, NJ	07/13/2017 Morrisville, F A				Ą												
Completed by		Title				Si	ignature	1	11	1		ate					
Lasko Veskov		sident Toples Con						Con	0	6/29/	2017	•					

CH358)7		NOT	IFICATION	ON OF AS	BESTOS	ABATE	MEN	r))	E C	E		/ E			
Date of Notification (1) 6/30/17					of Buildin		Operator	r (2)		A Transport	T	P 2 0 1		- 00	A~7			
Agencies Notified	Type Notification				Address	,L				14	L.	JUI		5 20	1/	Impressor		
□ EPA				-	Summit	St				5	Ĺ							
DEP	X Initial Amended				state, Zip C			+	_A	SREST			ROL	8				
X DOL	Amendment				vood, N.		8			-	The make you		ICEN	SING				
DOH	Emergency justification)		g		of Contac						Telephone Number							
☐ DCA	Cancellation			Gina Hennesy														
Non- CF W 144				FAC	CILITY IN	FORMAT	ION								<u></u>			
Name of Facility Where A Norwood Elementai	Abatement is Takin	g Place	(3)					Тур	e of Facility	(4)			T Sell I					
Street Address	y School								School (K	-12)								
27 Summt St								X	Subchapte Other (i.e.	er 8	Othe	r than K	(-12)	حدثاء اثر				
City (5)								Ш	Other (i.e. etc.)	priv	ne a	comme	irciai D	ullaing	s, non	ies,		
Norwood NJ 07648					are Feet	T	# of Floors Bldg. Age											
County (6)	- ·				11,500			1			50yrs							
Bergen	(STATE	Code (7)	Y)				being demolished)											
Name of Monitoring Firm	1)		M No.				mentary											
Environmental Rem	Ir ASC	IVI INO.		Name	of Ab	atement Co	ontra	tor (9)									
Street Address		Yannuzzi Environme							at tal Services, Inc.									
Bldg 35E					0110000000000	elon Rd.	C	- 11	10									
City, State, Zip Code					Sul	9 10)2											
Fairlawn, NJ 07419					State, Zip Code nelon, NJ 07405													
Project Manager for Monit	Telepho	one No.		Teleph			-	License No.										
Guilermo Morales		49-3525	5	908-2					01228									
Start Date (10)		Date (11)		200000000000000000000000000000000000000		HA Monitor	<u> </u>	\perp	01220	k 								
7/10/17		5 5 5 5 5 ** 25 25 25 25 5 5 5 5 5 5 5 5 5 5 5 5 5	(/				Environ		al S	Service	s In							
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street /					7011100	,, ,, ,,,	<i>-</i> .				
X Facility Closed/Vacat	ed During Entire F	eriod of	Abater	ment		Kinne	on Rd.	Suit	10	2								
Abatement Performe	d Outside of Norm	al Facilit	y Hour	Control of the contro					State, Zip Code									
						_	Kinne	elon,	NJ 0740)5								
Scope of Work (Check All	That Apply)									_		-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X	Renova	ation			×	Fu	II Containm	nent "	/ith N	Jegative	Press	ure				
≥160 sf or ≥260 lf	Demoli	tion		Mir	ni-Enclosur	e				uic								
						Glovebag Procedu Non-Exempted (*)				(*) and Non-Friable Procedure								
		Is	Locat	ion								10111111	10.01		emen	r		
Location of	of		Norma			Des	Description of							T	уре			
Asbestos-Containing N TO BE ABAT	faterial (ACM)		ed Sole		Asbes	tos Conta	aining Ma	(ACM)		Amount				ш				
In Facility		Cus	todial		(I.e.	systems cing, VAT	ems insulation,				ecify or LF)	Rer	\Z	Encapsulate	Enclosure			
(13)			(12)			other m	niscellane	laneous)			SF C	n LF)	Remova	Repair	psu	losu		
		Yes	No	N/A	1								<u>a</u>	-	late	Ire		
First Floo						ling tiles			1.00	0.05	-	-						
		X		+			eiling tiles		50		11,050 SF		X	-				
		-		-														
Name of Registered Waste	Hauler		11000	JDEP W		Cubic \	10 000	ds Name of Rec		Regi	Regi itered Landfill							
annuzzi Group, Inc.			13502	lauler ID 7467	No.	of Was	te	1000			aiı ess Landfill							
City, State				1 +01			al Data											
Kinnelon, NJ 07405						7/28/1			City, State Morrisv		DΛ							
Completed by		Title					gnature	71	AAA	me,	PA	15	at-					
lohn Mucha	ct Ma	anager		1/	110	/ \			ate 3/30/1	7								



3000),[C	EI	\mathbb{V}	EIN									
Samuel and Artist and	V	50000	- 5	2017										
Operator (2)					- water, made									
neration LLC	ASE	ESTO	3 00	VTRO) 8									
		LIC	ENSI	IG										
00														
2														
3	Tel N	lı 1000 b = -												
				-										
han K-12) ommercial bldç	s., hor	nes, etc.												
oors8														
g demolished)														
Name of Cor														
Brandenburg	Indust	Industrial Service Company												
18015	icens	e Numb	er											
			ici											
	00721													
ervice Compan														
		77												
oj. (<25 SF or ·	10 LF	ACM)												
Specify SF or L	=)	Abater	ment Ty	<u>be</u>										
sf		Rem.	Rep.	Encap	Enclose I									
01		X												
		X												
	_	X			+									
		X												
	-	X												
		х												
		X	DHILL											
		X												
	/ 1	X												
	-	X	5 05		1									

		a cc)					B ALLA		.1111	- 5	2017	1111			
Date of Notification (1) 06/29/17	Name of Building Owner/Operator (2)														
					Calpine New Jersey Generation LLC Street Address ASDESTOS CONTROL &										
Agencies Notified		Notification	Notification Type Street Address								NTRO! NG	_ &t			
(X) EPA		() Initial No	tification		717 Texas A	717 Texas Ave, Suite 1000									
() DEP		(x) Amend		ation	City, State, Z		70	-							
(X) DOL		() Cancelle	ed		THE OWNER CONTRACTOR OF THE OWNER CONTRACTOR OWNER CONTRACTOR OF THE OWNER CONTRACTOR OWNER CONTR										
(X) DOH					Houston, TX	77002-2743									
() DCA		1			Name of Con			Tel	Ni maha-	-					
					Paul Ostberg			# # # # # # # # # # # # # # # # # # #							
				FACILITY IN	NFORMATION										
Name of Facility Where Abat	tement is	Faking Place (3)		Type of Facil	itv (4)		100							
					() School (K-12)										
Calpine New Jersey General	() Subchapte	er 8 (other th	nan K-12)												
Street Address					(X) Other (i.e	. private & co	ommercial bld	(s., h	omes, etc	.					
272 N. Basedone.															
373 N. Broadway City (5)							oors8								
<u>City (5)</u>	County (6)			Code (7)	Plda Ago E	-									
Pennsville S	alem		Istate U	se Only)	Bldg. Age 5 Current Use (nrior if boing	domaliahad\	2	DI+						
Name of Monitoring Firm Hire		Owner (9)	ASCM N	le .	Todiferit ose (prior ii beirig									
Name of Worldoning Fill Fill	ed by bluc	. Owner (o)	ASCIVITY	10.			Name of Co	raci	or (9)						
Horizon Environmental Group)	Drandanh											
Street Address		Street Addres		Brandenbur	inat	istriai Ser	vice Co	mpany							
	Street Address	55													
PO Box 316	2217 Spillman	n Dr													
City, State, Zip Code				-											
City, Ctate, Zip Code					City State, Zip	Code									
Thorofare, NJ 08086					Bothlohom D	annos di conio	10015								
Project Manager for Monitoring	na Firm	Telephone I	dumber		Bethlehem Pennsylvania 18015 Telephone Number				License Number						
Tale of the last termination	TCICDITOTIC	varriber		Telephone NO	imber		Licerise Nulliber								
Steve Flanigan	856-848-086	00		610-691-1800	610-691-1800					00721					
					0.000			3077	<u> </u>						
Scheduled Start Date (10) Scheduled Completion Date (1)					Name of OSH	IA Monitor		11-							
08/01/16		03/02/18			Brandenburg Industrial Service Compan										
Occupancy Status During Ab (x) Facility Closed/Vacated D	atement (check only on	<u>e)</u>		Street Addres	<u>s</u>									
() Abatement Performed Ou	teide of No	e Period of At	datement		2047 Caillean										
() readsmont chained ou	tolde of N	official Facility	iouis -		2217 Spillman Drive City, State, Zip Code										
Describe_ Demolition					City, State, Zij	o Code									
(x) Scheduled Demo Start 07	7/11/16														
Scheduled Demo Comple		/18			Bethlehem, PA	A 18015									
Source of Work (Check all tha	at apply)				1 Bearierieri, i 7	4 10010			-						
(x) Demolition () Renova	ition														
(x) Large Proj. (>160 SF or >	260 LF A	CM) () SM Pr	oj. (>25<1	60 SF or >10 <20	60 LF ACM)	() Minor Pro	oj. (<25 SF or	· 10 L	F ACM)						
(x) I dil Containment with Ne	galive Pre	essure (x)	Wilni-Enc	osure (x)	Glovebag Proce	dure									
Location of Asbestos- Containing Material (ACM) in	IS LOCA	ation Normally	Used	Description of		Amount (S	Specify SF or)	Abate	ment T	ype				
Facility (13)	Staff?	by Maint./Cus	todiai	thermal system											
acinty (13)	YES	NO NO	NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap I	England			
Plant Boilers	110	1 10	X	Insulation	400,000 - 6				_	Rep.	T	Inclose			
Plant Boilers			×	Fire Brick		180,000 sf			X	-	-				
Main Plant	-					24,000 sf		-	X		+				
Main Plant	_		X	Pipe Insulation		12,500 lf		1000	X						
Main Plant		-	X	Transite/Galbe	SIOS	32,265 sf		60.7	X	-	-				
Main Plant	_	-	X				55,000 sf		X	-	-				
Main Plant			X	Flashing/Tar P	aper	68,100 sf			X	-					
Pipe Rack	-	+	X	Caulk/Exp Jt		13,570 sf			X						
Conveyor	-		X	Pipe Insulation		9,820 lf			X						
Misc Small Out Bldgs	-		X	Galbestos		8,000 sf			X	-	-				
Misc Small Out Bldgs	-		X	Caulk/Exp Jt	-1	33,000 sf			X						
Aisc Small Out Bldgs	-		X	Transite/Galbe	SIOS	4,450 sf			X						
Aisc Small Out Bldgs	-		Х	Insulation		2,840 sf			X						
Roiler 8	-	-	X	Flashing/Tar Pa	aper	4,650 sf			X			- 6			
ab Filter Bldg	-	-	X	Vapor Barrier		330 If			X						
		NIDEDIN	Х	Vapor Barrier		150 lf			X						
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	<u>U#</u>	Cubic Yards of	Waste		lam	e of Reg.	Landfill	e e e e e e e e e e e e e e e e e e e				
Massari & Sons 01951					25,000 cy			aler		Improv	ement Au	thority			

City, State			Disp. Date	1	City, State
Carneys Point, NJ			02/23/17		Alloway, NJ
Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	<u>e</u>	Reg. Landfill		
Brandenburg Industrial Service Company	21838		unty Improvement Authority		
City, State			Disp. Date		City, State
Bethlehem, PA 18015		02/23/17		Alloway, NJ	
Completed by (Print or Type)	Title	Signature		Date	
Jennifer Polzer	Contract Manager	1 OOX		06/29/17	
Mail to: NJDEP-DSHW-BRRTP	Telephone 609-984-6620	700		C:\WORD\M	MYDOCS\ASBESTOS

401 E. State St., PO 414 Trenton, NJ 08625-0414



9/18/00

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

Ck# 3232

Date of Notification (1)			-		Name	e of Buildir	na Ov	wner/Operator	(2)		201	-			-		
6 / 30 / 17							No.	lamin.	E (a 15	2 []	7.77	r=				
Associate National					NJ Motor Vehicle Commission								W	占			
Agencies Notified	Type Notific ☑ Initial	ation			1	t Address	K				Mari - Marin Parasa						
⊠ DOLWD	☐ Amended	d				PO Box 160									1		
□ DHSS	Amendm	7000				State, Zip				and 100	JU	JL -	5	2017			
☐ DCA	☐ Emergen	cy (inc	cluding	g		enton, Nu		566							Ì		
(NJAC 5:23-8)	justificati				a special production	of Contac	ct		T	lepho	ue Naw	per	~~~	TR	3 10		
	☐ Cancella	tion			Ed	Hedger								1	V 1 U		
			FA	CILITY IN	NFO	RMATION						THE STATE OF THE S	-				
Name of Facility Where Al	batement is	Taking	Place	(3)		7			Type of Facility (4)								
MVC Delanco site									School (K-12)			201					
Street Address		□ Subchapter 8 (C her than K-12) □ Other (i.e., priva ∋ and commercial build							10								
400 Creek Rd				homes, etc.)	Janu	CONTINUE	Clai Di	andn iş	,,								
City (5)									Square Feet	of Flo	oors	BI	dg. A	ge			
Delanco																	
County (6)					Cou	nty Code (7)(ST/	ATE USE ONLY)	Current Use (Prior i	being	demolis	shed)	ed)				
Burlington										0.7							
Name of Monitoring Firm I	Hired by Build	ding O	wner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (9)								
NV5							100000		VIRONMENTAL, I	I IC.							
Street Address								reet Address									
7 Campus Dr		1	1123 BEAVE	R STREET													
City, State, Zip Code								City, State, Zip Code							-		
Parsippany, NJ 07054								BRISTOL, PA									
Project Manager for Monitoring Firm Telephone No.								lephone No.		cens	e No						
973-946-56								215-788-6040		0050							
Start Date (10)				me of OSHA N		-											
Start Date (10) Scheduled Completion Date 7 / 17 7 / 21 /							4		VIRONMENTAL, I	LIC.					1		
Occupancy Status During								eet Address	TITOTIME TAE, I								
☐ Facility Closed/Vacated					ament		100000		CTDEET						1		
☐ Abatement Performed (cribe	_	1123 BEAVE									
Time of Abatement: 7:0							1000	y, State, Zip Co						- 1			
Casas of West (Chaste all I	that analy			10/1100			-	BRISTOL, PA	19007		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Scope of Work (Check all that apply)								☐ Full Cont	ainment with Negativ	tiv : Pressure							
≥3 sf or ≥3 lf			☐ Re			on Mini-Enclosure						111000010					
								☐ Gloveba	Procedure mpted (*) and Non-F	Er able Breedure							
	le	Loca	tion	1	-	M Non-Exe	mpted () and Non-F										
Location o	nf			Norm				Description of	f			-	Abatement Typ				
Asbestos-Containing M	laterial (ACM	1)	Used Solely			Asbe	stos	Containing Ma		Amo	Amount		Repair	Encapsulate	Enclosure		
TO BE ABAT IN Facility					ance/ Staff?	(i.e		ermal systems			(Specify		ai.	aps	losu		
(13)				(12				surfacing, VAT, her miscellane		SF or	LF)	Removal		ula	ıre		
N=2/			Yes	No	N/A	1			343)					e			
Exterior Trailer # 2					\boxtimes	Roof co	oatin	ng		250	SF						
Exterior Trailer # 1	Exterior Trailer # 1					Caulkin	ıg			50 9	SF						
Exterior Trailer # 1					\boxtimes	Windov	v ca	ulk		100	LF						
Name of Registered Waste	Hauler			1	NJDEP \	Naste	Cub	oic Yards of	Name of Registere	Land	fill	1					
SERVICE TRANSPORT GROUP, INC.					dauler II 20990		Wa	ste	MINERVA LAN								
City, State		Ne cellifered.					Dis	posal Date	City, State	News 1							
NEW CASTLE, DE 19720									R 3, OH 44688								
Completed By (Print or Typ	oe)	Title						Signature			Da			,			
Brian Scafiro Estimator								Brings	Scalin	M	4	01:	30/	17			

								F	7 P 6		п	D /7	int Forr	
Ch 3528			CATIO	tate of New Jers N OF ASBESTOS t to NJAC 8:60 ar	ABATE		IT	Standar or named as shown		E	Ш	W		
Date of Notification (1) 6/30/17				of Building Owners			ority	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 10	L	5 2	017	leanand	
Agencies Notified Type Notification				Address Front St					ASBEST	TOS	CON	TRO	L &	
EPA Initial Amended		C	City, St	ate, Zip Code				1	<u> </u>	ICEN	ISIN	3		
➤ DOL Amendment Emergency				on, NJ of Contact										
DOH justification) DCA Cancellation		100		sh Kathimi				1	elenhone Ni	imhar				
Name of Facility Where Abatement is Takin	q Place (3	3)	FAC	ILITY INFORMAT	ION	Tvr	e of Facility	(4)				_		
Abandoned	J	·					School (K-							
Street Address 351 Cleveland St						×	Other (i.e.	r 8 (C priva	ther than K-1	l2) cial bui	ldings	, hom	es,	
City (5) ORANGE						Squ 30	etc.) uare Feet 00	1 2	of Floors	0.11113	Bldg. A	Age		
County (6) Essex				Code (7) USE ONLY)			rent Use (Pr andoned	ior if	eing demolis	hed)				
Name of Monitoring Firm Hired by Building (n/a	Owner (8)		ASC	/ No.			patement Co i Envriome		or (9)					
Street Address				d	Street		ress relon Rd							
City, State, Zip Code		20.00			(2077/530)		Zip Code							
Project Manager for Monitoring Firm		1 =	-11		Kinne		W		1504					
		16	elepno	ne No.	Teleph 908-2		No. -0880		License N 01228	10.				
Start Date (10) 7/17/17	Schedule 7/30/17		letion	Date (11)	10000		SHA Monitor i Environm		1	_				
Occupancy Status During Abatement (Check	Only On	e)		V 	Street	Addr	ess	-	·					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: abandoned	eriod of A al Facility	Abatemer Hours	nt		City, S	tate,	elon Rd Zip Code		-					
Scope of Work (Check All That Apply)		Kinr					Rd NJ		¥ 					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovation Demolition					lini-Enclosure	e cedui	th Negative F nd Non-Friab			_		
	Is	Location	i			1 14	OH-EXEMPLE	1 () 1	ilu Non-Filat	JIE PIO	Abate	ement		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	lormally d Solely I ntenance odial Sta (12)	e/	Asbestos Coni (i.e. thermal surfa		ateria insu T, or	lation,		Amount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure	
(8) 8	Yes	No	N/A							/al	=	ılate	лге	
Basement			х	Pipe	Insulat	tion		1	003 LF	x				
Basement	Basement								2 sf	х				
									(-					
Name of Registered Waste Hauler		5 (4.000000000000000000000000000000000000	EP W				Name of	Regis	ered Landfill					
Yannuzzi Group		11 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20	Hauler ID No. of Waste 17467 10 cy				aste Crows Fairles							
City, State Kinnelon NJ			Disposal Date City, State 8/10/17 Fairless						;					
Completed by John Mucha	Title projec	t mang	ger		gnature	^	Ma	1	Date 6/30/17					

* Do not use this form for asbe tos licensure exempted activities.

									January 1				Pr	int Fo	
CH 3598			ICATIO	N OF AS	ew Jerse BESTOS C 8:60 an	ABATE		т	F N 6) E C			<u> </u>		
Date of Notification (1) 6/30/17					g Owner/o Develo			hority	Harris Harris	JUI	-	5 21	017		
Agencies Notified Type Notification EPA Initial	1			Address Front S	St					ASBEST	OS (CON	TRO	. &	
DEP Amended Amendmen				ate, Zip (on, NJ	Code	-			-		1.1-1/1	SING	1		
DOH justification Cancellation)	1		of Contact			199-3		ī	Monhore M.	b				
			FAC	ILITY INI	ORMAT	ON									
Name of Facility Where Abatement is Takin FORMER ABANDONDED RESID		3)					Тур	oe of Facility School (K-							
Street Address 347 Cleveland St	Michigan						×	Subchapter Other (i.e.)	8 (0	her than K-1 & commerce	2) cial bui	ildings	, home	es,	
City (5) Orange NJ							Squ 300	etc.) Jare Feet 00	#	of Floors	187	Bldg. A	Age		
County (6) Essex				Code (7) USE ONL	Y)			rent Use (Pri andoned r			100				
Name of Monitoring Firm Hired by Building	Owner (8))	ASC	M No.	T			oatement Cor i Environm			;				
Street Address						Street 135 I		ess elon Rd							
City, State, Zip Code								Zip Code NJ 07405							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 908-2		No. -0880		License N 01228	No.				
Start Date (10) 7/15/17	Schedul 7/30/1		npletion	Date (11)				SHA Monitor i Environm	enta	Services					
Occupancy Status During Abatement (Chec	pancy Status During Abatement (Check Only One)					Street	Addr	ess		-		115.00			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: abandoned	Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility H					City, S	tate,	elon Rd Zip Code NJ 07405							
Scope of Work (Check All That Apply)									-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				X X X	F M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	e cedur	-			e		
Location of	100	Locati			D								ement pe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole intenar todial S (12)	nce/ Staff?		stos Cont thermal surfac		lateria insu T, or	lation,		Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
2nd floor living	Yes	No	N/A X		QvQv.	at & ma	actio			60 sf	1.5	-	Ф		
2nd floor kitchen	-										x	-			
3rd floor bedrooms			X	- 11	ultiple \					00 sf	x				
ord floor bedrooms			Х		red vat	and m	iasti	C		00 sf	X	-			
Name of Registered Waste Hauler		N.	JDEP W	aste /	Cubic '	Yards		Name of I	Regis	ered Landfill	1				
annuzzi Group		H	auler ID 7467		SHOWS SAL	f Waste									
City, State Kinnelon, NJ					Dispos 8/10/1	al Date 7	4	City, State Fairless							

Title Proj.Mgr.

Completed by

John Mucha

Date

6/30/17

Signature

CK35028		NOTII	FICATIO	State of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE	MENT 0)	And the second second second second second	引星	C E		V	E
Date of Notification (1) 6/30/17				of Building Owner/ chools Develor			To the same of the	1 1	11	5 2	2017	1
Agencies Notified Type Notification			Street	Address Front St	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iditotity		ASBES	TOO	no.		1
EPA Initial Amended			City, St	tate, Zip Code					ICEN	ISIN ISIN	HU B	L &
DOL Amendment Emergency	(including			on, NJ								
DOH justification) DCA Cancellation				of Contact ish Kathimi			1 1	elenhone No	umber			
Name of Facility Where Abatement is Takir	a Place	(2)	FAC	ILITY INFORMAT	ION	T (5 10)						
Abandoned	y riace	(3)				Type of Facility School (K-	1000					
Street Address 349 Cleveland St						Subchapte	r 8 (C	her than K-	12)	(attack)		
City (5)						etc.)		& commerc				es,
ORANGE						Square Feet 3000	2	of Floors	11.70	3ldg., 50+	Age	
County (6) Essex				Code (7) USE ONLY)		Current Use (Pr Abandoned	ior if t	ing demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.		of Abatement Co		r (9)				
Street Address						Address	entai	-			and a later	
City, State, Zip Code	(0-				2000000	Kinnelon Rd						
Oity, Otato, Zip Gode						tate, Zip Code elon, NJ						
Project Manager for Monitoring Firm			Telepho	one No.	100000000000000000000000000000000000000	one No.		License I	No.			
Start Date (10)	Schedu	led Cor	npletion	Date (11)		218-0880 of OSHA Monitor		01228				
7/10/17	8/10/1	7			Yann	uzzi Environn		1				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F			nont			Address (innelon Rd						
Abatement Performed Outside of Norm Other – Describe: abandoned	al Facilit	y Hours	s .		City, S	ate, Zip Code elon Rd NJ						
Scope of Work (Check All That Apply)					SIOTI NU INJ							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit	3737000		××××	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedur				e	
	10	Locati	100000							Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenar todial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surface	scription aining M systems cing, VA ⁻ niscellan	aterial (ACM) insulation, Γ, or		Amount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
V 9	Yes	No	N/A			100.05			12	=	llate	ire
Basement			х	Pipe	Insulat	ion	!	80 LF	х			
Basement			х	chimney	mod b	acking		5sf	x			
throughout			Х	ŗ.	laster		11	,000 sf	х			
Name of Registered Waste Hauler		N	JDEP W	/aste Cubic	Yarde	Name of	Regis	ered Landfill				
annuzzi Group		Н	auler ID 7467			Grows			t.			
City, State Kinnelon NJ					al Date	City, State		N.I.				
Completed by	Title	40		,	gnature	Fairless			ate			-
ohn Mucha	proje	ct ma	nger		110	W U	11	71	30/17	7		

Print Form

0975-0	2														
Chlei	768		NOT		CATIO		BES	ersey TOS ABAT 60 and 5:1)r	ECE	7	<u> </u>	I I II II	
Date of Notification (1) 6 /	30 /	17					0.00	ner/Operator (2 8 3	legs.	JUL -	5 20	017		J
Agencies Notified	Type Notific	cation			Stree	et Address				1		-		1	
⊠ EPA	☐ Initial				30	CHURCH	H STR	EET	-	A	BESTOS (CON	TRO	L &	
☑ DOLWD ☑ DOH			2		City,	State, Zip	Code		Krewn		11.1-11	Silvin	7	-	
□ DCA	☐ Emerger			a	PE	NNSVILL	LE NJ	08070							
(NJAC 5:23-8)	justificat Cancella	ion)			Nam	e of Contac	ct			T	lephone Num	ber			
					FA	CILITY IN	NFOR	MATION				5000			
Name of Facility Where A	batement is	Taking	g Place	(3)					Type of Facility	(4)		100 02		-	
PENNSVILLE MIDD	LE SCHOO	L							School (K-12						
Street Address 4 WILLIAM PENN A	VE.								Subchapter of Other (i.e., phomes, etc.)	riva			uilding	gs,	
City (5)									Square Feet		of Floors	В	ldg. A	ge	
PENNSVILLE									>50,000		1		50÷		
County (6) SALEM					Cou	inty Code (7	7)(STAT	E USE ONLY)	Current Use (Pr SCHOOL	ior i	being demolis	shed)			
Name of Monitoring Firm	Hired by Buil	lding C	Owner	(8)	ASCN	1 No.	Nam	e of Abateme	ent Contractor (9))					
HEALTH AND SAFE	TY SERVI	CES					DI	ELTA/BJDS	, INC						
Street Address 318 12 TH STREET		in—			·		100000000000000000000000000000000000000	et Address							
City, State, Zip Code									RIAL BLVD						
HAMMONTON, NJ 0	8037						1	State, Zip Co							
Project Manager for Monit				Te	lephone	No		phone No.	ON, PA 18966		cense No.				
AL OSWALD	toring r iiiii			1	609 704		- Kingani	5 322-2900		1	00783				
Start Date (10)	1.	Sched	luled C				Newsys.	e of OSHA M	onitor		-				
6 /13 /	Date (10) Scheduled Com 6 / 13 / 17 8 /							RITERION L	ABS						
Occupancy Status During	Abatement (Check	conly o	one)			Stree	et Address						-	
☐ Facility Closed/Vacate							40	0 STREET	ROAD						
Abatement Performed Time of Abatement: 7/	Outside of N AMPI	ormal M/ <u>4:3</u> 6	PM	y Hou	urs - De _AM	scribe		State, Zip Co							
Scope of Work (Check all	that apply)							_			-			-	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re	nova				☐ Mini-Encl				·e			
			Is	Loca	ation			E3 Holl End	ptod () dira ito				ateme	ent T	vne
Location				Norm	ally lely by			Description of				1000			
Asbestos-Containing N TO BE ABA		Λ)	Ma	inten	ance/			ontaining Mat mal systems i			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust	todial (12	Staff?		su	rfacing, VAT,	or		SF or LF)	val	-	sula	sure
(13)			Yes	No	-	1	otne	er miscellaned	ous)					ate	
ADMINISTRATION AR	EA					FLOOR	TILE				35 SF				
TOILET ROOMS		\boxtimes		ACM FI	ITTING	GS (ASSUM	ED)		12SF						
ADMINISTRATION AR				EXTER	IOR U	NIT VENTIL	ATORS		28LF						
						SEG	: Ai	TACH							
Name of Registered Waste SERVICE TRANSPO					NJDEP Hauler I	Waste D No.		Yards of	Name of Regis MINERVA I				-		
City, State			-		2099	U	Dispo	sal Date	City, State		-				_
58 PYLES LANE NE								W-0-41-10 H210 HA11 F 12		UR	i, OH 44688				
Completed By (Print or Ty MICHAEL PARSON	pe)	Title		CT N	//ANAC	SER		Signature	a 02	1	Da		3	lni	~7

	+	\dashv				1	
	\dashv	\dashv	\exists				
		-					
		×	39 SF	FLOOR TILE	×	H	OFFICE
	-	+				7	GROUND FL GUIDENCE
		×	28 SF	FLOOR TILE	×		GROUND FL RM 3
		×	14 SF	FLOOR TILE	×		NURSES OFFICE
		×	14 SF	FLOOR TILE	×	l	OFFICE
	Contract of the Contract of th	ł			1	\dagger	GROLIND EL VICE BRINCIPIE
	_	×	14 SF	FLOOR TILE	×		GROUND FL PRINCIPLE'S OFFICE
Section 200	e de la constante de la consta	× >	20 JF	- FOOT TIEF	,	-	
	+	<	13 0 C	ELOOR THE	×	+	GROUND FLOOR MAIN OFFICE
	-	MICHIGAN IN			0	1:5	
J E						L	
				OTHER MISCELLANEOUS)	CUSTODIAL STAFF?	CUST	IN FACILITY
			SF OR LF	(IE, THERMAL SYSTEMS INSULATION	USED SOLEY BY	USED	MATERIAL (ACM)
ENCAPSULATE	REMOVAL REPAIR	RE	SPECIFY	ASBESTOS CONTAING MATERIAL (ACM)	NORMALLY	Z -	ASBESTOS-CONTAINING

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK AC LIVILES OS CONTROL &

Must be submitted 10 days prior to the beginning of work. Please type or prir legibly.

	I. NOTIFICATION INFORMA	TION	
Date of Notification: 6 / ☐ ☐ Initial ☐ Amended ☐ Type of Work: ☐ Demolition	Cancellation	include justification)	
	II. BUILDING INFORMATI	ON	
Name of Building Owner/Operator:	PENNSVILLI	E SCHOOL DISTRIC	Т
	REET City: PENNSVILLE		
	III. FACILITY INFORMATION	ON	
Name of Facility Where Work Activity	is to Take Place: PEN		
Describe Facility Use:	SCHO	DL	
Street Address: 4 WILLIAM PEN	AVE City: PENNSVILLE	State: N	J Zip: 08070
County Name: SALEM	County Code	(State Use Only):	
Scheduled Start Date: 6 /			/ 31 / 2017
Occupancy Status During Activity (check only one):		5
☐ Facility Closed/Vacated During En			
	Facility Hours—Describe:		
Other—Describe:			
Scope of Work (check all that apply	·):		**************************************
	quare Footage: 137	Percentage Asi	estos:%
	quare Footage:		estos: %
	IV. CONTRACTOR INFORMA	TION	
Company Name:	DELTA/BJDS, INC	Telephone No.:	215 322-2900
Street Address: 1345 INDUSTRIA	L BLVD City: SOUTHAMPTO	N State: P	Zip: 18966
	r (if applicable): 00783		
	EALTH AND SAFETY SERVICES	Telephone No.: _	609 704-8850
	V. SIGNATURE		
Completed By (type or print legibly): CHRI	STINE DEL VISCIO Title	:ASS1	. ADMIN
Signature:	Del /hon-		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 0975-02

Date of Notification (1) (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) -5201719 / PENNSVILLE SCHOOL DISTRICT Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial ASBESTOS CONTROL & 30 CHURCH STREET **⊠** DOLWD ⊠ Amended LICENSING City, State, Zip Code **⊠** DOH Amendment #1 * PENNSVILLE NJ 08070 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENNSVILLE MIDDLE SCHOOL School (K-12) Street Address ☐ Subchapter 8 Other than K-12) Other (i.e., private and commercial buildings, 4 WILLIAM PENN AVE. homes, etc.) City (5) Square Feet # of Floors Bldg. Age PENNSVILLE >50.000 1 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prio if being demolished) SALEM SCHOOL Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) HEALTH AND SAFETY SERVICES DELTA/BJDS, INC Street Address Street Address 318 12TH STREET 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HAMMONTON, NJ 08037 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. AL OSWALD 609 704-8850 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>6</u> / <u>13</u> / <u>17</u> 8 / 31 / 17 CRITERION LABS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-PM/4:30PM-BENSALEM PA 19020 Scope of Work (Check all that apply) ☑ Full Containment with Negat re Pressure ≥3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure □ Non-Exempted (*) and Non-Fiable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Repair 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 ADMINISTRATION AREA X FLOOR TILE 35 SF X TOILET ROOMS \boxtimes ACM FITTINGS (ASSUMED) 12SF ADMINISTRATION AREA X П EXTERIOR UNIT VENTILATORS 28LF X П X П X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Register d Landfill Hauler ID No. Waste SERVICE TRANSPORT GRP MINERVA LA IDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBUR 3, OH 44688 Completed By (Print or Type) Signature MICHAEL PARSON PROJECT MANAGER ASB-41

JAN 13 * Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:60 and 5:15)

0975-00	-		(Pursu	ant to NJ	AC 8:60 and 5:	16)	1			1	
Date of Notification (1) 5 / 31		7				ing Owner/Operator	50.00	JUL -	5 20	117	1 1	
Agencies Notified Type No ⊠ EPA		n		30	e ingregorianismos en ventros	H STREET		A SPESTOS C			-64	
	dment	#	250	70.0	, State, Zip				230000			
☐ DCA ☐ Emer	gency (includi	ing			LE NJ 08070						
(NJAC 5:23-8) justifi	cation)			Nam	ne of Conta	ct		Telephone Nur	nber			
				F	ACILITY I	NFORMATION				-+		-
Name of Facility Where Abatement PENNSVILLE MIDDLE SCHOOL		ng Pla	ce (3)				Type of Facility ☐ School (K-1)					
Street Address							Subchapter	8 (Other than K-1	2)			
4 WILLIAM PENN AVE.							Other (i.e., phomes, etc.	or rate and comme	ercial b	ouildir	ıgs,	
City (5)				S-1V.V.			Square Feet	# of Floors	F	Bldg. A	Age	
PENNSVILLE							>50,000	1		50÷	-	
County (6)				Cou	unty Code (7)(STATE USE ONLY)	Current Use (P	ric if being demol	ished)			2750-7
SALEM						****	SCHOOL	•	1000 NT2 TO \$			
Name of Monitoring Firm Hired by E		Owner	r (8)	ASCN		A CONTRACTOR OF THE PROPERTY O	ent Contractor (9)	N. Company				
PENNONI ASSOCIATES, INC Street Address				102	?	DELTA/BJD	S, INC					
515 GROVE STREET SUITE	R					Street Address	FDIAL DIAG					
City, State, Zip Code			-7.5			1345 INDUS						
HADDON HEIGHTS, NJ 0803	5					City, State, Zip C	^{оде} ГОN, РА 18966					
Project Manager for Monitoring Firm			Te	ephone	No.	Telephone No.	ON, FA 10300	License No.				
Alan Lloyd			100		6-2875):	00783				
Start Date (10)	Sched	duled (Compl	etion Da	ate (11)	Name of OSHA N					_	-
6 /13 /17	_	88	/ _3	1_/	17	CRITERION I	_ABS					
Occupancy Status During Abatemen						Street Address					9-32-5	
☐ Facility Closed/Vacated During E	ntire Pe	riod of	f Abate	ement		400 STREET	ROAD					
Abatement Performed Outside of Time of Abatement: 7AM	Norma PM/4·3	PACILITY OPM-	ty Hou	rs - Des	scribe	City, State, Zip Co	ode	THE THE STATE OF T				
Scope of Work (Check all that apply)		<u></u>		A.W.		BENSALEM	PA 19020	_3				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovat emoliti			☐ Mini-Enc ☐ Glovebag	Procedure	a ve Pressure	re			
		1	s Loca							atem	ent T	Гуре
Location of Asbestos-Containing Material (AC	(M)		Norma ed Sol		Ashor	Description o stos Containing Ma			R	R	Ш	Im
TO BE ABATED	,		aintena	nce/ Staff?		, thermal systems i	nsulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Ous	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>	'	sula	sure
***		Yes	No	N/A		outer misocharier	Jus)				te	
ADMINISTRATION AREA					FLOOR	TILE		35 SF				10
TOILET ROOMS	\boxtimes		ACM FI	TTINGS (ASSUM	IED)	12SF						
ADMINISTRATION AREA			EXTERI	OR UNIT VENTIL	_ATORS	28LF						
			\boxtimes								П	П
Name of Registered Waste Hauler SERVICE TRANSPORT GRP			1000	JDEP V auler ID		Cubic Yards of Waste	Name of Regist					
City, State				20990		Dieses ID	MINERVA L	F NUFILL				
58 PYLES LANE NEW CASTL	E DE 1	9720				Disposal Date	City, State WAYNESBI	JI G, OH 44688				
Completed By (Print or Type)	Title					Signature	0	Da				
MICHAEL PARSON	PF	ROJE	CT M	ANAG	ER	Much	ul Pano	/	5-3	31-	30	17

ASB-41 JAN 13

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

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

		NOTIFIC		NEW JERSEY ASBESTOS ABATE	MENT (N V	4 -) 90
		(PURSL	THE RESERVE AND ADDRESS OF THE PARTY OF THE	AC 8:60-7 AND 12	The same of the sa		111	· H C	707
Date of Notification (1)	17		RUSSO	Building Owner / DEVELOPMENT IN		In	E C	EIV	EIN
Aganaina Natified T	f N - 4'6' 4'		Street A			1111			
	ype of Notification	1		IMERCE BLVD					- 1111
✓ EPA DEP	☐ Initial ☐ Amende	d		te, Zip Code ADT, NJ 07072			JIII	- 5 201	1 1
☑ DOH		nent #1	Name of			ITO 2	phone Nu		- Income
□ DOL		ncy w/ justification		COMPACT		16 3	priorie Nu	IIIbei	
	☐ Cancella		.					ONTR	OL &
			FACILITY	NFORMATION		-		5119(3)	
Name of Facility Where	e Abatement is Tal	king Place (3)	-	Type of Facility	(4)				
FORMER MERCK UNIC		27.00.00			. ,				
				☐ Scho	ol (K-12)				
Street Address	ALL THE COLUMN TO SERVICE OF THE SERVICE	Anna Anna Anna Anna Anna Anna Anna Anna		☐ Subc	hapter 8 (Other	than K	(-12)		
1011 MORRIS AVE				☑ Other	(I.e., private &	cmm H	rcial		
				bldgs	., homes, etc.)				
City (5)	ounty (6)	County Cod	le (7)	Square Feet	# Of Floor	rs	Buil	ding Age	
UNION	INION			300,000		3			
				Current Use (Pri	or if being dem	olish H	d)	40 +	
				OFFICE / WARE					
Name of Monitoring Fi	rm Hired by Bldg.	Owner (8)	ASCM NO	Ol		-	-		
	. 3	3, 2,							
EHI				NORTHSTAR CO	ONTRACTING G	ROU !	INC.		
Street Address		The second secon		Street Address					
655 WEST SHORE TRA	AIL								
City, State, Zip Code				32 Williams Park	way				
SPARTA, NJ 07871				City, State, Zip C		-			
Project Mngr. For Mon	itorina Firm	Telephone N	Number	1 '' '					
WILLIAM KIERBIL		973-729-564		East Hanover, No	07936				
Sheduled Start Date (1	0) Sched, C	ompletetion Date		Telephone Numi		ILic II	nse Numb	er	
07 // 05 /	17 12	/ 30	/ 17	1					
//		-//	/	973-884-8682	2	1		00860	
Occupancy Status Dur	ing Abatement (CI	neck Only 1)		Name of OSHA	Monitor				
	sed/Vacated During			NORTHSTAR CO		ROU !	INC.		
Abatement				Street Address					
☐ Abatement F	Performed Outside	of Normal Facilit	v						
Hours - Des			*	32 Williams Park	way .				
	cribe: 7:00 AM-	3:30 PM		City, State, Zip C					
				East Hanover, NJ					
Scope of Work (Check	All That Apply)	ACCESSOR MANAGEMENT AND		_					
Demolition	✓	Renovation	님	Full Containmen		Pres 3	ure		
≥3sf or ≥3lf			님	Mini - Enclosure					
≥160 sf or ≥2	260 If			Glovebag Proce			70 W.		
			\checkmark	Non-Exempted () and Non-Fria	DIE P 0	ceaure		
Lasetter			D 1	tion of		Tab :			
Location of	ls la sati		Descript				ement Typ		le.
Asbestos Contain		30.920	Asbestos - C	47. C.	A	F		E	E
TO DE ADATES	Norma	,	Material		Amount			N	N
TO BE ABATED			(I.e., therma	[일 [2] 10 10 10 10 10 10 10 10 10 10 10 10 10	(Specify		22	C	C
in Facility	Solel			facing, VAT,	SF or LF)				L
(13)	by Mai		r other miso	ellaneous)		V		P	0
	tenano	DEAT				A		S	S
	Custod Staff (1	1000000				L	. R	U	U
						-			R
11.42	∏s⊽o		OFINIC		10 700 05				
U 13		WATERPRO	OFING		10,760 SF	 			
U 13		CAULK	10		2,000 LF				
J 13			IC		500 SF				
						7			
Name of Registered Wa NEWARK CARTING / NOR		NJDEP Was		Name of Registe		on colors of the colors of		Processo Statuto Con a co	
TETTAIN OAKTING / NOR	THOTAIN GOINTRAG		9 of Waste	1.2.0.1. / GROVS					
City, State		450	Disposal	City. State					
NEWARK, NJ			Date	BETHLEHEM / TU	III YTOMM DA				
4 - 4 4/7()(X, 14J			Date	DETTILEMENT TO	JELI TOVVIN, PA	`			
Completed by (Print or	Type	Title		Signa	turo A	A		Date	
Completed by (Print Or	(Abe)	Title		Signa	uie		Service de la constantina	Date	
Steve Stiles		Project Mana	iger		XHI	71-		07/	03/17

Location of		Is		Description of		Ab	teme	nt Type		
Asbestos Containing	Lo	catio	on	Asbestos - Containing		T	R	L	E	E
3	No	rma	lly	Material (ACM)	Amount	111	E)	E C	E T	KEI
TO BE ABATED		Jsed		(I.e., thermal systems	(Specify		V/	E	Ē U	C -
in Facility	S	olel	,	insulation, surfacing, VAT,	SF or LF)		ō\	P	Α	L 111
(13)	by	Mai	n-	or other miscellaneous)	1		V	A	Р	0
11 (\$ 12 (20 (\$ 2))	2000	nanc			1		A	IJUL	s 5 20	S/
	Cu	stod	ial		1	П.	L	R	U	U
	Sta	aff (1	2)		1		1		L	R
	YES	NO	N/A			1	AS	BESTO	S CONT	ROL &
					338		- 7		ENSHNG	
J 13		Y		WINDOW GLAZING	WINDOWS		7-			
J 13		7		ROOFING	89,000 SF	.,	2			
J 13		4		ROOF FLASHING	5,100 SF		7			
13 SOUTH LAB STAIR 1-4	Ш			PIPE & FITTING	16 LF		7]			
13 TRASH ROOM		1		PIPE & FITTING	4 LF		7			
13 ROOM 1104-1112		✓		PIPE & FITTING	200 LF		7			
13 ROOM 1153		4		PIPE & FITTING	20 LF		7			
13 MAILROOM COORIDOR		1		PIPE & FITTING	250 LF		7			
13 WAREHOUSE 8		1		PIPE & FITTING	30 LF		7			
13 WAREHOUSE 9		1		PIPE & FITTING	30 LF		7			
13 STORAGE AREA		1		PIPE & FITTING	210 LF		7			
13 COOL ROOM		1		PIPE & FITTING	110 LF		7			
13 N. EAST WAREHOUSE		1		PIPE & FITTING	500 LF		7			
13 ROOM 1174		J		PIPE & FITTING	40 LF		7	n		
13 LD BATHROOM		1		PIPE & FITTING	10 LF		7	Th	n	
13 LOCKER ROOMS		-		PIPE & FITTING	130 LF					
13 STAIR 1, 3 & 4		1		PIPE FITTINGS	15 EA		7			П
13 WATER ROOM	Ħ	-		PIPE FITTINGS	4 EA		1	H	H	Ti Ti
13 LAB 1209		V	T	PIPE FITTINGS	2 EA		1			
13 COORIDOR 1205		V		PIPE FITTINGS	6 EA	-	7			
13 MEZZANINE	-	1	-	PIPE FITTINGS	4 EA	_		H		
13 EQUIP ROOM	H	1	-	PIPE FITTINGS	2 EA		1			
13 ROOM 1101	-	\(\bar{\pi}\)	H-	PIPE FITTINGS	8 EA	_	7			
13 ROOMS 1105, 1106 & 1114	4	7	_	PIPE FITTINGS	15 EA	_				
1 13 MAILROOM COORIDOR		7		PIPE FITTINGS		_	-	-	-	
13 STORAGE ROOM	ш	7	4		2 EA 30 EA	_	7	Ш		
13 SAMPLE STORAGE			<u> </u>	PIPE FITTINGS PIPE FITTINGS		_	7			
	1	V			25 EA	_	4			
13 WAREHOUSE 2		V		PIPE FITTINGS	155 EA	_	4	-		
13 WAREHOUSE BATHROOM		V	<u>_</u> _	PIPE FITTINGS	25 EA	_				
13 NORTHEAST BATHROOMS		V		PIPE FITTINGS	45 EA	_				
	4	V	_	PIPE FITTINGS	75 EA	_	4			
13 COFFEE ROOM	-			PIPE FITTINGS	2 EA	_	<u>'</u>			
13 1ST FL S. LAB STAIR	_		_	VAT/MASTIC	880 SF	_	1			
13 SHIPPING OFFICE		-		VAT/MASTIC	1200 SF	_	4			
13 WAREHOUSE 8				VAT/MASTIC	700 SF		1			
13 COFFEE ROOM		✓		VAT/MASTIC	1225 SF		4			
13 LOADING DOCK ROOM	The same of the sa	7	Annual Control	VAT/MASTIC	320 SF					
13 WAREHOUSE 8				TRANSITE	1500 SF					
13 S. LABS				FIREPROOFING DEBRIS	1800 SF		L'I			
13 1ST FLR RESTROOM & CLOSET	THE REAL PROPERTY.	7		FIREPROOFING	200 SF					
		-								
		1								

CL5381		NOT	TIFICATI (Pursua	State of I ON OF As ant to NJA	SBESTO	SABATE	MEN ¹	T .			EC	E		\mathbb{V}	E		
Date of Notification (1)				e of Buildir I Industr			r (2)		Constitution of the last	1	JUL	_	5 2	017			
Agencies Notified Type Notificat	ion			t Address					lad	head	- 000	5			-		
EPA Initial				. Box 48				***************************************		-	55505	00	201		50 0		
DEP Amended Amended	T			State, Zip rny, NJ				10000		F	SBEST	OS (<i>)</i> _ (
Emergen	cy (includi	ng	_	of Contac					~~~					<u></u>			
DCA justification Cancellat				n Manin					2	Te	ephone N	umbei	-				
Name of Eacility Whose Abeternation	7	- 72/2-1-1-1	FA	CILITY IN	FORMA	rion							-		-		
Name of Facility Where Abatement is Ta Alpha Metals - Building 24	king Place	(3)					Туре	e of Facility	(4)				.100=1.00				
Street Address								School (K									
590 Belleville Turnpike						1	×				er than K- 3 commer		uilding	s, hon	nes.		
City (5)								etc.)					155				
Kearny						1	10,0	are Feet		1	Floors		Bldg. 50+/				
County (6)			Count	y Code (7))				rior i		ng demolis	shed	5011	-150 			
Hudson			(STATE	E USE ONL	.Y)		Uno	ccupied	/ E	lec	onics	srieu)					
Name of Monitoring Firm Hired by Buildir ACER Associates	g Owner (8)	ASC	CM No.		Name		atement Co							-		
								es, LLC									
Street Address 1012 Industrial Drive						Street		7.7	12	_					553.0		
City. State, Zip Code						1200		ional Ro	ad		-						
West Berlin, NJ						1 1990 70 18000		ip Code 19341									
Project Manager for Monitoring Firm			Teleph	one No.		Telepho	2		-		License !	No.			_		
Matt DePalma				309-1202	2	484-8					01161	NO.					
Start Date (10)	Schedu	ıled Co	mpletion	Date (11)	Name o	of OSH	A Monitor									
רוורוד	8/31/	17				EMSL	-										
Occupancy Status During Abatement (Ch						Street A			= 1/// 31				-				
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of	Abate	ment			The state of the s		130 No	rth								
Other – Describe:	ırnaı Facili	ty Hour	rs	_				p Code							OPT VON		
Scope of Work (Check All That Apply)			Ci					Cinnaminson, NJ									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promote and	Renov: Demoli			×	Min	i-Enclosur		h Negative Pressure								
						×		vebag Pro			Non-Friat	nle Pro	ncedu	re			
	1	s Locat	tion									T	Manual St.	emen	t		
Location of		Norma	lly		Des	cription o	of						T-	уре			
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena			stos Conta	aining Ma	terial				iount	_		ū			
In Facility	Cus	todial ((12)		(1.6.		systems i		tion,			ecify or LF)	Зеп	Repair	сар	nclo		
(13)		(12)	1	-	other m	iscellane	ous)				.57	Removal	oair	Encapsulate	Enclosure		
Son Attack	Yes	No	N/A											e	(3)		
See Attached	-																
	-																
ame of Registered Waste Hauler		1.			,												
aste Management of New Jersey		600	JDEP W auler ID		of Wast 200+/-	I CPOINC I and								X			
ty. State					Disposa						-						
ewark, NJ					TBD		Morrisville, PA										
ompleted by ack Bally	Title				Sig	nature		0 1	1		Dal	tę	ı.		- 1711		
on Daily	I Sr P	roject	Manac	TOF		1 1.	1	1 11	1	1	11	120	11,-	7			

Do not use this form for asbestc licensure exempted activities.

Print Form

NOCK

State of New Jersey - Notification of Asbestos Abater Fent E (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 608-2017	SPANOSHINE.				*** ·		
Date of Notification (1) June 26, 20	017		Name of Building O		(2)	JUL - 5 2017	
Agencies Notified	Notification	Type Notification	Street Address		V 0000		
□ EPA		led Certification #1	2 PARK PLACE	= - P.U. BC	y nonn	JESTOS CONTRO	니사
□DCA		ation and Current Use	City, State, Zip Cod BLAIRSTOWN		100	LICENSING	
⊠ DOL		ation and Current Use Jency (including		, 145 07625-		ephone Number	
☑ DEP- No Longer REQUIRED		cation)	MR. DAVID SC	HMIDT	1 1 650	ephone Number	
▼ DOH	☐ Cance		MIN. DAVID OO	111111111111111111111111111111111111111			
	La Cance		NEODMATION				
Name of Facility Where Abatement is	s Taking Place (3)	PACILITY	NFORMATION Type of Facility (4)				
BLAIR ACADEMY - MAIN	CAMPUS		School (K-12)				
Cartinative Control Co			Subchapter 8 (other	ar than K 12\			
Street Address WEBER HALL			Other (i.e. private		ildinga k	naman ata l	
WEBER HALL						. Age: 60+ years	
City (5) Count	ty (6)	County Code (7)	- CQ. F CCE. TWA	# 011 10013.	E Diag	. Age. 00 years	
BLAIRSTOWN	MORRIS	(State Use Only)	Current Use (prior if	being demolis	ed): At	CADEMIC	
			The second secon	3	Windshield Co.		
Name of Monitoring Firm Hired by Blo	dg. Owner (8)	ASCM No.	Name of Contractor (9	9)	1908,239	English and	
ENVIROVISION, INC.		00079					
Street Address			GREENWOOD A	BATEMEN'	CONS	ULTANTS, INC.	
20-21 WARGARAW ROAD			Street Address				
20-21 WARCARAW ROAD			511 MAIN STRE	FT			
City, State, Zip Code			City State, ZipCode		1		
FAIRLAWN, NJ			BUTLER, NJ 074	105			
Project Manager for Monitoring Firm	Telephone N		Telephone Number		Lice	nse Number	
FRED LARSON	973-636-	9145					
Scheduled Start Date (10)	Cabadulad C	Completion Detected	973-492-0477		008	140	
06/27/2017	06/28/201	ompletion Date (11)	Name of OSHA Monit	or			
00/2//2017	00120120	1.1	ENVIROVISION,	INC			
Occupancy Status During Abateme	nt (Check only or	ne)	Street Address	1140.			
☐ Facility Closed/Vacated During E	Entire Period of A	batement					
Abatement Performed Outside of	f Normal Facility	Hours -	00.04.14/4.50.45				
Describe			20-21 WARGARA	AW ROAD			
☒ Facility Unoccupied During Entir	re Period of Abate	ement	City, State, Zip Code				
NOT SUB 8 - SHIFT HOUR	S 4:00 PM - 3	2:30 AM (24 hours					
as needed)			FAIRLAWN, NJ				
Source of Work (Check all that apply)							
				☐ Full Con	ainment v	with Negative Pressure	
$\times \geq 3$ sf or ≥ 3 If		▼ Renovation		☐ Mini-Enc			
$\square \geq 160 \text{ sf or } \geq 260$		☐ Demolition		☐ Glovebag		re	
						and Non-Friable Proced	lure
Language of Astronomy Co. 133							
Location of Asbestos-Containing Is Material (ACM) in Facility (13)	Location Normall olely by Maint./Cu		sbestos Containing Materi		unt	Abatement Type	
	taff? (12)	VAT, or other mi	mal systems insulation, su scell.)	or L	cify SF	Remove Repair Encap	Enclose
STebries	ES NO	NA		0.2	,		
1st Floor Art Studio Kiln Area	N X	VAT (includ	ing mastic)	12	3F	X	1
Name of Reg. Waste Hauler		e Hauler ID #	Cubic Yards of Waste			e of Registered Landfill	
Newark Carting, Inc.	NJ DEP#	4509		<u></u> • • • ·		O.W.S. North Landf	ill
Newark, NJ 04509							
				Disposal Date		City, State	
Notes: None						100 New Ford M	
	The second property and the se			06/28/2017		Morrisville, Pa 1 215-736-1700	306/
Completed by (Print or Type)	<u>Title</u>	75.54 \$200-75.00 M	Signature		Date		
RAYMOND C. PEDALINO	SENIOR PR	OJECT	Raymond C.	Redalina.	4 2 3 3 5 5	June 26, 2017	
	BRANIACED		- congression Or 6		8.	100	

	State of N			cation of Asbest		ēn	A E	GE	∏ \₩	IS I
		(Pursu	ant to N.J.A.C	. 8:60-7 and 12:120	-7)		儿上	W E	U V	٠,-
GAC Project # 608-2017	122 T			1		115	<u> </u>			i
Date of Notification (1) June 26, 201	7			Name of Building Ow BLAIR ACADE				JUL -	5 2017	7 1
Agencies Notified	Notification ☐Initial N	Type ' lotificat	ion	Street Address 2 PARK PLACE	– P.O. BO	ΧO	6d0			
☐ EPA			ification #1	City, State, Zip Code					CONTH	ULä
□DCA		CHARLES CONTROL	s change	BLAIRSTOWN,	NJ 07825	nn		The same of the same of the	VSIMG	
X DOL				Name of Contact			Teleph	one Numi	oēt	
☑ DEP- No Longer REQUIRED ☑ DOH	justific		the San	MR. DAVID SCH	IMIDI					
ES DOT	☐ Cance	lled	FACILITY INF	OBMATION						
Name of Facility Where Abatement is	Taking Place (3)		PACILITY	Type of Facility (4)		V.A.				
BLAIR ACADEMY - MAIN CAN				X School (K-12)						
Street Address				Subchapter 8 (other						
WEBER HALL				Other (i.e. private & Sq. Feet: N/A					+ years	
City (5) County	(6)		Code (7)	1			4240000			
	ORRIS	(State	Use Only)	Current Use (prior if t	peing demoli	red)	: MUN	ICIPAL O	FFICES	
Name of Monitoring Firm Hired by Bldg	. Owner (8)	ASCM		Name of Contractor (9)	1					
ENVIROVISION, INC.		0007	9	GREENWOOD A	BATEMEN	. C(ONSUL	TANTS.	, INC.	
Street Address		12-11-12-12-12-12-12-12-12-12-12-12-12-1		Street Address						
20-21 WARGARAW ROAD				511 MAIN STREE	T					
City, State, Zip Code				City State, ZipCode						
FAIRLAWN, NJ				BUTLER, NJ 074	05					
Project Manager for Monitoring Firm	Telephone N			Telephone Number			License	Number		
FRED LARSON	973-636	-9145		973-492-0477			00840)		
Scheduled Start Date (10)	Scheduled C		n Date (11)	Name of OSHA Monito	<u>or</u>					
06/27/2017	06/28/20	17		ENVIROVISION,	INC					
Occupancy Status During Abatemen	t (Check only o	ne)		Street Address	1140.	No.				
☐ Facility Closed/Vacated During E			nt	***************************************						
Abatement Performed Outside of				20-21 WARGARA	WROAD					
Describe				City, State, Zip Code	THA ITOMO					
Facility UnOccupied During Entir			RA /OA hours							
	4.00 PM -	2.30 A	W (24 HOUIS	FAIRLAWN, NJ						
as needed)				I AIRLAMIN, NO						
Source of Work (Check all that apply)					☐ Full Co	tain	ment wit	h Negativ	e Pressur	e
X ≥ 3 sf or ≥ 3 lf			■ Renovation		☐ Mini-E					
□ > 160 sf or > 260			☐ Demolition		Gloveb	gPi	rocedure	e		
					☑ Non-Ex					edure
EDUCATION OF THE PROPERTY OF T	Location Normal			pestos Containing Materi lal systems insulation, su	201	oun		Abatemen	t Type	
	lely by Maint./Cu aff? (12)	istoulai	VAT, or other mis			_F)	, .,	Remove R	epair Encar	<u>Enclose</u>
	ES NO	NA								
Mechanical Equipment	X		VAT (includi	ng mastic)	1	SF		X		
Room & Adjacent Hallway Name of Reg. Waste Hauler	NJDEP Was	te Hauler	ID#	Cubic Yards of Waste	: 5 CY		Name c	of Register	ed Landfill	
Newark Carting, Inc.	NJ DEP			Ouble Tards of Water			G.R.O	.W.S. No	orth Land	dfill
Newark, NJ 04509										
					Disposal D	<u>te</u>			<u>r, State</u> New Ford	Mill Rd
Notes: None					06/28/20	17		Mor	rrisville, Pa	19067
Completed by (Deleter Tree)	Title			Signature		-	Date	215	5-736-1700	<u> </u>
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PI	RO.IFC	T	Raymond C.	0011			June 20	3, 2017	
120,11110,147, 011 110,1111110	0841140		Rest	Nagmond O.	y eactino		E E	Second		à

19734920133

08/26/2017 18:12

Ju 10 26, 2017

The The State of t

P29 F.002/004 Chest 12 7 6617

		State of l	Vew Jersey - N	Otification of A	hashar Al-		JUL -	35/17
	GAC Project # 608-2017		(Pursuant to N.J.	A.C. 8:60-7 and 1	1951113 ABB 2-190.9\	lement	14 (2 2011
	Date of Motification (1)		400000		assa.1) .			
	June 28.	2017		Name of Bulk	DO OWNER COOP	often (2)	ASULSTOS O	ONTROL &
	Agencies Netfligd	Notificatio	7 Tugo	BLAIR AC	ADEMY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LICENS	SING
	I EPA	Dinitial	Nolification	Birmat Addman			The state of the s	
	Doca Doca	E Amen	ded Centification #1	· 2 PARK PL	ACE-P.O.	BOX OSSI		1
	DOL.	Consulta	nt address change				Commence of the last of the la	\mathcal{H}
		@ Emar	Gency (including	BLAIRSTON	WN, NJ 0782	4400 i	No 2 3 10 17 10	
	DEP- No LONGIE REQUIRED	luatifi.	zation)	MR. DAVID	e e	I Tal	phone Number	$A \perp$
	1971	D Cance	ellad	mans. Awaith	SCHMIDT		25 411	
	Name of South and	The second secon		PINFORMATION	'	111		
	North of Failly Winds Abstraction	b Taking Place (3)		Type of Packly (45			- 1 1
		ampus -		Behool (K-12	<u>2</u>		2000	
	Strel Address	400		Daubchepter 8	l Senar land 16 das			
	AASBER HALL			Other (Le. pri	saire a salar (* 19)			P P
	City (8)	dy (6)		Sq. Feet: N/	A A Plan	n gyligingg, h	Age: 800 years	1 "
		MORRIS	County Code (7)					
			Date and Pula	Current Use (pric	w If boing damp	lahadi: Mu	licipal offices	1
	Plane of Manifesta Firm Pired by a	da Charres (a)	ASCM No.				non her of there	Billing
	ENVIROVISION, INC.		00079	Mama of Confracto	27 (9)		No.	45
	Street Address			GREENWOOD	ARATEMEN	IT PANSI	TANTS, INC.	1
	20-21 WARGARAW ROAD			Street Address	MENSIFINE	II COMEL	JANTS, INC.	
				R44 B0 S D1 D				
	Cilv. Sialo. Zip Coda FAIRLAWN, MJ			511 MAIN STR	GET			
	Project Manager is Monitoring Firm	171		BUTLER, NJ O	7405			1
	FRED LARSON	1992000 Nu 973-639-8	mber	Telephone hiumber	1.993	111000	D	1
		210-099-5	745		•4	Linena	Nymber	
	Believing Han Dale (10)	Schedulad Ca	relation Date (14)	979-492-0477		0034)	
	06/27/2017	69/28/2017	1	Name of DSHA Mo	ndor			
	Occupancy Status During Abateman	0.755		EHVIROVISION	1 140			
	and Pagual Classic Vaccine Duzine E	allow Parlow - Fat	7.	Birsel Address	1 81.050			
	THE PERSON NAMED OF THE PROPERTY OF	Namal Easts, L.	itemant					
	2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			20-21 WARGAN	DAIM BAAA			
	Fedilly Un Coupled During Sinds	a Period of Adalan	nent	Side Blace, Zip Code	SAW RUAU			
	MOI OUD D-SMIT MOURS	3 4:00 PM - 2:	30 AM (24 hours		=17			
			12,132	PAIRLAWN, NJ			1	
	Braures of Work (Chack all that so div)			A 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15				
	5-3				ь			
	<u> </u>		Ranovation		D Full Cont	ainment with	Negetiva Pressura	
1	☐ ≥ 160 ef or ≥ 250		D Demeliden		Win-End	iceure	1	:
Ì	Location of Asbastos Containing la L				© Glovebag) Procedure		
1	Material (ACM) In Feeling (13) Sola	person Normally U		basics Containing Males	tol Arte	ipled (") and	Yon-Frable Precedure	1
	991	irr (12)	VAT, or other mis		uradng, (Spa	ACITY SE	Siamont Type	
-	Mochanical Equipment	1414		1.48	gr Li	P) B	Toro Rama Foras Englass	
L	REEM & Adhroni Hellway		VAT (Includi	ng mas(le)	121	RE I		
	Marrie of Rep. Waste Hauter	NJOSE Wasta He				ef E		
	Newark Corting, Inc.	NJ DEP # 49	199	Gubic Yarga of Wash	E ECY	Name of	egistered LandNII	
-	Newark, NJ 04519					G.R.O.V	.S. North Landau	
	Notes: None				[Managar S			
2.5					Disposal Data		Chy, 9tate	1
-	Camplated by Utiles				09/28/2017		100 New Ford Mill Re, Mortaville, Pa 15087	
See La	Complicat by IPAM of Type T RAYMOND C. PEDALIND E	íde		Bisnatura			216-739-1700	1
	The state of the s	Enior Proj Ianageo	ECT	The said	ATA C	Rate	10 20 2040	
-	1 27	birds and the St. Date 1992 and the		THE SANGERS CONTROL OF SHIP IS A STATE OF SHIP IS A	Committee Committee of the committee of			

MANAGER

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

GAC Project # 609-2017										JU		201	7
Date of Notification (1) June 29,	2017				West	f Building Own Windsor-P			chool			/ LUT	-
Agencies Notified		Notification IXInitial		tion		Ilage Road	East		Å	SuES			OL X
□EPA □		☐ Amend				ate, Zip Code	TOMBIO		NI I	Commence (September)	CEN	H 41.2	
DCA		□ Emerç		ncluding		WINDSOR	TOWNS	HI -	-				-
X DOL	-0		cation)			f Contact avid Aderho	14		I ele	phone N	umner		
☑ DEP- No Longer REQUIRE ☑ DOH	יט	□Cance	lled		California and and		nu –		ſ				
Z DOH	-			FACILITY INF		intendent							
Name of Facility Where Abateme	ent is Tak	ing Place (3)		TAGILITTIN		Facility (4)		_					
MAURICE HAWK ELEN						ol (K-12)							
Street Address	-					napter 8 (other t							
305 Clarksville Road						er (i.e. private & et: N/A	commercial # of Floo						
City (5)	ounty (6)		Code (7)							22.000	42	
Princeton Junction	Me	rcer	(State L	Jse Only)	Current	Use (prior if be	eing demolis	she d): Ele	mentary	Schoo	ol .	
Name of Monitoring Firm Hired b Environmental Tactics		Owner (8)	ASCM 0004		Name of	Contractor (9)							
Environmental factics,	iiic.		000-	.5	GREE	NWOOD AB	ATEMEN	T;	ONSL	JLTAN	TS, IN	C.	
Street Address					Street A	ddress		-					
64 Broad Street						AIN STREE	Г			-			
City, State, Zip Code						te, ZipCode	-						
Matawan, NJ 07747-		Telephone	Numbor			ER, NJ 0740 ne Number	5		Licer	nse Numl	per		
Mr. Tom Geiger	11111	732-290			relepito	ne ivamber			21001	100 110111	701		
						2-0477			008	40			
Scheduled Start Date (10)				n Date (11)		OSHA Monitor							
7/10/2017 Occupancy Status During Abar	tomont /	7/14/201	-		Street A	ddress	NC.						
Secupancy Status During Abar Security Closed/Vacated During				nt									
□ Abatement Performed Outsi						WARGARA	W ROAD						
Describe		> 1.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			City, Sta	te, Zip Code							
☑Other – Describe: NOT SUE			10000000	2.22									
Schedule: M-F 7AM - 5PM	(24 HC	URS & WE	EKEND	S AS	FAIRL	AWN, NJ							
NEEDED) Scope of Work (Check all that ap	nlv)												
George of Work (officer all that ap	, p. 17 1						Full Con	tai ı	nent w	ith Nega	tive Pre	ssure	
□ > 3 sf or > 3 lf				▼Renovation			Mini-End		11000				
\boxtimes \geq 160 sf or \geq 26	0 If			■ Demolition			Gloveb						
							Non-Exe						ure
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normally by Maint./0		Description of Asl (ACM) (i.e. them			E	mc 1	nt ify SF	Abate	ment Ty	pe	
Waterial (Now) in Facility (10)	Staff	? (12)		VAT, or other mis				rL)		Remov	e Repai	ir Encap	Enclose
	YES	S NO	NA										
Room 159 (Art Room)		X		VAT		A-10-1-10-1-10-10-10-10-10-10-10-10-10-10	1	1(0	SF	X			
								200					
Name of Reg. Waste Hauler		NJDEP Wa	ste Haule	r ID #	Cubic Y	ards of Waste	40 CY		handen make a mark	e of Reg			
See Hauler Below #1 & 2		See Belo	W						G.R	.O.W.S	. North	1 Land	TIII
Hauler #1) Greenwood Abatem	ent Cons	sultants, Inc.	– Butler, l	NJ 07405		Disposal Dat		20.27			City, S	tate ew Ford	BASII
NJDEP # 12561	N	1. N.T.04500				7/14/2017						orrisville	
Hauler #2) Newark Carting, Inc NJ DEP # 4509	c., ivewai	rk, ind 04509									19067		XXXXXX 59.3
											215-73	36-1700	
Completed by (Print or Type)			Title			Signature	-			Date .	00	0047	
RAYMOND C. PEDALIN	10		1	OR PROJECT		Raymond	C. Pea	ai?	ro	Jui	ne 29,	2017	
			MAN	AGER		7							

(h 3375	5	j		ICATION	ate of Ne N OF ASE to NJAC	BESTOS	ABATE		т	Proposition of Proposition		G I		[] L	(√/Pri	AT F
Date of Notification (1)		***	T	Name o	f Building	Owner/C	perator	(2)		1	1	, , ,		<u> </u>	011	1
06/23/2017				Reside	ence					1	-					
Agencies Notified	Type Notification			Street A	ddress						ASUE	LICE				Lä
× EPA	× Initial											L. P. / L.	I W.	21145	1	
EPA DEP DOL	Amended Amendmen	#			ate, Zip C											
tested/A	Emergency		-								Teeleses	Monada				
DOH DCA	justification) Cancellation				f Contact ay Nune						elephone	Numb	er			
box	Caricellation	1		TO A VANDAGE STATE	LITY INF		ON									
Name of Facility Where A	Abatement is Takir	ng Place (3	3)	170	L. 1 1 11 11 11 11 11 11 11 11 11 11 11 1	ORMATI	OIV	Тур	e of Facility	(4)						
Residence								П	School (K-	-12)						
Street Address									Subchapte						L	
								×	Other (i.e. etc.)	privat	& comm	ierciai i	Dulic	ings,	nome	es,
City (5)								200	are Feet	11000	of Floors		13343	ldg. A	ge	
Teaneck								1,4		2			7	9		
County (6) Bergen					Code (7) USE ONLY)		Cur	rent Use (Pr	rior if t	eing dem	olished)			
Name of Monitoring Firm A. Seine Lighthouse		Owner (8)		ASCN	/I No.				oatement Co ank Servio		or (9)					
Street Address PO Box 354		in .					Street		ess erty Aven	116						
City, State, Zip Code South Orange, NJ 0	7079				SOUTH TO		City, S	tate,	Zip Code NJ 07205		9					17:0
Project Manager for Moni			- 1	Talanha	no No					9	Linear	a Na				
Sarah Calandra	toring Firm			Telepho 201-34	ne No. 19-2666		Teleph 844-		.7465		Licens 0131					
Start Date (10) 07/07/2017		Schedule 07/17/2		npletion	Date (11)				SHA Monitor Lighthous		utions					
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street	Addr	ess							
Facility Closed/Vaca	ted During Entire	Period of	Abaten	nent			PO E	307730300111	7,05,7204							
Abatement Performe Other – Describe: _	ed Outside of Norr	nal Facility	/ Hours	5					Zip Code range, NJ	070	9					
Scope of Work (Check Al	That Apply)										-	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	N	ull Containn Iini-Enclosu Blovebag Pro Ion-Exempte	re ocedui	;				۵	
	97	1-	Lossi	on					ion-Exemple		III INOIII	Table		Abate		
Location	of	1	Locat Vormal	ly	-	Dec	scription	of							ре	
Asbestos-Containing I	Material (ACM)		ed Sole			stos Cont	aining N	1ateri	al (ACM)		Amount				Ш	
TO BE ABA In Facilit			todial S		(i.e	thermal .	systems sing, VA				(Specify F or LF)		Remova	Rep	Encapsulate	Enclosure
(13)	ē:		(12)				niscellar						ova	Repair	sula	Sur
		Yes	No	N/A									_		ite	Ф
Baseme	ent		Х				Tile				300 sf	Х				
											· -					
Name of Devicts 1181				UDEE::		101	V 1		IN			160				
Name of Registered Wast Lewark Carting	e mauier		1200	IJDEP W lauler ID		Cubic of Was				9.50	tered Lar		4ti			
			04	4509							agemen	it Lan	uill	U.		
City, State						Dispos	al Date		City, Sta		DΛ		***-00*			
ast Orange, NJ		T:41 -					1/1		Penn A	argyl	, PA	D-f-	,,,			
Completed by Alison Lamers		Title	e Mar	nager		S	ignature	AA	NON	1		Date 06/2	3/2	017		

	SF/LF				STATE OF THE PARTY	OUTSTANDANCE CONSTRUCTION OF THE PARTY OF TH
Floor tile / mastic	50 SF	×				z
npound / drywall	0	×				z
tting Insulation	62 LF	×				z
Class						
Window Glaze	850 SF	×				~
Textured Paint ,	4100 SF	×				×
Roof and Flashing	14500 SF	×				Y
Transite in lab hood	25 SF	×				z
Transite roofing	1000 SE	×				<
	35 SF	×				z
Fire doors	500 SF	×				z
	Joint compound / drywall ACPI / Fitting Insulation Window Glaze Textured Paint Roof and Flashing Transite in lab hood Transite roofine Boiler Fire doors		50 SF 0 0 850 SF 14500 SF 25 SF 1000 SF 35 SF 500 SF	50 SF 0 0 850 SF 14500 SF 25 SF 1000 SF 35 SF 500 SF	50 SF 0 0 850 SF 14500 SF 25 SF 1000 SF 35 SF 500 SF	50 SF 0 0 850 SF 14500 SF 25 SF 1000 SF 35 SF 500 SF

Please contact Jack Bally, Project Manager with any questions regarding permit fee calculation and total amount.

Jack Bally - 610-755-7563

TOTAL:
Previously paid
Total Due

Exterior Work Interior Work Change of Start date

from 7/5 to 7/10

\$200.00 \$200.00 \$200.00 \$200.00 \$600.00 (\$400.00)

Roof, Roof flashing, Windows, Paint Joint Compound on Drywall

State of New Jersey - Notification of Asbestos Abateme it. (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17 Name of Building Owner/Operator (2 RUTGERS, THE STATE UN VERSITY OF NJ 5 2017 Date of Notification (1) June 26, 2017 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification 27 ROAD 1, BLDG 4086, LIV NGSTON CAMPUSNIROL & ■ Amended Notification # ☐ EPA City, State, Zip Code □ Emergency (including □ DCA PISCATAWAY, NJ 08854 iustification) X DOL Talanhone Number Name of Contact ▼ DEP- No Longer REQUIRED **□**Cancelled MICHAEL SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) PHARMACY, BLDG# 3750 ☐Subchapter 8 (other than K-12) ■ Other (i.e. private & commercial bu dings, homes, etc.) Street Address # of Floors 6 Bldg. Age: 60+ years Sq. Feet: N/A **BUSCH CAMPUS** County Code (7) Current Use (prior if being demolished): ACADEMIC County (6) City (5) (State Use Only) MIDDLESEX PISCATAWAY Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. ATC Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 609-386-8800 BRIAN KEARNY 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 07/10/17 07/07/17 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) □Full Con ainment with Negative Pressure ☐ Mini-Er closure **X**Renovation $\square > 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Glove b ig Procedure / Wrap & Cut ■ Demolition X > 160 sf or ≥ 260 lf Non-E empted (*) and Non-Friable Procedure Abatement Type An ount Description of Asbestos Containing Material Is Location Normally Used Location of Asbestos-Containing (S ecify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Remove Repair Encap Enclose Material (ACM) in Facility (13) or F) VAT, or other miscell.) Staff? (12) NO NA YES X 14 0 SF Bench Tops/Transite Panels X Room 001 Suite Name of Registered Landfill 15 CY NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Reg. Waste Hauler G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Disposa Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill Rd. Morrisville, Pa NJDEP # 12561 07/10 2017 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 215-736-1700 NJ DEP # 4509 Signature Completed by (Print or Type) June 26,2017 Raymond C. Pedalino SENIOR PROJECT RAYMOND C. PEDALINO MANAGER