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GT. 18110

		NOTIFICA	TIO	N C	F AS	BESTOS A	BATEMENT	-		7 0	2.7	
		(Pursu	ant	to <u>N</u>	N.J.A	<u>.C.</u> 8:60 and	12:120)	ID)_E	G		$\mathbb{V}$	
Date of Notification	(1) 5/23/18					Owner / Operate	or (2)		JUL		2010	)
Agencies Notified  EPA	Type Notification		Street	Ado	Iress			and and	UUL	- 0	2010	)
□ DEP				-	Road & Zip				DECTO		LITO.	01.0
DOL	Amended-I	The Association Control of the Contr			NJ 07			AS	BESTOS LICE	ENŞI		JL &
⊠ DOH	Emergency	, 1	Vame	of C	ontact				Teleph	200	lumb	005
□ DOH     □ DCA     □ DCA	Cancellation				nderze				908-87			)ei
Name of Facility Wh	acra Abatament is	Takina Dlaga /2	FA	CILI	TY INI	FORMATION	E1 (A)					
Dickerson Eleme		raking Flace (3	)			Type of Faci						
Street Address			-				pter 8 (Other th	an K-12)				
250 State Route	24					Other (i. Square Feet	e. private & cor	mmercial buildir			etc.)	
City (5)	Cour	ty (6) Cou	unty (	Code	(7)	Square reet	# 01 110	1015	Bldg. Ag	je		
Chester	Mor	ris					(Prior if being d	lemolished)				
Name of Monitoring	Firm Hired by Build	ding Owner (8)		IAS	CM No	School  Name of Aba	atement Contrac	ctor (9)			4-7-1-1-1	
RJB Environmen Street Address						Bristol Env	vironmental, I					
56 East Bridge St	treet					Street Addre						
City, State & Zip Co	de					City, State &	Zip Code					
Morrisville, PA 19 Project Manager for		Telep	hono	Nium	hor	Bristol, PA		Tr.:				
Rick Beach		267-9	91-9	212		Telephone N (215)788-60		License I 00509	Number			
Scheduled Start Dat 6/25/18		uled Completio 7/16		e (1	1)	Name of OSI	HA Monitor	10				
Occupancy Status D	Ouring Abatement (	Check only one	)	100	29	Street Addres		10.				
	ed/Vacated During Performed Outside			atem	ent	City, State &						
Describe:	7am to 3pm		13			Bristol, PA						
	upied During Abate	ment										
Scope of Work (Che	eck all that apply)							ntainment with N	Venative	Pre	ssure	2
≥3 sf or ≥3 lf		$\boxtimes$		ovati			Mini-End		rogative	1 10	Joure	500
≥160 sf ≥260	O If		Den	nolitio	on			ag Procedures				
10	cation of	lel	ocati	on	T	Description		empted and No			-	
Asbest	os-Containing	Norm	ally L	Jsed		Asbestos-Con	The state of the s	Amount (Specify	AD	atem	ent i	ype
	erial (ACM) SE ABATED	So Maint	lely b			Material (A		SF or LF)	, z		Enc	ш
	Facility	Custo				(i.e., thermal s insulation, surface			Removal	Repair	aps	Enclsoure
	(13)		(12) No	N/A		or other miscell			val	¥.	Encapsulate	oure
Boiler Room						Tank Insula	ation	250 SF				
Boiler Room			Ħ	Ħ		Boiler FI	The state of the s	280 SF		H	H	H
Boiler Room						Pipe Fitting Ins		25 LF		П	H	H
			H	H					ᆜH	H	H	H
Name of Registered	Waste Hauler		11 11 11 11 11 11 11			Cubic Yards	Name of Regi	stered Landfill				
Service Transpor	t Inc.			uler i 9 <b>90</b>	D No.	of Waste 8 Cu YD	Minerva Lar	ndfill				
City, State New Castle, DE						Disposal Date 7/3/18	City, State Waynesburg	n OH				
Completed By (Print	or Type)		Title	9		Signature	reay ileability	g, O11	Date			
Gino Pizzigoni			Pro	ject			May your	Im	7/3/	18		
			Ma	nag	er	1 Ilmo 1	11/0/ 1/0/1/	1-11				

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	(Pursu	ant to N.J.	<u>A.C.</u> 8:60 and	d 12:120)	Chli	#3	37	<	
Date of Notification (1)		Name of Buildir	ng Owner / Opera	tor (2)	ECET	WIS	T	7	
5/23/18		Chester Scho	ol District	IIU)r		<u> </u>	.1		
Agencies Notified Type Notifica		Street Address		llmll		***		111	
☐ DEP ☑ Initial	· ·	50 North Roa City, State & Zip	7-3-1		JUL - 6	2012	Ш	Ш	
DOL9036 Amer		Chester, NJ 0		11	- 0	2010	1	4	
		Name of Contac			State April 100 and 10			1	
		Drew Vander		A	SBESTOS CON LICENSING	Teleph	one	Nam	oer
7001				Luphanoseman	LIUENSING	300-07	3-1	3/3	
Name of Facility Where Abateme	ent is Taking Place (3	PACILITY	FORMATION	illity (4)					
Dickerson Elementary School	ol	7	Type of Fac	(K-12)					
Street Address				pter 8 (Other t	han K_12\				
250 State Route 24			Other (i	i.e. private & c	ommercial build	inas hon	nes	etc )	
9			Square Fee	t # of F	loors	Bldg. Ag		oto.j	-
City (5)	County (6) Cou	inty Code (7)				2109.718	,~		
Chester	Morris		Current Use	(Prior if being	demolished)				_
			School		13.73.11.71.13.71.7 <b>7</b>				
Name of Monitoring Firm Hired by	Building Owner (8)	ASCM N	o. Name of Ab	atement Contr	actor (9)		-		_
RJB Environmental Inc			Bristol En	vironmental,	Inc.				
Street Address			Street Addre						
<b>56 East Bridge Street</b> City, State & Zip Code			1123 Beav						
Morrisville, PA 19067			City, State &		->				
Project Manager for Monitoring Fir	rm Toloni	none Number	Bristol, PA				410-1111		
Rick Beach		91-9212	Telephone Number License Number (215)788-6040 00509						
Scheduled Start Date (10)	cheduled Completion		Name of OS		00509	-			
6/25/18	7/3/1			/ironmental	Inc		+		
Occupancy Status During Abatem	ent (Check only one)	)	Street Addre		1110.				2::
Facility Closed/Vacated Di	uring Entire Period of	f Abatement	1123 Beave						
Abatement Performed Out	side of Normal Hour	rs –	City, State &						
Describe: 7am to 3pm			Bristol, PA						
Facility Occupied During A	batement								
Scope of Work (Check all that app	ly)			200					
≥3 sf or ≥3 lf	$\square$	Renovation		Full Co	ntainment with I	Negative	Pres	sure	f)
≥160 sf ≥260 lf		Demolition			nclosure				
23		Demonton			Bag Procedures		_		
Location of	Isla	ocation	Description	n of	cempted and No				
Asbestos-Containing		ally Used	Asbestos-Con		Amount (Specify	Aba	iteme	ent T	ype
Material (ACM)	Sole	ely by	Material (A	CM)	SF or LF)			Ш	_
TO BE ABATED in Facility		nance or	(i.e., thermal s			Rer	Re	nca	inc
(13)		lial Staff? 12)	insulation, surfactor or other miscell	cing, VAT		Remova	Repair	Encapsulate	Enclsoure
(1-5)		No N/A	or other miscen	aneous)		<u>a</u>	7	late	Гe
Boiler Room			Tank Insula	otion	250.05	N N			
Boiler Room		=	Boiler Fl		250 SF		님		부
Boiler Room		=+=+	Pipe Fitting Ins		280 SF		님	님	부
		러님	i ipe i ittilig ili	Sulation	25 LF		믬	님	H
		<del>                                     </del>					님	님	무
		<del></del>				- 남	님	H	ዙ
Name of Registered Waste Hauler		NJDEP Waste	Cubic Yards	Name of Reg	istered Landfill				Ш
		Hauler ID No.	of Waste	- and of ridg	.c.crca Landill				
Service Transport Inc.		20990	8 Cu YD	Minerva La	ndfill				
City, State			Disposal Date	City, State					
New Castle, DE			7/3/18	Waynesbur	g, OH				
Completed By (Print or Type)		Title	Signature	0 :	00/1/22/2	Date			777-5-
Gino Pizzigoni		Project	Deno t.	margar	15 / One	5/23/	18		
0 65 10 15		Manager	120W0 1.	18.801	10,-				
3-I18110								-	



NOTIFICATION OF ASBESTOS ABATEMENT

					-7 and 12:120-7											
Date of Notification	n (1)				g Owner/Operator e Kelsey	: (2)	NECI	E I	$\mathbb{W}$	20 2	1					
7/3/18					e wersel		UT			1	The state of the s					
Agencies Notified	Type Notifica	tion	Street Ad	dress				N 2	010	200.00						
[ ]EPA	[X]Initial Notifica	ation				district the second	U JUL	-62	UIX		7					
[ ]DEP		acion	City, Sta					Wild Individual Com-			-					
[X]DOL	[ ]Amended Notifica	ation	West	Oran	ge, NJ, 070	052	ASBESTO	S CON	TROL	8	2010					
[X]DOH			Name of C	ontact		Telepho	ne Number									
[ ]DCA	[ ]EMERGENC	ž []	Margu	erit	е			-								
	[ ]Cancella	tion		~												
					INFORMATION											
Name of Facility Whe		is Takin	g Place	(3)		Type of Facil	Lity (4)									
Marguerite	verseA					[ ]School		- +h	Er_10							
Street Address							oter 8 (Othe (i.e., priva				1					
						buildings	, homes, etc	.)								
City (5)		7	<i>E</i> \	6-	Godo (7)	Square Feet	# of Floo	rs Bl	.dg. I	ige						
West Orange	Î	County (	o) Essex	4.1	ounty Code (7)				-77-	71						
nobo ozazge		-	200025			Current Use	(Prior ii be	ing de	molls.	nea)	ł.					
Name of Monitoring H	Firm hired by	Building	ASCM No		Name of Abate	ment Contracto	or (9)			-						
Owner (8)				-		IANAGEMENT										
N/A Street Address					Street Addres			-								
Doller Address						topher St	S.									
City, State, Zip Coo	lo.			× ×	City, State,											
city, state, zip coc	ie				and the second s	r, NJ 070	42									
Project Manager for	Monitoring Fi	em mol	ephone Nu	mhor	Telephone Num			icense	Nimb	ar						
rioject Manager for	Monitoring Fi.	N/		moer	(973) 744			0037								
Scheduled Start Date	(10) Sabar		etion Dat	0 (11)		me of OSHA Monitor										
	18			8	N/A	MOIII COL										
ATI COMPANIES :	ear Mor	7	ay Ye	( <del></del>	100											
Occupancy Status Dur [X]Facility Clo					Street Address	5										
of Abatemen		ring Ent	TIG LETT	Ja												
[ ]Abatement Pe				Lity	City, State,	City, State, Zip Code										
[ ]other - Desc	ribe: <u>«OffHours</u> ribe:«Other Oc			>												
Scope of Work (Check					Ш											
					17.37.754	Containment wi	th Negative	Press	are							
[x]>3 sf or []>160 sf or		-	]Renovati ]Demoliti			Enclosure -bag Procedure	ì									
					[ ]Non-F	riable Procedu	ire	1-1								
Location	of		Is cation		Descriptio	n of		ADa	temer	E	E					
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Material TO BE AB			Solely intenance	/	Material ( (i.e., thermal		(Specify SF or	M	P	A P	P					
In Facil		Cu	stodial		nsulation, surfa	- <del> </del>	LF)	V	AI	S	S					
(13)	- · ·	Yes	No N/I	A	or other misce	Llaneous)		L	R	T	UR					
Basement		+	X	- P	ipe Insula	tion	135 LF	X	+-+	-	E					
Dasement				+	The Insura	02022	200 22		1							
		++		-			-		+-+	-						
Name of Registered W	lasto Haulor	N.TI	DEP Waste	1	ubic Yards	Name of Regi	stered Land	Fill								
AZTECH MANAG		Hat	ler ID No.	1	f Waste 1.0	Tri-Sta										
City, State				D:	isposal Date	City, State		. л								
Montclair, NJ	07042				7/19/18/	Bronx,	NY, 1047	4								
Completed By (Print	or Type) Tit	Le			Signature	1 /	/	Date								
Constantine V	E 00	eside	nt		V one	lastiner hi	112	7/3/								

PA			State of	E New	Jersey				Che	ck i	1630	03	
* 4	X. R. A. F				STOS ABATEMENT -7 and 12:120-7	,	7-2-	J F C	F	7 1	VI E	Γ	1
Date of Notification	(1)				Owner/Operator		111	<u>U 2 H</u>			1 12	1	111
7/2/2018			Maya A	utre	t			31			*****	The same	The second secon
Agencies Notified	Type Notifica	ation	Street Add	ress				111 11	-	6 2	018	-11	
[ ]EPA	[X]Initial						1	11				1	
[ ]DEP	Notific	ation	City, Stat	e, Zip	Code		-	ASBE	2000	onid	TROL	8	
[X]DOL	[ ]Amended				L,NJ,07003		in the second	ASBE	FICEL PIOS	ISIN	3		
[X] DOH	Notific	}	Name of Co				Talanho	ne Number					
[ ]DCA	[ ]EMERGENC	1 1	Maya A		t		refebrio	ile Number		Th			
	[ ]Cancella	tion			_	- 116.							
				and the same of the same of	INFORMATION								
Name of Facility When	re Abatement	is Takin	g Place (3	()		Type	of Faci	lity (4)					
						1 1 7	]School		-ha= +	han	v_10\		
Street Addres		WITCH THE TAXABLE PROPERTY.				101		pter 8 (Oi (i.e., pri					
							cial l	ouildings	home	s, e	tc.)		
City		County (	6) Pegor	l'a	inty Code (7)	Squar	e Feet	# of F	Loors	Bl	dg. A	ge	
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Bloomfield	Att	Essex				Curre	iii use	(PIIOI II	pering	den	OTISH	ea)	É
Name of Monitoring Fi			ASCM No.		Name of Abate	ment C	ontracto	or (9)					
Owner (8) N/A					AZTECH M	IANAC	emeni	, Inc.					
Street Address				***	Street Address	s			30.7 - Prof				- 1-1-
					86 Chris	toph	er St	:.					
City, State, Zip Code	9				City, State,	Zip Co	de					7	
					Montclai	r, N	IJ 070	42					
Project Manager for M	Monitoring Fi		ephone Num	ber	Telephone Numb				1		Numbe	r	
	50	N/Z	A		(973) 744	-880	0		00	37	1		
Scheduled Start Date	37 - 28 - E		etion Date		Name of OSHA 1	Monito	r						
		7 14			N/A								
Month Day Ye Occupancy Status Duri				<u> </u>	Street Address	s							
[X]Facility Close of Abatement		ring Ent	ire Period	i									
[ ]Abatement Per		le of Nor	mal Facili	ty	City, State, 2	Zip Co	de						****
Hours - Descri [ ]other - Descri	-												
Scope of Work (Check					11								
cope or nork toneon	arr are app.	<del></del>			[ ]Full	Contai	nment wi	th Negati	ve Pr	essu	re		
[X]>3 sf or 2 []>160 sf or			]Renovatio ]Demolitio		[X]Mini- [X]Glove								
				707.5	[]Non-F			ire					
Location	of		Is cation		Descriptio	n of				Aba	temen	E	ype
Asbestos-Cont	aining		rmally Used		Asbestos-Cont	tainin	g	Amour		R	RI	C	C
Material () TO BE ABA		By	olely Main-		Material ( (i.e., thermal		ms	(Speci		M	E P A	A P	L O
In Facili	mittal manufac		nance/ stodial		sulation, surfa	acing,	VAT,	LF)		O V A	I	PSU	S
(13)		Yes	ff (12) No N/A	-	or other miscel	Llaneo	us)			Ĺ		L	R
Basement		+==+	X	Pipe	insulation	on		105LF		X		-	
Name of Registered Wa			EP Waste		bic Yards	100000000000000000000000000000000000000		stered La	ndfil	L			
AZTECH MANAGE	MENT, INC	C. Hau	ler ID No.	of.	Waste 1.5	Tr	i- St	ate					
City, State					sposal Date	-	, State						
Montclair, NJ	07042			(	7-16-18	Br	onx,	NY, 10	474				
Completed By (Print o	r Type) Tit	le			Signature				D=	te			
Constantine Vi	1.77	esiden	ıt		17-7	1	/	112. 20		/2/2	018		
					- LONS,	14	<del>746/</del>	4447	-	-			

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	烈 7 私以从	NO	TIFICAT		New Jersey SBESTOS ABATEI	MENT		U_	<i></i>	5	A CALL STREET,
					C 8:60 and 12:12		1	E 20	110	The second second	
Date of Notification (1)	9-10		Na	me of Build	ing Owner/Operator		MITRIACTI	MIC-		-	anuar d
Agencies Notified	Type Notification	on	St	reet Addres	S		ASBESTOS C			2	=
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₩ DOL	Amendment		Cit	y, State, Zip	CODE REEMFIE	LO NI.	580 T	30			
DE DOH □ DCA	☐ Emergency justification ☐ Cancellation	j	Na	me of Conta	act		Telephone Num				_
			<u> </u>		UCE FORMATION			_	-		
Name of Facility Where A	batement is Tak	ing Place		ACIDITI	- COMMATION	Type of Facili	ty (4)		-		
RE	SIDENC	E				School (K-	12) er 8 (Other than K-1	2)			
Street Address						Other (i.e.,	private & commerci		ldings	5,	
City (5)						homes, etc Square Feet	# of Floors	. B	ldg. A	Age	
I The second sec	NELAU	NO				2000			50	) +	_
County (6)	RLAND	•		SE ONLY)	(7) (STATE		Prior if being demoli	shed)			
Name of Monitoring Firm I	Hired by Building	Owner	ASC	M No.	Name of Abatem						
(8) Number of Street Address	LIA				Street Address	IMCO I	NC	_			_
Street Address						S SPIRI	ICE ALE				_
City, State, Zip Code					City, State, Zip C			18	25	>	
Project Manager for Monit	oring Firm	- 1	Telephon	e No.	Telephone No.	COHAD	License No.		، در		_
					856-77	Address of the second of the second	004	44			_
Start Date (10)	Sche	duled Con		)ate (11)	Name of OSHA M	1onitor N/A					_
Occupancy Status During		ck only or	ie)		Street Address						
Facility Closed/Vacated  Abatement Performed 0					City, State, Zip Co	ode			_	_	_
Other - Describe:											
Scope of Work (Check all	that apply)				☐ Full Cont	tainment with Ne	egative Pressure				
≥3 sf or ≥3 lf .		☐ Reno	vation		Mini-Enc						
∑≥160 sf or ≥260 lf		Ø benk	ALDON I				on-Friable Procedu	7			
		Is Loc Norm						^	bater Typ		
Location of Asbestos-Containing Mar	terial (ACM)	Used So Mainter			Description of os Containing Mate		Amount			ш	
TO BE ABATEI		Custo		(i.e.,	thermal systems in surfacing, VAT, of	sulation, or	(Specify SF or LF)	Removal	Repair	псар	nclo
(13)		(12	()	1	other miscellaneou		•	oval	bair	Encapsulate	Enclosure
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	·									$\dashv$	_
			-					-		-	
Name of Registered Waste	Hauler	-	NJDEP	Waste	Cubic Yards	Name of Regi	stered Landfill				
((two)	TALC		Hauter II		of Waste	_ C. W	1.C.M.U.	A			
City, State	AND INC.	<del>-</del>	<u> </u>		Disposal Date	City, State	DBINE				
	Title	.)			Signature	^.	Date		10	~	=
Completed By MICHAU C	ma _	SU	P.		- Mul	Dr-	16	14	-17		_

				TON OF A	SBESTOS ABATE .C 8:60 and 12:12		D) ECE		$\overline{\mathbb{W}}$	E	
Date of Notification (1)	79-18		Na	me of Build	ding Owner/Operato		uichous-	6 2	nta	and the state of t	THE PERSON NAMED IN
Agencies Notified  PA  DEP	Type Notification	on	_	eet Addres	23	KING	ST	_			
₩ DOH	Amendmen  Emergency justification	(including	_	y, State, Zip	RIO GRA	MDE	U.T	8-2	47	L &. <b>₹.5</b>	
□ DCA	Cancellation				SAME FORMATION					_	_
Name of Facility Where A	batement is Tak			АСШТТ	a orang role	Type of Facil					
Street Address	estock	100				School (K Subchapte Other (i.e. homes, et	er 8 (Other than K-1 , private & commerc	2) ial bui	ldings	5,	
	APE W	144	111111111111111111111111111111111111111			Square Feet	# of Floors	.   _	SO	-	
CAPE	MAY		_ US	SE ONLY)	(7) (STATE	VA	Prior if being demoli	shed)			
Name of Monitoring Firm F (8)	lired by Building	Owner	ASCI	M No.		nent Contractor					
Street Address	(				Street Address		PRUCE A	ΙĒ			
City, State, Zip Code					City, State, Zip C		HADE NI.	T			
Project Manager for Monito	oring Firm		elephon	e No.	Telephone No.	9-0477	2 Licenso No. 2 0137	1,7			
Start Date (10)		duled Com	5-18		Name of OSHA N	Monitor WI	4				
Occupancy Status During .  Facility Closed/Vacated  Abatement Performed C  Other - Describe:	During Entire Pe	eriod of Aba	tement		Street Address  City, State, Zip Co	ode	s <sub>a</sub>				_
Scope of Work (Check all t	hat apply)		XIII.		☐ Full Con	tainment with N	egative Pressure				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7	Renov Demoli			☐ Mini-End ☐ Gloveba	dosure g Procedure	lon-Friable Procedur	е			
Location of		Is Loca Norma Used Sol	ity		Description of			A	bater Typ		
Asbestos-Containing Mate TO BE ABATED IN Facility (13)		Maintena Custoo Staff (12)	ence/ lial ?		os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SIMINAL		Yes No	N/A		TRAWSIT	F	2750 SF	V	$\dashv$		$\dashv$
SIDING			X		INCOME STI						$\exists$
		_	-						+		$\exists$
Name of Registered Waste H	TNC	E-1	NUDEP V		Cubic Yards of Waste	Name of Reg	istered Landfill	).	A		
City, State  MAPLE S	HAVE X	1.7			Disposal Date	City, State:	OBINE	VI	7		
Completed By MICHAEL KIE	MM Title	SUP.			Signature	UM.	Date (2-7	9-	-18	>	

PAID



Date of Notification 6/26/18  Type Notification			Name of I	Building O	wner / Ope	rator (2)	e E I N	/ E G				
	Nothication			Real Esta	te	11 15 1	0 K   V	/ 15 11	111			
Agencies Notified X EPA		N-4:6:4:	Street Add			4T	Maria and American State of St	200	The state of the s			
	45 - Manifesta 14774 Mari	cy Notification		erson Ro				- 11				
	( Initial Noti	mcation Notification	1,750	e & Zip Co	7.19.18	III J	UL - 6 20	18 [[				
7.77			- uroippe	any, NJ 0	7054			0.00	1-1			
X DOH DCA	Cancellati	ion	Name of 0		9	1	0700 0000	001.0		e Number		
DCA			Keiran F				STOS CONT	HUL &	201-393	-7500		
			1100 1200 1200	ITY INFO	RMATIO	Ν	21011101110	and the second s	agunatik kum <sup>3</sup>			
Name of Facility Whe		is Taking Pl <b>Building</b>	lace (3)			acility (4) ool (K-12)			***************************************			
Street Address					Subo	chapter 8 (	Other than K-	-12)				
	475 Bloor	mfield Ave	<b>}</b>		X Othe	r (i.e., priv	ate & comme	rcial build	dings, home	s, etc.		
					Square F	eet	# of Floors		Bldg. Age			
City (5)	Cou	unty (6)	County Code	e (7)		000	3			70		
Montclair	Ess	sex			Current U	lse (Prior i	f being demo	lished)				
					Former	Bank						
Name of Monitoring F	rm Hired by B	Building Own	ner (8) AS	SCM No.	Name of	Abatemen	t Contractor (	9)				
Langan Engineerir	ıg				Global A	Abateme	nt Services	, LLC				
Street Address					Street Ad							
300 Kimball Drive						oolhous						
City, State & Zip Code						e & Zip Co						
Parsippany, NJ 07	oject Manager for Monitoring Firm Telephone Number						p, NJ 0883					
Vijay Patel	0	732-605	e Number - <b>9062</b>		License	Number 00714						
Scheduled Start Date 7/12/18	1)		OSHA Mo	nitor nt Services	LLC							
Occupancy Status Du	ring Abatemer		8/31/18		Street Ad							
X Facility Closed/	Vacated Durin	g Entire Per	riod of Abatem		443 Sch	oolhous						
Abatement Perf				-	100	e & Zip Co						
Describe: Are					Monroe	Townshi	p, NJ 0883	1				
Other - Describe			ical area onl	у								
Scope of Work (Check	1.5. 7.5	<b>5</b> 6			201							
Demolition	Х	Renovatio	n				tainment with	Negative	Pressure			
X Large Project	NE 0.1E.				X Mini-Enclosure							
Quantity is ≥ 3 S X Quantity is ≥ 16					X Glovebag Procedure							
		LF ACIVI	In I annellan	Т	X	The Real Property lies and the last of the	Non-Friable					
	tion of Containing		Is Location Normally Used	4	Descrip )-Asbestos	otion of		mount		ent Type Removal,		
	I (ACM)		Solely by	1	Material			Specify		capsulation		
	ABATED	1	Maintenance o	or (	(i.e., therm			or		closure)		
	acility		Custodial Staff		sulation, su			ear Feet)	0. 2.110			
(1	3)		(12)		r other mis							
See attached N/A							*					
See attached N/A												
Name of Registered Waste Hauler  NJDEP Waste Hauler ID:												
Freehold Carting 18693					D:	40	TRF					
City, State Trenton, NJ					Disp	osal Date 8/31/18		State	D <sub>o</sub>			
The state of the s	r Type)	Title			Cian		)   I UII	ytown, I	rd	Dete		
Completed By (Print or Type)  Dominick Tringali  Pres.					-	ature ominick T	Tringali			Date 6/26/18		





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Date of I	Notification Ty	6/26/18 pe Notifica	ation				ding Owner		Operat	or (2)	5	<u> </u>	L	U W			And the spinished to th		
Agencie X	s Notified EPA			y Notificati	Street	Addres		20				.)()	- 6	2018		III			
x	DEP DOL	X Init	ial Noti	fication Notification	City, S	tate & 2	Zip Code		and the state of t	11 11		002		2010		Lancato			
x	DOH			(1.4.7).5(9).5(5).5(5).5(1.5). !	. 4.0.		, NJ 070	104	- 2		ASI	3FST	OS C	ONTRO	iL a	T-1	1.1	- NI.	and to the same
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Name of	F = = :   : 1 . 1 A /	'l A l 4		- T-1:- D		CILITY	INFOR			33. 7	4)								
ivame of	racility vv			s Taking P Building	ace (3)				of Fac School										
Street A	ddress							S	Subcha	pter 8	B (Ot	her th	nan K-	12)					
		483	Bloon	nfield Ave	:		-					e & co		rcial bu					C.
City (5)			Cou	nty (6)	County C	odo (7)			re Fee		#	OI FI				Bldg.	ACCOMPANY.		
City (3)	Montela	ie	Ess	nty (6)	County C	oue (7)			12,00		r if h	oina	3 domai	ished)				70	
	WOTILCIA	ur	ESS	ex					ner Ba		OI II D	eing	uemoi	isried)					
	Monitoring Enginee		d by B	uilding Owr	ner (8)	ASCN			of Ab										
Street A	ddress	N=0 750					S	treet	t Addre	ess		0-51 2-6							
	nball Driv te & Zip Co								Schoo						_				
	pany, NJ								State 8				1223	1					
	Manager fo		a Firm	-	Telephone I	Numbe			hone N			140	0000	Licens	se N	Jumb	er		
Vijay P	atel		9		973-560-49		200		605-90								714		
Schedule	ed Start Da 7/12/18		Sche		pletion Date 8/31/18	(11)	10000		of OS				ices,	LLC					
				it (Check or Entire Pe	nly one) riod of Abat	ement			t Addre		ıse F	Road	1						
The second secon					Facility Ho		- B		State 8		_								
	escribe: I			ouring Ab	atement ical area d	n ly	1000	all are not true.	roe To				08831	1					
	f Work (Ch				icai area c	Jilly									-				
	emolition	CON all tria		Renovatio	n				Y F	Full Co	ontai	nmer	nt with	Negati	ve F	ress	ure		
State Notice	rge Projec	t								∕lini-E				rrogati		1000	u. 0		
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	uantity is ≥												riable	)					
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		os-Contair			Normally U				tos-Co		ng			specify					noval,
		erial (ACM BE ABATE			Solely by Maintenanc				erial (A				Squ	are Fee	et  R				
		Facility	U		Custodial S	and the second second			ermal: n, surfa				Line	or ear Fee	t)	OI	End	closu	re)
		(13)			(12)				misce					, ai i oo	"				
		See atta	ched	-	N/A	_							-		+				
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	Registered		auler	1	JDEP Was	te Hau 18693			Cu. Yd	s. of \ 40		e	Nam	e of Re	egist	ered	Lan	dfill	
City, Sta		ung				10033		-	Dispos					State					
	ton, NJ							١		8/31/				ytown	, Pa	3			
	ed By (Prin	t or Type)		Title				5	Signatu	THE RESERVE THE PERSON NAMED IN								Date	9
	inick Tri			Pres.					Dom		k Tr	inga	li					6/2	26/18

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	JUL	-	6	2018	er Well to George American California de la Angel	

Date of Notification (1)			Name	e of Bu	uilding	Owner / Operato	or (2)		ASB	ESTOS	CON	TRO	1 &
6/30/2018			Sund	oco P	artne	rs Marketing &	& Tern	ninals, LP.	-Eagle Po	int Fac	SIN	3	- 01
Agencies Notified	ation		Stree	t Addı	ress								
□ DEP Initia						int Road							
□ DOL X Ame					& Zip (								
	rgency				ontact	0093				Teleph	one N	lumb	or
DCA Cano	cellation	- 1			ndori	า				856-85			lei
			FΔ	CILIT	VINE	ORMATION							
Name of Facility Where Abateme	ent is Taking Pla	ce (	3)	OILII	1 1141	Type of Facil	lity (4)						
Eagle Point Facility						School (	(K-12)						
Street Address								Other than k					
1250 Crown Point Road								te & comme				etc.)	
City (5)	County (C)	10-		2 - 1	/ <del>7</del> \	Square Feet		# of Floors		Bldg. Ag	Ę		
Westville	County (6)	100	ounty (	oae	(1)	7500		3			60+		
AAGSTAIIIG	Gloucester					Current Use		being dem	olished)				
Name of Monitoring Firm Hired b	y Building Owne	r (9)		TACC	CM No.	Name of Aba	(70)	C	(0)		*********		-
N/A	y building Owne	1 (0)	,	ASC	100.	Alpha Envi			(9)				
Street Address		-				Street Addres		illai					
						PO Box 829							
City, State & Zip Code						City, State &	Zip Co	de					
D-1-114						Trenton, N.		0					
Project Manager for Monitoring F	irm [1	elep	ohone	Numl	ber	Telephone N 609-847-29			License I	Number 012			
Scheduled Start Date (10)	Scheduled Comp	oletio	on Dat	te (11)	)	Name of OSI	-	itor		V 12.	101 dina 1000 dina		
6/4/2018	9/30/2018					ALPHA Env	/ironm	ental					
Occupancy Status During Abater Facility Closed/Vacated I	nent (Check only	y on	e)	otomo	nt	Street Addres	0.0000						
Abatement Performed Ou						PO Box 829 City, State &		40				-	
Describe:	riolas of Horman	110	uio	, am t	o opin	Trenton NJ							
Facility Occupied During						Tronton No	00000	,					
Scope of Work (Check all that ap	ply)							F. II O					
☐ ≥3 sf or ≥3 lf	1	M	Ren	ovatio	n			Full Contain Mini-Enclos		vegative	Pres	sure	
≥160 sf ≥260 lf		X		nolitio	55.0			Glove Bag F					
_					220		-	Non-Exemp		n Eriabl	Dro	aad	
Location of		ls	Locati	on		Description		14011-EXEITIP	Amount		atem		
Asbestos-Containing	1 g	Norn	nally L	Jsed		Asbestos-Con			(Specify	700	T	2111 (	ype
Material (ACM)			olely b		8	Material (A			SF or LF)	71		四	m
TO BE ABATED in Facility	10330		tenano odial S		١,	(i.e., thermal synsulation, surface		т		Remova	Repair	Encapsulate	Enclsoure
(13)		·uot	(12)			or other miscella				ova	air	sula	our
	Y	'es	No	N/A				´		-		e	CD
Powerhouse						Pipe Insula	tion	120	Olf				
Name of Registered Waste Haule	er					Cubic Yards	Name	of Register	ed Landfill				$\dashv$
Service Transport Group Hauler II 20990					NO.	o. of Waste 100 Minerva Landfill							
City, State						Disposal Date	City, S						$\dashv$
New Castle DE						various	Wayn	esburg. C	Н				
Completed By (Print or Type)	**	18302	Title			Signature	1	^		Date			$\neg$
Rod Richardson				oject nage	r	L. K	mil	1-		6/30	/20	18	

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							Operator (						
Date of Notification (	(1)		F	B NUTCI	LIF MASTE	ER LL	C/PRISM F	PROPERTY S	ERVI	CES	He	a 1	2 7
7 /	3 /2018		5	Street Add	Iress						5	5	3 11
Agencies Notified	Type Notification	n	3	340 KING	SLAND ST	REET	F <sup>2</sup>		1	UT	-		
EPA	Initial Notif	fication	t	City, State	, Zip Code				1117	111	-		$\neg$
DEP		Notification #2			NEW JER		7110		A STATE OF THE PARTY OF T	Carried or	J	UL	- 6
X DOL	Cancellation	on							1 54	los		W20025	
X DOH	On Hold	NCY NOTIFICAT		Name of C	contact RGERISON	1		Telephone N 973-235-310		h	District of the last of the la		
DCA	LEINIERGEI	STATE OF SECURITION OF SHARE				4		973-233-310	79	1	SRE	STOS	CO
Name of Facility W/h	ere Abatement is Tak		ACILIT	Y INFOR	MATION	Tun	o of Equilit	v (4)	1	critical	Polisianos	LICE	NSIA
Name of Facility win	ere Abatement is Tar	ting Place (3)				Тур	e of Facilit School (K						
HACKENSACK MERI	DAIAN BLDG 102						-	er 8 (Other tha	an K-1	12)			
TIT TOTAL THO TOTAL INICIA	D/ 11/ 11/ DLD 0. 102					X		private & com			s., hor	nes, e	etc.)
Street Address							uare Feet	# of Floor	rs	X	Bldg	. Age	
340 KINGSLAND STF	REET						125,000	5				50	
City (5)	County (6	)		ounty Co				rior if being de	emolis	hed)	Phar	m. La	b.
NUTLEY	ESSEX		(ST	ATE USE			MERCIAL	in the second second					
나는 사람이 가는 아내지를 가지 않아서 어린 아이를 하다 했다.	Firm Hired by Buildi	ng Owner (8)		AS	SCM No.			ment Contra			ON		
OMEGA ENVIRONME Street Address	ENTALA				17		et Address	MENTAL CO	REUR	VAII	ON		
280 HUYLER STREE	Т							OCK ROAD					
City, State, Zip Code							State, Zip						
	S. HACKENSACK, N	NEW JERSEY 0	7606			SUF	FERN, NE	W YORK 1090	01				
Project Manager for M	Monitoring Firm	Telephone	Numb	er		Tele	phone Num	nber	Licens	se N	lumbe	r	
ANTON REZIN		201-489-8	700				-369-7500		1101				
Expected State Date		Sched. Comple	etion D	ate (11)	5	1	ne of OSHA						
7 /	6 /18	7/	_	29	/18	OME	EGA #1	0504					
	ay Year uring Abatement (Chec	Month	Da	У	Year	Stro	et Address					-	
	osed/Vacated During E		batem	ent			HUYLER S	TREET					
	t Performed Outside o				e:					27.17.17.17			
X Other - De	scribe: MONDAY	-FRIDAY 7AM-3:	30 PM			City	, State, Zip	Code					
					]r o t			HACKENSA(		J 07	606		
Scope of Work (Chec		Renovation			Mini-Encl		nt with iveg	ative Pressure	е				- 1
X >3SF OR I		Jichovation		X	Glovebag		edure						
>160 SF C				-	Non-Friab								
Locat	tion of	Is Location		Descri	ption of As	sbesto	S-			A	batem	ent T	уре
	-containing	normally used			ning Materi			Amount	t [	교	R	m	罗
	al (ACM)	solely by			Thermal sy			(Specify	/	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	ABATED	Maint/Custodial			on, surfaci			SF or LF	=)	₹	7	PS	000
in Faci	lity (13)	Staff (12)	4	or oth	er miscella	neou	s)			2		Ë	<del> </del>
		Yes No N/A	-						+		+	-	-
4TH FLOOR ROOM	2403	X	PIPE	INSULAT	ION			6 LF		X	+-	-	$\vdash$
4TH FLOOR ROOM	4403	x	PIPE	INSULAT	ION			6 LF		X			
				710-11-11-11-11-11-11-11-11-11-11-11-11-1									
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								1					
NEWARK CARTING	INC.	Hauler ID No.	-	CUBIC YA	ARDS	GRA	AND CENT	RAL SANITAR	RYLA	NDF	FILL	-	
369 RAYMON BLVD.	110013000.7 00	913		OF WAST	ΓE: 2					12			
City, State				sal Date		City	, State		^	-			
NEWARK, NEW JER			6/29-7	7/29/18		PA	INFLECT T	OWNSHIP, PA	A				
Completed by (Print of			PATIO	NS ISIC	VATURE A	1/	AX		DATE	-	7	00 1	10
BENJAMIN SANCHE		ECTOR OF OPE	RATIO	NS SIGN	NATURE	1	$\langle \langle \rangle \rangle$	\ T	DATE	-	7/	3/	18

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Date of Notification (	(1)				wner/Operator ER LLC/PRISM	r (2) PROPERTY SER	VICES	S LLC		
6 /	28 /2018		Street A	ddress		- control (Constant)		MANUFACTURE OF THE PARTY OF THE	7 0	n Ir
Agencies Notified	Type Notification	n		GSLAND ST	REET	FINE	C	E	11 \	
EPA DEP X DOL	Cancellati	Notification #1		te, Zip Code ', NEW JER			1311	L	S 20	118
X DOH DCA	X On Hold EMERGE	NCY NOTIFICATI	Name of RICK MA	Contact ARGERISON	١	Telephone Nun 973-235-3105	ber	-	<del>-J</del>	
		F	ACILITY INFO	RMATION			Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	one por other	OON	TAOL
Name of Facility Who		king Place (3)			Type of Facil School (	K-12)	The state of the s		NSIN	
HACKENSACK MERI	DAIAN BLDG. 102				X Other (ie	oter 8 (Other than I	K-12) d. bldg			
Street Address 340 KINGSLAND STR					Square Feet 125,000	5			g. Age 50	
City (5) NUTLEY	County (6 ESSEX	8	County C		COMMERCIA			) Pha	rm. La	b.
Name of Monitoring OMEGA ENVIRONME	Firm Hired by Buildi ENTALA	ing Owner (8)	/	ASCM No. 17	PAR ENVIRO	tement Contracto NMENTAL CORP		ION		
Street Address 280 HUYLER STREE	Т				Street Address 313 SPOOK F	ROCK ROAD			4.10 (2.17-2.1	
City, State, Zip Code	S. HACKENSACK,	NEW JERSEY 07	606		City, State, Zip SUFFERN, NE	Code EW YORK 10901				
Project Manager for M	lonitoring Firm	Telephone	Number		Telephone Nu	mber Lice	ense N	lumbe	er	
ANTON REZIN	(10)	201-489-87			845-369-7500	110	)1			
Expected State Date 6 / Month Da	29 /18	Sched. Complet 7 / Month	29	/18 Year	Name of OSH. OMEGA #	A Monitor 10504				
Occupancy Status Du Facility Clo	ring Abatement (Chec sed/Vacated During I Performed Outside o	ck only one) Entire Period of At	lours - Describ		Street Address 280 HUYLER City, State, Zip	STREET	NJ 07	ene.		
Scope of Work (Check Demolition X >3SF OR L >160 SF O	.F	Renovation	X	Mini-Enclo	inment with Ne	gative Pressure	140 07	000		
Locati		Is Location		ription of As				batem	ent Ty	
Asbestos-i Materia TO BE A in Facil	(ACM) ABATED	normally used solely by Maint/Custodial Staff (12)	(ie. insula	ining Materia Thermal systion, surfacir her miscella	stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4TH FLOOR ROOM C	703	Yes No N/A	PIPE INSULA	TION		615	+		7	Ā
4TH FLOOR ROOM A			PIPE INSULA	A CANADA		6 LF	X	$\vdash$		$\vdash$
THI LOOK TO SHA			II E INGOLA	11014						
NEWARK CARTING I	NC	Haulas ID Na	OUDIO	ADDC	ICDAND CENT	TRAL CANUTARY				
369 RAYMON BLVD. City, State		Hauler ID No. 913	CUBIC Y OF WAS Disposal Date		City, State	RAL SANITARY I	LANDF	ILL	1	$\dashv$
NEWARK, NEW JERS Completed by (Print o			5/29-7/29/18			OWNSHIP, PA				$\neg$
BENJAMIN SANCHEZ		ECTOR OF OPER	ATIONS SIG	NATURE	310	DA.	TE()	17	8/	10

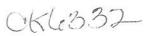
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Date of Notification (1)				Name of Building PB NUTCLIF MAS				SERVI	ICES	LLC		
6 / 18	/2018			Street Address								
	e Notification	1		340 KINGSLAND S	STREE	Т	yearang	F	(A)		n n	T G
EPA X DEP X DOL	Initial Notif Amended I Cancellatio	Notification		City, State, Zip Coo NUTLEY, NEW JE	de				6			<u> </u>
X DOH DCA	On Hold EMERGEN	NCY NOTIF		Name of Contact NARGERISO			Telephone 973-235-31	Number 105	gt) [	-	6 20	18
			FA	CILITY INFORMATION				1				
Name of Facility Where Abate HACKENSACK MERIDAIAN BL		ang Place	(3)		Тур	e of Facility School (K		ASBI	1 10	OS C DENS		ROL
Street Address 340 KINGSLAND STREET						Other (ie. uare Feet	private & co	mmci.		Bldg	g. Age	
City (5)	County (6)	)	T	County Code (7)	Curr		fior if being o	demolis	shed)		50 rm. La	ib.
NUTLEY Name of Monitoring Firm Hire	ESSEX d by Buildin	ng Owner	(8)	(STATE USE ONLY) ASCM No.		MMERCIAL	ment Contr	rantar l	(0)			
OMEGA ENVIRONMENTALA	a by bulluli	ig Owner	(0)	17			MENTAL CO			ON		
Street Address 280 HUYLER STREET					Stre	et Address SPOOK RO		51 ti - 01	0 111	0.1		
City, State, Zip Code				**************************************		, State, Zip		- CHECKS //				
S. HACk Project Manager for Monitoring	ENSACK, N						W YORK 109					
ANTON REZIN	FIIII		489-870	Number	1	phone Num	iber	Licen	se N	umbe	r	
Expected State Date (10)		A CONTRACTOR OF THE PARTY OF TH	A PENERON CONTRACTOR	on Date (11)		-369-7500 ne of OSHA	Monitor	1101				
6 / 29	/18 ear		/	29 /18 Day Year	1000000000		0504					
Occupancy Status During Abate Facility Closed/Vaca Abatement Performe X Other - Describe:	ted During E d Outside of MONDAY-	ntire Perio Normal Fa	d of Aba	ours - Describe:	280	et Address HUYLER S , State, Zip S.		ACK, N	IJ 07	606		
Scope of Work (Check all that a Demolition X >3SF OR LF >160 SF OR 260	X	Renovatio		Full Cor Mini-End X Gloveba Non-Fria	clo , ig Proci	edure	ative Pressu	ire				
Location of		Is Locat	0.00000	Description of A				.			ent T	
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		normally solely I Maint/Cus Staff (1 Yes   No	by todial	Containing Mate (ie. Thermal s insulation, surfa or other miscel	systems cing, V	AT,	Amour (Specit SF or L	fy (F)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4TH FLOOR ROOM C403				PIPE INSULATION			6 LF		X			
4TH FLOOR ROOM A403				PIPE INSULATION			6 LF		^X			
NEWARK CARTING INC. 369 RAYMON BLVD. City State		Hauler ID 913		CUBIC YARDS OF WASTE : 2 Disposal Date		ND CENTR	RAL SANITA	RY LA	NDF	ILL		
NEWARK, NEW JERSEY 0710 Completed by (Print or Type) BENJAMIN SANCHEZ	Title	CTOR OF	6	/29-7/29/18	PLA	INFIELD TO	OWNSHIP, F	DATE	/.	111	2/10	~/

	TAATI	n		(Pu	rsuar	t to NJA	C 8:	:60 and 5:16	5)	IIn	ECE	3 1	M	B	
Date of Notification (1)	N. P. B. S				Name	of Building	g Owi	ner/Operator (	2)	115		3 11	M	5	M
07/	03 /	18			Mal	lachy Mc	Cani	n						Supering of the last	
Agencies Notified	Type Notifica	ation		-	Street	Address			2	14 6	JUL	6 21	)18	- 11	Ull
⊠ EPA						, , , , , , , , , , , , , , , , , , , ,					l			- Linear	-/
□ DOLWD	☐ Amended				City S	State, Zip C	Code			-	ASPECTOO	00.	-	1	- 1
⊠ DOH	Amendm				10000	Isle City		08243			ASBESTOS LICEN	CONT	ROL	Ei	denga
DCA (NJAC 5:23-8)	☐ Emergen justificati	cy (inc	cluding			of Contac					Telephone Nur	THE RESERVE OF THE PERSON NAMED IN	-	Contraction of the last of the	
(110/10/03.25-0)	☐ Cancellat					en Lindb					Telebriorie (4d)	TIDOI			
					FA	CILITY IN	IFOR	RMATION							
Name of Facility Where A	Abatement is 7	Taking	Place	(3)		0,2,,,,,,,,,	0.		Type of Fa	cility (4	1)				
Residence									School	0.5					
Street Address									☐ Subcha	pter 8	(Other than K-1				
									Other (i homes,		vate and comm	ercial bu	uilding	JS,	
City (5)			100						Square Fee	3.5	# of Floors	BI	dg. A	ae	
Vineland									1,600	5.0	3	-	80	3-	
County (6)					Cour	nty Code (7	)(STA	TE USE ONLY)		e (Prio	r if being demo				
Cumberland									Resider		3				
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCM	No.	Nar	me of Abateme	ent Contracto	or (9)					
Coastal Environme			) }				100000000000000000000000000000000000000	hade Enviro							
Street Address								eet Address							-
PO Box 167							6	23 Cutler Av	enue						
City, State, Zip Code							City	, State, Zip Co	ode						
Hammonton, NJ 08	037						1000	laple Shade		!					
Project Manager for Moni				Tele	phone	No.		ephone No.	•		License No.				
Cathy Ledden				60	9-820	-9312		56-755-0099			00842				
Start Date (10)		Schedu	uled Co	omple	tion Da	te (11)	Nan	ne of OSHA M	lonitor						
07 /19 /	1000000					18	E	MSL Analyt	ical, Inc.						
Occupancy Status During	Abatement (	Check	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacate					ment			00 Route 13	0 North						
Abatement Performed						cribe		, State, Zip Co							
Time of Abatement: _	AM	PM	V	_PM-		AM	10000	innaminson		7					
Scope of Work (Check all	I that apply)								,						
	5.5. 55.		-	••						n Nega	tive Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Rei  Dei					☐ Mini-Enc ☐ Glovebag							
Z _ 100 01 01 _ 200 11			_ 50	Homas				Non-Exe     Non-Exe	mpted (*) an	d Non-	Friable Proced	ure			
				Locat								Ab	atem	ent T	уре
Location		.		Iormal d Sole				Description o			2	Z.	Z,	Щ	ш
Asbestos-Containing I TO BE ABA		1)		intena	, ,			Containing Ma rmal systems i			Amount (Specify	Removal	Repair	ıcar	Clo
IN Facilit			Cust	odial S	Staff?	1.0		urfacing, VAT,			SF or LF)	va	=	Encapsulate	Enclosure
(13)		-		(12)	T	-	oth	ner miscellane	ous)					ate	1
			Yes	No	N/A	0.000	(0)								
Basement						Floor Ti	ile ai	nd Mastic			305 SF				
											A COLOR MANAGEMENT				
				П									П	П	П
Name of Registered Was	te Hauler				JDEP \	Naste	Cub	ic Yards of	Name of F	Registe	ered Landfill				
Freehold Cartage	to riddior			70000	auler I	O No.	Was		Fairles						
City, State					15939	)	1 Dier	osal Date	City, State					-	
Freehold, NJ						3		7/23/2018	Morris		ΡΔ				
		T					0		WIOTTIS	ville,					
Completed By (Print or Ty	/pe)	Title	_					Signature	1	and the same of th		Date	2.3	E	
Christina Lynch		Vie	ce Pr	eside	nt of (	Operation	าร	1 msta	DE )	)		7/3	118	25	

	PAID			ICATIO	N OF ASE t to NJAC	BESTOS	ABATE			S. Comments of the Comments of		C	E		y [8
Date of Notification (1) 07/02/2018					of Building e of Ethe				dt, execut	or		Section 1		0	- Control of the Cont
Agencies Notified	Type Notification			Street	Address						1000	UUL	-	<del>2 20</del>	18
× EPA × DEP × DOL	X Initial Amended		-	City. St	tate, Zip C	ode				-	L	RECT	20.0	0117	
× DOL	Amendment Emergency (		_		nerfield,		491			1	70	LI(	JS C JENS	ONTR	IOL &
DOH DCA	justification) Cancellation	ii iciddii iç	1		of Contact Blindt					Tel	ephone I	Numbe	r	THE COLOR STORY	THE REAL PROPERTY.
				67 F0557/8 700	ILITY INF	ORMAT	ION								
Name of Facility Where A	Abatement is Taking	g Place (	3)					Туре	of Facility (4	-)					
Street Address								☐ S	School (K-12 Subchapter of Other (i.e. pretc.)	8 (Othe	er than k & comme	(-12) ercial b	uilding	s, hom	ies,
City (5) Springfield									e Feet	# of N/A	f Floors		Bldg N/A	Age	
County (6) Union					Code (7) USE ONLY	)		Curre	nt Use (Prio	r if bei	ng demo	lished)	)	ENILOPERA	
Name of Monitoring Firm N/A	Hired by Building C	Owner (8	)	ASCI	M No.				ement Cont		(9)			10-15-5	
Street Address							Street	Addres							
City, State, Zip Code							City, S	tate, Zij	p Code J 07512						
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph	one No 345-86	1.		License				
Start Date (10) 07/12/2018				npletion	Date (11)		Name	of OSH	A Monitor		01311		<u> </u>		
Occupancy Status During		07/13/						Abate	ment, Inc						
➤ Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent			0.0		ren Aveni	ue					
Abatement Performe Other – Describe: 0	ed Outside of Norma ccupied	al Facilit	y Hours					tate, Zip wa, N.	Code J 07512						
Scope of Work (Check Al	That Apply)							,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		germanning.	Renova Demolit				×	Mini Glov	Containmer -Enclosure /ebag Proce -Exempted	dure	10.75			Viion	
		Is	Locati	on				1 NOT	-Lxempleu	( ) and	I NOII-FII	able P		temen	t
Location Asbestos-Containing		L. Doorwood	Normalled Sole		Ashaa		scription					-	_	уре	
TO BE ABA In Facili (13)	TED		intenar todial S (12)		(i.e.		aining M systems sing, VAT niscelland	insulat T, or	ion,	(S	nount pecify or LF)	Kemova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							80			ite	е
Kitche	n		X				VAT			14	0 SF	Х	-	-	
Name of Registered Was	e Hauler		NI NI	JDEP W	laste	Cubic '	Varda		Nome	nai-t-	adl '	en			
D&S Abatement, Inc.			H	auler ID 1996	32777	of Was			Name of Ro Waste M						
City, State Totowa, NJ						Dispos TBD	al Date	13	City, State Morrisvill	e, NJ					
Completed by Oliver Hegedis		Title Proje	ct Ma	nager		Si	ignature/	WY.				Date 07/02	/201	3	
							1//	12/							



Print Form

					ICATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE				C		$\mathbb{V}$	E	
700	te of Notification (1) /02/2018					f Building Montag		Operator	(2)	and the state of t	E destruction of the second	JUL	- 6 2	2018	Constitution (String	
Age	encies Notified	Type Notification			Street A	ddress				-	1			- 10		-1
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×	DEP	X Initial Amended		1		ate, Zip Co					rioi,	BESTOS	NSING	HOL	લ	- d
×	DOL	Amendment			Montc	lair, NJ	07042				of Beauty of Araction	-	1401140	i taringana <sub>a</sub> laaysia	The Property of the San St.	
X	DOH	Emergency justification)			Name of	f Contact					Tel	enhone N	lumbar	ā		
×	DCA	Cancellation			David	Montag	ue									
		I			FACI	LITY INFO	ORMAT	ION			-		11.11.236			
1	ne of Facility Where a	Abatement is Takir	ng Place (3	3)						f Facility (4 chool (K-1)						
Stre	eet Address					82			Su	ubchapter ther (i.e. p	8 (Oth			ldings	, home	es,
	(5) ontclair								Square N/A		# o	f Floors	1.2	Bldg.	Age	
Cou	unty (6)				County (	Code (7)			Current	Use (Pric	or if bei	na demol	ished)			-
	SEX	Lirod by Building	Oumor (P)		(STATE L	USE ONLY,			House	Э						
N/	167	I miled by Building	Owner (6)	).	ASCIV	/I NO.		D&S	Abater	ment Con ment, In		(9)				
Stre	eet Address								Address osengr	en Aver	nue					
City	, State, Zip Code								state, Zip wa, NJ							
Pro	ject Manager for Mor	nitoring Firm			Telephoi	ne No.		Teleph	none No. 345-86	- 1		License	No.			
Cto	rt Date (10)		C-b-d-l	-10-	1-41 1	D-1- (44)						01311				
07	/13/2018		07/14/	2018		Date (11)				Monitor ment, Inc	C.					
000	cupancy Status Durin	g Abatement (Che	ck Only O	ne)					Address							
	Facility Closed/Vac									en Aven	iue					
×	Abatement Perform Other – Describe:		nai Facility	y Hour	'S		_		tate, Zip wa, NJ							
Sco	pe of Work (Check A	dl That Apply)					-									
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		***************************************	Renov Demoli				×	Mini-	Containme Enclosure ebag Proc	edure					
			T	32 O	10	l			J Non-	Exempted	(*) an	a Non-Fri	able Pr	***************************************	re ement	k:
			F. 100	s Loca Norma	117600000										уре	
	Location Asbestos-Containing			ed Sole		Achee		scription	of Material (/	ACM)	۸	mount		T	Ι	
	TO BE AB	ATED		aintena	ince/ Staff?				s insulation		(5	Specify	D.	7	Enc	四
	In Facil		Cus	(12)	1015000000000			cing, VA			SF	or LF)	Remova	Repair	aps	Enclosure
	(13)						other	niscellar	leous)				val	H.	Encapsulate	ure
			Yes	No	N/A										Ф	
	Basem	ent	-	X			Pipe	e nsula	tion		1	8 LF	X			
			-													
Nar	ne of Registered Was	ste Hauler			NJDEP W		100000000000000000000000000000000000000	Yards		Name of F	Registe	ered Land	fill			
	S Abatement, Inc	). 			Hauler ID 20996	NO.	of Wa TBD			Waste N	- 88	gement	of PA			
	r, State owa, NJ						Dispo TBD	sal Date	- 1	City, State Morrisvi		J				
	npleted by		Title				5	Signature	PAY				Date	001		
UIIV	er Hegedis		Proje	ect IVI	anager			1	10/		-		07/02/	2018	i	

Print Form

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#### State of New Jersey

PAID	NC		ICATION	tate of Ne N OF ASB to NJAC	<b>ESTOS</b>	ABATE			) <u>[</u>	C	E		$\mathbb{V}$			de granden (en ad latinopala apropor
Date of Notification (1) 07/02/2018				f Building spherx E				The second secon	Commence of the Commence of th	JU	L	6	2018	A STATE OF THE PERSON NAMED OF THE PERSON NAME	IJ	1
Agencies Notified Type Notification  X EPA X Initial			Street A	ddress ersey Av	/enue			- Anna Control of the	AS	BES	TOS	400	ITROI	8		and the second s
X EPA X Initial Amended Amendment	#	Ī		ate, Zip Co Brunswic		08901						VSIN			-	The common of the control of the con
Emergency ( justification)  DCA  Cancellation	including	1	Name o	f Contact rd Smith								ne Nu	mber			
Name of Equility Where Abote and in Table	DI (0)		FACI	LITY INF	ORMATI	ON							4.			
Name of Facility Where Abatement is Taking Commercial Building	J Place (3)						Туре		cility (4)							
Street Address 783 Jersey Avenue							×	Subch	ol (K-12 napter 8 (i.e. pri	(Oth	er tha & com	ın K-1	2) ial buil	dings	, hom	es,
City (5) New Brunswick							Squa	etc.) are Fe	et	100000	f Floo	rs	100	Bldg. A	\ge	
County (6)		_	County	Codo (7)			N/A	11	- (D-i	N/A	X55.81			I/A		
Middlesex				Code (7) USE ONLY	)				e (Prior cial Bu			molis	ned)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCN	/ No.					nt Contr nt, Inc		(9)					
Street Address						Street 11 R			Avenu	ıe						
City, State, Zip Code						City, S Toto										
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3					Lice 013	nse N	lo.			
	Scheduled 07/15/20		npletion I	Date (11)		Name D&S			nitor nt, Inc.							
Occupancy Status During Abatement (Check						Street	Addre	SS								
Facility Closed/Vacated During Entire P  Abatement Performed Outside of Norm  Other – Describe:	eriod of Aba al Facility H	atem ours	ent			City, S	tate, Z	ip Coo		ie						
Scope of Work (Check All That Apply)						Toto	wa, N	1J 07	512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		iova nolit				×	Min	ni-Encl	ainmen losure g Proce mpted (	dure					0	
	Is Lo	cati			1725			11 - LAG	Inpice	) and	2 14011	-i iiai	10	Abate	100	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used S Maint Custod	Sole! enar	ly by nce/	Asbesi (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	lateria s insula T, or	I (ACM ation,	1)	(S	mouni pecify or LF	/	Remova	Repair	Encapsulate	Enclosure
	Yes I	Vo	N/A										<u>a</u>	7	ate	Ге
1 st floor		X				VAT				10	50 S	F	Х			
				*												
		-							-				-			
Name of Registered Waste Hauler  D&S Abatement, Inc.		H	JDEP W auler ID 1996		Cubic of Was				ne of Re	55						
City, State Fotowa, NJ		-			Dispos TBD	al Date	j.		State	a N	ı					$\exists$
Completed by Dliver Hegedis	Title Project	Ma	nager			ignature	M	/		-, 110		Da 07	te 7/02/2	018		

		NO	TIFIC	ATIO	State of N	New Jer	sey	TEMENT	FAR	Maria Caramanananananananananananananananananan	-		y
Check#3099		ID /					and 5:1		ECEI	$\mathbb{V}$	E	1	Tall Montage
Date of Notification (1)		- H /	VA 54	Nam	e of Buildir	ng Owner	/Operator (	(2)			-		PACE PROPERTY.
	03 /	8		Ands	Steffen				JUL - 6	2018	-		
Agencies Notified	Type Notificatio	n			t Address						-	brancono?	-
□ EPA								į l.	ASPESTOS CO	N Introduction			
☑ DOLWD ☑ DHSS	Amended Amendment	44		City,	State, Zip	Code			ASBESTOS COI	NG NTHOI	. či		1-
□ DCA	Emergency (		-	Fanw	ood, NJ (	07023			<ul> <li>And the Alberta spherocons for weight to the conditions represent</li> </ul>		L	******	, di
(NJAC 5:23-8)	justification)	modam	9		e of Contac				Telephone Nur	mber	-		
	☐ Cancellation			Andy	Steffen								
					CILITY II	NFORM	ATION						
Name of Facility Where	Abatement is Taki	ng Place	e (3)					Type of Facility	(4)		Line		
Private house								School (K-1	2)				
Street Address								Subchapter	8 (Other than K-1 private and comme	2)	.0.40	20	
								homes, etc.		erciai b	uliain	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Fanwood, NJ 07023 County (6)				,					1				
				Cour	nty Code (7)	(STATE L	ISE ONLY)	Current Use (P	rior if being demol	lished)			
Union Name of Monitoring Firm	Hired by Building	Owner	/Q\ T	10011	N	1							
The second secon	. Timed by bunding	Owner	(0)	ASCM	No.			ent Contractor (9	9)				
Street Address							h LLC Address						
							764 5355	202					
City, State, Zip Code							ılley Rd # tate, Zip Co						
							, NJ 0747						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telepho			License No.				
**************************************						973-63	8-1777		01127				
Start Date (10)					ite (11)	Name	of OSHA M	lonitor	192 9-1				
/		07		_ / .	18	Enviro	vision Co	nsultants,Inc					
Occupancy Status During	Abatement (Che	ck only	one)				Address						
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>	ed During Entire P	eriod of	Abate	ment		20-21 V	Wagaraw	Road, Bldg .#	35E				
Time of Abatement:	AM-	ai raciiii PM/			AM		ate, Zip Co						
Scope of Work (Check al	I that apply)					Fair La	wn, NJ 07						
	triat apply)					Н	Full Cont	and decontami ainment with Ne	nation with negative	e press	ure		
>3 sf or >3 lf ≥ 160 sf or >260 lf			enovati emolitic			×	Mini-Encl	osure	51 N S	. D			
		Пре	montic	18.1		Н	Non-Exer	Procedure npted (*) and No	Tent with Negative on-Friable Procedu	e Press ire	ure		1
		1.0	Locat								atem	ent T	vpe
Location Asbestos-Containing		1000000	Normal ed Sole				scription o					1	T
TO BE ABA	TED	Ma	intena	nce/	Asbe:	stos Cont therma	aining Mat I systems ii	erial (ACM)	Amount (Specify	em	Repair	nca	nolo
IN Facili (13)	ty	Cus	todial 3 (12)	staff?		surfa	cing, VAT,	or	SIF or LF)	Remova	Ŧ	Encapsulate	Enclosure
(10)		Yes	No	N/A	1	otner r	miscellaneo	ous)		-		ate	"
Garage	- 111 to - 1		П	N/A	Dust.				0.1.5	K7		-	
					Duct ins				8 LF		Ш	Ц	Ш
Crawl space		14			Duct inst	ulation			4 LF	$\boxtimes$			
											П	П	
Name of Registered Was	te Hauler		NJD	EP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regis	stered Landfill				-
Gr Tech LLC			0	03378	5	TBI	)	T.R.R.F. Inc					
City, State						Disposa		City, State					
Vayne, NJ 07470				A		TBI	)	Tullytown, P.	A				
Completed By (Print or Ty	/pe) Titl	е				Sig	nature /	2011 C-01	Da	ate			
l.Jevtic	Ow	ner					He.	dic Wena	1 07	/03/18			
SB-41							- 1/20		107	03/10	-	-	

Q.	AID		NOTII	FICATIO	N OF ASE t to NJAC	BESTOS 8:60 an	ABATE	MEI (0)	NT	Dr	E C	E 1	V	E	(A)
Date of Notification (1) 07/03/2018					of Building on Corp			r (2)	-		,[[1]		One of the last of		
Agencies Notified	Type Notification			. 50	Address		0		- 1-	tool	001	-6 2	018	- []	<u> </u>
ĭ EPA	× Initial			415 H	Hamburg	Turnp	ike			1	Consequence of the latest the lat				1
× EPA × DEP × DOL	Amended	и			ate, Zip C						BESTO: LICE	S CONT NSING	ROL	8	
	Amendment Emergency		_		e, NJ 0					The second second	FI OF	INSING		and and	
⊠ DOH □ DCA	justification)	87 C			of Contact						lephone I				Mary A
	Cancellation				Phelan					97	73-904-	0800			
Name of Facility Where A	Abatement is Taking	g Place (	3)	FAC	ILITY INF	ORMAT	ION	Tv	pe of Facility	(4)					
Haydon Corporation	٦	8						- 7							
Street Address								H	School (K- Subchapte	12) r 8 (Oth	er than K	(-12)			
415 Hamburg Turns	oike							×	Other (i.e. etc.)	private	& comme	ercial bui	ldings	, hom	es,
City (5)								Sq	uare Feet	# 0	f Floors		Bldg.	Age	
Wayne					1			70	0,000	1			50+		
County (6) Passaic				County	Code (7) USE ONLY	1			rrent Use (Pr	ior if be	ing demo	lished)			
Name of Monitoring Firm	Hired by Building (	Owner (8	)	ASCN			Name		arehouse batement Co	ntractor	(9)				
TBD Street Address		***					Unite	ed S	Safety LLC		(0)				
oucet Address							Street 22 T		ress Lane						
City, State, Zip Code							City, S	tate,	Zip Code						
Project Manager 6 . 14							l-		Park, NJ 0	7035					
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph 973		No. -0099		License 01317				
Start Date (10)		Schedul	ed Cor	mpletion	Date (11)		-	J. Contract	SHA Monitor		01317				
07/16/2018		07/30/	2018		(/				Safety LLC						
Occupancy Status During	Abatement (Check	Only O	ne)				Street								
Facility Closed/Vaca	ted During Entire P	eriod of	Abater	nent			22 Ti	roy	Lane						
Abatement Performe  X Other – Describe: M	ed Outside of Norm on-Sun from 7:00 am - 5:	al Facility 30 pm.	/ Hour	S			10 1000		Zip Code Park, NJ 0	7025					
Scope of Work (Check All	That Apply)					0.1003	LITICO	JIII	Park, NJ U	7035					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				×	i	Full Containm Mini-Enclosure	е	Negative	e Pressu	ire		
-									Blovebag Prod Ion-Exempted		d Non-Fri	iable Pro	cedu	e	
		Pro-	Locat										Abat	emen	t
Location			Norma ed Sole		80 ES 80		scription					-	Ty	ре	
Asbestos-Containing I TO BE ABA		Ma	intena	nce/	Asbes	tos Cont thermal	aining M	later	ial (ACM)		mount specify	70		Щ	m
In Facilit (13)	У	Cus	todial ( (12)	Staff?	(	surfac	cing, VA	T, or			or LF)	Remova	Repair	cap	nclo
(10)		Yes	No	N/A		otner n	niscellan	eous	5)			oval	a:	Encapsulate	Enclosure
1st FL Open Ware	house Area	1	X	1		VA	T ONL	Y		8.4	00 SF	X	-	10000	
1st FL Supply	Room		X		Doub	ole Lay			Mastic	200	00 SF	X			
Shipping Office, Br	eak Room &		Χ				& Mas				85 SF	X	-		
Area Adjacent to	the QC Lab						8-10-10-10-10-10-10-10-10-10-10-10-10-10-					-	-		
Name of Registered Wast			N	JDEP W	aste	Cubic	Yards	31100000	Name of	Registe	red I and	fill			
Service Transport Gr	oup, Inc		H	lauler ID W2117	No.	of Was			Minerva						
City, State							al Date		City, State	e					-
New Castle, DE		2000				TBD			Wayne		ОН				
Completed by Vanco Petkov	* e	Title Proje	ct Ma	anager			ignature				04.0	Date 07/03/2	2018		

PAID

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

Date of Notification (1)					Name	of Building	g Owner/Operator (	2)		272.01			
	02 /	18	_		90940551	ria Castro	11-11		1514	41	)_		
Agencies Notified	Type Notifica	ation			Stree	t Address		JUL - 6 20	地一旦				
⊠ EPA							N. TOTAL						
☑ DOLWD	☐ Amended	100			City, S	State, Zip C	Code AS	BESTOS CONT	BOL &	-			
□ DCA	Amendme		udina		No	rth Plainf	ield, NJ 07062	LICENSING	11028				
(NJAC 5:23-8)	justification		uamg		Name	of Contac	t		Telephone Num	ber			
, , , , , , , , , , , , , , , , , , , ,	☐ Cancellat				Ma	ria Castro	0						
					FA	CILITY IN	FORMATION		-				
Name of Facility Where A	batement is T	aking I	Place	(3)				Type of Facility (4	4)				
Residence								School (K-12)					
Street Address			1000					☐ Subchapter 8					
								Other (i.e., pri homes, etc.)	vate and comme	rcial bu	ıilding	IS,	
City (5)								Square Feet	# of Floors	DI	dg. A	20	
North Plainfield								2000 sf	2	- 1	ag. A 65	ge	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			
Union							* * * * * * * * * * * * * * * * * * *	Residence	3	,			
Name of Monitoring Firm	Hired by Build	dina Ov	vner (	8)	ASCM	No.	Name of Abateme			_			
Guardian Contraction		3 -	,	-/			The second in the same and a second in the s	ntracting, Inc.					
Street Address	3,						Street Address	nadoung, mo.				_	
1889 Rte. 9, Unit 61							1889 Route 9	Unit 61					
City, State, Zip Code							City, State, Zip Co	· Aller Construction and Construction					
Toms River, New Je	reav 08755												
Project Manager for Monit				Tolo	nhone	Na		New Jersey 087					
Nicholas Fernicola	toring r iiiii				phone	-9932	Telephone No.		License No.				
Start Date (10)	10	`abadıı	lad C			ite (11)	732-349-9932		00624				
07 /16 /	A			contracting	) /		Name of OSHA M						
				-	_ ′ -	10_	E.M.S.L. Anal	іупсаі					
Occupancy Status During							Street Address						
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>							1056 Stelton						
Time of Abatement:							City, State, Zip Co						
		<del></del> ) 5500				•	Piscataway, N	New Jersey 088	54				
Scope of Work (Check all	that apply)						□ Full Cont	ainment with Nega	ativo Propauso				
≥3 sf or ≥3 lf				novat			☐ Mini-Encl	losure	alive Flessure				
≥160 sf or ≥260 lf			] De	molitio	on		☐ Glovebag						
			la.	Lassi	ila a		☐ Non-Exer	mpted (*) and Non	-Friable Procedu		75		
Location	of			Locat Norma			Description			Ab	atem	ent T	ype
Asbestos-Containing N		1)	Use	d Sole	ely by	Asbe	Description of stos Containing Mar		Amount	Re	Re	E	Ē
TO BE ABA	TED	_		intena	nce/ Staff?		., thermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facilit (13)	y		Cusi	(12)	Stall?		surfacing, VAT, other miscellaned		SF or LF)	/al		Encapsulate	ure
(10)			Yes	No	N/A	1	other miscenarie	ous)				te	
basement		_		$\boxtimes$	П	asbesto	os pipe insulatio	n	240 If		П	П	П
											17		
				- C	-					1		Ш	$\vdash$
Name of Registered Wast	e Hauler			10000	IJDEP!		Cubic Yards of	Name of Regist	ered Landfill				-
Guardian Contractir	ng, Inc.			1	20223		Waste 3	T.R.R.F.					
City, State				-			Disposal Date	City, State					
Toms River, New Je	rsey						07/19/18		Pennsylvania				
Completed By (Print or Ty	pe)	Title					Signature	1	1	ate	1	i	_
Nicholas Fernicola		1000000	oject	Man	ager	**		tal		7/	5/	18	

CK#2191	NO	(Purs	TION OF	of New Jersey F ASBESTOS A NJAC 8:60 and	12:120	)	DEC	E			7 7 7
Date of Notification (1)  Agencies Notified Type Notification  APPA Initial Amended		S	DC.C eet Addr	ess Zip Code	<u>,                                    </u>		ASBEST		ONT	)18 ROL	8
DOL Amendment #_ Emergency (indication) DCA Cancellation	cluding	Na	The of C	ontact TY INFORMATION		Tench, No	Talanhana Mu.				Town Town
Name of Facility Where Abatement is Taking I	Place (3)		PAGE	5 6 8605 <b>GPU</b>		Type of Facility (4)  School (K-12) Subchapter 8 Other (i.e. prietc.)  Square Feet		Bid Bid	g. Ag	е	The second lives and the second secon
County (6) Name of Monitoring Firm Hired by Building On	wner (8)		OUNTY CO	SE ONLY)	1		. Build	ed)		71(	A COMPANY A PLANT OF THE PARTY
Street Address  City, State, Zip Code		•			19	Maltress  Maltress  Maltress  State, Zip Code	rose Rd	57	7	22	-
Project Manager for Monitoring Firm			elephone		73	whome No.	License N 2 000				
Occupancy Status During Abatement (Check	eriod of A	e) Nbatem	10	ate (11)	Street	et Address					
Abatement Performed Outside of Norm Other – Describe:	al Pacilly	THUUIS			Cay,	State, Zip Code					
≥3 sf or ≥3 if 1 ≥160 sf or ≥260 if		lenovat Iemolitii			ĺ	Mini-Enclosure	ent with Negative I e cedure d (*) and Non-Frial	ite Pro	cedure		
Location of	1	Location	У	D	escripti	on of	Amount			ment	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Cus	ed Sole intensi todial S (12)	ice/	(i.e. therm	at syste acing, '	g Material (ACM) ems insulation, VAT, or laneous)	(Specify SF ar LF)	Removal	Repair	Encapsulate	Enclosure
basement.	Yes	NO	7	Awr-	tile	WMOHIC	30000	X	of the second se		
		1	UDEP V	Vaste Cut	ic Yard	s Name o	Registered Land		-	1000	
Name of Registered Waste Hauter  ACC To School Color  City, State	万く		lauler ID	No. of W	laste Soșal D	FC.	iness	oit.			
City State Completed by	Title				HJI Signal		19 70001	Date 1	,   (		

Print Form



		1101	(P	ırsuan	t to NJA	C 8:60 and 5:16	5)	NECE	7 1	VI [		7
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	1 6 6 5	<u>U</u>	(J) L	7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	03 /	18		The second second		Township Boar	1 1 1000	111	c 0	010	Annual Control	
Agencies Notified	Type Notificat	ion	154.51	Street	Address		Deg.	11 JUL -	6 2	018	11	naments.
⊠ EPA	☐ Initial			206	E. Holly	Avenue	9	bad.			Ì	
□ DOLWD					tate, Zip C		la de la companya de	ASBESTOS	CON	TROI	2	
DOH	Amendme	_			rell, NJ 0		h	LICEN	ISINC	3	- ~	
DCA	☐ Emergenc		9		of Contact		L	Telephone Number				
(NJAC 5:23-8)	justification Cancellation			The second second		ga - Straga Brotl	hers	856-881-7960				
		0.00	171175-271	FAC	ILITY IN	FORMATION	1					
Name of Facility Where A	batement is Ta	aking Place	(3)				Type of Facility (	4)				
Washington Towns	hip High Scl	nool					School (K-12)					
Street Address								(Other than K-12) ivate and commerc	ial hu	ildina	2	
529 Hurffville-Cross	skeys Road						homes, etc.)	ivate and commerc	ai bai	numg.	··	
City (5)							Square Feet	# of Floors		ig. Ag	е	
Sewell						Y	80,000	2		30		
County (6)				Coun	ty Code (7	)(STATE USE ONLY)		or if being demolish	ed)			
Gloucester							School					
Name of Monitoring Firm			(8)	ASCM	No.	if constant and constant	ent Contractor (9)					
Health and Safety S	Services, Inc	•				Shade Enviro	onmental, LLC					
Street Address						Street Address						
PO Box 365						623 Cutler A	venue					
City, State, Zip Code						City, State, Zip C	ode					
Berlin, NJ 08009						Maple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm		Te	ephone	No.	Telephone No.		License No.				
Jim Proctor			8	56-452	-1311	856-755-0099	9	00842				
Start Date (10)		cheduled (				Name of OSHA N	Monitor					
06 /20 /	18	07	/ _2	0 /	18	EMSL Analyt	tical, Inc.					
Occupancy Status During						Street Address	une service decid					
☐ Facility Closed/Vacate						200 Route 13	30 North					
Abatement Performed						City, State, Zip C						
Time of Abatement: _		PIVI/		'- <u> </u>	Aid	Cinnaminsor	n, NJ 08077					
Scope of Work (Check al	I that apply)					☐ Full Con	tainment with Neg	ative Pressure				1
≥3 sf or ≥3 lf		⊠R	enova	tion		Mini-End	closure	,				
☐ ≥160 sf or ≥260 lf			emoli	ion			g Procedure	n-Friable Procedure	2			
			-	otion		⊠ Non-Exe	simpled ( ) and No	II-I Habie i Toccuir		ateme	ant T	vne
Location	-£		s Loc Norm			Description	of			_		
Asbestos-Containing		, ,		lely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	nc	Enclosure
TO BE ABA		0.000	100000	ance/ I Staff?	(i.€	e., thermal systems		(Specify SF or LF)	SVOI	air	sde	nso
IN Facil (13)	ity	00	(12			surfacing, VAT other miscellane		SF OI LF)	=		Encapsulate	ē
(10)		Yes	No	N/A	1						ťν	
Room F8					Chalkb	oard Mastic		32 SF	$\boxtimes$			
Rooms C18 and C20					Chalkb	oard Mastic		96 SF	$\boxtimes$			
Name of Registered Was	ste Hauler			NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill	-	-		
Freehold Cartage				Hauler II		Waste 5	Fairless La	andfill				
City, State				. 500		Disposal Date	City, State					
Freehold, NJ						07/20/2018	Morrisville	, PA				
Completed By (Print or T	vpe)	Title	v			Signature	11 1	Da	te	1		
Christina Lynch	5.5 15		resid	dent of	Operatio	1		) 7	13/	18		