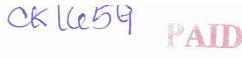




			(P	ursuant	to NJAC	8:60 an	d 12:120	0)	-	1-1-1	FC	區	\ \V	E	m
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Agencies Notified	Type Notification			Street A	ddress rmon St						JU	9	20	8	Ludy
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ENINTONM	ental Conn	ection	W						ontracting I	LC.					
Street Address	11 -	+					Street 522								
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TREINTON , IN Project Manager for Mor	nitoring Firm	<u> </u>		Telepho	ne No.	III = 200 (0.0)	Teleph			T	License				
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Agencies Notified Type Notification				Address ermon St				1 4 4	dill		2018	1	4	
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DOH justification) DCA Cancellation				of Contact n Espino	osa				4 3 3 3 3 5 5	ephone N 73) 344			- Transport	
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Project Manager for Monitoring Firm	,		Telepho	ne No.			none N		7	License	No.			_
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Delfa Contracting LLC		H	auler ID 356240	No.	of Was	300 mm m. 100 mm		Name of F				ery F	acili	ty
City, State Union City, NJ						al Date 23-18		City, State Tullytow						
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Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph	none N	0.		License	No.			
Dominic 2	Dercole		. 6	609	392-	4200		216-9			01206				
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Asbestos-Containing TO BE ABA		Mair	itena	nce/		tos Conta thermal				1000	mount specify	70		En	
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Jaime Delgado	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Proj. N	/lana	iger.				1	<u>4</u> .		C	6-30-	18		





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Date of Notification (1) 06-30-18					of Building Construc			r (2)		<i>)</i>	15.	<u>Un</u>	IC.	<u></u>	\\{\frac{1}{2}}		A CONTRACTOR OF THE PARTY OF TH
Agencies Notified	Type Notification				Address ermon St	t.					-	JUL	**	9 2	018	11	1
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DOH DCA	justification) Cancellation	W. J			of Contact on Espind	osa			***		Telep (973	phone	e Nur	nber		artial visiting	********
Name of Facility Where	Abatement is Takin	g Place ((3)	FAC	ILITY INF	ORMAT	ION	Type	e of Facility	(4)						5.00 - 5.50 m	
Farm Building / Sla Street Address	ughter House								School (K-	12)							
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City, State Union City, NJ							al Date 23-18	10.00	City, State Tullytov		PA						
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Agencies Notified	Type Notification			Street Ad						Π	1111	9 20	12		M
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		g Place (3)					Ту	pe of Facility (
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Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCN	No.				Abatement Co		(9)				
Street Address							Street 522								
City, State, Zip Code							100000000000000000000000000000000000000		e, Zip Code City NJ 0708	37					
Project Manager for Moni	toring Firm		T	Telephor	ne No.		Teleph				License 01206	No.			
Start Date (10)		Schedule	ed Con	npletion (Date (11)				S-9603 OSHA Monitor		01200			-	\dashv
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3rd Flo	or		х			Pipe	Insula	atio	n	6	40 LF	Х			
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City, State Union City, NJ	Initial Amended Amendment # Emergency (including justification) Cancellation Facility Where Abatement is Taking Place ercial Property / Building Caddress ook Ave Caddress					Dispo 07-18	sal Date 8-18	9	City, Sta Tullyto		A				
Completed by Jaime Delgado		Title	Man	ager.		,	Signatur	е	4		1	Date 07-02-	18		e
Janne Deigado		1710].	iviaii	ayer.				1	4			0, 02			

State of New Jersey

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Date of Notification (1)	20			Nai	me of Build	ing Owner/Operator	(2)					11
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☑ DOLWD	⊠ Amended				, State, Zip			ASBESTO	5.00	MA	OL 8	
□ DCA	Amendment					ge, NJ 07095		**************************************	- 1800	*****	-44-41-4	2000
(NJAC 5:23-8)	☐ Emergency justification)	(Includi	ng		ne of Conta							
	☐ Cancellation							Telephone Nur	mber			
						melsdorf		732-442-86	00			
Name of Facility Whore A	hoter			F.	ACILITY I	NFORMATION	. ===				_	
Name of Facility Where A NJTA MUB - E - Hig	batement is Taki	ng Plac	e (3)				Type of Facility	v (4)				
Street Address	ntstown						School (K-1					
							☐ Subchapter	8 (Other than K-1	2)			
Milepost 67 S - NJ T	urnpike						Other (i.e.,	private and comme	ercial I	ouildir	igs,	
City (5)							nomes, etc	.)				
East Windsor/Hights	stown						Square Feet	# of Floors	E	Bldg. A	Age	
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Mercer				00	anty Code	(1)(STATE USE ONLY)	Current Use (P	rior if being demol	ished)			
Name of Monitoring Firm I	Hired by Building	Ourne	(0)	1000			Office & Sh	nops				
Horizon Environmen	atal	Owner	(8)	ASC	/I No.	Name of Abateme	ent Contractor (9)				
Street Address	itai					Asbestos and	d Mold Service	es, Corp.				
PO Box 316						Street Address		,, p.				12.00
						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co						
Thorofare, NJ 08086						Hainesport, N						
Project Manager for Monito	oring Firm		Tel	ephone	No.	Telephone No.	13 00036					
Dave or Steve Flanig	jan				8-0800			License No.				
Start Date (10)	Sche	duled (ate (11)	609-702-0400		00862				
6 / _27_ /	18				18	Name of OSHA M						
				0_ /	10	EMSL Analyti	cal, Inc.					
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						
☐ Abatement Performed C	During Entire Pe	eriod of	Abate	ement		200 U.S. Rout	e 130 North					
Time of Abatement:	AM- P	I Facilit	y Hou	rs - De	scribe	City, State, Zip Co						
					_AIVI	Cinnaminson						
Scope of Work (Check all t	hat apply)	8 8				XWrap	+ Pit					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re	novat moliti	ion on		☐ Full Conta ☐ Mini-Enclo ☐ Glovebag	ainment with Neg osure Procedure	gative Pressure n-Friable Procedu				
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IN Facility		Cust	odial	Staff?	(I.e	., thermal systems in surfacing, VAT,	sulation,	(Specify	Removal	Repair	Encapsulate	CO
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SEE ATTACHED SCOP	E SHEET								-			
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Name of Registered Waste	Hauler			J = 6/11 = 05/1	01				\boxtimes		П	
Waste Management				JDEP V		Cubic Yards of Waste	Name of Regist	ered Landfill				
City, State				17273		5	Grand Cent	tral				
Lafayette, NJ						Disposal Date	City, State					
						7/18/18	Penn Argyle	- ΡΔ				
Completed By (Print or Type) Title					Signature	- Augyn					
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ASB-41 **MAY 11**

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

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Date of Notification (1) 7/2/18					f Building s & Shei			r (2)			o E	W	E		
EPA DEP	Notification Initial Amended	100		Street A	ddress	ode				d		2018	}		And the second s
Ĭ DOL	Amendment # Emergency (i	t	_	Param	nus NJ				- Annual Control					and the same of	No.
⊠ DOH □ DCA	justification)	nciuality			f Contact					A\$Eel	ephone Nu	ımber.	DL &		100
DCA	Cancellation			Joshu	a Marks	i								والمرابعة المستعدد	ž
Name of Facility Where Abater	ment is Taking	Place /	2)	FACI	LITY INFO	ORMAT	ION	T	a of Facility	141					
home	nent is raking	riace ()					Тур	e of Facility (
Street Address			10.2					×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings	home	es,
City (5) Paramus								Squ 21	are Feet	# o	Floors		Bldg. A	\ge	
County (6) Bergen					Code (7) USE ONLY)			rent Use (Pri me	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCN	l No.				oatement Cor vironmenta						
Street Address							Street	Addr							
City, State, Zip Code							City, S	State,	Zip Code						
Project Manager for Monitoring	Firm			Telepho	ne No.		Telepi	hone		10	License I	No.			
Start Date (10) 6/30/18		Schedul 7/24/1		npletion I	Date (11)		100000	The State of	SHA Monitor		. 00				
Occupancy Status During Abat		DINGSATANOSTA	2-2				Street	Addr	ess						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: attic	uring Entire Potside of Norma	eriod of all Facility	Abatem Hours	ent			City, S	State,	Zip Code						
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Арріу)	-	Renova Pemoliti				×	- M	ull Containmo lini-Enclosure Blovebag Prod lon-Exempted	e cedure				e	
			Locati											ement	í
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfa	scription taining N system cing, VA niscellar	Materi s insu T, or		(S	mount specify or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A										é	
attic				х		ve	rmiculi	ite		75	50 SF	х			
New of D															
Name of Registered Waste Had Freehold Cartage	aler		Н	JDEP W auler ID 5939		of Was	Yards ste				red Landfi ks Landf				
City, State Freehold NJ							sal Date		City, State						
Completed by A. Scott Higgins		Title Pres	ident			S	ignature	Э	A-			ate 7/2/18			

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					Name of E	Building O	vner/Operator (2 R LLC/PRISM PF	OPERTY SER	VICES L	ĽC [2 1
Date of Notification (1)					Act A description	K LLO/I KIOWI I		n IC	11 \	// 11	-
7 /	5 /2018				Street Add		DEET					State of the last
Agencies Notified	Type Notificat	tion			1	SLAND STI	REET	11111	11	2 60	10	+HI
EPA DEP		otification ed Notific		3	City, State NUTLEY,	, Zip Code NEW JERS	SEY 07110	id in	JL -	9 20	18	
X DOL	x On Hold	1			Name of C			Telephone Nun	nber	ONIT	301.	2
DCA	EMERG	SENCY N	OTIFI					973-235 3105	LICEME	HNG	100	-
					CILITY INFOR	MATION	Type of Facility	(4)	A CONTRACTOR OF THE PARTY OF TH		THE RESIDENCE	M Paramore Chara
Name of Facility Wh	ere Abatement is	Faking P	lace (3)			School (K-					
HACKENSACK MER	IDAIAN BLDG. 102						Subchapte	r 8 (Other than private & comm	K-12) cl. bldgs	., hom	ies, et	c.)
Street Address							Square Feet	# of Floors		Bldg.	21 20 20 20 20 20 20 20 20 20 20 20 20 20	
340 KINGSLAND ST	REET						125,000 Current Use (Pri	5	oliched)	_		
City (5)	County				County Co		COMMERCIAL	or it being dem	Olisi led)	HIGH	II. Lui	.
NUTLEY	ESSEX	Idina O	unor (8/		SCM No.	Name of Abate	ment Contract	or (9)		80	
Name of Monitoring OMEGA ENVIRONM	Firm Hirea by Bu	lialing O	viiei (0)		17	PAR ENVIRON	MENTAL CORF	PORATIO	NC		
Street Address	ILIVIALA						Street Address	OK BOAD			4.	
280 HUYLER STREE	ET						313 SPOOK RC					$\overline{}$
City, State, Zip Code	S HACKENGAC	K NEW	IEDSI	=V 076	306		SUFFERN, NE\	V YORK 10901				
Project Manager for	S. HACKENSAC	K, NEW	Teler	hone	Number		Telephone Num		cense N	umbe	r	
ANTON REZIN	Worldoning i iiiii			189-87			845-369-7500	1011	101			
Expected State Dat	e (10)	Sch			ion Date (11)	979987	Name of OSHA					
7 /	6 /18		. 7	1	29	/18 Year	OMEGA #1	0504				
Month Cocupancy Status D	Day Year		onth v one		Day	1 ear	Street Address					
Facility C	loced/Vacated Duri	na Entire	Perio	DO TO D	patement		280 HUYLER S	TREET				
Abateme	nt Performed Outsid	de of Nor	mal Fa	acility I	Hours - Descrit	oe:	City State Zin	Code				\neg
X Other - D	escribe: MONE	AY-FRIC	AY 7	AM-3:3	80 PM		City, State, Zip	HACKENSAC	K, NJ 07	606		- 1
o state (Cha	all that apply)					Full Conf	ainment with Neg					
Scope of Work (Che		Ren	ovatio	n		Mini-End						- 1
X >3SF OF	RLF				X		g Procedure ble Procedure					
>160 SF					Door	cription of A			A	baten	ent T	уре
	ation of		Loca			ining Mate		Amount				
	s-containing rial (ACM)		solely			Thermal s		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	ABATED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nt/Cus	0.10 To	insula	ation, surfac	cing, VAT,	SF or LF)	\	고	PS	SC
in Fa	cility (13)	-	Staff (or o	ther miscel	laneous)		-		-	ק
		Yes	No	N/A	5:55 NOU! A	TION		6 LF	X			
4TH FLOOR ROOM	/ C403		+-	X	PIPE INSULA				X	\top		
4TH FLOOR ROOM	л A403			X	PIPE INSULA	TION		6 LF	^	+	+	+
									-	+	+	+
											-	-
									_	+	+-	-
								-	_	+	_	
			+-	+-								
TIELWARK CARTIN	C INC	Ha	uler ID	No	CUBIC	YARDS	GRAND CENT	TRAL SANITAR	Y LAND	FILL		
NEWARK CARTIN 369 RAYMON BLV		91			OF WA	STE:2		22				
City, State					Disposal Date	e	City, State	TOWNSHIP, PA	A		28	
NEWARK, NEW JE	ERSEY 07105	Title			6/29-7/29/18		777	X		1	Í	100
Completed by (Print BENJAMIN SANCI	HEZ	Title DIRECT	OR O	FOPE	RATIONS SI	GNATURE	XX	7	DATE	15	11	X
DEI TORIVIII ORIVO							(/) ()		_/	1-1	1 1	



CK 3237H

Date of Notification (1)			Name of Building O PB NUTCLIF MASTE	wner/ ER LL(Operator (C/PRISM P	ROPERTY SER	VICES	LLC	n n	F1 17
	D11			Street Address				<u>L U</u>) <u>I</u>	-11-	W
7 / Agencies Notified	3 /2018 Type Notification	1		340 KINGSLAND ST	REET					****	1.4
EPA DEP X DOL	Initial Notifi x Amended i Cancellatio	Notification #2		City, State, Zip Code NUTLEY, NEW JERS		7110	The state of the s			9 20)18
X DOH DCA	On Hold EMERGEN	ICY NOTIFICAT	TION	Name of Contact RICK MARGERISON	١		Telephone Num 973-235-3105		387	ONTI	2/3/
			FACIL	ITY INFORMATION			The transfer of the same	-	JEN.	ING	13.71
Name of Facility Whe	re Abatement is Tak	ing Place (3)			Туре	of Facility School (K				(***	
HACKENSACK MERIE	OAIAN BLDG. 102				X		er 8 (Other than I		s., hor	nes, e	tc.)
Street Address 340 KINGSLAND STR	EET					uare Feet 125,000	# of Floors 5		_	. Age 60	
City (5) NUTLEY	County (6)	15	County Code (7) STATE USE ONLY)		ent Use (Pi	rior if being demo	lished)) Phar	m. Lai).
Name of Monitoring F	irm Hired by Buildi	ng Owner (8)	1	ASCM No.	Nam	e of Abate	ement Contracto	or (9) ORATI	ON		
Street Address 280 HUYLER STREET					Stree	et Address					
City, State, Zip Code	S. HACKENSACK, N	JEW JERSEY (7606			State, Zip	Code W YORK 10901				
Project Manager for M		Telephon		nber		phone Nun		ense N	lumbe	r	
ANTON REZIN	0	201-489-	8700		845-	369-7500	110	01			
Expected State Date 7 /	6 /18	Sched. Compl 7 /	letion	29 /18	9 (2) (250 (4)	e of OSHA EGA #1	Monitor 0504				
Month Da Occupancy Status Dur Facility Clo Abatement X Other - Des	ring Abatement (Chec sed/Vacated During E Performed Outside o	Intire Period of	Abate y Hour	rs - Describe:	280	et Address HUYLER S	STREET	NIO	7000		
Scope of Work (Check Demolition X >3SF OR L >160 SF O	.F	Renovation		Full Cont. Mini-Encl X Glovebag Non-Friat	lo , g Proce	nt with Neg edure	ative Pressure				
Locati	on of	Is Location		Description of As					batem		
Asbestos- Material TO BE A	(ACM)	normally used solely by Maint/Custodia		Containing Mater (ie. Thermal sy insulation, surfac	stems ing, V	AT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
in Facil	ity (13)	Staff (12) Yes No N/A		or other miscella	aneou	s)		F	_	Ë	R
4TH FLOOR ROOM C	2403	X		E INSULATION			6 LF	X	-	-	_
4TH FLOOR ROOM A	403	X	PIP	E INSULATION			6 LF	X	-	-	
			-						-		
NEWARK CARTING 369 RAYMON BLVD.		Hauler ID No. 913		CUBIC YARDS OF WASTE : 2	GRA	AND CENT	RAL SANITARY	LAND	FILL		
City, State NEWARK, NEW JER				posal Date 9-7/29/18	City	, State	OWNSHIP, PA		-		
Completed by (Print of BENJAMIN SANCHE	r Type) Title			IONS SIGNATURE	1/		6	ATE 1	1/-		17
DEMJAMIN SANCHE	2 JUIK	LOTOR OF OF	LIVAI	ISING SIGNATURE	/	1)/X			11:	5/1	8

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		Name of Building C						
Date of Notification (1)		PB NUTCLIF MASTI	ER LLC/PRISM F	PROPERTY S	ERVICES	-EEC-	F	NO E
6 / 28 /2018		Street Address		11	n Is	to	10	
Agencies Notified Type Notifica	ation	340 KINGSLAND ST	REET		IJŗ			
EPA Initial N	lotification ed Notification #1	City, State, Zip Code NUTLEY, NEW JER	SEY 07110			JUL	- [2018
X DOL Cancel X DOH X On Hol		Name of Contact		Telephone N	lumber		-	
	GENCY NOTIFICATION		1	973-235-310		DEST	50.0	ONTROL 8
	FAC	LITY INFORMATION				Li		
Name of Facility Where Abatement is	Taking Place (3)		Type of Facilit				and the second	
HACKENSACK MERIDAIAN BLDG. 102				er 8 (Other that private & com		s., hon	nes, e	tc.)
Street Address 340 KINGSLAND STREET			Square Feet 125,000	# of Floor 5	S		Age 0	
City (5) County NUTLEY ESSEX		County Code (7) (STATE USE ONLY)	Current Use (P COMMERCIAL		molished) Phan	m. Lat	D.
Name of Monitoring Firm Hired by Bu		ASCM No.	Name of Abate					
OMEGA ENVIRONMENTALA		17	PAR ENVIRON		RPORATI	ON		
Street Address 280 HUYLER STREET			Street Address 313 SPOOK R	OCK ROAD				
City, State, Zip Code	K NEW JEDOEV 0700		City, State, Zip SUFFERN, NE		24			
Project Manager for Monitoring Firm	K, NEW JERSEY 07600 Telephone Nu		Telephone Nur		License N	lumber		_
ANTON REZIN	201-489-8700		845-369-7500	1000000	1101			
Expected State Date (10)	Sched. Completio		Name of OSHA					
6 / 29 /18	7 /	29 /18	OMEGA #1	10504				
Month Day Year Occupancy Status During Abatement (C	Month	Day Year	Street Address				-	
Facility Closed/Vacated During Abatement Performed Outside	ng Entire Period of Abat		280 HUYLER S					
	AY-FRIDAY 7AM-3:30		City, State, Zip	Code . HACKENSA	CK N.I.07	606		
Scope of Work (Check all that apply)		Full Cont	ainment with Neg		10.5			
Demolition	Renovation	Mini-Encl						
>3SF OR LF >160 SF OR 260 LF			Procedure ble Procedure					
Location of	Is Location	Description of A		8:		batem		
Asbestos-containing	normally used	Containing Mater		Amount	П	REPAIR	ENCAPSUL	ENCLOSUR
Material (ACM)	solely by	(ie. Thermal sy		(Specify SF or LF		PAI	CAI	5
TO BE ABATED in Facility (13)	Maint/Custodial Staff (12)	insulation, surfac or other miscella		SF OF LE) \{	R	Sc	Sc
nri acinty (13)	Yes No N/A	or other miscent	3110000)				-	뉬
4TH FLOOR ROOM C403	X PI	PE INSULATION		6 LF	X			
4TH FLOOR ROOM A403	X PI	PE INSULATION		6 LF	X			
			1001110 0011					
NEWARK CARTING INC.	Hauler ID No.	CUBIC YARDS OF WASTE: 2	GRAND CENT	KAL SANITAF	KY LAND	FILL	1	
369 RAYMON BLVD. City, State	913	sposal Date	City, State					
NEWARK, NEW JERSEY 07105		29-7/29/18	PLAINFIELD T	OWNSHIP, P.	A		12	
	Title		100		DATE	1	01	
BENJAMIN SANCHEZ	DIRECTOR OF OPERA	HONS SIGNATURE	7/5		DATE	17	X/	10

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				Name of Building (
Date of Notification (1)			PB NUTCLIF MAST	ER LLC/PRISM	PROPERTY SEF	VICES	LLC	7 7	17.77
6 /	18 /2018			Street Address		1111	iL,	6	5 1	14/
Agencies Notified	Type Notification	n		340 KINGSLAND S	TREET	11-1/	1	*****		
EPA DEP X DOL	Cancellation	Notification	1	City, State, Zip Code NUTLEY, NEW JER					- 0	2018
X DOH DCA	On Hold	NCV NOTE	EICATIO	Name of Contact N RICK MARGERISO	NI	Telephone Nun 973-235-3105	nber			
DCA	LIEWENGE	NCT NOTE		CILITY INFORMATION	IN .	1973-233-3103	ASBE	970	300	UTB
Name of Facility Who	ere Ahatement is Tal	cing Place		CILITY INFORMATION	Type of Facili	tv (4)	- and agramma.	<u>ilCi</u>	EMSH	1/2
HACKENSACK MERI		ang riado	(0)		School (I	<-12) ter 8 (Other than				
						. private & comm	cl. bldg			tc.)
Street Address 340 KINGSLAND STF	DEET				Square Feet 125,000	# of Floors 5			. Age 50	
City (5)	County (6	3)		County Code (7)		Prior if being demo	olished		33	h
NUTLEY	ESSEX	1	- 1	(STATE USE ONLY)	COMMERCIA		Jiisi ieu) i iiai	III. La	J.
Name of Monitoring	Firm Hired by Buildi	ng Owner	(8)	ASCM No.		ement Contracto				
OMEGA ENVIRONME	ENTALA			17		NMENTAL CORP	ORAT	ION		
Street Address	T				Street Address	What was a successful and a successful a				
280 HUYLER STREE	1				City, State, Zip					-
Oity, Otate, Zip Gode	S. HACKENSACK, I	NEW JERS	EY 076	06		EW YORK 10901				
Project Manager for M	Ionitoring Firm	Tele	phone N	lumber	Telephone Nu	mber Lic	ense N	lumbe	r	
ANTON REZIN		201-	489-870	00	845-369-7500	11	01			
Expected State Date				on Date (11)	Name of OSH					
6 / Month Da	29 /18 av Year	Month	1	29 /18 Day Year	OMEGA #	10504				
	sed/Vacated During I t Performed Outside of scribe: MONDAY k all that apply)	Entire Perio	od of Ab acility H AM-3:30	ours - Describe:) PM	tainment with Ne	STREET Code HACKENSACK	, NJ 07	7606		
X >3SF OR I					g Procedure					
>160 SF C	R 260 LF				ble Procedure					
	ion of containing	Is Loca normally		Description of A Containing Mater		Amount		batem		
	I (ACM)	solely		(ie. Thermal s	50 50	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	ABATED	Maint/Cus		insulation, surfac		SF or LF)	18	Ħ	PS	30
in Faci	lity (13)	Staff (12) N/A	or other miscell	aneous)		18		E S	ÜR
ATU EL COR ROOM	2402	TES INC		DIDE INCLUATION		615		1	1	/-
4TH FLOOR ROOM				PIPE INSULATION		6 LF	X	+	-	
4TH FLOOR ROOM A	A403		X F	PIPE INSULATION		6 LF	X	-	-	
			1					-	-	
			-				-	+	-	
			+-+			-	-	+-	-	-
NEWARK CARTING	INC	Hauler ID	No.	CUBIC YARDS	IGRAND CENT	TRAL SANITARY	LANDI	FILL		
369 RAYMON BLVD.		913		OF WASTE: 2	0.0.00					
City, State				Disposal Date	City, State					
NEWARK, NEW JER Completed by (Print of			16	5/29-7/29/18	LAIMFIELD	TOWNSHIP, PA		1	5	
BENJAMIN SANCHE		ECTOR OF	OPER	ATIONS SIGNATURE	XX	IDA	ATE /	1	0/11	~/
	opet PSSSSS			/	10()		0	1/12	5//2	1



Federal N	lotification of As	bestos Al	natement (Di	ireiir	ant to NJAC 8:60-7 and 12:1	(a) [n] [E	6		\\/	BIT
Date of Notification		Na	me of Building	g Ow	ner/Operator	1 (10%)		12.00		
0 7 0	2 1	8 MA	CY'S CORPO	ORAT	TE SERVICES (FEDERATEI	D)	1111	- 0	2018	1
	e of Notification	Stre	eet Address	116-1			UUL	-	LU 10	i born
X DEP	Initial	7 W	EST SEVEN	ITH S	STREET			** ***	er ower per desire	
X DCA/DOL X	Notification Amended	City	, State, Zip C	`odo		ASE)S 001		4.0
X DOH	Cancellation	CIN	CINNATI, OF	HIO 4	45202	1	L14 .	-5.14 year	10.00	
		Nar	ne of Contact	t		Telephone Num	nber			
		Rali	oh Copolla			973-265-9763				
Name of E-181 Att		FAC	ILITY INFOR	MAT	ION	1973-205-9763	V //			
Name of Facility Where Abat	ement is Taking	Place			Type of Facility					
MACY'S WOODBRIDGE CE	NTER MALL				() School (K-12) () Sub-Chapter 8 (Other	rthan K 12)				
Street Address				1	(X) Other (I.e. private &	Commercial				
ROUTE 1				CE	buildings, homes, etc.)				
City	County	County	Code	121	of Bldg. 1 MILLION +SF	# Floor	2		of Bldg	J.
WOODBRIDGE			se Only	Cui	rrent Use (prior if being demo		3		50+	
Name of Monitoring Firm Hire	UNION ed by Building Ow	mer	ASCM No.							
****	a sy banding on	no.	ASCIVI NO.	INAI	me of Abatment Contractor					
PENNONI ASSOCIATES Street Address					M CONSULTING CORP.					
olieet Address				Stre	eet Address					
24 COMMERCE ST - SUITE	300			215	0 STANLEY TERRACE					
City, State, Zip Code					, State, Zip Code					
NEWARK, NJ 07102				LIMI	ION, NJ 07083					
Project Manager for Monitorin	g Firm	Telephon	e No.		ephone Number	License Number				
TO BE DETERMINED		DE DETE	D1411-ED			Liounde Harriber				
Scheduled Start Date	Scheduled Con	BE DETE	te		-687-1008 ne of OSHA Monitor	0057	5			
-		.p.odon Da		INGII	HE OF OSTIA WOMEOF					
7 9 2018 Month Day Year	8 1 Month Day	6 2018	3		SL ANALYTICAL					
Occupancy Status During Aba	tement (Check C	nly One)		Stre	et Address					
Facility Closed/Vacated	During Entire Pe	riod of Aba	tement	307	WEST 38TH STREET					
X Abatement Outside NormX Describe: 9:30PM TO 6	mal Facility Hours	5		City	, State, Zip Code		20-5			
Other - Describe:				NEV	V YORK, NY 10118					
Scope of Work (Checl Only Or										
Demolition	ie)		Abatement I							
>3sf or >3lf					Containment with Negative F -Enclosure	ressure				
X ≥ 160sf or ≥ 260lf Renovation			v	Glov	rebag Procedure					
, torrotation		Is Locati	X on Normally	Non-	-Friable Procedure Describtion of	I Amount to be	Tat -4		-	
Location of ACM Facility		Used by	Custodial Sta		ACM to be	Amount to be Removed	Abate	ement T	ype	
1st Level		Yes	NO	N/A	Removed	(Specify SF/LF)		Rep. E	nc.	Encl.
1st Level Escalator					VAT & Mastic	180SF	X			
2nd Level Escalator					Tar Underside Tar Underside	400SF 400SF	X	-		
							1	1		
		-								
Name of Registered Waste Ha	uler	NJDE	P Waste ID N	Vo.	Cubic Yds waste	Name of Desire		Teli.		
TRI-STATE TRANSFER ASSO	DC., INC.		SW1896		TBD	Name of Register MINERVA ENTER	ed Lan	iatill FS INC	:	
City, State BRONX, NY			sal Date		City, State of Registered La	ndfill	11101	_0, 1140	-	
Completed By (Print or Type)		TBD			WAYNESBURG, OHIO Signatura	/		In :		
NITA SMOLAR			RAL MANAG	ER	aller to	And I	1	Date	710100	10
					7		1	V 1	7/2/201	10

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								Service and the services	*		PRIA value	www.mediane.
								In E	C] W	
Federal No	otification of	Asbes				nt to NJAC 8:60-7 and	12:120-7) HUZT				Commercial
Date of Notification 0 6 2	8	1] 8		ne of Building CY'S CORPO		ner/Operator E SERVICES (FEDERA	ATED)		JUL	- 9	2018	7
Agencies Notified Type USEPA X	of Notification	on		et Address	T 11.0							-
X DEP	Notification	1	/ vv	EST SEVEN	IHS	TREET		ASE	BESTO)S ()()NTR(JL 8.
X DCA/DOL	Amended			State, Zip C				The second state of the second	1.10	CI O	773	-
X DOH	Cancellatio	on	CIN	CINNATI, OF	HIO 4	5202						
			Nam	ne of Contact			Te	elephone Numb	ber			
			Rain	h Copolla			07	3-265-9763				
			FACI	LITY INFOR	MATI	ON	197	3-203-9763	-			
Name of Facility Where Abate	ement is Tak	ing Plac	e		T	Type of Facility						
MACY'S WOODBRIDGE OF	NTED MALL					() School (K-12)						
MACY'S WOODBRIDGE CEI Street Address	VIER MALL				4	() Sub-Chapter 8 (C						
ottoct/tddtc33						(X) Other (I.e. privat buildings, homes,		mercial				
ROUTE 1					SF	of Bldg.		Floor		IAge	of Bldg	1
City	County		County			1 MILLION	+SF		3	l, igo	50+	I.
WOODBRIDGE	UNION	15	State u	se Only	Cur	rent Use (prior if being o	demolishe	ed)				
Name of Monitoring Firm Hire	d by Building	Owner	7-0	ASCM No.	Nar	ne of Abatment Contrac	ctor					
PENNONI ASSOCIATES												
Street Address					_	M CONSULTING CORP eet Address	·					
					1000	set Address						
24 COMMERCE ST - SUITE :	300					0 STANLEY TERRACE						
City, State, Zip Code					City	, State, Zip Code						
NEWARK, NJ 07102					UNI	ON, NJ 07083						
Project Manager for Monitorin	g Firm	Te	lephon	e No.		ephone Number	Lic	ense Number				
TO BE DETERMINED		TO DE	DETE	DMINED		207 422		79720	10			
Scheduled Start Date	Scheduled			RMINED	_	-687-1008 ne of OSHA Monitor		0057	5			
		Compic	tion De		INGI	ile of Ool IA Mollitor						
7 16 2018		16	201			SL ANALYTICAL						
Month Day Year Occupancy Status During Aba	Month	Day ck Only	Year One)		Stre	et Address						
Facility Closed/Vacated X Abatement Outside Non	During Entire	e Period	of Aba	atement		WEST 38TH STREET , State, Zip Code						
X Describe: 9:30PM TO 6 Other - Describe:												
					INE	N YORK, NY 10118						
Scope of Work (Checl Only On Demolition	ne)			Abatement								
>3sf or >3lf						Containment with Nega -Enclosure	itive Press	sure				
X ≥ 160sf or ≥ 260lf						vebag Procedure						
Renovation		-		X	Non	-Friable Procedure						
Location of ACALE				ion Normally		Describtion of	1000	ount to be	Abate	ement	Туре	
Location of ACM Facility		1	Ised by Yes	Custodial St NO		ACM to be	100	moved	-	In. 1	-	Te :
1st Level		-	res	T	IN/A	Removed VAT & Mastic		ecify SF/LF) OSF	Rem.	Rep.	⊏nc.	Encl
1st Level Escalator						Tar Underside		OSF	X			
2nd Level Escalator						Tar Underside		SF	X			
					-							-
		-			-		-		-		-	+
Name of Registered Waste Ha TRI-STATE TRANSFER ASSO	uler		NJDE	P Waste ID SW1896	No.	Cubic Yds waste TBD		me of Register			IC.	
City, State	JO., INC.		Disno	sal Date	-	City, State of Registere		NERVA ENTE	KPKIS	E5, IN	IC .	
BRONX, NY			TBD			WAYNESBURG, OHIC		· ·				
Completed By (Print or Type)			Title			Signature	1	^	1	Date		-
ANITA SMOLAR			GEN	ERAL MANA	CED	1000	ah	nel.	/	I	010010	040

Date of Notification (1)	7			IN	lama of Build	din = 0	101	Fund F	5 5	1 0		-
6/2	.9 / _	18	- 8			ding Owner/Operate ommunications	. 15 5	#_PG1 of 3	o E		\mathbb{W}	E
⊠ EPA □	ype Notifica Initial	tion		S	treet Addres	s wood Avenue		11 11	IL -	9 :	n10	
☑ DHSS	Amended			C	ity, State, Zip			1		- 4	010	
	Amendme Emergenc		dina			n, PA 19046		ACEVE				İ
(NJAC 5:23-8)	justification		ding		ame of Conta			ASBES*	OS (CONT	ROL	8
	Cancellation	on			Alex Baylo	or		Telephone N	-	SING	-	
						NFORMATION		301-583-	JU48			
Name of Facility Where Abat	ement is Ta	kina Pl	ace (3)	AOILITTI	NFORMATION	TT (5 111					
Verizon Market CO			(-,			Type of Facility					
Street Address							School (K-1	2) 8 (Other than K	12)			
95 William Street							Other (i.e., p	rivate and com	nercial	build	ings,	
City (5)					27 At		homes, etc.)				
Newark							Square Feet	# of Floors		Bldg.	Age	
County (6)				C	ounty Code (7)/27/17/ 1/25 04/1/2	1					
Essex				100	ounty Code (7)(STATE USE ONLY)		ior if being dem	olished)		
Name of Monitoring Firm Hire	d by Buildin	a Owne	er (8)	IASC	M No.	Nome of At-	Offices					
USA Environmental	,	9	J. (U)	7.00	IVI INO.		ent Contractor (9)					
Street Address						AbateTech,	inc.					
8436 Enterprise Ave.						Street Address					-7/	
City, State, Zip Code							e. PO Box 25					
Philadelphia, PA 19153						City, State, Zip C						
Project Manager for Monitoring	Firm		T	elephon	e No	Lumberton,	NJ 08048					
Mark Jenkins			40.000	S	5-5810	609-265-2107	,	License No.				
Start Date (10)	Sche	duled			ate (11)	Name of OSHA N		00529				
<u>8</u> / <u>25</u> / <u>17</u>				31 /		EMSL Analyt						
Occupancy Status During Abate							icai					
☐ Facility Closed/Vacated Duri	ing Entire P	eriod o	f Ahai	ement	and the same of th	Street Address						
Abatement Performed Outside	de of Norma	I Facil	ity Ho	urs - De	scribe	200 Route 13						
Time of Abatement: 7AM-3:	30PM/5PM	- <u>2</u> AM				City, State, Zip Co						
Scope of Work (Check all that a	pply)					Cinnaminson	, NJ 08077					
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 			enova emolit				40-20-30 (C. C.	IFO.				
			Loca				1	Thable Troced				
Location of Asbestos-Containing Materia	1/4044		Norm	ally lely by		Description of				atem		
TO BE ABATED	II (ACIVI)	1		ance/	Asbest	tos Containing Mat	erial (ACM)	Amount	Remova	Repair	Enc	Enclosure
IN Facility		Cus		Staff?	(i.e.,	thermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	SVOL	a-	aps	losu
(13)		V	(12)	1	4	other miscellaneo	us)	SI OILI)	<u>n</u>		Encapsulate	ıre
Please see attached		Yes	No 🖾	N/A	Places			Diagram	_		е	
Basement					Tank Insi	ee attached		Please see				
Basement					Pipe Fitti			75 SF				
st to 3rd Floor Pipe Chase					Pipe Fitti	-		25 total				
lame of Registered Waste Haule	er			JDEP V				45 total				
AbateTech, Inc.				lauler ID	No. V	Cubic Yards of Vaste	Name of Registe		100 100			
ity, State				18750		40	G.R.O.W.S. L	andfill				
Lumberton, NJ						Disposal Date	City, State					
ompleted By (Print or Type)	Title					7/31/18	Tullytown, P.	A				
Gwendolyn Trumbetti			nn (`~~·"		Signature	N	Da	ite,	, (
3-41	- O	Jei atli	ons (Coordi	nator	\perp	NVO		0/2	91	18	

ASB MAY 11



Date of Notification (1)		40		1	larizan C.	N.S		1111156	-	11	1
	29 /	18		1	renzon Co	ommunications	/ Job #	Check # PG2	of 3		
Agencies Notified	Type Notif	ication		Str	eet Address	3					-
⊠ EPA	☐ Initial			1	00 Green	wood Avenue		JUI	(9 20	118
⊠ DOLWD					, State, Zip			1:4 1-6			
☑ DHSS □ DCA		ment # <u>7</u>				n, PA 19046			-		
(NJAC 5:23-8)	justifica	ency (includation)	ling		me of Conta			ASBEST			ROL
(☐ Cancell	50		1	lex Baylo			Telephone Nu		ING	-
				-		NFORMATION		301-583-0	048		
Name of Facility Where A	batement is	Taking Pla	ice (3)		, tolli i i	IN OKWATION	Type of Facili	ty (4)			-
Verizon Market CO							School (K-				
Street Address							☐ Subchapte	er 8 (Other than K-	12)		
95 William Street							Other (i.e.,	private and comm	ercial b	uildin	gs,
City (5)							homes, etc				
Newark							Square Feet	# of Floors	B	lldg. A	ige
County (6)				100	unti Codo /	7\/07475 1/05 04/10					
Essex				100	unity Code (7)(STATE USE ONLY)		Prior if being demo	lished)		
Name of Monitoring Firm H	Hired by Ruil	Idina Oumo	r /0\	LASCA	4 1 1 -	[N	Offices				
USA Environmental		ding Owne	1 (0)	ASC	vi NO.	Name of Abateme	201-000-000-000-000-000-000-000-000-000-	9)			
Street Address						AbateTech, I	nc.				
8436 Enterprise Ave.	re i					Street Address					
city, State, Zip Code	•					30 Maple Ave					
Philadelphia, PA 191	150					City, State, Zip Co					
roject Manager for Monito						Lumberton, N	J 08048				
	oring Firm		Tel	ephone	No.	Telephone No.		License No.			_
	5g	555				relepitorie 140.		Licerise No.			
Mark Jenkins		_/		15-36	5-5810	609-265-2107		00529			
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Philadelphia, PA 19153						Lumberton, N							
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Na	ame of Ruildir	ng Owner/Operator	- (2)	J/I				
6/29	_ / _	18	5			ob #1707-5182			11 - 9	2018		1
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The state of the s	ncellatio				/latt Kolar				e Number			
		00						609-58	36-5005			
Name of Facility Where Abatem	ant is Tal	king Dle	100 (2)	- 1	ACILITYIN	IFORMATION						
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Route 495 & Route 1 & 9							Subchapte Other (i.e.,	r 8 (Other that private and c	n K-12) ommercial	buildir	age	
City (5)							homes, etc):)	ommercial	Dullull	ıys,	
							Square Feet	# of Floo	rs	Bldg. A	Age	
North Bergen, NJ												
County (6)				Co	unty Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being d	lemolished	1)		_
Hudson							Bridge	Ĭ				
Name of Monitoring Firm Hired b	y Building	g Owne	r (8)	ASC	M No.	Name of Abatem	_	9)				
M.E.C.S.						AbateTech, I		7				
Street Address						Street Address						
PO Box 341						30 Maple Ave	PO Box 25					
City, State, Zip Code						City, State, Zip Co						
Crosswicks, NJ 08515						Lumberton, N						
Project Manager for Monitoring F	rm		Tel	ephone	e No	Telephone No.	10 00040	Tr				- Lungs
William Weisgarber					5-1140	609-265-2107		License N				
Start Date (10)	Sche	eduléd			1	Name of OSHA M		00529				
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Time of Abatement:AN	F	PM/	PM	-	AM	City, State, Zip Co						
Scope of Work (Check all that app	1200	-				Cinnaminson	, NJ 08077					
	y)					□ Full Contr	ainment with Neg	antius December				
≥3 sf or ≥3 if≥160 sf or ≥260 if			enovat				osure	gative Pressu	re			
⊠ ≥100 st of ≥260 ft		☐ De	emolitic	on		Glovebag	Procedure					
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TO BE ABATED IN Facility			intena todial		(i.e.,	thermal systems ir	sulation,	(Specify		Repair	ıcap	ıclo
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ame of Registered Waste Hauler		Ш										
AbateTech, Inc.			JDEP \ auler I[Cubic Yards of Vaste	Name of Regist	tered Landfill					
			18750		40	G.R.O.W.S.	Landfill					
ity, State					isposal Date	City, State					_	
Lumberton, NJ					7/31/18	Tullytown,	PA					
ompleted By (Print or Type))				Signature			Date				
Gwendolyn Trumbetti	perati	ons C	oordi	nator		is A		1	101	10	>	
3-41						1 X 1	VUT		lela	141	10	

ASB-41 MAY 11



PAID

Date of Notification (1)								11051						Ш
7/3/18				f Building (uthority ((2)		JUL	9	2018			
Agencies Notified Type Notification			Street A 241 Er	ddress ie Stree	t, Roo	m 236							homase	
X EPA X Initial DEP Amended X DOL Amendment #			City, Sta	te, Zip Co	de			A	SBEST	OS COI CENSIN		11 8		-
Emergency (i				City, No	1073	10						- decision of		mil
DOH justification) DCA Cancellation		1000	Name of Uday N	Contact Mehta						none Nun) 595-48				194
			FACI	LITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taking Marine Operations Building	Place (3	3)					Туре	of Facility (4						
Street Address							Ħ	School (K-12 Subchapter	8 (Other t			# 5400.00×00		
APM Terminals		£ 40 7 4 5 5 6 6					×	Other (i.e. pretc.)	**************************************	eroc a papara o apara	al build	ings,	nome	es,
City (5) Elizabeth							Squa	are Feet	# of FI	oors	BI	dg. A	ge	
County (6) Union				Code (7) JSE ONLY)			Curr	ent Use (Prio	r if being	demolish	ed)			
Name of Monitoring Firm Hired by Building C T&M Associates		ASCN 0014					atement Contave Inc.	tractor (9))					
Street Address		0014	<u> </u>		Street									
11 Tindall Road							rset Place							
City, State, Zip Code Middleton, NJ 07748						10000000		Zip Code J 07012		2000180				
Project Manager for Monitoring Firm	200	T	Telephor	ne No.		Teleph			L	icense N	0.			
Kevin Burns				671-6400)	(973)	470	-0200	0	0357				
	Schedule 9/28/18		pletion (Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abatem Hours	ent	15		City, S	tate, 2	Zip Code				<u></u>		
Scope of Work (Check All That Apply)					_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				×	M Gl	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				_	
	le	Location	nn.				_ 140	JII-EXEMPLE	() and is	VOII-FIIAD			ement	
Location of		Vormall	y		De	escription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	100000000000000000000000000000000000000	d Solel intenar				taining N		al (ACM)	Amo		_		Ē	Ш
In Facility	Cus	todial S (12)	taff?	(1.6.	surfa	acing, VA	T, or		(Spe		Remova	Repair	caps	Enclosure
(13)	Yes	No	N/A		other	miscellar	neous)			oval	air	Encapsulate	sure
second floor & stairwell	1		X		VA.	T & ma	stic		6,12	5 sf	x			
1st & 2nd floors			x	W	59000	sill cor	(5)(20(5)	site) sf	x			
boiler room			Х	flue	insula	ation an	d pa	cking	120 sf -	+1/2 cy	х			
roof			roof	ing m	aterial	& flas	shing	4,10	00 sf	х				
Name of Registered Waste Hauler	0.000	JDEP W		E 100 (100) 615	Yards		Name of F	Registere	d Landfill				_	
Waste Mangement				No.	of Wa	11/30-3/Tee	9	Grows 1						
City, State Newark, NJ					Dispo	sal Date		City, State Morrisvi						
Completed by Sharon Hendee	ident				Signature	/	nelet			ite 3/18				

Date of Notification (1)				Name	of Building	Owner/Operator (2		11 1	111			
	5 /	18		Rob	binsville	Township	JU/ Job	#1806-2315	Chk.	#507	6	
Agencies Notified	Type Notifica	tion		Street	Address	1						
⊠ EPA				229	8 Route 3	33			E de Proces			
□ DOLWD	☐ Amended		Ì	City, S	tate, Zip C	ode	ASSESTOS O	ONTROL &	-			
□ DHSS	Amendme	-		Rob	binsville	, NJ 08691	ASBESTOS O LICENS	IIVO				
☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		1		of Contact			Telephone Num	ber			
(140/10/3,20-0)	☐ Cancellati					onstruction Offi	cial	609-552-556				
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking Place	(3)				Type of Facility (4)				
Windsor School							School (K-12)					
Street Address			10000					(Other than K-12		بعد:اما:		
16 School Drive							homes, etc.)	ivate and comme	rciai bu	llaing:	5,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	je	
Windsor, NJ							5438	2				
County (6)				Coun	ty Code (7)(STATE USE ONLY)		or if being demoli	shed)			
Mercer							School					
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environme	ental					Asbestos and	d Mold Service	s, Corp.				
Street Address						Street Address						
PO Box 316						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode					
Thorofare, NJ 0808	6					Hainesport, N	NJ 08036					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				
Steve Flanigan			85	6-848	-0800	609-702-0400		00862				
Start Date (10)	197909	cheduled (omple	tion Da	te (11)	Name of OSHA M	lonitor	*				
7 /16 /	18		20	_ / -	18	EMSL Analyt	ical, Inc.					
Occupancy Status During		52				Street Address						
☐ Facility Closed/Vacate						200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement:						City, State, Zip Co						
Scope of Work (Check al	I that apply)							700 H	. 0	_		
□ >2 of or >2 if		⊠ n.					tainment with Neg	ative Pressure	NYI			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovati emolitic				riosure g Procedure	I	1.,			
							mpted (*) and No	n-Friable Procedu	ıre			
		1	Locat				-		Ab	ateme	ent T	ype
Location		Us	Norma ed Sole		0.4.	Description of	** AN ON THE STATE OF	A	Re	Re	Щ	四四
Asbestos-Containing TO BE ABA		M:	aintena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	Clo
IN Facili		Cus	todial	Staff?	,	surfacing, VAT	, or	SF or LF)	val	_	Encapsulate	Enclosure
(13)			(12)	T	-	other miscellane	ous)				ate	
Dethrooms D. 202	9 D 2020	Yes	No	N/A	Ob and F	1		740.05	N N			
Bathrooms, Rm 203	NAC PARTO A LA SERVICIO				Service Line Comments	looring		710 SF				
Rms 103,104,202,203)					os Panels		200 SF				片
Boiler Room					Breech	ing Insulation		16 SF				
										Ш	Ш	
Name of Registered Was			1 223	IJDEP I lauler II		Cubic Yards of Waste	Name of Regis					
Waste Managemen	τ			17273		5	Grand Cen	itral				
City, State						Disposal Date	City, State			200		
Lafayette, NJ						7/20/18	Penn Argy	le, PA				
Completed By (Print or T	Title				Signature		D	ate				
Kimberly A. Trumb	etti	Office	Coord	dinato	r	UXII	1	-	7-5	-11	(

ASB-41 MAY 11



State of New Jersey

		NO				BESTOS ABATAC 8:60 and 5:1	FEMENT E	CEIV	7 E	Tr	To the second	
Date of Notification (1) 6 /	1 / 1	8		The same of		g Owner/Operator	(2)	Job #1806-2310	C	hk.	#NA	
Agencies Notified	Type Notification		-	Stree	et Address			AAL - 3 501	8	116	4	
⊠ EPA	☐ Initial					view Parkway, S	uite 200			and a second	- Company	
⊠ DOLWD				_	State, Zip (The second secon	ASE	COTOS CONTRO	JI 8,	Ţ	-	
☑ DHSS	Amendment #				rminghan			LICENSING	17.54 546		i.	
☐ DCA (NJAC 5:23-8)	Emergency (i justification)	ncludin	g		e of Contac	8	-	Telephone Num	hor	**** 110°**	Hm fi	
(10100.200)	☐ Cancellation				zabeth M			205-970-785				
						IFORMATION		203-370-783	0			
Name of Facility Where A	batement is Takir	g Place	(3)	17	CILITI	IFORWATION	Type of Facility	(4)			_	
HealthSouth - Resid		3	(0)				School (K-1:	3.07				
Street Address							☐ Subchapter	8 (Other than K-12)				
30 Oliver Street								private and commer	cial b	uildin	gs,	
City (5)							homes, etc. Square Feet	# of Floors	I DI	ldg. A		
Toms River							2500	2		iug. F	ige	
County (6)			-	Cou	ntv Code (7)(STATE USE ONLY)		rior if being demolis	hod)			
Ocean					, (.	Norme ook oner,	Residential		neu)			
Name of Monitoring Firm H	lired by Building	Owner	(8)	ASCM	No.	Name of Abateme	7					
Horizon							d Mold Service					
Street Address						Street Address						_
PO Box 316						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co			59 546			
Thorofare, NJ 08086						Hainesport, N						
Project Manager for Monito	oring Firm		Tele	phone	No.	Telephone No.	110000000000000000000000000000000000000	License No.				
Dave or Steve Flanig	an		8	56-848	0800	609-702-0400		00862				
Start Date (10)		duled C	omple	tion Da	ite (11)	Name of OSHA M	onitor					-
6 /11 / _	18	7_/	6	/	18	EMSL Analyti	cal, Inc.					
Occupancy Status During /	Abatement (Chec	k only o	ne)			Street Address						
□ Facility Closed/Vacated	During Entire Pe	riod of	Abate	ment		200 U.S. Rout	e 130 North					
Abatement Performed (Outside of Normal	Facility	/ Hour	s - Des	scribe	City, State, Zip Co						
Time of Abatement:	AMPI	VI/	_PM-		AM	Cinnaminson						
Scope of Work (Check all t	hat apply)										12.5	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re □ De	novati molitic				Procedure	pative Pressure n-Friable Procedure	0			
		Is	Locat	ion		Z Hon Zxor	Inpice () and No	THE HADIC T TOCCOUNT	_	atem	ont T	
Location of		1	lorma	lly		Description of				_		T
Asbestos-Containing Ma TO BE ABAT	aterial (ACM)		d Sole ntena			tos Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	LU	1-0200000	odial S		(i.e.	, thermal systems is surfacing, VAT,		(Specify SF or LF)	ova	air	psu	nso
(13)			(12)	T	-	other miscellaneo	ous)	,	_		late	e e
Roof		Yes	No	N/A	Shingles	s & Tar Paper		1500 SF	M			
Exterior						s Siding		2000 SF				
1 st Floor Bathroom & b	edroom					d Coating		200 SF				
Chimney & Attic						& Joint Compo	ound	3 SF & 400 SF				
Name of Registered Waste	Hauler		- N	JDEP V		Cubic Yards of	Name of Regis					
Waste Management			H	auler II	55	Waste	Grand Cen					
City, State				17273		5 Disposal Date	City, State					
Lafayette, NJ						7/6/18	Penn Argyl	e, PA				
Completed By (Print or Type) Title						Signature		I Dat	e			
Joann Mullarkey Admin.						Grane	Muller	lly (7 - 0 -0	29	-18	ر
SB-41 AY 11	* /	Do not	ise th	is form	for ashesto	s licensure exempt		U				

ASB-41 **MAY 11**

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

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6 ///	18		US	Dept. of	VA, Network Co	ntraction Des		Life from the time	
	98656				THE THE CONTROLLED	nuacung Omo	e / Job #1806-	2316 Ck. N	/A
	on			Address West K	ingsbridge Rd.,		JUL - 9 2	018	
☑ DOLWD ☐ Amended				State, Zip		11111		1	
☐ DCA ☐ Emergency		8		onx, NY 1			and the contract to the contract of		g(cor)
DCA Emergency justification	(includin	g	-	of Contac		A	BESTOS CON		
☐ Cancellation					g Contract Specia	aliet	Telephone Num		
					NFORMATION	anst	718-584-900	00 Ext.4344	
Name of Facility Where Abatement is Tak	ing Place	(3)		OILIT I II	WONDATION.	Type of Facility	(4)		
Dept. of VA Medical Center						School (K-12			
Street Address						☐ Subchapter 8	(Other than K-12	2)	
38 Tremont Ave., Bldg. 1, 3 rd Floo	or, Roor	n 3-1	01 & B	Level		Other (i.e., p	rivate and comme	rcial building	S,
City (5)						homes, etc.) Square Feet	# of Floors	I DUL A	
East Orange, NJ					3	Oquale i eet	3	Bldg. Ag	e
County (6)			Cour	ntv Code (7)(STATE USE ONLY)	Current Hea /Dr	ior if being demoli:	65+-	
Essex				.,	· No mie ooe one i)	VA Hospital		snea)	
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCM	No	Name of Abateme				
Environmental Consulting Group		(-)							
Street Address					Street Address	d Mold Service	es, Corp.		
71 Arch St.,									
City, State, Zip Code	_				3859 Sylon B				
Paterson, NJ 07522					City, State, Zip Co				
Project Manager for Monitoring Firm		Tol	ephone	No	Hainesport, N	NJ 08036			
Fernando Villa		1	73-418		Telephone No.		License No.		
	neduled C				609-702-0400		00862		
6 / 27 / 18	7	1	1 /		Name of OSHA M EMSL Analyti	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Occupancy Status During Abatement (Ch					Street Address				
Facility Closed/Vacated During Entire	Period of	Abate	ement		200 U.S. Rou	te 130 North			
Abatement Performed Outside of Norm	nal Facilit	y Hou	rs - Des	scribe	City, State, Zip Co				
Time of Abatement:AM	PIVI/	PM		_AM	Cinnaminson				
Scope of Work (Check all that apply)								- ,	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-Enc	losure g Procedure	gative Pressure E		1 PL
		Loca					100000	Abateme	nt Tuno
Location of		Norma	ally ely by		Description o	f			
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	ance/	Asbe	estos Containing Ma e., thermal systems i	terial (ACM)	Amount	Repair	Enclosure Encapsulate
IN Facility	Cus		Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)	air	osu
(13)	Yes	(12)	T	+	other miscellane	ous)		-	re
Electric Room	Tes	No	N/A	Pipe In	sulation		230 LF		
Auditorium (Around Perimeter)					et, FT & Mastic				
				111111 36	et, FT & Wastic		625 SF		
Name of Pegistered West					-				
Name of Registered Waste Hauler Waste Management		10.63	IJDEP \ lauler I[Cubic Yards of Waste	Name of Regis			
			17273		5	Grand Cen	tral		
City, State Lafayette, NJ					Disposal Date 7.13.18	City, State	Io BA		
Completed By (Print or Type)	itle					Penn Argy			
Joann Mullarkey	Office (Coord	dinato	r	Signature	MILL	March De	6-26	-18
ASB-41					tos licensure exemp	1 100	will gy		



A-S	. 图 图 F			to NJAC				Т		E	C	E		7 [
Date of Notification (1) 7/1/2018				of Building		/Operator	(2)				1211		0.0	10	The second secon
Agencies Notified Type N	lotification		Street A	Address					14 1		UUL		20	lŏ	
DEP A	itial nended nendment #			ate, Zip Co Edge No		61				Ass		38 Ci 70115		ROL 8	22
	mergency (includi stification)	ing	100000000000000000000000000000000000000	of Contact					Tel	ephon					*****
	ancellation		Domi	nic Brand	ca				-		7		**		
N		(0)	FAC	ILITY INFO	ORMA	TION	_								
Name of Facility Where Abateme Dominic Banca's Residen		e (3)					Тур	e of Facility (
Street Address							H	School (K-1 Subchapter		er tha	n K-1	2)			
ou out / ladi ou							×	Other (i.e. p					dings,	home	es,
City (5)							Sai	etc.) lare Feet	# of	f Floor	'S	IB	ldg. A	ae	
River Edge							Jago						9	9-	
County (6) Bergen	S 30 - C # 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Cur	rent Use (Pri	or if bei	ng de	molish	ned)			
	y Building Owner	(8)	ASC	M No.				patement Cor operty Mai		20.0	10				
Street Address						Street			Interial	ICE L	LU			-	
Officer Address						1		Riper Ave	nue						1
City, State, Zip Code			-	Million III		City, S	State,	Zip Code							
Project Manager for Monitoring F	irm		Telepho	no No		Teleph	- 100	NJ 07011		Lino	nse N	0		-	
Project Manager for Monitoring P	11111		releprio	me ivo.				-9008		013		0.			
Start Date (10) 7/16/2018		duled Co	mpletion	Date (11)		Name	of OS	SHA Monitor			1 9/005				
Occupancy Status During Abaten	nent (Check Only	One)			-	Street	Addr	ess							
Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe:					 #	City, S	State,	Zip Code							
Scope of Work (Check All That A	pply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	×	Renov				×	N G	ull Containmonini-Enclosure Blovebag Proposition-Exempted	e cedure					e	
		Is Loca	tion										Abate		
Location of	١,	Norma Jsed Sol				escription						-	T	ре	
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACIVI)	Maintena Custodial (12)	ance/ Staff?		therm: surf	ntaining Mal systems acing, VA miscellar	s insu T, or		(8	mount Specify or LF	/	Removal	Repair	Encapsulate	Enclosure
	Ye	s No	N/A											Ф	
1st Floor	x			Pop	corn ce	iling		47	70 SF	-	X				
	-														
Name of Registered Waste Haule TBD		NJDEP V Hauler ID ГВD		of W			Name of 110 Sa								
City, State				Disp	osal Date		City, Stat		1174	7			30 3 X X X		
Completed by Darko Raloski	e oject N	lanager	-		Signature	9				Da	ite 1/20	18			





					and 12:12			E	a E		W	E	F	Ī		
Date of Notification (1) 7/2/18							r/Operator				9 13	U	T)			THE PROPERTY OF STREET
Agencies Notified	Type Notification			Street A						J	JL	9	2018		U	a parameter
⊠ EPA	✓ Initial													et i Carecago		
DEP DOL	Amended Amendment	#			ate, Zip Co		. 00000			ASBES	STOS	CON	TRO	1.8		200
	Emergency (_		ester Ci	ty NJ	08030				LICEN	ISIN	3	Car Co.		7
☑ DOH DCA	justification) Cancellation			Andre	f Contact					Tel	ephone	Num	ber			
	_				ILITY INFO	ORMA	TION				_			-		
Name of Facility Where Andrew Ciavardone			3)						Facility (500.00 158100				-10		
Street Address								Su	hool (K-1 bchapter	8 (Oth						
								⊠ Ott	her (i.e. p	orivate a	& comm	nercia	l build	dings,	home	es,
City (5)								Square		# 0	f Floors		В	ldg. A	ge	
Gloucester City NJ	08030				Code (7)			1000+		2				35+	***	
County (6) Gloucester	Gloucester Name of Monitoring Firm Hired by Building Owner (8)							Current	Use (Pri	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm N/A)	ASCN	Λ No.			of Abater		ntractor	(9)							
Street Address					Street	Address										
								Box 329								
City, State, Zip Code							100000000000000000000000000000000000000	tate, Zip t Berlin		091						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none No.			Licens	se No	١.			
0. 13 . 10							856-	753-98	00		0072	27				
Start Date (10) 7/12/18		Schedul 7/20/1		npletion	Date (11)		Name Sam	of OSHA	Monitor							
Occupancy Status During	g Abatement (Check		7.					Address								_
Facility Closed/Vaca	ated During Entire P	eriod of	Abatem	nent				tate, Zip	Code							
Other – Describe: _						_	,,-									
Scope of Work (Check Al	ll That Apply)														10.00	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit				×		ontainme		Negati	ve Pr	essu	e		
		П,	Jenioni	1011			É	Glove	Enclosure bag Prod	cedure						
		1	-					Non-E	xempted	d (*) and	d Non-F	riable		10537 1311		
			Locati Normal												ement pe	
Location Asbestos-Containing	10.7 (Colored to the colored to the	Use	ed Sole	ly by	Asbes		escription intaining N		CM)	А	mount					
TO BE ABA	ATED		intenar todial S			therm	al systems	s insulatio		(S	pecify		Re	_R	Encapsulate	Enc
(13)	·y		(12)				facing, VA r miscellar			51	or LF)		Remova	Repair	psul	Enclosure
		Yes	No	N/A									<u>n</u>	_	ate	Ге
baseme	ent					[Duct wor	k		1	0 LF		х			
						We	et wrap o	cut								
			S-18-2													
Name of Registered Was	100000	JDEP W		Cub	ic Yards	N	lame of l	Registe	red Lar	ndfill						
United Roll Off	1322	auler ID 2459	No.	of W	aste	1	G.R.O.	. 5.								
City, State Elm NJ					V.	Disp 7/20	osal Date 0/18		City, State Morrisv		A 1906	67				
Completed by		Title					Signature					Date	9			
Anthony T Perna	ident					L				4/2	23/18	3				

OK 1237

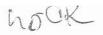
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	T'All		(1	Pursuan	it to NJAC	: 8:60 ar	nd 12:12	20)	Buckey on	1	FO) E	Π	11/7	IS	100
Date of Notification (1) 06/27/2018					of Building			r (2)) 1			<u> </u>			15	
Agencies Notified	Type Notification				K ARAM	/IBURA	١									
	Page 1			Street	Address						J.][_ =	9	2018	}	111
EPA DEP	Initial Amended			City, S	tate, Zip C	ode				1						
☑ DOL	Amendmen				N ROCK		7452		- Diponenta	L_	ASBES	STOS	CO	NTR	DL &	4
☑ DOH	Emergency justification)	g		of Contact				1		lephon	r - 25, sec.	10011	1 -	المالة	NACON NO
DCA	Cancellatio	n			K ARAM									4		
Name of Facility Where	Abatement is Taki	ng Place ((3)	FAC	ILITY INF	ORMAT	ION	T	pe of Facility	(4)						
PRIVATE								1,7	School (K							
Street Address								X	Subchapte	er 8 (Oth	er than & com	n K-12 mercia) I buil	dings	, hom	ies,
City (5) GLEN ROCK NJ.								1	quare Feet		of Floor	S	E	Bldg.	Age 36	
County (6)					Code (7)				urrent Use (P			nolish	ed)			
Name of Manitorina Firm	I limate D. Dat	0 10			USE ONLY	,			N/A	(
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	M No.				Abatement Co			ITAL	LLC	Э.		
Street Address							Street 1126		dress 1 ST.							
City, State, Zip Code									e, Zip Code I BERGEN	INLO	7047					
Project Manager for Mon	itoring Firm		Т	Telepho	one No.		Teleph			INJ. U		se No				
N/A	**************************************								76 - 0642		0130					
Start Date (10) 07/06/2018		Schedul 07/06/			Date (11)				SHA Monitor	Danas in a care a						
Occupancy Status During	g Abatement (Che	ck Only O	ne)				Street	Add	Iress							
Facility Closed/Vaca Abatement Perform	ated During Entire ed Outside of Norr	Period of a	Abaten y Hours	nent s					ERTY ST, Zip Code						-	
Other – Describe:							MET	UC	HEN NJ.							
Scope of Work (Check A	II That Apply)	_														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Comments	Renova Demolit				K	1 ;	Full Containm Mini-Enclosus Glovebag Pro	re ocedure						
		lo	Locati			10.00		1 1	Non-Exempte	ed (*) an	d Non-l	riable		amir Nr	ement	
Location	of	1	Normal	İy		De	scription	of							pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	ed Sole intenar todial S (12)	nce/		tos Cont thermal surfac		later ins T, or	г	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									-		ate	ė.
BASEME	ENT		Х		В	RICK I	NSULA	ATIO	ON	80) SF		Х			
													_			
Name of David								77				1				
Name of Registered Was TRI STATE ASSOCO			100000	JDEP W auler ID		Cubic of Was			Name of							
	JINC		19	9951		TBD			MINER	RVA EN	ITERI	PRIS	EIN	1C		
City, State BRONX NY.						Dispos TBD	al Date		City, Stat WAYN		RG. C	HIO				
Completed by		Title				S	ignature		///	100	7	Date		2012		
CARLOS ESQUIVEL	-	SAFE	ETY N	JANAG	SER		The .	4	cuff e	YY.		06/2	27/2	018		

OK (1:135)_

Date of Notification (1) 07/03/2018		Ma of the art of			f Building Pollack		Operator	(2)			7 11-7	ii V		5	A TOTAL TO A STATE OF THE STATE	ed and the Management
Agencies Notified	Type Notification			Street A	ddress				- 1	17	1-5	201	8	41	11	V Account
EPA DEP DOL	Initial Amended Amendment				ite, Zip Co ston, NJ		9			Jihrni	1.15 (X) (i Fi	J.	St. Inneren		
DOH DCA	Emergency justification) Cancellation				f Contact Pollack					Tel	ephone 1	Numbe	r	and the state of the		
Name of Facility Where	Abatament is Takir	a Place (2)		FACI	LITY INFO	ORMAT	ION	T	-f = -:!!+ · /	4)						
Private Residence Street Address	Abatement is Takii	ig Flace (3)							of Facility (School (K-1 Subchapter Other (i.e. petc.)	2) 8 (Oth			uild	ings,	home	es,
City (5) Livingston									re Feet	# o	f Floors			dg. A)+	ge	
County (6) Essex			1	County (Code (7) USE ONLY			Curre Hou	ent Use (Prie se	or if bei	ng demo	lished				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.				tement Cor truction, I		(9)					
Street Address							\$5.00 PERSON	Addres eathe	ss r Stockin	g Path	1					
City, State, Zip Code									ip Code ark, NJ 07	'035						
Project Manager for Mon	nitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none N 264-9			License 01306					
Start Date (10) 07/14/2018		Scheduled 07/14/20		pletion [Date (11)		\$ 500 mm 300		HA Monitor truction, l	LC						
Occupancy Status During	g Abatement (Che	k Only One	:)					Addres		- D-4					-07VL	
Facility Closed/Vac Abatement Perform Other – Describe:						City, S		r Stocking	g Patr	1:						
Scope of Work (Check A	II That Apply)						Linco	om Pa	ark.							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	THE ST	-	enovat emoliti				Þ	Mir	I Containme ni-Enclosure ovebag Prod n-Exempted	edure					a	
		ls I	ocatio	on				_ 110	II Exemple	4 () an	a reon-r	labic i		Abate	ment	
Asbestos-Containing TO BE AB	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility No Used Maint Custor					tos Cont thermal surfa	scription taining N system cing, VA niscellar	Material s insula T, or		(5	mount Specify F or LF)		Demova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A											Ф	
Basem	ent			Х			VAT			90	00 SF	2	2		Х	
		-										-				
		+ +								011		+	-			
Name of Registered Was	ste Hauler		85345	JDEP W		0.000	Yards		Name of	Registe	ered Land	dfill				
Nari Construction, LI	H	auler ID	No.	of Wa	Y		G.R.O.									
City, State Lincoln Park, NJ				TBD	sal Date		City, State Morrisv		A							
Completed by Igor Jezdimirovic		Title P.Mar	ager	•		S	Signature		3			Date 07/0:	3/2	018		

PAJ		(Pursuar	nt to NJAC	8:60	os ABATE and 12:12	EMEN 20)	IT /	7/10	2 /		10	10	70	_
Date of Notification (1) 7/5/18			Name	of Building	Owne	er/Operato	r (2)		J.C	CK	-11/1		10	CK)
Agencies Notified Type Notific	otion		1	n Eegloff				i L	in t		13	12.1		Jing or The	
EPA Initial	auon		Street	Address					1111	0	000		-		
DEP Amend				State, Zip Co				1 1	JUL	- 9	201	0	nuneis	4	
Emerge	ment # ency (including			ch Plains	, NJ	07076		Lyen e				- heart	- Comment	B. B. Arriva	
DOH justifica			Gwe	of Contact n				ASE	ota: ∣Te	lephon	è Nu	mber	į.		
Name of Facility Whore Abeternation				CILITY INFO	ORMA	ATION						_		-Merit	
Name of Facility Where Abatement is House	laking Place (3)					Тур	e of Facility	(4)						
Street Address							H	School (K- Subchapte	-12) er 8 (∩th	er than	V 1	21			
014 (5)							×	Other (i.e. etc.)	private	& comr	nerci	al bui	ldings	s, hon	nes,
City (5) Scotch Plains								are Feet	# 0	f Floors	3		Bldg.	Age	
County (6)			County	Code (7)			23		2	115 m m 115 m			72		
Union			(STATE	USE ONLY)				rent Use (Pr use	ior if bei	ing den	nolish	ned)			
Name of Monitoring Firm Hired by Build	ling Owner (8))	ASC	M No.	-2-11	Name	of Ab	atement Co	ntractor	(9)					
Street Address								rironment	al Serv	rices,	LLC)			
						Street PO I		_{ess} 483, 4 E (Sate D	rive					
City, State, Zip Code						City, S	tate,	Zip Code					-		
Project Manager for Monitoring Firm			Tolopha	ana Nia				d, NJ 074	418						
			Telepho	one ivo.		Teleph 703	one i	No.		Licen: 973-			6		
Start Date (10) 7/14/18							of OS	HA Monitor		973-	7 04	-221	0		
Occupancy Status During Abatement (C	Check Only On	10)				-				2-17					
Facility Closed/Vacated During En Abatement Performed Outside of N	haton	nent			Street		zip Code								
					_	Oity, S	iaie, z	ip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if						-									
≥160 sf or ≥260 lf	Total Control of the	enova emolit				×	GI	III Containm ni-Enclosuri ovebag Pro	e cedure						
	ls	Locati	on			<u> </u>	INC	n-Exempte	u (") and	Non-F	riabl	e Pro	F-50	e ement	
Location of Asbestos-Containing Material (ACM)		lormal d Sole			D	escription	of							ре	
TO BE ABATED In Facility	Maii	ntenar	rice/	Asbesto (i.e. th	nerma	ntaining M al systems	insul	I (ACM) ation,		nount pecify		R		En	ш
(13)		(12)			surfa other	acing, VAT miscellan	r, or eous)			or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									/al	Ξ.	ılate	ure
basement			х		pipe	e insulat	ion		75	5 LF		X			
			and the grade									-			
Name of Registered Waste Hauler															
Freehold Cartage		JDEP W auler ID		Cubic of Wa	Yards aste		Name of F								
City, State		1155552	939	-	TBD			Wester	n Berks	s Land	llift				
Freehold, NJ				10	Dispo TBD	sal Date		City, State							
Completed by	Title					Signature	- 1	Birdsbo	10, PA		Date				
A. Scott Higgins	Presid	lent					l	L			7/5				



				(1-1			AC 6:60 and 5:10	The same of the sa					
Date of Notification (1)		200.000			Name	of Buildin	g Owner/Operator (2	: 17)				
/	05 /	18	_		Fre	ed Truex	اللاقام		ationnal	lorac	1 .4	3	42
Agencies Notified	Type Notific	cation		10-7-	Stree	t Address	1111	0 2010		A CLC			10
⊠ EPA	☐ Initial						JUL	_ 9 201 8					
☑ DOLWD	Amende Amendm				City,	State, Zip (Code						
□ DCA	☐ Emerger		ıdina		Bri	elle, NJ 0	18730 ACDEST	OS CONTROL	8				
(NJAC 5:23-8)	justificat		Juliy		Name	of Contac		ICENSING	Telephone Num	ber			-
	Cancella	200			Fre	d Truex			,	_			
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking P	Place	(3)		3		Type of Facility ((4)				
Residence								School (K-12					
Street Address			7000						Other than K-12 (Other and comme		ومنامانه		
								homes, etc.)	ivate and comme	iciai bu	mamg	JS,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Brielle								3500	2		60	99	
County (6)					Cour	ntv Code (7)(STATE USE ONLY)		or if being demolis		-		
Monmouth						, (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence	or it being demois	sileu)			
Name of Monitoring Firm	Hired by Buil	ding Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-			
Guardian Contraction	ng, Inc.						A CONTRACTOR OF THE PARTY OF TH	ntracting, Inc.					
Street Address							Street Address	<u> </u>					
1889 Rte. 9, Unit 61							1889 Route 9	. Unit 61					
City, State, Zip Code							City, State, Zip Co						_
Toms River, New Je	rsey 08755	5						New Jersey 087	755				
Project Manager for Monit				Tele	phone	No	Telephone No.	tow octoby out	License No.				
Nicholas Fernicola	3					-9932	732-349-9932		00624				
Start Date (10)	15	Schedule	ed Co	17-2			Name of OSHA M		00024				
06/_22/						18	E.M.S.L. Anal						
Occupancy Status During								yticai					
☐ Facility Closed/Vacated							Street Address						
☐ Abatement Performed						cribo	1056 Stelton		400-24-29				
Time of Abatement:	AM-	PM/	Cinty	PM-	5 - Des	AM	City, State, Zip Co						
							Piscataway, N	lew Jersey 088	354				
Scope of Work (Check all	that apply)						M Full Cont	sinment with Nex	ativa Danasa				
≥3 sf or ≥3 If		\boxtimes	Rer	novati	on		☐ Mini-Encl	ainment with Neg osure	ative Pressure				
≥160 sf or ≥260 lf] Der	nolitic	n		☐ Glovebag	Procedure					
			-			1	☐ Non-Exer	mpted (*) and Nor	n-Friable Procedu	re			
Location	of			Locat orma						Ab	atem	ent T	уре
Asbestos-Containing N		1)		d Sole		Ashe	Description of stos Containing Mai		Amount	Re	Re	Ē	E
TO BE ABAT	TED			ntena	nce/ Staff?		., thermal systems i		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	У	- 1	Cust	(12)	otan?		surfacing, VAT,		SF or LF)	l a		Encapsulate	sure
(13)		Y	'es	No	N/A		other miscellaned	ous)				ate	
interior]	\boxtimes		asbesto	s containing tex	ture ceiling	675 sf		П	П	П
		T	7										
	-							1	Ш	Ш			
		L											
		L											
Name of Registered Waste				11 11500	JDEP \		Cubic Yards of	Name of Regist	ered Landfill				
Guardian Contractin	ıg, Inc.			Н	auler II 20223		Waste 15	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Je	rsey						07/20/18	Tullytown,	Pennsylvania				
Completed By (Print or Ty	pe)	Title					Signature	1		ite /	1		
Nicholas Fernicola	52	Proj	ect	Mana	ager		1	/	/	2/5	1	8	

ASB-41 JAN 13

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



		NOTII	FICATIO Pursuan	N OF ASBEST t to NJAC 8:6	TOS ABATE 0 and 12:12	MENT 0)	7 000	. 1	16	18		
Date of Notification (1) 7/5/18				of Building Ow	ner/Operato	r (2)				L()	<u> </u>	}
Agencies Notified Type Notifi	cation			Address			111	1 6	<u>Un</u>	E		
E7/	odilo!!		Ollect	- Address			100	31		THE STREET	to the second of	
EPA Initial DEP Amen	ded		City. St	ate, Zip Code			- 11		1111			
X DOL Amen	dment #			h Plains, N			411	Lij	JUL	- 3	201	8
	gency (including	g		of Contact	13.73		Tele	phone N	lumher			
	ellation		Gwer)			12 1010	Pilotto	Water to the Automotive or	300	NTB	(*)1 /s
			FAC	ILITY INFORI	MATION		7	Plant and the second	LIUE	NSII	VG VG	UL 0
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facili	ty (4)			***************************************	-	
House						School (I						
Street Address							ter 8 (Othe e. private &			ldings	, hom	es,
City (5)						Square Feet	# of	Floors		3ldg.	Age	
Scotch Plains						2350	2			72		
County (6) Union				Code (7) USE ONLY) _		Current Use (I	Prior if bein	ig demol	ished)		to we	
Name of Monitoring Firm Hired by Bu	Iding Owner (8)	ASCI	M No.	Name	of Abatement (Contractor ((9)				
						Environmer			.C			
Street Address					Street	Address						
					PO	Box 483, 4 E	Gate Dr	ive				
City, State, Zip Code					City, S	tate, Zip Code						
					Glen	wood, NJ 0	7418					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 703	none No.	- 1	License 973-76		6		
Start Date (10) 7/14/18	Schedu	led Cor	mpletion	Date (11)	Name	of OSHA Monit	or				7.00	
Occupancy Status During Abatement	(Check Only O	ne)			Street	Address						
Facility Closed/Vacated During E	ntire Period of	Abater	nent s			tate, Zip Code						
Other - Describe: basement					200.							
Scope of Work (Check All That Apply)										-0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Parties and the same of the sa	Renova Demoli			×	Full Contain Mini-Enclose Glovebag Po Non-Exemp	ure rocedure					
	Is	Locat	ion								ement	
Location of		Normal	lly		Description	of				Ty	ре	
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Ma Ma	ed Sole aintena todial ((12)	nce/	(i.e. ther	Containing M mal systems urfacing, VA ner miscellan	laterial (ACM) insulation, T, or	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						=		ate	ė,
basement			Х	р	ipe insulat	tion	75	LF	х			
Name of Registered Waste Hauler		I N	JDEP W	aste Ci	ıbic Yards	Namo	f Registere	ad Lands	1			
Freehold Cartage		Н	auler ID 5939		Waste		ern Berks					
City, State Freehold, NJ					sposal Date	City, St	ate ooro, PA					
Completed by	Title				Signature	Dirdor	, or o, r A		ate			
A. Scott Higgins	Pres	ident			- g. idital c	1h		1 93	7/5/18			

	10 /		FIFICATION Suant to No)	I O	h-m C	T) (7		Contract Con
Date of Notification	n (1)				ng Owner/O			MEG		W	E	Th
7/5/2018			Divi	ta Me	hta				W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-1212-W-12			1
Agencies Notified	Type Noti	ification	Street A	ddress					1 3	001		
[]EPA	[X]Init	ial							L - 9	201	ď	1
[]DEP	Not	ification	City, St	ate, Zi	p Code			On the state of th				-
[X]DOL	[]Amen				NJ,070	41		ASBES	TOS CC	NTR	OL 8	
[X] DOH	NOT	ification	Name of	Contact			Teleph	one Number	ICENSI	NG_	- Personal Control	y p. a. or here in a
[]DCA	[]EMER	GENCY	Divi									
tale Terroral	[]Canc	ellation							*			
					INFORMAT	ION						
Name of Facility Who Divita Mehta	ere Abatem	ent is Tak	ing Place	(3)			Type of Fac:	ility (4)				
Divita Menta							[]School	l (K-12) apter 8 (Othe	or thon	17_1	21	
Street Address								(i.e., priva				
							cial	buildings, h			0	
City		County	(6) Essex	C	ounty Code	(7)	Square Feet	# of Floo	ors B	Ldg.	Age	
			,		STATE USE		Current Use	(Prior if be	aina de	moli:	shad)
Millburn						1		(22202 22 56	sang ac	MOTT.	JII CU	.,
Name of Monitoring F	irm hired	by Buildi	ng ASCM N	īo.	Name of	Abater	ment Contract	tor (9)	V.			
Owner (8) N/A					AZTE	ECH M	ANAGEMEN	T, Inc.				
Street Address					Street	50 (100)	76 av 400	75				
2					86 0	Chris	topher S	t.				
City, State, Zip Cod	e				11		Cip Code					
					Mont	clai	r, NJ 07	042				
Project Manager for	Monitorin		elephone N	umber	Telepho (973		er -8800	Ī	0037		oer	
Scheduled Start Date	(10)	Sched. Comp	pletion Da	te (11)	Name of	OSHA M	fonitor					
07 - 18 - 18	1		20 - 18		N/A							
Month Day Ye	ear ing Abater			ear	Street	Address						
[X] Facility Clos	sed/Vacate				CIECU		•					
of Abatement []Abatement Per		tside of N	ormal Faci	lity	City, S	tate. Z	ip Code					
Hours - Descr []other - Descr				•••		,	-					
Scope of Work (Check			y Descript	-//								
scope of work (check	all mat	abbīā)			1]Full 0	Containment w	with Negative	Press	ire		
[X]≥3 sf or []>160 sf o			<pre>[X]Renovat []Demolit</pre>		1723		Enclosure Dag Procedure					
. 12-00 01 0							ciable Proced					
Location	of		Is Location		Desc	ription	of.		Aba	teme	nt T	E
Asbestos-Con	taining	,	Normally Used		Asbest	os-Cont	aining	Amount	R	R	N C	NC
Material (TO BE ABA			Solely By Main-			erial (? :hermal	ACM) systems	(Specify	M	P	AP	L
In Facil:			tenance/ Custodial	i	nsulation	, surfa	cing, VAT,	LF)	VA	A	S	S
(13)		Yes	taff (12)	'A	or other	miscel	laneous)		L	R	Ĺ	R
Basement			X		e Insu	latio	on	95 LF	X		•	
Name of Registered Wa	aste Haule	7400a.a.a.a	JDEP Waste	A	ubic Yards		Name of Reg	ristered Land	fill			
AZTECH MANAGE	EMENT,		auler ID N	10.	f Waste 1	L.O	Tri- S	tate				
City, State	House			D.	isposal Da	ate	City, State					
Montclair, NJ	07042				07/23/	18/	Bronx,	NY, 1047	74			
Completed By (Print o	or Typel	Title			lg i m	náture/	/	1	Date	: Estable		
Constantine Vi		Preside	ent		/	7 0.15	tantar 1	Milan	7/5/	2018		

Check # 25633

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36	Variation.	-39	50 00

Date of Notification (1) 7/5/2		Name o	of Building O)wner/0		(2) earlman			0 6		W	E		
Agencies Notified	Type Notification	1		Street A	Address			pp. 4 o / 1955 (2) (191	Hin		201	- 70		and the second
☐ EPA	× Initial								+ 1	1 1	11	9 2	2018	el in de se
DEP × DOL	Amended Amendmen	t #		City, St.	ate, Zip Cod		liahlan	d Park, NJ 0	8904					and subjection
■ DOH	Emergency justification)			Name o	of Contact		nginari	a i aix, i to o	1	lephone Nu	mber	CON	Thol	- Gt
DCA	Cancellation				Martin P	earlm	nan		1 2	iophone ite		HN(3	DEPARTMENT
Name of Facility Where	Abatament is Takir	an Diago (2		FAC	ILITY INFO	RMATI	ON							
reality venere	Resdential	ig Place (3	>)					Type of Facility						
Street Address									r 8 (Oth	er than K-1			32	
0:1 (5)								Other (i.e. etc.)	private	& commerc	ial buil	dings	, home	es,
City (5) Highl	and Park, NJ 0	08904						Square Feet 1800	# 0	f Floors 2	E	81dg. <i>A</i> 85+	100	
County (6) Mic	ldlesex				Code (7) USE ONLY)			Current Use (Pr	ior if be	ing demolis	hed)			
Name of Monitoring Firm		Owner (8)		ASC	M No.		Name	of Abatement Co	ntractor	(9)		The Local Control		-
ME	CS 							ens Environm	ental S	Services,	Inc.			
Street Address PO	Box 341							Address Box 322						
City, State, Zip Code	sterfield, NJ 08	0515			Called St.			tate, Zip Code	0.4					
Project Manager for Mon		5515		Telepho	ne No.			town, NJ 085	U1	License N	Vo.			
Bill Weisgarb	Bill Weisgarber art Date (10) Scheduled							259-9688		00493	10.			
Start Date (10) 7/23/2018	1 16 C 18 C 18 C 18 C 18 C 18 C 18 C 18						Name of MEC	of OSHA Monitor S						
Occupancy Status During	Abatement (Ched	ck Only On	e)					Address						
Facility Closed/Vaca	ated During Entire	Period of A	bater	ment				ox 341						
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	Hour	S		_		tate, Zip Code sterfield, NJ 08	8515					
Scope of Work (Check Al	l That Apply)						01100		3010					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		perma	enova emoli				×	Clovebag i iu	e cedure					
								Non-Exempte	d (*) an	d Non-Frial	ole Pro	105 feet 1 WA		
Location	of	l N	Locat lorma	lly		Doo	arintian	o.f.					ement pe	
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Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic \	Yards	Name of	Registe	red Landfil				
Stevens Environmen			10 70	lauler ID 18292	No.	of Was		Fairles			9)			
City, State Allentown, NJ 08501					1	Dispos	al Date	City, Stat		A				
Completed by		Title					gnature;	/ / XI		1	ate			
Mahlon E. Stevens		P	roje	ct Mana	ager		1	7 (7/6/1	18		

Check # 25629

D		The said	VEC-	
3.10		135	351	
121_A		198	701	
30	100	165		- 3

Date of Notification (1)		Name	of Building Ow	vner/C	perator	(2)	provide management		-7 (-)	123	77	1 /7 F		
7/5/2	2018				0.00			peck	1 1	1	E C	E		W
Agencies Notified	Type Notification			Street	Address				- 111	步广				
□ EPA	× Initial								117	11				CONTRACT CONTRACT
DEP X DOL	Amended Amendmen			City, St	tate, Zip Code		amilto	n Twp., NJ 086	10		JU	L.	9 2	918
▼ DOH	Emergency justification)			Name o	of Contact				1	hono-	Number		v-q_54 = 0 = 0 = 0	
DCA	Cancellation				John Spe	ck			Telep	none	Mulliper	A. I. Mariak	TSIN CON	TROL
				FAC	ILITY INFOR	MATIC	ON		9.1		- AN WORKS IN		10114	
Name of Facility Where		ng Place (3))					Type of Facility (4	ł)					
	Resdential							School (K-12	2)					
Street Address								Subchapter of Other (i.e. pr	8 (Other			ildings	, hom	es,
City (5)							-	etc.) Square Feet	# of F	loore		Dida	Λαο.	
County (6)	ilton Twp., NJ	08610						1500		2		Bldg. 75-		
Me	rcer				Code (7) USE ONLY)			Current Use (Prio	r if being	demo	lished)			
Name of Monitoring Firm ME(Owner (8)		ASCI	M No.		Name	of Abatement Cont ens Environmer	ractor (9))	s Inc			
Street Address						-		Address	ital oc	I VICE.	3, 1110.			
	Box 341						РО В	ox 322						
	sterfield, NJ 08	3515						tate, Zip Code town, NJ 08501	1					
Project Manager for Moni Bill Weisgarbe				Telepho	one No. 98-4070			one No. 259-9688		icense				
Start Date (10)		mpletion	Date (11)	+	Name o	of OSHA Monitor	0	10493						
7/19/2018				3/2018			MEC	S						
Occupancy Status During					CALLED BUILDING			Address						
Facility Closed/Vaca	ited During Entire I	Period of Al	oater	ment				ox 341						
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility I	Hour	S				ate, Zip Code terfield, NJ 085	15					
Scope of Work (Check Al	That Apply)		-61				Ciles	terrieia, NJ 005	110					
≥3 sf or ≥3 lf	11 22	X Re	nova	ation				F. II O 1-1			_			
2160 sf or ≥260 lf		= '``	moli				×	Full Containmer Mini-Enclosure	nt with N	egative	e Pressu	ire		
		incured					×	Glovebag Proce	dure	. 28	- New Age			
		T						Non-Exempted	(*) and N	lon-Fri	able Pro	1985		
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Location Asbestos-Containing I	7.50	Used	Sole	ly by	Ashestos		cription	of aterial (ACM)	Λ			T		
TO BE ABA	TED `	Main Custo			(i.e. the	rmal s	ystems	insulation,	Amo (Spe		R	_	Enc	<u>m</u>
In Facilit (13)	У	0.000 (0.000 (0.000)	(12)	Juli:			ng, VAT scellane		SF or	r LF)	Remova	Repair	aps	clos
(30)		Yes	No	N/A	00	ilei iiii	Scenarie	eous)			val	air	Encapsulate	Enclosure
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Name of Registered Waste Hauler				JDEP W	laste C	ubic Y	arda	Now f D	anist-	41	611			
					No. of	Waste		Name of Re Fairless I			TILL			
City, State Allentown, NJ 08501				18292		sposa	I Date	City, State						
Completed by		Title						Morrisvill	e, PA					
Mahlon E. Stevens	ojec	t Mana	iger	Sig	naturé	1	500	0	Date 7/5/	18				

State of New Jersey

Date of Notification (1) T/5/2018 Name of Building Owner/Operator (2) Bajczyk Agencies Notified Type Notification Street Address ASBETIOS CONTINUAL Telephone Number Collingswood, NJ 08108 Street Address ASCANDIN County Code (7) County C	423
Agencies Notified Page Pa	-
PPA DEP Amended Amended Amended Amended Amended Amended Amended Amended Emergency (including justification) Cancellation Cancellation Cancellation Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home of Facility (6) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home of Square Feet # of Floors Bidg. Age 85+/-	ê
DEP Amended	- 1
Emergency (including justification)	0
Name of Contact Cancellation Name of Contact Karen Bajczyk	
Street Address Square Feet # of Floors Bldg. Age 85+/-	
Name of Facility Where Abatement is Taking Place (3) Residential Street Address City (5) Collingswood, NJ 08108 County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 City (5) City (6) Camden County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, Inc. Street Address PO Box 322 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber City (6) Camden Telephone No. 609 298-4070 Scheduled Completion Date (11) Name of OSHA Monitor	
Street Address City (5) Collingswood, NJ 08108 County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 City (5) Square Feet # of Floors 2 Bldg. Age 85+/- Current Use (Prior if being demolished) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Stevens Environmental Services, Inc. Street Address PO Box 322 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Scheduled Completion Date (11) Name of OSHA Monitor	
City (5) Collingswood, NJ 08108 County (6) Camden Camden County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber City (5) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Stevens Environmental Services, Inc. City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code City, State, Zip Code Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515 City, State, Zip Code Chesterfield, NJ 08515	
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County (6) Camden Camden County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) MECS ASCM No. Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, Inc. City, State, Zip Code Allentown, NJ 08501 Telephone No. 609 298-4070 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
MECS Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) Scheduled Completion Date (11) Stevens Environmental Services, Inc. Street Address PO Box 322 City, State, Zip Code Allentown, NJ 08501 Telephone No. 609 298-4070 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) Scheduled Completion Date (11) Street Address PO Box 322 City, State, Zip Code Allentown, NJ 08501 Telephone No. 609 298-4070 609 259-9688 00493 Scheduled Completion Date (11) Name of OSHA Monitor	
PO Box 341 City, State, Zip Code	
Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) Chesterfield, NJ 08515 Telephone No. 609 298-4070 Scheduled Completion Date (11) Name of OSHA Monitor	
Bill Weisgarber 609 298-4070 609 259-9688 00493 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
Traine of Ool A Monitor	
0/3/2010	
Occupancy Status During Abatement (Check Only One) Street Address	
Facility Closed/Vacated During Entire Period of Abatement PO Box 341	
Abatement Performed Outside of Normal Facility Hours Other – Describe: 8 am to 4 pm City, State, Zip Code Chesterfield, NJ 08515	
Scope of Work (Check All That Apply)	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure	
Is Location Non-Exempted (*) and Non-Friable Procedure Abatement	-
Location of Normally Description of Type	
Asbestos-Containing Material (ACM) TO BE ABATED Used Solely by Maintenance/ Custodial Staff2 Custodial Staff2	ш
Custodial Staff? (13) Custodial Staff? (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Enclosure
Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Yes No N/A Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Althourt (Specify SF or LF) Other miscellaneous)	sure
Basement X Duct Insulation 15 sf x	
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 18292 Name of Registered Landfill Name of Registered Landfill Fairless Landfill	
City, State Allentown, NJ 08501 Disposal Date 8/3/18 Disposal Date Morrisville, PA	-
Completed by Mahlon E. Stevens Project Manager Signature 7/5/18	\dashv

Print Form



PAID

Date of Notification (1)					I 81	(5.7.1	_	10	,	Щ	Ш		11	-	00	10	
Date of Notification (1)	05 /	40						ner/Operator (2)	Ш	Ш	J (JL .	- 3	20	18	
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Agencies Notified	Type Notifica	ation			Stree	Address					Ben	ASBES	STOS	s cc	NTE	301	R
⊠ EPA	☐ Initial												LICE			8 C	CIL
☑ DOLWD	Amended Amendme	C (0.000)			City, S	State, Zip (Code			rest Wholes	-		**********				-
□ DCA	☐ Emergen	_	•		Car	teret, NJ	070	08									
(NJAC 5:23-8)	justification		Juding	,	Name	of Contac	t			Te	elepl	hone Nu	umbei	r			
The second secon	☐ Cancellat	0.110.00			Ale	x Abdall	а				202000						
					FA	CILITY IN	IFOF	RMATION		1							\neg
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility	(4)							
Commercial									School (K-1	2)							
Street Address									Subchapter						4 - 4 - 4	0001	
34 Atlantic Street									Other (i.e., phomes, etc.		te ar	na comn	nercia	al bu	laing	S,	
City (5)									Square Feet		# of I	Floors		Blo	lg. Ag	je	-
Carteret																	
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	rior if	f bei	ng dem	olishe	ed)			\neg
Middlesex																	
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9))							
Bio Terra Solutions	;						A	LL PRO MA	NAGEMENT L	LC							
Street Address							Stre	eet Address									
P.O. Box 1224							2	7 Outwater	Lane								
City, State, Zip Code							City	, State, Zip Co	ode								
Union, NJ							1 88	arfield, NJ									
Project Manager for Moni	itoring Firm			Tele	phone	No.		ephone No.		Т	Licer	nse No.		_			\dashv
Rick Eustaquio	7			9	73-494	-3762	9	73-928-4888				88					
Start Date (10)							Nar	ne of OSHA M	onitor								
07 /06 /	7_ /	20)_/	18	A	LL PRO MA	NAGEMENT L	LC									
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	et Address	-								-
☐ Facility Closed/Vacate					ment		0.000000	7 Outwater I	ane								
☐ Abatement Performed	Outside of No	ormal	Facility	/ Hou	s - Des			, State, Zip Co									-
Time of Abatement: _	AM	PM	1/	_PM		AM		arfield, NJ									
Scope of Work (Check all	that apply)							arriora, rec	07020								-
	11 77		_						ainment with Ne	gativ	e Pr	essure					
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf			☐ Re ☑ De					☐ Mini-Enc ☐ Glovebag									
2 - 100 St Ot - 200 II			M De	monu	J11				mpted (*) and No	n-Fr	riable	e Proce	dure				- 1
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Location				Norma	illy ely by			Description o					t	57777755		-	
Asbestos-Containing I TO BE ABA)		intena				Containing Ma				mount pecify		Remova	Repair	nca	nclo
IN Facilit			Cus		Staff?	(1.0		urfacing, VAT,				or LF)		oval	=	Encapsulate	Enclosure
(13)		}	V	(12)	1 1/0	+	oti	ner miscellane	ous)					_		late	G.
			Yes	No	N/A	Tarasan a sasan				_				10.00		270	
Exterior						Wet De	mo							\boxtimes			
Name of Registered Waste Hauler						Vaste	435000	oic Yards of	Name of Regi	stere	ed La	andfill					170.00
Weigle Trucking, Ll	LC .				lauler II		Wa:	ste s Needed	Minerva E	nte	rpris	ses					
City, State								oosal Date	City, State								
Linden, PA							Т	BD	Waynesbu	ırg,	ОН						
Completed By (Print or Ty	ype)	Title	V					Signature		37.7			Date				-
Allen Monchik	200 TO 100 T	Pr	oject	Man	ager				Monchik	6			7/5				
								1 Court	1, winder				110	10			- 1



Date of Notification (1)					LNI		5 D 11 - 11	_	10	0)	Щ	\mathbb{H}					_				
						Name of Building Owner/Operator (2) Maria Del Carmen Blanco							JU	IL -	9 /	2018					
	1 14	laria	d Del Ca	rme	n Blanco	-	The sales	- 20			*	1									
Agencies Notified	Type Notifica	ation			Stre	eet A	ddress			ASBESTOS CONTROL &											
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended										-		Coco	JCEN	SINC	i noi	- C2				
⊠ DOH	Amendme			***************************************				CONTRACTOR OF THE PERSON OF TH	Trintingues												
DDCA	⊠ Emergend	_	ludina		C	arte	ret, NJ	0700	08												
(NJAC 5:23-8)	justification			,	Nar	ne of	f Contact				Telephone Number										
	☐ Cancellati	ion ·			A	lex	Abdalla														
					F	ACI	LITY IN	OR	MATION			-									
Name of Facility Where	Abatement is T	aking	Place	(3)						Type of Facility	(4)						-				
Commercial		1000		18 50						School (K-12)										
Street Address									+	Subchapter 8											
34 Atlantic Street										Other (i.e., pr homes, etc.)		e and	comme	rcial b	uilding	IS,					
City (5)				-						Square Feet		of FI	nors	I B	Bldg. Age						
Carteret											1			blug. Age							
County (6)					Co	untv	Code (7)	(STAT	TE USE ONLY)	Current Use (Pri	or if I	being	demoli	shed)							
Middlesex						-,	· //														
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASC	M No	o. I	Nan	ne of Abateme	ent Contractor (9)							-				
Bio Terra Solutions		Ü								NAGEMENT LI	c										
Street Address									et Address						_		-				
P.O. Box 1224			1		7 Outwater	ane															
City, State, Zip Code								City, State, Zip Code													
Union, NJ								Garfield, NJ 07026													
Project Manager for Mon	itorina Firm		1 7-11-	Tel	lenhon	ne No	,	Telephone No. License No.													
Project Manager for Monitoring Firm Telephone No. Rick Eustaquio 973-494-3762								973-928-4888 1188													
Start Date (10) Scheduled Completion D													1								
06/25/																					
Occupancy Status During			-			_		Street Address													
☐ Facility Closed/Vacate					amant		1	27 Outwater Lane													
☐ Abatement Performed	Outside of No	rmal F	Facility	Hoi	ırs - D	escri	ihe	A STATE						-			_				
Time of Abatement:	AM	PM	/	_PN	1	City, State, Zip Code Garfield, NJ 07026															
Scope of Work (Check al	Il that anniv							- 6	arneiu, NJ	07026											
	ii tiiat appiy)								☐ Full Con	ainment with Neg	ative	e Pre	ssure								
□ ≥3 sf or ≥3 lf			Re		7				☐ Mini-Enc	losure											
≥160 sf or ≥260 lf			⊠ De	molii	ion					g Procedure mpted (*) and No	n-Fri	ahle	Procedu	IFE							
		Т	Is	Loca	ation	Т				p.co () and No		2010		7	atem	ent Ty	me				
Location			î	Norm	ally				Description of						batement T		-				
Asbestos-Containing TO BE ABA	Material (ACM)			lely by ance/				Containing Ma			Amount			Repair	no	Enclosure				
IN Facili					I Staff		(i.e.		mal systems urfacing, VAT				ecify or I F)	Remova	1 4	psu	nso				
(13)		1		(12	-			other miscellaneous)			SF or LF)			=		Encapsulate	6				
			Yes	No	N/	Α															
Exterior						1	Wet Den	no													
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Name of Registered Was					NJDE				oic Yards of	Name of Regis	tere	d Lar	ndfill								
Weigle Trucking, L	LC				Haule PA	r ID -589		Was	ste s Needed	Minerva E	nter	pris	es								
City, State						000			posal Date	City, State	1997										
Linden, PA									BD	Waynesbu	rg, (ОН									
Completed By (Print or T	Type)	Title							Signature		<u> </u>		10	ate							
Allen Monchik	** **	(2000)		Ma.	nage	r															
Allen Monchik Project Manager							-	Allen Monchik 6/22/18													

ASB-41 JAN 13

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

	PAID		FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)						17)	E	C	E		$\overline{\mathbb{V}}$	E	F					
Date of Notification (1) 07/05/18			Building C		hool	M				_		TOTAL SANCTON	deptiminates of								
Agencies Notified	Type Notification		-	Street A						JUL	*****	9 1	2018	at a complete and a	L						
EPA DEP DOL	Initial Amended Amendment #			City, Sta	te, Zip Coo	in Gran	ASBESTOS CONTROL & LICENSING														
□ DOH	Emergency (in justification) Cancellation			Name of	Contact		Te	2													
☐ DCA		Chris					551-655-0644														
Name of Facility Where Immaculate Conce)	FACI	LITY INFO	of Facility	nool (K-12)																
Street Address 33 Cottage Place				er 8 (Other than K-12) private & commercial buildings, homes,																	
City (5) Montclair					etc.) Square Fee 20,000+							ors		Bldg. Age 50+							
County (6) Essex					County Code (7) Current Use (STATE USE ONLY) School							se (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) N/A					ASCM No. Name of Abate N/A EA Service						atement Contractor (9)										
Street Address N/A			ess st																		
City, State, Zip Code N/A			ip Code g, NJ, 07022																		
Project Manager for Monitoring Firm N/A					ne No.		Telephone No. License No. 201-295-1700 01074														
Start Date (10) 07/16/18	ed Con	pletion I	HA Monito	Monitor																	
Occupancy Status Durin	ne)			ess																	
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe: 8am								State, Z	Zip Code	410											
							N/A										_				
Scope of Work (Check All That Apply)					olition Mini-Encl							ainment with Negative Posure Procedure npted (*) and Non-Friab									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Norm Used So Mainter Custodia (12)										T			Abatement Type								
						tos Con thermal surfa	scriptior taining M system cing, VA niscellar	Materia s insul AT, or		Amount (Specify SF or LF)				Removal	Repair	Encapsulate	Enclosure				
Dellas F	\	Yes	No	N/A	1		Dina	noule	ation		4 LI		+		X						
Boiler Room X					Ast	oestos	Pipe I	nsula	ation		4 LI		+		^						
													4								
Name of Registered Mrs	l N	NJDEP Waste Cubic Yards						Name of Registered Landfill													
Name of Registered Waste Hauler Tri-State Transfer Associates					No.	of Wa		Minerva Entreprise													
City, State Bronx, NY					Disposal Date TBD						City, State Waynesburg, OH										
Completed by Gina Betances Title Office Ma							was	Date 07/05/18													

CKCB47 PAII

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	PAID			CATION	ate of New OF ASBE to NJAC 8	STO	SABATE)[C	PG.		W	E					
Date of Notification (1) 7/2/18				f Building (larbor To		JUL - 9 2018															
Agencies Notified	Type Notification			Street A	ddress	1 3 7018															
EPA DEP	Initial Amended					ASBESTUS CONTROL &															
DOL	Amendment #	Amendment # Egg Harbor Township NJ 08234										LICENSING									
⊠ DOH	Emergency (including justification) Name of Contact											Telephone Number									
DCA	Cancellation			Timot	hy J Brur	609-501-9013															
Name of Facility Where	Abatement is Taking	Dlace /	3/	FAC	ILITY INFO	RMA	TION	Turne	of Facility /	4)											
Eagle Academy	Addition is Taking	riace (3)					_	of Facility (. 70											
Street Address			7 (4 S - S - S - S - S - S - S - S - S - S						School (K-1 Subchapter	8 (Oth											
3517 Bargaintown	Rd.								Other (i.e. p etc.)	rivate 8	& comme	ercial b	uildi	ngs,	home	es,					
City (5)	1.00224							Squa	re Feet	10000	Floors			ig. A	ge						
Egg Harbor Twp. N	J 00234			County Code (7)					0+ ent Use (Prid	2	na domo	liahad		5+	-						
Atlantic				(STATE	USE ONLY)	_		Curre	iii Ose (Fiid	or ii bei	ng demo	iisnea									
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental					И No.	The Control of the Co	e of Abatement Contractor (9) rnaco Inc.														
Street Address							Street	Addres	ss												
125 N Church Stree							Box 329														
City, State, Zip Code Moorestown NJ 080						state, Zip Code st Berlin NJ 08091															
Project Manager for Mon							hone No. License No.														
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Scope of Work (Check A	Il That Apply)										- T-1-C-1-10-11-1										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti				×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	e edure					ė						
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Completed by Anthony T Perna	sident			Signature					Date 7/2/18												

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

CK 1.845

Date of Notification (1) 6/29/18			T		f Building (-	of Educat			0 13	Π	D 07	
Agencies Notified	Type Notification			Street A	70.					110) E	6 B		<u>W</u> .	
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DOH DCA	Emergency justification) Cancellation				f Contact						ephone N 6-848-4		3217	······································	Table 1
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Project Manager for Mon	itoring Firm			Telepho	ne No.			one No 753-9			License 00727				
Start Date (10) 7/2/18		Schedule 7/6/18	d Com	pletion l	Date (11)		Name Sam		A Monitor						
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) June 22, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☐ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) X EPA Amended Notification #3 -74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS X DCA Postponed until DCA approval City, State, Zip Code X DOL PISCATAWAY, NJ 08854 Ĺ., New Start & Completion Dates DEP- No Longer REQUIRED Name of Contact Telephone Number To Be Determined X DOH MICHAEL F. SMITH, ENV. 848-445-2550 ☐ Emergency (including HEALTH & SAFETY justification) JUL - 9 2018 □Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RWJMS RESEARCH TOWER, BLDG# 3688 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS PISCATAWAY CAMPUS Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **PISCATAWAY MIDDLESEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor TBD TBD ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address **EFacility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E X Abatement Performed Outside of Normal Facility Hours - 7am -3pm City, State, Zip Code Describe: Schedule: 3PM - 5AM (24 HRS. & WEEKENDS AS FAIRLAWN, NJ 07410 NEEDED) X Facility Occupied During Abatement Other- Describe: Scope of Work (Check all that apply) IXIFull Containment with Negative Pressure X > 3 sf or >3 If Renovation ☐ Mini-Enclosure $\square \ge 160 \text{ sf or} \ge 260 \text{ lf}$ ☐ Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Abatement Type Amount Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Staff? (12) VAT, or other miscell.) or LF) Enclose YES NO NA R-B66 X TSI 80 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 10 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa TBD NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT June 22, 2018 Raymond & Pedalino MANAGER

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



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

GAC Project # 060-18 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ June 15, 2018 Notification Type Street Address Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) Initial Netification EPA 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS MAmended Notification #2-DCA City, State, Zip Code New Start & Completion Dates DOL. PISCATAWAY, NJ 08854 ☐ Emergency (including DEP- No Longer REQUIRED Name of Contact Telephone Number justification) IN DOH 848-445-2550 MICHAEL F. SMITH, ENV. □Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RWJMS RESEARCH TOWER, BLDG# 3688 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors: 8 Bldg. Age: 60+ years OL & RBHS PISCATAWAY CAMPUS Sq. Feet: N/A County Code (7) City (5) County (6) Current Use (prior if being demolished): ACADEMIC MIDDLESEX (State Use Only) **PISCATAWAY** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 08016 BURLINGTON, NJ License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 609-386-8800 BRIAN R. KEARNEY 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ENVIROVISION, INC. 06/22/18 07/9/18 Occupancy Status During Abatement (Check only one) Street Address 20-21 WARGARAW ROAD, BLDG# 35E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - 7am -3pm City, State, Zip Code Describe: Schedule: 3PM - 5AM (24 HRS. & WEEKENDS AS FAIRLAWN, NJ 07410 NEEDED) Facility Occupied During Abatement Other- Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure Glove bag Procedure / Wrap & Cut Demolition $\square \ge 160 \text{ sf or} \ge 260 \text{ lf}$ Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Location of Asbestos-Containing Is Location Normally Used (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap VAT, or other miscell.) or LF) Staff? (12) Enclose YES NO NA 80 SF 126 R-B66 131 TSI Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 10 CY G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEF # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 07/9/2018 19067 NJ DEP# 4509 215-736-1700 Date Signature Completed by (Print or Type) June 15, 2018 SENIOR PROJECT RAYMOND C. PEDALINO Raymond & Pedatino MANAGER



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

GAC Project # 060-18 Date of Notification (1)			the state of the s	Name of Building Owner/0	Operato	or (2)				
June 8, 2018	5			RUTGERS, THE ST	ATE	UNIVERS	SITY OF	NJ		77 50 N 200 50 C Pro-
Agencies Notified EPA DCA	Notification Initial MAmen	Notifica ded Notif	tion fication # 1 – . pletion Dates	Street Address ENVIRONMENTAL 74 STREET 1603, B City, State, Zip Code	HEAL LDG	TH & SA 4116, LIV	FETY C	EPT. (I	REHS VIPUS	
IXI DOL			ncluding	PISCATAWAY, NJ	08854					
区 DEP- No Longer REQUIRED 区 DOH		cation)	noteenig	Name of Contact MICHAEL F. SMITH	, ENV	Tele	phone Nu -445-25			ent 1
		Constructive participation of the Construction		HEALTH & SAFETY			The P	AH E	Market Sales	1-
			FACILITY INF		11-			W IE	$+\Box$	12
Name of Facility Where Abatement is RWJMS RESEARCH TOWE	R, BLDG#	3688		Type of Facility (4) School (K-12) Subchapter 8 (other than	n K-12)	9891		ania		And the second s
Street Address RBHS PISCATAWAY CAMI	US			Other (i.e. private & com	of Flo	buildings, h ors: 8 Blo	omes, etc lg. Age:	60+ ye	ars	- Later or work made '
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Street Address				Street Address						
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City, State, Zip Code				City State, ZipCode						
BURLINGTON, NJ 08010	Ĝ			BUTLER, NJ 07405						
Project Manager for Monitoring Firm	Telephone	Number		Telephone Number		Lice	nse Numb	er		
BRIAN R. KEARNEY	609-38	6-8800		973-492-0477		000	340			
Scheduled Start Date (10)	Scheduled	Completio	n Date (11)	Name of OSHA Monitor	96-					
06/15/18	06/27/11	3		ENVIROVISION, IN	~ ⊌ =					
Occupancy Status During Abatemer Facility Closed/Vacated During E	ntire Period of	Abatemen		Street Address 20-21 WARGARAW	ROAL), BLDG#	35E			
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Facility Occupied During Abatem Other- Describe:	ent .									
Scope of Work (Check all that apply)				2	IFull C	ontainment	with Neg	ative Pre:	ssure	
≥ 3 sf or >3 lf			Renovation		🗆 Mini-	-Enclosure				
≥ 160 sf or ≥ 260 lf			Demolition			bag Proce				
				<u>E</u>	⊒Non-E	Exempted (*				lure
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Hauler #1) Greenwood Abatement C	Consultants, Inc.	– Butler, l	NJ 07405	discussion of the second of th	Dispo	sal Date		City, State 100 New	Ford	
Hauler #2) Newark Carting, Inc., Ne NJ DEP # 4509	wark, NJ 04509				06/2	7/2018	Color of the Color	Rd. Mon 19067 215-736-		, Pa
Completed by (Print or Type)	Title			Signature		Date	<u>e</u>			
RAYMOND C. PEDALINO	SENIOR	PROJE		Ragmond & G	21/2		ne 8, 21	148		

and ATC, Attn: Brian Kearney Copies To: Rutgers, REHS, Attn: Mike Smith

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Date of Notification (1) 07/03/2018					of Building)			U	IUL	- 9	3 20	18	
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Street Address								×	Subchapte	er 8 (C	Other	r thar	K-12	2)			
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Bergen Name of Monitoring Firm	Hired by Building (Owner (8)		M No.		Name	100	chool batement Co	ntrac	tor (0/					
Westchester Enviro				0012					ıp, Inc	nitrac		5)					
Street Address 307 North Walnut S	treet						Street 140		ress nburg Tpk	е							
City, State, Zip Code West Chester, PA 1	9380								, Zip Code gdale, NJ	0740	03						
Project Manager for Moni Philip Conteh	itoring Firm			Telepho	ne No. 31-7545		Teleph (201)		No. 0-9725		100	Licen		٥.			
Start Date (10) 07-27-2018		Schedu 08/01/		npletion	Date (11)		Name	of O	SHA Monitor		113						
Occupancy Status During	Abatement (Check						Street		Service Services								
➤ Facility Closed/Vaca	ited During Entire P	eriod of	Abaten	nent					nburg Tpke	Э							
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EDS18-083

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

Page 1 of 1

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Date of Notification (1) 07/03/2018					of Building						T	, <u>U</u>	7	5	1 /	/ [[
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Name of Monitoring Firm Westchester Enviro		Owner (8	3)	ASCN 0012					atement Co o, Inc	ntracto	or (9)		- 2.9				
Street Address 307 North Walnut S	Street						Street 140		ess burg Tpke	е							
City, State, Zip Code West Chester, PA	19380								Zip Code dale, NJ	0740	3						
Project Manager for Mor Philip Conteh	nitoring Firm			Telepho 610-43	ne No. 31-7545		Teleph (201)		No. -9725			cense).			
Start Date (10) 07/16/2018		Schedu 07/23/		mpletion	Date (11)		Name GL G		SHA Monitor				N _{ep}				
Occupancy Status During	g Abatement (Check	k Only O	ne)				Street	Addre	ess	- turk							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F led Outside of Norm	Period of al Facilit	Abaten y Hours	nent s			City, S	tate, 2	burg Tpke Zip Code								
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Name of Registered Was	te Hauler		l N	JDEP W	aste T	Cubic	Yards		Name of	Regist	ered	Land	fill				
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City, State Bloomingdale, NJ / B	Bloomfield, CT						sal Date		City, State Waynes		ı. Ol						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Ma	me of Ruild	ina	Owner/Operator	(0)	1	E	g	S	W	E	F
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□ DOLWD																
DHSS		dment #	_			, State, Zip					ASBES	TO	0.00	AITO	01.0	_
☐ DCA (NJAC 5:23-8)	☐ Emerg	gency (i cation)	nclud	ing		fillville, North		0332				LICH	EMSH	NG	UL &	ŝ
(140/10 0.20-0)	Cance	-0700 -070 mm • m			10000000		ici		_		Telephon				-	-
		mation				ob Ryan	Construction and				609-85	58-5	395			
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Name of Facility Where A		is rakin	ig Pla	ce (3)					Type of Faci	- B)					
Street Address							-		☐ Subchap	ter 8 (Other tha	n K-	-12)			
200 North Wade Blv	vd.								Other (i.e	., priv	ate and c	omn	nercial	build	ngs,	
City (5)									Square Feet		# of Floo	ors	Т	Bldg.	Age	
Millville									200,000		2			50-		
County (6)				-312-1-23	Co	unty Code (7)(S	TATE USE ONLY)	Current Use	(Prior		lemo	olisher			_
Cumberland								/	Educatio		Zonig C		, 11311EU	'/		
Name of Monitoring Firm					ASC	M No.	N	lame of Abateme								-
Brinkerhoff Environ	mental S	ervice	s, Ind	c.	00	100	1	AbateTech, In		(0)						
Street Address							-	treet Address								
1805 Atlantic Avenu	ie						1	30 Maple Ave	PO Box 25							
City, State, Zip Code							c	ity, State, Zip Co								
Manasquan, NJ 0873	36						1	Lumberton, N								
Project Manager for Monit	oring Firm			Te	lephone	No.	_	elephone No.			License I	No				_
Gary W. Fleming						3-2225		609-265-2107			00529					
Start Date (10)		Sched	úled (Compl	etion D	ate (11)	4	ame of OSHA M				8				_
_4 / _2 /	18	1	7		1 /		1 1	EMSL Analyti								
Occupancy Status During	Abatement	(Check	only	one)		and the same of th		reet Address								
☐ Facility Closed/Vacated	During En	tire Per	iod of	Abate	ement	A CONTRACTOR OF THE PARTY OF TH	1	200 Route 130	North							
Abatement Performed (Outside of N	Vormat-	Facili	ty Hou	ırs - De	scribe	_	ty, State, Zip Co								_
Time of Abatement: 7A	M- <u>3:30</u> PM	/ <u>3:30</u> P	M- <u>12</u>	AM			11000	Cinnaminson,								
Scope of Work (Check all t	hat apply)															
⊒ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf				enovat emoliti				☐ Mini-Enclo					uro			
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Location of	f			Norma				Description of						baten	_	T
Asbestos-Containing Ma TO BE ABATI	aterial (ACN FD	(I)		intena	ely by ance/	Asbes	stos	Containing Mate	erial (ACM)		Amoun		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	(i.e.	, trie	ermal systems in surfacing, VAT, o	isulation, or		(Specified SF or LF		SVOI	=	aps	uso
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ame of Registered Waste	Hauler			0.0000	JDEP V			bic Yards of	Name of Reg	istere	d Landfill					
AbateTech, Inc.		<u> </u>		_ H	auler II 18750		Wa 1	ste 2	G.R.O.W.	S. La	ndfill					
ty, State							Dis	posal Date	City, State							
Lumberton, NJ							7	/31/18	Tullytowr	, PA						
ompleted By (Print or Type		Title						Signature					ate ,			_
Gwendolyn Trumbetti		Ор	erati	ons (Coordi	nator		1 (and	T				100	199	18	

GAC Project # 060-18 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS. THE STATE UNIVERSITY OF NJ May 29, 2018 Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) Minitial Notification 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS EPA Amended Notification # DCA City, State, Zip Code Emergency (including 国 DOL PISCATAWAY, NJ 08854 justification) DEP- No Longer REQUIRED Telephone Number Name of Contact □Cancelled 848-445-2550 DOH DOH MICHAEL F. SMITH, ENV. HEALTH & SAFETY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RWJMS RESEARCH TOWER, BLDG# 3688 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS PISCATAWAY CAMPUS # of Floors: 8 Bldg. Age: 60+ years Sg. Feet: MA County Code (7) County (6) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) **PISCATAWAY** MIDDLESEX Name of Monitoring Firm Hired by Bldg, Owner (8) ASCM No. Name of Contractor (9) 00098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/08/18 06/20/18 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) 20-21 WARGARAW ROAD, BLDG# 35E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - 7am -3pm City, State, Zip Code Describe: Schedule: 3PM - 5AM (24 HRS. & WEEKENDS AS FAIRLAWN, NJ 07410 NEEDED) Facility Occupied During Abatement Other- Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure □ Renovation Mini-Enclosure 国> 3 sf or >3 lf Glove bag Procedure / Wrap & Cut ≥ 160 sf or ≥ 260 lf Demolition ■Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Staff? (12) VAT, or other miscell.) or LF) Enclose NO NA YES R-B66 TSI 80 SF **IX** Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 10 CY G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauter #2) Newark Carting, Inc., Newark, NJ 04509 06/20/2019 19067 NJ DEP # 4509 215-736-1700 Date Completed by (Print or Type) May 29, 2016 RAYMOND C. PEDALINO SENIOR PROJECT Rannonal & Pedalise MANAGER

" (If the business to property, or one-/ where his and - - /



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

Date of Notification (1 07/03/2018)				f Building (air Board		perator (2) cation	1.4		Che	ck#	1164	
Agencies Notified	Type Notification		100	Street A 22 Valle	ddress ey Road				UL - 0 2018		Ш		
□ EPA 図 DEP 図 DOL		cluding		City, Sta Montcla	ite, Zip Co air, New c f Contact schmann	lersey (07042		Telephone Num 973-509-4044		annegation of the second		
⊠ DCA	□ Cancellation				LITY INFO		ON		370-303-4044				
Name of Facility Whe Northeast School	re Abatement is Takin	g Place (3)		1 701	LITTINIC	A CORPORT	Type of Fac	destro descri					
Street Address 603 Grove Street							☐ Subcha ☐ Other (i.	pter 8 (Othe e. private &	commercial buildin				
City (5) Montclair							Square Feet 30,000		# of Floors 2		ldg. A 0+	ge	
County (6) Essex					Code (7) USE ONLY)		Current Use	(Prior if bein School	ng demolished) ol				
Name of Monitoring F Detail Associates, I		Owner (8)		ASCN	I No.		Name of Aba Lilich Corpo		tractor (9)				
Street Address 300 Grand Ave							Street Addres 606 McBrid						
City, State, Zip Code Englewood, NJ 076	31						City, State, Z Woodland F	ip Code Park, New	Jersey				
Project Manager for M Anthony Valentine	Ionitoring Firm			Telepho 201-56			Telephone N 973-225-84		License No 01104).			
Start Date (10) 07/13/2018		Scheduled 07/15/20		npletion	Date (11)		Name of OSI Iris Environ		ooratories, LLC				
Occupancy Status Du	ring Abatement (Chec	k Only One)				Street Addres						
□ Facility Closed/\ □ Abatement Performance □ Other – Describ	/acated During Entire ormed Outside of Nor pe:	Period of Almal Facility	Hours	nent		_	City, State, Z Union, NJ	ip Code					
Scope of Work (Check	k All That Apply)												
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			novat moliti				☐ Mir	ni-Enclosure ovebag Proc	ent with Negative P eledure / Limited Co I (*) and Non-Friabl	ntainn	nent&	Tent	
		Is L	ocati	on				III EXCITIPATO	() 4110 11011 11100		Abate	ement	
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		Yes	No	N/A								Ф	
Principal's Office 8	Main Office		Х		VAT Un	der 2 L	ayers of Ca	rpet	738 SF	X			
Name of Registered V	Vaste Hauler		l N	JDEP W	/aste	Cubic	Yards	Name of I	Registered Landfill				
Lilich Corporation			1000	lauler ID 18724	No.	of Wa	ste	Fairless I					
City, State Woodland Park, Ne	w Jersey					07/16/	~ 1	City, State Morrisvil					
Completed by Adriana Olejarova		Title Pres	siden	t		9	signature ((d	Da 0		2018		



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

Check # 25607

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Date of Notification (1) 6/18/2018			Name of	f Building (eville Scho	ol	14-, 1	<u>UN</u>	l	1 1	1 11	The same of the sa
Agencies Notified Type N	lotification		Street A	ddress	25	500 M	oin (Street	1	d		- 0	20	18	Ser constitu
	iitial mended	-	City, Sta	ate, Zip Coo	15.5	JOU IVI	alli	Sireet				- 1.3			
X DOL A	mendment # mergency (including					rence	ville	, NJ 08648				1	Hall	iðt á	ž
ĭ DOH ju	stification) ancellation	Γ	Name of	f Contact Fred M	/lontferr	rat			100,000	phone (09) 6			1		
	ancellation		FACI	LITY INFO						00) 0	10-7	000			
Name of Facility Where Abateme Kinna	ent is Taking Place (n House	3)					Тур	e of Facility (4							
Street Address 2500 N	Main Street						×	Subchapter Other (i.e. p	8 (Othe				lings,	home	es,
City (5)	ville, NJ 08648						Squ	etc.) lare Feet 3000	# of	Floors 2		В	ldg. A	10000	
County (6) Mercer				Code (7) USE ONLY)			Cur	rent Use (Pric	r if beir	ng dem	olishe	ed)			
Name of Monitoring Firm Hired b	y Building Owner (8)	ASCM	I No.				eatement Con Environme			es, Ir	nc.			
Street Address PO Box 34	ſ					Street PO E	Addr	ess							
City, State, Zip Code Chesterfield	. NJ 08515					City, S	tate,	Zip Code n, NJ 0850	1						
Project Manager for Monitoring F Bill Weisgarber		Τ.	Telephor	ne No. 98-4070		Teleph	none			Licens					
Start Date (10) 6/19/2018	Schedu			Date (11)			of OS	SHA Monitor				i negat		1112	
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Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe: 5 pm tp	de of Normal Facilit	Abatem y Hours	ent		_		tate,	Zip Code ield, NJ 08	515						_
Scope of Work (Check All That A	pply)						-	.0.0, 1.0 00							
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City, State Allentown, NJ					Disposa 6/20	al Date 0/2018		City, State Morrisvi		4					
Completed by Mahlon E. Stevens	Title Proje	ect Ma	nager		Sig	gnature		1/			Dat	e 6/18/	/18		

PA	ID			Reaso	of New J								Pr
Date of Natification (1)		N	(Funs	MON OF	ASSEST JAC 8:80	06 ABAT	20)	,	DOLE	0.0	SOO	7	
6/18/2018			Na	me of bu	Iding Own	rerrOperato	or (2)					1	
Agencies Notified Type N	olification		Bin	eel Addre		The Law	rencevill	Scho	ا الم	-1111	.21	100	10
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E EN	nergency (Inclu	iding				Lawrence	eville, N.	38648	IVERIA	野阳	JAE	DI	OL
P DCA	itification)	450	Nan	ne of Can	iad ed Mon	4			Talephone	Numb	 Er	273	
Same of Facility Manager Above			F	ACILITY			- 1		(609) 6	13-73	39		
dams of Facility Where Absternar Kinnan	it la Taking Pia House	ca (3)			1347 ORIEN	HION	Type of	cilily (4	1				
Street Address							D Bot	al (H-12	27				
	ain Street						Sut	"MED INC !	(Other than ivale & comm	K-12)			
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ounly (6)	ille, NJ 0884	18					300		# of Figure 2			Age 0+/-	
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ame of Monitoring Firm Hired by i	Building Owner	(8)		CM No.		INTER							
MECS Fael Address						Steve	of Abatem	M Contr	actor (9) Ital Service				
PO Box 341						Street /	Address	7771641	IN DEIAICE	s, inc.			
ly, Stale, Zip Code							ox 322						
Chesterfield, N	J 08516					City, St	ele, Zip Co own, NJ	le			-	-	
aject Manager for Monitoring Firm Bill Weisgarber	1		Telepi	tone No.		Yelepho	ne No	16001	10-				
ert Date (10)	I Cabo	and A		298-40		609 2	59-9668		00493	No.			
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ALL P. SIGNAUR	Proje	ct Me	nager		-	NHO	1		Det	a 6/18/	12		

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Do not use this form for asturates Boensure exampled scripities

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

GAC	Pro	ject #	£ 060	-18

GAC 110Ject # 000-18	-11-11-12-12-12-12											
Date of Notification (1)	0040				Name of Building Owner							
	Initial Notification Type Initial Notification Type Initial Notification					STAT	E UNI	VERS	O YTIS	FNJ		
Agencies Notified	Notification (1) June 25, 2018 Se Notified A A A A A A A A A A A A A A A A A A A					2 12/2/201	2727 2232	5 32737				
IXI EPA					ENVIRONMENTA							
XI DCA					74 STREET 1603,	BLD	G 411	6, LIV	INGS	TON C	AMPL	JS
X DOL					City, State, Zip Code		1111		Territory (1) (1)			0 14
		☐ Emer	gency	(including	PISCATAWAY, N.	J 088	54					
	=D				Name of Contact			Tele	phone N	lumber	5010	III
X DOH					MICHAEL F. SMIT	H. EI	VV.	848	-445-2	550	CU10	Linear
		- Carrot	iiou		HEALTH & SAFE							i i
				FACILITY IN	FORMATION		-		والمستعدد المتلسم والم			
Name of Facility Where Abateme	ent is Tak	ing Place (3)			Type of Facility (4)			Als	BESIC	3001	HFOL G	Öt
BUSCH CENTRAL HEA	TING,	BLDG# 3	540		School (K-12)		- 1		LiC	ENSIP		
					Subchapter 8 (other th	nan K-1	2)		Quelli a tota			
Street Address					Other (i.e. private & co			ings ho	omes et	o)		
582 TITSWORTH PLAC	E, BUS	SCH CAM	PUS						g. Age:		veare	
City (5)	Saurahi (C)		Locust	0-1- (7)	<u> </u>	# 01 T	10013.	<u>Did</u>	g. Age.	00.	years	
					Current Use (prior if bei	na den	nolished). HE	ATING	ΡΙ ΔΝΤ		
FISCATAWAT	וטטוואו	LESEY.	Totale	Ose Only)	Tanana and (prior it do.	ng don	101101100	,		ш		
	y Bldg. O	wner (8)			Name of Contractor (9)							
ATC			0009	98								
					GREENWOOD ABA	ATEM	ENT C	ONSU	JLTAN	TS, IN	IC.	
Street Address					Street Address							
3 TERRI LANE					EAA MAINI OTDEET							
					511 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
					BUTLER, NJ 07405	5						
Project Manager for Monitoring F	irm	200 (000) (000)			Telephone Number			Licen	se Numb	per		
BRIAN R. KEARNEY		609-386	-8800									
Seb-data (State Data (40)					973-492-0477			0084	40	Distance in Geo	XIII-	
				on Date (11)	Name of OSHA Monitor							
06/06/18					ENVIROVISION, IN	IC.						
					Street Address							
					20-21 WARGARAW	/ ROA	ND, BL	DG# 3	35E			
					07 01 1 7 0 1							
Describe: Schedule: 3PM - 5	AM (24	HRS. & W	EEKEN	NDS AS	City, State, Zip Code	140						
NEEDED)					FAIRLAWN, NJ 074	110						
	atement											
☐ Other- Describe:												
					1							
Scope of Work (Check all that ap	ply)					Market V						
					I	X Full	Contain	ment w	vith Neg	ative P	essure	
				■ Renovation		☐ Min	i-Enclos	sure				
\ge 160 sf or \ge 26	0 If			Demolition		☐ Glo	ve bag	Proced	ure / Wr	ар & С	ut	
							and the same of the same of				Proced	lure
Location of Asbestos-Containing				Description of Asl	bestos Containing Material		Amour			ment Ty		
Material (ACM) in Facility (13)			ustodial		nal systems insulation, surfa-	cing,	(Speci	fy SF	_		_	
1.0			NIA	VAT, or other mis	icell.)		or LF)		Enclose	e Kepa	r Encap	
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MEZZANINE		X		TSI - BOILE	R BREECHING		200	SF	X			
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Name of Reg. Waste Hauler		NJDEP Was	to Haula	ID#	T =			Manage	-(D '		1611	1
See Hauler Below #1 & 2		See Belov		110#	Cubic Yards of Waste:	20 (ΣY		of Regis		Landf	ill
Hauler #1) Greenwood Abateme	nt Consu	Itants, Inc	Butler.	NJ 07405		Disn	osal Dat	e		City, St	ate	
NJDEP # 12561											w Ford I	lliN
Hauler #2) Newark Carting, Inc.	., Newark	, NJ 04509				07/	30/201	18			rrisville,	Pa
NJ DEP # 4509						317	00120			19067	4700	
						100		J. W		215-73	0-1/00	
Completed by (Print or Type)		tle			<u>Signature</u>			Date				
RAYMOND C. PEDALIN		ENIOR P		CT	Raymond C. 9	Podali.		June	e 25, 2	018		
	IV	IANAGER	2		Daymona O. 9	caaaa	160					



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

GAC Project # 060-18			(I U	ISUAIII to N.J.A	.C. 8:60-7 and 12:120-	7)						
Date of Notification (1) May 25	2010				Name of Building Own	ner/Oper	rator (2	2)				
Agencies Notified	, 2010	Notification	on Type		RUTGERS, THE Street Address	STAT	EUN	IIVER	SITY	OF N.	J	
X EPA		I Initia	Notifi	cation	ENVIRONMENTA	AL HE	ALTH	1 & S	AFFT	V DEP	T (RE	He)
X DCA				otification #	/4 STREET 1603	, BLD	G 411	6, LI	VING	STON	CAME	PUS
X DOL				(including	City, State, Zip Code							
DEP- No Longer REQUIR	RED	□Canc	fication	1)	PISCATAWAY, N Name of Contact	J 088	54		7.00	manufacture is de-	Planter Commission	Marine days a supple
X DOH		=Caric	elleu		MICHAEL F. SMI	TH EN	(vi)	- lel	ephone	Number 2550	₩ E	100
					HEALTH & SAFE	TY	11/	0.0	0.447	-2000		Jan.
Name of Facility Where Abatem	nent is Tal	ring Place (2	\	FACILITY II	NFORMATION		il ii,					
BUSCH CENTRAL HE	ATING.	BLDG#	1 3540		Type of Facility (4) School (K-12)	-		Ú	UL:	- 9 20)18	
					Subchapter 8 (other t	than K-1	2)					1
Street Address 582 TITSWORTH PLACE	CE DIII	SCH CAR	#DIIO		Other (i.e. private & c	commerc	ے رے cial build	dinas F	omes	efc()	72/21 0	Transfer and trans
			11705		Sq. Feet: N/A	# of F	loors:	3 Blo	gA lpl	e: 80+	years	
City (5) PISCATAWAY	County (6)			ty Code (7)	Current Headeries if he						**************************************	amening
LICOAIAWAI	ועווועו	LESEX	(State	e Use Only)	Current Use (prior if be	ing dem	olishe	d): HE	EATING	3 PLAN	Γ	
Name of Monitoring Firm Hired I	by Bldg O	lwner (8)	ASCI	ANa								
ATC	by blug. O	Wilei (0)	ASCN 000		Name of Contractor (9)			-11				
Street Address					GREENWOOD AB	ATEM	ENT C	ONS	ULTA	NTS. I	NC	
3 TERRI LANE					Street Address					, .		
					511 MAIN STREET	•						
City, State, Zip Code					City State, ZipCode			-1/7-6				
	8016				BUTLER, NJ 07405	5						
Project Manager for Monitoring F BRIAN R. KEARNEY	<u>Firm</u>	Telephone			Telephone Number			Licer	se Nur	nber		
		609-386			973-492-0477			008	40			
Scheduled Start Date (10) 06/06/18				ion Date (11)	Name of OSHA Monitor			000	40			
Occupancy Status During Abat	tomant (O	06/25/18			ENVIROVISION, IN	IC.						
□ Facility Closed/Vacated Duri	ina Entire	Period of A	<u>ne)</u> hatema	.nt	Street Address				2000			
Abatement Performed Outsi	ide of Nor	mal Facility	Houre	7am 2nm	20-21 WARGARAW	V KUA	D, BL	DG#	35E			
Describe: Schedule: 3PM - 5	5AM (24	HRS. & W	EEKE	NDS AS	City, State, Zip Code	202000						
NEEDED) X Facility Occupied During Ab	atamaat				FAIRLAWN, NJ 074	410						
Other- Describe:	atement											
Scope of Work (Check all that ap												
Scope of Work (Check all that ap	ply)					NOTE:						
□≥ 3 sf or >3 If				Renovation		Full C			vith Ne	gative P	ressure	
\ge 160 sf or \ge 260	O If			□ Demolition		☐ Mini- ☐ Glove			uro / \A	lean 0 C		
Location of Asbestos-Containing	T					Non-E	Exempt	ed (*) a	and No	n-Friabl	e Proced	dure
Material (ACM) in Facility (13)	Solely	ation Normal by Maint./Cu	y Used istodial	Description of Asi	bestos Containing Material nal systems insulation, surfac		Amoun	t		ement Ty		
	Staff?	(12)		VAT, or other mis	scell.)	2000	(Specif or LF)	y SF		ve Repai	r Encap	
MEZZANINE	YES	NO	NA		VX		500 10 10 10 10 10 10 10 10 10 10 10 10 1		Enclos	<u>se</u>		
WEZZANINE		X		TSI - BOILE	R BREECHING		200	SF	X	T	T	T
	-											
Name of Reg. Waste Hauler	1	NIDED WA	to Hard	1D#								
See Hauler Below #1 & 2		NJDEP Was See Below		r ID#	Cubic Yards of Waste:	20 C	Y	Name	of Reg	istered L	andfill	
Hauler #1) Greenwood Abatemer	1			NJ 07405		T Dia :	15.		J.44.5		Landf	111
NJDEP # 12561				10 07405		Dispos	sal Date	2		City, St 100 Ne	<u>ate</u> w Ford I	Will
Hauler #2) Newark Carting, Inc., NJ DEP # 4509	, Newark,	NJ 04509				06/2	5/201	8	J. A.	Rd. Mo	rrisville,	
						CONTRACTOR OF STREET				19067 215-736	3-1700	
Completed by (Print or Type) RAYMOND C. PEDALING	Title				Signature			Date				
TO THIOND G. PEDALING	1 200	ENIOR PE		CT	Raymond C. G.	dalin			25, 2	018		
	IVIA	ANAGER			7	verses 166						



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

Data of Matification /1	1				CD 11 11		_					_		
Date of Notification (1 07/05/2018)			Name (of Building Glen Ridg	g Owner/ ge Board	Operator (2) I of Educati	on	Check No	. 1167				
Agencies Notified	Type Notification				Address 2 High Str	eet			EC	3 1	W	E		
□ EPA ☑ DEP ☑ DOL	☐ Initial ☐ Amendment Emergency	#_1_ including			tate, Zip C Ridge, Ne		ey 07028	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 14040 Tr (44 414	Charles and	11111111111		or a comment of the
☑ DOH ☑ DCA	justification) □ Cancellation				of Contact Caprio				Telephone 973-429-8		718		11	/
					CILITY INF	ODMAT	ION	į į,						at.
Name of Facility When	re Abatement is Taki	ng Place (3)	FAC	JILII I INF	ORIVIA	Type of F	acility (4)	ASBESTOS LICE	S CUNT NSING	RO	8		+
Ridgewood Avenue	School							The state of the state of	- Secretary of the second of the second of	-14-0114-01		COLORIA P	estera cons	
Street Address 235 Ridgewood Ave	9						☐ Subc	ol (K-12) hapter 8 (Other (i.e. private & c	than K-12) ommercial bu	uildings,	hom	es, e	etc.)	
City (5) Glen Ridge, New Je	ersey 07028						Square Fe 10,000	eet	# of Floors 2		Bldg 50-	g. Ag	je	
County (6) Bergen					Code (7) USE ONLY	n	Current U	se (Prior if being Educat	demolished tional Facili					
Name of Monitoring Fi T & M Associates	rm Hired by Building	Owner (8)	ASC	M No.		Name of A Lilich Cor	batement Contro poration	actor (9)					
Street Address 40 Monmouth Park	Highway, Suite 2						Street Add 606 McBr							
City, State, Zip Code West Long Branch,	New Jersey 07764	ļ					City, State Woodland	, Zip Code d Park, New Je	ersey					
Project Manager for M Kevin Burns	onitoring Firm			Telepho 732-67	one No 76-4000		Telephone 973-225-8		Licens 01104					
Start Date (10) 07/12/2018		Schedul 07/19/2		mpletion	Date (11)	v =======		SHA Monitor onmental Labo	ratories, LL	.C				
Occupancy Status Dur	ing Abatement (Che	ck Only O	ne)				Street Add	ress		10-2				
	cated During Entire			nent			2333 Rou	te 22 West						
☐ Abatement Perform☐ Other – Describe:	med Outside of Norm	al Facility	Hours				City, State, Union, NJ	Zip Code 07083					<u>- V2/22</u>	
Scope of Work (Check	All That Apply)										_			
≥3 sf or ≥3 lf□≥160 sf or ≥260 lf			Renova Demoli					full Containment Mini-Enclosure Blove Bag Proce on-Exempted (*)	dure / Limite	d Conta	inme	ent &	Tent	
		lo	Loca	tion				on-Exempled ()	Amount		25.00	e l'environ	nent	
Locati	on of	1	Norma	illy			aaarintiau -£		(Specify		, ,,,	Тур		
Asbestos-Containir	ng Material (ACM)		ed Sole		Asbe		escription of ntaining Mate	erial (ACM)	SF of LF	, _				
TO BE A	The state of the s			Staff?	(i.e	e. therma	al systems in	sulation,			Re	æ	nca	Enc
(13	•		(12)				acing, VAT, of miscellaneo				Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							/al	=	ılate	ure
Basement; Girl's To	ilet Room		X			_	ed aircell p	XX 100 X	52-75	5 LF	X			
Basement; Boy's To	ilet Room		X	-		18 150	ed aircell p		10.40	1.5	· ·			
	met Room		^		Marie Statement	. 174	e fitting in:	1. Table 1.	18-40	LF	X			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	magail and a suite of the suite							
Name of Registered Wa	aste Hauler		79.55	NJDEP W		Cubic '		Name of Re	gistered Land	dfill				
Lilich Corporation				lauler ID 18724	NO.	of Was	ile	Fairless La	andfill					
City, State Woodland Park, New	v Jersey					Dispos 07/19/	al Date /2018	City, State Morrisville,						
Completed by		Title	20074				gnature	(\ \ (\ (\ (\ (\ (\ (\ (\ (\ (Date				
Adriana Olejarova		Pre	siden	nt		17	HON	1/2/2		07/05	/201	18		

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



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

Date of Notification (1) 06/22//2018			Nam	e of Buildin	2)				2000		_		-				
00/22//2010				1	Glen Ric	ige Boar	d of Educa	ation		Che				T)	outerentari	Marina Company	
Agencies Notified	Type Notification Initial				et Address 12 High S)),			E			E,	
⊠ DEP ⊠ DOL	☐ Amendment Emergency	(including	g	City, Glen	State, Zip Ridge, N	Code lew Jers	ey 07028			The same of the sa	4		(7 2	018		
DOH DCA	justification				e of Conta r Caprio	ct				Telephone Number 973-429-8300 ASDECTES SONTHOL LICENSING Than K-12) commercial buildings, homes, etc.) # of Floors Bldg. Age 50+ g demolished) ational Facility ractor (9) ersey License No. 01104 pratories, LLC t with Negative Pressure edure / Limited Containment & Ten.) and Non-Friable Procedure Amount (Specify Type SF of LF)							
				FA	CILITY IN	FORMAT	TION		1		AGDE	101 1	08-0	ON	not	- Ci	
Name of Facility Where Ridgewood Avenue	e Abatement is Tak School	ing Place	(3)				Type of	Facility (4)	l.	of more lives as	en aragetinace	LK	DEAR	HNG	-	STREET BY	
Street Address 235 Ridgewood Ave							☐ Sut	iool (K-12) ochapter 8 (Othe er (i.e. private &	er tha	an K	-12) cial bu	ildin	gs, ho	mes,	etc.)	i	
City (5) Glen Ridge, New Jer	rsey 07028			Annual Control			Square 10,000	Feet	#	f of f			В	ldg. A			
County (6) Essex	100				y Code (7) E USE ONL		Current	Use (Prior if bei Educ									
Name of Monitoring Fin T & M Associates	m Hired by Building	Owner (8	8)	ASC	CM No.		Name of Lilich Co	Abatement Con									
Street Address 40 Monmouth Park H	lighway, Suite 2						Street Ac			-	-						
City, State, Zip Code West Long Branch, N	New Jersey 0776	4					City, Stat	e, Zip Code nd Park, New	Jers	ey	- 00						
Project Manager for Mo Kevin Burns	nitoring Firm			Teleph 732-6	none No 76-4000		Telephon 973-225	e No.				Service Contract					
Start Date (10) 07/05/2018		Schedu 07/19/	led C 2018	ompletio	n Date (11)		OSHA Monitor ronmental Lab	orat	torie	s, LL(w				
Occupancy Status Durin							Street Ad			_							
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other – Describe:	ed Outside of Norm	Period of an all Facility	Abate y Hour	ment *			City, State	tate, Zip Code NJ 07083									
Scope of Work (Check A	All That Apply)																
≥3 sf or ≥3 If □≥160 sf or ≥260 If			Renov Demo					Mini-Enclosure Glove Bag Proc	edu	re / L	imited	l Coi	ntainn	nent d	&Teni	t	
	Is Location						1	An	nount				ment				
	33.77.51		Norm			De	escription o	f									
Asbestos-Containing TO BE AB. In Facil (13)	ATED ity	Ma	ainten	ance/ Staff?		estos Cor e. therma surfa		terial (ACM) nsulation, or	The state of the s			William Control of the Control of th	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									9		ate	Ге	
Basement; Girl's Toile	et Room		X				d aircell fitting ir		The second secon	5	2-75	LF	Χ				
asement; Boy's Toil	et Room		X		Gray co	rrugate	d aircell	pipe	And investigations) to an	18	3-40	LF	X				
Name of Registered Was	te Hauler			NJDEP W		lation/pipe fitting insulation Cubic Yards Name of											
Lilich Corporation			100	Hauler ID 18724	41000000000000000000000000000000000000	of Wast		Name of Re	100 K. C.		Landi	111					
City, State Woodland Park, New C	Jersey					Disposa 07/19/2		City, State Morp/sville									
Completed by Adriana Olejarova		Title Pre	esider	nt			gnatura	1 (dr	Date 06/22/2018								

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.

CK1030111032

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

D										44		10 E	- 1	\¥/	12		
Date of Notification (1)			Name of Building Owner/Operator (2)														
	2 /	_ 1	8			Millville		ublic Scho 10289 10290			100	‡1707·	5179		Check		
Agencies Notified	Type Notif	ication	1		St	eet Addres	S	10/289 10/290	111299	154	4	dalah Maria	- 1	2018	-11		
⊠ EPA	☐ Initial				- -	101 North	3rd	Street			100				1		
☑ DOLWD ☑ DHSS	Amend Amend	-	4 <i>A</i>		Cit	y, State, Zip	Coc	de		1	ASBE:	STOS	CON	TRO	2.		
□ DCA	☐ Emerge			na	1	Millville, N	J 08	3332		L		LICE	ISIN	G	_ C(
(NJAC 5:23-8)	justifica		rolaai	119	Na	me of Conta	act			Т	Telephone N	lumber		The State of the S	SPRINTED NAMES		
	☐ Cancell	lation			E	Bob Ryan					609-858-						
					F	ACILITY	NFO	ORMATION					-				
Name of Facility Where Al	batement is	Takin	g Plac	ce (3)					Type of Facility	v (4)							
Millville Senior High				100					School (K-1								
Street Address		- 12 12		-			-	-	☐ Subchapter	8 (0	Other than K	(-12)					
200 North Wade Blv	d.								Other (i.e., homes, etc	priva \	ate and com	mercia	build	lings,			
City (5)									Square Feet	_	# of Floors		Rida	. Age			
Millville									200,000		2		50				
County (6)					Co	ounty Code	(7) <i>(</i> S	TATE USE ONLY)	Current Use (P	rior i		nolisher	3.2	-			
Cumberland									Education		ii boilig dolli	ioliorio	•/				
Name of Monitoring Firm H	lired by Bui	ilding (Owner	(8)	ASC	M No.	IN	ame of Abateme		1)							
Brinkerhoff Environr	nental Se	rvice	s, Inc	· ·	00	100	- 1	AbateTech, Ir		,							
Street Address			Rigovii.				_	treet Address									
1805 Atlantic Avenue	9							30 Maple Ave	. PO Box 25								
City, State, Zip Code					=====		_	ity, State, Zip Co									
Manasquan, NJ 0873	6							Lumberton, N									
Project Manager for Monito	ring Firm			Te	elephon	e No.	_	elephone No.			License No.						
Gary W. Fleming				14		23-2225	1	609-265-2107		1	00529						
Start Date (10)		Sched	luled C	Comp	letion [Date (11)	Na	ame of OSHA M	onitor						_		
4/_2_/_	18	_ 5	7/	(;	31 /	18		EMSL Analyti	cal								
Occupancy Status During A	batement (Check	only	one)			_	reet Address			The contract of the contract o						
☐ Facility Closed/Vacated					ement		1 200	200 Route 130	North								
Abatement Performed O	utside of N	ormal	Facilit	у Но	urs - D	escribe	City, State, Zip Code										
Time of Abatement: 7AM	M- <u>3:30</u> PM/	3:30F	M- <u>12</u>	AM				Cinnaminson,									
Scope of Work (Check all th	nat apply)	3=517					_		,								
☐ ≥3 sf or >3 lf	5/2//5/5/								ainment with Neg	gativ	e Pressure						
≥3 \$1 61 ≥3 11 ≥160 \$f or ≥260 If			⊠ Re					☐ Mini-Enclo							1		
SECOND NITTO								⊠ Non-Exen	npted (*) and No	n-Fr	iable Proce	dure					
				Loc	100							1	bate	ment T	уре		
Location of Asbestos-Containing Ma	torial (ACN	.		Norm	ally lely by			Description of			102010-000000	Z.	R	m	m		
TO BE ABATE		"	Ma	inten	ance/	/i c		Containing Mate			Amount (Specify	emc	epa	nca	nclo		
IN Facility			Cus	todia (12	Staff?	, , ,		surfacing, VAT,	or		SF or LF)	ressure e Procedure Abatement Type mount Period Repair pecify Page 11 Page 12 Page					
(13)		ŀ	Yes	No	T		ot	ther miscellaneo					ate	ω			
Con Attack and				10000		-				70.00	and the second	_			Ш		
See Attached			Ц			See Att	ach	ed		Se	e Attache	d 🛭					
			П									-	1				
	-											-	1 -				
Name of Registered Waste I	Ц			10/		Li Vand	N										
						Waste ID No.	Wa	bic Yards of iste	Name of Regis								
City, State						0	1	2	G.R.O.W.S	. La	natill						
Lumberton, NJ								posal Date	City, State			7		20-2-			
92.7 S0 50 50 50 40 50 50 50 50 50 50 50 50 50 50 50 50 50							7	/31/18	Tullytown,	PA							
Completed By (Print or Type) Title						Page 1.02		Signature	. 1/		1	Date					
Gwendolyn Trumbetti	Coord	linator		(W	MI			21	21	18							
SR /1								1 61	pr the ti				- 1	-			

Scope of Work

Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type ONTROL &
Room D105	NO	Transite Panels	9 SF	Removal Removal
Room D104	NO	Transite Panels	9 SF	Removal
Room D103	NO	Transite Panels	10 SF	Removal
Room D103	NO	Cove Base Mastic	8 LF	Removal
Room D101	NO	Transite Panels	10 SF	Removal
Room D101	NO	Cove Base Mastic	8 LF	Removal
Room D102	NO	Transite Panels	19 SF	Removal
Room D102	NO	Cove Base Mastic	7 LF	Removal
Room D113/114	NO	Transite Panels	60 SF	Removal
Room D113/114	NO	Chalkboards & Mastic	50 SF	Removal
Room D113/114	NO	Transite Door Panels	30 SF	Removal
(2) Storage Rms. &	Hall NO	Floor tile & Mastic	150 SF	Removal
Throughout	NO	Door Caulk	10 SF	Removal
Auditorium	NO	Cement Panels	500 SF	Removal
Auditorium	NO	Roof Drain Fitting	1 each	Removal
Cafeteria	NO	White window glazing	2,436 LF	Removal
Cafeteria	NO	Transom Panels	30 SF	Removal
Cafeteria	NO	Window sills	228 SF	Removal
Cafeteria	NO	Floor tile & Mastic	550 SF	Removal
Cafeteria	NO	Fire Stop	9 SF	Removal
Cafeteria	NO	Interior Door Caulking	668 LF	Removal
Cafeteria	NO	Black Pipe wrap	300 LF	Removal
Cafeteria	NO	Caulk on block wall	10 LF	Removal
Cafeteria	NO	Door Caulking	50 LF	Removal
Cafeteria	NO	White window glazing	420 LF	Removal

*All		NOT ()	IFICA Pursua	State of TION OF ant to NJA	ASBES	Jersey STOS ABA -7 and 12:1	TEME 120-7)	ENT)	2000	ارستا ماستدارداندانداندانداد	_(K	-	32			
Date of Notification (1)				100000		Building C LEY HOSF		r/Operator (2)))追	G	E		\mathbb{W}			
7 / 5 /201	8			Str	eet Ad	dress			- 11.	\mathcal{H}		_					
Agencies Notified Type Noti	fication					TH VAN DI	IEN A	VENUE			.1111	- /	1 0	010			
DEP X Ame	al Notifica ended No cellation		n #2	Cit	y, State	e, Zip Code	9	SEY 07652	and the state of t		UUL		1 /	118			
X DOH On H		Y NOT	IFICA			Contact	S		Telephone 201-447-81		ESTA LIC)S O ENS	ONT ING	hot			
				FACILITY					201 441 01					-			
Name of Facility Where Abatement	is Takin	g Plac	e (3)	MOILITT	1141 01	(W/ TTOIN	Тур	e of Facility	y (4)					-			
VALLEY HOSPITAL			(2)(5)					School (K	-12) er 8 (Other th			*****					
Street Address 640 WINTER AVENUE			7,1				Sc	quare Feet 50,000	# of Floo			Bldg. A	\ge	.C.)			
	nty (6)			Cor	inty Co	ode (7)	Curi			lemolish	(har	401		-			
	RGEN			(STATE USE ONLY) ABANDONED													
Name of Monitoring Firm Hired by I COLDEN CORPORATION	Building	Owne	(8)		A	SCM No.	PAF	RENVIRON				gs., homes, etc. Bldg. Age 40+ d) FION RK Abatement Typ RRCAPSUL REPAIR					
Street Address 131 VARICK STREET, SUITE 1022								et Address SPOOK RO	OK DOAD	DAD							
City, State, Zip Code							-	, State, Zip									
NEW YOR	RK, NEW						SUF	FERN, NEV	W YORK 109	der than K-12) A commcl. bldgs., homes, etc.) Floors Bldg. Age 1 40+ Ing demolished) Ontractor (9) L CORPORATION AD (10901 License Number 1101 ET RK, NEW YORK essure Abatement Type Tount Decify or LF) OVAL REPART ENCLOSUR ABATEMENT Type TOURN TYPE TOURN T							
Project Manager for Monitoring Firm	_		e Number			Tele	phone Num	ber	ther than K-12) & commcl. bldgs., homes, etc.) of Floors 1 eing demolished) Contractor (9) AL CORPORATION DAD EK 10901 License Number 1101 DT EET ORK, NEW YORK ressure Abatement Type Jamount Ja								
JIM MIADES Expected State Date (10)	lo.		-435-3		1 845-369-7500 1101 nn Date (11) Name of OSHA Monitor												
7 / 6 /18 Month Day Year		nea. C 1: Month			80	/18 Year	10000000	TE OF USHA SL #11506	Monitor								
Occupancy Status During Abatement X Facility Closed/Vacated Du Abatement Performed Out	uring Enti	re Peri	od of A					et Address WEST 38T	H STREET								
X Other - Describe: MON	NDAY -FF	RIDAY	7AM-3	:30 PM			City	, State, Zip		NEW Y	ORK						
Scope of Work (Check all that apply) Demolition	X Re	enovati	on			Full Conta			ative Pressu		Ortic						
>3SF OR LF X >160 SF OR 260 LF					X	Glovebag Non-Friab	Proc										
Location of		Is Loca	ition		Descr	iption of As					Abat	emen	t Typ	oe			
Asbestos-containing	n	ormally				ning Materi				nt f	R		!	E			
Material (ACM) TO BE ABATED	NA:	solely aint/Cu				Thermal sy on, surfaci			3700000	y 3	5 3						
in Facility (13)	1.01	Staff (er miscella			SFUL	[]	§ 7	ءِ و		ટ્ર 			
- W. S. 197	Ye	s No	N/A							- 1	_			<u></u>			
1ST FLOOR-THROUGHOUT	_		X	FLOOR I	MASTI	С			5,300 SF	×		\perp	4				
1ST FLOOR-PERIMETER		_	-	WINDOV	V GLAZ	ZING			60 SF	X			4	_			
ADDITION TO SCOPE:																	
1ST FLOOR-THROUGHOUT			Х	CARPET	TILE /	FLOOR N	IASTI	С	29,700 SF	×							
ROOF OVERHANG		-	X	ROOF/FI	LASHI	NG			160 SF	×		-	1	_			
Name of Registered Waste Hauler	NJ	IDEP V	/aste	Cubic Ya	ards of	Waste	Nam	ne of Registe	ered Landfill				1				
NEWARK CARTING 369 RAYMOND BLVD	No.		30				AL SANITA		DFIL		_						
City, State	Disposal	Date		City.	State /	1		1			-						
NEWARK, NEW JERSEY	07/06 - 1	2/30/18				WNSHIP, P			1	Í							
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR OF	OPE	RATIONS	Sign	ature	//			Date	11	5/	1	1			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) THE VALLEY HOSPITAL Date of Notification (1) Street Address /2018 Type Notification 223 NORTH VAN DIEN AVENUE Agencies Notified Initial Notification City, State, Zip Code **EPA** - 9 2018 Amended Notification RIDGEWOOD, NEW JERSEY 07652 DEP Cancellation DOL On Hold #1 DOH Name of Contact Telephone Number **EMERGENCY NOTIFICATION** GEORGE GANCSOS 201-447-8141 DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) VALLEY HOSPITAL Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 50,000 40+ 640 WINTER AVENUE 1 Current Use (Prior if being demolished) County Code (7) City (5) County (6) **PARAMUS** BERGEN (STATE USE ONLY) ABANDONED ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION PAR ENVIRONMENTAL CORPORATION Street Address Street Address 313 SPOOK ROCK ROAD 131 VARICK STREET, SUITE 1022 City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 NEW YORK, NEW YORK 10013 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number JIM MIADES 347-435-3561 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor EMSL #11506 5 / 29 /18 12 30 /18 Day Month Year Month Year Occupancy Status During Abatement (Check only one) Street Address 307 WEST 38TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code Other - Describe: NEW YORK, NEW YORK Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Demolition Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type normally used Containing Material (ACM) Amount Asbestos-containing REPAIR **ENCAPSUL ENCLOSUR** REMOVAL solely by (ie. Thermal systems (Specify Material (ACM) TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) Staff (12) or other miscellaneous) in Facility (13) Yes No N/A Х FLOOR MASTIC 5,300 SF 1ST FLOOR-THROUGHOUT 60 SF 1ST FLOOR-PERIMETER WINDOW GLAZING

Cubic Yards of Waste

Disposal Date

5/29/18 - 12/30/18

30

Signature,

Name of Registered Landfill

PKAINFIELD TOWNSHIP, PA

City, State

GRAND CENTRAL SANITARY LANDFILL

Date

Name of Registered Waste Hauler

NEWARK CARTING

City, State

369 RAYMOND BLVD

BENJAMIN SANCHEZ

NEWARK, NEW JERSEY

Completed by (Print or Type)

NJDEP Waste

Hauler ID No.

DIRECTOR OF OPERATIONS

CK32381

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

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Date of Notification (1)	"是是是 "	N. Company		Name of	Building (Owner	/Operator	(2))_[5]	C	51	W				
5 / 9 /20	18			Street Ac	Idress			- 11-1	11							
Agencies Notified Type No	tification			223 NOR	TH VAN D	IEN A	VENUE	111		1111	~					
DEP Am	ial Notification ended Notification				e, Zip Code OOD, NEV		SEY 07652	2	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- ()	2018				
	Hold		1	Name of	Contact			Telephone I	Number	oru:	S CON	TROU				
DCA EN	IERGENCY	NOTIFICA				S		201-447-81		LICE	NSIN	G				
Name of Equility Where Abotemen	T . I .	DI (0)	FACILI	TY INFO	RMATION											
Name of Facility Where Abatemen VALLEY HOSPITAL	t is Taking	Place (3)				Туре	School (K	r y (4) (-12) er 8 (Other th	a= V 40							
NUMBER OF THE STATE OF THE STAT						X	Other (ie.	private & con	an K-12	las h	omes	etc.)				
Street Address 640 WINTER AVENUE						1	uare Feet 50,000	# of Floo	rs	Blo	dg. Age 40+	3				
PARAMUS BE	unty (6) RGEN			County C		Curr	ent Use (P NDONED	rior if being de	emolishe	ed)						
Name of Monitoring Firm Hired by COLDEN CORPORATION	Building O	wner (8)		A	SCM No.	Nam	e of Abate	ement Contra	RPORA	TION						
Street Address						Stree	et Address				1					
131 VARICK STREET, SUITE 1022 City, State, Zip Code								OCK ROAD	ORK 10901 License Number							
	RK, NEW Y	ORK 1001	13				State, Zip Code FERN, NEW YORK 10901 phone Number License Number									
Project Manager for Monitoring Firm		Telephor		er			SUFFERN, NEW YORK 10901 Telephone Number License Number									
JIM MIADES		347-435-	3561													
Expected State Date (10)	Sch	ed. Comp	letion D	ate (11)			e of OSHA		1101							
5 / 29 /18 Month Day Year		12 onth	Da	30	/18 Year	EMS	L#11506									
Occupancy Status During Abatemen X Facility Closed/Vacated D Abatement Performed Ou X Other - Describe: MO Scope of Work (Check all that apply)	uring Entire tside of Non NDAY -FRI	Period of mal Facilit	y Hours	- Describ		307 \ City,	State, Zip	H STREET Code NEW YORK, Native Pressure		PRK						
Demolition >3SF OR LF X >160 SF OR 260 LF	X Reno	ovation		X	Mini Enclo Glovebag Non-Friab	o , Proce	dure		-							
Location of	Is	Location		Descr	iption of As					Abater	nent T	vne				
Asbestos-containing		mally used		Contair	ning Materi	al (ACI		Amount				4				
Material (ACM) TO BE ABATED		olely by			Thermal sy			(Specify	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	REPAIR	10	Ω I				
in Facility (13)		t/Custodia taff (12) No N/A			on, surfacioner miscella			SF or LF	REMOVAL	Ŕ	ENCAPSUL	ENCLOSUR				
1ST FLOOR-THROUGHOUT		х	1	R MASTI	С			5,300 SF	x							
1ST FLOOR-PERIMETER			WIND	OW GLA	ZING			60 SF	X							

										\vdash						
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD	2.5	EP Waste er ID No. 913	Cubic	Yards of 30	Waste			ered Landfill RAL SANITAR	Y LAND	FILL						
City, State				sal Date	200 E	City,	State					\neg				
NEWARK, NEW JERSEY Completed by (Print or Type)	Title		5/29/1	8 - 12/30/		PhAIR	AFIELD TO	WNSHIP, PA	1							
BENJAMIN SANCHEZ	DIRECTOR	R OF OPE	RATION	VS Sign	ature /	4	X		Date 5	-9	-18	/				

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

						ruisua	ITT TO NJAC 8.80 at	1U 1Z	120)	HIVEN.					
	of Notification	(1)					Owner/Operator (2)				JUL - 9 201	8		4	
7/03		_					oard of Education			1-4		- 100	1		
	ies Notified		Votification		Street A								-1		
×	EPA		Initial		- 33000000	ern Lar	(201) 11			I AGG	<u> </u>	(OL 8		_	<u> </u>
	DEP	X	Amended			ate, Zip Co					Light Shirt G.		an entre		1
X	DOL	_	Amendment #_2		-	51 0350	IJ 07071			II damenta e					
720000			Emergency (including			f Contact				Telephone Numbe					
X	DOH	_	justification)		Scott	Bisig				201-438-5683	3				
X	DCA		Cancellation												
						F.A	ACILITY INFORMAT								
			tement is Taking Place (3)					Type	of Facility (4)						
Lynd	hurst High	1 Scho	01					X	School (K-	12)					
Street	Address								Subchapte	er 8 (Other than K	-12)				
400	Weart Ave	nue							Other (i.e.	private & Comme	ercial buildings, h	mes, e	etc.)		
City (5)						,,,,,	Squar	e Feet	# of Floors	Bldg. Age				
Lynd	hurst								000+	2+	70+				
Carrat	. /c)					County	Code (7)	-		being demolished)					
County						(STATE	USE ONLY)	High	School			0.5			
			red by Building Owner (8)				ASCM No.	Name	of Abatement	Contractor (9)					
McC	abe Enviro	nmen	tal Services, L.L.C				00118	Unic	orn Contra	cting Corp.					
Street	Address							Street	Address						
	Valley Bro	ok Ave	1					32 V	/illow Way						
200	ate, Zip Code			1272		1-395-3-1011			tate, Zip Code		-				_
	hurst, NJ (, NJ 07424					
		727 S. Self				Telepho	an No	_	none No.	, 143 07 42 4	License No.	-			_
	Manager fro		oring Firm					1	333-9176		01331				
	Chiaviello				T	1	38-4839	+			01331				
	ate (10)				Constanting		etion Date (11)		of OSHA Monit						
6/21					7/09/	18		1	-50000	nsultants, Inc.					
			atement (Check Only One)					1	Address						
	Facility Cl	osed/\	acated During Entire Peri	od of Ab	atemen	it		20-2	1 Wagaraw	Rd., Bldg. 35-E					
	Abateme	nt Perf	ormed Outside of Normal	Facility I	Hours			City, S	tate, Zip Code						
X			: Sub 8 Occupied				and the second	Fair	Lawn, NJ 0	7410					
Scope	of Work (Chec	k All Tha	t Apply)												
	≥3 sf or ≥	3 If			\times	Renova	ation	X	Full Contai	nment with Nega	tive Pressure				
\times	≥160 sf or	≥260	If			Demol	ition	X	Mini-Enclo	sure					
								X	Glovebag F	Procedure					
									Non-Exem	pted (*) and Non-	Friable Procedure				
					Is Locatio	n							Abate	100	
		Loca	ation of		Normally			Des	cription of			-	Ty	pe	
	Asbesto		ning Material (ACM)	0000	sed Solely aintenan				ining Material		Amount				
		AMARINE PROPERTY	ABATED		stodial St		(i.e. 1		systems insulat ing, VAT, or	ion,	(Specity SF or LF)			Enc	m
			Facility (13)		(12)				iscellaneous)		Ji di di y	Ren	R	Encapsulate	Enclosure
			(10)	Yes	No	N/A	1					Removal	Repair	ulate	sure
								SEE A	TTACHED			X		_	
		SACRAFIA													
							V								
1000															
Name	of Registered	Waste H	auler		NJDEP V	Vaste Hau	ler ID No.	Cubic '	ards of Waste	1	Name of Regustered	Landfil			
	rn Contra				00358	44		12			Fairless Hills La	ndfill			
vani 1777 Garan ver		cens	corp.		100000			-	al Date	10	City, State				
City, St		Now	larcov					TBD		///	Morrisville, PA				
	dland Park	, NEW	эсізеу	7161				1,00	Signature	/ , ,	The state of the	Date			\neg
Comple				Title	al N/a -	200-			1//	//	///				
Dimo Golcev General						ager			1//		//	1//0	3/18	21	
									1 //	//					



State of New Jersey Notification of Asbestos Abatement Continuation Sheet

	1 7	Locat	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					eme n /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lorma d Sole intena todial (12)	ly by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Library Office - Inwalls and Floors & Above Ceiling		Х		Pipe Insulation	100 LF	х			
Library Office		Х		Sink Undercoating	1 sink	Х			
Rooms, 149, 150, 219, 220, 228, 228 A, 228 F, & 228 G		Х		9" Floor Tiles & Mastic with plywood & carpet	6,200 SF	Х			
Rooms, 149, 150, 219 & 220		Х		Presumed Chalk/ Cork Board Mastic	800 SF	Х			
Basement for Plumbing Connections	Х			Pipe Insulation	3 LF	X			
Room 150, 233 & 235		X		3 Floor Core Locations in Floor Materials - 2" Diameter holes	1 SF	Х			
Room 219, 220, & 228		Х		3 Roof/ Ceiling Core Location - Roof/ Deck Materials - 2' x 2' each	12 SF	Х			

CK 4869

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

9	IB.A.A.			(F	ursuai	nt to NJA	C 8:60 and 5:10	6)	IN E C	E		E	F
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)				arlamps II - as	711
07/	05 /	18			100000000000000000000000000000000000000		alley Regional So	2		JL - 9	201	Q	-
Agencies Notified	Type Notific	ation			Stree	Address			1111 00	/ i=	_ <u> </u>	0	
⊠ EPA					425	South N	lain Street	1	Ĺ	and the second	others and others		
⊠ DOLWD	Amende	0.000			City,	State, Zip (Code			TOS CO		OL 8	it.
☑ DOH □ DCA	Amendm Emerger		luding	9.	Per	nnington	NJ 08534	Į.		LICENS	ING		M NAMES OF STREET
(NJAC 5:23-8)	justificat		Juunig		Name	of Contac	t		Telephone N	Number			
	☐ Cancella	ation			The	omas Qui	inn		609-737-	4002 x 2	2801		
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)	173224	-	-	-
Timberlane Middle	School							School (K-1	2.16.1000				
Street Address								☐ Subchapter	8 (Other than h				
51 S. Timberlane D	rive							Other (i.e., phomes, etc.	orivate and com	nmercial b	uilding	gs,	
City (5)								Square Feet	# of Floors	F	Bldg. A	ae	
Pennington								50,000	2	-	70	.50	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P		nolished)	1000		
Mercer						., (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	School	. ioi ii being dei	(IONSITEG)			
Name of Monitoring Firm	Hired by Buil	ding O	wner (8)	ASCM	No.	Name of Abateme)				
PARS Environment			,				Secretary Sec. 1985	nmental, LLC	277				
Street Address							Street Address	,			-7		
500 Horizon Drive,	Suite 540						623 Cutler Av	renue					
City, State, Zip Code							City, State, Zip Co						
Robbinsville, NJ 08	691						Maple Shade						
Project Manager for Moni	itoring Firm			Te	lephone	No.	Telephone No.		License No)			
Julian Fernandez	17.1			1	309-890	-7277	856-755-0099		00842	Me.			
Start Date (10)	- ;	Schedu	iled C	omp	letion Da	te (11)	Name of OSHA M	lonitor					
07 /21 /	18	07	7_ /	_2	23_ /	18	EMSL Analyti	ical, Inc.					
Occupancy Status During	Abatement (Check	only o	ne)			Street Address	1.000					
□ Facility Closed/Vacate													
Abatement Performed							City, State, Zip Co	ode					-
Time of Abatement: _	AIVI	PM		_PI	n	AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf		1	⊠ Re	nova	tion		☐ Full Cont Mini-Encl	ainment with Ne	gative Pressure	•			
☐ ≥160 sf or ≥260 lf		į		molit			⊠ Glovebag	Procedure					
							Non-Exer Non-Exer	mpted (*) and No	n-Friable Proc	edure			
Y				Loca Iorm	ation		_	_		Al	batem	ent T	-
Location Asbestos-Containing I		/n	Use	d So	lely by	Ashe	Description of stos Containing Mat		Amount	Re	Re	m	Enclosure
TO BE ABA	TED	"			ance/		., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	clos
IN Facilit (13)	ty		Cust	(12	Staff?		surfacing, VAT, other miscellaned		SF or LF)	/al		Encapsulate	ure
(13)			Yes	No	1	1	other miscellaned	ous)				te	
Gymnasium				\boxtimes		Pipe Fit	tings (Wrap and	Cut)	24 LF		\vdash		
Gymnasium						-		•		-	-	-	
				-		ripe rit	ting Insulation (Glovebag)	8 LF		1		
8f			Ш										
Name of Registered Wast	te Hauler			- 1	NJDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage					Hauler II 15939	24. NO. 1 2003	Waste 2	Fairless La	andfill				
City, State					.0000		Disposal Date	City, State					
Freehold, NJ							07/23/2018	Morrisville	, PA				
Completed By (Print or Ty	rpe)	Title	_ 050000		***		Signature	1	_	Date	2.0		
Christina Lynch	second All	Vic	o Dr	acid	ent of (Inoration	1 1.)	7 1-	30)		

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VMC COMPANY INC

PAGE 82/84

1K 2015	State of New Jersey FICATION OF ASSESTOS AS Pursuant to NJAC 8:80 and 1	2:120 G G	V E			-						
ale of Notification (1)	Name of Building Owner/Ope VINELAND B.O.E.	iretor (2)	2018 - 11-11-	<u> </u>	**	WV						
OG. 129 2013 Agencies Notifice Type Notification	Street Address			UL-	10 0	177						
EPA Initial DEP Amended	City, State, Zip Code VINELAND, NJ 08360	ASBESTUS OU	School Services British Services British Services Service		1 1							
Emergency (Including justification)	Name of Contact- PAUL FARINACCIO		Tolephone Number		d							
DCA Cancellation	FACILITY INFORMATIO	N CE TOUR	- INAN	/FR-P	neer	DYFD						
Name of Pacility Where Abatement is Taking Place (3)		Type of Facility (6 (mg) 1 4	11 1 11	11-100						
VINELAND HIGH SCHOOL	50074	Cub-b-alau	()()(her than Ka? /)	tiildings,	homes,	1 %						
5880 CHESTNUT AUG		Square Feet	if of Floors			1						
City (3) VINELAND		August Hee / Bri	r If being demolished)		-						
County (5) CUMBERLAND	(STATE USE ONLY)	- 30	100			_						
Name of Monitaring Firm Hired by Building Owner (5)	ASCM No.	Name of Abatement Co VMC COMPANY.		7/=-2								
ENC ENVIRONMENTL SER	Street Address 208 PIAGET AVEI IUI:											
1930 280000 EQAD CITY STATE COILS	• •	City, State, Zip Code										
NEWFIELD, NO 08344	Telephone No.	CLIFTON, NJ 070 1 Telephone No. License No.										
Project Manager for Monitoring Firm 3117 586275	856-205-1077	7 973 253 8828 00704										
Stan Date (10) , Scheduled	Completion Data (11)	Name of OSHA Monito	Notice of the Control									
Occupancy Status During Abatement (Check Only One)	Street Address	-									
Facility Closed/Vaceted During Entire Period of Al Abatement Performed Outside of Normal Facility Other - Describe:	pstement Hours	City, State, Zip Code										
Scope of Work (Check All That Apply)		D Sul Contain	nent with Negative Pr	essure								
	enovation emoition	Mini-Englas	Ye.		nte							
is is	Location			Abs	thems);							
Location of	ormally codesion Co	escription of inteining Material (ACM)	Amount		0							
	odial Staff? (I.e. therm	al systèms insulation, facina, VAT, or	(Specify SF or LF)	Procedure Abatement Type Removal Removal								
(13) Yes	(12) othe	(miscallaneous)		vai =	Take !	ame .						
GIPLY LOCKER DOOM		NOTATION	100 LF	×	Ţ							
Ditte Bearing and		E CUT.		++	- ''	\square						
				++	+	\vdash						
Name of Registered Weste Hauler	NJDEP Waste Cu	olo Yarda Nam	of Registered Landfill			-						
MEMYER CYELING IN	Hauler ID No. of	VESTE 11	^	Ş.								
City, State		posel Date City.	THLEHEM	AF								
Completed by Title		Signature		ate ir	alou-	21 00 1						
VOYTEK ROSZKOWSKI PRE	SIDENT	V. COS	a coul	20 3	767	12						

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ID	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)	Initial Non-Friable Notification / Check #: 722
4 0	Name of Building Owner/Operator (2)	

Date of Notification	n (1)		-11	Nam	ne of	Buil	din	g Owner/	Operat	for (3)					
0 7 // 0									THE CO.	i = 1	nines, same	Contraction and the	-		
Agencies Notified [-11	Str	eet ?	Addre	OI V	Vestwood	1	- 1	1) E.G	F		15	In
[X]EPA												The same red as a			711
[X] DEP	[X]Ini	tial ification			3rd A		7:	p Code		1 1	111		-	_	
⊠]DQL	[]Ame		- 11							1.1	II VUL	- 1	ZUR	3	1111
(×1DOH		ification						07675			-				
	[]Can	cellation		Nam	e of	Cont	act			Te	elephone Nu	mber	NTRO	01.8	
[]DCA			Ш	Ma	rio Co	ofini				55	51- 245 - 48	73	IG.	morracea	Mithelian Comme
Nama as Page 1					FAC	CILIT	I Y	NFORMATIO	NC						
Name of Facility Whe	ere Abat	ement is	Taki	ng	Place	(3)				Type of Fac:	ility (4)		-11-12-3		
Middle School Westw	ood									X)Scho	ool (K-12) chapter 8 (Othor.	tha-		121
Street Address										l lOthe	er (1.e r	rittat	0 5 0	-Amm	
23 3rd Ave										Square Feet	# of Flo	OFS	es. e Bldg.	Age	9
City (5)		Coun	ty (6)			Cou	nty Code	(7)	30000	1		6	0	
Westwood , NJ 07675		Berg	en			1	(ST	ATĒ USE (ONLY)	Current Use		being	demo	lish	ied)
Name of Monitoring F	irm Hir	ed by Bui	Iding	g	ASCM	No.		Name of	Abate	School Build	ing				_
Owner (8)	and I	•									(3)				
Westchester Environm	iental, LL	_C			00110)	_	Four Street	ong B	uilders, Inc.					
307 North Walnut Stre	ot.						1								
City, State, Zip Cod	e							180 Sarg	geant .	Avenue Zip Code					
West Chester, PA 193	80														
Project Manager for	Monitori	ing Firm	Tele	epho	one N	umbe	-	Telephon	e Num)13-1935	11.5	cense	Numn	er	
Matt Abraham			610-	43	1-754	5		973-614-				807	TV CITIES		
Scheduled Start Date		Sched . Con	nplet	ior	Dat	e (I.	17	Name of	OSHA	Monitor	100	007			
Month / Day / Y	8	0 7 1/	111	81/	111	8		Four Stre	na Di	ildoro Inc					
Occupancy Status Dur	ing Abat	ement (Ch	neck	onl	y on	e)	-	Street A	ddres	uilders, Inc.					
of Abatement	/Vacated	During E	Intir	e F	erio	đ		180 Sarg	eant A	Avenue					
[]Abatement Performance Hours - Describe	rmed Out	side of N	lorma	il F	acil:	ity		City. St	ate.	Zip Code					
[]Other - Describe	e:					_	-	Cliffon N	11070	40					
scope of Work (Check	all tha	t apply)			•		Ш	Clifton, N							
[]Demolition	n		\bowtie]Re	novat	tion		- 1	יותותו.	Containment - -Enclosure		ive Pr	essu	re	
[]>3 sf or ; [X]∑160 sf or	≥3 1f F ≥260 1	f						{	Glove	ebag Procedur Friable Proce	e du so				
			Т	Is		_			,,,,,,,,	TIADIE FLOCE	dure				
Location					ion 11y			Degar	intin-	6			teme	E	YPe E
Asbestos-Cor Material			1	Use	d			Descr: Asbestos	-Conta	aining	Amount	R	R	N C	N C
TO BE ABA	ATED		by	Ma	in-		(i	Materia .e., the	rmal s	systems	Specify	M	E	A P	I.
(13)	1		Cu	sto	ce/ dial		ins	ulation.	surfa	acing, VAT,	LF)	V A	A	S	S
			Yes	N	(12) 0 N/A							L	Ř	L	R
irst floor class room				X		VA	Γ&	Mastic			850 SF	X	1	·	E
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					1						 	+	-		
					1	1					 	-	-		_
ame of Registered Wa	ste Haul	ler			Was			ubic Yard	is	Name of Regis	stered Land	Fill		_	
Newark Carting, Co.				509	er ID	No.	01	f Waste							
ity. State			140	509			103	isposal D	ate	Grand Central City. State	Sanitary La	indfill			
lewark, NJ															
ompleted By (Print o	r Type)	Title						Teras		Pen Argyl, PA	18072				
Maria Kitevska								Signa				Da	ate		
SB-41		Office Ad	inimb	ıstra	ator					Muny		7/	3/18		
UN 95					-0.00										



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

. 97				•				-,								
Date of Notification (1)		Section 2			Nan	ne of Buildin	ng Owner/Operator	(2)	Jessey F3	@ [= n	7.7	F			
7 / _	3 /	18			M	illburn Bo	oard of Education	n / Job #1803-	5282 Check	#10300	3	\mathbb{W}				
Agencies Notified	Type Notifi	cation			Stre	et Address		201	113							
⊠ EPA	☐ Initial	72			43	4 Millbur	n Avenue			.1111	Ω	2010)			
☑ DOLWD ☑ DHSS		50.50			City,	State, Zip	Code			UUL		ZUIC	-			
□ DCA	☐ Emerge	(1) (1) (1)	dina		M	illburn, N	J 07041									
(NJAC 5:23-8)	justifica	tion)	unig		Nam	e of Conta	ct		Telephone	Number)	S CO	NTRO	DL 8.			
	☐ Cancella	ation			Ca	arlos Edm	nundo		973-376-	3600 ex	t. 14	5G	LUR COTTON			
					F/	CILITY II	NFORMATION									
Name of Facility Where Al	batement is	Taking Pl	ace ((3)				Type of Facility	(4)							
Deerfield ES								School (K-1								
Street Address								Subchapter Other (i.e., p			huildir	nas				
26 Troy Lane								homes, etc.		IIIICICIAI	bullali	195,				
City (5)								Square Feet	# of Floors		3ldg. /	Age				
Short Hills, NJ 07078	В							***								
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	rior if being den	nolished)						
Essex								School								
Name of Monitoring Firm F		lding Own	er (8)	ASCN	No.	Name of Abateme	ent Contractor (9)							
Whitman Companies	3				-2		AbateTech, I	nc.								
Street Address							Street Address									
7 Pleasant Hill Road	2					30 Maple Ave. PO Box 25										
City, State, Zip Code					City, State, Zip Code											
Cranbury, NJ 08512							Lumberton, N	IJ 08048								
Project Manager for Monito	oring Firm				phone		Telephone No.		License No).						
Kevin Lovely)-5858	609-265-2107		00529							
Start Date (10)		Scheduled				200	Name of OSHA M	onitor								
6 /27 / _		7	100		_ /	18	EMSL Analyti	cal					1			
Occupancy Status During A							Street Address	200000000000000000000000000000000000000								
Facility Closed/Vacated	During Enti	re Period	of Ab	ater	nent		200 Route 130	0 North								
Abatement Performed C Time of Abatement:	Outside of No AM-	ormal Fac	ility F	Hour PM-	s - Des	Scribe	City, State, Zip Co					S 7/7-5-				
3-9				1 171-		.Alvi	Cinnaminson	, NJ 08077								
Scope of Work (Check all ti	hat apply)						□ Full Contr	ainment with Neg	antius Brancuss	a a						
≥3 sf or ≥3 if			Reno				☐ Mini-Encl		gative Pressure	,						
≥160 sf or ≥260 lf			Demo	olitio	n		⊠ Glovebag	Procedure npted (*) and No	- Field- Beer							
			le l	ocati	on		⊠ Non-Exer	npled (*) and No	n-Friable Proce			T				
Location of				rmal			Description of				_	ent T				
Asbestos-Containing Ma	aterial (ACM		sed : //aint		ly by		stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure			
TO BE ABATE IN Facility	<u>ED</u>				Staff?	(i.e.	, thermal systems in		(Specify SF or LF)	lova	a.	aps	losu			
(13)			(12)			surfacing, VAT, other miscellaneo		SF OF LF)	18		Encapsulate	ire			
		Ye	s I	No	N/A							Ф				
2 Restrooms			D	◁		Pipe Ins	sulation		200-LF-							
B-12 Faculty Room			D	3		Floor til	e & Mastic		536 SF		1					
		П	Г]						F	1	П	П			
			-	7	П		(- Andrews and the second and the sec							
Name of Registered Waste	Hauler				IDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill		1-					
AbateTech, Inc.				Ha	auler IE	No.	Waste	G.R.O.W.S								
City, State					18750		40 Disposal Date	City, State					-			
Lumberton, NJ							7/31/18	Tullytown,	PA							
Completed By (Print or Type	e)	Title					Signature	A		Date			\neg			
Gwendolyn Trumbetti	2).	Opera	tion	is C	oordi	nator	1 / ha	1/1		nl	2	10				

CK 10001, 10802

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

Date of Notification (1)	-			-	Lat	(5.00				11:	100		n	=	II W	15
	5 /	1	88		100			wner/Operator Schools / J	(2) lob #1707-5179	Ch	eck	#1030			<u> </u>	
Agencies Notified Type Notification				Stre	et Address	3			111		 	UL	. 0	201	2	
⊠ EPA	☐ Initial ☐ Amended			10	101 North 3 rd Street City, State, Zip Code				Sol	l land		U in		2.0	U	
☑ DOLWD ☑ DHSS				City					-					and the second second sec		
□ DCA		gency (including Mills			M	Millville, NJ 08332					ASBESTOS CONTROL 8					
(NJAC 5:23-8)	justifica								TE	LICENSING Telephone Number						
	☐ Cancellation			В	Bob Ryan				- 10 - 5	609-858-5395						
					FA	ACILITY II	NFO	RMATION								4
Name of Facility Where A	batement is	s Takin	ng Plac	ce (3)					Type of Facility	(4)	_		_			
Millville Senior High School								School (K-1	5.0.4.5.0E.							
Street Address									☐ Subchapter	8 (Ot						
200 North Wade Blvd.					Other (i.e., private and commercial buildings, homes, etc.)											
City (5)									Square Feet # of Floors Bldg. Age							
Millville									200,000	"	2	10013). Age)+	
County (6)					Cou	County Code (7)(STATE USE ONLY)				rior if	or if being demolished)					
Cumberland						······································	Education			"	o. Il bollig demolation)					
Name of Monitoring Firm I	Hired by Bu	ilding (Owner	(8)	ASCN	l No.	Nar	me of Abatem	ent Contractor (9))				_		
Brinkerhoff Environ	mental Se	rvice	s, Inc		001	00	AbateTech, Inc.									
Street Address						Street Address						-				
1805 Atlantic Avenu	е						30 Maple Ave. PO Box 25									
City, State, Zip Code							City, State, Zip Code									
Manasquan, NJ 08736						Lumberton, NJ 08048										
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No. License No.									
Gary W. Fleming 732-223						609-265-2107 00529										
Start Date (10) Scheduled Completion Date				ate (11)	Name of OSHA Monitor											
<u>4</u> / <u>2</u> / <u>18</u> <u>7</u> / 31 / 18					3.5	EMSL Analytical										
Occupancy Status During	Abatement	(Check	conly	one)			_	eet Address								
☐ Facility Closed/Vacated					ment		200 Route 130 North									
Abatement Performed Outside of Normal Facility Hours - Describe				scribe	City, State, Zip Code											
Time of Abatement: 7A	M- <u>3:30</u> PM/	3:30F	M- <u>12</u>	AM			20	innaminson								
Scope of Work (Check all t	hat apply)								, 110 00017					_		
☐ ≥3 sf or ≥3 lf			M n.						ainment with Neg	ative	Pre	ssure				
∐ ≥3 sf or ≥3 lf Renovation ⊠ ≥160 sf or ≥260 lf Demolition																
								Non-Exer Non-Exer	mpted (*) and No	n-Fria	able	Procedu	ıre			
				Locat									A	bate	ment	Туре
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)			Normally Used Solely			A-b	Description of				<i>y y</i>		Remova	7	о п	n m
			Ma	intena	nce/		stos Containing Materia , thermal systems insul					Amount (Specify		Kepair	nca	Enclosure
			Cus	Staff?		surfacing, VAT, or				SF or LF)			7	Encapsulate	sure	
(13)		ŀ	Yes	(12) No	N/A	1	other miscellaneous)								late	
See Attached			70000								70,500			-	_	
See Attacheu						See Atta	ache	d		See	At	tached				
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				П									+-	-	7 -	
			JDEP V	P Waste				IL								
AbateTech, Inc.	, ruulei				auler ID	100 C C C C C C C C C C C C C C C C C C	Wast	c Yards of te								
City, State					18750		12		G.R.O.W.S.	Lan	afil	1				
Lumberton, NJ								osal Date	City, State							
	,						11/21/033	31/18	Tullytown,	PA						
ompleted By (Print or Type) Title Signature					· A			Da	ate	1	1 _					
Gwendolyn Trumbetti		Op	erati	ons (oordi	nator		(M	111				71	5	118	

Scope of Work Cont.

Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
Room D105	NO	Transite Panels	9 SF	Removal
Room D104	NO	Transite Panels	9 SF	Removal
Room D103	NO	Transite Panels	10 SF	Removal
Room D103	NO	Cove Base Mastic	8 LF	Removal
Room D101	NO	Transite Panels	10 SF	Removal
Room D101	NO	Cove Base Mastic	8 LF	Removal
Room D102	NO	Transite Panels	19 SF	Removal
Room D102	NO	Cove Base Mastic	7 LF	Removal
Room D113/114	NO	Transite Panels	60 SF	Removal
Room D113/114	NO	Chalkboards & Mastic	50 SF	Removal
Room D113/114	NO	Transite Door Panels	30 SF	Removal
(2) Storage Rms. &	Hall NO	Floor tile & Mastic	150 SF	Removal
Throughout	NO	Door Caulk	10 SF	Removal
Auditorium	NO	Cement Panels	500 SF	Removal
Auditorium	NO	Roof Drain Fitting	1 each	Removal
Cafeteria	NO	White window glazing	2,436 LF	Removal
Cafeteria	NO	Transom Panels	30 SF	Removal
Cafeteria	NO	Window sills	228 SF	Removal
Cafeteria	NO	Floor tile & Mastic	550 SF	Removal
Cafeteria	NO	Fire Stop	9 SF	Removal
Cafeteria	NO	Interior Door Caulking	668 LF	Removal
Cafeteria	NO	Black Pipe wrap	300 LF	Removal
Cafeteria	NO	Caulk on block wall	10 LF	Removal
Cafeteria	NO	Door Caulking	50 LF	Removal
Cafeteria	NO	White window glazing	420 LF	Removal
D113/114	NO	Cove Base Mastic	640 LF	Removal

Scope of Work Cont.

Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
D113/114	NO	Door Caulk	576 LF	Removal
D113/114	NO	Wall Caulk	180 LF	Removal
Auditorium	NO	Door Caulk	350 SF	Removal