													Pri	nt Fo
MOCK	ا	I		ICATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 an	ABATE		Т) E C			\mathbb{V}	
Date of Notification (1) 07/11/2017				Name o	f Building Owner/0	Operator	r (2)			JUI	1	7 2	017	
Agencies Notified	Type Notification	1		Street A	ddress					. 00:			017	-
	× Initial			0.1 01	. 7: 0 !					ASBEST	OS (CON	TRO	1.8
EPA DEP DOL	Amended Amendmen	t#	_		ate, Zip Code Bridge, N.J. 08	329					CEN			
DOH DCA	Emergency justification Cancellation)		1200 C	f Contact				Tel	ephone Nur	mber		-	
				FACI	LITY INFORMAT	ON								
Name of Facility Where Residence	Abatement is Takir	ng Place (3	3)				Тур	e of Facility (4	8					
Street Address							×	School (K-1; Subchapter Other (i.e. p	8 (Oth			dings,	home	es,
City (5) High Bridge	20 10 10 10 10 10 10 10 10 10 10 10 10 10						Squ 3,2	etc.) uare Feet 287	# o	f Floors		Bldg. A	ge	
County (6) Hunterdon				County (STATE)	Code (7) USE ONLY)		Cur	rent Use (Pric	or if bei	ng demolish	ned)			
Name of Monitoring Firm A. Seine Lighthouse	100 A 500 A	Owner (8)		ASCN	/I No.	5.0000000 000		batement Con ank Service		(9)				
Street Address PO Box 354						Street 1256		ress erty Avenu	е					
City, State, Zip Code South Orange, NJ (07079							Zip Code NJ 07205						
Project Manager for Mor Sarah Calandra	nitoring Firm			Telepho 201-34	ne No. 19-2666	Telepi 844-		No. -7465		License N 01316	o.			
Start Date (10) 07/25/2017		Schedule 08/03/2		mpletion	Date (11)			SHA Monitor Lighthouse	e Solu	utions				
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)			Street								
Facility Closed/Vac Abatement Perform Other – Describe:							State,	Zip Code						
Scope of Work (Check A	II That Apply)					Sout	th O	range, NJ (07079)				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	4,577		Renova Demoli			>	1	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e edure	\$35.5 \$			e	
		100	Locat							La-EULA			ement pe	
Locatior Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED	Use Ma Cus	Norma ed Sole iintena todial ((12)	ely by nce/ Staff?	Asbestos Con (i.e. thermal surfa		Mater s ins AT, or	ulation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		12727000000	500.51		-	0015	-		rD.	
Basem	ent	-	X		pi	pe wra	р		30	00 LF	X			
											+			

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

Initial Notification Check #: 6965

Date of Notification			Na	ime c	f Bu	ildi	ng Owner/Operat	or (2)	IM E	5	=	\W/	E
0 7 / 1	0 1/1 1	17	IN	orth	Hunt	erdo	n - Voorhees R.H	H.S.D.		9) [= 1	U	
Agencies Notified T	ype Noti	fication				ress							
[]EPA	Dalle i E		11	445 F	Rt. 3	1 S				JL '	17.	2017	7
(X) DEP	[X]Init: Noti	iai fication	1 4				ip Code		+				
⋉]DOL	[]Amend		II A	nnar	idale	N.1	08801		ASBES	STOS	G CO	NTR	OL 8
(×) DOH		fication	1 1			ntac		Te	ephone Numb	FICE	NSI	VG.	
[]DCA	[]Cance	ellation	11,0	Ellion	- N/-		F	1		2		131	
			IIV				, Facilities Direct	tor					
Name of Facility Whe	re Abater	ment is T	akino				INFORMATION	Type of Faci.	TIFU (A)				
				,		σ,			ol (K-12)				
North Hunterdon Regio	onal High	School				V		[]Subcl	napter 8 (Ot	her	than	K-12	2)
Street Address								cial	r (i.e., pri buildings,	home	s. et	(c.)	
1445 Rt. 31 S.								Square Feet	# of Floor	s B			
City (5)		Count	y (6)	1			INTY Code (7)	50,000 Current Use	(Prior if be	ing	50		ed)
Annandale, NJ 08801		Hunte	rdon					School Buildin		9			/
Name of Monitoring F Owner (8)	irm Hire	d by Buil	ding	ASC	M No		Name of Abate	ment Contracto	or (9)				
				00.4			Four Strong Bu	uildere Inc					
Briggs Associates. Street Address				004	-		Street Addres	s					
3 Crosswicks St.							180 Sargeant	Avenue					
City. State. Zip Cod	e						City, State,	Zip Code					
Bordentown, NJ 08505	i						Clifton, NJ 070	13-1935	*				
Project Manager for	Monitoria	ig Firm	releg	hone	Num	ber	Telephone Num		Lice	nse	Numbe	F	
Michael Hoodak, EPA Scheduled Start Date	Project D	esigner 6	309-2	98-5	520	7111	973-614-0377 Name of OSHA	Manifor	0080	7			
0 7 / 2 2 / 1 Month / Day / Y Occupancy Status Dur	7	0 7 / Month /	2 5	1/12	17	1	Four Strong Bu	uilders, Inc.					
	rmed Outs					Y	180 Sargeant /	Avenue Zip Code					
[]Other - Describ						-	Clifton, NJ 070	113					
Scope of Work (Check []Demolition [X]>3 sf or []\(\bullet{\sum}\)160 sf of	n >3 If	20 TO 150	DC]	Reno	vati	on	[X]Mini X]Glov	Containment w -Enclosure ebag Procedure Friable Proced	1	e Pr	essui	e	•
				Is	Т	-			T	Aba	temer	it Ty	
Location Asbestos-Cor Material TO BE AB in Facili (13)	ntaining (ACM) ATED		Nor So by ten Cus Sta	mall sed lely Main ance todi ff(1	Y - / al 2)		Description Asbestos-Cont. Material (A i.e., thermal isulation, surf or other misc	aining CM) systems acing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPALR	ENCAPSUL	ENCI.OSURI
Room 110 & Guidance	Hallway			X	-	Fitting	Insulation		6 LF	X		•	E
	•				7					/			
Name of Registered Wa	ste Haul	er	INJ	DEE	Wast	. 7	Cubic Yards	Name of Regis	Farad Yands				
					ID		of Waste	Traine or Regis	resea randt	4.4.4			
Four Strong Builders, I	nc.		12	609			**	G.R.O.W.S., Ir	nc.				
orch. State							Disposal Date	City, State					
Clifton, NJ							4	Tullytown, PA	1				
Completed By (Print o	r Type)	Title					Signature	1/11/		Da	ate		_
Bilyana Kulakovska		Office Ac	lmini	strate	or		1001			7/	10/1	7	
ASB-41 JUN 95									/	1.1		40000	

CK446		NOTI	FICATIO	State of Ne ON OF ASE of to NJAC	BESTOS	ABATE	MENT 0)) <u>E</u>	C [\mathbb{V}	E
Date of Notification (1) 07/10/2017	*****		Name Craig	of Building Stugart	Owner/	Operator	(2)		C)	# 480	77	2017	
Agencies Notified Type Notification			Street	Address				1 20					-
□ EPA x Initial						1			ASBES	STOS	COI	ITRO	3 10
x DEP □ Amended x DOL Amendment	#		City, S Paters	tate, Zip C on, NJ 075	ode 02					LICE	NSIN	G	
□ Emergency	(includin	g		of Contact				T					
× DOH justification) □ DCA □ Cancellation				Stugart				1_16	lephone N	umner	_		
			FAC	CILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Takin Residence	g Place	(3)					Type of Facility	(4)					
Street Address							□ School (K-						
2							☐ Subchapte X Other (i.e. pri	er 8 (Oth ivate & c	ier than K- commercia	12) I buildi	ngs, h	omes	0
City (5)							etc.) Square Feet		f Floors		Bldg.		****
Paterson							Oquare 1 eet	# 0	1 110015		Diug.	Age	
County (6)	1000			Code (7)			Current Use (P	rior if be	ing demoli	shed)			
Passaic			(STATE	USE ONLY			residence		Ü				
Name of Monitoring Firm Hired by Building (N/A	Owner (8	3)	ASC	M No.		Name	of Abatement Co Corporation	ontractor	(9)				
Street Address							Address						
							lcBride Ave						
City, State, Zip Code						City, S	tate, Zip Code	27.40.4		0.0000000000000000000000000000000000000		William San	
Project Manager for Monitoring Firm							land Park, NJ ()/424					
1 Toject Manager for Monitoring Pilm			Telepho 201-56	one No. 89-6708			one No. 25-8400		License 01104	No.			
Start Date (10)	Schedu	iled Co	mpletion	Date (11)		Name	of OSHA Monitor	r					
07-24-2017	07-25-			90 580		Iris En	vironmental La	borato	ries, LLC				
Occupancy Status During Abatement (Check						100000000000000000000000000000000000000	Address Route 22 West	AVIVATORES				7	
 X Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 	Period of al Facilit	Abate ty Hour	ment 's			City, St	ate, Zip Code NJ 07083	i i					
Scope of Work (Check All That Apply)													
X ≥3 sf or≥3 lf	xx	Renov	ation				Eull Cantainn		.	5			
□ ≥160 sfor ≥260 lf		Demol				×	Full Containm Mini-Enclosu	ıre	ivegative	Pressi	ıre		
						X	Glovebag Pro Non-Exempte		d Non-Fria	hle Pro	redu	· D	
	1	s Loca	tion					() ()	2 1 1011 1 110			emen	t
Location of		Norma ed Sole				scription					T	/pe	т
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	ence/	Asbest	tos Cont	aining M	aterial (ACM) insulation,	426	mount pecify			m	m
In Facility (13)	Cus	stodial (12)		(surfac	cing, VAT	, or		or LF)	Remova	Repair	cap	200
(13)		T		-	other n	niscellane	eous)			oval	air	Encapsulate	Enclosure
Basement area	Yes	No X	N/A	Pipe in	sulatio	n		160 L				n n	
	1	_		1 ipc iii				100 L	r	X			
	-												
			-										
Name of Registered Waste Hauler		L.,	LIDEDIA										
Lilich Corporation		1	NJDEP W Hauler ID 8724		Cubic 'of Was		Name of GROWS	Registe S, Land	red Landfil fill	I			
City, State Woodland Park, New Jersey					Dispos	al Date	City, Stat Morrisvi	e Ile, PA					
Completed by Momo Glavatovic	Title Proje	ct mar	nager		Si	gnature				ate 7/10/2	017		

check# 12773

	Ct-to of No	v. Towns	Notifica	tion of Asbestos	Abatem	ent				
fis.	State of Ne	(Pursuan	t to N.J.A.C. 8	3:60-7 and 12:120-7)	1 20 000 000	[m]	EGI	E I V	7 E	5
G + G B - : - + # 610 2017		(Fursuan				111111		<u> </u>		\mathbb{H}
Date of Notification (1)				Name of Building Owner	r/Operator					
July 07, 201				DONNA & AJAY V	IJ		JUL	17 20	17	世
Agencies Notified	Notification		1.	Street Address	VENUE		002			
□ EPA	□Initial No Amende			City, State, Zip Code			ODEOTO	COONIT	001 8	2
□ EPA □DCA	Consultant		delonin	UNION CITY, NJ 0	7086	A	SBESTO	S CONT	HUL	X
X DOL				Name of Contact		LLTele	nhone Whr	nher		
☑ DEP- No Longer REQUIRED	justific			MR. AJAY VIJ						7. 1
⊠ DOH	☐ Cancel									
			FACILITY INFO	Type of Facility (4)						
Name of Facility Where Abatement is	Taking Place (3)			School (K-12)						
RESIDENCE	(6-5)			☐Subchapter 8 (other th	nan K-12)					
Street Address				☐ Other (i.e. private & c	ommercial b	ouildings, h	omes, etc.)	.01		
				Sq. Feet: N/A #	of Floors:	: 2 Blag	. Age:	ou+ years	,	
City (5) Count		County Co (State Use		Current Use (prior if be	ina demolis	shed): RE	SIDENCE			
WEEHAWKEN F	IUDSON	(State Osc	; Omy	Current Oso (prior ii 20						
Name of Monitoring Firm Hired by Blo	da. Owner (8)	ASCM No		Name of Contractor (9)						
ENVIROVISION, INC.		00079		GREENWOOD AB	ATEMEN	T CONS	ULTANT	S, INC.		
				Street Address	AT EME.					
Street Address 20-21 WARGARAW ROAD					_					
20-21 WARGARAW ROAD				511 MAIN STREET	l					
City, State, Zip Code				City State, ZipCode BUTLER, NJ 0740	5					
FAIRLAWN, NJ Project Manager for Monitoring Firm	Telephone	Number		Telephone Number		Lice	ense Numb	er		
FRED LARSON	973-636			072 402 0477		008	840			
	0.1-1.1-1	Completion I	Data (11)	973-492-0477 Name of OSHA Monitor		100	-			
Scheduled Start Date (10) 07/10/2017	07/11/20		Date (11)							
				ENVIROVISION, I Street Address	NC.					
Occupancy Status During Abateme	ent (Check only o	one)		Street Address						
☐ Facility Closed/Vacated During ☑ Abatement Performed Outside	Entire Period of	Abatement		20-21 WARGARA	W DOAD					
Describe	Of Normal Facility	y i louio		City, State, Zip Code	AA KOMD					
Facility UnOccupied During En	tire Period of Ab	atement		Oily, Oldio, Elp 9222						
NOT SUB 8 - SHIFT HOUR	RS 8:00 AM -	- 5 PM (2	4 hours as	FAIRLAWN, NJ						
needed)				FAIRLAVIN, NO						
Source of Work (Check all that apply	Ú				☐ Full C	ontainmen	nt with Neg	ative Press	sure	
_			X Renovation			Enclosure				
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$			☐ Demolition		X Glove	bag Proce	dure			
$\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$					□ Non-Ex	cempted (*) and Non-	-Friable Pr	ocedure	à
			D detine of An	bestos Containing Materia	al I	Amount	Abate	ment Type		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Norm Solely by Maint./	Custodial	(ACM) (i.e. thern	nal systems insulation, su	rtacing,	(Specify SF	Remov	e Repair E	ncap Er	nclose
Material (ACM) III Facility (13)	Staff? (12)		VAT, or other mis	scell.)		or LF)	1			
1-	YES NO	NA	DIDE EITTIM	G INSULATION		130 LF	X			
Basement	X		FLU PACKI			2 SF	X			7
Name of Reg. Waste Hauler		aste Hauler		Cubic Yards of Waste	e: 10 C	Y Na	.R.O.W.S	istered Lan	dfill andfill	1
Newark Carting, Inc.		P # 4509				G	.R.O.W.5	. NOTHIL	anum	1
Newark, NJ 04509					Disposal	Date		City, State	3	
					Disposal	Date		100 New	Ford Mil	I Rd.
Notes: None					July 11	, 2017		Morrisville 215-736-1		007
	Trial -		- Mo-Ma-Walland	Signature			ate			
Completed by (Print or Type) RAYMOND C. PEDALINO	SENIOR	PROJEC	т	Raymond C.	Pedalin	a	July	7, 2017		
KATIMUND C. PEDALING	, OLINION		S/E	Sugmond O.	- 0000010					

FIOM:GREENWOOD ABATEMENT

State of New Jersey - Notification of Asbestos Abstement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Dete of Notification (1) July 07, 2017 Agencies Notified Dona Notification Type Onivided Onivided
Dete of Notification (1) Dete of Notification (1) July 07, 2017 Agancies Notified DONMA & AJAY VIJ Street Address Name of Exciter Wisers Abstracted to Telchard Number Name of Exciter Wisers Abstracted to Telchard Place (3) Street Address Name of Exciter Wisers Abstracted to Telchard Number Street Address Current Use (prior if being demolished): RESIDENCE Street Address GREENWOOD ABATEMENT CONSULTANTS, INC.
Dete of Notification (1) Dete of Notification (1) July 67, 2017 Assenties Notified DONNA & AJAY VIJ Street Address Name of Earling Witten Abstemant is Taking Place (3) Street Address DONNA & AJAY VIJ Name of Earling Witten Abstemant is Taking Place (3) Street Address Donny Code (1) Street Address Current Use (prior if being demolished): Residence Residence Residence Street Address GREENWOOD ABATEMENT COMSULTANTS, INC.
Agencies Notified Depa Dinitial Notification Type Dinitial Notification Depa Dinitial Notification Depa Dep
DEPA DIATION TO DIATIO
DEPA DIATE OF Facility Where Absternation taking Place (3) Expect Address Deptor No Longer REQUIRED Distribution to the process of the proc
DCA DCA DCA DOL DOL DOL DOL DEP- No Longer REQUIRED DEP- No Longer REQUIRED DOH DEP- No Longer REQUIRED DIMITION DCAncelled FACILITY INFORMATION Name of Facility When Absternant is Taking Piece (3) Street Address Street Address Name of Monitoring Firm Hired by Bidg. Owner (6) Name of Monitoring Firm Hired by Bidg. Owner (6) Name of Monitoring Firm Hired by Bidg. Owner (6) Name of Contact MR. AJAY VIJ DOING (1-12) DIMITION
Consultant address change DEP- No Longer REQUIRED DOH Cancelled FACILITY INFORMATION RESIDENCE Street Address WEEHAWKEN County (6) WEEHAWKEN County (6) WEEHAWKEN MUDSON County Code (7) ISlant Use Only County Code (7) Current Use (prior if being demolished): RESIDENCE ENVIROVISION, INC. Street Address GREENWOOD ABATEMENT CONSULTANTS, INC.
Institution
MR. AJAY VIJ Name of Facility Where Absternant is Taking Place (3) Facility information RESIDENCE Seel Address Cray (6) WEEHAWKEN County (8) Name of Mentioring Firm Mired by Bids, Owner (8) Pack No. Seel Address GREENWOOD ABATEMENT CONSULTANTS, INC.
Name of Facility Wysers Abstraction is Taking Place (5) RESIDENCE Seson Address Cray (6) WEEHAWKEN County (8) Name of Menitoring Firm Mixed by Bidg, Owner (6) ENVIROVISION, INC. CRESIDENCE FACILITY INFORMATION
RESIDENCE Special Address Cry (5) WEEHAWKEN County (6) Name of Monitoring Firm Hired by Bidg, Owner (6) ENVIRONISION, INC. CRECIPATION ABCM No. County Code (7) (Bath Use Only) Current Use (prior if being demolished): RESIDENCE ENVIRONISION, INC. CREENWOOD ABATEMENT CONSULTANTS, INC.
Speel Address Speel Speel (1) Speel S
Chy (5) Chy (6) WEEHAWKEN HUDSON County Code (7) ISlam Use Only) Current Use (prior if being demolished): RESIDENCE ENVIROVISION, INC. Sign Feet: N/A # of Ficors: 2 Bidg. Age: 60+ years Current Use (prior if being demolished): RESIDENCE ENVIROVISION, INC. Sign Feet: N/A # of Ficors: 2 Bidg. Age: 60+ years Current Use (prior if being demolished): RESIDENCE ENVIROVISION, INC. Sign Address GREENWOOD ABATEMENT CONSULTANTS, INC.
County (6) WEEHAWKEN HUDSON County Code (7) (Bate Use Only) Current Use (prior if being demolished): Residence Current Use (prior if being demolished): Residence ENVIROVISION, INC. Street Address GREENWOOD ABATEMENT CONSULTANTS, INC.
WEEHAWKEN HUDSON GOOD (7) IS also Use Only) Current Use (prior if being demolished): RESIDENCE ENVIROVISION, INC. Sired Address GREENWOOD ABATEMENT CONSULTANTS, INC.
Current Use (prior if being demolished): RESIDENCE ENVIROVISION, INC. ABCM No. D0079 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 20-21 WARGARAW ROAD
Name of Monitoring Firm Mired by Bidg, Owner (B) ENVIROVISION, INC. ABCM No. 00079 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 20-21 WARGARAW ROAD
9) GREENWOOD ABATEMENT CONSULTANTS, INC. 9) Street Address 20-21 WARGARAW ROAD Street Address 20-21 WARGARAW ROAD
9)red Address GREENWOOD ABATEMENT CONSULTANTS, INC. 20-21 WARGARAW ROAD Street Address
FAIRLAWN, NJ
Project Manager for Monitoring Firm Telephone V.
FRED LARSON Telephone Number 973-638-9145 Telephone Number License Number
Schooland Burn Date (10) 973-492-0477
07/11/2017
Occupancy Status During Absternant (Check only one) ENVIROVISION, INC.
Describe
S Fecility Unoccupied During Entire Period of Absternant City, State, Zip Code
ource of Work (Check all that apply)
□ Sulf Containment with Manaking
D > 160 stars 250 M
Demolition Blovebag Procedure
Salion of Asheeles Canadain (*) and Non-Exampted (*) and Non-Exampted (*)
SIGN? (12) VAT. or other bland bysicing halfa ton, surfacing, (Gooding RF
Demont
FILIPACKING 130 LF
Wark Corrier Too NJDEP Waste Heuler D# 28F
Date of National Landing
S.A.O.W.S. MORN Landfill
tes: None Disposal Date City, State
10 Naw Pool 40 B
Montaville, Pa 19087
THONG C. FEDALINO SENIOR PROJECT SEN

Chel# 12008

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) July 10, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address JUL U L ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. □ EPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTONLCAMPUS □ DCA STOS CONTROL & □ Emergency (including City, State, Zip Code X DOL LICENSING justification) PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED A L. . mala a a □ Cancelled Name of Contact Telepho X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NEWELL CENTRAL HEATING, BLDG# 6280 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) COOK CAMPUS Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/21/17 07/24/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Schedule: 3PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure **X**Renovation ☐ Mini-Enclosure □ > 160 sf or > 260 lf ☐ Demolition ☐ Glove bag Procedure / Wrap & Cut X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Boiler Room X TSI X ~9 LF NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill 10 CY Cubic Yards of Waste: 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 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 07/24/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino July 10,2017 MANAGER

State of New Jersey - Notification of Asbestos Abatement-

Check # 12777

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) July 7, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. □ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☒ Amended Notification #1 ☐ DCA add work area, material & City, State, Zip Code LICENSING X DOL PISCATAWAY, NJ 08854 quantity ☑ DEP- No Longer REQUIRED Name of Contact ■ Emergency (including X DOH MICHAEL SMITH, ENV. justification) **HEALTH & SAFETY □**Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) PHARMACY, BLDG# 3750 ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years City (5) County (6) County Code (7) 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) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 07/07/17 07/10/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □ > 3 sf or > 3 lf **⊠**Renovation ■ Mini-Enclosure X > 160 sf or > 260 lf□ Demolition ☐ Glove bag Procedure / Wrap & Cut X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Room 001 Suite X Bench Tops/Transite Panels 140 SF X X Corridor 020 X VAT (including Mastic) 220 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 20 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 07/10/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT July 7, 2017 Raymond C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Name of Building Owner/Operator (2) JUL Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ June 26, 2017 Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETYTDERTONTROL & ☑Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUSG □ EPA ☐ Amended Notification # D DCA City, State, Zip Code ■ Emergency (including X DOL PISCATAWAY, NJ 08854 justification) Telephone Number ■ DEP- No Longer REQUIRED Name of Contact **□**Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PHARMACY, BLDG# 3750 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) BUSCH CAMPUS # of Floors: 6 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) MIDDLESEX **PISCATAWAY** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/07/17 07/10/17 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □ Renovation ■ Mini-Enclosure □>3 sf or > 3 lf ☐ Glove bag Procedure / Wrap & Cut X > 160 sf or > 260 lf ■ Demolition X Non-Exempted (*) and Non-Friable Procedure Amount Abatement Type Is Location Normally Used Description of Asbestos Containing Material Location of Asbestos-Containing (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NO NA X Room 001 Suite Bench Tops/Transite Panels 140 SF X Name of Registered Landfill NJDEP Waste Hauler ID# 15 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509

Signature

Raymond C. Pedalino

07/10/2017

Date

June 26,2017

19067

215-736-1700

MANAGER

SENIOR PROJECT

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO

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Date of Notification (1)					Name o	of Building	Owner/)		U JU	<u>L 1</u>	7 2	017	- Comment
07/08/2017			- Buch		PANK	(AJ V. P	ATEL				Memory					1
Agencies Notified	Тур	e Notification			Street A	Address						ASBEST				L &
EPA EPA		Initial		1	07 01	1 7 0							ICEN	ISIN	<u>G</u>	
DEP DOL		Amended Amendment	±£	1		ate, Zip Co ON NJ. (
	X	Emergency	(including	7		of Contact	00020		_		Tal	ephone Nur				
DOH DCA		justification) Cancellation				AJ V. P.	ATEL				16	ephone mu	nuei			
<u> </u>					1,00,00	ILITY INFO		ION	-		-					
Name of Facility Where PRIVATE	Abate	ement is Takin	g Place (3)					Ty	ype of Facility		Notice of a second				
Street Address									H	School (K- Subchapte		er than K-12	2)			
									X	Other (i.e.	private 8	& commerci	al buil	dings	, hom	es,
City (5)			-						So	etc.) quare Feet	# o	f Floors	TE	Bldg. A	Age	-
EDISON NJ. 0882	0								1.	.700	2		1	72	.5	
County (6)						Code (7)			Cı	urrent Use (Pr	ior if bei	ng demolish	ned)			
MIDDLESEX	-00				(STATE	USE ONLY)			Y	ES					
Name of Monitoring Firm N/A	n Hire	d by Building	Owner (8)	ASC	M No.		1		Abatement Co			_ LL(D.		
Street Address								Street		dress 51 ST.						
City, State, Zip Code			-							e, Zip Code				5 // 100	-	
										H BERGEN	NJ. 07	7047				
Project Manager for Mor	nitorin	g Firm			Telepho	ne No.		Teleph 201		e No. 6.0642		License No	0.			
Start Date (10)	-	Т	Schedu	led Con	nnletion	Date (11)				OSHA Monitor		01000				
07/11/2017			07/12		10.7	()		1		O PROBE L						
Occupancy Status Durin	g Aba	tement (Chec	k Only O	ne)				Street	Add	dress						
Facility Closed/Vac	ated [During Entire F	Period of	Abaten	nent			108	LIB	ERTY ST.						
Abatement Perform Other – Describe:	ned Ou	utside of Norm	al Facilit	y Hours	3					e, Zip Code CHEN NJ. 0	0040					
Scope of Work (Check A	II Tha	t Annly)						IVIE	-	JITEN NJ. C	0040				-	
≥3 sf or ≥3 lf	ur 1110	() (PP))		Renova			•	X		Full Containm		Negative P	ressu	re		
≥160 sf or ≥260 lf			X	Demolit	ion					Mini-Enclosur Glovebag Pro						
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Location				Normal ed Sole				scription		ras es			-	1)	ре	·
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In Facil			Cus	todial S (12)	Staff?		surfa	cing, VA	T, o	r		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)				1			other r	niscellar	neot	ıs)			oval	air	ulat	sure
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KITCHI	EN			X		F	LOOR	LINO	LE	UM	12	0 SF.	Х			
									-							
Name of Registered Was	ste Ha	uler	-L	IN	JDEP W	aste	Cubic	Yards		Name of	Registe	red Landfill				
TRI STATE ASSOC	. INC	:			auler ID 9951	No.	of Was					ITERPRI	SE II	VC.		
City, State BRONX NEW YORK	<						Dispos	sal Date		City, Stat		RG, OHIC)			
Completed by			Title					ignature	1) "	7/	17/2 Dat				
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CK1085

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

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	JUL	1	7	2017			

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Date of Notification (1) 07/10/2017					of Buildin N BASH		Operator	r (2)		S seed to					300
Agencies Notified	Type Notification			Street	Address						ASBEST	OS (<u> </u>
Ĭ EPA	Initial										L1	CEN	OHIO	2	
DEP DOL	Amended Amendmen	++			tate, Zip (07004								
	Emergency	(including			LEWOO		0/631			1 =					
DOH DCA	justification) Cancellation			JOAN	of Contac	EE.				Te	lephone Nu	mber			
	Oariceilador	-			ILITY IN	FORMAT	ION			_ '					
Name of Facility Where Ab	patement is Takir	g Place (3)	175	PIGGILI IIVI	ORWAL	1014	Тур	e of Facility	(4)				-	
PRIVATE								П	School (K-	12)					
Street Address				- ellicon					Subchapte	r 8 (Oth	er than K-1	2)			
								X	Other (i.e. etc.)	private	& commerc	ial bui	ldings	, hom	ies,
City (5)								Squ	are Feet	# 0	f Floors		Bldg.	Age	
ENGLEWOOD NJ								180	00	2			87		
County (6) BERGEN					Code (7) USE ONL				ent Use (Pr	ior if be	ng demolis	hed)			-
Name of Monitoring Firm H	lired by Dulldia	Oumas (0)				-/		N/A							
N/A	med by building	Owner (8)	S	ASC	M No.				atement Co EAST EN				0		
Street Address			-				Street			VIRUI	AIVIEN I A	L LL	Ů.		
									STREET	-					
City, State, Zip Code									Zip Code						
	-								BERGEN.	NJ. 0	7047				
Project Manager for Monito	ring Firm			Telepho	one No.		Teleph	one N	lo.		License N	lo.	1000000	-	
							201-	776-	0642		1300				
Start Date (10)		Schedule	ed Co	mpletion	Date (11))	Name	of OS	HA Monitor						
							ENV	IRO-	PROBE	LAB					
Occupancy Status During A	Abatement (Chec	k Only Or	ie)				Street								
Facility Closed/Vacate	d During Entire F	Period of	Abater	ment					RTY ST.	3					
Abatement Performed Other – Describe:	Outside of Norm	ial Facility	Hour	S					Cip Code	0040					
Scope of Work (Check All T	hat Apply)						IVILI	UCH	IEN NJ.0	8840					
23 sf or ≥3 lf	mac rippiy)	X F				4	X	1 _	2020000	104 8311					
≥160 sf or ≥260 lf		troused.	lenova lemoli				Villa	1 1 0	II Containment- ni-Enclosure		Negative F	ressu	re		
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							1/2	1 No	n-Exempted	d (*) and	Non-Friat	le Pro			
I applies of		- 2	Locat lorma					_					Abate Ty	pe	
Location of Asbestos-Containing Ma		Use	d Sole	ely by	Asbes	Des stos Conta	scription aining M		L(ACM)	Α	mount				
TO BE ABATI	ED	19	ntena odial	ince/ Staff?	(i.e	. thermal	systems	insul	ation,	(S	pecify	Re	D.	Enca	Enc
(13)			(12)				ing, VAT			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste	Hauler		10000	JDEP W		Cubic \			Name of I	Registe	red Landfill	1			
TRI.STATE ASSOC. IN	NC.			lauler ID 9951	No.	of Was			MINER	VA EN	ITERPRI	SE II	VC.		
City, State						Dispos	-		City, State						
BRONX. NY.						TBD					RG OHIO).			
Completed by	-	Title				Si	gnature			1	Da Da			-	
CARLOS ESQUIVEL		SAFE	TY	WANAC	SER		(IV	En	mohn	WHILL	07	/10/2	2017		
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State of New Jersey

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Date of Notification (1) 07-10-17			Name of The Pr	Building O	wner/O	perator ance C	(2) Sompa	any of Am	nerica			, ,		
Agencies Notified Type Notification		1,577	Street Ad 751 Br	ddress oad Stree	et				1	ASBE	STO	S CC	NG	ROL
EPA Initial DEP Amended Amendment				te, Zip Code k, NJ 071										
Emergency (justification)	including	1.00		Contact					Tele	ephone Nun	ber			
DCA Cancellation			5,50,000,550,0	n Barrett					_•					
Name of Facility Where Abatement is Takin	Place (3	١	FACII	LITY INFOR	RMATI	ON	Type	of Facility (4)			4.0		
Name of Facility Where Abatement is Taxing	g i lace (o	,					_	School (K-1	70					
Street Address 751 Broad Street							×	Subchapter	8 (Oth	er than K-12 & commercia		lings,	home	es,
City (5) Newark				102				re Feet	# of 29	Floors		ldg. A 7 yrs		
County (6) Essex			County C	Code (7) USE ONLY)				ent Use (Prinmercial	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	1 No.				tement Cor Environm						
Street Address						100000000000000000000000000000000000000	Addre Broad	ss I Street						
City, State, Zip Code								ip Code NJ 0707	2					
Project Manager for Monitoring Firm			Telephor	ne No.		C 0.433	none N 939-6			License N 00756	ο.			
Start Date (10) 07-11-17(1)Job on Hold	Schedule 08-25-		npletion (Date (11)				HA Monitor alytical, Ir						
Occupancy Status During Abatement (Chec						SEC. (***) (***) (**)	Addre West	ss 38th Stre	et					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Hours	ient			F) 1500		ip Code , NY 100	18					
Scope of Work (Check All That Apply)						23.55		SHA Class						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				>	Fu Mi Gl	II Containm ni-Enclosur ovebag Pro	ent with e cedure	n Negative P			е	
	Is	Locati	on									Abate	ement pe	į
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/		os Cont hermal surfa	scription taining N system cing, VA niscellar	Materia s insul AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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											-			
Name of Registered Waste Hauler			JDEP W			Yards		Name of	Registe	ered Landfill				
ATC, Inc. / JBT (50071)			lauler ID 4310	No.	of Wa TBD					erprises				
City, State Shirley, NY / Bronx, NY					TBD	sal Date	15	City, Sta Wayne	te sburg	, OH 4468				
Completed by Kevin Moriarty	Title Proje	ect Ma	anager		5	Signatur	e'	Ma	I	07	te 7-10-	17		

		200000000000000000000000000000000000000	5	State of New	Jersey						
Project #				N OF ASBES			Check #	3867			
		(1	uisuaii	it to NOAC 6.	30 and 12.12	o,	[P	Pa			
Date of Notification (1)			Name	of Building Ov	vner/Operato	r (2)		G U			\\/
07/09/2017			Wayn	e BOE			IIYI				U
Agencies Notified Type Notification	on		Street	Address							
EPA Initial			50 Ne	ellis Drive				100	1	7 :	2017
DEP Amended		Ī	City, S	tate, Zip Code	9						
DOL Amendme	ent # cy (includin			e, NJ 0747	70		Line Line				
DOH justification Cancellat		9	Name	of Contact			Telephone	Number	0.51	CON	ITRO
DCA Cancellat	ion		John	Maso							3
Name of Facility National Advanced in Tax	.: Di	(0)	FAC	CILITY INFOR	MATION	T= /=					
Name of Facility Where Abatement is Ta	king Place	(3)				Type of Faci	lity (4)				
Packanack School						School					
Street Address						Subcha Other (i	opter 8 (Other than in i.e. private & comm	K-12) ercial bu	ildinas	hom	100
190 Oakwood Drive						etc.)		01010100	gc	,	.00,
City (5) Wayne, NJ						Square Feet	# of Floors		Bldg.	Age	
County (6)				Code (7)		Current Use	(Prior if being demo	olished)			
Passaic County											
Name of Monitoring Firm Hired by Buildin	g Owner (8	3)	ASC	M No.	11100000111000		Contractor (9)				
RAMM						Restoration	1 LLC				
Street Address					100000000000000000000000000000000000000	Address					
77 Nottingham Rd						ookside Ro					
City, State, Zip Code						State, Zip Code					
Fair Lawn						olph NJ 0					
Project Manager for Monitoring Firm				one No.		none No.	Licens				
Rodger Headrick	Ta			175-9880		33-2550	01133	3			
Start Date (10)	4			Date (11)		of OSHA Mon	itor				
07/20/2017	07/22/				IRIS						
Occupancy Status During Abatement (Ch	100					Address					
Facility Closed/Vacated During Entire	e Period of	Abater	nent			RT 22					
Abatement Performed Outside of No Other – Describe:	rmai Facilii	y Hours	S		01.1	tate, Zip Code					
Scope of Work (Check All That Apply)					Union	, NJ 07083	3				
(100m)	-				F	7					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	2000000	Renova Demolit				Mini-Enclo Glovebag I				re	
		s Locat	ion				1	1	-	emen	t
Location of	1	Normal			Description	-1			Ty	уре	8
Asbestos-Containing Material (ACM)		ed Sole		Asbestos	Description Containing M	laterial (ACM)	Amount			Ш	
TO BE ABATED In Facility		stodial S			ermal systems		(Specify	Re	20	Encapsulate	Enclosure
(13)		(12)			surfacing, VA her miscellan		SF or LF)	Remova	Repair	psu	dosu
	Yes	No	N/A	1		a service and an		<u>a</u>	-	late	ıre
Boys & Girls Bathroom	100	X	10/5	TSI			8 elbows	×			
				101			lo elbows				
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Name of Registered Waste Hauler			JDEP V		ubic Yards	Name	of Registered Land	dfill	1		\vdash
Nick Restoration LLC			auler ID 3782		f Waste BD	G.R.	D.W.S				
City, State Randolph, NJ 07869					isposal Date	City, S	State own, PA				
Completed by	Title			111	LSignature	1	7	Date			_
Elvira Mrda	Presi	dent			6/1	noo l	lucla 1	07/9/20	17		
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CK 22393			FICATIO	N OF ASE	ew Jersey BESTOS A 8:60 and					E				E
Date of Notification (1) 7/11/2017					Owner/Op				land land	JU	JL 1	7	2017	
Agencies Notified Type Notification EPA Initial				Address CLIFTON	N AVENU	JE, P	ОВС	X 9500		ASBES	TOS	CON	VTRO	DL (
X EPA X Initial DEP Amended X DOL Amendmen	t #		970.00	tate, Zip C ARK, NJ	ode J 07104-0	0500					JOEI	YOR	<u>a</u>	
区)	g	Name o	of Contact					Telep	hone Nu	ımber			
M 50.1. Caricollation			W 10000000		ORMATIO	N			3				-	_
Name of Facility Where Abatement is Takir OUR LADY OF ASSUMPTION SO	ng Place i	(3)	170	TELLY HEL	ORMATIO			of Facility (4						
Street Address 92 WEST 23RD STREET								School (K-1) Subchapter Other (i.e. p	8 (Other	than K-1	2) ial bui	ldings	, hom	es,
City (5) BAYONNE								etc.) ire Feet	# of F	loors		3ldg. /	Age	
County (6) HUDSON				Code (7)	0		Curre	ent Use (Pric	r if being	demolis	hed)			
Name of Monitoring Firm Hired by Building ENVIROVISION CONSULTANTS,		3)	ASC	M No.				atement Con			IG. IN	IC.		
Street Address 20-21 WAGARAW ROAD, BUILDI	Ξ	11.		- ;	Street	Addre				-, 11				
City, State, Zip Code FAIR LAWN, NJ 07410					City, S	tate, Z	ip Code , NJ 0751:					- 1015-101		
Project Manager for Monitoring Firm FRED LARSON		Telepho	one No. 36-9145		Teleph	200	0.	L	icense N	10.				
Start Date (10) 7/26/2017	Schedu 8/28/2		mpletion	Date (11)	1	Name	of OSI	HA Monitor (9) ABO\						
Occupancy Status During Abatement (Chec	k Only O	ne)			5	Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe:	Period of nal Facilit	Abater y Hour	ment s	-		City, St	tate, Z	ip Code						_
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demoli				×	Mir Glo	l Containmenti- ni-Enclosure ovebag Procen- n-Exempted	edure	37().				
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Location of		Norma	lly		Descr	ription	of					Ту	/ре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial ((12)	nce/		tos Contair thermal sy surfacin other mis	stems	insula Г, or		Amo (Spe SF or	ecify	Remova	Repair	Encapsulate	Enclosure
MAIN BOILER ROOM	Yes	No	N/A		D: !								Ite	С
WAIN BOILLIN NOON			-		Pipe In	ACCOUNT OF THE PARTY	Contract to the Contract of th		60		X			
	terior Boi eching/D				420		X							
	Die	eciling/D	uct II	isuld	uOH	423	35	X						
ame of Registered Waste Hauler	/aste	Cubic Ya	ards		Name of R	enisterer	d Landfill							
TWO BROTHERS CONTRACTING Hauler ID No. of 18743								WASTE				.R.C).W.S	3.
ity, State OTOWA, NJ	Disposal 8/14/20			City, State	SVILLE	PA								
completed by	Title				Sigr	nature		1 /)	Da	te			-
IVECA RAMOS	PRO	JECT	COOF	RDINATO	OR	11/	2007 0000	. X	/	7/	11/20	117		

CK 22392) N		ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE				<u>E 9</u>		7 26	47	
Date of Notification (1) 7/11/2017				f Building						JUL	-1-			
Agencies Notified Type Notification EPA X Initial				LIFTON		UE, P	о во	X 9500		ASBEST	OS (CON	TRO G	L&
▼ EPA □ DEP □ Amended □ Amendment # □ Emergency (i		_		ate, Zip Co ARK, NJ		-0500			1					
X DOH justification) X DCA Cancellation	icidaling			f Contact AUGO	JRG				Tel	ephone Nu	mber	•		
			FAC	ILITY INF	ORMATI	ON			i Stati					
Name of Facility Where Abatement is Taking OUR LADY OF ASSUMPTION SCH							×	of Facility (4 School (K-1)	2)					
Street Address 92 WEST 23RD STREET							Ħ	Subchapter Other (i.e. p etc.)				dings	home	es,
City (5) BAYONNE							Squa	re Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6) HUDSON				Code (7) USE ONLY)		Curre	ent Use (Prio	r if bei	ng demolisi	ned)			
Name of Monitoring Firm Hired by Building O ENVIROVISION CONSULTANTS, I			ASCN	Л No.				tement Con OTHERS (10.00	G, IN	IC.		
Street Address 20-21 WAGARAW ROAD, BUILDIN	G 35E					Street 11 V		ss .AND AVE	ENUE					
City, State, Zip Code FAIR LAWN, NJ 07410						0.5100		ip Code , NJ 0751	2					
Project Manager for Monitoring Firm FRED LARSON			Telepho 973-63	ne No. 36-9145		Teleph 973-	one N			License N 00494	0.			
	Scheduled 8/28/20		npletion	Date (11)				HA Monitor (9) ABO	/E	, , , , , , , , , , , , , , , , , , ,				
Occupancy Status During Abatement (Check	Only One)				Street	-							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:						City, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	enova emolit				×	Mir Glo	I Containme ni-Enclosure ovebag Proci n-Exempted	edure				e	
1	0.7000	.ocat										Abate	7.0	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	itena	ly by nce/ Staff?		tos Cont thermal surfac		laterial s insula T, or		(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure	
CVMANACILIMA © ALIDITODII IM	No	N/A	DODG	ODNIO		2.00	ATINIC		105			te	CD	
GYMNASIUM & AUDITORIUM		X		POPC	JKN C	EILING	3 00	ATING	9	,425	X			
Name of Registered Waste Hauler		N	JDEP W	/asto	Cubic '	Varde		Name of E	Pagisto	red Landfill				
TWO BROTHERS CONTRACTING	Н	auler ID 8743		of Was				30	NAGEME	NT G	.R.C	.W.S	3.	
City, State FOTOWA, NJ					Dispos 8/14/2	al Date		City, State MORRI		_E, PA				
Completed by	COOF	POINAT	Control of the Control	ignature		- 0		Da	te 1 1 / 2 0	17				

Print Form

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16 PRE 21 FON	15		ICATION ursuant	ate of New N OF ASB to NJAC	8:60 and	ABATE 1 12:12	0)	Т		E C]	<u>V</u>		2000
Date of Notification (1) 07/10/2017				f Building elin Sch		perator	(2)	Constitution of the Consti	U U	JU	LI	/	2017		Land
Agencies Notified Type Notification	on	-	Street A							25.50	TO 0	00	ITO	01.0	
× EPA × Initial									A.	SBES'	IOS IOEN			UL à	st.
X EPA X Initial Amended Amendme	ent#			ate, Zip Co sburg, F		32		-	V-01						
Emergence	y (including			f Contact	7,, 100		-		Tel	ephone	Numb	er			_
DOH justificatio			(1000) (100 Bits)	elin Sch					<u> </u>			_			
Name of Facility Where Abatement is Tal	king Place (3)	FACI	ILITY INFO	ORMATI	ON	Tvp	e of Facility	(4)						
House		-/					П	School (K-							
Street Address							×	Subchapte Other (i.e.	r 8 (Oth	er than	K-12)	huild	lings	home	26
0.000								etc.)	: 						, ,
City (5) West Orange							N/A	ıare Feet ∖	# 0 N//	f Floors A			ldg. A /A	ge	
County (6) Essex				Code (7) USE ONLY)			rent Use (Pr USE	ior if bei	ing dem	nolishe	d)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8))	ASCN	И No.				oatement Co atement, Ir		(9)					
Street Address						Street 11 R		ess ngren Ave	nue						
City, State, Zip Code								Zip Code NJ, 07512	2						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		No. -8685		Licen:	se No. 1	9			
Start Date (10) 07/20/2017	Schedul 07/21/		npletion	Date (11)				SHA Monitor atement, Ir							
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street									
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: Occupied					_	City, S	State,	ngren Ave Zip Code NJ 07512	0.00						
Scope of Work (Check All That Apply)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,								
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				> >	V G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure					e.	
Location of		Locati Normal			Dec	scription	101						Abate Ty	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Material (ACM) Material (ACM) ATED ty Used Solely by Maintenance/ Custodial Staff? (i.e. therms						Materi	ulation,	(5	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											ate	e
Basement		X			Pipe	Insula	ation		11	60 LF		X			
Name of Registered Waste Hauler		N	IJDEP W	/aste	Cubic	Yards		Name of	Registe	ered Lar	ndfill				
0&S Abatement, Inc.	<u> </u>	100000	lauler ID 0996	No.	of Was			Waste	Mana			PA		10,2 5 5	
City, State Fotowa, NJ					Dispos TBD	al Date		City, Sta Morris		Α					
Completed by Ned Joksimovic	Title Proje	ect Ma	anager		S	ignature	9	4/			Date 07/		017		

CK1407	NC		CATION	ate of Ne OF ASB to NJAC	ESTOS	ABATE			Personal Property of the Comments of the Comme			3 1		<u>L</u>
Date of Notification (1) 07/10/2017				Building			(2)	1911 - 1502 - 1		ال إلــــ	JL	1 7	201	7
Agencies Notified Type Notification EPA Initial			Street A	^{ddress} arket St	reet					ASBES				OL
X DEP Amended X DOL Amendment				te, Zip Co ille, TN							111,1-	NSI	نالا	
 Emergency justification) DCA Cancellation 	, ,			Contact a Lane					Tel	ephone Nur	nber	-		
			FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Takir House	g Place (3)							of Facility (58					
Street Address							×	Subchapter Other (i.e. p	8 (Oth	er than K-12 & commerci		dings	, hom	es,
City (5) Asbury Park								etc.) re Feet	# o	f Floors	1 2023	Bldg. A	Age	
County (6) Monmouth			County (Code (7) USE ONLY)	_	Curre		or if bei	ing demolish	ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.				tement Con ement, In		(9)				
Street Address						Street A		ss gren Aver	nue					
City, State, Zip Code								ip Code J, 07512						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-3				License N 01311	0.			
Start Date (10) 07/21/2017	Scheduled 07/22/20		npletion [Date (11)				HA Monitor ement, In	C.					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire			ont			Street /		ss gren Aver	ue					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:								p Code J 07512						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	nova				×	Mir Glo	i-Enclosure vebag Proc	edure	Negative P			e	
	V2073377	ocation rmall	2000										emen pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	S-Containing Material (ACM) TO BE ABATED In Facility Used So Mainter Custodia					scription aining M systems cing, VAT niscellane	aterial insula T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		No	N/A		Usonan	VOI 5045 5				mpler events			G G	
Basement		X			Pipe	Insulat	tion		12	20 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.	H	JDEP Wa auler ID I 996		Cubic of Was		i i	301 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ered Landfill gement of	PA				

Disposal Date

Signature

TBD

Project Manager

City, State

Totowa, NJ

Completed by

Ned Joksimovic

Date

07/10/2017

City, State

Morrisville, PA

Print Form

11 2017 04:10PM 7/11/2017 18:08			OTIFIC	St: CATION	4 ste of Nev OF ASSE to NJAC (BOTSE	ABATEMI	• Int			000:	[3/0]
Date of Notification (1) 07-11-2017			D	Nama ol Vionto	Bullding (air Kim	owner/orberly	Acade	my h	ASBESTOS	1991	TRO	8
Agencies Notified	Type Notification				ddress alley Ro			7 1	JUL + 1.10 5	10014	2	+
む EFA 送 DEP 気 DOL	Initial Arnended Amendment	4			ta Zip Co lair, NJ)	IA/A	IVER APPR	OVE	<u>n</u>	- \
© DCA	Emergency (justification) © Cancellatio	induding	-	Name of	Contact Dombro			VVP	Telephone Nu			
vame of Facility Where A	ibatement is Taking	Place (3	1	FACI	LITYINFO	ORMATI		Type of Facility	14)			
Jame of Facility Where A liddle School Street Address 01 Valley Road	*				71			School (Subchap		12) ial build	lings,	home
City (5) Contclair								etc.) Square Feet	# of Floors	6	ldg. A	ge
Sounty (6)				County (Code (7) USE ONLY)		Current Use (Pr	flor if being demoils	hed)		
lame of Monitoring Firm Detail Associates	Hired by Building (Owner (8)		ASCN	/ No.			Abstement Co Corporation	ontractor (\$)			
Greet Address 300 Grand Ave							Street A					4 74 = 37
Englewood, NJ C	7631							ate, Zio Code land Park, N				- 14
Project Manager for Mon Anthony Valentin			7	Telepho 201-56	ne No. 59-6708	-		ne No. 25-8400	Licensie N 01104	No	******	- 4 × ·
Start Date (10) 7-17-2017		Schedul 07-19-	ed Con 2017	npletion	Date (11)		Name o	f OSHA Monito				
Decupancy Status During Facility Closed Vi Abatement Perfor Other - Describe	scated During Entire med Outside of Nor	e Period o	Abate	≇ment rs			Street A 2333 I					
Scope of Wark (Chack A ED 23 af or 23 if ED 2160 af or 2250 if	li Thet Apply)	(X)		novation notition			Onion G	D Full Conta D Mini-Encio D Glovabag	sinment with Negistr soure procedure npled (*) and Non-F			dure
Location		No	Locat maily i Solely i	Used	1.	De	scription (of			Abat	emer /pe
Asbestos-Conteining TO BE AB In Faci (13)	ATED Ny	Me	todial (12)	nce/ Staff?	Asbes (l.e	therina .	itaining Ma i systems toing, VAT miscelans		Amount (Specify SF or LF)	Domous	Repair	Escapsulate
Room # 312		Yes	No	N/A	wall pl	antar			TAR ON		<u>.</u>	aïe
		+	×	+	· ·	70161			100 SF		×	ļ
		+	x									
Name of Registered Was Lilich Corporation	ste Hauler		ŀ	NJDEP V Hauler ID 8724		Cubic of Wa	Yards iste	Name o GROV	il Registered Landh VS Landfill	11		1
City, State Woodland Park, N	ew Jersey					Dispo	szi Date	City, St.	ete Sville, PA		'	. Italia
Completed by		Title	dent			1	Signature		· 10	ate 7/1 /2		**

Check#2825		NOTI		ATION	tate of No I OF AS nt to NJA	BESTO	S ABAT	EMENT	DEG	E	V	7 [
Date of Notification (1)				Name	of Building	g Owner/0	Operator (2)		17	201	7	
	12 / 1	17		Indith	Giancola	1			II II JUL	. 1 6	20	I.I.	-
Agencies Notified	Type Notificatio	n			Address								\pm
☐ EPA									ASBEST	OS CO CENSI		ROL	. &
DOLWD	Amended Amendment	44		City,	State, Zip 0	Code			<u> </u>	OFINO	140		-
☑ DHSS	Emergency (Cliffs	ide Park,	NJ 0701	0						
(NJAC 5:23-8)	justification)				of Contac				Telephone Num	nber			
	☐ Cancellation			Judith	Giancola	L				-			
				FA	CILITY IN	FORMA	TION			7			
Name of Facility Where A	Abatement is Taki	ing Place	(3)					Type of Facility	(4)				
Private house								School (K-1		01			
Street Address									8 (Other than K-1 2 private and comme		Iding	S.	
								homes, etc.					
City (5)						**************************************		Square Feet	# of Floors	Blo	ig. A	ge	
Cliffside Park, NJ 070	10												
County (6)				Cour	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being demol	ished)			
Bergen Name of Monitoring Firm	Hirad by Building	- Owner	0)	100014	N	1.,							
realic of Montoning Firm	Timed by building	3 Owner (0)	ASCM	NO.	1		ent Contractor (9)				
Street Address						Gr Tec	h LLC Address						
Oli Cot / Marcos							lley Rd #	1202					
City, State, Zip Code						-	ate, Zip C	with the same of t			-		
							NJ 0747						
Project Manager for Mon	itoring Firm	shinks 2	Te	ephone	No.	Telepho	The second secon		License No.				
						973-63	8-1777		01127				
Start Date (10)	Annual Control of the	eduled C					of OSHA N	fonitor					
Occupancy Status During	Abatement (Che	eck only o	ne)				Address	iii gaitaitis, iii e			000	-	
						20-21 V	Vagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:					scribe AM		ate, Zip Ci						
		L IAIN	_' ''		AIVI	Fair La	wn, NJ 0	7410					
Scope of Work (Check all	that apply)								nation with negative	e press	ure		
>3 sf or >3 If > 160 sf or >260 If		ズ Re	nova	tion		Н	Mini-End	tainment with Ne losure	-				
≥ 160 sf or ≥260 lf		☐ De	molit	ion		\bowtie	Gioveba	g Procedure	Tent with Negativ	e Press	ure		
		l le	Loca	etion	T		NOII-EXE	inpled () and N	I I I I I I I I I I I I I I I I I I I		tom	ent T	VDC
Location		1	Norm	ally		De	scription o	of					T
Asbestos-Containing TO BE ABA				lely by ance/		stos Cont	aining Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facili		Cus		Staff?	(1.6		cing, VAT	insulation, , or	(Specify SIF or LF)	BVOI	air	psu	osur
(13)		_	(12	1	-	other i	niscellane	ous)		=		ate	Ф
		Yes	No							-			_
Basement		14	Ш	\boxtimes	Pipe inst	ulation			80 LF	\boxtimes			Ш
		П	П	П								П	П
Name of Registered Was	ste Hauler		H	JDEP Wast	l e Hauler ID No.	Cubic Ya	rds of Was	Name of Regi	stered Landfill	brand			
Gr Tech LLC	nn e 186-1415 (1.5 5 75 5)			00337		TB		-					
City, State				00337	00	Disposa		T.R.R.F. Inc					
Wayne, NJ 07470									14				
Completed By (Print or T	vpe) IT	itle				TBI	nature /	Tullytown, P		ate			
N.Jevtic		wner					11	dic Wenas		7/12/17			
ASB-41		WIICI	-				1/2	wic Wenas	¥ [U	//12/1/			

CK 4803			FICATIO	State of N N OF ASI It to NJAC	BESTOS	ABATE			fill	as l	nit	al		
Date of Notification (1) 07/10/2017			Name Westfi	of Building ield Boar	Owner/ d of Edu	Operator ucation	r (2)		4,00	check#	± 4803			
Agencies Notified Type Notification	************			Address Im Street					愐	EG				
[X] EPA D Initial [X] DEP D Amended [X] DOL Amended	t#			tate, Zip Cield, NJ C						i JUL	1	7 20	17	-
☑ DOH justification ☑ DCA Cancellation		ing		of Contact el Morris					Tel	ephone Ni	Day Sole			
1/4			FAC	ILITY INF	ORMAT	ION	No.		1'-	HODEGI	CENS			. &
Name of Facility Where Abatement is Takir Roosevelt school	ng Place (3)					Type of	Facility	(4)			223-43-4	**********	
Street Address 301 Clark Street							☐ Su ☐ Oth	nool (K- bchapte ner (i.e.	er 8 (Oth	er than K-	(2) cial bui	ldings	, hom	nes.
City (5) Westfield				(d 			etc.) Square	Feet	# 0	f Floors		3ldg. /	Age	
County (6) Union				Code (7) USE ONL	0		Current school	Use (P	rior if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building Detail Associates, Inc	Owner (8)	ASC	M No.		Name Lilich	of Abater Corpora	nent Co tion	ontractor	(9)				
Street Address 300 Grand Ave							Address IcBride A	√ve						
City, State, Zip Code Englewood, NJ 07631						City, S Wood	state, Zip (lland Par	Code k, New	v Jersey	,				
Project Manager for Monitoring Firm Anthony Valentine			Telepho 201-56	one No 39-6078			one No. 25-8400			License N 01104	No.			
Start Date (10) 07-14-2017	Schedul 07-18-2	ed Co 2017	mpletion	Date (11)		Name Iris Er	of OSHA vironme	Monitor ntal La	r aborator	ies, LLC				
Occupancy Status During Abatement (Chec							Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: start 3 pm unocci	nal Facility	Abater / Hour	ment s			City, S	Route 22 tate, Zip 0 on, NJ 07	Code	-			***		
Scope of Work (Check All That Apply)					10000	01110								
☐ ≥3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		Renova Demolit					Mini-E Glovel	nclosur pag Pro	e cedure	Negative I			3	
	107.5	Locat	2000						l dire	71101111101	101	Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Use	Norma d Sole	ely by	Ashes		scription	of laterial (A	CNA)	^-	mount		T	pe	I
TO BE ABATED In Facility (13)	TO BE ABATED In Facility Maintena (ACM) Maintena Custodial						insulation T, or eous)		(Sp	or LF)	Removal	Repair	Encapsulate	Enclosure
	No	N/A								<u>a</u>	-	late	o o	
Boiler room	X			TSI-Boi	ler bre	eching			420 SF	:	Х			
Boiler room	Х			TSI-Pip	e insula	ation w	fibergl:	ass	540 LF	:	Х			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yarde	l NI	ama af	Posiste	ed Landfill				
Lilich Corporation		H	lauler ID 18724		of Was				Kegister V.S Lan					
City, State Woodland Park, New Jersey			ALONDO PORTE	-	Dispos	al Date		ity, Stat	е	isville, PA				-
Completed by Momo Glavatovic	Title Pro	ject m	nanager		Si	gnature	1	1		Da		017		

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

			Pursuai	nt to NJA	C 8:60 a	nd 12:120)) <u>E</u> (GE		V	E I
Date of Notification (1) 07/12/2017			Name Westi	of Buildin ield Boa	g Owner rd of Ed	Operator (ucation	2)			k# 4800	3		
Agencies Notified Type Notifica	tion			Address Im Stree	ŧ	1		141	<u> </u>	JL-1	7-2	717	- []
☒ EPA X Initial ☒ DEP ☐ Amende ☒ DOL Amendr			City, S Westf	tate, Zip (ield, NJ (Code 07090				ASBES	TOS (CONT	ROL	
☐ Emergen ☐ DOH Justifica ☐ DCA ☐ Cancella	tion)			of Contact				Te	lenhone h	<u>ICEN</u>	SING		
			FAG	CILITY IN	FORMAT	TION							
Name of Facility Where Abatement is T Roosevelt school	aking Place	(3)					Type of Facilit	y (4)					
Street Address 301 Clark Street							School (kSubchapOther (i.e	ter 8 (Oth	er than K & comme	(-12) ercial bu	ıilding:	s, hom	ies,
City (5) Westfield							etc.) Square Feet	# 0	f Floors		Bldg.	Age	
County (6) Union				Code (7)			Current Use (F school	Prior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Build Detail Associates, Inc	ing Owner (8	3)	ASC	M No.		Name of Lilich C	f Abatement Corporation	ontractor	(9)				
Street Address 300 Grand Ave						Street A 606 Mc	ddress Bride Ave		1,110				
City, State, Zip Code Englewood, NJ 07631				-		City, Sta Woodla	ite, Zip Code and Park, Ne	w Jersey	/				
Project Manager for Monitoring Firm Anthony Valentine				59-6078		Telepho 973-22			License 01104				
Start Date (10) 07-28-2017	07-31-	2017	mpletion	Date (11)	Name of Iris Env	OSHA Monito ironmental L	or aborator	ies, LLC	;			
Occupancy Status During Abatement (C Facility Closed/Vacated During En	ire Period of	Ahate	ment			Street Ac 2333 Re	ddress oute 22 Wes	t			-		
Abatement Performed Outside of N Other – Describe: <u>start 3 pm uno</u>	ormal Facilit	y Hour	S			City, Sta Union	te, Zip Code , NJ 07083						
Scope of Work (Check All That Apply)													
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 		Renova Demoli	X 100 T				Full Contains Mini-Enclosu Glovebag Pr	ire	Negative	Pressi	ure		
							Non-Exempt	ed (*) and	d Non-Fri	able Pro	ocedui	е	
Location of		Norma	lly		De	scription of	;					emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial (12)	nce/	Asbe: (i.e	stos Coni thermal surfa	taining Mat systems ir cing, VAT, niscellaned	terial (ACM) nsulation, or	(Sp	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
D - 11	Yes	No	N/A							=		ate	O.
Boiler room	X			-	iler bre			420 SF	=	×			
Boiler room	X			TSI-Pip	e insula	ation w.f	iberglass	540 LF	:	X			
Name of Registered Waste Hauler		l N	IJDEP W	/aste	Cubic	Yards	Name	f Register	ed Landf	ill			
Lilich Corporation			lauler ID 18724	No.	of Was		La construent instrument	W.S Lan		ш			
City, State Woodland Park, New Jersey						sal Date	City, Sta		isville, P	A	-6.1	22	inecess (1)
Completed by Adriana Olejarova	Title Pre	siden	t			ignature	1 62			ate 07/12/	2017		
ASB-41 (R-06-08)						* pg not u	se this form fo	r asbesto	s licensu	re exer	npted	activit	ies.

CKLIS	818			FICATION	State of N ON OF AS nt to NJA	BESTOS	ABATE		DE	2 E		\mathbb{V}	
Date of Notification (1) 07-12-2017				Name Wayr	of Buildin e Board	g Owner/ l of Edi	Operator cation	(2)	Care	Jeh#	4818	2017	and the contract of the contra
Agencies Notified © EPA	Type Notification	1			Address ellis Dri	ive	1		ASBES))L &
⊠ DEP ⊠ DOL ⊠ DOH	AmendedAmendmerEmergency	nt #	g	Way	State, Zip (ne, NJ 0 of Contac	7470				LIGE	ASÍM	<u>G</u>	
I⊠ DCA	justification © Cancellat				Maso	·L			Telenhone Ni	imner			
Name of Facility Where	Abatement is Taki	na Placa ((2)	FA	CILITY IN	FORMAT	TION						
Wayne Hills High s		ing Flace ((3)					Type of Facility School	Table Transfer				
Street Address 272 Berdan Ave					1	****		SubchaOther (i.e	pter 8 (Other than K private & commerce	(-12) cial bui	ldings	, hom	ies.
City (5) Wayne								etc.) Square Feet	# of Floors		Bldg.	Age	
County (6) Passaic				County (STATE	Code (7) USE ONL	Y)		Current Use (F	Prior if being demolis	shed)			
Name of Monitoring Firm Ahera Consultants,	Hired by Building Inc	Owner (8)	ASC 0057	M No.		Name Lilich	of Abatement C Corporation	ontractor (9)				
Street Address POB 385							Street 606 N	Address AcBride Ave	e				
City, State, Zip Code Oceanville, NJ 082							City, S Wood	tate, Zip Code Hand Park, 1	NJ 07424				
Project Manager for Moni John Smoyer	toring Firm			Teleph 609-65	one No. 52-1833		Teleph 973-22	one No. 25-8400	License I 01104	Vo.			
Start Date (10) 07-28-2017		07-30-	-2017	mpletior 7	Date (11)		Name Iris E	of OSHA Monito nvironmenta	al Laboratories	, LL			NCT1
Abatement Perform	Vacated During En	ntire Perio	d of Al	batemen urs	t		2333	Address Route 22 W late, Zip Code	est				
Scope of Work (Check All							Union	i, NJ 07083					
≥3 sf or ≥3 lf ⑤ ≥160 sf or ≥260 lf		(S)		novation nolition			X 6 6 6	Mini-Enclosure Glovebag Prod					
		15	s Locat	tion					(, ====================================	T	Abate	emen	t
Location Asbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM) TED	Ma	rmally Soleiy aintena stodial ((12)	by ince/ Staff?	Asbe:	stos Cont thermal surfa	scription taining M systems cing, VAT niscellane	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A						<u> </u>		late	97.7
auditorium stage sub-fl				Х	soft cre	te			35 SF	x			
auditorium stage sub-fl	oor	-		x	mastic				35 SF	X			
Name of Registered Waste	e Hauler		4	IJDEP W		Cubic		Name of	Registered Landfill			ndind ke ke — I	
City, State				lauler ID 8724	INO.	of Was	ste sal Date	GROW City, Sta	/S Landfill		The second second		
Woodland Park, NJ								Morris	ville, PA				
Completed by driana Olejarova		Title preside	ent			S	ignature	100	Da 07-	te 12-20	117	- 14	
SB-41 (R-06-08)							* Do not	use this form for	r asbestos licensure	exem	pted a	ctiviti	es.

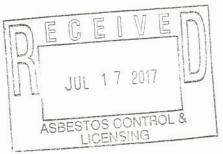
CK481	7			FICATIO	State of N ON OF AS nt to NJA	BESTOS	BABATE		DE	G [\mathbb{V}	E
Date of Notification (1) 07/12/2017				Name Fort L	of Buildin ee Boro	g Owner/ ugh Hall	/Operator	r (2)	che	eck# 48	177	201	7
Agencies Notified	Type Notification			6/1/20/14/20/20/20	Address Main Stre	et	1		I had heat	001			
□ EPA 図 DEP					State, Zip		Average and		ASB	ESTOS			OL 8
図 DOL	Amendmen Emergency (i			Fort L	.ee, NJ C	7024			-	LICE	:NS11	vG_	
⊠ DOH ⊠ DCA	justification) □ Cancellation				of Contac				Talanhana	Mumhar			neenadi e
				FAC	CILITY IN	FORMAT	ION						77 E (77 VI
Name of Facility Where A Borough Hall	Abatement is Takir	ng Place	(3)					Type of Facilit	y (4)				
Street Address 309 Main Street				*				Other (i.e.	12) r 8 (Other than K- private & commer	12) cial buil	dings,	home	3 5,
City (5) Fort Lee		The state of the s				() 		etc.) Square Feet	# of Floors	T	Bldg.	Age	
County (6) Bergen					Code (7)			Current Use (F Town buildin	Prior if being demo	lished)			
Name of Monitoring Firm Detail Associates, Inc	Hired by Building	Owner (8	3)	ASC	CM No.		Name Lilich	of Abatement C Corporation	Contractor (9)				tone to
Street Address 300 Grand Ave								Address IcBride Ave					
City, State, Zip Code Englewood, NJ 07631							City, S Wood	tate, Zip Code land Park, Ne	w Jersey				
Project Manager for Moni Anthony Valentine	toring Firm			Teleph 201-56	one No 59-6078			one No. 25-8400	License 01104				
Start Date (10) 07-29-2017		07-31-	2017	mpletion	Date (11)		of OSHA Monito	or aboratories, LL(-
Occupancy Status During		- 5	100			-58-11-23		Address Route 22 Wes	+				
☐ Abatement Performe ☐ Other – Describe:	ed Outside of Norm	Period o	f Abate ty Hour	ment 's			City, S	tate, Zip Code on, NJ 07083					
Scope of Work (Check All	That Apply)												
X ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			Renova Demoli				 X	Mini-Enclosu Glovebag Pro	ment with Negative oredure/ <u>Limited C</u> ed (*) and Non-Fr	ontainm	ent	il	
			s Loca	tion				Non-Exempt	ed () and Non-Fr	ablePic		e emen	ıt.
Location			Norma ed Sole	illy		De	scription	of				/pe	Т
Asbestos-Containing N TO BE ABA	TED	M	aintena stodial	ince/	Asbe (i.e	stos Cont thermal	taining M systems	aterial (ACM) insulation,	Amount (Specify	R		B	m
In Facility (13)	У	l ou.	(12)			surfa	cing, VAT	Γ, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				,		/8	1	late	l e
1st floor lobby			x		TSI-Pip	e insula	ation		24 LF	X			ļ.
												alwie s	
3													
Name of Registered Waste	e Hauler			JDEP W	Vaste	Cubic	Yards	Name of	Registered Land	1			l
Lilich Corporation			H	lauler ID 18724		of Was			V.S Landfill	***			
City, State Woodland Park, Nev	w Jersey					Dispos	al Date	City, Sta		A			
Completed by Adriana Olejarova		Title pre	siden	t		S	inalitre	1 (4)		Date 07-12-	2017		
ASB-41 (R-06-08)	1			74.6		1	Dongt	use this form fo	r asbestos licensi	ıre exer	npted	activit	ties

Ch419	13	NOT		MOITA	N OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1		DEC		\mathbb{V}		7
Date of Notification (1)				Name	e of Buildir	ng Owner/Operator ((2)	11)				
7 /	11 /	17		Volentin.		Board of Educat	1974	II I JUL	1 7	201	7	
Agencies Notified	Type Notific	cation	-	Stree	et Address							+
⊠ EPA					Villiams	Street	And assessed	ASBESTO	S CO	NTR	OL	اـ 8
□ DOLWD	☐ Amende			-	State, Zip				ENSH		-	
Ø DOH	Amenda		-			NJ 08028						200000000000000000000000000000000000000
☐ DCA (NJAC 5:23-8)	∐ Emerge justifical	ncy (including	9		e of Contac			Telephone Nur	nher			
(140/10/03/20-0)	Cancella					onstruction		r disprioris rui	11001			
				1								
Name of Facility Where	Abatament is	Takina Dlass	(2)	FA	CILITY II	NFORMATION	T- 25 10					
J. Harvey Rodger		Taking Place	3 (3)				Type of Facility					
Street Address				-				8 (Other than K-1		71. 11		
301 Georgetown I	Road						homes, etc	orivate and common	ercial b	uildin	js,	
City (5)					2.115.90 and 12.110 and 12.11		Square Feet	# of Floors	В	ldg. A	ge	
Glassboro							20,000	2		80		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demol	ished)			
Gloucester							School					
Name of Monitoring Fire	m Hired by Bui	lding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Environmental De	esign, Inc.			009	5	Shade Enviro	onmental, LLC	;				
Street Address						Street Address						
5434 King Avenue	9					623 Cutler Av	/enue					
City, State, Zip Code						City, State, Zip Co	ode					
Pennsauken, NJ 0	08109					Maple Shade						
Project Manager for Mo	nitoring Firm		Tel	ephone	No.	Telephone No.		License No.		-		
Tim Gromen			8	56-616	3-9516	856-755-0099	17	00842				
Start Date (10) 07 / 20	/ 17	Scheduled C				Name of OSHA M EMSL Analyt						
Occupancy Status Durin	ng Abatement (Check only of	one)			Street Address	TORO MATERIA DE LA CONTRACTOR DE LA CONT					
☐ Facility Closed/Vaca		province production of the contract of the con	7.700 Pov. 20	ment		200 Route 13	0 North					
☐ Abatement Performe					scribe	City, State, Zip Co				-		
Time of Abatement	AM	PM/	_PM		_AM	Cinnaminson						
Scope of Work (Check a	all that apply)							70 150 HOME				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De	novat moliti			Mini-Enc Glovebage Glovebag	Procedure	gative Pressure on-Friable Procedi	ıre			
		ls	Loca	tion					Ab	atem	ent T	уре
Locatio			d Sal	ally elv bv		Description c				-		1
Asbestos-Containing TO BE AB		(1)	intena			stos Containing Ma thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci		Cus		Staff?	(1.0	surfacing, VAT,		SF or LF)	oval	=	psu	Sur
(13)		Yes	(12) No	N/A		other miscellane	ous)				late	O
Hallways			No ⊠		Transit	e Roof Decking		<25 SF			П	
						g						
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		$ \perp$ \square		Ш	ļ					Ш	Ц	Ш
****							4					
Name of Registered Wa Freehold Cartage	ste Hauler			IJDEP V lauler ID 15939	O No.	Cubic Yards of Waste	Name of Regis	stered Landfill orth Landfill				
City, State Freehold, NJ			4			Disposal Date 07/28/2017	City, State Morrisville	, PA				
Completed By (Print or 1	Гуре)	Title			*************	Signature		D	ate		315555	
Christina Lynch		Vice Pr	eside	ent of (Operation		2	1	1/11	117		

NOTE	ICAT		F AS	lew Jersey SBESTOS ABATEME 8:60-7 and 12:120-7)	NT		3/057	>		4	
(Pt	ırsuar	t to N	JAC	8:60-7 and 12:120-7) me of Building Own	er/Operator (2	2)	- TECHNOLOG	SΥ			
			TH	me of Building Own E TRUSTEES OF ST	TEVENS INST	ITUTE OF	TEOTITO				
Date of Notification (1)			01	eet Address ASTLE POINT ON HU			EGE			5	
7 1 Notification						115					
Agencies Notification			Ci	ty, State, Zip Code OBOKEN, NEW JER	SEY 07030		1111 1	7 20	117		اللا
Amended Notification			100	OBOREIT,		Talanh	orie Number				
DEP Cancellation			N	ame of Contact		Lidichin					
X DOL X DOH EMERGENCY NOTIF	ICAT	ION		AVID FERNANDEZ			ASBESTUS	CON	IHU)L a	
DCA EMERGENCI NO.11		FACI	LITY	INFORMATION	Type of Facil	ity (4)	LICE	MSIN	71		
Taking Place					C-bool	K-121					
Name of Facility Where Abatement is Taking Place							her than K-12)	is hom	es,	etc.)	
STEVENS INSTITUTE OF TECHNOLOGY - LIEB BU	ILDIN	G			X Other (i	e. private	& commcl. bldg	Bldg.	Age	10	1
STEVENS INSTITUTE OF TESTA					Square Fee	.	2		00		1
Street Address				1	11,249	(Prior if b	eing demolishe	d) Phar	m. L	ab.	
WIDCON STREET			(County Code (7)		INIIVERSI	11				-
City (5)			(S	TATE USE ONLY) ASCM No.			Contractor (2)	TION			
Name of Monitoring Firm Hired by Building Owner	er (8)			99	PAR ENVIR	ONMEN	AL CORPORA	11011	1)		7
Name of Monitoring Firm Fired by					Street Addre	ess	CAD				4
LANGAN ENGINEERING Street Address					313 SPOOH	Zin Code	(O/ID				
300 KIMBALL DRIVE					City, State, SUFFERN,	NEW YO	IRK IUSUI				\dashv
City, State, Zip Code PARSIPPANY, NEW JE	RSEY	0705	4		Telephone	Number	Licens	e Numb	er		
174.0	Tele	priori	C 1	mber	845-369-75	500	1101				\dashv
Project Manager for Monitoring Firm	201	-398-	4544	D-40 (11)	Namo of C	SHA Mor	nitor				
VIJAY PATEL Sc. (10)	hed. (omp	letior	Date (11)	QUALITY	ENVIROR	IMENIL				\dashv
Expected State Date (10)	Month	7 /		Day Year	Street Add	dress					
Month Day Year	ana)				1376 ROL	JTE 9					
Month Day Year Occupancy Status During Abatement (Check only Facility Closed/Vacated During Entire F	Period	of Ab	atem	ent Describe:			10				
Facility Closed, value of Norm	al Fac	cility h	n PM		City, Stat	MAPPI	AREKO I VIEL	NY 12	590		
Abatement Performed Outside of North	AY IA	IVI-5.0	0 1 11	——————————————————————————————————————	ontainment wi	th Negativ	Pressure				
				Mini-E	nclo,		Wrap	and C	ut		
Scope of Work (Check all that apply)	Renova	ation		Glove	had Procedur	е					
>3SF OR LF				X Non-I	riable Proced	ure			atem	ent Ty	/pe
× >160 SF OR 260 LF	Isla	ocatio	n	Description	of Asbestos- laterial (ACM)	1	Amount	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Location of	norma	ally us	sed	Containing iv	al systems	1	(Specify SF or LF)	0	AIF	ÄP	0
Asbestos-containing Material (ACM)	so	lely by	y	inculation St	irfacing, VA1,		SF OI LI)	AL	~	SUL	SIR
TO BE ABATED	Maint	aff (12	2)	or other mi	scellaneous)				_	im	m
in Facility (13)	Yes		N/A				45 LF	X	_	+-	+
			X	PIPE INSULATION			50 LF	X		-	+
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE FITTINGS			730 SF	X			1-
10T FLOOR ROOM 103, 122, 120	-		X	VAT			20 SF	X			
1 ST FLOORING LAB & HALL	+		X	MIRROR GLUE				X			
1ST FLOOR BATHROOMS	+	1	X	CHALK BOARD GL	UE		60 SF	X			
1ST ELOOR ROOM 122	+	-		PIPE INSULATION	/ FITTINGS		550 LF	X	1		
TOT THOOR THROUGHOUT CCC	+	+	X	PIPE INSULATION	/ FITTINGS		550 LF	×	+		
2ND FLOOR THROUGHOUT CONCEALED	+	+	X	MIRROR GLUE			20 SF	-\frac{\sigma}{\times}	+	1	
2ND FLOOR BATHROOMS	4	+	X				4,800 SF		+	1	
3RD FLOOR THROUGHOUT		-	X	VAT PIPE INSULATION	N/ FITTINGS		250 LF	X	+	+	
3RD FLOOR THROUGHOUT CONCEALED		1	X		AND A STATE OF THE		20 LF	X		+	-
3RD FLOOR THROUGHOST ST			X	MIRROR GLUE			50 SF	X		+	-
3RD FLOOR BATHROOMS			X	WINDOW CAULK			57 SF	×		-	-
EXTERIOR - 1ST FLOOR			X			-HTSv.	57 SF	×			
EXTERIOR - 2ND FLOOR			X	WINDOW CAUL	·						

EXTERIOR -3RD FLOOR

EXTERIOR ROOF Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type) BENJAMIN SANCHEZ	Disposal Date 7/24/17-7/15/18 Disposal Date PLAINFIELD TOWNSHIP PA	117
		-



_ CK311)()\rightarrow{\ri		NOTIF (Pi	State FICATION C Irsuant to N	OF ASI	ew Jersey BESTOS	ADATEMENT		n E	C	E	7 1
Date of Notification (1)					Name	of Buildi	na Owner/Oper	ator (2)	4			<u> </u>
7 / 7 /1	7			L	1115 1	RUSTEE	S OF STEVENS	INSTITUTE OF	TECH	NOLO	GY _	
	otification	1				Address	ON HUDSON		L	JUL	1/	20
EPA X Ini	tial Notifi	ication	1	_				-				
DEP	nended N	Votific				tate, Zip (KEN NF\	Jode V JERSEY 0703	0	ASB	ESTO	SC	TNC
	ncellatio	n					V 0 E (O E) 0 7 0 3	· j		LIC	ENS	ING
	Hold	ICV N	OTIF			of Contac		Tolonhone	Mumh	er		
						FERNAN						
Name of Facility Where Abatemen	t is Taki	ing PI	ace (FACILIT	YINF	ORMATIC						
		100 m		- /			Type of Fa	cility (4) ol (K-12)				
STEVENS INSTITUTE OF TECHNO	LOGY							napter 8 (Other t	han K	12)		
Street Address							X Other	(ie. private & co	mmcl. I	iz) oldas	home	s etc
1 CASTLE POINT TERRACE							Square F	eet # of Flo	ors		Bldg. A	
	unty (6)			Co	unty	Code (7)	20,000	1 21			60	
HOBOKEN HUI	DSON			107	ATE U	SE ONLY) COLLEGE/	(Prior if being of JNIVERSITY	demolisi	hed) P	harm.	Lab.
Name of Monitoring Firm Hired by LANGAN ENGINEERING	Building	g Owr	ner (8)			ASCM No		atement Contr	actor (2)	_	
Street Address	-					99	PAR ENVIR	ONMENTAL CO	DRPOR	ATION	1	
300 KIMBALL DRIVE							Street Addre	ess				
City, State, Zip Code							City, State, 2	ROCK ROAD				
PARSIPPAN Project Manager for Monitoring Firm	IY, NEW						SUFFERN.	NEW YORK 109	001			
VIJAY PATEL				ne Number			Telephone N	lumber	Licens	e Num	her	
Expected State Date (10)	19/			3-4544	1111		845-369-750		1101			
7 / 24 17		oneu.	7 /	pletion Date	e (11) 15	/18	Name of OS	HA Monitor				
Month Day Year	101	Month)	Day		Year	QUALITYEN	VIRONMENTL				
Occupancy Status During Abatement Facility Closed/Vacated Du	(Check o	only or	ne)				Street Addre				-	
Abatement Performed Outs	ide of No	ormal	Facili	Abatement tv Hours - D	t Jasorih	101	1376 ROUTE	9				
X Other - Describe: MON	DAY-FR	IDAY	7AM-	3:30 PM	/G3GHD	e.	City, State, Z	in Code				
Scope of Work (Check all that apply)						_	W.	APPINGERS FA	LLS. N	Y 1259	90	
Demolition	X Re	novat	ion		X	Full Con Mini-End	tainment with Ne	egative Pressure	9			
>3SF OR LF					X		g Procedure	X \	Wrap ar	nd Cut		
x >160 SF OR 260 LF				,	X	Non-Fria	ble Procedure					
Location of Asbestos-containing		s Loca rmally			Descri	iption of A	sbestos-			Abater	nent 7	vne
Material (ACM)		solely			ontair) ie T	ning Matei Thermal s	rial (ACM)	Amount				_
TO BE ABATED in Facility (13)	Mai	int/Cu	stodia	Alexi Alexi	nsulatio	on, surfac	ing, VAT.	(Specify SF or LF)		REPAIR	CA	CL
domty (13)		Staff (12) N/A	1	or oth	er miscell	aneous)	0. 0. 2.)	A	P	ENCAPSULE	ENCLOSURE
ST FL. POWERHOUSE	100	1140	X	BOULERS							Ē	RE
ST FL. POWERHOUSE		+	X	BOILER B				2,100 SF	X			
ST FL. POWERHOUSE		+		PIPE INSU		ON		165 LF	X			
ST FL. POWERHOUSE		+-	X	PIPE FITT		Access Mil		100 LF	X			
ST FL. POWERHOUSE	-		X	TANK INS				510 SF	X			
XTERIOR POWERHOUSE	-	-	X	PIPE FLAN				25 SF	X			
RENCH-EXTERIOR POWERHOUSE		-	X	BOILER BI				200 SF	X			
DOF -POWERHOUSE		-	X	PIPE INSU				150 SF	X			
DOF -POWERHOUSE		-	X	BUILT UP		ING		650 SF	Х			
			1	ROOF MAS				600 SF	X			
OWERHOUSE EXTERIOR WALL				FOUNDATI	ION SI	EAM CAL	LK	45 LF	X			
OWERHOUSE -THROUGHOUT Ime of Registered Waste Hauler	NI ID			PIPE INSU				35 LF	X			
WARK CARTING -		EP Wa er ID N		Cubic Yards		aste	Name of Regist	ered Landfill			-	
9 RAYMOND BLVD	, laule	913	10.		160		GRAND CENTE	RAL SANITARY	LANDF	ILL	-	
/, State				Disposal Da	ate		City, State					

NEWARK, NEW JERSEY 07105

Completed by (Print or Type)
BENJAMIN SANCHEZ

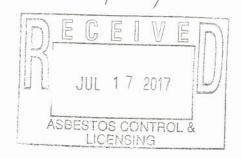
Title
DIRECTOR OF OPERATIONS

PLAINFIELD TOWNSHIP PA

Date

7/24/17-7/15/18

PLAINFIELD TOWNSHIP PA



	,			State of New Jerse	SABATEMENT					1 [C	E	in T	W/	E
110010			· · · · · ·	(Pursuant to NJAC 8:60-7 an Name of Building O	wner/Operator (2)			land.	1		L	10	U	
Date of Notification (1)				SETON HALL UNIVE	ERSITY			_		1					
7 / 7 /17 Agencies Notified Type Notificat	on			Street Address 400 SOUTH ORANG	E AVENUE					1	JUL	1	1 21	017	4000000
EPA Initial No		on		City, State, Zip Code				-		1			4		
DEP X Amende	d Notif		n	#6 SOUTH ORANGE, N		079				ASE	BEST	OS C	NOC	TRO	L &
X DOL Cancella X DOH On Hold	tion			Name of Contact		Telephone Nu					1.10	CEN	SINC	3	
DCA EMERG	ENCY	NOTI	FICA		RNICK	I Telennone NIII	mner								
				FACILITY INFORMAT	ION								1		
Name of Facility Where Abatement is Ta	aking l	Place	(3)		Type of Facility	7.073570							1		
SETON HALL UNIVERSITY					School (K		V 10						İ		
SETONTIALE ONVENOTT						er 8 (Other than private & comm			omes	etc.)					
Street Address					Square Feet	# of Floors	T			dg. Age	е		1		
400 SOUTH ORANGE AVENUE City (5) County	(C)			C	N/A	N/A		- 12		N/A			1		
SOUTH ORANGE ESSEX	0)			County Code (7) (STATE USE ONLY)	Current Use (Pr UNIVERSITY	for if being dem	olishe	d)							
Name of Monitoring Firm Hired by Build	ing O	wner	(8)	ASCM No.	Name of Abate	ment Contract	or (9)						1		
TTI				3	PAR ENVIRON	MENTAL CORF	ORA	TION							
Street Address 1253 NORTH CHURCH STREET					Street Address 313 SPOOK RO	OCK BOAD									
City, State, Zip Code			- 114111 -		City, State, Zip			1447			- /		1		
MOORESTOWN, I	VEW J	ERSE	EYB 0	8057	SUFFERN, NEV										
Project Manager for Monitoring Firm				e Number	Telephone Num	ber Lice	ense l	Numbe	er				1		
JEFF SEAMAN Expected State Date (10)	Sch	10000000	-869-5	5182 etion Date (11)	845-369-7500	110	1						-		
07/ 03/ 17	SCII		7 /	7 /17	Name of OSHA QUALITY ENVI		OLU.	TIONS	& TF	CH					
Month Day Year		onth		Day Year											
Occupancy Status During Abatement (Che X Facility Closed/Vacated During			5	batement	Street Address 1376 ROUTE 9										
Abatement Performed Outside					IOTOTOGTES										
X Other - Describe: MONDA	- FRI	IDAY			City, State, Zip (2 2 3 3	102 31							
Scope of Work (Check all that apply)			4 PN	M -12 am	 inment with Nega	WAPPINGER	S FAL	LS, N	Y 125	90					
Demolition X	Ren	ovatio	n	X Mini Enclo		auve i ressure							l.		
>3SF OR LF X >160 SF OR 260 LF					Procedure	(WRAP AND C	UT)								
X >160 SF OR 260 LF Location of	le	Loca	tion	X Non-Friable Description of Ast	e Procedure		Т		A hata				.8		
Asbestos-containing	U 400 (1997)	mally		Containing Materia		Amount	R			ment T	ype				
Material (ACM)		solely		(ie. Thermal sys		(Specify	REMOVA	REPAIR	ENCAPS	ENCLOS					
TO BE ABATED in Facility (13)	20000000	nt/Cus Staff (1	stodial 12)	insulation, surfacin or other miscellar		SF or LF)	VAL.	77		SC					
		No					Ľ		ULE	URE					
GROUND-DINING ROOM AREA			X	VAT & MASTIC		11,300 SF	Х			СОМЕ	PLETE				
EXTERIOR- DINING ROOM STORE FROM	TV		X	WINDOW CAULK		90 SF	Х			СОМЕ	PLETE				
EXTERIOR -DINING ROOM STORE FROM	TV	_	X	FIRE PROOFING		150 SF	Х			COME	PLETE				
OVERHANG	_	_													
	_														
	-														
Name of Registered Waste Hauler	NID	EP W	acte	Cubic Yards of Waste	Name of Desire	rod Londfill									
NEWARK CARTING	- 000 mag	er ID I			Name of Registe GRAND CENTR		LAND	FILL			-				
369 RAYMOND BLVD.		913					25-2000/08/200	onti viso s)							
City, State NEWARK , NEW JERSEY				Disposal Date 5/22-8/30/17	City, State PLAINFIELD TO	WNSHIP. PA			1		1				
Completed by (Print or Type) Title				Signature /		Date	-	1	11	7	11	7			
BENJAMIN SANCHEZ DIR	ECTO	ROF	OPER	RATIONS /	10			//		//					

	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)													E
Date of Notification (1)				Na	me of Building (TON HALL UNIV	Owner/Operator	(2)			K			1	
7 / 5 /17					eet Address	ENSITI							004	7
Agencies Notified Type Noti	fication			133.00	0 SOUTH ORANG	GE AVENUE			Destroy	L	1 10	Li	7 2017	
EPA Initia	al Notificat	ion		Cit	y, State, Zip Code						1		-	2
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	cellation			_					-	ti tradicional		ICENS		
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Name of Facility Where Abatement	is Taking	Place	(3)	170	JETT IN ORMA	Type of Facili	ty (4)						1	
						School (
SETON HALL UNIVERSITY						Subchap	ter 8 (Other than	K-12	2)		- 12			
Street Address						Square Feet	private & comm		dgs., r		, etc.) Idg. Age		-	
400 SOUTH ORANGE AVENUE						N/A	N/A			U	N/A			
	nty (6)				inty Code (7)		Prior if being den	nolish	ed)		V-2000			
Name of Monitoring Firm Hired by E		woor	(9)	(STA	TE USE ONLY)	UNIVERSITY		- 10						
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1253 NORTH CHURCH STREET City, State, Zip Code						313 SPOOK R								
MOORESTOV	VN NEW.	IFRS	EYR 0	18057		City, State, Zip	Code W YORK 10901							
Project Manager for Monitoring Firm		_	-	e Number		Telephone Nu			Numb	er			1	
JEFF SEAMAN		856	-869-5	5182		845-369-7500	11							
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07/ 03/ 17 Month Day Year	M	lonth	3 /	30 Day	/17 Year	QUALITY ENV	IRONMENTAL:	SOLU	TIONS	S & TE	ECH.			
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	DAY - FR				escribe:	City, State, Zip	Code		-					
			4 PN	VI -12 am			WAPPINGER	S FA	LLS, N	IY 125	590			
Scope of Work (Check all that apply) Demolition	X Ren	ovatio			X Mini Enclo	inment with Neg	gative Pressure						Ea	
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TO BE ABATED		nt/Cus		i i	nsulation, surfacir	ng, VAT,	SF or LF)	No	AR	ΑP	0.00			
in Facility (13)		No No	12) N/A	-	or other miscella	neous)		P			SUR			
GROUND-DINING ROOM AREA	1103	110	X	VAT & MA	ASTIC		11 200 05	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+	m				
EXTERIOR- DINING ROOM STORE F	RONT		X	WINDOW			11,300 SF	X		-	COMPLET	E		
EXTERIOR -DINING ROOM STORE F			X	FIRE PRO			90 SF	X		+	00110155			
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Name of Registered Waste Hauler	NJD	EP W	aste	Cubic Yar	ds of Waste	Name of Regist	ered Landfill	_						
NEWARK CARTING	Haul	er ID	No.		80	GRAND CENT	RAL SANITARY	LAND	FILL					
369 RAYMOND BLVD. City, State		913		Disposal D)ate	City State				d-gin				
NEWARK , NEW JERSEY				5/22-8/30/		PLAINFIELD TO	DWNSHIP, PA			1				
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BENJAMIN SANCHEZ	DIRECTO	KUF	UPEF	KATIONS	1	1X			//		1//			

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/		- (Puist	Name of Building Own	ner/Operator (2)					<u> </u>	
Date of Notification (1)				SETON HALL UNIVER	SITY			-11	M		
e / 28 /17		_	Sec.	Street Address 400 SOUTH ORANGE	AVENUE					1111	1 7 2017
Agencies Notified Type Notification				City State 7ip Code					221	OOL	P / CUII
EPA Initial Notifica		п	#4	SOUTH ORANGE, NE	W JERSEY 07079	9				0.5	
DEP X Amended No Cancellation	01100110			(0	Īτ	alarte	-	-!-	- /	ISBESTOS	CONTROL
On Hold	VINOT	TEICA	TION	Name of Contact VICTORIA PIVOVARN	NICK				-	LICE	VSING
DCA EMERGENC	YNUI	IFICA	1101	EACH ITY INFORMATI	ON						
Name of Facility Where Abatement is Takin	g Plac	e (3)		1110101	Type of Facility (4)					
Name of Facility Where Additional	TO .				School (K-1)	8 (Other than K-1	2)				
SETON HALL UNIVERSITY					X Other (ie. pr	ivate & commcl. I	oldgs., l	homes	s, etc.) sldg. A	ne	-
					Square Feet	# of Floors N/A			N/A		
Street Address 400 SOUTH ORANGE AVENUE				C-d-(7)	N/A Current Use (Price	1.5000000000000000000000000000000000000	hed)			7.50m	
City (5) County (6)				County Code (7) (STATE USE ONLY)	UNIVERSITY						-
COUTH OPANGE LESSEN	Own	er (8)	_	ASCM No.	Name of Abaten	nent Contractor	(9) ⊃∆⊤i∩i	V			
Name of Monitoring Firm Hired by Building				3	PAR ENVIRONM Street Address	IENTAL CORPO	0.1101				
Street Address					313 SPOOK RO						-
1253 NORTH CHURCH STREET					City, State, Zip C	ode					
City, State, Zip Code MOORESTOWN, NE	W JEF	SEYE	080	57	SUFFERN, NEV		se Num	ber			7
Project Manager for Monitoring Firm	T	eleph	one N	lumber	845-369-7500	1101					
JEFF SEAMAN	Sabad	56-86	9-518	on Date (11)	Name of OSHA	Monitor		NC 0	TECH	1	
Expected State Date (10) 07/ 03/ 17	Sched	8 /	ipieti	30 /17	QUALITY ENVI	RONMENTAL SC	LUTIO	NS &	TECT		
Manth Day Year	Mon			Day Year	Street Address						
Occupancy Status During Abatement (Check X Facility Closed/Vacated During E			of Aba	atement	1376 ROUTE 9						
Attachment Porformed Outside 0	Norma	alrac	шу п	Ours - Describe.	City, State, Zip	Code					
X Other - Describe: MONDAY	- FRID	AY 7	\M-3:	30FW	/	WAPPINGERS	FALLS	S, NY	12590		
Scope of Work (Check all that apply)					tainment with Neg	ative Pressure					
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>3SF OR LF >160 SF OR 260 LF				X Non-Fria	able Procedure	Т	_	Δ.	natem	ent Type	
X >160 SF OR 260 LF Location of		Locati		Description of A Containing Mate	Asbestos-	Amount	고				
Asbestos-containing		nally u		(ie. Thermal s	systems	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
Material (ACM) TO BE ABATED		t/Cust		insulation, surfa	cing, VAT,	SF or LF)	NA I	7	USe	USU	
in Facility (13)	S	taff (1	2)	or other misce	llaneous)					<u>R</u>	_
	Yes	No		VAT & MASTIC		11,300 SF	X			COMPLETE	
GROUND-DINING ROOM AREA			X	WINDOW CAULK		90 SF	Х				
EXTERIOR- DINING ROOM STORE FRO		-	×	FIRE PROOFING		150 SF	Х			COMPLETE	
EXTERIOR -DINING ROOM STORE FRO	NI T	-	^	FIRE FROM III							_
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		4			- Iu (D	gistered Landfill					
Name of Registered Waste Hauler				Cubic Yards of Waste 80	GRAND CE	NTRAL SANITAR	Y LAN	DFILL			
NEWARK CARTING	Ha	uler II 91		00		20					
369 RAYMOND BLVD.		91		Disposal Date	Ofty State	TOWNSHIP, PA			/	1	
City, State NEWARK , NEW JERSEY				5/22-8/30/17 Signature	BEAINFIELL		ate /	2/	28	11+	
Completed by (Print or Type)	itle	OR C	F OP	ERATIONS SIGNATURE	(/) [()	Q	110	1		
BENJAMIN SANCHEZ	AINE U	0,10	-		0			/	/		

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•	NOTIFICATION OF ASBESTOS ABATEMENT									1	~	F	(1)	12	п	5.77	T-	3
	-50410			(Pursuant to NJAC 8:6		nd 12:120-7) wner/Operator	(2)				1	E	G		. []	W	E	3
Date of Notification (1)				SETON HALL			(2)			1 8 1	4							1
6 / 13 /17				Street Address					_	- 111	1		29.00				ing:	100
Agencies Notified Type Notificati	on		200	400 SOUTH C	DRANG	SE AVENUE					Loal	,	JUL	1	1	201	I	
EPA Initial No				City, State, Zip						-	-							The same
X DOL X Amended		ficatio	n	#3 SOUTH ORAN	NGE, N	IEW JERSEY 07	079				A	SBE	EST	25	CO	VTF	OL	8
X DOH X On Hold				Name of Conta	act		Telephone I			-1			Lic		VSIN			
DCA EMERGE	ENCY	NOT	IFICA:	TION VICTORIA PIN	VOVAF	RNICK												
Name of Facility Where Abatement is Ta	1.1	01	(2)	FACILITY INFO	ORMA"													
ivalie of Facility where Abatement is 1a	iking	Place	(3)			Type of Facilit												
SETON HALL UNIVERSITY							er 8 (Other than	K-12)										
Street Address	5						private & comm	cl. bld	gs., h									
400 SOUTH ORANGE AVENUE						Square Feet N/A	# of Floors N/A				lg. Ag N/A	е						
City (5) County (6)			County Code ((7)	Current Use (P.		olishe	d)		WA			\dashv				
SOUTH ORANGE ESSEX				(STATE USE ON		UNIVERSITY			*									
Name of Monitoring Firm Hired by Build	ing O	wner	(8)	ASCM 3		Name of Abate PAR ENVIRON			TION									
Street Address				3	01	Street Address	MENTAL COR	ORA	HON	2				\dashv				
1253 NORTH CHURCH STREET						313 SPOOK R	OCK ROAD											
City, State, Zip Code MOORESTOWN, N	IE/W	ERSI	EVR 0	18057		City, State, Zip												
Project Manager for Monitoring Firm	*L * * * *	-		e Number		SUFFERN, NET Telephone Num		ense N	lumbe	r	-			\dashv				
JEFF SEAMAN		856	-869-5	5182		845-369-7500	110			3								
Expected State Date (10) 5 / 22 /17	Sch			etion Date (11)		Name of OSHA					2000							
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Occupancy Status During Abatement (Cher						Street Address								\exists				
X Facility Closed/Vacated During Abatement Performed Outside of						1376 ROUTE 9												
X Other - Describe: MONDAY						City, State, Zip	Code						The re	-				
Scope of Work (Check all that apply)							WAPPINGER	S FAL	LS, N	Y 1259	0							
Demolition X	Ren	ovatio	n	The state of the s	i Enclo	inment with Nega	ative Pressure							1				
>3SF OR LF					_	Procedure	(WRAP AND	CUT)										
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Asbestos-containing			used	Containing I			Amount	R		Abaten m	_	ype						
Material (ACM) TO BE ABATED	A	solely	STATE OF THE PARTY.	(ie. Thern	Service Contraction		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR							
in Facility (13)	100000000000000000000000000000000000000	Staff (stodial	insulation, s or other mi			SF or LF)	IAVO	고	PSI	OSL							
P	Yes	No	N/A					ļ.		JLE								
GROUND-DINING ROOM AREA			X	VAT & MASTIC '			11,300 SF	X			СОМ	PLET	E					
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EXTERIOR -DINING ROOM STORE FROM	IT.	_	X	FIRE PROOFING			150 SF	Х			СОМ	PLET	E	_				
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Name of Registered Waste Hauler	NJDI	EP W	aste	Cubic Yards of Waste	e	Name of Registe	red Landfill				_			+				
NEWARK CARTING	Haul	er ID	No.	80		GRAND CENTR		LAND	FILL	-			3311					
369 RAYMOND BLVD. City, State		913		Disposal Date	_	City/State						_		4				
NEWARK, NEW JERSEY				5/22-8/30/17	//	PLAINFIELD TO	WNSHIP, PA	- 1	1	/	1	1.	7					
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIRE	RATIONS Signature	1	XX	Date	10	//	12	11	1		7							
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Data of Name				N	ame of l	Building (Owner/Operato	r (2)			111	and I			-	-
Date of Notification (1)				S	ETON H	ALL UNIV	ERSITY					1				
5 / 25 /17					treet Add						- 11	1	- 11	11 1	17 2	017
Agencies Notified Type Notificati	ion			40	00 SOUT	H ORAN	GE AVENUE				-	L	Jl	1 .	1	
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DCA EMERGI	ENCY	/ NO	TIFIC			PIVOVA	SNICK	Tolonhoon N		*						
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Name of Facility Where Abatement is Ta	king	Plac	e (3)	TA	CILITT	NFURMA	Type of Facil	in . (4)								
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SETON HALL UNIVERSITY								oter 8 (Other tha	n K-11	2)						
Ctspot Add			-				X Other (ie	private & com	ncl. bl	ldas	home	s. etc.)			
Street Address 400 SOUTH ORANGE AVENUE							Square Feet	# of Floors		0 1		3ldg. A				
01: (=)	C)						N/A	N/A				N/A	1			
SOUTH ORANGE County (6)				unty Co		Current Use (F	Prior if being der	nolish	ed)			7.			
Name of Monitoring Firm Hired by Buildi	ina O	wne	r (8)	(SIA	TE USE		UNIVERSITY									
TTI	50		1-1		A.S	CM No.	PAR ENVIRO	tement Contract	tor (9)	ı					
Street Address						-	Street Address		PURA	AUON	4					
1253 NORTH CHURCH STREET							313 SPOOK R									
City, State, Zip Code							City, State, Zip	Code								
MOORESTOWN, N Project Manager for Monitoring Firm	IEW .	-						W YORK 1090	1							
JEFF SEAMAN		10000		e Number			Telephone Nur	mber Lic	ense	Numb	er					
Expected State Date (10)	Ic.		8-869-				845-369-7500	11	01							
5 / 22 /17	Scr		8 /	etion Date	1000	4.7	Name of OSHA			terresent.						
Month Day Year	M	onth		Day	1	17 Year	QUALITY ENV	IRONMENTAL	SOLU	TION	S&T	ECH.				
Occupancy Status During Abatement (Chec	k onl	y one	2)			1.55.00	Street Address									
X Facility Closed/Vacated During E	Entire	Perio	od of A	batement			1376 ROUTE 9	9								
Abatement Performed Outside of X Other - Describe: MONDAY	f Nor	mal F	acility	Hours - De	escribe:											
X Other - Describe: MONDAY	- FK	IDAY	/AM-	3:30PM			City, State, Zip	Code								
Scope of Work (Check all that apply)					F	Full Conta	I inment with Neg	WAPPINGER	S FAI	LLS, N	VY 12	590		- 1		
Demolition X	Ren	ovatio	on		X N	/lini Enclo		auve Pressure								
>3SF OR LF X >160 SF OR 260 LF							Procedure	(WRAP AND	CUT)							
THE THE PARTY AND ADDRESS OF THE PARTY AND ADD							e Procedure									
Location of Asbestos-containing		Loca	ation used		Descript	ion of Ast	pestos-				Abate	ment	Туре			
Material (ACM)	- AN. C.	olely			containir (ie Th	ng Materia ermal sys	I (ACM)	Amount	RE	REPAIR	E	E				
TO BE ABATED	1		stodia	1	nsulation	ermai sys 1, surfacin	a VAT	(Specify SF or LF)	MO	PAI	SA	든	1			
in Facility (13)		taff (or other	miscellar	eous)	SF OF LF)	REMOVAL	Z	ENCAPSU	ENCLOSU				
	Yes	No	N/A				353				E	JRE				
ROUND-DINING ROOM AREA			X	VAT & MA	ASTIC			11,300 SF	X		1	1				
XTERIOR- DINING ROOM STORE FRON	Т		X	WINDOW	/ CAULK			90 SF	X	1	1					
EXTERIOR -DINING ROOM STORE FRON	Т		X	FIRE PRO						1	+	-				
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ame of Registered Waste Hauler	NJDE	P W	aste	Cubic Yard	de of Mic	eto I.	lome -f D	-11								
FIMA DIA CALEERINA	Haule			Cubic Tard	as of Wa:	ste I	Name of Registe	red Landfill								
369 RAYMOND BLVD.		913			60	1	GRAND CENTR	AL SANITARY I	AND	HILL						
ity, State				Disposal D	ate	10	ity, State	,	-				0-1-1-0-1			
EWARK, NEW JERSEY				5/22-8/30/1			LAINFIELD TO	WNSHIP PA			1		1			
ompleted by (Print or Type) Title					Signatur		XVV	Date	(-	17		112			

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						C 8:60-7		120-7) /Operator	121		- 11	Ų				
Date of Notification (1)						HALL UNI			(2)		1	M			222 - 1242	
5 / 19 /17				S	treet A	ddress					- 11			JUL	17	2017
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DCA EMER			IFICA	TION VI		A PIVOVA	ARNICK	(Trefeblione M	umber						
				FA	CILITY	INFORM	ATION									4
Name of Facility Where Abatement is	Taking	g Place	(3)					e of Facili	ty (4)							1
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SETON HALL UNIVERSITY							X	Subchap Other (ie	ter 8 (Other than	n K-12)					
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City, State, Zip Code MOORESTOWN,	NEW	JERGI	FYR	18057				State, Zip	Code W YORK 10901							
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JEFF SEAMAN			-869-			845-369-7500	110	ense N	Numb	er		
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Project Manager for Monitoring Firm	202	7			1.1/	HUICO	NITE	Ste)(
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Project Manager for Monitoring Firm			Telephor	ne No.		Telepi 201		No. 9603		Licens 0120),			
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City, State Union City, NJ			00241			5 osal Date 26-17)	City, State		4					
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Print Form

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Emergency (in justification) DCA Cancellation	cluding	1.32		Contact Muller					Talanh	ione Nu	mber			
			FACIL	ITY INFO	RMATION									
Name of Facility Where Abatement is Taking Commercial Property	Place (3)						-	of Facility (4) School (K-12						
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City, State E. Hanover, NJ 07936	Title	4-1-2			07-1			City, Sta Bethlel		PA						
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Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Neighborhood Planning and Architectural Design 07-07-17 Agencies Notified Street Address Type Notification ASBESTOS CONTROL & 55 Madison Ave. LICENSING **EPA** Initial City, State, Zip Code DEP Amended Amendment #_ 1 Morristown, NJ 07962 × DOL Emergency (including Name of Contact Telephone Number justification) DOH Roland Whitley Jr. Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Martin P. Thomas Charter School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 308 9th Street # of Floors Bldg. Age Square Feet City (5) Newark Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Delfa Contracting LLC. N/A Street Address Street Address 522 7th St. City, State, Zip Code City, State, Zip Code Union City NJ 07087 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 01206 201 216-9603 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Delfa Contracting LLC 07-17-17 07-24-17 Street Address Occupancy Status During Abatement (Check Only One) 522 7th St. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 7:00 am - 5:00 pm City, State, Zip Code × Union City NJ 07087 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) =ncapsulate Maintenance/ Enclosure (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No 2 SF Wall Plaster 1st Floor X 2 SF Wall Plaster 2nd Floor X X Wall Plaster 2 SF X 3rd Floor X 2 SF Wall Plaster X X 4th Floor Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste Tullytown Resource Recovery Facility Delfa Contracting LLC 2 35240 Disposal Date City, State City, State 07-21-17 Tullytown, PA Union City, NJ Date Completed by Signature 07-07-17 Jaime Delgado Proj. Manager.

Print Form

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		FAC	ILITY IN	FORMATION				-		\dashv
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	-			Elmal Address						
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1 1	Jornal	lly		Description	of	neone and a second	-			-
U30	d Sale	y by		astos Containing M	leterial (ACM)	Amount	12.7	8	Ö	Enclosure
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Gyal	(12)	-tw-1				(5 (5)			100	B
Yes	No	N/A				Digital Control of the Control of th				
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4		1JDEP		Cubic Yaide of		gistered Landál				
4	1	UDEP I) No	Cubic Yaide of	GROWS	gistared Landfill North Landfill	- 11			
4	1	1JDEP) No		GROWS Chy, State	North Landfill	- 11			
4	1	UDEP I) No	wasie 1	GROWS	North Landfill	- 11			
	Juled Co	Tales Ta	Name of Glasses Street A 3 WH City State (3) Glasses (3) Glasses (3) FACI Market (3) FACI Market (3) FACI Market (3) FACI Market (3) FACI Market (3) Facility Hours - Description Demoltion Demoltion Demoltion Demolton Normally Used Bullanance (2) Type No. N/A	Name of Building Glassboro B Street Address 3 Williams S Cky State Zip C Glassboro, I Name of Contact Nawport Co FACILITY IN Piace (3) County Code (7) Piace (3) County Code (7) Piace (3) County Code (7) Piace (4) Piace (5) County Code (7) Piace (6) Piace (7) County Code (7) Piace (1) Piace (1) County Code (7) Facility In EB6-616-9818 Cultid a Describe Mr PM- AM Control Demolton Demolton Demolton Coston Normally Used Solely by Maintenance/ Costod a Siell? (1 2) Yes No N/A	Name of Building Owner/Operator (2 Glassboro Board of Education Street Address 3 Williams Street City State Zip Cour Glassboro, NJ 08028 Name of Contact Name	Substant Substant	Name of Building Owner/Operator (2) Classboro Board of Education ASB	Name of Building Owner/Operator (2) Clisaboro Board of Education ASBESTO	Name of Building Owner/Operator (2) Glaseboro Board of Education ASBESTOS (2) LIGEN	Name of Building Owner/Operator (2) Glaseboro Board of Education ASBESTOS CDN LICENSIN LI

* Do not use this form for asbestos ticensure exampled activities

Jul.

490 41 JAN 13 STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

STATE OF NEW JERSEY

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Ñ		JUL	1	7	2017		

	, , ,	1		(1 0.5	dant to men		· Oumor/On	orator (2)					
Date of Notification (1)	7/11/	17				Name of Building		100	ASBES	OTOC	CONIT	DOI 8	2.
						County of Mo	1115		ASBE	LICE			-
Agencies Notified		No	tification Ty	/pe		Street Address		-		LICE	Onvo		
X EPA		X	Initial			10 Court St							
DEP		lä	Amended	#		City, State, Zip C	Code						
▼ DOL			Emergeno	cy (includin	g	Morristown, N	NJ 07963						
X DOH		Ш	justificatio	n)		Name of Contac							
X DCA			Cancellati	ion		Mr. David En	dly				<u>v</u>		
by reasonal .			- (0)		FACILITY INF	ORMATION Type of Facility	(A)						
Name of Facility Where Aba	atement is 1	akınç	g Place (3)			Type of Facility	(+)						
Building #2						School (K-	12)						
Street Address						X Subchapte	r 8 (Other th	nan K-12)					1
540 W. Hanover Ave				Causti Ca	ndo (7)	Other (i.e.	, private & c	commercial bu	ildings,				
City (5)	County (6)			County Co (State Use		homes, et	c.)						
IVIOITISLOVVII	Morris			-									-
Name of Monitoring Firm H	ired by Bldg	. Ow	mer (8)	ASCM No	±	Name of Contract							
T&M Associates						MTM Metro C	Jorporatio)[]					
Street Address				77-27-5		Street Address							
11 Tindall Road						135-137 McE							
City, State, Zip Code						City State, ZipC	ode						
Middletown, NJ 07748	3					Paterson, N.	J 07501						
Project Manager for Monito	oring Firm	Te	elephone N	lumber		Telephone Num				Numbe	r -		
Kevin Burns		73	32 671 64	100		973-742-503			00809				
Scheduled Start Date (10)		S	cheduled C	completion	Date (11)	Name of OSHA							
7/24/2017		9/	/01/2017			MTM Metro	Corporati	On					
Occupancy Status During	Abatement	(Che	ck only one	2)		Street Address							
						135-137 Mc		enue					
Facility Closed/Vacat	ted During E	ntire	Period of A	Abatement		City, State, Zip	Code						
Abatement Performe	d Outside o	f Nor	mal Facility	Hours		Paterson, N.	J 07501						
Other-Describe: 0	ccupied												
Source of Work (Check al	that apply)							Decoure	☐ Mir	ni-Enclos	sure		
> 3 sf or > 3 lf		X	Renovation	1	15.51	Containment wit				vebag F	rocadiii	-6	
× > 160 sf or > 260 lf			Demolition		× Nor	n-Exempted(*) & i			نت				
Location of Asbestos-			on Normally		Description of	A. S.	Amount (Specify SF or	LF)	Abater	ment Ty	pe	
Containing Material (ACM			Maint./Cus	stodial	thermal system surfacing, VAT	ns insulation,							2 //
Facility (13)	YES	f? (12 S	NO NO	N/A	miscell.)	, or outer				Rem.	Rep.	_	Enclose
Basement, Throughout	×		1		plaster		4,685 sf				×	X	
Basement, Throughout	×				pipe Insulation		4,611 lf				Ŷ	×	
Basement, Throughout	Vat/Mastic		7,725 sf										
Name of Reg. Waste Hau	1b#	Cubic Yards o	f Waste			of Reg.	Landfill						
MTM Metro Corporation		2	26552			50			Tullytov				
City, State								Disp. Date		11.0	City, Sta		
Paterson, NJ 07501	The state of the s							9/01/17			ullytowr	i, PA	
Completed by (Print or Ty	rpe)	T	Title			Signature			Date	-			
Mike Damevski									7/11/17	7			

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

M	C		W	E	F
hod		-			
1171					

Date of Notification (1) 07/12/17					e of Bu	ilding Owner	/Operat	or: Noel	Crawford) [- - / -	ĆU I	1	
Agency Notified X EPA	Type Notification Initial			Stree	t Addres	sses:				TOS CO		ROL	&
X DEP	X Amended			City.	State, 2	Zip			The second secon	10.31	7.7	-	
X DOL	Amended #	1	_			NJ 07092							
X DOH DCA	Emergency (i Justification)	nciuaing	5			ntact: Noel		Telen	hone Numbe	er			
Den	Cancellation			Craw	ford				-				
					TY INF	FORMATION							
Name of Facility W	here Abatement is	Taking	g Plac	e (3)				f Facility					
House								ool (K-12	(Other than	(V 12)			
Street Addresses									rivate & com		Buile	lings	
City(5)				-			Square		of Floors	Bldg. A		0	,
City(5) Mountainside NJ						1	oquare	1 000	01110015	Diag. 1	-50		
County (6) Union			County	/ Code	(7) (ST.	ATE USE	Curren	t Use (Pr	ior if being	demolish	ed)		
County (o) Cinon			ONLY		(.)(ebende		Ü		- 1		
Name of Monitoring	Firm:		7/2	ASC	M No.	Name of A	bateme	nt Contra	actor (9)				
(8)\- IRIS Environn	nental laboratories					Pezo Inc							
Street Address						Street Addre		11150					
2333 Route 22 We						4 Beaverbro					-		-
City, State, Zip Coo Union NJ 07083	de					City, State, Lincoln Par							
Project Manager for	Monitoring Firm	Tele	ephone	No		Telephone		07033	License N	No			_
Rick	Within a Summary		-206-0			973-628-78			01141				
Start Date (10)	Schedul	ed Co	mpletio	on Dat	a (11)	Name of C							
07/13/17	07/13/1					IRIS Envir		al Labora	tories				
Occupancy Status D						Street Addr		r					
	Vacated During Entire					2333 Route							
Other -Describe	ormed Outside of No	Hillai	raciii	у пош	.5	City, State, Union NJ		16					
Scope of Work (Chec								l Containm	nent with Nega	tive Press	ure		
Scope of Work (Chee	ar approj						Mini-	Enclosure					
> 3 sf or > 3 lf					enovation			ebag Proc					
xx > 160 sf or > 260	<u>If</u>	T	Y4		emolition	1	Non-	Exempted	(*) and Non-F		atem		
Locati	on of	11 100	s Locati Normal			Description	of			AL		ype	
					Anhanta			ACM)	Amount		Т	1	
Asbestos-Containin			ed Solel aintena	-		os Containing N thermal systen			(Specify	Rei	Rep	Enc	Enc
TO BE A			Custodi		(1.0.,	Surfacing, VA			SF or LF)	temoval	Repair	aps	closure
IN F	acility		Staff?			Other miscella			•	al		ncapsulate	ure
(1.	5)		(12)									6	
		77	LNL	1 3774									
		Yes	No	N/A							-	-	
Mastic, Basement			X		Mastic	:		4	100 SF	X	+	-	
Name of registered Waste Hauler NJDEP					Huler	Cubic Yards			gistered Land		n:		
Pezo Inc. CS 6224						Waste 6	Wa	aste Man	agement of P	ennsyiva	ınıa		
City, State	City State					Disposal Dat	e Cit	ty, State					
	Lincoln Park, NJ 07035 # 150					•	Mo	orrisville	Pennsylvania	a			7.
Completed by:						Signature /	Van.	2	Data: 07	/12/17			
Ike Pezic			Sec. 115.00		1.7	1 mone	i						

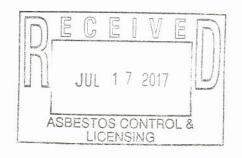
CK #1814

Date of Notification	(1)					Owner/Operator (2)			[paren	POPI	ПП	F	P	7
7/12/17	_					egional Medical Ce	enter		$-\ln$	EGEI	W	E	- 1	111
Agencies Notified	Type No	tification		Street Ad					IIU/r				\mathbb{H}	111
⊠ EPA	X	Initial			ain Str				117		-		#	
☐ DEP		Amended			e, Zip Co	07503			The second secon	JUL 17	201	7	Lon	1
⊠ DOL	_	Amendment #	_	59358051660	and the same	CELCENTATION			1 1 12				-	-
		Emergency (including		Name of									1	
⊠ DOH		justification)		Kenne	th And	ierson				JULGTOS CC	NTF	OL	&	
□ DCA		Cancelation			FA	CILITY INFORMA	TION			LICENSI	NG			
Name of Facility Who	ere Abate	ment is Taking Place (3)						Facility (4)						
		l Medical Center (Xa	avier Bui	Iding)				School (K-1	2)					
Street Address	СВТОТТА	, , , , , , , , , , , , , , , , , , , ,		- 0,			$\exists \overline{}$		8 (Other than K-	-12)				
703 Main Stre	oot						\boxtimes			rcial buildings, ho	mes.	etc.)		
703 Wall Stre													- (
Paterson							Square		# of Floors					
							30,00		3+	50+				
County (6)						Code (7)			ing demolished)					
Passaic					(STATE U	USE ONLY)	Hosp	ital						
Name of Monitoring	Firm Hire	d by Building Owner (8)				ASCM No.	Name o	of Abatement Co	ontractor (9)					
							Unico	orn Contrac	ting Corp.					
Street Address							Street A	Address						
Street Address						*9	32 W	illow Way						
City, State, Zip Code	b						City, St	ate, Zip Code						
City, State, 2ip code							Wood	dland Park,	NJ 07424					
Project Manager fo N	Monitorin	g Firm			Telepho	ne No.	Telepho	one No.		License No.				
Project Wallager to I	vio meo m	•					973-3	333-9176		01331		-111-3/		
Start Date (10)			-	Schedule	d Compl	etion Date (11)	Name o	of OSHA Monito	r					
7/22/17				7/24/1			Envir	ovision Con	sultants, Inc.					
	ring Abat	tement (Check Only One)		77 7				Address						
		acated During Entire Per	iod of Aba	atemen	t		20-21	l Wagaraw	Rd., Bldg. 35-E					
		rmed Outside of Norma						ate, Zip Code						
☑ Other - De				68,7116			Fair L	awn, NJ 07	410					
Scope of Work (Chec														
		1.5.75		X	Renova	ation		Full Contain	ment with Nega	tive Pressure				
					Demol		\times	Mini-Enclos	ure					
≥160 sf or	2200 11				D CITIO		\times	Glovebag Pr	rocedure					
										Friable Procedure	1			
			1 1	s Location	1								emen	t
	Locat	tion of		Normally			Desc	ription of			-	Ty	pe	
Asbesto		ing Material (ACM)		ed Solely				ning Material (A		Amount				
		ABATED		aintenand stodial Sta		(i.e		ystems insulations, VAT, or	on,	(Specity SF or LF)	_		Enca	m
		acility 13)		(12)				iscellaneous)			Removal	Re	Encapsulate	Enclosure
	(-	,	Yes	No	N/A						oval	Repair	ate	ure
8th Floor	Pine Cl	hase (Xavier Bldg)			XXX		Pipe I	nsulation		200 LF	XX			
01111001	r ipe e.	1000 (1101101010)												
Atama as Dantakarani V	uler		NJDEP W	/aste Hau	uler ID No.	Cubic Y	ards of Waste		Name of Regustere	d Landf	ill			
Name of Registered Waste Hauler					44	n en man 2007 Generalistist	15+			Fairless Hills L	andfil	1		
Officorii Contracting co.p.								al Date		City, State				
City, State							TBD	175		Morrisville, PA	4			
Woodland Park, New Jersey Title							Signature	7 /	7,1	Dat	e			
Completed by			15967839	al Man	ager			1///	11/	ULA	7/	12/1	7	
Dillo doicev	imo Golcev Gene							11/1	WY	100/				

nock



Date of Notification (1)		Nam	of Buildi	ng Owner/Operator (2)			- A	SBESTOS C	ON	TRO	L 8		
7/11/17			Nev	v Provi	dence Board of E	Educat	ion	1	LICENS	SINC	3		
	otification			t Address									
⊠ EPA □	Initial				od Avenue								
DEP X	Amended		- 1	tate, Zip (
⊠ DOL	Amendment # 2 Emergency (including	,	_	of Contac	dence, NJ 07974				110				
⊠ DOH	justification)	,			esta, School Busi	nocc A	dmin	Telenhone Numb	or -				
⊠ DCA □	Cancelation		Jan	C3 L. I	esta, scrioor busi	HESS A	umm.	87					
		4		F	ACILITY INFORMA	TION							
Name of Facility Where Abate						Type	of Facility (4)						
Allen W. Roberts Ele	ementary School				30,500 N	X	School (K-1	2)					
Street Address 80 Jones Drive							Subchapter	8 (Other than k	(-12)				
80 Jones Drive							Other (i.e.	orivate & Comm	ercial buildings, h	ome	s, etc	:.)	
City (5)						Squar	e Feet	# of Floors	Bldg, Age		- 10-		
New Providence						76,0	000	1	55 yrs				
County (6)					Code (7)	Currer	nt Use (Prior if be	eing demolished)					
Union				(STATE	USE ONLY)	Scho	ool						
Name of Monitoring Firm Hire	d by Building Owner (8)			HEERLE .	ASCM No.	Name	of Abatement C	ontractor (9)					
Langan					00099	Unic	orn Contra	cting Corp.					
Street Address						Street	Address						
300 Kimball Drive, 4th	Floor					32 V	Villow Way						
City, State, Zip Code							tate, Zip Code			-		R.Velle	
Parsippany, NJ 0705		100		I				, NJ 07424					
Project Manager fo Monitoring Darshan Desai	Firm			Telepho			one No.		License No.				
Start Date (10)		10	Cabadu	-	560-4900 letion Date (11)		333-9176		01331				
7/12/2017				/2017	etion Date (11)		of OSHA Monitor						
Occupancy Status During Abate	ement (Check Only One)	-01-	0/10/	2017			Address	nsultants, Inc	**				
	cated During Entire Per	iod of Al	patemer	nt				Rd., Bldg. 35	_F				
	med Outside of Norma			3			ate, Zip Code	na., blug. 55		-			
☐ Other - Describe: _						0.0000000000000000000000000000000000000	Lawn, NJ 0	7410					
Scope of Work (Check All That A	(pply)											-1150	
≥3 sf or ≥3 lf			\times	Renova	ation	\times	Full Contains	ment with Nega	tive Pressure				
≥160 sf or ≥260 lf				Demoli	ition		Mini-Enclosu	ire					
							Glovebag Pro	ocedure					
		-				X	Non-Exempt	ed (*) and Non-	Friable Procedure				
Leastin			Is Locatio Normally	10.0		110-10-0-00-0				T		teme	nt
Locatio Asbestos-Containin		U	sed Solely	100	Asbesto		iption of ning Material (AC	(M)	Amount	-	T	уре	T
TO BE AS		1 550	faintenan Istodial St				stems insulation		(Specity			_	
In Fac		"	(12)	anr			ng, VAT, or scellaneous)		SF or LF)	Re		ncap	Enc
		Yes	No	N/A		outer mil	recitations			Remova	Repair	Encapsulate	Enclosure
** SEE CONTINUA	** SEE CO	NITNC	UATION SH	EET**		+=	13	m	0				
									+	+	-		
									1	-			
									1	1			
ame of Registered Waste Haule			NJDEP W	aste Haul	er ID No.	Cubic Ya	rds of Waste		Name of Regustered	Land	SII	-	
nicorn Contracting Corp. 0035844						20+			Fairless Hills I	and	fill		
ty, State						Disposal	Date	_	City, State				
/oodland Park, New .	Iersey	_				TBD		/	Morrisvilla, P.	4			
ompleted by imo Golcev		Title	al Mar			3	Signature	1/	111	Dat			
iiio doicev				- HU	M G	//	7/	11/1	.7				



State of New Jersey Notification of Asbestos Abatement **Continuation Sheet**

	1 1000	Locat						em ent /pe									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	ntena	ely by nce/ Staff:	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														
Gym Office		X		9"x9" Tan Floor Tiles & Associated Mastic	70 SF	XX											
Storage Rooms		Х		Mudpack Pipe Joints Associated with Fiberglass Pipes (Exposed)	120 LF	xx											
Boy's Locker Room, Girl's Locker Room, Gym Office, Storage Rooms		Х		Pipe Insulation & Associated Joints (Concealed within Wall, Floor and Ceiling Cavities)	60 LF	xx											
Exterior		Χ		Door Frame Caulk (Outer Frame)	20 LF	XX											
Exterior By Main Entrance		X		Suspect Foundation Waterproofing Materials	200 SF	xx											
Main Roof Above Boy's, Girl's Locker Room & Main Entrance Vestibule		Х		Built-up Roofing Materials & Roof Flashing	15 SF	xx											

UIA U.S. HAIT CONT. 4074

* Do not use this form for asbestos licensure exempted act

					-	100	Charles and the second			
Date of Notification (1) 7 13 17			Name GR	of Building Owner UNWA	Operato	(Popper	EGSE I	<u>V</u>	E	5
Agencies Notified Type Notification			Street	Address A F O;	PITI	a 版				
G EPA (millar) G DEP Amended			City, St	ate, Zip Code	PI		JUL 1 / 20)17	ᅦ	步
DEP Amended Amendment Emergency (ipuanna .	الما	NdEN	Ni	0. 67	036	To a se	4	
DOH justification) DCA D Cancellation			Name o	of Contact	REMO	=24 KA	SREZEPRIORE NU			
			FAC	LITY INFORMA		Type of Facility				
Name of Facility Where Abatement is Taking	g Place (3)				C) School (k	(-12)			
Street Address	and the second			3		1 7 Sunchani	ter 8 (Other than K-1 private & commerci	ai du		
CRAN FORD	NIC) ,				Square Feet 2,500	# of Floors		Sidg. SC	Ag)
County (6) UNION		-	County (STATE	Code (7) USE ONLY)		Current Use (P	Prior If being demolish	red)		uter-ut
Name of Monitoring Firm Hired by Building C	Swner (8))	ASC	I No.	Ni o	of Abatement C				
Sireet Address	and the second s			and the second s	Street	JAVECN Address	INC			
State workers					14.0). 150x	814			-
City, State, Zip Code					City, S	tate, Zip Code	NO 08	25	7.	
Project Manager for Monitoring Firm		1	Telepho	ne No.		one No.	License N	0.		-
0-10-4-10	Cahadal	ad Cor	moletion	Date (11)	1704 Name	238x75		10	-	
Start Date (10) 7 22 17	6		9/13		- 4	JATECH	1100			
Occupancy Status During Abatement (Check			7		Street	Address 130x 81	4			
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	eriod of <i>I</i> of Facility	Noeten Hours	nant s		City, St	laka 7% Cada		22		
Other - Describe:		p .			1010	Bridge	280 CIN	27		
Scope of Work (Check All That Apply) 23 st or 23 lf 2160 st or 2260 li		enova lemolit				Mini-Enclosus	Secretary			+7%
	7					Non-Exemple	ed (*) and Non-Friab	e Pro	Abah	em em
	7	Locati Iormali	20.000	n's	scription	n#	4.0 Consequence of the Consequen		Ту	pe
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Mal	d Solei ntenar odial S (12)	rce/	Asbestos Con (i.e. therms) surfa	taining M	aterial (ACM) Insulation, I, or	Amount (Specify SF.or LF)	Removal	Repair	CANDING SERVICE SING
(13)	Yes	No	N/A	other	nscenar i	sousy		원 :		aic
BASEMENT			X	Floor T	ILE	9 19	4100 SF	X	1	
				-Academic			And the second s			_
					Alexander and the second					
Name of Registered Waste Hauter			DEP W				Registered Landfill	endered arrivation		Lunear
NOVATECH INC		S. C.	auter 10:1 1850	to. of Was	3.		0.60.5	·		
City. State	857			Displa	RAZI I	City, State	SUME F.F	1		
Completed by	Title	SiDE	ATT.		chature	TINI	we. 17	113	17	-
CARLOS HYEIDA	11C	2111	10 F		100	11				

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Date of Notification (1) 7 13 17	-	Nam	ne of Building Owner	1 - 1 -	(2) EA	EULG I W	E	F	7
Agencies Notified Type Notification	n	Stre	et Address	1.001	- TIN	111 1 7 20	17	1	\parallel
G EPA Initial Amended		I Car	O. GOX Z State, Zip Code	x677	6 11111	1111 4 7 ont	7	$\parallel \downarrow$	Щ.
DOL Amendmen	SIMPLE PROCESSION CONTRACTOR CONT	CO)	- m 1	l n	10.10	57691-9	160	18	4
Emergency justification	(Including	-	e of Contact ,		1 48	BEST		+	+
D DCA D Cancellatio		170	M. MAY	1010	EY				
Name of Facility Where Abatement is Taki	ng Place (3)	19:4	ACALITY INFORMA	HON	Type of Facili	ty (4)			
	žitori naspiganija čirpa čirjos acipolis minte simona žiropa				□ School (
Street Address	0		*	/	Subcher (I.)	oter 8 (Other than K- e, private & commen	12) Siaf bi	ulcing	gs, h
City (5)	. ^				Square Feet	# of Floors	7	Bidg	. Agi
WESTFIELD	N10.	T-241-500-00-0		rduy(fout)m	2,500	London Communication Communica		6	0
County (8) UNION	· ·		ly Code (7) EUSE GMLY)		Current Use (Prior If being demolis 1-1005/E	ined)		
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.		of Abatement C	and the second s	-		-
Street Address				The same of the same of the same	AIECH Address	INC			
Out our now bos				P.0	. 130x	814			
City, State, Zip Code				1	ate, Zip Code		000	2	
Project Manager for Monkoring Firm	7	Teleph	one No.	Telepho	137.6C	License A	185	7	
	Contraction of the Contraction o			732	238x7	500 10080	56		******
Start Date (10)	Scheduled don	notetion \/\\\	n Date (11)		FOSHAMONIC ATECN	i i			
Occupancy Status During Abatement (Chec	k Only One)	9	<u> </u>	Skeet A	and the second second	1100			and the same of th
2 Facility Closed/Vacated During Entire F	eriod of Abetem	ent	Without Court	4.0.	130x 81	<u> </u>			
Abetement Performed Outside of Norm Other - Describe:	al Facility Hours			City, Sta	te, Zip Gode	880 CIN	42		
Scope of Work (Check All That Apply)	T T	***********		UIU	BUCK	1010.000			Participan
D, ≥3 sf or ≥3 lf	D, Renovat			A		nent with Negative P	ressu	re.	
A 2160 sf or 2260 li	A Demoliti	on		晋	Mini-Enclosus Glovebag Pro	needs we	(r. ~ 25		
	I la Largadia		T	- X	Non-Exemple	ed (*) and Non-Friab		Abat	
Location of	ls Locatio Normally		Des	cription of	į.			Ty	rpe
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely Maintenand	ce/	Asbestos Conta (i.e. thermal's	ining Mat	erial (ACM)	Amount (Specify	,an		Sec 8 1 1
In Facility (13)	Custodial St (12)	aff7	surfaci	ng, VAT, scellaneo	or	SF or LF)	Removal	Repair	and I head and and
(10)	Yes No	N/A	000011111	arono, i i o			22		idica
BASEMENT		X	Floor	THE	9x9	400 SF	Χ		
KITCHEN		X		TILE	1.5	2 100 5F	X	-	Local
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Name of Registered Waste Hauter		IEP W. (er/D.)			Name of	Registered Landfill			
NOVATECH INC		650	l l	V	City, State				armen's
SID Bridge N.D. 68	857		1818	3/17	140201	Sentle F.F	Ċ	ě.	
completed by	Title		and the second s	rature ()	F(71	Date	12	17	-
CANOS HYEIDA 1	MESIDEN) (1	Val	J 4 X DM	UNIT	13/	11	
SS-41 (R-06-08)			*	Bo not us	e this form for	asbesios licensure e	xemp	ted a	d



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	SBE	STE) -	701	7.A	N &	

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Date of Notification (1)	Name of Building Owner/Operator (2)					· 1	17							
07 /13	_ /	17			Mat	tia Build	ing (Contracting	and the same of th	ACDICAT		7/)	
Agencies Notified Type	Notifica	tion			Street	Address				ASBEST	CENSI Day of	-	OT 9	<u>g</u> ,
⊠ EPA ⊠ In					170	2 A Gran	d Ce	entral Avenu	ie .	3-7 - 1-4-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	W. (11 1 1 1 1 1	i N. Cal	-	an orași de la constitucion de l
☑ DOLWD ☐ Ar	mended			+	203453	State, Zip C			7.7.					
	mendme		_			allette, N		735						
		y (includ	ng	+		of Contact				Telephone Nu	imhar		_	
The state of the s	istificatio ancellatio					Mattia	6			Telephone IV	u			
	anconati	011	1,								-			
					FAC	CILITY IN	FOR	RMATION						
Name of Facility Where Abatem	nent is Ta	aking Pla	ce (3)					Type of Facility	5000000000				
Residednce									School (K-1	2) 8 (Other than K-	12)			
Street Address										private and com		uilding	IS,	
									homes, etc					
Čity (5)	-								Square Feet	# of Floors	E	Bldg. A	ge	
Ortley									800	1		65		
County (6)					Coun	ity Code (7)(STA	TE USE ONLY)	Current Use (F	rior if being dem	olished)			
Ocean									Residence					
Name of Monitoring Firm Hired	by Build	ing Owne	r (8)	1	SCM	No.	Nar	me of Abateme	ent Contractor (9	9)				
N/A							G	uardian Co	ntracting, Inc					
Street Address							Stre	eet Address						
							1	889 Route 9	, Unit 61					
City, State, Zip Code							City	, State, Zip Co	ode					
									New Jersey 0	8755				
Project Manager for Monitoring	Firm		ТТ	eler	hone	No		ephone No.	,	License No.				
							10000	32-349-9932	,	00624				
Start Date (10)	S	cheduled	Com	nlet	ion Da	te (11)		ne of OSHA M		00021				
07 / 24 / 17	10					17	5000	.M.S.L. Ana						
Occupancy Status During Abate							222	et Address						
 □ Facility Closed/Vacated Duri □ Abatement Performed Outside □ Abatement Performed Outside 						cribe		056 Stelton						
Time of Abatement:A							100	, State, Zip Co		0054				
	40						Р	iscataway, I	New Jersey 0	8854				
Scope of Work (Check all that a	ipply)							□ Full Cont	tainment with No	egative Pressure				
☐ ≥3 sf or ≥3 lf			Reno	vatio	n			☐ Mini-Enc		sgative i ressure				
≥160 sf or ≥260 lf		\boxtimes	Demo	litio	n			Gloveba	g Procedure					
			1-1		2023	1		⊠ Non-Exe	mpted (*) and N	lon-Friable Proce				
Location of			Is Lo	mal				Description of			_A	batem	ent I	
Asbestos-Containing Materia	al (ACM)		sed S	Sole	ly by	Asbe	stos (Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE ABATED			/lainte		ice/ staff?	(i.e	., the	rmal systems	insulation,	(Specify	Removal	oair	aps	sols
IN Facility (13)		C		12)	laii!			urfacing, VAT ner miscellane		SF or LF)	<u> </u>		Encapsulate	ure
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exterior	exterior						05 51	aing		700 sf			ш	ш
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Name of Registered Waste Hau				1000	JDEP \ auler I[Cub	oic Yards of ste		istered Landfill				
Guardian Contracting, In	C,				20223		3		T.R.R.F.					
City, State							Disp	posal Date	City, State					
Toms River, New Jersey			7/26/17 Tullytown, Pennsylvania					10.						
Completed By (Print or Type)		Title		3000				Signature	ire Date					
Nicholas Fernicola		Proje	ct M	ana	ger			\ \	7:1		7	12	17	
								1	1 - 1/		1	1 /	1 1	

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 1.0 AZTECH MANAGEMENT, INC. Minerva Enterprise INC 17040 City, State City, State Disposal Date Montclair, NJ 07042 07/24/2017 Waynesburg / Ohio 44688 Completed By (Print or Type) Title Signature Date 7/12/2017 Constantine Vivian President



Date of Notification				Name of Building Owner / Operator (2) Environmental Liability Transfer										
	7-6-17	-4:			t Addr		Liability Trails	siei	111			U		H
Agencies Notified	Type Notific	ation					Rd., Suite 306	a . i	L)				!!!	Ш
⊠ EPA	X Initia	ř.		and the same of th	and the latest terminal and th	& Zip C				JUL	172	017	111	111
DEP		nded				MO 6		1	LI L	001	1 / L	011	-	- 1
⊠ DOL	1					ontact	3131	- 1		, a	Talanh	ana N	lumh	er
□ DOH DCA		rgency cellation				etz, EL	т		ASI	BL				1
DCA	L Carro	Celiation					ORMATION				CINOTIN	J		
N	hava Abatana	ent is Taking F	loco (CILII	1 HAL	Type of Facili	ity (A)						
Name of Facility Wil Building # 9, Per			Tace (3)			School (
Street Address	III Alliboy	1100, LLO.						oter 8 (Other th	an K-12)				
1160 State Street	6:							e. private & co			as, hor	nes.	etc.)	
1100 State Street	L						Square Feet				Bldg. Ag			
O:h. /5\		County (6)		unty	Code	(7)	NA NA	" "	NA		NA	6		
City (5)		Annual State of the State of th		15	Code	(1)		(Prior if being				1		
Perth Amboy		Middlesex	N/	٦,			None	(i fior ii boilig i	4011101101	/				
	E. In all	D. ildia a O.	(0)	\	IAC/	CM No.		tement Contra	ctor (9)					
Name of Monitoring	Firm Hirea t	by Building Ow	ner (o)	ASI	CIVI INO		Network Res		is Con	tractin	a. L	LC.	
Ctroot Address							Street Address		30141101			3, -		
Street Address								lollow Road	PO Bo	x 70				
City, State & Zip Co	nde						City, State &		,					
Oity, otate & Zip oo	,40							ew Jersey 0	8095					
Project Manager for	oject Manager for Monitoring Firm						Telephone No		Li	icense N	Number	4		
,							609-567-060	00		11	012	63	E	
Scheduled Start Da	cheduled Start Date (10) Scheduled Cor						Name of OSF	A Monitor						
7-17-17		10-15-17					EMSL Analy	ytical, Inc.						
Occupancy Status E	During Abate	ment (Check o	niy on	e)			Street Addres							
Facility Clos	sed/Vacated	During Entire F	Period	of Ab			200 Route 1							
Abatement	Performed O	utside of Norm	al Ho	urs –	7am t	o 3pm	City, State & .							
Describe:							Cinnamins	on, NJ 08077	7					
	upied During												-/011-01	-
Scope of Work (Che	eck all that ap	oply)						□ Full Co	ntainme	nt with N	Jenativa	a Pra	ecure	2
				Do	novati	on			nclosure	IIL VVILII I	vogativi	2110	33410	
X ≥3 sf or ≥3 l					molitio				Bag Proc	edures				
X ≥160 sf ≥26	O IT		\bowtie	De	HOIILIO	H			empted		n-Friahl	e Pro	cedi	ire
1.	t:f		lo	Locat	ion	1	Description		-	nount		atem		
T755	ocation of tos-Containin	a		mally			Asbestos-Con		The Part of the Pa	pecify	7.10	T	Ι	T
	erial (ACM)	9	5	Solely	by		Material (A			or LF)	70		En	П
	BE ABATED				ce or Staff?		(i.e., thermal sy				Removal	Repair	Encapsulate	Encisou
ir	n Facility		Ous	(12)	Otan:		insulation, surfac				ova	<u>=</u> .	sula	oure
	(13)		Yes	No	N/A	1	or other miscella	aneous)			-		Ite	(0
First Floor			П	П		Blac	k Tar Material	(Galbestos)	2500 s	. f.		\Box	П	T
First Floor			H	H	X		site Siding Par		3500 s		X	TH	I	T
			H	H	X	_	low Caulk	10.0	300 l. f		X	TIT	I	T
First Floor	First Floor					100000000000000000000000000000000000000	rior Pipe Insul	ation	150 l. f		X			
Roof	H	H	X		site Roofing P		12,000		X	T				
NOOI	H	H	- A	11011	one recoming.						Ī			
Name of Registered Waste Hauler					JDEP '	Waste	Cubic Yards	Name of Reg	istered L	andfill				-
Name of Negistered Waste Hadion					auler II		of Waste							
Bull Waste & Recycling, Inc.					1435		60	Salem Cou	nty Lan	dfill				
City, State							Disposal Date	City, State						
Berlin, NJ						10-29-17 Alloway, New Jersey								
Completed By (Print	or Tynel			Ti	tle		Signature Date							
	250.5			100	reside	ent	-3	1			7-6-	17		
oudore o. Duu	neodore S. Budzynski						1	1						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Charles 11334

Date of Notification (1)			Name of Building Owner/Operator (2)										
/	13/	17		Tre	nton Boa	ard of Education	· IF	JECE	7	V [S G	7	
Agencies Notified	Type Notificat	ion	-	Street	Address			Jr B B	U		7	1	
⊠ EPA				108	Clinton	Ave	117	7).					
⊠ DOLWD	Amended			City, S	State, Zip C	Code		th JUL 1	7 21	J17	-111	1)	
⊠ DOH	Amendmer		-	Tre	nton, NJ	08609	1	Da. 000			1	i nation	
DCA (NJAC 5:23-8)	☐ Emergency justification		g	Name	of Contac	t		Telephone Numb	<u>م</u>		4		
(110710 0.20 0)	☐ Cancellation			Joh	n Farrell	- Haverstick/Bo	rthwick				Q.		
				FΔ	CILITYIN	IFORMATION		LICELO	V11 + V	A			
Name of Facility Where	e Abatement is Ta	king Plac	e (3)	- 1 / 1	OILIT I III	II OKWATION	Type of Facility	(4)	-	-			
Trenton High Sch		ining r ido	S (O)				School (K-12						
Street Address	1001 11001						Subchapter	8 (Other than K-12)					
1001 W State Stre	aet						Other (i.e., p	rivate and commer	cial bu	ıilding	s,		
City (5)							Square Feet	# of Floors	DI	dg. Ag	70		
Trenton							1600-Annex		1	ag. Ag 50 +	je.		
				T Court	ahi Cada C	NOTATE LICE ONLY				5U+		-	
County (6)				Cour	ity Code (/	()(STATE USE ONLY)		ior if being demolis	nea)				
Mercer			(0)	10011		TN1	School						
Name of Monitoring Fin	rm Hirea by Builai	ng Owner	(8)	ASCM	No.	Name of Abatem							
01							nvironmental S	Systems					
Street Address						Street Address							
01 01 7 0						ANTHOUS COSTS CONTRACTOR DEPORT	lehem Pike - S	uite 60					
City, State, Zip Code						City, State, Zip C							
D :	-, -		T			Spring Hous	e, PA 19477	Tr					
Project Manager for M	onitoring Firm		Tel	ephone	No.	Telephone No.		License No.					
0						215 542 7000		00847					
Start Date (10)		cheduled (- 52		- S	Name of OSHA N	Nonitor						
7 /24				1_/	11	CES				5-17-5			
Occupancy Status Dur						Street Address							
Facility Closed/Vac							lehem Pike - S	uite 60					
Abatement Perform Time of Abatement					scribe	City, State, Zip C							
						Spring Hous	e, PA 19477						
Scope of Work (Check	all that apply)					□ Full Con	tainment with Ne	native Pressure					
≥3 sf or ≥3 lf		⊠R	enova	tion		☐ Mini-End		gative i ressure					
≥160 sf or ≥260 lf			emoliti	on			g Procedure	a Frieble Dresedu					
				Maria.		⊠ Non-Exe	empted (*) and No	on-Friable Procedur	-	no de monoco			
Locati	on of	1	s Loca Norma			Description	~ f		-	ateme	1	1	
Asbestos-Containir		Us	ed So		Asbe	estos Containing Ma		Amount	Removal	Repair	Enc	Enclosure	
TO BE A	BATED	M	ainten	ance/ Staff?		e., thermal systems	insulation,	(Specify	nov	air	aps	losu	
IN Fa		Cu	(12			surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	lre.	
(,,	-1	Yes	No	N/A		other missenant	, ,				Ф		
Exterior Windows				$d = \frac{1}{2}$	ACM W	/indow Caulking	1	1530 LF		П	П	П	
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											П		
Name of Registered W	Name of Registered Waste Hauler					Cubic Yards of	Name of Regi	stered Landfill				1	
Champion Waste		NJDEP Hauler I		Waste	Grows-Tu								
City, State				Disposal Data	City, State	,							
Hainesport, NJ						Disposal Date 8/31/17		DΔ 19067					
	- T	Title	1										
Completed By (Print or	(ype)	Title	N.P			Signature	11.	Da	ate /	1			
Patricia Visco		Office	iviana	ager		Valu	cur Ula	CO	1/1	3/1	7		
ASB-41									5	1			

JC 4598			FICATIO	state of N N OF AS t to NJA(BESTOS	ABATE		NT	D.	EG			W P	rint Fo
Date of Notification (1) 07/12/2017	Ar.		Name of	of Building	g Owner/0	Operator	r (2)			—JUL	_1_	7 2()17	
Agencies Notified Type Notification	n			Address Avenue	of Ame	ericans			A	SBEST				_&
X EPA X Initial Amended Amendme	nt #		City, St	tate, Zip C York NY	Code		-			<u>L1</u>)	CEN	31146	1	
X DOH justification DCA Cancellation	y (includin	g		of Contac					Tele	phone Nu	umber			
Cancellatio)[]		0.0000000000000000000000000000000000000	ILITY IN	EODMAT!	ON		ν	1					
Name of Facility Where Abatement is Tak 295 North Franklin Turnpike	ing Place	(3)	TAG	ALIT IN	ORWATI	ION	Ту	pe of Facility School (K-						
Street Address 295 North Franklin Turnpike	- W						×	Subchapte Other (i.e.	r 8 (Othe	r than K-1	12) cial bu	ildings	s, hom	es,
City (5) Ramsey								etc.) uare Feet 00	# of	Floors		Bldg. 1	Age	
County (6) Bergen			County (STATE	Code (7)	Y)			rrent Use (Prestaurant ,						
Name of Monitoring Firm Hired by Building Confidence Environmental	Owner (8	3)	ASCI	M No.			of A	batement Co vironmenta	ntractor (9)	n.			
Street Address 391 Ocean Avenue	- W					Street	Add	10.790.34 Deconstants Institution			· ·			
City, State, Zip Code Jersey City NJ 07305						City, S	state,	Zip Code NJ 07107						
Project Manager for Monitoring Firm Jude Ulokameje		2018925090					none			License N	No.			
Start Date (10) 07/14/2017	Schedu 07/30/		mpletion	Date (11)		Name	of O	SHA Monitor			n			
Occupancy Status During Abatement (Che	ck Only O	ne)	Street Address								P			-
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: facility is vacant	Period of mal Facilit	Abater y Hour	atement ours 142 North 13th S City, State, Zip Code					Zip Code	eet				-	
Scope of Work (Check All That Apply)						Newa	ark	NJ 07107						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli			-	×	N C	full Containmonth of the C	e cedure				re	
Location of		s Locat Norma	lly		Des	cription						Abate	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial s (12)	nce/		tos Conta thermal: surfac	aining M	lateri s insu T, or		(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								=		ate	9.
Main roof	_	X	-			menbra				0 SF	х			
window		Х			windo	w caul	king	3	3 3	SF ———	x			
Name of Registered Waste Hauler Newark Carting Inc		Н	JDEP W auler ID			Cubic Yards Name of Registered Landfill of Waste Tully-town Re facility								
City, State Newark NJ 07102	-9/		Disposal Date				City, State)				110		
Completed by Chika Onwukaife	Title presi						_		mi	Da 07	ite 7/12/2	2017		

no 100004147	2		ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS A	ABATEN		D.				/ [E	
Date of Notification (1) 7/12/17	0		Name o New J	of Building ersey Na	owner/Catural Ga	Operator as	(2)		JUL	1 7	20	17	
Agencies Notified Type Notification				Address assar Av	re			and the second s	ASBEST	08.0	ONIT	POL	-
DEP Initial Amended Amendment #				ate, Zip C vood, NJ					LI	CENS	ING	NUL	α
DOH justification) DCA Cancellation				of Contact d Yurick				Tele	enhone Nu	mber			
(二)			FAC	ILITY INF	ORMATI	ON							
Name of Facility Where Abatement is Taking New Jersey Natural Gas	Place (3)					Type of Facility	(4)					
Street Address							School (K- Subchapte		er than K-1	2)			
858 Lakewood Farmingdale Rd.							Other (i.e.)				dings,	home	es,
City (5)	. 1996 (11)						Square Feet	# of	Floors	E	Bldg. A	ge	_
Howell							Outdoor Area	NA		N	lΑ		
County (6) Monmouth				Code (7) USE ONLY	n		Current Use (Pri Outdoor pipe	or if bei insulati	ng demolis on	hed)			
Name of Monitoring Firm Hired by Building O NA	wner (8))	ASCI	M No.			of Abatement Con			s, LL	С		
Street Address							Address Main Street	Extens	sion, Su	ite 10)		
City, State, Zip Code						Chillian Montaine	ate, Zip Code	72					
Project Manager for Monitoring Firm			Telepho	one No.		Telepho			License N	10.			
	Schedul 8/29/17		npletion	Date (11)		Name o	of OSHA Monitor Environmental						
Occupancy Status During Abatement (Check	Only Or	ne)				Shov	Desktop.scf S	treet Ad	Idress		-		
Facility Closed/Vacated During Entire Pe			nent			16 W	Elizabeth Av	e #2					
Abatement Performed Outside of Normal Other – Describe: Outdoor removal i	I Facility	/ Hours	3				ate, Zip Code n, NJ 07036						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit					Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e ocedure				е	
10 Control of the Con	1000	Locati									Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial s (12)	ly by nce/		stos Conta . thermal surfac		aterial (ACM) insulation, , or	(S	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								_		
Pipe to truck loading rack from T1 and			X	Therma	ıl insulat	tion jack	et	600 LF	7	X			
Pump Stations													
Name of Registered Waste Hauler Freehold Cartage Inc		H	NJDEP Waste Hauler ID No. 15939 Cubic Yard: of Waste 40				Name of G.R.O.V		red Landfil				
City, State Freehold, NJ						al Date	City, Stat Morrisv	e ille, PA	1				
Completed by Michael Migliore	pleted by Title						0 m. 1-	,		ate /12/17			

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-187 (Pursuant to NJAC 8:60 and 12:120) JUL 17 2017 Date of Notification (1) Name of Building Owner/Operator (2) 10 7 / 0 7 / 1 7 alice nalepa ASBESTOS CONTROL & Agencies Notified Type Notification Street Address **EPA** Initial | Amended DEP City, State, Zip Code Amendment #: DOL Emergency LINDEN, NJ 07036 (including DOH Name of Contact justification) Telephone Number □ DCA Cancellation alice nalepa **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) alice nalepa Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) LINDEN UNION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 07/21/17 07/31/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure ≥ 3 sf or >3 If Renovation Mini-enclosure _ ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial asbestos-containing E е e Description of asbestos-containing n Amount staff(12) material (acm) to be m n p C material (ACM) (Specify SF or abated in facility (13) 0 C Yes a а No N/A V е BASEMENT PIPE INSULATION 120 1 ft X BASEMENT **BOILER INSULATION** 36 sq ft M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 07/22/17 TULLYTOWN, PA Completed by (Print or Type) Signature Date **BOGDAN JOLDZIC** PRESIDENT 07/07/17 ASR-41 Do not use this form for ashestos licensura ave

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 17-188 2017 Name of Building Owner/Operator (2) Date of Notification (1) ASBESTOS CONTROL & 0 7 / 0 7 / 1 7 hanna oh Type Notification Agencies Notified Street Address ✓ Initial EPA Amended DEP City, State, Zip Code Amendment #: DOL livingston, nj 07039 Emergency Telephone Number (including DOH Name of Contact justification) DCA hanna oh Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) hanna oh Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) **ESSEX** livingston Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 07/20/1717 07/31/17 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 If Renovation Glovebag procedure Non-Exempted (*) and Non-friable procedure ≥160 sf or ≥260 lf Demolition R Is location normally used solely Location of e n by maintenance/custodial Amount Description of asbestos-containing m asbestos-containing p C (Specify SF or staff(12) 0 material (acm) to be material (ACM) a LF) abated in facility (13) Yes N/A No 22 l ft X PIPE INSULATION BASEMENT X 12 L FT BARE HEATING PIPES BASEMENT M 4 sq fT TRANSITE CEILING BASEMENT Name of Registered Landfill NJDEP Hauler ID# Cubic Yards of Waste Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 13506 D & S RESTORATION, INC. 1 vd Disposal Date City, State City, State 07/20/17 TULLYTOWN, PA PATERSON, NJ 07503 Signature Completed by (Print or Type) Title 07/07/17 BOGDAN JOLDZIC PRESIDENT Do not use this form for achoetne licensure exempted activities

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Date of Notification (1)	14 /	17	_				g Owner/Operator (ard of Education		1702-2159 ASBES	Chk.			
Agencies Notified	Type Notifica	ation			Street	Address		ì		LICENS			_ Ot -
⊠ EPA					434	Millburn	Avenue			L1 (7) L1 V	711 4 4		
□ DOLWD	☐ Amended				City, S	State, Zip C	Code						
□ DHSS □	Amendme				Mill	burn, NJ	07041						
☐ DCA (NJAC 5:23-8)	☐ Emergend justification		uding			of Contac			Telephone Nu	ımber		14.17	
(110/10/0.20-0)	☐ Cancellat				Che	ervi Schr	eider, Business	Admin.	• • • • • • • • • • • • • • • • • • • •				
	0.0000000000000000000000000000000000000	- V					IFORMATION	-				82	
Name of Facility Where	Abatement is T	aking F	Place	(3)	IA	JILIII III	II OKWATION	Type of Facility (4	4)				
Washington School				(-/				☐ School (K-12)	, 80				
Street Address	-							☐ Subchapter 8	(Other than K-				
70 Spring Street								Other (i.e., pri homes, etc.)					
City (5)								Square Feet	# of Floors		dg. A	ge	
Millburn								43,134	2		55		
County (6)					Cour	ity Code (7	()(STATE USE ONLY)	Current Use (Price	or if being dem	olished)			
Essex								Vacant					
Name of Monitoring Firm	Hired by Build	ding Ow	vner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Whitman							Asbestos and	d Mold Services	s, Corp.				
Street Address							Street Address						
7 Pleasant Hill Roa	d						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Cranbury, NJ 08512	2						Hainesport, N	NJ 08036					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
Kevin Lovely				73	32-390	-5858	609-702-0400		00862				
Start Date (10)	1	Schedul	led Co	mple	tion Da	te (11)	Name of OSHA N	lonitor					
7 / 24 /	17	7	/	_ 25	_ /	17	EMSL Analyt	ical, Inc.					
Occupancy Status During	g Abatement (0	Check o	only o	ne)			Street Address						
☐ Facility Closed/Vacate							200 U.S. Rou	te 130 North					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM- <u>3:30</u>	<u>UPM/11</u>	1:30F	M	AN	Λ	Cinnaminson	n, NJ 08077					
Scope of Work (Check al	I that apply)												
☐ >3 sf or >3 lf		Г	⊠ Rer	novati	on		☐ Full Cont	tainment with Nega	ative Pressure				
≥3 \$1 \$1 ≥5 11 ≥160 \$f or ≥260 If			Der					g Procedure					
							☐ Non-Exe	mpted (*) and Non	-Friable Proce	dure			
				Locat lorma						Ab	atem	ent T	уре
Location Asbestos-Containing		,			ely by	Asha	Description of stos Containing Ma		Amount	Re	Re	En	En
TO BE ABA		"	Mai	ntena	nce/		., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facili	ity		Cust	odial (12)	Staff?		surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure
(13)			Yes	No	N/A		other miscellane	ous)				ite	
Entry Hall, 3 rd Hall, P	hone Booth					Elbows	/Fittings		4 LF		П	П	П
Last Hall				_				-					
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Name of Registered Was				923	IJDEP \ lauler I[Cubic Yards of Waste	Name of Regist					
waste management						3 NO.	5	Grand Cent	tral				
City, State							Disposal Date	City, State	22.54				
Lafayette, NJ						7/25/17	Penn Argyl	e, PA					
Completed By (Print or T	ype)	Title					Signature	٨		Date	,		_
Kimberly A. Trumb	etti	Off	ice C	oord	dinato	r		11		7	-14	-/	1

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	_	JÜL H	472	7	2017		1

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Date of Notification (1)	44 / 1	7		N		Building Co en Macko	wner/Operator (2	/ Job #1706-	CEANG MINISTER				
7 /		7			treet Ac		() 		ASBESTO			OL	&
Agencies Notified	Type Notification	1			ileet Ac	201000			LIC	ENSI	NG		-
☐ EPA ☑ DOLWD	☐ Amended				it. Cto	te, Zip Coo	do.						
☑ DHSS	Amendment	#		1	125								1
□ DCA	☐ Emergency (100000000000000000000000000000000000000	on, NJ 0	0521		Tolonhone Numbe	er			\neg
(NJAC 5:23-8)	justification)			ı		Contact		1					
	☐ Cancellation	E.				/lacko							\dashv
					FACII	LITY INF	ORMATION						
Name of Facility Where	e Abatement is Taki	ing Pla	ice (3)				Type of Facility (4					
Residential Prope	erty							School (K-12)	(Other than K-12)				
Street Address								Other (i.e., pri	vate and commerc	ial build	lings,		
								homes, etc.)			A ===		_
City (5)								Square Feet	# of Floors		. Age		
Jackson								4800	1	60)		
County (6)					County	Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)			
Ocean								Vacant					
Name of Monitoring Fi	rm Hired by Buildin	g Own	er (8)	A	SCM N	0.		ent Contractor (9)					
NA							Asbestos an	d Mold Service	s, Corp.				
Street Address							Street Address						
Street Address	*						3859 Sylon E	Boulevard		4			
City, State, Zip Code						City, State, Zip C	ode						
City, State, Zip Code							Hainesport,	NJ 08036					
Project Manager for N	Monitoring Firm			Teler	hone N	lo.	Telephone No.		License No.				
Project Manager for W	ionicoming t in						609-702-040	0	00862				
Start Date (10)	Sc	hedule	d Co	mplet	ion Date	e (11)	Name of OSHA	Monitor					
7 / 24	/ 17_						EMSL Analy	tical, Inc.					
							Street Address						
Occupancy Status Du Facility Closed/Var	anted During Entire	Derion	iny Oi	hater	nent			ute 130 North					
	med Outside of Nor	mal Fa	cility	Hour	s - Desc	ribe	City, State, Zip C						
Time of Abatemer	nt:AM	_PM/_		PM-		MA	Cinnaminso						
							O 11						
Scope of Work (Chec								ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		\boxtimes	Rer	ovati	on		☐ Mini-En	iclosure ag Procedure					
≥160 sf or ≥260 lf] Der	nolitic	n		☐ Non-Ex	empted (*) and No	n-Friable Procedu	re			
			Is	Locat	ion					Aba	ateme	nt Ty	/ре
Loca	ition of		N	orma	lly		Description	of		Re	Re	E	Ē
	ning Material (ACM)			d Sole ntena	ely by	Asbe	stos Containing N ., thermal system	Naterial (ACM)	Amount (Specify	Remova	Repair	cap	Enclosure
TO BE	ABATED	100			Staff?	(i.e	surfacing, VA		SF or LF)	Val.	-	Encapsulate	ure
	acility 13)			(12)			other miscellar	neous)				ate	88977
		,	Yes	No	N/A						_		
Exterior					\boxtimes	Transit	e Siding		400 SF			Ш	Ш
LATORIOI				П						\boxtimes			
				ᆜ						П	П	П	П
] [ᆜ			
		[Ш	Ш	
Name of Registered	Waste Hauler			11/22	NJDEP !		Cubic Yards of		istered Landfill				
Waste Manager				1	lauler II		Waste 5	Grand Ce	ntral				
City, State					1/4/		Disposal Date	City, State					
Lafayette, NJ							7/25/17	Penn Arg	yle, PA				
Completed By (Print or Type) Title							Signature			ate	. 1		1
Kimberly A. Tru			fice	Coor	dinato	r	de	1 1		7-	14-	- 1'	
Killiberry A. Int	IIIDOLLI						1//						

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Job #1	705-2	171	JUL Chk.	1 474	7	2017	Det for income	W
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Date of Notification (1)			1	Name of	Building C	Owner/Operator (2	2)	Transfer of the same of the sa	117	201	7	TH	
Emissional actions and an emission of the control o	/ 17				of New			705-2171 Chi				1 Samuel	
Agencies Notified Type	Notification			Street A	ddress			ASBEST	r00 00	17156	101	9	
⊠ EPA □ II					est State	Street			ICENS		iUL	O.	
	mended		-		ate, Zip Co			- Indiana william of the second control of t		-	NAME AND ADDRESS OF	100000000000000000000000000000000000000	
Z 51100	mendment #	CC 2000			on, NJ 0								
	mergency (in ustification)	cluding			f Contact			Telephone Nun	nber				
A	Cancellation		1		ony Mazz	zella							
		- N		FACI	LITY INF	ORMATION	*						
Name of Facility Where Abate	ment is Takin	g Place (3)	1 701		011111111111	Type of Facility (4)					
NJ DOT - Finance & Adı			-/				School (K-12)						
Street Address		3					☐ Subchapter 8 ☐ Other (i.e., pr	Other than K-1	2) ercial bui	Idinas			
1035 Parkway Avenue							homes, etc.)	ivate and commi	oroiai bai	dingo	1.		
City (5)		11/2					Square Feet	# of Floors	Blo	g. Ag	е		
Trenton							63,280	3	4	-0			
County (6)				County	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)				
Mercer							DOT Headqu	uarters					
Name of Monitoring Firm Hired	d by Building	Owner (8	B) /	ASCM N	lo.	Name of Abatem	ent Contractor (9)						
Environmental Connec						Asbestos an	d Mold Service	s, Corp.					
Street Address						Street Address							
120 North Wareent Stre	et					3859 Sylon E	Boulevard						
City, State, Zip Code						City, State, Zip C	ode						
Trenton, NJ 08608						Hainesport,	NJ 08036						
Project Manager for Monitorin	g Firm		Tele	phone N	lo.	Telephone No.		License No.					
Roland Jones			60	9-392-	4200	609-702-040	0	00862					
Start Date (10)		eduled Co				Name of OSHA							
7 / 3 / 1	7	7 /	14	_ / _	17	EMSL Analy	tical, Inc.						
Occupancy Status During Aba	atement (Che	ck only o	ne)			Street Address							
☐ Facility Closed/Vacated Di						200 U.S. Rot							
Abatement Performed Out	side of Norma	al Facility	Hour	s - Desc	cribe	City, State, Zip C							
Time of Abatement:	_AIVI	-IVI/	PIVI-		AIVI	Cinnaminso	n, NJ 08077						
Scope of Work (Check all that	t apply)						ntainment with Ne	native Pressure					
☐ >3 sf or >3 lf		⊠ Re	novati	on		Mini-En	closure	gativo i rocca.c					
≥160 sf or ≥260 lf		☐ De	molitio	on		☐ Gloveba	ag Procedure empted (*) and No	n-Friable Proce	dure			4	
		1 10	1 000	ion		☐ Noll-Ex	empled () and 140	That is a second	-	atem	ent Ty	vpe	
Location of			Locat Norma			Description	of			-			
Asbestos-Containing Mate	erial (ACM)			ely by		stos Containing M	laterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE ABATED	2		intena todial	Staff?	(i.e	, thermal systems, surfacing, VA		(Specify SF or LF)	ova	=	nsd	Sur	
IN Facility (13)			(12)			other miscellan					late	o l	
		Yes	No	N/A									
Basement					Pipe Fit	tting & Saddle	Insulation	300 LF					
Mechanical Rms				\boxtimes	Coating	Material on Fi	berglass Ins.	3 SF					
Additional Scope:Basen	nent				Pipe			50 '			\boxtimes		
Name of Registered Waste H	auler		17.6	NJDEP 1		Cubic Yards of	Name of Reg	e of Registered Landfill					
Waste Management	10 mars (20 mars (2) mars (2) mars (2) mars (2) mars (2) mars (2) mars (2) mars (2) mars (2) mars (2) mars (2)		ŀ	17273		Waste 5	Grand Ce	nd Central					
City, State	1100			1121		Disposal Date	City, State	,					
Lafayette, NJ		7/14/17	Penn Arg	yle, PA									
Completed By (Print or Type) T	itle				Signature	\wedge	Date					
Kimberly A. Trumbetti		Office	Coor	dinato	r	10XI	V	N-11-1					

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

1 //) (X			(P	urs	Jani i	O NJAC	8:60 and 5:16)		4 7	-00	177	-
Date of Notification (1))	7/6/2019		Na	ame of	Building C	wner/Operator (2)	THE JUL	. 1 /	20	1	1
6 /	18 / 17	7			State	of New J	ersey	Job #1	705-2171 Chk. N				Name of Street
gencies Notified	Type Notification			St	reet Ac	idress			ASBEST			ROL	8
⊠ EPA	☐ Initial				20 We	st State	Street		1 <u>L</u>	CENS	UNG		=
DOLWD		00 JECU 143		Ci	ty, Stat	te, Zip Cod	ie						
☑ DHSS	Amendment #		_		Trent	on, NJ 0	3625						
DCA	☐ Emergency (in justification)	ncludin	g	N	ame of	Contact			Telephone Number	r			
(NJAC 5:23-8)	☐ Cancellation				Antho	ony Mazz	ella			8			
					FACII	ITY INF	ORMATION						
Name of Facility Where A	hatement is Takir	ng Plac	e (3)					Type of Facility (4	1)				
NJ DOT - Finance 8								School (K-12)	(01) th K 12)				
Street Address	Admin Danan	9			-			Subchapter 8	(Other than K-12) vate and commerc	ial build	lings,		
1035 Parkway Aver	1110							homes, etc.)		Mark Helberter			
	iuc	+						Square Feet	# of Floors	Bldg	. Age		
City (5)								63,280	3	40)		
Trenton				- 1	County	Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)			
County (6)						3.0		DOT Headqu	ıarters				
Mercer Name of Monitoring Firm	Hired by Building	Owner	r (8)	I AS	SCM N	0.	Name of Abateme	ent Contractor (9)					
Environmental Cor		, Owner	. (0)					d Mold Service	s, Corp.				
	mection, inc.	· W					Street Address						
Street Address 120 North Wareent	Stroot						3859 Sylon E	Boulevard					
	Street						City, State, Zip C						
City, State, Zip Code							Hainesport,						
Trenton, NJ 08608	oitorina Eirm		Т	elen	hone N	lo.	Telephone No.		License No.				
Project Manager for Mor	illoring riiii				-392-	The care	609-702-040	0	00862				
Roland Jones	Sch	neduled	Com				Name of OSHA	Monitor					
Start Date (10) 7 / 3 /		7					EMSL Analy	tical, Inc.					
-		The Factor	ă				Street Address						
Occupancy Status Durin Facility Closed/Vaca	ng Abatement (Chi	Pariod i	of Ah	atem	ent			ute 130 North					
☐ Abatement Performe	ed Outside of Norm	nal Fac	ility F	lours	- Desc	ribe	City, State, Zip C						
Time of Abatement:	AM	_PM/		PM		MA	Cinnaminso						
Scope of Work (Check a			-					390					
	an trac app.y/		_	//////////////////////////////////////				ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			Rend					ag Procedure					
≥160 sf or ≥260 lf			Dom	011(10)	100		☐ Non-Ex	empted (*) and No	on-Friable Procedu				
			100	ocati							ateme	T	0.00
Locatio			No Jsed	rmal		0 - 1	Description stos Containing N	of	Amount	Remova	Repair	Encapsulate	Enclosure
Asbestos-Containin TO BE AB			Main			ASDE (i.e	., thermal system	s insulation,	(Specify	Von	air	aps	losu
IN Fac		C	Custo	dial 5 (12)	Staff?		surfacing, VA		SF or LF)	<u>m</u>		ulat	re
(13)	V		No.	N/A		other miscellar	leous)				Ф	
		1	es	Townson.		5. F.	u: 9 Caddla	Inculation	300 LF		П		Г
Basement	70.1				\boxtimes		tting & Saddle	And the second second		1000000			F
Mechanical Rms					\boxtimes	Coating	g Material on F	iberglass Ins.	3 SF		Ш		_
CONTRACTOR OF THE PROPERTY OF			7	П									
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				Ц		Masta	Cubic Varde of	Name of Red	istered Landfill				
Name of Registered W				1.25	JDEP lauler I		Cubic Yards of Waste		istered Landfill				
Name of Registered W Waste Manageme				1.25		D No.	Waste 5	Grand Ce					
Waste Manageme				1.25	lauler I	D No.	Waste 5 Disposal Date	Grand Ce City, State	entral				
Waste Manageme				1.25	lauler I	D No.	Waste 5 Disposal Date 7/31/17	Grand Ce	entral lyle, PA)ate			
Waste Manageme	ent	Title		H	1727	D No. 3	Waste 5 Disposal Date	Grand Ce City, State	entral lyle, PA	Date	1-1	7	
Waste Manageme City, State Lafayette, NJ	Type)	Title		H	lauler I	D No. 3	Waste 5 Disposal Date 7/31/17	Grand Ce City, State	entral lyle, PA	Date	1-1	7	

			(Pu				3:60 and 5:16)		11	111 JUL	1 7 201	W.	Anterior	1
ate of Notification (1)	10 / 17	7		Name	e of Bui	lding Ov nery To	wner/Operator (2) ownship BOE		/ Job	#1707-2206 ASEESTO	Chk. #4		8	
	Type Notification	1		Stree	et Addre	ess			1	LIC	ENSING			-
gencies Notified	☐ Initial	5		10	14 Ro	ute 601	1							1
EPA	☐ Amended			City.	State,	Zip Code	е							
DOLWD	Amendment	#				n, NJ 08								-
DHSS DCA		including		1	ne of Co			25.5		Telephone Number	er			
(NJAC 5:23-8)	justification)					Wells			14					4
(☐ Cancellation													
				F	ACILIT	YINFO	ORMATION	Type	of Facility (4	1)				
Name of Facility Where	Abatement is Tak	ing Place	(3)					T Sc	hool (K-12)					
Montgomery Uppe	er Middle Schoo	ol							0	(Othor than K-1/)	cial buildin	as.		
Street Address								⊠ Ot	her (i.e., pri mes, etc.)	vate and commer	Clai Dullull	90,		
375 Burnt Hill Roa	d							1000		# of Floors	Bldg.	Age		
								Squa	re Feet	2	196			
City (5)									(Del	or if being demolis	shed)			
Skillman				C	ounty C	ode (7)(STATE USE ONLY)	100000000000000000000000000000000000000		of II being demon	6			1
County (6)								2,000	hool			-		\dashv
Somerset	II B. Italia	~ Owner	- (8)	ASC	CM No.		Name of Abatem	ent Co	ntractor (9)	_				
Name of Monitoring Fir	rm Hired by Buildir	ig Owner	(0)	,,,,,		2	Asbestos an	d Mo	ld Service	s, Corp.				-
PARS Environme	ental						Street Address							
Street Address	100000						3859 Sylon I	Boule	vard					
500 Horizon Drive	e, Suite 540						City, State, Zip C							
City, State, Zip Code							Hainesport,		3036					
Robbinsville, NJ	08691						Telephone No.			License No.				
Project Manager for M	Ionitoring Firm	With the second	T	eleph	one No					00862				
Project Manager for W			1				000 702 040	10		00002				
	7				890-72		609-702-040		or.	00002				
Julian Fernande	7	cheduled	Com	npletio	-890-72 n Date	(11)	Name of OSHA	Monito		00862				
Julian Fernande: Start Date (10)	z S	cheduled	I Com	npletio	890-72	(11)	Name of OSHA EMSL Analy	Monito		00002				
Julian Fernandez Start Date (10) 7 / 11	z / _17	7	. / _	npletio 14	-890-72 n Date	(11)	Name of OSHA EMSL Analy Street Address	Monito ytical,	Inc.	00002				
Start Date (10) 7 / 11 Occupancy Status Du	suring Abatement (Control During Entire	7 Check on	ly one	14 e)	-890-72 n Date /1	(11) 17	Name of OSHA EMSL Analy Street Address 200 U.S. Ro	Monitorytical,	Inc.	00862				
Start Date (10) 7 / 11 Occupancy Status Du	suring Abatement (Control During Entire	7 Check on	ly one	14 e)	-890-72 n Date /1	(11) 17	Name of OSHA EMSL Analy Street Address 200 U.S. Ro City, State, Zip	Monitorytical, oute 1 Code	Inc. 30 North	00002				
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Julian Fernande: Start Date (10) 7 / 11 Occupancy Status Du	ring Abatement (Coated During Entirmed Outside of Nont: AM-CK all that apply) f ation of ning Material (ACI)		ly one of Abcility H	poletion 14 e) coatement of the coatemen	ent - Descri	(11) 17 ibe M M M	Name of OSHA EMSL Analy Street Address 200 U.S. Ro City, State, Zip Cinnamins — Full C — Mini-E — Glove — Non-E Description estos Containing e thermal syste	Monitorytical, oute 1 Code on, No ontainmenclosus bag Prexempt on of Materims ins	J 08077 ment with N procedure () ted (*) and I tial (ACM) ulation,	egative Pressure	Anuit) dure Aba Remov	Cl	ut ent Ty	
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Ryust	MAIN	ER			to NJAC					n e c	E		\mathbb{V}	
Date of Notification (1) 7/11/17	(V35	551			f Building			(2)			1	7 0	017	
Agencies Notified	Type Notification	-01		Street A					-	<u>L</u> JU		1_6	ULL	and the same
□ EPA	Initial Amended			0.0000-0100.00	ark Ave.								and the side	
DEP	Amended Amendment	#			ite, Zip Co		0			ASBES	US ICFN	CON	IIKU G	L&
₩ DOL	Emergency	(including	-		rfors, No	0/0/	U		Tol	anhone M				
DOH DCA	justification) Cancellation					er (To	wnship	Engineer)	1 1 1	2,11				
	- Sanosilation				LITY INFO			g	1	<u> </u>				
Name of Facility Where		g Place (3	3)					Type of Facility (4)			7		
Abandoned Proper	ty							School (K-12						
Street Address								Subchapter 8 Other (i.e. pr				linas.	home	es.
320 Ridge Rd.								etc.)						20.4
City (5) Rutherford, NJ								Square Feet 3000	2	Floors	5	ldg. A 0+	.ge	
County (6) Bergen					Code (7) USE ONLY)			Current Use (Prior abandoned/co				е		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.			of Abatement Cont						
n/a								nuzzi Environme	ental	Services,	Inc.			
Street Address							100000000000000000000000000000000000000	Address Kinnelon Rd.						
City, State, Zip Code		- X		and the second and are	(200 12)			tate, Zip Code						
								elon, NJ 07405						
Project Manager for Mor	nitoring Firm	(0)		Telepho	ne No.			one No.		License No),			
0. 15 . (10)		01.11	10		5			218-0880		01228				
Start Date (10) 8/1/17		8/3/17		ipletion i	Date (11)			of OSHA Monitor Juzzi Environme	ental	Services	Inc.			
Occupancy Status Durin	g Abatement (Ched	k Only Or	ne)					Address						
Facility Closed/Vac Abatement Perform								Kinnelon Rd.						
Other – Describe:		nai raciity	/ 110u15				12 12 20 20	tate, Zip Code elon, NJ 07405						
Scope of Work (Check A	II That Apply)								-			-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
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Asbestos-Containing TO BE AB		Ma	ed Sole iintenar	nce/				laterial (ACM) s insulation,		mount Specify	Z)		En	Ш
In Faci	lity	Cus	todial S (12)	Staff?	(surfa	cing, VA	T, or		or LF)	Remova	Repair	aps	Enclosure
(13)		-		Τ		otner r	miscellan	eous)			val	air.	Encapsulate	ure
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Unable to	survey			Х	С	onden	nned P	roperty						
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									11000000					
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards	Name of R	egiste	ered Landfill				
Yannuzzi Group, Ind	Э.			auler ID 7467	No.	of Wa	ste	GROWS	S/Fai	less				
City, State						Dispo	sal Date	City, State				WKE ESSE		
Kinnelon, NJ						7/18/	13	/ 4 /	n/Mc	rrisville/,	PA			
Completed by		Title	.,		8	5	Signature	1/1		Da		,		
John Mucha		Proje	ect Ma	anager			ph	z (/		7/	11/17	′		
ASB-41 (R-06-08)							/* Do no	t use this form for a	asbest	os licensure	exen	npted	activit	ties.

Ch41(a)	NOT	(Purs	TION O	of New Je F ASBEST NJAC 8:60	OS ABA and 12:	:120)		1000 mm mm mm mm mm mm mm mm mm mm mm mm		E C		Ī	V7	E	
Date of Notification (1) 07/12/17		Na R	me of B	uilding Owr & Indiar	ner/Opera n Hills B	ator (2 Board	2) d of Edi	ucation		JUL	17	20	117		
Agencies Notified Type Notification			reet Add	iress vpo Aver	iue				L	BESTO		× 1			
EPA Initial Amended Amendment #_				, Zip Code d, NJ 074	36					LIC	ENS	NG)	L a	4
Emergency (inclusion) DOH DCA Emergency (inclusion) Cancellation	iding		ame of C						Talar	hone Nu	m <u>ber</u>				
			FACILI	TY INFOR	MATION		T of !	Facility (4)							\neg
Name of Facility Where Abatement is Taking Pla Indian Hills High School	ace (3)						X Sch	nool (K-12)) (Other	than K-1	12)				
Street Address 97 Yawpo Avenue						on systems	Oth etc	ier (i.e. pri .)	vate &	commerc	cial buil				1
City (5)	=0/1001001001					100	Square 1		# of 1	Floors	100	50-	j. Ag F	3	
Oakland County (6)			ounty C			-		Use (Prior	if bein	g demolis	shed)				
Bergen			STATE US	SE ONLY)		-	Schoo		rootor /	۵۱					-
Name of Monitoring Firm Hired by Building Owr RK Occupational&Environmental Ana	ier (8) Iysis,Ir	ic.	ASCM 0090	No.	В	3ako	Const	nent Contr ruction 8	Res	toration	, Inc.				
Street Address 401 St. James Avenue							Address Route 4	6 Suite	3D						
City, State, Zip Code							tate, Zip wa, NJ								
Phillipsburg, NJ 08865 Project Manager for Monitoring Firm			elephon		Te	eleph	one No.			License 00666					
Jon Gilbert	le e de de el			4 6316 Date (11)		100000000000000000000000000000000000000	256 70°	Monitor		00000					
	7/14/17		pielion L	Jate (11)	E	Bako	Const	ruction &	Res	toration	n, Inc.				
Occupancy Status During Abatement (Check C							Address Route 4	46 Suite	3D						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: 3pm - 11pm	iod of Ab Facility F	ateme lours	ent		C	City, S	tate, Zip								
Scope of Work (Check All That Apply)	200-														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	DOMESTIC	novat				XIXIX	Mini-	Containme Enclosure ebag Prod Exempted	edure	VX/F	CAP.	+	\mathcal{O}^{r}	T	
	is L	ocatio	on			04944								ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solel Solel ntenar odial S (12)	y by nce/	(i.e. t	Descr os Contair hermal sy surfacin other mis	ning N ystem ng, VA	√aterial (s insulat ∖T, or	ACM) lon,	(8	mount Specify or LF)	Removal	2	Repair	Encapsulate	Enclosure
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705 Boy's&Girl's Bathrooms		Х	-		pe Fittin					30 LF 2LF	X	1			
701A Custodial Closet	Х			Pi	pe Fittir	ng In	sulatio	11		ZLI	A	-			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		Н	IJDEP W lauler ID 0889	2722	Cubic Young of Waste TBD Disposa	e	9	Name of Tullyto	wn Re	ered Lan esource		OVE	ery F	acil	ity
City, State Totowa, NJ					TBD			Tullyto	wn, P	A	Date				
Completed by Goran Kojic	Title Proje	ct Ma	anagei		Sig	gnatu	1/200	M	-SY	2	07/1	2/1	17		

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

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12 2017 03:52PM NJ Asbestos Co	ontrol 6	09.63	33.0664	1		page	-				C	E		\mathbb{V}	
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Date of Notification (1) 07/12/17	***************************************			Building Ov				Education		ASE	BEST	OS			10
Agencies Notified Type Notification		1	Street Ac	idress	-			1	نابدا		-		NO.	VΩ	+
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Amendment &	reluding	AMES .	Oaklar	te, Zip Cade nd, NJ 074				1	1 12						-
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City, State, Zip Code Phillipsburg, NJ 08865	TO THE PLANT OF THE PARTY OF TH							p Code IJ 07512	**************************************						
Project Manager for Monitoring Firm Jon Gilbert	***************************************	12,000	Telephor	19 No. 14 8318		Tetapi	idne N 256 7	o.	T	Licens 0088			inequire)	Whiteward	glachead
Start Date (10)	Schadule							4A Manitar		- Ondo		راورده فيحيد	-		
07/14/17 Occupancy Status During Apsternant (Check	07/14/1		MUCOSTY ETCAMOLO	The later of the l				struction &	Res	toratic	on, In	c.			
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Location of Asbestos-Containing Material (ACM)		ormali Sole		Askanta		ciptor		114.045			-		Ту	pe	
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The state of the s	Yes	Tronomius	-	Dia	a Ein	lan ta	er dedi	DR I	724	nie	9.9			13	
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Date of Notification (1) 7/	15/17			Name	e of Buildin	g Owner/Opera	tor (2) Pardon		1111	1	7 0	017
Agencies Notified	Type Notific	ation		Stree	t Address		- 30 W 311		JUL	-	1 2	UH
□ EPA □ DEP	Initial Amended	d										
⊠ DOL	Amendm	nent #	_	City,	State, Zip (Dringston NI		BEST		SIN	
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				FA	CILITY INF	ORMATION		-				_
Name of Facility Where							Type of Facilit	ty (4)				
2	I	Resident	al				School (K-		(0)			
Street Address							Other (i.e., homes, etc	r 8 (Other than K-1 private & commerco.)	iz) cial buil	dings	,	
City (5)	ъ.	NTT.	0050				Square Feet	# of Floors	В	ldg. A		-0
County (6)	Princ	eton, NJ	0850		nh. Codo /	7) /07/17	2500	Principle doma	liabad\	50	+/-	_
The second of th	1ercer				ONLY)	7) (STATE	Current Use (F	Prior if being demo	iisnea)			
Name of Monitoring Firm		ding Owner		ASCM	No.	Name of Abat	ement Contractor (9)				_
(8)	MECS					St	evens Environ	mental Service	es, Ir	ıc.		_
Street Address	DO D	241				Street Addres	1741 1741	Day 222				
City, State, Zip Code	PO Box	341				City, State, Zip		Box 322		_		_
	osswicks, N	NJ 0851	5			City, State, Zip		vn, NJ 08501				
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License Ne-				=
Bill We	isgarber		(60	9) 29	8-4070	(609)	259-9688		00493	3		_
Start Date (10)	5	Scheduled (ite (11)	Name of OSH		E CC				
8/1/17 Occupancy Status Durin	a Abatamant /		3/12/	17		Charat Address		1ECS				_
☐ Facility Closed/Vacate				ment		Street Addres		Box 341				
Abatement Performed						City, State, Zip						-
Other - Describe:	8 am to 4 p	om				500 St 4	Crosswic	ks, NJ 08515				_
Scope of Work (Check a	Il that apply)						ontainment with Ne	agativa Prossura				
≥3 sf or ≥3 lf			enovati			Mini-E	nclosure	egative Flessule				
≥160 sf or ≥260 lf			emolitic	in			ebag Procedure Exempted (*) and N	on-Friable Proced	ure			
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Location of		Used	Sole	y by		Description			_	Тур	T	
Asbestos-Containing N TO BE ABAT		100000000000000000000000000000000000000	ntenan ustodia			os Containing N thermal system		Amount (Specify	70		Ē	ш
IN Facility (13)			Staff? (12)		,,	surfacing, VA other miscellan	T, or	SF or LF)	Remova	Repair	caps	Enclosure
(13)		Voc		NI/A		other miscellan	leous)		val	ali.	Encapsulate	sure
D.		Yes	No	N/A	771	10 1	1	20 6				-
Baseme	nt		×		The	ermal Duct I	nsulation	20_sf	×			\dashv
		=									-	-
		-							+		-	\dashv
Name of Registered Was	te Hauler			JDEP \		Cubic Yards	Name of Reg	istered Landfill				\dashv
Stevens Environm	nental Serv	vices, Inc	. Н	auler ID	No. 292	of Waste 1 cu		_ Fairless Lan	dfill			
City, State				102	- J. H.	Disposal Date	City, State	1				-
	Allentow					8/14/17	//_/	/ Morrisville.	PA			
Completed By Mahlon E. Ste	Venc	Title D ₁	oica	Man	0.00	Signature	(17/	Date	7/15	:/17		
Mamon E. Ste	vens	P1	ojeci	Man	ager	- 44			7/15	0/1/		_

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

2017-90B B & G proj. #:

					*** NON	Sub	0 8 ***	Check	# 8486			_
Date of Notification	1 (1)	- 11	Name of	Building Ow	ner/Operator (2)		Free	r a	P 1	71.77	E
10 17 1/11 14	1/1171				nship School				EG	S U	\mathbb{W}	E
Agencies Notified	Type Notifica	tion	Street Ac			_		(60)				
☐ EPA	X Initial			Stelton Ro	oad			The state of the s	JUL	17	2017	7
X DOL	Amend			e, Zip Code ataway, NJ	08854				ASBESTO	2.00	NITO	
▼ DOH	_	11	Name of	Contact				Telephor	e Number	ENSI	VG	
☐ DCA	☐ Cancel	ation	Davi	d Oliveira								
				FAC	CILITY INFORM	1ATIC	N				-	
Name of facility wh	nere abatement	is taking p	lace (3)					Type of Facility			and the last	-17
Grandview So	chool (Non-s	ub 8)							ol (K - 12) apter 8 (Othe	r than	K-12)	
Street Address									(Private/Com	mercia	ı	
130 N Rando	lphville Road	l							Homes, etc. # of Floors		3ldg. A	\ge
City (5)		Cou	inty (6)				ounty Code (7) tate use only)					
Piscataway, I			ddlese	K		(5	tate use only)	Current Use (P non-sub 8	rior if being d	emolis	ned)	
Name of Monitorin		Bldg. Owr	ner (8)		ASCM No.		Name of Abatement					
	iales				145	_	B & G Restorati	on, Inc.				
Street Address 11 Tindall Ro	oad						105 Ryerson R	oad				
City, State, Zip Cod Middletown,					***************************************		City, State, Zip Code Lincoln Park, I	NJ 07035				
Project Manager for	Monitoring Firn	1		Phone Numi	per	_	Telephone Number		License Nu	mber		
Kevin Burns				732-676-1	725		(973)696-6869		0037	8		
Scheduled Start Date	te (10)	Sche	d. Compl	etion Date (1	1)	_	Name of OSHA Monit					
07/24/2017		07/	31/201	7			Street Address	on, mo.				
Occupancy Status D							105 Ryerson Ro	oad				
	I/vacated during erformed outside						City, State, Zip Code					
Describe: Other-Describ	oe:					_	LincolnPark, NJ	07035				
Scope of Work (che	eck all that appl	/)										
Demolition	X	Renovati	on				Full Containment w/neg	ative pressure [Glovebag	proced	iure	
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	X	≥160 sf or	≥260 If				Mini-enclosure		✓ Non-friable	e proc	adure	
Location of	C 40-683		n normal enance/c	ly used solel	у				R	R	E	E
asbestos-con material to be		staff(12)	enancero	ustoulai	Description material (asbestos-containing	Amount (Specify S	For m		n	n
abated in facil		Yes	No	N/A	material (ACIVI	<i>'</i>	LF)	. o. o	i	a p	L
Classroom 24			1	×	7 1/AT 0 m	o o ti		740 -5	e	1	-	
Classroom 25				×	VAT & m			740 sf 740 sf	X X		卄	H
01833100111 23				-	I VAI & III	iasti	С	74031			卄	片
					1	ecuses:				illi	旨	盲
				٦						ile	恄	愩
Registered Waste Ha			EP Haule	er ID#	Cubic Yards of V	Vaste						
B & G Restorati	ion, inc.	_	19563	Disposal	18 Date		Tullytown F City, State	Resource & Re	covery Ce	nter	-	
Lincoln Park, N	IJ				17 - 07/31/17	7	Tullytown, F	PA				
Completed by (Print	or Type)	Title Secreta	rv/Trea	SUITAT	Signature		Gordana Luna		Date 07/14/20	117		

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

2017-91 Check # 8484 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 0 17 1/1 14 1/11 17 Lillian Pagano Type Notification Agencies Notified Street Address 17 2017 ☐ EPA X Initial DEP City, State, Zip Code ASPESTOS CONTROL & Amendment Paramus, NJ 07652 DOL X Telephone Number NSING Name of Contact X DOH Cancellation Lillian Pagano DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Lillian Pagano Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Bergen Paramus, NJ 07652 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 07/27/2017 07/24/2017 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code ▼ Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure X Renovation ☐ Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \times >3 sf or >3 lf Е Is location normally used solely e n Amount n Location of by maintenance/custodial m Description of asbestos-containing p C (Specify SF or C asbestos-containing staff(12) 0 a material (ACM) material to be p abated in facility (13) N/A No Yes X 673 sf VAT & mastic entire basement & lower level adjacent to the garage Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Tullytown Resource & Recovery Center Registered Waste Hauler 10 19563 B & G Restoration, Inc. City, State Disposal Date Tullytown, PA 07/27/2017 Lincoln Park, NJ Date Signature Gordana Luna 07/14/2017 Completed by (Print or Type) Secretary/Treasurer Gordana Luna

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

2017-90A

B & G proj. #:	2017-90A	-	(Pursuani	***	NON St	1b 8	***		Check #	8485				_
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Date of Notification	(1)		Building Owne						In Le	C E	<u>U</u>	U l	=	
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Agencies Notified	Type Notification	Street Ad		511						JUL 1	7 2	017	1	7
☐ EPA	X Initial		Stelton Roa	ad					led bed	OOL			+	_
☐ DEP			e, Zip Code						A COF	BESTOS	CON	TDC	1 &	
X DOL	Amendment Amendment	nt Pisca	itaway, NJ	0885	4				Telephone	Number	VSIN	3		-
X DOH		Name of	Contact						10.00					
☐ DCA	☐ Cancellatio	n Davi	d Oliveira										=	_
			FAC	ILITY I	INFORMA	TION								
u		-Liloop (2)		2,5=132,=				Туре	of Facility (4)				
	here abatement is to									(K - 12)	or tho	V 1'	2)	
Randolphville	School (Non-s	ub 8)								apter 8 (Oth Private/Co			-1	
Street Address									Bldgs./	Homes, etc	: .			
1 Suttie Aver	nue							Squ	are Feet	# of Floors		Bldg	. Age	Š.
City (5)		County (6)					nty Code (7)	_	rrent Use (P	rior if heing	demol	ished)	
		Middlese	V.			(Sta	te use only)		n-sub 8	nor ir beirig	demo	01100		
Piscataway,			,	1 400	CM No.	_	Name of Abatemen							
Name of Monitori	ng Firm Hired by Bl	dg. Owner (8)		14			B & G Restor							
T & M Asso	ciates					=	Street Address							
Street Address	D - = d						105 Ryerson							
11 Tindall F						-	City, State, Zip Coo	de	7005					
City, State, Zip Co Middletown	n, NJ 07748				20010		Lincoln Parl		7035	License	Numbe	r	_	
	for Monitoring Firm		Phone Num				Telephone Number (973)696-6	r 869			378			
Kevin Burn			732-676-	1725			Name of OSHA M							
Scheduled Start I		Sched. Com	pietion Date (11)			B & G Resto		Inc.					
07/24/2017		07/31/20	17				Street Address							
	s During Abatement	t (Check only or	ne)				105 Ryerson						_	
TY Facility clos	political between bear	entire period of	abatement.				City, State, Zip Co	de						
Abatement	performed outside	of normal facility	y hours-			_	LincolnPark,	N.J 07	035					
Describe:_ Other-Des	cribe:					_							- 1	
Scope of Work	(check all that apply)					Full Containment w	/negativ	e pressure	☐ Glove	bag pro	cedu	re	
☐ Demolition	n 🔀	Renovation					Mini-enclosure	megani	C p.000	▼ Non-f				
>3 sf or >3	3 If 🗶	≥160 sf or ≥260				Ц	Milli-eliciosare				TR	R	Е	E
Location	of	Is location nor by maintenance	mally used so	lely		. ,	beston containing	,	Amount		e m	e p	n c	n
asbestos-	containing	staff(12)		_	Descript material		asbestos-containing (i)	9	(Specify LF)	SF or	O V	а	а	C
material to abated in	facility (13)	Yes	No N/A	4					L. /	A. 65 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1 - A. 1	е	r	р	_
			×	\dashv	VAT & r	nast	ic		3,120 s	f	×			븯
All-Purpose			×	=-	VAT &				580 sf		X		님	뷰
Kitchen area				=							井		믐	ዙ
											-	H	1	卄
-								arad La			_			1-
Registered Was	te Hauler		lauler ID#	Cub	ic Yards of 25	f Was	te Name of Regist	wn Re	source &	Recover	/ Cen	ter		
B & G Resto	oration, Inc.		Dispos	al Date	е		City, State							
City, State Lincoln Par	k, NJ		07/2	4/17	- 07/31/	17	Tullyto	wn, PA	\	T Date				
Completed by (Title			Signature		Gordana Lu	na			14/20	17		
Gordana Li		Secretary/	reasurer				0							

Page 1 of 1

Check # 2860

Date of Notification (1) 7-12-2017	-\(C-		Name	of Building	g Owne	r/Operato	r (2)	itional Sc	hoolin	327	- A-	. F.	CŪ.	IVI.	
Agencies Notified Type Notification	n		Street	Address				Illorial SC	nooi m	The E	ounty	OI OI	Sus	ssex	<u>L</u>
EPA Initial Amended Amendmen			City, S	NORTH state, Zip C RTA, NE	ode			1			JUL	1	7	2017	
■ DOH □ DCA ■ Emergency justification Cancellation)			of Contact new Gea			1101.000-0		Te	lephone	e-Numb	er			DL &
Name of Facility Where Abatement is Tak	ng Place (2)		FAC	CILITY INF	ORMA	TION	-		·	-		Marin Me (17)	-311	17	
Sussex County Technical School	ing i lace (3)							e of Facility	X2.7						
Street Address 105 N. Church Rd	**						×	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth	er than & comm	K-12) nercial	build	dings	, hom	nes,
City (5) Sparta							100 m	are Feet 000 +	# 0	f Floors			ldg. 0+	Age	
County (6) Sussex			County (STATE	Code (7)	0			rent Use (Pr	rior if bei	ng dem	olished	1)			
Name of Monitoring Firm Hired by Building Karl & Associates	Owner (8)		ASC	M No.		Name GL 0	of Ab	atement Co	ntractor	(9)					
Street Address 20 Lauck Road						Street	Addre								
City, State, Zip Code Mohnton, PA 19540	- in-					City, S	tate, 2	Zip Code dale, NJ							
Project Manager for Monitoring Firm Michael Krischer			Telepho	one No. 223-183	2	Teleph	one N		07 100	Licens 0108					
Start Date (10) 7/18/2017 at 7:00 am	Scheduled 7/21/201	Con				, ,	of OS	HA Monitor		0100	T.				
Occupancy Status During Abatement (Che	A STATE OF THE STA					Street								15.45	
Facility Closed/Vacated During Entire	Period of Ab	atem	ent			140 H	lamb	ourg Tpke)						
Abatement Performed Outside of Norr Other – Describe: Building Occupied	nal Facility H	lours			_	7270		ip Code dale, NJ (07403						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CONTRACTOR OF THE PARTY OF THE	novat moliti				×	Mi	Il Containm ni-Enclosure ovebag Prod	e cedure						
	Is Lo	ocatio	on			Raman Raman	INU	n-Exempted	u () and	Non-Fi	nable F	7	Villa Villa	e ment	
Location of	Nor Used S	rmall				scription							Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custod (enan	ce/		thermal surfa	taining Ma systems cing, VAT miscellane	insula , or		(Sp	nount pecify or LF)	Ivellional	Demoval	Repair	Encapsulate	Enclosure
Fan Coil Unit Room		X	IN/A	Pi	pe Fit	ting Insi	ulatio	on	9	LF	X	+		U	
Name of Registered Waste Hauler		I N.I	DEP W	/aste	Cubic	Varde		Name of F	Dogiator	ممالمم	ieii				
GL Group, Inc		На	uler ID 33034	No.	of Was			Minerva		ou Lail0	ailli.				
City, State Bloomingdale, NJ		130			100000000000000000000000000000000000000	al Date		City, State Waynes		OH					
Completed by Elena Solakov	Title Preside	nt			de la constante.	ignature	E	Eru St			Date 7/12/2	201	7		

IJDOL Asbestos Page 2	of 2			2017	-07-13 f	13:26:51	(GMT)				E			iena\
ED\$17-159			нот	FICATIO	N OF A	New Jers SBESTOS	BABATE	MENT	Page 1		Æ-	- <u>J. (</u>	1	1 1
Date of Notification (1)									Check	# 2860	Ш.	JUL	201	7 20 7
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Agencies Notified Ty	pe Notification		**************************************	A4401	קסם ועשר					LALAN	ASSE	ST	1300	ON
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Sussex County Technic	cal School	A LIGITO	(0)					Type of Fa						
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Sussex					Code (7			School	e (Prior if be	ing demo	llahed)			
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Street Address							GL G	roup, Inc	_					
20 Lauck Road								Address						
City, Stale, Zip Code							200	amburg	The state of the s					
Mohnton, PA 19540								ningdale,						
Project Manager for Monitoring Michael Krischer	g Firm				one No.		Telephi	one No.		License	No.	_		
Start Date (10)		C+1-4	1		223-18		1	710-9725		01084				
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Facility Closed/Vecated D Abelement Performed Qu Other – Describe: Buildin	uring Entire P	erlod of	Abeter	neni				amburg T	pke					
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cope of Work (Check All The	Apply)		-				Bloom	ningdale, I	NJ 07403					
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In Facility (13)			(12)	-10-17-1		surfec	ing, VAT,	or	SF	or LF)	Remova	Repair	Encapsulate	Endosure
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Date of Notification (1)					Name	of Building	g Own	er/Operator ((2)		001			
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Agencies Notified	Type Notifica	ation		-	Street	Address				AS	BEST	entra del como del se	SING	
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	☐ Cancellati	ion			Mau	ırice Bro	wn			*				
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									homes, etc.		ioroidi D	andn iç	,,,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Orange, NJ														
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Essex														
Name of Monitoring Firm	n Hired by Build	ding Ov	vner (8	8)	ASCM	No.	Nan	ne of Abatem	ent Contractor (9))				
Bio Terra Solution	s						A	LL PRO MA	NAGEMENT L	.LC				
Street Address							Stre	et Address						
P.O. Box 1224							27	7 Outwater	Lane					
City, State, Zip Code		- 0.00					City	, State, Zip C	ode					
Union, NJ							-	arfield, NJ	07026					
Project Manager for Mon	nitoring Firm			11	phone I		1	phone No.		License No.				
Rick Estaquio					3-494			73-928-4888		1188				
Start Date (10)	SA NASSAN AND SAN				tion Da		0.000	ne of OSHA M LL PRO MA	Monitor ANAGEMENT L	LC				
Occupancy Status Durin	ng Abatement (0	Check	only o	ne)			Stre	et Address						
□ Facility Closed/Vaca	ted During Entir	re Peri	od of A	Abater	nent		27	7 Outwater	Lane					
Abatement Performe							City	, State, Zip C	ode					
Time of Abatement:	AIVI	PIVI		_PIVI-		AIVI	G	arfield, NJ	07026					
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		□ Re ⊠ De					☐ Mini-En	ntainment with Ne closure ag Procedure empted (*) and No	==	edure			
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Name of Registered Wa Weigle Trucking, I				0.000	JDEP I	D No.	Was		_	istered Landfill Enterprises				
City, State					PA-5	33		s Needed posal Date	City, State	7.41.2				
Linden, PA							T	BD	Waynesb	urg, OH				
Completed By (Print or	Type)	Title						Signature			Date			
Allen Monchik	15A M		oject	Man	ager				Monches	k	7/14/	17		

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Date of Notification (1)		and a second							er/Operator (2)		2-11-2-11		2			
07 /14 /17					Orange Housing Authority						ASPECTOS CONTROL S						
Agencies Notified Type Notification					Street Address						ASBESTOS CONTROL & LICENSING						
⊠ EPA	Initial					340 Thomas Boulevard						LIGENSING					
☑ DOLWD ☐ Amended						City, State, Zip Code											
☑ DOH Amendment #						Orange, NJ 07050											
□ DCA □ Emergency (including justification)						Name of Contact						Telephone Number					
(NJAC 3.23-6)	☐ Cancellati			Maurice Brown						_							
					1	FACILITY INFORMATION											
Name of Facility Where A	Abstamant is T	Type of Facility	(4)														
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Street Address		Subchapter					8 (Other than K-12)										
Oli est Addi ess												rivate and commercial buildings,					
homes, e										The state of the s							
City (5) Square Feet										Square Feet	# of Floors		BIO	ig. Aç	je		
Orange, NJ							1 (7)	/OT41	FE 110E 01/114	Occupation (Principle days (Interd)							
County (6)	Col	inty Co	oae (/)	SIA	TE USE ONLY)	Current Use (Prior if being demolished)											
Essex	11: 11: 5:11			0)	1000					10 1 1 10							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.								Name of Abatement Contractor (9)									
Bio Terra Solutions						ALL PRO MANAGEMENT LLC											
Street Address						Street Address											
P.O. Box 1224						27 Outwater Lane											
City, State, Zip Code						City, State, Zip Code											
Union, NJ		Garfield, NJ 07026															
Project Manager for Monitoring Firm Telephon									phone No.	License No.							
						-494-3762			73-928-4888	1188							
Start Date (10) Scheduled Completion Date (11)								Name of OSHA Monitor									
<u>07 / 24 / 17 </u>									ALL PRO MANAGEMENT LLC								
Occupancy Status During Abatement (Check only one)								Street Address									
☐ Facility Closed/Vacated During Entire Period of Abaten								27	Outwater l	Lane							
Abatement Performed Outside of Normal Facility Hours							• [City	City, State, Zip Code								
Time of Abatement:AMPM/PMAM									Garfield, NJ 07026								
Scope of Work (Check all that apply) Full Containment with Negative Pressure																	
☐ >3 sf or >3 lf			□Re	nova	tion				☐ Full Cont		jative Pressure	£					
≥160 sf or ≥260 lf			⊠ De							g Procedure							
									Non-Exe	mpted (*) and No	n-Friable Proce		20000				
Is Location of Norma									D				Abatement		ent Ty		
Location of Asbestos-Containing Material (ACM)				d Sc	lely by		Ashes	tos (Description of Containing Ma		Amount		Re	Re	四	Enclosure	
TO BE ABATED				Maintenance/ Custodial Staff?				, the	mal systems	insulation,	(Specify		Removal	Repair	cap	clos	
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City, State					PA-	589			As Needed Disposal Date City, State							_	
Linden, PA										Waynesburg, OH							
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Completed By (Print or Type) Title Allen Monchik Project Man									Signature	111 71 11							
Allen Monchik Pro				IVIa	nager			Allen Monchik				7/14/17					

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Date of Notification (1)))	Vir.	Ti	Name o	of Building	Owner/Operator (2	2)	JUL JUL	1	7 6	2017	\neg
07/	14 / 1	7				sing Authority	•	A CONTRACTOR OF THE CONTRACTOR				
Agencies Notified	Type Notification	n	1	Street A	Address			ASBEST	OS (CON	ITRO	DL 8
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□ DOLWD	☐ Amended		- 1	City, St	ate, Zip C	ode						
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DCA	Emergency (justification)		H		of Contact		I	Telephone Numbe	r			
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				FAC	ILITY IN	FORMATION			_			
Name of Facility Where A	Abatement is Taki	ing Place	(3)	1000			Type of Facility (4	1)				
Residential	ibatomont io Tan		(-)				School (K-12)					
Street Address								(Other than K-12)				
Street Address							Other (i.e., prival)	vate and commercia	al bui	ldings	5,	
City (5)							Square Feet	# of Floors	Bld	g. Ag	е	\neg
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County (6)		- y-		Count	y Code (7	(STATE USE ONLY)	Current Use (Prio	r if being demolishe	ed)			
Essex				1000000		**	***					
Name of Monitoring Firm	Hired by Building	Owner (B) A	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	556					ALL PRO MA	NAGEMENT LL	С				
Street Address		XIII				Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ						Garfield, NJ						
Project Manager for Mon	itoring Firm		Telep	hone N	10.	Telephone No.		License No.		W. 76		
Rick Estaquio			97	3-494-	3762	973-928-4888	3	1188				
Start Date (10)	Sch	eduled C	omplet	ion Dat	e (11)	Name of OSHA M	Monitor					
07 /24 /		08_ /	31	_ / _	17	ALL PRO MA	NAGEMENT LL	.c				
Occupancy Status During	g Abatement (Che	eck only o	ne)			Street Address						
□ Facility Closed/Vacate	77					27 Outwater	Lane					
Abatement Performed						City, State, Zip C	ode					
Time of Abatement: _	AM	PW/	_PIVI-		-\IVI	Garfield, NJ	07026		¥.			
Scope of Work (Check a	II that apply)					П	t - 1	-tiva Descense				
☐ ≥3 sf or ≥3 lf		П Ве	novatio	n		☐ Full Con	tainment with Nega	alive Plessure				
≥160 sf or ≥260 lf			molitio			☐ Gloveba	g Procedure					
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Cubic Yards of

As Needed
Disposal Date

Signature

Waste

TBD

Name of Registered Landfill

Minerva Enterprises

Date

7/14/17

Waynesburg, OH

City, State

Allen Monchik

NJDEP Waste

Hauler ID No.

PA-589

Title

Project Manager

City, State

Linden, PA

Allen Monchik

Name of Registered Waste Hauler

Weigle Trucking, LLC

Completed By (Print or Type)

Date of Notification (1)	9	- X	ITO		TION rsuan Name	of Building	BES C 8:	ersey TOS ABAT 60 and 5:1 ner/Operator (6)			E [20	7 <u>[</u> 2	To any other state of the state
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(NJAC 5:23-8)	justification	on)			Name	of Contac	t			Telephone N	umbe	r			
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Bio Terra Solutions	iled by build	iii ig Ov	vilei (d	0)	43CIVI	INO.			NAGEMENT I						
Street Address								et Address	MAGEWIENT	LU					-
P.O. Box 1224								7 Outwater	Lana						
City, State, Zip Code									ENERGY PARTY						-
Union, NJ								, State, Zip C arfield, NJ							
Project Manager for Monito	ring Firm			Tolor	phone	No		ephone No.	07020	License No					_
Rick Estaquio	ing i nin					-3762	100000000000000000000000000000000000000	73-928-4888	,	1188	•				
Start Date (10)	Te	chadu	lad Co	1735		te (11)	52	ne of OSHA N		1100					
_ 07 / 24 /	1365					17			NAGEMENT I	ıc					
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Occupancy Status During A Facility Closed/Vacated					nent			eet Address	Lana						
☐ Abatement Performed C						cribe		7 Outwater							_
Time of Abatement:						AM	1	r, State, Zip C arfield, NJ							
Scope of Work (Check all the	hat annly)						-	arrieru, No	07026						_
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Location of Asbestos-Containing Management		n l		lormal d Sole		Aa6-	otes	Description of Containing Ma		Amount		Re	Re	щ	m
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City, State								posal Date	City, State						
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Allen Monchik))	Pre	oject	Mana	ager				Monchis	6.	71	14/1	7		
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Date of Notification (1) 07 /	14 /	17						er/Operator (2 Authority)	Cas	1907			and have	21.0	- Transit
Agencies Notified	Type Notification	on		-	Street A	Address				- Drugs	ASBEST	OS C DENS			11.0	4
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Bio Terra Solutions								LL PRO MA	NAGEME	NT LL	C					_
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Rick Estaquio	10				3-494-			73-928-4888 ne of OSHA M			1188					_
Start Date (10)/	17	80	_ /	31	ion Dat / _			LL PRO MA		NT LL	С					
Occupancy Status During	Abatement (C	heck or	nly or	ne)			Stre	et Address								
☐ Facility Closed/Vacate						.,		7 Outwater	Control of the Contro							
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							G	arfield, NJ	07026							_
Scope of Work (Check al	I that apply)							☐ Full Con	tainment wi	th Nega	ative Pressure					
≥3 sf or ≥3 lf				ovati				☐ Mini-End	losure							
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Asbestos-Containing				ntena	ely by nce/			Containing Ma ermal systems		1)	Amount (Specify		Removal	Repair	nca	nclo
TO BE ABA				odial	Staff?	(1.6		surfacing, VAT			SF or LF)		RVA	=	Encapsulate	Enclosure
(13)		-	.	(12)	T			her miscellane							ate	(D
		-	es	No	N/A	D 4 0 1 2				-		7	7			
Throughout		-	_			RACM							XI			
												- 1		Ц	Ш	
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		[1				
Name of Registered Was	ste Hauler		77.		JDEP'		1.50000	bic Yards of	Name of	Regist	tered Landfill					
Weigle Trucking, L	LC			1	lauler II PA-58		14000000	iste As Needed	Mine	rva En	iterprises					
City, State								posal Date	City, Sta							
Linden, PA							1	TBD	Wayr	nesbu	rg, OH					
Completed By (Print or T	ype)	Title						Signature		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date				
Allen Monchik		Pro	ject	Man	ager			Allen	Mone	hik		7/1	4/1	7		

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NIAC 8:60-7 AND 12:120-7

			NOTIFICATI (PURSUAN	ON OF ASI		BATEMENT		hac	k #	20	409.
Date of Notification (1)) /17		(, 0,,00,,,,	Name of B City of Nev	uilding Ow Brunswick	ner / Opera	ator (2)	ID.	EC		VE
/ /	Tuna of No.	tification		Street Add 78 Bayard							A STATE OF THE STA
Agencies Notified T	Γype of No	tification Initial			, Zip Code				JUL	17	2017
DEP	_	Amended			wick, NJ 08	3901		17 17			2017
☑ DOH		Amendment #		Name of C				Telenhor	a Numba	_	
☑ DOL		Emergency w/	justification	William So	chrum			7	ODES I	OS COL	VTROL &
		Cancellation	FA	ACILITY IN	FORMATIO	N			LIC	ENSIN	19
		.	595		Type of Fa	****					
Name of Facility Wher Residence	re Abateme	ent is Taking F	riace (3)				40)	5			
Other of Address						School (K- Subchapte		than K-12	2)		
Street Address					V	Other (l.e., bldgs., hor	private &				
City (5)	County (6)		County Code (7)	Square Fe		# Of Floors	S	Building	Age	
	Middlesex	"	County Couc (. ,	2,0	7.7	3				
		pro-			Current Us	e (Prior if I	being dem	olished)	Ī	45+	
					Vacant						
Name of Monitoring F	irm Hired	by Bldg. Owne	er (8)	ASCM NO	1						
AET					NORTHST	AR CONTR	ACTING G	ROUP, IN	IC.		
Street Address				A(1.5.4)	Street Add	ress					
907 Doolittle Drive					20 Williams	Dorland					
City, State, Zip Code	,				32 Williams	, Zip Code					
Bridgewater, NJ 08807 Project Mngr. For Mor		rm	Telephone Nu	mher	City, State	, Zip Code					
Eric Houseknecth	intorning i ii		908-218-1108		East Hanov	ver, NJ 0793	36				
Sheduled Start Date (10)	Sched. Comp	letetion Date (1	1)	Telephone	Number		License	Number		
07_//_24/		_07/	31/	17	072.00	4-8682			0.0	0860	
Occupancy Status Du	ring Abata	mont (Chock	/ (Only 1)			SHA Monit	or		00	3000	
Facility Clo	sed/Vacat	ed During Ent	ire Period of			AR CONTR		ROUP, IN	IC.		
Abatement					Street Add						
		d Outside of N	ormal Facility								
Hours - Des					32 Williams	, Zip Code					
Other - Des	scribe:	7AM - 3:30PM				ver, NJ 079	36				
Scope of Work (Checl	k All That	Apply)									
☐ Demolition		V	Renovation	7		inment wit	h Negative	Pressure	Э		
≥3sf or≥3lf	f				Mini - Enc						
☐ ≥160 sf or ≥	≥260 If					Procedure pted (*) an		blo Proce	dura		
					Non-Exem	ipted () an	u Non-Fila	DIE FIOCE	dure		
Location of		Is	I	Descript	ion of			Abateme	nt Type		
Asbestos Contai		Location	As	sbestos - C				R		E	E
		Normally		Material			Amount	E	R	N	N
TO BE ABATE	D	Used		e., therma			(Specify	M	E P	C A	C L
in Facility	- 1	Solely		other misc	facing, VAT	,	SF or LF)	V	A	P	0
(13)		by Main- tenance/	or	other misc	ellalleous			Å	î	s	S
		Custodial						L	R	U	U
		Staff (12)								L	R
		YES NO N/A									
			DIDE & CITTLE	10			170 LF			1 +	+ +
BASEMENT			PIPE & FITTIN	10			60 SF	V	H	H	
3RD FLOOR KITCHEN 3RD FLOOR BATHRO	_		LINOLEUM				60 SF	7	1 5	1 5	
Name of Registered V			NJDEP Waste	Cubic	Name of F	Registered			-10		
NORTHSTAR CONTR			Hauler ID No. 4509	Yards of Waste	GROWS L						
City, State				Disposal	City. State						
EAST HANOVER, NJ				Date	MORRISV	1	1				
Completed by (Print o	or Type)		Title			Signature	1			Date	
Steve Stiles			Project Manag	er		1	17			0.	7/14/17

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

		NOTIFICAT	ION OF AS	IEW JERSE BESTOS A C 8:60-7 AN	BATEMEN		Ma	ck t	± 2	CI E
Date of Notification (1)		(PURSUAN	30-	Building Ov			- 1 A		1 0	
07_ / 14_ /_ 17				w Brunswick		(2)		E C	E	WEI
			Street Ad	dress			1 band			
	otification		78 Bayard							- 11
□ EPA ☑	Initial			e, Zip Code				JUL	1 7	2017
DEP DEP	Amended		New Brun	swick, NJ 0	18901		Tolonha			1
☑ DOH ☐	Amendment # Emergency w		William S							
	Cancellation	Justilloation	I VVIIII CIII C	Ciliani				1	US CO1	VTROL &
		F	ACILITY IN	FORMATIC	N			L!	CENSIN	iG
Name of Facility Where Abaten	nent is Taking I	Place (3)		Type of Fa	acility (4)					
Residence	ient is raking i	lace (5)		Type of re	1.755C/33					
Cturat Address				- I	School (K	-12) er 8 (Other	than K 12)		
Street Address						, private &				
						mes, etc.)				
City (5) County (6	5)	County Code	(7)	Square Fe		# Of Floor	s	Building	Age	
New Brunswick Middlesex		.050			000	2				
				4	se (Prior if	being dem	olished)		45+	
Name of Monitoring Firm Hired	by Plda Own	or (9)	ASCM NO	Vacant						
maine of monitoring Firm Alred	i by blug. Own	GI (U)	ASCIVI IVC	1'						
AET				NORTHST	AR CONTR	RACTING G	ROUP, IN	C.		
Street Address				Street Add	dress			- HT C	0200	
907 Doolittle Drive				00 1450	D					
City, State, Zip Code				32 William	s Parkway e, Zip Code					
Bridgewater, NJ 08807 Project Mngr. For Monitoring F	irm	Telephone Nu	mhor	City, State	, Zip Code					
Eric Houseknecth		908-218-1108	mber	East Hano	ver, NJ 079	36				
Sheduled Start Date (10)	Sched. Comp	letetion Date (1	1)	Telephone	Number		License I	Number		
	_07/	<u>31</u> /	17							
// /		/		-	34-8682			0	0860	
Occupancy Status During Abat Facility Closed/Vaca					OSHA Moni	tor RACTING G	ROUP IN	C		
Abatement	ited During Lin	ile i elloù oi		Street Add		0.011100	11001 , 111	0.		
☐ Abatement Performe	ed Outside of N	ormal Facility		O LI GOT / LGC						
Hours - Describe:				32 William						
Other - Describe:	_7AM - 3:30PM				, Zip Code					
Scope of Work (Check All That	Annly)	***********		Last Hano	ver, NJ 079	36			4	
ocope of Work (oncok All That	Apply)									
Demolition	~	Renovation	$\overline{\mathbf{A}}$			h Negative	Pressure			
				Mini - Enc						
≥160 sf or ≥260 lf					Procedure noted (*) an	d Non-Fria	ble Proce	dure		
				TTOTT EXOT	.ptou () u					
Location of	ls		Descript				Abateme	nt Type		1-
Asbestos Containing	Location	As	bestos - C				R	_	E	E
TO BE ABATED	Normally Used		Material			Amount (Specify	E M	R	N C	N C
TO BE ABATED in Facility	Solely		e., therma	facing, VAT	-	SF or LF)	0	P	A	L
(13)	by Main-	\$10000 State		ellaneous)	1	0. 0. 2. /	V	A	P	o
(,	tenance/						Α	1	S	S
	Custodial						L	R	U	U
	Staff (12)								L	R
	YES NO N/A								1	1
BASEMENT		PIPE INSULAT	ION			114 LF	7			1 5
1ST FLOOR		LINOLEUM				50 SF	V			
Name of Registered Waste Hau		NJDEP Waste	1000		Registered	Landfill				
NORTHSTAR CONTRACTING G	SKOUP, INC	Hauler ID No.	Yards of Waste	GROWS L	ANDFILL					
City, State		1 4509		City. State	1					
EAST HANOVER, NJ			Date	MORRISV						
10.000 to 50.000						1				
Completed by (Print or Type)		Title			Signature		1		Date	
Stava Stilas		Project Manage	ar.		1				07	/14/17
Steve Stiles ASB-41		Project Manage	51		1		1	DIRECTOR 100	1 07	17/17

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

			(FUNSUAN	T TO NJAC			1	LINE	- Hamilton		
Date of Notifi	' '				Building Ov		ator (2)	ME	C E	3 11 11/1	居口
07 / -	14 / 17	8			w Brunswick	(W L	J U W	5171
Amorala N.	ified IT C	lotification		Street Add 78 Bayard			100	5			
Agencies Not		Notification Initial			, Zip Code		2		0111 4	7 004	- 11111
	EPA ☑ DEP ☐	Amended			swick, NJ 0		Ar Selling	П Ц	JUL 1	7 201	
	DOH	Amendment #	<u> </u>	Name of C				Telephor	ne Numbe	er	
	DOL	Emergency w	The second secon	William S			1	. , ,	- Andrews		
		Cancellation	none in the second of the seco						LION	CONTR	UL&
			FA	ACILITY IN	FORMATIO	N	l-a		LIULI	DVIICE	
						-1114 (4)					
	lity Where Abate	ment is Taking F	Place (3)		Type of Fa	cility (4)					
Residence						School (K-	-12)				- 1
Street Addres	ee e				1 7	Subchapte	50	than K-12	2)		
Otreet Addres	33					Other (I.e.,					
						bldgs., ho					
City (5)	County (County Code ((7)	Square Fe	03035555	# Of Floor		Building	g Age	
New Brunswic	k Middlese	×				000			1		
						se (Prior if	being dem	olished)		45+	
		II. BU. S	(0)	IACON NO	Vacant						
Name of Mon	itoring Firm Hire	a by Bldg. Own	er (8)	ASCM NO	,						
AET					NORTHST	AR CONTR	ACTING G	ROUP. IN	IC.		
Street Addres	SS				Street Add						
907 Doolittle D											
City, State, Zi					32 Williams	s Parkway					
Bridgewater, N	NJ 08807					, Zip Code					
Project Mngr.	. For Monitoring	Firm	Telephone Nu	mber							
Eric Housekne			908-218-1108			ver, NJ 079	36				
Sheduled Sta			letetion Date (1		Telephone	Number		License I	Number		
//			/ <u>31</u> /	17	073.99	4-8682			n	0860	
Occupancy S	tatus During Aba	stement (Chack)	Only 1)			SHA Monit	tor		- 0		
	cility Closed/Vac				Carlot of the Control	AR CONTR		ROUP, IN	IC.		
	atement				Street Add					,	
955-55	atement Perform	ed Outside of N	ormal Facility								
Но	ours - Describe: _				32 Williams						
☑ Ot	her - Describe: _	_ 7AM - 3:30PM				, Zip Code					
	1. (0): 1=	4.4 mm 3			Last Hano	ver, NJ 079	30				
Scope of Wo	rk (Check All Tha	t Apply)									
	molition	V	Renovation	V	Full Conta	inment wit	h Negative	Pressure	9		
Transit Co.	sf or >3lf				Mini - Enc		9				
	60 sf or ≥260 If					Procedure					
-					Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure		
				D				Abata	nt Tues		
	ation of	ls Location	Λ-	Descripti bestos - C				Abateme R	I Type	ΙE	IE
Aspesto	s Containing	Normally	AS	Material (Amount	E	R	N	N
TO BI	E ABATED	Used	n.	e., thermal			(Specify	м	E	c	C
	Facility	Solely			facing, VAT	,	SF or LF)	32.22	P	A	L
	(13)	by Main-			ellaneous)			V	A	P	0
	38.045 C. \$1	tenance/						Α	1	S	S
		Custodial						L	R	U	U R
		Staff (12)							-	-	T
		YES NO N/A									
1ST FLOOR			VAT/MASTIC				500 SF	7	1 -	1 1	
2ND FLOOR			VAT/MASTIC				500 SF	V	IT	Ti	
		1 5 15 15									
Name of Reg	istered Waste Ha		NJDEP Waste	Cubic	Name of R	Registered	Landfill				
	CONTRACTING		Hauler ID No.	Yards	GROWS L						
			4509	of Waste							
City, State				Disposal	City. State						
EAST HANOV	/ER, NJ			Date	MORRISV	ILLE, PA					
Completed by	y (Print or Type)		Title			Signature	-)		Date	
Completed by	y (Fillit of Type)		Title			Signature	- 1			1	
Steve Stiles			Project Manage	er		N	7	1		07	/14/17

ASB-41

				IEW JERSEY		Λ.	
				BESTOS ABATEMEN		(hh	enk# our
Data of Natification (4)		(PURSUAN	-	C 8:60-7 AND 12:120-7 Building Owner / Ope	The state of the s	<u> </u>	
Date of Notification (1) 07 / 14 / 17				w Brunswick	erator (2)		ECFIVED
$\frac{-07}{-14} / \frac{-17}{-17}$			Street Ad			110/1	
Agencies Notified Type of No	otification		78 Bayard			15	
□ EPA □	Initial			e, Zip Code		111 111	4 7 11 //
DEP	Amended			swick, NJ 08901			JUL 17 2017 114/1
☑ DOH	Amendment	#	Name of 0		1-		Nilimhar
☑ DOL □		// justification	William S		1		
	Cancellation				1	1 "	ODLO: OS CONTROL &
		F	ACILITY IN	FORMATION	-		LICENSING
Name of Facility Where Abatem	nent is Taking	Place (3)		Type of Facility (4)			
Residence	Ü	â 5:		3 13			
				☐ School (K	(-12)		- 1
Street Address				☐ Subchapt	ter 8 (Other th	han K-12	2)
				Other (I.e.	., private & c	mmercia	al
				bldgs., ho	omes, etc.)		
City (5) County (6))	County Code ((7)	Square Feet	# Of Floors		Building Age
New Brunswick Middlesex	,			2,000	3		
	- XX			Current Use (Prior if	being demo	lished)	45+
				Vacant		5%	
Name of Monitoring Firm Hired	by Bldg. Own	er (8)	ASCM NO)\			
See the house is the Control of the Control of Control of the Cont		ADDITION OF THE STATE OF THE ST					
AET				NORTHSTAR CONTE	RACTING GR	OUP, IN	C.
Street Address				Street Address			
907 Doolittle Drive							1
City, State, Zip Code				32 Williams Parkway			
Bridgewater, NJ 08807				City, State, Zip Code)		
Project Mngr. For Monitoring F	irm	Telephone Nu	mber				1
Eric Houseknecth		908-218-1108		East Hanover, NJ 079	936		
Sheduled Start Date (10)	Sched. Comp	letetion Date (1	1)	Telephone Number	L	icense N	Number
07 / 24 / 17	07	/31/	17				-
/	/		54	973-884-8682			00860
Occupancy Status During Abate				Name of OSHA Moni			
☐ Facility Closed/Vaca	ted During En	tire Period of		NORTHSTAR CONTE	RACTING GR	OUP, IN	C.
Abatement				Street Address			
Abatement Performe	d Outside of N	Iormal Facility					1
Hours - Describe:				32 Williams Parkway			
Other - Describe:	7AM - 3:30PM			City, State, Zip Code)		
				East Hanover, NJ 079	936		
Scope of Work (Check All That	Apply)		18	-			
							1
Demolition	\checkmark	Renovation	~	Full Containment wi	th Negative F	ressure	•
				Mini - Enclosure			1
≥160 sf or ≥260 lf				Glovebag Procedure	3		1
							· ·
				Non-Exempted (*) ar		le Proce	dure
			_		nd Non-Friabl		
Location of	ls.	Γ .	Descripti	ion of	nd Non-Friabl	bateme	nt Type
Location of Asbestos Containing	Location	As	Descripti	ion of containing	nd Non-Friabl	Abatemei R	nt Type
Asbestos Containing	Location Normally		Descripti sbestos - C Material (ion of containing (ACM)	Amount	R E	nt Type E E R N N
Asbestos Containing TO BE ABATED	Location Normally Used	(1.	Description Descri	ion of containing (ACM) I systems	Amount (Specify	Abatemer R E M	nt Type E E E R N N E C C
Asbestos Containing TO BE ABATED in Facility	Location Normally Used Solely	(I. insu	Descripti sbestos - C Material (.e., thermal	ion of containing (ACM) I systems facing, VAT,	Amount	R E M O	nt Type E E R N N E C C P A L
Asbestos Containing TO BE ABATED	Location Normally Used Solely by Main-	(I. insu	Descripti sbestos - C Material (.e., thermal	ion of containing (ACM) I systems	Amount (Specify	R E M O	nt Type E
Asbestos Containing TO BE ABATED in Facility	Location Normally Used Solely by Main- tenance/	(I. insu	Descripti sbestos - C Material (.e., thermal	ion of containing (ACM) I systems facing, VAT,	Amount (Specify	R E M O V A	nt Type E
Asbestos Containing TO BE ABATED in Facility	Location Normally Used Solely by Main- tenance/ Custodial	(I. insu	Descripti sbestos - C Material (.e., thermal	ion of containing (ACM) I systems facing, VAT,	Amount (Specify	R E M O	nt Type E
Asbestos Containing TO BE ABATED in Facility	Location Normally Used Solely by Main- tenance/ Custodial Staff (12)	(I. insu or (Descripti sbestos - C Material (.e., thermal	ion of containing (ACM) I systems facing, VAT,	Amount (Specify	R E M O V A	nt Type E
Asbestos Containing TO BE ABATED in Facility	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	(I. insu or (Descripti sbestos - C Material (.e., thermal	ion of containing (ACM) I systems facing, VAT,	Amount (Specify	R E M O V A	nt Type E
Asbestos Containing TO BE ABATED in Facility (13)	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	(I. insu or (Descripti sbestos - C Material (.e., thermal	ion of containing (ACM) I systems facing, VAT,	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) ST FLOOR	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	(I. insu or o	Descripti sbestos - C Material (.e., thermal	ion of containing (ACM) I systems facing, VAT,	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) ST FLOOR	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	(I. insu or (Descripti sbestos - C Material (.e., thermal	ion of containing (ACM) I systems facing, VAT,	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) IST FLOOR BRD FLOOR	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	(I. insulor of of of other control of ot	Descripti sbestos - C Material (.e., thermal lation, surf other misc	ion of containing (ACM) I systems facing, VAT, ellaneous)	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) IST FLOOR BRD FLOOR	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	VAT/MASTIC VAT/MASTIC VAT/MASTIC	Descripti sbestos - C Material (.e., thermal lation, surf other misc	ion of containing (ACM) I systems facing, VAT, ellaneous)	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) IST FLOOR BRD FLOOR	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	VAT/MASTIC VAT/MASTIC VAT/MASTIC NJDEP Waste Hauler ID No.	Description Descri	ion of containing (ACM) I systems facing, VAT, ellaneous)	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) IST FLOOR BRD FLOOR Name of Registered Waste Hau	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	VAT/MASTIC VAT/MASTIC VAT/MASTIC NJDEP Waste Hauler ID No.	Descriptisbestos - C Material (.e., thermal lation, surfother miscon Cubic Yards of Waste	ion of containing (ACM) I systems facing, VAT, ellaneous) Name of Registered GROWS LANDFILL	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) IST FLOOR BRD FLOOR Name of Registered Waste Hau NORTHSTAR CONTRACTING G	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	VAT/MASTIC VAT/MASTIC VAT/MASTIC NJDEP Waste Hauler ID No.	Descriptisbestos - C Material (.e., thermal lation, surfother misc Cubic Yards of Waste Disposal	ion of containing (ACM) I systems facing, VAT, ellaneous) Name of Registered GROWS LANDFILL City. State	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) IST FLOOR BRD FLOOR Name of Registered Waste Hau NORTHSTAR CONTRACTING G	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	VAT/MASTIC VAT/MASTIC VAT/MASTIC NJDEP Waste Hauler ID No.	Descriptisbestos - C Material (.e., thermal lation, surfother miscon Cubic Yards of Waste	ion of containing (ACM) I systems facing, VAT, ellaneous) Name of Registered GROWS LANDFILL	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) 1ST FLOOR 3RD FLOOR Name of Registered Waste Hau NORTHSTAR CONTRACTING G City, State EAST HANOVER, NJ	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	VAT/MASTIC VAT/MASTIC VAT/MASTIC NJDEP Waste Hauler ID No. 4509	Descriptisbestos - C Material (.e., thermal lation, surfother misc Cubic Yards of Waste Disposal	ion of containing (ACM) I systems facing, VAT, ellaneous) Name of Registered GROWS LANDFILL City. State MORRISVILLE, PA	Amount (Specify SF or LF)	R E M O V A L	E
Asbestos Containing TO BE ABATED in Facility (13) IST FLOOR BRD FLOOR Name of Registered Waste Hau NORTHSTAR CONTRACTING G	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	VAT/MASTIC VAT/MASTIC VAT/MASTIC NJDEP Waste Hauler ID No.	Descriptisbestos - C Material (.e., thermal lation, surfother misc Cubic Yards of Waste Disposal	ion of containing (ACM) I systems facing, VAT, ellaneous) Name of Registered GROWS LANDFILL City. State	Amount (Specify SF or LF)	R E M O V A L	nt Type E
Asbestos Containing TO BE ABATED in Facility (13) IST FLOOR BRD FLOOR Name of Registered Waste Hau NORTHSTAR CONTRACTING G City, State EAST HANOVER, NJ	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	VAT/MASTIC VAT/MASTIC VAT/MASTIC NJDEP Waste Hauler ID No. 4509	Description Descri	ion of containing (ACM) I systems facing, VAT, ellaneous) Name of Registered GROWS LANDFILL City. State MORRISVILLE, PA	Amount (Specify SF or LF)	R E M O V A L	E

Cha	0000	NOT		ATION	OF AS	BESTOS ABAT AC 8:60 and 5:10		DEC	E		\mathbb{V}_{-}	
Date of Notification (1)	14 /	17			of Buildin	g Owner/Operator (erica	2)	7	L 1	7 21	017	
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notificatio			655	Address Third Av	venue 12 th Floor		ASBEST	TOS C	ON	TRO!	 L &
☐ DCA	Amendment Emergency		1			IY 10017	*	*				8
(NJAC 5:23-8)	justification)			0.000	of Contac	t		Telephone Num	nber			
	☐ Cancellation	1		-	o Nappi				٢			
Name of Facility Where Al	natament is Tak	ing Place	/2\	FAC	CILITY IN	IFORMATION	T (5. 33)					
Bank of America	patement is Tak	ing Place	(3)				Type of Facility (☐ School (K-12					
Street Address							☐ Subchapter 8	Other than K-12				
34-35 Woodbridge	Avenue						Other (i.e., pr	rivate and comme	ercial bu	uilding	JS,	
City (5)							homes, etc.) Square Feet	# of Floors	RI	dg. A	20	
Highland Park, NJ							10,000	1	100000	ug. A 30	ge	
County (6)		-		Coun	ity Code (7)(STATE USE ONLY)	Current Use (Pri					
Middlesex					,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or in bonning donner	onou)			
Name of Monitoring Firm H	Hired by Building	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
New York Environme	etal					JVN Restorat						
Street Address						Street Address						
88 Harbor Road						47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode					
Port Washington, N	11050					Staten Island	NY 10309					
Project Manager for Monito	oring Firm		Tele	ephone	No.	Telephone No.		License No.				
Mike Baudo			0	16-944		718-605-6256		00774				
Start Date (10)		eduled C	- 5		88 U.S.	Name of OSHA M	onitor					
		08 /		_ / _	17	Testor Tech						
Occupancy Status During						Street Address	20					
☐ Facility Closed/Vacated ☐ Abatement Performed (- 71	10 59 Jackso						
Time of Abatement: Sa						City, State, Zip Co						
pm PM/8:00 am to 8	3:00PM-	AM				LIC, NY 1110	1					
Scope of Work (Check all to 23 sf or 23 lf 2160 sf or 2260 lf	пат арріу)	⊠ Re	novat molitic			☐ Mini-Enc			ıre			
		1,100	Loca						Ab	atem	ent Ty	уре
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM) ED	Use Ma	Norma d Sole intena todial (12)	ely by		Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		other miscenaries	ous)				te	
Basement Boiler Roon	n				Floor Ti	ile and Mastic		190 SF	\boxtimes			
Name of Registered Waste Newark Carting	Hauler		19929	IJDEP V lauler IC NJ-56	No.	Cubic Yards of Waste 10	Name of Regist	tered Landfill				
City, State Newark, NJ						Disposal Date 07/31/17	City, State Bethelbem,	, PA				
Completed By (Print or Typ Ralph Barnhardt	pe) Ti	tle Projec	t Mar	nager		Signature		- D	ate 57-1	y- ·	201	7
SB-41						-//	1					

Chlopa	T	OTIF		TION		BEST	rsey OS ABAT 0 and 5:16		DEC			7 6	The second secon
Date of Notification (1) 7 / 14 / _	17	_					er/Operator (2		UU JU	L 1	20	17	Loo
Agencies Notified					Address HURCH	STRE	ET		ASBES L	TOS C		ROL	&
☑ DOLWD☑ Amended☑ Amended☑ Amended				500	tate, Zip C		18070						
□ DCA (NJAC 5:23-8) □ Emergence justification □ Cancellat	on)	uding			of Contact		70070		Telephone Nu	mher			
	70			FAC	ILITY IN	FORM	MATION						
Name of Facility Where Abatement is T	aking F	Place ((3)					Type of Facility					
PENNSVILLE HIGH SCHOOL								Subchapter 8	?) 3 (Other than K-	12)			
Street Address 110 S BROADWAY									rivate and comm		uildin	gs,	
City (5)	We							Square Feet	# of Floors	E	ldg. A	ge	
PENNSVILLE				V				>50,000	1		75		
County (6) SALEM				Coun	ty Code (7))(STATE	E USE ONLY)	Current Use (Pr	ior if being demo	olished)			
Name of Monitoring Firm Hired by Build	ling Ow	mer (8	8) [ASCM I	Vo.	Name	e of Abateme	ent Contractor (9)			-		
HEALTH AND SAFETY SERVICE		1101 (0	7				LTA/BJDS						
Street Address							t Address						
318 12 TH STREET						13	45 INDUST	RIAL BLVD					
City, State, Zip Code					- 200	City,	State, Zip Co	ode					
HAMMONTON, NJ 08037						SC	UTHAMPT	ON, PA 18966					
Project Manager for Monitoring Firm				hone N	Non-Continues.		hone No.		License No.				
AL OSWALD				9 704-	5000000		5 322-2900		00783				
Start Date (10) Start Date (10	Schedul 8		193	ion Dat / _	100.1		e of OSHA M RITERION L						
Occupancy Status During Abatement (Check o	only or	ne)			Stree	t Address						
☐ Facility Closed/Vacated During Entire					94	40	STREET	ROAD					
Abatement Performed Outside of No. Time of Abatement: 7AMPN	ormal F 1/ <u>4:30</u> F	acility PM	Hours A	s - Des M	cribe	1	State, Zip Co						
Scope of Work (Check all that apply)											-25		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Ren	novatio				☐ Mini-Encl	Professional Company of the Company	73	dure			
		1000000	Locati							A	batem	ent T	уре
Location of	.		ormal Sole		Ashar		Description o		Amount	76	Re	E	En
Asbestos-Containing Material (ACN TO BE ABATED	")	Mair	ntenar	nce/		., therr	ontaining Ma nal systems i	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility		Custo	odial 9 (12)	staff?			rfacing, VAT, er miscellane		SF or LF)	<u>a</u>		sulat	ure
(13)		Yes	No	N/A		Oute	i illisocilario	ous)				е	
ADMINISTRATION AREA	I		\boxtimes		FLOOR		(PLEASE S	SEE	12 SF				
ADMINISTRATION AREA		\boxtimes				CONVECTO	ORS	12					
ADMINISTRATION AREA	1		\boxtimes		SELECT	TIVE	FLOOR TIL	E BY UV'S	108 SF	\boxtimes			
ADMINISTRATION AREA	I				ACM FI	TTING	SS (ASSUM	MED)	24 SF				
Name of Registered Waste Hauler SERVICE TRANSPORT GRP				JDEP V	No.	Cubic	Yards of e	Name of Regi:	stered Landfill LANDFILL				
City, State				20990		Dispo	osal Date	City, State					
58 PYLES LANE NEW CASTLE	DE 19	9720						WAYNESE	BURG, OH 446	888			
Completed By (Print or Type)	Title						Signature	1 1	/	Date			
MICHAEL PARSON	PR	OJE	CT M	ANAG	ER		Mia	han Off	2000	7-	4-	201	7

								HUJIF	E C E	
			NURSES OFFICE	COMMUNICATION ROOM	BACK ENTRANCE BY ELEVATOR	1ST FL VICE PRINCIPLES OFFICE	1ST FL PRINCIPLES OFFICE CLOSET	LIBRARY CLOSET	ADMINISTRATION AREA	NING
×	×	×	×	×	×	×	×	×	YES NO N/A	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?
			PIPE (CUT AND WRAP)	PIPE (CUT AND WRAP)	PIPE (CUT AND WRAP)	PIPE (CUT AND WRAP)	PIPE (CUT AND WRAP)	DUCT WITH BLACK MASTIC (CUT AND WRAP)	EXTERIOR CAULK	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)
			5LF	5LF	12 LF	10 LF	10 LF	40SF	24 LF	AMOUNT SPECIFY SF OR LF
			×	×	×	×	×	×	×	REMOVAL
										REPAIR
										encapsulate enclosure
										ENCLOSURE

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0974-02				(P	ursua	nt to NJ	AC 8	:60 and 5:1	16)	K						1
Date of Notification (1)	12 /	17						ner/Operator CHOOL DIS			JUL	1 7	20	17		
Agencies Notified	Type Notific	cation			Stree	et Address			1		ASBEST	OS C	TIME	ROL	8	C) plane
⊠ EPA ⊠ DOLWD	☐ Initial ☑ Amende	and the same of th				CHURCH		REET	1	,		CENS		() () () () () ()	. u.	
☑ DOH	Amenda		2			State, Zip		1.00070								
DCA	☐ Emerger		cludin	g		e of Contac		1 00070			Telephon	o Numb				100000
(NJAC 5:23-8)	justificat Cancella				Ivaiii	e or contac	Ct				relepitori	e Num	Jei			
Na	b = 4 4 ! -	T-1-1	Di	- (2)	FA	CILITY IN	NFOF	RMATION	I =	**** /						
Name of Facility Where A PENNSVILLE HIGH Street Address		raking	Place	e (3)					Type of Fa	(K-12))	n K-12)				
110 S BROADWAY									Other (i		vate and c	ommer	cial bu	gnibliu	js,	
City (5)									homes Square Fe		# of Floo	ors	IBI	dg. A	ne	
PENNSVILLE									>50,000		1	,,,,		75	ge	
County (6)		- X-			Cou	nty Code (7	7)(STA	TE USE ONLY)			or if being o	demolis				
SALEM								nake i section () et est est est et e	SCHOO				*			
Name of Monitoring Firm	Hired by Buil	ding O	wner	(8)	ASCM	No.	Nar	ne of Abatem	ent Contract	or (9)						
HEALTH AND SAFE	TY SERVI	CES					D	ELTA/BJDS	S, INC							
Street Address							100000	et Address		50-0						
318 12 TH STREET								345 INDUST	Charles Carry III at the control	D						
City, State, Zip Code HAMMONTON, NJ 0	8037							, State, Zip Co		2066						
Project Manager for Monit				Tel	ephone	No		ephone No.	ION, FA IO	3900	License	No	_			
AL OSWALD				6	09 704	-8850	2	15 322-2900	_		00783					
Start Date (10)6 /13 / _	Accesses to the contract of th					17_	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ne of OSHA M RITERION L								
Occupancy Status During								et Address								
☐ Facility Closed/Vacated ☐ Abatement Performed	0.750					orib o		00 STREET								
Time of Abatement: 7A						scribe		, State, Zip Co ENSALEM I								
Scope of Work (Check all	that apply)							E								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De	novat moliti				☐ Mini-End	tainment witi dosure g Procedure mpted (*) an	3			e			
				Loca		I				T			1	ateme	ent T	ype
Location o Asbestos-Containing M				Norma	ally ely by	0.00		Description o					R	R	Щ	Щ
TO BE ABAT		1)	Ma	intena	ance/	(i.e	stos C e., ther	Containing Ma mal systems	itenai (ACIVI) insulation,		Amou (Speci		Remova	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todiai (12)	Staff?			urfacing, VAT, er miscellane			SF or L	_F)	/al		sula	enre
(10)		Ī	Yes	No	1		Ott	ei miscenane	ous)						te	
ADMINISTRATION AR	EA					FLOOR		(PLEASE	SEE		12 S	F				
ADMINISTRATION ARI	EA					SHELV	/ING	CONVECTO	ORS		12					
ADMINISTRATION ARI	EΑ			\boxtimes		SELECT	TIVE	FLOOR TIL	E BY UV'S		108 S	F				
ADMINISTRATION ARI	EΑ			\boxtimes		ACM FI	TTIN	GS (ASSUM	1ED)		24 S	F				
Name of Registered Waste SERVICE TRANSPOR					NJDEP Nauler II	O No.	Cubi	c Yards of te	Name of F		ered Landfi ANDFILL					
City, State 58 PYLES LANE NEV	V CASTLE	9720		20990)	Disp	osal Date	City, State		IRG, OH	44688	ACHIETS.				
Completed By (Print or Typ	an Boemandseen te-senden	Title						Signature	1	1	-, -, .	Dat	e			
MICHAEL PARSON	500 A	PER MANAGE	OJE	CT M	IANAG	ER		Tolan	had	Ha	Am	7	-10	2-0	20	17

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ENCLOSURE							To the state of th		STOS C	7 2017 CONTRO	1 &
ENCAPSULATE ENCLOSURE					1				LICEN	ING	
REPAIR			one mainting of a surred gray,	k							
REMOVAL	×	X The state of the	William Property	X	X						
AMOUNT SPECIFY SF OR LF	24 LF	40SF	10.1	10 LF	12 LF						
DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	EXTERIOR CAULK	DUCT-WITH BLACK MASTIC (CUT AND WRAP)	PIPE (GUT-AND WRAP)	PIPE (CUT: MND WRAP)	PIPE (CUT AND WRAP)						
S LOCATION SRMALLY SOLEY BY TENANCE/	YES NO N/A		X	X	X	×	×	×	×	×	
LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	ADMINISTRATION AREA	LIBRARY CLOSET	" 15Te-EL-PRINCIPLES, OFFICE CLOSET	1.ST-PLVIGE PRINCIPLES OFFICE	BACK ENTRANCE BY ELEVATOR						

20		NO	T IF16		State of I	New Jersey						
-0974-02		NO				SBESTOS ABA AC 8:60 and 5:1		DEG	E		7 [
Date of Notification (1) 6 / 19		7				ng Owner/Operator	***					
	1	and the first		P	ENNSVIL	LE SCHOOL DIS	TRICT	ЦЦį JUL	17	201	7	Selvine a.
Agencies Notified	ification	ר			et Address							1
☑ DOLWD ☑ Amen	ded					H STREET		ASBESTO			ROL	2
☑ DOH Amend	dmenta				, State, Zip	LE NJ 08070	L	LICI	ENSI	NG		
DCA Emerg		includi	ng		ne of Conta			Talashasa Nisa				
(NJAC 5:23-8) justific				Ivali	ie or conta			Telephone Nun	iber			
				F	ACILITY II	NFORMATION						
Name of Facility Where Abatement i PENNSVILLE HIGH SCHOOL		ng Plad	ce (3)				Type of Facility					
Street Address	-						School (K-1	(2) 8 (Other than K-1:	2)			
110 S BROADWAY							Other (i.e.,	private and comme	ercial b	uildin	gs,	
City (5)							homes, etc	# of Floors	- 1 -	Bldg. A	100	
PENNSVILLE							>50,000	1	1	75	iye	
County (6)				Cou	unty Code (7)(STATE USE ONLY)		rior if being demoli	shed)			
SALEM					,	,,	SCHOOL		/			
Name of Monitoring Firm Hired by Bu		Owner	(8)-	ASCN	I No.	Name of Abateme	ent Contractor (9))				
HEALTH AND SAFETY SERV	ICES					DELTA/BJDS	S, INC					
Street Address	Allan e XII.					Street Address						
318 12 TH STREET						1345 INDUST						
City, State, Zip Code						City, State, Zip Co						
HAMMONTON, NJ 08037 Project Manager for Monitoring Firm			TTO				ON, PA 18966					
AL OSWALD			1 100	ephone	1-8850	Telephone No. 215 322-2900		License No.				
Start Date (10)	Sched	duled (ate (11)	Name of OSHA M		00783				
6 / 13 / 17					17	CRITERION L						
Occupancy Status During Abatement						Street Address						112-01
Facility Closed/Vacated During En	tire Pe	riod of	Abate	ment	22	400 STREET	ROAD					
☐ Abatement Performed Outside of I Time of Abatement: 7AMF	Normai M/4:3	Pacili 0PM-	ty Hou	rs - De: AM	scribe	City, State, Zip Co						
Scope of Work (Check all that apply)	te chire	_				BENSALEM P	PA 19020					
							ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf		1	enovat emolitic			Mini-Encl						
23 E 100 3101 E 200 II			SITIONU	JII			Procedure mpted (*) and No	n-Friable Procedu	re			
			Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACI	M		Norma ed Sole		Achor	Description of		A	R	Re	Щ	E
TO BE ABATED	···)	Ma	aintena	ince/		stos Containing Mat ., thermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todial (12)			surfacing, VAT, other miscellaned		SF or LF)	Val	7	sula	sure
()		Yes	No	N/A		Other miscenaried	ous)				te	
ADMINISTRATION AREA					FLOOR	TILE (PLEASE S	SEE	12 SF				
ADMINISTRATION AREA			\boxtimes			ING CONVECTO	RS	12	\boxtimes			
ADMINISTRATION AREA					SELECT	IVE FLOOR TILE	E BY UV'S	108 SF				
ADMINISTRATION AREA			\boxtimes		ACM FIT	TTINGS (ASSUM	ED)	24 SF			П	
Name of Registered Waste Hauler				JDEP V	50 C C C C C C C C C C C C C C C C C C C	Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPORT GRP				20990)		MINERVA	LANDFILL				
City, State 58 PYLES LANE NEW CASTLE	DE 1	9720				Disposal Date	City, State	URG, OH 44688				
Completed By (Print or Type)	Title					Signature	1 TATRESB	Da				
MICHAEL PARSON		ROJE	CT M	ANAG	ER	Tha i	1.0H		/	9_)^	17
SB-41	1					1 / Flub	will I Co	son t	7-1	10	كك	1/

LOCATION OF								ř
ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (1E, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL REPAIR		ENCAPSULATE ENCLOSURE	ENCLOSURE	
	YES NO N/A							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 5 31 17 PENNSVILLE SCHOOL DISTRICT Type Notification Agencies Notified Street Address ASBESTOS CONTROL **⊠** EPA 30 CHURCH STREET LICENSING **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # PENNSVILLE NJ 08070 ☐ DCA Emergency (including justification) Name of Contact (NJAC 5:23-8) Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENNSVILLE HIGH SCHOOL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings. 110 S BROADWAY homes, etc.) City (5) Square Feet # of Floors Bldg. Age **PENNSVILLE** >50,000 75 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) SALEM SCHOOL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PENNONI ASSOCIATES, INC 102 DELTA/BJDS, INC Street Address Street Address 515 GROVE STREET SUITE B 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HADDON HEIGHTS, NJ 08035 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 13 / 17 31 / 17 CRITERION LABS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-____PM/4:30PM-___AM BENSALEM PA 19020 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Enclosure Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A FLOOR TILE (PLEASE SEE ADMINISTRATION AREA X 12 SF M П П ATTACH ADMINISTRATION AREA X SHELVING CONVECTORS 12 X ADMINISTRATION AREA M SELECTIVE FLOOR TILE BY UV'S M 108 SF ADMINISTRATION AREA M ACM FITTINGS (ASSUMED) 24 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GRP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Signature MICHAEL PARSON PROJECT MANAGER ASB-41

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

JAN 13