Thurstong		NOTI	FICATION	tate of Ne	ESTOS	ABATE	MEN	T	(	Check	# 2	259	15	49		
UW-12021		(1	Pursuant	to NJAG	-8;60 ai	d 12:12	0)		IT	7	E	0 [	7	1 [	7 [	
Date of Notification (1) 7/12/2019			Name o	of Building	Owner/	Operator Tatto				Kr			=_			
Agencies Notified Type Notification			Street A	Address					-		111	î	1 7	201	0	
EPA Initial									1		JU	L	1 /	20	3	
DEP Amended Amendmen	+#		City, Sta	ate, Zip C		milton	NI I	00610	-			novene		NOT THE REAL PROPERTY.	и причина причина	
Emergency	(including	]	Name	of Contact		milton,	IVJ	08610	1		SBES				OL 8	
DOH justification     DCA	1		ivaine 0	J. Tatt					Telephone Number ENSING							
			FAC	ILITY INF	ORMAT	ION										
Name of Facility Where Abatement is Takin Residentail	ng Place (	3)					Тур	e of Facility (4)	)							
Street Address								School (K-12 Subchapter 8			K 40)					
							×	Other (i.e. pri	vate	er man & comm	nercial	build	dings	hom	es,	
City (5)							Sar	etc.) are Feet	# 0	f Floors		TR	ldg. A	Ane.		
Hamilton, NJ 08610							20	000		2		1 8	85 +			
County (6) Mercer				Code (7) USE ONLY	)		Cur	rent Use (Prior	if bei	ng dem	olishe	d)				
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	VI No.				atement Contr								
MECS						Steve	ens	Environmen	ital S	Service	es, In	C.				
Street Address PO Box 341							Street Address PO Box 322									
City, State, Zip Code Chesterfield, NJ 08515						City, State, Zip Code Allentown, NJ 08501				01						
Project Manager for Monitoring Firm Bill Weisgarber			Telepho			Telephone No. 609 259-9688				License No.						
Start Date (10)	Cahadul	ad Ca		98-4070			soneum	OCAL BOYS CONTROL		0049	3					
7/22/2019	Scriedul		/25/201	Date (11) 9		MEC		SHA Monitor								
Occupancy Status During Abatement (Chec	AND SOUTH	000000				Street										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr  Other – Describe: 8 am to 4 pm	Period of nal Facility	Abater y Hour	ment s				tate,	Zip Code								
Scope of Work (Check All That Apply)						Ches	sterfi	eld, NJ 085	15							
≥3 sf or ≥3 lf	×	2000	ation			Г	1 -									
≥160 sf or ≥260 lf	=	Renova Demoli				×	M G	ull Containmen ini-Enclosure lovebag Proce	dure							
			•				1 N	on-Exempted (	*) and	d Non-F	riable		AVSA 15	e ement		
Location of	200	Locat Norma	30,200,000		De	scription	of							ре		
Asbestos-Containing Material (ACM)		ed Sole intena			tos Cont	taining M	lateria	al (ACM)		mount				Ш	_	
TO BE ABATED In Facility		todial	Staff?	(i.e.		systems cing, VA		lation,		pecify or LF)		Remova	Repair	ncap	nclo	
(13)		(12)	1		other n	niscellan	eous	)		525256		oval	oair	Encapsulate	Enclosure	
Pasament	Yes	No	N/A			D: .								· е		
Basement		X		In	ermal	Pipe In	sula	tion	1	10 If		X				
										-	-	-				
Name of Registered Waste Hauler		.775	NJDEP W	200	77.000.000.000	Yards		Name of Re	egiste	red Lan	dfill					
Stevens Environmental Services			lauler ID 18292		of Was	ste 2		Fairless L	and	fill						
City, State Allentown, NJ		Disposal Da				osal Date City, State										
Completed by	Title				7/26/2019 Morrisville Signature			SVIIIe, PA								
Mahlon E. Stevens	2000	ct Ma	anager		3	gnature						12/	2019	9		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUI 10 / 19 Millville Public Schools / Job #1707-5179 Check # Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☐ Initial LICENSING 101 North 3rd Street □ DOLWD City, State, Zip Code **⊠** DHSS Amendment #2 Millville, NJ 08332 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Stephanie DeRose 856-327-6040 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Millville Senior High School School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 200 North Wade Blvd homes, etc.) City (5) Square Feet # of Floors Bldg. Age Millville 200,000 2 50+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Cumberland Education Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental Services, Inc. 00100 AbateTech. Inc. Street Address Street Address 1805 Atlantic Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Gary W. Fleming 732-223-2225 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>7</u> / <u>10</u> / <u>19</u> <u>7</u> / <u>31</u> / <u>19</u> **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If Mini-Enclosure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Asbestos-Containing Material (ACM) Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A B- Wing X Gray caulk & fibrous caulk backer 9 LF X D- Wing X À Flhows 30 total D 109, D110 M Window Caulk 160 LF X D109, D110, D111 П X Transite Panels 18 SF X

Gwendolyn Trumbetti
ASB-41
MAY 11

City, State

Name of Registered Waste Hauler

AbateTech, Inc.

Lumberton, NJ

Completed By (Print or Type)

Cubic Yards of

Disposal Date

Signature

7/31/19

Waste

40

Name of Registered Landfill

G.R.O.W.S. Landfill

Tullytown, PA

City, State

NJDEP Waste

Hauler ID No.

18750

**Operations Coordinator** 

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) JIII Date of Notification (1) Hamilton Township BOE / Job #1905-5492 Check # 11 / 19 7 Type Notification Street Address **ASBESTOS CONTROL &** Agencies Notified LICENSING 90 Park Avenue ☐ Initial **⊠** EPA **⊠** DOLWD City, State, Zip Code Amendment #1 **⊠** DHSS Hamilton Township, NJ 08690 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) 609-631-4100 **Building Administration** ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Hamilton Educational Program Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) 310 Rowan Avenue Square Feet # of Floors Bldg. Age City (5) Trenton Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) School Mercer Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AbateTech, Inc. NA Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00529 609-265-2107 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 8 / 2 **EMSL Analytical** 6 / 24 / 19 Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation $\boxtimes \ge 3$ sf or $\ge 3$ lf ☐ Glovebag Procedure ☐ Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Encapsulate Remova Location of Amount Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM)

П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste G.R.O.W.S. Landfill AbateTech, Inc. 40 18750 Disposal Date City, State City, State 8/2/19 Tullytown, PA Lumberton, NJ Signature Title

(i.e., thermal systems insulation,

surfacing, VAT, or

other miscellaneous)

Single Fire Doors O&M

(Specify

SF or LF)

8 total

Maintenance/

Custodial Staff?

(12)

No

П

П

**Operations Coordinator** 

N/A

 $\bowtie$ 

П

Yes

П

 $\Box$ 

ASB-41 **MAY 11** 

Completed By (Print or Type)

Gwendolyn Trumbetti

First Floor

TO BE ABATED

IN Facility

(13)

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Hamilton Township BOE / Job #1905-5492 Check # 11 / 19 7 / ASBESTOS CONTROL & LICENSING Type Notification Street Address Agencies Notified ☐ Initial 90 Park Avenue **⊠** EPA ☑ DOLWD City, State, Zip Code Amendment #1 **⊠** DHSS Hamilton Township, NJ 08690 ☐ DCA ☐ Emergency (including Telephone Number Name of Contact justification) (NJAC 5:23-8) 609-631-4100 ☐ Cancellation **Building Administration FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Hamilton HS West ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) 2720 South Clinton Avenue # of Floors Bldg. Age Square Feet City (5) Trenton Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) School Mercer Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AbateTech, Inc. NA Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00529 609-265-2107 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **EMSL Analytical** 6 / 24 / 19 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ⊠ Renovation ≥3 sf or ≥3 lf ☐ Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf ■ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Removal Encapsulate Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED **Custodial Staff?** SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous)

П NJDEP Waste Name of Registered Waste Hauler Hauler ID No. AbateTech, Inc. 18750 City, State

(13)

Cubic Yards of Waste

Single Fire Doors O&M

Double Fire Doors O&M

Name of Registered Landfill G.R.O.W.S. Landfill

14 total

15 total

40 Disposal Date City, State 8/2/19

Signature

Tullytown, PA

П 

First Floor

First Floor

Lumberton, NJ

Completed By (Print or Type)

Gwendolyn Trumbetti

N/A

M

 $\boxtimes$ 

П

**Operations Coordinator** 

Yes

П

Title

No

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

Compared Name of Registered Waste Hauler AbateTech, Inc.   (12)														
NAME AND ADDRESS OF THE PARTY O	11 / _	19						Check#						
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended Amendmen	nt # <u>1</u>		90 P City, St	ark Ave	ode	90	ASB	ESTOS	CON	TRO	L &		
	justification	1)		Name o	of Contact									
				FAC	ILITY IN	FORMATION								
Greenwood ES Street Address		king Place	(3)				School (K-12) Subchapter 8 Other (i.e., pri	(Other than K-1	12) ercial bu	ildings	5,			
City (5)	veriue						Square Feet	# of Floors	Ble	dg. Ag	е			
County (6)				Count	y Code (7		School	or if being demo	lished)					
5.000000	Hired by Buildir	ng Owner	(8)	ASCM N	No.	AbateTech, I								
						30 Maple Ave								
City, State, Zip Code						Lumberton, I								
Project Manager for Mon				•		609-265-2107								
(10.33)						1 000000000000000000000000000000000000								
☐ Facility Closed/Vacate	ed During Entire	Period of	Abate y Hou	rs - Desc	cribe AM	200 Route 13 City, State, Zip C	ode							
≥3 sf or ≥3 lf	I that apply)	Name of Street				☐ Mini-End	closure a Procedure		dure					
							190		Al	_	ent T	уре		
Asbestos-Containing TO BE ABA IN Facil	Material (ACM) ATED	Use Ma Cus	ed So ainten stodial (12	lely by ance/ Staff?	Asbe (i.e	estos Containing Ma e., thermal systems surfacing, VAT	aterial (ACM) insulation, г, ог	(Specify	Removal	Repair	Encapsulate	Enclosure		
First Floor			1 1		Single	Fire Doors O&N	n	3 total	_	-				
First Floor			-	-	Double	Fire Doors O&	М	2 total	_	-				
			-						_	+				
	ste Hauler		1	NJDEP \	O No.	Waste 40	G.R.O.W.S					1		
City, State  Lumberton, NJ				10100		Disposal Date 8/2//19	City, State Tullytown	, PA						
Completed By (Print or 1	700 A	Title Opera	tions	Coord	inator	Signature	W		Date	11-	-10	1		

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

M.	E	C			$\mathbb{V}$	E	M.
M		JUL	1	7	2019	)	W

$1 \cup (X)$		(Pursuant to NJAC 8:60 and 5:16)								Ш	Щ					
Date of Notification (1)								er/Operator (2		П	Frank	1 /	20	IJ	line	
7 /	11 / _	19			Ham	ilton Tov	vnsh	ip BOE / Jo	ob #1905-54	192			no month of the	teration return	1	
Agencies Notified	Type Notifica	tion			Street /	Address					ASBESTO	S CC ENS	INI	4OL	ර්ද	
⊠ EPA	☐ Initial				90 P	ark Aven	iue			less dame	LIV		IVO musice	01/07/44	nacion e fast	NAMES OF THE OWNER,
□ DOLWD				-	City, St	ate, Zip Co	ode									
☑ DHSS	Amendme	_	سمالين		Ham	ilton Tov	vnsh	ip, NJ 0869	00							
☐ DCA (NJAC 5:23-8)	☐ Emergeno justification		luaing	-	Name o	of Contact					Telephone Nu					
(140/10/3.25-0)	☐ Cancellati	200			Buil	ding Adn	ninis	tration			609-631-4	100				
					FAC	ILITY IN	ORI	MATION								
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Fac	ility (	(4)					
Langtree ES									School (I	K-12	) (Other than K-	12)				
Street Address			A				Subchapter 8 (Other than K-12) Other (i.e., private and commercial b								,	
2080 Whatley Road									homes,							_
City (5)									Square Fee	t	# of Floors		Bldg	g. Age	9	
Hamilton Township	)												, n			$\dashv$
County (6)				ti i	Count	y Code (7)	(7)(STATE USE ONLY) Current Use (Prior if being den									
Mercer									School	(0)					_	-
Name of Monitoring Firm	Hired by Build	ing O	wner (8	3) A	ASCM N	No.			ent Contracto	r (9)						
NA							G.V.507	ateTech, I	nc.							-
Street Address								et Address	DO Pay 3	5						
									. PO Box 2							-
City, State, Zip Code								State, Zip Comberton, N								
				Talas	shana N	la			40 00040		License No.					
Project Manager for Mon	itoring Firm			relep	ohone N	NO.	Telephone No. License No. 609-265-2107 00529									
Ot - 1 D - 1 - (10)	To	chadi	ilad Co	mnlet	ion Dat	e (11)	Name of OSHA Monitor							100		
Start Date (10) 6 / 24 /					_ / _	The state of the s		/ISL Analyt								
Occupancy Status During								et Address								
☐ Facility Closed/Vacate					nent		200 Route 130 North									
☐ Abatement Performed	d Outside of No	ormal I	Facility	Hours	s - Desc	cribe	City, State, Zip Code									
Time of Abatement: _	AM	PM	1/	_PM-		AM	Cinnaminson, NJ 08077									
Scope of Work (Check a	Il that apply)	-							A Maratha Description							
			⊠ Re	novati	nn.			☐ Full Con	Containment with Negative Pressure							
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			☐ De	molitio	n			☐ Gloveba	a Procedure		- Crishla Droop	dura				
								☐ Non-Exe	empted (*) an	d No	on-Friable Proce	edure	۸ha	teme	nt T	me
				Locati Iormal				Description of	of			1		_		
Location Asbestos-Containing		n	Use	d Sole	ly by	Asbe	stos C	ontaining Ma	aterial (ACM)	) i	Amount		Removal	Repair	Encapsulate	Enclosure
TO BE AB	ATED	"		intena todial \$		(i.e	., ther	mal systems urfacing, VAT	insulation,		(Specify SF or LF)		ova	₩.	psu	osur
IN Facil	lity		Cusi	(12)	Juli :			er miscellane			0, 0, 2, ,		-		late	е
(13)		Ì	Yes	No	N/A				125 5						.55%	
First Floor					$\boxtimes$	Single I	Fire [	Doors O&N			4 total					
First Floor								Doors O&i	VI		1 total					
Name of Registered Wa	ste Hauler			N	JDEP 1	Waste	100000000000000000000000000000000000000	ic Yards of			stered Landfill					
AbateTech, Inc.					lauler II 18750		Waste G.R.O.W.S. Landfill									
City, State					10/30			osal Date								
Lumberton, NJ							8/	2/19	Tullytown, PA							
Completed By (Print or Type) Title							Signature					e	88	, /	2	
Gwendolyn Trumb	perat	ions	Coord	inator			CONX 17-1				11-19					

## State of New Jersey

Charles of New Joseph To E C E I W E E																
mch	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)  Name of Building Owner/Operator (2)  JUL 1 7 2019															
Date of Notification (1)					Name o	of Building (	Owne	r/Operator (2	2)	-111	TH JUL	1 -	7 2	019	1	y
7 / _	11 /	19						ip BOE / Jo		492						
Agencies Notified	Type Notification	on			Street A	Address					ASBEST	OSC	CON	TRO	L &	
⊠ EPA	☐ Initial				90 P	ark Aveni	ue			-	LI(	CEN	SIN	2	especial december	engaz semente
□ DOLWD		1			City, St	ate, Zip Co	de									
☐ DHSS	Amendmen  ☐ Emergency	100 THE RE	ling		Ham	ilton Tow	nshi	ip, NJ 0869	0							_
☐ DCA (NJAC 5:23-8)	justification		inig			of Contact		A 222		1	Telephone Nun					
(1.67.10 0.20 0)	☐ Cancellatio	n				ding Adm					609-631-41	00				
					FAC	ILITY INF	ORN	IATION	T (F-	ailita / / /	`					$\dashv$
Name of Facility Where A	Abatement is Ta	king Pla	ace (	3)					Type of Fa		)					
Sayen ES									School     Subcha     Su	pter 8 (	Other than K-1	2)				
Street Address									Other (i	.e., priv	rate and comm	nercial buildings,				
3333 Nottingham V	/ay								homes,		# of Floors		Bldo	. Age	9	$\dashv$
City (5)									Square rec	e.	# 011 10010					
Trenton			-		0	· Codo /7\/	CTATE	USE ONLY)	Current Us	e (Prio	r if being demo	lishe	d)			
County (6)					Count	y Code (7)(	SIAIL	OSL ONLI)	School		3					
Mercer Name of Monitoring Firm	Him d by Duildin	og Own	or /8	) [	ASCM N	lo l	Name	e of Abateme	ent Contract	or (9)						
To South Market Control of the Contr	nired by Buildii	AbateTech, Inc.														
NA Observe Addresse							12.50	t Address								
Street Address	30 Maple Ave. PO Box 25															
City, State, Zip Code		30 Maple Ave. PO Box 25 City, State, Zip Code														
	Lumberton, NJ 08048														_	
Project Manager for Mon	itoring Firm			Telep	ohone N	10.	100000000000000000000000000000000000000	ohone No.			License No. 00529					
								9-265-2107			00525					-
Start Date (10)	V-00				ion Dat	- ''		e of OSHA M ISL Analyt								
6 / 24 /								et Address								
Occupancy Status Durin  Facility Closed/Vacat					nent		100	0 Route 13	0 North							
☐ Abatement Performe	d Outside of Nor	mal Fa	cility	Hour	s - Desc	cribe	City,	State, Zip Co	ode							
Time of Abatement:	AM	_PM/_		_PM-	/	MA	Ci	nnaminsor	n, NJ 0807	7						
Scope of Work (Check a	II that apply)							☐ Full Con	tainment wi	th Nega	ative Pressure					
≥3 sf or ≥3 lf				novati			☐ Mini-Enclosure									
☐ ≥160 sf or ≥260 lf			] Der	nolitio	n			☐ Gloveba	g Procedure empted (*) a	e ind Nor	-Friable Proce	dure				
			ls	Locat	ion									teme	ent Ty	/ре
Location	n of		N	lorma	lly			Description	of				Re	Re	Ē	En
Asbestos-Containing	Material (ACM)			d Sole		Asbes	stos C	Containing Ma mal systems	aterial (ACN insulation	1)	Amount (Specify		Removal	Repair	cap	Enclosure
TO BE AB				odial	Staff?	(1.6.	St	urfacing, VAT	, or	- 1	SF or LF)		val		Encapsulate	ure
(13)		-		(12)	T	-	oth	er miscellane	eous)						te	
		_	Yes	No	N/A	0: 1. 5		Danie 08 N	1	-	6 total				П	
First Floor		_						Doors O&N		-	2 total					
First Floor		L				Double	Fire	Doors O&I	IA1	-						
													-			
									1.00	f Danie	torod Landfill			Ш	П	
Name of Registered Wa	Vaste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste G.R.O.W.S. Landfill															
AbateTech, Inc.				,	1875		40									
City, State							Disposal Date City, State  8/2/19 Tullytown, PA									
Lumberton, NJ							8/		Tully	WII,		Date	Α			
Completed By (Print or	nt or Type) Title Operations Coordinator  Signature  7 / 1 / 0										19					
Gwendolyn Truml	oetti	Op	erat	ions	Coord	inator			LVVV				6	1		

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) 2019 Name of Building Owner/Operator (2) Date of Notification (1) Hamilton Township BOE / Job #1905-5492 Check # 7 11 / ASBESTOS CONTROL & Type Notification Street Address Agencies Notified LICENSING 90 Park Avenue ☐ Initial **⊠** EPA **⊠** DOLWD City, State, Zip Code Amendment # ☑ DHSS Hamilton Township, NJ 08690 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) 609-631-4100 **Building Administration** ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Yardville Heights ES Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) 3880 South Broad Street # of Floors Bldg. Age Square Feet City (5) Trenton Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) School Mercer Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AbateTech, Inc. NA Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00529 609-265-2107 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **EMSL Analytical** 6 / 24 / 19 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation >3 sf or ≥3 lf ☐ Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Encapsulate Removal Location of Asbestos Containing Material (ACM) Amount Used Solely by Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A Yes No 4 total Single Fire Doors O&M $\boxtimes$ First Floor 1 total П Double Fire Doors O&M X П П First Floor П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste G.R.O.W.S. Landfill AbateTech, Inc. 40 18750 City, State Disposal Date City, State 8/2/19 Tullytown, PA Lumberton, NJ Signature Completed By (Print or Type) 11-19

State of New Jersey

Gwendolyn Trumbetti

Operations Coordinator

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Hamilton Township BOE / Job #1905-5492 Check # 11 / 19 Street Address ASBESTOS CONTROL & Agencies Notified Type Notification LICENSING **⊠** EPA ☐ Initial 90 Park Avenue □ DOLWD City, State, Zip Code Amendment #1 **⊠** DHSS Hamilton Township, NJ 08690 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) 609-631-4100 ☐ Cancellation **Building Administration** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Reynolds MS Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address 2145 Yardville- hamilton Square Road homes, etc.) Bldg. Age # of Floors Square Feet City (5) Hamilton Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) School Mercer Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00529 609-265-2107 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **EMSL** Analytical 6 / 24 / 19 8 / 2 / 19 Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation >3 sf or ≥3 lf Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Encapsulate Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Maintenance/ TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A П 9 total Single Fire Doors O&M X First Floor 12 total Double Fire Doors O&M X П First Floor П П П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. G.R.O.W.S. Landfill AbateTech, Inc. 40 18750 City, State Disposal Date City, State Tullytown, PA 8/2/19 Lumberton, NJ Date Signature Completed By (Print or Type) Operations Coordinator

Gwendolyn Trumbetti

10 ch	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)															
Date of Notification (1)	11 /	19		•	Name o	f Building (	Owner/Operator (2	2)	I man many	1	7 2	019				
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Name of the Control o					City, Sta	ate, Zip Co	de									
			udina		Hami	ilton Tow	nship, NJ 0869	00					_			
			uaing		Name o	f Contact			Telephone Number							
(N3AC 3.23-0)					Build	ding Adm	inistration		609-631-4100				_			
					FACI	LITY INF	ORMATION		41	-			_			
Name of Facility Where A	batement is	Taking F	Place (	3)												
Grice MS								☐ Subchapter 8	(Other than K-12)							
Street Address	2025							dings	,							
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City (5)								# 01110015	Dia;	,	5					
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City, State, Zip Code						The And State of Control of Contr										
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Project Manager for Mon	itoring Firm			Tele	phone N	lo.		*0								
						(14)			00323				-			
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Date of Notification (1)																
Abatement Performed	Outside of	Normal F	acility	Hour	s - Desc	ribe										
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≥3 sf or ≥3 lf	ll that apply)		⊠ Rer □ Der	novati	on on		☐ Mini-End	closure a Procedure				-4 T				
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	ity		Cust						SF OI LI	-		ilate	.e.			
(13)		İ	Yes	No	N/A			00000000000000000000000000000000000000								
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							8/2/19	Tullytowr	ı, PA							

Gwendolyn Trumbetti ASB-41 **MAY 11** 

Lumberton, NJ

Completed By (Print or Type)

Title

**Operations Coordinator** 

Signature

Date | -[1 -1 9

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Hamilton Township BOE / Job #1905-5492 Check # 7 11 / 19 ASBESTOS CONTROL & Type Notification Street Address Agencies Notified LICENSING ☐ Initial **⊠** EPA 90 Park Avenue ☑ DOLWD City, State, Zip Code Amendment #1 X DHSS Hamilton Township, NJ 08690 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact (NJAC 5:23-8) justification) 609-631-4100 **Building Administration** ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Kuser ES Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) 70 Newkirk Avenue # of Floors Bldg. Age Square Feet City (5) Trenton County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) School Mercer ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) AbateTech, Inc. NA Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City. State. Zip Code Lumberton, NJ 08048 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 609-265-2107 00529 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 8 / 2 / 19 **EMSL Analytical** <u>6</u> / <u>24</u> / <u>19</u> Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ⊠ Renovation ≥3 sf or ≥3 lf ☐ Demolition ☐ Glovebag Procedure ≥160 sf or ≥260 lf ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Encapsulate Enclosure Removal Repair Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A П 13 total П Single Fire Doors O&M $\boxtimes$ First Floor 11 total Double Fire Doors O&M X First Floor П П П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste G.R.O.W.S. Landfill AbateTech, Inc. 40 18750 City, State Disposal Date City, State Tullytown, PA 8/2/19 Lumberton, NJ Signature Completed By (Print or Type) Gwendolyn Trumbetti **Operations Coordinator**

State of New Jersey

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 5:16)

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Date of Notification (1)				Nan	ne of Buildi	na O	wner/Operator (2	2)		UL 1	1	2019	3	
	11 /	19				_		ob #1905-5492	Check#	-	and the same	in the a		
Agencies Notified	Type Notifica	ition		Stre	et Address	F.			ASBE				& JC	
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☑ DOLWD				City	State, Zip	Cod	le							
☑ DHSS	Amendme		na	H	amilton T	own	nship, NJ 0869	90						
☐ DCA (NJAC 5:23-8)	justification		19	Nan	ne of Conta	ct			Telephone Numi	per				
(	☐ Cancellati	ion		В	uilding A	dmi	nistration		609-631-410	0				
				F	ACILITY I	NFC	RMATION							
Name of Facility Where A	batement is T	aking Plac	ce (3)					Type of Facility (	(4)					
Klockner ES		4753					70	School (K-12)		u.				
Street Address								Subchapter 8	(Other than K-12) ivate and commer	) cial bu	ilding	5.		
830 Klockner Road								homes, etc.)	Trate and comme			(16)		
City (5)								Square Feet	# of Floors	Blo	lg. Ag	e		
Hamilton														
County (6)				Co	unty Code	e (7)(STATE USE ONLY) Current Use (Prior if being demolished)								
Mercer								School						
Name of Monitoring Firm	Hired by Build	ing Owne	r (8)	ASCI	И No.	Name of Abatement Contractor (9)								
NA						AbateTech, Inc.								
Street Address					S	treet Address								
							30 Maple Ave	. PO Box 25						
City, State, Zip Code					City, State, Zip Code									
							Lumberton, NJ 08048							
Project Manager for Moni	toring Firm		T	elephon	e No.		elephone No.		License No. 00529					
						100	609-265-2107							
Start Date (10)	S	cheduled				N	ame of OSHA M	Ionitor						
6 / 24 /	19	8	/ _	2 /	19		EMSL Analyti	ical						
Occupancy Status During	Abatement (C	Check only	one)	)		Street Address								
☐ Facility Closed/Vacate							200 Route 13	0 North						
Abatement Performed						C	ity, State, Zip Co	ode						
Time of Abatement: _	AIVI	PIVI/		101	_Aivi		Cinnaminson	ı, NJ 08077						
Scope of Work (Check all	that apply)						□ Eull Cont	tainment with Neg	ative Pressure					
☐ >3 sf or >3 lf		⊠ F	Renov	ation			☐ Mini-Enc		Janvo i 1000aio					
≥160 sf or ≥260 lf			emo				Glovebag	g Procedure	n-Friable Procedu	ro			- 1	
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1 0				cation mally			Description of	of .			_			
Location Asbestos-Containing			sed S	Solely by	/ 100		s Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
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First Floor					Doubl	le Fi	re Doors O&N	Л	10 total					
			T											
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AbateTech, Inc.				Haule 187	ID No. 50	V	Vaste 40	G.R.O.W.S	. Landfill					
City, State				101		D	Disposal Date	City, State	100 miles	-				
Lumberton, NJ							8/2/19	Tullytown,	PA			1400		
Completed By (Print or T	ype)	Title					Signature	1 0/	D	ate		. /	1	
Gwendolyn Trumbe			ation	is Coo	rdinator		1 (/	VVX		7-	11.	-10	7	

ASB-41 MAY 11

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

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					City	, State, Zip	Cod	le				10111	<u> </u>			
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		lding (	Owner	(8)	ASC	Л No.	Na	ame of Abateme								
Omega Environment	al						AbateTech, Inc.									
Street Address							St	reet Address								
280 Huylar Street							;	30 Maple Ave	. PO Box 25							
City, State, Zip Code							Cit	ty, State, Zip Co	ode		7.A. 11.A.					
South Hackensack, N	NJ 07606						1	Lumberton, N	rton, NJ 08048							
Project Manager for Monito	ring Firm			Tel	ephone	No.	Те	lephone No.		License No	).					
Geiser Fajardo				2	01-48	9-8700	1	609-265-2107		00529						
	economic VIII			Service Control			Na	me of OSHA M	onitor							
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Time of Abatement.	AIVI	PI\	///	_PIM		_AM	(	Cinnaminson,	, NJ 08077							
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Completed By (Print or Type	e)	Title						Signature	A		Date	-	. ^			
Gwendolyn Trumbetti		Ot	perati	ons (	Coord	inator			hNe)		7-	11-	19	1		

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7/12/2019					EWING BO	ARD O	F EDUCATION		THE SE	IL 1	1 4	UIJ				
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☐ DEP	Amende	d Ame	ndmen	t #	City, State, Z	ip Code				LICE	ISING	j				
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☑ DOH	justificat	ion)			Name of Cor	itact		Telep	hone	Numb	er					
DCA	☐ Cancella	ation			DEBBIE W	ILSON		609-538-9800X								
				F	ACILITY IN	FORMA	TION									
Name of Facility Where Aba	atement is Ta	king P	lace (3)	)					Facility (4)	A 1784						
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Street Address								☐ Sub	chapter 8 (Other	er thar	K-12	)				
339 EWINGVILLE ROA	D						merci	al build	dings							
City (5)								Square	loors	Bldg.	Age					
EWING, NJ									,							
County					County Code	(7) (ST)	ATE USE ONLY)	Current	Use (Prior if be	ing de	molish	ied)				
MERCER																
Name of Monitoring Firm Hi	ired by Owner	r			ASCM No.	Name o	f Abatement Cont	2.1.200.200.00								
							M RIDGE ENVI	RONME	NTAL INC.							
Street Address						Street A	ddress									
						15 BLA										
City (5)						City, State, Zip Code										
		-				HAMII										
Project Manager for Monitor	ring Firm	Telep	hone N	0.		Telepho					se No					
						609-890				0067	6					
Start Date (10)				omplet	ion Date (11)		f OSHA Monitor									
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Facility Closed/Vacate Abatement performed outs					311L	P.O. BO	ate, Zip Code									
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2 160 sf or ≥ 260 lf					Demoliti				vebag Procedu	re						
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Location of Asbestos-C			Solely b				thermal systems	Amount	(Specify SF or	Re	D.	nc	En			
Material (ACM) TO BE A Facility (13)	BATED III			/Custo			g, VAT, or other		LF)	Removal	Repair	sqe	Enclosure			
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HORIZON DISPOSAL S	ERVICES				10416		1/2 YD	GROW								
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TRENTON			7/18/2019	MORR	ISVILLE, PA											
Completed By		Title					127-Mar	VI.	1	Date						
DAVID D'ANDREA		PRES	SIDEN	T		100	will. C	Clas	cea	7/12/	2019					

ASB-41

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities