				24-4 6 N						E (G [- P	rint F	OF F
Ch1408			FICATIO	State of Ne ON OF ASB nt to NJAC	ESTOS	ABATE		IT				= 0	U	5	-
Date of Notification (1) 07/12/2017			50-YE-1577 1X	of Building les Guzm		Operato	r (2)		la la	Jl	JL a	2-0-	2017	7	
Agencies Notified Type Notification	in		Street	Address	l				A	SBES	TOS	COI	VTR	DL &	
X EPA X Initial Amended Amendme	nt#			tate, Zip Co		7024				Į.	ICE	NSIN	IG_		-
DOH Emergenc justification	y (includin	g	Name	of Contact		7031			Teleph	one Nii	ımher				
DCA Cancellation	on		500000000000000000000000000000000000000	les Guzm		ON			_						
Name of Facility Where Abatement is Tak House	ing Place	(3)	170	<i>></i> 1211 1 1111 1	OKMAT	014	Тур	e of Facility	(4)						-
Street Address								School (K-1 Subchapter	8 (Other th	nan K-1	2)	Tat's	1.0.00		
City (5)							Sau	Other (i.e. petc.)	# of Flo			Bldg.		es,	
North Arlington							N/A	4	N/A			N/A	igo		
County (6) Bergen			County (STATE	Code (7) USE ONLY				rent Use (Pri USE	or if being o	iemolis	hed)				
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.				atement Cor atement, In							1
Street Address						Street 11 R		ess ngren Aver	nue						
City, State, Zip Code						City, S	tate,	Zip Code	140						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph		NJ, 07512 No.	Lic	ense N	lo.				
Start Date (10)	Cobodu	lad Car		D=t= (44)		2000		8685	01	311					
07/22/2017	07/25/	2017	npietion	Date (11)				SHA Monitor tement, In	C.						
Occupancy Status During Abatement (Che	90					Street 11 R		ess ngren Aver	NIA						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abaten y Hours	nent S			City, S	tate, .	Zip Code	140						
Scope of Work (Check All That Apply)					_	Toto	wa, l	NJ 07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	particular and a second	Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proc	edure						
	ls	s Locati	on				1 100	on-Exempted	(*) and No	ппар	le Pro	Abate	ement		
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashast		cription		al (ACM)	Amou	n t		Ту	pe		
TO BE ABATED In Facility (13)		intenar todial S (12)			thermal s	systems ing, VA	insul T, or	lation,	(Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure	
40 m (do. 1)	Yes	No	N/A				,				/al	i ii	ılate	ure	
Exterior of the House		X			Transi	t Shin	gles		2000	SF	Х				
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic Y	'ards		Name of E	Registered L	andfill					
D&S Abatement, Inc.		H	auler ID 1996	No.	of Wast			Constant on the	lanagem		РА				
City, State Totowa, NJ					Disposa TBD	al Date		City, State Morrisvil							
Completed by Ned Joksimovic	ct Ma	nager			gnature	1	FAI		Dat	e /12/2	017				

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State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT

			(P	ursuar	nt to NJAC	C 8:60 and 12:12	20)	II) LE	<i>5</i> E		\mathbb{W}	E
Date of Notification (1) 7/13/1	7			1000	me of Build ary Trotn	ing Owner/Operato nan	or (2)					
Agencies Notified EPA DEP	Type Notific				eet Addres			J E Jt	1 2	0	2017	7
☑ DOH	Amendm	nent #_ ncy (includia	ng	Pri		NJ 08542			ICEN	CON	ITR G	OL
DCA	Cancella			100	me of Co y Trotma			Telephone Nu	mber			
	**************************************			F.	ACILITY IN	IFORMATION						
Name of Facility Where Residence Street Address	Abatement is [*]	Taking Plac	ce (3)				Type of Facilit	10.000 0.0	12)			
								private 8 commerc		ilding	S,	
City (s) Princeton, NJ 08542							Square Feet 1900 SF	# of Floors		Bldg. 65yrs	2.57	
County (6) Mercer				US	unty Code E ONLY)	(7) (STATE	Current Use (P Residence	rior if being demo	lished)		
Name of Monitoring Firm (8)	Hired by Build	ding Owner		ASCN	/ No.	Name of Abaten AEi2, LLC	nent Contractor (9	9)				
Street Address	Hara					Street Address 361 E. Flemin	o Dilea					
City, State, Zip Code	-					City, State, Zin	p Code					_
Project Manager for M	onitoring Fire	m	Tel	ephone	No.	Telephone No. 609-481-212		License No. 00689				
Start Date (10) 7/22/17		cheduled C	Comple	etion D	ate (11)	Name of OSHA MAEi2, LLC			4	381 - 30		
Occupancy Status During	Abatement (Check only				Street Address						
					t	361 E. Flemi City, State, Zip C Hammonton,	ode		#			
Scope of Work (Check all	that apply)						ntainment with N	egative Pressure	M -			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re	enovat molitic	ion on			g Procedure	on-Friable Proced	UFA			
Location o	£	No	ocati	У				511 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Abate Typ		02000
Asbestos-Containing Ma TO BE ABATE IN Facility (13)	iterial (ACM)	Main Cu S	Solel ntenan istodia staff? (12)	rce/		Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	R e m o v	R e p a i r	Encapsul	E n c l o s u r
Basement		Yes	No	N/A X	TSI			30 lf	X		a t	e
				Α					A			
		_							-		\dashv	
Name of Registered Waste	e Hauler			JDEP \		Cubic Yards	Name of Regis	tered Landfill				
AEi2, LLC				auler ID 1376	NO.	of Waste 1	TBD			5-5015-		
City, State Hammonton, NJ 0803	7		<u>-</u>			Disposal Date TBD	City, State TBD	0.00				
Completed By	17	Title				Signature 2	1// -	Date		_		-
Vm. Minnick		Program	Mgr			Milm	1mm	7/13/17				

Date of Notification (1) 7 / 18 /	17				ng Owner/Operator on Citizens Run	3005m	/ lob #1502 10	50 CL	-le 4	750	
Agencies Notified Type Notific ☐ EPA ☐ Initial ☐ DOLWD ☐ Amende	cation		Stre	et Address		nymede corp	(D) E	0	E [<u> </u>	7 E
☐ Allieride			City	State, Zip	Code		15				
□ DCA □ Emerger		ding	W	ayne, NJ	07470		To be a second	[11]	2.0	201	7
(NJAC 5:23-8) justificat	ion)		Nam	e of Conta	ct		Telenhone Nui	mher	C-U-	-CUI	1
☐ Cancella	ition		Vi	ncy Brun	0		10,0 7				
				ACILITY II	NFORMATION		ASBE	STO	3 CC	NTF	10L 8
Name of Facility Where Abatement is	Taking Pl	ace (3)	1			Type of Facility	v (4)	LICE	<u>INSI</u>	NG	
Edward Sisco Sr. Citizens Villa	age					School (K-1		-			
Street Address						☐ Subchapter	8 (Other than K-1	2)			
100 Runnymede Drive						homes, etc	private and comm	ercial b	ouildir	igs,	
City (5)						Square Feet	# of Floors	F	Bldg. /	Δne	
Wayne						9000	1		40	igo	
County (6)			Cou	inty Code (7)(STATE USE ONLY)		rior if being demo	lished)		_	
Passaic				,	,,	R-2	mer in coming defined	oriou)			
Name of Monitoring Firm Hired by Build	ding Own	er (8)	ASCN	1 No.	Name of Abateme	ent Contractor (9))				
Criterion Laboratories					Asbestos and						
Street Address					Street Address		ос, остр.				
3370 Progress Drive, Suite J					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co						
Bensalem, PA					Hainesport, N						ì
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.		License No.				
Mike Panepresso		1	215-24		609-702-0400		00862				
Start Date (10)	Scheduled	Comp	oletion Da	ate (11)	Name of OSHA M		00002				
_8 / _4 / _17	8	/	4_ /	17	EMSL Analyti	ical, Inc.					
Occupancy Status During Abatement (0	Check onl	y one)			Street Address						
☐ Facility Closed/Vacated During Entir	e Period	of Aba	tement		200 U.S. Rout	e 130 North					
Abatement Performed Outside of No	ormal Fac	ility Ho	urs - De		City, State, Zip Co			-			
Time of Abatement: AM	TPM-		M-		Cinnaminson						
Scope of Work (Check all that apply)	MOTE	21	11+	Ø		,					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demoli			☐ Mini-Encl	Procedure	gative Pressure	ıre			
		Is Loc							atem	ent T	vpe
Location of Asbestos-Containing Material (ACM	U	Norm sed So	nally olely by		Description of						
TO BE ABATED	N	/lainter	nance/		stos Containing Mat ., thermal systems in		Amount (Specify	Removal	Repair	nca	nclo
IN Facility	Cı	ustodia (12	I Staff?	(5.5)	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)	Ye				other miscellaneo	ous)				ate	Ф
Units 627, 628, 629, 630, 631, 727	, 🗆		\boxtimes	Popcor	n Ceiling (1 " str	ip per unit)	approx. 5 SF				
728, 729, 730, 731											
SAME UNITS AS ABOVE				Floor Ti	le & Mastic (14 S	F per unit)	140 SF				
										П	\Box
Name of Registered Waste Hauler			NJDEP		Cubic Yards of	Name of Regis	tered Landfill				
Freehold Cartage			Hauler II 02265		Waste 5	GROWS La	andfill				
City, State	***************************************		02200		Disposal Date	City, State					
Freehold, NJ					8/4/17	Morrisville	, PA 19067				
Completed By (Print or Type)	Title	124			Signature			ate			
Kimberly A. Trumbetti	Office	Coor	dinato			V	0.5		18-	17	
SB-41					1711	7		- 1	- 0		

ASB-41 MAY 11

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

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)					
	17		Ms.	Erin Mu	rray	/ Job #1707	-2207 Chk.	#4751			pressed
Agencies Notified	ion		Street	Address			DEG				
☐ DOLWD ☐ Amended			City. S	State, Zip C	Code		HT -				-##
☐ DHSS Amendmen					, NJ 08243			20	201	7	4
DCA Emergency justification			0.0000000	of Contact			Telephone Nun				
Cancellatio	£0.		Erir	Murray			ASBEST	ne i i	ONITI	301	2
			FAC	CILITY IN	FORMATION			ICENS		101	
Name of Facility Where Abatement is Ta	aking Place	(3)				Type of Facility	THE RESIDENCE OF STREET, SANSAGE AND ADDRESS OF THE PARTY				
Residential						☐ School (K-12	2)				
Street Address							8 (Other than K-1 rivate and comme		ilding	5,	
City (5)						Square Feet	# of Floors	Blo	dg. Ag	е	
Sea Isle City						1568	2	9	92		
County (6)	Con-		Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Cape May						Residential					
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Criterion Laboratories					Asbestos and	d Mold Service	es, Corp.				
Street Address					Street Address						
Street Road					3859 Sylon B						
City, State, Zip Code					City, State, Zip Co						
Bensalem, PA		,			Hainesport, N	NJ 08036					
Project Manager for Monitoring Firm		1000	phone		Telephone No.		License No.				
Mike Panepresso		2000	5-244		609-702-0400		00862				
Start Date (10) So	cheduled C 8 /				Name of OSHA M EMSL Analyt						
			_ ' -			icai, iiic.					
Occupancy Status During Abatement (C			ment		Street Address 200 U.S. Rou	to 120 North					
☐ Abatement Performed Outside of Nor				cribe	City, State, Zip Co	3-360-41-0300-4-030-4-030-4-030-4-0					
Time of Abatement:AM					Cinnaminson						
Scope of Work (Check all that apply)						tainment with Neg	native Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	⊠ Re □ De					losure g Procedure	n-Friable Proced	ura			
	le	Locat	ion		□ Idoli-Exe	mpted () and No	III-I Hable I Toccu		ateme	nt T	vne
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	lorma d Sole intena	lly ely by		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
X . = 2	Yes	No	N/A							О	
Basement Through Roof				Transit	e Flue Pipe		22 LF				

								П	П	П	П
			10							_	
Name of Pagistared Wasta Haular			LIDER	Masta	Cubic Vards of	Name of Regis	stored Landfill			ш	ш
Name of Registered Waste Hauler Waste Management		- 0.253	IJDEP \ lauler II		Cubic Yards of Waste	Grand Cer					
City, State			17273	3	5 Disposal Date	City, State		S-0			
Lafayette, NJ					8/3/17	Penn Argy	Ie PA				
	Title					/ Gilli Aigy)ata			
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office (Coord	dinato	r	Signature		L	Date 7-	18-	17	

ASB-41 MAY 11

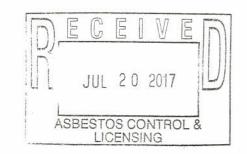
* Do not use this form for asbestos licensure exampted activities.

Page 1 if 2

State of New Jersey ** Contracts Sitemed Prior NOTIFICATION OF ASBESTOS ABATEMENT to NEW fee regulations

Data of Natification (1)				1						0		
Date of Notification (1)	40	40		1 73		ing Owner/Operator	(2)	394				
		19		A	&H Partn	ership, LLC	/ <u>J</u> o	b #1612-2144	С	hk. #	4735	大
Agencies Notified EPA	Type Notification	ation		50000	et Address King St			n E G		\mathbb{V}	E	T
⊠ DOLWD	☐ Amended				State, Zip							Ш
□ DHSS	Amendm		-		otate, Zip		11	1)	0.0	004	7	111
DCA (NJAC 5:23-8)	☐ Emergen justification	cy (includ	ing	-	e of Conta	315-X-20		JUL JUL	20	201	<i>[</i>	
(110710 3.25-0)	☐ Cancellat			Vin Lenning	rk Harpe	0.7,4,1		Talanhana Miin	ther			
								ASBESTO	(3 t) 	NTE	OL	88
Name of Facility Where A	hatament is T	akina Dla	(0)	F.A	CILITY	NFORMATION	-	LIC	ENSI	NG		
Commercial Proper		aking Pia	ce (3)				Type of Facility	1 5				
Street Address	-,						School (K-12	?) 3 (Other than K-12	2)			
69 King Street							Other (i.e., proposed homes, etc.)	rivate and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	E	Bldg. A	ae	
Dover							217,800	4		107	3-	
County (6)				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Morris							Warehouse	15 0				
Name of Monitoring Firm		ing Owne	r (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Criterion Laboratori	es					Asbestos an	d Mold Service	s, Corp.				
Street Address						Street Address						
3370 Progress Drive	e, Suite J					3859 Sylon E	oulevard					
City, State, Zip Code						City, State, Zip Co	ode				-	
Bensalem, PA 19020						Hainesport, I	NJ 08036					
Project Manager for Monit	oring Firm		Te	lephone	No.	Telephone No.		License No.				
Mike Panepresso				215-244		609-702-0400		00862				
Start Date (10)		cheduled				Name of OSHA M	lonitor					
7 /31 / _	77.77		1.7	1_/	17	EMSL Analyt	ical, Inc.					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated	During Entire	e Period o	f Abate	ement		200 U.S. Rou	te 130 North					
Abatement Performed (Time of Abatement:	Outside of No.	rmal Facil	ity Hou	ırs - Des	scribe	City, State, Zip Co	ode		1/1 1-4 1-2-			
			PIV		AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)					F1 = 11 =						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova emolit	tion ion		⊠ Full Cont ⊠ Mini-Enc ⊠ Glovebag	ainment with Nega losure I Procedure	ative Pressure				
					,	☐ Non-Exer	mpted (*) and Non	-Friable Procedur	e e			
Location o			s Loca Norma						Ab	ateme	ent Ty	уре
Asbestos-Containing M		Us	ed Sol		Ashe	Description of estos Containing Mat		A t	Z.	R	Ш	Ш
TO BE ABAT	ED	M	ainten		(i.e	e., thermal systems i	nsulation,	Amount (Specify	Removal	Repair	ncal	nclo
IN Facility (13)		Cu	(12)	Staff?		surfacing, VAT,	or	SF or LF)	Val	7	Encapsulate	Enclosure
		Yes	T .	N/A		other miscellaned	ous)				ate	CD
SEE ATTACHED SCOP	PE OF WOR	K 🗆		\boxtimes							П	П
				\boxtimes								
				\boxtimes						П	П	П
			П	\boxtimes								
Name of Registered Waste	Hauler	1-	1	JDEP V	Vaste	Cubic Yards of	Name of Registe	and I and till		\boxtimes		
Waste Management			1000	lauler I	No.	Waste	Name of Registe Grand Cent					
City, State				17273		5 Disposal Data		i Gi				
Lafayette, NJ						Disposal Date 8/31/17	City, State	DA				
Completed By (Print or Type	۹) ۱۰	Title				1 .	Penn Argyle	:, PA				
Kimberly A. Trumbett		Office	Coor	dinata		Signature		Dat	-	01	1	
SR.41		Onice	50010	amator		140	1		11	8-11		





July 18, 2017

State of New Jersey Notification for Asbestos Abatement Page 2 of 2

Commercial Property 69 King Street Dover, NJ

PHASE #2 - Scope of Work:

Location	Description	Amount	Abatement Type
4 th Floor	Pipe Insulation	748 LF	Removal
1 st Floor	Pipe Insulation	40 LF	Removal
Basement	Pipe Insulation	423 LF	Removal
Basement	Elbows/Fittings	7 Each	Removal
Basement	Breeching	53 LF	Removal
Basement	Boiler Insulation	570 LF	Removal
Basement	End Caps	50 SF	Removal

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

m.	E	C			\mathbb{V}		n
		JUL	2	Pr	106 FG 201	ini-	
	ASE	EST	08	co	NTR	OL	&

	J M J	(Pursuan	t to NJAC 8:60 at	nd 12:12	0)					
Oate of Notification (1) 07-18-17			Name o	of Building Owner. LG	Operator	(2)	AS	BES L		NSI	
Agencies Notified	Type Not fication			Address Hadley Road							
DEP DOL	Inital Amended Amendment		City, St	ate, Zip Code Plainfield, NJ	07090					-	-
☑ DOH DCA	Emergency (Includir justification) Cancellation		Name	of Contact Ion Preston	-	į T	alma h 4.E.				
Name of Facility Where	Abatement is Taking Place	(2)	FAC	ILITY INFORMAT	TON						
Lindan Switching S	Station	(4)				Type of Facility (4)					
Street Address 4013 Tremley Poir	nt Road					School (K-12) Subchepter 8 (Ot Other (Le. private			idings	, hom	es,
Olty (5) Linden, NJ 07036							of Floors	1.0	Bidg.	age .	
County (6) Union	The second secon			Code (7)		Current Use (Prior if be Switch Station Co				_	-
Name of Monitoring Fire N/A	n Hirad by Building Owner (I	5)	ASCI N/A	4 No		of Abatement Contracto Environmental Ser					0 0
Street Address N/A		***************************************	1		Street	Address Id Dock Road					
City, State, Zip Code N/A						tate, Zip Code nank, NY 11980		-			
Project Manager for Mor N/A	nitoring Firm	7 9040	Telepho N/A	ne No.	Telept	one No. 924-8111	License P	10.			
Start Cate (10) 7/31/17		ried Co	mpletion	Date (11)	3	of OSHA Monitor as above	1				
Occupancy Status Durin	g Abatament (Check Only C	re)		The state of the s	Stree!	Address ·				-	
Facility Closed/Vac	saled During Entire Period of	Abater	nent			as above					
Cliner - Describe: Scope of Work (Check A	ned Outside of Normal Facility	7 6404	åse 			tate, Zip Code as above					
23 sf or ≥3 H ≥180 sf or ≥260 H		Ranovi Demoit			I.	Full Containment with Mini-Enclosure Grovebeg Procedure Non-Exempted (*) an				n)	
		a Locat	icn				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Abet	ment	
Location Assesses-Containing TO BE AB	Material (ACM) Us	Normal ed Sclo aintena	by by	Asiceatos Conf		aterial (ACM)	mount	i i	1)	Es Es	-
in Facil (13)	Cus Cus	stodial ((12)	Staff?		aysteme dng, VA niscellan	T, OT S	Spedily For L ^c)	Removal	Repair	Encapaulate	Enclosure
138kV Contri	Yes of Mouse	No	N/A N/A	A a ha a a	- 1871aa	Carlo	20215	1	_		
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			 								_
Name of Registered Was			JOEP W			Name of Regists	red Landfill	L_			
Waste Menagement			iauler ID 7273	No. of War 20		/ G.R.O.W.S	lorth Lan	int			
C ly State Newark, NJ	The second secon		ANTA HITTOTHERAND	Dispos TBD	al Date	City, State Morrisville, P	A				
Completed by	Title			S	ighature	12	: Da	ite			
Raymond Tutiven	! Proj	ect M	anager		lat	1		07-1	8-17	7	

Date of Notification (1) Type Notification Type Notification Street Address ASBESTOS CONTROL LICENSING	CK1175		NOT	TIFICATI (Pursua	ON OF A	New Jers SBESTO AC 8:60 a	SABATE	EMENT			C E		W	
ASESTOS CONTROL Control	Date of Notification (1) 7/18/17			Name	of Buildi	ng Owner	/Operato	r (2)	-11	Ц.,	JUL 2	20	2017	-
EPA Initial Amended # City State, Zip Code West Caldwell, NJ 07006 Name of Facility Where Abstement is Taking Piace (3) Street Address Street Addre	Agencies Notified Type Notification	n												
DEP Amendment st Emergency (including DOH) DOH D	V 504	3.24		Olice	t Address	100				ASBE	STOS	COI	VTR	OL 8
West Caldwell	DEP Amended			City, S	State, Zip	Code	-				LICE	NSIN	IG_	
Same of Contact Second S		nt #	-	Wes	t Caldw	ell, NJ (07006							
Name of Registered Waste Hauler Name of Pacility (Nere Abstement is Taking Place (3) Residential Home FACILITY INFORMATION Type of Facility (4) School (K-12) School	justification	1)	ing						T ₄	elenhone	Numbe			
Residential Home Street Address City (6) West Caldwell County (9) Essex Name of Monitoring Firm Hired by Building Owner (8) Project Manager Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Start Date (10) Start Date (10) Start Date (10) Start Date (10) As Schedick (7) Fedility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Occupancy Status During Abatement (Check Only One) Fedility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Abatement Performed Outside of Normal Facility Hours Abatement Performed Outside of Normal Facility Hours Occupancy Status During Abatement (Check Only One) As one of Work (Check All That Apphy) 3 st or 23 if Renovation Demoition Attic Attic Attic Attic Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Landfill Name of Regis	Cancellation	on				(30)					····			
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	esidential Home	ibatomont to Takin	ig i idoc (c	,,						School (K-1	Selfi.					
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Pr	me of Monitoring Firm roject Manager	Hired by Building	Owner (8)		ASCN	И No.		All S	stage	patement Cor es Abateme		(9)				
Str	eet Address							Street 280		ess Iidland Ave	ð.					
Cit	y, State, Zip Code				30-2					Zip Code						
Pro	oject Manager for Mon	itorina Firm		_	Telepho	ne No		Sado		Brook, NJ 0	7663	License	No			
					59					-3184		01305				
Sta	art Date (10)		Schedule	ed Cor	npletion	Date (11)		Name	of O	SHA Monitor						
Ос	cupancy Status During	Abatement (Che	ck Only Or	ne)				Street	Addr	ess						
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Date of Notification (1)		-			Nam	e of Buildi	ng O	wner/Operator	(2)					-00 -00
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Agencies Notified	Type Notifi	cation	9		Stree	et Address				INE	G	-	W	E
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Name of Facility Where At	batement is	Takin	g Place	e (3)					Type of Facility	(4)	5 2.			
Kessler Institute for	Rehabilit	ation	- Offic	e 11	80				School (K-1		10\			70
Street Address 199 Pleasant Valley	Way								Other (i.e., p	8 (Other than K- private and comr	nercial b	uildin	gs,	
City (5)	IVay		4						homes, etc. Square Feet	# of Floors	I p	ldg. A	GO	
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County (6)		-			Cou	nty Code (7)/ST	ATE USE ONLY)		rior if being dem	olished)			-
Essex					000	ity code (,,,,,,,,	TIL GOL GILLIY	Rehabilitati		olloniou			
Name of Monitoring Firm H	lired by Buil	Idina ()wner	(8)	ASCM	No	Na	me of Ahateme	ent Contractor (9					
Partner Engineering			J	(0)	7100111	110.		AbateTech, I		,				
Street Address								reet Address			-			_
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City, State, Zip Code							1	y, State, Zip Co	THE TAXABLE PARTY OF THE PARTY					
Eatontown, NJ 07724	1							_umberton, N						
Project Manager for Monito	oring Firm	-		Tele	phone	No.		lephone No.		License No.				
Brian Nemetz	8			7:	32-904	-9565	6	609-265-2107		00529				
Start Date (10)	15	Sched	uled C	omple	tion Da	te (11)	Na	me of OSHA M	lonitor					\neg
///					3_/	17	E	MSL Analyti	ical					
Occupancy Status During A			- 5				Str	eet Address						
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			☐ Dei					☑ Glovebag						
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TO BE ABATE		''		ntena			., the	ermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
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(15)			Yes	No	N/A		Oti	ner miscenariec	ous)				te	
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Office #1180 Pipe Tunn	el			\boxtimes		Debris	Clea	ın Up		30 LF				
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cub	oic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.				Н	auler IE 18750	2	Was		G.R.O.W.S					
City, State			111		10100			posal Date	City, State					
Lumberton, NJ							7	/28/17	Tullytown,	PA				
Completed By (Print or Type)	Title				-		Signature	<u></u>	TI	Date ,			
Gwendolyn Trumbetti		Op	eratio	ons (Coordi	nator		anu	\mathcal{A}		7/1	8/	17	

ASB-41 MAY 11

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

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11000		(Pu	rsuant	Name	3:60-7 and 12:12 of Building Ov	vner/Operator (2					
Date of Notification (1)				MERC	CK SHARP & DO	HME CORP.	A TOTAL OF THE PERSON OF THE P	JU	2	0 2	017
7 / 14 /17				Street	Address		0000 7000 414		-		
Agencies Notified Type Not	ification			126 E	. LINCOLN AVE	NUE, P.O. BOX	2000, RY28-414	WEOT	-00	001	700
EPA Initia	al Notification		#2	City, S	State, Zip Code VAY, NEW JER:	SEY 07065	A	SBEST L		ISING	
N DOL	ncellation			Mana	e of Contact		Telephone Num	ber			
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DCA EM	ERGENCY	NOTIF		WALLEY TO THE PARTY OF THE PART	FORMATION						
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Name of Facility Where Abatemen	LIS TAKING	riacc	(0)			School (K-	-12)	9			
MERCK SHARP & DOHME CORPO	RATION					Subchapte	er 8 (Other than h	(-12)	hom	oc ot	۱ ،
MERCK SHARF & DOTTINE COTT							private & commo	i. biags.	Bldg.	Age	5.)
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126 EAST LINCOLN AVENUE - BUI	ILDING 80V	٧					for if being demo	lished)	- 15		\neg
City (5)	unty (6)				ty Code (7) E USE ONLY)	VACANT	,, 20,,,9 40,,110				
RADVAI	IION Building (Jumor	(8)	(STATE	ASCM No.	Name of Abate	ment Contracto	r (9)			
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST	Building C	INC	(0)		104	PAR ENVIRON	MENTAL CORP	ORATIO	NC		
Street Address	10/110110,					Street Address					
655 WEST SHORE TRAIL				72.55		313 SPOOK R					
City State Zip Code						City, State, Zip	Code W YORK 10901				
SPART	A, NEW JEF	RSEY	07871			Telephone Nun		ense N	umber		
Project Manager for Monitoring Firm	1	-		Number		845-369-7500	11				
WILLIAM S. KERBEL, CIH		100000000000000000000000000000000000000	-729-56	10.111	(44)	Name of OSHA	Monitor				
Expected State Date (10)			ompie	tion Date 31		AMERISCI LA	BORATORIES IN	IC	#1	1480	
5 / 22 /17 Month Day Year		/lonth	- 1	Day	Year						
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Facility Closed/Vacated	During Entir	e Perio	A to be	batement	accriba:	1117 EAST 301	HOIKEE				
Abatement Performed O	outside of No ONDAY-FR	ormal F	acility	Hours - De	escribe.	City, State, Zip	Code				
X Other - Describe: M	ATURDAY 7	AM-3	:30 PM	30 1 101		NE	W YORK, NEW	YORK 1	10016		
Scope of Work (Check all that apply						ainment with Ne	gative Pressure				
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>3SF OR LF						g Procedure ble Procedure					
X >160 SF OR 260 LF		Is Loca	otion		Description of A			А	batem	ent Ty	
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Name of Registered Waste Hauler			Waste	Cubic Ya	ards of Waste	Name of Reg	istered Landfill COUNTY RESOL	IRCE M	IANA	GEME	NT S
FREEHOLD CARTAGE, INC.	Н	auler I			1,000	AAT ALEXAN	DER DRIVE/RO	JTE 15			
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City, State				1 0	12/31/17	MONTGOME	RY , PA 17752		_/_		1,
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title				Signature	A.K.	C	Date	-/	14	11
BENJAMIN SANCHEZ		TOR	OF OPE	RATIONS	5 7	XX		/	1-	-11	1

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igendide i i e i e	Initial Notifi				City.	State.	Zip Code				ASI		TOS		
EPA X	Amended N		tion #	1			NEW JER	SE	7 07065	1			LICE	NOI	YU.
X DOL	Cancellatio											-	e o Leon		
X DOH	On Hold					e of Co			7	Telephone N	umber				
DCA	EMERGEN	ICY NO	OTIFIC				JOHNSON	1							
					CILÎTY IN	IFORM	MATION	1-	6 E - 104 -	(4)					- 5.5
Name of Facility Where Aba	tement is Tak	ing Pla	ace (3	3)				Ту	pe of Facility School (K-1						
								-		· 8 (Other tha	an K-12)			
MERCK SHARP & DOHME C	CORPORATIO	N						X	Other (ie. p	rivate & com	mcl. ble	dgs.	, hom	es, e	tc.)
Street Address								5	Square Feet	# of Floor			Bldg.	Age	
Street Address 126 EAST LINCOLN AVENU	E - BUILDING	80W							68,000	2			38	3	
City (5)	County (6)					ty Co			rrent Use (Prid	or if being de	molish	ed)			
RAHWAY	UNION				(STATI		ONLY)		CANT ime of Abater	nont Contro	ctor (0)	2440,-0		_
Name of Monitoring Firm H	ired by Buildi	ng Ow	ner (8	3)		AS	CM No.	Na P	ime of Abater AR ENVIRONN	MENTAL CONTRA	RPOR	, ATIO	N		
ENVIRONMETAL HEALTH II	NVESTIGATIO	NS, IN	C.				104	-	reet Address						
Street Address									3 SPOOK RO	CK ROAD					
655 WEST SHORE TRAIL			-						ty, State, Zip C						
City, State, Zip Code	SPARTA, NEW	JERS	EY 07	871				SI	JFFERN, NEV						
Project Manager for Monitoria					Number			Te	elephone Numb		Licens	e Nu	ımber		
WILLIAM S. KERBEL, CIH			973-7						5-369-7500		1101	5			-
Expected State Date (10)		Sche			ion Date				ame of OSHA MERISCI LAB		SINC		#1	1480	
5 / 22	/17		12	/	31 Day		/17 Year	A	VIERISCI LABI	UKATUKIES) IIVO		ar i	1 100	
Month Day Occupancy Status During Ab	Year	Mor			Day		Tour	Si	reet Address						
Facility Closed/Va	acated During 8	Entire F	eriod	of At	atement			11	17 EAST 30TH	STREET					
Abatement Perfor	med Outside of	of Norm	nal Fa	cility h	lours - D	escribe	e:	-	. 0: 1 7:- /	0-4-			-		
X Other - Describe:	MONDAY	-FRIDA	4Y 6 A	AM-2:	30 PM			10	ity, State, Zip (V YORK, NE	W YOR	RK 1	0016		
	SATURD/	AY / A	IVI-3:3	UPIVI			Full Cont	ı ainr	nent with Nega						
Scope of Work (Check all the Demolition	ат арріу)	7 Reno	vation	1			Mini Encl								
>3SF OR LF	<u> </u>	7, 10,10				X	Glovebag								
	260 LF							_	Procedure	Т	Т	۸۶	atem	ent T	vne
Location of	Nem -		Locati		,	Descr	iption of A ning Mater	sbe	stos- 'ACM')	Amoun	nt		_		_
Asbestos-contair			nally u		,		Thermal sy			(Specif	fy	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Material (ACM TO BE ABATE			t/Cusi		i	nsulati	ion, surfac	ing,	VAT,	SF or LI	F)	8	F	PS	SO.
in Facility (13		100000000000000000000000000000000000000	taff (1			or oth	ner miscell	ane	ous)			1		FE	R
		Yes	No	N/A							-		-	111	Tim
ROOF-ENTIRE				Х	BUILT U	PROC	FING			40,000 SF		X			-
INCOL LITTING				X	ROOF F	ASHI	NG			120 SF		X			_
			-					The second		3 SF		X			
ROOF-PERIMETER										1.73			1		
				X	PIPE PE	NEIK	711011				- 1		1		
ROOF-PERIMETER				X	PIPE PE	NEIK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						-	-	+
ROOF-PERIMETER		4		X	PIPE PE	NETT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
ROOF-PERIMETER				X	PIPE PE	NETK	7(11011								
ROOF-PERIMETER		- 5		X											
ROOF-PERIMETER ROOF -BULKHEAD	Hauler	NJD	EP W		Cubic Ya	ards of	Waste		Name of Regis	tered Landfill		EM	ANAC	SEME	L NT S
ROOF-PERIMETER ROOF -BULKHEAD Name of Registered Waste FREEHOLD CARTAGE, IN	Hauler C.	-	ler ID	'aste No.			Waste	L	YCOMING CO	SAN YTANC	OURC		ANAG	SEME	NT S
ROOF-PERIMETER ROOF -BULKHEAD Name of Registered Waste FREEHOLD CARTAGE, IN 825 HIGHWAY 33	Hauler C.	-		'aste No.	Cubic Ya	ards of	Waste	L	YCOMING CO 147 ALEXAND	SAN YTANC	OURC		ANAG	SEME	NT S
ROOF-PERIMETER ROOF -BULKHEAD Name of Registered Waste FREEHOLD CARTAGE, IN	C.	-	ler ID	'aste No.		ards of 1,00	Waste	L	YCOMING CO	OUNTY RES ER DRIVE/R	COURC		ANAG	SEME	INT S

1 1

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

CK	3084
	3999

Date of Notification (1)							OHME CORP.		E	G [5 1	W
5 / 9 /17				Stree	t Addr	ess	NUE DO PO	X 2000, RY28 74 14				1
Agencies Notified Type No							ENUE, P.O. 60,	X 2000, K 120 414	4	111	2 0	0047
DEP Am	ial Notifica ended Not ncellation		on	City, RAH	State, WAY,	Zip Code NEW JER	SEY 07065					2017
X DOH On	Hold IERGENC	Y NO		ON PATE	RICIA	ontact JOHNSON	N	Telephone Numb	SBES	STOS	S CO NSI	NTRO IG
- ·				ACILITY IN	1FORI	NOITAN	Type of Facili	tu (A)				\dashv
Name of Facility Where Abatemen		g Pla	ce (3)				School (F	N.S. (2) 1.0	-12)			
MERCK SHARP & DOHME CORPO	RATION						X Other (ie	. private & commcl.	bldgs	, hom		c.)
Street Address							Square Feet 68,000	# of Floors		Blug.	100 12000	
126 EAST LINCOLN AVENUE - BU		W		C 2.11	thi Co	de (7)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Prior if being demoli	shed)			$\overline{}$
City (5)	unty (6) NON				THE RESERVE OF THE PARTY OF THE	ONLY)	VACANT	noi ii boing accomm				
Name of Monitoring Firm Hired by	y Building	Own	er (8)	1		SCM No.	Name of Abat	ement Contractor	(9)	N		
ENVIRONMETAL HEALTH INVEST	IGATIONS	S, INC). 			104	Street Address	NMENTAL CORPO	RATIO	JIN		$\overline{}$
Street Address							313 SPOOK F	53				
655 WEST SHORE TRAIL							City, State, Zip					
City, State, Zip Code	A, NEW JE	RSE	Y 07871					EW YORK 10901				
Project Manager for Monitoring Firm				Number			Telephone Nu		nse N	umbei		
WILLIAM S. KERBEL, CIH		1000	73-729-5				845-369-7500		1			-
Expected State Date (10)	S	ched		tion Date		(a =	Name of OSH	A Monitor ABORATORIES INC	2	#1	1480	
5 / 22 /1 Month Day Year	9	Mont	12 / h	31 Day	1	/17 Year	AMERISCILA	(BOKATOKIEG ING	1			
Occupancy Status During Abateme X Facility Closed/Vacated Abatement Performed C X Other - Describe: M Scope of Work (Check all that apply	During En outside of N ONDAY - I	tire Pe Iorma	eriod of A al Facility AY 7AM-3	Hours - D	escribe		ainment with Ne	TH STREET	 ORK 1	0016		
>3SF OR LF	[A.]				X		g Procedure					
X >160 SF OR 260 LF							ble Procedure		Ι Δ	natam	ent Ty	vne.
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	<u> </u>	norma sol Maint/	ocation ally used ely by Custodia aff (12)	i	Contai (ie. insulat	iption of A ning Mater Thermal sy ion, surfact ner miscell	rial (ACM) ystems iing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
			x	BUILT U	P ROC	DFING		40,000 SF	X			
ROOF-ENTIRE		+	×	ROOF F				120 SF	X			
ROOF-PERIMETER		1	×	PIPE PE				3 SF	X			
ROOF -BULKHEAD			1	FIFEIE	INC III	ATTON						
		4							_	-	-	\perp
		3							_	+	-	
		,					T. (5			_	_	-
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		Haule	P Waste r ID No. 5939	Cubic Ya	ards of 1,00		LYCOMING 447 ALEXAD	gistered Landfill COUNTY RESOUF NDER DRIVE/ROUT	RCE M TE 15	ANAC	SEME	NT SE
City, State		W W1 1994		Disposa			City, State	EDV PA 17752				
FREEHOLD, NEW JERSEY	1=:::			5/22/17-		17 nature /	/ INDIA PGOMI	ERY_PA 17752	ate /	- /	3/	12
Completed by (Print or Type)	Title	CTOF	R OF OPE	ERATIONS		nature /	182		5	-7	y'-/	/

CK551

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

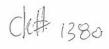
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	JUL	2 0	2017	

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Date of Notification (1) 06-15-2017				ame of B cotch					on	ASD	ESTO	0.00	TIME	DOL
Agencies Notified Type	Notification		Str	reet Add	ress					ASB		ENS		
]			2:	280 Ev	ergree	n Ave					LIO	2140	IIVU	-
× EPA × DEP	Initial Amended		Cit	ty, State	, Zip Coo	de							200000000	
X DOL	Amendment #			cotch I			076							
	Emergency (including	ling	Na	ame of C	ontact				1	Telephone Nu	mber			
× DOH × DCA	justification) Cancellation		A	nthony	Miran	da			20					
					TY INFO		ON							
Name of Facility Where Abater	nent is Taking Plac	ce (3)						Туре	of Facility (4)					
Terrill Middle School								П	School (K-12)					
Street Address				20.000					Subchapter 8 (0					
1301 Terrill Road									Other (i.e. priva etc.)	te & commerc	iai bull	aings,	потпе	35,
City (5)								Squa		f of Floors	В	ldg. A	ge	
Scotch Plains NJ 07076								N/A		V/A	N	1/A		
County (6)				ounty Co				Curr	ent Use (Prior if	being demolis	hed)			
Union			(\$1	TATE US	E ONLY)		-	Sch	loor					
Name of Monitoring Firm Hired	by Building Owner	r (8)	T.	ASCM N	No.		The second second		atement Contrac	200000000000000000000000000000000000000				
Envirovision Consultants	s Inc			00079			Ama	x Co	ntracting LLC	;				
Street Address							Street	Addre	ess					
20-21 Wagaraw Rd, BU	ILDING #35E						POE	3OX	734					
City, State, Zip Code							City, S	tate, 2	Zip Code					
Fair Lawn NJ 07410							Woo	dlan	d Park NJ 07	424				
Project Manager for Monitoring	Firm		Te	lephone	No.		Teleph	one N	√o.	License I	Vo.			
Guilermo Morales			97	73-636	-9145		973-	692-	6298	01266				
Start Date (10) 07-24-2	017 Sche			letion Da					HA Monitor					
01-24-2	017	08	8-03	3-201	7		Ama	x Co	ntracting LLC	;				
Occupancy Status During Abat	ement (Check Only	y One)					Street							
Facility Closed/Vacated D	uring Entire Period	of Abat	temen	nt			POE							
Abatement Performed Ou		cility Ho	urs				115000		Zip Code					
Other - Describe: OCCU	PIED BUILDING					-	Woo	dlan	d Park NJ 07	424				
Scope of Work (Check All That	Apply)							22						
≥3 sf or ≥3 lf	×	The state of the s	ovatio				×	ng 1 t	ıll Containment v	vith Negative	Pressu	re		
≥160 sf or ≥260 lf		Dem	olition	1					ini-Enclosure lovebag Procedu	re				
								N	on-Exempted (*)	and Non-Fria	ble Pro	cedur	е	
		Is Loc	cation										ement	:
Location of	1	Norr	nally			De	scription	of				Ту	pe	
Asbestos-Containing Mater	ial (ACM)	Used S Mainte				os Cont	taining M	1ateria	al (ACM)	Amount			ш	_
TO BE ABATED		Custodia		2222	(i.e.		systems cing, VA		lation,	(Specify SF or LF)	Ren	Re	lca	ncl
In Facility (13)		(1	2)				niscellar)	01 01 21 /	Remova	Repair	Encapsulate	Enclosure
\$ 75	Ye	es N	io T	N/A							=		ate	9
Music Room		33 14	+	X		Ceili	ng Pla	ster		1560 SF	X			
Music Room		_	-				& Ma			1800 SF	Х			
IVIUSIC ROOM		_	_	X		VAI	& IVIA	Suc		1000 01	A	-		
Name of Registered Waste Har	uler		The second second	DEP Was	373753		Yards	-77	Name of Reg	istered Landfi	II			
Amax Contracting LLC			Hau	ıler ID N	0.	of Was			Fairless H	lls				
City, State							sal Date	//	City, State				#WES	
Woodland Park NJ 07424	1					07-30)-2017	//	Morrisville	PA				
Completed by	Tit					S	ignature	1	-)	ate			
Tome Maslarkov	P	roject	Man	ager		1,	10	10	e-	· C	6-15-	2017		
ASB-41 (R-06-08)						·	* Do no	ot use	this form for ask	estos licensu	re exer	npted	activi	ties.

	, k	state of Iv			ication of Aspestos		ent II		
GAC Project # 060-17	UKIE	7797	(Pur	suant to N.J.A.C	C. 8:60-7 and 12:120-7	,			
	7, 2017				Name of Building Owner RUTGERS, THE	er/Operator (2 STATE UN) IVERSITY	OF NUL	2 0 201
Agencies Notified		Notification			Street Address				
□ EPA		⊠Initial			ENVIRONMENTA	L HEALTH	& SAFET	A SEERT	IC CONTE
D DCA				tification #	27 ROAD 1, BLDG	4086, LIV	INGSTOR	I CAMPU	SCONIL
☑ DOL				including	City, State, Zip Code	1 00054		LIO	LINOUAG
☑ DEP- No Longer REQU	IRFD		cation))	PISCATAWAY, N.	08854	T = .		
X DOH		□ Cance	lled		Name of Contact	ENIV	Lelenhon	e Number	
					MICHAEL SMITH, HEALTH & SAFET		4		
				FACILITY IN	IFORMATION	I I			
Name of Facility Where Abate	ement is Ta	king Place (3)		THOILITT III	Type of Facility (4)				
84 COLLEGE AVENU	IE, BLD	G# 3039			School (K-12)				
			V. (Subchapter 8 (other th	an K-12)			
Street Address	2 4 5 5 5 1 1 6				Other (i.e. private & c		dings, homes	etc.)	
COLLEGE AVENUE	JAIVIPUS	5				# of Floors:			ears
City (5)	County (6	5)	Count	y Code (7)				_	
PISCATAWAY	MIDD	DLESEX	(State	Use Only)	Current Use (prior if being	ng demolishe	d): ACADE	MIC	
Name of Monitoring Firm Hire	d by Bldg. (Owner (8)	ASCN	1 No.	Name of Contractor (9)				
ATC			009						
Charat Address					GREENWOOD ABA	TEMENT O	CONSULTA	ANTS, INC).
Street Address 3 TERRI LANE					Street Address				
J ILIXII LANL					511 MAIN STREET				
City, State, Zip Code					City State, ZipCode				
	08016				BUTLER, NJ 07405				
Project Manager for Monitoring	g Firm	Telephone I	Number		Telephone Number		License Nu	ımber	
BRIAN KEARNY		609-386	-8800						
Sahadulad Start Data (10)		Cabadalada	2	5.1.741	973-492-0477		00840		
Scheduled Start Date (10) 07/27/17		08/01/17		on Date (11)	Name of OSHA Monitor				
01121111		00/01/17			ENVIROVISION, IN	C.			
Occupancy Status During Ab					Street Address				540-4
Facility Closed/Vacated D				nt					
Abatement Performed Out	tside of No	rmal Facility	Hours -		20-21 WARGARAW	ROAD			
Describe Other – Describe:					City, State, Zip Code				
Schedule: 3PM - 5AM (24	HUIDE	2 MEEKE	NDC A	C MEEDED)					
Scriedule. Si W - SAW (24	HOUKS	O VACEVE	NDS A	ס ואבבטבט)	FAIRLAWN, NJ				
Scope of Work (Check all that	apply)				W. Calling and Cal				
						☐Full Contain	nment with N	egative Pres	ssure
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				☑Renovation		☐ Mini-Enclo			
\ge 160 sf or \ge 2	260 If			Demolition		Glove bag			
Location of Ashestan Containing	- 11-1-					Non-Exen			
Location of Asbestos-Containin Material (ACM) in Facility (13)		cation Normall y by Maint./Cu			pestos Containing Material nal systems insulation, surfac	ing, (Speci	775-014-01-01-01	tement Type	1
, , , , , , , , , , , , , , , , , , , ,	Staff	? (12)	otodiai	VAT, or other mis		or LF)		nove Repair E	Encap Enclose
	YES	NO	NA						
1 st , 2 nd , 3 rd Floors		X		VAT		2200	SF 🗵		
				1000000000		====	J		
Name of Reg. Waste Hauler		NJDEP Was	te Haulei	r ID #	Cubic Yards of Waste:	25 CY	Name of Re	egistered Lan	dfill
See Hauler Below #1 & 2	2	See Below		200				S. North L	
Hauler #1) Greenwood Abaten	nent Consu	ıltants, Inc	Butler, N	NJ 07405		Disposal Da	te	City, State	3
NJDEP # 12561							ones.	100 New	
Hauler #2) Newark Carting, In NJ DEP # 4509	ic., Newarl	k, NJ 04509				08/01/20	17		isville, Pa
113 DEF # 4309								19067 215-736-1	700
Completed by (Print or Type)	Ti	itle			Signature		Date		
RAYMOND C. PEDALI		ENIOR PF	ROJEC	T		0/1	July 17,2	2017	
	1000	ANAGER			Raymond C. Pe	dalino	J y , s		

									[P	\ P	(1)		Pr	int Fo
CK 1034704	2		ICATIO	State of New N OF ASB t to NJAC	ESTOS A	ABATE		Т			G		W	E
Date of Notification (1) 07/14/2017				of Building nuel Paul		perator	(2)		1		JUL	20	201	7
Agencies Notified Type Notification	1		Street	Address						ASBE	STOS	S CO	NTR	OL 8
X EPA X Initial Amended Amendment	t #			tate, Zip Co ewood, N		0					LICE	INSII	VG.	
□ Emergency justification □ DCA □ Cancellation)	3	Name o	of Contact Bressler					Telep	hone N	umber			
			FAC	ILITY INFO	ORMATIC	ON						_		
Name of Facility Where Abatement is Takin House	ng Place ((3)					Тур	e of Facility (4						
Street Address							×	School (K-12 Subchapter Other (i.e. pr	8 (Other	than K-	12) cial bui	ldings	, hom	es,
City (5) Ridgewood							Squ N/A	etc.) are Feet	# of F N/A	loors		Bldg. /	Age	
County (6) Bergen				Code (7) USE ONLY))	_		rent Use (Prio USE	r if being	demoli:				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI	M No.				atement Cont tement, Inc))				
Street Address						Street 11 R		ess ngren Aven	ue		<u> </u>			
City, State, Zip Code						City, S	tate, 2	Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one N	No.		icense	No.			
Start Date (10) 07/24/2017	Schedul 07/25/		npletion	Date (11)				SHA Monitor tement, Inc						
Occupancy Status During Abatement (Ched	ck Only O	ne)				Street	Addre	ess		, <u>— — — — — — — — — — — — — — — — — — —</u>				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied	Period of nal Facility	Abaten y Hours	nent			City, S	tate, 2	gren Aveni	ue					
Scope of Work (Check All That Apply)						10101	wa, r	NJ 07512			100			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	COMMUNICATION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AN	Renova Demolit				×	Mi Gi	III Containmer	dure					
	10.00	Locati				E.	I INC	on-Exempted	(*) and r	моп-ғпа	DIE Pro	Abate	e ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		Desc os Contai thermal s surfacii other mis	ystems ng, VA	ateria insul T, or	ation,	Amo (Spe SF o	ecify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>		late	Te
Basement		X		pip	e & fitti	ng ins	sulat	ion	160	LF	X			
AA														
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Y	ards		Name of Re	enistere	d Landfil				
0&S Abatement, Inc.		H	auler ID 996	No.	of Waste			Waste M	_					
City, State Fotowa, NJ					Disposa TBD	l Date	A	City, State Morrisvill	e, PA					
Completed by Dliver Hegedis	Title Proje	ct Ma	nager		Sig	nature	0/	1			ate 7/14/2	2017		

								[man			Р	rint
10175030545	94		FICATIO Pursuan	State of New . IN OF ASBES It to NJAC 8:6	TOS ABATE 30 and 12:12	20)	ΙΤ		E C	E		
Date of Notification (1) 07/14/2017			1	of Building Ov ia Martin	vner/Operato	r (2)			JUL	2 0	20	17
Agencies Notified Type Notification X EPA Initial	n		Street	Address				AS	SBESTO	OS CO	TMC	ROL
X EPA X Initial Amended Amendmer	nt#			tate, Zip Code y, NJ 0711					LIC	ENS	ING	
■ Emergency justification DCA Cancellation	1)	g	Name	of Contact ia Martin				Telenhon	a Niimha	r		
				ILITY INFOR	MATION							25
Name of Facility Where Abatement is Taki House	ing Place	(3)				Тур	oe of Facility (4					
Street Address						×	School (K-12 Subchapter Other (i.e. pretc.)	8 (Other than	n K-12) mercial bu	uildings	s, hom	ies,
City (5) Nutley						Squ N/A	uare Feet	# of Floor N/A	S	Bldg. N/A	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY)			rrent Use (Prio ouse	r if being der	molished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	5)	ASC	M No.			patement Cont atement, Inc					
Street Address					Street 11 R		ress ngren Aven	ue				
City, State, Zip Code							Zip Code NJ 07512			02.0		
Project Manager for Monitoring Firm			Telepho	one No.	Teleph 973-		No. -8685	Licer 013	nse No. 11			
Start Date (10) 07/25/2017	Schedu 07/26/			Date (11)	10 10 10 10 10 10 10 10 10 10 10 10 10 1		SHA Monitor atement, Inc).				
Occupancy Status During Abatement (Che	ck Only O	ne)			Street							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied	Period of mal Facilit	Abater y Hour	ment s		City, S	tate,	ngren Aveni Zip Code NJ 07512	ue				
Scope of Work (Check All That Apply)					1010	vva,	110 07512					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Demoli			×	M G	ull Containmer lini-Enclosure lovebag Proce	edure				
		Locat			<u>L</u>	1 N	on-Exempted	(*) and Non-l	Friable Pr	Abat	re ement /pe	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intena todial S (12)	ely by nce/	(i.e. the	Description Containing M rmal systems surfacing, VA ner miscellan	lateria s insu T, or	lation,	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u>a</u>		ate	re
Basement		X		pipe	& fitting ins	sulat	tion	240 LF	X			
Name of Registered Waste Hauler		N	JDEP W	/asta C	ubic Yards	- 100	Nome of D	agiatora - 1	ndfi!			
&S Abatement, Inc.		Н	lauler ID 0996	No. of	Waste BD		A server of the	egistered Lar anagemer				
ity, State otowa, NJ					sposal Date BD	n	City, State Morrisvill	e, PA				
Completed by Pliver Hegedis	Title Proje	ct Ma	nager		Signature	1	/		Date 07/14/	2017		
			-		1 1 1	D. P.	1					



Date of Notification (1) 7/17/2017					Building C Propert				sets [2-	-	5		9 [7
Agencies Notified	Type Notification		5	Street Ac	idress	\$										
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DOH DCA	justification) Cancellation			Richar	d Dunn				-	Ι			, .	1		
		DI (0)		FACIL	ITY INFO	RMATI	ON	Tuna	of Facility (4)						
Name of Facility Where Private property	Abatement is Takin	g Place (3)						Туре								
Street Address					-			Н	School (K-1 Subchapter	8 (Oth						
								×	Other (i.e. petc.)	rivate	& comm	ercial	build	lings,	home	es,
City (5)								12.	are Feet		f Floors		1	dg. A	ge	
Ewing					- /=-			800		1	:	- li - li -		50		
County (6) Mercer				County C STATE U	Jode (7) ISE ONLY)			Cum	ent Use (Pri	or it be	ing dem	Olisne	:a)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	-	ASCM N/A	l.No.				atement Cor utions Ser							
N/A				N/A			Street	21.000		VICES	LLU					
Street Address N/A									t Street							
City, State, Zip Code N/A		ii ii							Zip Code gen NJ 0	7047						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph		No. 9685		Licens 0132					
N/A		0-1-1-1-	9	N/A	Data (44)				HA Monitor		0132					
Start Date (10) 7/28/2017		Scheduled 8/25/20		ipieiion i	Jale (11)				onmental	Labor	atories	}				
Occupancy Status Durin	ng Abatement (Che	k Only One	e)				Street		ess ite 22 We	cf						
Facility Closed/Vac Abatement Perform	cated During Entire	Period of Al	batem	ent				0.00	Zip Code	51						
Other – Describe:	led Outside of North	nai Facility	riours			_			07803							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf		-	enovat				F		ull Containm		h Negati	ve Pr	essur	e		
× ≥160 sf or ≥260 lf		∐ De	emoliti	on				G	ini-Enclosure lovebag Pro	cedure						
							>	S N	on-Exempte	d (*) ar	nd Non-F	riable		cedure Abate		_
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(13)			(12)				niscellar)				oval	oair	Encapsulate	Endosure
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			l NI	JDEP W	la a ba	Cubic	Varda		Name of	Dogist	arad Lar	dfill				
Name of Registered Wa Newark Carting Inc			H	auler ID		of Wa			ISES B	- 171			ndfil			
			04	1509		Dieno	sal Date		City, Stat							
City, State Po Box 5670						Dispos	Jui Dale	5	2335 A		utter R	d Be	ethle	hem	PA	
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Other than K-12)	uildin	gs, hor	nes, e	tc.)
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f being demonstrated) OEN CE ator (9)	5 .			
Street				~ · .
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License No.	88			
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ck, NJ 07606		-		
with Negative Press	aure			
*) and Non-Friable P	roced	Abate		
Amount	R	Ty	pe Enc	Вı

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

Date of Notification (1)		1	vame of	Building O								1	
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DOH justification Cancellation			ſ	Λ .	MOR	ALES	>					_	
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Name of Facility Where Abatement is Taking Place	æ(3)_						Type of Facility	(4)					
Ms. Mory	ties	>	-95			!	School (K Subchapte	-12) - ° (Ori-	rison K-12)				
Street Address							D Other (i.e.	private &	commercial b	uildin	gs, hor	nes, e	ac.)
							Square Feet		Floors		ldg. A		
City (5)						13	2100		2 "	- -		22	-
CLIFFSIDE PAR	le_		2	Code (7)			Corrected to Pr	ior if being	demolished)		- 1		
County (6)				ISE ONLY)		`	1Z3	ESIO	جب رخ	Ξ.			
BERGEN Name of Monitoring Firm Hired by Building Own	er (2)		ASCN	[No		Name of	Abatement Co						
Petitie of montanting I am times by Dending Own	- (0)			- 4 7 200			t Removal		The state of the s				
Street Address						Street Ac							
						450	South Riv	ver Stre	et				٠.,
City, State, Zip Code		127575				City, Sta	te, Zip Code						
					20	Hack	kensack, N	J 0760					
Project Manager for Monitoring Firm		1	Telephon	e No.		Telephor	ne No.		License No.				
							01-329-74		003	88			
Start Date (10)	Scheduled						OSHA Monito				4		
8/3/17		81	411	7			ega Enviro	nment	al				
Occupancy Status During Abatement (Check Only	(One)			. ,		Street Ad	Huyler S	treet				- ~	
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Abatement Performed Outside of Normal Fa		200	8M			Soi	uth Hacke	nsack,	NJ 07606		-		
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2 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emoliti		50			Mini-Enclos	me sm					
						-8	Glovebag Pr	ocedure ed (*) and	Non-Friable I	roced	me.		
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In Facility (13)		(12)				war, or miscellane	ous)		,	oval	air	Encapsulate	Sure
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Name of Registered Waste Hauler		-	JDEP W		Cubic		Name	of Register	ed Landfill				
Best Removal Inc		H	auler ID		of Was	ze ey	S	Minve	rva Enter	prise	s, L	LC	
City, State			1710	צע	1	al Date	. City, S						
Hackensack, NJ 07601		*	_		-	4/17	Wa	ynesbu	rg, OH 4	4688	3		** **
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C1(#3869 Project#

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

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Date of Notification (1)			1		Building C		11	[]]]	2	n	2017				
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Name of Facility Where Abater	ment is Taking	Place (3)			-	57	Ту	pe of Facility (4)						
Phillipsburg Middle Sch	iool							School (K-1	2)						
Street Address								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,							
200 Hilcrest Blvd							<u></u>	etc.)							_
City (5) Phillipsburg, NJ							So	quare Feet	# of	Floors		Bla	lg. Ag	e	
County (6)					Code (7)		Ci	urrent Use (Pri	or if bei	ng demo	lished)				
Warren			(STATEL	JSE ONLY)										
Name of Monitoring Firm Hired	d by Building O	wner (8)		ASCN	No.			Abatement Cor		(9)					
Aeronvironmental Servi						The state of		storation LI	LC_						
Street Address							eet Ad								
								kside Rd							
City, State, Zip Code					/ / / / /			e, Zip Code	00						
								h, NJ 078	69	License	e No			_	_
Project Manager for Monitorin	g Firm			Telepho	ne No.		lephon			01133					
Michael Berta	d Com	nlotion	Date (11)			3-2550 OSHA Monitor		01130			_		_		
Start Date (10)		ipietion	Date (11)	IRI		SOI IA MOING									
07/07/207 Occupancy Status During Aba		07/10/2				12.00	reet Ad	dress							_
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Facility Closed/Vacated I Abatement Performed O Other – Describe: 4PM	utside of Norm	al Facility	Hours	ent											
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≥3 sf or ≥3 If ≥160 sf or ≥260 If		-	enova emolit					Mini-Enclosur Glovebag Pro							
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Location of			ormal d Sole		Ashan	Descrip	Description of			mount				_	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					Asbestos Containing Notes (i.e. thermal system surfacing, VA other miscellar			ns insulation, AT, or		Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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Halloway Room 146.15	52				TSI				6 LF			×		-	_
											+	1			
Name of Registered Waste H	auler		IN	IJDEP V	Vaste	Cubic Yard	ds	Name of	Regist	ered Lan	ndfill				
Nick Restoration LLC		lauler ID		of Waste TBD		G.R.O.	W.S								
City, State Randolph, NJ				Disposal D		City, Sta		A							
Completed by			/	7 7 7	afure	1 11		1	Date	= 101	047				
Elvira Mrda	dent			1//	Pur	4 11.	114	4	06/0	0/2(01/				

State of NJ Notification of Asbestos Abatement

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

2017-90B (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 8491 *** NON Sub 8 *** Date of Notification (1) Name of Building Owner/Operator (2) 10 | 7 | /|1 | 7 | /|1 | 7 | Piscataway Township Schools Type Notification Agencies Notified Street Address EPA 1515 Stelton Road Initial 20 DEP City, State, Zip Code Amendment X DOL Piscataway, NJ 08854 X DOH Name of Contact Telephone Number Cancellation ☐ DCA David Oliveira **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Grandview School (Non-sub 8) Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 130 N Randolphville Road Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Middlesex Piscataway, NJ 08854 non-sub 8 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. T & M Associates 145 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 11 Tindall Road City, State, Zip Code City, State, Zip Code Middletown, NJ 07748 Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 732-676-1725 Kevin Burns Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 07/24/2017 07/31/2017 Street Address 105 Rverson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition Full Containment w/negative pressure Glovebag procedure **X** Renovation Non-friable procedure Mini-enclosure >3 sf or >3 if × >160 sf or >260 lf Is location normally used solely E Location of e е by maintenance/custodial n Amount asbestos-containing n Description of asbestos-containing m p C staff(12) (Specify SF or material to be material (ACM) 0 C a abated in facility (13) N/A Yes No D X 740 sf VAT & mastic Classroom 24 X 740 sf X VAT & mastic Classroom 25 X NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler Tullytown Resource & Recovery Center B & G Restoration, Inc. 19563 Disposal Date City, State

07/24/17 - 07/31/17 Signature

Secretary/Treasurer

Tullytown, PA

07/17/2017

Gordana Luna



Date of Notifi	cation 7/11/17					er / Operator (2 f Education	2)	Y (6	1::	1 77	FID			
AgenciesNotified EPA	Type of Notific	cation cy Notificatio		et Address West Cliff S	Street									
DEP	Initial Not	5:		, State & Zip	Code		111	H JU	L 2 0	2017	· ILU)			
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Name of Facility V					Type of Facility (4)									
	an Derveer E	lementary	School		X School (K-12) Subchapter 8 (Other than K-12)									
Street Address	F4 11	A							ildinas	homes	etc			
	51 Unio	on Avenue	•		Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age									
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City (5)	Section 1	unty (6)	County Co	ode (/)		110,000				7.0	7			
Somervi	Ile So	merset			Current Use (Prior if being demolished)									
					Elementary School									
Name of Monitoria	ng Firm Hired b	y Building C	wner (8)	ASCM No.		e of Abatemer								
Langan Engine	ering and Er	vironmen	tal Svcs	00099	Global Abatement Services, LLC									
Street Address	35 F-36				Street Address									
300 Kimball Dr					443 Schoolhouse Road City, State & Zip Code									
City, State & Zip (
Elmwood Park				_	roe Townsh									
Project Manager	for Monitoring F	-m-010-14	Telephone I			phone Number		Licen	se Nun					
Vijay Patel			973-560-49	The second secon		605-9062			(00714				
Scheduled Start [0.53 550	(11)		e of OSHA Mo										
6/30/17			7/15/17			oal Abateme	nt Servic	es, LLC						
Occupancy Statu	s During Abate	ment (Check	k only one)			et Address Schoolhous	o Bood							
	d/Vacated Duri	70												
	erformed Outsid	de of Norma	I Facility Ho	urs -	100000000000000000000000000000000000000	State & Zip Co		004						
Describe:					Ivior	roe Townsh	ip, NJ 08	831						
X Facility Occup														
Scope of Work (C						F 11.0		Jalo Bloom	D					
Demolition		Renovation	on				ntainment v	with Negati	ive Pre	ssure				
Large Project						Mini-En								
X Quantity is ≥ 3					X Glovebag Procedure X Other: Cut and Wrap									
Quantity is ≥	160 SF or ≥ 26	0 LF ACM					Cut and	•						
	ocation of		Is Location	C1/(30)		scription of		Amount (Specify			nent Type : Remova			
	tos-Containing terial (ACM)		Normally U Solely b	I .		os-Containing erial (ACM)		(Specily quare Fee			epair,			
	BE ABATED		Maintenand	ce or		ermal systems		Linear Fee			sulation o			
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	(13)		(12)	0	r other	miscellaneous	5)							
Jani	tors Closet		Yes		TS	I fittings		4 LF		Rei	noval			
Boys/G	irls Restroo	m	No		Т	'SI pipe		6 LF		Rei	noval			
	irls Restroo		No			SI Pipe		75 LF			p/Cut			
Boys/G	No			w/insulation	The second secon	60SF			dispose					
Name of Registered Waste Hauler NJDEP Waste					#	Cu. Yds. of W	ALTERNATION OF THE PROPERTY OF	me of Reg						
Name of Register	Freehold Cartage 18693							mberland	d Cou	nty				
10 to			Disposal Date		City, State Newburg, PA									
Freehold Carta City, State	N. I					7/15/17	live							
Freehold Carta City, State Freehold,		Titlo				7/15/17	Ne	wburg, P	A		Date			
Freehold Carta City, State	rint or Type)	Title Manage	LP.			Signature Dominick 9		wburg, r	A		Date 7/11/1			

11	V # K7/0	3	NOTIF	Ursua	ON OF A	New Jersey ASBESTOS A IAC 8:60 and	12:120)				W					
	te of Notification (1)	<u> </u>		Name	e of Build ley Ma	ding Owner/O nagement	perator (2)		JUL 20	2017			4		
	encies Notified	Type Notification			t Addres											
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×	EPA DEP DOL	Amended Amendment #_		Lak	ewood	ip Code I, NJ 08701				T .	1 100			=		
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_	DCA			F	ACILITY	/ INFORMAT	ION	Type of Fa	cility (4)							
Y	ame of Facility Where 386 Alvarado treet Address	Abatement is Taking F	Place (3)					Scho Subc Othe	ol (K-12)	Other than K-12) ate & commercial t	ouilding	s, hoi	nes,			
	ity (5)							Square Fe	eet	# of Floors	Bldg	. Age				
L	akewood	7		Cor	unty Coc	ie (7)		Current U	se (Prior i	f being demolished	1)					
1000	ounty (6) Ocean			(ST	ATÉ USE	ONLY)		of Abeter	cont Contractor (9)							
N	lame of Monitoring Fir	m Hired by Building Ov	wner (8)	ASCM No. Name of Abatement Contractor (9 AAA LEAD PROFESSION						SIONALS	IALS					
S	Street Address			Street Address 6 WHITE DOVE COURT												
	City, State, Zip Code						City,	State, Zip C	code , NJ 08	701			No.			
	Project Manager for M	onitoring Firm		Te	elephone	No.	Tele	phone No. 2-668-907		License No						
		Officially 1	Scheduled	Comp	letion Da	ate (11)	Nor	e of OSHA	Monitor	2 IAMADO			-3-5			
	Start Date (10) 7/27/17		8/1/17				Stre	et Address		SSIONALS				-		
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	Facility Closed/V Abatement Perfo Other – Describe	acated During Entire Formed Outside of Norm	al Facility	Hours			City	Code D, NJ 08	3701							
f	Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)		enovati emolitio			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
								INOII-	LXCITIPLE		10	Abate	ment pe	t		
£	Loc Asbestos-Contai <u>TO BE</u> In I	Use Ma	Location Loc	y y by nce/ staff?	(i.e. the	rmal syst	tion of ng Material (tems insulat , VAT, or ellaneous)	(ACM) ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
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	Ir	Interior					•	200 P								
	Name of Registered			1	NJDEP V Hauler III 04509	No.	Cubic Ya of Waste 15 Disposal		IESI	f Registered Landi	fill			-2		
	City, State NEWARK, NJ						3/1/17		BETH	LEHEM PA	Date					
	Completed by JOSEPH PERL	STEIN	Title	NER			Signature									

(K#23c)	TIFICA (Purs	(Pursuant to NJAC 8:60 and 12:120)								1	N				
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DCA Cancella	BEOR		EACH	LITY INFOR	MATION										
Name of Facility Where Abatement is T	aking Piace (3)		I POU	311 1141 011	enter at 1 o 1 o	Туре	of Facility (4)							
						10:	School (K-1	(2)					1		
Street Address						1 1	Subchapter	8 (Other t	han K-12) :		hama			
20 6/18/5eth A	100						Other (i.e. p etc.)	mvate & c	ommercia	DURO	angs,	nome	5,		
City (5)	10.15						re Feet	# of FI	oors	i B	dg. A	ge			
One of SC via						1 15	COT	2			55	7	200		
Menasquen County (6)		10	ounty C	Code (7)			ent Use (Pri	or if being	demolish	ed)					
menmouth		(S	STATE	JSE ONLY)		161	65 du 1.	J.							
Name of Monitoring Firm Hired by Build	ting Owner (8)		ASCN	No.	Nam	e of Aba	stement Car	ntractor (9)						
, ,	į			Ace	e Insula	ation Co.	, Inc								
Street Address					Street	et Addre	SS								
					95	Montro	se Rd								
City, State, Zip Code					3		ip Code						-		
					Col	ts Nec	k, New J	ersey							
Project Manager for Monitoring Firm		Te	elephor	ne No.	7	rhone N		1	icense No	2.					
		ĺ		e 9 3		294 1			0029						
Start Date (10)	Schedule	1	oletion l	Date (11)	Nam	e of OS	HA Monitor								
7/37/17	1 81	3/1	<u> </u>		-										
Occupancy Status During Abatement (Check Only One	è) '	3		Street	et Addre	:SS								
Facility Closed/Vacated During Er	ntire Period of A	bateme	ent		-		- 0 1								
Abatement Performed Outside of Other – Describe:	Normal Facility	Hours	^		City,	State, Z	Tip Code								
7	7 / 1/2	1													
Scope of Work (Check Ali That Apply)	-				1	П									
4 ≥3 sf or ≥3 lf	LI R	enovatio emolitio	on				II Containm ni-Enclosus		egative P	ressu	re				
≥160 sf or ≥260 lf	₩ N	EHROHMO	1.1			L Gi	ovebag Pro	cedure							
						≥ No	on-Exempte	id (*) and !	Non-Friab	le Pro		e emeni			
		Locatio		4				The Party of the P		The section	77 mark (100 m)	pe pe	•		
Location of	licor	lormally d Solely			Descripti					-	1	-	Į.		
Asbestos-Containing Material (ACI		ntenano			os Containing hermal syste			EX. (1000mm)	ount ecify *	Z		E	回		
TO BE ABATED In Facility	Custo	odial St	aff?		surfacing, \	/AT, or			rLF)	Remova	Repair	aps	clos		
(13)		(12)		4	other miscell	aneous)				Val	#	Encapsulate	Enclosure		
	Yes	No	N/A	observation of the control of the co			and the same of th				All works	9			
Exterior			Ŋ.	5.0	4'29			1700	17	X	-				
(Xtiv.or	1 1	1	V	177				1.5.7	K	10					
12/200				1 1/10/	714					1	-		-		
				The state of the s				1		1	- Company	-	-		
	and the same of th									1		<u> </u>	1		
Name of Registered Waste Hauler			DEP V	37.435.255.35	Cubic Yards			Registere							
Ace Insulation Co., Inc.		1	uler ID 086	140.	of Waste	5	Chrins	Landfill							
City, State		1.2		444	Disposal Da	tė	City, Sta	te _ ^					-		
Colts Neck, New Jersey				and the same of th	813	117	Easton	PA							
Completed by		-		Signatu	ne /	(1	1 Da		,					
Bree McGuire	Secre	etary T	reasu	urer	1 (1)), .	\searrow		110	F					
L					~	0 1 4	7.1		1						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

OV # Dak		1401	(Pt	ırsuar	nt to NJA	C 8:6	0 and 5:16	5)												
Date of Notification (1)	11 /	17					er/Operator (2 HOOLS DE		LOPMENT A	UTHORITY	11_	W			1					
Agencies Notified	Type Notificati	on			t Address EAST FRO	TNC	STREET			JUL 2	0 2	201	Ĩ		1					
☑ DOLWD	Amended Amendmen	t #			State, Zip C															
□ DOH □ DCA	Emergency	10000	9				ERSEY 086	625		Talaskono Niu	·		1,-	Ž.						
(NJAC 5:23-8)	justification	1)		0.000	of Contact					T-I-shana Niii	mher		_							
	☐ Cancellatio	n			ve Benfer															
				FACILITY INFORMATION Type of Facility (4)											_					
Name of Facility Where				- 001	1001			pe of Facility (4 School (K-12)												
DON BOSCO ACAI	DEMY / UNION	NAVEN	IDDL	E SCF	HOOL			10	Subchapter 8	(Other than K-	12)	A								
Street Address	.=								Other (i.e., priv	vate and comm	nercial	bui	lding	S,						
202 UNION AVENU	JE							So	uare Feet	# of Floors		Bld	g. Ag	ie .						
City (5) PATERSON								2000	70000	3		-	3							
				Cou	nty Code (7	VSTAT	E USE ONLY)	1	urrent Use (Prio	or if being demo	olished	d)			_					
County (6) PASSAIC				000	inty code (i	Λοινιι	2 002 01.2.7		School											
Name of Monitoring Firm	Hired by Buildi	na Owner	(8)	ASCN	1 No.	o. Name of Abatement Contractor (9)														
AHERA CONSULT.			(-/			TF	TRICON ENTERPRISES													
Street Address				Stre	Street Address															
PO BOX 385			322 BEERS STREET																	
City, State, Zip Code	11.6-10.6-10.6-10.6-10.6-10.6-10.6-10.6-																			
OCEANVILLE NJ 0	8231					K	EYPORT NE	EW	JERSEY 077	735										
Project Manager for Mor	nitoring Firm		Te	lephone	No.	Tele	phone No.			License No.										
JOSEPH CAPONE					2-1833		32-739-1200			01095										
Start Date (10)		cheduled				200000	ne of OSHA N	Non	itor											
07 /24 /		07		25_ /	18	130.00	/A													
Occupancy Status Durin						Stre	et Address													
 ☐ Facility Closed/Vacat ☐ Abatement Performe Time of Abatement: 	d Outside of No	rmal Facil	ity Ho	urs - De	escribe	City	, State, Zip Co	ode)											
Scope of Work (Check a	9.50																			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	an that apply)		tenova emoli				Mini-End Gloveba	clos												
			ls Loc	ation				•				Aba	atem	ent T	уре					
Location	n of		Norm	ally	See Jan.		Description of			: #10000001111 -=10041-1					T					
Asbestos-Containing TO BE AB	ATED	I N	lainte	olely by nance/ il Staff?	(i.e	e., the	Containing Ma rmal systems urfacing, VAT	ins	ulation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure					
IN Fac			(12				ner miscellane			01 01 21 /		_		late	e.					
(,,,,		Ye	s N	o N/A	4															
See Attached					See At	tache	ed													
Main Building					Surfac	ing N	laterial			35000 SF	-	\boxtimes								
Throughout Buildin	g			\boxtimes	TSI					2450 LF	_									
Throughout Building							arrier/Tar (F			34200		\boxtimes								
Name of Registered Wa		Waste ID No.	Cub	oic Yards of		Name of Regist			r											
Freehold, Cartage	S22		4	0			nd County La	andfil	1											
City, State		- CHESTS	posal Date	,	City, State	DΛ														
Freehold, NJ							4/19/17	1	Newburgh,	TA	D .	-	,							
Completed By (Print or Type) MARTIN MCREA SUPERVISOR							Signature	1	1		Date 07	1	, /	1						
MARTIN MCREA				- Lu			UT	11	(1										

ASB-41 JAN 13

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

DOL Asbestos Notification asb-41-unprotected State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

		(i di		ntinuation Sheet	To a first	li W		157
Name of Facility Where Abatement is Taking I DELANEY HOMES	Place (3	3)					1	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Nori S Mai	Locationally Usolely bintenan odial S (12)	lsed y ice/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abate Repail	ement Encapsulate	Type Enclosure
Throughout Building				Glass Block Windows- Cement	6000 SF			
Throughout Bldg Hallway, Stairwells			\boxtimes	Terrazo Flooring	1942 SF			
Transon Windows Class Room			\boxtimes	Miscellaneous	448 LF			
Class Room Throughout			\boxtimes	Blackboards	682 SF			
Above 3 rd Floor Drop Ceiling				Roofing Debris	500 SF			
Upper Roof			\boxtimes	Roofing Material, Flashing,	14750 SF			
Upper Roof-Coping Stone Seams			\boxtimes	Gray Tar	1500 SF			
Room 330 3 rd Floor			\boxtimes	Science Table Top Material	310 SF			
Lower Roof				Roof Flashing&Flashing Mastic Wall	700 SF			
Crowlspace/Boiler Room,Cafeteria				TSI	1090 LF			
Throughout Building			\boxtimes	TSI	250 LF			
Boiler Room				Boiler Insulation	30 SF			
Boiler Room			\boxtimes	Interior Boiler Componets,Gasket etc	30 SF			
Boiler Room				Boiler Tank Insulation	200 SF			
Kitchen, Cafeteria				Ceiling Plaster,Glue on Wall Tiles	2120 SF			
Throughout Building			\boxtimes	Electrical Wire Insulation	100 LF			
Gymnasium				Unknown Green Material Under Floor	7000 SF			
Cafeteria			\boxtimes	Terrazo Flooring	4680 SF			
Gymnasium Locker/Bathroom			\boxtimes	Wall Tile Mortar	Unknown			
Cafeteria/Gymnasium Building				Micellaneous	150 LF			
Cafeteria				VAT&Mastic	1365 SF			
Kltchen Office&Office				Glue Daub	700 SF			
Cafeteria Roof				Transite Siding - Portion of Roof	450 SF			
Gymnasium Roof/Cafeteria Roof				Roofing,tar on Coping Stone,Wall	15300 SF			
Cafeteria/Gymnasium Building				Glass Block Window Cement	720 SF			
Throughout Building			\boxtimes	TSI	762 LF			
Boiler Room			\boxtimes	Boiler Insulation/Interior components	325 SF			
Throughout Building			\boxtimes	Electrical wire Insulation	100 LF			
Throughout Building			\boxtimes	Plaster Ceiling/Sheetrock Joint	32940 SF			
Throughout Building			\boxtimes	VAT&Mastic	27056 SF			
throughout Building			\boxtimes	Blackboards	294 SF			
Roof				Flashing on Edges,skylight,etc	700 SF			
throughout Building				Interior Window Glaze	11116 LF			
Windows Throughout			\boxtimes	Gray Exterior Window Caulk	6000 LF			

011 + 0000				Printform						
CK # 8323	State of New Je NOTIFICATION OF ASBEST (Pursuant to NJAC 8:60	OS ABATEMENT	DEC	E I VE						
Date of Notification (1) 7/19/2017	Name of Building Own PSE&G	er/Operator (2)	JU	E 2 0 2017						
Agencies Notified Type Notification	Street Address 4000 HADLEY RO	DAD	ASBESTOS CONTROL & LICENSING							
DEP Amended X DOL Amendment #	City, State, Zip Code SOUTH PLAINFII	ELD, NJ 07080								
■ DOH	Name of Contact JAKE	Name of Contact JAKE REID								
Name of Facility Where Abatement is Taking Place (3	FACILITY INFORM	Type of Fa	670							
Street Address 344 NORFOLK STA	REET	Subcl	ol (K-12) hapter 8 (Other than (i.e. private & com	n K-12) mercial buildings, homes,						
NEWARK		Square Fe		s Bldg. Age Affr 94425.						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Us	Sub St	nolished) ATioN						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	ASCM No. 0045	Name of Abateme	nt Contractor (9) TEMS OF AME							
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.								
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Co SOUTH RIVER								
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-290-2217	Telephone No. 732-432-8350	Licer 011	nse No. 11						
7/31/17	ed Completion Date (11)	Name of OSHA Mo	onitor TEMS OF AMEI	RICA						
Occupancy Status During Abatement (Check Only On Facility Closed/Vacated During Entire Period of A		Street Address 396 WHITEHE	AD AVE.							
Abatement Performed Outside of Normal Facility Other - Describe: necessary apur	Hours	City, State, Zip Coo SOUTH RIVER								
	enovation emolition	Mini-End Gloveba	tainment with Nega dosure g Procedure mpted (*) and Non-							
Location of N	Location lormally d Solely by	Description of	Δ	Abatement Type						

Location of	Is Location Normally				P			7,0114,11011,1114	Abatement Type					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ainten	lely by ance/ Staff?		estos Contai e. thermal sy surfacir		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A						=		ate	e e		
MEZZAN; NE		X		TRA	NSITE	DOOR	PANELS	63 SF	X					
N														
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Wast Hauler ID No. 1125		Cubic Ya of Waste			of Registered Landfill WS NORTH							
City, State ELIZABETH, NJ			Disposal 7B		City, Stat MORRI	e SVILLE, PA								

Signature

Title

OFFICE MANAGER

CAROL RAIMO

Completed by

Date 7

1 (1) ()	(\		(1					,	<u> </u>	2.0	2011	7	HU					
Date of Notification (1)	, ,			Name of Building Owner/Operator (2) Caliber Home Loans / Job #1706-2201 Chk. #NA														
6 /		7			Calibe	er Home	Loans	/ Job # I				-						
Agencies Notified	Type Notification	n		S	treet A		ion Drive		ASBEST LI	OS CO CENSII		OL	&					
	☐ Illitial ☐ Amended					te, Zip Co												
☑ DHSS	Amendment	# <u>1</u>				ie, Zip 60 j, TX 750												
☐ DCA	☐ Emergency (ng	N	8.7	Contact			Telephone Numb	oer_			= 1					
(NJAC 5:23-8)	justification)			'		ea Cook	(e						8.					
	☐ Cancellation				•		10/2/2	-										
			(0)		FACI	LIIYINF	ORMATION	Type of Facility (4	(1)									
Name of Facility Where		ing Plac	ce (3)					School (K-12)										
Residential Prop	erty							☐ Subchapter 8	(Other than K-12) ial buile	linge							
Street Address								vate and comme	ciai builc	ings,								
								# of Floors	Bldg	Bldg. Age								
City (5)								2	19	965								
Mount Laurel					Count	Code (7)	(STATE USE ONLY)	or if being demoli	shed)									
County (6)					County	r Code (r)	STATE GOL ONET	Vacant										
Burlington		_	(0)		COMMA		Name of Abatem											
Name of Monitoring Fi			er (8)	A	SCM N	0.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.											
Environmental T	esting Consulta	nts					Asbestos and Moid Services, Corp. Street Address											
Street Address																		
413 North Black	Horse Pike																	
City, State, Zip Code							City, State, Zip C Hainesport,											
Runnemede, NJ				- 1	1 h	la la	Telephone No.	140 00000	License No.									
Project Manager for M	Ionitoring Firm			- 2	hone N 55) 209		609-702-0400	n	00862									
TBD		heduled	10				Name of OSHA			7.55								
Start Date (10)		nequied 7					EMSL Analy											
7 /17							Street Address	,										
Occupancy Status Du	iring Abatement (Ch	heck on	ly on	e)			CONTRACTOR OF THE CONTRACTOR OF MINISTER	ute 130 North					- 1					
□ Facility Closed/Va □ Abatement Perform	cated During Entire	Period	OT AL	Jour	nent s - Desc	rihe	City, State, Zip C											
Time of Abatement	nt:AM	PM/	Jilly i	PM-	A	AM	Cinnaminso											
							Cililatiiiiso	11, 140 00011										
Scope of Work (Chec	k all that apply)							ntainment with Neg	gative Pressure									
≥3 sf or ≥3 lf			Ren				Mini-En	closure ag Procedure										
≥160 sf or ≥260 lf			Dem	olitic	in		☐ Non-Ex	empted (*) and No	n-Friable Proced	ure								
			Is I	ocat	ion						ateme	ent Ty	/ре					
Loca	tion of		No	orma	lly		Description	of		Re	Re	En	E					
Asbestos-Contain	ing Material (ACM)				ely by nce/	Asbe	estos Containing M e., thermal systems	laterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure					
	ABATED acility	(Staff?	(1.6	surfacing, VA	T, or	SF or LF)	val	-	sula	ure					
(1)	13)			(12)			other miscellan	neous)				ate						
		Y	'es	No	N/A													
Throughout Hous	se Walls/Ceilings	s [\boxtimes	Drywal	I Joint Compou	ınd	1001 SF		Ш	Ш	Ш					
	and a second of the control of the c		7		\boxtimes													
		$\frac{1}{\Box}$																
		_	_							П	П	П	П					
							Ta	None of Do-	istered Landfill									
Name of Registered	10.00	NJDEP '		Cubic Yards of Waste														
Waste Manager		1727		5	Grand Ce	11tt a1												
City, State				Disposal Date	City, State	ula DA												
Lafayette, NJ				7/28/17	Penn Arg	yie, PA												
Completed By (Print	or Type)	Title					Signature	1 /		Date	10	17						
Kimberly A. Tru		Offi	ice C	coor	dinato	r		111		7-	10	1 /						
								1 1/										