				111.	)	C. Cheer State Language Language			
Date of Notification	(1) 5-31-2019	Name of Building Rider University	Owner / Operato	or (2)					
Agencies Notified	Type Notification	Street Address			JUN - 3	2019	111	- 4	
⊠ EPA	- i y po redundation	2083 Lawrencevi	lle Poad	and a		,	I fam	750	
	☐ Initial	City, State & Zip							
☐ DEP ☑ DOL ☑ DOH ☑ DCA		Lawrenceville, NJ 0			ASBESTOS C	ONTRO	_ &	. 1	
⊠ DOH	Emergency	Name of Contact			LICEN	CIMIC		- +	
DCA	Cancellation	Mr. Walter Eddy		Duribustners	The second secon	Telepho			ſ
Z 2011	- Caricellation	IVII. VVallet Eddy				609-896	-5000	)	
		FACILITY IN	FORMATION					- N	-
Name of Facility W	here Abatement is Taking I	Place (3)	Type of Facil	lity (4)				-	
Rider University - C	Cranberry Café Building	2. fi	School (						
Street Address	WALL VA			oter 8 (Other th	an K-12)				
2083 Lawrenceville	Road				mmercial buildir	as. hom	es. et	C	
			Square Feet			Bldg. Ag		<u> </u>	
City (5)	County (6)	County Code (7)	25,000	N 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3	2149.719	57		
Lawrenceville, NJ	Mercer			(Prior if being	demolished)				
		1	Campus Buil		3077101101104)				
Name of Monitoring	Firm Hired by Building Ow	mer (8) ASCM No	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	tement Contra	rtor (9)			-	-
Pennoni & Associat	tes	(0)		anagement Gro					
Street Address			Street Addre		ор, 220			_	_
515 Grove Street, S	Suite 1B		2115 Hamilto	on Ave, Suite 2	02				
City, State & Zip Co	ode		City, State &				7.7	10000	-
Haddonfield, NJ 08	035		Trenton, NJ (						
Project Manager for	Monitoring Firm	Telephone Number	Telephone N		License 1	lumbor			_
Mr. Brian Clark	3	856-547-0505	609-977-615		License	0118	5		
Scheduled Start Da	te (10) Scheduled Co	mpletion Date (11)	Name of OSI			0110		-	-
5-13-201				mental Laborat	ories Inc				
Occupancy Status I	During Abatement (Check of	only one)	Street Addre		01100, 1110.		~		-
Facility Clos	sed/Vacated During Entire	Period of Abatement	2333 Route 2						
Abatement	Performed During 24/7		City, State &						_
Describe:	12:00am to 12:00pm Mon	day through Sunday	Union, NJ 07						
	upied During Abatement								
Scope of Work (Che	eck all that apply)			9008 901 001900			/- (Sept. 418)	(A)	
П . с . с . с . с . с . с . с . с . с		PERSONAL CHARLE			ntainment with N	<b>legative</b>	Press	SL 3	
≥3 sf or ≥3 l		Renovation		☐ Mini-En	closure				
≥160 sf ≥26	O IT	Demolition			Bag Procedures/				
					empted and No	n-Friable	Proc	e ire	4
	ocation of	Is Location	Description		Amount	Aba	teme	п Гур	oe
	tos-Containing	Normally Used	Asbestos-Con		(Specify		T	- T	_
	erial (ACM)	Solely by	Material (A		SF or LF)	73			Ш
	BE ABATED	Maintenance or	(i.e., thermal s			Ren	Repair		ncl
11	n Facility	Custodial Staff?	insulation, surface		1	moval	pa	1	SO
	(13)	(12)	or other miscell	aneous)	1	/a	=.		Enclosure
n		Yes No N/A							
Dish room			Duct rope ga		15 LF				
Cranberry's			Mastic		2,500 SF				
Kitchen			Duct insula	tion	2,000 SF				
		<del>-                                      </del>							
		141414						1 1	
Name of Desistance	1111	10101							
Name of Registered	i vvaste Hauler	NJDEP Waste	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Name of Reg	istered Landfill				
Resource Managen	aont Group II C	Hauler ID No.	of Waste						
	ient Group, LLC	0035218	TBD	Grows Landfi	III			ar or	
City, State			Disposal Date	City, State					
Trenton, NJ			TBD//	Morrisville, P.	A				1
Completed By (Prin	t or Type)	Title	Signature	i i	n i	Date			
Mr. Brian J. Haney		President	17.710	$I \setminus II$	hi ti	5-31-2	2019		
			1 1 1 1 1 1 1 1	I = IM	IH M		3, 15		

NOTIFICATION OF ASBESTOS ABATEMENT) & GO

Date of Notification (1) 04-30-2019		Name	of Building	Owner / Ope	rator (2)		JUN		2010	
Agencies Notified Type Notificat		Turinet f	JUINELSITA		14101 (2)	food Sec.)	1 001	.1	5019	1
Agencies Notified Type Notificat	ion	Street	Address			$\perp$				
F DED   -		2083 L	awrencevill	e Road			ACDECTA	ACT CONTRACTOR	MARKET CONTRACTOR	naturación
The second secon		City, St	ate & Zip C	orle		-	ASBESTO	JS CUM	HEOL	&
DOL Amende		Lawrence	eville, NJ 08	1648		Later Company of the	and the	ENSIN	C)	TOTAL STORM NO
□ DOH □ Emerg	ency	Name o	of Contact							0.000
☑ DCA ☐ Cancel	lation	Mr Wa	Iter Eddy					Telep	hone N	lumi a
		1	nor Lucy		*5				96-500	
Name of English Mr.		FA(	CILITY INF	ORMATION						
Name of Facility Where Abatemen	t is Taking Place	(3)		Type of Fa	noitie : / 45					
Rider University - Cranberry Cafe Street Address	Building	1.050		School	ol (K-12)				300000000000000000000000000000000000000	
Oli eel Audi ess				Subch	) (K-12)	War to account to the control of				
2083 Lawrenceville Road				Subcr	apter 8 (Othe	er than h	(-12)			
67. (5)				Court	(i.e. private &	comme	ercial buildi	ings, ho	mes, e	etc.)
City (5)	ounty (6)	ounty Co	do (7)		Et  # 01	Floors		Bldg. A	\ae	
	lercer	ounty Go	ide (1)	25,0	00	3			57	
				Current Us	e (Prior if beir	ng demo	olished)			_
Name of Monitoring Firm Hired by E	Ruilding Owner (6	11		Joannhas B	uliaing					
L. OTHIOTH OF MOSULIAIES	panding Owner (8	9) [/	ASCM No.	Name of A	batement Cor	itractor	(9)	MATERIAL PROPERTY.		emments as
Street Address				Resource P	vianagement (	Graun I	I.C			
515 Grove Street, Suite 1B			5/10(1)(4)	Street Addi	ress					
City, State & Zip Code				2115 Hami	lton Ave, Suite	202				
				City, State	& Zip Code	0 404				
Haddonfield, NJ 08035				Trenton, N.						
Project Manager for Monitoring Firm	Tele	phone No	umher	Tolophan	08619					
Mr. Brian Clark	856-	547-0505	5	Telephone 609-977-61	Number		License I	Number		
Scheduled Start Date (10)     Sch	eduled Completi	on Date	ranamental			No. of the last of		011	85	
			(11)	IName of OS	SHA Monitor			STATE OF THE PARTY	THE RESERVE OF THE PERSON NAMED IN	processor and
Occupancy Status During Abatemer	i (Chook only on	0)	-	1368 Enviror	nmental Labo	ratories	, inc.			
- regitty Closed/Ascated Little	ing Entire Derived	e)		Street Addr	ess					
				2333 Route	22 West					
Describe: 12:00am to 12:0	y 2477 Mandalda			City, State 8	Zip Code					-
		ough Sur	nday	Union, NJ 0	7083					
Scope of Work (Check all that apply	l steinein			į						
( The art air areat approx	,									
≥3 sf or ≥3 lf	52		525		⊠ Full C	Containr	nent with N	lenetine	Droce	rire.
≥160 sf ≥260 lf		Renova			☐ Mini-E	Enclosu	re	-cgans	11035	uie
		Demoli	tion				ocedures/	Cut 9 W	lean	
Location of					□ Non-F	Evemnte	ed and Nor	CHICLY	Atab	
Asbestos-Containing	Is	Location		Description	H1 ()T	-xempi	Amount	r-maon	e Proce	aur -
Material (ACM)	Norn	nally Use	d .	Asbestos-Co	ntaining	45		Abi	atemen	nt Ty e
TO BE ABATED	S	olely by	1	Material (A	CM		(Specify			
in Facility	Main	tenance o	or (	i.e., thermal s	svstems		SF or LF)	20	Repair	E   E
(13)		dial Staff	f?   ins	ulation, surfa	cina VAT			Remova	le l	Encap
(13)		(12)	01	other miscel	laneous)			Į į	la l	SO
Phose Division In the Company of the	Yes	No N/	A					2	7	sulat
Staff Dining, Market Place & Pub	ITT	XII	I T	Coilina Chi	01					- '
Pub			<del> </del>	Ceiling Skim	oat		0,000 SF			77 1
Pub				Tile			,000 SF	X	TIF	TIT
ub & Cranberry's	17		-	Mastic		3	,000 SF	X	而片	<b>有力</b> †
ub & Cranberry's	- H			Floor Leveler	(Red)		,000 SF	TXI	而 F	5H F
taff Dining, Market Place & Pub			rioo	leveler associ	ated mastic		,000 SF	一岗	干片	루뉘 누
ame of Registered Waste Hauler		X DE		Cove Base N		1	.200 LF		一十	하는 누
		NJUEP	Waste Cu	ubic Yards	Name of Re	aisterer	Landfill	- 121	<u> </u>	크니니
esource Management Group, LLC		Hauler		Waste		J				
ity, State		003521	8 TE	BD	Grows Land	fill				
ny, otate			Die	sposal Date						
renton, NJ			TE		City, State					
ompleted By (Print or Type)		(Tin			Morrisville, F	A)				
r. Brian J. Haney		Title	Sig	nature//	2	1/		Date		
The state of the s		Preside	nt	471	/10	1 M		04-30-	2010	1
				1211		1/1.	1	000-	2019	
				1	11 1	1/1/		1		1

Date of Notification (1)			4 1 1	
04-30-2019	Name of Buildi Rider Universit	ng Owner / Operator (2)	144 304	<del>  -3 2019   </del> :
Agencies Notified Type Notification	Street Address	У		
B EPA	2083 Lawrence		ASBEST	OS CONTROL &
☐ DEP ☐ Initial ☐ Amended	City, State & Zi	p Code		CENSING .
57 5 5	Lawrenceville, N.	J 08648	- Committee of the Committee of the	generalist specifics Ladinistics to Localizate periods
	Name of Conta	ct		Tolophers N
☑ DCA ☐ Cancellation	Mr. Walter Edd	У		Telephone Numl
	FACILITY	NFORMATION		000-030-0000
Name of Facility Where Abatement is Taking I	Place (3)	Type of Facility (4)		
Rider University – Cranberry Café Building Street Address		School (K-12)		
2083 Lawrenceville Road		Subchapter 8	(Other than K-12)	
2000 Lawieliceville Road		Other (i.e. priv	ate & commercial build	dings homes of )
City (5)		Square Feet	# of Floors	Bldg. Age
City (5) Lawrenceville, NJ County (6) Mercer	County Code (7)	25,000	3	57
Invercer	***************************************	Current Use (Prior	if being demolished)	
Name of Monitoring Firm Hired by Building Ow	(0)	ICampus Building		
_ ormoni di Associates	mer (8) ASCM N		t Contractor (9)	
Street Address		Resource Manager	nent Group, LLC	
15 Grove Street, Suite 1B		Street Address	0.7.000	
City, State & Zip Code		2115 Hamilton Ave. City, State & Zip Co	Suite 202	
laddonfield, NJ 08035		B	de	
Project Manager for Monitoring Firm	Telephone Number	Trenton, NJ 08619		
ir. Bhan Clark	856-547-0505	Telephone Number 609-977-6159	License	Number
cheduled Start Date (10)   Scheduled Cor	mpletion Date (11)	Name of OSHA Mor	all a s	01185
5-13-2019   5-31-20	10	J&S Environmental	Mor	
Occupancy Status During Abatement (Check of	nly one)	Street Address	Laboratories, Inc.	
Li racility Glosed/Vacated During Entire E	Period of Abatement	2333 Route 22 Wes	t	
Abatement Performed During 24/7		City, State & Zip Co	de	
Describe: 12:00am to 12:00pm Mond Facility Occupied During Abatement	ay through Sunday	Union, NJ 07083		
		1		
cope of Work (Check all that apply)		10		
cope of work (Check all that apply)		5	-	-
Cope of vvork (Check all that apply)  ≥3 sf or ≥3 If	X Repovetion	<u> </u>	Full Containment with	Negative Pressure
cope of work (Check all that apply)	Renovation		Mini-Enclosure	
cope or vvork (Check all that apply)  □ ≥3 sf or ≥3 If  ⊠ ≥160 sf ≥260 If	⊠ Renovation     □ Demolition		Mini-Enclosure Glove Bag Procedure:	s/Cut & Wran
Cope of vvork (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf ≥260 If  Location of	Demolition		Mini-Enclosure Glove Bag Procedure: Non-Exempted and Ne	s/Cut & Wrap on-Friable Procedui
Cope of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf ≥260 If  Location of Asbestos-Containing	Demolition  Is Location Normally Used	Description of	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount	s/Cut & Wran
Cope or vvork (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM)	Is Location Normally Used Solely by	Description of Asbestos-Containing Material (ACM)	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify	s/Cut & Wrap on-Friable Procedul Abatement Ty
Cope or work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Location Normally Used Solely by Maintenance or	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify SF or LF)	s/Cut & Wrap on-Friable Procedul Abatement Ty
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Is Location Normally Used Solely by Maintenance or Custodial Staff?	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify SF or LF)	s/Cut & Wrap on-Friable Procedul Abatement Ty
Cope of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify SF or LF)	s/Cut & Wrap on-Friable Procedul Abatement Ty
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify SF or LF)	Abatement Ty
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  b & Cranberry's ib & Cranberry's	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify SF or LF) T ) 9,000 SF	Abatement Ty  Removal
Cope of work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM)  TO BE ABATED in Facility (13)  ib & Cranberry's ib & Cranberry's aff Dining, Market Place & Pub	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify SF or LF)  7 9,000 SF 9,000 SF	Abatement Ty  Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  b & Cranberry's aff Dining, Market Place & Pub b & Cranberry's & Staff dining	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile  Mastic  Plaster Sheetrock back	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify SF or LF)  7 9,000 SF 9,000 SF 10,000 SF	Abatement Ty  Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  b & Cranberry's aff Dining, Market Place & Pub	Demolition  Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic Plaster Sheetrock back	Mini-Enclosure Glove Bag Procedures Non-Exempted and Ne Amount (Specify SF or LF)  7 9,000 SF 9,000 SF 10,000 SF 50 Each	Abatement Ty  Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  b & Cranberry's aff Dining, Market Place & Pub b & Cranberry's & Staff dining aff Dining, Market Place & Pub sh room	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic Plaster Sheetrock back Pipe Elbows Floor leveler & residual	Mini-Enclosure Glove Bag Procedures Non-Exempted and Ne Amount (Specify SF or LF)  7 9,000 SF 9,000 SF 10,000 SF 50 Each 13,000 SF	Abatement Ty  Removal  Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  b & Cranberry's aff Dining, Market Place & Pub b & Cranberry's & Staff dining aff Dining, Market Place & Pub sh room	Demolition  Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic Plaster Sheetrock back Pipe Elbows Floor leveler & residual Vibration Cloth	Mini-Enclosure Glove Bag Procedures Non-Exempted and Ne Amount (Specify SF or LF)  9,000 SF 9,000 SF 10,000 SF 10,000 SF 50 Each 13,000 SF 20 LF	Abatement Ty  Removal  Removal
Location of  Location of  Asbestos-Containing  Material (ACM)  TO BE ABATED  in Facility  (13)   bb & Cranberry's  aff Dining, Market Place & Pub  bb & Cranberry's & Staff dining  aff Dining, Market Place & Pub  sh room  Ime of Registered Waste Hauler	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic Plaster Sheetrock back Pipe Elbows Floor leveler & residual Vibration Cloth	Mini-Enclosure Glove Bag Procedures Non-Exempted and Ne Amount (Specify SF or LF)  7 9,000 SF 9,000 SF 10,000 SF 50 Each 13,000 SF	Abatement Ty  Removal  Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  b & Cranberry's aff Dining, Market Place & Pub b & Cranberry's & Staff dining aff Dining, Market Place & Pub sh room ume of Registered Waste Hauler	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic Plaster Sheetrock back Pipe Elbows Floor leveler & residual Vibration Cloth Cubic Yards of Waste	Mini-Enclosure Glove Bag Procedures Non-Exempted and Ne Amount (Specify SF or LF)  9,000 SF 9,000 SF 10,000 SF 10,000 SF 20 LF of Registered Landfill	Abatement Ty  Removal  Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  bb & Cranberry's aff Dining, Market Place & Pub bb & Cranberry's & Staff dining aff Dining, Market Place & Pub sh room ime of Registered Waste Hauler  source Management Group, LLC y, State	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic Plaster Sheetrock back Pipe Elbows Floor leveler & residual Vibration Cloth Cubic Yards of Waste TBD  Grows	Mini-Enclosure Glove Bag Procedures Non-Exempted and Ne Amount (Specify SF or LF)  9,000 SF 9,000 SF 10,000 SF 10,000 SF 20 LF  of Registered Landfill Landfill	Abatement Ty  Removal  Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Lib & Cranberry's aff Dining, Market Place & Pub sh Community & Staff dining aff Dining, Market Place & Pub sh room ame of Registered Waste Hauler esource Management Group, LLC by, State enton, NJ	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic Plaster Sheetrock back Pipe Elbows Floor leveler & residual Vibration Cloth Cubic Yards of Waste TBD Grows Disposal Date City, S	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify SF or LF)  9,000 SF 9,000 SF 10,000 SF 10,000 SF 20 LF of Registered Landfill Landfill	Abatement Ty  Removal  Removal
Cope or work (Check all that apply)    ≥3 sf or ≥3 lf   ≥160 sf ≥260 lf    Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)    Lib & Cranberry's   Lib & Cranberry's aff Dining, Market Place & Pub sh & Cranberry's & Staff dining aff Dining, Market Place & Pub sh room   Lib & Cranberry's Asset & Place & Pub sh room   Lib & Cranberry's & Staff dining aff Dining, Market Place & Pub sh room   Lib & Cranberry's & Staff dining   Lib & Cranberry'	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic Plaster Sheetrock back Pipe Elbows Floor leveler & residual Vibration Cloth Cubic Yards of Waste TBD Grows  Disposal Date TBD Grows  TBD City, S Morrish	Mini-Enclosure Glove Bag Procedures Non-Exempted and Ne Amount (Specify SF or LF)  9,000 SF 9,000 SF 10,000 SF 10,000 SF 20 LF  of Registered Landfill Landfill	Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous  Floor tile Mastic Plaster Sheetrock back Pipe Elbows Floor leveler & residual Vibration Cloth Cubic Yards of Waste TBD Grows Disposal Date City, S	Mini-Enclosure Glove Bag Procedures Non-Exempted and No Amount (Specify SF or LF)  9,000 SF 9,000 SF 10,000 SF 10,000 SF 20 LF of Registered Landfill Landfill	Abatement Ty  Removal  Removal

Date of Notification	/1)			-1	ILL JUI	V - 3 2019	Sant
	4-30-2019	Name of Build	ding Owner / Oper	ator (2)			16000
Agencies Notified	Type Notification	Rider Univers			AGDECT	OS CONTROL	nancus umana
I I EPA		2083 Lawrence	ceville Road		L	ICENSING	. 00
☐ DEP ☐ DOL		City, State & 2	Zip Code		Management of the Control of the Con	Control and one case their fine streets	DESACT ST. LAST
⊠ DOH	Amended	Lawrenceville, I	NJ 08648				
Ø DCA	Emergency	Name of Con	tact			Telephone N	
	☐ Cancellation	Mr. Walter Ed	ldy			609-896-5000	
N. C.		FACILITY	INFORMATION			1000 000 000	-
Name of Facility Wh	ere Abatement is Taking	Place (3)	Type of Fa	cility (4)			1000 P
Street Address	ranberry Café Building		☐ Schoo	ol (K-12)			
2083 Lawrenceville I	Road		⊠ Subch	apter 8 (Other t	than K-12)		
Lavironocyme i	TOAU		U Other	(i.e. private & c	ommercial build	inas homes el	(C)
City (5)	(County (6)	County Code (7)	oquare Fei	er if of h	loors	Bldg. Age	
Lawrenceville, NJ	Mercer	County Code (7)		00	3	57	
International Processing Assessment and Assessment	1		Current Us Campus Bu	e (Prior if being	demolished)		
Name of Monitoring	Firm Hired by Building O	wner (8) ASCM	No Name of Al	batement Contr	100	THE STATE OF THE PARTY OF THE P	Consistency Income
Pennoni & Associate Street Address	S	(-)	1	Jatement Contr Janagement Gr	actor (9)		
515 Grove Street, Su	da an		Street Addr	ess	συρ, LLC		
City, State & Zip Cod	ille 1B	1	2115 Hamil	ton Ave, Suite	202		
Haddonfield, NJ 0803			City, State	& Zip Code			
Project Manager for I	Monitoring Eine	1	Trenton, No	08619			
Mr. Brian Clark	MOTHORNING I-IIII	Telephone Number 856-547-0505		Number	License	Number	
Scheduled Start Date	(10) Scheduled Co	ompletion Date (11)	609-977-61			01185	
5-13-2019	5-31-2	010	Name of OS	SHA Monitor			-
Occupancy Status Du	iring Abatement (Check	only one)	Street Addr	nmental Labora	tories, Inc.		-
L rading close	C/Vacated During Entire	Period of Abatement	2333 Route				
To atement L	errormed During 24/7		City, State &				
S Facility Occur	2:00am to 12:00pm Mon pied During Abatement	day through Sunday	Union, NJ 0				
Scope of Work (Chec	k all that apply)		<u>į</u>				
				N 5.110-			
☐ ≥3 sf or ≥3 lf		⊠ Renovation			ntainment with I	Vegative Pressi	иге
≥160 sf ≥260	lf	□ Demolition				10	
				Non-Ey	Bag Procedures/ cempted and No	Cut & vvrap	
LOC: Ashertos	ation of s-Containing	Is Location	Description	on of	Amount	Abatemen	
Materi	ial (ACM)	Normally Used	Asbestos-Co:	ntaining	(Specify	Abatemen	t Tille
TO BE	ABATED	Solely by Maintenance or	Material (A	VCM)	SF or LF)	-	o m
in F	acility	Custodial Staff?	(i.e., thermal sinsulation, surfa	systems		re Re	nce Ind
(	13)	(12)	or other miscel	llaneous)		Repair	Enclosure Encapsulat
Diole and		Yes No N/A	100 100 000 000 000 000 000 000 000 000			의	ilat lire
Dish room Cranberry's			Duct rope g	asket	15 LF	101-	
Gitchen			Mastic		2,500 SF		쉬 뤼
atoriori .			Duct insula	ation	2,000 SF	一份出	쉬 쉬
		<del>                                      </del>					計 뷔
		<del>                                     </del>					
lame of Registered W	/aste Hauler	N.IDEP Was	te Cubic Yards	Mana (5			
		Hauler ID No	of Waste	INZMe of Regi	istered Landfill		
Resource Managemen	it Group, LLC	0035218	TBD	Grows Landfil			-
City, State			Disposal Date	City, State			
renton, NJ			TBD C	Morrisville, PA	A.T.		
Completed By (Print or	Type)	Title	Signature/	1 7	1 .	TB	
Ir. Brian J. Haney		President	1	1./1 //	N/ 4	Date 4-30-2019	ŀ
			1 ////	41	7(//	7-30-2019	



#### NOTIFICATION OF ASSESTED ASSESTED T

E	C	E		$\mathbb{V}$	E	M
,	JUN	-	3	2019		
Ċ	KE	*	17	37	17	

(Pursuant	to NJAC	8:60 and	12:120)

	of Notification	(1)					g Owner/Operator (2)			ASE	BESTOS CONT		7		1
	8/19	T=			_	dy Kett	tle			L	LICENSING		_		
	ncies Notified		otification		Street	Address									
	EPA	X	Initial			Avv. — sec 10s	C-45					-	_	-	- 2
	DEP		Amended			ate, Zip C									
X	DOL		Amendment #	_			IJ 07042			1		_	-	_	
			Emergency (including			of Contact				Telephone Numbe	r				
X	DOH		justification)		Ivieid	dy Kett	ile.			02					
	DCA		Cancelation			E .	ACILITY INFORMA	TION					-		
Mana	o of Engility Who	ora Abat	ement is Taking Place (3)				ACILITY INFORMA		of Facility (4)				-		
	idence	re Abati	ement is Taking Place (5)							2)					
nesi	idence							10	School (K-1		101				
Stree	t Address								FO-7000000-12 FO-5000 MODELEON	r 8 (Other than K-					
								×	Other (i.e.	private & Comme	ercial buildings, ho	mes,	et	)	
City (	5)							Squar	e Feet	# of Floors	Bldg. Age				
	ntclair, NJ <mark>0</mark> 3	7042						2,00		2	117				
	-					County	Code (7)			eing demolished)	111/				
Count						100000000000000000000000000000000000000	USE ONLY)	Hom		cing during					
Esse						18		1 2000000000000000000000000000000000000	30-30 						-
Name	of Monitoring	Firm Hire	ed by Building Owner (8)				ASCM No.	Name of Abatement Contractor (9)							
			10					Unicorn Contracting Corp.							0.00
Street	t Address			Street Address											
								32 W	/illow Way				- 12		
City, S	State, Zip Code							City, State, Zip Code							
								Woo	dland Park,	NJ 07424					
Proiec	t Manager fo M	lonitorin	g Firm			Telepho	ne No.	Teleph	ione No.		License No.				
								973-	333-9176		01331				
Start [	Date (10)				Schedul	ed Compl	etion Date (11)	Name	of OSHA Monito	or .			17.0		
5/6/					6/6/1					sultants, Inc.					
-		ing Aba	tement (Check Only One)		10/0/2			1	Address				-200		
	_1 876 550	20040	77/2021 PA ST 0000 0000 A	ad af Ab	-t					Rd., Bldg. 35-E					
			acated During Entire Peri			it	à1	0.17 00	10 END 10 TO	itu., biug. 33-L			-	-	
			rmed Outside of Normal	Facility	Hours			100	ate, Zip Code	410					- 1
X	Other - De							_Fair L	awn, NJ 07	410			-		
cope	of Work (Check	All That	Apply)		182-182			_		10 202000 10	28 - 28 September				
X	≥3 sf or ≥3	lf			$\times$	Renova	ation			ment with Negat	ive Pressure				
	≥160 sf or 2	≥260 If				Demoli	ition	$\times$	Mini-Enclos	ure					
								$\times$	Glovebag Pr	ocedure					
									Non-Exemp	ted (*) and Non-F	riable Procedure				
					Is Locatio	n						1	Αl	emen	t
		Locat	ion of	1	Normally	Panesa			ription of	2002		-	Т	ype	
	Asbestos-		ng Material (ACM)		sed Solely Iaintenan	300			ning Material (A		Amount				
			ABATED		stodial St	3.0	(i.e. t		ystems insulatio ng, VAT, or	n,	(Specity SF or LF)	_	1	Enc	m
			cility 3)		(12)	100000			scellaneous)			Remova	2	psu	nclos
		1-		Yes	No	N/A						ova	перан	Encapsulate	Enclosure
		BASE	MENT	1	X	1,7,1	F	PIPF IN	SULATION		30 LF	X		1	
		DAJL	VILIVI .		- ^				000111011			1		1	
				-								+	_	+	
				-								+	-	+	H
								1					L	_	$\vdash$
ame o	of Registered W	aste Hau	iler			aste Haul	er ID No.	September 1	ards of Waste		Name of Regustered				
Inico	orn Contract	ting Co	orp.		00358	44		1			Fairless Hills La	natill			
ity, St	ate							Disposa	l Date		City, State				
Voo	dland Park,	New J	ersey			1		TBD	72.	1	Morrisville, PA	_			
omple	eted by			Title		/			Signature			Date			
	o Nikolov			Preside	ent /		_					5/2	8/	3	
				1	-										

MUH 11571	NO		ATIO	OF AS	ew Jersey BESTOS ABA C 8:60 and 5:1		Chh	#3	57	) (	-
Date of Notification (1)	9.62				g Owner/Operator		INE	CE		V :	TF I
	19		Sta	ate of Juv	enile Justice Co	ommission		9 13		<u>.</u>	
Agencies Notified Type Notifi	cation		Stree	t Address						-	- 11
☐ EPA ☐ Initial			10	01 Spruce	Street, Suite 2	02 2 <sup>nd</sup> FL		UN -:	3 20	1	100
☑ DOLWD   ☐ Amende     ☒ DHSS   Amendr			City,	State, Zip (	Code						
	ncy (includin	-	Tre	enton, NJ	08625		ASRE	STOS	7561T	0	1 0
(NJAC 5:23-8) justifica		9	Name	e of Contac	t		Telephone No	umbbeEN:	SING	<u> </u>	1.8
☐ Cancella	ation		Mil	ke Preisig	J		609-633-7	MINISTRATION OF THE	Hemore excession	ore i	-
			FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is	Taking Plac	e (3)				Type of Facility	(4)			-	
Johnstone Correctional Facili	ty - Valent	ine F	lall			School (K-12					
Street Address						Subchapter 8					
West Burlington Street						Other (i.e., proposed homes, etc.)		nercial bi	ulding	S	
City (5)	10	0	=01			Square Feet	# of Floors	BI	dg. Ag	 Je	
Bordentown	$\circ$	0	$\gamma$	C		45000	3		60+	7	
County (6)	199		Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being dem			-	
Burlington					,	Admin Build		ononoa			
Name of Monitoring Firm Hired by Bui	Iding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	5			-	
Environmental Connection	.53	100				VIRONMENTAL	L. INC.				
Street Address					Street Address		-,			-	-
120 North Warren Street					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip C					_	
Trenton, NJ 08010					BRISTOL, PA						
Project Manager for Monitoring Firm		Те	ephone	No.	Telephone No.		License No.			-	
Jordan Reed		1 10000	09-392		215-788-6040	)	00509				
	Scheduled (			88 65.0	Name of OSHA N	Monitor				-	
6/17/19			0 /	19	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During Abatement					Street Address					-	
Facility Closed/Vacated During Ent				0000	1123 BEAVE	R STREET					
					City, State, Zip Co						
20 TO STATE OF CHARLES OF A STATE AND ADDRESS SHOULD SHOW THE STATE OF					BRISTOL, PA	19007				22 20	
Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emolit			☐ Mini-End	tainment with Neg closure g Procedure empted (*) and Nor		dure			
S21 - 1 - 170 - 1 - 170	2.55	Loca						Ab	ateme	en l	Гуре
Location of Asbestos-Containing Material (ACI		Norm ed So	ally lely by	Anha	Description of		1200	Z)	Z	Ţ	Im
TO BE ABATED	Ma	ainten	ance/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	Linabouia	Enclosure
IN Facility (13)	Cus	todial (12	Staff?		surfacing, VAT	, or	SF or LF)	<u>val</u>		in or	sure
(13)	Yes	No	T		other miscellane	ous)				5	
Crawlspace	$\boxtimes$			Pipe Ins	sulation Debris		100 LF			 ſ	$\dagger$
			10							<u>.</u> Г	+-
		1	_	-							+=
		$\perp$						Ц	Ш	L.	$\perp$
										[	
Name of Registered Waste Hauler SERVICE TRANSPORT GROU	P, INC.		Hauler II	D No.	Cubic Yards of Waste	Name of Regist Fairless La					
City, State			20990	,	5 C/Y Disposal Date	City, State					
Yardley, PA					6/20/19	Fairless Hil	Is, PA				
Completed By (Print or Type)	Title				Signature		and the second second	Date	-	-	
Gino Pizzigoni	Estima	tor			9 uma	Pinnami	. (	5-3	i-	/ :	7

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

Chano	7	NO	OTIFIC	CATION	te of New OF ASBE o NJAC 8	STOS	ABATE		)	Contact of Particles			7 [	5 1	₩ 	E
Date of Notification (1) 05/17/2019	0				Building C		perator	(2)		- L		JU	N .	= 3	201.	
Agencies Notified T	ype Notification		1	Street Ad	10		ue				A	SBES		S CO		. &
EPA DEP DOL	Initial Amended Amendment : Emergency (i		_	Verona		de			+	44000						-
DOH DCA	justification) Cancellation	ricidaling			njeev Va	9 <del>7</del> 50					ephone 3-226					
NI 6 5 114 - 104 A L		DI (0)		FACIL	ITY INFO	RMATI	ON	T	of Facility (4)			2-7				-
Name of Facility Where Ab Veterans Courthouse Street Address		) Place (3)						H	School (K-12 Subchapter 8	) (Oth	er than	K-12)	1			
465-479 Dr. Martin Li	uther King Jr.	Blvd.							Other (i.e. pri etc.)	vate 8	& comr	nercial	build	lings,	home	*
City (5) Newark	2710%	)- '						240		12			8	ldg. A 0	ge	
County (6) Essex				County C (STATE U	code (7) SE ONLY)			Cou	ent Use (Prior erthouse			nolishe	d)			
Name of Monitoring Firm H Mott MacDonald	lired by Building C	Owner (8)		ASCM 0014					tement Control		0.5					
Street Address 111 Wood Avenue So	outh						Street	Addre								
City, State, Zip Code Iselin, NJ 08830				* (i)					ip Code J 07012							
Project Manager for Monitor Kevin Herrighty	oring Firm	*		Telephon	ne No. '9-3400		Teleph 973-	none N 389-0			Licer 006	ise No 93				
Start Date (10) 06/05/2019		Scheduled 07/10/2		pletion D	Date (11)				HA Monitor ral Constru	ıctio	n Inc					
Occupancy Status During A	Abatement (Check						Street	Addre	ss	- Other				-		-
Facility Closed/Vacate Abatement Performed Other – Describe: 4:0	Outside of Norm						City, S	tate, Z	on Ave., P	MB S	Suite	218				-
Scope of Work (Check All							Clifto	on, N	J 07012							-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпас Арріу)		enova emoliti				×	Mir Glo	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure	000000				ə	
		10 201251-633	_ocati	0.000										Abate Ty	meni pe	
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Used	Sole ntenar	ly by nce/		os Cont thermal surfac	scription taining M systems cing, VA niscellar	Materia s insula T, or	ation,	(5	mount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
	d <sub>i</sub>	Yes	No	N/A											- F	_
SEE ATTAC	HED					DUST	CONT	ROL					K			
									-							-
		-													-	-
Name of Registered Waste	Hauler		1 1	JDEP W			Yards		Name of R	egiste	ered La	ndfill				1
Service Transport Gro	oup		7.55	auler ID 0990	No.	of Was			Minerva	0	dfill					
City, State New Castle, DE							sal Date 0/2019		City, State Waynes		hd,	4468	8			
Completed by Krutarth Jagad		Title Projec	ct Ma	anager			Signature			1		Dat	е	2019		-

List of Asbestos Containing Materials to be Removed from the Following Focation:

Note: Is location normally used solely by maintenance/custodial staff: Yes

Veterans Courthouse

465 – 479 Dr. Martin Luther King Jr. Blvd.

Newark, NJ

ASBESTOS CONTROL & LICENSING

Location of ACM to be abated in facility	Description of ACM (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
North End Lawyer's Conference Room	Non-ACM ceiling tiles	225 SF
North End Jury Room 1	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
North End Jury Room 2	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
North End Corridor	Non-ACM ceiling tiles	785 SF
North End Law Library	Non-ACM ceiling tiles	324 SF
North End Secretary Office 1	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
North End Secretary Office 2	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Jury Room 1	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
South End Jury Room 2	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
South End Corridor	Non-ACM ceiling tiles	785 SF
South End Law Library	Non-ACM ceiling tiles	324 SF
South End Secretary Office 1	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
South End Storage 1	Non-ACM ceiling tiles	40 SF
South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Secretary Office 2	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
South End Storage 1	Non-ACM ceiling tiles	40 SF
South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF

1								BESTOS A				11 -	, ,	70	-
mythu	Do	) (P	urs	suan	t to	o N	J.A.	C. 8:60 and	12:1	20)	M	#3	55	15	
Date of Notification	5/30/19		4.11				ilding versi	Owner / Operate ty	or (2)		ME	CE		7	E
Agencies Notified	Type Not	ification				Addr					11				1
		A! _ I		_				ville Road							
□ DEP		itial nended		100			& Zip (				ШШ	JUN -	3 2	119	-
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nergency					ville,	NJ 08648				T		-	_
□ DOH     □ DCA     □ DCA		ancellation				Ede					100	Telepho		mb	
							· *	ORMATION			AGE	609-89 LICE	ISIN	00	_ Ct
Name of Facility Wh	nere Abate	ment is Taking F	Place	(3)	7.0		1 1141	Type of Faci	lity (4)					-	
Rider University -	- Fine A	rts		. ,				School		Jniversity					
Street Address								☐ Subcha	pter 8 (0	Other than K	-12)				
2083 Lawrencevil	lle Road									ite & comme		ngs, hom	nes, e	3.)	
								Square Feet		# of Floors		Bldg. Ag			777
City (5)		County (6)	(	Count	у Сс	ode (	7)	30,000	0	3			40+		
Lawrenceville		Wercer						Current Use	(Prior if	being demo	lished)				
								Dormitory			59				
Name of Monitoring	Firm Hire	d by Building Ow	ner (	8)		ASC	M No		atement	Contractor	(9)				
Pennoni Associat	tes	18 1820						Bristol Env			\-/				
Street Address	220 000 000							Street Addre							
515 Grove Street,	Suite B							1123 Beave	er Stre	et					
City, State & Zip Coo		_						City, State &							
Haddon Heights,			T= 1					Bristol, PA						-	
Project Manager for Brian Clark	ivionitoring	g Firm		ephor 6-656			er	Telephone N			License I	Number			
Scheduled Start Date	0 (10)	Scheduled Cor						(215) 788-6			00509				
6/17/19	C (10)	Scrieduled Col		28/19		(11)		Name of OSI Bristol Env		(0.000)					
Occupancy Status D	uring Aba	tement (Check o						Street Addres		entai mc.				-	_
☐ Facility Close	ed/Vacate	d During Entire P	Perio	d of A	bate	emer	nt	1123 Beave		of					
		Outside of Norm						City, State &						-	
		to 3:30 PM					50	Bristol, PA							
Facility Occu	pied Durir	ng Abatement							10001						
Scope of Work (Che	ck all that	apply)												-	-
□ -0-f -0#			_						$\boxtimes$	Full Contain	ment with N	Vegative	Pres	ıre	
≥3 sf or ≥3 lf     ≥400 - 5 ≥ 200			$\boxtimes$			/atio				Mini-Enclosu	ire				
≥160 sf ≥260	) IT		Ш	De	emo	lition	1			Glove Bag P					
l'or	notion of									Non-Exempt				_	
	cation of s-Contain	ina		s Loca rmally				Description Asbestos-Con	of toining		Amount	Aba	ateme	t Ty	/pe
	rial (ACM)			Solely		cu		Material (A			(Specify SF or LF)				
	E ABATE	2	Mai	intena	ince			(i.e., thermal s			01 01 21 )	Re	R	Clean Up	Enclsoure
	Facility		Cus	stodial		iff?	i	nsulation, surfac	cing, VA	\T		Remova	Repair	an	dso
	(13)		Yes	(12 No		I/A		or other miscell	aneous	)		/al	=-	P	иге
200m 202 9 240			165			I/A									
Room 223 & 249						4	5	Spray On Firep		ig '	1,800 SF			4	
Room 223 & 249			닏			4		Floor Ti			2,100 SF			$\Box$	
Room 223 & 249						4		Mastic			2,100 SF			4	
Room 223			닏		ļĻ	4		Glue Do	ts		300 SF				
					1	4									
Jama of Dogistary d 1	M4-11-			14											
Name of Registered \		uler		11-010		:P W er ID	2553.63	Cubic Yards of Waste	Name	of Registere	ed Landfill				
Service Transport	Inc.			2	099	0		15 Cu Yd	Fairle	ss Landfill	l				
City, State Yardley, PA								Disposal Date 6/29/19	City, S	tate ss Hills, P.	Δ				
Completed By (Print of	or Type)			T	itle			Signature	airie	33 mis, P	n	Tp. (			
Sino Pizzigoni	. , , , , , , ,				roje	oct		An /	) .		1001	Date	140		
						ager	-	1) mig 1	uny	JOHN /	MIL	5/30	19		

Ch 5377	100	NOT		ATIO	NLOF AS	lew Jersey BESTOS ABA C 8:60 and 5:1		DE C			
Date of Notification (1)5 //	19	)		100 550		ng Owner/Operator		اللا 1905-2451 Ch	k. #53	201	4.00
Agencies Notified Type Noti  ☐ EPA ☐ Initial	fication				et Address	Dia		ASBEST	ros c	ONTR	( . &
☑ DOLWD ☐ Amend	ded				0 Linsley			L	ICENS	ING	_
	lment#				State, Zip						
☐ DCA ☐ Emerg		cludin	g	10000		, NJ 07960					
(NJAC 5:23-8) justific					e of Contac	-		Telephone Nu			
Cance	llation			Da	niel E. Sp	pialter		973-455-70	000		
				FA	CILITY IN	FORMATION					
Name of Facility Where Abatement i			e (3)				Type of Facility	(4)			
Westgate Apartments/ Apart	ment 9	A					School (K-12	2)			
Street Address							Subchapter 8	Other than K-1	2)		
550 Lawrence Road							homes, etc.)	rivate and comm	ercial b	uilding	S
City (5)		_	01	. / 1	CV		Square Feet	# of Floors	IB	ldg. Ag	14
Lawrenceville			100	14	Ö		TBD	2	1	1963	
County (6)				Cou	nty Code (7	)(STATE USE ONLY)		ior if being demo	liohad)	1303	_
Mercer				Cou	ity Code (/	NOTATE USE ONLY)		7.	iisnea)		
Name of Monitoring Firm Hired by Bu	uilding C	humor	(0)	ASCM	No	Name of Abotem	Vacant Apa				
Criterion Laboratories	maing C	Jwner	(0)	ASCIVI	NO.	Name of Abatem					
Street Address							d Mold Service	s, Corp.			
						Street Address					
400 Street Road, Suite 100						3859 Sylon B					
City, State, Zip Code						City, State, Zip Co					
Bensalem, PA 19020						Hainesport, I	NJ 08036				
Project Manager for Monitoring Firm			1 200	ephone		Telephone No.		License No.			
Mike Panepresso			1182-5	15-244		609-702-0400		00862			
Start Date (10)				etion Da		Name of OSHA N	lonitor				
_6_ / _10_ / _19_	6	<u>5</u> /	1	2_/.	19_	EMSL Analyt	ical, Inc.				
Occupancy Status During Abatement			10.7			Street Address					-
☐ Facility Closed/Vacated During En						200 U.S. Rou	te 130 North				
Abatement Performed Outside of	Normal	Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode				-
Time of Abatement:AM	PN	///	PM		AM	Cinnaminson	, NJ 08077				
Scope of Work (Check all that apply)									-		_
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re	novat moliti	5071500		☐ Mini-Enc ☐ Glovebag	altiment with Neg losure g Procedure mpted (*) and Nor			DSUI	1
			Loca						Ab	ateme	п Гуре
Location of			Norma	ally ely by		Description o		2000000000	<sub>D</sub>	Z	
Asbestos-Containing Material (AC TO BE ABATED	·IVI)		intena			stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	Enclosure
IN Facility		Cus		Staff?		surfacing, VAT,	or	SF or LF)	va	-	Enclosure
(13)	-	Yes	(12) No	N/A	-	other miscellane	ous)				20
Kitchen/Dining Area/Bedroom		12.000		110000	Floor til	-		000.05	-		: +=
Ritchell/Dilling Area/Bedroom					Floor til	le		335 SF		Ш	
			П								i tr
Name of Registered Waste Hauler		_		JDEP I	Naste 1	Cubic Yards of	Name of Regist	ered Landfill			<u> </u>
Waste Management			0.50	lauler II	O No.	Waste	MICA	ww wurndilli			
City, State				17273	3	5 Disposal Date	City, State				_
Lafayette, NJ						6/12/19	Trenton, N.	ı			
Completed By (Print or Type)	Title								lata		
Kaysi Gruner		ffice /	Assis	tant		Signature	n/Als	8	ate 5/3	2/1	2 7
SB-41 IAY 11	* [	no not	uso ti	his form	for ashast	os licensure exemp	tod activities		1	1	ij

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

W 2571	n Ir	Nŧ	⊨   NOT	IFIC		ON		BEST	sey OS ABA 0 and 5:1	TEMENT	-4-1-	Pla	w#	35	71	( <sub>C</sub>	
Data of Notification (1)	Ψ			٠,	100	1	1 1	1/	(سا				NO CT			ente 1	
Date of Notification (1)  5 /	29 /	19					of Buildin uth Jerse		r/Operator	(2)		ME	G			7	
Agencies Notified	Type Notific	ation			Sti	reet	Address					B					- 11
☐ EPA						142	S Main	St			1		JUN	- 3	201	0	Total Color
⊠ DOLWD	Amender Amendm				Cit	y, S	State, Zip (	Code					JUN	- 0	201	J.	The
☐ DHSS☐ DCA	☐ Emerger			-	(	Gla	ssboro,	NJ 080	28		-		TOTAL CARES	PER PARAME	Particular Control	erui i	
(NJAC 5:23-8)	justificati	ion)	Cidding	9			of Contac					Telephon	1.1	1.11	NTR NG	Ĉ.	&
	☐ Cancella	шоп					lin Woor	11.71				609-20	04-064	6	M/Mountlet	med (	Umuncoes
Name of Facility Where A	hatomont is	Tokina	Dloor	(2)		FA(	CILITY IN	NFORM	IATION	T(F	7171 7	4)					
South Jersey Gas	batement is	Taking	Place	÷ (3)						Type of Fa  ☐ School							
Street Address												(Other tha	an K-12)				
142 S Main St										Other (		vate and o	commer	cial bu	ilding	s,	
City (5)										homes Square Fe		# of Flo	ore	BI	dg. Ag	10	
Glassboro										Oqualo	.Ct	# 01 1 10	013	0,	ag. Ag	30	
County (6)					C	oun	ity Code (7	)(STATE	USE ONLY)	Current Us	se (Pric	or if being	demolis	hed)		_	
Gloucester																	
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASC	CM	No.	Name	of Abatem	ent Contract	or (9)					_	
Finog Environmenta	al Hazards,	Inc						BR	ISTOL EN	VIRONME	NTAL	, INC.					
Street Address			19-2					Street	Address			Style=				-	
617 Stokes Rd								112	3 BEAVE	R STREET	•						
City, State, Zip Code								City, S	State, Zip C	ode						- 12	
Medford, NJ 08055									ISTOL, PA	19007							
Project Manager for Monit	oring Firm			7	lepho				none No.	22		License					
Mark Rubnitz Start Date (10)		0 1 - 1	1-10				-2211		-788-6040			0050	9				
_ 6 / 14 /	1000000						te (11) 19	100000000000000000000000000000000000000	of OSHA N	ionitor VIRONME	NTAL	INC					
Occupancy Status During						-				VINONINE	NIAL	, INC.					
☐ Facility Closed/Vacated			V	C1000000000000000000000000000000000000	emen	t		100000000000000000000000000000000000000	Address	R STREET	•0						
							cribe		State, Zip Co							_	
Time of Abatement:								The second second	STOL, PA								
Scope of Work (Check all	that apply)												1722				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re	enova emoli				[	☐ Mini-End ☐ Gloveba	tainment wit losure g Procedure mpted (*) ar	:			e			
	20			Loc	ation									Ab	ateme	en i	уре
Location of Asbestos-Containing N		(1)			olely b	y	Ashe		escription on ntaining Ma	of iterial (ACM)		Amou	ınt	Re	Re	!	m
TO BE ABAT	TED .	,			nance.			., therm	al systems	insulation,		(Spec	cify	Removal	Repair	- Jun	Enclosure
IN Facility (13)	′		Ous	(12		i de		surf	acing, VAT miscellane	, or ous)		SF or	LF)	<u>/al</u>		-	ure
			Yes	No	o N	/A										i	
Office				$\boxtimes$		]	Floor ti	le and	mastic			192 \$	SF	$\boxtimes$		[	
						]										Е	
					T	]			***						П	Γ.	П
			П	П	T	1								Ħ		- -	
Name of Registered Waste	e Hauler				NJDE		Vaste	Cubic	Yards of	Name of	Registe	ered Land	fill				
BRISTOL ENVIRONM		VC.			Haule 187	er ID	No.	Waste				ANDFIL					
City, State					101	00		Dispos	al Date	City, Stat	е					-	
BRISTOL, PA										1,50		HILLS, P.	Α				
Completed By (Print or Type	oe)	Title						S	igņature				Dat	e	- 8-0.1	-	
Brian Scafiro		Es	stima	tor					SNIGA	1 Sca	un	) 19a	- ] ]	7-7	99-	1 i	
CD 41 0		-	-		_	-		1 /			7	1 7			- 127	_	

. 0.111-													
17 W# 118	DLd	P	F10.4	S	ate of Ne	w J	ersey	3	DE	i C			E
JN 1083	N	OH	(Pu	rsuan	t to NJA	E 8.	TOS ABAT 60 and 5:16	EMENT		.111N	- 3	201	
Date of Notification (1)				Name	of Building	Owr	ner/Operator (2	2)		0018			
05 /31 /	19		- 1	Nev	v Jersey	Depa	artment of E	nvironmental	Protection		I EUROPONIA PTTT	оснидаван	-
Agencies Notified Type Notific	ation			Street	Address				AS	BESTO			1.8
☑ EPA ☑ Initial						te S	treet, PO Bo	x 420	-	LIC	ENS	NG	10000
□ DOLWD     □ Amende	d		ŀ		tate, Zip C			7. 120					-
DOH Amendm					nton, NJ		25						
DCA Emerger (NJAC 5:23-8) justificat		ding	ŀ		of Contact				Telephone N	lumber			-
☐ Cancella					eph Maio				973-222-				
				7.5	•		BEATION		313-222-	2013			-
Name of Facility Where Abatement is	Taking D	laca	(2)	FAC	JILITY IN	FUR	MATION	Tone of Facility	· A)				_
Walter Property	I akii iy Fi	iace	(3)					Type of Facility ( ☐ School (K-12)					
Street Address								Subchapter 8		(-12)			
60 Stuyvesant Road								Other (i.e., pr			ouildir	gs,	
City (5)		102		3-				homes, etc.)		- 1.	N. 1		_
Green		1-	T	1	10			Square Feet	# of Floors	1	Bldg. /	\ge	
County (6)		_	/ 1	Com	+ Codo (7)	VOTA:	TE 110E 04# 14	0 (D.)					
Sussex				Coun	ty Code (1)	(51A	TE USE ONLY)	Current Use (Pri	or it being den	nolished)			
	d: O	/	N 17	0014	N1-	L 5.1		10 1 1 10					_
Name of Monitoring Firm Hired by Buil USA Environmental Managem		ner (8	5)   4	SCM				nt Contractor (9)					
Street Address	ent			0011	2			NAGEMENT LI	_C				_
344 West State Street							et Address						- 1
City, State, Zip Code							7 Outwater I						_
Trenton, NJ 08601							, State, Zip Co						
The state of the s			Talas				arfield, NJ	07026	1				
Project Manager for Monitoring Firm Nora M. Pearse			1000000	hone I		100000	phone No.		License No	).			
	0-1	10	2000	9-656			73-928-4888		1188				
06 /10 /19	Schedule						ne of OSHA M		•				
				_ ′ -	19	А	LL PRO MA	NAGEMENT LI	_C				
Occupancy Status During Abatement			1000				et Address						
<ul><li>☑ Facility Closed/Vacated During Ent</li><li>☑ Abatement Performed Outside of N</li></ul>					il		7 Outwater I						
Time of Abatement: AM-	ormai Fa PM/	ICHILLY	PM-		AM		, State, Zip Co						
						G	arfield, NJ	07026					
Scope of Work (Check all that apply)							□ Full Cont	ainment with Neg	ative Preseur				
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>			novatio nolitio				☐ Mini-Enc	losure					
		ls	Locati	on			M NOII-EXE	inpled ( ) and No	II-FIIADIE FIOC		h =4==		_
Location of		N	omal	y			Description o	f				nent T	-
Asbestos-Containing Material (ACI	(I)		d Sole ntenar				Containing Ma	terial (ACM)	Amount		Repair	Encapsulate	Enclosure
TO BE ABATED  IN Facility			odial S		(i.e.		rmal systems i urfacing, VAT,		(Specify SF or LF	,	쁰	apsı	nso
(13)			(12)	I market was			ner miscellane		01 01 21	/ =		late	6
		es	No	N/A								100	
Interior		]					Paper Pipe		6 LF	Σ	-	10	
Garage- Exterior		]			Roof	11000000-000	ting over Meta	ii Corrugated	400 SF	D			
Large Shed					Windov				72 LF	D			
Small Wood Shed	[			$\boxtimes$	Roof	r Coa	ting over Meta	Il Corrugated	128 SF	D			
Name of Registered Waste Hauler				JDEP \	Vaste	4.000	ic Yards of	Name of Regis Grand Centra	tered Landfill	ndfill /			
Newark Carting / All Pro Mana	gement	t, LL	6	auler II 83 / 00		Was	ste s Needed	GROWS North			andfi	ı	
City, State		-	102		- 1000		osal Date	City, State					$\dashv$
Newark, NJ / Garfield, NJ							BD	Pen Argyl, PA	/ Morrisville	DΛ			
Completed By (Print or Type)	Title						Signature	I eli Algyi, PA	, morrisvine	Date			-
Allen Monchik		ject	Mana	ger			•	Manchik	6,	5/31	/19		

State of NJ Notification of Asbestos Abatement 2019-135 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 9342 Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/13 11 1/11 19 1 John Koppisch Agencies Notified Type Notification Street Address ☐ EPA X Initial IIIN -3 2019 DEP City, State, Zip Code Amendment X DOL Morristown, NJ 07960 X DOH Telephone Number NG Name of Contact Cancellation ☐ DCA John Koppisch FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) John Koppisch Subchapter 8 (Other tha K-12) Street Address Other (Private/Commerc Bldgs./Homes, etc. # of Floors Square Feet Ildg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demoli ned) Morristown, NJ 07960 Morris residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 06/10/2019 06/11/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure Glovebag proci lure >3 sf or >3 If ≥160 sf or ≥260 lf X Mini-enclosure Non-friable pro edure Is location normally used solely Location of by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing n staff(12) m F C material to be (Specify SF or material (ACM) C 0 abated in facility (13) a Yes No N/A V basement pipe insulation 8 If Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill

Grand Central Landfill

Date

05/31/2019

City, State

Pen Argyl, PA

Gordana Luna

19563

Secretary/Treasurer

Title

Disposal Date

06/12/2019

Signature

B & G Restoration, Inc.

Completed by (Print or Type)

Lincoln Park, NJ

Gordana Luna

City, State

State of NJ

B & G proj. #: 2019-134	4			nt to NVAC	8 60-	and 12:120-7)	Check	# 9341	_	
Date of Notification (1)	111	lame of Bu	ilding Owr	ner/Operator (2	2)	and)	E	@ E I N		- Process
$10^{15}/13^{11}/119^{1}$		Maryelle	en Suscr	eba			ID)_E	CEIV	旦	
Agencies Notified Type Notifica	ation	treet Addre	ess						-	A STATE OF THE STA
DEP Initial				10				JUN - 3 201		
DOL Amend		Clifton	Zip Code NJ 0701	11			and a state of the			
X DOH		ame of Cor		I I	-			ESTOS CONTR	1 2	
□ □ Cance	1.1	DIMOTROSO DESI					Telephon	e Numbersing	700	enatus trompera
DCA DCA		Maryell	en Susc		*****				=	
Name of Contilling the state of the		(0)	FAC	ILITY INFORM	//ATIO	N T	TT65	4		
Name of facility where abatement	is taking pla	ace (3)					Type of Facility (	4) I (K - 12)		
Maryellen Suscreba							Subch	apter 8 (Other tha	K-12	2)
Street Address								Private/Commerc		
07. (5)	10	-1. (0)						# of Floors	ildg.	. Age
City (5)		nty (6)				unty Code (7) ate use only)	Current Use (Pr	rior if being demol	red)	
Clifton, NJ 07013		ssaic					residential	to it boiling dolllor		
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	50000000000000000000000000000000000000			
Street Address	-			-	_	B & G Restora Street Address	tion, Inc.		_	
Street Address						105 Ryerson I	Road			
City, State, Zip Code			-		_	City, State, Zip Code	)		- Interested	
						Lincoln Park,	NJ 07035			
Project Manager for Monitoring Fire	n	Ph	one Numb	per		Telephone Number (973)696-686		License Number	_	
Scheduled Start Date (10)	Sched	. Completion	on Date (1	1)		Name of OSHA Mor B & G Restora				
06/12/2019	06/	13/2019				Street Address				
Occupancy Status During Abateme		1574				105 Ryerson F				
Facility closed/vacated during Abatement performed outside						City, State, Zip Code			-	
Describe:					-	Lincoln Park, I	NJ 07035			
Scope of Work (check all that app	ly)								_	-13.4
☐ Demolition 🕱	Renovatio	n				Full Containment w/ne	egative pressure	Glovebag proc	lure	
	≥160 sf or	≥260 If		53	X	Mini-enclosure		Non-friable pro		
Location of		n normally		у				R	TE	1 -
asbestos-containing material to be	staff(12)	enance/cust	todiai			asbestos-containing	Amount (Specify S	For m	n	n
abated in facility (13)	Yes	No	N/A	material	(ACIVI)		LF)	, o, o	a	
basement			1 ×	   pipe insul	ation		105 lf	e 🗶	+	111
							100 11		卡	
									TE	
				]					I	]   🗆
Registered Waste Hauler		Dillected	D# 10	Subject Verde of	Masta	IN (D	11-3511			
B & G Restoration, Inc.		EP Hauler I 19563	U#   C	Cubic Yards of 1	vvaste	Name of Registered Grand Centr				a
City, State Lincoln Park, NJ			Disposal Dis	Date 13/2019		City, State Pen Argyl, PA				v.
Completed by (Print or Type) Gordana Luna	Title Secretar	ry/Treasu	ırer	Signature		Gordana Luna		Date 05/31/2019		

01/01	d			r_s	tate of Ne	w Jerse	Λ Ι			m	E	CE		F) []	1	nt Fo
(h)0	1	5	NOTIFI (F	CATION	OF ASB	ESTOS	ABATE	MEN D)	Т		7717.200		0000			The second secon
Date of Notification (1) 05/21/2019	F11201	1			of Building ory Kash		Operator	(2)			J	UN -	3	2015	} -	- I -
Agencies Notified	Type Notification	1		Street A	100						ACDE	eroe	00	NITO	= :	
□ EPA	Initial										ASDE	STOS			: ال	26
X DEP	Amended				ate, Zip Co						Citizana Silatana	mumosco-mouses	Tech-Seat	The tree of the tree	deni a	
X DOL	Amendmen Emergency		_ [	Brick I	NJ 0872	23										
X DOH	justification	)	1.0		f Contact					Te	lephone	Numbe	r		-	
DCA	Cancellation	n			ry Kash	232-1200										
Name of Facility Where	Abatement is Takir	na Place (*	3)	FACI	ILITY INF	ORMATI	ON	Tyn	e of Facility (	(4)				_	- 01 (1) - 01 (1)	
Traine of Fability Princie?	TOGETHOR IS TENI	ig i lace (	,					i i yp		1050				i.e		
Street Address								×	School (K-1 Subchapter Other (i.e. p	8 (Oth			uildi	ngs, h	01 3	es,
City (5) Newark NJ									etc.) iare Feet	100000000000000000000000000000000000000	f Floors			dg. Ag		
								307	7-515	3			11	2 yea	ar — .	
County (6) Essex					Code (7) USE ONLY	)		Cur	rent Use (Pri	or if be	ing dem	olished)				
Name of Monitoring Firm Omega Environmer		Owner (8)		ASCN 0012					etement Cor Environm							
Street Address 280 Huyler Street							Street		ess s Street U	nit E						
City, State, Zip Code									Zip Code	inti						$\dashv$
South Hackensack									ckensack	NJ 07	7606					
Project Manager for Mon Mr. Geyser Fajardo			- 1	Telepho 201 48	ne No. 39-8700		Teleph 201				Licens 0124					
Start Date (10) 05/23/2019		Schedule 06/04/2		pletion	Date (11)		The state of the s		SHA Monitor						-	
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street								_	-
Facility Closed/Vaca	ated During Entire	Period of	Abatem	ent			399 H	Knol	wood							
Abatement Performe  Other – Describe: 8	ed Outside of Norr	mal Facility	Hours						Zip Code ains NY 10	0603						
Scope of Work (Check Al	That Apply)										-				-	$\dashv$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti				×	M	ull Containme lini-Enclosure lovebag Proc	e cedure						
		Τ	l ac-t			V. (1) 155-111		ı IV	on-Exempted	ı () an	u NON-F	nable P		batem	e .	$\dashv$
Location	of		Location Normall			Dor	a orientia e	of.						Туре		
Asbestos-Containing	Material (ACM)		d Solel		Asbes		scription aining M		al (ACM)	А	mount				т	
TO BE ABA In Facili		17400	odial S		(i.e.	thermal	systems cing, VA		lation,		Specify or LF)	Z C	1	R	Encapsulate	Enclosure
(13)	• 9		(12)				niscellan		)	Si	OI LF)	Kemova		Repair	bsul	osu
		Yes	No	N/A								<u> </u>			ate	ē
Baseme	ent		х			Pipe	insula	tion		14	40 LF	Х	+		-	
Baseme	ent		X			Ceili	ng Par	nels		75	50 SF	X				
Name of Designation of Maria	to Hout-		1													
Name of Registered Was			20180633	JDEP W auler ID	TOTAL CO.	Cubic of Was			Name of	1985						
Building Owner Resp	onsibility		N/		<u></u>		20733		Building	g Own	er Rep	onsab	ollity	У		
City, State						Dispos	al Date		City, State	е					50 E	
Completed by		Title				10	ignature				т	Date				
Carmen Repreza		11.000.00000	iess N	/lanage	er	3	7	·	>A	7		05/21	120	119		

Chaiso			S	tate of N	ew Jerse	у	1		) <u>E</u> (	C [		W
Date of Notification (1)		NOTIF	Pursuant	to NJAC	8 60 an	d 12 12	01/			JN ·	- 3	201!
6/1/19 MUHIL DUD				da Vick		Operato	(2)			anni barata	Automotion and	and the same
Agencies Notified Type Notification	ו		Street A	Address				Delice of the last	ASBE		S CO	
EPA Initial Amended				ate, Zip C		10.0		lasesano	Conceptances	ATEN SUPERVI	evo (Mulliper)	AND RESIDENCE
X DOL Amendmen	(including	_		nberg, I		93		1 7.0	I			
DOH justification Cancellatio				en Rob				Tel	lephone Nu	mber		
Name of Facility Where Abatement is Taki	ng Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	. (4)				
Apartment Complex	ing i lace (	0)					School (K					
Street Address 7004 Kennedy Blvd Apt 4E							Subchapt Subchapt	er 8 (Oth	er than K-1 & commerc	2) ial buil	ldings,	hom
City (5) Guttenberg				82			Square Feet 2000	2	f Floors	1	3ldg. <i>A</i> 35 +/-	
County (6) Bergen				Code (7) USE ONL	y)		Current Use (P Apartment (			hed)		
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	)	ASCN	M No.		100 100 100 100	of Abatement C Stages Abater	ontractor				7.7
Street Address						Street	Address N. Midland A					
City, State, Zip Code						City, S	State, Zip Code dle Brook, NJ					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepi	hone No.	07000	License N	lo.		-
Start Date (10)	Schedul	ed Co	mpletion	Date (11)			-600-3184 of OSHA Monito	NF.	01305			
6/10/19	6/13/1	9	mprodom	Date (11)		Ivanic	OI OOI IA WOIIIC	<i>n</i>				
Occupancy Status During Abatement (Che-  Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	Period of	Abater					Address State, Zip Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				9
	Is	Locat	ion				- Non Exempt	T	u Wolf-i Hau		Abate	emen
Location of Asbestos-Containing Material (ACM)		Norma d Sole		Asha		scription	of Material (ACM)		mount		Ту	ре
TO BE ABATED In Facility (13)		intena todial (12)		(i.e	. thermal surfa	systems cing, VA niscellar	s insulation, T, or	(S	Specify or LF)	Remova	Repair	Encapsulate
	Yes	No	N/A									fe e
Living Room	-	X			Fire	Proof	ing	7	0 SF	X		
Name of Registered Waste Hauler			LIDED 14	laata	0,	Vas-1-	TN	(D				
All Stages Abatement		H	IJDEP W lauler ID 036592	No.	of Was 4 yd		10	375	red Landfill al Sanitar		ndfill	
City, State Saddle Brook, NJ					-	sal Date	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ate rgyl, PA	Α			- 17
Completed by	Title				S	ignature	111	1-1-	- Da	te		

Richard Cristofol

President

Date

6/1/19

Signature

CK# 1214	NOTI	Pursi	iant to	of New Jers FASBESTO NJAC 8:60 a	nd 12:120	)	F Professional Pro		CE				
Date of Notification (1)	101	100000000000000000000000000000000000000		uilding Owner ignowski	/Operator	(2)			JUN - 3	3 20	19	-	7
Agencies Notified  Type Notification  EPA DEP  Initial Amended	)	Stre	eet Add				I food	AS	SBESTOS C LIGEN	CONT	ROL	292000	
Amendment #_ Emergency (ind justification) DCA  Cancellation	luding	Na Si	me of C usan					Tele	phone Numb	er		_	
Name of Facility Where Abatement is Taking F	Place (3)		FACILI	TY INFORMA	TION	Tvr	ne of Facility (4	)				-	-
Private home  Street Address	lace (o)					×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	) 3 (Othe ivate &	r than K-12) commercial Floors		ngs, ho	nes,	
City (5)						Sq	uare Feet	# 01	F10015	Did	g. Agr		
County (6)			unty Co			Cu	rrent Use (Prio	r if beir	ng demolishe	d)			$\neg$
Hudson			N Halle Control Control	E ONLY)		- 6 A	L-toward Con		(0)			_	$\dashv$
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM I	No.			batement Con al Safety LL		(9)				
Street Address					Street 8 C		ress by Ave						
City, State, Zip Code					City, S	State	, Zip Code					-	
37 740		-		NI-	Telep		on, NJ 07502	2	License No			_	_
Project Manager for Monitoring Firm		16	elephone	e No.			0-8711		01332			\ <del>\^</del>	
7	Scheduled June 15,			ate (11)	1100000000		OSHA Monitor as (9)						
June 12, 2019 Occupancy Status During Abatement (Check		201			Stree							0	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: 8:00am - 4:30pm	eriod of Aba	ateme ours	nt		City,	State	e, Zip Code					_	
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio nolitio				×	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure					
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ocatio	232	1							Abate Tyl		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Maint Custoo	tenandial St	by by ce/ caff?	(i.e. the	Description Containing The system	Mat ms ir AT,	erial (ACM) sulation, or	(	Amount Specify F or LF)	Removal	Repair	Encansulate	Enclosure
	Yes	No	N/A	0	F1	11			60 SE	7.		,	
Basement			Х		Floor ti			-	60 SF 100 LF	X		(	
Basement			Х	ŀ	Pipe insu	ilatio	on		IUU LF	Х		_	
												-	
Name of Registered Waste Hauler Removal Safety LLC		H	JDEP W auler ID 03700	No. 0			Fairle	ss	tered Landfill				
City, State Paterson, NJ				1000	isposal Da BD	ate	City, Sta Morris		PA				
Completed by Lasko Veskov	Title Presid	dent			Signat	ture	o leste	, 27	/ Di	ate 06/01	/2019		

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

CK#1213	N	OTIF (P	CATION	tate of No VOF AS TO NJAC	BESTOS	ABATE	MENT	Γ'		EG		$\mathbb{V}$		
Date of Notification (1) 05/31/2019 Agencies Notified Type Notification	Constitution			of Building ay Ehle Address		Operator	r (2)			JUN	1 - 3	201	9	1
EPA DEP DOL Amended Amendmen Emergency justification)	(including	- [	Morris	ate, Zip C stown, N	NJ 079	160			T <sub>6</sub>	ASREST L	ICENSI		OL	k
DCA Cancellation  Name of Facility Where Abatement is Takir	i		Lindsa			ION					diminer		_	0-070-
Private home Street Address	ig Place (3)						Туре	School (K- Subchapte Other (i.e. etc.)	12) er 8 (Otl	ner than K & comme	(-12) ercial bui	ldings	 , h	nes,
City (5) Morristown							Squa	are Feet	# 0	of Floors		Bldg. /	Age	
County (6) Morris			(STATE L	Code (7) USE ONLY	n			ent Use (Pr			lished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.				atement Co Safety L		r (9)				
Street Address							osby	Ave		7				
City, State, Zip Code						Pate	erson	Zip Code , NJ 0750	)2					
Project Manager for Monitoring Firm			Telephor				400-	8711		License 01332				
Start Date (10) June 11, 2019	Scheduled June 13	, 20		Date (11)			of OS le as	HA Monitor (9)						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 8:00am - 4:30pm	Period of Ab	atem	ent			Street City, S		ss ip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novati				×	Mir Glo	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	(50)			e	
Location of	No	ocatio	/		Des	scription						Abate		nt
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	-	tenan dial St (12)	ce/ taff?		tos Conta thermal surfac	aining M	laterial insula T, or		(5	mount Specify or LF)	Removal	Repair	Linapoulan	Enclosure
Basement	Yes	No	N/A X		Flo	or tile:	s		3	0 SF	x	-	X	
														1
Name of Registered Waste Hauler		N	DEP Wa	nete	Ck!-	Var-1-		l Mi						
Removal Safety LLC	7. 7.2	На	uler ID N 37007	No.	Oubic of Was			Name of Fairles		ered Landi	hll			
City, State Paterson, NJ					Dispos TBD	al Date		City, Stat		Α			_	
Completed by Lasko Veskov	Title Preside	ent			Si	gnature	7	16	les		Date 05/31/	2010		

CHICAL MUH115100
NOTIFICATION (Pursu)

n.	E	C	E		$\mathbb{V}$	E	M
M		1112	-	3	201		IU)

Dete (SNLW)						la.	Gend	ORD COD				IIIN	- 3	20.	1
Date of Notification (1)	24	4-			1		384	ner/Operator (	2.7	ini	litter A				8 8
	31 /	19	_		Nev	w Jersey	Dep	artment of E	Environmental	Protecti	oh	production of the	0.0	AL THE	
Agencies Notified	Type Notifica	ation			Street	Address					ASB	ESTO	S CC ENS		÷ +
⊠ EPA					401	East Sta	ate S	treet, PO Bo	ox 420	Lecture		L10	m1 1 ( )	I A CI	es leds
⊠ DOLWD	Amended				City, S	State, Zip C	Code							11 11 11	-
☑ DOH ☐ DCA	Amendme		ıdina		Tre	nton, NJ	0862	25							
(NJAC 5:23-8)	justification		Juliy		Name	of Contac	t	35% 		Telepho	ne Num	ber			-
***************************************	☐ Cancellati	ion			Jos	eph Maid	0				222-267				
					FΔ	CILITY IN	EOR	MATION							-
Name of Facility Where A	batement is T	aking F	Place (	3)	1 //	JILITT IN	II OIN	INATION	Type of Facility	(4)					_
Freeborn House		uning i	1000 (	٠,					School (K-12	50.00					
Street Address				-	-	-	200		☐ Subchapter 8	Other th					
60 Stuyvesant Road	í		F	)7	87	9			Other (i.e., pr		comme	rcial bu	ilding	s,	
City (5)			-	/ 1	UI	1	00		homes, etc.) Square Feet	# of Flo	2000	l DI	J. A.		-
Green Township									Square reet	# 01 F10	oors	BI	dg. A	ge	
County (6)					Cour	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being	demolis	shed)		_	- 1
Sussex							5.000					/			
Name of Monitoring Firm I	Hired by Build	ling Ow	mer (8	)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						-
USA Environmental					0011	2	1		NAGEMENT L						
Street Address								et Address							-
344 West State Stree	et						2	7 Outwater	Lane						
City, State, Zip Code							10000	, State, Zip Co			///				
Trenton, NJ 08601							,	arfield, NJ							
Project Manager for Monit	oring Firm		1	Tele	phone	No		phone No.	0.020	Licens	e No				
Nora M. Pearse			1		9-656			73-928-4888		118					
Start Date (10)	Is	chedule	ed Co				7.55	ne of OSHA M	<u> </u>	110	0				-
06/ 10/	57 YOURS				/				NAGEMENT L						
Occupancy Status During									MACLINE L						_
☐ Facility Closed/Vacated					mont		1150,400	et Address	n account						
☐ Abatement Performed						cribe		7 Outwater		.,					
Time of Abatement:								, State, Zip Co							
		T-10 - 7					G	arfield, NJ	07026						
Scope of Work (Check all	triat apply)							☐ Full Conf	ainment with Neg	ative Pres	SSUITE				
≥3 sf or ≥3 lf			Ren	-				☐ Mini-Enc	losure	julivo i ro.	35010				
≥160 sf or ≥260 lf			☑ Den	nolitic	n			☐ Gloveba		n Frieble I	Drandu				
			le I	ocat	ion	1	-	M MOII-EXE	mpted (*) and No	i-rilable	rioceau		-1-		-
Location of	of		No	orma	ily			Description of	ıf I				atem		y ;
Asbestos-Containing N		)	Used	Sole				Containing Ma	terial (ACM)		ount	Removal	Repair	Enc	
TO BE ABAT					Staff?	(i.e		rmal systems urfacing, VAT			ecify or LF)	Von	air	aps	1
(13)	,			(12)		1		ner miscellane		SF 0	LF)	显		Encapsulate	i
		,	Yes	No	N/A				850					e	
Throughout						Wet De	mo							П	j
											100	10			1 =
			_										1		
Name of Registered Wast	e Hauler			-	JDEP \	Vaste.	Cub	ic Yards of	Name of Regis	tered I an	dfill				1 =
Newark Carting / All		iemen	t. 110		lauler II	D No.	Was		Grand Centra			11 /			
City, State	o manag	, 5111011	-,		0283 /	0034860		s Needed	GROWS North	Landfill	/ Fairle	ss Lan	dfill		
	a NII							oosal Date	City, State						
Newark, NJ / Garfiel							T	BD	Pen Argyl, PA	/ Morris	ville, PA	1			
Completed By (Print or Ty	pe)	Title						Signature		594	D	ate			-
Allen Monchik		Pro	ject l	Man	ager			Allon.	Monchik	6,	5	/31/1	9		

Chollo		NOTIFICA	TION OF	NEW JERSEY SBESTOS ABATEMI AC 8:50-7 AND 12:12	ENT O	cal	41	0110	7	
Date of Notification (1)	19 1014110		Name of HACKEN	Building Owner / Op SACK UNIVERSITY I	perator (2)	IR)_E	G	EIV	/ <u>[</u>	M
Agencies Notified To	ype of Notification	000	Street Ad	ddress PECT AVENUE		151				
☑ EPA	☐ Initial			te, Zip Code			JUN :	- 3 201	q	11111
□ DEP ☑ DOH	✓ Amended	" "		SACK, NJ 07601		Chair Chair	74004030000000	01 000000	J	
✓ DOH  ✓ DOL	Amendment	#2 v/ justification	Name of	Contact ERRELL	-	Telépho	ne Num	ber		-
	☐ Cancellation			NFORMATION		1001-3605	LICE	S CONTRI	OL {	
Name of Facility Where	Abatement is Taking		AOILITT	Type of Facility (4)	y .					
HUMC MAIN BUILDING		. 1000 (0)		School						
Street Address					pter 8 (Other t	han K-12)	ř.			
30 PROSPECT AVENUE				✓ Other (I.)	e., private & c					
	ounty (6)	County Code	(7)	Square Feet	# Of Floors		Buildir	ng Age		
HACKENSACK BE	ERGEN			20,000 Current Use (Prior	if hains dame		1	40		
	No.			HOSPITAL	n being demo	nisnea)		40 +		
Name of Monitoring Fir	m Hired by Bldg. Own	er (8)	ASCM NO	O I						
LANGAN ENGINEERING	3			NORTHSTAR CONT	TRACTING GE	OUD INC	,			
Street Address				Street Address	110101111001	1001, 1140				
300 KIMBALL DR, 4TH F City, State, Zip Code	LOOR	***************************************		20 14/303 D1						
PARSIPPANY, NJ 07054	1			32 Williams Parkway City, State, Zip Cod						-
Project Mngr. For Monit		Telephone Nu	mber							
BRIAN FEURY Sheduled Start Date (10)	) Isohad Comm	973-560-4857 letetion Date (1	4)	East Hanover, NJ 07		1				
	19 07	31/	19	Telephone Number		License	Number			
Occupancy Status Duri	na Abatamant (Charle	0-1-4)		973-884-8682				00860		
Occupancy Status Durin	ng Abatement (Check ed/Vacated During Ent	only 1) tire Period of		Name of OSHA Mor NORTHSTAR CONT		OUP INC				
Abatement				Street Address	110.011140.01	COOF, INC				
Abatement P Hours - Desc	erformed Outside of N	lormal Facility		22 Milliana Dada	2					
	ribe:7:00 AM-3:30	PM		32 Williams Parkway City, State, Zip Cod						
Scope of Work (Check A	All That Apply)			East Hanover, NJ 07						-
22.42	7220									
<ul><li>✓ Demolition</li><li>≥3sf or ≥3lf</li></ul>		Renovation		Full Containment w Mini - Enclosure	ith Negative F	Pressure				
	60 If		$\exists$	Glovebag Procedur	re					
			<b>V</b>	Non-Exempted (*) a	ind Non-Friab	le Proced	ure			
Location of	ls	91071	Descript		T	Abateme	nt Type			
Asbestos Containi	ng Location Normally	As	bestos - C Material		Amount	R E	_	E	E	
TO BE ABATED		(1.	e., therma		Amount (Specify	M	R	N C	N C	
in Facility	Solely	insul	lation, sur	facing, VAT,	SF or LF)	0	P	A	L	
(13)	by Main- tenance/	ord	other misc	ellaneous)		V	A	P	0	
	Custodial					A L	R	S U	S	
	Staff (12)							L	R	
MAIN	YES NO N/A	WINDOW/LINT	EL CALILL		590 LF	7			+	_
MAIN		GLAZING	LL ONOLI		600 LF	7	H	十片	+	=
MAIN		CAULK			165 LF	7			I	5
MAIN Name of Registered Was	ste Hauler	ROOF FLASHII NJDEP Waste		Name of Registered	800 SF	7			L	
NORTHSTAR CONTRAC		Hauler ID No.	Yards Of	FAIRLESS LANDFIL						
City, State		30534		Cit. Ot i		-				
EAST HANOVER, NJ			Disposal Date	City. State MORRISVILLE, PA						
Complete the /p. 1				11					- 18	
Completed by (Print or 1	(ype)	Title		Signature	- //			Date		
Steven Stiles		Project Manage	r	Dla	Call			05	/31/	9
ASB-41				700000		ON A COLUMN TWO				

m alc	riconario mana	NO			N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1	The state of the s	n E C E	3	W/	F	0
Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)	7				+11
5/30		9		In	spira Hea	alth Network / Jo	118	Check #	- 3 2	n19		$\bigcup$
Agencies Notified Type No  ⊠ EPA □ Initia		n		10000000	et Address				-	010		mod
☐ EPA ☐ Initial ☐ Initial ☐ Amer						ntree Road, NW S	Suite 1400	and the second second second	Anna in Kampionalogo	Principal Service	and airtigal	terminana.
	dment :	#4		1	State, Zip		1	ASBESTOS	UON	TROL	. &	
☐ DCA ☐ Emer			ng	A	tlanta, Ge	oergia 30305	Name and Address of the Owner, where	The Fig. 1	VOHVU	A CONTRACTOR OF THE	of the Control	SINGSTON
	cation)			Nam	ne of Conta	ct		Telephone Nu	mber			0-0.
Cano	ellation			Jo	hn Devin	ie		856-262-1	800			
				FA	ACILITY II	NFORMATION					1000	
Name of Facility Where Abatement	is Takir	ng Plac	ce (3)				Type of Facility	y (4)				-
Neale Farm Building #1							School (K-1	1000 50				
Street Address							☐ Subchapter	8 (Other than K-				
700 Mullica Hill Road							homes, etc	private and comm	ercial b	ouildin	gs,	
City (5)							Square Feet	# of Floors	I F	Bldg. A	lae	-
Mullica Hill, NJ							940010 1 001	611 16615	1	nug. 1	·9°	
County (6)	-			Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (P	Prior if being demo	lished)		-	
Gloucester					,	, (C 2 002 0/12/)	Current Coc (i	nor il being deme	ilorica)			
Name of Monitoring Firm Hired by E	uildina	Owner	(8)	ASCN	1 No	Name of Abateme	ent Contractor (9	)\		_	-	_
M.E.C.S.			(-)			AbateTech. In		')				
Street Address						Street Address	110.					
PO Box 341						30 Maple Ave	DO Boy 25					
City, State, Zip Code						City, State, Zip Co						
CHesterfield, NJ 08515						Lumberton, N						
Project Manager for Monitoring Firm			Tel	ephone	No	Telephone No.	13 08046	License No.			7.00	
William Weisgarber Jr.		wit w			3-4070	609-265-2107		00529				
Start Date (10)	Sched	duled C	- 77		ate (11)	Name of OSHA M		00323				
12 /26 /18	1	<u>6</u> /		8_ /	The state of the s	EMSL Analyti						
Occupancy Status During Abatemen	_					Street Address					_	
Facility Closed/Vacated During E						200 Route 130	0 North					
Abatement Performed Outside of Time of Abatement:AM	Normal	Facilit	y Hou	rs - Des		City, State, Zip Co	de				_	
		VII			_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)												4
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Encl ☐ Glovebag	Procedure	gative Pressure	ıre			
		Is	Loca	tion	I					atem	ent	уре
Location of			Norma			Description of				T		
Asbestos-Containing Material (AC TO BE ABATED	M)		ed Sole			stos Containing Mat		Amount	em	Repair	nca	ncle
IN Facility		100000000000000000000000000000000000000	todial	Staff?	(i.e.	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify SF or LF)	Removal	¥	Encapsulate	Enclosure
(13)			(12)	т		other miscellaned		0. 0. 2. /	-		llate	Ге
		Yes	No	N/A								
Throughout					White C	eiling Panels		300 SF	$\boxtimes$			
										П	Г	П
		П	П								F	
Name of Registered Waste Hauler		ш		JDEP \	Naste	Cubic Yards of	Name of Regis	tored Landfill	10	ш		
AbateTech, Inc.			1000	auler II	No.	Waste 40	G.R.O.W.S					
City, State	111					Disposal Date	City, State				_	_
Lumberton, NJ						6/28/19	Tullytown,	PA				
Completed By (Print or Type)	Title					Signature	1	D	ate			_
Gwendolyn Trumbetti	0	oerati	ons (	Coordi	nator		WIT		5-	30 -	- [	7

11220			NO	~:-:	0 A T1		New Jersey						
100			NO				SBESTOS ABA AC 8:60 and 5:		) E G E		$\mathbb{V}$	E	
Date of Notification (1)					Na	me of Buildi	ng Owner/Operator	(2)	3				111
	30 /	1	9		2.0		he State Univers		b#1804-5300 C	heck	<b>#</b> 19		IJ
Agencies Notified	Type Notif	fication	1		Str	eet Address					-		
⊠ EPA ⊠ DOLWD	☐ Initial				F	REHS, 27 F	Road 1, Bldg. 408	36 Livingston	Campus	in Full Selfer St	nemantina.	eterna A	
☑ DOLWD			47		City	, State, Zip	Code		ASBESTOS ( LICEN			. 8	
□ DCA	☐ Emerge			na	P	iscataway	, NJ 08854	Institute	And the Land of the Control of the Land of	CHIA!	d Control of the	NGINE.	MENTAL SERVICE
(NJAC 5:23-8)	justifica		iidudii	ig	Nar	ne of Conta	ct		Telephone Num	nber	-0.00		-
	☐ Cancell	lation			N	lichael F.	Smith		848-445-25				
					F	ACILITY II	NFORMATION					_	-
Name of Facility Where Al	batement is	Takin	g Plac	e (3)				Type of Facilit	v (4)	111		-	
Rutgers- Livingston					087 &	4155		School (K-					
Street Address								☐ Subchapte	r 8 (Other than K-12				
27 Road #1								Other (i.e., homes, etc.)	private and comme	rcial b	ouildin	gs	
City (5)								Square Feet	# of Floors	F	Bldg. A	106	
Piscataway, NJ 0885	54							Oquale 1 cct	4	'	60+	ıgı	
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (F	Prior if being demoli	shod)	100	_	
Middlesex							Monne oor onen	Academic	nor it being demon	Sileu)			
Name of Monitoring Firm F	lired by Bui	ildina (	Owner	(8)	ASC	M No.	Name of Abatem		2)			-	
Health & Safety Serv				(-)	11		AbateTech, I		′/				
Street Address			-				Street Address	110.					
PO Box 365							30 Maple Ave	PO Boy 25					
City, State, Zip Code							City, State, Zip Co	er roger and entremental entre					
Berlin, NJ 08009							Lumberton, N						
Project Manager for Monito	oring Firm		-	Tel	ephon	e No	Telephone No.	10 00040	License No.			-	
James Proctor				1		2-1311	609-265-2107		00529				
Start Date (10)		Sched	luled C	-		ate (11)	Name of OSHA M		00323			-	
7/25/	18	_(	6_ /	_2			EMSL Analyti						
Occupancy Status During A					-		Street Address					-	
☐ Facility Closed/Vacated							200 Route 13	0 North					
Abatement Performed C	Outside of N	lormal	Facilit	y Hou	irs - De	scribe	City, State, Zip Co	ode				-37	-
			V1/			_Aivi	Cinnaminson	, NJ 08077					
Scope of Work (Check all the	nat apply)												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re □ De	novai moliti			Mini-Encl     Glovebage	osure Procedure	gative Pressure on-Friable Procedur	re			
				Loca						At	atem	en	уре
Location of Asbestos-Containing Ma		/\		Norma	ally ely by	A = b = -	Description of			<sub>Z</sub>	D	п	m
TO BE ABATE		")	Ma	intena	ance/	Asbes (i.e.	stos Containing Mat , thermal systems i	rerial (ACM)	Amount (Specify	Remova	Repair	ıca	nclo
IN Facility			Cus	todial (12)	Staff?	, , , ,	surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(13)		ł	Yes	No.		-	other miscellaned	ous)				ate	(D
See Attached			Tes	No	N/A	See Atta	ached		See Attached				$\frac{1}{1}$
													+=
											П		
												Г	
												Е	
Name of Registered Waste	Hauler			I	JDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill			_	1—
AbateTech, Inc.				F	lauler l 1875	The second secon	Waste 40	Fairless L					
City, State							Disposal Date	City, State				- 17	
Lumberton, NJ							6/28/19	Tullytown,	PA				
Completed By (Print or Type		Title					Signature	A	Dat	te			
Gwendolyn Trumbetti		Ok	perati	ons	Coord	linator	( h	MI	5	5-3	0 -	11	1

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) 5 30 19 JCP&L/FirstEnergy Company / Job #1903-5454 Check # Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 10 Legion Place-Building A **⊠** DOLWD ASBESTOS CONTROL City, State, Zip Code **⊠** DHSS Amendment #3 LICENSING Morristown, NJ 07960 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation John Beirne 609-444-9922 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCP&L School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 31 Park Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Florham Park, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Morris Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 15 / 19 6 / 28 / 19 **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 ☐ Mini-Enclosure ≥3 sf or >3 If □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement /pe Normally Location of Description of Encapsulate Enclosure Used Solely by Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Pole#JC58A377.42 П  $\boxtimes$ Asbestos risers 16 LF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 City, State Disposal Date City, State Lumberton, NJ 6/28/19 Tullytown, PA Completed By (Print or Type) Title Signature Date Gwen Trumbetti **Operations Coordinator** 

ASB-41 MAY 11

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

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

no ck		NO.			N OF AS	SBESTOS ABA AC 8:60 and 5:	N (2 1) (1) (2 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			-		Yazar						
Date of Notification (1)	) /	19		10000		ng Owner/Operator ires Urban Rene	411 11 1	08-5369 C	∥	E								
⊠ EPA □ □ DOLWD	pe Notificati Initial Amended	ion		88		nue 31st Floor	The state of the s	JUN -3	3 2019	7	L							
	Amendmen				State, Zip				No. of the last of	N/MORES								
	Emergency		ng		ew York, I	State Merceletary	AS	SBESTOS C		L &		1						
The second secon	justification Cancellation			112000000000000000000000000000000000000	e of Contac	77	Lawrence and Lawrence	Telephone 1		www.com.com	Statistics	20.00						
	Caricellatio	11		1	ed Teiche			917-952-	1929									
Name of Facility Where Abate	mont in Tal	kina Dina	- (0)	F.A	ACILITY IN	NFORMATION												
Garden Spires Apartme			TT / ( 20 TO ) TO )				Type of Facility (											
Street Address	nts-build	ing 1/5					☐ School (K-12) ☐ Subchapter 8		(-12)									
175 1st Street							Other (i.e., pri			uildir	gs,							
City (5)							homes, etc.)				_							
Newark, NJ							Square Feet	# of Floors	B	Ildg. A	Age							
County (6)				10-							-4							
Essex				Cou	inty Code (/	)(STATE USE ONLY)	Current Use (Price	or if being den	nolished)									
Name of Monitoring Firm Hired	d bu Duildin	- 0	(0) I	1001		T												
Health & Safety Service		g Owner	(8)	ASCM	1 No.		ement Contractor (9)											
Street Address	S					AbateTech, I	nc.											
						Street Address												
PO Box 365						30 Maple Ave												
City, State, Zip Code						City, State, Zip Co												
Berlin, NJ 08009						Lumberton, N	NJ 08048											
Project Manager for Monitoring			100000000	phone		Telephone No.		License No	j									
Jim Proctor					1-8850	609-265-2107		00529										
Start Date (10)3 /28 /19	_   _	neduled C	28	tion Da	19	Name of OSHA M EMSL Analyti												
Occupancy Status During Abat						Street Address												
Facility Closed/Vacated Dur						200 Route 13	0 North											
Abatement Performed Outsi Time of Abatement:	de of Norm	ial Facility	y Hour	s - Des	Scribe	City, State, Zip Co	ode											
		1 100			_AIVI	Cinnaminson	, NJ 08077											
Scope of Work (Check all that a $\triangle 3$ sf or $\ge 3$ If	ipply)	⊠ Re	novoti	<b>.</b> n		☐ Full Conta	ainment with Nega	tive Pressure			- 17							
≥160 sf or ≥260 lf		☐ De						Friable Proce	dure									
		100.00	Locat	27.730					Ab	atem	ent	уре						
Location of Asbestos-Containing Materia	al (ACM)	100	lormal d Sole		Ashaa	Description of			ZD.	<sub>Z</sub>		T						
TO BE ABATED	ai (ACIVI)	Mai	intena	nce/		tos Containing Mat , thermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure						
IN Facility		Cust	odial 8 (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	-	lusc	sure						
(13)		Yes	No	N/A	1	other miscellaneo	ous)				ate	CD						
(14) E Bathrooms 20 LF ea	ch	Tes		N/A	Pipe Ins	ulation		280 LF										
			100000							ᆜ	느							
Name of Registered Waste Hau AbateTech, Inc.	ler		Ha	JDEP V auler ID 18750	No.	Cubic Yards of Waste 40	Name of Registe G.R.O.W.S. L											
City, State				Disposal Date City, State						-								
Lumberton, NJ						6/28/19	Tullytown, P.	A										
Completed By (Print or Type)	Tit	tle				Signature			Date		-							
Gwendolyn Trumbetti	(	Operation	ons C	oordi	nator		must		5-31	) -1	1	1						

ASB-41 **MAY 11**  State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

MD(V			NO					8:60 and 5:1			מת ב	7 (=)		- 1		
Date of Notification (1)					Nan	ne of Ruildin	20.0	wner/Operator	(2)	EGE			4	#		
	30 /	19	9						ny / Job #190	1-5435 Ch	eck#		7			
Agencies Notified	Type Notifi	ication			Stre	et Address				JUN =	3 201	9	11	#		
⊠ EPA	☐ Initial					NININ WAYS TO		e- Building A	trad (next)	0.911	0 10		in the	1		
☑ DOLWD		T1700	22020			State, Zip				Control of the last of the las	to de that makes allow to the "other	PROT. Didutes	_	_		
☑ DHSS	Amendr				1	orristown				ASBESTOS	CONTR NSING	OL &				
DCA (NJAC 5:23-8)	☐ Emerge justifica		icludir	ng		e of Contac			Petrophology	Telephone	Transmitter service	China harabase	-			
(1.0.10 0.20 0)	☐ Cancella				-2010/04/04	eith Slans				973-955						
					F/	CILITY IN	VFO	RMATION					_			
Name of Facility Where A	batement is	Taking	g Plac	e (3)					Type of Facility	(4)				_		
NJ DOT			2000 - 000000						School (K-12							
Street Address									Subchapter 8				225.00			
Route 71 & Asbury	Ave MM56	4.13 t	to Rt.	71 8	Deal	Lake Rd.	MM	1595.39	Other (i.e., property) homes, etc.)	ivate and cor	nmercial	buildin	gs			
City (5)									Square Feet	# of Floors	; [E	Bldg. A	ge			
Neptune, NJ									K. 838	1						
County (6)					Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pri	or if being der	molished)		_			
Monmouth									Substation							
Name of Monitoring Firm I	lired by Bui	Iding C	wner	(8)	ASCM	ASCM No. Name of Abatement Contractor (9)  AbateTech, Inc.										
ATC Associates							1	AbateTech, lı	nc.							
Street Address							Str	reet Address						See 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
3 Terri Lane							3	30 Maple Ave	. PO Box 25							
City, State, Zip Code						City, State, Zip Code										
Burlington, NJ 08016							L	Lumberton, N	IJ 08048							
Project Manager for Monito	oring Firm			100000000000000000000000000000000000000	ephone		Tel	lephone No.		License No	D.					
John Lutz			35. 5	1		-7522		609-265-2107		00529	1 261	a 65				
Start Date (10) 3 /25 /		Schedi	uled C			ate (11)	100	me of OSHA M								
		/			3_/	19		EMSL Analyti	cal							
Occupancy Status During							0000000	eet Address								
☐ Facility Closed/Vacated☐ Abatement Performed (						voribo		200 Route 130					_			
Time of Abatement:	AM	PM	1/	PM	- -	AM	- 8	y, State, Zip Co								
Scope of Work (Check all t							-	Cinnaminson	, NJ 08077				_			
	nat apply)							☐ Full Conta	ainment with Nega	ative Pressure	9					
≥3 sf or ≥3 if     ≥160 sf or ≥260 if			⊠ Re □ De					☐ Mini-Encl	osure							
☐ ≥100 SI OI ≥200 II		1	⊔ ⊳е	molitic	on			☐ Glovebag  ☐ Non-Exer	Procedure npted (*) and Non	-Friable Proc	edure					
			ls	Locat	ion							patem	eni	уре		
Location of				Norma				Description of						_		
Asbestos-Containing Ma		1)		a Sole intena	ely by ince/			Containing Mat ermal systems in		Amount	Removal	Repair	cncapsulate	Enclosure		
IN Facility			Cust		Staff?	(i.e.		surfacing, VAT,		(Specify SF or LF)	oval	≒.	nsd	Sur		
(13)		-	.,	(12)	1	-	oth	her miscellaneo	ous)	55 -			ate	е		
		-	Yes	No	N/A		1111							-		
Exterior Street Lights						Asbesto	s C	onduit		90 LF						
												П	Е	П		
													Ē	1		
Name of Registered Waste	Hauler				JDEP \	Naste	Cub	oic Yards of	Name of Registe	red I andfill			_			
AbateTech, Inc.	, , , , , , , , , , , , , , , , , , , ,			6000	auler IC	No.	Was	ste	G.R.O.W.S.							
City, State					18750		2 Disp	posal Date	City, State							
Lumberton, NJ					/28/19	Tullytown, F	PΑ									
Completed By (Print or Type	9)	Title			- 13			Signature /			Date	-	-	_		
Gwen Trumbetti	. T	MARKET	erati	ons (	Coordi	nator			rut		Date 5-	30 -	_	7		

ASB-41 MAY 11

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

ND CY	)	(Fursuant to NJAC 8:60 and 5:16)  Name of Building Owner/Operator (2)  UN - 3 2019																		
Date of Notification (1)	29 /	19			2.00	ne of Buildir SE&G /	ng C	en en marian en la fillione en en	(2) #1904-5470 Ch	leck	Spenia	IN -	- 3	20	19	- I - I				
Agencies Notified  ☑ EPA ☑ DOLWD	Type Noti ☐ Initial ☐ Amend				4	et Address 000 Hadley					ASBES	STOS			20	&				
☑ DHSS		lment #3			01	, State, Zip (														
☐ DCA (NJAC 5:23-8)	☐ Emerge		ludin	ıg		outh Plain ne of Contac		ia, NJ		1-					_					
(NJAC 3.23-8)	Cancel					arry Tucke				1	elephone I									
							_				609-337	-0361								
Name of Facility Where A	hatement is	Taking I	Dlace	0 (3)		ACILITYIN	1FC	DRMATION	T= .=											
PSE&G- Hunters Gl			riaci	e (3)					Type of Facility											
Street Address	CITOUDSta	LIOII		in a section					School (K-1	2) 8 (C	ther than I	K-12)								
68 Dey Road									Other (i.e., p	oriva	te and con	nmerc	12) mercial buildings							
City (5)									homes, etc.					ldg. A	_					
Plainsboro, NJ									Square Feet		# of Floors									
County (6)					I Co:	inty Codo 17	Ver	ATE HOT ON 10	0	, I,	or if being demolished)									
Middlesex					1000	mity Code (/	1(0)	TATE USE ONLY)			r being den	nolish	ed)							
Name of Monitoring Firm F	lired by Ru	ilding Ow	mar	(0)	ASCN	1 No	l M.		Substation											
Health & Safety Serv		nung Ow	1161	(0)	ASCIV	I INO.			ent Contractor (9)	)										
Street Address	1003						_	AbateTech, I	nc.						_					
PO Box 365								reet Address	DO D											
City, State, Zip Code				-				30 Maple Ave												
Berlin, NJ 08009							100	ty, State, Zip Co												
Project Manager for Monito	ring Firm			Tolo	phone	No		Lumberton, N	NJ 08048	٠.										
Jim Proctor	72			60	9-704	1-8850	6	lephone No. 609-265-2107	10000		icense No 00529									
Start Date (10)5 /13 /	19		_ /	_ 31		ate (11) 19		me of OSHA M E <b>MSL Analyt</b> i												
Occupancy Status During A							Str	eet Address												
Facility Closed/Vacated     Abatement Performed C	During Enti	ire Period	d of A	Abate	ment		2	200 Route 13	0 North											
Time of Abatement:	AM	iormai Fa PM/_	Cility	PM-	s - Des	AM		y, State, Zip Co												
Scope of Work (Check all the								Cinnaminson	, NJ 08077						_					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	iat appiy)			novati				☐ Mini-Encl												
				Locat			- 2000						Aba	ateme	ent	уре				
Location of Asbestos-Containing Ma	terial (ACN	0 1		ormal Sole		A = h = - +		Description of	CONTRACTOR STATE OF S		12 10				-	T				
TO BE ABATE		"	Mair	ntena	nce/			Containing Matermal systems in			Amount (Specify		Removal	Repair	ncal	nclo				
IN Facility (13)			Justo	odial 8 (12)	Staff?		S	surfacing, VAT,	or		SF or LF)		val	=	Encapsulate	Enclosure				
(13)		Y	es	No	N/A		oth	her miscellaneo	us)						ate	1 00				
hroughout			-		×	Sheetroo	k				6,000 SF		X		Е					
ub/Shower Area	Area 🔲 🖾 Wall Mastic										200 LF	_	X	П						
Bethroom #2			]			Window			7 SF	-	X									
Bathroom Walls #2 & #3	3		1		$\boxtimes$	Wall Mas	tic			52 LF 🛛 🗆 🗆										
ame of Registered Waste I	Hauler			N.	IDEP V		441100	ic Yards of	Name of Registered Landfill					ш						
Veolia ES Technical S	olutions l	LLC		Ha	uler ID		Nas 40	ste		airless Landfille										
City, State Flanders, NJ								osal Date	City, State						_					
					4=0		5/	31/19	Morrisville,	ille, PA 19067										
ompleted By (Print or Type Gwendolyn Trumbetti	)	Title Oper	rations Coordinator Signature Date 5-29-1									9								
R_41		Oper		.,,5 0	Joiul	CVVA			)	0	- [	l	1							



#### Scope of Work Cont.

Location of ACM Used for Maint. Description of ACM Amount Abatement Type

Exterior NO Transite 1 LF Removal

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 29 / PSE&G / Job #1905-5480 Check# 3 2019 Type Notification Agencies Notified Street Address ☐ Initial 4000 Hadley Road **ASBESTOS CONTROL &**  □ DOLWD City, State, Zip Code LICENSING ☑ DHSS Amendment #1 South Plainfield, NJ ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Alex Layson 484-370-3196 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Runnemede Substation School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings 892 E. Evesham Road homes, etc.) City (5) Square Feet # of Floors Bldg. Ag Glendora County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Gloucester Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. James Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_5\_ / 20 / 19 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-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatemen Гуре Normally Location of Description of Repair Used Solely by Remova Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached  $\boxtimes$ See Attached See Attached X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Environmental Transport Group, INC. Grows-Fairless Landfille 000692061 40 City, State Disposal Date City, State Flanders, NJ 6/7/19 Morrisville, PA 19067 Completed By (Print or Type) Signature, Gwendolyn Trumbetti **Operations Coordinator** 

State of New Jersey

ASB-41 MAY 11

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) 5 19 PSE&G / Job # 1903-544 Check# Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 80 Park Avenue **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #2 LICENSING Newark, NJ ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Chris Castronova 908-412-2206 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Bay Way Refinery School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings 1400 Park Avenue homes, etc.) City (5) Square Feet Bldg. Age # of Floors Linden, NJ 07036 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Union Refinery Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. James Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_5\_\_ / \_\_13\_\_ / \_\_19 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- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement vpe Normally Location of Description of Removal Repair Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior X Coal Tar Wrap 285 SE X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Environmental Transport Group, INC. Grows-Fairless Landfille 000692061 8 City, State Disposal Date City, State Flanders, NJ 6/7/19 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Gwendolyn Trumbetti **Operations Coordinator** 

~ [,			NO	TIFIC		N OF AS		Jersey STOS ABA	TEMENT	DER	7 1	1 5/7		- proces				
W CK	-		110		ursua	nt to NJA	4C	8:60 and 5:1	6)	DEG	<u> </u>	<u> </u>	_ :					
Date of Notification (1) 5 /	24 /	1	۵		10000000	e of Buildin	g O	wner/Operator	(2) £ 1904-5460	Check#	- 3	2010	1					
								J00 #	1904-5460	U Cneck#	U	2010	! 	-				
Agencies Notified  ☑ EPA	Type Notifi  ☐ Initial	cation	1			et Address		000000	-	The second second second	- taracoreixo	OVER THE WAY	- L					
	☐ Illiual  ☐ Amende	ed				00 Hadley		7000000		ASBESTO			)[ 3	4				
⊠ DHSS	Amendr		<b>#</b> 3			State, Zip (			L	LIU	ENSI	NO	944 10	L-molm-sades				
	☐ Emerge		– ncludir	ng		uth Plain		d, NJ										
(NJAC 5:23-8)	_ justifica	Control of the control			Nam	e of Contac	t			Telephone Num	ber							
	☐ Cancella	ation			Pa	trick Disp	oto	)		908-986-574	11							
Name of Facility and the		= ::			FA	CILITY IN	IFO	RMATION										
Name of Facility Where Ab			550	e (3)					Type of Facility									
PSE&G- Madison Str	reet Subs	tatio	n						School (K-1	2) 8 (Other than K-12	N.							
Street Address									Other (i.e.,	private and comme	<i>)</i> rcial b	uilding	s,					
1160 Madison Street									homes, etc.	.)								
City (5)									Square Feet	# of Floors	В	ldg. Ag	Į€					
Hoboken																		
County (6)					Cou	nty Code (7	)(ST.	ATE USE ONLY)	Current Use (P	rior if being demolis	hed)							
Hudson									Substation									
Name of Monitoring Firm H		lding (	Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9	)			90 10					
Health & Safety Serv	ices						1	AbateTech, li	nc.									
Street Address							Sti	reet Address										
PO Box 365							;	30 Maple Ave	e. PO Box 25									
City, State, Zip Code							Cit	ty, State, Zip Co	ode									
Berlin, NJ 08009							1	Lumberton, N	J 08048									
Project Manager for Monito	ring Firm			Tele	phone	No.	Te	lephone No.		License No.			-					
James Proctor				6	09-704	-8850	16	609-265-2107		00529								
Start Date (10)		Sched	luled C	omple	tion Da	ite (11)	,Ña	me of OSHA M	onitor				A C					
4/22/_					_ / .	_19	E	EMSL Analyti	cal									
Occupancy Status During A						and a second	Str	eet Address			7Tu.							
☐ Facility Closed/Vacated	During Enti	re Per	riod of	Abate	ment		2	200 Route 130	0 North									
Abatement Performed O Time of Abatement:								y, State, Zip Co										
Time of A footenient.	7 11 11		"			Aivi	C	Cinnaminson	, NJ 08077									
Scope of Work (Check all the	at apply)							□ Full Cont	ainment with Ne	native Pressure								
≥3 sf or ≥3 lf				novati	55.557			☐ Mini-Encl	osure	gative r ressure								
☐ ≥160 sf or ≥260 lf			☑ De	molitio	n			Glovebag		a Frieble December								
			le	Locat	ion		-	M Moli-Exel	ripled ( ) and No	n-Friable Procedur	1		- 2	Annual Control				
Location of			0.5	Norma				Description of				ateme	-	ype				
Asbestos-Containing Ma		1)		d Sole		Asbes	tos	Containing Mat		Amount	Removal	Repair	Elicabsulate	Enclosure				
TO BE ABATE	<u>D</u>		100000000000000000000000000000000000000	intena todial		(i.e.		ermal systems in		(Specify	VOU	air	aps	losu				
IN Facility (13)				(12)	otair.			surfacing, VAT, her miscellaned		SF or LF)	<u>a</u>		ula	лге				
			Yes	No	N/A			THE THICSONATION	,40,				œ.					
Control House				□ ☑ Door Caulk 10 LF ☑														
Control House					$\boxtimes$	Cement	Pai	nels		95 SF								
Control House					$\boxtimes$	Window	Ca	ulk		12 LF								
4KV Yard						Transite	Pip	pe		300 LF □ □								
Name of Registered Waste I				5.780	JDEP V		2000	oic Yards of		of Registered Landfill								
Environmental Transp	ort Grou	p, IN	C.	H	auler IE 00069		Wa 2	ste 5	Grows- Fa	s- Fairless Landfille								
City, State					33000			posal Date	City, State					$\neg$				
Flanders, NJ							5	/31/19	Morrisville	ville, PA 19067								
Completed By (Print or Type	)	Title						Signature		Da	te							
Gwendolyn Trumbetti	5	O	oerati	ons (	oordi	nator			$\sim$		-21	1-16	9					

ASB-41 MAY 11

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

no CL		NO		ATIO		BE	STOS ABA 8:60 and 5:1		ECEI	$\mathbb{V}$						
Date of Notification (1) 5 /24	/ _ 1	19		The same of	e of Buildir SE&G /	ng O	wner/Operator	(2) 1904-5470 Ch	eck#UN - 3	2019	To the second	na.				
☐ EPA ☐ Init ☐ Init ☐ DOLWD ☐ Am Am	ended endment	# <u>2</u>		City,	et Address 00 Hadle State, Zip outh Plain	Cod	oad e	-	ASBESTOS CO LICENSII	NTRO	-comment	_				
	ergency ( tification)	includii	ng		e of Contac		<u> </u>		Telephone Nun	nber		_				
☐ Car	ncellation			На	rry Tucke	er			609-337-03							
				FA	CILITY IN	VFO	RMATION					-				
Name of Facility Where Abateme PSE&G- Hunters GlenSub Street Address 68 Dey Road		ng Plac	e (3)						2) 8 (Other than K-12 rivate and comme		uildin	js				
City (5)								Square Feet	# of Floors	В	ldg. A	gŧ	-			
Plainsboro, NJ								- CC								
County (6) Middlesex				Cou	nty Code (7	)(ST	ATE USE ONLY)	Current Use (Pr Substation	ior if being demoli	shed)		_				
Name of Monitoring Firm Hired by	/ Building	Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)				-				
Health & Safety Services						1	AbateTech, I	nc.								
Street Address				ē		Sti	reet Address					-07 E				
PO Box 365					30 Maple Ave. PO Box 25											
City, State, Zip Code						ode										
Berlin, NJ 08009 Project Manager for Monitoring Fire			1				_									
Jim Proctor	4-31		6	Lumberton, NJ 08048  ephone No.												
Start Date (10)5 /13 /19	Sché	duled 0	20)	tion Da	250 25	1	me of OSHA M E <b>MSL Analyti</b>					<del></del>				
Occupancy Status During Abatem						Str	eet Address					-				
Facility Closed/Vacated During						2	200 Route 130	North								
Abatement Performed Outside Time of Abatement:AM							y, State, Zip Co									
Scope of Work (Check all that app	ly)					_	Cinnaminson	, NJ 00077								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovati emolitio				☐ Mini-Encl	Procedure	ative Pressure n-Friable Procedu	re						
P 507 529		1000	Locat Vorma							Ab	ateme	n	Гуре			
Location of Asbestos-Containing Material ( TO BE ABATED IN Facility (13)	ACM)	Use Ma	ed Sole intena todial (12)	ly by nce/		, the	Description of Containing Matermal systems in surfacing, VAT, her miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Elicabaniare	Enclosure			
Throughout		П			Sheetro	ck			6,000 SF		П	[	$\Box$			
Tub/Shower Area												ב כ				
Bethroom #2					Window				200 LF 7 SF			ב כ				
Bathroom Walls #2 & #3				$\boxtimes$	Wall Ma	stic			52 LF			_ [				
Name of Registered Waste Hauler	11000	JDEP V		Cubic Yards of Name of Registered Landfill												
Veolia ES Technical Solution	ns LLC	NJD0806313 40														
City, State Flanders, NJ							oosal Date /31/19	City, State	DA 40007							
Completed By (Print or Type)	T:41-					5/		Morrisville,				_				
Gwendolyn Trumbetti	Title		ons C	oordi	nator		Signature	mA	Da &	te うつ	)Li	ì	7			
								V V 11		-		D .	5			

MICK	,	NO			N OF A	New Jersey SBESTOS ABA IAC 8:60 and 5:		MEG	E		W	EI
Date of Notification (1)				ing Owner/Operator			bet Leeble at Long					
5/	22 /	19		1	SE&G /		#1905-5479	Check#U	- 25	3 01	141	- material property
Agencies Notified	Type Notifica	ation		Stre	et Address			IT TI SOL		U E	71	-11
⊠ EPA	☐ Initial				000 Hadle				Christ-Kris	cardways (rece	David	
SEE					State, Zip			ASBEST	OS (	SING	R(	_&_
				1000		nfield, NJ		L	UEN	CHAR	verse.	menscarren
100 - 100 -			ng	-	ne of Conta	1		Telephone Num	her		-	_
	12.7			1	ndrew Ya			732-289-108				
				F	ACILITY	NFORMATION		100 000	600		-70	_
		aking Rlad	ce (3)		and the second second		Type of Facility	<i>i</i> (4)			_	
PSE&G- Former Exx	on Station	/					School (K-1	50 N				
Street Address			_	_			☐ Subchapter	8 (Other than K-12	2)			
468 Route 17 North							homes, etc.	private and comme	rcial b	uilding	ıs,	
City (5)		1-		0.	1		Square Feet	# of Floors	E	Bldg. A	ge	
Hasbrouck Heights,	NJ	0	710		+							
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)		- 77	-
Date of Notification (1)  5							Gas Station					
ASSOCIATION ASSOCIATIONI ASSOC	fired by Buildin	ng Owner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9	)				
2007						AbateTech, I	nc.					
Street Address						Street Address		-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			_	-
			20,00			30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
						Lumberton, I	NJ 08048					
Project Manager for Monito	oring Firm		Tel	ephone	No.	Telephone No. 609-265-2107		License No. 00529				
Start Date (10)6 /3 /						Name of OSHA M EMSL Analyt						
Occupancy Status During A	Abatement (Ch	neck only	one)			Street Address	<del></del>				2000	-
						200 Route 13	0 North					
Abatement Performed C	outside of Norr	mal Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode		-		_	-
19,50		_PM/	PM		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all the	nat apply)					П						
≥3 sf or ≥3 lf						☐ Mini-Enc	ainment with Neg losure	gative Pressure				1
≥160 sf or ≥260 lf		⊠ De	emolitic	on			Procedure	- Frieble Bereden	20			
		Is	Loca	tion		☑ Moll-Exe	npted (*) and No	n-Friable Procedure	1		_	
Location of		1	Norma	lly		Description of	f			ateme	-	уре
						stos Containing Mat	terial (ACM)	Amount	Rem	Repair	Enc	Enc
	<u>:U</u>	10 40 3340000			(i.e	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify SF or LF)	Removal	air	apsı	Enclosure
			(12)			other miscellaned		31 01 11 /	=		Encapsulate	9
		Yes	No	N/A							Œ	
See Attached					See Atta	ached		See Attached				
										П		
*		П	П								=	듬
											Ħ	늼
Name of Registered Waste I	Hauler			JDEP V	Vaste	Cubic Yards of	Name of Regis	tered I andfill				ᆜ
Environmental Transp		INC.	100	auler II	No.	Waste 40	1 10000	rless Landfill				
City, State			-			Disposal Date	City, State	/			_	-
Flanders, NJ						6/7/19	Morrisville	PA 19067				
Completed By (Print or Type	) T	itle				Signature	-//	Dat	е		_	$\dashv$
Gwendolyn Trumbetti		Operati	ons (	Coordi	nator	1//	VU	5	-,)	27	ŧ	)
SR 41						- 1			_	- 1	- 23	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT E G E I V														7										
0	16		NOTIF	FICA	TIO	N (	OF	ASE	BES	TOS AB	ATE	MENT				7 7	111							
(1) (1)	$/ \setminus$		(Pu	ursu	ant	to	<u>N.,</u>	J.A.C	<u>).</u> 8:	60 and 1	12:1	20)	N.											
Date of Notification		40								/ Operator	(2)			JUN	-3 2019	- Longer	7							
Agencies Notified	5/3/		otion		Kide Stree			ersity					_			+	-							
EPA	Type	Notifica	ation	- 1				ss encev	rillo E	Pond			AS	BESTO	S CONTRO	8								
	$\boxtimes$	Initial						Zip C		\Uau		- L			ENSING	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1								
☐ DEP ☐ DOL			nded (R#2-5/30							648					***************************************	34700 Class 200	307.715							
⊠ DOH	П		gency		Name				10 00	040				T	Telephone N	mber	-							
DOH     DCA	П		ellation		Walt										609-896-77									
									ORM	ATION							$\dashv$							
Name of Facility Wh			ent is Taking Pl	ace (	3)					oe of Facilit School (K		Iniversit												
Rider University - Street Address	- nou	se Tu				_			니는			Other than												
2083 Lawrencevil	llo Do								IH						gs, homes, є	2)								
2003 Lawrencevii	ile Ko	au							L	uare Feet	. piive	# of Floor			3ldg. Age	3.)	$\dashv$							
City (5)	-		County (6)	ICo	unty	C00	0 /7	7)	ا <sup>عم</sup>			# 01 1100	3	1										
City (5)			County (6)	100	unity	C00	e (1	)	0	9000	Del = = 1	f balas da	<u>ح</u>	- 4\	40+		-							
Lawrenceville			Mercer							rrent Use (F	-HOL I	r being de	molisn	ea)										
	=: .		<u> </u>	(2)		-	200			rmitory			(0)				_							
Name of Monitoring Pennoni Associate		Hired b	y Building Own	ier (8)		A	SCI	M No.		me of Abate														
Street Address							3.40		_	eet Address			V02012											
515 Grove Street,		е В							_	23 Beaver	_													
City, State & Zip Coo										y, State & Z														
Haddon Heights,													1			7	_							
Project Manager for Brian Clark	Monito	Bristol, PA 19007																						
Scheduled Start Dat			Scheduled Con		_	_			Na	me of OSH	A Mo													
(On site) 5/3	_			6/5					_	istol Envi		nental Inc	c											
Occupancy Status D  Facility Clos			ment (Check or During Entire P			ate	man	nt	455	eet Addres: 23 Beaver		not.												
			utside of Norma							y, State & Z						9	-							
Describe:			11:00 PM	ai 110	uis	, ai	11 10	Opin		istol, PA 1														
Facility Occu									10,	istoi, i A	13001													
Scope of Work (Che																								
			15.37								$\boxtimes$	Full Cont	ainmer	nt with N	Negative Pre	sure								
≥3 sf or ≥3 If	f			$\boxtimes$	Rei	nov	ation	n				Mini-Encl	osure											
≥160 sf ≥260	0 If				Der	moli	tion					Glove Ba	55-01				1							
												Non-Exer			n-Friable Pro									
577.7	cation	553			Locat		- 1			Description				nount	Abatem	nt Ty	ре							
Asbest	os-Cor erial (A		g		nally		ea			estos-Cont laterial (AC		3		oecify or LF)										
	BE ABA				tenar		or			thermal sy		s	O,	01 11 )	R R	Cie	E							
	Facili			Cust	odial	-	ff?	i	nsula	tion, surfaci	ing, V	AT			Repair	Clean Up	Enclosure							
	(13)				(12)				or oth	ner miscella	neou	s)			<u>a</u> =	두	ıre							
				Yes	No	N	/A																	
Boiler Room				$\boxtimes$	Ш		1			iler Insula				0 SF			Ш							
Boiler Room				$\boxtimes$	Ш	<u>  L</u>		Pip		ulation ar		ttings		0 LF			Щ							
Boiler Room				$\boxtimes$	Ш	ļĻ	4			reeching I				) SF			Щ							
Boiler Room				$\boxtimes$	Щ	1	4	Но	t Wa	ter Tank I	nsul	ation	30	0 SF			닠							
				Ц	Ц	ļĻ	4																	
				Ш	14	ΪŢ		1	0	- VI-	1.	(5		100			Ш							
Name of Registered	Wast	e Haul	er		100000			2.20	of W	c Yards aste	Nam	e of Regis	stered l	andfill										
Service Transpor	rt Inc.				(4000000	99		=::::::::::::::::::::::::::::::::::::::	5 cu	yd		less Lan	dfill			Section								
City, State							7 - 17			osal Date		State	NAME OF THE PERSON	CHICAGO C		5707								
Yardley, PA				G-58-31100					5/29	ATTOMASY	Fair	less Hills	s, PA			1 Maria -								
Completed By (Print		pe)			1000	tle				ature	, .	,	,		Date									
Gino Pizzigon	i					roje			1	no Pro	/	,	1.	1	5/30/19									
-					M	ana	age	r	1 /	no In	Som	gone	14	_										

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) Name of Building Owner / Operator (2) JUN - 3 2019 5/3/19 Rider University Agencies Notified Type Notification Street Address X EPA 2083 Lawrenceville Road ASSESTOS CONTROL DEP Initial City, State & Zip Code LICENSING X  $\overline{\boxtimes}$ DOL Amended (R#1-5/21/19) Lawrenceville, NJ 08648 X DOH Emergency Name of Contact Telephone N nber  $\overline{\boxtimes}$ DCA Cancellation Walter Eddy 609-896-77() FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - House 10 School (K-12) University Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, e .) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 9000 3 40+ Lawrenceville Current Use (Prior if being demolished) Mercer Dormitory Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni Associates Bristol Environmental, Inc. Street Address Street Address 515 Grove Street, Suite B 1123 Beaver Street City, State & Zip Code City, State & Zip Code Haddon Heights, NJ 08035 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Brian Clark 856-656-2944 (215) 788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/20/19 (ON HOLD) 5/21/19 5/29/19 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 7:00 AM to 3:30 PM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pres re ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Proc dure Location of Is Location Description of Abateme t Type Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Clean Up Enclosure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Boiler Room Boiler Insulation 200 SF Boiler Room X Pipe Insulation and Fittings 70 LF Boiler Room X **Breeching Mud** 10 SF Boiler Room Hot Water Tank Insulation 300 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 5 cu yd Fairless Landfill City, State Disposal Date City, State Yardley, PA 5/29/19 Fairless Hills, PA Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 5/21/19 Manager

D 1 111 00 00 00						1.0. 0.00 at		20/115	CH	LH	50	
Date of Notification (1) 5/3/19		ı	Name Ride	e of B	uildin	g Owner / Oper	rator (2)		JUN	- 3 20	)19	-
Agencies Notified Type Notifi	cation			t Addi		ity						
Ø EPA 6279				7		eville Road		-	A CO CO CO CO		enteroranement	. 1
DEP 21(a   Initi	al					Code			ASBESTO	IS CONT ENSING		
DEP 316   Initi	ended					NJ 08648		O CONTROL OF	TEL CO		The second second	nother the
DOH GAGE   Em	ergency	N	Vame	of Co	ontac	110 00040				I <del></del>		
□ DCA 62% □ Car	cellation			er Ed						Teleph 609-8		
Name of Engility Where Abet			FAC	CILIT	YIN	FORMATION						
Name of Facility Where Abatem Rider University - House 10	ient is Taking P )	lace (3)	)			Type of Fa	cility (4)	l=1				
Street Address				-								
2083 Lawrenceville Road						Other	iapter 8 (t (i.e. priva	Other than	K-12) nercial build	ings ha		- \
City (E)	10					Square Fe	et	# of Floors	S S	Bldg. A	nes,	C.)
City (5)	County (6)	Cou	inty C	ode (	(7)	900	0		3	J	40-	4
Lawrenceville	Mercer	1				Current Us	e (Prior if	being den	nólished)		40-	
Al-						Dormitory	/		entre en arroner de d'a			
Name of Monitoring Firm Hired I Pennoni Associates	by Building Own	er (8)		ASC	M No		patement	Contracto	r (9)			-
Street Address			-			Bristol En	vironm	ental, Inc				
515 Grove Street, Suite B						Street Addr						
City, State & Zip Code						1123 Beav						
Haddon Heights, NJ 08035						City, State					-	
Project Manager for Monitoring F	irm [	Telepho	one N	Vumb	er	Telephone	Number		11.			
Brian Clark		856-65			0.	(215) 788-			License 00509	Number		
Scheduled Start Date (10)	Scheduled Com	pletion	Date	(11)		Name of OS		tor	00000	-		-
5/20/19		5/29/1	9			Bristol En						
Occupancy Status During Abater  Facility Closed/Vacated [	nent (Check onl	y one)				Street Addre	ess					_
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Juring Entire Pe	riod of	Abate	emen	ıt	1123 Beav						
Abatement Performed Out Describe: 7:00 AM to	iside of Normal	Hours	s - /a	am to	3pm	City, State 8		е				-
Facility Occupied During	Abstement					Bristol, PA	19007					
Scope of Work (Check all that ap	ply)		to to the									
D >3 of ar >2 If							⊠ F	ull Contair	ment with I	Venative	Dron	
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>	18			vation	1		□ N	fini-Enclos	ure	vegative	ries	ire
≥160 sf ≥260 lf			Demo	lition					Procedures			
100-4							□ N	on-Exemp	ted and No	n-Friable	Proc	dure
Location of Asbestos-Containing		Is Loc				Descriptio	n or		Amount	Aba	teme	Typ
Material (ACM)	1	Normall Solel				Asbestos-Cor	ntaining		(Specify	1.50	1	1 11
TO BE ABATED	l n	/lainten	iy by iance	or		Material (A (i.e., thermal s	CM)		SF or LF)	77		
in Facility		ustodia			ir	sulation, surfa	cina VAT	-		Rem	Re	2000
(13)	-	(12				or other miscell	laneous)			Removal	Repair	Cloop II
oiler Room		es No	0 N	I/A						=		,
oiler Room				4	Por	Boiler Insul			200 SF		$\sqcap$	ITT
oiler Room		X L	41-		Pipe	Insulation a		ngs	70 LF		MI	itt
oiler Room			<del>     </del>	$\dashv \vdash$		Breeching			10 SF		Ti	itt
oner reem			+++	$\dashv$	Hot	Water Tank	Insulation	on	300 SF			
		╣┼	╅┼╞	┽┼╴								
ame of Registered Waste Hauler			NJDE	P Wa	ste	Cubic Yards	Name o	f Registere	ed Landfill			
ervice Transport Inc.		H	Haule	r ID N	lo. c	f Waste						
ty, State		2	2099(	U	_	cu yd		s Landfil				
ardley, PA						isposal Date /29/19	City, Sta	ite s Hills, P.	A			
ompleted By (Print or Type)		T	itle			ignature	1 411163	o imis, P	P4	T		
ino Pizzigoni		23 11 14 15	roje	ct		11 -	0	c -	10	Date		
		11	lana			ZIMO 1	My	jou	/CM	5/3/1	9	
18271 F	1022-1020							0		1		

no ch	NC	(Pu	CATION irsuant t	of New J OF ASBES TO NJAC 8:6	STOS A 60 and	12:120	))			G E		W		The second secon	A STATE OF THE PARTY OF T
Date of Notification (1) 5/17/2019		1	Name of	Building Ow	wner/Op	perator Harri	3000	1		JUN	.) (	2012	)	Lanca	and distance of the same of th
Agencies Notified Type Notification		5	Street Ac	ddress					ASE	ESTOS			DL &		1
EPA Initial Amended			City Stat	te, Zip Code				Lanacione		LICE	VSIN	G	ercustore.	provint.	rol
X DOL Amendment		_   `	only, Stat	1,127		eton,	NJ 085	40							
DOH justification	including	1	Name of			<u></u>			T	elephone	Numb	er			
DCA Cancellation	$\rightarrow$			lark Harri		N.									_
Name of Facility Where Abatement is Taking	g Place (3)		1 AOIL	III INI OK	MIATIC	- I	Type of	Facilit	y (4)		-			-	1
Residential								hool (l							
Street Address								her (i.e		ther than e & comm		build	lings,	hon	s,
City (5) Princeton, NJ 08540							Square 3000	Feet	#	of Floors		1000	ldg. A 45 +		
County (6) Mercer			County C	ode (7)			Current	Use (I	Prior if b	eing dem	olishe				-
Name of Monitoring Firm Hired by Building (	Owner (8)	1	ASCM			Name	of Abater	ment (	Contract	or (9)				-	
MECS	(0)									Service	es, In	C.			
Street Address PO Box341							Address Box 322								-
City, State, Zip Code Chesterfield, NJ 08515			2. 60-00-00-00-00-00-00-00-00-00-00-00-00-0	A		140-500	tate, Zip (		501						25 — W
Project Manager for Monitoring Firm Bill Weisgarber		1923	elephon			Teleph	one No. 259-968			Licens					S
Start Date (10)	Scheduled	Com	pletion D			Name	of OSHA		or	0043					-
5/30/2019 Occupancy Status During Abatement (Checi	k Only One)		/2019			MEC	Address								
Facility Closed/Vacated During Entire F	eriod of Ab	ateme	ent				ox 341								
Abatement Performed Outside of Norm Other Describe:	al Facility H	lours			-		tate, Zip ( sterfield		08515						
Scope of Work (Check All That Apply)					-		2								-
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novati molitic				×	Mini-E Glove	Enclos bag P	ure rocedur	ith Negati e and Non-F				0	
	Is Lo	ocatio	n I				1 14011 L	_xcmp	icu ( ) a	III IVOIT-I	Habie		Abate	emer	-
Location of	5775770	rmally	,			cription					-		Ту	pe	_
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custoo	enand	ce/	No.	ermal s surfaci		insulatio T, or			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
		No	N/A											ite	Ф
Attic	X				Veri	miculi	te			800 sf		Х			-
											-			-	-
Name of Registered Waste Hauler Stevens Environmental Services		На	IDEP Wa Juler ID N 18292		Cubic Y of Wast 1				of Regis ss Lar	itered Lan ndfill	dfill				
City, State Allentown, NJ				10000	Disposa 6/7/20	al Date		City, S	tate sville, l	PA					_
Completed by Mahlon E. Stevens	Title Project	Mar	nager			gnature					Date 5		201	9	

An	CV	NO.	TIFIC.	ATION O	F ASBES NJAC 8:6	TOS A	BATEMENT 12:120)	DEC	E	ME	7	1	_
Date of Notification (1) 05/28/2019	· · ·		N	ame of B	uilding Ow ad Coop	ner/Op	perator (2)	111111111111111111111111111111111111111	heck No.	1494			
Agencies Notified	Type Notification			treet Add 500 - 15	ress 58 Plaza	Road			JN -3	2019	J	Name and Persons a	
☐ EPA 図 DEP 図 DOL	☐ Initial ☐ Amended Amendment #	7	C F	ity, State air Lawr	, Zip Code n, New Je	rsey (	)7410		STOS CO		1000	1	
⊠ DOH □ DCA	☐ Emergency (included justification) ☐ Cancellation	ling	11 2.2	ame of C	contact c/o Maxor	ns			ephone Nu 3-338-670		294,795	mal.	
			-	FACILI	TY INFOR	MATIC	ON				_		$\dashv$
Name of Facility When APT Condo Building	e Abatement is Taking Pl	ace (3)					Type of Facility  ☐ School (K-1	(2)					
Street Address 15-00 Plaza Road							□ Subchapter ☑ Other (i.e. p	r 8 (Other than h private & comm	<-12) ercial build	ings, homes	etc	.)	
City (5) Fair Lawn, New Jers	sey 07410						Square Feet 20,000	# o 2	f Floors	Bldg. / 50+	је		
County (6) Bergen				County Co	ode (7) SE ONLY)		Current Use (P	rior if being den Apt/Condo	nolished)				
	irm Hired by Building Ow	ner (8)		ASCM	No.		Name of Abater Lilich Corpora	nent Contractor tion	r (9)		0		
Street Address 500 South Broad St							Street Address 246 Union Bo	ulevard			-		
City, State, Zip Code Glen Rock, New Je							City, State, Zip Totowa, New	Code Jersey 07512					
Project Manager for N Bruce Wolf				Telephon 201-652	e No -1119		Telephone No. 973-225-8400	)	License 01104	No.	-		
Start Date (10)		heduled	Comp	letion Dat			Name of OSHA Iris Environme	Monitor ental Laborato	ories, LLC		_		
06/03/2019 Occupancy Status Du	uring Abatement (Check (						Street Address 2333 Route 2	i e			-		2000
□ Abatement Perfo	acated During Entire Periormed Outside of Normal	od of Aba Facility H	ateme lours	nt			City, State, Zip Union, NJ 07	Code			_		
☐ Other – Describe Scope of Work (Chec	: All That Apply)						Official, 145 Of	000					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260		⊠ Re	enova: emoliti				☐ Mini-	Containment with Enclosure re Bag Procedu Exempted (*) ar	re / Limited	d Containme	;		
		la	Locat	ion					Amount (Specify		em		
Asbestos-Contain	ation of ning Material (ACM) ABATED	N Used Mai	ormal d Sole ntena	lly ely by nce <i>l</i>	Asbes therr	tos Co	Description of ontaining Material stems insulation,	(ACM) (i.e. surfacing,	SF of LF	7)	ype		Enc
In F	facility (13)	Cust	(12)	Staff?		oth	VAT, or ner miscellaneous	5)		Removal	;	Encapsulate	Enclosure
		Yes	No	N/A					45015				
Basement Under Apt	1548 A Next to Laundry						Air Cell Insulation		150 LF				
Basement Under Apt	1548 B Next to Laundry			-			Air Cell Insulation		325 LF				
Basement Ur	nder Apt 1554 A nder Apt 1554 B						Air Cell Insulation		325LF		-		
Basement U	nder Apt 1510 A						Air Cell Insulation		485 LF		-		
	nder Apt 1504 A						Air Cell Insulation			100	-		
Basement U	nder Apt 1504 B		1				Air Cell Insulation		185 LF		_		
Name of Registered				NJDEP V Hauler ID		of W	c Yards aste	Name of Regi-		unil			
Lilich Corporation City, State				18724			osal Date	City, State			_		
Totowa, New Jers	sey					06/2	24/2019	Morrisville, F	A	Date	-		
Completed by Adriana Olejarov	a	Title Pre	eside	nt		1	Signature	QA		05/28/20	9		

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

Date of Notification (1) 05/23/2019	)			Name of I APT Cor	Building (		perator (2)	11D)-Ee	C E	49VE			
Agencies Notified	Type Notification			Street Ad 15-00 Pl		ıd			IUN - 3	2010	-		
□ EPA 図 DEP 図 DOL	☐ Initial ☐ Amended Amendment #_☐ ☐ Emergency (inc	ludina		City, State Fair Law	n, New	de Jersey	07410		STOS CONTelephone				
☑ DOH □ DCA	justification)  □ Cancellation	,,uug		Name of C C Colon		ons			Telephone N 973-338-67	lumber a	_ ]		
				FACIL	ITY INFO	RMATIC							
Name of Facility When APT Condo Building		Place (3)					Type of Facil	(5)(0) B)					
Street Address 15-00 Plaza Road				e			☐ Subchap	eter 8 (Other the e. private & co	an K-12) mmercial bui	ldings, home	s, to	c.)	
City (5) Fair Lawn, New Jer	sey 07410						Square Feet 20,000		# of Floors 2	Bldg. 50÷	Ā ē	B D	
County (6) Bergen		ta .		County C (STATE U			Current Use	(Prior if being Apt/Condo					
Name of Monitoring F Garden State Envir	irm Hired by Building ( onmental	Owner (8)		ASCM	No.		Name of Abar Lilich Corpo	tement Contra ration	ictor (9)				
Street Address 500 South Broad St	treet			-			Street Address 246 Union E						
City, State, Zip Code Glen Rock, New Je	rsey 07452		80880000				City, State, Zi Totowa, Ne	ip Code w Jersey 075	512				
Project Manager for N Bruce Wolf	Nonitoring Firm			Telephon 201-652			Telephone No 973-225-84		License 01104				
Start Date (10) 06/03/2019		Scheduled 06/24/20		oletion Dat	e (11)		Name of OSH Iris Environ	HA Monitor mental Labor	ratories, LL0	0			
Occupancy Status Du	ring Abatement (Chec	k Only On	e)				Street Addres						
☐ Abatement Perform Other – Describe:							2333 Route City, State, Z Union, NJ 0	ip Code					
Scope of Work (Chec	к Ан тпас Арріу)												
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260	lf		enova				☐ Min	Containment ni-Enclosure ove Bag Proce n-Exempted (*	edure / Limite	d Containme	n š	Tent	
		ls	Locat	tion					Amour (Specif	nt Ab	at T		
Asbestos-Contain TO BE	tion of ling Material (ACM) ABATED	Use Ma	Norma d Sole intena	lly ely by			Description of ntaining Materi tems insulation	al (ACM) (i.e.	SF of L	F)	T 16		Enc
1 2	acility 13)	Cusi	(12)	general contract of		oth	VAT, or er miscellaneo	us)		Removal	Vehali	Encapsulate	Enclosure
		Yes	No	N/A						_	_		
Basement Under Apt							ir Cell Insulation		150 LI		_		
Basement Under Apt	1548 B Next to Laund der Apt 1554 A	rv			-		ir Cell Insulatio ir Cell Insulatio		150 LI 325 L		- +		
Basement Un	der Apt 1554 B						ir Cell Insulation		325LF	F X			
	Basement Under Apt 1510 A						ir Cell Insulation		485 L 185 L				
	Basement Under Apt 1504 A					14254.0							
	Basement Under Apt 1504 B						ir Cell Insulatio		185 L				
Name of Registered Lilich Corporation	111111111111111111111111111111111111111	NJDEP W Hauler ID 18724		of Wa	: Yards este	Name of Re	egistered Lan Landfill	idtill					
City, State Totowa, New Jerse	эу					sal Date 4/2019	City, State Morrisville	e, PA					
Completed by Adriana Olejarova		Title Pre	eside	nt			Signature			Date 05/23/201	18		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 05-31-2019 Rider University Agencies Notified Type Notification Street Address X EPA 2083 Lawrenceville Road DEP Initial City, State & Zip Code DOL X Amended Lawrenceville, NJ 08648 **ASBESTOS CONTROL 8** DOH Emergency Name of Contact LICETER Phone Nu DCA ber Cancellation Mr. Walter Eddy 609-896-5000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - Cranberry Café Building School (K-12) Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, etc Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 25,000 Lawrenceville, NJ 57 Mercer Current Use (Prior if being demolished) Campus Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) Pennoni & Associates Resource Management Group, LLC Street Address Street Address 515 Grove Street, Suite 1B 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Haddonfield, NJ 08035 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Brian Clark 856-547-0505 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5-13-2019 6-7-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed During 24/7 City, State & Zip Code Describe: 12:00am to 12:00pm Monday through Sunday Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressu 3 ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures/Cut & Wrap Non-Exempted and Non-Friable Proce ire Location of Is Location Description of Amount Abatement Asbestos-Containing ype Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Enclosure (i.e., thermal systems Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Pub & Cranberry's Floor tile 9,000 SF Pub & Cranberry's Mastic 9,000 SF Staff Dining, Market Place & Pub Plaster Sheetrock back 10,000 SF Pub & Cranberry's & Staff dining Pipe Elbows 50 Each Staff Dining, Market Place & Pub Floor leveler & residual 13,000 SF Dish room Vibration Cloth 20 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste

0035218

President

Title

TRD

TBD

Signature

Disposal Date

Grows Landfill

Morrisville, PA

Date

05-31-2019

City, State

Resource Management Group, LLC

Completed By (Print or Type)

City, State

Trenton, NJ

Mr. Brian J. Hanev

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 05-31-2019	<u> </u>	1	Vame	of Bu	ilding O	wner / Operato	or (2)				To an	
Agencies Notified Type Notifi				Unive					<u> JUN</u>	- 3 201	9 11 21	
⊠ EPA	Cation	1			ess nceville	Pood			1		1 1	
│ □ DEP │ □ Initi	al				Zip Co		190-1011-	-	ACDICATO	S CONTR	010	_
☑ DOL ☑ Ame	ended	Ĺ	.awrer	nceville	, NJ 086	48				ENSING	ULa	
☑ DOH ☐ Em	ergency			of Co				-	Tal Co		ne Nun ier	
	ncellation			alter E						609-896		
			E/	A CILIT	VINEO	RMATION						
Name of Facility Where Abaten	nent is Taking F	lace (3	1	ACILII	TINFO	Type of Facil	ity (A)					
Rider University - Cranberry Ca	afé Building	0) 0001	,			School (	K-12)					
Street Address								Other than	K-12)			
2083 Lawrenceville Road						Other (i.	e. priva	te & com	nercial build	linas, home	es. etc.	
0:1 (5)						Square Feet		# of Floor	`S	Bldg. Age		
City (5)	County (6)	Cou	unty C	Code (	7)	25,000			3		57	
Lawrenceville, NJ	Mercer	ĺ				Current Use	(Prior if	being de	molished)			
Name of Monitoring Firm Hired	by Duilding O	(0)		Troo		Campus Buil						_
Pennoni & Associates	by building Owl	ner (8)		ASC	M No.	Name of Aba	itement	Contracto	or (9)			
Street Address						Resource Ma Street Addres		ient Group	o, LLC			_
515 Grove Street, Suite 1B						2115 Hamilto		Suite 202				
City, State & Zip Code						City, State &						-
Haddonfield, NJ 08035						Trenton, NJ (						
Project Manager for Monitoring	Firm	Telepl			er	Telephone N			License	Number		
Mr. Brian Clark		856-5				609-977-615	9			0118	5	
Scheduled Start Date (10) 5-13-2019	Scheduled Cor 6-07-20	npletio 19	n Dat	e (11)		Name of OSI J&S Environr			oo Ino			
Occupancy Status During Abate	ement (Check o	nly one	)			Street Address		Laboratori	CS, IIIC.			
☐ Facility Closed/Vacated	During Entire P	eriod o	f Aba	atemer	nt	2333 Route 2		t				
Abatement Performed D	Juring 24/7					City, State &	Zip Co					7
Describe: 12:00am to Facility Occupied During	12:00pm Mond	ay thro	ugh S	Sunday	y	Union, NJ 07	083					
Scope of Work (Check all that a	anniv)					<u> </u>						_
(	.66.97						$\boxtimes$	Full Conta	inment with	Negative	Droceu )	
≥3 sf or ≥3 lf		$\boxtimes$	Ren	ovatio	n			Mini-Enclo		rioganic	ressu ;	
≥160 sf ≥260 lf			Dem	nolition	1			Glove Bag	Procedure	s/Cut & Wi	rap	
								Non-Exen	pted and N	on-Friable	Proces ire	
Location of Asbestos-Containing		2000	ocatio			Description			Amount		tement ype	4
Material (ACM)	ng	Norm	ally U lely b			Asbestos-Con			(Specify			-
TO BE ABATED		Mainte				Material (Ad (i.e., thermal s			SF or LF)	~ ~	Re	n l
in Facility		Custo				sulation, surfac				me	Repair	1
(13)			(12)			r other miscella				Removal	Repair	4
		Yes		N/A						-	2 0	1
Staff Dining, Market Place & Pu	b		$\boxtimes$			Ceiling Skim	Coat		10,000 SF			П
Pub Pub			$\boxtimes$			Tile			3,000 SF			İ
Pub & Cranberry's				井		Mastic			3,000 SF			
Pub & Cranberry's		H		41		Floor Leveler(			6,000 SF			
Staff Dining, Market Place & Pul	b	H		+	1-100	Cove Page N		stic	6,000 SF		니니니	Ц
Name of Registered Waste Hau	iler			DEP W	laste C	Cove Base N Subic Yards		of Regist	1,200 LF ered Landfil			Ц
		ıler ID		f Waste	Ivanie	or regist	CICU LAHUIII					
Resource Management Group,							Grows	s Landfill				
City, State					D	isposal Date	City, S	State	1			-
Trenton, NJ						BD/ /		ville, PA				
Completed By (Print or Type)			Title		S	ignature /		1//	0.5	Date		+
Mr. Brian J. Haney			Pre	sident		1/1/1/1	7.	¥ //	1//	05-31-	2019	1
						177 1 1	7.1	1 11	# 4 -			1

NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANTED NIAC 8:60-7 AND 12:120-7 Date of Notification (1 Name of Building Owner / Operator (2) 19 HACKENSACK UNIVERSITY MEDICAL CENTER Street Address Agencies Notified Type of Notification 30 PROSPECT AVENUE City, State, Zip Code **EPA** Initial DEP 1 Amended HACKENSACK, NJ 07601 DOH Amendment # Name of Contact Telephone Number 2019 DOL Emergency w/ justification DONAL FERRELL 551-996-3778 Cancellation **FACILITY INFORMATION** ASBESTOS CONTROL & LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HUMC LAUNDRY BUILDING School (K-12) Street Address Subchapter 8 (Other than K-12) 30 PROSPECT AVENUE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** HACKENSACK BERGEN 10,000 Current Use (Prior if being demolished) 40 + HOSPITAL/LAUNDRY Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO LANGAN ENGINEERING NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 300 KIMBALL DR, 4TH FLOOR City, State, Zip Code 32 Williams Parkway PARSIPPANY, NJ 07054 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number **BRIAN FEURY** 973-560-4857 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 19 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Full Containment with Negative Pressure П Renovation >3sf or >3lf Mini - Enclosure 1 ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Description of Is Abatement Type Asbestos Containing Location Asbestos - Containing lΕ R Normally Material (ACM) Amount E N N c TO BE ABATED C Used (I.e., thermal systems (Specify M E in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P Α by Mainor other miscellaneous) ٧ P 0 (13)A s tenance/ Α S Custodial L R U U Staff (12) R YES NO N/A LAUNDRY EXTERIOR 4 VAPOR BARRIER/WATER PROOFING 1,160 SF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC. Hauler ID No. Yards Of FAIRLESS LANDFILL 30534 Waste City, State Disposal City. State Date EAST HANOVER, NJ MORRISVILLE, PA Completed by (Print or Type) Signature Date Steve Stiles Project Manager 05/31. 9 ASB-41

STATE OF NEW JERSEY

Ch7404	NO	OTIFICATI (Pursua	ON OF AS nt to NJA	ew Jersey BESTOS AB C 8:60 and 12	2:120)		B	E C	E		P V €	nt Fo
Date of Notification (1) 5/30/19	53			g Owner/Ope avation LL		2)	ШЦ	JU	N -	3 20	119	L
Agencies Notified Type Notification	/		t Address	avalion LL								
☑ EPA ☑ Initial				Point Road				ASBES				(manufacture)
DEP Amended			State, Zip C			b			ICEN:	Silvico	CHOS-IO-GE	-
Emergency	(including		rofare N.									
□ DOH justification     □ Cancellation		7,000.00	of Contac y Lutz	t				ephone 6-384-		r		
				FORMATION				70 004	0000			
Name of Facility Where Abatement is Takin Proposed WAWA Food Market Si						Type of Facility	(4)					0.22
Street Address						School (K-1		or than k	C 12\			
7190 N Park Drive						Other (i.e. p				uilding	s, hon	s,
City (5) Pennsauken NJ 08109						Square Feet	100000000000000000000000000000000000000	f Floors		Bldg.	Age	-
County (6)		Count	v Codo (7)			1000 +	1			35+		
Camden		(STAT	y Code (7) E USE ONL	y)		Current Use (Pri Offices	or if bei	ng demo	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.	Na		Abatement Cor	ntractor	(9)				
N/A Street Address					3311434734	co Inc.						
Street Address					treet Ad	ddress ox 329					75. (1.15)	
City, State, Zip Code						te, Zip Code						_
						Berlin NJ 080	091					
Project Manager for Monitoring Firm		Teleph	none No.		elephor 356-75	ne No. 53-9800		License				
Start Date (10) 6/8/19	Scheduled 7/31/19	Completio	n Date (11)			OSHA Monitor						
Occupancy Status During Abatement (Chec					Same reet Ac	ldress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Aba	atement				e, Zip Code				*****		_
Scope of Work (Check All That Apply)	19			-							1100000	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor .	novation nolition			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	74			re	
		ocation mally								Aba	temen ype	
Location of Asbestos-Containing Material (ACM)	Used S	Solely by	Asbes	Descrip stos Containir			Δ	mount		T	T	-
TO BE ABATED In Facility		enance/ ial Staff?		. thermal syst	tems in	sulation,	(S	pecify	Re	N.	Enca	Enc
(13)		12) No N/A		surfacing, other misce	, VA1, ellaneo	or ius)	SF	or LF)	Removal	Repair	Encapsulate	Enclosure
Window Caulk	100	X		Cai	ulk		5	0 LF		+-	-	-
door		X	1	Cai				5 LF	X	+	-	-
	+	- A		Oat	unt			J LI	-	+	$\vdash$	-
			1							-		-
Name of Registered Waste Hauler United Roll Off		NJDEP Hauler II		Cubic Yard of Waste TBD	ds	Name of F		red Land	lfill			
City, State		22400		Disposal D	ate	City, State						_
Elm NJ			Name of the latest the same of	7/31/19		Morrisv		19067	7			
Completed by Anthony T Perna	Title Preside	ent		Signa	ture	2		- 1	Date 5/30/1	9		

20 2040 20.50014 111 4 1		IM OL	363817	110				lumanus	a (a)	122	n	77
29 2019 03:52PM NJ Ash	estos C	contro	609,6	33.0664	pa	ige 1	1		G	E		$\mathbb{V}$
05/29/2019 09:12AM NO 2568675	973838 DA	6	TE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE						JUN	- (	PAGI	51!
MO#25686756696		NO	TIFICA	HUN OF	ASBERTOG AD	/ ATEME!	NT					
Data of Notification (1)	1476	4		anulit to t	HAC 8:50 and 6:	16) [			BEST			R
05 / 29	, 1	9		Name of Bul	ding Owner/Operator	(2)		LDOF.	10	X	oli i	n needs
Agencies Notified   Type	Notification		P	eter & Ger	iova Diaz		Γ	- Colonia	COMPAND OF THE PARTY OF THE PAR		7	
☐ EPA   ☑ Ini	tiat	•	\$	Street Addre	53		-	KAN .	C 1 0	ALA	4	_
man	rended rendment s	Na .		ny, arate, z	D Code			N. 255	-	4	X	
☐ DCA ☑ Em	ergency (	ncludin	E	lmwood Pa	rk Ni 07407	1	L		1	17		
in a distriction line	tification)		K	lame of Can	tect	<u></u>	₩,	A III/FO /	PPE	dy	<u> </u>	_
				abriels Ber				- Stabilotte	LIASTIDE	H. C.	- 1-2	_
Name of Facility Where Abateme	nt is Takin	g Place	(3)	FACILITY	INFORMATION						,	-
Private house Street Address	_		100			Type of	Facility	(4)				
Street Address						1   Sub	ool (K-12 hapter 5	Other Hen	K-1 21			
City (a)						I RY UTDS	r (i.e., p es. stc.)	NA PUR SIEV)	mmercia	al build	lings,	
Elmwood Park, NJ 07407				invester were		Square		# of Floor	1	Blde	. Age	_
County (8)			10	County Code I	STATE DEFORME	C				1		
Bergen Name of Monitoring Firm Hired by	B1,1121.4	-			) (STATE USE ONLY)	Current	Use (Pri	or if being de	molishe	id)		
	eathairid C	What (	A5(	CM No.	Name of Abateme	ni Contra	clor (9)					
Street Address					Gr Tech LLC Sueet Address							
City, State, Zip Code					576 Valley Rd #	201						_
					City, State, Zip Co	da						_
Project Manager for Monitoring Fire	m		Telephoi		Wayne, NJ 0747	0						
Si D Cus					Telephone No.		757 - 200	License No	o.			- 50
Start Date (10) 05 / 30 / 19	Schedu	iled Co	notetion	Date (11)	973-638-1777	onitar		License No 01127	o			
Occupancy Status During Abstance	0.5	_ / .	npledon i	Date (11)	973-638-1777 Name of OSHA Mo		Inc		o	-	_	
05 / 30 / 19 Decupancy Status During Abstance M Facility Closed/Vorsing During	nt (Check	only on	31	Date (11) /19	973-638-1777 Name of OSHA Mo Envirovision Con Street Address	sultants,		01127	o			
05 / 30 / 19 Decupancy Status During Abstance M Facility Closed/Vorsing During	nt (Check Entire Period Normal F	only on ad of A	mpleton 31 e) Datement	Date (11) / 19 escribe	973-638-1777 Name of OSHA Mo Envirovision Con Street Address 20-21 Waggraw E	sultants,		01127	). 		_	
Occupency Status During Abatems  Fecility Closed/Vacated During I Abatement Performed Outside of Time of Abatement:  AM-	nt (Check Entire Period Normal F	only on ad of A	31	Date (11) /19	973-638-1777 Name of OSHA Mo Envirovision Con Street Address 20-21 Wagaraw F City, Stata, Zip Coo Fair Lawn, NJ 07-	toad, Blo	dg .# 35	01127 E			_	
05 / 30 / 19 Decoupency Status During Abatema  Security Closed/Vecated During I Abatement Performed Outside of Time of Abatement:  Abatement Performed Outside of Time of Abatement:  Abatement Security (Check all that apply	nt (Check Entire Period Normal F	only on ad of A	opledon 31 optoment dours - D PM	Date (11) / 19 escribe	973-638-1777 Name of OSHA Mo Envirovision Con Street Address 20-21 Wagaraw F Gity, Stats, Zip Coo Fair Lawn, NJ 07-	Load, Blues de 410	dg # 35	01127 E		88urp		
O5 / 30 / 19 Decoupency Status During Abatema  Security Closed/Vecated During I Abatement Performed Outside o Time of Abatement: AM- Scope of Work (Check all that apply	nt (Check Entire Period Normal F	only on od of A Sedliky I	mpleton 31 e) Datement	Date (11) / 19 escribe	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F Gity. Stata. Zip Coo Fair Lawn, NJ 07- Clean up: Full Conta Mini-Enclo	load, Blode de 410 and decor	dg # 35 ntammat th Negat	01127	live pre			
05 / 30 / 19 Decoupency Status During Abatema  Security Closed/Vecated During I Abatement Performed Outside of Time of Abatement:  Abatement Performed Outside of Time of Abatement:  Abatement Security (Check all that apply	nt (Check Entire Period Normal F	only and of A Sacility I	31 e) patement fours - D PM_ vation	Date (11) / 19 escribe	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F City, Stata, Zip Coo Fair Lawn, NJ 07- Clean up Foth Conta Mini-Enclo Glovapa	load, Blode de 410 and decor inment wi	dg # 35	O1127	live pre			
O5 / 30 / 19 Decoupency Status During Abateme  Fecility Closed/Vacated During I Abatement Performed Outside of Time of Abatement: AM- Scope of Work (Check all that apply  3 sf or >3 if 100 sf or >260 if	nt (Check Entire Perior Normal F PM	Rend Demo	mpletion 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Date (11) / 19 escribe	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F City, Stata, Zip Coc Fair Lawn, NJ 07- Clean up Fub Conta Mini-Enclo Glovepay Non-Exam	load, Blode de 410 and decor inment wi	dg # 35	01127	ilive pre	saure		YDE
O5 / 30 / 19 Decupency Status During Abatama  Fecility Closed/Vacated During I Abatament Performed Outside of Abatamant:  AM- Scoope of Work (Check all that apply  3 3 af or >3 if 1 5 160 af or >260 if  Location of Abbasios-Containing Meterial (All 10 BE ABATED	D5 nt (Check Entire Perior of Normal F PM )	Reno	mpletion 31 e) patement fours - D PM vection cation mally by \$75000000000000000000000000000000000000	Date (11) / 19 eacribe _AM	973-638-1777 Name of OSHA Mo Envirovision Con Street Address 20-21 Wagaraw F Gity, Stats, Zip Coo Fair Lawn, NJ 07- Clean up Full Conta Mini-Enclo Glovabag Non-Exem  Description of	isultants, 20ad, Blidde 410 and decordinment will sure Procedure pied (*) and carried (*) and	dg ,# 35	O1127	itive pre	saure batem	T iner	-
O5 / 30 / 19 Decoupency Status During Abatema  Fecility Closed/Vacated During I Abatement Performed Outside of Time of Abatement: AM- Scope of Work (Check all that apply  3 af or >3 if > 160 of or >260 if  Location of Asbestos-Containing Meterial (All	D5 nt (Check Entire Perior of Normal F PM )	Rend Dama	mpletion 31 e) patement fours - D PM_ vation billion position maily Solisiv by	Date (11) / 19 eacribe _AM	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F City, Stata, Zip Cod Fair Lawn, NJ 07- Clean up Full Conta Mini-Enclo Glovebey Non-Exam  Description of stos Containing Mate thermal systems ins	toutents, load, Blide 410 and decor inment wisher Procedure pted (*) and decor inment wisher and decor inment wisher and decor inment wisher and decor inment wisher and decor in a decoration and decoration.	dg ,# 35	DO 1127  E  On with negs live Pressure  on with Nege  Friable Proce	itive pre	saure batem	T iner	-
O5 / 30 / 19 Decupency Status During Abatema  Fecility Closed/Vacated During I Abatement Performed Outside of Time of Abatement:  AM- Scope of Work (Check all that apply  3 st or >3 if 160 st or >260 if  Location of Asbestos-Containing Meterial (All IO BE ABATED IN Facility (13)	D5 nt (Check Entire Perior of Normal F PM )	Rance la Line Mainte Custod	mpletion  31  e) patement fours - D  vection mally solary by \$750nce/ tal Staff?	Date (11) / 19 escribe _AM  Aspen (i.e	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F Gity. Stata. Zip Coo Fair Lawn, NJ 07- Full Conta Mini-Enclo Slovabay Non-Exem  Description of stas Containing Matai thermal systems ins	toutents, load, Blide 410 and decor inment wisher Procedure pted (*) and decor in toutent wisher and toutent with the state of the toutent with the toutent wit	dg ,# 35	ion with negative Preseura	ilive pre	saure batem		y cholosure
O5 / 30 / 19 Decupency Status During Abatema  Fecility Closed/Vacated During I Abatement Performed Outside of Time of Abatement:  AM- Scope of Work (Check all that apply  3 st or >3 if 160 st or >260 if  Location of Asbestos-Containing Meterial (All IO BE ABATED IN Facility (13)	D5 nt (Check Entire Perior of Normal F PM )	Render In Line Mainte Custod	mpletion  31  e) patement fours - O  PM_ vation Sition  cation mally solely by snance/ at Staff?  12)	Pate (11) / 19 eacribe _AM Assertice	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F City, Stata, Zip Coo Fair Lawn, NJ 07- Full Conta Mini-Enclo Glovebeg Non-Exem  Description of the Containing Mates thermal systems ins surfacing, VAT, o other miscelizated	toutents, load, Blide 410 and decor inment wisher Procedure pted (*) and decor in toutent wisher and toutent with the state of the toutent with the toutent wit	ntammat th Negat	ION with negative Pressure on with Negative Process Amount (Specify SIF or LF)	ative pre	Saure Date Repair	Encapsulate	-
O5 / 30 / 19 Decupency Status During Abatema  Fecility Closed/Vacated During I Abatement Performed Outside of Time of Abatement:  AM- Scope of Work (Check all that apply  3 st or >3 if 160 st or >260 if  Location of Asbestos-Containing Meterial (All IO BE ABATED IN Facility (13)	nt (Check Entire Period Normal F PM)	Rend Dami	mpletion  31  e) patternent fours - O  PM  vation  bitton  cation  malty  colary by  prence/  ial Staff?  (2)  N/A	Date (11) / 19 escribe _AM  Aspen (i.e	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F City, Stata, Zip Coo Fair Lawn, NJ 07- Full Conta Mini-Enclo Glovebeg Non-Exem  Description of the Containing Mates thermal systems ins surfacing, VAT, o other miscelizated	toutents, load, Blide 410 and decor inment wisher Procedure pted (*) and decor in toutent wisher and toutent with the state of the toutent with the toutent wit	ntammat th Negat	DO 1127  E  On with negs live Pressure  on with Nege  Friable Proce	itive pre	Saure Date Repair	T iner	-
O5 / 30 / 19 Decupency Status During Abatema  Fecility Closed/Vacated During I Abatement Performed Outside of Time of Abatement:  AM- Scope of Work (Check all that apply  3 st or >3 if 160 st or >260 if  Location of Asbestos-Containing Meterial (All IO BE ABATED IN Facility (13)	ot (Check Entire Period PM)	Rend Demo	mpletion  31 e) bestement fours - D  vettlen billtion  cation maily prence/ ial Staff?  ib N/A	Pate (11) / 19 eacribe _AM Assertice	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F City, Stata, Zip Coo Fair Lawn, NJ 07- Full Conta Mini-Enclo Glovebeg Non-Exem  Description of the Containing Mates thermal systems ins surfacing, VAT, o other miscelizated	toutents, load, Blide 410 and decor inment wisher Procedure pted (*) and decor in toutent wisher and toutent with the state of the toutent with the toutent wit	ntammat th Negat	ION with negative Pressure on with Negative Process Amount (Specify SIF or LF)	ative pre	Saure Date Repair	Encapsulate	-
O5 / 30 / 19  Decupency Status During Abatama  Fecility Closed/Vacated During I Abatament Performed Outside of Time of Abatament:  AM-  Scoope of Work (Check all that apply   3 af or >3 if	D5 or (Check Entire Period PM)	Rend Of A Pacifity I P	mpletion 31 e) patement dours - O PM_ vation cation malty collety by prence/ (a) Staff? (2)	Pipe insu	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F City, Stata, Zip Coo Fair Lawn, NJ 07- Full Conta Mini-Enclo Glovebeg Non-Exem  Description of the Containing Mates thermal systems ins surfacing, VAT, o other miscelizated	toutents, load, Blide 410 and decor inment wisher Procedure pted (*) and decor in toutent wisher and toutent with the state of the toutent with the toutent wit	ntammat th Negat	ION with negative Pressure on with Negative Process Amount (Specify SIF or LF)	tive presduce	Saure Ropar	Encapsulate	-
O5 / 30 / 19  Decupency Status During Abatema  Fecility Closed/Vacated During I  Abatement Performed Outside of Time of Abatement: AM-  Scope of Work (Check all that apply   3 st or >3 if	ot (Check Entire Period PM)	Rend Of A Pacifity I P	mpletion 31 e) patement dours - O PM_ vation cation malty collety by prence/ (a) Staff? (2)	Pipe insu	973-638-1777 Name of OSHA Mo Envirovision Con Street Address 20-21 Wagaraw F Gity. Stata. Zip Coo Fair Lawn, NJ 07- Clean up: Full Conta Mini-Enclo Slovabag Non-Exem  Description of stas Containing Mata thermal systems ins autfacing, VAT. a other miscefizneou	Realization (ACM)	ntammatith Negation of Non-i	ion with negative Pressure on with Nage Price Proce Amount (Spacity SIF or LF)	ative pre	Saure Ropar	Encapsulate	-
O5 / 30 / 19  Decupency Status During Abatema  Fecility Closed/Vacated During I  Abatement Performed Outside of Time of Abetement:  AM-  Soope of Work (Check all that apply   3 st or >3 if  10 EABATED IN Facility (13)  IN Facility (13)  Segment  Ame of Registered Waste Hauler  Tech LLC	ot (Check Entire Period PM)	Rend Of A Pacifity I P	mpletion 31 e) patement dours - O PM_ vation cation malty collety by prence/ (a) Staff? (2)	Pipe Insu	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F City. Stata. Zip Coo Fair Lawn, NJ 07- Clean up Full Conta Mini-Enclo Glovebag Non-Exem  Description of the Containing Mates thermal systems ins surfacing, VAT. a other miscellaneou  lation  Cubic Yards of Wasta	Name of F	ntammat th Negal and Non-i	ion with negative Pressure on with Nage Price Proce Amount (Spacity SIF or LF)	tive presduce	Saure Ropar	Encapsulate	-
O5 / 30 / 19  Occupency Status During Abatema  Fecility Closed/Vacated During I  Abatement Performed Outside of Time of Abelament: AM-  Scope of Work (Check all that apply  3 at or >3 if  160 at or >260 if  Location of Asbestos-Containing Meterial (All IN Facility (13)  ISSMENT	ot (Check Entire Period PM)	Rend Of A Pacifity I P	mpletion  31 e) bestement tours - D  vetton bilition  cation maily by tenence/ as Steff?  12)  ID N/A  MODEF Wast	Pipe Insu	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F Gity. Stata. Zip Coo Fair Lawn, NJ 07-  Clean up Full Conta Mini-Enclo Slovabay Non-Exem  Description of stac Containing Mata thermal systems ins aurfacing, VAT. o other miscellaneou  lation  Cubic Yards of Wasia TBD  Diaposel Date	load, Blide de d	ntaminati th Negati nd Non-i 110 tegistere	ion with negative Pressure on with Nage Price Proce Amount (Spacity SIF or LF)	tive presduce	Saure Ropar	Encapsulate	-
Occupancy Status During Abatema  Fecility Closed/Vacated During I  Abatement Performed Outside of Time of Abatement:  AM-  Scoope of Work (Check all that apply  > 3 sf or > 3 if  > 160 sf or > 260 if  Location of Asbesios-Containing Meterial (All  IO BE ABATED  IN Facility	ot (Check Entire Period PM)	Rend Of A Pacifity I P	mpletion  31 e) bestement tours - D  vetton bilition  cation maily by tenence/ as Steff?  12)  ID N/A  MODEF Wast	Pipe Insu	973-638-1777 Name of OSHA Mo Envirovision Con Street Addreas 20-21 Wagaraw F Gity. Stata. Zip Coo Fair Lawn, NJ 07-  Clean up Full Conta Mini-Enclo Slovabay Non-Exem  Description of stac Containing Mata thermal systems ins aurfacing, VAT. o other miscellaneou  lation  Cubic Yards of Wasia TBD  Diaposel Date	Name of F	ntaminati th Negati nd Non-i 110 tegistere	ion with negative Pressure on with Nage Price Proce Amount (Spacity SIF or LF)	tive presduce	Saure Ropar	Encapsulate	-

												Р	nt Fo	וזכ
Date of Notification (1)		NOT	FIGATIC Pursuar	State of N NOF AS 1140 NJA	BESTOS 8:60 an	ABATE d 2:12	20)	NT	"heo h	_ l	8	7(C		
5/29/19				of Building ntain La		0.000		action					100	
Agencies Notified Type Notification	1			Address	KES DU	aru or i	⊏au	cation	F	-P	G	1 W	E	1200
				Bouleva	rd				11D),E	<u>U</u>		J W	. 5	П
DEP Amended			City, S	tate, Zip C	Code				HA				1	
X DOL Amendmer Emergency			Mour	ntain Lal	kes, NJ	0794	5			JUN	- 3	2019		
DOH justification	)	g		of Contact	-				Telephone			12.014	-	wega
DCA Cancellatio	n			Prusina					973 334		0.00			_
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY INF	FORMAT	ION	T T.	f F311- (4)	1	ESTC LIC	S CC	NG-	. &	
Briarcliff School	.g . 1400	(0)						pe of Facility (4)			teamhdatamatach	Party party designed	T PARES	-
Street Address						-	×	School (K-12) Subchapter 8		K-12)				
93 Briarcliff Road								Other (i.e. pri	vate & comm	ercial b	uilding	s, hom	1 3,	
City (5)							Sq	etc.) uare Feet	# of Floors		Blda.	Age	-	
Mountain Lakes							30	000	2		63			
County (6) Morris				Code (7)				rrent Use (Prior	if being demo	olished)				
	0 /0	,			r)		1	chool						
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.				batement Contr						
Street Address						Street		vironmental :	Services, L	LC				
								483, 4 E Ga	te Drive					
City, State, Zip Code								Zip Code						
						200000		od, NJ 0741	3					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph			License	e No.			-	
Start Date (10)	0-1-1							-2276	703					
6/15/19	6/25/1	9	mpletion	Date (11)		Name	of O	SHA Monitor						
Occupancy Status During Abatement (Chec			-54 -41 -41			Street	Addı	ress						
Facility Closed/Vacated During Entire     Abatement Performed Outside of Norr     Other – Describe:	Period of nal Facilit	Abater y Hour	ment s			City, S	state,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demoli	ation tion			×	\ \ \ \ \ \	Full Containment Mini-Enclosure Glovebag Proced Ion-Exempted (*	lure			ıre		
	Is	Locat	ion								200	temen		
Location of		Norma ed Sole			Des	cription	of				1	уре	_	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/		stos Conta thermal			ial (ACM)	Amount	-		g g	т	
In Facility	Cus	todial ( (12)	Staff?	(1.0.	surfac	ing, VA	T, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)		100 00			other m	iscellan	eous	6)		oval	ai.	sulai	sure	
	Yes	No	N/A									e		
Classrooms 101/103			X		chalk	board	glue	Э	15 SF	x				
-							12.00							
											-		-	
Name of Registered Waste Hauler		10000	JDEP W		Cubic \			Name of Reg	gistered Land	Ifill			-	
Tonys Cleanup & Hauling			auler ID 7787	No.	of Was	te		I I A HELDONA - SELACION 104	thers Sanit		andfil	l		
City, State		1	1101		Disposa	al Date		City, State		7 7				
Bridgewater, NJ					TBD	Date		Easton, P	A					
Completed by	Title				Si	gnature		7		Date			-	

A. Scott Higgins

President

5/29/19

	(D)		Semanary (	In										Pi	nt Fo	)rr
INVH 11491		NOTIE (P	ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	MENT 0)		100	le ,	18	90	79	i		
Date of Notification (1)				of Building	Owner/	Operator	(2)								-	ļ.
5/29/19	-			Morella							= 6		2			-
Agencies Notified Type Notification			Street A	Address							5 (			V		
EPA X Initial		-	0:1 0:	. 7: 0						UIL	<del></del>					7
DEP Amended  X DOL Amendmen	##			ate, Zip Co mus, NJ						$\square$						Same Control of
Emergency	(including	- I			07002					Ш	بال	1 2	- 3	20		Section 1
DOH justification)				of Contact					Tel	enhana	NI	-				-
Caricellation	1	1		Morella	ODMAT	ION			<u> </u>		SOFE	7770	0	A C C C	71 O	1
Name of Facility Where Abatement is Takir	g Place (	3)	FAC	ILIT INF	URWAT	ION	Type	e of Facility (	4)	P	SBES	LICE			)L &	l
home							.,,,,	(A)	, prese		TO STREET STAN	Chellen in Cont	rodnurna	SARINGO CONTRA	Parestones	Marian.
Street Address		The same	77 - 14 - 17 ·				H	School (K-1 Subchapter	2) 8 (Oth	er than	K-12)					
							$\times$	Other (i.e. p	rivate	& comn	nercial	build	ings,	hom	3,	
City (5)					7		Sauz	etc.) are Feet	1#0	f Floors		BI	dg. A	l ne	-	
Paramus							180		2	11 10013	,	63		ige		
County (6)			County	Code (7)			11000	ent Use (Pri		na dem	nolishe				_	
Bergen				USE ONLY			hon		J. 11 DO	ng don	10113110	· u /				
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASC	M No.		Name	of Aba	atement Cor	tractor	(9)	-				-	
						1		ironmenta			LLC					
Street Address						Street	Addre	ess	_						-	
						POE	Box 4	83, 4 E G	ate D	rive						
City, State, Zip Code			772711			City, S	tate, Z	Zip Code				-			-	
						Glen	wood	d, NJ 074	18							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N	lo.		Licen	se No.					
						973-	764-2	2276		703						
Start Date (10)			npletion	Date (11)		Name	of OS	HA Monitor							-	
6/8/19	6/15/1	_														
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addre	ss								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe: basement	Period of A	Abaten / Hours	nent			City, S	tate, Z	Zip Code							_	
					-											
Scope of Work (Check All That Apply)												- 17-25-			-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova						II Containme		Negati	ive Pre	essure				
× ≥160 sf or ≥260 lf		Demolit	ion			×	(7)05,000	ni-Enclosure ovebag Proc								
	-						1	n-Exempted		d Non-F	riable	Proce	edure	е		
	Is	Locati	on									Α		men		
Location of		Vormal			De	scription	of						Ту	ре		
Asbestos-Containing Material (ACM)		d Sole intenar			tos Cont	aining M	ateria			mount				ш	_	
TO BE ABATED In Facility	1000-25	todial S		(I.e.		systems cing, VA		ation,		pecify or LF)		Remova	Re	Encapsulate	Enclosure	
(13)		(12)				niscellan			0.	0. 2. ,		Not	Repair	lusc	nso	
	Yes	No	N/A	1								<u>m</u>		ate	6	
basement					nino	inculat	ion		7	FIF			-	_	-	
Dascinent	-		X		pipe	insulat	1011		1	5 LF	- 1	X			_	
															1	
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Lar	ndfill				-	
Newark Carting		Н	auler ID 4509		of Was				177.0			l c-	14:11			
								Grand 0		ıı san	itary	Lanc	11111			
City, State					100	sal Date		City, State					197			
Newark, NJ	1				TBD			Pen Arg	jyl, PA	4						
Completed by A. Scott Higgins	Title	do-+			S	ignature		1/2			Date					
, Jook i liggilis	Presi	uent						VA -	1		5/29	9/19				

5/29/19

002 11 100	200	(	$I/\Delta$	State of N	lew Jers	ey							
11/1/# 11489		INOT	IFICATI (Pursua	ON OF AS	BESTØ: C 8:60 a	S ABATE nd 12:12	0)	0 . 1.	16	20	Ĺτ		
Date of Notification (1)				e of Buildin			r (2)	keek	10	9/	11		-
5/29/19			Hen	rys Fine	Jewelr	У		1	JE	C	E	7	-
Agencies Notified Type Notificat	ion			t Address	NA STREET			1	11-1-	9	<u> </u>	El /	=
EPA X Initial				Springfi	0	nue			1)				
DEP Amended Amendm			0.00	State, Zip ( nmit NJ	Code		***************************************		II .	JUN	- 3	20	1
DOH justification	on)	ng	Name	of Contac	t			Tele	ohbne Nu	ımher		-	10
DCA Cancellat	ion		-00-000	ry Feldm					8) 2734		SC	ONTE	)L
Name of Facility Where Abatement is Ta	king Place	(2)	FA	CILITY IN	FORMAT	ION		Manuscripton (		LIC	ENS	ING	F0400
Henry's Fine Jewelry	King Flace	: (3)					Type of Facility	y (4)					
Street Address							School (K	-12)					
419 Springfield Avenue							Subchapt  Other (i.e.	er 8 (Other . private &	than K-1	2) ial buil	dina	s hor	
City (5)							etc.)						٥,
Summit							Square Feet 2000	No. 1999	loors			Age	
County (6)			County	y Code (7)				2	. da 11 1		57		. n <u></u>
Union			(STATE	E USE ONL	Y)		Current Use (P store	noi ii being	aemolisi	ned)			
Name of Monitoring Firm Hired by Buildin	g Owner (	8)	ASC	CM No.		Name	of Abatement Co	ontractor (C	1)		_		_
<u> </u>						ABS	Environment	al Service	es. LLC				
Street Address							Address		,		-		_
City State Zin Code						POE	Box 483, 4 E	Gate Driv	/e				
City, State, Zip Code							ate, Zip Code	76251174					_
Project Manager for Monitoring Firm			T 1 1				wood, NJ 07	418					
, and the state of			releph	one No.	ATT.		one No.		icense N	0.			
Start Date (10)	Schedu	iled Co	moletion	Date (11)			764-2276		'03				
6/17/19	6/25/	19	hienou	Date (11)		Name o	of OSHA Monitor						
Occupancy Status During Abatement (Ch						Street	Address						/==
Facility Closed/Vacated During Entire	Period of	Ahata	ment			0.10617	1001033						
Abatement Performed Outside of No  Other – Describe: basement	rmal Facili	ty Hour	'S			City, St	ate, Zip Code		¥1				-
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 If		D.											
≥160 sf or ≥260 lf	-	Renova Demoli					Full Containm Mini-Enclosur	ent with Ne	egative Pr	ressur	е		
						×	Glovebag Pro	cedure					
	1 .	2012		1			Non-Exempte	d (*) and N	on-Friable	-	WOOD FOR		_
Location of	100	s Locat Norma			þ					/		ement pe	
Asbestos-Containing Material (ACM)	Us	ed Sole	ely by	Ashes	Des tos Contr	cription o	of iterial (ACM)	^	· · · · ·		ıy	pe T	-
TO BE ABATED In Facility		aintena stodial :		(i.e.	thermal s	systems	insulation,	Amo (Spe		Z.	_	E	ņ
(13)		(12)			surfac other m	ing, VAT iscellane	or	SF or	LÉ)	Removal	Repair	aps	П 2
	Yes	No	N/A		namination!!		- 30)			val	Ĭ.	Encapsulate	1
Basement	1	110	X		pipe i	insulatio	n l	85 L	_			Ф	_
					P.P.	riodiati	511	05 L	.г	Х	_		_
			-										
Name of Registered Waste Hauler													
		1100000	JDEP W auler ID	10000 100	Cubic Y of Wast		Name of I	Registered	Landfill		- 1		-
Newark Carting			4509	. 10.	TBD	e	Grand (	Central S	anitary	Lanc	fill		
City, State					Disposa	al Date	City, State			0.0000		-	-
Newark, NJ					TBD		Pen Arg						
Completed by  A Scott Higgins	Title				Sig	nature	1		Date	)			-
A. Scott Higgins	Presi	ident					11/		7.000000	a/1a			

Date of Notification (1)    0     5     3   0   1   9    Agencies Notified   Type Notification   DEP   Amended   Amendment #    DOL   Emergency (including justification   DCA   Cancellation   Cancellat	t:	Donna Fo	(Pursi	ner/Operator (2	besto 8:6	DS Abatement 0 and 12 120)	ASE	GEIVI JUN - 3 2019 ESTOS CONTROL LICENSING	
12 To		8 <u></u>	FAC	ILITY INFORM	IATIO	N			
Name of facility where abatement  Residential  Street Address	is taking p	ace (3)	370 X 4 2 3 3 3				Subc	(4)  nol (K - 12)  hapter 8 (Other than (Private/Commercia	
							Square Feet	# of Floors E	g. Age
City (5)	Cou	nty (6)			0.0000	unty Code (7) ate use only)	1,300	02 50	
Wayne, NJ 07470		saic			(01	ate use offiy)	Residential	Prior if being demolisl	n (t n
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contractor (9)		
N/A Street Address					_	KLOMAX, LLO			
Street Address						Street Address 309 W. End Avo	_		
City, State, Zip Code					-	City, State, Zip Code			
						Hopatcong, NJ	07843		
Project Manager for Monitoring Firm	n	Ph	one Numb	er		Telephone Number		License Number	
0. 15 110						833-455-6629 Name of OSHA Mor	nitor	02007	
Start Date (10)	Sched	d. Completio	on Date (1	1)		KLOMAX, LL			
06/10/19 Occupancy Status During Abateme		4/2019				Street Address			
Facility closed/vacated during Abatement performed outside	entire peri	od of abate	ment. s-			309 W. End Ave City, State, Zip Code			
Describe:NORMAL F	IOURS				_	Hopatcong, NJ	07843		
Scope of Work (check all that appl	Renovation					☒	Full Containment Mini-enclosure Glovebag procedu	w/negative pressure	==-
≥160 sf or ≥260 lf	Demolition Is location	n n normally ι	sed coloh	,				and Non-friable prod	
Location of asbestos-containing material (acm) to be abated in facility (13)		enance/cust		1 100000 NO NO		sbestos-containing	Amount (Specify LF)	e e	E n c L
Garage		X		Duct Insula	tion		40 SF	e r	-
									計片
Registered Waste Hauler	INJD	EP Hauler II	D#   C	ubic Yards of V	Vaste	Name of Registered	Landfill		
KLOMAX, LLC		241	2	yd		TULLYTOWN,		ECOVERY	
City, State Hopatcong, NJ 07843			Disposal D TBD	ate		City, State	DA		
Completed by (Print or Type)	Title	l		Signature		TULLYTOWN,	, rA	Date	
Paige Boylan	Owner			1/2	30	1		05/30/19	

D&S Proj. #: 19-108  Date of Notification (1)    0   5   / 3   0   / 1   9    Agencies Notified   Type Notification   Type Notification   Amended   Amendment #	tion		(Pursu	State Pation of Ask Part to NJAC	esto 8.6	J os Abatement 0 ahd 12:120)	ASBES	N - 3 2019 TOS CONTROL &	D
DOL Emergency (including justification ☐ DCA Cancellation	)	Kearney, Name of Cor		32			Telephor	ne Number	
			FAC	ILITY INFORM	ATIO	N			
Name of facility where abatement  Residential  Street Address	is taking p	lace (3)					Subch	(4) b) (K - 12) apter 8 (Other than I (Private/Commercial /Homes, etc.	12)
90								# of Floors B	g. Age
City (5) Kearney, NJ 07032		inty (6) rgen				unty Code (7) ate use only)		02 60 rior if being demolish	(i
Name of Monitoring Firm Hired by  N/A  Street Address  City, State, Zip Code	Bldg. Owr	er (8)		ASCM No.		Name of Abatement KLOMAX, LLC Street Address 309 W. End Ave City, State, Zip Code			_
Project Manager for Monitoring Firm  Start Date (10)		Pho d. Completio	one Numb			Hopatcong, NJ Telephone Number 833-455-6629 Name of OSHA Mor	iitor	License Number 02007	
06/10/19 Occupancy Status During Abateme		4/2019				Street Address 309 W. End Ave			
Facility closed/vacated during Abatement performed outside Describe: NORMAL F	entire per of normal	iod of abater			_	City, State, Zip Code  Hopatcong, NJ			
Scope of Work (check all that appl            □ >3 sf or >3 lf             □ ≥160 sf or ≥260 lf	110000000000000000000000000000000000000						Full Containment w Mini-enclosure Glovebag procedur		enut
Location of asbestos-containing material (acm) to be abated in facility (13)		en normally u enance/custo		20 00 00		sbestos-containing	Amount (Specify S LF)	For R P P P P P P P P P P P P P P P P P P	E n c a p
Basement		X		Pipe Insulat	ion		95 LF		
Registered Waste Hauler	IN ID	EP Hauler II	# 10	ubic Yards of W	Vaeto	Name of Registered	Londill		計片
KLOMAX, LLC		8241	1000 BUCK	yd	vasie	TULLYTOWN,		COVERY	
City, State Hopatcong, NJ 07843			Disposal Disposal TBD	ate	_//	City, State TULLYTOWN			
Completed by (Print or Type) Paige Boylan	Title Owner			Signature	58			Date 05/30/19	

TN1411549				St	ato of No	ur loss		-			was a second	-	Mensus
MO#25686756685	N	NOTI	FICA (PH	MON	OF AS	BEST	S ABAT and 5:16	EMENT	) E G E		<del> </del> [		1
Date of Notification (1)	-		U	- /	1	1 1	Operator (2	pre	1				#
	19					OWNER	operator (2	·	U JUN -	3 20	19	Section (	11
Agencies Notified Type Notification					Address							+	-
☐ EPA ☐ Initial				011001	71001000			-	ASBESTOS	CONTR	ROL	3	
□ DOLWD     □ Amended				City, S	tate, Zip C	ode		- Longer	LICEN		-NANGUARGA	or more	stratege
□ DCA     □ Emergen		udina	- 1		on, NJ 08								
(NJAC 5:23-8) Justificati		uding	ľ		of Contact				Telephone Nun	nber		_	-
☐ Cancella	tion		(	Cynthi	a Jacob								
	W3 200 (1 23 20 20 20 20 20 20 20 20 20 20 20 20 20			FAC	CILITY IN	FORM	ATION						
Name of Facility Where Abatement is 1	Taking F	Place	(3)					Type of Facility	(4)	-			
Private house								School (K-1					
Street Address								Subchapter  Other (i.e., i	8 (Other than K-1 ; private and comme	2) ercial bui	Idinas	3.	
								homes, etc.	)				
City (5)								Square Feet	# of Floors	Blo	ig. Ag	e	
Lebanon, NJ 08833 County (6)													
				Count	y Code (/) (	STATE	JSE ONLY)	Current Use (P	rior if being demol	ished)			
Hunterdon  Name of Monitoring Firm Hired by Build	dina Ov	vner (8	B) 14	ASCM I	No	Nama	of Abotomo	at Contractor (C	<u> </u>		-		_
,	ung or		" [	NOCIVI I				nt Contractor (9	)				
Street Address		-					Address	*					12-30-3
						-5-6-0 000	alley Rd #2	283					
City, State, Zip Code		57 H					tate, Zip Co						
						Wayne	e, NJ 0747	0					
Project Manager for Monitoring Firm			Tele	ohone ì	Vo.	Teleph	ione No.		License No.				
							88-1777		01127				
Start Date (10) 06 / 10 / 19	Schedu 06					Name	of OSHA M	onitor					
				_ / _	19			nsultants,Inc					
Occupancy Status During Abatement (  Facility Closed/Vacated During Enti				2224			Address						
☐ Abatement Performed Outside of N					cribe		Wagaraw I State, Zip Co	Road, Bldg .#	35E			_	
Time of Abatement:AM	РМ	<i>I</i>	_PM_		AM	255000000000000000000000000000000000000							
Scope of Work (Check all that apply)		-	-			raii La	awn, NJ 07		nation with negative	ve press	ure		-
✓ >3 ef or >3 lf	8	<b>7</b> n.						ainment with Ne	egative Pressure				
>3 sf or >3 if ≥ 160 sf or >260 if			novatio molitio			×			Tent with Negativ	e Press	ure		
							Non-Exer	mpted (*) and N	on-Friable Proced	ure	1	-	
Location of			Locat Iormal							Ab	ateme	ent	'pe
Asbestos-Containing Material (ACM	A)	Use	d Sole	ly by	Asbes		escription on taining Mat	erial (ACM)	Amount	Re	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			intena todial :		(i.e		al systems i facing, VAT,		(Specify SIF or LF)	Removal	pair	aps	losu
(13)			(12)	,			miscellane		Sir G Lir)	<u> </u>		ulate	Ф
		Yes	No	N/A									
Basement				$\boxtimes$	Pipe insu	ulation			20 LF	$\boxtimes$		С	
Crawl space				×	Pipe inst	ulation			90 LF			Г	
		П	П	TIT.	Tr. Fr. March						П	Г	
												_	
Name of Registered Waste Hauler			Kur	FP Mast	Hauler ID No.	Cubia	Varde of Man	Alama of Dan	istered Landfill			L	Ц
Gr Tech LLC City. State		21122-21-0	1 (	003378	55		BD sal Date	T.R.R.F. In	2				-
•									D.4				
Wayne, NJ 07470 Completed By (Print or Type)	Title			Upp 1944—		1	BD Signature	Tullytown,		Date			_
							A A	ente Wen		5/30/19	1		
N.Jevtic ASB-41	Own	ier					//	ewic Wen	ad 0	3/30/1	7		-

millimit	)	NOTIF	CATION	ate of New Jon OF ASBEST to NJAC 8:6	OS ABATE	MENT		Check	# 258	84	Pr	t Form
Date of Notification (1) 5/28/2019	11			f Building Ow	ner/Operator	5)	z	ID-	C	<u> </u>	$\mathbb{V}$	
Agencies Notified  Type Notification  Type Notification  I litial  DEP  Amended			Street A	ddress					JUN	- 3	2019	
X DOL Amendmen X Emergency justification;	(including			f Contact	Edison	, NJ	08817	ASI Telephone	BESTO:	S CO	NTRC	&
DCA Cancellation	n		EACI	Carolyn P	and the second second			<u> </u>	3			
Name of Facility Where Abatement is Takin Residential	ng Place (3	3)	FACI	LITTINFORM	MATION	Туре	of Facility (4)					
Street Address						×	School (K-12) Subchapter 8 Other (i.e. pri etc.)	(Other than		ildings	, home	,
City (5) Edison, NJ 08817							ire Feet	# of Floors		Bldg. 60 -		
County (6) Middlesex			County (STATE	Code (7) USE ONLY) _		Curre	ent Use (Prior	if being dem	olished)			
Name of Monitoring Firm Hired by Building MECS	Owner (8)		ASCN	/I No.			atement Contr Environmen	Control of the Contro	es, Inc.			
Street Address PO Box341						Addre Box 3	20					
City, State, Zip Code Chesterfield, NJ 08515							ip Code , NJ 08501					
Project Manager for Monitoring Firm Bill Weisgarber				98-4070	Teleph 609	none N 259-9		Licens 0049	se No. 3			
Start Date (10) 5/31/2019		6/	npletion 3/2019	Date (11)	Name MEC		HA Monitor					
Occupancy Status During Abatement (Che-		500 P			Street							
Facility Closed/Vacated During Entire     Abatement Performed Outside of Norr     Other – Describe:	Period of / mal Facility	Abatem Hours	nent		City, S		ip Code	15				-
Scope of Work (Check All That Apply)							,					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (	dure			re	
Location of	1	Locati	iy		Description			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Aba	tement	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	(i.e. the	Containing Normal systems ourfacing, VA her miscellar	s insula T, or		Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		VAT			1100 sf			lte	Ф
		,,						1100 31	- 1	+		-
Name of Registered Waste Hauler Stevens Environmental Services		2000	JDEP W auler ID 18292	No. of	ubic Yards Waste 5		Name of Re	egistered Lar	ndfill			
City, State Allentown, NJ			.0202	D	isposal Date 6/4/2019	. /	City, State	e, PA				-
Completed by Mahlon E. Stevens	Title Proje	ct Ma	nager	<u></u>	Signature				Date 5/2	8/201	 19	

sada control co	,		page 1	DECE		V	E	7100
	FIGATION OF AS	BESTOS ABATE		DOL - 10	DA	204. Y	) Pri	int F
	Name of Buildin	@ Owner/Operato	r(2) Perez	LICE			DL &	1
cation	Street Address			-	1	/	1	+
nded diment #	City, State. Zip	Code Edisor	NJ 08817 V	JAMER ADI		WE.	<u></u>	+
¢ation)		ct	,		-ha-	7 1 6.		
							_	i
Taking Place (3)			School (K	-12)				
			Other (i.e.	or 8 (Other than K-1; private & commerci	2) al buil	dings	. hom	85,
	Court		Square Feet 2200	# of Floors 2				
	(STATE USE ONL	'n	Current Use (IP)	nor if being damplish	१वाची)			
ulding Owner (8)	ASCM No.	Name	of Absternant Co	ental Services,	Inc.			
						1112		
15	-	City, S	State, Zip Code	01				
	Telephone No. 609 298-407	Telepi	hone No.		þ.			
		1) Nama	of OSHA Monito					
(Check Only One)		C 11 195 (\$145) 515						
Entire Pariod of Abalan of Normal Facility Hour	mani /8	City, S	state. Zip Code	AK15	-			
0		Cite	ט עדו ושומיו ומיט	0010				
			Mini-Enclosu	re	76120	re		
		[5		ed (*) and Non-Friab	Pro		_	
Norma	alty	Description	n of					
Maintena Guetodiai (12)	Siaff?	<ul> <li>e. thermal system surfacing. VA</li> </ul>	s insulation. T. or	Amount (Specify SF or LF)	Removal	Repair	Encapsulati	Endusine
	N/A	VAT		1100 =f	~	-	to.	
7	+	7711		1,00 8)	-	-	-	
	NIDER Wests	Cubic Varde	l Name a	Danistared Landell				
		of Weste	4					
		Signatur	11 11 11 11 11	Da	_			
	cation  (ded (dreent ** gency (including cation) plication  Taking Place (3)  15  Scheduled Co (Check Only One) Entire Period of Abalai of Normal Facility House (1)  Renov Demoi  Loca Norma Guerd Scheduled (12)  Yes. No	State of N NOTIFICATION OF AS (Purpuant to NJA  Name of Buildin  Street Addrage  City, State. Zip of dement re- gency (including cation)  Rame of Contact Caroli FACILITY IN  Taking Place (3)  County Code (7) (STATE USP ONL)  ASCM No.  Talephone No. 609 298-407  Scheduled Completion Date (11 6/3/2019  I (Check Only One) Entire Period of Abalamani of Normal Facility Hours  (1)  Renovation Demolition  Is Location Normally Used Steinerocy Guitodial Staff? (12)  Yea No N/A  X  NJDEP Waste Houler ID No.	County Code (7)   Street Address   Edisor	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 5:65 and 12:12d)  Name of Building Owner/Operator (2) Perez  Cation  Street Address  City, State, 2ip Code General Building Owner/Operator (2) Perez  Carolyn Perez  FACILITY INFORMATION  Type of Facility School (K. Subchaske Other (Le Subchaske Other (Le Subchaske Other (Le Subchaske FO Box 322  City, State, 2ip Code Chrem Use Freit School (K. Subchaske Other (Le Subchaske FO Box 322  City, State, 2ip Code Chy, State, 2ip Code Check Only One)  Scheduled Completion Date (11) Of/3/2019  Renovation Demolition  Renovation Demolition  Is Location Normally Used Substy by Maintenancy Custodial Staff' (12) Veal No N/A  X VAT  NUDEP Waste Houler ID No. 16292 Disposed Sate City, Sty State Subchaske Check Only Vard Chy, State, 2ip Code Check Children Chy, State, 2ip Code Chy, State, 2ip Code Check Children Chy, State, 2ip Code Chy, State, 2ip	State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Purguant to NJAC 8:86 and 12:120)  Name of Building Owner/Operator (2)  Perez  City, State, Zip Code gency (including action)  Ramb of Contact Carolyn Perez  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  School (K-12)  Subchapter 4 (Other than K-12)  Other (i.e. private & commerciate (2)  County Code (7) (STATE USE ONLY)  Street Address  FOR SOX 322  City, State, Zip Code Allentown, NJ 09501  Telephone No. 608 298-4070  Scheduled Completion Data (11) Name of OSHA Monitor MICCS  (GY3/2019  Renovation Demolition  Nor Externally Ves. No. NAME  Renovation Demolition  Nor Externally Ves. No. NAME  Assessos Containing Material (ACM) (Context Orly One)  Renovation Demolition  Nor External State of No. (Check Orly One)  Renovation Demolition  Nor External State of No. (Check Orly One)  Renovation Demolition  Nor External State of No. (Check Orly One)  Renovation Demolition  Nor External State of No. (Check Orly One)  Renovation Demolition  Nor External State of No. (Check Orly One)  Nor External State	State of New Jersey  NOTIFICATION OF ASSESTOS ABATEMENT (Furruent to NJAC 6:69 and 12:120)  Name of Bulkling Owner/Operator (2)  LICENSII  LICENSII  Street Address  City, State, 2 p Code Street Address  Edison, NJ 08817 VAVER APPRO  Name of Contact Carolyn Perez  FACILITY INFORMATION  Taking Place (3)  Total Properties (3)  Type of Facility (4)  School (k-12)  School (k-12)  Other (k- private & commercial byling of the private &	State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Purquent to NJAC 8:89 and 12:120)  Street Address  God distinct (Purquent to NJAC 8:89 and 12:120)  Fallishing Place (3)  Fallishing Owner (8)  Scheduled County Code (7)  (FATHE Use Code (7)  (FATHE U	State of New Jarrisy NOTIFICATION of ASBESTOS BASTERENT (Pursuant for NAIGE 886 and 12: 129)  Name of Building Owner/Operator (2) Perfez Lation Street Address City, State, 2 p Code Bemont in Carolyn Perez  FACILITY INFORMATION  Taking Place (3)  Taking Place (3)  FACILITY INFORMATION  Taking Place (3)  Taking Place (3)  Type of Facility (4) Subchaster & Commercial buildings, horn etc.)  Carolyn Perez  FACILITY INFORMATION  Taking Place (3)  Type of Facility (4) Subchaster & Commercial buildings, horn etc.)  Carolyn Perez  FACILITY INFORMATION  Type of Facility (4) Subchaster & Commercial buildings, horn etc.)  Carolyn Perez  FACILITY INFORMATION  Taking Place (3)  Taking Place (3)  Name of Abastement Contractor (9) Stevers Environmental Services, Inc.  Street Address FO Box 322  City, State, 2 p Code Allentown, NJ 08501  Taliaphore No. 609 259-868  Duspass Des (3)  Cheek Only One)  Taliaphore No. 609 259-868  City State, 2 p Code Chesterfield, NJ 08515  Full Contisionment with Nagative Pressure Mini-Enclosure Coverage Procedure Normally by Asignamarcy Custodial State?  Abbeside Containing Malerial (ACM) (12)  Ves. No. N/A  NAT  NADEP Neste Houler ID No.  Office Yord Specify Containing Malerial (ACM) (12)  Ves. No. N/A  NAT  NADEP Neste Houler ID No.  Office Yord Specify Containing Malerial (ACM) (12)  Name of Registered Landfill Fairless La

(W#5322

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

M	E	C	E	Constitute	WF	E F	om
K			~~~		all resuction		And in case of the last

Date of Notification (1)		1	***************************************			100.00		IIIN	- 3	201	(	11
Sacia int	IFIL	R	Nam	e of Building Owner/	Operato	or (2)	I feel feel	3011				7
Agencies Notified Type Notification		U	14	300,U10G	とかい	<i>U0</i>				- William State	ng messel	-
	ın		Stree	et Address			ASB	ESTO	S C( ENS	ONTR	€ .&	1
EPA Initial Amended							L	ا اما	Mari Y O	II A CI	-	-
DOL Amendme	nt#		City.	State, Zip Code		\	=	-			_	1
Emergenc	v (includ	ing	Man	elmor, L	1610	762567	U + H9					
DOH justification			wam	e of Contact		7	Telephone	Mumh	or		_	4
			F-1	JOSH								
Name of Facility Where Abatement is Tak	ing Plac	e (3)	17/	CILITY INFORMATI	ON	T	~ -				-	
LINU Property		. ,				Type of Facility	2000					
Street Address						School (K-	12)					
and a part of the						Other (i.e. r	8 (Other than K private & comme	-12) roial h	vilding	e bon		
City (5)						V = etc.)		i Gidi gi			st ,	i
Belmer					, in the same of	Square Feet	# of Floors	21.000		Age		
County (6)			Count	y Code (7)		900()	10		$\supset$	OF		
Monmouth			(STAT	E USE ONLY)		Current Use (Pri		ished)				
Name of Monitoring Firm Hired by Building	Owner	(8)	ASC	CM No.	Namo	of Abatement Cor	5.000	٤_			_	
				1	40	or Abatement Cor	itractor (9)	0				
Street Address					Street	Address	2107,00	(2	٠,-	5		
				1	015	/						
City, State, Zip Code					City St	ate, Zip Code	3250VC					
					17	ale, Zip Coue	1 100	1 -		e	1	9
Project Manager for Monitoring Firm		-	Teleph	one No.	Telepho	one No	1/4/6	1 X	<u> </u>	40	1 1	2
0.		1		/ b	13)	JG(1175	License	No.		1		
Start Date (10)	Schedu	lled Co	mpletion	Date (11)	Name o	of OSHA Monitor	7 1 00	Cox.	7_			
Occument State B.	_ [i	114	119			ubduvede 1980. Debuturka di <del>Pat Fila -</del> 1, v					1	
Occupancy Status During Abatement (Chec					Street A	Address						
Facility Closed/Vacated During Entire I	Period of	Abate	ment	A STATE OF THE STA							The state of the s	
Abatement Performed Outside of Norm Other - Describe:	al Facili	ty Hour	S		City, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)	1711										1	
≥3 sfor ≥3 If				220-20								
≥ 25 st or ≥3 fr ≥ 260 sf or ≥260 lf		Renova			mage	Full Containmen	it with Negative I	)roccu	ro.			
	De !	Demoli	non		and a	Wini-Enclosure		,0330	100			
					V	Glovebag Proce Non-Exempted (	dure *) and Non Erick	de D.				
		s Locat			1	- Indiana	J and Non-Fliat	HE Pro		e ement		
Location of	110	Normal ed Sole	ly habaa	Desc	iption o	f			-	ре		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/	Asbestos Contain	ing Mai	terial (ACM)	Amount				- 1	
In Facility	Cus	todial S	Staff?	(i.e. thermal sy surfacin	stems in	nsulation,	(Specify	R <sub>0</sub>	70	inc	1	
(13)		(12)		other mis	cellaneo	ous)	SF or LF)	Removal	Repair	psd	-	
	Yes	No	N/A					13	7	Encapsulate	5	
in terior			×	trans:+			2	1			_	
			3-	11 00 12.1	2		JO 14	X	-	and the same		
									and a second plan			
						Chapter					- 1	
									-		- {	
ame of Registered Waste Hauler			DEP W		ds	Name of Re	gistered Landfill				- 1	
ACC Lisulativica,	Lac	ifa	iuler ID I	No. of Waste	1	1 (1)	o ou continui					
ty, State			16 -	4	l Dolla	LINI	in j				Parlogerion	
OH) NCCK N)				Disposal I	. 1 . 2	City, State	1000				- 1	
ompleted by	Title			Sim	1 1	1 (5	MILLY					
Breeni Gure	Sy (1	1400	VIce	STON /	2	$\wedge$	Date	25-/	1	_		
			4 110		1	t / )		1/6	29/	15		

			ID	$\Delta = \Delta = 0$	- Constant	The same of the sa		P A		7 5	Pen	
CL 1500		NOT	IFICATIO	tate of Ne N ØF-ASB It to NJAC	ESTOS	ABATEMENT		E C		/ E	line in the second	
Date of Notification (1) 05/28/2019	11547	9.000	Name		Owner/C	Derator (2)	A CONTRACTOR OF THE PROPERTY O	Gheck	No. 150	99	Removed or	$\parallel$
	Notification			Address and Leigh	Streets						Course	
⊠ DOL	ended Amendment#	_		tate, Zip Co len, New o		08812		ASBESTO LIC	S CONTE ENSING	OL (	posta	
☑ DOH ☐ DCA ☐	Emergency (including justification) Cancellation	ding	200700000000000000000000000000000000000	of Contact Mosely			10 50798	elephone N 32-968-332			2	
N			FAC	ILITY INFO	ORMATI							
Name of Facility Where Abat Dunellen High School	ement is Taking Pl	lace (3)				Type of Fac						
Street Address 411 1st Street						☐ Subcha	pter 8 (Other than e. private & comr	ı K-12) nercial buile	dings, hom	es, et	)	
City (5) Dunellen, New Jersey 088	312					Square Fee 60,000	t #	of Floors	Bld 50	g. Agi		
County (6) Middlesex		*1		Code (7) USE ONLY)	)	Current Use	(Prior if being de High School	molished)			-	
Name of Monitoring Firm Hire Environmental Connection	ed by Bu <mark>il</mark> ding Owr n, Inc.	ner (8)	ASCI 0005	M No. 57		Name of Aba Lilich Corpo	atement Contracto oration	or (9)				
Street Address 120 North Warren Street						Street Addre					_	
City, State, Zip Code Trenton, New Jersey 0860	08					City, State, Z Woodland	ip Code Park, New Jerse	ey .			-	
Project Manager for Monitorin Dominick Dercole	ng Firm		Telepho 609-39	one No 92-4200		Telephone N 973-225-84	lo. 400	License 01104	No.		-	
Start Date (10) 06/21/2019	Sc 07	heduled Co /05/2019	ompletion	Date (11)		Name of OS Iris Environ	HA Monitor mental Laborato	ories, LLC			-	
Occupancy Status During Ab Facility Closed/Vacated		AT ST WASTE				Street Addre 2333 Route					-	
<ul> <li>□ Abatement Performed Or</li> <li>□ Other – Describe:</li> </ul>	utside of Normal Fa	acility Hour	s			City, State, Z Union, NJ (	ip Code 07083				8-	
Scope of Work (Check All Th	at Apply)										-	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Renov □ Demo				☐ Min	I Containment wit ni-Enclosure ove Bag Procedur n-Exempted (*) an	e / Limited	Containm	ent & i	nt	
		Is Loca	ation				- Exempted ( ) an	Amount		patem	nt -	
Location of Asbestos-Containing Mate	erial (ACM)	Norm Used So	ally lely by	Ashes		Description of taining Materia	al (ACM) (i.e.	(Specify SF of LF)		Турє	П	
TO BE ABATE! In Facility (13)		Mainten Custodia (12	Staff?		mai syste	ems insulation VAT, or r miscellaneo	, surfacing,		Remova	Repair		Enclosure
1		Yes No	N/A						_ =			ē
Music Practice Ro	oms	Х		2'x2' Re	ed Backe	d Ceiling Tiles	Incl. Tile Grid	900 SF			1	
Music Practice Ro	oms	Х		Air-Cell Pi	pe Insula	ation w/ Mud	ded Pipe Fittings	250 LF			1	
Bathrooms		Х		Pipe	e Fitting	Insulation (W	rap & Cut)	9 LF	Х			
Name of Pagisters d West 11			LUBES:	ļ.,								
Name of Registered Waste H. Lilich Corporation	aulei	100	NJDEP W Hauler ID 18724	100000000000000000000000000000000000000	of Was		Name of Regist		one one			
City, State Woodland Park, New Jers	ey		10727		Dispos 07/05/		City, State Morrisville, PA				S <del>-ca</del>	
Completed by Adriana Olejarova	<u> </u>	itle Preside	nt			gnature	( )	D	ate 05/28/20	19	2	

inv#11544

Hrunded State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

- 10000	11 /4	1111111	111	りた。		7
Date of Notification (1)	Name of Bui	ding Owner / Opera	ator (2)			All
O5-22-2019 Agencies Notified Type Notification	Rider Univer	sity		531		1 111
☑ EPA	Street Addre 2083 Lawren			11111	- 3 2019	
☐ DEP ☐ Initial	City, State &		14	LI JUN	3 2019	
	I awrenceville			_		
Ftile/Mastic increas	se)			ASBESTOS	CONTROL &	-
	Name of Con			LICE	NSelephone N	mber
□ Cancellation	Mr. Walter Ed	ddy			609-896-500	modi
N. C. W.	FACILITY	INFORMATION				
Name of Facility Where Abatement is Taking	Place (3)	Type of Fac	cility (4)			
Rider University – Science Building – 2 <sup>nd</sup> floor Street Address		School	(K-12)			
2083 Lawrenceville Road		⊠ Subch	apter 8 (Other to	han K-12)		
		Other (	(i.e. private & co	mmercial build	ings, homes, e	;.)
City (5) County (6)	County Code (7	Square Fee			Bldg. Age	774030
Lawrenceville, NJ Mercer	County Code ()		e (Prior if being	3	57	
N		Campus Bu	ildina	demolished)		
Name of Monitoring Firm Hired by Building Ow Pennoni & Associates	mer (8) ASCN	No. Name of Ab	atement Contra	actor (9)		-
Street Address		Resource N	fanagement Gr	oup, LLC		
515 Grove Street, Suite 1B		Street Addr	ess			
City, State & Zip Code		City State (	ton Ave, Suite 2	202		
Haddonfield, NJ 08035		City, State 8				
Project Manager for Monitoring Firm	Telephone Numbe	Trenton, NJ r Telephone I	U8619	1		
Mr. Brian Clark	856-547-0505	609-977-61	59	License		
Scheduled Start Date (10) Scheduled Co 5-13-2019 Scheduled Co	mpletion Date (11)		SHA Monitor		01185	
	)19	J&S Enviror	nmental Laborat	ories, Inc.		
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire I	only one)	Street Addre	ess			
Apatement Performed During 1st Shift			22 West			
Describe: 8:00am to 6:30pm Week F	ay & Weekends	City, State 8 Union, NJ 0	¿ ZIP Code			N
Pacifity Occupied During Abatement		0.11011, 140 0	7000			
Scope of Work (Check all that apply)						
≥3 sf or ≥3 lf	Dannett.			ntainment with	Negative Press	ıre
≥160 sf ≥260 lf	<ul><li>☒ Renovation</li><li>☒ Demolition</li></ul>			closure		
	- Demonition		☐ Glove E	Bag Procedures	/Cut & Wrap	
Location of	Is Location	Description	⊠ Non-Ex	empted and No		-
Asbestos-Containing	Normally Used	Asbestos-Cor	ntainina	Amount	Abateme	Туре
Material (ACM)	Solely by	Material (A	CM)	(Specify SF or LF)		
TO BE ABATED in Facility	Maintenance or	(i.e., thermal s	systems	0. 0. 1.	R R	3, 2
(13)	Custodial Staff? (12)	insulation, surfa	cing, VAT		Repair	SISC
Λ = 1	Yes No N/A	or other miscel	laneous)		val air	Enclsoure
Rooms 201 & 203		Elecutity 0 I				+ 0
Rooms 218 & 216		Floor tile & I Pipe Elbo		4,500 SF		
Rooms 218 & 216		Pipe Insula		15 Each		
Rooms 218 & 216		Door Cau		300 LF 100 LF		44
Rooms 201-205, 220, 219, 218A, 218, 216		Residual Ma		2,500 SF		++
Name of Registered Waste Hauler				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		+++
	NJDEP Was Hauler ID N	ste Cubic Yards	Name of Regi	stered Landfill		1111
Resource Management Group, LLC	0035218	o. of Waste TBD	C			
City, State	0300210		Grows Landfil			
renton, NJ		Disposal Date	City, State			
Completed By (Print or Type)	Title	1.1	Morrisville, PA			
fr. Brian J. Haney	President	Signature	$\frac{1}{N} \int_{\mathcal{D}}$		Date	
		1 1111	-MN	1	05-22-2019	
The state of the s	100		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		04.0	- 1

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	04-19-2019					dina (	Owner / One	(O)		U JUN -:	3 2019	1)	
Agencies Notified				Ride	er Univers	sitv	owner / Ope	rator (2)					
EPA	Type Notific	cation		Stre	et Addres	SS			- Carette Control		1	pagamenta	
DEP				208	3 Lawren	ceville	Road			ASBESTOS C	CONTROL &		
⊠ DOL	Initia			City	State &	Zip C	ode		1	LICEN	SING		-
☑ DOH	Ame	100000000000000000000000000000000000000		Lawr	enceville,	NJ 08	648						
☑ DCA	☐ Eme	ergency		Nam	ne of Con	tact							
M DCA	☐ Can	cellation		Mr. V	Nalter Ed	dv					Telephone	Jum	ber
											609-896-5	)0	
Name of Facility Wh	nere Abatom	ont in Table			ACILITY	INFO	RMATION						
Rider University – S	cience Ruild	ing	Place	9 (3)			Type of Fa	acility (4)					
Street Address	-CHUSANEVILLENS - LONG	ing					☐ School	ol (K-12)					
2083 Lawrenceville	Road						☐ Subcl	hapter 8 (0	Other t	han K 12)			
	. 1044						☐ Other	(i.e. priva	te & co	ommercial build	linga hamaa		
City (5)		County (C)	- 1.				Square Fe	et	# of FI	nors	IDIda A	₹C.)	
Lawrenceville, NJ		County (6)	10	County	Code (7)		25,0	000	0111	3	Bldg. Age		
		Mercer	- 1				Current Us	e (Prior if	heina	demolished)	5		
Name of Monitoring	Firm Hirad h	. D. 7					Campus B	uildina	benig	demonstied)			
Pennoni & Associate	i iiiii mirea p	y Building O	wner (	8)	ASCM	No.	Name of A	hatement	Contro	otor (0)		-	
Street Address							Resource i	Vlanagem	ant Cr	actor (9)			
515 Grove Street, Su	uito 1D						Street Add	ress	one GI	Jup, LLC			
City, State & Zip Coo	inte 1B						2115 Hami	lton Ava	Suite 2	00			
							City, State	& Zin Cod	oune 2	.02		-	-11.000
laddonfield, NJ 080	35								e				
Project Manager for I	Monitoring Fi	irm	Tele	ephone	Number		Trenton, N.	08619					
Ar. Brian Clark			856	-547-0	505		Telephone 609-977-61	Number		License	Number	-	
Scheduled Start Date	(10)	Scheduled Co	omplei	ion Da	te (11)	-					01185		
5-13-2019					10 (11)		Name of OS	SHA Monit	tor			No. of Concession, Name of Street, or other Desires, Name of Street, or other Desires, Name of Street, Name of	
Ccupancy Status Du	iring Abatem	ent (Chook	l	nel			J&S Enviro	nmental La	aborate	ories, Inc.			
- acility Close	m vacated i i	Illing Entire	Darias	of Ah	tement		Street Addr	ess				-	
							2333 Route	22 West					
Describe: 8	:00am to 6:3	Onm Work I	Sav &	Weeks	nde		City, State 8	& Zip Code	Э				
			,	···	rius	1	Union, NJ 0	7083					
cope of Work (Chec	k all that app	oly)		1200									
								N -		92 AV			
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260</li></ul>	nan		X	Ren	ovation			⊠ Fi	ull Con	tainment with I	Negative Pres	ure	
≥160 sf ≥260	f		П		olition			LJ IVI	IIII-ENC	closure		1153335	
				_ 0.,,	Ontion			∐ G	love Ba	ag Procedures/	Cut & Wran		
Loca	ation of		Is	Locatio	n				on-Exe	empted and Nor	n-Friable Pro	adur.	- Δ
Asbestos	-Containing		Non	mally U	sed	Λ	Description	11 01		Amount	Abatem	it Ty	ine
Materi	al (ACM)		S	olely b	v	/-	sbestos-Co	ntaining	1	(Specify	- iodioiii		he
TOBE	ABATED		Main	tenano	eor	/;	Material (A	(CIVI)	- 1	SF or LF)		四	_
in F	acility		Cust	odial S	aff?	inc.	e., thermal s	systems			Repair Remova	nc	En
(	13)			(12)		05	lation, surfa	cing, VAT	- 1		Repair	ap	Sis
			Yes		N/A	01	other miscel	ianeous)	- 1		va air	ncapsulat	nclsoure
oms 201 & 203											-	at	œ
oms 218 & 216			+	$\boxtimes$	H		Floor tile & N			1500 SF		=	
oms 218 & 216			+		H		Pipe Elbo	WS		15 Each		4	님
oms 218 & 216			井	X	<del>                                      </del>		Pipe Insula			300 LF		4	님
oms 201-205, 220, 2	219, 218A 2	18 216	+		-		Door Cau			100 LF		41	4
01118 201-205, 220.	219 218A 2	18 216	片				Residual Ma			2,500 SF		++	井
me of Registered W	aste Hauler	.5, 210	Ш	X			Joint Compo	ound		3,000 SF		411	4
				NJD	EP Waste	e Cub	oic Yards		Regie	tered Landfill		7][	
source Management	Group II C			Haul	er ID No.	of V	Vaste		0913	Cored Landilli			
/, State	3.0dp, LLO			0035	218	TBE	)	Grows La	andfill				
nton, NJ	ate				Dier	osal Date	-						
						TBE		City, Stat	e DA				
npleted By (Print or	eted By (Print or Type)						Morrisville	e, PA					
Brian J. Haney	rian J. Haney President				doné	Sigr	nature		1. 1		Date	-	-
				1 1001	uent		ALL		111	A 1 \ 4	04-19-2019		
									11	H.V	2. 10-2019		
						-		27-17-91	7/2 \$20.03		E.		

Ch8935	NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NAC 8:60 and 12:120)  Name of Building Owner/Operator (2)  JUN 3 201												
Date of Notification (1) 05/27/19	45			of Building Constr		Operator	(2)		JUN	-3	201	9	14
Agencies Notified Type Notification			Street A	Address ne Cou	rt				ASBEST	OS CO		OL	ž
EPA Initial Amended Amendment	#			ate, Zip C		1				CENO	114/01		
DOH justification)  DCA Cancellation	including		Name o	f Contact Constr		•		100	elephone N 32-905-4				
Name of English Whore Abstract is Table	DI (0		FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Taking	g Place (3	)					Type of Facility						
Street Address							School (K Subchapt Other (i.e etc.)	er 8 (Otl	ner than K- & commer	·12) cial bui	ldings	, hc	es,
City (5) Lakewood	(	5	570	ol			Square Feet	# (	of Floors	1	Bldg. A	\ge	
County (6) Ocean				Code (7) USE ONLY	o		Current Use (F	rior if be	eing demoli	shed)		-119	
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	l No.			of Abatement C LEAD PROF					_	
Street Address							Address HITE DOVE (	COURT					
City, State, Zip Code							tate, Zip Code EWOOD, NJ	08701					-
Project Manager for Monitoring Firm			Telepho	ne No.		2000 St. 1000	none No. 668-9078		License 1200	No.		-	
	Schedule 06/12/1		npletion l	Date (11)	) )		of OSHA Monito		NALS			-	
Occupancy Status During Abatement (Check						Street	Address					_	-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other Describe:	eriod of A al Facility	batem Hours	ent			City, S	HITE DOVE C					100	
Scope of Work (Check All That Apply)						LAKE	EWOOD, NJ	08701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure	(			9	
		ocati									Abate	mε	:
Location of Asbestos-Containing Material (ACM)	Used	ormall I Solei	y by	Ashes		scription	of laterial (ACM)	١.,	mount	-	Ту		$\Box$
TO BE ABATED In Facility (13)		ntenar odial S (12)			thermal surfac		insulation, T, or	(5	Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	4						=		ate	o.
EXTERIOR					S	IDING		20	000SF	x		_	
					D					+		_	$\vdash$
N. C.													
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP Wa auler ID I 509		Cubic of Was		Name of IESI	Registe	ered Landfi	II			
City, State NEWARK, NJ						al Date /19	City, Sta		1 PA				
Completed by JOSEPH PERLSTEIN	Title OWNE	ER.			Si	gnature			D	ate 5/27/1	19	-	

Ch823+	1	NOTIF	<b>FORTION</b>	Tate of No WOF ASE TO NJAC	ESTOS	ABATE	MENT 0)			21.00	7 E		_₩		
Date of Notification (1) 05/27/19	44		Yanky	f Building Reiss	Owner/0	Operator	(2)	CHICAGO (One		Jl	IN	3	201	9—	
Agencies Notified Type Notification			Street A	Address				All Park	1	ASBES	STOS			OL	<del> </del>
DEP Amended	ш	f	City, Sta	ate, Zip C	ode			£			LICE	NOI	VO.		
Emergency (		-	Name o	f Contact					I To	ephone	Nicon	hor			
DOH justification)  Cancellation			Yanky	Reiss					ı te	еопопе	: INTITO	ner.			
Name of Facility Where Abatement is Takin	g Place (3	)	FACI	LITY INF	ORMAT	ION	Type of f	Facility (	4)						
							Sch	nool (K-1	2)						
Street Address							× Oth	chapter er (i.e. p	8 (Oth rivate	er than & comm	K-12) nercia	buile	dings	hon	s,
City (5) Lakewood	Sor	10					etc. Square F		# 0	f Floors	13	В	ldg. A	lge	-
County (6) Ocean			County (	Code (7) USE ONLY	?		Current U	Jse (Pri	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	l No.	10		of Abatem LEAD P				i			-	-
Street Address		110					Address HITE DO	VE CO	DURT		-				
City, State, Zip Code						tate, Zip C		3701					-		
Project Manager for Monitoring Firm		Telephoi	ne No.			one No. 668-907	8		Licens				100		
Start Date (10) 06/06/19	Schedule 06/13/1		npletion (	Date (11)			of OSHA N LEAD P		SSIO	NALS					
Occupancy Status During Abatement (Check							Address	VE CC	NIDT						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	batem Hours	ient			City, St	ate, Zip C	ode							-
Scope of Work (Check All That Apply)						LAKE	-0000	, 145 00	3701					_	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Property Co.	enova emoliti				×	Mini-Er Gloveb	ntainme nclosure pag Proc xempted	edure	5				2	
	1,00000	Locati	ST 110						( )				Abate	men	
Location of Asbestos-Containing Material (ACM)	Used	ormall I Solel ntenar	y by	Asbes		scription aining M	of aterial (AC	CM)	А	mount	1		Тy		-
TO BE ABATED In Facility (13)		nternar odial S (12)			thermal surface		insulation , or		(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			nooonan.	oodo,					/al	7	ılate	ure
EXTERIOR					S	IDING			15	00SF		ĸ			
INTERIOR				FLO	OR TII	_E		15	50SF						
														30	
Name of Registered Waste Hauler	I N	JDEP W	aste	Cubic '	Varde	l Ne	amo of F	Ongiato	rod Lon	dell					
NEWARK CARTING	Ha	auler ID I		of Was	6		ame of F SI	vegisie	ieu LäN	uilli					
City, State NEWARK, <mark>N</mark> J					Dispos 06/13	al Date /19	100000	ty, State ETHLE		PA					
Completed by JOSEPH PERLSTEIN	ER			Si	ignature					Date 05/2		9			

		-	J. /\.	(Pa)			ME	GE	7 1	П	rint Fo
CH8233	ı	NOTIFIC:	State of ATION/OF A suant to NJ	New Jers SBESTO: AC 8:60 a	ABATE	MENT D)		<u>U</u> 5	Ш	<u>U (</u>	
Date of Notification (1) 05/27/19	43	Na	ame of Buildi	ing Owner	/Operator	(2)		<del>UN -</del>	3 20	119	P
Agencies Notified Type Notification  EPA Initial	n	St	reet Address	8			ASBE	STOS (	CONT	ROL	:
DEP Initial Amended Amendmen	nt #		ty, State, Zip	Code			Lance Townson Control	LIVEIV	2114(3		-
Emergency justification	(including		akewood ame of Conta	act			Telephor	a Numb	or		-
DCA Cancellatio			FACILITY IN	UEODMA	TO L		•				
Name of Facility Where Abatement is Takin	ng Place (3)	)	PACILITI	NFORMA	ION	Type of Facilit	y (4)			-Q	-
Street Address						School (k	ter 8 (Other than	n K-12)			
City (5)	01					etc.)	. private & com			3.6	es,
Lakewood	087	01				Square Feet	# of Floor	S	Bldg	Age	
County (6) Ocean		Co (ST	unty Code (7 ATE USE ON	7) "LY)		Current Use (F	Prior if being der	molished	)		
Name of Monitoring Firm Hired by Building	Owner (8)	<i>A</i>	ASCM No.		Name of AAA I	of Abatement C LEAD PROF	ontractor (9)	 S			2
Street Address	r					Address ITE DOVE (	COLIDT				-
City, State, Zip Code					City, Sta	ate, Zip Code					-
Project Manager for Monitoring Firm		Tele	ephone No.		LAKE	WOOD, NJ		no N-			
Start Date (10)	0-1				732-6	68-9078	1200	ise No.			
06/06/19	06/12/19	9	tion Date (11	1)		f OSHA Monito EAD PROF	r ESSIONALS	3			
Occupancy Status During Abatement (Chec					Street A	ddress					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ab nal Facility F	oatement Hours				TE DOVE Cote, Zip Code	OURT				
cope of Work (Check All That Apply)					LAKE	WOOD, NJ	08701				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition	(a)	8		Mini-Enclosus Glovebag Pro	nent with Negat re ocedure ed (*) and Non-F			re	
Location of		ocation							Abat	emer ype	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Maini Custoo	Solely by tenance/ dial Staff (12)	Asbe	estos Cont e. thermal surfac		terial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova		Encapsulate	Enclosure
INTERIOR	Yes	No N	/A	0				<u>a</u>		late	ıre
INTERIOR				POPCO	RN CEI	LING	600SF	x			
										_	-
ame of Registered Waste Hauler		LAUDE	Division	I c : :							
EWARK CARTING		170000000000000000000000000000000000000	P Waste r ID No. 9	of Was		Name of IESI	Registered Lan	dfill		2.	
ty, State EWARK, NJ				Dispos 06/12/		City, Stat	e EHEM PA				
ompleted by OSEPH PERLSTEIN	Title OWNE	 R		1	gnature			Date 05/27/	110		-

				m	1 1	n		100					_		
Chyb	10			I	tate of Ne			J			J E	C		] [	$\overline{\mathbb{V}}$
Project #		N		ICATION	N OF ASE to NJAC	BESTOS	ABATE		г	ļ¢i	iesk# 4	640			Antonia
Date of Notification (1)	.1			Name o	of Building	Owner/	Operator	r (2)		-	Ш	JUN	-3	20	319
05/26/2019	NH IIO	47		Ajay S	urana										
Agencies Notified	Type Notification	1		Street A						berrots	ACD	CCT	OS CC	714	and a
☐ EPA	Initial										ASD		CENS		
DEP	Amended		Ī		ate, Zip C					-	Software Cores	PITOSPOONIO	-	POSSESSES.	nesatore
■ DOL	Amendmen Emergency	t# (including	- [		am, NJ		3								
DOH	justification	)	- 1		of Contact					Tel	ephone Nu	ımber			
DCA	Cancellatio	n		Ajay S		00111				į					
Name of Facility Where A	Abatement is Taki	ng Place (3)		FAC	ILITY INF	ORMAI	ION	Tvp	e of Facility	(4)				_	_
Residence								-7		1000					
Street Address			-					H	School (K- Subchapte		er than K-	12)			
										private	& commerc	cial bui	ldings,	hom	es,
City (5)								Squ	etc.) are Feet	# 0	f Floors	T	Bldg. A	ge	_
Chatham, N.	J												•	******	
County (6)					Code (7)	2		Curi	rent Use (Pr	ior if be	ng demolis	hed)		_	
Morris				(STATE	USE ONLY	)									
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	И No.				atement Co		(9)				
								AND THE	oration L	LC.					
Street Address							Street								
									side Rd						
City, State, Zip Code							10 St. 10		Zip Code						
Project Manager for Moni	toring Eirm			Telepho	no No				, NJ 078	69					_
Troject Manager for Mon	toring r iiiii			relepho	ne No.		Teleph 97393				License 1 01358	VO.			
Start Date (10)		Scheduled	d Cor	nnletion	Date (11)				SHA Monitor		01336				-
06/05/2019		06/08/20		npicaon	Date (11)				oration L						
Occupancy Status During	Abatement (Che					-	Street	-100							_
Facility Closed/Vaca				nent			72 Br	ooks	side Rd						
Abatement Performe	ed Outside of Norr						City, S	tate,	Zip Code						
Other – Describe: _							Rand	olph	NJ 078	39					
Scope of Work (Check All	That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Contraction.	enova						ull Containm		Negative	Pressu	re		
2100 \$101 2200 11		L De	emolit	tion				w IVI	ini-Enclosur lovebag Pro						
			_					N	on-Exempte		d Non-Frial	ble Pro	cedure		
			ocati										Abate: Typ		9
Location	A Salara company of the company of t	Used	ormal Sole				scription					-	T T	-	
Asbestos-Containing I TO BE ABA		Main	tena	nce/			taining IV systems		al (ACM) lation.		mount Specify	70	_	Enc	П
In Facilit	у	Custo	(12)	otan?	3.00	surfa	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		, ,				other r	niscellar	neous	)			laval	air	ulat	sure
```		Yes	No	N/A									$\vdash$	o.	
Sarage area		+	×		TSI					10 LF	S	×	$\vdash$		
		++						-				-	$\vdash$		
			-	$\vdash$			de la compa						$\vdash$		
Name of Registered Wast	e Hauler			JDEP W			Yards		Name of	Registe	red Landfil	1			
lick Restoration LL0		<u></u>	1.036	auler ID 033782		of Was	ste		G.R.O.	W.S					
City, State Randolph, I	NJ					Dispos	sal Date		City, Star Tullytov		(2				
Completed by		Title	-			100/2010/2019	ignature	-	1 anytov	vII, I a		ate		_	_
likica Mrda		Preside	ent		(2)		N	111	un'l	1110		/26/2	019		
								~	CA A	VAV	1		10000		

Ch 15265  Date of Notification (1) MAY 26, 2019	TE TO THE	VO) IF	Name o	to NJAC of Building	8:60 an	d 12:12	0)		D.	E C	E [		3	
Agencies Notified Type Notification  EPA	ent #_ 1		Street A		ode					JUN ASBESTO LIC	= 3 OS CC CENSI	NTR		
DOH justification justification Cancellation			ED K	f Contact	<i< td=""><td></td><td></td><td></td><td>Tele</td><td>phone Nu</td><td>mber</td><td></td><td></td><td></td></i<>				Tele	phone Nu	mber			
Name of Facility Where Abatement is Tal ED KRUPSKI PROPERTY	king Place (3	)	FAC	ILITY INF	ORMAI	ION	Type of	Facility	890.500 No.0000		457		-	
Street Address					*		Sut Sut Oth etc.	ochapte er (i.e. )	r 8 (Othe	r than K-1 commerc		dings,	h r	nes,
City (5) LINDEN County (6)	07	0	34	0.1.75			3,868		2	Floors		3ldg. A 1950		/A
MIDDLESEX	0 (0)		(STATE	Code (7) USE ONL	n		RESI	DENC	E	g demolis	hed)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASCN	/I No.		Finis				9) batemer	t Corp	o., Inc		
Street Address							Address Thomps	on stre	eet					
City, State, Zip Code							tate, Zip ( st Long		h, NJ 0	7764				
Project Manager for Monitoring Firm N/A			Telepho	ne No.			one No. .222.83	72		License N 00040	lo.			
Start Date (10) JUNE 6, 2019	Schedule JUNE			Date (11)	Ø.	Name N/A	of OSHA	Monitor	'					
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of A	bater	ment s				Address tate, Zip 0	ode						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emoli	ation tion			×	Mini-E Glovel	nclosur pag Pro	e cedure	Negative I				
Location of		Locat			D							Abate Ty		t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole ntena odial ( (12)			stos Cont thermal surfac		aterial (Ad insulation T, or		(Sp	nount pecify or LF)	Removal	Repair		Enclosure
EXTERIOR	Yes	No	N/A X		۸С	SIDIN	G			100				-
EXTERIOR					AU	SIDIN	<u> </u>		1.1	100	X			
		×												
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Cor	H	IJDEP W lauler ID 12058		Cubic of Was 5 cy			FAIRL	ESS L	ed Landfill ANDFIL			_		
City, State WEST LONG BRANCH, NJ 07764					Dispos 6/9/1	al Date	С	ity, Stat MORF	e RISVILL	E, PA				
Completed by JOSEPH P. MILLER	Title PRE	SIDE	ENT			ignature My		h		Da 5	ite 5/26/1	9	_	
					1								ose S <del>T</del>	

Ch 8237	NO		ursuant	tate of Ne NOF ASE to NJAC	8:60 an	ABATE 1d 12:12		IT	000		C	E			3
Date of Notification (1) 05/29/19 10 VH 11540	)			of Building Jersey C				al	U U		IUN-	- 0	<del>-20</del>	13	- Con
Agencies Notified Type Notification  EPA Initial			Street A	Address hurch S	Street, 3	3rd Flo	or			ASBE		OS CO		ROI	3
DEP Amended  DOL Amendment				ate, Zip C Brunswid		08901			No. of the local division in the local divis		CERTIFICATION COMM				SALTERUS.
■ DOH Emergency ( justification) ■ Cancellation	including	1.0		f Contact Iersey C		nity Ca	apita	al		lephone			t 33	4	
No. of The last			FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Taking Street Address	g Place (3)						Typ	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth	er than & comn	K-12	?) al buile	dings,	hor	is,
City (5) Newark	04						Sqi	etc.) uare Feet	#0	f Floors	3	В	ldg. A	Age	-
County (6) Essex	· · · · · ·			Code (7) USE ONLY	)		Cui	rrent Use (Prid	or if be	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	/ No.				batement Con AD PROFE			 S				•
Street Address						Street 6 WH		ress E DOVE CO	URT	i i					
City, State, Zip Code								Zip Code DOD, NJ 08	3701						
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph 732-6		No. -9078		Licen 1200		).			
	Scheduled 06/14/19		pletion I	Date (11)				SHA Monitor AD PROFE	SSIO	NALS	;				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P			ent			Street 6 WH		ess DOVE CC	URT						
Abatement Performed Outside of Normal  Other – Describe:	al Facility H	ours	CIIL					Zip Code DOD, NJ 08	3701						_
Scope of Work (Check All That Apply)									,, , ,					_	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Rer × Der	novat	ion on			×	N G	ull Containme lini-Enclosure llovebag Proc lon-Exempted	edure					9	
location of	Nor	catio	у		Dog	scription							Abate	mer	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used S Mainte Custod						lateri		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR	INTERIOR Yes N					OR TI	I =		61	00SF		_		e —	
IN ENON									00	JUSF		х			-
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP Wauler ID 509		Cubic of Was			Name of R	Registe	red Lar	ndfill				
City, State NEWARK, NJ					Dispos 06/14	al Date /19		City, State BETHLE		I PA					
Completed by JOSEPH PERLSTEIN		S	ignature					Date 05/	e 29/1	9	_				

State of New Jersev SABATEMEN nd 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 5-23-2019 Jefferson Health JUN -3 2019 Agencies Notified Type Notification Street Address **EPA** 18 E. Laurel Road DEP ASBESTOS CONTROL & LICENSING Initial City, State & Zip Code  $\boxtimes$ DOL Amended ( Stratford, NJ 08084 DOH  $\boxtimes$ Emergency Name of Contact Telephone Number DCA Cancellation Mr. John Ferraina 856-346-60( ) FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Jefferson Health - CPD area School (K-12) Street Address Subchapter 8 (Other than K-12) 18 E. Laurel Road Other (i.e. private & commercial buildings, homes, et .) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 250,000 52 Stratford, NJ 08084 Camden Current Use (Prior if being demolished) Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Criterion Laboratories, Inc. Resource Management Group, LLC Street Address Street Address 3370 Progress Drive, Suite J 2115 Hamilton Ave, Ste 202 City, State & Zip Code City, State & Zip Code Bensalem, Pa. 19020 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Mike Panepresso 215-244-1300 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5-28-2019 06-5-2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed Outside of Normal Hours City, State & Zip Code Describe: Weekdays & weekends 24 hrs Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Press re ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Proc fure Location of Is Location Description of Amount Abateme Type Asbestos-Containing Asbestos-Containing Normally Used (Specify Material (ACM) Solely by Material (ACM) SF or LF) Enclsoure TO BE ABATED Maintenance or Remova (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Decking Spray on insulation 668 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Robinson Waste Disposal Service, Inc. 17304 TBD Grows Landfill City, State Disposal Date City, State Voorhees, NJ TBD Morrisville, PA Completed By (Print or Type) Title Signature Date

President

05/23/2019

Mr. Brian Haney

By 23 2019 041	ITPM NJ A	abeatos Contro	01 609.63	3.0664	pa	ige 1		Section 1	0 -	-		-
Лау 23 19 02:02р	Resou	urce Manageme		IF /		D) 60	09914465	RE	G F	3	$\mathbb{V}$	
111-00	1 1		g	State of N	lew Jersey			11 111	IIIN -	2 2	019	
MAD	)	NOTIF	FICATIO	N OF AS	BESTOS AI C. 8:60 and	BATE	MENT	DOL	- 10 [	YA		_
Date of Notification	1 1	11	236				(0)	Control of the last of the las	ESTOS	CON	TFO	L &
	5-23-2019		Name	of Building roon Healt	Owner / Operat	or (2)			LIGEN	CHAC	-	
Agencies Notified  BEPA  DEP  DOL	Type Notific		Siree	t Address	1				-		+	
EPA	150 L NO.		18 E.	Laurel Road					LV		1	
N DOL	Initial Ame	il Inded (	City,	State & Zip fore, NJ 0	Code			VARVER	APP?	17:1	7	-
⊠ DOH	The second secon	rgency		of Contact		-	<u> </u>		Telepho			
□ DCA	Can	cellation		hn Ferraine	÷.				856-34	9-50	30 30	98
lame of Facility W	hom Ababaa	and la Patrica Br	FA	CILITY IN	ORMATION							
lefferson Health	nero Aparon - CPD area	Suc is reking hi	ece (3)		Type of Fac	111by (4)					-	
eserbbA teers			A. Carrier				Other than	16-421				
8 E. Leurel Road					Other (	.e. priva	ate & comm	ercial ibuildi	ings, hon	198, 6	la)	
City (5)		76			Square Fee	1	# of Flagne		Bidg. Ag	e		-
Smetford, NJ 080114		County (6)	County	Code (7)	250,00			2		52		
		1			Current Use Hospital	(Paer I	t being den	iolished)				
iams of Moratoring	Firm Hired i	y Building Own	er (8)	ASCM NO		atemen	t Contracto	(9)				-
Criterion Labora	nones, inc				Resource P		ement Gro	up, LLC .				
370 Progress D	Nation Division	7			Street Addre							
ity, State & Zip Co	ulae amic	J	-		2115 Haml							
Bensalem, Pa. 1					City, State & Trenton, No.	Zip Co	ide D					
roject Manager fo	Monitoring I	-lam	Telephone	Number	Telephone N		78	Higgs	Number			
Ar. Mike Paner	resso		215-244.	-1300	609-977-61			Liveride	011	35		
icheduled Start De 6-28-20	ite (10)	Scheduled Com	pletion Da 18-5-2019	18 (11)	Name of OS J&S Enviro	HA Mo	nitos					-
Occupancy Status	During Abate	ment (Check on	M sna)		Street Addre	AND	al renolar	mes, mc.				
☐ Fedility Clos	sed/Vecaled	During Enthra Pe utside of Norma	eriod of Ab	atement	2333 Route	22 W	est					
	Maskriava	& weekends 2	II Houra		City, State &		de			illovi svi sv		N. 14.
LI Facility ()co	upied During	Abstament	.71116		Union, NJ (	11003						
icope of Work (Ch	eck all that a	oply)				X	Euil Combai	nment with	Manadius	Plana		
23 af or ≥3 ≥160 af ≥28			Rer	ncifevor			Mini-Encto	onlo Conduit Milit	1.4e@anse	PERM	ani.A	
≥160 sf ≥28	KO IF		☐ Der	naitilan			Glove Sag	Procedures	1			
L	ocation of		is Locat	loo I	Description		Non-Exem	eted and No				
Ashes	tos-Containir	9	Normally I	Used	Asbestos-Co			Amount (Specify	AD	dome	וו זחו	/pe
	eriei (ACM) BE ABATED		Solely I Maintenan	by or	Malerial (A (i.e., thermal)	CM)		SF or LF)	20	_	3	īī
	n Fadlity		Custodial 5		insulation, surfa	cing, V	AT		Remova	Repair	Splic	ENCISOUS
	(13)	F	(12) Yes   No	I AVIA	or other miscel	lensou	B)		1 3	一	Encapsulate	OIN
eaking			Yes No	N/A	Connection In-	n il nat		000 000			D	_
	***************************************		1	-	Spray on ins	MIETION	-	688 SF		-	1	H
							-			+	+	-
											世	
			1111	191					JO			
lame of Registered	Weste Heu	ler	L INJ	DEP Weste	Cubic Yards	TName	a of Registe	red Lendfill		Ш		
Robinson Weste	Disposal Se	rvice, Inc.	He	uler ID No. 304	of Watte TBD		va Landfill					
Chy. State /oprhees, NJ			and the same of the same		Disposal Date	City.	State			-		
Completed By (Pan	tor Type)		1718	le .	Signature.	INDIT	isville, PA	***************************************	Batt			
Ar. Brian Haney				esident	9 79-1	1	MADI	¥1	05/2:	3/201	9	
				-	1 11	<i>(</i> )	11961		1			

I

h7403	NOT	TFICATION	ate of New Jers LOF ASBESTO to NAGE 600 a	SABATE	MENT	D/E	GE	7		264	THE THE
Date of Notification (1) 5/29/19	9	L.	f Building Owne I Gentile Pri		300 (50)		JUN - 3	3 20	)19		IJ
Agencies Notified  Type Notificatio  Type Notificatio  Initial Amended Amendmen			ddress ate, Zip Code Bottom NJ 08	8008		ASB	ESTOS C LICENS			k source	
			f Contact			l Teleni	hone Niimh	er.		·	
	BI (0)	FACI	LITY INFORMA	MOITA							
Name of Facility Where Abatement is Tak Daniel Gentile Private Home	ing Place (3)				Type of Faci						
Street Address					School Subcha	(K-12) pter 8 (Other	than K-12)				
					Other (i etc.)	.e. private & c	commercial	buildi	ngs,	me	s,
City (5)					Square Feet	# of F	loors	Blo	dg. A	_	
Ship Bottom NJ 08008		30			1000	2			5+		
County (6) ocean			Code (7) USE ONLY)	X	Current Use house	(Prior if being	demolished	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCN	/ No.		of Abatement naco Inc.	Contractor (9	)				
Street Address					Address Box 329						
City, State, Zip Code					State, Zip Code	)				-	
					st Berlin NJ						
Project Manager for Monitoring Firm		Telepho	ne No.	1	none No. -753-9800	4	icense No. 00727				- Contract
Start Date (10) 6/7/19	Scheduled 0 6/14/19	Completion	Date (11)	Name Sam	of OSHA Mon 1e	itor					
Occupancy Status During Abatement (Che	eck Only One)			Street	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:				City, S	State, Zip Code	)					
Scope of Work (Check All That Apply)										-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CONTRACTOR OF THE PARTY OF THE	ovation olition			Mini-Enclo	inment with N sure Procedure apted (*) and N					
	Is Loc	ration			a Non-Exem	pied ( ) and i	NOTI-I HAVIE		Abate	ent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Nom Used S Mainte Custodia	nally olely by nance/	Asbestos Co (i.e. therm		Material (ACM) s insulation, AT, or	(Spe	ount ecify r LF)	Remova	Ty <sub>I</sub> Repair	Encancidate	Enclosure
	Yes N	o N/A	2,788		,			a		lata	ll e
Exterior Siding		х	Ex	terior Sid	ding	1900	) SF	х			
										-	
									_	-	
Name of Registered Waste Hauler		NJDEP W	/aste Cul	oic Yards	Mam	e of Registere	d Landfill				
United Roll Off		Hauler ID 22459		Vaste	100000000000000000000000000000000000000	e of Registere	u Lanulli				
City, State			1 35.553	posal Date	1 50	State	4000=				
Elm NJ	Title		6/1	4/19	_	risville PA					
Completed by Anthony T Perna	Preside	nt		Signature	l		5/29	9/19			

			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 -	[ par	> P @ I	<b>э</b> п	7.7	P	int For
Ch 7402	N	OTIFICATIO (Pursuan	State of New Je IN OF ASBEST In the NJAC 8:60	DS ABATE and 120421	n			<u>₩</u> <u>t</u>	Contraction of the Contraction o	
Date of Notification (1) 5/29/19  Agencies Notified Type Notification	538	Mike	of Building Own Dowidowicz	er/Operator Private H	lome	U JUN	- 3 2	019	200	圳
Agencies Notified  Type Notification  Initial DEP DOL Amended Amendmen Emergency	t #	City, S	Address tate, Zip Code Bottom NJ 0	8008		ASBESTOS LICE	S CON NSING		Bosto	
DOH justification Cancellation	)	Name Mike	of Contact			Telephone I	Number		-	
Name of Facility Where Abatement is Takin	as Dlans (2)	FAC	CILITY INFORM	ATION	_				_	
Mike Dowidowicz Private Home	ig Place (3)				Type of Facility					
Street Address					School (K-Subchapte Other (i.e. etc.)	·12) er 8 (Other than k private & comme	(-12) ercial bu	ildings,	mc	es,
City (5) Ship Bottom NJ 08008					Square Feet 1000	# of Floors	100	Bldg. A 35+	;	
County (6) Ocean		(STATE	Code (7) USE ONLY)		Current Use (Pr House	rior if being demo	lished)		1000	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		of Abatement Co aco Inc.	entractor (9)				
Street Address					Address Box 329					
City, State, Zip Code				1000	tate, Zip Code t Berlin NJ 08	091			-	
Project Manager for Monitoring Firm		Telepho	one No.		one No. 753-9800	License 00727	100000		_	
Start Date (10) 6/10/19	6/14/19	Completion	Date (11)	Name o	of OSHA Monitor e				No.	
Occupancy Status During Abatement (Chec	k Only One	)		Street /	Address				-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab nal Facility F	atement lours		City, St	ate, Zip Code					
Scope of Work (Check All That Apply)					-				10	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition		X	Mini-Enclosur Glovebag Pro					
	Is L	ocation				1		Abate	ent	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Maint Custoo	rmally Solely by tenance/ dial Staff? (12)	Asbestos Co (i.e. therm	Description ontaining Manal systems facing, VAT miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Remova	Tyr. Repair	1	Enclosure
Exterior Siding	Yes	No N/A		i Ci di		2000 05	-		+	Φ
Exterior Siding		X	EX	terior Sidi	ing	2000 SF	Х		-	
Name of Registered Waste Hauler		NJDEP W	/aste Cub	ic Yards	Nome of	Dogistored Land	SII .			
United Roll Off		Hauler ID 22459		/aste	G.R.O.	Registered Land	nili			
City, State Elm NJ		1		oosal Date 4/19	City, Stat	e ville PA 19067			2	
Completed by Anthony T Perna	Title Preside	ent		Signature	2	1	Date 5/29/19	9	_	

Charle	7760		NOTIF (P	ICATIO ursuan	tate of Ne OF ASB t to NJAC	ESTOS 8:60 an	ABATE d 12:12	<b>0</b> )/	-			;		<b>V</b>	III II
Date of Notification (1) 5/28/2019	# 115	35			of Building JERSE				OF TRANS	PO	RTATION		3 2	019	-
Agencies Notified  X EPA	Type Notification  X Initial				Address PARKW	AY AV	ENUE				ASBES L	FOS (			&
DEP X DOL	Amended Amendment			500	ate, Zip Co ITON, N		8						AND DESCRIPTION		Basson
X DOH X DCA	Emergency (i justification) Cancellation	ncluding			of Contact RYL QUA	TERM	IAS				ephone Nu 9-530-54				
Name of Carilla Mills		5.		FAC	ILITY INF	ORMAT	ON								
Name of Facility Where A	Noatement is Taking	RD - B	<sup>(3)</sup> UILDI	NG 14	23			Туре	of Facility (4 School (K-12						
Street Address 739 ROUTE 37 WE	ST							×	Subchapter 8 Other (i.e. pr etc.)				dings,	hom	3,
City (5) TOMS RIVER	0979	55						Squa	are Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6) OCEAN					Code (7) USE ONLY	)		Curr	ent Use (Prio	r if be	ng demolis	ned)			
Name of Monitoring Firm ENVIRONMENTAL			)	ASCN 0003					atement Cont			G. IN	IC.		-
Street Address 120 NORTH WARR	EN ST.						Street	Addre							
City, State, Zip Code TRENTON, NJ 0860	08					City, S	State, 2	Zip Code						_	
Project Manager for Moni DOMINICK DERCO			Telepho	ne No. 32-3218		Teleph	2027/1000	lo.		License N	lo.				
Start Date (10) 6/10/2019		Schedul	led Con		Date (11)		Name	of OS	HA Monitor S (9) ABOV	/E	00404				
Occupancy Status During							Street						00		-
Facility Closed/Vaca Abatement Performe	ted During Entire Pe	eriod of	Abatem	ent			City, S	tate, Z	ip Code						-
Other – Describe: U									·						
Scope of Work (Check All	That Apply)	_					_	,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Mi Gl	Il Containmer ni-Enclosure ovebag Proce n-Exempted	edure				е	
		Is	Locati	on						· A			Abate	men	
Location Asbestos-Containing I			Normall ed Sole				scription						Ту	pe	-
TO BE ABA In Facilit (13)	TED `	F 30778 7	aintenar stodial S (12)					s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										Ф	
GARAG	E		X			nesia F			on &	28	30 LF	Х			_
BOILER RO	DOM		X			r-Cell F		7 2550		1	0 LF	X			-
	BOILER ROOM						Contai					Λ			-
Name of Registered Wast	100000	JDEP W	aste '	Cubic	Control Manager		Name of R	egiste	red Landfill				-		
TWO BROTHERS C	100	auler ID 8743	No.	of Was				MAN	NAGEME	NT G	R.C	.W.			
City, State TOTOWA, NJ					Dispos 6/21/	al Date 2019		City, State	SVILI	_E, PA					
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINATO	250	ignature / L		ati,	11-1	Da 5/2	te 28/20	)19		

CH7406	1	OTIF (P	CATION	ate of Ne OE ASB to NJAC	ESTOS	ABATE	MENT		) <u>E</u>	C E		VE		
Date of Notification (1)	ſ	T	Name of	f Building	Owner/0	Operator	(2)			JUN -	- 2 2	N19	11	$\mathcal{H}$
5/30/19 MI # 1100C	¥		Brian I	DiBrino	Privat	e Hom	ie	14	4	JUN	0 4	UIJ	lans	
Agencies Notified Type Notification			Street A	ddress								THEOLOGY SECTION		
☑ EPA ☑ Initial								9	ASE	BESTOS	CON			
DEP Amended	ш			te, Zip Co				- Inches	Mesoustons	LIVE	1701117	7	5000E	-
Emergency		- [		de Heigl	nts NJ	08751								
DOH justification)				Contact					Tel	ephone N	lumber			
DCA Cancellation			Brian				-11							
Name of Facility Where Abatement is Takin	g Place (3	)	FACI	LITY INFO	ORMATI	ION	Type	e of Facility (	(4)			-010-70-19	-	
Brian DiBrino Private Home	3 (0	,					1,35							
Street Address							H	School (K-1 Subchapter		er than K-	-12)			
						-	X	Other (i.e. p				ildings,	mc	es,
City (5)							Sau	etc.) are Feet	# 01	f Floors		Bldg. A	-	
Seaside Heights NJ 08751							100		1	110010		35+		
County (6)		T	County C	Code (7)				ent Use (Pri	or if bei	na demol			-	
Ocean			(STATE L	JSE ONLY				use & Gar			,			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.		Name		atement Cor	-	(9)			-	
N/A						Perr	naco	Inc.						
Street Address						Street	Addre	ess	77-1-17-1	000-00-00-00-00-00-00-00-00-00-00-00-00		-	-	
						POI	Box :	329						
City, State, Zip Code						City, S	state, 2	Zip Code					_	
						Wes	t Be	rlin NJ 080	091					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph				License		7-1	_	
						856-	-753-	-9800		00727				
Start Date (10) 6/8/19	Schedule		npletion [	Date (11)				SHA Monitor						
	6/14/19					Sam							_	0.
Occupancy Status During Abatement (Chec						Street	Addre	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	bater Hours	nent			City, S	tate, 2	Zip Code			******		_	
Scope of Work (Check All That Apply)							-						_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Comments	enova emolit				×	M G	ull Containme ini-Enclosure lovebag Prod	e cedure	# C. 02-70-00 00				
	1						A No	on-Exempted	d (*) and	d Non-Fri	able Pr			
SH 24= 20000F2 04 05 74 04 1	100000	Locati lormal	2000000									Abate Ty		
Location of Asbestos-Containing Material (ACM)	Used	d Sole	ly by	Achoe		scription		al (ACM)	Λ	mount		T		
TO BE ABATED	H	ntenar odial S	15 TATAL		thermal	systems	s insu		(8	Specify	Re	70	Encanculato	Ē
In Facility (13)	Ouoi	(12)	, and			cing, VA niscellar		. 1	SF	or LF)	Remova	Repair	2	Enclosure
(10)	\ , T		T		Other II	iiocciiai	icous	'			\sigma	=	1	ure
Exterior Siding Corogo	Yes	No	N/A		Endo	ia - Cia			- 00	N 0F	+		_	
Exterior Siding Garage			X		Exter	ior Sid	ing		Ö	00 SF	X		-	
		3371.757.											_	
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Landf	fill		_	
United Roll Off	0.852	auler ID I 2459	No.	of Was	ste		G.R.O.	0000000						
City, State			00			al Date		City, State	е				-	-
Elm NJ					6/14/		_	1 5		A 19067	•			
Completed by	Title				S	ignature	1				Date		-	
Anthony T Perna	Presi	dent				11	1	_			5/30/1	9		

Print Form

Ch7405			NOTII	ICATIO	State of Ne DN OF ASB of to NJAC	ESTO	SABATE	MEN <sup>*</sup>	т		E C			<u>₩</u>	7	
Date of Notification (1) 5/30/19	F 1157	33			of Building orce Exca			r (2)			JUN	-	3 21	919	To the second	4
Agencies Notified Typ	e Notification				Address Crown Po	oint F	Road			A	SBEST	OS C			<u></u>	
DEP DOL	Amended Amendment				tate, Zip Co ofare NJ		36		Chica			TO SECURITY STATES	an granting or	A STATE OF THE PARTY OF THE PAR	9504	representative con
□ DCA □	Emergency justification) Cancellation			Name (	of Contact Lutz						Telephoi					
Name of Facility Where Abate	ment is Takin	g Place (	(3)	FAC	ILITY INFO	ORMA	TION	Type	e of Facility	(4)					_	
Proposed WAWA Food Street Address 8000 S Crescent Blvd.	Market Site	9						N N	School (K Subchapt Other (i.e	(-12) er 8 (C	other tha	n K-12	!) al buil	dings,	mc	es,
City (5) Pennsauken NJ 08109								15.70	etc.) are Feet 00 +	#	of Floo	rs	24 5	Bldg. A	ī	
County (6) Camden				County (STATE	Code (7) USE ONLY)			Curr	ent Use (P	rior if b	peing de	molish			-	
Name of Monitoring Firm Hired N/A	d by Building (	Owner (8	)	ASC	M No.		19-20-20-20-20-20-20-20-20-20-20-20-20-20-		atement C	ontract	or (9)				-	
Street Address							Street		ess	H-2000-00-00-00-00-00-00-00-00-00-00-00-0					-	
City, State, Zip Code	-					City, S	tate, 2	Zip Code	2001	- 50-2110-25-1						
Project Manager for Monitoring	j Firm		Telepho	one No.		Teleph	none N		2001	Lice	nse No	).		-		
Start Date (10) 6/8/19		Schedul 7/31/1		npletion	Date (11)			of OS	HA Monito	r	1007	21			-	
Occupancy Status During Abat		170	45				Street		ess			7				$\dashv$
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	uring Entire P tside of Norm	eriod of all Facility	Abatem / Hours	nent			City, S	tate, Z	Zip Code						-	
Scope of Work (Check All That	Apply)										***********				-	-
≥3 sf or ≥3 if  ≥160 sf or ≥260 if			Renova Demolit				×	Glo	II Containn ni-Enclosu ovebag Pro on-Exempte	re ocedur	е					
		100	Locati	700					ar Exempte		ind ittoli	THEOR		Abater	ent	
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Use Ma	Normall ed Solel intenar todial S (12)	ly by nce/		os Co therma surf	escription ntaining M al systems acing, VA <sup>-</sup> miscellan	ateria insula T, or			Amount (Specify SF or LF	8	Remova	Typ Repair	1	Enclosure
Polled Past Chinale	60 D .	Yes	No	N/A	_											0
Rolled Roof Shingle roo	of & Duct			X	F		d roof sh	(22)	)	-	000 SI	=	Х	_	1	
door	door					<u>a</u>	oor caul	K			50 LF			+	+	$\dashv$
												+	+	$\dashv$		
Name of Registered Waste Hau							Yards		Name of	Regis	tered La	ndfill			1	$\dashv$
United Roll Off	100	auler ID 2459	INU.	of Wa			G.R.O	.W.S	N.							
City, State Elm NJ							sal Date /19		City, Sta Morris		PA 190	67				
Completed by Anthony T Perna		Title Pres	ident	-201000-001			Signature	-	2			Date	0/19		-	
			96/10/01/19					-				0/3	0/10			

INV# 11532	à.	Pur	ATION OF A suant to NJ	New Jersey SBESTOS ABAT AC 8:60 and 12:1	20)	Sheck [	#	10	1.7	02
Date of Notification (1) 5-3	31-1914	] [] Na	ameldt∫Buildi C	ng Owner/Operat	or (2) Toe	Allega	Quit S			
Agencies Notified Type Notifie	cation		reet Address BESTOS (			77.10				
☐ EPA Initial ☐ Amen	ded		LICEN		week and the same				•	
☐ Emerg	dment # ency (including	_		Lavi	1 Renceyil	le /UJ	(	18(	0	8
DOH justific		INS		Allega FORMATION		1 + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	mhar			
Name of Facility Where Abatement is	¬ ' '	~	11		Type of Facility	(4)			_	
Street Address	amily	Dv	velling	7	Other (i.e.	-12) er & (Other than K-1 private & commerc	2) ial bui	ldings	, hc	ies,
City (5)	il i	á / -	- A	0/120	etc.) Square Feet	# of Floors	1	3ldg. A	λgε	
County (6) 11	lle /		unty Code (7		Current Line (D.	乙		6	0	-
Mercen		(\$7	ATE USE ON	Ĺ'n	Current Ose (P	rior if being demolis	nea)			
Name of Monitoring Firm Hired by Bui	Iding Owner (8)		ASCM No.	Nam	e of Abatement Co		•	e	9	
Street Address RO. Box	337		14 11	100	Address O. Box	chnoles 337	Jie		ė	86
City, State, Zip Code New Egyp+	, N2	0		33 N	State, Zip Code	TUN + AT	0	85	5	3
Project Manager for Month in go Firm  Start Date (10)	Schedule	60	ephone No. 29 758 etion Date (1	-3365 609	758-33 e of OSHA Monitor	The state of the s	5	39	4	
6-11-19		6-1	11-19	i) Name		hnologies	$\mathcal{I}$	nc	•	
Occupancy Status During Abatement	35	20			P.O. Box	~				*/
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	Normal Facility	Hours		City,	State, Zip Code lew Equat	ALT	าส	53	7	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Scope of Work (Check All That Apply)					JIP!	700	20-		_	-
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enovation emolition			<ul> <li>☐ Mini-Enclosur</li> <li>☐ Glovebag Pro</li> </ul>	cedure				
	Is	Location			Non-Exempte	ed (*) and Non-Friab	le Pro	Abate		t
Location of	N	ormally Solely b	v	Descriptio		2 32	_	Ту	pe	
Asbestos-Containing Material (ACI	Mair	ntenance.	ASO	estos Containing e. thermal systen	ns insulation,	Amount (Specify	Re	D	בווענ	Enc
In Facility (13)	0000	(12)		surfacing, Va other miscella		SF or LF)	Remova	Repair	cinaponiare	Enclosure
· · · · · · · · · · · · · · · · · · ·	Yes	No i	V/A		1		_		מונ	. 69
CRawlspace	X		TRO	insite Cen	neat Pipe	20 LF	X			
, *	•						-		_	-
		_					-		_	$\vdash$
Name of Registered Waste Hauler			EP Waste	Cubic Yards	Name of	Registered Landfill				
EPC Technolog	ijes	1000	7000	of Waste	1 Was	teManage	neni	106	2	Ac
City, State	N5		-	Disposal Date	e City, Sta	te	A		231	
Completed by	Title	^		Signatur		Da Da	te		-	
Steve Schenker	HRes	siden	+	Sh	CK.	ch	5-	31-	1	7

CHATIN	nv#	The second second	TIFI	CATIO	N OF A	New Jersey SBESTOS ABA	TEMENT	n e c e	3	$\mathbb{W}$	- T	7
9111100	J		(			JAC 8:60 and 5:1			3 4		7	Ш
	29 /	19			ne of Build arvey SI	ding Owner/Operator	(2)	III JUN -	- 3 2	2019	And the state of t	IJ
					et Addres	477		<u> </u>		-010	- Land	wood
		ation		Stre	et Addres	55.	-		godynamatica.	nov-real-streets	1	name.
		i		City	, State, Zi	n Code		ASBESTOS	NSIN(	TROL	<u>s</u>	
☑ DOH	<u></u>		_	1 95		NJ 08077	L		PRINTERNAMEN	CI CI	SAMO	покален
			ing		ne of Conf			Telephone Num	her		-	
	_ *				arvey Sk			relephone Num	Dei			
				F	ACILITY	INFORMATION					-	-
Name of Facility Where Aba	atement is T	aking Pla	ce (3)				Type of Facilit	y (4)			600	= 300
Skylar Residence							School (K-					
Street Address								r 8 (Other than K-12 private and comme		uildina		
							homes, etc		roidi De	ananig		
City (5)							Square Feet	# of Floors	BI	ldg. Ag	-	
Riverton							2,035	2		66		
County (6)				Co	unty Code	e (7)(STATE USE ONLY)	Current Use (F	Prior if being demoli	shed)			
Burlington							Residence	)				
Name of Monitoring Firm Hi	red by Build	ding Owne	er (8)	ASC	M No.	Name of Abatem	ent Contractor (	9)				
Management & Enviro	o. Consul	ting Ser	vices			Shade Envir	onmental, LL	С				
Street Address	icies Notified A A DLWD Amended Amendme Benergenc justification Cancellation  of Facility Where Abatement is Tablar Residence Address  of Monitoring Firm Hired by Building Address Box 341 State, Zip Code Sterfield, NJ 08515  t Manager for Monitoring Firm Weisgarber  Oate (10)  ancy Status During Abatement (Colity Closed/Vacated During Entire Statement Performed Outside of Norme of Abatement:  Location of Work (Check all that apply)  of Work (Check all that apply)  sf or ≥3 If Stor ≥260 If  Location of Destos-Containing Material (ACM) TO BE ABATED IN Facility (13)  ment  of Registered Waste Hauler Schold, NJ Steed By (Print or Type)					Street Address						
PO Box 341						623 Cutler A	venue					
City, State, Zip Code	DLWD  DLWD  DLWD  DH  Amended  Amendme  Emergence justificatio Cancellati  cof Facility Where Abatement is Toylar Residence t Address  Formula is a complete to the complete					City, State, Zip C	ode					
Chesterfield, NJ 0851	5					Maple Shade	e, NJ 08052					
Project Manager for Monitor	ring Firm		T	elephor	e No.	Telephone No.		License No.				
Bill Weisgarber				609-2	98-4070	856-755-009	9	00842				
Start Date (10)	S	cheduled	100			Name of OSHA	Monitor				-	
06 /10 /	19	06	/ _	12_ /	19	EMSL Analy	tical, Inc.					
Occupancy Status During A	batement (0	Check only	y one)	)		Street Address	***************************************					-
□ Facility Closed/Vacated	During Entir	e Period	of Aba	tement		200 Route 13	30 North					
						City, State, Zip C	ode				-	
Time of Abatement:	AM	PM/	P	M	_AM	Cinnaminso	n, NJ 08077					
Scope of Work (Check all th	at apply)											
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-	Renov			☐ Mini-End ☐ Gloveba	closure ag Procedure	egative Pressure  Ion-Friable Procedu	ire			
			Is Lo	cation				T .	T	ateme	Ту	pe
				nally olely by		Description			D	Tal		
		/		nance/	//3	bestos Containing Ma (i.e., thermal systems		Amount (Specify	Remova	Repair	3	Enclosure
IN Facility		Ci		al Staff	?	surfacing, VAT	, or	SF or LF)	oval	=	3	Sure
(13)		Vo		2) lo N/	^	other miscellane	eous)				5	O
Basement		Ye	s N		Floor	Tilo		418 SF			]	
Dasement				-	FIOOI	THE		410 3F			-	
			<u> </u>						$\perp$		-	
			_								]	
											1	
Name of Registered Waste Freehold Cartage	Hauler				Waste ID No. 39	Cubic Yards of Waste 2	Name of Reg	istered Landfill _andfill				
City, State Freehold, NJ						Disposal Date 06/12/2019	City, State Morrisvill	е РА				
	.)	T:4'-					MOTTISVIII		at a		_	
Completed By (Print or Type Christina Lynch	;)	Title Vice I	Presi	dent o	f Operat	ions Signature			ate C / 29	10		
			100000000000000000000000000000000000000	DAMES - 107.5	or attended to the second of the	V 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Parties of the last of the		3 8 ml 1	10 1 1		

	n E C	E	IVEF			Chec	10	103	2
10 11 11577	NOTIF	SI	tate of New Jerse	ABATEM	ENT /	II I	10		
WW# 11200 1	I U JU	ursuant	to NIAC 8:60 an	d 12:120)	<b>ジ</b> /A\	AND ADDRESS OF THE PARTY OF THE			
Date of Notification (1) 5-31-4	al	1	of Building Owner/0	1	7 ( ) ;		``		-
Agencies Notified Type Notification	ASBES	TOS C	ddress d	7	content		ices	11 (41)	
□ EPA ★ Initial	974		वार ।	TURR	ett i	AUE.	i, i		_
DDEP Amended Amendment #		City, St	ate, Zip Code Magno	lici	NJ	0804	7		
DOH Emergency (ir justification)	ncluding	2 4	of Contact	•		Telephone	Number	Δ.	
□ DCA □ Cancellation		M	ILITY INFORMATI	ЮМ		856	322-	201	<u> </u>
Name of Eacility Where Abatement is Taking	10				Type of Facility	(4)			
Street Address.	y Dx	velle	25		<ul> <li>□ School (K-</li> <li>□ Subchapte</li> </ul>	12) 8 (Other than I	K-12)		
				[		private & comm		dings, h	ic es,
City (5) Westville	NT	- (	58093	.   3	Square Feet	# of Floors	В	ldg. Ag	e
County (6)	140	County	Code (7)		Current Use (Pri	or if being demo	olished)	60	
Name of Monitoring Firm Hired by Building O	wpor (8)	ASC	USE ONLY)	I Nama at	f A h = 4 = = = = 4 O = =			٠.	
EPC Technolo	Cies	ASCI	N/A	Name of	Abatement Con	thook	e ie	1	E 20
Street Address	17			Street A	ddress	227	J		0 65
City, State, Zip Code	A SERVICE OF THE PERSON NAMED IN COLUMN 1	00		City Sta	0. Box	35 T		A 400	
New Egypt	N2		533		W Equ			85	13
Project Manager for Month rigg Firm		Telepho	758-3365	Telephon	ne No. 376	Licens	e No.	191	
Start Date (10)	Scheduled Co.	mpletion	Date (11)	Name of	OSHA Monitor	1			
Occupancy Status During Abatement (Check	Only One)	14,	2019	Street A	PC Tec	hnologie	es I	nc	
Facility Closed/Vacated During Entire Pe	eriod of Abater				O. Box	337			2.
Abatement Performed Outside of Norma  Other – Describe:	I Facility Hour	S			te, Zip Code	417	083	ر د را	2
Scope of Work (Check All That Apply)				1	Jypi	/00	00-	_ر_ر	₫
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Renova				Full Containm Mini-Enclosure	ent with Negativ	ve Pressu	re	
:50 G. G. <u>-150</u>	D 000	don		, <u>ja</u>	Glovebag Pro		riable Pro	cedure	
	Is Local	tion						Abaten Typ	nı t
Location of Asbestos-Containing Material (ACM)	Norma Used Sole	ely by	De Asbestos Con	scription o		Amount			- T
TO BE ABATED In Facility	Maintena Custodial		(i.e. thermal		insulation,	(Specify SF or LF)	Ren	Re	Enclosure
(13)	(12)			miscellane		0, 0, 1,	Removal	Repair	Enclosure
	Yes No	,N/A							ā
15asement	X	-	8"Rouxl X	IRappec	1 Air Duct	801	FX		-
·		-							-
							-		-
Name of Registered Waste Hauler		NJDEP W		Yards	Name of	Registered Lan	dfill		
EPC Technologies		lauler ID	No. of Wa	Ste Z		e Manag	jeneni	406	214
City, State	VJ .			sal Date	City, Stat		PA		
Completed by	Title	٠.		Signature	CA	Julie	Date	7.	
Steve Schenker	Presid	knt		Slees	e) Sche	ohn	5-	3i-	l İ_

RED FOR WALVER OF 10-DAY!	)	NOTIF	Pursuan	N OF ASBE	STOS :	ABATEI 112:120	MENT)	DECE			- M
MAY 30, 2019 MAY 1	019		Name of	of Building C KL, LLC	wner/C	perator	(2)	] JUN -	3 20	119	圳
Agencies Notified  Type Notification  EPA Initial DEP Amended	n ,		99 V	Address VOOD AVI ate, Zip Cod		SOUT	H, SUITE 2	ASBESTOS LICEN		ROL	
	y (including	-		IN, NJ 08	8830		Leaves		Per Den Marie Marie		
DOH justification Cancellation				of Contact Susser				Telephone N 732-977-			
Name of Facility Where Abatement is Tak	ing Place (3	3)	FAC	ILITY INFO	RMATI	ON	Type of Facility	y (4)			
FORMER RESIDENCE Street Address							School (K		12)		
								er 8 (Other than K- . private & commer		ldings,	r mes,
City (5) BRICK							Square Feet 7405 S1	# of Floors		Bldg. A	3
County (6) OCEAN		Т		Code (7)			Current Use (P	rior if being demoli:		195	=
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name o	RESIDENT	-014070A317			
N/A Street Address						Finis	hing Touch As	sbestos Abateme	nt Cor	o., Inc	
Street Address							<sup>Address</sup> hompson St	reet			
City, State, Zip Code							ate, Zip Code t Long Brand	ch, NJ 07764			-
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho 732.	one No. 222.8372	License 00040			
Start Date (10) JUNE 1, 2019	Schedule	ed Cor	npletion	Date (11)		Name o	f OSHA Monito	r			
Occupancy Status During Abatement (Che						Street A	Address				-
Facility Closed/Vacated During Entire Abatement Performed Outside of Noi Other – Describe:	Period of A	baten Hours	nent			City, Sta	ate, Zip Code				<del></del>
Scope of Work (Check All That Apply)											_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	R X D	enova emolit	ition ion			×	Mini-Enclosu Glovebag Pro				<b>Y</b> S
	(0.000)	Locati								Abate	n nt
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	ormal d Sole ntenar odial S (12)	ly by nce/	(i.e. th	s Conta nermal s surfaci		iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Enclosure
DE DE LA CALLACTE	Yes	No	N/A								0
DEBRIS PILE OPEN AREA WOOD FLOOR			X			WN VA		100 sf	х		_
FORMER KITCHEN			X	WH		CK VA	VINYL	60 sf 35 sf	X		- +-
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp	o., Inc.	Н	JDEP W auler ID 12058		Cubic Y of Wast			f Registered Landfil LESS LANDFIL	1		
City, State WEST LONG BRANCH, NJ				1	Disposa 6/3/19		City, Sta MOR	nte RISVILLE, PA			
Completed by JOSEPH P. MILLER	Title PRE	SIDE	ENT		Sig	gnature/	pulls		ate 5/30/1	9	<u></u>

				entere.	(Scho)	(Dispersion)						
CK1498		NOT	ECATION (PUISUE	State of ON-OF AS	BESTO	ABATEMEN		) E	C E		$\mathbb{V}$	E
Date of Notification (1) 105/28/2019 1101	471		Name	of Buildin ve Plastic	g Owner	Operator (2)		Cheek		8 2	019	- ;
Agencies Notified Type Notification			Street 119 S	Address South 15th	h Street			- ACDE	2700/	2006	100	
DEP Initial DEP DOL Amended Amendment	#		City, S News	tate, Zip C rk, New .	Code Jersey (	7107		ASBE	HISEN	SIN	10	
☑ DOH Justification) □ DCA □ Cancellation	including		Name	of Contact D Blum				Telephone 973-485-7			<u>.</u>	-
			FAC	CILITY INF	ORMAT	ION			~~~~			
Name of Facility Where Abatement is Taki Private Property	ng Place (3	3)				Type of Fac	cility (4)					
Street Address						☐ School ☐ Subcha ☑ Other (i	(K-12) apter 8 (Other tha .e. private & com	n K-12) mercial bui	ldinas h	omes	eic 1	,
City (5) Newark, New Jersey 07107						Square Fee 20,000		of Floors		3ldg. 50÷		_
County (6) Essex			County (STATE	Code (7) USE ONLY	n	Current Use	(Prior if being de Warehouse	emolished)				_
Name of Monitoring Firm Hired by Building Lis Consulting Services Inc	Owner (8)		ASC	M No.		Name of Abr	etement Contract pration	or (9)				. 2
Street Addrass 134 Bennington Parkway			-			Streat Addre						-
Crly, State, Zlp Code Frânklin Park, New Jersey 08619						City, State, 2 Totowa, Ne	ip Code w Jersey 0751	2	•			-
Project Manage for Monitoring Firm Krzysztof Lis		***************************************	Telepho 732-94	ne No 0-6207		Telephone N 973-225-84		License 01104	No.			
Start Date (10) 05/28/2019	Scheduled 05/29/20	019	pletion Da	ate (11)		Name of OS Iris Environ	HA Monitor mental Laborat	ories, LLC	;			
Occupancy Status During Abatement (Cher Experience of Proceeds of Proceeds of Proceeds of Proceeds of Proceeds of Proceeds of Proceedings of Procedings of Proceedings of Proceedings of Procedings of Pro	eriod of Aba	ateme	ent			Street Addre	ss 22 West					
☐ Abetement Performed Outside of Norm ☐ Other — Describe: Scope of Work (Check All That Apply)	al Facility I	Hours				City, State, Z Union, NJ 0						
② ≥3 sf or ≥3 if □ ≥150 sf or ≥260 it		enova		·		D Mit	l Containment wi ni-Enclosure ove Bag Procedu i-Exempted (*) ar	re / Limited nd Non-Fria	Contain ble Proc	ment	87s	¥
Location of	140	Locat				_		Amount (Specify			ema /pe	-
Asbestos-Containing Material (ACM)  10 BE ABATED In Facility (13)	Mai	ntena	Staff?		stos Con mal syst	Description of staining Materia ems insulation VAT, or or miscellaneou	surfacing,	SF of LF	) Kelinova	керан	circapsorate	Enclosure
Warehouse- 1st Floor/Back Room	No	N/A	2	chasto	s Thermal Ins	rulation	142 SF	-		dia	160	
- 19					1000310	s memarin		142 Sr	×	-		_
*									-	-	-	
	100		1						+-		1	-
Name of Registered Waste Hauler	1	UDEP W		Cubic of Was	te	Name of Regis		fill			<u></u>	
Lilich Corporation City, State Totowa, New Jersey		18724		Dispos	al Date	Fairless Land						
Completed by Adriana Olejarova	Title	siden	ıt.		05/29	ignetura (	Morrisville, P		Date 05/28/2	010		
					ii.	140-	- Com	_	0012012	918		

Chag	58	ı		ICATION	ate of New I OF ASB to NJAC	ESTOS	ABATE		T		<u>s G</u>		2	W- 019	5	
Date of Notification ( 05/30/19	WH 1152	19			f Building ervice U		Operator	(2)			JUN		- 2	<del>013</del>		
Agencies Notified	Type Notification			Street A	ddress Route 54	47				A	SBEST(	OS C			. &	per la company
DEP X DOL	Amended Amendmen		_		ite, Zip Co I, NJ 07				AUCUSTO							
DOH DCA	Emergency justification) Cancellation	, T. C.			f Contact ervice U	S					elephone 32-367-					
Name of Facility 188		DI (6		FACI	LITY INFO	ORMAT	ION	_						37/20-		
Street Address	Abatement is Takir	ng Place (3	i)					Тур	e of Facility School (K- Subchapte	12)	ner than l	K-12)				
								×	Other (i.e.				build	lings,	hon	S,
City (5) Paterson	075	DO 1						Squ	etc.) are Feet	# (	of Floors		BI	dg. A	ge	-
County (6) Passaic		•		County (	Code (7) JSE ONLY,	)		Cur	rent Use (Pr	ior if be	eing demo	olishe	d)			
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCN	l No.				atement Co AD PROFI							
Street Address							Street 6 Wh		ess DOVE C	OUR	Γ					
City, State, Zip Code				2				Zip Code OOD, NJ (	8701							
Project Manager for M	Monitoring Firm		Telephor	ne No.		Teleph 732-		No. 9078		Licens 1200	e No.				-	
Start Date (10) 06/12/19		Schedule 08/12/1		mpletion [	Date (11)				SHA Monitor		DNALS					
Occupancy Status Du	uring Abatement (Che	ck Only Or	ie)	1000	Hitt.		Street									
	/acated During Entire ormed Outside of Norre: 						City, S	itate,	Zip Code DOD, NJ (				-			-
Scope of Work (Chec	k All That Apply)		- 1,75-				LAN		JOD, N3 (	00701						-
≥3 sf or ≥3 lf ≥160 sf or ≥260			Renova Demoli				L N	N G	ull Containn lini-Enclosu llovebag Pro on-Exempte	re ocedure						
Loca	tion of	100	Locat Vorma	(A. 18.18)		Do	scription							Abate Ty	mer	
Asbestos-Contain TO BE In F	ing Material (ACM)  ABATED  acility  13)	Ma	d Sole intena todial (12)	nce/ Staff?		tos Cont thermal surfa		Materi s insu T, or		(	Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
FYTE	Yes					EING	AND F	I A S	SHING	23	3000SF				te	
LATE	EXTERIOR					ZI ING	ן מאיך	LAC	JI III VG	23	Juuusr	2				
Name of Registered \	1900	NJDEP W		1 0 mm m m m m m m m m m m m m m m m m m	Yards		Name of	l Regist	ered Lan	dfill				-		
NEWARK CARTI		Hauler ID 4509	No.	of Wa 200		Ç.	IESI									
City, State NEWARK, NJ					Dispo: 08/12	sal Date 2/19		City, Sta BETHI		МРА						
Completed by	COMPANY THAT STORES	Title					Signature	3	521111		,	Date				_
IOSEPH PERI ST	TEINI	OWN	IED			1						05/3		a		

Inv# 11528		ſ		$\wedge$	Π	5		[F	-		P	П	7 7	占	nt-Fo	
Jh8257	N	IOTIF (P	CATION	OF ASBI	ESTOS	ABATE	MEN 0)	IT		E C			V	匠		
Date of Notification (1) 05/30/19	Notification (1) 19 s Notified  Type Notification  A			Name of Building Owner/Operator (2) MCEF Construction							V -	3 2	019			
			Street Address 496 East County Line Road  ASBESTOS CONT LICENSING								TRO	_ 8	MANISTER PROPERTY.			
DEP Amended Amendment			City, State, Zip Code Lakewood, NJ 08701						***************************************							
DOH justification)	justification)				Name of Contact MCEF Construction				Telephone No. 732-367-0							
Name of Facility Where Abatement is Taking	Place (3	)	FACI	LITY INFO	DRMATI	ON	Tv	pe of Facility	(4)							
Traine of Fasinty Where Abatement is Taking	Poud					School (K-12)										
Street Address						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings etc.)						ings,	hor	₃S,		
City (5) Lakewood 08701								Square Feet # of Floors Bldg. A					dg. A	ge		
County (6) Ocean		County (			Current Use (Prior if being demolished)											
Name of Monitoring Firm Hired by Building (		ASCN	l No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS											
Street Address					Street Address 6 WHITE DOVE COURT											
City, State, Zip Code				City, State, Zip Code LAKEWOOD, NJ 08701												
Project Manager for Monitoring Firm		Telephone No.								cense No. 200						
Start Date (10) 06/11/19		npletion (		Name of OSHA Monitor AAA LEAD PROFESSIONALS												
Occupancy Status During Abatement (Chec		500000000000000000000000000000000000000	Street Address													
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour Other – Describe:				ment 's				6 WHITE DOVE COURT  City, State, Zip Code  LAKEWOOD, NJ 08701								
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
	Locati		0.5 392								me oe					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  Nor Used S Mainte Custodi				Ashos		scription		rial (ACM)		Amount			.,			
					stos Containing N e. thermal system surfacing, VA			sulation,	(	(Specify SF or LF)			Re	nca	End	
(13)	Yes	(12) No	N/A			niscellar			3	r OI LF)	,	Removal	Repair	Encapsulate	Enclosure	
INTERIOR	103	140	19/6		FLC	OOR T	ILE		1	100SF						
EXTERIOR						SIDING			20	000SF				-		
N(D1)			IDEDIA			VI-		I Nome of	Dariet		- 1611			_		
NEWARK CARTING							f Waste			e of Registered Landfill						
City, State NEWARK, NJ										, State THLEHEM PA						
Completed by JOSEPH PERLSTEIN	IER			5	Signature	е	1				Date 05/30/19					