CK 2011	7		NOTI		ATION		BES	ersey TOS ABA1 60 and 5:1		18	DEC	»E	[	$\mathbb{V}$	FL	
Date of Notification (1)	1			ucle.	Nome	of Duilding	- 0	ner/Operator (	(2)		<u> </u>					
	02 /	17			Div	ision of l	rop	erty Manag	en	nent and Con	struction JU	JN -	5	201	7	
Agencies Notified	Type Notifica	ation				Address										
EPA	Initial				20	W. State	Stre	et, 3 <sup>rd</sup> Floor	i.		ASBES				OL	&
⊠ DOLWD ⊠ DOH	Amended Amendme				City, S	State, Zip C	ode			L	L	ICEN	Q11	K)V		
				1	Tre	nton, NJ	0860	08								
(NJAC 5:23-8)	justificatio	on)			Name	of Contac	t				Telephone N	umber				
	Cancellat	ion			Ric	k Ferrera	l .			2						
					FA	CILITY IN	FOR	MATION								
Name of Facility Where Al	batement is T	aking	Place	(3)					T	Гуре of Facility (	4)					
Commercial										School (K-12)		10)				
Street Address	1.000									☐ Subchapter 8 X Other (i.e., pr			bui	lding	S,	
152 Fostertown Roa	ıd									homes, etc.)						
City (5)									5	Square Feet	# of Floors		Bld	g. Ag	e	
Lumberton, NJ																
County (6)					Cour	nty Code (7	)(STA	TE USE ONLY)	0	Current Use (Pri	or if being dem	olished	)			
Burlington				-			1									
Name of Monitoring Firm I Bio Terra Solutions	Hired by Build	ling O	wner (	8)	ASCM	No.				t Contractor (9)	•					
									٩N	AGEMENT LI						
Street Address P.O. Box 1224							00.000	eet Address								
								7 Outwater					_		-	
City, State, Zip Code Union, NJ							1	, State, Zip C iarfield, NJ								
Project Manager for Monit	oring Firm			Tal	ephone	No	-	ephone No.	0.	1020	License No.					
Rick Estaquio	Villig i illi			1	73-494		1000	73-928-4888	8		1188					
Start Date (10)	S	ched	uled C	1	etion Da		1000	ne of OSHA N	201	nitor	1100					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					17				AGEMENT LL	_C					
Occupancy Status During	Abatement (C	Check	only o	one)			Stre	et Address								
Facility Closed/Vacated							2	7 Outwater	La	ane						
Abatement Performed Time of Abatement:								, State, Zip C								
						,	G	arfield, NJ	07	7026						
Scope of Work (Check all	that apply)								ntai	inment with Neg	ativa Prassura					
			🗌 Re					🗌 Mini-End	clo	sure	alive 1 1035010					
$\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$			🖾 De	moliti	on			Gloveba	ag I	Procedure pted (*) and Nor	-Friable Proce	dure				
			ls	Loca	tion			EN HOILEYC				-	Aba	atem	ent Ty	/pe
Location of				Norma				Description of				-	-			-
Asbestos-Containing N TO BE ABA		)			ely by ance/			Containing Ma rmal systems			Amount (Specify		em	Repair	nca	nclo
IN Facility			Cust		Staff?	(1.6		urfacing, VAT			SF or LF)		Removal	÷	Encapsulate	Enclosure
(13)			Vee	(12)	_	-		ner miscellane			2.°				late	Ø
Throughout			Yes	No	N/A	Transit	e Sir	ling, Shingl	les	5	6 CY	ſ	$\triangleleft$			
Farm House- Bldg. 13	- Basement	t				Transit	-				4 SF					
Building 9								nd debris			2,000 SF					
Buildings 9,11,12,13						Window	11426	and the second second second second			200 LF					
Name of Registered Wast	e Hauler			1	NJDEP			bic Yards of	1	Name of Regis	tered Landfill			Contra la		
All Pro Management	t, LLC			ł	Hauler I		Wa				hem Landfil	11				
City, State					0034	000		s Needed		City, State		1.1.1.1				
Garfield, NJ								BD		Bethlehem	, PA					
Completed By (Print or Ty	pe)	Title					1	Signature		1/	11	Date	1	1		
Zvonko Veskov		- Producting of	reside	ent				5	-/	MAX	/	4	12	11	7	
									11							

CH 1013	2		NOT		ATIO	N OF AS	lew Jersey BESTOS A AC 8:60 and				C			M	
Date of Notification (1) 06 /	02 /	17	,				ng Owner/Oper hie Compan				JUN	-	5 6	2017	
								les,	LLC						-
Agencies Notified	Type Notific	cation			100000000	t Address				ASBE					DL &
		d				Maple A					LICI	<u>civ</u>	SIN	G	
🖾 DOH	Amendr	nent#		8	- 1 Root	State, Zip									
	Emerger		ncluding	9			, NJ 08807			1					
(NJAC 5:23-8)	justificat					e of Conta ian Tobia				Telephone I	Numho	ſ			
					FA	CILITY I	FORMATIO	N							1
Name of Facility Where A	batement is	Taking	g Place	: (3)					Type of Facility	(4)				1922	
Commercial									School (K-1						
Street Address		2012							Subchapter	8 (Other than I	K-12)	al ha	ildin		
30 Bleeker Street									homes, etc.		mercia		manié	35,	
City (5)									Square Feet	# of Floors	;	BI	dg. A	ge	
Millburn													in land		
County (6)					Cou	nty Code (	7)(STATE USE OI	NLY)				ed)			
Essex								Schedule for demolition							
Name of Monitoring Firm	REARING CARE AND REARING TO A POST OF A	Iding (	Owner (	(8)	ASCM				ent Contractor (9	)					
Bio Terra Solutions					061	5995	Unipro, I								
Street Address						Street Addre									
P.O. Box 1224							173 Kark								
City, State, Zip Code							City, State, Z								
Union, NJ Project Manager for Moni	tarina Firm			17.1		N			NJ 07095						
Rick Eustaquio	toning Firm				ephone 73-494		Telephone N 732-726-3			License No	э.				
Start Date (10)		Schod	ulad C		etion Da		Name of OS		00615		-4110				
06 /12 /						17	IOHILOI								
Dccupancy Status During							Unipro, In Street Addre								
Security Closed/Vacate		1.		100 C	ement										
Abatement Performed						scribe	173 Kark City, State, Z	ersentine e							
Time of Abatement:	AM	PN	M/	_PM		AM			NJ 07095						
Scope of Work (Check all	that apply)							3.,						0.000	
] <u>≥</u> 3 sf or <u>≥</u> 3 lf			🗆 Re		tion				ainment with Neg	gative Pressure	e				
							Mini  Glov		losure g Procedure						
									mpted (*) and No	on-Friable Proc	edure				
Location (		3		Loca								Ab	atem	ent T	уре
Asbestos-Containing N	Stern and an arrest the second	Л)	Use	d Sol	ely by	Asbe	Descript stos Containin			Amount		Re	Re	En	E
TO BE ABA			1.		ance/ Staff?		e., thermal systematics and systematic systematics and systematics and systematic systematics and systematics and systematic systematics and systematic systematics and systematics and systematic systematics and systematics and systematics and systematics and systematics and systematics and systematic systematic systematic systematics and systematic s	ems i	insulation,	(Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	ý	l.	0031	(12)			surfacing, other miscel			SF or LF	)	/al		sula	ure
,			Yes	No	N/A			nanco	003)					te	
Open Storage House						White V	Vall Plaster			688 SF					
Small Garage Roof						Flashin	g/Roofing M	later	ial	263 Sf					
Bathroom						Black F	Roofing Mate	rial		40 SF					
													П		
lame of Registered Waste	e Hauler				NJDEP	Waste	Cubic Yards	of	Name of Regis	stered Landfill		_		-	-
Yannuzzi Group, Inc					Hauler II	D No.	Waste		IESI Landf						
City, State					17467	(	As Neede Disposal Date		City, State						
Hillsborough, NJ							TBD		Bethlehem	. PA					
completed By (Print or Ty	pe)	Title					Signatur	·0		.,	Data				
David Tolchin		100000	reside	nt					1.		Date				
B-41		l	50140				David	Toke	nen		6/2/	17			

		NOTIFIC	State of Ne CATION OF ASI	ew Je	rsey	מרדז מרדים	n E	C			
<u>in 932</u>			(Pursuant to NJAC	C 8:60	and 12:20)						
Date of Notification (1): 5/31/17	COU	e of Building NTY OF ESS	Owner/Operator (2): SEX			1	Set L	JUN	- 5	201	7
Agencies Type Notification Notified (X) Initial	Street	t Address: BLOOMFIEL					Acop	-070	0.00		
(X) EPA Notification	City,	State, Zip Co		-			ASBE		ENSI		OL &
() DEP () Amendment (X) DOL Notification		ONA, NJ of Contact:								_	
(X) DOH (Cancellation (X) DCA		SANJEEV V	ARGHEESE			Telephor	ie Numbe				
Name of Facilie MI			FACILITY INF	ORM	ATION						
Name of Facility Where A RECORDS BUILDING	batement	is Taking Pl	ace (3): HALL OF		pe of Facility ( School (K-12)						
Street Address: 465 DR. MA	RTIN LUT	THER KING	JR. BLVD.		Subchapter 8	(Other than	K-12) nmercial buildings	δ,			
City & State (5): NEWARK				1	uare Feet: 20	000	# of Floors:	2	Bldg	. Age:	60+
County (6): ESSEX		County Co (STATE	ode (7) USE ONLY)	Cu	urrent Use (Pr PARTMENT	rior if being	g demolished):				
Name of Monitoring Fin Owner:(8) HATCH MOTT N	m Hired MCDONA	by Buildin LD	g ASCM No.: 00140		ime of Abater M Enterpris						
Street Address: 111 WOOD A	AVENUE	SOUTH		-	eet Address:	C 01 NJ, 1					
					9 North 6 <sup>th</sup> 3	Street					
City, State, Zip Code: ISELIN	V, NJ 0883	0		-	y, State, Zip						
				Pro	ospect Park,	NJ 07508	3				
Project Manager for Monitori KEVIN HERRIGHTY	ng Firm:		Telephone No.: 973-912-2480		ephone No.:		License No.:				
Start Date (10):	Scheduler	d Completion			3) 595-6955		00641				
/16/17	8/28/17	r completion	Date (11):		me of OSHA A Enterprise		Jersey, Inc.				
Occupancy Status During Abatem				-	eet Address:						
<ul> <li>X) Facility Closed/vacated Durin</li> <li>) Abatement Performed Outside</li> </ul>	ig Entire Per e of Normal	iod of Abatem	ent		). Box 8265						
) Other – Describe:		1 101115 110113		Hal	y, State, Zip ( edon, NJ 075	Code: 538					
cope of Work (Check all that app	oly):										
) $\geq 3 \text{ sf or } \geq 3 \text{ lf}$ (c) $\geq 160 \text{ sf or } \geq 260 \text{ lf}$		( ) D	Renovation Demolition			(X) Mini (X) Glove () Non-F	Containment wit Enclosure bag Procedure riable Procedure	h Nega	ative P	ressui	e
Location of	No	ocation rmally Sololy by	Des Ashestos Conto	script	ion of Motorial (					emen /pe	t
sbestos-Containing Material (ACM)	Main	Solely by tenance/	Asbestos Conta (i.e., thermal	syste	ems insulati	on,		-			
TO BE ABATED IN Facility		stodial/ taff?	surfac	ung,	VAT, or llaneous)		Amount (Specify	Removal	Repair	ncal	Incl
(13)	(	(12)					(Specify SF or LF)	oval	pair	Encapsulat	Enclosure
SEE ATTCHED	X	No N/A	SEE ATTACHE	D				X		t.	
ame of Registered Waste Hau ERVICES TRANSPORT GR	iler: OUO, INC	2.	NJDEP Waste Hauler ID No.: 20990		Cubic Yard of Waste: 3		Name of Regis MINERVA LA			1:	
ity, State:		Disposal Date			l City, State: WAYNESBU	IRG OH					
EW CASTLE, DE	0	20/11			WAINESDU	no, 0114	1000				



#### LIST OF ASBESTOS CONTAINING MATERIALS TO BE REMOVED

## IS LOCATION NORAMLLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF? YES\_

#### Hall of Records Building

LOCATION OF ASBESTOS CONTAINING MATERIAL TO BE ABATED IN FACILITY	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL	AMOUNT (SF OR LF)
Pipe Chase # 1 (North) Basement (Room B-11) to 5 <sup>th</sup> Floor	Thermal System Insulation (TSI) Pipe Insulation	250 LF
Pipe Chase # 2 (North-West) Basement (Room B-21) to 5 <sup>th</sup> Floor	Thermal System Insulation (TSI) Pipe Insulation	250 LF
Pipe Chase # 3 (South-West) First Floor (Room 119) to 5 <sup>th</sup> Floor	Thermal System Insulation (TSI) Pipe Insulation	250 LF
Pipe Chase # 4 South 3 <sup>rd</sup> Floor to 5 <sup>th</sup> Floor	Thermal System Insulation (TSI) Pipe Insulation	130 LF
Basement Rooms B-37 and B-38	Thermal System Insulation (TSI) Pipe Insulation	50 LF

#### Annex Buiding

Room B-25	Thermal System Insulation (TSI) Pipe Insulation	100 LF
Hallway (Between Rooms)	Thermal System Insulation (TSI) Pipe Insulation	50 LF
Room B-36	Thermal System Insulation (TSI) Pipe Insulation	110 LF

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Check # 25514

			<i>(</i> ,	arouui		0 0.00 and 0.10	.,	JI JI	UN - 5	20	)17	
Date of Notification (1)				Name	e of Buildin	g Owner/Operato						
	/1/17						Alfonzo	10070	TO0 0	0117	-50	
Agencies Notified	Type Notific	ation		Stree	t Address				STOS C LICENS			- 0
EPA T DEP	Initial Amendeo	4				•			LICENC			_
	Amendm			City, S	State, Zip (		Denue arriche 1	11 00012				
🗙 ДОН	Emergen justificat		g				Brunswick,	a destination of the second				_
				Name	e of Contac	a ania Alfonzo		Telephone I	Number			
				-			)	-				
				FA	CILITY INF	ORMATION				_		
Name of Facility Where			S				Type of Facilit					
	ł	Residenti	ai				School (K-	12) r 8 (Other than	K-12)			
Street Address								private & comn		Iding	5,	- 1
01(5)			_				homes, etc Square Feet	) # of Floors		Isla		
City (5)	East Bru	marriele	NIO	0016			1800	# 01 P10015		lldg. /	5+/-	
County (6)	East Bru	Inswick,	INJ U		atu Cada (	7) (STATE		Prior if being de	molichod	/.	)+/-	_
	ddlesex				ONLY	I) (STATE	Current Ose (F	rior il beilig de	molished)			_
Name of Monitoring Firm		ding Owner		ASCM	No.	a sanan sanan sanan sanan sa 2000 sa sa	ment Contractor (	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	570 N.C.			
(8)	MECS					Ste	vens Environ	mental Ser	vices, I	nc.		
Street Address						Street Address						
	PO Box	: 341						Box 322				_
City, State, Zip Code		11 0051	-			City, State, Zip		NIL 00.50	. 1			
	osswicks, 1	NJ 0821					Allentow	vn, NJ 0850				_
Project Manager for Mor	1000			ephone		Telephone No.	50 0/00	License N		2		
	eisgarber			-	8-4070		59-9688	. e	0049	3		_
Start Date (10)	8	Scheduled (			ate (11)	Name of OSHA		1ECS				
6/12/17			5/30/	17				IECS				_
Occupancy Status Durin		St	S 18	mont		Street Address		Box 341				
Abatement Performed						City, State, Zip		DOX 541				=
Other - Describe:		orman a dom	.,			City, State, Zip		ks, NJ 085	15			
Scope of Work (Check a	all that apply)						01000 1110					-
							ontainment with N	egative Pressur	e			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio				nclosure bag Procedure					
							kempted (*) and N	on-Friable Proc	cedure			
			Locatio							Abate Ty	ment	
Location of		Used	d Solel			Description of	of		_	1	pe	
Asbestos-Containing N		Mai	ntenar ustodia			tos Containing Ma		Amount			m [	_
TO BE ABAT IN Facility			Staff?	21	(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellane			lova	pair	sula	DSUI
		Yes	No	N/A					-		ate	C)
2nd Flo	or		×			VAT		350 sf	×			
1st Flo	or		×	<u> </u>		VAT		600 sf	×			
		_	-	-				-	_ /-	-		
									_	-	-	
Name of Registered Was	ste Hauler			J JDEP 1	Vaste I	Cubic Yards	Name of Rec	istered Landfill		1	1	
Stevens Environn		vices, Inc	H	lauler ID	5.4002.4743.500	of Waste 3 cu	$\square$	Fairless L	andfill			
City, State			= [ -	101		Disposal Date	City, State/					-
	Allentow	'n, NJ				6/30/17	$\Lambda / /$	Morrisvi	lle, PA			
Completed By		Title				Signature	17/	Dat	e			
Mahlon E. Ste	vens	P	rojec	t Mar	nager				6/1	/17		

NO CK			FICATIO	N OF AS	lew Jerse BESTOS C 8:60 an	ABATE		IT			heci 5	₩ 2017	
Date of Notification (1) 6-01-17	***		Name	of Buildin	g Owner/			OUP	ASBEST	TOS ICEN			OL 8
Agencies Notified Type Notification			Street	Addr <u>ess</u>	run		)11(	OVP	L	IVEN	VOII V	u -	
EPA DEP DOL DOL DOH DCA DOH DCA DOH DCA DCA DCA DCA DCA DCA DCA DCA DCA DCA	(includin	5		BEI Def Contact	2GEN	FIEL SH	D D	.N.J	0 76 21 ohone N	umber			
Name of Facility Where Abatement is Takin	n Place	(3)	FAC	ILITY IN	FORMAT	ION	7.00	e of Facility	(4)				
Street Address	91.000							School (K Subchapte			ildings	s, hon	nes,
City (5)				,	6			are Feet	# of Floors		Bldg.		
County (6)				Code (7)			~	300 rent Use (Pi	rior if being demolis	shed)	+	,0	
Name of Monitoring Firm Hired by Building	Owner /A	3	(STATE	USE ONL		Name		RE	SIDOUTIAL				
the of menoring franching t	omini (c	2	1 100	VE INU.				Contractin					
Street Address						Street	201 m m m	ess land Ave					
City, State, Zip Code						City, S	tate,	Zip Code					
Project Manager for Monitoring Firm			Telepho	ne No.	× .	Teleph 201-2	one		U7432 License I 00156	No.			ы. 
Start Date (10)	Schedu	led Cor	npletion	Date (11)	<u>\</u>			SHA Monitor			-		
6/12/17 Occupancy Status During Abatement (Check	6	130	117	Į.					intal Services I	nc			
Facility Closed/Vacated During Entire P	eriod of	Abaten	• nent			Street 280 F		er Street					
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours	5			City, St	ate, 2	Zip Code					
Scope of Work (Check All That Apply)		,				Hack	ensa	ack, NJ 0	7606				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					M G	ini-Enclosur lovebag Pro				e	
		Locati									Abati	emen	t
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	Normal od Sole intenar todial S (12)	ly by nce/		tos Conta thermal surfac		ateria insul , or	ation,	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							val	1	ilate	ure
BASEMENT			1	1	PIPE	14)<	111	erma)	150LF	1			
BASEMENT			1		VAT	1100			22USF	1			
EXTERIOR			1		SIDN	6			1250 SF	1			
ame of Registered Waste Hauler ewark Carting, Inc.			JDEP W		Cubic Y of Wast			1	Registered Landfill				
ity. State		21 - 13	4509		1 - CONTRACTOR - CON	0		Grand ( City, State	Central Sanitar	y Lan	dfill		
lewark, NJ 07105						2/17		1	jyl. PA 08072				a contract of the second
Completed by oseph Vocauro	Title Vice I	Presic	lent			indure	1/	oratus	Da	,1	1.0		
							<u>v</u>	mann	2	6/01	117		1

NO CH	NO			N OF A	SBESTOS ABA		DEC	s E		W	
Date of Notification (1)	17				ing Owner/Operator he State Univers		b #1703-5131	Che	ck #	01 <b>7</b>	
	ed ment # <u>2</u> ency (includ	) ling	R City, Pi	State, Zip scataway	Road 1, Bldg. 408 Code y, NJ 08854	36 Livingston C		<u>GENS</u>	IONT SIMG	201	- 2
(NJAC 5:23-8) justification justification cancel			1.000	e of Conta ichael F.			Telephone Nu	mber			
				ACILITY I	NFORMATION						
Name of Facility Where Abatement is Lippencott Hall Building 8332 Street Address 33 Dudley Rd.		ice (3)	)			Type of Facility ( School (K-12 Subchapter 8 Other (i.e., pr homes, etc.)	Other than K-1	12) Iercial b	vuildin	gs,	
City (5) New Brunswick, NJ						Square Feet	# of Floors 4	B	Bidg. A 60+	ge	
County (6)			Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Prid	or if being demo	lished)			
Middlesex.						Academic					
Name of Monitoring Firm Hired by Bui	Iding Owne	r (8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
ATC Associates, Inc.			009	8	AbateTech, I	nc.					
Street Address					Street Address						
3 Terri Lane					30 Maple Ave	e. PO Box 25					
City, State, Zip Code					City, State, Zip Co	ode					
Burlington, NJ 08016					Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.		License No.			-	
Brian Kearney			609-386		609-265-2107		00529				
	Scheduled				Name of OSHA M						
/ /			30 /	17	EMSL Analyti	cal					
Occupancy Status During Abatement (					Street Address						
Facility Closed/Vacated During Ent					200 Route 13	0 North					
Abatement Performed Outside of N Time of Abatement:AM				scribe AM	City, State,/Zip Co						
		Fr	vi	AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply) $\square \ge 3$ sf or $\ge 3$ lf $\boxtimes \ge 160$ sf or $\ge 260$ lf		enova emoli			Mini-Encl			ure			
		s Loc						Ab	atem	ent Ty	уре
Asbestos-Containing Material (ACM <u>TO BE ABATED</u> IN Facility (13)	'' M	ainter stodia (12	blely by hance/ Il Staff?		Description of stos Containing Mat ., thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Floors 1-4				Floor Ti	ile		33,000 SF				
		-	_	1100111			33,000 BF				
Name of Registered Waste Hauler			NJDEP V	Vaste	Cubic Yards of	Name of Registe	red Landfill				-
AbateTech, Inc.			Hauler ID	S. 3 C. C. C. S. S.	Waste	G.R.O.W.S.					
City, State			18750		40 Disposal Date	City, State					
Lumberton, NJ					6/30/17	Tullytown, P	A				
Completed By (Print or Type)	Title				Signature	4		ate (		8	
Gwendolyn Trumbetti	6141034286	ions	Coordi	nator	Gignature	INT		51	212	- 1 .	
SB-41 IAY 11	* Do no	use t	this form	for asbest	os licensure exempt	ed activities.					

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- 6 1.1 -

Do not use this form	for asbestos	licensure	exempted	activitie
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	NO	TIFIC			New Jersey SBESTOS ABA	TEMENT	In E	GE	3	$\mathbb{W}$	F
							1K			<u>U</u>	
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Scher	duled (	Comple	tion Da	ate (11)	Name of OSHA M	onitor					
_	5 /	26	<u>}</u> /	_17_	EMSL Analyti	cal					
nt (Chec	k only	one)			Street Address						
Entire Pe	riod of	Abate	ment		200 Route 130	0 North					
f Normal	i Facilit	y Hour	s - Des	scribe	City, State, Zip Co	de					
					Cinnaminson	, NJ 08077					
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		enovati			Mini-Encl	osure	gative Pressure				
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	botification al ended endment ergency ( fication) cellation it is Takin Building Building n Sched n n (Chec Entire Pe of Normal	/ lotification al ended endment # ergency (includin fication) cellation It is Taking Place Int is Taking Place Building Owner Building Owner Int Scheduled C / nt (Check only of Entire Period of Mormal Facilit PM/	(F	(Pursu:         / 17       R         otification       Stread         al       1'         ended       City         ended       City         ergency (including fication)       Name         cellation       Kate         readed       City         ergency (including fication)       Name         cellation       Kate         m       Could for the stress of the	(Pursuant to NJ         / _17       Name of Buildi         lotification       Street Address         al       1133 Board         ended       City, State, Zip         andment #       Atlantic Cit         argency (including fication)       Name of Conta         cellation       Kathy Char         FACILITY II       Telephone No.         as56-452-1311       Scheduled Completion Date (11)         _5       _26       _17         nt (Check only one)       Thire Period of Abatement         of Normal Facility Hours - Describe       PM/AM	(Pursuant to NJAC 8:60 and 5:1         / _17	otification al anded andment #       Street Address         andment #       1133 Boardwalk         bargency (including fication)       City, State, Zip Code         Atlantic City, NJ 08401-7329         Name of Contact         Kathy Chamberlin         FACILITY INFORMATION         att is Taking Place (3)       Type of Facility School (K-1 Subchapter Ø Other (i.e., 1 homes, etc.         building Owner (8)       ASCM No.       Name of Abatement Contractor (9 AbateTech, Inc.         Building Owner (8)       ASCM No.       Name of Abatement Contractor (9 AbateTech, Inc.         Street Address 30 Maple Ave. PO Box 25       City, State, Zip Code Lumberton, NJ 08048         m       Telephone No. 856-452-1311       609-265-2107         Scheduled Completion Date (11)       Street Address 200 Route 130 North         PMAM       Street Address 200 Route 130 North	(Pursuant to NJAC 8:60 and 5:16)         /17	(Pursuant to NJAC 8:60 and 5:16)         / _17	(Pursuant to NJAC 8:60 and 5:16)         / _17	(Pursuant to NJAC 8:60 and 5:16)         / _17

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Date of Notification (1) 5 /	26 /	17					ng Owner/Operator Township BOE		5115 Check #	IN -	5	201	7
Agencies Notified	Type Notific	ation				et Address							-4) I
⊠ EPA	Initial	adon			1.200	Church			ASHES				IOL -
🛛 DOLWD	Amendeo					State, Zip			L	IÇ.E	14.77	212	
⊠ DHSS	Amendm	_			1,000,000,000		NJ 08070						
DCA (NJAC 5:23-8)	Emergen justificati		Iding			e of Conta			Telephone Num	ber		-	
(10/10 0.20 0)	Cancella				1	chael Sir			1				
							NFORMATION				×		
Name of Facility Where A	batement is T	Faking P	lace	(3)	.,			Type of Facility	(4)				
Pennsville Memoria		J		1-7				School (K-1)					
Street Address								Subchapter	8 (Other than K-12	)			
110 South Broadwa	v							Other (i.e., p homes, etc.	rivate and commen	cial b	ouildir	igs,	
City (5)	.9							Square Feet	# of Floors	IP	Bldg. /	100	
Pennsville, NJ 0807	'n							Square reer	# 01 1 10013	1	nug. r	-ye	
County (6)	0				Cou	nty Code (	7)(STATE USE ONLY)	Current Lleo /Pr	ior if being demolis	(hod)			
Salem					Cou	nty Code (	I (STATE USE UNLT)			neu)			
	Line J. hu. D. ile		10	N 1	1001	N1-		High Schoo		_	2012		
Name of Monitoring Firm		ling Owr	ter (8	5)	ASCM	NO.		ent Contractor (9)					
Health & Safety Ser	vices						AbateTech, I	nc.					
Street Address							Street Address						
PO Box 365							30 Maple Ave						
City, State, Zip Code				_			City, State, Zip C						
Berlin, NJ 08009			_				Lumberton, I	NJ 08048					
Project Manager for Monit	oring Firm	/			phone		Telephone No.		License No.				
Jim Proctor						-2432	609-265-2107		00529				
Start Date (10) 5 /8 /	17\$	chedule 6			tion Da		EMSL Analyt						
Occupancy Status During	Abatement (C	heck on	ily on	e)		/	Street Address						
Facility Closed/Vacated					nent		200 Route 13	0 North					
Abatement Performed (				Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:	AM- <u>3</u> PM	/ <u>11:30</u> P	2M-		AM		Cinnaminson	n, NJ 08077					
Scope of Work (Check all t ] ≥3 sf or ≥3 lf ⊴ ≥160 sf or ≥260 lf	hat apply)		Reno Dem				☐ Mini-Enc ⊠ Glovebag	g Procedure	pative Pressure n-Friable Procedur	e			
				ocati						Ab	atem	ent T	уре
Location of	the second secon	1	No Jsed	Sole			Description o		<b>x</b>	R	R	Щ	ш
Asbestos-Containing M TO BE ABAT			Main				stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		C	Custo		Staff?	(	surfacing, VAT,	, or	SF or LF)	val		lusc	sure
(13)		V	-	(12)	N1/A	-	other miscellane	ous)				ate	U.
uditorium		Ye		No	N/A	Pine Inc	sulation		124 LF				
uditorium													
						Floor th	le & Mastic		5,800 SF				
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			[										
ame of Registered Waste	Hauler			1.556	IDEP V auler ID		Cubic Yards of Waste	Name of Regis					
AbateTech Inc					18750		40 Discourse   Data					_	
•							Disposal Date	City, State					
AbateTech, Inc.									DA				
ity, State Lumberton, NJ							6/30/17	Tullytown,					
ity, State		Title				nator			PA Da	te	2.	1	

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Date of Notification (1)						10000	wner/Operator	(2)		JUN -	5 2	017	
5_/	30 /	17		V	erizon Co	omm	nunications	/ Check	#9086 PG		U L	UTI	i ha
Agencies Notified	Type Notifica	ation		Stre	eet Address	s			1 4000	OTOO			
EPA N DOLLARD	Initial		-	1	00 Green	woo	d Avenue		ASDE	STOS (	SON		L &
	Amendeo Amendma	-	)	City	, State, Zip	o Cod	e		the second s	LIULI	Chac	1	
DCA	Emergen		ina	J	enkintow	n, P/	A 19046						
(NJAC 5:23-8)	justificatio		ing	Nan	ne of Conta	act			Talanhana	Alumbar			
	Cancellat	tion		A	lex Baylo	or							
				E	ACILITY	INFO	RMATION						
Name of Facility Where	Abatement is T	aking Pla	ce (3)					Type of Facility	/ (4)				
Verizon Market CO		°,	1.1					School (K-1					
Street Address								Subchapter	8 (Other than				
95 William Street								Other (i.e.,	private and co	mmercial	buildi	ngs,	
City (5)								homes, etc	10				
Newark								Square Feet	# of Floor	S	Bldg.	Age	
County (6)													
Essex				Cou	unty Code (	(7)(ST.	ATE USE ONLY)	Current Use (P	rior if being de	emolished	1)		
								Offices					
Name of Monitoring Firm		ing Owne	r (8)	ASCN	1 No.	Na	ame of Abateme	ent Contractor (9	)				
USA Environmenta	I						AbateTech, I	nc.					
Street Address						Str	reet Address	201					
8436 Enterprise Ave	в.					3	30 Maple Ave	. PO Box 25					
City, State, Zip Code						Cit	y, State, Zip Co	ode					
Philadelphia, PA 19	153					L	umberton, N	J 08048					
Project Manager for Monit	toring Firm		Tel	ephone	No.		lephone No.		License N	0.			
Mark Jenkins			-2	15-36	5-5810		09-265-2107		00529	(C.A.)			
Start Date (10)	Se	heduled (				200	me of OSHA M		00010				
_1 / _9 /	17	7	/ _ 3	1 /	17	E	MSL Analyti	cal					
Occupancy Status During	Abatement (Ch	heck only	one)			-	éet Address						
Facility Closed/Vacated				ment		2 200	00 Route 13	North					3
Abatement Performed	Outside of Nori	mal Facili	ty Hou	rs - Des	scribe		y, State, Zip Co						
Time of Abatement: 7A	M- <u>3:30</u> PM/ <u>5</u> P	PM- <u>2</u> AM					innaminson						
Scope of Work (Check all I	that apply)					0	mammison	, NJ 08077					
erept of them (offeen and	and apply)						K Full Conta	ainment with Neo	native Pressur	·0			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$			enovati				Mini-Encl	osure	Julivo i robbul	0			
⊠ ≥160 sf or ≥260 lf			emolitic	on			Glovebag	Procedure npted (*) and No	n Erichia Daa				
		1	Locat	ion	1		M NOU-CYEL	Inpled ( ) and No	II-FIIADIE FIOC				and and a
Location o	f		Norma				Description of			A	batem	1	уре
Asbestos-Containing M			ed Sole		Asbe	stos (	Containing Mat	erial (ACM)	Amount	Rer	Repair	Encapsulate	Enc
TO BE ABAT IN Facility			intena todial :		(i.e.		rmal systems in		(Specify		bair	aps	Enclosure
(13)		0.00	(12)	otan.			urfacing, VAT, ner miscellaneo		SF or LF	) 🖻	1.22	sula	ure
		Yes	No	N/A	1	ou	ici miscellaneo	1037				lte	
Please see attached					Pleases	see a	attached		Please se				
Basement					Tank In	sula	tion		75 SF		-		
Basement					Pipe Fit	ting	S		25 total		-		
I <sup>st to</sup> 3 <sup>rd</sup> Floor Pipe Cha	ase				Pipe Fit	tings	s		45 total				
Name of Registered Waste	Hauler		1000	JDEP V		1.502-16	ic Yards of	Name of Regis	tered Landfill				-
AbateTech, Inc.				auler IE		Was		G.R.O.W.S.					
City, State				18750		40 Disp	) osal Date	City, State					
Lumberton, NJ						1. 1.3	31/17	Tullytown,	PA				
ompleted By (Print or Type	e) T	itle				T	Signature	1		Data	124		
Gwendolyn Trumbetti		Operati	ons C	oordi	nator		Orginature	hut		Date 5	30)	17	

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Date of Notification (1)		v			ng Owner/Operator	(2)					
/ /	17		V	erizon Co	mmunications	/ Job # 0	heck #9086 P	G2 of	2 2	017	
Agencies Notified     Type Noti       ☑ EPA     □ Initial       ☑ DOLWD     ☑ Ameno	_	$\overline{)}$	1(		wood Avenue		ASBEST	OS C	ON	TRO	18
	iment #4		1 23	, State, Zip			L.I.	CEN	SINC	ż	
DCA Emerg	ency_finclud	ling		280, 27, 2457, 26 <u>6</u> 5	n, PA 19046		4				
(NJAC 5:23-8) justific	5.5			ne of Conta			Telephone Nun	nber			-
Cancel	llation		-	ex Baylo							
Name of Facility M/base Abstancet	Talia	(0)	F	ACILITY I	NFORMATION						
Name of Facility Where Abatement is Verizon Market CO	s Taking Pla	ace (3)				Type of Facility					
Street Address						Subchapter	8 (Other than K-1)				
95 William Street						Other (i.e., homes, etc	private and comme	ercial b	uildin	gs,	
City (5)						Square Feet	# of Floors	B	ldg. A	ae	
Newark									lug. i	·90	
County (6)			Cou	inty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demoli	ished)			
Essex					,,	Offices		//			
Name of Monitoring Firm Hired by Bu	ilding Owne	er (8)	ASCN	1 No.	Name of Abateme	ent Contractor (9	))				
USA Environmental		8.10			AbateTech, I	nc.					
treet Address					Street Address						
8436 Enterprise Ave.					30 Maple Ave	e. PO Box 25					
ity, State, Zip Code					City, State, Zip Co	ode					
Philadelphia, PA 19153					Lumberton, N	J 08048					
roject Manager for Monitoring Firm		Tel	ephone	No	Telephone No.		License No.				
Mark Jenkins	and the second s	2	15-365	5-5810	609-265-2107	•	00529				
tart Date (10)	Scheduled	Comple / 3		ate (11) 17	Name of OSHA M						
Occupancy Status During Abatement	(Check only	one)			Street Address						
] Facility Closed/Vacated During En					200 Route 13	0 North					
Abatement Performed Outside of N	Normal Faci	ity Hou	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement: <u>7</u> AM- <u>3:30</u> PM	/ <u>3</u> PM- <u>Z</u> AM				Cinnaminson	, NJ 08077					
cope of Work (Check all that apply)											
] ≥3 sf or ≥3 If		lenovat			🛛 Mini-Encl		gative Pressure				
₫ ≥160 sf or ≥260 lf		emoliti	on		Glovebag	Procedure	on-Friable Procedu	ro			
		ls Loca	tion						atem	ent T	VDA
Location of		Norma	lly		Description of	f			-	1	T
Asbestos-Containing Material (ACM TO BE ABATED		ed Sole aintena			stos Containing Mat		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		stodial		(i.e	surfacing, VAT,	승규는 비사님 파티지 않는 것이 집에 집에 들었다. 이 것이 없는 것이 없는 것이 없다. 이 것이 없는 것이 없이 않이	(Specify SF or LF)	oval	÷	psu.	Sur
(13)		(12)	1	-	other miscellaned	ous)	17			late	œ
asement Mechanical Loft	Yes		N/A	Dine	tinga		40.4-1-1	57			
h Floor				Pipe Fit		- 1	10 total				
					r brick façade/bla	ack mastic	2,569 SF				
Floor				-	ting Insulation		88 LF				
Floor					g and Glazing	1	3 windows				
ame of Registered Waste Hauler			JDEP \ auler ID	A 100 C 100 C	Cubic Yards of Waste	Name of Regis					
AbateTech, Inc.			18750	Sec. 2010 10 10 10 10 10 10 10 10 10 10 10 10	40	G.R.O.W.S	. Landfill				
ty, State					Disposal Date	City, State					
Lumberton, NJ					7/31/17	Tullytown,	PA				
mpleted By (Print or Type)	Title				Signature	, A-	Da	ate 1	21	)),	5
Gwendolyn Trumbetti	Opera	tions (	Coordi	nator	Y	WM		5	51	11	1
3-41					13						

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Date of Notification (1)					Na	ame of Build	ding Owner/Operato	or (2)	101				
5 /	31	/	17				Job #1705-5159	- (B) - (D)	JUL JUN	1 - 5	20	)17	
Agencies Notified	Type No	otificati	ion		St	reet Addres	S						1 "
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DHSS		ndmen			1.000		ton, NJ 07856			and all the sectors and			
DCA (NJAC 5:23-8)	Emer	rgency ication	(inclue	ding		me of Cont							
(110/10/0.20-0)	Canc		e			lart Appe			Telephone Nu	Imber			
		onation			_								
Name of Facility Where A	hatement	is Tak	ing Dl	200 (2)	ŀ	ACILITY	INFORMATION						
NJ DOT Route 78 &	Route 2	15 I dr		ace (S)				Type of Facili					
Street Address	Noute 2	.2						School (K-	-12) er 8 (Other than K-1	12)			
and the second								Other (i.e.,	private and comm	ercial l	buildi	nas	
334 Frelinghuysen	Avenue							homes, et					
City (5)								Square Feet	# of Floors	E	Bldg.	Age	
Newark, NJ 07114				_									
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use (I	Prior if being demo	lished)			
Essex													
Name of Monitoring Firm I			g Owne	er (8)	ASC	M No.	Name of Abatem	ent Contractor (	9)				
Environmental Conr	nection,	Inc.					AbateTech,						
Street Address							Street Address						
120 North Warren St	reet						30 Maple Av	e. PO Box 25					
City, State, Zip Code							City, State, Zip C						
Trenton, NJ 08608							Lumberton,						
Project Manager for Monito	oring Firm			Te	lephone	e No.	Telephone No.		License No.		3.4.15		
Steve Mania					-	2-4200	609-265-2107	7	00529				
Start Date (10)		Sche	duled			ate (11)	Name of OSHA M		00525				
<u>5</u> / <u>24</u> / _		-	7	/ _3			EMSL Analyt	0.000.000000					
Decupancy Status During A	Abatement	t (Cheo	ck only	one)			Street Address						
Facility Closed/Vacated	During En	ntire Pe	eriod o	f Abate	ement		200 Route 13	0 North					
Abatement Performed C Time of Abatement:	AM-	Norma		ty Hou	ırs - De	scribe	City, State, Zip Co	ode					
		'		FIV		_AM	Cinnaminson	i, NJ 08077					
cope of Work (Check all th	nat apply)							192 1					
] ≥3 sf or ≥3 lf				enova	ion		Full Cont	ainment with Ne	gative Pressure				
≥160 sf or ≥260 If				emoliti			Glovebag						
							Non-Exer	mpted (*) and No	on-Friable Procedu	Ire			
1 and in the				s Loca Norma						Ab	atem	ent T	уре
Location of Asbestos-Containing Ma	terial (ACI	M)			ely by	Acho	Description of			R	R	m	П
TO BE ABATE	D	,		aintena		(i.e	stos Containing Mat ., thermal systems i	nsulation.	Amount (Specify	Removal	Repair	lca	Enclosure
IN Facility (13)			Cus	todial (12)	Staff?	1 20	surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	sur
(13)			Yes	No	N/A	-	other miscellaned	ous)				ate	œ
cterior						Contam	inated Debris		320,000 SF				Г
									araa		-		-
													L
													Г
me of Registered Waste H	lauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill		_		
Cemco				H	auler I	D No.	Waste	G.R.O.W.S					
y, State							40 Disposal Date	City, State					
lainesport, NJ							7/31/17	Tullytown,	D۸				
mpleted By (Print or Type)		Title						runytown,				3	
wendolyn Trumbetti				one	`oord'	natas	Signature	m. t	Da	tech	21	-	2
		0	Jerati	ons (	coordi	nator		NWN		DI	21	notario	1

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		N	ΙΟΤΙ			SBESTOS AB JAC 8:60 and 5		ME	G	E	Π	1/7
Date of Notification (1)				IN	ame of Buil	ding Owner/Operate	or (2)		0	L	1	<u> </u>
5 /	30 /	17				Job #1705-5159		$ \langle \cdot \rangle $				
Agencies Notified	Type Notific		-	9	treet Addres		oncon #		IUN	- 5	20	17
⊠ EPA		auon			200 Stierl	1000						
🖾 DOLWD	Amende	d			ity, State, Zi			ASBE	TO	300	10111	1/ M
⊠ DHSS	Amendm				-	ton, NJ 07856		L	LICE	INSI	NG	101
DCA (NJAC 5:23-8)	Emergen justificati		ding		ame of Cont			Telephone Nu				
(NJAC 5.25-6)	Cancella				Nart Appe	73077.0		I Telennone Nu	mber			
								_				-
Name of Facility Where	Abatement is T	aking Pl	200 /		FACILITY	INFORMATION	Turne of Feedly	L //				
NJ DOT Route 78 8		anny i i	ace (-	5)			Type of Facili					
Street Address		1000					School (K-	er 8 (Other than K-1	(2)			
334 Frelinghuysen	Avenue						Other (i.e.,	private and comm	ercial	buildi	ings,	
City (5)	rironae						homes, etc			011		
Newark, NJ 07114							Square Feet	# of Floors		Bldg.	Age	
County (6)					ounty Code	TVETATE LICE ONLY	Current Line (					
Essex					Juny Code	(7)(STATE USE ONLY)	Gurrent Use (H	-nor if being demo	ushed	)		
Name of Monitoring Firm	Hired by Build		or (8)	ASC	M No.	Name of Abatem	ont Contractor "	0)				
and a second sec		ng Owne	1 (0)	100	avi no.	AbateTech.		9)				
Street Address						Street Address					_	
							e. PO Box 25					
City, State, Zip Code						City, State, Zip C						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Lumberton,						
roject Manager for Monito	oring Firm		TT	elephon	e No	Telephone No.	110 00040	License No.				
	9	-	1			609-265-2107	7	00529				
tart Date (10)	Sc	heduled	Com	pletion [	Date (11)	Name of OSHA M						
		7				EMSL Analyt						
ccupancy Status During	/ /				-/	Street Address						
Facility Closed/Vacated						200 Route 13	0 North					
Abatement Performed C	Dutside of Norr	nal Facil	ity Ho	ours - De	escribe	City, State, Zip Co			_			
Time of Abatement:	AM	PM/	P	M	_AM	Cinnaminson						
cope of Work (Check all th	hat apply)		-			onnannison	, 10 00077					
	11.37	-					ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli			Mini-Enc     Glovebag						
			2.1101			Non-Exer	mpted (*) and No	on-Friable Procedu	re			
				ation					T	batem	ent T	ype
Location of Asbestos-Containing Ma			Norm	ally blely by		Description of		1000-0000-000-000			1	-
TO BE ABATE		Ma	ainter	nance/		tos Containing Mat , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todia (12	I Staff?		surfacing, VAT,	or	SF or LF)	val	=	psul	Sur
(13)		Yes	No		-	other miscellaned	ous)				ate	0
torior								220 000 05	-			
terior					Contam	inated Debris		320,000 SF				
	Joular					0.11.11						
no of Rogistarad Mart	Tauler		1000	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regist					
me of Registered Waste F						40	G.R.O.W.S.	. Landfill				
emco									_	_	_	
emco , State						Disposal Date	City, State					
emco , State ainesport, NJ						Disposal Date 7/31/17	City, State Tullytown,	PA				
emco		le Operati				Second Second Second		PA Dat		0	17	

**MAY 11** 

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Check#2794		NOI				BESTOS ABA1 C 8:60 and 5:10			UL	, U	U	L
Date of Notification (1)						g Owner/Operator (						
05 /	29 / 1	7					2)		UN -	- 5	2017	Î
Agencies Notified	Type Notification				Donnelly Address	/		•				
EPA				Sliee	Audress			ASBES	STOS	CO	VTR	ŌL
🛛 DOLWD	Amended			City 3	State, Zip (	Code			LICE			
DHSS	Amendment #		e		65.659 53							
DCA (NJAC 5:23-8)	Emergency (i justification)	ncluding	ł		wn, NJ 0 of Contac			Telephone Num	ther		-	
(	Cancellation				Donnelly			Trolophone Huit				
						FORMATION				8		
lame of Facility Where Al	batement is Takir	o Place	(3)	IA		FORMATION	Type of Facility	(1)				
rivate house		3 1 1000	(0)				School (K-1					
Street Address							Subchapter	8 (Other than K-1 2				
							Other (i.e., homes, etc.	private and comme	rcial bu	uilding	IS,	
City (5)							Square Feet	# of Floors	B	dg. A	<u>ne</u>	
illtown, NJ 08850							- Square r oor			-9. A	32	
ounty (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
iddlesex								State States				
ame of Monitoring Firm I	Hired by Building	Owner (	(8)	ASCM	No.	Name of Abateme	L ent Contractor (9	3)				_
						Gr Tech LLC						
reet Address						Street Address	49					
						576 Valley Rd #	283					
ity, State, Zip Code						City, State, Zip Co		35- N= 0.59%		0.0000		
						Wayne, NJ 0747	70					
roject Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No.				
						973-638-1777		01127				
tart Date (10) 05 /28 /	Contrade to	duled C				Name of OSHA N Envirovision Co						
ccupancy Status During	Abatement (Cheo	k only c	one)			Street Address	induitanto,into					
Facility Closed/Vacated						20-21 Wagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	Outside of Norma	I Facility	y Hour	s - Des	cribe	City, State, Zip Co						
		IVI/			AW	Fair Lawn, NJ 0'	7410					
cope of Work (Check all t	that apply)							nation with negativ	e press	sure		100.000
>3 sf or >3 If > 160 sf or >260 If		🗙 Re	novati	on		Mini-Enc	losure	gative Pressure				
] ≥ 160 sf or ≥260 If			molitic			Glovebag	g Procedure	Tent with Negative	e Press	sure		
		10	Locat	ion	<u> </u>	L NOR-EXE	mpteo (*) and N	on-Friable Procedu		1		
Location c		1	Norma	lly		Description o	of		-	T	ent Ty	-
Asbestos-Containing M			ed Sole iintena			stos Containing Ma	terial (ACM)	Amount	Rer	Repair	Encapsulate	Enc
TO BE ABAT IN Facility			todial		(i.e	., thermal systems i surfacing, VAT,		(Specify SIF or LF)	Removal	bair	apsu	Enclosure
(13)			(12)	1	-	other miscellane			<u>a</u>		Ilate	re
		Ver	No	N/A							CD	
		Yes	ALC: NOT THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE OWNER OWNE OWNER OWN	$\boxtimes$	Pipe insi	lation		120 LF	$\boxtimes$			
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sement					pe mot	11411011		IZU LF				П
sement												
sement				1		11411011						
	- Haular						H					
ame of Registered Waste	e Hauler				Hauler ID No.		e Name of Regi					
ame of Registered Waste Tech LLC	e Hauler				Hauler ID No.	Cubic Yards of Wast TBD	T.R.R.F. Inc	stered Landfill				
ame of Registered Waste Tech LLC ty, State	e Hauler			DEP Waste	Hauler ID No.	Cubic Yards of Wast	T.R.R.F. Inc City, State	stered Landfill				
ame of Registered Waste Tech LLC ity, State ayne, NJ 07470				DEP Waste	Hauler ID No.	Cubic Yards of Wast TBD Disposal Date TBD	T.R.R.F. Inc	stered Landfill				
ame of Registered Waste Tech LLC ity, State ayne, NJ 07470 ompleted By (Print or Typ Jevtic				DEP Waste	Hauler ID No.	Cubic Yards of Wast TBD Disposal Date TBD Signature	T.R.R.F. Inc City, State	Stered Landfill	ate			

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$Ch_{9854202}$	82	and the second second	ICATION	tate of New Jers N OF ASBESTOS to NJAC 8:60 at	ABATE		T		G [	ë L		() *	
Date of Notification (1) 05/30/2017				f Building Owner w Gottfried	/Operator	r (2)	and the second		JUN	- 5	20	)17	
Agencies Notified Type Notification			Street A	Address				L ASBI	ESTC.	101	)e.t	HOI	- ä
× DEP Amended Amendment				ate, Zip Code lair, NJ 07043	3		L		LICE	* 1			
DOH     DCA     DCA     Emergency (     justification)     Cancellation	0 T			f Contact w Gottfried				Telepher	- 61 1				
			FAC	ILITY INFORMA	TION							1	
Name of Facility Where Abatement is Taking House	g Place (3	3)				Тур	e of Facility (4 School (K-12	:)					
Street Address						×	Subchapter 8 Other (i.e. pr etc.)	3 (Other than ivate & com	n K-12) mercial I	buildi	ngs,	home	es,
City (5) Montclair						Squ N/A	lare Feet	# of Floor N/A	S	Blo N/	ig. A A	ge	
County (6) Essex				Code (7) USE ONLY)			rent Use (Prior USE	if being der	molished	)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	/ No.			atement Contratement, Inc						
Street Address			1		Street 11 R		ess ngren Aven	ue		-			
City, State, Zip Code							Zip Code NJ 07512						_
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none		Licer 013	nse No. 11				_
Start Date (10) 06/12/2017	Schedule		npletion	Date (11)	Name	of OS	SHA Monitor Itement, Inc						
Occupancy Status During Abatement (Check	k Only Or	ie)			Street	Addr	ess						_
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Occupied	Period of A al Facility	Abatem Hours	nent s		City, S	state,	Igren Avenu Zip Code	le					
Scope of Work (Check All That Apply)					1010	wa,	NJ 07512						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	A REAL PROPERTY.	lenova Iemolit			XX	G M	ull Containmer lini-Enclosure lovebag Proce on-Exempted	dure					
	ls	Locati	on					() and Non-			bate	ment	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	lormal d Sole intenar odial S (12)	lý by nce/	Asbestos Cor (i.e. therma surfa		lateri s insu T, or	lation,	Amount (Specify SF or LF	172	Remova	Tyj Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u> </u>		ate	re
Basement		Х		Pipe	e Insula	ition		140 LF	1	٢			
										-	_	_	$\neg$
Name of Registered Waste Hauler D&S Abatement, Inc.		H	JDEP W auler ID )996				3 assa	egistered La anageme		A		1	
City, State Totowa, NJ					sal Date	1.	City, State Morrisvill	e, PA					
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		Signature	10	1/-		Date 05/3	0/20	)17		

											Pi	rint For
			ICATIO	tate of New . N OF ASBES t to NJAC 8:	STOS ABATI		т	DEC CHECK #2	-	[] \	<u>\</u> ]	
Date of Notification (1) 05-24-17			Name o NJDC	of Building Ov )T	wner/Operato	or (2)		JUN	-	5 2	017	
Agencies Notified Type Notification				<sup>Address</sup> Parkway A	venue			ASEEST	00.0	000		-
EPA Initial DEP Amended X DOL Amendment	#			ate, Zip Code on, NJ 086					CEN			- &
DOH     DCA     Emergency     justification)     Cancellation		3	Name o	of Contact Mehia-Ara				Telenhone No	mhor			
Name of Facility Where Abatement is Takin Pattenburg Road Bridge over I-78 Street Address	Structu			ILITY INFOR	MATION	Тур				ldings	, hom	es.
Pattenburg Road (CR 614) Over I- City (5)	/0					-	etc.) Jare Feet	# of Floors		Bidg. A		
Asbury, NJ 08802 County (6)			County	Code (7)		Cur	rent Use (Pri	or if being demolis	hed)	055		
Hunterdon County			(STATE	USE ONLY)								
Name of Monitoring Firm Hired by Building Environmental Connection	Owner (8	)	ASCI N/A	M No.			Environm	ental Corp.				
Street Address 120 North Warren Street						t Addr Broa	ess ad Street					
City, State, Zip Code Trenton, NJ 08608							Zip Code t, NJ 07072	2				
Project Manager for Monitoring Firm Dominick Dercole			Telepho (609)	one No. 392-4200		hone -939-	No. -6565	License N 00756	10.			
Start Date (10) 06-06-17	Schedul 08-31-		npletion	Date (11)			SHA Monitor nalytical, Ir	IC.				
Occupancy Status During Abatement (Chec					14 10 10 10 10 10	t Addr Wes	ess t 38th Stre	et				
<ul> <li>Facility Closed/Vacated During Entire F</li> <li>Abatement Performed Outside of Norm</li> <li>Other – Describe:</li></ul>					City, S	State,	Zip Code k, NY 100					
Scope of Work (Check All That Apply)					1100							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				G M	lini-Enclosure	edure				
	le	Locati	ion		Ŀ	× N	lon-Exempted	d (*) and Non-Friat	ble Pro	Abate	emen	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma Cus	Normal ed Sole aintenai todial S (12)	ly ly by nce/ Staff?	(i.e. the	Description Containing I ermal system surfacing, V/ ther miscella	Materi ns insu AT, or	lation,	Amount (Specify SF or LF)	Removal	T) Repair	e Encapsulate	Enclosure
Under the Bridge Superstructure	Yes	No	N/A	15	Transite F	Pine		700LF	x			
			~		Transite i	ipe		70021				
Name of Registered Waste Hauler			JDEP W	lasta C	Cubic Yards		Name of	Registered Landfill				
ATC, Inc. / JBT (50071)		H	auler ID 4310	No. o	f Waste BD		1 10 10	Enterprises				
City, State Shirley, NY / Bronx, NY				D	)isposal Date BD	7	City, State Waynes	e sburg, OH 4468	38			
Completed by Richard Doran	Title Proje	ect Ma	inager	1	Signature	e F A	đĨ		ite 5-24-	17		

			Sta	te of	New Je	rsey		Che	ck #	159	59	_
						OS ABATEMENT		IN E P	11		j, i	
Date of Notification	(1)	Pursu	-			and 12:120-7) wner/Operator	and the second sec	11) 5 00	1		1 1	
5/30/2017	1767-18			eve E	forest and a set	•						
Agencies Notified	Type Notific:	ation	Stree	t Addre	ess			JUN JUN		) 21	JI [	
[]EPA	[X] Initial							Í.				
[]DEP	Notific	ation	City,	State	, Zip (	Code		ASBEST	0.20	<u>n</u>	(RU	
[X]DOL	[]Amended		Sou	ith C	rang	e,NJ,0707	19	LIC	CENS	SING	2	
[X] DOH	Notific	ation	Name	of Cont	tact		Telephor	a Mumber				
[ ]DCA	[]EMERGENC	Y	The second second	eve E			1					
[ ]DCA	[]Cancella	tion					f		i.			
				FACI	LITY IN	FORMATION						
Name of Facility When	ce Abatement	is Taki	ng Pla	ce (3)			Type of Facil	ity (4)				
Steve Beal							[]School					
Street Address								ter 8 (Other t i.e., private				ines.
								homes, etc.)			- an Chu	•
							Square Feet	# of Floors	Bld	lg. i	Age	
City (5)		County				ty Code (7)						
South Orange		Essex	2		(STA	TE USE ONLY)	Current Use (	Prior if being	demo	olis	hed)	
-			I					(0)	-			
Name of Monitoring Fi Owner (8)	rm hired by	Buildin	g ASC	M No.		Contraction process in a state of the second	ment Contracto:					
N/A							ANAGEMENT	, 110.				
Street Address						Street Addres						
							topher St	•				_
City, State, Zip Code	2					City, State, State	r, NJ 070	42				
												_
Project Manager for M	Ionitoring Fi		lephon /A	e Numb	er	Telephone Num (973)744			ense 1 0371		er	
Scheduled Start Date	(10) Sche	ad. Comp	letion	Date		Name of OSHA 1	Monitor					
6-9-17			12-1	• · · ·		N/A						
Month Day Ye Occupancy Status Duri	(19) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Day only	Year one)		Street Addres	5					
[X]Facility Close	ed/Vacated D					Steet mutes	=					
of Abatement []Abatement Per:		de of No	ormal 1	Facilit	y	City, State, State	Zip Code					
Hours - Descr.	ibe: <u>«OffHour</u>	s Descri	ipt»		-	orel , state, ,						
[ ]other - Descr			/ Desc	ript»								
Scope of Work (Check	all that app	oly)				[]Full	Containment wi	th Negative Pr	ressu	re		
[X]≥3 sf or <u>3</u> [ ]≥160 sf or	Electron Said Lister Con		and the second	vation		[X]Mini- [X]Glove	Enclosure -bag Procedure					
			Is			[ ]Non-F	riable Procedu	re	Abat	eme	nt I	VT
			Locatio			Descriptio				- Sme	E	Ē
Location	of	-	Used	-		Asbestos-Con Material (		Amount (Specify	RE	R E	NC	N C
Asbestos-Cont	aining		Solel			THE COLLER		SF or	M O	PA	A P	I
	taining ACM)		Solely	ance/		(i.e., thermal	systems	1 100 100 100 100 100 100 100 100 100 1			S U	SI U
Asbestos-Cont Material ( <i>i</i> <u>TO BE ABA</u> In Facili	taining ACM) TED	C St	ainten ustodi taff (1	ance/ al L2)	ins	ulation, surfa	acing, VAT,	LF)	V A	I R		F
Asbestos-Cont Material (2 <u>TO BE ABA</u>	taining ACM) TED	C	ainten ustodi	ance/ al	ins		acing, VAT,	1 100 100 100 100 100 100 100 100 100 1		R	L	_
Asbestos-Cont Material (2 <u>TO BE ABA</u> In Facili (13)	taining ACM) TED	C St	ainten ustodi taff (1	ance/ al L2) N/A	ins O	ulation, surfa	acing, VAT, llaneous)	1 100 100 100 100 100 100 100 100 100 1	A		L	-
Asbestos-Cont Material (2 <u>TO BE ABA</u> In Facili (13)	taining ACM) TED	C St	ainten ustodi taff (1	ance/ al L2) N/A	ins O	ulation, surf r other misce	acing, VAT, llaneous)	LF)	A L		L	
Asbestos-Cont Material (2 <u>TO BE ABA</u> In Facili (13)	taining ACM) TED	C St	ainten ustodi taff (1	ance/ al L2) N/A	ins O	ulation, surf r other misce	acing, VAT, llaneous)	LF)	A L		L	
Asbestos-Cont Material (2 <u>TO BE ABA</u> In Facili (13) Basement	acm) ACM) TED ity		ainten ustodi taff (: No JDEP W auler	ance/ al L2) N/A X aste ID No.	ins o Pipe	ulation, surf r other misce	acing, VAT, llaneous) On Name of Regi	LF) 140 LF stered Landfil	A L X	R		
Asbestos-Cont Material (2 <u>TO BE ABA</u> In Facili (13) Basement Name of Registered Wa AZTECH MANAGE	acm) ACM) TED ity		JDEP W	ance/ al L2) N/A X aste ID No.	ins o Pipe Cub of	ulation, surfa r other misce Insulati ic Yards Waste 1.5	ncing, VAT, llaneous) ON Name of Regi Minerva	lf) 140 LF	A L X	R		
Asbestos-Cont Material (2 <u>TO BE ABA</u> In Facili (13) Basement Name of Registered Wa AZTECH MANAGE City, State	caining ACM) TED ity aste Hauler IMENT , IN		ainten ustodi taff (: No JDEP W auler	ance/ al L2) N/A X aste ID No.	ins o Pipe Cub of Disj	ulation, surfa r other misce Insulati ic Yards	Name of Regi Minerva City, State	LF) 140 LF stered Landfil	X X se	R		
Asbestos-Cont Material (2 <u>TO BE ABA</u> In Facili (13) Basement Name of Registered Wa AZTECH MANAGE City, State Montclair, NJ	caining ACM) TED ity aste Hauler CMENT, IN 07042		ainten ustodi taff (: No JDEP W auler	ance/ al L2) N/A X aste ID No.	ins o Pipe Cub of Disj	ulation, surfa r other misce Insulati ic Yards Waste 1.5 posal Date /13/17	Acing, VAT, Ilaneous) ON Name of Regi Minerva City, State Waynesb	LF) 140 LF stered Landfil Enterpri urg, Ohio	A L X se	R		
Asbestos-Cont Material (2 <u>TO BE ABA</u> In Facili (13) Basement Name of Registered Wa AZTECH MANAGE City, State	ACM) TED ity Aste Hauler MENT, IN 07042 or Type) Tit	IC.	ainten ustodi taff (: No JDEP W auler .704(	ance/ al L2) N/A X aste ID No.	ins o Pipe Cub of Disj	ulation, surfa r other misce Insulati ic Yards Waste 1.5 posal Date	Acing, VAT, Ilaneous) ON Name of Regi Minerva City, State Waynesb	LF) 140 LF stered Landfil Enterpri urg, Ohio -/ D.	X X se	R INC		
Asbestos-Cont Material (2 <u>TO BE ABA</u> In Facili (13) Basement Name of Registered Wa AZTECH MANAGE City, State Montclair, NJ Completed By (Print o	ACM) TED ity Aste Hauler MENT, IN 07042 or Type) Tit	IC. 1	ainten ustodi taff (: No JDEP W auler .704(	ance/ al L2) N/A X aste ID No.	ins o Pipe Cub of Disj	ulation, surfa r other misce Insulati ic Yards Waste 1.5 posal Date /13/17	Acing, VAT, Ilaneous) ON Name of Regi Minerva City, State Waynesb	LF) 140 LF stered Landfil Enterpri urg, Ohio -/ D.	A L X Ll Se 44	R INC		

						IN E C	IS I	$\nabla \eta$	Pri	ntForm
Ch 534	NC	TIFICATION	tate of New Jers N OF ASBESTOS to NJAC 8:60 a	ABATE			<u> </u>	201	7	
Date of Notification (1)		Name o	of Building Owner	Operator	· (2)		<u> </u>	201	1	
05-30-2017		Patric	ia Goodman							
Agencies Notified Type Notifica	ation	Street A	Address			ASEEST	OS CO CENSI		OL	×
EPA Initial						Li	QULINCI)			
X   EPA   X   Initial     X   DEP   Amenda     X   DOL   Amenda			ate, Zip Code wood, NJ 074	150						
Emerge	ency (including		of Contact	50		Telephone	Number			
DOH justifica			ia Goodman			Telebrione				
		FAC	ILITY INFORMA	TION	17	<u> </u>				
Name of Facility Where Abatement is	Taking Place (3)				Type of Facil	ity (4)				
Private Dwelling					School		( 10)			
Street Address					Subcha	pter 8 (Other than k .e. private & comme	(-12) ercial buil	dings,	home	es,
(it: (5)					etc.)					
City (5) Ridgewood NJ 07450					Square Feet	N/A		Bidg. A	vge	
County (6)		County	Code (7)			(Prior if being demo				
Bergen			USE ONLY)		Private Dv					
Name of Monitoring Firm Hired by Buil	ding Owner (8)	ASCI	M No.			Contractor (9)				
Standard Environmental					ax Contraction	ng LLC				
Street Address				1 2 2 2 2 2 2	Address					
2108 Fulton St, Suite 2A				1	BOX 734					
City, State, Zip Code B rooklyn NY 11233					State, Zip Code odland Park					
Project Manager for Monitoring Firm		Telepho	one No	11 00000	hone No.	Licens	e No.			
Kayode Adefisoye		1 diopine			-692-6298	0126				
Start Date (10)	Scheduled	Completion	Date (11)	Name	of OSHA Mon	itor	and lines			
06-10-2017	06-14-2	017		Ama	ax Contraction	ng LLC				
Occupancy Status During Abatement (	Check Only One	)			Address					
Facility Closed/Vacated During En	ntire Period of Ab	atement		10000000	BOX 734					
Abatement Performed Outside of Other – Describe:	Normal Facility F	lours			State, Zip Code odland Park					
Scope of Work (Check All That Apply)				~~~~		113 07 424				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		novation molition			<ul> <li>Full Conta</li> <li>Mini-Enclo</li> <li>Glovebag</li> </ul>	Procedure				
				8	I Non-Exem	pted (*) and Non-F			e emen	•
1		ocation rmally							уре	
Location of Asbestos-Containing Material (ACM	() Used	Solely by tenance/		escriptior ntaining N	n of Material (ACM)	Amount			m	_
TO BE ABATED In Facility	Custo	dial Staff?	(i.e. therma	al system acing, VA	s insulation,	(Specify SF or LF)	Remova	Re	Encapsulate	Enclosure
(13)		(12)		miscella			lova	Repair	sula	osur
	Yes	No N/A	1				=		ate	Φ
Basement		x	Pip	e Insula	ation	40 LF	X			
								-	-	
									-	
									-	
Name of Registered Waste Hauler			Masta Out	c Yards	More	e of Registered Lan	dfill			
		Hauler ID					um			
Amax Contracting LLC		003618				less Hills				
City, State Woodland Park NJ 07424				osal Date						
	Title			20-2017 Signature	//	risville PA	Date			
Completed by Tome Maslarkov		t Managei	K	Signatur	10.	$\cap$	05-30-	201	7	
	1.0,00	. manager		1	un		00 00		<u> </u>	

	N	(Pu	ATION rsuant t	te of New Jersey OF ASBESTOS o NJAC 8:60 and	ABATEI 12:120	))	Т		DE CK	H Ca	7	Contraction of the second	t for
Date of Notification (1) 5/25/2017				Building Owner/C y Bogosian	)perator	(2)				U•1 V	1	201	
Agencies Notified Type Notification		0	Street Ac	ldress	_				ASBES	STOS	CO	NTR	OL 8
×  EPA    DEP    ×    DOL   Initial Amended Amendment #				e, Zip Code h, NJ 07641				And the state		LICE			
DOH     DCA     Emergency (ir justification)     Cancellation	Icluding		0.500 0000 0000	<sup>Contact</sup> y Bogosian				Tele	ephann Marin	<b>h</b> -r			
	Diago (2)		FACIL	ITY INFORMATI	ON	Tva	pe of Facility (4	1)					
Name of Facility Where Abatement is Taking Residential Street Address	Place (3)						School (K-1) Subchapter	2) 8 (Othe	er than K-12	)			
						×	Other (i.e. p etc.)	rivate 8	commercia	al build	ings,	home	S,
City (5) Haworth						1,8	uare Feet 853 SF	2		1	dg. A 927	ge	
County (6) Bergen				ISE ONLY)		Re	rrent Use (Pricesidential		-	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.			batement Con Contracting						
Street Address					Street 32 V		lress w Way						
City, State, Zip Code							, Zip Code nd Park, NJ	0742	24				
Project Manager for Monitoring Firm			Felephor	ne No.	Telepi 973-		No. 8-9176		License No 01331	0.			
	Schedule 6/7/201		pletion [	Date (11)	and the second se		SHA Monitor	ltants,	Inc.				
Occupancy Status During Abatement (Check			ent		Street 20-2		lress /agaraw Rd	., Bldg	g. 35-E				
<ul> <li>Facility Closed/Vacated During Entire Poly</li> <li>Abatement Performed Outside of Norma</li> <li>Other – Describe:</li></ul>	al Facility	Hours	on				, Zip Code wn, NJ 074	10					
Scope of Work (Check All That Apply)													
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enoval emoliti				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	e cedure	33339 - 354-547-45			e	
	ls	Locati	on			-					Abate	· .	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma Cust	lormall d Sole ntenar odial S (12)	iy by nce/ staff?	Asbestos Con (i.e. therma surfa		Mate ns in: AT, c	sulation,   pr	(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A X	Pipe	e Insula	atio	n	14	40 LF	xx			
Sabomont													
Name of Registered Waste Hauler		H	JDEP W auler ID	No. of Wa	: Yards iste		100000000000000000000000000000000000000		ered Landfill Landfill				
Unicorn Contracting Corp.		00	035844		and Dat	0	City, Stat		Lanann				
City, State Woodland Park, New Jersey	-			TE	osal Date 3D	/	Morrisv						
Completed by Dimo Golcev	Title Gene	eral M	anage		Signatur	re/2	17	/		ate 25/20	017		

				STATE OF	NEW JERSEY			<u>)</u> [[	GE	[] []	En
d			NOTIF	ICATION OF AS	BESTOS ABATE	EMENT					
CV 149	49		(Pu	rsuant to N.J.A.O	C. 8:60 AND 12:1	20)			JUN - g	5 201 <b>7</b>	
Date of Notification (1)	<u> </u>				Name of Build	ing Owner/	Operator (2)	<u> </u>		2 2011	- Inter
*	5/24	(17			Ara Hallajia	n					
Agencies Notified		Notification	Туре		Street Address	5		ASBE		ONTRO	上&
X EPA		X Initial					L		LICENS	ma	
DEP			ed #		City, State, Zip	Code					
X DOL			ncy (includ	ing	Glen Rock,	NJ 0745	2				
X DOH		justificat			Name of Conta			Tel, Nur	mhor		a
DCA		Cancella	ation		Mr. Ara Hal	lajian					-
Name of Facility Where Al	patement is T	aking Place (3	3)	PAGIEIT IN	Type of Facility	y (4)					
Residential Home					School (F	(-19)					
Street Address											
					Subchapt	er 8 (Other	than K-12)				
City (5)	County (6)		County C	ode (7)			commercial b	ouildings,			
Glen Rock	Bergen		(State Us	e Only)	homes, e	±(C.)					
Name of Monitoring Firm		Owner (8)	ASCM N	0.	Name of Contra	actor (9)					
n/a					MTM Metro		ion				
Street Address					Street Address						
					135-137 Mc	- Bride Av	е				
City, State, Zip Code					City State, Zip	Code		10			
					Paterson, N	J 07501					
Project Manager for Monit	oring Firm	Telephone I	Number		Telephone Nu	mber		License	Number		
					973-742-50	30		00809			
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH	A Monitor					
6/7/17		6/8/17			MTM Metro	Corpora	tion				
Occupancy Status During	Abatement (C	heck only one	<u>ə)</u>		Street Address						
					135-137 Mo	Bride Av	renue				
Facility Closed/Vacat	ted During En	tire Period of	Abatement		City, State, Zip	Code					
Abatement Performe	d Outside of I	Normal Facility	/ Hours		Deterson N	107501					
X Other-Describe: U	noccupied ba	sement			Paterson, N	3 07 50 1					
Source of Work (Check all	that apply)										
× > 3 sf or > 3 lf	×	Renovation	l,	Full	Containment wit	h Negative	Pressure	Mini	i-Enclosure		
> 160 sf or > 260 lf		] Demolition		× Non	-Exempted(*) &	Non-Friable	e Procedure	Glov	vebag Proce	dure	
Location of Asbestos-	Is Loca	ation Normally	Used	Description of	ACM (i.e.	Amount (	Specify SF or	LF)	Abatement	Туре	
Containing Material (ACM)		by Maint./Cus	todial	thermal system							
Facility (13)	Staff? YES	(12) NO	N/A	surfacing, VAT miscell.)	, or other				Rem. Re	p. Encap	Enclose
Basement-Boiler Room			X	Paper wrap on air d	uct(remove w/metal)	70 SF			×	< X	
Name of Reg. Waste Haul	er	NJDEP Was	ste Hauler I	D#	Cubic Yards of	Waste		Surge and	of Reg. Land	itill	
MTM Metro Corporation		26552			3			Tullytowr	-		
City, State							Disp. Date		City,	and the second second	
Paterson, NJ 07501							6/08/17			own, PA	
Completed by (Print or Typ	pe)	Title			Signature			Date			
Elizabeth Maslarkov		Business Adn	ninistrator		Elizabeth	Masla	rkov	5/24/17			
								L			

ASB-41

page 1

												Pilm
			NOTIF (P	State ICATION OF Puravant to 1	of New Jan FASBESTO NJAG 6:00	OR ARATE	MENT		DOL-	][		·iΥ
Date of Nolfication ( 05/28/17	(1)			Nama of Bu Maria Ba	iliding Own	er/Óperalo	r (2)		MAY	2 3	201	17
Agencles Notifiad	Type Notif	nolfeall		Streat Addr		-		<u> </u>		4	2	/
EPA DEP			Ļ			_			WER	100	חרו	11:15
E DOL	Amer	ndmeni #		Cily, State, . Tensfly, I		)			******	+	-	
DOH DCA	Justin	pancy (includi cation)	ng -	Nama of Co	nlaci			Talan	iona kumbr	Nr.		
bend		silation .		Paula We	ILACS	FIGU						
Name of Facility Wha Private House	ere Abalement li	a Taking Place	(3)			TION	Type of Faci	llty (4)			-	
Streat Address					-		School	(K=12)				
All and							(x) Other (	plar 8 (Other ) e. private 5 of	han K-12) Primercial b	ulldin	gs, ho	7739.0.
Cily (5) Tenafly					• • • • • • • • • • • • • • • • • • •		Square Fael				. Apo	
County (6)				County Code	(7)		Cutteri Line	Prior if baing i				
Bergan Name of Monizohing P	m Head by B	Iding Owner		STATE USE	ONLY							
Competent Supe	rvisor		9)	ASCM No.	5	Acar	of Abalamoni	Contractor (9) ruction Inc.				
Streel Address						Straet,	Acdress				-	
City, Stale, Zip Goda		and the second secon					Rt. 48 West	Sulle 14				
Project Manager							NB, NJ 075	12			-	
Project Manager for M	onitoring Firm		T	elaphone N	0,		one No.		onse No.			
							100 1011					
		Schedu	uled Com	pletion Date	(11)	973-6	32-4244	01	155			
05/27/17	Ing Abalament	08/03	/17	pleton Date	(11)	973-6 Name o Same	OSHA Moni as above	01				
05/27/17 Occupancy Status Dur	Icaled During E	Check Oply C	Dine)		(11)	973-6 Name o Same Street A	OSHA Mon	01				. 38
05/27/17 Occupency Blattle Dur Reality Closed/Va Abatement Perfor Other – Describe: Bcope of Work (Check	Icaled During E med Outside of	08/03 (Check Only C nilrs Period of Normal Faoily	Dine)		(11)	973-6 Name o Same Street A	OSHA Moni as abave Address	01				
05/27/17 Occupency Blattle Dur Reality Closed/Va Abatement Perfor Other – Describe: Bcope of Work (Check	Icaled During E med Outside of	08/03 (Check Only C nilrs Period of Normal Facilit	Dine)	on	(11)	973-6 Name o Same Street A	A OSHA Moni 2 28 8bave Address ale. Zip Code Ful: Contair Mini-Encioa Giovebac P	or iment with Nas	1155 gativo Pross			
O5/27/17 Occupency Blatks Dur Reality Closed/Va Abstement Perfor Other - Describe: Bcope of Work (Check X ≥3 ef or ≥3 f ≥160 ef or ≥3 f	Icated During E med Outside of All That Apply)	08/03 (Check Only C nilrs Period of Normal Facility	1/17 Abetemo ty Hours Renovativ Demailue 8 Location	on n	(11)	973-6 Name Same Street A	A OSHA Moni 2 28 8bave Address ale. Zip Code Ful: Contair Mini-Encioa Giovebac P	intent with Nag	1155 gativo Pross	acodu Aba	(amer	11
O5/27/17 Occupency Blatks Dur Abatement Perfor Other - Describe: Bcope of Work (Check X ≥3 ef or ≥3 f ≥160 ef or ≥360 ff	All That Apply)	OB/03 (Check Only C nilrs Period of Normal Facilit	1/17 Abatame V Abatame V Hours Renovation Demailtion S Location Normality of Solety	on n by As		973-6 Name of Same Street A Cilly, Str	Address Address ate. Zip Code Ful: Contain Mini-Enclos Glovebag P Non-Exemp Mariel (ACM)	or iment with Nas ure ropedure ted (*) and No	ativo Prosa	acodu Aba	ypa (smer	1
05/27/17 Occupency Blattle Dur Abeterment Perfor Other - Describe: Scope of Work (Check X ≥3 6/ or ≥3 f ≥160 ef or ≥360 ff Asbéttos Cottenin IO BEA In Fac	All That Apply)	(Check Only C nilrs Period of Normal Facilit Normal Facilit () () () () () () () () () () () () ()	1/17 (Abatame ty Hours Renovation Demailute s Location Normelly	on n by As	De béstos Con (i.e. therms styfs	973-6 Name o Same Street / Cily, Str Cily, Str Cily, Str R R R Street / Cily, Str R R	Address Address ate. Zip Code Ful: Contain Mini-Enclos Glovebag P Non-Exemp Maniel (ACM) insulation, or	or iment with Nas	ativo Prosa	Aba	ypa (smer	1
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O5/27/17 Occupency Blattle Dur Abeterment Perfor Other - Describe: Bcope of Work (Check X ≥3 ef or ≥3 f ≥160 ef or ≥260 ff Asbetrop Tottenin IO BEA In Fac	All That Apply)	(Check Only C nilrs Period of Normal Facilit Normal Facilit () () () () () () () () () () () () ()	1/17 Sne) / Abetamo y Hours Renovati Demailto S Location Normelly ad Solety alintonano stoctal Stis (12)	on n by At	béstos Con (i.e. therma strfs other i	973-6 Name of Same Street A Cily, St Cily, St	Address Address ate. Zip Code Ful: Contain Mini-Enclos Glovebag P Non-Exemp Mon-Exemp Mon-Exemp Mon-Exemp Mon-Exemp Mon-Exemp Mon-Exemp Mon-Exemp	Amoun (Speci SF or L	nt P)	Aba	Encapsulate	1
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Occupency Blattle Dur R Facility Closed/Va Abatement Perfor Other - Describe: Bcope of Work (Check 23 st or 23 f 2160 st or 230 f Localid AsDestop: Distant	All That Apply)	(Check Only C nilrs Period of Normal Facilit Normal Facilit A) Us Yos Yos	Abatame ty Hours Renovati Demailtid s Location Normality al Solety alnionano sintonano (12) No	on by As s/ N/A X EP Wasto Asr ID No.	Destos Con (i.e. therma other Pipe Cubio of Wa 1 Diepos TBD	973-6 Name of Same Street A Cily, Str Cily, Cily, Str Cily, Cily, Str Cily, Cily, Str Cily, Cily, Str Cily, Cily, Cily	VOSHA Moni 2 28 8bavo Address ate. Zip Code Ful: Contain Mini-Enclos Grovebag P Non-Exemp Non-Exemp Non-Exemp Name c GRON City, Sin Tullyte	Amoun (Species for L (Species for L) (Species for L)	nt Prose	Aba T Repose	Encapsulate	1

CK 263	51	NO		ATIO	N OF	ASB	v Jersey ESTOS ABATEI 8:60 and 12:12			C E	[ [] []			
Date of Notification (	1)						Owner / Operator	(2)		JUN -	5 2017			
the second se	05-30-2017 Type Notifica	ation		Kenne	-		y Hospital				0 2017			
EPA	rype nounce	11011					ampus			NECTOO	CONTRO			
DEP	🛛 Initial			City, S	State 8	& Zip C	ode		- ASE		VSING	<del>JL Ö</del>		
DOL						NJ 080	02		Laurence and	<b>E</b> , <b>O E</b> ,				
DOH DCA		gency ellation		Name Mike I							Telepho	NI.,	mhar	
							ORMATION							
Name of Facility Whe	ere Abateme	nt is Taking Pla	ce (3)		TOILI		Type of Facilit	ty (4)						
Kennedy University H	lospital-East	1 area					School (H	14 Manual Action of the State of the Stat						
Street Address									her than K-1					
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Street Address	5				1		Resource Mar Street Addres		nt Group, LL	6				_
3370 Progress Drive, S	uite J						2115 Hamilton		uite 202					
City, State & Zip Cod			000010				City, State & Z							
Bensalem, PA, 19020							Trenton, NJ 0	8619						
Project Manager for Mr. Mike Panepresso	Monitoring Fi	rm	10000	ohone 244-130		ber	Telephone Nu 609-914-4279			License	Number 0118	5		
Scheduled Start Date 06-15-201		Scheduled Con	•	on Date -2017	e (11)		Name of OSH J&S Environm			nc				
Occupancy Status Du							Street Addres	-						
		uring Entire Pe					2333 Route 2							
Abatement P to 12:30am	erformed Ou	tside of Norma	Hour	's: 2""	shift	4:30pn	City, State & 2	Zip Code						
Describe:	nied During /	Abatement					Union, NJ 070	)83						
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	os-Containing	3		mally l			Asbestos-Cont			(Specify			-	
	erial (ACM) E ABATED			olely l			Material (AC (i.e., thermal sy			SF or LF)	Re	R	Encapsulat	Enclosure
	Facility			odial S			insulation, surfac	ing, VAT	-		Removal	Repair	aps	sol
	(13)		Maria	(12)		-	or other miscella	aneous)			/al	=	ulat	ure
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Name of Registered				Ha	uler II		Cubic Yards of Waste		-	d Landfill				
Resource Manageme	ent Group, LL	.C		00	35218		TBD Dispessed Data		Landfill					
City, State Trenton, NJ							Disposal Date	City, St Morrisv	ate jille, PA					
Completed By (Print of	or Type)			Titl	е		Signature	1			Date	tus est		-
Mr. Brian J. Haney	2 T 1			1.000	esider	nt	8 la	X/	~		05/30/	2017		
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Date of Notification (1) $5 - 26 - 17$	_		Na		ding Owner/Operato		ASBESTO	S C	ON	RO	L&
	led Iment # ency (inclux ation)	ding	Cit	y, State, Zip	ss 201 U. ( Code EGG HKAV( act	CLARKS	N.J Telentro Nim	R	0	2 18	
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County (6) ATL ANTI			1 Co	ounty Code SE ONLY	(7) (STATE	Current Use	Prior If being demoli AC AM T	ished			
Name of Monitoring Firm Hired by Bui		er	ASC	sta.	Name of Abaten	nent Contractor					
Street Address					Street Address	S Soo	UCE AVE				
City, State, Zip Code					City. State, Zip C MAP(	ode		<u>^</u>	80	57	
Project Manager for Monitoring Firm		Te	ephore	e No.	Telephone No.		License No.		antesta 16	20	-
Start Date (10) $(10 - 1)$	Scheduled	Compl - 1 3	1	ate (11)	Name of OSHA N		<u></u>	11.	1		_
Occupancy Status During Abatement Facility Closed/Vacated During Enti Abatement Performed Outside of No Other - Describe:	re Period o	f Abate			Street Address City, State, Zip Co	ode					_
Scope of Work (Check all that apply)					 Full Con	tainment with N	egative Pressure				_
⊇≥3 sf or ≥3 H X≥160 sf or ≥260 H		enovat emolitic				g Procedure	Ion-Friable Procedu	re			
	N	Locatik kormally	'					1	Abate Typ		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Mai C	d Soleł ntenan ustodia Staff? (12)	œ/		Description of os Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	sulation, pr	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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SIDING	=										
	_							-	-		
ame of Registered Waste Hauler			IDEP V		Cubic Yards of Waste	Name of Reg	istered Landfill	ليسيه	l		
KLEMCO INC	13.1	- <u> </u> -	14		Disposal Date	City, State	SANITUILLE	; 1	λ(.	7	_
	N.	<u>).</u>	1 7		Signature	1 MI	Date	76	-1	>	_
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5/30/17			Mark	f Building lagikus	Private	e Home	- (2) Ə		Ļ				5 A 1997	201	
Agencies Notified Type Notification			Street A	ddress					A	SBES'	ICE			ROI	- &
X     EPA     Initial       DEP     Amended       X     DOL		_		ate, Zip Co ey Cedai		8008									
DOH Emergency (i justification) DCA Cancellation	including		Name o Mark	f Contact					Tel	enhone	Numt	+ -			
Name of Facility Where Abatement is Taking	Diaco (2)		FAC	LITY INF	ORMAT	ION	Tuno	e of Facility	(4)			-			
Mark Lagikus Private Home	Fiace (3)						_	School (K-							
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City (5) Harvey Cedars NJ 08008							100		2	f Floors		5	ldg. A 35 T		
County (6) Ocean				Code (7) USE ONLY	)		Hor				olished	1)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCN	/I No.			of Aba naco	atement Co Inc.	ntractor	(9)				a 64	
Street Address							Addre Box 3								
City, State, Zip Code		147-1-1				City, S Wes	state, Z t Ber	Zip Code Iin NJ 08	091						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 856-		lo. 9800		License 0072					
Start Date (10) 6/9/17	Scheduled 6/15/17		pletion	Date (11)		Name Sam		HA Monitor							
Occupancy Status During Abatement (Check	5	-				Street	Addre	SS							
<ul> <li>Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:</li> </ul>	eriod of At al Facility I	atem Iours	ent			City, S	tate, Z	Zip Code							
Scope of Work (Check All That Apply)						1			· · · · · · ·			10-00			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the second se	novat moliti					Mir Glo	II Containm ni-Enclosur ovebag Pro	e cedure						
	le l	ocatio	20				No	on-Exempte	d (*) and	d Non-Fr	riable		cedur Abate		t
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In Facility (13)	dial S (12)	taff?	(1.0.	surfa	cing, VA niscellar	T, or			or LF)		Removal	Repair	Encapsulate	Enclosure	
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City, State						sal Date		City, Stat	ie ille Di	A 1906	7		-	- 151-	
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# May 26 2017 02:20PM NJ Asbestos Control 609.633.0664 page 1

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Date of Notification (1)				J			Owner/Operator (						-		
05	26 /	17		1			Ownersoperator (	≤} •	L	0U - 1898		OS	19D	G	SL &
Agencies Notified	Type Notific					Donnelly Address								-	
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(NJAC 5:23-8)	Justificat		-nava ng			of Contact		-	IA/AT	קייאל פראלקפושה		n	+	-	
	Canceila	tion			Brian	Donneliy			HUN			U	7		
					FAG	ILITY IN	FORMATION	,					,	-	
Name of Faculty Where	Abatementie	Taking	Place	(3)			1		ce of Facility I				39		
Private house				Change and	-			JP	School (K-12 Subchapter 8	) (Other (nan K-1 2)				1	
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Milltown, NJ 08850								90	lette i cor		04	a film that	80		
County (6)					Coun	y Code (7)	STATE USE ONLY)	C	urrent Use (Pri	or if being demotis	hed)			-	
Middlescx					1								÷		
Neme of Monitoring Fir	m Hired by Bui	Iding C	wher (	3)	ASCM	No.	Name of Abalam	ent	Contractor (9)						
							Gr Tech LLC								
Street Address							Street Address		2						
City. State, Zip Code				-			576 Valley Rd #							_	
							Wayne, NJ 074								
Project Manager for Mo	nitoring Firm			Tele	phone	No.	Telephone No.			License No.					
				1			973-638-1777		¥.(	01127					
Stert Date (10) 05/28	. 17				tion Da		Name of OSHA N								
Occupency Stetus Duri							Envirovision Co	onsu	iltants, Inc						
Facility Closed/Vac					ment			-		1. Jan 1940					
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Wayne, NJ 07470							TBD		Allytown, P.	A					
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Date of Notification (1) 05/30/2017				of Building Owne m Patterson	er/Operato	or (2	2)		JU	N -	5	2017	
Agencies Notified Type Notification	1		Street A 300 P	Address ompton Roa	d			AS	SBES	TOS			DL &
DEP X Amended Amendmen			2010 C.	ate, Zip Code e, NJ 07470				have the second second			1011		
DOH     Justification     Cancellation	)		Name o Karl P	of Contact Pettit				Telenhr	nne Nur	mber			
			FAC	ILITY INFORM	ATION	_						_	
Name of Facility Where Abatement is Takin William Patterson University	ng Place (3	3)					Type of Facility (	2)					
Street Address 300 Pompton Road						inter linear	Subchapter Other (i.e. p etc.)				dings	, hom	es,
City (5) Wayne, NJ 07470						1.00	Square Feet 91,500	# of Flo 3	ors	1022	81dg. A 56	Age	
County (6) Passaic				Code (7) USE ONLY)			Current Use (Prio University		emolish	ned)			
Name of Monitoring Firm Hired by Building TTI Environmental	Owner (8)	ĺ	ASCN N/A	M No.			f Abatement Con Environmental		6	2			
Street Address 1253 N Church Street							ddress Queens Plaz	a South					
City, State, Zip Code Moorestown, NJ 08057							ate, Zip Code Island City, N	Y 11101					
Project Manager for Monitoring Firm Jeff Seaman			Telepho 856-88	one No. 89-5182	1		one No. 49-0900	1.	ense N 853	0.			
Start Date (10) 05/30/2017	Schedul 10/20/2			Date (11)	100770011	200	f OSHA Monitor McRea						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	÷	10 	nent				ddress ennedy Blvd.						
Abatement Performed Outside of Norr X Other – Describe: Normal Hours 7:00a	mal Facility	Hour					nte, Zip Code nne, NJ 07002	2					
Scope of Work (Check All That Apply)		2000											
$ \ge 3 \text{ sf or } \ge 3 \text{ lf}  \ge 160 \text{ sf or } \ge 260 \text{ lf} $	and the second s	Renova Demoli				×	Full Containme Mini-Enclosure Glovebag Proc	edure	58				
					E.		Non-Exempted	(^) and No	n-Friad			e ement	
Location of		Locat Norma			Description							pe	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	d Sole intena todial (12)	nce/	Asbestos Co (i.e. thern su	ontaining I	Ma ns i AT,	iterial (ACM) insulation, , or	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
Personant	Yes	No	N/A			oti	0.0	2 575		v		æ	
Basement		Х		Pi	pe Insula			3,575	L.F.	X			
Name of Registered Waste Hauler			IJDEP W		ic Yards		Name of F	Registered I	Landfill				
ATC			lauler ID 4310		Vaste Yards		Minerva	Enterpris	ses				
City, State Shirley, NY 11967					oosal Date 05/2017		City, State	e burg, OH	446	88			
Completed by Ann A. Ali	Title Comp	oliano	ce Adm	in	Signature	e	AB	~	Da 05	te /30/2	2017		
	-1980 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996		Constant Street			1	AN			- 10 X			

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

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h 85745	٢	(P	UCATION Ursuant PAL J	ate of New Jerse OF ASBESTOS to NJAC 8:60 an OB#16-1089 PC	ABATER d 12:120 STPONE	<b>))</b> :D		1)	JN -	5	201	7	ante
Date of Notification (1) 05/19/2017				f Building Owner/ n Patterson	Operator	(2)		L			VITC		1
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X     EPA     Initial       DEP     X     Amended       X     DOL     Amendment	# 1			ite, Zip Code e, NJ 07470									
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Name of Facility Where Abatement is Takin William Patterson University	g Place (3	3)					of Facility (4						
Street Address 300 Pompton Road						X	School (K-1: Subchapter Other (i.e. p	8 (Other tha		build	lings,	home	es,
City (5) Wayne, NJ 07470			( <del>21</del> 1)				etc.) re Feet 00	# of Floo	rs	B 5	ldg. A 6	ge ·	
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Name of Monitoring Firm Hired by Building TTI Environmental	Owner (8)		ASCN	1 No.		of Aba	tement Con onmental						
Street Address 1253 N Church Street			1		Street	Addres							
City, State, Zip Code Moorestown, NJ 08057					City, S	state, Zi	p Code d City, N						
Project Manager for Monitoring Firm Jeff Seaman			Telephore 856-88	ne No. 39-5182	Teleph	none No 349-0	р. Э.	Lice	ense No. 8675				
Start Date (10) POSTPONED	Schedule			Date (11)	Name	2018-2012	IA Monitor						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Addres		a la fina de la fina de Fina de la fina de la fin					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Normal Hours 7:00a	nal Facility	Hours			City, S	itate, Zi	edy Blvd. p Code						
Scope of Work (Check All That Apply)					Bayo	onne,	NJ 07002						
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	Is	Locati	ion					( ) und ttoi			Abate	ment	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	Normal d Sole intena todial \$ (12)	ely by nce/	Asbestos Con (i.e. therma surfa	escription taining N I systems icing, VA miscellan	laterial s insula T, or	(ACM) ttion,	Amour (Specif SF or Ll		Removal	Repair	e Encapsulate	Enclosure
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ATC	-		lauler ID 4310	30 Y	ards	$\square$	///	Enterpris	es		195 j		-
City, State					sal Date		Cily, State Waynes	<del>burg, O</del> H	44688	3			
Shirley, NY 11967						1	111	0.					

New Jersey Departm	nent of Health
Consumer, Environmental and Od	ccupational Health Service
PO Box 3	69
Trenton, NJ 08	625-0369
Telephone: 609-826-4950	Fax: 609-826-4975

## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Initial Amended Cancellation Emergency (must include justification)   Type of Work: Demolition Renovation     II. BUILDING INFORMATION     Name of Building Owner/Operator: Haddon Heights Baptist Church   Street Address: 300 Station Avenue City:   Haddon Heights State:   Name of Contact: Steve Lightcap     Teiephone No.     III. FACILITY INFORMATION     Name of Facility Where Work Activity is to Take Place:   Haddon Heights   Street Address:   300 Station Avenue   City:   Haddon Heights   State:   NJ   Zip:   Obscribe Facility Use:   Church         Street Address:   300 Station Avenue   City:   Haddon Heights   State:   NJ   Zip:   Obscribe Facility Use:   Church            State: NJ Zip: 08035    County Name:   Camden   County Code (State Use Only):   Camden   County Code (State Use Only):   Camden   County Code (State Use Only):   Scheduled Start Date:   06   20   20   2017   Scheduled Start Date:   06   21   21   21   22 </th <th></th> <th>I. NO</th> <th>TIFICATION INFORMA</th> <th>TION</th> <th></th> <th></th> <th></th>		I. NO	TIFICATION INFORMA	TION			
Name of Building Owner/Operator:       Haddon Heights Baptist Church         Street Address:       300 Station Avenue       City:       Haddon Heights       State:       NJ       Zin:       08035         Name of Contact:       Steve Lightcap       Telephone No.	⊠ Initial ☐ Amended	Cancellation		nclude justificatio	n)		
Street Address:       300 Station Avenue       City:       Haddon Heights       State:       NJ       Zin:       08035         Name of Contact:       Steve Lightcap       Teiephone No.		и. е	BUILDING INFORMATIO	DN			
Name of Contact:       Steve Lightcap       Telephone No.         III. FACILITY INFORMATION         Name of Facility Where Work Activity is to Take Place:       Haddon Heights Baptist Church         Describe Facility Use:       Church         Street Address:       300 Station Avenue       City:         County Name:       Camden       County Code (State Use Only):         Scheduled Start Date:       06       /       20       /         Occupancy Status During Activity (check only one):       Scheduled Completion Date:       06       /       21       /       2017         Occupancy Status During Activity (check only one):       Scheduled Completion Date:       06       /       21       /       2017         Octore-Describe:	Name of Building Owner/Op	perator:	Haddon Heig	ghts Baptist Ch	urch		
III. FACILITY INFORMATION         III. FACILITY INFORMATION         Vame of Facility Where Work Activity is to Take Place:	Street Address: 300 Stati	ion Avenue	City: Haddon Height	State:	NJ	Zin:	08035
Vame of Facility Where Work Activity is to Take Place:	Name of Contact: Steve	Lightcap	······································	Telephone No.		8 0	
Describe Facility Use: Church   Street Address: 300 Station Avenue City: Haddon Heights State: NJ Zip: 08035   County Name: Camden County Code (State Use Only):			FACILITY INFORMATIO	DN			
Street Address: 300 Station Avenue City: Haddon Heights State: NJ Zip: 08035   County Name: Camden County Code (State Use Only):	Name of Facility Where Wor	rk Activity is to Take Place	Hado	lon Heights Ba	ptist Cl	nurch	
Street Address: 300 Station Avenue City: Haddon Heights State: NJ Zip: 08035   County Name: Camden County Code (State Use Only):	Describe Facility Use:		Churc	h			
Scheduled Start Date: 06 / 20 / 2017   Scheduled Completion Date: 06 / 21 / 2017   Decupancy Status During Activity (check only one): Scheduled Completion Date: Of a clivity Performed Outside Normal Facility Hours—Describe: Other—Describe: Other—Describe: Scope of Work (check all that apply): Floor Tile Square Footage: 195 SF Percentage Asbestos: % Mastic Square Footage: 195 SF Percentage Asbestos: % IV. CONTRACTOR INFORMATION treet Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 teet Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 teet Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 teet Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 teet Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 teet Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 teet Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 teet Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 V. SIGNATURE ompleted By				State:	NJ	Zip:	08035
Scheduled Start Date: 06 / 20 / 2017 Scheduled Completion Date: 06 / 21 / 2017   Occupancy Status During Activity (check only one):   Scheduled Completion Date: 06 / 21 / 2017   Scheduled Completion Date:   06 / 21 / 2017   Scheduled Completion Date:   06 / 21 / 2017   Scheduled Completion Date:   06 / 21 / 2017   Scheduled Completion Date:   06 / 21 / 2017   Scheduled Completion Date:   06 / 21 / 2017   Scheduled Completion Date:   06 / 21 / 2017   Scheduled Completion Date:   06 / 21 / 2017   Scheduled Completion Date:   06 / 21 / 2017   Scheduled Completion Date:   06 / 21 / 2017   Scheduled Completion Date:   06 / / 21 /   07 Scheduled Completion Date: 06 / 21   Scheduled Completion Date:   080 9 195 SF Percentage Asbestos: %   07 No 195 SF Percentage Asbestos: %   07 Schede Environmental, LLC Telephone No.: 856-755-0099   100 10842 08082 08082	County Name: Camden		County Code (	State Use Only):			
Floor Tile Square Footage: 195 SF Percentage Asbestos: %   Mastic Square Footage: 195 SF Percentage Asbestos: %   IV. CONTRACTOR INFORMATION   Telephone No.: 856-755-0099 Treet Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 Telephone No.: 856-848-0800 Telephone No.: 856-848-0800 V. SIGNATURE Ompleted By	Facility Closed/Vacated E Activity Performed Outsid	During Entire Activity de Normal Facility Hours—					
Mastic Square Footage: 195 SF Percentage Asbestos: %   IV. CONTRACTOR INFORMATION   Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099   Company Name: 623 Cutler Avenue City: Maple Shade State: NJ   City: Maple Shade State: NJ Zip: 08052   Iew Jersey Asbestos License Number (if applicable): 00842	_ Other-Describe:						
IV. CONTRACTOR INFORMATION         Telephone No.:         856-755-0099         City:         Maple Shade         State:         NJ         City:         Maple Shade         State:         NJ         City:         Maple Shade         State:         NJ         O8052         Idem Jersey Asbestos License Number (if applicable):         O08422         Telephone No.:         856-848-0800         V. SIGNATURE	a second or second the second	hat apply):					
ompany Name:       Shade Environmental, LLC       Telephone No.:       856-755-0099         treet Address:       623 Cutler Avenue       City:       Maple Shade       State:       NJ       Zip:       08052         ew Jersey Asbestos License Number (if applicable):       00842         lonitoring Firm (if applicable):       Horizon Environmental Group, Inc.       Telephone No.:       856-848-0800         V. SIGNATURE         ompleted By	cope of Work (check all th		195 SF	Percentage	e Asbest	os:	%
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Address:       623 Cutler Avenue       City:       Maple Shade       State:       NJ       Zip:       08052         Iew Jersey Asbestos License Number (if applicable):       00842         Monitoring Firm (if applicable):       Horizon Environmental Group, Inc.       Telephone No.:       856-848-0800         V. SIGNATURE       V. SIGNATURE	Cope of Work (check all th ☑ Floor Tile	Square Footage: Square Footage:	195 SF	Percentage			
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NOTIFICATION OF ASPESTOS ABATEMENT (Pursuant to NLAG. 7:28-2.12)           Disc of Notification (1) S7317         Name of Building Company         Life (2:28-2.12)           Date of Notification (1) S7317         Name of Building Company         ASPESTOS CONTROL (1) Cancelled (2) DEP (2) DOL (2) Cancelled (2) Control (2) Control (2) Cancelled (2) Control (2) Contro		VE	M									
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Date of Notification (1)								-Li	0011	5 6	317	E
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			2)	FACILITY IN		. (4)						
		aking Place (	3)									
Faulsboro Renning Comp	any				() Subchapter	r 8 (other th						
Street Address					(X) Other (i.e.	private & c	commercial b	ldgs., hon	nes, et	С.		
800 Billingsport Rd					Sa East N/A		# of Flor	ore N//	۵			
0(4) (5)	County (6)		County C	ode (7)	Sq. Feet N/A		#011100	13	1			
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Name of Monitoring Firm	Hired by Bldg	. Owner (8)	ASCM No	<u>).</u>								
01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Street Address		Mansfield	ndustriai,	Inc.			
Street Address												
	K       HOQ (6 30       (Pursual state of Notification (1)         5/23/17       gencies Notified       Notification Type         (X) EPA       DEP       (X) Initial Notification       () Amended Certification         (DOL       (DOL       (X) Emergency Portion       (X) Emergency Portion         (X) Encolled       (X) Emergency Portion       FAC         ame of Facility Where Abatement is Taking Place (3)       auisboro Refining Company       FAC         auisboro       County (6)       County Code (7)       (State Use Only)         ame of Monitoring Firm Hired by Bldg. Owner (8)       ASCM No.       Eteet Address         reject Manager for Monitoring Firm       Telephone Number       Etect (1)         (Scheduled Start Date (10)       Scheduled Completion Date (1)       6/30/17         coupancy Status During Abatement (Check only one)       ) Facility Closed/Vacated During Entire Period of Abatement         ) Abatement Performed Outside of Normal Facility Hours -       (1) Containment with Negative Pressure - PDA       (1) Mini-Encosor         coutro of Work (Check all that apply)       (2) Demolition       (X) Renovation       (2) Facility Closed/Vacated Solely by Maint/Custodial Staff? (12)       misc.)         ansfer Line at CU6 - mergency Job       X       TSI       TSI         mergency Job       Verse (Check all that ap											
Project Manager for Monit	oring Firm	Telephone I	Number			mber			and the second se	iber		
					856-224-4392			00657				
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH/	A Monitor						
5/25/17		6/30/17										
					800 Billingspor	rt Ra						
	Outside of Ind	onnai Facility	riours -		City State Zin	Code						
(X) Other – Describe – Re	moval of ACM	A within restrie	cted work a	rea in outside								
Source of Work (Check al	( that apply)											
(X) Demolition (X) Ren	ovation											
() Large Proj. (160 SF or	>260 LF ACM		. >25<160	SF or >10 <260	LF ACM) () N	linor Proj. (	(<25 SF or <1	0 LF AC	M)			
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Waste Management, Inc.		17273			1 CY			GIOUCE	ester C	ounty Lar	ann	
City State							Disp. Date	1		City, Stat	e	
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Completed by (Print or Ty	pe)	Title			Signature			Date				
ANDREW GREEN		MANAGER	- Mansfield	d Industrial. Inc	11	. 14		5-23-1	7			
		, and the second			(Inde	1 Ma	lon					
					Site Ø	perations !	Supervisor					
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Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 C:\WORD\MYDOCS\ASBESTOS 9/18/00

CH 5621	1	(P	ICATION ursuant	to NJAC 8:	STOS ABAT 60 and 12:1	20)			<u>G [</u> UN	- 5	20		int Fe
Date of Notification (1) 05/29/17					wner/Operat HE SHOR								
Agencies Notified Type Notification			Street A 620 O	ddress CEAN AV	Έ			ASBES	TOS			ROL	&
EPA Initial DEP X Amended X DOL Amendment	#			RRANCH	e H, NJ 0774	10							
DOH Emergency (	including	-		f Contact	1, 140 077-	10	(42.4) (1)						_
DCA Cancellation			FAC	LITY INFOR	MATION								
Name of Facility Where Abatement is Taking		)	17.01			Тур	e of Facility (	4)					
Chabad of the Shore, Long Branch Street Address	1						School (K-1	2) 8 (Other than	K-12	\ \			
616-618 Ocean Ave						×	Other (i.e. p	rivate & comn			dings,	hom	es,
City (5) Long Branch						Squ	etc.) are Feet	# of Floors	5	B	ldg. A	ge	
County (6) Monmouth				Code (7) USE ONLY)		Cur	rent Use (Prid	or if being dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN		Nam			tractor (9) SSIONALS					
Street Address					Stre	et Addr	ess		,				
City, State, Zip Code					City,	State,	DOVE CO						
Project Manager for Monitoring Firm			Tologha	no Ma			DOD, NJ 0		an Nie				_
			Telepho		732	phone I 2-668-	9078	Licen 1200		).			
Start Date (10) 06/05/17	Schedule 6/30/17		npletion	Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SHA Monitor	SSIONALS	5				
Occupancy Status During Abatement (Check	10	8				et Addr	ess DOVE CO	URT					
Facility Closed/Vacated During Entire F     Abatement Performed Outside of Norm     Other – Describe:	Period of A al Facility	Abatem Hours	ient ;		City,	State,	Zip Code		2 11 24				
Scope of Work (Check All That Apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		lenova Iemolit				M G	lini-Enclosure lovebag Proc					۵	
	Is	Locati	on						mabr	1	Abate	ement	1
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	lormal d Sole intenar odial S (12)	ly by nce/	(i.e. th	Descriptions S Containing Nermal system surfacing, Nother miscell	Materi ms insu /AT, or	lation,	Amount (Specify SF or LF)	1	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									ſē	
1ST FLOOR					FLOOR T	00000 -0000		1500 SF		x			
2ND FLOOR					FLOOR 1	ILES		1500 SF		x			
										x			
Name of Registered Waste Hauler		H	JDEP W auler ID 4509	No.	Cubic Yards of Waste 15		Name of I	Registered La	ndfill				
City, State NEWARK, NJ					Disposal Da 6/30/17	te	City, State BETHL	e EHEM PA	5.12-70-				
Completed by	Title				Signatu	ire			Dat	е			-

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			State of New Je			DEC			- NA	rintForm
CK 14541	Ν	(Pursua	ON OF ASBEST ant to NJAC 8:60	OS ABATE and 12:12	20)	JUN JI	JN -	- 5	201	7
Date of Notification (1) MAY 31, 2017		Mam MA	e of Building Own RQUIS HEAL	er/Operato	or (2) VICES	ASBES	TOO	00	1.000	
Agencies Notified Type Notification	1		t Address	BOULE	VARD		LICE			
X DEP X Amended X DOL Amendmen		City, BRI	State, Zip Code ICK, NJ 08723	3		_				
DOH justification DCA Cancellatio	)		e of Contact NATHAN RHC	DES		1 - 1 Nu	mher			
Name of Facility Where Abatement is Taki	ng Diago (0)	FA	CILITY INFORM	ATION						
CORAL HARBOR REHAB CENT	ER	)			Type of Facility (					
Street Address 2050 6TH AVENUE					Subchapter	8 (Other than K-1 private & commerc	2) ial bui	ldings	, hom	es,
City (5) NEPTUNE CITY					Square Feet 19,000 SF	# of Floors		Bildg 1969		
County (6) MONMOUTH		Coun (STAT	ty Code (7) E USE ONLY)		Current Use (Prie REHABILITA	or if being demolis	hed) R	127003-1-2		
Name of Monitoring Firm Hired by Building $N/A \label{eq:Name}$	Owner (8)	AS	CM No.	Name Fini	of Abatement Cor shing Touch As	ntractor (9) bestos Abatem	nent (	Corp	., Inc	
Street Address				Street	Address					
City, State, Zip Code				City, S	State, Zip Code St Long Branch,					
Project Manager for Monitoring Firm		Telepl	hone No.	Telepi	hone No. 222.8372	License N 00040	lo.			
Start Date (10) June 20, 2017	Scheduled June 23	d Completio	n Date (11)		of OSHA Monitor				-	
Occupancy Status During Abatement (Chec		-1		Street	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of At nal Facility I	batement Hours			state, Zip Code					
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Re De	enovation emolition		X	Mini-Enclosure Glovebag Proc				6	
		ocation				() and tion i had		Abat	ement	
Location of Asbestos-Containing Material (ACM)	Used	ormally Solely by		Description	of Aaterial (ACM)	Amount		1)	/pe	
TO BE ABATED In Facility (13)	Custo	itenance/ idial Staff? (12)	. (i.e. thern su	nal system: nacing, VA er miscellar	s insulation, T, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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						000 01	×			
						12				
Name of Registered Waste Hauler Finishing Touch Asbestos Abateme	nt Corp.,	NJDEP Hauler I 12058		ic Yards Vaste Y		Registered Landfill SS LANDFILL				
City, State Nest Long Branch, NJ 07764				oosal Date 6/17,	City, State Morrisvi					
Completed by Joseph P. Miller	Title Presid	lent		Signature	1. 10 V. M.	Da	te 31/1	7		
				11.01~	- wyn					

ASB-41 (R-06-08)

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

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Ch#3164		NO	TIFICAT (Pursu	State of New Jer TON OF ASBESTO ant to NJAC 8:60 (	S ABAT	ERIENT 20)	m			$\mathbb{V}$	Er
Date of Notification (1)			Nam	te of Building Owne	r/Onerste	or (2)					
Agencies Notified Type Notificati	วก		110	AG MAC	. (1	2Weray	e Kill	1. 196 t	5	2017	
EPA Initial Amended			15	State Zip Code	. Au	l	ASI	BESTOS			1.8
DOL Amendme				nr march	~ 10	12/050	Lag	THEET	ISIN	G	
DOH Emergence justification	y (includi n)	ing	Nam	e of Contact	100	W Jerse	Talant	7 IV	n.p		
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Alama of Fracilla 1815 At a second			FA	CILITY INFORMA	TION		-				
Name of Facility Where Abatement is Tal	ing Place	* (3)				Type of Facili	ty (4)				
Street Address,	rage	M	Ope	ty		School (	(-12)				
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City (5)	~	1				Square Feet	# of Fig	ors	Bida	Age	
Ung branch						1700			Š	O,	4
County (6)			Count	y Code (7)		Current Use (F	Prior if being d	emolished	>		
Innach			[SIAI	Ė USE ONLY)		house					
Name of Monitoring Firm Hired by Buildin	) Owner (	(8)	ASI	CM No.	Name	of Abatement C	Contractor (9)				
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Street Address			and a street as		and the second second second second	Address					
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City, State, Zip Code					1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	tate. Zip Code					
Firmer 8.6.					Colts	Neck, New .	Jersey				and subjects
Project Manager for Monitoring Firm		ei entrolation	Teleph	ione No.	Teleph	one No.	Lio	ense No.			
Ci-10-1-1101 - 1					732 2	294 1757	00	029			a company
Start Date (10)	Schedi	uled Co	mpletion	n Date (11)	Name	of OSHA Monito	IT IT				
UIIT	LUL	12/1	7		All a line of the						Property of
Occupancy Status During Abatement (Che	1.50	- C			Street	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom	Period of	Abater	ment		No. A set						P.S. Marco
Other - Describe:Am -		iy Hour	S		City, St	tate, Zip Code	and the second				
Scope of Work (Check All That Apply)	. Per										1
and the second s											
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	and a local data	s Locat	ion				1 101101101			emen	
Location of		Norma		Des	scription	nf	deel na file		T	ype	and the second
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbastos Cont	aining Ma	aterial (ACM)	Amoun			-	1. (1. mar
In Facility	Cus	todial S	Staff?	(i.e. thermal	systems ing, VAT	insulation,	(Specify		R	Encapsulate	Enclosure
(13)		(12)		other m	iscellane	ous)	SF or LF	Von	Repair	psu	lost
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	and the second se		1	- California - Cal					1		
	A Target										
Name of Registered Waste Hauler		[ M	L JDEP W	l /aste   Cubic \	rands	Name of	Registered La		arrent arrent		
Ace Insulation Co., Inc.		H	auler ID			4		14 AL 16 AL			er tilse støre
City. State		12	2086		)	Chrins	Lanomi				
Colts Neck, New Jersey				Dispose	I Dale	City. State	- 6				
Completed by	Sector			1 01	ゴロ	Easton	PA				
Bree McGuire	Title	dan. 7	Tao -	Sig	patie		/	Date			- Cantor
	Jecre	aary	Freasu	rer	121	it		17130	211	1	11 AND NO.

				ification of A	New Jersey sbestos Abatem <u>C</u> . 8:60-7 and 12:120-	ent		63	4 [[]]		
Date of Notification (1) 05/27/17					Name of Building	Owner/Operator	(2)	JUN	- 5	2017	
Agencies Notified		Notification		n	Single House Street Address			0011	<u>.</u>	CUII	$\square$
I EPA I DCA I DOL I DOL I DEP		□ Amende □ Emerger □ Cancelle	d ncy noti		City, State, .Zip Co Springfield NJ 0708 Name of Contact; Andrew		ASBE	ESTO: LICF	NISIN		)L &
				FACILITYIN	IFORMATION		1			_	
Name of Facility Where A Single House	batement is	Taking Place	(3)		Type of Facility (4) School (K-12) Subchapter 8 (c	ther then 17 420					
Street Address					Square Feet				dg. Age	•	
<u>City (5)</u> Springfield, NJ 07081	County (6) Montgome			ty Code (7) e Use Only)	Current Use (prior Commercial Buildi	if being demolish	hed) :	00	,		
Name of Monitoring Firm CSI,INC	Hired by Bld	g. Owner (8)	ASCN	<u>/ No.</u>	Name of Contractor BL Contracting ,In						
Street Address	4	5 Marine Ln	1		Street Address 5 Marguerite Lane						
City, State, Zip Cod	Brick NJ				City State, Zip Code Towaco 07082	1			1.11		
Project Manager for Moni Michael Chain	itoring Firm	Telephone 732-291-92		:	<u>Telephone Number</u> 973-901-0153		License 01265	Numbe	<u>r</u>		
Scheduled Start Date (10) 06/07/17	L	Scheduled 06/10/17	Comple	tion Date (11)	Name of OSHA Mor BL Contracting Inc						
Occupancy Status During Facility Closed/Vacate DAbatement Performed C Describe	ed Durina Er	tire Period of	Abatem	nent	Street Address 5 Marguerite Lane						
Dother					City, State, Zip Code Towaco, NJ 07082	2					
Source of Work (Check all	that apply)				1						
$\boxtimes \ge 3 \text{ sf or } \ge 3$ $\square \ge 160 \text{ sf or } \ge 100  sf o$				⊠Renovation □ Demolition		<ol> <li>Non Exempted</li> <li>Mini-Enclosure</li> <li>Glove bag Proc</li> <li>Full Containment</li> </ol>	edure				
Location of Asbestos- Containing Material (ACM) Facility (13)	in Use Mair (12)	ocation Norma d Solely by t/Custodial St	aff?	Material (ACM) (	sbestos Containing (i.e. thermal systems cing, VAT, or other	Amount (Spec LF)	ify SF or		ement <sup>-</sup> ve Repa		p
Under staircase	YES	<u>8 NO</u>	NA 🗵	Pipe Insulation		27 LF					
<u>Name of Reg. Waste Hauler</u> Waste Management of Penn	sylvania	NJDEP Waste 0036784	Hauler II	<u>D #</u>	Cubic Yards of Waste 2		Name of Re T.R.R.F	gistered	l Landfil	<u>1</u>	
			70			Disposal Date 06/10/17		City. S Tullyt	<u>State</u> own, P.	Ą	
Completed by (Print or Typ Nedo Vasilic	<u>e)</u>	<u>Title</u> President			Signature Neb Us	silic	Date 05/27/201	7			

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CH 10576		ICATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 an	ABATE		DEC	5	] []		$\left[ \bigcap \right]$
Date of Notification (1) 5-30-/7 Agencies Notified Type Notification		Name o TA Street A		All searchs	COTT	JUN	- 5	201	7	Ü
EPA     Initial       DEP     Arrended       DOL     Emergency (ir justification)	and the second se	City, Sta W// Name o	ate, Zip Code	20	NJ	ASBESTO LICE UPO 46 Telephone Num	ENSI	NTR NG	OL &	
DCA Cancellation Cancellation Kame of Facility Where Abatement is Taking	Place (3)		$\mathcal{R} / \mathcal{Q}$	ION	Type of Facility	(4)				
RESIDENTIAL Street Address					School (K- Subchapte Other (i.e. etc.)	12) r 8 (Other than K-12) private & commercia	) I build	ings, h	omes	y
City (5) WINGBORD			0.1.(7)		Square Feet	# of Floors	A	dg. Ag		
County (6) Name of Monitoring Firm Hired by Building O	wner (8)		Code (7) USE ONLY)	Name	1	ior if being demolisher	0.000			
ATTAS ENV. IN. Street Address		1		F/1 Street	Address	CONSTR	UC;	710	r	
City State, Zip Code A (9116 A (9116				City, S	O BOX itate, Zip Code	PA 191				
	Scheduled Co		24-4693	26	none No. 7 - 7774-9 of OSHA Monitor					
6 - 2/ - / Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:	eriod of Abater				Address itate, Zip Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov	222222220			Mini-Enclosur Glovebag Pro					
Location of	Is Loca Norma							Abater Typ		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Used Sole Maintena Custodial (12)	ance/ Staff?	Asbestos Con (i.e. thermal surfa		laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
FLOOR TILE KITCHER	Yes No	N/A	Floor	TIL	5	200 SF	/		6	_
Name of Registered Waste Hauler FRYMAR CONSTRUC City, State PHILA BARAGER PA	GTIOD C	NJDEP W Hauler ID	No. of War 75-9 Dispos	al Date	City, Sta 7 B/RL	SBORD	6	5		
ETERAIM DUA	Title	G- 1	PRES 8	ignature	ain /	den 3	a) ( )	30.	-1-,	7
ASB-41 (R-06-08)				* Do no	ot use this form fo	r asbestos licensure	exem	pted a	ctivitie	s.

CK 3942			FICATIO Pursuan	8:60 an	ABATE d 12:12	0)	Т		EC	F	[	V	E	$\square$	
Date of Notification (1) May 30, 2017				of Building regation						JUN	-	5	2017		비
Agencies Notified Type Notification	1		1	Address ademy F	Road				AS	BEST	DS C	201	NTR	DL 8	
DEP Amended Amended				tate, Zip Co vell, NJ 0				L				211	10		
➤     DOH     Emergency       ▶     DCA     Justification       □     DCA     Cancellation	)	g		of Contact Natter				94 1	To	lanhone	Numb	ber			
Name of Facility Where Abatement is Takin		(0)	FAC	ILITY INFO	DRMAT	ON									]
Residence	ng Place	(3)					Тур	e of Facility	(98. 83) (198. 199						
Street Address							×	School (K- Subchapte Other (i.e.	er 8 (Oth	ier than k & comme	(-12) ercial	bui	ldings	, hom	es,
City (5) Caldwell							Squ	etc.) are Feet	# o 2	f Floors		E	3ldg. /	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY)				rent Use (Pr ant	rior if be	ing demo	lishe	] j)			
Name of Monitoring Firm Hired by Building Sky Environmental Services Inc.	Owner (8	)	ASCI	M No.				atement Co ruction C							
Street Address 140 Boulevard						Street		ess hung Ave	enue						
City, State, Zip Code Mountain Lakes, NJ 07046								Zip Code Inge, NJ (	07052						
Project Manager for Monitoring Firm Leonid Shereshevsky			Telepho 973-58	one No. 88-4821		Teleph 973-6				License 01231					
Start Date (10) June 8, 2017	Schedu June S			Date (11)				HA Monitor r Laborat		Global II	nc.				
Occupancy Status During Abatement (Cher		48	mont			Street 2512		ess Cary Stree	et						
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hour	s			City, St	tate, Z	Zip Code d, VA. 23							_
Scope of Work (Check All That Apply)						T dorn	Horit	a, v/1. 20.	220						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	and the second se	Renov Demoli				××××	Mi Gl	II Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					_	
	ls	Local	ion	+		linne		n-cxempte	u ( ) and			P10	Abate	ement	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Use Ma	Norma ed Sole intena todial (12)	ely by nce/ Staff?	(i.e. t	os Conta hermal surfac	systems ing, VA1	ateria insul F, or		(S	mount pecify or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
(13)	Yes	No	N/A	1	other m	iscellane	eous)					oval	air	sulate	sure
Basement		Х			Pipe	Insulat	ion		2	OLF	X				_
Exterior Windows	Exterior Windows								30	DOLF	X				
(excludes basement windows)															
Name of Registered Waste Hauler				rate T	0.11										
Be Construction Corporation		10.035	IJDEP W lauler ID	10.73 (CCC)	Cubic \ of Was			Name of Tullytov			fill				
City, State West Orange, NJ 07052	4				Dispos	al Date		City, Stat Tullytov							
Completed by Barbara Reed			Si	geature	he		hed		Date 05/3	0/1	7				

						2300 0				-	***		12		Prin
NO CK			NO	TIFICAT (Pursua	ION OF /	f New Jers ASBESTOS IAC 8:60 a	SABATE	EMEN 20)	, NT		) <u>[</u>	C	E	] []	7 [
Date of Notification (1) May 30, 2017				Nam	e of Build	ling Owner	/Operato	r (2)			11.	IIIN	- 5	204	
Agencies Notified	Type Notificati	on							onal High				00000	201	100
× EPA	Initial			PO	Box 25	00 1202	Laurel	Oak	Road Su	uite 20	1ASBE	STOS	00	ALTO	01
× DEP × DOL	Amended Amendme				oraro, zi	o Code NJ 08043						LICE	NSI	VG	UL a
🔲 ООН	Emergeno	cy (includi	ing		e of Cont		3								
DCA	Cancellati				na Schi					1 16	lenhone	Mumha	2r		
Name of Facility Where	Abatement is Tal	king Place	e (3)		CILITY I	NFORMAT	ION	T						-	
Eastern Camden Co	ounty Region	al High	Scho	ol				Typ X	oe of Facility School (K	1000					
Street Address 1401 Laure Oak Ro	ad								Subchapte	er 8 (Oth	her than K	(-12)			
City (5)	au								Other (i.e. etc.)	private	& comme	rcial b	uilding	js, ho	mes,
Voorhees, NJ								10000	uare Feet 000	# c	of Floors		Bldg	. Age	
County (6)				Count	y Code (	7)			rent Use (P			ished)			
Name of Monitoring Firm	Hired by Duilding	0	0)		E USE ON	LY)									
N/A	ου σγ ουπαιτή	a Owner (	0)	ASC	CM No.		Name USA	of Ab	atement Co neral Con	ntractor	(9) 6 Corr				
Street Address							Street			actor	s corp.				
City, State, Zip Code							980 E	Deha	art Place						
engreade, zip oode									Zip Code , NJ 0720	10					
Project Manager for Monit	oring Firm			Teleph	ione No.		Telepho			12	License	No			
Start Date (10)		0-1	1.1.7				908.4	36.3	3739		13VH0		200		
		Schedu	lled Co	ompletior	n Date (11	1)			HA Monitor eral Cont		0				_
Occupancy Status During			1010031600				Street A			actors	orp.				
Facility Closed/Vacate Abatement Performed	ed During Entire	Period of	Abate	ment					rt Place						
Other - Describe: No	n-Friable Exterio	r Roofing	iy Hou	IS					Cip Code NJ 0720	2					
Cope of Work (Check All	That Apply)						LIZAL	, <del>o</del> ui,	NJ 0720	2					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demol				×	Glo	II Containme ni-Enclosure ovebag Proc	edure					
		1	s Locat	tion				No	n-Exempted	l (*) and	Non-Fria	ble Pro		re ement	
Location of Asbestos-Containing Ma			Norma ed Sole	lly	-	Desc	cription o	f						ement /pe	£
TO BE ABATI In Facility	ED	Ma	aintena todial	ince/	Asbe (i.e	stos Conta e. thermal s	ining Ma ystems i	terial nsula	(ACM) ation,		nount Decify	R		Ē	ш
(13)			(12)			surfaci other mi	ng, VAT, scellaned	or Sus)			or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1			,				val	Ξ.	Jate	ure
Roofing Mate	rials		х			Felt	Paper			60,0	00 SF	x			
ime of Registered Waste I	Hauler		N	JDEP W	laste	0.1.1		,							
SA Waste Manageme			H	auler ID		Cubic Ya			Name of R						
y, State			30	)117		30 Disposal	Data		Waste N		nent- Gi	OWS	North	ו Lar	ndfi
ark, NJ						6/10/17		,	City, State Morrisvill						
mpleted by		Title				Sigr	nature/		<u></u>	1911 - 1	Da	10			
egory Serevetas		Vice F	Drocis	Innt		1.000	111		1	54		30.17			

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K (0133	NOT	(Pursu	ION OF	of New Jer ASBESTO	OS ABAT and 12:1	120)					E [	0	5	FPE
te of Notification (1)		Nar	ne of Bu	ilding Own	er/Opera	tor (	2)							
/31/17		1.000		orandt Pr	ivate H	om	e		ACC	BESTO	19 00	NITI	201	2
encies Notified Type Notification		Stre	eet Addr	ess					ASE	LIC	ENS	NG	IUL	~
EPA Initial				<b>T</b> 0 1										
DEP Amended		City	/, State,	Zip Code ield NJ 0	8033									
DOL Amendment #_ Emergency (inc	luding		me of Co		0000				Telepho	one Num	ber			
justification)	658	1000	aul	Jildol										
DCA Cancellation		1. 2. 2		Y INFORM	ATION							_		
ame of Facility Where Abatement is Taking P	lace (3)						Туре	of Facility (4)						
Paul Leibrandt Private Home								School (K-12)	(Oll #	on 1/ 12	1			
treet Address							X	Subchapter 8 Other (i.e. priv	(Other tr vate & co	mmercia	al build	ngs, h	omes	s,
				0012 - 0110				etc.)				lg. Ag		-
ity (5)							Squa	re Feet	# of Flo	DOLS	1.	ід. Ау 5+		
Haddonfield NJ 08033								0 + ent Use (Prior		demolish				
county (6)		Co	ounty Co	de (7) E ONLY) _		_	Curre	ent use (Phor	in Denig	a on non on				
Camden			ASCM		N	ame	of Aba	atement Contr	actor (9)					
lame of Monitoring Firm Hired by Building Ov	mer (8)		ASCM	NO.			naco							
N/A					1000		Addre							
Street Address							Box 3							
2 0 de								Zip Code						
City, State, Zip Code					V	Nes	st Bei	rlin NJ 080						
Project Manager for Monitoring Firm		Te	elephone	e No.			hone N			icense N	lo.			
a k						20.21.21		-9800		0727				
Start Date (10)	Scheduled	Comp	letion D	ate (11)	1 12			SHA Monitor						
6/10/17	6/12/17					Sar	t Addr	000						
Occupancy Status During Abatement (Check					5	tree	t Addr	622						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe: week end work	eriod of Al	bateme Hours	ent		-	City,	State,	Zip Code						
Scope of Work (Check All That Apply)							_				-			
≥3 sf or ≥3 lf	X R	enovati	ion				F	Full Containme Aini-Enclosure	ent with N	Vegative	Pressu	ire		
≥160 sf or ≥260 lf		emolitio	on				XI	Novohan Proc	edure					
20120								Non-Exempted	d (*) and	Non-Fria	ible Pro	Abat	emer	t
	Is	Locatio	on									0. N	ype	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Mai	lormall d Solel ntenar odial S (12)	y by nce/	(i.e. t	Desc os Contai hermal sy surfacir other mis	ning yste ng, \	Mater ms ins /AT, o	r	(Sp	nount becify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									-		
Basement		ALCONT.	x		Pipe i	nsu	lation	n	10	0 LF	X		-	-
Dasement														
						-								
					Cubic Y	lord	6	Name of	Registe	red Land	Ifill		_	
Name of Registered Waste Hauler United Containers		H	IJDEP V lauler ID 2459		of Wast 2	te		G.R.C	.W.S.					
City, State					Dispos		ate	City, Sta	ite sville P/	4 1006	7			
Elm NJ					6/12/1		1.0	IVIORI	sville P/		Date	(		
Completed by Anthony T Perna	igna	ture	$\square$			5/31	/17							

State of New Jersey       NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)       Date of Notification (1)     Name of Building Owner/Operator (2)	- 5	201	
5/31/17 Bill Trube Private Home			1
Agencies Notified         Type Notification         Street Address         ASBESTOS	001	NTD	01.0
KODE0100			ULA
EPA     Initial       DEP     Amended   City, State, Zip Code	11011		
DOL Amendment # Barnegat NJ 08005			
DOH Emergency (including justification) Name of Contact Telephone Number		1000	
DCA Cancellation Bill			
FACILITY INFORMATION		S	
Name of Facility Where Abatement is Taking Place (3)     Type of Facility (4)       Bill Truhe Private Home     Image: Comparison of the second seco			
School (K-12)			
Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial bui	Idinas	hom	es
etc.)	15 A		
	Bldg. A	Age	
	35+		
County (6)     County Code (7)     Current Use (Prior if being demolished)       Ocean     (STATE USE ONLY)			
Ucean a second	-		
Name of Monitoring Firm Hired by Building Owner (8)         ASCM No.         Name of Abatement Contractor (9)           N/A         Pernaco Inc			
Street Address Street Address			
PO Box 329			
City, State, Zip Code City, State, Zip Code			
West Berlin NJ 08091			
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.			
856-753-9800 00727			
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor			
6/12/17 6/16/17 Same			
Occupancy Status During Abatement (Check Only One) Street Address			
Facility Closed/Vacated During Entire Period of Abatement         Abatement Performed Outside of Normal Facility Hours         Other – Describe:			
Scope of Work (Check All That Apply)			
≥3 sf or ≥3 lf       Renovation         ≥160 sf or ≥260 lf       Image: Containment with Negative Pressure Demolition         State       State         State       State <tr< td=""><td></td><td>ê</td><td></td></tr<>		ê	
Is Location	Abate	ement	t
Location of Normally Description of	Ту	pe	
Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount		m	_
In Facility Custodial Staff? (i.e. thermal systems insulation, (Specify Justice) Staff?	Re	Encapsulate	Enclosure
(13) (12) other miscellaneous)	Repair	sula	osur
Yes No N/A		ate	e
Exterior Siding x Exterior Siding 1400 SF x			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill			
Hauler ID No. of Waste			
United Containers Hauler ID No. of Waste 22459 G.R.O.W.S.			
United Containers     Hauler ID No. 22459     of Waste 4     G.R.O.W.S.       City, State     Disposal Date     City, State			
United Containers     Hauler ID No. 22459     of Waste 4     G.R.O.W.S.       City, State     Disposal Date     City, State			

GAC# 592	2 - 201	7
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Check# 12707

Date of Notification (1)					Name of Building Owne	er/Operator (2)	FP	6 P	0 0	л (2) <b>—</b>
May 2 Agencies Notified	6, 2017	Notification			CELGENE CORPOI Street Address	RATION	DE	GE		
		Initial I		tion	86 MORRIS AVEN	IUE				-OT Game
		Ameno			City, State, Zip Code			JUN -	5 20	17 IU,
X DOL		Emerg	gency (i cation)	ncluding	SUMMIT, NJ 0790 Name of Contact	1	Telerihone			
DEP- No Longer REQU	IRED				MR. Janos Angeli	-				OL &
X DOH					Director - Engineer	ring &	1	LICEN	ISING	
					Construction					
				FACILITY IN	FORMATION					
Name of Facility Where Abate CELGENE CORPORAT	ION – "H	" BUILDING	3		Type of Facility (4) School (K-12)					
Street Address					Subchapter 8 (other th	an K-12)				
86 MORRIS AVENUE					Other (i.e. private & c	ommercial build				
City (5)	County (6	5)	County	Code (7)	<u>Sq. Feet:</u> 35,000 <u>#</u>	f Floors: 2	Bldg. Age	~70+	years	
SUMMIT		RRIS		Use Only)	Current Use (prior if bein RESEARCH LABS	ng demolished	): ADMINIS	TRATIVE	OFFIC	E &
Name of Monitoring Firm Hire McCABE ENVIRONM		Owner (8)	ASCM		Name of Contractor (9)					
SERVICES, LLC	ENTAL		0011	8	GREENWOOD ABA	TEMENT C	ONSULTA	NTS, IN	C.	
Street Address 464 VALLEY BROOK		#3A			Street Address					
	ULITOL				268 MAIN STREET					
City, State, Zip Code LYNDHURST, NJ 0707	4				City State, ZipCode	1				
Project Manager for Monitorin		Telephone N	Number		BUTLER, NJ 07405 Telephone Number	}	License Nu	mber		
JOHN CHIAVELLO		732-438	-4839							
Scheduled Start Date (10)		Scheduled (	Completion	n Date (11)	973-492-0477 Name of OSHA Monitor	2010 - 2020 - 1082	00840			
06/05/17		07/03/17				~				
Occupancy Status During Al					ENVIROVISION, IN Street Address	<b>し</b> .				
Facility Closed/Vacated				nt	20-21 WARGARAW	DOAD				
Abatement Performed Ou Describe	Itside of N	ormal Facility	Hours		City, State, Zip Code	RUAD				
Facility Occupied During	Entire Per	iod of Abaten	nent Area	a Vacated (NOT	FAIRLAWN, NJ 074	10				
SUB 8 M - F 2pm - 10:30p	m (24 hrs	& weekends	as need	ed)	TAIRLAWN, NO 074	10				
Scope of Work (Check all that	apply)					Full Contain	ment with No	antivo Pro	COLIFO	
$\square \ge 3$ sf or $\ge 3$ lf				IX Renovation		Mini-Enclosu		gauve rie	ssure	
<b>⊠</b> > 160 sf or ≥	260 If			Demolition	X	Glovebag Pr				
Location of Asbestos-Containing	ng Is Lo	cation Normal	ly Used	Description of As	bestos Containing Material	Non-Exempt		on-Friable		ure
Material (ACM) in Facility (13)		ly by Maint. todial Staff? (1	2)		al systems insulation, surfac	ing, (Speci	fy SF	ove Repair	-	Enclose
and	YES	NO	NA			or LF)				
2 <sup>nd</sup> Floor		X		Flooring & Mas	tics (floor, covebase, etc.	.) 4,500	SF 🖾			
2 <sup>nd</sup> Floor		X		PLASTER CEIL	ING	17,000	SF 🗵			
Name of Reg. Waste Hauler		NJDEP Wast		ID #	Cubic Yards of Waste:		Name of Re			
Newark Carting, Inc. Newark, NJ 04509		NJ DEP #	F 4509		400 CY		G.R.O.W.	S. North	Landf	111
						Disposal Da	te	City, Sta	te	
Notes: None						07/03/17		100 New Morrisvil	Ford N	
Completed by (Brist or Turne)	1 -	141.0						215-736		0001
Completed by (Print or Type) RAYMOND C. PEDAL		ENIOR PF	ROJEC.	т	Signature	1.1.	Date May 26, 2	2017		
	1125	ANAGER			Raymond C. Pe	aanno				

Copies To: CELGENE CORP. Attn: Mr. Janos Angeli and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello

								2.47-134h			1000	Pi	rint F
CH 1090			ICATIOI Pursuant	tate of New Jers N OF ASBESTOS to NJAC 8:60 a	ABATE	0)	т					<u>V</u>	
Date of Notification (1) 5/25/2017			Name o Resid	of Building Owner ence	Operator	r (2)		66	. JU 	N -	5 2	017	
Agencies Notified     Type Notification       X     EPA     X       X     DEP     Amended       X     DOL     Amendment				Address ate, Zip Code n, NJ 07036				,	L ASBES L	TOS ( ICEN			_&
DOH justification) DCA Cancellation		]		f Contact Cerullo-Depad	ola			та	lanhana N	lumher	9		
			FAC	ILITY INFORMAT	FION								
Name of Facility Where Abatement is Takin Residence	g Place (	3)				Тур	e of Facility ( School (K-1)	1-301 2000					
Street Address						×	Subchapter Other (i.e. p etc.)				ildings	, hom	es,
City (5) Linden, NJ 07036						Squ 110	are Feet	# o 2	f Floors		Bldg. / 77 yr		
County (6) Union				Code (7) USE ONLY)		Cur	rent Use (Pric	or if bei	ing demol	ished)			
Name of Monitoring Firm Hired by Building A. Seince Lighthouse Solutions	Owner (8	)	ASC	И No.			atement Con ank Service		. (9)				
Street Address PO Box 354					Street 1256		ess erty Ave						
City, State, Zip Code South Orange, NJ 07079		_			City, S	State,	Zip Code NJ 0705						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666	Teleph	none	action and a second second		License 01316	No.			
Start Date (10) 6/13/2017	Schedul 6/20/2		mpletion	Date (11)	100000000000000000000000000000000000000		SHA Monitor Lighthouse	Solu	utions				
Occupancy Status During Abatement (Chec					Street PO E	Addre	ess						
<ul> <li>Facility Closed/Vacated During Entire F</li> <li>Abatement Performed Outside of Norm</li> <li>Other – Describe:</li></ul>					City, S	state,	Zip Code ange, NJ 0	7070					
Scope of Work (Check All That Apply)					oout		ange, no e	1010					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova Demoli			××	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				æ	
		s Locat Norma						()			Abat	emen /pe	t
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma Cus	ed Sole aintena todial \$ (12)	elý by nce/ Staff?	Asbestos Con (i.e. therma surfa		lateria s insu T, or	lation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A	Pi	pe Wra	מו			50lf	x	-		
					po 110	ч <u>р</u>							
Name of Registered Waste Hauler		N	IJDEP W	aste Cubic	Yards		Name of R	legiste	red Landf	ill			
Newark Carting		1.	lauler ID 4509	No. of Wa	iste		Waste M				ill		
City, State East Orange, NJ				Dispo	sal Date		City, State Penn Ar		PA				
Completed by	Title				Signature	A	301011			)ate			

CMergency PerTR	(ay N	OTIFIC (Pu	Sta Sta CATION Irsuant f	te of New Jo OF ASBEST o NJAC 8:66	ersey OS ABATE ) and 12:12(		-	DE EStal		2	VPri	FO
Date of Notification (1) 5/23/17		1	Name of Ray Ri	Building Own	ner/Operator	(2)	<u> </u>	ASBES	TOSI	ON	TRO	
Agencies Notified Type Notification		1	Street Ad 33 W.	ldress Washingto	n Ave			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ICEN			-α
x     EPA     Initial       x     DEP     Amended       x     DOL     Amendment #       x     Emergency (inc	luding			e, Zip Code nton, New	Jersey 07	882	2					
DOH     DCA     D	Juuniy	2	Name of Bill	Contact				Tranh M	-mhay			
			FACI	LITY INFORM	VATION	1	pe of Facility (4	1				
Name of Facility Where Abatement is Taking F Former Bank-*Unsafe Structure* Street Address 33 W. Washington Ave (RT 57)	·lace (3	}		1			School (K-12 Subchapter I			ings,	home	s,
City (5)	een eellerte					1	puare Feet	# of Floors	1	ldg. A 5+	ge	
Washington County (6)		1.0	County C	Code (7)		1		r if being demoli	1-			
Warren				ISE ONLY)		F	ormer Bank					
Name of Monitoring Firm Hired by Building Ow	mer (8)		1		Abatement Con sulation Co. I							
Street Address			1		dress itrose Rd							
City, State, Zip Code							e, Zip Code eck, New Je	rsey 07722				
Project Manager for Monitoring Firm			Telephor	ie No.	Telep	hone		License 00029	No.			
	chedule 5/2/17	ed Con	pletion I	Date (11)	Name	e of (	OSHA Monitor	i.				
Occupancy Status During Abatement (Check (	Only Or	ne)			Stree	t Ad	dress					
Facility Closed/Vacated During Entire Part Abatement Performed Outside of Normal Other – Describe: <u>7am-7pm</u>					City,	State	e, Zip Code					
Scope of Work (Check All That Apply)					11							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Countering	tenoval Iemotiti			lanus Rassa da sera da	Reserves and	Mini-Enclosure Glovebag Proc					
					2	x	Non-Exempted	(*) and Non-Fria	able Pro	and the sufficiency	e ement	-
		Locati									pe	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	intenai todial 3 (12)	ly by nce/	(i.e. th	Descriptio Containing ermal system surfacing, V ther miscella	Mati ns in AT, i	erial (ACM) isulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		oofing ma	tori		1000sf	x		9	
exterior			X		oonny ma	ICI I	a	100051	4			
**unsafe structure- per Ray Dejorne*							the second					
Name of Registered Waste Hauler		N	UDEP W	l /aste I (	Cubic Yards		Name of I	Registered Land	 fai	tendo.		
Newark Carting		H	lauler ID 0509	No. 0	of Waste 10		Chrins	2				
City, State Newark, New Jersey					Disposal Dat 5/2/17	e	City, Stati Easton,					
Newark, New Jeisev									Date			

				St	tate or	New .	Jersey				Check	# 15	963	
							STOS ABATEMENT				~			
Date of Notificatio	n (1)		(Pursi				-7 and 12:120-7 Owner/Operator		(2)	In E	<u> </u>	E	$\square$	
6/1/2017					arfo			Ľ	(2)		***********		,	
Agencies Notified	Type Noti	figst	tion		et Addr				*					
			LION				de Ave.				JUN	- 5	201	
[]EPA	[X]Init: Noti	ial ifica	tion					101						
[]DEP	[]Ameno			1 Park 10	, State			~	a	ASBI	STC	SCO	ONTE	ROL &
[X]DOL		ifica	tion	1 11	ttle	ral	ls,NJ,0742.	2	4	L		ENS		
[X]DOH	[]EMERO	TENCY	8	1	of Con				Telcohon	•				
[]DCA				Da	ve Ca	ardy	P							
	[]Cance	ellat:	lon					-						
Name of Facility Who	ere Abatem	ent i	s Taki	וחת דו			INFORMATION		The of Tagili	(A)				
Kearfott Corp		644 G 2	.5 100	ing ri	ace (5)				Type of Facili	-				
									[]School ( []Subchapt		- tha	n K-1	21	
Street Address	-							1	[X]Other (i	.e., privat	e &			ı
1150 McBride	Ave.								buildings,					
City (5)		ic.	ounty	(6)		Co	inty Code (7)	-	Square Feet	# of Floor	s F	Bldg.	Age	
Little Falls			Issez			1.	TATE USE ONLY)		54,550	2		63	-1 - 3	
								11	Current Use (P	TIOT IT DE	ng d	emoli	sned	0
Name of Monitoring H	irm hired	by B	uildin	g AS	CM No.		Name of Abater	me	ent Contractor	(9)				
Owner (8) N/A									ANAGEMENT,	0.000				
Street Address							Street Address	s						
							86 Chris	st	copher St.					
City, State, Zip Cod	le	COSCIL					City, State, 2							
							김 씨는 것 못했는 것 같아. 이상 가지 않는 것 같아.		, NJ 0704	2				
Project Manager for	Monitoring	J Firm	n Te	lephor	ne Numb	er	Telephone Numb				Cens	e Num	har	
				/A			(973)744				003		Der	
Scheduled Start Date	(10) S	sched.	. Содр.	letior	n Date	(11)	Name of OSHA M							
6-10-17	.		5-12-			/	N/A							
		Mont		Day	Year									
Occupancy Status Dur [X]Facility Clos	ed/Vacated	d Dur	(Check ing En	only	one) Period		Street Address	S						
of Abatement	5													
[ ]Abatement Per Hours - Descr	ribe:«OffHa	cside ours 1	OI NO Descri	prmal .pt»	Facilit	Y	City, State, Z	Zi	p Code					
[ ]other - Desc	tibe: «Other	r Occ	upancy	Desc	ript»									
cope of Work (Check	all that	apply	7)				11							
[X]>3 sf or	>3 lf		[]	XlRend	vation		[ ]Full C		ontainment with	n Negative	Press	ure		
[] <u>&gt;</u> 160 sf o					olition				ag Procedure					
-			1	Is			[]Non-Fr	ri	able Procedure		1			
Location	of			ocati			Description	n	of		AD	ateme	E E	ype E
Asbestos-Con Material (	-			Used	- I		Asbestos-Cont			Amount	RE	K	N C	N C
TO BE ABA			By Ma	Solel	ance/		Material (2 (i.e., thermal		S 10	(Specify SF or	M	P	A P	L O
In Facil	ity			aff (			sulation, surfa	ac	ing, VAT,	LF)	V		S	S
(13)			Yes	No	N/A	0	or other miscel	11	aneous)		A L	R	U L	U R
First Floor Ma	chine 1	Rm.			x	Pir	e insulati	i	on	40LF	X		•	E
										-0.44	42			
Name of Registered Wa	aste Haule	r	NJ	DEP W	aste	Cub	oic Yards	-	Name of Regist	ered Landf	1			
AZTECH MANAGE	EMENT,	INC	. Ha		ID No.		Waste 1.5		Minerva			TN	7	
ity, State			1	7040	,	Die	Dogal Data	_		<u>F</u>				
lontclair, NJ	07042						posal Date -13-17		City, State Waynesbu:	ra Obi	- 44	1600	2	
								7	/	; / mil	- 2.	2000		
completed By (Print of	or Type)	Title					Signature	1	the	1/	Date			
		-												
Constantine Vi		Pre:	side	nt				2	make lin 1	61.	6/1/	2017		

																Ρ	rint Forn
					NO	TIFICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE		ΙT	D	) <u>E(</u>	G [		$\mathbb{V}$	Eſ
	te of Notification (1) 5-30-17						of Buildin Prudent				pany of A	merica	JU	JN -	5	2017	, IL
Ag	encies Notified	Тур	e Notificatior	ı			Address Washing	aton Str	eet				ASPEC	TOO			
×	EPA DEP DOL		Initial Amended Amendmer	nt #		City, S	State, Zip ( ark, NJ	Code					ASBES	JCE	VSIN	IG	DL &
×	DOH DCA	×	Emergency justification	(includin	g	Name	of Contac	t				·	enhone N	umber			
	DCA		Cancellatio	n				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				-	-				
	me of Facility Where		ment is Taki	ng Place	(3)	14		TURMAT		Тур	oe of Facility	(4)					
	ashington Buildin	g									School (K	-12)					
1.12233	eet Address 3 Washington St	reet								×	Subchapte Other (i.e. etc.)	er 8 (Oth private	er than K- & commer	12) cial bu	ildings	s, horr	ies,
Ne	r (5) ewark									Squ	uare Feet	# o	f Floors		Bldg.	Age	
	unty (6) SEX						(Code (7) USE ONL				rent Use (Po mmercial	rior if bei	ng demolis	shed)			
Nar N//	ne of Monitoring Firm A	Hired	l by Building	Owner (8	3)	ASC	CM No.				eatement Co Environn						
Stre	eet Address								Street	Addr	- Deway we wanted						
City	, State, Zip Code								City, S	state,	Zip Code t, NJ 0707	2					
Proj	ect Manager for Mon	itoring	Firm			Teleph	one No.		Teleph	none l		_	License I 00756	No.			
100000000000000000000000000000000000000	t Date (10) -02-17	- 211120		Schedul 08-31-		ompletion	n Date (11	)	Name	of OS	SHA Monitor nalytical, I		00700				
Occ	upancy Status During	g Abat	ement (Cheo	N. S.					Street	Addre	ess						
×	Facility Closed/Vaca Abatement Performe Other – Describe:								City, St	tate, 2	t 38th Stre Zip Code						
Scor	De of Work (Check Al	I That	Apply)						New		k, NY 100						
	≥3 sf or ≥3 lf			×	Dono	uction			X		SHA Clas			-			
×	≥160 sf or ≥260 lf				Demo	lition				G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure				æ	
				Is	s Loca	ation									Abat	ement	:
	Location				Norm	ally lely by			scription						Ty	/pe	
F	Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	al (ACM)	Ma	ainten	ance/ I Staff?				insul T, or	lation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
				Yes	No	N/A								a		ate	ſe
	1B Tunnel	Area	1			X		VA	T/Mast	ic		6,6	00SF	x			
					2												
	e of Registered Wast		ler			NJDEP V Hauler ID		Cubic V of Was					ed Landfill				
	, Inc. / JBT (5007	(1)				24310		TBD			Minerva		prises				
	State ey, NY / Bronx, N	14						Dispos TBD	al Date	-1	City, Stat Waynes		OH 4468	88			
Com	n Moriarty			Title Proje	ct M	anager			gnature		Le	Å.	Da	ate 5-30-1	17		
											un la	4					