P.A	VID	. !	erte ()	<b>YCATIO</b>	inio of No N OF ASE L So NJAC	ESTOS	ABATE	MEN 0)	7	-	DO	_C	M	MY	787	
Date of Notification (II)	73	81111111111		Name	S G	PRE	peren	716	E.S.,	1	Sur		- 30	16	7	十.
Agencies Notified	Type Notification			Street	S W.	יסקצ	2 ر	72	647	1			1	15-	$\top$	$\forall$
E EPA DEP DOL	III Amended Amended	1.0		-	Bu /	-				IA A	IVE	2-4-6	30	PH /17	(I)	
図 DOH	Emergency justification)	(Including	-	Name C	d Contact			- 1	42	-		-		Z:	n	
DCA	Castroul/sallos				255						20		47	9	(2)	8
Name of Fedley Where A	batement is Takk	vg Piece (2	7	FAC	LITY INF	PRIMATE	ON	Typ	e of Fa	4		- 11	1	· JL	IN	- 7-20
HOUSE Street Address		lep							School	(AC_197)		Manageran				
An del Lengt mile	Acceptant Adaptive							H		'e' lay	(Other mis & c	Saut K Ophia	-12) rost 6	2050	Tican	CONT
City (5)	744/5 Avi		-	-					em Fer		# of F			Elitio,	C	MSING
COUNTY (5)	MICH			France	Code (7)				185			3		6	4	
MIMILESEX			applica-sp	COUNTY	DOUG (1)			CUIT	reund Chair	ZE	n delad S	demo	interest)			
Number of Monitoring Firm	Hered by Building	Owner (8)		ABC	No.				ebenie:			)		-		$\dashv$
Street Address							A. M		ontra	Indi it	16					_
							185	Vree	land /							
City, State, Zip Code									Zip Cer Park, I						6.725.36	$\neg$
Project Managar for Alpha	pring Firm			Telepho	ine No.		Teleph 201-			-		loense			-	-
Start Dale (10)					Date (11)				HA Ma	EO.		0015	6			-
Cocupacioy Status During	Ababasa and Mara	6/	8/	18		-	1000	*	inviror	neate	M Ser	/ices	Inc.			
	ed During Entire	Period of A	basan	Thorne			Sirest 280		er Stri	at						
Abetsment Performe Other Describe:	d Outside of Norn	nel Facility	Houn	5		Ì			Zip Co:							
Scope of Work (Check All	That Apply)	*****					HECK	(GITS)	ack, N	J, 1376	506					_
22 at 0.23 f 1160 at or 2250 f			anova ernoë					M	M Coni:	Prope	iume	0.7E				endus enfluentime
.,,,,,		1a	Locat	ion	T			- Pe	ON-ENE	ADMIN C	) mua (	100-E0	SPIRE PT	-	emen	
Asbesine-Complining N	of America (AGNA)	Use	lennal skog b	Hy by	Genom	Dea Or Corn	adottan	of man	el 2.67%				-	T)	(Inte	$\overline{}$
TO BE ARA' In Facility (18)	TED		ntera odlaj i (12)	Bigaff?	(i.e.	Branna)	Systems ing. VA	Kibu T, or	lation,		Artic (Spe SF or	city LF)	Remove	Rapeli	Емоцирамий	Erschotzun
1.47		Yes	No	NIA		Other in	er Rechild and	marti)	)	1.			1 E	B	allaher	E
BASEMEN		1		X.		PI	PK	_		1	53		FX	+		
TANKE TO SERVICE TO SE					10					-				1		
		1 1														
Name of Registered West	Hauter		1 2	JOEP W	arata I	Cubic	72.007.	-	T Alme		alatara:					
Newerk Carting, Inc.		17	H	lauter ID 1509		of Whee		-			ntral S		100	ndfill		- The second
Newark, N.J. 07105						Dispos.	1977	-64	Chi Pe	Argyl	, PA C	8072	<u> </u>			$\dashv$
Completed by R. McDonald		Title Presi	dant	-		8		m	c J	21	Patrone		Date	1,	1, 1	7



Date of Notification	(1)		N	lame o	of Buildin	g Ov	vner / Operato	r (2)						7		
	5/29/2018		S	unoc	o Partn	ers	Marketing_&	Tern	ninals, l	LP,E	agle P	oint	Faci	lity		
Agencies Notified	Type Notific	ation	1.50		Address	75		1 [		3			111			
⊠ EPA	N		_		Crown F			U-				The same				
☐ DEP ☐ DOL	│				tate & Zip			11		-	040	September 1				
Ø DOL					ille, NJ			111	JUN -	- 1 7	018	1	7			
DON DCA		rgency cellation	1		of Contact Cosendo			1-5					lepho			er
<u> Бол</u>	L Can	eliation	I'N				age of		and the state of t		eroni i	85 0	6-85	3-31	ວວ	
					ILITY IN	IFO	RMATION		BESTO:	S CON	G	Ģi.	-	V.		
Name of Facility Wh		ent is Taking Pla	ice (3)	)			Type of Facili		L.C.	10 15 A 10	AND DESCRIPTION OF THE PERSON NAMED IN	Name of Street, Street	Mark Stuff			
Eagle Point Facil Street Address	ity						School (F		o., .,		۵.					
	4 Danel						Subchap						h		4-1	
1250 Crown Poin	t Road						Other (i.e	e. priva			iai bullo				tc.)	
City (5)		County (6)	ICau	nt. C	ada /7\		Square Feet		# of Flo	ors		Bia	g. Age			
		County (6)	Cou	inty Co	ode (7)		1500	D-11	<u> </u>	1	t - 1\	1		80+		
Westville		Gloucester					Current Use (		r being a	emolis	snea)					
Name of Manitarina	Ciona I lina al la	Decilalization	(0)		1400141		Commercia			1 (0)						
Name of Monitoring N/A	rirm Hirea D	y Building Owne	er (8)		ASCM N	10.	Name of Abat Alpha Envir			ctor (9)	)					
Street Address							Street Addres		entai							
ou out / laar ood							PO Box 829	27.503								
City, State & Zip Co	de						City, State & 2		de							
							Trenton, NJ									
Project Manager for	Monitoring F	irm	Teleph	none N	Number		Telephone Nu	umber			License	e Nur	nber			
							609-847-295	6					0122	2		
Scheduled Start Dat 6/6/2018		Scheduled Com 7/6/2018	pletior	n Date	(11)		Name of OSH									
Occupancy Status D			v one)	\		-	ALPHA Env Street Addres	A CONTRACTOR OF THE STATE OF TH	nentai	-11						-
		During Entire Pe			tement		PO Box 829									
		utside of Norma					City, State & 2		de			******				
Describe:							Trenton NJ									
Facility Occu	upied During	Abatement														
Scope of Work (Che	ck all that ap	oply)														
									Full Con			n Neg	ative	Pres	sure	2
≥3 sf or ≥3 lf			Ц		vation				Mini-End							
≥160 sf ≥260	O If		$\bowtie$	Demo	olition			Ш	Glove B	ag Pro	cedure	es				
								$\boxtimes$	Non-Exe	empte	d and N	lon-F	riable	Pro	cedu	ire
	cation of			ocatio			Description				mount		Aba	teme	ent T	ype
	os-Containin erial (ACM)	g	Norma			F	Asbestos-Cont				Specify				-	
	BE ABATED		Mainte	lely by		(i	Material (AC i.e., thermal sy		.	5	F or LF	)	Re	æ	Encapsulate	E
	Facility	100	Custo		31 (2000) (C. 10)		ulation, surfac						Remova	Repair	apsı	Enclsoure
14.5	(13)			(12)		or	other miscella	aneous	s)				val	₩.	ulat	ure
					N/A										Ф	
Filter Building Ex	terior			$\boxtimes$		T	ransite/Galb	estos	S	5000	sf					
Name of Registered	Mosto Herri	05		NID	ED Mari	0 0	ubic Yards	Non	e of Regi	oto	110-40	11				
Name of Registered	waste naut	er			ler ID No		Waste	IName	e of Regi	stered	Landii	H				
Service Transpor	t Group			209		10		Grov	vs Land	dfill						
City, State				1	- 1		isposal Date	City,					X-3-0415.			
New Castle DE						Va	arious	Tulls	rtown, F	٥Δ						
Completed By (Print	or Type)			Title	,		gnature	idiiy				Ti	Date			
Rod Richardson	or type)			10.0000	ject	1	gnature deside Richase	lann				- 1	5/29	120	12	
				0.3000	nager	100	sevimosti INA <i>SSEVSS</i>	ABOUT.				,	JI Z J	120	10	
×:				1		1										



			NO II					:60 and 5:1			) E	C [	<u> </u>	W	E	
Date of Notification (1)			-		Namo	of Building	. 0.40	ner/Operator (	2)	1 50	11-	0 1	ט כי	U		
	31 /	18						g Manageme				11111	7	0010	* A CERTAIN ASSESSED.	Account of the last of the las
Agencies Notified	Type Notifica	ation			Street	Address				ered.	li U	UN	- 7	2018	-	1
⊠ EPA	☐ Initial					1 Washir	ato	n Street							Ì	
□ DOLWD		d				State, Zip C	-2004	II Ou cct		_	ASBE	STA	2001	TOO	10	
DOH	Amendm	ent #1						020			71000		ENSIN		La	
☐ DCA	☐ Emergen		luding			ooken, N	2010000000	030				and the second second	~~~~	-	-	-
(NJAC 5:23-8)	justificati	100				of Contact  Nemat					Telephon 201-42			122		
						v. <b>T</b>		DATA TION		1	201-42	20-01	37 X 0	123		
Name of Facility Where A	hatament is T	Tokina I	Dlago	(2)	FA	CILITYIN	FUR	RMATION	T	9. 74	1)					
Vacant Residential		akilig	Place	(3)					Type of Facil		+)					
Street Address	Dullullig								School (K		Other tha	an K-1	2)			
Contract to the contract of th									Other (i.e	, pri				uildin	gs,	
1220 26 <sup>th</sup> Street						<u> </u>			homes, e							
City (5)									Square Feet		# of Flo	ors	В	ldg. A	ge	
North Bergen					10		VOT.	TE 1/05 01/1/0	1,800		3			80		
County (6) Hudson					Cour	ity Code (7)	)(STA	TE USE ONLY)	Current Use		r if being	demol	ished)			
	I line of her Desile	-li O		0)	10011				Residence							
Name of Monitoring Firm McCabe Environme				8)	ASCM	No.			ent Contractor							
Street Address	ntai Servici	es, LL							onmental, LI	_C					-	
	22230						0.00	eet Address								
464 Valley Brook Av	/enue						- 100	23 Cutler A								
City, State, Zip Code								, State, Zip C								
Lyndhurst, NJ 0707		-11-13.11		T = .				laple Shade	, NJ 08052		1.:					
Project Manager for Moni	toring Firm			10.000000	phone			ephone No.			License					3
John Chiaviello	Ta					-3839		56-755-0099	211		0084	2				
Start Date (10)						te (11)		ne of OSHA N								
05 /15 /					_ ′ -	18	E	MSL Analyt	ical, Inc.							
Occupancy Status During							0.00000	eet Address								
☐ Facility Closed/Vacate								00 Route 13								
Abatement Performed Time of Abatement: _							1	, State, Zip Co								
41						Olvi	С	innaminsor	n, NJ 08077							
Scope of Work (Check all	that apply)								hainmanh with 1		tiva Desa					
≥3 sf or ≥3 lf			Re	novati	on			☐ Mini-End	tainment with l	vega	ilive Pies:	sure				
≥160 sf or ≥260 lf		Ē	☑ De	molitic	n			☐ Gloveba	g Procedure							
							_	Non-Exe	mpted (*) and	Non-	-Friable P	roced				
				Locat Iorma					_				A	patem	ent T	ype
Location Asbestos-Containing I		7)		d Sole		Ashes	stos (	Description of Containing Ma			Amo	unt	Re	Repair	E	En
TO BE ABA		,		intena				rmal systems			(Spec	2000	Removal	pair	ap	Enclosure
IN Facilit	У		Cust	odial ( (12)	stan?			urfacing, VAT			SF or	LF)	la la		Encapsulate	ure
(13)		t	Yes	No	N/A	1	otr	ner miscellane	ous)						te	
Eutarian				11.2		Desfine	_			+	4 740	05				
Exterior	Tasura I ou					Roofing				_	1,740	SF				Ш
Name of Registered Wast	e Hauler			N	JDEP \	Waste	Cub	ic Yards of	Name of Re	giste	ered Land	fill			-	-
Freehold Cartage				Н	auler II 15939	SACTOR AND	Was		Fairless	Lar	ndfill					
City, State				-				oosal Date	City, State							
Freehold, NJ							0	6/15/2018	Morrisv	ille,	PA					
Completed By (Print or Ty	rpe)	Title						Signature				TD	ate	1,217		
Christina Lynch	10 (B	Vic	e Pr	eside	nt of (	Operation	ns	(mste	2/2/		)		< /2	11/	Ø	

CKHILLS				ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE		T <sub>1</sub>	and a		- Charleston	***************************************			
Date of Notification (1)	DAI	10	Ī	Name o	of Building	Owner/0	an - 2000 secondosco		OCTANISM CONTRACTOR	D) <sub>F</sub>	EC	E		$\mathbb{V}$	E	m
June 4, 2018					ge Morri	S									7	
Agencies Notified T	ype Notification			Street A	Address				Ш	The part of the pa	JUN	- 7	7 2	010		111
EPA X			-						1	200		,	21	118	11	7
DEP X DOL	Amended Amendment	#	ĺ		ate, Zip Co				1	L	and the same of th	220000			1	- 1
	Emergency (		-		oton Lak	es NJ			1	AS	BESTO	SCC	TAC	ROI		and the same of th
DOH DCA	justification) Cancellation				ge Morri				Lanna		elephone	MAG	99G		Œ	1
LI DOX					ILITY INF		ION								-	
Name of Facility Where Aba	tement is Takin	Place (	3)	FAC	ILIT INF	UNWAI	ION	Type of F	acilit	v (4)			1			
1 Family House unde								F7075	ool (K							
Street Address								Sub	chapt	er 8 (O	ther than			dinas	home	se l
21. (5)								etc.)					271.002.202		171.00×1.10×1.10×1	,,,
City (5) Pompton Lakes								Square Fo	eet	#	of Floors		14	ldg. A	ge	
County (6)				County	Code (7)			Current U	SP (F			olisha		+0		
Passaic					USE ONLY	)		House					u,			
Name of Monitoring Firm Hi	red by Building (	Owner (8)	)	ASC	M No.		100000000000000000000000000000000000000	of Abateme			or (9)					
n/a Street Address				n/a				nony Cor	ntrac	cting						
n/a								Address	۸.,,							
City, State, Zip Code								Palisade		). ———						
n/a								State, Zip Co field, NJ (		96						
Project Manager for Monitor	ing Firm			Telepho	ne No.			none No.			Licens	se No.				
n/a				n/a			973-	460-6026	6		0125	55				
Start Date (10)				npletion	Date (11)			of OSHA M								
6/13/2018		6/20/2						nony Cor	ntrac	cting						
Occupancy Status During A	batement (Checl	c Only Or	ne)					Address							)	
Facility Closed/Vacated Abatement Performed	During Entire F	eriod of	Abaten	ient				Palisade		)						
Other – Describe:	Outside of North	ai raciiily	/ Hours					tate, Zip Co field, NJ (		06						
Scope of Work (Check All T	hat Apply)				-		Gari	ieiu, No t	1102	.0						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		manua.	Renova Demolit					Mini-En Gloveba	closu ag Pr	ire ocedure	th Negation				1	
BREENING SECTION - THE POST SECTION SE		Is	Locati	on						T				Abate	(7)	
Location of			Vormal			Des	scription	of				-		Тур	oe	
Asbestos-Containing Ma TO BE ABATE			id Sole intena					Material (AC		12 2	Amount				m	m
In Facility	<u>.D</u>	Cus	todial S	Staff?	(1.6.		cing, VA	s insulation, T, or			(Specify SF or LF)	1	Remova	Repair	cap	ndo
(13)			(12)	,		other n	niscellar	neous)				1	oval	air	Encapsulate	Enclosure
		Yes	No	N/A											te	u
Basement		×			Asl	oestos	Pipe I	nsulation	II DOTT		140 LF		ĸ			
	200000000000000000000000000000000000000															
Name of Registered Waste I	Hauler			JDEP W		Cubic		Na	me o	f Regis	tered Lan	dfill				
Harmony Contracting			1	auler ID	NO.	of Was	se	G	RO	WS La	andfill					
City, State							sal Date	Cit	y, Sta	ate						-
Garfield, NJ						TBD		100	5.3		PA 1906	67				
Completed by		Title				S	ignature					Date				$\dashv$
E. Cirovic		Secr	etary				)+3/ 1/	+++	y .			6/4	/201	18		

Date of Notification (1) 6/04/2018				Name of Cranfa	of Building an Urba	Owne n Rei	r/Operator newal As	(2) SSOC.,	LEC & G	an\$6	h Urb	an R	he	Wal	Asso	QC.
Agencies Notified  EPA	Type Notification			Street A	Address rell Lane						0 15	U				
DEP X DOL	Amended Amendmen				ate, Zip Cogswood		8108			Jl	JN -	7 2	)18	1	世	No.
▼ DOH	Emergency justification)	(including			f Contact						ephone					-
☐ DCA	Cancellation				ey Long	57			A	SE85	6 662	2173	RC	176		
Name of Facility Where	Ahatement is Takir	ng Place (3)		FAC	ILITY INF	ORMA	TION	Tuno	of Facility (4	()	LIVILI	- C11 4-	America	uetAlberteri m		
Former Midway/Ch								_		1000						
Street Address 2687 Route 130								×	School (K-1) Subchapter Other (i.e. pretc.)	8 (Oth			build	dings	, hom	es,
City (5) Cranbury					2311				re Feet	# o	f Floors			ldg. A	Age	
County (6) Middlesex					Code (7) USE ONLY	)			ent Use (Prio ant-Forme					ility		
Name of Monitoring Firm Atlas Environmenta				ASCN	ЛNo.				ntement Con			e Inc				
Street Address							Street			itai O	CIVICG	3, 1110				
P.O. Box 11645							42 R	idge l	Road							
City, State, Zip Code Philadelphia, PA 19									ip Code lle, PA 194	460						
Project Manager for Mon Jason Dua	itoring Firm			Telepho 267 78	ne No. 34-4693		Teleph 610 9				Licens 0083					
Start Date (10) 6/14/2018		Scheduled 6/28/201		pletion	Date (11)				HA Monitor nvironmen	tal S	ervices	s, Inc				
Occupancy Status During	g Abatement (Ched	k Only One)	Y				Street									
× Facility Closed/Vaca	ated During Entire	Period of Aba	atem	ent			42 R	- 5								
Abatement Perform Other – Describe:		nal Facility H	ours			_			ip Code lle, PA 194	460						
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novat				×	Mir Glo	I Containment- ni-Enclosure ovebag Proce	edure						
		1	- 23			110111111111111111111111111111111111111	<u> </u>	I No	n-Exempted	(*) and	Non-F	riable			e ement	
Location	of	ls Lo Nor	mally	3.55		_	escription	of							ре	
Asbestos-Containing	Material (ACM)	Used S Mainte				tos Co	ntaining M	aterial			mount		3574		Ш	_
TO BE ABA		Custod	ial S		(i.e.		al systems acing, VA		ation,		pecify or LF)		Remova	Repair	псар	inclo
(13)			12)			other	miscellan	eous)					oval	oair	Encapsulate	Enclosure
Ohio oo d Mid	T 1:	Yes 1	No	N/A											0	
Chip and Midwa				X			Γile and	27.00.97.001.001.007			7 SF	2				
Midway Trucking	The state of the s			X			e Ceiling	9			0 SF	Σ	_			
Midway Tru				X	Dry	_	Joint Co	mpou	und		)5 SF	X				
Chip and Midwa	, ,		1.	X		_	Roofing				30 SF					
Name of Registered Was Horizon Disposal	te Hauler		27.533	DEP W		Cubi of W	c Yards aste		Name of R				c'ii			
			10	416		0.000	0 Cu. Y	ds.	GROWS	/ I ull	ytown	Land	TIII			
City, State Trenton, NJ						Disp 06/2	osal Date 018		City, State Morrisvil	le, P	4					
Completed by Tim Walter		Title	N / -				Signature		, )			Date	10.0			
riii vvaiter		Project	wai	nager			1-		, Wa	K	2	6/04	/20	18		

0K945779815 PAID

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

Data of Natification (4)										11					Plumero	
Date of Notification (1) 06/01/2018					of Building / Krivoy	Owner/0	Operator	r (2)	Participant of the Participant o	***************************************	JUN	- 7	21	018	Mercell same	Ш
Agencies Notified	Type Notification			Street A	Address					1			-		1	
× EPA	× Initial								1	L	ASBEST	08.00	TIAC	POI	0	
× DEP	Amended				ate, Zip Co						LIC	CENSI	NG	noi	_ Ct	
X DOL	Amendment		-	Monto	lair, NJ	07043			*********		THE PROPERTY OF THE PARTY OF			ACOP THE S		-
X DOH	Emergency justification)			7.010	f Contact					1	elephone	Numbe	r			
☐ DCA	Cancellation	i		Fanny	Krivoy					5	917-669-	9331				
Name of Facility When	A	DI (0)		FAC	ILITY INF	ORMAT	ION									
Name of Facility Where A	Abatement is Takir	ig Place (3)						Тур	e of Facility	(4)						
Street Address									School (K-			( (0)				
Street Address								×	Subchapter Other (i.e. petc.)	r 8 (C privat	e & comm	K-12) ercial b	uild	ings,	hom	es,
City (5)						37.30		Squ	uare Feet	#	of Floors		Blo	dg. A	ge	-
Montclair, NJ 07043	3							N/A	A	N	I/A		N/	Ά		
County (6) Essex					Code (7) USE ONLY	)			rent Use (Pri	or if t	eing dem	olished)	)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	И No.	-	Name		patement Cor	ntract	or (9)		_		_	
N/A		, .							atement, Ir		(0)					
Street Address							Street	Addi	ess							
							11 R	lose	ngren Ave	nue						
City, State, Zip Code							City, S	State,	Zip Code					2		
							i		NJ 07512							
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				Licens					
									-8685		0131	1	10			
Start Date (10) 06/12/2018		Scheduled 06/13/20		npletion	Date (11)				SHA Monitor atement, In							
Occupancy Status During	Abatement (Chec	k Only One	:)				Street	Addr	ess	_						
Facility Closed/Vaca	sted During Entire I	Period of Al	oaten	nent			11 R	ose	ngren Ave	nue						
Abatement Perform	ed Outside of Norn	nal Facility I	Hours	3			City, S	State,	Zip Code							
X Other – Describe: 9						_	Toto	wa,	NJ 07512							
Scope of Work (Check A	li That Apply)										0-170					1
× ≥3 sf or ≥3 lf		Contractors .	nova					F	ull Containm	ent w	ith Negativ	e Pres	sure	9		
≥160 sf or ≥260 if		L De	molit	ion			×	N	lini-Enclosure lovebag Pro		0					
									lon-Exempter	d (*) a	and Non-F	riable P	roc	edure	)	
		ls L	.ocati	on									P	bate		
Location	of		ormal			Des	scription	of				-		Ту	oe	
Asbestos-Containing TO BE ABA		Used Main							al (ACM)		Amount				Ш	
In Facili		Custo	W. 15-34	Staff?	(i.e.	thermal surface	systems cing, VA				(Specify SF or LF)	á		Re	ncap	incl
(13)			(12)				niscellar					Zallova		Repair	Encapsulate	Enclosure
		Yes	No	N/A								-	-		ite	Ф
Attic			X			Pipe	Insula	tion			18 LF	Х				
							20-20-20-20-20-20-20-20-20-20-20-20-20-2					+	+	-		
													+			
Name of Registered Was				JDEP W auler ID		Cubic of Was			Name of	Regis	stered Lan	dfill				
D&S Abatement, Inc.	NI .			0996	140.	TBD	ole.		Fairless	s Lar	ndfill					
City, State				- Colores			al Date	ă.	City, Stat	e						-
Totowa, NJ						TBD		į.	Morrisv		PA					
Completed by		Title	15575			S	ignature	1/	1			Date				
Oliver Hegedis		Projce	t Ma	nager			1	14				06/01	720	018		

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 06/01/2018	10	a A Terms		and the second s	f Building Owner/				- P		10000 many 1,124.1,
		ALL		Mano	lelbaum Pro	perty N	Aanagemer	11(C		$\mathbb{V}$	
Agencies Notified (X) EPA	Type of Notific	ation Notification		Street A 80 M	ddress ain Street		3	JUN :	- 7 2	n10	Tribana and a
(X) NJDEP (X) NJ DOL	( ) Amend	ded		City, Sta	ite, Zip Code			UUIT	1 (	VIO	POCE
(X)DOH		dment # ency (includi	ing	West	Orange, NJ 0	7052	ASP	ESTOS	CON	TOOL O	
( ) DCA	justific ( ) Cance	ation)	J	Name of	f Contact			Tel Nur			NA CONTRACTOR OF THE PARTY OF T
	( ) Cance	liation		Jon M	landelbaum			973-2	43-70	000	
			FACILI	TY INFORM	ATION						
Name of Facility Where Abateme Dollar Store	ent is Taking Place	(3)		Type of Fa		han K 12	<b>N</b>				
Street Address 65-99 Old Stage Rd				(X) Other	(i.e. private & c	ommerci	al bldgs., hom				
City (5)	County (6)	County Code	e (7)	Sq. Feet:	2000 #	of Floors	<u>1</u>	Bldg. Ag	e <u>80</u>	-	
Spotswood	Middlesex	(State Use O	only)	Current U	se (if being dem	olished):	abandoned				
Name of Monitoring Firm Hired b		ASCM No.		Name of Co	ontractor (9)						
Sky Environmental Serv	ices, Inc.			Industria	al Safety & E	nvironn	nental Solut	tions,	Inc.		
Street Address 140 Boulevard				Street Addr 3300 Hu	ess Idson Avenue						
City, State, Zip Code Mountain Lakes, NJ 070	)46			City State, Union C	ZipCode ity, NJ 07087	,					
Project Manager for Monitoring F	irm Telephone N	lumber		Telephone I	Number			Lie	cense N	lumber	
Leonid Shereshevsky	973-588-	4821		(201)325	5-0055				1124	- Carrison	
Scheduled Start Date (10) 06/04/2018	Scheduled (11) 06/15	Completion Date 5/2018	e	Name of OS ISES, Inc.	SHA Monitor						
Occupancy Status During Abatem ( ) Facility Closed/Vacated During ( ) Abatement Performed Outs	ring Entire Period	of Abatement		Street Address 3300 Hu	ess dson Avenue						
( X ) Other - Describe: Work a	rea is not in use	iity Hours -	1	City, State,							
				Union C	ity, NJ 07087						
Source of Work (Check all that ap	.,	) Demolition	1	( )	( ) Renovation						
( ) Minor Project (< 25 SF ( ) Small Project (>25 <16 ( X ) Large Project (>160 SF	60 SF or >10 <26	0 LF ACM)	) Gl	(X () ove-bag Pr	) Full Containr ) Mini-Enclosure ocedure ( )	Э	Negative Pre mpted (*) and		riable F	Proced	ure
Location of Asbestos-	Is Location Nor			Desc	ription of ACM		Amount	1	bateme		
Containing Material (ACM) To be Abated in Facility (13)	Solely by Main Custodial St		(i.e.	thermal sys. VAT, or ot	tems insulation, si her miscellaneous	urfacing, )	(Specify SF or LF)	Rem	Rep	Enca	En
	YES NO	N/A						oval	air	psula te	clo sur e
store room/rear closet		X	Join	t compour	nd		3800 SF	Х			
Name of Reg. Waste Hauler Newark Carting	NJDE 0450	P Waste Hauler	ID#		Cubic Yards of V	Vaste	Name of Reg. IESI BETHI			DFILI	
City, State 369 Raymond Blvd., Newa	rk, NJ 07105		Disp. 06/1	Date . 5/2018	L		City, State BETHLEHE	 Ем. РА	1801	15	
Completed by (Print or Type)	Title		-	iture D	Q		Date				
David Camacho	Project Sup	ervisor					06/01/201	8			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT



Diane Aloia

(Pursuant to NJAC 8:60 and 12:120) Check # 1259 Date of Notification (1) June 4, 2018 Name of Building Owner / Operator (2) November 7, 2017 AtlantiCare Regional Medical Center - Mainland Division Type Notification Agencies Notified Street Address EPA 65 West Jimmie Leeds Road JUN - 7 2018 DEP X DOL Initial City, State & Zip Code Amended Pomona, NJ 08240 **⊠**DOH ASBESTOS CONTROL & Amendment # 2 DCA Cancellation Name of Contact Telephone Number Mike Turner - Aegis Property Group 609-652-1000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) AtlantiCare Regional Medical Center - Mainland Division School (K-12) Street Address Subchapter 8 (Other than K-12) 65 West Jimmie Leeds Road Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 43 Years Pomona, NJ Current Use (Prior if being demolished) Hospital County (6) County Code (7) Atlantic USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting, Inc. Synatech, Inc. Street Address Street Address 1600 Route 22 East, Ste 107 829 Radio Road City, State & Zip Code City, State & Zip Code Union, NJ 07083 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Stephen Cherepany 908-688-7800 609-296-6916 00817 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor November 18, 2017 June 3, 2019 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\geq 3$  sf or  $\geq 50$  If Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsulate (13)insulation, surfacing, VAT Enclosure Remova Repair or other miscellaneous) N/A Yes No 1st Floor Nurses Station, Hallways, Patient X Floor Tile / Sheet Flooring 14,500 SF Rooms X 1st Floor Radiology X Floor Tile 17,500 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ 08087 June 4, 2019 Morrisville, PA Completed By Signature Date

**Executive Administrator** 

June 4, 2018

November 7, 2017



Data of Notice - 11										Cne	CK# I	2229	Č,	1037
Date of Notification (1	) March 12 ovember 7, 2					ing Owner		r (2) nter – Mainland	District Lines	F	a (F	П	71.77	LE)
Agencies Notified	Type Notific				et Address		edical Ce	nter – Wainiand	DIVISION				$\mathbb{V}$	
□EPA □DEP				65 W	/est Jimm	nie Leeds	Road			COLLEGE SPECIFICATION OF THE PERSON OF THE P	JN -	7 1	Λ10	
⊠DOL	Initi	al		City	State & Z	'in Code				1 01	JIY	1 2	UIO	
		ended		(2)	ona, NJ	500								
⊠DOH □DCA		endment	#_					77	- Alleren	ASBES	STOS	CON	TRC	)L &
LIDCA	Can	cellation			e of Conta	0.000				P UTINIAN PRINCIPALITY	elephor	-	ber	
				Mike	Turner –	Aegis Pro	operty Gro	oup		60	09-652-	1000		
				F/	ACILITY	INFOR	MATION	l						
Name of Facility When AtlantiCare Regional	e Abatement Medical Cer	is Taking nter – Ma	j Place (3) iinland Div	ision		Ī	ype of Fac	cility (4) of (K-12)						
Street Address							Subch	apter 8 (Other th	nan K-12)					
65 West Jimmie Leed	ds Road					10		(i.e., private &		building	s, hon	ne, etc	:.)	
City (E)						-	quare Fee		Floors		dg. Age		_	
City (5) Pomona, NJ								(D: (I)			4:	3 Years	5	
							urrent Use lospital	e (Prior if being o	lemolished)					
County (6) Atlantic			County Coo											
Name of Monitoring Fi Hillmann Consulting,	m Hired by E				ASCM	100		patement Contrac	ctor (9)					
Street Address	inc.						ynatech, I treet Addre						_	
1600 Route 22 East, S						100	29 Radio	500						
City, State & Zip Code Union, NJ 07083								& Zip Code	- Selection					
Project Manager for Mo	onitorina Firm	1	T	elephone	Number		ittle Egg F elephone I	Harbor, NJ 0808		nse Num	ahar			
Stephen Cherepany		,	90	08-688-78	00		09-296-69		Lice	iise ivuii	0081	7		
Scheduled Start Date ( November 18,		Schedule	ed Complet					SHA Monitor						
Occupancy Status Duri	ing Abatemer	nt (Check	only one)	ne 4, 2018			ynatech, I treet Addre						-	
Facility Closed					ent		29 Radio I							
Abatement Pe		side of No	rmal Hour	S				& Zip Code						
Facility Occup		batement					ttle Egg F	larbor, NJ 0808	37					
Scope of Work (Check										-				-
			77 <u>22.2</u>					Full Containme	ent with Negat	ive Press	sure			
≥3 sf or ≥ 50 lf			$\bowtie$	Renovati			$\triangleright$	Mini-Enclosure	9					
≥160 sf or ≥260	lf			Demolition	on			Glovebag Prod						
Locat	tion of		Ha Lasari	: M	-flee I I a a d			Non-Exempte	d(*) and Non-F	riable P	-		. =	
Asbestos-Contain		ACM)		by Mainter	ally Used		Descrip Asbestos-0	containing	Amount (	Specify	Ab	atemer	it Ty	rpe
	ABATED	-0.00	Custo	dial Staff	? (12)		Material		SF or					
	acility 3)							al systems rfacing, VAT			_		呵.	m
75	8:50							cellaneous)			Ren	Re .	car	nc
			l								Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								हिं।	ro .
st Floor Nurses Statio Rooms	on, Hallways	, Patient			Х	Floo	or Tile / Sh	neet Flooring	14,50	0 SF	X			
lame of Registered Wa	aste Hauler		NJDEP I	Waste	Cubic	Yards of W	laste	Name of Rea	istered Landfill	1				
			Hauler II	O No.		. 2.25 51 77	2010			10)				
synatech, Inc. City, State		-	27	7429	80 Dispose	al Data		Fairless Hills	5					
5.0					Disposa	ai Date		City, State						
ittle Egg Harbor, NJ	08087	1			June 5			Morrisville, F	PA					
completed By		Title			Signatu	ıre ,	11	9	Date	12 204				
Diane Aloia		Executi	ive Admini	strator	All	ane o	LOTA		November 7	1 12, 201 - 2017	6			



Date of Notification (1)				Tre								(	Shec	K#	12229	)	
	vember 7, 2	2017		Nan	ne of Build ntiCare F	ding Owr	ner/O	perator	(2)	aland Di	. It . I				7 77	Tr	F 1
· · · · · · · · · · · · · · · · · · ·	Type Notific				et Addres		Medi	cai cein	er – Iviai	niano Di	vision	E	6	5	l W	-15	
П==-														and a series of the series of	Commission of Section 19	-	
EPA				65 V	Vest Jimi	mie Leed	ds Roa	ad			119						2000
DEP	_												IUN	- 7	201	8	1
DOL	✓ Initia			- 1	State & 2		1	00/26			77 7	7					
<b>⊠</b> DOH		ended endment#		Pon	iona, NJ	08240						p-n-merod			un parteres es	an mark	- Louis
DCA		cellation		Nam	e of Cont	act					-	ACBI	STO	SC	ONTE	IOL	_&_
					Turner -	P(000) (100)	Drono	rty Grou	ın				1-		ie Nur	nber	۲ 
									ıb				609	1-652	1000		
				F.	ACILITY	Y INFO	RMA	TION									
Name of Facility Where AtlantiCare Regional N	Abatement ledical Cer	is Taking iter – Mair	Place (3)	rision				of Facili									
Street Address		itoi man	maria Div	151011			_	School (									
65 West Jimmie Leeds	Road								oter 8 (Ot					on large error			
									i.e., priv			cial build		_		2.)	
City (5)							Squa	re Feet		# of Floo	ors		Bldg	. Age			
Pomona, NJ							Curre	ent Use (	Prior if be	eina dem	olished	)		4.	3 Year	5	
County (6)							Hosp	oital				,					
County (6) Atlantic		C	ounty Cod	de (7)										1.35			
Name of Monitoring Firm	Hired by B	uilding Ov	mer (8)		ASCN	/ No	Name	F A L - 1			101						
Hillmann Consulting, In	nc.	anding On	iller (0)		ASCIV	A NO.	Svna	e of Abat tech, Ind	ement C	ontractor	(9)						
Street Address	962							t Addres								_	_
1600 Route 22 East, Ste City, State & Zip Code	e 107							Radio Ro									
Union, NJ 07083									Zip Code	00007							
Project Manager for Mon	itoring Firm		T	elephone	Number			hone Nu	rbor, NJ	08087		License I	Mumb				
Stephen Cherepany			90	08-688-78	300			96-6916			ľ	LICENSE		0081	7		
Scheduled Start Date (10 November 18, 20		Scheduled					120000000000000000000000000000000000000		A Monito	r							
Occupancy Status During		t (Check o	mare vone)	ch 19, 20	18		_	tech, Inc									
Facility Closed/	Vacated Du	ring Entire	Period of	Abateme	ent		West 1990 11:00	t Address	70.000								
Abatement Perf	ormed Outs	ide of Non	mal Hour	s				State & Z							-	-	$\dashv$
Other - Describ						- 1			rbor, NJ	08087							
Facility Occupie								33									
Scope of Work (Check al	Il that apply)	)						-301-91									-
			W_20						Full Cont	ainment	with Ne	native P	receii	ro			- 1
≥3 sf or ≥ 50 lf			$\boxtimes$	Renovat	ion				Mini-Enc		************	gauve i	10334	10			- 1
≥160 sf or ≥260 lf				Demolitie	on				Glovebag	Proced	ure						- 1
			Water to the					-	Non-Exe			on-Friabl	e Pro	cedur	e		-
Locatio Asbestos-Containing					ally Used		D	escriptio					T	_	temen	t Ty	/pe
TO BE AE		ACIVI)	Solely b	y Mainte odial Staf	nance or	l		estos-Co	-			int (Spec	cify			- 5	.
IN Fac			J	I	1 (12)			aterial (A thermal s		- 1	Si	F or LF)	-		_	_	-
(13)	)						nsulati	on, surfa	cing, VA				- 1	7		IJ,	m
							or othe	er miscel	llaneous)	- 1			- 1	em	Re	Cap	nclo
			Vaa	N.	NI/A					- 1				Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A									-		ate o	e e
st Floor Nurses Station	, Hallways,	Patient			X	Flo	oor Ti	le / Shee	et Floorin	ng	14	,500 SF	-	+	$\dashv$	+	$\neg$
Rooms												· vetter er kil <del>se</del> (*i.)		X			
lame of Registered Was	to Haules		ALIDEE :		10												
rame of Registered Was	ie nauler		NJDEP \ Hauler IE		Cubic \	Yards of	Waste	•	Name of	Registe	red Lan	dfill					
ynatech, Inc.				429	80				Fairless	Hills							
City, State					_	al Date			City, Sta				-				-
ittle Egg Harbor, NJ 08	8087																- 1
completed By	1000	Title			Signatu	20, 2018	3		Morrisv		- 4						
							19	1_		יטן	ate						- 1
Diane Aloia		Executive	e Admini	strator	10/	line	lle	Oli	_	N	ovemb	er 7, 201	7				

JK 2841

Date of Notification (1)			T	Name of	f Building Ov	wner/C	Operator	(2)		1 1 1	6	2			3 1
06/01/18				Lakev	vood Publ	ic Sc	chool D	istrict			-		M-Total Manager		711
Agencies Notified	Type Notification		T	Street A				# (# P. C.   1   1   1   1   1   1   1   1   1		111	PENE -	. 7	20.	10.	1
☐ EPA	x Initial				amsey Av				il L	1	UM -	g	20	lŏ	Davis
DEP X DOL	Amended				te, Zip Code				arriam, a	L		2007			CTT-SAME
X DOL	Amendment Emergency		- L		ood, NJ (	0870	1			ASBE	STOS	CO	NTE	OL 8	i.
DOH	justification)				Contact					lephone		70,000,000	VG	Phone Harry	Company of the Contract of the
DCA	Cancellation	1			ny Adams				7	32-905-	7409				
Name of Facility Where	Abatement is Takir	n Place (3)		FACI	LITY INFOR	RMATI	ION	Type of Facil	lity (A)						DOMESTIC OF
Russel Wright Athl		-													
Street Address								School Subcha	(K-12) pter 8 (Oth	ner than k	(-12)				
755 Somerset Ave									.e. private			uild	ings,	home	es,
City (5)			-		*			etc.) Square Feet	1 # /	of Floors		DI	dg. A	90	
Lakewood								Oquare reet	# 0	JI F10015		Di	uy. A	ye	
County (6)			10	County (	Code (7)			Current Use	(Prior if be	ing demo	lished	1			
Ocean					JSE ONLY)				(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mig dome	monou				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.		Name	of Abatement	Contracto	r (9)					
AHERA Consultan	ts Inc.			0057	7		Acad	demy Const	truction I	Inc					
Street Address							Street	Address					<del></del>		
PO Box 385							205	Route 46 S	uite 14						
City, State, Zip Code							1000000	tate, Zip Code							
Oceanville, NJ 082							Toto	wa NJ 075	12						
Project Manager for Mor	nitoring Firm			Telephor				none No.		Licens					
Domenic D'Errico					77-8804			832 4244		0115	5				
Start Date (10) 06/14/18		Scheduled 06/28/18		pletion I	Date (11)		100000000000000000000000000000000000000	of OSHA Mon	0.7.777						
Occupancy Status Durin	a Abatamant (Char	Swedneser are	% 					e as above							
		15 3					Street	Address							
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	Period of Aba nal Facility He	atem	ent			City S	tate, Zip Code				-			
Other – Describe:						_	Oity, O	iato, Zip oodo	•						
Scope of Work (Check A	All That Apply)											-			
≥3 sf or ≥3 lf		X Ren	ova	tion				Full Conta	inment wit	h Negativ	e Pres	Sur	۵		
2160 sf or ≥260 lf			noliti					Mini-Enclo	sure		01100	our			
							X	Glovebag Non-Exem			riahle F	Proc	edur	2	
		ls Lo	ooti	00				1 HOW EXCIN	T T	id (toll-)	Table			ment	
Location	n of	0.7900.790	mall	23,300		Do	scription	of					Ту	ре	
Asbestos-Containing		Used S Mainte			Asbestos			non Material (ACM)	1	Amount				Ш	
TO BE AB		Custod		TOTAL CONTRACTOR OF THE PARTY O	(i.e. th	ermal	systems cing, VA	s insulation,		Specify		Rei	R	nca	Enc
(13)		(	12)		c		niscellar		5	F or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							1	<u>n</u>	-	late	re
11-4	I 1			14//3		-					_	-			
Hot water	neater		X			Bo	iler AC	M	2	4 SF	X			Χ	
								<u> </u>							
												$\exists$			
Name of Registered Wa	ste Hauler		N	JDEP W	aste	Cubic	Yards	Name	e of Regist	ered Lan	dfill				
Academy Construct	tion Inc			auler ID		of Wa	ste		less Lar						
City, State			0	034422		2 Diana	col D-t-								
Totowa NJ						Dispo: TBD	sal Date		State risville, f	ΣΔ					
Completed by		Title				Supplier.	Signature	1 1	La de la		Date				
John Geleski		PM					riginature	h. 14	L.		06/C	1/1	8		
							9/0	1 /10			00,0	., .	_		

CK 1215

Date of Notification (1)	AID	NC	(ruisu	ION OF ant to N	JAC 8:60	os ABATI and 12:1:	20)			E (	2 [		V	Pri
06/01/2018			HY	e of Buil	ding Own	er/Operato	or (2)			J	JN -	7	2018	
Agencies Notified Type Notifi	cation		-	et Addres									-010	and a second
☑ EPA ☐ Initial										IGREO	TYNG.	*****		
DEP Amen				State, Z					Non-amplication Act	ASBES	JOEN	SHYC <del>SHIC</del>	HOL	. &
_     Emer	iment #_ ency (includ	lina	- FOI	RT LEE	Ē					400000	er woman in the same			or department
i justific	ation)	mig		e of Con					Tel	ephone	Niumh	or.		
DCA Cance	liation			ONG K						-priorite	rearing			
Name of Facility Where Abatement is	Taking Plac	e (3)	FA	CILITY	NFORMA	TION	I T							
PRIVATE		. ,					i y	pe of Facility						
Street Address								School (K- Subchapte	12)					
Cit. (E)							X	Other (i.e.	private &	comme	(-12) ercial h	uildin	ns ho	moc
City (5) CLOSTER NJ							Sar	etc.) Jare Feet		Floors				
County (6)								2,000	2			Bldg 8	J. Age	9
7 (2)			Count	y Code ( E USE ON	7)		Cur	rent Use (Pri			lished	0	3	
Name of Monitoring Firm Hired by Buil	ling Owner	(8)						Y	2		,,,,,,			
	-3 OWNER	(0)	ASC	CM No.		Name	of At	patement Cor	ntractor (	9)				
Street Address						NOR	H	EAST EN	VIRON	MENT	AL L	LC.		
						Street 1126								
City, State, Zip Code						1		Zip Code						
Project Manage 5						NOR	THI	BERGEN I	NJ N70	147				
Project Manager for Monitoring Firm			Teleph	one No.		Telepho	one N	Vo.		License	No			
tart Date (10)	10-1					.1		- 0642	1	01300				
06/01/2018	O6/01	uled Co 1/2018	ompletion	Date (1	1)			HA Monitor	1					
Occupancy Status During Abatement (C	heck Only	nel		-				ALYTICAL	INC					
Facility Closed/Vacated During En	iro Dorind a	E A L	mon!		17	Street A					No.		,	
Abatement Performed Outside of N Other – Describe:	ormal Facili	ty Hou	ment rs					ip Code					<u> </u>	
] Other - Describe:						NEW								
cope of Work (Check All That Apply)	250			+										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov	ation _		0	$\Gamma$	Ful	II Containmer	of with M	t	_			
2	2	Demoli	ition		55		IVIII	11-Enclosure		eyauve	Pressi	ıre		
				,			No	ovebag Proce n-Exempted	dure (*) and N	lon-Frie	hla Dr			
9	4	s Local							( ) and (	on-i na	Jie Fit	800	emen	†
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Des	cription of	f	1					уре	
10 BE ABATED	Ma	aintena	nce/	Asbe fi.e	stos Conta	aining Mat systems in	terial	(ACM)	Amo				Ш	
In Facility (13)	Cus	todial (12)	Staff?	(	surfac	ing, VAT.	or	tion,	(Spe		Rer	Re	nca	Enc
	V	1	T		other m	iscellaneo	ous)		01	/	Removal	Repair	Encapsulate	Enclosure
Fisrt Floor (Closet)	Yes	No	N/A								=		ate	0
(Closet)		X			flo	or tile			40 s	f.	×			
											+			-2000
											-			
me of Registered Waste Hauler		N.	JDEP Wa	aste	Cubic Y	ards	1	Name of Re	nistered	anden				
I STATE ASSOCC			auler ID I 19951	lo.	of Wast			MINERVA				10		
/, State			10001		TBD Disposa	I Data	1		CINIE	RPKI	oe II	4C		
ONX NEW YORK					TBD	n Date		City, State	- חוום	01				
npleted by	Title					nature 2		WAYNES	PURG					
RLOS ESQUIVEL	SAFE	TY N	NAGE	R	5.9	15	-	mekts	100	Dat		040		
		-			1/	-		1	-	1 00	/01/2	018		1



### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 642-2018 Date of Notification (1) Name of Building Owner/Operator (2) June 4, 2018 STEVENS INSTITUTE OF TECHNOLOGY Agencies Notified Notification Type Street Address □Initial Notification 1 CASTLE POINT ON HUDSON **D**EPA ■ Amended Notification #1 – City, State, Zip Code D DCA deleted work area - moved to HOBOKEN, NJ 07030 X DOL Sub8 notification attached) Name of Contact Telephone Number 201-912-4651 2018 ☑ DEP- No Longer REQUIRED MR. DAVID FERNANDEZ. MS □Emergency (including X DOH DIRECTOR ENVIRONMENTAL justification attached) **HEALTH & SAFETY** □ Cancelled ASBESTOS CONTROL & **FACILITY INFORMATION** LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MC CLEAN HALL School (K-12) ☐Subchapter 8 (other than K-12) Street Address XI Other (i.e. private & commercial buildings, homes, etc.) MAIN CAMPUS (507 RIVER STREET) Sq. Feet: N/A # of Floors: 5 Bldg. Age: ~50 years City (5) County (6) County Code (7) HOBOKEN HUDSON (State Use Only) Current Use (prior if being demolished): ACADEMIC OFFICES Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) TTI ENVIRONMENTAL, INC. 00003 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 1253 NORTH CHURCH STREET 511 MAIN STREET City, State, Zip Code City State, ZipCode MOORESTOWN, NJ 08057 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MR. JIM GUILARDI 856-840-8800 ext.31 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/11/2018 06/14/2018 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD X Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ☑Other - Describe: 4:00 PM-12:00 MID (24 HRS. & FAIRLAWN, NJ 07410 WEEKENDS AS NEEDED) Source of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ **X** Renovation ☐ Mini-Enclosure X ≥ 160 sf or ≥ 260 lf Demolition ☐ Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO CEMS Dept. CHAIR OFFICE. X FLOOR TILE (including mastic) X 458 SF COPY ROOM, & CORRIDOR Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 20 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill 06/14/2018 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT June 4, 2018 Raymond C. Pedalins MANAGER

with the		State of N	lew Je	rsev - Notifi	cation of Asbestos	Abateme	if) F	<u></u>	F 1	7 07	F23 /
MO.					2. 8:60-7 and 12:120-7)		10),追	C			E
GAC Project # 642-2018  Date of Notification (1)	3				Name of Building Owner	r/Operator (2)	<u>IMI</u>				PED Back Suits
June '	1, 2018				STEVENS INSTIT	UTE OF T	CHNOLO	OGY	- 7	2018	A CONTRACTOR AND A CONT
Agencies Notified		Notification XInitial		ation	Street Address 1 CASTLE POINT	1	- Constitution of the Cons				and Carpen
□EPA □ DCA		Amend			City, State, Zip Code	E.	ASB	ESTO	SCO	NTHO	L&
X DOL		□Emerg iustifi		ncluding attached)	Name of Contact	U3U L.	Telephon	The second second	ENSIN	463	
DEP- No Longer REQU	IRED	□Cance		attacried)	MR. DAVID FERNANDE DIRECTOR ENVIRONN HEALTH & SAFETY	EZ, MS IENTAL	201-912				
Name of Equility Where Abete	mont in T	akina Dinas (2)	7777	FACILITY INI							
MC CLEAN HALL	ement is T	aking Place (3)			Type of Facility (4)  School (K-12)						
Street Address					Subchapter 8 (other tha		Promos				
MAIN CAMPUS (507	RIVER	STREET)			Other (i.e. private & co	# of Floors:			50 ve	ars	
City (5) HOBOKEN	County (	(6) JDSON		y Code (7) Use Only)							
					Current Use (prior if beir	ig aemolisned	): ACADE	WIC O	FFICE	5	
Name of Monitoring Firm Hire TTI ENVIRONMENTA			000	- Contraction of the Contraction	Name of Contractor (9)						
Street Address		W			GREENWOOD ABA	TEMENT C	ONSULT	ANTS	, INC		
1253 NORTH CHURCH	STRE	ET			Street Address						
City, State, Zip Code					511 MAIN STREET						
MOORESTOWN, NJ					City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring MR. JIM GUILARDI	g Firm	Telephone   856-840-		vt 31	Telephone Number		License No	umber			
					973-492-0477		00840				
Scheduled Start Date (10) 06/11/2018		06/14/20		on Date (11)	Name of OSHA Monitor ENVIROVISION, IN	C					
Occupancy Status During Al					Street Address	0.					
☐ Facility Closed/Vacated E  X Abatement Performed O					20-21 WARGARAW	ROAD					
Describe					City, State, Zip Code						
図Other - Describe: 4:00 WEEKENDS AS NEE		::00 MID (24	4 HRS.	č.	FAIRLAWN, NJ 074	10					
Source of Work (Check all tha	t apply)						· · · · · · · · · · · · · · · · · · ·				
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				■ Renovation		Full Containm Mini-Enclosur		gative	Pressi	ıre	
<b>∑</b> ≥ 160 sf or ≥				□ Demolition		Glovebag Pro					
					X	Non-Exempte	ed (*) and N				re
Location of Asbestos-Containi Material (ACM) in Facility (13)		ocation Norma ely by Maint./C			pestos Containing Material al systems insulation, surfac	ing, (Speci	fv SF		t Type		
	Sta YE	ff? (12) S NO	NA	VAT, or other miss	cell.)	or LF)		nove F	lepair E	encap E	Enclose
CEMS Dept. CHAIR OFFICE COPY ROOM, & CORRIDO		X		FLOOR TILE	(including mastic)	458 8	SF 🗵				
CONFERENCE ROOM 120 STORAGE 120A	&	X	1,176	FLOOR TILE	(including mastic)	431 8	SF 🗵				
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was		ID#	Cubic Yards of Waste:	20 CY	Name of R G.R.O.W				II
Hauler #1) Greenwood Abate	ment Con	sultants, Inc	Butler,	NJ 07405		Disposal Da	-	-	y, State	- Marian Constitution of the Constitution of t	
NJDEP # 12561 Hauler #2) Newark Carting, I	Inc., Newa	ırk, NJ 04509				06/14/20	18	7.2555		Ford M sville,	
NJ DEP # 4509								1923	067 5-736-1	700	
Completed by (Print or Type)	Т	Title			Signature	L	Date				-
RAYMOND C. PEDAL	.INO	SENIOR P		CT	Raumond C. De	dalina		e 1, 2	018		



### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 642-2018 Date of Notification (1) Name of Building Owner/Operator (2) June 4, 2018 STEVENS INSTITUTE OF TECHNOLOGY Agencies Notified Notification Type Street Address □Initial Notification 1 CASTLE POINT ON HUDSON X EPA ☑Amended Notification #1-City, State, Zip Code X DCA additional Work Area and HOBOKEN, NJ 07030 X DOL Name of Contact Telephone Number 201-912-4651 material moved from Non-Sub8 X DEP- No Longer REQUIRED MR. DAVID FERNANDEZ, MS notification attached) X DOH DIRECTOR ENVIRONMENTAL □Emergency (including **HEALTH & SAFETY** justification attached) ASSESTOS CONTROL & □Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MC CLEAN HALL ☐ School (K-12) Subchapter 8 (other than K-12) Street Address ☐ Other (i.e. private & commercial buildings, homes, etc.) MAIN CAMPUS (507 RIVER STREET) Sq. Feet: N/A # of Floors: 5 Bldg. Age: ~50 years County (6) County Code (7) HOBOKEN Current Use (prior if being demolished): ACADEMIC OFFICES HUDSON (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) TTI ENVIRONMENTAL, INC. 00003 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 1253 NORTH CHURCH STREET 511 MAIN STREET City, State, Zip Code City State, ZipCode MOORESTOWN, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MR. JIM GUILARDI 856-840-8800 ext.31 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/15/2018 06/25/2018 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD X Abatement Performed Outside of Normal Facility Hours -Describe: SUB 8 Occupied City, State, Zip Code ☑Other - Describe: 4:00 PM-12:00 MID (24 HRS. & FAIRLAWN, NJ 07410 WEEKENDS AS NEEDED) Source of Work (Check all that apply) XIFull Containment with Negative Pressure  $\square \ge 3$  sf or  $\ge 3$  If X Renovation ☐ Mini-Enclosure  $\ge$  160 sf or  $\ge$  260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA CEMS Dept. MANAGER X FLOOR TILE (including mastic) & 376 SF X OFFICE, ADMIN. ASST. SUSPENDED CEILING TILES OFFICE& NEW COPY ROOM **CONFERENCE ROOM 120 &** X FLOOR TILE (including mastic) & 451 SF X STORAGE 120A SUSPENDED CEILING TILES Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 20 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill 06/25/2018 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa NJ DEP# 4509 19067-215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT June 4, 2018 Raymond C. Pedalino MANAGER



### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 642-2018 Date of Notification (1) Name of Building Owner/Operator (2) STEVENS INSTITUTE OF TECHNOLOGY June 1, 2018 Agencies Notified Notification Type Street Address 1 CASTLE POINT ON HUDSON Initial Notification X EPA City, State, Zip Code ☐Amended Certification X DCA HOBOKEN, NJ 07030 □Emergency (including X DOL Name of Contact Telephone Number justification attached) DEP- No Longer REQUIRED MR. DAVID FERNANDEZ, MS 201-912-4651 **□**Cancelled DIRECTOR ENVIRONMENTAL X DOH **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MC CLEAN HALL ☐ School (K-12) 2018 Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) MAIN CAMPUS (507 RIVER STREET) Sq. Feet: N/A # of Floors: 5 Bldg. Age: ~50 years County (6) County Code (7) ASBEST City (5) Current Use (prior if being demolished): ACADEMIC OFFICES HOBOKEN HUDSON (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. TTI ENVIRONMENTAL, INC. 00003 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 1253 NORTH CHURCH STREET 511 MAIN STREET City State, ZipCode City, State, Zip Code MOORESTOWN, NJ 08057 BUTLER, NJ 07405 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number MR. JIM GUILARDI 856-840-8800 ext.31 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/15/2018 06/25/2018 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD X Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: SUB 8 Occupied ☑Other - Describe: 4:00 PM-12:00 MID (24 HRS. & FAIRLAWN, NJ 07410 WEEKENDS AS NEEDED) Source of Work (Check all that apply) Full Containment with Negative Pressure **X** Renovation ■ Mini-Enclosure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Demolition  $\ge$  160 sf or  $\ge$  260 lf ☐ Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Description of Asbestos Containing Material Abatement Type Location of Asbestos-Containing Is Location Normally Used Amount (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) NO NA YES CEMS Dept. MANAGER X X FLOOR TILE (including mastic) & 376 SF OFFICE, ADMIN. ASST. SUSPENDED CEILING TILES OFFICE& NEW COPY ROOM Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 20 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill N.IDEP # 12561 06/25/2018 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP # 4509 215-736-1700 Date Completed by (Print or Type) SENIOR PROJECT June 1, 2018 RAYMOND C. PEDALINO Raymond C. Pedalino MANAGER



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) 6-6-18 FOUNDATION ACADEMY CHARTER SCHOOL Agencies Notified Type Notification 363 WEST STATE STREET ××× **EPA** × Initial DEP City, State, Zip Code ASBESTOS CONTROL & Amended DOL Amendment # TRENTON, NJ 08618 LICENSING Emergency (including Name of Contact × DOH Telephone Number justification) × DCA **ANDREW** Cancellation 856-232-0400 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FOUNDATION COLLEGIATE ACADEMY School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 22 GRAND STREET etc.) City (5) Square Feet # of Floors Bldg. Age TRENTON 6600 5 +/-50 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) TRENTON RECTORY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AET PEPPER ENVIRONMENTAL SERVICES Street Address Street Address 28 N. PENNELL ROAD 2251 FRALEY STREET City, State, Zip Code City, State, Zip Code MEDIA, PA 19053 PHILADELPHIA, PA 19137 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. WILLIAM KLINGER 610-891-0114 215-533-5155 01166 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6-20-18 AET Occupancy Status During Abatement (Check Only One) Street Address 28 N. PENNELL ROAD Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: MEDIA, PA 19053 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf × Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1ST FLOOR X VAT 36SF X 1ST FLOOR X VAT X 72SF 1ST FLOOR-UNDER STAIRWELL X **ACPI** X 30LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT

NEW CASTLE, DE
Completed by
JENNIFER NIVEN

Signature

DIR. OF OPERATIONS

MINERVA LANDFILL

Disposal Date City, State LIBSON, OH

nature

City. State

Date

CK5254

PAID

FAIL	•			to NJAC 8:60 ar			m	EG	E	7		
Date of Notification (1) 6-6-18				of Building Owner			СНОО		1000			The state of the s
Agencies Notified Type Notification			Street A		OTDEE	_		JU	1	7 20	18	
■ EPA     ■ Initial     ■ Amended     ■ Amendment #		-		VEST STATE	STREE	.1	See					
DOL Amendment #				ITON, NJ 086	18		To the second se	ASBEST	OS C		ROL	&
Emergency (ii justification)  DCA  Emergency (ii justification)  Cancellation	ncluding	- 1		f Contact				phone Nu	imber	11147	name a visualina	A agricultural or to the real of
DCA Cancellation			ANDF	KEVV ILITY INFORMAT	ION		856	6-232-0	400			
Name of Facility Where Abatement is Taking	Place (3	3)			1011	Type of Facility	(4)					
RECTORY BUILDING Street Address						School (K- Subchapte		er than K-	2)			
201 ADELINE STREET						Other (i.e. etc.)				dings,	home	es,
City (5) TRENTON						Square Feet 4000	# of 3	Floors		3ldg. <i>A</i> -/-50	-	
County (6) TRENTON				Code (7) USE ONLY)		Current Use (Pr RECTORY	ior if bein	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O AET	wner (8)		ASCN	И No.		of Abatement Co			RVIC	ES		
Street Address 28 N. PENNELL ROAD						Address FRALEY ST	REET					
City, State, Zip Code MEDIA, PA 19053						tate, Zip Code ADELPHIA, F	PA 1913	37				
Project Manager for Monitoring Firm WILLIAM KLINGER			Telepho	ne No. 91-0114	Teleph	one No. 533-5155		License I	No.			
	Schedule	-		Date (11)	100000000000000000000000000000000000000	of OSHA Monitor		01100				-
6-20-18	7-15-1	8			AET							
Occupancy Status During Abatement (Check	- 50	- 15				Address . PENNELL R	OAD					
Facility Closed/Vacated During Entire Potential Abatement Performed Outside of Normal Other – Describe:					City, S	tate, Zip Code DIA, PA 19053						
Scope of Work (Check All That Apply)					IVILL	717, 1 7 10000						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenovat Jemoliti			×		e cedure	•			۵	
	Is	Locatio	on				, ,	110111110		Abate	ement	
Location of Asbestos-Containing Material (ACM)		Normall d Solel			scription			nount		l y	ре	
TO BE ABATED In Facility (13)	Cust	intenan codial S (12)	taff?	(i.e. therma surfa			(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
3RD FLOOR	Yes	No	N/A X	DRYWALL/J	OINIT	OMBOLIND	02/	2005	V			
3RD FLOOR			X	TRANS				00SF 2SF	X			
3RD FLOOR			X	TIVAING	ACPI	LILING		OLF	X	-		H
3.13.7 233.1					71011		- 00	, OLI	11			
Name of Registered Waste Hauler		927313	JDEP W		Yards	Name of	Register	ed Landfi	1			
SERVICE TRANSPORT		Ha	auler ID	No. of Wa	ste	MINEF	RVA LA	NDFILL				
City, State NEW CASTLE, DE				Dispo	sal Date	City, Sta LIBSO						
Completed by JENNIFER NIVEN	Title DIR.	OF O	PERA	TIONS	Signature	2	_	D	ate	01	P	



	(P	ursuant	to NJAC 8	:60 and	d 12:120	))	Euro and D	[7]	EC		7	/ [8	: [
Date of Notification (1) 05/30/ 2018			Building C				10	K	<u> </u>	land			Spirate metalin
Agencies Notified Type Notification		Street A	ddress	1				1	JU	N -	7 20	18	bo
EPA Initial Amended								had lead					the same
			te, Zip Coo		c				ASBES	TOSC	CONT	ROL	<u></u>
Emergency (including	g		ECK NJ, Contact	0700	0				phone N	ICEN	SING		-
DOH justification) Cancellation			K AXELF	ROD			3	1	1 - 836				
		FACI	LITY INFO	RMATI	ON					Zestely (Toe			
Name of Facility Where Abatement is Taking Place PRIVATE	(3)					Тур	e of Facility (						
Street Address						H	School (K-1 Subchapter		er than K-	-12)			
						X	Other (i.e. p etc.)	rivate &	commer	rcial bui	ldings	, home	95,
City (5)						Squ	uare Feet	# of	Floors		Bldg.	Age	
TEANECK NJ. 07666		C	2-4- (7)			0	2,000		2		9;	2	
County (6) BERGEN		County C	JSE ONLY)	_				N/A		isned)			
Name of Monitoring Firm Hired by Building Owner ( N/A	8)	ASCM	No.				batement Con			A1 11	_	1	
Street Address					Street	0.10	EAST EN	VIRUN	IIVIENI	AL LL	U		
Sueet Address			-: '	, * * * * * * * * * * * * * * * * * * *			51 STREE	ET.					
City, State, Zip Code			par 10 Pri				Zip Code	07	0.47				
Desirat Manager for Manifestor Circu		Talaabaa	- No	- '			BERGEN	NJ. 07	U47 License	Ne			
Project Manager for Monitoring Firm N/A		Telephor	ie iyo.		Teleph 201-		- 0642		01300				
Start Date (10) Sched	uled Con	npletion [	Date (11)		Name	of O	SHA Monitor						
	6/2018		2		EMS	LA	NALITYCA	L INC				nauge o	
Occupancy Status During Abatement (Check Only C		9			Street 307V								
Facility Closed/Vacated During Entire Period o Abatement Performed Outside of Normal Facil							Zip Code						-
Other – Describe:					NEV	VY	ORK NY. 1	0018					
Scope of Work (Check All That Apply)					_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova			*	×	1	full Containme Aini-Enclosure		Negative	Press	ле		
100 01 01 -200 11	Domoni				×	1	Slovebag Prod Ion-Exempted	cedure		n-			
						7 1	ion-Exempled	1) and	NON-FI	able Pr		emeni	
Location of	Is Locati Normal			Dec	scription	of					Т	уре	
Asbestos-Containing Material (ACM)	sed Sole	ly by		os Cont	aining N	later	ial (ACM)		nount			m	_
	stodial S		(i.e. t		systems				pecify or LF)	Rem	Repair	ncap	nclo
(13)	(12)				niscellar			0.	0. 2. /	Remova	pair	Encapsulate	Enclosure
Yes	No	N/A										Ite	Œ
BASEMENT	X		F	PIPE II	NSULA	ATIC	N	14	0 LF.	Х			
1													
- · · · · · · · · · · · · · · · · · · ·						Ų.							
Name of Registered Waste Hauler	1.000	IJDEP W lauler ID		Cubic of Was	Yards ste		Name of						
TRI STATE ASSOCC	300	9951		TB	D		MINER		NIERP	RISE			
City, State BRONX NY.					sal Date 3D		City, Stat		RG OH	10			
Completed by Title					Signature	1		11	-	Date		-	-
CARLOS ESQUIVEL SA	FETY I	MANAC	SER		5	1	Egamin	the file	17	05/30	/201	3	



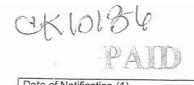
Date of Notification (1)		-			Mon	oo of Duildi		wner/Operator	(0)	1	EGE	3 1	W	Tr-	711411
	31 /	_ 18	8					# 1802-5273	Check#	4	15 6 1	= 1	<u> </u>		1
Agencies Notified  EPA	Type Notif		ĺ			et Address 000 Hadle	y R	oad			JUN -	7	2018	The second secon	IJ
⊠ DOLWD			(2		City,	State, Zip	Cod	e		-1				-1	- 1
☐ DHSS	Amend				So	outh Plair	ifiel	d, NJ		ě.	ASBESTOS	CON	ITROI	1	1
(NJAC 5:23-8)	justifica		iciuali	ıg	Nam	e of Contac	ct		- L		Telephone N	mber	<u>a</u>	- 0.	
**************************************	☐ Cancel	Section of the second			Ry	an Thom	ase	en			973-941-8				
							_	RMATION							
Name of Facility Where A	batement is	Takin	g Plac	e (3)					Type of Facili	ty (4)	)				
PSE&G- Orange Ga	s Facility								School (K-						
Street Address									☐ Subchapte ☐ Other (i.e.,	r 8 (	Other than K-	·12)	buildir	. ~ ~	
284 North Park Stre	et								homes, etc		ate and comi	rierciai	Dullali	ıgs,	
City (5)									Square Feet		# of Floors		Bldg.	Age	
East Orange, NJ															
County (6)					Cou	inty Code (7	7)(ST	ATE USE ONLY)	Current Use (I	Prior	if being demo	olished	)		
Essex									District Of	fice					
Name of Monitoring Firm	Hired by Bu	ilding (	Owner	(8)	ASCN	No.	Na	ame of Abateme	ent Contractor (	9)					
NA		_10 15.5						AbateTech, I	ıc.						
Street Address							St	reet Address							
								30 Maple Ave	. PO Box 25						
City, State, Zip Code							Ci	ty, State, Zip Co	ode						
			/				1	Lumberton, N	IJ 08048						12
Project Manager for Monito	oring Firm			Tele	phone	No.		lèphone No. 609-265-2107			License No. 00529				
Start Date (10)	/	Sched	uled C	omple	tion Da	ate (11)	Na	me/of OSHA M	onitor				=	-	-
4 /30 / _	18	6	<u>6</u> /	29	_ /	18		EMSL Analyti							
Occupancy Status During	Abatement	(Check	only	one)			Str	eet Address							_
☐ Facility Closed/Vacated	l During Ent	ire Per	iod of	Abate				200 Route 130	) North						
Abatement Performed (								y, State, Zip Co	SCHOOL SELECTION OF THE						_
Time of Abatement:	AM	PN	Λ/	_PM		AM		Cinnaminson							
Scope of Work (Check all t	hat apply)														
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		_	⊠ Re □ De	novati	on on			☐ Mini-Encl				lure			
			ls	Locat	ion	T		Z Non Exon	inpica ( ) and it	1	TIADIC I TOCCO		batem	ant T	
Location of				Norma				Description of					_	T .	
Asbestos-Containing M	aterial (ACN	1)		d Sole intena		Asbes	stos	Containing Mat	erial (ACM)		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility	EU			todial		(i.e.		ermal systems in surfacing, VAT,			(Specify SF or LF)	ova	≅÷	apsu	nso
(13)		1		(12)		4		her miscellaned			0. 0. 2. /	-		ilate	9
			Yes	No	N/A										
Exterior						Roof Pa	per	& TarFlashir	ng		2,290 SF	×			
Exterior						Sealant	Cat	ulk			300 SF	×			
Exterior						Roof Ins	sula	tion			7,800 SF	×			
Name of Registered Waste				13.55	JDEP V			oic Yards of	Name of Regi	stere	ed Landfill				
Environmental Trans	port Grou	р			NJD0	006920	Wa 4	0	G.R.O.W.	S. La	andfill				
City, State								posal Date	City, State	-C.FO	00				
Flanders, NJ							6	/29/18	Morrisville	e, P	A				
Completed By (Print or Type	50	Title						Signature	^ /			Date	[	10	2
Gwendolyn Trumbetti	i	Op	erati	ons (	oordi	nator		M	1			51	311	5	



**MAY 11** 

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

D. 1. (1) (1)					7A0 0.00 and 5.	,	ii G	C	N II	7 [	1
Date of Notification (1)					ing Owner/Operator			L	U L		
	18		P	SE&G /	Job # 1804-5305	Check #10	077				Manage of the last
Agencies Notified Type Notif	ication		Stre	et Address	5		JUN	- 7	7 20	18	
☐ EPA ☐ Initial			40	000 Hadle	ey Road		11 001		-		
	ed ment #		City	, State, Zip	Code	1,900		-			
	ency (includ	ina	S	outh Plai	nfield, NJ		ASBEST	OSC	OHI SING	ROL	C
(NJAC 5:23-8) justifica	ition)	9	Nam	ne of Conta	ict		Telephone Nur	nber	511/10	d Domestic Company	
☐ Cancell	ation		A	ndrew Pu	ık						
			F	ACILITY I	NFORMATION						_
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility	(4)				_
PSE&G- Hope Creek Island						School (K-1					
Street Address							8 (Other than K-1) private and comme		wildin		
299 Alloway Creek Neck Rd.						homes, etc.		er Clair L	Julian	igs,	
City (5)						Square Feet	# of Floors	E	Bldg. A	Age	_
Salem, NJ											
County (6)			Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			_
Salem						District Offi					
Name of Monitoring Firm Hired by Bui	lding Owne	r (8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)	15				_
NA					AbateTech, I	nc.					
Street Address					Street Address		691, 389				_
					30 Maple Ave	. PO Box 25					
City, State, Zip Code			-9		City, State, Zip Co	ode					_
					Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				_
/				1	609-265-2107		00529				
	Scheduled	5.0			Name of OSHA M	onitor					_
5 / 2 // 18			/	18/	EMSL Analyti	cal					
Occupancy Status During Abatement (					Street Address						_
Facility Closed/Vacated During Enti	re Period o	f Abate	ment		200 Route 130	) North					
Abatement Performed Outside of N Time of Abatement:AM	ormal Facil	ty Hou	s - Des		City, State, Zip Co	de					_
				_AM	Cinnaminson	NJ 08077					
Scope of Work (Check all that apply)											_
] ≥3 sf or ≥3 If	⊠R	enovat	ion		☐ Full Conta	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf	1	emolitic			☐ Glovebag	Procedure					
					Non-Exer     Non-Exer	npted (*) and Nor	n-Friable Procedu	re			
Location of		s Local Norma			D			Ab	atem	ent Ty	/p
Asbestos-Containing Material (ACM	1	ed Sole	ely by	Asbes	Description of stos Containing Mat		Amount	Re	Re	E	!
TO BE ABATED	M	aintena stodial		(i.e.	., thermal systems in	sulation,	(Specify	Removal	Repair	cap	-
IN Facility (13)	Ou.	(12)	otan:		surfacing, VAT, other miscellaneo		SF or LF)	<u>a</u>		Encapsulate	
· North	Yes	No	N/A	1	20.0000	/				te	
xterior				Floor til	e		37,000 SF				Г
		-	-		-		07,000 01		1		L
									Ш	Ш	
								П	П	П	Г
ame of Registered Waste Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill	1		_	_
Environmental Transport Group	0	Н	auler IE		Waste	G.R.O.W.S.					
ty, State			אסטנא	006920	Disposal Date	City, State					_
Flanders, NJ					6/8/18	Morrisville,	PΑ				
empleted By (Print or Type)	Title					morris vine,		60	1	51.000	_
Gwendolyn Trumbetti	Operat	ione (	`nordi	nator	Signature	1	Da	1.	119	2	
-41	Operat	ions C	, ooi ul	παισι		AT		ell	110	)	



Date of Notification (1)					Nan	ne of Buildi	na C	Owner/Operator	(2)				-			
6 /	1 /	1	8						ny / Job #1805	-534	6-6	heck-t	1018	6		HINDAY PRO
Agencies Notified	Type Notif					et Address			,	1000	1	5 11	L		W	E
⊠ EPA	☐ Initial	ncauoi	ı		100			ce- Building A	Δ	U	リー	<u> </u>	L	U		
□ DOLWD	☐ Amend	ded				, State, Zip			`	II	#		-77-24			
☐ DHSS	Amend			_		orristown						JU	-	7 %	2018	
☐ DCA (NJAC 5:23-8)		ency (i	ncludi	ng		ne of Contac	2000	3 07300		had T-1		- N				
(140/10 0.20-0)	☐ Cancel				STORES SERVICE	ohn Greco				į.	- Barre	ne Num		201	TDO	1 2
			700000							2	U1-p	023149	IOEI	<del>rein</del>	G	E OI
Name of Escility Where	\batamasti	T-1.1.	- 51	(0)	F/	ACILITY II	NFC	DRMATION		<u> </u>					and the Contract of	
Name of Facility Where A	Abatement is	siakin	ig Plac	ce (3)					Type of Facility (							
Street Address							_		School (K-12) Subchapter 8		er th	an K-12	)			
Corner of Overlook	Drive & N	lorth	Main	Stree	t				Other (i.e., pr homes, etc.)	ivate	and	comme	rcial b	uildin	ıgs,	
City (5)									Square Feet	# 0	of Flo	ors	IB	ldg. A	Age	
Wharton, NJ													-	-5.	.5-	
County (6)		1			Cou	inty Code (7	7)(S7	TATE USE ONLY)	Current Use (Prid	or if b	eing	demolis	shed)	-		
Monmouth								W.	Substation		-					
Name of Monitoring Firm	Hired by Bu	ilding (	Owner	(8)	ASCN	1 No.	Na	ame of Abateme	ent Contractor (9)							
1 Source Safety & h	ealth, Inc.							AbateTech, I	1.0							
Street Address							St	reet Address		_						
140 S. Village Ave. S	Suite 130							30 Maple Ave	e. PO Box 25							
City, State, Zip Code							_	ty, State, Zip Co								
Exton, PA 19341								Lumberton, N	NJ 08048							
Project Manager for Monit	oring Firm	7 (C. 1041)		Tel	ephone	No.	Te	lephone No.		Lic	ense	No.				
Brian Hovendon				6	10-524	4-5525		609-265-2107	KI.	1	0052	9				
Start Date (10)		Sched	luled (	Comple	etion Da	ate (11)	Na	ame of OSHA M	Ionitor							
_6_/_4_/_					/	18	1	EMSL Analyti	ical							
Occupancy Status During							Str	reet Address								
☐ Facility Closed/Vacated	During Ent	ire Per	riod of	Abate	ment		2	200 Route 13	0 North							
Abatement Performed ( Time of Abatement:	Outside of N	lormal	Facilit	y Hou	rs - Des	scribe	Cit	y, State, Zip Co	ode							
			/I/			_AIVI	(	Cinnaminson	, NJ 08077							
Scope of Work (Check all t	that apply)									8-74-		-11-11-91				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf				enovat emolitic				☐ Mini-Encl	ainment with Nega osure g Procedure npted (*) and Non-				0			
			Is	Locat	ion			23	inprod ( ) dire ( toli	1 HGK	010 1	100000	1	atom	ent T	V/D.C.
Location o				Norma				Description of	f						1	1
Asbestos-Containing M TO BE ABAT	aterial (ACN	Λ)		ed Sole intena		Asbes	stos	Containing Mat	terial (ACM)	3050	Amou	7.7.7	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial	Staff?	(1.6.		ermal systems in surfacing, VAT,			Spec F or		ova	≝	ısqı	nso
(13)		-		(12)	T	-		her miscellaned		- 5		/	-		llate	,e
			Yes	No	N/A											
(2) Exterior Poles						Asbesto		ontaining tra	insite		32 L	.F				
														П	П	П
lame of Registered Waste	Hauler				JDEP V		Cut	oic Yards of	Name of Registe	red L	and	fill	1-	_		
AbateTech, Inc.				1000	auler ID 18750	11 (4.20)	Wa 2		G.R.O.W.S. I							
City, State					.0100		-	posal Date	City, State							
Lumberton, NJ							6	/6/18	Tullytown, P	Α						
Completed By (Print or Type	e)	Title						Signature	1			Dat	e.		2000	
Gwen Trumbetti		Op	erati	ons (	oordi	nator		V	NYJ			1000000000	11	Ħ	8	

ASB-41 MAY 11

CK10178

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

Data of Natification (4)							_				parente access	p 1	3.72	
Date of Notification (1)  6 /	5 /	1	8					Owner/Operator ck BOE / Job	(2) #1805-5312 Ch	eck #10178	PG:1	of 2	$\mathbb{V}$	
Agencies Notified  ☑ EPA	Type Noti	ification	n		1	eet Address	3				N -	7 2	018	
⊠ DOLWD	☐ Amend	ded				60 NJ-18					A	1 2	010	
☑ DHSS	Amend		#		100	y, State, Zip								
☑ DCA	☐ Emerg		includi	ng				ck, NJ 08816		ASBES	TOS	CON	TRO	18
(NJAC 5:23-8)	justific					ne of Conta				Telephone Nur	nbeEN	ISIN	3	
	☐ Cancel	ilation			R	lyan Apple	ega	ite		732-744-77	74			
					F	ACILITY I	NF	ORMATION						
Name of Facility Where A	Abatement is	s Takir	ng Plac	ce (3)					Type of Facility (	(4)				
Irwin ES									School (K-12		21			
Street Address									Other (i.e., pr	(Other than K-1)	z) ercial b	uildin	as.	
75 Racetrack Road									homes, etc.)				3-,	
City (5) East Brunswick									Square Feet	# of Floors	E	Bldg. A	Age	
County (6)					Co	unty Code (	7)(S	TATE USE ONLY)	Current Use (Prid	or if being demoli	shed)			
Middlesex									School					
Name of Monitoring Firm		ilding (	Owner	(8)	ASC	M No.	N	lame of Abateme	ent Contractor (9)			- V-12	34-2	
Environmental Desi	gn, Inc.							AbateTech, I	nc.					
Street Address					-		S	treet Address						
5434 King Avenue								30 Maple Ave	. PO Box 25					
City, State, Zip Code							С	ity, State, Zip Co	ode					
Pennsauken, NJ 081								Lumberton, N	J 08048					
Project Manager for Monit	oring Firm			Tel	ephon	e No.	Te	elephone No.		License No.				
Tom Pruno						4-7462		609-265-2107		00529				
Start Date (10)						ate (11)	N	ame of OSHA M	onitor					
6/26/_					0_/	18		EMSL Analyti	cal					
Occupancy Status During							St	treet Address			-			
Facility Closed/Vacated	During Ent	tire Per	riod of	Abate	ment			200 Route 13	0 North					
Abatement Performed ( Time of Abatement:	Outside of N	Normal	Facilit	y Hou	rs - De	scribe	Ci	ty, State, Zip Co	de					
			vi/		_	_AIVI	'	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)					m = = = = = = = = = = = = = = = = = = =		Meno						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				enovat emoliti							·a			
			Is	Loca	tion	1			7	11100000	_	atem	ent Ty	ma
Location of				Vorma				Description of			10000	_		_
Asbestos-Containing Ma TO BE ABAT		4)		ed Sole intena				Containing Mat ermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?	(1.6.		surfacing, VAT,		SF or LF)	oval	Ę.	psu	nsc
(13)		ŀ	V	(12)	1 21/2	-	of	ther miscellaneo	us)	SUCKL SCHEDU LICEUM			late	Ð
/lulti-Purpose Storage	Room		Yes	No 🖂	N/A		sula	ation & assoc	fittings	65 LF				
Kitchen Serving Line					H	-		tion & assoc		15 LF				
Kitchen Storage				$\boxtimes$		1		tion & assoc		10 LF				
fulti-Purpose Room				$\boxtimes$		Vapor B	arr	ier & Mastic		3,000 SF		П	П	П
lame of Registered Waste	Hauler					Waste		bic Yards of	Name of Registe					
AbateTech, Inc.				71 76%	auler I 1875	D No.	Wa	aste 40	G.R.O.W.S. I					
ity, State							Dis	posal Date	City, State					
Lumberton, NJ							7	/10/18	Tullytown, P	A				
ompleted By (Print or Type		Title						Signature		Da	1 -	-1	^	
Gwendolyn Trumbetti	i	Op	erati	ons (	coord	inator			nus		2/6	11	8	

ASB-41 MAY 11



Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc.  Street Address Street Address S434 King Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code Pennsauken, NJ 08109 City, State, Zip Code City,												
	18							heck #10178	PG.	2 of	2	
Agencies Notified Type Notif	ication		Stre	et Address								
			100000000000000000000000000000000000000					France France	@ F	Π	ПЛ	Pr
☑ DOLWD ☐ Amend	ed				Coo	lo		HIN E	U E		W	12
		_						11/1		-		
	ency (includ	ling				K, NJ 000 ID				-		
The state of the s					200	· ·				/	2018	
					_			132-144	-///4			1
Name of Facility Where Abatement is	Toking Die	200 (2)		ACILITY	NFC	RMATION	T	ASBI	ESTOS	COI	YTRO	18
	raking Pia	ice (3)					1 000	(4)				
TOTAL TRANSPORT							Subchapter	2) 8 (Other than I	K-12)			
							Other (i.e., p	rivate and con		build	ngs,	
City (5)									- 1	Blda	Age	
East Brunswick							equare r cor	# 01 1 10013		Jiug.	Age	
County (6)			Cou	inty Code (	7)(S7	TATE USE ONLY)	Current Use (Pr	ior if being der	nolished			
Name of Monitoring Firm Hired by Bu	lding Owne	er (8)	ASCN	l No.	Na	ame of Abateme	ent Contractor (9)					
Environmental Design, Inc.												
Street Address					St	reet Address	0.000					
5434 King Avenue						30 Maple Ave	e. PO Box 25					
City, State, Zip Code					Ci	ty, State, Zip Co	ode					
Pennsauken, NJ 08109					1	Lumberton, N	NJ 08048					
Project Manager for Monitoring Firm		Te	lephone	No.	Te	lephone No.		License No	),			
		(	609-744	1-7462	1	609-265-2107		00529				
					Na	me of OSHA M	lonitor					
			10_/	18	I	EMSL Analyti	ical					
					Str	reet Address				- 25		
Facility Closed/Vacated During Ent	ire Period o	f Abat	ement		2	200 Route 130	0 North					
Lime of Abstement:	ormal Facil	ity Hou	urs - Des	scribe	Cit	y, State, Zip Co	ode					
	FIVI/		/	Alvi	(	Cinnaminson	, NJ 08077	46				
Scope of Work (Check all that apply)						M - 10 - 4			6			
≥3 sf or ≥3 lf	⊠R	enova	tion					ative Pressure	)			
≥160 sf or ≥260 lf						⊠ Glovebag	Procedure					
						∐ Non-Exer	mpted (*) and Nor	n-Friable Proce	edure			
Location of		200	100000			D			А	-	nent T	уре
	1)	ed So	lely by	Asbe	stos			Amount	Re	Re	E	Ē
TO BE ABATED	M				., the	ermal systems in	nsulation,	(Specify	Vom	pair	cap	clos
	00							SF or LF)	<u>a</u>		sula	ure
	Yes	No	N/A	1		TOT THOOGNATION	,40)				te	
Multi-Purpose Room						ng on block v	walls with	800 SF				
Kitchen Office & Small Hallway						tion & assoc	fittings	95 LF				
Stage Area				Pipe Ins	sula	tion & assoc	fittings	150 LF		-	П	
	П	-						2		T-		
Name of Registered Waste Hauler				Vaste I	Cul	oic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.		1135	Hauler ID	No.	Wa	ste						
City, State			10/50				City, State					
Lumberton, NJ								PA				
Completed By (Print or Type)	Title					Signature	6		Date	,	- 1	
Gwendolyn Trumbetti	I I I I I I I I I I I I I I I I I I I	ions	Coordi	nator		1 O	nel		L	NI	118	8

ASB-41 MAY 11



OD # 3378

Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)			-		MARCO
6/1/	18	8		0.00		e of New Jersey	E 15	NECE	700	$\mathbb{V}$		
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ Amend					et Address 100 Penni	ington Rd.	200	NIN .		2010		Statement with the last
☑ DOLWD ☐ Amend ☐ Amend ☐ Amend	17.70			City	State, Zip	Code	1 1	1 4 100		2010	)	-
☑ DCA ☐ Emerge			na	E	wing, NJ	08628	4	is to be a second secon				-
(NJAC 5:23-8) justifica	ation)		.5	Nam	e of Conta	ct		Telephone Num	nber	VIH	DL 8	1
☐ Cancel	lation			ıA	nanda Ra	adosti		609-771-28	811SIN	<u>IG</u>		
N				FA	ACILITY II	NFORMATION						-
Name of Facility Where Abatement is TCNJ-Green Hall	s Taking	g Plac	e (3)				Type of Facility					
Street Address							School (K-1		2)			
2000 Pennington Rd.							Other (i.e.,	8 (Other than K-12 private and comme	2) ercial b	uildin	as.	
City (5)							homes, etc.	.)			3-1	
Ewing							Square Feet	# of Floors	В	ldg. A	Age	
							66,000	2		88		
County (6) MERCER				Cor	inty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			-
	77.17											
Name of Monitoring Firm Hired by Bu AET, Inc	ilding (	Jwner	(8)	ASCN	A2003 T 50	Name of Abatem					3000	
Street Address				000	21	BRISTOL EN	IVIRONMENTA	AL, INC.				
28 Pennell Rd						Street Address		No.				
						1123 BEAVE						
City, State, Zip Code Media, PA 19063						City, State, Zip C						
						BRISTOL, PA	A 19007					
Project Manager for Monitoring Firm			1	ephone		Telephone No.		License No.				
Roy Mosicant					1-0114	215-788-6040	)	00509				
Start Date (10)6 / _18 / _18				etion Da	ate (11) 18	Name of OSHA N BRISTOL EN	Monitor VIRONMENTA	L, INC.				
Occupancy Status During Abatement						Street Address						
Facility Closed/Vacated During En	tire Per	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside of N Time of Abatement:AM	ormai PN	Facilit /// <u>7:00</u>	y Hou PM- <u>7</u>	rs - De :00AM	scribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat			Mini-Enc	g Procedure	gative Pressure on-Friable Procedu	re			
Y W P		1 1000	Locat						-	atem	ent ?	ŗ
Location of Asbestos-Containing Material (ACI	Μ)		Norma ed Sole		Aaba	Description o stos Containing Ma	of			_	1	
TO BE ABATED	"/		intena		(i.e	., thermal systems	insulation,	Amount (Specify	Remova	Repair	nca	
IN Facility (13)		Cus	todial (12)	Starr?		surfacing, VAT,	, or	SF or LF)	oval	=	Encapsulate	
(10)		Yes	No	N/A		other miscellane	ous)				ate	
ttic					Pipe Ins	sulation		1,500 LF		П		
			П	lп					+			
									분			-
					-				브			-
ame of Registered Waste Hauler		Ц		JDEP '	Mosts	Cubin Vanda d	<u></u>			Ш	Ш	
BRISTOL ENVIRONMENTAL, II	NC.		1990	auler II	D No.	Cubic Yards of Waste	Name of Regis	LANDFILL				
ity, State				1870	,	Disposal Date	City, State					9
								LLE, PA 19067				
BRISTOL, PA 19007												
	Title					Signature	1	, Da	te ///			

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

B & G proj. #: 2018-119

	.0	I. LEL	A.A.						-	Chee	k#_9000	1 0	D.O.	E2	-
Date of Notification (	(1)	11	Name of	Building O	no	r/Operator (2)				nte	6		W	E	m
10 16 1/10 11	1/1181			en Cahn		r/Operator (2)			description of	KI	and the latest that the state of the state o		anguerana an		The state of the s
Agencies Notified	Type Notificat	tion	Street Ad							1111	JUN	-7	2018	4	111
☐ EPA ☐ DEP	X Initial								designation of the second		0011		2010		and the same
X DOL	Amend			e, Zip Code off, NJ 0		31			The second state of the	AS	BESTOS LICE	NSIN		L &	
X DOH		1	Name of C	Contact			-	The second second second		Telepho	ne Numb				
☐ DCA	Cancell	ation	Cathl	een Cah	n					1	615-324				
				FA	ACIL	ITY INFORM	MOITA	١		1					
Name of facility whe	ere abatement	is taking p	lace (3)						Туре	of Facility	(4)				
Cathleen Cahn										Scho	ool (K - 12	5); 		40)	
Street Address					_						hapter 8 ( Private/			-12)	
											# of Flo	etc.	200.00000	dg. Ag	ne .
City (5)		Cou	inty (6)				Cou	inty Code (7)		16 1 661	# 01110	)is		29. A	30
Wyckoff		Ве	ergen				(Sta	ite use only)		ent Use ( sidential		ng den	nolish	ed)	
Name of Monitoring	Firm Hired by	Bldg. Owr	ier (8)		T	ASCM No.	$\neg$	Name of Abatement	-						
-					_ _	n/a		B & G Restora	tion, In	C.					-
Street Address								Street Address 105 Ryerson I	Road						
City, State, Zip Code							-	City, State, Zip Code							
				·				Lincoln Park,	NJ 07	035					
Project Manager for N	Monitoring Firm	1		Phone Nun	nbe	r		Telephone Number (973)696-686	39		Licens 0	Numb 0378	oer		
Scheduled Start Date	(10)	ISche	d. Comple	etion Date (	(11)		_	Name of OSHA Mor							
06/11/2018			12/2018					B & G Restora	tion, In	C. ,					
Occupancy Status Du	uring Abatemer	nt (Check	only one)				-	105 Ryerson F	Road						
Facility closed/								City, State, Zip Code				-			
Describe:Other-Describe	):				_		-	Lincoln Park, N	J 070	35					
Scope of Work (chec		y)												- 1	
☐ Demolition	X	Renovati	on				X F	ull Containment w/ne	gative p	ressure	Glove	bag pr	oced	ıre	
$3 \le 3 \le$	X	≥160 sf or	≥260 If					Mini-enclosure				friable			
Location of				y used sole	ely				TT			TR	R	Е	E
asbestos-conta material to be	aining	by maint staff(12)	enance/c	ustodial				sbestos-containing		Amount (Specific	CE ar	e m	e p	n c	n
abated in facilit	ty (13)	Yes	No	N/A	-	material (A	ACM)			(Specify LF)	SF or	0	a	а	C
access lacced by a	<del></del>		1	1000000	4	\/A-T						e	r	р	
ower level bedroo	The second secon			X	4	VAT				310 sf		X		井	H
& laui	ndry room		IIL	-	╬							井		븜	H
7				1	╬							#	片	H.	H
					#				-			+	H	H	H
Registered Waste Hai			EP Haule	r ID#	Cu	bic Yards of W	Vaste	Name of Registered				-1		Ш.	Ц_
B & G Restoration	on, Inc.	_	19563	IDiana a	-	4		Fairless L	andfill						
City, State Lincoln Park, NJ	J			Disposal 06		te 3/2018		City, State Morrisville	, PA						
Completed by (Print of Gordana Luna	or Type)	Title Secreta	rv/Trea	surer	T	Signature	1	Gordana Luna			Date	1/201	0		

### State of NJ

B & G proj. #:

2018-117

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

			学点	9 8 9				Check	# 9001				_
Date of Notification	1 (1)	111	Name of E	Building Owr	ner/Operator (2	)		In	) E (	0 [	1 1 1	1 W	7 E
10 16 1/10 11	1/118		Cristal							<i>U</i> 1	3 L	I U	
Agencies Notified	Type Notificat	ion	Street Add	ress									
☐ EPA	X Initial								II II	JN ·	- 7	201	8
☐ DEP	100000 1000000		City, State	, Zip Code				-	1		-		
X DOL	Amend	ment	Clifton	, NJ 0701	13				ASBES				OL &
<b>▼</b> DOH	П	11	ame of C	ontact				Telephor	e-Number	LICI	101	VÜ.	Marketing and Artist
☐ DCA	☐ Cancell	ation	Crista	l Dash				347-66	58-0189				
				FAC	CILITY INFORM	1ATIO	N						
Name of facility wh	nere abatement i	s taking pla	ace (3)					Type of Facility					
Cristal Dash									ol (K - 12) apter 8 (Ot	her th	an k	(_12)	
Street Address								X Other	(Private/Co	mme		-12)	
									Homes, et		D	ldg. A	70
City (5)		Cou	nty (6)			Co	unty Code (7)	Square reet	# 01 110013	,		ug. A	ge
Clifton, NJ 07	7013	Pa	ssaic			800.00	ate use only)	Current Use (P	rior if being	dem	olish	ed)	
Name of Monitorin	MM. 30 - 17 - 10 - 1					L,	INI	Residential					
Name of Wonttonn	g riim nirea by	Blag. Own	er (8)		ASCM No.		Name of Abatement						
Street Address					11/4	_	B & G Restorati	on, Inc.					
Officer Address							105 Ryerson R	oad					
City, State, Zip Cod	е						City, State, Zip Code					-	
							Lincoln Park, I	NJ 07035					
Project Manager for	Monitoring Firm	1	F	hone Numb	per		Telephone Number (973)696-6869	9	License I	Numb 378	er		
Scheduled Start Da	te (10)	Sched	I. Comple	tion Date (1	1)		Name of OSHA Moni						
06/13/2018		06/	14/2018				B & G Restorati	on, inc.	h <del>n</del>		_		
Occupancy Status I	During Abatemer	nt (Check o	nly one)	- 15		-	105 Ryerson Ro	oad					
Facility closed Abatement pe Describe:	d/vacated during erformed outside						City, State, Zip Code						
Other-Describ	oe:					_	Lincoln Park, N	J 07035					
Scope of Work (ch	eck all that apply	y)											
Demolition	X	Renovation	n				Full Containment w/neg	ative pressure	<b>X</b> Gloveb	ag pro	oced	ure	
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	X	≥160 sf or	≥260 If			X	Mini-enclosure	[	Non-fri	able p	roce	dure	
Location of			n normally	used solel	У					R	R	E	E
asbestos-con material to be		staff(12)	71100700		Description material (		asbestos-containing	Amount (Specify S	For	m	p	n c	n
abated in faci	lity (13)	Yes	No	N/A	materiary	(/ (0,01)		ĹF)		0 V	a i	a p	Ľ
basement and si	torage room			X	] pipe insula	ation		100 lf		e X	Ó		
·					-					닠		부	1
Registered Waste H	auler	IN IDI	EP Hauler	-ID# 1 C	Dubic Yards of \	Naste	Name of Registered	Landfill			Ц	Ш	
B & G Restorat			19563	.5,,	1		Fairless La		<u> </u>				
City, State Lincoln Park, N	ال			Disposal Dis	Date 14/2018		City, State Morrisville,	PA				10	
Completed by (Print Gordana Luna	or Type)	Title Secreta	ry/Tress	urer	Signature		Gordana Luna		Date 06/01	1201	8		
- Land		Joorda	, , i i cas	, ui UI	.1		0		1 00/01	201	U		

nock usbit

				3/4					·	111	11	12	10	15	11	//	G r
Date of Notification (1)  06 /	01 /	18				of Building Inty of B		ner/Operator ( gton	2)	1 1	1/3				n /	<u> </u>	7
Agencies Notified	Type Notifica		_		Ctroot	Address				11	11		11181	_ 7	00		-H
⊠ EPA	I ype Notifica	tion			200000000		s Val	lley Road		П		1	JUN	- 7	20	18	
⊠ DOLWD	☐ Amended				City, S	tate, Zip C	ode		Tribater de		L				SUCK RIVE		1
☑ DOH ☐ DCA	Amendme	-	ludina			ınt Holly		08060	1			ASBE	STO	SCC	NTE	OL	8
(NJAC 5:23-8)	justification		luuliig		Name	of Contact				T	ele	phone	Numb	ENISI	<del>VG</del>		
,	☐ Cancellati	on			Mar	k Hanse	n				85	6-722	-6700	)			
					FAC	CILITY IN	FOR	MATION									
Name of Facility Where	Abatement is T	aking	Place	(3)					Type of Facility	(4)							
Commercial									School (K-12				a according				
Street Address									☐ Subchapter ☐ Other (i.e., p						ildina	9	
9 Maple Avenue									homes, etc.			una 001	· · · · · · · · · · · · · · · · · · ·	nai bu	iidii ig	٥,	
City (5)									Square Feet		# 0	f Floors	s	Blo	lg. Aç	je	
Hainesport										-							
County (6)					Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pr	rior	if be	eing de	emolis	ned)			
Burlington																	
Name of Monitoring Firm	Hired by Build	ing Ov	wner (8	3)	ASCM	557.5			ent Contractor (9)								
T&M Associates		50000			0014	5	A	LL PRO MA	NAGEMENT L	LC							
Street Address							Stre	et Address									
200 Century Parkw	ay, Suite B							7 Outwater									
City, State, Zip Code								, State, Zip Co									
Mount Laurel, NJ 0								arfield, NJ	07026								
Project Manager for Mon	nitoring Firm				phone		1,000	ephone No.				ense N	lo.				
Kevin Burns	16				08-347			73-928-4888			1	188					
Start Date (10)	10000000			2000 T 1000	tion Da		1	ne of OSHA N									
06 /14 /					<u> </u>	10			NAGEMENT L	.LC							
Occupancy Status Durin							52,43,93	et Address									
□ Facility Closed/Vacate     □ Abatement Performed						cribe		7 Outwater									
Time of Abatement:							1 1	, State, Zip Co									
							G	arfield, NJ	07026								
Scope of Work (Check a	іі тпат арріу)							⊠ Full Con	tainment with Ne	aati	ve i	Pressu	re				
☐ ≥3 sf or ≥3 lf			Rei					☐ Mini-End	losure	3							
≥160 sf or ≥260 lf		l	Der	moliti	on				g Procedure mpted (*) and No	on-F	rial	ble Pro	cedur	e			
			ls	Loca	tion					Γ				T	ateme	ent T	vpe
Location	60.50.0			lorma	illy ely by			Description of									
Asbestos-Containing TO BE AB		)			ance/			Containing Ma rmal systems				Amoun Specif		Remova	Repair	nca	nclo
IN Facil			Cust		Staff?	(	S	urfacing, VAT	, or			F or LI		oval	=	Encapsulate	Enclosure
(13)		-	Yes	(12) No	N/A	1	oth	ner miscellane	ous)							ate	0
Office Wing Addition	. Poiler Deer	_			N/A	Crou D	a ila v	Dib Dooto/S	`aalamé	-		20.00		N7		П	
Office Wing Addition		-					1440	Rib Paste/S Insulation	bealant	$\vdash$	-	20 SF 80 LF					
	11 - 11 000 HE - NO HE - 10 NO AND 12 HE	-				VAT	9	caiutioii		-	_	,650 S			1		
Office Wing Addition- The Office Wing- Through		-		_						-	-			-			
	0	)[			I DEBY	VAT	Cut	io Vordo of	Nome of Deet	ot-		,900 S		$\boxtimes$			
Name of Registered Wa ATC / Century Was				100	NJDEP N Hauler II		Was	oic Yards of ste	Name of Regi Minerva Ente	rpri	ed ses	Landtil / G.R.C	D.W.S.	North	Lanc	Hill/	
Section Control of the Control of th	ote, LLO			100		10/32797	A	s Needed	Fairless Land	lfill							
City, State Shirley, NY / Elizab	neth N.I							posal Date BD	City, State Waynesbi	ırc	0	H/M	orries	rillo I	٥Δ		
		Tial-		_			Г.		viayile sui	uig	, 0	117 1410		8			
Completed By (Print or 1 Allen Monchik	(ype)	Title		8/				Signature	7.1 1.	,			Da				
Allen Worldhik		Pr	oject	iviar	ager			Allen	Monchik	e			6	/1/18	5		

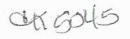
## State of New Jersey

				NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120 7) CONTINUATION SHEET					IĬĬ	JUN - 7 2018
				9 Maple Avenue		Abateme	nt Type			2010
		s Locati		Description of Asbestos-Containing		D		E	E	ASBESTOS CONTROL & LICENSING
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Main	rmally Solely I tenanc al Staff	oy :e/Cust	Material (ACM) (i.e. thermal	Amount (Specify SF or LF)	R e m o v a	R e p a i	n c a p s u	l o s u r	
	Yes	No	N/A							
Garage Roofing Levels and Connector Roofing Level			х	Grey Cementitious Corrugated Cement-Fiber Transite Roofing Panels	21,000 SF	х				
Office Wing Addition Roof Level			х	Black Asphaltic Rooting Flashing/Sealant Compound	600 SF	х				
Storage Room Roofing Level			х	Black Asphaltic Rooting Flashing/Sealant Compound	200 SF	х		-		
Storage Room/Employee				Black Asphaltic Rooting						

ECEIV

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Main	rmally Solely tenance al Staf	by ce/Cust	Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	e m o v a I	R e p a i	n c a p s u I	c l o s u r e
				Grey Cementitious Corrugated					
Garage Roofing Levels and Connector Roofing Level			х	Cement-Fiber Transite Roofing Panels	21,000 SF	х			
Office Wing Addition Roof Level			х	Black Asphaltic Rooting Flashing/Sealant Compound	600 SF	х			
Storage Room Roofing Level			х	Black Asphaltic Rooting Flashing/Sealant Compound	200 SF	х		8	
Storage Room/Employee Lounge Roofing Level			х	Black Asphaltic Rooting Flashing/Sealant Compound	150 SF	х			
Garage Rooting Levels and Connector Roofing Level			х	Black Asphaltic Rooting Flashing/Sealant Compound	600 SF	х			
Office Wing Addition- Boiler Room Assoc. With Boiler Unit			х	Interior Boiler Refractory, Packing, Gasketing and/or Insulation	1/4 CY	х			
Garage- Boiler Room Assoc. with Boiler Unit			х	Interior Boiler Refractory, Packing, Gasketing and/or Insulation	1/2 CY	х			
	-	-							
	-		-						

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 6/1/18





Date of Notification (1)					Name	of Buildin	g Owner/Operator (				D I	1 17		mental.
6 /	1 /	18	_		Hea	althSouth	n Corporation	7	/Jo	b #1806-2310	C	hk.#	504	5
Agencies Notified	Type Notifica	ation			Street	Address		-	14	1	to a proceed that the state of	seconds are in		
⊠ EPA					336	0 Grand	view Parkway, S	uite 200		1	MT Value		-	
⊠ DOLWD	☐ Amended				City, S	State, Zip (	Code	1		<del>  JUN -</del>	1	318	-11.	1 1 1
☑ DHSS ☐ DCA	Amendme		ıdina		Bir	mingham	n, AL			1			1	
(NJAC 5:23-8)	☐ Emergene justification		laing		Name	of Contac	t		$\neg$	Telephone Num	ber	'Qa'ni	2	
	☐ Cancellat				Eliz	zabeth Ma	ann			205-970-785			. Ct	
					FΔ	CILITYIN	IFORMATION		-	The state of the s				*****
Name of Facility Where Al	batement is T	aking P	lace (	3)	1 //	OILITT III	II OKWATION	Type of Faci	lity (A	1			_	
HealthSouth - Resid		uning i	1000 (	-,				School (K		,				
Street Address					_					Other than K-12	)			
16 Oliver Street										ate and comme	rcial bu	uilding	IS,	
City (5)					- 111-22-			homes, e	<b>*</b>	# of Floors	DI	da A	70	
Toms River								2500		2	Di	dg. A	ge	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)		/Drio	_	hod)			
Ocean					Cour	ity Code (/	J(STATE USE CIVLT)	Resident		r if being demolis	snea)			
Name of Monitoring Firm I	Hired by Ruild	ling Ow	nor (8)		ASCM	No	Name of Abatama							
Horizon	illed by build	ilig Ow	nei (o	1	ASCIVI	NO.	Name of Abateme			C				
Street Address							Asbestos and	i word Serv	ices	, Corp.				
PO Box 316							Street Address							
City, State, Zip Code						1-3-37	3859 Sylon B							
Thorofare, NJ 08086							City, State, Zip Co							
				T-1-		NI.	Hainesport, N	17 08036						
Project Manager for Monito					phone		Telephone No.			License No.				
Dave or Steve Flanic Start Date (10)		V = l= = = l · · l ·	10		6-848		609-702-0400			00862			1111172	
6 /11 /	200000	Schedule					Name of OSHA M							
				===	_ ′ -	18	EMSL Analyti	cai, inc.						
Occupancy Status During			3.50	0.00			Street Address							
☐ Facility Closed/Vacated							200 U.S. Rout		า			44-500		
Abatement Performed ( Time of Abatement:							City, State, Zip Co							
	X10212.00						Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)						M Euthorn		NI	tive Pressure	nali	15:11	1:	
≥3 sf or ≥3 if			Reno	vatio	on		☑ Full Cont	am <del>ment wit</del> n i Iosure	nega	tive Pressure	HEH	1300	0	
≥160 sf or ≥260 lf			] Dem	olitio	n		Glovebag							
						1		mpted (*) and	Non-	Friable Procedu	re		-00	
l anatinu a				ocati rmal							Ab	atem	ent T	уре
Location of Asbestos-Containing M		,	Used			Asbe	Description of stos Containing Mat			Amount	Re	Repair	En	En
TO BE ABAT	(ED		Main Custo				., thermal systems i	nsulation,		(Specify	Removal	pair	cap	Enclosure
IN Facility (13)	/			มลา 3 (12)	stan?		surfacing, VAT, other miscellaned			SF or LF)	'al		Encapsulate	ure
(15)		Y		No	N/A	1	other miscellanet	ous)				1	te	
Kitchen Area			] [	<u> </u>		Elear ti	le & Sheet Floori	ina	+	240 SF				
Exterior					-			ing	+					
Shed		-  -					e Siding		+	1800 SF				
		_ L					e Siding		-	400 SF		Ш	ᆜ	
Exterior		L	] [	_			y Flashing				$\boxtimes$		Ц	
Name of Registered Waste				10000	JDEP \ auler II		Cubic Yards of Waste	Name of Re						
Waste Management				1.,	17273		5	Grand C	Centr	al				
City, State							Disposal Date	City, State		410449				
Lafayette, NJ							6/29/18	Penn Ar	rgyle	, PA				
Completed By (Print or Typ	pe)	Title					Signature	~	7	// Da	ite		T = 2	
Joann Mullarkey		Adn	nin.				I Mi	MM M.	11	VMI	6-	111	1	
ACD 41								101011	101		U	1.4	3	

ASB-41 MAY 11

DA	E a l			(, a	ala Library			.00 and 5.1									
Date of Notification (1)	月.果./				Name	of Building	g Ow	ner/Operator	(2)	)							
6/	1 /	18	_		Hea	lthSouth	Co	rporation		/ Jo	ob #18	806-23	310	Ch	k. #	5045	
Agencies Notified	Type Notifica	tion			Street	Address					000000000000000000000000000000000000000		W-213-00-000				
⊠ EPA					336	0 Grand	view	Parkway, S	Su	ite 200	Theres.	\ E	0	E	П	1/7	E I
⊠ DOLWD	Amended			İ	City, S	tate, Zip C	Code				11	1	6	占	U	W	5
□ DHSS	Amendme		ludina		Birr	ningham	, AL										5
DCA (NJAC 5:23-8)	☐ Emergend		luuliig		Name	of Contac	t				Telep	hone N	Numbe	Γ .	7 0	010	
(	Cancellati				Eliz	abeth Ma	ann				20	970-	7850		/ 21	118	1
					FAC	CILITY IN	FOR	RMATION			Olympia (	L					
Name of Facility Where	Abatement is T	aking	Place	(3)					T	Type of Facility (	4)	ASE	BEST				. &
HealthSouth - Resi	dential									School (K-12)		-	CONTRACTOR OF STREET	JEIV:	SING	-	
Street Address	***************************************									☐ Subchapter 8 ☐ Other (i.e., pr ☐ Other (i.e., pr) ☐ Other (i.e.				al hui	Idina	9	- 1
12 Oliver Street									1	homes, etc.)	vato a	na con	micro	ai bai	iumig	٥,	
City (5)									1	Square Feet	# of	Floors		Blo	g. Ag	je	
Toms River										2500	2						
County (6)					Coun	ty Code (7	)(STA	TE USE ONLY)	1	Current Use (Prid	or if be	ing der	nolish	ed)			
Ocean										Residential							
Name of Monitoring Firm	Hired by Build	ing Ov	wner (	3)	ASCM	No.	Nar	ne of Abatem	en	nt Contractor (9)							$\neg$
Horizon							A	sbestos an	nd	Mold Service	s, Cor	p.					
Street Address							Stre	eet Address				-					$\neg$
PO Box 316							3	859 Sylon E	30	ulevard							
City, State, Zip Code			-					, State, Zip C						-			$\dashv$
Thorofare, NJ 0808	6					1 1 1 1	ainesport,										
Project Manager for Mon	25		Tele	phone I	No		ephone No.			Lice	nse No	`					
Dave or Steve Flan					6-848			09-702-040	n			0862					
Start Date (10)		chedu	led Co	13/3	tion Dat			ne of OSHA	_	nitor							-
6 / 11 /					/		100000000	MSL Analy									
Occupancy Status During								et Address		, iiio.							
☐ Facility Closed/Vacate					mont					e 130 North							
						crihe											
Time of Abatement:								, State, Zip C									
Coops of Made (Charles	II that analys						-	innaminso	n,	NJ 08077							
Scope of Work (Check a	ii that apply)							⊠ Eull Cor	ita	inment-with Neg	ative P	ressure	e Fh	rln	en l	Đ	
≥3 sf or ≥3 lf		- 2	⊠ Rei					IVIIni-End	CIC	sure			- 1	IC IU	JVLI	1	
≥160 sf or ≥260 lf		į	_ Der	nolitio	in			☐ Gloveba		Procedure opted (*) and Nor	Frich	lo Proc	odura				
			le	Locat	ion	T		M MOII-EXC	C11	ipted ( ) and No	I-I Hab	ie Fioc	euure	7.00		ent Ty	
Location	of			lorma				Description	of								
Asbestos-Containing		)		d Sole				Containing Ma	ate	erial (ACM)	A	mount		Ren	Repair	Enc	Enc
TO BE ABA				ntena odial S	nce/ Staff?	(i.e		rmal systems				Specify or LF		Remova	air	aps	Enclosure
(13)	ity	L		(12)				urfacing, VAT ner miscelland			Si	OI LF	'	<u>=</u>		Encapsulate	ē
**************************************			Yes	No	N/A					,						Ф	
Kitchen Area						Floor ti	le &	Tar Paper			2	00 SF		$\boxtimes$			
Crawlspace					$\boxtimes$	Transit	e Pip	ре				1 LF					
Doors & Windows - (	Doors & Windows - (12)							aulk				12 Ea					
Name of Registered Was	ste Hauler		1011		JDEP \	Vaste	Cub	oic Yards of		Name of Regis	tered L	andfill					
Waste Managemen	Н	auler II 17273		Wa:			Grand Cen										
City, State								posal Date		City, State							
Lafayette, NJ							6.	/29/18		Penn Argyl	e, PA						
Completed By (Print or T	ype)	Title	2.54214/37			I de com		Signature			1	- L/	Date				
Joann Mullarkey			lmin.					llhou	M	nMil	M	1			-1	8	

ASB-41 **MAY 11** 



Date of Notification (1)					Name	of Building	g Owner/Operator (	2)					
6/	1 /	18			Hea	althSouth	n Corporation	1.	Job #1806-2310	CI	nk. #	504	5
Agencies Notified	Type Notifica	ation			Street	Address	-		and the second s				-
☑ EPA					336	0 Grand	view Parkway, S	uite 200	IN EG	E	1		
□ DOLWD	☐ Amended					State, Zip C							=
☑ DHSS	Amendm					ningham							-
DCA	☐ Emergen justification		uding			of Contac			Telephone Numb	- 7	20	10	
(NJAC 5:23-8)	☐ Cancellat	20000			07-00-00	abeth Ma			205-970-7850			1077.51	į la
			3-3-3-						Basement House Assessment of			North a	1
Name of Facility Where A	hatement is T	Taking F	Place	(3)	FAC	JILII Y IN	IFORMATION	Type of Facility	ASBESTO	S CO		ROL	&
HealthSouth - Resid		aking i	1400	(0)				School (K-1	V. I.Z. comment of the state of				terent was consent
Street Address				- 12	-				8 (Other than K-12)				
30 Oliver Street								Other (i.e., phomes, etc.	orivate and commerc	ial bu	ilding	S,	
City (5)		-						Square Feet	# of Floors	Blo	ig. Ag	10	-
Toms River								2500	2	Die	19. A	jc	
County (6)					Coun	tv Code (7	)(STATE USE ONLY)		rior if being demolish	(ha			-
Ocean						ity codo (i	MOTHIE GOE GIVE IT	Residential		icu)			
Name of Monitoring Firm	Hired by Build	ding Ow	vner (	8)	ASCM	No.	Name of Abateme						
Horizon	22.000e0.00e0.00		•	1			AND	d Mold Service	•				
Street Address							Street Address		ос, согр.				
PO Box 316							3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co				-	A-11-01	
Thorofare, NJ 0808	6						Hainesport, N						
Project Manager for Moni	itorina Firm			Tele	phone I	No.	Telephone No.		License No.				
Dave or Steve Flani				1	6-848		609-702-0400		00862				
Start Date (10)		Schedul	led Co	omplet	tion Dat	te (11)	Name of OSHA M	A					
6 /11 /	18	6	_ /	_ 29	_ / _		EMSL Analyti						
Occupancy Status During			200				Street Address						
☐ Facility Closed/Vacate							200 U.S. Rout	te 130 North					
Abatement Performed Time of Abatement: _							City, State, Zip Co	ode					
						-tivi	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)						⊠ Poll-Com	minuma na cuista Nin	matica December C	1			
≥3 sf or ≥3 If			Rei	novatio	on		☑ Full Cont	am <del>ment wit</del> n ive losure	gative Pressure	net	sui	U	
≥160 sf or ≥260 lf			] Der	molitio	n		Glovebag						
			la.	Lasaki			Non-Exe     Non-Exe	mpted (*) and No	on-Friable Procedure				
Location	of			Locati Iormal			Description	£		Ab	ateme	ent T	ype
Asbestos-Containing I		1)	Use	d Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABA				intena			., thermal systems i	insulation,	(Specify	Removal	oair	aps	Enclosure
IN Facilit	ty		Ouot	(12)	Juli :		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	re
		,	Yes	No	N/A							Ю	
Roof		[				Shingle	es & Tar Paper		1500 SF				
Exterior					$\boxtimes$	Asbesto	os Siding		2000 SF	$\boxtimes$			
1st Floor Bathroom &	bedroom					Texture	ed Coating		200 SF	$\boxtimes$			
Chimney & Attic						Flashin	g & Joint Comp	ound	3 SF & 150 SF				
Name of Registered Was	te Hauler			1000	JDEP V	(M.T.T.T.T.T.)	Cubic Yards of	Name of Regi	stered Landfill				
Waste Management	t			H	auler ID 17273		Waste 5	Grand Cer	ntral				
City, State					11213		Disposal Date	City, State				201457	
Lafayette, NJ							6/29/18	Penn Argy	/le, PA				
Completed By (Print or T)	/pe)	Title					Şignature	1 0	III An Date	e			
Joann Mullarkey		10000000000000000000000000000000000000	min.				MILL	M = M/V			-11	1	
ASB-41				-1-10				IN IM	Wy II	1	1 1		
MAY 11		* Do	o not	use th	is form	for asbest	tos licensure exemp	ted activities.	U				

					CATION	ate of New Jers NOF ASBESTOS to NJAC 8:60 at	ABATE		T II	) <u>E</u>	G E	]	<u> </u>		
	e of Notification (1) //01/2018					f Building Owner Barhash	Operator	r (2)	Control of the contro	111	JUN -	- 7 :	2018	*	
Age	ncies Notified	Type Notification			Street A	ddress					00:	-	.0.0	-	1/2HERBER
×	EPA	Initial Amended			City Ch	to 7in Onda			***************************************	<u>L_</u>			11-20	- 2	
XXX	DEP DOL	Amended Amendment	<b>#</b>			ate, Zip Code clair Nj			# S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS	BESTU- LICE	NSIN	G	L OI	
×	DOH DCA	Emergency (i justification) Cancellation	ncluding			f Contact ia Davis				Tel	ephone Nu	ımber			
	DCA	Cancellation				LITY INFORMAT	ION						-		
Nan Bu	ne of Facility Where a uilding apartment	Abatement is Taking	Place (	3)				Тур	e of Facility School (K-	2002					
Stre	et Address	347							Subchapte Other (i.e. etc.)	r 8 (Oth			dings,	home	es,
City	(5) ontclair							Squ N/	are Feet A	# o N/	f Floors 'A		ildg. A	ge	
	nty (6) sex					Code (7) USE ONLY)			rent Use (Pr PARMENT		ing demolis	shed)	S#		
Nan N/	ne of Monitoring Firm A	Hired by Building C	wner (8	)	ASCN	/ No.	Name EHV	of At V AE	atement Co BATEMEN	ntractor T LLC	(9)				
Stre	et Address					25	Street 89 F		ess VKLIN STI	REET					
City	, State, Zip Code								Zip Code ON,NJ,07	524		-1			
Proj	ect Manager for Mon	itoring Firm			Telepho	ne No.	Teleph 973-		No. -5144		License I 01274	No.			
	t Date (10) /11/2018	•	Schedul 06/12		pletion	Date (11)			SHA Monitor BATEMEN		<u> </u>				
Occ	upancy Status During	g Abatement (Check	Only O	ne)			Street								-
×	Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire Page ed Outside of Norma OCCUPIE	eriod of	Abatem y Hours	ent		City, S	state,	Zip Code						_
-	pe of Work (Check A						PAI	EHS	ON,NJ 07	524					
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	п тас друу		Renova Demoliti			×	M	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure					
	4		Is	Locati	on				1	35		T	Abate	ment	
	Location Asbestos-Containing			Normall ed Sole			escription					-	Ту		-
,	TO BE ABA In Facili (13)	ATED	2	intenar todial S (12)	A CONTRACTOR OF THE PARTY OF TH			s insu T, or	lation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									e	
	CLOSE	:1		X			VAT			8	0SF	X			
h!	o of Doubleton 111	4-11-1-			IDEE:		V								
	e of Registered Was W ABATEMENT		H	JDEP Wauler ID 03709	No. of Wa	: Yards iste				RANSF				-	
City, PAT	State ERSON,NJ					Dispo TBD	sal Date		City, Stat		,				
	pleted by or Espíritu		Title Proje	ect Ma	nager		Signature	IK.	W	Un		ate 06/01/	2018		

				· -					1	1		THE RESERVE OF THE PARTY OF THE	-		1	Ш
Date of Notification (1)	A. 18, 19, 10.7				Name	of Building	) Own	er/Operator (	2)						*Birana	
06 /	01 /	18	_		540	Broad S	treet	Owners, Li	LC		JUI	1 - 7	2	018	***	14
Agencies Notified  EPA	Type Notifica	tion				Address 5 Palmer	Ave	nue, Suite 2	203	Į	50000					- Alternation
□ DOLWD	☐ Amended			ŀ		tate, Zip C		,			ASREST	<u>OS O</u> CENS			81	$\dashv$
☑ DOH	Amendme				10 00 10 00 00 00 00 00 00 00 00 00 00 0	chmont,		0538		** * !	Lai	CV-140	HAC	<u></u>		-
☐ DCA (NJAC 5:23-8)			uding	-		of Contact				Tel	ephone Nu	ımber		-		$\dashv$
(10/10 0.20 0)	☐ Cancellati			-	Patr	ick Dobl	oins				14-833-3					
					FΔC	II ITV IN	FOR	MATION								$\dashv$
Name of Facility Where A	Abatement is Ta	aking P	lace	(3)	170	/ILI1 1 114	1 010	IIIATION	Type of Facility	(4)						$\dashv$
Commercial		3		(-)					School (K-1)							
Street Address									☐ Subchapter	8 (Oth						
540 Broad Street									Other (i.e., phomes, etc.		and comn	nercial	buile	dings,		
City (5)		7	2011-1-12						Square Feet	•	of Floors		Bldo	, Age		$\dashv$
Newark													•	, ,		
County (6)					Coun	ty Code (7	)(STAT	E USE ONLY)	Current Use (P	rior if I	being dem	olished	)			$\dashv$
Essex						7 A	500				· · · · · · · · · · · · · · · · · · ·					
Name of Monitoring Firm	Hired by Build	ing Ow	mer (8	3) /	ASCM	No.	Nan	ne of Abateme	ent Contractor (9	)						$\neg$
Whitman Environm	ental						A	LL PRO MA	NAGEMENT L	LC						
Street Address							Stre	et Address								$\exists$
7 Pleasant Hill Roa	d						27	Outwater	Lane							
City, State, Zip Code							City	State, Zip Co	ode							$\neg$
Cranbury, NJ							G	arfield, NJ	07026							
Project Manager for Mon	itoring Firm			Tele	ohone I	No.	Tele	phone No.		Li	icense No.	88				
Kevin Lovely				73	2-390-	-5858	97	73-928-4888			1188					
Start Date (10)		chedule	ed Co	mplet	ion Dat	e (11)	Nan	ne of OSHA N	Ionitor							
06 /01 /	18	06	_ /	09	_ / _	18	A	LL PRO MA	NAGEMENT L	LC						
Occupancy Status During	g Abatement (C	check o	nly or	ne)	- 100-11		Stre	et Address							12.2	$\exists$
□ Facility Closed/Vacate							27	Outwater	Lane							
Abatement Performed							City	, State, Zip Co	ode							
Time of Abatement: _	AIVI	Pivi/_		_PIVI-		AIVI	G	arfield, NJ	07026							
Scope of Work (Check al	Il that apply)							<b>D</b> = #0								
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				novatio nolitio				☐ Mini-End	tainment with Ne losure g Procedure mpted (*) and Ne							
				Locat						Π			Aba	temen	Typ	ne l
Location				ormal d Sole				Description of				-	-		T	
Asbestos-Containing TO BE ABA		)		ntena				Containing Ma mal systems			Amount (Specify		Removal	Repair		Enclosure
IN Facil			Custo	odial	Staff?	,	S	urfacing, VAT	, or		SF or LF)		2	7   8	1	sure
(13)		Ι,	Yes	(12) No	N/A	1	oth	er miscellane	ous)					1 2	10	
Auditorium					×	Pipe Ins	sulat	ion			10 LF	0	3		5 1	
Auditorium		Г				Duct In	sulat	tion			50 SF	D	3			
		1	7								2660 6444		7		7	$\exists$
		-	7	П						$\vdash$		_	7		7	
Name of Registered Was	ste Hauler				JDEP \	Naste.	Cub	ic Yards of	Name of Reg	istere	d Landfill		-1			믝
ATC / All Pro Mana				H	auler II		Was	20	Name of Reg Minerva Ent Fairless Lan		el G.R.O.	W.S. N	orth	Land	fill/	
City, State	State Charles						Disp	oosal Date	City, State			are was				
Shirley, NY / Garfie	eld, NJ						T	BD	Waynesb	urg,	OH / Mor	risville	, P	Α		
Completed By (Print or T	Гуре)	Title	, 6.7-					Signature	***************************************			Date		3 M. Sil.		
Allen Monchik		Pro	oject	Man	ager			Allen	Monchie	6		6/1/	18			



PAID

### State of New Jersey

Who is were								1				-	-	Prii	nt Ho
PAT			CATION	ate of New I OF ASBE to NJAC 8	STOS	ABATE		•		E (				W [	
Date of Notification (1) 06/04/2018		T		f Building C anageme			(2)			JI	IN	- 7	20	18	
Agencies Notified Type Notification			Street A				or.		L	Actoria					-
EPA Initial Amended		-	City, Sta	ate, Zip Co	de		<i></i>			ASBES	HOE	NOI	WTI NG	ROL	<u> </u>
DOL Amendment : Emergency (i		-		fork, NY	1000	1			1-2-						
DOH justification) DCA Cancellation		opening the same		Poyker						lephone 2-239-					
			FAC	ILITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taking Commercial Building 4th Floor	Place (3	3)					Тур	e of Facility ( School (K-1							
Street Address 170 Market Street								Subchapter Other (i.e. p	8 (Oth	er than h & comme	(-12) ercial	build	ings,	home	BS,
City (5) Paterson	***************************************						100000	are Feet ,000	#0	f Floors		1	dg. A 0+	ge	
County (6) Passaic				Code (7) USE ONLY)			Cur	rent Use (Prio	or if be Buildi	ing demo	olishe	d)		***************************************	
Name of Monitoring Firm Hired by Building C RK Occupational & Environmental,	wner (8) Inc.		ASCN 0009					batement Cor enstruction			n, Ir	nc.			
Street Address 401 St. James Ave.	***************************************			**************************************		Street 265/	110000000000000000000000000000000000000	ress oute 46 Sui	te 3D					and the same of th	
City, State, Zip Code Phillipsburg, NJ 08865								Zip Code NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert	************		Telepho 908-4	ne No. 34-6316		Teleph 973-		No. -7010		License 0666	e No.			(Professional Control	
Start Date (10) 06/19/2018	Schedule 06/27/2		npletion	Date (11)		1000 1000 1000		SHA Monitor	& Re	storatio	n, Ir	ıc.			
Occupancy Status During Abatement (Check	Only Or	ne)				Street		ress oute 46 Suit	- 20				NATION AND ADDRESS OF THE PARTY OF		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of / al Facility	Abaten Hours	nent			City, S	itate,	Zip Code		NATURAL DESIGNATION PRODUCTION					
Scope of Work (Check All That Apply)						1010	wa,	NJ 07512				-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Enmedial .	Renova Demolit				F	N G	ull Containme lini-Enclosure Bovebag Prod lon-Exempted	edure					9	
	4	Locati				name and the second	ol		1/200				Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		os Cor therma surfa	escription taining N I systems scing, VA miscellar	Materi s insu T, or		(\$	mount Specify F or LF)	The state of the s	Remova	Repair	e Encapsulate	Enclosure
Alb Flora Marka Valla O'IL D	Yes	No	N/A					-			1			ଡି	
4th Floor Mechanical & Side Room 4th Floor Mechanical Room	-	X		Thor		t Insula ystem				15 SF	-	X			
THE POOL MECHANICAL HOURS	-	^		men	nal S	yolelli	iiisu	iialiUi1		5 LF	-	Х			
			-		er i me Rosen, asaa			-			+				
Name of Registered Waste Hauler		100000	JDEP W	H100000000 - 14	Cubic	Yards		Name of I	Registe	ered Land	dfill				
Bako Construction & Restoration, In	C.	0.0000	auler ID 0889	No.	of Wa	iste		Tullytov				cove	ery F	acilit	У
City, State Totowa, NJ						sal Date 7/2018		City, State Tullytov		4					
Completed by Damir Valjevac	Title Proje	ect Ma	anager			Signature	iur	ful			Date 06/		018		
						7						and the state of the state of	-	montenessam	m



		(P	ursuar	nt to NJA	C 8:60 and 5:1	(6)	MEC	F	n n	/7 [	7 5
Date of Notification (1)		i de secolo	Name	of Buildin	g Owner/Operator	(2)	111156	<u>-E</u>	11-1	<del> </del>	3
	18				of New Jersey	9				and the second	
Agencies Notified Type Notific	ation		Street	Address			HH JUN	- /	20	10	200
			200	00 Pennir	ngton Rd.					0	l lan
☑ DOLWD ☑ Amende			City, S	State, Zip (	Code						-
The state of the s	ent # <u>1-6/5/</u> icy (including		N	ing, NJ 0			ASBEST	OS CO ENS	INTE	OL	S.
(NJAC 5:23-8) justificati		3	Name	of Contac	t		Telephone Num	per	ING		
☐ Cancella			Am	anda Ra	dosti		609-771-288				
			FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility	(4)				
TCNJ-Green Hall						School (K-12					
Street Address						Subchapter  Other (i.e. n	8 (Other than K-12 rivate and comme	) rcial bi	iildina	S	
2000 Pennington Road						homes, etc.)		olal b	anunig	Ο,	
City (5)						Square Feet	# of Floors	В	dg. Ag	ge	
Ewing					Control of the Control of the Control						
County (6) Mercer			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No	Name of Abatom	ent Contractor (9)					
AET, Inc	unig Owner	(0)	ACCIVI	140.		IVIRONMENTA					
Street Address					Street Address	VIICORIIIERIA	L, 1110.				
28 Pennell Road					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip C						
Media, PA 19063					BRISTOL, PA						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.		-	-	
Roy Mosicant		6	10-891	-0114	215-788-604	0	00509				
The state of the s	Scheduled C	ompl	etion Da	te (11)	Name of OSHA I	Monitor					
5/21/18	_6_ /	_2	9_/_	18	BRISTOL EN	IVIRONMENTA	L, INC.				
Occupancy Status During Abatement (					Street Address						
Facility Closed/Vacated During Enti				era companya a	1123 BEAVE						
Abatement Performed Outside of No.  Time of Abatement:AM				cribe	City, State, Zip C						
		-			BRISTOL, PA	A 19007					
Scope of Work (Check all that apply)					⊠ Full Cor	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf	⊠ Re				☐ Mini-End	closure	,				
∑ ≥160 sf or ≥260 lf	∐ De	moliti	on			g Procedure empted (*) and No	n-Friable Procedu	'e			
	Is	Loca	ition			( )		1	ateme	ent T	vne
Location of	1 11	d Sol	ally lely by		Description						-
Asbestos-Containing Material (ACM TO BE ABATED	11		ance/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	nca	nclo
IN Facility	Cust	odial (12)	Staff?	(	surfacing, VAT	, or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)	Yes	No		1	other miscellane	eous)				late	(D
								+			
A44: -			-					17		<u> </u>	닏
Attic				Rooting	debris and bat	t insulation	22,600 SF		Ш	Ц	Ш
	$\Box$										
Name of Registered Waste Hauler		- 13	NJDEP V Hauler ID	This is a factor of	Cubic Yards of Waste	Name of Regis					
BRISTOL ENVIRONMENTAL, IN	VC.	,	18706		vvaste	FAIRLESS	LANDFILL				
City, State					Disposal Date	City, State	Market State of the second				
BRISTOL, PA 19007						FAIRLESS	HILLS, PA 1904	17			
Completed By (Print or Type)	Title	7.5			Signature	8 1	/Oa Da	te	3-	10	>
Brian Scafiro	Estimat	or			15min	Suppo	146	0-	5-	18	

ASB-41 MAY 11



011443358

Date of Notification (1)				Na	me of Build	ing Owner/Operato	r (2)	Open ii		
	_ /					ge of New Jerse		n ECI	E I W	
⊠ EPA 9135 ⊠ In ⊠ DOLWD 9098 □ Ar	mended			2	eet Address 2000 Penn y, State, Zip	ington Rd.		IN JUN	7 2018	
1101	nendmen nergency		ina	1	wing, NJ		Č.	ĺ		
(NJAC 5:23-8) jus	stification)	)	mg	Na	me of Conta	nct	11.	Telephone No	imber TDC	11 9
☐ Ca	ancellation	1		A	manda Ra	adosti	1	609-771-2		/L CX
				F	ACILITY I	NFORMATION			-	
Name of Facility Where Abatem	ent is Tak	ing Pla	ce (3)				Type of Facil	lity (4)		
TCNJ-Green Hall							School (K	(-12)		
Street Address							─ Subchapt	er 8 (Other than K-	12)	
2000 Pennington Road							homes, e	., private and comn	nercial build	ings,
City (5)							Square Feet		Bldg.	Λαο
Ewing									Diug.	Age
County (6)				Co	unty Code (	7)(STATE USE ONLY)	Current Use	(Prior if being demo	lished)	
Mercer						· · · · · · · · · · · · · · · · · · ·				
Name of Monitoring Firm Hired b	y Building	Owne	r (8)	ASC	M No.	Name of Abatem	nent Contractor	(9)		
AET, Inc							VIRONMENT	(Z = (Z))		
Street Address	M					Street Address			-	
28 Pennell Road						1123 BEAVE	R STREET			
City, State, Zip Code						City, State, Zip C	Code			-
Media, PA 19063						BRISTOL, PA	A 19007			
Project Manager for Monitoring F	irm		Tel	ephon	e No.	Telephone No.		License No.		
Roy Mosicant					1-0114	215-788-604	0	00509		
Start Date (10)					ate (11)	Name of OSHA	Monitor			
	_			9_/	18	BRISTOL EN	VIRONMENT	AL, INC.		
Occupancy Status During Abatem	ent (Che	ck only	one)	-		Street Address				
Facility Closed/Vacated During	Entire P	eriod of	Abate	ement		1123 BEAVE	R STREET			
Abatement Performed Outside Time of Abatement:AN	of Norma	al Facili	ty Hou	rs - De	scribe	City, State, Zip C	ode			
		101/1.01	0-1VI-1	.00AN	1	BRISTOL, PA	19007			
cope of Work (Check all that app	oly)					· · ·				
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf			enovati emolitic			☐ Mini-End	closure g Procedure	egative Pressure		
			Locat		T	Ed Holl Exc	mpted ( ) and N	Triable Procedi		
Location of Asbestos-Containing Material (	A CRAN		Norma ed Sole			Description of			Abatem	nent T
TO BE ABATED	ACIVI)	Ma	intena	nce/	Asbes	stos Containing Ma , thermal systems	terial (ACM)	Amount	Removal	Enc
IN Facility (13)		Cus	todial (12)	Staff?	(1.0.	surfacing, VAT,	or	(Specify SF or LF)	nova air	aps
(13)		Yes	No	N/A	1	other miscellane	ous)	,	=	Encapsulate
oom 204			×		Plaster			22 SF		е
tic		$\boxtimes$			Roofing	debris and batt	insulation	22,600 SF		
		П	П					-2,000 01		
		П								Ш
me of Registered Waste Hauler			I NI	JDEP 1	Masta	Cubia V	10			
BRISTOL ENVIRONMENTAL			100000	auler II		Cubic Yards of Waste		istered Landfill		
y, State	_,			18706	3			SLANDFILL		
BRISTOL, PA 19007						Disposal Date	City, State			
							FAIRLESS	HILLS, PA 190	17	
	Title					Signature				
mpleted By (Print or Type)  Brian Scafiro		stimat	~-			Signature	N 1:		te 5-7-	- 1

Mutt 3380

Date of Notification	(1)			Nami	e of	Building	Owner / Operate	or (2)					5.44			
	6/5/18						MUNICATION		M.	1200	1 E	CE	2	N I	1 [	3 [
	Type Notific	ation		Stree	t Ad	Idress			*	111		<u>W L</u>	3 - 1	1 1	J L	-,
☐ EPA	Γ <b>2</b>					H STR				115	1					-
☐ DEP ☐ DOL						e & Zip		000			ll J	IUN -	- 7	20	18	1
Ø DOH		rgency				Contact	NEW JERSEY	0801	16	hed he	2			TANKE!		Lan
DCA		ellation	1	Name	3 01	Comaci				and the same of th	L	Telep		desert missen man	-	
										-	ASBE				AOL 8	ž.
Name of Facility Wh	ara Abatam	antia Takin - D	l //	FA	CIL	ITY IN	FORMATION			L		LICE	NOI	:NO	-	Der Transport auf der
VERIZON - BURL	INGTON C	ENTRAL OF	ace (3	5)			Type of Faci									
Street Address	moron o	ENTITAL OF	IOL					-	Other tha	n K-12	2)					
446 HIGH STREE	Т								vate & com			nas h	omi	20 0	tc)	
							Square Feet		# of Floo		ar barrar	Bldg.				
City (5)		County (6)	Co	unty	Cod	e (7)	36600			4				80		
BURLINGTON		Burlington					Current Use	(Prior	if being de	emolish	hed)					
							COMMUNI		0.00		.5) 					
Name of Monitoring					A	SCM No	UPS									
USA ENVIRONME	ENTAL MA	NAGEMENT,	INC				BRISTOL E		RONMEN	TAL II	NC					
Street Address 8436 ENTERPRIS	FAVE						Street Addre		TDEET							
City, State & Zip Coo	Service Control of the Control of th			-			City, State &									
PHILADELPHIA P.							BRISTOL,									
Project Manager for	Monitoring F	irm	Telep				Telephone N	umbe		L	icense	Numb	er			
MARK JENKINS	(10)		215-3	_	_		215-788-60					00	50	9		
Scheduled Start Date 6/20/18	e (10)	Scheduled Con	npletio 6/21		te (1	11)	Name of OSI			TAI 11						
Occupancy Status D	uring Abater	nent (Check or					Street Addre		KONWEN	IALI	NC .					111111111111111111111111111111111111111
Facility Close	ed/Vacated [	During Entire P	eriod o	of Ab	aten	nent	1123 BEAV		TREET							
		utside of Norma	al Hou	ırs –	7am	to 3pm	City, State &						8-1111			
Describe:							BRISTOL, I	PA 19	9007							
Scope of Work (Chec																
Scope of Work (Che	ck all that ap	ppiy)							Full Cont	ainma	nt with	Nogati	V0	Droc	ouro	
≥3 sf or ≥3 lf			$\boxtimes$	Rer	iova	tion		$\boxtimes$	Mini-Enc		THE WHEN I	rvegati	VC I	103	Suic	
≥160 sf ≥260	If			Den	noliti	ion		Ħ	Glove Ba		edures					
									Non-Exe				ble	Proc	edur	e
	cation of			ocat			Description				mount	P	bat	eme	nt Ty	/ре
	s-Containing rial (ACM)	9	Norm	ialiy i ilely l		3	Asbestos-Con Material (A		g		pecify or LF)		T			
	E ABATED		Maint			r	(i.e., thermal s		ns	SF	OI LF)		Re	Z	nca	Enc
	Facility		Custo		Staff	?	insulation, surface	ing, \	/AT				Remova	Repair	Encapsulate	Enclsoure
	(13)			(12) No	N/A	^	or other miscell	aneou	ıs)				<u>a</u>	=	ilate	ıre
Basement Mech R	oom Far	. #2			14//	1	)/AT) 85-						7			
Basement Mech R			<del> </del>	+	F	1	VAT \ Mas				8 SF				뮈	님
Dacomont moon is	oom - rai	1 11 1	H	H	F	1	ripe ilisula	поп			2 LF		+		H	님
			H	H	十	1							╬	H	H	H
			Ħ	Ħ	F							1	╗	H	Ħ	ㅐ
								. Chen				一片	it	T	Ħ	Ħ
Name of Registered \	Waste Haule	er		1.5-15-15-15			Cubic Yards	Nam	ne of Regis	tered l	_andfill					
SERVICE TRANSP	ORT GRO	LIP INC			uler 990	ID No.	of Waste	пли	IERVA LA	NDE						
City, State	OILT GILO	OI , INO.		20	330		Disposal Date		State	MDFI						
NEW CASTLE, DE	19720						TBD		YNESBUI	RG. O	H 4468	88				
Completed By (Print of				Titl	e		Signature	1		, .		Dat	e			
PATRICK T. DeCA				F (500) (500)		ator		_	0 0		10	6/5				
							Patrick	. /	DeCa	no/	he	-				
							1	50	-0.	2 1	11	1				- 1

	PAT		100	an		- 11	1.0.7	<u></u>	oo ana	12.14		र ह	A E		N/I	2 /  G	7	1			
Date of Notification (1) 6/5/18						Name of Building Owner / Operator (2)  VERIZON COMMUNICATIONS									W	5		Carried Control			
						Street Address 216 LEXINGTON AVENUE  City, State & Zip Code											District and distr				
□ DOL					Code <b>\J 087</b>	01							Assessed A								
□ DOH		gency					ontact					ASI	BESTOS	Tele	pho	ne N	umb	er			
☐ DCA	☐ Cano	ellation									l	·	LICE	APING	2						
			ACILITY INFORMATION																		
Name of Facility Wh	Type of Facility (4) School (K-12)																				
Street Address					$\dashv$ $\vdash$	1 320	apter 8 (Other than K-12)														
216 LEXINGTON						Other (i.e. private & commercial buildings, homes, etc.)															
			4					Sq	Square Feet # of Floors Bldg. Age												
					/ Co	ode	(7)		20000												
LAKEWOOD OCEAN									Current Use (Prior if being demolished)												
Name of Monitoring	Firm Hired h	v Building Own	or (8)		_	AC	CM No		COMMUNICATIONS  Name of Abatement Contractor (9)												
USA ENVIRONM						AS	CIVI INC	N 60 (C. C. C			RONMENTAL INC										
Street Address		,							eet Address												
8436 ENTERPRIS					1123 BEAVER STREET																
City, State & Zip Code PHILADELPHIA PA 19153									City, State & Zip Code BRISTOL, PA 19007												
Project Manager for MARK JENKINS	365					Telephone Number 215-788-6040					License Number 00509										
Scheduled Start Dat 6/18/18	on D		(11	1)	1000000	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC															
Occupancy Status D	Ouring Abater	e)		_			Street Address														
Facility Clos					_	1123 BEAVER STREET															
Abatement F	- 78	am i	to 3pm		City, State & Zip Code																
Describe: Facility Occu					IBK	BRISTOL, PA 19007															
Scope of Work (Che																					
						-					tainment with Negative Pressure										
≥3 sf or ≥3 lf ≥160 sf ≥260 lf						vati olitic				nclosu	sure Procedures										
_ 100 31 2200 II					21110	אוונוכ	110						empted and Non-Friable Procedure								
Location of Is I						n		[	Description				Abatement Type								
Asbestos-Containing Norma									Asbestos-Containing Material (ACM)				(Specify			T T T					
Material (ACM) Sol TO BE ABATED Mainte									(i.e., thermal systems				SF or LF)			R	Encapsulate	Enc			
in Facility Custod					0.0-70.0	aff?	•	insulat	sulation, surfacing, VAT							Repair	nsdı	Enclsoure			
(13) Yes   1						N/A	4	or oth	r other miscellaneous)						Removal	7	late	ıre			
BASEMENT POWER ROOM								PIPI	INSIII A	TION		-	60 LF	-		$\Box$					
						Ħ		1 11 1	PIPE INSULATION				60 LF			Ħ	H	H			
													46			百					
			Н.	F	1	님	-									닏	H	H			
Name of Registered	Waste Haule			<u></u>		FP.	Waste	Cubic	Yards	Name	of Re	nistere	d Landfil	1				Щ			
SERVICE TRANSPORT GROUP, INC.					NJDEP Waste Cu Hauler ID No. of 20990 2				ste	MINERVA LANDFILL											
City, State								Dispo	sal Date	City, State											
NEW CASTLE, DE 19720								TBD		WAYNESBURG, OH 44688											
Completed By (Print or Type) PATRICK T. DeCARO						ma	tor	770	gnature Date 6/5/18												
		1				Patrick T. DeCaro/ (ne 6/5/18									1						

Cl# 3381

Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (	2)											
6/5/18						Verizon						P	F	П	W	F	T->			
Agencies Notified	Street	Address				117	LE	<u> </u>	<u>IC</u>		\V/	5	m							
□ EPA	Type Notifica				1 00000-		ntaoi	mery Place.	Lower Level	ر فويدا : ا الله ا						-				
☑ DOLWD	☐ Amended	1				State, Zip (	_		201101 20101		11	1113	1 -	7 0	018					
☑ DHSS	Amendme					tsburgh,			į	14	-	UUI		£	UIO.	1	L			
DCA	☐ Emergen	of Contac		10212		17	Telephone Number													
(NJAC 5:23-8)	justification   Cancellat				100000000000000000000000000000000000000	thony Po			District the state of the state	1	440	-633-	4024	CON	TRO	L&				
	ouriceilat	1011		_					412	-033-	+021	SINI	3	and the section of th	carated have					
NI	A1 -1	-11	DI	(0)	FA	CILITY IN	IFOF	RMATION	T=	acility (4)										
Name of Facility Where			Type of Facility (4)  ☐ School (K-12)																	
Verizon Cape May	Central Omo	School (K-12)  Subchapter 8 (Other than K-12)																		
Street Address								Other (i.e., private and commercial buildings,												
1116 Seashore Roa	aa								homes, et	c.)										
City (5)									Square Feet		# of F	loors		Blo	dg. A	ge				
Cape May																				
County (6)					Cour	nty Code (7	r)(STA	TE USE ONLY)	Current Use (Prior if being demolished)											
Cape May																				
Name of Monitoring Firm		Name of Abatement Contractor (9)																		
USA Environmenta	Il Manageme	BRISTOL ENVIRONMENTAL, INC.																		
Street Address			Street Address																	
8436 Enterprise Av	'e	1123 BEAVER STREET																		
City, State, Zip Code		City, State, Zip Code																		
Philadelphia, PA 19							BRISTOL, PA 19007													
Project Manager for Mon	itoring Firm	No.	Telephone No. License No.																	
Mark Jenkins		-5810	215-788-6040 00509																	
Start Date (10)	S	Name of OSHA Monitor																		
6 / 16 /	18	6	/	_1	<u>8</u> / .	18	BRISTOL ENVIRONMENTAL, INC.													
Occupancy Status During	g Abatement (0	Check	only o	one)			Street Address													
☐ Facility Closed/Vacate							1123 BEAVER STREET													
Abatement Performed	City	City, State, Zip Code																		
Time of Abatement: 7	:00AM-5:30F	/IVI/	P	IVI	AIVI		BRISTOL, PA 19007													
Scope of Work (Check all that apply)																				
≥3 sf or ≥3 If		r	⊠ Re	nova	ion			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure												
☐ ≥160 sf or ≥260 lf			De				☐ Glovebag Procedure													
								Non-Exe	mpted (*) and l	Non-F	riable	Proc	edure							
				Loca Norma				5						Abatement Type						
Location Asbestos-Containing	ely by	Ashe	etne	Description of Containing Ma			Amount			Re	Re	四	En							
TO BE ABA	ance/		., the	rmal systems	insulation,		(Specify			Removal	Repair	cap	Enclosure							
IN Facili	Staff?			surfacing, VAT her miscellane		SF or LF)			val	A	Encapsulate	ure								
(13)			Yes	(12) No	N/A	1	Oti	nei miscenane	ous)							te				
Cage room			П	П		Floor ti	lo ar	nd mastic		+	15	0 SF		$\boxtimes$			П			
- Cago room		=		-	1 1001 ti	ic ai	ia mastic			- 10	0 01	N===== 1 113								
														Ш	Ш	Ш				
														П	П	П	П			
Name of Registered Was	NJDEP '	Waste	Cut	oic Yards of	Yards of Name of Re			istered Landfill												
SERVICE TRANSPO		D No.	Wa		MINERV															
	0	Dia	I D-4-																	
City, State	10720						DIS	posal Date	City, State											
NEW CASTLE, DE			400000				WAYNESBURG, OH 44688													
Completed By (Print or T								Signature	1 1	1			Date		/	-				
Brian Scafiro Estimator								Brian Scafino / il 6/5/18												

ASB-41 MAY 11 B 5 180 74