246744		NOTIE	ICATIO Pursuan	state of New NOE ASBES	TOS ABATE o and 12:12	Ò)	т		Г	25 JN	EL - 8	- January	ist ff
Date of Notification (1) 6/4/18				of Building Ow i Develope		r (2)							
Agencies Notified Type Notifica	tion			Address				_	ASBES	510	78 C	ONT	ROL
☐ EPA Initial				ALESTA (1.74 Fe)				-	New Analiza Estate of Sales I	LIC	ENC	ING	
DEP Amende DOL Amende				tate, Zip Code wood, NJ 0						9/5			
	ncy (including	7		of Contact	0701			Telephoi	ne Numb	er			
DCA Cancella			Mr Fr					973-98					
Name of Facility Where Abatement is T	aking Place ((3)	FAC	ILITY INFOR	MATION	Tvp	e of Facility (4)						
						П	School (K-12						
Street Address	8					×	Subchapter 8 Other (i.e. pri etc.)	(Other tha	n K-12) nmercial	buil	dings.	, hom	es,
City (5) Cranford						Squ	are Feet	# of Floo 2	rs	E	Bldg. A	\ge	
County (6) Union			County (STATE	Code (7) USE ONLY)		Curr	rent Use (Prior ne	if being de	molished	d)			
Name of Monitoring Firm Hired by Build	ing Owner (8)	ASCI	M No.			atement Contr		.S				
Street Address					Street 6 WH		ess DOVE COI	JRT					
City, State, Zip Code							Zip Code	701					
Project Manager for Monitoring Firm	T	Telepho	one No.	Teleph 732-	none N	No.		ense No.					
Start Date (10) 6/7/18	Schedul 6/11/1		npletion	Date (11)	Name	of OS	SHA Monitor D PROFES						
Occupancy Status During Abatement (C	heck Only O	ne)			Street	7-35-59th							-
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of ormal Facilit	Abaten y Hours	nent S		City, S	tate, 2	DOVE COL Zip Code OOD, NJ 087						
Scope of Work (Check All That Apply)					LAKE		OD, NJ 001	UI					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit	ition ion		×	Mi GI	ull Containmen ini-Enclosure ovebag Proceon-Exempted (dure				e	
Location of		Locati Normal	ly		Description						Abate	emeni pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintenar todial S (12)	nce/	(i.e. the	Containing M rmal systems surfacing, VA her miscellan	lateria insul T, or	ation,	Amount (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure	
MITERIOR	No	N/A									ate	e	
INTERIOR				oleum Flo		3	150SF						
INTERIOR			F	Pipe insulat	tion		130 LF	x					
-													
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 1509		ubic Yards Waste		Name of Re	gistered La	andfill				
City, State NEWARK, NJ			THEOLOGIC	Di	sposal Date		City, State BETHLER	HEM PA					
Completed by JOSEPH PERLSTEIN	Title OWN	IER		L_	Signature				Date				

Date of Notification (1) 6/4/18 Agencies Notified Type Notification I EPA DEP DOL DOL DOL DOL DOL DOL DOL DOL	t#(including	(P	Name of Jersey Street A 911 Ea City, Sta Lakew		estos e:60 an wne#0 Mana ty Lind	ABATE d 12:120 Operator ngemen			AS	JUN BESTO	S CO	201 DNTF	
DOH justification DCA Cancellation			Sarah					1000	7324960	9 B 3 C 3 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C			
			FACI	LITY INFO	RMATI	ION						77.55	
Name of Facility Where Abatement is Takin Hudson Ridge Apartments Street Address 7112 Blvd E.	ng Place (3)					Subc	ocility (4) ol (K-12) hapter 8 (O r (i.e. privat	ther than he & comme	<-12) ercial bu	ilding:	s, hom	es,
City (5) North Bergen							Square Fe	et #	of Floors		Bldg.	Age	
County (6) Hudson			(STATE U	Code (7) USE ONLY)			apartme	se (Prior if t nt buildin	g	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/I No.			of Abateme						
Street Address						1000 575	Address HITE DOV	E COUR	RT				
City, State, Zip Code							state, Zip Co EWOOD,		1				
Project Manager for Monitoring Firm			Telepho	ne No.			one No. 668-9078		Licens 1200	e No.			
Start Date (10) 6/14/18	Schedul 6/19/1		npletion l	Date (11)		10000000	of OSHA M LEAD PF		ONALS				
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abaten	nent		_	6 WH	Address HITE DOV tate, Zip Co EWOOD,	de					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	personant (see	Renova Demolit					Mini-End Gloveba	itainment w closure ig Procedur empted (*) a	re ·			ire	
	10000	Locati										temen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normal ed Sole intenal todial s (12)	ly by nce/		os Cont hermal surfa		Material (ACI s insulation, T. or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
INTERIOR- Hallways				Fi	oor Til	e		1500SF	x				
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 4509	No. of Contract of	Cubic of Was 7		Na:	me of Regis	stered Lan	dfill			
City, State NEWARK, NJ					Dispos 6/19/	sal Date 18		, State THLEHE	EM PA				
Completed by	Title	IED			S	Signature				Date			

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Date of Notification (1) 6/4/18						g Owner/Oners Inc		r (2)		-	-	001		0 /	UH
	Notification				Address	leis inc	-			-	AS	besi	OS (TOW.	FF3CV
□ EPA 🗵 II	nitial				Harrison			27911000		laneacce.	New Sagarature,	1	CEN	SIM	A SACRE
X DOL A	mended mendment				tate, Zip (terfield,	Code NJ 085	15								
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Name of Facility Where Abateme	antin Talia	- DI	0)	FAC	ILITY IN	FORMATI	ON								
NJ Dept of Transportation	, Fernwo	g Place (od Bld	3) g #1,	Compr	essor S	hed		Тур	e of Facility (4)						
Street Address 1035 Parkway Ave								×	School (K-12 Subchapter 8 Other (i.e. pri	(Other t	han K-1	2) cial bui	ldings	, hom	es,
City (5) Trenton								Squ	etc.) are Feet	# of Flo	oors		3ldg. A	Age	
County (6) Mercer					Code (7) USE ONL	Y)			ent Use (Prior		demolis	hed)			
Name of Monitoring Firm Hired b	y Building (Owner (8)	ASCI	M No.			of Ab	atement Contr	actor (9)			11-11-11-1		
Street Address		-					Street 6 Wh		ess DOVE CO	URT					
City, State, Zip Code								Zip Code OD, NJ 087	701	-1.52					
Project Manager for Monitoring F	irm		Telepho	one No.		Teleph 732-4			10.000	cense N	No.				
Start Date (10) 6/14/18		6/21/1	8	mpletion	Date (11))			HA Monitor D PROFES	SIONA	LS				
Occupancy Status During Abater							Street 6 VVF		ess DOVE COU	IRT					
Facility Closed/Vacated Dur Abatement Performed Outsi X Other – Describe:	ide of Norm	al Facilit	y Hour	nent s			City, S	tate, z	Zip Code						
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≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				×	Mi	ill Containmen ni-Enclosure ovebag Proce on-Exempted (dure					
			Locat						ar Exempted () and Ive	Jii-i iiau	76110	Abate	ement pe	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	ed Sole intena todial ((12)	ely by nce/		stos Conta thermal surfac		lateria insul T, or	ation,	Amou (Spec SF or	ify	Remova	Repair	Encapsulate	Enclosure		
	No	N/A				^				a		late	ıre		
EXTERIOR			F	Roofing	and Fl	ashir	ng	4008	SF	x					
Name of Registered Waste Haule	r	1	IN	JDEP W	/aste	Cubic \	/ards		Name of Re	gistered	Landfill				
AAA LEAD PROFESSIONA	ALS		1.022	lauler ID 4509	No.	of Was	te		MERCER						
City, State .AKEWOOD, NJ						Disposi			City, State TRENTO	N NJ					
Completed by IOSEPH PERLSTEIN		Title	IFR			Si	gnature		1		Da	ite			

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Date of Notification (1) 6/6/18				Building 6		perator	(2)				<u>JU</u>	[V =	0 6	UID
Agencies Notified Type Notification EPA DEP Amended Amendment	#	C	-	idress e, Zip Co Grove,		756			S. Artistanian S.	/	ASBES	TOS LIGEI	CON	TRO
➤ DOH Emergency justification) DCA Cancellation	(including	N		Contact					Tele	phone N	lumber			
Name of Facility Where Abatement is Takin	a Diago (2)		FACIL	ITY INFO	DRMATI	ON	Tuno	of Facility (4	,					
Street Address	g Flace (5)							School (K-12 Subchapter 8 Other (i.e. pretc.)	?) 8 (Othe ivate &	comme	rcial bui		2-1-1	es,
City (5) Ocean Grove							Squa 2774	re Feet 1	# of	Floors		3ldg. A	\ge	
County (6) Monmouth				ode (7) ISE ONLY)			Curre	nt Use (Prio	r if bein	g demol	ished)			14
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Cont						
Street Address						Street 6 WH		ss DOVE CO	URT					
City, State, Zip Code								ip Code OD, NJ 08	701					
Project Manager for Monitoring Firm		T	elephon	ne No.		Teleph 732-6	one N 668-9			License 1200	No.			
Start Date (10) 6/17/18	Scheduled 6/20/18	Comp	oletion D	Date (11)				HA Monitor D PROFES	SSION	NALS				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire			nt			Street 6 WH		ss DOVE CO	URT					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:						10.		ip Code OD, NJ 08	3701					
Scope of Work (Check All That Apply)										o-salin is		011000		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the second s	novatio molitio				×	Mir Glo	Il Containme ni-Enclosure ovebag Proce n-Exempted	edure				re	
		ocatio						II Exemples	() 4.10	1101111		Abat	emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely tenano	by ce/		tos Con thermal surfa	scription taining W I systems cing, VA niscellan	Materia s insula T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		Dino	Insula	tion		1.5	50LF			6	
INTERIOR					Pipe	irisula			- 13	OULF	x			
Name of Registered Waste Hauler NEWARK CARTING	На	DEP Waller ID 509		Cubic of Wa 5	Yards	-	Name of F	Register	red Land	ifill		1		
City, State NEWARK, NJ					Dispo 6/20/	sal Date 18		City, State BETHLE		PA				
Completed by	Title	- P			5	Signature	3				Date			

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

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D. CH. III III III					الما	End had			لل الل	N - C	1 21	118	111
Date of Notification (1)	manar mer	1127420			50-0.070 0		Owner/Operator ((2)	led bu		19	ſ	
	05 /	18			Wal	ters Res	idential		1 3	4	4	L	anex.
Agencies Notified	Type Notifica	tion			Street	Address		<u> </u>	ASSES	TUUU	Childre	hot.	Sc
⊠ EPA									menter and an arrange and	LICENS		Liverage	nu merr
□ DOLWD	☐ Amended				City	tota Zin C	`ada			1.00			
☑ DOH	Amendme	nt #				tate, Zip C							
☐ DCA	☐ Emergend		luding			negat, N							
(NJAC 5:23-8)	_ justificatio				Name	of Contact			Telephone Num	ber			
	☐ Cancellati	on			Vict	or							
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is T	aking l	Place	(3)				Type of Facility	(4)				
Residence								School (K-12					
Street Address									3 (Other than K-12 rivate and comme		ildina	S.	
								homes, etc.)	wate and comme	. Olar ba	9	- ,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	\neg
LBI								1800 sf	1	(65		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Ocean								Residence	3				
Name of Monitoring Firm	Hired by Build	ina Ov	vner (8	3)	ASCM	No	Name of Abateme						-
N/A	r mod by band	mig O	,,,,,,,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.		ntracting, Inc.					
Street Address					_		Street Address	miracting, mc.					
Street Address							Control (1984) 1153 - 1157 - 115	N 11-14 04					
0							1889 Route 9	se succession de la company de					
City, State, Zip Code							City, State, Zip C						
								New Jersey 08	755				
Project Manager for Moni	toring Firm			Tele	phone I	No.	Telephone No.		License No.				
							732-349-9932		00624				
Start Date (10)	CHARLES AND ADDRESS OF THE PARTY OF THE PART	chedu	iled Co	mple	tion Da	te (11)	Name of OSHA N	Monitor					
06 /15 /	18	06	5_/	_ 22	/ _	18	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (C	Check	only o	ne)			Street Address						
□ Facility Closed/Vacate	ed During Entire	e Perio	od of A	Abate	ment		1056 Stelton						
☐ Abatement Performed	Outside of No	rmal F	acility	Hou	rs - Des	cribe	City, State, Zip Co						-
Time of Abatement: _	AM	PM	/	_PM		AM		New Jersey 08	854				
Scope of Work (Check all	that apply)		424-37										
- 82 825 - 825								tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Rer ☑ Der				☐ Mini-End	closure g Procedure					
⊠ ≥100 Si 0i ≥200 li			△ Dei	HOIL	311			empted (*) and No	n-Friable Proced	ure			
			ls	Loca	tion				2 C C C C C C C C C C C C C C C C C C C	Ab	atem	ent T	уре
Location	of			loma			Description of	of		ח	71	m	m
Asbestos-Containing I)			ely by ance/		stos Containing Ma		Amount	em	Repair	nca	ncl
TO BE ABA IN Facilit					Staff?	(ı.e	 thermal systems surfacing, VAT 		(Specify SF or LF)	Removal	¥	sde	Enclosure
(13)	· y		300000000000000000000000000000000000000	(12)			other miscellane		Si Oi Li)	=		Encapsulate	6
			Yes	No	N/A			3.0-2.1-1-3-1				(D	
exterior-house				\boxtimes		asbesto	os siding		1850 sf				
exterior-garage							os siding		800 sf		П		
Oxionol garage		-				assesi	oo olullig		000 31				=
				<u></u>									
Name of Registered Was					NJDEP N Hauler II		Cubic Yards of Waste	Name of Regis	stered Landfill				
Guardian Contracti	ng, Inc.			,	20223		3	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New Jersey							06/22/18	Tullytown,	Pennsylvania				
Completed By (Print or Type) Title							Signature	1	1 1	Date /	I		
Nicholas Fernicola			oject	Man	ager				1	1	1/	5	
			,		.J			1.	1	4/5	11)	

Ch 34940

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

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	7,) H	12	4	10		

Date of Notification (1)					Name	of Building	g Ow	ner/Operator (2)	TIL JUN	1-8	3 21)18	
	05 / _	18	_		Acc	urate Bu	iilde	rs		1 3	12	4	0	
	Type Notifica	tion			Street	Address				ASBEST			HOL	C.
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⊠ DOLWD	Amendme Amendme	nt#				State, Zip C								
1 1 2 2 3						ewood, l		8701			10			
(NJAC 5:23-8)	justificatio	n)			Name	of Contac	t			Telephone Number	er			
	☐ Cancellation	on			Aar	on Weinl	berg			848-210-1555				
					FAG	CILITY IN	FOR	RMATION						
Name of Facility Where Ab	atement is Ta	aking l	Place	(3)					Type of Facility (500				
Building #2									School (K-12) 3 (Other than K-12)				
Street Address										rivate and commerc	ial bu	ilding	s,	
59 2 nd Avenue									homes, etc.)			(=)	-	
City (5)									Square Feet	# of Floors	15.50	dg. A	ge	
Raritan					-				8,600 sf	2		65		
County (6)					Cour	ity Code (7)(STA	TE USE ONLY)		or if being demolish	ied)			
Somerset				n)					Building				1000	
Name of Monitoring Firm H		ing Ov	wner (8)	ASCM	No.	100		ent Contractor (9)					(8
Guardian Contractin	g, inc.								ntracting, Inc.					
Street Address	4							eet Address	11 '' 04					
1889 Route 9, Unit 61	I						-	889 Route 9	<i>#</i>					
City, State, Zip Code Toms River, NJ 0875	E							, State, Zip Co		755				
Project Manager for Monito				Tolo	nhono	No			New Jersey 087				16.20	
Nicholas Fernicola	ning Film			9000	phone 32-349		1	ephone No. 32-349-993 2		License No.				
Start Date (10)	Te	chadu	lad C	175375	tion Da			ne of OSHA M	2)	00624		E E		
06 / 06 /					llon Da			.M.S.L. Ana						
Occupancy Status During A								eet Address	iyudai					
☐ Facility Closed/Vacated	70		2.70	0.5	ment			056 Stelton						
☐ Abatement Performed (cribe		, State, Zip Co	odo					
Time of Abatement:							1 25	S	New Jersey 088	R54				
Scope of Work (Check all t	hat apply)							iscataway, i	vew octacy out	554				
≥3 sf or ≥3 lf		г	П Во						tainment with Neg	ative Pressure				
≥3 \$1 61 ≥3 11 ≥160 \$f or ≥260 If			_ Re ⊠ Dei					☐ Mini-Enc	g Procedure					
										n-Friable Procedure	9			li li
	20			Locat Ioma							Ab	atem	ent T	уре
Location o Asbestos-Containing M		.		d Sole		Asha	etne i	Description of Containing Ma		Amount	Re	Re	E	E
TO BE ABAT	ED	'		intena odial			., the	rmal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			Cusi	(12)	otali!			surfacing, VAT her miscellane		SF or LF)	a		Encapsulate	ure
(10)			Yes	No	N/A		011	nor misochario	ous)				te	
exterior		\boxtimes		asbesto	os ro	ofing mater	rials	8600 sf	\boxtimes					
exterior				window	gla	zing from 9	windows	9 windows	\boxtimes					
Name of Registered Waste	Hauler			N	JDEP \		Cub	oic Yards of	Name of Regis	tered Landfill			-	
Guardian Contractin	g, Inc.			Н	20223		Wa:	ste 0	T.R.R.F.					
City, State								posal Date	City, State					
Toms River, New Jer				0	6/29/18	Tullytown,	Pennsylvania							
Completed By (Print or Typ	oe)	Title						Signature	1	/ Dat	e/	. /		
Nicholas Fernicola		Pro	oject	Man	ager			1	· led	ν ξ	15	118	5	

Ch 346	140	NOTI				C 8:60 and 5:16			0			The Children or State of
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	TU LU JUN	2 8	720	18,	
06/	05 / 18	_		Acc	urate Bu	ilders) `	72	:70	
Agencies Notified	Type Notification			Street	Address			ASBEST			101	Si
⊠ EPA	☐ Initial			742	Ocean A	venue		First contract of the Fig.	GENS	ING.	70230	ar ta car
□ DOLWD □ DOLWD	Amended Amendment #			City, S	tate, Zip C	ode						
□ DCA		cludina		Lak	ewood, N	NJ 08701						
(NJAC 5:23-8)	justification)			Name	of Contact			Telephone Numb	er	177		
	☐ Cancellation			Aar	on Weinl	oerg		848-210-155	5			
				FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is Taking	Place	(3)				Type of Facility ((4)				
Building							School (K-12					
Street Address								(Other than K-12) ivate and commerce		ilding	S,	
68 First Avenue							homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
Raritan							5000 sf	1		55		
County (6)				Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolis	ned)			
Somerset							Building					
Name of Monitoring Firm		wner (8)	ASCM	No.	Name of Abateme						
Guardian Contracti	ng, Inc.						ntracting, Inc.					. /
Street Address						Street Address						
1889 Route 9, Unit	61					1889 Route 9	<u> </u>					
City, State, Zip Code						City, State, Zip Co						
Toms River, NJ 087							New Jersey 08					
Project Manager for Mon				phone I		Telephone No.		License No.				
Nicholas Fernicola			1000	2-349		732-349-9932		00624				
Start Date (10)			0.5	tion Dat		Name of OSHA M E.M.S.L. Anal						
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate	ed During Entire Per	riod of	Abate	ment		1056 Stelton						
☐ Abatement Performed						City, State, Zip Co	ode					
Time of Abatement: _	AMPI	Λ/	_PM-		AM	Piscataway, N	New Jersey 08	854				
Scope of Work (Check al	I that apply)							\$4.00±25.0=0.00±0.0=0.00±0.00±0.00±0.0=0				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Re ☑ De	novati molitic			☐ Mini-Enc ☐ Glovebag	g Procedure	pative Pressure n-Friable Procedur	e			
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Location			Norma		1000 000 000	Description o						
Asbestos-Containing TO BE ABA			d Sole intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facil		Cust		Staff?	(1.0	surfacing, VAT,	, or	SF or LF)	oval	=	lusc	Sure
(13)			(12)	1	-	other miscellane	ous)				ate	10
exterior		Yes	No ⊠	N/A	ashesto	os roofing mater	ial	5,000 sf				П
		27m 34	25 - 10				iai		200			
exterior					aspesic	os transite pipe		12 lf				
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			Щ				Th. (5)				Ш	Ш
Name of Registered Was Guardian Contract			4.953	IJDEP \ lauler I[Cubic Yards of Waste	Name of Regis	stered Landfill				
	ing, inc.			20223	3	10						777-2
City, State	oroov					Disposal Date	City, State	Donnaulisaals				
Toms River, New J						06/29/18 Signature	A lullytown,	Pennsylvania	t- 1	1		
Completed By (Print or I	VDE) Liffe	4				Dignature		/ I Da	Te /	7		

State of New Jersey

Nicholas Fernicola

Project Manager

43404	6	NOTI	FICA (Pur	TION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16	EMENT		******	(V)	<u>店</u>	formation and a second
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	III JUN -	- B	2016		
06 /	05 / 18				urate Bu	no-selection of the selection of the sel	-/	_1 34-	14	1)		
			_					ASBESTOS	001	H) &	
Agencies Notified	Type Notification ☐ Initial				Address Ocean A	Vanua	L	LICE	NSIF.	Gi		
☑ DOLWD	Amended		-	100 - 100 - 200 / 1	tate, Zip C							
DOH	Amendment #_			700								
☐ DCA		cluding			ewood, N			T=				
(NJAC 5:23-8)	justification)		1		of Contact			Telephone Number				
	☐ Cancellation			Aaro	on Weinb	erg		848-210-1555	<u> </u>			
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Taking	Place	(3)				Type of Facility					
Garage							School (K-12					
Street Address								8 (Other than K-12) private and commerce	ial bui	ldina	S.	
14 3rd Avenue 5	est						homes, etc.					
City (5)							Square Feet	# of Floors	Blo	g. Ag	je	
Raritan							300 sf	1	6	5		
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	rior if being demolish	ed)			
Somerset						· · · · · · · · · · · · · · · · · · ·	Garage					
Name of Monitoring Firm	Hired by Building C	wner (B) A	SCM	No.	Name of Abateme	ent Contractor (9))				
Guardian Contract	ng, Inc.					Guardian Cor	ntracting, Inc.					
Street Address	374		-			Street Address			-			
1889 Route 9, Unit	61					1889 Route 9	. Unit 61					
City, State, Zip Code				- VI - I VI		City, State, Zip Co						_
Toms River, NJ 087	755						New Jersey 08	3755				
Project Manager for Mon			Teler	hone N	No	Telephone No.		License No.				
Nicholas Fernicola				2-349-	VC-100-100-100-100-100-100-100-100-100-10	732-349-9932	i	00624				
Start Date (10)	Sched	uled Co	100,650	202200	Terrent,	Name of OSHA M		00024				
06 / 06 /				/		E.M.S.L. Anal						
			60	- (*)-								
Occupancy Status During						Street Address						
□ Facility Closed/Vacate □ Abatement Performed	(E)				rihe	1056 Stelton						
Time of Abatement:						City, State, Zip Co						
p					KO10 Y K	Piscataway, I	New Jersey 08	3854				
Scope of Work (Check a	II that apply)					☐ Full Conf	tainment with Ne	native Pressure				
≥3 sf or ≥3 lf		Re	novatio	n		☐ Mini-Enc	losure	gative i ressure				
≥160 sf or ≥260 lf		□ Deleter □ Delet	molitio	n			g Procedure	Frieble Deceder	2			
		le	Locati	00		☑ INOII-EXE	impled () and No	on-Friable Procedure	_		T.	
Location	of		lormal			Description o	of.		-		ent Ty	
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TO BE ABA		10000000	intenar odial S			., thermal systems	insulation,	(Specify	Von	air	aps	losi
IN Facil (13)	ity	Cusi	(12)	naii:		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	Тe
(10)		Yes	No	N/A		other miscellane	.003)				e	
exterior			\boxtimes		asbesto	s roofing mater	rials	300 sf		П	П	
interior	720-100					s pipe insulatio		30 If				
Interior					asseste	75 pipe madiano	//I	3011				
				_					닏			
										Ш	Ш	
Name of Registered Wa			1000000	JDEP V auler ID		Cubic Yards of Waste		stered Landfill				
Guardian Contract	ing, Inc.		110000	20223		3	T.R.R.F.					
City, State					Disposal Date	City, State	0					
Toms River, New J	ersey					06/29/18	Tullytown	, Pennsylvania)		
Completed By (Print or T	ype) Title	9				Signature		Dat	e /	Elizana.	-1	

Nicholas Fernicola

Project Manager

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Date of Notification (1)							Owner/Operator (2)	16.	30 11	(-	1	
	05 /	18				urate Bu	ilders		ACOFORA	14	1		1
Agencies Notified	Type Notifi	cation				Address			LIGE	MISN	HG	_ &	
☑ EPA ☑ DOLWD	☐ Initial☐ Amende	- d				Ocean A	W. W	42		man In			77.0170
☑ DOLWD	Amend				7.00	tate, Zip C							
DCA		_			Lak	ewood, N	NJ 08701						
(NJAC 5:23-8)	justifica	tion)			Name	of Contact			Telephone Numb	er			
	☐ Cancell	ation			Aar	on Weinl	berg		848-210-155	5			
					FAC	CILITY IN	FORMATION				2471		
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility (4	-)				
Building								School (K-12)					
Street Address								Subchapter 8 Other (i.e., priv			ildina	6	
18 3 rd Street								homes, etc.)	vate and commen	ciai bu	lullig	э,	
City (5)								Square Feet	# of Floors	Blo	lg. Ag	ge	- 55
Raritan								2000 sf	2	1	55		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demolis	hed)			
Somerset						S 444		Building	272	25			
Name of Monitoring Firm	Hired by Bu	ilding C	wner (8)	ASCM	No.	Name of Abateme						
Guardian Contracti	ng, Inc.		ntracting, Inc.										
Street Address				Street Address									
1889 Route 9, Unit	61						1889 Route 9). Unit 61					
City, State, Zip Code							City, State, Zip Co						
Toms River, NJ 087	755							New Jersey 087	55				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.	•	License No.				
Nicholas Fernicola				1	2-349		732-349-9932	2	00624				
Start Date (10)		Sched	uled C	omple	tion Dat	te (11)	Name of OSHA M	Monitor					
06 /06 /	18				_ /	300	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement	(Check	only	ne)			Street Address						
☐ Facility Closed/Vacate				52	ment		1056 Stelton						
☐ Abatement Performed	d Outside of	Normal	Facility	y Hour	s - Des	cribe	City, State, Zip Co	ode		-			
Time of Abatement: _	AM	PN	Λ/	_PM-		AM		New Jersey 088	54				
Scope of Work (Check al	I that apply)			162			,,	5.40		-			
								tainment with Nega	tive Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Re	novati			☐ Mini-End	closure g Procedure					
			2300		****			mpted (*) and Non	-Friable Procedur	e			
			Is	Locat	ion					Aba	ateme	ent T	уре
Location				Norma ed Sole			Description of			D	מ	т	m
Asbestos-Containing TO BE ABA		M)		intena			stos Containing Ma ., thermal systems		Amount (Specify	emo	Repair	nca	JClc
IN Facili			Cus	todial	Staff?	0.0	surfacing, VAT		SF or LF)	Removal	=	Encapsulate	Enclosure
(13)				(12)	_	-	other miscellane	eous)				ate	CD
			Yes	No	N/A								
interior						asbesto	os floor tile		204 sf				
					To						П		
Name of Registered Was	ste Hauler			N	JDEP \		Cubic Yards of	Name of Regist	ered Landfill	1			

ASB-41 JAN 13

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Completed By (Print or Type)

Nicholas Fernicola

Waste

Disposal Date

06/29/18

Signature

2

T.R.R.F.

Tullytown, Pennsylvania

Date

City, State

Hauler ID No.

20223

Title

Project Manager

Chaypu	0		NOT	IFIC	CA1 Pur	ION	tate of N OF AS It to NJA	BES	rsey TOS ABA 60 and 5.1	TEMENT 6)			9 E		<u> </u>	E	
Date of Notification (1)	22_				1				er/Operator	(2)	1		<u> </u>	8	201	3	11.00
	05 /	18				Acc	curate Bu	ıilder	8			1	0	40	24	0	5
Agencies Notified	Type Notifica	ation			5	Street	Address				-	ASBES	1108	CO	V7FR)L. &	de monero
☑ EPA □ DOLWD	☐ Initial ☐ Amended	4				742	Ocean A	Aveni	ne		ļ	man manager					
⊠ DOH	Amendm				(State, Zip (
□ DCA						Lak	rewood, l	NJ 08	701								
(NJAC 5:23-8)	justification	3301			١	Name	of Contac	t				Telephone N	Numbe	er			
	☐ Cancellat	tion				Aar	on Wein	berg				848-210-	1555				
						FAG	CILITY IN	IFOR	MATION								
Name of Facility Where Al	patement is T	Taking	Place	(3)						Type of Fa	cility (4	1)				i Latin	
Building										School							
Street Address										Subcha	apter 8 i.e. pri	(Other than k	(-12)	ial hu	ilding	19	
20 3 rd Street										homes	, etc.)	vato ana con	milero	iai Du	iidiiig	13,	
City (5)										Square Fe	et	# of Floors		Blo	dg. A	ge	
Raritan										2000 sf		2		(65		
County (6)						Coun	ity Code (7)(STAT	E USE ONLY)	Current Us	e (Prio	r if being den	nolish	ed)			
Somerset										Buildin	g						
Name of Monitoring Firm H		ding O	wner	(8)	A	SCM	No.	Nam	e of Abateme	ent Contract	or (9)						
Guardian Contractin	g, Inc.							Gi	uardian Co	ntracting,	Inc.						
Street Address								Stree	et Address								
1889 Route 9, Unit 6	1							18	89 Route 9	, Unit 61							
City, State, Zip Code								City,	State, Zip Co	ode				-			
Toms River, NJ 0875	5							To	ms River,	New Jerse	y 087	55					
Project Manager for Monito	oring Firm			Te	eleph	none l	No.	Tele	phone No.			License No).				
Nicholas Fernicola					732	-349	-9932	73	2-349-9932	!		00624					
Start Date (10)	S	Sched	uled C	omp	oletio	n Dat	te (11)	Nam	e of OSHA N	Ionitor							
06 /06 / _	18	_0	6_ /		29	_ / _	18	E.	M.S.L. Ana	lytical							
Occupancy Status During	Abatement (0	Check	only o	one)	3			Stree	et Address								-
□ Facility Closed/Vacated								10	56 Stelton								
Abatement Performed							cribe	City,	State, Zip Co	ode				-			-
Time of Abatement:	AM	PN	1/	_P	M		AM		scataway, I		v 088	54					
Scope of Work (Check all t	hat apply)										•			-			
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 			□ Re ⊠ De			1			☐ Mini-Enc ☐ Glovebag	losure g Procedure		tive Pressure					
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Location o					nally olely				Description o					-			1
Asbestos-Containing M TO BE ABAT)	Ma	inter	nanc	ce/	Asbe:	stos C then	ontaining Ma mal systems	terial (ACM)		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todia (12		aff?	(su	rfacing, VAT,	, or		SF or LF)		oval	=	nsq	Sur
(13)		}	V			N1/A		othe	er miscellane	ous)						late	O
interior			Yes	No	-	N/A					-			_	_	_	_
interior			<u> </u>				aspesto	S flo	or tile & ma	astic	_	570 sf			Ш	Ц	
			Ц														
Name of Registered Waste						DEP V	Vaste		Yards of	Name of I	Registe	ered Landfill				177-7	
Guardian Contractin	g, Inc.					0223		Wast	C	T.R.R.	F.						
City, State									sal Date	City, State	е						
Toms River, New Jer	sey							06	/29/18	Tullyto	own, F	ennsylvan	ia				
Completed By (Print or Typ	e)	Title						+	Signature	1		//	Date	1	-	300	
Nicholas Fernicola		Pr	oject	Ma	nag	jer				~	1	\mathcal{V}	1	, 4		15	

State of New Jersey NOTIFICATION OF ASBESTIOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner Operator (2) 06 05 18 Monmouth County Park System Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA 805 Newman Springs Road □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Lincroft, NJ 07738 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation John Eisemann 732-766-1929 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Alberdeen 1000 sf 1 80 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Tactics** Guardian Contracting, Inc. Street Address Street Address 64 Broad Street 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Matawan, NJ 07747 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Tom Geiger 732-290-2217 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __06__ / __15 / __18 06 / 22 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ☐ Mini-Enclosure ≥160 sf or >260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A attic \boxtimes asbestos floor tile 300 sf \boxtimes П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 06/22/18 Tullytown, Pennsylvania Completed By (Print or Type) Signature Date Nicholas Fernicola **Project Manager**

Date of Notification (1) Solid Patients Solid Patie	Ch 34245	5		NOT	IFIG (P	IONA	State of N NOF AS	BEST	rsey IOS ABA 0 and 5:1	TEMENT 6)		R				<u>V</u> 1	
Agencies Notified Type Notification Street Address ASEESTOS CONTROL		season WE	1,000		الما	Name	of Buildir	ng Own	er/Operator	(2)			JUN	- {	3 20	918	
September Sept		05 /	18			Mo	nmouth	Coun	ty Park Sys	stem		-	21	15	14	1	-
DOH	⊠ EPA		ation					an Spr	ings Road			ASB				ROL	8.
DACA (NIAC 5.23-8)			T						•					* 1 Page 10	S. S	and the same of th	National Property of the Parket
Name of Facility Where Abatement is Taking Place (3)					e	Lin	croft, NJ	J 0773	8								
				ciuain	3				200			Telephone N	Numbe	r	1200		
Name of Facility (Where Abatement is Taking Place (3)		Cancella	tion			Jo	hn Eisem	nann				100212 (100 x 100					
Name of Facility (Where Abatement is Taking Place (3)						FA	CILITY IN	NFORI	MATION				40000				- 1500
School (K-12) Sub-player 8 (Other (han K-12) Other (i.e., private and commercial buildings, homes, etc.) Other (i.e., private)	Name of Facility Where Ab	atement is 7	Taking	Place	(3)					Type of F	acility (4	4)				G - 111(=)	
City (5)	Residence									1							
Square Feet	Street Address									Other	(i.e., pri	(Other than I vate and con	K-12) nmercia	al bu	ilding	JS,	
Mariboro County (Sole (7)(\$TATE USE ONLY) Current Use (Prior if being demolished) Residence	City (5)						- ii				7.0	# of Floors		RI	da A	ne .	
County (6) Monmouth Name of Montioring Firm Hired by Building Owner (8) Environmental Tactics Street Address 4 Broad Street City, State, Zip Code Matawan, NJ 07747 Telephone No. Tom Geiger Telephone No. Tom Geiger Telephone No. Tom Geiger Telephone No. Tom Silver, New Jersey 08755 Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755 Telephone No. Telephone No. Toms River, New Jersey 08755 Telephone No. Telephone No. Toms River, New Jersey 08755 Telephone No. Telephone No. Toms River, New Jersey 08755 Telephone No. Telephone No. Toms River, New Jersey 08755 Telephone No. Toms River, New Jersey 08755 Telephone No. Te	Marlboro													1.000		90	
Name of Monitoring Firm Hired by Building Owner (8)	County (6)					Cou	nty Code (7)/STAT	E USE ONLY)		T	A	molishe	100	-		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Street Address 64 Broad Street 1889 Route 9, Unit 61 City, State, Zip Code Matawan, NJ 07747 Toma Geiger Toma River, New Jersey 08755 Toma Geiger Talephone No. Tom Geiger Talephone No. Tom Geiger Talephone No. Tom Geiger Talephone No. Toma Geiger Talephone No. Taleph	Monmouth							/(*	- 002 0112.17	The second second second		i i being dei	HOHSHE	u)			
Street Address 64 Broad Street City, State, Zip Code Matawan, NJ 07747 Tom Geiger Toms River, New Jersey 08755 Street Address Toms River, New Jersey 08755 Telephone No. Tom Geiger Toms River, New Jersey 08755 Telephone No. Tom Geiger Toms River, New Jersey 08755 Telephone No. T	Name of Monitoring Firm H	ired by Build	ding C	wner	(8)	ASCM	No.	Nam	e of Abatem								
Street Address Street Address 1889 Route 9, Unit 61	Environmental Taction	cs															
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Toms River, New Jersey 08755 Telephone No. Tolephone No. Tolepho	City, State, Zip Code																
Telephone No. Tom Geiger	Matawan, NJ 07747										ev 087	55					
Tom Geiger	Project Manager for Monito	ring Firm			Tel	ephone	No.				•		0.				-
O6 / 15 / 18 O6 / 22 / 19 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: AM PM/ PM AM Scope of Work (Check all that apply) ☐ Street Address 1056 Stelton City, State, Zip Code ☐ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Street Address 1056 Stelton City, State, Zip Code ☐ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Street Address 1056 Stelton City, State, Zip Code ☐ Piscataway, New Jersey 08854 ☐ City, State, Zip Code ☐ Piscataway, New Jersey 08854 ☐ City, State, Zip Code ☐ Piscataway, New Jersey 08854 ☐ City, State, Zip Code ☐ Piscataway, New Jersey 08854 ☐ City, State, Zip Code ☐ Piscataway, New Jersey 08854 ☐ City, State ☐ Glovebage Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Abatement T	Tom Geiger				7	32-290	-2217			2		19710-0394-0990-0					
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Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPMPMAM City, State, Zip Code Piscataway, New Jersey 08854	06 /15 /	18	0	6 /	_2	2_ /	19	E.I	M.S.L. Ana	lytical							
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/AM	Occupancy Status During A	batement (0	Check	only	ne)			Stree	t Address	78							
Time of Abatement:AMPM/_PMAM								10	56 Stelton								
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Section Sec	Time of Abatement.			///	PIVI		AIVI	Pis	scataway,	New Jerse	ey 088	54					
Sality	Scope of Work (Check all the	nat apply)															
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) basement Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf								☐ Mini-End	losure g Procedure	9						
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) basement Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Pipe insulation Asbestos Pipe insulation Application Applica														Aba	ateme	ent Ty	уре
Storley Stor			n				Anha					•		Z,	ਹ	Ш	Ш
Storley Stor	TO BE ABATE	ED	7	Ma	inten	ance/	(i.e	e., them	nal systems	iterial (ACIVI insulation.)			ome	epai	ncap	Clo
basement Yes No N/A				Cust				su	rfacing, VAT	, or				val	7	sul	Enclosure
basement	(13)			Yes				othe	r miscellane	ous)						ate	
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed By (Print or Type) Name of Registered Landfill Name of Registered Landfill Waste 3 T.R.R.F. Cibic Yards of Waste 3 T.R.R.F. Ciby, State Disposal Date 06/22/18 Tullytown, Pennsylvania Date	basement				33335	100000000000000000000000000000000000000	asbesto	os pip	e insulatio	n		40 If					
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed By (Print or Type) Indicate Title NJDEP Waste Hauler ID No. 20223 Disposal Date Office Title Cubic Yards of Waste T.R.R.F. City Waste Touris Type) Disposal Date Office Tullytown, Pennsylvania Completed By (Print or Type) Date														П	П	П	П
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed By (Print or Type) Indicate Title NJDEP Waste Hauler ID No. 20223 Disposal Date Office Title Cubic Yards of Waste T.R.R.F. City Waste Touris Type) Disposal Date Office Tullytown, Pennsylvania Completed By (Print or Type) Date				\Box							-						
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed By (Print or Type) NJDEP Waste Hauler ID No. 20223 Disposal Date O6/22/18 Cubic Yards of Waste T.R.R.F. Cubic Yards of Waste T.R.R.F. City, State Tolky, State Tullytown, Pennsylvania						+=-					-		_		<u> </u>		
Guardian Contracting, Inc. Hauler ID No. 20223 T.R.R.F. Disposal Date 06/22/18 Toms River, New Jersey Completed By (Print or Type) Title Hauler ID No. 20223 T.R.R.F. T.R.R.F.	Name of Registered Wasto	Hauler		Ц			0/	10.4	V 1 6	1				Ш	Ц	Ш	Ш
Toms River, New Jersey 06/22/18 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date	Guardian Contracting				1 733	Hauler II	D No.	Wast	е			ered Landfill					
Completed By (Print or Type) Title Signature Date									sal Date	City, Stat	te						
Date								06/	22/18	Tullyt	own, F	Pennsylvan	nia				
Nicholas Fernicola Project Manager	Completed By (Print or Type Nicholas Fernicola	e)			Man	ager		-	Signature		. /	1	Date /	1	di	8.	

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Date of Notification (1) 06 /	05 /	18						.E	wner/Operator			THE JUN	- 8	20	18	
-			_			VIOI	imouth	Col	inty Park Sys	stem		Ĺ				-
Agencies Notified EPA	Type Notific Initial	ation			1,011,125		Address Newma	n Sı	prings Road		Acquire as taken pro-	ASBEST	08 00 08/5		iOL.	&
⊠ DOLWD	☐ Amended				_		tate, Zip (Į.	Company of the Company of the			-,	
⊠ DOH	Amendm		1 11		100000		croft, NJ									
DCA (NJAC 5:23-8)	☐ Emergen justificati		luaing	9		_	of Contac				-	Telephone Num	her			
(☐ Cancella					loh	n Eisem	anr	1			732-766-192				
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Name of Facility Where A	batement is	Taking	Place	(3)		70) LI I II	110	KWIATION	Type of Fac	ility (A	\				
Residence			1 1000	(0)						School (I		,				
Street Address												Other than K-12	2)			
												ate and comme	rcial bu	ilding	js,	
City (5)				-				-		homes, e		# of Floors	DI	d~ ^		
Mariboro										2000 sf	L.	2		dg. A 80	ge	
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Monmouth						ourn	ty Code (i	7(011	ATE OSE ONE I)	Residen		ii being demois	snea)			
Name of Monitoring Firm	Hired by Build	dina O	wner ((8)	ASC	A NA:	No	No	ame of Abatem							
Environmental Tact	355.0	allig O	willor (.0)	7.00	2141 1	10.	1	Guardian Co							
Street Address				-			E-1865		reet Address	ilitacting, ii	IG.					
64 Broad Street									1889 Route 9	Unit 61						
City, State, Zip Code				_			-		ty, State, Zip C							
Matawan, NJ 07747									Toms River,		007	==				
Project Manager for Monit	toring Firm			Tο	lepho	no N	No	_	lephone No.	New Jersey	007					
Tom Geiger	toring i iiii			10000			2217	1	732-349-9932	,		License No.				
Start Date (10)	10	Schedu	led C						me of OSHA N			00624				
06 /15 /							19		E.M.S.L. Ana							
						<u> </u>				тупсат						
Occupancy Status During Facility Closed/Vacate								0000000	reet Address							
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Time of Abatement:	AM	PM	/	_PN	И		AM	1 0	ty, State, Zip Co							
Scope of Work (Check all	that apply)			- 34				1	Piscataway,	New Jersey	0885	04				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	шас арріу)		☐ Re ☑ De						☐ Mini-End	g Procedure		tive Pressure Friable Procedu	re			
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Location		_		d So	ally dely b	.		A POLICY OF	Description of				-	_		
Asbestos-Containing N TO BE ABA		⁽¹⁾			nance/		Asbe	stos	Containing Ma ermal systems	terial (ACM)		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust		I Staff	?	(1.0		surfacing, VAT			SF or LF)	oval	=	nsd	Sur
(13)				(12				of	ther miscellane	ous)					late	е
basement			Yes	No	D N	/A	achaeta	ne n	ipe insulatio	n	-	100 If				
And the Company of th		-			_	-				11	-		_			
hallway/office					L		asbesto	os fl	loor tile			180 sf				
basement							transite	pa	nel			16 sf				
]										
Name of Registered Wast					NJDE			65.0000	bic Yards of	The second secon		red Landfill				
Guardian Contractir	ng, Inc.				Haule 202			200	aste 3	T.R.R.F						
City, State								_	sposal Date	City, State						
Toms River, New Je	rsey							0	06/22/18	Tullytov	wn, P	ennsylvania			1	
Completed By (Print or Ty	pe)	Title						-	Signature	1/1	-//	Da	ate /	1 2	1	
Nicholas Fernicola		Pro	oject	Mai	nage	r			1	/] _	1		1,1	(110	5

mch			NOT			ON		3E\$	STOS ABA 3:60 and 5:1		DE	<u>G</u>	<u>.</u>		<u>W</u>	E T
Date of Notification (1) 5 /	15 /	18				me o	-	g Ow	vner/Operator	(2)		JUN	- {	3 2	018	
⊠ EPA ⊠ DOLWD ⊠ DHSS	Type Notific ☑ Initial ☑ Amended Amendm	d ent #3	997 10 -537		1 Cit	15 Ea y, Sta	ate, Zip C	ode		Lower Level	ASE	BESTO LIC	S O	ON	TRO	L. &
DCA (NJAC 5:23-8)	Emergen justificati	icy (in	cluding	3	-		burgh, F		15212		Talanhana	N mala a r				
	☐ Cancella				0.0000000000000000000000000000000000000		ony Por				Telephone N 412-633-					
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Name of Facility Where Ab	atement is	Taking	Place	(3)					- Inchient	Type of Facility	(4)	_	-			
Verizon Paulsboro C		2.7		35 55						School (K-12						
Street Address										☐ Subchapter	8 (Other than h					
220 W Broad St.										Other (i.e., p homes, etc.)		nmercial	bui	lding	S,	
City (5)				-						Square Feet	# of Floors	T	Bld	g. Ag	ne .	
Paulsboro														.		
County (6)			er kestil		Co	ounty	/ Code (7)	(STA	TE USE ONLY)	Current Use (Pr	ior if being der	nolished	1)			-
Gloucester																
Name of Monitoring Firm F			wner ((8)	ASC	M No	0.	Nai	me of Abateme	ent Contractor (9)	9		-117			
USA Environmental	Manageme	ent						E	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address								Stre	eet Address				-			-
8436 Enterprise Ave								1	123 BEAVE	R STREET						
City, State, Zip Code								City	y, State, Zip Co	ode						-
Philadelphia, PA 191									BRISTOL, PA	19007						
Project Manager for Monito	ring Firm				lephor			Tel	ephone No.		License No).				
Mark Jenkins					215-3			2	15-788-6040		00509					
Start Date (10) W SITE 5 / 29 /			uled C						me of OSHA M BRISTOL EN	lonitor VIRONMENTA	L, INC.					
Occupancy Status During A	Abatement (0	Check	only c	ne)				Stre	eet Address				_			
☐ Facility Closed/Vacated	During Entir	re Peri	iod of	Abat	ement			1	123 BEAVE	R STREET						
Abatement Performed C	Outside of No	ormal I	Facility	/ Hou	ırs - D)escri	ibe	City	, State, Zip Co	ode			-			
Time of Abatement:	AM	PN	1/5:00	PM-	1:30A	M			RISTOL, PA							
Scope of Work (Check all to	hat apply)			-	-	-										m-m, a 1 41-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	nova molit					☐ Mini-Enc ☐ Glovebag							
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Location of Asbestos-Containing M		n		lorm d So	ally lely by	,	Ashasi	taa (Description of				T	-		
TO BE ABAT	ED	'			ance/	200			Containing Ma rmal systems		Amount (Specify		Removal	Repair	ncap	nclo
IN Facility (13)			Cust	odia (12	Staff'	?		S	urfacing, VAT,	or	SF or LF))	2	_	Encapsulate	Enclosure
(13)		Ī	Yes	No		Α		otr	ner miscellane	ous)					ate	(U
Basement Battery Area	1					-	Floor tile	e an	nd mastic		245 SF		3			
Basement Dryer Area						F	Floor tile	e an	nd mastic		275 SF	5	3		П	
Basement Storage Roo	om					F	Floor tile	e an	nd mastic		325 SF	_	3			
Boiler Room						E	Boiler Pa	ack	ing & Gaske	ts	5 SF	5	3	П	П	П
Name of Registered Waste	Hauler				NJDE				oic Yards of	Name of Regis						
SERVICE TRANSPOR	RT GROUP	, INC		1	Hauler 209		No.	Was	ste	MINERVA						
City, State NEW CASTLE, DE 19	720							Disp	oosal Date	City, State	une e					
										WAYNESB	URG, OH 44	1688		and the co		
Completed By (Print or Typ Brian Scafiro	e)	Title							Signature	0 0.	1.	Date	./			
DITALI SCATIFO		Es	timat	or					Drian	Scofin	0/12	6/9	4/1	18		

Date of Notification (1)				Nam	e of Buildi	na C	Owner/Operator	(2)					
5 /15 /	18			1	rizon	ng c	owner/Operator (,2)		JUN -	8 2	018	
Agencies Notified Type Notifi	ication			Stree	et Address								i
☑ EPA ☑ Initial				1000000			omery Place,	l owen l out	ASU	ESTO8	name are	TO COLUMN	anaska a
☑ DOLWD ☑ Amend	T. C. T.			_			1	Lower Level		Licen	C M.	HU _G	. G
☐ DHSS Amenda				\$8.50	State, Zip					-Minter Time	· Company	9/m a maye	Chippens.
DCA Emerge		cluding			tsburgh,		15212						
(NJAC 5:23-8) justifica					e of Conta				Telephone				
Cancell	ation				thony Po				412-633	-4021			
Name of Facility Where Abatement is	Taking	Place	(3)	FA	CILITY	NFC	PRMATION						01
Verizon Paulsboro CO	raking	riace	(3)					Type of Facility (
Street Address								☐ School (K-12 ☐ Subchapter 8) . /Other the	IC 40)			
220 W Broad St.								Other (i.e., pr	ivate and cor	nmercial	huildir	nas	
11.00.00								homes, etc.)		· · · · · · · · · · · · · · · · · · ·	Danan	195,	
City (5)								Square Feet	# of Floors	5	Bldg.	Age	
Paulsboro													
County (6)			2)*-11125	Cou	nty Code (7)(\$7	ATE USE ONLY)	Current Use (Pri	or if being der	molished)		
Gloucester													
Name of Monitoring Firm Hired by Bui		wner (8	3)	ASCM	No.	N	ame of Abateme	ent Contractor (9)					
USA Environmental Managem	ent							VIRONMENTAL	INC				
Street Address	-0:3					-	reet Address		., 1140.				
8436 Enterprise Ave							1123 BEAVER	STREET					
City, State, Zip Code		-			-		ty, State, Zip Co						
Philadelphia, PA 19153							BRISTOL, PA						
Project Manager for Monitoring Firm			Tolo	phone	No	_		19007	T				
Mark Jenkins					-5810	8	elephone No.		License No	ο.			
	Schedu	lod Co					215-788-6040		00509				
_5 / _29 / _18	_ <i>6</i> N		HOU		te (11)	1	ame of OSHA Mo	onitor /IRONMENTAL	INC				
Occupancy Status During Abatement (Check	only or	16)			-	reet Address		, 1140.				
☐ Facility Closed/Vacated During Ent				nent				OTDEET					
☐ Abatement Performed Outside of N	ormal F	acility	Hours	s - Des	cribe		1123 BEAVER						
Time of Abatement:AM	PM/	5:00P	M-1:	30 _{AM}	01100	4	y, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)							SKISTOL, PA	19007					
□ >2 of over 2 if								inment with Nega	ative Pressure	9			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☑ Ren ☑ Dem						osure		-			
		7 Dell	IUIILIUI	11			☐ Glovebag	Procedure ipted (*) and Non-	Eriable Dree	- d			
		Is L	ocatio	on	1			ipica () and Non-	-i nable Floci		. 1/4		
Location of			ormall				Description of				1	ent T	ype
Asbestos-Containing Material (ACN TO BE ABATED	1)	Used	tenan		Asbe	stos	Containing Mate	erial (ACM)	Amount	Removal	Repair	En	En
IN Facility		Custo			(i.e	., the	ermal systems in surfacing, VAT,	sulation,	(Specify	you	pair	ap	Enclosure
(13)			(12)				her miscellaneo		SF or LF)	<u> </u>		Encapsulate	ure
		Yes	No	N/A								te	
Basement Battery Area					Floor til	le ai	nd mastic		245 SF				
Basement Dryer Area				\boxtimes	Floor til	e ai	nd mastic		275 SF				
Basement Storage Room				\boxtimes	Floor til	e ar	nd mastic		325 SF	×			
Boiler Room					Boiler P	ack	ing & Gasket	s	5 SF	×	-		
Name of Registered Waste Hauler			NJ	DEP V	Vaste	Cul	oic Yards of	Name of Registe	red Landfill				
SERVICE TRANSPORT GROUP	, INC.		1000000	uler ID 20990		Wa	ste	MINERVA LA					
City, State						Dis	posal Date	City, State					
NEW CASTLE, DE 19720								WAYNESBU	RG, OH 44	688			
Completed By (Print or Type)	Title					-	Signature			Date /			
Brian Scafiro	Esti	imato	r				Brian	Scafers	/il	5/3	1/1	8	
							/-	1 1000	-/-	-/-	1//	-	- 1

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Date of Notification (1)	-						ing Owner/Operator		是下宁学	1	F	1	W
	15 /	1	8		11	erizon	ing Owner/Operator	(2)			long!	ET COMMITTEE	
Agencies Notified	Type Noti	ficatio	n		Stre	et Address	S			ILIN	- 8	3 71	718
☑ EPA ☑ DOLWD					14	East Mo	ontgomery Place,	Lower Level	led bot			1-1	,,,,
☑ DHSS	Amend Amend		#1.5/2	5/12	City	, State, Zip	Code					STIMELIA:	Tarat C. 4
DCA	☐ Emerg				Pi	ittsburgh	, PA 15212		ASB	LSTC	18 C	ONT	Roll
(NJAC 5:23-8)	justifica	ation)		5	Nam	ne of Conta	act		Telephone Num			- CVICA	
	☐ Cancel	llation			A	nthony P	orta		412-633-402				
					F	ACILITY	INFORMATION						
Name of Facility Where A		s Takii	ng Plac	ce (3)				Type of Facility	(4)				
Verizon Paulsboro	CO							School (K-12)				
Street Address								Subchapter 8	Other than K-12)			
220 W Broad St.								homes, etc.)	ivate and comme	rcial b	uildir	gs,	
City (5)								Square Feet	# of Floors	I p	ldg. A	100	
Paulsboro									" 01110015		lug. /	-ye	
County (6)					Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	(had)			
Gloucester							**************************************		or it borning demons	sileu)			
Name of Monitoring Firm	Hired by Bu	ilding	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
USA Environmental	Managen	nent					[4] "~" " [4] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1	VIRONMENTAL	INC				
Street Address							Street Address		-,				
8436 Enterprise Ave)						1123 BEAVE	R STREET					
City, State, Zip Code		0.00.000					City, State, Zip Co						
Philadelphia, PA 19	153						BRISTOL, PA						
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
Mark Jenkins	-			4 88		5-5810	215-788-6040		00509				
Start Date (10)		Sched	duled (Comple	etion Da	ate (11)	Name of OSHA M		00309				
5 /29 / _		_	6	/ _4	/	12. 20		VIRONMENTAL	, INC.				
Occupancy Status During							Street Address				10000		
Facility Closed/Vacated	During En	tire Pe	riod of	Abate	ment		1123 BEAVER	RSTREET					
Abatement Performed Time of Abatement:	Outside of N	Norma	Facili	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
		P	VI/ <u>5:00</u>	PIVI-1	:30AM		BRISTOL, PA	19007					
Scope of Work (Check all t ≥3 sf or ≥3 lf	that apply)		⊠ Re	enovat	ion			ainment with Nega	ative Pressure				
≥160 sf or ≥260 If				emolitic			☐ Glovebag ☐ Non-Exer	Procedure mpted (*) and Non	-Friable Procedur	е			
l agation -			18	Locat Norma			723 PRO 6			Ab	atem	ent T	vpe
Location o Asbestos-Containing M		VI)		d Sole		Ashe	Description of estos Containing Mat				1		-
TO BE ABAT	ED	/	100000000000000000000000000000000000000	intena			e., thermal systems in		Amount (Specify	em	Repair	nca	nclo
IN Facility (13)			Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Removal	=	Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellaneo	ous)		_		late	0
Basement Battery Area	3				\boxtimes	Floor ti	le and mastic		245 SF		П	П	П
Basement Dryer Area					\boxtimes	Floor ti	le and mastic		275 SF				
Basement Storage Roo	om				\boxtimes	Floor ti	le and mastic		325 SF				
Boiler Room					\boxtimes	Boiler F	Packing & Gasket	ts	5 SF		П	П	
lame of Registered Waste				10000	JDEP V		Cubic Yards of	Name of Registe	ered Landfill				
SERVICE TRANSPOR	RT GROUP	P, INC	: .	Н	auler IE 20990		Waste	MINERVA L					
City, State NEW CASTLE, DE 19	720						Disposal Date	City, State	RG OH 44699				

ASB-41 BS 18047

Brian Scafiro

Completed By (Print or Type)

Title

Estimator

Signature

WAYNESBURG, OH 44688

Date

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

CL# 3364

	15 /	-	18			me of Build /erizon	ling Owner/Operator	(2)	DEC) [E		<u> </u>
Agencies Notified EPA 9071 DOLWD9128 DHSS 9111 DCA (NJAC 5:23-8)	Type Noti Initial Amend Amend Emerg justific	ded dment gency cation)	# (includ	ling	1 City P Nar	, State, Zip	ontgomery Place Code , PA 15212	, Lower Level	ASSESS Telephone Nu	mber	ODA.	Mark F
									412-633-40)21		
Name of Facility Where A Verizon Paulsboro Street Address 220 W Broad St.	Abatement is	is Taki	ng Pla	ice (3)		ACILITY	NFORMATION	Type of Facility ☐ School (K-12 ☐ Subchapter ☒ Other (i.e., p		2) ercial l	huildir	nae
City (5)								nomes, etc.)	Croiari	ouliun	iys,
Paulsboro								Square Feet	# of Floors	E	Bldg. /	Age
County (6) Gloucester					Coi	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)		
Name of Monitoring Firm I			Owne	r (8)	ASCA	/ No.	Name of Abateme	ent Contractor (0)				
USA Environmental				405				VIRONMENTAL				
Street Address							Street Address		-, IIIO.			
8436 Enterprise Ave)						1123 BEAVE	R STREET				
City, State, Zip Code							City, State, Zip Co					
Philadelphia, PA 191							BRISTOL, PA	19007				
Project Manager for Monito	oring Firm				ephone		Telephone No.		License No.			
Mark Jenkins				- 1		5-5810	215-788-6040		00509			
Start Date (10)5 /29 /	18					ate (11) 18	Name of OSHA M					
Occupancy Status During A							Street Address	/IRONMENTAL	., INC.			
☐ Facility Closed/Vacated	During Ent	tire Pe	riod o	Abate	ment		1123 BEAVER	STREET				
Abatement Performed C	Outside of N	Vormal	Facili	tv Hou	rs - Des	scribe	City, State, Zip Co					
Time of Abatement:	AM-	PI	M/5.0	DAM 4	:30AM							
			VII 3.0	DI IVI-I			BRISTOI PA					
cope of Work (Check all the			VII <u>3.0</u> 1	57 IVI- <u>1</u>			BRISTOL, PA					
] ≥3 sf or >3 lf			⊠ Re	enovati emolitic				19007 sinment with Nega				
Scope of Work (Check all ti ≥3 sf or ≥3 If ≥160 sf or ≥260 If	hat apply)		⊠ Re	enovati emolitic	ion			19007 sinment with Nega	ative Pressure	1	otom	
] ≥3 sf or >3 lf	hat apply)		⊠ Ro □ De	enovati	ion Ily ely by	Asbes	Full Conta	ainment with Negatorsure Procedure spted (*) and Non erial (ACM) sulation,		1	paterne Repair	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	hat apply) faterial (ACN		⊠ Ro □ De	enovati emolition s Locat Norma ed Sole intena	ion Ily ely by	Asbes	Full Conta	ainment with Negatorsure Procedure spted (*) and Non erial (ACM) sulation,	Amount (Specify	Ab	1	t Encapsulate
23 sf or ≥3 lf 2 ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) asement Battery Area	hat apply) faterial (ACN		⊠ Re □ De !! Use Ma Cus	enovati emolition s Locat Norma ed Sole intena todial (ion Illy ely by nce/ Staff?	Asbes (i.e.	Full Conta	ainment with Negatorsure Procedure spted (*) and Non erial (ACM) sulation,	Amount (Specify	Removal	1	Encapsulate
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* Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 5/22/18 Old Bridge Township Board of Education Agencies Notified Type Notification Street Address EPA Patrick Torre Administration Bldg, County Route 516 LICENSING DEP Initial City, State & Zip Code \boxtimes X DOL Amended-REV #1-6/4/18 Matawan, NJ 07747 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mr. Frank Frazzitta 732-360-4507 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) NON SUB-CHAPTER 8 Sandburg Middle School Street Address Subchapter 8 (Other than K-12) 3439 County Route 516 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 150,000 60+ Old Bridge Middlesex Current Use (Prior if being demolished) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215) 788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/2/18 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Bristol, PA 19007 Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Boiler Room No 5 Boiler Rib packing 25 LF Boiler Room No 5 Pipe Fitting Insulation 20 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 5 Cu Yd Minerva Landfill City, State Disposal Date City, State New Castle, DE 7/13/18 Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 6/4/18 Manager

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification Name of Building Owner / Operator (2) 5/22/18 Cross America Partners Agencies Notified Type Notification Street Address ASBESTOS CONTROL & \boxtimes EPA 601 W Hamilton St LIGENSIN DEP Initial City, State & Zip Code \boxtimes DOL Amended-REV #1-Allentown, PA 18101 6/4/18 Emergency DOH Name of Contact Telephone Number DCA Cancellation Randy Kehs 610-625-8000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Gas Station/Store School (K-12) Street Address Subchapter 8 (Other than K-12) 491-495 Pfeiffer Blvd Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2500 1 60+ Current Use (Prior if being demolished) Perth Amboy Middlesex School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Bristol, PA 19007 Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 lf X Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Abatement Type Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A X Roof Flashing 200 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 2 Cu Yd Minerva Landfill City, State Disposal Date City, State New Castle, DE TBD Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 6/4/18 Manager

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State of New Jersey

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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	(Pursuant to	N.J.A.C. 8:60 and 12:120)	aluk#33

Date of Notification	(1) 5/22/18			Na	me	of Buil	ding (Owner / Opera	ator (2)	1 1	TE (,居	1	W I	FI
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Name of Monitoring	Firm Hired b	y Building Ow	ner ((8)		ASCN	No.	Name of Ab	patement	Contractor (9)				
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Project Manager for	Monitoring F	irm	Tel	ephor	ne N	lumbe	r	Telephone I			License 1	Jumber	_		
Rollie Jones				9-392				(215)788-6			00509	varribei			
Scheduled Start Date 6/4/18	e (10) S	Scheduled Cor		tion D 4/18	ate	(11)		Name of OS							
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	ed/Vacated D	ouring Entire P	erio	d of A	bate	ement		1123 Beav		ef					
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Describe:	-iI D i					21		Bristol, PA	19007						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) JUN - 8 2018 5/22/18 Cross America Partners Agencies Notified Type Notification Street Address X EPA 601 W Hamilton St ASBESTOS CONTROL & DEP Initial City, State & Zip Code X DOL Amended-REV #1-Allentown, PA 18101 6/4/18 DOH Emergency Name of Contact Telephone Number DCA Cancellation Randy Kehs 610-625-8000 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 2 Story Building School (K-12) Street Address Subchapter 8 (Other than K-12) 811 Amboy Ave Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1 60+ Current Use (Prior if being demolished) Perth Amboy Middlesex School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Bristol, PA 19007 Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Back of Building Area X Linoleum 300 SF Back of Building Area M Floor tile 500 SF Roof M Roofing 1,500 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 10 Cu Yd Minerva Landfill City, State Disposal Date City, State New Castle, DE TBD Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 6/4/18 Manager

CW# # 3372

Date of Notification (1) 5/22/1	8	Name	of Building	g Owner / Operat	tor (2)		me	GE	7 []	V// [5
Agencies Notified Type No		Street	Address					(9) E	<u> </u>	<u> </u>	
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Name of Facility Where Abate	ement is Taking Plac	e (3)		Type of Fac						15-17-1	
2 Story Building Street Address				School	Carrier Contract						
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City (5)	County (6)	County C	ode (7)	Square Feet		# of Floors	3	Bldg. A	_		
Perth Amboy	Middlesex	County C	ode (7)	Current Use		f boing dan	7		60÷		
,	Wilduicscx			School	(F1101 11	being den	iolisnea)				
Name of Monitoring Firm Hire	d by Building Owner	(8)	ASCM No		atement	Contracto	r (9)				
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Trenton, NJ 08010				City, State &						*************	
Project Manager for Monitorin	g Firm Te	lephone N	Jumher	Bristol, PA Telephone N			Licens	a Niversia			
Rollie Jones		9-392-42		(215)788-60			00509	e Number	70.		
Scheduled Start Date (10)	Scheduled Comple	etion Date	(11)	Name of OS		itor	10000				
6/6/18		11/18		Bristol Env	/ironm	ental Inc.					
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Service Transport Inc.				of Waste		555					
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lew Castle, DE				Disposal Date 6/11/18	City, S	tate esburg, (ЭH				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) JUN - 8 2018 5/22/18 **Cross America Partners** Agencies Notified Type Notification Street Address Ĭ EPA 601 W Hamilton St ASBESTOS CONTROL & DEP Initial City, State & Zip Code LICENSING Amended-REV #1-X DOL Allentown, PA 18101 6/4/18 DOH Emergency Name of Contact Telephone Number DCA Cancellation Randy Kehs 610-625-8000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Garage School (K-12) Street Address Subchapter 8 (Other than K-12) 813 Amboy Ave Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1 60+ Current Use (Prior if being demolished) Perth Amboy Middlesex School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Bristol, PA 19007 Facility Occupied During Abatement 7AM to 3:30 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes No N/A Roof X Flashing 225 SF Exterior M Residual Mastic 100 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 2 Cu Yd Minerva Landfill City, State Disposal Date City, State New Castle, DE TBD Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 6/4/18 Manager

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Date of Notification (1)				Т	Name	of Building	Owner/0	Operator (2)		$+H\cap$	111	\ 1	0	2040	$\overline{}$
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Name of Facility Where	Abatement is Ta	aking Plac	ce (3))					T	ype of Facility (4)					
Private house										School (K-12)						
Street Address						***************************************				Subchapter 8 Other (i.e., pr homes, etc.)			al buil	dings	,	
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New Brunswick, NJ 0	8901															
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Gr Tech LLC				C	03378	35	TB	D		T.R.R.F. Inc						
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Wayne, NJ 07470					, W		TB	D		Tullytown, P.	A					
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po not use this form for asbestos licensure exempted activities.

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Name of Facility Where Abatement is Taking Place	e (3)				1011	Type of Facility (4	4)					
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Street Address						Subchapter of Other (i.e. pr	3 (Other the rivate & co	nan K-12) ommercial b	uildina	s, hor	nes, et	c.)
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NEW MILTORA County (6) BERGEN			County C			Current Use (Prior	r if being o	lemolished)		·		
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Name of Monitoring Firm Hired by Building Own	er (8)		ASCN	1 No.	Name	of Abatement Contr	actor (9)					
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Project Manager for Monitoring Firm			Telephon	e No.	Teleph	one No.		License No.				1
Ones Date (10)	ahadula	d Comp	letion Da	sto (11)	201-	- 3 2 9 - 7 4 4 4 of OSHA Monitor		00388	3			-
Start Date (10) S			118	ue (11)	100000000000000000000000000000000000000			. . 7				
Occupancy Status During Abatement (Check Only	-	1. 1	1.0		Street	ga Enviro Address	пшеп	Lal				
☐ Facility Closed/Vacated During Entire Period	l of Aba	tement				Huyler S	tree	t				
Abatement Performed Outside of Normal Factoribe: 8:20 AM TO	ility Ho	M	6.6		1	tate, Zip Code						
Scope of Work (Check All That Apply)					Sout	th Hacken	sack	, NJ ()76	0.6		-
≥3 sf or ≥3 lf		Renovati	OD			Full Containme	nt with N	egative Press	ure			
□ ≥160 sf or ≥260 lf		Demoliti			-2	Mini-Enclosure	•	050011011000				
						Glovebag Proce Non-Exempted		on-Friable P	rocedi	ıre		
	Is	Location	on							Abate Ty	ment	
Location of		Normall ed Solel			escription		20			1,	pc	
Asbestos-Containing Material (ACM) TO BE ABATED	M	aintenar todial S	ice/			laterial (ACM) lation, surfacing,		ount ecify	Re	R	Enci	Enc
In Facility (13)	Cus	(12)	taii!	other	VAT, or miscellar	neous) ~-	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	02.0.	milotona				al		ate	re
240 1	100			01-01101	100		-	38LF	×			
BASEMENT	- 20 H		×	THERMAL	in 20	LATION		500.				-
							-					
Name of Dominton J Wests Head		1 57	IDED W	octa I Culti-	Yards	Name of	Pagiotore	Landfill				
Name of Registered Waste Hauler		1 1	JDEP Wa			/	registered	االتكانف				
Best Removal Inc			1710		10/	Mine	rva_	Enterp	ri	ses	<u>,</u> I	d.C
City, State				Dispo	sal Date 6/19	City, Stat		1.0000		,	0	
Hackensack, N.I 07601 Completed by	Title				Signature		esbu	rg, OF		468	8	\dashv
J. Maiorano	5050	ima	tor			V Moion	وسره	>	6	4	18	
	200		COL			1						

CH 23282		NOTIF	ICATION	ate/of New Pe N OF ASBEST to NIAC 8:50	OS ABATE	MENT	r	DE	C E		\mathbb{V}	int Fo
Date of Notification (1) 6/4/2018				f Building Own IDIOCES OI					JUN -	- 8	2018	The special state of the speci
Agencies Notified Type Notification X EPA			Street A	ddress LIFTON AV	ENUE, P	ОВС	OX 9500	ASI	BESTOS LICE	COI NSIN)L. &
DEP Amended Amendment X Emergency			NEWA	ate, Zip Code ARK, NJ 071	04-0500		Maria de Maria de Caracteria d					
DOH justification) Cancellation	33 67		URSU	f Contact ILA RIVERA			5.44.55.75.55.	Telephone 973-497-				
Name of Facility Where Abatement is Takin	a Place (3)	FAC	LITY INFORM	ATION	Type	o of Engility (4)					
SAINT ANNE ROMAN CATHOLIC						Туре	e of Facility (4) School (K-12)					
Street Address 3545 JOHN F. KENNEDY BLVD.						×	Subchapter 8 Other (i.e. privetc.)	(Other than		ldings	, hom	es,
City (5) JERSEY CITY						Squa	are Feet	# of Floors	E	Bldg. /	Age	
County (6) HUDSON				Code (7) USE ONLY)		Curr	ent Use (Prior	if being dem	olished)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8))	ASCN	/ No.	1000 0000000000000000000000000000000000		atement Contr OTHERS C		ΓING, IN	1C.		
Street Address					Street 11 V		ess LAND AVE	NUE				
City, State, Zip Code							Zip Code A, NJ 07512					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 973-		No. 8700	Licens 0049				
Start Date (10) 6/4/2018	Schedul 6/6/20		mpletion	Date (11)			HA Monitor S (9) ABOV	E				
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street	Addre	ess					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: START 4:00 PM	Period of a nal Facility	Abaten y Hours	nent		City, S	tate, Z	Zip Code					
Scope of Work (Check All That Apply)							-				-	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demolit				Mi Gl	ull Containmen ini-Enclosure ovebag Proceo on-Exempted (dure			re.	
Location of	1	Locati	ly		Description					Abate	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial S (12)	nce/	Asbestos C (i.e. thern su		fateria s insul T, or	ation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
MECHANICAL BOOM	Yes	No	N/A		DIDE			0.1.5			ate	e)
MECHANICAL ROOM	X			(WRA	PIPE P & CUT	ONL	-Y)	8 LF				
Name of Registered Waste Hauler		l Ni	JDEP W	aste Cul	oic Yards		Name of Po	egistered Lan	dfill			
TWO BROTHERS CONTRACTING		Н	auler ID 8743		Vaste		la service de la companione de la compan	MANAGEN		G.R.C).W.	S.
City, State OTOWA, NJ					posal Date /2018		City, State MORRIS	VILLE, PA	·			
Completed by //VECA RAMOS	Title PRO	JECT	COOF	RDINATOR	Signature		. +).	ain	Date 6/4/20	18		11-01-00

08/04/2018 13:52 Two Brother	s Contrac	ting				(FA:09	73 958 8811		***************************************	P.0	02/004
Ch 95281.) NO	TIFICATION	Ste of New Janes 1 OF ASBESTIDS to NJAC 5:80 an	ABATE		· ·			JUL.	<u></u>	8 2018
Date of Notification (1) 6/4/2018			Building Owner			-		1	iú		
Agandes Notified Typs Notification Typs Notification Typs Notification Aganded		3trest A 171 C	ddraas LIFTON AVEN	NUE, P	O BOX 95	ז		ASI	L	ICEN	CONTROL 8
Amendment		NEWA	ds, Zip Code ARK, NJ 0710⊲	4-0500				T	/		1
DCA Justification	<u> </u>	URSU	LA RIVERA				Talaphona 973-497-		FP!	(- J),	(11)
Name of Facility Where Abatement is Tellin SAINT ANNE ROMAN CATHOLIC	Place (3) CHURCH		LITY INFORMAT	ION	Type of Fas	100 100 000					
Streat Address 3545 JOHN F. KENNEDY BLVD.					Subchi Substi	K-12 Stat 8 E-12	(Other than K	(-12) Irclal bul	idings	, hom	45,
City (5) JERSEY CITY					Square Fee	T	# of Floors		aldg. /	Age	
County (6) HUDSON		(STATE	Codo (7) USE ONLY)	_	Current Uai	(भाग)	f baing dame	lishad)	-		
Name of Monitoring Firm Hired by Building N/A Street Address	Owner (5)	ASCA	A No.	TWO		Contra	icibi (9) ONTRACT	ING, I	VC.		
City, State, Zip Coda				11 V	Address REELAND		NUE				
				TOT	tate, Zp Co:	7512					
Project Manager for Monitoring Firm		Telepho	na No.	Talaph	958-8700		License 0049				
Start Date (10) . 6/4/2018	8/8/2018	Completion	Data (11)	Nama	of OSHA Min			-			\dashv
Occupancy Status During Abatament (Chec Facility Closed/Vacated During Entire F Abatament Performed Outside of Norm Other - Describe: START 4:00 PM	Parind of Ana	lement	20 8	Street	Address						
Scope of Work (Check All That Apply) >3 sf or >3 / >189 sf or >280 if		ovation solition			MINI-Encl	aura Protect	wah Negaliv iura ') and Non-Fr			·	
Location of		cation nally	_						Abal	emeni /pe	
Asbestos-Confaining Materiel (ACM) <u>TO 8E ABATED</u> In Facility (13)	Used S Mainta Custodi	olely by inance/ al Stan? 2)	Asbestes Con (I.s. therma surfa	scription tairing to I syttems icing, VA miscollan	laterial (ACM Linsulation, T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsatiate	Enclosure
MECHANICAL ROOM	Yas X	le N/A	-	PIPE		_	8 LF	-	-	- A	ਜ਼ -
			(WRAP		ONLY)		J LI				
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Name of Registered Waste Hauter TWO BROTHERS CONTRACTING		NJOEP W Hauter ID 18743		Yards 116			gletered Land		3.R.0	L.w.	S
City, State TOTOWA, NJ				oal Data	City	Ŝta' c	VILLE, PA				
Completed by VIVECA RAMOS	Title PROJE	CT COOF	/	eld Dathie		77	m	5sia 8/4/20	18		





		-20							f3	(Check # 12	67			
Date of Notification (1) June 5, 2018	3		100000000000000000000000000000000000000	of Buildi	ng Owne	r / Opera	tor (2	2)						
Agencies Notified EPA DEP	Type Notifica			_	Address	\$				And the second part and Oldan	D)E	。匠		\mathbb{V}	E
⊠dol ⊠doh	100.00000000000000000000000000000000000	I nded ndment # __			State & Zi awken, N	ip Code NJ 0708	6				LL JU	1		018	100
DCA	Cand	cellation		100000000000000000000000000000000000000	of Conta Nasti	act				Long	ASB Te	lephon	e Nu	mber	L. &
				FA	CILITY	INFOR	RMATIC	NC						a problem	
Name of Facility Who Residence Street Address	ere Abatement	is Taking	Place (3)					nool (K	(-12)						
Street Address							Oth	ner (i.	e., private & co	ommero				ic.)	
City (5) Weehawken								2,636 Use (P	# of Flo 3 + Prior if being den	Basem	ent	g. Age 10	0 yea	ırs	
County (6) Hudson			ounty Code												
Name of Monitoring F	Firm Hired by B	uilding Ov	vner (8)		ASCM	262126220	Name of Synatecl		ement Contracto	r (9)					
Street Address							Street Ad 829 Radi								
City, State & Zip Cod Project Manager for I		**	ITe	lephone I	Jumber		City, Stat Little Eg Telephon	g Har	bor, NJ 08087		License Num	hor			
							609-296-	6916			Licerise Num	0081	7		
Scheduled Start Date June 15, 2	018			on Date (16, 2018			Name of Synatech		A Monitor						
	ed/ <u>Vacated</u> Du	ring Entire	Period of		nt		Street Ad 829 Radi	io Roa	ad						
Other - Des	Performed Outs cribe: upied During Ab		rmal Hours	;		- 1	City, Stat Little Eg		ip Code bor, NJ 08087						
Scope of Work (Chec	k all that apply)								0 200 202	4 72				
≥3 sf or ≥ 3 lf ≥160 sf or ≥26	60 lf			Renovation Demolition					Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted(dure			re		
Asbestos-Conta TO BE	EABATED	ACM)	Solely b	on Norma y Mainter dial Staff	ance or		Asbesto Mate	criptio os-Cor rial (A	n of ntaining (CM)	Amo	unt (Specify F or LF)	_	atem	ent T	уре
	Facility (13)		Yes	No	N/A			surfa	cing, VAT laneous)			Removal	Repair	Encapsulate	Enclosure
Basement				Х			Pipe	Insula	ation		200 LF	X		_	Т
Name of Registered \	/vaste Hauler		NJDEP V Hauler ID	No.		Yards of	Waste		Name of Regist	ered Lar	ndfill				
Synatech, Inc. City, State			27	429	10 Dispos	al Date			City, State						
ittle Egg Harbor, N.	J	Title				7, 2018			Morrisville, PA						
Diane Aloia		Title			Signatu	I/A	10	0		Date -					
Julie Aluid		Lxecuti	ve Adminis	strator	1 /0	nery	un	NLL	-	June 5,	2018				

1h30050		NC	OTIFIC	CATIO	IN OF A	New Jersey SBESTOS ABA HAG 8:60 and 5:	TEMENT	DE	G	E		V
Date of Notification (1)	0:			Nai	me of Build	ing Owner/Operator	(2)	led but	JUN	- 8	3 20	118
06 /04	/ _2	2018		100	EDOK 0	LIADD ADOLIN						
	pe Notification	on		Stre	eet Address	HARP &DOHN	IE CORP	ASS	ESTO	S C	ONT	BOI
[] D D D D D D D D D D D D D D D D D D	Initial				126 E. L	INCOLN, P.O.	BOX 2000 RY	28-214	LIC	ENS	ING	
☑ DOH	Amended Amendment	#		City	, State, Zip	Code		20 2 14		0.47 m/ss=cs46		
□ DCA 🗵	Emergency	(includ	ing		RAHW	AY, NEW JERS	SEY 07065					
(NJAC 5:23-8)	justification) Cancellation			10000000	ne of Conta	ect		Telephone Nu	mber			
	Caricellation	I).				IA JOHNSON		732-594-2	257			
Name of Facility Where Abate	amont in Tale	DI-	(0)	F	ACILITY I	NFORMATION						
			ce (3)				Type of Facility (
MERCK SHARP &D Street Address	OHME CO	DRP.					School (K-12	(Other than 16 4	0)			
126 EAST LINCOLN	J AVE BU	וו חוא	IC 90	MD	11101		Other (i.e., pr	rivate and commi	2) ercial	buildi	nas.	
City (5)	TAVE DO	ILUII	NG 60	IVI KI	VI 131		homes, etc.)				.50,	
RAHWAY							Square Feet	# of Floors	1	3ldg.	Age	
County (6)				Cor	unty Code ((7)(STATE USE ONLY)	26,220	2		54		
UNION					, 0000 (MOTATE USE ONLY)	1 N 188					
Name of Monitoring Firm Hire	d by Building	Owne	r (8)	ASCN	A No.	Name of Abatem	ent Contractor (9)	LABS AND	OFF	ICE	FA	CIL
E.H.I				10	4							
Street Address					4	Street Address	NMENTAL CO	ORP				-
655 WEST SHORE TH	RAIL					1.0000000000000000000000000000000000000	ROCK ROAD					
City, State, Zip Code						City, State, Zip C	ode)		_		
SPARTA, NEW JERS	EY 078	71				SUFFERN	N.Y 10901					
Project Manager for Monitoring) Firm		Tele	phone	No.	Telephone No.		License No.	-			_
WILLIAM KERBEI Start Date (10)	10:		973	3-729	-5649	845-369-7500	1	1101				
	Sche	duled (ate (11)	Name of OSHA M	lonitor	1 1101				
06/ / _04 / _20		16—	/ _0 4	⊢ ′	201 8	AMERSCI LA	BS INC. #1	1480				
Occupancy Status During Abat Facility Closed/Vacated Dur	tement (Ched	k only	one)			Street Address						
Abatement Performed Outs	ing Entire Pe	Facili	Abate	ment	a auth a		OTH STREET					
Time of Abatement:	AM- <u>400</u> P	M/_113	n_PM-	s - Des	AM	City, State, Zip Co						
Scope of Work (Check all that a						NEW YORK	N.Y. 10016					
	apply)					☐ Full Cont	ainment with Nega	tivo Process				
≥3 sf or ≥3 If≥160 sf or ≥260 If		_	enovati emolitic				osure	uve Pressure				
			Onnonne	11:		☐ Glovebag	Procedure npted (*) and Non-	Erioble Desert				
		200	Locat				npted () and Non-	Procedu	-			
Location of Asbestos-Containing Materi	al (ACM)		Normal ed Sole			Description of	F			1	ent T	
TO BE ABATED	ai (ACIVI)	Ma	intena	nce/	Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todial S	Staff?	(surfacing, VAT.	or	(Specify SF or LF)	lova	air	apsu	nso
(10)		Yes	No	N/A	1	other miscellaneo	ous)	1000A - 10100 000 00A	-		late	ē
ROOM 131				15775570	F: 6	00.11.						
		_	_	区	FLO	OR MASTIC		3SF	X			
									П			
									1] [] [7
ame of Registered Waste Hau	ler		N.	DEP V	Vaste	Cubic Yards of	Name of Register	red Landfill		Ш	Ш	Ш
REEHOLD CARTAGE, INC.	825 HWY 3	3	Ha	uler ID 5939		Waste	En Control Officers			200-100-00		
ty, State						Disposal Date	LYCOMING COUL	NIY 447 ALEXA	NDEF	R DRI	VE R	T 1
REEHOLD, NEW JEF	RSEV					1						
empleted By (Print or Type)	Title					6/4/18 Signature	MONTGOME	RY PA 17	752			
SABRIEL QUINONES	PF	RO.IF	CT MA	NAG	ER /	Kiln.	VI hour	Dat				
B-41		.000	O I IVIA	WAG	LI	frede	Mun	6	/4/20	18		

NO Ch			īan	t to NJAC 8:60			Dood	. 1	17	(n=	20	7
Date of Notification (1) 6/4/18				of Building Owne		r (2)		- (
Agencies Notified Type Notification			(FE 38), DUTS	Construction Address				E-	C	E	1	7 [
				Address Porete Aver	1110				<u> </u>	<u> </u>	n /	
EPA Initial Amended		-		ate, Zip Code	lue		- HD)	-				
DEP X Amended DOL Amendment	#			Arlington No	07031			J	UN	- 8	20	18
Emergency	including	9 -		of Contact	0,001		Telephoi	e Num	hor			
DOH justification) Cancellation			John	,, σοιιασι			551-65	£			MOUNTAINE TO SERVICE	MODELLON D. CO. I.
			FAC	ILITY INFORMA	ATION			ASSE	LIC	ENS	<u>jnii</u> Ing	106.
Name of Facility Where Abatement is Takin	g Place ((3)				Type of Facilit	ty (4)		2704.742	m nAugurou)	CANAL PROPERTY.	
house						School (I						
Street Address						Subchap Subchap Other (i.e	ter 8 (Other that e. private & com	in K-12)	l build	lings	home	20
City (5)						etc.)						,3,
City (5) Kearny						Square Feet	# of Floo	rs	- 1	ldg. A	ge	
County (6)			County	Code (7)		2800	2			2		
Hudson			(STATE	Code (7) USE ONLY)		house	Prior if being de	molishe	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASCI	M No.	Name	of Abatement C	Contractor (0)			1171		
5		*0				Environmer	Contract of the second	.LLC				
Street Address						Address		,				
					PO	Box 483, 4 E	Gate Drive					
City, State, Zip Code		- 70			City, S	State, Zip Code	AL 2 2 20 20 20				-	
					Gler	nwood, NJ 0	7418					
Project Manager for Monitoring Firm			Telepho	ne No.		none No.		nse No	.0			
St. 15 + 40					3000000000	764-2276	703	3				
Start Date (10) 6/05/18	Schedu 6/19/1		npletion	Date (11)	Name	of OSHA Monit	or					
Occupancy Status During Abatement (Chec	1770 3170 31				ļ <u></u>							
	350	20			Street	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: exterior	eriod of al Facilit	Abaten y Hours	nent		City, S	State, Zip Code				1		
Scope of Work (Check All That Apply)												
23 sf or ≥3 lf	П	Renova	tion		Г	7						
≥160 sf or ≥260 lf	-	Demolit	100 100 100 100 100 100 100 100 100 100			Mini-Enclose	ment with Nega ure	ative Pre	essur	е		
					×	Glovebag P		F-1-1-1-	-		20	
	1	. (<u> </u>	1 Non-Exemp	ted (*) and Non	-Friable		10-10 - 19-10	e ment	
Location of	1000	s Locati Normal									ре	
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by		Description ontaining N	of faterial (ACM)	Amoun	t T	34 37 4		Е	
TO BE ABATED In Facility		aintenar stodial S		(i.e. therm	al system:	s insulation,	(Specify	y	Re	R	Encapsulate	Enc
(13)		(12)			facing, VA r miscellar		SF or LF	-)	Removal	Repair	psu	Enclosure
	Yes	No	N/A			534			<u>a</u>	-	late	re
exterior	1				a lalla a		4 000 0	_	-	-		
exterior			X		siding		4,000 S	F	Х			
Name of Registered Waste Hauler		N	JDEP W	/aste Cub	ic Yards	Name o	of Registered La	andfill				
Tony's Cleanup & Hauling		Н	auler ID	No. of W	/aste	l'association	Brothers Sa		Lar	dfill		
City, State		1	7787	TBI				u iitai y	Lai	uiill		
Bridgewater NJ				Disp TBI	osal Date	City, St Exton						
Completed by	Title				Signature		,	Date				
A. Scott Higgins	Pres	ident				102	- where the same of the same o	6/4				

New Jersey

Ch 1090.		3		ate of New Jess I OF ASBESTOS to NIAC BESSAN				DEne	かまり		18/	E
Date of Notification (1)/		of the latest states of the la	Name o	Building Owner/G	Operator CAW	(2) DEL 100			161	0	004	n
Agencies Notified Type Notification		1	Street A					 	IN_	- 0	2011	<u>K</u>
EPA		anniet de la constante de la c						1		742 Q (D 200		
DEP Z Amended	ą	dienopus	City, Sta	ite, Zip Code	4.5			ASBES	TOS	S CO	NTRO	OL.8
DOL Amendment Emergency	NAME AND ADDRESS OF THE OWNER, TH		aran a Than a a tuni	et lee	NJ	01	024		LICE	NSI	IG_	entenar t
DOH justification)	(assutrasí)			Contact	- 4		Te	lenhone Num	her			
DCA Cancellation	l .	- STAPPAGES	_೦ಬ	W CBNO	ELR	2 S	1					
Name of Facility Where Abatement is Takin	- Diese 6	*4	FACI	LITY INFORMATI	ON							
CANOS CA O	g mace (a	9)				Type of Fac	filty (4)					
Street Address	ASE					School School		andina V de	ē.			
ON COL PRIZES DOC			A A	A 2				ner than K-12) & commercia		lings,	home	s,
City (5)						etc.) Square Feet	1 11	P.E.	TE	11. 0		
City (5) PENT LES					a designation of	of a c	1	of Floors	B	ldg. A	1000	
County(6)			County (Cada (7)		v	10	- 0	_	6.	4	
County (6) ENGEL		and the second		ISE ONLY)		ff f	(Prior ir de	ing demolishe	ea)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	No.		of Abatement		(9)				
IRIS EUVIROUMENTAL				56	A.M	ac Contrac	ting Inc.					
Street Address 2-333 RT 22 wes	5					Address /reeland A	ve .	the state of the s				
City, State, Zip Code						tate, Zip Code						
UNION NO 0708,	5					ind Park, N	J.					
Project Manager for Monitoring Firm			Telephor	10 No. 201-002	Teleph 201-2	one No. 262-5841		License No 00156				
Start Date (10)	Schedule		*	Date (11)		of OSHA Mon	itor					
6/05/48	(15/18				67E64	ervices Inc				1
Occupancy Status During Abatement (Chec	k Only On	ie)	7	***************************************		Address	T-AND THE REAL PROPERTY.					
Facility Closed/Vacated During Entire F				*	280 F	luyler Stre	et					
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	i			tate, Zip Code						
Scope of Work (Check All That Apply)					наск	ensack, N.	J. 07606				north-deposits	_
□ ≥3 sfor≥3 if		tenova	tion			Eull Contro	inmant will	n Negative Pr		_		-
2160 sf or ≥260 lf	Deservation	emolit				Mini-Enclo		i negauve Pr	assur	8		-
					8	Glovebag	Procedure					
					limber 1	At	-4-169			POUTE		
	1 .					Non-Exem	pted (*) ar	id Non-Friable		Aboto		Affine
	2	Locati	200000			Non-Exem	pted (*) an	d Non-Friable		Abate Typ		-
Location of Asbestos-Containing Material (ACM)	Use	iormali d Sole	ly ly by		scription aining M	Non-Exem	pted (*) ar	ercalmapping to fill law		Typ	e (
Asbestos-Containing Material (ACM) TO BE ABATED	Use Mai	lormali d Sole intenar	ly ly by nce/	Asbestos Cont (i.e. thermal	aining M systems	of aterial (ACM) insulation,	pted (*) an	d Non-Friable Amount Specify		Typ	e (En
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Mai	iormali d Sole	ly ly by nce/	Asbestos Cont (i.e. thermal surface	aining M systems sing, VA	of aterial (ACM) insulation,	pted (*) ar	MONTH CANADA		Typ	e (Enclos
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Date of Notification (1) 06/04/18	al Sees			of Building C			(2)				2 - 17		<i></i>	<i>>/</i>
Agencies Notified Type Notification			L ROMAN	Address	110013				$+\Gamma$	1	EG	E	11	/ E
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DEP Amended Amendment	#			ate, Zip Coork, NJ 07				12			JUN	- 8	3 20	18
➤ DOH Emergency justification)	(including	1		of Contact					Tele	phone			2.0	10
DCA Cancellation			Mr. M	atthew Al	lban				1 5	1) 24	7570	year carrostotacas		201.8
Name of Facility Where Abatement is Takin	g Place ((3)	FAC	ILITY INFO	RMAT	ION	Type	of Facility (4)	1_	, (0	LI	CENS	ING	
North Star Fairmount Academy	g / 1000 (٥,						School (K-12)						
Street Address 108 9th Street								Subchapter 8 Other (i.e. priv	(Othe			uildings	s, hom	es,
City (5) Newark							-	tc.) e Feet) +	# of 1	Floors		Bldg. 50 +	Age	
County (6) Essex				Code (7) USE ONLY)			Currer	nt Use (Prior	if beir	ng demo	olished)			
Name of Monitoring Firm Hired by Building Whitman	Owner (8)	ASC	M No.				ement Contra			tal Co	nsultii	na. In	c.
Street Address 7 Pleasant Hill Road						Street	Addres	S					3,	
City, State, Zip Code Cranbury, NJ 08512						City, S	tate, Zip							
Project Manager for Monitoring Firm Mr. Kevin Lovely			Telepho	ne No. 90-5858		Teleph	one No			Licens				
Start Date (10) 06/18/18	Schedul 07/30/			Date (11)		Name		A Monitor		00408		(4)		
Occupancy Status During Abatement (Chec							Address	ecting & Er	iviroi	nment	al Cor	isultir	ng, In	C.
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent				Route							
Abatement Performed Outside of Norm Other – Describe: Occupied Building	al Facility	y Hours	5		_		tate, Zip ne, NJ	Code 07470						
Scope of Work (Check All That Apply)											(-)III			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini- Glov	Containment -Enclosure rebag Proced -Exempted (*	dure				ro	
	ls	Locati	ion				14011	-Exempled () and	NOII-FI	lable P		ement	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenal todial S (12)	nce/		hermal surfac	aining M systems cing, VAT niscelland	insulat		(Sp	nount pecify or LF)	Kemova	Repair	Encapsulate	Enclosure
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Name of Decister-114														
Name of Registered Waste Hauler J.R. Contracting & Environmental Co	onsul., I	Inc. H	IJDEP W lauler ID 7819	No.	Cubic ` of Was 10			Name of Re Grand Ce						
City, State Wayne, New Jersey					Dispos	al Date		City, State Pen Argyl	, Per	nnsylv	ania			
Completed by Jerry Bijelonic	Title Proje	ect Ma	nager		Si	ignature		/		- 1	Date 06/04	/18		

	15	Λ	State	of New Jersey					
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Date of Notification (1)	Pursu	ant to No	OF ASBESTOS AND ASSESSED AND BUIlding One	ATEMENT		-0.85		11/10/30
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the second secon] EMERGENCY	11				Telephone Numb		LIGEN	USING
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Name of Facility Where A	22+2		FAC	ILITY INFORMAT	TO:	lander of the second of the se			
	oatement is	Taking	Place (3)					
Street Address					1.4	f Facility (4)			
nadiess					1 1 1 1 1 1 1 1	School (K-12)	6)		a 350
					1 10	Subchapter 8 (Other (i.e., p. dings, homes	Other t	han K-	-12)
					buil	dings, homes,	etc.)	& comm	mercial .
City (5)	Con	-4			1		- 15		
PATTERSON	100	nty (6)		County Code	(7) Square	Feet # of F	Ploors	Bldg.	. Age
		703	SIC	(STATE USE O	NLY) Current	**			
Name of Monitoring Firm hi	red by Bui		SCM No.		Table	Use (Prior if	being	demoli	ished)
TA\ \F		- [octi No.	Name of P	Abatement Cont	ractor (9)			
Street Address				2321111	H MANAGEM	ENT, Inc.			
Ci to				Street Ad	dress		·		
City, State, Zip Code				86 Ch	ristopher	St.			
2mail				City, Stat	te, Zip Code				
Project Manager for Monitor	ing Firm	Telepho	ne Number	Monte	lair, NJ	07042			
		N/A	re Number	Telephone	Number		F		
duled Start Date (10)	ALCOHOLOGIC PROPERTY OF THE PR			(973)7	44-8800		Licens	e Numb	er
6-15-18 Month Par	Sched. Co	mpretion	Date (1	1) Name of OS.			003	11	
Scupancy State	Month	14 -		N/A					
cupancy Status During Abat [X]Facility Closed/Vacat of Abatement	ement (Checked During	ck only	one)	Stroot 711					
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Describe: «Oth	er Ogman	ript»	· n.t.	City, State	, Zip Code				
ope of Work (Check all that	apply)	2 Desci.	LDC»						
[]>3 sf or >3 15									
[]>160 sf or >260 lf		[]Renov []Demol	ation	[]Ful:	l Containment i-Enclosure	with Negative	Pressn	re	
		г 1решот	ltion	[]Glot	re-bag Procedu	2200			
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TO BE ABATED	Der M	Used Solely		Asbestos-Con	ntaining	Amount	R	E	E
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(13)	Yes	aff (12)	i:	suration, surf	acina -	SF or	M	E C A P A	L
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of Registered Waste Hauler									
TECH MANAGEMENT, I	NC Have	DEP Waste		oic Yards	Name -6 -				
State	17	ler ID 1	of	Waste	Mineson	stered Landfil	11		
tclair, NJ 07042			Dis	posal Date		Enterpri	se IN	TC .	
				-15-18	City, State				
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3 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	residen	t		Signature	7-1-17	1			
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Date of Notification (1)		Name	of Building Owner/	Operator (2)	III)_E	: 6	6	
June 04, 2018		LB	esiden	tial Dwell	ing K			
Agencies Notified Type Notification		Street /	Address		-51	JUN	- 8	2018
EPA Initial DEP Amended Amendment # Emergency (in justification) DCA Cancellation		Name o	ate, Zip Code 4 addon of Contact	Township	NJ AS	SPEST	os ox	าด้ารถ
1 box 1 cancenation			ZANNE	Hoover				
Name of Facility Where Abatement is Taking	Place (3)		CELL I THE CAMBER	Type of Facility	(4)	Assessment		
Street Address	elli	ing		Other (i.e. etc.)	r 8 (Other than K-1 private & commerc	ial build		
Hadden Town	nst	i P		Square Feet 1250	#of Floors		ldg. Ag	8
county (6) Camden	lo No	\County (STATE	Code (7) USE ONLY)	- Resid	ior if being demolis Acntical	hed)		
Name of Monitoring Firm Hired by Building Ov Quality Environmental Concepts	vner (8)	ASC Non	M No. e	Name of Abatement Co Quality Environme	ntractor (9)			7.70
Street Address 1053 North Tuckahoe Road	-			Street Address 1053 North Tuckal	noe Road			
City, State, Zip Code Williamstown, New Jersey 08094				City, State, Zip Code Williamstown, Nev	Jersey 08094			
Project Manager for Monitoring Firm Edward Knorr		Telepho 856-6	one No. 29-1166	Telephone No. 856-629-1166	License N 01086	io.		
Start Date (10) Start Date (10)	Scheduler	d Completion		Name of OSHA Monitor Quality Environme				
Occupancy Status During Abatement (Check	Only One		010	Street Address		-		
Facility Closed/Vacated During Entire Pe	riod of Al	batement		1053 North Tuckal	noe Road			
Abatement Performed Outside of Normal Other – Describe:	Facility I	Hours		City, State, Zip Code Williamstown, Nev	Jersey 08094			
Scope of Work (Check All That Apply)				1				
≥3 sf or ≥3 ff ≥160 sf or ≥260 lf	NAME AND ADDRESS OF THE PARTY O	enovation emolition		Mini-Enclosur Glovebag Pro	(20 10)			
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Solely by stenance/ odial Staff? (12)	Asbestos Con (i.e. therma surfa	escription of taining Material (ACM) I systems insulation, cing, VAT, or miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Enclosure
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Kaindry Room,		12	Floor		100 S.E.	X		
Closet & mechicarca	genozwe 440002786	A management of the second of	girkd.			The second secon	3	Editorios productives
Name of Registered Waste Hauter	N distribute with	NJDEPV	Vasle Othic	Yards Name of	Registered Landfil			-

Quality Environmental Concepts

Hauler ID No. 19710

Disposal Date

Signature

Name of Registered Landfill

Completed by

Edward Knorr

Date of Notification (1) Agencies Notified Type Notification I EPA DEP DOL Amended Amendme Emergency justification DCA Cancellation	on nt# (including n)	Stree City Nam	State of New Je ATION OF ASBEST Stant to NJAC 3:60 me of Building Owne Fruit eet Address O, State, Zip Code Tomb Tomb ACILITY INFORM	OSABATATION TO PETER	(2)	6745 Telephom	ASOI e Numbe	LIC	- E	ONTROL
Name of Facility Where Abatement is Taking Street Address City (5)	Place (3)	7			Type of Facil School (Subchap Other (i.)		ercial bui		, home	
County (6) CCE Name of Monitoring Firm Hired by Building C) wлег (8)	(STAT	ty Code (7) FE USE ONLY) CM No.	Name of	of Abatement Co	Prior if being demol			i27i .	10
Street Address City, State, Zip Code Project Manager for Monitoring Firm		Teleph	none No.	/21] City, St	Address 2 DO 211 ate, Zip Code COLLICO ne No.	NIT	Ane	-))(_	
Occupancy Status During Abatement (Check Or Facility Closed/Vacated During Entire Per	-	15/18		1	FOSHA Monitor		se No.	(C)		
Abatement Performed Outside of Normal I Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	acility Hours	vation	3	City, Star	te, Zip Code Full Containm Mini-Enclosur	ent with Negative	Pressure			
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodia (13	nance/ I Staff?		ining Mate ms insulation AT, or iscellaneou	on, surfacing	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler All ME UC City; State		NJDEP Wa Hauler ID N 20847	vio. of Waste		ILM	egistered Landfill				
Completed by Japan T Hall.	Tide V. Ritt	ident.		Date B)	City, State		P= 115/	14		

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Date of Notification (1) 5/30/18				Name o	f Building allent	Owner/0	Operator	(2)		-		JUN	- (3 20	18
Agencies Notified	Type Notification	ì		Street A	20.0000000					-		www.demiraddoc.com	Marin Haras	Medical	etoano vin
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Jim Tallent									School (K-12						
Street Address								X	Subchapter 8 Other (i.e. pr etc.)				ldings	, hom	es,
City (5) Beach Haven NJ 0	8008							11 15 15 15	uare Feet 000+	# 0	f Floors		35+	Age	
County (6) Ocean	250, 100, 100, 100, 100, 100, 100, 100, 1	18			Code (7) USE ONLY)		100,00	rrent Use (Prio	r if be	ing demoli	shed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name	of A	batement Cont	ractor	(9)				
N/A	196.95						Perr	naco	o Inc.						
Street Address							Street								
City, State, Zip Code			-						, Zip Code						
									erlin NJ 0809	91					
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph 856-		No. 3-9800		License 00727	No.			
Start Date (10)				npletion I	Date (11)		Name	of O	SHA Monitor						
6/11/18		6/18/18					Sam	100							
Occupancy Status Durin							Street	Add	ress						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of A mal Facility	Hours	ent			City, S	tate	, Zip Code						
Scope of Work (Check A	all That Apply)			- 100		10190									
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Date of Notification (1) 5/30/18				of Building Own Derkoski	er/Operato	r (2)	33		JUN	- 1	8	2018	
Agencies Notified Type Notification	ı		Street A	Address		-		1	SBESTO	18 (:01	JTR(01.8
X EPA DEP Amended X DOL	t #			ate, Zip Code Egg Harbor	NJ 08070			AC .	LIC	NO C	412	G	VIII 44
□ Emergency □ justification □ DCA □ Cancellation)			of Contact				Telephone	Numbe	r			
Name of Facility Where Abatement is Takin	na Place /	5/	FAC	ILITY INFORM	ATION	T.	-5 F - 11% /A						
Rick Derkoski	ig Flace (c	?)					of Facility (4 School (K-12	(76) 100					
Street Address						П	Subchapter 8	3 (Other than ivate & comm		uildir	ıgs,	home	es,
City (5) Little Egg Harbor NJ 08070						Squa 100	re Feet	# of Floors	i	Bld 35		ge	
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Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	M No.		of Aba	atement Cont Inc.	ractor (9)				-	
Street Address						Addre Box 3							
City, State, Zip Code					City, S	State, Z	Zip Code Iin NJ 0809	91					
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi	hone N	lo.		se No.				
Start Date (10) 6/8/18	Schedule		npletion	Date (11)		of OS	HA Monitor	0072					
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Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					City, S	State, Z	ip Code	\$ * .(
Scope of Work (Check All That Apply)			-			2000							_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Mi	ni-Enclosure ovebag Proce	nt with Negati edure (*) and Non-F			u		
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Name of Registered Waste Hauler		N	JDEP W	/aste Cut	bic Yards		Name of D	legistered La	odfii				
United Roll Off		Н	lauler ID 2459		Vaste		G.R.O.V	tegistered Lar V.S.	IGIIII				
City, State Elm NJ					posal Date 8/18		City, State Morrisvi	lle PA 1906	67				
Completed by Anthony T Perna	Title Pres	ident		L	Signature		7 _		Date 5/30/	18			

Chiman E) <u>(</u>	OTIF	GATIO	State of New .	TOS ABATE	MEN	ΙΤ	(D)E	C E		V P	rint F			
Date of Notification (1) 5/29/18	L	1 (Name	of Building Ow Santoro P	vner/Operato	r (2)	Ī.		JUN -	8 2	018	The second secon			
Agencies Notified Type Notification X	n			Address tate, Zip Code				ASBI	ESTOS LICEN	CON	FROL	. 81			
DOL Amendmer Emergency justification DCA Cancellatio	(including		Beac	h Haven Cr of Contact		800		Telenhone	a Numbo	,					
Name of Facility Where Abatement is Taki John Santoro Private Home	ng Place (3	3)	FAC	ILITY INFOR	MATION	Тур	e of Facility	(4)							
Street Address							School (K- Subchapte Other (i.e. etc.)	12) r 8 (Other than private & comr	K-12) nercial b	uilding	s, hon	nes,			
City (5) Beach Haven Crest NJ 08008 County (6)						10	uare Feet 00+	# of Floors		Bldg. 35+	_				
Ocean Name of Monitoring Firm Hired by Building	Our == (0)		(STATE	Code (7) USE ONLY)		Ho	ouse & Ga		nolished)						
N/A Street Address	Owner (8)		ASCI	M No.	Name Perr Street	naco	310.77	ntractor (9)							
City, State, Zip Code				***************************************	PO I	Box State,	329 Zip Code								
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	none l	rlin NJ 08 No. -9800		se No.						
Start Date (10) 6/7/18	6/14/18	3	npletion	Date (11)		of OS	SHA Monitor	1							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of A	batem	ent		Street City, S		ess Zip Code	•	#	107					
Scope of Work (Check All That Apply)	niewszes														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				M G	ini-Enclosure lovebag Prod								
Location of Asbestos-Containing Material (ACM)	N	Location or mall	y	-	Description	of		a () and Non-r	TIADIE PI	Aba	temen ype	t			
TO BE ABATED In Facility (13)	- U/22 (1888) (1998) (1998) (1998) (1998) (1998) (1998) (1998) (1998) (1998) (1998) (1998) (1998) (1998) (1998)	ntenan odial S (12)		(i.e. ther	Containing M rmal systems surfacing, VA ner miscellan	insu T, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
Exterior Siding	Yes	No	N/A X		exterior Sid	ling		2100 SF							
					ALERIOI GIO	urig		2100 3F	X						
Name of Registered Waste Hauler United Roll Off		Ha	IDEP Wauler ID	6011	ubic Yards Waste		Name of I	Registered Lan	ıdfill						
city, State Elm NJ					sposal Date 14/18		City, State	ille PA 1906	 67		eseuce				
Completed by Anthony T Perna	Title Presid	dent			Signature		<		Date 5/29/1	18					

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# 6779	5) /	NOTIF (F	S ICATIO ursuan	tate of No NOP ASI t o NJAC	ew Jerse BESTOS 3:60 an	ABATE	MENT 0)	when 5/7	118				
Date of Notification (1) 5/7/18	G	7		of Building Bayer F			(2)		NE	C	E		7 E
Agencies Notified Type Notification				Address								Secretary and the secretary an	
EPA Initial Amended		-	City St	ate, Zip C	ode					JUN	- 8	2011	p .
□ DOL			A	egat Ligi		80080						LON	,
DOH Emergency justification	1			of Contact				T	elenhana	Nimhor	200	NTRO	71 8.
DCA Cancellation	1		Luis	II PP/ IN							Jil Saa	iG	76, Q(
Name of Facility Where Abatement is Takin	ng Place ((3)	FAC	ILITY INF	ORMAT	ION	Type of	Facility (4)		-			
Luis Bayer Private Home							☐ Sch	nool (K-12)					
Street Address	в.						Sub Oth etc.	ochapter 8 (Ot er (i.e. private)	her than K & comme	(-12) ercial bu	ildings	, hom	ies,
City (5) Barnegat Light NJ 08008							Square F	eet #	of Floors		Bldg. 35+	Age	
County (6) Ocean		T		Code (7)	0		Current I	Jse (Prior if be		lished)			
Name of Monitoring Firm Hired by Building	Owner (8)		M No.	/	Name		& Garage ent Contracto	- (0)				
N/A		,	7.001	VI 110.			aco Inc.		r (9)				
Street Address							Address						
City, State, Zip Code			-			20 00000	Box 329 tate, Zip C	'ode					
200 20 57								NJ 08091					
Project Manager for Monitoring Firm			Telepho	ne No.			one No. 753-980	0	License				
Start Date (10) 5/18/18	Schedul 5/25/1		pletion	Date (11)		Name	of OSHA I		00121				
Occupancy Status During Abatement (Chec						Sam	e Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of	Abatem	ent				ate, Zip C	ode	•				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf	_	Renova Demolit				×	Mini-Er Gloveb	entainment wit nclosure ag Procedure kempted (*) ar				-0	
		Locati								1	Abat	ement	t
Location of Asbestos-Containing Material (ACM)		Normall ed Solel		Ashaa		scription		20.42	£70€1-010000 4 0		T	/pe	
TO BE ABATED In Facility	111	intenar todial S			thermal	systems	aterial (A0 insulation	, (Amount Specify	Re	77	Enca	E E
(13)		(12)				ing, VAT iscellane		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
A	Yes	No	N/A							<u> a</u>	'	ate	re
Exterior Siding			х		Exter	rior Sid	ing	33	800 SF	х			
		.U=											
Name of Registered Waste Hauler		1.50											
United Roll Off		Ha	JDEP W auler ID 2459	1.00 (C. C. Po)	of Was	Die menen		ame of Registe	ered Land	fill			
City, State Elm NJ					Disposi			ty, State	A 1000	,		1001011	
Completed by	Title					gnature		lorrisville P		Date			
Anthony T Perna	Presi	ident					9			5/7/18			

Print Form

& Emerseny

State of lew Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

CK 6806

6/1/18			124.2	Name	of Buildin	g Ow	ner/Operato	r (2)					-			
	T			All F	Risk			S 70	and district	M	E	C	E		W	F
Agencies Notified	Type Notificatio	n			t Address				\exists	11)	<u> </u>	9		Ц	U	4
EPA DEB	Initial				Kenned		/d.		-	M						The same of
DEP DOL	Amended Amendmen	nt #			State, Zip (2000				0	JUN	-	8 2	2018	
		(includin	g	_	nerdale N		8083		1	Ehia .				-		Here
DOH DCA	justification Cancellation			Tom	of Contac	t			H		phone					
			<u> </u>	100000			. ATION		-	856	4646	-004	6	NOS	TROI	_&
Name of Facility Where A	Abatement is Taki	ng Place	(3)	FA	CILITY IN	FORI	MATION	Type of Facili	h (A)		-	made at the	1000000	Chadden.	400-	Destruction of the last of the
Bridgeton Housing	Authority							_	50.000							
Street Address	Romania - November - 198							School (I	K-12) ter 8 (Other	than	K-12)				
110 East Commerce	e St							Other (i.e	e. priv	ate &	comm	iercial	buil	dings	s, hon	nes,
City (5)		75. 3 To 2 To 2						etc.) Square Feet		# of F	loore		T	Bldg.	Λαο	
Bridgeton NJ 08302	2							1000+		10	10013		- 1	35+	Age	
County (6)				County	/ Code (7)),		Current Use (I	Prior if	f being	dem	olishe	- 1			
Cumberland				(STATE	USE ONL	y) _		,				0110110	-,			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASC	M No.	- 5	Name	of Abatement C	Contra	ctor (9	3)		-122			
								naco Inc.		• •						
Street Address			Street Line				1,100,000	Address			-					
City State 7in Code							POI	Box 329								
City, State, Zip Code	-							tate, Zip Code					- 1	1	.10	
Project Manager for Monit	toring Eism							t Berlin NJ 0	8091							
. reject manager for morni	toring Film			leleph	one No.			one No.		24	icens					
Start Date (10)		Schodu	lod Co	maletie -	Date (11)			753-9800		(0072	7				
6/4/18		6/6/18		mpiellon	Date (11)			of OSHA Monito	or		10			1 5		
Occupancy Status During	Abatement (Chec					200.000	Sam				, G		Ž.			
Facility Closed/Vacat							Street	Address								
Abatement Performed	d Outside of Norn	period of nal Facilit	Abater v Hour	nent s			City C	toto 7in Codo			-					
Other - Describe: Ap	ot Closed vacated				-7111		City, S	tate, Zip Code								
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf		X :	Renova	ation			Г	l -					*			
≥160 sf or ≥260 lf			Demoli					Full Contains Mini-Enclosu	nent v	with No	egativ	e Pres	ssur	е		
							<u> </u>	Glovebag Pr	ocedu	ire						
		Ι.						Non-Exempt	ed (*)	and N	on-Fr	iable l		W. K. 188		
Location o	of.		Locati										1		ement pe	
Asbestos-Containing M	faterial (ACM)		d Sole		Asbes	tos C	Description ontaining M	of aterial (ACM)		Amo	unt			.,		
TO BE ABAT In Facility			intenar todial S		(i.e.	therr	nal systems	insulation.		(Spe			20	_	Enc	Щ
(13)			(12)			othe	rfacing, VAT er miscellane	, or		SF or	LF)		Remova	Repair	aps	Enclosure
		Yes	No	N/A	1	Othic	i illiscollarie	ous)					Val	air	Encapsulate	sure
Linit 711		163	140	IN/A	-										Ф	
Unit 7H				X		Floc	or tile & m	astic		530	SF	2				
												+	+	-		
									-		-	_	-			
Name of Registered Waste	Hauler		I N	JDEP W	lasto	Cub	is Vanda				-					
United Roll Off			1100000	auler ID			ic Yards /aste	Name of			Landi	fill				
			2:	2459		3	0.000475 9757146	G.R.O	.W.S	S.						
City, State Elm NJ							osal Date	City, Sta	te							5.023
						6/6	/18	Morris	ville l	PA 1	9067					
Completed by Anthony T Perna		Title					Signature	7			1	Date				
THE THE TENTE		Presi	dent				(X			(6/1/1	8			

	P	A NOTIFICAT	TON OF A	NEW JERSEY SBESTOS ABATE! C 8:60-7 AND 12:1	120-7	leck	# 3	3/3:	3
Date of Notification (1)	u <i>U</i>	_// II F		Building Owner / International	Operator (2)	1) E (CE	IVE
Aganaina Natified Tune of N	-4:6:4:		Street Ad				<u> </u>		
Agencies Notified Type of N	lotification Initial			te, Zip Code			1		
DEP	Amended			New Jersey, 07410)		ال ا	JN - 8	2018
☑ DOH	Amendment		Name of				ne Numb		1
DOL _	Emergency v Cancellation	WHEN SHARE PROPERTY.	PETER V			201-794=	4000 ASBE	STOS CO	ONTROL &
			ACILITY IN	NFORMATION		Enterprise Services	- CONTRACTOR	thin shows the state of the sta	GROWTHS TO GREEN STREET
Name of Facility Where Abaten Mondelez International	nent is Taking	Place (3)		Type of Facility (
Street Address 2211 Route 208				☐ Subcl	ol (K-12) napter 8 (Other (I.e., private & ., homes, etc.)	cmmercia			
City (5) County (6	5)	County Code	(7)	Square Feet	# Of Floor		Building	g Age	
Fairlawn Bergen				1,000,000	and the transfer	3	1		
				Current Use (Prid Bakery	or it being den	iolished)		40 +	*
Name of Monitoring Firm Hired	by Bldg. Own	er (8)	ASCM NO			-			
AET				NORTHETAR	NITO A OTINIO C				
Street Address				NORTHSTAR CO Street Address	NIRACTING G	ROUP, IN	C.		
907 Doolittle Drive				Otreet Address					
City, State, Zip Code				32 Williams Parkv	vay				
Bridgewater, NJ 08807		Te		City, State, Zip C	ode				
Project Mngr. For Monitoring F Eric Houseknecth	ırm	Telephone Nu 908-218-1108	ımber	East Hanover, NJ	07936				
Sheduled Start Date (10)	Sched, Comp	letetion Date (1	(1)	Telephone Numb		License I	Number		
<u>06</u> / <u>25</u> / <u>18</u>	_09_	//	/ <u>18</u>						
Occupancy Status During Abat	oment (Check	()		973-884-8682			0	0860	
Facility Closed/Vaca	ted During En	tire Period of		Name of OSHA N NORTHSTAR CO Street Address		ROUP, IN	C.		
☐ Abatement Performe	ed Outside of N	lormal Facility		ou out / tau ooo					
Hours - Describe:				32 Williams Parkv					
Other - Describe:	_7:00AM - 3;30	PM		City, State, Zip C East Hanover, NJ					
Scope of Work (Check All That	Apply)			Last Hallovel, No	07930				
☐ Demolition	\checkmark	Renovation	~	Full Containment	t with Negative	Pressure			
☐ ≥3sf or <u>></u> 3lf				Mini - Enclosure					
				Glovebag Proced			20.		
				Non-Exempted (*) and Non-Fria	ble Proce	dure		
Location of	ls		Descript	ion of		Abateme	nt Type		
Asbestos Containing	Location	As	bestos - C	•		R		E	E
TO BE ABATED	Normally Used	1 0	Material e., therma		Amount (Specify	E M	R E	N C	N C
in Facility	Solely			facing, VAT,	SF or LF)	1/150	P	A	L
(13)	by Main-	or	other misc	ellaneous)		V	Α	P	0
	tenance/ Custodial					A	1	S	S
	Staff (12)					L	R	U	U R
	YES NO N/A							-	1
2ND FLOOR OVEN#7		ROLLER GASI	KETS		80 SF	V			
2ND FLOOR OVEN#7		TRANSITE			100 SF	V			
2ND FLOOR OVEN#7		GASKET			4,000 SF	7		1	1
Name of Registered Waste Hau		NJDEP Waste	Cubic	Name of Register	ed Landfill				
NEWARK CARTING		Hauler ID No.		GROWS					
NORTHSTAR CONTRACTING G	ROUP, INC.	4509	of Waste						
City, State NEWARK, NJ			Disposal	City. State	067			WO PACE - COL	
EAST HANOVER, NJ			Date	Morrisville, PA 19) -				
Completed by (Print or Type)		Title		Signat	ure	1 1		Date	
Stave Stiles				IV:	- 12	Sto	>=		
Steve Stiles ASB-41		Project Manage	er	100	een S	ne	/	06	6/07/18

CK# 9002						1	É	EMERO	GENCY.	11			Print Fo
CR # 1000		NO	TIFICA	DON/OF	New Je	OS ABAT and 12 1	EM	IENT	ME	C			
Date of Notification (1)			Nan	-		ner/Operato						ist to	
Agencies Notified Type Notifica	tion		Stre	et Addres		DAD			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JUN	- 8	3 20	18
DEP Amende Amendm		4 :	City,	State, Zi	p Code	ELD, NJ	07	080	ASD	EST(OS C	ONT IMG	BOLA
DOH justificati	on)	ing	Nam	AM &	act	FRAU	-		Telephone			Pa	249
Name of Facility Where Abatement is Ta	aking Plac	ce (3)	F	ACILITY	NFORM	ATION	-	Type of Facility	y (4)		2 6		67
Street Address	14						×	School (K Subchapte Other (i.e. etc.)	-12) er 8 (Other than K private & comme	(-12) ercial b	uildin	gs, ho	omes,
PATERSON								quare Feet	# of Floors		Bldg	a. Age	YRS
PASSA; C		(0)	(STAT	ty Code (E USE ON	7) 'LY)		Ci	urrent Use (Pr	rior if being demol	isned)		70	YRS
Street Address	ig Owner	(8)	1000000	CM No. 145		UNIC	QU	E SYSTEM	ontractor (9) IS OF AMERIC				
64 BROAD STREET City, State, Zip Code							WH	HITEHEAD	AVE.				
MATAWAN, NJ 07747 Project Manager for Monitoring Firm			Teleph	none No.		SOU [*]	ITH	e, Zip Code I RIVER, N	A STATE OF THE STA				
TOM GEIGER Start Date (10)	Sched	uled Co	732-2	290-221 n Date (1		732-4	432	2-8350 DSHA Monitor	License 01111	No.			
Occupancy Status During Abatement (Che	1	61	11/1			UNIQ Street A	UE	SYSTEM	S OF AMERIC	A IN	C.		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	rmal Facili	4 . 11 -		0		396 V	٧H	ITEHEAD /	AVE.				
Scope of Work (Check All That Apply)	1 age	nais	is o	nly	_		TH	RIVER, NJ					
≥3 sf or ≥3 If ≥160 sf or ≥260 If	×	Renova Demoli					F N G	Full Containme Mini-Enclosure Blovebag Proc	ent with Negative electrical elec	Pressu			
Location of		s Locat Norma	lly		De	scription o			() and Non-i hai	JIE PI	Abat	re emer ype	ıt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial s (12)	nce/	Asbe (i.e	stos Con thermal surfa	taining Ma I systems i cing, VAT, niscellane	ateria insu	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BARROWERT	Yes	No	N/A							oval	air	sulate	sure
BASEMENT VAUIT		X		wi	RE	SOCK	K		60 LF	X			
No.													
Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	JDEP Wauler ID		Cubic of Was	te		Name of R	egistered Landfill				
City, State ELIZABETH, NJ						al Date ろり	1-72	City, State	VILLE, PA		_		
Completed by CAROL RAIMO	Title OFFI	CE M	GR.			gnature	7	o fa		e6/.	//	_	

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				F-3-	er 1.0								
7 18, 11:31a Unique System	s of Americ	e			8352		p.2						
CK# 9008	МО ,	TIECATION	LOF ASSESTOS TO NUAC 8:80 an	ABATE	MENT	5	DOL/110	DAY	GL.	<u> </u>	n Fe	/	
Date of Notification (1)		Name o	f Building Owner.	Operator	(2)	+	JUN	27	dN	- 8	20	8	
Agencies Notified Type Notification	1	Street A	ddress HADLEY ROA	D		14	AIVER AP	יחית	74	S CC	NITF	OL.8	
DEP Amended Amended Amendmen			ate, Zip Code H PLAINFIELI	D, NJ (7080			اندو	II-IC-IC			*********	
DOH justification)	JA			NA	732-258-8369							
Name of Facility Where Abalement is Taki	ng Place (3)	FAC	LITY INFORMAT	ION	Type of F	willy	(4)		-3.77				
PSE4G Street Address					Sub	1 (K- apts (I.s.)	12) r 8 (Other than K-1 private & commerc	2) sel buik	dings.	home	13,		
PATERSON	У	-			Square Fi		# of Floors		Sldg. A				
Coumy (6) PASSA:C			Code (7)		Curent	B (Pt	or If being demols	hed)		4	55		
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	004			QUE SYS	11 Co	niractor (9) S OF AMERIC		135%				
Street Address 64 BROAD STREET					Address WHITEH	'AD	AVE.						
City, State, Zip Code MATAWAN, NJ 07747			*		Slate, Zip C ITH RIVE		J 08882						
Project Manager for Monitoring Firm TOM GEIGER		732-25	ne No. 90 -2 217	Telephone No. License No. 732-432-835! 01111									
Sien Date (10) 6/3/18	Scheduled	Completion			OF OSHA!	S FEMS OF AMERICA INC.							
Occupancy Status During Abstament (Che Fadity Closed/Vacated During Entire		tement			Address WHITEH	H AD AVE.							
Abstament Performed Outside of Nor Other – Describe:	mai Fadility Ho	ours	ney	The second second	State, Zip C		J 08882						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 it ≥160 sf or ≥260 ff		ovetion nolition		Waller A. 199	Full Co Mintel Glovel	itelnir ilosur ig Pro	ent with Negative I entwith Negative I e cedure d (*) and Non-Friel	Pressu		Ð			
Location of	Nor	cation melly	0.0	scription	n of					pe mem			
Asbetos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainti Custod	solely by enance/ lai Staff?	Asbestos Con (i.e. therms surfe	teining f	Meterial (Al s insulation T, or	V ()	Amount (Specify SF or LF)	Resnoval	Repair	Encapsulate	Endosure		
BASEMENT YOUIT		No NA	WIRE	Sec			60 LF	×		ñ			
		-											
			 					+	+	-			

NJDEP Waste Hauler ID No. 1125

Title

OFFICE MGR.

Cubic Yards of Waste

A PAL 5 Disposal Date

TISD

Signature

AS9-41 (R-08-08)

Completed by

City, State ELIZABETH, NJ

CAROL RAIMO

Name of Registered Weste Hauler

WASTE MANAGEMENT

h me of Ragistered Landfill

C y. State

1 ORRISVILLE, PA

F VIRLESS

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

PAGE 10f Z

State of New Jersey
NOTIFICATION OF ASEESTOS ABATEMENT
(Bursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	9	Name of Building Owner/Operator (2)																	
6/			N.	ISDA				PM P	@ E	П	7.//	FI							
Agencies Notified	Type Notific	ation			Stre	et Address				1m_E	GE	1	M						
⊠ EPA					PO	Box 991								Tax control					
☑ DOLWD	☐ Amended					State, Zip (JUN -	0 0	040	11					
□ DOH	Amendm	_	1 11			enton, NJ				114	JUN -	0 2	Ula	1					
DCA (NJAC 5:23-8)	☐ Emergen justificati		cluaing	3		e of Contac				Telephone N	umher			-					
(**************************************	☐ Cancellat									ASB	ESTOS	CON	TRO	. &i					
		30.00			F/	CII ITY IN	VEO F	RMATION		- Communication of the Communi	HOEN	SINC	ramenanian S	Station of the					
Name of Facility Where A	batement is 1	Taking	Place	(3)	.,	CILITI	11 01	(INIA I TON	Type of Facility	ity (4)									
Denbo ES Pember		1.70		(-)					School (K-12	7.00									
Street Address									☐ Subchapter 8	ter 8 (Other than K-12)									
1412 Junction Road	E .								Other (i.e., p homes, etc.)		nercial b	uilding	gs,						
City (5)						1570-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			Square Feet		# of Floors Bldg. Age								
Browns Mills										1 50+									
County (6)					Cou	inty Code (7	7)(STA	TE USE ONLY)	Current Use (Pr	ior if being dem		-							
Burlington						•			School	ion in bonning donn	0.101.04)								
Name of Monitoring Firm I	Hired by Build	ding O	wner ((8)	ASCN	1 No.	Nai	me of Abateme	ent Contractor (9)										
Whitman Environme	ental	370			28/8		1000		nvironmental S										
Street Address					eet Address		,				_								
7 Pleasant Hill Rd					1	121 N. Beth	lehem Pike - S	uite 60											
City, State, Zip Code					City	y, State, Zip Co	ode			- 34-1-1									
Cranbury, NJ 08512								pring House											
Project Manager for Monit	oring Firm			Tel	ephone	No.		ephone No.		License No.				-					
				(732) 3	90-5858	2	15 542 7000		00847									
Start Date (10)	5					ate (11)	Nar	me of OSHA N	lonitor			207029	-						
6/_18_/	18	8	/	_1	7_/	18	C	ES											
Occupancy Status During	Abatement (Check	only o	ne)		-220	Stre	eet Address											
☐ Facility Closed/Vacated							1	121 N. Bethl	lehem Pike - S	uite 60									
Abatement Performed	Outside of No	ormal I	Facility	/ Ηοι	ırs - De	scribe	City	, State, Zip Co	ode			ro-color en							
Time of Abatement: 7;		/IVI/	PI	VI	AN	l:	S	pring House	e, PA 19477										
Scope of Work (Check all	that apply)							57.5.11.0		<u> </u>									
☐ ≥3 sf or >3 lf			⊠ Re	nova	tion				tainment with Neg losure	gative Pressure									
⊠ ≥160 sf or ≥260 lf		i	☐ De	molit	ion				g Procedure										
			la.	Loca	. A.I			Non-Exe	mpted (*) and No	n-Friable Proce	- 1								
Location of	nf.		10070	Norm:				Description o				atem		ype					
Asbestos-Containing N	laterial (ACM)			lely by	Asbe	stos	Containing Ma		Amount	Removal	Repair	Enc	Enc					
TO BE ABAT					ance/ Staff?	(i.e		rmal systems		(Specify	Nov	air	aps	Enclosure					
(13)	/			(12				surfacing, VAT, her miscellane		SF or LF)	<u>a</u>		Encapsulate	are					
			Yes	No	N/A				/				e						
Interior/exterior Throu	gh out					Interior	/exte	erior window	v glazing	1200 LF									
Faculty Lounge Toilet								all Tile Back		250 SF									
Nurses Office		\boxtimes		Sink Ur															
Nurses Office						Sink Under Coating 2 SF □ Toilet Caulking 3 LF □													
Name of Registered Waste Hauler						Waste	Property.	oic Yards of	Name of Regis	e of Registered Landfill									
STG					Hauler 2090		Was	ste	Minerva Landfill										
City, State							Disp	posal Date	City, State										
New Castle, DE							Waynesburg, OH 446												
Completed By (Print or Type) Title							1	Signature	11	T	Date								
Patricia Visco Office Mar								Mile	cas Us	Day !	6-	7-2	201	7					

All Abatement type is REMOVAL

Location	Description	Amount
Interior through-out	Duct Vibration Cloth	80 SF
Exterior through-out	Exterior Window Frame Caulking	800 LF
Exterior Facade	Exterior expansion Joint Caulking	60 LF
Exterior Facade	Exterior Louver Caulking	45 LF
Interior through-out	Unit Ventilators	1050 SF
Pipe Chases	Pipe Insulation & Mud Elbows	200 LF
Interior rooms through-out	Mastic to Chalkboards	4,500 SF
Electrical Service Room	4" Cove Base	10 SF
Exterior Facade	Exterior Window Lintel Caulk	500 LF

ASBESTOS CONTROL & LIGENSTAG



PAID

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

Check # 25663

Date of Notification (1) 6/4/2018		Name o	of Building Owne		r (2) mbers Propertie		G	E		7 E				
Agencies Notified Type Notifica	tion			20 Nass	sau Street		JUN	- 8	20	18				
DEP Amende Amendr Emerge				Princeto	on, NJ 08540	AS	REST)S C(ONTE	201 A				
DOH justificat	tion)		of Contact J. Obert			Telephone N (609) 92	lumber 4-	ENS	ING					
Name of Facility Where Abatement is T		FAC	ILITY INFORMA	TION	Type of Facility (4))								
Retail Stor	e - "F"				School (K-12		40)							
20 Nassau Str	eet					(Other than K vate & comme		ldings	home	es,				
City (5) Princeton, NJ 0	8501				Square Feet 1000	# of Floors		3ldg. <i>A</i> 100+/						
County (6) Mercer			Code (7) USE ONLY)		Current Use (Prior	if being demolished)								
Name of Monitoring Firm Hired by Build MECS	ing Owner (8)	ASCI	M No.	Name Stev	of Abatement Contr ens Environmen	ental Services, Inc.								
Street Address PO Box 341					Address Box 322									
City, State, Zip Code Chesterfield, NJ C)8515				tate, Zip Code town, NJ 08501									
Project Manager for Monitoring Firm Bill Weisgarber		Telepho 609 2	ne No. 98-4070	Teleph	Telephone No. License No. 609 259-9688 00493									
Start Date (10) 6/18/2018	Scheduled Co	ompletion 6/29/20			of OSHA Monitor									
Occupancy Status During Abatement (C	Check Only One)			Street										
Facility Closed/Vacated During En Abatement Performed Outside of N Other – Describe:	tire Period of Abate Normal Facility Hou	ement		City, S	15		-							
Scope of Work (Check All That Apply)				0.100	sterfield, NJ 085									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Renov	35.75		×	ent with Negative Pressure edure (*) and Non-Friable Procedure									
	Is Loca					/ and Non-1 in	1	Abate	ement					
Location of Asbestos-Containing Material (ACM)	Norm Used So	lely by		escription	of laterial (ACM)	Amount	-	1 9	ре					
TO BE ABATED In Facility (13)	Custodial (12	Staff?	(i.e. therm		s insulation, T, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
Store Front	Yes No	1 1 1 1 1	Therma	I Pipe In	sulation	35 lf	Х		· ·					
Name of Registered Waste Hauler Stevens Environmental Services		/aste Cubi No. of W	c Yards aste 1	Name of Re Fairless L	egistered Landi Landfill	ill								
City, State Allentown, NJ	Disp	osal Date /29/2018	City, State)										
Completed by Mahlon E. Stevens	Title Project M	t Manager Signature Date 6/7/18												

10 Ch		NOTIF (F	ICATIO	State of Ne IN OF ASE It to NJAC	BESTOS	ABATE	EMENT			E	G JUN	E -	I L	V	INT FOR	
Date of Notification (1) 06/04/2018				of Building Port Auth				& New Je	ersey		JON		<u>,</u>	.010	and the same	
Agencies Notified Type Notification				Address ewster F	Road				and the same of th	ASB	ESTO LIC	SCEN	NOS NIS	TRO	L &	
EPA Initial Amended Amendment	#03			tate, Zip Cark, NJ 0					K - Company	The second second		- Demonsor	#20km2etrog	NO-SERIOR	and a second	
Emergency justification) DCA Cancellation			Name	of Contact					Telephone Number							
	-			ILITY INF		ION			973-961-6390							
Name of Facility Where Abatement is Takin Newark Airport - Building 345	g Place (3	3)					Туре	of Facility								
Street Address 350 Scargo Earhart Drive							×	School (K- Subchapte Other (i.e. etc.)	8 (Othe	r than I	K-12) ercial t	ouilo	ings,	hom	es,	
City (5) Newark							Squa 43,2	are Feet	re Feet # of Floors Bldg. Age							
County (6) Union			County (STATE	Code (7))		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building (Matrix New World Engineering	Owner (8)		ASC	M No.			of Aba	atement Cor	ntractor ((9)	Com	par	ıv			
Street Address 26 Columbia Turnpike						Street	Brandenburg Industrial Service Company Street Address 2217 Spillman Drive									
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip C Bethlehem, F														
Project Manager for Monitoring Firm	122	Telepho	one No. 40-1800		Teleph		0.		Licens							
Start Date (10) 06/04/2018	Schedule	ed Con		Date (11)			of OS	HA Monitor		0012						
Occupancy Status During Abatement (Check						Street						-			_	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: DEMO - 6/18/2018-7.	eriod of A	Abatem	rs 2217 Spillmar City, State, Zip Co									-				
Scope of Work (Check All That Apply)			-		_	Betn	iener	n PA 180	18015							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						a			
Location of	N	Locati	ly		Des	scription							- Commission	ment	S	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenar odial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	aining N	faterial s insula T, or	(ACM) ation,	(Sp	nount pecify or LF)	COLLOGG	Remove	Repair	Encapsulate	Enclosure	
1ot Floor Doom 4A	Yes	No	N/A											ate	Ĝ.	
1st Floor Room 1A			X			Tile - 1				SF	X	-				
Roof			X			ashing				0 SF	X					
Throughout Building			X	Pipe S	ealant (on Spr	inkler	Heads	885	Units	X					
Name of Registered Waste Hauler Brandenburg Industrial Service Co	Ha	NJDEP Waste Cubic Yards Hauler ID No. of Waste 21838 30					Name of I	M 21/2 - 20/2								
City, State Bethlehem, PA		Disposal Date City, Stat 06/11/18-06/22/1 Bethleh					Α									
Completed by Stephen Carne	onme	mental Engineer Signature														

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

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JUI	V - 8	2018	
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Date of Notification (1) 05/25/2018		Name of Building Owner/Operator (2) The Port Authority of New York & New Jersey																
Agencies Notified	Type Notification	1			Address	Only 0	I INGW I	DIK & INEW JE	госу		ASI				MTR			
⊠ EPA	Initial		- 1		teway Ce	enter, 1	14th Floo	r		TVANTOUR BOY	To the same of	-		NSI	arminime AC3			
EPA DEP DOL	Amended Amendmen				tate, Zip Co ark, NJ 07													
DOH DCA	justification Cancellation)		of Contact	yk				ephone 4-239								
					CILITY INFO		ION											
Name of Facility Where A Newark Airport - Bu		ng Place (3)		.E.1P.S.S.H			Type of Facility (4)	•0. ≥0.								
Street Address 350 Scargo Earhard						<u> </u>		School (K-1 Subchapter Other (i.e. p	8 (Oth				dings	, hom	es,			
City (5) Newark								etc.) Square Feet 43,200	# of	f Floors		- O SS	8ldg. <i>1</i> 15+	\ge				
County (6) Union					Code (7) USE ONLY)	§		Current Use (Prio			olishe	ed)						
Name of Monitoring Firm Matrix New World E	Hired by Building Engineering	Owner (8))	ASC	M No.			Abatement Cor enburg Indus			Cor	npa	ny					
Street Address 26 Columbia Turnpi	ike				***************************************		Street Ad 2217 S	ddress Spillman Drive	RTM TO 10 10 10 10 10 10 10 10 10 10 10 10 10									
City, State, Zip Code Florham Park, NJ 0	7932						City, Stat Bethlel											
Project Manager for Mon	itoring Firm							one No. License No. 00721										
Start Date (10) 06/04/2018		Schedul 06/22/2		npletion	Date (11)		Name of Brande	OSHA Monitor enburg										
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street Ac											
Facility Closed/Vaca Abatement Perform	ated During Entire I	Period of	Abaten															
X Other – Describe:	EMO - 6/18/2018-7	7/20/2018	/ Hours	City, State, Zip Code Bethlehem PA 18015														
Scope of Work (Check Al	I I hat Apply)	-	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure											
		1					×	Non-Exempted		Non-F	riable	Pro	cedur	е				
		100	Locati											ement pe				
Location Asbestos-Containing		Use	d Sole	y by	Asbesto		scription of aining Mate	erial (ACM)	Aı	nount	t			Γ				
TO BE ABA In Facili (13)		Cus	intenar todial S (12)	taff?	(i.e. t	surfac	systems in cing, VAT, niscellaneo	or	(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure			
1st Floor Ro	1 A	Yes	No	N/A		Class:	T:1- 40-	-10		205		_						
Roof		-		X			Tile - 12x	(12		SF	-	۲						
		-		X	Dina Ca		ashing	dayllanda		00 SF								
Throughout E	oulaing			X	Pipe Se	alant	on Sprini	kler Heads	885	Units	2	(
Name of Registered Was	te Hauler		1000000	JDEP W	33870 F45	Cubic '		Name of F	Register	red Land	dfill							
Brandenburg Industri	al Service Co	rvice Co Hauler ID No. 21838 of V						of Waste 30 IESI Bethlehem Landfill					801 11					
City, State Bethlehem, PA							al Date /18-06/2	City, State		A								
Completed by Stephen Carne Title Environmental Engineer						Si	ignature	an	Date 05/25/2018									

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

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	2000	lephone N 4-239-1		er				
of Facility	(4)							}
Other (i.e. etc.)	er 8 (Oth private	er than K- & commer			A.T. DOC		es,	
e Feet 00	1 1	f Floors		Bld 35		\ge		
nt Use (Pr Sorting		ing demoli Y	shed)					
ement Co irg Indu		(9) Service C	Comp	oany	<i>y</i>			
s nan Driv	/e							
Code , PA 18	015							
). 300		License 00721	No.					
A Monitor				2/01				
s nan Driv	/e		///					
Code PA 180)15							
-Enclosur rebag Pro	e cedure	Negative			dure	e		
				At	oate Ty	men pe		
(ACM) ion,	(8	mount Specify or LF)	Kemoval		Repair	Encapsulate	Enclosure	
	4	0 SF	X					
	16	00 SF	Х					
Heads	885	5 Units	Х					
Name of	Registe	red Landfi	11					

Date of Notification (1) 05/17/2018				Name of Building Owner/Operator (2) The Port Authority of New York & New Jersey								- U-	-U 10				
Agencies Notified	Type Notification				Address	OFTIGOR	TOIKG	civew dersey	-	ASBE	STOP	CON	TRO				
EPA DEP	Initial				eway Center	, 14th FI	oor					NSIN					
DEP X DOL	Amended Amendmen	t #01			ate, Zip Code irk, NJ 07102)											
	Emergency justification)	(including	_ }		of Contact			17	elephone	Numbe	er						
DOH DCA	Cancellation			Glenn	n Milarczyk			1 2	84-239								
Name of Facility Where	Ahatement is Takir	na Place (3)		FAC	ILITY INFORM	ATION	Tuna	of Facility (4)									
Newark Airport - Bu		ig Flace (5)															
Street Address		- W. W. W. C. C. C.					i s		er 8 (Other than K-12)								
350 Scargo Earhar	t Drive							Other (i.e. privat tc.)	e & comm	ercial b	ercial buildings, homes,						
City (5) Newark							Square 43,20		of Floors		Bldg. 35+	Age					
County (6)			Т	County	Code (7)			nt Use (Prior if b	eina dem	olishad							
Union					USE ONLY)			Sorting Facil		Olisited	,						
Name of Monitoring Firm		Owner (8)		ASCI	M No.			ement Contract		_							
Matrix New World E Street Address	ngineering					Brandenburg Industrial Service Company Street Address											
26 Columbia Turnp	ike					100000000000000000000000000000000000000	2217 Spillman Drive										
City, State, Zip Code	7000			10410-311-311		City, State, Zip Code											
Florham Park, NJ 0				Talaaba	as Na			, PA 18015									
Project Manager for Mon	moring Firm				40-1800	610-	phone No. License No. 00721						-				
Start Date (10) 05/29/2018		Scheduler 06/08/2		npletion	Date (11)	1	of OSH	A Monitor rg									
Occupancy Status During	g Abatement (Chec	k Only One	2)			Street	Address	3				-					
× Facility Closed/Vac	ated During Entire I	Period of Al	baten	nent		nan Drive											
Abatement Perform Other – Describe:	DEMO - 6/4/2018-7/	nal Facility 3/2018	Hours	City, State, Zip Code Bethlehem PA 18015													
Scope of Work (Check A	II That Apply)					г	7										
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
		1-1		222.00	T	<u>L^2</u>	Non-	-Exempted (*) a	nd Non-F	riable F	VEALURE OF	ire tement					
Location	ı of	No	ocati ormal	ly		Description	of					уре					
Asbestos-Containing TO BE ABA	Material (ACM)	Used Mair	Sole		Asbestos Co	ontaining N	Naterial (Amount			m	т				
In Facil		Custo	dial S (12)	Staff?	sui	nal system: facing, VA	T, or		(Specify SF or LF)	Zaliova	Repair	caps	Enclosure				
(13)		Vac		T N/A	othe	r miscellar	neous)			ğ	air	Encapsulate	sure				
1st Floor Ro	nom 1A	Yes	No	N/A X	Flor	r Tile - 1	2412		40 SF	75	+	-					
Roof	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	-	-	X	FIOC	Flashing			600 SF	X	+						
Throughout		-		X	Pipe Sealar				35 Units	_	+	+					
Throughout	Bulluling				Fipe Sealar	it on Spi	IIIKIEI I	neaus o	oo Units	X	-						
Name of Registered Was	te Hauler		N	JDEP W	/aste Cub	ic Yards		Name of Regis	tered Lan	dfill		Ш	\dashv				
Brandenburg Industr	rial Service Co			auler ID 1838	No. of V 30	of Waste											
City, State Bethlehem, PA		and the state of			Disp 05/3	osal Date 31/18-06	/12/1	City, State Bethlehem,	 PA								
Completed by		Title				Signature		1		Date	-		-				
Stephen Carne	Carne Environmental Engineer						\mathcal{I}	Me-		05/17	//201	3					

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

E C E Print Form 1
JUN - 8 2018
ASBESTOS CONTROL &

Date of Notification (1) 05/14/2018			Name of Building Owner/Operator (2) The Port Authority of New York & New Jersey ASBESTOS CO									GO	VTRO			
Agencies Notified	Type Notification		T		Address eway Ce	nter 1	4th Eld	oor			hier was	anenen.			uS#	
EPA DEP DOL	Initial Amended Amendment		_	City, St	ate, Zip Cork, NJ 07	ode	401110						Calvin	5-10-aL		
DOH DCA	Emergency justification) Cancellation	T		Glenn	of Contact Milarcz					70.55553	ephone 4-239-					
Name of Facility Where A Newark Airport - Bu		g Place (3)	FAC	ILITY INFO	ORMATI	ION	_	of Facility (4							
Street Address 350 Scargo Earhart	Drive								Subchapter Other (i.e. pretc.)	8 (Oth	er than h & comme	<-12) ercial t	ouilo	lings,	home	es,
City (5) Newark								43,2		1	f Floors		3	ldg. A 5+	ge	=3.7,34
County (6) Union				(STATÉ	Code (7) USE ONLY			Current Use (Prior if being demolished) Mail Sorting Facility								
Name of Monitoring Firm ATC Associates, Inc		Owner (8)		ASC	A No.			me of Abatement Contractor (9) andenburg Industrial Service Company								
Street Address 104 East 25th Street	et			Street / 2217					ss man Drive	:						
City, State, Zip Code New York, NY 1001	New York, NY 10010								ip Code n, PA 180	15						
Project Manager for Mon						ephone No. License No. 0-691-1800 00721										
Start Date (10) 05/29/2018		Schedule 06/08/2							HA Monitor Urg							
Occupancy Status During Facility Closed/Vaca				2217					et Address 7 Spillman Drive							
X Facility Closed/Vaca Abatement Perform X Other – Describe:	ed Outside of Norn	nal Facility		inen									10000			
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)		enova emoliti	33.7935			×	Min Glo	I Containme ni-Enclosure ovebag Procen-Exempted	edure					e	
	10.	100000	Locati											Abate Ty	ment pe	
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Used Mai	ormali d Sole ntenar odial S (12)	y by nce/		tos Cont thermal surfac	scription aining M systems cing, VA niscellan	laterial s insula T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
4.5		Yes	No	N/A		F	T:1 4	0.40			0.05				Ö	
1st Floor Ro		1-1		X			Tile - 1				0 SF 00 SF	X	_			\dashv
Throughout		1-1		X	Pipe Se			500	Heads		Units				-	-
										+	-	_				
Name of Registered Was Brandenburg Industr	H	JDEP W auler ID 1838		Cubic of Was 30			Name of F	· · · · · · · · · · · · · · · · · · ·								
City, State Bethlehem, PA						Dispos 05/31	sal Date /18-06	/12/1	City, State Bethlehe		'A					
Completed by Title					onmental Engineer Signature 05/14/201					018						