	1/13/	P				FICATIO	State of New Jer DN OF ASBESTO of to NJAC 8:60	SABATE		Dr	EG		\mathbb{V}	E	
Dat	e of Notification (1)	Ju	ne 5, 20	017		Name	of Building Owne	r/Operato	r (2) Madar	nelle	Builde	- 9 rs	2017	7	الل
Age	encies Notified	Туре	Notification			Street	Address	~ ~					V 1550	01.0	
H	EPA DEP		Initial Amended			City S	tate, Zip Code	P.U	BOX 57	A = A	SBESTO LIC	S CO ENSI	NIH NG	UL c	t .
	DOL		Amendment #	-		Oity, 3	rate, Zip Code	De	nville N.	078	Annual Committee of the				
	DOH DCA		Emergency (i justification) Cancellation	ncludin	g	Name	of Contact			Te	lephone Nu	ımber	Ma	rio	
Nan	ne of Facility Where A	Ahatar	nent is Taking	Place	(3)	FAC	CILITY INFORMA	TION	T =						
	and the second s		rehous		(3)				Type of Facilit	505 0					
Stre	et Address								School (F	ter 8 (Oth	ner than K-1	2)			
City		VVE	ashingt	on t	stre	et			Other (i.e etc.)	e. private	& commerc	ial buil	dings	, hom	es,
City	Bloom	ifiel	d						Square Feet 20,000		f Floors)ne (1		Bldg. /	Age 75	
Cou	ESSEX	8 8				County (STATE	Code (7) USE ONLY)		Current Use (F		ing demolis		ISO		
Nam	e of Monitoring Firm	Hired	by Building O	wner (8)	ASC	M No.	Name	of Abatement C	contractor	(9)				
Stree	et Address							Street	Address	100 00 000000	S Gro				
City,	State, Zip Code							City_S			ne Sti				
Dest								F	state, Zip Code OCKAWA	y, Ne	ew Jer	'se)	/ 07	786	6
Proje	ect Manager for Moni	toring	Firm			Telepho	one No.		one No. 355821	36	License N	lo.	01	337	7
Start	Date (10) June	19	2017	Schedul	ed Cor	mpletion	Date (11) 20,2017	Name	of OSHA Monito	or		110	U I	00.	1
Occi	pancy Status During	Abate	ement (Check	Only O		900			Brookd Address				. ,		
H	Facility Closed/Vaca	ted Du	iring Entire Pe	riod of	Abaten	nent			101	92 C	oasta	H	Igh	wa	У
	Abatement Performe Other – Describe:	ed Out	side of Norma	I Facility	y Hours	S		City, S	tate, Zip Code Lewi	s. De	elawai	e 1	99	58	
Scop	e of Work (Check All	That	Apply)	222					_	-,					
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit			X X	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	27.0			9	
					Locati									ment	
А	Location sbestos-Containing N		al (ACM)	Use	Normal d Sole	ly by		escription	of laterial (ACM)	Α.	mount		Ту		
	TO BE ABA	TED	, , ,		intenai todial S		(i.e. therma	I systems	insulation,	(S	pecify	Rer	Re	Encapsulate	Enc
	(13)	•			(12)	,		miscellan		51	or LF)	Remova	Repair	psula	Enclosure
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4 44	Roof					X	Roof ta	ľ		800	sf	X			
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vame	Newark C				1.0	JDEP Wauler ID 045	No. of Wa	Yards iste 5vrds			red Landfill Brows				
City, S	State Newark	NJ				W 10	Dispo	sal Date	City, Sta	ite	orest		7 :	32	
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:

2017-70

Check # 8/1/

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Date of Notification (1)		I I Name	of Building Ow	ner/Operator (2	2)		p				
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Agencies Notified Type Notifie	cation	Street /					- 				+HH
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⋉ DOH		Name o	f Contact				I Telepho	ne Number IS	THE	OL S	
☐ DCA ☐ Canc	ellation	Fre	ddie Shivda	of.				LICENS	ING	Name of Street, or the Street, or th	
		11 110			ACI WILLIAM IN				-		
N				CILITY INFORM	ATIC	ON .					
Name of facility where abatement	nt is takii	ng place (3)					Type of Facility	(4) ol (K - 12)			
Freddie Shivdat								napter 8 (Othe	than	K-12)	
Street Address			-		A THE REAL PROPERTY.			(Private/Com		(8	
						1		/Homes, etc.		511	
City (5)	Т	County (6)			T Co	ounty Code (7)	Square Feet	# of Floors		Bldg. A	ige
		45. (2)(0)			1 27,000	tate use only)	Current Use (P	rior if being de	_l_	hed)	
Morris Township, NJ 079		Morris					residential			,	
Name of Monitoring Firm Hired b	by Bldg.	Owner (8)		ASCM No.		Name of Abatement	Contractor (9)		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
				n/a		B & G Restorat	on, Inc.				
Street Address						Street Address 105 Ryerson R	and				
City, State, Zip Code						City, State, Zip Code	oau		discount of the last of the la		-
						Lincoln Park, I	NJ 07035				
Project Manager for Monitoring Fir	irm		Phone Numi	ber		Telephone Number		License Nur	nber		
						(973)696-686	9	0037			
Scheduled Start Date (10)	S	ched. Comp	I oletion Date (1	1)	_	Name of OSHA Moni					
06/16/2017		06/17/20	17			B & G Restorati	on, Inc.				
Occupancy Status During Abatem	nent (Che	eck only one	e)		-	105 Ryerson Ro	nad				
Facility closed/vacated during						City, State, Zip Code					
Abatement performed outside Describe:	de of nor	mal facility	hours-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Other-Describe:					_	Lincoln Park, N	J 07035			-	
Scope of Work (check all that app	ply)					'				- P	-
☐ Demolition	Reno	vation			X	Full Containment w/neg	ative pressure [Glovebag	oroce	lure	
☐ > <u>3</u> sf or > <u>3</u> If] ≥160 s	of or ≥260 lf				Mini-enclosure]	Non-friable	proc	edure	
Location of		ation norma	ally used solely	У				R	R	E	E
asbestos-containing material to be	staff(Custodiai	Description material (asbestos-containing	Amount (Specify S	For m	p	n	n
abated in facility (13)	Yes	s No	N/A	material (ACIVI)	S	LF)	· o v	i	a p	L
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Registered Waste Hauler	1	NJDEP Hau	ler ID# C	ubic Yards of V	Vaste	3					1
B & G Restoration, Inc. City, State		19563	Disposal D	10		Tullytown F	Resource & Re	covery Cer	nter		-
Lincoln Park, NJ				9/2017		Tullytown, F	PA			102	
Completed by (Print or Type)	Title			Signature	1355.0	<u> </u>		Date			
Gordana Luna	Secr	etary/Trea	asurer			Gordana Luna		06/06/20	17		

Date

6/5/2017

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Bruce Gillman 6/5/2017 Agencies Notified Type Notification Street Address JUN - 9 2**017** []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended West Orange, NJ, 07052 [X] DOL ASBESTOS CONTROL & Notification [X] DOH LICENSING Name of Contact Telephone Number []EMERGENCY []DCA Bruce Gillman []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2 90 1626 West Orange (STATE USE ONLY) Essex Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A(973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 06 16 2017 06 17 N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or >3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glove-bag Procedure []Non-Friable Procedure Abatement Type Location Location of Description of ENCAPSD Normally Asbestos-Containing Used Asbestos-Containing NCHOSU Amount KEMOD REPAIR Material (ACM) Solely Material (ACM) (Specify By Maintenance/ Custodial Staff (12) TO BE ABATED (i.e., thermal systems SF or In Facility insulation, surfacing, VAT, LF) A (13)or other miscellaneous) No Yes N/A R Basement Pipe Insulation X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 Minerva Enterprise INC 17040 City, State Disposal Date City, State Montclair, NJ 07042 06/18/2017 Waynesburg, Ohio 44688

Signature

Completed By (Print or Type)

President

Constantine Vivian

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Date of Notification (1) 06/05/17		00			of Buildin ie McG	g Owner/	Operato	r (2)			W.	JUN	- 9	20	7
Agencies Notified	Type Notification	1			Address	uiro					ASBE	STO	S C(חותר	201
EPA DEP X DOL	Initial Amended Amendmen	t #			ate, Zip (7000	LIC			101
▼ DOH	Emergency justification	(including		Name o	of Contac	t			14	Tel	ephone Ni	ımher			
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City (5)						1 - 1 - 1		Squ	etc.) are Feet	# 0	f Floors	E	Bldg. /	Age	
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Name of Monitoring Firm Competent Superv	FACILITY INF of Facility Where Abatement is Taking Place (3) te House Address Thy (6) County Code (7) (STATE USE ONLY) Of Monitoring Firm Hired by Building Owner (8) Detent Supervisor Address Address Address Telephone No. Scheduled Completion Date (11) 06/24/17 Incy Status During Abatement (Check Only One) Cility Closed/Vacated During Entire Period of Abatement atement Performed Outside of Normal Facility Hours Incre — Describe: If Work (Check All That Apply) St or ≥3 If Renovation		E 65 60 1		atement Co		55 53			-22-7-7					
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City, State, Zip Code							COMPANSA PROPERTY		Zip Code NJ 07512		A				
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	none l	The state of the s		License N	No.			
Start Date (10) 06/17/17				npletion	Date (11)			SHA Monitor above					72-72	
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Abatement Perform Other – Describe:	ed Outside of Norr	Period of Anal Facility	baten Hours	nent S			City, S	tate, 2	Zip Code						
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ill That Apply)						×	M G	ull Containme ini-Enclosure lovebag Prod on-Exempted	e cedure	- T			re	
Y	ly.	- P - 222	Locati											ement /pe	
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Name of Registered Was Academy Constructi			Н	JDEP W auler ID 34422		of Was			Name of I	- 10 <u>-</u> 100	red Landfill dfill				
City, State Totowa, NJ				1766			al Date		City, State						

Completed by

Filip Geleski

Title

Supervisor

Date

06/05/17

Tullytown, PA

Signature

													Pri	nt For
CHOC		I		ICATION	ate of New Jersey OF ASBESTOS to NJAC 8:60 and	ABATE		Manuscope and a first state of the state of	D	EC	E			The state of the s
Date of Notification (1) 06-05-17				Name of K God	Building Owner/C by	perator	(2)	100 miles		JUN	- 9	20	17	
Agencies Notified	Type Notification	7		Street A				***************************************	į	SBEST	OS C	ONT	ROL	8
DEP DOL	Amended Amendmen Emergency		_		te, Zip Code town, NJ 0796	0			11, 211, 211, 22	LI	1.1 km 1 14 h	311710	1	
DOH DCA	justification Cancellation)		Name of K God	f Contact by				Tele	ohone Nur	mber			
				FACI	LITY INFORMATI	ON								
Name of Facility Where Private Home	Abatement is Taki	ng Place (3	3)				Тур	e of Facility (4) School (K-12)						
Street Address							ĸ	Subchapter 8 Other (i.e. prietc.)				dings,	home	es,
City (5) Morristown							Squ	are Feet	# of I	Floors	В	ldg. A	ge	
County (6) Morris				County (Code (7) USE ONLY)		Cur	rent Use (Prior	r if bein	g demolisf	hed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	1 No.			patement Cont entracting LL	1.71	9)				
Street Address		AND HEAD THE				Street 522							22.50	
City, State, Zip Code								Zip Code ty NJ 07087	7					
Project Manager for Mor	nitoring Firm			Telepho	ne No.	Teleph 201		No. ∙9603		License N 01206	lo.			
Start Date (10) 06-15-17		Schedule 06-16-		npletion I	Date (11)			SHA Monitor Intracting LL	.c					
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)			Street	Addr	ess						
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Other - Describe:	7:00AM- 5:00PM							ty NJ 07087	7					
Scope of Work (Check A	II That Apply)				· · · · · · · · · · · · · · · · · · ·		24							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit			-	N G	full Containmen Aini-Enclosure Blovebag Proce Ion-Exempted	edure				e	
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Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma Cus	ed Sole intena todial S (12)	nce/ Staff?	Asbestos Cont (i.e. thermal surfa	aining N	Materi s insu T, or	ulation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									ro .	
Basem	ent		Х		Pipe	Insula	tion		110	0 LF	X			
		4						- 1				1		

NJDEP Waste Hauler ID No. 35240 Cubic Yards of Waste Delfa Contracting LLC Tullytown Resource Recovery Facility City, State Disposal Date City, State Union City, NJ 06-19-17 Tullytown, PA Completed by Title Signature Date

Proj. Manager.

06-05-17

Name of Registered Landfill

Jaime Delgado

Name of Registered Waste Hauler

CK#8	798	NO	State of New Jo TIFICATION OF ASBEST (Pursuant to NJAC 8:60	OS ABATE	EMENT 200)) ECI	
Date of Notification (7 -		Name of Building Own	ner/Operato	г (2)	L JUN -	- 9 - 2017 - 1
Agencies Notified EPA	Type Notification	1	Street Address 4000 HADLEY R	OAD			SCONTROL 8 ENSING
DEP × DOL	Amended Amendmen Emergency		City, State, Zip Code SOUTH PLAINFI	ELD, NJ (07080	72Y	
× DOH □ DCA	justification Cancellation)	Name of Contact	WEL	L.	Telephone Nu	mber
Name of Facility 100			FACILITY INFORM	TATION			3000-2100-1 - 1000-1
Name of Facility Whe	Agents of				Type of Facility (4	1)	
PSEY	<u> </u>	MAIR			School (K-1	2)	
Street Address	JUNE	RD.			Subchapter Other (i.e. p	8 (Other than K-1 rivate & commerci	2) ial buildings, hom
City (5)		,			Square Feet	# of Floors	Bldg. Age
County (6)	カムモル		County Code (7) (STATE USE ONLY)		Current Use (Price	r if being demolish イルタンプイタン	hed)
Name of Monitoring F ENVIRONMENT.	irm Hired by Building	Owner (8)	ASCM No. 0045		of Abatement Con	tractor (9)	
Street Address 64 BROAD STRE	EET				Address WHITEHEAD A	VE.	
City, State, Zip Code MATAWAN, NJ ()7747		1	Pr - 1 2000 1 2000 1	State, Zip Code JTH RIVER, NJ	08882	
Project Manager for M TOM GEIGER	Nonitoring Firm		Telephone No. 732-290-2217		none No. 432-8350	License N 01111	lo.
Start Date (10)		6/	Completion Date (11)		of OSHA Monitor QUE SYSTEMS	OF AMERICA	Α
Occupancy Status Du		ck Only One)	,	Street	Address		
	acated During Entire		tomost		WHITEHEAD A	VE.	
Abatement Perfo	rmed Outside of Norr	nal Facility Ho	urs		state, Zip Code	ernosuser'i i	
Other Deer							

Abatamant Darfarra 10 : 11 st.											
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hou	rs ·	0.,		State, Zip Code					
	11	11 JER 11 1	0.000 7.000	7	— SOL	JTH RIVER, N	IJ 08882				
Scope of Work (Check All That Apply)											
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial (12)	ance/ Staff?		stos Containing M thermal system surfacing, VA other miscellar	Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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71 77		×		RELA	LY RACK	· PAIDEIS	50 SF	X			
	-		-					-		-	
Name of Registered Waste Hauler		1	NJDEP W	Vaste	Cubic Yards	Name of	Registered Landfi	II			
WASTE MANAGEMENT		04 6	Hauler ID 1125	No.	of Waste		/S NORTH				
City, State ELIZABETH, NJ					Disposal Date	(c) (3.5%)	te ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFI	ICE N	ЛANAG	ER	Signature		. D	ate 6	181	1,5	7
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Print Form

Check # 25518

			(Pu	rsua	nt to NJA	C 8:60 and 5:16	i)	T	NE	C	E	7	// [6
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	/8/17			_			Garrison	200	1	37151		1 717	
Agencies Notified	Type Notific	ation		Stree	t Address				L.	JUN	-) 21	11
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⊠ DOH	justificat	tion)		Name	e of Contac		111000011, 110		hone Nu	Luit	ENS	HNG	
□ DCA	Cancella	tion	_		H	elene Garrison	1						
				FA	CILITY IN	ORMATION							
Name of Facility Where							Type of Facility	(4)					
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Oli Got / Idal Goo							Other (i.e., p	rivate 8			lding	ŝ,	
City (5)		(1)					homes, etc.		Floors	TB	Bldg. /	Age	\dashv
	Princ	eton, NJ	08540)			2200		2		1000000)+/-	
County (6)						7) (STATE	Current Use (Pr	rior if be	ing demo	olished)			_
Name of Monitoring Firm	lercer				ONLY)								
(0)	MECS	aing Owner	l A	SCM	No.	(200	nent Contractor (9 vens Environs		1 Comri	000 T			
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Accountage of the designation of	PO Box	341				Oli CCI / Idai CSS	PO E	30x 32	22				
City, State, Zip Code						City, State, Zip C							=
	sswicks, N	NJ 0851					Allentow	n, NJ	08501				_
Project Manager for Mon	itoring Firm isgarber		Telep			Telephone No.	0.000	Lice	nse N o.	0040	_		
Start Date (10)		Scheduled C		_	8-4070 te (11)	(609) 25 Name of OSHA				0049	3		_
6/22/17			5/23/1		le (11)	Name of OSHA		ECS					
Occupancy Status Durin	g Abatement (Street Address							=
☐ Facility Closed/Vacate	ed During Entir	re Period of	Abatem	ent		1 1 2	PO B	34 ox	.1				_
☐ Abatement Performed Control Contro			y Hours			City, State, Zip C		- A27628 EU					
Scope of Work (Check a		П					Crosswick	s, NJ	08515				_
	ii that apply)					☐ Full Cor	ntainment with Neg	gative P	ressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf			novation molition	n		☐ Mini-End							
						Non-Exe	empted (*) and No	n-Friabl	e Proced	lure			
			ocation ormally							1	Abate Typ	ment	
Location o		Used	Solely I			Description of				_	1 1		_
Asbestos-Containing M TO BE ABAT		100,755,912,900	itenance istodial	2/	Asbest (i.e.,	os Containing Mat thermal systems i	erial (ACM)		ount ecify	ת		ᄪ	Ш
IN Facility (13)			Staff? (12)		, · · · /	surfacing, VAT, other miscellaned	or		or LF)	Remova	Repair	caps	Enclosure
(10)			· ·			other miscellaned	Jus)			oval	=	Encapsulate	sure
		Yes	3.3.5.7	N/A								to	_
Baseme	nt	_	×		The	ermal Duct In		20) lf	×			
						Wrap & Ci	ut						
		_ _								4			
Name of Registered Was	te Hauler		LNIF	DEP V	Vacto T	Cubic Yards	Nome of Darie	tored!	2045!!				
		ioos Tas	Lla	ıler ID	No.	of Waste	Name of Regis	2		10.1			
Stevens Environm	iental Serv	ices, inc.		182	92	1 cu Disposal Date	City, State /	Fairle	ess Lar	idfill	_		_
e.y, otato	Allentown	n. NJ				6/23/17 ,	City, State	/ Morr	risville	PΛ			
Completed By		Title				Signature	A 1	141011	Date	, 1 1	_	_	-
Mahlon E. Stev	vens	Pre	oject I	Man	ager		1			6/8	/17		_

Check # 25519

Data of National (4)			6.0					F	0	P	n n	77 1
Date of Notification (1)	5/8/17			Nam	ne of Buildin	ng Owner/Operato	or (2) Branhan		b	G		y i
Agencies Notified	Type Notific	cation		Stre	et Address		Diaman					
□ EPA	Initial			Olic	ot Muui 033			A STATE OF THE STA	IUN	- O	20	117
DEP	Amende			City	State, Zip	Code		1 1	4611	- 20	- (1	112
⊠ DOL	Amendm		_	J.,	Otato, Lip		rinceton, NJ	08540				
⊠ DOH	☐ Emerger	tion)	ig	Nam	e of Conta		iniccion, 143	Tolophon Mil	SIO	5 00	MT	TO
☐ DCA	☐ Cancella			1 vaiii		oinette Branh	am	Telephone Nur	uper -	ENIC	MG	
							<u>am</u>					~
Name of Equility Where	A b a t a a a a a t ' a '	-	(0)	FA	CILITY IN	FORMATION						
Name of Facility Where							Type of Facility	/ (4)				
Street Address		Resident	lai		-		School (K-1		(0)			
Street Address							Other (i.e., phomes, etc.	8 (Other than K-1 private & commerce)	ial bui	ldings		
City (5)							Square Feet	# of Floors	TE	Bldg. A	ge	
	Princ	eton, NJ	0854	10			1800	2			+/-	
County (6)	/lercer			Cou	inty Code (7) (STATE		rior if being demol	ished)			
Name of Monitoring Firm		ding Owner	_	ASCN		Name of Abota	nent Contractor (9	1				_
	MECS	ang Owner		AUCIV	I INO.				T			
Street Address	MLCS						vens Environ	mental Service	es, I	nc.		_
Olicel Address	PO Box	2/11				Street Address	DO I	222				
City, State, Zip Code	10 00	341						30x 322				_
57.00 a.	osswicks, 1	VI 0851	5			City, State, Zip C		NII 00501				
Project Manager for Mor		13 0051					Allentow	n, NJ 08501				
han an area ga ar ar ar a mar a mar a mar a <u>al</u> f for a fall and a fall ar ar a fall and a fall ar ar a fall ar a	isgarber		1 1000	phone		Telephone No.	50.000	License No.	0040	_		
Start Date (10)			-		98-4070		59-9688		0049	3		_
	1	Scheduled (ate (11)	Name of OSHA		Ecc				
6/19/17			5/23/	17			M	ECS				
Occupancy Status Durin						Street Address	DO F	241				
▼ Facility Closed/Vacate □ Abatement Performed	ea During Entil	re Period of	Abate	ment				341				
Other - Describe:			y nou	S	1	City, State, Zip C		>** 00 min				
		11					Crosswick	s, NJ 08515				_
Scope of Work (Check a	ill that apply)					□ Full Cor	ntainment with Ne	gativo Proceuro				
≥3 sf or ≥3 lf		X R€	enovati	on		☐ Mini-End		gative Flessule				
≥160 sf or ≥260 lf		☐ De	emolitio	n			ag Procedure					
		lel	ocatio	n		I Non-Exe	empted (*) and No	n-Friable Procedu	ire		- 0-	
		N	ormally						1	bater, Typ		- 1
Location of		Used	Solel	/ by		Description of			-	٦,٠		
Asbestos-Containing N TO BE ABAT			ntenan			os Containing Mat thermal systems in		Amount (Specify	_		Щ	ш
IN Facility			Staff?		(1.6.,	surfacing, VAT,		SF or LF)	Removal	Re	Encapsulate	Enclosure
(13)			(12)			other miscellaneo	ous)	(10000 11 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	SVOL	Repair	lusc	uso
		Yes	No	N/A					<u> =</u>		ate	Ğ.
Baseme	nt		×		The	ermal Pipe Ins	sulation	75 lf	×			\dashv
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		-			-				-	-		_
Name of Registered Was	te Hauler		l N	JDEP \	Nasto I	Cubic Yards	Name of Regis	torod Landell				
			L	auler ID	No.	of Waste	Ivalle of Regis	1				
Stevens Environm	ientai Serv	ices, Inc	<u>- -</u>	182	292	1 cu		Fairless Lan	dfill			
City, State						Disposal Date	City, State	/				
	Allentown					6/23/17	ACX	Morrisville,	PA			
Completed By		Title				Signature	1	Date	32632	5. E		
Mahlon E. Ste	vens	Pr	oject	Man	ager	- $ -$			6/8	/17		_
D 44												

Check # 25516

Date of Notification (1)				Name	of Duildin	~ 0		(2)		E (2 [W	E
	6/7/17			Name	e or buildin	ig Ov	vner/Operator	Scocca						
Agencies Notified	Type Notific	cation		Stree	t Address				27	11	141	0	004	-
☐ EPA	Initial									JL]N -	9	201.	<u> </u>
DEP DOL	Amende Amendm			City,	State, Zip C	Code				ì				
	Emerger		g				East 1	Brunswick, 1	NJ 0881	GRES	TOS	CON	ITR	01
M DOH □ DCA	justification Cancella			Name	e of Contac		1000		Teleph	one Num	ber El	VSIN	G_	,
	L Caricella	ILIOIT				Joe	Scocca		_	_				
				FA	CILITY INF	OR	NATION							
Name of Facility Where		-1 (1)7-00		3.5				Type of Facilit	y (4)					
]	Resident	ial					School (K-						
Street Address								Subchapte Other (i.e.,				dinas		
								homes, etc	2.)			377000		
City (5)	г		> + + - 0	0016				Square Feet	# of F		В	dg. A	-	
0 (0)	East Bru	inswick,	NJ 0					1700		2		80	+/-	
County (6)	iddlesex			USE	nty Code (7) (5	STATE	Current Use (F	Prior if beir	ng demoli	shed)			
Name of Monitoring Fire		ding Owner	_	ASCM	-	Na	me of Abatem	ent Contractor (9)					_
(8)	MECS	3						ens Environ		Servic	es. Ir	ıc.		
Street Address						Str	eet Address							=
	PO Box	341						PO	Box 322	2				
City, State, Zip Code						Cit	y, State, Zip C	ode						=
C1	rosswicks,	NJ 085	15					Allentov	n, NJ C	8501				_
Project Manager for Mo			Tele	ephone	No.	Te	ephone No.		Licen	ise N o.				
Bill W	eisgarber		-		8-4070	_	(609) 25	9-9688	I	(0493	3		_
Start Date (10)		Scheduled (ate (11)	Na	me of OSHA N							
6/19/17			6/23/	17		_		N	1ECS				-	_
Occupancy Status Duri	-					Str	eet Address	DO.	D 24	,				
☐ Facility Closed/Vaca ☐ Abatement Performe						_	01.1.71.0		Box 34:	I.				_
Other - Describe:			цу поц	15		Cit	y, State, Zip C	Crosswic	leo NII	09515				
Scope of Work (Check						_		CIOSSWIC	KS, 14J	06515				_
	all triat apply)						☐ Full Cor	tainment with N	egative Pr	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				Mini-End	closure ag Procedure						
		П	CITIOIIU	ווע			Non-Exe	empted (*) and N	on-Friable	Procedu	re			
			Locati								P	bater		
Location	of		lomally d Sole				Description of					Тур	e 	
Asbestos-Containing	Material (ACM)	Ma	ntenar	ice/		tos C	ontaining Mat	erial (ACM)	Amo				т	
TO BE ABA		515	ustodia Staff?		(i.e.,		mal systems in rfacing, VAT,		(Spe		Rer	Re P	nca	Enclosure
(13)	9		(12)			oth	er miscellaned	ous)	0. 0.	_, ,	Removal	Repair	Encapsulate	nso
		Yes	No	N/A	1						=	- 52	ate	ē
Basem	ent		×		Th	erm	al Pipe Ins	ulation	55	1f	×		-	
Dasem	CIIC	-	_	-		CIII	ar ripe in	diation			^		\dashv	
		_				_							\dashv	
Name of Registered Wa	aste Hauler		1.00	UDEP I	National Control of the Control of t		bic Yards	Name of Reg	istered La	ndfill				
Stevens Environ	mental Serv	vices, Inc	;. [}]	lauler II 182	290 292	of \	Vaste 2 cu	1	Fairle	ss Lan	dfill			
City, State				101		Dis	posal Date	City, State	1					
**************************************	Allentow	n, NJ					6/23/17	102/	Morr	isville,	PA			
Completed By		Title	3650	7,000-000			Signature	11//		Date				_
Mahlon E. St	evens	P	rojec	t Mar	nager		1111				6/7	/17		

Ck # 32/3

Date of Notification (1)				_	Nam	e of Ruildin	a 0	wner/Operator	(2)						-	704-0
06 /	06 /	17						unications	(2)	F 100	ATES IN	-				-
			-					idilications			7) [W	F
The state of the s	Type Notifica	ation			1 4070 8	et Address				111	J/r-	The state of the state of				-
		rs			7-1	13 Braina	rd S	Street		117	7)					
⊠ DOH	Amendme				City,	State, Zip (Cod	le				JUI	V -	. 9	2017	7
13-3-3-10-10-10-10-10-10-10-10-10-10-10-10-10-	☐ Emergend		udina		Mo	ount Holly	, N	IJ, 08060			Arra;					
(NJAC 5:23-8)	justificatio	on)	<u>-</u>		Name	e of Contac	t			Telep	phone I	Numbe	er			-
	☐ Cancellati	ion			Ale	ex Baylor				arone :		· , mm , ~ , ~,		~~,	17.55	OL 8
					FA	CILITY IN	IFC	RMATION		(44° H)		1.1	5 . 200 6	17511		pr - may
Name of Facility Where Ab	atement is Ta	aking F	Place (3)			•	711111111111111111111111111111111111111	Type of Facility	(4)						_
Mount Holly Central		3		ā.					School (K-1							
Street Address									☐ Subchapter	8 (Othe	r than I	K-12)				
7-13 Brainard Street									Other (i.e., phomes, etc.		and con	nmerc	ial b	uilding	js,	
City (5)									Square Feet	# of	Floors		В	dg. A	ge	
Mt. Holly									33,332	5				+-50		
County (6)					Cou	nty Code (7)(ST	TATE USE ONLY)	Current Use (P	rior if be	ing der	nolish	ed)			
Burlington								3 PAGES 22 1 - 1200 PE 120 PE	Verizon Co							
Name of Monitoring Firm H	lired by Buildi	ing Ow	mer (8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9							
TTI Environmental In		8							VIRONMENTA		9					
Street Address							_	treet Address	***************************************	, 1110			_			
1253 North Church S	treet							1123 BEAVER	RSTREET							
City, State, Zip Code	30.000						_	ty, State, Zip Co								
Moorestown, NJ, 080	57							BRISTOL, PA								
Project Manager for Monito				Tolo	phone	No		elephone No.	13007	11:	M.					
Harold Baldwin	9					-6742	1 2	215-788-6040		170331222	ense No	0.				
Start Date (10)	TSA	chodul	ad Car			te (11)				00	0509					
06 /21 /				-		17		ame of OSHA M BRISTOL EN	ionitor VIRONMENTA	L, INC						
Occupancy Status During A	Abatement (C	heck o	nly on	e)				reet Address								
☐ Facility Closed/Vacated					nent			1123 BEAVER	STREET							
Abatement Performed C						cribe		ty, State, Zip Co					-			
Time of Abatement:	AM	_PM/	5:00P	M- <u>2:</u>	00AM			BRISTOL, PA								
Scope of Work (Check all th	nat apply)						_									
≥3 sf or >3 If		\boxtimes	Rend	vatio	on				ainment with Neg	gative P	ressure	9				
≥160 sf or ≥260 lf		Ē] Dem	100000000000000000000000000000000000000				Glovebag	Procedure							
								☐ Non-Exer	mpted (*) and No	n-Friabl	le Proce	edure				
				ocati									Ab	aterne	ent Ty	/pe
Location of Asbestos-Containing Ma			Used	rmal Sole		Ashaa		Description of			and the same		Z,	D.	Е	Ш
TO BE ABATE			Main	enai	rice/			Containing Mat ermal systems in			mount Specify		Removal	Repair	ıca	nclo
IN Facility			Custo		Staff?	,	5	surfacing, VAT,	or		or LF)		val	=	Encapsulate	Enclosure
(13)		Y		(12) No	N/A		ot	ther miscellaned	ous)						late	o
Basement Power Room	1] []	\boxtimes	VAT/Mas	stic	3		12	00 SF		\boxtimes			
Basement Store Room] [VAT/Mas	stic	;		25	50 SF					
Basement Building Sto	rage] [\boxtimes	VAT/Mas	stic	;		36	60 SF					
			3 [П	П	П	
Name of Registered Waste	Hauler			I N.	JDEP V	Vaste	Cul	bic Yards of	Name of Regis	tered La	andfill					ᆜ
SERVICE TRANSPOR		INC.		Ha	auler ID	No.	Wa	ste	MINERVA							
City, State	m				20990		Dia.									
NEW CASTLE, DE								posal Date	City, State	LIDO :	011					
							1	BD	WAYNESB							
Completed By (Print or Type	2)	Title	19 0-000				agrant .	Signature	~ De Caro	1.		Date	1	200		
Dillan DeCaro		Esti	mato	r				Dellas	~ D'aro	11		6/	6//	7		
CD 44										17			-			

CHHILT			FICATIO	State of Ne IN OF ASE It to NJAC	BESTOS	ABATE) <u>E</u>	C			V [
Date of Notification (1) 06/06/2017				of Building						1	JUN		0 2	017	Company of the Compan
Agencies Notified EPA DEP DOL DOL DOL Type Notification Amended Amendment Emergency (justification)		g	Street 58 M City, S Chati	Address eyersvill tate, Zip C ham, NJ of Contact	e Road ode 07928	d			To		EST	OS C		TROI	8
DOH justification) Cancellation				Cataldo					16	repriori	e Mul	ibei	-		
Name of Facility Where Abatement is Taking Chatham Middle School Street Address 480 Main Street	g Place	(3)	FAC	ILITY INF	ORMAT	ION	×	of Facility School (K- Subchapte Other (i.e.	-12) er 8 (Oth				dinge	hom	
City (5) Chatham	5. 0							etc.) e Feet		f Floor:		E	Bldg		
County (6) Morris				Code (7) USE ONLY)			nt Use (Pr	ior if bei	ing den	nolish	- 1			
Name of Monitoring Firm Hired by Building C RK Occupational&Environmental A Street Address				M No.		Bako	of Aba	ement Co struction			ion,	Inc.			
401 St. James Avenue City, State, Zip Code				W			Route	46 Ste	3D						
Phillipsburg, NJ 08865 Project Manager for Monitoring Firm							wa, N	J 07512			-				
Jon Gilbert		2,0		54 6316		Telepho 973 2				Licen 0066).			
06/30/2017	07/02/	2017	npletion	Date (11)				A Monitor struction		storati	on, l	nc.			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	eriod of	Abaten	nent				Route	46 Ste	3D						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: Friday 3pm-11pm Sa	turday 7	y Hours am-5pm	Sunday	/ 8am-1pm		City, Sta		Code J 07512							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	PROTESTINGS.	Renova Demolit				×	Mini	Containm -Enclosur rebag Pro -Exempte	e cedure					e	
Location of	I	Locati Normal	ly		Des	scription of	of					ugan-a		ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole intenar todial S (12)	ice/ staff?		os Conta thermal surfac	aining Ma systems sing, VAT niscellane	aterial insulat		(S	nount pecify or LF)	- Address	Removal	Repair	Encapsulate	Enclosure
Room 151	Yes	No	N/A		Dina	Insulati	ion		10	0.1.5				Ф	
Room 152 Storage		Х				Insulati				0 LF	-	X		-	
Name of Registered Waste Hauler		1.													
Bako Construction & Restoration, Inc	. ,	Ha	JDEP W auler ID)889	20202	of Was			Name of I Tullytov				cove	ery F	acilit	у
City, State Fotowa, NJ					Disposa TBD	al Date		City, State Tullytov							
Completed by Goran Kojic	Title Proje	ct Ma	nager		Si	gnature	Z.2227	The	7)	Date		017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

te of Notification (1)	02 / 17				uackenb	ner/Operator (2)			LOSESTOS DO	20	18)	- Constitution
	Type Notification		Stre	et Addr	ess				LICENSI	NG_			-
encies Notified EPA	☐ Initial							F4					4
DOLWD	☐ Amended		City	, State,	Zip Code	9							
DOH	Amendment #_					NJ 07076							4
DCA	☐ Emergency (inc	luding	100	me of Co				0	Telephone Number				
(NJAC 5:23-8)	justification)		100000000000000000000000000000000000000		uackenl	bush					_		
	☐ Cancellation		1			RMATION							
		(0)	- 1	ACILI	TINFO	KWATION	Type	of Facility (4	1)				
ame of Facility Where	Abatement is Taking	Place (3)					П	chool (K-12)					
Residence							T 0	ubahanter 8	(Other than K-12)	huildi	nas		
treet Address							\boxtimes	other (i.e., pri nomes, etc.)	vate and commercial	Dullan	ilgo,		
								are Feet	# of Floors	Bldg.	Age		
ity (5)								000 sf	2	65			
Scotch Plains									or if being demolished	d)			-
county (6)			C	County C	ode (7)(S	TATE USE ONLY)			of it being demonstra	~/			
Union						- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	. 83	esidence					
Union	rm Hired by Building (Owner (8)	AS	CM No.	N	Name of Abatem							
lame of Monitoring Fi	ating Inc					Guardian Co	ntra	cting, Inc.					_
Guardian Contra	curig, inc.	11/	_		5	Street Address							
treet Address						1889 Route 9	, Ur	it 61					
1889 Rte. 9, Unit	61				(City, State, Zip C							
City, State, Zip Code	500000000				1	Toms River,	Nev	Jersey 08	755				
Toms River, New	Jersey 08755			N.	-	Telephone No.			License No.				
Project Manager for N	Monitoring Firm	1	eleph	one No.					00004				
Floject Manager				040 00	122	722-349-993	2		00624				
Nicholas Fernico	ola			-349-99		732-349-993		or	00624				
Nicholas Fernico	ola Sche	duled Com	pletio	n Date ((11)	Name of OSHA	Moni		00624				
Nicholas Fernico Start Date (10)	Sche	eduled Com	pletio	n Date ((11)	Name of OSHA E.M.S.L. An	Moni		00624				
Nicholas Fernico Start Date (10) 06 /13	Sche	06 / _	pletic 14	n Date ((11)	Name of OSHA E.M.S.L. And Street Address	Monii alyti		00624				
Nicholas Fernico Start Date (10)	Sche / 17 uring Abatement (Che	06 / _ck only one	14 e)	on Date (/1 ent	(11)	Name of OSHA E.M.S.L. An Street Address 1056 Stelton	Monit alyti	cal	00624				
Nicholas Fernico Start Date (10)	Sche /	ck only one eriod of Ab	14 e) atem	ent Descri	(11) 1 7	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip 0	Monif alyti n Code	cal					
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Nicholas Fernico Start Date (10) 06 / 13 Occupancy Status Du Facility Closed/Va Abatement Perfor Time of Abatement	ola Sche January January Sche January J	ck only one eriod of Ab	14 e) atem	ent Descri	(11) 1 7	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip C Piscataway	Monit alyti n Code , Nev	v Jersey 08	3854				
Nicholas Fernico Start Date (10)	ola Sche January January Sche January J	06 / _ ck only one eriod of Ab al Facility H PM/	14 2) atemotours PM	ent Descri	(11) 1 7	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip C Piscataway	Monital Monita	w Jersey 08					
Nicholas Fernico Start Date (10)	ola Scheme	ock only one eriod of Ab al Facility FPM/	14 2) atemotors PM	ent - Descri_AM	(11) 1 7	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip Colored Full Colored	Monital Andrews Andrew	w Jersey 08	3854 egative Pressure				
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Nicholas Fernico Start Date (10)	ola Scheme	ck only one eriod of Ab al Facility HPM/	14 2) atemotors PM	ent - Descri_AN	(11) 1 7	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip 0 Piscataway Full Communication Glovet Non-E	Monital Code New Ontain Close Code Code Code Code Code Code Code Cod	w Jersey 08	3854 egative Pressure	Aba	ateme	T	
Nicholas Fernico Start Date (10)	ola January Sche	ck only one eriod of Ab al Facility HPM/	pletion 14 (a) (b) (a) (a) (a) (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ent - Descri	(11) 17 be	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip C Piscataway Full Co Mini-E Glovet Non-E	Monifically tiles and the contain notices and process and the contain notices	w Jersey 08 ment with Ne ure rocedure sted (*) and N	3854 egative Pressure	Aba		T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one eriod of Ab al Facility HPM/	pletion 14 (a) attended by the power of the	ent - DescriAN	(11) 17 be M	Name of OSHA E.M.S.L. And Street Address 1056 Stelton City, State, Zip O Piscataway Full Co Mini-E Glovet Non-E	Monition Code Nen nnclos pag P Exxemp	w Jersey 08 ment with Ne ure rocedure sted (*) and N	agative Pressure Ion-Friable Procedure Amount (Specify	Aba	ateme Repair	T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one eriod of Ab al Facility HPM/	pletion 14 e) vatementours PM ovation olition cocation ormall Soleintenan	ent - Descri AN n n y y y by by nce/	(11) 17 be M	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip O Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal system surfacing, V	Monition Monitor Monit	w Jersey 08 ment with Ne ure rocedure sted (*) and N	3854 egative Pressure lon-Friable Procedure	e Aba Removal		T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one eriod of Ab al Facility F PM/ Renc Dem	pletion 14 e) vatementours PM ovation olition cocation ormall Soleintenan	ent - Descri AN n n y y y by by nce/	(11) 17 be M	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip (Piscataway Full Co Mini-E Glovet Non-E Description stos Containing Inthermal system	Monition Monitor Monit	w Jersey 08 ment with Ne ure rocedure sted (*) and N	agative Pressure Ion-Friable Procedure Amount (Specify	Aba		Ty Encapsulate	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one eriod of Ab al Facility F PM/ Renc Dem	pletic 14 e) aatemidours PM oovatio oolitior solel utenar	ent - Descri AN n n by yly by nce/ Staff?	hbe M Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip C Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal systen surfacing, V other miscella	Monitorial	w Jersey 08 ment with Neure rocedure sted (*) and Neural (ACM) sulation, r s)	egative Pressure lon-Friable Procedure Amount (Specify SF or LF)	A Removal		T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one eriod of Ab al Facility FPM/	pletio 14 a) atemical value of the control of the	ent - Descri AN n n by yly by nce/ Staff?	hbe M Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip O Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal system surfacing, V	Monitorial	w Jersey 08 ment with Neure rocedure sted (*) and Neural (ACM) sulation, r s)	agative Pressure Ion-Friable Procedure Amount (Specify	Aba		T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one deriod of Ab al Facility HPM/ Rend Dem Is L No Used Main Custo	ppletion 14 ii) aatemidours PM ovatio olitior mall Sole itenar dial S (12) No	ent - Descri_AN n n on N/A N/A	hbe M Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip C Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal systen surfacing, V other miscella	Monitorial	w Jersey 08 ment with Neure rocedure sted (*) and Neural (ACM) sulation, r s)	egative Pressure lon-Friable Procedure Amount (Specify SF or LF)	A Removal		T	
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Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one deriod of Ab al Facility HPM/ Rend Dem Is L No Used Main Custo	ppletion 14 ii) aatemidours PM ovatio olitior mall Sole itenar dial S (12) No	ent - Descri_AN n n on N/A N/A	hbe M Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip C Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal systen surfacing, V other miscella	Monitorial	w Jersey 08 ment with Neure rocedure sted (*) and Neural (ACM) sulation, r s)	egative Pressure lon-Friable Procedure Amount (Specify SF or LF)	A Removal		T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one Period of Ab al Facility HPM/ Rend Dem Is L No Used Mair Custo Yes	pletic 14 E) aatema Hours PM ocation cocation mall Sole itenar dial S (12) No	ent - Descri _AN on by ly by nce/ Staff? N/A	hbe M Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip C Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal systen surfacing, V other miscella	Monitorial	w Jersey 08 ment with Neure rocedure sted (*) and Neural (ACM) sulation, r s)	agative Pressure Ion-Friable Procedure Amount (Specify SF or LF)	A Removal		T	
Nicholas Fernico Start Date (10)	ola /	ck only one deriod of Ab al Facility HPM/ Rend Dem Is L No Used Main Custo	ppletion 14 (a) (b) (a) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ent - Descri _AN n on y y y by nce/ Staff? N/A	Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip C Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal systen surfacing, V other miscella	Monition Code New Interpretation Material	w Jersey 08 ment with Neure rocedure sted (*) and Neural (ACM) sulation, r s)	egative Pressure lon-Friable Procedure Amount (Specify SF or LF)	A Removal		T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one Period of Ab al Facility HPM/ Rend Dem Is L No Used Mair Custo Yes	pletion 14 atemin dours PM ovation oolitior mall Solele (12) No	ent - Descri _AN on by ly by nce/ Staff? N/A	Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Stelton City, State, Zip O Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal system surfacing, V other miscella Cubic Yards of Waste	Monition Code New Interpretation Material	w Jersey 08 ment with Neure rocedure sted (*) and Neural (ACM) sulation, r s)	B854 Egative Pressure Ion-Friable Procedure Amount (Specify SF or LF) 75 If	A Removal		T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one Period of Ab al Facility HPM/ Rend Dem Is L No Used Mair Custo Yes	pletion 14 atemin dours PM ovation oolitior mall Solele (12) No	ent - Descri_AM on Date (/ 1 ent - Descri_AM nn on y yy by by nce/ staff? N/A D JJDEP V	Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Steltor City, State, Zip O Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal system surfacing, V other miscella os pipe insula Cubic Yards of Waste 3	Monition Code Never production Monitair Code Never production Materials AT, one outlier f	w Jersey 08 ment with Neure rocedure sted (*) and Neural sulation, r s) Name of Re T.R.R.F.	B854 Egative Pressure Ion-Friable Procedure Amount (Specify SF or LF) 75 If	A Removal		T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one Period of Ab al Facility HPM/ Rend Dem Is L No Used Mair Custo Yes	pletion 14 atemin dours PM ovation oolitior mall Solele (12) No	ent - Descri_AM on Date (/ 1 ent - Descri_AM on Date (N/A Date (N/A Date (Date (Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Stelton City, State, Zip O Piscataway Full Co Mini-E Glovet Non-E Description stos Containing of the miscellar os pipe insula Cubic Yards of Waste 3 Disposal Date	Monition Code Never production Monitair Code Never production Materials AT, one outlier f	w Jersey 08 ment with Neure rocedure sted (*) and N rial (ACM) sulation, r ss) Name of Re T.R.R.F.	agative Pressure Ion-Friable Procedure Amount (Specify SF or LF) 75 If	Aba Removal		T	
Nicholas Fernico Start Date (10)	ola /	ck only one Period of Ab al Facility HPM/ Rend Dem Is L No Used Mair Custo Yes	pletion 14 atemin dours PM ovation oolitior mall Solele (12) No	ent - Descri_AM on Date (/ 1 ent - Descri_AM on Date (N/A Date (N/A Date (Date (Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Stelton City, State, Zip O Piscataway Full Co Mini-E Glovet Non-E Description stos Containing I thermal system surfacing, V other miscella os pipe insula Cubic Yards of Waste 3 Disposal Date 06/15/17	Monition Code New Nem Nem Nem Nem Nem Nem Ne	w Jersey 08 ment with Neure rocedure sted (*) and N rial (ACM) sulation, r ss) Name of Re T.R.R.F.	Amount (Specify SF or LF) 75 If	Aba Removal		T	
Nicholas Fernico Start Date (10)	ola January Scheme January January January Januar	ck only one Period of Ab al Facility HPM/ Rend Dem Is L No Used Mair Custo Yes	pletion 14 (2) ateminated by a steminated by a	ent - Descri_AM on Date (/ 1 ent - Descri_AM on Date (N/A Date (N/A Date (Date (Asbes (i.e.	Name of OSHA E.M.S.L. And Street Address 1056 Stelton City, State, Zip O Piscataway Full Co Mini-E Glovet Non-E Description stos Containing of the miscellar os pipe insula Cubic Yards of Waste 3 Disposal Date	Monition Code New Nem Nem Nem Nem Nem Nem Ne	w Jersey 08 ment with Neure rocedure sted (*) and N rial (ACM) sulation, r ss) Name of Re T.R.R.F.	Amount (Specify SF or LF) 75 If	Aba Removal		T	

Date of Notification (1) 06/01/2017				Building O Board o			(2)	The state of the s	JUN	- 9	20	17					
Agencies Notified	Type Notification		1 (2)	treet Ad	_{dress} lain Stre	et				***************************************					-		
× EPA × DEP × DOL	Initial Amended Amendment #				e, Zip Cod , NJ 077					ASBEST(S CO	ONTI ING	ROL	&			
X DOH X DCA	Emergency (in justification) Cancellation	ncluding	4.0	lame of oretta					1 7	*_1 L N1,,,	whor						
Name of Facility Where A Belmar Elementary		Place (3)		FACIL	ITY INFO	RMATIO	N	Type of Facility (4)									
Street Address 1101 Main Street	301001				********			Subcha Other (School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hom								
City (5) Belmar								etc.) Square Feet	etc.) uare Feet # of Floors						-		
County (6) Monmouth				County C STATE U	ode (7) SE ONLY)		_	Current Use School	(Prior if I	peing demolis	ned)						
Name of Monitoring Firm Ahera Consultants I		ASCM 0057	No.			of Abatement Company		tor (9)									
Street Address PO Box 385						^{Address} Piaget Ave	nue										
City, State, Zip Code Oceanville, NJ 0823	City, State, Zip Code Oceanville, NJ 08231							tate, Zip Cod n NJ 0701									
Project Manager for Mon Domenic D'Errico		Telephon 309-65	ne No. 2-1833			one No. 253-8828		License N 00704	lo.								
Start Date (10) 06/19/2017		Scheduled 06/30/20		pletion [Date (11)			of OSHA Mo Company									
Occupancy Status During	Abatement (Check	Only One)		3-75		Street	Address									
X Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm			ent			City, S	tate, Zip Cod	е					- 1-01			
Scope of Work (Check A	II That Apply)														1		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enovat emoliti				×	Mini-Encl Glovebag	osure Procedu			essure Procedure					
	2	lal	ocatio					1 NOH-LXE	inpied ()	and Non-ina	DIC 1 10		1				
Location	n of	N	ormall	у		Des	cription	of			_	Ту	ре		-		
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Mair	Solel ntenar odial S (12)	ice/		tos Conta thermal s	aining N system: ing, VA	Material (ACM s insulation, T, or)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
1st floor Hallway, la	anding & closet	100	X	1373		VAT	Γ/mas	tic		3,311 SF	X						
Name of Registered Was	100	JDEP W		Cubic \		Nan	ne of Reg	of Registered Landfill									
Newark Carting Inc	100000	auler ID 5409	No.	of Was			OWS										
City, State Newark, NJ						Dispos	al Date		, State rrisville	, PA							
Completed by Voytek Roszkowski			Si	ignatur) (Posibo	محاد	0.00	ate 6/01/	2017								

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

		(Purs	suant to	NJAC 8:60	and 12:120)								
vate of Notification (1) 06/01/2017	В	ound l	Building Own Brook Boa	er/Operator rd of Educ		JUN -	9 20)17		7				
gencies Notified Type Notification			reet Ad	_{dress} est Union A	Avenue		L L	SESTOS	CON	TRO	L&			
EPA X Initial		11100		e, Zip Code				LICE	ISING	7		7		
DEP Amended Amendment #		В	lound	Brook, NJ	08805									
Emergency (i justification)	ncluding			Contact			Tele	ephone Numb	ег					
DCA Cancellation		I N		ie Turner	AATION					-				
Jame of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFORM	MATION	Type of Fa	cility (4)							
Smalley Elementary School	, , , , , , , , , , , , , , , , , , , ,					× School	ol (K-12)	th = - 1/ 12\						
Street Address						Subcl Other	napter 8 (Other (i.e. private 8	er than K-12) & commercial	buildin	gs, ho	mes,			
162 Cherry Street						etc.) Square Fe	Instructions	f Floors		g. Age				
City (5)						Square re	- "							
Bound Brook		T	County C	Code (7)		Current Us	se (Prior if be	ing demolishe	ed)					
County (6) Somerset		(STATE L	JSE ONLY) _		School								
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN				ent Contractor	(9)						
RK Occupational Inc			0090			C Compan	ly IIIC							
Street Address						Street Address 208 Piaget Avenue								
401 St. James Street					City,	City, State, Zip Code								
City, State, Zip Code Philipsburg, NJ 08865					1 222	ton NJ 070)11							
Project Manager for Monitoring Firm			Telepho			phone No. 3-253-8828	2	License No 00704	Э.					
Jonathan Gilbert		11	Market Tak	54-6316		e of OSHA N		00701	-	-				
Start Date (10)	Scheduled 07/13					C Compar								
07/12/2017 Occupancy Status During Abatement (Che		Stree	et Address											
—			nent											
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facility F	Hours	3		City,	State, Zip C	ode							
Scope of Work (Check All That Apply)							a a		Dennaue	0				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	10000	enova emoli				Mini-E	ontainment wi nclosure pag Procedur	e						
				1		☐ Non-E	xempted (*) a	able Procedure Abatement						
		Locat orma			Descript	ing of			,	Ту	ре			
Location of Asbestos-Containing Material (ACM)	Used	d Sole	ely by	Asbesto	Descript os Containin	g Material (A	CM)	Amount (Specify	77		Enc	Ē		
TO BE ABATED	5500000	ntena odial	ance/ Staff?	(i.e. t	hermal system surfacing,	ems insulatio VAT, or	n,	SF or LF)	Remova	Repair	Encapsulate	Licioodio		
In Facility (13)		(12)			other misce	llaneous)			\ <u>a</u>	=	ulate	2		
	Yes	No	N/A						-			-		
Nurse office bathroom		X		Р	ipe/fitting	insulation		20 LF	X					
Boys bathroom		X		Р	ipe/fitting	insulation		20 LF	X			-		
Girls bathroom		X		Р	ipe/fitting	insulation		20 LF	X			-		
Faculty bathroom		X		Р	ipe fitting	insulation		20 LF	X					
Name of Registered Waste Hauler	T	NJDEP		Cubic Yard	2.52	Name of Reg	istered Landf	ill						
Newark Carting Inc		Hauler 05409		of Waste		GROWS	6 F 100 A 1800A							
City, State				Disposal D	Disposal Date City, State									
Newark, NJ	- <u> </u>				Morrisville		Date			_				
Completed by		Signa	atore	1- 1-		06/01/	2017	7						
Voytek Roszkowski	Pres	iden	II.			005	KOSI							

	NO		(Pursuant to NJAC 8:60 and 12:120)							CH. 4724								
Date of Notification (1) 06/01/2017			Name of B Bound B							JUN	- 9	201	7					
Agencies Notified Type Notification FPA X Initial			Street Add		Aven	iue		ASBESTOS CONTROL										
■ DEP			City, State Bound E			05		000			CINDI	DVI.						
Emergency (included	cluding	1	Name of C Mr. Erni		r			Tele	phone Numb	er								
			FACILI	TY INFOR	RMATIC	NC												
Name of Facility Where Abatement is Taking I Bound Brook High School	Place (3)						× s	of Facility (4) School (K-12) Subchapter 8 (Other than K-12)										
Street Address 111 West Union Avenue							□ o et	ther (i.e. p	rivate 8	commercial	buildi			3,				
City (5) Bound Brook							Square			Floors		ig. Ag	e					
Courity (6) Somerset			County Co (STATE US				Curren		or if beir	ng demolishe	ed)							
Name of Monitoring Firm Hired by Building Ov RK Occupational Inc		ASCM 0090	No.				ement Con pany Inc	tractor	(9)									
Street Address 401 St. James Street					Street Address 208 Piaget Avenue													
City, State, Zip Code					City, S	State, Zip	Code											
Philipsburg, NJ 08865 Project Manager for Monitoring Firm		Telephone			Telep	hone No			License No	,								
Jonathan Gilbert		908-454			1050010000	-253-88	A Monitor		00704		-							
07/07/2017	07/08/2	017	npletion D	ate (11)		VMC	C Comp	oany Inc										
Occupancy Status During Abatement (Check						Stree	t Addres	S										
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Normal Other – Describe: Start 3pm Friday	eriod of Al al Facility	bater Hour:	ment s		_	City,	State, Zi	p Code										
Scope of Work (Check All That Apply)						-												
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enova emoli				[× Min	i-Enclosur vebag Pro	e cedure	n Negative Po nd Non-Friabl			е					
	Τ.	Loca	tion					Lacinpie	<u> </u>			Abate	ment	i				
Location of	N	lorma	illy		De	scriptio	n of					Ту	ре					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntena	ely by ance/ Staff?	Asbest (i.e.	therma surfa	I syster acing, V	Material ns insula 'AT, or aneous)	(ACM) ation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A															
1957 Basement Boy's bathroom		X		Р	ipe/fit	ting in	sulatio	n		30 LF	X							
1957 Basement Girl's bathroom		X		Р	ipe/fit	ting in	sulatio	n		30 LF	Х							
Nurse's Office bathroom		X		Р	ipe/fit	tting ir	sulatio	on		10 LF	х	_						
Name of Degistered Waste Hauler			NJDEP W	'aste	Cubic	c Yards		Name of	Regist	tered Landfill								
Name of Registered Waste Hauler Newark Carting Inc		1	Hauler ID 05409		of Wa			GROV	VS									
City, State Newark, NJ				Dispo	sposal Date City, State Morrisville, PA				PA									

Signature

Title

President

Date

06/01/2017

Completed by

Voytek Roszkowski

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

95					100000000000000000000000000000000000000	03-0		11:53					
Date of Notification (1)		N	lame of E	Building Ov	vner/Operat			J	JN -	9 2	2017		
06/01/2017		i	1000	DBUR	Y B	s. O. E	·	J-4 3r				-	
Agencies Notified Type Notification			Street Add					ASBES	TOO	001	ITOC	VI 1	
□ EPA □ Initial		4	<u> </u>	P. Zip Code	SPOAD	215			LICEN			<i>/</i> _ q	
DEP Amended Amendment#						_ 6	100 Cal						
DOL Amendment #, Emergency (in		- 1	Vame of (Sontact Contact	M, M	7)28C(Telephone Nur	nber	-		-	
DOH justification)					00 -5								
DCA Cancellation			KAVA FACII	ITY INFOR	OBER								
Name of Facility Where Abatement is Taking	Place (3)		171012			Туре	of Facility (4)						
WOODBURY MIGH S	CMOO	}				× s	School (K-12)						
Street Address							Subchapter 8	(Other than K-1) rate & commerci	2) al buildi	nas h	omes	3	
25 P. REDAD STE							etc.)	rate & commerci	ar bundi	1190, 1	1011100	ra	
City (5)	<u></u>					Squar	re Feet	# of Floors	Blo	dg. Ag	je		
MOCOBURY													
County (6)			County C	ode (7)		155.5		if being demolis	ned)				
GLONCESTER		(SE ONLY)		Scho	7059						
Name of Monitoring Firm Hired by Building O			ASCM	No.	100000000000000000000000000000000000000		tement Contr pany Inc	actor (9)					
MUSIZON ENVIRONM	ENTA	4											
Street Address						eet Addre: 18 Piage	ss t Avenue						
PO 30× 316 City, State, Zip Code					y, State, Z								
					ifton NJ								
THOROFARE, DT 08 Project Manager for Monitoring Firm		Telephon	o No		lephone N		License 1	Vo.					
				348-08		73-253-8		00704					
Start Date (10)	Schedule				Na	me of OSI	HA Monitor						
06/19/2017	- 1	1	-		10000		npany Inc						
Occupancy Status During Abatement (Check	OG (9 70) OG 21 Occupancy Status During Abatement (Check Only Dine)						SS						
Facility Closed/Vacated During Entire P			ent										
Abatement Performed Outside of Norm	al Facility	Hours	5		Cit	y, State, Z	ip Code						
Other – Describe:				-	_								
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	. □. R	enova	ition					nt with Negative	Pressui	re			
≥160 sf or ≥260 lf		emolit	ion				ni-Enclosure ovebag Proce	edure					
						D-No	on-Exempted	(*) and Non-Fria	ble Pro	cedur	е		
=	Is	Locati	ion								ement pe		
Location of		Vormal				otion of		1	1	1,			
Asbestos-Containing Material (ACM)	2742000000	d Sole intena		Asbest	os Containi thermal sys	ng Materia	al (ACM)	Amount (Specify	R	-	Enc	Щ	
TO BE ABATED In Facility	Cus	todial		(i.e.	surfacing	, VAT, or		SF or LF)	Remova	Repair	aps	Enclosure	
(13)		(12)			other misc	ellaneous)		ava	목	Encapsulate	ure	
	Yes	No	N/A								Ф		
					SITE P	di sei	4	1305F	X				
VARIOUS LOCATIONS	-			1840	SUD P	ANCO	.3	100/1	1		*		
	-		-										
										-	-	-	
								2	FOIL	<u></u>			
		1	NJDEP V		Cubic Yar of Waste	rds	5	Registered Land	mt				
Name of Registered Waste Hauler		1 1	Handor ID		UI VVIIOLO		GROWS						
Name of Registered Waste Hauler Newark Carting Inc			Hauler ID 14509	7110.			0,,0,,						
Newark Carting Inc				, NO.	Disposal	Date	City, State	9					
					Disposal	Date		e ille PA					
Newark Carting Inc City, State	Title)4509	7140.	120	Date nature	City, State	e ille PA	Date			~4	

40							<u>L</u>	Ш	11	5			
Date of Notification (1)			f Building Owne		150								
Agencies Notified Type Notification		Street A	EEN CM	MOEN	REGION	#L	93	017.	E.				
				LE V	7.	Sod No.							
DEP Amended		City, Sta	DEL O/ ate, Zip Code		C.1.2	ASBEST	OSI	CON	TRO	1 8			
DOL Amendment #		NO0	RHEES	CU,	08043	L	CEN			- 01			
DOH justification) Cancellation		Name of	nber										
Cancellation		FACI	JA SCHL LITY INFORMA	TION						-			
Name of Facility Where Abatement is Taking	100	1004 1004	201		Type of Facility (4	4)		7.57.59					
STEET Address		REG	DAGOO	H.S.		2) 8 (Other than K-12 rivate & commercia		dings,	home	s,			
City (5)	62				etc.) Square Feet	# of Floors	TB	ldg. A	ne .				
VOORHEES					Oquare r cet	# 01110013		iug. A	90				
County (6)			Code (7)			or if being demolish	ed)						
CAMBEN		Mission of the re-	USE ONLY)		School								
Name of Monitoring Firm Hired by Building Ov		ASCA			of Abatement Con Company Inc	tractor (9)							
AVIERA CONSULTANTS Street Address	inc		0.3 /		Address								
PO BOX 385 City, State, Zip Code	*			100000000000000000000000000000000000000	Piaget Avenue								
					State, Zip Code								
Project Manager for Monitoring Firm	X231	Telepho	N-		on NJ 07011	T 1 : N							
BOMENIC D'EPRICO		100000000000000000000000000000000000000	GSZ-183		none No. 253-8828	License N 00704	0.						
Start Date (10),	Scheduled Co	mpletion	Date (11)		of OSHA Monitor								
06/23/2017	06/20	1/20	017	VMC	Company Inc								
Occupancy Status During Abatement (Check	Only One)			Street	Address								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma				City	State, Zip Code								
Other - Describe:				Oity, c	state, Zip Code								
Scope of Work (Check All That Apply)	1												
≥3 sf or ≥3 lf	Renov				시대를 보고 있다면 하게 되었다. 그렇게 되었다면 하게 되었다.	ent with Negative P	ressu	re					
≥160 sf or ≥260 lf	Demo	lition			Mini-Enclosure /Glovebag Prod								
			1	N	✓ Non-Exempted	(*) and Non-Friab	le Pro		-	_			
Landing	Is Loca Norm						Abatemen Type						
. Location of Asbestos-Containing Material (ACM)	Used So Mainten	lely by	Asbestos Co		Material (ACM)	Amount			m				
TO BE ABATED In Facility	Custodial	Staff?	(i.e. therm	nal system facing, VA	s insulation, AT, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
(13)	(12)		r miscella		100 to 10	oval	pair	sula	Sure			
	Yes No	N/A							TO TO				
CLISSROOM 503	×		510K 1	SOUNC	RCATING	16 54	X						
CLASSICOM 505	X		SINCI	JUNE 3	POCETURE	16 SF	X		•				
							1						
Name of Registered Waste Hauler		NJDEP V Hauler ID		oic Yards Vaste		Registered Landfill							
Newark Carting Inc	04509		, 4010	GROW	S								
City, State Newark NJ		Dis	oosal Date	City, State Morrisv									
Completed by			Signatur			Date i							
Voytek Roszkowski	Title Presiden	t		19 1	Soston	1	610	15/	1	1			

-3.6	NO	TIFICA (Purs	ATION Co	NJAC 8:6	0 and 1	2:120)	CNI	-	CHECK	#2419	5			-			
NO CK		N	ame of B	Building Ow	ner/One	- 111	117	JUN -	0	201	,	\mathbb{I}					
Date of Notification (1) 06-05-17		N	JDOT					5	1	JUN -	3	ZU11					
Agencies Notified Type Notification			reet Add	tress arkway A	venue				ASBI	ESTOS	COL	VTR	L 8				
EPA Initial DEP X Amended Amendment #1				, Zip Code , NJ 086						LICE	NSIN	IG_		_			
Emergency (incl	luding	N	ame of C	Contact					Telenho	ne Numh	er						
DOH justification) Cancellation		Z		ehia-Ara										-			
Taking D	la aa /2\		FACIL	ITY INFOR	MATIO	Type of Facility (4)											
Name of Facility Where Abatement is Taking P Pattenburg Road Bridge over I-78 Str	ucture	Num	ber 10	14-162			School (K-12) Subchapter 8 (Other than K-12)										
Street Address							×	Other (i.e. priv	rate & cor	nmercial	buildir	ngs, homes,					
Pattenburg Road (CR 614) Over I-78 City (5)							etc.) re Feet	# of Flo	ors	Bld	g. Ag	е					
Asbury, NJ 08802			-d- (7)			Curre	ent Use (Prior	if beina d	emolishe	d)			-				
County (6) Hunterdon County		ounty C	ode (7) SE ONLY)		_					<u> </u>							
Name of Monitoring Firm Hired by Building Ow Environmental Connection		ASCM N/A	No.		Name Pinna	of Aba acle l	atement Contr Environmer	actor (9) ntal Cor	p.								
Street Address					Street Address 200 Broad Street												
120 North Warren Street City, State, Zip Code					City, State, Zip Code												
Trenton, NJ 08608	- 1 -		- Na		Carls		NJ 07072	Lie	ense No		-						
Project Manager for Monitoring Firm Dominick Dercole		elephon 609) 3	92-4200		201-	939-6	3565	00	756								
	d Com 7	pletion [Date (11)		Name of OSHA Monitor EMSL Analytical, Inc.												
Occupancy Status During Abatement (Check	Only One	e)				Street		ess : 38th Stree	.t								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of A Facility	batem Hours	ent		-	City, S	State, 2	Zip Code			J. 12 1, 10 1						
Other – Describe:					_	New	York	k, NY 1001	5					-			
Scope of Work (Check All That Apply)	Пр	enovat	rion] F	ull Containme	nt with Ne	gative P	essur	е					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		emoliti				H	_ M	ini-Enclosure lovebag Proce									
							× N	on-Exempted	(*) and N	on-Friabl				_			
		Locati					593					Abatement Type					
Location of	Use	lormall d Sole	ly by	Asbest	os Cont	aining	cription of ining Material (ACM) Amount						m m	П			
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>		intenar odial S		(i.e.	thermal	system	ns insu	ulation,	(Spe		Remova	Repair	caps	Enclosure			
In Facility (13)	1.34.30	(12)			other n						oval	air	Encapsulate	sure			
	Yes	No	N/A						700	1.5	75						
Under the Bridge Superstructure			X		Trai	nsite l	Pipe		700	LF	Х						
Name of Registered Waste Hauler	4		JDEP V		0.77	Yards		Name of I									
ATC, Inc. / JBT (50071)	7. J.	11.0000	lauler ID 4310	NO.	TBD	BD			Enterp	rises							
City, State Shirley, NY / Bronx, NY			Disposal Date Ci					Waynes	City, State Waynesburg, OH 44688								
Completed by Richard Doran	Title Proje	ect Ma	anager	1		Signatu	ire	AD	A/c	1100000	ate 3-05-	17					
Richard Doran		1/4	N	UE	1	_											

Date of Natification (1) June 2, 2017

Apencies Notified

EDA

DCA

DOL

DEP

DOH

Street Address

Bloomfleld

City (5)

18 Austin Place

130

91

X

page 1 19734920133 249 P 503/004 08/05/2017 07:39 State of New Jersey - Notification of Asbestos Abatement - 9 2017 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) ASBESTOS CONTROL & Bloomfield College Notification Type LICENSING Street Address Initial Notification .:11 487 Franklin Street Amended Certification City, State, Zio Code ZI Emergency (Including Bloomfield, NJ 07003 iustification) 13 D (P) Name of Contact Telephone Number ☐ Cancelled Jack Mc Grane FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Bloomfield College-Schweitzer Hall Type of Facility (4) □ 8chool (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sg. Feat; 2,000 # of Floors; 3 Bldg. Ags; 50+ years County (8) Sounty Code (7) Essex (State Use Only) Gurrent Use (prior if being demolished): Name of Monitoring Firm Hired by Blob. Charger (8) ASCM No. Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address

Envirovision, inc. Sireal Address 20-21 Wagaraw Road, Bldg # 36E

City State Zin Code 611 MAIN STREET Fairlawn, NJ 07410 Cir State, ZioCode Butler, NJ 07408 Project Manager for Monitoring Firm Calephone Number Telephone Number Fred Larson 973-636-9145

Scheduled Start Data (10) 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor June 9, 2017 June 12, 2017

EMSL Inc. Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Absternant Street Address 1056 Stelton Road

Abatement Performed Outside of Normal Facility Hours -Describe Other - Describe: Non-Occupied

CIN Slate Zip Code Piscetaway, NJ 08864

Source of Work (Check all that apply)

≥ 3 54 or ≥ 3 # ☑≥ 180 af or ≥ 280

Renovation Demolition

Full Containment with Negative Pressure

License Number

00840

X Territ /Glovebag Procedure Non-Exempted (*) and Non-Frisble Procedure X Wrap & Cut

Lecation of Asbestos-Containing is Location Normally Used Material (ACM) in Fecility (13) Description of Asbestos Containing Material Solely by Mains/Custodial Staff? (12) (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscall.) Amount Absignment Type (Specify SF or LF) Remove Repair Encar Enclose YES NO 2nd Fi-Bathroom&Closet K 3" Fl- Baihroom&Closet TSI 200 LF (37) TSI Name of Reg. Weste Hauler See Hauler Below # 1 & 2 NIDEP Waste Hauter ID & See Balow 162 LF 1 Cubic Yards of Waste: Name of Resistered Landfil Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07406 Meadowill Landfill NJ DEP# 12861 Disposal Date Oity, State Route 2. Box 68

Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Completed by (Print or Type) Marin Graure

MANAGER

SENIOR PROJECT

Signature Maria Grance

Date June 2, 2017

Bridgepon, VVVA 304-842-2784

June 11, 2017

GAC # 2017-607

n 992			ICATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE		Party (Branch Branch Branc	D.	E C		Ŵ							
Date of Notification (1) 06-03-17				Name of Dave A	Building Adams	Owner/C	Operator	(2)		Britanian Britanian	JUN	- 9	2017		U				
Agencies Notified EPA	Type Notification			Street Ad	ddress		A TOTAL CONTRACTOR			AS	BESTO			DL &					
DEP DOL	Amended Amendment Emergency justification)	(including	_ [New B			08901			Telephone Number									
DOH DCA	Cancellation			Dave A	Adams	DRMATI	ON												
Name of Facility Where A Private Home Street Address	Abatement is Takir	ng Place (3)																
City (5) New Brunswick	e provincia de la compansión de	Wasting To Control			a to comment of the comment				etc.) ire Feet		f Floors		Bldg. Age						
County (6) Middlesex				JSE ONĹY)				ent Use (Pr			ished)								
Name of Monitoring Firm N/A	Hired by Building		ASCM	l No.		1	ame of Abatement Contractor (9) elfa Contracting LLC.												
Street Address							et Address 2 7th St.												
City, State, Zip Code					Unio	n City	ip Code / NJ 0708	37											
Project Manager for Mon		Telephor	ne No.		100000000000000000000000000000000000000	hone N 216-9			License 01206	No.									
Start Date (10) 06-12-17		Schedule 06-13-1		mpletion [Date (11)				HA Monitor tracting l										
Occupancy Status During								Addre											
Facility Closed/Vaca Abatement Perform Other – Describe:						_	City, S	State, Z	ip Code y NJ 070	37									
Scope of Work (Check A	ii That Apply)						Г	٦ -					1500565						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli					Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pr											
V2 92			Locat			A775000					() and Non-i had		Abatement Type						
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Mai	d Sole intena	ely by nce/ Staff?		tos Cont thermal surfa		Materia s insula AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure				
		Yes	No	N/A		T	-:4- 0:	ما الم		2.7	'50 SF			е					
Exterio	OF	-	X			ITAN	site Si	ung		2,1	30 SF	X	-		707				
							-												
									T										
Name of Registered Was Delfa Contracting LL			100	NJDEP W Hauler ID 35240	No.	of Wa	Yards ste 15			The second	ered Land Source		ery F	acili	ty				
City, State Union City, NJ		-					sal Date 14-17	ь	City, Sta Tullyto		Ą								
Completed by Jaime Delgado	Man	ager.		S	Signature	e /	d			Date 06-03-	17								

Print Form