/			NC	TIFIC	CATION OF AS	New Jersey SBESTOS AB	ATEMEN	IT	11	F-3	600 1510		-	-
Date of Notification (1)				(i dis	suant to NJAC	me of Buildir	2:120-7) a Owner	/Operato	or (2)	12	11.	15	H W	F
					SE	TON HALL UI	VIVERSI	TY						
Agencies Notified Type Notifi	cation			_		eet Address								- 11
	Notification					SOUTH ORA		ENUE			Hi	1 5	5 201	7 1
DEP Amer	nded Notification					, State, Zip C UTH ORANG		IEDOE)						Longe
X DOL Canc	ellation				300	OTT ORANG	E, INEVV	JERSEY	07079	SPF	SIF	42.15	- Milio	- d
The second secon	ola RGENCY NOTIFIO	#9	ı			ne of Contact			hone	Viimhe	or !	1. 011	231/63/55	<u> </u>
		10000	ч			TORIA PIVO	/ARNICK							-
Name of Facility Where Abatemen	t is Taking Place	(3)			FACILITY IN	FORMATION	Trees	- f F - 1						
SETON HALL UNIVERSITY							Тур	of Faci						
SETON HALL UNIVERSITY							X	Subcha	oter 8 (Other tha	an K-1	2)			
Street Address								Other (ie	e. private & com	mcl. b	ldgs.,	home	s, etc.)	
400 SOUTH ORANGE AVENUE - UI City (5)		TER					1 .	uare Fee 60,000	t # of Floor	S		E	Bldg. Age	2
City (5) Count SOUTH ORANGE ESSE					Coun	nty Code (7)	Curre		Prior if being de	molish	ned)		40+	
Name of Monitoring Firm Hired by	A Building Owner ((8)			(STATE	E USE ONLY	UNIV	ERSITY						
THENVIRONMENTAL INC.	5(,				ASCM No	. Nam	e of Aba	tement Contra NMENTAL CO	ctor (9	9)			
Street Address 1253 NORTH CHURCH STREET								t Address		KPOR,	ATION	V		
City, State, Zip Code							313 8	POOK F	OCK ROAD					
MOC	RESTOWN, NEW	V JERSI	EY 08	057			City,	State, Zip	Code	//				
Project Manager for Monitoring Firm					ne Number			hone Nu	W YORK 1090	1 cense	h I I			
JEFF SEAMAN EXPECTED START DATE (10): (R	ECTABEL	1-			5182		100000000000000000000000000000000000000	69-7500		onse 01	Nume	per		
5 / 16 /17	ESTART)	Sched		npleti 11 /	on Date (11)	1037224	Name	of OSHA	A Monitor					
Month Day Year		M	onth	10. 1	30/ Day	17 Year	QUAL	ITY ENV	IRONMENTAL	SOLL	ITION	S & TI	ECH.	
Occupancy Status During Abatement	(Check only one)						_	Address						
Abatement Performed Outs	ide of Normal Fac	rility Hou	ure D		he:		1376	ROUTE 9	1					
X Other - Describe: MON-F	RI 7AM-12:00AM	SATU	RDAY	7A	M-3:30 PM		City	state, Zip	Code					
Scope of Work (Check all that apply)					-				WAPPINGER	RS FA	LLS. N	VY 125	590	
Demolition X		Renov	ation		-	K Full Con K Mini-End	tainment	with Neg	ative Pressure		200		,,,,	
>3SF OR LF X >160 SF OR 260 LF					5		io , ig Procei	lure						
Location of						Non-Fria	ble Proce	edure						
Asbestos-containing			Locati mally u		De	escription of A ntaining Mater	sbestos-				- 5	Abate	ment Typ	oe .
Material (ACM) TO BE ABATED		0.000	olely b			ie. Thermal s	rai (ACM vstems)	Amount (Specify	RE	REPAIR	E		
in Facility (13)			t/Cust		inst	ulation, surfac	ing, VAT		SF or LF)	REMOVAL	PAIF	ENCAPSU	ENCLOSU	
		Yes	taff (12 No		or	other miscell	aneous)			A	1~	SUL	SUF	
KITCHEN				X	PIPE FITTIN	igs			4515	-	+	F	R	
BACK HALL				X	PIPE FITTIN				15 LF	X	-			
BACK HALL				X		INSULATION			35 LF	X	-	-		
DISHWASHING AREA & ASSOCIATED						HOOLATION			500 SF	X	-			
HALL				Х	PIPE FITTIN	GS			05.5	X	-			
RECEIVING AREA				X	PIPE FITTING				85 LF	X				
RECEIVING AREA				X	SPRAY ON I				15 LF	X	_			
BOARD DINING				X	PIPE FITTING				1,530 SF	Х				
SEVERY BAY 1				X	PIPE FITTING				25 LF	X				
SEVERY BAY 1				X	La company and the second				15 LF	X				
HALLWAY BETWEEN SEVERY BAYS	4			X	SPRAY ON II			1	760 SF	X				
SEVERY BAY 2				X	PIPE FITTING	100			15 LF	Х				
KITCHEN					FIRE WALL	33			15 LF	X				
Name of Registered Waste Hauler		JDEP \			Cubic Yards o	of Waste	Name of		ed Landfill	X		1		
NEWARK CARTING INC. 369 RAYMON BLVD.	Н	lauler IC			20		GRAND	CENTRA	ed Landfill L SANITARY L	ANDE	11.1	L		
City, State		9	913	-	Dienosal Dat									
NEWARK, NEW JERSEY 07105					Disposal Date 12/23-11/30/20		City Sta	E D TO	VNSHIP, PA		1	7		
Completed by (Print or Type) BENJAMIN SANCHEZ DIRE		A T.C.				nature /	71	X	Date	7	4	76	7,-	1
DIRE	ECTOR OF OPER	AHON:	S			1	11	$/ \times$		-	10	1 \	11-	1

A FIFE FITTINGS 15 LF X				NOT ()	IFICA	TION OF AS	lew Jersey BESTOS ABAT 8:60-7 and 12:1	TEMENT	Tr.	173	65)			**************************************
Agences Notified EPA Dep Dep Name of Contact Dep Dep Name of Contact Dep Dep Dep Dep Name of Contact Dep Dep Dep Dep Dep Dep Dep De	Date of Notification (1)					Nan	ne of Building	Owner/Operato	r (2)		- 15	II.		
Apple Sept						Stre	et Address							11
DEP X	Agencies Notified Type N	lotification						IGE AVENUE	111 (8 3	1 2 1
DOH	DEP X A	mended Notification	#10											
DCA DEMORDENCY NOTIFICATION FACILITY INFORMATION Type of Facility (4) Service Facili														Travilla
Name of Reality Where Abbetment is Taking Place (3)			CATION			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		RNICK	Telephone N	lumber	1 17	1274-1		3
School (N-12) School (N-12						FACILITY INF	FORMATION		_					
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Square Feet 6 Floors 60,00 3 40	SETON HALL UNIVERSITY							X Subchar	oter 8 (Other tha					
### 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER County Code (7)											dgs., ł			
SOUTH ORANGE ESSEX			TER							٠		Ь		
ASCM No. Name of Abatement Contractor (9) TIENVIRONMENTAL INCO. 3 PARENVIRONMENTAL CORPORATION	- 22 12 12 12 13 13 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15			TIES.H32					Prior if being de	molish	ed)			
PAR ENVIRONMENTAL CORPORATION Size Address Si		by Building Owner	(8)			(0.777			tement Contrac	ctor (9)			-	
1253 NORTH OFURCH STREET							3	PAR ENVIRO	NMENTAL COF	RPORA	TION			
City, State, Zip Code	1253 NORTH CHURCH STREET	г						1					1000	
Project Manager for Monitoring Firm		HOODESTOWN NE												
SEFAMAN	Project Manager for Monitoring E	irm	N JERSE		0.000	- M								
EXPECTED START DATE (10): (RESTART) Sched. Completion Date (11) 17 30 Month 5 17 7 Month 5 17 Month 5 Month				1000000							Numb	er		
Month Day Year Coccupancy States During Abatement (Check only one)		(RESTART)	Sched							101				
Cocupancy Status During Abatement (Check only one) X X Facility Closed/Vacade During Entire Period of Abatement Street Address 1376 ROUTE 9 13	Month Day Year		Mo		1 /			QUALITY ENV	'IRONMENTAL	SOLU	TIONS	S & TE	ECH.	
Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM Scope of Work (Check all that apply) Demolition X Renovation Demolition X Allin-Enclo, X Glovebag Procedure Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) Saturation Material (ACM) To BE ABATED In Facility (13) Saturation Sack HALL X PIPE FITTINGS Sack	Occupancy Status During Abaten X Facility Closed/Vacate	nent (Check only one)	d of Abate	ement										
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Demolition Safe Nor Lef Safe Nor Left Nor	Scope of Work (Check all that app	ply)				Г	Y Full Contr	inmont with New	WAPPINGE	RS FAI	LS, N	IY 125	90	
Non-Fried Procedure Non-Fried Non-Fried Procedure Non-Fried Procedure Non-Fried Procedure Non-Fried Non-Fried Procedure Non-Fried Non-Fried Procedure Non-Fried Non-	Demolition		Renova	ation		-			ative Pressure					
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Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) Amount (Specify Yes No N/A) Insulation, surfacing, VAT, or other miscellaneous) Amount (Specify Yes No N/A) Insulation, varfacing, VAT, or other miscellaneous) Amount (Specify Yes No N/A) Insulation, varfacing, VAT, or other miscellaneous) Amount (Specify Yes No N/A) Insulation, varfacing, VAT, or other miscellaneous) Insulation, varfacing, VAT, or o			Is	l ocati	20					_				
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Yes No N/A					Section and		(ie. Thermal sy:	stems		EM	EP4	NC.	NCI	
Yes No N/A			1000			ins	sulation, surfacions other miscella	ng, VAT,	SF or LF)	NA A	F	PS	SO_	
X			Yes	No	N/A		- varor miodolia			-				
A FIFE FITTINGS 35 LF X X SPRAY ON INSULATION 500 SF X X X X X X X X X	KITCHEN				Х	PIPE FITTIN	NGS		15 LF	X	1			
ALL				_	X	PIPE FITTIN	NGS		35 LF	X				
X				-	Х	SPRAY ON	INSULATION		500 SF	X				
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lame of Registered Waste Hauler IEWARK CARTING INC. 69 RAYMON BLVD. Ity, State EWARK, NEW JERSEY 07105 INDEP Waste Cubic Yards of Waste 250 GRAND CENTRAL SANITARY LANDFILL Disposal Date 12/23-11/30/2017 PLAINFIELD TOWNSHIP, PA		S ROOM					EINC			1				
Hauler ID No. 250 GRAND CENTRAL SANITARY LANDFILL 69 RAYMON BLVD. 913 Disposal Date 12/23-11/30/2017 PLAINFIELD TOWNSHIP, PA	Name of Registered Waste Hauler		NJDEP	Waste				Name of Register		X				
18ty, State Disposal Date City, State EWARK, NEW JERSEY 07105 12/23-11/30/2017 PLAINFIELD TOWNSHIP, PA	NEWARK CARTING INC.	/	ESTREAM OF STREET				가 있습니다. 100명 5개인 국내는			LAND	FILL	-		
EWARK, NEW JERSEY 07105 12/23-11/30/2017 PLAINFIELD TOWNSHIP, PA	City, State			913		Disposal D		_ //	/					
	NEWARK, NEW JERSEY 07105	1200						PLAINFIELD TO	WNSHIP. PA		_ /		1	
	Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPE	ERATION	IS		S	ignature	5XX		e <	1.	31	//	1

(9.1)			NOTI	FICAT	State of N ION OF AS	BESTOS ABATE	EMENT	200			Œ	E	1 W	E.
-			(P	ursua		3:60-7 and 12:12	0-7) Owner/Operator	(2)	IJĮī	a an open a reco				
Date of Notification (1)					1 0.00	ON HALL UNIV		(2)						
5 / 31 /17	NAME OF TAXABLE PARTY.				Stre	et Address			La bal	- 5	U	-		
	tification				400	SOUTH ORANG	GE AVENUE	1						
	tial Notification				100000	State, Zip Code			- L	ODE	OT	107	CNTR	Q1 6
	nended Notification incellation	#10			SOL	ITH ORANGE, N	NEW JERSEY 0	7079	2.0	ODE			alanin Sibba	J1. 0
	Hold				Nam	e of Contact		T-'- '		The contract		212.	Appendix of the last	4.14
X DCA EN	MERGENCY NOTIFICA	ATION	er maering		VICT	TORIA PIVOVAF	RNICK							
Name of Facility Where Abatem	ent is Taking Place (3/		F	ACILITY INF	ORMATION	T=			100012-2				
Traine of Facility Where Abatem	ent is raking riace (3)					Type of Facility School (F							
SETON HALL UNIVERSITY								ter 8 (Other th	an K-12)				
Street Address								private & con		igs., h				
400 SOUTH ORANGE AVENUE	- UNIVERSITY CENT	ER					Square Feet 60,000	# of Floor	rs		BI	dg. Ag	ge	
City (5)	unty (6)				Cour	ty Code (7)	Current Use (P		emolishe	ed)		40+		-
The state of the s	SEX				(STATE	USE ONLY)	UNIVERSITY							
Name of Monitoring Firm Hired TTI ENVIRONMENTAL INC.	by Building Owner (8	3)				ASCM No.	Name of Abate PAR ENVIRON							
Street Address						3	Street Address		RPURA	HUN				-
1253 NORTH CHURCH STREET							313 SPOOK R							
City, State, Zip Code	OORESTOWN, NEW	IERSE	V nene	.7			City, State, Zip				5-00.7			
Project Manager for Monitoring Fir		JEINOL	_		Number		SUFFERN, NE Telephone Nur	THE PARTY OF THE P	U1 .icense l	Mumbe	ır.			
JEFF SEAMAN			856-8	389-5	182		845-369-7500	100	101	VUITIDO				
EXPECTED START DATE (10): 6 / 5 /17	(RESTART)	Sched.			n Date (11)	100000	Name of OSHA				~			
Month Day Year		Мо	nth	1	30/ Day	17 Year	QUALITY ENV	IRONMENTAL	L SOLU	TIONS	& TE	CH.		
Occupancy Status During Abatem	ent (Check only one)						Street Address							
X Facility Closed/Vacated Abatement Performed							1376 ROUTE 9							
X Other - Describe: MC	N-FRI 7AM-12:00AM	SATUR	RDAY	7AM	e: 1-3:30 PM		City, State, Zip	Code						_
A STATE OF THE STA								WAPPINGE	ERS FAL	LS, N	Y 125	90		
Scope of Work (Check all that app	(y) X	Renova	ation		- 1	X Full Conta X Mini-Enclo	inment with Neg	ative Pressure	9					
>3SF OR LF	<u> </u>	Interiore	20011		i		, Procedure							
X >160 SF OR 260 LF							le Procedure							
Location of Asbestos-containing			Locationally us			escription of Asi ontaining Materia		A	_	1		ment	Туре	
Material (ACM)		The second second	olely by			(ie. Thermal sys		Amount (Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR		
TO BE ABATED		12470566	t/Custo			sulation, surfacin		SF or LF)	100	AR	APS	100		
in Facility (13)		Yes	aff (12 No		· °	or other miscellar	neous)		1			ÜR		
KITCHEN				Х	PIPE FITTI	NGS		15 LF	×		m	m		_
BACK HALL				Х	PIPE FITTI	NGS		35 LF	x					_
BACK HALL				Х	SPRAY ON	INSULATION		500 SF	х					
DISHWASHING AREA & ASSOCI	ATED								X					
HALL				Х	PIPE FITTI	NGS		85 LF	х					
RECEIVING AREA				Х	PIPE FITTI	NGS		15 LF	X					
RECEIVING AREA				Х	SPRAY ON	INSULATION		1,530 SF	X					
BOARD DINING				Х	PIPE FITTI	NGS		25 LF	X					
SEVERY BAY 1				Х	PIPE FITTI	NGS		15 LF	X					
SEVERY BAY 1				Х	SPRAY ON	INSULATION		760 SF	X					
HALLWAY BETWEEN SEVERY B	AYS	1		Х	PIPE FITTI	NGS	Marie Walverson Mi	15 LF	X					
SEVERY BAY 2				X	PIPE FITTI	NGS		15 LF	X					
KITCHEN		. 3		Х	FIRE WALL			40 SF	X					
1ST FLOOR RESTROOMS & GAS				Х	FIREPROO	FING		200 SF	x					
Name of Registered Waste Hauler NEWARK CARTING INC.	-	NJDEP Hauler I			Cubic Yards		Name of Registe							
369 RAYMON BLVD.		0.0023400010	913			250	GRAND CENTS	UL SANITAR	Y LAND	FILL				
City, State					Disposal Da		City, State				-	1		
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title	-			12/23-11/30		PLAINFIELD TO			-/	7/	/	1	
BENJAMIN SANCHEZ	DIRECTOR OF OPE	ERATION	NS		1	Signature	$^{\prime}$		ate <	/	51	//	1	

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Date of Notification (1)				Name	e of Buildir	ng Ov	wner/Operator	(2)		HIN	1 0	()(117
	08 /1	7		Ch	arles Ba	ttipe	ede		135	DIN	50	y 21)17
	Type Notification	n		Stree	t Address								
	☑ Initial								ASB		OS C ENS		
⊠ DOH [Amended Amendment	ш		City,	State, Zip	Code	9		200 - 120 S. C.	1	1111	DINC	1
	Emergency (-	Sa	n Jose, (CA 9	5123		75				
(NJAC 5:23-8)	justification)	moladin	9	Name	of Contac	ct			Telephone Numl	per			
	Cancellation			Ch	arles Ba	ttipe	de						
				FA	CILITY II	NFO	RMATION						
Name of Facility Where Ab	atement is Taki	ng Place	e (3)					Type of Facility	7111711				
Residence								School (K-12	2)				
Street Address								Other (i.e., p	8 (Other than K-12) rivate and commer	cial b	uilding	js,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	-
Ortley Beach								1300 sf	1		65	90	
County (6)				Cour	nty Code (7)(ST/	ATE USE ONLY)	Current Use (Pr	for if being demolis	-			
Ocean								Residence		,			
Name of Monitoring Firm Hi	red by Building	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
N/A								ntracting, Inc.					
Street Address							reet Address						-
						1	1889 Route 9	, Unit 61					
City, State, Zip Code							y, State, Zip Co	DATE OF THE PARTY					_
						1	Toms River,	New Jersey 08	755				
Project Manager for Monitor	ing Firm		Tel	ephone	No.	Tel	lephone No.		License No.				-
						7	732-349-9932		00624				
Start Date (10)			1.7	etion Da	(5)	Na	me of OSHA N	lonitor					\neg
				0_/	17	E	E.M.S.L. Ana	lytical					
Occupancy Status During A						Str	eet Address						-
☐ Facility Closed/Vacated I	During Entire Pe	eriod of	Abate	ement		1	056 Stelton						
Abatement Performed O Time of Abatement:	utside of Norma	al Facility	y Hou	ırs - Des	cribe	City	y, State, Zip Co	ode		77.			\neg
		TVI/	-PIV		AIVI	F	Piscataway, N	New Jersey 08	854				
Scope of Work (Check all th	at apply)						Π Γ Ο						
≥3 sf or ≥3 lf		Re	nova	tion			☐ Mini-Enc	ainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf		□ De	moliti	on			Glovebag	Procedure					
		I lo	Loca	dia.			⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	1			
Location of			Norma				Description o			Ab	atem	ent T	уре
Asbestos-Containing Ma		Use	d Sol	ely by	Asbe	stos	Containing Mar		Amount	Rer	Repair	Enc	Enc
TO BE ABATE IN Facility	<u>.D</u>	10 2000000		ance/ Staff?	(i.e		ermal systems i		(Specify	Remova	air	aps	Enclosure
(13)			(12))			surfacing, VAT, her miscellane		SF or LF)	<u>a</u>		Encapsulate	Jre
		Yes	No	N/A								Ф	
exterior					asbesto	os si	iding		1300 sf				
											П	П	П
Name of Registered Waste I	Hauler		135	NJDEP V		Cub	oic Yards of	Name of Regis	tered Landfill		_		=
Guardian Contracting	Inc.		F	1auler IE 20223		Was		T.R.R.F.					
City, State				20223		Disp	posal Date	City, State					
Toms River, New Jers	еу						/21/17	The state of the s	Pennsylvania				
Completed By (Print or Type) Titl	е					Signature	1	/ Dat	a /	1		
Nicholas Fernicola	ini	roject	Man	ager					1	1	1,-	B .	
SB-41								116	1 6	18	11 /		

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Date of Notification (1)	*			Mana	-fD illi	_				11,5		- 11	JUN	15	201	7
06/06/2017				Resid	of Building Ience	Owner	Operator	r (2)		Sel	Ande best		7,011	1 0	LUI	,
Agencies Notified	Type Notification			Street	Address						AS		STO			OL
EPA DEFA	× Initial			0:1 0:	-1- 7: 0			-91085		L		L	ICIO	ENSI	NG	1861 × 1861-577
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DCA	Cancellation			Gary	Latero					1 1	-					
Name of Equility Manage	Ab -4	DI /	٥,	FAC	ILITY INF	ORMAT	ION									
Name of Facility Where A Residence	Abatement is Takir	ng Place (3)						of Facility	30.50						
Street Address									School (K-1 Subchapter		ther th	an K-1	2)			
								×	Other (i.e. p					dings	, hom	es,
City (5)									etc.) ire Feet	#	of Floo	ors	E	Bldg. /	Age	
Teaneck		MANAGEMENT OF THE STATE OF THE						2,41	1	2				79		
County (6) Bergen					Code (7) USE ONLY	1		Curre	ent Use (Pri	or if b	eing d	emolis	hed)			
Name of Monitoring Firm	Liend by Duilding	Outpas (0		•		-										
A. Seine Lighthouse		Owner (8)	ASCI	M No.				tement Cor		or (9)					
Street Address							Street		/////// - 1558// GREET							
PO Box 354							1256	Libe	rty Avenu	ie.						
City, State, Zip Code	7070								ip Code							
South Orange, NJ 0 Project Manager for Mon				Talaaha	N-			100	J 07205							
Sarah Calandra	itoring Firm			Telepho 201-34	ne No. 49-2666		Teleph 844-4					ense N 316	10.			
Start Date (10)				mpletion	Date (11)				HA Monitor							_
06/20/2017		06/30/							ighthous	e So	lution	S				
Occupancy Status During			10000				PO B									
Facility Closed/Vaca Abatement Performe Other – Describe: _	ited During Entire I ed Outside of Norn	Period of a nal Facility	Abater / Hour:	nent s					ip Code							
Other – Describe: _		**************************************	· Letter-version						nge, NJ (0707	9					
Scope of Work (Check Al	I That Apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova	270,700			×	Ful	I Containme	ent wi	th Neg	ative f	ressu	re		
2100 St of 2250 If			Demoli	tion			×		ni-Enclosure vebag Prod		Э					
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	-	- 1	Locat												ement rpe	
Location Asbestos-Containing		Use	d Sole	ly by	Asbest		scription taining M		(ACM)		Amour	nt		ĺ		
TO BE ABA		18 LANGE 150	intena todial 3			thermal	systems	insula		30	(Specif	ý	Re	_Z	nca	Enc
(13)	.9		(12)				niscellan			3	SF or L	r)	Remova	Repair	Encapsulate	Enclosure
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Baseme	ent		X				Pipe			1	150 L	F	Х			
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Name of Registered Wast	e Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Regist	tered I	andfill				
Newark Carting				lauler ID 4509	No.	of Wa	ste		Waste N	200				H		
City, State				1000		Dispos	sal Date									
East Orange, NJ							Penn Argyle, PA									
Completed by		Title		r an National		S	ignature	3 11	ake	- 270		Da				
Alison Lamers	e Mar	nager			PM	N/N	ガラ			06	5/06/2	2017				

AV ITIE			NOTIFI	State of New J CATION OF ASBES	ersey		A. C.	D)_E	C	E	
Date of Novification (1)	1		(P	ursuant to NJAC 8:60	0 and 12:1	20)	Children agency (state		.111N	1 -	5 201
6/6/17					Maga		Aci	1			2 (0)
Agencies Notified / Type Notifica	tion		S	treet Address	1 Maga	<i>L</i>)		ASRI	-511	15.0	ONTE
EPA Initial Amende	v						17		LIC	ENS	SING
DOL Amendm	ent#			ity, State, Zip Code	:0.4	177 -:					
DOH Emergen	cy (inclu	ıding	NI.	Mcw town,	PA	1894					
DCA Gancellat	ion)		100	Mos Rose	. 71		Tele	ohone Num	her		
Name of Facility Where Abatement is Takir				FACILITY INFORM	ATION	3					
Former Temph Eneth Sh	g Place	(3) <i>i/</i> 2				Type of Fac	cility (4)			-	
Street Address			ulldh	4		☐ Schoo	l (K-12)				
8501 Vent	ner -	ı Ve				Subch	apter 8 (Other th	an K-12)			
City (5)		110				Square Feet	(i.e. private & co		ouildin	gs, hon	nes, etc.
County (6) Narapte City							# of F	loors 7	Bi	dg. Ag	
Atlanta		(1)	Cou	inty Code (7)		Current Use	Prior if being de	molished)	17	1- 5	
Name of Monitoring Firm Hired by Building	Oumer (91	-1			V	alen J	,			
Street Address / Street Address	1 T	- C	A	SCM No.	Name o	of Abatement (Contractor (9)	1	1	i	7.
			1	- 120	Street A	100	Therener	7/21	uz li	11271	10
619 Stokes Rd	74	17	4-	5/8		2 Bil	was.	A.			
City, State, Zip Code Melford NT 080	50					ate, Zip Code		LAIR	<u></u>		
Project Manager for Monitoring Firm	11		1		2/1.	1411/2		Este) (
Mark			Telep	hone No. 7 -7/5-22//	lelepho	ne No.	1 Lie	cense No.			
Start Date (10)	Sched	uled Co	mpletion	Date (11)		1-346-6		610	720		
6/13/17	-	7/5	30/	17		OSHA Monito			100	155.55	
Occupancy Status During Abatement (Check O		1	1	! - (Street Ad	dress 2	Environa	al tr	ıC,		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal I	iod of A	bateme	nt f		A 1	7 9to	Kus Rd				
Other – Describe:	acinty	Hours				e. Zip Code		_			
Scope of Work (Check All That Apply)					Med	ford 1	1) 0%	55			
☐ ≥3 sf or ≥3 lf		Renova	ation		_						
.□ ≥160 sf or ≥260 lf	1	Demol	ition	(4)		Full Containn Mini-Enclosu	nent with Negati	ve Pressure			
						Glovebag Pro	cedure				
		ls Locat	ion			Non-Exemple	d (*) and Non-F	riable Proce			
Lecation of Asbestos-Containing Material (ACM)	Us	Normal sed Sole		Desc	ription of			1		tement ype	
TO BE ABATED	N	faintena stodial S	nce/	Asbestos Contain (i.e. thermal system	ning Materi	al (ACM)	Amount			1_	
In Facility (13)	_ Cu	(12)	nan!	V.	AT, or		(Specify SF or LF)	Rem	Re	incal	Encl
	Yes	No	N/A	other mi	scellaneous)		Removal	Repair	Encapsulate	Enclosure
Floor tile 19+ Tlans	. 03	140	<u> </u>					-		te	G
[-100]			V	Floois			6000	V			
THE Z FLOOR				Floor	HIE		2000.	Tir			
Solite State			V	Ebos			70	1		1	
Name of Registered Waste Hauler			V	Eloos			100	IV		-	\dashv
/ waste Hauler		NJ	DEP Was	ste Cubic Yard	ds	Name of R	egistered Landfi				_
HIN WE UC			0847	of Waste		WM	1 1	ecut.			
City, State DC 1410CC 111	_		- 17	Disposal D		City, State,	<u>ot 14</u> 11 (,0			
Considered to	Title (2)	ľ	Signa		1 /01	LYTEW 1	Data			
- 11/1/ 1/1/3d.	Vik	itsid	Ent.		-	4		Date	~1.	7	

CHECK# 2309

Date of Notification (1) 6/6/2017	the state of the s			of Building	Owner/	Operato	r (2)							
	Notification		0.0000000000000000000000000000000000000	dential Address					Pentit) [5	C	E	П	W
X EPA X IX	iitial		Street	Address					111.	り上	<u> </u>	/ 15-	<u>l</u>	13/
∑ DEP ☐ A	mended mendment #			tate, Zip Co					The second second	- A	الال	N 1	5 '	2017
□ E	mergency (including	g		of Contact	7203				Telepho	i i		3 1	J	2011
	ancellation		1.00	Gail Cartis	sano				1 Telebrio	TIE TOTAL			77	JTRC
Name of Facility Where Abateme	nt is Taking Place	(3)	FAC	CILITY INFO	ORMAT	ION	Time e	6 F = -1114 . / 4	, je		L	CEN		
Residential	are to running r lace t	(0)						f Facility (4 chool (K-12	<i>r</i> :					
Street Address							St X O	ubchapter 8 ther (i.e. pr	:) 3 (Other tha ivate & con	n K-12) nmercia) I buil	ldings	, hom	ies,
City (5)	70	Me III					Square		# of Floo	rs	TE	3ldg.	Age	
Roselle							1,600		1			30	.50	
County (6) Union				Code (7) USE ONLY)			Current Resid	Use (Prior ential	if being de	molishe	ed)			
Name of Monitoring Firm Hired by TBD	/ Building Owner (8)	ASC	M No.				ment Control						
Street Address						100000000000000000000000000000000000000	Address	Road, S	uite K					
City, State, Zip Code						City, S	tate, Zip							
Project Manager for Monitoring Fi	rm		Telepho	one No.		Teleph	one No. 928-50			nse No.				
Start Date (10) 6/16/2017	Schedul 6/19/2		mpletion	Date (11)		Name	of OSHA			1 -				
Occupancy Status During Abatem	ent (Check Only O	ne)				-	Address	ung, LLC					Control	
Facility Closed/Vacated Durin Abatement Performed Outsid	ng Entire Period of a le of Normal Facility	Abater / Hour	ment s		-		Valley tate, Zip	Road, S	uite K					
Other – Describe:					-			v Jersey	07470					
Scope of Work (Check All That Ap					'									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- promone	Renova Demoli				×	Mini-E Glove	Enclosure bag Proced	t with Nega					
	Is	Locat	ion			- Land	NOTI-E	xempled (*) and Non-	Friable		Abate		
Location of	1	Norma d Sole	lly		Des	cription	of						ре	
Asbestos-Containing Material (TO BE ABATED In Facility (13)	Ma Cusi	intena todial ((12)	nce/ Staff?	(i.e. ti	hermal s surfaci	aining Massystems ing, VAT iscelland		CM) n,	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		Pipe I	Insulat	ion		92 LF		X		CD	
											-			
Name of Registered Waste Hauler			IDED		0.11.11									
Service Transport Group, Inc	D.	Н	JDEP W auler ID 0990	No.	Cubic Y of Wast 5	(100 m) (100 m)	(4.70)		gistered La Interprise					
City, State New Castle, Delaware		120			Disposa TBD	al Date	С	ity, State	urg, Ohio		70.57			
Completed by	Title				, ,	nature		vayneso	ury, Onio	Date				
Predrag Sarcev	Vice I	Presid	dent	,	1			>		6/6/2	201	7		

State of New Jersey

		1			N OF ASI					(CHE	ECK	-		13
Date of Notification (1) 6/2/2017				Name o	of Building ential	g Owner/	Operator	r (2)		District Co.	5000	E C	-		[\/]
Agencies Notified	Type Notification	1		Street A	Address							<u> </u>	/ (<u> </u>	141
EPA DEP DOL	Initial Amended Amendmen				ate, Zip C					Service of the servic		JUL	V 1	5	2017
X DOH	Emergency justification				of Contact					Teleph	one Nu	mber			
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Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4)			his 2	Ciarl.	V. 2115	9
Residential									School (K-12)						
Street Address								×	Subchapter 8 Other (i.e. privetc.)	(Other th	nan K-12 immerci	2) al build	dings,	hom	es,
City (5) Garfield									are Feet	# of Flo	ors	8 8	ldg. A	Age	
County (6) Bergen					Code (7) USE ONLY	n		Curre	ent Use (Prior nmercial	if being (demolish	ned)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASCN	И No.				atement Contra acting, LLC						
Street Address		E.					Street 1385		ss ey Road, Si	uite K					
City, State, Zip Code									ip Code ew Jersey	07470					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph (973)		o. -5040	1 3333	cense N 1874	0.			
Start Date (10) 6/12/2017		Schedule 6/15/20		mpletion	Date (11)		100000000000000000000000000000000000000		HA Monitor acting, LLC						
Occupancy Status During	Abatement (Che	ck Only On	e)				Street								
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire ed Outside of Norr	Period of A mal Facility	baten Hours	nent S			City, S	tate, Z	ey Road, Su ip Code						-
Scope of Work (Check Al	That Apply)						vvayı	ne, iv	ew Jersey	07470			= 704		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	11-77	-	enova emolit				×	Mir Glo	II Containment ni-Enclosure ovebag Proced n-Exempted (*	dure	5/)			۵	
	1	Is	Locati	on						,		_	Abate	ment	
Location Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM)	Used Mai Custo	ormal i Sole ntenar odial S (12)	iy by nce/ Staff?		tos Cont thermal surfa		faterial s insula T, or		Amou (Spec SF or I	ify	Removal	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A										Ф	
Baseme	ent		X			Pipe	Insula	tion		419 L	.F	X			
Name of Registered Wasi	e Hauler		N	JDEP W	aste //	Cubic	Yards		Name of Re	aistered	Landfill				
Service Transport Gr			Н	auler ID 0990		of Was			Minerva E	7		LC			
City, State New Castle, Delawar	e					Dispos TBD	al Date		City, State Waynesb	urg, Oh	iio				

Completed by

Predrag Sarcev

Title

Vice President

Date

6/2/2017

Signature

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110GL	01		NOTIFIC	State of New J CATION OF ASBES ursuant to NJAC 8:6	TOSARAT	ΓΕΜΈΝΤ 20)				= U	<u> </u>
Date of Norification (1)		1 12 12 2 2	N	ame of Building Own	er/Operator	-(2)		J	UN	15	201
Agencies Notified / Type Notific				Roherto	Margu						
	ation		St	reet Address	1 TIM GOL	v)		SBE		S CO NSIN	
DEP			Ci	ty, State, Zip Code							THE STATE OF THE S
□ Emerge	nent#_ ncy (incl	nding	1	Vew town.	PA	1894					
justifica	tion)	dung	Na	me of Contact			Talant	NF			
Cancella				Tray Rose	n) Wel	9					
Name of Facility Where Abatement is Tak	ng Place	: (3)		ACILIA Y INFORM	ATION	/					
10 mer lempte Emeth SI	rocks	B	uildin	,		Type of Fac					
State Addless)		School Subch	l (K-12) apter 8 (Other than	** ***			
City (5)	ther o	ave		*		D Other	i.e. private & com	K-12) mercial	buildin	es. hon	nes e
Maar 1 av						Square Feet	# of Floo				
County (6)	4.1						8 2	113	1 4	ldg. Ag	e -
Atlantic			(STA	nty Code (7) TE USE ONLY)		Current Use	Prior if being dem	olished)	1/		
Name of Monitoring Firm Hired by Building	Owner	(8)	1	SCM No.		V	ala J				
- Tiron Environment	1	Loc	1	JCM NO.	Name o	Abatement (Contractor (9)	1,	1	i	1
1			1:3	210	Street A	ddress	Therement	La	unli	11271	11
City, State, Zip Code	יל .	11	4-9	7/3		2 BUZ	INCORIN	A.	2		
	50				City, Sta	ite, Zip Code	· · · · · · · · · · · · · · · · · · ·	1/1/2			
Project Manager for Monitoring Firm	11			-	1.1/2	14186	· NIT	SHO	D) ((
Mark			Telepl	none No.	lelephon	ie No.	Licer	ise No.			
Start Date (10)	Scher	duled Co	moletion	-7/5-22// Date (11)	6.67	4346-6	1916 6	10	720		
6/13/17	1	7/7	Ba /	Date (11)		OSHA Monito					
Occupancy Status During Abatement (Check () /	1	/	Street Add	Lag &	Environmenta	1 4	nt,		
Facility Closed/Vacated During Entire Pe	riod of A	Abatemer	nt /		a de la	7 9to,					110000
Abatement Performed Outside of Normal Other – Describe:	Facility	Hours			City, State	z. Zip Code	10) 120				
Scope of Work (Check All That Apply)					Med	fert 1	17 0805	5			
□ ≥3 sf or ≥3 If							, , ,				
.□ ≥160 sf or ≥260 lf		- Renova Demoli	ation ition	*		Full Containm	nent with Negative	Pressure	:		
						Mini-Enclosus Glovebag Pros	cedure				
		In I asset		1		Non-Exempte	d (*) and Non-Fria	ble Proc	edure		
Lecation of		Is Locat Normal	lly				1			itement Type	1
ASUCSIOS-L Optaming A feet 1 (1 C)		sed Sole	lv by	Desc	ription of		1 .	-	T	1	T
Asbestos-Containing Material (ACM) TO BE ABATED	A	Maintena	nce/	Asbestos Contain	ning Materi	al (ACM)	Amount	1		<u></u>	田田
TO BE ABATED In Facility	A	Maintena Istodial S	nce/	Asbestos Contain (i.e. thermal system	ning Materia is insulation	al (ACM) i, surfacing	Amount (Specify	Re	≂	120	
TO BE ABATED	Cu	Maintena	nce/	(i.e. thermal system	ning Materi	, surfacing		Remov	Repai	neapsu	closi
TO BE ABATED In Facility (13)	A	Maintena Istodial S	nce/	(i.e. thermal system	ning Materia is insulation AT. or	, surfacing	(Specify	Removal	Repair	Encapsulate	Enclosure
In Facility	Yes	Maintena Istodial S (12)	nce/ Staff?	other mis	ning Materia is insulation AT, or scellaneous	, surfacing	(Specify SF or LF)	Removal	Repair	neapsulate	closure
TO BE ABATED In Facility (13) Floor the 15th Floor Floor the 7th Ol	Yes	Maintena Istodial S (12)	nce/ Staff? N/A	other mis	ning Materials insulation AT, or scellaneous	, surfacing	(Specify SF or LF)	V	Repair	neapsulate	closure
Floor HE ZM Floor	Yes	Maintena Istodial S (12)	N/A	ethermal system Viother mis	ning Materials insulation AT, or scellaneous	, surfacing	(Specify SF or LF)	Removal	Repair	neapsulate	closure
Floor HE 1st Floor Floor HE ZACI Floor Floor HE ZACI Floor	Yes	Maintena Istodial S (12)	N/A N/A	Floor	ning Materials insulation AT, or scellaneous	, surfacing	(Specify SF or LF)	V	Repair	ncapsulate	closure
Floor HIE 19+ Floor Floor HIE ZNO Floor Floor HIE ZNO Floor Floor Floor Floor Floor Floor Floor Floor Floor	Yes	Maintena.ustodial S (12)	N/A V	Floor Ebos	ning Materics insulation AT, or scellaneous	ı, surfacing	(Specify SF or LF) 6 000 2 000 70	V	Repair	neapsulate	closure
Floor HIE 19+ Floor Floor HIE ZNO Floor Floor HIE ZNO Floor Floor Floor Floor Floor Floor Floor Floor Floor	Yes	Maintenaustodial S (12) No No NJ Hai	N/A N/A DEP Was	Floor Floor Ebos Eloos te Cubic Yarr	ning Materics insulation AT, or scellaneous	ı, surfacing	(Specify SF or LF)	V	Repair	neapsulate	closure
Floor	Yes	Maintenaustodial S (12) No No NJ Hai	N/A N/A V DEP Was	The thermal system Viother mis Flook Flook Ebes Eloss te Cubic Yard of Waste	ning Materia is insulation AT, or scellaneous	ı, surfacing	(Specify SF or LF)	V	Repair	neapsulate	closure
TO BE ABATED In Facility (13) Floor	Yes	Maintenaustodial S (12) No No NJ Hai	N/A N/A DEP Was	other mis Flook Flook Elocs Cubic Yard of Waste Disposal D	ning Materia is insulation AT, or scellaneous	Name of Re	(Specify SF or LF) 6 000 2 000 70	V	Repair	neapsulate	closure
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0110031		(r	ursuam	1 10 NJAC 8.80	anu 12.12	U)		1						
Date of Notification (1) 6/8/2017 Check# 30	021			of Building Own Francis Xav						J	JN	15	20	17
Agencies Notified Type Notificat EPA Initial	ion		594 N	Address I 7th Street				1	AS	BES	STO LIC	S C ENS	ONT	ROL
DEP Amender Amendm Emergen		_	Newa	ate, Zip Code ark, NJ 0710	7			-			9			
DOH justificati	on)		Ariel `					Tele	ephone	Numb	er			
Name of Facility Where Abatement is Ta	king Dlage /2		FAC	ILITY INFORM	ATION	-	· · · · · · · · ·	0						
St Francis Xavier School-Boiler Street Address						I ype	of Facility (School (K-1 Subchapter	12)	er than k	(-12)				
594 N 7th Street							Other (i.e. petc.)	orivate 8	k comme	ercial	build	dings,	home	es,
City (5) Newark						20,0	are Feet 000	# of	Floors		1000	ldg. <i>A</i> 0+	\ge	
County (6) ESSEX				Code (7) USE ONLY)			ent Use (Pri	or if beir	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)		ASC	M No.			atement Cor ces Corpo		(9)					
Street Address	***************************************				Street 4265		ess n Street							
City, State, Zip Code							Zip Code rg, NJ 070	าดร						
Project Manager for Monitoring Firm		T	Telepho	ne No.	Teleph			195	License	e No.				
0						295-	F0500F0.F0.0		01074	1				
Start Date (10) 6/19/17	Schedule 6/21/20		npletion	Date (11)			HA Monitor above							
Occupancy Status During Abatement (Cl	neck Only One	e)			Street	Addre	ss							72.748
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: Starting at 3 PM	re Period of A ormal Facility	batem Hours	nent		City, S	tate, Z	Zip Code							
Scope of Work (Check All That Apply)						1000								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	And and a second	enova emolit			×	Mi Gle	II Containme ni-Enclosure ovebag Prod on-Exempted	e cedure) -					
	ls l	ocati	on		-	a 140	ni-Exemple	a () and	I IVOII-I I	lable		Abate	ement	
Location of	Lland	ormal Sole			Description					-		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		itenar	nce/	su	ontaining M nal systems rfacing, VA er miscellan	s insula T, or	ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Boiler Room	X	140	INA	Во	iler Exha	aust		5	SF		2			
									· ·					
Name of Registered Waste Hauler		1 2	JDEP Wauler ID		oic Yards Vaste		Name of I							
Freehold Carting		10000	5939	tbo	1 TOP 1 COLD 2000		Cumbe		_andfill	l				
City, State Freehold, NJ				Dis tbc	posal Date		City, State Newbur		S					5
Completed by Gina Betances	Title Office	Mar	nager		Signature	£	Dua	8		Date 6/8/		7		

NOTIFICATION OF ASBESTOS ABATEMENT Initial Non-Friable

(Pursuant to NJAC 8:60-7 and 12:120-7)

Notification Check #: 6934

Initial Non-Friable

G4667

									MOUIII	cation on	eck	#: 0	334	
Date of Notification	on (1)		Na	me of B	uildi	ng Owne	r/Operat	tor	r (2)	Industry I				
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						INFORMA							-	
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Jaime Delgado		Proj.	Mana	ager.			.g	/	tal			1000000	6-07-	17		1

Print Form

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Street Address						1 5000	et Ado							
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Project Manager for Monitoring Firm			Telepho	ne No.		Tele	phone		J1	License 01206	No.			
Start Date (10) 06-16-17	Schedule 06-17-		mpletion	Date (11))	Nam	e of C	OSHA Monitor ontracting L		01200				
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: 7:00AM- 5:00PM	e Period of	Abaten	nent s			Stree 522 City,	et Add 7th State	fress						
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Completed by Jaime Delgado

Title

Proj. Manager.

Date

06-06-17

Signature

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Date of Notification (1)		Nam	ne of Build	ding Owner/Operator (2)				1011				77782
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 6/7/17 Butler Board of Education Agencies Notified Type Notification Street Address X **EPA** X Initial 38 Bartholdi Ave. DFP Amended City, State, Zip Code X DOL Amendment # Butler, NJ 07405 JUN 15 2017 Emergency (including Name of Contact Telephone Number X DOH justification) Barbara Murphy X DCA Cancelation US CONTROL & **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Butler High School School (K-12) Street Address X Subchapter 8 (Other than K-12) 38 Bartholdi Avenue Other (i.e. private & Commercial buildings, homes, etc.) City (5) Square Feet # of Floors Butler Bldg. Age 30,000+ 50+ yrs County (6) County Code (7) Current Use (Prior if being demolished) Morris (STATE USE ONLY) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) Envirovision Consultants, LLC 00079 Unicorn Contracting Corp. Street Address Street Address 20-21 Wagaraw Rd., Bldg. 35-E 32 Willow Way City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Woodland Park, NJ 07424 Project Manager fo Monitoring Firm Telephone No. Telephone No. License No. Guillermo M. Morales 973-636-9145 973-333-9176 01331 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/22/17 7/11/17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Rd., Bldg. 35-E Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If X Renovation Full Containment with Negative Pressure X ≥160 sf or ≥260 lf П Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e. thermal systems insulation, (Specity Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12) (13)other miscellaneous) Yes No N/A BOILER ROOM XXX Pipe Insulation, fittings, elbows, joints, valves, etc. 830 LF XX BOILER ROOM XXX Breeching/Duct Insulation 460 SF XX Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Regustered Landfill Unicorn Contracting Corp. 0035844 20+ Fairless Hills Landfill City, State Disposal Date City, State Woodland Park, New Jersey TBD Morrisville, PA Completed by Signature Date Dimo Golcev General Manager 6/7/17

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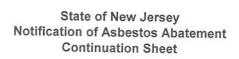
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City (5) NUTLEY				X2.00				Square		# 0	f Floors		В	ldg. A	ge	
County (6) ESSEX	1900-00 (d)				Code (7) USE ONLY			Currer	nt Use (Pri	or if bei	ng demo	olished	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	/ No.		A-110 SEC. 100 SEC. 0		ement Cor PROFE							
Street Address								Addres:	SOVE CO	OURT						
City, State, Zip Code					X = X = X = X = X = X = X			state, Zip EWOC	Code D, NJ 0	8701						
Project Manager for Mor	nitoring Firm)		Telepho	ne No.			none No 668-90			Licens	e No.				
Start Date (10) 6/12/17		Schedule 6/12/17	Con	npletion	Date (11)		1		A Monitor PROFE	SSIO	NALS					
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City, State NEWARK, NJ			W			Dispos 6/12/	sal Date 17		City, Stat BETHL		1 PA					
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Street Address									☐ Subchapter ☐ Other (i.e., p				ildina	10	
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City (5)									Square Feet	#	of Floors	BI	dg. A	ge	
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Name of Monitoring Firm Hired by	/ Buildi	ing Ov	vner (8)	ASCM	No.			ent Contractor (9						
Health & Safety Services									mental Manag	jeme	nt, Inc.				
Street Address P.O. Box 365							Street Address								
			-0.00				8436 Enter	_							
City, State, Zip Code Berlin NJ. 08009							City, State, Zip								
Project Manager for Monitoring Fi				Tale		NI-	Philadelphi	ıa,	PA 19153		.,				
James Proctor	rm				phone 56-452		Telephone No. 215-365-58	40		L	cense No.				
Start Date (10)	Sc	chedul	ed C			ite (11)	Name of OSHA		onitor		1156				
6 / 26 / 17	5	7	_ /	_ 2	7_ /				mental Manag	eme	nt, Inc				
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 ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside 						cribe	8436 Enterp								
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New Castle De.							7/27/17		Waynesbu	rg P	a.				
Completed By (Print or Type)		Title					Signaturé		1 2		Dat	e			
Kevin Meldrum		Pro	ject	Man	ager		Le	-/	hulk	-	6	-9	3-/	7	

State of New Jersey

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_	2017	Tuna N	otification			o, Inc.				i	LIVEIN	21146	<u> </u>	1 mayres	-
						Address	-i C. it - 2024								(42)
	EPA	X	Initial				rive, Suite 202A								
	DEP		Amended		1907	ate, Zip C									
X	DOL		Amendment #				07470								
_			Emergency (including		100000000000000000000000000000000000000	of Contact				Tolont					
\boxtimes	DOH	_	justification)		Mon	ica Sga	ırdelis								
	DCA		Cancelation												
Nome	- f F 1114 - 14/L	Al1	11 T.11 Pt (2)			F/	ACILITY INFORMAT								
			ement is Taking Place (3) ersity - Science Bldg.					Туре	of Facility (4)						
		y Offiv	ersity - Science Blug.						School (K-1	2)					
	Address								Subchapter	8 (Other than K	-12)				
203	9 John F. I	Kenne	edy Blvd.					X	Other (i.e. p	orivate & Comme	ercial buildings, ho	mes,	etc.)		
City (5	5)							2		1					
2000	ey City								e Feet	# of Floors	Bldg. Age				
						Ic .	6 1 (7)	1,90		j1	50+ yrs				-
Count						100	Code (7) USE ONLY)	Currer	nt Use (Prior if be	eing demolished)					
Hud						SIMIL	032 014217			1747					
			ed by Building Owner (8)				ASCM No.	Name	of Abatement Co	ontractor (9)					
Brini	kerhoff Env	/ironm	nental Services, Inc.				00100	Unic	orn Contrac	ting Corp.					
Street	Address								Address						
1805	Atlantic A	venue	1					32 W	/illow Way						
City. S	tate, Zip Code								tate, Zip Code						
Manasquan, NJ 08736								3. X7930	dland Park,	NI 07424					
	t Manager fo N					Talanta				143 07424	T				
		nonitorii	ng rirm			Telepho			none No.		License No.				
	n Hooper				1	_	23-2225	_	333-9176		01331				-
	Date (10)						etion Date (11)		of OSHA Monito						
	/2017				12/19	/2017		Envir	ovision Con	sultants, Inc.					
	ancy Status Du	ring Ab	atement (Check Only One)					Street	Address						
			acated During Entire Peri			nt		20-2	1 Wagaraw I	Rd., Bldg. 35-E					
X	Abatemer	nt Perfo	ormed Outside of Normal	Facility	Hours			City, St	tate, Zip Code						
X	Other - De	escribe	: 10:30pm - 7:00am					Fair l	awn, NJ 07	410					
Scope	of Work (Chec	k All Tha	t Apply)												
	≥3 sf or ≥3	3 If			X	Renov	ation	X	Full Contain	ment with Nega	tive Pressure				
X	≥160 sf or		f			Demol		×	Mini-Enclose		tive i ressure				
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_		_		T	la l'assatta		1	X	Non-Exempt	ted (*) and Non-	Friable Procedure		Abat	emen	+
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		(13)		(12)			other mi	iscellaneous)			Remova	Repair	Encapsulate	Enclosure
SEE CONTINUATION SHEET					N/A						val	Dair	ate	ure	
5	EE CONTIN	UATIO	ON SHEET				***SEE C	ONTIN	IUATION SH	EET***					
Name	of Registered V	Vaste Ha	uler		NJDEP V	Vaste Hau	ler ID No.	Cubic Y	ards of Waste		Name of Regustered	dlandf	d)	_	_
Unico	orn Contra	cting (Corp.		00358			30+			Fairless Hills La				
City, St		- 0	searce # 60 s.		1-3330				al Date		1	arrul III			-
	ate dland Park	Now	lorsov					Disposa	ar Date		City, State				
		, New	JEIDEA	1200				TBD	Simbolis	1/	Morrisville, PA				
	ompleted by Title								Signature	11/ () 1	M	Dat			
סוווט	Golcev		A CONTRACTOR OF THE CONTRACTOR	al Man	ager			MAN	4	/	6/	7/20	17	/	





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Loopties of	iviaintenance/					ement ype			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena	ely by ance/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Throughout Project Area			Х	Black Vinyl Floor Mastic	25,140 SF	X			
Throughout Project Area			Х	Black Composite Lab Top & Pegboard Mastic	2,500 SF	Х			
Throughout Project Area			х	Black Window Glazing	350 SF	Х			
Throughout Project Area			Х	Gray Transite/Composite Fume Hoods	100 SF	Х			
Throughout Project Area			x	Black Transite/Composite Fume Hoods	60 SF	X			
Throughout Project Area			x	Fire Rated Doors (Assumed)	9 Doors	х			
Throughout Project Area			Х	Electric Panel Components (Assumed)	TBD	Х			
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	+	+	-			-	1		-
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Report of North College Initial	Date of Notification (1)	representation rated personal rest	Name	e of Bul'ding Owner	Operate:	(2)]
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BOX positivation Name of Focity Where Abstracted is 7 failing Place (3) PACHITY INFORMATION Type of Facility (4)	F DOL Amendment		- 1 Par	nte Vertra	mec	th Fl.	32082	L.13	1111	HING	
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Bree McGuire Georgiany Treasurer		1 77.11		<u>-</u>				10.	MI		
	1] TO ONE OF THE SECOND STORES		ary Trea		signature -	2 / V	[Da	ite /	1	7	
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	ASB-41 (R-06-00)				" Do no	t use this form for	asbestos licansure	e exem	ptad c	ict-vit	Sa

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State of New Jersey

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Date of Notification (1) 6/8/2017		,				Operator (²⁾ D OF EDU	CATION		JUN	-1	5 2	017
Agencies Notified T	ype Notification		Street	Address			0, 200	Ortifold	ASB	EST	0S (CON	TRO
EPA DEP				GOUL		NUE				LI	CEN	SIM	3
▼ DOL	Amended Amendment #			tate, Zip (TH CAL		L, NJ 07	006						
ĭ DOH	Emergency (includir justification)	ng		of Contac				Telent	nna Niii	mher			
DCA	Cancellation			FALCO									
Name of Facility Where Aba	atement is Taking Place	(3)	FAC	ILITY INI	FORMAT	NAME OF TAXABLE PARTY.	Type of Facili	ty (4)					
GOULD SCHOOL							X School (
Street Address 132 GOULD AVENUE								oter 8 (Other to e. private & co			ldings	, hom	ies,
City (5) NORTH CALDWELL							Square Feet	# of Fl	oors	E	Bldg.	Age	
County (6) ESSEX				Code (7) USE ONL			Current Use (Prior if being	demolish	ned)			
Name of Monitoring Firm Hi ENVIRONMENTAL C	red by Building Owner (8 ONNECTION, INC.	3)	ASCI	M No.			Abatement (BROTHER			G. IN	IC.		
Street Address						Street A	ddress			o,			
120 NORTH WARREN	N STREET					- 200	EELAND A	VENUE					
TRENTON, NJ 08608						100000000000000000000000000000000000000	te, Zip Code WA, NJ 07	512					
Project Manager for Monitor ROLLIE JONES	ing Firm		Telepho	ne No. 92-4200)	Telephoi 973-9	ne No. 56-8700		cense No	0.			
Start Date (10)	Schedu	led Cor	mpletion	Date (11))	0.000	OSHA Monit			11			
6/19/2017 Occupancy Status During Al	6/29/2						AS (9) AE	BOVE					
	During Entire Period of		nent			Street Ad	dress						
	Outside of Normal Facili	ty Hours	5			City, Sta	te, Zip Code						
Scope of Work (Check All Th	nat Apply)									- W.			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mini-Enclose Glovebag P		<i>5</i> 3			e	
		s Locati										emen	t
Location of Asbestos-Containing Mar	terial (ACM) Us	Normal ed Sole	ly by	Ashes		scription of	erial (ACM)	A			1 1	pe	
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(13)		(12)				cing, VAT, niscellaned		SF or	LF)	Remova	Repair	psul	Enclosure
	Yes	No	N/A							_		ate	e)
MUSIC ROO	М	X		CE	EILING	TILE MA	ASTIC	1,600	SF	Х			
MUSIC ROO	М	X			CEIL	ING TIL	E	5 SI	=	Х			
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MUSIC ROO	3.37	X			TILE	& MAST	IC	1,600	SF	Х			
Name of Registered Waste H TWO BROTHERS CON		H	JDEP Wauler ID 8743		Cubic of Was			of Registered TE MANA(IT G	.R.C	.W.S	S.
City, State TOTOWA, NJ		10	01-10			al Date	City, Sta						50.70
Completed by VIVECA RAMOS	Title	JECT	COOP	RDINAT	Si	gnature	INOK)	Date	e /201	7		

6/8/2017

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 06/07/2017 Fairleigh Dickinson University Agencies Notified Notification Type Street Address 285 Madison Ave (X) EPA (X) Initial Notification City, State, Zip Code () DEP () Amended ASBESTOS CONTROL & Madison, NJ 07940 (X) DOL Amendment # LICENSING () Emergency (including (X) DOH Name of Contact Tel Number () DCA iustification) Craig Gorczyca) Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Barn () School (K-12) (X) Subchapter 8 (other than K-12) Street Address () Other (i.e. private & commercial buildings, 285 Madison Ave homes, etc. City (5) Square Feet # of Floors Bldg. Age Madison County (6) County Code (7) (STATE Current Use (Prior if being demolished) Morris County USE ONLY) Name of Monitoring Firm Hired by Bldg. Owner ASCM No. Name of Contractor (9) (8) EMWA CID CONSTRUCTION SERVICES, LLC Street Address Street Address 100 Misty Lane 365 River Drive City, State, Zip Code City State, Zip Code Parsippany NJ 07054 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Craig Gorczyca (973)703-6649 (973)685-9791 01191 "A" Scheduled Start Date (10) Scheduled Completion Date Name of OSHA Monitor Testor Tech 06/21/17 06/30/17 Occupancy Status During Abatement (Check only one) Street Address 10-59 Jackson Avenue (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours City, State, Zip Code () Other - Describe: Long Island City, NY 11101 Source of Work (Check all that apply) () Full Containment with Negative Pressure $(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ (X) Renovation () Mini-Enclosure (X) ≥ 160 sf or ≥ 260 lf () Demolition () Glove bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Is Location Normally Asbestos-Containing Material Used Solely by Description of Asbestos Encapsulate Amount (ACM) Maintenance/ Containing Material (ACM) (i.e. Enclosure Remova Repair (Specify TO BE ABATED Custodial Staff? (12) thermal systems insulation, SF or LF) in Facility surfacing, VAT, or other (13)miscellaneous) Yes No N/A Public Safety Room - Office X VAT 400 SF X Public Safety Room - Closet X VAT X 25 SF Public Safety Room - Hallway X VAT 55 SF X Name of Reg. Waste Hauler Name of Reg. Landfill NJDEP Waste Hauler ID Cubic Yards of Waste Cid Construction Services, LLC # 32905 TBD 110 Sand City, State Disposal Date City, State Garfield, NJ TBD Melville, NY Completed by Title Date Signature Roque G Schipilliti Project Manager 06/07/17

State of New Jersey

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Date of Notification (1)					Name	of Building	g Owner/Operator (2)					
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Agencies Notified	Tuna Natificat	tion			Ctroot	Address							
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☐ DCA	☐ Emergenc		ding			of Contac	I, NJ 08033		Talaaha'aa Nuush				
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City (5)								Square Feet	# of Floors	1 3	dg. A	ge	
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County (6)					Coun	ty Code (7)(STATE USE ONLY)	1870	rior if being demolish	ed)			
Camden								School					
Name of Monitoring Firm	Hired by Buildi	ing Own	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9))				
Epic Environmenta	l Services, L	LC					Shade Enviro	onmental, LLC					
Street Address							Street Address						
1930 Brown Road							623 Cutler Av	/enue					
City, State, Zip Code							City, State, Zip Co	ode					
Newfield, NJ 08344							Maple Shade	, NJ 08052					
Project Manager for Moni	toring Firm			Tele	phone I	No.	Telephone No.		License No.				
Jim Eberts				85	6-205	-1077	856-755-0099		00842				
Start Date (10)	Sc	chedule	d Co	mplet	ion Dat	te (11)	Name of OSHA M	lonitor					
06/19/	17	06	_ /	23	_ / _	17	EMSL Analyti	ical, Inc.					
Occupancy Status During	Abatement (C	heck on	nly or	ne)			Street Address						
□ Facility Closed/Vacate					nent		200 Route 13	0 North					
☐ Abatement Performed	Outside of Nor	rmal Fac	cility	Hours	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: _	AM	PM/		_PM-	/	ΔM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)							<u> </u>				- 11	
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ASB-41

Cubic Yards of

Disposal Date

06/23/2017

Signature

Waste

2

Date

Ce/8/17

Name of Registered Landfill

Morrisville, PA

City, State

GROWS North Landfill

Title

NJDEP Waste

Hauler ID No.

15939

Vice President of Operations

City, State

Name of Registered Waste Hauler

Freehold Cartage

Completed By (Print or Type)

Freehold, NJ

Christina Lynch

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Date of Notification (1)			Name o	of Building	Owner/0	Operator	(2)		La	TORS.				
6/12/17				o - Air T	echnol	ogies l	nc.			n) E	C 1	E	W	F
Agencies Notified Type Notification				Address									-	
		L		ox 172										
DEP Amended Amendment:	£			ate, Zip C erburg I		26			1		UN	15	201	7
Emergency (of Contact		30			1					
DOH justification) DCA Cancellation			Joe	c					Te	lephone Nu	m-	~~	TE	101
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Name of Facility Where Abatement is Taking	Place ((3)					Туре	of Facility (4)					dise cappy
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Street Address										er than K-1				
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Atlantic				Code (7) USE ONLY)			nt Use (Pri e buildin		ing demolisi	red)			
Name of Monitoring Firm Hired by Building C	wner (8)	ASC	M No.		Name	of Aba	tement Cor	tractor	(9)				
N/A						Pern	aco I	nc.						
Street Address						Street		1200						
City Chata Zin Oada							30x 3							
City, State, Zip Code						5332		p Code	04					
Project Manager for Monitoring Firm			Telepho	no No				in NJ 080	191	T 1				
1. Toject Manager for Monitoring Film			relepito	nie No.		Teleph 856-	753-9			License N 00727	0.			
Start Date (10)	Schedu	led Con	pletion	Date (11)				A Monitor		00121	-			
6/26/17	7/7/17					Sam	е							
Occupancy Status During Abatement (Check	Only O	ne)		40		Street /	Addres	S						
Facility Closed/Vacated During Entire Package Abatement Performed Outside of Normal Other – Describe:	eriod of al Facilit	Abatem y Hours	ent			City, St	tate, Zi	p Code						
Scope of Work (Check All That Apply)	_					_	,			9				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				X		Containme		Negative F	ressu	re		
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Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yarde		Name of E	Regieto	ered Landfill				
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City, State			. , 01			al Date		City, State						
West Berlin NJ					7/7/1					Twp NJ 0	3234			

Completed by

Anthony T Perna

Title

President

Date

6/12/17

Signature 7

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₩ DOH	Emergency justification)		H	Name o	f Contact				7-1	Innhana Mi	ımher			
DCA	Cancellation			Judith	Spreen	1			E					
				FACI	LITY INF	ORMATI	ON					800		*************
Name of Facility Where	Abatement is Takir	g Place (3)						Type of Facility	(4)					
Private Dwelling		~						School (K	-12)					
Street Address								Other (i.e		er than K- & commen		ldings	, hom	es,
City (5)								etc.) Square Feet	# o	f Floors		Bldg. /	Age	
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County (6)					Code (7)			Current Use (F	rior if bei	ing demolis	shed)			
Passaic			- 1		USE ONLY)		Private Dwe	elling					
Name of Monitoring Firm		Owner (8)		ASCI	/ No.			of Abatement C		(9)			HOW SALES	
Standard Envirome	ental							x Contracting	LLC					
Street Address 2108 Fulton Street,	Cuito 2A							Address						
City, State, Zip Code	Suite ZA							3OX 734						
Brooklyn NY 11233	}						2000	tate, Zip Code dland Park N	J 0742	4				
Project Manager for Mon	itoring Firm		11	elepho	ne No.			one No.		License	Vo.			-
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Start Date (10)		Scheduled		pletion I	Date (11)			of OSHA Monito		L			100010-00	
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Date of Notification (1) 6/12/17				of Building C			(2)	Car				(0	<u>ر</u> ۵	r	U 17/4
Agencies Notified Type Notification			Street A		CI DIY					1000		(0	<u> </u>	<u> </u>	<u> </u>
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□ Emergency justification) □ DCA □ Cancellation				f Contact Filipiak					Tele	phone	Numbe		0		DNTA
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INFO	RMATI	ON	Туре	of Facility (4)		* ***	<u></u>	ICE	ENS	MG
home Street Address					- 0.		×	School (K-12 Subchapter Other (i.e. pretc.)	B (Othe	er than comm	K-12) ercial b	uildin	ngs,	home	os,
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County (6) Somerset				Code (7) USE ONLY)				nt Use (Prio ant single							
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	ЛNo.			of Aba	tement Cont	ractor ((9)					
Street Address			<u> </u>			Street	Addres				LLC				
City, State, Zip Code						City, St	tate, Zi	33, 4 E Ga p Code , NJ 0741		ive			.) 		
Project Manager for Monitoring Firm			Telepho	ne No.		Telephi 973-7	one No).		Licens	e No.		*****		
Start Date (10) 5/26/17	Schedule 6/30/1		npletion	Date (11)		Name o	of OSH	IA Monitor				-tir tiri-			
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street /	Addres	S					******		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A lal Facility	Abaten Hours	nent		_	City, St	ate, Zi	p Code	*****						
Scope of Work (Check All That Apply)											- 0750				
≥3 sf or ≥3 If ≥ 160 sf or ≥260 If	-	lenova emolit				×	Min Glo	Containmer i-Enclosure vebag Proce i-Exempted	dure				dure		
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena odial S (12)	ly by nce/		s Conta nermal s surfaci	cription of sining Ma systems ing, VAT iscelland	aterial insula , or		(Sp	nount pecify or LF)	Kemova		T	Encapsulate	Enclosure
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basement			X		sheetro	ock ce	iling		556	6 SF	×				
basement			Х		V	valls			100	0 SF	X				
first floor			X			valls				SF	×				
Name of Registered Waste Hauler Freehold Cartage		H	JDEP W auler ID 5939	No.	Cubic Y of Wast TBD			Name of R Western				igit.			
City, State Freehold, NJ					Disposa TBD	al Date		City, State Birdsbor	o. PA				2 - 1 V		
Completed by A. Scott Higgins	Title Presi	dent				gnature	A		-1		Date 6/12/	17			

CK 4128

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

Date of Notification (1)			Name o	f Building Owner/O	perator (2)					
6/12/17	(a)		H	oly Tri	MITIG	WTHE	MANTICH	R	H		l e
Agencies Notified Type Notification			Street A	uddress							
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DEP Amended Amendment	#	1	City, St	ate, Zip Code	2.0 1	10- =	NJ. 07	87-	,15	50.	1
☐ Emergency (including	-	Mama	f Contact		066 . 1	Telephone Num	her			
DOH justification)		1	Name 0	HO A.R	+HUV	C GRIFFE	4	Juli .		-,	OL
2 Des Caroconaria		1	FAC	LITY INFORMAT			<u> </u>			G	
Name of Facility Where Abatement is Taking P					1	Type of Facility (4)				
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Street Address				N.,		Subchapter Other (i.e. p	8 (Other than K-12) rivate & commercial	buildi	igs, ho	mes,	atc.)
153 GUENWOO	17 An	74				Square Feet			Bldg. A		
City (5) EAST ORANGE	3					11 800	2				
County (6)		Т	County	Code (7)			r if being demolished			22	
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Name of Monitoring Firm Hired by Building O			ASCI	M No.		of Abatement Contr					
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Street Address				+	Street A	Address					
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City, State, Zip Code						ate, Zip Code					
ENGLEMOOD	Lu,	. 6	076	31		kensack, NJ					
Project Manager for Monitoring Firm			Telephor		Telepho	ne No. 201-329-744	License No	388			1
ANTHONY VALENTINE Start Date (10)	Schedule	d Comm	201- S	69-6708		OSHA Monitor	. 00.	200			-
6/26/17	Sonoune	7/0		ate (11)		ega Environ	mental		175		1
Occupancy Status During Abatement (Check Or	ily One)	-/_/			Street A	AND DESCRIPTION OF THE PERSON NAMED IN					
Facility Closed/Vacated During Entire Per	iod of Aba	tement			28	0 Huyler Str	eet			- ~	
☐ Abatement Performed Outside of Normal I ☐ Other - Describe:				7	City, Sta	ate, Zip Code	1 311 00/0/				
					So	uth Hackens	ack, NJ 07606				
Scope of Work (Check All That Apply)						,	•	•			1
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if	20072	Renovati Demoliti	-	¥		Full Containme Mini-Enclosure	nt with Negative Pres	sure			-
		70				Glovebag Proce	dure				1
	_					Non-Exempted	(*) and Non-Friable I	roced		ment	-
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Location of Asbestos-Containing Material (ACM)		Normally ed Solely		Des Asbestos Contr	scription o		Amount				
TO BE ABATED		aintenan todial S	7.77	(i.e. thermal syste	ms insula		. (Specify	Re	æ	Ence	Enc
In Facility (13)	Cas	(12)	e211:		VAT, or niscellane	nus)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler	لــــــــــــــــــــــــــــــــــــــ	N	DEP W	aste Cubic Y	ards	Name of R	registered Landfill				\dashv
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City, State			1710	J9 Disposa	al Date	City, State)I 10C	سد وت		\dashv
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Completed by	Title				gnature/		Date	В.			
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	Date of Notification (1) 2 13			1 C	e of Building Owner COHHI	Operator	(2) ES AT (SLEEPY	Hollo	w 9NX
	Agencies Notified Type Notification SB 20 Open ONTROL & Amended	Ð		138	Address 26 ROUT	221	DEST 5	SUITE	16-13	1
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	CHARREN N	. Ci	O7	059	Ī cras	in adjuste	Square Feet		١	Bldg. Ag
	County (6)			Count	y Codo (7) FUSE-ONLY)		Current Use (Prior if being of		1)
	Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	1	Abatement C	Centractor (9)	·	
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	City, State, Zip Code					City, Sta	te, Zip Code			S7 ·
	Project Manager for Monitoring Firm		and the second	Teleph	one No.	Telepho 732	239x7	500 00	ense No. 380(,
	Start Date (10) 21 17			notetion O/ 1-	Date (11)		OSHA Monik	1100	Hugh ding gets Canada del Vision menuncia	
	Occupency Status During Abatament (Chec			nent		Street Ac	130x 81	4		
	Abetsment Performed Outside of Norm Cl Other - Describe:	al Facili	y Hours	· · · · · · · · · · · · · · · · · · ·		City, Stat	e. Zio Code	N.O. 0	885	}
	Scope of Work (Check All That Apply)	***************************************	dieserieseren	enantal-manyantitation	e at reconstruence de manuer commente mentrative protection de la		0			
	☐ 23 sf or 2260 ff ≥160 sf or 2260 ff		Renova Demoliti			2	Full Contains Mini-Enclosu Glovebag Pro- Non-Exempts	nonelismo.		
	Location of Asbestos-Containing Material (ACM) TO BE ABARED In Facility (13)	Use Mis	Location Normality of Solet Interior fodial S (12)	y y by ioe/	Asbestos Contai (i.e. thennal s surfacil	hipilon of Ining Mate yelems in ng, VAT, o soslando	risi (ACM) suistion, or	Amoun (Specifi SF or Li	t R	Abatem Type
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economic de la constitución de l	Name of Registered Waste Hauter NGVATECH INC		(MUI Har	DEP VIII VII OT I DI II	io. of Waste	0	GRI	Registered La	ndfill	
- Andrews	City, State Bridge N.O. 68	859).	all of the same of the last spines as a	Displisal	M	City, State	SUMIE!	LA.	hd
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7	ASB-41 (R-06-08)				*[Do not use	this form for	asibestos licar	reuro exert	riplasti doi

NOTIFICATION OF ASBESTOS ABATEMENT Franklin Meyer, DOC (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification							Owner / Operat							
	6/9/17						artment of C	orrect	tions	3) E (C.E		1 [3 10%
Agencies Notified EPA	Type Notifica	ation	1100		t Addr				7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	小一		LJ L		-11
DEP		i i			ox 1				117	9)				111
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□ DOH		rgency				NJ 08 ontact	020) best			12550	200	Guesano
DCA		ellation	1 1 1 2 2		Cies				Albert .	ASB.	Telepho	one i	lumn	
				FΔ	CILIT	YINE	ORMATION				LIUENS			_
Name of Facility Wh	nere Abateme	ent is Taking P	lace (3)		OILII	1 1141	Type of Fac	ility (4)				-	ran amore, subseque	· Janearon
Mountainview Co			(-)				School							-
Street Address							Subcha	pter 8	(Other than K-	12)				
31 Petticoat Lane	;								ate & commer		ngs, hon	nes, e	etc.)	
							Square Feet	t	# of Floors		Bldg. Ag	je		
City (5)		County (6)	Cou	nty (Code ((7)	3000)	1			30+		- 1
Annandale		Hunterdon					Current Use	(Prior	if being demol	ished)				
							Correction	al						
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	CM No.	Name of Aba	atemer	nt Contractor (9	9)				
Environmental Co	onnection	n 1880							nental, Inc.	•				
Street Address							Street Addre							
120 N. Warren St							1123 Beav						002012	
City, State & Zip Coo							City, State &							
Project Manager for			T-1		N	State of the co	Bristol, PA			I				
Rollie Jones	ivionitoring F	ırm	Teleph 609-39			per	Telephone N			License 1	Number			
Scheduled Start Dat	o (10)	Scheduled Con					(215)788-60 Name of OS		-14	00509		<u> </u>	io e i	
6/12/17	e (10)	scrieduled Con	6/13/1		e (11))	Bristol Env							
Occupancy Status D	uring Abaten	nent (Check or		7070			Street Addre		iontai mo.				200	
Facility Close	ed/Vacated D	During Entire P	eriod of	f Aba	ateme	nt	1123 Beave		eet					
		utside of Norma	al Hour	s - 7	7am to	3pm	City, State &							
Describe:							Bristol, PA	19007	7					
Facility Occu									0.00					
Scope of Work (Che	ck all that ap	ply)										25.000.000		
≥3 sf or ≥3 If				D	4*_	22		\sqcup	Full Containm		Vegative	Pres	sure	8
≥3 sf or ≥3 lf ≥160 sf ≥260			K		ovatio nolitior				Mini-Enclosur					
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10	cation of		Is Lo	ocati	on		Descriptio	n of		Amount				687-9-01
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	erial (ACM)			ely b			Material (A			F or LF)			Щ	m
	E ABATED		Mainte				(i.e., thermal s				Remova	Repair	Encapsulate	Enclsoure
In	Facility (13)		Custod	มลเ 5 12)	itam?		nsulation, surfactor other miscell				lova	pair	lusc	nos
	(10)	1		No I	N/A	8	or other miscen	larieou	5)		=		ate	6
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Cottage 2					П		Pipe Insula			4 LF		Ħ	Ħ	市
Cottage 3				X			Pipe Insula			8 LF	TI	X	Ħ	Ħ
Cottage 3				X			Pipe Insula			4 LF		Ħ	Ħ	Ħ
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Name of Registered	Waste Haule	er					Cubic Yards	Name	e of Registered	d Landfill				
Service Transport	lne			75.25	uler ID		of Waste							
City, State	. 1110.			209	990		1 Cu yd	Cit	Stata					
New Castle, DE							Disposal Date 6/13/17	City,	State					
Completed By (Print	or Type)			Title	9		Signature				Date			-
Gino Pizzigoni				1.0000000000000000000000000000000000000	ject		Dino E	2,	1101-1	Ou.	6/9/	17		
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CK402	0	NC	TIFI (CATIC Pursu	ON OF AS	New Jersey SBESTOS ABA IAC 8:60 and 5:	TEMENT	DE	C E	7	<u> </u>	
Date of Notification (1) 6 /	9 /	17		1		ing Owner/Operator			UN 15	5 20	17	The second second second
Agencies Notified	Type Notifica	tion			eet Address							Sect
⊠ EPA				100 68	3 Covingt			ASRES	STOS C	ONT	ROI	ا
⊠ DOLWD	☐ Amended			-	, State, Zip			F. Charles San Co.	LICENS	HNG	HOL	- CX
☑ DOH ☐ DCA	Amendme		_		3	NJ 08053			Marine St., Stephenson, Alexander Communication	M., hard-paining		And theres
(NJAC 5:23-8)	☐ Emergeno justificatio	y (inclua n)	ing	marine and a second	ne of Conta			Telephone	Nivershore			-
	☐ Cancellati			N	ick Aspra	ıs		releptione	Number	ı		
						NFORMATION		L			7	_
Name of Facility Where A	batement is Ta	aking Pla	ce (3)		AOILITTI	IN OKWATION	Type of Facility	, (A)				
Future Wawa		570					School (K-1	18 8				
Street Address							─ Subchapter	8 (Other than	K-12)			
900-912 Haddonfiel	d Road						Other (i.e., homes, etc.	private and cor	nmercial	buildir	ngs,	
City (5)		TO MILE	1020000				Square Feet	# of Floors		Olds.	Λ	
Cherry Hill							100,000	1	'	Bldg.	4ge	
County (6)				Cor	untv Code (7)(STATE USE ONLY)	Current Use (P		on a liab a d	50		
Camden						MONNE OOF ONEN		nmerial Spa				
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	ASCN	Л No.	Name of Abatem			ce			
PARS Environmenta							onmental, LLC	***				
Street Address						Street Address	orimental, LLC					
500 Horizon Drive, S	Suite 540					623 Cutler A	/ODLIO					
City, State, Zip Code						City, State, Zip C						
Robbinsville, NJ 086	91					Maple Shade						
Project Manager for Monit			Te	lephone	No.	Telephone No.	, 143 06052	111				
Firoz Jan					0-7277	856-755-0099		License No).			
Start Date (10)	Sc	heduled	ed the same of			Name of OSHA M		00842				
07 /05 /	17				17	EMSL Analyt						
Occupancy Status During							icai, iiic.					
☐ Facility Closed/Vacated				mont		Street Address						
Abatement Performed (Dutside of Norr	nal Facili	tv Hou	rs - De	scribe	200 Route 13						
Time of Abatement:	AM	_PM/	PN		_AM	City, State, Zip Co						
Scope of Work (Check all t	hat apply)					Cinnaminson	, NJ 08077					
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 			enoval emoliti	0.007.0								
			Loca							atem	ent T	vpe
Location of Asbestos-Containing Ma			Norma ed Sol		Ashae	Description of				_		-
TO BE ABAT		Ma	intena	ance/	(i.e.	stos Containing Mat , thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todiai (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	=	nsd	Sur
(13)		Yes	No	N/A	1	other miscellaneo	ous)				ate	Ф
Meinke Exterior			×		Roof Fla	ashing		600 SF				
Rodi's Exterior			\boxtimes	\uparrow_{\Box}		and Flashing						
Rodi's Exterior						Caulking and G	lazing	7,750 SF 50 LF				
		П		\Box		3	9					
Name of Registered Waste	Hauler			JDEP V	Masta	Cubic Yards of	N					Ш
Freehold Cartage			1 19600	auler IE 15939	No.	Waste 80	Name of Regist					
City, State				. 5000		Disposal Date	City, State					-
Freehold, NJ						07/14/2017	Morrisville,	PA				
Completed By (Print or Type	e) Tir	tle				Signature C			Date			
Christina Lynch		Vica Dr	acida	nt of C)norotic	7/1	2	1.5	Date			

ASB-41 JAN 13



State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

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	,	JUN	1	5	2017	THE STREET STREET	
L	SBF	STC)S (20	NTRO	71 8	

Date of Notification (1)	05/17								the Doof	Ĺ	CDECTO	0.0		175	_
Agencies Notified T	ype of Notifica	tion S	treet /	Address	***************************************			1	uic Deal		LIC	ENS	SIN	G	UL
[] DEP	Solidited Type of Notification PA														
[] DCA	[] Cancellatio	1			-				Telenhone N					***********	
					FAC	ILITY	INFORMATION	-	1						
					eaf		AM (1994)		IXI School (K-12)	er tha	n K-12)	uildi	nos.		
320 Sullivan Way								-	homes, etc.)						
City (5) West Trenton		THE CASE						-	100000 1		~ 50				
		2.0		l_ D.					Serv	ices. Inc					
Street Address 120 North Warren City, State, Zip Code	St.				MONOTON TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE		Street Address	32	23 Changebridge Rd						
Trenton, NJ 08608	1 = 1			Pine Brook, NJ 07058											
Roland Jones	609	3-392	2-4200			973-575-8700 00852									
6/15/171		6/3	0/17	7)					abo	ratories,	LLC	2		
[] Facility Closed [x] Abatement Perfo	Vacated During ormed Outside	Entire F	eriod	of Abater			2								
Scope of Work (Check all [] Demolition [X] ≥3 sf or ≥3 lf [] ≥160 sf or ≥260					Rer	novati	on		[X] Mini – Enclosur [] Glove bag Proc	e edure		Press	sure		
		Nor	0000 0330 0333 0 0 75 0 0 H 0						otion of			dist.			
Asbestos – Cont Material (AC <u>TO BE ABAT</u> In Facility	aining M)	Main todi	tenani al Sta	ce/Cus ff (12)			Materia (i.e., thern insulation, s	ial ma sur	(ACM) al systems rfacing, VAT,	(Specify	E M O V A	E P A I	NCAPS	NCLOS
Bldg. 14 Mechanical R Bldg. 25 1 st floor	ooms 1 & 2	X	X							1		X		U	<u>U</u>
Name of Registered Wass Jupiter Environmen		es Ha	L IDEP I Iuler II 04782	D No.			c Yards /aste 3		Name of Registered Landfill Alliance Landfill	I I			anness d	and the second	
City, State Pine Brook, NJ		***************************************				2 70	osal Date 80/17		City, State	***************************************					
Completed By (Print or Ty Danny Martinovic	/pe)	Title Proj	ect N	Manage	er	0/3	Signature-		Taylor, PA		Date 6/05/1	7			
ASB-41				3				2							alero adolare

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CRECK#2800			(P	ursua	nt to NJA	AC 8:60	and 5:1				***********							
Date of Notification (1)			-	Name	e of Buildin	g Owner/	Operator ((2)	Miles are an	IUN	1 [20	17					
	08 / _	17		Iason	Huang				FT -	UN	1 3	20	17					
Agencies Notified	Type Notifica	tion			t Address					-								
□ EPA	✓ Initial				7,023				ASBE				ROL					
☑ DOLWD ☐ DHSS	Amended Amendme			City,	State, Zip	Code				LICE	1/1/2	ING	er ann ann ann ann ann ann ann ann ann an					
□ DCA	Emergeno		-	Millb	urn, NJ 0	7041												
(NJAC 5:23-8)	justificatio	n)	9		of Contac				Telephone Num	ber	-							
	☐ Cancellati	on		Jason	Huang													
				FA	CILITY IN	NFORM/	TION				-							
Name of Facility Where Al	batement is Ta	aking Plac	e (3)					Type of Facility	(4)									
Private house								School (K-1	2)									
Street Address								Subchapter	8 (Other than K-1 2)	0240024000							
								homes, etc.	private and commer	cial bu	uildin	gs,						
City (5)								Square Feet	# of Floors	В	dg. A	ae						
Millburn, NJ 07041												-						
County (6)				Cour	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being demolis	hed)								
Essex										-043000- 1 41								
Name of Monitoring Firm I	Hired by Buildi	ing Owner	(8)	ASCM	No.	Name o	of Abateme	ent Contractor (9)									
	· · · · · · · · · · · · · · · · · · ·		3			Gr Tec	h LLC											
Street Address						Street /	Address											
011 011 71 0																		
City, State, Zip Code						City, St	ate, Zip C	ode										
Project Manager for Monito	avian Firm		1= .				NJ 0747	70										
rioject Wanager for World	oring Firm		lel	ephone	No.	Telepho	one No.		License No.									
Start Date (10)	Te	المارات المارات	2		1 7235	973-63			01127									
	17	cheduled (Name o	of OSHA M	Ionitor										
		06			1 /			nsultants,Inc										
Occupancy Status During						Street A	Address											
Abatement Performed	Outside of No	rmal Facili	tv Hou	ement rs - Des	crihe			Road, Bldg .#	35E									
Time of Abatement:	AM-	_PM/	PM		AM	1000	ate, Zip Co											
Scope of Work (Check all t	that apply)					Fair La	wn, NJ 0				-							
	«թթ.յ)					H		tainment with Ne	nation with negative gative Pressure	press	sure							
>3 sf or >3 lf ≥ 160 sf or >260 lf			enovat emoliti			\bowtie	Mini-Enc	losure		Deces								
		L_1 D	CITIONA	OIT		Н	Non-Exe	mpted (*) and No	Tent with Negative on-Friable Procedur	e	uie							
			s Loca							TAb	atem	ent T	vpe					
Location o Asbestos-Containing M			Norma ed Sol				scription o			-	_	T	T-					
TO BE ABAT		Ma	aintena	ance/	Aspes (i.e	stos Cont therma	aining Ma systems i	terial (ACM) nsulation,	Amount (Specify	em	Repair	nca	nclo					
IN Facility (13)	1	Cus	stodial (12)	Staff?		surfa	cing, VAT,	or	SIF or LF)	Remova	=	Encapsulate	Enclosure					
. (15)		Vas	T	1	1	other r	niscellane	ous)		-		ate	(0					
Caraga		Yes	No	N/A	_					-								
Garage				\boxtimes	Duct insi	ulation			60 SF	X			Ш					
								wertings under the second										
												П	П					
		П	П	П														
Name of Registered Waste	Hauler		NJ	DEP Waste	Hauler ID No.	Cubic Ya	rds of Wast	Name of Regis	stered Landfill		Ш	Ш	Ш					
Gr Tech LLC				003378		Control of Charles			Julian Cananii									
City, State		Water Street		003378	,,,	TBI		T.R.R.F. Inc				-/						
Wayne, NJ 07470								0.777										
Completed By (Print or Typ	oe)	Title	-			TBI	nature	Tullytown, P.	A Da	to			_					
N.Jevtic		Owner				Joig	*	leute Wen	0									
NSB-41		O WITCI					//		106/	08/17								

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Date of Notification (1)				Nar	ne of Build	ing C	Owner/Operator				. 71	_							
6/9	/^	17					wnship Publ		JUN '	5	2017	The state of the s							
Agencies Notified Typ	oe Notificatio	n			et Address		1000		-	-									
	Initial	1.50			7 Erial Ro				ASF	SESTOS	COL	JTRO	71 8						
	Amended				, State, Zip	- 330	lo.	ASBESTOS CONTROL 8											
	Amendment		_	110000000000000000000000000000000000000	lackwood				ar the		-	T. FRANCE							
☑ DCA	Emergency (justification)	includi	ng		ne of Conta		00012		T=										
The state of the s	Cancellation			810					Telephone Number										
					evin McG						-								
Name of Facility What At 1				F,	ACILITY I	INFC	DRMATION												
Name of Facility Where Abate		ng Plac	ce (3)					Type of Facility	(4)										
Administration Building	9							School (K-12)										
Street Address								Subchapter 8	oter 8 (Other than K-12) e., private and commercial buildings,										
17 Erial Road								homes, etc.)	ivate and co	mmerciai	Dullai	ngs,							
City (5)								Square Feet	# of Floor	rs	Bldg.	Age							
Blackwood								50,000	1		80	, igo							
County (6)				Cot	inty Code	(7)(ST	TATE USE ONLY)		or if being de	amolished									
Camden					8		,	Current Use (Prior if being demolished) Administration Building											
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCN	I No.	Na	ame of Abatem	ent Contractor (9)	on Banan	19									
Pennoni Associates, Inc	c.			001				onmental, LLC											
Street Address						-	reet Address	onnental, LLC											
515 Grove Street, Suite	1B				623 Cutler Avenue														
City, State, Zip Code						-	ty, State, Zip Co	50 CONTRACTOR											
Haddon Heights, NJ 080	35						, 젊었는 그 그 그 그 없는 말이 그 생각												
Project Manager for Monitoring			To	ephone	No	-	Maple Shade	, NJ 08052											
Thomas Adams	, , ,,,,,				7-0505		lephone No.		License N	lo.									
Start Date (10)	Scho	dulad (ate (11)	-	856-755-0099		00842	y Observation									
07/12/17		07	2		17	Name of OSHA Monitor EMSL Analytical, Inc.													
Occupancy Status During Abat				West Control of the C	Street Address														
Facility Closed/Vacated Dur	ing Entire Pe	eriod of	Abate	ement		2	200 Route 13	0 North											
Abatement Performed Outsi	ide of Norma	l Facilit	y Hou	rs - De	scribe	Cit	y, State, Zip Co	de			-								
Time of Abatement:		IVI/	PIV		_AM	(Cinnaminson	, NJ 08077											
Scope of Work (Check all that a	apply)																		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti				☐ Mini-Encl	ainment with Nega osure Procedure npted (*) and Non-											
		Is	Loca	tion				ptda () and 14611	1 Hable I To		bataa								
Location of			Norma				Description of				baten	1	Ť						
Asbestos-Containing Materi TO BE ABATED	al (ACM)		ed Sol	ely by			Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure						
IN Facility				Staff?	(i.e		ermal systems in surfacing, VAT,		(Specify	VOL	<u>=</u>	aps	losu						
(13)			(12)	-			her miscellaned		SF or LF) =		ulat	ıre						
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Throughout					Floor Ti	ile a	nd Mastic		2,500 SI	F 🗵									
											П	П	П						
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											12								
Name of Registered Waste Hau	ler		N	JDEP V	Vaste	Cub	ic Yards of	Name of Registe	red Landfill										
Freehold Cartage			Н	auler II 15939		Was	ste	GROWS Nor											
City, State	XIII/III			10000			oosal Date	City, State											
Freehold, NJ							7/28/2017	Morrisville, F	, PA										
Completed By (Print or Type)	Title		-				Signature	Date											
Christina Lynch	Vi	ce Pr	eside	nt of 0	Operation	ıs	Chuk	hutal 9 (e/9											

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

mal	NOT (TIFICA" Pursua	TION	NJAC 8:6 Name	STOS ABATEN 0-7 and 12:120- of Building Ow	ner/Operator (2)		E	G	E				
ate of Notification (1)				SETO	N HALL UNIVER	RSITY			JUN	1	5 2017	- 1		
6 / 7 /17					Address	- AMENIJE	111 11		OUN		0			
gencies Notified Type Notification				400 SOUTH ORANGE AVENUE										
EPA Initial Notification DEP X Amended Notification #	11			City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 ASBESTOS CONTROL LICENSING										
X DOL Cancellation On Hold X DCA EMERGENCY NOTIFICATI	ON			VICTO	of Contact ORIA PIVOVARI		Talanhana Mi							
			FACI	LITY INFO	ORMATION	Type of Facility	(4)							
ame of Facility Where Abatement is Taking Place (3)						School (K-	12)							
TOWNEL UNIN/EDSITY						X Subchapte	r 8 (Other than K- rivate & commcl.	12)	hom	es et	c.)			
ETON HALL UNIVERSITY				-		Other (ie. p	# of Floors	Diuys.	, HOII	Bldg.	. Age			
treet Address						60,000	3			40)+			
00 SOUTH ORANGE AVENUE - UNIVERSITY CENTER			_	Coun	ty Code (7)	Current Use (Pri	or if being demolis	shed)						
ity (5) County (6) OUTH ORANGE ESSEX				(STATE	USE ONLY)	UNIVERSITY	10	(0)				_		
ame of Monitoring Firm Hired by Building Owner (8)					ASCM No.	Name of Abates	ment Contractor MENTAL CORPO	RATIO	NC					
TI ENVIRONMENTAL INC.					3	Street Address								
treet Address						313 SPOOK RC								
253 NORTH CHURCH STREET			30-3			City, State, Zip	Code							
City, State, Zip Code MOORESTOWN, NEW J	IERSEY	08057				SUFFERN, NEV		se Nu	mber			-		
Project Manager for Monitoring Firm	1	Teleph				845-369-7500	1101				· /			
JEFF SEAMAN		856-88		Date (11)	i i	Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.								
EXPECTED START DATE (10).	ocneu.	11 /		30/	17	QUALITY ENVI	RONMENTAL SO	DLUTI	ONS	& IEC	л.			
Month Day Year	Mon	th		Day	Year	Street Address								
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of	of Abater	ment				1376 ROUTE 9								
Abatement Performed Outside of Normal Faci X Other - Describe: MON-FRI 7AM-12:00AM Scope of Work (Check all that apply) Demolition >3SF OR LF	SATURI Renova	DAY	& SU	JNDAY 7	X Full Con X Mini-End X Gloveba	City, State, Zip tainment with Neg clo, g Procedure able Procedure	WAPPINGERS	FALL						
X >160 SF OR 260 LF	Isl	ocation	n		Description of A	Asbestos-	A	70	1 70		ment Type			
Location of Asbestos-containing	norm	nally us	ed		Containing Mate (ie. Thermal s		Amount (Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR			
Material (ACM)		olely by t/Custo			insulation, surfa	cing, VAT,	SF or LF)	18	R	PS	.os			
TO BE ABATED in Facility (13)		taff (12)			or other misce	lianeous)		=		IE	URE			
III I acinty (10)	Yes		N/A				15 LF	x						
KITCHEN		_	Х	PIPE FIT	WE STANDARD WOOD		35 LF	X						
BACK HALL		-	X	PIPE FI			500 SF	X	1					
BACK HALL		-	X	SPRAY	ON INSULATIO	IN .	300 31	X		1				
DISHWASHING AREA & ASSOCIATED		-					85 LF	X		T				
HALL		-	X	PIPE FI			15 LF	X	1					
RECEIVING AREA		-	X	1	TTINGS			X	+					
RECEIVING AREA			X		ON INSULATIO	N	1,530 SF	1 _X	+	+				
BOARD DINING			Х	PIPE FI	ITTINGS		25 LF	X	+	+	1			
SEVERY BAY 1			X	PIPE F	ITTINGS	territor and the second	15 LF	_	+	+				
SEVERY BAY 1			X	SPRAY	ON INSULATION	N	760 SF	X	+	+				
HALLWAY BETWEEN SEVERY BAYS			X	PIPE F	ITTINGS		15 LF	X	+	+				
SEVERY BAY 2	1		X	PIPE F	ITTINGS		15 LF	X	+	+	-			
			Х	FIRE V	VALL		40 SF	X	+	+				
1ST FLOOR RESTROOMS & GAS ROOM			X		ROOFING	- Iu - 75	200 SF	X				-		
Name of Registered Waste Hauler NEWARK CARTING INC.		P Was	٥.	Cubic '	Yards of Waste 250	GRAND CE	gistered Landfill NTRAL SANITAR	Y LAN	NDFIL	L				
369 RAYMON BLVD.		913			sal Date	City, State	2			j	2			
City, State NEWARK, NEW JERSEY 07105					11/30/2017	PLANTEL	TOWNSHIP, PA	ate	1	1	117	_		
Completed by (Print or Type) REN IAMIN SANCHEZ DIRECTOR OF C					Signature	LAN		1	01	//	///			

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			(o NJAC 8:60-7 a					1			- Terror			
Date of Notification (1)					me of Building (TON HALL UNI)	Owner/Operator /ERSITY	(2)		1	$ \Pi \rangle$	the second second	801				
12 / 9 /16					eet Address				-				UN	15	2017	
Agencies Notified Type Notif	ication	1			SOUTH ORAN	GE AVENUE			1		200					
EPA x Initia	l Notifi	ication		City	, State, Zip Cod	e			1		AC	DEC	STO	10.0	ONTRO	NI.
		Notification	non	so	UTH ORANGE,	NEW JERSEY 0	7079		*		MO				SING	ا سال
X DOL Cand	cellatio	on		Nar	me of Contact					~ 4	v >-s +>-mea	THE RESIDENCE	tempt to	Straffer of the	+	
		NCY NOT	IFICA	100000	TORIA PIVOVA	RNICK										
				FAC	ILITY INFORMA	TION				08	_				-	
Name of Facility Where Abatement i	s Taki	ing Place	e (3)			Type of Facili									1	
SETON HALL UNIVERSITY						School (I		14 40								
SETON HALL UNIVERSITY							ter 8 (Other than . private & comm			omes	etc	.)				
Street Address		Adams Turner Tarrest Con				Square Feet		1	90111			Age			1	
400 SOUTH ORANGE AVENUE - UNI			ITER			60,000	3	1_			40+	+				
City (5) Cour SOUTH ORANGE ESS	nty (6) ⊏⊻			100 CONT.	inty Code (7) TE USE ONLY)	Current Use (F UNIVERSITY	Prior if being dem	olishe	d)							
Name of Monitoring Firm Hired by B		a Owner	(8)	(SIAI	ASCM No.		ement Contract	or (9)			_		_		4	
TTI ENVIRONMENTAL INC.					3		NMENTAL COR									
Street Address						Street Address					10.00				1	
1253 NORTH CHURCH STREET City, State, Zip Code			-			313 SPOOK R			277						-	
MOORESTOV	VN. N	EW JERS	SEY 08	3057		City, State, Zip	Code EW YORK 10901									
Project Manager for Monitoring Firm				e Number		Telephone Nu		ense N	Numb	er					1	
JEFF SEAMAN			5-889-5			845-369-7500	110	01		****						
Expected State Date (10)				etion Date	04.00040	Name of OSH	FC CLIBBING to comment					01]	
12 / 23 /16 Month Day Year	- 1	Month	1 /	30/ Day	17 Year	QUALITY ENV	IRONMENTAL :	SOLU	TIONS	S & TE	ECH.					
Occupancy Status During Abatement (The second second			Street Address	3								1	
X Facility Closed/Vacated Dur Abatement Performed Outs						1376 ROUTE	9									
1		- FRIDAY			escribe:	City, State, Zip	Code				_			-	-	
							WAPPINGER	S FAL	LS, N	NY 125	590					
Scope of Work (Check all that apply) Demolition	X	Renovati				ainment with Neg	gative Pressure								l	
>3SF OR LF		Renovati	On:		X Mini-Enc	g Procedure										
X >160 SF OR 260 LF						ble Procedure										
Location of Asbestos-containing		Is Loc			Description of A		¥		1_			nt Typ	ie .			
Material (ACM)		normally solely	200	1	Containing Mater ie. Thermal sy	60 105	Amount (Specify	REMOVAL	REPAIR	NE NE	EN					
TO BE ABATED		Maint/Cu	27/200	i i	nsulation, surfac	ing, VAT,	SF or LF)	NO NO	AIR	AP.	10					
in Facility (13)	ŀ	Staff Yes No		-	or other miscell	aneous)		2		ENCAPSULE	ENCLOSURE					
KITCHEN		res ino		DIDE EIT	TINCC		4515	\ <u>\</u>	+	II m	Im				1 0	
BACK HALL		_	X	PIPE FIT	Caracan Maria		15 LF	X	+-	+	+		_		48	
		-					35 LF	X	+	+	+	3 17			-20	
DISHWASHING AREA & ASSOCIATE	- I	-	X	SPRAYC	N INSULATION		500 SF	X	+	+	+				1	
DISHWASHING AREA & ASSOCIATE	U	-	-	DIDE SIT	TINCC		0515	X	+	+	+				1	
HALL PECELVING AREA	-	_	X	PIPE FIT	puntificación		85 LF	X	+	+	-				1	
RECEIVING AREA	-		X	PIPE FIT			15 LF	X	+	+	+		Sept Sept		1	
RECEIVING AREA			X	1	N INSULATION		1,530 SF	X	-	-	+				-	
BOARD DINING		_	X	PIPE FIT	o Val. Visita Vis		25 LF	X	-	-	+				-	
SEVERY BAY 1	-		X	PIPE FIT			15 LF	X	-	-	+				-	
SEVERY BAY 1	-		X		N INSULATION		760 SF	X	-	-	-				-	
SEVERY BAY 2	_		X	PIPE FIT	STREET, STREET		15 LF	X	-	-	-				-	
HALLWAY BETWEEN SEVERY BAYS		NIDED:	X	PIPE FIT		N 15	15 LF	X			1					
Name of Registered Waste Hauler NEWARK CARTING INC.	$\overline{}$	NJDEP V Hauler ID		Cubic Yar	rds of Waste 200	Name of Regis	tered Landfill RAL SANITARY	LAND)FII I		L				1	
369 RAYMON BLVD.		91				J. C. I. ID OLIVI	THE OTHER PARTY	27 11 12								
City, State				Disposal I		City, State				1						
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title		10	12/23-11/	30/2017 Signature	PLAINFIELD T	OWNSHIP, PA	Θ.			-/	1	1		-	
BENJAMIN SANCHEZ		CTOR O	F OPE	RATIONS	1.3.4.4.6	4		-	1	2	/	7/	1	6		

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e				(Pursua	ant to	NJAC 8:60 ne of Buildi	1-7 and 12	2:120-7)					EG	B		M	E
Date of Notification (1)					SET	ON HALL L	ng Owne	r/Operator ITY	(2)		ab-own da	K				1	
12 / 19 /16						et Address									**	1	C MARKS
Agencies Notified Type No	otificatio	n				SOUTH OF	ANGE A	VENUE				J L	JUI	V 1	5 6	141	1
	tial Noti					State, Zip (-		<u> </u>				
	nended		ation #	#1	sou	TH ORANG	SE, NEW	JERSEY 07	7079				LODEON	700	001	177	2.716
V 5000 1000	ncellation	on		I							-		ASBEST	ius ICER			TUL
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	-					ORIA PIVO		K									
Name of Facility Where Abatement	t is Tak	ing PI	ace (3))	FACIL	ITY INFOR		o of F:	(4)				-				
							TYP	e of Facilit									
SETON HALL UNIVERSITY							×		er 8 (Other th	an K-1	2)						
Street Address			<u> </u>					Other (ie.	private & con	nmcl. E	oldas.	. home	es etc.)				
400 SOUTH ORANGE AVENUE - UN	VIVERS	ITY C	ENTER	2			So	quare Feet	# of Floor	rs	301		Bldg. Age				
City (5) Cou	inty (6)			A	Count	ty Code (7)		60,000	3				40+		- 1		
SOUTH ORANGE ESS	SEX			(ST	TATE	USE ONLY		ent Use (Pr VERSITY	ior if being de	emolish	ned)						
Name of Monitoring Firm Hired by I	Buildin	g Owr	er (8)		T	ASCM N			ment Contra	-1							
TTI ENVIRONMENTAL INC. Street Address						3	PAR	ENVIRON	MENTAL CO	RPOR	ATIO	N					
1253 NORTH CHURCH STREET							Stre	et Address		I OI	ATIO	IN					
City, State, Zip Code			-					SPOOK RC							- 1		
MOORESTO	WN, NE	W JE	RSEY	08057				State, Zip (\neg		
Project Manager for Monitoring Firm				ne Numbe	er		Tolor	hone Numi	V YORK 1090	-							
JEFF SEAMAN		8	56-889	-5182			1.0000000000000000000000000000000000000	369-7500		icense	Num	ber					
Expected State Date (10)	1	ched.	Comp	oletion Da	ite (1	1)		e of OSHA	Monitor	101							
Month Day Year		Mont	11 /	30/		17	QUA	LITY ENVIR	RONMENTAL	SOLL	AOITI	IS & T	ECH				
Occupancy Status During Abatement (Check	only or	ne)	Day		Yea	100			0020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 0. 1	ECH.				
Facility Closed/Vacated Du	ring Ent	ire Pe	rind of	Abatemen	nt			t Address									
Abatement Performed Outs	ide of N	lormal	Facilit	ν Hours - Γ	Descr	ibe:	1376	ROUTE 9									
X Other - Describe: MON	DAY-S	ATUR	DY 7A	M-3:30 PM	И		City,	State, Zip C	ode		_				_		
Scope of Work (Check all that apply)					[V	75.10			WAPPINGE	RS FA	LLS, I	NY 12	590				
Demolition	XR	enova	tion		X	Mini-En	ntainment	with Negat	ive Pressure								
>3SF OR LF X >160 SE OR 360 LE					X		ag Proce	dura							73.00.57		
						Non-Fria	able Proc	edure									
Location of Asbestos-containing			ation		Des	scription of	Asbestos-			T		Abate	ement Type		-		
Material (ACM)	1		ly used y by		Cont	taining Mate	erial (ACN	1)	Amount	R	20	m	m Type				
TO BE ABATED	М	aint/C	ustodia	ul .	insul	e. Thermal s ation, surfa	systems		(Specify	REMOVAL	REPAIR	ENCAPSUL	NC				
in Facility (13)		Staff	(12)		or c	other miscel	laneous)	'	SF or LF)	Š	R	PS	80.				
VITOUEN	Ye	s No	N/A							-		LE	ENCLOSURE				
KITCHEN	_		X	PIPE FIT	TTING	SS		1	5 LF	×		1	101		_		
BACK HALL			X	PIPE FIT	TING	SS			5 LF	X	+	1					
BACK HALL			X	SPRAY (ON IN	SULATION			00 SF	X	+-	-			_		
DISHWASHING AREA & ASSOCIATED								- 30	00 SF	-	-	-			_		
HALL			X	PIPE FIT	TING	22				X	_	-					
RECEIVING AREA			X	PIPE FIT					LF	X	_						
RECEIVING AREA		1						15	LF	Х							
BOARD DINING	-	+	X			SULATION		1,	530 SF	X		3					
SEVERY BAY 1	-	+-		PIPE FIT				25	LF	X							
SEVERY BAY 1	-	-	X	PIPE FIT				15	LF	X					7		
	-	-	X	SPRAY O	N IN	SULATION		76	0 SF	X					-		
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ITCHEN			х	FIRE WAL						X					-		
ame of Registered Waste Hauler EWARK CARTING INC.		EP W	aste	Cubic Yard		Waste	Name of	Registered	SF Landfill	X							
69 RAYMON BLVD.	Hau	ler ID	No.		200		GRAND	CENTRAL	SANITARY L	ANDE	ILI	L			-		
ity, State		913		Dienas-! D	Dot:		1 -	10									
EWARK, NEW JERSEY 07105				Disposal D 12/23-11/3		17 /	City, Sta	fe /		1985					1		
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ENJAMIN SANCHEZ DII	RECTO	ROF	OPER	ATIONS		V	//X	X	Date	10	21	10	1/1	7	1		

V			NOTIFICA	State of New C TION OF ASBES	STOS ADATEME	NT				1) [E C	E
			(Fursua	Int to NJAC 8:60-	-7 and 12:120-7)				116	灯	Marketon	
Date of Notification (1)				Name of Buildir SETON HALL UI	ig Owner/Opera	itor (2)			111			
1 / 10 /17				Street Address	THE LIGHT					L	JUN	V 11
Agencies Notified Type Notifie				400 SOUTH ORA	ANGE AVENUE					1		
EPA Initial	Notification	on		City, State, Zip C	ode			-		L	355555	
- Initial	nded Notifi ellation	ication	#2	SOUTH ORANG	E, NEW JERSE	Y 07079		j		HOE	3EST(OSC
X DOH X On Ho	old		1	Name of Contact					oth see	21 44 July	and the first	SENS
X DCA EMER	RGENCY	NOTIF		/ICTORIA PIVO\		Talanhone	Mirmh	or		200		
Name of Facility Where Abatement is	T.11			ACILITY INFORM		<u> </u>						
The structure of the st	raking P	lace (3	3)		Type of Fac	cility (4)						
SETON HALL UNIVERSITY					X Subch	ol (K-12)						
Street Address					Other	napter 8 (Other th (ie. private & con	an K-	12)			oper.	
400 SOUTH ORANGE AVENUE - UNIV	FRSITY	CENTER	· D		Square Fe	et # of Floor	rs I	Diags.,		s, etc. Bldg. A		
City (5) Count		SENIE		Sunt C 1 (7)	60,000	3			,	40+		
SOUTH ORANGE ESSEX	X		/CT	ounty Code (7) ATE USE ONLY)	Current Use UNIVERSIT	(Prior if being de	molis	hed)				
Name of Monitoring Firm Hired by Bui TTI ENVIRONMENTAL INC.	lding Ow	ner (8))	ASCM No.		Y atement Contra	ctor/	01				
Street Address				3	PAR ENVIR	ONMENTAL CO	RPOF	OITAS	٧			
253 NORTH CHURCH STREET					Street Addre	ss	7-12					
City, State, Zip Code					City, State, Z	ROCK ROAD						
MOORESTOWN roject Manager for Monitoring Firm					SUFFERN, N	NEW YORK 1090)1					
EFF SEAMAN			one Number 9-5182		Telephone N	umber Li		Numb	per			
xpected State Date (10)			pletion Date	e (11)	845-369-7500	· .	101					
12 / 23 /16 Month Day Year		11 /	30/	17	Name of OSH QUALITY EN	HA Monitor IVIRONMENTAL	2011	ITION	00.7			
ccupancy Status During Abatement (Ch	eck only o	nne)	Day	Year			SOLU	JIION	S&IE	ECH.		
X Facility Closed/Vacated During	Entire Pa	eriod o	f Abatement		Street Addres 1376 ROUTE			190.50				
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	1- 3A I UI	KUY //	M-3:30 PM		City, State, Zi							
cope of Work (Check all that apply) Demolition				X Full Cont	I tainment with Ne	WAPPINGER	RS FA	LLS, N	NY 125	590		- 1
>3SF OR LF	Renova	ation		X Mini-Encl	lo,	gauve i lessure						1
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TO BE ABATED	Maint/C		al i	(ie. Thermal sy	stems		l m	甲	NO.	ENCLOS		
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in Facility (13)		f (12)		nsulation, surfaci or other miscella	ing, VAT.	(Specify SF or LF)	REMOVA	REPAIR	ENCAPS	SO		
in Facility (13)	Yes No	f (12) o N/A	1	or other miscella	ing, VAT.		MOVAL	AIR	APSULE	OSURE		
		o N/A	PIPE FITT	or other miscella	ing, VAT.		MOVAL	AIR	APSULE	OSURE		
in Facility (13) TCHEN CK HALL		o N/A x	PIPE FITT	or other miscella FINGS	ing, VAT.	SF or LF)	1	AIR	APSULE	OSURE		_
in Facility (13) CHEN CK HALL CK HALL		o N/A	PIPE FITT	or other miscella	ing, VAT.	SF or LF)	X	AIR	APSULE	OSURE		_
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Date of Notification (1)	2 / 21 /17 Street Address 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 ASPESTO Amended Notification X DOL Cancellation On Hold On Hold Context C														
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MOOREST Project Manager for Monitoring Firm	OVVIN, I	VEV			08057 ne Number			SUFFERN, N	EW YORK 1090	01					
JEFF SEAMAN	:			700	-5182			Telephone No			Numb	per			
Expected State Date (10)		Sc			letion Date	e (11)		845-369-7500 Name of OSF		101					
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BACK HALL	-	-	-	X	PIPE FITT				35 LF	X					
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HALL	EU		-							X					
				X	PIPE FITT	INGS			85 LF	x					
RECEIVING AREA				X	PIPE FITT	INGS			15 LF	X					-
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369 RAYMON BLVD. City, State			913		D:				OF WALLANT I	רעואט	ILL				
NEWARK, NEW JERSEY 07105					Disposal Da 12/23-11/30			City State		.1161 to 740					
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Data of Nation			200	Na	o NJAC 8:60-7 me of Building	Owner/Opera	ator (2)		15	1	E PED	1
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TTI ENVIRONMENTAL INC. Street Address					3	PAR ENVIR	ONMENTAL COI	Ctor (S) ATIO!	V		
1253 NORTH CHURCH STREET						Street Addre	ess		11101	-		
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Project Manager for Monitoring Firm JEFF SEAMAN				ne Number		Telephone N		cense	Numb	ner		
Expected State Date (10)	10-1			-5182		845-369-750	0 11	101	TVOITE	JCI		
3 / 3 /16	SCI		omp	letion Date (1	000	Name of OSI	HA Monitor					
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) SETON HALL UNIVERSITY 2/ /17 Agencies Notified Street Address Type Notification 400 SOUTH ORANGE AVENUE EPA JUN Initial Notification City, State, Zip Code DEP Amended Notification X 45 SOUTH ORANGE, NEW JERSEY 07079 DOL Cancellation DOH On Hold SBESTOS CONTROL & X DCA Name of Contact **EMERGENCY NOTIFICATION** Telephone Number LICENSIA VICTORIA PIVOVARNICK Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) SETON HALL UNIVERSITY School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commcl. bldgs., homes, etc.) 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER Square Feet # of Floors Bldg. Age City (5) 60,000 County (6) 3 40+ SOUTH ORANGE County Code (7) Current Use (Prior if being demolished) ESSEX Name of Monitoring Firm Hired by Building Owner (8) (STATE USE ONLY) UNIVERSITY TTI ENVIRONMENTAL INC. ASCM No. Name of Abatement Contractor (9) Street Address 3 PAR ENVIRONMENTAL CORPORATION 1253 NORTH CHURCH STREET Street Address City, State, Zip Code 313 SPOOK ROCK ROAD MOORESTOWN, NEW JERSEY 08057 City, State, Zip Code Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number JEFF SEAMAN Telephone Number License Number 856-889-5182 Expected State Date (10) 845-369-7500 Sched. Completion Date (11) 1101 3/ 3 Name of OSHA Monitor 11 / 30/ Day Year QUALITY ENVIRONMENTAL SOLUTIONS & TECH. Occupancy Status During Abatement (Check only one) Month Day Year Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 1376 ROUTE 9 Other - Describe: MON-FRI 7AM-3:30PM SATURDAY 7AM-3:30 PM City, State, Zip Code Scope of Work (Check all that apply) WAPPINGERS FALLS, NY 12590 Demolition Full Containment with Negative Pressure Renovation >3SF OR LF Mini-Enclo. >160 SF OR 260 LF X Glovebag Procedure Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Abatement Type Material (ACM) Containing Material (ACM) Amount solely by ENCAPSULE (ie. Thermal systems REMOVAL REPAIR TO BE ABATED ENCLOSURE (Specify Maint/Custodial in Facility (13) insulation, surfacing, VAT, Staff (12) SF or LF) or other miscellaneous) Yes No N/A KITCHEN PIPE FITTINGS BACK HALL 15 LF PIPE FITTINGS X BACK HALL 35 LF X X SPRAY ON INSULATION DISHWASHING AREA & ASSOCIATED 500 SF X HALL X X PIPE FITTINGS RECEIVING AREA 85 LF X PIPE FITTINGS RECEIVING AREA 15 LF X X SPRAY ON INSULATION BOARD DINING 1,530 SF X X PIPE FITTINGS SEVERY BAY 1 25 LF X X PIPE FITTINGS SEVERY BAY 1 15 LF X X SPRAY ON INSULATION HALLWAY BETWEEN SEVERY BAYS 760 SF X Х PIPE FITTINGS SEVERY BAY 2 15 LF Х PIPE FITTINGS X KITCHEN 15 LF X X Name of Registered Waste Hauler FIRE WALL 40 SF NJDEP Waste NEWARK CARTING INC. Cubic Yards of Waste Name of Registered Landfill Hauler ID No. 369 RAYMON BLVD. 200 GRAND CENTRAL SANITARY LANDFILL 913 City, State NEWARK, NEW JERSEY 07105 Disposal Date City, State Completed by (Print or Type) 12/23-11/30/2017 PLAINFIELD TOWNSHIP, PA BENJAMIN SANCHEZ Signature DIRECTOR OF OPERATIONS Date

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Date of Notification (1)			(i disu	Nai	me of Building	Owner/Operat	tor (2)		r w	/_ II.	- II	V E
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ITI ENVIRONMENTAL INC.	ier (o)				ASCM No.	Name of Ab	atement Contra	actor (9	3)	_		
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253 NORTH CHURCH STREET						Street Addre						
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Project Manager for Monitoring Firm			200	Number			IEW YORK 109					
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xpected State Date (10)	Sched			n Date (11)		845-369-7500 Name of OSH		101				
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cope of Work (Check all that apply)				5	V] [0	!	WAPPINGE	RS FA	LLS, I	VY 12	590	
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TO BE ABATED		olely by		((ie. Thermal sy	stems	(Specify	REMOVAL	REPAIR	ENCAPSU	ENCLOSURE	
in Facility (13)		t/Custo taff (12		insi	ulation, surfaci	ng, VAT,	SF or LF)	S	A F	AP	10	
			N/A	or	r other miscella	neous)		A.	~	SU	US	
TCHEN	1103	INO			- Andrew					l E	R	
CK HALL		-	X	PIPE FITTIN	NGS		15 LF	X				
			X	PIPE FITTIN	NGS		35 LF	X				
CK HALL			x	SPRAY ON	INSULATION		500 SF			-		
SHWASHING AREA & ASSOCIATED							300 31	X	+	-	-	
LL			V	DIDE EITH				X	-	_		
CEIVING AREA		-		PIPE FITTIN	IGS		85 LF	X				
			X	PIPE FITTIN	IGS		15 LF	X				100000
CEIVING AREA			X S	SPRAY ON I	INSULATION		1,530 SF			1		
ARD DINING				PIPE FITTING	Section 1			X	-	-	-	
VERY BAY 1							25 LF	X	_			
VERY BAY 1	-			PIPE FITTING			15 LF	X				
	-		X 5	SPRAY ON I	INSULATION		760 SF	X				
IMAY DETAILER, ST.	.4		X F	PIPE FITTING	GS		15 LF	X				
Cambridge and Industrialists			0.8	PIPE FITTING						-		
Color Strong Continues and Continues Color Strong Color S	1	- 1	A 11"				15 LF	X				
ERY BAY 2	1						1927 CE					
/ERY BAY 2 CHEN	NIDER		X F	IRE WALL			40 SF	х				
/ERY BAY 2 CHEN ne of Registered Waste Hauler VARK CARTING INC.	NJDEP I	Waste	X F	IRE WALL Cubic Yards o	of Waste	Name of Registe	ered Landfill					
/ERY BAY 2 CHEN The of Registered Waste Hauler VARK CARTING INC. RAYMON BLVD.	Hauler II	Waste O No.	X F	IRE WALL Cubic Yards o	of Waste	Name of Registe	ered Landfill		FILL			
/ERY BAY 2 CHEN The of Registered Waste Hauler VARK CARTING INC. RAYMON BLVD. State	Hauler II	Waste	X F	IRE WALL Cubic Yards of	of Waste	GRAND CENTE	ered Landfill		FILL			
VERY BAY 2 CHEN The of Registered Waste Hauler WARK CARTING INC. RAYMON BLVD. State WARK, NEW JERSEY 07105	Hauler II	Waste O No.	X F	Cubic Yards of 20	of Waste	GRAND CENTR	ered Landfill RAL SANITARY		FILL			
LLWAY BETWEEN SEVERY BAYS VERY BAY 2 CHEN THE OF REGISTERED WASTE Hauler WARK CARTING INC. RAYMON BLVD. V, State WARK, NEW JERSEY 07105 Title DIRECTOR OF O	Hauler II	Waste O No. 913	X F	Cubic Yards of 20 Disposal Date 2/23-11/30/2	of Waste	GRAND CENTE	ered Landfill RAL SANITARY	LANDI	FILL	1=	,/.	

27			NOTI	FICA	TION OF AS	lew Jersey BESTOS ABA 3:60-7 and 12:	TEMEN	IT	100-200 100-200 100-200 100-200	N E	(Ca	Ē	1 7	// E	
Date of Notification (1)			(1)	ursuc	Nan	ne of Building ON HALL UN	Owner	/Operator	(2)		(G)	ļ.	il A	y L	1
3 / 13 /	17						IVERSII	1 1							
	Notification					et Address SOUTH ORAI	NGE AV	ENUE		W	JUN		5 21)	1
EPA I	nitial Notification				-	State, Zip Co		LIVOL							
	Amended Notification			#7		JTH ORANGE		JERSEY 0	7079	100	EST	ne i	CONT	TOTAL	2.
	Cancellation On Hold									HOD			LEENC		1.53%
	EMERGENCY NOTIFIC	CATION				ne of Contact FORIA PIVOV	ARNICK		IT-1	. h Is			11.4	abel age.	
				F		ORMATION	11 (11 (10))		-			_			
Name of Facility Where Abate	ment is Taking Place	(3)					Туре	e of Facili	ty (4)						
SETON HALL UNIVERSITY							Х	School (F Subchap	ter 8 (Other t	than K-1;	2)				
Street Address				-				Other (ie	private & co		ldgs., I				
400 SOUTH ORANGE AVENUE	- UNIVERSITY CENT	TER					1.0	uare Feet 60,000	# of Flo	ors		В	ldg. Ag 40+	е	
	ounty (6)					ty Code (7)	Curre		rior if being	demolish	ed)	-	40+		
Name of Monitoring Firm Hired	SSEX d by Building Owner	(8)			(STATE	USE ONLY)	UNIV	/ERSITY			337				
TTI ENVIRONMENTAL INC.	by building Owner	(0)				ASCM No.	Nam	e of Abate	ement Cont	ractor (9)				
Street Address	W							t Address		URPUR	ATION				
1253 NORTH CHURCH STREE City, State, Zip Code	T								OCK ROAD						
	MOORESTOWN, NEV	V IERSI	EV 0805	7				State, Zip							
Project Manager for Monitoring F	irm	VOLITO			Number			hone Nun	W YORK 10						
JEFF SEAMAN			856-8	89-5	182			369-7500		License 1101	Numb	er			
Expected State Date (10)		Sched			n Date (11)			of OSHA		1101					
Month Day Year		M	11 onth	1	30/ Day	17 Year	QUAL	LITY ENV	RONMENTA	AL SOLU	TIONS	S & TE	ECH.		
Occupancy Status During Abater	ment (Check only one)			-	Day	rear	Stree	t Address							
X Facility Closed/Vacate	ed During Entire Period	of Abat	tement					ROUTE 9							
X Other - Describe: Mi	Outside of Normal Fa	CILITY HO	urs - Des	Scribe	9: 1 2:20 DM		011								
		OATO	INDAT	TAIV	1-3.30 PM		City, S	State, Zip	Code WAPPING	EDS EV	110 1	IV 105	-00		
Scope of Work (Check all that ap		7_				X Full Cont	i ainment	with Nega	ative Pressur	re	LLO, N	11 125	90		
>3SF OR LF	X	Renov	ration		-	X Mini-Enc									
X >160 SF OR 260 LF					ŀ	X Gloveba Non-Frial	g Proce ble Proc	edure							
Location of Asbestos-containing			Location		D	escription of A		Manager and the same of the sa			1	Ahate	ment Ty	me	
Material (ACM)			mally use solely by	ed		ntaining Mater		4)	Amount	R	R			ype	
TO BE ABATED		M	nt/Custoo	dial	ins	(ie. Thermal sy ulation, surfaci	stems	-	(Specify		REPAIR	CA	SC.		
in Facility (13)		S	taff (12)		0	other miscella	aneous)		SF or LF	REMOVAL	R	ENCAPSU	ENCLOSU		
KITCHEN		Yes		N/A								E	R		
BACK HALL				X	PIPE FITTIN	NGS			15 LF +	X					
BACK HALL				99.	PIPE FITTIN				35 LF ·	X					
			-	X	SPRAY ON	INSULATION			500 SF	X					
DISHWASHING AREA & ASSOC	IATED	-	+	_						X					
HALL BECEIVING AREA					PIPE FITTIN	IGS			85 LF	X					
RECEIVING AREA				X	PIPE FITTIN	IGS			15 LF	X					
RECEIVING AREA				X	SPRAY ON	INSULATION			1,530 SF	X					
BOARD DINING)	X	PIPE FITTIN	IGS			25 LF	X				21 10 110	
SEVERY BAY 1				Κ	PIPE FITTIN	GS	255		15 LF	X			1		\neg
SEVERY BAY 1)	<	SPRAY ON	INSULATION			760 SF	X					
HALLWAY BETWEEN SEVERY B	BAYS	-	>	(PIPE FITTIN	GS			15 LF	X					
SEVERY BAY 2			>	(PIPE FITTIN	GS			15 LF	X					\neg
(ITCHEN			×	-	FIRE WALL				10 SF	X					\dashv
Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP		(Cubic Yards		Name o	of Register	ed Landfill						
69 RAYMON BLVD.	10	Hauler I	D No. 913		2	00	GRAND	CENTRA	AL SANITAR	Y LAND	FILL				
City, State				1	Disposal Dat	9	City, St	atez 🧢							\dashv
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title			_ 1	12/23-11/30/2		PLAINE	HELD TO	VNSHIP, PA				>		
ENJAMIN SANCHEZ	DIRECTOR OF OPE	RATION	JS		Si	gnature /	1	X	D.	ate -	7/	17/	17		

			NOT	IFICA	TION OF AS	lew Jersey BESTOS ABA	ATEMENT	1 200	7 [E ((0	3	1 11/1	IF?
			(F	Pursua	ant to NJAC 8	3:60-7 and 12	:120-7)		11 [= 1\text{\ti}\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\\ \ti}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		4	1 177	IL'
Date of Notification (1)				, k	SET	ne of Building	g Owner/Operato	r (2)	31					
5/3/1	7					et Address			111	- 11	L D. 1	-		-
Agencies Notified Type N	otification						NGE AVENUE	1:1	LH		13		7.01	1
	itial Notification					State, Zip Co		-	+					
	mended Notification ancellation			#8	SOL	JTH ORANGE	E, NEW JERSEY (7079	7.3	ers	TOS	167	NIB	ōi, ī
——————————————————————————————————————	n Hold				Nam	ne of Contact		Telephone I	I. rash a		ICE.	NS.	MC:	
X DCA E	MERGENCY NOTIFIC	CATION			1 25 3	TORIA PIVOV	'ARNICK	i relephone i	vumbei					
				ı	FACILITY INF	ORMATION		1				-		
Name of Facility Where Abater	nent is Taking Place	(3)					Type of Facil							
SETON HALL UNIVERSITY							X Subchar							
								oter 8 (Other that e. private & com			nomes	s etc	1	
Street Address 400 SOUTH ORANGE AVENUE	LINIVERSITY CENT	TED.		255			Square Fee	# of Floor		-9, 1		Ildg. A		
	ounty (6)	IEK			Cause	4. C- J- (7)	60,000	3				40+	•	
SOUTH ORANGE E	SSEX				V9C 4-V2C (CASA)	ty Code (7) E USE ONLY	UNIVERSITY	Prior if being de	molish	ed)				
Name of Monitoring Firm Hired	by Building Owner	(8)	7			ASCM No		tement Contra	ctor (9)				
TTI ENVIRONMENTAL INC. Street Address						3		NMENTAL CO	RPORA	ATION				
1253 NORTH CHURCH STREET	Г						Street Address 313 SPOOK F							
City, State, Zip Code							City, State, Zip							
Project Manager for Monitoring F	MOORESTOWN, NEV	N JERSE	_				SUFFERN, N	EW YORK 1090)1					
JEFF SEAMAN	rm			phone -889-5	e Number		Telephone Nu		cense	Numb	er			
EXPECTED START DATE (10):	(RESTART)	Sched	127.11V/A		on Date (11)		845-369-7500 Name of OSH		101					
5 / 16 /17			1	1/	30/	17		IRONMENTAL	SOLU	TIONS	S & TE	ECH.		
Month Day Year Occupancy Status During Abaten	ent (Check only one)	Mo	onth		Day	Year						-0		
X Facility Closed/Vacate	d During Entire Period	d of Abate	ement				Street Address							
Abatement Performed	Outside of Normal Fa	cility Hou	urs - D	escrib	e:		I TOTO NOOTE							
X Other - Describe: M0	ON-FRI 7AM-12:00AM	SATUR	RDAY	7AN	И-3:30 PM		City, State, Zip							
Scope of Work (Check all that app	oly)				Г	X Full Cor	I ntainment with Neg	WAPPINGE	RS FAI	LLS, N	IY 125	590		
Demolition >3SF OR LF	X	Renov	ation		-	X Mini-En		julivo i ressure						
X >160 SF OR 260 LF					-		ag Procedure							
Location of		Is	Location	on	D	escription of	Ashestos-	T	T		Abata		-	
Asbestos-containing			nally u		Co	ntaining Mate	erial (ACM)	Amount	R	Z			Туре	
Material (ACM) TO BE ABATED			olely b			(ie. Thermal s		(Specify	ME	REPAIR	S S	S		
in Facility (13)		F 440 COCCO	taff (12			sulation, surfa- r other miscel		SF or LF)	REMOVAL	75	ENCAPSUL	ENCLOSUR		
A Department of the Control		Yes	No	N/A					-		JLE	RE		
KITCHEN				X	PIPE FITTIN	NGS		15 LF	X					
BACK HALL			_	X	PIPE FITTIN	NGS		35 LF	X					
BACK HALL			_	Х	SPRAY ON	INSULATION	1	500 SF	X					
DISHWASHING AREA & ASSOC	IATED		-	_					X					
HALL				X	PIPE FITTIN	NGS		85 LF	X				0	
RECEIVING AREA				Х	PIPE FITTIN	NGS		15 LF	X					
RECEIVING AREA		-		X	SPRAY ON	INSULATION	l .	1,530 SF	X					
BOARD DINING			_	X	PIPE FITTIN	NGS		25 LF	X					
SEVERY BAY 1				X	PIPE FITTIN	NGS		15 LF	X					
SEVERY BAY 1				Х	SPRAY ON	INSULATION		760 SF	X					
HALLWAY BETWEEN SEVERY B	AYS			Х	PIPE FITTIN	NGS		15 LF	Х					
SEVERY BAY 2				X	PIPE FITTIN	IGS		15 LF	×					
ITCHEN				Х	FIRE WALL			40 SF	х				-22 72	
lame of Registered Waste Hauler IEWARK CARTING INC.		NJDEP Hauler I)	Cubic Yards		Name of Registe							
69 RAYMON BLVD.			D No. 913		2	200	GRAND CENTE	RAL SANITARY	LAND	FILL				
City, State		,			Disposal Dat		City, State	1						
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title				12/23-11/30/		PLAINFIELD							
BENJAMIN SANCHEZ	DIRECTOR OF OPE	ERATION	NS		S	ignature	XXX	Dat	e C	-	3	-	17	_

Date of Notification (1)	Ce	770	(Purs	State of New Jes. TION OF ASBEST Suant to NJAC 8:60	OS ABAT and 12:12	0)		3 E	5	<u></u> 2017	Nonmana and and and and and and and and and
Agencies Notifieu Type Notification EPA DEP DOL Amended Amendement Emergency justification	nt# (includir	ng	City	et Address 49 State, Zip Code Se Vell e of Contact	DI NJ	095 Center, 080	Thus	LICE	NSIIN)L&
Name of Facility Where Abatement is Taking Woodfow Wilson H Street Address 3100 Fedural St	n	icha		Bill aros CILITY INFORM	S ATION S Roca	Typevof Facil School (Subchap Other (i.	ity (4)	12)		home	s, etc.)
County (6) County (6) Can der Name of Monitoring Firm Hired by Building C)wner (8)		(STAT	ty Code (7) E USE ONLY) CM No.		of Abatement Co	ontractor (9)	7	, , , , , , , , , , , , , , , , , , , ,	. Age	1/0
Street Address City, State, Zip Code Project Manager for Monitoring Firm			Teleph	one No.	/21 City, St	Address 2 Di 211 tate, Zip Code 5 LICO	NIC	The Sto			<u>U</u>
Start Date (10) Occupancy Status During Abatement (Check Or Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal I	aly One)	atemen		Date (11)	Name o	f OSHA Monito	1916 E	107	77)		-
☐ Other – Describe: Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if		Renova Demoli				Full Containm Mini-Enclosus Glovebag Prod			dure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Us M	s Locat Normal ed Solei aintena stodial S (12)	ly ly by nce/	Asbestos Conti	scription of aining Mate ems insulati VAT, or niscellaneo	r erial (ACM) ion, surfacing,	Amount (Specify SF or LF)	Removal	Abat	ement ype Encapsulate	Enclosure
hoys lock Ker Roan			I.WA	elm~9	,		260	1			
Name of Registered Waste Hauler All ME LL C City, State		Ha	DEP Wa wler ID 1	vio. of Waste	Date	City, State	111	0			
Completed by Japh Thill.	Title V. f) ILEXO	lent.		BD mature	1/2	llytoci n Da	1 ja 5/2	4	i)	

2017 02:22PM NJ Asbestos Co	introl 60	09.63	3.0664			page	1				<u> </u>			\mathbb{W}	E
05-26-'17 12:06 FROM- Ch 2297	,		CATION	ate of New OF ASBE ID NJAC E	eore!	ABATE				ASUM	002/ IUN STOS	1 !	5 2	U17	
Data of Notification (1) 5/26/2017				Building (inty		U	-LICE	nk.	Slac	F.	7
Agencies Notification Type Notification T			Street A 18 Re	ddress Ilroad Av	renue					MA:	y :	, _	:01	ン	
DEP Amended Amendmen		_		Me, Zip Co		662					/		Ü		\dagger
Emergency justification Cencellatio				Contact	ichelo	tti			ा तन	éphibhe l	S) direct	J.	DO	ME	5)
Name of Facility Where Abatement is Takk		3)	FACI	LITY INFO	RMATI	ФИ	Турс	of Facility	(4)			_	_	_	
Community Bank of Bergen Coun	ly						_	School (K-	12)						
street Address 125 West Pleasant Avenue								Subchapie Other (i.e. etc.)	r 6 (Oth private a	er than K s comma	(-12) Irolal b	الال	ngs,	nome	8,
Cily (5) Maywood							6,00	are Feet 00	1	Floors		80	dg. A	ge	
County (6) Bergen			County	Code (7) Uže ONLY)		_		ani Use (Pr nmercial	ior if bei	ng demo	(Ished)				
Name of Monitoring Firm Hired by Building TBD	Qwner (8)		ASCN	No.				element Co racting, L		(9)					
Street Address						Street 1385		ey Road,	Sulte	K					
City, State, Zip Code								Zip Code lew Jerse	y 074	70					
Project Manager for Monitoring Firm			Telepho	ne Nó.		(973)		+6. -5040		License 00874	7				
Blan Date (10) 5/25/2017			npletion	Date (11)				HA Monitor							
另 Facility ClosedNaceted During Entire	017 6/30/20 cy Status During Abatement (Check Only On lifty Closed/Vacated During Entire Period of A Itemant Performed Outside of Normal Facility					City, 5	Vall	est ey Road, Zip Code Jew Jerse		~~					
Scope of Work (Check All That Apply)			-			,			.,			-			_
≥3 sfor ≥3 if≥ 160 sfor ≥260 if		Renove Remoli					M	oll Containm Int-Enclosus Invebag Pro In-Exemple	e cedure						
Location of		Local Norma				scription				V 1801111	1,00,0	_		ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	id Sale Intens Iodial ((12)	ncel	Asbest (i.e.	los Coni Unarmal auria		Aalerie s insu T, or		(5	mount Specify or LF)	in the second	Domoneo	Repair	Encapsulate	Endosura	
Ground Floor Entrance	No	N/A		TII		114-	-41-	-	20.05	1	4		te	(A)	
Ground Proof Entrance		×	-	(*)	001 III	es and	Mas	31KC	2,6	100 SF	,	-	-	_	
									-	~	1				
Name of Registered Waste Hauler			JDEP W fauler ID		of Wa	Yards ste				red Land					
Service Transport Group, Inc. City, State		2	0990			sai Date		City, Sta	te	rprises	, LLC				
New Castle, Dalawara Completed by	Title				TBD 8	DOBUDIO		Waigne	sburg	Ohlo	Date				
Predreg Sarcev	Vice	Presi	dent		-7					-	5/28/	20	17		

May 26

no Ch

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

Date of Notification (1)				Nam	e of Buildir	ng Ow	ner/Operator	(2)					
6 /	9 /	17			elbarton l	_		300	b #1603-4995	Chec	k#92	06	
Agencies Notified	Type Notifi	cation		Stree	et Address								
⊠ EPA	☐ Initial			23	0 Mendh	am R	oad						
⊠ DOLWD				City,	State, Zip	Code				1			
☑ DHSS ☐ DCA	Amenda	nent # <u>z</u> ncy (includii	n.a.	Mo	orristown	n, NJ (07960						
(NJAC 5:23-8)	justifica		19	Nam	e of Contac	ct			Telephone Nun	her		0	
	☐ Cancella	ation		Bil	I Champi	i			1-				
No. of the last				FA	CILITY IN	NFOR	MATION					10000	
Name of Facility Where A		Taking Place	e (3)					Type of Facility	3/10				
Delbarton High Sch	ool							School (K-1	2) 8 (Other than K-12	2)			
Street Address									orivate and comme		uilding	js,	
230 Mendham Road	<u> </u>							homes, etc.				9	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Morristown, NJ 079	60			-									
County (6)				Cou	nty Code (7	7)(STA	TE USE ONLY)		rior if being demoli	shed)			
Morris								High School					
Name of Monitoring Firm I		ding Owner	(8)	ASCM		1		ent Contractor (9)				
Detail Associates, Ir	ic.			16-0	085		bateTech, li	nc.		Seren			
Street Address							et Address						
300 Grand Avenue								. PO Box 25					
City, State, Zip Code							State, Zip Co						
Englewood, NJ 0763			,			1	ımberton, N	IJ 08048					
Project Manager for Monit				phone		1 200	phone No.		License No.				
Stephen Jaraczewsk	SS.				-6708		9-265-2107	Large and the second	00529				
Start Date (10)6 /7 /		Scheduled (17 17		e of OSHA M /ISL Analyti						
Occupancy Status During	Abatement (Check only	one)		IIY	Stree	et Address			110000		52766	
☐ Facility Closed/Vacated		7.		ment		20	0 Route 13	0 North					
					cribe		State, Zip Co						-
Time of Abatement: 7A	M- <u>3:30</u> PM/	PM	/	AM			nnaminson						
Scope of Work (Check all t	hat apply)						П						
≥3 sf or ≥3 lf		⊠ Re	enovati	on			☑ Full Conta	ainment with Nec osure	jative Pressure				
≥160 sf or ≥260 lf			emolitic				Glovebag	Procedure					
							Non-Exer	npted (*) and No	n-Friable Procedu	_			
l asstica a	e.		Locat Norma				D			Ab	atem	ent T	уре
Location o Asbestos-Containing M) Use	ed Sole	ly by	Asbes		Description of ontaining Mat		Amount	Rei	Repair	Enc	Enc
TO BE ABAT	ED	Ma	iintena todial \$., therr	mal systems in	nsulation,	(Specify	Removal	pair	aps	Enclosure
IN Facility (13)		Ous	(12)	otan:			rfacing, VAT, er miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
1,2	ž	Yes	No	N/A	1	0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					е	
1st Floor Library	1				Transite	e Pan	els		242 SF				
1st Floor Library	1				Pipe Fit	tings			24 total				
	*												
			П							П	П	П	П
Name of Registered Waste	Hauler			JDEP V	Vaste I	Cubic	Yards of	Name of Regis	tered Landfill	1-		_	\exists
Service Transport			H	auler ID 20990	No.	Wast 20		G.R.O.W.S					
City, State							sal Date	City, State					
New Castle, DE						6/1	6/17	Tullytown,	PA				
Completed By (Print or Typ	e)	Title		7-20-01L		1	Signature		Da	te.	. 1		
Gwendolyn Trumbett	i	Operati	ions C	oordi	nator		40	7/5	(0 6			

ASB-41 MAY 11

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

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

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1KI	-			 -		
					- 3	111

Date of Notification (1)	1- 7-11-			Mam	o of Duildie	200	·mar/Onaratar	(2)	<u> </u>	14 1	J	2011	
6/12	/ _1	7			e of Buildir		wner/Operator	***************************************	ob #1603 4995 (ASBES	heck	#92	30	01.8
Agencies Notified Type I	Votification	n		Stree	t Address					JCEI			UL a
⊠ EPA ☐ Init				23	0 Mendh	am I	Road				9011		
☑ DOLWD ☑ Am	ended				State, Zip	200.000110							
	endment :			1	orristown								
	ergency (includin	g		e of Contac	*	07900		T-1	h			
	tification)								Telephone Num	ber			
LI Car	icellation			Bil	I Champi				1				
Name of Facility Wilson Abote	-4 to Told	Di	(0)	FA	CILITY I	VFO	RMATION	T= 7=	<i>(</i> 2)				
Name of Facility Where Abateme Delbarton High School	nt is Takir	ng Place	e (3)					Type of Facility School (K-1					
Street Address									8 (Other than K-12)			
230 Mendham Road								Other (i.e., phomes, etc.	private and comme	cial bu	uildin	gs,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Morristown, NJ 07960		10											
County (6)				Cou	nty Code (7	7)(ST/	ATE USE ONLY)		rior if being demolis	hed)			
Morris								High School					
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)				
Detail Associates, Inc.				16-0	085	1	AbateTech, Ir	nc.					
Street Address						Str	eet Address						
300 Grand Avenue						3	30 Maple Ave	. PO Box 25					
City, State, Zip Code						Cit	y, State, Zip Co	ode					
Englewood, NJ 07631						L	.umberton, N	IJ 08048					
Project Manager for Monitoring Fi	rm			phone		Tel	lephone No.		License No.				
Stephen Jaraczewski			1		-6708	1	09-265-2107		00529				
Start Date (10)5					te (11) 17	1000	me of OSHA M E MSL Analyti						
Occupancy Status During Abatem	ent (Chec	k only o	one)			Str	eet Address			11.50			-
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abater	nent		2	00 Route 13	0 North					
				s - Des	cribe		y, State, Zip Co				- No		
Time of Abatement: 7AM-3:30	PM/3:30	PM- <u>12</u> /	AM			0	innaminson						
Scope of Work (Check all that app	ly)	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					☑ Full Conta	ainment with Ne	native Pressure				
≥3 sf or ≥3 lf		⊠ Re	novati	on			☐ Mini-Encl		ganverressure				
≥160 sf or ≥260 lf		☐ De	molitic	n			Glovebag	Procedure	n-Friable Procedur	_			
		I lo	Locat		1		☐ Non-Exer	npted () and No	n-rnable Procedul	1			
Location of		1 77783	lormal				Description of			Ab	_	ent Ty	
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbes	stos	Containing Mat		Amount	Rer	Repair	Enc	Enclosure
TO BE ABATED		0.000	intena odial S			, the	ermal systems in	nsulation,	(Specify	Remova	pair	aps	losi
IN Facility (13)		Cust	(12)	otan:			surfacing, VAT, her miscellaned		SF or LF)	<u>a</u>		Encapsulate	re
(10)		Yes	No	N/A		0.1	noi mioconario	,00)				0	
See Attached					See Atta	ache	ed		See Attached				
2 nd Floor				⊠/	Glue Do	ots			300 SF	Ø.			
					and the second second			1					
Tracks a payor and					- Appendix and								
Name of Registered Waste Hauler				JDEP V	Vaste	Cub	oic Yards of	Name of Regis	stered Landfill		_		
Service Transport			1 2 3 3 3	auler ID 20990		Was	집 (1) 전	G.R.O.W.S	. Landfill				
City, State	WE						posal Date	City, State			acente.		
New Castle, DE						6	/19/17	Tullytown,	PA				
Completed By (Print or Type)	Title	9					Signature	A	Da	100		i	
Gwendolyn Trumbetti	0	perati	ons C	oordi	nator		OY	mt.		10	12,	17	

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

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	12/1			-				
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Date of Notification (1)				Nam	e of Buildir	ng O	wner/Operator	(2)	- 14	001	- 1	U	CULI	-		
6 / _12 /	17			To	wnship o	of W	/oodbridge /	Job #1706-516	3 Check #92	231						
Agencies Notified Type Notifi	cation			Stree	et Address				ASB			COI VSIN		OL &		
⊠ EPA ⊠ Initial	oadon			11340-0	Main Stre	ef			The state of the s	<u> </u>	JEI	AOIL	ш.	eri omo sum		
☑ DOLWD ☐ Amende	ed			2007	State, Zip	33.	e									
☑ DHSSAmendr				4	odbridg											
□ DCA		ıding			e of Contac	-			Telephone N	Jumbe	ar.					
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		-alloc					Some Call Annual Control of the Control		_		-					
Name of Facility Where Abatement is	Takina D	laca /	(3)	FA	CILITY	VFU	RMATION	Type of Facility	(4)							
Woodbridge Main Library	raking r	lace ((3)					School (K-12								
Street Address	 ✓ Subchapter 8 (Other than K-12) ✓ Other (i.e., private and commercial buildings, 															
1 George Frederick Plaza						Other (i.e., p homes, etc.)	rivate and com	merci	al bu	uilding	gs,					
City (5)								Square Feet	# of Floors		BI	dg. A	ne.			
Woodbridge, NJ 07095								Oquare i eet	# 01110013		101	ug. A	ge			
County (6)				Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Pr	ior if being den	nolish	ed)			_		
Misslesex						Library										
Name of Monitoring Firm Hired by Buil	ding Owr	ner (8) [ASCM	No.	Na	ame of Abateme	ent Contractor (9)								
T&M Associates						1	AbateTech, Ir	nc.								
Street Address						Str	reet Address									
11 Tindall ROad						1	30 Maple Ave	. PO Box 25								
City, State, Zip Code						Cit	ty, State, Zip Co	ode								
Middletown, NJ 07748						1	Lumberton, N	IJ 08048								
Project Manager for Monitoring Firm	phone	No.	Te	lephone No.		License No										
Kevin Burns							609-265-2107		00529							
Start Date (10)	Schedule	d Cor	mple	tion Da	te (11)	Na	me of OSHA M	onitor								
6 / _26_ / _17_	7_	_ / _	5	_ / .	17	E	EMSL Analyti	cal								
Occupancy Status During Abatement (Check on	ly on	e)			Str	eet Address									
☐ Facility Closed/Vacated During Enti						2	200 Route 130) North								
Abatement Performed Outside of No						Cit	y, State, Zip Co	de								
Time of Abatement:AM	PM/		PM-		AM	(Cinnaminson	, NJ 08077								
Scope of Work (Check all that apply)							FIE									
≥3 sf or ≥3 lf	×	Reno	ovatio	on				ainment with Neg osure	ative Pressure	E						
≥160 sf or ≥260 lf	-	Dem					Glovebag	Procedure		840						
							☐ Non-Exen	npted (*) and Nor	n-Friable Proce	edure						
Location of			ocati rmal				Description of	.		-			ent Ty			
Asbestos-Containing Material (ACM		Jsed	Sole	ly by	Asbes	stos	Description of Containing Mat		Amount		Rer	Repair	Enc	Enclosure		
TO BE ABATED		Maint Custoo				, the	ermal systems in	nsulation,	(Specify		Removal	air	aps	losu		
IN Facility (13)			(12)	idii .			surfacing, VAT, her miscellaned		SF or LF)		<u>a</u>		Encapsulate	re		
V	Ye	es	No	N/A		7.0		/					е			
Boiler Room	×	1 [Rope G	ask	eting		190 LF		\boxtimes					
Boiler Room					Transite	Pa	inel		25 SF							
Boiler Room	×]		Rib pas		gasketing,fire	bricks &	1/2 cubic ya	ard	\boxtimes					
Name of Registered Waste Hauler N.					Vaste		oic Yards of	Name of Regist	ered Landfill							
AbateTech, Inc.			1000	auler ID 18750		Wa	ste 5	G.R.O.W.S.	Landfill							
City, State				10730	().		posal Date	City, State								
Lumberton, NJ							/5/17	Tullytown,	PA							
Completed By (Print or Type)	Title						Signature.			Date						
Gwendolyn Trumbetti	oordi	nator		Ch	1 NA		ز	2	12	17						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1 Name of Building Owner/Operator (2) 13 / 17 PSE&G / Job # 1706-5165 JUN 15 2017 Check #9232 Type Notification Agencies Notified Street Address **⊠** EPA 4000 Hadley Road ASBESTOS CONTROL & ☑ DOLWD ☐ Amended City, State, Zip Code M DHSS Amendment # South Plainfield, NJ □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Rich Larsen **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Corbin Street & Innerport Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Port Newark, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex **Control House** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 609-839-2432 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 22 / 17 6 / 26 / 17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ 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 Repair Used Solely by Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior П M П 8" ACM coal tar wrap 50 LF П X П Exterior \boxtimes 12" ACM coal tar wrap 50 LF X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management G.R.O.W.S. Landfill 18750 12 City, State Disposal Date City, State Camden, NJ 6/26/17 Tullytown, PA Completed By (Print or Type) Signature Gwendolyn Trumbetti **Operations Coordinator**

State of New Jersey

ASB-41 MAY 11

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

CK 39108	1		ICATION	N OF ASE to NJAC	BESTOS	ABATE				EC	E] [1
Date of Notification (1) 06/06/2017				of Building Grove				gional Sch	iopID	istrict∪N	15	201	7	
Agencies Notified Type Notification X EPA X Initial Amended	1		114.000.000.000.000.000	Address ona Ave ate, Zip C						ASBEST			ROL	&
X DOL Amendmer		_	Penns	Grove,	NJ 080	069					CENS	ING	in men uman	c amazana
X DOH justification X DCA ☐ Cancellation		- 1		Ferguso					l lel	ephone Nu	mber			
Cancellatio				ILITY INF		ON			_	100000				
Name of Facility Where Abatement is Taki Penns Grove Regional High Scho	ng Place (3	3)	FACI	ILIT INF	ORWATI	ON	Туре	e of Facility (AND THE	
Street Address 334 Harding Hwy								Subchapter Other (i.e. p	8 (Oth			dings	home	es,
City (5) Carneys Point, NJ 08069							Squa 90,0	are Feet	# of	Floors		ildg. A		
County (6) Salem County				Code (7) USE ONLY	7			ent Use (Prio			hed)			
Name of Monitoring Firm Hired by Building Horizon Environmental Group, Inc			ASCN 0007				of Ab	atement Con	tractor					
Street Address P. O. Box 316	ili di di					Street 205 F		ess e 46 Suite	15					
City, State, Zip Code Thorofare, NJ 08086						10.77		Zip Code NJ 07512						
Project Manager for Monitoring Firm Steve			Telepho (856) 8	ne No. 848-080	0	Teleph 973-3				License N 01034	lo.			
Start Date (10) 06/26/2017	Schedule 07/03/2		npletion	Date (11)				HA Monitor	Corp					
Occupancy Status During Abatement (Che	-	7/				Street	Addre		•		Vi. 61			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nori Other – Describe:	nal Facility	Hours	nent S	28				Zip Code NJ 07512				-240 (0.170)		
Scope of Work (Check All That Apply)		76			1		,, ,,	10 07 0 12	-		-			-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	X R	enova emolit	ition ion			×	Mi GI	III Containme ni-Enclosure ovebag Proc on-Exempted	edure				e.	
	4.500	Locati	200 2 101			20.000		ZXOTIPLOS	() 0,,,			Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole ntenar odial S (12)	ly by nce/		tos Conta thermal surfac		lateria insul T, or	ation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Hallows A	Yes	No	N/A								_		ate	ro .
Hallway 1	X			Plast	er Cei	ling		500 SF		х		Х		
Hallway 2		X			Plast	er Ceil	ling	-	50	0 SF	X		X	
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID 4509		Cubic \ of Was			Name of F	. D	red Landfill				
City, State Newark NJ					Dispos 07/05/	al Date /2017		City, State Morrisev		PA				
Completed by Villos Savic	Title Project	ct Ma	nager		Si	gnafure		1	7 -	1 838	ite 8/06/2	017		

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Date of Notification (1)		NO	(Pursu	TON OF A	f New Jer ASBESTO JAC 8:60 a	S ABAT and 12:1	20)			E C	E	Ш	\mathbb{V}	15			
6/13/17			Nam Lor	ne of Build raine C	ding Owne	r/Operate	or (2)			JUN	1	5 2	2017	1 1			
Agencies Notified Type Notifi	cation			et Addres					-			Marria .		- Action			
EPA Initial Amen				ASBESTOS CONTRO													
X DOL Amen	dment #		City,	State, Zij	p Code NJ 0765	2			The State of the S	110	EVI	SIM	3	***			
iustific	gency (includation)	ding		e of Cont							AC 11 C						
DCA Cance				raine Co					Teleph	none Nur	nbe	r_					
Name of Facility Where Abatement is	Taking Plac	e (3)	FA	ACILITY	NFORMA	TION	-										
nesidential Home		- (-)					Тур	oe of Facility	535								
Street Address							H	School (K- Subchapte	12) r 8 (Other ti	han K.12	1						
City (5)							×	Other (i.e. petc.)	private & co	mmercia	al bu	ilding	s, ho	mes,			
Paramus								uare Feet	# of Flo	ors	T	Bldg.	Age				
County (6)	Count	unty Code (7) Current Use (Prior if being der								65+/-							
Bergen			(STAT	E USE ON	ĹY)		Re	sidential H	or if being o lome	iemolish	ed)	e lut-ce et a v					
Name of Monitoring Firm Hired by Buil Project Manager	ding Owner	(8)	ASC	CM No.		Name	of Al	patement Cor	tractor (9)				_				
Street Address							_	s Abateme	ent								
City State 71 0						Street 280 I		ess Iidland Ave	1								
City, State, Zip Code						City, S	tate,	Zip Code									
Project Manager for Monitoring Firm			Tolook					rok, NJ 07	663								
	relepn	Pelephone No. Telephone No. License No. 201-600-3184 01305															
Start Date (10) 6/12/17	Sched	uled Co	mpletion	Date (11	1)			SHA Monitor	0.000								
Occupancy Status During Abatement (0	6/15/	17			# #			A IN WOULD									
Facility Closed/Vacated During En						Street /	Addre	ess			5,035						
Abatement Performed Outside of N Other – Describe: 8 A.M to 4 P.M	Normal Facili	f Abate	ment s			City, St	ate, Z	Zip Code									
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demoli	ation			×	Mir	II Containmer ni-Enclosure ovebag Proce	edure								
		s Locat					INO	n-Exempted	(*) and Non	-Friable							
Location of Asbestos-Containing Material (ACM)	Us	Normal ed Sole	ly ly by	by Description of							Abatement Type						
TO BE ABATED	M	aintena stodial S	nce/	Asbe:	stos-Conta	aining Ma	terial	(ACM)	Amoun				т				
In Facility (13)	J	(12)	olair	itaff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (S						(-)	Remova	Repair	ncap	Enck			
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1st Fl of Home		x			Popeo	rn Ceili	ina						e				
							9		285	x							
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ame of Registered Waste Hauler			DEP W		Cubic Y	ards	- 1	Name of Re	gistered I a	ndfill							
Stages Abatement			36592		of Waste	Э		Grand Ce			anc	fill					
ty, State addle Brook, NJ					Disposa 6/14/17		1	City, State			A110						
ompleted by chard Cristofol	Title					nature		Pen Argyl	, PA 180								
GHAIU GHSIOTOI	Presi	dent			0.9		111	1-1	-	Date 6/13/	17						

AV 11155		NOT	IFICATI	ON OF A	New Jers	SABATE	EME	NT) <u>E</u>	G [W	Print Fo
Date of Notification (1)			(Pursua	nt to NJ	AC 8:60 a	nd 12:12	20)) 	JN	15	2017	Management is as and
6/13/17			Rob	in Strau	ISS	p = . a.c	·· (=/	h	1 1200 (5)	į			,	inte
Agencies Notified Type Notification	on		Street	Address					1	ASBES	TOS	CO	VTRO	3 IC
EPA X Initial Amended			City	State, Zip	Cada				- And Allerton		LICE	NSIN	<u>IG</u>	
X DOL Amendme	nt #				VJ 0741	0								
DOH Emergence justification Cancellation	n)	ng	Name	of Conta	ct		<u> </u>		Tel	ephone N	lumbe	er		
Name of English Whose Abote and Tra			FA	CILITY IN	FORMAT	TION	///							
Name of Facility Where Abatement is Tak Residential Home	ing Place	(3)					Ту	pe of Facility (4)					\neg
Street Address	1/2							School (K-1	2)					
							×	Subchapter Other (i.e. p	8 (Otherivate 8	er than K- k commer	12) cial b	uildina	s hon	nes
City (5)								etc.) uare Feet		Floors				100,
Fair Lawn								750	2	Floors		Bldg.	-	
County (6) Bergen			County (STATE	Code (7) _Y)		Cu	rrent Use (Pricesidential Ho	or if beir	ng demoli	shed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	M No.		Name All S	of A	batement Con	tractor	(9)				
Street Address						Street	Add	ress					=	
City, State, Zip Code								Midland Ave						
,,,,								, Zip Code Brok, NJ 076	363					
Project Manager for Monitoring Firm	Telepho	Telephone No.												
Start Date (10)	201-600-3184 01305 Scheduled Completion Date (11) Name of OSHA Monitor													
6/22/17	6/27/	17												
Occupancy Status During Abatement (Che						Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8 A.M to 4 P.M	Period of mal Facili	Abater ty Hour	ment s			City, St	tate,	Zip Code					. 15 - 25 / 2	
Scope of Work (Check All That Apply)						La consecto								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli	ation tion			×	M	ull Containmer lini-Enclosure slovebag Proce	dure					
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All Stages Abatement		H	auler ID 36592	No.	of Wast			Name of Re Grand Ce				ndfill		
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Completed by Richard Cristofol	Title Presi	dent				gnature	1	1///		Dat	te	7	American property	