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City, State, Zip Code							0.000.000.000	KLIN STR	EET		·			
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N		1	icense N	No.			
Start Date (10) 06/23/2017	Schedul 06/26/			Date (11)		Name	of OSI	HA Monitor		1617				
Occupancy Status During Abatement (Chec		100				Street	Addres	ss						
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUN 15 2017 06 13 / 17 Jersey Central Power & Light Agencies Notified Type Notification Street Address ASBESTOS CONTROL & 300 Madison Avenue LICENSING □ DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Morristown, NJ 07962-1911 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Frank Lawson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial-Building 2A ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 33-39 Willow Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Washington County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Warren Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Bio Terra Solutions** ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Estaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_06\_\_ / \_\_26\_\_ / \_\_17 08 / 26 / 17 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Garfield, NJ 07026 Scope of Work (Check all that apply) ≥3 sf or ≥3 If ☐ 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 Encapsulate Used Solely by Removal 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 **Building 2A** П Interior roof exhaust material M 12 SF X **Building 2A** X Black mastic on interior brick 800 SF X П **Building 2A** M White material on interior brick 800 SF X П **Building 2A** $\boxtimes$ Transite ceiling panels 2,450 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill

Completed By (Print or Type)
Zvonko Veskov

ATC

City, State

ASB-41 JAN 13

Shirely, NY

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

Waste

TBD

As Needed

Signature

Disposal Date

Minerva Enterprises

Waynesburg, OH

City, State

Hauler ID No.

Title

President

SW-24310

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Date of Notification (1)		-			Name	of Buildin	g Ow	ner/Operator (	(2)	)					
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Bio Terra Solutions							A	LL PRO MA	N	AGEMENT L	LC				
Street Address							Stre	eet Address							
P.O. Box 1224							2	7 Outwater	La	ane					
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Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	ephone No.			License No.				
Rick Estaquio						-3762	9	73-928-4888	3		1188				
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ATC				_   +	sw-2		Wa A	ste s Needed		Minerva Er	nterprises				
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Completed By (Print or Ty	ype)	Title				201 200		Signature	>	1/		Date	/_	/	_
Zvonko Veskov	S.f.	Pi	reside	ent				15	Z	llal		6/	13/	17	-

#### Check # 25524

Date of Notification (1)	/12/17			Name	e of Buildin	g Owner/Operator		me	G	E		W
	13/17			-			Benavides	3 11-01				_
Agencies Notified  EPA	Type Notific	ation		Stree	t Address				ITTAL	1	- 0	047
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(s <del></del>	Little	Egg Har	bor, l	NJ			900	11	_   _	65	+/-	_
County (6)	Ocean			Cou	nty Code (* ONLY <del>)</del>	7) (STATE	Current Use (Pr	ior if being demo	ished)			
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Street Address						Street Address						_
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Project Manager for Mor			1 700000	phone		Telephone No.		License Ne-	TT - 10000 40000	59		
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Facility Closed/Vacate								ox 341				
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City, State						Disposal Date	City, State					
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Mahlon E. Ste	vens	P1	oject	Man	ager	_ _#\		_	6/13	0/1/		

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Date of Notification (1) 06-08-17			Name Herro	of Building Own	er/Operato	r (2) nc			JUN	15	201	7
Agencies Notified Type Notificatio	n			Address Cranbury So	outh Rive	r Ros	nd	ASE	ESTO	S CC	NTF	OL
EPA Initial Amended				tate, Zip Code	Janitave	1106			LICI	ENSI	NG	and the same
DOL Amendme	-			sburg, NJ 08	3831							
Emergency justification  DCA  Cancellation	1)	g		of Contact ge Lappas				Telephone	Number	¥		
			FAC	ILITY INFORM	ATION			±1				-
Name of Facility Where Abatement is Tak Commercial Property	ing Place	(3)				Туре	of Facility (4	)			200	
Street Address		-					School (K-12 Subchanter	?) 3 (Other than I	( <sub>-</sub> 12)			
400 Huyler St.						E	Other (i.e. pr	ivate & comme	ercial bu	ildings	, hom	es,
City (5) South Hackensack							etc.) are Feet	# of Floors		Bldg.	Age	
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Curre	ent Use (Prior	if being demo	olished)			- 2
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.			tement Cont					
Street Address		-			Street	Addre	ss			-		
City, State, Zip Code						7th S						
ony, orace, sip code					The state of the s		ip Code NJ 07087					
Project Manager for Monitoring Firm			Telepho	one No.	Telepi	hone N 216-9	0.	License 01206				22.5
Start Date (10) 06-19-17	Schedu 07-31		mpletion	Date (11)	Name	of OSI	HA Monitor tracting LL				244	
Occupancy Status During Abatement (Che						Addres		<u> </u>	- Children			_
Facility Closed/Vacated During Entire	Period of	Abaten	nent			7th St						
Abatement Performed Outside of Nor Other – Describe:	mal Facilit	y Hour	S				ip Code					
Scope of Work (Check All That Apply)					Unio	n City	NJ 07087					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	December	Renova Demolii			-	Mir Glo	ni-Enclosure evebag Proce	it with Negativ dure *) and Non-Fr			re.	
	Is	s Locati	ion					, 11011111	1 10	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Normal ed Sole			Description				-	T)	/pe	_	
TO BE ABATED	TO BE ABATED Main Facility Custo				ontaining M nal systems	s insula		Amount (Specify	Z	יד	Enc	En
In Facility (13)	Ods	(12)	Jan:	Su othe	rfacing, VA er miscellan	T, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
a a	Yes	No	N/A		- Condi	2300)			val	=	ilate	ure
Roof		х		Roo	ofing Mate	erials		135,000 SF	X			
Exterior		X		Win	dow Cau	Ilking		680 LF	X			22211
Exterior		Х		Wir	ndow Gla	zing		30 each	X			
Name of Registered Waste Hauler		1	IDED !	lasta I o :	:- V :-							
Pelfa Contracting LLC		0.0	JDEP W auler ID 35240	No. of V	vaste 800			egistered Land Resource		ery F	acilit	У
City, State Jnion City, NJ				Disp	posal Date		City, State					
Completed by	Tiela			06	S-26-17		Tullytown					
Jaime Delgado	Title Proi.	Mana	ager		Signature	1	H		Date ng_ng_	17		

Ch 5310	3188	2	NOTIF	ICATIO	state of No N OF ASI t to NJAC	BESTOS	ABATE	EMENT (0)	Ţ	enen errer incommendentrale		6 1			E
Date of Notification (1) 06/09/2017	***************************************				of Building		Operato	r (2)			L J	UN	15	201	7
Agencies Notified	Type Notification			Street /	Address	000				1	ACDE	``T/\	200	h Armen	
X EPA	× Initial				ENE.						ASBE	LICE			OL.
EPA DEP DOL	Amended Amendment Emergency		<u>,                                     </u>	Boon	tate, Zip C ton, NJ	07005							er e		
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Name of English Whore	Abatament in Takin	a Diasa	2)	FAC	ILITY INF	ORMAT	ION	-		-					
Name of Facility Where House	Abatement is Takin	g Place (	3)					Тур	e of Facility						
Street Address								H		8 (Oth	ner than K-1				
								×	Other (i.e. petc.)	orivate	& commerc	ial bui	dings	hom	es,
City (5) Boonton								Squa N/A	are Feet	# c	of Floors A	10.0	Bldg. A	Age	
County (6) Morris					Code (7) USE ONLY	n			ent Use (Pri ⁄ate Buildi		ing demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.				atement Cor tement, Ir		(9)				
Street Address							Street 11 R	100000000000000000000000000000000000000	ess igren Avei	nue					
City, State, Zip Code		Access to the second					City, S	State, 2	Zip Code NJ 07512						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 973-	none N	lo.		License N	lo.			
Start Date (10)		Schedu	led Cor	npletion	Date (11)		100000000000000000000000000000000000000	2000	HA Monitor		01311				
06/19/2017		06/29/	2017				D&S	Abat	tement, In	C.					
Occupancy Status During		0.50	20				Street		737				-3/I		
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of nal Facilit	Abaten y Hours	nent s			City, S	state, 2	gren Aver <sup>Zip Code</sup> NJ 07512	iue					
Scope of Work (Check A	II That Apply)						1010	vva, i	13 07312						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  R				ition tion			×	Mi	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					
	ls			ion				_ 140	n-Exemples	2 ( ) an	a Ivon-i nac	10.110		ement	
Location of			Normal	ly			scription						Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ARATED  Mai			intena todial S	nce/		tos Cont thermal		s insul		(8	mount Specify F or LF)	Rer	Re	Enca	End
In Facility (13)			(12)	NIZA			niscellan			31	OI LF)	Removal	Repair	Encapsulate	Enclosure
1st Flo	or	Yes	No X	N/A		Ponc	orn Ce	ilina		15	00 SF	X			
						. 000	0111 00	9			00 01	1			
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Landfill				
D&S Abatement, Inc.			Н	auler ID 0996		of Was			100000000000000000000000000000000000000		gement of	PA			
City, State Totowa, NJ						Dispos TBD	al Date		City, State Morrisvi		Ą				
Completed by		Title	CO MARKE			S	ignature		7		Da	te			

Project Manager

Ned Joksimovic

06/09/2017

PULLFULLE

Date of Notification (1)			Nan	ne of Buildi	ng Owner/Operator	(2)				56	
	17	8		ve Star S		(-)	3	20	7	0	
Agencies Notified Type Notified	cation		Stre	et Address			leseapers	<b>7</b> (a)	[2]	n n	7 -
⊠ EPA ☐ Initial			2	Coles Wa	ıy		lin) L	EG	E		y le
☑ DOLWD ☐ Amende			City	State, Zip	Code		1141				-
DOH   Amenda     DCA   ⊠ Emerge			the contraction in		NJ 08701						
DCA Emerge (NJAC 5:23-8)		ding	-	ne of Conta			Telephone **	17.JAJ	15	20	17
☐ Cancella			1000	ehuda Bra			Telebrine				
				ACILITY I	NFORMATION		AS	BESTO	S C	ONT	ROL
Name of Facility Where Abatement is	Taking Pl	ace (3)	)		Managara and Transfer of the Con-	Type of Facility		LIC	ENC	HNG	The state of the state of
Residence						School (K-12					138518501850
Street Address						Subchapter 8 Other (i.e., pi	3 (Other than K-	-12) mercial b	uildin	gs,	
City (5)						Square Feet	# of Floors	T P	lldg. A	100	
Lakewood						1000 sf	1		65	ige	
County (6)			Cor	inty Code (	7)(STATE USE ONLY)	Current Use (Pri		aliah ad)	05		
Ocean				, 0000 (	MOTHE OOL ONE!	Residence	or it being dem	olisnea)			
Name of Monitoring Firm Hired by Buil	Idina Own	er (8)	ASCN	4 No	Name of Abatama						
N/A	iding Own	Ci (O)	AGGI	IIIO.	Name of Abateme						
Street Address						ntracting, Inc.					
					Street Address						
City, State, Zip Code					1889 Route 9						
Oity, State, Zip Code					City, State, Zip Co						
Project Manager for Manager						New Jersey 08	755				
Project Manager for Monitoring Firm		T	elephone	No.	Telephone No.		License No.				
Charl Date (40)					732-349-9932		00624				
	Scheduled			0.5	Name of OSHA M	lonitor	-				
			14_ /	17	E.M.S.L. Anal	ytical					
Occupancy Status During Abatement (					Street Address						
☐ Facility Closed/Vacated During Enti	ire Period	of Aba	tement		1056 Stelton						
Abatement Performed Outside of N	ormal Fac	ility Ho	ours - De	scribe	City, State, Zip Co	de					
Time of Abatement:AM	PM/	P	M	_AM		lew Jersey 088	354				
Scope of Work (Check all that apply)											-
≥3 sf or ≥3 If		Renov	ation		☐ Full Cont☐ Mini-Encl	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		Demol			☐ Glovebac						
					Non-Exer     Non-Exer	mpted (*) and Nor	n-Friable Proced	dure			
W 702 P		is Loc	350 THE 1800 C					Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACN	n   U	Nom	nally olely by		Description of			R	T zo	m	т
TO BE ABATED	·′   N	Mainte	nance/		stos Containing Mat ., thermal systems i		Amount	em	Repair	nca	nclo
IN Facility	C	ustodia (1)	al Staff?	(,,,	surfacing, VAT,		(Specify SF or LF)	Removal	≒	psu	Enclosure
(13)	Ye		1		other miscellaned	ous)	2000 0 2000 0 000 00 E			Encapsulate	Ø.
exterior					os siding from sh	ned	500 sf				
					or craming monit of	iou	300 31				
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			$\perp \!\!\! \perp$	-							
N											
Name of Registered Waste Hauler			NJDEP		Cubic Yards of	Name of Regist	ered Landfill				
Guardian Contracting, Inc.			Hauler I 2022:		Waste 2	T.R.R.F.					
City, State					Disposal Date	City, State	3.145.45.4.45.10.00	//			-
Toms River, New Jersey					6/15/17	70.5 (1) *0.5 (1) -0.5 (1) -0.5 (1)	Pennsylvania	1			
Completed By (Print or Type)	Title	1000			-Signature	1					
Nicholas Fernicola		ct Ma	nager		Signature		1	Date /	1		
SR-41			-g-,		- Y	1 Te	/	6/1	2//	1	

JAN 13

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

Chou	do	1		CATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE		The state of the s		<u> </u>	<u>IS</u>			D U
Date of Notification (1) 6/12/17					f Building EY MAN			r (2)	3		JUN	15	20	11	L
Agencies Notified	Type Notification		- 1	Street A 411 AS	ddress SHLEY	AVE		=1*		AS	SBESTO				_&
EPA DEP DOL	Initial Amended Amendmen				ite, Zip Co NOOD,		701			15 F 60 W/20	110	ENS	II/K-		to the same
⊠ DOH DCA	Emergency justification) Cancellation	)	2.04	Name of	f Contact					Telen	hone Nive				
				FACI	LITY INFO	ORMAT	ON			1					
Name of Facility Where			)					Туре	e of Facility (4	4)					
Street Address	LAKEW	OOD						×	School (K-12 Subchapter Other (i.e. p	8 (Other			lings,	home	es,
City (5) LAKEWOOD				Hawa ear				Squa	etc.) are Feet	# of F	loors	В	ldg. A	ge	
County (6) OCEAN					Code (7) USE ONLY	)		Curr	ent Use (Prio	or if being	demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.				atement Con		*				
Street Address	9						Street 6 WI		ess DOVE CC	DURT					
City, State, Zip Code									Zip Code OOD, NJ 08	3701					
Project Manager for Mor	itoring Firm		T	Telepho	ne No.		Teleph 732-	hone N 668-			icense No	).	3451		
Start Date (10) 11/22/16		Schedule 11/26/		pletion l	Date (11)				HA Monitor D PROFE	SSION	ALS				
Occupancy Status Durin	g Abatement (Che	ck Only Or	e)	-			Street	Addre	ess						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Non						City, S	State, 2	DOVE CC						
							LAK	EWC	OD, NJ 08	8701					
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	II That Арріу)	-	lenova: emoliti					M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e edure				9	
		1000	Locati	7007										ment	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Use Ma	d Solei intenar odial S (12)	ly by nce/	Asbes (i.e.	tos Con thermal surfa	scriptior taining N system cing, VA niscellar	Materia s insu AT, or		(Spi	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
EXTER	IOR	100		1111		5	SIDING	3		2500	) SF	х			
Name of Project-red Mr.	sta Haufer		A1	IDED IS	logic	Louis	Verd-		Name of	Doglet-V-	d Lauden				
Name of Registered Was NEWARK CARTING			H	JDEP W auler ID 1509		of Wa	Yards ste		Name of F	-xegistere	u Landiiii				
City, State NEWARK, NJ						Dispo:	sal Date 5/16	1	City, State		PA				

Signature

Title

OWNER

JOSEPH PERLSTEIN

Completed by

Date

Print Form

## UK5660

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

Che opar	/	(PL	irsuant	to NJAC	s:60 an	a 12:120	))	1							
Date of Notification (1) 6/12/17				f Building ( RIDGE A				DD		JU	M	15	201		Lame
Agencies Notified Type Not  EPA				ST ate, Zip Co					A:	SBES	TOS			IOL	8
∑ DOH ☐ Eme	endment #ergency (including fication) cellation			NG, NJ f Contact	08759	)		) 	Tele	phone I	Numl	or_			
			FACI	LITY INFO	RMAT	ION									
Name of Facility Where Abatement MANO Street Address	is Taking Place (3) CHESTER						Ту	pe of Facility  School (K- Subchapter	12)	r than k	<-12)			HILLS-COTE	
							×	Other (i.e. )				build	ings,	home	s,
City (5) MANCHESTER							Sq	etc.) uare Feet	# of	Floors		BI	dg. A	ge	
County (6) OCEAN				Code (7) USE ONLY)			Cu	rrent Use (Pri	or if beir	ig demo	olishe	d)			
Name of Monitoring Firm Hired by I	Building Owner (8)		ASCN	No.				Abatement Co AD PROFE							
Street Address						Street 6 WH		iress E DOVE C	OURT						
City, State, Zip Code								, Zip Code OOD, NJ 0	8701						
Project Manager for Monitoring Firm	n		Telephor	ne No.		Teleph 732-6		No. 3-9078		Licenson 1200	e No.				
Start Date (10) 6/22/17	Schedule: 6/26/17	d Com	pletion (	Date (11)				SHA Monitor AD PROFE		NALS					
Occupancy Status During Abateme	nt (Check Only One	e)				Street									
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:						City, S	tate	E DOVE CO , Zip Code OOD, NJ 0	UI			-000000			-
Scope of Work (Check All That App	ly)					1	1/10=				-				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Appropriate Control of the Control o	enovat emoliti				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
		ocatio											Abate Ty	ment	
Location of	Hene	ormall Solel				scription					1		-,		
Asbestos-Containing Material (A TO BE ABATED In Facility (13)	Mair Mair	ntenan odial S (12) No	ice/		therma surfa	taining iv I systems icing, VA miscellar	s ins	r	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR					LIN	NOLEU	M		20	0SF		х			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Register	red Lan	dfill				
NEWARK CARTING		H	auler ID 1509		of Wa			IESI			ottt				
City, State NEWARK, NJ -					Dispo 6/26/	sal Date 17		City, Star BETHL		PA					
Completed by JOSEPH PERLSTEIN	Title OWN!	ER			5	Signature	)				Date	;	20022		

Print Form

NOCK		1		Sta FICATION Pursuant (		ESTOS	BABATE		have a consequent	D-	EG		W	12	22
Date of Notification (1)	)			Name of	Building	Owner	Operator	(2)		111					11
M	lay 26, 2017			General	Electric	c Con	npany				JUN	1.5	201	7	13
Agencies Notified	Type Notification			Street Ad	ddress										
⊠ <sub>EBA</sub>	Initial			6001 To	nnelle .	Ave			7	L.	SEESTY				
EPA DEP	Initial Amended		1	City, Sta	te, Zip Co	ode				—- A		is co Linti		UL 8	-
DOL .	Amendment			North B					L	-	i <sub>10</sub> 1 \.	<del> </del>			
N POU	Emergency (	including		Name of		10				Te	lephoneN	umber			
DOH DCA	justification) Cancellation			EHS Ma	nager					1	•			*	
	П одпосновни	-			LITY INF	ORMA"	TION	-							
Name of Facility When	re Abatement is Takin	g Place (3	3)	1 401	LIII 1141	OTTOWN	11014	Туре	of Facility	(4)			-		
General Electric Co								П	Cabaal (V	12)					
Street Address	отпратту							X	School (K- Subchapte Other (i.e.	r 8 (Oth			dinas	. hom	es.
6001 Tonnelle Ave City (5)		411111111111111111111111111111111111111		0349-509-940					etc.) are Feet		f Floors		Bldg. /	5000000	
North Bergen, NJ									TBD		TBD		5	ГBD	
County (6)				County C	ode (7)			Curr	ent Use (Pr	ior if he	A1-2-02-02-0	ished)		טט	
					ISE ONLY			Odif	CIT 050 (1 1						
Bergen	in Uisad by Duilding	O.,,,,,,,,, (0)		ACOM	No		Namo	of Ab	atement Co		unknowr	1			
Name of Monitoring Fi	irm Hirea by Bullaing	Owner (8)		ASCM	NO.		0.430000347				(9)				
CB&I									Group, I	LC.					
Street Address							Street	Addre	ess						
200 Horizon Cente	r						1500 l	Kings	HWY N	STE	209	-0.1600-	41000000		
City, State, Zip Code							City, S	State, 2	Zip Code						
Trenton, New Jerse	ey 08691						Cherry	y Hill,	NJ 0803	4					
Project Manager for M	onitoring Firm			Telephor	ne No.		Teleph	none N	lo.		License	No.			
Gary Wyrwa				(732) 93	39-3770	7	(973)	759 -	5000		00781				
Start Date (10)		Schedul	ed Co	mpletion [	Date (11)		Name	of OS	HA Monitor						
6/12/	17			6/30/17	7		The M	IACK	Group, I	1C					
Occupancy Status Dur	1972	k Only Or	ne)				Street								
							1500 8	Kinas	HWY N	STF	209				
	acated During Entire I rmed Outside of Norm :						City, S	state, 2	Zip Code		200				
Canna of Work (Charle	All That Annly)						Cherry	у ПШ,	NJ 0803	14					
Scope of Work (Check	. All That Apply)						F	abla							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f	CONTRACTOR OF THE PARTY OF THE	Renov		0			Mi Gi	III Containn ini-Enclosur ovebag Pro on-Exempte	e cedure					
Is			Loca	tion										emen	t
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Asbestos-Containi		100000000000000000000000000000000000000		ely by		tos Co	ntaining N	//ateria		0.73	Amount			m	_
	TO BE ABATED Mai				(i.e		al systems facing, VA		lation,	6.5	Specify F or LF)	Remova	Z Z	Encapsulate	Enclosure
	In Facility Cus						miscellar		r	3	r UI LF)	non	Repair	nsd	USO
3	(13)											l a	=	late	9
old boiler room				N/A		flaar	tile & m	ti a		1	EEO alf		<u> </u>	10000	
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_"	<u>-</u>	4	X	<u> </u>		floor	tile no r	nasti	С	(	64 s/f	-			
_"	<u>_</u>		X			wind	ow w/ca	ulkin	g		7	X			
Name of Registered V	Vaste Hauler			NJ DEP W	aste	Cubi	c Yards		Name of	Registe	ered Land	fill		-	
				Hauler ID		of W						1055			<b>-</b>
Freehold Carting				159	39	-	16.2	y			Co./ BFI	/ GRO	VVS	IR	KF
City, State						Disp	osal Date		City, Sta		eggs posteron		90gn ×	<u>ter</u> tys tite	
Freehold, NJ							6/30/17		Newbur	g / Im	-		ille,	PA	_
Completed by		Title					Signature		107/			Date			
Michael Cooper		Presid	lent			~	- J. L. L.				5	/26/17			

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13	74	1

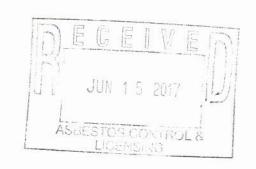
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Date of Notification (1)						r/Operator	(2)		į J	IUN 1	5	2017	
June 09, 2017				al Electri	c Co	mpany			0.50				
Agencies Notified Type Notific	ation		Lesses some	Address				and the same of th	A C DIT	0700			
EPA Initial				onnelle					ASDE	STOS		H File	/L or
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	ency (including	1		Bergen,	NJ								
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No. of Facility 10th 10th 10th 10th 10th 10th 10th 10th	T. 11. DI.	0.	FAC	ILITY INF	ORMA	TION							
Name of Facility Where Abatement is	Taking Place (	3)					Type of Facili	ty (4)					
General Electric Company							School (						
Street Address									her than K & comme		dinas	hom	00
6001 Tonnelle Ave							Other (i. etc.)	e. private	a comme	i ciai buii	uniga	, nom	cs.
City (5)							Square Feet	#	of Floors		Bldg.	Age	
North Bergen, NJ							TBD		TBD			TBD	
County (6)				Code (7)			Current Use (	Prior if b	eing demo	lished)			
Bergen			(STATE	USE ONLY	)				unknow	n			
Name of Monitoring Firm Hired by Bu	Iding Owner (8	)	ASCI	M No.	- 0575 - 50	Name	of Abatement					A KILL	
CB&I						220000000000000000000000000000000000000	IACK Group						
Street Address			24 (20 OW) V-25 (20			THE RESERVE AND ADDRESS OF THE PARTY OF THE	Address	, LLO.				-	
200 Horizon Center						25/10/2023	Kings HWY	N STE	200				
City, State, Zip Code							itate, Zip Code	IN, OIL	209		_	-	
								024					
Trenton, New Jersey 08691 Project Manager for Monitoring Firm			Telepho	no No			/ Hill, NJ 08 none No.	034	License	. No			
The same of the sa			10100000000000000000000000000000000000		\ <del>-</del>					: NO.			
Gary Wyrwa Start Date (10)	Cabada			39-3770	2010	,	759 - 5000		00781				
	ied Co		Date (11)		100000000000000000000000000000000000000	of OSHA Moni							
6/26/17			7/14/1	1			ACK Group	, LLC.					
Occupancy Status During Abatement	(Check Only O	ne)					Address						
Facility Closed/Vacated During E							Kings HWY	N, STE	209				
Abatement Performed Outside of Other - Describe:	Normal Facilit	y Hou	rs			100000	tate, Zip Code						
						Cherry	Hill, NJ 08	034					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf		Renov				Į.	Full Contai		th Negative	e Pressu	re		
≥160 sf or ≥260 lf		Demol	ition			-	Mini-Enclos Glovebag F						
						ľ	Non-Exemp			ble Proce	dure		
		s Loca	tion								Aba	temen	t
		Norma									Т	ype	
Location of Asbestos-Containing Material (AC	IVI I		ely by	Asbes		Description ontaining M	faterial (ACM)		Amount			m	
TO BE ABATED	- N S S S S S S S S S S S S S S S S S S	ainten:	ance/ Staff?		. therm	nal systems	s insulation,		(Specify	Re	Z	Encapsulate	Enc
In Facility (13)	000	(12)				facing, VA r miscellar		S	SF or LF)	Remova	Repair	sde	Enclosure
(13)		-		-	othe	i iiiisceilai	leous)			va	air	Jiat	ure.
	Yes	No	N/A			220 10 10 10 10						(0)	
old boiler room		X			floo	r tile & m	nastic	1	,550 s/f	X			
ביי_			>		7 3 7 3 7 3	tile no n			64 s/f				
			>	-	11001	tile no n	nasuc	-	04 S/T	-		-	-
_"_		X			wind	ow w/ca	ulking		7	X			
Name of Registered Waste Hauler			NJ DEP V	Vaste	Cub	oic Yards	Name	of Regist	tered Land	fill	1		-
Hauler ID No						Vaste	\$7.44.0e0.ee						
Freehold Carting			159	939		16.2			Co./ BFI	/ GRO	WS	/TR	RF
City, State					Disp	posal Date	City, S						
Freehold, NJ						7/14/17		urg / Im	perial / I	Morrisv	ille,	PA	
Completed by	Title					Signature	1100	-		Date			
Michael Cooper	Presid	dent				and the second				6/09/1	7		
				3 x 3 x x x x 1 x 1 x 1 x 2 x 2				-	The state of the s				

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Detaction			,	( disuall	t to NJA	SBESTOS ABATEME AC 8:60 and 12:120)		B M	Page
Date of Notification	1) June 8, 201	7					1111-	E (()	
Agencies Notified	April 4, 2017			Atlantica	Building (	Owner / Operator (2)		Che	ck # 118
Serioles Motified	Type Notificati	ion		Street Ad	are Kedio	nal Medical Center		filai	4 5 00
□EPA				Oli CCI Au	uless		the t	- JUN	1 5 20
DEP				1925 Pac	ific Aven				
⊠DOL				1 20 1 40	inc Aven	ue	1 1		Market State of the Control of the C
	Initial			City, State	0 7:- 0		, AS	BESTOS	S CONTI
⊠DOH		ded		Atlantia O	≥ ∝ ∠ip Co	de	Werens weather have been	Litte	NEING
DCA	Amend	lment # 2		Atlantic C	ity, NJ 0	8401			
	Cancel	lation		Name of C	Ontoot				
				William Ma				T-1	
				· · · · · · · · · · · · · · · · · · ·	alazita			1166	phone Nu
Name of Facility When AtlantiCare Regional	e Abatement is	Takin - Di		FACILI	ITY INF	ORMATION		<del></del>	
AtlantiCare Regional Street Address	Medical Center	aking Plac	e (3)			Type of Facility (4)			
						School (K-12)			
1925 Pacific Avenue						Subchapter 8 (Other	or the - 1/ 10:		
						Other (i.e., private	- (man K-12)		
City (5)						C. T. Private	e & commercial b	uildings.	home et
tlantic City, NJ						Hoquare reet #	of Floors	Bldg.	Age
						Current Llea (Dring 15)			118 Year
ounty (6)		Court	0-1			Current Use (Prior if bein Hospital	g demolished)		o rear
tlantic		USE O	Code (7	)		- pricar			
ame of Monitoring Firm	Hired by Buildin	na Owner /	VLY_			1			
illmann Consulting, I	nc.	ig Owner (8	3)	ASC	CM No.	Name of Abatement Cont			
reet Address	0233					Synatech, Inc.	ractor (9)		
00 Route 22 East, Ste ty, State & Zip Code	107					Street Address			
nion, NJ 07083		= 100				829 Radio Road			
oject Manager for Moni						City, State & Zin Code			
phen Cherepany	toring Firm		Telepho	one Number		Little Egg Harbor, N.I. 09	087		
heduled Start Date (10	1		1908-689	2 7000		relephone Number		Number	
April 14 2017	- 01101	duled Comp	oletion Da	ate (11)		609-296-6916	License		47
Cupancy Status During	A h = 1		July 31, 2	2017		Name of OSHA Monitor		008	17
Facility Closed/Va	Abatement (Che	eck only one	e)			Synatech, Inc.			
Abatement Perfor	rmad Out to	ntire Period	of Abate	ement		Street Address 329 Radio Road			
Abatement Perfor Other – Describe:	IIIEU UIITSINA OF	Normal Ho	urs						
T Facility Occurring					1.	City, State & Zip Code			
Facility Occupied	During Abateme	ent			1	ittle Egg Harbor, NJ 080	87		
pe of Work (Check all t	hat apply)								
≥3 sf or ≥ 50 lf		J1-55							
≥160 sf or ≥260 lf		L	Renov	ation		Full Containm	ent with Negative P	recours	
2.00 01 01 2200 11			] Demoli	ition		Mini-Enclosure	9-47-01	ressure	
						Glovebag Proc	edure		
							oddic		
Location of	of	Is Loca	tion Nor	no all. 11		Non-Exempted	d(*) and Non F :	_	
Asbestos-Containing N	laterial (ACM)	Solely	DV Maint	mally Used		Non-Exempted Description of	d(*) and Non-Friabl		
Asbestos-Containing N TO BE ABA1	faterial (ACM)	Solely	DV Maint	enance or i	P	Non-Exempted Description of asbestos-Containing		Aha	re atement Ty
Asbestos-Containing N TO BE ABAT IN Facility	faterial (ACM)	Solely	tion Norr by Maint odial Sta	enance or i		Description of sbestos-Containing Material (ACM)	Amount (Spec	Aha	
Asbestos-Containing N TO BE ABA1	faterial (ACM)	Solely	DV Maint	enance or i	(i.	Description of asbestos-Containing Material (ACM)		Aha	
Asbestos-Containing N TO BE ABAT IN Facility	faterial (ACM)	Solely	DV Maint	enance or i	(i. insu	Description of Sbestos-Containing Material (ACM) e., thermal systems lation, surfacing MAT	Amount (Spec	ify Aba	tement Ty
Asbestos-Containing N TO BE ABAT IN Facility	faterial (ACM)	Cust	DV Maint	enance or i	(i. insu	Description of asbestos-Containing Material (ACM)	Amount (Spec	ify Aba	tement Ty
Aspestos-Containing N <u>TO BE ABAT</u> IN Facility (13)	faterial (ACM)	Solely	DV Maint	enance or i	(i. insu	Description of Sbestos-Containing Material (ACM) e., thermal systems lation, surfacing MAT	Amount (Spec	ify Aba	tement Ty
Aspestos-Containing N TO BE ABAT IN Facility (13)	faterial (ACM)	Cust	by Maint odial Sta	enance or iff? (12)	(i. insu or i	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)	Amount (Spec	ify Aba	tement Ty
Aspestos-Containing M TO BE ABAT IN Facility (13) or	faterial (ACM)	Cust	by Maint odial Sta	enance or of off? (12)	(i. insu or i	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster	Amount (Spec	Aba Removal	itement Ty
Asbestos-Containing N TO BE ABAT IN Facility (13) or or or or Wellness Hallway	Material (ACM)	Cust	by Maint odial Sta	N/A X	(i. insu or	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic	Amount (Spec SF or LF)	Aba Removal X	tement Ty
IN Facility (13)  or  or  or Wellness Hallway assement Chiller-Pump	Material (ACM)	Yes	by Maint odial Sta	N/A X X X	(i. insu or Flo Flo	Description of sbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic or Tile and Mastic	Amount (Spec SF or LF)	Removal X X	tement Ty
IN Facility (13)  or  or  or Wellness Hallway asement Chiller-Pump	P Room	Yes	No	N/A X	(i. insu or Flo Flo	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic	Amount (Spec SF or LF)	Removal X X X	tement Ty
IN Facility (13)  or  or  or  or  or Wellness Hallway asement Chiller-Pump  Continued of Registered Waste Hallway as the second to the second	P Room	Yes NJDEP W	No	N/A  X  X  X  X	Flo Fitting	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic and Pipe Insulation	300 SF 390 SF 30 SF 120 LF	Removal X X	tement Ty
IN Facility (13)  or  or  or  or  or Wellness Hallway asement Chiller-Pump  Continued of Registered Waste Hallway as the second to the second	P Room	Yes	No	N/A X X X	Flo Fitting	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic and Pipe Insulation	300 SF 390 SF 30 SF 120 LF	Removal X X X	tement Ty
IN Facility (13)  or  or  or Wellness Hallway asement Chiller-Pump	P Room	Yes NJDEP W	No Vaste No.	N/A  X  X  X  X	Flo Fitting	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic and Pipe Insulation  Name of Register	300 SF 390 SF 30 SF 120 LF	Removal X X X	tement Ty
IN Facility (13)  Or  Or  Or  Or  Or  Or  Or  Or  Or  O	P Room	Yes  NJDEP W Hauler ID	No Vaste No.	N/A  X  X  X  Cubic Yard	Flo Flo Fitting	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic or Tile and Mastic and Pipe Insulation  Name of Register Fairless Hills	300 SF 390 SF 30 SF 120 LF	Removal X X X	tement Ty
IN Facility (13)  Or  Or  Or  Or  Or  Or  Or  Or  Or  O	P Room	Yes  NJDEP W Hauler ID	No Vaste No.	N/A  X  X  X  Cubic Yard  20  Disposal D	Flo Flo Fitting	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic and Pipe Insulation  Name of Register	300 SF 390 SF 30 SF 120 LF	Removal X X X	tement Ty
IN Facility (13)  Or  Or  Or  Or  Or  Or  Or  Or  Or  O	P Room Page 2 of 2	Yes  NJDEP W Hauler ID	No Vaste	N/A  X  X  X  Cubic Yard  20  Disposal D  August 1,	Flo Flo Fitting	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic or Tile and Mastic and Pipe Insulation  Name of Register Fairless Hills  City, State	300 SF 390 SF 30 SF 120 LF	Removal X X X	tement Ty
IN Facility (13)  Or  Or  Or  Or  Or  Or  Or  Or  Or  O	P Room On Page 2 of 2  auler  Title	Yes  NJDEP W Hauler ID	No No.	N/A  X  X  X  Cubic Yard  20  Disposal D	Flo Flo Fitting	Description of asbestos-Containing Material (ACM) e., thermal systems lation, surfacing, VAT other miscellaneous)  Ceiling Plaster or Tile and Mastic or Tile and Mastic and Pipe Insulation  Name of Register Fairless Hills  City, State  Morrisville, PA	300 SF 390 SF 30 SF 120 LF	Removal X X X	tement Ty

## AtlantiCare Regional Medical Center, 1925 Pacific Avenue, Atlantic City, NJ 08401

Yes No N/A  1st Floor Pavillion  X Floor Tile  2,000 SF X  Basement Upper Level  X Fitting Insulation  X Fitting Insulation  40 LF X  Basement Lower Level  X Fitting Insulation  X Fitting Insulation  X Fitting Insulation  X Pipe Insulation  X Fitting Insulation  X Pipe Insulation  X Pipe Insulation  X Pipe Insulation  X Pipe Insulation	Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)	Solely	tion Norm by Mainte odial Stat	mally Used enance or ff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems	Amount (Specify SF or LF)	Al	batem	nent	Ту
Basement Upper Level X Fitting Insulation 80 LF X  Basement Lower Level X Pipe Insulation 40 LF X  Basement Lower Level X Pipe Insulation 120 LF X  X Pipe Insulation 120 LF X		Yes	No	N/A	Insulation, surfacing VAT		Removal	Repair	Encapsula	Enclosure
Basement Upper Level X Fitting Insulation 80 LF X  Basement Lower Level X Pipe Insulation 40 LF X  Basement Lower Level X Pipe Insulation 120 LF X  Basement Lower Level X Pipe Insulation				х	Floor Til				te	Ф
Basement Upper Level X Pipe Insulation 80 LF X  Basement Lower Level X Fitting Insulation 40 LF X  Basement Lower Level X Pipe Insulation 120 LF X  X Pipe Insulation 120 LF X	Basement Upper Level				FIOOT TILE	2,000 SF	X			
Basement Lower Level X Pipe Insulation 40 LF X  X Fitting Insulation 120 LF X  X Pipe Insulation	Basement Upper Level			X	Fitting Insulation	80 LF	X			
Basement Lower Level X Fitting Insulation 120 LF X				X	Pipe Insulation	40.1.5				
X Pipe Insulation	The state of the s			Х		40 LF	X			
FIDE Insulation	Basement Lower Level			V		120 LF	X			
250 LF   X		-		X	Pipe Insulation	250 LF	X			



Submitted by: Diane Aloia Dure alore

Synatech, Inc.

Amendment #2 6/8/17

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

Date of Notification (	1) April 19 2017	- Isr						Chec	ck #	116	52	1	
Date of Notification (	April 4, 2017		Nar	ne of Buil antiCare I	lding Ow Regions	ner / Opera	tor (2)	11.0					
Agencies Notified	Type Notification			et Addres		i Medical C	enter		ff.ts: 4	-	0047		1
ПЕРА									JUN 1	U	2017		1,
DEP			192	5 Pacific	Avenue	9		i i					
DOL	Initial		City	State &	Zin Cod	6		1 4513	27772	(0	UT FA	ه باز	
⊠рон	Amended			ntic City,	170				1400		13.		
DCA	Amendment Cancellation	# <u>1</u>		7.00	*								
	Cancellation			ne of Con					Te	lenh	one N	umb	er
			VVIII	iam Mala	izita								
N				ACILIT	Y INFO	PRMATIO	N						
AtlantiCare Regiona	re Abatement is Takin I Medical Center	g Place (3	)			Type of F							
Street Address							ool (K-12)						
1925 Pacific Avenue							chapter 8 (Other to						
						Square Fe	er (i.e., private &	commercial l				etc.)	
City (5)						Joquale Fe	set # 01	rioors	Bldg		je  18 Ye		
Atlantic City, NJ						Current Us	se (Prior if being o	demolished)			110 16	ars	
County (6)		County Co	de (7)			Hospital							
Atlantic		USE ONL'	Y										
Name of Monitoring Fi Hillmann Consulting	irm Hired by Building C	wner (8)		ASCN	л No.	Name of A	batement Contra	ctor (9)					_
Street Address	, Inc.					Synatech,	Inc.	(0)					
1600 Route 22 East,	Ste 107					Street Add 829 Radio							
City, State & Zip Code							& Zip Code						
Union, NJ 07083 Project Manager for M	onitorina Firm	17	alaabaaa	AL . I		Little Egg	Harbor, NJ 0808	87					
Stephen Cherepany	2		elephone			Telephone 609-296-69		Licen	ise Numb	1000			
Scheduled Start Date	(10) Schedule	ed Comple	tion Date	(11)			SHA Monitor			800	17	_	
April 14, 20 Occupancy Status Dur	ing Abatement (Chack	Jui	ne 14, 201	7		Synatech,	Inc.						
Facility Closes	d/Vacated During Entir	e Period o	f Abateme	ent		Street Add 829 Radio							
Abatement Pe	erformed Outside of No	rmal Hou	rs				& Zip Code						
Other - Descr							Harbor, NJ 0808	17					
	ied During Abatement							•					
Scope of Work (Check	all that apply)												
$ \ge 3 \text{ sf or } \ge 50 \text{ lf} $			Renovat	-22			Full Containme	ent with Negativ	e Pressui	re			
≥160 sf or ≥260	If	h	Demolition				Mini-Enclosure	•					
			Demoniti	) i i		Ļ	Glovebag Prod						
Locat	tion of	Is Local	ion Norm	ally Used		Descri	Non-Exempted ption of	d(*) and Non-Fr	iable Prod				
	ing Material (ACM) ABATED	Solely I	by Mainter	nance or		Asbestos-	Containing	Amount (S	Specify	Ab	ateme	nt Ty	/pe
IN Fa		Gust	odial Staff	? (12) 		Materia	I (ACM)	SF or L					
(1	3)				i	nsulation, su	al systems urfacing, VAT					Ш	
		İ				or other mis	cellaneous)		1	Rer	찞	nca	Enc
		Yes		A.//a						Remova	Repair	Encapsulate	Enclosure
		1 65	No	N/A						<u>n</u>	7	late	E E
st Floor				Х		Ceiling	Plaster	300 S	F	Х	-	+	
h Floor Wellness Hall				Х		Floor Tile a	and Mastic	390 S		x			
ub-Basement Chiller-				Х		Floor Tile a	and Mastic	30 SF		$\hat{\mathbf{x}}$			
ame of Registered Wa	M	X	-		pe Insulation	120 LI		X					
	ole Haulel	NJDEP I Hauler II		Cubic Y	ards of	Waste	Name of Regis	stered Landfill					
/natech, Inc.			429	20			Fairless Hills						
ty, State				Disposa	al Date		City, State						
ttle Egg Harbor, NJ(	08087			June 18	5 2017		Morrissille	Α.					
ompleted By	Title			Signatu		00	Morrisville, P.	A Date					
ane Aloia	Eventi	e Admini	atuat	1 1/1	1 100	1100	,	April 18	, 2017				
	Lexecutiv	e wamini	strator	100	Mene	MANG	(	April 4 2017					

		1101			VJAC 8:60 an			EG	7 N	D.A	IF!	promise pro-
Date of Notification (1								Che	ck#	116	30	.//
Date of Notification (1	) April 4, 2017		Name	e of Buildi itiCare Re	ing Owner / Opera	ator (2) Center						
Agencies Notified	Type Notification	THE CHINA SERVICE		t Address		ocitics.	11.	JUN	15	2017	7	11-1
□EPA □DEP			1925	Pacific A	venue		of of minutes and	L ASEESTOS	CON	TTD		1
DOL			City,	State & Z	ip Code				North		JL (	X
⊠рон	Amended				NJ 08401			-				
DCA	Amendment #	<sup>‡</sup> _	Name	of Conta	not.			<u> </u>				
weeken and the second s				m Malaz				16	elenho	ine N	imhe	er.
			FA	CILITY	INFORMATIO	ON						
Name of Facility When AtlantiCare Regional	e Abatement is Taking	Place (3)		-		Facility (4)		Trestocomo			F2.Manuage	
Street Address	medical center					nool (K-12)	(/ 40)					
1925 Pacific Avenue						ochapter 8 (Oth ner (i.e., priva	0.50	والمائييط لمأوء				
					Square I		# of Floors		s, nor		etc.)	
City (5)		All and a second							_	18 Ye	ars	
Atlantic City, NJ					Current Hospita	Use (Prior if be	ing demolishe	d)				
County (6) Atlantic	1	County Code USE ONLY										
Name of Monitoring Fi Hillmann Consulting,	m Hired by Building Of Inc.	wner (8)		ASCM	No. Name of Synatec	Abatement Co	entractor (9)					
Street Address 1600 Route 22 East, 5	Ste 107				Street A	ddress						
City, State & Zip Code		-1766			829 Rad City, Sta	te & Zip Code						
Union, NJ 07083 Project Manager for Mo	anitorina Firm	Ir.				g Harbor, NJ	08087					
Stephen Cherepany			lephone   8-688-78		609-296-	ne Number 6916		License Num	ber 0081	7		
Scheduled Start Date ( April 14, 20		ed Completi			Name of	OSHA Monitor			0001		***************************************	
Occupancy Status Duri	ing Abatement (Check	only one)	14, 201		Synatec Street Ad						HIII COLUMN	
Facility Closed	Macated During Entire	e Period of		nt	829 Rad							
	rformed Outside of No	rmal Hours	i e		City, Stat	te & Zip Code						
Other - Descr	ibe: ied During Abatement				Little Eg	g Harbor, NJ	08087					
Scope of Work (Check						XXXXIII XXXIII XXXII						
□.o.c. ====						Full Conta	ainment with N	legative Press	ure			
≥3 sf or ≥ 50 lf ≥160 sf or >260	te		Renovati			Mini-Encl	osure					
<u>E4 -100 31 01 -200</u>			Demolitic	n			Procedure					
Local	tion of	Is Location	on Norma	ally Used	Des	cription of	mpted(*) and I	Non-Friable Pr	Acres 100			
	ing Material (ACM)	Solely by	y Mainter	nance or		s-Containing	Amo	ount (Specify	AD	atem	ent i	ype
	ABATED acility	Custo	dial Staff	? (12)		rial (ACM) rmal systems	1	SF or LF)	_		_	
(1	3)				insulation,	surfacing, VA			7		Ш	m
					or other r	niscellaneous)			Rem	Repair	cap	nclo
		Yes	No	N/A					Removal	oair	Encapsulate	Enclosure
st Floor		-	-w	х	Ceilii	ng Plaster		300 SF	V		œ.	
st Floor				Х		le and Mastic		390 SF	X			
								000 01	1^			
Name of Registered Wa	aste Hauler	NJDEP V	Vaste	Cubic	ards of Waste	Name of	Registered La	nd6!!				_
		Hauler ID	No.		ando di vvasic			uiuiii				
Synatech, Inc. Dity, State		27	429	20 Disposa	al Date	Fairless	200100000000000000000000000000000000000					
				Disposi	ai Dale	City, Sta	le					
ittle Egg Harbor, NJ Completed By	08087				5, 2017	Morrisvi						
	1 Itie			Signatu	. [1]		Date					
iane Aloia	Executi	ve Adminis	strator	12/4	ine cele	2-	April 4,	2017				

State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

1120			C	H # 8560	)
	JUN	No.	5	2017	

				22		JAC 8:60-7 and 12:1	wiedwaer after	A STATE OF THE STA	CH #	# 856	0	
Date of Notification (1)						Operator (2)	n, Affaira		JUN 1 5 2	117	4	- 1
	6/9/17				Depai	rtment of Milita	ry Analis	ind in	7011 1 0 21	011	- 4	and .
Agencies Notified	Type of Notificat			ddress	Crook	aina Dood		40) (10)				
[] EPA	[x] Initial	10	)   E	ggens	CIOSS	sing Road		ASHE	STOS CON	HO	_ &	
[] DEP	Notification	( 11	v Sta	te, Zip Co	de			L	Liberal V			
[x] DOL	[] Emergency [] Amended			nceville		08648						
[x] DOH	Notification						Тт	Telephone Num	her			
[] DCA	[] Cancellatio	0.00		f Contact n McBr	ide			CICDITOTIC TYUT	.501			
	[] 0000		IIIIai			Y INFORMATION					-	
Name of Facility When	ro Abatament is Ta	king Plac	e (3)		ACILIT	TINFORWATION	Type of Facility	(4)				
Former Newton		aking r iac	C (0)				School Subch	l (K-12) apter 8 (Other t	than K-12) I commercial bu			
Street Address	7 tillioly						Other (	(i.e. private and s. etc.)	commercial bu	iilding	IS,	
5 South Park Dr	rive						nome:	5, 610.)				
o countri ant si							Square Feet	# of Floor	s Bldg ~ 60	Age		
City (5)		County (				unty Code (7) FATE USE ONLY)	4000 Current Use (Pr	rior if being der				-
Newton		Susse	X		(5)		Courthouse					
Name of Monitoring F	irm Hired by Build	ing Owne	r A	ASCM No.			ent Contractor (9)					
Whitman Compa	anies, Inc.		(	0110			lupiter Enviro	nmental S	ervices, inc			
Street Address	21 9					Street Address	22 Changah	ridao Dooo	Suite 100			
7 Pleasant Hill F	Road					City, State, Zip C	323 Changeb	nage Roac	i, Suite 100		-0.00	
City, State, Zip Code	0510						Pine Brook, N	VJ 07058				
Cranbury, NJ 08 Project Manager for M		Teler	hone	Number	-	Telephone Numb			License Nu			
Kevin Lovely	nomeoning i iiii			)-5858			973-575-870	0		00	852	
Scheduled Start Date	(10) Sch	100000000000000000000000000000000000000		Date (11)		Name of OSHA	Monitor	12 14 4				
6/19/1	The service of the se	200	0/17				J & S Enviror	nmental La	boratories,	LLC	,	
Occupancy Status Du [X] Facility Clos	uring Abatement (C	Check only	y one)	of Ahater	nent	Street Address	2333 Route 2	2 \//				
[1] Abatement Pe	erformed Outside	of Norma	Facil	ity Hours	-	City, State, Zip C		.2 ۷۷				
	cribe: evenings as cribe: partially vac		kends	<u>i</u>			Union, NJ 07	7083				
Scope of Work (Chec											o de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania	
	,,, en (1,et epp.)/			D/1	Б	STORY OF ST		II Containment ini – Enclosure	with Negative F	ress	ıre	
[] Demolition [] ≥3 sf or ≥3 lf	f			[X]	Reno	vation	[] Glo	ovebag Proced				
							[x] No	on – Friable Pro	ncedure			
L - 3	[] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf								occurre	100	THE PERSON NAMED IN	ant
		100	Loca						occure	11 (9) (19) (19)	atem	ent
Landi		Nor	mally	Used			ription of  Containing		Amount	Ab Ty R	oe	E E
Locatio Asbestos – (	on of	No	mally Solely	Used		Asbestos Mater	- Containing rial (ACM)		Amount (Specify	R E	R E	E E
Asbestos – ( Material	on of Containing (ACM)	Noi Main	mally Solely tenan	Used by		Asbestos Mater (i.e., ther	– Containing rial (ACM) rmal systems		Amount	R E M	R E P	E E
Asbestos – 0 Material TO BE A	on of Containing (ACM) BATED	Noi Main	mally Solely tenan	Used by ce/Cus	Į.	Asbestos Mater (i.e., ther insulation,	- Containing rial (ACM)		Amount (Specify	R E	R E P A	E E E N N N C C C A L L
Asbestos – ( Material	on of Containing (ACM) BATED cility	Noi Main	mally Solely tenan	Used by ce/Cus		Asbestos Mater (i.e., ther insulation,	Containing ial (ACM) rmal systems surfacing, VAT,		Amount (Specify	R E M O V A	R E P A I R	E E N N C C C A L C P C S S
Asbestos – ( Material <u>TO BE A</u> In Fac (13	on of Containing (ACM) BATED cility	Main todi Yes	mally Solely tenan al Sta	Used by ce/Cus iff (12)	Mind	Asbestos Mater (i.e., ther insulation, or other n	Containing ial (ACM) rmal systems surfacing, VAT,		Amount (Specify SF or LF)	R E M O V	R E P A I R	E E E N N N C C C A L L
Asbestos – 6 Material <u>TO BE A</u> In Fac (13	on of Containing (ACM) BATED cility	Main todi Yes	mally Solely tenan al Sta	Used by ce/Cus iff (12)		Asbestos Mater (i.e., ther insulation, or other n	- Containing rial (ACM) rmal systems surfacing, VAT, niscellaneous)		Amount (Specify	R E M O V A	R E P A I R	E E N N C C C A L C P C S S
Asbestos – ( Material <u>TO BE A</u> In Fac (13	on of Containing (ACM) BATED cility	Main todi Yes	mally Solely tenan al Sta	Used by ce/Cus iff (12)		Asbestos Mater (i.e., ther insulation, or other n	- Containing rial (ACM) rmal systems surfacing, VAT, niscellaneous)		Amount (Specify SF or LF)	R E M O V A	R E P A I R	E E N N C C C A L C P C S S
Asbestos – 6 Material <u>TO BE A</u> In Fac (13	on of Containing (ACM) BATED cility	Main todi Yes	mally Solely tenan al Sta	Used by ce/Cus iff (12)	Fire o	Asbestos Mater (i.e., ther insulation, or other n low caulk doors and roof par	- Containing rial (ACM) rmal systems surfacing, VAT, niscellaneous)		Amount (Specify SF or LF) 120 LF 150 SF	R E M O V A	R E P A I R	E E N N C C C A L C P C S S
Asbestos – 6 Material TO BE A In Fac (13 Garage/shed Garage/shed Name of Registered	on of Containing (ACM) BATED cility 3)	Non Signature Main todi	mally Solely tenan al Sta No	Used by sce/Cus off (12)  N/A  Waste	Fire o	Asbestos Mater (i.e., ther insulation, or other n  low caulk doors and roof par	- Containing rial (ACM) rmal systems surfacing, VAT, niscellaneous) nels  Name of Reg	jistered Landfill	Amount (Specify SF or LF) 120 LF 150 SF	R E M O V A	R E P A I R	E E N N C C C A L C P C S S
Asbestos – 6 Material TO BE A In Fac (13  Garage/shed  Garage/shed	on of Containing (ACM) BATED cility 3)	Non Signature Main todi	mally Solely tenan al Sta No	Used by sce/Cus off (12)  N/A  Waste ID No.	Fire o	Asbestos Mater (i.e., ther insulation, or other n low caulk doors and roof par	- Containing rial (ACM) rmal systems surfacing, VAT, niscellaneous)		Amount (Specify SF or LF) 120 LF 150 SF	R E M O V A	R E P A I R	E E N N C C C A L C P C S S
Asbestos – 6 Material TO BE A In Fac (13  Garage/shed  Garage/shed  Name of Registered 1 Jupiter Environ	on of Containing (ACM) BATED cility 3)	Non Signature Main todi	mally Solely tenan al Sta	Used by sce/Cus off (12)  N/A  Waste ID No.	Fire o	Asbestos Mater (i.e., ther insulation, or other n  low caulk doors and roof par  Cubic Yards Of Waste 5 Disposal Date	Containing rial (ACM) rmal systems surfacing, VAT, niscellaneous)  Name of Reg Alliance L  City, State	andfill	Amount (Specify SF or LF) 120 LF 150 SF	R E M O V A	R E P A I R	E E N N C C C A L C P C S S
Asbestos – 6 Material TO BE A In Fac (13  Garage/shed Garage/shed  Name of Registered	on of Containing (ACM) BATED cility 3)  Waste Hauler mental Service	Non Signature Main todi	mally Solely tenan al Sta	Used by sce/Cus off (12)  N/A  Waste ID No.	Fire o	Asbestos Mater (i.e., ther insulation, or other n  low caulk doors and roof par  Cubic Yards Of Waste 5  Disposal Date 6/29/17	Containing rial (ACM) rmal systems surfacing, VAT, niscellaneous)  nels  Name of Reg Alliance L	andfill	Amount (Specify SF or LF)	R E M O V A	R E P A I R	E E N N C C C A L C P C S S
Asbestos – 6 Material TO BE A In Fac (13  Garage/shed  Garage/shed  Name of Registered 1 Jupiter Environ  City, State	on of Containing (ACM) BATED cility 3)  Waste Hauler mental Service	Non Signature Main todi  Yes  X  X  Ces  Non H	mally Solely tenan al Sta	Used by sce/Cus off (12)  N/A  Waste ID No.	Fire	Asbestos Mater (i.e., ther insulation, or other n  low caulk doors and roof par  Cubic Yards Of Waste 5 Disposal Date	Containing rial (ACM) rmal systems surfacing, VAT, niscellaneous)  Name of Reg Alliance L  City, State	andfill	Amount (Specify SF or LF) 120 LF 150 SF	Ty R E M O V A L	R E P A I R	E E N N C C C A L C P C S S

NOTE:

Date of Notification (1)			Na	me	of Buildin	ng C	Owner/Operator (	2)	ال ال	JN 1	5 2	317			
06 /	09 /	17			1	Vot	re Dame	e Hi	igh School		133	06	5		
	Type Notifica	ation			Str	eet	Address				ASBES	TOS	CON	TRO	L&
⊠ EPA					(	01	Lawren	ice	ville Road		AODEC	LICE	ISIN(	3	
The first state of the state of	☐ Amended Amendm				Cit	y, S	State, Zip (	Cod	de						
☑ DOH ☑ DCA	☐ Emergen			,	L	aw	vrence T	wp	o., NJ 08648						
(NJAC 5:23-8)	justificati		Juani	1	Na	me	of Contac	ct			Telephone Nu	mber			
	☐ Cancellat	tion			E	3ria	an Mallo	у							
					F	AC	CILITY IN	NFC	ORMATION						
Name of Facility Where Ab		aking	Place	(3)						Type of Facility (	4)				
Notre Dame High Sc	hool									School (K-12)		12)			
Street Address										Subchapter 8 Other (i.e., pri			uildin	is.	
601 Lawrenceville R	oad			n s						homes, etc.)					
City (5)										Square Feet	# of Floors	E	lldg. A	ge	
Lawrence Twp.										50,000 sf	2		60		
County (6)					C	oun	ty Code (7	7)(S	TATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Mercer										High School					
Name of Monitoring Firm F	lired by Build	ding O	wner	(8)	ASC	M	No.	N	lame of Abateme	ent Contractor (9)					
USA Environmental	Manageme	ent, Ir	ıc						Guardian Co	ntracting, Inc.					
Street Address								S	Street Address						
344 West State Stree	et								1889 Route 9	, Unit 61					
City, State, Zip Code				1170				С	city, State, Zip Co	ode					
Trenton, NJ 08618									Toms River, I	New Jersey 087	'55				
Project Manager for Monito	oring Firm			Te	lepho	ne l	No.	Т	elephone No.		License No.				
William Weisgarber,	Jr			1	609-6	56-	-8101		732-349-9932		00624				
Start Date (10)	5	Sched	uled C	omp	letion	Dat	te (11)	N	lame of OSHA M	Ionitor					
06 /23 / _	7_ /	(	03	/_	17		E.M.S.L. Anal	lytical							
Occupancy Status During /	Abatement (0	Check	only o	ne)				S	treet Address						
□ Facility Closed/Vacated									1056 Stelton						
☐ Abatement Performed C	Outside of No	ormal	Facility	у Но	urs - D	es	cribe	C	ity, State, Zip Co	ode					
Time of Abatement:	AM	PN	V	_PN	VI	/	AM		Piscataway, N	New Jersey 088	54				
Scope of Work (Check all t	hat apply)								M.F. II O						
≥3 sf or ≥3 lf			⊠ Re	nova	ation				Mini-Encl	ainment with Nega losure	ative Pressure				
≥160 sf or ≥260 lf			☐ De						☐ Glovebag	Procedure					
						_	ĺ		☐ Non-Exer	mpted (*) and Non	-Friable Proced			700770	
Location o	ı				ation ally				December			А	patem	ent T	уре
Asbestos-Containing M		)	Use	d Sc	olely by		Asbe	esto	Description of s Containing Mar		Amount	Re	Repair	Enc	E
TO BE ABAT	ED				nance/				hermal systems i	insulation,	(Specify	Remova	oair	aps	Enclosure
IN Facility (13)			Ousi	(12				,	surfacing, VAT, other miscellane		SF or LF)	<u>m</u>		Encapsulate	ure
· · · ·			Yes	No	o N	/A		,						6	
cafeteria				$\boxtimes$		]	fireproc	ofir	ng		7535 sf	×			
						]					-2.11111-11-11-11-11-11-11-11-11-11-11-11-				
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			П	П	1				Research to the second				<del> </del>	Ħ	Ħ
Name of Registered Waste	Hauler			H	NJDE	PV	Vaste	С	ubic Yards of	Name of Regist	ered Landfill				1
Guardian Contracting				- 4	Haule	r ID	No.	W	/aste	T.R.R.F.	- ou Lundiii				
City, State					202	23		_	isposal Date	City, State					
Toms River, New Jer	sey								07/05/17	1	Pennsylvania				
Completed By (Print or Typ	e)	Title				-		_	Signature	1		Date	1		
Nicholas Fernicola		Bitteri	oject	Ма	nage	r			1	1	K	6/	9/1	7	

											E <sub>roman</sub>			4	111 1
Date of Notification (1)						of Building	g Own	er/Operator (2	2)			15	201	1	
06/	09 / _	17	_		Bay	side Mar	rine C	onstructio	n	ind to	1 3	206	, 4		1
	Type Notifica ⊠ Initial	tion			// / / / / / / / / / / / / / / / / / /	Address Birdsall S	Street				ASBEST		NTF	OL	&
☑ DOLWD	☐ Amended				City, S	tate, Zip C	Code					Constitution and and	SAME TO A SERVICE		
☑ DOH	Amendme		lo di e e			etown, N		758							
DCA (NJAC 5:23-8)	☐ Emergeno justificatio		luaing		Name	of Contact	t			Tel	ephone Nun	nber	1000000		
	☐ Cancellati				Ada	ım				•					
<u> </u>					FAC	CILITY IN	IFORI	MATION						-	
Name of Facility Where Ab	atement is T	aking	Place	(3)					Type of Facility	(4)					
Residence									School (K-1						
Street Address				1177					☐ Subchapter ☐ Other (i.e., p				ildina	9	
									homes, etc.		and comme	oroiar be	mumg	<b>J</b> ,	
City (5)									Square Feet	#	of Floors	BI	dg. Ag	je	
Waretown								8	800		1		65		
County (6)					Coun	ty Code (7	)(STAT	E USE ONLY)	Current Use (P	rior if l	peing demol	ished)			
Ocean									Residence						
Name of Monitoring Firm H	lired by Build	ling O	wner (	8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9	)					
N/A							Gı	uardian Co	ntracting, Inc.	6					
Street Address							Stree	et Address							
								89 Route 9							
City, State, Zip Code							The second second	State, Zip Co							
				,					New Jersey 08						
Project Manager for Monito	oring Firm			Tele	phone	No.	100	phone No.			cense No.				
				<u> </u>		. (44)		2-349-9932			00624			000-00	
Start Date (10)					tion Da	te (11)	Name of the last	e of OSHA N							
			_ ′ -	17	CASSAS	M.S.L. Ana	iyiicai								
Occupancy Status During								et Address							
<ul> <li>☐ Facility Closed/Vacated</li> <li>☐ Abatement Performed 0</li> </ul>						cribe		56 Stelton							
Time of Abatement:							1	State, Zip Co	oae New Jersey 08	2251					
Scope of Work (Check all t							FI	Scalaway, I	New Jersey U	3034					-
Scope of Work (Officer all t	mat apply)								tainment with Ne	gative	Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			☐ Re 図 De					☐ Mini-End	closure g Procedure						
△ ≥100 \$1 01 ≥200 II			M De	montic	4115				empted (*) and N	on-Fri	able Proced	ure			
				Locat								At	atem	ent T	уре
Location o		.		Norma d Sole		Asha		Description of Containing Ma			Amount	Re	Re	En	En
Asbestos-Containing M TO BE ABAT		'	Ma	intena	nce/			mal systems			(Specify	Remova	Repair	cap	Enclosure
IN Facility	,		Cust	todial (12)	Staff?			urfacing, VAT			SF or LF)	/a		Encapsulate	ure
(13)			Yes	No	N/A		otn	er miscellane	eous)					te	
exterior				$\boxtimes$		asbest	os sir	dina			750 sf		П	П	
CALCITOT				-		uoboot	00 0.0	9							
							-								
													Ш	Ш	Ш
Name of Registered Waste				14.00	JDEP I		00383526	ic Yards of	Name of Reg	istere	d Landfill				
Guardian Contractin	g, Inc.				20223		Was	ic.	T.R.R.F.						
City, State								osal Date	City, State						
Toms River, New Jer	rsey						06	5/23/17	Tullytown	ı, Per	nsylvania	l			
Completed By (Print or Typ	oe)	Title					-	Signature			//	Date		1	
Nicholas Fernicola		Pr	oject	Man	ager				~ 'de	1	1	61	91	1-	7

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Date of Notification (1)	-0000432 (.0				Nam	e of Buildir	ng Owner/Operator (	(2)		LAI/ 1	С	2017	,
	/	17	_		Co	llin Rom	er		14 3 20	196º	3	ZU1/	y
Agencies Notified	Type Notific	cation			Stree	t Address							
⊠ EPA	☐ Initial								ASBES				DL &
⊠ DOLWD	☐ Amende				City,	State, Zip	Code		<u> </u>	LIGET	ISL	9_	
☑ DOH □ DCA	Amendr		dina		So	uth Amb	oy, NJ 08879						
(NJAC 5:23-8)	justificat		lullig		Name	e of Contac	ct	1.	Telephone Num	iber			
,	☐ Cancella				Co	Ilin Rom	er			-			
			-		FA	CILITY II	NFORMATION						
Name of Facility Where A	Abatement is	Taking P	lace	(3)				Type of Facility (4)	)				
Residence								School (K-12)					
Street Address								Subchapter 8 (					
								Other (i.e., priv homes, etc.)	ate and comme	rcial bu	gnibliu	js,	
City (5)								Square Feet	# of Floors	DI	da A	20	
South Amboy								2000 sf	2		dg. A	ye	
County (6)					Соц	ntv Code (	7)(STATE USE ONLY)	Current Use (Prior			00		
Middlesex						inty oddo (	I NOTHINE GOL ONE IT	Residence	ii being demoii	sileu)			
Name of Monitoring Firm	Hired by Bui	Iding Ow	ner (8	3)	ASCM	No.	Name of Abateme	10 14 (A) (B) 7 (B) 5 (B) 5 (B) 5 (B)					
Guardian Contracti								ntracting, Inc.					
Street Address							Street Address	g,o.					
1889 Rte. 9, Unit 61							1889 Route 9	. Unit 61					
City, State, Zip Code							City, State, Zip Co						
Toms River, New Je	ersey 0875	5						New Jersey 0875	15				
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No.				-
Nicholas Fernicola	Nicholas Fernicola						732-349-9932		00624				
Start Date (10)	ed Co			1-9932 ate (11)	Name of OSHA M	lonitor							
06 /20 /	10					17	E.M.S.L. Anal						
Occupancy Status During	Abatement						Street Address						
☐ Facility Closed/Vacate					ment		1056 Stelton						
☐ Abatement Performed	Outside of N	lormal Fa	cility	Hou	rs - Des	scribe	City, State, Zip Co	odo					
Time of Abatement: _	AM	PM/_		_PM		AM		New Jersey 0885	4				
Scope of Work (Check all	that apply)						1 ISCALAWAY, 1	vew bersey 0005	7				
	11.77		i					ainment with Negat	ive Pressure				
≥3 sf or ≥3 lf			Ren				☐ Mini-Encl						
			Den	TOTAL	511		☐ Non-Exer	mpted (*) and Non-l	Friable Procedu	re			
				Loca							ateme	ent Ty	/pe
Location		savi		orma	illy ely by		Description of			-			
Asbestos-Containing N TO BE ABA		v1)			ince/		stos Containing Mai		Amount	em	Repair	nca	nclo
IN Facilit		(	Custo		Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	Removal	=	psu	Enclosure
(13)		-		(12)	T	-	other miscellaned		1000 0000 000 <b>x</b>			Encapsulate	e.
		Y	es	No	N/A								
basement						asbesto	os pipe insulation	n	20 If	$\boxtimes$			
			1		П								
			-									닠	ᆜ
Name of Registered Wast	o Lloules		1								Ш	Ш	Ш
Guardian Contractir				1,100	IJDEP I Iauler II		Cubic Yards of Waste	Name of Register T.R.R.F.	ed Landfill				
City, State					20223	3	3 Diaposal Data						
Toms River, New Je	rsev						Disposal Date 6/22/17	City, State Tullytown, Pe	nnovivoni-				
Completed By (Print or Ty		Title					THE WAY	A Tunytown, Pe		. /	1		
Nicholas Fernicola	p=)	Proj	ect l	Vlan:	ager		Signature	_ / \	//	ate /	4/1		
					- J		1	1	1/	10 1		- 8	

### State of New Jersey

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Ch 1018				N OF ASE					# A	J L	•	JUN	1 1	5	2017
Date of Notification (1) 06-09-2017			Name o	of Building r	Owner/	Operato	r (2)		-	AS	- E	ST	DS (	CON	JTH(
Agencies Notified Type Notification  EPA Initial	1			Address E. 42ND	ST.				L			Li	JEN	SIE	9
✗   DEP     ☒   DOL     Amended     Amendment		_ [		tate, Zip C York, N		7									
DOH Emergency justification Cancellation	)			of Contact topher C					Tel	ephone	Num	ber			
Name of Facility Where Abatement is Taki	DI "	,	FAC	ILITY INF	ORMAT	ION									
PNY Technologies, Inc. Street Address 100 Jefferson Road	ig Place (.							of Facility School (K- Subchapte	12) r 8 (Oth	er than	K-12	)			
City (5)							- е	other (i.e. potc.) e Feet		f Floors			Bldg.		ies,
Parsippany							N/A		N/A	4		1	V/A	-ye	
County (6) Morris				Code (7) USE ONLY	n			nt Use (Pri ner Anne			olishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.				ement Cor ety LLC	ntractor	(9)					
Street Address		7					Address	s Ave #F2							
City, State, Zip Code						City, S	State, Zip		)58						
Project Manager for Monitoring Firm			Telepho	ne No.			none No 276-00			Licens 01317				6.5	-
Start Date (10) 06-19-2017	Schedule		npletion	Date (11)		Name	of OSH	A Monitor		01011		-0.000			
Occupancy Status During Abatement (Chec				135 33		-	Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Abatem	nent S			L.	tate, Zip	ve #F2 Code								
Other - Describe:						Pine	Brook	, NJ 070	158						
Scope of Work (Check All That Apply)    ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		lenova Iemoliti				×	Mini- Glov	Containme Enclosure ebag Prod Exempted	e edure					e	
	19	Locati												men pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai Cust	lormall d Solei intenar odial S (12)	ly by nce/ staff?		tos Conta thermal surfac		laterial ( s insulati T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Outside by Construction Area	Yes	No X	N/A	uron	9 0114 0	001 400		-1	0.1		_			Ф	
Outside by Constitution Area				wrap	& cut c	as pipe		eron	3:	5 LF	-	X			
					- ' '					1					
Name of Registered Waste Hauler	LAI	JDEP W	la ata	CL:- \	/		N- f			I en					
United Safety LLC	auler ID 36820	No.	of Was			Name of F			illi						
City, State Pine Brook, NJ					Dispos TBD	al Date		City, State Tullyton		8					
Completed by Vanco Petkov	Title Projec	ct Ma	nager		Si	gnature		1	B	T	Date		017		$\neg$
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 06/07/2017 Fairleigh Dickinson University Agencies Notified Notification Type Street Address 11111 285 Madison Ave (X) EPA ( ) Initial Notification City, State, Zip Code ASBESTOS CONTROL & () DEP (X) Amended Madison, NJ 07940 LICENSING Amendment #1 (X) DOL (X) DOH ) Emergency (including Name of Contact Tel. Number justification) () DCA Craig Gorczyca Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ( ) School (K-12) The Barn ( ) Subchapter 8 (other than K-12) Street Address (X) 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) Name of OSHA Monitor Scheduled Completion Date (11)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 City, State, Zip Code ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe: Long Island City, NY 11101 Source of Work (Check all that apply) ( ) Full Containment with Negative Pressure (X) Renovation () Mini-Enclosure  $(X) \ge 3 \text{ sf or } \ge 3 \text{ If}$ ( ) Demolition  $(X) \ge 160 \text{ sf or } \ge 260 \text{ lf}$ ( ) Glove bag Procedure

						(X) Non-Exen	npted (*)	and Non-Fri	on-Friable Procedure  Abatement Typ			
Location of		ls I on	ation No	rmally					Aba	teme	nt Ty	ре
Asbestos-Containing (ACM)  TO BE ABATE in Facility	19871131.67933-95939	Use Ma	ed Solely aintenan dial Staf	y by ce/	Con	Description of Asbestos taining Material (ACM) ( ermal systems insulation surfacing, VAT, or other	1	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		miscellaneous)			=		ate	e.
Public Safety Room - 0	Office			Х		VAT		400 SF	X			
Public Safety Room - 0	Closet			X		VAT		25 SF	Х			
Public Safety Room - H	Hallway	X				VAT		55 SF	X			
Name of Reg. Waste H Cid Construction Ser		NJDEP Waste Haule C # 32905			r ID	Cubic Yards of Waste TBD	1	Name of Reg. Landfill 110 Sand				
City, State Garfield, NJ						Disposal Date TBD	City, S Melvill					
Completed by Roque G Schipilliti	Title Project N	/lanage	er		Sig	nature	2		Date 06/	09/17	7	

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

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Date of Notification (1)  Agencies Notified Type Notification  Agencies Notified Type Notification  Street Address  The PA  Name of Building Owner/Operator (2)  MITCHEL MARIFOLS CONTINUES  Street Address	ROL					
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D PA Mirital						
			_			
DEP Amended City, State, Zip Code    City, State, Zip Code   City, State, Zip	17					
Emergency (including KIO ORAM DE KI)	46					
DCA justification   Name of Contact   Telephone Number   DCA   Cancellation   SAME		34-00-50				
FACILITY INFORMATION		_				
Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)						
RESIDENCE School (K-12)						
Street Address  Street Address  Subchapter 8 (Other than K-12)  Other (i.e., private & commercial build	dings,					
homes, etc.)	J - A					
VII (AS 1500 2	dg. A					
County (6)  CAPE WAY  County Code (7) (STATE   Current Use (Prior if being demolished)  USE ONLY)  VACANT						
Name of Monitoring Firm Hired by Building Owner						
(8) N/A KLEM CO INC						
Street Address Street Address Street Address						
City, State, Zip Code  City, State, Zip Code  WAPLE SHADE WIT						
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.						
856 7) 9-0472 00444						
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor						
Occupancy Status During Abatement (Check only one)  Street Address			_			
☐ Facility Closed/Vacated During Entire Period of Abatement						
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code						
Other - Describe:						
Scope of Work (Check all that apply)  [ Full Containment with Negative Pressure						
☐ >3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure						
Demolition ☐ Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure						
13 2000101	baten					
Normally Used Solety by Description of	Тур	e 	_			
Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount		m	E			
TO BE ABATED  IN Facility  Staff?  Custodial (i.e., thermal systems insulation, Specify surfacing, VAT, or SF or LF)	Repair	TCap	nch			
TO BE ABATED IN Facility (13)  Custodial Staff? (12)  Custodial Staff? surfacing, VAT, or other miscellaneous)  (Specify SF or LF)  Other miscellaneous)	pair	Encapsulate	Enclosure			
Yes No N/A		ate	9			
SIDING X TRANSITE 1250 SE X						
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Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill						
Hauter ID No. of Waste	A					
KUTMO INC 1994 Syos C, M, C, M, U, I	A					
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Date of Notification (	(1)			_	Owner/Operator (2)			1000			- Designation of the last of t	
6/7/17	I= 3 36 3		Street Ad		of Education		AS	SEESTOS CO	NIHO	)L &	Šį.	$\neg$
Agencies Notified	Type Notification		38 Bar		Δνο			LICENSI	NG			
⊠ EPA	☑ Initial	1					- Lamer	TOTAL CONTRACTOR OF THE PERSON	Angel Andrews			$\dashv$
☐ DEP	☐ Amended	1	City, State									
⊠ DOL	Amendment #	L	Butler	MOLOGOUS SAN	7403		Telephone Number					$\dashv$
	☐ Emergency (including	- 1	Name of				I relephone Number					
⊠ DOH	justification)		Barbai	ra Mui	rphy							
⊠ DCA	☐ Cancelation			FA	CILITY INFORMAT	ION					_	$\dashv$
	- 1. 6. (0)			FA	CILITY INFORMAT	Type of Facility (4)						$\exists$
	ere Abatement is Taking Place (3)					William communication						
Aaron Decker	School					School (K-12	7 <sup>*</sup> 2	21				
Street Address							8 (Other than K-1			v		
98 Decker Ro	ad					Other (i.e. p	rivate & Commer	cial buildings, hor	nes, etc	.)		
City (5)						Square Feet	# of Floors	Bldg, Age				
Butler						30,000 +	2	30+ yrs				_
County (6)				County C		Current Use (Prior if be	ing demolished)					
Morris				(STATE U	JSE ONLY)	School						
	Firm Hired by Building Owner (8)	-			ASCM No.	Name of Abatement Co	ontractor (9)					
I	Consultants, LLC				00079	Unicorn Contra	cting Corp.					
Street Address	,					Street Address						
PETERSON PARTIES	and Blda SE E					32 Willow Way						
	aw Rd., Bldg. 35-E	-				City, State, Zip Code						
City, State, Zip Code						Woodland Park	NI 07424					
Fair Lawn, NJ	07410	,					, 143 07 2	License No.				
Project Manager fo	Monitoring Firm			Telepho		Telephone No.		01331				1
Guillermo M.	Morales				36-9145	973-333-9176		01331			_	_
Start Date (10)			and the second		etion Date (11)	Name of OSHA Monito						
6/22/17			7/3/1	7		Envirovision Co	nsultants, Inc.			-	_	_
Occupancy Status D	uring Abatement (Check Only One)					Street Address		_				
	losed/Vacated During Entire Per	riod of Aba	atemen	t		20-21 Wagarav	v Rd., Bldg. 35	-E			_	
	ent Performed Outside of Norma					City, State, Zip Code						
☐ Other - □					1 202	Fair Lawn, NJ (	7410					
Scope of Work (Che												
			X	Renov	ation		ment with Negat	ive Pressure				
				Demol		☐ Mini-Enclos	ure					
≥160 sf c	31 2200 II			000		☐ Glovebag P						
						1570		Friable Procedure				
			Is Locatio			- Non Exemp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			bater	nent	
-	A COMMUNICATION AND	1	Normally			Description of				Тур	e	_
Ashast	Location of cos-Containing Material (ACM)	Us	ed Solely		Asbes	tos Containing Material (	ACM)	Amount				
Aspest	TO BE ABATED	1000	aintenan		(i.e.	. thermal systems insulati	on,	(Specity			E .	
	In Facility	Cu	stodial St	aff?		surfacing, VAT, or		SF or LF)	Reg	" ·	caps	nch
	(13)	-	(12)	Ι.	-	other miscellaneous)			Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				467 LF	XX	= +	n	n
BOILER ROOM	1	XX				, fittings, elbows, joi		300 SF	XX	-	-	
BOILER ROOM	1	XX			Bree	eching/Duct Insula	tion	300 31	-	$\dashv$	-	-
						The second secon			++	-	-	
						T		Name of Regustere	d Landfill			-
Name of Registered	d Waste Hauler				uler ID No.	Cubic Yards of Waste		Fairless Hills				
Unicorn Con	tracting Corp.		0035	844		20+			Lanuill	11		_
City, State						Disposal Date	n /	City, State	۸			
Woodland Pa	ark, New Jersey					TBD //	1 1	Morrisville, P				_
Completed by		Title				Signature	.111.	W	Date	117		
Dimo Golcev		Gene	ral Ma	nager		I UK	NY		6/7,	/ 1 /		

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1 1/2 WUH 5 2017 1U						
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Date	of Notification	(1)			INama	of Duit di	- 0 10 10			1	D#1	0	$\sim$	1	- Control
6/8/		1-1					ng Owner/Operator (2)								
-	ies Notified	Type N	otification			Address	Board of Education	n		AS	HESTOS CO	INC	ROL	8	
X	EPA	X	Initial		10000000		entral Avenue				LICENSI	NG			
	DEP		Amended			tate, Zip									
X	DOL	_	Amendment #				NJ 07885								
_	DOL		Emergency (including			of Conta									
X	DOH	_	justification)		1000000				Tel	lephone Numb	er				
	DCA		Cancelation		Sand	ay Can	nmarata								
			Currectation	-		-	ACILITY INFORMA	TION					-977-0		
Name	of Facility Whe	re Abat	ement is Taking Place (3)				ACILITY INFORMA	_	(t) (4)						
1000			nentary School					Type of Faci							
	Address	2.011	Territary Scrioor					_ ⊠ Sch	100l (K-12)						
	East Centi	رم ا ۸ ر	onus					☐ Sub	bchapter 8 (0	Other than K	-12)				
137	Last Cellti	al Av	enue					□ Oth	ner (i.e. priva	ate & Comm	ercial buildings, I	nome	es, etc	.)	
City (5	)							Square Feet					-	<i>i</i>	
Wha	rton, NJ (	7885	i					35,000+	3	f Floors	Bldg, Age 50+				
County	A 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			lo		Course	C-1- (7)			V CONTRACTOR OF THE PARTY OF TH	30+				
Mor							Code (7) USE ONLY)	1 856 000 000	(Prior if being o	lemolished)					
		irm Hir	ed by Building Owner (8)			No.		School		-155					
			nmental, LLC				ASCM No.	Name of Aba	atement Contra	ctor (9)					
VVC3	teriester E	IIVIIO	- LLC				0027	Unicorn (	Contracting	Corp.					
	Address							Street Addre	ess						
307 N	North Waln	ut Str	eet					32 Willow	v Wav						
City, St	ate, Zip Code							City, State, Zi							
West	Chester, P	A 193	80						d Park, NJ	07424					
	Manager fo M					Talanh	one No.	0.0000 Rt RANG	,	07424	T.		_		
Paul	F. McCaa						394-4841	Telephone N			License No.				
Start D	ate (10)				Te i			973-333-9			01331		- 4		
7/5/1							letion Date (11)	Name of OSH							
		ng Ahat	tement (Check Only One)		7/14/	1/		Envirovisi	ion Consult	ants, Inc.					
92.759			18 189 189					Street Addres							
$\boxtimes$			cated During Entire Peri			nt		20-21 Wa	garaw Rd.,	Bldg. 35-E					
☐ Abatement Performed Outside of Normal Facility					Hours			City, State, Zi	p Code						
	Other - Des							Fair Lawn	, NJ 07410						
	f Work (Check	All That	Apply)												
	≥3 sf or ≥3	lf			X	Renov	ation	⊠ Full	Containmen	t with Negat	ive Pressure				
X	≥160 sf or ≥	260 If				Demol	ition		i-Enclosure						
									ebag Proced	luro					
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			222	T	Is Locatio	n		L NOII	-Exempted (	) and Non-I	Friable Procedure	e T	Aba	teme	nt.
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	Asbestos-0	Containi	ng Material (ACM)	U	sed Solely	by	Asbesto	os Containing M			Amount			T	T
		TO BE A			laintenan		3251 5	hermal systems			(Specity	- 1		1_	
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		(1	3)	\ \/				other miscellan	reous)			vemoral	Rej	Encapsulate	Enclosure
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								94531						1	
	Registered Wa				NJDEP W	aste Hau	ler ID No.	Cubic Yards of	Waste		Name of Regustere	dlan	lfill	_	
Inico	rn Contract	ing Co	orp.		00358	44		2+			Fairless Hills La				
ity, Stat								Disposal Date				anul	111	_	
Vood	land Park, I	New Je	ersev					TBD	10	-	City, State				
omplet			1	Title				Signate	110/1	1	Morrisville	T	96		
	Golcev			Concession and Concession	21 1/22	2000		Signati	///	///	111		ite		
				Locueta	al Mana	ager			11/11	y y	/ /	6,	/8/17	-112-2	

	St	tate of N			cation of Asbestos		PHO	E C	E	M	信	
			(Pur	suant to N.J.A.C	2. 8:60-7 and 12:120-7	)					-	
Date of Notification (1)  June 5, 2	2017				Name of Building Owner RUTGERS, THE S	er/Operator (2	VERS	ityldi	H M15	201	7	
Agencies Notified  EPA DCA DOL		□ Emerg	Notificated Notice	tification # (including	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code	L HEALTH 3 4086, LIV	& SAF	DAT S	DEPT.	<b>3</b> NTR		
DEP- No Longer REQUIRE	D	justific Cancel			PISCATAWAY, NJ Name of Contact MICHAEL SMITH, HEALTH & SAFET	ENV.	Telep	hone N	imhar			
Name of Facility Where Abatemer	nt is Takir	ng Place (3)		FACILITY IN	Type of Facility (4)							
SMITH HALL, BLDG# 72	223				School (K-12) Subchapter 8 (other that	an K-12)						
Street Address NEWARK CAMPUS					Other (i.e. private & co					ears		
City (5) NEWARK	eunty (6) ESS	SEX		y Code (7) Use Only)	Current Use (prior if beir	ng demolishe	d): ACA	ADEMIC				
Name of Monitoring Firm Hired by	Bldg. Ov	wner (8)	ASCM 009		Name of Contractor (9)				= = = = = = = = = = = = = = = = = = = =			
Street Address			000		GREENWOOD ABA	TEMENT O	CONSU	LTAN	TS, INC			
3 TERRI LANE					Street Address 268 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ 08	016				City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring Fir BRIAN KEARNY	m :	Telephone N			Telephone Number		Licens	e Numb	er			
					973-492-0477		0084	00				
Scheduled Start Date (10) 06/16/17		06/19/17	ompletio	on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, IN	c						
Occupancy Status During Abate	ment (Cl	heck only or	ne)		Street Address	0.						
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Describe ☑ Other – Describe:	g Entire e of Norn	Period of Al nal Facility I	oatemer Hours -	nt								
	OURS 8	S & WEEKENDS AS NEEDED)			20-21 WARGARAW City, State, Zip Code	ROAD						
					FAIRLAWN, NJ							
Scope of Work (Check all that appl	у)											
$\square \ge 3$ sf or $\ge 3$ lf $\boxtimes \ge 160$ sf or $\ge 260$	I <del>f</del>			Renovation Demolition								
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Location of Asbestos-Containing Material (ACM) in Facility (13)	Section 1 and 1 and 1				estos Containing Material al systems insulation, surfac	Amou	nt ify SF	Abatem	ent Type Repair E			
103 & 104		N N		VAT		1200	SF	B	T			
Name of Reg. Waste Hauler	IN	JDEP Wast	a Haular	ID#		45.00%	Nome	f Decist	ered Lan	1611		
See Hauler Below #1 & 2	S	See Below			Cubic Yards of Waste:	15 CY			North L		I	
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509			Butler, 1	NJ 07405		Disposal Da 06/19/20		1   F   1	Dity, State 00 New Rd. Morri 9067 15-736-1	Ford M isville, f	22.0	
Completed by (Print or Type) RAYMOND C. PEDALINO		NIOR PR	OJEC	Т	Signature Raymond C. Pe	dalino	<u>Date</u>	June	5, 2017	7		

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

Amended Friable Notification Check #: 6936

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Date of Notification		-	Na	me of B	uildi	ng Owner/O	perato	or (2)					
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Agencies Notified T	ype Notific	cation	St	reet Ad	dress			The same of the sa	1				( malana)
[X]EPA	2 270704-07070		112	Cedar S	Street			1	L				-
(X) DEP	[ ]initial		11-			ip Code			ASHEST	<del>JS C</del> ZENS	THE	HOL	. &
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		L. MARKET MARKET NAMED				INFORMATIO	M						
Name of Facility Whe	re Abateme	nt is Ta	aking	Place	(3)			Type of Facil	Lity (4)				
Barringer High School								X1Schoo	ol (K-12) hapter 8 (Ot	her t	han	K-12	)
Street Address								[ ]Other	r (i.e., pri	vate	8 00	mmer	-
00.0 1 01 1								Square Feet	buildings,	nomes S B.	ldg.	Age	_
90 Parker Street		County	7 (6)		100	ounty Code	77	60000	2		50		
City (5)		Codire	¥ (0)	FAC.		STATE USE O		Current Use	(Prior if be	ing o	demol	ishe	ed)
Newark, NJ 07104		Essex						School				*	
Name of Monitoring F Owner (8)	irm Hired	by Buil	ding	ASCM	Vo.	Name of	Abate	ment Contracto	or (9)				
	Camilana I			00400		Four Str	ona Ri	uilders, Inc.					
Omega Environmental	Services, I	nc.		00120		Street A	ddres	is					_
00011-1011						100 Core	roont	Λυσημο					
280 Huyler Street	e					180 Sarg	geant.	Zip Code					
South Hackensack, NJ Project Manager for	07606	Firm T	Tele	hone N	ımber	Telephon	10 U/C	)13-1935	Lice	ense !	Numbe	ET	
					_	-	95=5 W00000		0080	77			
Rey Montes De Oca	(10) [5c	hed.Com		89-870		973-614 Name of			10000	J1			
0   6   /   0   7   /   1   Month / Day / Y   Occupancy Status Dur	17     0	1 7 1/1.	1   0	1/11/	7 1			uilders, Inc.					
[ ]Facility Closed of Abatement [ ]Abatement Perfo Hours - Describ X)Other - Describ	rmed Outsi						ate.	Zip Code					
				Clifton, N	4J 070	)13							
Scope of Work (Check  [ ]Demolitio [ ]>3 sf or [X]\( \frac{1}{2}\)160 sf o	abbīĂ)	×	Renova	tion	ĺ	]Mini	Containment : -Enclosure rebag Procedur -Friable Proce	e	ve Pressure				
				Is	T				T	Aba	teme		
Locatio Asbestos-Co Material TO BE AB in Facil (13)		No.	cation rmally Jsed olely Main- cance/ stodial aff(12) No N/		Asbestos Materi (i.e., the insulation.	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)				R E P A I R	ENCAPSUL .	ENCI. OSURE	
First Floor Boiler Roon	n		X		plea	se see the at	tached	list for quantities	S	X			
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Name of Registered W	aste Haule	r	N.	DEP Wa	ste	Cubic Yar	rds	Name of Regi	stered Land	Fill		_	
NO. 2018				auler I	D No.	of Waste							
Four Strong Builders,	Inc.		1:	2609		Diana	Data	G.R.O.W.S., I	nc.				_
City. State						Disposal	Date	City, State					
Clifton, NJ								Tullytown, PA					
Completed By (Print	or Type)	Title				Sign	Zature		1	D	ate		
Bilyana Kulakovska		Office A	dmin	istrator		17	5 K	VIII	//	0	/E /47		
ASB-41		Office A	WI I III I	Journal	-		400		_/_	10	/5/17		_
JUN 95													

6521/17 - NJ		(1					SBESTOS ABATEM :60-7 and 12:1			Friable No				F
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Date of Notification			Na	me o	f Bu	ildin	g Owner/Operat	or (	2)	TIPI				
0 6 1/10	18//1	171	Ne	ewar	k Pı	ublic S	chools	-			UN	15	201	7
Agencies Notified	Type Notif	ication	St	reet	Add	iress								_
[X] EPA	[X]Initi	al	12	Ceda	ar S	treet				ASBE	STOS	S CC	NTF	30L 8
(X) DEP	Notif	ication	CI	ty.	Stat	ie, Zi	p Code				LICE	NSI	NG	
X1DOL	[ ]Amend	ed ication	Ne	ewar	k, N	J 071	07							
(X) DOH	[ ]Cance		Na	me o	f C	ontact			Tele	ephone Numb	er			
X 1 DCA	[ ]0000		Be	enjar	nin (	Olaga	deyo							
							NFORMATION		-				-	
Name of Facility Wh	ere Abatem	ent is T	aking	Pla	ce	(3)		Typ	e of Facil	ity (4)				
Abington Avenue Scl	nool							}	X1Schoo	l (K-12) apter 8 (Ot	h a m		V12	١.
Street Address	1001					-			[ ]Other	(i.e., pri	vate	8 00	mmer	-
209 Abington Avenue	2							Squ	are Feet	buildings. # of Floor	nome:	ldg.	Age	_
City (5)		County	y (6)				inty Code (7)		60000	3		50		
Newark, NJ 07107		F				(ST	ATE USE ONLY)			Prior if be	ing (	iemol	ishe	d)
Name of Monitoring	Firm Hired	Essex		ASC	MN	0.	Name of Abate	Sch	Contracto	r (9)			-	
Owner (8)						,								
TTI- Environmental In	nc			000	3		Four Strong B	ullael	rs, Inc.					
1253 North Church S	troot					1								
City, State, Zip Co							180 Sargeant	Zip	Code					
Moorestown, NJ 080	57						Clifton, NJ 070	13-1	935					
Project Manager for	Monitorin	g Firm	Telep	hone	Nur	mber	Telephone Num	ber		Lice	nse i	Vumbe	F	
Jim Guilardi / Jeff Se	aman		356-8				973-614-0377			0080	7			
Scheduled Start Dat		ched.Com					Name of OSHA	Moni	tor		320			
0   6   /   2   6   /   1	Year	0   8   /   Month /	Day	1/11	Year	-	Four Strong B	uilder	rs, Inc.					
Occupancy Status Du (X) Facility Close				V		2.2	Street Addres	ss				=10000		
of Abatement						- 1	180 Sargeant							
[ ]Abatement Perf Hours - Descri	be:	Ide of M	ormal	rac	111	- L	City, State,	21p	Loge					
[ ]Other - Descri							Clifton, NJ 070	013						
Scope of Work (Chec		abbrh)	D/1	n						ith Negativ	e Pr	essui	e	*
[ ]Demoliti [ ]>3 sf or	>3 If		N)	Reno	vac	ron		rebag	Procedure					
	or >260 1f						[ ]Non-	-Fria	ble Proced	ure				
			Loc	Is atio								emer	Ε	E
Locati Asbestos-C	ontaining		U	mall sed	7		Description Asbestos-Cont	aini	ng	Amount	RE	R E	N	N C T.
Material TO BE A	BATED		by .	lely Main	-		Material ()	syst	ems	SF or	M	P	A P	T. O
in Faci			Cus	ance todi	al	in	sulation, surf or other miss	acin	g, VAT, neous)	LF)	V A	A	S U	0 S U
			Yes!	ff(1	2) N/A						L	R	L	Ř E
Throughout the scho	ol			X		remov	al of wall and c	eiling	plaster	18,642 SF	X			
Room 003	•			X		Pipe I	nsulation remov	/al		30 LF	X			
Name of Registered	Waste Haul	er		DEP uler			Cubic Yards of Waste	Name	e of Regis	tered Landf	ill			
Four Strong Builders	, Inc.		12	609				G.R	.O.W.S., In	C.				
City. State					2004		Disposal Date		y. State					
Clifton, NJ						-			ytown, PA					
Completed By (Print	or Type)	Title		-			Signature		1	-//	Da	ate		
Bilyana Kulakovska		Office Ad	dminis	strato	or		ASE	Di	n	//	16/	8/17		
ASB-41										/	10,	2		

G4667

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

Initial Friable Notification Check#: 6935

Date of Notification	on (I)		IIX	ame of B	uildi	ng Owner/Operat	or (2)						
0 16 1/10	8 // 1	17	11,	Newark P	ublic S	Schools	-		JUN	1	5 2	017	1
Agencies Notified	Type Notif	ication	11	treet Ad				11-1-					-
[X]EPA	5.014-24	_,	11:	2 Cedar S	treet				ESTO	20.0	TON!	700	1 8
[X] DEP	[X]Initi	ication	1.1	ity. Sta		ip Code		ASB			SIN		La
<b>⋉</b> ]DOL	[ ]Amend		II,	Newark, N	JJ 071	107	i.						
(×) DOH		fication	1.1	ame of C			Te	lephone N	lumber				
X1DCA	[ ]Cance	ellation	11,	Poniomin	Ologo	doug	Į,						
	L		11.	Benjamin						-			
Name of Facility W	here Abater	ment is I	akir			INFORMATION	Type of Faci	lity (4)			_	- V.	
Abington Avenue Sc	hool						[ ]Subc	ol (K-12) hapter 8	(Oth	er t	han	K-12	.)
Street Address							[ ]Othe	r (i.e., bu <u>ildi</u> ng	priva	ate	€ 00	mmer	-
209 Abington Avenue	е						Square Feet	# of F	OOTS	B.	dg.	Age	
CIty (5)		Count	у (б	5)		unty Code (7)	60000	3		1	50		31
Newark, NJ 07107		Essex	,		1(5	TATE USE ONLY)	Current Use	(Prior 1)	t bel	ng t	iemo1	isne.	a)
Name of Monitoring	Firm Hired			ASCM N	0.	Name of Abate	School ment Contract	or (9)					
Owner (8)						- 0 -							
TTI- Environmental I	nc			0003		Four Strong B	uilders, Inc.						-
1253 North Church S						180 Sargeant	Avenue						
City, State, Zip Co	ode				-	City, State,	Zip Code						
Moorestown, NJ 080	57	g Firm	Tele	phone Nu	mber	Clifton, NJ 070		- 11	licen	se h	lumbe	r	
Jim Guilardi / Jeff Se		i		840-8815		973-614-0377			0807				
Scheduled Start Dat				ion Date		Name of OSHA			70007				
0   6   / 2   6   /   Month / Day / Occupancy Status Do	1   7       Year	0   8   /   Month /	1 pay	1   / 1 7 Yea	<u>-</u>	Four Strong B							
Occupancy Status Do						Street Addres	55						
of Abatement		124 - 127				180 Sargeant	Avenue						
[ ]Abatement Peri	Lbe:	side of N	orma	I Facili		City, State,	Zip Code						
[ ]Other - Descr:			_			Clifton, NJ 070	)13						
Scope of Work (Chec		apply)				[X]Full	Containment	with Nega	ative	Pre	essui	e	
[ ]Demolition [ ]>3 sf or >3 lf				[]Renovat	ion	[ ]Mini	Enclosure rebag Procedur						
X ∑160 sf	or >260 lf					[ ]Non-Friable Procedure							
			T.	Is cation			•	T	1:	Abat	emer	t Ty	
Locati				rmally		Descriptio				R		E	E
Asbestos-( Materia)	L (ACM)		Used Asbestos-Containing Amount E R Solely Material (ACM) (Specify M E						E	CA	C T.		
TO BE A				Main-	i	(i.e., thermal nsulation, surf	systems acing, VAT,	SF C		0	P	PS	0
(13	3)			stodial aff(12)		or other misc	ellaneous)			A	I R	U	S U R
=			Yes	No N/A				10.010				-	E
Throughout the scho	001		_	X-	-	val of wall and c		18,642	SF	$\triangle$			
Room 003			_	X	Pipe	Insulation remov	/al	30 LF		X			
Non Donies	Marke Many			- T		10.1. V. 3.							
Name of Registered	waste Haul	er		JDEP Was auler ID		Cubic Yards of Waste	Name of Regi	stered La	andii.	LI			
Four Strong Builders	, Inc.		1	2609			G.R.O.W.S., I	nc.					
City. State						Disposal Date	City, State						
Clifton, NJ							Tullytown, PA	,					
Completed By (Print	or Type)	Title				Signature			7	Da	te		
Bilyana Kulakovska		Office A	dmir	nistrator		R	Din	//		18/	8/17		
ASB-41								-/-		10/	0111		
JUN 95													

1900 1000 1000 1000 1000 1000 1000 1000	0)-[	E C E		M	Er	int For		
ENT		CHECK #	240	35/42	428			
2)	-	JUN		201		Sent J		
	AS	BESTOS	00	HTD	013	-		
	7.10		NSIN			^		
1-1898								
	Tel	ephone Nu	mher					
				-				
ype of Facility								
	r 8 (Oth	er than K-1 & commerc		dings,	, hom	es,		
Square Feet -59,000	# o 3	f Floors	11 000	968	\ge			
Current Use (Pr Academic	ior if be	ing demolis	ned)					
Abatement Co								
le Environm	ental	Corp.						
ddress oad Street								
te, Zip Code adt, NJ 0707	2							
ne No. 89-6565		License N 00756	lo.					
OSHA Monitor Air Inc.	•							
ddress Jackson Ave	enue							
e, Zip Code sland City, N		101						
OSHA Class	con a mar		c Varia	ance				
Full Containm Mini-Enclosur Glovebag Pro	e cedure							
Non-Exempte	d (*) an	d Non-Friat	le Pro	The Name of Street	e ement			
f			-	Ту	/ре			
erial (ACM) sulation, or us)  Amount (Specify SF or LF)  SF or LF)  Repair  Repair  Repair  Repair  Repair								
Plaster	18,	,000SF	x					
	1,	500SF	x					

Date of Notification (1) 06-07-17					f Building outh Un			(2)	in the second	į					last Lands or
Agencies Notified	Type Notification			Street A	ddress edar Ave	enue		7417	a Africa	AS	BESTOS LICE			DL 8	<u>.</u>
EPA DEP  DOL	Initial  Amended  Amendment	# 1			ate, Zip Co Long Bra		J 077	64-18	398						
☑ DOH DCA	Emergency justification) Cancellation	7		Name o	f Contact t L. Corr					Tel	ephone Nun	nher			
☐ DCA	Caricellation	1	- 1		LITY INFO		ON								
Name of Facility Where	Abatement is Takir	ng Place (3)		FACI	LITINE	JKWATI	ON	Туре	of Facility (	4)		-111-111-111			
Monmouth Univers				,					School (K-1	2)					
Street Address 400 Cedar Avenue	, A.							×	Subchapter Other (i.e. p	8 (Oth	er than K-12 & commercia		dings,	hom	es,
City (5) West Long Branch									etc.) re Feet 000	# 0	Floors	2.00	ldg. A	ge	
County (6)		2	-	County (	Code (7)					1.	ng demolish	- 20			
Monmouth					USE ONLY)				demic			/			
Name of Monitoring Firm Briggs Associates	Hired by Building	Owner (8)		ASCN 0004					tement Cor Environm						
Street Address		-					Street	Addre	SS						
3 Crosswicks Stree City, State, Zip Code	T.	2					A SAME		Street ip Code						
Bordentown, NJ 08							Carls	stadt,	NJ 0707	2					
Project Manager for Mor Mike Hoodak	nitoring Firm			Telepho (609) 2	ne No. 298-552(	0		none N 939-6			License No 00756	0.			
Start Date (10) 05-30-17		Scheduled 08-31-1		npletion	Date (11)			of OSI	HA Monitor nc.						
Occupancy Status Durin	g Abatement (Chec	ck Only One	)				Street	Addres	SS						
Facility Closed/Vac	ated During Entire	Period of Al	atem	nent			10-59	9 Jac	kson Ave	nue					
Abatement Perform  Other – Describe:	ed Outside of Norr	nal Facility I	Hours		ent	_			ip Code nd City, N	Y 111	01				
Scope of Work (Check A	II That Apply)	10					Г			MAN THE MAN	te Specific	Varia	ance		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		-	nova molit				×	Mir	ni-Enclosure ovebag Prod	e cedure	Negative P			2	
				,				Non-Exempted (*) and Non-Friable Procedu  Aba				Thursday,	ire tement		
		37.43	ocati ormal					2						ре	`
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Used	Sole	ly by nce/		tos Cont thermal surfac	escription of Intaining Material (ACM) Intaini					Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		ate	e)
Level	2			X	Acc	ustical	Ceilin	ig Pla	ster	18,	000SF	х			
(1) Leve	el 2			Х			VAT			1,5	500SF	х	-		
Name of Registered Was	ste Hauler		N	JDEP W	l /aste	Cubic			Name of	Registe	red Landfill	_			
ATC, Inc. / JBT (500	71)		10377	auler ID 1310	No.	of Was	ste		Minerva	a Ente	rprises				
City, State Shirley, NY / Bronx,	NY					Dispos TBD	al Date	2	City, Stat Waynes		OH 4468	8			
Completed by Richard Doran		Title Projec	t Ma	nager		S	ignature	A	12	<u> </u>	Da 06	te -07-1	17		
						1_1	LAY	711	V ( ) C	10					

0/					State of I	New Jers	ey			IN E	(i)	E	W/	Print-F				
Ch 1112			NO.	(Pursua	ION OF AS	SBESTOS AC 8:60 ar	ABAT	EME 20)	NT		-	TO SECURITARIA	1.0					
Date of Notification (1) 06/06/2017				Nam Res	e of Buildir sidence		<del>JUN-</del>	15	201	7								
Agencies Notified	Type Notification	on		Stree	et Address													
X EPA X DEP	× Initial									ASSE		s CO ENSI:		10L&				
× DOL	Amended Amendme	nt#		Berr	State, Zip nards To	Code	NIO	מסכו	20									
X DOH	Emergenc		ing		e of Contac		14.5. 0	1192	.0	T = 1 .								
DCA DCA	Cancellation				er Mora					Telephone Number								
Name of Facility Where	Abatement is Tak	ing Place	2 /3)	FA	CILITY IN	FORMAT	ION				*		_					
Residence	as a comonition for	ing riace	= (3)					Ту	pe of Facilit									
Street Address								H	School (k Subchapt	(-12) er 8 (Other than I	K 12)							
0" (5)								×	Other (i.e	. private & comm	ercial b	uilding	s, ho	mes,				
City (5) Bernards Township									etc.) uare Feet 528	# of Floors	Bldg. Age							
County (6) Somerset		0 1 0					rrent Use (P	Use (Prior if being demolished)										
Name of Monitoring Firm	Hired by Building	Owner (	'8\		(OTATE OSE ONET)													
A. Seine Lighthouse Solutions Street Address					ASCM No.  Name of Abatement Contractor (9)  Brinks Tank Services  Street Address													
PO Box 354						nue												
City, State, Zip Code South Orange, NJ 07		City, State, Zip Code Hillside, NJ 07205																
Project Manager for Monitoring Firm Sarah Calandra					Telephone No. Telephone No. 201-349-2666 844-462-7465					License No. 01316								
Start Date (10) 06/20/2017						mpletion Date (11)  Name of OSHA Monit A. Seine Lighthor					r							
Occupancy Status During	Abatement (Chec				Street Address					se solutions								
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire d Outside of Norn	Period of nal Facili	Abater ty Hour	ment s	PO Box 354													
			200	South Orange, NJ					07079									
cope of Work (Check All	That Apply)	german, and					200000			-2-10/10/10/10/10								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mi GI	ni-Enclosur ovebag Pro	cedure								
		ls	s Locat	on				IVC	n-Exemple	d (*) and Non-Frid	able Pro	Townson Control	emen	+				
Location of Asbestos-Containing M	f aterial (ACM)		Normal ed Sole		b., I Descript							Туре						
TO BE ABAT	ED (ACIVI)	Ma	aintena stodial S	nce/	Asbest (i.e.	tos Contai thermal sv	taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)			Amount (Specify	_		Щ	_				
In Facility (13)		Cus	(12)	ian?		surfacir				SF or LF)	Removal	Repair	сар	Enclosure				
- We (1990)		Yes	No	N/A		outer Hills	cellane	ous)			oval	air	Encapsulate	sure				
Basemen	t		X			P	ipe			140 LF	X		æ					
										140 LI	Δ.							
											+							
											-							
me of Registered Waste	Hauler	1		JDEP W		Cubic Ya	rds		Name of F	Registered Landfi	11							
wark Carting				auler ID 1 509	No.	of Waste			200000	lanagement Landfill								
v, State st Orange, NJ						Disposal	Date		City, State			5						
mpleted by		Title				Sign	ature /	1	enn Ar		-4-							
son Lamers		Office	Office Manager					DA	WOAS	Date 06/06/2017								

Ch 5642	NO	OTIFI (Pu	State of CATION OF A Irsuant to NJ.	To the second of the second											
Date of Notification (1) 6/6/17			Name of Build CHABAD C			(2)		1	JÜ	N 1	5	201	7	11.	
Agencies Notified Type Notific	ation	191.0	Street Address 620 OCEAI				Property Control	AS	BEST				ίÖL	8	
EPA Initial X Amend			City, State, Zip				-			ICE.	9)	1.72			
Emerg	ment # ency (including		LONG BRA		07740			,							
DOH justifica	ation)		Name of Conta	act				Tele	phone	Numb	er				
Name of Facility Where Abatement is	Taking Place (3)		FACILITY I	NFORMAT		Type of	f Facility (4)		Un trocking		-				
Chabad of the Shore, Long Br		t End	i Ct				chool (K-12)								
Street Address						Sı	ubchapter 8	(Othe							
1 West End Ct						× Ot		i.e. private & commercial buildings, homes,							
City (5) Long Branch						Square	Feet	# of	Floors		BI	ldg. A	ge	40,	
County (6) Monmouth		County Code (					Prior if being demolished)								
	Τ.	ASCM No.				ment building									
Nome of Monitoring Film Filled by Dali		AGGIVI NO.		1	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS										
Street Address					Street A		s DOVE COURT								
City, State, Zip Code				City, Sta		Code D, NJ 087	 701								
Project Manager for Monitoring Firm	17	Telephone No.	one No. 68-90												
Start Date (10) 6/8/17	Scheduled 6/22/17	Com	pletion Date (1	11)	3		Monitor PROFES	SIOI	VALS						
Occupancy Status During Abatement (	Check Only One	)			Street A										
Ahatement Performed Outside of	ntire Period of Ab Normal Facility H	atem lours	ent		City, Sta	ate, Zip						11 60 DEC			
					LAKE	.WOO	D, NJ 087	701							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	(Comment)	novat moliti			×	Mini- Glove	Containmen Enclosure ebag Proced Exempted (	dure					e		
		ocatio	55.4									1100	emen pe	t	
Location of N Asbestos-Containing Material (ACM) TO BE ABATED In Facility  Cust			Asbestos Containing Material (i.e. thermal systems insula surfacing, VAT, or				ulation,		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure	
(13)	-	(12) No	N/A	other r	niscellane	lianeous)					val	air	ulate	sure	
Apt 7				FLO	OR TIL	ES		50	0 SF	×					
Apt 8				FLO	OR TIL	ES	500 SF x								
Apt 9				FLO	OR TIL	ES		50	0 SF	×					
Name of Registered Waste Hauler		N	IDEP Waste	Cubic	Yards	-	Name of Re	anieter	ed I an	dfill					
NEWARK CARTING		На	uler ID No. 509	of Wa		- 1	IESI	giotel	ou can	STILL STATE					
City, State, Zip Code  Project Manager for Monitoring Firm  Start Date (10) 6/8/17 Schedu 6/22/1  Occupancy Status During Abatement (Check Only Of Abatement Performed Outside of Normal Facility Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If				Dispos 6/22/	sal Date		City, State BETHLEI	State I'HLEHEM PA							
	Title OWNF	R		S	Signature				Date						

Print Form

NO CH		NC	TIFIC (Purs	ATION OF A uant to NJA(	f New Jersey ASBESTOS AB C 8:60-7 and 12	2:120-7)		E (			W.					
Date of Notification (1)				Nar ME	me of Building RCK SHARP &	Owner/Operato DOHME CORP.	r (2)	JL	JN 1	5 (	2017					
6 / 7 /17				Stre	eet Address				-							
Agencies Notified Type No	otification			126	E. LINCOLN A	AVENUE, P.O. BO	X 2000, RY2	3-414-5	TOC	001	itan					
	tial Notifica			City	, State, Zip Co	de			JOE							
	nended Not	ificati	on #1		HWAY, NEW J		-									
36	ncellation															
	Hold	/ N/O		Nan	ne of Contact		Telenhone I	Number								
EN EN	IERGENC	r NO	I IFIC/		RICIA JOHNS											
Name of Facility Where Abatemen	t io Takina	. DI	- (2)	FACILITY I	NFORMATION				_							
Manual of Facility Where Abatemen	it is raking	Plac	:e (3)			Type of Facil										
MERCK SHARP & DOHME CORPO	RATION					School (										
	NOTHOR					X Other (ie	ter 8 (Other th	an K-12)	)							
Street Address						Square Feet	private & con									
126 EAST LINCOLN AVENUE - BUI	LDING 801	N				68,000	7 7 100	15	BIG	dg. Ag 38	е					
City (5)	unty (6)			Cour	nty Code (7)	Current Use (F	1 2 2 2	emolishe	d)	30						
	ION				E USE ONLY)	VACANT	nor it being de	on on one	u)							
Name of Monitoring Firm Hired by	Building (	Owne	r (8)		ASCM No.	Name of Abat	ement Contra	ctor (9)								
ENVIRONMETAL HEALTH INVESTI	IGATIONS,	INC.			104	PAR ENVIROR			TION							
Street Address 655 WEST SHORE TRAIL						Street Address	•									
City, State, Zip Code						313 SPOOK R										
5	, NEW JEF	CEV	0707			City, State, Zip		=22-5-2-		-						
Project Manager for Monitoring Firm	, INCVV JEF					SUFFERN, NE		01	Anna parties							
WILLIAM S. KERBEL, CIH			epnor -729-	e Number		Telephone Nur	nber	License	cense Number							
Expected State Date (10)	Sch			letion Date (	(44)	845-369-7500		1101								
5 / 22 /17	1001		2 /	31	/17	Name of OSHA		1110								
Month Day Year	M	onth		Day	Year	AMERISCI LA	BURATURIES	INC	#	11480	)					
Occupancy Status During Abatement	(Check on	ly one	e)			Street Address										
Facility Closed/Vacated D	uring Entire	Peri	od of	Abatement		117 EAST 30T	H STREET									
Abatement Performed Out  X Other - Describe: MOI	tside of Nor	mal F	acility	/ Hours - Des	scribe:											
	NDAY-FRIE	DAY 6	30 PI	2:30 PM		City, State, Zip			With the last	37						
Scope of Work (Check all that apply)	ONDA! 1	-divi-3	.50 F1	vi	Full Cont	I NEN ainment with Neg	N YORK, NEW	/ YORK	10016	i						
Demolition	X Ren	ovatio	on		Mini Encl	o .	auve Pressure									
>3SF OR LF						Procedure										
X >160 SF OR 260 LF					Non-Friat	ole Procedure										
Location of Asbestos-containing		Loca		D	escription of As	sbestos-		A	batem	ent T	ype					
Material (ACM)	10000000	mally solely	used	0.000	ntaining Materi		Amount				_					
TO BE ABATED			stodia		(ie. Thermal sy sulation, surfaci		(Specify	N N	REPAIR	Ç	Ę.					
in Facility (13)		staff (		77.54	r other miscella		SF or LF)	REMOVAL	77	PS	SO					
2017 (2000)	Yes	-	N/A					-		ENCAPSULE	ENCLOSURE					
ROOF-ENTIRE			х	BUILT UP F	ROOFING		40,000 SF	×		T	111					
ROOF-PERIMETER			х	ROOF FLA	SHING		120 SF	x								
ROOF -BULKHEAD			Х	PIPE PENE	TRATION		3 SF	X								
		_														
Name of Registered Waste Hauler	N.IDF	EP W	aste	Cubic Yards	of Macta	Nome of Death										
FREEHOLD CARTAGE, INC.		er ID I			,000	Name of Registe		DOE 144								
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FREEHOLD, NEW JERSEY				5/22/17-12/3		MONTGOMERY	, PA 17752		/	1						
	Title DIRECTOR	ROF	OPFF	RATIONS	Signature			ate//	21	11	7					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP ASSESTOS CONTROL Amended Notification RAHWAY, NEW JERSEY 07065 LICENSING DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors 126 EAST LINCOLN AVENUE - BUILDING 80W Bldg. Age 68.000 2 38 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /17 AMERISCI LABORATORIES INC Month #11480 Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSULE Material (ACM) REMOVAL REPAIR ENCLOSURE solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A ROOF-ENTIRE X BUILT UP ROOFING 40,000 SF ROOF-PERIMETER ROOF FLASHING 120 SF ROOF -BULKHEAD PIPE PENETRATION 3 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 1.000 LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33

447 ALEXANDER DRIVE/ROUTE 15

Date

MONTGOMERY PA 17752

City, State

15939

DIRECTOR OF OPERATIONS

Title

Disposal Date

5/22/17-12/31/17

Signature

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

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126 EAST LINCOLN AVENUE - E	BUILDIN	G 53	& 5g					Square Fee	et # of Floor	S	В	ldg. Ag	ge		
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Project Manager for Maria	TA, NEV	V JEF						SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Fir	m		Tel	ephon	e Numb	er		Telephone Nu	CONTRACTOR OF THE PROPERTY OF	icense	Numb	ner			
WILLIAM S. KERBEL, CIH				3-729-				845-369-7500		101	riditi	,01			
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	During	Entire	Peri	od of	Abateme	ent		117 EAST 307	TH STREET						
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Other - Describe: N	ONDAY		FRI	DAY 1	1:30PM-8	8:30 F	PM	City, State, Zip	Code						
Scope of Work (Check all that appl	. A					_		NE	W YORK, NEW	YORK	1001	3			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification LICENSING RAHWAY, NEW JERSEY 07065 #2 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION Sandra M. Schenk **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 53 & 59 125,912 63 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /17 15 AMERISCI LABORATORIES INC Month #11480 Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY- - FRIDAY 1:30PM-8:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo. WET WIPE & HEPA VAC >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR ENCAPSULE ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A ROOF EXHAUST FAN CURB X MASTIC 30 SQ. FT. X ADDITION TO SCOPE: AIR HANDLING UNIT 1 & 2 X PIPE INSULATION DEBRIS 100 SQ. FT. X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 6 LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 5/18/17-5/30/17 MONTGOMERY, PA 17752 Completed by (Print or Type) Title Signature Date. BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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

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Completed by (Print or Type)	Title			S	Signature	1		15	ate-/	· OV	10	
BENJAMIN SANCHEZ	DIRECT	OR OF	OPER	RATIONS	170	0			5/1	8/	11	

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Project Manager for Monitoring Firm	n		_	_	ne Number			_		W YORK 109					
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OO Deelees Chroat								į	Squar	re Feet #	of Floor	s Bl	ag. A	ge	
90 Parker Street		County	(6)			Cour	nty Co	de (7)	6	ent Use (Pr	2	125 6	50	shed	<u> </u>
CITY (3)						(ST	ATE US	E ONLY)	1		clor if De	ing u	GHOTT		
Newark, NJ 07104		Essex					W	ad Aboto	Scho	Contractor	791				
Name of Monitoring Owner (8)	Firm Hired	by Build	ling	ASCM	No.		Name	or Abate	ment	CONTRACTOR	157				
PRODUCTOR BUTTON	al Carrigos I	no		0012	0		Four	Strong B	uilders	s, Inc.					
Omega Environment	al Services, I	116.		00 12	.0	-1	Stree	t Addres	s						
						1	180.5	Sargeant	Aveni	ıe					
280 Huyler Street	ode			_	-		City.	State,	Zip C	ode					
							Cliffo	n, NJ 070	113-19	935					
South Hackensack, Project Manager to	NJ 07606	Firm TT	Celeph	опе	Numbe	er	Teler	hone Nur	nber	,,,,,	Lic	ense h	lumbe		
**************************************		1					073 6	614-0377			008	07			
Rey Montes De Oca	to (10) 150	hed.Com	201-48	9-01	ite (	117		of OSHA		or					
		0   7   /		- 12	12.0	/									
0   6   /   0   7   /   Month / Day /	V035	onth /	Day	1	lear		Four	Strong B	uilder	s, Inc.					_
Occupancy Status D	uring Abates	nent (Che	eck or	JIA (	one)		Stree	et Addre	SS						
[ ]Facility Clos						į		Sargeant							
[ ]Abatement Per	formed Outs:	ide of No	ormal	Fac.	ility		City	. State.	Zip C	lode					
Hours - Descr	ibe: Occupied					. 1	Clifto	n, NJ 07	013						
Scope of Work (Che		apply)			·		Jointo					D-		_	1373
CONTRACTOR SOLUTION CONTRA		-66-11	N11	Dano	vatio	n		[X]Ful	1 Cont	tainment wi Losure	th Negati	ve Pr	essui	e	
[ ]Demolit [ ]>3 sf d	r >3 1f		W),	((0)10		•••		[ ]Glo	vebag	Procedure ble Procedu	· FP				
X1∑160 st	or >260 lf							f lage	-FL La	DIE FLOCCO		INFO	temer	h 77's	rna
				Is atio	n								Center	Ε	E
	ion of		Nor	mal1				escripti stos-Con		na	Amount	RE	R	N C A	N C I.
Asbestos- Materi	-Containing			sed lely			Ma	terial (	ACM)		(Specif:		E P	A P	I.
TO BE	ABATED			Main ance		i	(i.e.,	thermal	facin	ems g, VAT,	SF or LF)	V	A	S	0 S U
	cility L3)		Cus	todi	al		or o	ther mis	cella	neous)		A	I R	U	R
•			Yes	ff(1	N/A								_		E
First Floor Boiler R	nom		X		р	leas	e see t	he attache	ed list fo	or quantities		X			
T Hat I look Bollot I'd			1	-											
			+	-	-						<del>                                     </del>		1		
			1		-						-		+-	-	
								- VY - 3 -	181	e of Regis	tored (an	aF 11			
Name of Registere	d Waste Haul	er			Waste ID 1		of Wa	Yards aste	Nam	e or kegis	reren rqu	~~ + + + +			
E 01 - 5 11	un lm-			2609					G F	R.O.W.S., In	IC.				
Four Strong Builde	rs, inc.		12	-009			Dispo	osal Date	e Cit	y. State					Selection in
orri. Stare															
Clifton, NJ										lytówn, PA			Date		
Completed By (Pri	nt or Type)	Title						Signatu	1	V .	//		Jace		
Bilyana Kulakovsk	а	Office A	Admin	istra	tor			of.	0	M			6/5/1	7	
ASB-41		10111007									1				
A5B~41											/			G46	5.5.7

#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

JUN 15 2017

#### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibil. STOS CONTROL &

I. NOTIFICATION INFOR	MATION
Date of Notification: 6 / 8 / 2017  ☑ Initial ☐ Amended ☐ Cancellation ☐ Emergency (m  Type of Work: ☐ Demolition ☑ Renovation	ust include justification)
II. BUILDING INFORMA	ATION
Name of Building Owner/Operator: Montgomery T	ownship Board of Education
	State: NJ Zip: 08558
Name of Contact: Annette Wells	Telephone N
III. FACILITY INFORMA	
Name of Facility Where Work Activity is to Take Place:  Mo	
Describe Facility Use: Sc	
Street Address: 375 Burnt Mill Road City: Skillman  County Name: Somerset County County County Name: County	
Scheduled Start Date: 6 / 26 / 2017 Scheduled	de (State Use Only):
Occupancy Status During Activity (check only one):	Geompletion Date.
Facility Closed/Vacated During Entire Activity	
☐ Activity Performed Outside Normal Facility Hours—Describe:	
Other—Describe:	
Scope of Work (check all that apply):	
	Percentage Asbestos: %
	Percentage Asbestos:  %
IV. CONTRACTOR INFOR	MATION
Company Name: Shade Environmental, LLC	
Street Address: 623 Cutler Avenue City: Maple Shade	<del></del> -
New Jersey Asbestos License Number (if applicable): 0084	
Monitoring Firm (if applicable): PARS Environmental. Inc.	Telephone No.: 609-890-7277
V. SIGNATURE	
Completed By (type or print legibly): Christina Lynch	itle: Vice President of Operations
Signature:	Date: June 8, 2017

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

						Š	1171					
Date of Notification (1) 6/6/2017 Check# 301	9		me of Building aric Builder			(2)		JUN	1 5	201	7	1
Agencies Notified Type Notification	1		eet Address				Ì		-			1
☐ EPA ☑ Initial		85	505 C-Berg	enline	Avenue	)	ĀSB	ESTO:	S CC	MTF	OL	&
DEP Amended			y, State, Zip C			L		LIGH	110			
DOL Amendmen	t#		orth Berger		7047							
DOH justification	)	11/1/25	me of Contact				Teleph	one Nur	nber			
DCA Cancellatio	n		ric Petrone									
Name of Facility Where Abatement is Taki	ng Place (3)		FACILITY INF	ORMA	TION	Type of Facility	(4)	Hama-Dynamic				
Residence	19 1 1400 (0)											
Street Address						School (K-	12) r 8 (Other ti	han K-12	2)			
						Other (i.e.	private & co	ommerci	al bui	ldings	hom	es,
City (5)						etc.) Square Feet	# of Flo	nors		Bldg. /	Ane	
Palisade Park, NJ 07650						2,000	3	5013		50+	·gc	
County (6)			unty Code (7)			Current Use (Pr	ior if being	demolish				
BERGEN		(ST	ATE USE ONLY	0		Residential						
Name of Monitoring Firm Hired by Building	Owner (8)	P	SCM No.		Name	of Abatement Co	ntractor (9)					
N/A					EA S	Services Corpo	oration					
Street Address				- 300		Address						
					4265	69th Street						
City, State, Zip Code					100000000000000000000000000000000000000	tate, Zip Code	2					
Desired March 1						enberg, NJ 07	093					
Project Manager for Monitoring Firm		Tele	ephone No.		1	one No.		cense N	0.			
Start Date (10)	Cabadulad	0	1: D-1- (44)			295-1700	0	1074				
6/17/17	6/20/201		tion Date (11)		The state of the s	of OSHA Monitor e as above						
Occupancy Status During Abatement (Che-					- Carecontents	Address						
					Ollect	Address						
Abatement Performed Outside of Norr	nal Facility H	atement ours			City, S	tate, Zip Code			1177.00			
Other – Describe: Starting at 8 AM					,							
Scope of Work (Check All That Apply)					- L			1				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ズ Rer	novation				Full Containm	ent with Ne	native P	receil	ro		
≥160 sf or ≥260 lf	promote and the same of the sa	nolition				Mini-Enclosure	е	ganver	10000	10		
					×	Glovebag Pro- Non-Exempte		n-Friabl	e Pro	cedur	Δ.	9
	Is I. c	cation					4 / / 4.14 / 1.	on mab		- University of the Land	ement	
Location of	Nor	mally		D	escription	of				Ту	ре	
Asbestos-Containing Material (ACM)	Used S Maint	Solely by enance/	Aspes	tos Cor	ntaining M	laterial (ACM)	Amou	ınt			т	
TO BE ABATED In Facility		ial Staff	110		al systems acing, VA	insulation,	(Spec		Rer	R	nca	Enc
(13)	(	12)			miscellan		SF 01	LF)	Remova	Repair	Encapsulate	Enclosure
	Yes I	No N	I/A			190			<u>a</u>		ate	re
First Floor Bathroom		v		loor Ti	le-doub	lo lover	40.0	_				$\vdash$
, not roof Bathoom	-	X		1001 11	ie-doub	ie iayer	49 S	Г	Х			$\vdash$
Name of Registered Waste Hauler			P Waste		Yards	Name of	Registered	Landfill				$\neg$
Freehold Carting		Haule 1593	r ID No. a	of Wa	aste	Cumbe	rland Lar	ndfill				
City, State		1593	J	tbd	seal Data							
Freehold, NJ				tbd	sal Date	City, State Newbur						
Completed by	Title			377.57	Signature		9, 17	Dat	Α.			
Gina Betances	Office N	Manag	er		o.gridiaidi 6	Elma	1_		.e 3/201	17		
	A STATE OF THE STA	-				'V' TOUT TOU		-				

Print Form

3 1375	NO		CATION	te of New OF ASBE o NJAC 8	STOS A			r		<u>; G l</u>		$\underline{\mathbb{W}}$	L	The state of the s	Commence of the special control of the specia
Date of Notification (1) 06/07/2017				Building C		erator	(2)		£.	JUN	15	20 i	7	L	7
Agencies Notified Type Notification  EPA Initial			Street Ad 2 Gree	dress n Street				and the second	ASE	ESTO	S CON		ΙŌĹ	. &	WAS CONTRACTED ON THE PERSON NAMED ON THE PERS
X DEP Amended X DOL Amendment				e, Zip Coo /ille, NJ							Total Control of the Control	or E-mou		- CONTROL OF	annound 1
Emergency (injustification)  DCA  Emergency (injustification)  Cancellation	ncluding	1 1	Name of Luis Va						T-	lb-na h	limbar				
			FACIL	ITY INFO	RMATIO	N									
Name of Facility Where Abatement is Taking YMCA Building Street Address	Place (3)			9			Тур	School (K- Subchapte	-12) er 8 (Oth						
2 Green Street							×	Other (i.e. etc.)	private	& comme	ercial bu	ildin	gs, i	nome	S,
City (5) Somerville							Squ N/A	are Feet	# c	of Floors A		Bldg N/A	g. Ag	je	
County (6) Somerset			County C	ode (7) SE ONLY)				rent Use (Pr vate Build		ing demo	lished)				
Name of Monitoring Firm Hired by Building ON/A	Owner (8)		ASCM	No.				oatement Co atement, I		r (9)					
Street Address						Street 11 R		ress ngren Ave	enue						
City, State, Zip Code								Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telephon	e No.		Teleph 973-		No. -8685		License 01311					
Start Date (10) 06/17/2017	Scheduled 06/18/20		pletion D	ate (11)				SHA Monito atement, I							
Occupancy Status During Abatement (Chec			79			Street 11 R	0.00	ress ngren Ave	enue						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Al	Hours	nent		_	THE RESERVE OF THE PERSON NAMED IN		Zip Code NJ 07512	2						
Scope of Work (Check All That Apply)		7174													
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	-	enova emolit			19	×		Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	:			dure	;	
	Is	Locati	on I									Α		ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Mair	ormal d Sole ntenar odial S (12)	ly by nce/		tos Conta thermal s	system: ing, VA	Mater s ins AT, or	r	(	Amount Specify F or LF)	Kemova		Tyı	Encapsulate	Enclosure
(10)	Yes	No	N/A		outer m	.000					<u>a</u>			late	Ire
Mechanical Room		X			Pipe	Insula	ation	1	1	30 LF	X				
Crawl Space		Χ			Pipe	Insula	ation	1		50 LF	Х				
Shower Room	Χ			Pipe	Insula	ation	1		40 LF	Х					
		1.	I IDED W	oats	Cubic	/ord-		Mona	f Dogic	tered Lan	dfill				
Name of Registered Waste Hauler D&S Abatement, Inc.		H	IJDEP W lauler ID 0996		of Was			North Street Co.	- n - 35-01	agemen		A			
City, State Totowa, NJ				Dispos: TBD	al Date	)	City, St Morris	ate sville, F	PA						
Completed by Ned Joksimovic	Title Projec	ct Ma	anager		Si	gnature	е ,	FN			Date 06/07	7/20	)17		

Print Form

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

		1	_1	_			
A	信	C	E,		$\mathbb{V}$		M
3	9	17	77	)			4
		JUN	1 !	5	2017	7	U)

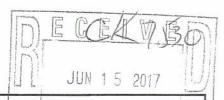
Date of Notification (1)		10	Name (	of Build	dina	Owner / Operato	or (2)		-				- Insurant
6/9/2017		- 1	Tom S		unig	owner / operate	Ji (2)		1	500.00		507	٦
Agencies Notified Type Notification	on		Street /	***********	SS				ASBEST	ICENS		HUL	<u>či</u>
⊠ EPA								L.		100,10	7. 1 (3)	Vellerative	TOTAL CONTRACTOR
DEP Initial	eros a c		City, St			ode							
DOL Amend			Floren										
□   DOH   □   Emerge     □   DCA   □   Cancell			Name o		tact				1.	T-1	N	li imh	ner
□ box □ cancen	iation	1	Fom S	anoi		4			- 1				
				ILITY	INF	ORMATION							
Name of Facility Where Abatement	t is Taking Plac	ce (3	)			Type of Facil							
Street Address							500	Other than	K-12)				
						Other (i.				gs, hon	nes,	etc.)	
						Square Feet		# of Floors	ĮE	Bldg. Ag	e		
	ounty (6)	Cor	unty Co	ode (7)	)	3000		4	2		804		
Florence	Burlington					Current Use	(Prior if	being dem	olished)				
Name of Monitoring Firm Hired by E	Building Owner	(8)	1	ASCN	No.	Name of Aba	tement	Contractor	(9)				
						Alpha Envi							
Street Address						Street Addres					W. Television	-5.00-312-00	
City, State & Zip Code						PO Box 829							
		Discourage Company		City, State & Trenton, N.		ae							
Project Manager for Monitoring Firm	n T	elepl	hone N	lumbe	ſ	Telephone No. 609-847-295			License N	lumber 0122	22		
	heduled Comp 16/2017	letio	n Date	(11)		Name of OSH EMSL Analy		itor					
Occupancy Status During Abateme	nt (Check only	one	)			Street Addres							
Facility Closed/Vacated Dur						107 Haddor							
Abatement Performed Outs	ide of Normal	Hou	rs – 7a	am to 3	3pm	City, State &							
Describe:						Westmont,	NJ 08	108					
Facility Occupied During Ab Scope of Work (Check all that apply						-							
	_							Full Contain	nment with N	egative	Pres	ssure	)
≥3 sf or ≥3 lf	[			vation				Mini-Enclos					
≥160 sf ≥260 lf	C	$\times$	Demo	lition				Glove Bag	Procedures				
							$\boxtimes$	Non-Exemp	ted and Non	-Friable	e Pro	cedu	ire
Location of			ocation.	933		Description			Amount	Aba	atem	ent T	уре
Asbestos-Containing Material (ACM)	l IV		ally Us lely by			Asbestos-Con Material (AC			(Specify SF or LF)			-	
TO BE ABATED	M		enance			(i.e., thermal sy			of of Lif	Re	20	Encapsulate	Enc
in Facility	C		dial Sta	aff?		nsulation, surfac				Remova	Repair	psu	Enclsoure
(13)			(12) No N	N/A	9	or other miscella	aneous	)		/al	=	ilate	ıre
Exterior					United life	Siding		12	00sf				
N- 50 11 1101			1										
Name of Registered Waste Hauler				EP Wa er ID N		Cubic Yards of Waste	Name	of Registe	red Landfill				
ALPHA ENVIRONMENTAL		1	ei 10 r		5	Grow	s Landfill						
City, State			13300			Disposal Date	City, S						
Trenton, NJ					,	various	Morri	sville, PA					
Completed By (Print or Type)			Title Proj			Signature Rod Richardson				Date			
Rod Richardson	mpleted By (Print or Type)									6/9/	201	7	

#### State of New Jersey NOT:FICATION OF ASBESTOS ABATEMENT

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

					S. 1101 C. S.				llmi	/		/	
Date of Notification (1)  06 /	09 /	17					ng Owner/Operator ( / Institute of Tec	there is	JU	N 15	20	17	
							y institute of Tec	nnology	1 1				Secure
Agencies Notified  EPA	Type Notific					t Address B Dr. Mai	tin Luther King .	Jr. Blvd.	ASBEST			ROL	. &
⊠ DOLWD	☐ Amende Amendm	The state of the s			City,	State, Zip	Code		L.	CENS	<del>NG</del>		
☐ DHSS	⊠ Emerger		cluding	7	Ne	wark, NJ	07102						
(NJAC 5:23-8)	justificati		, idani	9	Name	of Contac	ot		Telephone Nu	mber			-
75. 1879 	☐ Cancella	ition			Mr.	Joseph	Myers						
FACILITY INFORMAT													
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				-1
NJIT - Central High	School							School (K-12					
Street Address									8 (Other than K- rivate and comm		uildin	ae	
120-142 Bleeker Str	eet							homes, etc.)		ici ciai b	unun	ys,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Newark								300,000 SF	4		40+		
County (6)					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Essex								Exterior					
Name of Monitoring Firm	Hired by Build	ding Ov	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Omega Environmen	ta Services	s, Inc.			120		East Coast H	az Mat Remov	al, Inc.				
Street Address							Street Address			<del>/</del>	1011111		
280 Huyler Stre	et						494 E. 41 Str	eet					
City, State, Zip Code							City, State, Zip Co	ode					
South Hackensack	, NJ 07606						Paterson, NJ	07504					
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.				
Eric Gelhaus				20	1-489	-8700	973-345-0022		00507				
Start Date (10)06 /12 /					tion Da	Control of the Contro	Name of OSHA M East Coast H	lonitor az Mat Remov	al, Inc.				
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address	82					
☐ Facility Closed/Vacated	d During Entir	re Perio	od of	Abate	ment		494 E. 41 Stre	eet					- 8
Abatement Performed	Outside of No	ormal F	acility	/ Hour	s - Des	cribe	City, State, Zip Co	ode			-		
Time of Abatement:	AM	_PM/_		_PM	A	M	Paterson, NJ						
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			THE PERSONNEL PROPERTY.	novati molitic						ure			
				Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Mate	rial (ACM)			lorma d Sole		Descript	ion of S Containing Materia	N (A CNA)	Amazzat	R	Re	m	m
TO BE ABAT	ΓED		Ma	intena	nce/		e., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	/		Cust	odial ( (12)	statt?		surfacing, VAT,		SF or LF)	val		sula	sure
(13)			Yes	No	N/A		other miscellaned	ous)				ate	
Exterior Underground	N.E. Corne					Pipe In	sulation		12 LF			П	
Exteior Underground	Courtyard	[					sulation		13 LF				
		]											
		1		П	П		11			Tim	П	П	П
Name of Registered Waste	e Hauler			_ N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered   andfill				
East Coast Haz Mat		nc.		100	auler ID 13206	No.	Waste 3	GROWS, In					
City, State					.0200		Disposal Date	City, State					
Paterson, NJ 07504					٠		06-20-2017/	Morrisville,	PA 12506				
Completed By (Print or Typ	oe)	Title					Signature	1 11.		ate		- 1111	
James Unger			Esti	mato	r/Proje	ect Mgr.	Mun	4 ller		6-	9-	11	7

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)



Date of I	Notification (	6/9/17 e Notificatio	n		of Building		/ Operator (2)	-	i i	70000	1
Agencie	s Notified				Address					TOS CON JOENSIN	
	EPA	Emerg	ency Notificat	ion  100 P	assaic A	ve		beautiful	L.	- OLIVOITY	
	DEP	Initial I	Notification	City, S	State & Zip	Code					
X	DOL	Amend	ded Notificatio		eld, NJ 07						
X	DOH	Cance	llation	Name	of Contact					Telephor	ne Number
W-enc	DCA	Seculin CSACCA		Tony	Sarcone						
				FA	CILITY IN	FORM	ATION				
Name of	f Facility Whe		ent is Taking F	Place (3)		Тур	e of Facility (4)				
Street A	ddrose	Va	Cant Lot			_	School (K-12)	than than 1/	40\		
Jueet A		9 Hurfville	e Crosskeys	Road		l <sub>Y</sub>	Subchapter 8 (O Other (i.e., priva			dings home	es etc
	20	o Hullyini	o orosakcys	rtoau				# of Floors	orcial build	Bldg. Age	
City (5)		10	County (6)	County C	ode (7)	-1090	2,500	4			70
** N. N. M.	ashington '		Gloucester	County C	oue (1)	Cur	rent Use (Prior if	haina dama	lichod\		70
440	aanington	1 AA P	Giodestel			1	rage	being deino	nisneu)		
	f Monitoring F nmental Ta		y Building Ow	rner (8)	ASCM No	o. Nar	ne of Abatement				
Street Ad						Stre	et Address	A 1731 - 176			****************
	ad Street						Schoolhouse				
	ite & Zip Cod an, NJ 0774						, State & Zip Cod nroe Township		1		
	Manager for I		irm	Telephone I	Number		ephone Number	), INJ U003		Number	
Tom Ge				732-290-2			-605-9062		LICENSE	00714	
Schedule	ed Start Date 6/19/17	e (10) Se	cheduled Com	pletion Date	e (11)	2 - 22 CASS CA	ne of OSHA Moni		, LLC		
Occupan	ncy Status Di	uring Abater	ment (Check o	only one)		_	et Address		•		
X Fa	acility Closed	Nacated Du	uring Entire Pe	eriod of Abat	tement		Schoolhouse	Road			
			side of Norma				, State & Zip Cod				
De	escribe: A	rea Isolate	d During Ab	patement			nroe Township		1		
	ther - Describ		k in mechan	ical area	only						
	f Work (Chec	ck all that ap					A	): D			
	emolition		Renovation	on				inment with	Negative	e Pressure	
	arge Project	0=	= 1017				Mini-Enclo				
	uantity is ≥ 3 uantity is ≥ 1							Procedure	_		
QL		ation of	200 LF ACIVI	la l acatio	an T		X Other: N			Abaka	ant Time
		ation of s-Containing		Is Location Normally U			escription of stos-Containing	1000	mount		nent Type : Removal,
		ial (ACM)	'	Solely by			aterial (ACM)		Specify lare Feet	Repair, Er	
		ABATED		Maintenand			thermal systems	1090	or		closure)
		acility		Custodial S		insulati	on, surfacing, VA		ear Feet)		,
	(	(13)		(12)			er miscellaneous)		-		
	St	orage She	ds	N/A		Sid	ing shingles	1,0	000 SF	Ren	noval
lame of	Registered \	Waste Haule	er I	NJDEP Was	I ste Hauler I	D#	Cu. Yds. of Was	te Nan	ne of Rea	istered Lan	dfill
Free	ehold Carti				18693	Ave Balling	20	TRI			erani erani
							Disposal Date		State		
							6/25/17	Tul	lytown,	Pa	_
	ed By (Print		Title				Signature				Date
Dom	linick Tring	jali	Pres.				Dominick Tr	ringali			6/9/17
City, Stat Tren Complete Dom	te iton, NJ	or Type) gali	Title Pres.		18693		Disposal Date 6/25/17 Signature	City Tul	State	Pa	ì

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

CK# 026645

Date of Notification (1) 6/9/17					of Building					U	17		100	79.	7
Agencies Notified	Type Notification				Star Address	cadem	y of Ne	wark	, Inc.						
1771	Part .				exander	Stree	t								
DEP	Initial Amended				tate, Zip C										
X DOL	Amendment Emergency		<u> </u>		ark, NJ 0										
X DOH X DCA	justification)		9		of Contact					T-1-	-bana N	ımher	ii.		
IN DOA	Cancellation	1			latthew										
Name of Facility Where	Abatement is Takin	g Place	(3)	FAC	VILIT INF	ORIVIA	HON	Туре	e of Facility	(4)					
Former Alexander	Street Elementa	ary Sch	lool				- 1	×	School (K	-12)					
Street Address 43 Alexander Stree	at .								Subchapte Other (i.e.	er 8 (Othe	r than K-	12)	ildinas	hon	200
City (5)								Court	etc.)						105,
Newark								10000000	are Feet 000 +	2	Floors		Bldg. 50 +	Age	
County (6)					Code (7)			70.2500.50	ent Use (Pi	200	g demoli				
Essex	-1511 0 33				USE ONLY	0		Sch	lool						
Name of Monitoring Firm Whitman	n Hirea by Building	Owner (8	3)	001	M No. 10				atement Co racting &			I Con	cultir	ag Ir	10
Street Address							Street			LITVITO	mienta	1 001	Sultil	ig, ii	10.
7 Pleasant Hill Roa	d						1141	The state of the s							
City, State, Zip Code Cranbury, NJ 0851.	2				i i				Zip Code					-	
Project Manager for Mor				Telepho	ana Na				J 07470					52.935	
Mr. Kevin Lovely					90-5858		Teleph 973-6				License 00408	No.			
Start Date (10) 06/19/17		Schedu 07/10		npletion	Date (11)				HA Monitor						
Occupancy Status Durin	g Abatement (Chec		2010				Street		ion Cons	sultants,	Inc.				
➤ Facility Closed/Vac		-	85	nent			- CANADA (1997) (1997)		ss garaw Ro	oad, Bld	la. #35	E			
Abatement Perform Other – Describe:	ed Outside of Norm	al Facilit	y Hour	S			City, St	tate, Z	ip Code		3	_	-		
	U.T						Fair L	awn	, NJ 074	10					
Scope of Work (Check A  ≥3 sf or ≥3 lf	ш тпат Арріу)	[V]	_				lo.	1							
× ≥160 sf or ≥260 lf		processory.	Renova Demoli				Ê		ll Containm ni-Enclosur		Negative	Pressu	ure		
							-		ovebag Pro n-Exempte		Non Eria	blo Dr	a a a di iii		
		1	s Locat	ion				110	n-Exemple	u ( ) anu i	INUIT-FITA	DIE FIL	12:00 E	emen	t
Location			Normal ed Sole			De	scription	of				_	Ty	/pe	
Asbestos-Containing TO BE ABA	Material (ACM) ATED	Ma	aintena	nce/	Asbes (i.e.	tos Con	taining M I systems	aterial	(ACM)	14222	ount ecify	77		回	m
In Facili (13)	ity	Cus	todial 8 (12)	statt?	, , , , ,	surfa	cing, VAT	Γ, or	,		or LF)	Removal	Repair	Encapsulate	Enclosure
V2		Yes	No	N/A		ouler i	HISCERAIR	eous)				val	air	ulate	sure
Boiler Ro	oom	X	140	INA	Boiler	Inculs	ation, G	acko	to and	E00	OF.	<b>-</b>	-		
		+					ck and I			500	SF	X	-		
		X			<u> </u>		th Insula		21	200	OF.	-	-		
				Dine In				1-1-4	200		X	-			
Name of Registered Was	te Hauler	IN	JDEP W			on, Elbo Yards	ws a		300 Registere		X				
J.R. Contracting & E		onsul.,	Inc H	auler ID 7819	12.44 State 1	of Wa			La servicio de la composició de la compo	Central I					
City, State				013			sal Date		City, Stat						
Wayne, New Jersey							- J. Duito			e gyl, Pen	nsylvai	nia			
Completed by Jerry Bijelonic		Title	-4.54			S	Signature		1		Da	ate			
Dell'y Dijeloffic		Proje	ect Ma	nager				<	-/		6	9/17			

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

Date of Notification (1) 6/12/1	7	_			me of Buildi	ing Owner/Operato	or (2)		UIV	i U	£U.	7
Agencies Notified  EPA	Type Notifi			Stre	eet Address	3		AGUES	ITO. LICE	OC NSI	ikin NG	TOE
DEP	Amenda Amenda Emerge	ment #_ ency (includ	ing		, State, Zip edford, N.							
DOH DCA	justifica Cancella	aton)		100000000000000000000000000000000000000	me of Cor te Madder			Telephone Ni.	esh ar			
				F	ACILITY IN	FORMATION						
Name of Facility Where A Residence	Abatement is	Taking Pla	ce (3)				Type of Facili	-12)	0.2-0			
Street Address								er 8 (Other than K- , private 8 commerce)		ilding	ıs,	
City (s) Medford, NJ 08055							Square Feet 2500 SF	# of Floors		Bldg 25yr	. Age s	
County (6) Burlington				Co US	unty Code E ONLY)	(7) (STATE	Current Use ( Residence	Prior if being demo				
Name of Monitoring Firm (8)	Hired by Bui	lding Owne	r	ASCN	/ No.	Name of Abater AEi2, LLC	nent Contractor	(9)				
Street Address						Street Address 361 E. Flemin	ng Pike					
City, State, Zip Code						City, State, Zi	p Code					
Project Manager for M	onitoring Fi	rm	Tele	phone	No.	Telephone No. 609-481-212		License No. 00689				_
Start Date (10) 6/22/17		Scheduled 6/29/17	Comple	tion D	ate (11)	Name of OSHA N						_
Occupancy Status During			v one)			AEi2, LLC Street Address						_
▼ Facility Closed/Vacate	d During En	tire Period	of Aba		t	361 E. Flemi	ng Pike					
Abatement Performed Other - Describe:	Outside of N	ormal Facil	ity Hou	rs		City, State, Zip C Hammonton,	ode					
Scope of Work (Check all	that apply)					Full Cor	ntainment with N	legative Pressure				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		R	enovati emolitio	on n		Mini-End Gloveba	closure ng Procedure					
			Locatio			□ Non-Ex	empted (*) and r	on-Friable Proced		Abate	ement	
Location of	f		ormally d Solel	100		Description of				Ту	ре	
Asbestos-Containing Ma <u>TO BE ABATE</u> IN Facilily (13)		0	ntenan ustodia Staff? (12)			os Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	R e m o v a	R e p a	M m c m p n m	E n c l o s u
Living & Dining Roon	1	Yes	No	N/A X	Ceiling			400 sf	1	r	a t	e
3 3		_		Λ	Coming			400 51	X	-	-	$\vdash$
									+	$\vdash$		$\vdash$
Name of Device.		_										
Name of Registered Waste	Hauler		7772533	IDEP V Juler ID	200000000000000000000000000000000000000	Cubic Yards of Waste	The second second	stered Landfill				
AEi2, LLC City, State		_ 2	376		1	TBD						
Hammonton, NJ 0803					Disposal Date TBD	City, State TBD						
Completed By Wm. Minnick		Title	. 14			Signature	155	Date	,			=
TT III. IVIIIIIIUK		Progran	i ivigi.	i	varior sales			6/12/17	5			

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

										1113	1 [	20	47	111		
Date of Notification (1)	6/12/17						Name of Building Owner/Operator (2)  Veronica Jones									
Agencies Notified	Type Notific	ation			et Address							apa (europeane), re	and the control	- 114		
T EPA	Initial	ation		Street	et Address				AS	BESTO			POL	. &		
DEP	Amende	-		City,	State, Zip	ip Code										
DOL	Amendm Emerger	ient #_ ncy (includi	ng	Cle	menton,	NJ (	08021									
DOH DCA	justificat	ton)		100000000000000000000000000000000000000	ne of Cor				I Talan	hana Niim	har					
Прох	Cancella	uon		Verc	nica Jon											
				FA	CILITY IN	FOR	MATION									
Name of Facility Where A	Abatement is	Taking Pla				Type of Facility (4) School (K-12)										
Street Address				Subchapter 8 (Other than K-12)												
Street Address				Other (i.e., private 8 commercial buildings,												
City (s)				homes, et Square Feet		Floors	TB	ldg.	Age							
Clementon, NJ 0802	1							1500 SF	_ 2			0yrs	3.00			
County (6)				Cou	inty Code	(7) (3	STATE	Current Use (	Prior if be	ing demoli	shed)	9				
Camden. NJ 08105					E ONLY)			Residence								
Name of Monitoring Firm (8)	Hired by Build	ding Owne	r	ASCM	No.	9.99	ame of Abatem	ent Contractor	(9)							
Street Address			_	Ei2, LLC												
Street Address			1	reet Address 51 E. Flemin	o Pike											
City, State, Zip Code						-	ity, State, Zip							_		
			ammonton, N													
Project Manager for M	onitoring Fir	m	Tel	ephone	No.	Telephone No. License No.										
			.			609-481-2122 00689										
Start Date (10)	etion Da	ate (11)		ame of OSHA M	Ionitor											
6/22/17 Occupancy Status During		6/29/17				AEi2, LLC Street Address										
Facility Closed/Vacate				tement		361 E. Fleming Pike										
Abatement Performed						City, State, Zip Code										
Other - Describe:						Hammonton, NJ 08037										
Scope of Work (Check al	I that apply)						Full Con	tainment with	Negative	Pressure			-			
≥3 sf or ≥3 lf		▼ R	enova emoliti	tion		Mini-Enclosure										
≥160 sf or ≥260 lf			emoliti	On Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
		ls	Locati	on								Abatement				
Location of	£		lormall d Sole									Туре				
Asbestos-Containing Ma	aterial (ACM)	Ma	intenar	nce/	Asbest	tos C	Description of ontaining Mate	erial (ACM)		Amount			E	E n		
TO BE ABATI	<u>ED</u>	0	ustodi Staff?		(i.e.,		mal systems in irfacing, VAT,		(Specify SF or LF)		e m	R e	c a	c 1		
(13)			(12)				er miscellaneou		"	/ Li /	A O	p a i	p s	o s u		
			l	1	1						a 1	r	1	r		
Attic		Yes	No	N/A X	Vermic	ulite			25 CF		V	-	t e	$\vdash$		
		_	+	1	- Crimo				23 01		X	-	-	$\vdash$		
	$\vdash$	-							$\vdash$	-		Н				
	-	-				-		-	-		$\vdash$					
Name of Registered Waste Hauler NJDEP						Cu	bic Yards	Name of Reg	istered La	andfill				$\vdash$		
A Fig. 1.1.C Hauler ID No.						of \	Waste	TBD								
City, State			-12	1376			1.5 posal Date	City, State								
Hammonton, NJ 0803	37						BD / 1	TBD		/						
Completed By		Title					Signature / 2	17	1	Date				_		
Wm. Minnick Program Mgr.							11/1	Mille		6/12/17						

														LLA			
Ch 2736	NC		ATION	ate of Nev OF ASBE to NJAC 8	ESTOS /	ABATE		Regregate and in the first of the conventional	BI	EC		W					
Date of Notification (1) 6/9/17	1		(0	Building (	Owner/O	perator	(2)	MO55		JUN	15	201		المسك			
Agencies Notified  Type Notification  EPA  Initial  DEP  Amended			itv_Sta	ddress Her ite, Zip Co	None ode	9/7	Av	e	A	SBEST(	OS CO CENS	NTR NG	OL &				
DOL Amendment Emergency (		- L	4	Contact	ord	N.	T	070	)   Tele	ephone Nu	ımber						
□ DOH justification) □ DCA □ Cancellation			Eric P	lackis					1			_					
Name of Facility Where Abatement is Taking	g Place (3)		FACI	LITY INFO	ORMATI	ON	Туре	of Facility (	4)								
Street Address						54		School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K- & commer	12) cial buil	dings,	home	s,			
City (5)	9770 · · · · · · · · · · · · · · · · · ·							etc.) re Feet 64	# 01	f Floors	E	Sldg. A	ge				
County (6)				Code (7) USE ONLY)	)	_	Curre	ent Use (Pri	or if bei	ng demoli	shed)						
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	No.		Brick	k Indu	tement Cor stries Inc		(9)							
Street Address							Address Box 9										
City, State, Zip Code		110				1000		ip Code v Jersey	08723	3							
Project Manager for Monitoring Firm	ne No.		The state of the s	lephone No. License No. 01196													
Start Date (10) 6 12 17	Scheduled	9/1	oletion	Date (11)				HA Monitor									
Occupancy Status During Abatement (Chec						Street	Addres	SS									
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:			ent		_	City, State, Zip Code											
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if		novati				E		ll Containm ni-Enclosur		n Negative	Pressi	ıre					
							Gld No	ovebag Pro n-Exempte	cedure d (*) an	d Non-Fri	able Pr	ocedur	е				
Location of	No	ocatio	1		De	scription	n of						ement /pe				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Main Custo	Solely tenan- dial St (12)	ce/		thermal surfa	Containing Material (ACM ermal systems insulation, surfacing, VAT, or ther miscellaneous)					Removal	Repair	Encapsulate	Enclosure			
2	Yes	No	N/A	As)	CL.		- 1-1	10	297	CP		-	е				
				DSbes	yos-		insi	<i>rlation</i>	100		8						
												-					
Name of Registered Waste Hauler Brick Industries Inc.	Ha	IDEP Vauler ID		Cubic of Wa	Yards ste	5	Name of GROW		ered Land	fill		1					
City, State Brick, New Jersey			552		Dispo	sal Date	7.	City, Sta	te								
Completed by Eric Plackis	Title Presid	dent				Signatur	e/N	0			Date 6	9/1	7				

#### Ch 0531

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

4	V	TIL	ICA		101	PIOI	DEST	UB	ADA	T TOTAL TOTAL	١,
-	P	ursua	ant to	NJA	2 8:60	and)	12:20	N.J	.A.C.	7:26-2.12	)

$\overline{\mathbb{M}}$	E	C	E		W	E
		HIM	1	E.	2017	

Date of Notification (1): 06/9/2017			Name of B Newark Pu		wner/Operator (2)										
Agencies	Type Notifica	ation	Street Add		001			ASBESTOS CONTROL &							
Notified	□ Initial		2 Cedar Str					LICENSING							
₽ ÉPA	☐ Amended	1	City, State,		e:				-						
□ DEP □ DOL	Amendment#  ☐ Emergency		Newark, N. Name of C			Telephone Number:									
SPOOL	(including		Mr. Benjan		devo	1 refermine number.									
⊕ DOH □ DCA	justificatio  ☐ Cancellatio				is a										
			W.11-2-W.21-2-W.11-2-	AT 18-00 AS 1-200	FACILITY INFO	RMA	TION								
Name of Facilit	ty: George Wa	ashingto	on Carver Ele	mentary	School	Тур	e of Facility (4):								
333 Clinton Pla	ace					☐ School (K-12) ☐ Sûbchapter 8 (Other than K-12)									
City/ (5) County (6):				Coun	ty Code (7):		other (i.e., private & comm		omes, e	etc.)					
Newark Essex				07112		Sat	uare Feet:	# of Floo	ors:						
						10									
						V 550000	lg. Age rrent Use : School								
Name of Monit	oring Firm Hi	ired by I	Building Own	ner:	ASCM No.:		me of Abatement Contr	actor (9):	or (9):						
TTI ENVIRON	MENTAL, I	NC.			0003	An	ev Develonment In	•							
Street Address:		- 12 - 12 12				Apex Development, Inc. Street Address:									
1253 North Cl								•							
G: G G:	0.1						8 Rutgers Place								
City, State, Zip	Code:					City, State, Zip Code:									
Moorestown, NJ 08057						_	Paramus, NJ 07652								
Project Manager for Monitoring Firm:					Telephone No.:										
Jeff Seaman					609-314-1683	(97.	3) 350-0101	01215							
Start Date (10): Scheduled Completion Date (11): 06/26/17 08/26/17							ne of OSHA Monitor: tro Analytical Laborato	ries							
Occupancy Status During Abatement (Check only one)							eet Address:								
☐ Facility Closed/	vacated During	g Entire F	Period of Abate	ment		255 West 36th Street, Suite 203									
☐ Abatement Perf Describe:							City, State, Zip Code: New York, New York, 10018								
☐ Other Describe:															
Scope of Work (C	Check all that ap	pply):									200				
$\square \ge 3 \text{ sf or } \ge 3 \text{ l}$ $\square \ge 160 \text{ sf or } \ge 3$	f 260 If			enovatio emolitio	n 1	<ul> <li>☐ Full Containment with Negative Pressure</li> <li>☐ Mini-Enclosure</li> <li>☐ Glovebag Procedure</li> <li>☐ Non-Exempted (*) and Non-Friable Procedure</li> </ul>									
	-		Is Loca	ion					T	Aba	temen	t			
	ation of	100 00	Norma	lly	A sheetes Con	Description of ontaining Material (ACM)				T	Type				
Asbestos-Cor		rial	Used Sole Maintena		(i.e., therm	al syst	ems insulation,		_		E	H			
	ACM) ABATED		Custod		surfa	acing,	VAT, or	Amount	\center \cent	Re	nca	ncl			
	Facility		Staff		other	misce	llaneous)	(Specify	Removal	Repair	Encapsulat	Enclosure			
	(13)		(12)	T NI/A				SF or LF)	al	7	ılat	ll'e			
BOILER RO	OM		Yes No	N/A	BREECH	ING I	NSULATION	625 SF	*			*			
BOILER RO	OM		v	-	POH FE	CON	<b>IPONENTS</b>	30 LF	*			*			
BOILER RO							NSULATION	60 LF	*			*			
		auler:		NJDF	P Waste Hauler ID	MINERAL STATE STORES	Cubic Yards	Name of Regi		landfil	1:				
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING				19551			of Waste: 30	MINERVA E				SSOC,			
City, State:	7.1		Disp	osal Date	):		City, State: Waynesburg, OH 44	600							
Bronx, NY 1047 Completed By:	/ 4			Title:		Sign	ature:	Date:							
					sident		2000	06/9/201	7						