NOTIFICATION OF A (Pursuant to N.) Date of Natification 11 Name of Build 5	S CORP IJ 08053 act Fry INFORMATION		CEIV JUN - 8 2017 ESTOS CONTRO LICENSING
5 31 17 Deb Hega Agencias Notified Type Notification Street Address EPA ⊠ Install DOUND □ Amended City State Zity DOUND □ Amended City State Zity Mariton, N NAC 5 23-3, bus incator Deb Hegas FACILITY Name of Facility Where Adatament is Taxing Place 13 Residence Street Address City State Zity Mariton N Name of Cont □ Cencellation Deb Hegas FACILITY Name of Facility Where Adatament is Taxing Place 13 Residence Street Address	o Code U 08053 act Ty INFORMATION		ESTOS CONTRO LICENSING
Agend as Notified Type Notification Street Address EPA Install DOUND Amended City State Zig DOUND Amended City State Zig Mariton, N NAC 5 20-3 Instruction Deb Hegat Concellation Deb Hegat FACILITY Name of Facility Where Adatement is Taxing Place 13 Residence Street Address City 5 Mariton	S CORP IJ 08053 act Fry INFORMATION		ESTOS CONTRO LICENSING
EP4 DOLVID Amended Name of Continuous State Name of Continuous State Pacific State Name of Facility	o Code U 08053 act fty INFORMATION Type of Facility	ASB	LICENSING
□ DOLVID □ Amended □ Amended □ DOL □ Amended Amended □ DOL □ DOL □ DOL □ Stare Zil □ Mariton. N □ Vame of Cont □ Cencellation □ Deb Hege □ FACILITY Vame of Facility, Where Adatament is Taking Place 13 Residence Street Address City 3 Mariton	IJ 08053 act rty INFORMATION Type of Facility	ASS ASS	LICENSING
Mariton City State Zity Amendment =	IJ 08053 act rty INFORMATION Type of Facility		- A- E -
NuAC 5 23:3.	act fly INFORMATION Type of Facility	個星	CF IN
Cancellation Deb Hegel FACILITY Name of Facility Where Abetament is Taking Place 13 Residence Street Abdress City 5 Mariton	TY INFORMATION	閣學	- 10 IP II W/
FACILITY Name of Facility Where Abetament is Taking Place 13 Residence Street Abdress City 5 Mariton	INFORMATION Type of Facility	LIDI	TO IN
Vame of Facility Where Abelement is Taking Place 13 Residence Street Abdress Chart Mariton	Type of Raptir.	The state of the s	
Residence Street Andress Ct. 4 Mariton			111N 1 C 000
On a Mariton			JUN 1 6 2017
Mariton	Sphool 3-1	d - 1	:19
Mariton	☑ Other e t	ASBE	STOS CONTRO
The state of the s	homes etc Square Fear	E of Fire on	LICENSING
County of	3,000	3	30
	THE TOTAL USE THE TOUR BOILD BE P.	non demo sem	ul spedi
bunington	Residence		
Name of Monitoring Firm Hirec by Building Owner (8) ASCM No.	Name of Applement Contractor 19.		ANCH - FIRST
Mgmt. & Environmental Consulting Services Street Address	Shada Environmental, LLC		
PO Box 341	Street Address		
Cir. Stare 2's Ocde	623 Cutler Avenue		
Chesterfield, NJ 08515	Only State Zip Code		
Project Manager for Monitoring Firm Telephone No.	Maple Shade, NJ 08052		
3il. Weisgarber 609-298-4070	856-755-0099	20ense No. 00842	
Stan Date (10 Scheduled Completion Date (1))	Name of OSmA Monitor	000-2	
<u>06 </u>	EMSL Analytical, Inc.		
Occupancy Status Dunng Abatement Check only one.	Street Activess	AND THE PARTY OF THE PARTY OF	many bything of the management of the
Facility Classes/vacused Duning Entire Period of Abstement	200 Route 130 North		
Apatement Performed Outside of Normal Facility Hours - Describe Time of Adsternent 465-465	Oity State Zip Code		
22 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Cinnaminson, NJ 08077		
Spour of Work Check at that sociu	T. F. J. Contries		
Signification (Signification) Light (Signification) Demolitication Demolitication	Full Containment with Nep Mini-Enclosure Glovepag Pronacting Mich-Exempled (1) and 10;	3) ve filosopie Lancale Dance	
is Location			Aparen e ri Tyce
Location of Normally Assessor-Containing Material (ACM) Used Solely by Asses	Description of		
TO BE ABATED Manuellance/	Rich Containing Material (ACM) Intermal systems insulation	Ar buni Spec.	Lucipalisti Lucipalisti Report Renoval
IN Faculty Custodial Staff?	sursoing VAT or	SF or LF.	
Yas No NA	titiar misselaneous		¥
iving Room 🔲 🗵 🗍 Floor Ti	ile and Mastic	22.35	
		50 SF	
the state of the s			
and of Pegistered Naste Haute NUDEP Waste	Cutrus ands til Name of Regis :		
Freehold Cartage hauler ID No. 15939	GROWS No.		
*, State	Disposal Date - City State		**************************************
Freehold, NJ	06/02/2017 Marrisville	PA	
ross end By (Parings Type) Tops	Signature		aje
Christina Lynch Vice President of Operation	15		

* Do not use this form for espessive consure exempted activities

16 13010	1			ION	OF ASB	w Jersey ESTOS ABA 8:60 and 12		and the state of t	DOL - 1	0 [AY	7	
Date of Notification (1)			Nam		ilding Owne		(2)		1 40][7	1	
	Type Notification		_		et Addre					7	1/		*
X EPA X DEP	xx Initial Amended			- C':-		7.		- 1	17.1177.13 7.13	1110	1/	-1	
X DOL	Amended #				, State, in Tis plains				THYER AND	110	JVI	-1)	
X DOH DCA	Emergency (i Justification)	ncludin	g		e of Co			Teleph	ione Number				
	Cancellation				Abrams					1	7 [3 [7
			FA	CILI	TY INI	FORMATIO		1111		L	[1	=	
Name of Facility Where	Abatement is	Takin	g Plac	e (3)			Type of Fa						
Chart Address							School	(K-12)	Other than (K	1280	17		IJ
Street Addresses									ivate & comme			ding	5,
City(5) Morris Plains							Square Fee	et #	of Elegra B	ldg. /	\ge	1	_
011)(0) 112011101111111							40	10	BESTOS CC	INI	HOL	. &	
County (6) UNION			County		e (7) (ST. NJ	ATE USE	Current U	se (Pri	or if being dem	olish	ed)		
Name of Monitoring Firm					CM No.	Name of A	batement (Contrac	tor (9)				
(8)\- IRIS Environment	al Laboratories,	LLC				Pezo Inc							
Street Address 2333 Route 22 West						Street Addre	57.72	50					
City, State, Zip Code						City, State,				-			
Union NJ 07083						Lincoln Par							
Project Manager for Mor	nitoring Firm	ephone		Telephone			License No				CONS.		
Start Data (10)	C-L-J		-206-0		- (1.1)	973-628-78			01141				
Start Date (10) 05/29/17	Schedul 05/29/1		mpieuc	in Dat	a(11)	Name of O			ries LLC				
Occupancy Status During	g Abatement (C	heck o				Street Addr	ess	aborate	71100, 2000				
Facility Closed/Vacated Abatement Performed					re	2333 Route				_			
Other -Describe	a Outside of 140	i i i i i i i	r acinty	1100		City, State, Union NJ							
Scope of Work (Check all	apply)					Onion 143		tainmen	t with Negative P	ressu	ге		
> 3 sf or > 3 lf				р	enovation		x Mini-Er						
xx > 160 sf or > 260 lf				- 500	emovation		x Gloveba Non-Exc		coure *) and Non-Friab	le pro	cedu	re	
		100	s Location	on		50750 NA 7460	58				alem		
Location o	f	1	Normall	У		Description	of				T	pe	
Asbestos-Containing ma			ed Solel			s Containing M			Amount	R	72	ū	m
TO BE ABAT		500,000	aintenan Custodia		(1.0.,	thermal system Surfacing, VA			(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
lN Facilit (13)	У		Staff?	"		Other miscella			Si Vi Li j	val	7	Sul	surc
(13)			(12)									itc	
		Yes	No	N/A									
20 Lf asbestos insulation	on		x							X		X	
20 LF PLP DEBRISE													
pasement								+		-	-		
								_			-		-
Name of registered Was	ste Hauler	NJ	DEP W	aste I	Huler	Cubic Yards	of Name o	of Regis	stered Landfield	1			
Pezo Inc. CS 6224						Cubic Yards of Name of Registered Landfield Waste Management of Pennsylvania							
City, State						Disposal Date	City, S	tate		4-7/10-		-675	
Lincoln Park, NJ 07035						06/22/17			ennsylvania				
Completed by Gustavo ordon manager	Title V. Preside			Signature	WILL	~	Data	53-115					
	V. 1103100					1120		_05/24/17					

Do not Use this form for asbestos licensure exempted activities

C.C.1

1 11 91	-	111	1114
Lot hat have		70	202 1

CK 2854		NOT		ATIO	N OF A	SBEST	OS AB	ATEMENT 2:120)		0.0	***	77	
Date of Notification (1				P	atrick Fi	loso Jr	& COR	er/Operator (EY Gray	(2) MAY	30 T1	1	1 :	
Agency Notified x EPA	Type Notification	1		St	reet Add	dresse			WAIVER	TAP	RI	WF	n
X DEP X DOL	Amended #			Ci	ity, State	e, Zip	2502		L VIETANI II	711 1	1.1.1.	/ + 1	
X DOH	Emergency	(includ	ling	7			rona NJ						_
DCA	Justification Cancellation			Na	ame of	Contact			Telephone Number	W	F	5	
				FACI	LITY I	NFORI	OLTAN	N TE	FRE	W		1	H
Name of Facility Where		Tak						Type of Fa				#	111
Patrick Filoso Jr & Core	y Gray							School	W 12)	201	17	11	11
Street Addresses								Subchar	oter 8 (Other than			dian	
City(5)								Square Fee	ile. private & com	nercia	Tour	100	,s,
VERONA								100	# of Ploors 10S	- PHE	ARG	Mar	
County (6)					de (7) (S	TATE	USE		e (Prior if being d	emolis	hed)		
ESSEX				Y) N.									
Name of Monitoring Firm (8)\- IRIS Environmenta				r A	SCM No.			batement C	ontractor (9)		848		
Street Address	I Laboratories	, LLC					et Addre	, see.					
2333 Route 22 West								ook Rd., #15	50				
City, State, Zip Code						City	, State,						
Union NJ 07083	itaalaa Fi	11	- >:				k, NJ 0703						
Project Manager for Mon	itoring rirm	lephor 8-206-			Tele	License No							
Start Date (10)	Schedu	_			ata (11)	-		SHA Monite					
OSSUPERIOR Status During	05/31/1								boratories, LLC				
Occupancy Status During Facility Closed/Vacated	Abatement (C	neck Period	only (one) ement			Addre	ess 22 West					
Abatement Performed	Outside of No	ormal	Facili	ty Ho	urs	-		Zip Code					
Other -Describe							n NJ 0						
Scope of Work (Check all a	apply)								inment with Negative	Pressu	ire		
> 3 sf or > 3 lf					Renovatio			Mini-Enclo					
xx > 160 sf or > 260 lf					Demolitic			X Glovebag Non-Exem	Procedure ptcd (*) and Non-Fri	able or	oceda	re.	
			s Locat) and Holl I'll		atem		
Location of			Norma				cription				T	pe	
Asbestos-Containing mat			ed Solo aintena		Asbes	los Conte	ining Ma	iterial (ACM)		p	æ	ti	El
TO BE ABATI IN Facility		1	Custod		(1.6.	Surfac	ing, VAT	insulation,	(Specify SF or LF)	omo	Repair	ncap	Enclosure
(13)			Staff)			miscellan		Bi Oi Lii)	Val	7	Sula	sure
			(12)									ate	
		Yes	No	N/A	-								
ASBESTOS PIPE DEBR	219	-	X	-	-					-	-		\square
BASEMENT	110	-	A	-						X	-		
				-						-			
	-	-						_					
Name of registered Waste	Monto	Liulan	Cubia	V1- (2 121 0								
Name of registered Waste Hauler NJDEP Waste Inc. CS 6224					Huler	Waste	Yards of		Registered Landfie anagement of Penr				
			** 4300		AN WOLE IN	anagement of Penr	isyivai	ıııa					
City, State				al Date	City, Sta	te							
Lincoln Park, NJ 07035 Completed by	Tial					06/17/		Morrisvil	le Pennsylvania				
Justavo Ordon						Signati	ire	110	Data				
MANAGER	Translatin I I all the						05/3017						

Do not Use this form for asbestos licensure exempted activities

CK# 3179 **Cherge ICT Per J. on Harris PJDJL & State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

11181	4	0	0047
JUN		b	2011

Pfint Form

Date of Notification (1) 6/13/17		Name of Building Owner/Operator (2) Long Branch Partners, LLC Street Address ASBESTOS CON ASBESTOS CON LICENSIM									<u>ชาล</u>	orl a		
Agencies Notified Type Notifica	ation	1		ress n Street					<u></u>	HODEC	LICE	VSII:	IG_	
X EPA X Initial Amend Amend Amend	ment #	Cit	ty, State,	, Zip Code		7045	5							The second secon
X Emerge		1	ame of C Chuck						Teleni	nono Niim	hor			- Company of the Comp
	Tables (2)		FACILI	TY INFOR	MATION	- Landard	Type of	Facility (4	()					
Name of Facility Where Abatement is Long Branch Partners, LLC Po Street Address	roperty						Sch	nool (K-12	2) 3 (Other)	than K-12) ommercia	l buildir	ngs, h	omes	
159 Broadway						- 1	etc Square	.)	# of F			g. Ag		-
City (5) Long Branch						1	3000		2		65	+		-
County (6)			ounty Co	ode (7) SE ONLY)		_ \	Store	Use (Prio	r it being	demolish	eu)			- Control
Monmouth Name of Monitoring Firm Hired by Bu	ilding Owner (8)	-	ASCM	No.				ment Con))				Will be a second
Name of Montoning (min)		and the second			1			on Co.,	Inc.					- CONTRACTOR
Street Address					1 -		Address ontros	e Rđ						
City, State, Zip Code						City, State, Zip Code Colts Neck, New Jer				7722				100
Project Manager for Monitoring Firm		and the same of th	elephon	e No.			one No. 294 17	57	9	License No 00029).			Activities and
Start Date (10)	Scheduled 6/14/17	Comp	pletion D	ate (11)	N	Name (of OSHA	Monitor						
6/13/17 Occupancy Status During Abatement) Street Addre												
Facility Closed/Vacated During Abatement Performed Outside of the Country Other – Describe: 7am-7pm	Entire Period of Ab	ateme	ent		any country for the factor	City, S	tate, Zip	Code						
Scope of Work (Check All That Apply	')					F	7		C comp to a water to the let		• 0.0000 - 0.0000			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Season .	novati molitic					Mini-	Enclosure	e cedure	Negative F			2	
	1						1 Non-	Exemple	u () anu	PUPPI HOL		Abate	ment	
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) No Used Mair	ocationmally Solel ntenan idial S (12)	y ly by ice/	Asbes (i.e.	tos Contai thermal s surfaci	ining h system ng, V	otion of ng Material (ACM) stems insulation, to VAT, or cellaneous)			nount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A										0	
exterior			х		roofing	g mai	terial		2	000	X			
			Ci	upervisin	an Inc	adina c	าร์	adice of		- Andrewson	A CONTRACTOR OF THE CONTRACTOR	Contraction of the Contraction o		
*Emergency per Jim Harris	DOL			50	•									
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards of Waste				Name o		red Landfi	400						
Newark Carting	4	0509		10 Disposa	al Date	e	City, Sta	ate						
City, State Newark, New Jersey		Easton, PA												
Completed by Bree McGuire	etary			Sig	gnatųr	R		1		ate 6/13/1	7			
Diec Modulo					٤	1	V							

76 4041		NC	TII		TION		BES	ersey STOS ABAT :60 and 5:10			, <u> </u>		<u>// [</u>	5
Date of Notification (1)		·						ner/Operator (JN 1	6 2	017	
	13 /	17			Had	idonfield	Pul	blic Schools						i
Agencies Notified	Type Notifica	ation			Street	Address				ASBES	TU : C	MOC	TRO	L&
⊠ EPA	☐ Initial	ı			101270	ncoln A				1	LICE		,}	
□ DOLWD □ DOH □	Amended Amendme				City, S	State, Zip (Code							
☑ DCA	☐ Emergend		dina		Hac	ldonfield	ı, NJ	08033				0.000		
(NJAC 5:23-8)	justification				Name	of Contac	:t			Telephone Nu	mber			
	☐ Cancellat	ion			Jim	Eberts -	- Epi	ic Environm	ental	#3 ##00				
					FAC	CILITY IN	IFOF	RMATION						
Name of Facility Where Elizabeth Haddon			ace	(3)					Type of Facility (School (K-12) Subchapter 8)	12)			
Street Address									Other (i.e., pr			uilding	js,	
501 West Redmon	d Avenue								homes, etc.)					
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Haddonfield									100,000	2		80		
County (6)					Coun	ity Code (7	7)(STA	ATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Camden									School					
Name of Monitoring Firm	Hired by Build	ding Own	er (8	3)	ASCM	No.	Na	me of Abatem	ent Contractor (9)					
Pennoni Associate			10.50		0010	2	5	Shade Enviro	onmental, LLC					
Street Address							12	eet Address	•					
515 Grove Street, S	Suite 1B							323 Cutler A	venue					
City, State, Zip Code	oute 15		-				1 2	y, State, Zip C						
Haddon Heights, N	1108035						1	Maple Shade						
Project Manager for Mor			100	Tolo	phone	No	_	lephone No.	, 110 00002	License No.				-
R. Alan Lloyd	illoning Firm				6-547		1000000	356-755-0099)	00842				
Start Date (10)	S	Schedule	d Co	mple	ion Da	te (11)	Na	me of OSHA N	Monitor					
06 /27 /	17	07	_ /	28	_ / -	17	E	EMSL Analyt	ical, Inc.					
Occupancy Status Durin	g Abatement (0	Check on	ly o	ne)			Str	eet Address						
□ Facility Closed/Vacat							2	200 Route 13	0 North					
Abatement Performed							Cit	y, State, Zip C	ode	12				
Time of Abatement:	AM	PM/_		_PM-		AM	(Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	II that apply)			1.00				M F. II O	talana at with Non	estiva Dragavra				
		\boxtimes	Rer	novati	on			☐ Mini-End	tainment with Neg closure	alive Plessure				
≥160 sf or ≥260 lf				nolitic					g Procedure	E :				
								∐ Non-Exe	empted (*) and No	n-Friable Proced				
	14			Locat orma				_			At	-	ent Ty	уре
Location Asbestos-Containing	10.000	n t		d Sole		Ashe	etne	Description of Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE AB				ntena			e., the	ermal systems	insulation,	(Specify	Remova)air	aps	Enclosure
IN Facil	lity	(Justi	odial ((12)	staff?			surfacing, VAT		SF or LF)	<u>n</u>		Encapsulate	ure
(13)		V	es	No	N/A		ot	her miscellane	eous)				te	
Teacher's Room 7			1	\boxtimes		Plaster				100 SF				
Storage Room 4			1			Plaster				200 SF				
Classroom 102						Plaster				100 SF		П	П	П
Girl's Toilet (next to Room 102)						Plaster	has ma			50 SF				
Name of Registered Was			J		JDEP \			bic Yards of	Name of Regis					
Freehold Cartage	Ste Hauler			110000	auler II 15939	O No.	Wa	aste 20		orth Landfill				
City, State						Disposal Date City, State 07/28/2017 Morrisville				ΡΔ				
Freehold, NJ							-		Williamile		Deta			
Completed By (Print or T	ype)	Title		(2000)	20 - 980	_ 63		Signature	70		Date		-	
Christina Lynch		Vice	Pre	eside	nt of (Operatio	ns	(My	XOLYD	1	Q/13	3/1	+	

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

* Confirmed on Page 2

K 4042		NOTIFI (Pur	ION O suant t	o NJAC	STOS ABATE 8:60 and 5:16)	1		<u> </u>	_ <u>E</u>		A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T				
Date of Notification (1)	13 / 17	7	1			wner/Operator (2))	JUN 1	6 201	7		2				
Agencies Notified	Type Notification ☐ Initial ☐ Amended Amendment			City, Sta	coln Aver			ASBESTOS LICE	CONTR	OL	. &	and the second s				
☑ DOH ☑ DCA (NJAC 5:23-8)	☐ Emergency (in justification)	The state of the s		Name of	Contact	pic Environme	ntal	Telephone Nur	mher							
				FACI	LITY INFO	ORMATION										
Name of Facility Where A Central Elementary Street Address 3 Lincoln Avenue		ng Place (3	3)				Type of Face School (Subchart Other (i. homes,	K-12) oter 8 (Other than K- e., private and comm	nercial bui							
							Square Fee	et # of Floors	1000000	g. Ag	ge					
City (5)							100,000			0						
Haddonfield County (6) Camden						STATE USE ONLY) Name of Abateme	School	e (Prior if being demo	olished)							
Name of Monitoring Firm		g Owner (8)	ASCM N	12.50	Shade Environmental, LLC										
Pennoni Associate	es, Inc.			00102		Street Address										
Street Address						623 Cutler Av	venue									
515 Grove Street,	Suite 1B					City, State, Zip C										
City, State, Zip Code						Maple Shade)								
Haddon Heights, N					1-	Telephone No.	,, 110 0000	License No.								
Project Manager for Mo	nitoring Firm			phone N 56-547-		856-755-0099	9	00842								
R. Alan Lloyd						Name of OSHA										
Start Date (10)	5-0-0-0-0	heduled Co				EMSL Analy										
06 /27						Street Address						- 22				
Occupancy Status Duri	ng Abatement (Ch	neck only o	ne)	mont		200 Route 13	30 North									
 ☐ Facility Closed/Vaca ☐ Abatement Performer Time of Abatement: 	ed Outside of Norr	mal Facility	Hou	rs - Des	cribe AM	City, State, Zip C	Code	7								
Scope of Work (Check	all that apply)					⊠ Full Cor	ntainment wi	th Negative Pressure	•							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De	nova molit			☐ Mini-En	closure		edure							
		Is	Loca	ation					Al	_	_	Туре				
Location Asbestos-Containing TO BE A IN Far (13	ng Material (ACM) BATED cility	Use Ma	inten	lely by ance/ I Staff?	ff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)					Repair	Encapsulate	Enclosure				
					Plaster			300 SF								
Middle School Cafe	eteria				Plaster			120 SF								
Room 18				+				100 SF] [
1st Floor Stairway	S-2			ᆜᆜ	Plaster		1-21-2	100 SF		_	1 0					
2 nd Floor Stairway	S-2		\boxtimes		Plaster		Name	of Registered Landfill								
Name of Registered W Freehold Cartage				NJDEP Hauler 1593	ID No.	310										
City, State Freehold, NJ		07/28/2017 Morrisville, PA														
Completed By (Print of		Signature Date														
Christina Lynch		Vice P	resi	dent of	Operation	perations (MA) (0/13/17										

ASB-41

JAN 13

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

Page 2

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

0:24	433712	313	A morno			2;20/N	.J.A.C. 7:20-2.12)	7.11		JUN	1.6	201	1			
	otification (1):	Name	of Build	ling Ow Schoo	ner/Operator (2)			T.				C014				
6/13/2017 Agencies	Type Notification		Address		10				ACDE	ETO	0.00	N 17 F1	01.0			
Notified	□ fnitial	2 Ceda	r Street						ASBE		S UL ENSI		UL&			
EPA	☐ Amended			p Code:				-								
□ DEP	Amendment#:		k, NJ 0' of Cont				Telephone 1	Numbe	er:							
₽ DOL	☐ Emergency (including	101101010100100		act. Olagad	evo		1									
про́н	justification)		2		•											
DOCA_	☐ Cancellation					N N T A T	ELON									
					FACILITY INFO								_			
Name of I	Facility Malcolm	X Shabazz F	ligh Scl	nool			of Facility (4):									
80 Johnso	n Avenue					Suh	ool (K-12) chapter 8 (Other than K-1	12)								
0:1(5)	TC	ounty (6):		County	Code (7):	□ Oth	er (i.e. private & comme	rcial bu	ildings, hon	nes, etc	:.)					
City/ (5) Newark	1.000	ssex		07108	(,).	Sanai	e Feet:	4	of Floors	S:						
INCWAIK						100										
						Bldg.										
		11 D	111: (A	ASCM No.:	Name	ent Use: School e of Abatement Contra	ctor (9):							
Name of I	Monitoring Firm	Hired by Bu	naing C	wner.	00110				X-s-s-							
WHITIM	AIN				00110	1	Development, Inc	•								
Street Ad						Stree	t Address:									
17 Pleasa	ant Hill Road					658	Butgers Place									
			- 7 11			658 Rutgers Place City, State, Zip Code:										
City, State	e, Zip Code:					1000										
Cranbury	y, NJ 08512					Paramus, NJ 07652 Telephone No.: License No.:										
	lanager for Monit	oring Firm:			Telephone No.: 732-390-5858	retephone rvon										
Kevin Lo	ovely			_		(973) 350-0101 01215 Name of OSHA Monitor:										
Start Date 6/27/17	e (10):	9/27/17		pletion	Date (11):		e of OSHA Monitor. o Analytical Laborator	ries								
Occupancy	y Status During Aba					Stree	t Address: West 36th Street, Suite	e 203								
☐ Facility	Closed/vacated Dur	ring Entire Per	iod of A	batemen	t.		State, Zip Code:									
☐ Abateme Describe:	ent Performed Outs	ide of Normai	raciiity	riouis		New	York, New York, 10	018								
□ Other Describe:																
	Work (Check all tha	t apply):					₽Full C	ontain	nent with	Negat	ive Pr	essure				
$\square \ge 3 \text{ sf } \alpha$	or > 3 lf			Reno			☑ Mini-I	Enclos	ire ocedure							
ó 160 s	$sfor \ge 260 lf$			□ Demo	olition		□ Non-E	kempte	d (*) and N	on-Fri	iable P	rocedu	re			
		Ie	Locati	on				aller de				emen	t			
	Location of		Vormal		De	escripti	on of				1	ype				
The same of	-Containing Mate	erial Use	d Sole	ly by	Asbestos Con	taining al syste	Material (ACM) ms insulation,			72		Er	Œ			
	(ACM)		intena Custodi		surfa	icing, \	/AT, or	1	mount	Removal	Repair	Encapsulat	Enclosure			
TC	BE ABATED IN Facility		Staff?		other	miscel	laneous)		pecify or LF)	000	pair	nsc	nusc			
	(13)		(12)	,				Sr	OF LF)	12		at	ė.			
	10.000 to 1000	Yes	No	N/A	POH ED INSH	LATI	ON GASKETS.		ar	4			*			
BOILE	X FIREBRIC						INSULATION, GASKETS, 750 SF *									
BOILE		PIPE INSULATION INCLUDING 800 LF * ELBOWS AND JOINTS					*									
BOILE	R ROOM		X		BREECH INSU				00 SF	*	1 10	11				
Name of JIMMY	Registered Wast BYRNE TRUCK	e Hauler: ING	•	NJDI 1955	P Waste Hauler ID	No.:	Cubic Yards of Waste: 30	Man MIN INC	ne of Regi NERVA E	stered ENTER	RPRIS	ES A	SSOC,			
City, State: Disposal Date:						City, State: Waynesburg, OH 44688										
Bronx, N	NY 10474			Title:		Sign	Waynesburg, OH 44 ature:	1000	Date:							
Complet	ted By: u Oraegbunam				President	0			6/13/201	7						
Chiniyell	. Oracgounam				1 M	ereger										

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12) Date of Notification (1): Name of Building Owner/Operator (2) 16 2017 6/12/2017 Lisa Thomas Agencies Type Notification Street Address: Notified Initial ASBESTOS CONTROL & City, State, Zip Code: ☐ Amended LICENSING □ EPA □ DEP Amendment#: Belleville, NJ 07109 Emergency Name of Contact: POOL Telephone Number: (including Lisa Thomas justification) □ DOH ☐ Cancellation □ DCA FACILITY INFORMATION Name of Facility Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) City/(5) ☐ Other (i.e., private & commercial buildings, homes, etc.) County (6): County Code (7): Belleville Essex County 07109 Square Feet: # of Floors: Bldg. Age Current Use: Name of Monitoring Firm Hired by Building Owner: ASCM No .: Name of Abatement Contractor (9): McGriff Air Assessment, LLC Apex Development, Inc. Street Address: Street Address: 2031 Hughes Avenue #2A 658 Rutgers Place City, State, Zip Code: City, State, Zip Code: Bronx, NY 10457 Paramus, NJ 07652 Project Manager for Monitoring Firm: Telephone No.: Telephone No.: License No.: Monique McGriff 718-584-7800 (973) 350-0101 01215 Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: 06/12/17 06/14/17 Metro Analytical Laboratories Occupancy Status During Abatement (Check only one) Street Address: 255 West 36th Street, Suite 203 ☐ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: Describe: New York, New York, 10018 □ Other Describe Scope of Work (Check all that apply): ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf Renovation Demolition Mini-Enclosure ☐ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Description of Asbestos Containing Material (ACM) Location of Туре Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, surfacing, VAT, or Maintenance/ (ACM) Encapsular Enclosure Remova Amount Repair TO BE ABATED Custodial/ other miscellaneous) (Specify Staff? IN Facility (12)SF or LF) (13)Yes No N/A BASEMENT X **DEBRIS** 200 SF * NJDEP Waste Hauler ID No .: Name of Registered Waste Hauler: Cubic Yards Name of Registered landfill: 19551 JIMMY BYRNE TRUCKING of Waste: 30 MINERVA ENTERPRISES, INC. City, State: Disposal Date: City, State: Bronx, NY 10474 Waynesburg, OH 44688 Completed By Title: Signature: Date: Chinyelu Oraegbunam Vice President 06/12/2017

State of New Jersey NOTIFICATION OF ASBESTOS A (Pursuant to NJAC 8:60 and

Scheduled Completion Date (11)

Renovation

Demolition

is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

Yes

Project Manager

06-29-2017

Date of Notification (1)

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours

Amended

Amendment #

justification)

Cancellation

Emergency (including

06-12-2017

EPA

DEP

DOL

DOH

DCA

City (5)

County (6) Hudson

Street Address

Start Date (10)

06-21-2017

City, State, Zip Code Brooklyn NY 11233

Kayode Adefisoye

Other - Describe:

≥160 sf or ≥260 lf

≥3 sf or ≥3 lf

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Basement

Name of Registered Waste Hauler

Amax Contracting LLC

Woodland Park NJ 07424

City, State

Completed by

Tome Maslarkov

Private Dwelling Street Address

Bayonne NJ 07002

Standard Environmental

1208 Fulton Street, Suite 2A

Project Manager for Monitoring Firm

×

Agencies Notified

CATION irsuant	OF A	AC 8:60 ar	ABATEM nd 12:120)		And the second s		E G E	1 6	L.A	ilitt Fo	
Name o	f Build	ing Owner	Operator (2)	T-Are seems to		SBESTO	3 00	NITE	OL 8	2
Street A					and the same of th	,,,	LICE	ENSI	1G_		+
Carotti										_	+
City, Sta	ate, Zij	Code									
Name of		J 07002				Telep	phone Numbe	er			
Conn											4
FAC	ILITY	INFORMA	TION	Type o	f Facility (4)						7
				Si Si	chool (K-12)	Otha	r than K-12) commercial				
				Square n/a	Feet	N/A		N/A	. Age		
Count	y Code	(7) ONLY)			nt Use (Prior ate Dwelli		ng demolishe	d)			
	CM No		Name	of Abat	ement Cont tracting L	ractor	(9)	-			
			Stree	t Addres	S						
				BOX 7							
			City, Wo	ip Code Park NJ	0742	4					
Telep	hone l	No.	Telep	hone No 3-692-6	0.		License No 01266),			
completion 17	on Dat	e (11)	Nam Am	e of OSI	HA Monitor ntracting	LC					
				BOX							
tement					Zip Code						
ours			We	odlan	d Park N.	074	24				
ovation				× M	ini-Enclosu	e	th Negative F e and Non-Friat	ole Prod	cedure	e ement	
cocation rmally Solely by tenance/ dial Staff? (12) Description of Asbestos Containing Material (i.e. thermal systems insular surfacing, VAT, or other miscellaneous)					ulation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
No N/A Pipe Insulation							120 LF	X			
	Х		Libe IIIs	uiauoi		-					
							100000				
						+					
Hau	EP Waler ID	No.	Cubic Yar of Waste 3 Cy Disposal			es Hi	istered Land	fill			

Morrisville PA 07-05-2017 Date Signature 06-12-2017 * Do not use this form for asbestos licensure exempted activities.

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

											HIM	1 6	20	117	+11	
Date of Notification (1) 6/12/2017	Check# 30	22			of Building O emy of Ou		ator (2))		1	UII	1 0		,,,,	1-	
Agencies Notified	Type Notification	1	_	Street A	Address	3 American				ASBES	STO	20	ONE	BOI	2	
□ EPA	☑ Initial			180 F	Rodney Str	reet					LICE				L (X	
	Amended		1	City, St	ate, Zip Cod	e				Wellow 19-1-1-1-1-1				-		
DEP DOL	Amendmen			Glen	Rock, NJ	07452										
□ DOH	Emergency justification		t	Name o	of Contact				Tel	lephone	Numb	er				
DOH DCA	Cancellatio			Leny					1.00							
11 75 111				FAC	ILITY INFOR	RMATION			7					_		
Name of Facility Where Academy of Our La		ng Place (3)				T	ype of Facility	(4)							
Street Address	iuy						×									
								Subchapte Other (i.e.				huile	dinae	hom	0.0	
180 Rodney Street								etc.)	private	x comm	iei ciai	Duli	uniys,	HOH	es,	
City (5)								quare Feet	23	f Floors		1000	ldg. A	ge		
Glen Rock								5,000	2				0+			
County (6) BERGEN					Code (7) USE ONLY)		900	urrent Use (Pri	ior if bei	ng dem	olishe	d)				
							1	School								
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.			Abatement Co								
Street Address								vices Corpo	oration							
Street Address						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eet Ad		ss Street							
City, State, Zip Code						200										
City, State, Zip Code						97		e, Zip Code	002							
Project Manager for Mon	itorina Firm			Telepho	no No			berg, NJ 07	093	110000						
r roject manager for mon	itoring r irri		relepho	me No.	A 2000 930	ephone	5-1700		Licens 0107							
Start Date (10)		Schedule	d Con	onletion	Date (11)			OSHA Monitor	8	0107	4					
6/23/17		6/26/20		ipicuon	Date (11)			as above								
Occupancy Status During	Abatement (Che						et Ado									
Abatement Performs	ed Outside of Norr	nal Facility	Hours	ient S		City	State	e, Zip Code				_				
Other – Describe:	Starting at 8:30 AM			——————————————————————————————————————												
Scope of Work (Check Al	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		R R	enova	tion			Full Containment with Negative Pressure									
2160 sf or ≥260 lf		promoting 1	emolit					Mini-Enclosure	е	ivegativ	verie	SSUI	C			
							Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu						odur	_		
		la	Landi					NOII-Exemple	u () ain	J INOIT-I	Habie		5-107	ement		
Location	of		Locati ormal			D								ре		
Asbestos-Containing			Sole		Asbestos	Descripti Containing		erial (ACM)	Α	mount				ш		
TO BE ABA		20000	ntenar odial S			ermal syste	ms ins	sulation,	(S	Specify		Re	D	nca	Enc	
In Facilit (13)	ıy	1	(12)			surfacing, \other miscel			SF	or LF)		Remova	Repair	Encapsulate	Enclosure	
33.54		Yes	No	N/A				,				al l	Ξ.	ilate	are	
		162	No	IN/A		2023/W.W						_				
Stage :Girl's	Room		X			Wall pla	aster		5	SF			X			
Name of Registered Waste Hauler					/aste (Cubic Yards		Nama of	Name of Registered Landfill							
Haula					000	of Waste										
Freehold Carting 15939					t	bd		Cumbe	rland	_andfil	1					
City, State						Disposal Da	ite	City, State								
Freehold, NJ					t	tbd Newburg, PA										
Completed by			Signati	Signature (2) . Date					_							
Gina Betances	nager	2		X	Hual	J		6/8/	201	7						

MO: 23736204718	te of New OF ASBES O NJAC 8:	STOS A	BATE		IT		E C [// [i		7			
Date of Notification (1) 06/12/2017				Building O Rumzie	wner/O	perator	(2)	May v promising a		JUN	1 6	20	17	And the second second	圳
Agencies Notified X EPA X DEP X DOL X DOH DCA Type Notification X Initial Amended Amendment Emergency (in justification) Cancellation		-	Colonia Name of (e, Zip Cod a, NJ, 07	067			- Start Pyraming C. Land and Call		BESTOS LICE elephone N	NS	NG		20 kmm	
		L		ITY INFO		ON								7 may -	
Name of Facility Where Abatement is Taking House Street Address	Place (3)						×	Other (i. etc.)	K-12) oter 8 (O e. privati	ther than K	-12) rcial		94		s,
City (5) Colonia							Sq N/	uare Feet A	10000	of Floors I/A		N/	dg. Ai 'A	ge	
County (6) Middlesex			County C	ode (7) SE ONLY)				irrent Use (Prior if b	eing demo	lishe	d)			
Name of Monitoring Firm Hired by Building (N/A	wner (8)		ASCM	No.				Abatement patement		or (9)		A 10			
Street Address							lose	engren A							
City, State, Zip Code					Toto	wa,	, Zip Code , NJ, 075								
Project Manager for Monitoring Firm	Telephon	e No.			345	5-8685		License 01311							
Start Date (10) 06/22/2017	Scheduled 06/27/20		npletion D	Date (11)		1		OSHA Mon patement							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F			nent			Street 11 R		^{dress} engren A	venue						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility I	Hours	3		_			e, Zip Code , NJ 075							
Scope of Work (Check All That Apply)						_									
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					ıro				
	ls l	_ocati	ion									10		ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ntena	ly by		os Cont thermal surfa		Mate ns in AT, o			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							4000 05				(D	
Attic		X			Ve	rmicul	ate			1000 SF		X			-235 A HIS
Name of Registered Waste Hauler D&S Abatement, Inc.	H	JDEP W lauler ID 0996		of Wa		10.00			istered Lan nagemen		PA				
City, State Totowa, NJ					Dispo TBD	sal Date	е		State risville,	PA					
Completed by Ned Joksimovic			D Morrisville, PA Signature Date 06/12/2017												

CK2199			ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE						1 R 6 20	fint E
Date of Notification (1) 06/12/17			Name o	f Building	Owner/0	Operator	(2)		100	JUN) <u>ZU</u>	17
Control of the contro	Notification		Street A						AS	BEST		ONT	
DEP A	nitial mended			ate, Zip Co					a the second case of second		C-114		LOW LOW
E	mendment # mergency (including istification)	_		ord, NJ f Contact					Telephone	Numbo			
DCA C	ancellation		Gary 7	Thorn									
			FACI	ILITY INF	ORMATI	ON							
Name of Facility Where Abateme	ent is Taking Place (3)					Туре	of Facility (4)				
Private House								School (K-12)				
Street Address							×	Subchapter 8 Other (i.e. pri	Other than vate & comm	K-12) ercial b	uilding	s, hom	nes,
City (5) Cranford					Par		Squa	etc.) are Feet	# of Floors		Bldg	Age	
County (6) Union	00.00			Code (7) USE ONLY)		Curre	ent Use (Prior	if being dem	olished			
Name of Monitoring Firm Hired b	v Building Owner (8)		ASCN	Λ No.		Name	of Aha	atement Contr	ractor (9)				
Competent Supervisor	, (0)		7.00					Constructi					
Street Address						Street	Addre	ess					
City, State, Zip Code		-				City, S	tate, Z	6 West Sui	te 14				
								NJ 07512					
Project Manager for Monitoring F	irm		Telepho	ne No.		Teleph 973-8			Licens 0115				
Start Date (10) 06/23/17	Schedule 06/30/		npletion I	Date (11)				HA Monitor above					
Occupancy Status During Abater	nent (Check Only Or	ne)		-		Street	Addre	SS					
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	de of Normal Facility	Abatem	nent			City, St	tate, Z	Zip Code					
Scope of Work (Check All That A	pply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× F	lenova emolit	tion ion			×	Mir Glo	III Containmer ni-Enclosure ovebag Proce on-Exempted (dure			ure	
l postion of	14	Locati Iormal	20000000									atemer Type	it
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Use	d Sole intenar odial S (12)	ly by nce/		tos Cont thermal surfac	scription aining M systems cing, VAT niscelland	lateria insula T, or		Amount (Specify SF or LF)	Nothioval	Kepair	Encapsulate	Enclosure
	Yes	No	N/A									te	W
Garage			X		Pipe	Insulat	tion		30 LF	Х		X	
											+		
Name of Registered Waste Haule Academy Construction Inc.		Н	JDEP W auler ID 34422		Cubic of Was 2			Name of Re GROWS	egistered Lan Landfill	dfill			
City, State Totowa, NJ					Dispos	al Date		City, State Tullytown	n PA				

Signature

Completed by

Filip Geleski

Title

Supervisor

Date

06/12/17

Mo# 237425	7016	NOTII (I	FICATIC Pursuar	nt to NJAC	8:60 and 12:1	20)	т		JUN	E	U)//t				
Date of Notification (1) 06.09.17					Owner/Operat				0011		0	/11				
Agencies Notified Type Notifica	tion				UTHORITY	OF N	17 % NA					Name and a set				
	HOH			Address	unolda Di.	,		ASE	EST	OS C						
EPA Initial Amenda Amend					ynoids Blvd	1		Charge Co., pr. 11 to 1 pr. 10	L_13	OI_IV	DHAK	4				
DEP Amende Amende				tate, Zip Co												
Fmerge	ncy (including	_		Lee, NJ (07024											
DOH justifica				of Contact	1			Telenhone N	umher							
	duOII			Jday Meh	ORMATION		y-1				102					
Name of Facility Where Abatement is T GEORGE WASHINGTON BRI Street Address	aking Place (DGE (NJ A	3) NCH	250				School (K-1) Subchapter		12)	Idoae	hom					
City (E)						×	etc.)		ciai bu	nungs	, non	65,				
City (5) FORT LEE						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	are Feet	# of Floors		Bidg /	Age					
			_			N//		N/A		N/A						
County (6) BERGEN			(STATÉ	Code (7) USE ONLY		BF	RIDGE	or if being demoli	shed)							
Name of Monitoring Firm Hired by Build	ling Owner (8)	ASC	M No			patement Con									
No. of Addison								ONTRACTIN	G C	DRP.						
Street Address						et Addr										
Sib. State 7in Cal							KELEY TEF	RRACE								
ity, State, Zip Code							Zip Code FON, NJ 07	011								
roject Manager for Monitoring Firm		Т	Telepho	one No		ohone I		License	No							
					973	3-372-	-2177	01238								
tart Date (10)			mpletion	Date (11)	Name	e of OS	SHA Monitor		New York							
07.05.17	07.28.				TIG	SER E	NVIRONM	IENTAL								
ccupancy Status During Abatement (C	Check Only Or	ne)			Stree	t Addre	ess									
Facility Closed/Vacated During En	tire Period of	Abater	nent		234	20TH	H AVE									
Facility Closed/Vacated During En Abatement Performed Outside of N Other – Describe: BRIDGE	Normal Facility	/ Hours	S				Zip Code									
					- BR	ICK, I	NJ 08724									
cope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				☐ M GI	ini Enclosure lovebag Proce	nt with Negative edure (*) and Non-Fria			re					
	100	Locat			T					Abat	emen /pe	4000				
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)) Use Ma	d Sole intena todial S (12)	elý by nce/		Description os Containing thermal system surfacing. Validation other miscella	Materia ns insul AT, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure				
	Yes	No	N/A							ate						
SOUTH CORNER			X		ON-FRIABL			21(LF)								
ELECTRICAL SWITCH			X	V	/IRE INSUL	OITA.	N	240 (45) x							
ame of Registered Waste Hauler		1 61	JDEP W	Vacto	Cubic Yards		Name of D	egistered Landfil								
EWARK CARTING		H	lauler ID 509	NW57333	of Waste			egistered Landti Central Sanita		ndfill	(GC	S)				
ity, State IEWARK, NJ					Disposal Date	9	City, State Pen Arg	yl, PA								
ompleted by	Title		2010 E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-		Signatur	e	1	T D	ate							
MEKA OKEKE	PRF	SIDE	NT			7:	nicka Cu	chi la	6 00	17						

CK86022

State of New Jersey

OTIFICATION OF ASBESTOS ABATEMEN	17
(Pursuant to NJAC 8:60 and 12:120)	
Day conting cons	

	U		- 1-1		JOB#16-							13.133	4 14	000	7
Date of Notification (1) 06/09/2017					of Building m Patte		Operator	(2)	=	H		UN	F 65	ZUL	T. Company
Agencies Notified Typ	e Notification				Address						ASBE	STOS	600	NTR	01.8
X EPA X	Initial			300 P	ompton	Road						LICE			
EPA DEP DOL	Amended Amendment	#			ate, Zip C e, NJ 07										
	Emergency (including			of Contact					1	* Al	mher			
▼ DOH ▼ DCA	justification) Cancellation			Karl F											
Name of English Mars At at	amont in Table	Dlas- "	1	FAC	ILITY INF	ORMAT	ION	-	- (F				-		
Name of Facility Where Abate William Patterson University		J Place (3)					-	of Facility (4 School (K-12	550					
Street Address	-								Subchapter	8 (Oth					
300 Pompton Road - H	unziker (Ha	1)							Other (i.e. pretc.)	rivate	& commer	cial bui	ldings	, hom	es,
City (5)									are Feet		f Floors		3ldg. /	Age	
Wayne, NJ 07470				0 1	0 1 (7)			91,5			3		56		
County (6) Passaic					Code (7) USE ONLY	n			ent Use (Prio versity	r if bei	ng demoli	shed)			
Name of Monitoring Firm Hire TTI Environmental	d by Building (wner (8)		ASCI	M No.				atement Cont						
Street Address	<u> </u>			N/A			PAL		ronmental	Serv	ices				
1253 N Church Street									ess eens Plaza	a Sou	ıth				
City, State, Zip Code									Zip Code	<u> </u>					
Moorestown, NJ 08057				Tals-b	na N-				nd City, NY	11		N1-			
Project Manager for Monitoring Jeff Seaman	y riiifi			100100110011001	89-5182		Teleph 718-3	349-0	900		License 0085				
Start Date (10) 06/19/2017		Schedule 11/19/2		npletion	Date (11)		Name Marti		HA Monitor Rea						
Occupancy Status During Aba	tement (Check	Only On	e)				Street						E.		
Facility Closed/Vacated I	During Entire P	eriod of A	baten	nent					edy Blvd.						
Facility Closed/Vacated I Abatement Performed Outline - Describe: Normal	utside of Norm al Hours 7:00an	al Facility 1-3:30pm	Hours	S					ip Code NJ 07002						
Scope of Work (Check All Tha	t Apply)	4-					,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		printered .	enova emolit				×	1 4	II Containmer	nt with	Negative	Pressu	ire		
				Patrici.				Glo	ovebag Proce		d Non Eric	hle Pro	ood	·a	
		In	Locati	ion			-	1110	n-Exempted	() ario	INUIT-FIIA	DIE PIC	F-200	ement	
Location of		1	ormal	ly		Dec	scription	of						/pe	
Asbestos-Containing Mate			d Sole			tos Cont	aining M	aterial			mount			ш	_
TO BE ABATED In Facility		Sec. 155	odial S		(i.e.	thermal surface	systems cing, VA7		ation,		pecify or LF)	Remova	Repair	псар	nck
(13)		-	(12)	_			niscellan					loval	pair	Encapsulate	Enclosure
	Yes	No	N/A						100.00				le le		
1st Floor			X				& Mas				00 SF	X			
2nd Floor			X	-		VAT	& Mas	stic		2,0	00 SF	X			
Name of Registered Waste Ha	uler		I NI	JDEP W	laste	Cubic '	Varde		Name of R	ogiata	rod I ande				
ATC	111 = = = =		Н	auler ID 1310		of Was	te		Minerva						
City, State						Dispos	al Date	-	/City, State					-	2
Shirley, NY 11967						06/19/	/2017		Waynest	ourg,	OH 446	886			
Completed by Ann A. Ali		Title Comp	lianc	e Adm	in	Si	gnature	1	111		7.5	ate 6/09/2	2017		
				econ especial				V	/ //						

CK 2648

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

т	Dr		C			\mathbb{V}	<u>E</u>	M
			JUN	1	6	2017		y
And Committee to any all	A	SBI	EST(OS (OL 8	à.

Date of Notification (1)		Nam	e of	Building	Owner / Opera	tor (2)	TU U JU	V 16	201	7	11
06-13-2017 Agencies Notified Type Notification		Jess	ica 8	Rober	t L. McSulla						2000
Agencies Notified Type Notification		Stree	et Ad	dress			ASBEST	0000	TAITI	201	0
☐ DEP ☐ Initial		City.	State	e & Zip	Code			ICENS		TUL	CL
☐ DOL ☐ Amended					J 07092						
□ DOH □ Emergency □ Cancellation				Contact				Talanh	222 N	lumb	or
☐ DCA ☐ Cancellation		Jessi	ica &	Rober	L. McSulla						
		F	ACII	LITY IN	FORMATION						
Name of Facility Where Abatement is Taking Residential	Place (3)			Type of Fac						
Street Address					School		7272 10723				
					Subcha	apter 8 (Other th i.e. private & cor	an K-12) mmoroiol buildin	aa ban		-4-\	
					Square Fee	t # of Flo	ors F	gs, non Bldg. Ag	nes, e	etc.)	
City (5) County (6)	Co	ounty	Code	e (7)	1,680	2.5		Jug. A	87		
Mountainside, NJ 07092 Warren					Current Use Residential	(Prior if being o	lemolished)				
Name of Monitoring Firm Hired by Building Ov Health and Safety Services	vner (8))	AS	SCM No	Name of Ab	atement Contraction	ctor (9)				
Street Address					Street Addre	ess	up, LLO				
P.O. Box 365					2115 Hamilt	on Ave, Suite 20)2				
City, State & Zip Code Berlin, NJ 08009					City, State 8 Trenton, NJ			4712-015			
Project Manager for Monitoring Firm		ohone		nber	Telephone N	Number	License N	lumber			
Mr. Jim Proctor Scheduled Start Date (10) Scheduled Co	856-4			41	609-914-427			0118	35		
6-26-2017	6-30-	2017	ite (1	1)	Name of OS J&S Environ	SHA Monitor mental Laborato	ories, Inc.				
Occupancy Status During Abatement (Check	only one	e)			Street Addre	ess					
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed during Normal I	Period	of Ab	atem	ent	2333 Route						
Describe: 8:30am - 6:00pm	iouis.				City, State & Union, NJ 07	ZIP Code					
Facility Occupied During Abatement						. 000					
Scope of Work (Check all that apply)						_					
≥3 sf or ≥3 lf	\boxtimes	Por	novat	ion			tainment with N	egative	Pres	sure	
≥160 sf ≥260 lf			noliti			☐ Mini-End	ag Procedures				
	_						empted and Non	-Friable	e Pro	cedu	re
Location of		Locat			Descriptio	n of	Amount		ateme		
Asbestos-Containing Material (ACM)		nally l			Asbestos-Cor		(Specify				
TO BE ABATED	0.5552	tenan		r	Material (A (i.e., thermal s		SF or LF)	Rem	71	Enca	Ē
in Facility	Custo			3.50	insulation, surfa			mo	Rep	àp	Enclosure
(13)	V	(12)	D 1 / A	_	or other miscel	laneous)		noval	pair	psulat	sure
Attic	Yes	No	N/A							=	
Attic	-	+		Insul	ation(Vermiculit	re)	340 SF				
	+++	+	님					44		Ц	
	+++	H	님	-							
	ㅐ	H	H								님
	TH	П	H					井		H	Η
Name of Registered Waste Hauler		NJI	DEP	Waste	Cubic Yards	Name of Regis	stered Landfill				ч
Resource Management Group, LLC			uler 1 3521	ID No.	of Waste						
City, State		000	0021	0	TBD	Grows Landfill					
Trenton, NJ 08619					Disposal Date	City, State Morrisville, PA					
Completed By (Print or Type)		Title	е		Signature	111		Date			
Mr. Brian Haney		Pre	side	nt	Bra	AHM		06-13	-2017	7	

CK 15	100		NOTIF (F	ICATIO	tate of Ne N OF ASI to NJAC	BESTOS	ABATE	MEN.	Т	0	EC	E [150	21
Date of Notification (1)				Name o	f Building	Owner/0	Operator	(2)			11+11	4.0	000		## /
Jun	e 13, 2017			DSM N	lutritiona	al Produ	ucts, L	LC	a company	1 L	JUN	16	201	1	
Agencies Notified	Type Notification			Street A											1
EPA	Initial			45 Wat	erview	Blvd				F	ASBEST	os co	NTI	LOF	8
DEP	Amended			City, Sta	ate, Zip C	ode						CENS			<u></u>
DOL	Amendment			Parsipp	any, N.	J 07054	1								
□ DOH	Emergency justification)				f Contact					Te	lephoneNi	ımber		-	
DCA	Cancellation			Proiect	Manag	er									
					ILITY INF		ON								
Name of Facility Where	Abatement is Takin	g Place (3)					Тур	e of Facility (4)					
Building 214								П	School (K-1	2)					
Street Address									Subchapter						
205 Mack's Island Dr	•							\times	Other (i.e. p etc.)	rivate	& commer	cial buil	dings	, home	es,
City (5)								Squ	are Feet	# 0	f Floors	E	Bldg.	Age	
Belvidere															
County (6)					Code (7)			Curr	rent Use (Prid	or if be	ing demoli	shed)			
Warren				(STATE (USE ONLY)					Building				
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.		Name	of Ab	atement Con						
Environmental Health	n Investigations	, Inc.		00104	4		The M	IACK	Group, L	LC.					
Street Address							Street		the state of the s						
355 West Shore Trail							1500 F	Kings	s HWY N,	STE	209				
City, State, Zip Code								-	Zip Code						
Sparta NJ 07871							Cherry	/ Hill	, NJ 08034	1					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	_			License	No.			-
Project Manager			9	73-729	9-5649		(973)	759 -	- 5000		00781				
Start Date (10)		Schedul	ed Con	npletion (Date (11)		Name	of OS	SHA Monitor						
6/27/17	the state of the s			6/27/18	3		The M	ACK	Group, LI	_C.					
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	_							
Facility Closed/Vaca	ated During Entire F	Period of	Abaten	nent			1500 k	(ings	HWY N,	STE 2	209				
Abatement Performe Other - Describe:	ed Outside of Norm	al Facility	y Hours	5				-	Zip Code						
							Cherry	Hill,	NJ 08034	1					
Scope of Work (Check Al	I That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The same of	Renova Demolit	MI DECEMBER					ıll Containme ini-Enclosure		Negative	Pressu	e		
								K GI	lovebag Proc	edure					
							2	No.	on-Exempted	(*) and	Non-Friable	e Proce	3000		
		1	Locati	77122										ement /pe	t
Location Asbestos-Containing		1 (2.00)	Normal ed Sole		A - 1		scription			7767			,,	PC	I
TO BE ABA		Ma	intena	nce/		tos Conta					mount Specify	77		En	Ш
In Facili	ty	Cus	todial S (12)	Staff?	3.	surfac	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			11/			other m	niscellan	eous)				SVO	pair	sula	Sur
		Yes	No	N/A								=		te	CD
Work area	X			Va	t/Masti	ic		73	60 s/f	X					
"		X				fire	proofir	na		80	00 s/f	X			
"		$\langle \rangle$	1 10		la	n es 10 10	100		100						
		\leftrightarrow			la	b table			ves	10	45 s/f	\rightarrow			
fire doo Name of Registered Was			l NI	LDEDIM			e doors	S	1		95	X			
rame of ivedisteled Mas	te naulei		10 255.0	J DEP Wa auler ID I		Cubic 'of Was			Name of R	egiste	red Landfil				
Newark Carting / Spa	rtan Environme	ntal		222:			318		Cumberla	and C	o / BFI /	GRO	NS	TRI	RF
City, State						Dispos	al Date		City, State		J., DI 17	5110	/	1111	.1
lewark, NJ / Donora,	PA					C10000-X00000	/27/18		Newburg		erial / M	orrievi	ا ماا	Д	
Completed by	100	Title					gnature	/	1	1		ate	, 1	, ,	-
lichael Cooper		Presid	lent			6	1/2	1				3/17			

		Locatio		Description of				ement /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel intenar todial S (12)	y by ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					Ф	
Floor 6/7	X			pipe	15 l/f	X			
Exterior Pipe Rack	X			fittings	80	X			
exterior	X			transite panels	3615 s/f	X			
ביי_	X			tar on duct insulation	2400 s/f	X			
J"_	X			tar on hatches, exhaust fans & alcohol condensors	315 s/f	X			
"	X			roof flashing / pitch pockets	1872 s/f	X			
elevator doors	*	X		elevator doors	20	X			
TBD	X			misc pipe gaskets	TBD	X			
									T
									T
									Ť
	+		-						t
			-			-	-		+
			-			+		-	t
									+
	-		-			-		+	+
			-				-	+-	+
								-	+
	•						-	-	+
							-	+	+
							-		1
						4	-		1
							_		1
									1
									1
									1
			1						1
	-	-	-					-	
		1							

* Emerge	ency per	- 51	n st		lew Jersey		Feed E	@ F	п	7.7	I F
CKH 3176		NOTIFIC	CATION	OF AS	BESTOS ABA C 8:60 and 12		D)E	C E	Ш	\mathbb{V}	
Date of Notification (1)			Nam	e of Build	ing Owner/Operate		5. 603	IUN 1	6	201	7
Agency Notified	Type Notification			ONG et Address	Branch	Dathe	15,12 CB	1011			
			Stree		2007 		L	CTOC	001	1775	201
EPA CODEP	☑ Initial ☐ Amended		City.	State, Zir	Mainst Code		ASDE	STOS	ISIN	10	TUL
\$CDOL	, Amendment #		10			New la	501/17	045			manum time
A DOH	E-Emergency (inclu- justification)	aing	Nam	e of Conta	act	New Je	Tolonhama Alica	nhar			
□ DCA	☐ Cancellation			TO	ny						i
N 67 W 105			FAC	CILITY IN	FORMATION						-
Name of Facility Where A	77 1		n -			Type of Facili	ity (4)				
Street Address	Partners,	100	750	DEL 1	4	☐ School (K-					
1) & Chance	1, 1			,	1	U Subchapte	r 8 (Other than K-12 private & commercia) al huilding	5		
City (5)	cury		-			homes, etc	s.)	_			
Line Bor	or h		9			Square Feet	# of Floors	Bldg. A	-		
County (6)	4.011		Coun	ty Code C	7) (STATE USE		Prior if being demoli	65	+		
monno	·th		ONLY		,,(01,11,2,002	1					
Name of Monitoring Firm I	lired by Building Own	ner AS	CM No.		Name of Abater	ment Contractor	6011dia)			
(8)		de la			Ace In	15 16 4:30	· (0, Inc				
Street Address					Street Address		-				
City, State, Zip Code					95 MO:	1 HOSE	Rd				
Oity, Otate, Zip Code					City, State, Zip C						
Project Manager for Monito	ring Firm	Teler	hone No.		Telephone No.	(M, N)	07722 License No.				
		arquista a			732394	1757	000A	9			
Start Date (10)	Scheduled C		Date (11)		Name of OSHA		1 000	ı			-
(e) 11 +	17/14						•				
Occupancy Status During					Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed O	During Entire Period	of Abatem	ent		City Chan 7: C						- Landerson
Other - Describe:	AAM - I	IIIIY Hours			City, State, Zip C	ode					i
Scope of Work (Check all to	hat apply)					ST 06.60			-		\dashv
□ ≥ 3 sf or ≥ 3 lf			☐ Ren	novation	☐ Fall C ☐ Mini-	Containment witi Enclosure	Negative Pressure		411	~	l
園≥ 160 sf or ≥ 260 ff			N Den	nolition	☐ Glove	abag Procedure		+17.	CON	~	İ
	*	Isla	cation	a tools	mg(14011-	exempled () an	d Non-Friable Proce	-	Abate	eme	nt
Location	of	Norr	nally	and the state of t	D	,		-		pe	
Asbestos-Containing !	Material (ACM)		olely by nance/	Asbes	Description of stos Containing Ma		Amount	and and and		m	
TO BE ABA IN Facilit			odial iff?	(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF)	Romova	Ropair	Encapsulate	Enclosuro
(13)			2)		other miscellane		or or er j	ova	oair	sula	Sur
		Yes N	o N/A	1						to	
exterior			X	FIG	ole DiDo+P	10518-	40 yards	1	+		\neg
ex terior	or de analyse	-	1 pt		Friedly rus		60 UCCO)	N.	-		-
Site Supervise	- Emergency	Det -		5 20	n Harrs i		700				-
	1							-		1	
Name of Registered Waste	Hauler	NJDER ID No.	Waste H	lauler	Cubic Yards of Waste	Name of Regis	stered Landfill	-	-		7
MAZZa		3/2	217		100	FG1	ess (and+	21)			
City, State	1 - [1 . /5/ 6			Disposal Date	City, State		- CIC - C			-
Tinton Fall	15, News	C Se	4			Ester	, PA				A STATE OF THE PERSON NAMED IN
Bree McGure	1	, ~	Carl	. 1	Signature	, \	0	ate	1.	_	
ASB-41	Secret	use this for	7(4)	pastne lle	ensure exempted a	W //		6/1	//	7	
(Mr. 1977)	שט ווטנ	-se uns 10	ini ioi asi	Je2102 IICE	ensure exempted a	ctivities.					

Charlett 11017>

CK 112	43	NOT		MOITA	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:1		DE	C	E		<u> </u>
Date of Notification (1)				Name	of Buildin	g Owner/Operator ((2)					-
6/	14 / 1	7		Cit	y of Cam	den			JUN	1 8	20	117
Agencies Notified	Type Notification	1		Stree	t Address				_		- 0940	
⊠ EPA	☐ Initial			PO	Box 951	20		ASBE	STC	SC	ONT	RO
☑ DOLWD	Amended Amendment	#		City, S	State, Zip (Code			LIC	ENS	SING	
□ DCA			g g	Cai	mden, N.	J 08101						
(NJAC 5:23-8)	justification)			(3) (3) (3) (3) (3)	of Contac			Telephone Numb	er			
	☐ Cancellation			Jar	nes Rizzo	0		_				
				FA	CILITY IN	IFORMATION						
Name of Facility Where A		ng Place	e (3)				Type of Facility	W-CAN.				
634 N 8th STREET	STRUCTURE						School (K-12	2) 8 (Other than K-12)				
Street Address 634 N 8th STREET	STRUCTURE						Other (i.e., p	rivate and commerc		uilding	js,	
City (5)	STRUCTURE						homes, etc.)		15			
Camden							Square Feet varies	# of Floors varies	- 1	dg. A 50 +	ge	
County (6)		-	-	Cour	nty Code (7)(STATE USE ONLY)		ior if being demolish	1000	5U+		
CAMDEN				Cour	ity code (i	MOTATE OSE ONET)		EEMED UNSAF	100			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme						
	, ,		(-/		20.70		nvironmental					
Street Address						Street Address						
						1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code						City, State, Zip Co	ode					
						Spring House	e, PA 19477					
Project Manager for Monit	toring Firm		Tele	phone	No.	Telephone No.		License No.				
						215 542 7000		00847				
Start Date (10)	5.000	duled C				Name of OSHA M	Ionitor					
6 / 15 /		8 /		_ ′ -	17	CES						
Occupancy Status During			0.00 0.00 0.50			Street Address						
 ☑ Facility Closed/Vacate ☑ Abatement Performed 					cribe		ehem Pike -Su	ite 60				
Time of Abatement: 7:					Cribe	City, State, Zip Co						
Scope of Work (Check all	that apply)					Spring House	e, PA 194//					
	тат арргу)					☐ Full Cont	ainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 		1200	enovati emolitic			☐ Mini-Encl						
		2 00	monac	,,,,				n-Friable Procedure	9			
			Locat						Ab	atem	ent T	ype
Location of Asbestos-Containing N			Norma ed Sole		Achai	Description of stos Containing Mar			Re	R	Щ	Щ
TO BE ABA	TED	Ma	intena	nce/		., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	4	Cus	todial ((12)	stan?		surfacing, VAT, other miscellaned		SF or LF)	la la		sula	ure
(15)		Yes	No	N/A		outer miscellane	000)				te	
See Attached Notice of	of Hazard			\boxtimes	See Atta	ached Notice of	Hazard	200 YD per res	\boxtimes			
			П	П						П		

ASB-41 JAN 13

City, State

Name of Registered Waste Hauler

Waste Management of NJ

Fairless Hills, PA

Patricia Visco

Completed By (Print or Type)

Cubic Yards of

Disposal Date

8/21/17

200/residenc

Signature

Waste

Name of Registered Landfill

Date

GROWS

Tullytown PA

City, State

NJDEP Waste Hauler ID No.

17273

Title

Office Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7) Date of Notification (1) Name of Building Owner/Operator (2) JUN 16 2017 Preit Services LLC Month/Day/Year Agency Notified Type Notification Street Address ASBESTOS CONTROL & X EPA Initial 200 South Broad Street 3rd floor X DEP Notification City, State, Zip Code X DCA Amended Philadelphia, PA 19102 X DOH Notification Name of Contact Telephone Number Cancellation Melaine Glass FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cherry Hill Mall- Zara- storage room 830 School (K12) Subchapter 8 (Other than K12) Street Address Other (i. e. Private & commercial 2000 NJ-38 buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) 99,000 Cherry Hill (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) FINOG Environmental Inc Associated Specialty Contracting Inc Street Address Street Address 617 Stokes Road Suite 4-318 98 LaCrue Avenue City, State, Zip Code City, State, Zip Code Medford NJ 08055 Glen Mills, PA 19342 Project Manager of Monitoring Firm Telephone Number Telephone Number Licence Number Mark Rubnitz 888-715-2211 610-364-9622 1103 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 06/26/17 06/30/17 Criterion Labs Month/Day/Year Month/Day/Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 3370 Progress Dr x Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: ___ 8:00 AM to 4:30 PM Bensalem, PA 19020 Other - Describe: _ Scope of work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure >3 sf or >3 if Glovebag Procedure >160 sf or >260 lf Non-Friable Procedure Is Abatement Type Location of Location Description of E E Asbestos - Containing Normally Asbestos-Containing Amount R N Material (ACM) Used Material (ACM) (Specify C E R C TO BE ABATED Solely (ie. Thermal systems SF or M E A L In Facility by Maininsulation, surfacing, VAT, LF) 0 P P 0 (13)tenance/ or other miscellaneous) V S S A Custodial A 1 U U Staff (12) L R R L Yes No E Storage room 830 mastic 280 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Mercer Group International Tulltown Resources Recovery Facility City, State Disposal Date City, State 1519 Rev S Howard Woodson Jr Way, trento NJ 08638 As req. Tullytown PA Completed By (Print or Type) Title Signature Date Mark Goshow Project Manager

0916-02	587 _N C	OTIFI (ICA (Pui	S TION rsuai	state of N N OF AS nt to NJ	lew J BES AC 8	ersey TOS ABA :60 and 5:1	TEMENT 6)				\mathbb{V}	E
Date of Notification (1) 6	17			Name	of Buildin	ng Ow	ner/Operator ((2)		IN 1	-6-	2017	7
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Amende ☐ DOH ☐ DCA ☐ Emerge	ed nent#	ling		1 C	t Address AMPBEL State, Zip (Code			ASBES	TOS ICEI			OL 8
(NJAC 5:23-8) justificat	ion)	mig			of Contac		-7125-7125-7125-7125-7125-7125-7125-7125		Telephone Num	ber			
				FA	CILITY IN	NFOF	RMATION						
Name of Facility Where Abatement is CAMPBELLS-PILOT PLANT Street Address 1 CAMPBELL PLACE	Taking Pla	ace (3)					Type of Facility ☐ School (K-12 ☐ Subchapter ☑ Other (i.e., phomes, etc.)	2) 8 (Other than K-12 rivate and commer) rcial bu	uilding	gs,	
City (5)								Square Feet	# of Floors		dg. A	ge	
County (6) CAMDEN				Cour	nty Code (7	7)(STA	TE USE ONLY)	20,000 Current Use (Pr	2 ior if being demolis		86		
Name of Monitoring Firm Hired by Bui CRITERION LABS Street Address	ding Own	er (8)	A	SCM	No.	D	ELTA/BJDS	ent Contractor (9)					
400 STREET ROAD City, State, Zip Code						1	eet Address 345 INDUST , State, Zip Co	RIAL BLVD			-1200		
BENSALEM PA 19020						1		оde Г ОN, PA 1896 6					
Project Manager for Monitoring Firm		Т	elep	hone	No.		ephone No.		License No.				_
ERIC WYSOCKI					-1300	2	15 322-2900		00783				
6 / _19_ / _17_		/_	26		te (11) 17	1	ne of OSHA M HS	lonitor					
Occupancy Status During Abatement (Facility Closed/Vacated During Ent Abatement Performed Outside of N Time of Abatement: 7AMPI	re Period ormal Fac	of Aba	atem ours		cribe	4 City	et Address 11 SOUTH C , State, Zip Co						
Scope of Work (Check all that apply)													
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renov Demo					☐ Mini-Enc ☐ Glovebag	g Procedure	gative Pressure n-Friable Procedur	·e			
		Is Lo			-		MADE: 170-MADE: 0			Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	" 1		olely	/ by ce/		e., ther	Description of Containing Marmal systems in urfacing, VAT, er miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
PILOT PLANT					TRANS	ITF (EILING		40 SF			П	
			-		110 1110				40 01				
		+-	-										
		+	-										
Name of Registered Waste Hauler				DEP V	Vaste	Cub	c Yards of	Name of Regis	tered Landfill		Ш	Ш	Ш
SERVICE TRANSPORT GRP City, State			Hai	uler ID 0990	No.	Was	te	MINERVA					
58 PYLES LANE NEW CASTLE	DE 1972	20				DISP	osal Date	City, State WAYNESB	URG, OH 44688				
Completed By (Print or Type) BRYAN CULLEN /CDV ASB-41	Title PROJ		MA	NAG	ER		Signature I Syyan	Lill	Da		5-	20	17

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

JAN 13

15 2017 03:52PM NJ As UN/15/2017/THU 03:10					3,0004		ge 1		E	C	E	1
om/15/2017/180 05.10 .	IN L	le l ta	/ RJL	5		FAX No. 2	?15-332-161	6			002	U
09/6-02	_	ı	NOT	FICAT	TION OF	of New Jersey ASBESTOS AB NJAC 8:50 and 5	ATEMENT			JUN	1 (5 21
Date of Notification (1)		17		1	CAMPRI	Inding Owner/Operato	x (2)	A	SBE			SIMC SON
I⊠ EPA I⊠	e Noulic	ation	_	5	teet Addre	98.6	ANY		_	-	1	;
⊠ DOH	Amende: Amendm	ent #		C	ity. State, 2		-	here were	<u> </u>	<u>/</u>		
(1437(03:23-8)	mergen uslificati	on)	uding	N	eme of Cor	J, NJ 08103	·		* 5	.i		
	ancellat	ion			Sinciair F	Powell	•	Telephone I	Vumba	r		
Name of Facility Where Abater	nent la T	aking F	lace (3)	FACILITY	INFORMATION		_			-	
CAMPBELLS-PILOT PL	INT						Type of Facility Behoot (K-	y (4)				
1 CAMPBELL PLACE							I D Subchanta	of Other than K	(-12) merola	ıl buttı	dings,	
CAMDEN					-		Square Feet	# of Floore			. Age	
County (5) CAMDEN				C	ounty Code	(7) (STATE USE ONLY)	1	rior if being dem	olisha	86		
Name of Monitoring Firm Hired	y Buildle	na Own	Ar (8)	TASC	M No.				oliana	2)		
CRITERION LABS			(U)	730	-IN IND.	Name of Abatem DELTA/BJD5	eni Contractor (9			772		_
Street Address 400 STREET ROAD						Street Address	o, INC					
City, State, Zip Code						1346 INDUST	RIAL BLVD					
BENSALEM PA 19020						City, State, Zip Co	»de		_			
Project Manager for Monitoring F ERIC WYSOCKI	lrm		T	alaphor	e No.	Telephone No.	ON, PA 18986					
Start Date (10)	15.			215 24	14-1300	215 322-2900		License No. 00783			VER 1991	
8 / 19 / 17		8	1	26 /	Dale (11)	Name of OSHA M	onltor		-		_	
Occupancy Status During Abaten	ant (Ch	DOW 1				Street Address						
Facility Closed/Vacated During Absternent Performed Dutsida Time of Absternent: 7AM	AS BIMEN	A ! !	176	_		411 SOUTH G	ATE SUITE E					
The state of the s	PW	P	M-7A	uis - De	STORIDE	City, State, Zip Cod	1e					_
Scope of Work (Check all that app	oly)					MICKLETON,	NJ 08056					
≥3 6° or ≥3 If ⊠ ≥180 af or ≥260 If			isnov: lemoli			Full Come Mint-Enoic Glovebag Non-Exem	inment with Neg. Gure Procedure Died (1) and Non	ativa Pressure i-Friable Procedi				
Location of		1	a Loc Norm	ally				- FODIC PROCESOR		baten	ent T	VD9
Asbestos-Contolning Material (<u>TO BE ABATED</u> IN Facility (13)	ACM)	M	einton fodia	lely by ance/ Staff?	Asbe (i.e	Description of stos Containing Mate , thermal systems ins surfecting, VAT, o	anthetus !	Amount (Specify	Removal	Respair	Encapsulate	Endosure
		Yes	(12 No	NA		other miscalleneou	5)	SF or LF)	12		elere	aums
ILOT PLANT			×		TRANSI	TE CEILING		40 SF				
		<u>-</u>		10								님
		<u></u>		10					10		_	님
ame of Registered Waste Hauler				JDEP V	Vanis I						5	H
SERVICE TRANSPORT GRP			H	20990 20990	No.	Cubic Yards of Waste	Name of Register	red Landfill			=1	7
SE PYLES LANE NEW CAST	LE DE 1	19720				Disposal Date C	ity, State					-
mpleted By (Print or Type) BRYAN CULLEN (CDV	Title		CT M.	ANAGE	ER	Sjørlature	T 10	RG, OH 44668				4
-41					-11	1 min	, UVe	- 1901	1-1	<-	אול	7

1 01	n /								Lance					Pr	int F	
CK# 82	21	N		ICATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE		Empression Services				\mathbb{V}	E		
Date of Notification (1)				Name of	f Building G	Owner/C	Operator	(2)		Li Jui	N 1	6 8	2017	1		
	EPA			Street A	ddress	AVE.		ASBESTOS CONTROL & LICENSING								
DEP					ate, Zip Co ON, NJ				Let VIII NOTING							
Ø DOH ☐ DCA ☐	Emergency (including justification) Cancellation				Contact			MAS								
Name of Facility Where Abat PSE&G	ement is Takin	g Place (3)		PAGI	LITTINIC	JUNIALI	ON	Type of	Facility (4	1)						
Street Address 150 CIRCLE AVE.						School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										
City (5)									are Feet # of Floors				Bldg. Age APPX 61 YR			
County (6) PASSAIC				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)						5.3		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS					No.			le of Abatement Contractor (9) IQUE SYSTEMS OF AMERICA								
Street Address 64 BROAD ST.					H (50055)				et Address S WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747						State, Zip Code UTH RIVER, NJ 08882										
Project Manager for Monitoring Firm TOM GEIGER									phone No. License No. 2-432-8350 01111							
Start Date (10) Scheduled Co					, , , , , ,				e of OSHA Monitor IQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abate					306				t Address WHITEHEAD AVE.							
Abatement Performed Outside of Normal Facility Hou Other – Describe: NECESSARY OPERATORS ONLY					rs City, S				State, Zip Code UTH RIVER, NJ 08882							
Scope of Work (Check All Th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)	-	enova				X	Mini-E Glove	nclosure bag Proce	nt with Negati edure (*) and Non-F				9		
Location of No.				100000000000000000000000000000000000000		Dec	ecription	of				Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED Mai			itena	ely by nce/ Staff?	Description Asbestos Containing N (i.e. thermal systems surfacing, VA other miscellar			Material (ACM) is insulation, AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
			No X	N/A VAT + M/A				95T;C		3800) SF	XX		Ф		
TIK. MIT. IU OTTICE					W/11 V / 1//13				300							
								*								
WASTE MANAGEMENT				NJDEP Waste Cubic Y Hauler ID No. of Wast 1125			ste /	Name of Registered Landfill GROWS NORTH								
City, State						400X Dispos	al Date									

Completed by

CAROL RAIMO

City, State ELÍZABETH, NJ

Date

City, State MORRISVILLE, PA

TBD

Title

OFFICE MGR.

Signature

X 3967	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)									EG	E		E				
Date of Notification (1) 06/14/2017					f Building ale Boar				JUN 16 2017								
	pe Notification		Street A 47 Spr	ddress ring Vall	ey Roa	ad	ASBESTOS CONTROL										
EPA DEP DOL	Initial Amended Amendment				ite, Zip Co ale NJ 0			LICENSING									
DOH DCA □	Emergency (justification) Cancellation	ncluding			f Contact Iarian La	atz			Telephone Number								
		FACI	LITY INFO	DRMATI	ON												
Name of Facility Where Abat Memorial Elementary S			Type of Facility (4) School (K-12)														
Street Address 53 West Grand Avenue			hapter 8 (Oth	ter 8 (Other than K-12) e. private & commercial buildings, homes,													
City (5) Montvale							etc.) Square Feet										
County (6) Bergen					Code (7) JSE ONLY			Current Use (Prior if being demolished) Middle School									
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental Inc					1 No. 7		I	me of Abatement Contractor (9) avic Construction Corp									
Street Address 307 N Walnut St				Street	et Address 5 Route 46 Suite 15												
City, State, Zip Code West Chester, PA 19380								City, State, Zip Code Totowa, NJ 07512									
Project Manager for Monitoring Firm Philip Condeh					ne No. 131-754	5	Teleph	hone No. 339-9735		License No. 01034							
Start Date (10) 06/26/2017	ed Con	1	Date (11)		Name of OSHA Monitor Savic Construction Corp												
06/26/2017 07/06/2017 Occupancy Status During Abatement (Check Only One)								Street Address 205 Route 46 Suite 15									
Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours							City, S	State, Zip Co	Code								
Other – Describe:				_	Toto	wa, NJ 07	512										
Scope of Work (Check All Th				Г	71												
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Locati	on			-	1 NON-EXC	Inpica () an	d Non-i hai	Abatement								
Location of	Vormal	ly		Des	scription	n of			Туре								
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			ed Sole intenar todial S (12)	ice/		tos Cont thermal surfac	aining N	Material (ACI s insulation, tT, or	(\$	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
		Yes	No	N/A				31					Ф				
Main Hallway	Main Hallways X					Cieli	ng Pla	ster	1,0	000 SF	x						
Main Hallways X					Pipe	Insula	ation a	nd Fittings	х								
Newark Carting				JDEP W auler ID 4509		Cubic of Was					stered Landtill						
City, State Newark NJ				Disposal 07/05/2													
Completed by Milos Savic	ect Ma	nager		S	Signature Date 06/14/2017												