NO CKIM	1) 1525	X NO.	TIFICATI (Pursua	State of New Je ON OF ASBAST in to MJAC 8:50	rsey SS ABAT	EMEUT				***		7 100
Date of Notification (1)		0/	Name	of Building Own	er/Operato	The state of the s		E_G_		M		10-
06/06/18 Agencies Notified Type	- New Control		Nev	v Jersey State	Police							
	de Notification		W. 127 S. S. S.	t Address . Box 7068			ii iii	JUF	11	2018	Ś	117
EPA DEP X DOL	Initial Amended			State, Zip Code								lea!
DOL D	Amendment #2			st Trenton, NJ	08628		<u>ـــا</u> ۵ر	GREY C	3.33	iFA	i L	i.
DOH DCA	Emergency (inclu justification)	aing	Name	of Contact				i II	15130			
K DCA	Cancellation			e Genco			118	P-852-	1000	F	7	7 [5
Name of Facility Where Abate	ement is Taking Pla	ce (3)	FA	CILITY INFORM,	KOITA	T=			9		1 1	
New Jersey State Police	e	(0)				Type of Facili						
Street Address						School (	K-12)	Her than K	UN	20	201	8
1040 River Road						Other (i.e	e. private	& comme	rcial bu	ıilding	s, ho	mes,
City (5)						Square Feet	-	of FASABE	-			
Ewing Township County (6)						0	3	ACT THE PROPERTY OF	LICE	50	VG.	CIL, C
Mercer			County	Code (7) USE ONLY)		Current Use (I	Prior if be	ing demol	ished)	-	1,500	
Name of Monitoring Firm Hired	d by Building Owner	/91		M No.		Office Build						
USA Environmental Ma	nagement INC	(0)	001		Name Adv	of Abatement C anced Specia	Contracto	r (9)				
Street Address						Address	ally Cor	iractors				
344 West State Street						) Main St. Ex	tension	Suite 1	0			
City, State, Zip Code Trenton, NJ 08618						tate, Zip Code						
Project Manager for Monitoring	f*:					eville, NJ 08	872					
Bill Weisgarber	i -um		Telepho	one No. 556-8101		one No.		License	No.	77		
Start Date (10)	Sche	duted Co		Date (11)	and the same of th	525-0100	CONTRACTOR	00750				
04/30/2018	06/1	3/2018		Date (11)		of OSHA Monito conmental Ta		20				
Occupancy Status During Abat	ement (Check Only	One)			-	Address	Clics, II	10.				
Facility Closed/Vacated D	uring Entire Period	of Abate	ment		100	road Street						
Abatement Performed Outline - Describe: All aba	tside of Normal Fac tement will take plac	ility Hour	'S			ate, Zip Code	-					
Scope of Work (Check All That				7/14-5	Mata	wan, NJ 077	47					
<u>K</u>   ≥3 sf or ≥3 lf   <u>X</u>   ≥160 sf or ≥260 lf	(Apply)	Renova Demoii			×	Full Containn Mini-Enclosu Glovebag Pro Non-Exemple	re ocedure				'A	
		Is Locat									ement	t
Location of Asbestos-Containing Materi	al (ACM) U	Norma sed Sole		_De	scription o	if				Ty	/pe	,
TO BE ABATED	P	Maintena Ustodial S		Asbestos Con (i.e. therma	taining Ma I systems i	iterial (ACM) insulation	22.22	nount pecify	77		5	ΠI
. In Facility (13)		(12)	otan :	surfa	cing, VAT	, or		or LF)	Romoval	Repair	Encapsulate	Enclosure
	Yes	No	N/A	otne	niscellane	005)			oval	air	sulat	sure
Buildings 1,5,7,8,9,1		X	INA	W I	0 ::				1		æ	
3	-,,-	+^		VVIIIQ	w Cauli	king	100	00 LF	×			
		-										
		-										
Name of Registered Waste Haul	ar.	1	1255	11000								
Freehold Cartage	<b>C</b> 1	10000	JDEP Wa auler iD 1			Name of	Register	ed Landfill				
E LE CEL TRACTOR SON		1	5939	60		Grows	Landfil					
City, State Freehold, NJ					al Date	City, Stat		-	-	-	-	
Completed by	Title				/2018	Morrisv	rille, PA	l .				
Kurt Nale		nch Ma	anager	S	igeature	Allha		Da Oa	e 8/06/1	8		

CK5052 PAID

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)					
	18			He	althSout	h Corporation	7.	Job #1806-2310	C	hk, ‡	505	2
Agencies Notified Type Notific	ation		10-0	Stree	t Address				-11	₩-	E	1111
☑ EPA ☑ Initial				336	0 Grand	view Parkway, S	uite 200				1	
☑ DOLWD ☑ Amende					State, Zip (			11111 0	0 0	010		H
□ DHSS Amendm					minghan			JUN 2	U Z	018	description	L
DCA Emerger (NJAC 5:23-8)  Ustificat		ling			of Contac			Telephone Numb	or		- 1	1/23332
☐ Cancella					zabeth M			205-970-7850	Application of the	rom		
						FORMATION		203-970-7650	SINC	111571	- Ox	25.W.
Name of Facility Where Abatement is	Taking Pla	ace (3	3)	- ' ^	OILIT I II	TORWATION	Type of Facility	(4)			W7 10101	
HealthSouth - Residential		the second second				10	School (K-1)	50.5				
Street Address							☐ Subchapter	8 (Other than K-12)				
30 Oliver Street								private and commerc	cial bu	uilding	js,	
City (5)							homes, etc.	5.	T DI		6-11/8	
Toms River							Square Feet	# of Floors	BI	dg. A	ge	
County (6)				10-		1/07175 //05 01411	2500	2				
Ocean				Cour	ity Code (/	7)(STATE USE ONLY)		rior if being demolis	ned)			
		72.					Residential					
Name of Monitoring Firm Hired by Buil	ding Own	er (8)	1	ASCM	No.	Name of Abateme						
Horizon				_====		Asbestos and	d Mold Service	es, Corp.				
Street Address						Street Address						
PO Box 316						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode				51747-5-5	
Thorofare, NJ 08086						Hainesport, N	IJ 08036					
Project Manager for Monitoring Firm		1	Telep	hone	No.	Telephone No.		License No.	-			
Dave or Steve Flanigan			85	6-848	-0800	609-702-0400		00862				
	Scheduled	Com	plet	ion Da	te (11)	Name of OSHA M	onitor					
_6_ / _11_ / _18_	6	/_	29	_ / _	18	EMSL Analyti	cal, Inc.					
Occupancy Status During Abatement (	Check on	y one	()			Street Address						-
□ Facility Closed/Vacated During Enti	re Period	of Ab	aten	nent		200 U.S. Rout	e 130 North					
Abatement Performed Outside of N	ormal Fac	ility H	ours	- Des	cribe	City, State, Zip Co						
Time of Abatement:AM	PM/	F	PM		AM	Cinnaminson						
Scope of Work (Check all that apply)								3182-				_
≥3 sf or ≥3 lf		Reno	votic	n		Eull-Cont	ainment-with Neg	gative Pressure	ncli	SUK	E	
≥160 sf or ≥260 lf		Demo				Mini-Encl     Glovebag	osure					
						Non-Exer	npted (*) and No	n-Friable Procedure	3			
		Is Lo							Ab	atem	ent T	ype
Location of	. 1	Nor sed S				Description of					1000	Ī
Asbestos-Containing Material (ACN TO BE ABATED		Mainte				stos Containing Mat ., thermal systems i		Amount	em	Repair	nca	ncl
IN Facility	С	ustod		taff?	(1.6	surfacing, VAT,		(Specify SF or LF)	Removal	Ħ.	psu	Enclosure
(13)			12)			other miscellaned			-		Encapsulate	9
<u></u>	Ye		No	N/A							N.	
Roof			]	$\boxtimes$	Shingle	s & Tar Paper		1500 SF				
Exterior				$\boxtimes$	Asbesto	os Siding		2000 SF				
1 <sup>st</sup> Floor Bathroom & bedroom				$\boxtimes$	Texture	d Coating		200 SF				
Chimney & Attic				$\boxtimes$	Flashin	g & Joint Comp	ound	3 SF & 400 SF				
Name of Registered Waste Hauler			1,955.90	DEP V		Cubic Yards of	Name of Regis	stered Landfill			90-19	-
Waste Management			125000	uler ID		Waste	Grand Cen					
City, State			_	17273		5 Disposal Date	City, State					
Lafayette, NJ						6/29/18	Penn Argy	le PA				
Completed By (Print or Type)	Title					( )	- Sim Aigy	9				
Joann Mullarkey	Admi	n				Signature	20 11	Date			1	
ASB-41	Auiiii	11.				MULL	MALL	My 6	7-10	9-1	8	
15.5 At.						/ 1		/ \				

MAY 11

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



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

D										-,		11	L	6	L.	1	V/	L	11)
Date of Notification (1)					N	ame	of Buildin	g Ov	vner/Operator	(2)	Jones other	4		Marinter divide				1	$\prod$
	15 /	18				Sou	thbay L	TD						111A1	0 (	1	010	-	
Agencies Notified	Type Notific	ation			St	reet	Address				11		- 1	JUN	41	1 /	VIS	-	Section 2 of
	Street Address   Julin   Ju																		
☑ DOLWD		50			-							- 1	ASR	FST(	15 (	ON	TRO	1 8	
☐ DCA	1	-		•						3			ricio		SENS				
(NJAC 5:23-8)			cludin	g					-			Te	lenho	ne Ni	ımha	r			
(* 12. 10 0.20 0)		500 C			1000											1			
						_			DMATION				214-0	770-2	000				
Name of Facility Where A	hatement is	Taking	Dlace	(3)		FAU	ILITIN	IFUI	RIVIATION	T	/	4)							
1 Plainsboro Rd.	ibatement is	raking	i lace	(3)															
Street Address										Subchapte	·12)	(Ot	ther th	an K-	12)				
1 Plainsboro Rd.										Other (i.e.,	pri	ivat	e and	comn	nercia	al bu	ilding	JS,	
City (5)			100								c.)	1							
Plainsboro, NJ 085	36									100		#					dg. A N/A	ge	
County (6)				-00-0	C	ount	y Code (7	)(STA	TE USE ONLY)	Current Use (	Pric	or if	being	demo	olishe	ed)			
Middlesex																			
	Hired by Build	ding O	wner	(8)	AS	CM N	lo.	Na	me of Abateme	ent Contractor (	9)								_
Vertex					N	Α		1	Alliance Envi	ironmental S	yst	ten	าร						
Street Address								_			_					- 107			
700 Turner Way								5	50 East Unio	on St.									
City, State, Zip Code				-	0.011111111			City	y, State, Zip Co	ode		_							
Aston, PA 19014																			
Project Manager for Moni	toring Firm			Te	lepho	ne N	lo.			,		П	icense	e No					
Don Heim				(	610-5	558-8	8902	1000		E		1	0.00.00.00.00.00						
Start Date (10)	5	Schedu	uled C	omp	letion	Date	e (11)	Nar	me of OSHA M	lonitor	_				-				
_7_///							425 135	Ιv	ertex										
Occupancy Status During	Abatement (					_					_								
					emen	t		5000000		lav									
Abatement Performed	Outside of No	ormal I	Facility	у Но	urs - l	Desc	ribe			5	_								
Time of Abatement: 7/	AMPN	1/3:30	PM		_AM		1000	1 1 1 1 1											
Scope of Work (Check all	that apply)								istori, FA 13	014									
	/								☐ Full Cont	tainment with N	ega	ative	e Pres	sure					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			⊠ Re □ De						☐ Mini-Enc	losure									
24 = 100 of of =200 fi			□ ре	111011	lion				□ Gloveba     □ Non-Exe	g Procedure mpted (*) and N	Non	-Fri	able F	Proced	dure				
			Is	Loc	ation		- 10				Т	100				Ah	ateme	ent T	vne
Location				Norm	ally dely b				Description o	f					ŀ				· ·
Asbestos-Containing N TO BE ABA		)			nance				Containing Ma				Amo			em	Repair	nce	ncl
IN Facilit			Cus		I Staf	f?	(1.6.	., uie S	rmal systems i surfacing, VAT,	insulation, . or			(Spe SF or			Removal	Ħ.	psu	Enclosure
(13)		-		(12		_			her miscellane							_		Encapsulate	e,
			Yes	No	) N	/A													
Open Lot							Transite	e Pip	ре				540	LF		$\boxtimes$			
						]					1								
						1					1					П	П	П	П
			П	П	F						+				+				
Name of Registered Wast	e Hauler			-	NJDE		laste	Cut	oic Yards of	Name of Reg	nieta	ere	d Lane	Afill		ш	ш	ш	
Horizon Disposal Se					Haule		250 A 54 P 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	Wa	ste	G.R.O.W.	500	CIC	u Lanc	21111					
City, State									0 posal Date										
Trenton, NJ									BD	City, State	le.	DA							
Completed By (Print or Ty	(00)	T'41 -							34040507/	Morrisvil	ie,	ГА							
Mark Griffin	pe)	Title	41						Signature	a Ah				1	Date		,	1	_
Wark Griffin		ES	tima	ıor					MX	HATH					6	-/1	5/	18	7

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities.



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

				a week and the second	to NJAC					Catraca Factor	E	ন	E	1	W		[ [
Date of Notification (1)				Name o	f Building	Owner/Or	nerator	(2)	100			<i>y</i>		U	U		1
06/18/18					ood Apa			(-)	1000	M						(Stocker)	-
Agencies Notified	Type Notification			Street A	ddress				1		J	UN	2 (	1 2	018		mega
EPA	Initial			Division News	rry Hill L											T-	
DEP X DOL	Amended Amendment	#			ate, Zip Co		,		ent-other		ASBE	STO	SC	ON'	TRO	_&	
	Emergency (		_		ridge, N. f Contact	J 08857					Telepho	LIC	ENS	SINC	3		
DOH DCA	justification) Cancellation			Eric P							732-7						
				FACI	LITY INFO	ORMATIC	ON										
Name of Facility Where A Glenwood Apartme		g Place (	3)					Type o	of Facilit	y (4)							
Street Address	11165								School (F Subchapt		Other th	an K	-12\				
30 Cottonwood Ln								x C	Other (i.e					build	lings,	home	es,
City (5)								Square	tc.) e Feet		# of Flo	ors		BI	dg. A	ge	
Old Bridge, NJ								2,000			2			1122	0+		
County (6)					Code (7) USE ONLY	i e e e e e e e e e e e e e e e e e e e			nt Use (F	Prior if	being d	lemol	ished	i)			
Middlesex Name of Monitoring Firm	I lised by Duilding	D (0)							tment		-1 (0)						
N/A	i mired by Building C	Jwner (8)	N.	ASCM	II NO.				ement C			nc					
Street Address							- 01-1013-01	Address					-		_		
									n Ave	nue,	PMB S	Suite	21	8			
City, State, Zip Code							- Balla - C	tate, Zip									
Project Manager for Mon	itorina Firm	<del></del>		Telephoi	no No	-		on, NJ none No	07012		Lic	ense	No	-			
. Tojoot Manager for Mon	iitoinig i iiiii			relepitol	ne ivo.			389-0				0693					
Start Date (10)	T T			pletion I	Date (11)		Name	of OSH	A Monito	or							
06/29/18		07/01/	Marian Contract						al Con	struc	ction, I	nc.					
Occupancy Status During	74 AV	0.50	-99	2000				Address	s on Avei	חוום	PMR 9	Suite	21	R			
Facility Closed/Vaci	ated During Entire F ed Outside of Norm	eriod of a	Abatem / Hours	ent		-		tate, Zip	7/2/2	iuc,	I MID C	Juice	- 21				
Other – Describe:						_			07012	2							
Scope of Work (Check A	II That Apply)							_									
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		processes.	Renovat Demoliti				-		Contain -Enclosi		with Ne	gative	e Pre	ssur	е		
		<u>.</u>	Jonnolla	Oli			×	Glov	vebag Pi	rocedu	ure		-1-1-	D			
		Τ.,	1 41				L	1 Non	-Exemp	tea (*)	and No	n-Fri	able		9.500	ment	
Location	of		Location Normall	у		Desi	cription	of							Ту	ре	
Asbestos-Containing TO BE ABA	Material (ACM)		ed Solel iintenar			tos Conta	ining N	Naterial (			Amou			- I		Ε'n	т
In Facil		Cus	todial S (12)	taff?	(i.e.		ing, VA	T, or	uon,		(Spec SF or I			Remova	Repair	caps	Enclosure
(13)						other mi	iscellar	neous)						oval	air	Encapsulate	sure
		Yes	No	N/A				•								w	
30 A-D Cottor	nwood Ln	X			Р	ipe/Elbo	ow Ins	sulation	n		140 L	_F	×				
						us tellenger											
Name of Registered Was			999	JDEP Wauler ID		Cubic Y of Wast				- 25	istered		fill				
Service Transport G	roup			0990		2 CY					andfill						
City, State New Castle, DE 197	"20					Disposa 07/01/			City, St		urg, Ol	444	600	9			
Completed by		Title					gnature		vvay	ie2D(	arg, Or		Date				
Milan Njezic		1 10000	Presid	dent				2	A	ti	e	1,55		8/2	018		
		1		7.00			100	7	1 /	-	_						

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

CK 42796

	PAID		NOTI	FICATIO	State of N N OF AS It to NJAC	BESTOS	ABATE	EMENT	Appendix of Company		EC	E		$\mathbb{V}$	E	
Date of Notification (1					of Building			r (2)		K	1					-
5/10/2018 Rev					Erie S	treet,	LLC		1		1 .11	IN 2	G	2018	}	
Agencies Notified  EPA	Type Notification  Initial	ľ			Address Wayne	e Avei	nue		and the second	ced be-	The state of the s					-
DEP	Amended	and and and			tate, Zip C		a- 2000 111 11				ASBE	STOS	CO	NTR	OL &	
DOL	Amendmen Emergency		<u> </u>		delphia		19144		-	~~~	Carter Comments of the Com-	LICE	NSI	VG_	and the second	metal control
DOH	justification	)	9		of Contact						Telephon					
L DCA	Cancellation	1			oh Ferg						267-22	8-01	11			
Name of Facility When	re Abatement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Turne	- f = - 11'4	(4)						
Mastery Charte	r School - Pvn	e Povi	nt Ca	mnus				-	of Facility	2000.0000 2000.0000						
Street Address	,	o . o,		прио	D3.		_		School (K Subchapte		Other the	n K 12	·			
800 Erie Stree	et							H	Other (i.e.	priva	ate & com	mercia	) I buil	dings	, hom	es,
City (5)									etc.)	7.0				10000		
Camden								1900/0900	re Feet ,000	100	# of Floor 2	S		3ldg. / 937		
County (6)				County	Code (7)				ent Use (P			moliah		931		
Camden					USE ONLY	n		Sch	00 (F	HOLH	being der	HOUSTIE	eu)			
Name of Monitoring Fi	irm Hired by Building	Owner (8	3)	ASCI	M No.		Name	100000000000000000000000000000000000000	tement Co	ontra	ctor (9)					
FINOG Environ	mental		30						ed Spe			tracti	na	Inc		
Street Address								Addre		O.G.	., 00111	i aoti	119,	1110		
617 Stokes Roa	ad, Suite 4-318	3					100000000000000000000000000000000000000		e Aven	ue.	Suite 1	110				
City, State, Zip Code	PRINCES   PRINCES								ip Code				-			
Medford, NJ 08							Glen	Mills	s, PA 1	934	12					
Project Manager for M	onitoring Firm			Telepho				none N			Licer	nse No		7		
Mark Rubnitz					15-221		610-	364-9	9622		011	03				
Start Date (10)				mpletion	Date (11)		1		HA Monitor	r		V				
5/21/2018		7/31/2		5			Crite	rion l	Labs							
Occupancy Status Dur		150	8888					Addres	30 <del>0</del> .00	4 89						
Facility Closed/Va	acated During Entire	Period of	Abater	nent					gress D	)rive	Э					
Other – Describe:	rmed Outside of Norn	nai Facilit	y Hour	S			100 A		ip Code							
Scope of Work (Check	All That Apply)	5 2 AJ T 2 3-					Bens	alem	n, PA 1	902	.0					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	150,555	The state of the s	Renova Demoli				\ <u>\</u>	Min	l Containm ii-Enclosur vebag Pro n-Exempte	re ocedu	ire				٩	
		Is	s Locat	ion										Abate		
Location			Norma	lly		Des	scription	of						Ту	ре	
Asbestos-Containin TO BE A			ed Sole			tos Cont	aining M	laterial			Amount				ш	_
In Fac			stodial		(i.e.	thermal surface	systems cing, VA		tion,		(Specify SF or LF)		Ren	Re	Encapsulate	Enclosure
(13	3)		(12)				niscellan				OI OI LI	1	Remova	Repair	lusc	nso
		Yes	No	N/A								- 1	=		ate	e
Kitch	nen		Х			Pipe	Insula	tion			16 LF	_	Х			
Kitch	nen		Х				VAT				300 SF		Х			
1st Floor Rooms	s 161,141,139		X				VAT				3668 SF	-	X			
134, 16,	. 7. Art						naccy comme									
Name of Registered Wa		1	I	JDEP W	/aste	Cubic	Yards		Name of	Regi	stered La	ndfill				
Mercer Group		al		lauler ID		of Was				2.70	Resour		200	/on/	Fac	ility
City, State	omadone					40	-1.0 :				116900I	CE K	=00	very	гас	mity
1519 Rev S Howa	ard Woodson Ir	Way -	Trent	on NII	08638	As re	al Date		City, Stat		n DA					
Completed by		Title	TOTAL	JII, 140	00000	10000	ignature		Tulleyt	UWI	i, PA	L D				
James D. Mail						0	griature		/	/		Date				

President

James P. Vail

6/19/2018

01 11	31		OTIE	Si	tate of Ne	w Jersey	y A D A	TERSENI	-	prom			5.5	_	-
att	ChIL	13	(P	ursuant	OF ASE	8:60 and	d 12	:120)		$ D)_{\Gamma}$	EC		$\mathbb{V}$	E	n
Date of Notification (1) 06/11/2018				Name o Westfie	of Bu <del>ildin</del> g ld Board o	Owner/C f Educati	per ion	ator (2)			JUN	2 0	2018		U,
Agencies Notified	Type Notification			Street A						1			2010		
⊠ DEP	Initial Amended		-	City, Sta	ate, Zip Co		200			1	SBESTO LIC	S COI	VTRO	L. &	
⊠ DOH	<ul><li>☐ Amendment #</li><li>☐ Emergency (in</li></ul>		-		ld, New Je	ersey 070				Tol	ephone Nu	T-COVE	Nº archama	S. I. Jac	
⊠ DCA	justification)  ☐ Cancellation			Dana S						500000	8-789-4414				
				FAC	ILITY INF	ORMATI	ON								
Name of Facility Where Al Westfield High School	batement is Taking	Place (3	)						Facility (4)						
Street Address 500 Dorian Road								☐ Subc	chapter 8 (C r (i.e. privat			ildings,	home	s, etc	.)
City (5) Westfield, New Jersey 070	090							Square 1 20,000	Feet	# o	f Floors		ildg. A 5+	ge	
County (6) Union					Code (7) USE ONLY	)		Current	Use (Prior i High	f being of School	demolished	i)			
Name of Monitoring Firm I Environmental Connection		wner (8)		ASC	M No.			me of Ab ch Corpo	atement Co ration	ntractor	(9)				
Street Address 120 North Warren Street								eet Addre 6 McBride							
City, State, Zip Code Trenton, New Jersey 0709	00							y, State, 2 oodland P	Zip Code ark, New Je	ersey 07	424				
Project Manager for Monit Rollie Jones	oring Firm			Telepho 609-392				lephone N 3-225-840			License I 01104	No.			
Start Date (10) 07/02/2018		Schedule 17/16/20		npletion	Date (11)				HA Monitor Imental Lab		s, LLC				
Occupancy Status During	Abatement (Check	Only On	e)	P. Carrie			200	eet Addre							
□ Facility Closed/Vacated □ Abatement Performed ☑ Other – Describe: Occ	Outside of Normal F			t		_	Cit	y, State, 2		83					
Scope of Work (Check All	That Apply)						-								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			lenova emoli					□ M □ G	ull Containm ini-Enclosu love bag Pr on-Exempte	ure ocedure					
Location of Asbestos-Containing N TO BE ABA In Facility (13)	Material (ACM) TED	Use Mai	Locati lormal d Sole intena odial S (12)	ly ly by nce/		tos Conta thermal surfac	ainir syst cing,	tion of ng Materia ems insul VAT, or ellaneous)	lation,	(S	mount pecify F or LF)	'emoval	pair	ulate	v
Boiler Room, Exterior Louve	er	X	140	IN/A	Exterior L	over Cau	ılk				25 L	-FX			
At Manway Doors on Circul	ar Breeching Lines	Х		1	Breeching	g Gaskets	s				45 9	SFX			
and Box ncinerator Drum Insulation	between Steel	Х			Incinerato	or Drum I	nsul	ation			50 S	SFX			
Nalls 15 LF on 10" Header, Rema	aining Quantity in	X			Block Pip		ion a	and Assoc	ciated		120 L	FX			
Boiler Room Work Area Boiler Room Work Area		X			Fitting Inst Corrugate Fitting Ins	ed Pipe Ir	nsula	ation and	Associated		300 l	.FX			
Name of Registered Waste Lilich Corporation	e Hauler		H	JDEP W lauler ID 8724	Vaste	Cubic of Was	ste	is	Name of Fairless		ered Landfi	II			
City, State Woodland Park, New Jers	еу					Dispos 07/16/2			City, Sta Morrisvil		sylvania				
Completed by Adriana Olejarova		Title Presid	ent			S	igna	ture	V de	1	10.00	ate 6/11/20	18		



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Date of Notification (1) 6/14/18				of Buildin reen Wh		/Operato	r (2)	11))	5 6		1	13	,	
Agencies Notified Type Notificatio	n			Address	iccici			174			10200			
▼ EPA ☐ Initial			0.000	, 1001000			1		JU	M 2	0	2018	}	1
DEP Amended			City, S	tate, Zip (	Code			14 14						-
X DOL Amendmen				une NJ				2-4	ASBES	7776	-17	NITE	71.8	.1
➤ DOH justification		3	ACCOUNT AND A	of Contac	200				elephone				نا بيار.	*
DCA Cancellation	'n		Maur	een Wh	eeler			1			after Fire			29/0/241111
Name of Facility Where Abatement is Tak	na Place (	3/	FAC	CILITY IN	FORMAT	TION	T							
Same	ing i lace (	3)					Type of Facilit	5. 5.5						
Street Address		-					School (F	(-12)	her than	K 12	<b>Y</b>			
Same							X Other (i.e	. private	& comn	nercia	) I bui	ldings	, hon	nes,
City (5)							etc.) Square Feet	# #	of Floors		1	3ldg.	Λαο	
****							1528	1	01110013	•	175	58	nge	
County (6)				Code (7)			Current Use (F	Prior if be	eing dem	nolishe	- 1			
Monmouth			(STATE	USE ONL	y)		Residential							
Name of Monitoring Firm Hired by Building A.E.S.L	Owner (8	)	ASC	M No.			of Abatement C							
Street Address							ENVIRONN	IENTA	L SER	VICE	Ξ			
2200 Patterson Plank Rd. Unit 7							Address							
City, State, Zip Code							Hegerman S	Street						
North Bergen NJ 07047							tate, Zip Code delphia PA 1	9136						
Project Manager for Monitoring Firm			Telepho	one No.			one No.	3100	Licens	e No	8			
Carmelo Altamonte				64-6583	3		333-5117		0132					
Start Date (10)			mpletion	Date (11)		Name	of OSHA Monito	r						
6/15/18	6/16/1	-				A.E.S	3.L							
Occupancy Status During Abatement (Cher							Address		200200-200	22270				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	Abater	nent			_	Patterson P	lank Ro	d. Unit	7				
Other – Describe:	nai i adiity	riour					ate, Zip Code	07047						
Scope of Work (Check All That Apply)						NOIL	Bergen NJ	07047						
≥3 sf or ≥3 If	X B	Renova	ation				Eull Contains			-				
× ≥160 sf or ≥260 lf	- December 1	emoli					Full Containr Mini-Enclosu		n Negativ	ve Pre	essu	re		
						×	Glovebag Pro Non-Exempte		d Non E	riable	Dro	004		
	Is	Locati	ion				14011 Exchipt	T / an	d Non-i	Table		Abate		
Location of	1	Iormal	ly		Des	scription	of						ре	
Asbestos-Containing Material (ACM)  TO BE ABATED		d Sole intena			tos Cont	aining Ma	aterial (ACM)	2.00	mount				Е	_
In Facility	Cust	odial 5 (12)	Staff?	(i.e.		systems cing, VAT	insulation, , or		Specify F or LF)		Ren	Re	ncap	encl
(13)		(12)				niscellane			0. 2. /		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ate	e e
Basement		X				VAT		3	33SF	,	<			
									CHIDACTOR					
										-			_	
										+				
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic '	Yards	Name of	Pagists	rod Last	460				
Republic Services		H	auler ID		of Was	No and the second	Name of	NOT THE OWN				N/ -		
City, State		27	798		5:		Waste		ement-	G.R	.U.	w.s		
New Brunswick NJ					Dispos	al Date	City, Sta		V					
Completed by	Title				Si	gnature	Morris	me PA		Dat				
Anthony Jones		ct Ma	nager		3	An	throwy T	me.	1	Date 6/14	1/12			
	(250)		1277			4 4 6 1 6	0 //	0000	£	~/ 17	, , 0			

PAI									Г	Pri	nt Fo
C15#5114			ICATION	ate of New Jers OF ASBESTOS to NJAC 8:60 a	SABATER		n) E C	E.	7 1	<u> </u>	
Date of Notification (1)			Name of	Building Owner	Operator	(2) (+ina	JU	N 2	0 20	018	Application of the second
Agencies Notified Type Notification			Street A	ddress	- 4	0					-
A. EPA Initial		-	7 +	te, Zip Code	741	<u> </u>	- ASSES	1 1 7 5 5	SON	1 1 1 1 11	8
DEP Amended Amendment		_ \	M)	10,20 code	C A	ファ ロコ	040	LICEN	SINC	Ì	Part STORY TAXA
DOH Emergency (	including		Name of	Contact	1 10		Telephone Nu	mber			
DCA Cancellation		į	(-	ary			17326	73.3	306	2)	
Name of Facility Where Abatement is Takin	a Place (	3)	FACI	LITY INFÓRMA	TION	Type of Facility	(4)				
RPM Property.	,	•			ĺ	School (K-					
Street Address  36-38 RUSSell	Ave	-					er 8 (Other than K-1, private & commerci		lings,	home	es,
City (5)			\			Square Feet	# of Floors	B	ldg. A		
Digon fort (H.N	PANK	14V	$\gamma$			4000	2		) ]	51	
County (6)		1	County C	Jode (/) JSE ONLY)	\	Current Use (Pr	rior if being demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCN	No.	Name	of Abatement Co	/ \_\		-		
					Ac	1750	19410n (	٧ -	, Z	35	
Street Address					Street	Address	21				
City, State, Zip Code					City, SI	ate, Zip Code	DSOIL				
					10	45 Nec	4.NTOA	77	7		
Project Manager for Monitoring Firm		and a second	Telephor	ne No.	Telephi	one No.	License N	lo.	0		
21-4 P-4- (40)	Cabadal	10		2-1- (44)	1732	244177	2 1 000	OO	7		
Start Date (10)	Scriedul		pietion t	Date (11)	Name C	of OSHA Monitor	P				
Occupancy Status During Abatement (Chec	k Only O	- 1 1	0		Street	Address				-	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:					City, SI	ate, Zip Code					
Scope of Work (Check All That Apply)	<i>f</i>									1.000	_
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renova Demolit			N.	Mini-Enclosus Glovebag Pro					and control of the co
	15	Locati	ion			1401-Exchipte		1	Abate	ment	
Location of		Normal ed Sole	ly		escription			-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/			aterial (ACM) insulation,	Amount (Specify	Z	70	Enc	핀
In Facility (13)	Cus	todial ( (12)	Stan?		facing, VAT miscellan		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			,		20	7	late	Ire
1JE Floors			X	2 00 00	1100 0	·	282 /F	W			-
Devemonts			17	PACO	Verin	<del>)</del>	20.7 C1	1 X			$\neg$
· MAINVIE	1		132	1-14101	VK. C.		1500 FC	1X		$\dashv$	
	1							1		$\dashv$	
Name of Registered Waste Hauler	1		JDEP W		ic Yards	Name o	L f Registered Landfil	1			
Acets lator Cons	_(	H.	lauler ID	No. of W	aste	Fr.	1255				and the second
City, State	3~	- F		Disp	osal Date	City, Sta	ate				
C. HSNOW				] 7-	218	Mar	roulle,	PB			
Completed by	Title	2 (	tt		Signature	1	Da	ate	1.0	-	
Breegykburg	1 MI	ther	Tres	578-	1.2	111	1 (	411	911 A		- 1



P	AI		CATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		To the second se		E C			$\mathbb{V}$	E	
Date of Notification (1) 6/15/2018				of Building EX COU				L SCHOO	L	JU	N 2	0	2018		
Agencies Notified Type Notification			Street A	ddress Church	Rd,			and the second	J. Company	Brown water	100000000000000000000000000000000000000			200 CESTOS	in and
EPA Initial DEP X Amended Amendment	#1			ate, Zip Co a Towns		I 0787	1		A	SBES L	ICEI	COI-	VTRC G	L &	
Emergency ( justification)			Name o	f Contact		0101	12			ephone			THE RESIDENCE	**************************************	B0+47-27
DCA Cancellation				w Italian	Y	ION			97	3 383	670	0 x-2	214		
Name of Facility Where Abatement is Taking SUSSEX COUNTY TECHNICAL S	Place (	3) L					passed .	of Facility							
Street Address 105 N Church Rd,							Ě	School (K- Subchapter Other (i.e. petc.)	r 8 (Oth				lings,	home	es,
City (5) Sparta Township, NJ 07871							Squa	are Feet	# o	f Floors		5 5	ldg. A 0	ge	
County (6) SUSSEX				Code (7) USE ONLY	)			ent Use (Pri HOOL	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building ( ENVIROVISION	Owner (8)	)	ASCN N/A	/ No.					ntractor	(9)	-				
Street Address 20-21 Wagaraw Rd. Bldg. 35 E	Firm Hired by Building Owner (8)  ASCM No. N/A  RICI CORP  Street Address 46 HOBART PL  City, State, Zip Code GARFIELD, NJ 07026  Monitoring Firm  Monitoring Firm  Monitoring Firm  Monitoring Firm  SCHOOL  Name of Abatement Contract RICI CORP  Street Address 46 HOBART PL  City, State, Zip Code GARFIELD, NJ 07026														
City, State, Zip Code FAIR LAWN, NJ 07410						\$200 CONTRACTOR (1950)			026						
Project Manager for Monitoring Firm FREDERICK LARSON					ES					Licens 0083					
Start Date (10) 06/25/2018	Schedul 07/01/		npletion	Date (11)	8.8	Name RICI									
Occupancy Status During Abatement (Check			100			Street 46 H		ss RT PL							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abatem y Hours	ent			City, S	tate, Z	ip Code D, NJ 070	126						
Scope of Work (Check All That Apply)						Ortic		D, 140 071		-	-				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	Mi	II Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure					2	
		Locati							17				Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel intenar todial S (12)	ly by nce/		tos Cont thermal surfac		lateria insula T, or	ation,	(8	mount Specify or LF)		Remova	Ty Repair	Encapsulate	Enclosure
	Yes	No	N/A						-					fe	
STAGE	1	V				stos W				75 LF		4			
CAT WALK	V					stos W				75 LF	_	V			
LIGHTING BOOTH ROOM	V				Asbe	stos W	iring		17	75 LF	_	V			
Name of Registered Waste Hauler				lasts	Cubio	Yards		Name of	Dogieto	red I an	dfill				_
3	=0	I N.	JDEP W	asie											
RICI CORP		H	JDEP W auler ID J-668		of Was	ste		G.RO.V	V.S LA						
RICI CORP  City, State Garfield, NJ 07026		H	auler ID		of Was 30 Dispos				V.S LA	ANDFI	LL				

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_((-(0)	NO			estos abater		*	ME		3 1	2 1	7
Date of Notification (1) 06/ 14 /2018		Mam		8:80 and 12:120 Owner/Operator School		TE di	111111			14	
Agencies Notification  DEPA SI Initial			t Address Chambers I	Bridge Rd		<u> </u>		<del>98</del> 1 2	2 1	201	8
D EPA S Initial DEP DOL Amended Amendment#		City, Brick	Stale, Zip Co . New Jers	de by 08723		1,055	CALL ASS	a l	da	NTR	OI.
DOM justification	cidenig	VVille	of Contact m Kollbas				Telephone Nu	mber	NSP	lG.	~~~
Name of Facility Where Abatement is Takin Veterans Memorial Middle School	g Place (3)	FA	CILITY INFO	Type o	of Pacility	(4)	746				
Rigest Address IDS Handrickson Avenue				□ \$	onobl (K- utchepti her (i.e. ş	B (Other th	van K-12) nmercial buildi		as, etc		
City (5) Brick, NJ 08724				Squar	e Foot		# of Floors	Bld	g. Ago	1	
County (6) Ocean			ly Code (7) TE USE ONLY)		•	eacatorio visco antica <del>n</del> o	démoltshed)				
Name of Monitoring Firm Hired by Building Brinkerhoff environmental Services, IN	Owner (8) C	AS	CM No.	Name Lilich	of Abate Corpora	ent Contre on	ctor (9)				
Street Address 1805 Atlantic Avanue				606 M	Address oBride						
City, Stale, Zip Code Manasquan, NJ 08736				Wood		ode (, New Je					
Project Manager for Monitoring Firm Gary W.Fleming		732-	hone No 223-2225	973-2	one No. 25-840(		License t 01104	Vo.			
Start 06 /21/2018	06/ 22 /20	18	on Date (11)	iris Er	wironm	vienitor	atories, LLC		****		
Occupancy Status During Abatement (Char E Facility Closed/Vacated During Entire	Period of Aba	atemant		2333	Address Route 2						
Abatement Performed Outside of Norm Other - Describe: 3:30-13 PM	al Pecility no	iuns			(ate, Zip , NJ 07(						
Scope of Work (Check All That Apply)  □ ≥3 af or ≥3 if □≥160 af or ≥260 if		novation Molition			Mini-	nclosure Bag Proces	with Negative I dure / Limited (	Containm		Tent	
Location of	No	ocation		Description			Amount (Specify SF of LF)		baten		
Asbestoe-Containing Material (ACM) TO BE ABAYED In Facility (13)	Maint	Solely by tenunce/ dial Staff? (12)	t n	estos Containing e, thormal syster eurfacing, V other miscella	Material ns insuls 'AT, or	ACM) on,		Removal	Repair	Encapsulate	Enclosure
Fan Room	Yes	No N/		tos elbows/fit	ting		6-7	×	-	6	
arribon		1	7,0000					-			
		,									
Name of Registered Wasta Hauler			P Waste	Cubic Yards of Weste 1		lams of Re	gletered Lendf	14		<u>L</u>	
Lilich Corporation City, State Woodland Park, New Jersey		187		Disposal Date	+	aldess L My, State					
Completed by Adriana Olejarova	Title Pres	ident		06/22/2018	1	(0)		Date 06/14/2	018		
ASB-41 (X-08-08)				-501	of use th	I form for a	sbestos licensi	ure exem	pted a	otivit	(OB

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	PAIN				IN OF ASB				T	1	E (C	0 E		W	E	[7]
Date of Notification (1) 06-13-18					of Building Level De				-							And the second s
Agencies Notified	Type Notification			Street	Address Palisades	•							/ ()	2018	-	1 been of
EPA DEP DOL	Initial Amended			City, St	tate, Zip Co	ode			1	1	\\$250	11.75	, coi	TERC	)L. &	
	Amendment Emergency	(includin	g		ey City, No	J 0730	)6					Livin	USIA	G_		
DOH DCA	justification) Cancellation				y Goff						lephon 73) 8					
Name of Facility Where	Abatement is Takin	n Place	(3)	FAC	CILITY INFO	ORMAT	ION	Turn	e of Facility	(4)						
Private Property		gucc	(0)					Тур	School (K-							
Street Address 422 Palisades Ave.								r	Subchapte Other (i.e. etc.)	er 8 (Oth	er than & com	n K-12 merci	2) al bui	dings	, hom	ies,
City (5) Jersey City								Squ	are Feet	# 0	f Floor	s	E	Bldg. A	Age	
County (6) Hudson					Code (7) USE ONLY)			Cur	rent Use (Pr	rior if be	ing der	molish	ned)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8	3)	ASCI	M No.				eatement Co		(9)					
Street Address							Street	Addr	ess					70.00		
City, State, Zip Code		-90 W <sub>1</sub> 15 1 = 1	-				1-0000000000000000000000000000000000000	tate,	Zip Code							
Project Manager for Mon	itorina Firm		- 1	Telepho	ne No		Unio		y NJ 070	87	Lines	nse N				
							201 2				0120		0.			
Start Date (10) 06-25-18		Schedu 06-29-		npletion	Date (11)				HA Monitor							
Occupancy Status During	Abatement (Check	k Only O	ne)				Street	Addre	ess							
Facility Closed/Vaca Abatement Perform	ated During Entire F ed Outside of Norm	Period of al Facilit	Abaten y Hours	nent			522 7 City, St		St. Zip Code							
Other - Describe: _						_			y NJ 070	87						
Scope of Work (Check Al  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	I I nat Apply)		Renova Demolit				u v	M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure					0	
		Is	s Locati	on					on Exemple	u ( ) all	2 14011-	1 Habi	110	Abate	ement	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Use Ma	Normali ed Sole aintenar stodial S (12)	ly by nce/	(i.e. t	os Conta hermal surfac	scription aining M systems sing, VAT siscelland	ateria insul r, or		(S	mount pecify or LF		Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A									_		ate	0
Roof			х		1		g Mate	erials	3	15	00 SF	=	X			
3rd Flo	or		X				VAT			15	0 SF		X			
		-														
Name of Registered Wast				JDEP W		Cubic \			Name of	Registe	red La	ndfill				
Delfa Contracting LL	0		H	35240		of Was	te 0	2000001000	Tullyto	wn Res	sourc	e Re	COV	ery F	acilit	.y
City, State Union City, NJ						Disposa 06-29			City, Stat					×		
Completed by Jaime Delgado		Title Proj.	Mana	ger.		Sig	gnature	/	A .			Dat 06-	e -13-1	8		

				(r	ursua	III to NJ	AC 8:60 and 5:1	6)		1	M	E	1	
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)	/ I		e <sub>s</sub> popi deste (#1	11-11-2000	11	
	7 /	18			90	New Str	eet, LLC	/ Job #	1805-2301	Ch	k. #	5	43	
Agencies Notified	Type Notifi	cation			Stree	et Address			i JUN Z	U 2	UIX	-	interest	
⊠ EPA	☐ Initial				26	6 Jericho	Turnpike	-				į		
☑ DOLWD ☑ DHSS	⊠ Amende		. D.		City,	State, Zip	Code		ASBESTOS	ON	TRO	2,		
□ DCA	Amendr Emerge		10000		So	uth Hunt	ington NY 11746		LICEN			na North		
(NJAC 5:23-8)	justifica		ciudini	J		e of Contac	the state of the s	-	Telephone Num	per	Open day 1 - control	VORTE (AT)	Parameter	
***************************************	☐ Cancella				Sa	mir Patel	, Gilbane		1 reseptione reality	001				
					1		NFORMATION			-				
Name of Facility Where A	Abatement is	Taking	Place	(3)	181.5.3		011111/111011	Type of Facility	(4)					
84 & 92 New Street		_						School (K-12	\$1000 c					
Street Address								☐ Subchapter 8	Other than K-12	)				
84 & 92 New Street								homes, etc.)	rivate and commer	cial b	uildin	js,		
City (5)								Square Feet	# of Floors	IR	ldg. A	ne .	_	
New Brunswick								8100 & 5000		1000	pre '		1	
County (6)				- 65	Cou	nty Code (7	)(STATE USE ONLY)		or if being demolis		Pic	020	a equaci	
Middlesex								Vacant	or it coming definions	ilou)				
Name of Monitoring Firm	Hired by Bui	lding O	wner (	(8)	ASCM	No.	Name of Abateme					-		
Criterion Laborator	ies							d Mold Service	s. Corp.					
Street Address							Street Address		-,					
400 Street Road							3859 Sylon B	oulevard						
City, State, Zip Code							City, State, Zip Co							
Bensalem, PA 1902	0						Hainesport, N							
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No.		License No.					
Mike Panepresso				2	5-244	-1300	609-702-0400		00862					
Start Date (10)	iled Co	omple	tion Da	ite (11)	Name of OSHA M	onitor								
5/21/	18	6	/	25	<u> </u>	18	EMSL Analyti	cal, Inc.						
Occupancy Status During							Street Address							
☐ Facility Closed/Vacated	d During Enti	re Peri	od of A	Abate	nent		200 U.S. Rout	e 130 North						
Abatement Performed Time of Abatement:							City, State, Zip Co	de					_	
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# 90 New Street, New Brunswick, New Jersey **Proposed Redevelopment Site** APPENDIX A

# IDENTIFIED ASBESTOS-CONTAINING MATERIALS BY HOMOGENEOUS AREA (HA)

	63A 64A 68A						T			
	8A	4A	33A	62A	51A	47A	41A	23A	HA No.	
	Silver Paint/Sealant	Black Tar w/ HVAC	Black Paper/Felt	Silver Shingle	Tan 9x9" Vinyl Floor Tile (Bottom Layer)	Wood Flooring Sub Paper Adhesive (Black on newspaper, under subflooring)	Brown/Tan 9x9" Floor Tile & Black Mastic	White Textured Plaster Ceiling	Material Description	
	92 New Street - Top Roof	92 New Street - Lower Roof	92 New Street - Lower Roof	92 New Street - Lower Roof	92 New Street - Basement Rear	92 New Street - Basement Hallway	92 New Street – First Floor, Rear Bedroom (Throughout)	92 New Street - 2nd Floor, Electrical Room	Material Location	Sampled Asbestos
	3.6% Chrysotile	1.2% Chrysotile 8.9% Chrysotile 3.6% Chrysotile		1.8% Chrysotile	1.9% Chrysotile	1.6% Chrysotile	1.6% Chrysotile (tile); 3.9% Chrysotile (mastic)	2.2% Blend: 0.94% Anthophyllite and 1.3% Chrysotile (by TEM)	% and Type Asbestos <sup>2</sup>	itos
	Category I / Nonfriable	Category I / Nonfriable	Category I / Nonfriable	Category I / Nonfriable	Category I / Nonfriable	RACM / Friable	Category I / Nonfriable	RACM / Friable	NESHAP Classification	
A PROPERTY OF THE PARTY OF THE	Good	Good Good		Good	Good	Good	Good	Damaged	Condition	
	190 SF 30 SF 590 SF		190 SF	450 SF	650 SF	500 SF	85 SF	Estimated Quantity <sup>3</sup>		

<sup>&</sup>lt;sup>2</sup> % & Type Asbestos = this column contains both the analytical result of the sample with the highest concentration of asbestos detected in the samples that make up the HA and the types of asbestos identified.

Sestimated quantities are based on a cursory field evaluation, and actual quantities may vary significantly, especially if asbestos containing materials are present in hidden and/or inaccessible areas not evaluated as part of this survey. ~ = approximately; LF = linear feet; SF = square feet

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ALTONOMINE THE TOTAL	Good	Category I /	1.1% Chrysotile	84 New Street - Top Roof	Black Shingle	53B
65 SF	Good	Category II / Nonfriable	9.4% Chrysotile	84 New Street - Top Roof	Chimney Coating	52B
650 SF	Good	Category I / Nonfriable	1.9% Chrysotile (by TEM)	84 New Street - Mid Roof	Black Shingle	50B
275 SF	Good	RACM / Friable	2.0% Chrysotile (by TEM)	84 New Street - 1st Floor, Break-In Room and Hall	Textured Paint Wall	31B
150 SF	Good	Category I / Nonfriable	3.7% Chrysotile (Mastic 0.19% Chrysotile)	84 New Street - 1st Floor Foyer	Gray Vinyl Floor Tile & Black Mastic (Under 12x12" Tile and Under Plywood)	268
40 SF	Good	Category I / Nonfriable	8.1% Chrysotile (Mastic 0.78% Chrysotile)	84 New Street - 2nd Floor Master Bath	Gray 9x9" Vinyl Floor Tile & Mastic (under Linoleum flooring)	178
500 SF	Good	Category I / Nonfriable	7.4% Chrysotile (tile); 1.3% Chrysotile (mastic); 1.2% Chrysotile (mastic 2)	84 New Street - 2nd Floor - Fireplace Room/Offices under carpet	Tan 9x9" Vinyl Floor Tile & Mastic- Under Carpet	138
400 SF	Good	Category I / Nonfriable	1.9% Chrysottle (tile); (mastic)	84 New Street - 3rd Floor Hall and Office	Gray 9x9 Vinyl Floor Tile & Mastic	018
Estimated Quantity <sup>3</sup>	Condition	NESHAP Classification	% and Type Asbestos <sup>2</sup>	Material Location	Material Description	HA No.

summary of samples collected. See Appendix C for detailed analytical results. by appropriately trained personnel. Removal may be necessary before demolitions and in most cases before a demolition. See Appendix B for a disturbed, various federal, state and local regulations may apply. These materials should be monitored for damage over time and repaired as necessary The materials listed in this table have been sampled and determined or presumed to contain asbestos in concentrations greater than 1%. When

PSBESTOS CONTROL & LOUIS OUND S O 2018

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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) 6 18 18 1 / Job #1710-2243 Chk. #5060 Type Notification Agencies Notified Street Address **⊠** EPA Initial 1 Turnpike Plaza ASBESTOS CONTROL & □ DOLWD ☐ Amended City, State, Zip Code LICENSING □ DHSS Amendment # Woodbridge, NJ 07095 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Robert Womelsdorf 732-442-8600 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJTA MUB - E - Hightstown ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Milepost 67 S - NJ Turnpike homes, etc.) City (5) Square Feet # of Floors Bldg. Age East Windsor/Hightstown 20,000 1 unkown County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Office & Shops Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave or Steve Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>6</u> / 27 / 18 7 / 18 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ >3 sf or >3 lf □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Enclosure Remova Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED SCOPE SHEET  $\boxtimes$ X П X X  $\boxtimes$ X П П X П П  $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 7/18/18 Penn Argyle, PA Completed By (Print or Type) Signature Joann Mullarkey Office Coordinator

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	DESI	& PMK Summary	of Positive ACM Results	and Estimated Quanti	ties LICENSII	VG		
Bulk Sample ID #	Homogenous ID #	Sampled By	Material	Sample Location	Positive PLM/TEM	Approximate SF/LF		
8	H-04	PMK Group	Green 9x9 FL Tiles	Multi-Use Building/Garage Inventory Room	3.6 % Chrysotile	96 st		
11	H-07	PMK Group	White With Black Streaks 12x12 FL Tiles	Hallway Locker Room Garage	1.7 % Chrysotile	1285 sf		
12	H-08	PMK Group	Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles	Hallway Locker Room Garage	1.2 % Chrysotile	1286 sf		
13	H-07	PMK Group	White With Black Streaks 12x12 FL Tiles	Locker Room Garage	1.2 % Chrysotile	1286 st		
14	H-08	PMK Group	Black asphaltic mastic associated with White with Black Streaks 12×12 FL Tiles	Locker Room Garage	1.4 % Chrysotile	1286 sf		
15	H-07	PMK Group	White With Black Streaks 12x12 FL Tiles	Adjacent To Locker Room	1.1 % Chrysatile	1286 sf		
16	H-08	PMK Group	Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles	Garage Adjacent To Locker Room	2.1 % Chrysotile	1286 sf		
36		PMK Group	Grey cementitious Window Caulking Compound	Exterior Garage	12 % Chrysotile	2,300 st		
37	H-12	PMK Group	Grey cementitious Window Caulking Compound	Exterior Garage	12 % Chrysotile	2,300 sf		
38		PMK Group	Grey cementitious Window Caulking Compound	Exterior Garage	12 % Chrysotile	le 2,300 sf		

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Amended	Agencies Notified	Type Notification			Street A	Address					Maria Lancier Carl					Paragraph (	1	
DOH	X EPA			1	Oit. Ot	-1- 7:- 0					ASDE				OL 8	***		
DOH	X DOL		#					7		- in the construction of t	ter about the same		LYON	VIJ.		THE PROPERTY OF	. !	
DCA		Emergency	(including				0,00		_		Tol	anhone	Nium	hor				
Name of Facility (Where Abatement Is Taking Place (3) Residence  Street Address    Type of Facility (4)   School (K-12)   Suchapter 8 (Other than K-12)   Other (i.e. private 8 commercial buildings, homes, other 1,800   3 of Floors   3 of F							t				1 101	ерпопе	inuii	ibei				
Street Address    School (K-12) Subchapter 8 (Other than K-12)					FAC	ILITY INFO	ORMAT	ION						_	- 22			
Street Address    School (K-12)   School (K-12		Abatement is Takir	g Place (3	3)					Тур	e of Facility (	4)							
City (5)  City (5)  County (6)  County (6)  County (6)  County (6)  County (7)  County (8)  A. Seine Lighthouse Solutions  Street Address  PO Box 354  City, State, Zip Code  South Orange, NJ 07079  Froject Manager for Monitoring Firm  City, State, Zip Code  South Orange, NJ 07079  Froject Manager for Monitoring Firm  County (6)  City, State, Zip Code  South Orange, NJ 07079  Froject Manager for Monitoring Firm  County (6)  City, State, Zip Code  South Orange, NJ 07079  Froject Manager for Monitoring Firm  County (7)  County Code (7)  Street Address  Street Address  City, State, Zip Code  South Orange, NJ 07079  Froject Manager for Monitoring Firm  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  Froject Manager for Monitoring Firm  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  Froject Manager for Monitoring Firm  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  City, State, Zip Code  South Orange, NJ 07079  County Code (7)  City, State, Zip Code  City, State, Zip Code  South Orange, NJ 07079  Code (7)  City, State, Zip Code  City, State, Zip Code  City, State  City,												2000		v				
Jersey City   1,800   3   118   11										Other (i.e. p etc.)					dings,	home	es,	
Name of Monitoring Firm Hired by Building Owner (8) A. Seline Lighthouse Solutions  Street Address PO Box 354 1256 Liberty Avenue City, State, Zip Code South Orange, NJ 07079  Froject Manager for Monitoring Firm Street Address PO Box 354 201-349-2666 South Orange, NJ 07079  Froject Manager for Monitoring Firm Start Date (10) Scheduled Completion Date (11) 06/25/2018  Start Date (10) 06/25/2018  Street Address PO Box 354  License No. 3116 Start Date (10) 06/25/2018  Start Date (10) 06/25/2018  Street Address PO Box 354  Start Date (10) 06/25/2018  Street Address Po Box 354  Start Date (10) 06/25/2018  Street Address Po Box 354  A Seine Lighthouse Solutions  Street Address PO Box 354  For Box 354  City, State, Zip Code South Orange, NJ 07079  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  In Facility (13)  Scope of Waste Management Abatement Abat	Jersey City								100000000000000000000000000000000000000		-9000 mm in the	Floors		7.50	0.00 (A) (A) (A) (A)	ge		
A. Seine Lighthouse Solutions  Street Address PO Box 354  City, State, Zip Code South Orange, NJ 07079  Telephone No. Sarah Calandra  Telephone No. 201-349-2666  Start Date (10) Scheduled Completion Date (11) O6/25/2018  Occupancy Status During Abatement (Check Only One) Office of Normal Facility Hours  Occupancy Status During Abatement (Check Only One) Scope of Work (Check All That Apply)  Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, Specify Scope of Abatement (Check Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, Specify Scope of Abatement (Check Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That									Curr	rent Use (Prid	r if bei	ng dem	olishe	ed)				
City, State, Zip Code   City, State, Zip Code   City, State, Zip Code   Hillside, NJ 07205			Owner (8)	7	ASC	M No.		70x0 (6) 0s				(9)						
City, State, Zip Code South Orange, NJ 07079  Project Manager for Monitoring Firm  Sarah Calandra  Telephone No. 201-349-2666  844-462-7465  Ol316  Start Date (10) 06/25/2018  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe:  Start Date (10) 06/25/2018  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe:  Start Date (11) 06/29/2018  City, State, Zip Code South Orange, NJ 07079  Scope of Work (Check All That Apply)  Start Date (11) Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe:  Start Date (11) Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe:  Start Date (11) Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe:  Start Date (11) Occupancy Status During Abatement (Check Only One)  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-											е							
Telephone No. 201-349-2666 844-462-7465 01316  Scheduled Completion Date (11)		7079					_	City, S	tate,	Zip Code								
Sarah Calandra  201-349-2666 844-462-7465 01316  Start Date (10) 06/25/2018 06/29/2018 0					Telepho	ne No		1000		VIII. 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -		Licens	sa Na					
O6/29/2018  O6/29/2018  A. Seine Lighthouse Solutions  Occupancy Status During Abatement (Check Only One)  Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Set of valif  In abatement Abatement With Negative Pressure Mini-Enclosure Globebag Procedure  Normally  Used Solely by Maintenance/ Custodial Staff?  (12)  Yes No N/A  Basement  X pipewrap  110 LF X  Name of Registered Waste Hauler  Name of Registered Landfill  Vaste Management Landfill  City, State  PO Box 354  City, State  Po Po Box 354  City 3tate Address  City 3tate Address  Po Box 3tate Address  Po Box 3tate Addr								G200000 10000						•				
Street Address PO Box 354  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) IO BE ABATED In Facility (13)  Basement  X  Basement  X  Dippewrap  INDEP Waste Hauler ID No. 04509  Name of Registered Waste Hauler  Normally Vaste Management Landfill  Name of Registered Landfill  Waste Management Landfill  City, State PO Box 354  City, State, Zip Code South Orange, NJ 07079  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  A	Start Date (10) 06/25/2018				npletion	Date (11)		1			Solu	tions						
Abatement Performed Outside of Normal Facility Hours Other – Describe:    City, State, Zip Code	Occupancy Status During	00/20/2010																
Scope of Work (Check All That Apply)    South Orange, NJ 07079   Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abatement Type   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Ser 0717, or other miscellaneous)   South Orange, NJ 07079   Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure   Abatement Type   Aba	Facility Closed/Vaca Abatement Performe	ated During Entire Feed Outside of Norm	Period of A	baten	nent				State, Zip Code							_		
≥3 sf or ≥3 lf   Period   P							_	Sout	h Orange, NJ 07079									
Demolition    Demolition   Description of   Abatement   Type   Description of   Asbestos Containing Material (ACM)   (Specify   Demolition   Ser or LF)   Demolition   Demolition   Description of   Asbestos Containing Material (ACM)   Separate   Description of   Asbestos Containing Material (ACM)   (Specify   Demolition   Demolition   Description of   Asbestos Containing Material (ACM)   (Specify   Demolition   Demolition   Demolition   Description of   Asbestos Containing Material (ACM)   Amount   (Specify   Demolition	I That Apply)																	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Per No N/A  Basement  X pipewrap  Nume of Registered Waste Hauler Newark Carting  Name of Registered Waste Hauler Newark Carting  Title  Name of Registered Landfill  Name of Registered Landfill  Vaste Management Landfill  City, State East Orange, NJ  Completed by  Title  Signature  Abatement Type  Amount (Specify SF or LF)  Registered Cushor Systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Registered Landfill  Vaste Management Landfill  Vaste Management Landfill  Date	1		Service San		ion  Mini-Enclosure  Glovebag Procedure													
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Basement X pipewrap 110 LF X  Nomely Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  No N/A  No N/A  No N/A  No N/A  Dispersiption of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler  Newark Carting  No N/A  No N/A  No N/A  No N/A  Disposal Date  Disposal Date  City, State  East Orange, NJ  Completed by  Title  Signature (ACM)  Amount (Specify SF or LF)  Name of Registered Landfill  Waste Management Landfill  Date			le.	Locati	tion													
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Basement  X pipewrap  Number of Registered Waste Hauler Newark Carting  Name of Registered Waste Hauler Newark Carting  Name of Registered Waste Hauler Newark Carting  Disposal Date  Name of Registered Landfill Waste Management Landfill  Disposal Date  Disposal Date  Signature  Date	Location	of	N	lormal	ly		Des	scription	on of						Ту	ре		
Basement X pipewrap 110 LF X  Name of Registered Waste Hauler Newark Carting  NJDEP Waste Hauler ID No. O4509  Disposal Date  City, State East Orange, NJ  Completed by  Title  Signature  Date	TO BE ABA In Facili	TED	Mai Cust	ntenar odial S (12)	nce/ Staff?		os Cont thermal surfac	aining M systems cing, VA	lateria insul T, or	lation,	(S	pecify		Removal	Repair	Encapsulate	Enclosure	
Name of Registered Waste Hauler Newark Carting  City, State East Orange, NJ  Completed by  NJDEP Waste Hauler ID No. 04509  Name of Registered Landfill Waste Management Landfill  Disposal Date Penn Argyle, PA  Date	Rasama										- 44	0.1.5						
Newark Carting  Hauler ID No. 0f Waste  O4509  Disposal Date  City, State  Penn Argyle, PA  Completed by  Title  Signature  Date	Daseine	:nt		Χ			pı	pewrap	)		11	0 LF		X				
Newark Carting  Hauler ID No. 04509  Of Waste  Waste Management Landfill  Disposal Date  City, State Penn Argyle, PA  Completed by  Title  Signature  Date												FOREL						
Newark Carting  Hauler ID No. 04509  Of Waste  Waste Management Landfill  Disposal Date  City, State Penn Argyle, PA  Completed by  Title  Signature  Date	Name of Registered Waste Hauler					/aste I	Cubic	Yarde	Irde Namo of Posistered Leg Jell					$\Box$				
East Orange, NJ  Completed by  Title  Signature  Signature  Date	Newark Carting Hauler ID									9 0500				ndfill	I			
Nice and a second secon	City, State East Orange, NJ						Dispos	sal Date	, 4			PA						
	Completed by Alison Lamers		1000	Mar	nager		S	ignature	10	Me	Ø				018	18		