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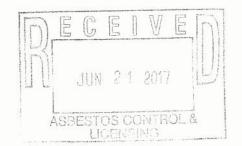
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STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 20 17 RUSSO DEVELOPMENT INC. Street Address Agencies Notified Type of Notification 570 COMMERCE BLVD **EPA** 1 1 Initial City, State, Zip Code .IIIN DEP Amended CARLSTADT, NJ 07072 DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification DOMINICK TUCCI Cancellation 30L & **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FORMER MERCK UNION School (K-12) Street Address Subchapter 8 (Other than K-12) 1011 MORRIS AVE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** UNION UNION 10,500 Current Use (Prior if being demolished) 40 + OFFICE / PRODUCTION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO EHI NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway SPARTA, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number WILLIAM KIERBIL 973-729-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 12 17 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway Other - Describe: \_\_\_7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure ≥160 sf or ≥260 If Glovebag Procedure 1 Non-Exempted (\*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Ε Normally Material (ACM) Amount E N TO BE ABATED Used (I.e., thermal systems C (Specify M E C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P Α L (13)by Mainor other miscellaneous) P 0 V A tenance/ Α S S 1 Custodial U L R U Staff (12) R YES NO N/A 1114 LAB TOPS 600 SF U14 VIII TRANSITE 65 SF U14 SILL CAULK 200 LF GLAZING 90 WINDOWS V Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste City, State Disposal City. State NEWARK, NJ Date BETHLEHEM, PA 18105 Completed by (Print or Type) Title Signature Date Steve Stiles Project Manager 06/20/17

ASB-41

Location of	Is	Description of		Abatama	nt Type		
Aspestos Containing  TO BE ABATED in Facility (13)	Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
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STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification ( 06 / 20	(1) / 17				Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.						F P		
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SPARTA, NJ 07871							ns Parkway e, Zip Code						
Project Mngr. For Mo	nitoring F	irm		Telephone Nu	mber	City, State	e, zip code						
WILLIAM KIERBIL				973-729-5649		East Hand	over, NJ 079	36					
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Steve Stiles			Project Manage	1 1 /-			loon.	10	$\bigcirc$	ne	3/20/17	.	

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STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 06 17 RUSSO DEVELOPMENT INC. Street Address Agencies Notified Type of Notification 570 COMMERCE BLVD **EPA** Initial 1 City, State, Zip Code DEP П Amended CARLSTADT, NJ 07072 DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification DOMINICK TUCCI INTROL & Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FORMER MERCK UNION School (K-12) Street Address Subchapter 8 (Other than K-12) 1011 MORRIS AVE Other (I.e., private & cmmercial bldgs., homes, etc.) County (6) City (5) County Code (7) Square Feet # Of Floors **Building Age** UNION UNION 12,500 Current Use (Prior if being demolished) 40 + OFFICE / PRODUCTION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO EHI NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway SPARTA, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number WILLIAM KIERBIL 973-729-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number \_\_13 17 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: \_ 32 Williams Parkway 1 Other - Describe: 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure ≥160 sf or >260 If Glovebag Procedure 1 Non-Exempted (\*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing Normally Material (ACM) Amount Е R N TO BE ABATED Used (I.e., thermal systems (Specify M C C E in Facility Solely insulation, surfacing, VAT, SF or LF) 0 L (13)by Mainor other miscellaneous) 0 ٧ tenance/ s A S 1 Custodial L R U Staff (12) R YES NO N/A U6 ☐ VAT MASTIC 370 SF U6 VAT 2.100 SF 1 U6 CAULK 415 LF 1 U6 LAB TOP Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill **NEWARK CARTING** Hauler ID No. Yards I.E.S.I. 4509 of Waste City, State City. State Disposal NEWARK, NJ Date BETHLEHEM, PA 18105

Signature

Date

06/20/17

Steve Stiles

Completed by (Print or Type)

Title

Project Manager

Location of Aspestos Containing	ls			Description of		Abateme	ant Tuna		
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Steve Stiles	Steve Stiles					Project Manager			Steven Nes 06/20/17							

ASB-41

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) 06 17 RUSSO DEVELOPMENT INC. Street Address Agencies Notified Type of Notification 570 COMMERCE BLVD **EPA** 1 Initial 1 City, State, Zip Code DEP Amended CARLSTADT, NJ 07072 DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification DOMINICK TUCCI Cancellation NTROL & **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FORMER MERCK UNION School (K-12) Street Address Subchapter 8 (Other than K-12) 1011 MORRIS AVE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) County (6) City (5) County Code (7) Square Feet # Of Floors **Building Age** UNION UNION 20,000 Current Use (Prior if being demolished) 40 + OFFICE / PRODUCTION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO EHI NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway SPARTA, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number WILLIAM KIERBIL 973-729-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 12 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: \_\_ 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure ≥3sf or ≥3lf Mini - Enclosure >160 sf or >260 If Glovebag Procedure 1 Non-Exempted (\*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R E Normally Material (ACM) Amount E R N N TO BE ABATED Used (I.e., thermal systems C (Specify M E C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P L (13)by Mainor other miscellaneous) V A 0 tenance/ S Α S Custodial U R U Staff (12) R YES NO N/A U4 ☐ ☑ VAT & MASTIC 480 SF U4 DUCT INSULATION 175 SF U4 VIBRATION CLOTHE 16 LF U4 RADIATOR MASTIC 4 SF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING I.E.S.I. Hauler ID No. Yards 4509 of Waste City, State Disposal City. State NEWARK, NJ Date BETHLEHEM, PA 18105

Signature

Date

06/20/17

Steve Stiles

Completed by (Print or Type)

Title

Project Manager

Location of	ls Description of		Abateme	ent Type		
Asbestos Containing  TO BE ABATED in Facility (13)	Location Normally Used Solely by Maintenance/ Custodial Staff (12)  Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U	E N C L O S U R
	YES NO N/A			1	-	1:-
J4	GLUE DABBS	200 EA	7			
J4	CAULK	60 FL	V			
J4	ROOF FLASHING	3,500 SF	V			



STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

#2881 (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification	(1)					Building Owner / Ope DEVELOPMENT INC.	erator (2)	10	EG	ß I	1 17/7	E	1
/	/				Street Ac			+HU/r	15 (0)		\\\f	F	11
Agencies Notified	Type of N	otifica	ation		570 COM	IMERCE BLVD							Ш
☑ EPA		Initia				te, Zip Code		111 111	11161	2 1	2017		
DEP DOH			nded	.,	-	ADT, NJ 07072		hel hall			2017		1
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Name of Facility Wh	ere Abaten	nent is	s Taking	Place (3)		Type of Facility (4)							-
FORMER MERCK UN			3										
Street Address						School (I		V 50 FC					
1011 MORRIS AVE							ter 8 (Other t						
							e., private & o omes, etc.)	Jiiiiieiciai	ît.				
City (5)	County (6	)		County Code	(7)	Square Feet	# Of Floors	3	Buildin	ig Age			
UNION	UNION					14,000	2	2					
				<u> </u>		Current Use (Prior i		olished)	I	40	0 +		
Name of Monitoring	Eirm Hirod	hy Di	Ida Own	05 (0)	ASCM NO	OFFICE / PRODUCT	ION						_
Name of Monitoring	riiii niieu	г Бу Бі	iag. Own	er (o)	ASCIVI NO	1'							
EHI						NORTHSTAR CONT	RACTING GE	ROUP, INC	÷.				
Street Address			1072-0			Street Address							
655 WEST SHORE T													
City, State, Zip Code SPARTA, NJ 07871	<b>)</b>					32 Williams Parkway							
Project Mngr. For M	onitoring F	irm		Telephone Nu	mher	City, State, Zip Code	9						
WILLIAM KIERBIL	ornitorning i			973-729-5649	iiibei	East Hanover, NJ 07	936						
Sheduled Start Date	(10)	Sche	d. Comp	letetion Date (1	11)	Telephone Number		License	Number				_
07_//13	/17		12 /	30_/									
Occupancy Status D	/		/	/		973-884-8682				00860			
Occupancy Status D	losed/Vaca	ted Di	t (Check uring Ent	ire Period of		Name of OSHA Mon NORTHSTAR CONT		OUD INC	6				
Abatemen		tou D	uring Lin	are r eriod or		Street Address	IVACTING GI	COF, INC	*				_
Abatemer	nt Performe	d Out	side of N	lormal Facility									
Hours - De						32 Williams Parkway							
Other - De	escribe:	7:00	AM-3:30	<u>PM</u>		City, State, Zip Code							
Scope of Work (Che	ck All That	Apply	()			East Hanover, NJ 07	336			-		CHONESSON IN	-
	on run rinac	,,,,,,	,										
Demolitio			✓	Renovation	~	Full Containment w	th Negative	Pressure					
≥3sf or≥3 ≥160 sf or						Mini - Enclosure	200						
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						non Exempted ( ) a	ia itoiri nab	no 1 100cu	uic				
Location o			Is		Descript			Abateme	nt Type				
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TO BE ABAT	ED		Jsed	1 0	e., therma		(Specify	E M	R	N C	N		
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(13)		by	Main-			ellaneous)		V	Α	P	0		
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			stodial aff (12)					L	R	U	U		
		100000	NO N/A				-			+-	R		
U3				LINOLEUM AN	ID MASTIC		600 SF			+-	1	П	
U3			V I	CAULK			1,060 LF	V		1			
U3				WATERPROO			3,200 SF	7					
U3	Mant 11			ROOF FLASHI		III. 75	3,120 SF	V					
Name of Registered NEWARK CARTING	vvaste Hau	ier		NJDEP Waste Hauler ID No.	Cubic Yards	Name of Registered I.E.S.I.	Landfill			THE RESERVE OF THE PARTY OF			
					of Waste	1.2.5.1.							
City, State					Disposal	City. State							
NEWARK, NJ					Date	BETHLEHEM, PA 18	105						
Completed by (D-1)	or Tues!			Tial-	L	L (	?			Te.			
Completed by (Print	or Type)			Title		Signature	1	XI		Date			-
Steve Stiles				Project Manage	er	Xe	enn	Sel	LCE	1	06/20/	17	
ASB-41						7	WASHINGTON CONTRACTOR	/		AND DESCRIPTION OF THE PERSON NAMED IN	Marin Control		-

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator (2) Date of Notification (1) 06 20 17 RUSSO DEVELOPMENT INC. Street Address 4 Agencies Notified Type of Notification 570 COMMERCE BLVD EPA Initial City, State, Zip Code DEP Amended CARLSTADT, NJ 07072 DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification DOMINICK TUCCI Cancellation FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FORMER MERCK UNION School (K-12) Street Address Subchapter 8 (Other than K-12) 1011 MORRIS AVE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** UNION UNION 54,000 Current Use (Prior if being demolished) 40 + OFFICE / PRODUCTION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway SPARTA, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number WILLIAM KIERBIL 973-729-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number \_\_13 12 17 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility П Hours - Describe: 32 Williams Parkway Other - Describe: \_\_ 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure 1 >3sf or >3lf Mini - Enclosure >160 sf or >260 If Glovebag Procedure J Non-Exempted (\*) and Non-Friable Procedure Location of Description of Abatement Type Asbestos Containing Location Asbestos - Containing R lΕ Normally Material (ACM) Amount Ε N N TO BE ABATED Used (I.e., thermal systems M C C (Specify E in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P Α (13)by Mainor other miscellaneous) ٧ P 0 Α tenance/ S A 1 s Custodial R U U L Staff (12) R YES NO N/A 112 VAPOR BARRIER PAPER 3,000 SF U2 CEILING PLASTER 1,080 SF U2 ROOFING FLASHING 14,000 SF 7 U2 CAULK 60 LF Name of Registered Waste Hauler NJDEP WastelCubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste City, State City. State Disposal NEWARK, NJ Date BETHLEHEM, PA 18105 Completed by (Print or Type) Title Signature Date Steve Stiles Project Manager 06/20/17

ASB-41

				TION OF A	NEW JERSEY ASBESTOS ABATE		#	<u>'</u>	7.4	19
D-4f N-65- 6	(4)		(PURSUA		AC 8:60-7 AND 12	The state of the s		0	101	
Date of Notification	(1) / <u>17</u>			RUSSO (	Building Owner / DEVELOPMENT IN		In	EC	FI	WEL
Agencies Notified	Type of N	lotification		Street Ac			HEVE	-		
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DEP		Amended			te, Zip Code ADT, NJ 07072			JUN	212	2017 11
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☑ DOL			v/ justification		K TUCCI		relepho	ne Num	ber	Ī
	Ιō	Cancellation		Bomming	10001		1		CON	ITROL &
		CONTRACTOR OF THE PARTY OF THE	THE POLICE OF STREET	FACILITY I	NFORMATION		-	LIC	ENSIN	G
Name of Facility Who	oro Aboton	nont in Taking	Dlass (2)		T= 75	(4)			3	
FORMER MERCK UN		nent is raking	Place (3)		Type of Facility	(4)				11.3
I OTHER WEIGHT OF	11011				☐ Scho	ol (K-12)				
Street Address						hapter 8 (Other	than K 12	١		
1011 MORRIS AVE						r (I.e., private &				
					bldgs	s., homes, etc.)	GiiiiieiGia	i i		
City (5)	County (6	5)	County Code	(7)	Square Feet	# Of Floor:	2	Ruildia	ng Age	
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PER A MACIONA					Current Use (Pri	and the second s	The second secon	+	40	+
					OFFICE / PRODI		ononea		40	
Name of Monitoring	Firm Hired	by Bldg. Own	er (8)	ASCM NO		0011011				
		,	(-)		1					
EHI					NORTHSTAR CO	ONTRACTING G	ROUP INC	2		
Street Address					Street Address					
655 WEST SHORE TI	RAIL									
City, State, Zip Code					32 Williams Park	wav				
SPARTA, NJ 07871					City, State, Zip C					
Project Mngr. For Mo	nitoring F	irm	Telephone Nu	ımber	1					
WILLIAM KIERBIL			973-729-5649		East Hanover, NJ	J 07936				
Sheduled Start Date	(10)	Sched. Comp	letetion Date (	11)	Telephone Numi		License	Number		
07 / 13	17	_12	/30 /	17						
// /		/	/		973-884-8682	2		9	00860	
Occupancy Status Di					Name of OSHA	Monitor				
The second secon		ted During Ent	tire Period of		NORTHSTAR CO	NTRACTING GI	ROUP, INC	).		
Abatemen	T.				Street Address					
Abatemen	t Performe	ed Outside of N	lormal Facility							
Hours - De					32 Williams Parky					
Other - De	scribe:	7:00 AM-3:30	<u>PM</u>		City, State, Zip C					
					East Hanover, NJ	07936				
Scope of Work (Chec	k All That	Apply)								
Demolition			D				<u></u>			
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≥351 01 ≥31 ≥160 sf or					Mini - Enclosure Glovebag Proced					
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				·	Non-Exempled (	) and Non-Filat	ne Proced	ure		
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Asbestos Conta		Location	l As	sbestos - C		1	R	I	ĮΕ	E
		Normally		Material		Amount	E	R	N	N
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theoretis		tenance/	52.08				A	l i	s	s
		Custodial	1			1	L	R	U	U
		Staff (12)							L	R
		YES NO N/A								
U1			WATER PROC	FING		10,750 SF	V		1 1	
U1			MASTIC			17,175 SF	7			
U1			CAULK			810 LF				
Name of Registered V	Vaste Hau	ler	NJDEP Waste	0.00	Name of Registe	red Landfill				
NEWARK CARTING				Yards	I.E.S.I.					
			4509	of Waste						
City, State				Disposal	City. State	20000000000000				
NEWARK, NJ				Date	BETHLEHEM, PA	18105				
Complete III (5)	-						1			
Completed by (Print of	or Type)		Title		Signat	ture	11/2		Date	

Project Manager

06/20/17

CR # 2878

Date of Notification	(1)			Name of	Building Owner / 0	Operator (2)				NAME OF TAXABLE PARTY.	
06 / 20	/17			RUSSO	DEVELOPMENT IN	C.	-			COLUMN TO A A SECURITY COLUMN	-
/	/			Street A	ddress		11011	= (D	IS II	\\//	CI
Agencies Notified	Type of N	Notification		570 COM	MERCE BLVD			3 6		M	517
☑ EPA	~	Initial		City, Sta	te, Zip Code		1 200			-	111
DEP		Amended		_	ADT, NJ 07072						
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				FACILITY	NFORMATION		H ASI	01635	S CON		_ &
Name of Facility Wh	ere Abater	nent is Taking	Place (3)		Type of Facility (4	4)	The second second	and the second s		Separate Sep	-
FORMER MERCK UN	NOIN				_						
Ctroot Address					man and a second	I (K-12)					
Street Address 1011 MORRIS AVE						apter 8 (Other					
TOTT MOTORIS AVE						(I.e., private &	cmmercial				
City (5)	County (6	3)	County Code	(7)	Square Feet	, homes, etc.)		In the			
UNION	UNION	,,	County Code	(1)	200	# Of Floor	5	Buildin	g Age		
					Current Use (Price	r if heing dem	olichod	+	40	ž	
	-				OFFICE / PRODU		olistieu)		40	T)	
Name of Monitoring	Firm Hired	by Bldg. Own	er (8)	ASCM NO		011011					
		, 5	(-)	1.00	T						
EHI					NORTHSTAR CO	NTRACTING GI	ROUP. INC				
Street Address		The second secon		-	Street Address		,				
655 WEST SHORE T											
City, State, Zip Code					32 Williams Parkw	ay					
SPARTA, NJ 07871					City, State, Zip Co	ode					
Project Mngr. For Mo	onitoring F	irm	Telephone Nu	ımber	1						
WILLIAM KIERBIL			973-729-5649		East Hanover, NJ	07936					
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	11)	Telephone Numb	er	License I	Number			
07 // 13	/17		/	17							
// /		/	/		973-884-8682			0	0860		
Occupancy Status D	uring Abat	ement (Check	Only 1)		Name of OSHA M						
		ited During Ent	tire Period of		NORTHSTAR COM	NTRACTING GE	ROUP, INC				
Abatemen	370	d 0			Street Address						
Abatemen Hours - De	n Periorine	ed Outside of N	iormal Facility		22 Milliansa Darluu						
		7:00 AM-3:30	DM		32 Williams Parkw City, State, Zip Co	ay					
Other - De	Scribe	7.00 AIVI-3.30	FIVI		East Hanover, NJ	ode 07036					
Scope of Work (Che	ck All That	Apply)			Last Hallovel, No	77 930					
			225400000000000000000000000000000000000	0.00							
Demolition		~	Renovation		Full Containment	with Negative	Pressure				
≥3sf or ≥3 ≥160 sf or					Mini - Enclosure						
2100 51 01	2200 11				Glovebag Proced		I - D 1				
					Non-Exempted (*)	and Non-Frian	le Procedi	ıre			
Location of	f	l Is		Descript	ion of		Abatama	of Tuno		_	
Asbestos Conta		Location	Δο	bestos - C			Abatemei R	it Type	ΙE	ĮΕ	
	3	Normally		Material		Amount	E	R	N	N	
TO BE ABAT	ED	Used	().	e., therma		(Specify	М	E	C	C	
in Facility		Solely		Carry Million or consumer provide	facing, VAT,	SF or LF)	0	P	A	L	
(13)		by Main-			ellaneous)		v	A	P	o	
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		Custodial					L	R	U	U	
		<u>Staff (12)</u>			is				L	R	
70 744// 0117		YES NO N/A									
76 TANK SHED			ROOFING			200 SF	V				
Name of Deer's	M		TIBES III								
Name of Registered \	Waste Hau	ler	NJDEP Waste		Name of Registere	ed Landfill					
NEWARK CARTING			Hauler ID No.	Yards	I.E.S.I.						
City, State			4509	of Waste	City Chat						
NEWARK, NJ				Disposal Date	City. State	19105					
· · · · · · · · · · · · · · · · · · ·				Date	BETHLEHEM, PA 1	10105	20				
Completed by (Print	or Tyne\		Title		Signatu	re	11		Date		
J \/	. , , , , ,				V.A.		11		Date		
Steve Stiles			Project Manage	er	1 1/20	eur A	UD		OF	5/20/1	17
ASB-41					7/10		The state of the s	and the last of th	1 00	,, 201	

3977-6 C	U			KI IO		BE	Jersey STOS ABA <sup>1</sup> 3:60 and 5:1		DEC			7 [5	
Date of Notification (1) 6 /19 //	17	_				-	wner/Operator (			2 1	201	7	-
Agencies Notified Type Notific	ation			Stree	t Address								
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☑ DOLWD ☑ Amende ☑ DOH   Amendm	- A			City,	State, Zip C	Code	)			<u>GENS</u>	ING		
□ DCA □ Emerger		udina		PE	NNSVILL	ΕN	J 08070						
(NJAC 5:23-8) justificat	ion)			Name	e of Contac	t			Telephone Nu	mber			
				FA	CILITY IN	IFO	RMATION	Mark and a second					
Name of Facility Where Abatement is	Taking P	lace	(3)					Type of Facility	(4)				
PENNSVILLE CENTRAL PARK	SCHO	OL						School (K-12					
Street Address									8 (Other than K-1		. سالدال.	225	
43 OLIVER AVENUE								homes, etc.	rivate and comm	erciai b	ullaing	gs,	
City (5)				- 7A		-		Square Feet	# of Floors	В	ldg. A	ae	
PENNSVILLE								>50,000	1		50+		
County (6)				Cour	nty Code (7	)(ST/	ATE USE ONLY)		ior if being demo	lished)	-		_
SALEM					,		· ·	SCHOOL		,			
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8	3)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	1			47.53	
HEALTH AND SAFETY SERVICE			1	102	30.00 E.SE-		DELTA/BJDS						
Street Address					******		reet Address	,				_	
318 12 <sup>TH</sup> STREET						- 200	1345 INDUST	RIAL BLVD					
City, State, Zip Code							y, State, Zip Co						
HAMMONTON, NJ 08037								ON, PA 18966					
Project Manager for Monitoring Firm			Tele	phone	No.		lephone No.	011,171 10000	License No.				
AL OSWALD				9 704			215 322-2900	ñ	00783				
Start Date (10)	Schedule	ed Co					me of OSHA M		00700			LISTLE .	
6 / 13 / 17				1		1000000	CRITERION L	170.11770					
Occupancy Status During Abatement (						2	eet Address						
☐ Facility Closed/Vacated During Enti				ment			100 STREET	BOAD					
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	м/ <u>4:30</u> Р			AΜ			SENSALEM F						
Scope of Work (Check all that apply)				20/1100			PLINOALLINI	A 19020					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		Ren Den					☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and No		ure			
			ocat							A	atem	ent T	уре
Location of			orma	lly ely by			Description o			Z	Z	Ш	ш
Asbestos-Containing Material (ACN TO BE ABATED	<sup>(1)</sup>		ntena				Containing Ma ermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	- 1	Custo		Staff?	(	\$	surfacing, VAT,	or	SF or LF)	val	¬	lusc	sure
(13)	-		(12)	1	1	ot	her miscellane	ous)				ate	(U
		es	No	N/A						$\vdash_{\Box}$			
TOILET ROOMS		-			ACM EI	TTIN	NGS (ASSUM	(ED)	12SF				
						Contractor.	to a second	ieu)			닏		닏
NURSES OFFICE					FLOOR	TIL	E		45 SF	$\boxtimes$			
													$\boxtimes$
Name of Registered Waste Hauler SERVICE TRANSPORT GRP			1000	JDEP V	No.	Cub	oic Yards of ste	Name of Regis			1		
City, State				20990		Die	posal Date	ananane and and and and					
58 PYLES LANE NEW CASTLE	DF 107	720				DIS	posai Dale	City, State	URG, OH 4468	28			
Completed By (Print or Type)	Title						Cianatura	MAINLOD					
MICHAEL PARSON	0.0000000	JEC	тм	ANAG	ER		Signature	rel for	diament l	ate	9/	207	- 1

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) 5 31 17 PENNSVILLE SCHOOL DISTRICT JUN 21 2017 Agencies Notified Type Notification Street Address **⊠** EPA 30 CHURCH STREET ASBESTOS CONTROL **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # PENNSVILLE NJ 08070 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENNSVILLE CENTRAL PARK SCHOOL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 43 OLIVER AVENUE homes, etc.) City (5) Square Feet # of Floors Bldg. Age PENNSVILLE >50,000 1 50± County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) SALEM SCHOOL Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. PENNONI ASSOCIATES, INC. 102 DELTA/BJDS, INC Street Address Street Address 515 GROVE STREET SUITE B 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HADDON HEIGHTS, NJ 08035 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alan 956-656-2875 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 13 / 17 8 / 31 / 17 **CRITERION LABS** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-PM/4:30PM-BENSALEM PA 19020 Scope of Work (Check all that apply)  $\square \ge 3$  sf or  $\ge 3$  If □ Renovation ☐ Mini-Enclosure ≥160 sf or >260 lf Demolition ☐ Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A M TOILET ROOMS X ACM FITTINGS (ASSUMED) 12SF  $\boxtimes$ X X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GRP Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OH 44688

Completed By (Print or Type)

MICHAEL PARSON

Title

PROJECT MANAGER

Signature

Date

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

Date of Notification (1)					Non	f Duildie	0/0		1-4					
6/19			3				ng Owner/Operator LE SCHOOL DIS			JN 2	2	017	1	
⊠ EPA □ ⊠ DOLWD ⊠ DOH	/pe Notific Initial Amende Amendm	ed nent # <u>1</u>			30 City,	State, Zip	H STREET Code LE NJ 08070		AGRES	TOS C LICEN			)L. &	
(NJAC 5:23-8)	justificati Cancella		ing	Ì		e of Contac			Telephone	Nimbor				_
					F.A	ACILITY IN	NFORMATION					-		-
Name of Facility Where Abate PENNSVILLE VALLEY				3)				Type of Facility ( School (K-12)	)					-
Street Address 63 MAHONEY ROAD								Subchapter 8 Other (i.e., pr homes, etc.)	(Other than ivate and con	K-12) nmercial	build	lings		
City (5) PENNSVILLE								Square Feet >50,000	# of Floors	3	Bldg 50	. Age	Э	_
County (6) SALEM					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Prio	or if being der	molished	)			
Name of Monitoring Firm Hired HEALTH AND SAFETY			r (8)	P	ASCM	No.	Name of Abatem DELTA/BJD5	ent Contractor (9) S, INC						
Street Address 318 12 <sup>TH</sup> STREET							Street Address 1345 INDUST							_
City, State, Zip Code HAMMONTON NJ 08037								ode ΓΟΝ, PA 18966						
Project Manager for Monitoring AL OSWALD				609		-8850	Telephone No. 215 322-2900		License No 00783	).				
Start Date (10)6 /13 /17	7_		/ _	31		ate (11) 17	Name of OSHA N							
Occupancy Status During Aba  Facility Closed/Vacated Du	uring Entir	re Period o	of Aba	atem	ent	2002	Street Address 400 STREET	ROAD						
Abatement Performed Outs Time of Abatement: 7AM-	PM	ormal Facil 1/ <u>4:30</u> PM-	ity Ho	ours Af	- Des M	scribe	City, State, Zip Co BENSALEM F							
Scope of Work (Check all that	apply)					1					-			_
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	s		Renov Demol				☐ Mini-Enc ☐ Glovebag	ainment with Nega losure g Procedure mpted (*) and Non-						
			ls Loc								bate	men	t Type	
Location of Asbestos-Containing Mater <u>TO BE ABATED</u> IN Facility (13)		) Us M Cu:	Norm sed Sed Selainte stodia (1:	enance al St 2)	/ by ce/ aff?	Asbes (i.e.,	Description o tos Containing Mar , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Kemo	1	1	Enclosure	_
		Yes	N	-	N/A			-	-ilo-			7		
TOILET ROOMS						ACM FIT	TINGS (ASSUM	ED)	12SF		-	] [		-
ADMINISTRATION AREA						EXTERIO	OR UNIT VENTIL	ATORS	8LF		-			
										×	IF	1/	TIT	
Name of Registered Waste Hau SERVICE TRANSPORT (				Hau	DEP V	No.	Cubic Yards of Waste	Name of Registe				.   -		STATE SECTION
City, State 58 PYLES LANE NEW CA	ASTLEI	DE 19720			0990		Disposal Date	City, State WAYNESBU	RG. OH 446	688				-
Completed By (Print or Type)		Title		111250			Signature		10,011-1-1					-
MICHAEL PARSON		PROJE	CT	MAI	NAGI	ER	Jana de	KastKa.		Date	1 - 2	111		

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

Date of Notification (1)  5 /	31 /	17				ding Owner/Operato		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	147		
Agencies Notified  ☑ EPA ☑ DOLWD ☑ DOH	EPA				eet Addres 0 CHURO , State, Zi	SS CH STREET p Code	2 L	i din d				
□ DCA	☐ Emergency	(includ	ling			LLE NJ 08070		ASPESTOS	CON		1 1	
(NJAC 5:23-8)	justification  Cancellatio	1)		Nan	ne of Cont	act		Telephone No	mher 1	į		
				F	ACILITY	INFORMATION						_
Name of Facility Where A	patement is Tal	king Pla	ice (3)				Type of Facility	(4)		-	-	-
PENNSVILLE VALLE	EY PARK SC	HOOL					School (K-1	2)				
Street Address							Subchapter	8 (Other than K-	12)	9.0		
63 MAHONEY ROAD	f						homes, etc.	private and comm	ierciai i	oullai	ngs,	
City (5)							Square Feet	# of Floors	TE	Bldg.	Age	
PENNSVILLE							>50,000	1		50÷	0.02000	
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
SALEM							SCHOOL	5				
Name of Monitoring Firm F		g Owne	r (8)	ASCN		Name of Abatem	ent Contractor (9)	)				-
PENNONI ASSOCIAT	ES, INC			102	!	DELTA/BJDS						
Street Address						Street Address						
515 GROVE STREET	SUITE B					1345 INDUST	RIAL BLVD					
ity, State, Zip Code						City, State, Zip C	ode					
HADDON HEIGHTS,						SOUTHAMPT	ON, PA 18966					
roject Manager for Monito	ring Firm			ephone		Telephone No.		License No.			-	
Han Lloyd					5-2875	215 322-2900		00783				
tart Date (10)	Sche			etion Da		Name of OSHA N	lonitor					-
6/13/				1_/	17	CRITERION L	ABS					
ccupancy Status During A	batement (Che	ck only	one)			Street Address				315-20		_
Facility Closed/Vacated	During Entire P	eriod of	f Abate	ement		400 STREET	ROAD					
Abatement Performed O Time of Abatement: 7AM	Utside of Norma	al Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	de					-
		001 101-		. Aivi		BENSALEM F	A 19020					
cope of Work (Check all th	at apply)					- 12000000000000000000000000000000000000	20 200					-
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf		⊠ Re	enovat emoliti	ion on		☐ Mini-Encl	Procedure	ative Pressure	ıre			
			s Loca							atem	ent 7	-
Location of Asbestos-Containing Ma	terial (ACM)		Norma		A = 1.	Description of				_	T	
TO BE ABATE	<u>D</u>	Ma	aintena	ince/	(i.e	estos Containing Mat e., thermal systems in	enal (ACM)	Amount (Specify	Removal	Repair	nca	
IN Facility (13)		Cus	todial (12)	otait?		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	
		Yes	No	N/A		other miscellaned	us)				ate	
				$\vdash$					-	-	-	
DILET ROOMS	ET DOOLLO		-	12					$\boxtimes$	Ш	Ш	1
		□ ⊠ □ ACM FITTINGS (ASSUMED)					12SF					
MINISTRATION AREA	7				EXTERI	OR UNIT VENTIL	ATORS	8LF				
me of Registered Waste H	laulau					T. Commence						1
			Н	JDEP V auler ID		Cubic Yards of Waste	Name of Registe MINERVA L					1
SERVICE TRANSPORT				20990		Disposal Date	City, State					_
y, State	240			2.5								
y, State 58 PYLES LANE NEW		19720		33			WAYNESBU	JRG, OH 44688	3			
SERVICE TRANSPORT  y, State  58 PYLES LANE NEW  mpleted By (Print or Type)  MICHAEL PARSON	Title	9		ANAGE	ER.	Signature	WAYNESBU L Parso	j. Da	te 5-3	[ ~		1 1

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Date of Notification (1)  6 /	19 /	17				ng Owner/Operator			JN 21	วก	17	
□ EPA     □ DOLWD     □ DOH	Type Notifica Initial Amended Amendme Emergence justification	d ent # <u>1</u> cy (includi	ng	City,	State, Zip	E NJ 08070		ASBES	TOS CO	ONT		8
	Cancellat	ion						: :				
Name of Facility Where Ab	atoment is T	akina Dla	20 (2)		CILITY	NFORMATION	T(F20)	///				
PENNSVILLE MIDDL Street Address 4 WILLIAM PENN AV	E SCHOOL		Ce (3)					2) 8 (Other than K- rivate and comn		uilding	js,	
City (5) PENNSVILLE		-					Square Feet	# of Floors		dg. A	ge	
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Street Address 318 12 <sup>TH</sup> STREET						Street Address 1345 INDUST	RIAL BLVD					
City, State, Zip Code  HAMMONTON, NJ 08	037			-		City, State, Zip Co						
Project Manager for Monito AL OSWALD	35: 			elephone 609 704	-8850	Telephone No. 215 322-2900		License No. 00783	ă			
Start Date (10)6 /13 /		cheduled 8		oletion Da	81 51	Name of OSHA M	100-14 (4000)					
Occupancy Status During A  Facility Closed/Vacated  Abatement Performed C  Time of Abatement: 7A	During Entire Outside of No MPM	e Period o	of Abai	tement urs - Des	scribe	Street Address 400 STREET City, State, Zip Co BENSALEM F	ode					
Scope of Work (Check all the state of the s	nat apply)		Renova Demoli			☐ Mini-Enc ☐ Glovebag			dure			
V. 3925 10	1 /2 /2		Is Loc			<del>-</del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ateme	ent T	уре
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	aterial (ACM)	Cu	lainter stodia (12	olely by nance/ al Staff?	Asbe (i.e	Description o stos Containing Ma s., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
ADMINISTRATION ARE	A	Yes	No No	50 000000	FLOOR	TILE		35 SF			П	
TOILET ROOMS						TTINGS (ASSUM	IED)	12SF				
ADMINISTRATION ARE	A					IOR UNIT VENTII		28LF				
Name of Registered Waste SERVICE TRANSPOR				NJDEP \ Hauler II  20990	D No.	Cubic Yards of Waste	Name of Regis					
City, State 58 PYLES LANE NEW	CASTLE	DE 1972	0			Disposal Date	City, State WAYNESB	URG, OH 446	88			
Completed By (Print or Type MICHAEL PARSON	∍)	Title PROJ	ECT	MANAG	ER	Signature	n. 11 K	1	Date	a -		1

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification Name of Building Owner/Operator (2) 2 1 2017 5 PENNSVILLE SCHOOL DISTRICT Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL 30 CHURCH STREET ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # PENNSVILLE NJ 08070 □ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENNSVILLE MIDDLE SCHOOL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings. 4 WILLIAM PENN AVE. homes, etc.) City (5) Square Feet # of Floors Bldg. Age PENNSVILLE >50,000 1 50+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) SALEM SCHOOL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PENNONI ASSOCIATES, INC 102 DELTA/BJDS, INC Street Address Street Address 515 GROVE STREET SUITE B 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HADDON HEIGHTS, NJ 08035 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215 322-2900 1556 656-2575 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 13 / 17 8 / 31 / 17 CRITERION LABS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-PM/4:30PM-BENSALEM PA 19020 Scope of Work (Check all that apply)  $\square \ge 3$  sf or  $\ge 3$  lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure ☐ Demolition ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Repair Asbestos-Containing Material (ACM) Removal Enclosure 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 NIA ADMINISTRATION AREA X П FLOOR TILE 35 SF X TOILET ROOMS  $\boxtimes$ ACM FITTINGS (ASSUMED) 12SF ADMINISTRATION AREA M П EXTERIOR UNIT VENTILATORS 28LF X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GRP Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OH 44688

Completed By (Print or Type)

MICHAEL PARSON

Title

PROJECT MANAGER

Signature

5-31-201

ASB-41 JAN 13

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT TO B C F W E IN

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Date of Notification (1)				Name	e of Buildir	ng Owner/Operator (	(2)			- 1 - 4		1
6/	19 / 1	7		PE	NNSVILL	E SCHOOL DIST	TRICT	[] JUN 2	1 2	U1/		
Agencies Notified	Type Notification	1		Stree	t Address					9/4/2/		
☑ EPA ☑ DOLWD	☐ Initial			30	CHURCH	STREET	1	ASBESTOS	GON	TRO	)i_8	
☑ DOLWD	Amended Amendment	#1			State, Zip		(-	LIOE	12.71	CI.	- ) (	
DCA	☐ Emergency (		g		Carlo Manage Street	E NJ 08070						
(NJAC 5:23-8)	justification)  Cancellation			Name	e of Contac	ct		Telephone Numb	oer			
		2-4 H-3 -3-4 -3 -4		FA	CILITY IN	NFORMATION						
Name of Facility Where A		ng Plac	e (3)				Type of Facility	· (4)				
PENNSVILLE HIGH	SCHOOL						School (K-1					
Street Address								8 (Other than K-12) private and commercial		uildin	gs,	
110 S BROADWAY City (5)							homes, etc.	7				
PENNSVILLE							Square Feet >50,000	# of Floors	В	ldg. A	ge	
County (6)				Cou	nty Code (	TVSTATE LISE ONLY	The second secon	rior if being demolis	hod)	75		
SALEM				Cou	ity code (	MOTATE OUE ONE I)	SCHOOL	nor it being demons	neu)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme		))				
HEALTH AND SAFE	TY SERVICES					DELTA/BJDS	to a vice and a transfer of the state of the	<b>,</b>				
Street Address						Street Address						
318 12 <sup>TH</sup> STREET						1345 INDUST	RIAL BLVD					
City, State, Zip Code						City, State, Zip Co						
HAMMONTON, NJ (			17.0		N.I.		ON, PA 1896					
Project Manager for Moni AL OSWALD	toring Firm			phone 19 704		Telephone No. 215 322-2900		License No. 00783				
Start Date (10)		duled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor					
6 /13 /		8_ /		/	17	CRITERION L	.ABS					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate	d During Entire Po	eriod of	Abate	ment		400 STREET	ROAD					
Abatement Performed Time of Abatement: 7	AM- PM/4:	ıı Facılıt 8 <b>0</b> PM-	y Hour	s - Des AM	scribe	City, State, Zip Co						
Scope of Work (Check all						BENSALEM F	PA 19020					
	шасарріу)						ainment with Ne	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			enovati emolitic	T. (10%)		☐ Mini-Encl	losure	- Aller no Little Control Cont				
			anonac	4.1				on-Friable Procedure	Э			
		1000	Locat						Ab	atem	ent T	уре
Location ( Asbestos-Containing N	T. T.	Use	Norma ed Sole	ly by	Ashe	Description of stos Containing Mat		Amount	Re	Re	E	E
TO BE ABA	TED ` ´		intena todial s			., thermal systems i	nsulation,	(Specify	Removal	Repair	caps	Enclosure
IN Facility (13)	<i>y</i>	Cus	(12)	stair:		surfacing, VAT, other miscellaned		SF or LF)	al		Encapsulate	ure
		Yes	No	N/A							e	
ADMINISTRATION AR	EA				FLOOR	TILE (PLEASE S	SEE	12 SF				
ADMINISTRATION AR	EA		$\boxtimes$			ING CONVECTO	RS	12				
ADMINISTRATION AR	EA		$\boxtimes$		SELEC	TIVE FLOOR TIL	E BY UV'S	108 SF	$\boxtimes$			
ADMINISTRATION AR			$\boxtimes$		ACM FI	TTINGS (ASSUM	ED)	24 SF	$\boxtimes$			
Name of Registered Wast				JDEP V auler ID		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPO	K I GRP		17	20990			MINERVA	LANDFILL				
City, State	N CACT: = 5=	40705				Disposal Date	City, State					
58 PYLES LANE NE		570000					WAYNESE	BURG, OH 44688				
Completed By (Print or Ty	pe) Title	9				Signature	_ / /	Date	9			

MICHAEL PARSON

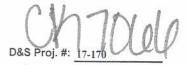
PROJECT MANAGER

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	Date of Notification (1)				1			ng Owner/Operator			JUN	218	017		4
		31 /	17	_		PENNSV	/ILI	LE SCHOOL DIS	TRICT	ipel leui	1			1	Canada
	Agencies Notified	Type Notific	ation		S	treet Addre	ess				L ASBESTOS	CON	TRO	1 8	
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	(NJAC 5:23-8)	justificati	ion)	3	N	ame of Cor	ntac	ot			Telephone N	umber			
		☐ Cancella	tion												
	No. of Edition 140				-5.54-54-511.	FACILITY	Y IN	NFORMATION							
	Name of Facility Where A PENNSVILLE HIGH		Taking F	lace (3	3)				Type of Fa		50 <b>5</b> 00				
	Street Address	SCHOOL							School	(K-12)					
	110 S BROADWAY								Other (i.	oter 8 e., pri	(Other than K- vate and comr	-12) nercial	buildi	nas	
	City (5)								homes,	etc.)	rate and com	riciolai	bullul	iys,	
	PENNSVILLE								Square Fee	et	# of Floors		Bldg.	Age	
	County (6)								>50,000		1		75		
	SALEM				10	County Cod	le (7	)(STATE USE ONLY)			or if being demo	olished	)		
	Name of Monitoring Firm I	Hirad by Build	ling Our	o= (0)	100	01111			SCHOO						
	PENNONI ASSOCIA		iirig Owi	ier (8)	555500	CM No.		Name of Abateme		r (9)					
1	Street Address	TEO, INC			1	02		DELTA/BJDS	, INC						
	515 GROVE STREET	SHITER					3	Street Address							
ŀ	City, State, Zip Code	CONLE						1345 INDUST		)					
	HADDON HEIGHTS,	NJ 08035						City, State, Zip Co							
t	Project Manager for Monito			T	elepho	ne No.		SOUTHAMPT Telephone No.	ON, PA 18	966	T				
	Alan Cloud	•				56-287	=	215 322-2900			License No.				
İ	Start Date (10)	S	chedule	d Com	oletion	Date (11)	3	Name of OSHA M	onitor		00783				
	6 /13 / _	17	8			/ 17		CRITERION L							
T	Occupancy Status During /	Abatement (C	heck on				-	Street Address							
	☐ Facility Closed/Vacated	During Entire	Period	of Aba	temen	t		400 STREET I	DOAD						
	☐ Abatement Performed C	Outside of Nor	mal Fac	ility Ho	ours - F	Describe	-	City, State, Zip Co							
	Time of Abatement: 7Al	MPM/	4:30PN	1	_AM			BENSALEM P							
	Scope of Work (Check all the	hat apply)						DENO/ LELIN I	A 13020						
1	☐ ≥3 sf or ≥3 lf			Donou	-ti			Full Conta	ainment with	Negat	tive Pressure				
li	≥160 sf or ≥260 lf			Renovi Demol				☐ Mini-Enclo	osure Procedure						
-								☐ Non-Exen	npted (*) and	Non-	Friable Proced	lure			
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	TO BE ABATE	ED ( 1011)			nance/ al Staff	/:	i.e.,	tos Containing Mate thermal systems in	erial (ACM) sulation.		Amount (Specify	Removal	Repair	nca	nclc
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-	ADMINISTRATION ARE		-					NG CONVECTOR		1	12				
-	DMINISTRATION ARE						_	VE FLOOR TILE			108 SF				
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-		I GKP			2099		V	Vaste	MINERV	A LA	NDFILL				
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	58 PYLES LANE NEW			U					WAYNES	BUF	RG, OH 4468	8			
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	MICHAEL PARSON B-41		PROJ	ECT	//ANA	GER		Micha	elfor	ión	ENIE	131	120	17	
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0964-02 0	NO		ATION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:1		D) EG	El	$\mathbb{V}$	G	
Date of Notification (1)	47				g Owner/Operator (	1.1	THE HIN	21	2017	7	U
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☐ DCA ☐ Emerge	ncy (includ	ing					TTILL				
(NJAC 5:23-8) justifica	C. S. C. C. C. C. C. C. C. C. C. C. C. C. C.		Name	of Contac	II.		Telephone Nu	umber			
			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking Pla	ice (3)				Type of Facility	(4)				
PENN BEACH ELEMENTARY	SCHOOL					School (K-12	2)				
Street Address						Subchapter (i.e., p			ildina	19	
96 KANSAS ROAD						homes, etc.)		noroidi be	manig	ΙΟ,	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
PENNSVILLE						>50,000	1		50+		
County (6)			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
SALEM						SCHOOL					
Name of Monitoring Firm Hired by Bu	Iding Owne	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
HEALTH AND SAFETY SERVI	CES				DELTA/BJDS	, INC					
Street Address					Street Address	•				-	
318 12 <sup>TH</sup> STREET					1345 INDUST	RIAL BLVD					
City, State, Zip Code					City, State, Zip Co	ode					
HAMMONTON NJ 08037						ON, PA 18966					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
AL OSWALD			09 704		215 322-2900		00783				
Start Date (10)	Scheduled				Name of OSHA M		1				
6 / 13 / 17			31 /		CRITERION L	_ABS					
Occupancy Status During Abatement	The state of the s				Street Address						
☐ Facility Closed/Vacated During En	S	7	ement		400 STREET	ROAD					
☐ Abatement Performed Outside of N				scribe	City, State, Zip Co						-
Time of Abatement: 7AMP	M/ <u>4:30</u> PM	1	_AM		BENSALEM I						
Scope of Work (Check all that apply)											
□ ≥3 sf or ≥3 lf		Renova	tion		□ Full Cont     □ Mini-Enc     inment with Neg	gative Pressure					
⊠ ≥160 sf or ≥260 lf		Demoli				g Procedure					
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TO BE ABATED	")   1	Mainter	ance/	(i.e	e., thermal systems	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	C	ustodia (12	Staff?		surfacing, VAT		SF or LF)	/al		sula	ure
(13)	Ye		·	1	other miscellane	ous)				te	
ROOM 123				PIPE IN	ISULATION		6LF				
ROOM 124			1=	PIPE IN	ISULATION		6LF				
ROOM 125					ISULATION		6LF				
										П	
Name of Registered Waste Hauler			NJDEP V	Masta	Cubic Yards of	Name of Regis	tered Landfill		ш		
SERVICE TRANSPORT GRP			Hauler II		Waste	MINERVA					
	- X		20990	)	DienessID						
City, State	DE 4074	20			Disposal Date	City, State	HIDO OH 44	200			
58 PYLES LANE NEW CASTLI		20		41-44-1-1-1		WATNESB	SURG, OH 446				
Completed By (Print or Type)  MICHAEL PARSON	Title PRO.	JECT I	MANAG	FR	Signature	04		Date	9 10		.a.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) PENNSVILLE SCHOOL DISTRICT 5-22-201 Street Address Agencies Notified Type Notification 30 CHURCH STREET Initial **EPA** ASBESTOS CONTROL City, State, Zip Code DEP Amended PENNSVILLE, NJ 08070 Amendment # × DOL Emergency (including Telenhone Mimbo × Name of Contact iustification) DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) PENN BEACH ELEMENTARY SCHOOL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 96 KANSAS ROAD etc.) Bldg. Age # of Floors Square Feet City (5) .50.000 PENNSVILLE Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) SALEM Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. DELTA/BJDS, INC PENNON ASSOCIATES 102 Street Address Street Address 1345 INDUSTRIAL BLVD 515 GROVE STREET SUITE 1B City, State, Zip Code City, State, Zip Code SOUTHAMPTON PA 18966 HADDON HEIGHTS, NJ 08035 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00783 215 322-2900 Alan Lloyd Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **CRITERION LABS** 6-3-201 9-1-2017 Street Address Occupancy Status During Abatement (Check Only One) 400 STREET ROAD Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Mon- Vi BENSALEM, PA 19020 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Removal Repair TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A No Yes X 6LF PIPE INSULATION X **ROOM 123** E3 6LF X PIPE INSULATION X **ROOM 124** 6LF X PIPE INSULATION X 13 **ROOM 125** Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. MINERVA LANDFILL SERVICE TRANSPORT 20990 Disposal Date City, State City, State WAYNESBURG, OH 44688 58 PYLES LANE, NEW CASTLE DE 19720 .Date Signature Completed by ASST. ADMIN CHRISTINE DEL VISCIO

State of New Jersey



#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)	11	lame of	Building Own	ner/Operator (2)	)								
10 6 / 1 4 / 1 7		barbara	christen					ASE	BESTOS	CO	NTR	01.8	2
Agencies Notified Type Notifica	tion S	treet Add	dress					The state of the s	LIGE			020	
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Amendment #	: 10	ity, State	e, Zip Code										
DOL Emergency		elmwo	od Park, N	1 07407									
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DCA justification		1 . 1						1					
Cancellatio	n	barbar	a christen							_			
			FAC	ILITY INFORM	ATIO	N							
Name of facility where abatement	is taking pla	ce (3)					Ту	pe of Facility (	4) I (K - 12)				1000
barbara christen								=			han k	(10)	
Street Address							-		apter 8 (0 Private/C			-12)	
								Bldgs./	Homes, e	etc.			
City (5)	Coun	tv (6)			_		- S	quare Feet	# of Floo	rs	В	dg. A	.ge
Oily (3)	Coun	ty (O)				unty Code (7) ate use only)	-						
elmwood Park	BEF	RGEN			(3)	ate use only)		urrent Use (Pr	rior if bein	ig den	nolish	ed)	
Name of Monitoring Firm Hired by				ASCM No.	_	Name of Abatem	ent Cont	ractor (9)					
						D & S RESTO							
Street Address					-	Street Address	JKATI	ON, INC.				-	
						20 California	Δve						
City, State, Zip Code					-	City, State, Zip Co	The state of the s			CHARL			No. of Concession,
						Paterson, NJ							
Project Manager for Monitoring Firm	1	TF	hone Numb	er	-	Telephone Number			License	Numh	er		
o 1982 - 1982						973-345-80				1169			
Start Date (10)	ISched	Comple	tion Date (11	1)	_	Name of OSHA M	onitor						
50 NEO		5000 10000	don bate (1	.,		D & S Restor	ration, I	nc.					
06/26/17	07/12		Kira Habita			Street Address							
Occupancy Status During Abatemer						20 California	Avenue	e					
Facility closed/vacated during Abatement performed outside	of normal fa	d of abat	tement.			City, State, Zip Co	de						
Describe:		acility 110	u15-		_								
Other-Describe: NORMAL H					-	Paterson, NJ	07503						
Scope of Work (check all that apply	853						Full C	Containment w	/negative	press	ure		
☐ > <u>3</u> sf or > <u>3</u> lf	Renovation	1				· [		enclosure					
\( \geq \geq 160 \text{ sf or } \geq 260 \text{ If } \(  \]	Demolition					İ		ebag procedure Exempted (*)		friable	proc	edure	
Location of			used solely							R	R	Е	
asbestos-containing material (acm) to be	by mainter staff(12)	nance/cu	stodial			sbestos-containing		Amount		e m	e	n	E n
abated in facility (13)	Yes	No	T	material (A	(CM)	10.7		(Specify SI LF)	For	0	a	c a	С
	165	No	N/A					,		v e	i	р	L
BASEMENT		X		PIPE INSUI	LAT	ION		135 1 ft		×			
										F	Ħ	Ħ	
Registered Waste Hauler		P Hauler		ubic Yards of W	aste	Name of Register	red Land	Ifill					
D & S RESTORATION, INC.	1350	)6		yds.		TULLYTOW	N, RES	OURCE RE	COVER	Y			
City, State PATERSON, NJ 07503			Disposal D			City, State			The latest to th				
Completed by (Print or Type)	Title		06/27/17			TULLYTOW	N, PA						
BOGDAN JOLDZIC	Title	NT		Signature					Date	0017			

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) 9 17 Mr. Roberto de O. Marques / Job #1706-2188 Chk. #NA Agencies Notified Type Notification Street Address ASBESTOS CONTROL 8 **⊠** EPA ☐ Initial LICENSING **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #1 ☐ DCA Newtown, PA 18940 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Troy FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Temple Emeth Shalom ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 8501 Ventnor Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Margate 10000 2 +- 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Atlantic Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Tiger Environmental Asbestos and Mold Services, Corp. Street Address Street Address 16 W Elizabeth Ave # 2 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Linden, NJ 07036 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kelly Walton (908) 862-4301 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 12 / 17 \_\_7\_\_/\_\_6\_\_/\_\_17 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) ≥3 sf or >3 lf ☐ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Removal Asbestos Containing Material (ACM) Encapsulate Enclosure Maintenance/ Amount 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 OF WORK  $\boxtimes$ ATTACHED ATTACHED  $\boxtimes$ X SCOPE REVISIONS ATTACHED X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Bloom Hauler ID No. ACS Waste Atlantic County / ACUA 27034/21086 8 City, State Disposal Date City, State Cherry Hill, NJ

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

7/7/17

Signature

Egg Harbor Township, NJ 08234

Date

Egg Harbor Twp, NJ

Office Coordinator

Title

Completed By (Print or Type)

Kimberly A. Trumbetti

ASR-41 MAY 11

1 1/1	<b>y</b> )			(Pt	ırsua	nt to NJA	AC 8:60 and 5:1	6)					
Date of Notification (1)	73 - 1				Name	e of Buildin	g Owner/Operator	(2)		. 0 1	0.0	4.50	111
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Agencies Notified	Type Notific	ation			Stree	t Address			İ				+
⊠ EPA	☐ Initial				356	Elkwoo	d Avenue	-	ASBEST			ROL	. &
⊠ DOLWD		55 H			City,	State, Zip (	Code		1	CENS	ING	William Charles of States	
☑ DHSS ☑ DCA	Amenda		at				ence, NJ 07974						
(NJAC 5:23-8)	☐ Emerger justificat	ion)	laing			of Contac			Telephone Nu	mher			
	☐ Cancella	900 mateur				ministrat			1 diophone iun				
					FA	CILITY IN	FORMATION						-
Name of Facility Where A			lace (	3)				Type of Facility	(4)				
New Providence Mi	ddle/High S	School						School (K-12					
Street Address								Subchapter 8	Other than K-1	12)	arana.		
35 Pioneer Drive								Other (i.e., pr homes, etc.)	ivate and comm	erciai b	ullaing	JS,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	-
New Providence								163,618	1		59	3~	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			-
Union							20	School	3	,			
Name of Monitoring Firm	Hired by Buil	ding Owr	ner (8)	)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Langan Engineering	1				0009	99		d Mold Service	s, Corp.				
Street Address							Street Address						
300 Kimbal Drive, 4 <sup>t</sup>	<sup>h</sup> Floor						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Parsippany, NJ 0705	54						Hainesport, N	J 08036					
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.				
Vijay Pital				97	3-560	-4900	609-702-0400		00862				
Start Date (10)		Schedule	d Cor	nplet	ion Da	te (11)	Name of OSHA M	lonitor	1				
_6 / _14 /	17	8	_ / _	15	_ / _	17_	EMSL Analyti	ical, Inc.					
Occupancy Status During							Street Address						_
☐ Facility Closed/Vacated	During Enti	re Period	of At	oaten	nent		200 U.S. Rout	te 130 North					
Abatement Performed	Outside of No	ormal Fa	cility F	Hours	- Des		City, State, Zip.Co	ode					
Time of Abatement: 3:		1:00 PIV	W	PI	VI	AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)						_						
≥3 sf or ≥3 If			Reno	watio	\n			ainment with Nega			0000		1
≥160 sf or ≥260 lf			Dem				⊠ Glovebag	Procedure	f wrap and	1 ("Ut	ME	FHUO	15
							Non-Exer     Non-Exer	mpted (*) and Non	-Friable Proced	ure			
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Newark Carting, Inc.				10000000	IDEP V auler ID	30) SHOWER CO.	Cubic Yards of Waste	Name of Registe					
				1	04509		5	Grand Cent	rai				
City, State Newark, NJ							Disposal Date	City, State					
							8/15/17	Penn Argyle	e, PA				
Completed By (Print or Typ		Title	825	1560			Signature	-	D	ate	_		
Kimberly A. Trumbet	ti	Offic	e Co	ord	inator		12/1	1		6-1	3-1	7	

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

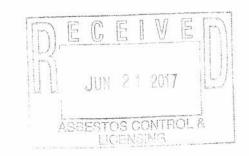
ASB-41

MAY 11

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT



Page 3 of 3
Assumed Materials, if exist & tested by an ASCM firm
Per project specification
Removal To Be Determined



## Work Area #1 - to be performed under subchapter 8 regulations

Room 316

150 SF of glue/mastic associated with tack board/marker board

\*confirmed scope (see page 1)
21 SF of door insulation
5 SF of electrical panel board

Room 316A

80 SF of glue/mastic associated with tack board/marker board

\*confirmed scope (see page 1)
21 SF of door insulation

Room 318

50 SF of glue/mastic associated with tack board/marker board

\*confirmed scope (see page 1) 84 SF of door insulation

Room 320

50 SF of glue/mastic associated with tack board/marker board

21 SF of door insulation

Room 322

50 SF of ceramic floor tile grout, glue and waterproofing

200 SF of waterproofing/floor fill below quarry tiles

63 SF of door insulation

Hallway

42 SF of door insulation

#### Work Area #2 - to be performed under subchapter 8 regulations

Library & Office

150 SF of glue/mastic associated with tack board/marker board

189 SF of door insulation 5 SF of electrical panel board

## Work Area #3 - to be performed as non-subchapter 8 work

Exterior by Shed

500 SF of suspect foundation waterproofing materials exterior by

Girls Locker Room

### Work Area #4 - to be performed as non-subchapter 8 work

Exterior by Library

50 SF of weatherproofing behind face bricks

500 SF of suspect foundation waterproofing materials exterior by

Girls Locker Room

## no Ch

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

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	-	, ,	

1100										•)						
Date of Notification (1)			21					Owner/Operate	0.000	2		JUN	2	1	201	7
	/	1	7		Ne	w Provi	den	ce Board of	f E	ducation / Job	#1702-216	1		. #N		
Agencies Notified	Type Notifi	ication			Stree	et Address	8				-	- I O				~~~
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⊠ DOLWD			•		City,	State, Zip	Coc	de			-	[_]	-/	NOII	40	1810 1850 PM
☑ DHSS ☑ DCA	Amendr   Emerge				1			ce, NJ 0797	4							
(NJAC 5:23-8)	justifica		iciuali	ig		e of Conta				1	Telephone	Numbe	r	115-11-		
000 H	☐ Cancell				Ad	lministra	tior	า		1	rotophone	rvarribo	.1			
			-		FΔ	CILITY	NEC	ORMATION	-					_		
Name of Facility Where	Abatement is	Takin	g Plac	e (3)	- 17	OILITT	141	JINMATION		Type of Facility (4	\					
New Providence M				- (-)						School (K-12)	7					
Street Address										Subchapter 8	Other than	K-12)				
35 Pioneer Drive										Other (i.e., priv	ate and con	nmerci	al bu	uildin	gs,	
City (5)									-	homes, etc.) Square Feet	# -5 = 1		-			
New Providence										163,618	# of Floors	5	1000	dg. A <b>59</b>	ige	
County (6)					Cou	nty Code (	7)(S	TATE USE ONL	Y)	Current Use (Prior	if being der	molish				
Union										School			(5)			
Name of Monitoring Firm	Hired by Bui	ilding (	Owner	(8)	ASCM	No.	N	ame of Abate	me	ent Contractor (9)						
Langan Engineerin	ıg				000	99		Asbestos a	and	d Mold Services	Corp.					
Street Address	25.00						S	treet Address						_		-
300 Kimbal Drive, 4	<sup>th</sup> Floor							3859 Sylon	В	oulevard						
City, State, Zip Code							С	ity, State, Zip	Co	ode			-			-
Parsippany, NJ 070								Hainesport	, N	IJ 08036						
Project Manager for Mon	itoring Firm			Tel	lephone	No.	Te	elephone No.	7		License No	٥.				
Vijay Pital				9	73-560	-4900		609-702-04	00		00862					
Start Date (10)					etion Da		Na	ame of OSHA	M	onitor						
_6_ / _14_ /					5_/	17_		EMSL Anal	yti	cal, Inc.						
Occupancy Status During							St	reet Address								
☐ Facility Closed/Vacate	ed During Ent	ire Pe	riod of	Abate	ement			200 U.S. Ro	out	e 130 North						
Abatement Performed     Time of Abatement: 3	Outside of N	lormal	Facilit	у Ног	irs - Des	cribe	Ci	ty, State, Zip	Со	de						
Time of Abatement: 3		11.00	PIVI/_		PIM	AM	10	Cinnamins	on,	, NJ 08077						
Scope of Work (Check all	that apply)	10-10-2														
≥3 sf or ≥3 lf			⊠ Re	nova	tion			⊠ Full Co	nta	ainment with Negat	ive Pressure	Э				
≥160 sf or ≥260 lf			De							osure Procedure						
								⊠ Non-Ex	ken	npted (*) and Non-l	riable Proc	edure				
1	- 6			Loca									Aba	atem	ent T	уре
Location Asbestos-Containing N		<b>/</b> ()			ely by	Acho	ctoc	Description					Z.	Ŗ	Ш	ш
TO BE ABA	TED	.,			ance/			Containing Nermal system			Amount (Specify		Removal	Repair	ncal	nclo
IN Facilit (13)	У		Cusi	(12)	Staff?			surfacing, VA	Τ,	or	SF or LF)		val	-	Encapsulate	Enclosure
(10)			Yes	No	N/A		0	ther miscellar	ieo	ous)					ate	(0)
SEE ATTACHED SCO	PE OF WO	RK		П					5			-	_	_	_	_
	1201 110	IXIX			-				_				X	Ц		
													X			
												1	$\exists$			
Name of Registered Waste				8393	IJDEP V	138457377	5000000	bic Yards of		Name of Register	ed Landfill					
Newark Carting, Inc.	.V				lauler ID 04509	NO.	Wa 5	ste		Grand Centra	ıl					
City, State					- 1000			posal Date	1	City, State						
Newark, NJ							8	/15/17		Penn Argyle,	PA					
Completed By (Print or Type	pe)	Title			- HILLIAN			Signature	7	1		Date				
Kimberly A. Trumber	tti	Of	fice C	oord	linator				-				-11	e -1	П	
SB-41				0-80				MI		V		U	16	11		

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

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			- 1	
11111				1
JUN	21	2017	11	1
	JUN	JUN 21	JUN 2 1 2017	JUN 2 1 2017 Chk. NA - exempt

Date of Notification (1)	_		Na	me of Buildi	ing Owner/Operator	/2\		- 111		1 8		
6/18/					ew Jersey		b #1705-2			2 1 A - ex		
Agencies Notified  ☐ EPA ☐ DOLWD ☐ DHSS ☐ DCA (NJAC 5:23-8) ☐ Type Notifica ☐ Initial ☐ Amended Amendme ☐ Emergenc justificatio ☐ Cancellati	nt # y (includ n)	ing	City T Nar	eet Address 20 West St y, State, Zip Trenton, No me of Conta anthony M	Code J 08625			SBEST L	<u>ICEN</u>	COI VSIN	VTRO IG	OL 8
				30.50								
Name of Facility Where Abatement is Ta	king Pla	ce (3)		ACILITY	NFORMATION	T=						
NJ DOT - Finance & Admin Buil Street Address 1035 Parkway Avenue	ding					Type of Facili	12) r 8 (Other to private and	han K-12 I comme	2) ercial	buildi	ngs,	
City (5)						homes, etc	C.)					
Trenton						Square Feet	# of FI	oors	1	Bldg.	Age	
County (6) Mercer			Co	unty Code (	7)(STATE USE ONLY)	Current Use (F		g demoli	shed)			
Name of Monitoring Firm Hired by Buildi	na Owne	r (8)	ASCI	M No.	Nome of Abeteur	DOT Head						
TBD	.5 00	. (0)	ACCI	VI IVO.	Name of Abateme							
Street Address					Asbestos and Street Address	a Word Service	es, Corp.					
					3859 Sylon B	Oulevard						
City, State, Zip Code					City, State, Zip Co							
					Hainesport, N							
Project Manager for Monitoring Firm		Tel	ephone	e No.	Telephone No.		License	a No				
					609-702-0400		0086					
				ate (11)	Name of OSHA M	onitor	0000	-				
			0_/	17	EMSL Analyti	cal, Inc.						
Occupancy Status During Abatement (Ch	eck only	one)			Street Address							
☐ Facility Closed/Vacated During Entire	Period o	f Abate	ement		200 U.S. Rout	e 130 North						
Abatement Performed Outside of Norr Time of Abatement:AM	nal Facili	ty Hou	rs - De	scribe	City, State, Zip Co					-		
	P IVI/	PIVI		_AM	Cinnaminson,							
Scope of Work (Check all that apply)					1000							_
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emoliti				ninment with Ne psure Procedure With opted (*) and No	lan and	cut	e			
Location	1000	Loca								atem	ent T	vne
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sole aintena todial (12)	ely by ince/	Asbes (i.e.	Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneor	erial (ACM) sulation, or	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
Basement		П		Pine Fitt	ing & Saddle Ins	ulotion	0001	_		-		
Mechanical Rms					Material on Fibe		300 [					
		П		Journa	material off Fibe	rgiass ins.	3 SI	F		Ш	Ш	Ш
	+-	_										
Name of Registered Waste Hauler												
Waste Management			JDEP \ auler II 17273	O No.	Cubic Yards of Waste 5	Name of Regis Grand Cen		fill				
City, State			11210			City, State						
Lafayette, NJ					7/11/17	Penn Argyl	e. PA					
Completed By (Print or Type)	le				Signature	Λ		Date				
	Office (	oord	inator		( )					9-1	7	
SB-41	- <del>100</del>					X		l U	- /	11		

1	1/		1	-	17
No.	M	. 1	10	These	
	18	- 1	0	- 1	

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

465 Dr. Martin Luther King Jr. Blvd.

Amended

Amendment #

justification)

Cancellation

Emergency (including

Date of Notification (1)

06/15/2017

**EPA** 

DEP

DOL

DOH

DCA

Street Address

City (5) Newark, County (6)

Essex

Hall of Records Building

Hatch Mott MacDonald

×

Agencies Notified

#### State of Nev NOTIFICATION OF ASB (Pursuant to NJAC

								_	r=	пг	, Pr	nt Fe	orm]
Sta ICATION ursuant	OF ASE		ABATE								<b>∀</b> 1	5	A CONTRACTOR OF THE PARTY OF TH
Name of Count	Building y of Es		Operator	(2)		2 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		JUN	2	1 2(	917	T. S. C. P. C. S.	7
Street Ad 900 Bl		ld Aver	nue	75.553		Better on the	ASBI	ESTO	OS C	CON	TRO	L&	OCCUPANTA DE CONTROL
City, Sta Veron	2000	ode					Action Management	8 0					
Name of Mr. Sa		Varghe	ese			Tel	ephone	e Num	ber				
FACI	LITY INF	ORMAT	ION			-					-		
				Туре	of Facility	(4)							
				×	School (K-* Subchapte Other (i.e. <sub>l</sub> etc.)	8 (Oth				dings,	home	es,	
					re Feet	# of	f Floors	6	1008	ldg. A	ge		
County C	Code (7)			30,0 Curre	nt Use (Pri		na den	nolishe	- 100	10	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		ł
(STATE L		)	_	Offi					/				
ASCM					tement Co								
0014	.0			Gene	ral Cons	tructio	n, Inc	). 					-
					ss on Avent	ue, PN	1B Su	ite 2	18				
			10000		ip Code								
Telephor	ne No.			none N	J 07012		Licen	se No	1.		-		
973-91		)	973-389-0089 00693										
npletion [	Date (11)			Name of OSHA Monitor DIA General Construction, Inc.									
			Street	Addres	SS								
nent					on Avenu	ıe, PN	1B Su	ite 2	18				
5					ip Code J 07012								
			Ont	OII, IN	307012								
ition ion			××	Mir Glo	l Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					re		
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ly by nce/ Staff?		stos Con thermal surfa		//aterial s insula T, or		(5	mount Specify or LF		Remova	Repair	Encapsulate	Enclosure	
N/A							X TOPIES		_		ite	0	
		SEE	ATTAC	HED					Κ.				
JDEP W	aste	Cubic	Yards		Name of	Registe	ered La	ndfill					
lauler ID		of Wa	ste		Minery								
.0000		100000000000000000000000000000000000000	sal Date		City, Stat	e							

LIST OF ASBESTOS CONTAINING MATERIALS TO BE REMOVED 2 1 2017

## IS LOCATION NORAMLLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF? YES

ASBESTOS CONTROL & LICENSING

## Hall of Records Building

LOCATION OF ASBESTOS	DESCRIPTION OF ASBESTOS	AMOUNT (SF
CONTAINING MATERIAL TO	CONTAINING MATERIAL	OR LF)
BE ABATED IN FACILITY		
Pipe Chase # 1 (North) Basement	Thermal System Insulation (TSI)	250 LF
(Room B-11) to 5th Floor	Pipe Insulation	
Pipe Chase # 2 (North-West)	Thermal System Insulation (TSI)	250 LF
Basement (Room B-21) to 5th Floor	Pipe Insulation	
Pipe Chase # 3 (South-West) First	Thermal System Insulation (TSI)	250 LF
Floor (Room 119) to 5 <sup>th</sup> Floor	Pipe Insulation	
Pipe Chase # 4 South 3rd Floor to	Thermal System Insulation (TSI)	130 LF
5 <sup>th</sup> Floor	Pipe Insulation	50000000 F. 1000
Basement Rooms B-37 and B-38	Thermal System Insulation (TSI)	50 LF
	Pipe Insulation	

## Annex Buiding

Room B-25	Thermal System Insulation (TSI) Pipe Insulation	100 LF
Hallway (Between Rooms)	Thermal System Insulation (TSI) Pipe Insulation	50 LF
Room B-36	Thermal System Insulation (TSI) Pipe Insulation	110 LF

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

Check # 25527

Date of Notification (1)				L 51	(6.37)						E	N N	E		$\mathbb{W}$
	26/17			INan	ie of Buildii	ng Ov	wner/Operato	r (2) Phillips	,			-		-	
Agencies Notified	Type Notifi	ication		Stre	et Address			1 mmps	,		- 11	111	0 4	0.0	
<b>⊠</b> EPA	☐ Initial				ot / (dd/000					U L	JL	IN	2 1	20	)1/
DEP IXI DOL	Amende	1000 N N N N N N N		City,	State, Zip	Code				1					
		ment # <u> </u>	na				M	ickleton, NJ	080	56 AS	BES	TO	SCC	ĪNĪ	TRO
DOH DCA	justifica	ation)		Nam	e of Conta	ct				lephone l					
	L Cancelli	ation				Ira	Phillips								
	-			FA	CILITY IN	FORM	MATION			=					
Name of Facility Where								Type of Facilit	y (4)			_			
		Residen	tial					School (K-							
Street Address								Subchapte Other (i.e.,	r 8 (Ot private	her than	K-12) nercial	buile	dings,		
City (5)			_					homes, etc	:.)				2500		
0.1, (0)	Mick	deton, N	T 080	56				Square Feet 3000	#	of Floors	3	BI	dg. Aq		
County (6)	TVIICE	deton, iv	3 000		inty Code (	7) /9	STATE	Current Use (F	Prior if	L boing do	maliah	_	115	+/-	
Glo	ucester			USI	E ONLY)	., (3	anie	Current USE (F	HOI II	neing aei	riolish	eu)			
Name of Monitoring Firm		lding Owne	r	ASCN	l No.	Na		nent Contractor (							
(8)	MECS			1			Stev	ens Environ	men	tal Serv	vices	, In	C.		
Street Address		es meles				Str	eet Address		7-823						_
	PO Box	x 341							Box :	322			12		
City, State, Zip Code		NII OOF	1.5			City	y, State, Zip C								
	sswicks,	NJ 085				_		Allentow	n, N	J 0850	1				_
Project Manager for Mon Bill We	-		2000000	phone	8000000	Tel	ephone No.	0.000	Li	cense Ne					
Start Date (10)		Scheduled	_		8-4070	_	(609) 25		-		004	193			_
7/6/17			7/15/		ate (11)	ivai	me of OSHA N		IECS	•					
Occupancy Status During	g Abatement	(Check onl	//13/ v.one)	1 /		Str	eet Address	IV	IECS	)				_	_
☐ Facility Closed/Vacate				ment		Olli	et Address	PO I	Box 3	341					
☐ Abatement Performed	Outside of N	lormal Facil	ity Hou	rs		City	, State, Zip C		2011						_
Other - Describe:	Bam - 4pm	1					,,p -	Crosswick	cs. N	J 0851	5				
Scope of Work (Check a	Il that apply)					_									=
≥3 sf or >3 lf		<b>⊠</b> R	enovat	ion			Full Con	tainment with Ne	gative	Pressure	9				
≥160 sf or ≥260 lf			emolitic				Gloveba	g Procedure							
		1-	Locatio		1		Non-Exe	empted (*) and No	on-Fria	ble Proce	edure				
		15	lomally	/								Al	atem Type		
Location of Asbestos-Containing M			d Solel intenan		A - b d		Description of			-	-	Т	1	_	$\dashv$
TO BE ABAT			ustodia				ontaining Mate			mount Specify		7		E	ш
IN Facility (13)			Staff? (12)				facing, VAT,		SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(10)		-	T			otne	r miscellaneo	us)				Va	ai-	ulat	sure
		Yes	No	N/A										Œ	
Baseme	nt	_	×		The	erma	al Pipe Ins	ulation	4	95 lf	_ 3				
											_				
Name of Registered Wasi	te Haules			IDED.	Nosts 1	0.1	in Vand			7 750					$\Box$
1700			1 4	JDEP \ auler ID	No.		ic Yards /aste	Name of Regi			22000	201			
Stevens Environm	ental Serv	vices, Inc		182	292		5 cu	/	Fair	rless L	andfi	11			
City <del>,</del> State	A 11anta	m NII					osal Date	City, State	1						
Completed By	Allentow	n, NJ					/15/17 Signature	1-9	/ Mc	rrisvil		1		_	_
Mahlon E. Stev	zens		roject	Man	ager		Signature	11/		Date		18	/17		
Z.Zumon E. Sto		1	OJCCI	ivial	agui	_	11.1			_	0/	10	1/	_	_

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

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		JUN	2	1	2017		Land

Das Proj. #. 1/-168	i i	(Fuis	uant to NJA	0.0	o and 12.120)		The second secon	JUN 2	1 /	2017	The state of the s		
Date of Notification (1)	Name o	of Building Ow	ner/Operator (2	!)			12 2	7011 -			14	course"	
0 6 /1 4 /1 7	ly rohatgi					ASBESTOS CONTROL &							
Agencies Notified Type Notification  EPA Initial	Street A	Street Address LICENSING											
DEP Amended Amendment #:	City, Sta	City, State, Zip Code											
DOL Emergency		SO. ORANGE, NJ 07079											
DOH (including justification)	The second secon	Name of Contact											
DCA Cancellation	andy	andy rohatgi											
		FAC	CILITY INFORM	IATIO	N		- · · · · · · · · · · · · · · · · · · ·						
Name of facility where abatement is taking place (3)							Type of Facility (4)						
andy rohatgi							School (K - 12) Subchapter 8 (Other than K-12)						
Street Address							Other (Private/Commercial						
		Sai	Bldgs./H	omes, e		Ble	dg. Ag	7.0					
City (5)	County (6)			Co	unty Code (7)	uale i det   #	0111001	3		49.71	30		
SO. ORANGE	ESSEX		(Sta	ate use only)  Current Use (Prior if being demolished)						ed)			
	ime of Monitoring Firm Hired by Bldg. Owner (8)				Name of Abatemen	t Contra	actor (9)						
					D & S RESTOR	RATIO	N, INC.						
Street Address		_	Street Address	ess									
City, State, Zip Code					= 20 California Ave. City, State, Zip Code								
only, state, 21p code					Paterson, NJ 07503								
Project Manager for Monitoring Firm	Phone Number			Telephone Number License Number									
					973-345-8020			01169					
Start Date (10) Sched. Completion Date (11)					Name of OSHA Monitor D & S Restoration, Inc.								
06/16/17 06/30/17					Street Address								
Occupancy Status During Abatement (Check only one)					20 California Avenue								
Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-					City, State, Zip Code								
Describe: NORMAL HOURS Pater						7503							
Scope of Work (check all that apply)							ontainment w/r	negative	press	ure			
$\boxtimes$ >3 sf or >3 lf $\boxtimes$ Renovation					Mini-enclosure								
≥160 sf or ≥260 lf De	Demolition						pag procedure exempted (*) a		riable	proce	dure		
Location of	location normaly maintenance/		1						R	R e	E n	Е	
material (acm) to be	aff(12)		Description material (		asbestos-containing		Amount (Specify SF	or	m o	p a	С	n c	
abated in facility (13)	Yes No	N/A					LF)		v e	i	a p	L	
BASEMENT	X		transite boa	rd		1	10 sq ft		Ĭ				
			]										
									片	님	片		
			1						片	붜	H	H	
Registered Waste Hauler	NJDEP Hau		Cubic Yards of V	Vaste	3								
D & S RESTORATION, INC.         13506         2 yds.           City, State         Disposal Date					TULLYTOWN, RESOURCE RECOVERY								
PATERSON, NJ 07503 06/17/17					City, State TULLYTOWN, PA								
Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT								Date					
	RESIDENT o not use this fo	orm for asbest	os licensure ex	empte	d activities.			07/14/	17				