

## State of New Jersey

		NOT				BESTOS ABA		DEC		$\overline{\mathbb{V}}$		
Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)	· · · · · · · · · · · · · · · · · · ·	0 1	001	n	AL CARRY
6 / 1	_ /	18		The	e College	of New Jersey		JUN JUN	2 1	2018	ŏ	1
	Notificati	ion		Stree	t Address							1
⊠ EPA ⊠ In				200	00 Pennir	ngton Rd.	1	ASBESTO	SCO	NTR	OL 8	2
	mended mendmen	nt #Rev #	1.	City,	State, Zip (	Code		LIC	ENSI	VG.		MIPROLOGIA
□ DCA 6/15/     □ DCA		it #Itov ii	1-	Ew	ing, NJ 0	8628						
THE PROPERTY OF THE PROPERTY O	mergency	(including	9	Name	of Contac	t		Telephone Num	ber			
ju	stification	1)		Am	anda Ra	dosti		609-771-288	1			
				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatem	ent is Tal	king Place	(3)				Type of Facility					
TCNJ-Green Hall							School (K-12	?) 3 (Other than K-12	· ·			
Street Address							Other (i.e., p	rivate and comme	<i>)</i> rcial bu	uilding	IS,	
2000 Pennington Rd.							homes, etc.)			Ü		
City (5)							Square Feet	# of Floors	Ble	dg. Ag	ge	
Ewing				2000			66,000	2	,	88		
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	shed)			
MERCER												
Name of Monitoring Firm Hired	by Buildir	ng Owner	(8)	ASCM		The second secon	ent Contractor (9)					
AET, Inc				0002	21		IVIRONMENTA	L, INC.	no managari		01	
Street Address						Street Address						
28 Pennell Rd						1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Media, PA 19063						BRISTOL, PA	A 19007					
Project Manager for Monitoring	Firm		1	ephone		Telephone No.		License No.				
Roy Mosicant				10-891		215-788-6040		00509				
Start Date (10)	_   Scl	heduled C	omple	etion Da	te (11)	Name of OSHA N BRISTOL EN	lonitor VIRONMENTAL	L, INC.				
Occupancy Status During Abate						Street Address						
☐ Facility Closed/Vacated Durin						1123 BEAVE	R STREET					
	de of Norr	mal Facility	y Hou	rs - Des	cribe	City, State, Zip C	ode					
			r IVI-1	.00AIVI		BRISTOL, PA	19007					
Scope of Work (Check all that a	pply)		R-1 (7) 1 (1)									
≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Full Con	tainment with Neg closure	jative Pressure				
≥160 sf or ≥260 lf		☐ De	moliti	on		⊠ Gloveba	g Procedure					
		In	Loca	tion	T	∐ Non-Exe	mpted (*) and No	n-Friable Procedu				
Location of			Vorma			Description of	v.f.		Ab	ateme	ent Ty	уре
Asbestos-Containing Materia	al (ACM)	100		ely by	Asbe	stos Containing Ma		Amount	Rei	Repair	En	Enc
TO BE ABATED IN Facility		200 2000 200	intena todial	Staff?	(i.e	., thermal systems		(Specify	Removal	bair	aps	Enclosure
(13)		37000000	(12)			surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
		Yes	No	N/A			,				e	
Attic			$\boxtimes$		Pipe Ins	sulation		1,500 LF	$\boxtimes$			
									To			П
									1		П	П
		$\exists \Box$							$\frac{1}{1}$			
Name of Registered Waste Haul	er		1	IJDEP \		Cubic Yards of	Name of Regis	tered Landfill	1_			
BRISTOL ENVIRONMENT	AL, INC	).	F	lauler II 18706		Waste	FAIRLESS					
City, State	, A					Disposal Date	City, State	**************************************				
BRISTOL, PA 19007							MORRISVII	LLE, PA 19067				
Completed By (Print or Type)	T	Title				Signature		/ a Da	te			
BRIAN SCAFIRO		ESTIMA	ATOF			Brian	Scopino/		6-1	5-	-18	P

ASB-41 BS 18041-58

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

									Je "	-	, , ,	
Date of Notification (1)				Na	me of Build	ding Owner/Operate	or (2)	117.11				
		18	20			ge of New Jerse			2	2 1	20	8
Agencies Notified	Type Notific	ation		Stre	eet Address	s	T.	111 [7]	00.	,	0	· ·
⊠ EPA 0/33				2	000 Penn	nington Rd.				erior er with the process		property and other
☑ DOLWD0256 ☑ DHSS 0171	☐ Amended				, State, Zip				ASBEST			3OF
Ø DCA 0/64	Amendm				wing, NJ			-	L	CENS	ING	
(NJAC 5:23-8)	☐ Emergen justificati	icy (includ	ding	-	ne of Conta							
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						COLOR FOR ANY		6	609-771-2	881		
Name of Facility Where A	hatament is 7	Faliba DI	(6)	F.	ACILITY	INFORMATION						
TCNJ-Green Hall	waternent is i	aking Pia	ace (3)				Type of Fac	cility (4)			7	
Street Address						4,	School (I	K-12)				
							Subchap	ter 8 (Oth	er than K-	12)		
2000 Pennington Ro	a.						Other (i.e	etc.)	and comn	nercial	buildi	ngs,
City (5)			1,500				Square Feet		of Floors		Bldg.	Δαρ
Ewing							66,000		2	1.	88	nge
County (6)				Cou	unty Code	(7)(STATE USE ONLY			733	olichod	-	
MERCER						- vi		, II L	onig denil	nisned)		
Name of Monitoring Firm	Hired by Build	ling Owne	er (8)	ASCI	Λ No.	Name of Abater	ent Contractor	(9)				
AET, Inc				000	21		VIRONMEN		_			
Street Address						Street Address	AAIKOMMEN	IAL, IN	٠.			
28 Pennell Rd							D 070===					
City, State, Zip Code						1123 BEAVE						
Media, PA 19063						City, State, Zip (					36-20-22	
						BRISTOL, P	A 19007					
Project Manager for Monito	oring Firm	-5-5-1-6-1-6	1 1									
	oring Firm		1	ephone		Telephone No.	9	Lic	ense No.	2000		
Roy Mosicant			6	10-89	1-0114	215-788-604			ense No. 00509			
Roy Mosicant Start Date (10)	Sc	cheduled	6 Comple	10-89	1-0114 ate (11)	215-788-604 Name of OSHA	Monitor	C	00509			
Roy Mosicant Start Date (10)6 /18 /	18	7	Comple	10-89	1-0114	215-788-604	Monitor	C	00509			
Roy Mosicant  Start Date (10)  6 / 18 /  Occupancy Status During /	18 So	7 heck only	Comple / 1	10-89 etion Da	1-0114 ate (11)	215-788-604 Name of OSHA	Monitor	C	00509			
Roy Mosicant  Start Date (10) 6 /18 /  Decupancy Status During /  Facility Closed/Vacated	18 So	heck only	Completed one)	10-89 etion Da	1-0114 ate (11) 18	215-788-604 Name of OSHA I BRISTOL EN	Monitor IVIRONMENT	C	00509			
Roy Mosicant  Start Date (10)  6 / 18 / _  Occupancy Status During /  Facility Closed/Vacated  Abatement Performed C	18_ Solution   Solutio	heck only Period o	Comple / 19 one) one)	etion Da	1-0114 ate (11) 	215-788-604  Name of OSHA I  BRISTOL EN  Street Address  1123 BEAVE	Monitor IVIRONMENT	C	00509			
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Roy Mosicant  Start Date (10)  6 / 18 /  Occupancy Status During /  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:	Abatement (CI During Entire Dutside of Nor	heck only Period o	Comple / 19 one) one)	etion Da	1-0114 ate (11) 	215-788-604  Name of OSHA I  BRISTOL EN  Street Address  1123 BEAVE	Monitor IVIRONMENT R STREET ode	C	00509			
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Roy Mosicant  Start Date (10)  6 / 18 /  Decupancy Status During A  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:  Scope of Work (Check all the companies)  ≥3 sf or ≥3 lf	Abatement (CI I During Entire Dutside of NonAM hat apply)	heck only Period of The Period	Completed on the complete of t	etion Day etion Day ement rs - Des :00AM	1-0114 ate (11) 	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Full Con  Mini-End Gloveba	Nonitor IVIRONMENT R STREET ode A 19007 tainment with N	FAL, INC	00509 C.			
Start Date (10)  6 / 18 / _  Occupancy Status During /  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:  Scope of Work (Check all the companies)  3 sf or \$\geq 3\$ if  \$\geq 160\$ sf or \$\geq 260\$ lf	Abatement (CI I During Entire Outside of NorAM hat apply)	heck only Period o Ral Facil PM/7:0	Completed of Compl	etion Day  etion Day	1-0114 ate (11) 18	215-788-604  Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Con Mini-End Gloveba Non-Exe	R STREET ode A 19007 tainment with Nelosure g Procedure mpted (*) and I	FAL, INC	00509 C.	Ab	patem	T
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Roy Mosicant  Start Date (10)  6 / 18 /  Decupancy Status During A  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:  Scope of Work (Check all the companies)  23 sf or 23 lf  2160 sf or 2260 lf  Location of Asbestos-Containing Mator BE ABATE	Abatement (CI I During Entire Outside of NorAM hat apply)	heck only Period o Ral Facil PM/7:0	Completed on the complete of t	etion Day  etion Day  ement  rs - Des  :00AM  ion  ion  lly  ely by  nce/ Staff?	1-0114 ate (11) 18 scribe	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Full Con  Mini-End  Gloveba  Non-Exe  Description of stos Containing Maining Maini	R STREET ode A 19007  tainment with N closure g Procedure mpted (*) and I of terial (ACM) insulation, or	Negative F	Pressure Dile Procedo		_	T
Roy Mosicant  Start Date (10)  6 / 18 /  Decupancy Status During A  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:  Scope of Work (Check all the companies)  2 3 sf or 23 lf  2 160 sf or 2260 lf  Location of Asbestos-Containing Mator BE ABATE  IN Facility  (13)	Abatement (CI I During Entire Outside of NorAM hat apply)	heck only Period o Ral Facil PM/7:0	complete for the comple	etion Day  etion Day  ement  rs - Des  :00AM  ion  ion  illy  ely by  nce/	1-0114 ate (11) 18 scribe	215-788-604  Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Gloveba Non-Exe Description of stos Containing Main, thermal systems surfacing, VAT	R STREET ode A 19007  tainment with N closure g Procedure mpted (*) and I of terial (ACM) insulation, or	Negative F	Pressure  Procedo  Amount Specify	Ab	_	ent T Encapsulate
Roy Mosicant  Start Date (10)  6 / 18 /  Decupancy Status During A  Facility Closed/Vacated Abatement Performed C  Time of Abatement:  Cope of Work (Check all the cope of Work)  2 3 sf or 23 lf 2 160 sf or 2260 lf  Location of Asbestos-Containing Ma  TO BE ABATE IN Facility (13)	Abatement (CI I During Entire Outside of NorAM hat apply)	heck only Period o Ral Facil PM/7:0	Completed on the complete of t	etion Day  etion Day  ement  rs - Des  :00AM  ion  ion  lly  ely by  nce/ Staff?	1-0114 ate (11) 18 scribe	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Gloveba Non-Exe  Description of stos Containing Main, thermal systems surfacing, VAT other miscellane	R STREET ode A 19007  tainment with N closure g Procedure mpted (*) and I of terial (ACM) insulation, or	Non-Friab	Pressure  Pressure  Procedi  Amount Specify F or LF)	Removal	Repair [	T
Roy Mosicant  Start Date (10)  6 / 18 /  Decupancy Status During A  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:  Scope of Work (Check all the companies)  2 3 sf or 23 lf  2 160 sf or 2260 lf  Location of Asbestos-Containing Mator BE ABATE  IN Facility  (13)	Abatement (CI I During Entire Outside of NorAM hat apply)	heck only Period of The PM/7:0	complete (12)	etion Day  etion Day  ment  rs - Des  :00AM  ion  ion  illy  ely by  nce/ Staff?	1-0114 ate (11) 18 scribe Asbes	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Gloveba Non-Exe  Description of stos Containing Main, thermal systems surfacing, VAT other miscellane	R STREET ode A 19007  tainment with N closure g Procedure mpted (*) and I of terial (ACM) insulation, or	Non-Friab	Pressure  Procedo  Amount Specify	A Removal	Repair 🔲	T
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Roy Mosicant  Start Date (10)  6 / 18 /  Occupancy Status During A  Facility Closed/Vacated Abatement Performed C  Time of Abatement:  cope of Work (Check all the cope of	Abatement (CI I During Entire Outside of NorAM hat apply)	heck only Period of The PM/7:0	complete (12)	etion Day  etion Day  ment  rs - Des  :00AM  ion  ion  illy  ely by  nce/ Staff?	1-0114 ate (11) 18 scribe Asbes	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Gloveba Non-Exe  Description of stos Containing Main, thermal systems surfacing, VAT other miscellane	R STREET ode A 19007  tainment with N closure g Procedure mpted (*) and I of terial (ACM) insulation, or	Non-Friab	Pressure  Pressure  Procedi  Amount Specify F or LF)	A Removal	Repair 🔲	T
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Roy Mosicant  Start Date (10)  6 / 18 /  Occupancy Status During A  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:  cope of Work (Check all the cope o	Abatement (CI I During Entire Dutside of NorAM hat apply)  aterial (ACM) ED	Period or mal Facil PM/7:0  R D Us Mi Cus	complete for the comple	etion Day  etion Day  ement rs - Des  :00AM  ion lly ely by nce/ Staff?  N/A	Asbes (i.e.	215-788-604  Name of OSHA I BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA    Full Con   Mini-End   Gloveba   Non-Exe  Description of stos Containing Main, thermal systems surfacing, VAT other miscellane	R STREET ode A 19007 tainment with Notes of terial (ACM) insulation, or ous)	Non-Friab	Pressure Dile Procedi Amount Specify F or LF)	A Removal	Repair 🔲	T
Roy Mosicant  Start Date (10)  6 / 18 /  Occupancy Status During A  Facility Closed/Vacated Abatement Performed C  Time of Abatement:  cope of Work (Check all the cope of	Abatement (CI I During Entire Dutside of NonAM hat apply)  aterial (ACM) ED	heck only Period of mal Facil PM/7:0  R D Us Mi Cus Yes	enovatiemolitic s Locat Norma ed Sole aintenas stodial s (12) No	etion Day  ment rs - Des :00  mon  ion  liv  liv  liv  liv  liv  liv  liv  li	Asbes (i.e.  Pipe Ins	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Gloveba Non-Exe  Description of stos Containing Main, thermal systems surfacing, VAT other miscellane	Nonitor IVIRONMENT R STREET ode A 19007  tainment with Nolosure g Procedure mpted (*) and I of terial (ACM) insulation, or ous)	Vegative F Non-Friab (S SF	Pressure  Pressure  Procedure  Amount Specify  F or LF)	A Removal	Repair 🔲	T
Roy Mosicant  Start Date (10)  6 / 18 / Decupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement:  cope of Work (Check all the cope of Wo	Abatement (CI I During Entire Dutside of NonAM hat apply)  aterial (ACM) ED	heck only Period of mal Facil PM/7:0  R D Us Mi Cus Yes	enovatiemolitic s Locat Norma ed Sole aintenas stodial s (12) No	etion Day ment rs - Des con lion lly ly ly staff?	Asbes (i.e.  Pipe Ins  Vaste ) No.	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Full Con  Mini-End  Gloveba  Non-Exe  Description of stos Containing Main, thermal systems surfacing, VAT other miscellane  Cubic Yards of Waste	Name of Reg	Vegative F Non-Friab (S SF	Pressure  Pressure  Procedure  Amount Specify  F or LF)	A Removal	Repair 🔲	T
Roy Mosicant  Start Date (10)  6 / 18 / Decupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement:  cope of Work (Check all ti 2 3 sf or 23 lf 2 160 sf or 260 lf  Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  Stic	Abatement (CI I During Entire Dutside of NonAM hat apply)  aterial (ACM) ED	heck only Period of mal Facil PM/7:0  R D Us Mi Cus Yes	enovatiemolitic s Locat Norma ed Sole aintenas stodial s (12) No	etion Day  ment rs - Des :00  mon  ion  liv  liv  liv  liv  liv  liv  liv  li	Asbes (i.e.  Pipe Ins  Vaste ) No.	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Full Con  Mini-End  Gloveba  Non-Exe  Description of stos Containing Mainstermal systems  surfacing, VAT other miscellane  Cubic Yards of	Nonitor IVIRONMENT R STREET ode A 19007  tainment with Nolosure g Procedure mpted (*) and I of terial (ACM) insulation, or ous)  Name of Reg FAIRLES City, State	Non-Friab  A (S SI 1,4	Pressure Dile Procedi Amount Specify F or LF)  500 LF  andfill DFILL	A Removal	Repair 🔲	T
Roy Mosicant  Start Date (10)  6 / 18 /  Decupancy Status During A  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:  Scope of Work (Check all the state of Abatement)  Location of Asbestos-Containing Ma  TO BE ABATE  IN Facility (13)  Abatement Performed C  Time of Abatement:  Location of Asbestos-Containing Ma  TO BE ABATE  IN Facility (13)  Abatement Performed C  Location of Asbestos-Containing Ma  TO BE ABATE  IN Facility (13)  Abatement Performed C  Location of Asbestos-Containing Ma  TO BE ABATE  IN Facility (13)  Abatement Performed C  Location of Asbestos-Containing Ma  TO BE ABATE  IN Facility (13)	Abatement (CI I During Entire Dutside of NorAM hat apply)  aterial (ACM) ED  Hauler ENTAL, INC.	heck only e Period of mal Facil PM/7:0	enovatiemolitic s Locat Norma ed Sole aintenas stodial s (12) No	etion Day  ment rs - Des :00  mon  ion  liv  liv  liv  liv  liv  liv  liv  li	Asbes (i.e.  Pipe Ins  Vaste ) No.	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Full Con  Mini-End  Gloveba  Non-Exe  Description of stos Containing Main, thermal systems surfacing, VAT other miscellane  Cubic Yards of Waste	Name of Reg	Non-Friab  A (S SI 1,4	Pressure Dile Procedi Amount Specify F or LF)  500 LF  andfill DFILL	A Removal	Repair 🔲	T
Roy Mosicant  Start Date (10)  6 / 18 /  Decupancy Status During A  Facility Closed/Vacated  Abatement Performed C  Time of Abatement:  Scope of Work (Check all the companies)  2 3 sf or 23 lf  2 160 sf or 2260 lf  Location of Asbestos-Containing Mator BE ABATE  IN Facility  (13)	Abatement (CI I During Entire Dutside of NorAM hat apply)  aterial (ACM) ED  Hauler ENTAL, INC.	heck only Period of mal Facil PM/7:0  R D Us Mi Cus Yes	enovatiemolitic s Locat Norma ed Sole aintena stodial (12) No	etion Day  ment rs - Des :00  mon  ion  liv  liv  liv  liv  liv  liv  liv  li	Asbes (i.e.  Pipe Ins  Vaste ) No.	215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip C  BRISTOL, PA  Full Con  Mini-End  Gloveba  Non-Exe  Description of stos Containing Main, thermal systems surfacing, VAT other miscellane  Cubic Yards of Waste	Nonitor IVIRONMENT R STREET ode A 19007  tainment with Nolosure g Procedure mpted (*) and I of terial (ACM) insulation, or ous)  Name of Reg FAIRLES City, State	Non-Friab  A (S SI 1,4	Pressure  Pressure  Amount Specify F or LF)  500 LF  andfill DFILL	A Removal	Repair	Encapsulate



#### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check# 13176

GAC Project # 060-18

Data of Notice 11										
Date of Notification (1)  June 15	2018				Name of Building Owner/					
Agencies Notified	, 2010	Notificatio	n Tyne	Service -	Street Address	IAIEUN	IVERS	ITY OF NJ		
		☐ Initial	Notific	ration		LIEALTH	O CAI	CETY DED:	- /	10)
<b>X</b> EPA				tification #2 –	ENVIRONMENTAL	DEALID	0: 5AI	TELY DEPI	. (KEF	15)
X DCA		l			74 STREET 1603, B	SLUG 411			AMPL	18
X DOL				mpletion Dates	City, State, Zip Code	00054	7) [	CE	$\mathbb{N}$	EF
DEP- No Longer REQUIRE	D			(including	PISCATAWAY, NJ	08854		0 1.3	n +1	15 II
XI DOH	-1050		ication	) Company of the	Name of Contact			hone Number		
		□ Cance	elled		MICHAEL F. SMITH		848	-445-2550		
					HEALTH & SAFETY		1	JUN 2 1	2018	
Name of Facility Where Abateme	nt ie Tok	ing Diago (2)		FACILITY IN	FORMATION					Logaç
RWJMS RESEARCH TO	WED	RI DC#	2600		Type of Facility (4)					and the same
THE TECENTOR IT	> v v L. i	DLDOm.	3000		School (K-12)	1	AS	BESTOS CO	NTRO	L &
Street Address	300				Subchapter 8 (other than	n K-12)		LICENS	NG	
RBHS PISCATAWAY C	AMPU:	S			Other (i.e. private & com Sq. Feet: N/A #	mercial build of Floors:	dings, ho 8 Bldc	mes, etc.) 1. Age: 60+	vears	
City (5)	ounty (6)		Count	y Code (7)	7				,	
PISCATAWAY	MIDDI	LESEX		Use Only)	Current Use (prior if being	demolished	d): ACA	ADEMIC		
Name of Monitoring Firm Hired by	, Blda O	WD0r (9)	ACCM	LNIe						
ATC	, Didy. O	MILE! (0)	0009		Name of Contractor (9)					
Street Address					GREENWOOD ABAT	EMENT C	ONSU	ILTANTS, IN	IC.	
Street Address 3 TERRI LANE					Street Address					-
3 IERRI LANE					511 MAIN STREET					
City, State, Zip Code BURLINGTON, NJ 08	3016				City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring Fi		Telephone	Number		Telephone Number		T 11			
BRIAN R. KEARNEY		609-386			Telephone (valider		Licens	e Number		
			0000		973-492-0477		0084	n		
Scheduled Start Date (10)	237		Completi	on Date (11)	Name of OSHA Monitor		1 000 1			
06/22/18		07/9/18			ENVIROVISION, INC					
Occupancy Status During Abate	ement (C	heck only o	ne)		Street Address		-			
☐Facility Closed/Vacated Durin	ng Entire	Period of A	batemer	nt	20-21 WARGARAW F	ROAD, BL	DG# 3	5E		
Abatement Performed Outsid	de of Nor	mal Facility	Hours -	- 7am -3pm						
Describe: Schedule: 3PM - 5	AM (24	HRS. & W	EEKEN	NDS AS	City, State, Zip Code	•				
NEEDED)					FAIRLAWN, NJ 07410	U				
Facility Occupied During Aba	tement									
Other- Describe:										
Scope of Work (Check all that app	ly)									
-						Full Contain	ment wi	th Negative Pr	essure	
≥ 3 sf or >3 If				Renovation		Mini-Enclo		558		
$\square \ge 160 \text{ sf or } \ge 260$	lf			Demolition		Glove bag F	rocedur	re / Wrap & Cu	ıt	
								nd Non-Friable		lure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Loca	ation Normal	ly Used	Description of Ast	pestos Containing Material	Amour		Abatement Ty		
iviaterial (ACIVI) III Facility (13)	Staff?	by Maint./Cu	istodial	(ACM) (i.e. therm VAT, or other miss	al systems insulation, surfacing			Remove Repair	- F	
	YES	NO NO	NA	VA1, or other mis	ceii.)	or LF)	1	Enclose Repair	Encap	
R-B66	1	X		TO		-	_	Transport		
		(CI	-	TSI		80 8	iF	X		
									-	
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID #	Cubic Veeds of Marie	10.07	Nomo	of Registered La	andfill	
See Hauler Below #1 & 2		See Below			Cubic Yards of Waste: 1	IO CY		).W.S. North		iII
Hauler #1) Greenwood Abatemen	t Consul	tants, Inc	Butler, N	NJ 07405		Disposal Dat	e	City, St	ate	
NJDEP # 12561	NT	NIT O CTOO						100 Ne	w Ford N	10000
Hauler #2) Newark Carting, Inc., NJ DEP # 4509	Newark,	, NJ 04509			93	07/9/2018	3		rrisville,	Pa
119 1/11 # 4505							AU Shear	19067 215-736	1700	
Completed by (Print or Type)	Tit	le			Signature		D-t-	210-730		
RAYMOND C. PEDALING		ENIOR PI	ROJEC	CT			<u>Date</u>	45 2040		
		ANAGER			Raymond C. Ped	aline	June	15, 2018		
	1 1487									

#### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18												
Date of Notification (1)	2040				Name of Building Owner							
June 8, 2		A			RUTGERS, THE	STAT	EUN	VERS	SITY (	OF NJ		
Agencies Notified		Notificatio Initial		ation	Street Address		D E *SW # A		-			
X EPA					ENVIRONMENTA	LHEA	ALTH	& SA	FETY	DEP.	Г. (RE	HS)
IN DCA				tification # 1 -	74 STREET 1603,	BLD	G 411	6, LI\	/INGS	TON	CAMP	US
X DOL				mpletion Dates	City, State, Zip Code							
DEP- No Longer REQUIRE	D			(including	PISCATAWAY, N.	J U883	04	T = .				
X DOH			cation	)	Name of Contact	-1 t F-B	13.7		phone			
		□ Cance	elled		MICHAEL F. SMIT HEALTH & SAFET		4.V.	648	-445		// FP	lancaria (
				FACILITY IN	FORMATION	B E	117	<u>E</u> (	CE	1		1011
Name of Facility Where Abateme	nt is Takin	g Place (3)	ka		Type of Facility (4)	i	12		THE THE ST	ar are united by the		
RWJMS RESEARCH TO	WER, E	BLDG# :	3688		School (K-12)							
Ctro at Addison					Subchapter 8 (other th	nan K-	2)	d	UN 2	1 20	18	U
Street Address RBHS PISCATAWAY CA	A BADI IC				Other (i.e. private & co			lings, ho	omes, e	tc.)		brussed
RBIO FISCATAWAT CA	HINFUS				Sq. Feet: N/A	# of FI	loors!	B Bld	g. Age	: 60+	years	
	ounty (6)			y Code (7)		I		ASBE	STOS	CONT	ROL&	
PISCATAWAY	MIDDL	ESEX	(State	Use Only)	Current Use (prior if bei	ng dem	olished	): AC	ADEM	GING	~~~~	
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)	ASCM		Name of Contractor (9)			1000				
ATC			0009	98	ODEENWOOD ARE							
Street Address		-			GREENWOOD ABA	ATEME	ENTC	ONS	JLTAI	VTS, II	VC.	
3 TERRI LANE					Street Address							
					511 MAIN STREET							
City, State, Zip Code					City State, ZipCode		-					
BURLINGTON, NJ 08	016				BUTLER, NJ 07405							
Project Manager for Monitoring Fir	-	Telephone			Telephone Number			Licen	se Num	ber		
BRIAN R. KEARNEY		609-386	-8800							- Constitution		
Scheduled Start Date (10)		Scheduled	Completi	on Date (11)	973-492-0477			0084	40			
06/15/18		06/27/18		OII Date (11)	Name of OSHA Monitor ENVIROVISION, IN	10						
Occupancy Status During Abate	Contract Con				Street Address	0.						
☐Facility Closed/Vacated Durin	g Entire F	Period of A	batemer	nt	20-21 WARGARAW	/ ROA	D BI	DG# 3	35F			
X Abatement Performed Outsid	le of Norm	nal Facility	Hours -	- 7am -3pm			-,	0011	J U L			
Describe: Schedule: 3PM - 5/	AM (24 h	IRS. & W	EEKEN	NDS AS	City, State, Zip Code				3	,— (CIII)		
NEEDED)					FAIRLAWN, NJ 074	110						
▼ Facility Occupied During Aba     Other- Describe:	tement											
Other- Describe:												
Scope of Work (Check all that app	ly)		- 100			- 10						
						XI Full (	Contain	ment w	vith Nec	ative P	ressure	
<b>⊠</b> ≥ 3 sf or >3 lf				<b>X</b> Renovation		☐ Mini					. 0000.0	
≥ 160 sf or ≥ 260	lf			Demolition	1	Glove	e bag F	rocedu	ıre / Wr	ap & C	ut	
											e Proce	dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ion Normal v Maint./Cu		Description of Ast	pestos Containing Material		Amoun	t		ment Ty		
( ion, iii doiny (io)	Staff? (1		istodiai	VAT, or other mis	al systems insulation, surfac		(Specifi or LF)	y SF	Remov	e Repa	ir Encap	
	YES	NO	NA				01 L. )		Enclos	e		
R-B66		X		TSI			80 S	E	[X]		1	T
							00 0	11	IOI	-	-	
						-				-	-	-
Name of Reg. Waste Hauler	IN	JDEP Was	te Haule	r ID #	Cubic Venda - 5181 - 1	40.0	V	Namo	of Regi	otorod I	on dfill	
See Hauler Below #1 & 2	1000	ee Below			Cubic Yards of Waste:	10 C	Y				andilli Land	Fill
Hauler #1) Greenwood Abatemen	t Consulta	nts Inc -	Rutler N	VI 07405		Diana	and Dat					
NJDEP # 12561			Dutter	10 07403		Dispo	sal Dat	<u>e</u>		City, St	tate w Ford	Mill
Hauler #2) Newark Carting, Inc.,	Newark, N	NJ 04509				06/2	7/201	8		Rd. Mc	rrisville	
NJ DEP # 4509						3012		0		19067	C 4700	
Completed by (Print or Type)	TH-		277/03/2017		Cit					215-73	6-1700	
RAYMOND C. PEDALING	) Title	NIOR PI	SU IEC	T	Signature	3.1		Date		140		
J. EDALING	100	NAGER			Raymond C. To	rdaline	re	June	8, 20	118		
	1 10127		17									

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

## State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18			(Fu	rsuant to N.J.A.	.C. 8:60-7 and 12:120-	7)						
Date of Notification (1) May 29	, 2018				Name of Building Own	ner/Ope	erator (2		eitv /	OE ALL		
Agencies Notified  EPA  DCA  DOL  DEP- No Longer REQUIR  DOH	all the state of t	☐ Eme	Notification	cation otification # ' (including	Street Address ENVIRONMENTA 74 STREET 1603 City. State, Zip Code PISCATAWAY, N Name of Contact MICHAEL F. SMI	AL HE , BLD	ALTE G 41	1.8.S.	AFETY	DEPT	AME	HS)
				FACILITY II	HEALTH & SAFE	TY						
Name of Facility Where Abatem RWJMS RESEARCH T	owent is Tak	ing Place (3 , BLDG#	) 3688	THOLETT	Type of Facility (4) School (K-12) Subchapter 8 (other t	han K-		ASBE	STOS LICEN	CONTR ISING	OL&	25 mg
Street Address RBHS PISCATAWAY					Other (i.e. private & o	commer	cial buil	dings, h	nomes, e	tc.) : 60+ v	ears/	
PISCATAWAY		LESEX		ty Code (7) Use Only)	Current Use (prior if be					8 6		
Name of Monitoring Firm Hired t	by Bldg. O	wner (8)	ASCN		Name of Contractor (9)							
Street Address 3 TERRI LANE			000		GREENWOOD ABA	ATEM	ENT (	CONS	ULTAN	VTS, IN	c.	
City, State, Zip Code					511 MAIN STREET							
Pro C C CORD C C C C C C C C C C C C C C C C C C C	8016				City State, ZipCode BUTLER, NJ 07405	5						
BRIAN R. KEARNEY	<u>-1mn</u>	Telephone 609-386	Number -8800		Telephone Number			Licer	nse Numi	ber		
Scheduled Start Date (10)		Scheduled	Completi	ion Date (11)	973-492-0477 Name of OSHA Monitor			008	40			
06/08/18 Occupancy Status During Abat	4	06/20/18		<u>}</u>	ENVIROVISION, IN	IC.						
Facility Closed/Vacated Duri	ing Entire	Period of A	bateme	- 7am -3nm	Street Address 20-21 WARGARAW	/ ROA	D, BL	DG#	35E			
Describe: Schedule: 3PM - 5 NEEDED)  Facility Occupied During Ab Other- Describe:	SAM (24	HRS. & W	EEKE	NDS AS	City, State, Zip Code FAIRLAWN, NJ 074	110						
Scope of Work (Check all that ap	ply)	SCENIUS BERLEVILLE						-				
■≥ 3 sf or >3 If = ≥ 160 sf or ≥ 260				Renovation Demolition		☐ Min ☐ Glov	i-Enclo e bag F	sure Procedu	ure / Wra	ative Pre ap & Cut ı-Friable		lice
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normal by Maint./Cu (12) NO		Description of Ast (ACM) (i.e. therm VAT, or other mis	bestos Containing Material nal systems insulation, surfac	1	Amour (Specif or LF)	nt	Abater	nent Type e Repair	9	di o
R-B66		(E)		TSI			80 S	F	[X]	T	T	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	5	NJDEP Was See Below			Cubic Yards of Waste:	10 C	Y	Name G.R.	of Regis	tered Lar North I	    dfill  andfi	salata salata
Hauler #1) Greenwood Abatemer NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509			Butler, N	NJ 07405			Disal Dat 20/201			City, Stat 100 New Rd. Morr 19067 215-736-	Ford Wisville,	
Completed by (Print or Type) RAYMOND C. PEDALING		ENIOR PE ANAGER		T	Signature Raymond C. H	rdalin	c.	<u>Date</u> May	29, 20	18		



EDS18-109

Date of Notification (1)		-		Namo	of Buildin	~ Ouman	10	- (0)		che	ck #390	)7			
06/18/2018				Park	Ridge E	g Owner Board C	Operato Of Educ	or (2) cation		× [=	· (a)		71.77	E	F
Agencies Notified	Type Notification				Address				111		, 6	EU	$\mathbb{W}$	E	1
X EPA	× Initial			85 P	ascack	Road				31					
EPA DEP DOL	Amended	,			state, Zip				1		JUN	2 1	2018		IIII
	Amendmen Emergency		<u> </u>		Ridge,		56			Lij	0011	4- 1	7010		
X DOH X DCA	justification) Cancellation		5		of Contac	t		1	and the same		lephone				
E BOX	Cancellation	1			Wright		1011			128	15736			DL &	
Name of Facility Where	Abatement is Takir	ng Place (	(3)	FAU	CILITY IN	FORMAI	ION	Type	f Facility (	4)	LIC	LENSI	VU		through the co
West Ridge Elemen	itary School								chool (K-1						
Street Address								X S	ubchapter	8 (Oth	ner than I	K-12)			
18 S. 1st St									ther (i.e. p	rivate	& comm	ercial b	uilding	s, hor	nes,
City (5) Park Ridge								Square	Feet	# 0	f Floors		Bldg.	Age	
County (6)								40,00		1			40+		
Bergen					Code (7)	Y)		Curren	t Use (Prid	or if be	ing demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASC	M No.		Name	of Abate	ment Con	tractor	(9)				
Westchester Environ	ntmental						GL (	Group I	nc.		(8. 5)				
Street Address 1248 WRIGHTS LA	NE						100000000000000000000000000000000000000	Address							
City, State, Zip Code	112								rg Turnp	oike					
WEST CHESTER, F		IA 1938	80					State, Zip mingda	Code le, NJ 0	7403					
Project Manager for Moni Matthew Abraham	toring Firm			Telepho		,		none No.			License	e No.			
Start Date (10)					31-7545			710-97			01084	ŀ			
06/28/2018		07/06/	2018	mpletion	Date (11)			of OSHA Froup Ir							
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Address							-
Facility Closed/Vacat	ted During Entire F	Period of	Abaten	nent			140 I	Hambu	rg Turnp	ike					
Abatement Performe Other – Describe:	d Outside of Norm	al Facility	/ Hours	S			187350	tate, Zip							
Scope of Work (Check All	That Apply)						Riooi	mingda	le, NJ 0	7403					
≥3 sf or ≥3 lf	ттаг түргү)	X F					TO	1							
× ≥160 sf or ≥260 lf		Second .	Renova Demolit				Ê	Full C	ontainme Enclosure	nt with	Negative	e Press	ure		
								Glove	bag Proce	edure					
		1.	1 1	V1. V2. V				I Non-L	Exempted	(*) and	Non-Fri	iable Pr			
Location	of	N	Locati Normal	ly		D								emen ype	t
Asbestos-Containing N	faterial (ACM)	Use	d Sole	ly by	Asbes	tos Cont	cription aining M	ot aterial (A	CM)	Ar	nount			T_	
TO BE ABAT		100	odial S		(i.e.	thermal	systems ing, VA	insulatio	n,	(S	pecify	Re	R	Encapsulate	Enclosure
(13)			(12)				iscellan			SF	or LF)	Remova	Repair	psu	losu
	Yes											<u> </u>	'	ate	Гe
Media Cer	nter		X			Carpet	VAT/N	1astic		170	00SF	X			
												+			
Name of Registered Waste	Hauler		1,000,000	JDEP W		Cubic \		N	lame of Re	egister	ed Landi	fill	1		
GL Group Inc.				auler ID 033034		of Was	te	50	/linerva l						
City, State						Disposa	al Date		ity, State						
Bloomingdale, NJ								V	Vaynesb	urg,	ОН				
Completed by Elena Solakov		Title Presid	tont			Sig	gnature	2	C/ :	EV.		Date			
		FIESIC	HIP				Č	lem	Stullo		6	5-18-2	018		





			(F	ursu	ant to NJ	AC 8:60 and 5:	16)	m		CE		W	E
Date of Notification (1)				Nar	ne of Buildi	ng Owner/Operator	r (2)	1141				Processor and a	- Contraction
		_			ank Of Ar				,	UN 2	1	2018	
Agencies Notified	fication			1000	et Address			124		011 4		-010	
☑ DOLWD ☐ Amend	led					Broadway 9th FI	oor		Name (Spinson and Assessment	A. Albari Sharena da La	-	THE PERSONAL PROPERTY.	
	ment #				, State, Zip			Manage	ASBE	STOS			L&
DCA Emerge	ency (inclu	iding				ns, NY 10601		L	~~~	LICE	1211/	<u>u</u>	PERSONAL S
(NJAC 5:23-8) justifica					ne of Conta			Telepl	hone N	lumber			
	iation				ino Nappi			516	-972-8	8809			
Name of Facility Where Abatement is	Takina D	loos	/21	F/	ACILITY II	NFORMATION							
Bank of America	s raking P	lace	(3)				Type of Facility	(4)					
Street Address							School (K-12	2)	1200 - 11	70.002.2			
15 Yawpo Avenue							Subchapter (i.e., p	8 (Other rivate an	than K	-12) mercial	huildi	nac	
City (5)							homes, etc.)	)	00111	ricida	Dullul	nys,	
Oakland							Square Feet	# of F	loors		Bldg.	Age	
County (6)							3,000	1			45		
Bergen				Cor	inty Code (	7)(STATE USE ONLY)	Current Use (Pri	ior if beir	ng dem	olished	)		
Name of Monitoring Firm Hired by Bu	ildina Own	/5	2) ]	1001									
Environmental Testing Consu	ultant II	er (8	5)	ASCN	I No.		ent Contractor (9)	y					
Street Address	illaill, LL					JVN Restora	ition Inc						
413 North Black Horse Pike						Street Address							
City, State, Zip Code						47 Foster Ro							
Runnemade, NJ 08078						City, State, Zip C						- Alberta	0.411
Project Manager for Monitoring Firm			T-1			Staten Island	NY 10309						
Howard Zenobi				phone		Telephone No.		Licen	se No.			7.37.52	
	Cohodula	10			2-1311	718-605-6256		007	774				
06 /30 /18	Scheduled					Name of OSHA N	Monitor						
				_ ′	18	Testor Tech							
Occupancy Status During Abatement	(Check on	ly on	ie)			Street Address							
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N	ire Period	of A	bate	ment	••	10- 59 Jacks							
Time of Abatement:AM-1:0	00PM/9:00	OPM:	Hour - A	s - Des M	scribe	City, State, Zip Co	ode						
Scope of Work (Check all that apply)						LIC NY 11101							
						M Full Cont							
≥3 sf or ≥3 If     ≥160 sf or ≥260 If	-		ovati			☐ Mini-Enc	tainment with Nega	ative Pre	ssure				
		Dem	olitio	n		☐ Glovebag	Procedure						
		ls L	ocati	on		□ Non-Exe	mpted (*) and Non	-Friable	Proced	dure			
Location of		No	rmal	ly		Description o	f			A	baten	ent T	уре
Asbestos-Containing Material (ACN TO BE ABATED	1) 0	sed Maint	Sole tenai	ly by	Asbes	stos Containing Ma	terial (ACM)	Am	ount	Re	Re	E	E
IN Facility	Ci	usto	dial S	Staff?	(i.e.	, thermal systems i	nsulation.	(Spe	ecify	Remova	Repair	cap	clos
(13)		(	(12)			surfacing, VAT, other miscellane		SF o	r LF)	<u>a</u>	7	Encapsulate	Enclosure
	Ye	s	No	N/A		The modellane	Jusy					ate	1
round Floor / Coupon Booth		0	$\boxtimes$		Wall Pla	ster		120	SF				
				П					-		1		
		1										Ш	Ш
ame of Registered Waste Hauler		L											
Newark Carting				IDEP V Juler ID		Cubic Yards of Waste	Name of Registe	ered Lan	dfill				_
ty, State				NJ-56	6	15	IESI						
						Disposal Date	City, State						
Newark, NJ					1	07/45/00 45	□    □    □    □    □    □    □						
Newark, NJ completed By (Print or Type)	Title					07/15/2018 Signature	Bethlehem,F	PA					

ASB-41 MAY 11

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

			NOTIF (P	ICATION	tate of Ne N OF ASE to NJAC	ESTOS	ABATE	MEN 0)	T	Dr	EC	E		E	Post
Date of Notification (1) 06/19/18					f Building			(2)			JUN	2 1	201	9	$\mathbb{H}$
					eye Parl	ners L	LP		and the same of th	u u	0014	2 1	201	O .	-
Agencies Notified Type	Notification			Street A		2-1			- Marian						and the same
EPA III	Initial		-		Maurer F					/	ASBEST			OL &	100
	Amended Amendment #	1			ate, Zip Co Amboy				Į		LIC	ENS	ING	named the same	Militar were stated
	Emergency (in		-		f Contact					1=					
	justification) Cancellation				Bains						lephone No 31-446-9				
					ILITY INF	ORMAT	ION			30	01-440-9	001			
Name of Facility Where Abaten	nent is Taking	Place (3	3)	170	LITT HAT	OKWA	ION	Тур	e of Facility	(4)					
Buckeye Partners LLP									School (K-	V.555					
Street Address									Subchapte		er than K-	12)			
380 Maurer Rd								X	Other (i.e.				ildings	, home	es,
City (5)					1			Squ	etc.) are Feet	1#0	f Floors		Bldg. /	Age	
Perth Amboy								80		0		- 1	0	.5-	
County (6)				County	Code (7)			Cur	rent Use (Pr	rior if be	ing demolis	shed)			
Middlesex			- 1	(STATE	USE ONLY	)			ansfer Pip			**************************************			
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCN	/I No.				atement Co						
							Adva	ance	d Specia	Ity Cor	ntractors				
Street Address							Street		500						
City Chaty 71 Oct									in Street	Extens	sion Suite	e 10			
City, State, Zip Code							1000		Zip Code						
Project Manager for Manite de							-		e, NJ 088	372					
Project Manager for Monitoring	FIRM			Telepho	ne No.		Teleph				License	Vo.			
Start Date (10)	13	Cobodul	-d C	1-1:	D-1- (44)				-0100		00750				
06/11/18		06/22/		npietion	Date (11)		China Carlo Carlo Ties		SHA Monitor						
Occupancy Status During Abate			100000						vironmen	lai					
		158	200	0.0000			Street 234								
Facility Closed/Vacated Du Abatement Performed Out X Other – Describe: Abatem	aring Entire Perside of Norma	riod of A	Abatem Hours	nent :					Zip Code						
Other - Describe: Abatem	nent in a lay do	wn yard				_			J 08724						
Scope of Work (Check All That	Apply)						Billo	, 140	7 00724						
≥3 sf or ≥3 if		X	Renova	tion			X	T =.	ull Containm	ont with	Magativa	D====			
X ≥160 sf or ≥260 lf		-	emolit				X		ull Containm ini-Enclosur	ent witi	Negative	Pressi	ıre		
							×		lovebag Pro		d Nam Esta				
						un de la company		ואו ב	on-Exempte	a (*) an	и мол-гла	DIE Pro		e ement	-
Location of			Locati Iormall			_	0.0							ре	
Asbestos-Containing Materia	al (ACM)		d Sole		Asbes	e tos Cont	scription aining M	ot lateria	al (ACM)	Α	mount			_	
TO BE ABATED In Facility	000 0000 0000000		intenar odial S		(i.e.	thermal	systems	s insu	lation,	(5	Specify	₽,	70	Enca	ᄪ
(13)			(12)				cing, VA		)	SF	or LF)	Removal	Repair	sde	Enclosure
		No	N/A					,			/al	=	Encapsulate	ure	
T(- D'		INO	IN/PA									-	"		
Transfer Pipe					Pipe	Insula	tion		80	00 LF	х				
															$\Box$
												+	+-		-
Name of Registered Waste Hau	ler	i	I N	JDEP W	aste	Cubic	Yards		Name of	Registr	red Landfi				
Freehold Cartage	600.5		H	auler ID		of Was	200000000000000000000000000000000000000		C see our	1271		1.			
			1:	5939		60			Fairles		ווווג				
City, State Freehold NJ						5	al Date		City, Sta						
		*****				06/19			Morris	ville, P					
Completed by		Title				S	ignature				D	ate			

Safety Agent

Dan Baptista

05/25/18

Print Form



#### Check # 25608

Date of Notification (1)	/0040			Name o	f Building C	)wner/	Operator								
	/2018							Lerner							
Agencies Notified	Type Notification			Street A	Address				1000	7) [	C	E	П	17/7	E
DEP  DOL	Initial Amended Amendmen			City, Sta	ate, Zip Cod		Highlan	d Park, NJ 0	8904		<u> </u>	_5		M	
X DOH	Emergency justification)			Name o	f Contact	38			Te	lephor	ne Num	ber2	1	2018	1
☐ DCA	Cancellation				Rachel				1						and the same
Name of Facility Where	Abatement is Takir	na Place (3	8)	FAC	ILITY INFO	RMAT	TION	Type of Facility	(4)	L	BEST	730	CYNA	moo	
, , , , , , , , , , , , , , , , , , , ,	Residential	.g / .acc (c	')							M			ISIN		- če
Street Address								School (K-Subchapte Other (i.e. etc.)	8 (Ot				dings	home	es,
	ghland Park, No	08904						Square Feet 1500	# (	of Floo 2	rs	В	ldg. A 80+	The second second	
County (6)	Middlesex				Code (7) USE ONLY)			Current Use (Pri	or if be	eing de	molish	ed)			
Name of Monitoring Firm		Owner (8)		ASCN	И No.			of Abatement Co			ces, li	nc.			
Street Address PO E	30x 341							Address ox 322			- %				$\neg$
City, State, Zip Code Ches	terfield, NJ 085	15						ate, Zip Code town, NJ 0850	)1			<u> </u>			
Project Manager for Mon Bill Weisgar				Telepho 609 2	ne No. 98-4070		Telepho 609 2	one No. 59-9688		Lice 004	nse No				
Start Date (10) 7/2/2018		Schedule		npletion 3/2018	Date (11)			of OSHA Monitor							
Occupancy Status During	g Abatement (Che	k Only On						Address							
➤ Facility Closed/Vac	ated During Entire	Period of A	Abatem	ent			PO B	ox 341							
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours			_		ate, Zip Code terfield, NJ 08	3515						
Scope of Work (Check A    ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Il That Apply)		tenova emolit				×	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure						
		Is	Locati	on				TYON Example	2 ( ) ui	14 14011	THOU		Abate	ement	
Location	of	N	lormal	ly		De	escription	of					Ту	ре	
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Ma	d Sole intenar odial S (12)	nce/	(i.e. th	nerma surfa			(	Amoun Specif F or LF	y	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										е	
Basem	ent		X		The	rmal	Pipe Ins	sulation		30 If		Х			
															$\dashv$
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards	Name of	Regiet	ered I	andfill				
Stevens Environmen			1500	auler ID 18292	No.	of Wa		Fairless							
City, State Allentown, NJ							sal Date 5/2018	City, Stat Morrisv		PA					
Completed by Mahlon E. Stevens		Title F	rojec	t Mana	ager		Signature	KL			Date (	e 6/20/	18		



A L B. A. J	Sando.			(Pu	rsuan	it to NJA	C 8	:60 and 5:16	6)	EGE	1 W	F	1	Access 1
Date of Notification (1)  06 /	18 /	18			CHANGE 101	of Building		ner/Operator (	2)	Market Company of the	43	40		
Agencies Notified	Type Notifica					Address	C-514	~	1111	1 JUN 2	2018			
⊠ EPA	□ Initial	ation			Street	Address			11.	001. 4	2.014		Locate	
⊠ DOLWD	☐ Amended	ĺ			City C	State 7in C	` a al a		į.	1			- II	-
⊠ DOH	Amendme	ent #				State, Zip C		20	į	ASBRETUS C	ONTR	OL 8		
□ DCA	☐ Emergen		luding			hwah, NJ		-30		Littera	THE T		40-11	
(NJAC 5:23-8)	justification   Cancellat					of Contact	500			Telephone Num	ber			
	☐ Cancellat	1011				ricia Ega				1				
Name of Facility Where A	Abatament is T	akina l	Dlaco	/3)	FAC	CILITY IN	FOF	RMATION	Time of Facility	(4)				
Residence	abatement is i	aking i	riace	(3)					Type of Facility  School (K-1)					
Street Address										2) 8 (Other than K-12	2)			
Offeet Address									Other (i.e., p	private and comme		ilding	s,	
City (5)									homes, etc.	# of Floors	Ri	dg. Ag	10	
Lavailette (Norma	ndy Beach)								1800	1		39. Aş 65	je	
County (6)				-	Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (Pr	rior if being demoli	shed)			
Ocean									Residence		70.7.77			
Name of Monitoring Firm	Hired by Build	ding Ov	vner (	8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)	)				
N/A							G	Guardian Co	ntracting, Inc.					
Street Address				-			Stre	eet Address						
							1	889 Route 9	, Unit 61					
City, State, Zip Code							City	, State, Zip Co	ode					
							T	oms River, I	New Jersey 08	3755				
Project Manager for Moni	itoring Firm			Tele	phone	No.		ephone No.		License No.				
0: 15 : (10)				L				32-349-9932		00624				
Start Date (10)						te (11)	100000	me of OSHA N						
					<u>'                                    </u>	18	1	.M.S.L. Ana	lytical					
Occupancy Status During	TANDERSON THE PARTY OF ANY ACTION VALO		A SOME COMPANY				100000000	eet Address						
☐ Facility Closed/Vacate						cribe		056 Stelton			,			
Time of Abatement:								, State, Zip Co		0054				
Scope of Work (Check all	I that annly)				-		Р	iscataway, i	New Jersey 08	8854				
	tilat apply)	<i>1</i> 22							tainment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-	☐ Rei ☑ Dei		0.00			☐ Mini-Enc	losure g Procedure					
23 _ 1.00 di di <u>-</u> 2.00 ii		2	A DC	HOHEIC						on-Friable Procedu	ıre			
				Locat							Ab	ateme	ent T	уре
Location	NOTE THE PARTY OF			lorma d Sole	3		1911	Description o		2 3	R	Z.	Ш	Ш
Asbestos-Containing TO BE ABA		)		ntena		Asbe	stos the	Containing Ma rmal systems	iterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili			Cust		Staff?		S	surfacing, VAT	, or	SF or LF)	Va	7	lusc	Sure
(13)		-	Yes	(12) No	N/A	1	otl	her miscellane	ous)				ate	
exterior		_	22222	2000	1000000					4700 5				
exterior						asbesto	)S SI	aing		1700 sf			Ы	
Name of Registered Was	te Hauler			1000	JDEP \		10.000.000	oic Yards of	Name of Regi	stered Landfill				
Guardian Contracti	ng, Inc.				20223		Wa 3		T.R.R.F.					
City, State								posal Date	City, State					
Toms River, New Je	ersey						6	/29/18	Tullytown	, Pennsylvania				
Completed By (Print or Ty	ype)	Title						Signature	1/1	//	ate /	1	144	
Nicholas Fernicola		Pro	oject	Man	ager				(·		4/1	5/1	8	

ASB-41 JAN 13

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

UK 6794



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

10)	ECELV	
1	JUN 2 1 2018	
	ASBESTOS CONTROI LICENSING	- &

Date of Notification (1) 6/18/18			T		of Building trust Re					111	in a	00	N A	. 1	2018	5
Agencies Notified	Type Notification		-	Street A		sidenti	ai Serv	rices	,	-	L	BEG	TOS	00	UTD	DL &
П ЕРА	× Initial				Piedmo	nt Rd					AO			NSIN		ع ال
DEP × DOL	Amended Amendmen		_		ate, Zip C a, GA 3											Carrier St. Co. Co., No. 1915
▼ DOH DCA	Emergency justification Cancellation			Name o	of Contact	7			***************************************	1000000	ephone 4-554					
N. CF 101 111				FAC	ILITY INF	ORMAT	ION			1						
Name of Facility Where 348 Lakeview Ave	Abatement is Takii	ng Place (3)						Тур	e of Facility (4							
Street Address									School (K-12 Subchapter		or than	K-12	1			
348 Lakeview Ave								×	Other (i.e. pr					dings	, hom	es,
City (5)								Squ	etc.) are Feet	# 01	f Floors	3	E	Bldg. /	Age	
Clifton								152								
County (6) Passaic					Code (7) USE ONLY	2		Cur	rent Use (Prio Me	r if bei	ng dem	nolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	A No.		Name	of Ab	atement Cont	ractor	(9) NALS	5				
Street Address							Street	Addr								
City, State, Zip Code							City, S	tate,	Zip Code	10.000					-	
Project Manager for Mon	roject Manager for Monitoring Firm						Teleph		OD, NJ 08	701	Licen	se No	).			
04-15 (10)							732-6				1200	)				
Start Date (10) 6/28/18		Scheduled 7/3/18		npletion	Date (11)		F. C. S.		HA Monitor D PROFES	SSIO	NALS					
Occupancy Status During		-					Street						3500000			
Facility Closed/Vace Abatement Perform	ated During Entire	Period of At	atem	ent					DOVE CO	URI						
Other - Describe:		mar r donity :							Zip Code OOD, NJ 08	701						
Scope of Work (Check A	II That Apply)	<i>C</i> 3						7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		STREET, STREET	novat moliti				×××	M	ull Containmer ini-Enclosure lovebag Proce	dure	200000					
		1				-		i N	on-Exempted	(*) and	Non-F	riable	e Pro	22000	e ement	+
Location	of	No	ocation all	у		Des	scription	of							ре	
Asbestos-Containing TO BE ABA	Material (ACM)	Used Main					aining M	lateria	al (ACM)		mount				Ш	
In Facili		Custo	dial S (12)	itañ?	(1.0.	surfac	cing, VA	T, or	İ		pecify or LF)		Remova	Repair	icaps	Enclosure
(13)			No	N/A		other m	niscellan	eous	)				oval	air	Encapsulate	sure
INTERIO	INTERIOR Yes I						Insula	tion		18	0 LF		x			
								,,,								
								-								
Name of Registered Was	Name of Registered Waste Hauler						Yards	-	Name of R	egiste	red Lar	ndfill				
NEWARK CARTING	1323	auler ID 509	P10.	of Was 5	ste		IESI									
City, State NEWARK, NJ				Dispos 7/3/18	sal Date		City, State BETHLE	HEM	PA							
Completed by JOSEPH PERLSTEI	N	Title OWNE	R			1	ignature		1			Date	)			
										-	1					

CK1445
PAID

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN

E	C	巴	$\mathbb{V}$	E	1445
# # P P P P P P P P P P P P P P P P P P	JUN	2	2018		

			1)	ursuant	to NJAC	8:60 an	d 12:120	1)	m			-	-					
Date of Notification (1)					Name of Building Owner/Operator (2) JUN 2 1 2018													
	ne 18, 2018				ridgewater Site													
Agencies Notified	Type Notification			Street A					ACDICATOR CONTROL O									
EPA	Initial				erne Av			ASBESTOS CONTROL & LICENSING										
DEP	Amended Amendment	#			ate, Zip Co			LIVETING PROPERTY AND A CONTROL OF THE CONTROL OF T										
	Emergency		_		vater, N	J 0880	7	Tologh Nimb										
DOH DCA	justification)				f Contact			Telephone Number										
L BCA	Cancellation				Manage		ION	973-641-1736										
Name of Facility Where	Abatement is Takin	g Place (3	3)	FACI	LITY INF	ORMATI	ION	Type	of Facility (	4)								
Bridgewater Site		·*							School (K-1									
Street Address										8 (Other than k	(-12)							
10 Finderne Avenue									etc.)	rivate & comme			V.	es,				
City (5)								Squa	re Feet	# of Floors		Bldg.	Age					
Bridgewater, NJ 088	307			Carratur	C-d- /7\				/5:	<u></u>								
SOMERSET				County (	USE ONLY)			Curre	nt Use (Pric	or if being demo	65%							
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No		Name	of Aha	tement Con	busines	SS							
AET		Owner (o)		0021	1110.		1990 9790											
Street Address				0021				ne MACK Group, LLC treet Address										
907 Doolittle Drive								Street Address 500 Kings HWY N, STE 209										
City, State, Zip Code							_	Kings HWY N, STE 209 State, Zip Code										
Bridgewater, NJ 088						erry Hill, NJ 08034												
Project Manager for Mo		Telephoi	ne No.		Teleph	THE RESERVE OF THE PERSON NAMED IN		License	e No.									
Eric Houseknecht				(908) 21	18-1108		(973) 7	759 -	5000	00781								
Start Date (10)		Schedule			Date (11)				A Monitor				-	-				
7/2/18	3			7/2/19	)		The M	ACK	Group, L	LC.								
Occupancy Status Durin	ng Abatement (Ched	k Only Or	ne)				Street											
Facility Closed/Vac	cated During Entire	Period of	Abate	ment			1500 K	Kings	HWY N,	STE 209								
Abatement Perform Other - Describe:	ned Outside of Norm	nal Facility	/ Hour	S			City, St	tate, Zi	ip Code									
The state of the s						_	Cherry	Hill,	NJ 08034	1								
Scope of Work (Check A	All That Apply)						5											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	Renov				R			ent with Negativ	e Pressi	ire						
≥100 St 01 ≥200 ft		ш	Jemoii	nolition					i-Enclosure vebag Prod									
							2				-Friable Procedure							
		500	Loca									MAY 14 TO TO	emen ype	t				
Locatio			Norma	illy elv bv				cription of ining Material (ACM) Amount						T				
Asbestos-Containing TO BE AB		Ma	intena	nce/			aining M systems			Amount (Specify	7		E	m				
In Faci	lity	Cus	todial (12)	Staff?	(	surfa	cing, VA	T, or		SF or LF)	Rem	Repair	caps	nclo				
(13)		_	()			other r	niscellan	eous)			Remova	air	Encapsulate	Enclosure				
		Yes	No	N/A							-		Ф					
Building 2 L	ab 2134E		X			VA	T / mas	stic		1400 sf	$\times$							
_"_			X			t	ransite			200 sf	X							
Name of Registered Wa	ste Hauler			NJ DEP W		0.50000000	Yards		Name of I	Registered Land	fill	1						
Newark Cartina	1	Hauler ID		of Wa			Cumela a d	and O										
Newark Carting City, State				450	J9	Dieno	16 sal Date											
Newark, NJ					Disposal Date 7/2/19				1 *									
Completed by		Title					Signature	וכתנ	1 4 CANDOLD	, i-A	Date							
Mike Cooper		Presid	lent				The 1	1//										
Goopei		1 10310	CIIL								10/10							



m.	C	E		$\mathbb{V}$	E	m
M	JUN	2	1	2018	THE PARTY OF THE P	

			V					111 111 0011	hom	-	110	
Date of Notification (1)	15-18			Nan		ng Owner/Operat	or (2) DS COA	STRUCTI	011			~
Agencies Notified	Type Notification	on	- 25	Stre	et Address	5		ASBESTI	CENS	SING	HO	- 64
DEBA	⊠ Initial					300	774 57				-	-
200r □ 0€b	Amended Amendmen	t#		City,	State, Zip		0.170	NITO	27	(18		
	Emergency	(includir	ng	_		ISLE	CITY		85	۳.	2	_
Ø DOH ☐ DCA	justification Cancellation			Nam	ne of Conta	RANIC		Telephone Numi	oer .	8		
	L			FA	CILITY IN	FORMATION						
Name of Facility Where	Abatement is Tak	ing Plac	æ (3)			•	Type of Facilit	ty (4)				
	ESIDEN		2000		*		School (K-					
Street Address						1	Other (i.e.,	er 8 (Other than K-12 private & commerci		dings		
City (5)							Square Feet	# of Floors	ТВ	ldg. A	ge	
	SEA	ISL	E	CI			1500	_   l	د ا .	50	257	_
County (6) CAPI	= MAY			USE	inty Code ( E ONLY)	7) (STATE		Prior if being demolis	shed)			_
Name of Monitoring Firm		Owner	$=$ $\Gamma$	ASCIV	No.		ment Contractor (	9)				
(8)	ILA					1	LUMCO	INC				_
Street Address	-					Street Address	_	RUCE AUG	_			
City, State, Zip Code	<del> </del>					City, State, Zip	Code	HADE NIJ		80	25	 >
			1 7.1.		Nie	Telephone No.	LE ST	License 1		200	2)	
Project Manager for Mon	itoring Firm		I ele	phone	NO.	856-77	9-0472	013	71			_
Start Date (10)	Sch	eduled C				Name of OSHA	Monitor	1 10				
6-25-18 Occupancy Status During	Abatement (Ch	0	2 -	18		Street Address	/	4	_			
Facility Closed/Vacate	d During Entire P	eriod of	Abate	ment								_
Abatement Performed Other - Describe:	Outside of Norma	al Facilit	y Hour	\$		City, State, Zip	Code	. 1				_
Scope of Work (Check all	I that apply)					□ Eut Co	entainment with N	anative Pressure				
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovation			☐ Mini-Er	nclosure pag Procedure	on-Friable Procedu	re			
yss -		1 1-1	ocatio		1	MINORPE	cerroted ) and re	1		bate	ment	
		1	omally						1	Typ	e	
. Location of	f		Solety			Description of os Containing Ma		Amount			m	
Asbestos-Containing Ma			ntenano estodia		(i.e.,	thermal systems	insulation,	(Specify	20	R	nca	Enc
TO BE ABATE IN Facility	T.		Staff?			surfacing, VAT other miscellane	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			one miscerare	ous)		121	5	late	16
		Yes	No	N/A								_
SIDINI	<u> </u>			X		TRANSI	TE	2520 st	X			
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		1	-									
Name of Panistand Wast	e Harler		TN	IDEP V	Vaste	Cubic Yards	Name of Reg	istered Landfill				
Name of Registered Wast				790		of Waste	CM	C.MU.A.				
ICLEMOO	JUC.		-17	190	24	Disposal Date-	The second state of the se					
City, State  MAPUE S	SHAVE	MI.		08	250		Wool	DBINE A	1.7		_	_
Completed By	Title		. ^			Signature -	100	Date	15	-1	8	
WICHAO K	1044	S	UP.			_ hu	mn		1 )		_	



					N OF ASE t to NJAC	ESTOS	ABATE		1	Do	Al	- Andrews	171	14	7		
Date of Notification (1)				Name o	of Building	Owner/	Operato	r (2)		14	A F		V	010	)		
6/18/18				Alber						$\mathbb{W}$							
Agencies Notified	Type Notification		į.	Street /	Address												
	× Initial			0: 0:								111	11 0	4	-010	- Continue	
DEP X DOL	Amended Amendment	#			ate, Zip Co ry Park,		712	1.1 LI JUN 2   2018									
	Emergency (				of Contact	140 07	112			1 -							
DOH DCA	justification) Cancellation			Joe B			Telephone Number S CONTROL										
				0.000	ILITY INF	ORMAT	ION			11	The second second	L	ICE)	ISIN	3	1000000000	
Name of Facility Where Ab	patement is Taking	Place (	3)					Туре	of Facility (4	1)		-					
house									School (K-1)	2)							
Street Address								×	Subchapter Other (i.e. p. etc.)	8 (Oth	er thai & com	n K-12 merci	2) al buil	dings	, hom	es,	
City (5)									re Feet	#0	f Floor	s	E	Bldg. A	\ge		
Asbury Park						2200	)	2			7	73					
County (6) Monmouth					Code (7) USE ONLY	)		Curre hous	nt Use (Prio se	r if be	ing der	molish	ied)				
Name of Monitoring Firm F	)	ASCI	M No.				tement Con onmental			LLC	ë ë						
Street Address	treet Address							Addres		_	-						
					PO	Box 483, 4 E Gate Drive											
City, State, Zip Code							State, Zip Code										
							Glen	iwood	, NJ 074	18`							
Project Manager for Monito		Telepho	ne No.			none No				nse N	٥.						
Start Date (10)	- 10					764-2			703	V.							
6/29/18		7/12/1		npletion	Date (11)		Name	of OSF	IA Monitor								
Occupancy Status During A	Abatement (Check	Only O	ne)		-		Street	Addres	S				100				
Facility Closed/Vacate		-00-00 00 00 00 00 00 00 00 00 00 00 00	-55-6-	nent													
Abatement Performed  Other – Describe: ba	Outside of Norma	al Facility	/ Hours	5		_	City, S	state, Zi	p Code								
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	AAAA	processors.	Renova Demolit				×	Min Glo	Containme i-Enclosure vebag Proce n-Exempted	edure					۵		
		Is	Locati	on						1					ment		
Location o			Vormal			De	scription	of						Ту	ре		
Asbestos-Containing M TO BE ABAT			d Sole intena				taining M systems				mount		_		Щ	m	
In Facility		Cus	todial 9 (12)	Staff?	(1.6.		cing, VA		uon,		pecify or LF		Remova	Repair	Encapsulate	Enclosure	
(13)			(12)			other n	niscellan	neous)					ova	air	sula	Sur	
		Yes	No	N/A									-		te	(D	
basemen	t			х		pipe	insula	tion		5	0 LF		х				
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Name of Registered Waste	Houler		1.0	IDEE:													
Freehold Cartage	JDEP W auler ID 5939		of Was			Name of R Western	2007										
City, State Freehold NJ						200	sal Date		City, State Birdsbor	о РА					110000	$\neg$	
Completed by	A CONTRACTOR OF THE CONTRACTOR						Signature   Date										
A. Scott Higgins		Presi	dent					6/18/18						3			



Scope of Work (Check All That Apply)    State	1	IITON I)	FICATIO Pursuan	N OF ASE	3ESTOS 8:60 ar	6 ABATE nd 12:12	MENT 0)		10	m/		101	11-	ille	~\sqrt{1}			
Agencies Notified    Paper   Institat   Amendment #   Institat   City, State, Zip Code   Nutley, NJ 07110								(2)						U	TK	<i>}</i>		
DOL	EPA X Initial DEP Amended			Street	Address		CI .			IN ECSIVE								
Name of Facility Where Abstement is Taking Place (3)   Type of Facility (4)   School (K-12)	X DOL Amendme	ent # cy (including	_	Nutle	JUN 2 1 2018													
Name of Facility Where Abatement is Taking Place (3)		n)				Tel				********								
Street Address  PO Box 483, 4 E Gate Drive  City, State, Zip Code  City, State  City, Stat	Name of Facility Where Abatement is Tal	king Place (3	)	FAC	CILITY INF	ORMAT	ION	Type	of Facility (	4)	A-58			-	T med	1.8		
City (5) Nutley  County (6) Essex  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Street Address  Street Address  Street Address  Street Address  Street Address  Froject Manager for Monitoring Firm  Telephone No.  Street Address  Street Address  Street Address  Froject Manager for Monitoring Firm  Telephone No.  Teleph									School (K-1	2)								
Square Feet   # of Floors   Bidg. Age   65	Sireet Address							×	Other (i.e. p	8 (Oth	er than & comn	K-12 nercia	) al buil	dings	, hom	es,		
County (6) ESSEX  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  Street Address  PO Box 483, 4 E Gate Drive  City, State, Zip Code  City, State  City, State  Title  City, State, Zip Code  City, State  City, State  Title  City, State  Title  City, State  City, Sta									are Feet	70555 TO	f Floors							
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  ABS Environmental Services, LLC  Street Address  Street Address  PO Box 483, 4 E Gate Drive  City, State, Zip Code  City, State, Zip Code  Glenwood, NJ 07418'  Telephone No. 973-764-2276  703  Start Date (10) 6/28/18  Occupancy Status During Abatement (Check Only One) Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State, Zip Code  Street Address  Street Address  Telephone No. 973-764-2276  703  Street Address  City, State, Zip Code  City, State  In Facility (2)  Pes No N/A  Abaestos-Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Description of Abaestory (3)  Abaestos Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abaestos Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abaestos Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abaestos Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abaestory Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abaestory Containing Material (ACM)  (i.e. thermal				County (STATE	Code (7)	)		Curre	ent Use (Prid	3750	ng dem	olish						
Street Address  PO Box 483, 4 E Gate Drive  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Glenwood, NJ 07418'  Project Manager for Monitoring Firm  Telephone No.  1 Telephone No.  973-764-2276  703  Start Date (10)  6/28/18  Occupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State,	Name of Monitoring Firm Hired by Buildin	g Owner (8)						of Aba	atement Con					-				
City, State, Zip Code  City, State, Zip Code  Glemwood, NJ 07418*  Project Manager for Monitoring Firm  Telephone No.  973-764-2276  Start Date (10)  Scheduled Completion Date (11)  7/9/18  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe: basement furnace room  Scope of Work (Check All That Apply)  23 sf or ≥3 if  Nemovation  Demolition  Scope of Work (Check All That Apply)  Abatement Facility  (13)  Location of Asbestos-Containing Material (ACM) To Es ABATED In Facility  (13)  Abatement furnace room  Abatement furnace room  X pipe insulation  Dasement furnace room  X pipe insulation  Dasement Western Berks Landfill  Nome of Registered Waste Hauler  Freehold Cartage  Disposal Date  Title  Signature  Date  City, State, Zip Code	Street Address						Street	Addre	SS	ental Services, LLC								
Telephone No. 973-764-2276   Clicense No. 973-764-2276   Clicense No. 973-764-2276   Clicense No. 973-764-2276   Clicense No. 703   Clicense No. 973-764-2276   Clicense No. 703   Cl	City, State, Zip Code		City, State, Zip (					ip Code	p Code									
Start Date (10)   Scheduled Completion Date (11)   7/9/18   Name of OSHA Monitor	Project Manager for Monitoring Firm		Telepho	one No.		Teleph	one N	0.	18`	Licens	se No	),						
Street Address   Street Address		Schedule	d Cor	mpletion	Date (11)						703							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: basement furnace room  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) In Eacility (13)  Demolition  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  Dasement furnace room  Dasement Normally  Yes No N/A  Dasement furnace room  Dasement furnace r		7/9/18					CV0030-411 MC-02											
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf    Demolition	Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of A	haten	ment s						1929								
≥ 160 sf or ≥260 lf   Demolition   Demoli	Scope of Work (Check All That Apply)																	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Dasement furnace room  Dasement  Normally Yes No N/A  Dasement  X pipe insulation Surfacing, VAT, or other miscellaneous  Abatement Type  batement Type Abatement Type Abatement Type Abatement Type Abatement Type	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Processor .					×	Mir Glo	ni-Enclosure ovebag Proc	edure								
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Dasement furnace room  Dasement furnace room  Dasement  Dasement  Name of Registered Waste Hauler Freehold Cartage  Title  Disposal Date Title  See Solely Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Contain	Location of	N	ormal	lly		Do								Abatement				
basement furnace room	TO BE ABATED In Facility	Maii Custo	ntena odial S (12)	nce/ Staff?		tos Con thermal surfa	taining M systems cing, VA	aterial insula r, or		(S	pecify		Removal	Repair	Encapsula	Enclosure		
basement X floor tile 400 SF X  Name of Registered Waste Hauler  Freehold Cartage NJDEP Waste Hauler ID No. 15939 TBD Western Berks Landfill  City, State Freehold NJ  Completed by Title Signature  Disposal Date TBD Date  Signature Date	hasement furnace room	Yes	No					•							6			
Name of Registered Waste Hauler  Freehold Cartage  Disposal Date  Title  Scott Hinging  Name of Registered Landfill  Vestern Berks Landfill  City, State  TBD  Date  Date				1									(20)					
Freehold Cartage  Hauler ID No. 15939  TBD  Western Berks Landfill  Disposal Date TBD  Completed by  Title  Scott Hinging  Date				^			oor the			40	0 SF		X					
Freehold NJ  TBD  Completed by  Title  Signature  Date	Name of Registered Waste Hauler Freehold Cartage	Hauler ID N							010020 90	7975								
2 Scott Higgins Date	Freehold NJ				sal Date													
0/10/10	Completed by A. Scott Higgins		lent		3	S	ignature		1	_				3				

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	PAID		NOTII	FICATIO	tate of N N OF AS t to NJA(	BESTOS	ABATE	MENT	Ann among the next of the	<u>[]</u>	E	C	E		// [	SI	
Date of Notification (1) 6-12-2018					of Building Sip Av			r (2)	-	M		11145	9 1	20	10	And the second second	
Agencies Notified	Type Notification				Address		JUN 2 1 2018										
□ EPA	× Initial			100 C	halleng	jer Roa	oad, Suite 401										
DEP × DOL	Amended Amendment				ate, Zip C field Pa		07660		ASBESTOS CONTROL & LICENSING								
DOH DCA	Emergency (in justification) Cancellation	nciuaing	3	77.00	of Contact d Eglen			Telephone Number									
Name of Facility Where A	hotomost is Tabia	DI	-	FAC	ILITY INF	ORMATI	ON										
Commercial	batement is Taking	Place (	3)						of Facility (4	150							
Street Address 61-63 Sip Avenue								R	School (K-12 Subchapter Other (i.e. pretc.)	8 (Oth	er than & comr	n K-12 mercia	) al buile	dings,	hom	ies,	
City (5) Jersey City, NJ 0730	06								re Feet	# 0	f Floors	S	1000	lldg. A	ge		
County (6) Hudson				County (STATE	Code (7) USE ONL	Y)		Curre	nt Use (Prio	r if be	ing den	nolish	ed)				
Name of Monitoring Firm I	ame of Monitoring Firm Hired by Building Owner (8)								tement Cont vironment			s. LL(					
Street Address					Street	Addres											
City, State, Zip Code			ip Code y, NJ 0730														
Project Manager for Monit	oring Firm			Telepho	ne No.		Teleph	none No 333-8	0.		Licen	ise No	).				
Start Date (10) 6-13-2018		Schedul 6-18-2		mpletion	Date (11)		Name		A Monitor							-	
Occupancy Status During	Abatement (Check	Only O	ne)				Street										
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire Pe d Outside of Norma	eriod of all Facility	Abaten / Hours	nent s	nent City, State, Zip Code												
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	тист фруу		Renova Demolit				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	edure					a		
		Is	Locati	ion						Tidbit			ment	t			
Location of			Normal			Des	cription	of				- 1		Ту	ре		
TO BE ABAT	bestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used Sol Maintena Custodial (12)							insula T, or		(S	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure	
Yes No													<u>=</u>		ate	Ге	
Front Entra	nce		Х				VAT			6	4 SF		х				
2nd Floor Lo	obby			Ceilir	ng Plas	ster		50	00 SF		x						
2nd Floor Offi	2nd Floor Office # 1 x						low Ca	ulk		9	SF		x				
Roof			Roofir	ng Mat	erial		23	51 SF		x							
Name of Registered Waste	JDEP W		Cubic \	Yards	Т	Name of R											
Green Environmental	auler ID 034889		of Was	te		G.R.O.W	/.S. N	North I	Land	fill							
City, State Jersey City			Disposi			City, State Morrrisvi	lle. P	Α									
Completed by Liliana Serrano	Title Office Manager						qnature	(0)	Leu			Date		118			

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.