0x2404

CATO	<i>t</i>		(Pu	rsuant	to NJAC	NJAC 8:60 and 12:120)				TO FOR IN EI							
Date of Notification (1)	6/21/16		1	lame o	f Building	Owner/C	Operator	(2)			113 11	<u> </u>		(1)			
Agencies Notified	Type Notification		1	1 0 11	ddraee	acla	mt	10 5	st.		Jl	JN 2	3	20	6		
EPA DEP	Initial Amended		(ate, Zip Co	de	11/2/10	111	st. 8754	l _s	ASBES	TOS	00	MIT	201	1 2	
DOH DOH	Amendment # Emergency (in justification)		-		S A	ver	1/1/7	. 0	8120	1 -Tek	phone	LICE	13	MG	-		
DCA DCA	Cancellation				lackis						*						
Name of Facility Where	Abatement is Taking	Place (3))	FACI	LITY INFO	RMAI	ION	Туре	of Facility (4)							
Street Address	Malacata	n <	7						School (K-1 Subchapter Other (i.e. p	8 (Othe			uildi	ings,	home	es,	
City (5) TOWS	River)()						etc.) re Feet 00	# of	Floors		Blo	dg, A	ge \((00	
County (6)	An				Code (7) USE ONLY)	Fe		Currer	nt Use (Pri	or if bei	ng demo	lished					
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCN	/I No.				tement Cor stries Inc		(9)	(10					
Street Address							Street /	Addres	S								
City, State, Zip Code							City, St	ate, Zi	p Code / Jersey	08723							
Project Manager for Mor	nitoring Firm			elepho	ne No.		Teleph).		License 01196						
Start Date (10)	22/16	Schedule			Date (11)				IA Monitor		01100			-			
Occupancy Status Durin		Only One	Z ^Q	116			Street /	Addres	ss								
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Page ned Outside of Norma	eriod of A al Facility	batem Hours	ent			City, St	ate, Zij	p Code								
Scope of Work (Check A	II That Apply)	.,															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Min Glo	i-Enclosure vebag Pro	Containment with Negative Pressure -Enclosure vebag Procedure -Exempted (*) and Non-Friable Procedure					v.		
		Is	Locatio	n				I NOI	1-Exemple	J () and	I NOH-FI	Table I		Abate	ment		
Location Asbestos-Containing		Used	ormally Solely	y by	Ashes		scription taining M		(ACM)	A	mount		T	Ту	- 1		
TO BE AB In Faci (13)	ATED lity		ntenan odial S (12)			thermal surfa	systems cing, VA ⁻ miscellan	insula F, or		(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A	s(\\n)(100		1 - 1 -		n.	1 6	_ ,	1		(D		
					asbes	(0)	insu	LOW	0C	NE P	1		¥				
				oslæs	105	Hoor	File	٤	21	SSF	2	8					
Name of Registered Wa	Name of Registered Waste Hauler						Yards		Name of	Registe	red Land	dfill					
Brick Industries Inc.			Ha	IDEP Wauler ID 602		of Wa			GROW								
City, State Brick, New Jersey							3011	6	City, Stat	е							
Completed by Eric Plackis		Title Presid				Signature		0			Date	11	11	16			
									UT				- '				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

		-				14.1	JUIN	237	010	1	_				
Date of Notification (1)			Name of B	uilding	Owner/Operator	DNITE	ACT IX	16							
Agencies Notified Type Notificat	ion		Street Add	ress).O B	0x 59 A	SBESTO	OS CON CENSIN	G_	La	_				
DBP Amended Amendmen		- 1	City, State,	Zip C	ode ENNISU	1715 11	VIT		21	U					
☐ Emergence ☐ DOH justification ☐ DCA ☐ Cancellation	n)		Name of C	ontact		1000	Telent	nna Nim		1					
- Cartenate			EACH IT		HR IS				_			_			
Name of Facility Where Abatement is Ta	king Place	(3)	1 7 9 2 1		Oldin (1101)	Type of Facilit	y (4)								
RESIDEN	ICE					School (K-		AL 10 . #1	21						
Street Address						Subchapte Other (i.e., homes, etc	private &			dings	i,				
City (5)	000					Square Feet	# of F	Floors Z	100	ldg. A					
COUNTY (6) CAPE MAY			County Co USE ONL		(STATE	Current Use (F	Prior if bein								
Name of Monitoring Firm Hired by Buildin	g Owner	TA	SCM No.	T	Name of Abatem	ent Contractor (9)				-	_			
(8) N/A				_		LOMCO.	INC								
Street Address					Street Address	9 S.SP	RUCE	AVE							
City, State, Zip Code					City, State, Zip C	ode APLE S	HAD	EN.	7	080	250	2			
Project Manager for Monitoring Firm		Teleph	none No.		Telephone No. 856-77	9-0472		0090	14						
	neduled Co	mpletio	n Date (11)	Name of OSHA N	Monitor						=			
6-29-16	7-7	-	b	1		NK	7					_			
Occupancy Status During Abatement (Cl Facility Closed/Vacated During Entire			ant		Street Address										
Abatement Performed Outside of Norm			<i>-</i> 11	F	City, State, Zip Co	ode				-		-			
Other - Describe:										-					
Scope of Work (Check all that apply)					☐ Full Con	tainment with Ne	agative Pr	essure							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation polition			☐ Mini-Enc ☐ Gloveba				re						
		cation	1		A NOT PLACE	mpled () and iv	or Fridable	riocedu	1	bate	ment				
Location of	Non Used S	maiiy Solely b	v İ		Description of					Тур	e				
Asbestos-Containing Material (ACM)	Mainte		As		Containing Mate		. Amo (Spe		_		E	Е			
TO BE ABATED IN Facility	Sta	aff?	1		ermal systems in surfacing, VAT, o	or	SF or		Remova	Repair	caps	Enclosure			
(13)	(1	2)		O	ther miscellaneou	us)			oval	air	Encapsulate	sure			
	Yes	No N	N/A								,				
SIDING		X	TR	LAN	SITE		225	0.25	X						
	-	_							-			-			
	-	+							-	_	-				
Name of Registered Waşte Hauler		INID	EP Waste	To	Cubic Yards	Name of Reg	stered La	ndfill				-			
KLTMCO INC			er ID No.	1 1 1 1 1 1 1	of Waste	C IN	_	MI) L	4					
City, State			404	-	Disposal Date	City, State						=			
MAPLE SHADE N	.7.					_ Woon	DIN		5			_			
Completed By W. CHATC Comm	SUP			Signature 6-19-16											

State of New Jersey	
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)	THE GELVE
	117 19 -

Date of Notification (1)	16		100000000000000000000000000000000000000	artifacture contact sections	g Owner/Operator (Twp. Board Of		JUN 2	3 20	16		4	
Agencies Notified			331	Address Levis D			ASBESTOS	CCINT ISING	ROL	_is		
	ent # <u>10-6/</u>	20/16		State, Zip (1121-1					
□ DCA □ Emergen		ng	1000000	Holly, N.			TTIC					
(NJAC 5:23-8) justification [Cancellat	100			of Contact Buffa	T.		Telephone Nur	nber				
	1-0.010	1122			FORMATION							
Name of Facility Where Abatement is T	aking Plac	e (3)			., 0.1111/11/011	Type of Facility	(4)					
FW Holbein Middle School		. ,				School (K-1)						
Street Address							8 (Other than K-1		و دالوال.			
331 Levis Dr						homes, etc.	orivate and common)	ercial bu	Illaing	js,		
City (5)						Square Feet	# of Floors	BI	dg. A	ge		
Mt. Holly												
County (6)			Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)				
Burlington												
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Abateme	The Conference of the Conferen						
MECS, Inc Street Address			L			VIRONMENTA	L, INC.					
PO Box 341					Street Address 1123 BEAVE	D STREET						
City, State, Zip Code					City, State, Zip Co							
Chesterfield, NJ 08515					BRISTOL, PA							
Project Manager for Monitoring Firm		Te	ephone	No.	Telephone No.		License No.					
William Weisgarber			09-298		215-788-6040	í	00509					
L	Scheduled	Compl	etion Da	ate (11)	Name of OSHA N	Name of OSHA Monitor						
6 / 20 / 16	6	/ _2	0_/	16	BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During Abatement (Check only	one)			Street Address							
☐ Facility Closed/Vacated During Entire					1123 BEAVE	R STREET						
Abatement Performed Outside of No Time of Abatement:AM					City, State, Zip Co BRISTOL, PA							
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		tenova Jemolit				g Procedure	gative Pressure on-Friable Proced	ure				
4 2		ls Loca						Ab	atem	ent T	уре	
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	Ou Cu	lainten stodia (12	lely by ance/ I Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
71	Yes	2 (97)	(4)	Dia - Fi	ttings Musy and	Cut	1,575 LF					
Throughout				-	ttings-Wrap and	Cut						
Exterior			12	Louver			516 LF					
Gym, Gym storage, Stage			10		ibration Cloth		108 SF		片			
Room 210 & 211					ble tops	Norse of Deal	144 SF	\boxtimes				
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	, INC.		NJDEP Hauler I 2099	D No.								
City, State NEW CASTLE, DE 19720					Disposal Date	City, State WAYNESE	BURG, OH 4468	38				
Completed By (Print or Type)	Title				Signature			Date /	1			
Brian Scafiro	Estim	ator				Seferi	i 6/20/16					

Do not use this form for asbestos licensure exempted activities. 6/20/16 : PROJECT ON HOLD

Date of Notification (1) 3 / 11 /	16					g Owner/Op	97	2) Education		346				
		_				1 wp. 50a	iu Oi		IN 23 ZI)16	-	1		
Agencies Notified	cation				Address Levis D	-						1		
☑ DOLWD ☑ Amende					State, Zip (L	TOP CON	TROL	Č.	-		_
□ DHSS Amendm					Holly, N.			71.50	TRUE TO				Ģ.	
DCA Emerger (NJAC 5:23-8) Justificat		luding	1		of Contac		2777		Telephone N	lumher	70.7		115	_
Cancella				10000000	Buffa				relephone iv	iuiiibei				
				FΔ	CILITY IN	IFORMATI	ON			7.56		5,000		-
Name of Facility Where Abatement is	Taking	Place	(3)	1.70		II ORIMATI	OIV	Type of Facility (4)					_
FW Holbein Middle School	J		1-7					School (K-12)						
Street Address				120 111-11				☐ Subchapter 8	(Other than K			•		
331 Levis Dr								Other (i.e., pri	ivate and com	mercial	build	iings	1	
City (5)	- 0							Square Feet	# of Floors	Т	Blda	. Ag	e	-
Mt. Holly														
County (6)				Cour	ty Code (7)(STATE USE	ONLY)	Current Use (Price	or if being dem	nolished)			-
Burlington					~ N.	30,7%	5							
Name of Monitoring Firm Hired by Buil	lding Ov	wner ((8)	ASCM	No.	Name of A	bateme	ent Contractor (9)				447 (44)		
MECS, Inc								VIRONMENTAL	., INC.					
Street Address						Street Add	ress							-
PO Box 341						1123 BEAVER STREET								
City, State, Zip Code							City, State, Zip Code							_
Chesterfield, NJ 08515	esterfield, NJ 08515						DL, PA	19007						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone	No.		License No					
William Weisgarber			60	9-298	-4070	215-788	3-6040		00509					
Start Date (10)6 /20 /16	Schedu 6			tion Da		Name of C		lonitor VIRONMENTAL	, INC.					
Occupancy Status During Abatement ((Check	only c	ne)			Street Add								
☐ Facility Closed Vacated During Ent				ment		1123 B	EAVE	R STREET						
Abatement Performed Outside of N Time of Abatement:AM						City, State								
Scope of Work (Check all that apply)						DIGITO	JL, 1 /-	13001						_
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati molitic			⊠ M ⊠ G	ini-Enc loveba	ainment with Nega losure g Procedure mpted (*) and Non						
		ls	Locat	ion							bate	emer	nt T	/[
Location of			lorma d Sole				iption o		2 100-25-4 100-25-	-				
Asbestos-Containing Material (ACN TO BE ABATED	VI)	Ma	intena	nce/		stos Contair ., thermal sy		terial (ACM) insulation.	Amount (Specify	Kelliova		Renair	Encapsulate	
IN Facility		Cust	odial ((12)	Staff?	,,,,	surfacin	g, VAT,	or	SF or LF)	<u> </u>		7	Sul	
(13)	-	Yes	No.	N/A		other mis	cellane	ous)					ate	
Room 210A			Transit	e Foom Ho	ood		90 SF	D	3 [1 95 7		
Throughout	\boxtimes		Roof Dr	rain Insula	tion		9 LF		3 [V 100 V		
Room 202-208	oom 202-208								1,760 SF	D] [1000
] [
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	P. INC.		100	JDEP V auler ID		Cubic Yard Waste	s of	Name of Registe						
City, State	,			20990		Disnosal D	ate				_			_
NEW CASTLE, DE 19720							Disposal Date City, State WAYNESBURG, OH 44688							
Completed By (Print or Type)	Signature Date													
Brian Scafiro	Est	timat	or			Su.	car	Scolina		6/.	20	116	2	

ASB-41 05/60/0

MAY 11

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

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

*PO N SITE 6/20/16. PROJECT ON HOLD 6/21/16

State of New Jersey					
FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)	E	G		<u>E</u>	

D-4611-060 (4)									1.13	î .			14	111
Date of Notification (1) 6 /	15 /	16			Name	of Buildin nceton U	g Ow Inive	ner/Operator (ersity-Office	²⁾ of Design and	Construction	3 20	16		4
Agencies Notified	Type Notifica	ation			Street	Address Elm Dr.				ASSESTOS	CONT		. &	
□ DOLWD □					City, S	State, Zip (Code			LICE	NSING			_
□ DHSS	Amendme		1000000			nceton, N			<u></u>					
DCA (NJAC 5:23-8)		cy (inci on)	luaing			of Contac				Telephone No	umber			
(☐ Cancellat				Rol	oert Orte	go							
						_	_	RMATION						
Name of Facility Where A	hatement is T	Taking	Place	(3)	FA	JILIT III	NFOR	KIVIATION	Type of Facility	(4)				
Princeton University			1 1000	(5)					School (K-12					
Street Address	y i yiic iiai								☐ Subchapter 8	Other than K-				
Pyne Lane									Other (i.e., property homes, etc.)		mercial b	uildin	gs,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Princeton														
County (6)					Cour	ity Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olished)			
MERCER									Library					
Name of Monitoring Firm		ding Ov	wner (8)	ASCM	No.			ent Contractor (9)					
ATC Group Services	s LLC				0009	98	E	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Str	eet Address						
Three Terri Center							1	123 BEAVE	R STREET					
City, State, Zip Code				City, State, Zip Code										
Burlington, NJ 0801	Burlington, NJ 08016								19007					
Project Manager for Monit	toring Firm			Tele	phone	No.	Tel	ephone No.		License No.	3)			
Michael Keehn					9-386		2	15-788-6040		00509				
Start Date (10) 6 /16 /					tion Da	te (11) .D		me of OSHA N BRISTOL EN	lonitor VIRONMENTAI	_, INC.				
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address				-17		
☐ Facility Closed/Vacated					nent		1	123 BEAVE	R STREET					
Abatement Performed						cribe		y, State, Zip Co	SECTION AND AND AND AND AND AND AND AND AND AN					
Time of Abatement: 7:	<u>00</u> AM- <u>5:30</u> F	PM/	PN	Λ	AM		3.5	BRISTOL, PA						
Scope of Work (Check all	that apply)						J. Sin		ainment with Neg	rative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Rer □ Der											
			ls	Locat	ion				T		Al	atem	ent T	уре
Location of				lorma				Description of			R	D	т	ш
Asbestos-Containing N TO BE ABA		1)		d Sole ntena				Containing Ma ermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust	odial :	Staff?	(1.6		surfacing, VAT		SF or LF)	oval	=	nso	Sur
(13)			1	(12)	T	-	ot	her miscellane	ous)				ate	CD
			Yes	No	N/A							-		
Basement						Pipe In	sula	tion-Wrap &	Cut	25 LF				
Name of Registered Waste	e Hauler			N	JDEP \	Vaste		oic Yards of	Name of Regis	tered Landfill				
BRISTOL ENVIRON		1C.		Н	auler II 18706		Wa	ste , .		NORTH LAN	NDFILL			
City, State BRISTOL, PA 19007							Disp	posal Date	City, State	IE DA 4000	:7			
The Control of the Co								T-61	INOKKISVII	LLE, PA 1906				
	oleted By (Print or Type) an Scafiro Title Estimator							Signature	Date					
Brian Scafiro	or				Drian	Scofero/jl 6/17/16								

ASB-41 MAY 11 B 5/6085

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

Data - 6 N - 4/6 4/2 (4)									=	19	/			111	111
Date of Notification (1) 6 /26 /	15	_					wner/Operator (ersity-Office		and C	Construction	23	20'	16	1	2
Agencies Notified Type Noti	ication			Stree	t Address					ASBESTO	2.00	UT	BOI	8	-
☐ EPA ☐ Initial ☐ Amend	ad			4	0 Elm Dr.	inco				ASBESTO	S CO EMSI	iG	110.		
	ment # <u>*</u>	13-6/1	7/16	- S	State, Zip			L							
☐ DCA ☐ Emerg	ency (in			Pri	nceton, l		8544								
(NJAC 5:23-8) justific	googy to the			100000000000000000000000000000000000000	e of Contac	5050	3			Telephone N	lumber				
Cance	lation			Ro	bert Orte	go									
				FA	CILITY II	VFO	RMATION								
Name of Facility Where Abatement i			e (3)					Type of Fac							
Princeton University-Firesto	ne Libr	rary						School ((Other than K	(12)				
Street Address Washington Rd								Other (i.e	e., pri	vate and com	(-12) imercia	l bu	uildin	gs,	
City (5)								homes,		T.,					
Princeton								Square Fee	t	# of Floors		BI	dg. A	ge	
County (6)	-			Cou	nty Code (7\/CT/	ATE USE ONLY)	Current Hee	/Drie	a if hadaa daa	a a lla la a	-1)			
MERCER				000	my code (1)(317	ATE USE ONLY)	Library	(1110	r if being den	nolisne	۵)			
Name of Monitoring Firm Hired by Bu	ilding C	Owner	(8)	ASCM	No.	Na	me of Abateme		r (9)						
ATC Associates Inc.			(-/			1000	BRISTOL EN			INC					
Street Address						-	eet Address	VIIICONIIIEN		, 1140.					
Three Terri Center							1123 BEAVE	R STREET							
City, State, Zip Code			11363			Cit	y, State, Zip Co	ode							A-10
Burlington, NJ 08016							BRISTOL, PA								
Project Manager for Monitoring Firm			Tel	ephone	No.	Tel	lephone No.			License No					
Michael Keehn			6	09-386	-8800	2	215-788-6040)		00509					
Start Date (10)		5.9			Na	me of OSHA N	Monitor								
			/	16	E	BRISTOL EN	VIRONMEN	TAL,	INC.						
	6 / 20 / 16 7 / Occupancy Status During Abatement (Check only o														
Facility Closed/Vacated During Er	tire Per	riod of	Abate	ement		1	123 BEAVER	R STREET							
Abatement Performed Outside of Time of Abatement: 7:00AM-3:30	Normal PM/	Facilit P	y Hou M	rs - Des AM	scribe	100000	y, State, Zip Co BRISTOL, PA								
Scope of Work (Check all that apply)						_	7.110102,171	. 10001				_			
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		⊠ Re						tainment with losure g Procedure mpted (*) and							
		Is	Loca	tion								Aha	atem	ent T	vne
Location of			Norma	ally ely by	2 0		Description o					-		1	T
Asbestos-Containing Material (AC TO BE ABATED	M)		intena				Containing Mai ermal systems i			Amount (Specify	Concover	3	Repair	Encapsulate	Enclosure
IN Facility		Cus		Staff?	(1.0	S	surfacing, VAT,	or		SF or LF)	2		=	psu	Sur
(13)	+	Yes	(12) No	N/A	-	otl	her miscellaned	ous)						ate	CD
Throughout Levels C, B and A		IN/A	Floor ti	le ar	nd mastic			2,035 SF		3	П	П	П		
Level C North Atrium			Windov	vs				14 ea	_	3	П				
Level A offices			Windov	vs				20 ea							
Ext. Trustees Reading Room		Waterp	roof	ing			1300 SF	1	3	П	П	П			
Name of Registered Waste Hauler	N	JDEP \		-	oic Yards of	Name of Re	egiste	red Landfill	1 2						
SERVICE TRANSPORT GROU	lauler II 20990		Was	ste			ANDFILL								
City, State				Disp	posal Date	City, State						-	X-3-7-11		
NEW CASTLE, DE							MORRIS	SVILL	E, PA 1906	67					
Completed By (Print or Type)	Title						Signature				Date	. 8	,	/	-
Brian Scafiro	or				Brun	Scaler	2/	il	6	/	17/	16			

Date of Notification (1)			_	Name	of Buildin	G ()	ner/Operator (2)	A F B	E	W	F	1
6 / 26 /	15	_						of Design and	11-		U		
Agencies Notified	ation			1 100000	Address Elm Dr.				L JUN	23	2016)	
☑ DOLWD ☑ Amende	73 - Anna America	0147		City, S	State, Zip	Code			i				
□ DHSS Amendm □ DCA □ Emerger			/16		nceton, I			1	ASBEST	OS CO	NTR	OL 8	ž Ž
DCA Emerger (NJAC 5:23-8) justificat		Jaing			of Contac				Telephone N				
☐ Cancella				Ro	bert Orte	go			=======================================				
				FA	CILITY IN	NFOF	RMATION						
Name of Facility Where Abatement is	Taking P	Place	(3)					Type of Facility (4)				
Princeton University-Firestone	e Librar	ry						School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri			uildin	90	
Washington Rd								homes, etc.)	ivate and com	illeiciai L	unum	ys,	
City (5)		000000000000000000000000000000000000000					389	Square Feet	# of Floors	E	ildg. A	\ge	
Princeton													
County (6)				Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Prid	or if being dem	nolished)			
MERCER								Library					
Name of Monitoring Firm Hired by Buil	ding Ow	mer (8	3)	ASCM	No.	Na	me of Abateme	ent Contractor (9)			2000		
ATC Associates Inc.						E	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						Str	eet Address						***************************************
Three Terri Center						1	123 BEAVE	R STREET					
City, State, Zip Code						City	y, State, Zip Co	ode					
Burlington, NJ 08016						E	BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Tel	ephone	No.	Tel	ephone No.		License No.				
Michael Keehn									00509				
9.9	Schedule		70		50.45	Nai	me of OSHA M	Ionitor			4,40		
6 / _20_ / _16_	7	_ /		1/	16	E	RISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During Abatement (Check o	nly or	ne)			Stre	eet Address						
☐ Facility Closed/Vacated During Ent						1	123 BEAVER	R STREET					
Abatement Performed Outside of N Time of Abatement: 7:00AM-3:30					cribe	100	, State, Zip Co BRISTOL, PA			**************************************			
Scope of Work (Check all that apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Ren Den					Mini-Enc Glovebag	ainment with Nega losure g Procedure mpted (*) and Non					
				ation						A	oatem	ent T	уре
Location of			orm	ally lely by			Description o		0.000	Z	T _D	ш	m
Asbestos-Containing Material (ACN TO BE ABATED	1)			ance/			Containing Ma rmal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Custo		Staff?	(S	urfacing, VAT,	or	SF or LF)	val	7	lusc	sure
(13)		Yes	(12 No		-	oti	ner miscellane	ous)				ate	
B LEVEL SECURITY OFFICE		X		IN/A	PIPE IN	ISUL	ATION (WR	AP & CUT)	20 LF				
C LEVEL			FLOOR	TIL	E & MASTIC		900 SF						
GREEN ROOF STAIR #8			WATER	RPRO	OOFING		135 SF						
	Т	7	П	\Box						$\neg \vdash \sqcap$	T	П	П
Name of Registered Waste Hauler			1	NJDEP N		Cut	oic Yards of	Name of Regist	ered Landfill				
SERVICE TRANSPORT GROUP	INC		1	dauler II 20990		Wa		G.R.O.W.S.					
City, State				Disp	oosal Date	City, State							
NEW CASTLE, DE							MORRISVIL	LE, PA 1906	67				
Completed By (Print or Type) Brian Scafiro	Title Esti	imato	or				Signature Breas.	Scolins 1	Date 6/17/16				

ASB-41 MAY 11 B 5 15 0 6 8 A

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

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			1 B4	APPA A	f Dudding	Owner/Operator	(2)		0	040		11
Date of Notification (1)	¥8		Pe	Hol	L SUINGING	FAHILY	PARISHL	L JUN	23 2	Ulb		1
	e Notification		S	treet A								i
J	_			812		REBECCH	PLACE	ASBESTOS	CON	TRO	JC	8
m 1-1 //	nitial mended			ily St	ate Zin C	ode .		LICE	ENSIL	3		
	Amendment#			I	(e' 71	GETH .	NJ. 07	201				
120	mergency (includin	g	N		of Contac			Telephone Num	ber			
	ustification) Cancellation		1 72	_		4550						
2001						ORMATION						
1 CF - Th. 165 Abote	mant in Taking Dia	- (3)		PAGIL	311 1961	Jidaxi i Oit	Type of Facility	(4)				
Name of Facility Where Abate	_				-	3		18 TV				
Holy FALLIU Street Address	4 KAMSH						School (K-12	?) 3 (Other than K-12)				
Street Address						\$30	2 Other (i.e. pr	ivate & commercia	l building	s,		
812 REB	ECCA PV	tes					homes, etc.)				_	_
JRY (J)				•	- ::-		Square Feet		Bidg. /		_	
ELIZA	3074							· Z	16	74	1	
County (6)						(STATE USE	//	nior if being demoli	shed)			
(1) NBW			0	WLY)	٠.		(A)	rush		0.0.		
lame of Monitoring Firm Hire	d by Building Owne	r A	SCM I	No.		Name of Abater	nent Contractor (9)				
8)			554			Best Re	moval In	С				
Street Address						Street Address						
50001 ILLII 000				*		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip			-			
ony, State, Zip Gode							ack, N.J	. 07601				
Project Manager for Monitoria	e Erem	Tok	ephone	a No		Telephone No.		License No.			-	
Project Manager for Monach	S Lam	161	chitotic	C 140.			-7444 -	00388				
Start Date (10)	Scheduled Co		n Dot	(11)		Name of OSHA		1 00000				_
	7/,/	/	ni Daa	- (11)			Environm	ental				
6/30) 16 Occupancy Status During Ab	etament (Check on	(O				Street Address	211 / 21 011	011001		-		
	•		38	12			uyler St					
☐ Facility Closed/Vacated Du	ring Entire Period	of Abate	ment			City, State, Zip						
☐ Abatement Performed Out ☐ Other – Describe: 8:0:				• *				, N.J. D7	606			
Scope of Work (Check all tha			-			1				W 10040		
			Г	2500	ovation		Containment with -Enclosure	Negative Pressur	8			
② ≥ 3 sfor ≥ 3 lf □ ≥ 160 sfor ≥ 260 lf					nolition	2 Glov	rebag Procedure					
				.100.000		□ Non	-Exempted () an	d Non-Friable Proc	edure	Ah	ater	
		ls	Locatio	on						Ab	Typ	
Location of			onnally		-	Description	of				T	
Asbestos-Containing Ma			Soleh ntenan		Asbe	stos Containing N	laterial (ACM)	Amount		R	_	E
TO BE ABATI			ustodia		(i.e	., thermal system surfacing, VA		(Specify SF or LF)		Removal	Ropalr	ade
IN Facility (13)	•		Staff? (12)			other miscellan				lave	=	Encapsulate
		-			1						1	0
		Yes	No	N/A					_	~	+	_
BASEME N-	7			×	THERM	uiac insular	TON	125L	F	X	+	_
BASEMENT				7	THERM	LAL SULTARI	NG	4.58F	-	×	_	
									1.		1	
										1		
Name of Registered Waste i	lauler	NJI	DEP W	laste i	lauler	Cubic Yards of	Name of Reg	istered Landfill				
Best Remova		IDI	No.			Waste	Minerv	a Enterpr	ises		LL	C
	www.sciences		17:	109		307				,		
City, State						Disposal Date	City, State	3*2 noon				
Hackensack	, N.J. 07	601				7/1/16	Wayne	sburg, Oh		88		_
Completed by	Title					Signature)		Date	2-	1.	,,
J.Maiorano		imat				VM	سمدند	4	6/	ZE	1	Ø
ASB-41	* Do no	t use th	is form	for as	sbestos f	censure exempte	d activities.					

State of New Jersey

			State	of Ne	w Jersey		r P P	P I	Dill	[F	7	-
	N				ESTOS ABAT 8:60 and 12:1		0) [2]		\mathbb{V}		-	1
Date of Notification (1)			Name of	Building	g Owner/Operator	(2)	MI	2000		_	1	
- 6/201	16		ME	. S	JEAN C	HERLAN	J L JUN	2 3	201	6	-	-
Agency Notified	Type Notification		Street A				i	31				
□ EPA	☑ Initial	4					ASBESTO			OL	- &	
DEP DOL	Amended Amendment#		City, Sta	te, Zip	ON. NJ	0708	3 LIC	ENSIN	IG			
	☐ Emergency (including	ng	Name of	•		0,000	Telephone Num	her		-		- 1
DOH DCA	justification) Cancellation				ENIAN				7	,		
<u>a</u> bon					ORMATION							
Name of Facility Where	Abatement is Taking Pla	ce (3)		•		Type of Facility	(4)	11.				
(POIII	CHERIAN.	7. ±				☐ School (K-12	2)					
Street Address	C. (0 10.7 ti				10	☐ Subchapter	(Other than K-12) .i burilelime				
						homes, etc.)	ivate & commercia	ii Dunung	,			
City (5)				;	***	Square Feet	# of Floors	Bldg. /		, _	_	
· UNIO	\sim					2000.			91	J		
County (6)			ONLY)	Code (7) (STATE USE	Current Use (P	rior if being demoli	shed)				
Name of Monitoring Firm		er ASC	M No.	9	Name of Abater	nent Contractor (9)					
(8)	ă.		23	10		moval In	С					
Street Address					Street Address		200					
						th River	St		-			
City, State, Zip Code					City, State, Zip	ack, N.J	07601					
D : 4M6-M-		Toloni	hone No.		Telephone No.		License No.					
Project Manager for Mo	ntoring rum	Telebi	none no.		201-329		00388					
Start Date (10)	Scheduled G	ompletion	Date (11)		Name of OSHA							
7/6/16	7/	8/16			Omega	Environm	ental					
Occupancy Status Duris	ng Abatement (Check on	ly one)			Street Address							
☐ Facility Closed/Vacat	ed During Entire Period	of Abatem	ent			uyler St						
☐ Abatement Performe	d Outside of Normal Fac	lity Hours	227792		City, State, Zip			7.00				
Other - Describe: 8		DKM -	- 4		S. Ha	ckensack	,N.J. 07	600				
Scope of Work (Check	all that apply)						Negative Pressur	e				
□≥3sfor≥3lf			☑ Rend □ Dem	100000000000000000000000000000000000000		i-Enclosure vebag Procedure		(3)				
2 ≥ 160 sf or ≥ 260 lf					□ Non	-Exempted (*) an	d Non-Friable Prod	cedure	41	- 4 -		
		Is Loc	cation						A	Typ		и
Locat	ion of		mally iolely by	:	Description							
Asbestos-Containi	ng Material (ACM)	Mainte	enance/		estos Containing M		Amount (Specify		R	-	Enc	En
TO BE A		todial aff?	(4.0	surfacing, VA		SF or LF)		Removal	Ropair	BOB	Enclosure	
(1	1	12)		other miscellar	neous)	27		Va	=	Encapsulate	eln	
		Yes N	No N/A									
BASEM	ミント		p VAT 6				600	SF	X			
7.3			1									
	3		.					'>				
	11 **		1									
Name of Registered W	aste Hauler		P Waste H	lauler	Cubic Yards of	Name of Reg	istered Landfill					
Best Rem		ID No	L7109		Waste 3 1/20	Minerv	a Enterpr	ises	,	LI	J.C	
City Chata		1	11109		Disposal Date	City, State					_	_
City, State Hackensa	ck , N.J. 07	7601			7/8/16		sburg, Oh	,446	88			

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

Title

Completed by

ASB-41

J.Maiorano

Date of Notification (1)			Na	me of	Building	Owner/Operator	(2)	1/2				III	
· 6/20/	16			H	R. M	LIK W.	ATIER	JIIN 23	2016		L	1	_
Agency Notified	Type Notification		Str	reet A	ddress								
□ EPA	D Initial		-				i E	SEESTOS CO	NTRO)T 8	l v	-	\dashv
D DEP	☐ Amended		Ci	ly, Sta	ite, Zip C	iode .	0216	6 LICENS	ING		-		
Ø DOL	Amendment #	n					1 0-1-6-6,	Telephone Num	hor				\dashv
DOH DCA	justification) □ Cancellation	9	Na		Contact C. W	ATLEN		Telephone with					
			F	ACIL	TTY INFO	RMATION							
Name of Facility Where	Abatement is Taking Place	e (3)					Type of Facility	(4)					
Mv	C. WATLER			44	7.00		School (K-12	2)					
Street Address						:	☐ Subchapter 8	6 (Other than K-12 ivate & commercia) I budletin	ne.			
							homes, etc.)						
City (5) .		(6			- :: .		Square Feet	# of Floors	Bidg.	AC	7		
TEAN	EAC				31.		1800		1	210			_
County (6)					Code (7)	(STATE USE		rior if being demoli					
BER	600		0	NLY)	••	48 ²		551 Denice				_	_
Name of Monitoring Firm	Hired by Building Owner	r AS	CM N	0.		Name of Abaten	nent Contractor (9)					
(8)						Best Rei	moval In	С					_
Street Address						Street Address							
				60			th River	St					
City, State, Zip Code						City, State, Zip (
	**					Hackens	ack, N.J						
Project Manager for Mo	nitoring Firm	Tele	phone	No.		Telephone No.		License No.					
	Ţ.						-7444 -	00388				_	_
Start Date (10)	Scheduled Co	mpletion	n Date	(11)		Name of OSHA							
7/15/11		1 3	6				Environm	ental		-			-
Occupancy Status Durin	ng Abatement (Check only	y one)	12			Street Address							
☐ Facility Closed/Vacat	ed During Entire Period o	f Abaten	nent			City, State, Zip (uyler St				-	_	-
☐ Abatement Performer ☐ Other – Describe:	d Outside of Normal Facil 3:00 AMTO S	ity Hours	P.FT	- "				,N.J. 07	7606	20			
Scope of Work (Check	all that apply)						Containment with	Negative Pressur	re				
D≥3sfor≥3ff			E	Reno	ovation		-Enclosure	i negativi resem					
□ ≥ 160 sf or ≥ 260 lf				1 Dem	olition	☐ Glov	rebag Procedure	d Non-Friable Proc	cedure				
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			ocatio: mally	10							Typ	e I	_
. Locat		Used	Solely	by		Description stos Containing M	of	Amount		1		m	_
Asbestos-Containi			tenano stadial		(i.e	., thermal systems	s insulation,	(Specify		Ren	Ro	Encapaulate	Enclosure
IN Fa	cility .	Ś	±=#?			surfacing, VA	T, or	SF or LF)		Removal	Ropalr	Inac	1180
(1	3)		(12)			Other It Scendin	(eucs)	8		=		ate	6
		Yes	No	N/A									
BASEN	ころこ				THER	MAR STERM	MOSTATION	45	SF	×			
					1.1								
		1	- 1						**				
		1	-							-			T N
Name of Registered Wa	aste Hauler	NJD	EP W	aste H	lauler	Cubic Yards of	Name of Reg	istered Landfill					
Best Remo		ID N	lo. 171	09		Waste 2/20	Minerv	a Enterpr	ises	,	LI	¹C	
City, State			- / 1			Disposal Date	City, State						_
Hackensa	ck , N.J. 07	601				7/18/14		sburg, Oh	1,446	88	1		
Completed by	Title	OOI				Signature	1	0;	Date	1	1	,	
J. Maiorand	_	imat	or			1	مصماطياه)	-3	6	12	0/1	16	
ASB-41				for as	bestos li	censure exempte	d activities.				1		

Project #	NO		ATION	te of New OF ASBE to NJAC 8	STOS	ABATEN			Che	ck#	3407			V	E
Date of Notification (1)		TI	Varne of	Building C)wner/(Operator	(2)	-		1	0.00		_	0040	
06/16/2016		В	ау Не	ad BOE					II L	1	JUN	2	J	2016)
Agencies Notified Type Notification		5	Street A	ddress											
EPA Initial		1.55		ove St						ASBI	EST	100	100	ITD	01
DEP Amended		338		te, Zip Coo								EN	7.5		
DOL Amendment #_ Emergency (inc	luding			ad, NJ	0874	2									
DOH justification)	.uug	1.0		Contact					Tele	phone	Numb	ег			
DCA Cancellation		J		avally											
Name of Facility Where Abatement is Taking P	lana (2)		FACI	LITY INFO	RMAT	ION	Tun	e of Facility	(4)	-		_			
	iace (3)							17.00	550 <i>5</i> 0 Heliosop						
Bay Head Elementary School Street Address								School (K-1	12) r.8 (Othe	r than	K-12)				
145 Grove St							H	Other (i.e.				buildi	ngs,	home	s,
							-	etc.)	1 4 -6			I DI	ig. A		
City (5) Bay Head, NJ							Squ	are Feet	# 01	Floors		DIC	1g. A	je	
County (6)				Code (7) USE ONLY)	y		Curr	rent Use (Pri	or if bein	g dem	olished	1)			
Ocean County		Ι,			No.					(0)					
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCN	l No.				atement Co		9)					
Environmental Connection, Inc.						DOMESTIC STATE		oration L	LC						
Street Address						Street									
120 North Warren St								side Rd							
City, State, Zip Code								Zip Code							
Trenton, NJ 08608								NJ 078	69						
Project Manager for Monitoring Firm			relepho			Teleph				Licens					
Dominick Dercole	-11-11		-	92-4200		973-9				0113	3				
			pletion	Date (11)				SHA Monitor							
	/02/20	\$10,8430					10,000	ronmenta	1						
Occupancy Status During Abatement (Check C		700				Street 2333									
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal			ent												
Other – Describe:	raciity r	Tours				100000000000000000000000000000000000000		Zip Code							
Scope of Work (Check All That Apply)						Junion	, INU	07083				_			_
							1 _					3			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti					M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure	_		_		9	
	ls I	ocatio	nn.						1,000				Abate	ement	
Location of	No	rmall	У		De	escription	of				-	-	Ту	pe	
Asbestos-Containing Material (ACM)	Used	Solel tenan			os Cor	ntaining M	lateri	al (ACM)	10 2000	nount		_		ū	m
TO BE ABATED In Facility	Custo			(i.e.		al systems acing, VA		ilation,		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		(12)				miscellan)	0,	O. L. ,		SVOL	pair	sula	Insc
	Yes	No	N/A									=		ate	G.
BOE Office		×		TSI Elb	ows/	Wrap 8	& Cı	ut	15 Pc	S					
Basement Hallway		×		TSI Elb	ows	/ Wrap	& C	ut	25 Pc	s					
Name of Registered Waste Hauler			JDEP Wauler ID	(1000)	Cubic of Wa	yards aste		Name of	Register	red Lar	ndfill				
Nick Restoration LLC		52.03	3782		TBD	100000		G.R.O.	W.S						
City, State Randolph, NJ 07869		1,50	7		Dispo	sal Date		City, Sta							
10 11 11 15 15 15 15 15 15 15 15 15 15 15								I dilytor	vii, i A						
	Title					Signature		luci	1		Date				

10.	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)														
Date of Notification (1)				Name of	f Building O)wner/O	perator	(2)		15			U		1
06/16/2016				- 57	udson Te	ea Buil	ldings	Condon	ninium A	SSOCI			20	16	IL
Agencies Notified EPA	Type Notification				Washingt		eet, M	lanagen	nent Offi			23	55		
	Amended Amendment	#_1_			ate, Zip Cod cen, NJ 0					AS	BEST	OSC	ON'SING	RO	_&
☑ DOH ☑ DCA	Emergency (i justification) Cancellation	ncluding	- 1		f Contact . Lanotte,	, Mana	ager			Telen	hone N	mher			
				FACI	LITY INFO	RMATI	ON								
Name of Facility Where A Hudson Tea Building		Place (3)					☐ Sch	Facility (4) 100l (K-12)	1	- C	030-474			
Street Address 1500 Washington St	reet							Sub Oth etc.	ochapter 8 er (i.e. priv)	(Other vate & o	than K- commer	12) cial bui	ldings	, hom	ės,
City (5) Hoboken						200		Square F 120000	eet	# of F 12	loors		Bldg. / 1905		
County (6) Hudson County					Code (7) USE ONLY)	2		Current l Apartm	Jse (Prior nents	if being	demoli	shed)			
Name of Monitoring Firm The Oak Group	Hired by Building C	wner (8)	, . '	ASCN	I No.			of Abaten C Corp.	nent Contr	actor (9)				
Street Address 200 Federal St. Suit	e 224				38			Address North Mi	idland A	ve. St	iite A				
City, State, Zip Code Camden, NJ 08103	74			-				itate, Zip C lle Brool	Code k, NJ 07	663					
Project Manager for Moni Ed Eichen, CIH	toring Firm			Telepho (856)	ne No. 377-0060)		none No.)791-67	77	41.8	icense 11110	No.			
Start Date (10) 06/21/2016		Schedul 09/30/		npletion	Date (11)			of OSHA L Analyi	Monitor tical, Inc						
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Address							
Facility Closed/Vaca	ted During Entire P	eriod of	Abaten	nent				Sheltor							
Abatement Performe Other – Describe: O	ccupied-Outdoor pr	ai racility oject-Am	y Hours atemen	t on Exte	erior Column	ns		tate, Zip C ataway,	NJ 0885	54					
Scope of Work (Check All	That Apply)						ţ.	1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Mini-E Glovel	ontainmen nclosure pag Proce xempted (dure				.0	
		Is	Locati	on			T=	1 INDIFF	xempled () and i	AOH-1 HE	1 311	Abat	emen	
Location	of	1	Normal ed Sole	ly			cription					-	17	ре	
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma	intenar todial 5 (12)	nce/	(i.e. ti	hermal:	systems ing, VA			Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
		No	N/A								1000	<u> </u>	(D		
Exterior Col	umns	Х		R	emova	al of C	oating		46,0	.000	X				
					8										
															15
Name of Registered Wast SMAC Corp.	e Hauler		H	JDEP Wauler ID 3590	No.	Cubic of Was 20		10000	ame of Re ROWS	· To		II			
City, State Saddle Brook						Dispos 09/30/	al Date /2016		ity, State Iorrisville	e, PA	-	30-01-05			
Completed by Borce Gjorsoski		Title Pres	ident				ignature Boz	en (Goor	_		ate)6/16/2	2016		

Date of Notification (1)				Name of	f Building (Owner/C	perator ((2)	lominium A	Assoc	iation. I	lnc.		1 0	
05/13/2016 Agencies Notified	Type Notification			Street A	ddress	9,			ement Off	1		JÜN	2 3	201	6
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	ate, Zip Co	de	001, 1111		0,,,,,,,,,		ASBE	STO	S CC	NTF	ROL
M DOH M DCA	Emergency justification) Cancellation	(including		Name of	f Contact Lanotte		ager			Tele	phone N		ZIV-51	NG	
N DOA	Caricellation				LITY INFO	30	253			-		-11339-110			
Name of Facility Where At Hudson Tea Building Street Address		g Place (3	3)					A	of Facility (4 School (K-12 Subchapter	2) 8 (Othe	er than K-	.12)	ildinga	hom	200
1500 Washington St	reet								Other (i.e. pr etc.)						55,
City (5) Hoboken	(5)							120		12	Floors		Bldg 1905		
County (6) Hudson County					Code (7) USE ONLY)				ent Use (Prio rtments	r if beir	ng demoli	shed)			
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCN	ЛNo.		Name SMA		etement Cont erp.	tractor	(9)				
Street Address 200 Federal St. Suite	e 224				3		Street 431 N		ss Midland A	Ave. S	Suite A				
City, State, Zip Code Camden, NJ 08103				-					ip Code ook, NJ 0	7663					
Project Manager for Monit Ed Eichen, CIH	oring Firm			Telepho (856)	ne No. 377-0060	0	Teleph (201)				License 01110	No.			
Start Date (10) 06/06/2016		Schedul		10	Date (11)				HA Monitor alytical, In	c.					
Occupancy Status During	Abatement (Chec	120000000000000000000000000000000000000					Street								
Facility Closed/Vacat Abatement Performe Other – Describe: Other	ed During Entire	Period of a	Abaten	S	, erior Colum	nns	City, St	tate, Z	Iton Ave.						
		noject/ iiii	atomor	IC OFF EDICE	31101 001011		Pisca	atawa	ay, NJ 088	554					
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	-	Renova Demolif					Mi Gl	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				re	
			Locat										Abat	emen ype	t
Location of Asbestos-Containing National Nationa	Material (ACM) TED	" Use Ma	Normal ed Sole aintena todial ((12)	ely by nce/ Staff?	Asbest (i.e.	tos Cont thermal surfa	scription taining M systems cing, VA niscellan	ateria insul T, or	ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Col	limne	Yes	No X	N/A	F	Remov	al of C	natin	a	46	3,000	X	+		
- LATERIOR COI				.5.715 V			9								
													-		
				I In me		0	Vacdo		Name of F) ordete	rod I and	5H			
Name of Registered Waste SMAC Corp	e Hauler		H	IJDEP W lauler ID 8590		of Wa	Yards ste		GROWS			311			
City, State Saddle Brook			1				sal Date 0/2016		City, State Morrisvil		Ą				
Completed by Borce Gjorsoski		Title Presi	ident				Signature		Gobe	ef		Date 05/13/	2016		

C4 1845

£ 1045		NOTIF	FICATIO	State of New Jers	SABATE	EMENT	DEC	E		V	西nt
Date of Notification (1) 06/15/	16	(1	Name	nt to NJAC 8:60 at of Building Owner	/Qperato	r (2)	1: 10	N 2	3 2	2016	-
Agencies Notified Type Notified				Address	X ZM	KH DE	W TAL	OS	CON	ITRO	L&
EPA Initial									ISIN		
DEP Amend	ded dment #		City, S	State, Zip Code	1000	-300		7 0	-		
Emerg	ency (includi	ng -	Name	of Contact	E37	FIELD	, NJ, OF	10	90		
DCA Cance	llation		AN	THONY D	eVit		Telephone N			^	
Name of Facility Where Abatement is ANTHONY & LAR	Taking Place	(3)	FA	CILITY INFORMA	TION	Type of Facili	ty (4)				_
Street Address	11 - 110	145				School (K-12)				
City (5)				-		Other (i.e etc.)	oter 8 (Other than K- e. private & commer	12) cial b	uilding	ıs, hon	nes,
County (6))					Square Feet	# of Floors		Bldg	Age 250	·
UNION			County (STATE	Code (7) USE ONLY)		Current Use (I	Prior if being demoli	shed)	//		
Name of Monitoring Firm Hired by Buil	ding Owner (8)	ASC	M No.	Name Asacs	of Abatement C		SAIA	-A-1	10)11	nell
Street Address P. O. BOX 3	55				Street	Address		1101	21/1	TKR	ulu
City, State, Zip Code		020	09		City, S	tate, Zip Code	W	:71	,		
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	one No.	V, NJ, O.7				
Start Date (10)		uled Com	356	Date (11)	913	653 965	2 125	7			
Occupancy Status During Abatem 1	07	1041	16	Date (11)	Name GO,	of OSHA Monito	til				
Occupancy Status During Abatement (Street	Address					
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe:	tire Period of Normal Facili	Abatem ty Hours	ent		City, St	MILL 5 ate, Zip Code			<i>t.</i>		
Scope of Work (Check All That Apply)					PA	TERSON	1,NJ, 07.	50/	<i>f</i>		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demolitio				Mini-Enclosu Glovebag Properties	nent with Negative I re ocedure ed (*) and Non-Friat				
Location of	10	s Locatio					d () and North rial	JIE PI		ement	
Asbestos-Containing Material (ACM	Use	ed Solely	/ by	Des Asbestos Cont	scription	of	star con modern or cuts		T	уре	
TO BE ABATED In Facility		aintenand stodial St		(i.e. thermal	systems	insulation.	Amount (Specify	R	71	Enc	m.
(13)	Yes	(12)		other m	cing, VAT iscellane	, or eous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
BASENENT	res	No	N/A	VA	7		0900=	1/	/	ite	e
				·T5	F		22055	Y	-		
				, , ,			×JL'				-
Name of Registered Waste Hauler		NI IS	750.11								
INDIAN ARROW		Hau	DEP Waller ID I	No. of Wast	e_		Registered Landfill	2			
City, State PATERSON	NJ			Disposa	al Date	City, Stat	RISVILL	2	71	-	-
CORAN THEN		CR	ET.		nature	1101	Dat		10	/11	.3
				1		The same of the sa		11/	1)1	18	7

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D	ri	nt	En	rm
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Date of Notification (1) 06/20/16	to the				Building C			(2)			JUN 1	2 3	201	6	L	기
Agencies Notified	Type Notification		5	Street Ad	idress				1							
□ EPA	× Initial									ASRI	STO	S CO	NTI	ROL	. &	
DEP	Amended				e, Zip Coo					NOD.	LICE	ENSI	NG			
× DOL	Amendment Emergency				VOOD, N	NJ 0871	01					- 22 - 41 (2) (4)				
DOH DCA -	justification) Cancellation		11 3	Name of YEHU[Contact DA SCH	ONFEL	_D			Tele	ephone N	Numbe				
				FACIL	ITY INFO	RMATIC	N	_								
Name of Facility Where	Abatement is Takin	g Place (3)						Type o	of Facility (4)						
Street Address									chool (K-12 ubchapter 8		er than K	(-12)				
Street Address								× c	other (i.e. pr tc.)	ivate 8	k comme					S,
City (5) LAKEWOOD								Square 1900	e Feet	# of 2	Floors		Blo	lg. A	je	
County (6) OCEAN COUNTY				County C	Code (7)			Currer	nt Use (Prio	r if bei	ng demo	lished)				
	Literal by Dutlatine	Owner (0)	Τ,	ASCM			Name		ement Cont	ractor	(0)		_			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCIVI	NO.				PROFES							
Street Address							Street 6		s OOVE CO	URT						
City, State, Zip Code							City, S	tate, Zi	p Code							
							LAKE	EWOC	D, NJ 08	701						
Project Manager for Mor	nitoring Firm			Telephor	ne No.			one No 668-90			License 1200	e No.				
Start Date (10) 07/01/16		Scheduled		pletion [Date (11)				A Monitor	SSIO	NALS					
Occupancy Status Durin	a Abatement (Che	200707-3-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	20 11					Addres					-			-
× Facility Closed/Vac				ent			6 WH	HITE D	OVE CO	URT						
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility F	lours			_			p Code DD, NJ 08	3701						
Scope of Work (Check A	All That Apply)															-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat moliti				×	Min	Containme i-Enclosure vebag Proc	edure					20	
								1 Nor	n-Exempted	(*) an	a Non-F	riable i		income.	ment	
		S500	ocation	5 1			24/9923	954						Ту		
Locatio Asbestos-Containing		Usea	Solei	y by	Ashest	Des tos Conta	scription aining M		(ACM)	А	mount				П	
TO BE AB	ATED	Main Custo			(i.e.	thermal	systems	s insula	tion,	(5	Specify		D	R	Encapsulate	Enclosure
In Faci (13)	•		(12)	nan:			cing, VA			SF	or LF)		Removal	Repair	psu	losu
(10)		Vac	NIO	NI/A				,					<u>n</u>	_	ate	Fe
11 1997	100	Yes	No	N/A	40:	1000	0001	OFIL	INIC	200	00 SF	100	,		1000	
INTER	IOR				ACN	/ POP	CORN	CEIL	ING	20	00 SF		2			
									1.0							
						1	4 5 8		-							
Name of Registered Wa		12.120	JDEP W		Cubic	TO STORY THE COLUMN	5. 34.	Name of F	Registe	ered Lan	dfill					
NEWARK CARTING	3		1000000	auler ID 4509	No.	of Was			IESI							
City, State NEWARK, NJ						Dispos 07/05	sal Date /16		City, State BETHLE		ЛРА					
Completed by JOSEPH PERLSTE	IN	Title OWNE	ER			S	ignature)	-1			Date 06/2	0/1	6		
OCCLI III EIXEOTE		OTTIVE	-1:30									GV3.EAGE	985/15			

CL 55/5	N		ATION	of New OF ASBE to NJAC 8	STOS	ABATE			NE	CE		\bigvee	E		
Date of Notification (1) 6/20/16				Building C ny Lukow				e		IIIN 2	3	20	16		川
Agencies Notified Type Notification EPA DEP Amended			Street A					hu		0 0 11				8	
X DOL Amendment #_ Emergency (inc	luding	_ [Manah	te, Zip Coo nawkin N Contact		50				ESTOS LICE	INS	INC	1100	_	_
DOH justification) Cancellation			Anthor						2	ephone i	NUITI	Je1			
			FACI	LITY INFO	RMATI	ON	,								
Name of Facility Where Abatement is Taking F Anthony Lukowiak Private Home	Place (3)						Тур	School (K-12)	ar than M	(40)				
Street Address							×	Other (i. etc.)	e. private	& comme					s,
City (5) Manahawkin NJ 08050							100	are Feet	1	f Floors		2000	ldg. A	ge	
County (6) Ocean				Code (7) USE ONLY)		_		rent Use (me	Prior if bei	ng demo	lishe	ed)			
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM	No.		Name Pern			Contractor	(9)					
Street Address						Street PO E									
City, State, Zip Code		,						Zip Code rlin NJ C							
Project Manager for Monitoring Firm		1	Γelepho	ne No.		Teleph 856-		No. -9800		License 00727					
	chedule 7/8/16	d Com	pletion	Date (11)		Name Sam		SHA Moni	tor						
Occupancy Status During Abatement (Check C						Street	Addr	ess							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:			ent	1-21-2-2-2-2		City, S	State,	Zip Code							
Scope of Work (Check All That Apply)				1											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti				>	N G	/lini-Enclo	nment with sure Procedure pted (*) an) -	
S U 800 02		Locatio			88747	(9c - s)	5205						Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Solel ntenan odial S (12)	y by ice/		tos Con therma surfa	scriptior taining N system cing, VA miscellar	Materi s insu AT, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Fudavias Cidina	Yes	No	N/A		Evete	rior Ci	dina		0	00 SF				LD .	
Exterior Siding			Х		EXIE	rior Si	aing	<u> </u>	9	00 SF		x			
Name of Registered Waste Hauler United Containers		H	JDEP Wauler ID 2459		of Wa	Yards ste		100000000000000000000000000000000000000	of Registe O.W.S.	ered Lan	dfill				
City, State Elm NJ			A		Dispo 7/8/1	sal Date 6		City, S Morr	State isville P	A 1906	7				
Completed by Anthony T Perna	Title Presid	dent			\$	Signatur	e e	7			Date 6/2	e 0/16	6		

Date of Notification (1)		7	Name	of Building	Owner/0	Operator (2)	Tool I			-	-111		
5/24	_ / _	16	_		1 1000000				ional School Di	istrict JU	N 2	3 2	016	
Agencies Notified Type	e Notifica	tion			Street	Address			10	lad back				-17
⊠ EPA ⊠ II	nitial				135	East Av	enue							
☑ DOLWD ☑ A	Amended					State, Zip C				ASBEST				L &
☑ DHSS A	mendme	nt #1-	-6/17/	16				.00			ICEN	SIN	<u>i</u>	
	Emergenc		luding			odstown	*:	198						
	ustificatio				Name	of Contac	t			Telephone Num	ber			
	Cancellati	on				E Office								
		- 1			FA	CILITY IN	IFORMA	TION						
Name of Facility Where Abater	ment is Ta	aking	Place	(3)					Type of Facility (4	4)				
Woodstown High School	ol/Middle	e Sch	loor						School (K-12)					
Street Address									Subchapter 8			.::=::=	15.5	
140 East Avenue									Other (i.e., pri homes, etc.)	vate and comme	rciai bi	maing	js,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Woodstown									100000	3		101		
County (6)			2000		Cour	nty Code (7)(STATE U	SE ONLY)	Current Use (Price	or if being demoli	shed)			
Salem														
Name of Monitoring Firm Hired	by Build	ina O	wner (8)	ASCM	No.	Name o	of Abateme	ent Contractor (9)		A Company			
Horizon Group		J	,	584			1815/2010/081-003		VIRONMENTAL	INC				
Street Address							Street A		VII COMMENTAL	.,	-			
PO Box 316							xex.nroeneses.		R STREET					
City, State, Zip Code							VALUE	ate, Zip Co						
Thorofare, NJ 08086				1				TOL, PA	19007					
Project Manager for Monitoring	g Firm			10.50	ephone		Telepho			License No.				
Steve Flanagan				1	56-848		20000000	788-6040		00509				
Start Date (10)				39	etion Da			of OSHA M		7101.27				
6 / 20 / 16					/ .	16			VIRONMENTAL	., INC.			X-0-05	
Occupancy Status During Abai							Street A	Address						
☐ Facility Closed/Vacated Du						81	1123	BEAVE	R STREET					
Abatement Performed Outs Time of Abatement: 7:00A						cribe	City, Sta	ate, Zip Co	ode					
Time of Abatement. 1.00A	WI- <u>0.50</u> F	141/		vi			BRIS	TOL, PA	19007					
Scope of Work (Check all that	apply)									: 5				
☐ >3 sf or >3 lf		1	⊠ Re	novat	ion			Full Cont Mini-Enc	tainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		j		moliti					g Procedure					
								Non-Exe	mpted (*) and Non	-Friable Procedu	ire			
				Loca							Ab	atem	ent T	уре
Location of				Norma				scription o			70	Z	Ш	Ш
Asbestos-Containing Mater	rial (ACM))			ely by ance/				iterial (ACM)	Amount	e a	Repair	nca	nck
TO BE ABATED IN Facility					Staff?	(1.6		cing, VAT	insulation,	(Specify SF or LF)	Remova	=	psu	Enclosure
(13)				(12)				niscellane		Or Or Er)	-		Encapsulate	6
25.50			Yes	No	N/A				*				CD	
Throughout						Pipe In:	sulation			20 LF				
Throughout	\boxtimes		Plaster				11,840 SF							
Name of Registered Waste Ha	uler				NJDEP		Cubic Y	ards of	Name of Regist	ered Landfill			especially.	
Service Transport Grou	555	lauler II	O No.	Waste		Minerva La								
		20990)	100	I Data					-				
City, State				Disposa		City, State	~ OL							
BRISTOL, PA 19007				7/1/1	250	Waynesbur								
Completed By (Print or Type)								nature	2	/. D	ate /	1/		
Gino Pizzigoni	timat	or			1	ino to	13 - Bargoni /	the last	4/11	111	2			

ASB-41 MAY 11 GI 16096

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

CK14852

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 AND 12:120)

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		1111	1 2	3	201	6	
tor (2)	-	001	*	1150			

Date of Notification (1)	01471	0040			Name of Buildi	ng Owner/C	perator (2)		 U V				-
	6/17/	2016			Matawan-Al	berdeen B	Board of Ed	ducation	1			_	
Agencies Notified		Notification	Гуре		Street Address			ASBE	STO	S CO ENSI	1G 41110	La Ci	
X EPA		Initial			One Crest V	Vay			LIU	ENON	VQ.		
DEP			d #		City, State, Zip	Code							
X DOL		Emerger	ncy (includi	ng	Aberdeen, N	NJ 07747							_
X DOH		☐ justificat			Name of Conta	act		Tel Niir	nha-				-
DCA		Cancella	ition		Mr. Adam N	asr					_		_
Name of Facility Where Ab	atement is Ta	aking Place (3	7	FACILITY INF	Type of Facility	7 (4)							\dashv
Cliffwood Elementary	Towns and the State of the Stat		<u></u>		School (K	(-12)							
Street Address							(40)						
422 Cliffwood Eleme	ntary Scho	ol				er 8 (Other	82						1
City (5)	County (6)		County C	ode (7)			commercial b	uildings,					
Cliffwood	Monmouth	1	(State Us	e Only)	☐ homes, e	:(6.)							
Name of Monitoring Firm F	lired by Bldg.	Owner (8)	ASCM No	D.	Name of Contra	actor (9)							
Environmental Conn			0030		MTM Metro	TO 000	ion						
Street Address					Street Address	-			55-1				
120 N Warren St					135-137 Mc	Bride Ave	9						-
City, State, Zip Code					City State, Zipt	Code							
Trenton NJ 08608					Paterson, N	J 07501							
Project Manager for Monit	oring Firm	Telephone 1	Number		Telephone Nu	mber		License	Numbe	er			
Roland Jones		609 0392	4200		973-742-50	30		00809					
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH								
7/05/2016		7/08/2016			MTM Metro	Corpora	tion						-
Occupancy Status During	Abatement (C	heck only one	e)		Street Address	Š							
					135-137 Mo	Bride Av	enue						-
Facility Closed/Vacat	ted During En	tire Period of	Abatement		City, State, Zip	Code							
Abatement Performe	d Outside of I	Normal Facility	y Hours		D-1 N	1.07504							
Other-Describe:	ccupied by ot	ther trades			Paterson, N	J 0750 i							_
Source of Work (Check all	that apply)												
× > 3 sf or > 3 lf	×	Renovation	1	Full	Containment wit	th Negative	Pressure	Min	i-Enclo	sure			
> 160 sf or > 260 lf		Demolition		× Non	-Exempted(*) &	Non-Friable	Procedure	Glov	vebag F	Procedu	re		
Location of Asbestos-	[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	ation Normally		Description of		Amount (Specify SF or	LF)	Abater	ment Ty	'pe		\neg
Containing Material (ACM) Facility (13)) in Solely Staff?	by Maint./Cus	stodial	thermal system surfacing, VAT									
raciity (15)	YES	NO	N/A	miscell.)	, 5. 54.5.				Rem.	Rep.	Encap	Enclos	se
Rm's 20-28 and CST Office		X		Felt pads		40 SF			×	-	X	-	-
Rm's 20-28 and CST Office		×		VAT		40 SF			^		1		\exists
			İ.,		L Cubia Varda a	f \Alasta		Name o	f Don	andfill			=
Name of Reg. Waste Hau	<u>er</u>	NJDEP Was	sie mauler l	U#	Cubic Yards o	vvasle		Tullitown	n ivey.	Landill			
MTM Metro Corporation		26552			10		Dien Date	- GILLOWIII	17	City, Sta	ate		=
City, State							Disp. Date 7/11/2016			uliytowi			
135-137 McBride Ave		1 72			Ciaratura			Data		,			_
Completed by (Print or Ty	pe)	Title		Signature	-		Date						
Mike Damevski		Project mana	ger		Mike Dar	mevski		6/17/201	16				_

CK 14851			NOTIF		NEW JERSEY	(D) E G G (V)								
CK 1400	BESTOS ABATE C. 8:60 AND 12:1		In				i							
Date of Notification (1)			(1.0	arsuarit to 14.5.A.C		- 1		HIN	23	2016				
Date of Notification (1)	6/17	/2016	Name of Building Owner/Operator (2) UN 2 3 2016 Verona Board of Education											
Agencies Notified		Notification	Street Address		100	F070								
EPA	Турс		100000000000000000000000000000000000000	- 1	ASE	ESTO.	S COL	TROL	- / (
A DEP	2d #		121 Fairview Ave LICENSING City, State, Zip Code											
X DOL Emergency (including					Verona, NJ 07044									
			tion)	3	Name of Contact Tel. Number									
DCA	Cancella	ation		Mr. Joe Trause										
Name of Facility Where A	hatament is T	okina Blace /3	7	FACILITY IN	FORMATION	.74\								
		aking Flace (3	<u>")</u>		Type of Facility	7 (4)								
Verona High School					School (K	(-12)								
Street Address	Subchapter 8 (Other than K-12)													
121 Fairview Ave	Other (i.e	e., private & commercia	al buildings											
<u>City (5)</u>	County (6)		County C (State Us		homes, e			3						
Verona	Essex	0(0)	ASCM N				×		7		- S.			
Name of Monitoring Firm Whitman	. Owner (8)	0.	Name of Contra											
2.72.13.13.13.13			MTM Metro Corporation											
Street Address 7 Pleasant Hill Rd			Street Address 135-137 McBride Ave											
City, State, Zip Code Cranbury, NJ 08512	City State, ZipCode													
	Paterson, NJ 07501													
Project Manager for Monitoring Firm Telepho			www.mpoc.es		Telephone Number License Number									
Kevin T. Lovely 732 390					973-742-5030 00809									
Scheduled Start Date (10)	Scheduled (6/24/2016		Date (11)	Name of OSHA Monitor MTM Metro Corporation										
6/21/2016	A1-4													
Occupancy Status During	Abatement (C	sneck only one	9)_		Street Address	-								
Espility Classed Vans	135-137 McBride Avenue													
Facility Closed/Vacated During Entire Period of Abatement					City, State, Zip Code									
Abatement Performed Outside of Normal Facility Hours					Paterson, NJ 07501									
Other-Describe:	occupied by of	ther trades				* *.//*.*.1								
Source of Work (Check al		<u></u>						1000000						
	>	Renovation			Containment wit	h Negative Pressure	Mi	ni-Enclo	sure					
> 160 sf or > 260 lf		Demolition		∗× Non Wr	-Exempted(*) & l	Non-Friable Procedure Lut Method		ovebag F	rocedu	е				
Location of Asbestos- Containing Material (ACM		ation Normally by Maint./Cus		Description of a	200 100 100	Amount (Specify SF	or LF)	Abater	ment Ty	oe e				
Facility (13)	Staff?	(12)		surfacing, VAT						_				
YES		NO	N/A	miscell.)					Rem. Rep. Encap Enclose					
Corridors outside rooms 34,32,30,2	27020	X		Pipe insulation incl. I	Elbow/Joint insulaties	250 LF		X		X				
Name of Reg. Waste Haul	er	NJDEP Was	te Hauler I	D#	Cubic Yards of	Waste	Name	of Reg.	Landfill					
MTM Metro Corporation	_	26552			10		Tullitown							
City, State						Disp. Date	_ <u> </u>	10	City, Stat	e				

ASB-41

135-137 McBride Ave

Mike Damevski

Completed by (Print or Type)

Project manager

Signature

Mike Damevski

6/27/2016

Date

6/17/2016

Tullytown, PA

^{*} Do not use this form for asbestos licensure exmpted activities.

7/2016	12:21	PDT	TO	:1609633066	84 FROM:	973742	5038			PES		E ² [\mathbb{V}	E
2.12 111	051			STATE	OF NEW JERSEY									
14: 14	001				ASSESTOS ABA			DOL	1131	A DA	NIM	22/	2016	
				27. 47. (10. Va. 17.) (10. Va. 17.)	J.A.C. 8:60 AND 12			UUL	E L	7 128	NUN	23/1	2010	
Date of Notice	tinn 71)			for the second second							,			
	4.0.7.7	6/17	/2016				Operator (X)		. 17	KSBB	STO	8 CO	ITRO	1 5
Agencies Notific	200		Notification	70.45	Verona Bo		lugation	ال.	N L	the Gy	LICE	S CON	G	- '
	30			тура	Street Addre				1	V				
X EPA DEP			Initia	10.20		121 Fairview Ave						>		
∑ DOL			Amend	Section for the section of the secti		City, State, Zip Code							1	
X DOH			M Justifica	ency (including sion)	Verona, N	Verona, NJ 07044								
DCA		Cancel			Name of Contact Mr. Joe Trause									
				FACILIT	Y INFORMATION	3025		_					4	
Name of Facility	Where Abab	ement is T	along Place (3)	Type of Faci	Rty (4)							1	
Verona High	School			5 8	School	(K-12)								
Street Address														
121 Fairview	V Ave				Subcha	iptar & (Othe	r then K-12)						1	
Gray (5)	10	сипа (в)		County Code (7)			eloremmos &	buildings	,					
Verona	- 17	SSOX -		(State Use Only)	homas	RIC.)							1	
Name of Monito			Owner (8)	ASCM No.	Name of Con	franks (0)					· · · · ·		4	
Whitman				00110	MTM Metr		fion							
Street Address		- Comment			Street Andre		non-						1	
7 Pleasant H	ill Rd				135-137 M		ta .							
City, State, Zip (Code				City State, Z		-							
Cranbury, NJ					_ Paterson.	The second second								
Project Menage	r for Monitorin	ig Firm	Telephone	Number	Telephone N			Lilena	s Numb				1	
Kevin T. Lavely		732 390 5		Street, Street	973-742-5030			00809						
Scheduled Start	Date (10)		Scheduled	Completion Date (11)		Name of OSHA Monitor								
8/21/2016			8/24/2016	The state of the s	MTM Metr		tion							
Occupancy State	us During Aba	stemant (C			Street Addres									
			maan ang an	=4.	135-137 N									
Facility Ck	sed/Vacated	Ouring Em	tire Period of	Abatemant	·		renue							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code											
Other-Describe: Coccupied by other Irades			Paterson, I	Paterson, NJ 07501										
Source of Work	property and a second		Table transfer							-			ĺ	
× >3 sf or >			Renovation		= = =		_					10		
> 160 sifor		<u> </u>	_		Full Containment w			I WI	ni-Enclo	SULE		22		
			Demolition	*X	Mon-Exempted(1) & Wrap and	Non-Friable	erupson9 s	X Glo	vebag i	, Locadn	14	Î	ĺ	
Containing Mate			ition Nermaling by Maint./Cu	Used Description	of ACM (I.e.	Amount	Specify SF o	rLF)	Abete	ment Ty	D9			
Facility (13)	0	Staff?	(12)	surfacing, t	stems insulation, /AT, or other			~						
Confidens autside room	TE Sd 32 TO 67.4 O	YES	NO	N/A miscell.)				William .	Rem.	Rep	Encep	Enclase		
		+	×	Pipe insulation	nd. Elbowijoht insulatie	780 UF			X		×			
											-	-	El .	
Name of Reg. W	sele Hauler	J	NJDEP WE	rts Hauter 10 #	Pinta Vani	1186-6								
MTM Metro Corp		İ	28552	- TENNI W T	Gubic Yards o	OI PRESID		100000000000000000000000000000000000000	of Reg.	Landfill				
(AL) IAI BUMED O COLO					10			Tulktown			-		*	
					⟨€		Disp. Date		100	ity, Stat	-			
City, State 135-137 McBride	Ave						8/27/2018		11	illytown,	PA	1		
City, State 135-137 McBride			Titla											
City, State			Title		Signature Mike Da			Date			-	_		

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