CK22314			ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE			7 6			9		complete and the	
Date of Notification (1) 6/15/2017				of Building ONT BO			and the second	ION		ال	JN	2 () 2(77	Section 1
Agencies Notified Type Notification E EPA Initial				Address EPEW S	TREET					ASBES	STOS				L &
DEP Amended Amendment		_		ate, Zip Co					1040-144	one hammadaumada	Annal Programme	0.00	*****	2000	Acres Sales
□ Emergency (i justification) □ DCA □ Cancellation	ncluding	1		of Contact	E				Tele	ephone I	Numbe	er			
			FAC	ILITY INFO	ORMATI	ON	2.50		-					- 150	
Name of Facility Where Abatement is Taking DUMONT HIGH SCHOOL	Place (3)					-	of Facility (4 School (K-12							
Street Address 101 NEW MILFORD AVENUE								Subchapter Other (i.e. pretc.)	8 (Othe			uild	lings,	hom	es,
City (5) DUMONT								e Feet	# of	Floors	12	BI	dg. A	ge	
County (6) BERGEN				Code (7) USE ONLY)		_	Curre	nt Use (Prio	r if beir	ng demo	lished)			
Name of Monitoring Firm Hired by Building O KARL & ASSOCIATES, INC.)	ASC	M No.				tement Cont			ING,	IN	 С.			
Street Address 20 LAUCK ROAD						Addres	s AND AVE	NUE							
City, State, Zip Code MOHNTON, PA 07628								p Code NJ 07512	2						
Project Manager for Monitoring Firm MIKE KRISHER			Telepho 610-85	ne No. 56-7700			one No 956-8			License 00494					
	Schedul 6/29/2		npletion	Date (11)				A Monitor (9) ABO\	— /Е						
Occupancy Status During Abatement (Check	Only Or	ne)					Addres								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: OCCUPIED	eriod of a	Abatem / Hours	nent			City, Si	tate, Zij	p Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Mini Glov	Containmer i-Enclosure vebag Proce i-Exempted	edure					9	
		Locati										1	Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/		os Conta thermal surfac		laterial s insulat T, or		(S	nount pecify or LF)	Nellioval		Repair	Encapsulate	Enclosure
	Yes	No	N/A											6	
ROOM 5		X			PIPEIN				50) LF	_	1			
			(VV	RAP 8	k CUT	ONLY	()			_	4				
										+	+	-		-	
Name of Registered Waste Hauler	N.	JDEP W	aste	Cubic \	/ards		Name of R	egister	ed Land	fill	_				
TWO BROTHERS CONTRACTING	11000	auler ID 8743	No.	of Was			WASTE	000000000000000000000000000000000000000			G.	R.O	.W.S	S.	
City, State ΓΟΤΟWA, NJ				Disposi 6/29/2			City, State	SVILL	E, PA						
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINATO		gnature	eco	J. Ma	M	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date 6/15/:	20	17		

N/ Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

C/Cd13839			(Pi	ursua	nt to NJA	AC 8:60 and 5:1	6)					
Date of Notification (1)				Name	e of Buildin	g Owner/Operator ((2)		HIN E	6	2017	-
06/22/	17			We	estampto	n Lihtec, LLC						1
Agencies Notified Type Notif	ication			Stree	t Address			ASBE	STOS	COI	JTF	2 10
☐ EPA ☐ Initial				5 F	owell La	ne		To start to whome to administration	LIGE	VSTN	G	
⊠ DOLWD ⊠ Amend	The Market			City,	State, Zip (Code						
□ DHSS Amend □ DCA □ Emerge	ment # <u>1</u>		_	100000	2.50	od, NJ 08108						
(NJAC 5:23-8) justifica	ition)	auding	3	10000	e of Contac			Telephone Nu	mber			
☐ Cancell				Ed	Rolison							
				FA	CILITY IN	FORMATION				-		
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility (4	4)				
Residential House							School (K-12)	· Č				
Street Address							☐ Subchapter 8	(Other than K-				
							Other (i.e., pri homes, etc.)	vate and comm	nercial b	uildin	gs,	
City (5)	Vic.						Square Feet	# of Floors	I B	ldg. A	ae	
Westampton							2.000	1		65 y		
County (6)		-		Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demo		,	-	
Burlington							Vacant	J				
Name of Monitoring Firm Hired by Bu	ilding Ov	vner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Health Investig	gations	;		297	37	Superior Aba						
Street Address						Street Address						
655 West Shore Trail						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co	ode		150		-11/2-22	
Sparta, NJ 07871						West Caldwe	II, NJ 07006					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				-
JP Von Doehren			(9	73) 72	9-5649	(973) 808-161	6	00411				
	Schedu	led Co	omple	tion Da	ite (11)	Name of OSHA M	lonitor					
6 / _29_ / _17_	7	/	07	_ / .	17	Superior Aba	tement Inc					
Occupancy Status During Abatement						Street Address						
☐ Facility Closed/Vacated During En	tire Perio	od of A	Abater	ment		2 Henderson	Drive					
Abatement Performed Outside of N	Normal F	acility	/ Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:AM	PIVI/		-PIVI-		AM	West Caldwel	II, NJ 07006					
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf	Г	7 Rer	novati	on			ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf	Ē	Der	molitic	n		☐ Glovebag	Procedure					
		- 1-	1 0				npted (*) and Non-	-Frable Proced	lure			
Location of			Locat Iormal			D			Ab	atem	ent T	уре
Asbestos-Containing Material (ACI	M)	Used	d Sole	ly by	Asbes	Description of stos Containing Mat		Amount	Re	Re	E	四四
TO BE ABATED IN Facility			ntena odial S			, thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)			(12)			surfacing, VAT, other miscellaned	or	SF or LF)	/al		Encapsulate	ure
28 ° 20		Yes	No	N/A		7,101,111,000,111,100	1				te	
Exterior Windows]			\boxtimes	Caulk			13 ea.				
Exerior Doors	[Caulk			2 ea.		П	П	П
Kitchen, Garage Stairway]			\boxtimes	Linoleu	m		300 SF		П		
Inside of Chimney				\boxtimes	Transite	Flue Pipe		25 LF		П		
Name of Registered Waste Hauler			137.00	JDEP V	Vaste	Cubic Yards of	Name of Registe					
Service Transport Group, Inc.			1 2	auler IE	The state of the s	Waste	Minerva Ent					
City, State	<u> </u>			PA-31	1	Disposal Date	City, State					
New Castle, DE						7/07/17	Waynesburg	OH				
Completed By (Print or Type)	Title					Signature	0 . /		ate			
Mary Petrovski		side	nt			(Mar	1/A-2		1/1	,	11-	>

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

				Name	e of Ruildin	g Owner/Operator ((2)		17.13	7	-	-
	16 /	17				n Lihtec, LLC	(2)	And Sec.	J 14 1 1		L ()	
Agencies Notified	Type Notif	ication		Stree	t Address							
□ EPA	☑ Initial				owell La	70		ASBE	LIC			171
☑ DOLWD	☐ Amend				STATE OF THE STATE			Committee of the Commit			Tree!	
☑ DHSS		ment#			State, Zip							3.72
DCA	☐ Emerge	ency (includ	ing			od, NJ 08108						
(NJAC 5:23-8)	Justifica			1 00000	e of Contac	#		Telephone Nun	nber			-
	L) Cancell	аиоп			Rolison			-				
Name of Facility Where /	Abatamastia	Takia - Dia	(0)	FA	CILITY IN	IFORMATION						
Residential House		a raking Pia	ice (3)				Type of Facility					
Street Address					-517		School (K-1)	2)				
Sueet Address							Other (i.e. n	8 (Other than K-1: private and comme	2) ercial b	uildin	~~	
							homes, etc.)	or Creat Di	unung	ys,	
City (5)						-	Square Feet	# of Floors	ТВ	ldg. A	ae	_
Westampton							2,000	1			ears	
County (6)				Cour	nty Code (7	YSTATE USE ONLY)	Current Use (Pr	nor if being demol		3		_
Burlington					W. S.		Vacant		onou)			
Name of Monitoring Firm	Hired by Bu	ilding Owne	er (8)	ASCM	No.	Name of Abateme		<u> </u>		22.00		_
Environmental Hea			1000	297		Superior Aba		,				
Street Address						Street Address	Comone Inc					
655 West Shore Tra	ail					2 Henderson	Deises					
City, State, Zip Code										3-15		
Sparta, NJ 07871						City, State, Zip Co						
Project Manager for Moni	itarina Fi		1=			West Caldwe	II, NJ 07006					
JP Von Doehren	ILLUMING FIRM			ephone		Telephone No.		License No.				
					29-5649	(973) 808-161		00411				
Start Date (10)		Scheduled	Compl			Name of OSHA M	onitor					
r) //n /	17	63	1 0	es i	47							
6 /26 /				0_/	17	Superior Aba	tement Inc					
Occupancy Status During	Abatement	(Check only	y one)			Street Address		-				
Occupancy Status During Facility Closed/Vacate	g Abatement ad During En	(Check only	y one) of Abate	ement								
Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed	Abatement od During En I Outside of N	(Check only tire Period of Normal Faci	y one) of Abate	ement	scribe	Street Address	Drive					
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	Abatement of During En I Outside of NAM	(Check only tire Period of Normal Faci	y one) of Abate	ement	scribe	Street Address 2 Henderson	Drive	-				
Occupancy Status During Facility Closed/Vacate Abatement Performed	Abatement of During En I Outside of NAM	(Check only tire Period of Normal Faci	y one) of Abate	ement	scribe	Street Address 2 Henderson City, State, Zip Co West Caldwel	Drive de II, NJ 07006					
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all	Abatement of During En I Outside of NAM	(Check only tire Period o Normal Faci PM/	y one) of Abate lity Hou PM	ement Irs - Des	scribe	Street Address 2 Henderson City, State, Zip Co West Caldwel	Drive ide II, NJ 07006 ainment with Nec	gative Pressure				
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all	Abatement of During En I Outside of NAM	(Check only tire Period of Normal Faci	y one) of Abate	ement irs - Des Ition	scribe	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebac	Drive de II, NJ 07006 ainment with Negosure					
Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement Scope of Work (Check all 3 sf or >3 lf	Abatement of During En I Outside of NAM	(Check only tire Period of Normal Faci	y one) of Abate lity Hou PIV Renova	ement urs - Des I tion	scribe	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebac	Drive de II, NJ 07006 ainment with Negosure	gative Pressure	ıre			
Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If	Abatement of During En I Outside of N AM-	(Check only tire Period of Normal Faci	y one) of Abate lity Hou Pl Renova Demoliti Is Loca	ement Irs - Des	scribe	Street Address 2 Henderson City, State, Zip Co West Caldwel E Full Cont Mini-Encl Glovebag Non-Exer	Drive ide II, NJ 07006 ainment with Negosure I Procedure inpted (*) and No			atem	ent T	yr
Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location	Abatement and During Enter I Outside of Name	(Check only fire Period of Normal FaciPM/	y one) of Abate lity Hou Pl Renova Demoliti Is Loca Norma	ement urs - Des I- tion on	scribe AM	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer	Drive ide II, NJ 07006 ainment with Negosure procedure inpted (*) and No	n-Friab e Procedu	Ab	_	-	Ť
Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location ☐ Asbestos-Containing N ☐ DEE ABA	Abatement ad During En I Outside of N AM- I that apply) of Material (ACI	(Check only tire Period of Normal Facing PM/	y one) of Abate lity Hou Plv Renova Demoliti Is Loca Norma sed Sol	ement urs - Des i- tion on ation ally ely by ance/	scribe AM	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of	Drive ide II, NJ 07006 ainment with Negosure III, Procedure III, P	n-Friab e Procedu	Ab	_	-	Ť
Decupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location ☐ Asbestos-Containing N ☐ TO BE ABA ☐ IN Facility	Abatement ad During En I Outside of N AM- I that apply) of Material (ACI	(Check only tire Period of Normal Facing PM/	y one) of Abate lity Hou PM Renoval Demoliti Is Loca Norma sed Sol flainteni ustodial	ement irs - Des l- tion on tion elly ely by ance/ Staff?	scribe AM	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems if surfacing, VAT,	Drive Ide II, NJ 07006 ainment with Negosure I Procedure Inpted (*) and No ferial (ACM) Insulation,	n-Friab e Procedu		atem	-	Ť
Decupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location ☐ Asbestos-Containing II ☐ BE ABA	Abatement ad During En I Outside of N AM- I that apply) of Material (ACI	(Check only tire Period of Normal Facing PM/	y one) of Abate lity Hou PM Renova Demoliti Is Loca Norma sed Sol flainten ustodial (12)	ement urs - Des l- tion on ation ally ely by ance/ Staff?	scribe AM	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems is	Drive Ide II, NJ 07006 ainment with Negosure I Procedure Inpted (*) and No ferial (ACM) Insulation,	Amount (Specify	Ab	_	ent T Encapsulate	Ť
Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing In TO BE ABA ☐ IN Facility (13)	Abatement ad During En I Outside of N AM- I that apply) of Material (ACI	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou Pl/ Renoval Demoliti Is Loca Norma sed Sol fainten ustodial (12) s No	ement irs - Des l- tion on ation ally ely by ance/ Staff?	Asbe	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems if surfacing, VAT,	Drive Ide II, NJ 07006 ainment with Negosure I Procedure Inpted (*) and No ferial (ACM) Insulation,	Amount (\$pecify SF or LF)	Ab Removal	_	-	
Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ Location ☐ Asbestos-Containing II ☐ DE ABA ☐ IN Facilit ☐ (13) ☐ Exterior Windows	Abatement ad During En I Outside of N AM- I that apply) of Material (ACI	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou PM Renoval Demoliti Is Loca Norma sed Sol flainten ustodial (12) s No	ement irs - Des l- tion on tion elly ely by ance/ Staff? N/A	Asbe- (i.e	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems if surfacing, VAT,	Drive Ide II, NJ 07006 ainment with Negosure I Procedure Inpted (*) and No ferial (ACM) Insulation,	Amount (Specify	Ab Removal 🛛	_	-	
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all 3 sf or >3 lf 160 sf or >260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13) Exterior Windows Exerior Doors	Abatement of During Enter Am- I Outside of N AM- I that apply) of Material (ACI	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou PlV Renoval Demoliti Is Loca Norma sed Sol //ainten ustodial (12) s No	ement urs - Des l- tion on atton ally ely by annce/ Staff? N/A	Asber (I.e	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems if surfacing, VAT, other miscellaneo	Drive Ide II, NJ 07006 ainment with Negosure I Procedure Inpted (*) and No ferial (ACM) Insulation,	Amount (\$pecify SF or LF)	Ab Removal	_	-	
Decupancy Status During I Facility Closed/Vacate I Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing I TO BE ABA IN Facilit (13) Exterior Windows Exerior Doors Citchen, Garage Stair	Abatement of During Enter Am- I Outside of N AM- I that apply) of Material (ACI	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou PM Renoval Demoliti Is Loca Norma sed Sol flainten ustodial (12) s No	ement irs - Des l- tion on tion elly ely by ance/ Staff? N/A	Asbe- (i.e	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems if surfacing, VAT, other miscellaneo	Drive Ide II, NJ 07006 ainment with Negosure I Procedure Inpted (*) and No ferial (ACM) Insulation,	Amount (Specify SF or LF)	Ab Removal 🛛	_	-	
Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13) Exterior Windows Exerior Doors Citchen, Garage Stair	Abatement of During Entropy of Amaterial (ACI	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou Pl Renoval Demoliti Is Loca Norma sed Sol fainten ustodial (12) s No	ement urs - Des l- tion on ation ation ation ation Staff? N/A	Asber (I.e Caulk Caulk Linoleu	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems if surfacing, VAT, other miscellaneo	Drive Ide II, NJ 07006 ainment with Negosure I Procedure Inpted (*) and No ferial (ACM) Insulation,	Amount (Specify SF or LF)	A Removal	_	-	
Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement Scope of Work (Check all 3 sf or 3 lf 160 sf or 260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13) Exterior Windows Exerior Doors (Itchen, Garage Stair uside of Chimney lame of Registered Wasterior Waste	Abatement od During En I Outside of N AM- I that apply) of Material (ACI TED ty	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou Pl Renoval Demoliti Is Loca Norma sed Sol fainten ustodial (12) s No	tion on attornally staff?	Asber (i.e. Caulk Caulk Linoleu Transite	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems if surfacing, VAT, other miscellaned	Drive Ide II, NJ 07006 ainment with Negosure I Procedure Inpted (*) and No ferial (ACM) Insulation,	Amount (Specify SF or LF) 13 ea. 2 ea. 310 SF	Ab Removal 🛛 🖾	_	-	
Decupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all 3 sf or 3 lf 160 sf or 260 lf Location Asbestos-Containing leading leadi	Abatement od During En I Outside of N AM- I that apply) of Material (ACI TED ty	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou Pl Renoval Demoliti Is Loca Norma sed Sol fainten ustodial (12) s No	ement irs - Des l- tion on tion elly ely by ance/ Staff? N/A N/A N/DEP V flauler ID	Asbe- (i.e Caulk Caulk Linoleu Transite	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems if surfacing, VAT, other miscellaned Flue Pipe Cubic Yards of Waste	Drive ide II, NJ 07006 ainment with Negosure Procedure Inpted (*) and No ferial (ACM) Insulation, or Dus)	Amount (Specify SF or LF) 13 ea. 2 ea. 300 SF 25 LF	Ab Removal 🛛 🖾	_	-	
Decupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ Location ☐ Asbestos-Containing II ☐ BE ABA ☐ IN Facilit ☐ (13) ☐ Exterior Windows ☐ Exerior Doors ☐ Cltchen, Garage Stair ☐ Inside of Chimney ☐ Italian Chimn	Abatement od During En I Outside of N AM- I that apply) of Material (ACI TED ty	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou Pl Renoval Demoliti Is Loca Norma sed Sol fainten ustodial (12) s No	tion on attornally staff?	Asbe- (i.e Caulk Caulk Linoleu Transite	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems if surfacing, VAT, other miscellaned	Drive Ide II, NJ 07006 ainment with Negosure III Procedure III Proced	Amount (Specify SF or LF) 13 ea. 2 ea. 300 SF 25 LF	Ab Removal 🛛 🖾	_	-	
Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location ☐ Asbestos-Containing li ☐ TO BE ABA ☐ IN Facilit ☐ (13) ☐ Exterior Windows ☐ Exerior Doors ☐ Chimney ☐ In Facility ☐ In Facilit	Abatement od During En I Outside of N AM- I that apply) of Material (ACI TED ty	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou Pl Renoval Demoliti Is Loca Norma sed Sol fainten ustodial (12) s No	ement irs - Des l- tion on tion elly ely by ance/ Staff? N/A N/A N/DEP V flauler ID	Asbe- (i.e Caulk Caulk Linoleu Transite	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems If surfacing, VAT, other miscellaned Flue Pipe Cubic Yards of Waste 20	Drive Ide II, NJ 07006 ainment with Negosure Procedure Inpted (*) and No ferial (ACM) Insulation, or Dus) Name of Regis Minerva Er City, State	Amount (Specify SF or LF) 13 ea. 2 ea. 310 SF 25 LF stered Landfill interprises	Ab Removal 🛛 🖾	_	-	
Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Time of Abatement: ☐ Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location ☐ Asbestos-Containing limits and limits	Abatement of During En I Outside of N AM- I that apply) of Material (ACI TED by way	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou Pl Renoval Demoliti Is Loca Norma sed Sol fainten ustodial (12) s No	ement irs - Des l- tion on tion elly ely by ance/ Staff? N/A N/A N/DEP V flauler ID	Asbe- (i.e Caulk Caulk Linoleu Transite	Street Address 2 Henderson City, State, Zip Co West Caldwelt Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems is surfacing, VAT, other miscellaned Flue Pipe Cubic Yards of Waste 20 Disposal Date 6/30/17	Drive Ide II, NJ 07006 ainment with Negosure III Procedure III Proced	Amount (Specify SF or LF) 13 ea. 2! ea. 300 SF 25 LF stered Landfill interprises	Ab Removal	_	-	
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all 3 sf or 23 lf 2160 sf or 2260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13) Exterior Windows Exerior Doors (Itchen, Garage Stair nside of Chimney Vame of Registered Wast Service Transport G Dity, State	Abatement of During En I Outside of N AM- I that apply) of Material (ACI TED by way	(Check only tire Period of Normal Facility PM/	y one) of Abate lity Hou PlV Renoval Demoliti Is Loca Norma sed Sol Maintena ustodial (12) s No	ement irs - Des l- tion on tion elly ely by ance/ Staff? N/A N/A N/DEP V flauler ID	Asbe- (i.e Caulk Caulk Linoleu Transite	Street Address 2 Henderson City, State, Zip Co West Caldwel Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat, thermal systems if surfacing, VAT, other miscellaned Flue Pipe Cubic Yards of Waste 20 Disposal Date	Drive Ide II, NJ 07006 ainment with Negosure Procedure Inpted (*) and No ferial (ACM) Insulation, or Dus) Name of Regis Minerva Er City, State	Amount (Specify SF or LF) 13 ea. 2! ea. 300 SF 25 LF stered Landfill interprises	Ab Removal 🛛 🖾	_	-	

CK 1003		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)) E (n [5		W	E
Date of Notification (1) 06-23-2017				of Building Susani	Owner/	Operator	(2)						
Agencies Notified Type Notification			The second second	Address					1	131 9	6	2017	1
-			Street	Address					1 1	JN C	U i	_A/ ()	
EPA X Initial Amended		-	City St	ate, Zip C	ada			1	-				
DEP Amended Amendment	#			son, NJ				1	ASBES	STOS	CO	TR	OL 8
Emergency (including	,		959					Mark Mark	LIGE	MSII	1G	
DOH justification) DCA Cancellation				of Contact				Te	lephone N	umber			
Cancellation				Susani									
Name of Facility Where Abatement is Taking	Place	3)	FAC	ILITY INF	ORMAT	ION	T (F	741					
Private Home	, , , , , , , , ,	V)					Type of Facility	(4)					
Street Address							School (K-	12)					
							Subchapte Other (i.e.	nrivate	er than K-	12) cial bui	ldinge	hom	200
City (E)					111112-1111		etc.)	piivato	a comme	ciai bui	uiiiga	, HOIH	Co,
City (5)							Square Feet	# c	f Floors	1	3ldg. /	Age	
Paterson													
County (6)				Code (7)			Current Use (Pr	ior if be	ing demoli	shed)			
Passaic			(SIAIE	USE ONLY)								
Name of Monitoring Firm Hired by Building C	wner (8)	ASC	И No.		Name	of Abatement Co	ntracto	(9)				
						Rem	noval Safety L	LC					
Street Address						Street	Address						
						8 Cr	osby Ave						
City, State, Zip Code						City, S	tate, Zip Code					74	
						- San	rson, NJ 0750)2					
Project Manager for Monitoring Firm			Telepho	ne No.			ione No.		License	No			_
2010.0 20.00 Pro PCI 40 100 PCI 40 PC			:revenion#reenate				400-8711		01332				
Start Date (10)	Schedul	ed Con	npletion	Date (11)			of OSHA Monitor		01002				
07-05-2017	07-05			Julio (11)			oval Safety L						
Occupancy Status During Abatement (Check				775175			Address						
St.							osby Ave						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	eriod of	Abatem	ent				tate, Zip Code						
Other - Describe: 8:00am-4:30pm	ar r domi	y i louis	,										
Scope of Work (Check All That Apply)						Pale	rson, NJ 0750)2					
	-					_	,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				-	Full Containm	ent with	Negative	Pressu	re		
100 01 01 2200 11	ш	Jemont	1011			×	Mini-Enclosur Glovebag Pro						
							Non-Exempte		d Non-Fria	ble Pro	cedur	e	
	Is	Locati	on								Abate	ement	t
Location of		Vormali			Des	scription	of				Ty	/pe	
Asbestos-Containing Material (ACM)		ed Sole			tos Cont	aining M	aterial (ACM)	A	mount			m	
TO BE ABATED In Facility	DE 0000000	todial S		(i.e.		systems cina, VA	insulation,		pecify	Re	R	nce	Enc
(13)		(12)				niscellan		SI	or LF)	Remova	Repair	psu	Enclosure
	Yes	No	N/A							/a	=	Encapsulate	ure
<u> </u>	163	NO	IN/A										
Basement			Х		Pipe	Insula	tion	4	0 LF	X		X	
								-					
										+			
N													
Name of Registered Waste Hauler			JDEP W		Cubic		Name of	Registe	red Landfi	11	-		
Removal Safety LLC			auler ID		of Was	ste	GROV	/S No	th				
City, State		100	037007		2	-1 D :			***				
Paterson, NJ					10 22	al Date	City, Stat		Δ.				
Completed by	Tin			10		5-2017	Morris	/IIIe, P					
Lasko Veskov	Title	: al a - '			S	ignature	1/_1	20 04		ate			
Lacke Veskey	Pres	ident			9	WIL 4	o Westler	2	(06/23/	2017	1	

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

MUCK			(P	ursua	nt to NJA	C 8:60 and 5:1	6)					
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)		IN 26	201	7	
5 / 17	, ,	17		1		ence Board of E		- ma Lo.		k. #N		
						enice Board of E	ducation 700	L.,				٠
	oe Notificati Initial	ion			t Address	2.2		ASEES			HOL.	Ğ.
	Amended					d Avenue			JOENS.			
	Amendmen	nt #4			State, Zip (
	Emergency		3	Ne	w Provide	ence, NJ 07974						
The second of th	justification			Name	e of Contac	t		Telephone N	lumber			
Ш	Cancellatio	n		Ad	ministrat	ion		1				
				FA	CILITY IN	IFORMATION		_				
Name of Facility Where Abate			(3)				Type of Facility	(4)			-7.50	
New Providence Middle	e/High Sc	hool					School (K-1					
Street Address							Subchapter			حالمان.		
35 Pioneer Drive							Other (i.e., p		merciai b	ullairi	ys,	
City (5)		The second					Square Feet	# of Floors	В	ldg. A	ae	
New Providence							163,618	1		59	~	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being den	nolished)	AGE!		
Union						,,	School					
Name of Monitoring Firm Hire	d by Buildin	g Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Langan Engineering			200	000	99	AND AND ASSESSMENT OF THE PARTY	d Mold Service					
Street Address		h-or-				Street Address		,,				
300 Kimbal Drive, 4th FI	oor					3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	100 000000					
Parsippany, NJ 07054						Hainesport, N						
Project Manager for Monitoring	g Firm		Tele	ephone	No	Telephone No.		License No				
Vijay Pital	•			73-560		609-702-0400		00862	1			
Start Date (10)	Sch	neduled C	230			Name of OSHA M		00002				
6 / 14 / 17				5 /		EMSL Analyt						
Occupancy Status During Aba							ioai, iiio.					
Facility Closed/Vacated Du				mont		Street Address						
Abatement Performed Outs	side of Norn	nal Facility	Hou	rs - Des	crihe	200 U.S. Rou						
Time of Abatement:	AMi	_PM/	PM-		AM A	City, State, Zip Co						
Scope of Work (Check all that	I Ail U	1-24 -	-01	My S	NIT	Cinnaminson	i, NJ 08077					
888	арріур			1		⊠ Full Cont	ainment with Neg	native Pressure				
☐ ≥3 sf or ≥3 lf		⊠ Re					losure	gative i lessure				
⊠ ≥160 sf or ≥260 lf		☐ Dei	molitic	on		☐ Glovebac	g Procedure mpted (*) and No	a Eriabla Dasa				
		Is	Locat	tion	1	M NOII-EXE	impled () and No	III-FIIADIE PIOCE				
Location of		N	lorma	lly		Description o	f		1000	atem		1
Asbestos-Containing Mater				ely by	Asbes	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			ntena odial	Staff?	(i.e.	, thermal systems i		(Specify	Von	air	aps	losi
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u> </u>		ua	lre.
		Yes	No	N/A							e	
SEE ATTACHED SCOPE	OF WORK									П	П	
			70 10									
											Ш	
										П	П	П
Name of Registered Waste Ha	uler		N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill		1-		
Newark Carting, Inc.			142.0	auler II	No.	Waste	Grand Cen					
City, State				04509		5 Disposal Date						
Newark, NJ						8/15/17 /	City, State	lo DA				
Completed By (Print or Type)	1=	itla				1	Penn Argy	E, PA				
Kimberly A. Trumbetti	1	itle Office C		lim-t-		Signature			Date			
Killiberry A. Trumbetti		Office C	oord	iinator			/		1 7	1 -	1	

ASB-41 MAY 11

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

(KL4730)

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

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		JUN	2	6	2017	凹

				1.	ui o u u i	11 10 1107	10 0.00 and 0.11	0,		N 26 2	017	-
Date of Notification (1)	7.22 CO. C.						g Owner/Operator (2)	I had to		V 1 .	
6/	23 /	17			Wa	yne Sen	ior Citizens Runi	nymede Corp /	Job #1502-195	9 Chk. 47	30	
Agencies Notified	Type Notific	ation			-	t Address		20.	ASBES	<u>FOS CON</u> ICENSINI	IHL	儿&
⊠ EPA							nede Drive		Lancon Company	WARRAITY:	J	
□ DOLWD	☐ Amende	d				State, Zip	1-		-			
□ DHSS	Amendm	-	10 31	ē.	10000000	yne, NJ						
DCA	☐ Emerger	ncy (inc	cludin	3	10000	of Contac	Maria Me Constant and the second		r. 	har		
(NJAC 5:23-8)	justificati Cancella				1,12,10,000,000				Telephone	har		
	L Cancella	LIOH				cy Brune						
					FA	CILITY IN	NFORMATION					
Name of Facility Where A			Place	(3)				Type of Facility (
Edward Sisco Sr. C	itizens Villa	age						School (K-12)				
Street Address									Other than K-12 ivate and comme		is.	
100 Runnymede Dr	ive							homes, etc.)			,-,	
City (5)								Square Feet	# of Floors	Bldg. A	ge	1-2
Wayne								9000	1	40		
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	shed)		
Passaic								R-2				
Name of Monitoring Firm	me of Monitoring Firm Hired by Building Owner (8						Name of Abateme	ent Contractor (9)				
Criterion Laborator	Criterion Laboratories						Asbestos and	d Mold Services	s, Corp.			
Street Address							Street Address		-			
3370 Progress Driv	e, Suite J						3859 Sylon B	oulevard				
City, State, Zip Code							City, State, Zip Co					-
Bensalem, PA							Hainesport, N					
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No.			_
Mike Panepresso				0.000.000.000	15-244		609-702-0400		00862			
Start Date (10)	5	Schedu	ıled C		tion Da		Name of OSHA M			W		
_7_1/_7_1					/		EMSL Analyti					
								cai, iiic.				
Occupancy Status During Facility Closed/Vacate							Street Address					
						cribo	200 U.S. Rout					
Time of Abatement: _	AM-	PM	 /	PM-	- -	AM	City, State, Zip Co					
		VO. 11. 10.	Name of				Cinnaminson	, NJ 08077				
Scope of Work (Check all	that apply)						☐ Full Cont	ainment with Nega	ativo Proceuro			
\boxtimes \geq 3 sf or \geq 3 lf		1	⊠ Re	novat	ion		☐ Mini-Encl		ative Pressure			
≥160 sf or ≥260 lf			☐ De	molitic	on		Glovebag	Procedure				
							Non-Exer	mpted (*) and Non	-Friable Procedu	re		
Location	of			Locat Norma			D			Abatem	ent T	уре
Asbestos-Containing I		0	Use	d Sole	ely by	Ashe	Description of stos Containing Mat		Amount	Re Re	E	En
TO BE ABA	TED	<i>'</i>		intena		(i.e	., thermal systems i	nsulation,	(Specify	Removal	cap	Enclosure
IN Facilit (13)	у		Cusi	(12)	Staff?		surfacing, VAT,		SF or LF)	<u>/a</u>	Encapsulate	ure
(13)			Yes	No	N/A		other miscellaned	ous)			ate	
Units 623, 624, 625, 6	26 723 724		П			Poncor	n Ceiling (1 " st	rin nor unit)	approx. 5 SF			
725, 726	20, 720, 724	-				1 opcor	ir Centrig (1 St	ip per unit)	ner unit			
SAME UNITS AS ABO	N/E					Floor T	:1- 9 844:- /4 4 5	NF10	440.05			
CAME ON TO AS ABO				FIOOF	ile & Mastic (14 S	or per unit)	140 SF					
Name of Desister 1991			Ц								Ш	Ш
Name of Registered Wast	e Hauler				IJDEP V lauler ID		Cubic Yards of Waste	Name of Registe				
Freehold Cartage					02265		5	GROWS La	ndfill			
City, State							Disposal Date	City, State				
Freehold, NJ							7/7/17	Morrisville,	PA 19067			
Completed By (Print or Ty	pe)	Title					Signature /		Da	te		-
Kimberly A. Trumbe		Off	fice C	coord	linator		PX/II		1	. 111-1	1	
22							_ LUXIV			1-1-1	1	

CV 4730

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

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K						
	JUN	2	6	2017		IJ

				١			10 0.00 and 0.1	0)		HIN	2.6	2017	
Date of Notification (1)							ng Owner/Operator	(2)	feed &cr	0011		2017	- 1
6 /	23 /	17			Wa	yne Sen	ior Citizens Run	nymede Corp /	Job #15	02-1959	Chk. 4	730	
Agencies Notified	Type Notific	cation				t Address		· ·	A.	SBESI	js coi	VIRC)L&
⊠ EPA							nede Drive			£,15,	ENSIN	-3	
□ DOLWD	☐ Amende					State, Zip			_				
□ DHSS	Amendm				(2)	yne, NJ							
DCA (NJAC 5:23-8)	☐ Emerger justificat		luding			of Contac	Total Control of the		Tolopho	ne Numbe			
(113/10/3.25-0)	☐ Cancella				AND SECTION AS	cy Brun			Telebno	ne Numbe	er		
Name of Facility Where A	hotomout is	Talsian	Diana	(0)	FA	CILITY	NFORMATION						
Edward Sisco Sr. C			Place	(3)				Type of Facility					
Street Address	iuzens viii	age						School (K-12		an K 12)			
								Other (i.e., p	rivate and	commerc	ial buildir	ngs,	
100 Runnymede Dri	ive							homes, etc.)					
City (5)								Square Feet	# of Flo	ors	Bldg.	Age	
Wayne								9000	1		40		
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	or if being	demolish	ed)		
Passaic								R-2					
Name of Monitoring Firm		ding Ov	vner (8	3)	ASCM	No.	Name of Abateme						
	Criterion Laboratories eet Address						Asbestos and	d Mold Service	s, Corp.				
							Street Address						
	3370 Progress Drive, Suite J						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Bensalem, PA							Hainesport, N	IJ 08036					
Project Manager for Monit	toring Firm				phone		Telephone No.		License	No.			
Mike Panepresso						-1300	609-702-0400		0086	2			
Start Date (10)		Schedu					Name of OSHA M	onitor					
7/_7_/	17_	7	_ /	7	_ / -	17	EMSL Analyti	cal, Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated	d During Enti	re Perio	od of A	bate	nent		200 U.S. Rout	te 130 North					
Abatement Performed	Outside of No	ormal F	acility	Hour	s - Des	cribe	City, State, Zip Co	de					
Time of Abatement:	AIVI	PIVI/		_PIVI-		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)							AX 95 0000 0000					
≥3 sf or ≥3 lf		Б	Ren	ovati	on		☐ Full Cont☐ Mini-Encl	ainment with Neg	at ve Pres	sure			
☐ ≥160 sf or ≥260 lf			Den				☐ Glovebag	Procedure					
						,	Non-Exer	mpted (*) and Nor	n-Friable P	rocedure			
				ocat orma							Abaten	nent T	уре
Location of Asbestos-Containing N		1)	Used			Acho	Description of stos Containing Mat				Z Z	m	m.
TO BE ABAT	red .	"		itena			., thermal systems i		Amor (Spec		Removal	cap	ICIO
IN Facility	/		Custo	(12)	staff?		surfacing, VAT,	or	SF or		val 「	Encapsulate	Enclosure
(13)		,	Yes	No	N/A		other miscellaned	ous)				ate	
Unite CO2 CO4 CO5 CO			-		-		New York And Carl Co.			5.05			
Units 623, 624, 625, 62	26, 723, 724	1 [Popcor	n Ceiling (1 " st	rip per unit)	approx.				
725, 726		[
SAME UNITS AS ABO			\boxtimes	Floor Ti	ile & Mastic (14 S	SF per unit)	140	SF					
										П	П		
Name of Registered Waste	Name of Registered Waste Hauler					Vaste	Cubic Yards of	Name of Regist	ered Land	fill			
Freehold Cartage				4	auler ID 02265		Waste	GROWS La					
City, State	ity, State						5 Disposal Date	City, State					
Freehold, NJ							7/7/17	Morrisville,	PA 1906	7			
Completed By (Print or Type) Title							Signature						
Kimberly A. Trumber			ice C	oord	inator		Carried 1			Date	00	10	
CD 44		0111	30 01	Joiu	mator		$\perp a \times b$			1	-111-	1. 1	

MOH244031	Blodley	NOT	IFICATI (Pursua	State of No ION OF ASI ant to NJAC	BESTOS	SABATE	EMEN 20)	T pp		<u> </u>	E.	\	<u> </u>	
Date of Notification (1) 06/16/2016			Nam	e of Building	Owner	/Operato	or (2)		1	JUN	2 (20	17	-
Agencies Notified Type	Votification		1	et Address					-					1
X EPA	nitial		302	Elm Stre	et				A	SPEST	OS C	ONT	ROL	. &
X DEP X A	mended		City,	State, Zip C	ode			1.		LK	DENS	ING	Sec. 10.	
	mendment #1 mergency (includin		Wes	stfield ,NJ	,07090)				H80 -				
<u>□</u> DOH _ ju	istification)	g	Name	of Contact					TT.	.11 •				
DCA C	ancellation		MIK	E										
Name of Facility Where Abateme	ent la Taldia Di	701	FA	CILITY INF	ORMAT	ION					_			
Edison School	int is Taking Place	(3)					Тур	e of Facility (4)					
Street Address						2010 Mil	×	School (K-1	2)					
800 Rahway Ave								Subchapter	8 (Oth	ner than K	-12)			
City (5)								Other (i.e. petc.)	ri vate	& comme	rcial bu	ilding	s, hor	mes,
Westfield							Squ	are Feet	# 0	f Floors		Bldg.	Age	
County (6)							N/A	`	N/	Α		N/A	90	
Union			Count	y Code (7) E USE ONLY	,		Curr	ent Use (Prid	or if be	ing demol	ished)			
Name of Monitoring Firm Hired by	D. 11.11				'		Sch	lool						
Detail Associate	/ Building Owner (8)	000	CM No.		Name	of Aba	atement Con	tractor	(9)				
Street Address	t Address					EHW	/ AB	ATEMET	LC					
300 Grand Ave						Street								
City, State, Zip Code						89 FI	RAN	KLIN STR	EET					
Englewood,NJ,07631								ip Code						
Project Manager for Monitoring Fir						PATE	ERS	ON,NJ,075	524					
Stephen Jaraczewski	m			one No.		Telepho				License	No.			
Start Date (10)				599-6708		973-3				01274				
06/27/2017	07/26/	ed Co	mpletion	Date (11)				HA Monitor						
Occupancy Status During Abatem	ent (Check Only On	2017				-		TEMENT	LLC					
						Street A					-			
Facility Closed/Vacated Durin Abatement Performed Outsid	g Entire Period of	Abater	nent					KLIN STRI	EET					
Other – Describe: occupie	e or Normal Pacility	Hour	S			City, Sta								
Scope of Work (Check All That Ap	ols/)					PATE	RSC	ON,NJ,075	14					
	-													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Transaction of the last of the	enova					Ful	Containmer	nt with	Negative	Pressu	re		
		CHIOIII	1011			H	Min	i-Enclosure vebag Proce		-		1000		
						×	Nor	n-Exempted	dure (*) and	Non-Frial	ole Pro	cedur	-	
		Locati							and a		1	Abate		,
Location of	N IIsa	ormal d Sole			Desc	cription o	of						ре	
Asbestos-Containing Material (A	ACM) Mai	ntenar	nce/	Asbesto	s Conta	ining Ma	terial	(ACM)	An	ount			m	
In Facility	Cust	odial S	staff?	(I.e. th	nermal s	ystems i	nsula	tion,		ecify	Re	Z	Encapsulate	Enclosure
(13)		(12)			other mi	scellane	ous)	1	SF	or LF)	Remova	Repair	psu	dos
	Yes	No	N/A				8.				la la	Ξ.	ılate	ure
Auditorium Main Floor		X			1	/AT					-		· ·	
ISLES		- 20 M				/AT			850	0 SF	X			4
IOLLO		X			\	/AT			250) SF	X			
											1			
Name of Registered Waste Hauler			DEP W		Cubic Ya	ards	T	Name of Re	gistere	d Landfill				
RI STATE TRANSFER/YIM	I BROTHER		uler ID		of Waste	9								
City, State		18	1001		V/A			MINERVA	1 EIV	CKPKI	3ES			
199 RANDALL AVE BRON	C.NY				Disposal FBD	Date		City, State				-au-swiis		
Completed by						900 MINE	:RVA	RD WA	YNE	SBU	RG (HC		
ICTOR ESPIRITU	PRO.I	FCT	MANE	GED		nature	1	Wille	/	Da				
	17103		IVINIT	JLK		1. CM	1	Wall I	-J'	06	/22/2	017		

State of New Jersey

Date of Notification (1)		NO	TIFICAT (Pursu	State of New J TION OF ASBES ant to NJAC 8:6	TOC 4545	EMENT 20)	DEG N		\mathbb{V}) Àrii
06/16/2017			Nam	ne of Building Owi	ner/Operat	or (2)	III JUN	2.6	2017		
A			We	sfield Board o	f Educat	ion					
1,700 1100111	cation		-Stree	et Address		1011	100000	<u> </u>	477.807	n: 0	
X EPA X DEP X DOL				Rahway Ave	,		A Marie and Heart and the Con-	ENSH		11. 0	-
X DOL Amen			City,	State, Zip Code			had been		V 1. A		
Amen	dment #_		We	stfield,NJ,070	12						
	ency (inc	luding	Name	e of Contact	+2						
DCA Cance	llation		MIK				Tale	-			
Name of Footility Val											90
Name of Facility Where Abatement is Edison School	Taking Pl	ace (3)	TA	CILITY INFORMA	ATION						
Street Address						Type of Fa	icility (4)				
						× Scho	ol (K-12)				
800 Rahway ave						Subc	napte 8 (Other th	an K-12	1		
City (5)				*		Other etc.)	(i.e. private & cor	nmercia	build	lings,	homes
Westfield						Square Fee	et # of Floo				
County (6)						N/A	N/A	115		dg. A	je
UNION			County	Code (7)		Current Use	Prior if being de		IN.	/A	
Name of Monitoring Firm Hired by Build	ing O	- (0)		Acres of the control		SCHOOL	- / That it being de	molishe	d)		
- otali 7 issociates	my whe	r (8)		M No.	Name o		t Contractor (9)				
Street Address			000	12	EHW	ABATEM	ENT LLC				
300 Grand Ave					Street A	ddress	LIVI LLC				*
City, State, Zip Code						RANKLIN :	STD				
Englewood, NJ, 07631		1			City Ste	ate, Zip Code	DIVEFI				
Project Manager for Monitoring Firm		1			PATE	RSON,NJ	0750				
Stephen Jaraczewski			Telepho	ne No.	Telepho	110011,110					
Start Date (10)		- 1	201-59	99-6708	973.30	33-5144		ise No.			-
06/26/2017	Sched	duled Com	pletion [Date (11)			012	74			
				(11)	Name of	OSHA Mon	tor				
occupancy Status During Abatement (Ch	eck Only	One)	-			ABATEME	NT LLC				
F 10:		2			Street Ac	dress					
Facility Closed/Vacated During Entire	e Period o	of Ahatam		_							
Abatement Performed Outside Entire	e Period o rmal Facil	of Abateme	ent بنطون	-	89 FRA	ANKLIN S	TREET				
Other - Describe:	e Period o rmal Facil	of Abateme lity Hours	ent بنطبيط		89 FRA	ANKLIN S					
Other - Describe:	e Períod o rmal Facil	of Abateme lity Hours	ent بشطيخة		89 FRA	ANKLIN S					
Other - Describe:	iniai Facil	IITY Hours			89 FRA	ANKLIN S					
Other - Describe:	X	Renovation	on		89 FRA	ANKLIN S a, Zip Code RSON,NJ, Full Contain	07514				
Other - Describe:	X	IITY Hours	on		89 FRA	ANKLIN S e, Zip Code RSON,NJ, Full Contain Mini-Enclose	07514	/e Press	ure		
Other - Describe:	X	Renovation	on		89 FRA	ANKLIN S e, Zip Code RSON,NJ, Full Contain Mini-Enclose Glovebag Pr	ment with Negativere				
Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	X	Renovation Demolition	on n		89 FRA	ANKLIN S e, Zip Code RSON,NJ, Full Contain Mini-Enclose Glovebag Pr	07514		ocedu		
Other – Describe:	X	Renovation Demolition S Location Normally	on n	Desc	89 FRA City, State PATEF	ANKLIN S e, Zip Code RSON,NJ, Full Contain Mini-Enclose Glovebag Pe Non-Exempt	ment with Negativere		ocedu	temer	ıt
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Other – Describe: ope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED	Us.	Renovation Demolition S Location Normally Ped Solely aintenance	on n by	Desc Asbestos Contai (i.e. thermal sy	R9 FRACITY, State PATER PATER Tription of ning Mater yetems insi	ANKLIN S e, Zip Code RSON,NJ, Full Contain Mini-Enclosi Glovebag Pr Non-Exempti ial (ACM) ulation,	ment with Negativare roced are led (*) and Non-Fr	riable Pro	Abai T	temer ype	\Box
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06/16/2017

GL17-007 Ph 7,8

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

Page 1 of 2 Check # 2852

Date of Notification (1) 6-21-2017				of Building rouck He			r (2)	P.	n E	G	E		WE
	otification		Street	Address Boulevard							-	<u> </u>	0 15
DEP X Ar	tial nended nendment #1			tate, Zip Co rouck He		NJ 076	604	- 1		JUN	2	5 2	917
≥ DOH jus	nergency (includin stification) ancellation	g	Name	of Contact itsianos				Tele	enkione	Mumhe	is c	MO	TROL
				ILITY INF		ION		- 1					
Name of Facility Where Abatement Hasbrouck Heights HS/MS	nt is Taking Place	(3)					Type of Facility School (K	. ,				-	
Street Address 365 Boulevard							School (K. Subchapte Other (i.e. etc.)	er 8 (Othe			uildir	gs, h	omes,
City (5) Hasbrouck Heights							Square Feet 40,000 +	# of	Floors		Bldg 50-	g. Age	9
County (6) Bergen				Code (7) USE ONLY)		Current Use (Pr School	rior if beir	ng demo	olished)			
Name of Monitoring Firm Hired by Westchester Environmenta	Building Owner (8	3)	ASCI 0012	M No. 27			of Abatement Co Group, Inc	ontractor	(9)				
Street Address 307 North Walnut Street	7 North Walnut Street						Address Hamburg Tpk	——— е					
City, State, Zip Code West Chester, PA 19380	est Chester, PA 19380						tate, Zip Code mingdale, NJ						
Project Manager for Monitoring Fir Philip Conteh	m		Telepho	one No. 31-7545		Teleph	one No. 1710-9725		License 01084				
Start Date (10) 6-23-17 at 3:30 pm			mpletion 3:30 pm	Date (11)		Name	of OSHA Monitor Froup, Inc	100			e e e e e e		
Occupancy Status During Abateme			•		-		Address						
Facility Closed/Vacated Durin Abatement Performed Outsid	g Entire Period of e of Normal Facilit	Abaten y Hours	nent s			03600000	Hamburg Tpke	-					
Other – Describe:					-		mingdale, NJ	07403					
Scope of Work (Check All That Ap	ply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	property .	Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				ure	
	Is	Locati	ion					a () and	NON-11	lable	1000	atem	ent
Location of		Normal ed Sole	ly	80 19	Des	cription	of				1	Туре	
Asbestos-Containing Material (, TO BE ABATED In Facility (13)	Ma Ma	intenar todial S (12)	nce/	Asbesto (i.e. t	thermal surfac	aining M systems ing, VAT niscelland	aterial (ACM) insulation, Γ, or eous)	(Sp	ount ecify or LF)	Removal	Kepail	Lincapsulate	Enclosure
0-1-0-151	Yes	No	N/A								7	ন	
Cafe Soffit Boys Locker Room		X					sulation		0 If	X		\perp	
Girls Locker Room	X				ng Ins			4 If	X	_	_		
	X			(i)	ng Insi			3 If	X	_			
Supply Room Name of Registered Waste Hauler	X	IDED IA			ng insu			lf	x				
GL Group, Inc	JDEP Wauler ID 033034	No.	Cubic \ of Was TBD		Name of Minerva		ed Land	fill					
City, State Bloomingdale, NJ			Disposa TBD	al Date	City, State Waynes			-					
Completed by Elena Solakov	eted by Title						Elones So		1	Date 6-21-2	2017		

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

GL17-007

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7)

Page 2 of 2 Check #2852

CONTINUATION SHEET

						Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma //	Used Solely I aintena Custod Staff (1:	nce ial 2)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A	R E P A I	ENCAPSU	ENCLOSUR			
Rooms 101,103,105	Yes	No	N/A	B:		L	R	Ĺ	E			
.001118 101,103,103		X		Pipe Fitting Insulation	27 LF	X						
								\perp				
		-					-					
		-	-				_	_				

Completed By: (Print or Type) Elena Solakov	Title President	Signature Date 6-21-2017	es.

* correction of	address (old s	chool	locati	on dar	hanad	by fire	1								Pı	rint For
EDS17-079	And L	SCHOOL	NOTIF	FICATIO	State of N N OF AS	ew Jerse BESTOS	y ABATE		NT P	age 1 of), <u>E</u>	C	E	0	\mathbb{V}	E
Date of Notification (1) 6-18-2017					of Buildin					2 de 1		First	0	0 0	1047	1
Agencies Notified	Type Notification	1			Address Claremo	nt Aver	nue				The second secon	JUN		b c	117.7	Le Le
EPA DEP DOL	Initial Amended Amendmen	nt #1		City, S	tate, Zip 0	Code					ASBI	ESTC		CON)L &
ĭ DOH	Emergency justification	(includin	g	Name	of Contac	t				Га	enhone	MANAGEMENT, N		15		
▼ DCA	Cancellatio	n			O'Reill		TON.				ä					
Name of Facility Where PS 20	Abatement is Takin	ng Place	(3)	FAC	ILITY INI	-ORIVIA I	ION	Ty	pe of Facility							
Street Address 160 Danforth Ave									Subchapte Other (i.e. etc.)	er 8 (Oth	er than & comm	K-12) nercial	build	dings	, hom	es,
City (5) Jersey City								1	uare Feet 0,000+	3	f Floors		1 00	ldg. <i>A</i> 0+	\ge	
County (6) Hudson				County (STATE	Code (7) USE ONL	Y)			rrent Use (Pr	rior if bei	ng dem	olished	3)			
Name of Monitoring Firm Ahera Consultants	n Hired by Building Inc	Owner (8	3)	ASC: 005	M No. 7				batement Co up, Inc	ontractor	(9)					
Street Address PO Box 385		V ₀					Street 140		ress nburg Turr	npike						
City, State, Zip Code Oceanville, NJ 0823	31-0385							City, State, Zip Code Bloomingdale, NJ 074()3								
Project Manager for Mon John Smoyer	nitoring Firm			Telepho (609)	33	Telephone No. License No. 201-710-9725 01084										
Start Date (10) 6-22-2017		Schedu 7-26-2							SHA Monitor							
Occupancy Status During	g Abatement (Che	k Only O	ne)	Street Address												
Facility Closed/Vaca Abatement Perform Other – Describe: F	ed Outside of Norr	Period of nal Facilit	Abaten y Hours	nent			City, S	tate,	Zip Code							
Scope of Work (Check A	Il That Apply)						DIOOI	111111	gdale, NJ	07403						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7,77		Renova Demolit				×	N	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					2	
Location			s Locati Normal	ly		Des	scription							Abate	ment pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	ed Sole aintenar stodial S (12)	nce/		stos Cont thermal surfac	aining M	later s insu T, or		(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Boiler Ro	nom	Yes	No	N/A		A CNA C	silin a D	11	lead	27	0.05				ite	0
Boiler Ro		X				ACM C					0 SF	X	-			
Boiler Ro									k insulat		4 SF	x	-			
Classroom		X	X			ler door					SF	x	-			
Name of Registered Was				JDEP W		Cubic C		olas	Name of		54 SF					
GL Group, Inc			Н	auler ID 033034	No.	of Was			Grows	. rogictel	Ju Lain	unii				
City, State Bloomingdale, NJ			,			Dispos TBD	al Date		City, State Morrisv		١					
Completed by Elena Solakov		Title Pres	ident			Si	gnature	E	Perm Stulle			Date 6-18-	-20	17		

EDS17-079

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7)

page: 2 of 2 check #2833

JUN 26 2017

CONTINUATION SHEET

							Abatem	ent Typ	e
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance /Custodial Staff (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A	R E P A I R	ENCAPSUL	ENCLOSURE
Classroom 110	Tes	X	NIA	VAT & Mastic	750 SF	X	- K		
Classroom 110 Restroom		X	_	Ceiling & wall plaster	372 SF	X			
Classroom 110 Restroom		X	-	VAT & Mastic	42 SF	X			
Classroom 110 cloak room		X		Ceiling & wall plaster	797 SF	X			
Classroom 110 cloak room		X	-	VAT & Mastic	111 SF	X		-	
1st fl rear hallway, center hallway & main entrance area		X	_	VAT & Mastic	2,350 SF	X			
hallway & main entrance area Classroom 210		X	-	Ceiling & wall plaster	2,154 SF	X	-		
Classroom 210	-	X	-	VAT & Mastic	750 SF	X	-	-	
Classroom 210 cloak room	-	X	-	Wall plaster	876 SF	X	-	-	
Classroom 310	-	X	-	Ceiling & wall plaster	2,154 SF	X	_		
Classroom 310	-	X		VAT & Mastic	750 SF	X			
Classroom 310 cloak room	-	X	-	Ceiling & wall plaster	1,064 SF	X			
Classroom 310 cloak room	-	X	-	IVAT & Mastic	188 SF	X		_	
	-	A	_			- 1			
and the second s	-	-	-				-	-	

Completed By: (Print or Type) Elena Solakov Title President	Signature Cleru Stuller	Date 6-7-2017
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

3715
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Date of Notification (1)				0.50	I Man	(D .)) (1	mm, E	3	9	3 [1 1/1
6 /	23 /	17)wner/Operator			UIL	2 (2 1		
		-	<u> </u>		PI	inceton	Univ	vertsity - Offic	e of Design a	nd Constru	uction				
Agencies Notified EPA	Type Notific	cation			Stree	et Address	3			1		.11	IN	26	201
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☑ DHSS	Amenda				City,	State, Zip	Cod	le		1	L				
DCA	☐ Emerge		ıdina		Pr	inceton,	NJ	08544			ASI				DNTF
(NJAC 5:23-8)	justificat	tion)	umg		Nam	e of Conta	ect			Telephon	e Numbi	er		- 1/4	HG
	☐ Cancella	ation			Ro	bert Ort	ego								
					FA	CILITY	NFC	RMATION							-
Name of Facility Where A	Abatement is	Taking P	lace ((3)				T CONTROL	Type of Facility	(1)					
Princeton Universit					e				School (K-1						
Street Address	, ,	3	-	9.					☐ Subchapter	8 (Other tha	n K-12)				
Olden St									Other (i.e., p	private and co	ommerc	ial b	uildin	gs,	
City (5)				-					homes, etc.						
Princeton									Square Feet	# of Floo	ors	В	ldg. A	lge	
County (6)				-	10-	-t- 0 - I	(7) (0)								
MERCER					Cou	nty Code ((1)(51	TATE USE ONLY)	Current Use (P	rior if being d	lemolish	ed)			
Name of Monitoring Firm	Uisad by Duil	ld: 0	/0		1001										
1773		aing Owi	ner (8)	ASCM	No.			ent Contractor (9						
ATC Group Service	es LLC							BRISTOL EN	VIRONMENTA	L, INC.					
Street Address	_		200				St	reet Address							
	Bromley Corporate Center-Three Terri Lan							1123 BEAVER	R STREET						
	ty, State, Zip Code						City, State, Zip Code								
Burlington, NJ 0801								BRISTOL, PA	., PA 19007						
Project Manager for Monit	toring Firm			Tele	phone	No.	Te	elephone No.		License I	No.	-			
Michael Keehn				60	9-386	0088-		215-788-6040 00509							
Start Date (10)		Schedule	d Cor	nple	tion Da	ite (11)	Na	me of OSHA M	onitor						
7 / 5 /	17	7	. /	7	1	17			/IRONMENTA	L. INC					
Occupancy Status During	Abatement (reet Address							
☐ Facility Closed/Vacated					nent		1	1123 BEAVER	CTDEET						
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Time of Abatement: 7:	00AM- <u>3:30</u> F	PM/	_PM-	9	AM		200000	y, State, Zip Co							
Scope of Work (Check all	that annly)							BRISTOL, PA	19007						
	triat apply)							☐ Full Conta	ainment with Neg	native Press	ıre				
≥3 sf or ≥3 lf			Reno					■ Mini-Encle	osure	gative Flesst	ne				
≥160 sf or ≥260 If			Dem	olitio	n			Glovebag	Procedure						
			Is Lo	nonti	00	Т		⊠ Non-Exen	npted (*) and No	n-Friable Pro	ocedure				
Location of	of		No	rmal	ly			Donnieties of				Ab	atem	ent T	уре
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IN Facility (13)	<i>'</i>			12)	otan :			surfacing, VAT, her miscellaneo		SF or LI	F)	<u>a</u>		Encapsulate	Enclosure
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City, State					18706		Dis	posal Date	City, State						ne na sueme more
BRISTOL, PA 19007									MORRISVII	LE, PA 19	067				
Completed By (Print or Typ	e)	Title						Signature	0			,			
Brian Scafiro	th.	Estin	ator					/h -	1.0.	1:1	Date	23	1/	7	
SB-41 0 0 0 1 0								yrian ;	Scofiro	111	10/0	Z -	11	/	

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

Chk# 3227

Date of Notification	(1)	e of B	uilding	Owner / Operat	or (2)		I) E	· (A)	E	П	[]//	R				
	6/23/17			Hazl	let To	wnsh	ip Public Sch			A Company of Assessment		3 6	L	U	<u>M</u>	国	
Agencies Notified EPA	Type Notific	cation	- 1		et Addi						3					1	
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□ DOH		ergency				ontact						T 1.	L ~,	20 A	umb	or	
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Name of Facility Wh	nere Abatem	ent is Taking P	lace (3)	CILII	TIME	Type of Fac	ility (A)									
Raritan High Sch	ool	one to raking r	idoc (i	0)			School		NON SU	B-CHA	PTER 8	3					
Street Address									Other tha			70					
419 Middle Road												ings, h	ome	nes, etc.)			
							Square Feet	t	# of Flo	ors		Bldg.	Age	;			
City (5)		County (6)	Co	unty	Code	(7)	130,00	00		2:				50÷			
Hazlet		Monmouth					Current Use	(Prior i	f being d	emolis	hed)						
							School										
Name of Monitoring Environmental C	Firm Hired b	by Building Owr	ner (8)		ASC	CM No											
Street Address	onnection			Bristol Environmental, In													
120 North Warren	Street						1123 Beav		of								
City, State & Zip Co				72			City, State &						-				
Trenton, NJ 0801							Bristol, PA										
Project Manager for	Monitoring I	Firm			Num	ber	Telephone N	lumber		L	icense	Numb	er				
Rollie Jones	110				4200		(215)788-6040 00509										
Scheduled Start Date 7/5/17	te (10)	Scheduled Cor			ite (11)	Name of OS										
Occupancy Status D	Juring Abate	ment (Check or	7/8/				Bristol Env Street Addre		entai in	IC.				_			
		During Entire P			ateme	ent	1123 Beav		et								
		utside of Norma					City, State &										
Describe:						×.	Bristol, PA	10.7									
		Abatement 7A	M - 3:	30 PN	M												
Scope of Work (Che	ck all that a	pply)								100							
≥3 sf or ≥3 lf			\boxtimes	Dor	novatio	20		Н	Full Con Mini-End			Negati	ve l	Pres	sure		
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	os-Containin	ng			Used		Asbestos-Cor			(S	specify	-	T				
	erial (ACM) E ABATED			olely	by ice or		Material (A (i.e., thermal s			SF	or LF)		Z	-77	Enc	m	
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Name of Registered	Waste Haul	N.J	DEP V		Cubic Yards	Name	of Regis	stered	Landfill		11						
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Service Transport Inc. 20990							7cu yd		rva Lan	dfill							
City, State New Castle, DE							Disposal Date	City,		(225.00)							
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Completed By (Print				Tit			Signature	ο.			1	Da					
Gino Pizzigoni Project							Dino	Pm	MATO	mi/	gu	6/2	231	17			

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State of New Jersey

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Date of Notification (1) 5 /	17 /	17		N	ame of Buil	ding Owner/Operato	r (2)	P7 P3	1 2	C 0/	0.47	-
Agencies Notified	Type Notificat	ion	-			vidence Board of	Education / Joi	b #1702-2161	C	hk.	MA	
⊠ EPA	☐ Initial	1011		- 1	reet Addres			Law and the same in the same				-
☑ DOLWD						ood Avenue		ASBEST	os c	ONT	RO	- 8
□ DHSS	Amendmer			- 1	ty, State, Zi			Total Total State of the Control of		SHE		
□ DCA (NJAC 5:23-8)	☐ Emergency justification	(includ	ding	-		idence, NJ 07974						
(10/10/0.25-0)	Cancellatio	2		06/10/20	me of Cont			Telephone Nu	ımber			
		11			Administr							
Name of Facility Where A	hatament is T.		- 72	I	FACILITY	INFORMATION		R				
New Providence Mi	ddio/Uiah Cal	ang Pla	ace (3)			Type of Facility	(4)				
Street Address	dule/riigh Sci	1001					School (K-12	2)				
35 Pioneer Drive							Subchapter 8	Other than K-	12)			
City (5)		-					homes, etc.)	Nate and comm	ercial	cial buildings,		
New Providence							Square Feet	# of Floors	Bldg. A		Λαο	
County (6)							163,618	1		59	Aye	
Union				Co	ounty Code	(7)(STATE USE ONLY)		and the same of th	lichad			
						The state of the s	Y) Current Use (Prior if being demolished) School					
Name of Monitoring Firm H	Hired by Building	owne	er (8)	ASC	M No.	Name of Abatem	ement Contractor (9)					
Langan Engineering				00	099	Asbestos an	s Corn					
Street Address	•					Street Address		э, оогр.				_
300 Kimbal Drive, 4 th	' Floor					3859 Sylon B	oulevard					
City, State, Zip Code	100					City, State, Zip Co						
Parsippany, NJ 0705						Hainesport, N						
Project Manager for Monito	oring Firm		Te	lephon	e No.	Telephone No.		Tipones M.				
Vijay Pital			1	973-56	0-4900	609-702-0400		License No.				
Start Date (10)	Sche	eduled			Date (11)	Name of OSHA M		00862				
6/14/	17				_ 17	EMSL Analyti						
Occupancy Status During A	Abatement (Che	ck only	one)			Street Address	cai, iiic.					
	During Entire P.	eriod o	f Ahat	ement		The second secon						
Abatement Performed O	outside of Norma	Facili	ty Ho	ire De	escribe	200 U.S. Rout						
hack to do	- Chi-	M/	PN	1	_AM	City, State, Zip Co						
Scope of Work (Check all th	at apply)					Cinnaminson	NJ 08077					
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		□ De	enova	on		⊠ IVIIni-Encid	Procedure	egative Pressure				
Location of			s Loca Norma							patem	ont T	·/no
Asbestos-Containing Ma	terial (ACM)	Use	ed Sol	ely by	0.00	Description of				1	T	1
TO BE ABATE	D	Ma	inten	ance/	(i.e.	stos Containing Mate ., thermal systems in	erial (ACM)	Amount	(em	Repair	nc	Enclosure
IN Facility (13)		Cus	(12)	Staff?		surfacing, VAT, o	or	(Specify SF or LF)	Removal	ai.	Encapsulate	uso
(/		Yes	No	N/A	-	other miscellaneou	ıs)	/	-		ulat	ē
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ame of Registered Waste H	lauler											П
Newark Carting, Inc.	.adioi			JDEP (auler IE		Cubic Yards of	Name of Registere	ec Landfill				_
ty, State				04509		Waste 5	Grand Centra					
Newark, NJ						The state of the s	City, State					
				8/15/17	Penn Argyle,	PA						
Completed By (Print or Type) Title						Signature /	37.01					
Kimberly A. Trumbetti	Of	fice C	oord	inator		OXIII		Date	-	, 1		
B-41						- MA			. 77	-17		

ASB-41 MAY 11

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



PAGE 2 of 3

Initial Notification Date: 5/17/2017

Job Number: 1207-2161 Check Number: NA

Amendment #3 - 6/22/17

DAY SHIFT WORK

NO SCOPE CHANGE

Project:

New Providence Middle/High School 35 Pioneer Drive New Providence, NJ

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

Room 316, Room 316A, Room 318, Room 320

32 elbows/fittings

54 LF of pipe insulation

*utilizing wrap and cut removal methods: non-subchapter 8

150 SF of glue dots

*utilizing non-friable removal methods: non-subchapter 8

Room 320

920 SF of tan floor tile and mastic

50 SF of glue dots

*utilizing non-friable removal methods: non-subchapter 8

Room 322

150 LF of pipe insulation and associated joints in Rm 322 & Toilet

250 SF of ceramic wall tile glue & grout in Toilet in Room 322

Hallway

800 LF of pipe insulation and associated joints

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

Library & Office

500 LF of pipe insulation and associated joints

4,300 SF of tan floor tile, mastic and carpet glue

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

Roof

30 SF of roof flashing/mastic

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

Exterior by Library

300 SF of window caulk

20 LF of expansion joint caulk

Roof

70 SF of roof flashing/mastic

MOCK

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

Date of Notification (1)			Nam	e of Buildir	ng Owner/Operator	(2)		N 26	20	17	11		
6//	17	_			w Jersey	Case .		1705-2171 Chk. NA - exempt					
Agencies Notified Type Notif	ication		Stre	et Address			ASSEST	08.0	ONE	HUL.	Č		
☐ Initial			20	West Sta	ate Street		1	ican:	114.3		of trapelle		
☑ DOLWD ☑ Amend	0.000		City,	State, Zip	Code		7, 222		de la E-s		_		
☐ DCA ☐ Emerge	ment #1	dina	Tr	enton, N.	08625								
(NJAC 5:23-8) Justifica		ung	Nam	e of Contac	ct		Telephone Nu	ımber					
☐ Cancel			Ar	nthony Ma	azzella								
				CILITY II	NFORMATION								
Name of Facility Where Abatement is		lace (3)				Type of Facility	(4)						
NJ DOT - Finance & Admin B	uilding					School (K-12							
Street Address							8 (Other than K- private and comm		uildin	ae			
1035 Parkway Avenue						homes, etc.		ileiciai L	Juliani	ys,			
City (5)						Square Feet	# of Floors	E	Bldg. A	\ge			
Trenton						63,280	3		40	-			
County (6)			Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	olished)					
Mercer						DOT Headq	-						
Name of Monitoring Firm Hired by Bu	ilding Owr	ner (8)	ASCN	1 No.	Name of Abateme						_		
Environmental Connection, In	nc.					d Mold Service							
Street Address					Street Address					-	_		
120 North Wareent Street					3859 Sylon B	oulevard							
City, State, Zip Code					City, State, Zip Co								
Trenton, NJ 08608					Hainesport, N								
Project Manager for Monitoring Firm	= 4	T	elephone	No.	Telephone No.		License No.						
Roland Jones		10000	609-39		609-702-0400	AND							
Start Date (10)	Schedule				Name of OSHA M		00002						
7/_3_/_17_		10	10 /		EMSL Analyti								
Occupancy Status During Abatement	(Check or	nly one)			Street Address								
☐ Facility Closed/Vacated During En					200 U.S. Rou	te 130 North							
☐ Abatement Performed Outside of I	Normal Fa	cility Ho	urs - De	scribe	City, State, Zip Co								
Time of Abatement:AM	PM/_	P	M	_AM	Cinnaminson								
Scope of Work (Check all that apply)						, 110 00017							
≥3 sf or ≥3 lf					☐ Full Cont	ainment with Neg	gat ve Pressure						
≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 lf		Renov			Mini-Enc Mini-Enc	osure ⊩Procedure i∬Y	AN AND CIA	+					
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TO BE ABATED IN Facility (13)	Y	Custodia (1) es N	2) o N/A		surfacing, VAT, other miscellaned	or ous)	SF or LF)			te			
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TO BE ABATED IN Facility (13) Basement	Y	Custodia (1.	2) 0 N/A	Pipe Fit	surfacing, VAT, other miscellaned tting & Saddle In	or ous) sulation	SF or LF)		-				
TO BE ABATED IN Facility (13) Basement Mechanical Rms	Y/	Custodia (1.	2) 0 N/A	Pipe Fit	surfacing, VAT, other miscellaned tting & Saddle In	or ous) sulation	SF or LF)		-				
TO BE ABATED IN Facility (13) Basement Mechanical Rms Name of Registered Waste Hauler	Y	Custodia (1.	2) 0 N/A N/A	Pipe Fit Coating	surfacing, VAT, other miscellaned tting & Saddle In Material on Fibe	or ous) sulation	300 LF 3 SF		-				
TO BE ABATED IN Facility (13) Basement Mechanical Rms	Y	Custodia (1.	2) 0 N/A N/A	Pipe Fit Coating Waste	surfacing, VAT, other miscellaned tting & Saddle In Material on Fiber Cubic Yards of Waste	or pus) sulation erglass Ins.	300 LF 3 SF		-				
TO BE ABATED IN Facility (13) Basement Mechanical Rms Name of Registered Waste Hauler Waste Management	Y	Custodia (1.	2) 0 N/A N/A	Pipe Fit Coating Waste	surfacing, VAT, other miscellaned tting & Saddle In Material on Fiber Cubic Yards of Waste 5	sulation erglass Ins. Name of Regis Grand Cen	300 LF 3 SF		-				
TO BE ABATED IN Facility (13) Basement Mechanical Rms Name of Registered Waste Hauler Waste Management	Y	Custodia (1.	2) 0 N/A N/A	Pipe Fit Coating Waste	surfacing, VAT, other miscellaned tting & Saddle In Material on Fiber Cubic Yards of Waste	sulation erglass Ins. Name of Regis Grand Cen City, State	300 LF 3 SF		-	ite			
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TO BE ABATED IN Facility (13) Basement Mechanical Rms Name of Registered Waste Hauler Waste Management City, State	Y	Custodia (1)	2) 0 N/A N/A	Pipe Fit Coating Waste D No.	surfacing, VAT, other miscellaned tting & Saddle In Material on Fiber Cubic Yards of Waste 5 Disposal Date	or pus) sulation erglass Ins. Name of Regis Grand Cen City, State	300 LF 3 SF tered Landfill trail						



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

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Date of Notification (1)					Name of Building Owner/Operator (2)									
6/	12 /	17			Ha	ckettstov	wn BOE	/ Job #	1706	6-2186	Chk.#	NA-	201	8.
Agencies Notified	Type Notific	ation			Stree	t Address					CENS		101	1,4
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☑ DOLWD				ł		State, Zip	A TO SECURE OF THE PARTY OF THE			4 4 4				_
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(110/10/0.20/0)	Cancella						owski, BA		113	ilettivivi				
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Name of Facility Where A	Abatament is	Takina Di	200 /	2)	FA	CILITY	NFORMATION	1= 1=						
Hackettstown High								Type of Facility School (K-1						
Street Address	3011001 - 30	ecurity	/ 65 (Duit				her than K-	12)					
599 Warrant Street							e and comm		uilding	js,				
City (5)								homes, etc.						
Hackettstown								Square Feet	1#	of Floors		dg. A	_	
County (6)					Τ			30000		1		1957		
Warren					Cour	nty Code (/	7)(STATE USE ONLY)	Current Use (P	rior if	being demo	olished)			
Name of Monitoring Firm	Llies of her Death	di 0	- /01				T	School			011111111111111111111111111111111111111	1000000		
Langan Engineering		aing Own	er (8)	1	ASCM	No.		Name of Abatement Contractor (9)						
Street Address	9							d Mold Service	es, C	orp.				
	46 El						Street Address	7.D						
300 Kimbal Drive, 4	tn Floor						3859 Sylon B							
City, State, Zip Code							City, State, Zip Co							
Parsippany, NJ 070							Hainesport, N	1J 08036						
Project Manager for Moni	toring Firm				hone		Telephone No.	No. License No.						
Vijay Patel						-4900	609-702-0400							
Start Date (10)	300000	Scheduled				100	Name of OSHA M	and the state of						
6 /23 /					_ ′ -	_17	EMSL Analyti	ical, Inc.						
Occupancy Status During				200			Street Address							
☐ Facility Closed/Vacate	d During Entir	re Period	of Ab	atem	nent		200 U.S. Rout	te 130 North						
Abatement Performed Time of Abatement: _	Outside of No	ormal Fac	ility F	ours	- Des		City, State, Zip Co	ode						
				-101-		AM	Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)	11	DN	.Si	18 8	3 1	Π				And	1 no		
≥3 sf or ≥3 If		-	Reno	2775,000		5 men	Mini-Encl	ainment with Neg				Or	J	
≥160 sf or ≥260 lf			Demo					Procedure 11	. (6)	atainmen		up!	0.4	
						·	☐ Non-Exer	mpted (*) and No	n-Fri	able Proced	dure	w	et.	
Tarabas	26		Is Lo	catio mall			12000000000000000000000000000000000000				Ab	ateme	ent T	уре
Location Asbestos-Containing N) U	sed S			Ashe	Description of stos Containing Mat			Amount	공	Re	En	En
TO BE ABA	TED		Mainte ustod				., thermal systems i			(Specify	Removal	Repair	cap	Enclosure
IN Facilit (13)	У			12)	laii?		surfacing, VAT,			SF or LF)	<u>/a</u>		Encapsulate	ure
(10)		Ye		No	N/A	1	other miscellaned	ous)					ate	
Security Vestibule				-		40 FIL-	/F:44:						_	_
occurry vestibule				_		10 EIDO	w/Fittings			8 LF		Ш	Ц	Ш
]	\boxtimes	F								
												П	П	П
			T	7										
Name of Registered Waste Hauler N						Vaste	Cubic Varda af	Now (D	100	11 10"		Ш	Ш	Ш
						Naste No.	Cubic Yards of Waste	Name of Regis		Landfill				
Waste Management					17273		5	Grand Cen	itral					
City, State							Disposal Date	City, State	5 UN					
Lafayette, NJ		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -					6/26/17	Penn Argy	le, P	A				
Completed By (Print or Ty	rpe)	Title				C 30 100 1	Signature	f I	91162	1	Date			
Kimberly A. Trumbetti Office Coor						7	(X)		_		6-21	1.0		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check # 25533

6/23/17

			(Pt	ursua	nt to NJA	C 8:60 and 5:16	5)	IME	D E		\mathbb{W}	E
Date of Notification (1)	/23/17			Nam	e of Buildir	ng Owner/Operato	3.03					
Agencies Notified	Type Notific	otion			- A A - I - I		Hartung		191 0	8	201	7
☐ EPA	I ype Notific	ation		Stree	et Address			111 6	111 -			
DEP	Amended	i	-	City	State, Zip (Codo		-				-
⊠ DOL	Amendm		_	City,	State, Zip (arwood, NJ 0	ASBES	TOS HCE	CO	NIH	IUL
⊠ DOH	☐ Emergen justificat	cy (includin ion)	g	Name	e of Contac		arwood, NJ 0	Telephone Num	100000	Mon	417	
□ DCA	Cancellat			INGIII		arie Hartung		i siephone Num	Dei		-	
				FA	CILITY IN	ORMATION						_
Name of Facility Where							Type of Facility	(4)				
		Residenti	al				School (K-1)		01			
Street Address								8 (Other than K-1) private & commercial		dings	,	
City (5)							Square Feet	if of Floors	В	ldg. A	ge	
	Garw	ood, NJ	0702	7			1500	2	0.00	80	+/-	
County (6)		*		Cou		7) (STATE	Current Use (Pr	for if being demoli	shed)			
	Jnion				ONLY)							
Name of Monitoring Firm (8)		ling Owner		ASCM	No.		nent Contractor (9	5)				
	MECS		.				vens Environi	nental Service	es, Ir	ıc.		
Street Address	DO D	241				Street Address	20.5	222				
0: 0: 7: 0:	PO Box	341						322 322				
City, State, Zip Code	osswicks, N	JJ 0851	5	0		City, State, Zip C		n, NJ 08501				
Project Manager for Mor		0	Tele	phone	No.	Telephone No.		License Ne.				
	eisgarber		_		8-4070	(609) 25	59-9688	C	049.	3		
Start Date (10)	S	Scheduled C	omplet	tion Da	ate (11)	Name of OSHA						
7/5/17			7/10/1	17			M	ECS				
Occupancy Status Durin				9		Street Address	DO D	241				
☐ Facility Closed/Vacat ☐ Abatement Performed								Sox 341				
Other - Describe:			y Hour	S		City, State, Zip C		. NII 00515				
Scope of Work (Check a		.1					Crosswick	s, NJ 08515				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш шас арріу)		enovation emolition			☐ Mini-End Gloveba	ag Procedure					
		le I	ocatio	n		Non-Exe	empted (*) and No	n-Friable Procedu	T	le sta		_
		No	omally						"	batei Typ		
Location of Asbestos-Containing N			Solely		Achosi	Description of os Containing Mat		Amount				
TO BE ABAT		Cu	ustodial			thermal systems in		Amount (Specify	æ	_	Enc	Щ
IN Facility (13)			Staff? (12)			surfacing, VAT,		SF or LF)	Remova	Repair	aps	Enclosure
(13)			1			other miscellaned	ous)		oval	H,	Encapsulate	sure
		Yes	No	N/A							ro I	
Baseme	×		The	ermal Duct In	sulation	10 sf	×					
								-				
					<u> </u>							
Name of Registered Was	ste Hauler		1 00/20	JDEP \	5.51/6/6/2006 III	Cubic Yards	Name of Regis	tered Landfill				
Stevens Environn	nental Serv	ices, Inc.	. Ha	auler ID	No. 292	of Waste 1 cu	1 /	Fairless Land	lfill			
City- State			_ _	102		Disposal Date	City, State					=
	Allentown	n, NJ				7/10/17	KAI	Morrisville,	PA			
Completed By		Title				Signature	V/	Date				\dashv
Mahlon E. Ste	vens	Pr	oject	Man	ager	1/1/1			6/23	3/17		

Project Manager

State of New Jersey

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

E C		l W	
JUN	26	2017	L
SBESTO	and the second of the		

Date of Notification	on (1):		Name	of B	uilding	Owner/Operator (2	2)				JUN	2.6	2017	
Agencies Notified	Type Notification		South			plewood School D	istrict		Ld	bal	0014	£ 0	4011	
		20-07			my Stree	at								į
₽ÉPA □ DER	□ Amended				Zip Co					ASE	ESTO	3 00	HITH) [&
□ DEP □ DOL	Amendment#:				d, NJ 07						LIO	ENSI	NG	
POOL	☐ Emergency				ontact:	040					MARINE SELECTION OF THE PERSON OF		Andrea of Spinish and A	**********
₫ DOH	(including				l Guerci	0				ber:				
₽ DCA	justification)		Thurc	a DC	Guerer	O .								
	☐ Cancellation													
NCP 'I'		~ .				FACILITY INFO								
Name of Facility:		ary Scho	ool					ype of Facility (4):						
25 Harvard Avenue	e							School (K-12) Subchapter 8 (Other than	V 12)					
City/ (5)	10	County (6).		Cour	nty Code (7):	- 0	Other (i.e., private & con	nmercial b	uildinas	homac	ata)		
Maplewood	100	Essex	0).		07040			Other (i.e., private & con	illiciciai o	unumgs	, nomes,	etc.)		
mapie mood		SSEX			07040	,	So	quare Feet:		# of Fl	oors:			
							R	ldg. Age						
								urrent Use : School						
Name of Monitorin	g Firm Hired by	Buildir	19 Ov	vner:		ASCM No.:		ame of Abatement Cor	atractor (C	3).				
AHERA CONSUI	TANTS, INC.		.6			0057	1	ame of Abatement Cor	mactor (,,.				
						0057		pex Development, I	lnc.					
Street Address:							St	reet Address:						
PO Box 385		10						#0 D						
C'+ C++ 7' C								58 Rutgers Place	e					5.000
City, State, Zip Coo	de:						Ci	ty, State, Zip Code:						
Oceanville, NJ 08	3231						Pa	aramus, NJ 07652						
	ect Manager for Monitoring Firm:					Telephone No.:	_	elephone No.:	Licer	ise No.			- e	
Eric Clarkson						609-947-8015			2000000		•			
Start Date (10):		Calca	d.d.	1.0	1	D-4- (11)		73) 350-0101	0121	5				
7/17/17			6/17		npietion	Date (11):		ame of OSHA Monitor						
Occupancy Status Dur	ring Abstement (C							etro Analytical Labora	tories		0.00			
								reet Address: 5 West 36 th Street, Su	:4- 202					
 □ Facility Closed/vaca □ Abatement Performed 	ated During Entire	Period o	f Abat	emen	t				lite 203					
Describe:	ed Outside of Nori	mai racii	ну но	urs				ty, State, Zip Code:	0010					
							Ne	w York, New York, 1	0018					
□ Other														
Describe:														
Scope of Work (Check	k all that apply):													
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\square \ge 160 \text{ sf or } \ge 260$			\Box F	Renov	vation			☐ Full Containn☐ Mini-Enclosu	nent with	Negat	ive Pres	sure		
$\square \ge 160 \text{ sf or } \ge 260$	lf			Demo	lition			☐ Glovebag Pro	cedure					
								☐ Non-Exempted	I (*) and !	Non-Fri	able Pro	ocedur	e	
21 772				ocati									temen	t
Locati				rmal		A sheetes Cor	escrip	tion of				1	ype	
Asbestos-Containin	ig Material (ACN)sed Main		ly by	(i.e., therm	nal syst	g Material (ACM) tems insulation,					-	100.000
TO BE A				stodi		surf	acing,	VAT, or	Am	nount	Re	Z	Encapsulat	Enclosure
IN Fac				taff?				ellaneous)	100000	ecify	l ä	ep	ap	clo
(13))			(12)				,		or LF)	Removal	Repair	Sul	ıns
		Ye		No	N/A				01)	_		at	e.
EXTERIOR OF														
ON PARKING L	OT, FRONT			V		CD. III	NIP -							
	D PLAYGROUND SIDES			X		GRAY WI	NDO	W CAULKING	5,58	O LF	*			*
OF THE FACILI	THE FACILITY													
									1					
Nama of Dagistary 1	ame of Registered Waste Hauler:				MIDE	D. Wests H. J. T.	NI.	I O III V						
Name of Registered JIMMY BYRNE TR	waste Hauler:				19551	P Waste Hauler ID	No.:	Cubic Yards of Waste: 30			istered			
TIVITY DIKNE IK	COUNTING				1,7331			or waste. 30		RVA	ENTER	PRIS	ES AS	SOC,
City, State:			Г	liene	sal Date			City Ctutus	INC.					
Bronx, NY 10474			1.	лѕро	sai Date			City, State:	1600					
Completed By:					Title:		Sign	Waynesburg, OH 4- ature:		Date:				
Chinyelu Oraegbuna	ım			V. Pres	sident	Cil		10000	6/19/2	017				

CK3024

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

01000 1		(i	Pursuan	t to NJAC	8:60 and 12:12	(0)		and the same				0.0		
Date of Notification (1) 6/16/2017 Check # 3026					Owner/Operato aptist Church	11.520)	-		JU	V	20	20	17
Agencies Notified Type Notification	on.	-		Address	aptiot Oriardi			_						
☐ EPA ☑ Initial			69 Va	alley St				1	AS	BEST	03	5 C(ONT ING	ROL
DEP Amended			City, St	ate, Zip Co	ode			1.00	***************************************		N/E	NAO	ENG	
DOL Amendme			Hillsd	ale, NJ (7642									
DOH Emergence		9	Name o	of Contact		13-14		Te	lephone	Numbe	er			
DCA Cancellation	on		Glen	Ford										
Name of Equility Where Abstract is T-1	· D	(0)	FAC	ILITY INFO	DRMATION	_								
Name of Facility Where Abatement is Tak St John the Baptist Church-Main						T	ype of Facility (4))						
Street Address	Limano						School (K-12		41 1	((0)				
69 Valley Street						×					uild	ings,	hom	es,
City (5)						S	etc.) quare Feet	# 0	of Floors	_	BI	dg. A	ae	
Hilldale							5,000	1	, , , , , , , , , , , , , , , , , , , ,)+	gc	
County (6)				Code (7)		С	urrent Use (Prior	if be	ing demo	olished)		11-11-	
BERGEN			(STATE	USE ONLY)			Church							
Name of Monitoring Firm Hired by Building	g Owner (8)	ASC	И No.	Name	of a	Abatement Contr	actor	r (9)					
N/A					EA S	Ser	vices Corpora	ation	1					
Street Address					Street		N. 773				-			
							th Street							
City, State, Zip Code							e, Zip Code							
Project Manager for Manitarian Firm							berg, NJ 0709	93						
Project Manager for Monitoring Firm		Telepho	ne No.	Telepi		e No. 5-1700		Licens						
Start Date (10)	Schodu	lad Car	mpletien	Date (11)					01074	4				
6/26/2017	06/27			Date (11)			OSHA Monitor as above							
Occupancy Status During Abatement (Che					Street			276					-	
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Starting at noon	Period of	Abater	nent s				e, Zip Code							
A					_			A STANLEY						
Scope of Work (Check All That Apply)						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	plant transp	Renova Demoli					Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure	7					
	10	s Locat	ion					7					ment	
Location of		Norma	lly		Description	n of						Ту	ре	
Asbestos-Containing Material (ACM)		ed Sole aintena			os Containing N	Лate		Α	mount				ш	_
TO BE ABATED In Facility	2350	stodial 5		(i.e.	thermal system surfacing, VA				Specify or LF)	Validad		Re	Encapsulate	Enclosure
(13)		(12)			other miscellar			Ů.	01 21 /	2		Repair	Sul	unso
	Yes	No	N/A							=	-		ate	ė.
Main Entrance	Х			Pop corn ce	eilin	ng		3 SF	Z	1				
Name of Registered Waste Hauler		l N	IJDEP W	/aste	Cubic Yards		Name of Re	aisto	red Land	1611				
TST-Tri-State Transfer Assoc., Inc		H	lauler ID 9551	1000000	of Waste tbd		Minerva I	(Tab						
City, State Bronx, NY					Disposal Date	,	City, State Waynesb	11.0	OHI					
Completed by	Title				Signature		O /	u y,		Date				
Gina Betances		e Mai	nager		Signature	8/	Juna &			06/16	3/1	7		

Print Form

										1500		Pri	nt Form
CKD744	1	(Pt	CATION ursuant	ate of New I OF ASBE to NJAC 8	ESTOS A 8:60 and	12:120	0)			CE		V I	
Date of Notification (1)			Name o	f Building (Owner/O	1 1	(2) 4 a	ne.		JUN 2	6 2	017	
Agencies Notified Type Notification EPA Initial Amended			Street A	ddress	de			10 4/	ASBE	STOS LICEN	CON	TRO	L &
DOL Amendment # Emergency (ii justification)		- 1	Name of Eric P	Contact	ey	Hei	ghi	DIV	Telenhone	Number			
DCA Cancellation				LITY INFO	RMATIC)N					-		_
Name of Facility Where Abatement is Taking	Place (3)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			of Facility School (K-					
Street Address								Subchapte	r 8 (Cither than I private & comm		dings,	home	es,
City (5) Berkeley Her	ght	S					2	Z3 7	# of Floors		ildg. A	ge 7	
County (6) Union	3			Code (7) USE ONLY)		_	Curre	ent Use (Pr	ior if being demo	olished)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	/I No.				atement Co ustries Inc	ntrac or (9) C.				
Street Address						Street P.O.							
City, State, Zip Code								Zip Code w Jersey	08723				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph (732		lo. -7499	Licens 0119				
Start Date (10) 6 20 117	Schedule	126		Date (11)		Name	of OS	HA Monitor					
Occupancy Status During Abatement (Check	Only On					Street	Addre	ess					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:						City, S	tate, Z	Zip Code					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	lenova emoliti					Mi	ni-Enclosur ovebag Pro	cedu e				
	Γ.			1			J No	on-Exempte	ed (*) and Non-F	riable Pro	-	e ement	
Location of	N	Locati Iormall	ly		Des	cription	of				Ту	rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		tos Conta thermal s	nining N systems ing, VA	Materia s insul .T, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									te	, to
			8	Pipe	ins	ulo	HC)(100 LF	4			
Name of Registered Waste Hauler		1100000	JDEP W		Cubic \ of Was		,		Registered Lan	dfill	7/36-ES N1		
Brick Industries Inc.		10000	1602			5)	GROV	AND THE RESERVE OF THE PERSON				
City, State Brick, New Jersey					Disposi	al Date		City, Sta	te				
Completed by Eric Plackis	Title Presi	ident			Si	gnature	9	1		Date)	19	11-	7

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

Print Form

-							-,				0.0			111
Date of Notification (1) 6/20/2017				of Building Services		Operator	(2)		i J	UN	26	201	ĺ	Lemm
Agencies Notified Type Notification EPA Initial				Address Peachtre	e Place	e, Suite	1000		ASBE	STOS			OL	<u> </u>
DEP X Amended Amendment		_		ate, Zip C					У н	LINE	7(2):31	4304		-
Emergency (justification) DCA Cancellation	including			of Contact Quinn (or Owr	ner)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Talanh	- 8				
				ILITY INF	estero minor su								- 3-00	
Name of Facility Where Abatement is Taking Elizabeth Gas Plant - Office Bldg a							Type of Fac							
Street Address 300 3rd Avenue							Subcha	apter 8	Other that			dings	, hom	es,
City (5) Elizabeth			70				Square Fee	t	# of Floo	ors	11 93	3ldg. /	Age	
County (6) Union			County (STATE	Code (7) USE ONLY	n		Current Use office and	(Prior	if being de	emolisi	ned)			
Name of Monitoring Firm Hired by Building C EHS Environmental, Inc.	wner (8)		ASC	M No.			of Abatement per Environ	Contra	actor (9)	ces. I	nc.			
Street Address 411 Southgate Court, Suite E						Street	Address dge Road							
City, State, Zip Code Mickleton, NJ 08056						City, S	tate, Zip Code nixville, PA		50				- (1 - (1 t)	
Project Manager for Monitoring Firm Jack Carney	ect Manager for Monitoring Firm ck Carney					Teleph	one No.	. , , ,		ense N	0.			
Start Date (10)	d Cor		24-0080 Date (11)		Name	of OSHA Mor er Env. Sv								
Occupancy Status During Abatement (Check							Address	05., II						_
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of A	bater	ment				dge Road							
Other – Describe:							nixville, PA		80					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				×	Full Conta Mini-Enclo Glovebag	sure		ative P	ressu	re		
	1					×	Non-Exem			-Friab	le Pro	cedur	е	
Location of	N	Locat orma	lly		Des	scription	of						pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii	d Sole ntena odial ((12)			tos Conta thermal surfac	aining M	aterial (ACM) insulation, , or		Amour (Specif SF or L	y	Removal	Repair	Encapsulate	Enclosure
Off. Bill	Yes	No	N/A										te	
Office Bldg. roof area			X			site ro			6200 s		Х			
ext. to Office Bldg (excavation area)		X		transite	e water	pipe		320 lf		Х				
Name of Registered Waste Hauler		I N	JDEP W	acto	Cubic '	Vards	Nome	of Do	gistered L	on dell				
Horizon Disposal		H	lauler ID 0416		of Was		0-1000000		Fulleyto		andfil	I		
City, State Fairless Hills, PA					Dispos 6-7/20	al Date	City, S Morr	State risville	, PA					
Completed by Jeff LaRiviere	Title Pres.				Si	gnature				Dat 6/2	te 20/20	17		
	aRiviere Pres.								2004			530%		

bo not use this form for asbestos licensure exempted activities.

CKD	207		NOT	IFICATI	State of I ON OF AS nt to NJA	SBESTO	SABATE	EMEN 20)	т		EC			y E	
Date of Notification (1) 06/20/2017 Agencies Notified	Type Notification			Bloc	of Buildir omfield I	ng Owner Board o	Operato f Educa	r (2) ation			JUN	1 2 (5 20	17	1
□ EPA	F777	ı			Address Broad S	24								14	1
DEP	Initial Amended				State, Zip					1	ASBEST	08.0	CAIT	201	2
X DOL	Amendmen				mfield,		0.3					CENS			
X DOH	Emergency justification	(including	3		of Contac					TT	oloobaaa A	I			
X DCA	Cancellation	n n		Joe	Carretta	l				1 16	elephone N	iumpei			
Name of Facility Where	Abatamont is Takin	na Diamit	0)	FA	CILITY IN	FORMAT	TION			_					-
Forest Glen Schoo	 	ig Place (3)					Тур	e of Facility	(4)					
Street Address								X	School (K-	-12)					
280 Davey St								H	Subchapte Other (i.e.	er 8 (Oth private	ner than K	12)	ildina	c hon	
City (5)								Ù	etc.)			Ciai Du			165.
Bloomfield								Squ	are Feet	# 0	of Floors		Bldg.	Age	
County (6) Essex				County	Code (7)	V1		Curr	ent Use (Pr	ior if be	ing demoli	shed)		31411000 Est	
Name of Monitoring Firm	Hired by Building	Owner (8)			M No	" —							2010		
Briggs Associates	, ,			000	No transfer that the same		Acad	ot Ab. Temu	atement Co Constru	ntractor	r (9)				W 145 070
Street Address							Street	_		CUSITI	110				
3 Crosswicks St									e 46 Suit	e 14					
City, State, Zip Code Bordentown, NJ 08:	EOE						City, S	tate, 2	Zip Code						
Project Manager for Moni									JJ 07512						
Michael Hoodak	toring Firm			Telepho	one No. 298-552	0	Teleph				License	No.			
Start Date (10)	T	Schedule	ed Co		Date (11		973 8				01155				
07/06/17		08/29/	17	· · · picuoi	Date (11	1	l .		HA Monitor above						
Occupancy Status During	Abatement (Chec	k Only On	e)				Street A								
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F d Outside of Norm	Period of A al Facility	bater Hour	ment s					ip Code			77.20			
Scope of Work (Check All	That Apply)							0 - 0 - 0							
≥3 sf or ≥3 If x ≥160 sf or ≥260 If			enova emolii				X	Glo	l Containm ni-Enclosure ovebag Prod n-Exempted	e cedure					
		Is	Locati	ion					Literation	a l din	1 NOII-FIIA	JIE PIC		ement	
Location (of		ormal I Sole			Des	cription o	of						/ре	
Asbestos-Containing N TO BE ABA	raterial (ACM) <u>FED</u>	Maii	ntenai	nce/	Asbes	tos Conta	aining Ma	aterial	(ACM)		mount			m	
In Facility (13)	,	Custo	odial S (12)	Staff?	(1.6.	thermal surface	ing, VAT	, or	ition,		pecify or LF)	Ren	Re	ncai	Encl
(10)		Yes	No	N/A		other m	iscellane	eous)			330 3 10 4	Removal	Repair	Encapsulate	Enclosure
Boiler Roo	om	X				Pina	Insulati	00			0011	-			
						1 ipe	IIISUIAII	011		2	00lf	X		X	
			10000									-			
												-			
Name of Registered Waste	Hauler		I N.	JDEP W	aste	Cubic Y	'ards	- 1	Name of F) o o late a	1 - 150				
Academy Constructio	n Inc		Ha	auler ID	No.	of Wast									
City, State			00	034422	(20	10		GROW		JIII				
Totowa NJ						Disposa TBD	ai Date		City, State						
Completed by		Title					gnaturø	1	Tullytow	MPA		1.			
John Geleski		VP					In	/	/h	1	Da 06	te 5/20/ ⁻	17		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Chk#3222

Date of Notification (1)					Nam	e of Buildin	g Owner/Operator	- (2)	Isoma CI O	r		-	
06 /	06 /	17			- 1		mmunications	(2)	III) E G	E			E Ir
Agencies Notified													
The state of the s	Type Notific	alion				et Address	rd Street			0.0			10,11 mg
		d	61	19/1	1				II L JUN	26	20	1/	11-
☑ DOH	Amendm	ent#			City,	State, Zip			-				-
	☐ Emerger		cluding	g		e of Contac	, NJ, 08060		- ASBESTO	08.0	ONT	ROI	-8
(NJAC 5:23-8)	justificati Cancella						92		Telephone Num	per,	UNG		
	☐ Caricella	tion				ex Baylor						mental over	
					FA	CILITY IN	NFORMATION						
Name of Facility Where Ab		Takin	Place	e (3)				Type of Facility					
Mount Holly Central	Office							School (K-1)					
Street Address 7-13 Brainard Street								Other (i.e., p	8 (Cither than K-12) private and commer	cial b	uilding	gs,	
City (5)								homes, etc.		10			
Mt. Holly								Square Feet 33,332	of Floors	100	dg. A +-50		
County (6)					Cou	nty Code (7)(STATE USE ONLY		rior if being demolis	hed)			
Burlington						03% 2444 D A	,,		mmunications				
Name of Monitoring Firm H	lired by Buil	ding (Owner	(8)	ASCN	No.	Name of Abater	nent Contractor (9)					
TTI Environmental Ir		1.53					10-1100-1100-1100-1100-1100-1100-1100-	NVIRONMENTA					
Street Address		-					Street Address						
1253 North Church S	Street						1123 BEAVE	ER STREET					
City, State, Zip Code							City, State, Zip (-			
Moorestown, NJ, 080)57						BRISTOL, P						
Project Manager for Monito		-		Te	lephone	No	Telephone No.	7, 10001	_icense No.				
Harold Baldwin	3			6 0	alia waa	2-6742	215-788-604	.0	00509				
Start Date (10)	15	Sched	uled C	1		ate (11)	Name of OSHA						-
06 / 26 /				- 6	7 /	80 50		NVIRONMENTA	LINC				
Occupancy Status During A	Ahatement (Street Address						
☐ Facility Closed/Vacated	373		7.5	(20)	ement		1123 BEAVE	D STDEET					
Abatement Performed 0						scribe	City, State, Zip (
Time of Abatement:							BRISTOL, P						
Scope of Work (Check all t	hat apply)			-			DICIOTOL, F	A 19007				otalizasez c	
	, (at app.)/						□ Full Co	ntainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De				☐ Mini-En						
□ <u>-</u> 100 31 01 <u>-</u> 200 11			□ ре	HOIR	1011		☐ Non-Ex	ag Procedure empted (*) and No	n-Friable Procedur	е			
			Is	Loca	ation					-	atem	ent T	voe
Location of				Norm	ally lely by		Description				_	_	
Asbestos-Containing M TO BE ABAT		1)	10000		ance/		stos Containing M		Amount	em	Repair	nca	nclo
IN Facility			Cus		Staff?	(1.6	surfacing, VA	T, or	(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)				(12			other miscellan	eous)		1		late	(D)
D			Yes	No	N/A					_	<u> </u>		
	Basement Power Room						stic		1200 SF				
Basement Store Room							estic		250 SF	\boxtimes			Ш
Basement Building Sto	orage					VAT/Ma	estic		360 SF				
Name of Registered Waste				40	NJDEP		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPOR	RT GROUP	, INC	: .		Hauler I 2099		Waste 4	MINERVA	LANDFILL				
City, State			FE				Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESB	URG, OH				
Completed By (Print or Typ	e)	Title					Signature		Da	te			
Dillan DeCaro		Es	stima	tor				n De Pará		6-1	19.	1	7

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

Ok # 32/3

Date of Notification (1)					Nam	e of Buildin	na O	wner/Operator	(2)			_			
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Agencies Notified ⊠ EPA /642	Type Notific	cation			1	et Address 13 Braina		Straat							
DOLWD 16 35	☐ Amende	d									JUN	2	6	2017	
☑ DOH /383	Amenda	nent#		_		State, Zip				1					
☐ DCA	☐ Emerger		ncludin	g		e of Contac		3, 00000		Telephône	VALOR6	30	001	JTE	
(NJAC 5:23-8)	justificat Cancella	7.7			SOURCE STATE	e of Contac				i elebriorità	S. ratmerse	eu. V	LAM	3	JL. U
	☐ Calicella	11011			1		_			=			_		
			Di	(0)	FA	CILITY I	VFC	RMATION	T	(4)				-000	
Name of Facility Where A		lakin	g Plac	e (3)					Type of Facility	[15E]					
Mount Holly Central	Office	7-1							School (K-12		1 K-12)				
Street Address									Other (i.e., pr	rivate and co		al bi	uildin	gs,	
7-13 Brainard Street									homes, etc.)	# of Floor		T D I	da A	~~	
City (5)									Square Feet 33,332	5	15	1	dg. A +-50		
Mt. Holly					Cou	ntu Codo /	71/07	ATE LISE ONLY			omoliche		1-50	5	
County (6)					Cou	nty Code (/	1)(01	ATE USE ONLY)	Current Use (Pri Verizon Con			eu)			
Burlington Name of Monitoring Firm F	lised by Duil	dina (Junes	(0)	ASCM	No	NI	ome of Abetem	ent Contractor (9)	munican	OHS				
TTI Environmental In		ung c	Jwner	(0)	ASCIVI	NO.			VIRONMENTAL	INC					
	10						-	reet Address	VIKOMMENTAL	_, INC.					
Street Address 1253 North Church S	Stroot						1	1123 BEAVE	D STREET						
	ou eet						1	ty, State, Zip Co				_		-	
City, State, Zip Code	Moorestown, NJ, 08057							BRISTOL, PA							
	Moorestown, NJ, 08057 roject Manager for Monitoring Firm							lephone No.	(15007	_icense N	Jo.				
Harold Baldwin	Jing i nin				phone	-6742	1	215-788-6040	i	00509					
Start Date (10)		Sched	luled C	1		ite (11)	1	me of OSHA M				-	-		
06 / 21 /				- 0		17			VIRONMENTAL	INC					
Occupancy Status During								reet Address			A. 14 Care Care Care Care Care Care Care Care				-
☐ Facility Closed/Vacated					ment		1	1123 BEAVER	STREET						
						cribe		y, State, Zip Co							
Time of Abatement:								BRISTOL, PA							
Scope of Work (Check all t	hat anniv)							3140102,174	. 10001						-
	nut uppiy/		7 <u>0-54</u> 0000						ainment with Nega	ative Pressu	re				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitic				☐ Mini-Encl							1
∑ 2100 St 01 2200 II			_ De	montre	"				mpted (*) and Non	-Friable Pro	cedure				
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Location of				Norma d Sole		١		Description of				R	R	ш	ū
Asbestos-Containing M TO BE ABAT		1)		intena				Containing Matermal systems i		Amoun (Specify	t	Removal	Repair	ıcap	ıclo
IN Facility			Cus	odial	Staff?	(5	surfacing, VAT,	or	SF or LF	-)	val	_	Encapsulate	Enclosure
(13)			Van	(12)	AI/A	1	ot	her miscellaned	ous)		-			ate	
			Yes	No	N/A	1/47/96	- 4.	*		4000.0	-				
Basement Power Roon						VAT/Ma	Some			1200 S					
Basement Store Room				VAT/Ma				250 SF	-						
Basement Building Sto				VAT/Ma	stic			360 SF	:	X					
Name of Registered Waste	Hauler			0.000	JDEP V			oic Yards of	Name of Registe						
SERVICE TRANSPOR	RT GROUP	, INC		0.000	auler IE 20990		Wa 4		MINERVA L	ANDFILL					
City, State			W - 1782				Dis	posal Date	City, State						
NEW CASTLE, DE								BD	WAYNESBU	JRG, OH					
Completed By (Print or Type						Signature	00.0	1' .	Date/		,				
Dillan DeCaro		Es	timat	or				Dellas	~ De Caro,	126	6/	6/	17		
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CK 1112			ICATIO ursuan	tate of N N OF ASI t to NJAC	BESTOS C 8:60 an	ABATE id 12:12	0)	The state of the s		E (G [W	G	
Date of Notification (1) 06-09-2017				of Building Techno			r (2)	A STATE OF THE STA		JI	JN	26	201	/	
Agencies Notified Type Notification X EPA Initial			900 B 100 B 100 B 100 B	Address effersor	n Rd				A	SBES				OL	8
X DEP Amended Amendment				ate, Zip C opany, I		54			The same of	-	LICE	INO	ACA	00.00 - y000aurin	
□ DOH	•			of Contact	t				Te	lephon	e Nun	nber	-		
			FAC	ILITY INF	FORMAT	ION									
Name of Facility Where Abatement is Takin PNY Technologies, Inc.	g Place (3)						of Facility							
Street Address 100 Jefferson Road			SAME TO SERVE OF				ix.	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	ner than & comi	n K-12 mercia) al buil	dings	, hom	es,
City (5) Parsippany								re Feet	# c	of Floor	s	1000	Bldg. /	\ge	
County (6) Morris			County (STATE	Code (7) USE ONL	n			ent Use (Pr			nolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASC	M No.			of Aba	itement Co fety LLC	ntractor				-		
Street Address						Street 12 M		ss Ave #F2			-				
City, State, Zip Code						City, S	tate, Z	ip Code k, NJ 07							Cooping:
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-2	one N	0.		Licer 013	ise No)_			
Start Date (10) 6-26-17	Schedul 06-21-	ed Cor		Date (11)	9 9	Name	of OSI	HA Monitor		1010					
Occupancy Status During Abatement (Chec	COnly Or	re)		-28-1	1	Street	Addres	ss	-						_
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe: Pipe disconnected, a	al Facility	Hours	- 2	lings.		City, St	tate, Z	Ave #F2							-
Scope of Work (Check All That Apply)						Pine	B100	k, NJ 070	158						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X C	Renova Demolit	tion ion			×	Mir Glo	I Containm ni-Enclosur webag Pro n-Exemple	e cedure						
	Is	Locati	on						- (Carr		110.01	, 110	Abate		
Location of	1	ormaii d Sole	ly		Des	cription	αf						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	intenar odial S (12)	icel	Asbes (i.e.		aining Massems systems sing, VAT siscelland	insula T, or	(ACM) tion,	(S	mount ipecify or LF)		Remova	Repair	Encapsulate	Enclosure
Outside by Construction Area	Yes	No	N/A		0							<u> </u>		ate	Ге —
Odiolog by Constitution Alea		Х		wiap	& cut c	oal tar as pipe		nel on	3	5 LF	_	Х			
						- pipe					_				
Name of Registered Waste Hauler		1 14	JDEP W	bele	I Aug.	land									
United Safety LLC		Ha	36820	No.	of Wast			Name of I	0000			ex			
City, State Pine Brook, NJ					Disposa TBD	al Date		City, State Tullytow					1-0000		
Completed by Vanco Petkov	Title Projec	ct Mai	nager		Sig	gnature	1	1		ا خيد	Date 06-0		017		

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

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Agencies Notified PPA	Date of Notification (1) 6/20/17					Building C		erator	(2)			F		П	777	[2]	Taren
BPA	AND ALL MAN AND AND AND AND AND AND AND AND AND A	ne Notification					J11		The Court of the C	1	F)	E		- []	W	占	1
DEP				-			Ave			9	but !						
DOL	Teaching .			C	ity, Stat	te, Zip Cod	de		70.70	1	\Box		1A1 2	C	201	7	11
DOH	X DOL	Amendment a			7.30					f in	1 L) JU	IN C	U	201	I	-
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Cther than K-12) Subchapter 8 (Cther than K-12) Other (1) Entire Person of Abatement Courte or (9) Tunball St Subchapter 8 (Cther than K-12) Other (1) Entire Person of Abatement Courte or (9) Tunball St Subchapter 8 (Cther than K-12) Other (1) Entire Person of Abatement Courte or (9) Tunball St Subchapter 8 (Cther than K-12) Other (1) Entire Person of Abatement Courte or (9) Tunball St Subchapter 8 (Cther than K-12) Other (1) Entire Person of Abatement Courte or (9) Tunball St Subchapter 8 (Cther than K-12) Other (1) Entire Person of Abatement Courte or (9) Tunball St Tunball S	X DOH		ncluding	N	lame of	Contact				11	Tel	enhone N	lumher				
Name of Facility (More Abatement is Taking Place (3)	□ DCA □				Kevin	Matos									E.	OL	8
Street Address					FACIL	ITY INFO	RMATION	V		L		1	JUEP	io:	ieW	40.00	
Subonator 8 (Cfter than K-12) Subonator 8 (Cfter than K-12	A STATE OF THE PARTY OF THE PAR	ement is Taking	Place (3)						Type o	of Facility (4)							
Trumball St City (5)																	- 1
Second S	Street Address													ildir	nae h	omes	
Elizabeth County (6) County (7) County (8) Union County (8) County (9) Coun	Trumball St										alc	& comme	i Giai De	mun	igs, 11	Office	'
County (6)	City (5)								9.0		# c	f Floors			3. 4.	е	
Union Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. n/a Name of Abatement Contract or (9) Harmony Contracting nc Street Address n/a 380 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Project Manager for Monitoring Firm n/a Telephone No. n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Project Manager for Monitor	Elizabeth										1			50	+		
Name of Monitoring Firm Hired by Building Owner (8) n/a ASCM No. n/a Street Address City, State, Zip Code Garfield, NJ 07026 Project Manager for Monitoring Firm N/a Scheduled Completion Date (11) Name of Obstament Contracting nc License No. 01255 Start Date (10) Scheduled Completion Date (11) Name of Obstament Perione No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament No. 1/2 Start Date (10) Name of Obstament Perioned Outper No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament Perioned Outper No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament Perioned Outper No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament Perioned Outper No. 1/2 Start Date (10) Scheduled Completion Date (11) Name of Obstament Perioned Outper No. 1/2 Start Date (10) Start Date (10) Scheduled Completion Date (11) Name of Obstament Perioned Outper No. Start Date (10) Street Address 360 Pallisade Ave City, State, Zip Code Garfield, NJ 07026 Steet Address 360 Pallisade Ave City, State, Zip Code Garfield, NJ 07026 Start Date (11) Name of New No. Start Date (11) No. Start Date (11) Name of New No. Start Date (11) No. Start Date (11) No. Start Date (11) No. Start Date (11)	County (6)												lished)				
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City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Pull Containment v/tith Negative Pressure Minite Enclosure Giovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Fr	Street Address									-							
Project Manager for Monitoring Firm	n/a																
Project Manager for Monitoring Firm	Property of the Control of the Contr																
n/a 973460.6026 01255 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Harmony Contracting Inc Occupancy Status During Abatement (Check Only One) Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Scope of Work (Check All That Apply)									Access to the con-								
Start Date (10) 6/29/17 Scheduled Completion Date (11) 7/2/17 Harmony Contracting nc Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Scheduled for Demo Scope of Work (Check All That Apply) Sas of or ≥260 If Renovation Demolition Pull Containment vith Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) 10 SE ABATED In Facility (13) Ground Floor 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) NUMBER ABATED In Facility (13) Find Only Assistate Country (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NUMBER ABATED In Facility (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NUMBER ABATED In Facility (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NUMBER ABATED In Facility (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NUMBER ABATED In Facility (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Number of Registered Waste Hauler Harmony Contracting Inc Number of Registered Landfill GROWS Landfill GROWS Landfill GROWS Landfill GROWS Landfill GROWS Landfill GROWS Landfill City, State TBD Date																	
Scoupancy Status During Abatement (Check Only One) Street Address 360 Palisade Ave Scoupancy Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scheduled for Demo Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026		/a										01255)				
Street Address 360 Palisade Ave 360 Palisade	, ,			Com	oletion [Date (11)	111					2					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scheduled for Demo Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if □ Renovation Demolition □ Pull Containment vith Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exem											j n	C					_
Abatement Performed Outside of Normal Facility Hours Other - Describe: Scheduled for Demo City, State, Zip Code	Occupancy Status During Ab	atement (Chec	k Only One)														
Scope of Work (Check All That Apply) Full Containment vith Negative Pressure Mini-Enclosure Glovebag Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Scope of Work (Check All That Apply) Abatement Type A					ent		1				_					-	
Scope of Work (Check All That Apply) State State	Other – Describe: Sche		iai Facility H	ours			(
Salid of result of the procedure Salid of the procedure		at Analys		1.500				Gan	ieiu, i	NJ 07020							
Second Figure Demolition Description of Abatement Type	grand .	іат Арріу)	[mark]		Kir-old				1								
Completed by Title Signature Completed by	4.0										t vvit	n Negativ	e Pres	sure			
Secretary Contracting Congression Co			<u></u>						Glo	vebag Proce					90		
Location of Asbestos-Containing Material (ACM) TO BE ABATED Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Ground Floor X VAT & Mastic 100 SF Cubic Yards of Waste Hauler ID No. 0035088 TBD GROWS Landfill City, State Garfield, NJ Completed by Title Signature Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Reput R								<u>LX</u>	1 Nor	n-Exempted (*) ar	nd Non-Fr	riable P				-
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Harmony Contracting Inc City, State Garfield, NJ Completed by 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, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, or other miscellaneous) Asbestos Containing														А			
Aspestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Ground Floor X VAT & Mastic Name of Registered Waste Hauler Harmony Contracting Inc City, State Garfield, NJ Completed by Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Name of Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT & Mastic 100 SF App D D D D D D D D D D D D D D D D D D										(4.0)(1)				-			
Ground Floor X VAT & Mastic 100 SF Name of Registered Waste Hauler Harmony Contracting Inc NJDEP Waste Hauler ID No. 0035088 Disposal Date Garfield, NJ Completed by Title Signature Date			Maint	enan	ce/						- 27		1 2	0	-	Enc	四
Ground Floor X VAT & Mastic 100 SF Name of Registered Waste Hauler Harmony Contracting Inc NJDEP Waste Hauler ID No. 0035088 Disposal Date Garfield, NJ Completed by Title Signature Date			100000000000000000000000000000000000000		taff?		surfacir	ng, VA	T, or					3	₹epa	aps	clos
Ground Floor X VAT & Mastic 100 SF Name of Registered Waste Hauler Harmony Contracting Inc NJDEP Waste Hauler ID No. 0035088 Disposal Date Garfield, NJ Completed by Title Signature Date	(13)			12)			other mis	scellar	neous)				100	3	굨.	ulat	sure
Name of Registered Waste Hauler Harmony Contracting Inc City, State Garfield, NJ Completed by NJDEP Waste Hauler ID No. 0035088 Cubic Yards of Waste TBD GROWS Landfill City, State TBD Morrisville, PA Date			Yes	No	N/A											е	
Harmony Contracting Inc Hauler ID No.	Ground Floo	or			Х		VAT 8	& Ma	stic		1	00 SF	×				
Harmony Contracting Inc Hauler ID No.														7			
Harmony Contracting Inc Hauler ID No.														+	-		-
Harmony Contracting Inc Hauler ID No.														1	-		
Harmony Contracting Inc Hauler ID No.							<u> </u>										
Harmony Contracting Inc O035088 TBD GROWS Landfill City, State Garfield, NJ Completed by Title GROWS Landfill City, State Morrisville, PA Date	Name of Registered Waste H	Hauler		10000						Name of Re	egis	tered Lan	dfill				
City, State Carfield, NJ Completed by Title City, State Disposal Date TBD Morrisville, PA Date	Harmony Contracting I	nc					0.000	e		GROWS	i La	ındfill					
Garfield, NJ Completed by TBD Morrisville, PA Signature Date				00	.00000			l Date)	City, State	-						_
Completed by Title Signature Date	1 T T T T T T T T T T T T T T T T T T T										le.	PA					
Tina Caporino Secretary Time Capolino 6/20/17			Title		111111111111111111111111111111111111111			gnature	e_		,		Date	-			
				tary						2010			6/20	/17			

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

E	C	E		\mathbb{V}	
l	N. A.	2	6	2017	

Date of Notification	(1)			Name of Building Owner / Operator (2) ASBESTOS C									CON	ITRO	1 &	
	6/15/2017			Tom Sahol LICENSING												
Agencies Notified EPA	Type Notific	cation		St	treet	Addre	SS					1				
□ DEP	☐ Initia	sl.		0:	4. 0	4-4- O	7:-	0-1								
⊠ DOL		ended				tate &		Code								
☑ DOH		ergency				of Cor						Talani		Miran		
☐ DCA		cellation		4 55		Sahol						Telep	ione	Num	oer	
								TODES CTION	~~~~							
Name of Facility Wh	nere Ahatem	ent is Taking F	Place	(3)	FAC	HLII	INI	FORMATION Trunc of East	lih a (A)							
Than or radiney ver	ioro Abatom	icht is Taking F	lace	(3)				Type of Faci	(K-12)							
Street Address										Other tha	n K-12)					
								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
								Square Feet		# of Floo		Bldg. A				
City (5)		County (6)	C	our	nty Co	ode (7	7)	3000		2	80+					
Florence		Burlington						Current Use	(Prior i	f being de	emolished)					
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)		ASCI	VI No	. Name of Aba	for (9)		-	-				
				•				Alpha Envi								
Street Address						-		Street Addre								
Cit. Ct-t- 0 7:- 0-								PO Box 82								
City, State & Zip Coo	de							City, State &		de					3 111 - 122	
Project Manager for	Monitoring F	irm	Tolo	nha	one A	lumbe		Trenton, No.			71:	A1				
	morntoring i	11411	reic	Pili	יו פווכ	NUITIDE	21	609-847-29			License	se Number 01222				
Scheduled Start Date		Scheduled Cor	npleti	on	Date	(11)	(TEROTO SI	Name of OSI	-	nitor	MANUAL PROPERTY AND ADDRESS OF THE PARTY AND A			-	-	
6/12/2017		7/12/2017		STATUTE OF THE PARTY OF THE PAR	Sheart this store		w/commonwo	EMSL Anal Street Addres								
Occupancy Status D	uring Abate	ment (Check o	nly on	e)												
		During Entire F						107 Haddo		-						
Describe:	enonnea O	utside of Norm	al Ho	urs	5 – 78	am to	зрт									
Facility Occu	pied During	Abatement						Westmont,	NJ 08	108						
Scope of Work (Che																
	(0.5	-1-37							П	Full Cont	airment with	Negativ	e Pre	ssure		
≥3 sf or ≥3 lf				F	Renov	vation	Ê			Mini-Encl		Ü				
≥160 sf ≥260) If		\boxtimes		Demo	olition				Glove Ba	g Procedures					
				0.00.00					\boxtimes	Non-Exer	mpted and No	n-Friab	le Pro	cedu	ire	
	cation of				cation			Description	of		Amount	At	atem	ent T	уре	
	s-Containin rial (ACM)	g			lly Us			Asbestos-Con Material (A)			(Specify		T			
	E ABATED				nance			(i.e., thermal s			SF or LF)	7	7	Encapsulate	m	
	Facility		Cust		al Sta	aff?		insulation, surfac				Remova	Repair	aps	Enclsoure	
	(13)				2)			or other miscella	aneous	5)		va a	1	ulat	oure	
PM _ 4			Yes			N/A								0		
Exterior	Ц	2		니		Siding		1	200sf							
Name of Registered						Cubic Yards Name of Registered Landfill										
ALPHA ENVIRONI	MENTAL			- 1		er ID I 33330		of Waste	Grow	s Landf	711					
City, State								Disposal Date	City, S						-+	
Trenton, NJ								various			A				1	
Completed By (Print	or Type)			1	Title		0:									
Rod Richardson	- , , , , ,				Proje	ect	Red Richardson Date 6/15/201				17					
				Manager 0/13/						JIZU	6 /					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.JAC 8:60 and 12:120)

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M				A CONTRACTOR OF THE PARTY OF TH
J lau	JUN	26	2017	I land

Ch. John		(Pursuant to NJAC 8:60 and 12:120) JUN 2 6 2017										7						
Date of Notification (1) 06-13-2017			Name of Building Owner/Operator (2) Union City Board of Education											1				
Agencies Notified Type Notificat	ion			Address						ASI	BES.	100	,00	1411	10L			
X EPA X Initial			3912	Bergen	Turnp	ike			-	TAIL THE LANGE		JCh	NSi	VG.	na amin'ny fivondrona			
X DEP Amended		Ī		ate, Zip C					-									
	ent # cy (including	_		City, N		37		and the same property										
X DOH justificati	on)	'		of Contact					Telephone Number									
DCA Cancella	tion			Mercad														
Name of Facility Where Abatement is Ta	king Place (3)	FAC	ILITY INF	ORMAT	TION	Type	of Facility ((4)									
Theodore Roosevelt Elementary		-,					-											
Street Address				HI A HARRIST HE			×	School (K-1 Subchapter	nool (K-12) ochapter 8 (Other than K-12)									
4507 Hudson Avenue						-		Other (i.e. p etc.)	Other (i.e. privat > & commer tc.)				ercial buildings, homes,					
City (5) Union City						Square Feet # of Floors n/a N/A						Bldg. A	lge					
County (6) Hudson				Code (7) USE ONLY)		Curre	ent Use (Prid	or if t ei	ng dem	olishe	ed)						
Name of Monitoring Firm Hired by Buildin	ng Owner (8)	ASCI	VI No.		Name		atement Con	tractor	(9)								
RJB Environmental Inc.			0014	49				ntracting l		(-/								
Street Address								ss										
56 East Bridge Street					POE	SOX .	734											
City, State, Zip Code Morrisville PA 19067				ucenziimmue		1		ip Code										
Project Manager for Monitoring Firm						Woodland Park NJ 07424												
Richard Beach			Telepho 267-9	ne No. 91-921	2	Telephone No. License No. 973-692-6298 01266												
Start Date (10)	Schedul			Date (11)		Name of OSHA Monitor												
06-27-2017	8/01/2	2017				-1		ntracting L	LC									
Occupancy Status During Abatement (Cl	neck Only Or	ne)				ss												
Facility Closed/Vacated During Enti	re Period of	Abaten	nent			POB	734											
Abatement Performed Outside of No Other – Describe:	ormal Facility	/ Hours	3					ip Code										
Scope of Work (Check All That Apply)						diano	Park NJ	0742	4									
23 sf or ≥3 If	তো -					1	▼											
× ≥160 sf or ≥260 if	COMMONS	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure												
	_					Glovebag Procedurs Non-Exempted (*) and Non-Friable Proced												
	1	1		Γ	-	Non-Exempted ((°) and	I NON-F	nable	Pro	77.5	ement				
Location of		Locati Normal				escription								pe				
Asbestos-Containing Material (ACM)		ed Sole		Asbes	tos Con	taining M	aterial	(ACM)	A	mount				m				
TO BE ABATED In Facility	100000000000000000000000000000000000000	todial S		(i.e.	therma	I systems cing, VAT	insula	ation,		pecify or LF)		Rer	Re	nca	Enc			
(13)		(12)				miscellan			Cit	OI LI)		Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A									=	10.	ate	ľe l			
Basement-Boiler Room		х			Boile	r Insula	tion		136	SOSF		X						
Basement-Boiler Room		Х				r breecl			150	00SF		х						
Basement-Boiler Room		Х			Boile	r Rib Pa	aste		:50	00SF		x						
Basement-Boiler Room Basement Boiler Room		: X X			Joint C	Compound al and Ba	d se Ma	terials IN	Iot Qua	.F	×,	,						
Name of Registered Waste Hauler		4 - 32 - 32	JDEP W auler ID		Cubic of Wa	Yards		Name of F	Registe	red Lan	dfill							
Amax Contracting LLC		036184		40 cy			Fairles	ss Hi	lls									
City, State		Disposal Date Ci					City, State											
Woodland Park NJ 07424		8-20-2017																
Completed by Tome Maslarkov	ot NA-	naaar		5	Signature Date				R									
TOTTO INICOTATION	UL IVIE	anager			06-13-20					2017								

IN CONJUNCTION WITH ANNUAL NOTIFICATION CHECK 1673

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

CHECK# 1700 -

Date of Notification (1) 06/19/2017		Name	of Building	L	×1 ×11			пг	7 6							
Agencies Notified Type Notificat	ion			LEWOŎ	D III L	LC) [C			y [
EPA Initial	ion			Address MAPLE	100W	D DRI	IVE		In							
DEP Amender DOL Amender	ent #		City, St MAP	tate, Zip Co LE SHAI	ode DE NJ	0805	2		December of the land		JUN	2-1	S 2(17		
DOH justificati			Name of	of Contact					Te	lephor	ne Ahri	mber	.Ov1	TROI	_ &	
Name of Facility Where Abatement is Ta	king Place (3)		FAC	ILITY INF	ORMAT	ION	7	Type of Facility (4)					-		
PARK CROSSING APARTMEN	T HOMES	,					I	School (K-1								
Street Address 2000 MAPLEWOOD DRIVE								Subchapter Other (i.e. p	8 (Oth	ner tha & com	n K-1: merci	2) al bui	dings	, hom	ies,	
City (5) MAPLE SHADE								Square Feet 800	# 0	of Floor	rs		3ldg. / 50+	Age		
County (6) CAMDEN		(County STATE	Code (7) USE ONLY			(Current Use (Pric RESIDENTIA	or f be	ing de	molish MEN	red) TS				
Name of Monitoring Firm Hired by Buildin ACER ASSOC.	ng Owner (8)		ASCI	M No.		Nam AS	e of	f Abatement Con JRED ENVIRO	tracto NVIC	r (9) ENTA	AL SE	ERVI	CES	INC		
Street Address 1012 INDUSTRIAL DRIVE	2 INDUSTRIAL DRIVE							ddress LEMS RUN								
City, State, Zip Code WEST BERLIN NJ 08091					City,	Sta	ite, Zip Code ICA HILL NJ	0806	2							
Project Manager for Monitoring Firm MATT DEPALMA				ne No. 09-1202		Telep 610	oho	ne No. 04-4676		Licer 011	nse N 45	0.				
Start Date (10) 06/20/2017	Scheduled 06/21/20	Comp 017	oletion	Date (11)		Name EM		OSHA Monitor	_							
Occupancy Status During Abatement (Ch								ddress		-						
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of Ab ormal Facility F	ateme lours	ent			City,	Sta	T. 130 NORT								
Scope of Work (Check All That Apply)					AMINSON NJ		77									
≥3 sf or ≥3 If ≥160 sf or ≥260 If	and the same of th	novati molitic					/	Full Containme Mini-Enclosure Glovebag Proce	edure					£.		
	1-1					L		Non-Exempted	(*) an	d Non-	Friabl	ole Procedure Abatement				
Location of	No	ocatio rmally			Des	scriptio	n of	f						pe		
Asbestos-Containing Material (ACM) TO BE ABATED	Used : Maint	enand	ce/	Asbest (i.e.	os Cont	aining l	Mat	terial (ACM)		mount Specify		77		ᄪ	ш	
In Facility (13)	Custod (12)	ап?		surfac other m	cing, V	AT,	or		or LF		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		04.101.11	nooona		,43)				val	₹.	ulate	ure	
34 A MAPLEWOOD-CLOSET							201	UND	6	0 SF		Х				
Name of Registered Waste Hauler		NII	DED IV	acte	Cubia	Varda		Name of D			1511					
ASSURED ENVIRONMENTAL SE	Hai	NJDEP Waste Hauler ID No. 0034895 Cubic Yard of Waste 4					Name of R									
City, State MULLICA HILL NJ		Disposal Date 06/21/2017					City, State WAYNE	SBU	RG, C	DΗ						
Completed by RON SWANSON	RAL	MANA	AGER	Si	gnature Duxu Oon Date 06/19/2017											

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

5		(Pursuar	nt to NJAC	8:60 an	d 12:12	o) C	HEC	K#	16	73	3, 17	rei i	Marie Cale		
Date of Notification (1) 01/01/2017			Name MAP	of Building	Owner/OD III L	Operator LC	(2)		<u>E G</u>	5	1	\W \U				
Agencies Notified Type Notification EPA Initial				Address MAPLE	100W	DRIV	E		- JU	N 2	6	2017	1			
DEP Amended Amendment			City, S MAP	tate, Zip C LE SHA	ode DE NJ	08052		L	SBEST	ros (201	VITRO)L &			
DOH justification) DCA Cancellation		g		of Contact JREEN V		VIS			lephone							
			FAC	CILITY INF	ORMAT	ION		_				-				
Name of Facility Where Abatement is Takir PARK CROSSING APARTMENT	g Place HOME	(3) S					Type of Facility School (kg									
Street Address 2000 MAPLEWOOD DRIVE			ş				Subchapt Other (i.e etc.)	er 8 (Oth	er than & comn	K-12) nercial	buil	dings,	hom	es,		
City (5) MAPLE SHADE							Square Feet # of Floors BI					Bldg. Age 50+				
County (6) CAMDEN				Code (7)	,		Current Use (Frior if being demolished) RESIDENTIAL APARTMENTS									
Name of Monitoring Firm Hired by Building ACER ASSOC.	Owner (8	3)	ASC	M No.		Name ASS	e of Abatement Contractor (9) SURED ENVIRONMENTAL SERVICES INC.									
Street Address 1012 INDUSTRIAL DRIVE						Street	Address CLEMS RUN									
City, State, Zip Code WEST BERLIN NJ 08091						City, S MUL	, State, Zip Code JLLICA HILL NJ 08062									
Project Manager for Monitoring Firm MATT DEPALMA			Telepho 856-8	one No. 309-1202	?	Teleph 610-	ephone No. License No. 10-304-4676 01145									
Start Date (10) 01/10/2017	Schedu 12/31	led Cor /2017	npletion	Date (11)		Name of EMS	of OSHA Monito	r								
Occupancy Status During Abatement (Checi	Only O	ne)				Street	Address				_		_			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: UNIT VACANT DUF	eriod of al Facilit	Abaten	nent S			City, St	RT. 130 NOR									
						CINI	NOSNIMAN	J 0807	77							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	(managed)	Renova Demolit		×		\ \ \	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	cedure								
		Locati										Abate				
Location of		Normal d Sole				cription				-		Typ	e			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?	Asbest (i.e.	thermal: surfac	aining Ma systems ing, VAT iscellance	aterial (ACM) insulation, r, or eous)	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure		
THROUGHOUT ENTIRE	Yes	No	N/A		011 == 6				-				0			
COMPLEX	-		X	J	OINT C				30 SF	2	2					
COMPLEX						OR TIL	.E	500	00 SF	2	2					
					M	ASTIC		500	00 SF	2	2					
Name of Registered Waste Hauler		1 57														
ASSURED ENVIRONMENTAL SER	Ha	JDEP W auler ID 034895	No.	Cubic Y of Wast 80		Name of MINER	Register									
City, State MULLICA HILL NJ				Disposa 12/31/	al Date /2017	City, Star WAYN	e ESBUF	RG, OI	Н							
Completed by RON SWANSON	ERAL	MANA	AGER	Sig	nature	Lance Du	CHOG	y	Date 01/0	1/2	017					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

CR# 3220

Data of Nationalia (4)					l por								J	,		V	15		
Date of Notification (1)	27 /	17						wner/Operator (PRINCETON	Charles and a second	H	<u>E ((</u>	<i>y</i> <u>L</u>	3 L		Ü				
Agencies Notified	Type Notific	ation			Stree	t Address						11	thi c	0 6	20	14.7	- 1		
⊠ EPA	Initial					ELM D	RIVE	=		L	d Li	JU	IN 2	, Q	21	11/	and the same		
□ DOLWD		117 5755				State, Zip	55-10000			+	The second secon								
□ DOH	Amendm					INCETO				1	Д	SBES					L &		
□ DCA (NJAC 5:23-8)	☐ Emerger justificat		cludin	g		of Contac				+-	elenh	ODO NUE	ICE	<u>USI</u>	MG				
(Cancella				RO	BERT O	RTE	GO		A 40									
					FA	CILITY II	NFO	RMATION					11172			-	-		
Name of Facility Where A	Abatement is	Taking	Place	(3)					(4)			-48. 2.5				-			
PRINCETON UNIVE	RSITY - FI	REST	ONE	LIBR	ARY				School (K-1	2)									
Street Address									Subchapter	8 (Other than K-12) private and commercial buildings,									
1 WASHINGTON RO	DAD))	ite and	Comme	erciai	DUII	aing	S,				
City (5)							-		Square Feet	·	# of Floors Bldg. Ag					je			
PRINCETON, NJ									1,000,000		8 70								
County (6)					Cour	nty Code (7)(ST	ATE USE ONLY)	rior i	f bein	g demol	ished)						
MERCER									UNIVERSIT	YL	IBRA	RY							
Name of Monitoring Firm	Hired by Buil	ding O	wner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)							-		
ATC GROUP SERV	ICES LLC				000	098	1	BRISTOL EN	VIRONMENTA	L, I	NC.								
Street Address							Sti	reet Address				-					+		
3 TERRI LANE								1123 BEAVE	R STREET										
City, State, Zip Code							Cit	ty, State, Zip Co	ode										
BURLINGTON, NJ 0	8016						I	BRISTOL, PA	19007										
Project Manager for Moni	toring Firm			Tele	phone	No.	Te	lephone No.		License No.									
MICHAEL R. KEEHI	N			6	09-386	-8800	2	215-788-6040	i		005	09							
Start Date (10)		Schedu	uled C	omple	tion Da	te (11)	Na	Name of OSHA Monitor											
3 / 13 /	17	8	3/	1	/	17	E	BRISTOL EN	L, I	NC									
Occupancy Status During	Abatement (Check	only o	one)															
☐ Facility Closed/Vacate							1	1123 BEAVR	STREET										
Abatement Performed							Cit	y, State, Zip Co	ode										
Time of Abatement: 4:	:00AM-12:30)PM/_		PM	AN	Λ	E	BRISTOL, PA	19007										
Scope of Work (Check all	that apply)																		
☐ >3 sf or >3 lf		- 6	⊠ Re	novati	on				ainment with Ne	gativ	e Pre	ssure							
≥160 sf or ≥260 lf				molitic				☐ Glovebag											
								☐ Non-Exe	mpted (*) and No	n-Fi	riable	Procedi	ure						
* 000744*00000				Local Vorma				_					Α	bat	eme	nt Ty	уре		
Location (Asbestos-Containing N	58	1)		d Sole		Ashe	stne	Description o Containing Ma			Δm	ount	Z G	1	Re	E	En		
TO BE ABA	TED	'		intena				ermal systems i				ecify	Kemova		Repair	cap	Enclosure		
IN Facility (13)	у		Cus	odial (12)	Stall?			surfacing, VAT, her miscellane			SF o	r LF)	/a			Encapsulate	ure		
(10)			Yes	No	N/A		Ot	nei miscellanei	ous)							te			
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PHASE 5A - LEVELS	C & B					FLOOR	TIL	E & MASTIC			43,05	57 SF		+					
PHASE 5A - LEVELS	C & B				\boxtimes	Packed	fitti	ngs on fiber	glass	= 10	285	EA] [5				
PHASE 5A - LEVELS	C & B				\boxtimes	Hanger	pad	ls on fibergla	iss		40	EA			7				
Name of Registered Wast	e Hauler			N	JDEP V		-	oic Yards of	Name of Regis	tere	d Lan	dfill							
SERVICE TRANSPO	RT GROUP	, INC		Н	auler ID 20990		RVA LANDFILL												
City, State			Dis	posal Date	City, State														
NEW CASTLE, DE									WAYNESE	UR	G, O	Н							
Completed By (Print or Ty				Signature	1 1			D	ate /		/								
BRIAN SCAFIRO		ES	TIMA	TOR				Brian	Scolins	1	il		6/1	0/	110	7			

State of New Jersey

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Date of Notification (1)	27 /	17		100000000000000000000000000000000000000		ng Owner/Operator () EC	<u>E</u> [V	E	7
Agencies Notified EPA DOLWD DOH DOH	Type Notificatio	# <u>2-6/16</u>		20 City,	et Address 0 ELM DE State, Zip			JUN		ma-01-a-11-m-11-m		O Secretaria de la companya del companya de la companya del companya de la compan
(NJAC 5:23-8)	☐ Emergency justification) ☐ Cancellation		g	Name	e of Contac	ct		ASBESTO Telephone Núm				et
					Salar Section Control of the Control	NFORMATION					-	
Name of Facility Where A	batement is Tak	ng Place	(3)	- ' ^	CILITI II	WI OKWATION	Type of Facility (4)	-			
PRINCETON UNIVE Street Address 1 WASHINGTON RC	RSITY - FIRES			ARY			School (K-12) Subchapter 8 Other (i.e., pr	(Other than K-12	2) ercial b	uildin	gs,	
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County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Price		shed)			
MERCER	Ui	_	/a\ T				UNIVERSITY	LIBRARY				
Name of Monitoring Firm		Owner	(8)	ASCM 00	No. 098	Name of Abateme	ent Contractor (9) VIRONMENTAL	., INC.				
Street Address						Street Address						0.000
3 TERRI LANE						1123 BEAVE						
City, State, Zip Code BURLINGTON, NJ 0	2016					City, State, Zip Co						
Project Manager for Monit			Tale		NI-	BRISTOL, PA	19007	License No.				
MICHAEL R. KEEHN			1	phone	No. 3-8800	Telephone No.						
Start Date (10)		eduled C				215-788-6040 Name of OSHA M		00509		,,,,,,,		
3 /13 /	190.00	8_ /				ALLON OF THE STATE	ONITOR VIRONMENTAL	INC				
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☐ Facility Closed/Vacated				ment		Street Address 1123 BEAVR	CTDEET					
Abatement Performed Time of Abatement: 4:	Outside of Norma	al Facility	/ Hou	s - Des	scribe M	City, State, Zip Co	ode			S		
Scope of Work (Check all	that apply)					BRISTOL, PA						
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PHASE 6 - LEVEL 1		Yes	No	N/A	400110	TICAL OF UNIO	DI AOTED					
PHASE 6 - LEVEL 1						TICAL CEILING I	PLASTER	6075 SF				
PHASE 6 - LEVEL 1						SULATION CEILING TILES		200 LF				
								4050 SF		Ш		Ш
TRUSTREES READING						TICAL PLASTER		450 SF	\boxtimes			
Name of Registered Waste SERVICE TRANSPORT		C.	Н	JDEP V auler ID	No.	Cubic Yards of Waste	Name of Registe					
City, State				20990		Disposal Date	City, State				-	
NEW CASTLE, DE						Dioposai Date	WAYNESBU	RG, OH				
Completed By (Print or Typ BRIAN SCAFIRO		e STIMA	TOR			Signature	000	7 Da	te 6/10	_/	17	
SB-41 AN 13 12 5 / 7 2 5		Do not	11-		f	mas s	scofes !	Jr.	100	/ '	/	

BRIAN SCAFIRO ASB-41 JAN 13 B 517 024

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

OL# 3,226
ENT Pg 3

Date of Notification (1)		-			Nom	o of Duildin			(2)	production of the same of the				April medical control	VI COLUMN TO THE REAL PROPERTY.			
	27 /	17			Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY C C V													
Agencies Notified	Type Notific	cation			Stree	et Address												
⊠ EPA					1000000	0 ELM DE	RIVI	E			6		25.950		27770			
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□ DCA (NJAC 5:23-8)	Emerger justificat		cludin	g	-	e of Contac	12.40.			Talenhana	K4. L.L.12 S.	f :	11/11	ROL	- <u>l</u> -8:			
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MERCER									UNIVERSIT	Y LIBRARY								
Name of Monitoring Firm H		ding C	wner	(8)	ASCN	No.	Na	ame of Abateme	ent Contractor (9))								
ATC GROUP SERVICE	ES LLC				00	098		BRISTOL EN	VIRONMENTA	L, INC.								
Street Address							St	treet Address							100			
3 TERRI LANE								1123 BEAVE	R STREET									
City, State, Zip Code							Ci	ity, State, Zip Co	ode									
BURLINGTON, NJ 08	016						1	BRISTOL, PA	19007									
Project Manager for Monito	ring Firm			Te	lephone	No.	Te	elephone No.		License No	0.							
MICHAEL R. KEEHN				(609-386	6-8800	215-788-6040 00509											
Start Date (10)						ate (11)	Na	ame of OSHA N	lonitor									
3/13/	17	8	3_ /		1_/	17		BRISTOL EN	VIRONMENTA	L, INC								
Occupancy Status During A	Abatement (Check	only	one)			St	reet Address										
☐ Facility Closed/Vacated								1123 BEAVR STREET										
Abatement Performed C	outside of N	ormal	Facilit	у Но	urs - De	scribe	City, State, Zip Code											
Time of Abatement: 4:0	UAIVI-12:30	DHM/_		PIM	AI	M	1	BRISTOL, PA	19007									
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≥160 sf or ≥260 lf			☐ De						g Procedure									
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BRIAN SCAFIRO		ES	TIMA	TOI	3			Brian	Scoling 1	ne ne	6/	16	//	7				

Date of Notification (1) Name of Building Owner/Operator (2) 2 27 / 17 TRUSTEES OF PRINCETON UNIVERSITY Type Notification Agencies Notified Street Address **⊠** EPA 200 ELM DRIVE ☑ DOLWD City, State, Zip Code Ø DOH Amendment #1-3/27/17 PRINCETON, NJ 08544 Emergency (including Ø DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation ROBERT ORTEGO **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRINCETON UNIVERSITY - FIRESTONE LIBRARY School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings. 1 WASHINGTON ROAD homes, etc.) City (5) Square Feet # of Floors Bldg. Age PRINCETON, NJ 1,000,000 8 70 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) MERCER UNIVERSITY LIERARY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC GROUP SERVICES LLC 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 TERRI LANE 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BURLINGTON, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. MICHAEL R. KEEHN 609-386-8800 215-788-6040 00509 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor __3__/__13__/__17 8 / 1 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVR STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 4:00AM-12:30PM/ PM- AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ⊠ Renovation ☐ >3 sf or >3 lf ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friab e Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Asbestos-Containing Material (ACM) Removal Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A PHASE 5A - LEVELS C & B П П X PIPE INSULATION 1010 LF X PHASE 5A - LEVELS C & B X П FLOOR TILE & MASTIC 43,057 SF X П PHASE 5A - LEVELS C & B П M Packed fittings on fiberglass 285 EA M PHASE 5A - LEVELS C & B X Hanger pads on fiberglass 40 EA M Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GROUP, INC. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE WAYNESBURG, OH Completed By (Print or Type) Signature **BRIAN SCAFIRO ESTIMATOR** ASB-41 B517024

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

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(NJAC 5:23-8) ju	ustification)		9	Na	ame of Con	tact		A- 14 - 4	Telephone N	Jumbe	ING		***
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Name of Monitoring Firm Hired b	ov Building (Owner	(8)	TASC	M No.	Nome -5 AL			LIBRARY				
ATC GROUP SERVICES L		J ++111C1	(0)		0098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						-5-7	
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3 TERRI LANE						Street Address	ER STREET						
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BURLINGTON, NJ 08016						City, State, Zip BRISTOL, F							
Project Manager for Monitoring F						Telephone No.	W 19001		11				
MICHAEL R. KEEHN						The state of the s	0		License No.				
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		uicu C	ompi	etion D	ate (11)	Name of OSHA	Monitor			-	-		
3/13/17					Date (11)	Name of OSHA BRISTOL EI		'AL I	NC NC				
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* Do not use this form for asbestos licensure exempted activities.

State of New Jersey

22			140	(P	ursuant t	o NJAC 8:60 a	nd 5:	TEMENT	Ch	L F	t -	9/	65
Date of Notification (1)		.50.01			Name of	Building Owner/Op	perator	(2)	Fall Control	C	5	1	H FE
	27 /	1	7		TRUS	TEES OF PRINC	ETO	N UNIVERSI	TYLL		L	1 1	<u> </u>
Agencies Notified	Type Noti	fication			Street Ad	dress			HP C				
Ø EPA 2298 Ø DOLWD 2250	☑ Initial	2. 42			200 EL	M DRIVE				JUN	26	20	17
DOH 2267	Amend Amend				City, State	, Zip Code			1 12				1 2
	☐ Emerge			-	M 355	ETON, NJ 08544	4		Emerge compa		-		-
(NJAC 5:23-8)	justifica	tion)	, oid dill	9	Name of C				ASS	ESTO:	S CAC	MI	ROL.
	☐ Cancell	ation		- 1	ROBER	RT ORTEGO				: IMITE	ner	14.7	
					FACILI	TY INFORMATIO	ON						-
Name of Facility Where Ab	atement is	Taking	Place	(3)		· · · · · · · · · · · · · · · · · · ·	J16	Type of Facil	ity (A)				
PRINCETON UNIVER	ISYT - FI	REST	ONE	LIBRA	RY			School (K					
Street Address								Subchapte Subchap	er 8 (Other tha	n K-12)			
1 WASHINGTON ROA	LD.						-	U Other (i.e. homes, et	. Driva e and c	ommer	cial bi	uildin	gs,
City (5)			W. W.		7		-	Square Feet	# of Floo		1 = 1		
PRINCETON, NJ								1,000,000	8	ors		dg. A	ge
County (6)				T	County Co	de (7)(STATE USE O	NIY	11.000	Prior if being o	C 1		70	
MERCER				- 1				UNIVERSI	TY LIBRARY	emolish v	ed)		
Name of Monitoring Firm Him	ed by Build	ling Ow	ner (8) AS	SCM No.	Name of Aba	atemer	nt Contractor (I.			
ATC GROUP SERVICE	SLLC				82000			TRONMENT					
Street Address		rest to the				Street Addres			·				
3 TERRI LANE						1123 BEA	VER	STREET					
City, State, Zip Code				-		City, State, Zi							
BURLINGTON, NJ 0801	6					BRISTOL,							
Project Manager for Monitoring	g Firm		T	Telepho	ne No.	Telephone No	VIII TO SELL TO		License N				
MICHAEL R. KEEHN				609-3	386-8800	215-788-6			00509	0.			
Start Date (10)	Sc	hedule	d Con	pletion	Date (11)	Name of OSH	A Mon	itor	10003				
3 / 13 / 17	_ .	8	_ / _	1	/17			RONMENTAL	INC:				
Occupancy Status During Abat	ement (Ch	eck on	ly one)		Street Address			-, 1140				
☐ Facility Closed/Vacated Dur	ing Entire	Period	of Aba	tement	t	1123 BEAV	-	DEET					
Abatement Performed Outsi	de of Norn	nal Fac	ility H	ours - D	escribe	City, State, Zip							
Time of Abatement: 7:00AN	/-3:30PM		PM	A	M	BRISTOL, I							
Scope of Work (Check all that a	pply)					1 3,40,702,1	7 13						
≥3 sf or ≥3 lf		N/ r				Full Co	ontainn	nent with Nega	ative Pressure				
≥160 sf or ≥260 lf			Renova Demoli	tion		☐ Mini-Ei ☑ Gloveb	nclosu	re					
						☐ Non-Ex	kempte	ed (*) and Non-	Friable Proce	dura			
			ls Loc						11000		6-6		_
Location of Asbestos-Containing Material	I (A CSA)		Norm ed So	ally lely by		Description	of				baten	1	1
TO BE ABATED	(NOIVI)	M	ainten	ance/	Asbe	stos Containing M	laterial	(ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
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(13)		Yes	(12) No	1	-	other miscellane	eous)		Of Di Li	=		ulat	Гe
SUASE EA LEVELO C. S. D.		-	-	N/A	-							е	1 1
PHASE 5A - LEVELS C & B				Ø		SULATION			1010 LF	Ø			
						TILE & MASTIC			43,057 SF	Ø			
HASE 5A - LEVELS C & B			. 🗆	×	Packed	fittings on fiber	glass	:	285 EA	×			
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SERVICE TRANSPORT GRO	DUP, INC			uler ID 20990	NO.	Waste		INERVA LAN					
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NEW CASTLE, DE						100/	100000000000000000000000000000000000000	AYNESBURG	G. OH				
mpleted By (Print or Type)	Title					Signature							
BRIAN SCAFIRO	ES	TIMAT	TOR			B	6	1. 0	10 Dai	Innl	100		

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Drian Scofero / Jl 2/27/17 * Do not use this form for asbestos licensure exempted activities.

2 /	27 /	47				uilding Owner/Operato			16.	Ē	U	M
					IKUSI	EES OF PRINCETO	N UNIVERS	ITY				
Agencies Notified	Type Notifi	cation			Street Add	ress			JUN	12	0 1	9,34** _U II
⊠ EPA				- 1	200 ELR	DRIVE		1,020,000				
⊠ DOLWD	Amende				City, State,	Zin Code						
⊠ DOH	Amenda			- 1		TON, NJ 08544		AS	BEST			
DCA	☐ Emerge		cluding					9.199.0	more attraction time.	10 700 11740	ISIN	G_
(NJAC 5:23-8)	justificat				Name of Co ROBER	ntact CORTEGO		Tolenhan	- £1h	or		
					FACILIT	Y INFORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)			Type of Fac	ility (4)				
PRINCETON UNIVE	RISYT - FIF	RESTO	NEL	IBRAF	₹Y		School (
Street Address							Subchan	ter 8 (Other than	K 121			
1 WASHINGTON RO	160						Other (i.e	private and co	mmerc	ial hi	uildin	ne.
	AU	-					homes, e	etc.)	·······································	nei Di	ununi	ys,
City (5)							Square Feet	# of Floor	S	RI	dg. A	O.P.
PRINCETON, NJ							1,000,000				og. A 70	Sc
County (6)		5		10	County Cod	e (7)(STATE USE ONLY)		(Prior if being de	molist		10	
MERCER							5000	ITY LIBRARY	iiiolisne	eu)		
Name of Monitoring Firm H	lired by Build	ing Ow	ner (8)	IAC	CM No.	Name of Abete						
ATC GROUP SERVIC		3 0	(0)	100		Name of Abateme						
Street Address					82000	BRISTOL EN	VIRONMENT	AL, INC.				
						Street Address						
3 TERRI LANE						1123 BEAVER	STREET					
City, State, Zip Code						City, State, Zip Co	de				1.000	_
BURLINGTON, NJ 080	016					BRISTOL, PA						
Project Manager for Monitor	ing Firm	INCOME.	T	elepho	ne No	Telephone No.		Tr				
MICHAEL R. KEEHN			1		86-8800			License No				TO HEAD
Start Date (10)	10-1	nedul-	10-			215-788-6040		00509				
					Date (11)	Name of OSHA Mo						
3 / 13 /					/17	BRISTOL ENV	IRONMENT/	AL, INC				
Occupancy Status During Ab	atement (Ch					Street Address						-10-00
Facility Closed/Vacated D	uring Entire I	Period	of Aba	tement		1123 BEAVES	TREET					
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☐ Facility Closed/Vacated D	tside of Norm	al Fac	lity Ho	urs - D	escribe	City, State, Zip Cod	е			NT-STATE		
☐ Facility Closed/Vacated D ☐ Abatement Performed Out Time of Abatement: 7:00/	tside of Norm AM- <u>3:30</u> PM/	al Fac	lity Ho	urs - D	escribe		е					
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Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 7:00/ Goope of Work (Check all that 3 > 3 sf or > 3 lf 2 > 160 sf or > 260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) IASE 6 - LEVEL 1 ASE 6 - LEVEL 1 The of Registered Waste Haule	tside of Norm AM-3:30PM/ apply) ial (ACM)	Us Ma Cus	Renova Remova Remolit S Loca Norma ed Solia intena stodial (12) No	tion ion ally ely by ance/ Staff? N/A	ASDES (i.e.	City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclos Glovebag F Non-Exemp Description of stos Containing Materia, thermal systems insuracing, VAT, or other miscellaneous FICAL CEILING PL GULATION CEILING TILES	nment with Negure Procedure eted (*) and No all (ACM) ulation,	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF	At Removal	Repair	1	1
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Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 7:00/ Cope of Work (Check all that 3 > 3 sf or > 3 if 2 > 160 sf or > 260 if Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) IASE 6 - LEVEL 1 ASE 6 - LEVEL 1 ASE 6 - LEVEL 1 The of Registered Waste Hauli ERVICE TRANSPORT GI State	tside of Norm AM-3:30PM/ apply) ial (ACM)	Us Ma Cus	Renova Remova Remolit S Loca Norma ed Solia intena stodial (12) No	tion ion ally ely by ance/ Staff? N/A	ASDES (i.e. ACOUST PIPE INS SPLINE (Vaste No. V	City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclos Glovebag F Non-Exemp Description of stos Containing Materi , thermal systems insurfacing, VAT, or other miscellaneous FICAL CEILING PL GULATION CEILING TILES Cubic Yards of Vaste Disposal Date City, State, Zip Cod Mini-Enclos Glovebag F Non-Exemp Description of Stos Containing Materi , thermal systems insurfacing, VAT, or other miscellaneous City Code City Code C	nment with Negure Procedure Interested (*) and No all (ACM) Inlation, ASTER ASTER INTERESTED INTER	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF	At Removal	Repair	1	1
☐ Facility Closed/Vacated D ☐ Abatement Performed Out ☐ Time of Abatement: 7:00/ ☐ Scope of Work (Check all that ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Location of ☐ Asbestos-Containing Mater ☐ BE ABATED ☐ IN Facility	tside of Norm AM-3:30PM/ apply) ial (ACM)	Us Ma Cus	Renova Remova Remolit S Loca Norma ed Solia intena stodial (12) No	tion ion ally ely by ance/ Staff? N/A	ASDES (i.e. ACOUST PIPE INS SPLINE (Vaste No. V	City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclos Glovebag F Non-Exemp Description of stos Containing Materi , thermal systems insurfacing, VAT, or other miscellaneous FICAL CEILING PL GULATION CEILING TILES Cubic Yards of Vaste Disposal Date City, State, Zip Cod Mini-Enclos Glovebag F Non-Exemp Description of Stos Containing Materi , thermal systems insurfacing, VAT, or other miscellaneous City Code City Code C	nment with Negure Procedure Interested (*) and No al (ACM) Islation, ASTER Interested (*)	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF	At Removal	Repair	1	1

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

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

Print Form

OFIL			(Pursua	nt to NJAC	8:60 and 1	12:120)		117					
Date of Notification (1) 06/19/2017	11			of Building	Owner/Ope	erator (2	')			JÜ	V - 2) 5	201
Agencies Notified Type Notifica	ition			Address	vaisii					- Devi			
			Otroot	Address					ASB	ES,	ros	CO Nati	MIP MA
DEP Amende	ed		City, S	State, Zip C	ode			-				ŊS!	
X DOL Amendr				ton NJ 08									
➤ DOH justificat	ncy (includi	ng		of Contact				Telepho	ne Num	har			
DCA Cancella			Own	er									
Name of Facility IAII			FAC	CILITY INF	ORMATION	V						-	
Name of Facility Where Abatement is T	aking Place	(3)				T	ype of Facility	(4)					
Street Address							School (K-	12)					
ou oct Address							Subchapte	er 8 (Other that private & com	n K-12)	Lend	iar.	21 10 000	
City (5)						×	etc.)	private & con	imercia	וטמ ו	laing	s, hor	nes,
Clayton							quare Feet	# of Floo	rs		Bldg.	Age	
County (6)							650	2			116		
Glaucester			(STATE	Code (7) USE ONLY)	C	urrent Use (Pr	ior f being de	molishe	d)			
Name of Monitoring Firm Hired by Build	na Owner (0)	10				Residence						
Indoor Environmental COncept	ng Owner (0)	ASC	M No.			Abatement Co			-Cursi			7. C. S. C.
Street Address							Environme	ental					
286 Sunset Road						treet Add							
City, State, Zip Code							enwood Driv	ve					
Barrington, NJ							e, Zip Code	: DA 400					
Project Manager for Monitoring Firm			Telepho	one No		elephone	gton Cross						
Michael Menz			12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (28-6020			3-7427		nse No.				
Start Date (10)	Schedu	ıled Co		Date (11)			SHA Monitor	012	25				
06/30/2017		/2017		Dato (11)	1,000	ame	JOHA MONITOR						
Occupancy Status During Abatement (C	neck Only C	ne)				reet Ado	Irass						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of ormal Facili	Abater ty Hour	ment 's				, Zip Code						
					-								
Scope of Work (Check All That Apply)			1192				120			313			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					
	1	s Locat	ion					T and Hon	- Habic		200 1 100	emen	ıt
Location of		Norma			Descrip	ation of	į				Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbesto	os Containir	ng Mater	ial (ACM)	Amount				ш	
In Facility	Cus	stodial S	Staff?	(i.e. ti	hermal syst surfacing,	tems ins	ulation,	(Specify SF or LF)		Remova	Re	Encapsulate	Enclosure
(13)		(12)			other misce			Of Of Et ,		SVO	Repair	psul	uso
	Yes	No	N/A							<u>=</u>		ate	re
Basement			х	Pip	pe/elbow	insulat	tion	180	×				
		-							-	-			
Name of Registered Waste Hauler		T NI	JDEP W	note !	0.11.17								
Service Transport Group		H	auler ID I W2117	No.	Cubic Yard of Waste TBD	IS	Name of R	Registered Lar Landfill	ndfill				
City, State					Disposal Da	ate	City, State						
New Catle, DE					TBD	/		burg, OH					
Completed by	Title				Signat	ture	1	3,,	Date	-		-	
Andre GOsek	Proje	ect Ma	nager		/	/	17/		06/1	2/2	017		

Date of Notification (1)				N	lame	of Buildin	g Owner/Operator	(2)		-				
	21 /	17			CM	V Contra	acting, LLC		£.	52	13	50		
Agencies Notified	Type Notific	ation		S	treet	Address			- In F	6	F	11 7	V/ [5	
⊠ EPA	☐ Initial				222	Heron F	Road				느	il 1	7 1	
⊠ DOLWD	☐ Amende	777		C		State, Zip (
☑ DOH	Amendm			1			NJ 08735		44 14 14 14 14 14 14 14 14 14 14 14 14 1	JUN	2 6	20	117	
DCA (NJAC 5:23-8)			ding	-		of Contac			Telephone Num		137 3		11	
(Cancella	100 m		0000		e Viggia	7.		[Telebriona Killin	iner.	-			
					_		IFORMATION		<u></u>	110	ens ens	INC EME	ROL	
Name of Facility Where A	batement is	Taking Pl	Type of Facility (4		- The sale	1 1111							
Residence								School (K-12	No. of the Contract of the Con					
Street Address								☐ Subchapter 8	(Other than K-12 ivate and comme	2) rcial b	uildin	gs,		
City (5)								Square Feet	# of Floors	В	ldg. A	ge		
Robbinsville								1000 sf	1		65			
County (6)				(Count	ty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demoli	shed)				
Mercer								Residence		5.0				
Name of Monitoring Firm	Hired by Buil	ding Own	er (8)	AS	CM N	No.	Name of Abatem	ent Contractor (9)						
N/A								AND THE RESIDENCE OF THE PROPERTY OF THE PROPE						
Street Address							Guardian Contracting, Inc. Street Address							
							1889 Route 9). Unit 61						
City, State, Zip Code		Video - Marine					City, State, Zip C		1					
								New Jersey 087	755					
Project Manager for Monit	oring Firm		T	elepho	one N	No.	Telephone No.		License No.					
							732-349-9932	2	00624					
Start Date (10)		Scheduled	Com	pletion	Date	e (11)	Name of OSHA N	Monitor					1000000	
06 /22 /	17	_06	. / _	23	/_	17	E.M.S.L. Ana	lytical						
Occupancy Status During	Abatement (Check on	ly one)			Street Address	<u> </u>	_	-				
□ Facility Closed/Vacated	During Enti	re Period	of Aba	atemer	nt		1056 Stelton							
Abatement Performed	Outside of No	ormal Fac	ility H	ours -	Desc	cribe	City, State, Zip Co	nde				100		
Time of Abatement:	AM	PM/	P	PM	A	M		New Jersey 088	54					
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 lf		П	Renov	/ation			☐ Full Cont	tainment with Nega	ative Pressure					
☐ ≥160 sf or ≥260 lf			Demo					Procedure					U.	
							Non-Exe	mpted (*) and Non	-Friable Procedu	re				
Looding	£			cation mally						At	atem	ent T	уре	
Location of Asbestos-Containing N) U		olely b	ру	Aches	Description o stos Containing Ma		^	D.	_Z	m	ū	
TO BE ABAT	ED `	′ 1	Mainte	enance	e/		, thermal systems		Amount (Specify	Remova	Repair	ıca	Clo	
IN Facility (13)	r.			al Staf 2)	H?		surfacing, VAT,	or	SF or LF)	Val	-	Encapsulate	Enclosure	
(10)		Ye			I/A		other miscellane	ous)				ate	(b)	
exterior			×		7	asbesto	s transite pipe		16 If					
			-	-	-+							Ш		
		ᅱ片									Ш	Ш	Ш	
Name of Devict 1984														
Name of Registered Waste				NJDE		3.00757575	Cubic Yards of Waste	Name of Registe	ered Landfill					
Guardian Contractin	g, Inc.				223	INO.	vvaste 2	T.R.R.F.						
City, State							Disposal Date	City, State						
Toms River, New Jer	sey						06/23/17	Tullytown, F	ennsylvania					
Completed By (Print or Typ	e)	Title					Signature	1		ite /	1			
Nicholas Fernicola		Proje	ct Ma	anage	r				1/ .	//>	, 1,			
ASB-41	. reject manager							- 1		1 wal	1//	E.		

ASB-41 JAN 13

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

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Print	-orm

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Date of Notification (1) 6/20/2017				Name	of Buildir	g Owner	/Operato	or (2)		Trans	e r	Fi	= N	7\//	R
Agencies Notified	Type Notification	n			ate prop	erty						1	_	W	<u>E</u>
EPA DEP X DOL	Initial Amended Amendme Emergence	nt#		City, S	state, Zip enton N	J					JU	V.	26	201	7—
DOH DCA	justification Cancellation	1)		Name Fran	of Contac	t				Telepho	ne Nun	iber	CC	NŢF	(OL
Name of English When	AL			FAC	CILITY IN	FORMAT	ΓΙΟΝ						-	2_	
Name of Facility Where a Private property	Abatement is Tak	ing Place (3	3)						f Facility (
Street Address City (5)		y - 100						X OI et	ther (i.e. p c.)	8 (Other the	nmercia) I bui	lding:	s, hon	nes,
Princeton NJ								Square 1200F		# of Floo	ors		Bldg. +50	Age	
County (6) Clerk					Code (7)			Current	Use (Pric	or if being de	emolishe	1	- 00		
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC N/A	M No.		Name	of Abate	ment Con	tractor (9)					
Street Address				IN/A			-	Address	ons Ser	vices LLC		/ s = 2000			
N/A							1 122	51st S	treet						
City, State, Zip Code N/A							City, S North	state, Zip n Berge	Code n NJ 07	047					
Project Manager for Moni	toring Firm			Telepho N/A				none No. 552-968	35	Lice 013	ense No. 320				
Start Date (10) 6/30/2017		Scheduled 7/10/20	d Con 17	npletion	Date (11)		of OSHA		aporatorie	20				
Occupancy Status During							Street	Address				-			
X Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire d Outside of Norr	Period of Al nal Facility I	batem Hours	nent			City, St	tate, Zip (t					
Scope of Work (Check All	That Apply)						Unior	n NJ 07	803						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- processing	enoval emoliti				×	Mini-E Glove	inclosure bag Proce	nt with Nega edure (*) and Non-					
			.ocatio							1 2114 11011	- Fridale		Abate	emen	t
Location of Asbestos-Containing N		Used	ormali Solei	y by	Aches		scription	of aterial (A	010	*	-		Ту	ре	Т
TO BE ABA In Facility (13)	TED	Custo	tenan dial S (12)		(i.e.	thermal surface	systems cing, VAT niscellane	insulation Γ, or	n,	Amount (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
D. (Yes	No	N/A								_		ate	ď
Roof				X		roofin	ig mate	erial		1200SF	= X	2			
Name of Registered Waste	Hauler		N.	IDEP W	aste	Cubic \	Yarde	INI	ame of D	nietorod I -	ndell				
Newark Carting Inc			Ha	uler ID 509	7700077	of Was		3		egistered La hlehem R		dfill			
City, State Po Box 5670						Dispos	al Date		ity, State 335 Apr	olebutter F	Rd Bet	hle	hem	ΡΔ	
Completed by Marcos Regato		Title Preside	ent			Si	gnature	i it ve	/	inter	Date 6/20				

Date of Notification (1):

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)	DECEIVED
Name of Building Owner/Operator (2) South Orange/ Maplewood School District	UL JUN 26 2017
Street Address:	
525 Academy Street	ASBESTOS CONTROL &
City, State, Zip Code:	LICENSING

06/19/2017			ange/ Map	lewood School Dist	rict	
Agencies	Type Notificati	on Street Ad	dress:			
Notified	□ Initial	525 Acad	emy Street	t i		ASBESTOS CONTROL 8
₽ÉPA	☐ Amended	City, State	e, Zip Cod	e:		LICENSING
□ DEP	Amendment#:		od, NJ 070			Application of the control of the co
₽ ĎOL	☐ Emergency	Name of 0	Contact:	1900	Tele	nhone Nombary
	(including	Andrea D	el Guercio		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
№ ООН	justification)				The state of the s	
☑-DCA	☐ Cancellation					
				FACILITY INFO	RMATION	
Name of Fac	ility: Columbia H	igh School			Type of Facility (4):	
17 Parker Av	renue				☐ School (K-12)	
	000 -000 000 000				Subchapter 8 (Other to	han K-12)
City/ (5)		County (6):	Coun	ty Code (7):	☐ Other (i.e., private &	commercial buildings, homes, etc.)
Maplewood		Essex	07040		Square Feet:	# - C F1
					Square reet.	# of Floors:
					Bldg. Age	
					Current Use : School	
Name of Moi	nitoring Firm Hire	d by Building Ow	/ner:	ASCM No.:	Name of Abatement (Contractor (9):
AHERA CO	NSULTANTS, IN	IC.		0057		
Carrat A 11					Apex Developmen	t, Inc.
Street Addres					Street Address:	
PO Box 385)				200000000000000000000000000000000000000	
					658 Rutgers Pla	ace
City, State, Z	ip Code:				City, State, Zip Code:	
Oceanville,	NI 08231				Paramus, NJ 0765	2
	ger for Monitoring	Firm:		Telephone No.:	Telephone No.:	License No.:
Eric Clarkso		,		609-947-8015	receptione ivo	License No.:
					(973) 350-0101	01215
Start Date (10)):	Scheduled Co	ompletion i	Date (11):	Name of OSHA Moni	
7/03/17		09/26/17			Metro Analytical Labo	oratories
Occupancy Stat	tus During Abatemen	nt (Check only one)			Street Address:	
☐ Facility Close	ed/vacated During E	ntire Period of Abat	ement		255 West 36th Street,	Suite 203
☐ Abatement Pe	erformed Outside of	Normal Facility Ho	urs		City, State, Zip Code:	
Describe:					New York, New York	
7.04						.,
☐ Other Describe:						
	(Check all that apply	/)·				
	• • • • • • • • • • • • • • • • • • • •		,		₽Full Co	ontainment with Negative Pressure
$0 \ge 3$ sf or ≥ 3 $0 \ge 160$ sf or ≥ 3	5 If > 260 If		Renovation	L		Enclosure
= ≤ 100 21 01 ;	≥ 400 H	LI	Demolition		□ Gloveb	oag Procedure
					□ Non-Ex	empted (*) and Non-Friable Procedure

Location of	1	Locat Norma ed Sole	lly	Description of Ashestos Containing Material (ACM)				temen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Ma	intena Custodi Staff (12)	ince/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulat	Enclosure
- ND	Yes	No	N/A					=	(0
2 ND FLOOR ROOM A203		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A204		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A205		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A207		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A208		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A209		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A215		X		CEILING PLASTER	2 SF	*			*
2 ND FLOOR ROOM A215		X		VAT & MASTIC	6 SF	*			*
2 ND FLOOR ROOM A216		X		WALL PLASTER	10 SF	*			*

2 ND FLOOR ROOM A220	X	WA	LL P	LASTER	10 SF	*	*
2 ND FLOOR ROOM A222	X	WA	LL P	LASTER	10 SF	*	*
2 ND AUDITORIUM BALCONY	X			PLASTER	9 SF	*	*
2 ND FLOOR AUDITORIUM BALCONY	X	PIPE .	& INS	SULATION	6 LF	*	*
3 RD FLOOR ROOM A301	X	CEIL	ING I	PLASTER	10 SF	*	*
3 RD FLOOR ROOM A303	X			PLASTER	10 SF	*	*
3 RD FLOOR ROOM A306	X	CEIL	ING I	PLASTER	10 SF	*	*
3 RD FLOOR ROOM A312	X			PLASTER	10 SF	*	*
3 RD FLOOR ROOM A314	X			PLASTER	10 SF	*	*
3 RD FLOOR ROOM A316	X			PLASTER	10 SF	*	*
3 RD FLOOR ROOM A317	X			PLASTER	10 SF	*	*
3 RD FLOOR ROOM A318	X			PLASTER	10 SF	*	*
1 ST FLOOR GIRL'S LOCKER ROOM TOILET C116	X	CEIL	ING P	PLASTER	150 SF	*	*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID 19551	No.:	Cubic Yards of Waste: 30	Name of Regi MINERVA E	stered landfi	ll: ES ASSOC,
City, State: Bronx, NY 10474	Disp	osal Date:		City, State: Waynesburg, OH			
Completed By: Chinyelu Oraegbunam		Title: V. President		ature:	Date: 06/19/20	17	



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CK20	85		NOT	FICATIO	State of ON OF A nt to NJA	SBESTO	sey OS ABATE and 12:12	MEN (0)	JT		E C	; <u>E</u>		<u> </u>	E	
Date of Notification (1) 6-16-2017				Name Park	of Buildi	ng Owne	r/Operato ments,	r (2) LLC			JU	M 2	6	201	7	incorrect
	ype Notification	n		Street	Address				1	A.S	SBES	TOS	CC	NTF	IOL.	2
DEP DOL	Initial Amended Amendmer	nt #		City, S	State, Zip	Code				- tre		<u>ice</u>				
Ŭ DOH	Emergency justification	(includir	ng	Name	of Conta	ct				1 =	102					
DCA [Cancellatio	n			Winsch											
Name of Facility Where Ab	atement is Taki	ng Place	(3)	FA	CILITY IN	FORMA	TION	Tvp	e of Facility	(4)						
Residential			200					П	School (K	36.70						
Street Address								×	Subchapte Other (i.e.	er 8 (Oth	ner thar & comr	K-12) Il bui	ildings	, hon	nes.
City (5) Hoboken, NJ 07030		5-11-11-11-11-11-11-11-11-11-11-11-11-11			*			_	etc.) Jare Feet	# 0	of Floors			Bldg.		
County (6)				County	Code (7)			rent Use (P	2	ina den	nolish		80+		
Hudson				(STATE	USE ONL	.Y)		Jun	. J. 1. 036 (F)	noi ii be	my den	HOHSITE	eu)			
Name of Monitoring Firm Hi	red by Building	Owner (8)	ASC	M No.		Name Gree	of Ab	patement Co nvironmen	ontractor	(9) ervices	s. LLO		1.5-2-3-11		
Street Address								Green Environmental Services, LLC Street Address								
City, State, Zip Code							235 Virginia Avenue City, State, Zip Code									
Project Manager for Monitor	ing Firm			Telepho	one No.		Jersey City, NJ 07304. Telephone No. License No.									
24 - 1 2 - 1 - 1 - 1							201-333-8855 License No. 01174									
Start Date (10) 6-17-2017		Schedu 6-17-2	iled Coi 2017	npletion	Date (11)	Name of OSHA Monitor Same as above									
Occupancy Status During At	patement (Chec	ck Only C	ne)				Street									
Facility Closed/Vacated Abatement Performed (Other – Describe:	During Entire I Dutside of Norn	Period of nal Facili	Abater ty Hour	nent S			City, St	ate, Z	Zip Code							
Scope of Work (Check All Th	nat Apply)							200-200								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	out, ibbiy)		Renova Demolit				×	Mi	ull Containm ini-Enclosur ovebag Pro	e cedure						
		1:	s Locati	on				INO	on-Exempte	a (*) and	Non-F	riable		Abate Abate		
Location of Asbestos-Containing Mat	erial (ACM)	Use	Normal ed Sole	ly ly by	Asha	De	scription	of .				-	_	Ту		
TO BE ABATE In Facility (13)	<u>D</u>		todial 5 (12)	ance/ (i.e. th			l systems cing, VAT miscellane	insula . or	ation,	f) Amou (Speci SF or L			Removal	Repair	Encapsulate	Enclosure
4		Yes	No	N/A									<u></u>		ate	Гe
1st Floor			X		Pipe	insulat	ion / Wr	ар а	ind cut	20) LF	Σ	2			
												-				_
ame of Registered Waste H	auler		1 81	IDEE !!												
reen Environmental Se			H	JDEP Wauler ID 34889	No.	of Wa	Yards ste		Name of I							
ty, State rsey City, NJ				- 1000			sal Date		City, State	9			0.17=0			-
ompleted by		Title					ignature		Morrisvi	iie, PA	\ 	Date				
iana Serrano		Office	e Man	ager			ع المانية	الر	Serr	Du	2	6-16	-20	17		

A					State of N	lew Jersey						
CK401	5		NOTIF	ICATIO	N OF AS	BESTOS ABAT AC 8:60 and 5:1		DEG	5			
Date of Notification (1)				Nan	ne of Buildir	ng Owner/Operator ((2)	HD)			-	-11
6/	20 /	17		D	iocese of	Camden		II LI JUN	26	20	17	Kennen
Agencies Notified	Type Noti	fication		Stre	et Address							
⊠ EPA				63	31 Market	Street		ASBESTO:	S CC	TNC	ROL	. &
⊠ DOLWD	☐ Amend			City	State, Zip	Code		LIGI	ENS	ING		
⊠ DOH	in the second second	dment #_		C	amden, N	J 08102						
DCA (NJAC 5:23-8)	☐ Emerg		cluding		ne of Contac			Telephone Numb	er			
(110/10/0.20-0)	Cance				at William	- 211		Telephone (value	C1 _			
								_		3.22		
Name of Facility Where A	\hatamant i	o Tokine	Dlage /		ACILITY II	NFORMATION	TT	740				
Holy Cross Cemete		S Taking	, riace (3)			Type of Facility					
Street Address	; i y						School (K-12) 3 (Other than K-12)				
								rivate and commerc	ial bu	uilding	gs,	
5061 Harding High	way and F	coute 4	U				homes, etc.)					
City (5)							Square Feet	# of Floors		dg. A	ge	
Mays Landing				,			5,000	2		100		
	ounty (6)			Co	unty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demolish	ied)			
Atlantic							Maintenanc	e Building				
Name of Monitoring Firm Hired by Building Owner (8) AS				ASC	ЛNo.	Name of Abateme	ent Contractor (9)					
MDG Environmenta	al, LLC					Shade Enviro	onmental, LLC					
Street Address				*		Street Address						
1000 Maplewood Di	rive, Suite	207				623 Cutler Av	/enue					
City, State, Zip Code						City, State, Zip Co	ode					
Maple Shade, NJ 08	3052					Maple Shade	, NJ 08052					
Project Manager for Moni	toring Firm		- 1	Telephone	e No.	Telephone No.		License No.				******
Chris Macri				856-75	5-9300	856-755-0099	ĺ	00842				
Start Date (10)		Sched	uled Con	npletion D	ate (11)	Name of OSHA M	lonitor		1805100			
07 /18 /	17			28 /		EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatemen	t (Check	only one	e)		Street Address						
□ Facility Closed/Vacate						200 Route 13	0 North					
☐ Abatement Performed				Hours - De	scribe	City, State, Zip Co	ode					
Time of Abatement: _	AM	PN	1/	PM	_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Rend ☑ Demo	ovation olition		☐ Mini-Enc ☐ Glovebag	Procedure	ative Pressure				
			Is Lo	ocation						atem	ent T	ype
Location Asbestos-Containing N TO BE ABA	Material (AC	CM)	Used : Maint	rmally Solely by enance/ tial Staff?		Description of estos Containing Ma	terial (ACM)	Amount (Specify	Remov	Repair	Encaps	Enclosu

	100	Loca						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	ainten	lely by ance/ Staff?		Description of pestos Containing Ma i.e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			,				O	
Maintenance Building	\boxtimes			Ceme	nt Wall Board		768 SF				
Maintenance Building	\boxtimes			Cloth	Vibration Collar		10 SF				
Name of Registered Waste Hauler Shade Environmental, LLC		188	NJDEP N Hauler II	D No.	Cubic Yards of Waste 20	Name of Regis	s ered Landfill ounty Utilities A	utho	rity	1	
City, State				(8)	Disposal Date	City, State					

Maple Shade, NJ

Christina Lynch

Completed By (Print or Type)

Title

Vice President of Operations

07/28/2017

Signature

Egg Harbor Township, NJ

Date

		12	Car en succession				10 2 3 2017		
Date of Notification (1)		Name and Associated Principles	Name o	f Building Owner/G	Operator	IAN MI	NISTRIES	5	NO
Agencies Notified Type Notification		-	Street A	ddress	-1 <u>-1</u>	ASULS	TOS CONTRUL	Ö.	
a epa a initial		-	16 Car St	WARD ate, Zip Code	51		LIGHT PARTIES		
D DEP Amended Amendment			100	TERSON	1 1	0,0,0		-	
Emergency (in justification)	ncluding		Name o	f Contact	A 1	KUYKENC	Telephone Num	ber.	724.
DCA Cancellation		<u>l</u>	KeV FAC	JAYES LITY INFORMAT	1 .				
Name of Facility Where Abatement is Taking	Place (3	3)		Charles and the Second Control of the Control of th		Type of Facility			
						School (K	er 8 (Other than K-12)	dan h
Street Address '76 WARD 51				34		/ \ etc.)	private & commercia		
211 153		10 0				Square Feet	# of Floors	b	ildg. Age
PATERSON NO.	0/		6 43635353	Code (7)		Current Use (P	rior If being demolish	ed)	Andrew Street, Square,
County (6)		- International	STATE	USE ONLY)			CHOLON	-	
Name of Monitoring Firm Hired by Building O	wner (8))	ASC	II No.		of Allestement Co	INC.		
Street Address				والمراجعة والمستوان	- Landania Contract	Address	2	-	Name of Street, Street
Dieder Name over					17.(). \60X	614		
City, State, Zip Code					OID	tate, Zip Code	NO 08'	25	7
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none No.	License No		
,	2 - b - dod	1	and Alexander	Date (11)	Name	of OBHA Monito	- Lancard Contract	10	
Start Date (10) 24/17		7/3		Late (17)		JATECH	1100		
Occupancy Status During Abatement (Check	Only Or		7		Street	Address	¥		
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	eriod of	Abatem / Hours	ent		City, S	tota 7in Code			
Other - Describe:		¥	*****		OID	Bridge	580 CN	ンナ	
Scope of Work (Check All That Apply)	.,		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		·~	C Cut Contains	nent with Negative Pr	essu	re.
≥3 sfor≥3 lf □ ≥160 sfor≥260 lf	F-1	Renova Demolit	District I a		Z	Nini-Enclosu	re coduro		
					Ē	Non-Exempt	ed (*) and Non-Friabl	Pro	cedure Abstem
	1	Locati							Type
Location of Asbestos-Containing Material (ACM)	Use	Vormali d Sole intenar	ly by	Asbestos Con	scription taining N	faterial (ACM)	Amount	20	1
TO BE ABATED		todial S			cing, VA	T, or	(Spedily SF or LF)	Removal	Repair
(13)	<u> </u>	(12)	5115	other r	niscellan	eous)		2	, delayer
	Yes	No	N/A						
Docatos			10	PIPE IN	SOL	ATION	250 4F	X	
BASEMENT									
									1
Name of Registered Waste Hauler	<u></u>		JDEP Wayler ID.		Yards sie		Registered Landfill		
NOVATECH INC			1850		3	City, Sta	A Company of the Comp		
City, State OUN BUNKER N.D. 68	85)			Sail Pala 3 1 1	7 /1622	SUTTE FIT	1	
Completed by	Title		·	- Lander Company	igrature	V 1 1/1/2	Date	21	17
CANOS HYEIDA	ME	SIDE	101		1 8	JA 34 6	. 16	1	

CK 4074		ПОП		CATIO	N OF A	New Jersey SBESTOS ABA IAC 8:60 and 5:1			g I	-\//	17.1	
Date of Notification (1) 6 / 21	/ 17			111		ing Owner/Operator	(2)	JUN	2.6	201	7	
 EPA ☑ DOLWD ☑ Amer ☑ DOH Amer 		cludin	-	75 City,	State, Zip	ns Avenue	20	ASDES10	s co ENS:		IÜL	<u> </u>
	ication)	Siddin	y		e of Conta			Telephone Nur	nber			
				FΑ	CILITY	INFORMATION						
Name of Facility Where Abatement	t is Taking	Place	∋ (3)	-			Type of Facility	(4)	1000		-	
Saint Joan of Arc Church Street Address			=1,60=			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	School (K-1	S ^		uildin	qs.	
3100 Alabama Road							homes, etc.	.)			T 0	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Camden		00/11/1-2					10,000	2		80		
County (6)				Cou	nty Code	(7)(STATE USE ONLY)		rior if being demol	ished)			BC1E1
Camden							Church					
Name of Monitoring Firm Hired by I	Building O	wner	(8)	ASCM	l No.		ent Contractor (9	f .				
MDG Environmental, LLC						Shade Envir	onmental, LLC	;				
Street Address						Street Address						
1000 Maplewood Drive, Suit	te 207					623 Cutler A	venue					
City, State, Zip Code						City, State, Zip C	ode					
Maple Shade, NJ 08052						Maple Shade	e, NJ 08052					
Project Manager for Monitoring Firm Chris Macri	n		99	lephone 356-755		Telephone No. 856-755-0099	9	License No. 00842				
Start Date (10) 07 / 10 / 17				letion Da	22	Name of OSHA N EMSL Analyt						
Occupancy Status During Abateme Facility Closed/Vacated During B Abatement Performed Outside of Time of Abatement: AM- Scope of Work (Check all that apply	Entire Peri of Normal F	od of	Abat y Hou	urs - Des		Street Address 200 Route 13 City, State, Zip Cinnaminsor	ode					
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		⊠ Re □ De	nova molit			☐ Mini-End☑ Gloveba	g Procedure					
		le	Loca	ation	1	☐ Non-Exe	impled () and No	or-Friable Procedu	1			
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> IN Facility	sCM)	Use Ma	Norm d So inten todial	ally lely by ance/ l Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT	iterial (ACM) insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	(12 No	The second		other miscellane	ous)				ate	CD
Crawlspace		\boxtimes			Piping			600 LF	\boxtimes			
		П	П	П						П	П	П
				+-					+=			
Name of Registered Waste Hauler			100	NJDEP		Cubic Yards of	Name of Regis	stered Landfill				Ш
Freehold Cartage				ا Hauler 15939		Waste 10	GROWS N	orth Landfill				
City, State Freehold, NJ				.0000		Disposal Date 07/17/2017	City, State Morrisville	. PA				
Completed By (Print or Type)	Title							S. 1.15.001	to			-
Christina Lynch		e Pre	esid	ent of (Operatio	ns Signature	2	Da	ite 121	17		

									3 121	7 - 1	- B	[P	rint
CK 171			FICATIO	State of Ne N OF ASB It to NJAC	ESTOS A			т)	ie l	5_1	- \/	15	
Date of Notification (1) 06/22/2017			1450000	of Building santville			*********	on		JUN	2.0	201		
Agencies Notified Type Notificatio	n			Address N Leeds	Δνα			Ī	ÁSE	ESTOS	3 00	NTH	ÜL	<u> </u>
EPA Initial Amended			City, S	tate, Zip Co	ode					1100	-MSI	10		_
DOL Amendmen Emergency iustification	(including			santville,	NJ 0823	32			T-1-	ala * 1				
DOH justification Cancellation	1			ties Dep	t				*I * * * * * * * * * * * * * * * * * *					
Name of Facility Where Abatement is Taki	ing Place	(3)	FAC	ILITY INF	ORMATIO	N	Typ	e of Facility (1					
South Main Street Elementary So		(5)					×	School (K-1	5775 4274					
Street Address 701 S Main Street								Subchapter Other (i.e. p	8 (Other	than K-1	2) ial bui	ldings	, hom	es,
City (5) Pleasantville								are Feet	# of F	loors		3ldg. /	Age	
County (6) Atlantic				Code (7) USE ONLY,)		Curr	ent Use (Pri	or i being	g demolis	hed)			
Name of Monitoring Firm Hired by Building Coastal Environmental Compliance)	ASC	M No.				atement Cor Environme		9)				
Street Address PO Box 167						Street 1		ess wood Dr						
City, State, Zip Code Hammonton NJ 08037					1 22			Zip Code ton Crossi	na PA	18977				
oject Manager for Monitoring Firm Telephone No.					T	eleph	one N	No.		_icense N	lo.			-
Cathy Ledden Start Date (10)	Sahad	lad Cr	609-685-9984 215-313-7427 01225 Completion Date (11) Name of OSHA Monitor											
07/06/2017	07/08/	2017		Date (11)		same o		HA Monitor						
Occupancy Status During Abatement (Che	82.0	700			S	Street A	Addre	ess			-10-0			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of mal Facilit	Abater y Hour	ment s		C	City, St	ate, Z	Zip Code						
Scope of Work (Check All That Apply)							101							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	prompted .	Renova Demoli				×	Mi Gl	ill Containme ni-Enclosure ovebag Proc on-Exempted	edi re					
	Is	Locat	ion				140	on-Exempted	() and i	von-i nau	le Più	Abate	ement	
Location of Asbestos-Containing Material (ACM)		Norma ed Sole		ALF	Descri						-	Ту	ре	
TO BE ABATED In Facility (13)	Ma	intena todial ((12)	nce/		os Contain thermal sys surfacing other miso	stems g, VAT	insula , or	ation,	Amo (Spe SF o		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	CD
Office			X		Floor tile/Mastic				30	0	Х			
				V										
Name of Registered Waste Hauler Service TransportGroup		Н	JDEP W auler ID W2117	No.	Cubic Yar of Waste TBD	rds		Name of R Minerva	3.750					
City, State New Castle DE		3	v v ∠ 1 1 /		Disposal [Date		City, State Waynes						
Completed by	Title					aturé		1	5 9, 0	Dat	te			

Project manager

Andre Gosek

06/22/2017

									-	CK	A (10	26	0)	1
Date of Notification (1) 06/20/17				Building O mon Sch		perator	(2)		-	JUN	26	20)17		
Agencies Notified Type Notification		133	Street Ad					44.00	A :	.FF +11	2.556			_	100000
× EPA × Initial				Street					. 101	JESTO	5 UU - NSF	1-4		Lä	
DEP Amended	L.	1		e, Zip Cod k, NJ 07				-	-						
Emergency (Name of	W					T Tele	ephone 1	ومعادد			-	
DOH justification) Cancellation		182		tthew Al	ban				1 1010	priorio					
_ BeA _ Gardenation		200	FACIL	ITY INFO	RMATI	ON						- 2			
Name of Facility Where Abatement is Taking	Place (3)					Тур	e of Facility (4)						
North Star Fairmount Academy							×	School (K-12		41 17	40)				
Street Address							H	Subchapter of Other (i.e. pr	ivate 8	er than K- & comme	-12) rcial bu	ildir	ngs, I	nome	s,
108 9th Street								etc.)		Floors			g. Ag		
City (5) Newark								uare Feet 100 +	1	F10015		50	1700 - 100	jC .	
County (6)			County C	ode (7)			500000	rrent Use (Prio	ri bei	ng demol	ished)			-	
Essex				SE ONLY)	S 										
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.	-			batement Con							
Whitman							100	tracting & E	r viro	nmenta	al Cor	ISU	liting	j, ind	Э.
Street Address						Street		ress ute 23							
7 Pleasant Hill Road								Zip Code							
City, State, Zip Code Cranbury, NJ 08512								NJ 07470							
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	hone	No.		License	No.				
Mr. Kevin Lovely			732-39	0-5858		(973) 62	8-9200		00408					
Start Date (10)			7 Name of OSHA Monitor Enviro Vision Consul ants, Inc.												
07/05/17 Occupancy Status During Abatement (Chec	08/18/	5/10/				Street	50			0, 1110.	-				
			ont					agaraw Ro	ad, B	ldg. #3	5E				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn						100000000000000000000000000000000000000		, Zip Code							
Other – Describe: Occupied Building					_	Fair		vn, NJ 0741							
Scope of Work (Check All That Apply)						>	<u> </u>	Wrap & Cut	Froc	edure	-				
× ≥3 sf or ≥3 lf		Renova						Full Containme Mini-Enclosure		n Negativ	e Press	sure	9		
\[\geq \geq 160 \text{ sf or \geq 260 lf}	Ш	Demolit	ion					Glovebag Prod	e lure						
						[3	×	Non-Exempted	i() an	d Non-Fr	iable P			ment	
	1	Locat										-	Ту		
Location of		Normal ed Sole		Achaet		escription		rial (ACM)	A	Amount		T		Ш	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	7 200000	intena todial S			therma	l system	ns ins	sulation,	(Specify	2	3	R	nca	Enc
In Facility (13)	Cus	(12)	Stail:			acing, V/ miscella			S	F or LF)	NG I OVA		Repair	Encapsulate	Enclosure
(10)	Yes	No					- G								
Fan Room-UN14 / Fan Room UN1			X		Du	ct Sea	lant			17 SF	X				
Fan Room-UN14 / Fan Room UN1			X		-	ation C			7	Each	X				
Fan Room-UN14	-		X		Pi	oe Fitti	ngs		7:	5 Each	X	1			
Exterior			X			low Ca		na		10 SF	X				
Name of Registered Waste Hauler		1	JDEP W	l Vaste		c Yards		Name of							
J.R. Contracting & Environmental C	onsul.	Inc F	Hauler ID		of W			Grand	12.5						
			7819		1000	osal Date	0	City, Stat	e						
City, State Wayne, New Jersey					Dish	usai Dali		Pen Ar	gyl, P	ennsyl	vania				
Completed by Title					Signatu	ге			T	Date					
Jerry Bijelonic															

CH 1394			FICATIO	State of Ne DN OF ASI it to NJAC	BESTOS	ABATEN		r [(1-)			139	94
Date of Notification (1)			Name	of Building	Owner/	Operator	(2)	111		JUN 2	F 20	17	11	11
June 20, 2	2017		Merce	des-Ben	z of Ca	aldwell		17		OUN L	0 10	1.1	14-4	
Agencies Notified Type I	Notification		Street	Address					T -					1
⊠ EPA □ II	aitia!		1230	Bloomfie	ld Ave			1	ALL	5,1087	00	FIUL	Ġ.	
DEP A	nitial kmended			State, Zip C				T I		LIVE				
	mendment #1		L	eld, NJ 07										
M DOL U.S	mergency (including	g		of Contact					Te	elephoneN	umher			
	ustification) Cancellation		1000						1 10	REDITORIEN	umber			
	, and charlot		-	t Manag		ION						_		
Name of Facility Where Abateme	ent is Taking Place	(3)	FA	CILIT INF	ORIVIA	ION	Tvp	e of Facility (4)				-	
Mercedes-Benz of Caldwel														
Street Address	1						Н	School (K-1 Subchapter		or than V	12)			
							X	Other (i.e. p				ildina	s. hom	es.
1220 Bloomfield Ave				a 98				etc.)			ATTENNED STATE		3. 335333	5540
City (5)							Squ	are Feet	# 0	of Floors		Bldg.	Age	
West Caldwell, NJ 07006														
County (6)				y Code (7)	7.1		Cun	rent Use (Pri	or if be	eing demol	ished)			
Essex			(SIAII	E USE ONLY	/				Aut	o dealer	ship			
Name of Monitoring Firm Hired b	y Building Owner (8	3)	ASC	CM No.		Name o	of Ab	atement Con	tracto	r (9)	-			
J & J Environmental Servic	es					The M	ACK	Group, L	LC.					
Street Address						Street A								-
P.O. Box 67						1500 K	inas	s HWY N,	STF	209				
City, State, Zip Code								Zip Code				-		
Little Falls, NJ 07424								, NJ 08034	1					
Project Manager for Monitoring F	irm		Teleph	one No.		Telepho	_			License	No			
George Webber			Same Sa	58-3343		(973) 7				00781	140.			
Start Date (10)	Schedu		COLUMN TO STATE	Date (11)				SHA Monitor		00761				
06/22/2017	Concad					The second second								
Occupancy Status During Abater	mont (Chock Only C		07/31/2	2017			_	Group, L	LC .					
57						Street A								
Facility Closed/Vacated Dur Abatement Performed Outsi	ring Entire Period of	Abate	ment				_	s HWY N,	SE	209				
Other - Describe:	de of Normal Facili	y Hou	rs			L. Composition III and the		Zip Code						
						Cherry	Hill	, NJ 08034	1					
Scope of Work (Check All That A	.рріу)					_	_							
≥3 sf or ≥3 If ≥160 sf or ≥260 If	×	Renov Demol				Σ	M	ull Containme ini-Enclosure lovebag Proc on-Exempted	ed ire					
	1	s Loca	tion										tement	t
Location of	*	Norma	000		De	scription	of				1	T	уре	_
Asbestos-Containing Material		ed Sol aintena	ely by	Asbes	tos Con	taining Ma	ateria	al (ACM)		Amount			Ш	
TO BE ABATED In Facility	J. 1000		Staff?	(i.e		I systems		lation,		Specify	Re	N.	Encapsulate	Enclosure
(13)		(12))			miscellane			5	F or LF)	Remova	Repair	psu	losu
		T									va	=	late	Jre
	Yes	No	N/A											
Windows		X			Wir	ndow cau	ulk		3	30 LF	X			
Inside Bldg		X		Floor	Tile &	Associa	ted	Mastic	7	80 SF	X			
			-	1 1001			-	IVIASLIC				>		
Warehouse area		\wedge			A	CM Roo	f		22	000 SF	X			
Name of Registered Waste Haule	er	7.1	NJ DEP		Cubic	Yards		Name of F	Reg iste	ered Landfi	11			
			Hauler II		of Wa									
Newark Carting and/or Span	πan		22	253		TBD		Cumberla		Co./ BFI /	GRC	WS	/ TRF	RF
City, State					Dispo	sal Date		City, State	1					
Newark, NJ / Donora, PA		- 40-21			07	/31/201	7	Newburg	/ mp	perial / N	lorris\	/ille,	PA	
Completed by	Title				S	Signature		100	4	0	ate			
Aichael Cooper	Presid	dent			الحريم	A. Signan	//	//	and an	61	20/17			

								- 1				11	
Date of Notification (1)			Name of	f Building	Owner/0	Operator (2)	1	JN 2	8 0	017		
June 20, 2017		ſ	Merced	es-Benz	of Ca	ldwell	1-		211 4	V 4	UII	1.	-/
Agencies Notified Type Notification			Street A	ddress			1	,					- Comment
			1230 BI	oomfield	d Ave		arie dilli	ASUE				L&	
DEP Amended	1		City, Sta	ate, Zip Co	ode		1	-	LIGEN		<u>;</u>		
DOL Amendment Emergency (— [d, NJ 07	004					,,			
DOH justification)			Name of	f Contact				Telepho	ne Num	ber			
DCA Cancellation				Manage								62	
Name of Facility Where Abatement is Takin	Place (3)	FACI	LITY INFO	ORMATI	ION	Type of Facility	7 \					
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estativis Messages est 10 VICTA								r ivate & cor			dings,	home	es,
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Little Falls, NJ 07424						10 march 10							
Project Manager for Monitoring Firm			Telephor	ne No		Telepho	Hill, NJ 0803		ense No	ě			
George Webber		0	973-868				59 - 5000	007		ř.			
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(10)			1		Othor i	mooditani	systems insulation, (Specify ncapsulate Nemoval Removal Repair		re				
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Michael Cooper	Presid	dent				1	77/-		6/20)/17			
		CONTRACTOR					and the second	A CONTRACTOR OF THE PARTY OF TH	100000000000000000000000000000000000000				

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

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

GAC Project # 060-17) (V	<u>)</u>					115	1			
Date of Notification (1) June 22,					Name of Building Owner RUTGERS, THE S		to (2)	11.13	or คือ	2017	
Agencies Notified DEPA DCA	1. The state of th	EDUTE STATE OF	l otifica led Not		Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code	4086,	LIVING	STON			18
図 DOL 図 DEP- No Longer REQUIRED DOH)	□ Emerg justific □Cancel	ation)		PISCATAWAY, NJ Name of Contact MICHAEL SMITH, I HEALTH & SAFET	ENV.		Falanhana	Nimbor		
Name of Facility Where Abatemen SCHOOL OF DENTAL M			G# 725	FACILITY INF	Type of Facility (4) School (K-12) Subchapter 8 (other tha	ın K-12\	_				
Street Address RBHS NEWARK CAMPU	IS				Other (i.e. private & co	mmerci	al building	gs, homes, Bldg. Ag		ears	
NEWARK		SEX	(State	y Code (7) Use Only)	Current Use (prior if bein	g demo	oli hed):	ACADEM	IC		
Name of Monitoring Firm Hired by ATC	Bldg. Ov	wner (8)	0098		Name of Contractor (9) GREENWOOD ABA	TEME	NTCO	NSULTA	NTS, INC	Э.	
3 TERRI LANE					Street Address 268 MAIN STREET						
	016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fir BRIAN KEARNY	<u>m</u>	Telephone N 609-386-			<u>Telephone Number</u> 973-492-0477			icense Nur 0840	nber		
Scheduled Start Date (10) 06/23/17		Scheduled C 06/26/17	ompletic	on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, IN	C					
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Scope of Work (Check all that appl	(v)				FAIRLAWN, NJ			****			
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			455	Mark Comment						-	<u> </u>
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State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17	White Paths					1111	-		4 6	150	
Date of Notification (1) June 13, 2	2017			Name of Building Owner RUTGERS, THE S			VERS	ITY OF	$NJ_{\alpha\alpha 4}$	7	-
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A STATE OF THE STA				268 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ 080	016			City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring Fire BRIAN KEARNY		ne Number 86-8800		Telephone Number			Licen	se Numbe	Ē		
Scheduled Start Date (10)	Scheduled Completion Date (11)			973-492-0477 Name of OSHA Monitor			0084	10			
06/23/17	06/26/			ENVIROVISION, IN	C.						
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区 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 l			Renovation Demolition	<u>. </u>	☐ Mini- ☐ Glove	Enclos e pag n-Exer	sure Proced npted ('	ure / Wrap	o & Cut	e Proce	edure
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IPPROVED, TOM VOORHO

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Date of Notification (1) 6/15/17	•	N	ame of	Building	Owner / Op	erator (2)		-	JUN Z	0	2017	
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			FACIL	ITY INF	ORMATIO	V						
Name of Facility Where Abate Cedarbrook Elem School	ment is Taking F	lace (3)			Type of F	acility (4)						
Street Address						ool (K-12)						
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1043 Celitral Aveilue					Othe	r (i.e. priva	ate & comme	ercial build	ings, h	omes	, etc	.)
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riaiiiieiu	Union				Current U	se (Prior i	being dem	olished)				
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City, State & Zip Code					1123 BE							
Moorestown NJ 08057					City, State							
Project Manager for Monitoring	Firm	Telepho	ne Nun	her	BRISTOL Telephone	., PA 190	07	Tex				
Mike Stocku		856-840			215-788-6			License				
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A Service Disabled Veteran Owned Small Business TTI Environmental Incorporated 1253 N. Church Street Moorestown, New Jersey 08057 Tel: 856-840-8800

Fax: 856-840-8815



June 14, 2017

Mr. Tom Voorhees New Jersey Department Labor Asbestos Control & Licensing 1 John Fitch Plaza, 3rd floor Trenton, NJ 08625-0949

RE: Request for Waiver of 10-Day Notification

Emergency Asbestos Removal

Cedarbrook Elementary School- First Floor Custodial Hallway

1049 Central Avenue

Plainfield, New Jersey 07060

Dear Mr. Voorhees:

The above referenced project is considered an emergency due to the fact that existing pipe containing asbestos insulation continues to fail within the First Floor Custodial Hallway of the Cedarbrook Elementary School. Each time the pipe fails, it creates a situation that could negatively impact the health and operations within the building. To avoid this potential environmental hazard from reoccurring, Plainfield Public Schools has decided to replace the entire section of failing pipe. The school will be completely unoccupied from Tuesday, June 20 through Sunday June 25, 2017, and therefore, the District would like to address this situation during that timeframe. The below table includes the location, material and approximate quantity included within the proposed emergency scope of work.

Location	Asbestos-Containing Materials	Approximate Quantities
First Floor Custodial Hallway	Pipe Insulation/ Fittings	350 Linear Fe

Accordingly, the existing situation requires that abatement activities be performed immediately within the First Floor Custodial Hallway. Delaying the abatement activities could negatively impact the health of the affected area and adjacent spaces. The emergency abatement activities are u gently required to provide safe working conditions as the plumbers occupy this space for the necessary repairs.

Thank you for your assistance with this matter. Please call me on my cell phone (60 3-304-3969) if you have any questions or require additional information.

Respectfully Submitted, TTI Environmental, Inc.

Michael R. Stocku Project Manager

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Date of Notification (1) 6/19/17					f Building Excava		/Operator	(2)		Led.		ปปก	L	0	tid I	100
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Project Manager for Monit	toring Firm			Telepho	ne No.		Teleph 973-	one N 764-2			Licen 703	se No.	8			
Start Date (10) 6/28/17		Schedule 8/6/17	d Con	npletion (Date (11)		Name	of OSI	HA Monitor							
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EPA X Initial Amended Amendment #			ite, Zip Cod esex, NJ		6		L.	-	-					
□ Emergency (including justification) □ DCA □ Cancellation	100	Name of Phil	f Contact					To	lephone i	Numb				
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City, State, Zip Code					1 23.0		Zip Code od, NJ 074	18						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 973-		No. -2276		License 703	e No.				
Start Date (10) Schedule 6/28/17 8/6/17	ed Com	pletion	Date (11)		Name	of O	SHA Monitor							
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Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe:				_	City, S	tate,	Zip Code							
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City, State Freehold, NJ				Dispo TBD	sal Date		City, Stat		А					
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Agencies Notified	June 19, 201 Type Notifica				ne Corpo	oration				1		HIN	26 2	017	-111	111
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24499200431 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 2017 06 19 / 17 Chris Murphy Agencies Notified Type Notification Street Address X EPA X Initial ASUESTOS CONTRUL & ☑ DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # □ DCA Emergency (including West Caldwell, NJ 07006 (NJAC 5:23-8) justification) Name of Contact elephone Number Cancellation Chris Murphy FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 ((ther than K-1 2) Other (i.e., privite and commercial buildings, homes, etc.) City (5) # of Floors Square Feet Blda. Age West Caldwell, NJ 07006 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior f being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 11127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 28 / 17 06 / 29 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 3511 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM- __PM/ __PM_ __AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure Glovebag Procedure Tei t with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation X 35 LF X Basement VAT tiles 300 SF M Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Register d Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Tentic Wenas Owner 06/19/17 ASB-41

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Date of Notification (1) 6/20/17			1	Name of Joanne	Building C	Owner/Op	erator	(2)	To the second	14	1222				1
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Moorestown NJ (Project Manager for		-: T-						BRISTOL, I		007	Test				
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NEW CASTLE, DE	19720							sposal Date 3D	City, S WAY	State NESBURG,	OH 4468	88			
Completed By (Print of PATRICK T. DeCA				Est		ator	Sig	gnature TM (M.		DeCaro		Date 6/15/	17		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) JUN 26 6/15/17 Public Schools of Plainfield Agencies Notified Type Notification Street Address X EPA 920 Park Avenue DEP ASBESTOS CONTROL 8 Initial City, State & Zip Code LICENSING $\overline{\boxtimes}$ DOL 冈 Amended R#1-6/19/17 Plainfield NJ \boxtimes DOH П Emergency Name of Contact Telephone Number DCA Cancellation Sean Sutton **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cedarbrook Elem School School (K-12) Street Address Subchapter 8 (Other than k-12) Other (i.e. private & commercial buildings, homes, etc.) 1049 Central Avenue # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 20,000 50 Plainfield Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 00003 BRISTOL ENVIRONMENTA _ INC Street Address Street Address 1253 N. Church Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code BRISTOL, PA 19007 Moorestown NJ 08057 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mike Stocku 856-840-8800 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor June 21, 2017 June 26, 2017 BRISTOL ENVIRONMENTA . INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 10:00 PM - 6:00 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Frocedures Non-Exemp ed and Non-Friable Procedure Location of Is Location Amount Description of Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Enclsoure Removal ncapsulate TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A First Floor Custodial Hallway Pipe insulation/Fittings 350LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 20 MINERVA LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD WAYNESBURG, OH 44688

Title

Estimator

Signature

trick T. DeCaro,

Date

6/15/17

Completed By (Print or Type)

PATRICK T. DeCARO

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) APPROVED: TO M VOORHEE (I) 5)

Date of Notification	(1) 6/15/17	10					Owner / Opera							
Agencies Notified EPA	Type Notific	cation		Stree	et Addre	ess		4						
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City, State & Zip Cod							City, State 8							
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Project Manager for	Monitoring F	irm			Numbe	er	Telephone I			License N				
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* Emergency *

Date of Notification (1)

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2)

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DOL Amendment # Somers Point, NJ 08244 Name of Calculating justification Calculating justified	⊠ EPA □			100		a management	Avenu	e		, , , ,					
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Suzahñe Keller	l IXI	Emergency (inc	luding			10 002				Tele	ephone Num	ber	17		
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Health & Safety Services Inc. Street Address							Maria	- £ A!		tenatar	(0)				_
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PO Box 329	Contract the contract to the contract of the c	ces inc.		117											
Berlin NJ 08099 Project Manager for Monitoring Firm James J. Procter Telephone No. 856-452-1311 Se5-453-9800 O727							PO	Вох	329						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) **Evelin Santos** 20 17 6 Type Notification Street Address Agencies Notified ASBESTOS CONTROL & ☐ Initial **⊠** EPA LICENSING □ DOLWD City, State, Zip Code Amendment #1 **⊠** DOH Camden, NJ 08104 ☐ Emergency (including ☐ DCA Talashana Mumher Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation **Evelin Santos** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Santos Residence Subchapter 8 (Other than K-12) Street Address Other (i.e., privite and commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) 3 80 1,350 Camden County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Residence Camden Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Shade Environmental, LLC Mgmt. & Environmental Consulting Services Street Address Street Address 623 Cutler Avenue PO Box 341 City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Chesterfield, NJ 08515 Telephone No License No. Telephone No. Project Manager for Monitoring Firm 00842 609-298-4070 856-755-0099 Bill Weisgarber Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 07 / 18 / 17 EMSL Analytical, Inc. 07 / 17 / 17 Occupancy Status During Abatement (Check only one) Street Address 200 Route 130 North □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negal ve Pressure ☐ Mini-Enclosure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Glovebag Procedure ☐ Demolition >160 sf or >260 lf ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Location of Remova Encapsulate Enclosure Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A Yes No M П 12 LF \boxtimes Asbestos Paper Basement П \Box Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste GROWS North Landfill Freehold Cartage 1 15939 City, State Disposal Date City, State Morrisville, PA 07/18/2017 Freehold, NJ Completed By (Print or Type) Signature (0/20/17 Vice President of Operations Christina Lynch

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Print Form

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Agencies Notified Type Notification				Address exander	Street		-	NATIONAL AND	SBEST	ÖS CC	NTI	₹OL	8
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			FAC	ILITY INF	ORMAT	TION							100000
Name of Facility Where Abatement is Takin Former Alexander Street Element	ng Place (ary Sch	(3) ool					Type of Fa	ol (K-12)					
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City (5) Newark							Square Fe	(5)3)	# of Floors		Bldg. 50 +	Age	
County (6) Essex				Code (7) USE ONLY	0		Current Us School	se (Prior if	t eing demo	olished)			
Name of Monitoring Firm Hired by Building Whitman	Owner (8	3)	ASCI 0011				of Abateme		et or (9) /ronment	al Con	eulti	na li	nc
Street Address 7 Pleasant Hill Road			10011			Street	Address Route 23				Juiti	19, 11	10.
City, State, Zip Code Cranbury, NJ 08512	Marie Service and Company	-				City, S	tate, Zip Cone, NJ 07	de					
Project Manager for Monitoring Firm Mr. Kevin Lovely			Telepho	one No. 90-5858		Teleph	one No.	470	Licens 00408				
Start Date (10) 06/22/17	Schedu 07/16/			Date (11)		Name	of OSHA M						
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Facility Closed/Vacated During Entire	Period of	Abate	ment					w Road,	3ldg. #3	5E			
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J.R. Contracting & Environmental C	onsul.,	Inc	Hauler ID 17819		of Wa			-000 - 000 - 000 - 000 - 0	t al Land				
City, State Wayne, New Jersey					Dispo	sal Date		, State n Argyl,	Pennsylv	ania			
Completed by Jerry Bijelonic	Title Proje	ect M	anager		S	Signature	2	K		Date 6/16/1	7		