APPROVED BY Franklin M	1: eyerl	NJ		/D	ATIO	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:1	TEMENT	JUL# 3	39	3		
Date of Notification (1)	0100,1	JUC	, Ila	M'			g Owner/Operator (	V management	(A) (c)	II T	17 1		Constant
	22 /	18			5900		mmunications	4)			W_L		The same of the sa
Agencies Notified T	ype Notific	ation			Stree	t Address		- 11 - ×	Yİ.			- 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A STATE OF S	Initial					03/01/01/02/01 02/03	Avenue	10 10 10 10 10 10 10 10 10 10 10 10 10 1	j  <b>JU</b> N 2 (	3 20	19	400	
	Amende				City.	State, Zip (	Code	1 1-4 1-5	61	11.0	10	- 1	
⊠ DOH	Amendm	-		•			y, NJ 08401	4	Language of the Control of the Contr		- The server and	-umd	-
DCA (NJAC 5:23-8)			cludin	g		e of Contac		2	ASBESTOS O	ONT!	TOF	<u>e</u>	- 1
1	Cancella				. 75355555	x Baylor	100r		301-583-004			notes a con	
					FA	CILITY IN	FORMATION				100000		
Name of Facility Where Aba				(3)				Type of Facility	(4)	-			
Verizon Atlantic City	Central O	ffice						School (K-12		e			
Street Address								Subchapter 8	3 (Other than K-12 rivate and commer	rial h	uildin	ne.	
1609 Pacific Avenue								homes, etc.)		olai b	unum	90,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Atlantic Clty								88,066	7		+-75		
County (6)  Atlantic  County Code (7)(STATE USE ONLY)  Current Use (Prior if being demolished)  Verizon Communications													
Atlantic Verizon Communications													
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)													
USA Environmental I	nc						BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address							Street Address						
8436 Enterprise Aven	iue						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Philadelphia, PA 1915							BRISTOL, PA	19007					
Project Manager for Monitor	ring Firm			Tel	ephone	No.	Telephone No.		License No.				
Mark Jenkins					15-365		215-788-6040	Ĺ	00509				
Start Date (10)		Sched	uled C			ite (11)	Name of OSHA N	lonitor					
_6_ / _23_ / _	18	6	3/	_ 2:	3_/	18	BRISTOL EN	VIRONMENTAL	_, INC				
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated I							1123 BEAVE	R STREET					
Abatement Performed O Time of Abatement: 8:00	utside of No	ormal	Facility	y Hou	rs - Des	scribe	City, State, Zip Co	ode			-		
Time of Abatement. 6.00	UAIVI- <u>0:00</u> F	-IVI/	P	IVI	AIVI		BRISTOL, PA	19007					
Scope of Work (Check all th	at apply)							8 97 74 3000 WGF		-		05-15-	O. C. C. C.
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			⊠ Re	novat			☐ Mini-Enc ☐ Glovebag	g Procedure	ative Pressure n-Friable Procedur	e			
				Loca						Ab	atem	ent T	ype
Location of Asbestos-Containing Ma	torial (ACN	.		Norma	ally ely by		Description o			R	R	Ш	ш
TO BE ABATE		''	Ma	intena	ance/	(i.e	stos Containing Ma ., thermal systems	insulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?	No.	surfacing, VAT,	or	SF or LF)	val	=	lusc	sure
(13)			Yes	No.	N/A	1	other miscellane	ous)				ate	(D
1st Floor HSB Area			Tes		N/A	VAT / M	lastic		90 SF			П	
						177.7			30 01				
					-	-				닏	1		$\vdash$
				Ш							Ш		
Name of Registered Waste I Bristol Environmental				1 583	IJDEP I lauler II	O No.	Cubic Yards of Waste	Name of Regist	ered Landfill eman Environm	enta	l Par	k	81.
City, State					18706	5	Disposal Date	City, State		_,,,,,,,,			
Bristol, PA							TBD		Township, NJ				
Completed By (Print or Type	)	Title					Signature	0 0	/ Da	te	VICTOR 1		-
Dillan DeCaro		Es	stima	tor			Dilla	4 DeCan	) ( Th ) (	0-	22	1-11	8

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

CK 776G

Date of Notification (1) 6/13/18 Type Notification			Building Ov		perato	(2)	CE		EM	
Agencies Notified	ncy Notification	Street Ad		dturz	od on any other or				The second secon	
DEP X Initial No	otification d Notification	City, Sta	te & Zip Coo unswick, I		316		JUN 2	6 2018		
X DOH Cancella	ation	Name of Teri Ga			e e e e e e e e e e e e e e e e e e e	AS	BESTOS	CONTROL	Telephone	Number
		FACI	LITY INFO	RMAT	LION				manuscriptor L	
Name of Facility Where Abatement	is Taking Place	e (3)			of Facili					
Street Address	residence			-			her than K-	12)		
5t. 55t.7 tag. 555							e & comme		ings, home	s, etc.
				Squar	re Feet	#	of Floors		Bldg. Age	
City (5)	ounty (6)	County Co	de (7)	1	2,200		2			50
East Brunswick M	iddlesex				nt Use <b>dentia</b> l		eing demo	lished)		
Name of Monitoring Firm Hired by E Environmental Tactics, Inc	Building Owner	(8)	ASCM No.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Contractor ( Services	200		
Street Address 64 Broad Street					Addres	ss house	Road			
City, State & Zip Code						Zip Code		2		
Matawan, NJ 07747							, NJ 0883			
Project Manager for Monitoring Firm Tom Geiger	7:	elephone No 32-290-22	17	732-6	hone N 805-90	62		License	Number <b>0071</b> 4	
Scheduled Start Date (10) Scheduled Start Date (10)	neduled Compl	letion Date (7/3/18	(11)			HA Monit I <b>tement</b>	or Services	, LLC		
Occupancy Status During Abateme  X Facility Closed/Vacated Dur			ment		t Addre	ss I <b>house</b>	Road			
Abatement Performed Outs	17.			City, S	State &	Zip Code	е			
Describe: Area Isolated Other - Describe:	I During Aba	tement		Monr	roe To	wnship	, NJ 0883	1		
Scope of Work (Check all that apply						0 4 -		Monetive	Brossuro	
	Renovation	1				un Conta lini-Enclo	inment with	rivegative	riessule	
Large Project  X Quantity is ≥ 3 SF or ≥ 3 Lf	E ACM						Procedure			
Quantity is ≥ 160 SF or ≥ 2						_	on-friable	•		
Location of	T	Is Location	1	De	scriptio			Amount		nent Type
Asbestos-Containing	1	Normally Us	ed	Asbest	tos-Cor	ntaining		Specify		: Removal,
Material (ACM)		Solely by			terial (A		Squ	uare Feet		ncapsulatior iclosure)
TO BE ABATED in Facility		Maintenance Sustodial Sta				systems cing, VA	T Lin	or ear Feet)	OI EI	iciosule)
(13)		(12)				laneous)		cai i coty		
Basement		N/A		T	rsi Pip	е		80LF	Re	moval
					77 - Street - 1922					
Name of Registered Waste Hauler Freehold Carting	N		e Hauler ID 8693	#	Cu. Yds	s. of Was	ste Nar		istered Lan	dfill
City, State			0000		Disposa			, State		
Trenton, NJ						7/5/18		lytown,	Pa	
Completed By (Print or Type)	Title			į,	Signatu	ire				Date
Dominick Tringali	Pres.					inick T	ringali			6/22/18
CD 44 IIIN 05 C4067										

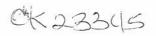
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					T	(5 11)							
	22 /	18				a DeFeo	g Owner/Operator	(2) .1115 - 2 3 - 201	e IIIIc	13	70		
Agencies Notified ⊠ EPA	Type Notific	ation			Stree	t Address		, U,	The state of the s				
□ DOLWD	☐ Amende	d			City	State, Zip (	Code Loria	ESTOS CONTE	IOI K				
☑ DOH	Amendm	ent#_					hts, NJ 08732	LICENSING	1020				
DCA	☐ Emerger		cluding	3		of Contac		The Control of the Co	T <del>T</del> ILL N				
(NJAC 5:23-8)	justificati  Cancella				1000	a DeFeo	i.		Telephone Nu	imber			
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)				
Residence								☐ School (K-12	2)				
Street Address								Subchapter 8			nun.	020	
								Other (i.e., pi homes, etc.)	rivate and comm	nerciai b	ullaing	js,	
City (5)			-					Square Feet	# of Floors	В	ldg. A	ae	
Island Heights								2000 sf	2		60	3	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)			olished)			
Ocean						, (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000 (11)	ior ii boilig doille	Jiloniou)			
Name of Monitoring Firm	Hired by Build	dina O	wner	(8)	ASCM	No	Name of Abatem	ent Contractor (9)				_	
Guardian Contracti		9		.	, 100111		The second secon	ntracting, Inc.					
Street Address							Street Address	macang, mo.					
1889 Rte. 9, Unit 61							1889 Route 9	Unit 61					
City, State, Zip Code								<u> </u>					
Toms River, New Je	reay 02755						City, State, Zip C		755				
Project Manager for Moni		)]		Tala		NI-		New Jersey 08					
Nicholas Fernicola	toning Firm			V	phone		Telephone No.	5	License No.				
		N - L - J.	1-10	1	32-349		732-349-9932		00624				
Start Date (10) /						te (11) 18	Name of OSHA N E.M.S.L. Ana	1975/2007/2001					
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address						
□ Facility Closed/Vacate							1056 Stelton						
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	РМ	/	PM-		AM	Piscataway,	New Jersey 088	854				
Scope of Work (Check all	that apply)						☐ Full Cont	tainment with Neg	rativa Praecura				
≥3 sf or ≥3 If				novati			☐ Mini-End	losure	alive i lessure				
☐ ≥160 sf or ≥260 lf		[	_ De	molitic	n		⊠ Gloveba	g Procedure	- Frieble Decem				
			lo.	Locat	ion		☐ INOII-EXE	mpted (*) and Nor	n-Friable Proced	-	V- (# 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12		
Location	of	- 1		Norma			Description of	f		100.00	atem		
Asbestos-Containing I		1)		d Sole		Asbe	stos Containing Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABA				intena odial :		(i.e	., thermal systems		(Specify	von	air	aps	losi
IN Facilit (13)	У		Ousi	(12)	Juli:		surfacing, VAT other miscellane		SF or LF)	<u>a</u>	9	ula	ıre
()		5	Yes	No	N/A	1	other middenand	000)				е	
basement			П		П	ashesto	s pipe insulatio	n	165 If		$\Box$	П	П
						uobcoto	- Pipe modiano		10011		H		
			_									_	
		-									片		H
Name of Registered Wast	o Hauler				JDEP V	Masta	Cubic Varda of	Name of Posici	torod Landfill			ш	ш
Guardian Contraction				200100	auler II	No.	Cubic Yards of Waste	Name of Regist T.R.R.F.	tered Landfill				
City, State					20223		Disposal Date	City, State	10,12-01 (10) 10				
Toms River, New Je	rsey						07/09/18		Pennsylvania	1			
Completed By (Print or Ty	pe)	Title		-,			Signature	1	4	Date	/	1	
Nicholas Fernicola		Parities	oject	Mana	ager			1	1	-/,	1	1	5
								in and local	1	4 1	2000	11	-

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

Date of Notification (1)	, , , , , , , , , , , , , , , , , , , ,			_	Manage				U E II	WE	Prost.		
	21 /	18	_		1	e of Buildin telli Brotl	g Owner/Operator ( hers	2)		D L	Town or the second	Witness Agent	
Agencies Notified  EPA	Type Notific					t Address Ferry Av	enue	The state of the s	MUN 2 6 2	018			
⊠ DOLWD	☐ Amende				City,	State, Zip (	Code	- Land				1	
☑ DOH ☐ DCA	Amendm	_					od, NJ 08103	ASBE	STOS CONT	ROL &		8	
(NJAC 5:23-8)	☐ Emerger justificati		laing			of Contac		I	LICENSING Telephone N			- E	
, , , , , , , , , , , , , , , , , , , ,	Cancella	500			The	omas The	ompson		Totophono IV	1	STATE OF THE PARTY	al.	
					-		FORMATION			<u> </u>			
Name of Facility Where A	batement is	Taking P	lace	(3)	IA	CILITI	TORWATION	Type of Facility (	4)				
Catelli Brothers		r annig r	1000	(0)				School (K-12)	30				
Street Address				-				Subchapter 8		-12)			
50 Ferry Avenue						00000		Other (i.e., pr homes, etc.)			uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Collingswood								50,000	3		60		
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being dem	olished)			
Camden								Commercial					
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Criterion Laboratori	es, Inc.						Shade Enviro	onmental, LLC					
Street Address							Street Address						
400 Street Road							623 Cutler Av	enue/					
City, State, Zip Code							City, State, Zip Co	ode		77.00			
Bensalem, PA 1902	0						Maple Shade	, NJ 08052					
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.				
Michael Panepresso	)			21	5-244	-1300	856-755-0099		00842				
Start Date (10)	5	Schedule	ed Co	mple	tion Da	ite (11)	Name of OSHA M	Ionitor					
07 /14 /	18	07	_ /	30	_ /	18	Criterion Lab	oratories, Inc.					
Occupancy Status During	Abatement (	Check or	nlv o	ne)			Street Address						
☐ Facility Closed/Vacate				0101.E.11	ment		400 Street Ro	ad					
☐ Abatement Performed						scribe	City, State, Zip Co						
Time of Abatement:							Bensalem, PA						
Scope of Work (Check all	that annly)			N. O			Delisatelli, i A	13020					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	шас арруу			ovati			☐ Mini-Encl			dure			
			Is	ocat	ion			T			atem	ent T	vpe
Location				orma	lly ly by		Description o	5 1 C. 1			_	Т	Ť
Asbestos-Containing N TO BE ABA		1)		ntena			stos Containing Mat ., thermal systems i		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	The same of the sa	(	Custo		Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	oval	=	nsd	Sur
(13)		-		(12)	1	-	other miscellaned	ous)	1000m W-10100m			late	O O
		Y	es	No	N/A								
Production Area			]	$\boxtimes$		Pipe Ins	sulation		600 LF				
			]										
			]										
		I	1	П	П					П	П	П	П
Name of Registered Waste	e Hauler			IN	JDEP \		Cubic Yards of	Name of Registe	ered Landfill				1—
Freehold Cartage				20000	auler II 15939		Waste 10	Fairless Lar					
City, State							Disposal Date	City, State					
Freehold, NJ							07/30/2018	Morrisville,	PA				
Completed By (Print or Ty	oe)	Title					Signature		T	Date			
Christina Lynch		Vice	Pre	side	nt of (	Operation		0) ()	,	10121	Ži.	0	

PA	M	NOTI	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	MEN	Г	1) [	C	E		V	5	m
Date of Notification (1) 6-20-2018			Name	of Buildin sflo Terr	g Owner/	Operato	r (2)		7	JUN	2 6	20	and the special section is a section in the section	Town conservation	Particular Statement Principles
Agencies Notified Type Notification  EPA Initial			Street	Address York Str			,	The state of the s	1-21	00)1	4 0	4	110	The state of the s	
DEP Initial Amended Amendment	#		City, S	tate, Zip (	Code	= <del>-                                   </del>			AS	BESTO LIC	S CO ENSI	NT	ROL	<u></u>	Minder of the Control
□ DOH	includin	g	Name	of Contac	t					elephone			NAT THE WOOD DESCRIPTION OF THE PARTY OF THE		-carant
Name of Facility Where Abatement is Taking	n Place	(3)		CILITY INI		ION				52-551	-117				
Commercial	y riace	(3)					Тур	e of Facility School (K-	5,03						
Street Address 454 York Street							×	Subchapte Other (i.e. etc.)	er 8 (Ot	her than & comm	K-12) nercial	buil	dings	, hom	nes,
City (5) Elizabeth, NJ 07201							Squa 480	are Feet	1	of Floors	3	8323	Bldg. A	Age	i speed to the
County (6) Union				Code (7) USE ONL	Y)		Curr	ent Use (Pr	rior if be	eing dem	nolishe	d)			
Name of Monitoring Firm Hired by Building C AECOM	Owner (8	3)	ASC	M No.				atement Co vironmer			110	:			
Street Address 30 Knightsbridge Road, Suite 520						Street	Addre					*	-		
City, State, Zip Code Piscataway, NJ 08854	-3					City, S	tate, Z	Zip Code ty, NJ 07							
Project Manager for Monitoring Firm Mark T. Connors			Telepho 732-6	one No. 72-7519	9	Teleph 201-3	one N	lo.		Licens 0117	se No.				
Start Date (10) 7-2-2018	Schedu 8-18-2			Date (11)				HA Monitor	e - E	0117	7		(		
Occupancy Status During Abatement (Check	Only O	ne)				Street	Addre	SS							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of al Facilit	Abaten y Hours	nent s			City, St	ate, Z	ip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	provent .	Renova Demolit				×	Mir	Il Containm ni-Enclosure ovebag Pro n-Exempte	e cedure						
		Locati Normal					- 110	Exemple	u ( ) an	u 14011-1	TIADIC		Abate Ty	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	ed Sole aintenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining Ma systems sing, VAT niscellane	aterial insula 「, or	(ACM) ation,	(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									la	7	ilate	ıre
Roof		X		Black	Corruga	ated Me	etal (	Coating	480	000 SF	X				
												1			
Name of David												1			
Name of Registered Waste Hauler Newark Carting Inc		H	JDEP W auler ID 1509		of Was	100000000000000000000000000000000000000		Name of I	- Santan						
City, State Hillside, NJ					Dispos 8-18-2			City, State		Α	Tyros .				$\dashv$
Completed by Liliana Serrano	Title Office	e Man	ager		1	gnature	111	Seri	1011	.5	Date 6-20	-20	18		



	PANT?		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)	The state of the s	E	CE		7 [5		
Date of Notification (1) 6/22/2018	D. 300+27				of Building ASOTE	Owner/	Operator	(2)			11111 0 -		***************************************	And the second	The state of the s
Agencies Notified  X EPA	Type Notification				Address	FERR\	/ ROA	D D	1		UN 2 A	201	8		#
DEP DOL	Amended Amendment				ate, Zip C T TREN		1J 086	28		ASBE	STOS CO	NTR	OL &	3	water to appear
☑ DOH DCA	<ul> <li>Emergency (</li> <li>justification)</li> <li>Cancellation</li> </ul>	including	3	Name o	of Contact			6	to among the langer		ephone Nu 9-883-33	mber		-	4
				FAC	ILITY INF	ORMAT	ION								
Name of Facility Where All HOMASOTE	batement is Takinç	g Place (	3)				- 22		of Facility (4 School (K-12						
Street Address 932 LOWER FERRY	'ROAD							X	Subchapter 8 Other (i.e. pr etc.)				dings	, hom	es,
City (5) WEST TRENTON									e Feet	# 0	f Floors	E	Bldg. A	Age	
County (6) MERCER					Code (7) USE ONLY	)		Currei	nt Use (Prior	if bei	ng demolis	ned)			
Name of Monitoring Firm H N/A	Hired by Building C	wner (8	)	ASCI	M No.				ement Cont THERS C			G, IN	IC.		
Street Address								Addres REEL	s AND AVE	NUE					
City, State, Zip Code								tate, Zi <sub>l</sub> OWA,	Code NJ 07512	2 -					
Project Manager for Monito	oring Firm			Telepho	ne No.			one No 956-8			License N	0.			
Start Date (10) 7/5/2018		Schedul 7/11/2		npletion	Date (11)				A Monitor (9) ABOV	 'E					
Occupancy Status During	Abatement (Check	Only O	ne)					Addres	10 - 10		=======================================				
Facility Closed/Vacate Abatement Performed Other – Describe: 4:0	d Outside of Norma	eriod of a al Facility	Abaten / Hours	nent s			City, S	tate, Zip	Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	., .,		Renova Demolit				×	Mini Glov	Containmen -Enclosure rebag Proce -Exempted (	dure				a	
		10000	Locati							7 41.10	1101111100	T	Abate		
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfac		aterial ( insulat Γ, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							1.135			é	(b)
SWITCHRO	MOOM		X		Т	RANS	ITE CE	ILING	;	12	0 SF	Х			
Name of D															
Name of Registered Waste TWO BROTHERS CO			H	JDEP W auler ID 8743		of Was			Name of Re			NT G	.R.O	.W.S	S.
City, State TOTOWA, NJ						Dispos	al Date 2018		City, State MORRIS	VILL	E, PA				
Completed by VIVECA RAMOS		Title PRO.	JECT	COOF	RDINATO		gnature	1116	X	rn	Dat	e 22/20	18		

CK1104

D A V	The second				PIER DRE UGIG		1	( )	[Fi]	17		ř	
Date of Noticecton (1)			Name o	il Ballating	reseq0\1enw0	tor (2)	T-			10			_
6/20/18				3 AZZLI	Kew	MAL	1HOW					1	
Agencies Nothed Type Notification			Street A	'ದರ್ಭಾಕಕ			1			-			
EPA Introd							1		· .	1	1	1	
B DEP Amended	4		CALAY SH	ete, Zip Co		384 VSS			با		7	1	
Z Emergency		L		HTUO	ORANCA	N.3	0	10079	L	- 4	<i>l</i>	1	
DGA justification)	_		200	f Contact			T	IV A	phone is	Mincher	100	(-1)	
Carrollation			ME	USSA	Malor	Ta.						47	
Name of Facility Where Abatament is Taking	g Plana (2	1	FACI	LLITY MFC	PRMATION	Type o	ecilly (	Al costra	1	13	= 1	W	10
<b>KENDOVE</b>	a					F-9 -		1117	1 1	0	3	U	
Street Address							1 - 7) loss i	S (Dun	hen K-	123			
						0	Sept (R-1 Chripher Ser (Sec. p	ortente 6	genmer	dal but	dings	horn	88,
City (5)						Square			Floors	Charles Company	Sido.	OF REAL PROPERTY.	10
SOUTH ORANGE								12		1.	my. r	Ago.	
County (6)		T	County	Code (7)		Current	las (Pri	or Mhair	va clierario	thors.	20.0	LIAO	HO
ESSE			STATE	UBE ONLY			Ass (Pri	a. (1)	ASE	SESTI	)S U	SING	i
Name of Monitoring Firm Hired by Building C	Demer (6)		ASCA	d No.	Marr	ne of Abate	en Cor	TITECLOF-	(0)	F-11	Jan 1 44	- MANAGEMENT	
				D-01446-000-000		MAC Cor							
Street Address					5 E25032	et Address		-				~	
City, State, Zip Code	~					5 Midlan							
City, Spire, pp Cook						State, Zip		7.00					
Project Manager for Monitoring Firm			Telepho	na Bla		diand Pa	ין וון ט	7432					
Color to the second of the			1, mounts to both	ries pag.	10000	phone No. 1-262-58	. 4	- 1	100156	Na.		8	
Start Deta (10)	Schedule	ed Com	naletion	Date (11)		Ne of OSH			00106				
6/20/18		130		mara 1111		nega Env		ntal Q	ensirae i	AA.			
Occupancy Status During Abatement (Chec	k Only On	6)	118			et Address	O11110	ritidii Gre	NYNCES I	INC			
Facility Closed Created Devices Service C	Tomad all A		dent.			Huyler	treat						
Abatement Performed Outside of North Other - Deggibe:	al Facility	Hours	ion in			State, Zip							
					10000000	ckensac	10 10 0 TO 10 10 10 10 10 10 10 10 10 10 10 10 10	7608					
Scope of Work (Check All That Apply)	_				-		-		-	-			
2 ≥3 of pr ≥3 ff ≥100 of or ≥250 ft		enovat				Pull (	mts rene	ant with	Nonntive	Pressu	ne		
		emoliti	ion			Mani-	talcaure eg Proc	<b>a</b>					
	<del></del>		-			Non-	aguillagan	i (*) and	Non-Fre	trie Pro	oadur	18	
		Locatio				31173-1-1170				7	Abate	ement	1
Location of Asbestos-Containing Material (ACM)		llamori delos b			Description	on of					<u></u>	pe ,	
IOBEASATED	Mal	ntenan	noe/	Asbest	os Containing thermal ayster	Material (	284;		nouni .	1_	1	m	_
In Facility	Custo	odiel S (12)	tall?	Ų	eurischig, i	AT, or	1.	400.007	pacify or LF)	B	H	Encay	End
(43)		(1-1			Other miscoll	sueche)	1			BAOUR	about a	pauleto	armon
	Yes	No	NUA	L						=		8	4
300 FLOOL				F	teister			.50	SF	7			
2NO CLASE					COSTON					17	-	$\vdash$	_
***************************************					PART I PLAN				35	1	-	$\vdash$	
	+		1							4			
Name of Registered Waste Hauter		l br	JDEP W	Martin F	Duble West								1,3000
Newerk Carting Inc.		He	culer ID		Cubic Yards of Waste				ed Landill		See Section 1		
		04	1509		2		irand (	Centra	Sanita	ry Lar	dfill		
City, State Newark, NJ 07105	2010				Disposal Dat		ty, State						
					6/20/18 01	N I	WE Arg	yl, PA	08702				
COMPANIA PA													
Completed by Joseph Vocaturo	Vice F	בובחול	done		Signaly		عدالم		D	6/2	1		

ASS-41 (R-04-08)

- Donat use this larm for subestas Hoensure exampled activities

Check#3087		NOT		ATIO		BESTO	sey OS ABAT and 5:16	- 101 - 10 1 / June				on of a company and
Date of Notification (1)				Name	of Buildin	g Owner/	Operator (2	2)	JUN 26	2010	ACTION OF THE PERSON OF THE PE	111
		3			r Thomps		,	, 14 11	0011 2 0	2018		7
Agencies Notified	Type Notification			_	t Address	OH			Chillian Children Children Children		One of the last	
□ EPA	✓ Initial							I A	SBESTOS CO LICENSII	NTROL 8	E	GALLEY CO.
☑ DOLWD ☑ DHSS	Amended Amendment #			City,	State, Zip (	Code		The same of the sa	LIOLINGI	NG	Pharmacan,	desperience of the same of the
D DCA	☐ Emergency (ir		- n	Morri	is Plains, 1	NJ 0795	50					
(NJAC 5:23-8)	justification)	ioidairi	9		of Contac				Telephone N	umber	-	
	☐ Cancellation			Olive	r Thomps	on			1			
				FA	CILITY IN	FORMA	ATION					
Name of Facility Where	Abatement is Takin	g Place	(3)					Type of Facility	(4)			
Private house								School (K-1	2)			
Street Address								Other (i.e.,	8 (Other than K- private and comr	1 2) mercial buil	dinas.	
C: /E)								homes, etc.	)		3	
City (5)								Square Feet	# of Floors	Bld	g. Age	3
Morris Plains, NJ 079 County (6)	50			1-								
				Cour	nty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being dem	olished)		
Morris Name of Monitoring Fire	n Hired by Building	Owner	(8)	ASCM	No	N	5.01-1-	10 1 1				
		0 111101	(0)	ASCIVI	NO.	1		nt Contractor (9	)			
Street Address						Gr Tec	h LLC Address					
							illey Rd#	202				
City, State, Zip Code							tate, Zip Co					
							, NJ 0747					
Project Manager for Mon	nitoring Firm		Tel	ephone	No.	-	one No.		License No.			
						973-63	8-1777		01127			
Start Date (10)					ite (11)	Name o	of OSHA M	onitor				
				4_/	18	Enviro	vision Co	nsultants,Inc				
Occupancy Status Durin						Street /	Address					
	ted During Entire Pe	riod of	Abate	ment				Road, Bldg .#	35E			
Time of Abatement:	AM- P	і ғасіііі М/	y Hou PM	rs - Des -	AM		ate, Zip Co					
Scope of Work (Check a					-		wn, NJ 07					
	iii triat apply)					Н			nation with nega gative Pressure		re	
>3 sf or >3 If > 160 sf or >260 If		Re	novat moliti				Mini-Encl	osure			201	
		Пре	HIOHU	on		Ŕ			Tent with Negation-Friable Proce		re	
			Loca							Abat	emen	nt Type
Location Asbestos-Containing		100000	Norma	illy ely by	1		scription of		200	T		1
TO BE AB		Ma	inten	ance/	Asbes (i.e	stos Cont ., therma	taining Mat I systems ii	erial (ACM) nsulation.	Amount (Specify	Removal	Repair	Enclosure
IN Faci	lity	Cus	todial (12)	Staff?			cing, VAT,		SIF or LF)	oval	ir Jour	Sure
(10)		Yes	No	N/A	1	other	miscellaneo	ous)			16	10
Basement		П	П	×	Din o in o	.lasiaa			0515	N .		7 7
		<del> </del>		-	Pipe insu				85 LF			
lst. floor-bathroom			느	×	VAT flo	or tiles			10 SF			
		Ш										
Name of Registered Wa	ste Hauler		NJ	DEP Waste	e Hauler ID No.	Cubic Ya	rds of Waste	Name of Regi	stered Landfill			
Gr Tech LLC				003378	35	TBI	D	T.R.R.F. Inc				
City, State						Disposa	al Date	City, State				
Wayne, NJ 07470						TBI	)	Tullytown, P	A			
Completed By (Print or T	ype) Title	)					gnature	1		Date		
N.Jevtic	Ow	ner						Hewic Wer	nad	06/22/18		
ASB-41								/				

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



Date of No	otification	(1) 6/2	2/18			Nome	of Duilding a	2		(0)					
Date of Ite			tification			Congi	of Building ( regation o	Jwnei f the	Sister	ator (2)	locanh	eof-fh	o Door		
Agencies						Street	Address	1 (110	Olstei	30.00	oosebii		VE		
	EPA		Emerge	ency Notific	ation		udson Te	race	1.	MI	The state of the s		L L	-1011	
	DEP	X	Initial N	lotification			tate & Zip C			1111	1144			111111	
X	DOL		Amend	ed Notificat	ion		wood Clif		J 0763	2	JUM 2	5 20	10		
Х	DOH		Cancel	lation			of Contact		#	1			10	Télephor	ne Number
	DCA					Anton	io Rivera		1	ASR	FOTON	-	7 9	201-871	
						FAC	CILITY INF	ORM	IOITAI		LICEN	SING	OL&		
Name of F	acility Wh	nere Ab	patement	is Taking F	Place (	3)	200000000000000000000000000000000000000	Typ	oe of Fa	acility (4)	and the same		~ ~ ~ ~ ~ ~		
			Vacan	t Building				1		ol (K-12)					
Street Add	iress								Subcl	hapter 8 (	Other that	an K-1	2)		
		3	99 Hud	son Terra	ce								ial build	dings, home	es, etc.
0:4 (5)								Sq	uare Fe	eet	# of Flo	ors		Bldg. Age	li de la companya de
City (5)				ounty (6)	Co	ounty Co	ode (7)		50,0			3			70
Eng	lewood	Cliffs	B	ergen						se (Prior i	if being d	lemolis	hed)		
N								_	siden						
CDW C	lonitoring	Firm F	lired by I	Building Ow	ner (8)	)	ASCM No.	Nai	me of A	batemen	t Contrac	ctor (9)			
	V Group et Address D Broadway Suite 1904									bateme	nt Servi	ices, L	LC		
	0 Broadway, Suite 1904								eet Add						
	0 Broadway, Suite 1904 , State & Zip Code							_		olhous					
NY, NY 1	, NY 10018									& Zip Co Fownshi		0024			
Project Ma		Monito	oring Firm	n	Tele	phone N	lumber	Tel	enhone	Number	ip, 145 0		icense	Number	
Michael (	Garambo	one				631-90			2-605-9			1	Licerise	0071	4
Scheduled		e (10)	Sc	heduled Co	mpletio	on Date	(11)	Nar	me of O	SHA Mor	nitor				-
	7/2/18				7/31					batemer		ces, L	.LC		
Occupancy	Status D	uring A	Abateme	nt (Check o	nly on	e)		Stre	eet Add	ress					
X Fac	cility Close	ed/Vac	ated Du	ring Entire F	Period	of Abate	ement	_		olhouse					
AD	atement F	ertorm	ned Outs	ide of Norm	al Fac	ility Hou	ırs -			& Zip Co					
Oth	ner - Desc	Area I	isolated	During A	bater	nent		Mo	nroe T	ownshi	ip, NJ 0	8831			
Scope of W			hat apply	,\											
	molition	CK all t	1000	( Renovat	tion					F. II O				_	
	ge Projec	:t	,	( INCHOVA	tion					Mini-Enc		with N	egative	Pressure	
	antity is ≥		or > 3   F	ACM						Glovebag		luro			
				60 LF ACM						Other:					
		cation				Location	1	Г	escript		14011-1116		ount	Abatan	nent Type
	Asbesto					nally Us	100			ontaining			ecify		: Removal,
		erial (A				olely by		M	aterial (	(ACM)			e Feet		ncapsulation
		E ABA				tenance				systems			r		closure)
	111	Facilit (13)	У		Custo	odial Sta				facing, V		Linear	Feet)		
		(10)				(12)	1	טו טנחו	er misc	ellaneous	5)				
			openin	gs		N/A		7	Гаг ma	stic		490	SF	Rer	noval
	Pip	e Cha	se			N/A		Pip	e insu	ılation		8 I	_F	Rer	noval
Name of Re			Hauler		NJDE	P Waste	e Hauler ID	#	Cu. Y	ds. of Wa	aste	Name	of Regis	stered Land	dfill
	old Carti	ing				1	8693			20	200000000	TRRF			
City, State	N. I								Dispos	sal Date		City, S			
Trento		or T	-1	Tru						7/31/18	3	Tullyt	own, P	a	
Completed	ick Tring		e)	Title Pres.					Signat						Date
Domini	טוווון אטו	jaii		ries.					Don	ninick T	ringali				6/22/18
											5000				

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:60 and 42:420)

	AHI		(1	rursuan	t to NJAC	> 8:60 an	a 12:12	(0)		I E	C	E		$\mathbb{W}$		n
Date of Notification (1) 06/21/18	Check # 3204				of Building on Arts				chool			la ped			The same of the sa	
Agencies Notified	Type Notification  Initial		7.		Address John F	Kenned	dy Blvr	d.	Charles and Charle	-	JUN	4 5	5	2018	LS published	
DEP	Amended			City, St	tate, Zip C	ode				- in the same					.vanse	
DOL	Amendment Emergency		<u> </u>	Jerse	y City, N	NJ. 073	06		-Laterature	A	SBES	TOS	COL	VTRO	)L&	
DOH DCA	justification)		9	Name of Mike	of Contact					1000000	lephoni	e-Nun	ber	-	NAME OF THE PERSON OF	mhaorr
□ DCA	Cancellation				III ITY INC	ODMAT	1011			9/	73-859	9-204	10			
Name of Facility Where	Abatement is Takin	g Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of	f Facility (4	)						
Hudson Arts & Scie	ence Charter Sc	hool							chool (K-12							
Street Address 2737 John F Kenne	edy							I St	ubchapter 8 ther (i.e. pri	(Oth	ner than & comm	K-12 nercia	) al bui	ldings	, hom	es,
City (5) Jersey City								Square 30,000	Feet	# 0	f Floors	3		Bldg. /	Age	
County (6) Hudson				County (STATE	Code (7) USE ONLY	0		Current	Use (Prior	if be	ing den	nolish	ed)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8	3)	ASCI N/A	M No.	55		of Abate Services	ment Contr	ractor	(9)		<u> </u>			
Street Address N/A							1000000	Address 69th st								
City, State, Zip Code N/A							City, S	State, Zip	Code NJ. 070	93						
Project Manager for Mon	itoring Firm		Т	Telepho	ne No.			none No.	. 10. 070		Licen	se No				
N/A				N/A		14		295-170	00		0107					
Start Date (10) 07/02/2018		07/03/	2018	mpletion	Date (11)		Name N/A	of OSHA	Monitor							
Occupancy Status During	Abatement (Check	k Only O	ne)					Address								
Facility Closed/Vaca Abatement Performe Other – Describe: 9	ed Outside of Norm	eriod of al Facilit	Abater y Hour	nent S				tate, Zip	Code							
Scope of Work (Check Al							N/A					114.00				
≥3 sf or ≥3 If	т тпат Арріу)	ाला	-					1								
≥3 \$1 or ≥3 17 ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mini-E Glove	ontainmen Enclosure bag Proce	dure						
		1,	s Locat	on			Į.	I Non-E	Exempted (	") and	d Non-F	riable	Pro	Cedur Abate		
Location	of		Normal	ly		Des	cription	of							ре	
Asbestos-Containing TO BE ABA			ed Sole			tos Conta	aining M	laterial (A			mount				Е	_
In Facilit			todial 8 (12)		(i.e.	thermal surfac	systems ing, VA		on,		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		ļ	(12)				iscellan				maama 🖊		ioval	pair	sula	osur
		Yes	No	N/A											te	W
1st Floor Supp	ly Closet		X		Line	oleum fl	oor (n	o masti	c)	6	0 sf			X		
		-										_			-	
		-														
Name of Registered Wast	e Hauler		I N	JDEP W	acto	Cubic	/ordo		lama of Da	-1-4-		1611				
Tri-State Transfer As			Н	auler ID 9551		of Was		11	lame of Re Minerva E	3		IGTIII				
City, State Bronx, NY						Disposa TBD	al Date		City, State Vaynesb	urg,	ОН					
Completed by Gina Betances		Title Office	e Mar	ager		Si	gnature	00	as-	<i>3</i> 10		Date		8		

CK 2884



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

Huended Le121/18

Data af Nationalian /	43				-	_									
Date of Notification (								Owner / Operator			NA FE	mer \			
Aganaiaa Natifiad	6-21-2018			-				y Hospital	一层	CEL	WEI				
Agencies Notified  EPA	Type Notific	cation		Stree				Control of the Contro		and a second of the second of	and the second s	A STATE OF THE STA			
⊠ EPA □ DEP	☐ Initia	-1						ampus	4			1111			
□ DOL		ai ended(Start Date	e)				Zip C			JUN 2 6	2018	2			
□ DOH	☐ Eme	ergency		Name				14			1	Teleph	one N	lumbe	er
☐ DCA	☐ Can	cellation		Micha	ael N	VIC(	Closke	y	-				9-472		
									AS	BESTOS CO	NIHOLOL	1			
					AC	ILIT	Y INF	ORMATION	No. of Parties and Des	LICENCH	A CONTRACTOR OF THE PARTY OF TH	zelettere de			
Name of Facility Who	ere Abateme	ent is Taking Pla	ce (3)					Type of Facili	ity (4)						
Kennedy University I	Hospital-CPI	D area	000-000					☐ School (	K-12)						
Street Address		1000 1000 1000 1000						☐ Subchap	oter 8	(Other than K	-12)				
2201 Chapel Hill Car	npus									rate & comme		igs, hom	es, et	c.)	
					VIII. 5-7-11			Square Feet		# of Floors		Bldg. A			
City (5)		County (6)	Co	ounty	Cod	le (	7)	250,000	0	2	!		52		
Cherry Hill, NJ		Camden		<del>-</del> -				Current Use (	(Prior	if being demo	lished)				
4997 3090								Hospital	Control of the contro	9	,				
Name of Monitoring I		y Building Owne	er (8)		A	SC	M No.	Name of Aba	temer	nt Contractor (	9)				
Criterion Laboratories	s									ment Group, L					
Street Address								Street Addres							
3370 Progress Drive, S	uite J							2115 Hamilto	n Ave	, Suite 202					
City, State & Zip Cod	le		-					City, State &		21/2-2007					_
Bensalem, PA, 19020								Trenton, NJ C							
Project Manager for I	Monitoring F	irm	Tala	phone	Nin	mh	or	Telephone Nu			Liconco	Number			
Mr. Mike Panepresso	vioriitorii ig i			244-13		HID	CI	609-914-4279			Licerise	011			
Scheduled Start Date	(10)	Cabadulad Ca-		200	0018.2	4)				-:-		011	00		
7-12-2018		Scheduled Con			e (1	1)		Name of OSI							
Occupancy Status Di		nant (Chaals and		2018						Laboratories,	inc				
		During Entire Pe			om/	ont		Street Addres		-4					
		utside of Normal			eme	ent		2333 Route 2							
M Abatement	enomied O	utside of Normal	Houi	5				City, State & 2	Zip Ci	ode					
Describe:	Project to be	e conducted 2 <sup>nd</sup>	shift A	:00nn	n to	2·n	Nam	Union, NJ 070	U83						
☐ Facility Occu			Si iii C	.oopii	1 10	2.0	vaiii	Official, No of	003						
Scope of Work (Chec					_										
	ar an arat ap	P-37							$\boxtimes$	Full Contain	ment with	Menative	Proc	PILITE	
≥3 sf or ≥3 lf			$\boxtimes$	Rer	nova	atio	n		П	Mini-Enclos	ire	regative	1 100	Suic	
≥160 sf ≥260	l If				noli				$\boxtimes$	Glove Bag F					
			535.755						$\boxtimes$	Non-Exemp			Proc	edure	9
	cation of			Locat				Description			Amount		atem		
	os-Containir	ng		mally		d		Asbestos-Con		g	(Specify		T		
	erial (ACM)			olely				Material (A			SF or LF)	1 7		E	Ш
	BE ABATED			ntenar		GS10 4		(i.e., thermal s				em	Re	cap	nclo
ın	Facility (13)		Cust	odial	Stat	1?		insulation, surfac				Remova	Repair	usc	Enclosure
	(13)		Yes	(12) No	NI	/A		or other miscell	aneou	is)		8	-  -	Encapsulate	l e
CDD reneveation and		-	162		14/	7							+-		
CPD renovation are			무		1-	4		tile & mastic		The second secon	) SF		14		Ш
CPD renovation are				$\boxtimes$	L	4	-	red plaster ceilin	g		SF			Ш	
CPD renovation are	ea		<u>Ц</u>		<u>  L</u>		Fitting	gs		15	each				Ш
			Ш		L										
Name of Registered \	Waste Haule	er		NJ	DE	PV	Vaste	Cubic Yards of	Nan	ne of Register	ed Landfill				
	690.527.0			1000000			No.	Waste							
Resource Manageme	ent Group, L	LC		00	352	18		TBD	Gro	ws Landfill					
City, State								Disposal Date		, State					
Trenton, NJ								TBD	Mor	risville, PA, /					
Completed By (Print of	or Type)			Tit				Signature /		1 11		Date			
Mr. Brian J. Haney				Pr	esid	lent	t	4/8/1	10	1/ //		6-21	-2018		
								4	W/	Ath					
								1		1					

OLDRIM MANAGER

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

Date of Notification	(1)			Name	of B	uildina	Own	er / Oper	ator	(2)	<u>EU</u>	<u> </u>	<u> </u>	E	1			
	6-1-2018			Kenne	edy U	nivers	sity Ho	spital	atol					Provense		- Chamboo		
Agencies Notified	Type Notifi	cation		Street	t Addi	ress					.11	JN 2	5 2018					
□ DEP	N 1-14		12	2201	Chap	el Hill	Camp	ous	- 1	4 12		211 4	2010	Annual Parketing				
⊠ DOL	⊠ Init	iai ended				& Zip (			-					and and				
☑ DOH		ergency				NJ 08			_		ASBES	STOS C	ONTRO	1 8				
DCA		ncellation				ontact			L		war distribute to the same	LICENS	SING	Te	lepho			
	ou	Tochation	1	viiciia	ei ivic	Closke	ey								609	9-472	-064	0
				F	ACILI	TY IN	FORM	NOITAN		-								
Name of Facility Wh	nere Abatem	ent is Taking Pla	ace (3)					ype of Fa	acility	(4)							_	
Kennedy University	Hospital-CF	D area	10.0					Scho										
Street Address								Subc	hapt	er 8 (	Other th	nan K-1	2)					
2201 Chapel Hill Ca	impus						-	○ Other	r (i.e.	priva	ate & co	mmerc	ial build	ings,	home	s, et	c.)	
City (5)		County (C)	10			-		Square Fe	eet		# of F	loors			g. Ag			
Cherry Hill, NJ		County (6)	Col	unty C	Code	(7)	L	250,				2				52		
, 110		Camberr						urrent U	se (F	rior i	f being	demolis	shed)					
Name of Monitoring	Firm Hired I	ov Building Own	er (8)		IASI	CM No		lospital	hoto			-1 (0)						
Criterion Laboratorie	es	of Danamy Cwin	Ci (O)		ASI	CIVI IVO		lame of A Resource	Man	emen	Contra	actor (9)	)					
Street Address								Street Add			ient Gre	Jup, LL	<u>C</u>					
3370 Progress Drive,								115 Ham			Suite 2	202						
City, State & Zip Co.	de							ity, State										
Bensalem, PA, 19020							Ť	renton, N	J 08	619	u C							
Project Manager for	Monitoring F	irm	Telepl	hone	Numb	per		elephone					License	a Mur	chor	22.1		
Mr. Mike Panepresso			215-24	4-130	00			09-914-4					Liourisc	J Mun	0118	35		
Scheduled Start Dat		Scheduled Cor	npletion	Date	(11)		IN	lame of C	SHA	Mor	itor				-			
6-18-201			6-28-2	018				&S Enviro				ories, l	nc					
Occupancy Status D	uring Abate	ment (Check on	ly one)				S	treet Add	ress									
Abatement F	Performed O	During Entire Pe utside of Norma	eriod of	Abate	ement	t		333 Rout										
	Chomica O	utside of Norma	ii nouis				C	ity, State	& Zi	p Co	de							
Describe:	Project to b	e conducted 2 <sup>nd</sup>	shift 6:0	mq00	to 2:0	00am	lu	nion, NJ	0708	3								
☐ Facility Occu	upied During	Abatement					-		0,00									
Scope of Work (Che	ck all that ap	oply)																
≥3 sf or ≥3 If	:		53							$\times$	Full Co	ontainm	ent with	Nega	ative I	Press	sure	
≥160 sf ≥260			$\boxtimes$		ovationolition				L		Mini-E							
	T023			Delli	MILIO				E	$\overline{X}$	Non-E	Bag Pro	ocedure: d and N	S on Er	iahla	D		
	ocation of			.ocatio				Descrip			NON-L		Amount			ateme		
	tos-Containii	ng	Norm				As	bestos-C	onta	ining			(Specify		7100	ROTTI	511( 1	ype
	erial (ACM) BE ABATED		So Mainte	lely b			/:	Material					F or LF		R		E	Ш
	n Facility		Custo					e., therma ation, sur							em	Rep	cap	nclo
	(13)			(12)				ther misc							Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A					-	•				-		ate	.e
CPD renovation ar				$\boxtimes$		Floor	r tile &	& mastic				610 8	SF			П	$\Box$	П
CPD renovation ar								laster cei	ling			125 S				司		
CPD renovation ar	ea			$\boxtimes$		Fitting	igs					15 ea	ch		$\boxtimes$			
			Ш															
																		П
Name of Registered	Maata I I I	-		4			Le											
raine or registered	vvaste Haule	<del>3</del> 1		D1 11 11 11 11 11 11 11 11 11 11 11 11 1		Vaste	Cub	ic Yards	of I	Vame	of Reg	istered	Landfill					
Resource Manageme	ent Group, L	LC			iler ID 5218	140.	Was			3000	s Landfi	ш						
City, State		-		1500				osal Date				ul						
Trenton, NJ							TBD			City, S	otate sville, P.	А	Ť					
Completed By (Print	or Type)			Title	)		_	ature			/	7 7	1	Ir	ate			_
Mr. Brian J. Haney				Pres	sident	t	3.		71		1	11		165	-01-2	.018		
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