

Date of Notification (1)									Ul				1 1	0	<u></u>
6/23/18				of Building C Construct		erator	(2)		1 1	G	E		W	E	In
Agencies Notified Type Notification				Address							hased	-13			The second secon
EPA Initial Amended			0.000	Porete A											
X DOL Amendmen				ate, Zip Cod Arlington		031		ing		dÜ	2	3	2018		
X Emergency justification)  DCA Cancellation		İ	Name o	of Contact					Tel	ephone-	Num	ber			
DCA Cancellation	1		Mann	•					20	1-988	289		ITRC G	)L&	
Name of Facility Where Abatement is Takir	a Place (	3)	FAC	ILITY INFO	RMATIO	N	Type	of Facility (4	4)	THE PERSON NAMED IN				100-01-7-1 <b>10</b> 0	saltrature d'ence
house	3 (	- /				1	Т		100						
Street Address							H	School (K-1: Subchapter		er than k	(-12)				
								Other (i.e. p etc.)	rivate	& comme	ercial	buil	dings	, hom	es,
City (5)								re Feet	# 0	f Floors		В	ldg. A	Age	
East Newark						- 1	230	0	2			1000	5	0.500	
County (6) Hudson			County	Code (7) USE ONLY)				ent Use (Pric	or if bei	ng demo	lishe	d)			
	0 (0)			- St			hou	F-7			-				
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	И No.				tement Con ronmental			LC				
Street Address					11.00		Addre				70.00				
City City 7700								83, 4 E G	ate D	rive					
City, State, Zip Code								ip Code I, NJ 074	18'						
Project Manager for Monitoring Firm		Т	Telepho	ne No.	and the same of the same		one N		10	License	e No				_
yuna 5000 11 con 500 1							764-2			703					
Start Date (10) 7/3/18	Schedule 7/20/1		npletion	Date (11)	N	lame (	of OSI	HA Monitor							
Occupancy Status During Abatement (Chec	k Only Or	ie)			S	Street	Addres	SS							
Facility Closed/Vacated During Entire I	Period of A	Abaten	nent												
Abatement Performed Outside of Norm  Other – Describe: basement	nal Facility	Hours	\$			City, St	tate, Z	ip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	X	enova	ition				Ful	l Containme	nt with	Negativ	o Dro	cell	0		
≥160 sf or ≥260 lf		emolit	ion				Mir	i-Enclosure		ivegativ	C 1 10	ssui	0		
						×		vebag Procen- Exempted		d Non-Fr	iable	Proc	edur	9	
	ls	Locati	on		-3/								W-17	ment	
Location of		lormal			Descri	iption	of				-		Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED		d Sole intena			s Contain nermal sy:					mount		_		Щ	ш
In Facility	Cust	odial 9 (12)	Staff?		surfacing	g, VAT	Γ, or	illori,		pecify or LF)		Remova	Repair	cap	nclo
(13)		(1-)		C	other misc	cellane	eous)					oval	air	Encapsulate	Enclosure
	Yes	No	N/A											fe	
exterior			X		Sic	ding			3,6	00 SF	2	<			
							-5 -58.55								
Name of Registered Waste Hauler		1 - 200	JDEP W auler ID	10 m	Cubic Ya	rds		Name of R	egiste	red Land	Ifill				
Tony's Cleanup & Hauling		332	7787		of Waste TBD			Chrin Br	other	s Sanit	ary	Lan	dfill		
City, State Bridgewater NJ					Disposal	Date		City, State	٦.٨						
Completed by	Title				TBD	atu		Easton F	A	Т.	_				
A. Scott Higgins	Presi	dent			Sign	ature		1/2-			Date 6/23	3/18			
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	NOT	IFICATIO	ON OF A	SBESTOS	SARATE	MENT (	The	L	17	15	5	Prin
	A CONTRACTOR OF THE PARTY OF TH	Name J.A.	of Buildi Neary	ng Owner Excavat	/Operato	(2)	Hoe	E C	17 E	7:	38 // [!	7 51
t # (includir	ng	Street 330 City, S Midd	Address Lincoln tate, Zip lesex,	Bouleva Code NJ 088	ard			JU)	2 9	201	8	D Granden
1		Philip	Saba	tino	ION		Tel	ephone	Number 4389		71.8	Part -
ng Place	(3)	. 70	31L11111	VIORIVIA	ION	Type of Facili	ty (4)					and the boy as a
						Subchar	ter 8 (Othe	er than I	(-12) ercial bu	ilding	s, hor	nes,
						Square Feet 3400	# of 2	Floors			Age	
		(STATE	USE ON	() ()		Current Use ( barn	Prior if beir	ng demo	lished)	100.00		
Owner (8	3)	ASC	M No.		Name ABS	of Abatement (	Contractor	(9)	1.0			
					Street.	Address			LC	1		
					City, St	ate, Zip Code		ive				
		Telepho	ne No.					Linear				
Schedu	led Co.	molation	Data (11		973-7	64-2276		703	NO.			
8/15/1	8	ripletion	Date (11	)	Name o	of OSHA Monito	or					
Period of	Abatas	nent s	•//			Street Address  City, State, Zip Code						
					×	Mini-Enclosu Glovebag Pr	ire ocedure					
Use	Normal ed Sole	ly ly by	^ ah a	Des	cription o	of	7410	1011-1 11	able Fit	Abat	emen	t
Cus	intenar todial S (12)	nce/ Staff?	(i.e	thermal: surfac	systems ing, VAT	insulation, '	(Sp	ecify	Remov	Repai	Encapsu	Enclosure
Yes	No	N/A				980			<u>a</u>	-	ilate	ure
		X		wind	ow cau	lk	700	LF	×			
						-hew	1,20	0 SF	×			
		X		floor til	e & ma	stic	2,50	0 SF	X			
t	Ha	auler ID I	aste No.							FILL		
				Disposa TBD	posal Date City, State							
Title				Cia	nature							
	Schedu 8/15/1    Owner (8)  Scheduled Core (3)  Owner (8)  Scheduled Core (3)  Scheduled Core (4)  Scheduled Core (5)  Renova (8)  Period of Abaternal Facility Hours  Is Locating Normal Used Sole (12)  Yes No  Normal Used Sole (12)  Yes No	NOTIFICATION Pursual  Name J.A.  Street 330  City, S Midd Name Philip FAC  In g Place (3)  County (STATE  Owner (8)  County (STATE  Owner (8)  ASC  Renovation Period of Abatement hal Facility Hours  Renovation Version Vers	NOTIFICATION OF A Pursuant to NJ.  Name of Buildi J.A. Neary Street Address 330 Lincoln City, State, Zip Middlesex, Name of Conta Philip Saba FACILITY IN Middlesex, Name of Conta Philip Saba Philip Sa	Pursuant to NJAC 8:60 a  Pursuant to NJAC 8:60 a  Name of Building Owner J.A. Neary Excavat Street Address 330 Lincoln Boulev. City, State, Zip Code Middlesex, NJ 088. Name of Contact Philip Sabatino  FACILITY INFORMAT  Ing Place (3)  County Code (7) (STATE USE ONLY)  Owner (8)  ASCM No.  Telephone No.  Scheduled Completion Date (11) 8/15/18  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X wind X wind X floor til  NJDEP Waste Hauler ID No. 15939  Dispose TBD  Dispose TBD	County Code (7)   (STATE USE ONLY)	NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)  J.A. Neary Excavating Corporation Street Address 330 Lincoln Boulevard City, State, Zip Code Middlesex, NJ 08846 Name of Contact Philip Sabatino  FACILITY INFORMATION  Type of Facili School ( Subcharg, Owner (8)  ASCM No.  Name of Abatement Street Address PO Box 483, 4 E City, State, Zip Code Glenwood, NJ 0: Telephone No. Telephone No. Telephone No. Telephone No. Scheduled Completion Date (11) 8/15/18 K Only One)  Period of Abatement Part and Facility Hours  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAME of Other (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Absestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Street Address PO Box 483, 4 E City, State, Zip Code City, State, Zip	NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)  J.A. Neary Excavating Corporation  Street Address 330 Lincoln Boulevard  City, State, Zip Code Middlesex, NJ 08846  Name of Contact Philip Sabatino  FAGILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Oth) Corrent Use (Prior if beir barn  Owner (8)  ASCM No.  Name of Abatement Contractor ABS Environmental Servi  Street Address PO Box 483, 4 E Gate Dr City, State, Zip Code Glenwood, NJ 07418  Telephone No.  Telephone No. 973-764-2276  Scheduled Completion Date (11) 8/15/18  K Only One)  Period of Abatement half Facility Hours  Telephone No.  Street Address PO Box 483, 4 E Gate Dr City, State, Zip Code Glenwood, NJ 07418  Telephone No. 973-764-2276  Street Address PO Box 483, 4 E Gate Dr City, State, Zip Code City, State, Zip Code  Renovation Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous)  NDEP Waste Hauler ID No. 15939  Name of Registere TBD  Name of Registere RowSyfFalRi Disposal Date Morrisville PA	ASCHOLLY INFORMATION  County Code (7) (STATE USE ONLY)  Clay State, Zip Code Glenwood, NJ O7418  Telephone No.   No Infection of Assessors Abatement Pursuant to Nusco 8:80 and 12:120)  Name of Building Owner/Operator (2) J.A. Neary Excavating Corporation  Street Address 330 Lincoln Boulevard  City, State, Zip Code Middlesex, N.J. 08846 Name of Contact Philip Sabatino  FACILITY INFORMATION  Ing Place (3)  Type of Facility (4) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buseled) Square Feet 3400 2  County Code (7) (STATE USE ONLY)  Owner (8)  ASCM No.  Name of Abatement Contractor (9) ABS Environmental Services, LLC  Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Glenwood, N.J. 07418  Telephone No.  Te	NoTife at ION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:50 and 12:120)  J.A. Neary Excavating Corporation  Street Address  Associated Philip Sabatino  FACILITY INFORMATION  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Owner (8)  ASCM No.  Name of Contact  Philip Sabatino  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Owner (8)  ASCM No.  Name of Abatement Contractor (9)  ABS Environmental Services, LLC  Street Address  PO Box 483, 4 E Gate Drive  City, State, Zip Code  Glenwood, NJ 07418  Telephone No.  973-764-2276  Telephone No.  973-764-2276  Scheduled Completion Date (11)  Name of OSHA Monitor  X Only One)  Street Address  Po Box 483, 4 E Gate Drive  City, State, Zip Code  Glenwood, NJ 07418  Telephone No.  973-764-2276  Told of Abatement  Philip Containment with Negative Pressure  Mini-Enclosure  Scheduled Completion Date (11)  Scheduled Completion Of Abatement  Philip Containment with Negative Pressure  Mini-Enclosure  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Normally  Used Solely by Maintenance/ Custodial Staff?  Abatosco Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or Struct of the miscellaneous)  Normally  School (14-12)  School (14-12)  Subchapter 8 (Other than K-12)  Owner (8)  Abatosco Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or Struct, VAT, or Other miscellaneous)  Normally  License No.  703  Abatosco Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or Struct, VAT, or Other miscellaneous)  Normally  Norma	NOTIFICATION OF ASSESTOR ABATEMENT Pursuant to NJAC 8:60 and 12:120)  APA Neary Excavating Corporation  Street Address  330 Lincoin Boulevard (Including)  FACILITY INFORMATION  FACILITY INFORMATION  Type of Facility (4)  Sub-apter 8 (Other than K-12)  Other (i.e. private & commercial buildings, hor etc.)  (Including)  FACILITY INFORMATION  Type of Facility (4)  Sub-apter 8 (Other than K-12)  Sub-apter 8 (Other than K-12)  Other (i.e. private & commercial buildings, hor etc.)  FACILITY INFORMATION  Type of Facility (4)  Sub-apter 8 (Other than K-12)  Other (i.e. private & commercial buildings, hor etc.)  Square Feet # of Floors  3400 2 72  County Code (7)  Square Feet # of Floors  3400 2 72  County Code (7)  Square Feet # of Floors  Side, Age  3400 2 72  County Code (7)  Square Feet # of Floors  Side, Age  3400 2 72  County Code (7)  Square Feet # of Floors  Side, Age  3400 2 72  County Code (7)  Square Feet # of Floors  Side, Age  3400 2 72  County Code (7)  Square Feet # of Floors  Side, Age  3400 2 72  County Code (7)  Square Feet # of Floors  Side, Age  3400 2 72  County Code (7)  Square Feet # of Floors  Side, Age  3400 2 72  County Code (7)  Name of Abatement Contractor (9)  ABS Environmental Services, LLC  Street Address  PO BX 483, 4 E Gate Drive  City, State, Zip Code  In Elephone No. Telephone No. Telephone No. 793-764-2276  Tolor Code Froedure  Non-Exempted (1) and Non-Friable Procedure  Non-		

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Assume of Facility Hitters Ababanerit is 1	Ming Pla	ca (3)	F	ACLI	PINFORM	ATRON	79pm 0	Tac	-					
Street Address City (5)	-				***	_	E de la little	200	(K-12) Mar 8 (C	Circle Chapter Lai Coura	16-12) Medical	- Carrieri	litera, C	Sur-in
Courty (6) (DycFoff			Cour	ily Code	(7)		Brume /55	nest:	STATE SEPTING	of Figure		Bi	98. Ag	200
Name of Mountaining Firm Hand by Build	ng Owne	r (B)	marker .	CM No.	40	there a sa	Of Abeter		5100	ding dan J17 <i>41 .</i> × (9)	KINE NA	ń.		_
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Project Manager for Monitoring Fame	-		Tolepi	None No	<del></del>	Minth Talippe	and Pari	N.	07432	Llogen	- V-			
Diant Date (189) 6/20/16 Consumately Status During Abattomant (Ch)			omplesson 20/18	n Dele (	<del>(1)</del>	201-	282-584 6/08HA g= Envir	PHI.	Y myses o	00156	5			
Facility Closed/Vecered During Enter Abelianned Performed During Enter Other - Deportion	Feriod o Treat Pace	One) Abete Ity Hou	property			280	tuyler S	bol		- 4 4 L D S	inç			
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Location of Action Continues (ACM) TO BE ASSAURATED IN FACILITY	Us	s Loom Norma ed Sole eintens	illy My by	Astr	nation Court	toriplian of	imalai e e as.				Dis Pri	Abo	ye Wines You	e e
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Name of Pa						- and the same of								
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County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  07 / 04 / 18  County Code (7) (STATE USE ONLY)  County Code (7) (STATE USE ONLY)  Name of Abatement Contractor (9)  Gr Tech LLC  Street Address  576 Valley Rd #283  City, State, Zip Code  Wayne, NJ 07470  Telephone No.  1 Elephone No.  973-638-1777  1 Name of OSHA Monitor  Provincy Scheduled Completion Date (11)  Name of OSHA Monitor  Fravircy Science Consultants Inc.  Fravircy Science Consultants Inc.	ings,	
Agencies Notified    EPA		
EPA   Amended   Amended   Emergency (including justification)   Cancellation		
DCA		
DCA (NJAC 5:23-8)		
Name of Contact   ASBESTOS Telephone Number   LICH		
FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Private house  Street Address  City (5)  Maplewood, NJ 07040  County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  07 / 04 / 18  OT / 05 / 18  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-1 2)  Wother (i.e., private and commercial build homes, etc.)  Square Feet  # of Floors  Bldg.  Current Use (Prior if being demolished)  First Use (Prior if being demolished)  Current Use (Prior if being demolished)  First Use (Prior if being demolished)		
FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Private house  Street Address  City (5)  Maplewood, NJ 07040  County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  07 / 04 / 18  OT / 05 / 18  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-1 2)  Wother (i.e., private and commercial build homes, etc.)  Square Feet  # of Floors  Bldg.  Current Use (Prior if being demolished)  First Use (Prior if being demolished)  Current Use (Prior if being demolished)  First Use (Prior if being demolished)		
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Private house  Street Address  City (5)  Maplewood, NJ 07040  County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  07 / 04 / 18  Other (i.e., private and commercial build homes, etc.)  Square Feet # of Floors Bidg.  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Square Feet # of Floors Bidg.  Name of Abatement Contractor (9)  Gr Tech LLC  Street Address  Street Address  576 Valley Rd #283  City, State, Zip Code  Wayne, NJ 07470  Telephone No.  Telephone No.  Telephone No.  Project Manager for Monitoring Firm  Telephone Date (11)  Name of OSHA Monitor  Environment Contractor (9)  O1127		
Street Address  City (5)  Maplewood, NJ 07040  County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Subchapter 8 (Other than K-1 2)  Other (i.e., private and commercial building homes, etc.)  Square Feet # of Floors Bidg.  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Street Address  Street Address  576 Valley Rd #283  City, State, Zip Code  Wayne, NJ 07470  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  Start Date (10)  07 / 04 / 18  O7 / 05 / 18  Final reviews on Consultants Lieu  Final reviews on Consultants Lieu  Subchapter 8 (Other than K-1 2)  Other (i.e., private and commercial building homes, etc.)  Square Feet # of Floors  Bidg.  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Expense Address  576 Valley Rd #283  City, State, Zip Code  Wayne, NJ 07470  Telephone No.  1 License No.  973-638-1777  01127  Name of OSHA Monitor  First Park (Consultants Lieu  Subchapter (A)  No Home of Abatement Contractor (9)  Gr Tech LLC  Street Address  576 Valley Rd #283  City, State, Zip Code  Wayne, NJ 07470  Telephone No.  First Date (10)  No Home of OSHA Monitor  First Park (Consultants Lieu  Subchapter (A)  No Home of Abatement Contractor (9)  Square Feet # of Floors  Bidg.  Name of Abatement Contractor (9)  Square Feet # of Floors  Bidg.  Name of Abatement Contractor (9)  Street Address  Street Address  Street Address  Street Address  Name of OSHA Monitor  First Park (Contractor (9)  Square Feet # of Floors  Name of Abatement Contractor (9)  Street Address  S		
City (5)  Maplewood, NJ 07040  County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  07 / 04 / 18  Other (i.e., private and commercial building homes, etc.)  Square Feet  # of Floors  Bldg.  County Code (7) (STATE USE ONLY)  Current Use (Prior if being demolished)  Name of Abatement Contractor (9)  Gr Tech LLC  Street Address  576 Valley Rd #283  City, State, Zip Code  Wayne, NJ 07470  Telephone No.  973-638-1777  O1127  Scheduled Completion Date (11)  07 / 05 / 18  Environticion Consultants In Environticon Consultants In Environticion Consultants In Environticion Consultants In Environtico Consultants In Environtico Consultants In Environtico Consultants In Environtico Consultants In Environt		
Maplewood, NJ 07040  County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  07 / 04 / 18  O7 / 05 / 18  County Code (7) (STATE USE ONLY)  Current Use (Prior if being demolished)  Fix if the prior is demolished (Prior if being demolished)  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)	Age	
Maplewood, NJ 07040  County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Start Date (10)  07 / 04 / 18  County Code (7) (STATE USE ONLY)  County Code (7) (STATE USE ONLY)  ASCM No.  Name of Abatement Contractor (9)  Gr Tech LLC  Street Address  576 Valley Rd #283  City, State, Zip Code  Wayne, NJ 07470  Telephone No.  973-638-1777  Name of OSHA Monitor  Finvirovicion Consultants Inc.  Finvirovicion Consultants Inc.	Age	
Essex Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Start Date (10)  07 / 04 / 18  O7 / 05 / 18  County Code (/) (STATE USE ONLY)  Name of Abatement Contractor (9)  Or Tech LLC  Street Address  576 Valley Rd #283  City, State, Zip Code  Wayne, NJ 07470  Telephone No.  1 Telephone No.  973-638-1777  Name of OSHA Monitor  Project Manager for Monitoring Firm  Scheduled Completion Date (11)  OT / 04 / 18  OT / 05 / 18  Environsion Consultants Inc.		
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Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Start Date (10)  07 / 04 / 18  07 / 05 / 18  Tenvirousion Consultants Inc.  Street Address  576 Valley Rd #283  City, State, Zip Code  Wayne, NJ 07470  Telephone No.  1 Telephone No.  973-638-1777  Name of OSHA Monitor  Envirousion Consultants Inc.		
Street Address   Street Address   576 Valley Rd #283		
Street Address   576 Valley Rd #283     City, State, Zip Code   City, State, Zip Code   Wayne, NJ 07470     Telephone No.   Telephone No.   License No.   973-638-1777   O1127     O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O1127   O		
City, State, Zip Code   Wayne, NJ 07470		
Project Manager for Monitoring Firm		
Telephone No.   Telephone No.   License No.		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor    07	4	
Scheduled Completion Date (11)		
07 / 04 / 18 07 / 05 / 18 Environisian Consultants In-		
Street Address		
☑ Facility Closed/Vacated During Entire Period of Abatement		
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM  20-21 Wagaraw Road, Bldg .# 35E  City, State, Zip Code		
Foir Lower NI 07410		
Clean up and decontamination with negative pressure		-
≥ 3 sf or >3 lf		
Glovebag Procedure   Hent with Negative Pressure		
Non-Exempted (*) and Non-Friable Procedure		
Location of Normally Abaten	nent Typ	)e
	<u></u>	En
IN Facility Custodial Staff? (i.e., thermal systems insulation, Specify )	cap	Enclosure
(13) Surfacing, VAT, or other miscellaneous) SIF or LF)	ncapsulate	ure
Yes No N/A	te	
Basement Pipe insulation 120 LF	ПГ	7
		7
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		]
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered London.		
Tech LLC		
City, State T.R.R.F. Inc		
Vayne, NJ 07470 Disposal Date City, State		1
Completed By (Print or Type) Title Signature 4		
Signature // Date		1
Jevtic Owner Jewic Wenad 06/25/18		- 1



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												-	
Date of Notification (1)		Na		uilding Owner/O			Ī	- 11.00	E P	E	7 1		3 1
6/25/18				CANNE	MIT	CM2		101-	E G	11-	<u> </u>	1 12	-
Agencies Notified Type Notification		Sti	reet Add	ress		Ø							
□ EPA □ Initial		-	. 01.1	7: 0.1.				1 111	JU	N 2 3	3 20	118	
□ DEP □ Amended		Ci		Zip Code	200	NIT	_	707	1000	11 44	,		
DOL Amendment #		-		UTHERF	OCC	, 101	, (		none Num	ber			
DOH justification)		1	ame of C		-			Telepi	POLICE T TENT		ONLT	DO!	8.
□ DCA □ Cancellation				W, LLA				-			-	Mark and the second	-
Name of Facility Where Abatement is Taking Pl	ace (3)		FACIL	IT INFORMA	ION	Type of Fa	cility (4)	)					
Name of Facility where Adamstric is Facility F	Mild	M	?			□ Scho	ol (K-12	)					
Street Address		- 1-		-		□ Subc	hanter 8	(Other the	an K-12)				
Street Address						Othe	r (i.e. pri	vate & co	mmercial	building	s, hon	ies, et	c.)
Cit. (5)				"		Square Fee	et	# of F	loors		dg. Ag		
City (5) TWHENFORD						210	00	1 2	2		194	10	
County (6)		I C	ounty Co	xde (7)	-	Current Us		if being d	lemolishe	d)			
BERGEN				SE ONLY)		RE	:510	EN CO	3				
Name of Monitoring Firm Hired by Building Ov	vner (8)	-	ASCM	No.	Name	of Abatemer	nt Contra	ctor (9)	138 VAVE				
Name of Monitoring 1 am 1 amount by Samoning 5				-	Dog	t Remo	1	Tmo					
Street Address					Street	Address	IVAL	1116					
Street Address					450	South	n Ri	ver	Stre	et			
City, State, Zip Code						State, Zip Co							
City, blatte, 24p code					Hac	kensad	ck.	NJ O	7601				
Project Manager for Monitoring Firm		T	elephone	No.	_	one No.	,		License N	io.			
Troject Manager for Montenaning 1 mm					201	-329-7	7 /. /. /.		003	88			
Start Date (10)	Scheduled C	omple	tion Dat	e(11)		of OSHA M							
7/9/18	7	110			Ome	ga Env	ziro	nmen	tal_				
Occupancy Status During Abatement (Check Or	nly One)		/		Street	Address							
		nent			280	Huy16	er S	tree	t				
☐ Abatement Performed Outside of Normal	Facility Hours	'n				State, Zip Co							
Describe: 8 Au To	5.006				Sou	th Had	cken	sack	, NJ	076	06		
Scope of Work (Check All That Apply)													
☐ ≥3 sf or ≥3 lf	Ren	ovatio	n			Full Co	ntainme	nt with N	egative Pr	essure			
≥160 sf or ≥260 lf	☐ Der	nolitio	n		97		nclosure ag Proce						
						□ Non-E	xempted	(*) and N	ion-Friabl	e Proced	ure		- 1
	T-1		_									ement	
_	V 1000000000000000000000000000000000000	ocatio mally	200	т	Description	n of				_	13	уре Т	_
Location of Asbestos-Containing Material (ACM)	Used			Asbestos Co	ntaining N	Material (AC	M)		nount	_		-E	771
TO BE ABATED	Custo	tenano dial St		(i.e. thermal sy	stems inst VAT. or		acing,		pecify or LF)	Removal	Repair	cap	nclo
In Facility (13)		(12)		othe		neous) 🐃		51	01 21 )	oval	air.	Encapsulate	Enclosure
(13)	Yes	No	N/A									6	
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BASEMENT				YAT				2	en S1	1/	-	-	-
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CD :: 197 17 :		NT	DEP W	este   Cub	ic Yards	l N	Name of	Registered	d Landfill			1	1
Name of Registered Waste Hauler			auler ID			1		(T2)					
Best Removal Inc			1710	)9	31			rva	Ente	rpri	se	3,	LiLC
City, State				Disp	osal Date	0 '	City, Stat	e					
Hackensack, NJ 07601				7			Wayn	esbu		OH 4	46	38_	
Completed by	Title				Signatur	e. 0 .				Date /	75	1,4	2
J. Maiorano	Est	ima	tor		- Ÿ	Mar	معر			6/	23	1 0	,
					A					mentes or	omnto	d anti-	uities
ASB-41 (R-06-08)					Ÿ	* Do not us	e this to	rm for ast	ocsios nice	IIDUIE EX	cinpie	- delly	iuw.

CK 32310

M. A.		Name of Building Owner/Operator (2)													
Date of Notification (1)					MERCK S	SHARP & D	ОНМЕ	CORP.	FF (	a F	П	NA E	3 1		
6 / 21 /18					Street Ad				IIM E	5 [			=		
Agencies Notified Type Notif	ication				126 E. LII	NCOLN AV	ENUE	P.O. BOX	2000, RY28-4	14	ARTHUR PROPERTY.	Hillian Contract and Contract a			
DEP x Ame	l Notifica	otificati	on #2			e, Zip Code ′, NEW JEF		07065		UN 2	2 8 %	2018	Secretary of the second		
X DOL Can	cellation			-	Name of	Contact			Telephone Nu	ımher			- 1		
	RGENC	ON Y		ION	PATRICIA	A JOHNSO	N		732-594-7746	5		TROL	. &		
Name of Facility Where Abotement	in Takin	- Dia	F (2)	ACILIT	TY INFOR	RMATION	IT	of Conility	(4)	LICE	NSIN	<u>G</u>			
Name of Facility Where Abatement	is rakin	ig Piac	e (3)				Туре	of Facility School (K							
MERCK SHARP & DOHME CORPOR	RATION						X	Subchapte	er 8 (Other that private & comr			mes (	etc.)		
Street Address								uare Feet	# of Floors			g. Age			
126 EAST LINCOLN AVENUE - BUIL	DING 8	4N						08,769	4	*		49			
City (5) Cou	nty (6)				County C	ode (7) E ONLY)			ior if being der			FACIL			
Name of Monitoring Firm Hired by		Owne	er (8)	(3)		SCM No.			ment Contrac	_	TICL	HOIL	_		
ENVIRONMETAL HEALTH INVESTIG					- 1 "	104	PAR ENVIRONMENTAL CORPORATION								
Street Address					-		Street Address								
655 WEST SHORE TRAIL							313 9	SPOOK RO	OCK ROAD						
City, State, Zip Code		1.7%						State, Zip							
SPARTA,	NEW J								W YORK 1090						
Project Manager for Monitoring Firm		Te	lephone	Numb	er			hone Num	30000	icense	Numb	er			
WILLIAM S. KERBEL, CIH			3-729-5					369-7500		101					
Expected State Date (10)	s	ched.		etion D	ate (11)	140		Monitor			44400				
6 / 25 /18 Month Day Year		Month	8 /	Da	30	/18 Year	AME	RISCI LAB	ORATORIES	NC	Ŧ	11480			
Occupancy Status During Abatement	(Check			Da	iy	i cai	Stree	t Address					_		
X Facility Closed/Vacated Di	batem	ent				STREET									
Abatement Performed Out						e:	and a contract of the contract								
X Other - Describe: MOI	NDAY -F	RIDAY	7AM-3	:30 PN	1		City,	State, Zip							
					_	7			NEW YORK, NEW YORK 10016						
Scope of Work (Check all that apply)  Demolition	[∇ ]p	enova	tion		-	Mini Encl		it with Neg	vith Negative Pressure						
X >3SF OR LF	X_R	enova	liOH		-	Glovebag		ocedure							
>160 SF OR 260 LF					X	Non-Friab									
Location of		Is Loc	cation		Desc	ription of As	bestos	S-			Abater	nent T	vpe		
Asbestos-containing	1		ly used			ning Materi			Amount				-		
Material (ACM)		sole	ly by		(ie.	Thermal sy	stems		(Specify	REMOVAL	REPAIR	5	5		
TO BE ABATED	N	/laint/C	ustodial		insulat	tion, surfaci	ng, VA	T,	SF or LF)	18	14	P	0		
in Facility (13)		Staff			or ot	her miscella	neous	)		P	1"	ENCAPSUL	ENCLOSUR		
	I Y	es No	N/A							-	+	1	2		
MER -SOUTHWEST AREA			X	DUCT	SEAM (	CAULK			10 SF	X					
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Name of Registered Waste Hauler	1000		Waste	Cubic	Yards of	Waste			ered Landfill						
FREEHOLD CARTAGE, INC.	H	lauler l			3				OUNTY RESOL			>EMEN	NI SE		
825 HIGHWAY 33		159	939	Diana	ool Dots			State/	R DRIVE/RO	JIE 1	)		-		
City, State FREEHOLD, NEW JERSEY					sal Date 12/30/18		MON	TGOMED.	Y PA 17752		1	. /	120		
Completed by (Print or Type)	Title			10/12-		nature /	MONTGOMÉRY, PA 17752						(1)		
BENJAMIN SANCHEZ		TOR	OF OPE	RATIO	NS S	/	1	1		(	010	7/1	8		

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

Date of Notification (1)		(, ,				wner/Operator	(2)	C		I	WE
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								and a state		i and a section	
6 / 11 /18 Agencies Notified Type Notifi	cation			Street A	50518: B:0454	ENUE, P.O. BOX	X 2000, RY28-414	,111	vi 2	2 2	010
DEP x Amer	Notification nded Notification		#1		te, Zip Code Y, NEW JEF	RSEY 07065		~	78000 00 00 00	9 6	710
X DOH X On H	old	NOTIF	ICATION		Contact IA JOHNSO	N	Telephone Numb 732-594-7746	oer ST	OEN OS (	JUNT SING	ROL &
			FAC	ILITY INFO	RMATION						
Name of Facility Where Abatement	s Taking F	Place				Type of Facilit					
MERCK SHARP & DOHME CORPOR	ATION						er 8 (Other than K private & commcl	10 C 10 C 10 P	s., ho	mes, e	etc.)
Street Address 126 EAST LINCOLN AVENUE - BUIL	DING 84N					Square Feet 108,769		T	Bldg	g. Age 49	
City (5) Cour RAHWAY UNIC	nty (6) ON			County (			rior if being demol			ACIL	
Name of Monitoring Firm Hired by E ENVIRONMETAL HEALTH INVESTIG	Building O	wner (	(8)		ASCM No. 104	Name of Abate	ement Contractor	(9)			
Street Address 655 WEST SHORE TRAIL						Street Address 313 SPOOK R					
City, State, Zip Code SPARTA,	NEW JER	SEY 0	7871			City, State, Zip SUFFERN, NE	Code W YORK 10901				
Project Manager for Monitoring Firm			ohone Nu	ımber		Telephone Nur	nber Lice	nse N	lumbe	er	
WILLIAM S. KERBEL, CIH			729-5649			845-369-7500	110	1			
Expected State Date (10) 6 / 12 /18	Sch	ed. Co		n Date (11) 30	/18	Name of OSHA AMERISCI LAI	A Monitor BORATORIES INC		#	11480	
Month Day Year		onth		Day	Year	Ctt Add					
Occupancy Status During Abatement  X Facility Closed/Vacated Du Abatement Performed Outs	ring Entire side of Nor	Perior	d of Abat acility Ho	urs - Descr	ibe:	Street Address 117 EAST 30T	H STREET				
X Other - Describe: MON	IDAY -FRI	DAY 7	AM-3:30	PM		<b>■</b> 4000004	W YORK, NEW Y	ORK	10016		
Scope of Work (Check all that apply) Demolition X >3SF OR LF	X Ren	ovatio	n		Mini Encl	Procedure	gative Pressure				
>160 SF OR 260 LF	1 10	Lanat	ion	X Doo	cription of A	ole Procedure	T	Ι Δ	baten	ont T	vne
Location of Asbestos-containing Material (ACM)	nor	Locat mally solely	used by	Cont (ie	aining Mater . Thermal sy	ial (ACM) vstems	Amount (Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
TO BE ABATED in Facility (13)		Staff (1			ation, surfac other miscella		SF or LF)	VAL	D.	PSUL	SUR
MER -SOUTHWEST AREA	103	1100		JÇT SEAM	CAULK		10 SF	Х			
		-					-	_	-		$\vdash$
		-					1	+		-	$\vdash$
Market Committee		-					1	+	+	+	H
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	110000000000000000000000000000000000000	EP W ler ID	No.	ubic Yards	of Waste		OUNTY RESOUR		ANAC	SEME	NT SE
825 HIGHWAY 33 City, State		1593	Di	sposal Date		City, State MONTGO ME	ER DRIVE/ROUT	E 15			1
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title		[6/	12-12/30/18 Isi	gnature /	VINION I GOINE	Dat	e .	-/	1 1 1	<del>/ //</del>
BENJAMIN SANCHEZ	DIRECTO	R OF	OPERA	TIONS	/.	$\bigcap \bigwedge$	\	1	/	111	/\

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

CK#	322	45
		, 0

D (		Name of Building O		(2)	F3 6	5) 15	3 n	0.0						
Date of Notification (1)		MERCK SHARP & DOHME CORP.												
5 / 31 /18		Street Address		EUUr			1							
Agencies Notified Type Notification	on	126 E. LINCOLN AV	ENUE, P.O. BOX	( 2000, RY28-414		.1112								
EPA X Initial Not DEP Amended X DOL Cancellat	Notification	City, State, Zip Code RAHWAY, NEW JEF		i	J	UN :	2 3	2018						
X DOH On Hold EMERGE	NCY NOTIFICATION	Name of Contact ON PATRICIA JOHNSO	N	Telephone Num 732-594-7746	ber ASBE	\$108	001	VITRO						
		ACILITY INFORMATION												
Name of Facility Where Abatement is Ta	king Place (3)		Type of Facilit											
MERCK SHARP & DOHME CORPORATION	ON			-12) er 8 (Other than K private & commo		, hor	nes e	atc.)						
Street Address 126 EAST LINCOLN AVENUE - BUILDING	G 84N		Square Feet 108,769	# of Floors	Diago	Bldg	. Age	10.)						
City (5) County (		County Code (7)		rior if being demo										
RAHWAY UNION		(STATE USE ONLY)		ABORATORY AN		ICE F	ACILI							
Name of Monitoring Firm Hired by Build		ASCM No.		ement Contractor		ONI								
Street Address	JNS, INC.	104	Street Address		JKAII	JIN		$\overline{}$						
655 WEST SHORE TRAIL			313 SPOOK RO											
City, State, Zip Code			City, State, Zip		*******									
	V JERSEY 07871			W YORK 10901										
Project Manager for Monitoring Firm	Telephone	Number	Telephone Num	nber Lice	ense N	umbe	r							
WILLIAM S. KERBEL, CIH	973-729-56		845-369-7500	110	1									
Expected State Date (10) 6 / 12 /18	Sched. Complet	30 /18	Name of OSHA	Monitor BORATORIES INC	,	#1	1480							
Month Day Year	Month	Day Year	AMERISCIEAL	ONATORIES IN	,	Tr. I	1400							
	Entire Period of Ab	Hours - Describe:	Street Address 117 EAST 30Th City, State, Zip NEV		ORK 1	0016								
Scope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF	Renovation	Mini Enclo	ainment with Neg o , Procedure ble Procedure	ative Pressure										
Location of	Is Location	Description of As	sbestos-		At	atem	ent Ty	ре						
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normally used solely by Maint/Custodial Staff (12) Yes No N/A	Containing Materi (ie. Thermal sy insulation, surfaci or other miscella	stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR						
MER -SOUTHWEST AREA	x	SUCT SEAM CAULK		10 SF	×									
	$\perp \perp \perp \perp$				-									
	+ + -   -				-			$\vdash$						
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Regis	tered Landfill DUNTY RESOUR	CE MA	NAG	EMEN	IT SE						
825 HIGHWAY 33	15939		447 ALEXAND	ER DRIVE/ROUT			and the second							
City, State		Disposal Date	City, State MONTSOMER		T.									
FREEHOLD, NEW JERSEY		6/12-12/30/18	MUNISOMER	Y , PA 17752	0	- 1	7							
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIF	e RECTOR OF OPER	RATIONS Signature	100	Dat	5	131	11	8						

OK 1465

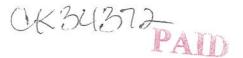
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Date of Notification (1)		Nar	Te of Bu	uilding Own	er/Operator (	(2)		DOF TO	Market Strategies	7			
		1000		Technolo		1	5			١			
June 25, 2018			eel Addr		Alica		-+		12	- 1			
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Amendment # Emergency (Inclu	ding			K, NJ 088	46			Telebooke Au	mber	0 24		#	
Z DOH justification)			me of C				¥ ¥	Maidre					
DOH Justification Cancellation		Pro	ject M	anager		· · · · · · · · · · · · · · · · · · ·		(270) 204-11	020	***		-	
			FACILI	TY INFORM	MATION	Type of	icilly (4)	The E	PE	1	W	世	
Name of Facility Where Abatement is Taking Pla								111 1	(A) (E)	2 U			
low Chemical / Univation Technologies							01 (1-12		(2)				
Street Address						× ou	file. Dr	(Other than K-1	ial buildi	igs, h	omes	_	
5 Baekeland Avenue						etc.			-	-		5	
City (5)						Square	iat	# 0/ Figors	Bio	g. Ag	9		
/liddlesex, NJ 08846								and the second		-	-		
County (6)		I Co	ounty Co	ode (7)		Current	se Prio	if being demoki				OL 8	
				E ONLY				factory	LICE				
Viddlesex	or /81	<del></del>	ASCM I	No	Name	of Abelet	ent Jont	ractor (9)	<del>yandululululululululululululululululululul</del>				
Name of Monitoring Firm Hired by Building Own	er (e)	100			10W		GINUF, LLC.						
AET		(	0021			LAddress							
Street Address							HIMN, STE 209						
28 North Pennell Road	of the Samuel Samuel	one consists the pr						515 209		•••••			
City, State, Zip Code					State, Zip		1:						
Media, PA 19063	7				ry Hill, N	08034	Licensa	Na			-		
Project Manager for Monitoring Firm	T	elephon	e No.		shore No.			140					
Project Manager	(6	10) 89	1-0114		759 - 51		00781						
Start Date (10)	d Comp	letion D	late (11)	Name	e of OSHA	ionitor							
6/26/18		6	/26/19	)	The I	MACK G	rap, L	LC.					
Occupancy Status During Abatament (Check C	nly One					H Address			0.1810/Juli 1-7. 0.00 W	W 17 17 17 17 17 17 17 17 17 17 17 17 17			
			and .		1500	Kings H	WN.	\$TE 209					
Facility Closed/Vacated During Entire Per Abatement Performed Cutside of Normal	Facility	Hours	1011			State, Zip							
Other - Describe:					- Cher	ry Hill, N	08.034	4					
Scope of Work (Check All That Apply)													
	521 -					X Full	nte om	ent with Negativ	e Pressu	9		1	
X ≥3 st or ≥3 if ≥160 st or ≥260 if		enovati emoliti				X Mini-	Licheaure	9					
≥160 sf or ≥260 lf			will			Glov	eg Pro	cedure (*) end Non-Frie	hie Proce	dure			
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		Locatio							j	14	pe .		
Location of		lorma!			Descript	on of				T	Ī		
Asbestos-Containing Material (ACM)		d Solel		Aspesto	s Containing	Material	FIM	Amount (Specify	27	_	E E	m	
TO BE ABATED		todial S		(1.8.1	thermal syste	ine instillat VAT, or		SF or LF)	Rетюча	Repair	Encapsulate	Enclosure	
is Facility (13)		(12)			other miscel				SAO	a.	Sult 3	Sur.	
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	Yas	No	N/A							-	1		
Testing Bldg. Lab hoods & benches		X			Trans	aite		TBD	-	-	-	-	
			-	1		***************************************	->	-					
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		Ī							-		1		
Name of Registered Waste Hauler	1 1	IJ DEP V	Waste	Cub c Yard	bic Yards lane of Registered Landfill								
Mame of was present wards using		auler IC		of Weste									
Newark / Freehold Carting		45	509	0			perial Landfill						
City, State				Disposal D	ate	ity, St							
• • • • • • • • • • • • • • • • • • • •	6/26/19					le iperia	il, PA						
Newark / Freehold, NJ	Signific				Sate DOC 160								
	pleted by Title								8/25/1	3		2000 0000 0000 00	
Michael Cooper	LI68	dent						***************************************					

MERGENCY												Р	rint
MERGENCY X1393	ATT	NOTIF (P	ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE	MENT 0)		) E C		0 0	7	7 7
Date of Notification (1) 6/7/2018	I M. M. Mar			of Building i Zhang	Owner/	Operator	(2)						The section is not a section
Agencies Notified Type Notificati	ion	-	Street A							JN 2 8	3 20	8	- Charles
EPA Initial Amended	4	-	City St	ate, Zip Co	ode			_	10050	~~~	6 J 177		
DOL Amendm		_		City, N		37			ASBES	LICENS	ONTE	IOL	g,
DOH justification Cancellar	on)		Service de la constancia	of Contact i (Peggy	) Zhan	~			Telephone	Number		Prestraction	Bar Manager
				ILITY INFO				, <sup>34</sup>					
Name of Facility Where Abatement is Ta	king Place (	3)					Type of Fac	5. 5.0					
Street Address						-100 5-00-0	Subch.		Other than I		ildings	, hom	ies,
City (5) Union City							Square Fee 2000 sq f	507	# of Floors 2		Bidg. / unkn		
County (6) Hudson				Code (7) USE ONLY	·		Current Use Single-Fa		being demo	olished)			
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCN	И No.			of Abatemen			al Servi	ices I	I C	
Street Address						Street	Address 7 Hudson A			ui 00171			
City, State, Zip Code						City, S	state, Zip Cod	е					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	t New York none No.	i, NJ C	Licens				
Start Date (10)	Schedul	ed Con	npletion	Date (11)		2000000	304-3820 of OSHA Moi	nitor	0135	4			
6/8/2018	6/11/2			723 62									
Occupancy Status During Abatement (Cl  Facility Closed/Vacated During Enti Abatement Performed Outside of No Other – Describe:	re Period of	Abatem	nent		_		Address tate, Zip Cod	e					
Scope of Work (Check All That Apply)									-12-7-27-2-1				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoliti				×	Mini-Enclo	osure Procedi	with Negativ ure and Non-F				
	Is	Locati	on					1	and non	TIGOLO T TO	Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Use	Normall d Sole	ly by	Ashest		scription	of laterial (ACM		Amount		13	pe _	Т
TO BE ABATED In Facility (13)	Ma	intenar todial S (12)			thermal surfa		s insulation, T, or	,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
0.11	Yes	No	N/A									ate	e)
Siding	-	X							500 SF	X			-
Pipe Insulation  Drywall		X							5 LF 300 SF	X			-
									300 01				H
Name of Registered Waste Hauler Rovic Transport		H	JDEP W auler ID 0785		Cubic of Was 2				istered Land a Landfill	dfill		L	1
City, State Riverdale, NJ						sal Date 2018		State ganTo	wn, PA				
Completed by Dean Schaffer	Title Proje	ect Ma	nager		S	ignature		>		Date 6/7/20	18		

CK#5118	NOTIFICATION	tate of New Jersey N OF ASRESTOS AB t to NJAC 8:68 and 1	3ATEMENT 12:120)	MEC	E	Prir	nt Fo
Date of Notification (1) Agencies Notification Type Notification		of Building Owner/Ope		JUA		018	- Contract
DOH Initial Amended Amendment # Emergency (in justification) Cancellation	Name of	ate, Zip Code  IDD + C   Color  of Contact  OCY	EYOFOZU;	ASBEST LI Telephone Num 732 07	CENSING	5 5	- &
Name of Facility Where Abatement is Taking RPM Property Street Address BY-UD RUSSELL City (5) County (6)	Place (3)  VP  (smoth)  County	Code (7)	Type of Facility ( School (K-1 Subchapter Other (i.e. p etc.) Square Feet		Bidg. A		S,
Name of Monitoring Firm Hired by Building O		M No.	Name of Abatement Cor	oll outractor (9) outractor (9)	$\gamma_{2,j} I$	· `(	
City, State, Zip Code Project Manager for Monitoring Firm	Telepin	Para level	City, State, Zip Code  (3 +) N2 ( Telephone No.	K, NSS7	720		
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po Abatement Performed Outside of Morna	eriod of Abatement	5	Name of OSHA Monitor Street Address City, State, Zip Code	7 1 000	.)9		
Other – Describe:	Renovation Demolition		Mini-Enclosure Glovebag Prod			9	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	1s Location Normally Used Solely by Maintenancel Custodial Staff? (12)	Asbestos Contai (i.e. tremal sy surfacir	ription of ining Material (ACM) ystems insulation, ng, VAT, or scellaneous)	Amount (Specify SF or LF)		ment pe Encapsulate	Enclosure
Dasenerts	Yes No N/A	P. Place	we'ry	331 LF 415 LF	X	49	
Name of Registered Waste Hauler  ACL LOSUICH ON (1)  City, State	NJDEP Hauter II		° & Fa	Registered Landfill			

211 5118							P		L	Pri	nt Forn
CK# 5118 PA	No. of the last of		ICATIO	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE		DE	CE		$\mathbb{V}$	
Date of Notification (1)			Name o	of Building Owner/C	Operator	(2)		UN 2	8	2018	The state of the s
Agencies Notified Type Notification		-	Street A	Iddress Un-	HU	TINY	244 bag			-010	
.  ./			Sheet A	7 Park	A	ياو ت	ASBE	STOS	201	TDO	
EPA Initial Amended Amendment #			City, Sta	ate, Zip Code		10.10-		LICEN	SIN	3	i- Ct
Emergency (i		_	Nameyo	100+Cla	10,1	Jen Jer	Telephone No	UY O			
DOH justification)  DCA Cancellation		-	(-	)CE J			7326		301	25	Search rese
			FAC	ILITY INFORMAT	ION		1730-11		- 1		
Name of Facility Where Abatement is Taking	Place (	3)				Type of Facility	33 733				
Street Address						School (K	er 8 (Other than K-	12)			
36 RUSSEN A	W					Other (i.e.	private & commerce	cial build	lings,	home	es,
City (5)						Square Feet	# of Floors	B	ldg. A	ige	
Uclanport (F	t-Mk	nm		2)	_	2500	12		$\mathcal{L}$	7	
County (6)		1	(STATE	Code (7) USE ONLY)		P-200-100	rior if being demolis Sidfnは	shed)			
Name of Monitoring Firm Hired by Building O	wner (8	)	ASC	M No.	Name	of Abatement C		_	-		
	200				A	el In	50/Ction	(b.)	I	20	
Street Address					Street	Address	050 01				
City, State, Zip Code					City S	) Mon ti State, Zip Code	356 11G				
					6	HSWEC	KN507	77:	2		
Project Manager for Monitoring Firm		and to design	Telepho	ne No.	Teleph	hone No.	License !	Vo.			
Start Date (10)	Schodul	ed Con	noletion	Date (11)	-fg	of OSHA Monito	+ 1000	164			
7/5/18		1/2	2/1/	Pate (11)	ivallie	OI OSHA MOIIILO	or.				
Occupancy Status During Abatement (Check	Only O	ne)	110		Street	Address					
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:	I Facility				City, S	State, Zip Code					
Scope of Work (Check All That Apply)											-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Daniel -	Renova Demoliti				Full Containn Mini-Enclosu Glovebag Pro		Pressur	е		The state of the s
	1			1	L	Non-Exempte	ed (*) and Non-Fria	1		-	
1	1	Locati Normal		_				1		ement pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by		scription aining N	of Material (ACM)	Amount	The state of the s		m	
TO BE ABATED In Facility		todial S			system cing, VA	s insulation, \T. or	(Specify SF or LF)	Remove	Repair	Encapsulate	Enclosure
(13)		(12)		othern	niscellar	neous)		loval	oair	sula	osure
	Yes	No	N/A					1.1		te	
12 F(			X	DIDEC	aud	100	65 LF	A	-		
			1			0		-			
								The state of the s			
		<u> </u>	<u> </u>								
Name of Registered Waste Hauler			JDEP W auler ID	No. of Was	_rte	) Name o	f Registered Landfi				
Hellasslatin (7)	->(	_	1208		0	1 /	a(10)				
City State				Dispos	al Date		ate or SVIIIL	M			-
Completed by	Title	. [	i –	S	gnature		1-01	ate 1	1	0	-
barrows	20 86	HACK	Timer	srec 1	-1)	54 . 1	1	1010	1.1	X	

Smeremental			ICATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE		ME	C	E		E
Date of Notification (1)  Agencies Notified Type Notification  EPA Initial		Angeline was the second of the	Street A	7 Park		racting		Park Transaction	2 2	1.0	a transfer de la constante
DEP Amended Amendment DOH Justification Cancellation		\	Name e	Cay	, ,	15070	Telephone Nun 730 67	LIC	ENS	ING	ROLA
Name of Facility Where Abatement is Taking	Place (	3)	FAC	ILITY INFORMAT	ION	Type of Facility (	4)			-	
RPM Property Street Address 32-34 RUSSELL	AU(	ì				School (K-1.		l build	lings,		8,
1	+ M	mm	vth		1	41000	1 3	- Comments		t	al and a second
Cobaby (6)		1	County	Oode (7) USE ONLY)		Current Use (Pric	or if being demolisher	ed)		•	
Name of Monitoring Firm Hired by Building C	Wner (8	)	ASC	M No.	IA	of Abatement Con	itractor (9)	(°)	· , _	5)	
Street Address					1 -		OSO Rd				Ì
City, State, Zip Code					City, S	Manto State, Zip Code	NITOT	7)	2		
Project Manager for Monitoring Firm		Contraction of the	Telepho	пе No.		100 No. 1294175	License No	50	FI		
10/25/18	7	12	pletion	Date (11)		of OSHA Monitor	7 1 00		<u> </u>		
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten			and the first fearing and the fearing and the first fearing and the first fearing and the first fearing and the fearing and th	Address State, Zip Code					entre entre entre de la constante entre en
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	priemi-m	Renova Demoliti				Mini-Enclosure Glovebag Proc				)	Andrew community and all the state of the st
	15	Locati	on						Abate Ty	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma Cus	Normal ed Sole aintena itodial S (12)	ly by nce/ Staff?	Asbestos Con (i.e. thermal surfa	-	Material (ACM) s insulation, AT, or	Amount (Specify SF or LF)	Removal	Ropalr	Encapsulate	Enclosure
it	Yes	No	N/A	0 00	0		0001-				
12- Floor)	1		12	D. Dr.C	DU (?	19 1	3840-	X			_
paraents	and an artist of the second		32	P.Pe	OUG	3	55 6CF	X		Total State of State	and period dimensi
Name of Registered Waste Hauler  AC 2 To SUCHUS CO	In(		JDEP W lauter ID		Yards ste	1 -	Registered Landfill				erabe (self-selfer
City, State () (+5) NCK, NJ				Dispo	sal Date	Mar	c. Su: 1/4, f	77			AND A CREATE AND ADMINISTRA
Be MGJ Cl	Seco	eter	yTre	spre- s	ignature De		Dat	phi	2/	18	-
ASB-41 (R-06-08)			,		* Do no	at use this form for	asbestos licensure	exem	pled a	activiti	es.



Date of Notification (1)			Name	of Buildin	g Owner/Operate	FREG		16		-	
	18			& A Demo			371	1	2	_	
Agencies Notified Type Notific	ation	Separate and	Stree	t Address			0 0 0010	111			
☑ EPA ☑ Initial			21	56 Campl	ain Road	JUN	2 8 2018	1			
☑ DOLWD ☐ Amende			City,	State, Zip (	Code	1 Sept 1	1	-			
□ DOH Amendm	0.0000000000000000000000000000000000000		Hil	Isboroug	h, NJ 08844	1000	S CONTROL &	-			
DCA Emerger (NJAC 5:23-8)		ng	11.000	of Contac	1	ASBESTO	ENTelephone Numb	er			
Cancella				tonio Din		Est 1	732-713-4496				
			FA	CILITY IN	IFORMATION	-					
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility	(4)				
Former Bank						☐ School (K-1	2)				
Street Address						── ☐ Subchapter	8 (Other than K-12)				
80 Ridge Road						homes, etc	private and commerce.)	cial bu	ıılaın	js,	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
North Arlington						9,000	2	- 1	80	~	
County (6)			Cou	nty Code (7	)(STATE USE ONL	Y) Current Use (P	rior if being demolish	ned)			
Bergen						Former Ba	nk				
Name of Monitoring Firm Hired by Buil	ding Owne	r (8)	ASCM	No.	Name of Abate	ement Contractor (9	))				
Guardian Contracting, Inc.					Guardian (	Contracting, Inc.					
Street Address					Street Address						
1889 Rte. 9, Unit 61					1889 Route	9, Unit 61					
City, State, Zip Code					City, State, Zip	Code					
Toms River, New Jersey 08755	5				Toms Rive	r, New Jersey 0	8755				
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Nicholas Fernicola		7	32-349	-9932	732-349-99	32	00624				
Start Date (10)	Scheduled	Compl	etion Da	ite (11)	Name of OSHA	Monitor					
07 /05 /18	07	/ _2	0_/	18_	E.M.S.L. A	nalytical					
Occupancy Status During Abatement (	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Enti					1056 Stelto	n					
Abatement Performed Outside of N Time of Abatement:AM					City, State, Zip	Code					
	1 100		-	, CIVI	Piscataway	, New Jersey 08	3854				
Scope of Work (Check all that apply)					⊠ Full C	ontainment with Ne	gative Pressure				
≥3 sf or ≥3 lf	-	Renova			☐ Mini-E	nclosure	ganvo i rossaro				
⊠ ≥160 sf or ≥260 lf		Demolit	ion			pag Procedure	on-Friable Procedure				
	T	Is Loca	ation	T		xempted ( ) and 14	The state of the second of	-	atem	ent T	vne
Location of		Norm	ally		Description	n of					T
Asbestos-Containing Material (ACM	1) U	sed So fainten	lely by	Asbes	stos Containing I	Material (ACM)	Amount	Removal	Repair	nca	Enclosure
TO BE ABATED IN Facility			Staff?	(i.e.	., thermal systen surfacing, V/		(Specify SF or LF)	ova	ai.	psu	uso
(13)		(12	)		other miscella		Or Or Ery	-		Encapsulate	ē
	Yes	s No	N/A							(D	
basement				asbesto	s floor tile &	mastic	2800 sf	$\boxtimes$			
basement		$\boxtimes$		ceiling	tiles		2500 sf	$\boxtimes$			
1 <sup>st</sup> & 2 <sup>nd</sup> floors				asbesto	s floor tile		6000 sf				
exterior				window	caulk		15 windows				
Name of Registered Waste Hauler			NJDEP	Vaste	Cubic Yards of	Name of Regi	stered Landfill				1
Guardian Contracting, Inc.			Hauler II 20223	Service and Control of the Control o	Waste 100	T.R.R.F.					
City, State					Disposal Date	City, State					
Toms River, New Jersey					07/20/18	Tullytown	, Pennsylvania				
Completed By (Print or Type)	Title				Signature		/ Dat	e /		1	
Nicholas Fernicola	Projec	ct Mar	nager			· te	1 6	1/2	5/	18	/

31

Name of Facility Where Abatement is Taking Place (3) 436 GRANT STREET STRUCTURE

436 GRANT STREET STRUCTURE

Name of Monitoring Firm Hired by Building Owner (8)

\_ / \_ 18

☐ Amended

Type Notification

Amendment #\_

justification) ☐ Cancellation

Emergency (including

18

Date of Notification (1)

Agencies Notified

(NJAC 5:23-8)

Street Address

CAMDEN

Street Address

Start Date (10)

City, State, Zip Code

Project Manager for Monitoring Firm

City (5) Camden County (6)

**⊠** EPA

**⊠** DOH

☐ DCA

□ DOLWD

5

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

City of Camden

PO Box 95120

City, State, Zip Code

Name of Contact

ASCM No.

Telephone No.

Scheduled Completion Date (11)

7 / 20 / 18

James Rizzo

Camden, NJ 08101

**FACILITY INFORMATION** 

County Code (7)(STATE USE ONLY)

Street Address

Name of Building Owner/Operator (2

w Jersey ESTOS ABAT 3 8:60 and 5:10		183万屋	C	G		<u></u>	E
Owner/Operator (	2)		JUN	2	3 2	2018	
en							
0		ASB	EST	OS (	CON	TRO	1.8
ode				V ( 1 V	01141	ud wasanan	- Madagas
08101							
		Telephone Numbe	er				
ORMATION		856-757-7032					
-URMATION	Type of Facility	(4)					
	School (K-12	2) 3 (Other than K-12) rivate and commerci	ial bui	ilding	s,		
	Square Feet	# of Floors	Bld	lg. Aç	ge		
(CT) TE 110E CW 14	varies	varies		·0+			
STATE USE ONLY)		ior if being demolish DEEMED UNSAFE	***				
Name of Abateme			-		-		
	nvironmental S						
Street Address				-			
1121 N. Beth	lehem Pike - S	uite 60					
City, State, Zip Co Spring House							
Telephone No.		License No.					
215 542 7000		00847					
Name of OSHA N	lonitor						
Street Address							
	ehem Pike -Su	ite 60					
City, State, Zip Co Spring House							
apring nous	e, FA 19477						
☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure n-Friable Procedure					
			Aba	atem	ent T	уре	
Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
ched Notice of	Hazard	200 YD per res					
		-					

Occupancy Status During Abatement (C	Check only	one)			Street Address	100			-			
☐ Facility Closed/Vacated During Entir	e Period of	Abate	ement		1121 N Bethle	hem Pike -Sı	uite 60					
Abatement Performed Outside of No	rmal Facilit	у Ноц	rs - Des	cribe	City, State, Zip Coo				- 2			
Time of Abatement: 7:00 AM-5:00 P	M/P	Л	AM		Spring House							
Scope of Work (Check all that apply)					301119110000	, , , , , , , , , , , , , , , , , , , ,						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enovat emoliti			☐ Mini-Enck	osure Procedure	gative Pressure	dure				
	1	Loca	The second						Aba	atem	ent T	ype
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	) Use Ma	intena	ely by ance/ Staff?		Description of estos Containing Mate e., thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) isulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
(MAX 202)	Yes	No	N/A								Œ	
See Attached Notice of Hazard			$\boxtimes$	See At	tached Notice of I	Hazard	200 YD per i	res [	X			
						0.00		1	J			
								1	]			$\Box$
									7	П	П	$\overline{\Box}$
Name of Registered Waste Hauler Waste Management of NJ			VJDEP V Hauler III 17273	O No.	Cubic Yards of Waste 200/residenc	Name of Regi	stered Landfill					
City, State Fairless Hills, PA			Disposal Date 7/20/18	City, State Tullytown	PA							
Completed By (Print or Type) Patricia Visco	Title Office	Mana	iger	-	Signature	Doron	agior.	Date		51	Z	215
Patricia Visco ISB-41 AN 13				for asbes	7 1	Classical ded activities.	and the second			31-	Z.	24.5

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PAGE 03/05

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			(Furs	HEN1	DALMO	: 8:80 and 5:40	"Chali	. 13	793DOL - 10	111	AV	525000				
Date of Nothication (1)			IN	erne of	Building	Owner/Operator (	2)	7	francisco a con commente de la commente del la commente de  la commente de  la commente de la co			_				
B /	34 / 18			City a	f Gamd	on			1			1	11			
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Agencies Natified  EPA	M Initial		13		ou 9512	rh .	*		-	1/	본	(C	B		$\mathbb{V}$	E
M DOTMD	Amended		100		te, Zip Co			temper (	上一道从	AT.		7	-		e desired discount	
☑ DOH	Amendment #_		1		ten, NJ				WAIVER NP	9.4	1.75	7				
(NJAC 5:23-8)	Emergendy (in justification)	auding	h		Contact		namenananananan Mari	DATE OF	Tolephane-Number			깪		8	2018	
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Patricle Visco

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Office Manager

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K# 110	/ PA	ID	NOTIF (P	ICATION	ate of New NOF ASBES to NJAC 8:	STOS	ABATE	MENT		E	CE		1	-1	
Date of Notification (1) 06/23/2018				Name o	f Building O	wner/C	perator	(2)		1	IIIN O	0.00	10	1	
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× DOH	Emergency justification)		Ī	Name o	f Contact				127-11-11	Tel	ephone N	Number			
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Street Address								Su	bchapter	8 (Oth	er than K	-12)			
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City (5)								Square		# 0	Floors	E	3ldg. /	Age	
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County (6) Passaic				County (	Code (7) USE ONLY)			Current	Use (Pric	or if bei	ng demol	ished)			
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCN	153		Name	of Abato	ment Con	tractor	(0)				
3	,	o,,,,,,,		7.001	1110.				afety LL		(9)				
Street Address								Address							
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Project Manager for Monit	oring Firm			Tolonha	na Na				J 0750	2					
roject wanager for Moriti	omig Film			Telepho	ne No.		73	one No. 400-87	11		License 01332				
Start Date (10)		Schedule	ed Cor	npletion I	Date (11)			of OSHA			01002	-			
07/02/2018		07/05/					Rem	oval Sa	afety LL	С					
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Address				-n			
Facility Closed/Vacat	ed During Entire I	Period of A	Abaten	nent			1000	osby Av							
Abatement Performer  Other – Describe: 7:	d Outside of Norn :00 am - 5:00 pm	nal Facility	/ Hours	S				tate, Zip		0					
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Lasko Veskov		Pres	ident	8		6	1	lo	West	civ		06/23	/2018	3 '	

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

Date of Notification (1)				-	Mar	no of Build	ina /	Owner/Operator	(0)								
6 /	21 /	1	88						(2) ny / Job #1806	6-5	333	Check	#103	81	7	V/	E
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☐ DCA (NJAC 5:23-8)	☐ Emergi justifica		ncludi	ng	_	ne of Conta		3 07 900		317	-olo	Nome & At	7500	ADDRESS OF			
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								ORMATION		1_	-	0-210-2		-145		MANAGEMENT AND TO A SECOND	- Contraction
Name of Facility Where A	batement is	s Takir	ng Plac	e (3)	- '	CILITI	141	JAWATION	Type of Facility	(4)							
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City (5)							1000		Square Feet		# of	Floors		Blo	lg. A	ae	
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	line d b . D	71 - 12		(0)					Substation								
Name of Monitoring Firm F  1 Source Safety & H			Uwner	(8)	ASCN	1 No.			ent Contractor (9)								
Street Address	eann, inc	•					_	AbateTech, I	nc.								
140 S. Village Ave. S	uito 130						(22.52)	treet Address	DO D 05								
City, State, Zip Code	raite 100			-			1	30 Maple Ave									
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Project Manager for Monito	oring Firm			Tel	ephone	No	-	elephone No.	13 00040	-	ioo	nse No.	2271.00				
Brian Hovendon	3					1-5525	1	609-265-2107		1		0529					
Start Date (10)		Sched	luled C	comple	etion Da	ate (11)		ame of OSHA M		_	-	7020		175			
_7_/_5_/_						18	1	EMSL Analyti									
Occupancy Status During A	Abatement	(Check	only	one)				reet Address									
☐ Facility Closed/Vacated	During Ent	ire Per	riod of	Abate	ment		1	200 Route 13	0 North								
Abatement Performed C	Outside of N	lormal	Facilit	y Hou	rs - Des	scribe	Cit	ty, State, Zip Co	de	_							-
Time of Abatement:		PIN	///	_PM-		AM	(	Cinnaminson	, NJ 08077								1
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AbateTech, Inc.				185000	auler ID 18750		Wa 2		G.R.O.W.S.	La	ndí	ill					
City, State								posal Date	City, State								
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Completed By (Print or Type	:)	Title						Signature	L				ate	4		,	$\neg$
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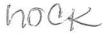
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							homes, etc.)	Truto di	14 00111	imercia	Dulle	unigs,	
City (5)							Square Feet	# of	Floors		Bldo	. Age	
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Street Address			- Sec = 15			AbateTech, I	nc.						
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Project Manager for Monito	nng Firm		22000	ephon		Telephone No.		Licen	se No.				_
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Cope of Work (Check all the cope of 260 if    Location of Asbestos-Containing Mataron Fole   Locatio	AM at apply)  terial (ACM) D	PM/	enovati emolitic s Locat Norma ed Sole intena todial s (12) No	on lion lly lly by nce/ Staff?	Asbesto	Full Conta	ninment with Negatosure Procedure Procedure Interpreted (*) and Non- Perial (ACM) Sullation, Or Justin Market of Register G.R.O.W.S. L	Amo (Spe SF o	Procedount ecify r LF)	A Removal	Repair		1
cope of Work (Check all the 23 sf or ≥3 lf 2160 sf or ≥260 lf  Location of Asbestos-Containing Material No. 10 BE ABATE IN Facility	AM at apply)  terial (ACM) D	PM/	enovati emolitic s Locat Norma ed Sole intena todial s (12) No	on lion lly lly by nce/ Staff?	Asbesto	Full Conta Mini-Enclo Glovebag Non-Exen  Description of tos Containing Mate thermal systems in surfacing, VAT, o other miscellaneon  s risers  Cubic Yards of Waste 2 Disposal Date	ninment with Negatosure Procedure Procedure Interpreted (*) and Non- Perial (ACM) Interpreted (ACM) In	Amo (Spe SF o	procedount ecify r LF)	A Removal	Repair		T



Date of Notification (1)				_	Nar	ne of Ruildi	na C	Owner/Operator	(2)					
6 /	19 /	1	8		- 1				ny / Job #1806	5-5328 Check	#1025	3		
Agencies Notified	Type Notifi	ication	1		Stre	et Address				EGE	II II	// [[	2 /~	ten, 7
⊠ EPA					1	Legion	Plac	e- Building A	1121		11 /	1 [5	11	11
⊠ DOLWD	☐ Amende	7				, State, Zip			11111		-		H	111
☑ DHSS	Amendr			_	1	orristowr				JUN 2	2 201	n	H	Ш
DCA (NJAC 5:23-8)			ncludir	ng		ne of Conta			-	Telephone Nu		5	116	11
(1.57.10 5.20 5)	☐ Cancella				4	hn Grece	3.30		1 4	201-602-1			vidion.	Martin
					_					1 1 1 1 1 1 1 1 1 1 1	1000	11.8		-
Name of Facility Where A	hatament is	Takin	- Di	- (2)	F	ACILITY	NFC	RMATION	Same and the same	LICENS	NG	- 4- CZ		ł.
JCP&L	batement is	I akii	ig Plac	e (3)					Type of Facility  ☐ School (K-12)	2)		ALCO HOLD WITH STATE	Annual Parents and an	, ê
Street Address									Subchapter 8				55	
32 Pitt Road									Other (i.e., p homes, etc.)		nercial	bulldin	gs,	
City (5)									Square Feet	# of Floors	1	Bldg. A	Age	
Springfield, NJ														
County (6) Union					Cot	inty Code (	7)(ST	TATE USE ONLY)	Current Use (Pri	ior if being demo	olished)			
	US J. L. D. C	1.11.	_	(0)			122		Substation					
Name of Monitoring Firm			Owner	(8)	ASCN	I No.	9 .		ent Contractor (9)					
1 Source Safety & h Street Address	eaith, inc.						-	AbateTech, I	nc.					
								reet Address						
140 S. Village Ave. S	Suite 130							30 Maple Ave					5-,	
City, State, Zip Code								ty, State, Zip Co						
Exton, PA 19341				1-				Lumberton, N	IJ 08048					
Project Manager for Monite Brian Hovendon	oring Firm			100	ephone			elephone No.		License No.				
Start Date (10)	- 12	0 1				4-5525		609-265-2107		00529				
6 /20 / _						ate (11)		ame of OSHA M						
			22 (2.28)	. 1	0/	18	-	EMSL Analyti	cal					
Occupancy Status During				50	mant			reet Address						
Abatement Performed						scribe	16 3	200 Route 13						
Time of Abatement:	AM	PN	И/	_PN		_AM		ty, State, Zip Co						
Scope of Work (Check all t	hat apply)		3-10/01					Cinnaminson	, NJ 08077					
≥3 sf or ≥3 If			⊠ Re	novo	ion				ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			De					<ul><li>☐ Mini-Encl</li><li>☐ Glovebag</li></ul>						
									npted (*) and Nor	n-Friable Proced	lure			
			1/2	Loca							A	batem	ent T	уре
Location of Asbestos-Containing M		1)			ely by	Asha	etne	Description of Containing Mat		Amount	Re	Re	m	ш
TO BE ABAT	ED	.,			ance/			ermal systems in		(Specify	Removal	Repair	cap	clos
IN Facility (13)			Cusi	(12)	Staff?	6000		surfacing, VAT,		SF or LF)	val	-	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	Ot	ther miscellaned	ous)				ate	
Exterior Pole						Asbest	os r	isers		16 LF		10		
												П	П	П
												П	П	П
											$\exists \Box$	П		
Name of Registered Waste	Hauler			1-	JDEP	Vaste	Cul	bic Yards of	Name of Regist	ered Landfill				_
AbateTech, Inc.				111111111111111111111111111111111111111	lauler II	D No.	Wa	ste	G.R.O.W.S.					
City, State								posal Date	City, State					
Lumberton, NJ							6	/20/18	Tullytown,	PA				
Completed By (Print or Type	e)	Title						Signature	N	10	ate			
Gwen Trumbetti		Op	perati	ons	Coord	inator		I(M)	W		6	19	18	

ASB-41 MAY 11



Date of Notification (1)				Name of Building Owner/Operator (2)											
6 /21	_ / _	18		PSE&G / Job #1805-5310 COURTESY											
Agencies Notified Typ	e Notific	ation		Stre	eet Address						-111				
	nitial			4	000 Hadle	y Road		II III JUN	2 8 201	8					
	Amended Amendm	T-1		City	, State, Zip	Code		9			1				
		cy (includi	ina	S	outh Plain	nfield, NJ		ASBESTO	S CONTE	301.8	R.				
(NJAC 5:23-8)	ustification	on)	ii ig	Nan	ne of Contac	ct		Telephone Núr							
	Cancellat	tion		T	om Pelard	is		908-377-51							
				F	ACILITY IN	NFORMATION									
Name of Facility Where Abater	ment is T	aking Pla	ce (3)				Type of Facility	<i>(</i> 4)							
PSE&G- Jersey City							School (K-1								
Street Address 90 Duffield Ave.							☐ Subchapter ☐ Other (i.e., p	8 (Other than K-1 private and comme	2) ercial buildir	igs.					
City (5)							homes, etc.								
Jersey City, NJ							Square Feet	# of Floors	Bldg. /	Age					
County (6)															
Hudson				Cot	unty Code (7	()(STATE USE ONLY)		rior if being demol	ished)						
Name of Monitoring Firm Hired	h. D. ital	· 0	(0)	1.00			Gas Facility								
Bureau Veritas	by Bulla	ing Owner	(8)	ASCN	I No.		tement Contractor (9)								
Street Address						AbateTech, I	nc.								
109 North Center Drive						Street Address									
City, State, Zip Code							Ave. PO Box 25								
North Brunswick, NJ 080	92					City, State, Zip C									
Project Manager for Monitoring			Tel	ephone	No	Lumberton, I	NJ 00048	I Linnana Na							
J-B Chadwick	1,415.15		1	•	9-2813	609-265-2107	,	License No. 00529							
Start Date (10)	So	cheduled (				Name of OSHA M		00529							
6 /12 /18				2 /		EMSL Analyt									
Occupancy Status During Abate	ment (C	heck only	one)_			Street Address				-					
☐ Facility Closed/Vacated Durin	ng Entire	Period of	Abate	ment		200 Route 13	0 North								
Abatement Performed Outsid	le of Nor	mal Facili	y Hou	rs - Des	scribe	City, State, Zip Co									
Time of Abatement:A		_PM/	РМ		_AM	Cinnaminson		7							
Scope of Work (Check all that ap	oply)														
≥3 sf or ≥3 If		⊠ Re	enovat	ion		☐ Full Cont☐ Mini-Encl	Containment with Negative Pressure								
≥160 sf or ≥260 lf		☐ De	emolitic	on		☐ Glovebag	Procedure								
		1.				Non-Exer	mpted (*) and No	n-Friable Procedu	re						
Location of		100	Local Norma			Description of			Abatem	ent T	ype				
Asbestos-Containing Material	(ACM)	Use	d Sole	ely by	Asbes	tos Containing Mat		Amount	Repair	Enc	Enc				
TO BE ABATED IN Facility			intena todial	nce/ Staff?	(i.e.,	thermal systems in	nsulation,	(Specify	Repair	aps	Enclosure				
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>	Encapsulate	are				
W-9 18		Yes	No	N/A			,			Ф					
Exterior				$\boxtimes$	Roof Ma	stic		240 LF							
Name of Registered Waste Haule	r			JDEP V	Vaste I	Cubic Yards of	Name of Regist	torod Landfill			Ш				
Waste Management	20010		100,000	auler ID	No.	Waste	Fairless La								
City, State				18750		Disposal Date	City, State								
Camden, NJ				/		6/22/18	Morrisville,	PA							
Completed By (Print or Type)	T	itle		-		Signature		Da	te						
Gwendolyn Trumbetti		Operati	ons C	oordi	nator-		1		11211	10					
D 44		Ned .					~ / I X	1 3	~ 10011	10					

ASB-41 MAY 11



Data of Natification (4)					1					IIm	1 15	C	S		ПГ	2 5		
Date of Notification (1)  6 /			10000		ng (	Owner/Operator			11-3-	<u> </u>	15	<u> </u>		=				
	15 /				3	J Gas		/ Job #18	305-5315 Che	CK #								
Agencies Notified  ☑ EPA	Type Notif ☐ Initial	fication				et Address South Je		u Dlove				JUN	2 8	20	18	The state of the s		
☑ DOLWD		led				State, Zip					_		- 24					
DHSS	Amend					olsom, N					ASBE	STO	s cc	NTF	101	l		
DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludii	ng		e of Conta			Į.	T	elephone	LICE	-NSI	NG	- Car			
	☐ Cancell				Jo	e Naselli					518-77					-0,000-00		
					FA	ACILITY II	NFO	ORMATION	2									
Name of Facility Where A	Abatement is	Takin	g Plac	e (3)					Type of Facility	(4)								
Residential									School (K-1									
Street Address									Subchapter Other (i.e.,	· 8 (O privat	other than	r K-12	) rcial b	uildin	as			
011 (5)									homes, etc.			,,,,,,,,,,,	oidi b	unun.	90,			
City (5)									Square Feet	#	# of Floor	rs	В	ldg. A	ge			
Glassboro, NJ County (6)							71 /0-											
Gloucester					Cou	inty Code (	7)(S	TATE USE ONLY)	Current Use (Prior if being demolished)  Residential									
Name of Monitoring Firm	Hired by Bui	ildina (	Jwner	(8)	ASCN	1 No	IN	ame of Ahatam										
NA	r in ou by bui	nung c	PWITCI	(0)	AGGIV	1110.	1	AbateTech, I	nent Contractor (9)									
Street Address					L		_	treet Address	IIIG.									
						1000	30 Maple Ave	e. PO Box 25										
City, State, Zip Code							ity, State, Zip Co	amine and an area of the area										
								Lumberton, N	NJ 08048									
Project Manager for Monit	oring Firm			Tel	ephone	No.	Te	elephone No.		L	icense N	10.	).					
								609-265-2107	*0	-	00529							
Start Date (10)						ate (11)	1000	ame of OSHA M										
6/_4/_	/				_ /	18		EMSL Analyt	ical									
Occupancy Status During  Facility Closed/Vacated							1000	reet Address										
Abatement Performed	Outside of N	ire Per Iormal	iod oi Facilit	Abate v Hou	ment rs - Des	scribe		200 Route 13										
Time of Abatement: 1	AM	PN	1/	_PM			1 200	ty, State, Zip Co Cinnaminson										
Scope of Work (Check all t	that apply)							Cimiaminson	, NJ 00077									
									ainment with Ne	gative	e Pressu	re						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re 図 De					☐ Mini-Encl										
									mpted (*) and No	n-Fri	iable Pro	cedure	Э					
				Loca									Ab	atem	ent T	уре		
Location of Asbestos-Containing M		n	Use	d Sol	ely by	Ashe	stos	Description of Containing Mat	FOI TOTAL WITH CONTROL OF THE STATE OF THE S		Amount	t	Re	Re	m	En		
TO BE ABAT	ED	"		intena	nce/ Staff?		., the	ermal systems i	nsulation,		(Specify	/	Removal	Repair	cap	Enclosure		
IN Facility (13)			Cusi	(12)	Otan:			surfacing, VAT, ther miscellaned			SF or LF	-)	a		Encapsulate	ure		
*\ \\$\ \\$\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \			Yes	No	N/A		٠,		/						ę			
Exterior						Transite	pi	ре			290 LF	:						
														П	П	П		
															] [			
Name of Registered Waste	Hauler				JDEP V	Vaste I	Cul	bic Yards of	Name of Regis	teres	d Landfill			Ш		Ц		
AbateTech, Inc.						No.	Wa	ste	G.R.O.W.S									
City, State					18750			0 posal Date	City, State					-				
Lumberton, NJ								/22/18	Tullytown,	PA								
Completed By (Print or Type) Title								Signature	Λ			Date	9					
Gwendolyn Trumbett	(2)	1985	erati	ons (	Coordi	nator			MA					51	18	1		
A STATE OF THE STA					X 11 V V V V V V V V V V V V V V V V V V							11)	21	10				

ASB-41 MAY 11

Ch# 3392

Date of Notification (1) Name of Building Owner / Operator (2)														
6/21/18			wner / Operato UNICATIONS											
Agencies Notified Type Notification	Street Addr	ress			CEI	VIS	1	1						
□ DEP □ Initial	386 East I						Ш							
DOL Amended	City, State & Manahaw				IIIN o -									
□ DOH □ Emergency	Name of Co		00030	144	JUN 2 8 20	10 II	nel	lumi	her					
☐ DCA ☐ Cancellation	Brian Tilto			1 1		1 Z 1 D - 0 4	0-4	563	Jei					
	FACILIT	TY INFO	RMATION	ASB	ESTOS CONTR	01.8								
Name of Facility Where Abatement is Taking	Place (3)	1 1 1141 01	Type of Facili	ity (4)	LICENSING	OL a								
Manahawkin Central Office	2 82.50	421114774	School (	K-12)		The state of the s	ireament.							
Street Address				ter 8 (Other th										
368 East Bay Avenue					mmercial buildir			etc.)	_					
City (5) County (6)	County Code (	(7)	Square Feet 23500	# of Flo	oors	Bldg. Ag								
Manahawkin Ocean	Journy Couc (	(')		Prior if being o	lemolished)		75							
C. D. West dender Ad A P. Carlot de Land Co. S.			COMMUNICATIONS											
Name of Monitoring Firm Hired by Building O	wner (8) ASC	CM No.	o. Name of Abatement Contractor (9)											
USA ENVIRONMENTAL MANAGEMEN Street Address	T, INC.		BRISTOL ENVIRONMENTAL INC											
8436 ENTERPRISE AVE			Street Address 1123 BEAVER STREET											
City, State & Zip Code			City, State & Zip Code											
PHILADELPHIA PA 19153 Project Manager for Monitoring Firm	Tolombono Niveri		BRISTOL, PA 19007											
MARK JENKINS	Telephone Numb 215-365-5810	COCCOSCI - CO	Telephone Number License Number 215-788-6040 00509											
Scheduled Start Date (10) Scheduled C	ompletion Date (11)		Name of OSF			- 0000								
7/23/18	8/8/18			NVIRONMEN	ITAL INC									
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire	only one) Period of Abatemer	erroge 1	Street Addres 1123 BEAVE											
Abatement Performed Outside of Nor	mal Hours - 7am to		City, State & 2						-					
Describe: 5:00 PM - 1:30 AM			BRISTOL, P											
Facility Occupied During Abatement			);											
Scope of Work (Check all that apply)				□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			-							
≥3 sf or ≥3 lf		on		Mini-En	ntainment with N	vegative	Pres	ssure	9					
≥160 sf ≥260 lf	Demolition	n			ag Procedures									
					empted and No	n-Friable	Pro	cedu	ıre					
Location of Asbestos-Containing	Is Location		Description		Amount	Aba	item	ent T	уре					
Material (ACM)	Normally Used Solely by		Asbestos-Cont Material (AC		(Specify SF or LF)			m						
TO BE ABATED	Maintenance or		.e., thermal sy	stems	0. 0. 1. )	Rer	Re	nca	Enc					
in Facility (13)	Custodial Staff? (12)		ulation, surfact other miscella			Remova	Repair	Encapsulate	Enclsoure					
A	Yes No N/A	- 01	otrici miscelle	ineous)		9		ate	Ге					
Boiler Room			Vat/Masti	ic	1200 SF		П	П	IT					
Boiler Room			Boiler Insula	ition	100 SF			Ī	T					
Boiler Room		Bre	eeching Ins	ulation	100 SF									
							4	H	Щ					
Name of Registered Waste Hauler	NJDEP V	Naste Cu	ibic Yards	Name of Regi	stered Landfill		Ш							
SERVICE TRANSPORT GROUP, INC.	Hauler ID	O No. of	Waste	AT-2										
City, State	20990	10		MINERVA L	ANDFILL	<u> </u>								
NEW CASTLE, DE 19720		TE	sposal Date BD	City, State WAYNESBU	IRG, OH 4468	8								
Completed By (Print or Type) PATRICK T. DeCARO		nature		,	Date									
ATMON I. DECARO	or /	atrick	T. DeCe	and Mr	6/21/	18								

nook

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

Date of Notification (1) 6/26/2018		Name of Building Owner/Operator (2) Hugo Neu Realty Management  JUN 2 3 2018								The state of the s	卅			
Agencies Notified  Type Notification  EPA DEP Amended Amendment #	± #	78 Jo	Address ohn Miller ate, Zip Co ny NJ 07	ode	Buildir	ng 78		ASBESTOS LICE	S CONT		8	the contract of the contract o		
DOH justification)  DCA Cancellation		Name o Mark	of Contact o Stanko	vic, Pr		/lanager		Telephone 973-570	Numbe -2645					
Name of Facility Where Abatement is Taking Kearny Point Industrial Park Street Address	Place (3)	FAC	ILITY INFO	ORMAT	ION		ool (K-12)	Other than I	K-12)		**********			
78 John Miller Way, Building 78  City (5)						Othe etc.) Square Fe	er (i.e. priv	ate & comm # of Floors		Bldg.	ill vecco	es,		
Kearny County (6) Hudson			Code (7) USE ONLY)			45,000 Current U Wareho	se (Prior i	1 f being demo	olished)	100	3310			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCI	M No.			of Abateme ckmark Ir					<del>- 2400</del>			
Street Address						et Address Morgan Dr								
City, State, Zip Code					City, State, Zip Code Sparta NJ 07871									
Project Manager for Monitoring Firm	Telepho				one No. 570-2645	5	Licens 0133							
CONTINUATION DATE	Scheduled C UNKNOW		Date (11)			of OSHA M ckmark Ir								
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Abat	ement urs	Street Address 54 Morgan Dr  City, State, Zip Code Sparta NJ 07871											
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	(Contracting)	vation Dition			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Location of	Is Loc Norm	nally		Des	scription	of					ement /pe			
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Used So Mainter Custodia (12	nance/ Il Staff? 2)		thermal surfac				Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Outside of Building (ROOF)								5000 SF	X					
Name of Registered Waste Hauler Atlantic Carting	NJDEP W Hauler ID		Cubic of Was		istered Land									
City, State Wayne NJ				al Date	Cit	y, State ulleytowi		A						
Completed by Corey Stankovic	Signature				0	Date 6/26/2				/2018				

PAID

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

1860 Print Form

Data of Notification (4)				11171		5 [	- II	M	L							
Date of Notification (1) 06/22/18				of Building Owne			IK IK									
Agencies Notified Type Notification	n	= = 6800	1	Address te 1 North		-		J	UN :	<u> 3</u>	2018	-				
DEP Amended Amendmen	nt #_1	7		State, Zip Code en, NJ 07036	0========			ASBE	STOS	S COI	NTRO	L &				
Emergence justification		1		of Contact			I Te	lephone		NSIA	<u>IG</u>	-				
DCA Cancellation				Garza				832-74								
Name of Facility Where Abatement is Tak	no Place (	3)	FA	CILITY INFORMA	TION	Type of Facility	(4)									
Phillips 66 Domestic Trades Terr	ninal	٠,					material No. 10									
Street Address						School (K- Subchapte	r 8 (Oth	er than F	<-12)							
Route 1 North						Other (i.e. etc.)	private	& comme	ercial b	uilding	s, hon	nes,				
City (5) Linden						Square Feet	1 32	Floors		Bldg	Age					
County (6)			Count	Code (7)		200	0 0									
Union				USE ONLY)		Transfer Pip	e (Prior if being demolished) Pines									
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		of Abatement Cor										
Street Address						Address	iany Contractors									
City State 7th Only							et Extension Suite 10									
City, State, Zip Code					100	State, Zip Code										
Project Manager for Monitoring Firm			Telepho	one No.		reville, NJ 0887	12	License	No							
					A STATE OF THE STA	525-0100		00750								
Start Date (10) 07/10/18	Schedule 07/19/		mpletion	Date (11)	1450	of OSHA Monitor r Environmenta			<del>Stoleson</del>							
Occupancy Status Buring Abatement (Chec					Street	aı										
Facility Closed/Vacated During Entire	Period of A	bater	nent		234	20th Ave										
Abatement Performed Outside of Norm  Other – Describe: Encapsulation of ac	nal Facility m in pipe r	Hour: ack	3	City, State, Zip Code Brick, NJ 08724												
Scope of Work (Check All That Apply)	-															
23 sf or ≥3 lf 2160 sf or ≥260 lf	facilities.	enova emolit		Mini-Enclosure Glovebag Procedure												
	ls l	_ocati	on		Non-Exempted (*) and Non-Friable											
Location of	N	ormal I Sole	ly	De	scription	of				T	уре					
Asbestos-Containing Material (ACM)  TO BE ABATED	Mair	ntenar	nce/	Asbestos Cont (i.e. thermal	aining Ma	aterial (ACM)		ount ecify	7		m m	П				
In Facility (13)	Custo	odial S (12)	staff?	surfac	cing, VAT	, or		or LF)	Remova	Repair	caps	Enclosure				
\$179	Yes	No	N/A	other n	niscellane	eous)			la	=- =-	Encapsulate	sure				
Transfer Pipe	x			Pipe	Insulat	ion	200	) LF	+	-	X					
								+								
L (D 100																
Name of Registered Waste Hauler Freehold Cartage		100000	JDEP Wa Buler ID I			Name of R			il							
		15	5939	60		Fairless	Landf	11								
City, State Freehold NJ				Disposi		City State	la DA									
Completed by	07/19	gnature	Mornsvil	ie, PA		oto		00-500								
Dan Baptista	nt		17)	1 HA	1		ate 16/22/	18								
					1 /1	11 111/01	/					1				

Date of Notification (1)	1	Name of Building Owner/Operator (2)															
06/25/2018				Hndz	LLC			195	the second	EC	G F	7 1					
Agencies Notified	Type Notification			Street A	Address								7 1	-11			
☐ EPA	× Initial			31 La	ake Trl E				115					Abrahama Theresands			
DEP	☐ Amended	22		City, St	ate, Zip C	ode				1 1	IN 2 :	3 20	18	116			
X DOL	Amendment Emergency (	#	-	Wayr	ne, NJ 0	7470			17 77			2 20	10	-			
DOH DCA	justification)	including		Name o	of Contact				Te	ephone	Number						
DCA	Cancellation			Sam					9	78-563	7074	ONT	POL 8	Ž.			
Name of Facility Where	Abatament in Takin	- Dlass (0)		FAC	ILITY INF	ORMAT	ION		-		TI IFINE	20013		Selven entre			
Private home	Abatement is Taking	g Place (3)	1					Type of Facilit	y (4)								
Street Address								School (F	(-12)								
officer Address								Subchap Other (i.e	chapter 8 (Other than K-12) er (i.e. private & commercial buildings, homes,								
City (5)								etc.)	. private	& COMMINE	rciai bu	nungs	, 110111	es,			
Wayne								Square Feet	# 0	of Floors		Bldg.	Age				
County (6)																	
Passaic					Code (7) USE ONLY	)		Current Use (F	Prior if be	ing demo	lished)						
Name of Monitoring Firm	Hirad by Building	D					T										
Traine of Montoning Fini	i rilled by Building (	Jwner (8)		ASC	M No.			of Abatement C		r (9)							
Street Address								noval Safety	LLC								
								Address									
City, State, Zip Code								osby Ave									
,							state, Zip Code erson, NJ 075	:00									
Project Manager for Mor	Project Manager for Monitoring Firm							none No.	002	111							
	J			Telepho	110.110.			400-8711		License 01332							
Start Date (10)	T	Schedule	d Cor	nnletion	Date (11)			of OSHA Monito		01332							
07/04/2018		07/06/2		npiodori	Date (11)		and the second	ie as (9)	וג								
Occupancy Status Durin	g Abatement (Check							Address				-					
_	ated During Entire P			nent			0001	71001000									
Abatement Perform	ed Outside of Norm	al Facility	Hours	5			City, S	tate, Zip Code									
X Other – Describe:	7:00am - 5:00pm						,, -										
Scope of Work (Check A	II That Apply)													-			
× ≥3 sf or ≥3 lf		× Re	enova	tion			Full Containment with Negative Pressure										
≥160 sf or ≥260 lf		E-market and the second	molit					Mini-Enclosu	ire		e Pressi	ure					
							×	Olovebug I I	ocedure	-1 Ni F	-11.0						
		T 10.1					-	Non-Exempt	ed (*) an	a Non-Fr	able Pri	2267	ement				
Location	of	445.67	.ocati ormal			_		9				/pe					
Asbestos-Containing	NOTO	Used			Asbes		scription taining M	of laterial (ACM)	۵ ا	mount		T					
TO BE ABA		Custo	tena		(i.e.	thermal	systems	s insulation,	(5	Specify	R	70	Enc	Ē			
(13)	ty		(12)			other n	cing, VA niscellan	I, or leous)	SI	or LF)	Remova	Repair	apsı	Enclosure			
		Yes	No	N/A		04101	·······	.0000)			val	=	Encapsulate	ure			
2		165	INO	IN/A									10				
Baseme	ent			X		Pipe	Insula	tion	7	'0 LF	x		x				
											-	+-	-				
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Vardo	Nome -	f Doolet	red I I	EII						
Removal Safety LLC	Н	auler ID	No.	of Was	77	1		ered Land	Till								
	0037007 2				GRO	NS No	rth										
City, State					Disposal Date City												
Paterson, NJ						TBD Morris				A							
Completed by Title					Signature,				j		Date		1772				
Lasko Veskov President						0	Xosh	a Vest	w	-	06/25	/2018	1				



1700
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5500

Date of Notification (1)			Nam	e of Buildin	ng Owner/Operator	(2)									
6 /25 /	18				sor Plainsboro S		/ Job #1806-2	317-	- Ch	k. #4	1959				
Agencies Notified Type Notified ☐ EPA ☐ Initial			Stree	et Address					$\mathbb{V}$		h				
☑ DOLWD   ☐ Amende     ☑ DHSS   Amenda				State, Zip			111110								
□ DCA □ Emerge		_	54		sor, NJ 08550		JUN 2	8 2	2018		but				
(NJAC 5:23-8) justificat	tion)	ig	_	e of Conta			Telephone Num	her		0					
☐ Cancella	ation		Ja	son Harr	is	i de la companya de l	609-468-694		TRO						
			FA	CILITY	NFORMATION		LICEN			_ Ot					
Name of Facility Where Abatement is	Taking Place	e (3)		(OILITTI	IN ORMATION	Type of Facility	(4)	**********			MINISTER STATE				
Maurice Hawk ES		10.7				School (K-1									
Street Address						☐ Subchapter	8 (Other than K-12	2)							
305 Clarksville Rd.						Other (i.e., p	private and comme	rcial b	uildin	gs,					
City (5)						homes, etc.		- 1 -							
Princeton Junction, NJ						Square Feet	# of Floors	B	ldg. A						
County (6)			Cou	inti Code /	7\/07475 1105 041 10	100,000	00,000 1 1 1965 rent Use (Prior if being demolished)								
Mercer			Cou	inty Code (	7)(STATE USE ONLY)	The second secon	rior if being demolis	shed)							
Name of Monitoring Firm Hired by Buil	dina Oura	(0)	1001		1	School									
Pars Environmental	aing Owner	(8)	ASCM	l No.	Name of Abateme		5.								
Street Address					Asbestos and Mold Services, Corp.										
					Street Address		•								
500 Horizon Dr., #540					3859 Sylon B	oulevard	vard								
City, State, Zip Code					City, State, Zip Co										
Hamilton Twp., NJ 08691					Hainesport, N	NJ 08036									
Project Manager for Monitoring Firm			ephone		Telephone No.		License No.								
Julian Fernandez		6	09-468	3-6946	609-702-0400		00862								
	Scheduled	Comple	etion Da	ate (11)	Name of OSHA M	lonitor									
7/5/18	7	100	1_ /	18	EMSL Analyt	ical, Inc.									
Occupancy Status During Abatement (	Check only	one)			Street Address			-							
☐ Facility Closed/Vacated During Enti	re Period o	Abate	ment		200 U.S. Rou	te 130 North									
Abatement Performed Outside of N	ormal Facil	ty Hou	rs - Des	scribe	City, State, Zip Co										
Time of Abatement:AM	PM/	PM		_AM	Cinnaminson										
Scope of Work (Check all that apply)															
$\square \ge 3$ sf or $\ge 3$ lf $\boxtimes \ge 160$ sf or $\ge 260$ lf		enovat emoliti				Procedure	gative Pressure on-Friable Procedur	<b>'</b> A							
		s Loca	tion						atem	ent T	VDO				
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	.   M	Norma ed Sole aintena stodial (12)	ely by ince/ Staff?	Asbe (i.e	Description o estos Containing Mai a., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
Closet #100				(2) Elbo	ows/fittings w/ As	sh P/I	2								
Classroom #100				1	ile & Mastic	50171									
					no a mastro		1,100 SF								
			=					1	Ш	Ш	Ш				
Name of Registered Waste Hauler		Щ.													
Waste Management		10000	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis									
			17273		5	Grand Cen	itral								
City, State					Disposal Date	City, State									
Lafayette, NJ	7.13.18 Penn Argyle, PA														
Completed By (Print or Type)	Olditatule														
Joann Mullarkey	Office	Coord	linator	r	(ha	n~ W/11	Mulus 1	1,-	95		18				
Joann Mullarkey Office Coordinator  ASB-41  MAY 11  * Do not use this form for selector line with the form for selector line w										- (	V				

CK3187

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

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		JUN	2	8	2018	AND AND ADDRESS OF THE PARTY OF	
de la constitución de la constit	ASE		OS (		NTRO IG	L&	

Data of Nationalia (4)		Name of Duilding Organia						-111						11 111				
Date of Notification (1) 06/25/2018		Name of Building Owner/Operat Newark Public Schools					300	Ц	Jl	JN :	2.8	2018	an emanadam					
Agencies Notified	Type Notification			Street A	Address			1101		L	CONSTRUCTION		**********					
× EPA	× Initial			2 Ced	ar Stree	t			4	1	ASBES				L&	destroy		
X DEP X DOL	Amended		Ī		ate, Zip Co				- L			LILE	NSIN	17	******	-		
X DOL	Amendment			Newa	rk, NJ 0	7102												
DOH DCA	Emergency ( justification)	including			f Contact						Teleph	one N	lumbe					
× DCA	Cancellation			Benja	min Ola	gadey	0				973-9	38-7	7544					
Name of Facility Where	Abstament is Taking	Dlace /	2)	FAC	ILITY INFO	ORMAT	ION	_										
Chancellor Avenue		g Place (	٥)					_	of Facility									
Street Address									School (K Subchapt		Other H	aan V	12)					
321 Chancellor Ave	nue							H	Other (i.e	. priva	ate & co	mme	rcial bu	ilding	s, hon	nes,		
City (5)				0.502.34					etc.)		# -6 =1=			1977) 				
Newark, NJ 07112								70,0	re Feet		# of Flo 4	oors		Bldg. Age 80				
County (6)			Т	County	Code (7)				ent Use (F		M	demol	ichod)					
Essex				(STATE	USE ONLY				nentary			2011101	isi ieu)					
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN	A No.		Name	ame of Abatement Contractor (9)										
Withman							SMA				(-)							
Street Address							Street	Addres	ss									
7 Pleasant Hill Road	d						431 1	31 North Midland Ave.										
City, State, Zip Code							ip Code											
Cranbury, NJ 08512					Sadd	lle Br	ook, NJ	076	63									
Project Manager for Mon Kevin Lovely		Telepho	ne No. 30 5858		Teleph 201-7				1000000	cense 110	No.							
Start Date (10)		Schedul	ad Con	In State of	Date (11)		1 272 772 7	100000 Mg	HA Monito		01	110						
07/09/2018		08/03/		ipielion	Date (11)				alytical,									
Occupancy Status During	Abatement (Check	Only Or	ne)	Street A														
Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	ment					6 Shelton Ave.									
Abatement Performe  Other – Describe: F	ed Outside of Norm acility occupied duri	al Facility	/ Hours	ırs City, S					State, Zip Code cataway, NJ 08854									
		3				=	Pisca	atawa	y, NJ 0	8854		- 50						
Scope of Work (Check Al	i i nat Appiy)						F	<b>V</b>										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit				×	Full Containment with Negative Pressure										
1100 of of 2200 ft		EI.	zerrioni	1011				Glo	i-Enclosure vebag Procedure									
			-				×	No	n-Exempt	ed (*)	and No	n-Fri	able Pr	oced	ıre			
		250	Locati												temer ype	nt		
Location Asbestos-Containing			Normal d Sole		Ashaat		scription		(4.014)		•			T	7	$\Box$		
TO BE ABA		100000	intenar				taining M I systems				Amou (Spec		Į "		Enc	m		
In Facili (13)	ty	Cus	todial S (12)	otan?	2.5%		cing, VA				SF or I		Remova	Repair	aps	Enclosure		
(10)		V	N-	T		other	HISCEIIAH	eous)					val	=	Encapsulate	ure		
Passment F	20000	Yes	No	N/A	D:		·· /D:				100			-	-			
Basement F Basement F			X		Pipe		ation/Pi		tting	-	100		X	+		$\perp$		
			X			30180=105181				-	3750		X	-	1	$\perp$		
Basement Rooms X							Dot Ma			-	65 I		X	-		$\perp$		
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1					aste No.	Cubic of Wa	Yards ste		Name o			Landi	hli					
SIVIAC Corp. 18					Hauler ID No. of Waste 40				Grows	Lan	dtill							
City, State Saddle Brook, NJ 07663						Disposal Date City, State 08/03/2018 Morrisville					e. PA							
Completed by Title						Signature   Date												
Borce Gjorsoski		Presi	dent					Boseus Gosemp 06/25/2018					3					
		.1.02				John John F												