State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT Initial Notificat (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 7468

Initial Notification

							OHECK	W- P	a [	= n	D.C.	F
Date of Notification	n (1)		Nam	e of Bui	lding	Owner/Operato	or (2)	in) is i	5	3	$\mathbb{V}$	E
0 6 1/1	9 1/1 1 5	<u>)</u>	Ma	nville Pul	blic S	chools	320			C. CONT.		
Agencies Notified				eet Addr					IIN	28	2019	
[X]EPA	fact thinking		111	00 Brooks	s Bou	llevard			011	,× 	2010	
(X) DEP	[X]Initial Notific		Cit	y. State	, Zi	Code			OTO	200	6 (*********	74.0
⊠1DOL	[ ]Amended		Ma	nville, N.	088	35		ASBE		ENSI		A. G
(×) DOH	Notific		Nan	ne of Con	tact		Tele	phone Numbe				
⋉1DCA	[ ]Cancell	ation	Kir	nberly A.	Clella	and	(908)	)231-8500 x.	8503			
			11.			NFORMATION						
Name of Facility Wh	ere Abatemen	t is Ta	king				Type of Facili	ty (4)				_
Alexander Batcho Int							[ ]School	(K-12)	ar ti	han X	-12)	
Street Address	errieulate 30	1001					1 Minther	(i e nriv	ate l	e con	mer-	
400 N 400 A							cial t	# of Floors	Bl	dg. A	ge	_
100 N. 13th Avenue		County	(6)		Cou	nty Code (7)	20000	2	1	50	-5-3	_
		_			(ST	ATE USE ONLY)	Current Use (1	Prior it bei	ng a	emorı	sneu	1
Manville, NJ 08835	Firm Hired	Somer		TASCM No		Name of Abate	School	r (9)			-	
Owner (8)		4										
Whitman Companies	, Inc.			00110		Four Strong B						_
					1							
7 Pleasant Hill Rd.	ode					180 Sargeant	Zip Code					
						Clifton, NJ 070	013-1935					
Cranbury, NJ 08512 Project Manager for	Monitoring	Firm [1	elep	hone Num	ber	Telephone Num	iber	Lice	ise N	umbe	-	
Kevin Lovely		7	32-3	90-5858		973-614-0377		0080	7			
Scheduled Start Dat		red.Comp	leti	on Date	220000000000000000000000000000000000000	Name of OSHA	Monitor		100000			
0   7   /   0   8   /   North / Day / Occupancy Status Do	1 9 1 10	17/1/12	1 9	1/119	1	Four Strong B	uilders, Inc.					
Occupancy Status Di	iring Abatemi	ent (Che	ck o	nly one)		Street Addres	SS					
[ ]Facility Close of Abatement						180 Sargeant	Avenue					
[ ]Abatement Per Hours - Descr	formed Outsidibe:	de of No	ormal	Facilit	À	City. State.	Zip Code					
X]Other - Descr	ibe: Occupied				=	Clifton, NJ 07	013					
Scope of Work (Che	ck all that	apply)	1 Dept-1 (1)			[X]Ful	l Containment w	ith Negativ	e Pre	essur	e	
[ ]Demolit [ ]>3 sf o			$\times$ 1	Renovati	.on	[ ]Min:	i-Enclosure vebag Procedure					
	or >260 lf					[ ]Non	-Friable Proced	lure			7 NO.	
			Loc	Is ation					Aba	temer	E E	E
	ion of Containing		Nor	mally Jsed		Description Asbestos-Con		Amount	R	R	N C A	N
Materia	1 (ACM)		Sc	lely Main-	0	Material (	ACM)	(Specify SF or	M	R E P	A P	T. O
TO BE	ility		ter	nance/	i	nsulation. sur or other mis	facing, VAT,	LF)	V A	A	S	S
. (1	3)		Sta	MO N/A		or other mas			L	R	L	R
Boiler Room			X		Bree	ch Insulation		50 SF	X			
Boiler Room	Boiler Room					r Insulation and	Gaskets	300 SF	X			
Boiler Room		$\Diamond$			rick and Mortar		100 SF	X			_	
	Boiler Room					Insulation inclu		50 LF	X			
Name of Registered	Waste Haule	r		DEP Wast	te	Cubic Yards	Name of Regis		in	1		
				auler ID	NO,	of Waste	Grand Central	Sanitary I a	ndfill			
Newark Carting, Co			4	509		Disposal Date	City. State	Janitary Lai	rum		_	-
000 St 69894	ž					150	Dan Araula DA	18072				
Newark, NJ Completed By (Prin	t or Type	Title				Signatur	Pan Argyl/PA	10072	D	ate		
• -						CLES	The same			401		
Bilyana Kulakovska		Office A	dmin	istrator		XX	·ser		100	/19/1	9	
ASB-41 JUN 95								/			G46	57

Proj. #: 19-127  Date of Notification (1)    0   16   /   2   10   /   1   19    Agencies Notified	cation s #: C cy nn)	Sebastian Street Address City, State, Piscatav	(Purs	rication of Assuant to NJA	C 8:6	J os Abatement 0 and 12:120)	ASBI	CEI JUN 28 ESTOS COI LICENSIN		9	A CONTRACTOR OF THE PROPERTY O	Portain non-rich bestehrungs- ennoun mendeligt einstehn der verein-
			FAC	CILITY INFORI	MATION	N.		4	_			
Name of facility where abatement Residential Street Address	nt is taking pla	ace (3)					Subdividue	(4) chapter 8 (Ott r (Private/Co.s./Homes, etc # of Floors	mme :	rcial	-12) dg. A	
City (5)	Cour	ity (6)			Cou	inty Code (7)	Square Feet 1,300	# of Floors		60	ug. A	ge
D'					1 30000000	ate use only)	Current Use (	Prior if being	dem	olish	ed)	
Piscataway, NJ 08854  Name of Monitoring Firm Hired b		dlesex		ASCM No.		Name of Abatement	Residential					
N/A	, Liugi Oillie	(5)		AGGIVI NO.		KLOMAX, LLC						
Street Address					-	Street Address			_			
						309 W. End Ave						
City, State, Zip Code						City, State, Zip Code					-	
Project Manager for Monitoring Fi	rm	Ph	none Numi	ber	_	Hopatcong, NJ ( Telephone Number 833-455-6629		License N	lumb	er		
Start Date (10)	Sched	Completion	on Date (1	1)		Name of OSHA Mon						
07/05/19	07/12	/2019				KLOMAX, LLO Street Address						
Occupancy Status During Abatem  Facility closed/vacated durin  Abatement performed outsic Describe:  Other-Describe: NORMAL	ng entire perio de of normal f	d of abate				309 W. End Ave City, State, Zip Code Hopatcong, NJ (						
Scope of Work (check all that app							Full Containment Mini-enclosure Glovebag proced Non-Exempted (*	ure			edure	
Location of		normally i		1	EV 541	./o = 5/2 = 5/2 = 5/2			R e	R	E	E
asbestos-containing material (acm) to be abated in facility (13)	staff(12) Yes	No	N/A	Descripti material		sbestos-containing	Amount (Specify LF)	SF or	m o v	pair	n c a p	n c L
Attic		X		Vermicula	te		900 SF		X			
				1								
Registered Waste Hauler KLOMAX, LLC	NJDE 0382	P Hauler II 24 I		Dubic Yards of 4 yds	Waste	Name of Registered TULLYTOWN,		ECOVERY	<u>]]</u>			Ш
City, State		T	Disposal D			City, State						
Hopatcong, NJ 07843 Completed by (Print or Type)	Title		TBD	Signature		TULLYTOWN,	PA	I pt-				
Paige Boylan	Owner			Jigilatule	14	5		Date 06/20/19	)			
ASB-41		this form	for asbest	os licensure ex	empted	activities		00/20/1	9			

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) Proj. #: 19-129 Name of Building Owner/Operator (2) Date of Notification (1) 48 2019 0 6 /12 0 /11 19 Nick Hodgins Agencies Notified Type Notification Street Address X Initial EPA ASBESTOS CONTROL & LICENSING Amended DEP City, State, Zip Code Amendment #: DOL Pompton Plains, NJ 07442 Emergency (including DOH Name of Contact Telephone Number justification) ☐ DCA Nick Hodgins Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) 01 City (5) County Code (7) 1,200 70 (State use only) Current Use (Prior if being demolished) Pompton Plains, NJ 07442 Morris Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) KLOMAX, LLC N/A Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 02007 833-455-6629 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 07/08/19 07/19/2019 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: NORMAL HOURS Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure 3 sf or > 3 IfMini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial е е n asbestos-containing Amount Description of asbestos-containing m n staff(12) p C material (acm) to be (Specify SF or material (ACM) С 0 a a abated in facility (13) LF) 1 Yes No N/A Attic Vermiculate 600 SF M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 038241 TULLYTOWN, RESOURCE RECOVERY 3 yds Disposal Date City, State City, State Hopatcong, NJ 07843 TBD TULLYTOWN, PA Signature Completed by (Print or Type) Title Date Paige Boylan Owner 06/20/19

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 28 19 Montclair Police Headquarters 5 2 8 2019 Agencies Notified Type Notification Street Address □ EPA 637 Bloomfield Ave □ DOLWD ASBESTOS CONTROL & City, State, Zip Code **⊠** DOH Amendment #2-6/21/19 LICENSING Montclair, NJ 07042 ☐ Emergency (including □ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation N/A N/A FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Montclair Police Headquarters Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 637 Bloomfield Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Montclair +-30,000 +-100 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) **Township Building** Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 120 North Warren Street 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-392-4200 Rollie Jones 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_6\_\_ / \_\_10\_\_ / \_\_19 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/\_ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf □ Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A **Detectives Office**  $\boxtimes$ Double Layer VAT/Mastic 985 SF X П Hallway X Double Layer VAT/Mastic 120 SF M NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Waste Hauler ID No. SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Dillan DeCaro Estimator

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

ASB-41

**JAN 13** 

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State of New Jersey

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

Date of Notification (1)					Na	me of Build	ing Owner/Operato	(2)	131-			egrada.
	28		9			Montclair I	Police Headquar	ters	III JUN	2 8 2	019	
Agencies Notified ☐ EPA ☑ DOLWD	Type Not  ☑ Initial  ☑ Amen		n			eet Address 37 Bloom	- 12 · · · · · · · · · · · · · · · · · ·		ASBEST	OS CON	TROL	8
⊠ DOH		dment	# <u>1-6/</u>	6/19		y, State, Zip				DENSING		made
□ DCA	☐ Emerg		includ	ing	_	Montclair,						
(NJAC 5:23-8)	☐ Cance	cation)			1	me of Conta	ect	*-	Telephone Nu	mber		_
							NFORMATION		N/A			_
Name of Facility Where Al	patement	is Taki	ng Pla	ce (3)		AUILITT	NFORMATION	Type of Facili	tv. (4)			_
Montclair Police Hea				•				School (K-				
Street Address				/===				── Subchapte	F 8 (Other than K-	12)		
637 Bloomfield Ave								homes, etc	private and comm	ercial buil	dings,	
City (5)								Square Feet	# of Floors	Bide	. Age	_
Montclair								+-30,000	4	100000	100	
County (6)					Co	ounty Code	(7)(STATE USE ONLY)	Current Use (I	Prior if being demo	lished)		-
Essex								Township	Building			
Name of Monitoring Firm F Environmental Conn		uilding	Owne	r (8)	ASC	M No.	Name of Abatem					-
Street Address	ection							VIRONMENT	AL, INC.			
120 North Warren St	reet						Street Address					_
City, State, Zip Code	CCL						1123 BEAVE					
Trenton, NJ 08608							City, State, Zip C BRISTOL, P.					
Project Manager for Monito	ring Firm		-	Te	lephon	e No.	Telephone No.	4 19007	11:			
Rollie Jones	•			3		2-4200	215-788-604	)	License No. 00509			
Start Date (10)		Sche	duled	Compl	etion [	Date (11)	Name of OSHA		00509			_
6 / 10 /	19	_	6	/ _2	1_/	19	BRISTOL EN	VIRONMENTA	AL, INC			
Occupancy Status During A							Street Address					_
☐ Facility Closed/Vacated	During Er	ntire Pe	riod o	f Abate	ement		1123 BEAVE	R STREET				
Abatement Performed C     Time of Abatement: 7:0	0AM- <u>3:3</u>	Norma 0PM/_	racii	ity Hou PM	ırs - De AN	escribe ⁄i	City, State, Zip C					-
Scope of Work (Check all the							BRISTOL, PA	19007				
	.a. app.ij/						☐ Full Con	tainment with Ne	egative Pressure			
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf				enovat emoliti			∐ Mini-End	losure	- 34470 7 1000410			
				Citionu	OII		☐ Gloveba	g Procedure mpted (*) and N	on-Friable Procedu	Ire		
			4	s Loca					1100000		ment T	-
Location of Asbestos-Containing Ma	terial (AC	A.//\		Norma ed Sol		A-h-	Description of				_	Ť
TO BE ABATE	D	ivij	Ma	aintena	ance/	(i.e	stos Containing Ma ., thermal systems	insulation.	Amount (Specify	Removal	nca	
IN Facility (13)			Cus	(12)	Staff?		surfacing, VAT other miscellane	or	SF or LF)	oval	Encapsulate	-
3.57			Yes	No	N/A		otilei miscellane	ous)			ate	
etectives Office						Double	Layer VAT/Mast	tic	985 SF			+
łaliway						Double	Layer VAT/Mast	ic	120 SF			+
			П				•		120 01	-	111	1
			П	<u></u>	1					1010		L
ame of Registered Waste I	Hauler				JDEP	Waste	Cubic Yards of	Name of Pegi	stered Landfill			
SERVICE TRANSPOR	T GROU	P, INC	<b>)</b> .	113.6	lauler l	D No.	Waste		LANDFILL			
ity, State					2099	0	Disposal Date	City, State	-AMPLIEL			
YARDLEY, PA							TBD	WAYNESE	BURG OH			
ompleted By (Print or Type	)	Title		-			Signature			4.		_
Dillan DeCaro		Es	stima	tor			Dill	an Anna	Da /Or Da	(e	10	
B-41 DD19052		1		La sure			Nuck	IN JUL	14) / 1/2   (	0-10	7-1	

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

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

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Date of Notification (1)	28 /	. 19	3					Owner/Operator ( lice Headquarte	1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	31	- Maria Santaga (12 page)	V-180	My desperatue				
								ice rieauquarte	115		IN 2 8		010				
Agencies Notified		cation			1	eet Address	2		i Li	TI OC	114 C	2	UIA	- Carrier	اسا		
☐ EPA  ☑ DOLWD		d				37 Bloom			** T.T.	100				encourte.			
⊠ DOH					Cit	, State, Zip	Co	ode	and annual to	ASBES	TOS C	ON.	TRO	- &			
□ DCA				a	ħ	iontclair,	NJ	07042	i de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania del la compania de		LICENS						
(NJAC 5:23-8)				3	Na	ne of Conta	act			Telephone	e Numbe	г		-	Sergio Alabama		
	☐ Cancella	ation		1	!/A				N/A								
*	Notified    Type Notification   Initial   Amended   Amendment #   Emergency (including justification)   Cancellation   Cancellation				F	ACILITY	NF	ORMATION									
Name of Facility Where	Abatement is	Taking	g Place	e (3)					Type of Facility	(4)		_					
Montclair Police He	eadquarters	5							☐ School (K-1	2)							
Street Address	S Notified    Type Notification								Subchapter	8 (Other than	n K-12)						
637 Bloomfield Ave	s								Other (i.e., phomes, etc.)	orivate and co	ommercia	al bu	ııldıng	js, ,			
City (5)									Square Feet	# of Floo	rs	Bi	dg. A	ge.			
Montclair									+-30,000	4			+-10				
County (6)					Co	unty Code	(7)(5	STATE USE ONLY)	Current Use (Pr	rior if being d	emolishe	1					
Essex							, //		Township E			/					
Name of Monitoring Firm	Hired by Buil	dina C	Owner	(8)	IASC	M No.	11	Name of Abateme		•					-		
		5		(-)			1		VIRONMENTA								
Street Address		2.000.00		-	1		-	Street Address	WORNIE NIA	L, 1140.							
	Ing Firm Hired by Building Owner (8) tal Connection  arren Street  ode  08608 for Monitoring Firm    O						1	1123 BEAVER	STREET								
City, State, Zip Code		ype Notification  Initial Amended Amended Amendent # Emergency (including justification) Cancellation  FA  attement is Taking Place (3) dquarters  Coured by Building Owner (8) AscMarted Completion Date (3) dquarters  Coured by Building Owner (8) AscMarted Completion Date (3) Datement (Check only one) During Entire Period of Abatement (19						City, State, Zip Co									
							1										
	Haring Flore			1	l l	- 11-	-	BRISTOL, PA	19007								
	toring Firm							Telephone No.		License I	1659						
			1 10				1.	215-788-6040		00509							
Start Date (10)							1	Name of OSHA M									
	Ilie Jones Date (10) Scheduled Cor					19		BRISTOL EN	VIRONMENTA	L, INC							
Q223	lie Jones Date (10) Scheduled C  6 / 10 / 19 Dancy Status During Abatement (Check only collity Closed/Vacated During Entire Period of A						5	Street Address									
	277							1123 BEAVER STREET									
							C	City, State, Zip Co	de								
				1 101-5	J.50/1	vi		BRISTOL, PA	19007								
Scope of Work (Check all	that apply)	1															
≥3 sf or ≥3 lf			⊠ Re	nove	tion			☐ Full Conta	ainment with Neg	gative Pressu	ıre						
≥160 sf or ≥260 lf			☐ De	molit	ion			☐ Glovebag	Procedure								
								Non-Exer	npted (*) and No	n-Friable Pro	ocedure			•			
												Aba	ateme	ent T	уре		
						A-1-		Description of				ZD.	R	Ш	ш		
		')	Ma	inten	ance/	(i.e		os Containing Mat thermal systems in		Amour (Specif	000	Removal	Repair	пса	nclo		
IN Facility		1	Cust					surfacing, VAT,	or	SF or L		val	=	Encapsulate	Enclosure		
(13)		-	Vaa		-	$\exists$	10	other miscellaned	ous)					ate	Ф		
											-			-			
Detectives Office					-			ic/Linoleum		985 S	F						
Hallway	lway				-	-	_	ic/Linoleum		120 S	F						
						Doub	ne	Layer VI	AT/Mostic								
								<del>-</del> .									
Name of Registered Waste	e Hauler							ubic Yards of	Name of Regis	tered Landfil	11						
SERVICE TRANSPO	RT GROUP	, INC		1	Hauler 2099	ID No.	M	Vaste	MINERVA I	LANDFILL							
ty, State Disposal D					isposal Date	City, State					-						
YARDLEY, PA								TBD	WAYNESB	URG, OH							
Completed By (Print or Ty	pe)	Title					1	Signature			Date			-			
Dillan DeCaro	2 (5)		timat	or				Pular	DeCaro	19ne	5-	2	8-	19			

JAN 13 DD19052

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

m f m		State	_		
NOCK	NOTIFIC	CATION OF	of New Jers	Sey S ABATEMEN	
Date of Notification (1)	(Purs	Suant to N	ASBESTO.	S ABATEMEN and 12:120)	
Agencies Notified Type Notified		10 N.J.	.A.C. 8:60	and 12:120	REGELME
EPA Type Notified Type Notifi	icoti	Name of D. II	na Ow	12.120)	DECEIVE
1 9 11-12	ication	Rider Univers	sity Owner / Op	erator (2)	3
DOL   Initi	al	Street Address			JUN 2 8 2019
DOH Ame	ended-#3-6/21/19	2083 Lawrence City, State & Zip	eville Road		UN 2 0 2019
	gency	-awrene	oude		
Name	cellation	lame of Contact	NJ 08648		ASBESTOS CONTROL &
Rider III:		aller Eddy		- Compa	LICENSING
Name of Facility Where Abatemee  Rider University – Fine Arts  Street Address  2083 Leaves	nt is Taking Place (2)	FACILITY INF	Oper		Telephone Nu
2083 Lawrenceville Road			Type		609-896-778
Citation Control of the Control of t			Type of Fac	cility (4)	
City (5)			Subcha	(K-12) University	
Lawrenceville	ounty (6)		Other (i	opter 8 (Other than e. private & con-	K-12) percial buildings, homes, etc.
	County	Code (7)	Square Feet	# of El	nercial buildings, homes, etc.
Pennonia Monitoring Firm Him			30,000	# of Floors	Bldg. Age
Pennoni Associates Street Address	ilding Owner (8)	/	Current Use (	Prior if being dem	40+
515 Grove Street, Suite B		ASCM No.	Dormitory	- only demi	olished)
City, State & Zip Code			Bristol E-	ement Contractor	(0)
Haddon Heights, NJ 08035		10	Lieet Ada-	- inclinal, Inc	.9)
			123 Ross		
Scheduled Start Date (10) School	Telephon	IR.	ty, State & Zi	O Code	
6/10/19 Schedul	Telephone Nu 856-656-294	umber Tel	istol, PA 19	007	
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Er  Abatement Performed Out	856-656-294 ed Completion Date (1	4 1/0	5) 789 CO	ber	Licona
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

Date of Notification				Nar	ne of	Buildin	ng Ow	ner / Opera	ator (2	2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 300	- 0	ZUI	9	
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	Type Notification  EPA  DEP  DEP  DOL  Amended-#2-6/  DOH  DOH  Cancellation  e of Facility Where Abatement is Taking Pruniversity – Fine Arts  at Address  Lawrenceville Road  (5)  renceville  e of Monitoring Firm Hired by Building (Marcer)  e of Monitoring Firm Hired by Building (Marcer)  at Address  Grove Street, Suite B  State & Zip Code  Ion Heights, NJ 08035  ct Manager for Monitoring Firm  Clark  duled Start Date (10)  G/10/19  Deancy Status During Abatement (Check Facility Closed/Vacated During Entiry Abatement Performed Outside of No Describe: 6:00 AM to 2:30 PM Facility Occupied During Abatement e of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM)  TO BE ABATED in Facility  (13)  1 223 & 249			ourity	Code	= (1)	1	30,00		wif hains	3			40	f	
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APPROVED BY:

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) DOC 6/4/19,3:45ph
Date of Notification (1) Name of Building Owner / Operator (2) 5/30/19 Rider University Agencies Notified Type Notification Street Address 2083 Lawrenceville Road 2019 DEP Initial City, State & Zip Code  $\boxtimes$ DOL X Amended-#1-6/4/19 Lawrenceville, NJ 08648 DOH  $\boxtimes$ Emergency Name of Contact  $\overline{\boxtimes}$ Telephone Number DCA Cancellation Walter Eddy 609-896-7780 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - Fine Arts School (K-12) University Street Address Subchapter 8 (Other than K-12) 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 30,000 40+ Lawrenceville Mercer Current Use (Prior if being demolished) Dormitory Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni Associates Bristol Environmental, Inc. Street Address Street Address 515 Grove Street, Suite B 1123 Beaver Street City, State & Zip Code City, State & Zip Code Haddon Heights, NJ 08035 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Brian Clark 856-656-2944 (215) 788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/10/19 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 7:00 AM to 3:30 PM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or (i.e., thermal systems Enclsoure Remova Clean Up in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Room 223 & 249 X Spray On Fireproofing 1,800 SF Room 223 & 249 X Floor Tile 2,100 SF Room 223 & 249 X Mastic 2,100 SF Room 223 Glue Dots 300 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 15 Cu Yd Fairless Landfill City, State Disposal Date City, State Yardlev, PA 6/21/19 Fairless Hills, PA Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 6/4/19 Manager GI 19113

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

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Brian Clark		556-294		Telephone N (215) 788-6				License 00509	Numbe	r		
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Scope of Work	(Check All That Apply)							_												
≥3 sf or ≥3 ≥160 sf or			Renova Demolif	559777			×××	Fu	ıll Contai		with	Nega	tive P	ressur	е					
Z 2100 SI 01	2200 11		, , , , , , , , , , , , , , , , , , , ,				×		lovebag l	Proced oted (*	dure b) and	d Non-	-Friabl	e Prod	cedur	е				
		Is	Locat	ion							,				Abate	ement pe				
	Location of		Norma d Sole		Achost	Des	cription		al (ACM)		Δ	mount			.,					
	Containing Material (ACM) O BE ABATED		intena todial			thermal s		s insu			(S	pecify or LF	,	Remova	Repair	ncap	Enclosure			
	In Facility (13)		(12)			other m			)		O.	0, 2,	,	noval	pair	Encapsulate	sure			
		Yes	No	N/A												е				
	Basement		Х				35 VA			_		SF		X						
Den	and bathroom		Х				2 VAT			-		SF		X			-			
	Garage		X		81 the	ermal s	ystem	ns ins	sulation			SF		X						
Name of Regis	stered Waste Hauler			NJDEP W	Vaste	Cubic `	Yards		Name	of Re	egiste	ered L	andfill	1			L			
	rty Maintenance LLC		1	Hauler ID	No.	of Was	te			ste M				Fairl	ess l	and	fill			
City, State				,507.00	•	Dispos	al Date	9	City,				00=							
Clifton NJ 0	7011	T:					ignatur	0	Mor	risvill	e, P	'A 19	067 Da	ite						
Completed by Darko Ralos	ski	Title Proje	ect M	langer		0	ignatur						337/3	6/17/	2019	)				
							1													



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

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u u u u u		(Pu	rsuan	t to NJA	C 8:6	0 and 5:16	3)	MEG	G I	W	E	F		
Date of Notification (1)			Name	of Building	g Owne	r/Operator (	2)	11) 15 16	_ [ _ 1]	10		7		
06 /24 /	19						Education	10 3	681	5		de la company de		
Agencies Notified Type Notifica	tion		Street	Address				11 11 301	1 28	20	9	1		
⊠ EPA ☐ Initial			169	5 Hylton	Road			brid bhak				-		
□ DOLWD    □ Amended				tate, Zip C				ASBEST	00000	SALTE	01.5	0.		
				nsauken		8110			ICENSI		OL 6	2		
□ DCA				of Contact				Telephone Num	nber	eromentenhan	eutomorphi	Na Control of the Con		
☐ Cancellati			Fran	nk Warwi	ick			856-662-850	05 X65	21				
1			FAC	ILITY IN	IFORN	IATION								
Name of Facility Where Abatement is T	aking Place	(3)					Type of Facility	(4)						
Pennsauken High School							School (K-12							
Street Address								8 (Other than K-12 private and comme		ildina	8			
800 Hylton Road							homes, etc.)		noidi bai	9	٠,			
City (5)							Square Feet	# of Floors	Blo	lg. Ag	je			
Pennsauken							50,000	2	6	60				
County (6)			Coun	ty Code (7	)(STATE	USE ONLY)	Current Use (Pr	rior if being demol	ished)					
Camden														
Name of Monitoring Firm Hired by Build	ing Owner (	(8)	ASCM	No.	Name	e of Abateme	)							
Arcadis US, Inc					Gu	ardian Co								
Street Address					Stree	t Address								
10 Friends Lane, Suite 100					188	89 Route 9	), Unit 61							
City, State, Zip Code				2-111-11	City,	State, Zip C	ode							
Newtown, PA 08940					То	ms River,	New Jersey 08	755						
Project Manager for Monitoring Firm		Tele	phone	No.	Telep	hone No.		License No.						
David Hilinski		90	08-635	-4069	732	2-349-9932	2	00624						
Start Date (10)	cheduled C	omple	tion Da	te (11)	Name	e of OSHA N	Monitor							
06 /25 /19	06 /	_26	5_/_	19	E.N	VI.S.L. Ana	lytical							
Occupancy Status During Abatement (0	Check only	one)			Stree	t Address								
□ Facility Closed/Vacated During Entire					10	56 Stelton								
Abatement Performed Outside of No					City,	State, Zip C	ode							
Time of Abatement:AM	PM/	_PIVI		AM	Pis	scataway,	New Jersey 08	3854						
Scope of Work (Check all that apply)							4-1	antica Dennecue						
≥3 sf or ≥3 lf	⊠ R€	enovat	ion			☐ Mini-End	tainment with Ne closure	gative Pressure						
☐ ≥160 sf or ≥260 lf	☐ De	emoliti	on			☐ Gloveba	g Procedure		resess					
				Т	1801	⊠ Non-Exe	empted (*) and No	on-Friable Proced						
Location of	1,132	S Loca Norma				Description (	o.f			atem		1		
Asbestos-Containing Material (ACM	) Use	ed Sol	ely by	Asbe			aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure		
TO BE ABATED	Ma	aintena	ance/ Staff?	(i.e		mal systems		(Specify	Nova	air	aps	losu		
IN Facility (13)	Ous	(12)				rfacing, VAT er miscellane		SF or LF)	<u>m</u>		ulat	le		
(10)	Yes	No	N/A		Othic	or rinocomarii	,				Ф			
Room 417				transite	e pane	els		20 sf						
			10											
		1									П			
		H	$\frac{1}{\Box}$							H		믐		
Name of Desistered Wests Having		Щ.		10/	Cubi	- Varda of	Name of Dog	istered Landfill		ш				
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP I Hauler II	D No.	Wast	c Yards of te	T.R.R.F.	istered Landilli						
City, State			20223 1 Disposal Date City, State											
Toms River, New Jersey						/26/19		n, Pennsylvania	a					
Completed By (Print or Type)	Title					Signature	1		Date /		-			
Nicholas Fernicola	Projec	t Mar	ager			oignature	1	$\mathcal{A}$	4	)4	// .	4		

Jun 24 2019 04:06PM NJ Asbestos Control 609.633,0664

page 1

4/2019 11:54AM 201329	7440		BEST REMOVAL	INC C	IL.SI	PAGE 9	2/64
1 hy# 181835	NOTIFICA (Pers	TION OF	New Jersey ASSESTOS ASAT  AC 2:50 and 12:1	<b>ENA</b> T 20)	DOL - 10	DAY	28
Durbs of McCollegentian (1) Go / 24/19		JE	Eding Owner/Operator		A	5/	5 50
Agency National Type Hotelon  II EPA  II EPA  II EPA  II EPA  II EPA  Amended  Amended  Amended	sent #	Street Add	Zp Code .	3.0	7901	ZIGE PR€VED	ENS
E DOM RESIDENT	cy finaluding ion) ion	-	FLANCI'S		Telephone Nexe	Total Control	-
		FAGILIT	Y INFORMATION	Type of Facility	-		-
	Teking Pede (7) HAPEEC			Ci School (K-12	()	ž	
Street Address				Incorpor (Lo. pr Incorpor etc.)	hate & commerci	ial indicingo,	
COUNTY (1) UNION		Tarante C	ode (7) (STATE USE	6000 .	Z riof II being de-mo	1924	
County (6) UN1011 Hand by But		ONLY)	**	TZE	できられるこ	· .	
(8)	ingaig Owner Ac	Main Pro.		moval In			
Shreet Address				th River	St		_
City, State. Zip Code		ahone No.		ack, N.J	. 07601		
Project Nameper for Monitoring Pirm  Short Date (10)	chedisted Completion		201-329 Name of OBH	-7444 .	00388		
6/25/19 Occupancy Status During Abatta Rich	6/261	19		Environm	ental	-	
D Facility Closed/Vacated During En  D Abdisement Performed Outside of  DE Other - Describe: 6:05 A.	dies Period of Abelian	ment .	City, State. Zip	uyler St Code ckensack	.N.J. 0	7606	
Bosps of Work (Check all that apply) @23 af or 2.3 if D. 2.160 of or 2.260 if		ST Renor	AND	oj-Enciderate webser Promotore	h Negetive Press ed Non-Printie Pr	3.E	7.00
Lecution of Ambestos-Central time State of ICa Ma AMATED	AQM) No	Accelion symally Bolety by denuncial secdici Medi?	Description (i.e., theretail system purchasely other reposition)	n of Material (ACRE) materialson, AT, or	Amour (Speci	About D	200
(13)	-	(12) No N/A		1000 - 1000 to 1000			8 4
CAMPAGE		/	THOUGHT SURFA	4.00	65	SF 7	H
							H
Name of Registered Vision House: Best Removal I		NEP Wests H No. 17109	2 /2		platered Landrill LAND COU	NTY LAND FI	نع
Hackensack , N			Placed page	O Jenia	DROUH, PA	17910	



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

In# 12337

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Date of Notification (1)	, 9					Owner/Operator	DUBER		Es U			The second second	
Agency Notified	Type Notification		-	reet Ac	-			3 / 11	28 2	019			1
□ EPA	Le Initial					SAN THE	11	1 1				hes	1
D DEP	Amended Amendment#		Ci	-	te, Zip C		NJ -	9763	and commonweal	TOO	1 0	1	-
	☐ Emergency (including	ng	N-		Contact	200W	. 600	Telephone Num	hor CON		L. X		1
DOH DCA	justification)  □ Cancellation		1			KBERT	<u> </u>	-	annaid St. Jo			2	Ī
u box			F			RMATION							
Name of Facility Where	Abatement is Taking Pla	če (3)					Type of Facility	(4)					-
MR Se	BERT	•					School (K-12)	}	W: 10				1
Street Address					• • • • • • • • • • • • • • • • • • • •		Subchapter 8	(Other than K-12 vate & commercia	.) al building	js,			
				,	,		homes, etc.)	•	Bldg. A				1
City (5)	**************************************				15	i o c		# of Floors	Big.	74	7		
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County (6)				ounty (	Code (7)	(STATE USE		CSIDEN					
BERG		- I AS	SCM N			Name of Abates	nent Contractor (9						1
Name of Monitoring him (8)	m Hired by Building Own	ea   A	OOM I	10.			moval In						
Street Address						Street Address					7,9		
Sueet Audiess				**		450 Sou	th River	St					
City, State, Zip Code						City, State, Zip	Code						
	82				18		ack, N.J						4
Project Manager for Mo	onitoring Firm	Tele	phone	No.		Telephone No. 201-329	71.1.1.	00388					
		1	-	(4.4)		Name of OSHA		00300		-		_	$\dashv$
Start Date (10)	Scheduled C		n Date	: (11)			Environm	ental					1
	ing Abatement (Check or	ily one)				Street Address							
				*		280 H	uyler St						
D Abelamont Dorforme	ted During Entire Period ed Outside of Normal Fac 8:00 AM TO	THOM WITE	5	2H		City, State, Zip	Code ckensack	,N.J. 0	7606	٠			
Scope of Work (Check		-					No. 10	Negative Pressu					
_223 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf	*			⊒-Reno ⊒ Dem	ovation olition	- U Min	i-Enclosure vebao Procedure	d Non-Friable Pro	*				
		Τ	•••			U NOT	PEXCHIPAGO ( ) di	d Holl-I habit 1 is		1	rten		
			ocatio							Н	Тур	T	-
	ation of sing Material (ACM)		Solei		Asbe	Description stos Containing N	Material (ACM)	Amount		2		En	ш
TO BE	ABATED	C	ustodia		(ī_e	thermal system surfacing, VA		(Specify SF or LF		Removal	Raphir	808	Enclosure
지속일	Facility 13)		Staff? (12)			other miscellar				Val		Unite	oin
		Yes	No	N/A	1						-		
BASEMEN	2-3-	165	140	V	المقطار	MAL SULFA	eiN 6	48	SF	x	T	1	
DASC. CI		+		-	1111				\$ 14				
		+ +							*				
		+			<u> </u>								
Name of Registered V	Vaste Hauler	1		Vaste I	lauler	Cubic Yards of	Name of Reg	istered Landfill					
Best Rem	noval Inc	ID	No. 17	109		Waste 3 C 7	CUMBERI	AND COUN	TY LA	NOF	ic	L	
City, State				107		Disposal Date	0.4 04-4-						_
	ck , N.J. 0	7601				7/10/10	NEW BU	Rest, PA	.172	24	2		
Completed by	Title					Signature		2	Date	12-	1.	0	
J.Maioran		timat				X ,	مر مره ر		6	147	10	1	_
ACD 44	* 00.1	and seen th	ic form	n for a	chaetne	icensure exemple	ed activities.						

				9/			ID)			IN.	带	12	3	4	Pr	int F
	nock No 82	58			ate Me N OF ASB to NJAC						1/6	C	E		$\mathbb{V}$	E
	e of Notification (1) /26/19			Name o	f Building Iner	Owner	/Operator	(2)		1 000		101	V 2	8	201	9
Age	encies Notified Type Notifica	tion		Street A	ddress					bed	beaut		-			
×	EPA DEP DOL Initial Amende Amende	nent #			ate, Zip Co 'ork, NY		03				AS	BES	TOS	CO NSI	NTR VG	OL 8
×	DOH justificati DCA Cancella		3		f Contact opher M	lasse				Tel	ephone	Numb	er			
Nan	ne of Facility Where Abatement is T	aking Place (	3)	FACI	LITY INFO	ORMA	TION	Type	of Facility (	4)						
	The street of th	aking ridoo (	<b>J</b> ,					personal .	School (K-1							
	et Address								Subchapter Other (i.e. p etc.)	8 (Oth	er than & comm	K-12) ercial	build	lings,	home	es,
	rth Amboy			()	886			Squa	are Feet	# 01	f Floors		В	ldg. A	ge	
	nty (6) ddlesex				Code (7) USE ONLY			Curre	ent Use (Pri	or if bei	ng dem	olishe	d)			
Nan	ne of Monitoring Firm Hired by Build	ing Owner (8)	)	ASCN	/ No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		atement Cor D PROFE							
Stre	et Address						Street 6 WH		ss DOVE CO	DURT		7 3 3 3				
City	, State, Zip Code						City, S	tate, Z	ip Code				-1101			
Proj	ect Manager for Monitoring Firm			Telepho	ne No.		Teleph	none N		8701	Licens	se No.				
Star	t Date (10)	Schedul	led Con	npletion	Date (11)			of OS	HA Monitor		1200	*				
07/	/07/19	07/10/	19						D PROFE	SSIO	NALS	3				
-	upancy Status During Abatement (C						Street 6 WF		ss DOVE CO	OURT						
×	Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	lormal Facility	y Hours	nent S			City, S	tate, Z	ip Code OD, NJ 0			-			17	
	oe of Work (Check All That Apply)															
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	management .	Renova Demolit				×	Mi Glo	Il Containme ni-Enclosure ovebag Proc	e edure	5				20	
		Is	s Locati	ion				3 100	n-Exempted	() and	I NOII-I	TIADIE		Abate	ement	:
	Location of	Llac	Normal ed Sole				escription					+		Ту	pe	
,	Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	aintenar	nce/		therma	ntaining M al systems	s insula		(S	mount pecify		Re	Ŗ	Enca	Enc
	In Facility (13)	Yes	(12) No	N/A		other	acing, VA miscellar	I, or leous)		SF	or LF)		Removal	Repair	Encapsulate	Enclosure
	INTERIOR 1ST FLOOR	res	INO	N/A	FLO	OOR	TILE &	MAS	TIC	5	12SF	,				
							TSI				OOLF					
						DUCT	INSUL	ATIO	N	2	OLF					
	INTERIOR 2ND FLOOR				77	21	TILE				75SF					
	e of Registered Waste Hauler VARK CARTING		Н	JDEP W lauler ID 4509		Cubi of W	c Yards aste		Name of I	Registe	red Lan	dfill				
	State VARK, NJ					Disp	oșal Date 0/19		City, State		I PA	1.14				
	pleted by EPH PERLSTEIN	Title OWN	NER				Signature					Date 06/2		9		

TUN# 1991	Y PAID		CATION	ate of New I OF ASBE to NJAC 8:	STOS	ABATE		Description of the Control of the Co	DI	E C	E		V	5	
Date of Notification (1) 6/27/19	(F	1	Name o	f Building O Metals				ed automotivisco		JU	N 2	g	2019		
Agencies Notified Type Noti	fication	5	Street A		t			gantani qui arrament		ASBES	TOS	CO	NTR	OL &	1
	ll nded ndment#		City, Sta	ate, Zip Cod bury, CT	е	)2						1100	10 		est
■ Eme ■ justif	rgency (including ication) cellation	N	Name of	f Contact rd A. Nave						lephone				200	
			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Abatement Cookson Alpha	is Taking Place (3)						Тур	e of Facility							
Street Address 600 Route 440							×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than & comm	K-12) ercial	build	dings,	hom	es,
City (5) Jersey City							100	etc.) uare Feet 0,000	# 0	f Floors			ldg. <i>A</i> 0+	ge	
County (6) Hudson				Code (7) USE ONLY)				rent Use (Pr			olishe	d)			
Name of Monitoring Firm Hired by B ACER	uilding Owner (8)		ASCN	1 No.			of Al	patement Co							
Street Address 1012 Industrial Drive						Street	Addr		ad						
City, State, Zip Code West Berlin, NJ								Zip Code A 19341							
Project Manager for Monitoring Firm Matt DePalma		- 1	elephor 356-80	ne No. 09-1202		Teleph 484-8		No. -8884		Licens 0116					
Start Date (10) 7 2 19	Scheduled 8/31 19	Comp	oletion [	Date (11)		Name EMS		SHA Monitor	8						
Occupancy Status During Abatement  Facility Closed/Vacated During		8				Street 200 F		ess te 130 No	rth						
Abatement Performed Outside Other – Describe:	of Normal Facility F	Hours	erit		_			Zip Code							
Scope of Work (Check All That Apply	y)						<b></b>								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	Re De	novatio molitio	on on			×	. N	ull Containm lini-Enclosur llovebag Pro lon-Exempte	e cedure						
9	Is L	ocatio	n				- 1	on-Exemple	u ( ) an	d NOTE:	riable		Abate	ement	t
Location of Asbestos-Containing Material (A	CM) Used	rmally Solely tenand	by		s Conta		lateri	al (ACM)	Д	mount			Ту	pe m	
TO BE ABATED In Facility (13)	Custo	dial Sta (12)			surfac	systems sing, VA niscellan	T, or	) 		Specify or LF)		Remova	Repair	Encapsulate	Enclosure
* ***	Yes	No	N/A									<u>a</u>		ate	l e
Spooling exterior			Х		Trans	site sic	ling		80	00 SF	X	2			
Production exterior			Х		Trans	site sic	ling		4	75 SF	Х	2			
											+				
Name of Registered Waste Hauler Waste Management		14000000	DEP Wa	No.	Cubic `of Was			Name of Fairless		red Lan	dfill				
City, State Newark, NJ				1		al Date		City, Stat		Α					
Completed by Jack Bally	Title Sr. Pro	ject l	Manag			ignature		Bally			Date 6/27	/19			

IN#12-255

CK 19011 PA	III	NOTIF (P	ICATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	MENT 0)	(No	o k	190	3(1	_		
Date of Notification (1) 6/25/19				of Building ndra Ga			(2)		m	EC	E		W	E
Agencies Notified Type Notification		-	Street A	Carried Street	arrabra	110			IIŲ					=
EPA Initial Amended Amendment Emergency iustification		_	Flemi	ate, Zip Congton N	J 0882	22				JU			)19	And a control of the
DOH justification) Cancellation			Rhea	Nash					•	lephone N	in line	CONT	ROL	å
Name of Facility Where Abatement is Takin	g Place (	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility	4)					
home								School (K-1						
Street Address								Subchapter Other (i.e. p	8 (Oth	er than K	-12)	ildingo	ham	
014.75								etc.)						es,
City (5) Flemington							Squa 180	ire Feet 0	2	f Floors		Bldg. / 68	Age	
County (6) Hunterdon				Code (7) USE ONLY	2		Curre	ent Use (Pri	or if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	л No.	5 (A)	Name		atement Cor	ntractor	(9)				
Street Address						ABS Street		ronmenta	l Sen	rices, LL	_C			
								83, 4 E G	ate D	rive				
City, State, Zip Code						100000000000000000000000000000000000000		ip Code d, NJ 074	18					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	one N	о.		License	No.			
Start Date (10) 7/7/19	Schedul 7/21/1		npletion	Date (11)		3500000	its and a	HA Monitor		703				
Occupancy Status During Abatement (Chec	Company of the	7.				Street	Addre	SS						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: basement	Period of all Facility	Abaten / Hours	nent			City, S	tate, Z	ïp Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	personne	Renova Demolit				×	Mir Glo	II Containme ni-Enclosure ovebag Prod n-Exempted	e edure	-			e	
	111100	Locati										Abat	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normali d Sole	ly by	Ashas		scription aining M		(ACNA)	^		-	1)	pe	
TO BE ABATED In Facility (13)		intenar todial S (12)			thermal surface	systems cing, VA niscellan	insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			-							te	Ф
basement		-2-11	X		fl	oor tile	0		10	16 SF	Х			
		-11-7									-	1		
		£).									+			
Name of Registered Waste Hauler		1 100.00	JDEP W		Cubic	Yards		Name of I	Registe	red Landf	ill I			
Tonys Cleanup & Hauling		10000	auler ID 7787	No.	of Was	ste		Chrin B				ndfill		
City, State Bridgewater, NJ					Dispos	al Date		City, State		7.		9 15 29		
Completed by A. Scott Higgins	Title Pres	dent	11			ignature		M		1.00	Date 6/25/1	9		

1 1 10 Dis		NOTIE		OF ASB			BAE	MT	C	neci	K #	259	00		
IN#12349 PA	ID			to NJAC				NI	m	E	C		7	<b>I</b>	<b>E</b> [i
Date of Notification (1) 6/20/2019			Name of	f Building			3.00	perties	IK IK	Acidonetración					
Agencies Notified Type Notification			Street A	ddress	5	1 Map	ا مار	Δνα		1	JUN	2 {	3 20	119	
EPA X Initial Amended		-	City, Sta	te, Zip Co		1 Iviap	<i>IIC 7</i>	-vc.	1						
X DOL Amendment X Emergency		-	70207			ceton,	, N.	J 08540		ASB	1.1	CENS			å
□ DOH justification)     □ DCA □ Cancellation			Name of	Contact Mark					Tet	ephon (609		nber )3-49	11		
			FACI	LITY INFO	ORMATI	ON					,				
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MECS		:) 				Stev	ens	Environme			ces,	Inc.			
Street Address PO Box 341						Street PO E									
City, State, Zip Code Chesterfield, NJ 08515								e, Zip Code vn, NJ 0850	)1						
Project Manager for Monitoring Firm Bill Weisgarber			Telephor	ne No. 18-4070		Teleph		e No. 9-9688		Licer 004	nse N	lo.			
Start Date (10) 7/8/2019	Schedule		0.000	Date (11)		Name MEC		OSHA Monitor							
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A. Scott Higgins	Pres	dent					K	_	-		6/25/1	9		

NOCK

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENTO E C E V E (Pursuant to N.J.A.C. 8:60 and 12:120)

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Project Manager for Richard Beach	Monitoring F	·IIII	267-9	none N 91-92		er		ephone Nu 5)788-60				License 00509	Numb	er			
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			Yes	No	N/A					•						te	CD
Boiler Room						Pipe	Insu	ılation (w	/rap 8	cut)		8 LF		X			
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	(	Purs	uant	to N.J.	.A.C	8:60 and	d 12:120)	Ch	M#3582
Date of Notification (1) 6/4/19			Name	of Build	ing C	wner / Opera	tor (2)	NECE	IVEM
Agencies Notified Type Notific	ation		Street	Address	S	200	OOI DISTRICT		
DEP   Initia	•		City, S	State & Z	ip Co	ode		U JUN 2	8 2019
	nded rgency			oes, NJ		51		THE PARTY OF THE P	wacen
	ellation			of Conta rd Stol	Same and the same a		Vers milestration	ASBESTOS LICEN	Telephone Number 908-782-6464
Name of Facility Where Abateme		Di	FAC	CILITY	NFO	RMATION	1-0470-951	100 TOP / CONTROL OF C	A CONTRACTOR OF THE PROPERTY O
East Amwell Elementary Sci	hool	Place (	(3)			Type of Fac	ility (4) (K-12)		· ·
Street Address							pter 8 (Other t	han K-12)	
43 Wertsville Road						Other (i	.e. private & co	mmercial buildir	ngs, homes, etc.)
City (5)	County (6)	Ic	aumtu C	ada (7)		Square Feet	t # of FI		Bldg. Age
Ringoes	Hunterdon	100000	ourny C	ode (7)		Current Lice	(Prior if being	domestick - D	
						School	(Filor it being	demolished)	
Name of Monitoring Firm Hired by RJB Environmental Inc	y Building Ow	vner (8)	)	ASCM I	No.	Name of Aba	atement Contra	actor (9)	
Street Address						Bristol Env	/ironmental,	Inc.	
56 East Bridge Street						Street Addre			
City, State & Zip Code						City, State &			
Morrisville, PA 19067						Bristol, PA	19007		
Project Manager for Monitoring Fi Richard Beach	rm			Number		Telephone N		License N	Number
	cheduled Co		991-92			(215)788-60 Name of OSI		00509	
6/24/19		7/9/	119	(11)			rironmental I	nc.	
Occupancy Status During Abatem Facility Closed/Vacated D	ent (Check o	only one	e) of Abat	omont		Street Addres			1)
Abatement Performed Out	tside of Norm	nal Ho	urs –	Cilient		1123 Beave City, State &			
Describe: 7:00 AM to 3:	30 PM		33.5			Bristol, PA			
Facility Occupied During A Scope of Work (Check all that app	Abatement								
	oly)						⊠ Full Co	ntainment with N	landi D
≥3 sf or ≥3 lf		$\boxtimes$	Renov	vation			Mini-En	closure	legative Pressure
≥160 sf ≥260 if			Demo	lition				ag Procedures	
Location of							☐ Non-Ex	empted and Non	-Friable Procedure
Asbestos-Containing			ocation		Δ	Description Asbestos-Conf		Amount	Abatement Type
Material (ACM)			lely by			Material (AC	CM)	(Specify SF or LF)	m
TO BE ABATED in Facility			enance dial Sta		(i.	.e., thermal sy	ystems	, ,	Enclsoure Encapsulate Repair
(13)			(12)	1117		ulation, surfaction			Enclsoure ncapsulat Repair
27 W.W.		Yes		I/A			2110000)		al re
Boiler Room		$\boxtimes$		Pi	pe Ir	sulation (w	/rap & cut)	8 LF	
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lame of Registered Waste Hauler			NJDE	P Waste	e Cu	bic Yards	Name of Regi	stered Landfill	
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city, State			2099	U	-	Du Yd posal Date	Minerva La	ndfill	
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"WRAP AND CUT" REMOVAL PROCEDURES FOR INSUI

#### DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing a wrap and cut" methods.

# JUN 2 8 2019 JUN 2 8 2019 LICENSING

#### **PRODUCTS**

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

#### DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

Bristol Environmental Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and "candy-striped" around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation Bristol Environmental Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, Bristol Environmental Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

Bristol Environmental Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by Bristol Environmental Inc. shall be available at all times at the work site. Bristol Environmental Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the prescribed Federal OSHA warning signs and shall include site specific waste generator information.

Bristol Environmental Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors

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

CK 5141

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Project Manager for Mon	itoring Firm				phone N			phone No.			License No. 00842					
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<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novati nolitio				☐ Mini-End								
			ls	Locat	ion			Z Non Exc	711100 ( ) 0110	1			Aba	teme	nt Ty	ype
Location	n of		N	lorma	lly			Description	of			t				
Asbestos-Containing		)		d Sole ntena	ely by	Asbes	stos (	Containing Ma	aterial (ACM)		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
TO BE AB					Staff?	(i.e.		mal systems urfacing, VAT			SF or LF)		ova	=:	nsd	sun
IN Faci	шу		-	(12)	_			er miscellane			8.5		-		late	0
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Basement		E		$\boxtimes$		Floor Ti	le ar	nd Mastic			530 SF			Ш		
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		[														
Name of Registered Wa	ste Hauler				NJDEP \		100	ic Yards of			ered Landfill					
Freehold Cartage				1	15939		Was	sie	Fairless	s Lar	ndfill					
City, State							Disp	oosal Date	City, State		± 000040-					
Freehold, NJ							0.	7/12/2019	Morrisv	ille,	PA					
Completed By (Print or	Type)	Title						Signature				Date			235	
Christina Lynch		Vic	e Pr	esid	ent of	Operation	าร	Med	at	)		0	20	11	1	

4 2019 04:07PM NJ Asbestos	Control 6	OTIF	SE	of New of New of ASBES to NJAC 8:	Jersey STOS AE	page 1	1/2019 OFF		JN 2		201	9
Date of Notification (1) 06/24/2019		(8	Name of	Building Ov en Board o	wner/Opi	erator (2)	<u> </u>			161	VTH.	O
Agencies Notified Type Notification		$\exists$	Street At 37-01 F	dress air Lawn A	Avenue				LICEN			-
☐ EPA ☐ Initial ☐ Amended ☐ Amended ☐ Amended			City, Site Fair Lav	ta. Zip Code vn, New Je	ersey O	7410		T	1	1		
☐ DCA ☐ Emergence   DCA ☐ Concellation			Name of Tom Se	4 6 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		77	WAY	EDNOVE NOT 11-794-5500				
			FACI	LITY INFOR							-	_
Name of Fedlity Where Abstement is Ta Thomas Jefferson Middle School	king Place (3)	1				Type of Fecili	ly (4)		9			
Street Address 35-01 Monot Avenue	·	-				School ()  Subahapi  Other ().e	(-12) (er 8 (Other than , private & comm	K-12) sercial buildin	gs, hem	95, <b>&amp;</b>	te.)	
City (5) Fair Lawn, New Jersey 07410						Square Feat 20,000	2	of Floors	504	a. Ag	8	
County (6) Bergen		. 1	County C	Cods (7) ISE ONLY) .			Prior if being de Addie School	molished)				
Name of Monitoring Firm Hired by Build Garden State Environmental	ng Owner (8)		ASCN	No.		Name of Abat Jilich Corpor	ement Contractor ration	17 (8)				
Street Address 500 South Broad Street				•		Street Address 248 Union B						
City. State, Zip Code Glan Rock, New Jersey 07452					19	City, State, Zi Fatowa, Nev	p Code v Jersey 07512	2		E		
Project Manager for Monitoring Firm Bruce Wolf	10°		Telephoi 201-65			relephone No 973-225 <b>-84</b> 0		License No 01104	3.			
Start Date (10) 08/24/2019	5chedules 06/27/2	Cem 019	pletion Da	(11) 65		vame of OSH de Environn	A Moniter nental Laborati	ories, LLC				
Occupancy Status During Abstement (C  Pacility Closed/Vaceted During Entir  Abstement Performed Outside of N	Period of Ab	etem			Ŀ	Street Address 2333 Route City, State, Zin	22 West					
☐ Other - Describe: 4:305.m. slart	onnar raciny	10015				Jnion, NJ 0	7083					
Scope of Work (Check All That Apply)  El 23 of or 23 if  also of or 2260 if	<u>120</u> 8					D Min	Containment wit i-Enclosure ve Bag Procedul Exempted (*) er	te / Limited Co	ontainm	ent ä	Ten	t
		Loca			•			Amount (Specify	A	bster Typ	nent	er Er
Location of Asbastos-Containing Material (ACM TO BE ARAYED In Facility (12)	Line Ma	interio	sly by ince/ Staff?		toe Conti tel system	ascription of sining Materia ns Insulation, VAT, or miscellaneou	surfacing.	\$ForLF)	Removal	Repair	Encapsulate	Endasure
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Locker Room - Shower Area		×		Air	Cell Inst	lation wielbo	wa/joints	85 LF	×	-		T
Name of Registered Waste Hauter			NJOEPV	Veste	Cubic Y	ards	Name of Ragin	tered Landfill	1			
Litch Corporation	<u> </u>		Hauler ID 18724	No.	of Wast	•	Fairless Lar					
		-			Distos	ol Deta	City, State					
City, State Totowa, New Jersey				1	06/27/		Marrisville, F	PA				

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	104	(0)



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	JUN	2	8	2019	

Date of Notification (1)	(7	1000		Building (	Owner/	Operator	(2)		1						1
6/26/19	+1		Lillian						-			estonovi	IN-CHINANA		_
Agencies Notified Type Notifie	cation		Street A	ddress						ASE			ONTF SING	₹UL :	ž
EPA Initial Amend	ded	H	City, Sta	te, Zip Co	de		-		and an other lives		ATTENDANCE OF THE STATE OF	STREET, ST.	HIDPATORING GUING	APPRIORE	
X DOL Amend	dment #1			awn, NJ		0									
☐ DOH ☐ Emerg	ency (including		Name of	Contact					Tel	ephone N	Number	-			$\dashv$
DCA Gance			Lillian	Lugo						2.00.000.000.0000					
			FACI	LITY INFO	RMAT	ION			1						$\exists$
Name of Facility Where Abatement is	Taking Place (3	)					Type	of Facility (4	)						
Residential Home								School (K-12							
Street Address								Subchapter 8 Other (i.e. pri				iildir	as hor	nes	
							E 6	tc.)			noidi bi				
City (5)								e Feet	1000000	f Floors			g. Age		
Fair Lawn							2100		2			1238	+/-		_
County (6) Bergen				Code (7) USE ONLY)				nt Use (Prior dential Ho		ng demo	lished)				İ
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	1 No.		Name	of Abat	ement Cont	ractor	(9)					$\dashv$
Project Manager						1 12 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		Abateme		(-/					
Street Address							Addres								$\dashv$
						280	N. Mic	lland Ave	9						
City, State, Zip Code								p Code						٦	
						Sado	dle Bro	ook, NJ 07	7663						
Project Manager for Monitoring Firm		Telepho	ne No.		100000000000000000000000000000000000000	ephone No. License No. 01-600-3184 01305									
						700170000		-20,E10.2.1.		01305			5		
Start Date (10) 7/5/19	7/9/19	d Com	pletion l	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During Abatement		e)				Street	Addres	e	_					-	$\dashv$
						Olicet	Addies	3							
Facility Closed/Vacated During E Abatement Performed Outside o	Intire Period of A f Normal Facility	batem Hours	ent			City, S	tate, Zi	o Code		-11-21-22					$\dashv$
Other - Describe: 8 A.M to 4 P.M				ANNUAL DE				Co. oscantecavitac							
Scope of Work (Check All That Apply	)												3011		$\exists$
≥3 sf or ≥3 lf	× R	enovat	tion			×	Full	Containme	nt with	n Negativ	e Pres	sure			
≥160 sf or ≥260 lf	□ D	emoliti	on			-	Min	i-Enclosure							
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	ls	Location	าก										bateme	nt	٦
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(13)		(12)				miscellar				J /	Nelliova		Encapsulate Repair	Enclosure	
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Basement		х				VAT			4	47 SF	x	$\top$	$\top$	$\top$	٦
2400												+	+	+	$\dashv$
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Name of Registered Waste Hauler		55.05	JDEP W auler ID		of Wa	Yards aste		Name of R	. B				CII.		
All Stages Abatement		45355	036592		3 yd			Grand C	entr	al Sanit	tary L	and	till		
City, State					11.5	sal Date		City, State		^					
Saddle Brook, NJ					TBD			Pen Arg	yı, P	A					
Completed by Richard Cristofol	Title Presi	dont				Signature		1 _	1		Date 6/26/	10			
Richard Cristolol	Presi	uent				10	W	1/		3	0/20/	19			

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

NIOCOC	Y	NO				STEEL STEEL	:60 and 5:1						
Date of Notification (1)	1			Name	e of Buildin	a Ow	ner/Operator (	(2)	IME	CE	7	W	
	24 /	19		10000				of Education		(a) [c	ı Li	U	
Agencies Notified	Type Notifica	ation		Stree	t Address					HIM		2046	- 11
⊠ EPA	☐ Initial			11	Gumtree	Cor	ner Road			JUN 2	. 8	2019	1
☑ DOLWD	Amended Amendm			City,	State, Zip (	Code					72784701	100000000000000000000000000000000000000	-
☑ DOH □ DCA	Emergen		na	Bri	dgeton, I	NJ 0	8302		ASE	ESTOS	CO	VTRC	L&
(NJAC 5:23-8)	justificati		'9	Name	e of Contac	t			Telephone N	umber	1311	G	
	☐ Cancellat	tion		Jo	hn Klug				856-455-1	1717			
				FA	CILITY IN	IFOF	RMATION	·					
Name of Facility Where A	Abatement is 7	Taking Plac	e (3)		900			Type of Facility (4	1)				
Morris Goodwin Ele	ementary So	chool						School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., priv			uildir	nas.	
839 YeGreate Stree	et							homes, etc.)				J-,	
City (5)								Square Feet	# of Floors	E	ldg.	Age	
Greenwich								70,000	2		70		
County (6)				Cou	nty Code (7	r)(STA	TE USE ONLY)	Current Use (Prio	r if being dem	nolished)			
Cumberland	=					1		School					
Name of Monitoring Firm			(8)	ASCM	No.	1		ent Contractor (9)					
Epic Environmenta Street Address	i Services, i	LLC					The second secon	onmental, LLC					
1930 Brown Road							eet Address 23 Cutler Av	(anua					
City, State, Zip Code							y, State, Zip Co	252 (10282-0)					
Newfield, NJ 08344							// State, Zip Co //aple Shade						
Project Manager for Moni			Te	lephone	No		ephone No.	, 140 00002	License No				
Jim Eberts	itoring r iirii			356-20		1	56-755-0099	The second control of the second					
Start Date (10)	18	Scheduled					me of OSHA N	Charles to the control of	000.2				
06 /28 /			53	)1/		1	MSL Analyt						
Occupancy Status During	Abatement (	Check only	one)			Stre	eet Address						
☐ Facility Closed/Vacate						2	00 Route 13	0 North					
Abatement Performed						City	, State, Zip Co	ode			elmeon		
Time of Abatement: _	Aivi	PIVI/ <u>3.0</u>	<u>U</u> PIVI-	12.00A	VI	C	innaminsor	i, NJ 08077					
Scope of Work (Check all	I that apply)						□ Eull Cont	tainment with Nega	tivo Denograe				
≥3 sf or ≥3 lf		⊠R	enova	ation			☐ Mini-Enc	losure	lilve Pressure				
≥160 sf or ≥260 lf			emoli	tion				g Procedure mpted (*) and Non-	Eriable Dress	alura			
			s Loc	ation			☑ Moll-Exe	mpted ( ) and Non-	-Friable Froce		hotor	nent T	- Ima
Location	of		Norm	ally			Description o	of			_	_	1
Asbestos-Containing I				olely by nance/			Containing Ma	terial (ACM)	Amount	Remova	Repair	nca	ncl
TO BE ABA IN Facilit		1000 000000	stodia	I Staff?	(i.e		rmal systems surfacing, VAT,		(Specify SF or LF)	ova	=	Encapsulate	Enclosure
(13)			(12	T	-		her miscellane		,			late	0
		Yes		N/A	-						1		Ш
Classroom					Floor T	ile a	nd Mastic		720 SF				
Name of Registered Wast	te Hauler			NJDEP		100000	oic Yards of	Name of Registe	ered Landfill				
Freehold Cartage				Hauler I 1593		Wa:		Fairless Lar	ndfill				
City, State		1112	-	,,,,,,			posal Date	City, State				STATE OF	
Freehold, NJ						0	7/01/2019	Morrisville,	PA				
Completed By (Print or Ty	ype)	Title					Signature			Date			
Christina Lynch		Vice F	resid	lent of	Operatio	ns	mile			6/6	4	19	

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Date of Notification (1) (-1) 233	7		Building Owner/C t. of Treasury					bod	-WW	€-0	-201	3
Agencies Notified Type Notification  EPA Initial Amended	-	City, State	t State Street	, 3rd F	loor			ASB		S CC ENSI		OL 8
DEP X DOL  X DOH DCA  Amended Amendment #1 Emergency (inc justification) Cancellation		Name of 0	, NJ 08625 Contact O'Reilly					hone Numb ) 273-356				
Name of Facility Where Abatement is Taking F Edna Mahan Correctional Facility	Place (3)	FACIL	ITY INFORMATI	ON	Туре	of Facility (4) School (K-12	)					
Street Address 30 Route 513					Н	Subchapter 8 Other (i.e. pr etc.)	vate & d	ommercial	buildi	- 1		
City (5) Clinton	0	880	do (7)			ere Feet	# of F			ig. Ag	e 	
County (6) Hunterdon Name of Monitoring Firm Hired by Building Ow	mer (8)	County Co	SE ONLY)	Name	cor	rectional fa	cility					
Environmental Connection  Street Address	Alei (o)	00030		Pow		ave Inc	ractor (c					
120 N. Warren Street City, State, Zip Code	and the part of the late of th		A Sec. (a mail brown			rset Place Zip Code						-
Trenton, NJ 08608 Project Manager for Monitoring Firm		Telephon		Telep	hone		1	License No	).			-
Jordan Reed Start Date (10)	Scheduled C	(609) 3 completion E	92-4200 Date (11)			0-0200 SHA Monitor		00357				$\dashv$
07/72//9 Occupancy/Status/During Abatement (Check	Only One)	7/23/1	19	Stree	t Addr	ess					er en	$\dashv$
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:				City,	State,	Zip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Name and Address of the Address of t	ovation solition				Full Containme Mini-Enclosure Blovebag Prod Non-Exempted	edure				2	
	3 (CONTRACTOR)	cation mally		escriptio						Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod (*	Solely by enance/ ial Staff? 12)	Asbestos Co (i.e. therm	ntaining	Mater ms ins /AT, o	ulation, r	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Building I main gate		No N/A	040./00	hle	Str	naval	32	CF	7			
Boiler Room			small 1	ron	a 10	>						
Name of Registered Waste Hauler		NJDEP V	[기계기업업업전기 - 10] - 전입업업업	ic Yards	\$	Name of	Registe	ered Landfil	1			
Progreen		Hauler ID 22051		Vaste				/Fairless				
City, State East Brunswick, NJ	T-ru:		Dis	osal Da		City, Sta Morris			ate		_	
Completed by Sharon Hendee	Title Presid	ent		Signat	4	/pr. N	4/		ate /27/1	9		

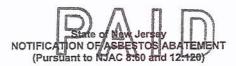
Chas	33	NO	TIFIC/ (Pur	ATION	F ASBES	TOS A	BATEN	NENT		-	M	JUN	2.8	201	9		
Date of Notification (1) 06/27/19	11-1227	18			uilding Ow of Trea						ini bel						
Agencies Notified	Type Notification		983	treet Add	ress State St	treet,	3rd F	loor			ASE	BESTO LIC	S CC ENSI		OL&		
DEP DOL	Initial Amended Amendment	#1			, Zip Code , NJ 0862												
DOH DCA	Emergency ( justification) Cancellation		N	ame of C						1	ephone Nu 09) 273-3						
П вом	Carlochadori				TY INFOR		ON	- N. D. L.		1,			-		-		
Name of Facility Where Edna Mahan Corre		g Place (3)		,,,,,,,,				Тург	e of Facility (4 School (K-12	10 10							
Street Address 30 Route 513									Subchapter 8 Other (i.e. pr etc.)				ings, l	nomes	,		
City (5) Clinton		()	99	KOG				Squ	are Feet	# 0	f Floors	BI	dg. Ag	je			
County (6) Hunterdon			C	ounty Co	ode (7) SE ONLY)				rent Use (Prio rectional fa			hed)					
Name of Monitoring Firm Environmental Cor		Owner (8)		ASCM 00030					atement Conf ave Inc	ractor	(9)						
Street Address 120 N. Warren Stre	eet						Street 15 S		ess rset Place		10.00						
City, State, Zip Code Trenton, NJ 08608							14500		Zip Code IJ 07012								
Project Manager for Mo Jordan Reed	nitoring Firm		1000	elephon 609) 39	e No. 92-4200		Telepi (973		No. 0-0200		License 00357	No.					
Start Date (10)	6	Scheduled 0	-1	pletion D	ate (11)		Name	of O	SHA Monitor		<del></del>						
Occupancy Status Duri		ck Only One	Only One) Street Address														
	med Outside of Non		riod of Abatement I Facility Hours  City, State, Zip Code														
Scope of Work (Check	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu										
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Boiler R			-									-	-				
Name of Registered W	Vasta Haules		I N	IJDEP W	laste	Cubi	ic Yards		Name of	Regio	stered Land	lfill					
Progreen	vaste nautei		F	lauler ID 2051		of W		es e			th/Fairles						
City, State East Brunswick, N	IJ					Disp	osal Da	ite	City, Sta Morris		PA						
Completed by		Title		N. A. 2022		<u> </u>	Signati	ure	11			Date					

President

6/27/19

Sharon Hendee





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	JUN	JUN 28	JUN 2 8 2019	JUN 2 8 2019

Date of Notification (1) 06/27/19				uilding Own of Treas					in in	losi					
Agencies Notified Type Notification			et Addr	ress State Str	eet 3	Brd Flo	201			AS	BES		CO		OL &
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Emergency (incl justification)  DCA  Cancellation	uding	1 1 1 1 1 1 1 1 1	ne of Co chael (	ontact O'Reilly						phone N 9) 273-			atte 100		
Description of the second of t		F	ACILIT	Y INFORM	ATION										
Name of Facility Where Abatement is Taking Pl Edna Mahan Correctional Facility	lace (3)						Sc	Facility (4) hool (K-12)							
Street Address 30 Route 513				37.00	NIE COMME			bchapter 8 her (i.e. priv :.)				uildir	igs, h	omes	
City (5) Clinton	09	BC	79				Square			Floors			g. Ag	е	
County (6) Hunterdon			nty Cod ATE USE	de (7) E ONLY) _		-	correc	Use (Prior ctional fac	cility		ished)				
Name of Monitoring Firm Hired by Building Own Environmental Connection	ner (8)	100	SCM N 0030	lo.			of Abate R/Save	ment Contr e inc	actor	(9)					
Street Address 120 N. Warren Street					4 8		Address omerse	et Place							
City, State, Zip Code Trenton, NJ 08608							ate, Zip n, NJ (		3-02						
Project Manager for Monitoring Firm Jordan Reed		100000000000000000000000000000000000000	ephone 9) 39	No. 2-4200			one No. 470-0			License 00357					
Start Date (10)   So	cheduled C	complet	tion Da	ite (11)	1	Name o	of OSHA	Monitor							
Occupancy Status During Abatement (Check C		<i>117/</i>	///			Street /	Address								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Abat Facility Ho	ement urs				City, St	tate, Zip	Code	ere angle - pr						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	ovation olition					Mini	Containmer -Enclosure		Negativ	e Pres	ssure	2		
								-Exempted		d Non-Fr	riable	Proc	edure	<b>.</b>	
	ie I o	cation		W-1277								-		ment	
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The state of the s															
Name of Registered Waste Hauler		NJD	DEP Wa	Contract of the Contract of th	Cubic `			Name of I	Regist	ered Lar	ndfill				
Progreen		Hau 220	iler ID 1 151	No.	of Was	ste	- 100	Grows I	North	/Fairle	SS				
City, State East Brunswick, NJ		1			Dispos	sal Date	•	City, State Morrisv		PA		-35,371			
Completed by Sharon Hendee	Title Preside	ent			S	ignatur	5	Myle	1	/	0/2		9		

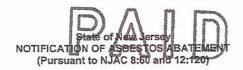


# State of New/Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

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7)				2				Married Land	
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Date of Notification (1) 06/27/19 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	)			Building Own					4-4		00	1 6	0	تحالک	
Agencies Notified Type Notification			reet Add	dress t State Str	reet, 3rd	Floor	r	lane		ASI	RES	TOS ICEN	CON	ITRO G	L. 8
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Name of Facility Where Abatement is Taking Pl Edna Mahan Correctional Facility	ace (3)		FACILI	TY INFORM	MATION	Ту	pe of Facil								
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County (6) Hunterdon		Co (S	TATE US	ode (7) SE ONLY) _		cc	rrection	(Prior if be al facility	/		lished	d)		1	
Name of Monitoring Firm Hired by Building Own Environmental Connection	ner (8)	- 1	ASCM 00030		Po	w/R/S	Save Inc	Contracto	or (9)						
Street Address 120 N. Warren Street					15		erset Pl								
City, State, Zip Code Trenton, NJ 08608				-1,50		■000000000000000000000000000000000000	, Zip Code NJ 0701								
Project Manager for Monitoring Firm Jordan Reed			elephon 309) 3	e No. 92-4200		phone No. License No. 00357									
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	ASBESTOS CONTROL &

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County (6) Hunterdon	1.	-		ounty Co	ode (7) SE ONLY)				ent Use (Prior rectional fac	if being demolish cility	ed)			
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCM	No.	71	Name	of Ab	atement Contr	actor (9)				-
Environmental Conf				00030			Pow/	R/S	ave Inc					
Street Address 120 N. Warren Street	et					1,500	Street A		ess rset Place					
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Project Manager for Mon Jordan Reed	itoring Firm		10000000	elephon 609) 39	e No. 92 <b>-</b> 4200		Teleph (973)		No. 0-0200	License N 00357	ъ.			
Start Date (10) 07/11/19		Scheduled 07/	Comp	eletion D	ate (11)		Name	of O	SHA Monitor		)4 )X	8		
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City, State East Brunswick, NJ	l					Dispos	sal Dat	ie	City, Stat Morrisv	e ille, PA				
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Date of Notification (1)	3312			uilding Owner					44	JUI	1-2	8 21	<del>)19</del>			
Agencies Notified Type Notifica	tion	Stre	et Add	ress				1	ASBESTOS CONTROL							
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DEP X Amende	nent # <u>1</u>			, Zip Code , NJ 08625												
DOH justificat		200 9000		ontact O'Reilly			Telephone Number (609) 273-3561							]		
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Name of Facility Where Abatement is T Edna Mahan Correctional Facil						122	Facility (4) chool (K-12)									
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County (6) Hunterdon			ode (7) SE ONLY)		Current Use (Prior if being demolished)  correctional facility											
Name of Monitoring Firm Hired by Build Environmental Connection	ding Owner (8)	1000	SCM 1			Name of Abatement Contractor (9) Pow/R/Save Inc										
Street Address 120 N. Warren Street						Address	et Place							1		
City, State, Zip Code Trenton, NJ 08608					100000000000000000000000000000000000000	City, State, Zip Code Clifton, NJ 07012								1		
Project Manager for Monitoring Firm Jordan Reed		ephone (9) 39	e No. 92-4200		hone No. 3) 470-0		License No. 00357									
Start Date (10) 07/01/19	Scheduled	Comple	tion D	ate (11)	Name	Name of OSHA Monitor										
Occupancy Status During Abatement (	# # # # # # # # # # # # # # # # # # #				Stree	Street Address										
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	ntire Period of Aba Normal Facility H	atement ours	ement urs City, State, Zip Code													
Scope of Work (Check All That Apply)													-11.57	٦		
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City, State East Brunswick, NJ		Di	sposal Da	ate		City, State Morrisville, PA										
Completed by Sharon Hendee	Title Presid	dent			Signat	ure _	Mm / 17 Date 6/27/19									



# State of New Arrey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJA0-6:60 and 12:120)

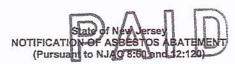
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Date of Notification (1) 06/27/19	11-1232			Name of Building Owner/Operator (2)  NJ Dept. of Treasury, DPMC							٦	JON .	_ 0	LU10	200			
Agencies Notified	Type Notification		1	Street Address 20 West State Street, 3rd Floor							ASBESTOS CONTROL LICENSING							
DEP  DOL	Initial Amended Amendment #1		City, State, Zip Code Trenton, NJ 08625								examination (ASS Trans Commission Country Institute Commission Com							
DOH DCA	Emergency (inci justification) Cancellation	Name of Contact Michael O'Reilly							Telephone Number (609) 273-3561									
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Name of Monitoring Firm Environmental Cor		ner (8)	7	ASCM No. Name of Abate 00030 Pow/R/Save					ement Contractor (9) e Inc									
Street Address 120 N. Warren Stre	eet	***************************************		Street Address 15 Somerset Place														
City, State, Zip Code Trenton, NJ 08608	Company of the State of the Sta			411			City, State, Zip Code Clifton, NJ 07012											
Project Manager for Monitoring Firm Jordan Reed									lephone No. 373) 470-0200			License No. 00357						
Start Date (10) TWO PHAS		cheduled (	Comp	oletion D	ate (11)		Name	of OSHA	A Monitor									
Occupancy Status Durin		Only One)				-	Street	Address	3				-		- 1			
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		le l	ocatio	n l									Abatement					
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Dasement				-								+	-	-				
Name of Registered Waste Hauler										Registered Landfill								
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City, State East Brunswick, N	J					Dispo	sal Da	te	City, Stat Morrisv		Ą	- 10						
Completed by Sharon Hendee		Title Presid					Signatu	ire //h	The let 6/27/19				***					
X						111000												

ASB-41 (R-06-08) # 15T Phase 1 day 7/5/19
and phase 7/30 - 8/1/19

 $<sup>\</sup>ensuremath{^{\star}}$  Do not use this form for asbestos licensure exempted activities.





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Date of Notification (1) 06/27/19	329			wner/Operator				J11 (	_ U	7013	
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Name of Monitoring Firm Hired by Building Environmental Connection	Owner (8)	ASCN 0003			e of Abatem v/R/Save	nent Contrac	otor (9)				
Street Address 120 N. Warren Street					t Address Somerset	t Place					
City, State, Zip Code Trenton, NJ 08608				0 - COO - TOTAL	State, Zip C						
Project Manager for Monitoring Firm Jordan Reed		Telepho (609)	ne No. 392-4200		ohone No. 3) 470-02	200	License No 00357				
Start Date (10)  2 Phases (5te below)	Scheduled C	Completion	Date (11)	Nam	e of OSHA	Monitor					
Occupancy Status During Abatement (Che	A		NA. 4.6 - A.	Stree	et Address						$\neg$
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:				City,	State, Zip	Code					
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Progreen		Hauler I 22051		of Waste			orth/Fairless				
City, State East Brunswick, NJ				Disposal Da	ate	City, State Morrisvill	e, PA				
Completed by Sharon Hendee	Title Presid	ent		Signal	ture 516	1.4	1000	ate /27/1	9		
Committee of the commit					1/1/10	141					

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Name of Monitoring Firm Hired by Building Own Environmental Connection	ner (8)		ASCM 00030					eatement Con	tractor (	9)				
Street Address 120 N. Warren Street						Street 15 S		ress erset Place						
City, State, Zip Code Trenton, NJ 08608								Zip Code NJ 07012						
Project Manager for Monitoring Firm  Jordan Reed		1 22	elephon	e No. 92-4200		Teleph	none			License I	No.			
Start Date/(10) / C S		- 1 2		ate (11)		,	•	SHA Monitor						
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roject Manager for Monitoring Firm Jordan Reed		35000	lephone (09) 39	No. 32-4200			hone No. ) 470-0	200		License 00357					
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East Brunswick, NJ Completed by Sharon Hendee	Title Presid	ent			Sig	na	ture	5 11	L.	-	Date 6/2	te 27/1	9		VI
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DOH justification) Cancellation		Name	of Contact			Telephone Nu 968 - 76			000	>
Name of Facility Where Abatement is Takin	g Place (3)		CILITY INFORMA		Type of Facility			80	20	
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269 Grove Str	LEET				Subchapt	er 8 (Other than K-1 private & commerci	2) al bui	lding	s, hom	ies,
North Plainfie	ld				Square Feet	# of Floors		Bldg.		
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City, State, Zip Code  GLen Rock, A	Ċį			City, St	ate, Zip Code	N. 5 07		1	(f)	
Project Manager for Monitoring Firm BRUCE WOLF	The second second	Telepho 20( - (	one No. 652-1119		-	172 License N	-	-		
Start Date (10)  Jul. 01. 2019	Scheduled Aug.	Completion		Name o	of OSHA Monitor	VMENTAL			ATOK	ia
Occupancy Status During Abatement (Check	())			Street A	Address					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility Ho	itement ours		City St	ato Zin Code	Hwy 22				
Scope of Work (Check All That Apply)				wes	T UNION	, 10.0	7	. 0	2 0	
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Ren Dem	ovation nolition		N N	Mini-Enclosur Glovebag Pro				°e	
		cation		166				Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi	mally folely by enance/ al Staff? 2)	Asbestos Con (i.e. thermal surfa	scription of taining Ma systems i cing, VAT niscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
0000111 10 10	Yes N	lo N/A	0.4						ate	Ĝ
Room: 11 and Room: 10		×	VATI	MAST	ic	1.800 SF	×			
Name of Registered Waste Hauler		NJDEP W	(							
NEWARL CARTING		Hauler ID	No. of Was	ste	B 0000 A	Registered Landfill	= 11			and the second second
NEWARK N.5			Dispos	sal Date	City, Stat	HLEHEM	P.	A		
JOVAN SURDOSKI	Title O W	NER	S	ignature		Date	9	-	201	9
							- 0	4	- 4	-

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Date of Notification (1) 06/21/19 Check #3402				f Building Ow cillia Churc			of the Palis	sades Char	ter Sc	hoc	ol)		invent
Agencies Notified Type Notification			Street A		(=9.01			ASBES			-	DL &	-
EPA X Initial				Demarest A	Ave		L		LICEN			manustropy	on the same of
DEP Amended  X DOL Amendment	#	4.00		ate, Zip Code wood, NJ, (	07631								
DOH Emergency ( justification)  DCA Cancellation	including		Name o	f Contact		7.7%		Telephone		r			
DCA Cancellation			Amen		MATION			201-802-	-4563				
Name of Facility Where Abatement is Taking			FACI	LITY INFORI	VIATION	Туре	of Facility (4	)					
Englewood of the Palisades Charte	er Schoo	ol				×	School (K-12						
Street Address 85 W Demarest Ave						H	Other (i.e. pr	3 (Other than livate & comm		uildii	ngs,	home	s,
City (5)						1000-0000	etc.) are Feet	# of Floors			lg. A	ge	
Englewood County (6)			County	Code (7)			000+	3 r if being dem	olichod)	50	+		
Bergen				USE ONLY) _		Sch		ii being dem	olisi led)				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN N/A	/ No.		of Aba	atement Cont ces	ractor (9)					
Street Address N/A					Street 426	Addre	ess	(2-11-11-12-10-12-10-11-11-11-11-11-11-11-11-11-11-11-11-					
City, State, Zip Code	<u> </u>					2000	Zip Code						
N/A							rg, NJ, 070						
Project Manager for Monitoring Firm N/A			Telepho N/A		100000000000000000000000000000000000000	hone N 295-		Licens 0107					
Start Date (10) 07/02/19	Schedule 07/05/		pletion	Date (11)	1000000000		HA Monitor above						
Occupancy Status During Abatement (Check	c Only Or	ne)			1	Addre	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 9am					City, S	State, 2	Zip Code						
Scope of Work (Check All That Apply)					14//								$\dashv$
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renova Demoliti				Mi Gl	ni-Enclosure ovebag Proce						
	1 10	Lagati			Ľ	Y No	on-Exempted	(*) and Non-F	-nable F			ment	
Location of	1	Location Normall	ly		Description	n of					Тур	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	nce/	(i.e. the	Containing Normal system surfacing, VA ther miscella	s insul AT, or	lation,	Amount (Specify SF or LF)	Comove	Demova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						2		2-47	ate	o o
Entrance Hallway		X		9x9	9 ACM Flo	or Ti	le	5 SF		)	X		
										1			
Name of Registered Waste Hauler		NI	JDEP W	Jaste C	Cubic Yards		Name of B	legistered Lar	ndfill				
Tri-State Transfer Associates		Н	auler ID 9551	No. o	f Waste BD		Minerva	Entreprise					
City, State Bronx, NY				C	Disposal Date	)	City, State Waynes	burg, OH					
Completed by Michael Fajardo	Title Office	e Cler	·k		Signatur	e	nA		Date 06/2	1/19	9		
		- 101	29/3/5			1	/)		100000000000000000000000000000000000000	100.00	s/6		

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Date of Notification (1)					Nam	e of Buildi	ng O	wner/Operato	r (2	2)	-	100	J	UN	2	3 2	019	Vilness S.3-c.
06 /	21 /	19			Ar	drew Ur	am				1	lens)		•	-		010	1
Agencies Notified  EPA	Type Notific	ation			Stree	t Address						A	SBE	STO	SC	ONT	ROL	. &
☑ DOLWD	☐ Amende				City,	State, Zip	Code	9			Imenu				-140	MAG	-	
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(NJAC 5:23-8)	justificati		Ciddin	9	Nam	e of Conta	ct				Tele	ephon	ie Nu	mber	9			
	☐ Cancella	tion			St	eve Lope	s											
					FA	CILITY	NFO	RMATION			W ====							
Name of Facility Where A	batement is	Taking	Place	e (3)						Type of Facility (								
Uram Residence										☐ School (K-12 ☐ Subchapter 8		or the	n K	12)				
Street Address										Other (i.e., pr					l bu	ilding	s,	
City (5)									1	Square Feet	# (	of Floo	ors		Blo	ig. A	ge	-
Absecon										1,092		2			ţ	54		
County (6)					Cou	nty Code (	(7)(ST	ATE USE ONLY	2	Current Use (Pri	or if b	eing	demo	lishe	d)			
Atlantic	f Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor																	
Street Address	agement & Enviro. Consulting Services Shade Environmental, ddress Street Address																	
PO Box 341	Address Street Address																	
City, State, Zip Code			- 70-					ty, State, Zip										
Chesterfield, NJ 085	515							Maple Shac										
Project Manager for Monit	toring Firm			Tel	ephone	No.		lephone No.	,		Lic	ense	No.					
William Weisgarber				6	09-29	3-4070	1	856-755-009	99			0084	2					
Start Date (10)						ate (11)	Na	me of OSHA	Mo	onitor	-							
07 /09 /	19	_0	7_/	_1	1_ /	19	1	EMSL Analy	yti	cal, Inc.								
Occupancy Status During							Str	reet Address										
☐ Facility Closed/Vacate								200 Route 1										
Abatement Performed Time of Abatement:		ormai PN		y Hou PM		scribe AM		y, State, Zip								B-2		
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Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	тпат арріу)		⊠ Re					☐ Mini-Er ☐ Gloveb	nclo	ainment with Neg osure Procedure npted (*) and Nor				dure				
\$500 CONTRACTOR OF THE				Loca			ine to								Aba	teme	ent Ty	уре
Location of Asbestos-Containing N	-	b	Use	d Sol	ely by	Ashe	estos	Description Containing M				Amou	ınt		Re	Re	m	E .
TO BE ABA	TED `	·		intena	ance/ Staff?		e., the	ermal system	s ir	nsulation,		(Spec	ify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	у		Cus	(12)				surfacing, VA ther miscellar			5	SF or	LF)		/al		sula	ure
A CONTRACT			Yes	No	N/A												te	
Kitchen				$\boxtimes$		Floor T	Tile				18	154 9	3F	I	X			
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Freehold Cartage				ŀ	lauler I		Wa 1	aste		Atlantic Co				Auti	or	ity		
City, State			-11-10-7-1		1000	-	Dis	posal Date		City, State								
Freehold, NJ							0	7/11/2019		Egg Harbor	Tov	vnsh	ip, N	IJ				
Completed By (Print or Ty	pe)	Title						Signature	Α	10000			1	Date	^			
Margie Muller		Ad	inimi	strat	ive Ma	nager			1	MXX	_	The same of the sa		10	0	-1-	9	

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Date of Notification (1)	III	(1	Name	of Building Dwn	and 12:1	120)	",	J. JUB		1		011	2 61 2	2019
Agencies Notified Type Notification	11	レ	Affilla	Manager	ment				-		_			202000 127 <del>4</del> 12.
			301 8	S. Livingston	Ave Su	ite 20	1	WAIVE	RAP	PR	创作		SCON	ITROL &
DEF Amended Amendment Emergency (	#	-	City, is	inte, Zip Code ston, NJ 070	038							210		G
DOH justification) DCA Cancellation	,		Name Sal	of Contact				Teleph 973-2	one Nun 04-991	nber.			-	
Name of Facility Where Abatement is Teking	miner /	āι	FAC	ELITY REDRIG	ATION	14				_				
Westover House		*1				ועי	pe of Facility							
Street Address 519 Bloomfield Ave	Andrew Property and Property an						School (K. Subchapte Other (i.e.	bunsta & to bunsta & to bunsta & to	nan K-12 mmercia	) if <b>b</b> ul	Idings	, hom	188,	
City (5) Caldwell			,,,,				uare Feet 000	# of Flo	-D/TE		Bldg.	Age	$\neg$	
County (6) Essex			County (2 TATE	Code (7) USE ONLY)		Qui Ap	rrent Use (P	rior if being o	lemolish	¢Ø)			-	
Name of Mankoring Firm Hirad by Building C	איז פרואיל (\$	)	ASC	M No.	Nam A.	e of A	balament Co Contractin	entractor (8)					_	
Street Address				70	Stre	et Add				-			$\overline{}$	
City, State, Zip Code		,,,,,,			City.	State,	ZIS Code	700 CO.		-	10.7-10°-		$\dashv$	
Project Manager for Monitoring Firm			Telepho	ne No.	Tele	phone		Lie	ense No	1.				
Start Date (10) O6/19/19	Schedu	ed Co	mpletion	Date (11)	Nein	s of O	5841 SHA Monitor		156	-		_	-	
Occupancy Status During Absternant (Check	06/29/							intal Servi	ces ind	).				
Facility Closed/Vacated During Entire F Absterment Performed Outside of Norm Other - Describe:			ment s		280		est er Street Zip Code							
Boope of Work (Check All That Apply)		_					ack, NJ D	7608						
23 of or 23 if 2150 of or 2280 if		Ranovi Ramoli				2 8	interesorui	ient with Neg le loedure ld (°) and No						
		Local				1	1.112 4.1 11 <u>7.1</u>	d (-) BRD NO	VI-L(ISDH	Pro	Abat	ment	-	
Asbestee-Containing Material (ACM) TO BE ABATED	Use	id Sole	NG VIE	Asbastos Ci	eisqheed animisto	Meteri	Bì IACM)	Amou	nt l	-	T)	7D9	$\overline{}$	
(n Fedity (43)	Cus Yes	todial ( (12)	Staff7	(i.e. thern	hal eysten rhotng, V It Miscelli	AT, or	lation.	(Speci SF or L	N I	Removal	Repair	Emaphulate	Escloeure	
Crawl Space			X		Pipe			35LF		x	-	-	$\vdash$	
											-			
***************************************			-											
Name of Registered Waste Hauler		IN	JDEP W	Bets Cub	ic Yarda		Nome of	Registered L	and 60					
Newerk Carting Inc.		H	lauter ID 4508		/sais		Commence 2287-553-57	Central Sa		Lan	역합기			
Oily, State Newark, NJ 07108					19/19 O		City, Stat			-		-	_	
Completed by R. MoDonald	Title Presi	dent		00/	Big netur		15 J	gyi, PA 08	072 06/		0	Dala Productiva (Prin	-	

<sup>\*</sup> Do not use this form for sebestes licensure exampled activities.

CHIGHY	2		NOTIF (P	ICATION	ate of Ne 1 OF ASB to NJAC	ESTOS	ABA	TEMEN :120	1)		EC	E		7 E	
Date of Notification (1) 6/25/2019	1-1030	1		Name o	f Building	Owner/C	Oper			Che	ck# 1542	28	201	q	
Agencies Notified	Type Notification	1		Street A	ddress PIERCE S	TREET		6		144		-	William Baltin	arqueren.	
⊠ EPA ⊠ DEP ⊠ DOL	<ul><li>✓ Initial</li><li>Amended</li><li>☐ Amendment #</li></ul>		_		ate, Zip Co N, NE 6814				-		ASBEST L	OS CC CENS	NG	OL &	<u>L</u>
☑ DOH □ DCA	☐ Emergency (in justification) ☐ Cancellation	cluding			f Contact th Schneid	ler					ephone Nu 2-991-8024				
				FAC	LITY INFO	ORMATI	ON								
Name of Facility Where A				ION LOU	JNGE			□ Scho							
Street Address 111 CHARLES LINDBER	GH DRIVE								hapter 8 (C r (i.e. priva			uildings,	hom	es, et	c.)
City (5) TETERBORO, NJ 07608								Square F 20,000		2	f Floors	5	ldg. A 0+	ge	
County (6) BERGEN					Code (7) USE ONLY			Current LOUNGE	Jse (Prior i E	f being o	demolished	1)			
Name of Monitoring Firm AHERA Consultants, Inc.		wner (8)	)	ASCN 00057			1200000000		atement Co PORATION		(9)				
Street Address P.O.BOX 385					1		10000	reet Addre 6 UNION	ss BOULEVAI	RD					
City, State, Zip Code OCEANVILLE, NEW JER	SEY 08231				•		y, State, Z TOWA, N								
Project Manager for Moni JOHN SMOYER	toring Firm			Telepho 609-652				lephone N 3-225-840			License I 01104	No.			
Start Date (10) 7/18/2019		Schedul 3/01/201		npletion	Date (11)				HA Monitor nental Labo		LLC				
Occupancy Status During	Abatement (Check	Only Or	ne)	101			0.000000	eet Addre	T-70						
☐ Facility Closed/Vacate☐ Abatement Performed☐ Other – Describe: Oc	Outside of Normal I	acility F		nt			Cit	33 Route 2 y, State, Z ion, NJ 07	ip Code		<del></del>				
Scope of Work (Check All	That Apply)								-						
<ul> <li>≥3 sf or≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Renova Demoli				₩	☐ Mi	II Containm ni-Enclosu ovebag Pro on-Exempte	ure cedure				<b>e</b>	
		Is	Locati	on					Exompte	74 / 7411	4 11011 1 110		Abate		
Location	of	1	Normal	ly		Des	scrip	tion of					Ту	ре	
Asbestos-Containing I TO BE ABA			ed Sole iintenar					ng Materia ems insula		- C. C.	mount	D		Enc	ū
In Facilit (13)		Cus	todial S	Staff? N/A	(1.6.	surfac	cing,	VAT, or ellaneous)	ation,		pecify or LF)	Removal	Repair	Encapsulat	Enclosure
Rear Windows Door	rs-Interior	103	X		Windov	v Caul	lk			206 L	F	X		#	0
Front Side Panels/ [			Х		Windov	v Caul	lk			40 L		X			
Rear Windows Door	rs-Exterior		Х		Windov	v Caul	lk			206 L	F	X			
Front Side Panels/ [	Doors-Exterior		Х		Windov	v Caul	lk			40 L	F	X			
Rear Portico/Windo	ws connection		Х		Caulkin	g and	Gl	azing N	laterials	40 L	F	X			
Name of Registered Wast ASBESTOS TRANSPORT		С	Н	JDEP W auler ID W-24310	No.	Cubic of Was 20		is			red Landfi RPRISE, I				
City, State YAPHANK, NEW YORK						Dispos 8/01/20		ate	City, Sta WAYNES		OHIO				
Completed by ADRIANA OLEJAROVA		Title PRES	IDENT			S	igna	ture	(b)	b-	100	ate 25/201	9		
ASB-41 (R-06-08)							* Do	o not use	this form fo	r asbest	os licensu	re exem	pted	activi	ties.

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Ch 1682		NOT	FICATIO	State of N N OF AS It to NJA	BESTOS	ABATE	EMEN 20)	Т			IIIN		201	0
June 24, 2019	n/i)			of Buildin Gailus	g Owner	/Operato	or (2)		14		JUN	20	201	7
Agencies Notified Type Notification	on .		Street	Address	-					ASB	ESTO	S CC	NTR	OL &
X EPA Initial X DEP X Amended X DOL Amendme			City, S	tate, Zip (	Code					CONTRACTOR	LIC	ENSI	NG	NAME OF THE OWNER,
	nt #1 y (including	<u> </u>	Lyndl	hurst, N	J 0707	1								
■ DOH justificatio     □ DCA □ Cancellatio	n)	9		of Contac Lieberr					Tele	ephone N	lumber			
Name of Facility Where Abatement is Tak	isa Disas	(2)	FAC	CILITY IN	FORMAT	TION								
Residence	ang Place (	(3)					Тур	e of Facility ( School (K-1	0076					
Street Address							×	Subchapter Other (i.e. p	8 (Othe	er than K comme	-12) rcial bu	ildings	s, hom	es,
City (5) Lyndhurst							Squ 128	are Feet	# of 2	Floors		Bldg 99	Age	
County (6) Bergen				Code (7) USE ONL			A COLUMN TO A COLU	rent Use (Price	or if beir	ng demol	ished)		111-0-4	
Name of Monitoring Firm Hired by Building IRIS Environmental Laboratories	Owner (8 Inc.	)	ASC	M No.				atement Con nvironmen						
Street Address 2333 Route 22 West						Street 97 M		ess Street, Sui	te #9					
City, State, Zip Code Union, NJ 07083						City, S	State,	Zip Code Ige, NJ 07						
Project Manager for Monitoring Firm			Telepho	one No.		Telepi 718-		No. 1122		License 01324	No.			
Start Date (10) 6/26/2019	7/3/20		mpletion	Date (11)	)	75774153416		HA Monitor	alli					
Occupancy Status During Abatement (Che	eck Only O	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period of mal Facility	Abater y Hour	ment s			City, S	State, 2	Street, Suit						
Scope of Work (Check All That Apply)		X				Woo	dbric	lge, NJ 07	095					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	Mi	ull Containme	edure	2				
	Is	Locat	ion				1 140	on-Exempted	(°) and	Non-Fria	ible Pro	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	ly by	Ashee	De stos Con	scription		I (ACM)	۸	nount	-	Ту	ре	
TO BE ABATED In Facility (13)	100000000000000000000000000000000000000	intena todial ( (12)			. thermal surfa		s insul T, or	ation,	(Sp	ecify or LF)	Remova	Repair	Encapsulate	Enclosure
SZ	Yes	No	N/A		otheri	inscellar	ieous)				val	=	ulate	ure
Kitchen & Dining Room		х			Plast	er Ceil	ings		520	) SF	х			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of R	egister	ed Landfi	II			
Newark Carting, Inc.		100	lauler ID 509	No.	of Was	ste		Grand C				dfill		
City, State Newark, NJ 07105					Dispos 7/3/20	al Date		City, State Pen Arg		18072				
Completed by	Title				No. No. of the last	ignature	1	- CITAIG	yı, FA	D	ate	1112-11		-
Raymond Blum	Oper	ations	s Mana	iger		1	1 //	/ \		J	une 2	4, 20	19	

CNT DOT	1	NOTIF	ICATION	tate of New Jerse N OF ASBESTOS	ABATE	MENT	The same of the sa					
DEAL OCO 1	/	- Control	> /	to NJAC 8:60 ar	78		n)_E (	O E	1	WI	2 /	
Date of Notification (1) 06/06/2019	317	appeal benton	Name o Mt. Ho	i Building Owner/ DIY BOE	Operator	(2)	N	The same of the sa	Ц	U (		NÌ
Agencies Notified Type Notification	1		Street A	Address evis Drive			UJ JU	N 11	2	019		
EPA Initial Amended		-		ate, Zip Code		The state of the s					1	7
DOL Amendmen		[	Mt. Ho	oly, NJ 08060		1 1 1	ASBEST	OS CO	NTI	ROLR	-	The state of the s
DOH justification	)	'	Name o	f Contact			Telephor 609-89	re Númb	er	-		
	- 100 - 100 N		FACI	LITY INFORMAT	ION		009-09	3-3028	'			_
Name of Facility Where Abatement is Takin J. Brainerd Elementary School	ng Place (	3)				Type of Facility	(4)					
Street Address				-		School (K-	12) r 8 (Other tha	n K-12)				
100 Wollner Drive						Other (i.e.   etc.)	private & com	mercial	build	ings, h	omes	i.
City (5) Mt Holy						Square Feet	# of Floor	rs	BI	dg. Age	:	
County (6) Burlington				Code (7) USE ONLY)		Current Use (Pri School	ior if being de	molished	1)			
Name of Monitoring Firm Hired by Building M&ECS	Owner (8	)	ASCN	Λ No.		of Abatement Co Company Inc						
Street Address PO Box 341				- Hiller & Manager - Manag	Street	Address Piaget Ave						
City, State, Zip Code Chesterfield, NJ 08515					City, S	State, Zip Code					1000000	-
Project Manager for Monitoring Firm William Weisgarber			Telepho	ne No. 98-4070	Teleph	none No. 253-8828	Lice	nse No.	-			-
Start Date (10)				Date (11)	-	of OSHA Monitor	007	04	-			-
07/01/2019 Occupancy Status During Abatement (Che	07/03/				December 1	Company Inc						
Facility Closed/Vacated During Entire			ant		Street	Address						
Abatement Performed Outside of Norm Other – Describe:	mal Facilit	y Hours	ient	-	City, S	state, Zip Code						
Scope of Work (Check All That Apply)									-			$\dashv$
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demolit			×	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure					
	Is	Locati	on			1 Non-Exemple	u ( ) and ivon	-Filable		Abatem	ent	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Soie	ly Iv bv		scription			-		Туре	-	_
TO BE ABATED  In Facility	Ma	aintenar	nce/		systems	s insulation,	Amount (Specify		Re	Z 2	n l	m l
(13)		(12)			cing, VA niscellar		SF or LF	5)	Remova	Repair	200	Enclosure
	Yes	No	N/A			1-20-6			<u>a</u>	.   6	at l	6
Classroom		Х		Воа	ard mas	stic	200 SF	×			T	
6												
Name of Registered Waste Hauler		l N	JDEP W	laste Cubic	Yards	Nama of	Registered La	andfill				
William Miller Inc		Н	auler ID 7957			0.0000000000000000000000000000000000000	ster County		fill			
City, State Deptford, NJ				Dispo	sal Date	City, Stat						
Completed by	Title				Signature			Date				-
Voytek Roszkowski	Pres	ident			D'	deste	sesles	06/0	6/1	019		

. OHO	2075	N		CATION	of New OF ASB	ESTOS	ABATE			E G	E	V			And the first first to the control of the control o
Date of Notification (1) 06/06/2019	W-10	311	J		Building Region					JU	N 11	2019	)		1
Agencies Notified  X EPA X DEP X DOL	Type Notification  Initial Amended Amendment			City, Sta	ddress ain Aver te, Zip Co nd, NJ (	de				ASBE		NTF ING	iOL 8	k	The same of the sa
X DOH X DCA	Emergency justification) Cancellation			Name of Pasqua	Contact ale Yac	ovelli		W-sv-s-	1		hone Nun -697-240				
Name of Facility 168		B		FACIL	LITY INFO	DRMATI	ON								
Name of Facility Where A Buena Regional Hig		ig Place (3)						_	of Facility (4						
Street Address 125 Weymouth Roa						-			School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Other			lings,	home	98,
City (5) Buena			====					Squa	are Feet	# of F	loors	В	ldg. A	ge	
County (6) Atlantic				County C	Code (7) ISE ONLY			Curr	ent Use (Prior	if being	demolish	ed)			Angelow response
Name of Monitoring Firm ATC Group Services		Owner (8)		ASCM 0009					atement Cont npany Inc.	ractor (9	9)				
Street Address 3 Terri Lane, Suite 4	1	,					Street 208		ess et Avenue			V-14			
City, State, Zip Code Burlington, NJ 0801	6								Zip Code J 07011						
Project Manager for Moni John Lutz	toring Firm		T	Telephor 609-38	ne No. 6-8800		Teleph 973-	none N 253-8			License N 00704	0.			
Start Date (10) 07/15/2019		Scheduled 07/26/2		npletion [	Date (11)				HA Monitor						
Occupancy Status During	Abatement (Che	ck Only One	9)				Street	Addre	ess						
Facility Closed/Vaca Abatement Performe X Other – Describe: 0	ed Outside of Norr	Period of Al nal Facility	baten	nent			City, S	State, 2	Zip Code					= -0:-012	
Scope of Work (Check Al	l That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		☐ Re ※ De	enova	tion ion			×	Mi	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure				2	
Location	of	N	_ocati	ly		Des	scription						Abate		
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Used Mair Custo	itena	nce/	Asbes (i.e.	tos Cont thermal surfac	aining N	Materia s insul AT, or		(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		te	е
Boiler Ro	oom	Х				iler pad				420	SF	х			
	\$				Boil	er Bree	eching	(2 bo	oilers)	240	SF	x			
Name of Registered Was	to Hauler		L	JDEP W		Cubic	Vanda		1.0		11 - 150				
Newark Carting Inc	te i laulei		1	lauler ID 5409		of Was			Name of R			5			
City, State Newark, NJ						Dispos	sal Date		City, State Egg Har		J				
Completed by Voytek Roszkowski		Title Presic	lent			S	ignature			1.	Da 06	te /06/2	2019	110-50	

06/06/2019

Print Form

# 20/9	N	OTIF (P	ICATION	LOF ASE	ESTOS	ABATH	WEN.	Г		EG	E	7	<u> </u>				
Date of Notification (1) 06/06/2019	15		Name of Building Owner/Operator (2) Buena Regional School District							    }	1	1 on	119	A CONTRACTOR OF THE PARTY OF TH			
Agencies Notified Type Notification		914 Main Avenue															
X DEP Amended	#		City, Sta	ite, Zip C	ode				ASSISTED CONTROL & LICENSING								
Emergency justification)	(including		Name of	f Contact						ephone Ni	umber			Nett. 700 about			
EACH ITY INFORMAT								856-697-2400									
Name of Facility Where Abatement is Takin Milanesi Elementary School	g Place (3)		TAG	LII I INF	ORWAT	ION		e of Facility (	4)								
Street Address 880 Harding Highway			×	School (K-1 Subchapter Other (i.e.	8 (Oth			ldings	hom	es,							
City (5) Buena	)/(						etc.) are Feet	# 0	f Floors	E	3ldg. A	\ge					
County (6) Atlantic		Ì	County Code (7) Current Use (F (STATE USE ONLY) School						rior if being demolished)								
Name of Monitoring Firm Hired by Building ATC Group Services	Owner (8)					Name	of Ab	atement Cor	ntractor	(9)							
Street Address 3 Terri Lane, Suite 4	r	1			Street	Addre	ess	-									
City, State, Zip Code Burlington, NJ 08016	Buena Regional School Dis							aget Avenue te, Zip Code									
Project Manager for Monitoring Firm John Lutz				Telephone No. License No. 973-253-8828 00704					Vo.								
Start Date (10)	-	mpletion Date (11)			Name of OSHA Monitor												
Occuparicy Status During Abatement (Check Only One)  Occuparicy Status During Abatement (Check Only One)  Name of Osha Monitor  VMC Company Inc.  Street Address									100								
Abatement Performed Outside of Norm	nent s City, State, Zip Code					Zip Code	Th. 500 M-1000										
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf    × ≥160 sf or ≥260 lf	If Renovation							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
Location of									( )		Abatement Type						
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Used Main Custo	Solel tenar dial S	ly by nce/	Asbestos Containing Mater (i.e. thermal systems insi surfacing, VAT, or				terial (ACM) nsulation, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
	(13) (12) other miscellaneous)  Yes No N/A						Removal		ate	Ге							
Boiler Room	X						sulation 200 SF x										
\$			Boiler Breeching insula							0 SF	х						
			Pipe fitting ins				sulation			4 LF	X						
Name of Registered Waste Hauler Newark Carting Inc	Boiler Room X  s  Gegistered Waste Hauler Carting Inc				100 SECTION 100 SE					red Landfil ty Utilitie							
City, State Newark, NJ	ــــــــــــــــــــــــــــــــــــــ			Dispos	al Date		City, State	;									
Completed by Voytek Roszkowski	ent			Si	ignature	2	_99 i id	7	D	ate 8/06/3	2010						

06/06/2019

#200/	1 . in	211	NOT	S	tate of Ne N OF ASB	w Jerse	ARATE	MENT									
Tr	WHID	110:	K	Pursuan	I to NJAC	8:60 an	1 12:12	5	J E	CE	7	<b></b>	n n n	7			
Date of Notification (1) 06/08/20	Name of Town	Name of Building Owner/Operator (2) Township of Randolph							A. C. Carrellian Co.	D	Andrew Control						
	ype Notification			Street A	Address			-		JUN 1	1 20	119		1			
EPA X DEP	Initial Amended				Millbrook ate, Zip Co												
B DOL □	Amendment Emergency (			Rande	olph, NJ		)	ASBESTOS CONTROL & LICENSING									
▼ DOH DCA		of Contact a Lucian	i		Telephone Number												
Name of Facility Where Aba	tement is Taking	r Place (	(3)	FAC	ILITY INFO	ORMAT	ION	T 15									
Randolph Museum		Type of Facility (4)  School (K-12)															
Street Address 11 Foxcroft Rd	DO 4	U	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home														
City (5) Randolph				etc.) Square Feet	#	of Floors	T	Bldg.	Age								
County (6) County Code (7)								Current Use (Prior if being demolished)						-			
Name of Monitoring Firm Hir	Name of Monitoring Firm Hired by Building Owner (8) ASCM No.								Museum  Name of Abatement Contractor (9)								
Omega Environmental Services 00120							VMC Company Inc Street Address										
280 Huyler Street	208 F	Piaget Ave															
City, State, Zip Code South Hackensack, NJ		City, State, Zip Code Clifton, NJ 07011															
Project Manager for Monitoring Firm  Stan Blackman  Telephone No. 201-489-8700								phone No. License No.									
Start Date (10)		Name of OSHA Monitor															
O7/22/2019 Occupancy Status During Ab	VMC Co. Inc. Street Address																
Facility Closed/Vacated Abatement Performed 0		99.9 (394.9)															
Other - Describe:		ai raciiit	y Houi	· ,			City, St	tate, Zip Code									
Scope of Work (Check All Th	at Apply)	×															
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf	ation ition			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
		Loca	335 SS					, cu ( ) ai	id Non-i ila	Abatement Type							
Location of Norma Asbestos-Containing Material (ACM) TO BE ABATED Maintena					Asbest	os Conta	scription of aining Material (ACM)			Amount		1 1 1					
TO BE ABATEI	Staff?	(i.e.	thermal surfac	systems sing, VAT	insulation, r, or	(	(Specify SF or LF)		Repair	Encap	Enclosure						
(13)		Yes	(12) No	N/A		other m	niscellan	eous)		0. 0. 2. /		pair	Encapsulate	sure			
Basement			×		Р	ipe/fitti	ng insu	ulation	2	50 LF	X						
							7										
Name of Registered Waste H	auler		1	NJDEP W	/aste	Cubic \	Yards	Name	of Regist	ered Landfil							
Newall Calling III.					Hauler ID No. of Waste			GROWS									
City, State Newark, NJ						Dispos	al Date	City, S Morri	tate sville, F			<del>- 10</del>					
Completed by Voytek Roszkowski		Title Presi	dost			Si	Signature D					Date , ;					
- Sylen NOSZNOWSKI		1	1. 1	xx speci	5	(	06/0	18/2	0	9							