Received 2/2/17 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 14 / 17 MAR 1 0 2017 The Hampshire Companies, LLC Agencies Notified Type Notification Street Address **⊠** EPA 22 Maple Avenue ASBESTOS CONTROL & □ DOLWD ☐ Amended City, State, Zip Code LICENSING ☑ DOH Amendment # Morristown, NJ 08807 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation **Brian Tobiasz FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 171 Morris Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown, New Jersey County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris County Schedule for demolition Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Bio Terra Solutions** 0615995 Unipro, Inc. Street Address Street Address P.O. Box 1224 173 Karkus Avenue City, State, Zip Code City, State, Zip Code Union, NJ Woodbridge, NJ 07095 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 732-726-3111 00615 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __3__ / __1 __/ 17 4 / 1 / 17 Unipro, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 173 Karkus Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Woodbridge, NJ 07095 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Renovation □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Encapsulate Enclosure Asbestos Containing Material (ACM) Remova 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 Basement and Stairwell \boxtimes Aircell pipe insulation X 80 LF П Exterior \boxtimes Roof shingle 240 SF X П П Basement-171.5 Morris Street \boxtimes Aircell pipe insulation 60 LF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Yannuzzi Group Inc. **IESI Landfill** 17467 As Needed City, State Disposal Date City, State Hillsborough, NJ TBD Bethlehem, PA Completed By (Print or Type) Title Signature Date David Tolchin 2/14/17 President David Tolchin

State of New Jersey

no 24124543MM

		NOI	IFIC.	ırsua	nt to NJ	BESTOS AC 8:60 a	ABA1 and 5:1	ΓEMENT 6)	(D)_E	<u>G</u>	<u>E</u>	Ш	W
Date of Notification (1)				Nam	e of Buildir	ng Owner/O	perator ((2)	1111.				
//	17	_				hire Com		. ,		MAR	1	7 2	017
Agencies Notified Type Notifie	cation			Stree	t Address								
☐ EPA ☐ Initial ☐ Amende				22	Maple A	venue			ASB	ESTO			
☑ DOH Amenda				City,	State, Zip	Code			-	<u>LLC</u>	-1/1	SINI	-
□ DCA □ Emerge			a	Mo	rristown	, NJ 0880	7						
(NJAC 5:23-8) justificat	tion)			Name	e of Conta	ct			Telephone	Numbe	er	_	
☐ Cancella	ation				an Tobias				Die Die	10073			
Name of Facility Where Abatement is	Taking	1 Place	(3)	FA	CILITY II	NFORMAT	ION	T					
, more reaction in the	Taking	j i lace	(3)					Type of Facility	62 (5)				
Street Address								School (K-1 Subchapter	2) 8 (Other than	K-12)			
175 Morris Street								Other (i.e., p	rivate and co	mmercia	al bu	uilding	js,
City (5)		_			201000000000000000000000000000000000000			homes, etc.					
Morristown, New Jersey								Square Feet	# of Floor	S	BI	dg. A	ge
County (6)				Cou	nty Code (7)(STATE US	E ONLY)	Current Use (Pi	ior if being de	molishe	ed)		
Morris County								Schedule fo			-/		
Name of Monitoring Firm Hired by Buil	lding C)wner	(8)	ASCM	No.	Name of	Abateme	ent Contractor (9)					
Bio Terra Solutions				061	5995	Unipro	o, Inc.						
Street Address						Street Ad	dress						
P.O. Box 1224						173 Ka	arkus A	venue					
City, State, Zip Code					5700	City, Stat	e, Zip Co	ode					
Union, NJ						Wood	bridge,	NJ 07095					
Project Manager for Monitoring Firm			100000	phone		Telephon	e No.		License N	0.			
Rick Eustaquio			37.73		-3762	732-72	6-3111		00615				
Start Date (10)					te (11) 17	Name of O		onitor					
Occupancy Status During Abatement (Street Ad							
☐ Facility Closed/Vacated During Enti	ire Peri	iod of	Abater	nent			aress a rkus A						
☐ Abatement Performed Outside of No.	ormal I	Facility		. D	oribo								
Time of Abstement:		- wonity	Hour	s - Des	CHIDE								
Time of Abatement:AM	PM	1/	_PM-	s - Des	AM	City, State							
	PM	1/	_PM-	s - Des	AM			NJ 07095					
Scope of Work (Check all that apply)	PM	1/	_PM-		AM	Woodl	oridge,	NJ 07095 ainment with Neg	ative Pressu	re			
Scope of Work (Check all that apply) S ≥3 sf or >3 if	PM	I/ ☐ Rei	_PM-	on	AM	Woodl	oridge, full Conta	NJ 07095 ainment with Negosure	rative Pressur	re			
Scope of Work (Check all that apply) S ≥3 sf or >3 if	PM	1/	_PM-	on	AM	Woodl	ridge, full Conta	NJ 07095 ainment with Negosure Procedure					
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	PM	∏ Rei ⊠ Dei	_PM-	on n	AM	Woodl	ridge, full Conta	NJ 07095 ainment with Negosure			Aba	ateme	ent T
Scope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of	PM	∏ Rei ⊠ Der	_PM-	on on ly	AM	Woodl	oridge, full Containininininininininininininininininini	NJ 07095 ainment with Negosure Procedure npted (*) and No	n-Friable Pro	cedure		ateme	
Scope of Work (Check all that apply)	PM	Rei Rei Dei Usei	PM- novatio molitio Locati lormal d Sole ntenar	on on ly ly by	AM	Wood!	Full Conta fini-Enclosiovebag flon-Exernition of fining Mat	ainment with Negosure Procedure npted (*) and No	n-Friable Pro	cedure			
Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility	PM	Rei Rei Dei Usei	_PM- novation locati lormal d Sole ntenar	on on ly ly by	AM	Woodl F N N	Full Conta Mini-Enclosiovebag don-Exern ription of ning Mat ystems in ing, VAT,	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Pro	cedure	Ab Removal	ateme Repair	
Scope of Work (Check all that apply)	PM	Rei Rei Dei Usei	PM- novatio molitio Locati lormal d Sole ntenar	on on ly ly by	AM	Woodl F N Desc stos Contai	Full Conta Mini-Enclosiovebag don-Exern ription of ning Mat ystems in ing, VAT,	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Pro Amount (Specify	cedure			ent Encapsulate
Scope of Work (Check all that apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	PM	Ren Sen Sen Sen Sen Sen Sen Sen Sen Sen S	PM- novation molition Locati lormal d Sole ntenar odial S (12)	on ly ly by nce/ Staff?	Asbe (i.e	Woodl F N N	Full Conta Mini-Enclosiovebag don-Exern ription of ning Mat ystems in ing, VAT,	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Pro Amount (Specify	cedure	Removal	Repair	Encapsulate
Scope of Work (Check all that apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Attic	PM	Rei Der Is N Usee Mai Cust	PM- novation Locati lormal d Sole ntenar odial S (12)	on on ly ly by oce/ staff?	Asbe (i.e	Desc stos Contain other mis	Full Conta Mini-Enclosiovebag don-Exern ription of ning Mat ystems in ing, VAT,	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF	cedure	Removal		
Scope of Work (Check all that apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Attic Garage	PM	Rel Rel Der Is N Usee Mai Custe	PM- novation molition Location formal disole ntenar modial S (12) No	on ly ly by nce/Staff?	Asbe (i.e	Desc stos Contain other mis	Full Conta Mini-Enclosiovebag don-Exern ription of ning Mat ystems in ing, VAT,	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF	cedure	Removal 🛛	Repair	Encapsulate
Scope of Work (Check all that apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Attic Garage	PM	Ren Der Is N Usee Mai Custo	PM- novation Locati lormal d Sole ntenar odial S (12) No	on on ly ly by nce/Staff?	Asbe (i.e	Description of the results of the re	Full Conta Mini-Enclosiovebag don-Exern ription of ning Mat ystems in ing, VAT,	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF 150 SF	cedure	Removal 🛛 🗎	Repair	Encapsulate
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Attic Garage Garage	PM	Is Noted Main Custon	PM-, novatid molitio Locati lormal d Sole ntenar odial S (12) No	on ly ly by nce/ Staff?	Asbe (i.e Duct he Window Window	Description of the results of the re	oridge, full Containin-Enclosovebag fon-Exertiption of fining Mat ystems in g, VAT, ccellanec	AJ 07095 ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or ious)	Amount (Specify SF or LF 150 SF 64 LF 120 LF	cedure	Removal 🛛	Repair	Encapsulate
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Attic Garage Garage	PM	Is Noted Main Custon	PM-, novatid molitio Locati lormal d Sole ntenar (12) No	on ly ly by nce/ Staff? N/A	Asbe (i.e Duct he Window Waste No.	Desc stos Contai ., thermal si surfacir other mis eat shield / Caulk / glazing	oridge, full Containininininininininininininininininini	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF 150 SF 64 LF 120 LF	cedure	Removal 🛛 🗎	Repair	Encapsulate
Scope of Work (Check all that apply) Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Attic Garage Garage Name of Registered Waste Hauler	PM	Is Noted Main Custon	PM-, novatid molitio Locati lormal d Sole ntenar (12) No	on ly ly by nce/ Staff?	Asbe (i.e Duct he Window Waste No.	Desc stos Contain, thermal surfacir other mis eat shield a Caulk and Glazing Cubic Yare Waste As Nee	oridge, full Conta fini-Encl flovebag flon-Exer fiption of fining Mat floresters in floresters in floresters f	ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or ous) Name of Regis IESI Landfi	Amount (Specify SF or LF 150 SF 64 LF 120 LF	cedure	Removal 🛛 🗎	Repair	Encapsulate
Scope of Work (Check all that apply) ≥ 3 sf or ≥3 lf □≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Attic Garage Garage Name of Registered Waste Hauler Yannuzzi Group, Inc	PM	Is Noted Main Custon	PM-, novatid molitio Locati lormal d Sole ntenar (12) No	on ly ly by nce/ Staff? N/A	Asbe (i.e Duct he Window Waste No.	Desc stos Contai ., thermal si surfacir other mis eat shield / Caulk / glazing	oridge, full Conta fini-Encl flovebag flon-Exer fiption of fining Mat floresters in floresters in floresters f	ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or Insulation, or Insulation Insulat	Amount (Specify SF or LF 150 SF 64 LF 120 LF	cedure	Removal 🛛 🗎	Repair	Encapsulate
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Attic Garage Garage Name of Registered Waste Hauler Yannuzzi Group, Inc City, State	PM	Is Noted Main Custon	PM-, novatid molitio Locati lormal d Sole ntenar (12) No	on ly ly by nce/ Staff? N/A	Asbe (i.e Duct he Window Waste No.	Desc stos Contain, thermal si surfacir other mis eat shield / Caulk / glazing Cubic Yard Waste As Nee Disposal D	oridge, full Containin-Enclosiovebag flon-Exemination of hing Matystems in g. VAT, coellaned	ainment with Negosure Procedure Inpted (*) and No erial (ACM) Insulation, or ous) Name of Regis IESI Landfi	Amount (Specify SF or LF 150 SF 64 LF 120 LF	cedure	Removal 🛛 🗎	Repair	Encapsulate

0424313	554	12	TON	TFIC (P	ATIOI ursua	State of N N OF AS nt to NJ	New S BES AC 8	Jersey STOS ABAT 3:60 and 5:1	TEMENT 6)	DE	C E		\mathbb{V}	
Date of Notification (1)	44 .				100000000000000000000000000000000000000			vner/Operator (M. M.	AR 1	0	2017	
			_		Th	e Hamps	shire	Companies	LLC	and pre-				
Agencies Notified	Type Notifi	cation	ĺ			et Address				ASRE	STOS	COI	ITRO	OL 8
☑ EPA	☐ Amende	ad				Maple A				AODL	LICEN			J
☑ DOH	Amend					State, Zip							and the said	-
☐ DCA	☐ Emerge	ncy (ir		g g		rristown	93	08807						
(NJAC 5:23-8)	justifica				Lenn-	e of Contac				Telephone I	Number			
	☐ Cancell	ation				n Tobias								
Name of Facility Miles	A1-1-11				FA	CILITY	NFO	RMATION					592	
Name of Facility Where	Abatement is	Takin	g Place	e (3)					Type of Facility	5.00				
Street Address									School (K-1) Subchapter	2) 8 (Other than I	V 12\			
173 Morris Street									Other (i.e., p	rivate and con	nmercial	build	inas.	
City (5)									homes, etc.)				
Morristown, New J	lorsov								Square Feet	# of Floors		Bldg	Age	
County (6)	ersey				Cou	nhi Cada /	TVOTA	ATE LIDE ONLY						
Morris County					Cou	пцу Соае ((1)(SIA	HE USE ONLY)	Current Use (Pr)		4 25.5
Name of Monitoring Firm	Hired by Bui	ildina (Owner	(8)	ASCM	No	Me	me of Abeter	Schedule for ent Contractor (9)	or demolition	n			
Bio Terra Solution		nunig (JWHEI	(0)		5995		Ine of Abatema Jnipro, Inc.	ent Contractor (9))				
Street Address					001		_	eet Address						
P.O. Box 1224							10000	73 Karkus A	Venue					
City, State, Zip Code								y, State, Zip Co		Smiles				
Union, NJ								Voodbridge,						
Project Manager for Mor	itoring Firm			Tel	ephone	No.		ephone No.	110 07000	License No	,			
Rick Eustaquio	2.T.			1	73-494		-	32-726-3111		00615	J.			
Start Date (10)	T	Sched	luled C	omple	etion Da	ate (11)	Nar	me of OSHA N	onitor					
3 / 1 /						17	1	Jnipro, Inc.						
Occupancy Status During	g Abatement	(Check	c only	one)			Stre	eet Address						
□ Facility Closed/Vacate	ed During Ent	ire Pe	riod of	Abate	ment		1	73 Karkus A	venue					
Abatement Performed	d Outside of N	lormal	Facilit	y Hou	rs - Des	scribe	City	, State, Zip Co	ode					
Time of Abatement: _		P	vi/	PM		_AM	V	Voodbridge,	NJ 07095					
Scope of Work (Check a	II that apply)								The second second					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			□ Re					☐ Mini-Enc ☐ Glovebac						
				Loca								bate	ment	Type
Location Asbestos-Containing		M)		Norma	ally ely by	1		Description o						T
TO BE ABA	ATED	vij	Ma	intena	ance/			Containing Ma rmal systems i		Amount (Specify		T Copan	nca	Eliciosule
IN Facili (13)	ty		Cus	todial (12)	Staff?		S	urfacing, VAT,	or	SF or LF)) Val	. =	Encapsulate)SUI
(13)			Yes	No	N/A	1	otr	her miscellane	ous)				ate	. "
1 st Floor- 173-1 Morri				VAT				225 SF	×	3 6	1	1		
Foyer- 173-1 Morris S	oyer- 173-1 Morris Street									225 SF			-	
Office Area- 173-1 Mo	orris Street					VAT				650 SF				
2 nd Floor- 173-1 Morr	is Street				\boxtimes	VAT				650 SF		-	-	
Name of Registered Was	te Hauler			1	JDEP 1	Waste	Cub	oic Yards of	Name of Regis		2	- -	- -	.] _
Yannuzzi Group, In	c.			F	dauler II		Was		IESI Landf					
City, State					17467			s Needed cosal Date	City, State					
Hillsborough, NJ							1	BD	Bethlehem	, PA				
Completed By (Print or T	ype)	Title						Signature			Date			
David Tolchin	v. o (40) 77 F	P	reside	ent				David Tole	hin		2/14/	17		

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



	_			SHEET						
				1 Essext Street		Abateme	nt Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely stenancial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	E n c a p s u l	E n c l o s u r e	STOS CONTROL & LICENSING
	Yes	No	N/A							
Basement- 173-1 Morris Street			Х	Wall Plaster	70 SF	Х				
Basement- 173-1 Morris Street			х	Aircell pipe insulation	5 LF	х				
Attic- 173-2 Morris Street			Х	Duct heat shield	2 SF	х				
Attic- 173-2 Morris Street				Duct caulk	6 LF	Х				
Attic- 173-2 Morris Street			X	VAT	8 SF	Х				
Roof- 173-2 Morris Street			х	Vapor Barrier	200 SF	х				
1st Floor- 173-1 Morris Street			Х	VAT	1,050 SF	Х				

Completed by: (Print or type)	Title:	President	Signature:	Date:
David Tolchin			David Tolchin	2/14/2017

													Pr	int F
CK1093			ICATIO	tate of Nev N OF ASB t to NJAC	ESTOS A	BATE		IΤ	0	EG	E			
Date of Notification (1) 3/8/17				of Building za Fandir		perator	(2)			MAF	R 1	20	17	kami
Agencies Notified Type Notification EPA Initial	1		Street A	Address						ASBEST	ros (CONT	ROL	. &
DEP Amended Amendmen				ate, Zip Co wood, N		0					ICEN	SING		
DOH justification)			of Contact za Fandir	no				Te	lephone N	lumber	37		
			FAC	ILITY INFO	ORMATIC	ON							-	
Name of Facility Where Abatement is Takin Residential Home	ng Place (3)					Ту	pe of Facility School (K-	18008/V 1800200					
Street Address							×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than K- & commer	-12) rcial bu	ildings	, hom	es,
City (5) Ridgewood							Sqi 25	uare Feet	# 0	f Floors		Bldg. /		
County (6) Bergen				Code (7) USE ONLY))	_		rrent Use (Pri esidential H		ing demoli	ished)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	M No.				batement Cores Abatem		(9)				
Street Address						Street 280 I		ress Iidland Ave	е.					
City, State, Zip Code								Zip Code Brook, NJ (07663	9			24-72	
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 201-		No. -3184		License	No.			
Start Date (10) 3/17/17	Schedul 3/18/1		mpletion	Date (11)		Name	of O	SHA Monitor			ANTE DE THE			
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Addı	ress		W=				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	Period of mal Facilit	Abaten y Hours	nent s			City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	N C	Full Containm Mini-Enclosure Blovebag Pro- Non-Exempted	e cedure				•	
Location of		Locat Normal	lly		Dose	cription	tra -	TOTAL EXCENSION	u () uii	4 11011 1111		Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ((12)	nce/			ining M systems ng, VA	lateri s insu T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u> </u>		ate	Ге
Basement		Х				VAT			5	5 SF	X			
Name of Registered Waste Hauler		10,130%	IJDEP W	220.00	Cubic Y			Name of	Registe	ered Landf	fill			
lewark Carting			lauler ID 4509	No.	of Wast			IESI La						
City, State Jewark, NJ					Disposa TBD	I Date		City, State Bethleh		PΑ				
Completed by Richard Cristofol	Title Presi	ident			Sig	nature	11	14/			Date 3/8/17	8		

Chla32			FICATION	tate of Nev N OF ASBI t to NJAC	ESTOS AE				print of the state		C		- Pr	int
Date of Notification (1)				of Building (,					kel	MAR	10	201	7
03/08/2017				wood Apa	artments	& C	ount	/ Club		Ì				
Agencies Notified Type Notification	n			Address erry Hill L	n					ASB	ESTO			ROL
EPA X Initial Amended Amendme			10, 10,000	ate, Zip Co						-	LIC	ENS	NG	
X DOL Amendme				ridge, NJ										
Emergenc	y (including			of Contact					Tele	phone N	Number			
DOH justification Cancellation			Eric P	Prieto					II.					
Name of Facility Where Abatement is Tak	ing Place (21	FAC	ILITY INFO	RMATION	1	Turne	of Facility (4						
Glenwood Apartments	ing Flace (3)					Comments	of Facility (4						
Street Address				0.5(School (K-12 Subchapter		r than K	(-12)			
39 Spruce Ln								Other (i.e. pr				ildings	, hom	es,
City (5)							Squa	etc.) ire Feet	# of	Floors	Т	Bldg.	Age	
Old Bridge, NJ							2,00	00	2			65+	4550	
County (6) Middlesex				Code (7) USE ONLY)		-		ent Use (Prio artment	r if bein	g demol	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASC	M No.				atement Cont eral Constr		0.00				
Street Address					1.00		Addre Clift	ss on Ave, Pl	MB St	uite 21	8			
City, State, Zip Code								ip Code J 07012						
Project Manager for Monitoring Firm			Telepho				one N 389-0			License 00693				
Start Date (10) 03/21/2017	03/23/	2017		Date (11)	1			HA Monitor ral Constr	uction	, Inc	.21	10-6	SIII	
Occupancy Status During Abatement (Che	53	880					Addre		40.0		0			
Facility Closed/Vacated During Entire Abatement Performed Outside of No. Other – Describe:	Period of a mal Facility	Abater y Hour	ment s		С	ity, S	tate, Z	on Ave, Pl ip Code J 07012	NIR 20	lite 218	8			
Scope of Work (Check All That Apply))II, IN	0/012	-			_		
≥3 sf or ≥3 If ≥160 sf or ≥260 If	MOTOR CO.	Renova Demoli				×	Min Glo	II Containmen ni-Enclosure ovebag Proce n-Exempted	edure				re	
Location of		Locat			Descri			II Exempted	() and	1101111		Abat	emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial (12)	nce/ Staff?		os Contain thermal sys surfacing other miso	ing N stems g, VA	fateria s insula T, or		(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
20.0	Yes	No	N/A		,				Photos				ate	re
39 Spruce Ln- Crawl Space	X			Pi	pe/Elbov	v Ins	sulatio	on	140	0 LF	X	-		
				1										
lame of Registered Waste Hauler		N	JDEP W	/aste	Cubic Yar	rde		Name of R	egists-	ad Load	1611			
ervice Transport Group		H	Hauler ID		of Waste	du		Minerva	1000		ulli			
ity, State lew Castle, DE 19720					Disposal I 03/23/20			City, State , Waynes	burg,	OH 44	688			
Completed by filan Njezic	Title Vice	Pres	ident		Sign	ature		702			Date 03/08	/2017	,	

Ch4705	NO			ew Jersey BESTOS ABATI 8:60 and 12:12) E C				
Date of Notification (1) 03/08/2017			e of Building or & Deco	Owner/Operator	or (2)		1 MA	AR 1 () 20	17	
Agencies Notified Type Notification EPA DEP Amended Amendmen	t #	223 City.	et Address 33 Lake Pa State, Zip C yrna GA 3	ode			ASBES	TOS C	CON	TROI	_ &
➤ DOH	rì .		e of Contact ph Fredric			T	elephone I	Number			
		F	ACILITY INF	ORMATION							
Name of Facility Where Abatement is Takin Former Sport Authority	ng Place (3)		7			of Facility (4) School (K-12)					
Street Address 50 A & S Drive					×	Subchapter 8 (Ot Other (i.e. private etc.)			ldings	, home	es,
City (5) Paramus					Squar		of Floors	E	Bldg. A	Age	
County (6) Bergen			nty Code (7) TE USE ONLY	n	Currer	nt Use (Prior if b	eing demo	lished)			
Name of Monitoring Firm Hired by Building ECS Mid Atlantic LLC	Owner (8)	AS	SCM No.			ement Contracto	or (9)				
Street Address 2 Executive Drive				Stree	t Addres				T		
City, State, Zip Code Moorestown, NJ 08057				City,	State, Zir on, NJ	o Code					
Project Manager for Monitoring Firm Sean Barnes		100000000000000000000000000000000000000	hone No. -832-3910	Telep	hone No -253-88		License 00704				
Start Date (10) 03/18/2017	Scheduled 03/18/20		on Date (11)	X (4.1.1.2)		A Monitor					
Occupancy Status During Abatement (Cher	ck Only One)				t Address			4			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba	atement ours		City,	State, Zip) Code		-6-10-10-10-10-10-10-10-10-10-10-10-10-10-			
Scope of Work (Check All That Apply)											
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			Mini Glov	Containment wi -Enclosure rebag Procedure -Exempted (*) a				е	
Location of	N 10000000	cation mally		Description					Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)		stos Containing I thermal system surfacing, V/ other miscella	Material (is insulat AT, or	ion,	Amount (Specify (F or LF)	Remova	Repair	Encapsulate	Enclosure
Main area	Yes N	No N/			7					ate	'e
Main area		X		Transite p	ipe	2	240 LF	X			
Name of Registered Waste Hauler) Waste	Cubic Yards		Name of Regist	ered Land	Ifill			
Newark Cartinc Inc		Hauler 05409		of Waste		IESI Betlehe	m Land	fill			
City, State Newark, NJ				Disposal Date		City, State Betlehem, P	A				
Completed by /ovtek Roszkowski	Title Preside	nt		Signatur		i I		Date	2017		

Print Form

MOH 24196803	610			N OF ASI				ME	C E	n n	7 E		21
Date of Notification (1) March 2, 2017		1	Name of TAC	of Building Enterpr	Owner/ ises LL	Operator C/ Tod	r (2) d Cortese	IIU		<u>, II (</u>	<u>/ </u>		
Agencies Notified Type Notification	1			Address Box 551				L L	MAR 1	0 20	17		廾
✓ EPA ✓ DEP ✓ DOL ✓ Amended Amendmen				ate, Zip C				ASB	ESTOS			&	+
DOH justification Cancellatio)	9	1 0.00000000000000000000000000000000000	of Contact Cervino				16	elephone l	VSING Number			
			FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Taki N/A	ng Place	(3)					Type of Fa	cility (4) ol (K-12)					
Street Address 85 Pulis Ave							Subch Other etc.)	napter 8 (Ot (i.e. private	her than K & comme	(-12) ercial bui	ldings	, hom	ies,
City (5) Franklin Lakes							Square Fee 2000	et # 2	of Floors		Bldg. 1 40	Age	
County (6)				Code (7) USE ONL			Current Use unoccup	e (Prior if be ied	eing demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.			of Abatemer Contracting		r (9)				
Street Address						100000000000000000000000000000000000000	Address arguerite L	ane					
City, State, Zip Code						City, S Towa	tate, Zip Coo	le '082		10.00			
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No. 901-0153	The state of the s	License 01265			-	
Start Date (10) March 11, 2017	Schedu	ed Co	mpletion 2017	Date (11)		Name	of OSHA Mo						
Occupancy Status During Abatement (Chec		100000				Street	Address arguerite L						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facilit	Abater y Hour	ment s			City, S	tate, Zip Cod	е					
Scope of Work (Check All That Apply)						1000	200, 140 07						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					Mini-Encl Glovebag	ainment with osure Procedure npted (*) an					
	Is	Locat	ion				1 HOH-EXC	I pied () ai	id Non-i ii	able 110	Abate		t
Location of	1	Norma ed Sole	lly			scription					Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial	nce/ Staff?		thermal surface		aterial (ACM insulation, Γ, or eous)	(5	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		te	O
Basement & Ground Floor	X			Flo	or Tile	S		SF	Х				
	-		-							-			
	-									-			
Name of Registered Waste Hauler	J	IN	JDEP W	aste	Cubic '	Yards	Nam	e of Registe	ered Land	fill			
Newark Carting								ste Mana					
City, State Newark, NJ					Dispos 3/4/20	al Date 017		State ytown, PA	4				
Completed by Marko Stankovic	Title Proje	ect Ma	anager		Si	gnature		2		Date 3/2/201	17		

CK 1173



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

Date of Notification (1) 03/01/2017					LESIA E				RAL						
Agencies Notified	Type Notification		5	Street Add	dress										
EPA DEP DOL DOH DOH DCA	Initial Amended Amendment # Emergency (ir justification) Cancellation		-	PATER Name of 0	e, Zip Cod SON N. Contact UIS CA	J. ***				Tele	phone Num	ber			
	1			Control of the Contro	ITY INFO										
Name of Facility Where PRIVATE Street Address	Abatement is Taking	Place (3)					- Links	S S S		2) 8 (Othe	er than K-12) commercia		ings, l	nome	s,
City (5) PATERSON NJ. 0	7513						and the same of th	Square 2,60	Feet	# of	Floors 2	1	dg. Ag 92	ge	
County (6) PASSAIC			0	County County County County	ode (7) SE ONLY)			Curren	t Use (Prid		ng demolishe	ed)			
Name of Monitoring Firm EMPIRE ENVIROR	이 없일까게 되었다.	wner (8)		ASCM	No.				ement Con AST, EN		(9) NMENTAL	LLC).		
Street Address 435 MAIN RD. SU	IT 200							Address - 51 S							
City, State, Zip Code TOWACO NJ. 070	082						2.	tate, Zip TH BE	Code ERGEN	NJ. 07	7047				
Project Manager for Mo MICHAEL BOGGI				Telephon	e No.		201-	776 -	0642		License No 01300				
Start Date (10) 03/10/2017	1	Schedule 03/13/2			ate (11)		EMP	IRE E	A Monitor NVIRON	IMEN	TAL				
Occupancy Status Duri	ng Abatement (Check cated During Entire P			ont				Addres:	s NRD. SU	JITE 2	200				
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norma	al Facility	Hours	CIIC		_		tate, Zip VACO	Code , NJ. 07	082					
Scope of Work (Check. ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enova emoliti			•	X	Min Glo	i-Enclosure vebag Pro	e cedure	Negative Po			9	
			Locati										Abate Ty	ment	
Location Asbestos-Containin TO BE AI In Fact (13	g Material (ACM) BATED cility	Use Mai	ormalid Sole ntenar odial S (12)	ly by nce/	Asbest (i.e.	os Cont thermal surfa	scription aining N system: cing, VA niscellar	Material s insula T, or	(ACM) tion,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
ATT	IC		Х			FLC	OORT	ILE		50	00 SQ.	Х			
BASEN	MENT		Х		F	PIPE II	NSUL	ATION	Į	13	38 LF.				
												<u> </u>			
Name of Registered Water TRI- STATE - ASS			H	JDEP Waller ID 1 19951		Cubic of Was TBE					ered Landfill NTERPRI	SE II	NC.		
City, State						Dispos	sal Date)	City, Sta	te					

NO CL		ноп (FICATIO	otate of New Jerse N OF ASBESTOS If to NJAC 8:60 ar	ABATE	(MENT 0)		ASE	MAR	1 0 8 CO	20)17_		
Date of Notification (1)			Name The I	of Building Owner/ angfan Compa	Operato	r (2)		7102		ENSI				
Agencies Notified Type Notification	1		Street	Address										
EPA Initial DEP X Amended	,			V 57th Street, #	#906	444								
× DOL Amendmer		r 10	New	York, NY 1001	9									
DOA justification)			of Contact fer Gaboff				Tel	ephone	Numbe	r			
Name of Facility Where Abatement is Taki	no Place	(3)	FAC	ILITY INFORMAT	ION	T 7	-15				-		5.77	
Former Marshall's Store	9 11000	(5)					of Facility School (K-							
Street Address 1139 - 1151 Hamburg Turnpike							Subchapte Other (i.e.	r 8 (Oth			uildi	ngs	home	35
City (5)						- 6	e Feet	# 0	f Floors		Bk	dg Ai	ge	
Wayne County (6)			<u> </u>	0		35.00		2			50)		
Passaic				Code (7) USE ONLY)			nt Use (Pri Cupied	or if bei	ng demo	olished)				
Name of Monitoring Firm Hired by Building ACET ASSOCIATES	Owner (8	3)	ASCI	M No			ement Co	ntractor	(9)					
Street Address						Addres	s, LLC				-			
1012 Industrial Drive City, State, Zip Code					407	West	_incoln F	Highwa	ay, Suit	te 500				
West Berlin, NJ 08091					2000	tate, Zi	D Code 19341							
Project Manager for Monitoring Firm Matt DePalma			Telepho		Teleph	none No)		Licens			-	10000	
Start Defe (10)	Schedu	led Cor		09-1202 Date (11)		872-8	B84		01161					
12/16/16	3/1	uli	7	Date (11)	EMS		A KIOIMOR							
Occupancy Status During Abalement (Check Facility Closed/Vacated During Entire						Addres	s 130 Nor	th						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe	Period of nat Facilit	Abaten y Hour:	nent S		507.0506.00	tate, Zij	SELECTION OF THE SECOND							
Scope of Work (Check All That Apoly)					Cinn	amins	on, NJ							
 ≥ 3 sf or ≥ 3 H ≥ 160 sf or ≥ 260 H 	processed.	Renova Demolit			×	Min	Containm -Enclosure vebag Pro- -Exemple	cedure					3	
	15	Locati	on									721-700	ment	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use	Normal ed Sole intenai todial S (12)	ly by nce/	Asbestos Cont (Le thermal surfac		aterial insulat Tor		(8	mount specify or LF)	Zenicver		T	Encapsulate	Enclosure
Retail Area	1		X	Cei	ling Ti	le		28.0	000 SF	X	1	-		
Retail Area			X	Floor	tile ma	stic		31,0	000 SF	X	1	7		
Back Offices			Х	Floor	tile ma	istic		2	3 SF	Х				
Slame of Basis Little														
Name of Registered Waste Haufer Waste Management of Central NJ		1000000	JDEP W auler ID	No of Was			Name of GROW				2			
City, State Trenton, NJ				150 Dispos	al Date		City Stat	e						
Completed by	Title			TBD	onature		Morrisv	ille. P	4 	Daje				
ack Bally	10.77	roject	Manag		1-1	, /	2 . 0 1	6	P.	3/9	1	1)	

U'bo not use this form for asbestos licensure exempted activities

CH 2	63	79	тои		MOITA		BES	ersey TOS ABAT :60 and 5:16		DE	GE			
Date of Notification (1) 03 /	08 /	17			100000	of Building	g Ow	ner/Operator (2)	TIL M	AR 1 (20	17	IL
Agencies Notified EPA	Type Notifica				0.0000000000000000000000000000000000000	t Address O Route 1	0				STOS C			.&
□ DOLWD □ DHSS □	Amended Amendm				City,	State, Zip 0	Code							
□ DCA	☐ Emergen	_		3		ippany, l		7981						
(NJAC 5:23-8)	justification				. Francisco	of Contac				Telephana M	umhar			
	☐ Cancellat	tion			Ale	x Baylor	8							
					FA	CILITY IN	IFOF	RMATION						
Name of Facility Where A Verizon Street Address	Abatement is T	Taking	Place	(3)					Type of Facility ☐ School (K-12 ☐ Subchapter (South Property of the Control of	2) 8 (Other than K		uilding	10	
330 Route 10									homes, etc.)	indic and com	mercial b	ununig	5,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Whippany									10,000	3		50		
County (6) Morris					Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	nolished)			
Name of Monitoring Firm				(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
USA Environmenta	l Managaem	nent l	nc.				J	VN Restorat	tion Inc					
Street Address							Stre	eet Address						
8436 Enterprise Ave	enue						4	7 Foster Ro	ad					
City, State, Zip Code Philadelphia, PA 19	452							, State, Zip Co					-20	
Project Manager for Moni				T				taten Island	NY 10309	T				
Mark Jenkins	toring Firm			400-4010	ephone 15-365		10000	ephone No. 18-605-6256		License No 00774	<u>s</u>			
Start Date (10) 03/20/	5.00 to 50 t				etion Da	17 17	0.0000	ne of OSHA M estor Tech	Ionitor					
Occupancy Status During	Abatement (Check	only o	ne)			Stre	et Address						
Facility Closed/Vacate							1	0 59 Jackso	n Avenue					
Abatement Performed Time of Abatement:							City	, State, Zip Co	ode					
Time of Abatement	AIVI	PIV	1/3.00	PIVI-I	.30AIVI		L	IC NY 11101						
Scope of Work (Check all	that apply)							⊠ Full Cont	ainment with Ne	native Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Re □ De	novat moliti				☐ Mini-Enc ☐ Glovebag						
				Loca							Al	pateme	ent Ty	ре
Location Asbestos-Containing I		,		Norma	ally ely by	Acho	ataa i	Description o Containing Ma		Amount	R	R	m	ū
TO BE ABA	TED	"	Ma	inten	ance/			rmal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	:y		Cus	(12)	Staff?			urfacing, VAT,		SF or LF)	<u>a</u>	-	Sula	sure
(13)			Yes	No	N/A	1	110	ner miscellane	ous)				ate	.
Basement A/C Equipr	ment Room		\boxtimes			Pipe In:	sulat	tion and Fitt	ings	35LF				
Basement A/C Equip	ment Room	1	\boxtimes			Duct Ir	nsula	ition		80 SF				
Name of Registered Wast	te Hauler			1	NJDEP	Waste	Cub	oic Yards of	Name of Regis	stered Landfill				
Newark Carting				ŀ	lauler I		Wa:		G.R.O.W.S					
City, State					140-00			posal Date	City, State					
Hackettstown, NJ							0	3/30/17	Morrisville	,PA				
Completed By (Print or Ty	rpe)	Title						Signature	11		Date			
Ralph Barnhardt		Р	rojec	t Mai	nager			MALL	Ahmi	2	03-	ug -	-201	4

Ch 2le	39 g	,	ITON		OITA		SBES	ersey TOS AB/ :60 and 5			BE	C	E		\mathbb{V}	
Date of Notification (1) 03 /	07 /	17			938	e of Build rizon	ing Ow	ner/Operato	or (2)		MAR	1	0 2	017	The second secon
Agencies Notified EPA DOLWD	Type Notifica				000 000	t Address		enue			ASB	BESTO		CON		L &
☑ DOLWD ☑ DHSS ☐ DCA	Amendme	ent #2			100	State, Zip anford,		016								
(NJAC 5:23-8)	justification Cancellat	on)	idding		195670000	e of Conta					Telenhone N	dumba				
					1			RMATION								
Name of Facility Where A	batement is T	aking	Place	(3)		.012111			Т	Type of Facility (4)					$\overline{}$
Verizon										☐ School (K-12) ☐ Subchapter 8 (K-12)				
Street Address 1100 Orange Avenu	ıe									Other (i.e., priv homes, etc.)			al bui	lding	S,	
City (5)									\dashv	Square Feet	# of Floors		Bld	g. Ag	e	
Cranford										10,000	3			0		
County (6)					Cou	inty Code	(7)(STA	TE USE ONL'	Y)	Current Use (Prior	r if being der	molishe	ed)	33		
Union																
Name of Monitoring Firm USA Environmenta	the same of the property of th			8)	ASCN	1 No.	1150-1-	me of Abate VN Resto		nt Contractor (9)						
Street Address	g						Str	eet Address								-
8436 Enterprise Av	enue						1000	7 Foster F		d						
City, State, Zip Code	Citac						2 2 2 2	, State, Zip	00000							_
Philadelphia, PA 19	152							staten Isla								
				Tal		Ma		Charles - see parage sees	2000	141 10303	Lieenee M					-
Project Manager for Moni Mark Jenkins	toring Firm			10000	ephone 15-36	5-5810		ephone No. 18-605-62			License No 00774	0.				
Start Date (10)	S	Schedu	led C	omple	etion D	ate (11)	Na	me of OSHA	A Mo	onitor						
02 / _27_ /				-80	1_ /			estor Tec								
Occupancy Status During								eet Address								
☐ Facility Closed/Vacate						D-2004	1	0 59 Jack	sor	n Avenue						
Abatement Performed Time of Abatement: _								, State, Zip .IC NY 111		de						
Scope of Work (Check al	that apply)							Name of the last o								-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De	novat moliti				Mini-E	Encl	ainment with Nega osure Procedure pted (*) and Non-						
			Is	Loca	tion								Aba	ateme	ent Ty	ре
Location				Norma	ally ely by			Descriptio				Ì	10.00			
Asbestos-Containing TO BE ABA		1)			ance/			Containing ermal systen		erial (ACM)	Amount (Specify		Remova	Repair	Encapsulate	Enclosure
IN Facili			Cust		Staff?	1	3.5	surfacing, V			SF or LF		oval	Ξ.	nsd	Sur
(13)		+	Yes	(12) No	N/A	<u> </u>	ot	her miscella	anec	ous)					late	œ.
Basement A/C Equip	ment Room		\boxtimes			Floor	Tile a	nd Mastic	;		2030 SI	F	\boxtimes			
Basement A/C Equip	ment Room	\boxtimes			Pipe	Insula	ation and	Fitt	ings	45 LF		\boxtimes				
Name of Registered Was	te Hauler			123		Waste		bic Yards of	f	Name of Registe	ered Landfill		78872			
Newark Carting				1	Hauler NJ-5	ID No. 666	1	oste 0		G.R.O.W.S.,	Inc.					
City, State Hackettstown, NJ							1000000	posal Date 4/15/17		City, State Morrisville,F	PA					
Completed By (Print or Ty	vpe)	Title						Signature		11		Date		11.7.0		-
Ralph Barnhardt	11-1		rojec	t Ma	nager	55		M		Mhon	>			5)-	7

State of New Jersey

CHILEID

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

PAGE 1 OF 2

Chileio	(Purs	suar	nt to	N.J.A.	C. 8:60	0 and 12:120	0)		CHECKE	PA	/区	Th	7			
Date of Notification (1)			Nam	e of Bui	ildina C)wner / Opera	tor (2)	114		<u> </u>		111	#			
3-9-17				Brothe			(2)		22							
Agencies Notified Type Notific	ation			et Addre					MAR 1	0 201	7	114	H			
□ EPA			100	Willow	Broo	k Road, Sui	te 200					Iranenova				
DEP Initia	The state of the s		City,	State &	Zip Co	ode		1	DECTOC	ONTE	0: 1		1			
	nded					ersey 07728	3	AS	BESTOS C	SINIC	OL 8	Š.				
	rgency			e of Cor				Lemman	5-145-1	Teleph	mod	denna l	1-			
L DCA L Cand	cellation			d Fultz				8 10	***							
Name of Equility M/have Abata	1 1		FA	CILITY	Y INFO	RMATION										
Name of Facility Where Abatemer Apple Ridge Golf Co	ent is Taking Pla	ace (3)			Type of Fac										
Street Address	Juise					School		011 11 1	(10)							
269 East Crescent Avenue								Other than k								
and a second								ate & comme				etc.)				
City (5)	County (6)	ICo	untu	Code (7	7\	Square Fee	L	# of Floors		Bldg. Ag	je					
Mahwah	Bergen	100	unity	Code (7	')	Currentiles	/Data at	6 h = 1 1	11 - L - D							
	Dergen					Current Use										
Name of Monitoring Firm Hired b	v Building Owne	r (8)		IASC!	M No.	Golf Cours										
The second of th	y building Owne	1 (0)		ASCI	VI INO.	Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC										
Street Address						Street Addre		nk Resolu	tions com	racun	g, L	LC				
						874 Piney		Road P	0 Box 70	70						
City, State & Zip Code						City, State &			0. DOX 10							
	T.					Winslow, N			5							
Project Manager for Monitoring F	irm 7	ГеІер	hone	Numbe	er	Telephone N			License N	umber						
						609-567-06	00			0126	33					
Scheduled Start Date (10)	Scheduled Comp			te (11)		Name of OS		nitor		4/4						
3-20-17		2-15				EMSL Ana										
Occupancy Status During Abaten Facility Closed/Vacated D	nent (Check only	y one														
Abatement Performed Ou	steide of Normal	Lla	JI AD	atement	()	200 Route										
Describe:	itside of Normal	пос	118 –	ram to	3pm	City, State &										
Facility Occupied During	Abatement		Cinnaminson, New Jersey 08077													
Scope of Work (Check all that ap	ply)															
			Full Containment with								Pres	sure	ő.			
X ≥3 sf or ≥3 lf			Ren	ovation				ire								
≥160 sf ≥260 If		X	Den	nolition				Glove Bag P	rocedures							
								Non-Exempt	ed and Non	-Friable	Pro	cedu	re			
Location of			ocati			Descriptio			Amount	Aba	ateme	ent T	уре			
Asbestos-Containing Material (ACM)		Norm	nally L	v I	,	Asbestos-Cor		- 1	(Specify							
TO BE ABATED	1	Maint	enand	ce or	(Material (A i.e., thermal s			SF or LF)	R	מ	nc	雪			
in Facility	(dial S	taff?		ulation, surface		T		Remova	Repair	Encapsulate	Enclsoure			
(13)	Y		(12) No	N/A		other miscell				Val	₩.	ulat	ure			
Bldg #1 Club Haves **-		+	200.00			D (0)						D				
Bldg #1 Club House Mai		4		X	~	Roof Shing			000 Sq. Ft.							
Bldg #1Club House Lowe				X		SI Pipe Joint In			each Ln. Ft.							
Bldg #2 1 Bay Garage		4+		X	R	oofing & Felt F			00 Sq. Ft.							
	#3 Guard Shack Interior					12" Floor T Edge Flash			40 Sq. Ft.		Ц	Щ	Ц			
	Pool House Tennis Court								200 Sq. Ft.				Ц			
Name of Registered Waste Haule	r Court		NLIF	X	- da C	Floor Coati			500 Sq. Ft.							
Tame of registered waste fladie	1		10000	iler ID N		ubic yards Waste	Name	of Registere	d Landfill							
Bull Waste & Recycling, Inc.			214			O	Salem	County L	andfill							
City, State	V.		1			sposal Date	City, S		unulli							
Berlin, NJ									in All							
Completed By (Print or Type)		T:41			12-29-17	Allow	ay Townsh	пр, NJ	T							
heodore S. Budzynski			Title		Sig	Signature										
			Chacanes	e sident				/_			3-9-	1/				
			11 10	VIGGIIL	c 1	1/				1			- 1			

Ch 1610

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

PAGE	2	OFA
MOL		01

								0.000.00			319	1	7	111
Date of Notification	(1) 3-9-17			Nan	ne o	f Buildir	g Owner / Ope	rator (2)		1				
Agencies Notified	Type Notific	cation				others ddress	, Inc.) II	1 0 20	17		Ш
⊠ EPA	, jpc riotin	cation					ook Road, S	uito 200	,	L MAR	1 0 20	17	No.	7
☐ DEP		al		City	. Sta	ate & Zip	Code	uite 200					-	+
□ DOL		ended					v Jersey 077	28		ASBESTOS	CONT	ROL	. &	
□ DOH		ergency				f Contac				LICE	PAISH	Ano	j. 1 1	- 1
☐ DCA	_	cellation		Dav	id F	Fultz								
Name of Early 180				F	ACI	LITY IN	IFORMATION	1						
Name of Facility Wi	here Abatem	nent is Taking	Place	(3)			Type of F							
Former Apple Ri Street Address	uge Golf C	ourse						ol (K-12)						
269 East Crescer	nt Avenue								(Other tha					
Loo Last Olescel	it Aveilue									mercial buildi			etc.)	
City (5)		County (6)	10	N	0	1 (7)	Square Fe	eet	# of Floo	ors	Bldg. A	ge		
Mahwah		County (6)	10	county	Coc	de (7)					777.352			
Mallwall		Bergen								emolished)				
Name of Monitoring	Firm Hirad I	Dy Puilding O		21			Golf Cou							
Trame or Wormoning	riiiii miled t	by building Ov	vner (3)	P	ASCM N								
Street Address							Street Add	se Netw	ork Reso	olutions Cor	ntractin	g, L	LC	
NO. INCOMES PARTICIPATE THE RE									u Bood I	D O D 70				
City, State & Zip Co.	de						City, State	& Zin C	w Koau, i	P. O. Box 70)			
							Winslow			195				
Project Manager for	Manager for Monitoring Firm					ımber	Telephone			License I	Number			
							609-567-0			Lioonisci	012			
Scheduled Start Dat						11)	Name of O	SHA Mo	nitor					-
							EMSL An			The second secon				
Facility Close	uring Abater	ment (Check	only or											- William
Ahatement E	edivacated to	During Entire	Period	d of Abatement ours – 7am to 3pm City, State & Zip Code										
Describe:	enonnea O	utside of Norn	nai Ho	ours –	/an	n to 3pn	95.00							
Facility Occu	inied During	Abatement					Cinnamin	ison, N	ew Jerse	y 08077				
Scope of Work (Che	ck all that ar	nly)												
(-112	on an enac ap	, p. (y)						Full Containment with Negative Pro						
X ≥3 sf or ≥3 lf				Rer	nova	ation		Full Containment with Negative P Mini-Enclosure						
≥160 sf ≥260	lf		X	Der	molit	tion		X		g Procedures				
								Ħ	Marie and Marie Control	npted and Nor	n-Friable	e Pro	cedu	re
	cation of			Locat			Descripti	ion of		Amount		ateme		_
	s-Containing	9		mally l Solely b		1	Asbestos-Co			(Specify				,,,
	rial (ACM) E ABATED			ntenan		rl	Material (SF or LF)	R	_	Enc	Щ
	Facility			todial S			(i.e., thermal insulation, surf				Remova	Repair	apo	icls
	(13)		Yes	(12)	LALL	_	or other misce				ova	a:	Encapsulate	Enclsoure
DI 1 // 11			res	No	N/A	4			7				te	(D
Bldg #5 Hse by 0	Club Hse B	edroom 1			X		Green Lin	A CONTRACTOR OF THE PARTY OF TH		150 Sq. Ft.				
Bldg #5 Hse by	Club Hse E	Basement			X		Black Pipe			8 Ln. Ft.				
Bldg #8 Whit					X		ellow Linoleum	(Under T	ile)	175 Sq. Ft.			口	П
Bldg #12 Green	House Gar	age Roof			Х		Edge Flas	shing		150 Sq. Ft.				
me of Registered Waste Hauler														
ianie oi Registered v	me of Registered Waste Hauler						Cubic Yards Name of Registered Landfill							
ull Waste & Recycling, Inc.						ID No.	of Waste	Salem County Landfill						
ity, State					435		60 Diament Date			/ Landfill				
Berlin, NJ				Disposal Date City, State										
?					12-29-17 Alloway Township, NJ									
headare S Bud-	r rype)			Title Signature Date										
oudre o. buuzy	rilin, NJ npleted By (Print or Type) nodore S. Budzynski											3-9-1	17	
		Pre	esid	ent					1			- 1		

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

	NOTIFI	ICATIC Pursua	ON OF nt to N	JAC 8		ABATEMI 12:120)			AL MAR	E/3(1 1 0 20	00000000000000000000000000000000000000		made and in the control of the contr		
		Name	of Buil	ding C	wner/Or	perator (2) L Owne	r	LLC	MAI	1 1 0 0		1			
Gration (1)		UE	Ber	gen	Mal	LOWIZE						1	1		
Date of Notification (1)								I AS	BEST	OS CON	THUL	. α			
3-7-17	Type Notification	1 1	Berg	gen	J.OMII	Cente	_	1	L	ICENSIN	<u>u</u>				
Agencies Notified	r incl	City.	State,	Zip Co	ode			L	ephone N	iumber					
₽ EPA	a mended	Pa	aram	us,	NJ	07652		Tel	ephone				1		
DEP DEP	1 ant #	Nan	ne of C	ontact									+		
₩ DOL	Amendment " Emergency (including justification)	The second				-YON'	_								
DOH DOH	Cancellation		FACIL	ITY I	NFORM	LATION	T	Type of Facility (4)					1		
1 - DCA	(3)						1	School (K-12) Subchapter 8 (Oth	er than K	(-12)	-a home	s etc.)	. 1		
Tin Where	Abatement is Taking Place (3)						7	Subchapter of Subchapter	& comir	nercial buildin	gs, non		-		
Name of Facility Where 1 Bergen To	own Center							Control of the Contro	# of Floo	PC .					
							-	Square Feet	2		60yr	s.	\dashv		
Street Address 1 Bergen T	own Center							4,100	z-ing den	nolished)					
								Current Use (Prior if I	Jenie den	73.51			\rightarrow		
City (5)		-	County	Code	(7) (NI V)		_	wacant							
Paramus		1	(STATI	E USE	OIVL1)		Vame	vacance of Abatement Contract rmouth Enviro	or (7)	tal Co.	,Inc	•	\longrightarrow		
County (6)	201		AS	CM N	0.	1	Ply	mouth Enviro	THE T				1		
Bergen	Firm Hired by Building Owner (8)						_							1	
Name of Monitoring	e Associates, Inc.					\	92.	3 Haws Average						1	
Whiteston	e Abbo						City	y, State, Zip Code	1940	1				4	
Street Address 1500 Mano	or Drive				1000		No	y, State, Zip Code orristown, PA	-	License No.					
a: Co	de							1 NO	1	00398	-			4	
City, State, Zip Co			Tel	ephon	e No.		161	10-239-9920						1	
Challone	or Monitoring Firm		12	15-	712-2	2700_	IN	ame of OSHA Monitor	- xxm	ontal C	0., I	nc.		\dashv	
Project Manager 1	accett	iduled C	omple	tion Da	ate (11)		1	olymouth Envi	roim	Errea				1	
Jeremy H	assecc	3-9-	17				-	Address						-	
Start Date (10)		3-2-						023 Haws Ave	nue			0		1	
3-8-17	us During Abatement (Check Only O	ne)	- 24				+	City, State, Zip Code	D7 10	9401				\rightarrow	
Occupancy Stati	us During Abatement (Chiesis losed/Vacated During Entire Period of preformed Outside of Normal Facil	of Abate	irs					City, State, Zip Code Norristown,	PA						
Facility C	losed/Vacated During Entire Period on the Performed Outside of Normal Facilities (Normal Facilities)	ility Trus								. M. mariya F	ressure			1	1
Abatemen	Describe:							☐ Full Contai	inment w	ith Negative					
	k (Check All That Apply)	15 1	Renova	tion				☐ Mini-Enclo	osure Procedur	e rio	bla Proc	edure			4
Scope of Work	-16	和口	Demol	ition				☐ Non-Exen	npted (*)	and Non-Fria	Tore .	Aba	atemen	t.	
≥3 sf or	≥3 lf or ≥260 lf												Type	T	7
\□ ≥160 SI									1	nt			2	: \ =	
			Is Loc	ation			I	Description of ontaining Material (ACM	1)	Amount (Specify	1	Rei	Repair	Enclosure	1
		1	trad S	olely b	y \	Asbesto	os Co		ing,	SF or LF)	Removal	Repair	alla Sur	STILC
	Location of stos-Containing Material (ACM)		Maint Custod	enance	640	(i.e. them	(lai ə	VAT, or	1		1	=	1	2	
Asbes		1 '	Custod (12)	1		oth	ner miscellaneous)	\			1-	+	-	\neg
	In Facility									5 LF		X		\rightarrow	\dashv
	(13)	Y	es	No	N/A			Lings		3 ==			1		\rightarrow
		-	1	X		pipe	1	<u>ittings</u>				+		1	1
	loor-Unit E-3	-	-+				377					+-	+		
1st F	1001 0.12				+-	1							1_	1	1
					+-	+			Nama	of Registered	Landfill				
		1				Maria	T	Cubic Yards	Matric	200	nafi	11			
					NJDEP Hauler	Waste ID No.	1	of Waste	Mir	nerva La	HIGH				
25 23.	of Registered Waste Hauler			1	450	9		5 Date	- a.	State					
Name	ark Carting							Disposal Date	Wa	ynesbur	9,0	Date			
								3-9-17	TIM			3-7	7-17		
City.	State							Signature	IVI	14_		1			
Nev	wark, NJ		Title	2	_ :	nt.	80	Namo	400	Y	1 1	licensus	e exem	ipted a	ictiviti
Cam	pleted by			Pre	sider	10		(\ * Do	not use t	his form for a	spesios	100110			
Ja	mes Kelly									V					
								V							

1K.5993	NOTI	FICAT Pursu	TION OF	of New Jerse ASBESTOS NJAC 8:60 an	ABATEN	MENT		ECEI	W =		Print I	orn
Date of Notification (1)				ilding Owner/		(2)	ШЦ	MAR 1 U	2017	T. Marian		
3/7/17		HISSO		evre Private	Home							H
Agencies Notified Type Notification		Stre	eet Addr	ess			A	SBESTOS CO	NTRO)L &		
⊠ EPA ☑ Initial		Oit	Chata	Zip Code				LICENSII	VG.			+
DEP Amended				eek NJ 080	92							
DOL Amendment #_ Emergency (inc	luding	0.000	me of Co					Telephone Numb	er			
DOH justification) Cancellation			ob	ontaot								
DCA Cancellation				Y INFORMA	TION							\dashv
Name of Facility Where Abatement is Taking F	Place (3)						Facility (4)					
Bob Lefevre Private Home						Sch	nool (K-12)	(Other than K-12)				
Street Address						☐ Sui	ner (i.e. pri	vate & commercial	buildir	gs, h	omes,	
						etc	.)	# of Floors		g. Age		-
City (5)						Square 1000+		# 01 F1001S	35		.	
West Creek NJ 08092								if being demolishe	1			-
County (6)		Co	unty Co	de (7) <i>E ONLY</i>)		House		209 20				
Ocean	(0)		ASCM N		Name		ment Cont	ractor (9)				\neg
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCIVIT	NO.		naco Ind		****				
N/A					Stree	t Address						
Street Address					1.5000000000000000000000000000000000000	Box 329	9					
and the Code						State, Zip						
City, State, Zip Code					We	st Berlin	NJ 080					
Project Manager for Monitoring Firm		Te	elephone	e No.	10 30000000	hone No.		License No	0.			
Project Manager for Monitoring 1 and			856-753-9800 00727									
Start Date (10)	Scheduled	Comp	letion D	ate (11)			A Monitor					
3/20/17	3/24/17				Sa					_		
Occupancy Status During Abatement (Check	Only One)				Stree	et Address	•	4-				
Facility Closed/Vacated During Entire P. Abatement Performed Outside of Normal Other – Describe:	eriod of Ab	ateme	ent		City,	State, Zip	Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				Mini	-Enclosure	ent with Negative F ecedure d (*) and Non-Frial			е	
						LA INUIT	ZACITIPAC	, ,		Abate	ement	
	1000000	ocatio	400		Descripti	on of			_	Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	Solel	y by ice/	Asbestos Conf (i.e. thermal surfa		Material	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			650,000				-		
exterior siding			Х	6	exterior	siding		1000 SF	X			
5,10,10,10												
		1 8 9	JDEP V	Vaste I C	ubic Yard	is	Name of	l f Registered Landf	ill			-
Name of Registered Waste Hauler United Roll Off		Н	lauler ID 2459	No. 0	f Waste	750.00	G.R.C).W.S.				
City, State Elm NJ					isposal D 3/24/17		City, Sta Morris	sville PA 19067) Date	7		
Completed by Anthony T Perna	Title Pres	ident			Signa	ltarg/			3/7/	117		

11:- form for aphastas licensure exempted activities.

. 7			NOTIFICATIO	uant to N.J.A	1.0. 1.2	; ABATEMENT 26-2.12)		DE		102) E		Property of the Control of the Contr
CK 41010	198				11	of Building Ow	ner/Operato	r (2)	WAN	102	011	-	H
Date of Notification (1)					Street	oro Refining C Address	ompany	ACE	BESTOS	CON	TROL	<u>.</u> &	
3/2/17 Agencies Notified		Notification T			800 Bi	llingsport Rd		ASI	LICE	NSIN	3		+
() EPA () DEP		(X) Initial Not () Amended (() Cancelled	Certification		City, S Pauls	State, Zip Code boro, NJ 0806	<u>2</u> 6	Te	el. Numbe	r			
(X) DOL (X) DOH					Name	of Contact Jarecha		1 10	1. 1401115	-			
() DCA				ACILITY INF	ORMA	ATION							
		Taking Dlace (3		ACILITY III	Type	of Facility (4)							
Name of Facility Where Ab Paulsboro Refining Compa	any	Taking Flace (c			()S	ubchapter 8 (0 Other (i.e. privi	ale & commi		, homes,	etc.			
Street Address 800 Billingsport Rd					Sq. F	eet N/A	#	f of Floors_	N/A				
City (5)	County (6)		County Code (State Use C	e (7) Only)	Bldg	. Age <u>N/A</u> ent Use (prior	if being den	nolished) me of Cont	Oil Refine	ery			
Paulsboro	0-10-10-10-10-10-10-10-10-10-10-10-10-10		ASCM No.					me of Cont insfield Indu					
Name of Monitoring Firm	Hired by Blo	ag. Owner (o)	1.10		Stre	et Address							
Street Address			7-00-00-00-00-00-00-00-00-00-00-00-00-00		800	Billingsport R	de de						
3					Pau	ulsboro, NJ 08	066		License N	Number			
	u i Firm	Telephone	Number		Tel	ephone Numb 3-224-4392	er		00857				
Project Manager for Mon	itoring Filli				No	me of OSHA	Monitor						
Scheduled Start Date (1	0)	Scheduled	d Completion D	ate (11)	Ma	ansfield Indust	rial, Inc.						
3/16/17		3/24/17 nt (Check only	one)		St:	reet Address 0 Billingsport I	Rd						
() Facility Closed/Vaca	ed Outside	of Normal Facili	ty Hours -	ea in outside	Ci	ty, State, Zip (aulsboro NJ 08	Code						
(X) Other – Describe –			Stricted Work										
	all that app	oly)					D-2 (/	5 SF or <1	0 LF ACM	1)			
(X) Demolition (X) F () Large Proj. (160 SF	Renovation or >260 LF	ACM) (X) SM I	Proj. >25<160 S	SF or >10 <2 nclosure	60 LF (X) G	ACM) () Mi lovebag Proce	edure Amount (S	pecify SF o	r LF)	Abaten	nent Typ	ie	
/\ Fill (,Ontallilletit "	110	Location Norm	nally Used	thormal sv	stems	insulation,	/ unio and c				Rep.	Encan	Encl
Location of Asbestos- Containing Material (A	CM) in S	Solely by Maint. Staff? (12)	/Custodiai	surfacing,	VAT, o	or other				Rem.	кер.	Liteap	
Facility (13)		YES N	IO NA	misc.)			Approx 10	0 LF		X			
Pipe in Rack by Reac	tor Bldg	X		TSI			7,55						
of Utilities Unit	101 2105										-	-	+
									Name	e of Reg	Landfill		
		NIDER	Waste Hauler	r ID#		Cubic Yards of	of Waste		Gloud	cester C	ounty La	ndfill	
Name of Reg. Waste Waste Management	Hauler Inc.	17273				101		Disp. Dat	e		City, Sta South F	<u>ate</u> Iarriso	n, NJ
City, State South Harrison, NJ						Signature			Date				
Completed by (Print	or Type)	<u>Title</u>				1	1 11		3-2-	17			
ANDREW GREEN		MANA	AGER – Mansfi	ield Industria	I, Inc	Site	Operations	Supervisor					
						/						ACRE	

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTO 9/18/00

NOTIFI (P:	CATION OF	of New - F ASBES NJAC 8:	60 an	d 12:120)	:NT		E G	R 162	Print Form	
	Name of B	uilding C	wneri	Operator (ASBES	TOS CON	THULA	
(4)	Essex	,ouries						LICENSING		
Date of Notification (1)	Street Add	dress	AVE	nue						
3/6/201/	900 Bic	Offilion	ode					· ··bor		7
Agencies Nouries	City, Stat	e, ZIP C	7044			T	elenhone	VI. III. EI		
EPA Initial Amended Amendment #_Amendment		contact	Ţ							-
- Emergency (more										
justification	FAC	ILITY IN	FORN	IATION	Type of F	acility (4)				
	1740					nool (K-12) bchapter 8 (Other than	n K-12) mercial buildir	ngs, homes,	
Abatement is Taking Place (3)					Sch Sul Ott	her (i.e. priva	ate & com	mercial built	In Age	-
Name of Facility Where Abatement is Taking Place (3)					I PO	2.1	# of Floo	rs Blo	dg. Age uilt 1953	\
Residentia					Square 1,800	reel	3	100		
Street Address Avenue				92	1,800	nt Use (Prior	if being d	emolished)		
		nty Code	(7)							
City (5) Newark	(STA	ITE USE	ONLY)			Cont	ractor (9)			
		SCM No		N	Inicorn C	ontracting	Corp.			
FsseX Wired by Building Owner (8) [(00			- Addre	SS				
County (6) Essex Name of Monitoring Firm Hired by Building Owner (8)					32 Willow	, way				
					City, State,	Zip Code Id Park, N	J 0742	4		
Street Address				1	Moodian	urann		License No.		
			- No	-	Telephone 973-333	No. -9176	1	01232		
City, State, Zip Code	T	elephone	8 140.		9/3-330	SHA Monito	or	Inc		
Project Manager for Monitoring Firm		1-tion [nate (1	1)	Name of C	SHA Monitorision Con	sultants	,Inc.		
Project Wartes Scho	eduled Com	piellori	,		Street Ad	dress	nd Blo	1a. 35 E		
3/1	7/2011				20-21	Wagai	Ra., Die	9.		
	ly One)	- ont			City, Sta	te, Zip Code	2410			
Start Date (10) 3/15/2017 Occupancy Status During Abatement (Check Or	od of Abater	rs		_	Fair L	awn, 145				1
Facility Closed Vacation Abatement Performed Outside of Norman Other – Describe: Scope of Work (Check All That Apply)	E Pano	ovation			E	Eull Cont	ainment v	vith Negative F ure and Non-Fria	ble Procedu	atement Type
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf										9 0
Location of Asbestos-Containing Material (ACM) TO BE ABATED TO BE ABATED	Used Main Custo	ocation rmally Solely by tenance dial Staf (12)	S 100 mm	ne. u	Descriptions Containing Dermal system Surfacing, Other miscel	ms insulation	om)	Amount (Specify SF or LF)	a	Enclosure Encapsulate Repair
In Facility		$\dot{-}$	N/A					1,800 SF	= X	-+-
(13)	Yes	No			Miscella	neous				
			X	-						1-1-
Entire House	-			1				-		
	-	1						of Registered L	andfill	-
		+			Cubic Ya	ards	Name	andfill		
		ITA	JDEP	Waste	of Waste	3		ss Landfill		
Waste Hauler		L	Hauler 0358	D No.	450 C	Υ	City, S	tate DA	,	
Name of Registered Waste Hauler Unicorn Contracting Corp.			0550		Disposa TBD		Morr	isvine, PA	Date 3/6/2	2017
					S	ignature	V C	VI		
City, State Woodland Park, New Jersey	Tit	le .	Man	ager		400	11	m for asbesto	e licensure e	exempted acti
Completed by	G	de eneral	Iviaii			Do not u	se this for	m for asbesto	3 1103	
Complete Golcev						Do	U			

Or 4578	(Pursuant to NJAC 5.50 and 12.55)	1 V E D
Date of Notification (1) Agencies Notified Type Notification DEPA Amended Amendment # DOH DOH DOA Cancellation	Name of Building Owner/Operator (2) AMERICA DEMOTION COTASBESTOS C Street Address City, State, Zip Code) Eac. Harbar Tourship No 08734 Name of Contact Parad Style FACILITY INFORMATION Type of Facility (4)	SING
Name of Facility Where Abatement is Taking Place (3 Resident Street Address City (5) Sigantine	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial b Square Feet # of Floors Current Use (Prior if being demolished)	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (Street Address City, State, Zip Code	ASCM No. Name of Abatement Contractor (9) ANI JOE ADITIONENT OF THE PROPERTY	10)5
Occupandy Status During Abatement (Check Only Company Status During Abatement (Check Only Company Status During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period	uled Completion Date (11) Name of OSHA Monitor Street Address Abatement Size State Zin Code	270
Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition Full Containment with Negative Procedure Glovebag Procedure Non-Exempted (*) and Non-Friab	le Procedure Abatement
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing. VAT, or other miscellaneous) Amount (Specify SF or LF)	Enclosure Encapsulate Repair Removal
Outside	res No N/A Siding 7500 SA	
Name of Registered Waste Hauler ANI JE LL C City, State Completed by TEAN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NJDEP Waste Hauler ID No. 20047 Disposal Date Title V. Bittident. Cubic Yards of Waste City, State, I cluster N	Date 3/7//

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service Trenton, NJ 08625-0369
Trelephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WOR

NOTIFICATION	OF NON-FRIABLE	inning of work. Please typ	ASBESTOS CONTROL &
	La dave projeto to the		ASSESTOS OSING
Must be submitte	OF NON-FRIABLE d 10 days prior to the beginning to the begin the beginning to the beginning to the beginning to the beginnin	NINFORMATION	
) (1	I. NOTIFICATI		
te of Notification	Janoones	rgency (must include justif	fication)
Hillian	□ Renovation	TODMATION	
pe of Work: Demolition	II. BUILDING	INFORMATION	
	8 et 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ira Andrews	State: NJ Zip: 08043
Operator	Va		
name of Building Owner/Operator:	City: VC	orhees Telephone	e No
Name of Contact: Ira Andrews	-10ILI	TY INFORMATION	2000年1月20日 - 1000年1月2日 - 1000年1月1日 - 1000年1月 - 1000年1月1日 - 1000年1
		Andre	ws Residence
Name of Facility Where Work Activ	Take Place:		
of Eacility Where Work Activ	rity is to Take I last	Residence	State: NJ Zip: 08043
Name of Facility Liee:	Other	Voorhees	State.
Describe Facility Use:	oad City: _	Voorhees County Code (State U	Ise Only):
Street Address:		Scheduled Completic	on Date:
County Name: Camdell	1 18 / 2017	Schedulog	
A			
Scheduled Start Date:	: (check only one):		
J Ctart Date:	vity (check only one):		
Scheduled Start Date: Occupancy Status During Active Closed/Vacated During	vity (check only one): ng Entire Activity	scribe:	
Scheduled Start Date: Occupancy Status During Active Facility Closed/Vacated During Facility Performed Outside N	vity (check only one): ng Entire Activity Jormal Facility Hours—Des	scribe:	
○ Ccupancy Status During Facility Closed/Vacated During Activity Performed Outside N	ng Entire Activity Iormal Facility Hours—Des	scribe:	vace Ashestos: %
○ Ccupancy Status Durin Facility Closed/Vacated Durin Activity Performed Outside N	ng Entire Activity Iormal Facility Hours—Des	Scribe:	D
○ Ccupancy Status Durin Facility Closed/Vacated Durin Activity Performed Outside N	ng Entire Activity Iormal Facility Hours—Des t apply): Square Footage:	210 SF	Percentage Asbestos: % Percentage Asbestos: %
Occupancy Status D ☐ Facility Closed/Vacated Durin ☐ Activity Performed Outside N ☐ Other—Describe: ☐ Scope of Work (check all that	ng Entire Activity Iormal Facility Hours—Des t apply): Square Footage:	210 SF 210 SF	Percentage Asbestos: %
Occupancy Status Decided Nacated Durin ☐ Activity Performed Outside N ☐ Other—Describe: Scope of Work (check all that ☐ Floor Tile	ng Entire Activity Iormal Facility Hours—Des t apply): Square Footage:	210 SF 210 SF	Percentage Asbestos: % Percentage Asbestos: % Percent
Occupancy Status D ☐ Facility Closed/Vacated Durin ☐ Activity Performed Outside N ☐ Other—Describe: ☐ Scope of Work (check all that	ng Entire Activity Iormal Facility Hours—Des t apply): Square Footage: Square Footage: IV. CON	210 SF 210 SF TRACTOR INFORMATIO	Percentage Asbestos: % Percentage Asbestos: % N Telephone No.: 856-755-0099
Occupancy Status Decided Nacated During Facility Closed/Vacated During Activity Performed Outside Nacated During Other—Describe: Scope of Work (check all that Floor Tile	ng Entire Activity Iormal Facility Hours—Des t apply): Square Footage: Square Footage: IV. CON	210 SF 210 SF TRACTOR INFORMATIO	Percentage Asbestos: % Percentage Asbestos: % N Telephone No.: 856-755-0099
Occupancy Status Decided Nacated During Activity Performed Outside Nacated During Other—Describe: Scope of Work (check all that Mastic Mastic	ng Entire Activity Iormal Facility Hours—Des t apply): Square Footage: Square Footage: IV. CON Shade Environmen	210 SF 210 SF TRACTOR INFORMATIO ata!, LLC iby Maple Shade	Percentage Asbestos: % Percentage Asbestos: % N Telephone No.: 856-755-0099 State: NJ Zip: 08052
Occupancy Status Decompancy Name:	Ing Entire Activity Iormal Facility Hours—Dest apply): Square Footage: Square Footage: IV. CON Shade Environmen or Avenue C	210 SF 210 SF TRACTOR INFORMATIO Ital, LLC Ity: Maple Shade 00842	Percentage Asbestos: % Percentage Asbestos: % N Telephone No.: 856-755-0099 State: NJ Zip: 08052
Occupancy Status Decompancy Name:	Ing Entire Activity Iormal Facility Hours—Dest apply): Square Footage: Square Footage: IV. CON Shade Environmen or Avenue C	210 SF 210 SF TRACTOR INFORMATIO Ital, LLC Ity: Maple Shade 00842	Percentage Asbestos: % Percentage Asbestos: % N Telephone No.: 856-755-0099
Occupancy Status Decompancy Name:	Ing Entire Activity Iormal Facility Hours—Dest apply): Square Footage: Square Footage: IV. CON Shade Environmen or Avenue C	210 SF 210 SF TRACTOR INFORMATIO Ital, LLC Ity: Maple Shade 00842	Percentage Asbestos: % Percentage Asbestos: % N Telephone No.: 856-755-0099 State: NJ Zip: 08052
Occupancy Status Decompancy Name:	Ing Entire Activity Iormal Facility Hours—Dest apply): Square Footage: Square Footage: IV. CON Shade Environmen or Avenue C	210 SF 210 SF TRACTOR INFORMATIO Ital, LLC Ity: Maple Shade 00842	Percentage Asbestos:
Occupancy Status Decorporate Status Decorporate Status Decorporate Describe Describe: Scope of Work (check all that Mastic Mastic Decorporate Describe Decorporate Describe Decorporate Describe Decorporate Deco	Ing Entire Activity Iormal Facility Hours—Dest apply): Square Footage: Square Footage: IV. CON Shade Environmen or Avenue C	210 SF 210 SF TRACTOR INFORMATIO ata!, LLC aty: Maple Shade 00842 Consulting Services V. SIGNATURE	Percentage Asbestos: % Percentage Asbestos: % N Telephone No.: 856-755-0099 State: NJ Zip: 08052 Telephone No.: 609-298-4070 Vice President of Operations
Occupancy Status D Facility Closed/Vacated Durin Activity Performed Outside N Other—Describe: Scope of Work (check all that Floor Tile Mastic Company Name: Street Address: New Jersey Asbestos Licens Monitoring Firm (if applicable	Is apply: Square Footage: Square Footage: IV. CON Shade Environmen For Avenue Ge Number (if applicable): By Enviro. (c) Control (c) Contr	210 SF 210 SF TRACTOR INFORMATIO atal, LLC atal, LLC Maple Shade 00842 Consulting Services V. SIGNATURE	Percentage Asbestos: % Percentage Asbestos: % N Telephone No.: 856-755-0099 State: NJ Zip: 08052 Telephone No.: 609-298-4070 Vice President of Operations
Occupancy Status D ☐ Facility Closed/Vacated Durin ☐ Activity Performed Outside N ☐ Other—Describe: ☐ Scope of Work (check all that ☐ Floor Tile ☐ Mastic Company Name:	Ing Entire Activity Iormal Facility Hours—Dest apply): Square Footage: Square Footage: IV. CON Shade Environmen or Avenue C	210 SF 210 SF TRACTOR INFORMATIO atal, LLC atal, LLC Maple Shade 00842 Consulting Services V. SIGNATURE	Percentage Asbestos: % Percentage Asbestos: % N Telephone No.: 856-755-0099 State: NJ Zip: 08052 Telephone No.: 609-298-4070 Vice President of Operations

NOTI	FICATION	OF AS		and 12:120)				heck#	E []	2017				
ect#	Name o	£ Duildi	ng Own	er/Operator ((2)		-	SBES	TOS CON	NTRO	L&	-		
ste of Notification (1) /07/2017 gencies Notified Type Notification	Street /	Address reat F	s Rd						LICENSIN	VG.			-	
PA DEP Amended Amendment # Emergency (including justification) Cancellation	Prince Name	eton, of Cor	ev	3540		Type of F	acility (4)	Telepho	one Number					
DCA Facility Where Abatement is Taking Place (3)					- 1			Other vate &	than K-12) commercial b	ouildings	s, hom	ies,		
Princeton Day Correct					+	Square	Feet	# of F	loors	Diug.	Age		1	
650 Great Rd City (5) Princeton, NJ	Too	unty Co	ode (7)		-				ng demolished	d)			4	
County (6)	(5)	ASCM	SE ONE	T.N	lame	of Abate	ement Co ation L	ntractor LC	(9)				\dashv	
Mercer County Name of Monitoring Firm Hired by Building Owner (RAMM	8)				Stree	et Addres	de Rd						\dashv	
Street Address 77 Nottingham Rd			_		City	State, Z	NJ 07	869	License N	No.			-	
City, State, Zip Code Fair Lawn Project Manager for Monitoring Firm	10	201)4	one No. 175-98	880		ephone N 3-933-2 me of OS	550 SHA Moni	tor	01133					1
Rodger Headilon Tsch	eduled Cor 21/2017	mpletio	n Date	(11)	IRI	S reet Add	ress							
03/17/2017 Osephancy Status During Abatement (Check Or	nly One)	ment			23	33 RT	, Zip Cod	e						_
Facility Closed/Vacated Duting of Normal I Abatement Performed Outside of Normal I Abatement Personned 4pm	Facility Hou	ırs			U	nion, N	Full Con	tainmen	it with Negation	ve Pres	ssure			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ren Den	ovation nolition	1922			5.			edure (*) and Non-			dure baten Typ	nent e	
Location of Asbestos-Containing Material (ACM)	Used	ocation ormally Solely otenance odial State	by e/	Asbestos (i.e. the	Cont	scription aining M systems icing, VA miscellar	insulatio	cM) n,	Amoun' (Specif SF or LI	y	Removal	Repair	Ericapsulate	
In Facility (13)	Yes	No	N/A						7 LF		*	-	-	
Room 230-235		*	_	TSI							1	1	1	-
			-					Name	of Registere	d Land	fill			
Name of Registered Waste Hauler		1	NJDEP Hauler 33782	ID No.	of TP	bic Yards Waste SD sposal D		G.R.C	O.W.S					-
Nick Restoration LLC City, State Randolph, NJ 07869	l mari				TE			Tully	town, PA		Date 03/0	7/20	17	_
Completed by Elvira Mrda	Pre	e esider	nt			10	VIIC	-/-						

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

Date of Notification (1) 3/7/17		L	ucy D		Owner/O	perator	(2)			MA	R 1	0	2017	,	U	
Agencies Notified X	#	C		ddress te, Zip Coo orth, NJ		3			A	SBEST	TOS			S JC	k	
□ Emergency (ncluding	N	lame of _UCY	Contact					Te	elephone	e Num	ber				
Name of Facility Where Abatement is Taking Home Street Address	Place (3)		FACII	LITY INFO	PRMATIO	ON		of Facility (School (K- Subchapter Other (i.e. patc.)	12) r 8 (Ot private	& comr	nercia	l build			es,	
City (5) Kenilworth							1900		2			7	ldg. A 0	ge		
County (6) Union				Code (7) ISE ONLY)	1	_	Curre	nt Use (Pri	ior if b	eing den	nolish	ed)				
Name of Monitoring Firm Hired by Building ()wner (8)		ASCM	l No.				tement Co onmenta			LLC					
Street Address							Addres 30x 48	ss 33, 4 E C	Sate	Drive						
City, State, Zip Code								p Code , NJ 074	418							
Project Manager for Monitoring Firm		Т	elephor	ne No.		Teleph 973-	one No 764-2			Licer 703	ise No).				
Start Date (10) 3/16/17	Scheduled 4/16/17	d Completion Date (11) Name of OSHA Monitor														
Occupancy Status During Abatement (Chec	(40)		Street Address								10					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: crawl space			ent		_	City, S	tate, Zi	p Code						2110776		
Scope of Work (Check All That Apply)		t charters :	po 1			00.100.140.1100			- 000	1000						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	**********		olition Min						e cedur	ith Nega e and Non-				e		
		catio												ement rpe	t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	enand	by be/		os Conta thermal surfac		laterial s insula T, or		,	Amount (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure	
and manage	Yes	No	N/A		-1	lacula	tion			75 LF						
crawl space			Х		pipe	pipe insulation 75 LF x										
	Name of Registered Wasta Hauler				0.1:-	V		Name of	Donie	stavad I d	n dfill					
Name of Registered Waste Hauler Freehold Cartage	На	DEP Worlder ID 939	1757	of Was			Weste	- 30								
City, State Freehold, NJ						sal Date		City, Sta Birdsb		PA						
Completed by A. Scott Higgins	ent			S	ignature	6	L			Dai	e 7/17	i Description				

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

NOCE	(Pt	ursı	uant	to N	I.J.A	<u>.C.</u> 8:60 and	12:120)									
Date of Notification (1) 2/23/17						g Owner / Operat) EGE		<u> </u>		#				
Agencies Notified Type Notifier EPA			Stree 15 E	et Add East N	ress /laple	Avenue		MAR 1 (20	17	7	圳				
□ DOL □ Am	iai iended R#2-3/6/1 iergency	7	Mer	State chant e of C	tville,	New Jersey		ASSESTOSIE	ONT	ROI.						
	ncellation			X BA				ASBESTOS F	elebu	oner	vumi	oer!				
Name of Facility Where Abater	mont is Taking DI		FA	ACILI	TY IN	FORMATION	7.0	'								
Merchantville Central Office		ace ((3)			Type of Fac										
Street Address							pter 8 (Other th	han K-12)								
15 East Maple Avenue						Other (i	i.e. private & co	mmercial building			etc.)					
City (5)	County (6)	C	ounty	Code	(7)	Square Feet		oors	dg. Ag	i						
Merchantville	Camden		Junty	Oodc	(1)		Current Use (Prior if being demolished)									
						COMMUNI		demonstred)								
Name of Monitoring Firm Hired USA ENVIRONMENTAL M	by Building Own	er (8)	AS	CM No		atement Contra									
Street Address	ANAGEWENT,	IIVC	٠		0-11	Street Addre	ENVIRONME	NIAL INC								
8436 ENTERPRISE AVE							/ER STREET									
City, State & Zip Code						City, State &										
PHILADELPHIA PA 19153						BRISTOL,										
Project Manager for Monitoring MARK JENKINS		215-	365-	9 Num 5810		Telephone N 215-788-60	40	License Nu	mber 0050)9						
Scheduled Start Date (10) March 7, 2017	Scheduled Com)	Name of OS		NITAL INC								
Occupancy Status During Abate	ement (Check on	ly on														
Facility Closed/Vacated Abatement Performed (City, State &	Zin Code	k								
Describe: (5 PM - 1:3		110	urs –	7 ann t	o opin	BRISTOL,	THE R. P. LEWIS CO., LANSING, S. P. L. L.									
Facility Occupied During]										
Scope of Work (Check all that a	ipply)							ntoinment with No.		<u> </u>						
≥3 sf or ≥3 lf		\boxtimes	Rer	novatio	on		Full Containment with Negative Pres Mini-Enclosure									
≥160 sf ≥260 lf		H		molitio				Bag Procedures								
								empted and Non-F	riable	Pro	cedu	ire				
Location of Asbestos-Containing	20		Locat			Description		Amount	Aba	tem	ent T	уре				
Material (ACM)	19		nally l olely l			Asbestos-Con Material (A		(Specify SF or LF)			ш					
TO BE ABATED		Main	tenan	ice or		(i.e., thermal s	systems	0, 0, 2,	Rei	Z,	Encapsulate	Enc				
in Facility (13)	(Custo	odial ((12)	Staff?		insulation, surfac			Remova	Repair	nsd	Enclsoure				
(13)	,	Yes	No	N/A		or other miscell	laneous)		a	_	late	Гe				
Air Conditioner Room			П			Pipe insula	ation	28 LF		\Box						
Air Conditioner Room			Ħ	H		Pipe fitting		5 SF		H	H	H				
								0.01		H	Ħ	H				
Name of Registered Waste Hau	ler		INLI	DED	Masta	Cubic Yards	IN 15									
			На	uler ID		of Waste										
SERVICE TRANSPORT GRO	OUP, INC.	20990 2 MINERVA LANDFILL						Y. Mary								
City, State NEW CASTLE, DE 19720						Disposal Date TBD	City, State WAYNESBL	JRG, OH 44688								
Completed By (Print or Type)			Titl			Signature			Date		-					
PATRICK T. DeCARO			Es	timat	or	Vatairli	1 T. nol	and me	2/23/	17						

NOTIFIC	ΔΤΙΟΝ (OF A	ASB	EST	OS ABATEMI	ENT	316	6	7		
(Purs	uant to	N.J	.A.C	<u>.</u> 8:6	60 and 12:120	IN BE	3 W	国门	1-7		
10 C/C		D :1	-U	wner	/ Operator (2)	113/		Section of the sectio			
of Notification (1)	Name of	e of Building Owner / Operator (2) RIZON COMMUNICATIONS MAR 1 0 201									
2/23/17	Street A	ddres	SS								
ncies Notified Type Notification	15 Fast Maple Ave					ASBESTOS CONTROL &					
EPA Initial DEP Initial Init	City, State					ASBESTOS CONTROLA					
Amended R#1-2/20/17	Name o	f Co	ntact				1				
DOH Emergency Cancellation	OH Emergericy ALEX BAYLO										
DCA Cancellation	FAC	II IT	Y INF	ORN	MATION (4)						
	e (3)			Ty	T School (K-12)						
Name of Facility Where Abatement is Taking Place (3)					Subchapter 8 (C	Other than K-12)	bor	mas etc.)			
erchantville Central Office				15	Other (i.e. private & commercial buildings)						
eet Address East Maple Avenue				s	quare Feet	guare Feet # of Floors					
	County C	ode	(7)	_	20400	4		70			
ty (5) County (6)	County C			C	Current Use (Prior if being demolished)						
erchantville Camden				_	COMMUNICATIONS Contractor (9)						
L by Building Owne	er (8)	AS	CM N	0.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
ame of Monitoring Firm Hired by Building Owners SA ENVIRONMENTAL MANAGEMENT,	INC.			- 10	Stroot Address						
SA ENVIRONMENTAL III				1.	1123 BEAVER STREET						
Street Address 8436 ENTERPRISE AVE					City, State & Zip Code						
Ctoto & 7in Code				_	BRISTOL, PA 19007 Telephone Number License Number 00509						
A DEI DUIA PA 19100					215-788-6040						
Project Manager for Monitoring Firm Project Manager for Monitoring Firm 215-365-5810 MARK JENKINS Scheduled Completion Date (11)					COCUM Monitor						
Scheduled Start Date (10) Scheduled Cor		BRISTOL ENVIRONMENTAL INC									
March 7, 2017		Street Address	STRFFT								
Occupancy Status During Abatement (Check Only Status During Abatement					1123 BEAVER STREET City, State & Zip Code						
Facility Closed Factoring Outside of Normal Hours – 7am to 3pm					BRISTOL, PA 19007						
- 15 PM - 1:30 AW)					Dittie 1						
To attitut Occupied During Abatement					П	Full Containmen	t with Nega	ative Pres	sure		
Scope of Work (Check all that apply)			100 A Proposition			Mini-Enclosure Glove Bag Procedures					
N 10 15			vation olition			edures	-Friable Procedure				
≥3 sf or ≥3 ii ≥160 sf ≥260 lf		emo	HILIOITI			nount	Abatement Typ				
		catio	n		Description of	ing (Si	(Specify				
Location of Norma			sed		Asbestos-Contair Material (ACM	SF	SF or LF)		Encapsulate		
Asbestos-Containing Material (ACM)	Sole	Solely by Maintenance or Custodial Staff?			(i.a. thermal syst	ems			nsq		
TO BE ABATED	Custod				nsulation, surfacing or other miscellan	g, VAI			late		
in Facility (13)	(12)			or other miscenari				+		
(13)		No	N/A		Pipe insulati	()[[8 LF	X L	++++		
Basement Boiler Room	X	님	井		Pipe fittings		5 SF				
Basement Boiler Room											
Dasemone	-										
	-										
					Toubic Vorde	Name of Registered	Landfill				
i I Woote Hauler			IDEP \	Naste	Cubio						
Name of Registered Waste Hauler			auler II 1990	טאו ע.	2 MINERVA LANDI ILL						
SERVICE TRANSPORT GROUP, INC.					Disposal Date	City, State WAYNESBURG, OH 44688					
City State					TBD			Date			
NEW CASTLE, DE 19720					Signature	(D) Dec 2/23/17					
Completed By (Print or Type) PATRICK T. DeCARO			itle i stim a	tor	Patrick.	De Caro	1				

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

(Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)												
Date of Notification (1) Name of VERIZO					ame of Building Owner / Operator (2) ERIZON COMMUNICATIONS							
Agencies Notified Type Notific EPA Initia	Str 15	Street Address 15 East Maple Avenue City, State & Zip Code							Y STATE OF S	圳		
 DOL Amended R#2-3/6/17 DOH Emergency 				tville, Contac	New Jersey	-	ASBESTOS CONTROL Number					
☐ DCA ☐ Cand	AYLOI	10.20		LIUC	والالملاطران	/		,				
Name of Facility Where Abateme	ent is Taking Plac	FORMATION Type of Fac	rility (4)									
Merchantville Central Office		School	(K-12)									
Street Address					Subcha	apter 8 (Other	than K-12)					
15 East Maple Avenue			Square Fee		commercial build			etc.)				
City (5)	(5) County (6) Co			e (7)	3310	1	10015	Bldg. A	-			
Merchantville Camden			,	(.)		(Prior if being	demolished)		70			
				COMMUNI	COMMUNICATIONS							
Name of Monitoring Firm Hired b USA ENVIRONMENTAL MA		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC										
Street Address	Street Addre	Street Address										
8436 ENTERPRISE AVE City, State & Zip Code						1123 BEAVER STREET						
PHILADELPHIA PA 19153		City, State & Zip Code BRISTOL, PA 19007										
Project Manager for Monitoring F MARK JENKINS			ne Nun 5-5810		Telephone N 215-788-60	Number	License					
Scheduled Start Date (10) Scheduled Completion Date (11)					Name of OSHA Monitor							
March 7, 2017 Occupancy Status During Abaten		ENVIRONME	NTAL INC									
Facility Closed/Vacated D	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Street Address 1123 BEAVER STREET										
Abatement Performed Outside of Normal Hours – 7am to 3					City, State & Zip Code							
Describe: (5 PM - 1:30 AM) Facility Occupied During Abatement					BRISTOL, PA 19007							
Scope of Work (Check all that ap												
						Full Containment with Negative Pressure						
≥3 sf or ≥3 lf ≥160 sf ≥260 lf	Reno					Mini-E	i-Enclosure					
			emolitio	on			ove Bag Procedures n-Exempted and Non-Friable Procedure					
Location of	Is Loca	ation		Descriptio		Amount		Abatement Type				
Asbestos-Containing	Asbestos-Cor	ntaining	(Specify	Au	Abatement Type							
Material (ACM) TO BE ABATED	Ma	Solely	y by ance or		Material (A (i.e., thermal s		SF or LF)	R		En	Ш	
in Facility Custodia					insulation, surface	cing, VAT		Remova	Repair	aps	Enclsoure	
(13)	(12 s No			or other miscell			val.	H.	Encapsulate	oure		
Air Conditioner Room	Ye	2007	N/A		Din a in a via					0		
Air Conditioner Room					Pipe insula Pipe fitting		28 LF 5 SF		H	님	H	
Land I		y			1 ipo iitungs		3 31		H	H	H	
Name of Registered Waste Hauler			N.IDEP Was		Cubic Yards	Name of Rec	ristered Landfill					
			lauler II		of Waste	Name of Registered Landfill						
SERVICE TRANSPORT GROUP, INC. Dity, State			0990		2	MINERVA LANDFILL						
NEW CASTLE, DE 19720					Disposal Date TBD	City, State WAYNESB	URG, OH 4468	88				
Completed By (Print or Type)			itle		Signature		27.0, 011 4400	Date				
PATRICK T. DeCARO	E	stima	tor	7/1	atrick Ti DeCaro Me 2/23/17							
				I W KIN	WILL LIFE CANDIAN							

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 2/23/17 VERIZON COMMUNICATIONS Agencies Notified Type Notification EPA Street Address 15 East Maple Avenue DEP Initial X City, State & Zip Code DOL M Amended R#1-2/28/17 Merchantville, New Jersey DOH Emergency ASBESTOS CONTROL & DCA Name of Contact Cancellation LICENER Number ALEX BAYLOR Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Merchantville Central Office Type of Facility (4) Street Address School (K-12) 15 East Maple Avenue Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors County (6) County Code (7) Bldg. Age Merchantville 33100 Camden Current Use (Prior if being demolished) 70 Name of Monitoring Firm Hired by Building Owner (8) COMMUNICATIONS USA ENVIRONMENTAL MANAGEMENT, INC. ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC 8436 ENTERPRISE AVE Street Address City, State & Zip Code 1123 BEAVER STREET PHILADELPHIA PA 19153 City, State & Zip Code Project Manager for Monitoring Firm BRISTOL, PA 19007 Telephone Number MARK JENKINS Telephone Number Scheduled Start Date (10) 215-365-5810 License Number 215-788-6040 Scheduled Completion Date (11) March 7, 2017 Name of OSHA Monitor 00509 Occupancy Status During Abatement (Check only one) March 9, 2017 BRISTOL ENVIRONMENTAL INC Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Hours - 7am to 3pm X 1123 BEAVER STREET Describe: (5 PM - 1:30 AM) City, State & Zip Code Facility Occupied During Abatement BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 If Full Containment with Negative Pressure Renovation ≥160 sf ≥260 If Mini-Enclosure Demolition X Glove Bag Procedures Location of Non-Exempted and Non-Friable Procedure Is Location Asbestos-Containing Description of Normally Used Material (ACM) Amount Asbestos-Containing Abatement Type Solely by TO BE ABATED (Specify Material (ACM) Maintenance or SF or LF) in Facility (i.e., thermal systems Encapsulate Custodial Staff? insulation, surfacing, VAT Removal (13)Repair (12)or other miscellaneous) Yes Basement Boiler Room No N/A Basement Boiler Room Pipe insulation 28 LF Pipe fittings 5 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. of Waste 20990 ity. State MINERVA LANDFILL IEW CASTLE, DE 19720 Disposal Date City, State ompleted By (Print or Type) TBD WAYNESBURG, OH 44688 ATRICK T. DeCARO Title Signature Estimator Date 2/23/17 017014