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

CK#124

Date of Notification (1) 03/08/2017					of Building		Operator	r (2)		) E C	E	7 1	VI E	
	T N 410 41			S. Contraction	ael Farle	у				L W		П	<u>U</u>	-11
Agencies Notified	Type Notification	1			Address Hillside	Dr			1000 parts	<u> </u>				
EPA	× Initial		-		ate, Zip C					MA	R 1	6 21	017	11
DEP × DOL	Amended Amendmen	t #			y Hill, N		)3			lead and				laces.
DOH DCA	Emergency justification Cancellation	)			of Contact			En ages	Te	elephone of	hupeu	CON	TRO	_&
DCA	Cancellation	n .		Charles and the	ILITY INF	ODMAT	TON		T			- INI		
Name of Facility Where	Abatement is Takir	ng Place (3	()	FAC	ILIIT INF	ORMAI	ION	Type of Facili	tv (4)			171,-03		
Residence									* * *					
Street Address								School ( Subchar		her than K-	12)			
	•								e. private	& commer	cial bu	ildings	, hom	ies,
City (5)								etc.) Square Feet	#	of Floors	T	Bldg.	Age	
Little Egg Harbor								1100	1	01110010	- 1	48	, igo	
County (6)				County	Code (7)			Current Use (	Prior if be	eina demoli:				
Ocean			= Ver		USE ONLY	)	1-1-1	Residence						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name	of Abatement (	Contracto	r (9)				
N/A				1 2000000				way Abaten						
Street Address	-			and the last section	era et l'annu		Street	Address						-
							128	Bartlett Ave						
City, State, Zip Code				1-00	197 6		2000	tate, Zip Code				Company of the Compan		
							1	t Creek, NJ	08092					
Project Manager for Moni	itoring Firm			Telepho	ne No.			ione No.		License	No.			
								618-5955		01319				
Start Date (10) 3/20/2017		3/31/20		npletion	Date (11)		Name N/A	of OSHA Monit	or					
Occupancy Status During	Abatement (Chec	k Only On	e)				Street	Address						
Facility Closed/Vaca	ited During Entire	Period of A	baten	nent										
Abatement Performs Other – Describe:	ed Outside of Norn	nal Facility	Hours	3			City, S	tate, Zip Code						
Scope of Work (Check All	I That Apply)							_						
≥3 sf or ≥3 lf			enova					Full Contain		h Negative	Pressi	ıre		
≥160 sf or ≥260 lf		× D	emolit	ion			-	Mini-Enclos Glovebag P						
							×				ble Pro	ocedu	re	
		Is	Locati	ion								Alexander Control	ement	t
Location			ormal			De	scription	of				1	уре	
Asbestos-Containing I TO BE ABA			d Sole					laterial (ACM)	13	Amount	_		ш	m
In Facilit		Custo		Staff?	(i.e.		cing, VA	insulation, T, or		Specify F or LF)	Rem	Repair	ıcap	inclo
(13)			(12)				niscellan		1	1 1000 1010	Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A							-		ate	е
Exterio	or		Х				Siding		11	00 SF	x			
											+			
						3					-	+-		
Name of Registered Wast	e Hauler		- N	JDEP W	aste	Cubic	Yards	Name	of Registr	ered Landfil				
Timster Trucking Inc			Н	auler ID	100,000,000	of Was		1 6 5	150		or:			
			2	1079		TBD				gement				
City, State							sal Date	City, St						
West Creek, NJ		T	270, 55.0			TBD			own, P				,	
Completed by Amanda Mears		Title	r C-	feway		S	ignature	MM		Da	ate 2	18	11-	7
, tillalida Meals		OWITE	1, 00	neway			-					10	1 1	1

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Courtesy Notice

( ) ( )	_						3:60 and 5:16			Power	7 6		п	η //
Date of Notification (1)				Nam	ne of Buildi	ng C	Owner/Operator	r (2)			E C	, [5	U	W
	/10/17							USEPA	1					
Agencies Notified	Type Notifi	cation		Stre	et Address	i	200	0 337 11 - 1			MA	R 1 i	5 21	01
EPA	Initial Amende	ed		City	State, Zip	Cod		0 Woodbrid	lge Av	e.				_
<b>⊠</b> DOL	Amendr	nent #_ ncy (includir	20	Oity,	Otate, Zip	Cou		Edison ,NJ 0	8837	AS	BEST	TOS C	ON	TF
<b>⊠</b> DOH	justifica	ation)	ig	Nam	e of Conta	ct		Jaioon (110 o		hone Nur		ICEN		_
□ DCA	☐ Cancella	ation				Gaı	y Kiniery							
				FA	CILITY IN	FOF	RMATION		-				27	
Name of Facility Where								Type of Facilit	ty (4)					
Street Address		Building 2	209					School (K-		rthan K-	12)			
Olicet Address	2890 V	Woodbrid	ige A	ve				Other (i.e.,	private 8			dings,		
City (5)	20,0	ri oodorii	1501	170.				homes, etc		Floors	IB	ldg. Ag	e .	_
	Edi	son, NJ (	0883	7				15000	-0.	1		75+		
County (6)	1 11			Cou	inty Code (	7) (	STATE	Current Use (F	Prior if be	ing demo	lished)			_
Name of Monitoring Firm	iddlesex	ldia - O	—,		EÓNLY)									_
(0)	MECS	iding Owner		ASCN	l No.	N		ent Contractor ( rens Environ		1 Comic	oc I	20		
Street Address	WILCD		<u> </u>	_		S	treet Address	ens Environ	mema	Servic	es, II	ıc.		_
	PO Box	c 341						PO	Box 32	22				
City, State, Zip Code	NA - 22 - 22 - 23 - 23 - 24 - 24 - 24 - 24					Ci	ty, State, Zip C	ode	1000000					_
	rosswick,	NJ 0851:				-	A2	Allentow	vn, NJ	08501				_
Project Manager for Mor	nitoring Firm eisgarber			phone	No. 98-4070	Te	elephone No.	0.0600	Lice	nse N <del>o.</del>	0040	2		
Start Date (10)		Scheduled (		-		N:	(609) 25 ame of OSHA N				0049	3		-
3/20/17			4/21/		(11)	1,44	and or oor by n		1ECS					
Occupancy Status Durin						St	reet Address							-
☐ Facility Closed/Vacat	ed During Ent	ire Period of	Abate	ment		_			Box 34	-1				_
Abatement Performed Other - Describe:	d Outside of IN	iormai Facili	ty Hou	rs		Ci	ty, State, Zip C		l NII	00515				
Scope of Work (Check a	all that apply)					_		Crosswick	KS, INJ	08313				_
	ar appiy)							tainment with Ne	egative P	ressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic					g Procedure						
			Locatio		1		Non-Exe	empted (*) and N	on-Friabl	e Procedu				
		N	omally								A	bateme Type	ent	
Location of Asbestos-Containing N		Used Mai	d Solel ntenan		Asbest	os (	Description of Containing Mate		Δm	ount		$\Box$		_
TO BE ABAT	TED .	C	ustodia Staff?	ıl		ther	mal systems in	sulation,	(Sp	ecify	Z.	TI.	Enc !	T
IN Facility (13)			(12)				irfacing, VAT, er miscellaneo		SF c	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				<i>f</i> 0			/al	=	llate of	3
Lab Are			×			7	VAT/ Mast	io	100	00 sf	100	-	+	_
Duo in	ca		^				V FX 17 IVIASI.	10		0 81	×	+	+	_
		_				_					+-	_		
		_										-	+	-
Name of Registered Was	ste Hauler		0.000	JDEP \		Cu	bic Yards	Name of Regi	stered La	andfill				-
Stevens Environn	nental Serv	vices, Inc	. Н	auler ID 182		of '	Waste 4 CU		_	ess Lan	dfill			
City, State	(		_   _	102	72	Dis	posal Date	City, State/	2 64111	20 1/411				-
-	Allentow	n, NJ					4/21/17	//	Morr	isville,	PA			
Completed By	v.ons	Title D.	oi	1.1			Signature	( V/	/	Date	2/10	/1 7		
Mahlon E. Ste	vens	Pr	oject	Man	ager	_	_////	1			3/10	/17		_

VA AV	i	NOTI	FIC/			ew Jersey BESTOS ABAT	EMENT .	CH	1	10	7	0
						C 8:60 and 5:16		MEG	E			February
Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	1				7#
	16			1		Transit Authorit		MAR MAR	16	201	7	100000000000000000000000000000000000000
Agencies Notified Type Notific	ation	***		Street	Address			HAT MAT	- p	- 201	-	increase.
☑ EPA ☑ Initial				581	Main St	reet		İ				
□ DOLWD		)		City. S	State, Zip C	Code	1	ASBESTO	SCO	TINC	ROL	8
□ DHSS						e, NJ 07095-5042	,		ENS		Mos seeds	
DCA Emergen		luding			of Contac		•U: 23	Telephone Numb	or			
(NJAC 5:23-8) justificati ☐ Cancellati				Ivanic	or Contac			Telephone raum	<i>,</i> C1			
				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is 7	Taking	Place	(3)				Type of Facility	(4)				
Newark Bay Bridge - Structure	N2.0	1W					School (K-12					
Street Address								3 (Other than K-12)		حدادان	_	
Newark Bay Bridge ( Spanning	g Rive	er) in	side	walk			homes, etc.)	rivate and commer	Ciai Di	manig	5,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Bayonne & Newark							9500 LF	N/A		>20		
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			_
Essex & Hudson Counties					,	//07/112 002 01/2//	Bridge Side					
Name of Monitoring Firm Hired by Build	dina O	wnor/	8)	ASCM	No	Name of Abateme						
Westcherster Environmental L	. 137	wilei (	١,	127	140.	I was a second of		al Service, LLC.				
Street Address	LU			141		Street Address	Liiviioiiiieiit	al Selvice, LLC.	M-0-2-1-1			
307 N. Walnut Street												
						14 Read Driv	<u> </u>					
City, State, Zip Code						City, State, Zip Co						
West Chester, PA 19380			T = . t.		N	Sicklerville, N	NJ U8U81	Tr: N				
Project Manager for Monitoring Firm			1.5000.000	phone		Telephone No.		License No.				
Matthew Abraham			1	10-431		856-318-1341		01158				
Start Date (10)	Schedu 0			tion Da	(2011년) 12 12 12 12 12 12 12 12 12 12 12 12 12	Name of OSHA M Graham-Tech		al Services, LLO	<b>.</b>			
Occupancy Status During Abatement (	Check	only o	ne)			Street Address			-			-
				ment		14 Read Drive	e					
☐ Abatement Performed Outside of No					cribe	City, State, Zip Co						-
Time of Abatement: 7AM-11:30PM	V	_PM-		_AM		Sicklerville, N						
Scope of Work (Check all that apply)		V-157						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100			
							tainment with Neg	gative Pressure				
		☐ Rei				☐ Mini-Enc	losure g Procedure					
<u>M2100 3101 2200 11</u>	,	M Dei	Hond	,,,				n-Friable Procedur	e			
			Locat		I				Ab	atem	ent Ty	/pe
Location of			Iorma d Sole			Description o				-		
Asbestos-Containing Material (ACM TO BE ABATED	1)		intena			stos Containing Ma ., thermal systems		Amount (Specify	em	Repair	nca	nck
IN Facility		Cust		Staff?	(1.6	surfacing, VAT,		SF or LF)	Removal	=	psu	Enclosure
(13)	-		(12)	_	-	other miscellane			-		Encapsulate	e
		Yes	No	N/A		III III II I			-	_	_	_
Encased in Sidewalk		Ш			4" Dian	n ACM Transite (	Phase #1)	2,200LF			Ш	
		Ц									Ш	Ш
Name of Registered Waste Hauler			30	JDEP !		Cubic Yards of	Name of Regis	tered Landfill				
Waste Management, Inc.		0.00-00-0		17273		Waste 150CY	Waste Mar	agement of PA	, Inc.			
City, State						Disposal Date	City, State					
Keyport, NJ							Tullytown,	PA				
Completed By (Print or Type)	Title	189801	- Condition			Şignature	' U	Da	te		_	
Vernice Graham	Pr	eside	nt			Voural	JULA	r 13	5-3	5-	1 /	

CK 4 4193

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

DECEIVED MAR 16 2017

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Date of Notification (1)	11-17			Nat	me of Buildi		er/Operato	o S CO	USTR	UCTI	ON	175	01	0
Agencies Notified	Type Notificat	ion		Stre	eet Address	S			AOL	LICE	1/1/1	MILIT	VI.	T.
D BPA	Initial Amended			_		30	0_/	7TH ST	<u> </u>					=
₩ DOL	Amendmer			City	, State, Zip SEA		SIE	CITY	NIT		58	48	,	
<b>⊠</b> DOH	☐ Emergency justification	ר)	ng	Nar	ne of Conta	ect			Telep	hone Num				
DCA	Cancellation	n			F	RAN	110	· · · · · · · · · · · · · · · · · · ·						_
	(4			F	ACILITY IN	FORMA	TION							
Name of Facility Where		100000	ce (3)					Type of Facil						
Street Address	ESIDEM	LE						School (K	er 8 (Othe					
								Other (i.e. homes, et		commerci	al buil	dings		
City (5)	-11 TE1							Square Feet	# of	Floors		idg. A		
County (6)	A ISL	E (			unty Code (	7) (STA	ATE	Current Use (	Prior if bei	na demoli:		50	_	
CHPE	MAY				E ONLY)				ACH		J1104)			
Name of Monitoring Firm	Hired by Building	g Owner		ASCA	/ No.	Name	11.	nent Contractor	1000 year 1000	,			3,000	
(8)	IA					Stroo	1 Address	CMCO	IN					
Street Address						3000	369	S. SP	RUCE	AU(	-			
City, State, Zip Code							State, Zip C	ode	+ ADE	41	T (	18	25	>
Project Manager for Moni	toring Firm		I Tele	phone	No.		none No.	LE SI		nse No.		200	))(	-
1 Tojece manager for mora				P000000000		85	6-77	9-0472	-   _	004	40	1_		
Start Date (10)	0.000	eduled (			ate (11)	Name	of OSHA	Monitor	1					
3-21-17		3-2		17		Ctront	Addross	-N/	A					_
Occupancy Status During  Facility Closed/Vacated				ment		Sueet	Address							
Abatement Performed					ł	City, S	tate, Zip C	ode						
Other - Describe:														
Scope of Work (Check all	that apply)					E	_ ☐ Full Con	tainment with N	egative Pr	essure				
≥3 sf or ≥3 lf			enovati emolitio			Ē	Mini-End		•	***				
≥160 sf or ≥260 lf		N De	HIOHUO	'				empted (*) and N	lon-Friable	e Procedu	_			
		100000	_ocatio	n							Α	bater Typ		
Location of		Used	Soleh		A = b = = 1		cription of	erial (ACM)	1	ount				
Asbestos-Containing Ma TO BE ABATE		Ct	stodia			thermal	systems in	sulation,	(Spe	ecify	Re	Z	Enca	Enc
IN Facility (13)			Staff? (12)				ing, VAT, iscellaneo		SFo	r LF)	Remova	Repair	Encapsulate	Enclosure
()		Yes	No	N/A							a		ate	9
SIDING	- 5			X		TRA	WSIT	E	350	13E	X			$\neg$
DIVICIAN						115								
- Carries														
Name of Registered Waste	Hauler			DEP V		Cubic Y		Name of Reg						
KLEMCO	DUC.			viler ID 790	Pic				C.MI	2-H-				_
City, State  MAPLE S	HANF	M (	7	081	152	Disposa	al Date-	City, State	OBINI	EA	J. T			
Completed By	Title				100	Sig	nature -	100	0110	Date	i .	7		
MICHAEL W	CMM	S	UP.			_ _	Vun	WK		5-	11-	11		_

CK# 25472

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

5									- 11		<u> </u>			7
Date of Notification (1)	10/17		1	Name o	f Building	Owner/Operator	<sup>(2)</sup> Capitol G	atewa	v 11					
	10/17  Type Notification			Stroot A	ddress		Supitor 6	atto i i c			MAII	1 6	20	77
Agencies Notified	I ype Notification		1	Juecu /	luuless					-				-
□ EPA □ DEP	Amended		-	City, Sta	ate, Zip Co	ode				ASB	ESTC	SC	ON.	TROL
<b>⊠</b> DOL	Amendment #_ Emergency (inc	luding		•		T	renton, N			005/00069/0	LIC	ENS	SINC	3
<b>⊠</b> DOH	justification)	idding	- Fi	Name o	f Contact	1990/2000			Telepho	ne Numb	er			
□ DCA	☐ Cancellation		_		]	Paul Shore		_						
	l.			FACI	LITY INFO	ORMATION								
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Fa		-)					
	Resid	lentia	1				School	(K-12)	Other t	than K-12	)			
Street Address			Thu are				Other (	i.e., priv	ate & c	commercia	ıl buildii			
City (5)							Square Fe		# of F	2	100000000000000000000000000000000000000	g. Ag		
	Trenton,	NJ 08	3609				3500			3		125-	-/-	_
County (6)	Mercer			Count USE (	y Code (7 DNLY <del>)</del>	) (STATE	Current U		r if bein	ig demolis	nea)			
Name of Monitoring Firm		wner	- 7	ASCM N	lo.	Name of Abaten	nent Contrac	ctor (9)		a .				
(8)	MECS		_   _				ens Envi	ironm	ental	Service	es, Inc			_
Street Address	PO Box 341					Street Address	I	РО Во	x 32	2				
City, State, Zip Code	10 000 3 11					City, State, Zip C	Code	27	277.0	0.501				
City, Clare, —,	Crosswick, NJ 0	8515					Aller	ntown,						_
Project Manager for Mo				ohone N		Telephone No.	50 0600		Licer	nse N <del>o.</del>	0493			
Bill W	eisgarber		_		3-4070	Name of OSHA	59-9688 Manitar		_	- 0	UT/3			=
Start Date (10)	Sched			ion Dat	e (11)	Name of OSHA	IVIOTILOI	ME	CS					
3/22/17 Occupancy Status Duri	ing Abatement (Chec		/31/1 one)	. /		Street Address			62. 50					_
Facility Closed/Vaca	ated During Entire Pe	riod of	Abater	ment				PO Bo	ox 34	1				_
☐ Abatement Performe ☐ Other - Describe:	ed Outside of Normal	Facility	y Hour	s		City, State, Zip (	Cross	wicks	, NJ	08515				
Scope of Work (Check	all that apply)						ntainment w	ith Nea:	ative P	ressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		<b>X</b> Re	novati molitio	on n		Mini-Er	nclosure nag Procedu	re			710			
			4.0			Non-E	kempted (*)	and Non	1-Friabi	e Procedu		bater	nent	
			ocatio									Тур		
Location		Used	Solel	y by	Ashoo	Description of tos Containing Ma	of eterial (ACM	,	Am	ount			m	
Asbestos-Containing TO BE AB			ntenan ustodia		(i.e.	thermal systems	insulation,	<b>'</b>		ecify	Re	R	Encapsulate	Enclosure
IN Facil	ity	,	Staff? (12)			surfacing, VAT	r, or eous)		SF	or LF)	Remova	Repair	psu	losu
(13)						Office Tribocilario	,				<u>a</u>	-	ate	Ге
		Yes	No	N/A				-	2	0.1£	×			-
lst Fl	oor		×			ermal Duct I				0 lf 0 lf	×			$\vdash$
2nd F	loor		×			ermal Duct I				o lf	×			$\vdash$
Basen	nent		X		Tr	ermal Duct I		-		) 11	^			
				HDED	0/	( Wrap and Cubic Yards	Cut )	of Regis	stered L	andfill				
Name of Registered W		т	- 1	JDEP Lauler II	No.	of Waste	, vanio	01110310		less Lar	dfill			
Stevens Environ	nmental Service	s, inc	<u>.                                    </u>	182	292	2 CU Disposal Date	Cjty, S	tate	/	1				_
City, State	Allentown,	NI				3/24/17	11/1	, /	Mon	rzisville	, PA			
Completed By	Allentown, 1					Signature	1	/	/	Date		2/1-		
Mahlon E. S			rojec	t Mai	nager	1/4	///		/	_	3/1.	3/17		
						1	4							

ASB-41 MAR 00 \* Do not use this form for asbestos licensure exempted-activities.

Date of Notification (1)		N	(Pursi	TION OF uant to N	of New Jer ASBESTO JAC 8:60 a	S ABAT and 12:1:	20)		EC	R 1 6	5 20		Print
03/13/2017			Nar	ne of Buil	ding Owne	r/Operato	or (2)	les a	MA	1 (	) (	717	Locate
			Gl	enwood	Apartme	ents & (	County C	Club					
Type N	otification		Stre	et Addres	ss				ASBES	TOS C	ON	FRO	_&_
EPA X Ini	tial		1 (	Cherry F	Hill Lane	4		1	L	ICEN	SING	<u> </u>	
	nended			State, Z		3.							
	nendment # nergency (includ	dina	- Old	d Bridge	, NJ 088	357							
jus	tification)	anig	Nam	e of Con	tact			Т	Tolonhan				
DCA Ca	ncellation		Eric	Prieto									
Name of Equility Where At 1			F	ACILITY	INFORMA'	TION							
Name of Facility Where Abatement Glenwood Apartments	it is Taking Plac	e (3)					Type of	Facility (4)					
Street Address													
			100				Sul Sul	nool (K-12) bchapter 8 (	Other than	V 10)			
29-33 Red Oak Ln							× Oth	er (i.e. priva	ite & comm	n-12) nercial h	uildin	ne ho	mac
City (5)							CIU.	.)					
Old Bridge							Square F 2,000	100	# of Floors			. Age	
County (6)			Coun	ty Code (	7)		N		2		65+	-	
Middlesex			(STAT	E USE OF	VLY)		Current L	Jse (Prior if	being dem	olished)			
Name of Monitoring Firm Hired by E	Building Owner	(8)		CM No.	88 RE	I NI	Apartm						
N/A		/	٨٥	OIVI INU.		Name	of Abatem	ent Contrac	tor (9)				
Street Address								Construc	tion, Inc				
						1	Address						
City, State, Zip Code						1360	Clifton A	Ave, PMB	Suite 21	18			
							tate, Zip C						
Project Manager for Monitoring Firm	1		T-1 -				n, NJ 07	012					
5	•		relepi	none No.			one No.		License	e No.			
Start Date (10)	Cabad	1.10					389-0089		00693	3			
03/24/2017	Odios		ompletio	n Date (1	1)		of OSHA M						
Occupancy Status During Abatemen	04/00	eduled Completion Date (11) /08/2017						Construct	on, Inc				
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Poriod o	f Abata	ement irs			City, Sta	Clifton A		Suite 21	8			
Scope of Work (Check All That Apply	d					Cliftor	n, NJ 07	012					
The state of the s	(AP)					24.5							
≥3 sf or ≥3 lf < ≥160 sf or ≥260 lf	×	Renov Demol	ration lition			×	Gloveba	atainment wi closure g Procedure empted (*) a	2				
	1	s Loca						7		Sole FIC		emer	
Location of	116	Norma			Des	cription o	f					emen ype	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M	ed Sole aintena stodial (12)	ance/ Staff?	Asbe (i.e	stos Conta e. thermal s surfaci	ining Ma	terial (ACN nsulation, or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	=	ilate	ure
9 A-D Red Oak Ln -Crawl Sp	pace x				Pine/Elha	w Inacci	lotic -						
1 A-D Red Oak Ln -Crawl S					Pipe/Elbo		ACCOUNTED TO THE PARTY OF THE P	1	60 LF	X			
3 A-D Red Oak Ln-Crawl Sp	(C. 1777 M. M. 1772		-		Pipe/Elbo			1	55 LF	X			
- Jan En Olawi Sp	ace x			P	ipe/ Elbo	ow Insu	lation	1	60 LF	Х			
me of Registered Waste Hauler					<u> </u>								
			JDEP W auler ID		Cubic Ya	ards	Nam	e of Registe	red Landfil				
rvice Transport Group		55888	0990	NO.	of Waste	9	VI	erva Land		G/			
/, State						Det			AUIII				
w Castle					Disposal 04/08/2			State		2007-03			
mpleted by	Title				04/00/2	.01/	Way	ynes Burg	, OH 440	886			

Milan Njezic

Date

03/13/2017

Signature

Vice President

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NOCL			٠.	(P	ursua	nt to NJA	AC 8:60 and 5:1	6)					
Date of Notification (1)					Nam	e of Buildin	g Owner/Operator (	(2)	III L M	AR 1	6 8	2017	
	8 /	17			Je	rsey Cent	tral Power & Lig	ht Company / J	ob #1702-21	53	Chk.		
Agencies Notified	Type Notifi	cation			Stree	t Address			ASBES	STOS	CON	ITR	21 8
□ EPA	☐ Initial				30	0 Madisor	n Avenue PO BO	0x 1911		LICEN			01 0
⊠ DOLWD		2000			City,	State, Zip (	Code				PAC SERVICE (A)		
☐ DCA	Amendr Emerge		dina		Mo	orristown,	NJ 07692						
(NJAC 5:23-8)	justifica		laing	3		e of Contac			Telephone Nu	mber			
V	Cancella				An	na Sulliva	an	,	r oropinono ma	11001			
1					FA	CILITY IN	IFORMATION .						
Name of Facility Where Al	patement is	Taking P	lace	(3)		39.30-mm-12.0-mm-12.0-mm-12.0-mm-12.0-mm-12.0-mm-12.0-mm-12.0-mm-12.0-mm-12.0-mm-12.0-mm-12.0-mm-12.0-mm-12.0-		Type of Facility (	4)	- 2			
Sea Isle City Former	Manufac	tured G	as F	Plant	Site			School (K-12)	(A.C.)				
Street Address								Subchapter 8					
39 <sup>th</sup> Street & Central	Avenue							Other (i.e., pri homes, etc.)	vate and comm	ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	
Sea Isle City, NJ								NA	NA		app	273	75
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Price		lished)			
Cape May Count							,,	NA	3				
Name of Monitoring Firm H	lired by Bui	lding Owr	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environmen	ital						man diameter and the second	d Mold Services	Corp.				
Street Address							Street Address		,				_
PO Box 316							3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	A STATE OF THE PROPERTY OF THE					
Thorofare, NJ 08086							Hainesport, N						
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.		License No.				
David Flanigan				8	56-848	3-0800	609-702-0400		00862				
Start Date (10)		Schedule	d Co	omple	tion Da	ate (11)	Name of OSHA M	lonitor					
_2_/_23_/_	17	3	_ /	17	/	17	EMSL Analyti	ical, Inc.					
Occupancy Status During A	Abatement (	(Check or	nly o	ne)			Street Address						
□ Facility Closed/Vacated					ment		200 U.S. Rout	te 130 North					
☐ Abatement Performed C	outside of N	lormal Fa	cility	Hour	s - Des		City, State, Zip Co				0.00		
Time of Abatement:	AM	PM/_		_PM-		AM	Cinnaminson						
Scope of Work (Check all to	hat apply)							,			-		
☐ ≥3 sf or ≥3 lf			_		narco:			ainment with Nega	tive Pressure				
≥ 160 sf or ≥260 lf		Ä		novati			☐ Mini-Encl	osure Procedure					
					37			mpted (*) and Non-	Friable Proced	ure			
				Locat						Ab	atem	ent T	уре
Location of		n   1		orma 1 Sole	lly ely by		Description of		Line on water out or cour	Z	Z	Ш	Ш
Asbestos-Containing Ma TO BE ABATI		,	Mai	ntena	nce/		stos Containing Mat , thermal systems i		Amount (Specify	Removal	Repair	nca	nclo
IN Facility		0	Custo	odial ( (12)	Staff?	, , , ,	surfacing, VAT,	or	SF or LF)	va	=	Encapsulate	Enclosure
(13)		V	es	No.	N/A	-	other miscellaned	ous)				ate	O
Exterior				INO.	100000000	T	D:		20015				_
LATERIOR			.			Transite	Pipe		320 LF		Ш	Ш	Ш
			1	Ш									
Name of Registered Waste	Hauler			1 3000	JDEP V		Cubic Yards of	Name of Registe	red Landfill				
Waste Management				H	auler II 17273		Waste 5	Grand Centr	al				
City, State					11210		Disposal Date	City, State		W. C			
Lafayette, NJ							3/17/2017	Penn Argyle	, PA				
Completed By (Print or Type	)	Title		-	19		Signature A			ate			
Kimberly A. Trumbett	i	Offic	e C	oord	inator	•	10/11			3-7	-17	7	

ASB-41 MAY 11

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

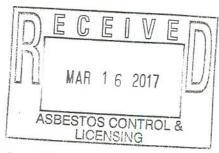
## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

n	E	C			$\mathbb{V}$	E	n
K							
	1	MAR	1	6	2017		11

Data of Nickies attack (4)								MAR	16	201	7
Date of Notification (1)	17				ng Owner/Operator oard of Education		1702-2159		. #46		
Agencies Notified Type Notifi	cation	-	St	reet Address			AS	BESTO	S CO	NTR	OL 8
⊠ EPA ⊠ Initial			13.000	434 Millbur				LICE	ENSI	VG_	
☑ DOLWD ☐ Amende	TO 1. TO 1			ty, State, Zip							
□ DHSS	ment #	_									
DCA Emerge		ng	-	Millburn, N	100,000,000,000						
(NJAC 5:23-8) justifica				ame of Conta		NAMES NO	Telephone	Number			
L Cancella	ation			Cheryl Sch	neider, Business	Admin.	_				
				FACILITY I	NFORMATION					S-9//C-1-	
Name of Facility Where Abatement is	Taking Pla	ce (3)	<b>%</b>			Type of Facility (	4)		====		
Washington School						School (K-12	)				
Street Address			08			Subchapter 8	(Other than	K-12)	217-1650329		
70 Spring Street						Other (i.e., pr homes, etc.)	ivate and co	mmercial	buildin	gs,	
City (5)				3 - 47-2-2		Square Feet	# of Floor		Dida /	100	
Millburn						43,134	2	5	Bldg. A	ige	
County (6)				Code (	7)(STATE USE ONLY)				55		
Essex				ounty Code (	T)(STATE USE UNLT)	Current Use (Price	or it being de	emolished	)		
Name of Monitoring Firm Hired by Bui	Idia - O	- (0)	1000	2111	1	Vacant					
	iding Owne	r (8)	ASC	CM No.	The second secon	ent Contractor (9)					
Pars Environmental, Inc.					Asbestos an	d Mold Services	s, Corp.				
Street Address					Street Address						
500 Horizon Drive, Suite 540					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co	ode					
Robbinsville, NJ 08691					Hainesport, N	NJ 08036					
Project Manager for Monitoring Firm		Te	elepho	ne No.	Telephone No.	119 5005	License N	lo.			
Mr. Rafael Torres			609-2	54-8884	609-702-0400	í é	00862				
Start Date (10)	Scheduled	Comp	letion	Date (11)	Name of OSHA M	lonitor	1		-		-
3 /27 /17		100		/ 17	EMSL Analyti						
Occupancy Status During Abatement (					Street Address						
☐ Facility Closed/Vacated During Entitle				+		- 400 N - 41					
☐ Abatement Performed Outside of N	ormal Facil	itv Ho	urs - F	)escribe	200 U.S. Rout						
Time of Abatement:AM	PM/	PN	И	AM	City, State, Zip Co						
Scope of Work (Check all that apply)					Cinnaminson	, NJ 08077					
ocope of work (Check all that apply)					□ Full Cont	ainment with Nega	tive Deserve				
≥3 sf or ≥3 lf	⊠ R	enova	ation		☐ Mini-Encl	ainment with Nega osure	itive Pressur	re			
≥160 sf or ≥260 lf		emolit	tion		☐ Glovebag	Procedure					
		- 1				mpted (*) and Non-	-Friable Prod	cedure			
Location of		s Loca Norm						A	batem	ent T	уре
Asbestos-Containing Material (ACM	1) Us	ed So	lely by	V Ache	Description of			Z	R	Ш	m
TO BE ABATED	M		ance/	(i.e	stos Containing Mat ., thermal systems in	nsulation	Amount (Specify		Repair	าса	lClo
IN Facility	Cu	stodia (12	l Staff	?   `	surfacing, VAT,	or	SF or LF	) <u>  va</u>	=-	Encapsulate	Enclosure
(13)	Voo			· A	other miscellaned	ous)				late	o
0== 4== 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes	No	2 (30%)							W.E.	
SEE ATTACHED DESCRIPTION											
WORK											
											ш
Name of Registered Waste Hauler		1	NJDEI	P Waste	Cubic Yards of	Name of Registe	red Landfill				
Waste Management		1		ID No.	Waste	Grand Centr					
City, State	WP -		172	13	5 Disposal Date	City, State				637	
Lafayette, NJ					4/7/17	5.0	DA				
Completed By (Print or Type)	Title				/	Penn Argyle	, PA				
	Title	^			Signature			Date			
Kimberly A. Trumbetti	Office	Coor	dinat	or	YW V			3-13	3-17		
SB-41 AY 11	* \(\nabla_{-}\)		h:- c								
538 Adi	Do no	use t	nis for	m for asbesto	os licensure exempt	ed activities.					

# Page 20f2

Proxet: Washington School Millburn, NJ CHECK # 4659



Date of Initial Notification: 3-13-17

B. This non-friable asbestos abatement project will involve the removal of the following materials:

Location(s)	Material Description	Estimated Quantity
Room 101-Main Office Area 101C & Hallway Adjacent to Meeting Room	12" Floor Tile and Associated Mastic	900 SF
Room 103/105 – Kitchenette & Multipurpose Room	12" Floor Tile and Associated Mastic	1000 SF
Room 104 – Classroom	12" & 9" Floor Tiles and Associated Mastic	1,000 SF
Room 110 – Classroom	12" Floor Tiles and Associated Mastic	(0.07
Room 111&111A	12" Floor Tile and Associated Mastic	60 SF
	Wall Putty/Joint Filler	1,000 SF 2 SF
Room 112 - Intervention Room -	12" Floor Tile and Associated Mastic	550 SF
Toom Toom	Sink Undercoating	1 Sink
Room 113 – Intervention Room –	12" Floor Tile and Associated Mastic	550 SF
	Sink Undercoating	1 Sink
Room 207 & 209	9" Floor Tile and Associated Mastic	2,000 SF
Room 218 Office Suite	12" Floor Tile and Mastic	1,100 SF
Room 221 Classroom	12" Floor Tile and Associated Mastic	1,000 SF

X 3-13-17

CK16933	1		CATION	ate of Nev OF ASB to NJAC	ESTOS	ABATE					: (C			$\mathbb{W}$	3
Date of Notification (1) 03/13/2017				f Building rood Apa				Club	14	les.	MA	R 1	6	2017	1000
Agencies Notified Type Notification			Street A		arunen	is a C	ourity	Club	-	-					-
				rry Hill L	.ane					ASE	BEST	ros	COI	VTRO	OL &
EPA Initial DEP Amended				ite, Zip Co					-			ICE	ISI	<u>G</u>	
DEP Amended Amendment #			Old Br	idge, N	J 0885	7									
Emergency (ir justification)  DCA  Cancellation	iciuaing			f Contact					Te	lenhone	Nun	her			
DCA Cancellation			Eric P	2017/2016								92			
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFO	DRMATI	ON	Type	of Facility (4	1)						_
Glenwood Apartments		66					ENGINEER .	School (K-12							
Street Address								Subchapter (	8 (Oth						
5-7 Aspen Mall							- e	Other (i.e. pr etc.)							es,
City (5) Old Bridge							Squar 2,00	e Feet 0	2	f Floors	5		ldg. A 5+	ige	
County (6)				Code (7)			Curre	nt Use (Prio	r if be	ing dem	nolish	ed)			
Middlesex			(STATE U	JSE ONLY		_		tment							
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	1 No.				ement Cont al Constr		0.000					
Street Address							Addres Clifto	s on Ave, Pl	MB S	Suite 2	18				
City, State, Zip Code						-	State, Zi	p Code 07012							
Project Manager for Monitoring Firm			Telepho	ne No.			none No			Licen	se No	),	-		
						973-	389-0	089		0069	93				
			pletion I	Date (11)				A Monitor							
03/24/2017 Occupancy Status During Abatement (Check	04/08/						Addres	al Constr	uctio	n, inc					
			A					s on Ave, Pl	MB S	Suite 2	18				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	Facility	Abatem Hours	ent				State, Zi							_	
Other – Describe:						Clifto	on, NJ	07012							
Scope of Work (Check All That Apply)	1000 TO					74									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Districted in contrast of the	Renovat Demoliti				×	Min Glo	Containme i-Enclosure vebag Proce i-Exempted	edure	J				Α.	
	le	Location	nn			Bases	1401	Lxciiipted	( ) uii	4 11011	nab		Teer of	ement	
Location of	1	Normall	у		Des	scription	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solei intenar	ice/		tos Cont thermal	aining N	<b>Naterial</b>			mount Specify		77		四四	ш
In Facility	Cus	todial S (12)	taff?	(i.e.	surfac	cing, VA	T, or	uori,		F or LF)	)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other n	niscellar	neous)					oval	a:	sulat	sure
	Yes	No	N/A											е	
5 A-D Aspen Mall-Crawl Space	X				ipe/Elb				1	80 LF		Х			
7A-D Aspen Mall-Crawl Space	Х			Р	ipe/Elb	ow Ins	sulatio	n	1	50 LF		Х			
Name of Registered Waste Hauler		1.1	JDEP W		Cubic			Name of F	Registe	ered La	ndfill				
Service Transport Group		1.000	auler ID 1990	140.	of Was	ore.		Minerva	Lan	dfill					
City, State			200			al Date		City, State		011	110	00			
New Castle Completed by	Title					/2017		Waynes	Bur	g, OH	446 Da	200			
Milan Njezic	3.50	Presid	dent		2	ignaturé	4	6	5	\	100000	/13/2	2017		

Print Form

## Ch5011

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

7	F	C	F	П	WPrint	Form
		<u> </u>	5	П	U LS	7
	1	A A D	1	0	2017	

											1 M	ΔR 1	6	2017	- 1			
Date of Notification (1) 3/13/17				Name of Building Owner/Operator (2) Colgate Palmolive							MAR 1 6 2017							
Agencies Notified	Type Notification	1			Address River Ro	ad					ASBES	LICE			JL &			
DEP X DOL	Initial Amended Amendmen	t#			ate, Zip C													
X DOH	Emergency justification	(including)		Name o	of Contact					I Te	enhone N	Jumha	r					
☐ DCA	Cancellatio	n			Russel													
Name of Facility Where Colgate Palmolive	Abatement is Taki	ng Place (3	3)	FAC	ILITY INF	ORMATI	ON	Туре	of Facility (	(4)								
Street Address									School (K-1 Subchapter	8 (Oth	er than K	-12)						
909 River Road City (5)									etc.)			rcial bi	buildings, homes,					
Piscataway								0.00.000	are Feet ,000	3	f Floors		Bldg.	Age				
County (6) Middlesex					Code (7) USE ONL	n	_		ent Use (Pri	or if be	ng demol	ished)						
Name of Monitoring Firm Accredited Environ	Hired by Building mental Techno	Owner (8) loav		ASCI	M No.			ne of Abatement Contractor (9) OSERVICES, LLC										
Street Address 28 Pennell Road							Street	et Address  West Lincoln Highway, Suite 500										
City, State, Zip Code				-			City, S	tate, Z	Zip Code	lignwa	ay, Suite	9 500						
Media, PA Project Manager for Mon	itoring Eirm			Telepho			disciplination of the second		19341									
Eric Houseknecht	moning Firm			610-89	91-0114		7	Telephone No. License No. 484-872-8884 01161										
Start Date (10) 3/23/17		Schedule 3/24/17		ompletion Date (11) Name (EMS)					ne of OSHA Monitor ISL									
Occupancy Status During				Street / 200 F														
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours	rs City, State, Zip C														
Scope of Work (Check A							Cinna	amin	son, NJ									
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enova					Full Containment with Negative Pressure										
2100 \$101 2200 11			emoli	ion			×	Mini-Enclosure Glovebag Procedure										
		ls	Locat						T Exemples	( ) ain	14011-111	able Fi	65.00	temen	t			
Location		N	lormal d Sole	ly			cription			20	Ÿ.	-	T	уре				
Asbestos-Containing TO BE ABA In Facili	ATED	Mai	ntena odial S	nce/		tos Conta		insula		(S	mount pecify or LF)	Rer	Re	Encapsulate	Enc			
(13)	-,		(12)			other m				01	OI LF)	Removal	Repair	psula	Enclosure			
EGO3	2	Yes	No	N/A X		71 a a a 411 a					4.05		-	te				
EGO2				- 200		loor tile	DECEMBER OF TAKEN	ing and the			4 SF	X	+	-				
EGOZ				X		loor tile	and r	nasti	С	24	4 SF	X	-		$\vdash$			
												+	1					
Name of Registered Was Freehold Cartage, In		Н	JDEP W auler ID	No.	Cubic Y of Wast			Name of F				fill	-					
City, State		Disposal Date City, St.					City, State	State										
Freehold, NJ Completed by	Title					TBD	// griature	,	Kersey,	PA /	1 -	Date						
Jack Bally	Sr. Project Manag					310	AN	ld	alh		1	3/13/1	7					
ASB-41 (R-06-08)		* Do not use this form for asbestos licensure exempted activ								activi	ties.							

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		NOTIF		ION C		v Jersey ESTOS ABATI : 8:60 and 5:16		D	EGE		$\mathbb{V}$	E		
Date of Notification (1)	13 /	17	1	Name of	<del></del>	Owner/Operator (2	2)	The second secon	MAR_1	361	101	73	IL &	7
Agencies Notified	Type Notificati	on		Street A	ddress				ASBESTOS	001	crr	001	,	
⊠ EPA				409 V	ath Stre	et		1	LICE			IUL	α	
☑ DOLWD	☐ Amended		(	City, Sta	te, Zip Co	de			2104	140114	<u>u</u>			_
□ DOH	Amendmer	Contract to the second		Jacks	son, NJ (	08527								
☐ DCA	☐ Emergency			2000 20000	f Contact			Te	elephone Num	nber				
(NJAC 5:23-8)	justification  Cancellation			Joe										
	Caricentation	, , , , , , , , , , , , , , , , , , ,			LITVINE	ORMATION								
	Abstament is Ta	king Place	(3)	FACI	LII I IIVI	ORMATION	Type of Fac	ility (4)						$\neg$
Name of Facility Where	Abatement is 1 a	iking Flace	(5)				School (	K-12)						
Residence							Subchap	oter 8 (C	other than K-1: te and comme	2) ercial h	uild	inas		
Street Address							homes,		ite and commit	STOIAT D	und	iligo,		
0: (5)				-			Square Fee	t	# of Floors	E	Bldg	. Age		
City (5)							2000 sf		2		65			
Lakewood			_	County	Code (7)	(STATE USE ONLY)	Current Use	e (Prior	if being demol	lished)				
County (6)				County	y code (r)(	OTATE OOL ONE T	Residen		•					
Ocean	5 14	0	0\ \ /	ASCM N	lo I	Name of Abateme		200						
Name of Monitoring Fire		ing Owner (	0) /	43CIVI IV	10.	Guardian Co								
Guardian Contrac	iting, Inc.					Street Address	nitiaoting, i							
Street Address						1889 Route 9	Unit 61							
1889 Rte. 9, Unit 6	51					City, State, Zip C	33							
City, State, Zip Code						Toms River,		v 0875	5					
Toms River, New			Tala	-b N	la	Telephone No.	New ocioc	, 00.0	License No.					-
Project Manager for Mo				ohone N		732-349-9932	,		00624					
Nicholas Fernico		-1-1-10		2-349-		Name of OSHA N						_		
Start Date (10) 03/23		cheduled C 03_ /			72000	E.M.S.L. Ana								
Occupancy Status Dur	ing Abatement (C	Check only o	ne)			Street Address								
☐ Facility Closed/Vac	ated During Entir	e Period of	Abater	ment		1056 Stelton								_
Abatement Perform Time of Abatement		ormal Facilit PM/	y Hour PM-		AM	City, State, Zip C Piscataway,		y 0885	54				9	
Scope of Work (Check	all that apply)					ПЕЛІС	stalamant wit	h Nogo	tive Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novati molitic			☐ Mini-End 図 Gloveba	closure ag Procedure	<b>:</b>	Friable Proce	dure				- 3
		Is	Locat	ion							Aba	teme	nt Ty	pe
Locati	on of	1.7	Norma	-		Description					R	Re	En	En
Asbestos-Containii			ed Sole			stos Containing M		)	Amount (Specify		Removal	Repair	cap	Enclosure
TO BE A			todial	Staff?	(1.6	surfacing, VA			SF or LF)		val	228.5	Encapsulate	шге
(1:			(12)			other miscellan	eous)						ate	
		Yes	No	N/A						-	_			
exterior						os siding			2500 sf					
basement			$\boxtimes$		asbesto	os pipe insulati	on		100 lf					브
										[				
Name of Registered V	Veeta Hauler			AJDEP /	Maste	Cubic Yards of	Name of	Registe	ered Landfill					
Guardian Contra				Hauler II	D No.	Waste 8	T.R.R.F.							
City, State				Disposal Date	City, Sta									
Toms River, New		03/28/17	Tully	town, l	Pennsylvan		-							
Completed By (Print o	r Type)			Signature				Date	1	)				
Nicholas Fernico	ola	Projec	t Mar	ager			1	1	1	3	11	3/	17	

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

Т	DEGELVEIN
194	MAR 16/2017 4
	ASBESTOS CONTROL &

Date of Notification (1)				Nar	me of Buildin	ng Owner/Operator	(2)	115				- 1		
03/1;	3 /	17				cking & Disposa		MAR	21	125	117			
Agencies Notified Ty	pe Notification	on			et Address		(ag		21	40	(.)			
⊠ EPA ⊠	Initial			100000000000000000000000000000000000000	115 Belma			ASBEST	28.0	ONT	RO	L &		
	Amended				, State, Zip				المال					
DOH □ DCA □	Amendmen			1000	/all, NJ 07									
(NJAC 5:23-8)	Emergency justification	(includ	ing	-	ne of Conta			T						
	Cancellation			11100	oug	ot .		Telephone Nur	nber					
				F.	ACILITY II	NFORMATION		-	1			5		
Name of Facility Where Abate	ement is Tak	ing Pla	ice (3)			The state of the s	Type of Facility (	(4)				j.		
Residence							School (K-12	)						
Street Address							Subchapter 8	(Other than K-1:	2)	romariono o				
							Other (i.e., pr homes, etc.)	ivate and comme	ercial b	ouildir	igs,			
City (5)							Square Feet	# of Floors	T F	Bldg. /	Δ σ ο			
Lakewood							1800	1	,	65	nye			
County (6)				Cor	unty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			_		
Ocean							Residence	and annual	onou)					
Name of Monitoring Firm Hire		Owne	r (8)	ASCN	ΛNo.	Name of Abateme								
Guardian Contracting,	Inc.						ntracting, Inc.							
Street Address						Street Address	3,							
1889 Rte. 9, Unit 61						1889 Route 9	. Unit 61							
City, State, Zip Code						City, State, Zip Co								
Toms River, New Jerse							New Jersey 087	55						
Project Manager for Monitoring	g Firm		Tel	ephone	No.	Telephone No.	, , , , ,	License No.	-					
Nicholas Fernicola			7	32-34	9-9932	732-349-9932								
Start Date (10)					ate (11)	Name of OSHA M	onitor	00021						
03 /23 /17				7_ /	17_	E.M.S.L. Anal	ytical							
Occupancy Status During Aba	tement (Che	ck only	one)			Street Address						1000		
Facility Closed/Vacated Du	ring Entire P	eriod o	f Abate	ment		1056 Stelton								
Abatement Performed Outs	ide of Norma	al Facili	ity Hou	rs - De	scribe	City, State, Zip Co	de							
Time of Abatement:		/IVI/	PM		_AM		ew Jersey 088	54						
Scope of Work (Check all that	apply)											-		
≥3 sf or ≥3 If     ≥160 sf or ≥260 If		_	enovat emolitic			☐ Full Conta ☐ Mini-Enclo ☐ Glovebag	ainment with Nega osure	tive Pressure						
						Non-Exem	npted (*) and Non-	Friable Procedur	e					
Location of			s Locat Norma						_	atem	ent T	vpe		
Asbestos-Containing Materi	al (ACM)	Use	ed Sole	ely by	Achoo	Description of			0.00	1		1		
TO BE ABATED	,	Ma	aintena stodial	nce/	(i.e.,	tos Containing Mate thermal systems in	erial (ACM) sulation	Amount (Specify	Removal	Repair	nca	nclo		
IN Facility (13)		Cus	(12)	Stall?	V. 100.44 15,1	surfacing, VAT, o	or	SF or LF)	val	=	Encapsulate	Enclosure		
		Yes	No	N/A		other miscellaneo	us)				late	Ф		
pasement					asbestos	s pipe insulation		100 If						
exterior					asbestos			1850 sf						
								1000 51						
		П	П											
lame of Registered Waste Hau	ler		N.	JDEP V	Vaste (	Cubic Yards of	Name of Desister				Ш	Ш		
Guardian Contracting, In-			H	auler ID	No.	Waste	Name of Register T.R.R.F.	ed Landfill						
ity, State				20223		7 Disposal Date	City, State							
Toms River, New Jersey					1	03/28/17	Tullytown, Pe	ennsylvania						
Completed By (Print or Type) Title						Signature	1	Date	0.1					
Nicholas Fernicola	Pi	roject	Mana	ger			11	.'3	/12	1,-	7			
3.41						1	18		111	11 1	6			

#### State of New Jersey

	ı	NOTIF	(Pur	TION suant	OF ASE	w Jersey BESTOS ABAT C 8:60 and 5:16	i)	ECE				
Date of Notification (1)  03 /	13 / 17	_				Owner/Operator (2 Construction	2)	MAR +	3 70	17	3 8	
Agencies Notified  EPA	Type Notification  ⊠ Initial			21 D	Address ugan La		PER CAPPER DE MANAGEMENT DE	ASBESTOS (			. &	
☑ DOH	Amended Amendment #			60 (50)	ate, Zip C		2					
□ DCA	☐ Emergency (inc	luding			and the same of th	NJ 08753		Telephone Numb	0.5			
(NJAC 5:23-8)	justification)			- 66	of Contact			Telephone Numb	er			
	☐ Cancellation			Lenr						_		
				FAC	ILITY IN	FORMATION						_
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Facility (					
Residence	y.•						School (K-12)	(Other than K-12)				
Street Address	57					Other (i.e., private and commercial b homes, etc.)					,	
City (5)							Square Feet	# of Floors	Bld	g. Age	е	
Mantoloking					W.		1800 sf	1	6	5		
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Ocean							Residence					
Name of Monitoring Firm	Hired by Building C	wner (8	3)	ASCM N	No.	Name of Abateme	ent Contractor (9)					
N/A						Guardian Co	ntracting, Inc.					
Street Address				10/112		Street Address						
						1889 Route 9	), Unit 61					
City, State, Zip Code						City, State, Zip Code Toms River, New Jersey 08755						
Project Manager for Mor	aitorina Firm		Tele	phone N	No.	Telephone No.	*	License No.		-		
Project Manager for Mor	morning i min			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		732-349-9932	2	00624				
Start Date (10)	Sched	uled Co	omple	tion Dat	e (11)	Name of OSHA N	/lonitor					
03 /24 /						E.M.S.L. Ana	llytical					
Occupancy Status Durin						Street Address						
☐ Facility Closed/Vacat	ted During Entire Per	Facility	Abater	ment c Dec	oribe	1056 Stelton						
Time of Abatement:	AMP	//	_PM-		AM	City, State, Zip C Piscataway,	New Jersey 08	854				
Scope of Work (Check a	all that apply)	ПRe	novati	on			ntainment with Neg	W 1795				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		☑ De				☐ Gloveba	ag Procedure	n-Friable Procedu				
		C Ultrate	Locat			W 1000			Ab	ateme	ent T	ype
Location			Norma d Sole		Ashe	Description estos Containing M		Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing TO BE AB			intena		(i.e	e., thermal systems	insulation,	(Specify	nov	air	aps	losu
IN Faci	ility	Cust	(12)	Staff?		surfacing, VAT other miscelland		SF or LF)	<u>a</u>		ulat	re
(13)		Yes	No	N/A		other miscentia	0000)				CD	
exterior			$\boxtimes$		asbest	os siding		1800 sf				
		-				*						
	53.00 E							9 7				
Name of Registered Wa	aste Hauler		100	NJDEP '		Cubic Yards of	Name of Regi	stered Landfill				XXXX E
Guardian Contrac			1	Hauler II		Waste 3	T.R.R.F.					
City, State				20223	)	Disposal Date	City, State					
Toms River, New	Jersey					03/28/17		, Pennsylvania				
Completed By (Print or		е				Signature			ate		1,_	_

Nicholas Fernicola

Project Manager

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

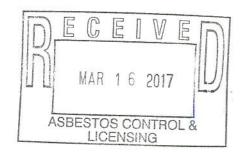
Print Form

			Name of Building Owner/Operator (2)						1119	ECK #	239	16		
Date of Notification (1) 03-08-17				of Buildin Jersey			M/	AR '	6	2017	7			
	Notification			Address Highland	d Parkv	vay				ASBES				OL
X DEP	Initial Amended		City, S	tate, Zip C	Code		77. 11.				LICE	NSI	4G	
	Amendment # Emergency (includi	ing	Toms	s River,	NJ 087	753								
□ DOH   □	justification) Cancellation	9	100000000000000000000000000000000000000	of Contac Merend	500				Tele	phone N	umber			
Name of Engility Where Abeter	antin Talin - Di	(0)	FAC	CILITY IN	FORMA	TION								_
Name of Facility Where Abaten	ient is Taking Place	9 (3)					Тур	e of Facility (4	La Arrich					
Street Address							H	School (K-1: Subchapter	2) 8 (Othe	r than K-	12)			
581 Highland Parkway							×	Other (i.e. p etc.)	rivate &	commer	cial bu	ilding	s, hom	nes,
City (5)								are Feet	# of		Bldg.	Age		
Toms River County (6)				0 1 1=1			508		1 N/A					
Ocean				Code (7)	Y)			ent Use (Prio nmercial	r if bein	g demolis	shed)			
Name of Monitoring Firm Hired Arcturus Environmental S		(8)	ASC	M No.				etement Con						
Street Address							Pinnacle Environmental Corp.  Street Address							
9 Prince William Road							D Broad Street							
City, State, Zip Code Morganville, NJ 07751							ip Code NJ 07072	2						
	Project Manager for Monitoring Firm						one N		License No.					
Frank Tamargo			1 53 (550)	617-927		201-9			00756					
Start Date (10) 03-20-17	Sched 04-30						of OSI -Air I	HA Monitor						
Occupancy Status During Abate	ment (Check Only (	One)				Street	2010/2017	21/20						
Facility Closed/Vacated Du	ring Entire Period o	f Abater	ment					kson Aven	iue					
Abatement Performed Outs Other – Describe:	ide of Normal Facil	ity Hour	s					ip Code nd City, NY	1110	1				
Scope of Work (Check All That A	Apply)							•	H MANGE					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	×	Renova				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		ls Locat	ion				INO	n-Exempted	(") and i	Non-Friat	DIE Pro	acre in	ement	<u> </u>
Location of	11.	Norma	lly		De	scription	of					Ту	ре	
Asbestos-Containing Materia TO BE ABATED	(ACIVI)	sed Sole laintena	nce/		tos Cont	aining Ma	aterial			ount ecify	יד		E	m
In Facility (13)	Cu	stodial ( (12)	Staff?	(1.0.	surfa	cing, VAT	, or	idoli,	SF o		Remova	Repair	caps	Enclosure
(10)	Yes	No	N/A		otner n	niscellane	eous)				val	air	Encapsulate	sure
Ground Floor: Lounge (	Closet				Joint	Compo	und		808	SF	x			
Ground Floor: Training	Closet				Joint	Compo	und		775	SF	x			
Ground Floor: Training (			VA	T/Masti	С		655	SF	x					
Ground Floor: A/C Ro			VA	T/Masti	С		388	SF	х					
Name of Registered Waste Haule	JDEP W	Children and Child	Cubic			Name of Re	egistere	d Landfill	1					
Freehold Cartage	auler ID J-113	INO.	of Was	te		Grows No	orth La	indfill						
City, State Freehold, NJ 07728					Dispos TBD	al Date	2	City, State Morrisville	- PΔ ·	19067				
Completed by Title						gnature		1710111011110		Da	te			
Richard Doran Project Man						1k	4	01	2-	10000000	-08-	17		

#### Title Of Project: 581 Highland Parkway, Toms River, NJ Additional Materials / Floors

Pg. 2

Location of	Is Location	Description of	Amount	Abatement Type
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Normally Used Solely by Maintenance or Custodial Staff? (12)	Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	(Specify Square Feet or Linear Feet)	(Specify: Remova Repair, Encapsulation or Enclosure)
Ground Floor: Heater Room	N/A	VAT/Mastic	96SF	Removal
Ground Floor: Lounge Closet	N/A	VAT/Mastic	745SF	Removal
Ground Floor: Offices	N/A	VAT/Mastic	328SF	Removal



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

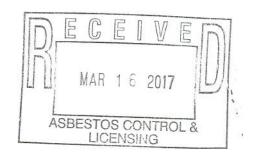
Print Form

Data of N. CC. C. CO.		Name of Building Owner/Operator (2)						CHEC	K #	239	15 9	017	11		
Date of Notification (1) 03-08-17		Name of Building Owner/Operator (2) Unilever								0 2	<del>U1/</del>	- 1			
Agencies Notified Type Notification  EPA Initial	on		1	Address Sylvan				T	ASBE			CON		L &	
DEP Amended Amendment			City, S	State, Zip ewood	Code					LI	JEIN	CIIV	2		
DOH justificatio		g	Name	of Conta	ct			1-	Talanha	no Ni	·mha	-			
DCA Cancellati	200		SA COLO CONTO	nish Jos CILITY IN		TION		!							
Name of Facility Where Abatement is Tal	king Place (	(3)	IA	CILITIN	IFURINA	ION	Type of Facil	acility (4)							
Street Address							School (								
700 Sylvan Aveue							Subchar X Other (i.	oter 8 (C e. privat	other thate	an K-1 nmer	12) cial bu	uilding	s. hor	mes	
City (5)							etc.) Square Feet		of Floo				300		
Englewood Cliffs							oquato i cet	"	011100	115		Bldg.	Age		
County (6) Bergen			County (STATE	Code (7)	) .Y)		Current Use (Prior if being demolished) Commercial								
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	)	ASC	M No.				ent Contractor (9) ironmental Corp.							
Street Address						Street A	eet Address 0 Broad Street								
City, State, Zip Code				-	City, St	ate, Zip Code	fe								
Project Manager for Monitoring Firm		Telepho	one No.		Carlst	adt, NJ 070	)72	Lice	nse N	lo					
Start Date (10)							201-939-6565 00756								
03-18-17	07-31-		mpletion	Date (11	)	100 50	f OSHA Monit Air Inc.	or							
Occupancy Status During Abatement (Che	100	2.5				Street A	774777777777								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	Abater	nent			10000 5000	Jackson Av	/enue						ý	
Other – Describe:	mai racility	Hours	5			100	ite, Zip Code sland City,	NY 11	101						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	[ <del>]</del> 5		4.5000			I I		V ent. 24							
≥ 160 sf or ≥260 lf		enova				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Is	Locati	on				Non-Exempt	ed (*) ar	nd Non-	-Friab	le Pro	7.2	re emen	t	
Location of	N	lormal d Sole	ly		Des	cription o	f						ype		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/	Asbes (i.e.	thermal surfac	aining Ma systems in sing, VAT, siscellane		(	Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure	
B	Yes	No	N/A								_		ate	e,	
Building D: 2nd Floor			X		Fire	proofing	1	11	,000S	F	х				
Building D: 1st Floor			Х		9	VAT			1258	F	х				
Building D: 1st Floor			Х		Pipe	Insulatio	n		16LF	=	х				
Building D: 3rd Floor Name of Registered Waste Hauler	1	X		The state of the s	proofing			,000SI		x					
ATC, Inc. / JBT (50071)	Ha	IDEP Wauler ID I 310		Cubic Y of Wast TBD		Name of Minery									
City, State Shirley, NY / Bronx, NY					Disposa TBD	al Date	City, Sta Wayne		OH 4	468	3				
Completed by Richard Doran  Title Project Man						nature	1 7	\	0114	Date		7			
			1 1	14	at CA	20/0	_	03-	00-1	1					

#### Title Of Project: 700 Sylvan Avenue, Englewood Cliff, NJ Additional Materials / Floors

Pg. 2

I t' f				g. 2
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal Repair, Encapsulation or Enclosure)
Building D: 2nd Floor	N/A	Pipe & Fittings	1,400LF	Removal
Building D: 3rd Floor	N/A	Pipe & Fittings	1,400LF	Removal
Building B: Basement	N/A	Fireproofing	144SF	Removal
Building B: 2nd Floor	N/A	Mastic	1,200SF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	6LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	11LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	10LF	Removal
Building A: Ground Floor	N/A	Debris	100SF	Removal
Building A: 1st Floor	N/A	Pipe Insulation	6LF	Removal



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

GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) March 8, 2017 RUTGERS, THE STATE UNIVERSITY OF NU 6 Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. **□**EPA ■ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUSNTROL & X DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Telephone Number ■Cancelled Name of Contact X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PHARMACY, BLDG# 3750 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address ☐ Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: 5 Bldg. Age: 60+ years Sq. Feet: N/A City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **PISCATAWAY MIDDLESEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/31/17 04/03/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other – Describe: SubChapter 8 Occuppied: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\boxtimes \ge 3$  sf or  $\ge 3$  If □ Renovation ■ Mini-Enclosure □ > 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Abatement Type Amount Material (ACM) in Facility (13) Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO YES NA 5th Floor Corridor X VAT 100 SF X 5th Floor Corridor X ACM CEILING TILE 100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 15 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 4/3/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) SENIOR PROJECT RAYMOND C. PEDALINO Raymond C. Pedalino March 8,2017 MANAGER

CK 4 4194

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

X	MAR	1	3	2017

			(Pt	ırsuai	it to NJA	28:60 and 12:12	0) 14	laž III.	_	011	1			
Date of Notification (1)	12-17		Name of Building Owner/Operator (2)  EARTHTECH CONADGRATOS AGOUTROL &											
Agencies Notified	Type Notification	20		Stre	et Address		Cr. PC	LICEN	SINC	3		_		
□ ₽A	Initial	,,,		000	et Addies.	ITS RT	50	_						
	Amended			City	, State, Zip	Code			1	-	-	=		
Ø DOL	Amendment  Emergency		DC.			REENIFIE	LO NI.	T 082	30					
<b>⊠</b> DOH	justification		119	Nan	ne of Conta			Telephone Num	ber		1			
□ DCA	☐ Cancellation			10,000	BR	UCE								
				F	ACILITY IN	FORMATION								
Name of Facility Where			ce (3)				Type of Facili							
K	SIDENC	E					School (K-	·12) er 8 (Other than K-12	21					
Street Address								private & commerci		dings				
City (5)		_					Square Feet	# of Floors	IB	ldg. A	vge	$\neg$		
	AN (1	TY					2000	2		50	34.00			
County (6)						de (7) (STATE Current Use (Prior if being demolished)								
CAPE V	MAY				E ONLY)			CAMT						
Name of Monitoring Firm	Hired by Building	Owner		ASCA	No.	Name of Abatem								
(8)	I A					NC								
Street Address						Street Address	0 000	16- 111-	1					
						369	UCE ALE	ALE						
City, State, Zip Code						City, State, Zip C		V= .41 T	10	~c.				
			7 = /				E SHAR	License No.	080	י נכ	_	=		
Project Manager for Monit	toring Firm		1 ele	ephone	NO.	Telephone No. 856-))	9-0477		V L					
Start Date (10)	I Scho	dulad (	omple	tion D	ate (11)	Name of OSHA N						_		
3-77-17		3-7		200		110.110 01 0012111	NIA							
Occupancy Status During			_	1/		Street Address								
Facility Closed/Vacated				ment										
Abatement Performed						City, State, Zip Co	ode							
Other - Describe:						l and a second						_		
Scope of Work (Check all	that apply)							tive Deserves						
≥3 sf or ≥3 lf		□R	enovati	on		Mini-Enc		egative Pressure						
∑≥160 sf or ≥260 lf			emolitio				g Procedure	las Falabla Dassadan						
		1 101	tie		1	X Non-Exe	mpted (*) and N	Ion-Friable Procedur	_	bate	ment	-		
			_ocatio						1 '	Typ				
Location of			Soleh			Description of		A	-					
Asbestos-Containing Ma TO BE ABATE			ntenan			os Containing Mate thermal systems in		Amount (Specify	R	771	Enc	En		
IN Facility	드		Staff?		,,,,,,,,	surfacing, VAT,	or	SF or LF)	Remova	Repair	aps	Enclosure		
(13)			(12)			other miscellaneou	us)		val	air	Encapsulate	ure		
		Yes	No	N/A							to			
SIDING	_			X	T	RANSITA		2000 SE	X					
OIPHVI	73													
Name of Registered Waste	Hauler		IN	IDEP V	Vaste T	Cubic Yards	Name of Reg	istered Landfill						
3.00		No. DY	of Waste	( 14	ICIMU.	A								
(CLEMICO	74_	Disposal Date	City, State	(, C, UY, U-	-									
City State WAPLE SHA	T		Daposai Date		DBINE			Harrie						
Completed By		-		Signature	^ _	Date	15		1					
. 1	Title	51	JP.			Dyuli	U W		-12		1	_		

CK 410114	18		NOT		ION OF ASBESTOS ABATEMENT Suant to N.J.A.C. 7:26-2.12)								1		
Date of Notification (1) 3/9/17					Name of Bui Paulsboro R			H				State of the state			
Agencies Notified  () EPA		Notification (X) Initial N	otification	0	Street Addre 800 Billingsp	ss ort Rd	рапу		MAR	1 6	2017		/		
() DEP (X) DOL (X) DOH () DCA		() Amended () Cancello		tion	City, State, Z Paulsboro, N	IJ 08066				EMS		_ &			
V =				540U ITV	Name of Cor Ravi Jarecha			Te	l. Number	ā:					
Name of Facility Where A	batement is	Taking Place (	3)	FACILITY	Type of Facil	ity (4)		<u> </u>					-		
Paulsboro Refining Comp					( ) School (K ( ) Subchapt	(-12) er 8 (other t	than K-12)								
Street Address 800 Billingsport Rd					(X) Other (i.e					tc.					
City (5)	County (6)		County	Code (7)											
Paulsboro	Gloucester			Ise Only)	Bldg. AgeN Current Use (	N/A (prior if bein				E		_			
Name of Monitoring Firm I	lired by Bldg	1. Owner (8)	ASCM N	<u>40.</u>	Name of Contractor (9) Mansfield Industrial, Inc.										
Street Address					Street Address 800 Billingspo				1011						
					City State, ZipCode Paulsboro, NJ 08066										
Project Manager for Monito	oring Firm	Telephone N	Number		Telephone Number 856-224-4392 License Number 00857										
Scheduled Start Date (10) 3/23/17		Scheduled ( 3/31/17		n Date (11)	Name of OSH Mansfield Ind										
Occupancy Status During ( ) Facility Closed/Vacated ( ) Abatement Performed (	During Enti	re Period of Al	patement		Street Address 800 Billingsport Rd										
(X) Other - Describe - Rer area	moval of ACI	M within restric	ted work a	area in outside	City, State, Zi Paulsboro NJ										
Source of Work (Check all	that apply)														
(X) Demolition (X) Reno () Large Proj. (160 SF or > () Full Containment with N	260 LF ACM	l) (X) SM Proj. sure - PDA	>25<160 () Mini-E	SF or >10 <260 nclosure (X)	LF ACM) () N Glovebag Prod	Minor Proj. ( cedure	<25 SF or <	10 LF A	(CM)						
Location of Asbestos- Containing Material (ACM) Facility (13)		ation Normally by Maint./Cus		Description of thermal system surfacing, VAT	ns insulation,	Amount (	Specify SF of	r LF)	Abate	ement 7	Гуре				
	YES	NO	NA	misc.)	, or other				Rem.	Rep.	Encap	Enclose	<u>e</u>		
Pipe in Rack along old powerhosue shop of Utilitie Unit	s	X		TSI		Approx 8	0 LF		X						
Name of Reg. Waste Haule	r	NJDEP Wast	e Hauler I	D#	Cubic Yards of	f Masts		Man	a of Doo	Lands					
Waste Management, Inc.	<u>∪</u> #	1 CY	i vvaste			ne of Reg ocester Co									
<u>City, State</u> South Harrison, NJ				<u>Disp. Date</u> Various			City, St South I	<u>tate</u> Harrison,	NJ						
Completed by (Print or Type		Signature <u>Date</u>							-						
ANDREW GREEN	d Industrial, Inc	- And Site O	perations S	<u>ea-</u> upervisor	3-9-1	17									
		1/			1					- 1					

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

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