Changing Completion Date

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

Check 9913

	Print	Form
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Date of Notification (1)		T		of Building Ow	[1] 2 전 1 : [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	30.75 Comm		-Im	EC	- [		W	E
MARCH 14 2017			Service Control of the Control	K FRANCH	II DEMOLI	TION	& YARD	SERVICI	ES				
Agencies Notified Type Notification  EPA Initia				IURFFVILL		ОСН	ROAD		MA	R 1	7	2017	7
DEP Amended Amendment				ate, Zip Code ELL, NJ 08				- Company					
DOH justification Cancellation	ncluding.			f Contact K FRANCH			*	Telepho	ne Num	PES	CO MSII	NTR JG	OL 8
Surrections.			State St. Dr. Santa	ILITY INFORI				1			_		
Name of Facility Where Abatement is Taking						Туре	of Facility (	(4) -			-		
SINGLE FAMILY DWELLING (VAC	ANT) [	DEMO	)				School (K-1						
Street Address					740	X		8 (Other the orivate & cor			dings,	home	es,
City (5) HAMMONTON, NJ 08037							are Feet	# of Floo	ors	1000	ldg. A		
County (6) ATLANTIC				Code (7) USE ONLY) _				or if being d					
Name of Monitoring Firm Hired by Building ON/A	wner (8)		ASCN	M No.			atement Cor	ntractor (9)					
Street Address					Street P.O.	Addre	35						
City, State, Zip Code					A		Zip Code YPT, NJ	08533					
Project Manager for Monitoring Firm		Т	Telepho	ne No.	Teleph	O. S. WALLEY	lo.	Lic	ense No				
				Date (11)	Name	of OS	HA Monitor						
MARCH 15, 2017 Occupancy Status During Abatement (Check	APRIL		017	2	Street			SIES, INC					
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	eriod of A	batem	nent		P.O.	вох							
Other – Describe:					NEV	V EG	YPT, NJ (	08533					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		enova emoliti				Min	ni-Enclosure ovebag Prod					a	
		Locati					ZXOTIPIO	( ) and Ho			Abate	ment	
Location of		lormall d Sole		200200000	Description						ı y	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/	(i.e. the	Containing Normal systems surfacing, VA her miscellan	s insula T, or		Amou (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
EXTERIOR WALLS	100	140	X	SID	ING SHIN	GLE	S	4000 5	SF	X			-
·				OID	AIVO OF IIIV	OLL		4000 (	,	Λ			
Name of Registered Waste Hauler		N	JDEP W	aste C	ubic Yards	-	Name of	Registered L	andfill				
EPC TECHNOLOGIES, INC		1000	auler ID 7000	No. of	f Waste	24		TIC COU		TILI	TIES	AU'	тн
City, State NEW EGYPT, NJ				1	isposal Date Y 4/14/17		City, State EGG h	ARBOR T	WP., N	11			
Completed by STEVE SCHENKER	Title PRES	SIDE	NT		Signature	الما	Sche	1	Date MA		H 14	, 201	7

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



Date of Notification (1)		Na	ame of	Building Ow	ner/Operator					grovery and the species					
MARCH 3, 20	)17	MARK FRANCHI DEMOLITION & YARD SER						RVI	GES	1///					
Agencies Notified Type Notification  EPA Initial		St	treet Ac	ldress	348 HUF	RF	FVILLE	GREN	1LO	CH ROA	D D	<u> </u>	5		V
DEP Amended Amendment		Ci	ity, Stat	e, Zip Code	SEWELI	L, I	NJ 080	80			M	AR	1	7 2	2017
DOH Emergency (injustification)  DCA Cancellation	ncluding	Na	ame of	Contact M	ARK FRAI	NC	CHI		Tel	ephone <sub>.</sub> Ni	umbe	r	3.0	NO.	TRO
			FACIL	ITY INFOR	MATION		1		,			TIC	HIM	CIM	2
Name of Facility Where Abatement is Taking SINGLE FAMILY DWELLING (VAC		MO						ol (K-12)		er than K-	12\	*******	MANAGEMENT AND ADDRESS OF THE PARTY AND ADDRES	Mary and James Co.	
Street Address					+					& commer		uildi	ngs, l	nome	s,
City (5) HAMMONTON, NJ 08037						S	Square Fe	eet	# oi	Floors 2			lg. Aq 75 +		
County (6) ATLÂNTIC				ode (7) SE ONLY)		C	Current Us	se (Prior	if bei	ng demoli	shed)				
Name of Monitoring Firm Hired by Building O	Owner (8)	1	ASCM N/A	No.	Name	of	Abateme			(9) CHNOL	OGII	ES,	INC		
Street Address					Street	t Ac	ddress		-					- 111-2	
City, State, Zip Code					City, S	Stat	te, Zip Co		BO	X 337					-
ony, oute, ap ooo									ΝE	GYPT, N		353	3		
Project Manager for Monitoring Firm		Te	elephon	e No.	Telepi 609-		ne No. 58-3365	5		License 00394	No.				
Start Date (10) MARCH 15, 2017	Scheduled MARCH			Date (11)			OSHA M		ES,	INC.					
Occupancy Status During Abatement (Chec	k Only One)						ddress OX 337	7							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility H	atemei ours	nt		City, S	Stat	te, Zip Co	ode							
Scope of Work (Check All That Apply)					NEV	/V E	EGYPT	, NJ 08	5533		-			To exist.	
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf	THE REAL PROPERTY.	novation				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				,					
	lele	cation										110	N. V	ment	
Location of	Nor	mally			Description	n of	f				-		Ту	oe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)		enanc lial Sta 12)	e/ aff?	(i.e. the	Containing I ermal system surfacing, VA ther miscella	Mal ns ir AT,	terial (AC nsulation, or		(\$	mount Specify or LF)	Nonloyer	Removal	Repair	Encapsulate	Enclosure
EVTERIOR WALLS	Yes	No	N/A	9119	DING SHIN	NG.	I ES		40	00 SF	Х				
EXTERIOR WALLS			^	SIL	JIING SHII	VO	LLO		+0	00 01	^				
		T NI OF	DED W	anto 1	Subio Varda		N-	mo of D	n aint	arad Land	SII .				
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC	NJDEP Waste   Cubic Ya Hauler ID No.   of Waste 17000			Cubic Yards of Waste Name of Registered Landfill ATLANTIC COUNTY UTILITIES AU				ТН							
City, State NEW EGYPT, NJ 08533	************			1	Disposal Date	e	10.55%	ty, State GG HA	RBO	OR TWP	., N.	J			
Completed by STEVE SCHENKER	Title PRESI	DEN	Т		Signature Date MARCH 3, 2017					7					

CK # 25 434

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

Date of Notification (1)				Name	of Buildin	g Owner/Operati	or (2)	- 1171		4 000		A 0223
	/2/17			ivallie	or Dullulli		oken Park Re	alty, LLC	IAR	1 /	20	1/
Agencies Notified	Type Notification	1		Stree	t Address							
☐ EPA	☐ Initial							. Lene	STO	20	TMT	BO
DEP  DOL	Amended	4	İ	City, S	State, Zip C	ode		7,000	LIC	ENS	ING	
	Amendment a Emergency (i	r ncludin	-	3_11		I	Hoboken, NJ (	08030				
<b>⊠</b> DOH	justification)		1	Name	of Contac	t		Telephone Num	ber			
□ DCA	☐ Cancellation				]	Pete Motola						- 12
	I			FA	CILITY INF	ORMATION						
Name of Facility Where	Abatement is Takir	ng Place	(3)	-	-0		Type of Facility	v (4)			-	
(5)		identi					School (K-1					
Street Address							☐ Subchapter	8 (Other than K-12	2)			
•							Other (i.e., phomes, etc	orivate & commerci	al build	dings		
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
	Hoboker	ı, NJ	0803	0			3500	3			+/-	
County (6)				Cour	nty Code (7	7) (STATE	Current Use (P	rior if being demoli	shed)			
H	udson			USE	ONLY)							
Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.	Name of Abate	ement Contractor (9	9)				
(8)	MECS					Ste	evens Environ	mental Service	es, Ir	IC.		- Av
Street Address						Street Address	3					_
Marie Company	PO Box 34	1					PO I	30x 322				
City, State, Zip Code						City, State, Zip	Code					
C	rosswick, NJ	08515	,				Allentow	n, NJ 08501				_
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Bill We	isgarber		(60	9) 29	8-4070	(609) 2	259-9688		0493	3		
Start Date (10)	Sche	duled C	omple	tion Da	ite (11)	Name of OSHA						
3/3/17			3/6/1	7			M	IECS				_
Occupancy Status Durin						Street Address						
Facility Closed/Vacat								Box 341				
Abatement Performed	d Outside of Norma	al Facilit	y Hou	rs		City, State, Zip						
Other - Describe:							Crosswick	cs, NJ 08515				_
Scope of Work (Check a	all that apply)						antainmant with Na	antina Desamo				
≥3 sf or ≥3 lf		<b>⋉</b> Re	enovati	Full Containment with Negative Pressure								
≥160 sf or ≥260 lf			emolitio			Glove	bag Procedure					
		1 10 1	o notic			□ Non-E	xempted (*) and Ne	on-Friable Procedu				
			_ocatio omally	92.7					1	bate Typ		
Location	500	Used	Solel	y by		Description			-	71		
Asbestos-Containing N TO BE ABAT			ntenan ustodia			os Containing M thermal systems		Amount (Specify	-		ᄪ	т
IN Facility			Staff?		(1.0.,	surfacing, VA	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellane	eous)		ova	air	sula	Sun
		Yes	No	N/A							ਰਿ	æ
Baseme	ent	×			The	ermal Pipe In	nsulation	155 lf	X		$\neg$	
									+		$\dashv$	
		-		-	-				+		$\dashv$	
			R				-		_			
Name of Registered Was	ete Hauler		L	JDEP \	Naste I	Cubic Yards	Name of Peg	istered Landfill				
9090 F		÷	l H	lauler ID	No.	of Waste	Ivalle of Reg		. ~			
Stevens Environn	nental Service	s, Inc	<u>-   -</u>		292	2 CU		Fairless Lan	dfill			
City <del>,</del> State						Disposal Date	City, State	1				
	Allentown, 1											
Completed By	Title			3.5		Signature	1 7/	Date	3/2/17			
Mahlon E. Ste	evens	Pr	oject	Man	ager	119	\ //	100000000000000000000000000000000000000	5/2	11/		

Defe at State			NOTI		of New Jersey Asbestos arat NJAC 8:50 and 8:	EMENT	) E C MAR	E-1	201	- 1	25 4
Date of Notification (1)	Photo and the second					Section 1			1		A
Agencies Notified	3/2/17				uiding Owner/Opera	lor (2)	. ACDECT	10.00	ALTE	200	1 7.1
	Type Notifi			Street Addr	533	oken Pa	k Realty. L	EC-	431	1	
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1_	Amenda	meal #		City, State, 2	Lip Code			=		7 11	1 11 (7)
DOH DOA	Emorpei justifica	ncy linely	ding			Johnken	NJ 08030				
I L ILLA	Cancelle	lion,		Name of Co.	ritaci	SDOKEII.					
					Pete Motola		Teleph	OND NUM	nbar	-	
Name of Facility Where	Abetement in	Taking Di	131	FACILITY	INFORMATION						
Will Street out of the last of		Resider	tial			Type of F	ecility (4)	-		-	
Strest Address			LISTE			☐ School	16491				
City (5)	angers.					ISUNCA	motes D course	han K-1	2)		
City (5)		-	and the same of			home	firer bringsom T Ci	ommerc	al bul	dings	
County (8)	Habo	ken. N.	0803	0		Square Fe	sal # of Fit			ldg. A	
0.00 (5.00		1	TO SERVICE	County Code	(7) (STATE	3500	0	3	- 1	85	
Name of Maniforing Firm (8)	idson		_	DOE DINLY)	(1) 19:A/E	CUITER! U	a (Prior If being	demolis	had		
(8)	Ared by Wulldi	us Omusi	-	SCM No.	Name of Abatam						
Street Address	ALCO.		_		Stev	ons Residen	(a) (a)			-	
	PO Box	2.41			Street Address	THO INTI	conmental S	Crvice	s, in	C.	
City, State, Zip Code	TO DUA	141				р	O Box 322			THE REAL PROPERTY.	
Cro	sswick, N.	08514	5		City. State, Zip Co	de					
Inject Manager for Monito	nno Firm		The second second	one No.		Allent	own, NJ 085	501			
Bill Weis	garber			298-4070	Telephone No.		License		_		
ion Date (10)	Sch	edulad C	ompletio	n Data (11)	(609) 259	-9688	_		493		ſ
3/3/17		114		. 1 marti (11)	Name of OSHA Mo	onitor				Contract of the Contract of th	=
Coupancy Status During A	batameni (Ch		CONTRACTOR OF THE PARTY OF THE		Street Address		MECS				1
Facility Closed/Vacated I Abatemant Performed Out	During Enike P	क्रांडचं ज	Abateme	nt (	Ottam: Montage	DC.	De Car				=
Other - Describe:	nistrice of Motte	iel Facility	Hours	1	City, State, Zip Cod		Box 341				
ope of Work (Check all the	al Anna la						cks, NJ 085				
	an apply!										
≥3 sf or ≥3 K ≥190 sf or ≥260 H		Ren	ovation office		Glovabac &	inia	Vagative Pressu				
		laLo	cation		I Non-Exemp	ited (") and I	Non-Friedia Pro	cedura	_0		- 1
		B1.	MINA	1					Aba	lemen	
Location of		Used 8	plak be	1	D			-		ype	
FORE ARATED	ial (ACM)	Used 8 Meints	nance	Asbesto	Description of a Containing Materia	I (ACEA		1		A Pa	The same of the sa
TO BE ARATED  IN Facility	ial (ACM)	Used 6 Meinte Cust Sta	nance nance odiai in?	(1.151., 7)	& Containing Material	I (ACM) stion,	Amount (Spacify	-	T	T-	
FORE ARATED	ial (ACM)	Used 8 Meints Cust	nance nance odiai in?	(1.61., 17	a Containing Material formal systems insul surfection VAT on	I (ACM) stion,	Amount (Spacify SF or LF)	nen	T	T-	Enc
D BE ABATED IN Facility (13)	ial (ACM)	Non Used E Meinte Cust Sta (1.	nance nance odiai in?	(1.61., 17	& Containing Material	I (ACM) stion,	(Spacify	ENOUISE	T	T-	Encloser
TO BE ARATED  IN Facility	ial (ACM)	Non Used 8 Meinte Cust Sta (1.	nance odiai in? 2)	(1.6., 17	a Containing Materia formal systems insul surfacing, VAT, or liker miscollaneous)	elion,	(Spacify	Rhouses	T		Enclosure
IO BE ABATED IN Facility (13)	ial (ACM)	Non Used E Meinte Cust Sta (1.	nance odiai in? 2)	(1.6., 17	a Containing Material formal systems insul surfection VAT on	elion,	(Spacify	Brounzu	Repair	T-	Enciosare
IO BE ABATED IN Facility (13)	ial (ACM)	Non Used 8 Meinte Cust Sta (1.	nance odiai in? 2)	(1.6., 17	a Containing Materia formal systems insul surfacing, VAT, or liker miscollaneous)	elion,	(Specify SF or LF)	1	Repair	T-	Enclosure
IO BE ABATED IN Facility (13)  Basement		Non Used 8 Meinte Cust Sta (1.	nance odiai in? 2)	(1.6., 17	a Containing Materia formal systems insul surfacing, VAT, or liker miscollaneous)	elion,	(Specify SF or LF)	1	Repair	T-	Enclosure
Basement  Basement  Basement	ula?	Non Used & Meinte Cust Sta (1) Yes	name by by name odlar od	Then	a Containing Materia normal systems insul- surfacing, VAT, or other miscellaneous) mail Pipe Insula	tion,	(Specify SF or LF)	1	Repair	T-	Enclosure
Basement  Basement  Basement  Basement  Basement  Basement  Basement	ula?	Non Used & Meinte Cust Sta (1) Yes	name by by name odlar od	Then	a Containing Materia termal systems Insula surfacing, VAT, or other miscellaneous)	tion,	(Specify SF or LF)	1	Repair	T-	Enclosure
Basement	ular Il Services,	Non Used & Meinte Cus Sta (1) Yes	nance odlai iff? 2)	Then	a Containing Materia normal systems Insula surfacing, VAT, or other miscellaneous) mail Pipe Insula unto Varda Waste 2 CU spossi Data Cit	tion,	(Specify SF or LF)	_ ×	Repair	T-	Enclosure
Basement	uer I Scrvices,	Non Used & Meinte Cus Sta (1) Yes	name by by name odlar od	Then	a Containing Materia normal systems Insula surfacing, VAT, or other miscellaneous) mail Pipe Insula ublo Varda Wasta 2 CU spossi Data 3/7/17	tion	(Specify SF or LF)  155 If  Lored Landing Fairless La	ndfill	Repair	T-	Enclosure
Basement	ular Il Services,	Non Used 8 Meinte Cust Sta (1) Yes	name by by name odlar od	Then ON OF SERVICE OF	a Containing Materia normal systems Insula surfacing, VAT, or other miscellaneous) mail Pipe Insula unto Varda Waste 2 CU spossi Data Cit	tion	(Specify 3F or LF)	ndfill	Repair	T-	Enclosure

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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		(Pt			2 8:60 and 5:16	88	ion voru	le	2		
Date of Notification (1)					Owner/Operator (2		Free P	E	7	7 6	
3 /10 /	17		Trus	stees of P	rinceton Unive	rsity	MEG	<u>E</u>	1 /4	/ [	
Agencies Notified Type Notificati	on	-	Street	Address			l bed				1
			E.A	MacMilla	n Building		MAR-	1 7	20	17	
□ DOLWD     □ Amended			City, S	tate, Zip Co	ode		In the Internal		20		-
□ DHSS Amendmer   □ DCA □ Emergency   □		- a	Prin	ceton, N	J 08544						
□ DCA		9	Name	of Contact			Telephone Number	DS C	יאיי איי	RO	_ &
☐ Cancellatio	n		Rob	ert Orteg	0				177	1	
			FAC	ILITY IN	ORMATION						
Name of Facility Where Abatement is Ta	king Plac	e (3)				Type of Facility (4	1)				
Princeton University						School (K-12)	(Other than K-12)				
Street Address						Other (i.e., pri	vate and commercia	al buil	dings	,	- 1
272 Alexander St						homes, etc.)		Tout	^ -		
City (5)						Square Feet	# of Floors	1	g. Ag	Э	
Princeton						7,500	2		0+		_
County (6)			Cour	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolishe	ea)			
MERCER											_
Name of Monitoring Firm Hired by Buildi	ng Owner	(8)	ASCM	5-130000		ent Contractor (9)	INC				
Pennoni Assoicates, Inc.			0010	)2		VIRONMENTAL	., INC.				-
Street Address					Street Address	DOTREET					
515 Grove St., Suite 1B					1123 BEAVE						
City, State, Zip Code					City, State, Zip C BRISTOL, PA						
Haddon Heights, NJ 08035		T		Ma	Telephone No.	4 19007	License No.				_
Project Manager for Monitoring Firm	anager for Monitoring 1 min										
Brian Clark	Totalk Colla Mariba										-
Start Date (10) Signature   Si	IVIRONMENTAL	INC.									
			20_ /		Street Address		,				-
Occupancy Status During Abatement (C			omont		1123 BEAVE	RSTREET					
<ul> <li>         □ Facility Closed/Vacated During Entire         □ Abatement Performed Outside of No</li> </ul>	rmal Faci	itv Ho	urs - Des	scribe	City, State, Zip C						-
Time of Abatement: 7:00AM-5:30P	M/	PM	AM		BRISTOL, PA						
Scope of Work (Check all that apply)								SOUTH RE		entilia.	
			0000000			ntainment with Neg	ative Pressure				
□ ≥3 sf or ≥3 lf		Renova Demoli			☐ Mini-En	ciosure ag Procedure					
≥160 sf or ≥260 lf		Jernon	tion		☐ Non-Exe	empted (*) and No	n-Friable Procedure	_			
		Is Loc						Ab	ateme	ent Ty	ре
Location of		Norm	nally olely by		Description stos Containing M		Amount	Re	Re	En	En
Asbestos-Containing Material (ACM TO BE ABATED			nance/	(i.e	e., thermal systems	s insulation,	(Specify	Remova	Repair	caps	Enclosure
IN Facility	Cı	ustodia (1)	al Staff?	, ,	surfacing, VAT other miscelland	Γ, or	SF or LF)	a		Encapsulate	re
(13)	Ye		· T	1	other miscellani	eous)				æ	
			- 1000 M	Sheetro	- ale		1400 SF		П	П	П
Throughout			-					-			
Attic		$\boxtimes$		Transit	e		400 SF				님
Attic				Vermic	ulite		400 SF		Ш	Ц	
		T									
Name of Registered Waste Hauler			NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
BRISTOL ENVIRONMENTAL, IN	IC.		Hauler		Waste	G.R.O.W.S	. NORTH LAND	FILL			
City, State			1870	0	Disposal Date	City, State					
BRISTOL, PA 19007							ILLE, PA 19067				
Completed By (Print or Type)	Title				Signature		Dat				
Brian Scafiro	Estin	nator			Bana	in Scoli	10/ONL	3/	10/	17	
Brian Scalifo	Louis				12010	Jol Oct W	0010	1	_/	-	

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

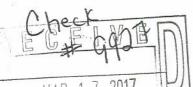
		(Pui	rsua	nt to	<u>N.J</u>	I.A.C	8:60 and 1	2:120	)) (	970	NY	Upor .	th	le	2
Date of Notification	(1) 3/10/17						wner / Operator f Education	(2)	Im	EGI	E I	$\mathbb{V}$		M	
Agencies Notified  EPA  DEP  DOL  DOH  DOA	Type Notifica		St 14 Ci Ti	reet A 490 F ity, St rento ame o	Prosp ate & on, No	ect St Zip Co J 0863	dr <b>eet</b> de 88		Commence of the Commence of th	ASPESTO			Nug	mber	
					ILITY	INFO	RMATION	9.11							
Name of Facility Will Grace Dunn Street Address 401 Dayton Street City (5)		ent is Taking Pla			ode (7	7)	Square Feet 60000	-12) <b>N</b> (er 8 (O	ther than e & comm f of Floors	K-12) nercial build s 3	ings, h	Age	s, etc	;.)	
Trenton		Mercer					Current Use (F	Prior if	peing den	nolished)					
Name of Monitoring Environmental C Street Address 120 North Warre City, State & Zip Co	en Street	Building Owner	er (8)		ASC	M No.	Name of Abate Bristol Envi Street Addres 1123 Beave City, State & Z Bristol, PA	ronme s r Stree Zip Cod	ental, Inc et						
Trenton, NJ 080 Project Manager fo		Firm	Telepl	hone	Numb	er	Telephone Nu			License	Numb	per			
Dominck Dercol			609-3	92-4	200		(215)788-60			00509					_
Scheduled Start Da 3/10/1		Scheduled Com	npletio 3/11/		e (11)		Name of OSH Bristol Envi			i si					
Occupancy Status Facility Clo Abatement Describe:	During Abate sed/Vacated Performed C 3:30PM - cupied During neck all that a	During Entire Po Outside of Norma 12:30AM g Abatement	eriod c	of Aba irs – 7	ram to	o 3pm	Street Addres 1123 Beave City, State & 2 Bristol, PA	r Stree	Full Conta Mini-Enclo	ainment with osure g Procedure npted and N	es				re
1	ocation of		ls l	ocati	on		Description	n of		Amount	t		teme		
Asbe:	stos-Containi aterial (ACM) BE ABATED in Facility (13)		So Main	nally lolely betternant odial (12)	ру	i	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell	CM) ystems cing, V/	AT	(Specify SF or LF		Removal	Repair	Encapsulate	Enclsoure
B-250 & B-246				$\boxtimes$			Nail Cre	te		240 SF		-			H
Name of Registere				Ha		Waste D No.	Cubic Yards of Waste 5 Cu yd		(50)	tered Landi		LL			
City, State		AL INO.		110	,, 00		Disposal Date 3/13/17	City,	State RRISVILI	Value and the second					
BRISTOL, PA 1 Completed By (Pr Gino Pizzigo	int or Type)			Pi	le oject anag		Signature	Pin	ngon	:/gu	- 1	Date 3/10	/17		

INCH			NOT		ATIO	N OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1		ME	CE		$\mathbb{V}$	
Date of Notification (1)					Nam	e of Buildir	g Owner/Operator	(2)					
	13 /	17	10 		Le	vin Mana	gement Corp			AR 1	7	2017	7
Agencies Notified	Type Notifi	ication			Stree	et Address			) and less			-0//	
⊠ EPA	☐ Initial				97	5 US Hwy	22 West		ļ <u>L</u>		-	-	Platered
⊠ DOLWD	☐ Amende				_	State, Zip	And the state of t		ASBES				OL
☑ DHSS	Amend					-	field, NJ 07060		3	LICE	ASIM	G	-
DCA (NJAC 5:23-8)	☐ Emerge justifica		cluding	Į		e of Contac							
I WAS A CONTRACT OF THE CONTRA	☐ Cancell					eve Pratt			Telephone Nur	nber			
	Z Gariocii	20011		_									
Name of Facility VAII Al					FA	CILITY IN	IFORMATION						
Name of Facility Where Al	batement is	Taking	Place	(3)				Type of Facility					
Former Shoprite								School (K-1	2)				
Street Address								Subchapter	8 (Other than K-1 private and comm	2)	مالطالت		
2657 Morris Ave.								homes, etc.	)	erciai D	ullain	gs,	
City (5)								Square Feet	# of Floors	B	ldg. A	ae	
Union, NJ 07083								40,000	1		45+	-	
County (6)					Cou	nty Code (7	)(STATE USE ONLY)		rior if being demo	ished)			
Union								Vacant Ret		isiicu)			
Name of Monitoring Firm I	Hired by Bu	ildina C	)wner	8)	ASCM	No.	Name of Abatem						
AET			10 F. J. F. B. W. A 10	~	NA		The second secon		5/7				
Street Address					IVA			ironmental Sy	stems				
28 N. Pennell Rd.							Street Address	24					
City, State, Zip Code							550 East Uni	T					
							City, State, Zip Co						
Media, Pa 19063							West Cheste	r, PA 19382					
Project Manager for Monito	oring Firm			11 5000	ephone		Telephone No.		License No.				
Eric Sutherland				6	10-558	3-8902	610-701-9000	)	00508				
Start Date (10)		Sched	uled C	omple	tion Da	ate (11)	Name of OSHA M	1onitor					
//	17	_	-	_1	7	17_	AET						
Occupancy Status During A	Abatement	(Check	only o	ne)			Street Address						
□ Facility Closed/Vacated	During Ent	ire Per	iod of	Abate	ment		28 N. Pennel	Road					
☐ Abatement Performed C	Outside of N	lormal	Facility	Hou	s - Des	scribe	City, State, Zip Co						
			DAA		AΜ		Media, PA 19						
Time of Abatement: 7A	MP	M/ <u>3:30</u>	- IVI-										
		M/ <u>3:30</u>	ZI- IVI	-	-	11	modia, 174 10						
Scope of Work (Check all to			⊠ Re	novati				ainment with Neglosure	gative Pressure				
Scope of Work (Check all to			⊠ Re				<ul><li> Full Cont</li><li> Mini-Enc</li><li> Glovebag</li></ul>	ainment with Neg losure g Procedure		ıre	100		
Scope of Work (Check all ti ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	hat apply)		⊠ Re □ Der	novati nolitio	ion		<ul><li> Full Cont</li><li> Mini-Enc</li><li> Glovebag</li></ul>	ainment with Neg losure g Procedure	gative Pressure n-Friable Procedu		patem	ent T	vne
Scope of Work (Check all the second	hat apply)		⊠ Rei □ Dei	novati molitio Locat orma	ion lly		☐ Full Cont☐ ☐ Mini-Enc☐ ☐ Glovebag☐ Non-Exe	ainment with Neg losure g Procedure mpted (*) and No		Ab	pateme		-
Scope of Work (Check all the second	hat apply)  f aterial (ACN		⊠ Rei □ Dei Is N Usei	novati molitio Locat orma	ion lly ely by	Asbe	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exe	ainment with Neglosure g Procedure mpted (*) and No	n-Friable Procedu Amount	Ab	_		-
Scope of Work (Check all the second	hat apply)  f aterial (ACN		⊠ Rei □ Dei Is N Usei Mai	Locat orma d Sole ntena	ion lly ely by	Asbe:	Full Cont Mini-Enc Glovebag Non-Exer  Description of stos Containing Marithments, thermal systems is	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation,	n-Friable Procedu Amount (Specify	Ab	eateme Repair		-
Scope of Work (Check all the second	hat apply)  f aterial (ACN		⊠ Rel □ Del Is N Usee Mai Cust	Locat orma d Sole ntena odial (12)	ion lly ely by nce/ Staff?	Asbe:	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exe	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable Procedu Amount		_		ype Enclosure
Scope of Work (Check all to ≥3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Mind Head (13)  IN Facility (13)	hat apply)  f aterial (ACN		⊠ Rei □ Dei Is N Usei Mai	Locat orma d Sole ntena	ion lly ely by nce/ Staff?	Asbe: (i.e	Full Cont Mini-Enc Glovebag Non-Exer  Description o stos Containing Mar , thermal systems i surfacing, VAT,	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable Procedu Amount (Specify	Ab	_	ent Encapsulate	-
Scope of Work (Check all the second of work (Check all the second of second	hat apply)  f aterial (ACN		⊠ Rel □ Del Is N Usee Mai Cust	Locat orma d Sole ntena odial (12)	ion lly ely by nce/ Staff?	Asbe: (i.e	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exel  Description o stos Containing Mar , thermal systems i surfacing, VAT, other miscellaned	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable Procedu Amount (Specify	A Removal	_	Encapsulate	-
Scope of Work (Check all the second	hat apply)  f aterial (ACN		⊠ Rel □ Del Is N Usee Mai Cust	Locat orma d Sole ntena odial (12)	ion lly ely by nce/ Staff?	(i.e	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer  Description of stos Containing Mar, thermal systems if surfacing, VAT, other miscellaned	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	Repair		Enclosure
Scope of Work (Check all the second	hat apply)  f aterial (ACN		Is Note of the control of the contro	Locate orma 1 Sole of the national (12)	ion Illy elly by nce/ Staff?	(i.e	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer  Description of stos Containing Mar, thermal systems if surfacing, VAT, other miscellaned	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or	n-Friable Procedu Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all the second	hat apply)  f aterial (ACN		Is Per Is Note In Its Is	novati molitici Locat 1 Sole ntena odial ( (12) No	ion illy lely by nce/ Staff?	(i.e	☐ Full Cont ☐ Mini-Enc ☐ Glovebag ☐ Non-Exer  Description of stos Containing Mar, thermal systems if surfacing, VAT, other miscellaned	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all to ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Main Floor  Main Floor	f aterial (ACN		Is Note of the control of the contro	novati nolitic Locat orma if Sole ntena odial (12) No	ion lly ely by nce/ Staff?	VAT / M	Full Cont Mini-Enc Glovebag Non-Exer  Description o stos Containing Mar , thermal systems i surfacing, VAT, other miscellaned	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 27,300 LF	A Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all ti  >3 sf or >3 lf  >160 sf or >260 lf  Location of Asbestos-Containing Manus Floor  Main Floor  Name of Registered Waste	f aterial (ACN		Is Note of the control of the contro	novatinolitic	ion Illy Illy Illy Illy Illy Illy Illy Ill	VAT / M Transite		ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)  Name of Regis	Amount (Specify SF or LF)  27,300 LF  300 LF	Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all to see the second	f aterial (ACN		Is Note of the control of the contro	novatinolitic	ion lly ely by nce/ Staff?	VAT / M Transite  Vaste No.	□ Full Cont □ Mini-Enc □ Glovebag □ Non-Exel  Description o stos Containing Mar , thermal systems i surfacing, VAT, other miscellaned  astic  Pipe  Cubic Yards of Waste	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)  Name of Regis	Amount (Specify SF or LF) 27,300 LF	Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all to the state of th	f aterial (ACN		Is Note of the control of the contro	novatinolitic	ion Illy Illy Illy Illy Ince/ Staff?  N/A	VAT / M Transite  Vaste No.		ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)  Name of Regis	Amount (Specify SF or LF)  27,300 LF  300 LF	Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all to see the second	f aterial (ACN		Is Note of the control of the contro	novatinolitic	ion Illy Illy Illy Illy Ince/ Staff?  N/A	VAT / M Transite  Vaste No.		ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)  Name of Regis Western Be	Amount (Specify SF or LF)  27,300 LF  300 LF	Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all to Scope of Work of Scope o	f aterial (ACN		Is Note of the control of the contro	novatinolitic	ion Illy Illy Illy Illy Ince/ Staff?  N/A	VAT / M Transite  Vaste No.	Full Cont  Mini-Enc  Glovebag  Non-Exer  Description of stos Containing Mar, thermal systems if surfacing, VAT, other miscellaned astic  Pipe  Cubic Yards of Waste 120  Disposal Date TBD	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)  Name of Regis Western Be	Amount (Specify SF or LF)  27,300 LF  300 LF	Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all to the state of the	f aterial (ACN	/I)	Is Note of the control of the contro	novatimolitic	ion Illy Illy Illy Illy Ince/ Staff?  N/A	VAT / M Transite  Vaste No.	Full Cont  Mini-Enc  Glovebag  Non-Exel  Description o  stos Containing Mar  thermal systems i surfacing, VAT, other miscellaned  astic  Pipe  Cubic Yards of Waste 120  Disposal Date	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)  Name of Regis Western Be	Amount (Specify SF or LF)  27,300 LF  300 LF	Removal	Repair	Encapsulate	Enclosure

Changing Comple	etion	Da	te					10 to		_
Due to Snow		TIFICATION	ate of New Jers N OF ASBESTO to NJAC 8:60 a	SABATE	11111	ECEI	]··/∭		-	
Date of Notification (1) 3-14-1	7	Name o	f Building Owner	/Operator	(2) Kevin	SHERWZ	2	17	- Land	
Agencies Notified Type Notification		Street A	address		1	0				and and and
□ EPA Initial Amended	1	City, Sta	ate, Zip Code		1	ASBESTOS E	1121	ROL	&	1
DOL Amendment #		Name	f Contact	ffiel	d IV.	Telephone Nur	10			
DOH justification)  □ DCA □ Cancellation		K	(1	ZWOO	xd	- Telephone Wui	ilbei			
Name of Facility Where Abatement is Taking					Type of Facility	(4)				
Dingle tamil	, D	welli-	<u>'</u> 5		☐ School (K-	12) r 8 (Other than K-12	2)			
Street Address				15 1	Other (i.e. etc.)	private & commercia	al build			ès,
City (5) CRan ford	N	T.	07016		Square Feet	# of Floors	В	ldg. A	ge + -	
County (6)			Code (7) USE ONLY)		Current Use (Pri	famil	1	)พ	c/1,	75
Name of Monitoring Firm Hired by Building On	wner (8)	ASC	/ No.	Name	of Abatement Co	ntractor (9)				+
Street Address	gies		MA	Street	Address	chaoleg	ie	<b>,</b>	In	16
P.O. Box 33	37			City S	tate, Zip Code	337				
City, State, Zip Code	NJ	08	533	No	Equ		0	85	13	3
Project Manager for Monitirial grain		Telepho	ne No. 7 <i>58-33</i> 65		none No. 37. 758-334	License N	53	39	4	
Start Date (10)	Scheduled (	Completion	Date (11)	Name	of OSHA Monitor	1			-	
March 15 2017 Occupancy Status During Abatement (Check		h 31,	2017		Address	hnologies		nc		-
Facility Closed/Vacated During Entire Pe		tement		1 6	O. Box	337				
☐ Abatemer Performed Outside of Norma☐ Other – Describe:	I Facility Ho	ours			tate, Zip Code	AIT	283	53	3	
Scope of Work (Check All That Apply)				1	-24bi	700 0	70-	ر ر		
23 sf or ≥3 lf ≥160 sf or ≥260 lf	277	ovation olition			<ul> <li>Mini-Endosur</li> <li>Glovebag Pro</li> </ul>	cedure				
	1				Non-Exempte	d (*) and Non-Friab	le Pro		e ement	
		cation nally		escription	of .				ре	
Location of Asbestos-Containing Material (ACM)		olely by nance/	Asbestos Co	ntaining N	faterial (ACM)	Amount	]		En	т
TO BE ABATED In Facility		al Staff? 2)	` suri	acing, VA	12 MAN 12	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		lo N/A	other	miscellar	neous)		val	air	ulate	ure
Exterior Walls	163	X	Siding	Shir	29 les "	1200 SF	X			
Lower level Back Room		7	Floor +11	1	astic	120 SF	X			
Lower feet Buez known		1								
							L			
Name of Registered Waste Hauler		NJDEP W Hauler ID		c Yards aste	1	Registered Landfill		,	0	1.6
EPC Technologies	•	170	00			te Manage	nen	to	EK	V+
City, State	VJ.		by	osal Date	17 More	visuille F	A			
Completed by Checker	Title	dent		Signature	Sol.	Da	<sup>te</sup> 3-	14-	17	
Our Arialism	1110	- · ·							-	

	3-15-17	ě		Sta	te of New Jerse	y			Check E GIE	Ni	E.	17	
M	n CC	N			OF ASBESTOS o NJAC 8:60 an			IKI		91	6		And the second second
	Date of Notification (1) 3-4-17	-	N	ame of	Building Gwnerly	-		V 000	MAR 1 /	201		lanere .	
	Agencies Notified Type Notification		S	treet Ad	dress				98ESTON &	SIP	OL 8	k	
	☐ EPA ☐ Initial ☐ Amended ☐ Amendment #_		C	ity, Stat	e, Zip Code	+6	. [d		11.T	77	09	Ö	
	☐ Emergency (inc DOH justification) ☐ DCA ☐ Cancellation	duding	N	ame of	in Shi	erw	oud		Telephone Nui	nber			
-	Name of Eacility Where Abatement is Taking F				ITY INFORMAT		Type of	Facility (4	4)	.1			$\dashv$
	Street Address Street Address	D	W	ellis	19		□ ~ Su	hool (K-1:	2) 8 (Other than K-1: rivate & commerci	2)	inae	home	ie l
	City (5)			,		-1	eto	:.)	# of Floors		dg. A		3,
	(Ranford		10	ounty C	0701		Current	Use (Pric	Z or if being demolisi	ned)		07	
	County (6) Union	- 70	(5	STATE U	SE ONLY)		Si	ngle	family tractor (9)	f I	)wc	llia	5_
	Name of Monitor of Firm Hired by Building Ow	ner (8)		ASCM	N/A	E	PC	Tec	hoolee	ies		In	16
	Street Address Ro. Box 33	7				Street A	0. 6	SOX.	337	<i>-</i>			
	City, State, Zip Code	v3	• (	180	533	City, St	ate, Zip	Equ	DI to	0	85	13	3
	Project Manager for Monitari Ig Firm		3 3	elephon	ie No. 7 <b>58-</b> 3365		one No. 758-	336	5 License N	0.3	39	4	
	Start Bate (10)	chedule		oletion D	Date (11)		FPC	Monitor	nnologies	I	nc		
	Occupancy Status During Abatement (Check (	Only One	<del>)</del>		, 20.1		Address		337				
	Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe:	riod of A Facility	bateme Hours	ent		City, St	ate, Zip	Code Syp+	LLA	783	53	3	
	Scope of Work (Check All That Apply)							( *	ent with Negative	Process	20		
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	100000	enovati emolitic				Mini-	Endosure	2			e	
			Locatio								Abate	ement pe	
	Location of Asbestos-Containing Material (ACM)	Used	ormally i Solely ntenan	by	Asbestos Cor (Le. therma		laterial (		Amount (Specify	R	_	Enc	m m
	TO BE ABATED in Facility (13)	Custo	odial Si (12)	aff?	surfa	acing, VA miscellan	T, or	0	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	(10)	Yes	No	N/A			<del></del> ,		12: 6	-		te	
	Exterior Walls		1	×	Siding		ingk s/M	_	1200 SF				
	Lourn Level Back Room		X		F 1002	1110.	2/11/8	2017	70,0				
	Name of Registered Waste Hauler		N.	DEP W	/aste Cubi	c Yards		Name of	Registered Landfi	11			L
	EPC Technologies	×	Ha	auler ID	00	1.	2	Wasi	e Manage	men	t o	E f	AS
	City State	15	N			osal Date	7	City, Stat	isville	PA			
	Completed by Schenker	Title	sid	ent		Signature	we)	Sch	h	3	4-	17	

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



Initial Amended Amendment # City, State, Zip Code New Bruswick    DEP DOL   Emergency (including instiffication)   Name of Contact   Telepho	MAR 1	201		. t. have	-1
gencies Notified  Type Notification  Street Address  Linitial Amended Amendment # Emergency (including justification)  Name of Contact  Results   Street Address    City, State, Zip Code    Name of Contact    Name of Contac	110-11-			#	_
Amended Amendment # DOL  Emergency (including justification)  Amended Amendment #  Name of Contact  Name of Contact  Name of Contact		ING		-	_
iustification) 12:11 Winter 5	one Number				
DCA Cancellation FACILITY INFORMATION  Type of Facility (4)	×.				
Single family Divelling  School (K-12) Subchapter 8 (Other the Other (i.e. private & co	han K-12) ommercial build	jings,	hom	es,	
Street Address Square Feet # of Flo	1.0	ldg. A	ge		1
City (5)  New Brunswick NJ  County Code (7) (STATE USE ONLY)  Current Use (Prior if being of STATE USE ONLY)					-
Name of Abatement Contractor (9)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)	DISTIE	5	L	nL	_
EPE ECHINATORY Street Address P.O. Box 33	7	0	e :	99	
	License No.	20	36	13	
Project Manager for Moeit ril go irm  609 758-3365 609 758-3365	00	3		_	
Start Date (10) 3-27-17 Scheduled Completion Date (11)  Start Date (10) 3-27-17 Scheduled Completion Date (11)  EPC Technol  Street Address  333	~	Lng			
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Other - Describe:  Street Address  P.O. Box 33  City, State, Zip Code  New Egypt  A		35.	32	3	-
Scope of Work (Check All That Apply)  Renovation  Full Containment with  Mini-Enclosure					
□ ≥160 sf or ≥260 ff	nd Non-Friable	A A	bate		
le Location	Amount (Specify	Remova	Repair	Encapsulate	1
Location of  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used Solely by Maintenance/ Custodial Staff?  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	SF or LF)	a		ate	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	100 LF	X		ate	+
Location of  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				ate	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe Insulation  The property of the miscellaneous of the misce	100 LF	X			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Registered Waste Hauler  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Registered Waste Hauler  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally  Normally  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally  No	100 LF  gistered Landfill  Manage	X	to		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe Insulation To Be ABATED In Facility (13)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe Insulation Waste Cubic Yards of Waste  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler	100 LF  gistered Landfill  Manage	x PA			2

Changing Comple	4 ion	D	ate				TAR A		,II, I	\//	P
Due to Snow		NOTIF	SI ICATIOI	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE			qua	MI	₩	
Date of Notification (1) 3-14-1	7		Name o	of Building Owner/	Operator	(2) Fran	KAI	R1 Ve		017	ALL TO ALL THE PARTY OF THE PAR
Agencies Notified Type Notification			Street A	Address		1 11(1)	ASBEST	QS (	CON	TRO	)L &
□ EPA Initial Amended	1		City, Sta	ate, Zip Code	1	ı. Di	ALT	ELN	ISING	)70	<u> </u>
DOL Amendment Emergency justification)	(including		Name o	of Contact	coto		Telephone Nu	mher	7/0	7/0	0
□ DCA □ Cancellation			FAC	FRANK		Ves	7				
Name of Facility Where Abatement is Takin		2000	elli	. ^		Type of Facility		10			
Street Address	iy 1		2111/	15	14.4		12) r 8 (Other than K-1 private & commerci		dings,	home	9S,
City (5) Scotch Plain	s /	LV	07	7076		Square Feet	# of Floors	E	Bldg. Ag	5.0	
County (6) Union		ΤŤ	County	Code (7) USE ONLY)		Current Use (Pri	or if being demolisi	hed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCN	M No.	Name	of Abatement Co	ntractor (9)	20	s '		
Street Address Box 3	37	€	1	1.104	Street	Address O. Box	337				16.
City, State, Zip Code	NI	5	80	533	City, S	tate, Zip Code	711 3A	0	95	1.3	3
Project Manager for Monifiri g Firm		1	Telepho	ne No. 758-3365	200	none No. 758-334	License N	0.	10	4	
Start Date (10)		ed Con	pletion	Date (11) 2017	Name	of OSHA Monitor	1			-	
Occupancy Status During Abatement (Chec			1 01	acti	Street	Address	hnologies		nc		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:					City, S	tate, Zip Code					
Scope of Work (Check All That Apply)					Ne	w Egypt	NJ	285	53	3	
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renovat Demoliti			200	Mini-Enclosure Glovebag Pro	cedure				
	Is	Location	on			Non-Exempte	d (*) and Non-Friab	le Pro	cedure Abater		
Location of Asbestos-Containing Material (ACM)		Normall ed Sole!	У	De Asbestos Con	scription		Amount	-	Тур		
TO BE ABATED In Facility	100000000000000000000000000000000000000	intenar todial S		(i.e. thermal		insulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	(12) No	N/A	other r	niscellan	eous)		oval	air	sulate	sure
Basement	X			Pipe I	rsul	ation"	100 LF	X			
-	-			-				-			
Name of Registered Waste Hauler		10.000	JDEP W auler ID	No. of Wa			Registered Landfill  Manager		Lr	D	14
City. State			1700		sal Date	City, Stat	e	neni A	10	- 1	7
New Egypt Completed by	NJ Title	` ^	i	bys	3/31 signature	the same of the sa	isville t		14	1	7
Steve Schenker	HRE	side	nT		De	eno Dacke	ch	2	17		7

3-14-17				·					Check	_			
- 5-19-11			CATION	ate of Ne	ESTOS	ABATE		And the second second	n # 6	GE/		E	
NO CK		0.000		to NJAC	CONTRACTOR OF THE	•			K				The state of the s
Date of Notification (1) 3-2-17			Name o	FRC.		Λ 1	(2) VCS		III MA	R 17	20	17	
Agencies Notified Type Notification			Street A	ddress					1		0117	DOL	10
☐ EPA ☐ Initial ☐ Amended Amendment #	į.	(	City, Sta	ate, Zip Co		1 1	ก		-	ICENS	SING		. CX
☐ Emergency (in			Name o	f Contact	200	c rcr	7 7	lains	LVJ	U / C	176	2	
DOH justification)  DCA DCA Cancellation			FR	mk		ves							
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INF	ORMAII	ON	Туре	of Facility	(4)				-
Single family		10	5					ichool (K-	12)	3			
Street Address						Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes etc.)							s,
City (5) Scotch Plains	l	LV	0	707	6		Square		# of Floors	E	Bldg. A	ge ) <b>† -</b>	
County (6) Union	10	County (	Code (7) USE ONLY			Currer	t Use (Pri	or if being demo	lished)				
Name of Monitoring Firm Hired by Building O	wner (8)	_	ASCN	No.		Name	of Abate		ntractor (9)	qie	5	In	
Ro. Box 33	37					P.	Address 0.	Box		<b>U</b>			
City, State, Zip Code	NI	5	80	53	3	800	w	Egy		50	85	3	3
Project Manager for Monit ril gy Firm		6		758-	3365		758	-334	License	No.	39	4	
March 14, 2017	May	rch		2017	7	l	EPC		hnologie	s I	nc		
Occupancy Status During Abatement (Check						Street /			337				
Facility Closed/Vacated During Entire Pe  Abatement Performed Outside of Norma  Other – Describe:			City, State, Zip Code						00	78533			
Scope of Work Check All That Apply)		***						TAYC	700	00-	ررد		$\dashv$
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renovati Demolitic					Mini	-Enclosun		e Pressu	re		
						28	Glov Non-	ebag Pro- Exempte	cedure d (*) and Non-Fri	able Pro	cedur	е	
		Locatio	High and the second		0						Abate Ty	ment	
Location of Asbestos-Containing Material (ACM)	Use	ed Solely	y by	Asbes	tos Cont	scription aining M		(ACM)	Amount			m	
TO BE ABATED		intenan todial Si	51.710.0	(Le.	thermal	systems sing, VA		ion,	(Specify SF or LF)	Remova	Repair	сар	ncle
(13)		(12)				niscellan			0. 0. 2. /	ova	pair	Encapsulate	Enclosure
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Basement.	X			Pip	· IV	15 ml	latio	٥٨ "	100 L	FX			-
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										-			
Name of Registered Waste Hauler		l N	IDEP W	/aste	Cubic	Yards	Т	Name of	Registered Land	Ifill			$\dashv$
		Ha	uler ID		of Was	ste S	2	Was	e Manag	emes	t a	s P	A
EPC Technologies City, State			70	00	Dispos	al Date	, -,	City, Stat	te				
New Egypt /	UJ	``			3-	15-1		Morn	isville	PA			
Steve Schenker	PRE	side	nt		S	ignature Se	(می	Sch	h	Date 3	2-	17	and the second

Changing Comple	tion	Dat.	e			Chec	K			
Due to SNOW		Sta	ate of New Jerse OF ASBESTOS		WENT	一日本	agg	(1)	f [	E
NOCK			to NJAC 8:60 ar			10) E	0 5	<u> </u>	יוני	=
Date of Notification (1) 3-14-1	7	Name of	Building Owner/	1			AR 1	7 2	017	Control of
Agencies Notified Type Notification	1	Street A	ddress	†10.	Spall	JUL M	An I	1 6	011	-1
□ EPA . Initial	Lpor	City Sto	te, Zip Code			AUE	STOS	CON	TRO	الم
DEP Amended Amendment #		Oity, Oil		side	. NJ	07205	LICE	NSIN	<u>G</u>	-
DOH Emergency (in justification)	claaing		Contact	a M		Telephone Nu	ımber		-	
			STIN SP			-				
Name of Facility Where Abatement is Taking Single Family Du	Place (3) selling				Type of Facility ( ☐ School (K-1	~	•			
Street Address	se ming			7-1		8 (Other than K-		dinas h	ome	
City (E)					etc.) Square Feet	# of Floors		lldg. Ag		
City (5) Hillside N.	J 0	720	5		oquare r cot	2		80		
County (6)		County (	Code (7) JSE ONLY)		Current Use (Pri	or if being demolis	shed)			
Name of Monitions Firm Hired by Building On	vner (8)	ASCN	No.	Name	of Abatement Cor	ntractor (9)	aie!	5 ]	in	2
Street Address R.O. Box 33	37			P.	Address O. Box	337	J			
City, State, Zip Code	NJ	80	533	City, S	tate, Zip Code	D+ NJ	0	85	3	3
Project Manager for Monit ril go Firm		Telephor	ne No. <b>758-</b> 3365	609	one No. <b>3</b> 7 758-33	License	0.3	399	1	
Start Date (10) 3-13-17	3-24		Date (11)		of OSHA Monitor EPC Tec	hnologies	I	nc		
Occupancy Status During Abatement (Check					Address Box	337				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	Facility Hou	ment rs	-	City, S	tate, Zip Code	AIT	099	537	۷	$\exists$
Scope of Work (Check All That Apply)				1	JAPI	/00	00			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi				Mini-Endosure		Pressu	re		
•					Non-Exempted	i (*) and Non-Fria	ble Pro	cedure Abaten	nont	
	ls Loca Norma		D	escription	of			Тур		
Location of Asbestos-Containing Material (ACM)	Used Sol Maintena		Asbestos Cor	ntaining M	laterial (ACM) s insulation,	Amount (Specify	Z.		Enc	E
BE ABATED in Facility	Custodial (12)	2	surfa	acing, VA miscellar	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	Ņ/A	Outer	moonar	.0000)		al		late	Ire
Basement	X	1	Pipe I	-115h	lation"	25 LF	X			
DASCINISA	,						-			
							+		-	
At & Desistered Wests United		NJDEP W	aste Cubic	Yards	Name of	Registered Landf	ill			
Name of Registered Waste Hauler		Hauler ID	No. of Wa			Manage		tof	P	A
EPC Technologies City, State		1/0	Dispo	osal Date	City, Stat	e	PA		Y	
	Title		py	3-3 Signature	4-17 Morn		ate			
Steve Schenker	Presid	lent		Ste	ue) Sche	che	3	-14	-1	7

9-19-1	7		•			BB	mac	K	V// [	5 [-
) .0 1	1 NO	St	ate of New Je	rsey			U IL	7	a	
NO CC		(Pursuant	to NJAC 8:60	and 12:120	HENT		中	. 4	1	10
Date of Notifice on (1)	17	Name of	Building Own	er/Operator	(2)	III LL M	AR 1	7 2	017	
	-1+			on operator (	(2) Till	ctih	Sa	11		į.
Agencies Notified Type Notifica	tion	Street Ad	ddress	``	04,	-3 -3	STOS C	ON	HÓI	
DEP Amore	#1						LICENS			
DOL Amenda	u . /	City, Stat	te, Zip Code	11.11.	.	415	-1	7	INE	
DOH Emerger	ncy (including	Name of	Contact	TILLS	ide	MJ		/ d	W	)
□ DCA □ Cancella			Ju	Stin	Sa	\ \ ' eleph	one Numb	ber' '		
Name of Eacility Where Abatement is Ta	aking Place (3)	FACIL	ITY INFORMA	-	Opa	11_				
Single fan	- 1	14.10	1646		ype of Faci	_	٠.			
Street Address	Tity E	Jue 1	111707		School  Subcha	(K-12) pter 8 (Other th	V 40			
					Other (i	.e. private & co	mmercial	buildir	igs, ho	mes
City (5)	41-	- 1	770	-	etc.) equare Feet				J. Age	
County (6)	NJ		205			0	)	1	30-	<i>_</i>
County (6)		County Co	ide (7) E ONLY)	C	urrent Use	Prior if being d	emolished	)	10	
Name of Monitoring Firm Hired by Building	g Owner (8)	ASCM		I Nome of	Ab . 1					
EPE CENTO	Olies	1	i/A	Ivame or	Abatement (	Contractor (9)				
Street Address	4-		- 40-6	Street Ad	dress	<u>senne</u>	logi	19	L	ne
City, State, Zip Code	137			P.O	. Bo	2337				
New Faund	T.W	095	133	City, State	, Zip Code		17	M	<i>p</i> s	
Project Manage: for Monitor of irm	180	Telephone	Nc.	Telephone	2 56	YD? N	N	16	33	35
Steve Schenke	A		58-3365	1	8-33	Lice	nse No.	20	14	
Start Date (10) 3 - 13 - 17	Scheduled Co	mpletion Date	e (11)	Name of C	SHA Monito	or ,	<u> </u>	7	Ц	
Occupancy Status During Abatement (Che	5	-15-	17	E	PCTE	chnolog	ies I	-nc		1
12	27 16 36			Street Add	ress					
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of Abater nal Facility Hour	nent s		City, State,	Zin Codo	337				
Other - Describe:				New	Egypt	(1)	- 00	<	-	ł
Scope of Work (Check All That Apply)				-	Jypi	100	00	<u></u>	25	
23 sf or ≥3 ff 2 □ ≥160 sf or ≥260 ff	Renova	tion :		□ F	ull Containn	nent with Negai	tive Press	urė.		
2	Demolit	ION		LI N	fini-Enclosus Novebag Pro	re				
	Т			O N	on-Exempte	ed (*) and Non-	Friable Pro	ocedu	re	
Location of	Is Location Normali	20.20							ement /pe	
" Asbestos-Containing Material (ACM)	Used Solei Maintenan	y by	Desc sbestos Conta	cription of Ining Materia	d (ACM)	Amount		T .,	pe	
TO BE ABATED In Facility	Custodial S		(i.e. thermal s	ystems insuling, VAT, or	lation,	(Specify	Re	R	Encapsulate	En
(13)	(12)		other mi	scellaneous)		SF or LF)	Removal	Repair	nsde	Enclosure
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Basement	X	P	ing T	nsulad	. ),	2511	= 14		-	
-	1.60		The D	Dula?	10/	d) Lr	X		$\dashv$	$\dashv$
8							+		-	_
							-		-	
Name of Registered Waste Hauler		DEP Waste	Cubic Ya	irds .	Name of F	Registered Land	1611			_
FPC Technologias		uler ID No.	of Waste	1	1				0	A
City, State		7000	Disposal	Date	City, State	Manag		of	1	1
	UJ.			\$17		مالت	PA			
Completed by	Title	1		ature	CI	1	Date a	ath.		$\dashv$
Steve Schenker	Preside	2 [		Verse)	OCKE	4	5-	9-	17	

1	2-1	2-	17	23								(	he	CK		^	
/	9-1	J-	I T.	1		CATIO	ate of Ne N OF ASE to NJAC	SESTOS	ABATE			Dr	É G	堰O	9	1 2	1
Date of Notific	c/=n (1)	3-	2-	17		Name o	f Building	Owner/0	Operator		Just		SIN	a17	20	17	
Agencies Not	tifie d	Type N	lotification			Street A	ddress		* * *		-101				11/6	<i>p</i>	Ī
□ EPA . □ DEP DOL	8	ıA 🗆	itial mended mendment			City, Sta	ate, Zip C	ode	1:11<	sio	P	X/ J	DEET.	0S/0	DVC	301 301	_ &
DOH DCA	27	ju:	mergency stification) ancellation	•			f Contact	Jus	tin	S	pall	Tele	ohone Nu	mber			
Name of Eaci	lity Where A	Abateme	nt is Takin	g Place (3	3) ~	FAC	LITY INF	ORMAT	ION	Туре	of Facility	(4)			-	-	
Street Address	ngle		am	ily	Di	we	Ilin	9_	3:	2	School (K- Subchapte Other (i.e.	8 (Other			dings,	home	es,
City (5)	H: 11.	Sic	10	٨)	T	0	720	5			etc.) re Feet	# of I	Joors	В	ldg. A	ge	
County (6)		010	<u> </u>	70			Code (7) USE ONLY	2		Сипе	nt Use (Pr	or if being	g demolis	hed)	00		
Name of Mon	itoring Firm	Hired by	Building	Owner (8)	5	ASC	No.		Name	of Aba	tement Co			rie:	, ,	In	16
Street Addres	0.	30	x 3	37			•		Street	0.	Box	33°	- 6	3			
City, State, Zi	E	NAD	+	NJ	5	80	53	3	Ne	W.	p Code	P	M	0	85	3	3
Project Manag	E 50	S. P.S.	nKe	Cabadula	6		ne No. <b>758-</b> Date (11)			758	6-334 A Monitor	5	License N	03	39	4	
Start Date (10	3-	13-	17		3.	-13	- 17		1	EPC	- Tec		ogies	I	nc		
Occupancy St	Closed/Vaca	ted Duri	ng Entire l	Period of A	Abatem				: P	٠٥.	Box	33	7				
	ent Performe Describe: _		de of Nom	nal Facility	Hours			-			p Code	N	J	280	53	3	
Scope of Worl		I That Ap	oply)	· · ·						2000	-11						
≥3 sf or ≥ □ ≥160 sf o					enovat emoliti				- <b>)</b>	Mir Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure					
*				12,000	Locatio										Abate Tyj	ment	
	Location Containing	Material	(ACM)	Use	lormall d Solel intenar	y by		tos Cont	scription taining M	aterial			ount	71		En	m
	TO BE ABA In Facilit (13)			1000000	todial S (12)		(Le	surfa	systems cing, VA niscellan	T, or	шоп,		ecify or LF)	Removal	Repair	Encapsulate	Enclosure
12.50	-0.0.0	1		Yes	No	,N/A	D.	7	7051.	[0]	i. 0 '4	25	SLF	X		Φ	
Das	men		٧	1				السا	שנונ	INA	0/1						
	12													-			
Name of Regis	stered Mass	te Haule	r .		l N.	JDEP W	/aste	Cubic	Yards		Name of	Registere	ed Landfil				
EPC	- Tec	hno	ogie	\$		uler ID	No.	of Wa		<u> </u>	20132474.244.5.000.000	eMa	inage	ment	٠.(	P	'A
	w Eq	tay		NJ.	8			3.	-14-	17	Morn			PA			
Completed by	Scher	311		Title	sid	1		5	Signature	(000)	Sch	h	Di	3	-2.	17	7

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

							1.				1 1	1 11		
Date of Notification (1)				Name	of Building	Owner/Operator (	2)	MAR	17 2	2017	All and a	IJ		
03/	10 / _	17		Feri	nando M	orales		· · · · · · · · · · · · · · · · · · ·						
	Type Notificat	tion		Street	Address			ASBESTO	S CON ENSIN		L &			
⊠ DOLWD	Amended			City, S	tate, Zip C	ode	<u> </u>		-110114					
□ DHSS     □	Amendme		-			NJ 08012								
☐ DCA (NJAC 5:23-8)	<ul><li>Emergence justification</li></ul>		ig	Name	of Contact	t		Telephone Nu	mber					
	☐ Cancellation			Ste	ven Dool	ing								
				FAC	ILITY IN	FORMATION		-						
Name of Facility Where Ab	patement is Ta	aking Plac	e (3)				Type of Facility (4)							
Resident							School (K-12)							
Street Address							☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,							
							homes, etc							
City (5)							Square Feet	# of Floors	В	ldg. Ag				
Blackwood, NJ 0801	2						1200Sf	1 1/2 Floo	ors	1953				
County (6)				Coun	ty Code (7	)(STATE USE ONLY)		Prior if being demo	olished)					
Camden COUNTY							Resident							
Name of Monitoring Firm H	lired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme								
		<u> </u>					h Environmer	ntal Service, LL	.C.					
Street Address						Street Address								
						958 jackson								
City, State, Zip Code						City, State, Zip C								
			1= -			Mays Landin	g, NJ 08330	I Linnan Na						
Project Manager for Monito	oring Firm		I ele	phone	NO.	Telephone No. 856-318-1341	E	License No. 01158						
Chart Data (10)		cheduled	Comple	tion Do	to (11)	Name of OSHA N		01130				2//-		
Start Date (10) 03 / 19 /	100,000			3 /				ntal Services, L	I C					
						Street Address	II EIIVII OIIIII OI					_		
Occupancy Status During				mont		958 Jackson	Dd							
Abatement Performed					cribe	City, State, Zip C								
Time of Abatement: 7A						Mays Landin		30						
Scope of Work (Check all	that annly)					mays Landin	9, 140 00000							
Scope of Work (Officer all	triat apply)							egative Pressure						
≥3 sf or ≥3 lf			Renovat Demoliti			☐ Mini-End	closure g Procedure							
≥160 sf or ≥260 lf			CITIOIL	OII		⊠ Non-Exe	empted (*) and N	Non-Friable Proce	dure					
			Is Loca						A	batem	ent T	уре		
Location of		U	Norma sed Sol		Acho	Description of estos Containing Ma		Amount	Re	Re	En	m		
Asbestos-Containing N TO BE ABAT		, V	laintena	ance/	(i.e	e., thermal systems	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure		
IN Facility		Ci	stodial (12)			surfacing, VAT other miscellane		SF or LF)	/a		sula	ure		
(13)		Yes		N/A		Other miscellane	eous)				te			
Basement					Asbest	os Floor Tile		625SF						
										-				
			+-							-	П	П		
Name of Registered Wast	e Hauler			NJDEP '	Waste	Cubic Yards of	Name of Red	gistered Landfill						
Graham-Tech Enviro		ervice, L		lauler II	D No.	Waste	G.R.O.W. North Landfill & Tullytown							
City, State 958 Jackson Rd. Ma	ve I andina	NIU00	30			Disposal Date	City, State 1513/Brodentown Rd. Morrisville,PA							
						13131310	Tacillowii Na. II		,. /	_				
Completed By (Print or Ty	pe)	Title	do m4			Signature	Mr.		Date	10-1	7			
Vernice Graham		Presi	uent			1 V () \ \ / (	1401/1	M.	0-1	01	/			

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

Check No. 3254

			(1	Pursu	suant to NJAC 8:60 and 12-120)							17	P	F
Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)	11),56	E	1	<u>y</u>	[	7
March 08, 2017						rew Pea	-		1155!					
Agency Notified	Type N	otification			Street	Address			III MA	D 1	7 0	017	7	
□EPA	<b>⊠</b> Initio	i.							1 L 11/	4/1	1 2	UII		-
BOEP Not expired per State Reg. 10-2004	Initia Initia Initia □ Ame				City, S	tate, Zip	Code							
<b>⊠</b> DOL		endment #			Glen	Ridge	NJ 07028		ASBESTOS CONT					&
⊠ DOH		rgency (includin fication)	g		Name	of Contac	ot		Telephone Nun	PR FIAS	)//(c		-	7
□ DCA		cellation			Andı	rew Pea	arson							
					FACI	LITY INF	ORMATION							
Name of Facility Where A	Abatemer	nt is Taking Plac	e (3)	)		A-2	2000	(4)					$\neg$	
5								☐ School (K-12)						
Street Address								☐ Subchapter 8	(Other than K-12	)				
									vate & commercia	l buildin	gs,			
City (5)								homes, etc.) Square Feet	# of Floors	Bldg.	Age			-
Glen Ridge, NJ 070	120							2	97	90				
County (6)	J20				Count	, Codo (7	) (STATE USE	2,220	or if being demoli			7.1		$\dashv$
Essex						/ Code (/	) (STATE 03E	Selection and any experience		Sileu)				
	. Building Owner	. 1	ASCM	No	*	Name of Abotem	Residential nent Contractor (9)						$\dashv$	
Name of Monitoring Firm		NO.		Control of the Contro	CONTRACTOR									
Saban Engineering	N/A				toration Co. I	nc.					$\dashv$			
Street Address				Street Address	. l. A									
201 Stuyvesant Av	enue		_				223 Randolp							$\dashv$
City, State, Zip Code	74						City, State, Zip C							
Lyndhurst, NJ 07071							Clifton, NJ C	7011	License No.			-		$\dashv$
Project Manager for Moni	toring Fi	rm	1 33	elepho	72-033	00	973-478-468	4	00120					
Stephen Pharai		Cabadulad Car				38	Name of OSHA		00120		_			$\dashv$
Start Date (10)		Scheduled Cor	o de conse		te (11)			vironmental S	onvione I I (	_				
March 20, 2017 Occupancy Status During	Abatam	April 30, 20					Street Address	/Ironniental 5	ervices, L.L.	٠.	-			$\dashv$
Occupancy Status During	Abatem	ent (Check only	one	)				Brook Avenue						
☑ Facility Closed/Vacated							City, State, Zip C			-		_	$\dashv$	
☐ Abatement Performed ( ☐ Other - Describe:	Outside	of Normal Facili	у но	ours			Lyndhurst, I							
Scope of Work (Check all	that ann	alv)					Lynanaist, i	40 07 07 1						$\dashv$
	triat app	,,,,,						Containment with	Negative Pressur	е				
≥ 3 sf or ≥ 3 lf     ≥ 160 sf or ≥ 260 lf					□ Dem	ovation olition		Enclosure ebag Procedure	ture					
□ 2 100 31 01 2 200 11					100000			Exempted (*) and	Non-Friable Proc	edure				_
			ls	s Locat	ion						Ab	aten Typ		it
Locatio	n of			Normal			Description	of				.,,,,	Ť	$\neg$
Asbestos-Containing	33030000	al (ACM)		ed Sole aintena			stos Containing Ma	aterial (ACM)	Amount		_	<u></u>	П	ш
TO BE AB IN Faci			-	Custodi		(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF)		ien-	Re	Can	nclo
(13)				Staff? (12)			other miscellane		0. 0. 2. /		Removal	Repair		Enclosure
		-		(/		4					=	,	0	е
			Yes	No	N/A	-							+	-
Basement					X	Pipe	Insulation		9	3 In ft	X		-	_
										1	_			
											_			
					Vaste H	lauler	Cubic Yards of	Name of Regist	ered Landfill					
B&N&K Restoration Co. Inc. 12699							Waste 2 Minerva Enterprises, Inc.							
1.200							Disposal Date	1						$\dashv$
City, State Clifton, NJ 07011							3/22/17		a OH					
III THE COURT OF COUNTY OF COURTS AND						2				Date			1/2	$\dashv$
Completed by Title  G. Boger Woodman Project Manager								1		3/8/2	017			

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

	Chec	k No	0.	30		_		
	M.	E	C	E		$\mathbb{V}$	E	M
		- M	AR	1 7	2	017		
Nort	h	100	COT	00/	30	KITO		

Date of Notification (1)					Name of Building Owner/Operator (2)													
January 11, 2017					PA of	NY & I	NJ		111111111111111111111111111111111111111	IR 17	7 7	11	7	4				
Agency Notified	Type No	tification		- 1	Street A					1 1		U I		phorphorage				
□ EPA	☐ Initial							ethal Road N	orth	STOS	~~	A PT	00					
Not equired per State Reg. 10/2004	M Amen	ded			2.8	ate, Zip C			ASBE	LICEN				_ 0				
⊠ DOL		idment # <b>03</b> gency (includin	n				d, NY 10303-8	3413			1011			$\Rightarrow$				
<b>⊠</b> DOH		cation)	9			f Contact			Telephone Num	ber								
☐ DCA	☐ Cance	ellation			Uday	Mehta		1.0 20	N.		_		_	$\dashv$				
					FACIL	ITY INFO	DRMATION							_				
Name of Facility Where	Abatement	is Taking Plac	e (3)					ty (4)										
Goethals Bridge -	New Je	rsey Side o	f Brid	dge				☐ School (K-12)										
Street Address								☐ Subchapter 8	8 (Other than K-12) rivate & commercial buildings,									
2777 Goethals Roa	ad North	1						homes, etc.)	vale & commercia	banang	٥,							
City (5)								Square Feet	# of Floors	Bldg. A	Age							
Staten Island, NY	10303-8	413						440,758	1	88 +/	/-							
County (6)					County	Code (7)	(STATE USE	Current Use (Pr	or if being demoli:	shed)								
Union					ONLY)		260	Bridge										
Name of Monitoring Firm Hired by Building Owner ASC					No.		Name of Abatem	nent Contractor (9	)									
(Sreative Environment Solutions (CES) Corp. N/A							B&N&K. Res	storation Con	npany, Inc.									
Street Address							Street Address		•			$\neg$						
39 West 37th Street, 14th Floor						223 Randolph Avenue												
City, State, Zip Code							City, State, Zip C											
New York, NY 10018							Clifton, NJ	7011										
Project Manager for Monitoring Firm Teleph					ne No.		Telephone No.		License No.									
					0 632	3	973-478-468	1	00120									
Start Date (10) Scheduled Completion I					te (11)		Name of OSHA											
January 23, 2017		January 2	1, 20	18			McCabe En	vironmental S	Services, L.L.	٥								
Occupancy Status Durin	g Abateme	ent (Check only	one)				Street Address											
☐ Facility Closed/Vacate	ad During I	Entire Deried o	f Ahate	ment			464 Valley E	Brook Avenue										
☐ Abatement Performed	Outside o	f Normal Facil	ity Hou	rs	City, State, 2ip Gode													
☑ Other - Describe: No	on-friabl	le exterior	work				Lyndhurst,	NJ 07071						_				
Scope of Work (Check a	ll that appl	y)						ith Negative Pressure										
≥ 3 sf or ≥ 3 lf					☐ Renovation ☐ Mini-Enclosure				sure									
≥ 160 sf or ≥ 260 lf					□ Dem	olition	☐ Glov	rebag Procedure -Exempted (*) and	I Non-Friable Prod	edure								
					•		2				Ai	bate		nt				
				Locat								Ту	pe	$\dashv$				
Locati		L (A CM)	Use	d Sole	ly by	Achor	Description stos Containing M	of	Amount			î I	ш					
Asbestos-Containin		I (ACIVI)		ntena ustod		(i.e.	., thermal systems	insulation,	(Specify		Remova	B	Encapsulate	Enclosure				
IN Fac				Staff?			surfacing, VA other miscellan		SF or LF)		von	Repair	lusc	uso				
(13	3)			(12)			Other Iniscendin				a	~	ate	9				
			Yes	No	N/A													
West Bound Bridge	over NJ	Turnpike	X			Concrete Side	Encased Transite Pipe (Pa	rapet) - North & South		00 In ft								
East of Rail Road	Trestle		X			Concrete	Encased Transite Pipe (Pa	rapet) - South Side	45	50 In ft	X							
NJ Abutment Roo	m		X			White	e Panel (Tran	site)	8	0 sq ft	X							
110 1 110 01111101111		sting bridge	X			Concret	e Encased Transite Pi	pe (Duct Bank)		36 In ft	X							
East Bound NJ approach of existing bridge  Name of Registered Waste Hauler  NJDE					Waste H	lauler	Cubic Yards of	Name of Regis	tered Landfill									
Horwith Truck Inc ID No Hazz					dous 07 aste: 1		Waste 103	Chemical Waste Management										
City, State				Disposal Date														
Northampton, PA				01/23/2017 - 01/21/2018				Emelle, AL					- 8					
Completed by Title					Signature					Date	04-							
G. Roger Woodman Project Manager										3/7/20	J17							