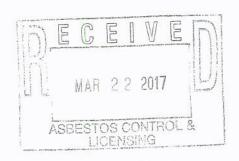
no CK	1	NOTIFICAT		SBESTOS	SEY ABATEMEN ND 12:120-7) <u>E</u>	CE	OVE				
Date of Notification (1) 03 / 13 / 17			Name of HOPES C		Owner / Ope	rator (2)				2 20 00 750 0.00				
			Street Ad					i W	IAR 22	2017				
	lotification			DEN STRE										
☐ EPA ☐ ☐ DEP ☐	Initial Amended			e, Zip Cod N, NJ 0703			ĺ	ASBE	STOS C	ONTROL 8				
☑ DOH	Amendment	1	Name of				Telepho							
DOL _	Emergency w	// justification	ANA MEJ	IIA			1							
	Cancellation	F	ACILITY IN	FORMATI	ON			-						
					\$5000/cd									
Name of Facility Where Abates	nent is Taking	Place (3)		Type of I	Facility (4)									
2	·				School (K									
Street Address 900 HAMILTON STREET					Subchapte Other (I.e.	er 8 (Other , private &								
					bldgs., ho	mes, etc.)				4				
City (5) County (6 SOMERSET SOMERS		County Code	(7)	Square F	eet .000	# Of Floor	rs 2	Buildin	ig Age					
COMERCE	- ,				Jse (Prior if			1	47+					
				DAYCAR	E									
Name of Monitoring Firm Hire	d by Bldg. Own	er (8)	ASCM NO											
GZA GEOENVIRONMENTAL, II	NC		00126	NORTHS	TAR CONTE	RACTING G	ROUP. IN	IC.						
Street Address				Street Ac										
55 LANE ROAD, SUITE 407														
City, State, Zip Code FAIRFIELD, NJ 07004					ns Parkway te, Zip Code									
Project Mngr. For Monitoring I	irm	Telephone Nu	mber	City, Stat	e, zip code									
BEN SALLEMI		973-774-3300		East Han	over, NJ 070	36								
Sheduled Start Date (10)		letetion Date (1	/	Telephor	ne Number		License	Number						
$\frac{-03}{25} / \frac{25}{17}$				973-8	84-8682			00860						
Occupancy Status During Aba					OSHA Moni									
Facility Closed/Vac	ated During Ent	ire Period of			TAR CONTR	RACTING G	ROUP. IN	IC.						
Abatement Abatement Perform	ed Outside of N	lormal Facility		Street Ac	aress									
Hours - Describe: _	_ WEEKENDS	350			ns Parkway									
Other - Describe: _	_ 7:00AM-7:00A	M			e, Zip Code over, NJ 070	26								
Scope of Work (Check All That	Apply)			East Hall	over, NJ 070	36								
	555					L NI	D	200						
☐ Demolition ☐ ≥3sf or ≥3lf	\checkmark	Renovation		Mini - En	tainment wit closure	n Negative	Pressure	*						
≥160 sf or ≥260 lf					Procedure									
Co. 5255			7	Non-Exe	mpted (*) an	d Non-Fria	ble Proce	dure						
Location of	ls	Γ	Descript	ion of			Abateme	nt Type						
Asbestos Containing	Location	As	sbestos - C	_			R		E	E				
TO BE ABATED	Normally Used	,,	Material e., therma			Amount (Specify	E M	R	N C	N C				
TO BE ABATED in Facility	Solely	3.0	lation, sur		т,	SF or LF)	1	P	A	L				
(13)	by Main-		other misc				V	A	P	0				
	tenance/						A L	l R	S	S				
	Custodial Staff (12)						_		L	R				
	YES NO N/A													
1ST FL MAINTENANCE SHOP		FLOOR TILE				60 SF	V							
1ST FL UNDER STAIRWELL 2ND FL KITCHEN				18 SF 576 SF	7		1	1 -						
2ND FL KITCHEN 2ND FL SLOP SINK CLOSET		FLOOR TILE		12 SF 🗸 🗆										
Name of Registered Waste Ha		NJDEP Waste	Cubic	Name of	Registered I					- December 201				
NEWARK CARTING		Hauler ID No.	Yards of Waste	WASTE N	MGMT (GRAI	ND CENTR	AL)							
City, State	***	4503	Disposal	City. Stat	e									
NEWARK, NJ	Date		SYLE, PA 180	072										
Completed by (Print or Type)		Title			Signature	000		,	Date					
PAUL MAST		VICE PRESIDE	ENT	1	dur	UTT	12		03	3/21/17				
		TAIDE I NEOIDE	-, 7.1	1	-1'	- 1	. 11		1 00	er day 11 11				

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)					Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M	R E P A I	E N C A P S U L	E N C L O S U R
		YE	SNC	N/A							
2ND FL PHONE CLOSET			1			FLOOR TILE	36 SF	V			
2ND FL REC ROOM	Т		1			PLASTER CEILING	1600 SF	7			
2ND FL OFFICE	T		V			PLASTER CEILING	630 SF	1			
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MAR	22	2017	

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Date of Notification (1) 3-21-17					of Building en Rubin		Operator	r (2)	i		MAR	2 2	2017	7
Agencies Notified	Type Notification	1		Street A	Address				- 1	1				1
EPA DEP DOL	Initial Amended Amendmen	t #			ate, Zip C		24 400	100	and any or any	ASBI	LICE	NSIP	VTRO	& 1C
X DOH DCA	Emergency justification Cancellation	(including		Name o	ngdon V of Contact en Rubin		-A 190			Telephone	Number) }		
				FAC	ILITY INF	ORMAT	ION		I			-		
Name of Facility Where A				c)				Type of F	acility (4) ool (K-12)					
Street Address 40 N Whitehorse P	ike								er (i.e. priva	Other than kate & comme		ildings	, hom	es,
City (5) Hammonton								Square Fo	eet	# of Floors		Bldg. / +/-10	-	
County (6) Atlantic					Code (7) USE ONLY	,		Current U	se (Prior if	being demo	olished)			
Name of Monitoring Firm Vertex Companies,		Owner (8)		ASCN	M No.			of Abateme		ctor (9) I Services				
Street Address 700 Turner Way								Address Fraley S	Street					
City, State, Zip Code Aston, PA 19014							10/10/10/10/10	tate, Zip Co delphia,		7				
Project Manager for Mon Don Heim	nager for Monitoring Firm im						Teleph	Telephone No. License No. 215-533-5155 01166						
Start Date (10) 4-5-17		Schedule 4-30-1		npletion	Date (11)			of OSHA M		C				
Occupancy Status During							Street	Address Turner W						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of Anal Facility	Hours	nent			City, St	tate, Zip Con, PA 196	ode					
Scope of Work (Check A	I That Apply)													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promotery.	enova emolit				×	Mini-En Gloveba	closure ag Procedu	vith Negativo re and Non-Fri			e	
Location	of	100000	Locati			D					,	Abate	ement rpe	
Asbestos-Containing	Material (ACM)		d Sole			tos Conta		aterial (AC		Amount			П	
TO BE ABA In Facili (13)		5-52 600	odial S (12)		(i.e.	surfac	systems cing, VAT niscelland			(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
throughout in sec	tions b and c	Yes	No	N/A		n	nastic			8000sf	x		· O	
Name of Registered Was	te Hauler		NI	JDEP W	aete	Cubic \	Varde	NI-	mo of Deci	otored I '	- FII			
Service Transport G			100000	auler ID		of Was		1	nerva La	stered Land Indfill	1111			
City, State Newark DE						Dispos	al Date	2000	y, State	[
Completed by		Title				Si	grature		, 01		Date	-		
Jennifer Niven		Dir. o	f Ope	erations	3		fer				3.	21	-/	7

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L AS	BESTO	S CC	NTROL	8

Date of Notification (1) 03/15/2017			Name	of Buildir	ng Owner	/Operator	(2)		ived bunds				017			
And the control of th									ASB	EST	OS C	MOS	TROI			
	nt#		City, S	State, Zip		87						SINC				
☑ DOH justification ☐ DCA Cancellation	n)	g	Name	of Contact	ct			Te	elephone N	umber		41 <u>—4</u>				
				CILITY IN		ION	TOTAL STATE OF THE PARTY OF THE									
Name of Facility Where Abatement is Tak Street Address	ing Place	(3)					Other (i.e. etc.)	-12) er 8 (Ot	her than K- & commer	12) cial bu	ilding	s, hon	nes,			
City (5) Union City							Square Feet	# 0	of Floors		Bldg.	Age				
County (6)				Code (7)			Current Use (P	rior if be	eing demolis	shed)	25+					
Name of Monitoring Firm Hired by Building	Owner (8)		M No.		None	House									
Health and Safety Services	y Owner (c	,	AGC	ANI INO.			of Abatement Co Enterprises, I		r (9)							
Street Address							Address	110.								
PO Box 365						6626	eet Address 626 Delilah Road									
City, State, Zip Code Berlin, NJ 08009	Berlin, NJ 08009						ate, Zip Code Harbor Town	ship, N	NJ 08234							
Project Manager for Monitoring Firm James Proctor			one No. 452-131	1	Telepho	Telephone No. License No. 609-567-1250 01172										
Start Date (10)				Date (11)		of OSHA Monitor		01172							
03/16/2017	03/22		,			Healt	h & Safety S	ervice	s, Inc.							
Occupancy Status During Abatement (Che						Street A										
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Vacant	Period of mal Facilit	Abater y Hour	nent s			City, Sta	ox 365 ate, Zip Code									
Scope of Work (Check All That Apply)						Berlin	n, NJ 08009									
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	Renova Demoli				X	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Locat	ion				The state of the s					ement				
Location of		Norma d Sole			Des	scription o	of				Ty	ре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intena todial ((12)	nce/ Staff?		. thermal surfac			(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A									te				
Throughout		-	X	В	urned D	Down Bu	uilding			Х						
Name of Registered Waste Hauler	لــــا	LA	IDED W	la ata	10111	, ,										
Site Enterprises Inc.		Н	JDEP W auler ID 035220	No.	of Was	Control of the control	Tullyton		red Landfill ndfill							
City, State	VIIVAN IN				Disposa	al Date	City, State	9								
6626 Delilah Road Egg Harbor Tov		1J			03/22		Bristol,									
Completed by Eric Keys	Title OM				Si	gnature_	bas		Da 03	te 3/15/2	2017					
			1		7/											

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Date of Notification (1)				of Building Owner	/Operato	or (2)			W	AR &	2-2	201	7			
03/15/2017 Agencies Notified Type Notification				nt Gerow					į							
2000	n		Street	Address					ASBE	STOS	CO	NTR	01.8			
⊠ EPA □ Initial □ Amended □ Amendmendmendmendmendmendmendmendmendmend			City S	itate, Zip Code				-		LICE						
			The state of the s	ely Heights, N.	J 07092	2										
		g		of Contact				Tele	phone N	lumber						
DCA Cancellation			Gran	nt Gerow				1	F.1.0.1.0	·ambo						
Name of Facility Where Abatement is Tak	ing Diago	/2)	FAC	CILITY INFORMAT	TION											
Walle of Facility Where Abatement is Tak	ing Place	(3)				Тур	e of Facility	(4)		2,000						
Street Address						H	School (K-		s the s 1/	40)						
						岗	Subchapte Other (i.e.	private &	comme	-12) rcial bu	ildings	s, hom	nes,			
City (5)					2000	_	etc.) are Feet		Floors		Bldg.					
Union City						Jqu	G. 0 1 GG(# 01	10015		25+	Age				
County (6)				Code (7)		Curr	ent Use (Pr	ior if bein	g demoli	ished)			-			
Union				USE ONLY)		Но	use									
Name of Monitoring Firm Hired by Building Health and Safety Services	Owner (8)	ASC	M No.	Name of Abatement Contractor (9)											
Street Address							erprises, I	nc.								
PO Box 365					Street			J								
City, State, Zip Code							Zip Code	ah Road								
Berlin, NJ 08009					832500			rnship, NJ 08234								
Project Manager for Monitoring Firm		T	Telepho	one No.	Teleph		CENT OF THE SELECTION	License No.								
James Proctor			856-4	52-1311	609-567-1250 01172 Name of OSHA Monitor											
Start Date (10)				Date (11)				(V)		-						
03/16/2017	03/22		-		Health & Safety Services, Inc.											
Occupancy Status During Abatement (Che	per permitty of	10000			Street Address PO Box 365											
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of a	Abaten	nent		100000000000000000000000000000000000000											
Other - Describe: Vacant	mar r donne	y riouic					Zip Code J 08009									
Scope of Work (Check All That Apply)					Deni	iii, ive	00009									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	77776		X	X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					~					
	Is	Locati	on					1 2 3 3			S	ement				
Location of		Normalled Sole		De	scription	of					Ту	/ре				
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/	Asbestos Cont (i.e. thermal					ount	_		m	m			
In Facility	Cus	todial S (12)	staff?	surfa	cing, VA	T, or	ation,		ecify r LF)	Remova	Repair	cap	nclo			
(13)			100000	other n	niscellan	eous)				oval	air	Encapsulate	Enclosure			
	Yes	No	N/A									le				
Throughout	Throughout					Buildir	ng			Х						
Name of Registered Waste Hauler			JDEP W		Yards		Name of F	Registere	d Landfil	1						
Site Enterprises Inc.		1000000	auler ID	1 BARE			A CALL STORM									
City, State		00	035220	, , , , , ,	the second second	Tullytown Landfill										
6626 Delilah Road Egg Harbor Tow	Disposal Date 03/22/2017			200.00												
Completed by	Title	26 S.A.	03/22/201 Signatu				/	· //	D	ate						
Eric Keys				4,	1	20	Date 03/15/2017									

03/15/2017

NOCK	NOT (I	TFICATI Pursuan	to NJAC 8:	ESTOS ABATEM 60-7 and 12:120-	MENT 7) /ner/Operator (2)	DE	C	E		₩ [
2.1. of Novisionalism (4)			SET	ON HALL UNIVE	RSITY		2000	1000		204=	
Date of Notification (1)			Stree	t Address			MAR	2	2 0	2017	
3 / 13 /17 Agencies Notified Type Notification				SOUTH ORANGE	EAVENUE						
			City.	State, Zip Code				00	001	irno	1 9
EPA Initial Notification X Amended Notification		#7	sou	TH ORANGE, N	EW JERSEY 0707	9 ASE	SEO!	OEV U2	JSIN	NTRO	L 04
X DOL Cancellation					1-	Telephone Num		الساب	1011	<u> </u>	
X DOH ≯ On Hold				e of Contact ORIA PIVOVAR		relephone rvuir	Dei				
X DCA EMERGENCY NOTIFICAT	ION				NOT			_		- 70-12	
This Place (2)		F	ACILITY INF	ORMATION	Type of Facility	(4)					
Name of Facility Where Abatement is Taking Place (3)					School (K-1	2)				**	
SETON HALL UNIVERSITY					X Subchapter	8 (Other than I	(-12)			t- \	
SETON FIALE GRIVE CONT	7==7	J.				rivate & commo	l. bldgs	s., hor		a. Age	
Street Address					Square Feet 60,000	# 01 F1001S			1110000	10+	
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER	₹		Cour	nty Code (7)	Current Use (Price		lished)				
City (5) County (6)				E USE ONLY)	UNIVERSITY			92			
SOUTH ORANGE ESSEX Name of Monitoring Firm Hired by Building Owner (8)			1-17-17	ASCM No.	Name of Abater	nent Contracto	r (9)				
TTI ENVIRONMENTAL INC.				3	PAR ENVIRONM	MENTAL CORP	ORAT	ON			
Street Address					Street Address 313 SPOOK RO	CK BUAD					
1253 NORTH CHURCH STREET					City, State, Zip C						
City, State, Zip Code MOORESTOWN, NEW	IERSEV 0	18057			SUFFERN, NEV						
Project Manager for Monitoring Firm	T	elephon	e Number		Telephone Numi	ber Lice	nse N	ımber			
JEFF SEAMAN	1.23	56-889-			845-369-7500	110	1				
Expected State Date (10)	Sched. C	ompleti	on Date (11))	Name of OSHA	Monitor	OLUT	ONE	2 TE	n	
3 / 3 /17		11 /	30/ Day	17 Year	QUALITY ENVI	RONMENTALS	OLUI	IONS	OX IL	JI 1.	
Month Day Year	Month	n	Day	1 cai	Street Address						
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period	of Abatem	ent			1376 ROUTE 9						
Abatement Performed Outside of Normal Fac	ility Hours	- Descri	be:		0. 0. 7	0-4-					
X Other - Describe: MON-FRI 7AM-12:00AM	SATURD	AY 7A	M-3:30 PM		City, State, Zip	WAPPINGER	S FAL	LS, N	Y 125	90	
				X Full Cont	I ainment with Nega						
Scope of Work (Check all that apply) Demolition X	Renovation	on		X Mini-Enc	lo,						
>3SF OR LF					g Procedure						
X >160 SF OR 260 LF				1.10	ble Procedure		T	-	Abate	ment Ty	/pe
Location of		cation ally used		Description of A Containing Mate		Amount	교			m m	
Asbestos-containing Material (ACM)	12 SANGERSON	ely by		(ie. Thermal s		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE	
TO BE ABATED	manufacture (COMMON)	Custodia	1	insulation, surface	cing, VAT,	SF or LF)	Š	77	PS	SC	
in Facility (13)		ff (12)		or other miscel	laneous)		-		I E	ᇛ	
	Yes	No N	_	TINCS		15 LF	×				
KITCHEN	1	X	PIPE FIT			35 LF	X				
BACK HALL	1	X	PIPE FI			500 SF	X		1		
BACK HALL		X	SPRAY	ON INSULATION	ч	300 SF		+	1		
DISHWASHING AREA & ASSOCIATED							X	+	+	+	
HALL		X	PIPE FI	TTINGS		85 LF	X	+	+	1	
RECEIVING AREA		×	PIPE FI	TTINGS		15 LF	X	+	+	+	
RECEIVING AREA		×	SPRAY	ON INSULATION	N	1,530 SF	X	+	-	-	
		×				25 LF	Х	1	-	-	
BOARD DINING		×		TTINGS		15 LF	Х				
SEVERY BAY 1))		ON INSULATIO	N	760 SF	Х				
SEVERY BAY 1	1	,		TTINGS		15 LF	X				
HALLWAY BETWEEN SEVERY BAYS	-	5		ITTINGS		15 LF	X				
SEVERY BAY 2	+			minoso		40 SF	x				
KITCHEN	NJDEP	Waste		ards of Waste	Name of Regis	stered Landfill					
Name of Registered Waste Hauler NEWARK CARTING INC.	Hauler		Cubic	200	GRAND CENT	TRAL SANITAR	Y LAN	DFILL	_		
369 RAYMON BLVD.		913			0	-,				_	
City, State			Disposa		City, State	TOWNSHIP, PA	A		4	9	
HTM			112/23-1	11/30/2017	AL PHINLIEFD				6	1	
NEWARK, NEW JERSEY 07105				Signature	7/A X		ate	-	1 1	71	1
NEWARK, NEW JERSEY 0/105 Completed by (Print or Type) BENJAMIN SANCHEZ DIRECTOR OF 0	PERATIO	NS		Signature	4/1/2		ate	5	II	5/,	17

/				ICATIO		BESTOS ABATE		200) E	C	E		\mathbb{V}	E
Date of Notification (1)			(Pu	rsuant	Nam	:60-7 and 12:12 e of Building O ON HALL UNIVE	wner/Operator	(2)						-
2 / 27 /17						et Address	LINOITI	The state of the s		MAR	2	2	2017	- 1
Agencies Notified Type Noti	fication					SOUTH ORANG	SE AVENUE	a turit	te.				re-ornerion	i invo
EPA Initia	al Notification					State, Zip Code	normal and a second		-	The better tides	100 to		a store of audien	
DEP X Ame	ended Notification			46		(U) 25	NEW JERSEY 07	079	ASB				VTRO)L&
	cellation										OEL	de in	\.j	
X DOH On I	HOID ERGENCY NOTIFICA	TION			1000000	e of Contact ORIA PIVOVAR	PANICK	Telephone N	lumber		-			
A DOA LIEWIE	ENGENCT NOTIFICA	TION		EAC			RNICK							
Name of Facility Where Abateme	nt is Taking Place (3)		FAC	SILIT INF	ORMATION	Type of Facilit	v (4)		_				
SETON HALL UNIVERSITY							School (K X Subchapt	(-12) er 8 (Other tha						
Street Address								private & com		gs., h				
400 SOUTH ORANGE AVENUE -	UNIVERSITY CENTE	R					Square Feet 60,000	# of Floor:	S			dg. Ag 40+	je	
City (5) Cou	nty (6)				Coun	ty Code (7)	Current Use (P	(30)	molishe	d)		40.		-
SOUTH ORANGE ESS						USE ONLY)	UNIVERSITY			-/				
Name of Monitoring Firm Hired b	y Building Owner (8))				ASCM No.	Name of Abate							
TTI ENVIRONMENTAL INC. Street Address						3	PAR ENVIRON Street Address	IMENTAL CO	RPORA	TION				
1253 NORTH CHURCH STREET							313 SPOOK R	OCK ROAD						
City, State, Zip Code		Marin Statemen		CTE			City, State, Zip	Code			7.55			
Project Manager for Monitoring Firm	OORESTOWN, NEW	JERSEY					SUFFERN, NE							
JEFF SEAMAN	1		1	none N 89-518	lumber		Telephone Nun 845-369-7500		icense N 101	lumbe	er			
Expected State Date (10)		Sched.			Date (11)		Name of OSHA		101					
3 / 3 /17			11		30/	17	QUALITY ENV	IRONMENTAL	SOLUT	IONS	& TE	CH.		
Month Day Year Occupancy Status During Abateme	nt (Check only one)	Moi	nth		Day	Year	Street Address							
X Facility Closed/Vacated		of Abate	ment				1376 ROUTE 9							
Abatement Performed O	utside of Normal Fac	lity Hou	rs - De											
X Other - Describe: MON	N-FRI 7AM-12:00AM	SATUR	DAY	7AM-3	3:30 PM		City, State, Zip		50 544				ile e illi	
Scope of Work (Check all that apply	()				1	X Full Conta	I inment with Neg	WAPPINGE ative Pressure	KS FAL	LS, N	Y 125	90		
Demolition	X	Renova	tion		1	X Mini-Enclo		aure i ressure						1
>3SF OR LF							Procedure							
X >160 SF OR 260 LF Location of		le l	ocatio	. T		Non-Friab Description of As	le Procedure				• • • •		-	
Asbestos-containing			ally us			ontaining Materia		Amount	73		Abater		ype	
Material (ACM)			lely by			(ie. Thermal sys		(Specify	EM	REPAIR	NC.	NCL		
TO BE ABATED in Facility (13)			/Custo aff (12)	100000000000000000000000000000000000000		sulation, surfacir or other miscella		SF or LF)	REMOVAL	Ħ	ENCAPSUL	ENCLOSUR		
				N/A	,	or outer miscena	rieous)		-			JRE		
KITCHEN				X F	PIPE FITTI	NGS		15 LF	X					
BACK HALL				X F	PIPE FITTI	NGS		35 LF	X					401.540
BACK HALL				X S	SPRAY ON	INSULATION		500 SF	X					
DISHWASHING AREA & ASSOCIA	TED								x					
HALL				XF	PIPE FITTI	NGS		85 LF	×					
RECEIVING AREA					PIPE FITTI			15 LF	X					
RECEIVING AREA						INSULATION		1,530 SF	X	T				
BOARD DINING					PIPE FITTI	02000		25 LF	×	\vdash	\vdash			$\overline{}$
SEVERY BAY 1					PIPE FITTI			15 LF	×					
SEVERY BAY 1					area and a second area	INSULATION		760 SF	×	-	-		-	$\overline{}$
HALLWAY BETWEEN SEVERY BA	IVS				PIPE FITTI			15 LF	x	-				
SEVERY BAY 2	,,,,				PIPE FITTI			15 LF	×				Annual Marie	
KITCHEN		7-15-1			IRE WAL			40 SF	x	\vdash				$\overline{}$
Name of Registered Waste Hauler		NJDEP	Waste			s of Waste	Name of Regist		1^					
NEWARK CARTING INC.		Hauler I	D No.			200	GRAND CENT		Y LAND	FILL				
369 RAYMON BLVD. City, State			913		Nanagari D	nto	City Ctat-	7						
NEWARK, NEW JERSEY 07105	96			100	Disposal Di 2/23-11/30		City, State	OWNSHIP PA		i		1		
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BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATION	NS			1-1	1		1	-/-	-/	1	/	

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Date of Notification (1)		C = 2 3 5 2 1	(1	ursuai	Nam	ne of Building C)wner/		(2)		The second second				
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	MERGENCY NOTIFIC	ATION			10000000	e of Contact ORIA PIVOVA	RNICK		Telephone Nu	mber				0.996.020	
Name of Facility Where Abatem	ant is Taking Place /	3)		F	ACILITY INF	ORMATION	-								
rame of Facility Where Abatem	lent is raking Flace (3)					Туре	of Facilit							
SETON HALL UNIVERSITY							X	Subchapi	ter 8 (Other than	K-12)				
Street Address							Sa	uare Feet	private & comm	icl. blo	igs., ho		dg. A		
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4200219004020000000000000000000000000000	unty (6)				Coun	ty Code (7)	Curre	ent Use (P	rior if being dem	olishe	ed)		40.		
	SEX				(STATE	USE ONLY)	UNIV	ERSITY							
Name of Monitoring Firm Hired TTI ENVIRONMENTAL INC.	by Building Owner (8	3)				ASCM No.			ement Contract						
Street Address						3	_	t Address	MENTAL COR	PORA	TION				
1253 NORTH CHURCH STREET									OCK ROAD						
City, State, Zip Code			, Billian mark				-	State, Zip							
Project Manager for Monitoring Fir	IOORESTOWN, NEW	JERSE					+		W YORK 10901						
JEFF SEAMAN	m		1	389-5°	Number			hone Nun			Numbe	r			
Expected State Date (10)		Sched			n Date (11)			369-7500 e of OSHA	Manitar 110)1					
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Abatement Performed	Outside of Normal Fac	ility Hou	irs - De	scribe	۵۰		13/6	ROUTE							
X Other - Describe: MO	N-FRI 7AM-3:30PM	SATUR	RDAY	7AM	-3:30 PM		City,	State, Zip	Code						
S 5W-1 (0) 1 111									WAPPINGER	S FAL	LS, N	Y 125	590		
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TO BE ABATED			olely by t/Custo			(ie. Thermal sys		т	(Specify SF or LF)	MO	REPAIR	CA	CLC		
in Facility (13)		S	taff (12)		r other miscella	SF GILF)	REMOVAL	72	ENCAPSUL	ENCLOSURE				
		Yes	No	N/A						<u> </u>		E	R		
KITCHEN				X	PIPE FITTI	NGS			15 LF	X					
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RECEIVING AREA				X	PIPE FITTII	NGS			15 LF	X					
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			-		PIPE FITTIN				15 LF	X					
10					Cubic Yards		Ne		40 SF	X					
NEWARK CARTING INC.						of Waste	GRAN	OF REGISTE	ered Landfill	ANIT	FILL		_		$\overline{}$
369 RAYMON BLVD.			913	S .					L OUBLIANT	LAINL					
NEWARK NEW IEDORALIE					3.5	Disposal Date City, State							\neg		
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title				12/23-11/30		PLAIN	IFIELD TO	WNSHIP, PA				1		
BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATIO	NS	0.0000000		Signature			Date		3/:	>	11.	7_	

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Date of Notification (1)				(Pursi	Nam		ding C	owner/Operator	(2)			7/1	ateus			1		
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SETON HALL UNIVERSITY	s iaki	ing Pi	ace (3)				Type of Facilit	(-12)	17.40)								
SETON TIALE ONIVERSITY									ter 8 (Other than private & comm			omes.	etc.)					
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400 SOUTH ORANGE AVENUE - UNI City (5) Cour	nty (6)		ENTE	R	Coun	ty Code (771	60,000	3		-11		40+			_		
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TTI ENVIRONMENTAL INC. Street Address			_			3			MENTAL COR	PORA	TION					_		
1253 NORTH CHURCH STREET								Street Address 313 SPOOK R										
City, State, Zip Code				20.00000000				City, State, Zip								1		
MOORESTOV	VN, NE								W YORK 10901									
Project Manager for Monitoring Firm JEFF SEAMAN		- 1		one Nun 39-5182	nber			Telephone Nun 845-369-7500		ense N	lumbe	Г						
Expected State Date (10)				npletion	Date (11)		Name of OSHA	Monitor 110	J 1				_		-		
3 / 3 /16 Month Day Year		Mor	11 /	30/	Day	1	7 Year		IRONMENTAL :	SOLUT	IONS	& TE	CH.					
Occupancy Status During Abatement (X Facility Closed/Vacated During		only	one)					Street Address								1		
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Scope of Work (Check all that apply)						X Full	l Canta		WAPPINGER	S FAL	LS, N	Y 125	90					
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TO BE ABATED in Facility (13)			Custo aff (12)	Constant in		sulation, s or other m			SF or LF)	NA.	F	PS	SO.					
iii aciiity (13)	7	Yes I				or other in	liscena	ineous)				ENCAPSULE	URE					
KITCHEN			×		FITT	NGS			15 LF	x								
BACK HALL			×	PIPE	FITT	NGS			35 LF	x								
BACK HALL			×	SPR	10 YAS	INSULA	TION		500 SF	X						-0		
DISHWASHING AREA & ASSOCIATE	D	T								X				-				
HALL			×	PIPE	FITTI	NGS			85 LF	X								
RECEIVING AREA			×	PIPE	FITTI	NGS			15 LF	X								
RECEIVING AREA			×	SPR	O YAS	N INSULA	TION		1,530 SF	x								
BOARD DINING			×	PIPE	FITTI	NGS			25 LF	X						1		
SEVERY BAY 1			×	PIPE	FITTI	NGS	27,1000		15 LF	X					-			
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SEVERY BAY 2			×	PIPE	FITTI	NGS			15 LF	Х								
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Name of Registered Waste Hauler		NJDE		3500	ic Yard	s of Wast	te	Name of Regist								1		
NEWARK CARTING INC. 369 RAYMON BLVD.	1	Haule	r ID No 913	o.		200		GRAND CENT	RAL SANITARY	LAND	TILL							
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NEWARK, NEW JERSEY 07105	-			12/2	3-11/3	0/2017		PHAINFIELD				<u> </u>		<i>i</i>	7	4		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	CTOR	OF O	PERATIO	SNC	Signature	6	$\langle \chi \chi \rangle$	Dat	e /	4.	2	//	1/	/			

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Date of Notification (1)				1	Nan	me c	of Building	g Owne	r/Operato	r (2)		-	7)			-E-1
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		Y NO	TIFIC				f Contact RIA PIVOV	ARNICE	<	Telephone N	Numbe	er /				EMSIN
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Street Address								<u> </u>	Other (ie	ter 8 (Other that private & com	an K-1.	2) Idae	homo	1-	,	
400 SOUTH ORANGE AVENUE - UNIV	FRSIT	V 0E	NTED						luare Feet	# of Floor	s	iugs.,		Bldg.		
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SOUTH ORANGE ESSE	X			(STA	ATE	EUS	E ONLY)	UNI	VERSITY	Prior if being de	molish	ed)				
Name of Monitoring Firm Hired by Bu TTI ENVIRONMENTAL INC.	ilding (Owne	r (8)			A	ASCM No.	Nam	e of Abat	ement Contrac	ctor (9)				
Street Address							3			MENTAL COF	RPOR	ATION	4			
1253 NORTH CHURCH STREET									et Address SPOOK R	OCK ROAD					000	
City, State, Zip Code MOORESTOWN	I NEW	IED	251/0					City,	State, Zip	Code						
Project Manager for Monitoring Firm	v, 14⊏vv			ne Number						W YORK 1090						
JEFF SEAMAN			5-889-				ta		ohone Nun 369-7500	33.50 Jan	cense 01	Numb	per			
Expected State Date (10) 12 / 23 /16	Scl			letion Date	e (1	11)			e of OSHA		01					
Month Day Year	N	lonth	1/	30/ Day			17 Year	QUA	LITY ENV	RONMENTAL	SOLU	TION	S&T	ECH.		
Occupancy Status During Abatement (Ch	neck on	ly one	e)				i cai	Stree	t Address							
X Facility Closed/Vacated Durin Abatement Performed Outside	g Entire	Perio	od of	Abatement				1376	ROUTE 9							
X Other - Describe: MONDA	AY-SAT	TURD	Y 7AN	4-3:30 PM	esc	cribe	i.	City	State, Zip	Code						
Scope of Work (Check all that apply)					_		-			WAPPINGER	RS FAI	LS. N	NY 12	590		
Demolition X	Ren	ovatio	n.		X		Full Cont	ainment	with Nega	ative Pressure				000		
>3SF OR LF			311		-	K	Mini-Encl		dure							
X >160 SF OR 260 LF Location of	1.						Non-Friat	ble Proc	edure							
Asbestos-containing		Loca	tion used	1 .	De	escri	ption of As	sbestos-	4)	\$70.00 Kg			Abate	ement	Туре	
Material (ACM)		solely		1	(i	ie. T	hermal sy	stems		Amount (Specify	REMOVAL	REPAIR	ENCAPSUL	EN		
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DISHWASHING AREA & ASSOCIATED	_										х					
HALL			X	PIPE FITT	TING	GS				85 LF	X					
RECEIVING AREA			X	PIPE FITT	TING	GS				15 LF	x					
RECEIVING AREA	-		Х	SPRAY O	N II	NSL	JLATION			1,530 SF	x					-
BOARD DINING			X	PIPE FITT	TINC	GS				25 LF	x					\neg
SEVERY BAY 1	-		Χ	PIPE FITT	INC	GS		AltA		15 LF	x					
SEVERY BAY 1	-		X	SPRAY O	N IN	NSU	JLATION		1	'60 SF	x					
HALLWAY BETWEEN SEVERY BAYS	1		X	PIPE FITT	ING	GS			1	5 LF	x					
SEVERY BAY 2 KITCHEN	+	-		PIPE FITT	ING	GS			1	5 LF	X					
Name of Registered Waste Hauler	NJDE			FIRE WAL		£ 141				0 SF	x					
NEWARK CARTING INC.	Haule			Cubic Yard	20 20			GRAND	Register	ed Landfill L SANITARY L	4410-					
369 RAYMON BLVD. City, State		913	2000			00.00	80	J. VAINL	CLIVIRA	L SANITARY L	ANDF	ILL				
NEWARK, NEW JERSEY 07105			- 1	Disposal D 12/23-11/3				City Sta		nio						
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BENJAMIN SANCHEZ DIR	ECTOR	OF	PER	ATIONS			6/1	メン	~	Date	1	1	DA	//	7	

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-	-		Nai	me of	Building	and 12:120-7) Owner/Operator	(2)			TC,	The state of	官	17 11
Date of Notification (1)					ALL UNIN		(-)			L	<u> </u>		11 //
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Name of Facility Where Abatement is T	aking Pl	lace (3)				Type of Facil							
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Project Manager for Monitoring Firm			e Number		100	Telephone Nu		ense l	Numb	er			
JEFF SEAMAN		856-889-				845-369-7500		01					
Expected State Date (10) 12 / 23 /16	Sched	d. Compl	letion Date ((11)	47	Name of OSH		585 585					
Month Day Year	Mor	nth	Day		17 Year	QUALITY ENV	IRONMENTAL	SOLU	TIONS	S & TE	ECH.		
Occupancy Status During Abatement (Che	ck only	one)				Street Address							
X Facility Closed/Vacated During Abatement Performed Outside	Entire P	eriod of A	Abatement	coribo:		1376 ROUTE 9)						
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>3SF OR LF				$\overline{}$		Procedure							
X >160 SF OR 260 LF	1				Non-Friab	le Procedure							
Location of Asbestos-containing		ocation ally used			tion of As ng Materi		A	_	_	Abate	ment	Туре	
Material (ACM)		lely by			nermal sy		Amount (Specify	REMOVAL	REPAIR	ENCAPSUL	NO.		
TO BE ABATED in Facility (13)	The second of the second	Custodia		sulatio	n, surfacii	ng, VAT,	SF or LF)	00	AR	APO	000		
- Tracinty (15)		aff (12) No N/A	- '	or otne	r miscella	neous)		P		E	ENCLOSURE		
KITCHEN		X	PIPE FITT	INGS			15 LF	x	+	J m	In		
BACK HALL		X	PIPE FITT	INGS			35 LF	X		1			
BACK HALL		X	SPRAY ON	N INSU	ILATION		500 SF	X		1			
DISHWASHING AREA & ASSOCIATED								X		1			
HALL		X	PIPE FITTI	INGS			85 LF	x		\vdash			
RECEIVING AREA		X	PIPE FITTI	INGS			15 LF	x					
RECEIVING AREA		Х	SPRAY ON	N INSU	LATION		1,530 SF	X					
BOARD DINING		X	PIPE FITTI	INGS			25 LF	X	\vdash				$\overline{}$
SEVERY BAY 1		X	PIPE FITTI				15 LF	X					
SEVERY BAY 1		X	SPRAY ON	N INSU	LATION		760 SF	X					-
HALLWAY BETWEEN SEVERY BAYS		Х	PIPE FITTI				15 LF	X					-
SEVERY BAY 2		Х	PIPE FITTI	NGS			15 LF	X					
KITCHEN		х	FIRE WAL				40 SF	x					
Name of Registered Waste Hauler		Waste	Cubic Yard	s of Wa	aste	Name of Registe	ered Landfill						
NEWARK CARTING INC. 369 RAYMON BLVD.	Hauler	ID No. 913		200		GRAND CENTE	RAL SANITARY	LAND	FILL				
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NEWARK, NEW JERSEY 07105			12/23-11/30	0/2017		PLANNFIELD TO							
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			(, ,	Na	me o	of Building	Owner/Operate	or (2)	-	111	111				**********
Date of Notification (1)				SE	TON	HALL UNI	VERSITY	(-)		4	11				
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X DOH On Hol				Nar	me o	f Contact		Talanhan		1		M-44 (44)	_ !!!	HINN:	MIN
		NOT	TFICATIO			RIA PIVOVA	ARNICK	Halanhan	o Mirimbai	•					
						Y INFORM							-		
Name of Facility Where Abatement is 1	aking	Place	(3)				Type of Faci	lity (4)							-
SETON HALL UNIVERSITY							School	(K-12)							
SETON HALL UNIVERSITY								pter 8 (Other t							
Street Address							Square Fee	e. private & co		dgs., h					
400 SOUTH ORANGE AVENUE - UNIVE	RSITY	CEN	TER				60,000	t # of Flo	ors		BI	ldg. A 40+			
City (5) County		-				Code (7)	The state of the s	Prior if being	demolish	ed)		40+			\dashv
SOUTH ORANGE ESSEX				(STAT		SE ONLY)	UNIVERSITY	•							
Name of Monitoring Firm Hired by Buil TTI ENVIRONMENTAL INC.	ding 0	wner	(8)		1	ASCM No.	Name of Aba	tement Cont	ractor (9)				-1	\neg
Street Address					_	3		NMENTAL C	ORPORA	NOITA					
1253 NORTH CHURCH STREET							Street Addres	ROCK ROAD							
City, State, Zip Code	000000000000000000000000000000000000000						City, State, Zi						_		-
MOORESTOWN Project Manager for Monitoring Firm	NEW	_					SUFFERN, N	EW YORK 10	901						
EFF SEAMAN			phone N				Telephone Nu	Programme 1	License	Numbe	er				
expected State Date (10)	Sch		-889-518 ompletio		(11)		845-369-7500		1101						
12 / 23 /16	001		1 / 30		(11)	17	Name of OSH	IA Monitor VIRONMENTA	AL SOLLI	TIONS	0 TF	-011			
Month Day Year		onth		Day		Year	GOVERN EN	VII (OI VIII I I I	AL SOLU	TIONS) & IE	CH.			
Occupancy Status During Abatement (Che X Facility Closed/Vacated During	ck onl	y one)) 				Street Addres								\neg
Abatement Performed Outside	of Nor	mal Fa	o or Abat acility Hor	iement urs - Des	scribe	۵٠	1376 ROUTE	9							
X Other - Describe: MONDA	Y- SAT	URD	Y 7AM-3:	30 PM	SCHE	c.	City, State, Zi	Code	-						\dashv
Soons of West (Ob - 1 - 11 th - 1 - 1)						_	1	WAPPING	ERS FAI	LLS, N	Y 125	90			
Scope of Work (Check all that apply) Demolition	7000	ovatio			X		ainment with Ne	gative Pressu	re						
>3SF OR LF		ovado	111		X	Mini-Encl	o , g Procedure								
X >160 SF OR 260 LF					-		ole Procedure								
Location of		Locat	508 THE STATE OF T		Desci	ription of A	sbestos-			-	Abater	ment	Type		-
Asbestos-containing Material (ACM)		mally solely		C	ontai	ining Mater	ial (ACM)	Amoun	t R	R]		
TO BE ABATED		-	todial	in	(ie. sulat	Thermal sy tion, surfaci	na VAT	(Specify SF or LF	y §	REPAIR	CA	CC			
in Facility (13)	5	Staff (1	C 20 1 10 cm - cm			her miscella		3F OF LF	REMOVAL	77	ENCAPSULE	ENCLOSURE			
	Yes	No	N/A								E	R			
TCHEN	-		X PII	PE FITTI	INGS	3		15 LF	×						
ACK HALL	1		X PII	PE FITTI	INGS	3		35 LF	X						
ACK HALL			X SP	PRAY ON	INS	SULATION		500 SF	×						_
SHWASHING AREA & ASSOCIATED									×						
ALL			X PIF	PE FITTI	NGS	3		85 LF	X						-
ECEIVING AREA			X PIF	PE FITTI	NGS	3		15 LF	X						-
ECEIVING AREA						ULATION					\vdash	-	_		-
DARD DINING	1			PE FITTI				1,530 SF	X	+	\vdash				
EVERY BAY 1	1							25 LF	X	-					
EVERY BAY 1	+			PE FITTI	Sec.			15 LF	X						
	+-					ULATION		760 SF	X						
LLWAY BETWEEN SEVERY BAYS	-			PE FITTII				15 LF	X				-		
VERY BAY 2	-		X PIF	PE FITTII	NGS			15 LF	X			4		3.	
TCHEN me of Registered Waste Hauler	h			E WALL				40 SF	х				Beat I		
WARK CARTING INC.	-	EP Wa		bic Yards		Vaste	Name of Regis								
9 RAYMON BLVD.	, iaule	913			200		GRAND CENT	KAL SANITAF	KY LAND	FILL					
y, State	-		Dis	posal Da	ate	,	City, State	/							\dashv
WARK, NEW JERSEY 07105			12/2	23-11/30	-	7	PLANFIELD T	OWNSHIP, PA	Α .		1				
Impleted by (Print or Type) ENJAMIN SANCHEZ DIRI		ROFO)PERATI		Signa	ature //	NXX		ate /	21	10	7/	11	5	7

Pate of Notification (1) 12	<u>I W E</u>
Agencies Notified Type Notification EPA DEP X DOL X DOH	2 2017
Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE Amended Notification X DOL X DOH On Hold Agencies Notified Type Notification City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 ASSESTOS C Name of Contact Telephone Number	2017
EPA X Initial Notification City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 ASBESTOS COMPANY ON Hold Name of Contact Telephone Number	
DEP Amended Notification X DOL Cancellation DOH On Hold Name of Contact Telephone Number	
X DOL Cancellation X DOH On Hold Name of Contact Telephone Number	
Telephone Number	ONTROL 8
FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)	
SETON HALL UNIVERSITY School (K-12) X Subchapter 8 (Other than K-12)	
Street Address Other (ie. private & commol. bldgs., homes, etc.) Square Feet # of Floors Rido App	
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 60.000 3	
City (5) County (6) County Code (7) Current Use (Prior if being demolished)	_
Nome of Maritain Fig. 111	
TTI ENVIRONMENTAL INC. ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address	
1253 NORTH CHURCH STREET City, State, Zip Code Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code	
Project Manager for Monitoring Firm Telephone Number Telephone Number License Number	_
JEFF SEAMAN 856-889-5182 845-369-7500 1101	
Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor	-
Month Day Year Month Day Year Month Day Year	
Occupancy Status During Abatement (Check only one)	_
X Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe:	
X Other - Describe: MONDAY - FRIDAY 7AM-3:30PM City, State, Zip Code	
WAPPINGERS FALLS, NY 12590	
X Full Containment with Negative Pressure	
>3SF OR LF All Personation X Mini-Enclo X Glovebag Procedure	0
X >160 SF OR 260 LF Non-Friable Procedure	
Location of Is Location Description of Asbestos- Abatement Type Asbestos-containing normally used Containing Material (ACM)	
Asbestos-containing normally used Containing Material (ACM) Material (ACM) Solely by Amount Specify Specif	
TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF SF	
You like Tay of other miscellaneous)	
KITCHEN V PIDE SITTINGS	
BACK HALL	_
BACK HALL	_
DISHWASHING AREA & ASSOCIATED X SPRAY ON INSULATION 500 SF X X	7
HALL V FUE EXTRACE	-
RECEIVING AREA	-
RECEIVING AREA	-
BOARD DINING	-
SEVERY BAY 1	-
SEVERY BAY 1	-
SEVERY BAY 2 X PIPE FITTINGS 15 LF X	-
HALLWAY BETWEEN SEVERY BAYS X PIPE FITTINGS 15 LE	-
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill	-
NEWARK CARLING INC	-
NEWARK CARTING INC. Hauler ID No. 200 GRAND CENTRAL SANITARY LANDFILL	
369 RAYMON BLVD. 913 City, State Disposal Date City State	_
369 RAYMON BLVD. 913	

Ch 2896	1		CATION	ate of Nev I OF ASBI to NJAC	ESTOS	ABATE		Anapara presimento e e una constitución de la const		C	E		Pri	nt For
Date of Notification (1) 3/13/2017			Name o Vince	f Building (Lanci	Owner/0	Operator	(2)			MAR	2 8	20	17	
Agencies Notified Type Notification	n		Street A	ddress		?		1	ASI	BEST				. &
X EPA X Initial Amended Amendmer	nt#	Ī		ate, Zip Co e, NJ 07						<u> </u>	CENS	DING	<u></u>	-
□ Emergency justification □ DCA □ Cancellation)		Name o	f Contact an Barb					Telepho	one Nur	mber			
			FACI	LITY INFO	RMAT	ON								
Name of Facility Where Abatement is Taki Residence	ng Place (3	3)					Туре	e of Facility (4						
Street Address							×	School (K-12 Subchapter of Other (i.e. pretc.)	(Other th			dings,	home	es,
City (5) Hillside, NJ 07205							Squa 975	are Feet	# of Flo	ors	1998	ldg. A	ge	
County (6) Union				Code (7) USE ONLY)			Curre	ent Use (Prio	r if being d	demolish	hed)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)		ASCN	I No.				atement Cont ink Service						
Street Address PO Box 354						Street 1256		ess erty Avenue	9					
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666		Teleph 844-	none N 462-7			cense N	lo.			
Start Date (10) 3/28/2017	Schedule 4/4/20		npletion	Date (11)		120000000000000000000000000000000000000		SHA Monitor Lighthouse	Solution	ns				
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:						City, S		Zip Code	7070					
Scope of Work (Check All That Apply)						Sout	n Ora	ange, NJ 0	7079					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				>	Mi GI	ull Containme ini-Enclosure lovebag Procon-Exempted	edure	20000000			e	
Location of	1	Locati Normal	ly		De	scription	of					Abate Ty	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial s (12)	nce/		os Con thermal surfa		Materia s insul T, or		Amou (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure
bear and a	Yes	No	N/A				con.						ite	CD
basement		X	-		-	pe wra	<u> </u>		80 1	_	X			
basement	-	X			fl	loor tile	9		300 s	q.ft	X			
Name of Registered Waste Hauler		100000	IJDEP W		Cubic of Wa	Yards ste		Name of F						
Newark Carting City, State		1.25000	4509			sal Date		Waste N		nent L	andfi	II		
East Orange, NJ	- Appear					1200		Penn Ar						
Completed by Alison Lamers	Title Office	e Mar	nager		5	Signature	N	KONS			ate 113/20	017		

MOCH		NOT	TIFICAT (Pursu	State of N TION OF AS ant to NJA	BESTO C 8:60 a	S ABATE	EMENT	20.75), 匡	C		7	// [E
Date of Notification (1) 03/15/2017			Nam	e of Buildin	g Owner	/Operato	or (2)		1				
A	pe Notification			itage SR	C Finai	nce LL(0	d and department		WAR	2 5	20	17
⊠ EPA □				et Address Fifth Ave	anua 1	Oth Fla			Ĺ				
DEP 😾	Initial Amended			State, Zip (DIII F100	or		ASBE				
X DOL	Amendment # 1		Nev	v York, N	Y 1001	7			-	110	ENS	ING	
∑ DOH ☐	Emergency (includ justification)	ing		e of Contac				Tolor	h 11		1.00		
× DCA	Cancellation		Coli	n Stirrat				l leleb	hone N	umhe	-		
Name of Facility Where Abate	ement is Taking Place	2 /21	FA	CILITY IN	ORMAT	TION						1,0-0	
Sears Store Unit#1434	Taking Flace	= (3)					Type of Facili	ty (4)					
Street Address							School (I	K-12)					
50 Route 46							X Other (i.e	ter 8 (Other to b. private & c	than K-	12) cial bu	ildina	s hor	mac
City (5) Wayne							etc.) Square Feet						nes,
							80,000	# of FI	oors		Bldg. 50+	Age	
County (6) Passaic			Count	y Code (7)	_		Current Use (F	1	demolis	- 1			
Name of Monitoring Firm Hire	d by Prildian O			E USE ONLY)		Commercia	1	GOTTONS	nicuy			
Omega Environmental	Services	(8)	001	CM No.		Name	of Abatement C	Contractor (9)					
Street Address			001	120			Environment	al Service	S				
280 Huyler Street							Address 2 Queens Pla	ozo Cauth					
City, State, Zip Code							ate, Zip Code	aza South					
South Hackensack, NJ (Long	Island City,	NY 11101					
Project Manager for Monitoring Veronica Kero) Firm			one No.			one No.		cense N	lo.			
Start Date (10)				189-8700		718-3	49-0900		28675				
Postponed	12/16	/2017	mpletior	n Date (11)			of OSHA Monito	r					
Occupancy Status During Abat	ement (Check Only C	One)					McRea						
Facility Closed/Vacated D	uring Entire Deried of	F A h = 4 =				Street A	lddress ennedy Blvd						
Abatement Performed Ou Other – Describe:	tside of Normal Facili	ty Hour	nent S		1		ate, Zip Code						
Contract the second sec					_		ne, NJ 0700	12					
Scope of Work (Check All That	Apply)						, 0, 00						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demoli				×	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure					
		s Locati					TON Exchipte	d () and No	n-rnabi		Abate		
Location of Asbestos-Containing Materi	OL/ACMA US	Normal ed Sole			Des	cription o	f					ре	
TO BE ABATED	Mi	aintenai	nce/	Asbest	os Conta	ining Ma	terial (ACM)	Amour				Ш	
In Facility (13)	Cus	stodial S (12)	staff?	(surfaci	ing, VAT.	or	(Specion SF or L		Remova	Re	Encapsulate	Enclosure
	V	T		-	other m	iscellane	ous)		,	точа	Repair	sula	osur
1st Floor	Yes	No	N/A							_		ate	6
		X		Floor Til	e, Fittii	ngs & F	ireproofing	58,000	SF	Х			
2nd Floor		X		Floor Til	e, Fittir	ngs & F	ireproofing	47,600	SF	Х			\neg
							8.5			Х			_
										Λ	-		
Name of Registered Waste Haul	er	N.	JDEP W		Cubic Y	ards	Name of	Registered L	andfill				_
ATC			auler ID		of Waste 50 Yar	9		Enterpris					
City, State			0.10		Disposa								
Shirley, NY 11967					03/22/2		City, State	sburg, OH	1160	0			
Completed by Ann A. Ali	Title					nature	A Vidyilos	buly, OH					
, suit A. All	Comp	oliance	e Admi	in			H		03/	15/20	017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Print Form

				, aroua	PAI. JO	B# 17-		u)	Annual Control	3445	0.0	2 0	047	-
Date of Notification (1) 03/06/2017					of Buildin	g Owner	Operator		and to	MAH	17	2 21	11/	-
	Type Notification	1		Stree	t Address Fifth Ave				AS	BEST	OS C	ON	IRO	 L. &.
EPA DEP DOL	Initial Amended Amendmen	t #		City, S	State, Zip (York, N	Code		"	Lumpadamanahana	1-1	Y-III	211110	3	
X DOH X DCA	Emergency justification)	(includir	ig	Name	of Contac		-		Telep	hone N	umber			
E DOX	Cancellation	1			Stirrat				-			_		
Name of Facility Where Abo Sears Store Unit#143	atement is Takir	ng Place	(3)	FA	CILITY IN	FORMAT	ION	Type of Facilit	y (4)					
Street Address 50 Route 46								School (K	er 8 (Other	than K-	12)		2	
City (5) Wayne		-						Other (i.e etc.) Square Feet	. private & c			ildings Bldg.		nes,
County (6)								80,000	2			50+	, 190	
Passaic				County (STATE	y Code (7) E USE ONL	Y)		Current Use (F Commercia	rior if being	demolis	shed)			
Name of Monitoring Firm Hi Omega Environmenta	red by Building I Services	Owner (8	3)	ASC 001	M No. 20		Name PAL	of Abatement C Environment	ontractor (9))				
Street Address 280 Huyler Street							Street	Address 2 Queens Pla			-			
City, State, Zip Code South Hackensack, No	J 07606						City, S	tate, Zip Code						
Project Manager for Monitor	ing Firm			Teleph	one No.			Island City, I			la			
Veronica Kero Start Date (10)		Cabad	1-10	201-4	189-8700		718-3	349-0900		icense N 28675				
03/16/2017		12/16	2017	mpletior	Date (11)			of OSHA Moniton McRea	Г					
Occupancy Status During At								Address (ennedy Blvd						
Facility Closed/Vacated Abatement Performed (Other – Describe:	Outside of Norm	al Facilit	y Hour	nent s			City, St	ate, Zip Code						
Scope of Work (Check All Th	nat Apply)						вауо	nne, NJ 0700)2					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
		ls	Locat	ion			-	Non-Exempte	d () and N	оп-глас	ne Pro		re ement	t
Location of Asbestos-Containing Mat	torial (ACM)	100000000	Norma ed Sole	-		Des	cription of	of				Ty	ype	_
TO BE ABATE In Facility (13)		Cus	todial (12)	nce/ Staff?	Asbes (i.e.	thermal surfac	aining Ma systems ing, VAT iscellane		Amou (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure
1st Floor		Yes	No	N/A							-		ite	0
2nd Floor			X	-				Fireproofing	58,000	SF	X			
2110 1 1001			X	-	Floor	ile, Fitti	ngs & I	Fireproofing	47,600	SF	X			
											X			
Name of Registered Waste H	lauler		10000000	JDEP W		Cubic \	'ards	Name of	Registered	Landfill	1			
ATC				auler ID 4310	No.	of Wast	Control of the Contro		a Enterpri					
City, State Shirley, NY 11967						Disposa 03/22/		City, Stat Wayne	e sburg, Ol-	4468	38			
Completed by Ann A. Ali		Title Com	oliano	e Adm	in	Sig	gnature/		3, 3.	Dat		0017		

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Ch	1001	1
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U1 · UC			(P	ursuant	to NJAC 8	3:60 and	1 12:120	0)		1				11	
Date of Notification (1)					f Building (05 58	l less la	MAR	22	20	17	1	#
3/16/17 Agencies Notified	Type Notification				Gertzen F	rivate	Home)						-	
1000	Type Notification		1	Street A	andress					ASBEST	OS CC	TMC	RO	_ &	
EPA DEP	Initial Amended		Ĩ	City, Sta	ate, Zip Coo	de				LIC	CENS	ING			
X DOL	Amendment			Long	Beach T	wp NJ	08008	3							
⊠ DOH	Emergency justification)			Name o	f Contact					Telephone	e Numb	er			
DCA	Cancellation	1		Ken											
Name of Facility Where	Abstament is Takin	a Diago /	2/	FACI	ILITY INFO	RMATI	ON	-							
Ken Gertzen Priva		ig Place (3)					Тур	e of Facility (4	#.X					
Street Address	ato i ioine							H	School (K-12 Subchapter 8		K 12)				
ou out / ladi obs								X	Other (i.e. pr			build	lings,	home	es,
City (5)								Squ	are Feet	# of Floors	S	BI	dg. A	ge	
Long Beach Twp N	NJ 08008							10	+00	2		3	5+	3	
County (6)					Code (7)			Cur	rent Use (Prio	r if being den	nolished	1)			
Ocean				(STATE	USE ONLY)			100	use						
Name of Monitoring Firm	n Hired by Building	Owner (8))	ASCN	Л No.				atement Cont	ractor (9)	10				
N/A							Pern								
Street Address							Street								
City, State, Zip Code							PO E								
City, State, Zip Code							my succession		Zip Code rlin NJ 0809	01					
Project Manager for Mor	nitoring Firm			Telepho	ne No		Teleph		Some with anni twee		se No.				_
				тогоро			7.7		-9800	007					
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		Name	of OS	SHA Monitor						-
3/27/17		3/31/1	7				Sam	е							
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street .	Addr	ess						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of and Facility	Abaten y Hours	nent s			City, S	tate,	Zip Code	4-	1,000				
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf	iii //ide/ippij/	\Box	Renova	ation			Г	1 -	ull Cantainma	at with No sa	tiva Dra		_		
≥3 \$1 01 ≥3 11≥160 sf or ≥260 If			Demolit						ull Containmei lini-Enclosure	nt with Nega	uve Pre	SSUF	е		
							X		lovebag Proce		Crichlo	Dron	odur		
		Τ.			F			1 14	on-Exempted	() and Non-	riiabie			ement	
Longtion	n of	- 88	Locati Normal			Dan	arintian	o.f						ре	
Location Asbestos-Containing		100000	ed Sole	, ,	Asbest		cription aining M		al (ACM)	Amount				ш	
TO BE AB		105000	todial S		(i.e. t	thermal:	systems sing, VA	insu	lation,	(Specify		Rer	Re	Encapsulate	Enclosure
In Faci (13)			(12)			other m)	SF or LF	'	Remova	Repair	psul	uso
		Yes	No	N/A								<u>a</u>		ate	Гe
avtariar s	idina	+	1118	-		outor	der old	lina		1800 SF	-			-	-
exterior s	sidirig	-		X		exter	rior sid	ing	-	1800 51	-	x			
		-										-			
		-						1111			+	-		-	
Name of Registered Was	ste Hauler		IN	JDEP W	/aste	Cubic \	Yards		Name of R	egistered La	ndfill				
United Roll Off	100 C C C C C C C C C C C C C C C C C C		H	lauler ID 2459	S03437336	of Was 4			G.R.O.V						
City, State							al Date		City, State						
Elm NJ						3/31/1	17		Morrisvi	lle PA 190	67				
Completed by		Title				Si	gnature	1			Date				
Anthony T Perna		Pres	sident			10					3/16	5/17	7		1

Print Form

Chall	02	NO.		ATIO	N OF AS	New Jersey SBESTOS ABA' AC 8:60 and 5:1		DEC			<u>V</u>	E
Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)	<u>III.</u> MAF	1 2	2	201/	_
3 /	7 / 1	7		Ac	ler Holdi	ngs						
Agencies Notified	Type Notification	n	· -	Stree	t Address			ASBEST				DL 8
□ EPA	Initial			15	0 Airport	Road, Suite 150	0	I.	UEN	ISIN	<u> </u>	
☑ DOLWD	Amended Amendment	44		City,	State, Zip	Code	Transport management					10001100
DCA	☐ Emergency (- Ia	La	kewood,	NJ 08701		a m				
(NJAC 5:23-8)	justification)		.5	Name	e of Conta	ct		Telephone Numb	er			
	☐ Cancellation			Mo	she Glat	zer	W. 554.					
N (5 W 10				FA	CILITY II	NFORMATION		1				
Name of Facility Where A			e (3)				Type of Facility (**			
Former Elizabeth C	ieneral Hospit	al					School (K-12) (Other than K-12)				
Street Address							Other (i.e., pr	ivate and commercial	cial b	uildin	gs,	
925 East Jersey Str City (5)	eet						homes, etc.)	Alpha Sprandinals		100		
Elizabeth, NJ 07201							Square Feet	# of Floors	- 1	ldg. A	ge	
County (6)		-075 7705		LCou	nty Codo /	7)(STATE USE ONLY)	300,000	7		>75		
Union				000	nty code (I NOTATE USE ONLY)	Hospital Cor	or if being demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme		ubiex				
Lewis Consulting G			,			Tricon Enter	75,1750					
Street Address						Street Address		(80)				
2517 Highway 35, B	ldg P, Suite 20	2				322 Beers St	reet					
Cily, State, Zip Code				25710-120		City, State, Zip Co	ode					
Manasquan, NJ 087						Keyport, NJ (7735					
Project Manager for Monit	oring Firm		Tele	ephone	No.	Telephone No.		License No.				
Clive Williams				32-276		732-739-1200		1095				
Start Date (10)					ite (11)	Name of OSHA M	lonitor					
3/13/				3_/.	17	N/A						
Occupancy Status During						Street Address						
 ☐ Facility Closed/Vacated ☐ Abatement Performed 	During Entire Pr	eriod of	Abate	ment	oribo							
Time of Abatement:	AMP	M/	PM	- Des	AM	City, State, Zip Co	ode .					
Scope of Work (Check all	hat apply)					L						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati			☐ Mini-Encl ☑ Glovebac	Procedure	ative Pressure -Friable Procedure	9			
- u - 1			Local				v., \$		Ab	atem	ent T	уре
Location of Asbestos-Containing M		·	Norma d Sole		Acho	Description of stos Containing Mat		Assertat	R	R	Щ	Щ
TO BE ABAT	ED		intena lodial		(i.e	., thermal systems i	nsulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	(12)			surfacing, VAT, other miscellaned		SF or LF)	à		sula	ure
		Yes	No	N/A	1	Outer Thisocharie	Jusy				te	
Outside Building, Buri	ed				Transit	e Pipe		~500 LF	\boxtimes		П	
Outisde Building, Buri	ed			\boxtimes	Pipe du	ct w/ACM close		~300 LF				
								000 E1				22.00
			6	-						П		
Name of Posistared Wests	Houles				\ <u></u>	I 0 1: W : .						
Name of Registered Waste Freehold Cartage, In-			1	JDEP V auler ID		Cubic Yards of Waste	Name of Registe		TT.			
the first contract to the state of the state of	••			S2265		80		d County Landfi	11			
City, State						Disposal Date	City, State					

ASB-41 JAN 13

Freehold, NJ

Completed By (Print or Type)

Thomas Camarda

Title

Project Manager

4/28/2017

Signature

City, State

Newburgh, PA

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

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		MAR	2	2	2017		$\ U \ $

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Date of Notification (1)						g Owner/Operator (2)		,	ρ		j
/16	/ _1	7		IGC	Service	Group	1	ASBESTO	stad	NT	5	2
	otification	1		Street	Address				ENSI	VG.	1 Comban	<u>~</u>
⊠ EPA ☐ Initia				110	0 Maxim	-Southard Road				11-15-1-11-11		
☑ DOLWD ☐ Ame	nded ndment #	ш		City, S	State, Zip (Code				e2		
	rgency (i			Ho	well, NJ (07731						
	fication)	moluding	3	Name	of Contac	t		Telephone Numb	per			
☐ Can	cellation			Jer	i			i e				
	3-5			FA	CILITY IN	IFORMATION						
Name of Facility Where Abatemer	t is Takir	ng Place	(3)				Type of Facility	(4)				-
Residence		•					School (K-12					
Street Address							☐ Subchapter 8	(Other than K-12)				
							Other (i.e., p homes, etc.)	rivate and commer	cial bu	ilding	IS,	
City (5)							Square Feet	# of Floors	Blo	dg. A	ne en	_
Sicklerville							900 sf	1	4000	65	ge	
County (6)				Cour	ty Code (7	()(STATE USE ONLY)		or if being demolis				
Camden				000.	ity code (i	(CITTLE GOL GIVET)	Residence	or it being deritors	ileu)			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No	Name of Abateme						
N/A	- amaning	0111101	(0)	7100111	110.		ntracting, Inc.					
Street Address			_			Street Address	nicacting, mc.					-
						1889 Route 9	Unit 61					
City, State, Zip Code						City, State, Zip Co			_			
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Project Manager for Monitoring Fir	m		Tol	ephone	No	Telephone No.	ivew sersey oo	License No.				
- reject manager for membering in			101	Српопс	140.	732-349-9932		00624				ı
Start Date (10)	Scho	eduled C	omnl	ation Do	to (11)	Name of OSHA M		00624				
03 / _17_ / _17_		03 /				Appropriate Control of the Control o						
				<u> </u>	11	E.M.S.L. Ana	тупсат					
Occupancy Status During Abatem						Street Address						
 ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside 					oribo	1056 Stelton						
Time of Abatement:AM						City, State, Zip Co						
						Piscataway, I	New Jersey 08	854				
Scope of Work (Check all that app	iy)					☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		Re				☐ Mini-Enc		Janvo i rossuro				
⊠ ≥160 sf or ≥260 lf		□ De	molit	on			g Procedure	n-Friable Procedur	-			
		le	Loca	tion	T	⊠ Noii-Exe	mpted () and No	II-FIIable Plocedul	-		4 T	
Location of		500	Norm			Description o	f			atem		
Asbestos-Containing Material (ACM)			lely by	Asbe	stos Containing Ma		Amount	Ren	Repair	Enc	Enc
TO BE ABATED IN Facility		10000000		ance/ Staff?	(i.e	thermal systems		(Specify	Remova	ai-	aps	Enclosure
(13)			(12)		surfacing, VAT, other miscellane		SF or LF)	1 20		Encapsulate	Ге
		Yes	No	N/A			,				Ф	
exterior					asbesto	os siding		900 sf		П		П
		+=				o claining		00001				
		\perp \sqcup								Ш	П	Ш
									П	П		
Name of Registered Waste Hauler				NJDEP \		Cubic Yards of	Name of Regis	tered Landfill				-
Guardian Contracting, Inc.			- 1	Hauler II		Waste	T.R.R.F.					
City, State				20223	5	3 Disposal Date	City, State				- 63	
Toms River, New Jersey						3/21/17		Pennsylvania				-
Completed By (Print or Type)	T:4	lo					Tanytown,	0	4- 1			
Nicholas Fernicola	Tit		BA-			Signature		Da	E 1	1.		
Micholas Ferricola	1	Project	iviai	lager		\ \ \	1: te	1	5/16	0/1	7	

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Ck# 0562

Da	te of Notification (1)			T	Name o	of Building	Owner/	Operator	(2)						
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Age	encies Notified	Type Notification	1		Street A	Address				100	力一	W		17	15
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	DEP	Amended			City, Sta	ate, Zip Co	de			111	1	MAR	22	2017	1
d	DOL	Amendmen			Mata	wan, NJ				i had	he	IN PART	No. No.	2011	i
	DOH	Emergency justification		Ī	Name o	of Contact				Te	lephone I	Numbe			
	DCA	Cancellatio			Matt I	Esposito				and the same of th	ASBI	ESTO	S CO	NTR	OL 8
NI	C - 1111 1411 1				FAC	ILITY INFO	DRMAT	ION		1		LIG	ENSH	76	-
	me of Facility Where A arehouse	Abatement is Taki	ng Place (3	5)					Type of Facility				E 00		69
Stre	eet Address		70						School (K	ter 8 (Oth	er than K	(-12)			
20	0-208 Angelo Cif	felli Dr				40			Other (i.e etc.)				ildings	, hom	es,
City	(5)						3111		Square Feet	# c	of Floors		Bldg.	Age	
Ha	arrison, NJ								5,000	1			50+		
Cou	inty (6)				County	Code (7)			Current Use (F	Prior if be	ing demo	lished)			
Es	ssex				(STATE	USE ONLY)			Warehouse			15			
Nar	me of Monitoring Firm	Hired by Building	Owner (8)		ASCN	И No.		Name	of Abatement C	ontractor	(9)				
n/a	a				n/a			Harr	nony Contrac	cting In	С				
Stre	et Address								Address						
n/a	a							360	Palisade Ave)					
City	, State, Zip Code							City, S	tate, Zip Code						
n/a								Garf	ield, NJ 0702	26					
	ect Manager for Moni	toring Firm			Telepho	ne No.		Teleph	one No.		License	No.			
n/a					n/a			9734	160.6026		01255	5			
	t Date (10)				npletion I	Date (11)		The state of the state of	of OSHA Monito						
	27/17		4/15/17						nony Contrac	cting In	С				
	upancy Status During								Address		and the			AND ALL OF	
×	Facility Closed/Vaca	ted During Entire	Period of A	baten	nent				Palisade Ave)					
×	Abatement Performe Other – Describe:	ed Outside of Norr	nal Facility	Hours	5				tate, Zip Code						
								Gart	ield, NJ 0702	26					
500	pe of Work (Check Al	i inat Apply)	Second					_	•						
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	(13)			(12)			other n	niscellan	eous)	088	•	Remova	pair	Encapsulate	Enclosure
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Rov	vic Transport			Н	auler ID	No.	of Was	ste	GRO	NS Lar	ndfill				
City,	State						1	sal Date	City, Sta	ate					-
Rive	erdale, NJ						TBD		1000 CONTRACTOR OF THE PARTY OF	sville, P	Α				
	pleted by		Title					ignature				Date			\neg
Kris	tina Caporino		Secre	etary			K.	risti	ne Cappine	7		3/16/	17		

100001						Distance and distance of				
100		ЙO.	TIFICATION OF (Pursuant to)	ASBESTOS AB, N.J.A.C. 7:26-2.	ATEMENT 12)		E C		\mathbb{V}	EM
Date of Notification (1)				Name of Bu	ildina Owner	/Operator (2)				
3-8-17				Poul	NIV	7/ 51	MAR	22	2017	
Agencies Notified	Notificatio	п Туре		Street Addr	9400	47				
WEPA	//			Oli cel Adul	535	1 1	SECT	20.00	NITIO O	
(J)DEP	() Amend	Notification led Certific	eation					OS CO	NTRO	L&
(X) DOL (X) DOH	() Cancel		dion	City, State,	Zip Code	-	L-1\	o A	10	
(S) DCA				L U d V	MUQU	CIN:	O_{i}	38	5+	-
35 S				Name of Co		210	1 +		-	
110			FACILITY I	NFORMATION	1/141	45				
Name of Facility Where Abatement is T	aking Place	(3)		Type of Faci	ility (4)					
resonal Kisiaini	L.			() School (I	<-12)					
Street Address				() Subchap	ter 8 (other t	han K-12) ommercial bld	as hom	na oto		
					A CONTRACTOR OF THE PARTY OF TH					
City (5) County (6)		County	Code (7)	Sq. Feet	100	# of Floo	rs	<u> </u>		
Old Bridge Hiddle	SAV		Jse Only)	Bldg. Age	60					
Name of Monitoring Firm Hired by Bldg.	Owner (8)	ASCMI	No.	Current Use	(prior if being	g demolished)				
1100	O MITOL (O)	ASCIVIT	<u>40.</u>			Name of Co	ntractor	(9)		
Street Address										
				Street Addre	SS	-				
42 Thomas St										
City, State, Zip Code				City State, Zi	pCode					
Did Brage NJ	DRR 5	->-								
Project Manager for Monitoring Firm	Telephone I	Number		Telephone No	ımher		Linema	- h1 !-		
taul Nimes 1	072-	777	335	1	arriber		ricen a	e Numbe	31	
Scheduled Start Date (10)	Scheduled (Completion	Date (11)	Name of OSH	IA NA 11					
3-15-17		22-1		Isame of OSP	TEL IVIONICOF					
Occupancy Status During Abatement (C)	nack only on	-1	· ·	Ct						
() Facility Closed/Vacated During Entire	Period of Al	astament		Street Addres	<u>is</u>					
() Abatement Performed Outside of Nor	mal Facility I	Hours -								
Describe N/A POLVATE	tome			City, State, Zi	p Code					
Other -										
Describe	a cus a Madificio de monte a antiga en c									
Source of Work (Check all that apply)				L						
() Demolition () Renovation										
() Large Proj. (>160 SF or >260 LF ACM	1) () SM Pro	i. (>25<16	0 SF or >10 <26	OLEACM) (Minor Dra	j. (<25 SF or <	.10.1 = .	211		
The Containment with Negative Press	sure () N	Aini-Enclos	sure () Glo	vebag Procedur	e willion Pro	j. (525 SF OF 4	STULF A	(CM)		
	on Normally Maint./Cust	Used	Description of	ACM (i.e.		pecify SF or L	F)	Abatem	ent Typ	e
Facility (13) Staff? (1	2)	Juliai	thermal system surfacing, VAT	is insulation,	1					
extenor Siding YES	NO	NA	miscell.)	, or other	1 7 3	ocuyo		Rem.	Rep.	Encap Enc
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	IJDEP Wast	e Hauler II	D#	Cubic Yards of	Waste		Name o	f Rea. Li	andfill/	
ali Carting INC.	0933	(0)		<u>+</u> 3	OCKY		+	et.	1	1
City State					7	Disp. Date	1eans	-	ty, State	MINIM
LEGIONY NO	*	25 (2)				7		2	1 20	1 04
completed by (Print or (Vpe)	itle)	Signature			Date	116	17/1/1	1/1
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our runes	MARI	TUIT	roperty 1	Youl Y	lunus		3/8	12)]7	
lail to NUCEP-OSHW-BRRTP TO	elephone 60	9-984-662	0	100-6	in the		-10	100	1 1	

d01 S. State St., PQ 414 Trenton, NJ 08625-0414

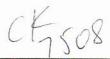
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Date of Notification (1)				on a Suilding Owner			שעו	14	IU	DA	INS	JN I F ING I
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D DCA justifies			Na	MS. BARA	1		Telephone	Numer	받	KON	ÆD.	11
Name of Facility Where Abatement is Take	Sour Bilance			ACILITY INFORM	A THINH		_ -			-	-/	7
MS.Con	-≠ ⟨VY⟩ unik kunck ((E)		RTON	221001	Type of Facil	lity (4)			_		
Street Ar		_		C1 010		School ((K-12)					
City (5)			~			Other (L	our S (Other than K. 4. private & comme	12) roial br	al lich (m. m	s, hon	del etc	,
MONTCLAIR				· ·		Square Feet	# of Floors	TO TOTAL AND		₩ As		4
County (6)			Cour	ity Code (7)		2004	2	-	"	19	40	
Name of Monnoring First Hired by Building	or Connection		(STA	RE DIE ONTO	-	1	Tion if being demoli	thed)				
	ê OMBE (1	1)	A	SCM No.	Mama o	er Ababbanent Co	ominacion (9)	=				4
Street Address					Street A	st Remova	i ino					
ily, Sente, Zip Code							114- Fla			* ***		7
7. T.					City, Str	South River, Zip Code	ver Street	-				4
roject Manager for Monitoring Firm			Telap	none No.	Telephon	censack, N	J 07601					
art Data (10)	Tiches	plad Ca	- 5-11	Date (11)	2	01-329-74		No. 1038	9			7
3/20/17		· 70 1	aprenon 21/1	Date (11)		OSHA Monto		420	-			4
Section Check			7		Street Ad	ega Enviro	nmental					1
Facility Closed/Venetod During Entire P Absternent Performed Outside of Norme Other - Describe:	eriod of A Lifebility	hatsmen Houes			280	Huyler St	reet				~	7
ope of Work (Chook All The Apply)	10.	530	284		City, State	a Zip Code	sack, NJ 0760			-		-
23 2505 29 19					900	- I MONGII	Sack, IVJ U/6(16] .
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Date of Notification (1)			- 60				ner/Operator	80A					
	17 /1	7			ise Teeple		ier/Operator	(2)		MAR 2	2 2	2017	
	Type Notification	1			et Address								-
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☑ DHSS	Amendment	#		City	State, Zip	Code	(LICE	4210		
□ DCA [Emergency (- Ig	Nutl	ey, NJ 07	110							
(NJAC 5:23-8)	justification)			Nam	e of Conta	ct			Telephon	e Number			
I	_ Cancellation			Loui	se Teeple				200				
				F	ACILITY I	NFOR	MATION						200
Name of Facility Where Aba	atement is Takir	ig Place	e (3)					Type of Facility	(4)		1/2		
Private house								School (K-1	2)				
Street Address					ř.			Subchapter Other (i.e., homes, etc.	8 (Other than private and c	n K-1 2) ommercia	buildi	ngs,	
City (5)								Square Feet	# of Floo	rs	Bldg.	Age	
Nutley, NJ 07110											5	7	
County (6) Essex				Cou	nty Code (7)	(STATE	USE ONLY)	Current Use (P	rior if being o	femolished	(È		
Name of Monitoring Firm Hi	red by Building	Owner	(8)	ASCN	No.	Nam	e of Ahatem	ent Contractor (9)\				
						These see	ech LLC	one contractor (s	')				
Street Address							et Address						
							Valley Rd #	¥283					
City, State, Zip Code							State, Zip C					11.00	
						Way	ne, NJ 074	70					
Project Manager for Monitor	ing Firm		Tel	ephone	No.	Tele	ohone No.		License	No.		_	
Start Date (10)	Sche	duled C	Comple	etion D	ate (11)		638-1777 e of OSHA N	fouit	01127				
03 / 27 /	17 _	03	2	9 /	17			onsultants,Inc					
Occupancy Status During Al	batement (Chec	k only	one)				et Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Facility Closed/Vacated I Abatement Performed Out	During Entire Pe	eriod of	Abate	ement		20-21	Wagaraw	Road, Bldg .#	35E				
Time of Abatement:	AMP	M/	y Hou	rs - De -	SCRIDE AM		State, Zip Co						
Scope of Work (Check all that	at apply)				-	Fair I	Lawn, NJ 0						
	at apply)					F	Clean up	o and decontaming tainment with Ne	nation with ne	egative pre	essure		
>3 sf or >3 If ≥ 160 sf or ≥260 If			enovat				■ Mini-Enc	losure					
			emoliti	on		1	Gloveba	g Procedure mpted (*) and No	Tent with Ne	gative Pre	ssure		
		ls	Loca	tion		-		p.co () and no	THAT THE PIE) hata-	T	
Location of Asbestos-Containing Mat	ratio (ACAA)		Norma	ally elv by			Description a			-	Abaten		1
TO BE ABATE			inten		Asbe	stos Co	ontaining Ma nal systems i	terial (ACM)	Amour	nt 🧯	Repair	nca	Enclosure
IN Facility	==	Cus		Staff?	(1.0	sur	facing, VAT,	or	(Specif SIF or L	y F)	air	psc	uso
(13)			(12)	Т-	-	othe	r miscellane	ous)		,]	-	Encapsulate	6
Danamant		Yes	No	N/A									
Basement		Ш	Ш	\boxtimes	Pipe inst	ılation			170 LF	12			
										Г	ПП	П	П
										Г			
		П	П										
Name of Registered Waste H	lauler	1	NJ		Hauler ID No.	Cubic '	Yards of Waste	Name of Regis	stered Landfil	L	1 1		Ш
Gr Tech LLC				003378			BD		Lorou Lanuill	50			
City, State			1	,0337(,,,	Coloria maria	sal Date	T.R.R.F. Inc					
Wayne, NJ 07470							BD						
Completed By (Print or Type)	Title)					Signature A	Tullytown, PA		D=/			
N.Jevtic	Owi	ner					H.	he Wenad	7	Date	unes:		
SB-41	[Ow]	101					//ew	ne Wenad	v:	03/17/	17		



D	ate of Notif	ication 3/13/	17	Name of E	Building Owne	r / Operator (2)			D D D E	- F
Agenci	esNotified	Type of Noti	fication	Lorhetta			HA) E	CE		
rigerio	EPA	1 1 2 2 2 2	rgency Notifica	Street Add	aress				A STATE OF THE PARTY OF THE PAR	
	DEP		Notification	The second secon	& Zip Code				- 0017	
X	DOL	55555	nded Notification	The state of the s	d, NJ 07060			MAR 2	2 2017	land of l
X	DOH	Cano	ellation	Name of C			1 1		Telephor	ne Number
	DCA			Lorhetta			L	ESTOS	Telephor	- Nullipel
					ITY INFORM	MATION	AOD	LICEN	SING	
N-										
			nent is Taking Residence	Place (3)	Ту	pe of Facility (4) School (K-12)				
Street /	Address					Subchapter 8 (Other than K-	12)		
					X	Other (i.e., priva			ngs, home	es, etc.
							# of Floors	_	Bldg. Age	
City (5)			County (6)	County Code	(7)	2,000	2	İ		30+
	Plainfie	eld	Union		Cu	rrent Use (Prior if	being demoli	shed)	+1	
			- 14			sidence	Ü	7.6		
Name o	of Monitorin	g Firm Hired	by Building O	wner (8) AS	SCM No. Na	me of Abatement	Contractor (9	9)		
Enviro	nmental	Tactics		N/		obal Abatemer				
Street A	Address					eet Address	,			
North Control	ad Street				44	3 Schoolhouse	Road			
	ate & Zip C					y, State & Zip Coo				
	an, NJ 07					onroe Townshi	p, NJ 08831			
		or Monitoring	Firm	Telephone Num		ephone Number		License 1	Number	
Tom G		. (10) I		732-290-2217		2-605-9062			00714	
Schedu	led Start D 3/13/17		Scheduled Con	npletion Date (11	20 N. 100	me of OSHA Mon		=-/11C 998W		
Occupa				3/13/17		obal Abatemen	t Services,	LLC		
X F	acility Close	During Abat ed/Vacated D	ement (Check	only one) eriod of Abateme		eet Address 3 Schoolhouse	Dood			
				al Facility Hours		y, State & Zip Coo				
	escribe:	0.10111104 00	noide of Hornic	ar r domey r lours		onroe Township				
0	ther - Desc	ribe:			livio	mice rownsiii	9, 145 0005 1			
Scope of	of Work (Ch	neck all that a	ennly)							
	emolition		X Renovati	ion		Full Cont	ainment with	Nogativo I	Droceuro	
Lá	arge Projec	t	,			Mini-Encl		vegative i	ressure	
		3 SF or ≥ 3	LF ACM			X Glovebag				
			260 LF ACM				Non-friable			
		ocation of		Is Location	T	Description of		mount	Abotos	mont Type
		tos-Containir	g	Normally Used		estos-Containing		Specify		ment Type /: Removal,
		erial (ACM)		Solely by	l N	faterial (ACM)		re Feet or		epair,
		BE ABATED		Maintenance or		thermal systems		ear Feet)		sulation or
	H	n Facility (13)		Custodial Staff? (12)		ion, surfacing, VA er miscellaneous			Enc	closure)
		(10)		(12)	01 011	er miscellaneous	'			
	R	asement		N/A	Di	no inculation		0.15		
		ascinciii		IN/A	FI	pe insulation		0 LF	Kel	moval
					-					
		d Waste Hau	ler	NJDEP Waste H		Cu. Yds. of Was		of Regist		dfill
	ld Cartag	e		186	93	111		berland	County	
City, Sta	ate eehold, N.	1				Disposal Date	City,			
			T:AL-			3/18/17	Newl	burg, PA		
	ted By (Prir i inick Tri n		Title Manage	•		Signature				Date
Doni	iok IIII	ıyan	imanage			Dominick Tri	ngali			3/13/17
ASR_41	JUN 95 G	24667		***************************************						

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

3/11/17: Approved by
TOM Voochees
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Nam	e of Buildir	na O	wner/Operator	(2)		E PE	n	11//		
	17	_		11:		·	ip Board of E	* * 21			1	<u> </u>		
Agencies Notified Type Notifi	cation			Stree	et Address			100				-0.626	-	
☐ EPA ☐ Initial ☐ Amende	v			22	0 Ewingv	ille	Road	delicated and the second and the sec		MAR 2	2 2	017		
☑ DOLWD ☐ Amende ☑ DHSS Amendr	7978			City,	State, Zip	Code	e						Ť	
□ DCA	200		- n	Ev	ing, NJ 0	863	38	Í		ASBESTOS (1400	TOO	-	-
(NJAC 5:23-8) justifica		oluulii	9	Name	e of Contac	ct				Telephone Nün			_ 01	- 1
☐ Cancella	ation			Mr	Milton S	haw	v	5-whom		TO SHOW THE PARTY OF THE PARTY			-	
N				FA	CILITY IN	NFO	RMATION	(\$6,655.0)			-			
Name of Facility Where Abatement is	Taking	Place	e (3)					Type of Facili		-)				
Fisher Middle School								School (K-	12)		220			
Street Address								☐ Subchapte	er 8 i	Other than K-12 rate and comme	?) rcial h	mildin	25	
1325 Lower Ferry Road								homes, etc		rate and comme	roiai L	zunun i	, J.S.,	
City (5)								Square Feet		# of Floors	E	Bidg. A	ge	
Ewing								30,000		4		60+		
County (6)				Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Prio	r if being demoli	shed)			
Mercer								Academic						
Name of Monitoring Firm Hired by Bui	Iding O	wner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
Environmental Connection							BRISTOL EN	VIRONMENT	AL,	INC.				
Street Address						St	reet Address							
120 N Warren St							1123 BEAVE	R STREET						
City, State, Zip Code						-	ty, State, Zip Co						100	
Trenton, NJ 08608							BRISTOL, PA							
Project Manager for Monitoring Firm			Tel	ephone	No.	_	lephone No.			License No.				
Rollie Jones			6	09-392	-4200	1000000	215-788-6040			00509				
Start Date (10)	Schedu	ıled C	omple	etion Da	ite (11)	Na	me of OSHA M	lonitor			-			
3/_18_/_17_	3	/	1	8_ /	17		BRISTOL EN		AL.	INC.				
Occupancy Status During Abatement (Check	only o	one)			-	reet Address		,				LE COME	
☐ Facility Closed/Vacated During Enti				ment		1	1123 BEAVER	STREET						
Abatement Performed Outside of N	ormal F	acility	y Hou	rs - Des	scribe	_	y, State, Zip Co		-				-	
Time of Abatement: 8:00AM-4:00	PM/	PI	VI	AM		8	BRISTOL, PA							
Scope of Work (Check all that apply)														
≥3 sf or ≥3 If		⊠ Re	novat	ion			☐ Full Cont	ainment with No	egat	ive Pressure				
☐ ≥160 sf or ≥260 lf] De					☐ Glovebag	Procedure						
					,		Non-Exer	mpted (*) and N	lon-	Friable Procedu	re			
3 8			Loca Iorma								At	atem	ent T	уре
Location of Asbestos-Containing Material (ACN	1)			ely by	Asha	etae	Description of Containing Mat			A	R	R	Щ	Щ
TO BE ABATED	"		intena				ermal systems in			Amount (Specify	Remova	Repair	cap	clo
IN Facility (13)		Cust	odiai (12)	Staff?			surfacing, VAT,			SF or LF)	val	-	Encapsulate	Enclosure
(13)		Yes	No	N/A		ot	her miscellaned	ous)					ate	
Rm C-123	1		\boxtimes		Floor til	e ar	nd Mastic			50 SF				
	I													
]													
	[T		\Box	П	П	П
Name of Registered Waste Hauler			1000	JDEP V	000000000000000000000000000000000000000	Cub	oic Yards of	Name of Reg	ister	ed Landfill				
Bristol Environmental Inc.			F	18706	C 2000 000	Wa:	ste CYDS	GROWS L						
City, State							posal Date	City, State				******		
Bristol, PA						3.	/20/17	Morrisville	e, P	A 19067				
Completed By (Print or Type)	Title		GAZIII-				Signature	0	N. Francisco	Da	te ,	,		
Gino Pizzigoni	Est	timat	or				Dins 1	uzrozon	e .	/ gr 3	3/1	7/1	7	

State of New Jersey

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

Data of Natification (1)			(D 11)	_							(Check	# 84	76		
Date of Notification (3/17/17		Name of	of Buildi	ng Ow	ner/	Operator (2)		To a superior de	n	1	EG	E	1	V/	E	F
Agencies Notified [] EPA [] DEP	Type of Notifica [x] Initial Notification			Address Summ		19			de de companyon pousse		1	MAR	2 :		117	<u> </u>	Martin Committee of the
[X] DOL	[] Emergency [] Amended Notification		Vewa	ate, Zip ark, N.	J 07);		г. («Серентина» задача	and L						11 0	Lagran
[] DCA	[] Cancellatio	200	Name o	of Conta	ict				Teleph	none	Nü	PEST(EN	SING	TIC.	<i></i>	
					FAC	ILITY	Y INFORMATION								77.77		
Name of Facility Whe Specht Mainter Street Address	nance Bldg.	aking Pla	ace (3)					Type of Fa	cility (4) chool (K-12 ubchapter ther (i.e. pr omes, etc.	2) 8 (Otrivate	ther	than K-	12) ercial	buildi	ngs	,	
120 Summit Str	reet							Square Fee		of F	-laa		DI	Ja Aa			
City (5) Newark		County					nty Code (7) ATE USE ONLY)	80000 Current Us	e (Prior if b	2			~ 6	dg. Ag 80	le		
Name of Monitoring F Omega Enviror		ng Own	er /	ASCM N		Τ	Name of Abater	educationa nent Contracto	or (9)								
Street Address 280 Huyler St.	imental Servic	,es, III	C. (30120	,	1	Street Address	Jupiter En									500
City, State, Zip Code S. Hackensack,							City, State, Zip (Code Pine Brook			11	u, Ouit	0 10				
Project Manager for M Geiser Fajardo	Monitoring Firm			Numbe 9-8700			Telephone Num					Lice	nse N	lumbe	er 108:	52	
Scheduled Start Date 3/27/1		d. Comp 4/3	eletion 31/17		1)		Name of OSHA			l La	abo	ratorie	es. L				
Occupancy Status Du [] Facility Close [] Abatement P	uring Abatement (C ed/Vacated During erformed Outside of	Entire P	eriod o	of Abate	ment		Street Address	2333 Rout									
Des	cribe: cribe: partially vaca		ii i acii	ity i loui.	3 –		City, State, Zip (^{Code} Union, NJ	07083								
Scope of Work (Chec	k all that apply)		30-30-0				L	[1	Full Conta			sside Name	a Alberta	D			_
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥				[]	Ren	ovati	on	[x] [x]	Full Conta Mini – En Glovebag Non – Fri	closi Pro	ure ced	lure	ative	Press	sure		
			Locat	9:5:3:3:3: U			Desc	ription of			T					men	t
Locatic Asbestos – (Material <u>TO BE Al</u> In Fac	Containing (ACM) BATED	Main	Solely	by ce/Cus			Asbestos Mater (i.e., ther insulation, s	 Containing ial (ACM) mal systems surfacing, VAT iscellaneous) 				Amor (Spec SF or	cify	R E M O	E P A	N C A	ENCL
(13		Yes	No	N/A			or other m	iscellarieous)						V A L	I R	P S U	0 S U
First floor			X		TSI						+	10 LF		X	X		_
First floor			х		-		e/mastic				_	4000 SF		X			
Name of Registered V Jupiter Environr		s Ha	IDEP Vauler IE 04782	No.			oic Yards Vaste 15	Name of R			dfill						
City, State			3.702				oosal Date	City, State									
Pine Brook, NJ Completed By (Print of	or Type)	Title				4/	25/17 Signature	Taylor,	PA			T D-	to		-		
Pane Repic	, , po)	1 63	eral	Mana	ger		Signature		-			3/	te 17/1	7			
ASB-41					-		1						-		11		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

U)r	<u></u>	<u>(b</u>	5	U	/i/	5	
	1	MAR	2	2	2017	Section (1)	

						11111	MAR Z		7111	- 1	1
Date of Notification (1)		f Building Owr		erator (2)						opening of the last	
Agencies Notified Type Notification		vay EH, LLO	C			AS	PESTOS	0.0		31_8	
⊠ EPA □	Olicotive					1	LIGE	4511	46		
DEP Initial Amendme		Memorial Dr.									
DOL Amendment# _		ite, Zip Code									
		den, NJ 0810)3			Telephon	e Number			-	_
justification)	Name of	Contact				Treicpiton	o manibo.				
DCA Cancellation	on Chri	s Condon							_		
•		FAC	ILITY I	INFORMATION							
Name of facility where abatement is t	aking place (3)					Type of Facility (4) I (K - 12)				
Office Building							apter 8 (Oth	er th	an K-	12)	
Street Address						Other i	(Private/Con	rner			
							/Homes, etc # of Floors	_	Bld	g. Age	
196 Newton Ave.	I County (C)			1 Count	y Code (7)		01		65	9. 7.90	•
City (5)	County (6)				use only)	Current Use (P		demo		d)	_
Camden	Camden				,,	Vacant Build				7.0	
Name of Monitoring Firm Hired by BI	_		ASC	CM No.	Name of Abatement	Contractor (9)					
Langan Engineering					Paragon Contract	ting, Inc.					
Street Address			1	3	Street Address						
300 Kimball Dr. 4th Floor					590 River Rd.						-
City, State, Zip Code					ity, State, Zip Code						
Parsippany, NJ 07054					Clifton, NJ 0701	14					
Project Manager for Monitoring Firm		Phone Num	ber		elephone Number		License N	lumb	er		
Langan		973-560-4	1900		(973) 614-1600 Name of OSHA Mon		00748				
Scheduled Start Date (10)	Sched. Com	pletion Date (11)		Paragon Contrac						
04/03/2017	04/13/201	7			Street Address	71115, 1110.		-			
Occupancy Status During Abatement		Control of the Contro			590 River Rd.						
Facility closed/vacated during e	entire period of	abatement.			City, State, Zip Code		100000			Eventure ever	
Abatement performed outside of Describe:	of normal facility	/ hours-									
Other-Describe:	****				Clifton, NJ 070	14					
Scope of Work (check all that apply)											
□ Demolition □	Renovation			☐ Fu	III Containment w/ne		Gloveba				
$\square > 3 \text{ sf or } > 3 \text{ If}$	160 sf or ≥260	lf		M	ini-enclosure	Non-Exe	mpted (") N	lon-fr	riable	proce	dure
Location of	Is location norr		ely					R e	R	E n	E
asbestos-containing	by maintenance staff(12)	e/custodial			bestos-containing	Amount (Specify	SF or	m	p	C	n
material to be abated in facility (13)		No N/A	_	material (ACM)		LF)	0. 0.	o V	i	a p	L
5 0 8	100	10//				250 05		e	r		
Offices				AT&Mastic		350 SF			片	片	H
Roof		X	Ro	oof Flashing		2,200 SF			片	片	片
			4-					Η	片	片	H
			4-					+	H	H	Ħ
Registered Waste Hauler	NJDEP H	auler ID# T	Cubic	Yards of Waste	Name of Registere	d Landfill					
Paragon Contracting, Inc.	22161	aulti ID#	30 cy		GROWS/Tullyt						
City, State		Disposa	Date		City, State Tullytown, PA						
Clifton, NJ 07014 Completed by (Print or Type)	Title		Si	gnature	Tullytowii, FA		Date		-		
Goran Lazevski	President			~ _	1		03/17/2	2017			

APPROVED AS PER TOM VORHEES-DOL

CHECK# 1683

Date of Notification (1) 03/15/2017		Name o	of Building C	Owner/Operato	r (2) COMPANY INC			= n	D //	[Page
Agencies Notified Type Notification			Address	CLIVILIVI	DOMPANT INC	2:11D) E	C	5	<u>W</u>	
EPA Initial				S STREET	SUITE 500					Annual Control
DEP Amended Amendment #			ate, Zip Coo HESTER	le NEW YORI	K 14620		MAH 2	2	201	
DOH Emergency (in justification) Cancellation	Cluding		of Contact ER FLAUI	M		Telepho	ne Numb	er	-D	OL &
		FAC	ILITY INFO	RMATION			3-1 V/1-	*****		
Name of Facility Where Abatement is Taking F COMMERCIAL SPACE-VACANT RI	Place (3) CKELS				Type of Facility	30.5	72 ==	5.5		
Street Address 949 CHURCH ROAD					Other (i.e.	-12) er 8 (Other that private & con		buildi	ings, l	nomes,
City (5) CHERRY HILL					etc.) Square Feet 35,000	# of Floo	ors		dg. Ag D+	е
County (6) CAMDEN			Code (7) USE ONLY)		Current Use (Pr VACANT	rior if being de	emolished	i)		
Name of Monitoring Firm Hired by Building Ow ACER ASSOC.	vner (8)	ASC	M No.	Name ASS	of Abatement Co SURED ENVIP	ontractor (9) RONMENTA	ALSER	VIC	ES I	NC.
Street Address 1012 INDUSTRIAL DRIVE					Address CLEMS RUN					
City, State, Zip Code WEST BERLIN NJ 08091					State, Zip Code LLICA HILL NJ	J 08062				
Project Manager for Monitoring Firm MATT DEPALMA		Telepho 856-8	ne No. 09-1202	Telepl 610-	none No. -304-4676	7,000,000	ense No. 145			
03/16/2017	cheduled Co 03/31/2017	mpletion 7	Date (11)	Name EMS	of OSHA Monitor SL					
Occupancy Status During Abatement (Check (Only One)				Address	TII				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Abater Facility Hour	ment rs		City, S	RT. 130 NOR					
Scope of Work (Check All That Apply)				- CIN	NAMINSON N	IJ 08077				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli			-	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				
	Is Local	tion			1 Non-Exemple	d () and Non	I-FIIADIE I		baten	nent
Location of	Norma Used Sole			Description			-	_	Тур	9
Asbestos-Containing Material (ACM) TO BE ABATED	Maintena	ance/	Asbesto (i.e. th	s Containing Nermal systems	Material (ACM) s insulation.	Amoun (Specifi		, l		E E
In Facility (13)	Custodial (12)			surfacing, VA other miscellar	T, or	SF or LF	,	Remova	Repair	Enclosure
	Yes No	N/A		other miscenar	icous)			Sa	₹	ure
GROUND FLOOR		X		NF1 MAS	ΓIC	4048 S	F 2	ζ .		
Name of Decision and Market										
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERV	ICES F	NJDEP W Hauler ID 0034895	No.	Cubic Yards of Waste 20		Registered La RVA LANDF				
				Diagonal Data	0:4-04-4					
City, State MULLICA HILL NJ				Disposal Date 03/31/2017		ESBURG,	ОН			

5							11				7
Date of Notification	n (1) 3/17/17 Type Notificati	on	Name	of Building Oven Inc.	wner	/ Operator (2)	1	M	15 00		
Agencies Notified				Address			- 1	I I M	AR 22 7	201/	
EPA	0.000	rgency Notific		Routh Stre	ot Si	uite 1000		i			
DEP	100000	Notification		State & Zip Co		uite 1000		ACRE	STOS CON	ITPOL S	2.
X DOL		nded Notificat		s, TX 75201			ļ	AUDL	LICENSIN		X
X DOH	Cano	ellation		of Contact				TANDETT OF TANDETT OF		NAMES OF STREET	
DCA			11 10 10 10 10 10 10 10 10 10 10 10 10 1	Roemer					l elepr	one Nur	nber
			-	CILITY INFO	ORM	ATION					
Name of Facility V	Vhere Abateme	ent is Taking F	Place (3)		Тур	e of Facility (4)	-				
Ctroot Address	Vaca	nt Building			1	School (K-12)					
Street Address	00.0-1.0					Subchapter 8 (0	Other that	an K-12)			
	82 Garden S	tate Parkwa	y South			Other (i.e., priva	ate & co	mmercial b	uildings, ho	mes, etc	í.
011 (5)					Squ	are Feet	# of Flo	ors	Bldg. A	ge	
City (5)		County (6)	County (Code (7)		3000		1		50	
Iseli	n	Union			Cur	rent Use (Prior if	f being d	emolished)		
					Cor	mmercial					
Name of Monitorin	g Firm Hired b	y Building Ow	ner (8)	ASCM No.	Nan	ne of Abatement	Contrac	ctor (9)			
Environmental	Tactics, Inc				Glo	bal Abatemen	nt Servi	ces, LLC			
Street Address						et Address	AVC-				
64 Broad Street						Schoolhouse					
City, State & Zip C					City	, State & Zip Coo	de	0000-0000			
Matawan, NJ 07			T=		Moi	nroe Townshi	p, NJ 0	8831			
Project Manager fo Tom Geiger	or ivionitoring F	ırm	Telephone			phone Number		Lice	nse Number		
Scheduled Start Da	oto (10) I	2-1-1-1-1-0	732-290-2			-605-9062			007	14	
3/28/1		Scheduled Co	3/31/17	e (11)		ne of OSHA Mon bal Abatemen		ces IIC			
Occupancy Status	During Abaten	ent (Check o	nly ono)								
X Facility Clo	sed/Vacated D	urina Entire F	Period of Aba	tement		et Address Schoolhouse	Dood				
Abatement	Performed Ou	tside of Norm	al Facility Ho	ure		State & Zip Coo					
Describe:	Area Isolat	ed During A	hatament	uis -				2004			
Other - Des	scribe:	ou burning A	batement		INIOI	roe Township	p, NJ 0	3837			
Scope of Work (Ch	Strong and Arthresis A.	oly)									
Demolition		X Renovat	tion			Full Contr	ainmant		· D		
Large Proje		X Nonoval	don					with Nega	tive Pressur	е	
	≥ 3 SF or ≥ 3	LEACM				Mini-Encl					
X Quantity is	≥ 160 SF or ≥	260 LF ACM				Glovebag X Other: N					
	ocation of	200 21 71011	Is Location	n l	D		NOII-III		1		
	tos-Containing		Normally U	The state of the s		escription of stos-Containing		Amount		ement T	
Ma	terial (ACM)		Solely b			iterial (ACM)		(Specify Square Fe		ify: Rem Encapsi	
TO	BE ABATED		Maintenand		(i.e., t	hermal systems		or		Enclosur	
i	n Facility		Custodial S	taff? ins	ulatio	n, surfacing, VA	T	Linear Fee		_11010001	C)
	(13)		(12)			r miscellaneous)			*		
	Main Roof		N/A	_	Ro	of flashing		720 SF	D	emoval	
IM	lain Roof		N/A	D		seam flashing		120 SF		emoval	
Atter	idant booth		N/A			Roof		49 SF		emoval	
lame of Registered			NJDEP Was	te Hauler ID #	<u> </u>	Cu. Yds. of Was	ste I	NAME OF TAXABLE PARTY.	egistered La		-
Freehold Car	ting			18693		10	200	TRRF	-3.0.0.00 LC		
City, State						Disposal Date		City, State			
Trenton, NJ						3/31/17		Fullytown	ı, Pa		
completed By (Prin	t or Type)	Title				Signature				Date	
Dominick Trir	ngali	Pres.				Dominick Tr	ringali				7/17
						_ 0	8411			0,1	
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