					N OF ASB				1	100	h)	1		107	10
Date of Notification (1)				Name o	of Building	Owne	er/Operator	r (2)	$\overline{}$	nec	N.		K		v	V
3/21/17				Mike	Bain					r	NOTE TO SE					D //
Agencies Notified	Type Notification			Street A	Address						m	E	(6	E		\mathbb{W}^-
⊠ EPA	× Initial										LUT					
DEP X DOL	Amended				ate, Zip Co	de				1	111					-
× DOL	Amendment Emergency				ord NJ							Ã	IAR	2	7 2	017
DOH	justification)				of Contact					Tele	phone	Numb	er			
DCA	Cancellation	1		Mike							A	SBE	421	131	201	TR
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	ILITY INFO	ORMA	ATION	Type	e of Facility (4)		UUL			SIN	
house		9	-,					.,,,,	15 B		***************************************		Market N			A TOWN THE REAL PROPERTY.
Street Address			24,111,020					H	School (K-1 Subchapter		r than I	<-12)				
								×	Other (i.e. p				build	dings,	hom	es,
City (5)								Saua	etc.) are Feet] # of	Floors		T B	ldg. A	ae	
Cranford								200		2	1 10013		1000	3	,gc	
County (6)				County	Code (7)			Curr	ent Use (Prid	or if beir	na demo	olishe	1 20		21/11/19	
Union				(STATE	USE ONLY)	_		Contractor.	· · · · · · · · · · · · · · · · · · ·			7,0 800, 71,0 100	,			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		Name	of Aba	atement Cor	tractor	(9)					
							1		ironmenta			LC.				
Street Address							Street	Addre	ess							
							PO	Зох 4	183, 4 E G	ate Dr	ive					
City, State, Zip Code									Zip Code					-		
							Glen	wood	d, NJ 074	18						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				Licens	e No.				
							973-	764-2	2276		703					
Start Date (10)				mpletion	Date (11)		Name	of OS	HA Monitor					<i>y</i>		
4/10/17		5/3/17														
Occupancy Status During							Street	Addre	ess							
Facility Closed/Vaca Abatement Perform	ed Outside of Norn	Period of and Facility	Abater y Hour	ment s			City, S	state, Z	Zip Code							
Other - Describe: _						_										
Scope of Work (Check A	ll That Apply)															
≥3 sf or ≥3 lf		_	Renova					Fu	III Containme	ent with	Negativ	e Pre	ssur	е		
× ≥160 sf or ≥260 lf			Demoli	tion			×	- 1711	ni-Enclosure ovebag Proc							
									on-Exempted		Non-Fr	riable	Proc	edur	е	
		Is	Locat	ion										Abate	ment	
Location	of		Norma	lly		Г	Description	of						Ту	ре	
Asbestos-Containing			ed Sole			os Co	ontaining N	1ateria		15 1275.2	nount				ш	m
TO BE ABA In Facili		100000000000000000000000000000000000000	todial	Staff?	(i.e.		al systems		ation,		oecify or LF)		Removal	Re	Encapsulate	Enclosure
(13)	7		(12)				r miscellar			51	OI LI)		nov	Repair	insc	uso
		Yes	No	N/A	1								<u>m</u>		ate	ф.
ottio				-				1.0	10000 N	400		-	-			-
attic				X	Ve	ermic	culite ins	ulatio	on	120	00 SF	2	٥			
	//////			1								+		-		
Name of Registered Was	te Hauler			JDEP W	/aste	Cub	ic Yards		Name of F	Ragietor	ad I and	460				
	To Tidulot		1 1 2	lauler ID	0.0000000000000000000000000000000000000		aste		ATTENDED TO STATE OF THE STATE							
Freehold Cartage			1	5939		TBE)		Westerr	n Berk	s Land	ווודב				
City, State							osal Date		City, State						-	
Freehold, NJ			NOSC-10			TBE)		Birdsbo	ro PA						
Completed by		Title	455				Signature	,	A.			Date				
A. Scott Higgins		Pres	ident					1	1		_	3/21	/17			

				ICATIO	N OF ASI	ew Jersey BESTOS AB C 8:60 and 1			Che	e k	16:	17:	7	
Date of Notification (1) 3/21/17					and the same of th	g Owner/Op		r (2)					n	7\//
Agencies Notified Ty	ype Notification			Street A	Address			W. 100 - 14 - 15 - 1					<u> </u>	/A/
□ EPA x	Initial		[Morris /									
DEP X DOL] Amended	и			ate, Zip C					1 1 1	MA	R 2	7 %	2017
	Amendment Emergency	# (including			NJ 07					i lai ka	NO. COMM.		3. 3	-017
DOH DCA	justification) Cancellation			Name of Trish	of Contact	t				Telephone	Number	1 management		terbesianila
					II ITV ING	ORMATION)S ICEN	CON	
Name of Facility Where Aba	tement is Takin	g Place (3	3)	FAC	ILIII INF	ORWATIO	N	Туре	of Facility (4)		16/11	NOHY	<u> </u>
Wonder World								П	School (K-12	` `				
Street Address									Subchapter 8	(Other than	K-12)			
1359 Morris Avenue								×	Other (i.e. pri etc.)	vate & comm	ercial bu	ildings	, hom	es,
City (5)								Squa	re Feet	# of Floors		Bldg. /	\ge	
Union								100	0	2	10	60	T.	
County (6)				County	Code (7)			Curre	ent Use (Prior	if being dem	olished)			1
Union				(STATE	USE ONLY	Υ)	-							
Name of Monitoring Firm Hir	ed by Building (Owner (8)		ASC	И No.				tement Contr		A 84			
Charles A. I. I.									ronmental	Services, L	LC.			
Street Address								Addre						
City, State, Zip Code									83, 4 E Ga	te Drive				
Oity, State, Zip Code									ip Code	0				
Project Manager for Monitori	na Firm			Telepho	no No		-		I, NJ 0741					
, To the manager for mornion	ing i iiiii			relepho	He INO.			one N 764-2		Licens 703	e No.			
Start Date (10)		Schedule	ed Con	nnletion	Date (11)				HA Monitor	103				
4/3/17		5/3/17		inprodori	Date (11)	1	anne i	01 031	IA WOULD					
Occupancy Status During Ab	atement (Chec	k Only On	e)			S	treet	Addres	SS					
Facility Closed/Vacated Abatement Performed C Other – Describe: stora	Dutside of Norm	eriod of A al Facility	baten	nent					ip Code	7				
Scope of Work (Check All Th	at Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		process.	enova emolit				×	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted (dure			е	
		Is	Locati	on								Abate	emen	t
Location of			ormali d Sole			Descri					-	Ty	ре	r
Asbestos-Containing Mate <u>TO BE ABATEI</u> In Facility (13)		Mai	ntenar odial S (12)	nce/		tos Contain thermal sys surfacing other miso	stems	insula T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
**************************************		Yes	No	N/A							val	7	ilate	ure
Bathroom & Closet in S	Storage Rm	163	140	X		pipe ins	sulat	ion		12 LF	-	X		
		+					-							
								(E00,000)						
Name of Registered Waste H	auler		N.	JDEP W	cata	Cubi- W			N .					
	uuloi		13112333	auler ID		Cubic Yar of Waste	us			gistered Land		1.4		
Freehold Cartage			15	5939		TBD			Western	Berks Land	dfill			
City, State						Disposal (Date		City, State					-

TBD

Signature

Title

President

Freehold, NJ

A. Scott Higgins

Completed by

Date

3/21/17

Birdsboro PA

147650	(Pu	ATION	to NJA	lew Jersey BESTOS Al C 8:60 and			The second of th) ECE			
te of Notification (1) 3/2()			of Buildin	ng Owner/Op	Perator (2	by	And of the second secon		7 2		1 8
encies Notified Type Notification						,		ASBESTOS OT/LIGH	NSIN	inu G	
EPA Initial Amended Amendment #		1	tate, Zip	TYLE	050	nt,	NIT	elephone Number		A. 107 BALLAND	
iustification)	9		of Cont Placki				1				-
DOH Cancellation		FAI	CILITY	INFORMATI	ON	Type of Fac	ility (4)				
lame of Facility Where Abatement is Taking Place						School Subch	(K-12)	ther than K-12) e & cornmercial bu			es,
Street Address)					Square Fee	et ‡	of Floors	Bldg. F	Age	
	0 1					1 1 756		4	5	2	
County (6) POINT PEOSO	11+	Cour (STA	ity Code	e (7) ONLY)		Current Us	DM	being demolished)			
1/1/1/1	(0)		SCM No		Name	e of Abateme	ent Contra	ctor (9)			
Name of Monitoring Firm Hired by Building Owner	(8)					ck Industrie	es Inc.				
					Stree	et Address). Box 915					
Street Address						State, Zip C					and the second
2.45					City.	ck, New Je	ersey 08	723			
City. State. Zip Code						phone No.		License No.			
Project Manager for Monitoring Firm		Tele	ephone	No.	(73	32)899-749	99	01196			
Project Manager for Message			ii - a Do	to (11)	Nan	ne of OSHA	Monitor				
Start Date (10) 3 S)	reduled	1100		10 (11)		eet Address					
Occupancy Status During Abatement (Check Or	nly One)										
Facility Closed/Vacated During Entire Perlo	DOT THE PAUL	accinio.	11		City	y, State, Zip	Code				
Other – Describe: Scope of Work (Check All That Apply)	Re	novatio	on			☐ Mini-	Enclosure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ De	emolitio	П			H Glov	ebag Prod	edure I (*) and Non-Friab	le Proc	edure	ment
									1	Abate Typ	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Location formally d Solely intenant odial S (12)	y y by ice/	(i.e. th	Contain ermal sy	iption of sing Material stems insular g, VAT, or cellaneous)	(ACM) tion.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
(13)	Yes	No	N/A		-0	,		7/15	K		
	-			35h21	功5.	Mue Pi	SE_	161	42	-	
	-		1000	190767-1						\vdash	
							Name	of Registered Land	fill	-	
analogo Unidas		ALL THE STREET	NJDEP	Waste	Cubic Y			WS Inc.			
Name of Registered Waste Hauler			Hauler I 21602		0. ,,,,,)					
Brick Industries Inc.		1.	_ 1002		Dispos	al Date	City, S	tate			
City, State					1	21/17	PA)	Date ₂	17	1 / 1
					-	inmature 1	11	/	4	16	111
Brick, New Jersey Completed by	Title				5	ignature (1111		المر	1 -	, (

				State of New Jers	201					L	П	шкг
CX 2651	N		ATIO	N OF ASBESTO t to NJAC 8:60 a	SABATE		Employee Vision of the second) <u>E</u>	CE		$\overline{\mathbb{V}}$	
Date of Notification (1) 3 2211				of Building Owner A. Fu	/Operato	Fary	orl		AR a	2 7 %	2017	The control of the co
Agencies Notified Type Notification EPA Initial		S	treet .	Address,	4		Property Property	ASBE	0700		TTD/	71 0
DEP Amended Amendment	#	C	ty, S	ate, Zip Code	URN	NT a	74	ASBE		NSIN		JL 0
DOH Emergency justification)	including	N	ame (of Contact	VTI	1101 6) 10	lephone N	umber			
DCA Cancellation		E		Plackis	TION		1					
Name of Facility Where Abatement is Takin	g Place (3)		FAC	ILIT INFORMA	HON	Type of Facilit	ty (4)				4	
Street Address	^						ter 8 (Oth	ner than K- & commer		ldings,	hom	es,
City (5) Fair Maver	\					Square Feet 22 83	#0	of Floors	Made of the later	Bldg. A		
County (6) MONMOUTH		(8)	TATE	Code (7) USE ONLY)		Current Use (I	_		shed)		A MILITARY	
Name of Monitoring Firm Hired by Building (Owner (8)		ASC	M No.	4	of Abatement C Industries I		(9)				
Street Address	110-17-100-11-11-20-1		-	***************************************	Acceptance of the second	Address Box 915						
City, State. Zip Code						tate, Zip Code						
Project Manager for Monitoring Firm		T-	11	- NI-		, New Jerse	y 08723					
•		Te	lepno	ne No.		one No.)899-7499		License I	No.			
Start Date (10) 3 31 1 7	Scheduled 5	3111	etion	Date (11)	Name	of OSHA Monito	or					
Occupancy Status During Abatement (Check	2000 Sept. 1000 Sept.	-			Street	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of At al Facility I	oatemen Hours	it .		City, S	tate, Zip Code	TO SECURE SAFE					
Scope of Work (Check All That Apply)		30411-11-1-1-2-3			1	7. :						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novation molition				Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ure rocedure	10.77				
Location of		ocation ormally		- 0-	escription		lou () an	G 14011-1 114	ule 7 TO	Abate Typ	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely better ance dial Staff (12)	1	Asbestos Con (i.e. therma surfa	itaining M	laterial (ACM) s insulation. T, or	(8	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No I	N/A	175/28h	Па	or tile	100	TE	8		0	
				UNACHO.	110	21 1110	130	U01	3			
Name of Registered Waste Hauler		NJDI	ED IA	lasta Cubio	Yards	Nama	f Penints	red Landfil				
Brick Industries Inc.		10000	er ID	원원입사하다 - 프레이트 레이지 않는데 다시			NS Inc.	IOU LANUIII				

City, State

Eric Plackis

21602

Title

President

Disposal Date City. State PA

Signature

Date 3

noch		NOT		ATIO	N OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1		DE	C I	<u> </u>		/ E
Date of Notification (1) 2 / 22	/ 1	7		100001	e of Buildir	ng Owner/Operator	(2)	La Li W	AR	2 7	201	17
	-											
Agencies Notified Type No ⊠ EPA □ Initia	tification				t Address			ASBE	STOS	3.00	ALTE	201
☑ DOLWD ☑ Ame						ntgomery Place	, Lower Level		LICE			IUL
	nded ndment #	3-3/2	1/17		State, Zip							-
	rgency (in			Pit	tsburgh,	PA 15212						
	ication)		_	Name	e of Contac	ct		Telephone Num	ber			
☐ Cand	ellation			An	thony Po	orta		1-				
				FA	CILITY IN	NFORMATION		-				
Name of Facility Where Abatemen	t is Takin	g Plac	(3)				Type of Facility			-JNITF-		
Verizon Glassboro CO							School (K-12					
Street Address				Particular Control				8 (Other than K-12 private and comme		uildin	-	
5 Focer St.							homes, etc.)		ICIAI D	ullull	ys,	
City (5)							Square Feet	# of Floors	В	ldg. A	Age	
Glassboro							1-1			.ug. i	.90	
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Lise (Pr	rior if being demoli	chod\	1		
Gloucester					nty code (/	MOTATE OOL ONET)	Current Ose (F)	ioi ii beilig demoii	sneu)			
Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCM	No	Nome of Abstern	0 m h C m m h m m m m m m m m m m m m m m					
USA Environmental Manag		OWITE	(0)	ASCIVI	INO.		ent Contractor (9)					
Street Address	ement						IVIRONMENTA	L, INC.				
						Street Address						
8436 Enterprise Ave						1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Philadelphia, PA 19153						BRISTOL, PA	19007					
Project Manager for Monitoring Firm	n			ephone		Telephone No.		License No.				
Mark Jenkins				15-365		215-788-6040)	00509				
Start Date (10)	100000000000000000000000000000000000000				ite (11)	Name of OSHA N	Monitor				-	
3/13/17	_	3 /	_ 23	3_/	17	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address				27.070		
☐ Facility Closed/Vacated During						1123 BEAVE	R STREET					
Abatement Performed Outside of	f Normal	Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:AM-	PI	M/ <u>5:00</u>	PM-1	:30AM		BRISTOL, PA						
Scope of Work (Check all that apply	/)					,						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novat molitic			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure	re			
		27.55	Loca						-	atem	ent T	vne
Location of			icrma	illy ely by		Description of				_	1	T
Asbestos-Containing Material (A TO BE ABATED	(CM)		intena			stos Containing Ma		Amount	Removal	Repair	inca	Enclosure
IN Facility		W. S.	todial	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	3701	a H	aps	uso
(13)			(12)		-	other miscellane		0, 0, 2, 7	=		Encapsulate	re
Dellar as as		Yes	No	N/A							Ф.	
Boiler room						le and mastic		50 SF				
Basement Office						le and mastic		320 SF				
Batement Battery Area					Floor Ti	le and Mastic		100 SF				
Name of Registered Waste Hauler SERVICE TRANSPORT GRO	UP. INC	:	1.325	IJDEP \ lauler IC		Cubic Yards of Waste	Name of Regis			-	1	
City, State	, , , , , ,			20990		Diagonal D.						
NEW CASTLE, DE 19720						Disposal Date	City, State WAYNESB	URG, OH 44688	1			
Completed By (Print or Type)	Title					Signature				-		
Brian Scafiro		stima				Brian	101.	, n	ie/	1/1	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) (L.#. 318)

Date of Notification (1)				TA	lame of Ruile	ding Owner/Operato	r (2)	ue n	210		
2/22	1	17		1.	Verizon	unig Ownen/Operato	1 (2)	ME	0	E	7
Agencies Notified Type N	otificati	on		-	treet Addres				C	<u>L</u>	11 /
⊠ EPA ⊠ Initia		011		1		ontgomery Place		. 1151			
☑ DOLWD ☑ Ame				C	ity, State, Zi		e, Lower Leve		MAF	27	20
	ndmen					n, PA 15212		i u Lii	191 2-1 1	- 1	20
DCA Eme	rgency fication		ling		ame of Conta			17			
☐ Cand		51			Anthony P			Telephone Nu	ımher		
						INFORMATION					ING
Name of Facility Where Abatemen	t is Tak	ing Pla	ace (3)	PACILITY	INFORMATION	Type of Facil	lity (4)			
Verizon Glassboro CO		~		5%			School (K				
Street Address							─ Subchapte	er 8 (Other than K-	12)		
5 Focer St.							Other (i.e.	., private and comm	nercial	buildin	igs,
City (5)	-			1			homes, et			5/1	
Glassboro							Square reet	# of Floors		Bldg. A	Age
County (6)			-	C	ounty Code	(7)(STATE USE ONLY)	Current Head	(Delegists of the state of the			
Gloucester					ounty oode	(T)(STATE USE UNLT)	Current Use (Prior if being demo	lished	1)	
Name of Monitoring Firm Hired by E	Building	Owne	r (8)	ASC	CM No.	Name of Abatam	ent Contract	(0)			
USA Environmental Manage			. (0)	700	ZIVI 14U.	Name of Abatem					
Street Address				1		Street Address	VIRONMENT	AL, INC.			
8436 Enterprise Ave						1123 BEAVE	D CTDFFT				
City, State, Zip Code		-	_								
Philadelphia, PA 19153						City, State, Zip C					
Project Manager for Monitoring Firm			Te	lephor	no No	BRISTOL, PA	19007				
Mark Jenkins			1 23		65-5810	Telephone No. 215-788-6040		License No.			
tart Date (10)	Sche	duled	- 1		Date (11)			00509	Lesson		
3 /13 / _17					17	Name of OSHA N					
occupancy Status During Abatemen							VIRONMENTA	AL, INC.			
Facility Closed/Vacated During E						Street Address			75.20	400	
Abatement Performed Outside of	Norma	l Facili	ty Ho	ement	ocaribo	1123 BEAVE					
Time of Abatement:AM	P	M/5:0	DPM-	1:30AI	VI	City, State, Zip Co					
cope of Work (Check all that apply)						BRISTOL, PA	19007				
						M Full Cont	ainment with No	gative Pressure			
] ≥3 sf or ≥3 lf		0.000	enova	70.7		☐ Mini-Encl	osure	gative Pressure			
≥160 sf or ≥260 lf		∐ De	emolit	ion			Procedure				
	-	l Is	Loca	tion		□ Non-Exer	npted (*) and No	on-Friable Procedu			
Location of			Norma	ally		Description of			At	ateme	
Asbestos-Containing Material (AC	M)	Use	ed Sol	ely by		stos Containing Mate	erial (ACM)	Amount	Re	Re	Encapsula
TO BE ABATED IN Facility				Staff?	(i.e.	, thermal systems in		(Specify	Remova	Repair	cap
(13)			(12)		_	surfacing, VAT, other miscellaneo		SF or LF)	<u>a</u>		Encapsulate
SS 50		Yes	No	N/A			,				e l
iler room				\boxtimes	Floor tile	e and mastic		50 SF			
sement Office					Floor tile	e and mastic		320 SF			7
tement Battery Area			\boxtimes		Floor Til	e and Mastic		100 SF	-		
				-	1	o arra maono		100 31			_
ne of Registered Waste Hauler			_	JDEP	Masta	Cubia Vasila at	N				
regional readic readict	P INC			auler II	2000000	Cubic Yards of Waste	Name of Regist				
ERVICE TRANSPORT GROUP	- 111			20990)	***************************************	MINERVA L	ANDFILL			
ERVICE TRANSPORT GROU	,					D: 1D 1	City, State				
, State	,				1.	Disposal Date					
, State EW CASTLE, DE 19720	,					Disposal Date		URG, OH 44688			
, State	Title	timate				Signature Drian	WAYNESBI	URG, OH 44688	P,	1	

Date of Notification (1)					Name of R	uilding Owner/Op	,			i.i	AΠ	0 7	
	_ /	17			Verizon		erator (2)		14 4.	W /	971	27	
Agencies Notified Type	Notifica	ation	_										
⊠ EPA ⊠ Init		20011			Street Addr				AS	BES	TU	5 Ct	JI
	nended				15 East	Montgomery F	Place, Lower L	.evel	The state of the s		LIGE	ENS	1.4
	nendme				City, State,								
DCA Em	nergenc	y (inc	luding			gh, PA 15212							
	tification ncellation				Name of Co				Telephone				_
Cal	icellatio	on			Anthony			- 100					
Name of Facility Where Abateme	nt is To	kina	Diogo	/2\	FACILIT	Y INFORMATIO							
Verizon Glassboro CO	111.12 14	iking	riace	(3)			Type of F						
Street Address							☐ Schoo	(K-12)				
5 Focer St.							☐ Subch	apter 8 (i.e. pri	(Other than I	K-12)	ial b	:لدا:	
City (5)							homes	etc.)	reace and con	merc	iai D	חומווג	gs
Glassboro							Square Fe	eet	# of Floors		BI	dg. A	106
County (6)							1				1	-3	.5
Gloucester				1	County Code	e (7)(STATE USE OF	VLY) Current Us	e (Prio	r if being den	nolish	ed)		_
	D. T.	_									/		
Name of Monitoring Firm Hired by I			ner (8)	A	SCM No.		tement Contract					-	_
USA Environmental Manage Street Address	ement	:				BRISTOL	ENVIRONME	NTAL.	INC.				
						Street Addres							_
8436 Enterprise Ave						1123 BEA	VER STREET						
City, State, Zip Code						City, State, Zi							_
Philadelphia, PA 19153							PA 19007						
Project Manager for Monitoring Firm	1		T	eleph	one No.	Telephone No			License No.				
Mark Jenkins				215-	365-5810	215-788-60		- 1	00509				
tart Date (10)	Sche	duled	Com	oletion	Date (11)	Name of OSH	A Monitor		00009				
3 / _13_ / _17_	_	3	/	20	/ 17		NVIRONMEN	TALL	NO				
ccupancy Status During Abatement						Street Address		IAL, I	NC.				
Facility Closed/Vacated During Er	ntire Pe	riod d	f Aba	emen	t					-11-02			
Abatement Performed Outside of	Normal	I Faci	itv Ho	urs - [Describe		ER STREET						
Time of Abatement:AM	P	M/ <u>5:0</u>	OPM-	1:30A	M	City, State, Zip							_
cope of Work (Check all that apply)						BRISTOL, F	A 19007						
						⊠ Eull Co	nfainmant with a						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				ntainment with N	egative	Pressure				
2100 St 01 2260 If		∐D	emolit	ion		☐ Gloveb	ag Procedure						
		1	Loca	tion		∐ Non-Ex	empted (*) and I	Von-Fria	able Procedu	re			
Location of			Norma			Deservation				A	pater	nent	Ti
Asbestos-Containing Material (ACM	VI)	Use	ed Sol	ely by	ASDES	Description stos Containing M	aterial (ACM)		Amount		7	T	7
TO BE ABATED IN Facility			todial		// // /	, thermal systems	insulation.	- 1	(Specify	Removal	Repair	Encapsulate	
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ement Office	ſ			×	Floor tile	and mastic				×	Ш		1
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RVICE TRANSPORT GROUP,	, INC.		- 1	uler II 20990		Vaste	MINERVA						
State			1 4	.0550		isposal Date	City, State						
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12.4. 12							-			-			_

				NO				ASBESTOS A NJAC 8:60 and		a	#	- 6	19	8
Date of Notification (1)		1	17			Name o		ilding Owner/Oper	ator (2)			<u></u>	3 1	<u>W</u>
Agencies Notified	Type f	Notifica	ation			Street A	ddre	se			5.6.6	11	1 - 2	(1/1/2
Ø EPA 2219	⊠ Init								ice, Lower Leve		MA	H	1	201
☑ DOLWD 2205		ended						ip Code	ice, Lower Leve					
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DCA (NJAC 5:23-8)	☐ Em	ergeno tificatio		ludin	9	Name of	-			Telephone	1	IC/E	NSI	NG
(10.10 0.20 0)	☐ Can					Antho				relephone	e Num	ber		
					W.			INFORMATION				73		
Name of Facility Where	Abatemer	nt is Ta	kina l	Place	(3)	FACIL	-612	INFORMATION	Type of Facili	h. (4)				
Verizon Glassboro			3		(-)				School (K-					
Street Address									Subchapte	r 8 (Other than	K-12)			
5 Focer St.									Other (i.e.,	private and co	mmer	cial b	ildin	gs,
City (5)							-		homes, etc					
Glassboro									Square Feet	# of Floor	S	BI	dg. A	ge
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Gloucester						County	Jude	(1)(STATE USE ONL	Y) Current Use (F	rior if being de	molish	ed)		
Name of Monitoring Firm	Hired by F	Ruildin	o Own	ner /F	3) [0	SCM No.		Alama of Abota						
USA Environmental			-	101 (0	" "	GCIVI IVO.			ment Contractor (9	,				
Street Address	inanage	- Incin							NVIRONMENTA	L, INC.				
8436 Enterprise Ave	.							Street Address	ED CIDELL					
City, State, Zip Code	• 			-					ER STREET					
Philadelphia, PA 191	(53							City, State, Zip						
Project Manager for Monito				- 1	Telent	none No.		BRISTOL, F	A 19007					
Mark Jenkins	oring r iiiii					-365-581	0	Telephone No. 215-788-604	•	License No	•			
Start Date (10)		Scho	dulad	Con		n Date (11				00509				
3/13/	17	1				/ 17	·*:	Name of OSHA		OPENING OF				
		1				1 _ 17	-		VVIRONMENTAL	., INC.				
ccupancy Status During A					*			Street Address						
Facility Closed/Vacated Abatement Performed O								1123 BEAVE						
Time of Abatement:								City, State, Zip C						
						1111/		BRISTOL, PA	19007					
cope of Work (Check all th	at apply)							M 5.110	1-1					
≥3 sf or ≥3 lf			⊠R	enov	ation			☐ Mini-Enc	tainment with Nega losure	tive Pressure				
≥160 sf or ≥260 lf				emol	ition			☐ Glovebad	Procedure					
			1.					☐ Non-Exe	mpted (*) and Non-	Friable Proced	ure			
Location of				Nom	ation	1		Description of	.		A	baten	nent '	Туре
Asbestos-Containing Mate	erial (ACN	A)			olely by		best	Description of os Containing Mat		Amount	Z.	R	m	Im
TO BE ABATEL	2	1			nance/			thermal systems in	nsulation,	(Specify	Remova	Repair	Car	iclo
IN Facility (13)				(12				surfacing, VAT, other miscellaneo		SF or LF)	Va Va	-	Encapsulate	Enclosure
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ement Office					×	Floor	tile	and mastic		320 SF	×			
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e of Registered Waste Ha	uler			IN	IJDEP	Waste	Ci	ubic Yards of	Name of Registere	d Landfill				4
RVICE TRANSPORT	GROUP,	INC.		H	lauler 2099	D No.	W	aste	MINERVA LAN					
State					2033		Dis	sposal Date	City, State					_
W CASTLE, DE 19720)						"		WAYNESBURG	G, OH 44688				
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an Scafiro		Esti	mato	1				Brian	Scusions /	R 2	22/	17		

		NO	IITC		ATIO	N OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1		Chubtel	3,	60	<	
Date of Notification (1)					Name	e of Buildir	ng Owner/Operator	(2)	JUNET!	91	0 7		
	2 /	17			100000000000000000000000000000000000000		d Public Schools		cation	@	e i	1 7/	7 Fc
Agencies Notified EPA	Type Notific	ation			0-25000	et Address	V0		DE	<u> </u>	5-1	<u> </u>	
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☑ DOH	Amendm					State, Zip			Office of the second se	AR	27	201	17
☐ DCA	☐ Emerger	ncy (includ	ding				PA 08033		Free Print	Esta	Acres 1	LU	1.1
(NJAC 5:23-8)	justificat		/// (Lance meeting	e of Contac hn Deser	7.70		Telephone Numb	-	S C	TNC	ROL
			F		FA	CILITY IN	NFORMATION		4.	LIC	ENS	NG.	
Name of Facility Where A	Abatement is	Taking Pla	ace ((3)				Type of Facility	(4)		+		-
Haddonfield Memo		625	- 10	170				School (K-12	ACCURAGE STATE OF THE PROPERTY				
Street Address				_					8 (Other than K-12)				
401 Kings Highway	Fact							Other (i.e., p	rivate and commerc	cial b	uilding	gs,	
City (5)	Last							homes, etc.) Square Feet	# of Floors	I p	Ida A		
Hadonfield								26,000	2	P	ldg. A 50	ge	
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ned)			
Camden							,	school	ior in coming domination	100)			
Name of Monitoring Firm	Hired by Buil	ding Own	er (8	()	ASCM	No.	Name of Abateme			-	-		-
Epic Environmenta			,	٠				vironmental C					
Street Address							Street Address						
1930 Brown Road							923 Haws Av	e.					
City, State, Zip Code							City, State, Zip Co	ode					
Newfield, NJ 08344							Norristown, I	PA 19401					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
James Eberts				85	56-205	5-1077	610-239-9920		00398				
Start Date (10)		Scheduled				0.7	Name of OSHA M	lonitor					
4 / _7_ /					_ / .	17	Plymouth En	vironmental Co	o., Inc.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							923 Haws Av	e.					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: 7		PM/	_PM		AM		Norristown, F	PA 19401					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf		M	Reno	ovati	on		☐ Full Cont	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf				olitic			☐ Glovebag	Procedure					
							☐ Non-Exe	mpted (*) and Nor	n-Friable Procedure	9			
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Location Asbestos-Containing N	5.70	, U		Sole	lly ely by	Aaba	Description o			Z.	Z,	Ш	Ш
TO BE ABA		'' I	Main	tena	nce/	(i.e	stos Containing Ma ., thermal systems i	insulation	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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(13)		Ye		(12) No	N/A	-	other miscellane	ous)				late	Ф
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] [
			[
Name of Registered Wast				10.223	JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
Robinson Waste Ha	ulers			H	auler II 17304		Waste 1CY	GROWS					
City, State						•	Disposal Date	City, State		SA 100			

ASB-41 JAN 13

Newark, NJ

James M. Kelly

Completed By (Print or Type)

Title

Vice President

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

Disposal Date

Signature

4/14/17

City, State

Morrisville, PA



State of New Jersey

2 7 2017

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) EARTHTECH & JOHTMAN STAND Type Notification Agencies Notified Street Address Initial Am DEPA Amended City, State, Zip Code DOL. Amendment# GREENFIELD Emergency (including DOH DCA justification) Name of Contact Telephone Number ☐ Cancellation BRUCE FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 2000 50+ County Code (7) (STATE County (6) Current Use (Prior if being demolished) USE ONLY) APF MACAMIT Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. (8) KLEMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE 08052 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 856-779-0472 00444 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 3-31-17 Occupancy Status During Abatement (Check only one) Street Address Recility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure ___≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Mini-Enclosure Renovation Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Description of Location of Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ Amount Encapsulate Custodial (i.e., thermal systems insulation, (Specify Enclosure TO BE ABATED Remova Repair Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) Yes No N/A TRANSITE 1250 5= SIDING Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NUDEP Waste Hauler ID No. of Waste tu1

City, State

MADI

Completed By MHAU Disposal Date

Signature

City, State

WOODBINF

CK4199

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

E	C			\mathbb{V}	E	M
Ì	MAR	2	7	2017		

Date of Notification (1)	71-17			Name of Bu	Ilding Owner/Opera	M SOAL	ASBESTO	S CO		ROL	_ &
Agencies Notified	Type Notifica			Street Addre	uss 651 <	E ASIHOW	CE RD		THE OWNER		
☑ DOL	Amended Amendme	ent#	ing	City, State, Z	ip Code (APF	MAY		870	24		
DCA DCA	justification Cancellati	on)		Name of Cor	TASOW		Telephone N	-			
				FACILITY	NFORMATION						_
Name of Facility Where A	Abatement is Ta	aking Plac	ce (3)			Type of Fac	ility (4)				
	SIPENC					School (
Street Address						☐ Subchap	eter 8 (Other than K e., private & comme	-12)	ildia		
City (5)				_		homes, e	etc.)	iluai b		** ***	
	- D WOOK	C	RES-			1000	_		Bldg.	5 +	
County (6)	MAN			County Code USE ONLY)	(7) (STATE	Current Use	(Prior if being dem	olished)		
Name of Monitoring Firm (8)	Hired by Buildin	ng Owner	7	ASCM No.		ment Contractor					
Street Address	<u>A</u>				Street Address		<u>C,</u>				
					369 5	. Spru	CE AUE				
City, State, Zip Code					City, State, Zip		M.J O	809			
Project Manager for Monit	oring Firm		Telep	hone No.	Telephone No.	200 00	License No.	1000			=
Start Date (10)	1.0-1	- 4.4-4.0		- 5-1 (44)	856-77		2 000	14	1_		
9-3-17	Scr	4-1		on Date (11)	Name of OSHA	Monitor N / A					
Occupancy Status During	West of a survey of High case scott the special of	eck only	one)		Street Address						_
Facility Closed/Vacated Abatement Performed C				ent	City, State, Zip C	5.7					_
Other - Describe:		iai i donit	7 110013		City, State, Zip C	-ode					
Scope of Work (Check all to	hat apply)				Ü., 10						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation notition		☐ Mini-End ☐ Gloveba	closure ag Procedure	legative Pressure	ıre			
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Location of	e-el (ACM)	Used :	Solely b		Description of			-	Туј	ж П	_
Asbestos-Containing Mate TO BE ABATED		0.000	stodial	, 2000	os Containing Mate thermal systems in		Amount (Specify	71		5	m
IN Facility	14		aff?		surfacing, VAT,	or.	SF or LF)	čem	Repair	ap	rclo
(13)		-	12)	\exists	other miscellaneo	us)		Removal	air	Encapsulate	Enclosure
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lame of Registered Waste H			Haule	P Waste	Cubic Yards of Waste	1	istered Landfill	1/			
KLUMCO IN	JC,		1179	304	Disposal Date	City, State	C. M. U	. 4	1		=
MAPLE SHA	WE N	J					DBINE				
OMPHETE KUCH	Title	SUP.			Signature	01	Date	71	1)	
4 iCHAEL KLEM	M	000.			-1-1-	9/11		()			=



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Date of Notification (1) 3/22/17					of Building Mancini F							MAR	2	1	2017	100
AUDIO MAZINE DUAL	ype Notification		-	Street A		Tivale	nome			-		-				
EPA E	Initial Amended			City, Sta	ate, Zip Co						ASB	EST C LIC	S (EN	CON	ITRC G)L &
	Amendmen Emergency		-		te NJ 0	3008								1000000		71.10
DOH DCA	justification) Cancellation			Joe	f Contact					Tel	ephone	Numb	er_			
					ILITY INFO	ORMAT	TION									4 17 11 11
Name of Facility Where Aba		ng Place (3)						Туре	of Facility ((4)						
Joe Mancini Private F	lome								School (K-1							
Street Address								X	Subchapter Other (i.e. petc.)				build	dings	, home	es,
City (5)									are Feet	# 0	f Floors		В	ldg. /	\ge	
Holgate NJ 08008					11			100		1				35+		
County (6) Ocean					Code (7) USE ONLY				ent Use (Pri	or if be	ng dem	olishe	i)			
Name of Monitoring Firm His	red by Building	Owner (8)		ASCN	A No.				atement Cor	ntractor	(9)			271-12		
Street Address							Street									
							POE									
City, State, Zip Code							City, S	tate, Z	Zip Code							
Desir data and the state of the state of									lin NJ 080	091						
Project Manager for Monitor	ing Firm			Telepho	ne No.		Teleph 856-		lo. 9800		Licens	se No. 27				
Start Date (10) 3/31/17		Scheduled 4/6/17	Con	npletion	Date (11)		Name Sam		HA Monitor							
Occupancy Status During Al	patement (Chec		()				Street		SS						_	
Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire	Period of Al	atem	nent					ip Code	+						
Scope of Work (Check All Th	nat Annly)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		personal .	nova molit				X	Mi	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
		Is L	.ocati	on			(8)						-	Abate	ement	
Location of		Used	ormal Sole				scription				(4	-	-	Ту	pe	
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United Roll Off	nited Roll Off						ste		G.R.O.	1557.0						
City, State	y, State						sal Date		City, State		19-00-		_			
Elm NJ						4/6/1			Morrisv		1906	67				1
Completed by		Title				8	Signature	0				Date				
Anthony T Perna		Presid	lent						<u> </u>	-		3/22	2/17	7		

Print Form





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

Date of Notification (1)	117				f Building (24T10^	3	ASBEST	OS	CON	ITRO	JL &
Agencies Notified	Type Notification			Street A	ddress	4	200					<u>usin</u>		
□ EPA	Initial			.2	5 H	100	LESE;	× Ess	EX	TUR	NG	716	0	
□ DEP	☐ Amended		Ī	City Sta	ate 7 in Coc	e								
A DOL	Amendment #			1	SEL	in	, NJ	. 08	830					
DOH DOH	justification)	cidding		Name of	f Contact					hone Num	her			
□ DCA	☐ Cancellation						osco							
Name of Facility Where At	patement is Taking Ple	oce:(3)		FACI	LITY INF	ORMAT		pe of Facility (4)		-			
	4 SF	ice (3)												
Street Address	721							School (K-1 Subchapter	Action to the second second	nan K-12)				
25 floolese	EX ESSEY	TUR	NPU	Œ				Other (i.e. p	rivate & c	ommercial	buildi	ngs, h	omes,	etc.)
City (5)					-		Squ	uare Feet	# of F	loors	7	Bldg.	Age	
1 SEC	N						1	00,00	0	3	-	52	78	EAR
County (6)					Code (7)	70	Cur	rrent'Use (Prio	r if being	lemolished)		-	
MIDDLE	SEX			(STATE	USE ONLY)		- 10	(r)	Oreics	E/ L+	43	3		
Name of Monitoring Firm I				ASCN	M No.		Name of Al	oatement Contr	ractor (9)					
GARDEN STATE	ENVINONHE	MTA						Removal I	nc					
Street Address		7050					Street Addr	ess						
555 BROAD	D ST S	JOTE	K					outh Rive	r Stree	t				
City, State, Zip Code	10 15	07	10-	,			City, State,	500	07/01					
Project Manager for Monito		07		Telephor	No		Telephone 1	nsack, NJ		License No				
Tack USS					SZ-111	9		-329-744	1		388			
Start Date (10)		Schedule				•	Name of OS	SHA Monitor				-		
4/4/1	7	4/11				1	Omeg	a Environ	mental					
Occupancy Status During A	batement (Check Onl	y One)					Street Addre	ess			,			
☐ Facility Closed/Vacate	ed During Entire Perio	d of Aba	tement	nent 280 Huyler					eet				-51	`
Abatement Performed Other – Describe: 7	Outside of Normal Fr	scility Ho	M				City, State,		and N	1 07604	:			
17						:	Souu	1 Hackens	sack, NJ 07606					
Scope of Work (Check All	I hat Apply)					*	. /		*		`			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renovat Demolit					full Containme Mini-Enclosure		gative Pres	sure			
			Zemone	IVII				Glovebag Proce						
	77 - 11 HALL BOOK	1			1		B 1	Non-Exempted	(*) and No	on-Friable	Proce	10000		
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Location Asbestos-Containing N			Normal ed Solel		l		cription of	144010				T	Ť	T
TO BE ABA		Ma	aintena	nce/			ining Materia ms insulation			ount ecify	R	1 -	Enc	딸
In Facilit	ty	Cus	todial S (12)	starr?			VAT, or niscellaneous		SFo	r LF)	Remova	Repair	Encapsulate	Enclosure
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		Yes	No	N/A							_	-	-	-
LAB 66,6			,	VA	7		65	OSF	X					
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			7-2000-2011											
Name of Registered Waste I	Hauler			JDEP W		Cubic Y		Name of I	Registered	Landfill		,		_
Best Removal Inc	2		H	auler ID 1710	TO THE PARTY	of Wast	eys	N	linvery	a Enter	nris	es T	LC	
City, State					09	Disposa		City, State		a Diller	P1 10	, L		
Hackensack, NJ 07601							10/17	100000000000000000000000000000000000000		, OH 4	468	8		**
Completed by Title							gnature /			Dat	e,	,	-	
J. Maiorano		Es	stima	tor			1 M	Maiorone 3/22/17						
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NO Ch Date of Notification (1)	s	٨	(Pursi	State of FION OF A	AC 8:60 ar	ABATE nd 12:12	20)	Т	Total		C	5	U (rint d
03/21/2017							1-7		A STATE OF THE STA					
Agencies Notified EPA DEP DOL	Type Notificatio Initial Amended Amendmer Emergency	nt #_1 / (including	City — Un	et Address , State, Zip ion City,	Code NJ 0708	37			-	ASBE	ESTO	S CO	ONT	ROL
DOH DCA	justification Cancellation		100000000000000000000000000000000000000	ne of Conta ib Gerge:					Te	lephone N	lumbe	r		
	1—		F	ACILITY IN		ION								
Name of Facility Where Street Address	Abatement is Taki	ng Place (3)					Typ	e of Facility School (K Subchapte Other (i.e. etc.)	-12) er 8 (Oth	er than K- & commer	·12) rcial bu	uildings	s, hon	ies,
City (5) Union City							Squ	are Feet	# 0	f Floors		Bldg.	Age	
County (6)				nty Code (7			Curr	rent Use (P	rior if be	ng demoli	shed)	25+		
Union				TE USE ONL	LY)		Но	use						
Name of Monitoring Firm Health and Safety		Owner (8)	AS	SCM No.				atement Co erprises, I		(9)				
Street Address						Street								
PO Box 365							_	lilah Road	d					
City, State, Zip Code Berlin, NJ 08009								Zip Code oor Town:	shin N	1 08224				
Project Manager for Mon	itoring Firm		Telep	phone No.		Teleph			ornp, IV	License				
James Proctor				-452-131	9335			1250		01172				
Start Date (10) 03/16/2017		Scheduled 03/29/2		on Date (11)			HA Monitor Safety S		Inc		2-1212		
Occupancy Status During	Abatement (Che		55/02/20			Street			ei vices	, IIIC.				
Facility Closed/Vaca	ated During Entire	Period of Ab	atement			PO E	Box 3	365						
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility H	Hours					ip Code						
Scope of Work (Check Al						Berli	n, N.	J 08009						
≥3 sf or ≥3 if ≥160 sf or ≥260 if			novation molition			X X	Min	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				re	
Location	of	No	ocation rmally		Des	crintion :	of						ement /pe	
Asbestos-Containing TO BE ABA In Facilit (13)	Solely by tenance/ dial Staff? (12)	Asbe (i.e	stos Conta thermal s surfac	scription of aining Material (ACM) systems insulation, cing, VAT, or niscellaneous)			(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure		
Th		Yes	No N/A										ite	O
Through	out		X	В	Burned D	own B	uildir	ng	V		Х	-		
											1			
Name of Registered Wast	e Hauler		NJDEP	Waste	Cubic Y	'ards		Name of	Register	ed Landfill				
Site Enterprises Inc.			Hauler I	D No.	of Wast			Tullyto	\$250 D. V.S.					
City, State			00352	20	20 cy Disposa	al Date		City, State		GIIII				
								- will oldle	-					- 1

03/29/2017

Signature

Completed by

Eric Keys

6626 Delilah Road Egg Harbor Township, NJ

Title

OM

Date

03/21/2017

Bristol, PA

NOU	2		NOT	IFICATI	State of I ON OF As int to NJA	SBESTO	SABATE	EMENT (0)	hannon ole Roman management meneralis		6	<u>u</u>		y IE		
Date of Notification (1) 03/21/2017				Name	of Buildin	ng Owner	/Operato	r (2)		U.	MAR	2	20	17		
Agencies Notified	Type Notification	1			t Address	W			1							
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□ DEP	X Amended				State, Zip						LIC	EN	SING			
☑ DOL	Amendmer Emergency	t # <u>1</u> (includir	na		kely Hei		J 07092	2				88				
☑ DOH □ DCA	justification)	9		of Contac				Te	lephone	Numbe	er.				
L DCA	Cancellatio	n			nt Gerov											
Name of Facility Where	Abatement is Taki	ng Place	(3)	FA	CILITY IN	FORMAT	TION	Type of Facility (4	٠,							
		•							100							
Street Address								School (K-12) Subchapter (i.e. pr	(Oth	ner than & comm	K-12) ercial b	uilding	gs, hor	nes,		
City (5) Union City								etc.) Square Feet	# 0	f Floors		Bldg 25+	. Age			
County (6)					Code (7)			Current Use (Prior	if be	ina dem	olished)	5000000				
Union				(STATE	E USE ONL	.Y)	_	House		3	,					
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.			of Abatement Cont		(9)						
Health and Safety Street Address	Services							Enterprises, Inc) .							
PO Box 365								Address Delilah Road								
City, State, Zip Code							SUCH PASSE	tate, Zip Code								
Berlin, NJ 08009								Harbor Townsh	in N	1.1 0823	84					
Project Manager for Mon	itoring Firm			Teleph	one No.			one No.	, p. j	Licens						
James Proctor					452-131		609-	567-1250		0117	(1) 1970)					
Start Date (10) 03/16/2017					Date (11)	1	of OSHA Monitor								
Occupancy Status During	Abatement (Chec	03/29		17 Health & Safety S Street Address					/ices	s, Inc.						
Facility Closed/Vaca				ement PO Box 365												
Abatement Performe	ed Outside of Norn	nal Facilit	y Hour	ement PO Box 365 City, State, Zip Code												
Other – Describe: \(\)								n, NJ 08009								
Scope of Work (Check Al	l That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				X	Full Containmen Mini-Enclosure Glovebag Proced Non-Exempted (*	dure				ire.			
		Is	Locat	ion				1					temen	t		
Location			Norma ed Sole			Des	scription (of				T	уре			
Asbestos-Containing I TO BE ABA		Ma	intena	nce/	Asbes	thermal	aining Ma	aterial (ACM) insulation,		nount	_		ш	m		
In Facilit (13)	у	Cus	todial ((12)	Staff?	(1.0	surfac	ing, VAT	, or		pecify or LF)	Remova	Repair	cap	nclo		
(13)		Yes	No	N/A	-	other m	iscellane	eous)			oval	air	Encapsulate	Enclosure		
Through	NO	X	В	urned D	lown B	uilding			X	-	(0)					
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											-	-				
Name of Registered Waste	e Hauler		IN	JDEP W	/aste	Cubic Y	/ards	Name of Re	rietor	ed Land	fill					
Site Enterprises Inc.	- 1	auler ID 03522(of Wast		Tullytown										
City, State 6626 Delilah Road Egg Harbor Township, NJ						Disposa 03/29/		City, State Bristol, PA	Δ					\neg		
Completed by		Title					gnature	1/	•	I	Date		-	-		
Eric Keys OM					03/21/201							2017	7			

CLICOLE

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

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	WAR	2	7	2017		

Cr Just			11	J LU MAR	2 7 2017	1 1				
Date of Notification (1) 03-23-2017	Name of Br	uilding Owner / Operato	or (2)							
Agencies Notified Type Notification	Street Addr		The state of the s	ASBEST	OS CONTRO CENSING	JL &				
☐ DEP ☐ Initial ☐ Amended	City, State	& Zip Code	Kusea	The same of the sa	JENORGA					
☑ DOL ☐ Amended ☑ DOH ☑ Emergency ☑ DCA ☐ Cancellation	Name of Co									
☐ Cancellation	Mr. Walter			1	Telephone Nu	mber				
	FACILI	TY INFORMATION								
Name of Facility Where Abatement is Taking P Rider University – Gee Hall 1st, 2nd & 3dr floors	lace (3)	Type of Facil								
Street Address	-various areas	School (14.45						
2083 Lawrenceville Road		✓ Subchap✓ Other (i.	ter 8 (Other than I	K-12) ercial building	is homes et	c)				
(City (5)		Square Feet	# of Floors	B	ldg. Age	5.)				
City (5) County (6) Lawrenceville, NJ 08648 Mercer	County Code				54					
		Campus Build	(Prior if being dem ding	olished)						
Name of Monitoring Firm Hired by Building Own Pennoni Associates, Inc.	ner (8) ASC 001	CM No. Name of Aba	tement Contractor nagement Group,	(9)						
Street Address	1001	Street Address	ss	LLU						
515 Grove Street, #1B City, State & Zip Code			n Ave, Suite 202							
Haddon Heights, NJ 08035		City, State & Trenton, NJ (
Project Manager for Monitoring Firm	Telephone Numi	ber Telephone N		License Nu	ımher					
Mr. Brian Clark Scheduled Start Date (10) Scheduled Cor	856-265-1014	609-977-6159	9	LICOTISC IV	01185					
3-27-2017	npletion Date (11) 4-10-2017		lA Monitor nental Laboratorie	s Inc						
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire P	nly one)	Street Addres	S	0, 1110.						
Facility Closed/Vacated During Entire P Abatement Performed During 1st Shift	eriod of Abateme	-								
Describe: 8:00am to 5:00pm		City, State & 2 Union, NJ 070								
Scope of Work (Check all that apply)										
, , , , , , , , , , , , , , , , , , ,				nment with Ne	enative Press	ure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf	⊠ Renovation		☐ Mini-Enclos							
≥160 sf ≥260 If	☐ Demolition	n	Glove Bag Procedures Non-Exempted and Non-Friable Procedur							
Location of	Is Location	Description	Non-Exemp	Amount						
Asbestos-Containing	Normally Used	Asbestos-Conf	taining	(Specify	Abatemer	it Type				
Material (ACM) TO BE ABATED	Solely by	Material (AC	CM)	SF or LF)	Re R	Enc				
in Facility	Maintenance or Custodial Staff?				Rep	nclo				
(13)	(12)	or other miscella			epair	Enclosure Encapsulat				
4 St Ond Lord a	Yes No N/A				-	at e				
1 st , 2 nd and 3 rd floors-various area		7-8 areas of vinyl floor tile each	@5-10SF	35-80 SF						
	+ + +			-						
						+++				
Name of Desisters 1345-1-11										
Name of Registered Waste Hauler	NJDEP V Hauler ID		Name of Register	red Landfill						
Resource Management Group, LLC	0035218		Grows Landfill							
City, State Trenton, NJ		Disposal Date	City, State Morrisville, PA							
Completed By (Print or Type)	Title	Signature /	//		Date					
Mr. Brian J. Haney	Presiden	1 0	03-23-2017							
		1911	1991) L TIONG							

	609.633.0664	page	IME	GEIW
Mar 23 17 09:06a Resource Manageme	ent Group	60991446	11111	GEIV
-110100	State of Na			
CX JLOLO NOTIF	ication of ase	BESTOS ABATEMENT		MAR 27 2017
	irsuant to N.J.A.(2.8:60 and 12:120)	ASB	STOS CONTRO
Date of Notification (1) 03-23-2017	Name of Building (Rider University	Owner / Operator (2)	1	LICENSING :
Agencies Notified Type Notification	Street Address 2083 Lawrenceville	Bond		7/
☐ EPA ☐ DEP ☐ Initial ☐ Amended ☐ DCA ☐ Certainting	City, State & Zip C Lewrenceville, NJ 081	ode	MARKET.	
☑ DOH ☑ Emergency ☐ Cancellation	Name of Contact Mr. Walter Eddy		CONTRACTOR OF THE PARTY OF THE	Telephone Number
Nama of Equilibrian		RMATION		
Name of Facility Where Abatement is Taking Pla Rider University - Gee Hall 1 st , 2 nd 6 3dr soom-V	ica (3) Various areas	Type of Facility (4)		
Street Address 2083 Lawrenceville Road		School (K-12) Subchapter 8 (Other than Diner (i.e. private & comm	K-12)	
City (5) (County (6)	County Code (7)		nerçial bulldir s	igs, homes, etc.) Bidg. Age
Mercer MJ 08648 Mercer		15.000 3 floors Current Use (Prior If being der	100	54
Name of Monitoring Firm Hired by Building Owns Pennani Associates, Inc.		Name of Absternant Contractor	r (90	
Street Adoress 515 Grove Street #18	00102	Street Address	LLC	
City, State & Zip Code Haddon Haights, NJ 08036		Z115 Hamilton Ave. Suite 202 City. State & Zip Code		
Toject Manager for Monitoring Firm	elephone Number	Trenton, NJ 08619 Telephone Number	License N	lumbar
Scheduled Start Date (10) Scheduled Comp	158-265-1014 Hetion Date (11)	Name of OSHA Monitor		D1188
Occupancy Status During Abatement (Charle and	-10-2017 (one)	J&S Environmental Laboratorie Street Address	sa, Inc.	
Abstament Performed During 1st Ship	ted of Abatement	2333 Route ZZ West City, State & Zip Code		
Describe: 8:00am to 5:00pm Facility Occupied During Abatement	_	Union, NJ 07083		
Scope of Work (Check ell that apply)		St Full Cooks	incoant with A	egative Pressure
☐ ≥3 efor ≥3 m ☑ ≥160 ef≥280 m	Renovation Demolition	☐ Mini-Englo	Sure Procedures	
Location of Asbestos-Containing	le Location	Description of	Amount	-Friable Procedure Abatament Typ
Meterial (ACM)	Solely by	Asbestos-Containing Material (ACM)	(Specify SF or LF)	
	Valintenance or lostodial Staff? Inc.	(I.e., thermal systems sulation, surscing, VAT	7, 2, 2,	Encapsulal Repair Removal
in Facility C				
in Facility (13)	98 No NA	r other miscelleneous)		Tell left was
In Facility (13) Y 2 nd and 3 nd floors-various area	es No N/A	other miscellencous) of viny! floor tile @5-108F	35-80 SF	
in Facility (13) Y 2 nd and 3 nd floors-various area	(12) o 88 No NA 7-8 area: each	rother miscallancous)	35-80 SIF	
in Facility (13) Y 2 nd and 3 nd floors various area	98 No NA 7-8 arease each	rother miscallancous)	35-80 51	
in Facility (13) Y 2.114 and 314 floors various area	es No NA 7-8 area each NJDEP Waste C	other miscellancous) of vinyl floor tile @6-108F		
in Facility (13) Y 13, 2 nd and 3 nd floors-various area [ame of Registered Waste Hauler [assource Management Group, LLC	NJDEP Waste C	other miscellancous) of vinyl floor tile @6-108F		
in Facility (13) Y (13) Y 2nd and 3nd floors-various area [ame of Registered Waste Hauler [assource Management Group, LLC [and on, NJ]	NJDEP Waste C Hauler ID No. 0035218	ubic Yards Weste SD Srows Landill Spose Date City, State		
in Facility (13) Y 2 nd and 3 nd floors various area	NJDEP Waste C Hauler ID No. 0035218	ubic Yards Name of Registe Weste Grows Landfill		

Ch 910		NO		Sta ICATION ursuant t		ESTOS	ABATE		T Commence of the commence of	D)\ _\	E G E		\mathbb{V}	TILL THE PERSON NAMED IN COLUMN		
Date of Notification (1) 03-21-17	St.		T	Name of IBN Co	Building Instruct			(2)	75 m		MAR	27 (2017	7	IJ	
Agencies Notified	Type Notification			Street Ad 49 Her					The state of the s	AS	BESTOS	CON)L &		
DEP DOL	Amended Amendment		_ [City, Stat Newark	e, Zip Co k, NJ 07					- December - C						
DOH DCA	Emergency justification) Cancellation			Name of Nelson	Contact Espino	sa				Te	ephone Nu	mber				
				FACIL	ITY INFO	ORMATI	ON					,		_		
Name of Facility Where A Private Home	Abatement is Takir	ig Place (3)						Тур	e of Facility School (K-	12)						
Street Address								K	Subchapte Other (i.e. etc.)	r 8 (Oth private	er than K-1 & commerc	(2) cial build	dings,	home	es,	
City (5) Roselle								Squ	are Feet	#0	f Floors	В	ldg. A	ge		
County (6) Union				County C				Cur	rent Use (Pr	ior if be	ing demolis	hed)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ntracting		(9)					
Street Address							Street 522									
City, State, Zip Code							1.00		Zip Code ty NJ 070	87						
Project Manager for Mon	itoring Firm			Telephon	e No.		Telepi 201		No. -9603		License I 01206	No.				
Start Date (10) 04-03-17		Scheduled 04-06-1		mpletion D	Date (11)		100000000000000000000000000000000000000		SHA Moniton Intracting							
Occupancy Status During	g Abatement (Che	ck Only One)				Street									
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire led Outside of Norr	Period of Atnal Facility I	ater Hour	ours City, State, Zip C					Zip Code	07			(0.00)			
Scope of Work (Check A	II That Apply						Unic	on Ci	ity NJ 070	3 07087						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	nova	ation tion				- N	Mini-Enclosu Glovebag Pro	ontainment with Negative Pressure inclosure bag Procedure exempted (*) and Non-Friable Procedure						
		ls L	ocat	ion									Abat	ement	t	
Locatior Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Used Main Custo	tena	ely by ince/ Staff?	tos Con thermal surfa	escription of ataining Material (ACM) Amount (Specify acing, VAT, or SF or LF)					Remova	Repair	e Encapsulate	Enclosure		
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Name of Registered Was	ata Uaular		- I A	NJDEP W	noto	Cubio	Yards		Name	f Deniet	ered Landf	11				
	elfa Contracting LLC Hauler I 352						ste 15			5.20	source F		ery F	acili	ty	
City, State Union City, NJ	VJ						sal Date 1-17	9	City, Sta Tullyto		A					
Completed by Jaime Delgado			8	Signatur	e /	D.	Date 03-21-17									

Print Form

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Date of Notification (1) 03 /							Owner/Operator (2 da	2)	500	31 31	49	9	To a character of the control of the	
Agencies Notified	Type Notification			Str	eet Ad	dress			Ti di anno	ASBESTO	S CON ENSIN	TRC	L &	
⊠ EPA									L	LIUI	TIADITA	<u></u>		_
□ DOLWD	☐ Amended			Cit	y, Stat	e, Zip Coo	de							
□ DOH	Amendment #	1/25/7			Great	Neck, N	Y 11020							
☐ DCA	☐ Emergency (i	including	9			Contact				Telephone Numb	er			
(NJAC 5:23-8)	justification) Cancellation			10000		l DiPren	da							
	Cancellation						700						00-	
					FACIL	IIY INF	ORMATION	Type	of Facility (4	1				
Name of Facility Where	e Abatement is Takir	ng Place	e (3))					hool (K-12)	7				
Residence								I Su	hchanter 8	(Other than K-12)				
Street Address				7 2 2 2 2 2 2 2 2				☑ Ot	her (i.e., pri	vate and commerc	cial build	ings,		
									mes, etc.)		DIA	Λ α α		_
City (5)									e Feet	# of Floors		. Age		
Ortley Beach) sf	1	65)		
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Name of Monitoring Fi	irm Hired by Building	Owner	(8)	AS	CM N	0.	Name of Abatem	ent Cor	ntractor (9)					- 1
	illi i illed by ballang	, 0111101	(-)				Guardian Co	ntract	ing, Inc.					
N/A							Street Address							
Street Address							1889 Route 9	9. Unit	61					
							City, State, Zip C							
City, State, Zip Code					Toms River,		lersev 087	755						
						Itom	,0,00,00	License No.						
Project Manager for M	Monitoring Firm			Teleph	none N	0.	Telephone No. 732-349-993	2		00624				
										0002.				
Start Date (10)	Sch	neduled					Name of OSHA							
03 / 31	/ _ 17	04	1 -	03	_ / _	17	E.M.S.L. Ana	alytica						-
Occupancy Status Du	ring Abatement (Ch	eck only	y on	e)			Street Address							
☑ Facility Closed/Va	cated During Entire	Period (of A	batem	ent		1056 Steltor	n						
☐ Abatement Perform	med Outside of Norr	mal Fac	ility	Hours	- Desc	ribe	City, State, Zip C							
Time of Abatemer	nt:AM	_PM/		_PM	P	M	Piscataway,	New .	Jersey 08	854				
Scope of Work (Chec	ck all that apply)						7275	20	00 00A 00V					
W 15		_					☐ Full Co ☐ Mini-Er	ntainm	ent with Neg	gative Pressure				
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf			Ren	ovatio nolition	n 1		☐ Gloveb	ag Pro	cedure					
≥160 sf or ≥260 lf			Den	iontion			⊠ Non-E	xempte	d (*) and No	n-Friable Proced	ure		50.23	
			ls l	Locatio	on						Ab	ateme	ent Ty	/pe
Loca	ation of			ormall			Description	n of		Amount	Re	Repair	En	En
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TO BE	ABATED			odial S		(1.€	surfacing, VA	AT. or	ation,	SF or LF)	val		sul	sure
	Facility (13)			(12)			other miscellar						ate	
,	(13)	Y	es	No	N/A									
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Name of Registered				11.000	JDEP I		Waste		T.R.R.F.					
Guardian Cont	racting, Inc.				2022		3							
City, State							Disposal Date	C	ity, State	. Daniel de la contract	2			
Toms River, New Jersey							04/04/17					-		
Lagrantia and the control of the con							Signature	Signature					1 -	
Completed By (Print or Type) Nicholas Fernicola Title Project				Man	ader			1	7 -		3/	21	117	1
Nicholas remi	,00		5			1/	1-	S A 521		-	-			

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Date of Notification (1)					f Building			1.5	W VINY -		MAR	27	201	7	11		
03/16/2017					ton Boar	d of E	ducatio	on	1	1					Tourse of		
Agencies Notified	Type Notification			Street A						L	SBESTO	10.00	SETT	201	10		
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X DOL	Amendment Emergency		-		ton,NJ,0	7111											
DOH DCA	justification)				f Contact					Te	ephone No	umber			7.0		
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Nome of Facility Where A	hatana dia Tali	- Di //		FACI	LITY INFO	ORMAT	ION	-		111	-						
Name of Facility Where A Irvington High Scho		g Place (3	5)					Туре	of Facility	(4)							
Street Address	OI							×	School (K-								
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1253 Clifton Avenue) 								etc.)	private	a common	ciai bui	unigs	, 110111	55,		
City (5)								20	are Feet	1	f Floors		Bldg. A	\ge			
Irvington								N/A		N/	_		N/A				
County (6)				County (Curr	ent Use (Pri	or if be	ng demolis	shed)					
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Name of Monitoring Firm				ASCN	I No.				atement Cor								
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Street Address							Street			ervici ina si-o-i							
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City, State, Zip Code								Zip Code									
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Project Manager for Monit	oring Firm			Telepho			Teleph				License	No.					
Stephen Pharai				201-29	99-7710		973-	333-	5144		01274						
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03/31/2017		04/01/2					EHW	/ ABA	ATEMEN'	T LLC							
Occupancy Status During	Abatement (Chec	k Only On	e)	Street Address													
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Abatement Performe Other – Describe:	d Outside of Norm	al Facility	Hours	S					ip Code								
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Scope of Work (Check All	That Apply)						R	W	Raff 3	CUT							
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Print Form

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	Date of Notification (1)	1)		Na	me of Building Owne	r/Operator	(2)	1111	MA	R 2	7	2017	Name of Street
	Agencies Notified / Type No	tification			Pinela	nd	Con Stru	Stion	40				1
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	iust	fication)	5	Nan	ne of Contact	/)	7-)1	Te	lephone	Numbe	r.		
V -				F	Frank ACILITY INFORM	LTION							
	Name of Facility Where Abatement is	Taking Place (3)		ACILITY INFORM	ATION	Type of Facil	ity (4)					
	Street Address	1 s					☐ School (20072-017-007-0					
							☐ Subchar	oter 8 (Other	than K-	2)			
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	Sea 15/2 County,(6)	64					Square Feet	# of	Floors		Bld	lg. Age	;
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	Name of Monitoring Firm Hired by Bui	ding Owner (8	2)		CM No.								
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	City, State, Zip Code	10,0	101	J			2 Bull	note	n A	THE			
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	Project Manager for Monitoring Firm	V	1	Teleph	ione No.	Telepho	Lunco	1/5) E	15C)(
	Start Date (10)						11-346-C	916	License	No.	773		
	3/11/17	Schedu	uled Con	npletion I	Date (11)		OSHA Monitor			- /			
	Occupancy Status During Abatement (Che	eck Only One)	12)	//									
	Facility Closed/Vacated During Enti	re Derind of Al	Louis	r		Street Ac	Idress						
	☐ Abatement Performed Outside of No ☐ Other – Describe:	rmal Facility I	lours			City, Stat	te, Zip Code						
F	Scope of Work (Check All That Apply)					1747							
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City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Teleph	Street Address	No. Fl	\ /	//	A.	0		
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Project Manager for Monitoring Firm Telephone No. Telephone No. CV-3He-Culk CV-3CV	City, State, Zip Code	\bigcup		1 1	NITOS	0)5		
Start Date (10) Street Address	Project Manager for Monitoring Firm	Teleph	one No.	elephone No.		777		
Occupancy Statuts Puring Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Street Address City, State, Zip Code					114 010	76-		
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Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	1		31	lieet Address				
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Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempte	Scope of Work (Check All That Apply)							
Completed by Comp			*			sure		
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Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A		le Location				Ab		i
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Name of Registered Waste Hauler Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler Name of Registered Waste Hauler Nide Hauler ID No. 2000 SF Disposal Date Title Signature Date Date Date	Location of	Normally	Descri	ption of			урс	T
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Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	1110 (ח ד ר	147		
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				FAC	CILITY IN	FORMATION						
Name of Facility Where A		aking Place	(3)				Type of Facility					
Barrington Fire Sta	tion						School (K-1	2) 8 (Other than K-1	12)			
Street Address								private and comm		ilding	S.	
201 Second Avenue	e						homes, etc					
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Barrington							10,000	2		80		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (F	rior if being demo	lished)			
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Name of Monitoring Firm	Hired by Build	ling Owner (8	3) [ASCM	No	Name of Abateme	ent Contractor (9	9)				
TTI Environmental,	3750	9 (-	'				onmental, LLC					
Street Address	1110.					Street Address	Jillionai, EE					
1253 N. Church Str	oot					623 Cutler Av	(enue					
City, State, Zip Code	0.53					City, State, Zip Co						
Moorestown, NJ 08						Maple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm			phone I		Telephone No.		License No.				
Jeff Seaman				56-840		856-755-0099		00842				
Start Date (10)	2070 March 1997	Scheduled Co 04/				Name of OSHA N EMSL Analyt						
Occupancy Status During			2000	ment		Street Address 200 Route 13	0 North		1251			
☐ Abatement Performed					cribe	City, State, Zip Co						- I Tour
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Freehold, NJ						4/4/2017	Newburg	, PA				
Completed By (Print or T	ype)	Title	outilities.			Signature	10		Date			
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Date of Notification (1) 3/21/17						Owner/Ope		(2)	12+		- M <i>F</i>	111 6		U+i	-
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Street Address									Subchapter Other (i.e. p				ldings	, home	es,
City (5)									etc.) re Feet	# of	Floors		Bldg. /	Age	-
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Project Manager for Mo	nitoring Firm			Telepho	ne No.		A Samuel	none N			License				
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Name of Registered Wa United Roll Off	ste Hauler		H	IJDEP W fauler ID 2459		of Waste			Name of G.R.O.	- 5	ered Land	atili			
City, State					2000	Disposal			City, Stat		A 4000	-			
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	03/16/12017					County W	eatheriza	ation	DEPT						
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	X EPA	Initial		1		e, Zip Code					LIO	CIAOI	110		十
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	Name of Facility Where	Abatement is Taking	Place (3)					I At	e of Facility (
1	PRIVATE HOUSE Street Address							H	School (K-1 Subchapter	8 (Othe	er than K-12)			
	Street Address							×	Other (i.e. p	rivate 8	& commercia	al buildi	ngs, h	omes	•
1	City (5)	VV.						Sq	uare Feet	# of	Floors		ig. Ag	е	
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1	County (6) PASSAIC	r 13	%		County C	ode (7) SE ONLY)			rrent Use (Prid RIVATE HO		ng demolish	ied) .			
1	Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		batement Cor						
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1	Street Address						Street		ress NKLIN STF	PEET					
1									Zip Code	\LL!					\dashv
	City, State, Zip Code						U.S. Allender Street, Co.		SON,NJ,07	524					
	Project Manager for Mo	nitoring Firm			Telephon	e No.	Telep	hone	No.		License N	0.			
	_, . 0,000.	•							3-5144		01274				
	Start Pate (10)		Schedule		npletion E	Date (11)			SHA Monitor						
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V	Occupancy Status Durin				/				NKLIN STE	REET					
	Facility Closed/Vac	cated During Entire I med Outside of Norm	Period of A	baten Hours	nent S				, Zip Code						
	X Other - Describe:	OCCUPIED					PAT	ΓER	SON,NJ,07	7524					
	Scope of Work (Check	All That Apply)						_							
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Date of Notification (1) 03-17-17				uilding Ow a Demol		erator	(2)		of match? An reagon		MAF	R 2	7 2	017		녜
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		1	FACILI	TY INFOR	MATIC	N										-
Name of Facility Where Abatement is Taking Private Residence	Place (3)						Ту	Sch	acility (4 ool (K-1) chapter	2)	s than k	(12)				
Street Address							r	Oth etc.	er (i.e. p)	rivate &	comme	ercial				5,
City (5) Pompton Lakes								quare F			Floors			g. Ag	e 	
County (6) Passaic		Co (S	ounty Co	ode (7) SE ONLY)					Jse (Prid			olishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM I	No.					nent Cor cting L		(9)					
Street Address						Street 522				2-2-40						
City, State, Zip Code								e, Zip (City N	Code J 0708	7						
Project Manager for Monitoring Firm		T	elephone	e No.		201	21	ne No. 6-960			Licens 0120					
Start Date (10) 03-20-17	Scheduled 0 03-22-17		oletion D	ate (11)					Monitor acting L	LC						
Occupancy Status During Abatement (Che								ddress								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of Aba nal Facility H	ateme ours	ent		_			te, Zip	Code	37						
Scope of Work (Check All That Apply)								,								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novati nolitic						Mini-l	Containm Enclosur ebag Pro Exempte	e cedure					e	
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Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	c Yards	3		Name o	f Regis	tered La	andfill				
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City, State E. Hanover, NJ 07936					03-2	osal Da !1-17			City, St Bethle		PA	1.5	240			
Completed by	Title Proj. N	/lana	ager.			Signate	ure		19			2500	ate 3-17-	17		

NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (Nam	e of E	Building	g Owne	er / Operat	or (2)	17.0		<u>L</u>	\V/	L	1
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				FA	CILI	TY IN	FORM	IATION				1	_		
Name of Facility Who	ere Abateme	ent is Taking P	lace (3)			_	pe of Fac							-
Monmouth Juncti Street Address	on Centra	Office					_ _	School		200 000					
537 Ridge Road										Other than			202020	\	
oor mage mode								uare Feet		# of Floor	mercial buildi	Bldg. Ac		etc.)	
City (5)		County (6)	Co	untv	Code	(7)	_	00		# 01 1 1001	1	Diug. Ag	70		
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Name of Monitoring F	irm Hired b	y Building Owr	er (8)		AS	CM No				Contracto					
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City, State & Zip Cod PHILADELPHIA PA							Cit	y, State &	Zip Co	de					
Project Manager for N		irm	Telep	hone	Num	ber		RISTOL, lephone N		107	License	Number			
MARK JENKINS			215-	365-	5810			5-788-60				0050	09		
Scheduled Start Date March 29, 20)17		rch 3	1, 20		1)		me of OS		itor NMENT	AL INC				
Occupancy Status Du	uring Abaten	nent (Check or	ly one	e)	50		_	eet Addre							
		ouring Entire Po						23 BEAV			NA S				
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City, State	10720							sal Date	City, S	tate					
Completed By (Print or				T:41	_		TBD		WAY	NESBUR	G, OH 4468				
PATRICK T. DeCAR				Titl	e timat	tor	Signa		6	000	1.	Date 3/15/	17		
	7000 TO 12			-0			ta	buck	11.1	DeCar	s/je	3/ 13/	1.7		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 3/15/17 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address \boxtimes EPA 2113 537 Ridge Road ASBESTOS CONTROL & DEP Initial City, State & Zip Code LICENSING DOL 2/20 X Amended Monmouth Junction New Jersey DOH 2137 X Emergency Name of Contact Tolonhana Mumber DCA Cancellation ALEX BAYLOR FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Monmouth Junction Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 1039 Monmouth Junction Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 6000 70 Forked River Ocean Current Use (Prior if being demolished) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT, INC. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code PHILADELPHIA PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor March 29, 2017 March 31, 2017 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm X City, State & Zip Code Describe: (5 PM - 1:30AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclsoure (i.e., thermal systems Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A HVAC Motor Room X Vat/mastic 160 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 3 MINERVA LANDFILL City, State Disposal Date City, State IEW CASTLE, DE 19720 TBD WAYNESBURG, OH 44688 completed By (Print or Type) Title Signature Patrick A De Coro/je Date 'ATRICK T. DeCARO Estimator 3/15/17

Ch 12857			FICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE		E	- consenses		<u>(6)</u>		-	
Date of Notification (1) 3.21.2017				of Building Academ				ship	-	1.1	MAR	2 /	-201	1
Agencies Notified Type Notification				Address Amboy A	venue			130	T. Langue	193	ESTO	S CC NS		ROL
DEP Amended Amendment			City, St	tate, Zip C Amboy	ode				house		L		140	
	ncluding		Name o	of Contact ny Rosa					Tel	ephone N	lumher			
			FAC	ILITY INF	ORMAT	ION				-				
Name of Facility Where Abatement is Taking The Academy of Urban Leadership	Place (3	3)					protect	of Facility (4 School (K-12						
Street Address 612 Amboy Avenue								Subchapter of Other (i.e. pretc.)	8 (Oth ivate	er than K- & commer	-12) rcial bui	ldings	, hom	ies,
City (5) Perth Amboy 08861								re Feet	# 0	f Floors		3ldg 30	Age	
County (6) Middlesex				Code (7) USE ONLY	0			ent Use (Prio	r if bei	ng demoli	ished)			
Name of Monitoring Firm Hired by Building O AET	wner (8)		ASCI 002	M No.				IRONMEN			CE			
Street Address 28 NORTH PENNELL RD						Street 8421		ss SERMAN S	ST					
City, State, Zip Code MEDIA PA 19063						(65,17)		ip Code LPHIA PA	1913	36				
Project Manager for Monitoring Firm Carmelo Altomonte			Telepho	ne No. 64-6583		Teleph 215 3				License 01328	No.			
	Schedule		mpletion	Date (11)		Name AET	of OSI	HA Monitor						
Occupancy Status During Abatement (Check						Street 28 No		ss H PENNEL	LBI)				
Facility Closed/Vac: ted During Entire Pe Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours	nent s			City, S	tate, Z	ip Code A 19063						
Scope of Work (Check All That Apply)						IVILD	1/1 /	19000		-			oue.	
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Name of Registered Waste Hauler REPUBLIC SERVICES		Н	JDEP W auler ID 798		Oubic \ of Was			Name of Re Waste M				D.W.	S. N	
City, State NEW BRUNSWICK NJ					Dispos	al Date		City, State Morrisville	e, PA	\		(10~	W	E.3
Completed by ANTHONY JONES	Title PROJ	ECT	MANA	GER	Si	gnature		5	_		ate .21.17	,		

Print Form

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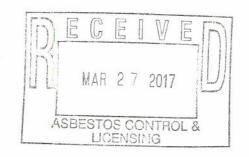
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Date of Notification (1) 03/22/201	7		Name	of Buildin	g Owner/	/Operato	r (2) Vinc	e Marti	ni		-		U17
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□ DCA □ Emergence justification Cancellate			Name	of Contac	t Vind	ce						94	
Name of Facility Where Abatement is Ta	king Place (3)	FAC	CILITY IN	FORMAT	ION	Type of Fe	nilit. (4)					
Residence	ang riace (o	,					Type of Fa	ol (K-12)					
Street Address				1110 41			Subcl	napter 8 (O	ther than K	-12) rcial bu	ilding	s, hon	nes,
City (5) Beach Haven							Square Fe 1700	et #	of Floors		Bldg.	Age 50+	
County (6) Ocean				Code (7)			Current Us	e (Prior if b esidenc	eing demoi	ished)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASC	M No.		Name	of Abatemer						
Street Address						Street	Safew	ay Aba	tement	LLC			
City, State, Zip Code							1		lett Ave)			
						City, S	state, Zip Coo	de Wes	t Creek	, NJ (080	92	
Project Manager for Monitoring Firm			Telepho	one No.			one No. 309-618-	5955	License 01	No. 319			
Start Date (10) 3/31/2017	Scheduled		mpletion /2017			Name	of OSHA Mo	1100 TO 1100	/A				
Occupancy Status During Abatement (Che						Street	Address					11-15-11	
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of Al mal Facility I	baten Hours	nent s			City, S	tate, Zip Cod	e					
Scope of Work (Check All That Apply)													
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Name of Registered Waste Hauler		I NI	JDEP W	lasta	Cubic	/auda		(5					
Timster Trucking Inc			auler ID		of Was		1 1 4		ered Landfi anagen				
City, State West Creek, NJ				ì	Disposa	al Date TB[City,	State Tu	llytown	,PA			
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ate of Notification (1)	03/22/2017		Nam	ne of Buil	ding Owne	er/Operator	(2) Deb	orah G	insb	urģ	-		1 Table 2 Area	-
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DOH DCA	Cancellation					ATION								_
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treet Address							etc.	.)				. Age		\dashv
City (5) Bea	ch Haven Park						Square 140	0		Ploors		50+		
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Name of Monitoring Fi	irm Hired by Building Ov	wner (8)	1	ASCM N	lo.	Name	e of Abater Safe	nent Cont eway A	ractor (bate	9) ment LL	.C			
Street Address						Stree	et Address	128 B	artle	tt Ave				
						City,	State, Zip	Code W	lest (Creek, N	J 08	092	Y H	
City, State, Zip Code							L No			License No		_	-2000	
Project Manager for N	Monitoring Firm		Te	elephone	No.			18-595	5	0131				
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	uring Abatement (Check	Only One)				Stre	et Address	3						
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Name of Registere	d Waste Hauler Trucking Inc			JUDEP W	No.	Cubic Yar of Waste	ds TBD	Name o	of Regis ste N	stered Landfi Nanager	nent			
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■ DOH Emergency (justification) ■ Cancellation	including	1	Name of	f Contact Stock				Tele	nhone N	lumber			
			FAC	ILITY INFORMA	NOITA			*					
Name of Facility Where Abatement is Taking Corporate Research Lab	g Place (3)				Туре	e of Facility (School (K-1	5 6 5 5 10 7 7 1					
Street Address 101 Columbia Road						×	Subchapter Other (i.e. p	8 (Other			ildings	, hom	es,
City (5) Morris Township						0.000	are Feet 1,420	# of I	loors		Bldg. /	Age	
County (6) Morris				Code (7) USE ONLY)		Vac	ent Use (Pri cant/Rese	arch La	b	ished)			
Name of Monitoring Firm Hired by Building C Assessment Resources & Technolo			ASCN N/A	Л No.	PAL	Envi	atement Cor ronmental						
Street Address 111 John Street Suite 538					11-0		eens Plaz	a Sout	h				
City, State, Zip Code New York, NY 10038							Zip Code nd City, N	Y 1110	01				
Project Manager for Monitoring Firm Paul Ottens				35-0266	100	hone N 349-0			License 2867				
4/04/2017	07/31/	2017	mpletion	Date (11)		of OS in Mo	HA Monitor Rea						
Occupancy Status During Abatement (Check	Only Or	ne)			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Addre							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abaten / Hours	nent s		City, S	State, Z	edy Blvd.						
cope of Work (Check All That Apply)					Ваус	onne,	NJ 07002					7,	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit			> > >	Fu Mi Gl	ill Containme ni-Enclosure ovebag Proc on-Exempted	e edure				re.	
Location of		Locati	11000 m			1944 2		()	1011111		Abate	emeni /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/	Asbestos Co (i.e. therm sur		Materia s insul T, or	ation,	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
See attached ACM List	Yes	No	N/A	C	ll A	OM				<u>n</u>		ate	re
Oce attached ACIVI LIST				See att	ached A	NOIVI L	LIST				-		
±													
ame of Registered Waste Hauler		Н	JDEP W lauler ID 4310		ic Yards 'aste CY		Name of F Minerva			ill			
ity, State hirley, NY 11967				0.334234.0	osal Date 31/2017		City, State Waynes)H 44	688			
ompleted by ric Domozick	Title VP				Signature	9		X		ate	2017		

M2 Cor	porate Research Lab			
			Quant	ities
Floor	Location	ACM	SF	LF
G-3	Throughout	Pipe Insulation/Fittings		5940
G-3	Throughout	VAT & Mastic	59,310	
G-3	Throughout	Transite	21030	
G-3	Throughout	Transite Pipes		1700
G	Boiler Room	Boiler Insulation	1106	
G-3	Throughout	Duct Insulation	2000	
G-3	Throughout	Doors	220	
G-3	Throughout	Acoustical Tile	3768	
Roofs	Throughout	Roofing/Flashing/Mastic	16165	
G-3	Façade	Mastic	4500	
Roofs	Throughout	Caulking		222
		Totals	108099	7862



h 38110		NO		ATION		w Jersey ESTOS ABAT C 8:60 and 5:1		DEG		\mathbb{V}		M
Date of Notification (1) 3 / 21		17			e of Building y of Pleas	Owner/Operator (antville	(2)	UU MAR	27 :	2017	to the same of the same	世
⊠ EPA	e Notificat nitial amended amendmer	nt #		18 City,	N. First St State, Zip Co		in department of the second of	ASBESTO LIG	S CON ENSIN)L &	ı.
(NJAC 5:23-8) ju	mergency ustification Cancellation		ıg	Name	e of Contact	vay - Garden St	tate GC	Telephone Nu	mber			e T
	A	****		10000		ORMATION						
Name of Facility Where Abater Vacant Residence Street Address 801 Church Street	ment is Ta	aking Plac	e (3)					-12) er 8 (Other than K- , private and comm		uildinę	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Pleasantville							2,000	2		80		
County (6) Atlantic		01172=1-111 = 574 ²⁻²		Cour	nty Code (7)(STATE USE ONLY)	Current Use (Vacant Re	Prior if being demo	olished)			
Name of Monitoring Firm Hired	by Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor ((9)				
N/A						Shade Enviro	onmental, LL	.C				
Street Address						Street Address 623 Cutler Av	/onlio					
City, State, Zip Code						City, State, Zip Co	WEEG HERWOOD					
City, State, Zip Code						Maple Shade						
Project Manager for Monitoring	Firm		Tele	ephone	No.	Telephone No. 856-755-0099)	License No. 00842				
Start Date (10)04 /03 /17	0	cheduled (etion Da		Name of OSHA M EMSL Analyt						
Occupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsi Time of Abatement:	ing Entire de of Nor	Period of mal Facili	Abate ty Hou	rs - Des	scribe	Street Address 200 Route 13 City, State, Zip Co	ode	ASS 1/8 1/2				
Scope of Work (Check all that a	ipply)					Ommammoor	1, 110 00077					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovat emolitic			☐ Mini-Enc ☐ Gloveba	losure g Procedure	legative Pressure Non-Friable Proced	dure			
			s Loca				_		At	oatem	ent T	уре
Location of Asbestos-Containing Materion TO BE ABATED IN Facility (13)	al (ACM)	Us Ma Cus	Norma ed Sole aintena stodial (12)	ely by ance/ Staff?		Description of the control of the co	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior		Yes	No 🖂	N/A	Siding			1,100 SF				
Exterior					Sidilig			1,100 3F				
											П	
Name of Registered Waste Hau	ler		N	JDEP /	Waste (Cubic Yards of	Name of Reg	 gistered Landfill			ш	
Garden State Dredging a	nd Exca	avating	H	lauler II 34498		Waste 10	Atlantic (County Utilities	Autho	rity		
City, State						Disposal Date	City, State					
Clermont, NJ						4/7/2017	Egg Hark	oor Township, N	IJ			
Completed By (Print or Type) Christina Lynch		Title Vice P	reside	ent of (Operations	Signature	2		Date 3/2	11	7	
					Harris Committee						-	