Mar. 13. 2019 10:21AM

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Date

3/13/19

MAR 2.0 2019 State of New Jersey DOL - 10 DAY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:50 and 12:120) Name of Sulfang Owner/Operator (2) Date of Mollication (2) Township of Wayne 3/13/19 Street Address Agencies Notified Type Notification 475 Valley Road Initial EPA city, State, Zip Code DEP Amended Wayne, NJ 07470 Amendment # X DOL Emergency (including Name of Contact Talephone Humber X 201-883-1944 Glen Vanas c/o Vanas Construction **Austification** HOO Cancelation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Wayne Police Department Subchapter 8 (Other than K-12) Street Address Other (i.e. private & Commercial buildings, homes, etc.) 475 Valley Road Side. Are Squere Feet S of Manua CHV (5) 55+ 30,000 11 Wayne Current Use (Prior If being demelished) County Coca (7) County (4) (STATE USE ONLY) Passa c Name of Montgoring Firm Hared by Building Owner [8] Name of Absternant Contractor (2) Unloorn Contracting Carp. NVS Strent Address Street Address 32 Willow Way 7 Campus Drive, Suite 300 CIN. State, Zlp Code City, State Zip Code Woodland Park, NJ 07424 Parsippany, NJ 07054 License No. Telephone No. Telephone No. Project Makager to Monitoring Firm 01331 973-946-5600 973-993-9176 Ryan Broadwater Mama of OSHA Manitor Scheduled Completion Date (11) Start Date (10) Envirovision Consultants, Inc. 08/90/19 3/14/19 Occupancy Status During Abelianent (Chack Only One) Strent Addings 20-21 Wagaraw Rd., Bldg. 35-E Facility Closed/Vocated During Entire Period of Abatement CIN, State, Zip Code Abatement Performed Outside of Normal Facility Hours Fair Lawn, NJ 07410 Other - Describe: Occupied X Scase of Work (Check All That Apply) Full Containment with Negative Pressure Ranovation as af or as if Mini-Enclosure Demolition ≥150 sf or ≥250 If X Glovebag Procedure Non-Exempted (*) and Non-Frisbie Procedure Abstement is Location Twos prormally Description of Location of A mount At hes tos Con taining trialerial (AEM) Used Solely by Asherton-Containing Material (ACM) (Specity (i.e. Insuma systems insulation, Malatenancel YO BE APATED SF or LF Custodial Staff? suffecing VAT, of In Facility (12) other missellaneous) (LE) No N/A Ves Transite Window Panels 1,160 SF × Exterior Building Name of Regustered Landill Cubic Yards of Weste MDEP Was to Hau'er ID No. Name of Registered Waste Haules Grand Central Sanitary Landfill DE 04509 Newark Carting Disparal Date CITY, State Pen ATENI, PA TED Newark, New Jersey

General Manager

Signature

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Date of Notification (1)			- 1	Vame o	f Building ()wner/Ω	perator (2)	\$ 1 de	EGE	11 11/	7	ene plus Se sulc	1
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County (6)	444			County	Code (7) (S	TATE US	SE ONLY)	Current Use (Pri	or if being demolis	shed)			
Morris													
Name of Monitoring Firm	Hired by Building O	wner (8) [SCM N	0.	Name o	f Abateme	nt Contractor (9)					
						Gr Tech	LLC						
Street Address	1					Street A	ddress						
							lley Rd #2						
City, State, Zip Code						City, Sta	ate, Zip Co	de					
							NJ 0747	0					_
Project Manager for Mor	nitoring Firm		Telep	hone N	lo.	Telepho	ne No.		License No.				
						973-638			01127				_
Start Date (10)	Sched					Name o	f OSHA M	onitor					
	19 0			_ / _	19			nsultants,Inc					
Occupancy Status Durin						Street A							
					rihe			Road, Bldg .# :	35E				
Time of Abatement:	AM- PN	n acinty N	PM_	- Desc	NA A		ate, Zip Co						
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Scope of Work (Check a	ill that apply)					Н	Full Cont	tainment with Neg	gative Pressure	o proce			
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≥ 160 sf or ≥260 lf			molitio	11			Non-Exe	mpted (*) and No	n-Friable Procedu	ıre	į.		
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(13)			(12)	T		other	miscellane	ous)				ate	
		Yes	No	N/A						K-2	_		
Basement	Ш	\boxtimes	Pipe insi	ulation			200 LF		Ш	Ш			
Basement		\boxtimes	VAT floo	or tiles			700 SF	\boxtimes			Ш		
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Name of Registered Wa	aste Hauler		N.II	DEP Waste	Hauler ID No.	Cubic Y	ards of Was	te Name of Regi	stered Landfill				
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Gr Tech LLC City, State				003378	3		al Date	T.R.R.F. Inc	<u> </u>				
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Wayne, NJ 07470 Completed By (Print or	Type) Title	2				TB	ignature /	Tullytown, P		Date			
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CK# 2046

Date of Notification (1)	Nome	- F D. 11-11 - O				-K+	t d	(0	47	0			
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DEP	X Initial Amended			City, St	ate, Zip Cod	e	100						
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Street Address								ol (K-12)					
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City (5)							etc.)					70. Fi	103,
Wallington							Square Fee	et # o	f Floors		Bldg.	Age	
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.	Nam	e of Abatemer						-
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Street Address	77-315-6		Vis allia				et Address						
n/a City, State, Zip Code							Palisade A						
n/a						100	State, Zip Coo						
Project Manager for Mon	itorina Firm			Telepho	na No		rfield, NJ 07	7026					
n/a	J		n/a	110 140.	1 0	hone No. 3460.6026		License 01255	11224211				
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Occupancy Status During						Stree	t Address					-	
Facility Closed/Vaca Abatement Perform	ated During Entire F	Period of A	baten	nent			Palisade A						
Other - Describe:	Scheduled for Demo	ial Facility	Hours	3		100	State, Zip Cod						
Scope of Work (Check Al	That Apply)					Ga	rfield, NJ 07	7026					
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≥160 sf or ≥260 lf		0000000	emolit				Mini-Encl	ainment with osure	Negative	Pressu	ire		
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Project Manager for Mo	nitoring Firm	$\neg \neg$	Talep	hone N	o.	Telephone No.		License No.				_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 3/13/19				ne of Bu Iward 2	ilding Owne Ziobro	er/Opera	ator (2	2)	V		C	E [M		2 14
Agencies Notified	Type Notification		Stre	eet Addr	ess				0.74.00.10	us a					
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DCA	Cariccidation				Y INFORM	IATION			10 - (A)			154 1 .1	91F473	-	\dashv
Name of Facility Where A Home Street Address	Abatement is Taking Pl	ace (3)						Sch	Facility (4) nool (K-12) ochapter 8 ner (i.e. priv	(Other th	nan K-12)) I buildin	gs, ho	mes,	
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County (6) Union			Co (S	ounty Co	ode (7) E ONLY) _		-	home	Use (Prior			eu)			
Name of Monitoring Firm	n Hired by Building Ow	ner (8)		ASCM N	No.		ABS	Enviro	ment Contr nmental	Service	es, LLC				
Street Address							PO E		3, 4 E Ga	ate Driv	'e				
City, State, Zip Code								state, Zip wood,	Code NJ 0741						
Project Manager for Mo	nitoring Firm		Te	elephone	e No.			none No. -764-22			icense N 703	0.			
Start Date (10)		scheduled 3/30/19	Comp	oletion D	ate (11)		Name	of OSHA	A Monitor						17 <u>2</u> 10 <u>5</u> 2
3/23/19 Occupancy Status Duri	ng Abatement (Check	Only One					Street	Address	3						
Facility Closed/Va Abatement Perfor Other – Describe:	ncated During Entire Pe med Outside of Norma basement	riod of A I Facility	bateme Hours	ent		_	City,	State, Zip	Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti					Mini	Containme Enclosure vebag Prod Exempte	edure				9	
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Date of Notification (1)			Name o	of Building	Owner/	Operato	r (2)		yerror	~~~						
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home		3						l l l	8 80							
Street Address									School (K-12 Subchapter 8	(Othe	er than	K-12	!)			
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City (5)								Squ	are Feet	# of	Floors	;	E	Bldg. A	ge	
Hackensack								190	00	2			1	75		
County (6)					Code (7) USE ONLY	n		10000000	ent Use (Prior	if bei	ng dem	olish	ed)			
Bergen								hor								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				atement Contr							
Street Address									ironmental	Serv	ices,	LLC				
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City, State, Zip Code						-		and the same of th	Zip Code		170					
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Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				Licens	se No	ο.			
Start Date (10)							. CEMBLISHED	100000000000000000000000000000000000000	2276		703					
3/25/19		Schedule 4/8/19	d Cor	npletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During	Abatement (Chec		e)				Street	Addre	200							
Facility Closed/Vaca		-		nent			0.000	, 10010	,,,,							
Abatement Performe	ed Outside of Norn	nal Facility	Hour	S			City, S	tate, 2	Zip Code							
X Other – Describe: t		41474														
Scope of Work (Check Al	I That Apply)															
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(13)			(/			other n	niscellan	eous)					oval	air	Encapsulate	Enclosure
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Date of Notification (1) 3/14/19					of Building						E	; E		O L	_ر
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Name of Facility Where a Saint Michael's Me		ig Place	(3)					Туре	of Facility	(4)					
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r roject Wariager for Worl	itoring Firm			Telepho	one No.			one No 764-22			License 703	No.			
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Troject Manager for Monitorin	gFirm		Telepi	none No.	Telepho	elisack.	NJ 07601	<u></u>			
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Date of Notification (1)	PATD	State of New OTIFICATION OF ASB. (Pursuant to NJAC S	ESTOS ABATEM 3:60 and 12:120)	ENT		C	EIV	
Agencies Notified Type	Notification	Street Address	11 11 Cat		laser.	MAR	2 0 20	19
DOH DO	Amended Amendment # Imergency (including Institution) ancellation	City, State, Zip Code Name of Contact	30 Route	08 441				
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance Custodial Staff? (12)	Asbestos Containing (i.e. thermal systems in VAT, other miscell	ion of Material (ACM) sulation, surfacing	pted (*) and Non-Fria		Abateme Type Repair	1	
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Agencies Notified Type Notification				Address t Stowe	Bd					BAL				
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Name of Facility Where Abatement is Takin	n Place (3)	FAC	ILITY INF	ORMAT	ION	I Tu	pe of Facility	(4)					
Cooper Historic Homes	g i lace (3)					П	School (K-	3 50					
Street Address 706,714-716 Washington St							×	Subchapte Other (i.e. etc.)	8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	ies,
City (5) Camden							0.000	uare Feet 200	2	f Floors	100	Bldg. /	Age	
County (6) Camden				Code (7) USE ONL	n			rrent Use (Pri						
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASC	M No.			of A	batement Co	ntractor					
Street Address PO Box 354		-12				Street 1256		ress erty Avent	ıe					
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	3	Teleph 844-		No. -7465		License 01316	No.			
Start Date (10) 03/23/2019	Schedul 04/08/			Date (11)		THE STATE OF THE STATE OF		SHA Monitor Lighthous	e Solu					
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Add	ress				2020000		_
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of a	Abater	ment s			PO E		Zip Code						
Other – Describe:								range, NJ	07079					
Scope of Work (Check All That Apply)						_	7							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demoli				×	N	Full Containm Mini-Enclosure Blovebag Prod Non-Exempted	e cedure	ă			e.	
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Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	ely by	Asbes		cription		ial (ACM)	А	mount		Ι',	pe	
TO BE ABATED In Facility		intena todial		(i.e.	thermal	systems sing, VA	s insi	ulation,	(S	pecify or LF)	Ren	Re	Encapsulate	Encl
(13)		(12)	_			niscellan			0.	OI LI)	Removal	Repair	osula	Enclosure
Roof	Yes	No X	N/A						- 4				te	
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One work area for this project Name of Registered Waste Hauler			JDEP W		work are	and the second	this	project	Da = != 4 -					
Champion Disposal		H	lauler ID 698	500 CT 500 CT 1	of Was			Groves	, 1574 , 100	red Landfi ill	п			
City, State Hainesport, NJ					Dispos	al Date		City, State Morrisv		Α				
Completed by Alison Lamers	e Mar	nager		Si	ghature	20	ROVS		50.55	ate 3/13/2	2019			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 03/13/2019 MAR 20 Michaels Development Company Agencies Notified Type Notification Street Address 3 East Stowe Rd **EPA** Initial × DEP City, State, Zip Code Amended × DOL Amendment # Marlton NJ 08056 Emergency (including Name of Contact × DOH Telephone Number justification) DCA Cancellation Greg Carroll 856-596-0500 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cooper Historic Homes School (K-12) Street Address Subchapter 8 (Other than K-12) 459-461 Haddon Ave × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 3,000 3 1950 County (6) County Code (7) Current Use (Prior if being demolished) Camden (STATE USE ONLY) Not Being Demo-Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Seine Lighthouse Solutions Brinks Tank Services Street Address Street Address PO Box 354 1256 Liberty Avenue City, State, Zip Code City, State, Zip Code South Orange, NJ 07079 Hillside, NJ 07205 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Sarah Calandra 201-349-2666 844-462-7465 01316 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/23/2019 04/08/2019 A. Seine Lighthouse Solutions Occupancy Status During Abatement (Check Only One) Street Address PO Box 354 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: South Orange, NJ 07079 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation. Enclosure (Specify Custodial Staff? Remova Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Roof X Flashing 235 LF X Exterior X Door caulk 145 LF X

One work area for this project

Signature

Cubic Yards

Disposal Date

of Waste

NJDEP Waste

Hauler ID No.

2698

Office Manager

Title

ASB-41 (R-06-08)

Hainesport, NJ

City, State

One work area for this project

Name of Registered Waste Hauler

Champion Disposal

Date

03/13/2019

Name of Registered Landfill

Groves Landfill

Morrisville, PA

City, State





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Date of Notification (1) 03/13/2019				Name Mich	of Building	g Owner/ velopm	Operato	or (2) mpany			AR 2	0 6	2019	Tripped of 27 ac.	<u> </u>
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× DEP	Amendmen				State, Zip C ton NJ 0					* (V) +	. n. es. 15a	7 644 7-20	rations I.s.	A ₁	
DOH DCA	Emergency justification) Cancellation)	ng		of Contac	t					hone Nu				
					CILITY INF	ORMAT	ION			856-	596-05	500			
Name of Facility Where Aba Cooper Historic Home	atement is Takir	ng Place	(3)		5.E. 1 1141	ORMAT	1014	Type of F	acility (4)						
Street Address								Scho	ool (K-12) chapter 8	(Other i	than K-1	2)			
419-425 Haddon Ave								Othe etc.)	er (i.e. priv	ate & c	ommero	ial bu	ildings	, hon	nes,
City (5) Camden								Square Fo		# of FI	oors		Bldg. 1950		
County (6) Camden					Code (7)	n		Current U Not Bei	se (Prior ng Dem	if being o- Res	demolis	hed)			
Name of Monitoring Firm His A. Seine Lighthouse S	red by Building Solutions	Owner (8	3)	ASC	M No.		Name Brink	of Abateme	ent Contra	ctor (9)					
Street Address PO Box 354							5277600000000000000000000000000000000000	Address Liberty A	Avenue						
City, State, Zip Code South Orange, NJ 070	79						City, S	tate, Zip Co	ode						
Project Manager for Monitori Sarah Calandra	ing Firm			Telepho 201-3	one No. 49-2666		Teleph	ione No. 462-7465		2,588,85	cense N	lo.			
Start Date (10) 03/23/2019	04/08/201						Name	of OSHA Meine Light	onitor		105001150				
Occupancy Status During Ab	patement (Chec	k Only O	ne)					Address	nouse c	olullo	115				
Facility Closed/Vacated Abatement Performed Cother – Describe:	During Entire F Outside of Norm	Period of nal Facilit	Abaten y Hours	nent				ox 354 tate, Zip Co	de						
Scope of Work (Check All Th	nat Annly)				, NJ 070	079									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ат Орргу)		Renova Demolit	ation Function M					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
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						HOOI	nasnii	ig	_	866 L	.F	X		_	
One work area for this project					One w	ork are	a for t	his projec	et					-	
Name of Registered Waste Hauler NJD					aste	Cubic Y	'ards		ne of Regi	stered l	_andfill				
Champion Disposal City, State					No.	of Wast		Gro	ves Lar						
Hainesport, NJ						Disposal Date City, State Morrisville, PA									
Completed by Alison Lamers	npleted by Title					Sig	nature	2 M 0	W		Date	e 13/2	010		-
	855			LALX	NIRX	25		00/	1016	010		- 1			

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Date of Notification (1) 03/14/2019			Name of Monte	of Building C lair State U	owner/Ope Iniversity	rator (2)		Check :	# 1422		1	- Lab	i
Agencies Notified Type Notification D EPA Winitial				Address mai Ave		9				:::25 -/		es * ;	
☐ DEP ☐Amended ☐ Amendment #	iudica	[City, St Montel	ate, Zip Cod lair, NJ 070	ie 143			7-3-3					
☑ DOH justification) ☐ DCA ☐ Cancellation			Amy F	of Contect erdinand				Tel	ephone Num -855-5548				
Name of Facility Where Absternent is Taking	Piece (3	13	FAC	ILITY INFO	RMATION	The st			•				
MSU, College Hall	(7				Type of F							
Street Address 1 Normal Ave						□ Subc	oi (K-12) hapter 8 (r (i.s. priva	Other thi	an K-12) nmercial bld	gs., h	omes	etc.)	i i
City (5) Montclair						Square F 20,000	eet	∯ af	Floors 2	B +:	ldg. A 55	Se.	
County (6) Essex				Code (7) USE ONLY)		Current U	se (Prior i Educati	f being d lonal	lemolished)				
Name of Monitoring Firm Hired by Building O Detail Associates, Inc	wner (8)		ASC	M No.	Nam	e of Abater h Corpora	nent Cont tion	ractor (9))				***
Streat Address 300 Grand Ave						et Address Union Bo	uleverd						
City, State, Zip Code Englewood, NJ 07631		***************************************			City, Tota	State, Zip wa, New	Code Jersey Q7	7512					
Project Manager for Monitoring Firm Anthony Valentine	alentine 201-5								License No 01104).			
3/15/249	019	npletion	Date (11)	Nam Iris I	e of OSHA Environme	Monitor Intal Labo	poratories, LLC						
Occupancy Status During Abatement (Check						Address Route 22	2 \8(mmt						
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norma ☐ Other – Describe: 8 AM	eriod of al Facility	Abater y Houn	ment s		City.	State, Zip on, NJ 070	Code			-			-
Scope of Work (Check All That Apply)			-								-		
☐ ≥3 of or ≥3 if 図 ≥160 of or ≥250 if		lenovat Ismoliti				D Min	i-Enclosur ove beg P	rocedure	Negative Pr	ontair	meni	&Ter	nt
						Q Nor	-Exempte	d (°) and	Non-Friebl	Proc	adure	9	
Location of Asbestos-Containing Material (ACM)	٨	Locati formal d Spie	ly		Descrip	ation of					Abate Ty		
TO BE ABATED In Facility (13)		Intenar codiat S (12)		(i.e. ti	s Containii nermal sys: surfecing other misc	ng Material tems insula , VAT, or silaneous)	(ACM) tion,	(\$	nount secify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	1						<u>a</u>	=	date	ia
Room 114			Х	Pipe Insu	lation			Less t	han 10 LF	X			
Kie,													
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards Name of Registered Landfill												
Lilich Corporation	H	auler ID 18724		of Waste .5	-	Fairless		IOG LEITGIN					
City, State Totowa, New Jarsey	Title				Disposal D 03/18/2019		City, Sta Morrisv	te ville, PA					
Completed by Addisha Olejarova	siden			Signature									



V 2(0052		10000000	(Pursuar	ON OF ASBESTO	S ABATE	MENT		*2000	28					
Date of Notification (1) 03-13-19			Name	of Building Owner	/Operato	8.6	CHECK #	260 E	53 ₩	7-7-1				
Agencies Notified Type Notification	n		Street	Address		a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1,123	10000000			
EPA Initial DEP Amended Amendme	nt #		City, S	tate, Zip Code Brunswick, NJ			MAR_	20	2019	-	3			
▼ DOH	1)	ng	Name	of Contact lita Kamdar			Telephone N (732) 524-							
Name of Facility Where Abatement is Tak	ina Diago	(2)	FAC	CILITY INFORMAT	TION			2300	a town, e.g.	7-A				
Johnson Hall Street Address 501 George Street	Ing Place	(3)					12) 8 (Other than K-	12)						
City (5) New Brunswick						etc.) Square Feet	# of Floors		Bldg.		me			
County (6) Middlesex			County	Code (7) USE ONLY)		20,000 Current Use (Price	2 or if being demoli		100	yrs.	_			
Name of Monitoring Firm Hired by Building Environmental Health Investigator	Owner (8	8)	100	M No.		Museum of Abatement Cor								
Street Address 655 West Shore Trail	5, 1110.				Street	Address	ental Corp.							
City, State, Zip Code Sparta, NJ 07871					City, S	Broad Street tate, Zip Code								
Project Manager for Monitoring Firm Laura Wieczezak			Telepho (072)	one No. 651-1040	Teleph	tadt, NJ 07072 one No. 939-6565	License	No.						
Start Date (10) 03-15-19	Schedu 03-22		1975	Date (11)	00756									
Occupancy Status During Abatement (Che	ck Only O	ne)			Street	-Air Inc.					_			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of mal Facilit	Abater ty Hour	ment 's	City, State, Zip Code Long Island City, NY 11101										
Scope of Work (Check All That Apply)					Long	Island City, N	Y 11101							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli			×	Mini-Enclosure Glovebag Proce	nt with Negative edure (*) and Non-Frial							
Location of		s Locat Norma	lly	Do	scription		() and Non-1 ha	JIE FIL	Abate	emen /pe	nt			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial ((12)	nce/ Staff?	Asbestos Cont (i.e. thermal surface	aining Ma	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate				
4-151-1111	Yes	No	N/A					<u>B</u>	ľ	ate				
1st Floor: Hallway			Х	Fl	oor Tile		20SF	х			ļ			
											-			
Name of David		 	IJDEP W	asta Tour	Vasda									
Name of Registered Wasta Hauter		1 1 1 1 1	IJDEP W lauler ID	No. of Was			egistered Landfill North Landfil							
Name of Registered Waste Hauler Newark Carting, Inc. / Freehold Car	tage, In	_	4509	TBD			THOTAL Editali			Disposal Date / City, State				
	. 7.03300	_	4509		al Date	/ City, State								

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Date of Notification (1) 03/13/2019			Name Mich	e of Buildi haels De	ing Owner evelopm	/Operato	r (2) mpany		13	AR 2 () 201	19	Contract of the Contract of th	
Agencies Notified Type Notification	on			t Address				1	1		ALCON MONTH	10 2001 a		
DEP Amended Amendme	ent #		City,	State, Zip	Code	\		- 15	A	September 1	7 - C		1	
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DCA Cancellati			Greg	g Carrol	l					ne Numb 96-0500				
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY IN	NFORMAT	TION								
Cooper Historic Homes		, (0)					Type of F							
Street Address 726-728 Washington St							Sub X Othe	er (i.e. pri) (Other that vate & con	an K-12) nmercial	buildin	gs, hor	mes,	
City (5) Camden							Square F 3,000		# of Floo	rs	Bldg 120	. Age		
County (6) Camden			County (STATE	y Code (7 E USE ONL) 		Current U	se (Prior	if being de	molished	1000000			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASC	CM No.	/a 80 90 00	Name	of Abateme	ent Contra	o- Resid	iential				
Street Address						Brink	s Tank S	Services	5555555					
PO Box 354 City, State, Zip Code							Liberty A	Avenue						
South Orange, NJ 07079						City, St Hillsid	tate, Zip Co de, NJ 07	ode 7205						
Project Manager for Monitoring Firm Sarah Calandra			one No. 349-266	6		one No. 62-7465		Lice 013	nse No. 16					
03/23/2019	Start Date (10) Scheduled 03/23/2019 04/08/20						of OSHA M ine Light		Solutions					
Occupancy Status During Abatement (Che						Street A	Address						_	
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of nal Facili	Abater ty Hour	ment s				Box 354 State, Zip Code							
Other – Describe: Scope of Work (Check All That Apply)			City, State, Zip Code South Orange, NJ 07079											
≥3 sf or ≥3 lf	IVI													
× ≥160 sf or ≥260 lf	_	Renova Demoli				×	Mini-End Gloveba	closure g Procedi	with Nega ure and Non-					
	1:	s Locat	ion				NOTI-EXC	inpled ()	and Non-	Friable P		ire tement	t	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	cription c	of			_	T	уре		
TO BE ABATED In Facility		aintena stodial S		Asbes (i.e	stos Conta . thermal s	aining Ma systems i	terial (ACN	1)	Amount (Specify	7	,	Ē	Е	
(13)		(12)			surfact other m	ing, VAT, iscellane	or ous)		SF or LF)	Kemoval	Repair	Encapsulate	Enclosure	
	Yes	No	N/A				/			Val	=	ulate	ure	
Roof		Х			Fla	ashing			520 LF	X				
Hoof	Roof X					Roof tar 1,490 SF								
One work area for this project			Ono	work or	o for the									
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y		is projec	201						
Champion Disposal	Ha	auler ID		of Waste		Parameter.	ves Lar	stered Lar ndfill	ndfill					
City, State Hainesport, NJ					Disposa	l Date		State risville,	ΡΔ					
Completed by	Title				Sin	nature/	0010	A A	1 //	Dota				
Alison Lamers	Man	ager		1	111	/YV() A		Date 03/13/2019						

State of New Jersey

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Date of Notification (1) 03-13-19				of Building Norristo			r (2)		h.t	VD 2 0	0010	-	** de la constante de la const	
Agencies Notified Type Notification			Street A	Address			S		W.	AR 20	2019	And division in	ting :	ę n
EPA Initial DEP Amended				ate, Zip C	ode				MALE:		-			
DOL Amendment Emergency (5.0.3500	stown, N		30					A.E. Charles			
DOH justification) Cancellation	morading	4	The profession of the condition of the c	of Contact Nichols						lephone No 73) 539-				
				ILITY INF		ION			(9	13) 339-	0110			
Name of Facility Where Abatement is Taking Commercial Property	Place (3)					Туре	of Facility (4)		-			
Street Address 27 Elm St							=	School (K-1, Subchapter Other (i.e. p etc.)	8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	es,
City (5) Morristown							-	re Feet	# 0	f Floors	[Bldg. /	Age	
County (6) Morris	,			Code (7) USE ONLY	o		Curre	ent Use (Pric	or if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	ASCN	A No.				tement Con tracting Li		(9)				
Street Address	-					Street	Addre 7th St	ss				to and the		
City, State, Zip Code						City, S	state, Z	ip Code NJ 0708	7		-			
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	none N	0.		License I	Vo.				
Start Date (10)	ed Co	mpletion I	Date (11)			216-9 of OSI	HA Monitor	31-31-1109	01206					
03-24-19	03-26-	19				Delfa	Con	tracting LI	_C					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P						Street 522.7	Addres 7th St							
Abatement Performed Outside of Normal Other – Describe:	al Facility	Abater / Hour	nent s			City, S	tate, Z	p Code NJ 0708	087					
Scope of Work (Check All That Apply)						Office	ii Oity	140 0700		***				
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial	ely by nce/ Staff?		tos Cont thermal surfac	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous) Ty Amount (Specify SF or LF)					Encapsulate	Enclosure		
	Yes	No	N/A								=		ate	roi .
Basement		Х			Pipe	Insulat	tion		23	30 LF	X			
Garage	Х			Pipe	Insulat	tion		22	20 LF	х				
Name of Registered Waste Hauler		JDEP W	acto	Cubic '	Varda		None of D		11 (6)					
Delfa Contracting LLC	35240	No.	of Was			Name of R Tullytown	50			ery F	acilit	y		
City, State Union City, NJ						al Date 27-19		City, State Tullytown	n, PA					
Completed by Jaime Delgado	ct Manager Signature Date 03-13-19													

UK 353	5)	A NC	PI-II-I (Pursu	ant to N	SB	BESTOS ABA C 8:60 and 5:1	TEMENT	EC	E	W		
Date of Notification (1)	0 ,							Owner/Operator		11		4+2500		
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	ype Noti	fication	n		Stre	eet Address	3		1:1	MAII	20	LUIJ	- 1	houses
	Initial				2	19 North	Ful	llerton Ave	1	j				
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	Amend Emerg					lontclair,				: :::::::::::::::::::::::::::::::::::::				
(NJAC 5:23-8)	justifica		iiicidui	iig		ne of Conta				Tolonhone	Monthe			
	Cancel	llation			N.	/A	17.0			(973) 78				
					F	ACILITY I	NF	ORMATION		1 1 2 2			-	
Name of Facility Where Abar				ce (3)					Type of Facility	v (4)				_
Montclair Twp Public	Works	Build	ing						School (K-1	12)				
Street Address									☐ Subchapter	8 (Other than	K-12)			
219 North Fullerton Av	ve								Other (i.e., homes, etc	private and cor	mmercial I	buildir	ngs,	
City (5)									Square Feet	# of Floors		2lda	^~~	
Montclair									+-25,000	2	, [,	3ldg. <i>i</i> + -5 1	, 01 00 .000	
County (6)					Cou	unty Code (7)(S	STATE USE ONLY)	Current Use (P	10.75	molished)			
Essex									Township					
Name of Monitoring Firm Hire	ed by Bu	ilding	Owner	(8)	ASCN	/ No.	N	Name of Abateme						
Hillmann Consulting								BRISTOL EN						
Street Address						4	S	Street Address			100000000000000000000000000000000000000			
1600 Route 22 East								1123 BEAVER	RSTREET					
City, State, Zip Code							C	City, State, Zip Co	de					
Union, NJ 07083								BRISTOL, PA	19007					
	roject Manager for Monitoring Firm							elephone No.		License No).			
Craig Abrams				9	908-477-3014 215-788-6040					00509				
Start Date (10)		Scheo	fuled (Comple	etion Da	ate (11)	N	ame of OSHA Me	onitor					
3/_18_/_1					1_/	_19_		BRISTOL ENV	/IRONMENTA	L. INC				
Occupancy Status During Aba	atement	(Check	k only	one)				treet Address						
☐ Facility Closed/Vacated Du	uring Ent	ire Pe	riod of	Abate	ment			1123 BEAVER	STREET					
Abatement Performed Outs	side of N	lormal	Facilit	y Hou	rs - Des	scribe		ity, State, Zip Coo						
Time of Abatement: 7:30A		PM/	P	M	AM	AM BRISTOL, PA 19007								
Scope of Work (Check all that	apply)			*****			_							
≥3 sf or ≥3 lf			MP	novat				☐ Full Conta	gative Pressure	•				
≥160 sf or ≥260 lf				molitic				☐ Mini-Enclo	Sure Procedure					
								Non-Exem ■ Non-Exem	pted (*) and No	n-Friable Proc	edure			
1				Local								patem	ent T	vpe
Location of Asbestos-Containing Mater	rial (ACN	n	Use	d Sole	ely by	Ashaa		Description of				_		T
TO BE ABATED		"	Ma	intena	nce/	(i.e.	the	Containing Mate ermal systems in	erial (ACM)	Amount (Specify	em	Repair	nca	nclo
IN Facility (13)			Cus	todial (12)	Staff?			surfacing, VAT, o	or	SF or LF)	Removal	=	psu	Enclosure
(13)		ŀ	Yes	No	N/A	1	0	ther miscellaneou	us)	,	-		Encapsulate	G.
1st Floor Lobby					N/A	VATIBAD	-4:-					_	25	
2 nd Floor Lobby						VAT/Mas				422 SF				
			_			Linoleur	n ă	& Mastic		395 SF				
Name of Registered Waste Hauler N.J														
A CONTRACTOR OF THE CONTRACTOR					NJDEP Waste Cubic Yards of Hauler ID No. Waste			Name of Regist						
City, State					20990				MINERVA L	ANDFILL				
YARDLEY, PA								posal Date	City, State WAYNESBI	URG OH				
Completed By (Print or Type)		Title						Signature			Det			
Dillan DeCaro								Dellan	De Caro	1 sil	Date 3/18	1/1	9	
CD 41								The state of the s	35000000000000000000000000000000000000	1 / 1	0110	11	/	

State of New Jersey

ASB-41 JAN 13

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10 Mar 2000 11:00PM NJ Asbestos Control 609.633.0664 page 1

03/13/2019 11:05AM 2013297440

BEST REMOVAL INC

500%	PAID NOTE	Pursu	ION C ant to	of AS	tee Jersey BESTOS ABATE C 8:40 and 12:12	(4)		MAR 20	2010			
Date of Nethboriton (1)	3/19	.]		MI		CRAL		MAIL 20	2013			
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CIEPA DIGEP SEDOL	Jalentani D Amended Amendment # H Emergency (molecting		33	italia, 2 EXLA ef Co	ARDE VILLE	. NO.	792A Telephana Nua					
D DCA	Latification) Cancellation		1	R.	e yuracu							
			FAC	HLTY	INFORMATION	Type of Facility (5)					
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County (6)	PERSET		CON	.Y)	•	RE	SI DON		_			
Name of Manifering P	TO Hired by Building Owner	ASI	564 No.			MINIS CONTRACTO (S						
(8)					Best Re	moval In	<u>c</u>					
Street Address			•		450 Sou	th River	St					
City, State, Zip Code					City, State, Zip	code sack, N.J	07601					
		-		4.	Telephone No	SECK, Man	License No.					
Project Nameor for I	Hornkosing Farm	Table	phone I	£0,	201-329	3-7444 -	0038	8				
Shart Date (10)	Geneduled Co		Date (11)	Name of OSH	A Monitor Environm	antin1					
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	uring Abstantiant (Check only cated During Entire Period of med Outside of Normal Facility		ment Pour		Ab. 504404 90	280 Huyler St Chy. Shree, 2p Cede 3. Hackensack , N.J. 07606						
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Fies	Flest Floor				· F F Mark			* 4	-			
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		1				-F (B) 64 D	egistered Landi	3	,—			
Name of Register Best R	emoval Inc		No.	109	300	Miner	va Ente	rprises "	rr C			
CRy. Siets Hacker	sack , N.J. O	7601			Disposal D 3/29/ Signature	17 Wayr	esburg.	Oh,44688	1.0			
J. Maior	This	w 4 m m	**		spentos posnema exa	Maisre	aus.	3/13	114			

CK# 1186	PAJ	NOT	IFICATION	State of N ON OF AS nt to NJA	BESTO	SARATE	EMENT 20)		E	GE		W		
Date of Notification (1) 03/15/2019			Name	of Buildin	g Owner	/Operato	or (2)	11.4-7					17	
									ii W	MAR 2	0 20)19		
	n		Street	Address									Acc.	
EPA Initial Amended			City S	State, Zip C	2-4-				h				1.22	
X DOL Amendmer	nt #			rt Hills, N		78			V P.1.	11.		down to contr		
DOH Emergency justification	(includi	ng		of Contac		70			T. 1			2070250733		
DCA Cancellatio			Rob						lelephor	ne Numbe	er			
Name of Facility Where Abatement is Taki			FAC	CILITY INF	FORMAT	ION								
Private home	ng Place	(3)					Type of Faci	lity (4)						
Street Address							School	(K-12)						
							Subcha Subcha Other (i	pter 8 (C	Other than	n K-12) mercial b	off attack			
City (5)							etc.)		le & Com	merciai b	ullaing	is, hor	nes,	
Summit							Square Feet	#	of Floor	s	Bldg.	Age		
County (6)			County	Code (7)			Current He-	(D.: :(1						
Union				USE ONLY	n		Current Use	(Prior if b	being der	molished)				
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name	of Abatement	Contract	or (9)					
Chrook Add						Rem	oval Safety	LLC	.0. (3)					
Street Address							Address							
City, State, Zip Code						8 Cr	osby Ave							
ony, orace, zip dode							tate, Zip Code							
Project Manager for Monitoring Firm			Telepho	N			rson, NJ 07	502						
							one No.			se No.				
Start Date (10)									013	32				
03/25/2019	03/29	/2019		Zato (11)			e as (9)	tor						
Occupancy Status During Abatement (Chec	k Only C	ne)				-	Address							
Facility Closed/Vacated During Entire F	Period of	Abater	nent											
Abatement Performed Outside of Norm Other – Describe: 8:00 am - 4:30 pm	nal Facilit	ty Hour	S			City, St	ate, Zip Code							
Scope of Work (Check All That Apply)					_									
≥3 sf or ≥3 lf		_				_								
≥160 sf or ≥260 lf	December 1	Renova Demolit	100000000000000000000000000000000000000			×	Full Contain	ment wit	th Negati	ive Press	ure			
							Mini-Enclos Glovebag P		4					
	T						Non-Exemp	ted (*) ar	nd Non-F	riable Pr	ocedu	re		
Location of		s Locati Normal										ement	t	
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Ashest	Des os Conta	cription o	of aterial (ACM)		.		T .	уре Т		
TO BE ABATED In Facility		aintenar todial S		(i.e.	thermal s	systems	insulation.	1.0	Amount Specify	R	_	E	Ш	
(13)		(12)	2 3 6 1 6 1		surfac	ing, VAT iscellane	, or		F or LF)	Remova	Repair	caps	Enclosure	
	Yes	No	N/A		V 101	oodiiano	ousj			val	air	Encapsulate	sure	
Basement			X		Flo	or tiles						(D		
Kitchen			X					_	00 SF	Х		Х		
Kitchen				-	Market District	oleum		2	16 SF	х		Х		
ratorion		Х		Wall a	nd ceili	ing	70	00 SF	x		х			
Name of Registered Waste Hauler		1 81	IDED ::											
Removal Safety LLC			JDEP Wa		Cubic Y of Wast		Name o	f Registe	ered Land	dfill				
			37007		5	# ()	Fairle	SS						
City, State Paterson, NJ					Disposa	I Date	City, Sta	ate					_	
Completed by	T'41				TBD		Morris	orrisville, PA						
Lasko Veskov	Title Presi	dent			Sig	nature	1/	1	Date					
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NO CK ESD

PRINCETON PLASMA
PHYSICS LABORATORY
Environmental Services Division

PROCEDURE

No. EM-OP-01 Rev 8 Page 11 of 16

Attachment I Notification of Asbestos Abatement Page 1 of 2

ECELW

MAR 2 0 2019

Operator No.	Postmark I	Data	D.4	D . 1		14 1-1		- 0	2013	-	
Operator 140.	rosuliark i	Jale	Date	Received		1 1	Notificatio	n No.	- 22 - 45-7	1	
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Type of Notif Agencies Not Type of Opera Is Asbestos Pr	ified ⊠EP ation □De □Rei □Rei	A MNJDOL molition novation moval	evised o	□NJI □Ord	ncelled DCA [lered Demo ergency rer				A Carlo	WH FOR	
				Start date:			Date Co	omplet	ed:		
Scheduled dates of asbestos re				03/29/2019	9			8/2019			
Schedules dates of demolition	renovation (DD/MN	1/YY)									
Facility:											
Owner Name: USDOE Prince	ton Plasma Physics Lab		Bui	lding Name:	Shop Wing						
Address: 100 Stelarator R	load			lress	100 Stelarate	or Road			10	-	
	tate: NJ Zip: 08543	3			State: NJ	the same of the sa	p: 08543				
Contacts: Todd Sandt	Telephone: 6	09-243-3592	Site		l Lab, Shop 107A						
Contractors:			Size		Floors	1	Age	e: 60			
Removal Contractor: Pl	lymouth Env., Licen	se No.: 0039	8	Present use:	Office	I	Prior use:	Sai	me		
Address: 923 Hav	vs Ave.			Type of Facili	ty School	(K-12)	Sub Ch	anter !	8 (other)	,	
City: Norristo	wn State: PA	Zip: 19401		⊠Ot	her (private,	commerc	ial buildin	ig hom	e)		
Contact: Jim Ke		610-239-9920		Occupancy sta	itus during al	batement	(check onl	v one)	-		
Monitoring Firm: Enviro	Briggs ASCM No.:	00004		Facility closed/vacated during entire period							
Address:	3 Crosswicks Str	eet		Abatem	ent performe	ed outside	e of norma	al hours			
City: Bordentow	vn State: NJ	Zip: 08505		Descril	e: Work pe	erformed	on weeke	nd nd	4		
	Hoodak Telephone:	609-298-5520		Scope of Worl	C Glove h	ag	OII WOOKE	ici.			
Other Operator or OSHA Monitor	r		Mini enclosure								
Address:					⊠Full con		with nega	tive pro	essure		
City:	State:	Zip:			⊠Large pi						
Other Information:					EXECUTE P	oject (= 1	100 39 11 01	200	imi it)		
Location of ACM in Facility	Is area normally used only by Maint/ Custodial Staff? Yes No N/A	Description of A (e.g., VAT, ther surface, other miscellaneous)		Amount (ft² or ft)			atement 7				
Shop 107 and 107A		37ATC /3.5		2	Remove	Repair	Enclo	ose]	Encaps	ulate	
Shop 107 and 107A		VAT / Mastic		1,100 ft ²		H					

ESD

PRINCETON PLASMA PHYSICS LABORATORY Environmental Services Division

SICS LABORATORY PROCEDURE

No. EM-OP-01 Rev 6

Attachment I Notification of Asbestos Abatement

Page 2 of 2 Approximate amount of asbestos, including: RACM 1. RACM to be removed to be Non-friable ACM Unit of Measure Category 1 ACM not to be removed removed not to be removed 3. Category 11 ACM not to be removed Category1 Category 11 feet inches Shop 107 and 107A $1.100 \, \mathrm{ft}^2$ VAT / Mastic ft2 Transporter(s) Registered Landfill Waste Transporter 1: NJDEP ID No.:15939 Name of Registered Landfill: GROWS North Landfill Freehold Cartage, Inc. Address: 825 Highway 33 Address: 1000 New Ford Mill Road City: Freehold State: Zip City: Morrisville State: PA Zip: 19065 07728 NJ Contact: Benjamin Sanchez Telephone: (732) 462-1001 Date of disposal TBD Cubic Yards TBD If Emergency Waste Transporter 2: NJDEP ID No.: Hour & date of Event: Description of Event: Address: City: State: Zip: Contact: Telephone: Removal Contractor: Plymouth Env., Inc Explanation of unsafe conditions, equipment damage, and License No. 00398 Address: 923 Haws Ave. financial burden: City: Norristown, PA State: PA Zip: 19401 Contact: Jim Kelly Telephone: 610-239-9920 If ordered demolition: Name of Agency: Address: Title: Authority: State: Zip: Date of Order: Date Order to Begin: Procedure to be followed in the event that unexpected asbestos is found or non-friable ACM becomes crumbled Procedure (including analytical method, if appropriate) used to Pulverized, or reduced to powder: detect presence of Asbestos: I certify that an individual trained in the provisions of this regulation I certify that the information contained on this form is correct (40CFR61, Subpart M) will be onsite during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. Signature of Owner/Operator Signature of Owner/Operator Date lodd Sandt Todd Sandt 3/15/2019 3/15/2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK2001 P	ATO	NOT!	FICATION Pursuar	ON OF ASBEST	TOS ABATI 0 and 12:12	EMENT 20)		C	E	W	100
Date of Notification (1) 3/15/19	A M.M. M.			of Building Ow	ner/Operato	or (2)		not a rest			34**
	otification			ne Zeitlin Address				MAR	20	2010)
			Street	Address			1 1 1 1 1		Ü	2016	,
	itial nended		City S	tate, Zip Code			h-w-			-	
ĭ DOL An	mendment #			enfield, NJ (7624		$\tilde{\mathcal{C}}_{i}$.				
	nergency (includin	ıg		of Contact			Telephone	- Numbe		- Aura	
	ancellation		100000000000000000000000000000000000000	e Zeitlin				e Numbe	r.		
			FAC	CILITY INFORM	ATION		•				
Name of Facility Where Abatemer	nt is Taking Place	(3)				Type of Facility	(4)				
Residential Home						School (K-	12)				
Street Address						Subchapte	er 8 (Other than	K-12)			
						Other (i.e. etc.)	private & comm	nercial bu	uilding	s, hon	nes,
City (5)						Square Feet	# of Floors	5	Bldg.	Age	
Bergenfield						2100	1		65 +	-	
County (6) Bergen			County	Code (7) USE ONLY)		Current Use (Pr	ior if being dem	nolished)		1100	
						Residential I					
Name of Monitoring Firm Hired by Project Manager	Building Owner (8	3)	ASC	M No.		of Abatement Co Stages Abatem					
Street Address						Address	ent				
					100000000000000000000000000000000000000	N. Midland Av	۵				
City, State, Zip Code						State, Zip Code	C.				
						dle Brook, NJ	17663				
Project Manager for Monitoring Fire	m		Telepho	one No.		none No.	Licens	so No			
						600-3184	0130				
Start Date (10)	Schedu	led Co	mpletion	Date (11)	Name	of OSHA Monitor	0.00				
3/25/19	3/28/1	9									
Occupancy Status During Abateme	ent (Check Only O	ne)			Street	Address					
Facility Closed/Vacated Durin	g Entire Period of	Abater	nent								
Abatement Performed Outside Other – Describe: 8 A.M to 4 P.M	e of Normal Facilit	y Hour	3		City, S	tate, Zip Code					
		77									
Scope of Work (Check All That App	oly)										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova			×	Full Containme	ent with Negati	ve Pressi	ure		
~ 2100 St 01 2200 II		Demolit	ion		-	Mini-Enclosure	9				
						Glovebag Prod Non-Exempted	cedure d (*) and Non-F	riable Pr	ocedu	e	
	Is	Locati	on						-	emen	t
Location of	1.1	Normal ed Sole			Description	of			Ty	/pe	
Asbestos-Containing Material (A <u>TO BE ABATED</u>		intena				aterial (ACM)	Amount			m	_
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Saddle Brook, NJ			Disposal Date City, State TBD - Pen Argyl, PA								
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Richard Cristofol	Presi	esident Signature Date 3/15/19									
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Date of Notification (1) 03/14/2019					f Building (Chemica			(2)		h	AAR 2	0	201	9		
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DEP X DOL	Amended Amendment #		_		ate, Zip Co esex, NJ		3		2.2			u s de	-, op.	4.00		
▼ DOH □ DCA	Emergency (i justification) Cancellation	ncluding	Ī	Name of Ken B	f Contact orroni	1.0					ephone 7-249-					-
				FACI	LITY INFO	RMAT	ION									
Name of Facility Where A									of Facility (4 School (K-12	2)						
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City (5) Middlesex								Squa 1300	re Feet 00	# o	Floors		280	ldg. A 0+	ge	
County (6) Middlesex				County (Code (7) USE ONLY)				ent Use (Prio ces/Labs	r if bei	ng demo	olish	ed)			
Name of Monitoring Firm Atlas Environmenta		wner (8)		ASCN	/ No.				tement Cont urg Indust			Со	mpa	ny		
Street Address PO Box 11645								Addre Spill	ss man Drive)						
City, State, Zip Code Philadelphia, PA 19	116								ip Code n, PA 180	15						
Project Manager for Moni Jason Dua	itoring Firm			Telephor 267-78	ne No. 34-4693		0.05074070755070	none N 691-1			Licens 0072).			
Start Date (10) 03/04/19		Schedul 03/28/		npletion l	Date (11)		1 5225	of OSI denb	HA Monitor urg							
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Ott dottar ar Bear	ns or blug			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Tair	apei v	viap		- 50	00 31		Δ			
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Name of Registered Was Brandenburg Industr				IJDEP W lauler ID 1838		of Wa	Yards iste		Name of F Republic	C Cor						
City, State Bethlehem, PA							sal Date 9-3/28/		City, State Conesto		A					
Completed by Stephen Carne		Title Envir	ronme	ental M	anager	- 5	Signature	_	12			Dat 3/1	e 4/19)		

CK00048053PA		NOTIF	CATION	tate of Ne N OF ASB to NJAC	ESTOS	y ABATEM d 12:120)	TENT			CE		W			11
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Agencies Notified Type Notification X EPA Initial			Street A	oddress ekeland	Avenu	ie			₹V	IAH Z	0	201	9-	1 200	
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X DOH ☐ Emergency (injustification) ☐ DCA ☐ Cancellation	nciuaing		Name o Ken B	f Contact orroni						ephone 1 7-249-					
Name of Facility Where Abatement is Taking	Dia (0)	FACI	LITY INF	ORMATI										
DOW Chemical Bound Brook - Buil	ding 20	3) 05						of Facility (4 School (K-12	2)						
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City (5) Middlesex							Squar 6700	e Feet	# of 2	Floors		1 6 8	ldg. A	ge	
County (6) Middlesex				Code (7) USE ONLY)			nt Use (Prio es/Labs	r if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building C Atlas Environmental Inspections			ement Cont irg Indust			Cor	npa	ny							
Street Address PO Box 11645 Street Address 2217 Spillman Drive															
PO Box 11645 City, State, Zip Code Philadelphia, PA 19116 2217 Spillman Drive City, State, Zip Code Bethlehem, PA 18015															
Project Manager for Monitoring Firm Jason Dua			Telepho 267-78	ne No. 34-4693		Telepho 610-6				License 00721			714 144-21		
	Schedul 03/28/		npletion	Date (11)		Name o Brand		A Monitor							
Occupancy Status During Abatement (Check			7.17.24c			Street A	Addres								
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Scope of Work (Check All That Apply)						20000		171 1001							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti				×	Mini	Containmer i-Enclosure vebag Proce i-Exempted	edure					۵	
	Is	Locati	on						1 / 51110				Abate	ment	t
Location of		Normall ed Solel				scription o							Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	Asbes (i.e.	thermal surfac	aining Ma systems i cing, VAT niscellane	insulat , or	(ACM) tion,	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	(D
Structural Beams of Bldg			Х		Tar P	aper W	rap		300	00 SF		X			
Name of Registered Waste Hauler		1	IDES			V									
Brandenburg Industrial Service Co		Ha	JDEP W auler ID 838		of Was			Name of R Republic	200						
City, State Bethlehem, PA						al Date 9-3/28/1	9	City, State Conesto	ga PA	Ą					
Completed by									7.0						

KOOQUSION PA	ID	NOTI (Si FICATIOI Pursuant	tate of Ne N OF ASI t to NJAC	BESTOS	ABATE	MENT	г		E			Ţij.	122
Date of Notification (1) 03/18/2019			Name o	of Building u Pont o	Owner/de Nem	Operator	(2) nd C	ompany		MA	R 2	0	2019	The second second
Agencies Notified Type Notification X EPA	1			Address entre R	load P.	O. Box	291	5		Landar .				
DEP Amended Amendmer				ate, Zip C ngton, [05			**	1.047.440				4
□ Emergency justification □ DCA □ Cancellation)	J		of Contact Mumin						lephone N 6-276-9				
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type	e of Facility (4	1)					
DuPont Chambers Works - PCL 1 Street Address Canal Road	ank Far	m an	d Pipe	Racks			×	School (K-1) Subchapter Other (i.e. pretc.)	2) 8 (Oth	er than K- & commer	12) cial bu	ilding	s, hom	nes,
City (5) Deepwater		14.5					Squa	are Feet	# 0	f Floors	- 1	Bldg. 50+	Age	
County (6) Salem				Code (7) USE ONL	n			ent Use (Prio emical Plar		ing demoli	shed)			
Name of Monitoring Firm Hired by Building Harvard Environmental Inc.	Owner (8))	ASCN	M No.				atement Cont ourg Indust			omp	any		
Street Address 760 Pulaski Highway						Street 2217		ess Iman Drive)					
City, State, Zip Code Bear, DE 19701								Zip Code n, PA 180°	15					
Project Manager for Monitoring Firm JT Morrison			Telepho	ne No. 26-2333	}	Teleph 610-6				License	No.			
Start Date (10) 04/01/2019	Schedul 04/25/2		mpletion I	Date (11)		Name o		HA Monitor urg		- 1	100000			
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Entire						Street	Addre	556	re.	-				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: DEMO- 04/29/2019	nal Facility	/ Hour	ment s			City, St	tate, Z	ip Code n PA 1801						
Scope of Work (Check All That Apply)						Detin	CHCI	117 / 1001	J					
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		Renova Demoli				× × ×	Mi	II Containment ni-Enclosure ovebag Proce n-Exempted	edure				re	
Location of		Locat	20030000		Doc	scription						Aba	emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial (12)	ince/		tos Cont thermal surfac	aining M	ateria insula T, or		(8	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
5: 5 .	Yes	No	N/A										ate	- CO
Pipe Rack			X			askets				0 EA	X			
Pipe Rack			X			r Pape				0 LF	Х			
Pipe Rack			X	A	Ga	albestos	S		30	0 SF	X			
Name of Registered Waste Hauler Waste Management of NJ		H	JDEP Walauler ID 7273		Cubic of Was	ite		Name of R Salem C				nt Au	thori	ty
City, State Camden, NJ						al Date 9-4/30	/19	City, State Alloway	NJ					
Completed by Stephen Carne	Title Envir	onme	ental Ma	anager	Si	ignature	1	C	N)		ate 3/18/	19		

CK 000 48 161 PAID

Date of Notification (1)														Hi I
03/18/2019			Name E.I. d	of Buildin Iu Pont	g Owner/ de Nem	Operato	or (2) and C	ompany		MAR	2 0	20	19	
Agencies Notified Type Not	ification			Address		<u> </u>			j.	£.				5
EPA Initia	al ended			Centre F		O. Box	(291	5			100			4
X DOL Ame	endment #		Wilmi	ington,	DE 198	05				17-17	A	Lin		
DOH justi	ergency (including fication)	3		of Contac					Te	lephone	Numbe	er		
DCA Can	cellation			Mumir		1011			85	6-276	-9224			
Name of Facility Where Abatement	is Taking Place (3)	FAC	ILITIN	FURIVIAI	ION	Тур	e of Facility	(4)					
DuPont Chambers Works - I	Building 1251							School (K-	12)					
Canal Road							×	Subchapte Other (i.e.	r 8 (Oth private	er than & comm	K-12) nercial b	uildir	as, ho	mes
City (5)						-	_	etc.) are Feet		f Floors			g. Age	
Deepwater							480		4	1110013		50-		
County (6) Salem				Code (7) USE ONL			Curr	ent Use (Pri emical Pla	or if be	ing dem	olished			
Name of Monitoring Firm Hired by B Harvard Environmental Inc.	uilding Owner (8))	ASCI	M No.		Name	of Ab	atement Co	ntractor	(9)	222			
Street Address						Street		ourg Indus	strial S	ervice	Com	pany		
760 Pulaski Highway								iss Iman Driv	е					
City, State, Zip Code Bear, DE 19701								Zip Code n, PA 180)15					
Project Manager for Monitoring Firm JT Morrison			Telepho			Teleph	none N	lo.		Licens	se No.			
Start Date (10)	Schedul	ad Cor		26-2333 Date (11)		610-6				0072	1			
04/01/2019	04/25/2	2019	ripietion	Date (11))	Bran		HA Monitor urg						
Occupancy Status During Abatemen		5				Street		15.15						
Facility Closed/Vacated During Abatement Performed Outside	of Normal Facility	Hours	nent					man Drive	e 					
X Other – Describe: DEMO- 04/29	9/2019-05/30/201	9						n PA 180	15					
Scope of Work (Check All That Apply	/)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova emolit				×××	Glo	II Containme ni-Enclosure ovebag Prod	edure					
	Is	Locati	on				l No	n-Exempted	(*) and	Non-Fi	riable P		ure atemer	nt l
Location of	N	lormal d Sole	ly		Des	cription	of						Туре	
Asbestos-Containing Material (A0 <u>TO BE ABATED</u> In Facility	Mai	ntenar odial S	nce/	Asbes (i.e.	tos Conta	aining M systems	ateria insula	(ACM) ation,	(S	nount pecify	7		Enc	E
(13)		(12)			other m	ing, VAT	eous)		SF	or LF)	Remova	Kepaii	Encapsulate	Enclosure
	Yes	No	N/A								<u> </u>		ate	re
First Floor			X		Fire	e Doors	s		21	EA	Х	T		\Box
First Floor			Х		(Caulk			25	5 LF	Х			
First Floor			X		Pipe	masti	ic		75	0 LF	X	T		
First Floor			Х		Ga	askets			342	2 EA	Х	T		
Name of Registered Waste Hauler Waste Management of NJ		Ha	JDEP Wauler ID I		Cubic Y of Wast 30			Name of R				nt A	uthori	tv
City, State Camden, NJ					Disposa 4/2/19		19	City, State Alloway		Section 1 description				,
Completed by	Title				15,000	gnat/ûre/	1000	Alloway	INO		Date			
Stephen Carne	Enviro	nme	ntal Ma	anager		11/	1	12		100	03/18/	19		

CK 000	18140	A	NOTIF (P	ICATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE	MENT 0)			EG	E	1 W	7 13	
Date of Notification (1) 03/18/2019					of Building u Pont d				ompany		MAS	2 2 0	201		The second
Agencies Notified	Type Notification			Street A						- 1- A.g.	MAI	20	201	}	keryater ³
EPA DEP	× Initial				entre R	2-1813V/VII DV	O. Box	2915	5		Mag-				Ž.
DEP DOL	Amended Amendment				ate, Zip C ngton, D		05			1/4					
X DOH	Emergency justification)	including	-		f Contact					Tel	ephone l	Number	A. 1140.	-	
☐ DCA	Cancellation			Bryan	Mumin	k					6-276-				
Name of Facility Where	Abatement is Takin	n Place (*	3)	FAC	ILITY INF	ORMATI	ION	Type	of Facility	(A)	10.15				
DuPont Chambers	Works - Buildin	g 1235	,					Туре		50.50 0.00					
Street Address								H	School (K-1 Subchapter	8 (Oth	er than k	(-12)			
Canal Road									Other (i.e. petc.)			ercial bu			ies,
City (5) Deepwater								Squa 175	are Feet 00	# o	f Floors		Bldg. 50+	Age	
County (6) Salem					Code (7) USE ONLY)			ent Use (Pri emical Pla		ng demo	olished)			
Name of Monitoring Firm		Owner (8)		ASC	A No.				atement Cor						
Harvard Environme Street Address	ental Inc.								urg Indus	trial S	ervice	Comp	any		
760 Pulaski Highwa	ау							Spill	lman Driv	е					
City, State, Zip Code Bear, DE 19701									ip Code n, PA 180	15					
Project Manager for Mon JT Morrison	itoring Firm			Telepho	ne No. 26-2333		Teleph				License				
Start Date (10)		Schedule			Date (11)		610-6		HA Monitor		00721				
04/01/2019		05/16/2	2019	piction	Date (11)		Bran	denb	urg						
Occupancy Status During		Service Service	200				Street 2217		ss man Driv						
➤ Facility Closed/Vaci Abatement Perform	ed Outside of Norm	al Facility	Hours	nent			Total Security and	000000000000000000000000000000000000000	ip Code				<u> </u>		
X Other – Describe: [06/06/201	9						n PA 180	15					
Scope of Work (Check A	II That Apply)	100.000						_							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		-	enova emolit				×××	Mii Glo	II Containmoni-Enclosure ovebag Prod n-Exempted	e cedure					
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Location		1	lormall d Solel	у		Des	scription	of					Т	уре	
Asbestos-Containing TO BE ABA		Ma	intenar	nce/		tos Cont thermal					mount Specify	D D		E	ш
In Facili (13)	ity	Cust	odial S (12)	staff?	,	surfac	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		outer ii	iisceiiai	ieous)				val	J Hr	ulate	ure
First Flo	oor			Х		Tank	Insula	tion		11	00 SF	X			
First Flo	oor			Х		He	at Trac	ce		78	30 LF	X			
First Flo	oor			Х		Pip	e mast	tic		14	20 LF	X	+		
First Flo	oor			Х		Tar F	Paper/	Tar		66	80 LF	Х	\vdash		
Name of Registered Was		1		JDEP W auler ID		Cubic '	Yards		Name of	Registe	red Land	0.00			
Waste Management	of NJ			273	140.	of Was	oic.		Salem (Count	y Impro	veme	nt Au	thori	ty
City, State Camden, NJ			-				al Date 9-5/22/	10	City, State						
Completed by		Title				The sense of the sense of	ignature		Alloway	INJ		Data			
Stephen Carne		A STATE OF THE STA	onme	ntal Ma	anager	3	gradie				100	Date 03/18/	19		

Location	Description	A	
B 1235	Fire Doors	Amount	REMOVAL
B 1235	Gaskets	17 EA	X
B 1235	1960 AVA	200 EA	X
B1235 Exterior	Galbestos	45 SF	X
DI233 EXTELLOL	Transite	14400 SF	X



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 03/18/2019 The Chemours Company MAR 2 0 2019 Agencies Notified Type Notification Street Address 1007 Market Street **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # Wilmington, DE 19899 Emergency (including Name of Contact DOH Telephone Number justification) DCA Cancellation Jim Lacey 856-540-2394 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Chemours Chamber Works Facility - Bldg J96 School (K-12) Street Address Subchapter 8 (Other than K-12) Canal Road × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Deepwater 8000 50+ County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Salem Chemical Plant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Harvard Environmental Inc. Brandenburg Industrial Service Company Street Address Street Address 760 Pulaski Highway 2217 Spillman Drive City, State, Zip Code City, State, Zip Code Bear, DE 19701 Bethlehem, PA 18015 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. JT Morrison 302-326-2333 610-691-1800 00721 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/01/2019 Brandenburg Occupancy Status During Abatement (Check Only One) Street Address 2217 Spillman Drive Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: DEMO - 05/13/19-5/30/19 City, State, Zip Code × Bethlehem PA 18015 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No J96 X Pipe Insulation 950 LF X J96 X Vicryl Coating 1000 SF X J96 X Joint Compound 4600 SF X

X

NJDEP Waste

Hauler ID No.

21838

Environmental Manager

Floor Tile/Mastic

Cubic Yards

Disposal Date

4/01/19-5/15/19

Signature

of Waste

100

Completed by

City, State

Bethlehem, PA

Stephen Carne

J96

Brandenburg Industrial Service Company

Name of Registered Waste Hauler

3200 SF

Alloway Twnship/Deepwater NJ

Salem Cty Landfill/Chemours Onsite

Name of Registered Landfill

City, State

X

Date

3/18/2019



ASB-41

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check # 0074

Date of N	oțification	(4)	B		(i dicon			AND 12:120-		rec	V to	4 00	17	
03_		/ <u>19</u>				Name of D&R HO	Building (BOKEN, LL	Owner / Ope C	erator (2)	E		IZ 11 T	Π//	108
/		/	2			Street A					7 11		11 1.3	
Agencies		Type of N					MERCE B	ATTO DE CONTRACTOR DE CONTRACT					1 ***	1
	EPA		Initia				te, Zip Coo			11 101				in i
	DEP		Amer			The second secon	ADT, NJ 07	7072		11 11		20.00	010	
V	DOH	١ _		ndment :			Contact			Telepho			did	harts
	DOL				w/ justification	NICHOL	AS DINALL	.0		201-487	-5657			
			Canc	ellation	The second second second	TACILITY II	······································			- Johns	e.			
V a6 I	- 1114 1011					FACILITY II					7.01			Post transcent
Mame of 1 416 JEFFI	Facility Who	ere Abaten REET	nent is	Taking	Place (3)		Type of I	Facility (4)						
								School (H	(-12)					
Street Add							7 🗆	Subchap	ter 8 (Other	than K-1	2)			
416 JEFFE	ERSON ST	REET					V	Other (I.e	., private &	cmmerci	aĺ			
City (5)		County (6	.,		10	:	<u> </u>	bldgs., h	omes, etc.)					
HOBOKEN	N	County (6 HUDSON			County Code	(7)	Square F		# Of Floo	rs	Buildir	ng Age		
		11000011						880	i de la constant	1	1	40	10)	
								Use (Prior in		nolished)		40	+	
Name of N	Monitoring	Firm Hired	hv Blo	la Own	or (8)	ASCM NO		NCE/HUUSE						
			w,	.g. O	er (o)	MOOM IV	7							
AET							NORTHS	TAR CONT	RACTING O	ROUP IN	IC			
Street Add							Street Ad		Violino	, , ,	10.			
907 Doolitt							-	uioco						
175-170000	, Zip Code						32 Willian	ns Parkway						
	er, NJ 0880							e, Zip Code	1					
	ngr. For Mo	nitoring F	irm		Telephone Nu	ımber	1		5					
Eric South					610-891-0114		East Hand	over, NJ 079	936					
	Start Date			49.00	letetion Date (11)		e Number		License	Number			
04_/	/ _ 01_ ,	19	_	06/	01/	19								
2	7			/	/			84-8682				00860		
Occupanc	y Status Du	uring Abat	ement	(Check	Only 1)			OSHA Mon						
			ted Dui	ring Ent	tire Period of			TAR CONTI	RACTING G	ROUP, IN	C.			
	Abatement	7	-l Outo				Street Ad	dress						
	Hours - De		d Outs	ide of N	lormal Facility		OO MUIIIOM	5.1						
V	Other - De		7.0041	4 3.30	D14		The same of the sa	ns Parkway						
_	Other - Do.	scribe	MON-F		PIVI			e, Zip Code over, NJ 079						
Scope of V	Nork (Chec	k All That					Lastrian) Vel, ING 016	130					
			, ALL. 21											
	Demolition		[-	7	Renovation		Full Conta	ainment wi	th Negative	Pressure	4			
	≥3sf or_>3l						Mini - End			10 To To To To To To To To To To To To To	100			
V	≥160 sf or	≥260 If						Procedure						
						7	Non-Exen	npted (*) an	d Non-Fria	ble Proce	dure			
	ocation of					D								
	stos Contai	Dv DC		ls ation	۸.	Descripti				Abateme	nt Type	1-		
71000	otos oonta	iiiiig	11/2000000	mally	As	sbestos - C Material (A	R	_	E	E	
TO	BE ABATE	D		sed	1 0	e., thermal			Amount (Specify	E	R	N	N	
	in Facility	==	4600	lely	insu	lation, surf	facing VAT	т	SF or LF)	M	E P	C	C	
	(13)			Main-		other misc			or or Lr)	v	A	A	L	
			5352.T	ance/		- TITLO - TITLO -	onanoouoj			Ā	lî	s	s	
			Cust	todial				i i		Ê	R	lu	ľů	
			Staf	f (12)						_		Ľ	R	
			YES	NO N/A								_	_	
EXTERIOR			-		TRANSITE SID	ING			3,500 SF	V				
			-											
Name of Re	egistered V	Vaste Haul	er		NJDEP Waste	522 23	Name of R	Registered I	andfill					
NORTHSTA	AR CONTRA	ACTING G	ROUP,	INC	Hauler ID No.	Yards	FAIRLESS	LANDFILL						
City Ctata						of Waste								
City, State	OVER, NJ (7026				Disposal	City. State				V			
LAST HAIN	OVER, NJ (11930				Date	MORRISV	ILLE, PA 10	967					
Completed	by (Print o	r Type)			Title			Classotius		7		In .		_
p. 2100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,						Signature	(1		1	Date		
Steve Stiles	3				Project Manage	ar .		Sta	10- X	TIN)	0.	2/40/40	

NOCK			TION OI	ASBE		sey ABATEMENT and 12:120)		EC.E		7		
Date of Notification (1) 3-15-19	(.	urouc	Name o	of Build	ing Own	ner/Operator (2)	rs Company	MAR 2	0 201	10	Bank to the	
Agencies Notified	Notification Type		Street /	Address		party and onemod	10 Company	1917 1; 1 10	0 20) has	early .
☑ DEP ☑ DOL	☐ Initial ☐ Amended		City, St Deepwa	ate, Zip ater, N.	Code 0 08023		· · · · · · · · · · · · · · · · · · ·	e discourse				
⊠ DOH □ DCA	☐ Emergency (Includi Justification) ☐ Cancellation	ng -	Name of Joe M		137171				one Nur 305-77			
			FAC	ILITY I	NFORM	1ATION						
Name of Facility Where A Chamber Works Plant	batement is Taking Plac	e (3)					Type of Facil	5 881				
Street Address Rt 130 South							School (K Subchapt Other (i.e homes, e	er 8 (other t . private & c	han K-1: ommerc	2) ial bu	ildin	gs,
City (5) Deepwater			e e				Square Feet		oors	Blo	lg. A	ige
County (6) Salem					ounty Co SE ONL	ode (7) (STATE Y)	Current Use	(prior if bein	g demol	ished)	
Name of Monitoring Firm Harvard Environmen			ASCM N	No.		of Contractor (9)	tal					
Street Address 761 Pulaski Hwy					Street	Address New Churchma					×	
City, State, Zip Code Bear, De						tate, Zip Code Castle, DE 197	20					
Project Manager for Monit Wesly Morrison		302-32	one No. 26-233		Telepi	hone Number) 322-8946		License 00578	Numbe	r		
Scheduled Start Date (10) 1-2-19	Scheduled Com 6-30-19	pletion	Date (1	1)	10000	of OSHA Monitor nty Environmen	tal (1922003)				
Occupancy Status During	en reserva de la companya de la companya de la companya de la companya de la companya de la companya de la comp	~~~~	9.252 - 00		1. VEH2000000000000000000000000000000000000	Address New Churchma	ns Road			10		
 ☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe: Uno 	Outside of Normal Facilit ccupied area.	Abater ty Hours	nent s -		City, S	State, Zip Code Castle, DE 197				,		
Scope of Work (Check all ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf	that apply)			⊠ Rend □ Dem	ovation	 ✓ Full Contain ✓ Mini-Enclos ✓ Glovebag F ✓ Non-Exempton 	nment with Neg sure Procedure	_)		
	,		s Locatio			December					ater Typ	nent e
Locatic Asbestos-Containin <u>TO BE Al</u> IN Facilit	g Material (ACM) BATED	Use Ma	ed Solely aintenan Custodia Staff? (12)	y by ce/		Description of stos Containing Ma at thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amou (Spec SF or	ify	Removal	Encansulate	Enclosure
Thermal Systems		Yes	No	N/A	The		- transfer	10 0001 5				
Thermal Systems			X			nal coverings through nal coverings through		10,000LF 3,000SF		X	X	X
Floor Tile /Mastic Name of Reg. Waste Haul S&J Transport.	er	5.000	x DEP Wa No. 217	ste Hau	Floor	tile and mastic thro Cubic Yards of Waste >30		2,300SF		Х	1	
City, State Woodstown, NJ						Disposal Date TBD	City, State Morgantown	n, PA				
Completed by Evelyn Walsh	Title Office Manager					Signature			Date 3-15-	-19		

MO#25686761940	PAU		(Pur	suant	to NJAC	8:60	and 5:16)			=	177 M:		
Date of Notification (1)		1991 SHE		Name o	of Building	Owner/0	Operator (2)	1111	Can (5) (1	5 U '	-1 -	1. p 1.	
03	14 / 19				8833		155 151							
Agencies Notified	Type Notification			Street	Address				7	MAR-2	0 20	19		4
☐ EPA	☐ Initial													1575
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☑ DHSS ☐ DCA	Emergency (inc		I	inden	, NJ 0703	6				- 1				
(NJAC 5:23-8)	justification)	danig		Name	of Contact				T	elephone Num				
	Cancellation		A	Akram	Tadrous									
				FAC	ILITY INF	ORMA	TION							
Name of Facility Where	Abatement is Taking	Place	(3)	:: - : : : : : : : : : : : : : : : : :		-0.023023		Type of Fac						
Private house								School (Other than K-1 2	2)			
Street Address										ate and comme		dings	,	
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City (5)								Square Fee	€t	# of Floors	ыа	g. Ag	е	
Linden, NJ 07036 County (6)				Count	y Code (7) (5	STATE //	SE ONLY)	Current Us	e (Prior	if being demoli	ished)			-
Union				Odditt	, 0000 (1) (0)	OL ONLI)	ourrent os	0 (1 110)	ii benig demon	3/100/			
Name of Monitoring Firm	Hired by Building O	wner (B) /	ASCM N	No.	Name o	of Abateme	nt Contracto	or (9)					\neg
48						Gr Tec								
Street Address							Address							
						576 Va	lley Rd#	283						
City. State, Zip Code						City, St	ate, Zip Co	ode						
							, NJ 0747	0						
Project Manager for Mor	nitoring Firm		Tele	ohone i		Telepho				License No.				
0	Cohod	1-10		' D-			8-1777	114		01127				_
Start Date (10) 03 / 14 /	Sched				19		of OSHA M							
				_ ′ -			vision Co Address	nsultants,I	nc					_
Occupancy Status Durin Status Durin Status Dur				nent				רום ביים	~ # 25	Е				
Abatement Performe	d Outside of Normal	Facility	/ Hours	s - Des	cribe		wagaraw tate, Zip Co	Road, Bld	g .# 33	E				
Time of Abatement:	AMPN	Λ/	PM		AM	100000000000000000000000000000000000000	wn, NJ 0							
Scope of Work (Check a	II that apply)						Clean up	and decon		ion with negati	ve press	ure		
M >3 of or >3 If		⊠ Re	novati	20		H	Full Con Mini-End		h Nega	tive Pressure				
>3 sf or >3 lf > 160 sf or >260 lf		De	molitio	n		×	Gloveba	a Procedure	Te	ent with Negativ	ve Press	ure		
					T		Non-Exe	mpted (*) ar	nd Non-	Friable Proced		-1		
Location	n of		Locat Normal			D	escription (√f.			-	ateme		
Asbestos-Containing		Use	d Sole	ly by		tos Con	itaining Ma	terial (ACM		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB		0.550	intena todial		(i.e.		al systems acing, VAT			(Specify SIF or LF)	Nov.	air	ısde	osui
(13)			(12)		1		miscellane			0.1 0.1 2.7	1 2		late	œ.
		Yes	No	N/A										
Basement				\boxtimes	Pipe ins	ulation			24	40 LF				
		П	П	П									П	П
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Name of Registered Wa	este Hauler		N.II		e Hauler ID No.	Cubic V	ards of Was	te Name of	Registe	ered Landfill		Ш	Ш	
	iste Haulei									red Landin				
Gr Tech LLC City. State			(003378	53	TB	al Date	T.R.R.F					_	
2000 C - 100 C														
Wayne, NJ 07470 Completed By (Print or	Type) Title					TB	ignature	Tullytov	vii, rA		Date			
								Tente u	lenan	1	3/14/19	9		
N.Jevtic ASB-41	Ow	ilel								lc.	14/1			-

Date of Notification (1) 3/14/19			lame of Transfe	Building Ow ormation	mer/ Ente	Operator erprises	(2) s (City	of Atlanti	c Cit	y) ()		1	V!	1 1	
Agencies Notified Type Notification	***************************************	1 -	Street Ac 801 W	ldress Clarks la	ndir	ng Rd.		13 45						- L Granding	Table to the same of the same
∠ EPA ☐ Initial ☐ Amended ☐ Amendment		10.00		e, Zip Code arbor NJ (215				MAH	2 0	2	019	1	hire to
	including	1 2	lame of Tom	Contact						ephone N 9-204-4				- 41	
			FACIL	ITY INFOR	MAT	ION					4 (C) 1 -	V	ieus.		
Name of Facility Where Abatement is Taking City of Atlantic City (vacant hous Street Address								of Facility (4) School (K-12 Subchapter 8)	er than K	-12)				
45-47 N Massachusetts Avenue								Other (i.e. pri etc.)	ivate	& comme	rcial bu				s,
City (5) Atlantic City NJ 08401							Squar 1000	re Feet O	2	f Floors		Blo 35	lg. Ag 5+	je	
County (6) Atlantic		(County C STATE U	code (7) ISE ONLY)			Curre	nt Use (Prior se	if bei	ng demol	lished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Cont	ractor	(9)					
N/A						10.00	naco I					-			
Street Address							Address Box 3								
City, State, Zip Code								ip Code in NJ 0809	91						
Project Manager for Monitoring Firm		T	elephor	ne No.			none No -753-9			License 00727					
Start Date (10) 3/15/19	Scheduled 3/18/19	Com	pletion [Date (11)	120001	Name Sam		HA Monitor							
Occupancy Status During Abatement (Chec	k Only One)				Street	Addres	ss							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Ab nal Facility F	atem	ent		_	City, S	State, Z	ip Code							
Scope of Work (Check All That Apply)						1									-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti					- Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted	edure					2	
	lal	ocatio	n						1/4				500 70	ment	
Location of	1000000	rmall	32.00		ח	escription	of					_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenan dial S (12)	ce/ taff?	(i.e. th	erma surf	ntaining Nal system al system acing, VA miscellar	Material s insula AT, or		(Amount Specify F or LF)	Kemovai	,	Repair	Encapsulate	Enclosure
	Yes	No	N/A									+			
Exterior Siding			X		Ext	erior Si	ding		20	000 SF	X	+			
	-					45					-	+	-		
	-										-	+			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubi	c Yards		Name of F	Regist	ered Land	dfill				
Pernaco Inc.			auler ID		of W 4	aste		ACUA							
City, State West Berlin NJ						osal Date 9/19)	City, State Egg Har		Twp NJ	0823	4			
Completed by Anthony T Perna	Title Presid	dent				Signatur	e) (Date 3/14/	19			

2019-03-15 14:56

Shade Environmental 1 >> 609 633 0664

EG B. LA

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

MAR 2 n 2019

Dete of Notification (1)							Owner/Operator (2	2)	N'	/- bests:	-		_	_	
03 /	15 /	19				k Ward			ľ	001 - 10	DA	V		_	7
Apancies Notified	Type Notificat	ion			Street /	Address						-	7		T
⊠ DOLWD	☐ Amended												_		
⊠ DOH	Amendmo	nt #				ate, Zip C				M	7	ì	1	1.	1.
DOA	⊠ Emergence		ing		Blac	kwood, i	NJ 08012	_ /						1/2	V
(NJAC 5:23-8)	Justification			- [Name	of Contact	W Syre. *			elephone Nur	mber		T	11	
	Oancellatio	pn			Fran	k Ward			WAI	Amm	-1 3.5.1	, - E	ח	1//	1
					FAC	ILITY IN	FORMATION			W., [4 1 4]	110	V L	יט	_	
Name of Facility Where	Abatement is Ta	aking Pt	200 (3	1					of Facility (4)						
Ward Residence									ohool (K-12)	Other than K-1	121				.*-
Street Address								⊠ ŏ	ther (Le., privi	Me and comm	ercial i	ou ild	ings		
									omes, etc.)				-		
City (5)								100000	ire Fee(# of Floors		sidg	_	B	
Blackwood				-				V	372	2		54			
County (6)					Count	y Çede (7)	(STATE USE ONLY)			if being damo	lished)				
Camden	n Marie Con Control	5	7=1	-y	455500			1000	aldence		-				
Name of Monkoring Fire Management & Er		100			ASCM N	40.	Name of Abatema Shade Enviro								
	IVITO. CONSULT	ing 38	rvice	8				nme	ntal, LLC				-		
Street Address							Street Address	_							
PO Box 341							623 Cutior Av)						
City, State, Zip Code							City, State, Zip Co								
Chesterfield, NJ 0							Maple Shade	, NJ (08062						
Project Manager for Mo	nitoring Firm				phone h	Tivilian v	Telephone No.			License No.					
Bill Weisgarbor				-100	19-298-		856-755-0098			00842					
Start Date (10)	1000				tion Dat		Name of OSHA N	.5							
03 / 18					_ / _	19	EMSL Analyt	icei,	int.						
Occupancy Status Duri							Street Address	*****	17820						
☑ Facility Closed/Vecs							200 Route 13		rth						
Abatement Performs Time of Abatement:							City, State, Zip Co		Entress. Transcriptor						
S				. 541.		1991	Cinnaminaos	n, NJ	08077						
Scope of Work (Check	all that apply)														
153 >3 s(pr >3 it			Ren	huntar!	lan		Mini-End		ent with Nega	live Pressure					
⊠ ≥3 sf or ≥3 if □ ≥180 sf or ≥260 if			Dam				☐ Glaveba	a Proc	edure:						
							≥ Non-Exp	impted	(°) and Non-	Frieble Proces	THE PERSON NAMED IN				
Locatio	un of			ocal			Description	. 5			_		-	nt Ty	-
Asbestos-Containin	a Material (ACM))	Used	Sol	bly by	Asber	stos Conteining Ma	etorial	(ACM)	Amount	1	David .	Repair	Encap	Enclo
TO BE AS			Main Ouxlo		Shafi?	(1.6	, thermal systems surfacing, VAT	insula	alon,	(Specify SF or LF)	1 5		ğ.	8	do
(13)		_		(12)			other miscellans			et et mil	-	1	-	pgulate	BHINS
		١	es	No	NIA		Marine and Polymers							9	
Lower Level				X		Floor T	ile and Mastic			80 SF	2	0			
			5												
			_		10						F	-			
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Name of Registered Wi	meter Manilan			_	UDEP (Albara	Cubic Yards of	1910	me of Registe	and I and III]		Ц	
Freshold Cartage					duper i		Waste		me or Registe Fairless Lar						
				1	15939		1			ayiiii	-			-	
City, State							Disposal Date	1000	y, State	The c					
Freehold, NJ							03/18/2019		Morrisville,						
Completed By (Print or	Type)	Titte	\$1 BV	48 X			/Signature	711	11/1		De:0		-	. /	3
Margle Muller		Add	ninis	trat	ive Ma	nagar	4 17	UV	MILL		3	16	>-	10	
ASB-41							. 4	8 4	1	-					

JAN 13

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

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Date of Notification (1)	54/427 VOO:				593,5970		g Owner/Operator (2)					1
	/	19			Lis	a Fisher			M.	AR 2	0 2	779	
Agencies Notified	Type Notific	ation			Stree	t Address		2			0' -	111	16
⊠ EPA	Initial								Fortune -				- 1
DOLWD	☐ Amended				City,	State, Zip (Code		17			-0	0.0
☑ DOH	Amendm					man, NJ			· .	7 m	177		
DCA (NJAC 5:23-8)	☐ Emergen justificati		ding			of Contac			Telephone Nu	ımhar			
(145/10 5.25-0)	☐ Cancella					a Fisher			relephone ivo	IIIIDEI			
				0			IFODBIATION						
Name of Facility Where A	hatement is	Takina DI	200	(3)	FA	CILITYIN	IFORMATION	Type of Facility	(4)				
Fisher Residence	ADALETTICITE IS	Taking FI	ace	(3)				Type of Facility	5-50				
Street Address								School (K-12		12)			
Street Address								Other (i.e., pr	rivate and comm		uilding	JS,	
Oit (5)								homes, etc.)					
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Pitman			200					1,880	2		83		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Gloucester								Residence		1000			
Name of Monitoring Firm		-		12.	ASCM	No.	Name of Abateme						
Management & Env	riro. Consul	ting Se	rvic	es			Shade Enviro	onmental, LLC					
Street Address							Street Address						
PO Box 341	95						623 Cutler Av	/enue					
City, State, Zip Code							City, State, Zip Co	ode					
Chesterfield, NJ 08	515						Maple Shade	, NJ 08052					
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
Bill Weisgarber				60	9-298	-4070	856-755-0099	l	00842				
Start Date (10)		Schedule	d Co	mple	tion Da	ite (11)	Name of OSHA N	lonitor					
03 /25 /	_19_	03	_ /	26	_ /	19_	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Check on	nly or	ne)			Street Address						
☑ Facility Closed/Vacate	ed During Enti	re Period	of A	bate	ment		200 Route 13	0 North					
☐ Abatement Performed							City, State, Zip Co	ode				Justin	
Time of Abatement: _	AM	PM/_		_PM-	_	AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	I that apply)						l	•					
M > 2 - 4 > 2 14		57	-					ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf				novati nolitic			☐ Mini-Enc ☐ Glovebag						
<u> </u>		Ц	501	. Tollice			☐ Non-Exe	mpted (*) and No	n-Friable Proced	dure			
				Locat						At	atem	ent T	ype
Location		. 1		orma	lly ely by		Description o	f		100.00	_		
Asbestos-Containing I TO BE ABA				ntena		Asbe	stos Containing Ma	terial (ACM)	Amount (Specify	Removal	Repair	nca	nclo
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Name of Registered Was	te Hauler			1828	JDEP \ auler II		Cubic Yards of Waste	Name of Regis					
Freehold Cartage					15939		vvaste 1	Fairless La	ndfill				
City, State							Disposal Date	City, State					
Freehold, NJ							03/26/2019	Morrisville,	PA				
Completed By (Print or Ty	/pe)	Title					Signature	. 00	1	Date			
Margie Muller		Adm	inis	trati	ve Ma	nager	KLATh	AINUX_	_	3.10	<u></u>	10	Arrang.

	.)								-,	MAH	20	2019		how
Date of Notification (1) 03 /	15 /	40			- 66			wner/Operator			-			
	15 /	19		05	Ly	nx Waste	8 8	Recycling, In	c.	361	15			
Agencies Notified EPA	Type Notific	ation				t Address	_					· + .		
⊠ DOLWD	Amende	d				O Box 18	-							
⊠ DOH	Amendm				1000	State, Zip								
DCA	☐ Emerger	ncy (in	cludin	g		ring Lake	- 17.1	J 07762						
(NJAC 5:23-8)	justificat Cancella					e of Contac				Telephone Nun				
	ouncoin					chard Hy	2000			732-762-73	35			
Name of Facility Where A	hatement is	Takin	n Dlage	(2)	FA	CILITY	NFO	RMATION	I =					
Residence	ibutornont is	rakiri	y r lace	(3)					Type of Facility	1.4				
Street Address) 3 (Other than K-1)	2)			
									Other (i.e., pr	ivate and comme	rcial b	uilding	gs,	
City (5)									homes, etc.) Square Feet	# of Floors	D	ldg. A	70	
Spring Lake									1000 sf	1		65	ge	
County (6)					Cou	nty Code (7	7)(ST	TATE USE ONLY)	Current Use (Pri		- 1			
Monmouth									Residence		000)			
Name of Monitoring Firm	Hired by Buil	ding (Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
N/A							1		ntracting, Inc.					
Street Address							St	reet Address	-	UTA III				
							1	1889 Route 9	, Unit 61					
City, State, Zip Code							Ci	ty, State, Zip Co	ode					
								Toms River,	New Jersey 08:	755				
Project Manager for Monit	toring Firm			Tel	ephone	No.	Te	elephone No.		License No.				
0. 15 1 115								732-349-9932		00624				
Start Date (10)						ite (11)		ame of OSHA M						
03/26/						19_		E.M.S.L. Ana	lytical					
Occupancy Status During								reet Address						
☐ Facility Closed/Vacate☐ Abatement Performed	Outside of N	re Per	Tod of	Abate	ement	ariba	-	1056 Stelton						
Time of Abatement:	AM	PN	//	PM	- -	AM		ty, State, Zip Co					7	
Scope of Work (Check all						• • • • • • • • • • • • • • • • • • • •	1	Piscataway, I	New Jersey 088	354				
	triat apply)							☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Re					☐ Mini-Enc	losure	ative i lessure				
<u>Z</u> ≥100 31 01 ≥200 11			□ De	moliti	on			☐ Glovebag	g Procedure mpted (*) and Nor	-Friable Procedu	ıre			
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Location of				Norma	ally ely by			Description of						T_
Asbestos-Containing N TO BE ABA		1)			ance/			Containing Ma ermal systems i		Amount (Specify	Removal	Repair	nca	inclo
IN Facility			Cust		Staff?	(1.0		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A	1	of	ther miscellane	ous)	15			late	е
exterior			L C 2	(1000 mg)	10000000		9.V.3.9.5*	••••		0.000	-			
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Name of Registered Waste	e Hauler				J U JDEP I	Vaste	Си	bic Yards of	Name of Regist	ered I andfill			П	
Guardian Contractin					Hauler II	O No.	Wa	aste	T.R.R.F.	Ciou Lanuilli				
City, State					20223	3	Dis	sposal Date	City, State			- 1122		
Toms River, New Jer	rsey							3/27/19		Pennsylvania				
Completed By (Print or Type		Title							Tunytown,			1		
Nicholas Fernicola	/		oject	Man	ager			Signature		1	ate	- /.	.00	
		100	-,		-50.			$V \setminus V$	· 12.2	1	2115	11	9	

State of New Jersey

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Date of Notification (1)					Building ((2))w	-	er-tor-	-
3/15/19	-20 200-200 300-200-20			Michae	el Druck	enmille	er		1			5	W		
Agencies Notified	Type Notification			Street A	ddress				-	47	Market State of the State of th		330		78
× EPA	× Initial											0			
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DOH DCA	justification) Cancellation		- 11	Rhea I	Contact					I el	ephone Nun	iber		÷	ui.
_ DCA	Cancellation				LITY INFO	DMATI	ON		-	-			750	**31. 0	
Name of Facility Where	Abatement is Takin	g Place (3)	1 AUI	LITT HAT C	KINIATI		Туре о	f Facility (4)	1 40 4	100		2611	
home								Пѕ	chool (K-1	2)					
Street Address								S	ubchapter	8 (Oth	er than K-12			•	
								100	ther (i.e. p	rivate 8	& commercia	al build	lings,	home	s,
City (5)								Square		# 0	f Floors	В	dg. A	ge	
Warren								2200		2		6	6		
County (6)				County C		7.		Curren	t Use (Prid	or if bei	ng demolish	ed)			
Somerset				STATE	ISE ONLY)			home							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.		1000 0000000000000000000000000000000000		ement Con						
							300 400	100000000000000000000000000000000000000		Serv	vices, LLC				
Street Address								Address		oto D	uri 10				
0''- 0'-1- 7'- 0-1-									3, 4 E G	ate D	rive				
City, State, Zip Code							55	tate, Zip	NJ 074	18					
Project Manager for Mor	itorina Firm		-	Telephor	ne No			none No		10	License N	0			-
Project Manager for Mor	illoring Firm			retehiloi	ie ivo.		100000000000000000000000000000000000000	764-22			703	0.			
Start Date (10)		Schedule	ed Con	pletion I	Date (11)		- 100 miles		A Monitor						-
3/20/19		3/30/19		ipiouoii i	Jate (11)		1101110								
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Address	S						-
Facility Closed/Vac	ated During Entire I	Period of A	hatem	ent											
Abatement Perform	ed Outside of Norn						City, S	tate, Zip	Code						
X Other – Describe:	basement					_									
Scope of Work (Check A	II That Apply)							V. //							
≥3 sf or ≥3 lf		X R	enova	tion			×	Full	Containme	ent with	Negative P	ressu	re		
× ≥160 sf or ≥260 lf			emolit	ion					-Enclosure rebag Prod						
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		Is	Locati	on										ement	
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Asbestos-Containing			d Sole intenar				taining N				mount			m	Е
TO BE AB In Faci		27.000.00	todial S		(i.e.		systems		ion,		Specify F or LF)	Rem	Repair	cap	nclo
(13)	00.00		(12)				miscellar				9500.000	Removal	oair	Encapsulate	Enclosure
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basem	ent			X		fl	loor tile	2		2:	200 SF	х			
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		-													
Name of Registered Wa	ste Hauler		10.00	JDEP W		16100000000000	Yards		Name of	Registe	ered Landfill			V = -	
Tonys Cleanup & H	auling		1 432	lauler ID 7787	NO.	of Wa	ste		Chrin E	Brothe	rs Sanitar	y La	ndfill		
City, State						81000000	sal Date		City, Stat	e		-			-
Bridgewater, NJ						TBD			Easton						
Completed by		Title				5	Signature	9			Da	ite			

President

A. Scott Higgins

3/15/19



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Date of Notification (1) 3/15/19					Building (t Butler	Owner/	Operator	(2)		<u> </u>		2 F		M		Napi [®]
Agencies Notified	Type Notification			Street A	ddress				11	ST			- 11		- 0	
× EPA DEP × DOL	Initial Amended Amendment				ite, Zip Co						MA	R Z	0	2019		
DOH DCA	iustification) Cancellation			Name of Rhea	Contact Nash					T.el	ephone	Numi	oer			i i
				FACI	LITY INFO	RMAT	ION							1.		
Name of Facility Where home	Abatement is Takin	g Place (3)						Тур	e of Facility (4) School (K-12)							
Street Address								×	Subchapter 8 Other (i.e. pri- etc.)	(Oth				lings,	home	es,
City (5) Hillside								Squ 190	are Feet	# of	Floors		BI 6	dg. A 4	ge	
County (6) Union				County (Code (7) USE ONLY)			10000000	rent Use (Prior me	if bei	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.		24.03		oatement Contr vironmental			LLC				
Street Address							Street	Addr								
City, State, Zip Code							City, S	State,	Zip Code od, NJ 0741							
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepi	none	TOWN TOWNS OF THE PARTY OF THE		Licens	se No				
Start Date (10) 3/19/19		Scheduled	Con	npletion I	Date (11)		Name	of OS	SHA Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Addr	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F	Period of Ab	atem	nent			City, S	State,	Zip Code							
Scope of Work (Check A	II That Apply)				-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	., ,,	-	nova molit					M G	ull Containmen lini-Enclosure lovebag Proce lon-Exempted (dure						
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Name of Registered Was	ste Hauler			JDEP W		350,5000	Yards		Name of Re	egiste	red Lar	ndfill				
Tonys Cleanup & H	auling			auler ID 7787	No.	of Wa			Chrin Bro	othe	rs Sar	nitary	Lar	ndfill		
City, State Bridgewater, NJ						Dispo	sal Date		City, State Easton,	PA						
Completed by		Title					Signature	Э	1			Date				
A. Scott Higgins		Presid	ent						ll	1		3/1	5/19)		

Project #

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

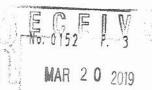
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Date of Notification (1)					Building O		erator (2)	1.5	. [15	H	Wj	10	
03/13/2019				athy Li	uckhous	se			- 1	7) 	N-VIII: 1				- 10	
Agencies Notified	Type Notification		3	uleet Au	uless				11.							1
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DEP DOL	Amendment #		- 1		ring, NC		7									
_	Emergency (in iustification)	ncluding		lame of						Tele	ephone	Numb	er			
DOH DCA	Cancellation		Jo	ohn W	estenbe	rg										
				FACIL	ITY INFO	RMATIO	N	T	f Facility //	`		4.45.46		- 114 1	-	\dashv
Name of Facility Where	Abatement is Taking	Place (3)						-	f Facility (4							
Residence								S	chool (K-12 ubchapter l	2) 3 (Othe	er than I	K-12)				
Street Address									ther (i.e. pr	ivate 8	& comm	ercial	buildi	ngs, h	omes	5,
								Square	tc.) e Feet	# of	Floors		Blo	lg. Ag	е	
City (5) Booton NJ							1	Oquan								
			17	County C	ode (7)	-	_	Currer	t Use (Prio	r if bei	ng dem	olishe	d)			
County (6) Morris					SE ONLY)		- 1									
Name of Monitoring Fire	n Hired by Building (Owner (8)		ASCM	No.		Name	of Abat	ement Con	tractor	(9)					
Traine of Montoning 1 and				NAME OF THE PARTY		1	Nick F	Resto	ration LL	C						
Street Address							Street	Addres	s							
						- 1	72 Br									
City, State, Zip Code						- 1		tate, Zi		_						
									NJ 0786	9	Licens	so No				-
Project Manager for Mo	nitoring Firm			Telephor	ne No.		•	none No			0135					
					D-4- (44)		97393		A Monitor		0133	0	-			
Start Date (10)		Schedule		ipietion t	Date (11)		IRIS	01 0011	A WOILLO							
03/23/2019 Occupancy Status Duri		03/25/2	A AND THE PARTY					Addres	s		Control of the Contro					
									West							
Facility Closed/Va	cated During Entire I med Outside of Norn	al Facility	Datem Hours	ient S		ŀ	City, S	state, Zi	p Code							
Other - Describe:						-	Unior	n , NJ	07083							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf		■ R	enova	ition					Containme		h Negat	tive Pr	essu	re		
≥160 sf or ≥260 lf			emolit	ion			h		i-Enclosure							
								No	n-Exempted	d (*) ar	nd Non-	Friable				
		Is	Locati	ion										Abate Ty		
Locati	on of		Normal			Des	scription	n of						ΠÏ		
Asbestos-Containir	ng Material (ACM)	Ma	d Sole	nce/	Asbest	tos Conta	aining N	Material	(ACM)		Amount Specify		Z.	_	Enc	En
TO BE A		Cust	todial (12)		(1.6.	surfac	cing, VA	AT, or		S	F or LF)	Remova	Repair	Encapsulate	nclosure
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Boiler room- Craw	/l space area		х		TSI					50 L	F		×			
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Name of Registered W			1	Hauler ID	No.	of Wa			G.R.O.							
Nick Restoration I	LLC		0	03378	32	TBD	-15		1.01							
City, State Randolp	h N.I					1000	sal Date	е	City, Sta		02					
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Completed by		Presi	dent				11		W)(·	ŧ	100.000		2019		
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92000 AC 24249 P	AN	NOTIF (P	ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	MEN ⁻	г		E	C	F,] W	122
Date of Notification (1) 3/14/2019				of Building APO CO				JERSEY		1	MAR	2 0	2010	
Agencies Notified Type Notification			Street A	Address							VITI I	- ()	ZUIS	
DEP Amended	#		City, Sta	ate, Zip Co	ode									9.2
■ Emergency (justification)	including		Name o	of Contact		10					Number		****	
Cancellation				44.000.000.000.000.000.000.000.000.000.		Albert			20	1-004-7	331			
Name of Facility Where Abatement is Taking GEORGE T. POTTER LIBRARY	Place (3	3)					Тур							
Street Address 505 RAMAPO VALLEY ROAD	Amendment # MAHWAH, NJ 07430 Amendment # Mahwah NJ 07430 Name of Contact Telephone Number 201-684-7531 Name of Contact Silva MAYER-COSTA Telephone Number 201-684-7531 Name of Contact Silva MAYER-COSTA Telephone Number 201-684-7531 Name of Contact Silva MAYER-COSTA Telephone Number 201-684-7531 Name of Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchaptor 8 (Other than K-12) Subchaptor	es,												
City (5) MAHWAH					- 10		Squ		# 0	f Floors		Bldg.	Age	
County (6) BERGEN)		Curr	ent Use (Prior	if be	ng demo	lished)			
Name of Monitoring Firm Hired by Building CUSA ENVIRONMENTAL	wner (8)		ASCN	И No.							NG, I	NC.		
Street Address 344 WEST STATE STREET						Street	Addre	ess						
City, State, Zip Code TRENTON, NJ 08618									2					
Project Manager for Monitoring Firm WILLIAM WEISGARBER JR.														
			npletion	Date (11)		l			'E	0-31-31-31-31				
Occupancy Status During Abatement (Check	Only On	e)				Street	Addre	ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	batem Hours	nent			City, S	tate, 2	Zip Code						
Scope of Work (Check All That Apply)							-AI							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf							Mi GI	ni-Enclosure ovebag Proce	dure				IFA.	
Location of					De							Aba	temen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntenar odial S	nce/	Asbest (i.e.	tos Cont thermal surfac	taining M systems cing, VA	lateria insul T, or	ation,	(S	pecify	Remov	Repair	Encapsul	Enclosu
	Yes	No	N/A								<u>n</u>	1	ate	re
SEE ATTACHED														
Name of Registered Waste Hauler			IDEE W	ante I	0.11	V								
TWO BROTHERS CONTRACTING		H	auler ID	A2000000	of Was							G.R.	0.W.	S.
City, State TOTOWA, NJ			Selection (Selection)					The state of the s	Telephone Number 201-684-7531 (4) -12) er 8 (Other than K-12) private & commercial buildings, homes, # of Floors Bldg. Age rior if being demolished) ontractor (9) 6 CONTRACTING, INC. VENUE 512 License No. 00494 r OVE The provide of the procedure of th					
Completed by VIVECA RAMOS		ECT	COOF	RDINATO		ignature	-	P		1		019		

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Mar. 15. 2019 1:29PM



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Name of Facility Why	rs Absterment is Taking Place	(Z)			FACILITY INFORM	MIDI	V	-					
Passeic Senior (Center	(-)				Ty	pe of Facility (a)				-		
Street Address						10	School (K-	(2)	WAIVER	AP	PR	13	V
300 Passaic Stre	∈î .							r B (Olhert	AAWIA TII	MI	1 11		Y
Clby (E)						0	Other file.	private & Co	mmercial building	c ham			
Passalc			Comments.			100	uare reet	-	- Continue	s, non	152, 6	(5.)	
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County (6)		19.00	76.7	Cour	Ry Cods (7)		rect Use (Prior of 8	11	50+				
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real Address							at Address	ung corp.					
			Telephone No. Scheduled Completion Date (11) 3/19/19				Willow Way						
ir. Siete, Zip Code			17.				Tiste, Zip Code						
		m					odland Park, I	NI 07434					
ofest Manuger for Mo	nise ring Firm			Yeler	TORB No.		Share No.	11 0/424					
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rt Ozto [30]			Sche	duled Com	pletion Onle (11)		e of OSKA Monitor		01931				_
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Other - Desci	erformed Dutside of No	rmal Facility	A HORIS				Rate, Zip Code			_			_
pe of Wark (Chack All	The Manalul		BOD NAME OF THE OWNER,				Lawn, NJ 074	10					
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abe diand Garl Blan	. In second			IRIO I SONO		Cisposal	Date 4	5	City, State	110111(-		_
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Date of Notification (1) 3/13/19					of Building ord Road			r (2	2)	M	IAR 2	0	2019)	ap. g. d	
Agencies Notified X EPA	Type Notification				Address lartford l	Rd			1	Í.		,r.,-		- 7.	,	
× EPA DEP × DOL	Amended Amendment		_		ate, Zip Co estown N		057		10 TH 88	** =,K= 1	Total No. 1.1.	and the second	7. Weyer			
DOH DCA	Emergency (i justification) Cancellation	nciuaing	9	Name of Mike I	of Contact Itri	4				20,000	ephone 3-377					
NI				FAC	ILITY INF	ORMAT	ION	_								
Name of Facility Where A Hartford Road WTF		Place (3)						ype of Facility School (K-	-12)						
Street Address 510 Hartford Road									Subchapte Other (i.e. etc.)					dings	home	es,
City (5) Moorestown								100	Quare Feet 1000	# o 1	f Floors		528	ldg. <i>A</i> 0+	ge	
County (6) Burlington					Code (7) USE ONLY)			Current Use (Pr Vater Treatr			olish	ed)			
Name of Monitoring Firm Atlas Environmenta		wner (8)	ASC	M No.				Abatement Co er Environm			es				
Street Address P.O. Box 11645							Street 1100		dress Brosser Roa	d suite	e c					
City, State, Zip Code Philadelphia P.A.									te, Zip Code sville P.A. 1	9525						
Project Manager for Mon Jason Frimore	itoring Firm			Telepho 267-78	ne No. 84-4693		Teleph 610-		ne No. 7-9055		Licens).		1100 ()	
Start Date (10) 3/4/19		Schedul 3/22/1		pletion	Date (11)		Name	of	OSHA Monitor							
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Ad	Idress						_	\neg
Facility Closed/Vaca Abatement Performed Other – Describe: 2	ed Outside of Norma	al Facility	Abatem y Hours	ent	.,		City, S	Stat	e, Zip Code							
Scope of Work (Check Al	l That Apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		_	Renova Demoliti				×	-	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					е	
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Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma	intenar todial S (12)	nce/		thermal surface		s in		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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Horizon Disposal			H	auler ID)416		of Was			Grows			· · · · ·				
City, State Trenton N.J. 08638			AC NO.			Dispos 12/20	al Date 18		City, Star morrisv		۹.					
Completed by Mike Creamer		Title agen	t			S	ignature	l	1	_		Dat 3/1	e 3/19			

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

	Notification	(1)					(2) Owner/Operator					11		12	
3/15/1							Regional Medical	Cent	er	11- N <u>-</u>	is to the t			-1 	
_	s Notified		otification			Address				1.60				i	
_	EPA	X	Initial			Main S									1
	DEP		Amended			ate, Zip Co					MAH 2 U	20	19	Į.	bearings.
X	DOL		Amendment #	_			J 07503								
(C)	2011		Emergency (including			of Contact				Telephone Number	548657				
_	DOH DCA		justification)		Matt	hew Bai	rkho			973-754-491	9			- 65	
	DCA		Cancellation			FΔ	ACILITY INFORMAT	ION		1			1174" -		(*s
Name of	Facility Whe	ere Abate	ement is Taking Place (3)				CILITY IIVI CILIVIAT		of Facility (4)		-		2000		-
St. Jose	eph's Reg	gional I	Medical Center-Seton I	Basemen	t, Mech	. Rm, Air	r Handler #36		School (K-12	21					
Street Ad					<u> </u>			15		8 (Other than K-	121				
	ain Stree	t									a an Branco a compression and a second		ota		
									Other (i.e. p	invate & comme	rcial buildings, ho	mes,	elt.	1	
City (5)								Squar	re Fest	# of Floors	Bldg. Age				
Paterso	on			Mariantan				30,0	000+	7+	50+				
County (6	6)						Code (7)	1	nt Use (Prior if be	ing demolished)					
Passaio	С			272		STATE	USE ONLY)	Hos	pital						
Name of	Monitoring	Firm Hire	ed by Building Owner (8)				ASCM No.	Name	e of Abatement Co	ontractor (9)					
								Unic	corn Contract	ing Corp.					
Street Ad	dress						Acceptable Committee Commi		t Address						
								32 V	Villow Way						
City, State	e, Zip Code							City, S	State, Zip Code						
								Woo	odland Park, I	NJ 07424					
Project M	fanager for I	Monitorii	ng Firm			Telephor	ne No.		hone No.		License No.				
								973-	-333-9176		01331				
Start Date	e (10)				Schedul	ed Comple	etion Date (11)	Name	of OSHA Monitor	r					
3/27/1	.9				3/27/	19		Envi	rovision Cons	sultants, Inc.					
Occupano	cy Status Dur	ring Aba	tement (Check Only One)		-			Street	Address						
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	Abatemen	t Perfo	rmed Outside of Normal	Facility	Hours				State, Zip Code						
X (Other - De	scribe:	7 -4					Fair	Lawn, NJ 074	410					
Scope of \	Work (Check	All That	Apply)											111	
	≥3 sf or ≥3	If			X	Renova	ation		Full Contains	ment with Negat	ive Pressure				
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Name of R	Registered W	/aste Hau	ıler		NJDEP W	aste Haul	er ID No.	Cubic Y	Yards of Waste		Name of Regustered	Landf	ill		
Jnicorr	n Contrac	ting Co	orp.		00358	44		1			Fairless Hills La	ndfil			
City, State				ATTO THE OWNER				Dispos	al Date		City, State				
	and Park,	New J	ersey					TBD			Morrisville, PA				
Completed				Title					Signature /	/	-	Dat	e		
Dimo G				Gener	al Man	ager			1			3/	15/1	9	
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and a few seasons	-	
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	NOTIFIC	ATIO	M OF AS	lew Jersey BESTOS Al C 8:60 and	BATEME 12:120)	ENT		E	CEI	\mathbb{V}		100	
of Notification (1)		Name (of Buildin ara Wi	ng Owner/Or Ike	erator (2	2)	Approximate the second		MAR 20	2019	The state of the s	الم المسا	
1/2019			Address							•	فعب		
ildes i tourise		011 0	State, Zip	Code				1000	-	OFFICE OF STREET		52 (12)	
EPA Initial Amended Amendment #		Pros	spect P	ark NJ 07	508			Tolon	hone Numbe				
DOL Emergency (includi justification)	ng	Name	of Cont	act				ed	Horic Harris				
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me of Facility Where Abatement is Taking Place	e (3)	ГР	CILIT			Ту	pe of Facility (4						
rivate Residential						H	School (K-12 Subchapter		than K-12) commercial b	ouildings	, hom	es,	1
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Prospect Park		Cou	nty Code	e (7)		C	urrent Use (Pri	or if bein	g demolished	d)			
ounty (6) Passaic County		(STA	TE USE	ONLY)		o of	Abatement Co	ntractor	(9)				
ame of Monitoring Firm Hired by Building Owne	er (8)	A	SCM No).	MK	D F	Property Mai	ntenar	ice LLC				
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Street Address							an Riper Ave	Siluc			-		
City, State, Zip Code					Cli	fton	NJ 07011		. N				
		Tel	ephone	No.	Tele	epho	ne No. 99-9008		License No 01336).			
Project Manager for Monitoring Firm				to (11)	Free (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		of OSHA Monito	or					
Start Date (10)	heduled /10/201	Compl 9	etion Da	te (11)									-
3/24/2019 Occupancy Status During Abatement (Check C					Stre	eet A	Address						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	dA to hor	ateme	nt		Cit	y, St	tate, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Re De	enovati	on on			×	Mini-Enclos	sure	ith Negative re and Non-Fria				
						L	_ Non-Exem	pied ()	aria rrem		Abate Ty	HICH	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	ining Material (ACM) <u>ABATED</u> Facility Maintenance/ Custodial Staff? (12)						n of Material (ACM) ns insulation, AT, or aneous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(13)	Yes	No	N/A		Pipe Ir	neu	lation		96 LF	X			1
Basement		Х			ripe II	isu	idion						1
			-										1
			NJDEP I	Waste	Cubic Y				gistered Lan				
Name of Registered Waste Hauler MKD Property Maintenance LLC			Hauler II	D No.	of Wast				anagemen	IL			_
			01		Dispos	al Da	ate City	y, State orrisvil	le, PA 190	67			
City, State Clifton NJ	Title				S	igna		/		Date 3/11/	2019	9	
Completed by Darko Raloski			Manage	er		1	MI		asbestos lice				

CK1311 PAID



KID		包里里 族		(1	Pursua	nt to NJAC 8:60 a	nd 12:1	120)	a programa	CVH	121	,		
Date of Notification	<u>// (1)</u>			Name of	Building	Owner/Operator (2)				F C FI	100	m,	S*	
3/15/19	(1)					egional Medica	l Cente	er	ا ا		14	27		
Agencies Notified	Type Notification			Street Ac	_	egional moores			Tirke:			T		
□ EPA				703 N	1ain St	reet			11. 4.	MAD 2 A	0.010			
□ DEP	☐ Amended			City, Stat	e, Zip Co	de				MAH Z U	2019		Property of	
⊠ DOL	Amendme			Paters	son, N	J 07503						1		
E DOL		y (including			Contact				Telephone Number					
⊠ DOH	justification	30 (g)			ew Bar	rkho			973-754-4919)	8-8			
D DCA	☐ Cancellati	HE (18)		IVIGEE	CW Dai	KIIO			373 73 1323					
D DCA	Cancenati	011			FA	CILITY INFORMA	TION							
Name of Facility Wh	ere Abatement is Takin	g Place (3)					Туре	of Facility (4)						
St. Joseph's Reg	gional Medical Ce	enter - Xavier	Bldg. 41	th Fl Me	chanica	al Rm X4030		School (K-1	.2)					
Street Address							\neg	Subchapte	r 8 (Other than K-1	.2)				
703 Main Stree	et						X		private & Commer		nes, etc.	}		
								Other (ne.	7	1				
City (5)							Squar	re Feet	# of Floors	Bldg. Age				
Paterson							2 NEOE 10	000+	7+	50+				
County (6)					County (eing demolished)					
Passaic					(STATE I	USE ONLY)	Hos	pital						
	Firm Hired by Building	Owner (8)				ASCM No.	Name	e of Abatement (Contractor (9)					
							Unio	corn Contrac	ting Corp.					
							_	t Address						
Street Address								Willow Way						
City, State, Zip Code								State, Zip Code	NI 07474					
			1		_	odland Park,	, NJ 07424	T						
Project Manager for	Monitoring Firm				Telepho	ne No.		shone No.		License No.				
							973	-333-9176		01331				
Start Date (10)				Schedule	ed Compl	etion Date (11)	Name	e of OSHA Monit	or					
3/26/19				3/26/	19		Env	irovision Cor	nsultants, Inc.					
Occupancy Status Do	uring Abatement (Chec	k Only One)		A			Stree	t Address						
☐ Facility CI	osed/Vacated Duri	ing Entire Perio	d of Ab	atemen	t		20-2	21 Wagaraw	Rd., Bldg. 35-E					
	nt Performed Outs						City,	State, Zip Code						
	escribe: 7 -4						Fair	Fair Lawn, NJ 07410						
Scope of Work (Chec														
⊠ ≥3 sf or ≥				X	Renov	ation		Full Contai	nment with Negati	ive Pressure				
					Demol		X	Mini-Enclo						
□ ≥160 sf o	r 2260 II				Demoi	1001	X	Glovebag F						
									oted (*) and Non-F	Friable Procedure				
					_			NOII-EXEIII	oted () and won-r	Table Flocedure	I Aba	ateme	nt	
	V30 112 152			Is Location Normally			De	scription of				Туре		
Ashacta	Location of os-Containing Material ((ACM)	U	sed Solely		Asbe		taining Material (ACM)	Amount				
Asbesto	TO BE ABATED	(ACIVI)	M	laintenan	ce/			l systems insulat	por serious.	(Specity				
	In Facility		Cu	stodial St	aff?	li v	surfa	cing, VAT, or		SF or LF)	R	ncar	En	
	(13)			(12)		1	other	miscellaneous)			Removal	Encapsulate	Enclosure	
Ty Ty				No	N/A						_	ě	re	
4th Fl Mechanical Room X4030							Fittin	g Insulation		50 ea	X	\perp	+	
												_	_	
	1113 11													
Name of Registered	Waste Hauler			NJDEP V	Vaste Ha	uler ID No.	Cubic	c Yards of Waste		Name of Regustered	Landfill		8	
				00358	44		3			Fairless Hills La	ndfill			
Unicorn Contracting Corp.					1000		_	osal Date		City, State				
City, State	. Name taken						TBD		/	Morrisville, PA	А			
Woodland Par	k, New Jersey		I	Cignotura					/	Date				
Completed by			Inde							3/15/	10			
Dimo Golcev	Gener	al Man	ager			1			12/12/	13				
								1/						

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- 1 1.	143	12556
(por	(11-)	3536

W. J.J.J	U/	Tage Constitution of the C								water to				
Date of Notification (1)	8 /	19		Name of Building Owner/Operator (2) Montclair Twp Public Works										
Aganaias Natified	Tuno Notifica	tion	_		Ctroot	Address			14				-11	
Agencies Notified EPA	Type Notifica						ullerton Ave		MAR	2 (20	19	The Contractor	
☑ DOLWD			214 41	40	City, S	state, Zip C	Code					10	1	
⊠ DOH	Amendme ☐ Emergend				Moi	ntclair, N	J 07042		Lugare				-	
DCA (NJAC 5:23-8)	justification		uuing		Name	of Contact	į.		Telephone Numb	per	-	Te.		
(10.10 0.20 0)	Cancellati				N/A				(973) 783-56		ar tiran	No.		
					FAC	CILITY IN	FORMATION							
Name of Facility Where				(3)				Type of Facility					20/2-	
Montclair Twp Pub	lic Works Bu	uilding	3					School (K-12	?) 8 (Other than K-12)					
Street Address									rivate and commer		ilding	s,		
219 North Fullertor	n Ave							homes, etc.)				.000		
City (5)								Square Feet	# of Floors	BI	dg. Ag	je		
Montclair								+-25,000	2		+-50			
County (6)					Coun	ty Code (7)(STATE USE ONLY)		ior if being demolis	hed)		1000		
Essex								Township E						
Name of Monitoring Firm		ling Ow	vner (8)	ASCM	No.	Name of Abateme	i ana ang magamana ang katalan P						
Hillmann Consultir	ng						BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							Street Address							
1600 Route 22 Eas	t						1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Co	ode						
Union, NJ 07083							BRISTOL, PA	19007						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.					
Craig Abrams				90	8-477	-3014	215-788-6040)	00509					
Start Date (10)	S	chedul	led Co	omple	tion Da	te (11)	Name of OSHA N	lonitor						
3 / 20 /	19	3	/	_ 27	_ /	19	BRISTOL EN	VIRONMENTA	L, INC					
Occupancy Status During	g Abatement (0	Check o	only o	ne)			Street Address							
☐ Facility Closed/Vacate					ment		1123 BEAVE	R STREET						
Abatement Performed						cribe	City, State, Zip Co	ode						
Time of Abatement: 7	7:30AM- <u>4:30</u> P	M/	P	Л	AM		BRISTOL, PA							
Scope of Work (Check a	Il that apply)													
Name and the second sec			-				The state of the s	tainment with Neg	gative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		_		novati molitic			☐ Mini-End	losure g Procedure						
23 - 100 01 01 - 200 11				Honde					n-Friable Procedur	e				
				Locat						Ab	atem	ent T	уре	
Location				lormal d Sole			Description of			Z.	Z	Ш	m	
Asbestos-Containing TO BE ABA)		intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ncal	nclo	
IN Facil			Cust	odial 3	Staff?	(1.0	surfacing, VAT	, or	SF or LF)	oval	=	Encapsulate	Enclosure	
(13)			.,	(12)	T	-	other miscellane	ous)				ate	(0	
dst Close Lab.			Yes	No \Box	N/A	VATOR	ti.		400.05	[2]			-	
1st Floor Lobby		-				VAT/Ma			422 SF					
2 nd Floor Lobby						Linoleu	m & Mastic		395 SF				1	
											Ш			
Name of Registered Was				23323	JDEP \		Cubic Yards of	Name of Regis						
SERVICE TRANSP	ORT GROUP	, INC.			20990		Waste	MINERVA LANDFILL						
City, State							Disposal Date	City, State	City, State					
YARDLEY, PA							TBD	WAYNESE	BURG, OH					
Completed By (Print or Type) Title							Signature	- Language Control of the Control of	Da					
Dillan DeCaro		Est	timat	or			Milla	or Dela	13/gn 3	3 - (4-	- (0	1	

1.	7.51 E/G/4990	CARDON HOUSE	_	-	-
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Date of Notification (1)					Name	of Building	Own	er/Operator (2	2)	MAF	2 n	กกาก		H
	8/	19			Mon	ntclair Tw	/р Ри	ublic Works		MAS	2 1)	019	À	energy.
Agencies Notified	Type Notificat	tion			Street	Address				Superior .	7	=	- 4	
☐ EPA					219	North Fu	ıllert	on Ave		from a g				
□ DOLWD □		22 - 2004 - 200			City, S	tate, Zip C	ode				- 20			7.5
⊠ DOH	Amendme			9		tclair, N		042						
DCA	☐ Emergenc justification		ding			of Contact				Telephone Nu	mber			
(NJAC 5:23-8)	☐ Cancellation				N/A	or contact				(973) 783-				
		JII			2.0170.2	NI 1777 IN	FOD	MATION		(3/3)/103-	0000			
Name of Facility Where A	hatement is Ta	akina Pl	are (3)	FAC	ILITY IN	FUR	MATION	Type of Facility	(4)				_
Montclair Twp Publ		0.5	acc (.	,					School (K-12					
	ic works bu	liding							Subchapter 8	Other than K-	12)			
Street Address 219 North Fullerton	Avo								Other (i.e., pr	rivate and comm	nercial b	uilding	s,	
	Ave								homes, etc.) Square Feet	# of Floors	I D	Ida A	70	
City (5)												ldg. Ag	Je	
Montclair									+-25,000	2		+-50		
County (6)					Count	ty Code (7)	(STAT	TE USE ONLY)	Current Use (Pri		olished)			
Essex									Township B					
Name of Monitoring Firm	Hired by Buildi	ing Own	ner (8))	ASCM I	No.	Nam	ne of Abateme	ent Contractor (9)					
Hillmann Consulting	g						В	RISTOL EN	VIRONMENTA	L, INC.				
Street Address					11.400.411.5		Stre	et Address						
1600 Route 22 East							11	123 BEAVE	R STREET					
City, State, Zip Code							City	, State, Zip Co	ode					
Union, NJ 07083							В	RISTOL, PA	19007					
Project Manager for Moni	toring Firm			Tele	phone I	No.	Tele	phone No.		License No.				
Craig Abrams				90	8-477-	3014	21	15-788-6040)	00509				
Start Date (10)	S	chedule	d Cor	mple	tion Dat	e (11)	Nam	ne of OSHA M	lonitor					
3 / 18 /	19	3	_ / _	21	/ _	19	В	RISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During	Abatement (C	heck or	nly on	e)			Stre	et Address			-			
☐ Facility Closed/Vacate	d During Entire	e Period	d of Al	bater	ment		11	123 BEAVE	R STREET					
Abatement Performed						cribe	City	, State, Zip Co	ode					
Time of Abatement: 7	:30AM-4:30P	M/	_PM	_	BRISTOL, PA 19007									
Scope of Work (Check all	that apply)							□ Full Con	tainment with Ner	native Pressure				
☐ >3 sf or >3 lf		\boxtimes	Ren	ovati	on			☐ Mini-End		ainment with Negative Pressure osure				
≥160 sf or ≥260 lf] Dem	olitic	on			Gloveba	g Procedure		e e			
								⊠ Non-Exe	mpted (*) and No	n-Friable Proce	-			
				.ocat orma				5			A	batem	_	ype
Location Asbestos-Containing		.			ely by	Ashe	stos (Description of Containing Ma		Amount	T G	Repair	En	En
TO BE ABA		1			ince/			rmal systems		(Specify	Removal	pair	cap	clos
IN Facili	ty	1 '		dial (12)	Staff?			urfacing, VAT		SF or LF)	a		Encapsulate	Enclosure
(13)		_	'es	No.	N/A		oth	ner miscellane	eous)				ate	
1st Floor Lobby					N/A	VAT/Ma	stic			422 SF				
2 nd Floor Lobby			Linoleu				395 SF		-					
								3330.						
					-	-								1
				Ц		<u> </u>	10:		TN- 15	A				
Name of Registered Was SERVICE TRANSPO		INC		1.333	IJDEP I lauler II		Cub Was	oic Yards of ste	Name of Regis	stered Landfill				
							F:			LANDINE				
City, State				1	posal Date	City, State	NIDO OU							
YARDLEY, PA	TBD WAYNESBURG, OH													
Completed By (Print or T	Signature				Signature									
Dillan DeCaro	imato	or				Dellan De Caro / jl 3/18/19								

Chl # 3533

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	,臣份上	1		7	* *
3 /	8 / 1	19		Mon	tclair Tw	p Public Works	1 40	v				1
Agencies Notified	Type Notification	n		Street	Address			MAR 2 (200	10		1 600
□ EPA	☑ Initial			219	North Fu	Illerton Ave	194	MAN Z) cu	IJ	i he	1
⊠ DOLWD	Amended	ш		City, S	tate, Zip C	ode	IF.	1		- 41		
⊠ DOH □ DCA	Amendment Emergency (W 10 AVA		Mon	itclair, N	J 07042		P		Ţ.,	1	
(NJAC 5:23-8)	justification)		' I	Name	of Contact			Telephone Number	er	ye to a line		
	☐ Cancellation			N/A				(973) 783-560	0	-0.0-0		
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Taki	ing Place	(3)	72000			Type of Facility (4)				
Montclair Twp Publ	lic Works Build	ding					School (K-12)					
Street Address							Other (i.e., pr	(Other than K-12) ivate and commerc	ial bui	Idings	5,	
219 North Fullerton	1 Ave						homes, etc.)					
City (5)							Square Feet	# of Floors	1	g. Ag	е	
Montclair							+-25,000	2		-50		
County (6)				Coun	ty Code (7)	(STATE USE ONLY)		or if being demolish	ed)			
Essex							Township B	uilding				
Name of Monitoring Firm	Hired by Building	g Owner	(8)	ASCM I	No.	Name of Abateme						
Hillmann Consultin	ıg					BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address						Street Address						
1600 Route 22 East	t					1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Union, NJ 07083						BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		100000000000000000000000000000000000000	phone I		Telephone No.		License No.				
Craig Abrams				8-477		215-788-6040		00509				
Start Date (10)		neduled C				Name of OSHA N		INO				
3 / 18 /		3_/	21	_ / _	19		VIRONMENTAL	L, INC				
Occupancy Status During						Street Address 1123 BEAVE						
☐ Facility Closed/Vacate												
Abatement Performed Time of Abatement:	d Outside of Norm	nal Facilit	y Hour IPM-12	s - Des 2:00AN	cribe 1	City, State, Zip C						
			-			BRISTOL, PA	19007					
Scope of Work (Check a	Il that apply)					☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			enovati			☐ Mini-End	closure	,				
≥160 sf or ≥260 lf		☐ De	emolitic	n			g Procedure	n-Friable Procedure	9			
		1	Locat	ion	Γ -	Z Hon Exc	inploa () and ito		1	atem	ent T	vpe
Location	of		Norma			Description (of					
Asbestos-Containing	Material (ACM)		ed Sole			stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	and the same of th	7	todial		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	nusc
(13)	ity		(12)			other miscellane		0. 0. 1. 7	-		late	e.
		Yes	No	N/A								
1st Floor Lobby				\boxtimes	VAT/Ma	astic		422 SF				
2 nd Floor Lobby				\boxtimes	Linoleu	ım & Mastic		395 SF	\boxtimes			
Name of Registered Was	ste Hauler			JDEP \		Cubic Yards of	Name of Regis		40-300			
SERVICE TRANSP	ORT GROUP, I	INC.		20990		Waste		LANDFILL				
City, State						Disposal Date	City, State					
YARDLEY, PA						TBD	WAYNESE	BURG, OH			-1-1-01-1	
Completed By (Print or T	Гуре) Т	Γitle				Signature	0.0	On Da		>	10	
Dillan DeCaro		Estima	ator			1)1880	M De Ca	10/1 3	5-8	-1	7	

OK 180	PAU			CATION	OF ASBE to NJAC 8	STO	SABATE			E	C F		V	7	7	
Date of Notification (1) 03/13/19					Building (89 33	р		AAR o	1 0	201	n	Andread and the state of the st	Non-interest
Agencies Notified	Type Notification			Street A	ddress adingtor	Roa	nd,		1 - 120		HF41 - A	(\ 	- 601	y	1	*
EPA DEP X DOL	Initial Amended Amendment #			67	te, Zip Co Branch,		08876		Ē.	F1			15.	2		
ĭ DOH	Emergency (in justification)	cluding	_		Contact				76.0	Tele	ephone I	Num	ber			
DCA DCA	Cancellation			Maxin	e Nordm	eyer				90	8-392-	539	0			
Name of Facility Where	Abatament is Taking	Dinno /2	1	FACI	LITY INFO	RMA	TION	Typo	of Facility (4)						V-2-12-12
55 Readington Roa	일 경우 (BLEE) BLEE (BLEE) BLEE (BLEE) BLEE (BLEE) BLEE	riace (3)						3.0							
Street Address						-		П	School (K-1 Subchapter	8 (Othe						
55 Readington Roa	ad								Other (i.e. p etc.)	rivate 8	k comme	ercia	build	lings,	home	es,
City (5)	00070							Squa	re Feet	# of	Floors		1.3223	ldg. A	ge	
North Branch, NJ	08876			County (Code (7)				87 SF ent Use (Price	or if heir	na demo	lishe	3	o		98 J.W. Servi
Somerset					JSE ONLY)	-										
Name of Monitoring Firm Environmental Con	52] L. W. W. W. S. S. W. S. W. W. W. W. W. W. W. W. W. W. W. W. W.	wner (8)		ASCN	1 No.		ELC	ON E	itement Con invironme							
Street Address 2002 Renaissance	Blvd Suite 110						100000000000000000000000000000000000000	Addre	ss wood Driv	0						
City, State, Zip Code	Divu, Suite 110							200	ip Code							2000
King of Prussia, PA	19406						5300		on Crossi	ng, PA	4 1897	7				
Project Manager for Mor Peter Photopoulos				Telephoi 610-27	ne No. 79-7070			hone N -313-7			License 0122		,			
Start Date (10)				Completion Date (11)					HA Monitor				5			
03/15/19 Occupancy Status Durin		03/19/ Only Or		Stree					SS				_			
Facility Closed/Vac	rated During Entire Pened Outside of Norma	eriod of A	Abatem	ement												
Other – Describe:		- Contro	Tiouro			_	Oity, c	Jiuio, 2	.ip codo							
Scope of Work (Check A	All That Apply)						_	_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				2	Mi Gle	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				e			
		1	Locati										0		ement pe	1
Location Asbestos-Containing TO BE AB	Material (ACM)	Use Ma	Normal d Sole intena	ly by nce/		tos Co	escription intaining final system	Materia			mount Specify		R			En
In Faci (13)		Cus	todial 9 (12)	зап?	,		facing, VA			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	T _{N/A}		Outo	miscona	noodoj					<u>a</u>	-	late	ire
office a	140	X		flo	oring ma	astic		2	2000		x					
	10-512															
Name of Registered Wa	ste Hauler		800	JDEP W lauler ID			ic Yards /aste		Name of							
Service Transport C	Group	W2117		TBI)	Minerva Enterprises										
City, State New Castle, DE				Disposal Date TBD			al Date City, State Waynesburg, OH									
Completed by						Signature / Date										
Andre Gosek		Proje	ect ma	anange	er	N Gosepe 03/13/2019										

B & G proj. #:

2019-54

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

Check # 9187

	4						CHECK	# 9101		-	-	_
Date of Notification (1))	Name	of Building Ow	ner/Operator (2	2)		ia E C	EI	W	1774		
10 13 1/1 15 1/	/ <u> 1 9 </u>	1	n Miller		<i>x</i> :		11,5	1 (L ₁ 1)	19	1.07	735	
Agencies Notified 7	Type Notificati	on Street	Address							-		
☐ EPA ☐	X Initial						H M	AR 1_9_	20	19		
☐ DEP	midal	City S	tate, Zip Code				. 2 . 4					· ·
X DOL	Amendr		tuchen, NJ (08840			hama					
X DOH		Name	of Contact				Telephon	e Number	POP 121			
☐ DCA	☐ Cancella	ation Se	an Miller									
			FAC	CILITY INFORM	MOITA	v			_	-		_
Name of facility where	e abatement is	s taking place (3)				Type of Facility	(4)			-	
Sean Miller							School	ol (K - 12)				
Street Address								apter 8 (Oth			(-12)	
ou cot Address							M Other Bldgs.	(Private/Con /Homes, etc	nme	rciai		
Oit (5)		I 0			_		Square Feet	# of Floors		В	dg. A	ge
City (5)		County (6)			1	inty Code (7)	Correct Head (D	-i if hains		allah	- d\	
Metuchen, NJ 0	08840	Middles	ex		(0	no doc omy)	Current Use (P residential	nor it being	aem	OIISII	ea)	
Name of Monitoring F	irm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatement (ontractor (9)					::
_						B & G Restorati	on, Inc.					
Street Address						Street Address 105 Ryerson R	nad					
City, State, Zip Code					_	City, State, Zip Code	Jau		-	_		
- i, , - i.i.i., _ i, - i, - i, - i, - i, - i, - i, - i						Lincoln Park, N	J 07035					
Project Manager for Mo	onitoring Firm		Phone Num	ber	-	Telephone Number		License N	umb	er		
					(973)696-6869		003	78				
Scheduled Start Date ((10)	Sched. Con	pletion Date (1	1)		Name of OSHA Monit	7.7					
03/25/2019		03/27/20	19			B & G Restorati	on, inc.		-	_	_	-
Occupancy Status Duri	ing Abatemen	t (Check only or	ne)		-	105 Ryerson Ro	ad					
Facility closed/va						City, State, Zip Code						
Abatement performance Describe:	rmed outside	of normal facility	nours-		_	Lincoln Dorle N	1.07025					
Other-Describe:					-	Lincoln Park, N.	07035					
Scope of Work (check					_	vrap & cut	_	_				
	_	Renovation				ull Containment w/neg	ative pressure [Gloveba				
>3 sf or >3 lf	X >	≥160 sf or ≥260				/lini-enclosure		Non-frial			dure	
Location of asbestos-contain	ning	Is location norr by maintenance			220		Amount		R e	R	E n	E
material to be		staff(12)		Description material (sbestos-containing	(Specify S	- or	m o	p	С	n
abated in facility	(13)	Yes N	lo N/A				LF)	1	v	a i	a p	L
Ground floor family	room		×	VAT (no n	nastic	:)	170 SF		e X	ń	П	lп
				1							Ē.	
<u> </u>					No.							
								[
Pogistored Wests Hard		IN IDEA		Subje Vester 1	Mart	IV 75	150	[
Registered Waste Haule B & G Restoration	NJDEP Ha 1956		Cubic Yards of V 3	vaste	Name of Registered I Grand Central I							
City, State Lincoln Park, NJ	Disposal I	Date 3/27/2019		City, State		and the second second						
Completed by (Print or	10: 4											
Gordana Luna		Title Secretary/Tr	easurer	Gordana Luna Date 03/15/2019								

B & G proj. #:



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

	*						Check	k# 9189				
Date of Notification (1)		Name of Bu	uilding Ow	ner/Operator (2	2)			CE	3 11	\ <u>/</u> /	7	
10 13 1/1 15 1/1 19		Joe Mo	ngiardo						- 11	¥.		e
Agencies Notified Type Notific	ation	Street Addr	ess					1115	_			
DEP Initia								MAR 1	y	2019	l sa	
	idment 0	City, State, Mahwa	Zip Code h, NJ 07	7430				fan se				
X DOH	l n	lame of Co	ntact				I Telepho	ne Numbe	r .	i.i		
DCA Cance	ellation	Joe Mo	ongiardo	NY			1		i - , i - , m	ARTON ALP A	77.5	
			FAC	CILITY INFORM	IATIO	N						
Name of facility where abatemen	t is taking pla	ace (3)					Type of Facility	(4)				
Joe Mongiardo							1 =	ol (K - 12))	
Street Address							☐ Subc	hapter 8 (C			-12)	
	0.00						Bldgs	./Homes, e	tc.			
City (5) .	Cour	nty (6)			Co	unty Code (7)	Square Feet	# of Floor	rs	Bi	dg. A	.ge
Mahwah, NJ 07430	Ber	rgen				ate use only)	Current Use (F	Prior if bein	g den	nolishe	ed)	
Name of Monitoring Firm Hired by	y Bldg. Owne	er (8)		ASCM No.		Name of Abatement					_	
						B & G Restorat	ion, Inc.					
Street Address						Street Address 105 Ryerson F	Road					
City, State, Zip Code					-	City, State, Zip Code			-		_	
<u> </u>						Lincoln Park,	NJ 07035					
Project Manager for Monitoring Fir	m	Ph	one Numb	per		Telephone Number (973)696-686	9	License 00	Numb 378	er		
Scheduled Start Date (10)	Sched	. Completic	on Date (1	1)	-	Name of OSHA Moni						
03/29/2019		80/2019			ion, Inc.					-		
Occupancy Status During Abateme						105 Ryerson R	oad					
Facility closed/vacated durin Abatement performed outsid	g entire perio e of normal f	od of abater acility hour	ment. s-		-	City, State, Zip Code						
Describe:					-	Lincoln Park, N	J 07035					
Scope of Work (check all that app	ly)				-	wrap & cut						
☐ Demolition 🕱	Renovation	n			=	Full Containment w/neg	ative pressure	X Gloveb	an nr	ncedu	re	
X > <u>3</u> sf or > <u>3</u> If	≥160 sf or ≥	≥260 If				Mini-enclosure]	Non-fri				
Location of	Is location	normally u	sed solely						R	R	E	E
asbestos-containing material to be	staff(12)			Descriptio material (A	n of a	sbestos-containing	Amount (Specify S	F or	e m	e p	n c	n
abated in facility (13)	Yes	No	N/A	, material (r	.0,		LF)	01	0 V	a	a p	L
pasement			X	pipe insula	tion		50 LF		e X		Ĺ.	
										허	Ħ	計
											一	
Registered Waste Hauler		P Hauler ID)# Cı	ubic Yards of W	/aste	Name of Registered	Landfill				\Box	
B & G Restoration, Inc. City, State		9563		1		Grand Central	Landfill					
Lincoln Park, NJ	Disposal Da 03	ate /30/2019		City, State Pen Argyl, PA								
Completed by (Print or Type) Gordana Luna	y/Treasur	rer	Signature	(Gordana Luna		Date 03/15	/201	9	- Y	_	
						Gordana Zuna 03/15/2019						

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2019-55

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9188

Date of Notification	1 (1)	1	Name of Bui	ldina Owr	ner/Operator (2)	1		4.7. E	CE	1	0/7			
10 13 1/11 15	1/119		Daniel M		, o., o p o . a. (a)	res		1, 1, 1, 1, 1	(Ja III		W/			
Agencies Notified	Type Notifica	ation	Street Addre	SS										
☐ DEP	X Initial								AR 1	9- 94	110-			
	Π A		City, State, Z					***	70.1	1 /1	117	7		
X DOL	Amend	ament	Glen Ric	dge, NJ	07028			famous :						
X DOH	☐ Cance	llation	Name of Con	tact				Telepho	ne Numbe	r				
DCA	Cance	liation	Daniel N	Muccia					1000	_				
				FAC	ILITY INFORM	ATIO	N							
Name of facility wh	ere abatement	is taking	place (3)					Type of Facility						
Daniel Muccia	ı							1 =	ol (K - 12)					
Street Address	,						3	TOTAL STREET	apter 8 (0 (Private/0			-12)		
								Bldgs.	/Homes, e	etc.				
City (5)		Co	unty (6)			Co	unty Code (7)	Square Feet	# of Floo	rs	BI	dg. A	\ge	
Glen Ridge, I	N.I 07028	F	ssex				ate use only)	Current Use (P	rior if beir	ng den	nolishe	ed)		
Name of Monitoring					1001111		TNI	residential						
Nume of Worldon	g i mili i med by	blug. Ow	riei (o)		ASCM No.		Name of Abatement							
Street Address						-	B & G Restorati	on, Inc.						
							105 Ryerson R	oad						
City, State, Zip Code	Э					-	City, State, Zip Code					-		
Desired Manager							Lincoln Park, I	NJ 07035						
Project Manager for	Monitoring Firr	n	Pho	ne Numb	er		Telephone Number (973)696-6869	9	License	Num 0378	ber			
Scheduled Start Dat	e (10)	ISche	ed. Completion	n Date (1:	1)	_	Name of OSHA Monit		1	3010				
03/28/2019	(10)		/29/2019	n Date (1	')		B & G Restorati	on, Inc.						
Occupancy Status D	Juring Ahateme					_	Street Address							
Facility closed			1.50	nent.			105 Ryerson Road City, State, Zip Code							
Abatement pe	rformed outside	of norma	I facility hours	j-			City, State, Zip Code							
Other-Describ	e:					-	Lincoln Park, N.	J 07035						
Scope of Work (che	eck all that appl	y)					vrap & cut						11	
Demolition	X	Renovat	ion			□ F	full Containment w/neg	ative pressure	Glovel	bag pr	ocedu	re		
		≥160 sf o				X	Mini-enclosure	[Non-fr	riable	proced	lure		
Location of asbestos-cont	oining		on normally us tenance/custo							R	R	E	E	
material to be	ā.,	staff(12)			Description material (A		sbestos-containing	Amount (Specify S	For	m	р	n c	n	
abated in facil	ity (13)	Yes	No	N/A	N N			LF)		V	i	a p	L	
Basement area				X	pipe insula	tion		90 LF		e X				
						ARTICLE								
			-										世	
Registered Waste Ha	auler	N.IF	EP Hauler ID	# I Ci	ubic Yards of W	aste	Name of Registered I	andfill			Ш	Ц		
B & G Restorati			19563		1		Grand Central I							
City, State Lincoln Park, N			D	isposal D 03	ate /29/2019		City, State Pen Argyl, PA					-01110-		
Completed by (Print	or Type)	Title			Signature	CO , CO Date								
Gordana Luna		Secreta	ary/Treasur	er		8	Yordana Luna		03/15	5/201	9			

State of NJ Notification of Asbestos Abatement

Gordana Luna

Secretary/Treasurer

2019-57 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 9190 Date of Notification (1) Name of Building Owner/Operator (2) 10 13 1/1 15 1/11 19 1 Rose Salameno Street Address EPA Initial DEP City, State, Zip Code DOL Amendment Pomton Lakes, NJ 07442 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Rose Salameno **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Rose Salameno Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet | # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Pompton Lakes, NJ 07442 Passaic residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 03/29/2019 03/30/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) map & cut Demolition Full Containment w/negative pressure **X** Renovation Non-friable procedure X Mini-enclosure ≥160 sf or ≥260 lf Is location normally used solely E E Location of e е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material to be C material (ACM) 0 a abated in facility (13) V Yes N/A No p pipe insulation 50 LF X crawl space 1 pipe insulation 90 If crawl space 2 Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. Grand Central Landfill Disposal Date City, State City, State 03/30/2019 Pen Argyl, PA Lincoln Park, NJ Signature Date Completed by (Print or Type) Title Gordana Luna

03/15/2019



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- 5	_	11.77	11	- 11	173	- 43

Data of Natification (1)					1				9 9	1 1 1				
Date of Notification (1)	15 /	19	_					Owner/Operator national Casin	(2) los /Job#1705-5	161 Check#1	1090	9 2	019	San San San San San San San San San San
Agencies Notified	Type Notifi	ication			1000000	et Address			A	lossos.	14.		*	- 2-2
☑ EPA ☑ DOLWD	☐ Amende	od				33 Board				Produces		. G	ria i.	21
☑ DHSS	Amenda				City,	State, Zip	Coc	le		w w - 171	Section 1	- HC 11 - 202	Med Care	
□ DCA	☐ Emerge			- а	At	lantic Cit	y, N	NJ 08401-7329	9					
(NJAC 5:23-8)	justifica	tion)		3	Nam	e of Contac	ct			Telephone Nu	mber			
	☐ Cancella	ation			Ka	thy Chan	nbe	erlin		609-340-77	704			
	V 42.				F/	CILITY IN	NFC	DRMATION						
Name of Facility Where A	batement is	Taking	Place	(3)			0.00		Type of Facility (4)		211		
Resorts Hotel & Cas	sino								School (K-12)					
Street Address					FA 18-50				Subchapter 8					
1133 Boardwalk									Other (i.e., pri homes, etc.)	vate and comm	erciai	oullain	gs,	
City (5)									Square Feet	# of Floors	1	Bldg. A	Age	
Atlantic City												_		
County (6)					Cou	nty Code (7	7)(S7	TATE USE ONLY)	Current Use (Pric	or if being demo	lished)			
Atlantic									Hotel & Casi					
Name of Monitoring Firm	Hired by Buil	Iding O	wner ((8)	ASCN	l No.	N	ame of Abateme	ent Contractor (9)					
Health & Safety Serv	vices						1	AbateTech, I						
Street Address					5770-10-1		St	reet Address						
PO Box 365								30 Maple Ave	. PO Box 25					
City, State, Zip Code							Ci	ty, State, Zip Co	ode					-
Berlin, NJ 08009								Lumberton, N	IJ 08048					8
Project Manager for Monit	oring Firm			Tele	phone	No.	Te	elephone No.		License No.				
James Proctor				8	56-452	2-1311		609-265-2107	26	00529				
Start Date (10)						ite (11)	Na	ame of OSHA M	onitor					
3/25/_	19	3	/	_25	_ /	19_		EMSL Analyti	cal					
Occupancy Status During	Abatement (Check	only o	ne)			Sti	reet Address						
☐ Facility Closed/Vacated							1	200 Route 130	North					
Abatement Performed (Outside of No	ormal F	acility	Hour	s - Des	scribe	Cit	y, State, Zip Co	de					
Time of Abatement:	AM	PM/		_PM-		AM	(Cinnaminson	NJ 08077					
Scope of Work (Check all t	that apply)							Exercise to the						
		Б	⊠ Rer	novati	on			☐ Full Conta	ainment with Nega	tive Pressure				
☐ ≥160 sf or ≥260 lf		_	Der		7000			Glovebag						
								☐ Non-Exen	npted (*) and Non-	Friable Procedu	ıre			
I was not been a supply of the				Locat orma							Al	oatem	ent Ty	уре
Location of Asbestos-Containing M		n		Sole	-	Ashes	tos	Description of Containing Mat		Amount	Re	Re	Ē	ш
TO BE ABAT	ED	'		ntena			, the	ermal systems in	sulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			Cusio	odial ((12)	otan?			surfacing, VAT, her miscellaneo		SF or LF)	<u>a</u>	'	Encapsulate	ure
(10)		1	Yes	No	N/A		Ot	nei miscenaneo	us)				ite	
Diamond Level Enterta	\boxtimes		Asbesto	s n	naterial (wet v	wrap/clean	20.15	1-						
Clasat	-			un)			Taprotout.	30 LF			Ш	Ш		
		L												
		Г	7											П
Name of Registered Waste	Hauler				JDEP V	Vaste I	Cul	oic Yards of	Name of Registe	red Landfill				
AbateTech, Inc.				H	auler ID 18750	No.	Wa 5	ste	G.R.O.W.S. L					
City, State				Dis	posal Date	City, State								
Lumberton, NJ				3	/25/19	Tullytown, P	Α							
Completed By (Print or Type) Title								Signature	1 1	Da	ate			
Gwendolyn Trumbett	i	Ope	eratio	ns C	oordi	nator			WVS		3-1	5-11	D	

	17-3	(3)		П	77.77
	13	11	1=	- 11	11/15
1.	firm.	1500	1 400	U	13

NOCK			NC					8:60 and 5:1		14.5				thu diam	o Township of	
Date of Notification (1)					Nar	ne of Buildin	na (Owner/Operator	(2)	MAH MAH	1 1 9	-20)19	- 1	الحيدا إ	
3/1	15/		18						wal, LP Job #18	102000	Check	#11	088			
	ype Noti	ficatio	n		Stre	et Address	8			Page 1			. 4	. 51		
	Initial	400-000			8	85 2 nd Ave	enu	e 31st Floor		· · · · · · · · ·	, +	191	ersa site			
☑ DOLWD ☐	Amend		ш		City	, State, Zip	Cod	de								
	Amend Emerg			 na	N	ew York, I	NY	10017								
(NJAC 5:23-8)	justific	ation)	includi	iig	Nan	ne of Contac	ct			Telephone	Numbe	r				
	Cancel	llation			F	ed Teiche	er			917-952						
					F	ACILITY IN	VFC	ORMATION				_				
Name of Facility Where Aba	tement is	s Taki	ng Pla	ce (3)					Type of Facility (4)						
Garden Spires Apartm	nents-B	uildi	ng 17	5					School (K-12)	0250						
Street Address							-		☐ Subchapter 8	(Other than						
175 1st Street									Other (i.e., pri homes, etc.)	vate and co	mmerci	al bu	ildin	gs,		
City (5)									Square Feet	# of Floor		I DI	dg. A	20	_	
Newark, NJ									- Cquare r cct	# 011 1001	3	Di	uy. /	ge		
County (6)					Cou	inty Code (7	7)(\$7	TATE USE ONLY)	Current Use (Pric	or if heing de	amoliehe	7				
Essex							110.	2 302 31121)	ouncil ose (i ne	in being de	HIOHSHE	u)				
Name of Monitoring Firm Hire	ed by Bu	ildina	Owner	(8)	ASCN	1 No	N	ame of Abateme	ent Contractor (9)							
Health & Safety Service				(0)	/ 10011	1110.		AbateTech, Ir								
Street Address		-					_	treet Address	10.							
PO Box 365							7.7		DO Doy 25							
City, State, Zip Code						30 Maple Ave. PO Box 25 City, State, Zip Code										
Berlin, NJ 08009							1	Lumberton, N								
Project Manager for Monitorin	na Firm			Tel	ephone	No	-	elephone No.	13 00048	License M					_	
Jim Proctor	3			1	100	1-8850		609-265-2107		License N	0.					
Start Date (10)		Sche	duled (1		ate (11)		ame of OSHA M		00529						
3/28/1	9		4	3	0_ /			EMSL Analyti								
Occupancy Status During Aba							Str	reet Address							_	
☐ Facility Closed/Vacated Do	uring Ent	ire Pe	riod of	Abate	ment		2	200 Route 130	North							
Abatement Performed Out	side of N	lorma	Facilit	y Hou	rs - Des	scribe						-				
Time of Abatement:		P	VI/	РМ		_AM	(Cinnaminson,	NJ 08077							
Scope of Work (Check all that	apply)							_								
≥3 sf or ≥3 lf			⊠ Re	novat	ion				ainment with Nega	tive Pressur	е					
≥160 sf or ≥260 lf				molitic					Procedure							
								☐ Non-Exem	npted (*) and Non-	Friable Proc	edure					
				Local Vorma								Aba	teme	nt Ty	уре	
Location of Asbestos-Containing Mate	rial (ACN	4)		d Sole		Ashes	tos	Description of Containing Mate		A 4	7	D	R.	Щ	ш	
TO BE ABATED		,		intena		(i.e.,	, the	ermal systems in	isulation.	Amount (Specify	1 2	Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)			Cus	(12)	Staff?	62	5	surfacing, VAT,	or	SF or LF) [2	7	lusc	sure	
(13)			Yes	No	N/A	1	ot	her miscellaneo	us)					ate	w	
(14) E Bathrooms 20 LF e	ach				1000000	Dino Ino		41		00015	-	_				
location						Pipe Insi	uıa	tion		280 LF		X	Ц	Ш	Ш	
] [
												J				
											Γ	1				
Name of Registered Waste Ha	uler			1000	JDEP V			oic Yards of	Name of Register	ed Landfill						
AbateTech, Inc.				110000	auler IE 18750	2000 0 H 200-1	Wa:	100 percent	G.R.O.W.S. L							
City, State			3					posal Date	City, State							
Lumberton, NJ							4/	/30/19	Tullytown, Pa	Д						
Completed By (Print or Type)		Title						Signature	1.12		Date				-	
Gwendolyn Trumbetti		0	perati	ons C	oordi	nator	1		MNO		3	-)	5	19		

K 11089	PA	No	OTIF	ICATI (Pursi	ON OF A	New Jersey SBESTOS A JAC 8:60 an	ABA	TEMENT 16)		EC	E		7			
Date of Notification (1) 3 /	15 /	19	5	10		ling Owner/OperstEnergy Co	MAR 1 9 2019 01-5435 Check #11089									
Agencies Notified	Type Notific	ation		Str	eet Addres	S			Vinteen	4						
⊠ EPA				1	0 Legion	Place- Build	ing /	Δ.	, A.,			N. 1	5.0			
☑ DOLWD ☑ DHSS	Amende	-		_	y, State, Zip			152			11.70	14				
D DCA	Amendm Emergen		ina	200		n, NJ 07960										
(NJAC 5:23-8)	justificati		ing		me of Conta				Telephone	Number						
8	☐ Cancellat	200		K	eith Slan	skv			973-95							
						INFORMATIO	IAI		010-33	0-7002						
Name of Facility Where A	batement is T	Taking Pla	ce (3)		AOILITT	IN OKWATIC	NA .	Type of Engilib	. (4)							
NJ DOT			(-)					Type of Facility ☐ School (K-1	0.0000000000000000000000000000000000000							
Street Address								Subchapter	8 (Other than	K-12)						
Route 71 & Asbury	Ave MM564	.13 to R	t. 71	& Deal	Lake Rd	MM595 39		Other (i.e.,		mmercial	buildi	ngs,				
City (5)								homes, etc	# of Floor		Dida	A ===				
Neptune, NJ								oquate r eet	# 01 11001	5	Bldg.	Age				
County (6)				Co	untv Code	(7)(STATE USE O	NI Y)	Current Use (P	rior if being de	maliahad	n.					
Monmouth					,	(1)(0)1112 002 01	WL 17	Substation		emolished)					
Name of Monitoring Firm H	Hired by Build	ing Owne	r (8)	ASCI	M No.	Name of Ah	atemo	ent Contractor (9								
ATC Associates	en en en en en en en en en en en en en e		/		., , ,	AbateTed										
Street Address						Street Addre										
3 Terri Lane						30 Maple										
City, State, Zip Code						City, State, Z										
Burlington, NJ 08016	3					Lumberto										
Project Manager for Monito	oring Firm		Te	lephone	e No.	Telephone N		10 00040	License N	lo						
John Lutz		· (4 (4 may)			1-7522	609-265-2			_00529	Ю.						
Start Date (10)	Sc	cheduled (Name of OSH	00323									
3/_25_/_	19				19	EMSL An										
Occupancy Status During A	Abatement (CI					Street Address										
☐ Facility Closed/Vacated	During Entire	Period of	Abat	ement		200 Route		North								
☐ Abatement Performed C	utside of Nor	mal Facili	ty Hou	ırs - De	scribe	City, State, Zi										
Time of Abatement:	AM	_PM/	PN	l	_AM	Cinnamin										
Scope of Work (Check all th	nat apply)															
≥3 sf or >3 If		Ø n.		ut acco		☐ Full (Conta	inment with Neg	ative Pressur	e						
☐ ≥160 sf or ≥260 lf		⊠ R€	enova			☐ Mini-		Procedure					1			
		15.05				⊠ Non-	Exem	npted (*) and No	n-Friable Prod	cedure						
			Loca								batem	ent T	vpe			
Location of Asbestos-Containing Ma	terial (ACM)		Norma	ally ely by		Description					_	_				
TO BE ABATE	D	Ma	inten	ance/		stos Containing ., thermal syste			Amount (Specify	1 -	Repair	Encapsulate	Enclosure			
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, V	AT, o	or	SF or LF) Val	=	psul	Sur			
(13)		Yes	No	N/A	1	other miscella	aneo	us)				ate	(D)			
Exterior Street Lights		_		10000000							-					
Exterior offeet Lights					Asbesto	s Conduit			90 LF							
												П				
0											브		븬			
Name of Registered Waste H	Hauler			JDEP \	Naste	Cubic Yards of	: 1	Nome of Death				Ш	Ш			
AbateTech, Inc.	ladioi		7 1 1 2 2 3 3	auler I	5500000	Waste		Name of Regist								
City, State				18750)	2		G.R.O.W.S.	Landill							
Lumberton, NJ						Disposal Date		City, State								
Completed By (Print or Type)	1=	141 -				3/29/19		Tullytown, I	A							
Gwen Trumbetti		itle				Signature		n A		Date						
ASR-41		Operation	ons (oordi	nator		W	W		3-1	5-	16				

100	N	_	ž.		NOTI	FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)
te of Notifi	catio	on (1)				Name of Building Owner/Operator (2)
	2	/	28	1	19	Garden Spires Urban Renewal, LP / Job #

NOUL		NC			ON OF A	SBESTOS ABA IAC 8:60 and 5:		E	CF	7 0	W	3775 3775 1877		
Date of Notification (1)	28 /	19				ing Owner/Operator ires Urban Rene	70.50		MAR	. 9	401	9		
Agencies Notified ⊠ EPA ⊠ DOLWD ⊠ DHSS	Type Notification Initial Amended Amendment	t # <u>1</u>	n sa sa	8i City	, State, Zip	enue 31st Floor	r. Aspekty		. 75					
DCA (NJAC 5:23-8)	☐ Emergency justification)		ng		ne of Conta			Telephone N	lumber					
(16/16/6.25/6)	☐ Cancellation			100	verton Mi			917-280-						
	(K=Y)	*****				NFORMATION		017 200	0010					
Name of Facility Where A	patement is Tak	king Plac	ce (3)		CILITI	IN ORMATION	Type of Facility	(4)						
Garden Spires Apar Street Address).)			School (K-12	2) 8 (Other than h	(-12)					
195 1st Street							Other (i.e., p		mercial l	ouildir	ngs,			
City (5)							Square Feet	# of Floors	E	3ldg. /	Age	-		
Newark, NJ														
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being den	nolished)					
Essex														
Name of Monitoring Firm I	lired by Building	g Owner	(8)	ASCN	I No.	Name of Abatem	ent Contractor (9)							
Health & Safety Serv	rices					AbateTech, I	nc.							
Street Address						Street Address								
PO Box 365						30 Maple Ave. PO Box 25								
City, State, Zip Code						City, State, Zip Co	ode							
Berlin, NJ 08009						Lumberton, N	NJ 08048							
Project Manager for Monito	ring Firm	a series	Те	lephone	No.	Telephone No.		License No						
Jim Proctor	apara managan managan managan managan managan managan managan managan managan managan managan managan managan Managan managan		609-704		609-265-2107		00529							
Start Date (10)2 /14 / _	19 Sche	eduled (letion Da 29 /		Name of OSHA M EMSL Analyti								
Occupancy Status During A Facility Closed/Vacated Abatement Performed C	During Entire Poutside of Norma	eriod of al Facili	Abat	urs - De		Street Address 200 Route 13 City, State, Zip Co								
Time of Abatement:		P.(W	PN	Λ	_AM	Cinnaminson	, NJ 08077							
Scope of Work (Check all the	nat apply)					_				20101				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		⊠ Re				Mini-Encl Glovebage								
			S Loca Norm						Al	atem	ent T	уре		
Asbestos-Containing Ma	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Us Mic Cus					Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Apartment 4E		Yes	No	N/A	Pipe Ins	sulation		8 LF			П	П		
Apartment 6E					Pipe Ins			8 LF		-				
Apartment 15E					Pipe Ins			4 LF		무				
					i ibe iiis	ould II OII		4 LF						
Name of Registered Waste AbateTech, Inc.	Hauler	<u> </u>	1	NJDEP N Hauler III 18750	O No.	Cubic Yards of Waste 25	Name of Registe							
City, State Lumberton, NJ				10/30		Disposal Date 2/29/19	City, State Tullytown, F	PA						
Completed By (Print or Type Gwendolyn Trumbetti	201		one	Coordi	nator	Signature	=^AAX		Date)("	10			

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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15	11.77	15 1	1 1/1/
	11.73		130

CKILLOW ##	LLL)	(1	ursu	ant to NJ	AC	8:60 and 5:1	16)					E to		
Date of Notification (1)				Nan	ne of Buildi	ng (Owner/Operator		1 III M	VR 1	9 4	019	-		
3 /4	/	19						pital / Job #19				.0.0	5.0		
Agencies Notified Type	Notification	n			et Address						p				
⊠ EPA ⊠ Init				1			ood Johnson	Place	<i>A.</i>						
	nended				One Robert Wood Johnson Place City, State, Zip Code										
	endment	-	_	. 52	New Brunswick, NJ 08901										
	nergency tification)	includi	ng	_	Name of Contact Telephone Number										
	ncellation			1	risten Bel				732-937-						
						2	DIMATION		132-331-	0/01	911-32		De Palação		
Name of Facility Where Abateme	nt is Taki	na Dlas	20 (2)		ACILITY	NFC	DRMATION	T=							
Robert Wood Johnson Ho		ny Flac	Je (3)					Type of Facility							
Street Address	Spirai							School (K-12		(-12)					
One Robert Wood Johnson	n Diana							Other (i.e., p	rivate and com	mercia	build	ngs,			
City (5)	III Flace				VIII TO THE REST.			homes, etc.)							
New Brunswick								Square Feet	# of Floors		Bldg.	Age			
County (6)				10-		71 /01	FATE 110E 011114								
Middlesex				Cot	inty Code (()(5)	TATE USE ONLY)	17	or if being den	nolished	1)				
Name of Monitoring Firm Hired by	, Buildin-	Ours	(0)	1001	1 Na	1 61		Hospital							
Omega Environmental	building	Owner	(0)	ASCM	I NO.			ent Contractor (9)							
Street Address						-	AbateTech, I	nc.							
280 Huylar Street						1000	reet Address								
City, State, Zip Code						-	30 Maple Ave								
South Hackensack, NJ 076	ene.				City, State, Zip Code										
Project Manager for Monitoring Fil			Tal		NI.	-	Lumberton, N	NJ U8U48	T						
Geiser Fajardo				ephone	9-8700		elephone No.		License No						
Start Date (10)	Sche	duled (ate (11)		609-265-2107 ame of OSHA M	4744 4 4 4 4	00529						
3 / _5_ / 19					19	2000	EMSL Analyti	100.000							
Occupancy Status During Abatem															
☐ Facility Closed/Vacated During				mont		12000	reet Address	0.81 - 41							
					scribe		200 Route 130 ty, State, Zip Co								
Time of Abatement:AM	P	M/ <u>5</u> PM) 	_AM	301100										
Scope of Work (Check all that app	hv)	*****				,	Cinnaminson	, NJ 08077							
	'97						□ Full Conta	ainment with Nega	ative Pressure						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re	enovat emolitic				☐ Mini-Encl	osure							
≥ 100 31 01 ≥200 II		☐ D€	monu	on			☐ Glovebag ☐ Non-Exer	Procedure npted (*) and Non	-Friable Proce	dure					
		Is	Local	ion				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			hater	nent T	vne		
Location of			Vorma				Description of				_	1	T		
Asbestos-Containing Material (A TO BE ABATED	ACM)		d Sole				Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure		
IN Facility			todial		(i.e.		ermal systems in surfacing, VAT,		(Specify SF or LF)	ova	=	ısqı	unso		
(13)			(12)	1	-		her miscellaneo		/			late	G,		
1st El Ende Comme 15 (155)	-	Yes	No	N/A			A								
1st Fl. Endo Support Rm #20 ** #1Ruilding	lower		\boxtimes		Asbesto	s V	inyl Sheet Go	oods	360 SF						
										I	П	П	П		
												1	1		
												1	Ш		
Name of Pagister- 1144-1-11						_									
Name of Registered Waste Hauler			1800	JDEP V auler IE		Cul	oic Yards of	Name of Registe							
AbateTech, Inc.				18750		_1	5	G.R.O.W.S.	Landfill						
City, State							posal Date	City, State	976						
Lumberton, NJ						3	/11/19	Tullytown, F	A						
Completed By (Print or Type)	Title						Signature	1	-	Date	073807				
Gwendolyn Trumbetti	0	perati	ons (oordi	nator			WI		3.	4.	-19			