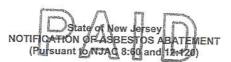
(KH5067



Date of Notification (1)		Name	of Buildin	a Owner	Operator	r (2)	- I had	1007	411 (		2010			
3/26/18					ne Artis	5 - 111011	Sporator	\ <del>-</del> /						-
Agencies Notified	Type Notificatio	n			Address					ASDE	-11.3 -11.3	GON	TRO	LR
ĭ EPA	Initial								L	rendenworker (p. p. p.)	LIGE	VSIN	G	_ ((
X DEP	Initial Amended			City, S	State, Zip (	Code							NAME OF STREET	TATE OF THE PARTY
Ĭ DOL	Amendme			10000	urn, Nev		ev.							
× DOH	Emergence		g		of Contac				Т	elephone N	umber			
DCA	Cancellation			Shar	ne				1	cicpitotic iv	unibei			
				FA	CILITY IN	FORMAT	TION							
Name of Facility Where	Abatement is Tak	ing Place	(3)					Type of Facil	ity (4)					
Artis Residence		<u> </u>						School (	(K-12)					
Street Address								Subchar	oter 8 (Ot	her than K-	12)			
								Other (i. etc.)	e. private	& commer	cial bu	ildings	s, hom	es,
City (5)								Square Feet	#	of Floors		Bldg.	Age	
Millburn								1700	2			60+	J	
County (6) Essex				County	Code (7)			Current Use (	Prior if be	eing demoli	shed)			_
Contraction of the contraction o				(STATE	E USE ONL	Y)		residence						
Name of Monitoring Fin	m Hired by Building	Owner (8	)	ASC	CM No.			of Abatement		or (9)				
Charat Adda							Ace	Insulation C	o., Inc					
Street Address								Address						
City State 7in Cada							95 M	Iontrose Rd						
City, State, Zip Code								tate, Zip Code	14510	ess.				
Project Manages for Ma	-111 F1						-	Neck, New	Jersey	07722				
Project Manager for Mo	nitoring Firm		1	Teleph	one No.			one No.		License I	No.			
Start Date (10)	Data (10)							294 1757		00029				
4/4/18		4/9/18		mpletion	Date (11)	)	Name	of OSHA Monit	tor					
Occupancy Status Durin	a Abatamani /Cha													
_							Street	Address						
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Non	Period of	Abate	ment			01: 0							
X Other - Describe:	7am-7pm	nai i aciiic	y i ioui	5			City, St	ate, Zip Code						
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf		তা -												
2160 sf or ≥260 lf		promone .	Renova Demoli					Full Contain Mini-Enclos	ment with	n Negative	Pressu	ire		
<del>7</del>				4011			×	Glovebag P	rocedure					
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18		100	Locat										ement	
Location Asbestos-Containing	n of	4	Norma ed Sole	-		Des	scription	of				1)	/pe	
TO BE AB	ATED	Ma	intena	nce/	Asbes	thermal	aining Ma	aterial (ACM) insulation,	- 1	mount	77		四四	т
In Facil	lity	Cus	todial : (12)	Staff?	(	surfac	cing, VAT	, or		Specify F or LF)	Rem	Repair	cap	nclo
(13)			1/			other n	niscellane	eous)	İ		Remova	air	Encapsulate	Enclosure
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Name of Registered Was			54 G6	JDEP W		Cubic '		Name o	of Registe	red Landfill	1			
Ace Insulation Co., I	nc		1000	lauler ID 2086	No.	of Was	ite	Fairle	SS					
City, State							al Date							
Colts Neck, New Jer	sey					4/9/18		City, St.	ate own, PA	7				
Completed by Title							gnature	1 dilytt	SVVII, F		to			
Bree McGuire	ree McGuire Secretary Treasur						12			Da 3/	te 26/18	2		
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Ch138	3		NOTIF (F	ICATIO	State of Ne N OF ASB at to NJAO	ESTO	SABATE	MENT	-	In	) E	G	E	7 7	V/ F	5 F
Date of Notification (1) 03-23-18				Name	of Building vella Der	Owne	r/Operato	r(2)	Till	TK.		107	La	ij	<u> </u>	
Agencies Notified	Type Notification			Street	Address eforest A							IAR	2 (	7 20	118	
DEP DOL	Amended Amendment Emergency			East	tate, Zip Co Hanover of Contact		7936				ASBI	_1/:	ENS	ONT	ROL	<u>l</u> &
DOH DCA	justification) Cancellation			200	Caravell	а				Tel	ephone	Nun	iber			
Nome of Facility M/L A				FAC	ILITY INF	ORMA	TION							-0/00-01		
Name of Facility Where A Private Home	idatement is Takin	g Place	(3)					Prince N	of Facility							
Street Address								r	School (K- Subchapte Other (i.e.   etc.)	r 8 (Oth	er than & comm	K-12 nercia	) ıl buile	dings	, hom	es,
City (5) Hillside				Vienter					re Feet	# 01	f Floors		В	Bldg. A	\ge	
County (6) Union				County (STATE	Code (7) USE ONLY			Curre	ent Use (Pri	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8	)	ASCI	M No.				atement Con tracting L		(9)					
Street Address							Street 522	Addre 7th St								
City, State, Zip Code							7890000		ip Code / NJ 0708	37						
Project Manager for Monit	oring Firm			Telepho	one No.		Teleph		0.		Licens					
Start Date (10) 03-26-18		Schedu 03-30-		npletion	Date (11)				HA Monitor tracting L	LC.				J		
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Addres	ss							-
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire P d Outside of Norm	eriod of al Facilit	Abaten y Hours	nent			1.00	tate, Z	ip Code							
Scope of Work (Check All	That Apply)						Unio	n City	/ NJ 0708	37						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Ful Mir Glo	Containment Contai	edure					e	
Location of	nf	100	Locati Normal			0								others the	ement	
Asbestos-Containing N TO BE ABA In Facility (13)	Material (ACM) ΓΕD	Ma	ed Sole intenar todial S (12)	ice/		os Co therma surf	escription ntaining M al systems acing, VA miscellan	laterial s insula T, or		(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Entire Prop	orty	Yes	No	N/A	Dom	- 1:4:	A - 1 1								fe .	(D
Little Flop	erty		Х		Demo	Olition	Asbest	tos De	ebris				X			_
Name of Registered Waste	Hauler		N	JDEP W	/aste	Cubi	Yards		Nome of I	) i - i		1611				
Caravella Demolition I				auler ID 3568	No.	of Wa	State of the state		Name of F Waste N				PA			
City, State E. Hanover, NJ 07936	i					Dispo	osal Date 9-18		City, State Morrisvi		λ.					
Completed by Jaime Delgado		Title Proj.	Mana	ger.			Signature	//	2			Date	23-1	8	2)	
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Ch 135	84		NOTII (I	FICATIO	State of N N OF AS t to NJA	BESTOS	ABATE	MENT			E C	E I		E	
Date of Notification (1) 03-23-18					of Building			F-(2)		11			0.0		
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Agencies Notified	ype Notification				Address eforest A	1110									
EPA DEP	- Trittical										ASBEST			OL 8	
DOL	Amended Amendment	#			tate, Zip C Hanove		7036			Les que de commente de la commente del commente de la commente del commente de la commente del commente de la commente del commente de la com	[.]	CENS	IMG	فيواديهوادر	*****
□ DOH		(includin	g		of Contact		330			1 = 1					
DCA	justification) Cancellation				Caravel					) je	ephone N	lumber			
	-				ILITY INF		TION			٠.		,		- / 3 / 4	
Name of Facility Where Aba Private Home	atement is Takin	g Place	(3)			O T UII A		20.000	of Facility	11,500.5					
Street Address	9								Subchapte Other (i.e. etc.)	er 8 (Othe	er than K- commer	·12) cial bu	ildings	, hom	ies,
City (5) Hillside						10			re Feet	# of	Floors		Bldg.	Age	
County (6) Union					Code (7) USE ONL	0		Curre	ent Use (P	rior if beir	ng demoli	shed)			
Name of Monitoring Firm His N/A	red by Building (	Owner (8	3)	ASCI	M No.				tement Co		(9)				- HAVE A
Street Address							Street 522 7								
City, State, Zip Code									ip Code NJ 070	87					
Project Manager for Monitor	ing Firm			Telepho	ne No.		Teleph 201 2	one N	0.		License 01206	No.			
Start Date (10) 03-28-18		Schedu 04-03		npletion	Date (11)				HA Monitor tracting I						
Occupancy Status During Ab	patement (Check	Only O	ne)				Street A						571158		
Facility Closed/Vacated	During Entire P	eriod of	Abaten	nent			522 7	th St							
Abatement Performed ( Other – Describe:	Outside of Norm	al Facilit	y Hours			_	- CONT. ELECTRICAL		p Code NJ 070	87					
Scope of Work (Check All Th	nat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Deliverations	Renova Demolit					Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure				e	
		Is	Locati	on								T		ement	
Location of			Normall ed Sole		 	De	scription	of					Ту	ре	
Asbestos-Containing Mat TO BE ABATE In Facility (13)		Ma	intenar todial S (12)	ice/	Asbes (i.e.	thermal surfa	taining Ma systems cing, VAT niscellane	insula r, or	(ACM) tion,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	œ.
Entire Proper	ty		х		Dem	olition	Asbest	os De	ebris			Х			
2 4															
Name of Registered Waste H	auler			JDEP W		Cubic	Yards		Name of	Registere	ed Landfil	1			-
Caravella Demolition Inc	_		Ha	auler ID 3568		of Was	ste 30		Waste I	una v					
City, State E. Hanover, NJ 07936						Dispos 03-30	al Date -18		City, State Morrisv				3-11-7		
Completed by Jaime Delgado		Title Proj.	Mana	ger.		S	ignature	A	A			ate 3-23-1	18		
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Date of Notification (1)	1.0					g Owner/Operator		. IME	CF		1	//	E
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Agency Notified		otification		Stree	t Address								
□ EPA	Ja Initia			City	State, Zip	Code	1		AR 2	9	20	18	$\dashv$
DEP DOL	☐ Ame	nded endment#		City,	C L	FTON ,	N.T. 029	0/8					
	100000000000000000000000000000000000000	rgency (including		Nom	e of Contac		7.07		bor.	25552	**************************************		
DOH □ DCA		fication) cellation				LINEHAN	١	Telephone Num	Del	00	AITI	30	L8
a box	La Carr	Cenauon		-	/			11				_	-
				FAC	ILITY INF	ORMATION					_		-
Name of Facility Where			7.00		•		Type of Facility	(4)					
MR. C	ARLO	s ARZO	1-12				School (K-12						
Street Address						*		3 (Other than K-12) ivate & commercia		as			İ
					,		homes, etc.)		i Dallali	95,			
City (5)				50	122		Square Feet	# of Floors	Bldg.				
Chi	FTON	7					1800	Z	1	9 3	50	>	
- County (6)				Cour	ty Code (7	) (STATE USE	Current Use (Pi	rior if being demoli	shed)	300-607			$\neg$
- County (6)	SSAi	_ ت		ONL	Y)		7	ESIDENC	Ē				
Name of Monitoring Firm			ASC	M No.		Name of Abaten	nent Contractor (9	9)					$\dashv$
(8)		¥ 7					REMOUA	*					
Street Address				-		Street Address							$\dashv$
_0001, Mail000							SOUTH T	RIJER S	ST				
City, State, Zip Code						City, State, Zip (							-
, o.i, o.i.o, i.p o.i.o								NJ	076	01			
Project Manager for Mor	nitorina F	im l	Teleph	one No	).	Telephone No.		License No.				-	$\dashv$
								003	388				
Start Date (10)		Scheduled Com	pletion [	Date (1	1)	Name of OSHA		1					-
4/9/18	6.	4)25			5.6	OME	GA ENY	120N MEN	TAL				1
Occupancy Status Durin		. /	100			Street Address			•				$\neg$
D 5114 - 01 40 /			h =1			280	HUY VEY	2 ST					
☐ Facility Closed/Vacate ☐ Abatement Performed				int		City, State, Zip	Code				-		$\neg$
Other - Describe: 7	3041	1 10 5:00	PM			HLUKE	NSACK.	NJ. 07	160	6			1
Scope of Work (Check a	all that ap	ply)											
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21 ≥ 160 sf or ≥ 260 lf				□ D	emolition	☐ Glov	vebag Procedure						
				-	1	□ Non	-Exempted (*) and	d Non-Friable Proc	edure	ΔΙ	bate	me	nt
			Is Loc								Ту		
Locati	on of		Nom Used So			Description	of						
Asbestos-Containii TO BE A			Mainter	nance/	Asbe	stos Containing M		Amount (Specify		70	_	프	g.
IN Fa			Custo		(1.6	., thermal systems surfacing, VA		SF or LF)		Remova	Repair	aps	clos
(1:			(12			other miscellan				val	ar	Encapsulate	Enclosure
		<b>⊢</b>	es No	o N/								0	
			ES 14	2		>1 A C	0	2/00	CC	×		-	
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No. of Bulletin	-A- 11 -		NIE	7101	1 .	Louis V. 1	I Magazia (D. )	should to den					
Name of Registered Wa	aste Haule	25	NJDEF	vvast	e Hauler	Cubic Yards of Waste	Name of Regi	sterea Lananii					1
NEWARK C	ART	ing )		150	29	1 3	SCHAND C	ENTRAL S	DNITA	R	,,	Δ	NI
City, State					- 1	Disposal Date	City, State	CENTRAL S	,	-1		* 1/	-
NEWAR	-K	. NJ.	07	10	5	4/23/18	PEN	ARGYL	. 6	A	15	0	72
Completed by		Title	•			Signature		7	Date		1	2000	
JMAIOR	ANO	€5T1/	42	OR	_	1 VHD.	صبرمرد ا	3	3	121	51	18	
ASB-41						censure exempted	activities.			•	1		

Date of Notification (1)		NOT	(Pursua Name	nt to NJA	SBESTO C 8:60 a	S ABATEMEN (nd 12:120) (Operator (2)	IT						,	
03/23/2018	# P		Hunt	erdon He	althcare	)	Check# U	sing	Credi	it for (	Check	No.	102	8
Agencies Notified Type Notification				Address Wescott	Drive			proces		- 0		n 7	\ /I	
☐ EPA ☐Initial ☐ Amended		**		State, Zip					) [	G C	E		$\mathbb{V}$	E
□	1		Flem	ington, N	ew Jers	ey 08822			3					
DOH justification	cluding		Name Jim T	of Contac	ct					ndiMi		9-20	318	
2 Caricenation				CILITY IN	EODMA.	CION		90	8-23	7-554	6			
Name of Facility Where Abatement is Takir Whitehouse Family Practice	g Place	(3)	- 10	OILITT IN	IONWA	Type of Fa	acility (4)		AS	<del>DEST</del>				L &
Street Address							l (K-12)	L	WPB CNUOTACC	DOMESTIC DAY	ICEN	SING	Allerton	-C-WORLEN
263 Main Street						☐ Subci 図 Other	napter 8 (Othe (i.e. private &	r than	K-12) ercial	buildi	nas ha	mes	etc	
City (5) Whitehouse Station, New Jersey 0888						Square Fe			f Floo			ldg. A		
County (6)	9					30,000		2	11100		5	0+	90	
Hunterdon			Count (STAT	y Code (7) E USE ONL	Y)	Current Us	e (Prior if beir Medic	ig den	nolishe	ed)				
Name of Monitoring Firm Hired by Building Briggs/H&R Environmental Services In	Owner (8	3)	ASC	CM No.	50 1210-1210	Name of Al	patement Cont					111 555		
Street Address	С					Lilich Corp	oration		(0)					
3 Crosswicks Street			20			Street Addr 606 McBri				1	<del></del>		w.co	
City, State, Zip Code Bordentown, New Jersey 08505						City, State,								14.1
Project Manager for Monitoring Firm	5-					Woodland	Park, New J	ersey	1				New York	
Douglas Ferry				one No 98-5520		Telephone 973-225-8	No. 400			nse No	D.	-		MATE I
Start Date (10) 04/06/2018	Schedu	led Co	mpletion	Date (11)	)		SHA Monitor		011		S 11 2	- 33.	do.	
WW.	04/11/2	2018				Iris Enviro	nmental Labo	orator	ies, L	LC	- 1	- 4		
Occupancy Status During Abatement (Chec		722	101			Street Addre 2333 Rout			-			7		Cap.
Abatement Performed Outside of Norma	Facility	Hours				City, State,						-		
Other - Describe: Fri 4 PM Start, Re Scope of Work (Check All That Apply)	maining	Days	8am	_		Union, NJ	07083							
Sign ≥3 sf or ≥3 if	_													
≥160 sf or ≥260 lf	100	Renova Demolit				⊠ Fi	ull Containmer ni-Enclosure	t with	Nega	tive Pr	essure	9		
<u>ar</u>						☐ GI	ove Bag Proce	edure	/ Limit	ted Co	ntainn	nent &	Ten	t
	Is	Locat	ion				on-Exempted (	F	\mour	nt		bate	ment	25/2 10
Location of Asbestos-Containing Material (ACM)		Normal			D	escription of			Specif F of L			Тур		
TO BE ABATED	Ma	intena todial S	nce/	Asb	estos Co e. therma	ntaining Mater al systems ins	rial (ACM) ulation.				וד		m	m
In Facility (13)	043	(12)	Jian :		surf	acing, VAT, or miscellaneous	5 8				Remova	Repair	Encapsulate	nclasure
f come	Yes	No	N/A	1	1	·····oonarioou.	3)				val	H.	ulate	(C)
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oiler Room/Hot Water Heating Rm	Х					cet/Rib Insul	/Fire Brick	Assum			X	-		
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oiler Room/Hot Water Heating Rm	Х			Transite						6 SF	X	-		
oiler Room/Hot Water Heating Rm	Х			Aircell P	ipe Ins	ulation			and Sun	O LF	X	100	144	
Name of Registered Waste Hauler			JDEP Wauler ID	/aste	Cubic \	/ards	Name of Re	gistere				<u> </u>	eter (	İ
Lilich Corporation			18724	INU.	of Was 5	le	Fairless La	andfill						
City, State Woodland Park, New Jersey				-	Dispos: 04/11/	al Date	City, State			-				
Completed by				gna(ure (	Morrisville,	۲A		D-:						
Adriana Oléjarova	Title Pre	sident			0		al	2000		Date 03/	23/20	18	 	-
ASB-41 (R-06-08)						AS	his form for as	besto	slicen	Sure	xemp	ed or	tiviti	- E
F* -						V				2010 0	veinh	.ou al	en vitt	- (AC

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		(Pursua	ant to NJA	C 8:60 a	nd12:120)				-				
03/22/2018			Hunt	erdon He	althcare	Operator (2)	Check# L	Jsing-Cre	dit-for-C		No	1028	
Agencies Notified Type Notification			Stree	t Address	D :				16	6-	GI	<u>[</u> ]	
□ EPA ☑ Initial		(*)	i	Wescott					1	***************************************		The fact to ( ) in a region	
□ Amended □ DOL Amendment #			City,	State, Zip	Code ew lerc	ey 08822			1	140	0.0	00	40
□ Emergency (in	cluding					ey 08822		141	N	IAR	29.	50.	18
☐ DCA justification ☐ Cancellation			Jim T	of Contac	ct			Teleph	one Nur 37-554	nber			1
				CILITY IN	EODMAT	TON		900-2	ASBI	-S11.1	300	NTE	₹OL
Name of Facility Where Abatement is Takir	ng Place	(3)	ГА	CILITIN	FURIVIA	Type of Fa	cility (4)			LiGi	ENSI	NG	*****
Whitehouse Family Practice						200 000 00 10	5.4 5						
Street Address 2100 Westcott Drive							l (K-12) apter 8 (Othe	r than K-1	2)				
Marin Talente		<u> </u>				☑ Other	(i.e. private &	commerci	al buildi	ngs, ho	mes,	etc.)	É
City (5) : Flemington, New Jersey 08822						Square Fe 30,000	et	# of Flo	ors	ho B	dg. A	998	
County (6)	X-100 - 1-0		Count	y Code (7)	1	Current He	e (Prior if bei	na domelie					
Hunterdon			(STAT	E USE ONL	Y)	- Current os	Medi	cal Facility	V				
Name of Monitoring Firm Hired by Building Briggs/H&R Environmental Services In	Owner (	8)	ASC	CM No.		Name of Ab	eatement Con coration	tractor (9)	***				10
Street Address 3 Crosswicks Street	***************************************					Street Addr 606 McBri	ess de Ave		3.1	<del></del>			\$9 P
City, State, Zip Code Bordentown, New Jersey 08505					2	City, State		Jersev		4 154			
Project Manager for Monitoring Firm Douglas Ferry		Teleph 609-2	one No 98-5520		Telephone 1 973-225-8	No.	Lic	ense No	0.	uter metalana			
Start Date (10) 04/06/2018	Schedu 04/11/	lled Co	mpletion	n Date (11	)	Name of OS	HA Monitor			···. 13	-		
Occupancy Status During Abatement (Chec							mental Lab	oratories,	LLC ;		4.41	20	
*** J**						Street Addre 2333 Route	ess 22 Most						2011
Abatement Performed Outside of Norma	I Engilia												
Cher - Describe: Fri 4 PM Start, Re	maining	Days	8am			City, State, 2 Union, NJ	21p Code 07083		- 1		14,1-		
Scope of Work (Check All That Apply)												<del></del>	
© ≥3 sf or ≥3 lf	X	Renova	ation			⊠ Fı	III Containme	nt with Nec	nativo Dr	Occura			
≥160 sf or ≥260 If     ○     □		Demoli	tion			☐ Mi	ni-Enclosure						
Scil . Programme						□ GI	ove Bag Proc n-Exempted	edure / Lin	nited Co	ntainm	ent &	Tent	il de
Pix	1	s Local	tion				Exempted	Amo			bater	nent	
Location of		Norma	lly		D	escription of		(Spe SF of			Тур		
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asb	estos Coi	ntaining Mater	ial (ACM)	0.0.				m	
In Facility	Cus	todial (12)		(1.	e. therma	al systems insi acing, VAT, or	ulation,			Ren	Re	nca	Encies
(13)		(12)		1	other	miscellaneous	5)			Remova	Repair	Encapsulate	csure
4.	Yes	No	N/A							=		ate	ct:
oiler Room/Hot Water Heating Rm	X			Boiler I	nsulatio	n			60 SF	X			
oiler Room/Hot Water Heating Rm	X			Inter Bo	iler Gask	et/Rib Insul	/Fire Brick	Assumed P		X			
oiler Room/Hot Water Heating Rm					sulation		1	50 LF	X				
oiler Room/Hot Water Heating Rm			Transite	Panel				6 SF	X				
oiler Room/Hot Water Heating Rm	23		Aircell F	ipe Ins	ulation		1	.00 LF	X-		1500		
Name of Registered Waste Hauler	0 0 L					′ards	Name of Re	1			لبينا	ا بير.	
ilich Corporation			lauler ID 18724	No.	of Wasi	te	Fairless L				1-10		- 1
City, State					Disposa	al Date _	City, State	anuilli					111
Voodland Park, New Jersey	Title				04/11/	2018	Morrisville	, PA		. 188		# 1	
Completed by Adriana Olejarova	t		Sig	gnature	10		Date 03/	22/20	18		\$		
SB-41 (R-06-08)				10		* Do not use the	nis form for a	sheeton lie	anguro a	vome	od or	ii ii ji	00
A1.					. (	-5/1/4 436 (	Joini IOI at	JUGGIUS IICI	onsule 6	yembi	eu ac	aville	٠٥. ,

Date of Notification (1) 3/23/2018	7		NOTI	Name	State of New ON OF ASBES of Building Ow	TOS ABAT 0 and 12.1 ner/Operat	20)	NT	B		G E	CONTRACTOR COMP.		
Agencies Notified	Type Notification				las Realty L	LC.				M	AR 2	9	2018	
□ EPA				A STATE OF THE PARTY OF THE PAR	Trensch Driv	ve,			-	anguist Continues	gggsarner-rtr	** 17 **	т-учадаченуванов	
DEP	☐ Initial  ➤ Amended			City, S	tate, Zip Code			72.147		ASSE	STÓS LIGE			L &
X DOL	Amendment Emergency			New	Milford, NJ	07646			Distribution of	BANKE KONET TILLAND	Marie No. 1 San San Landard British		- AND DESCRIPTION	witten.exh.c
DOH	justification)	A	ig		of Contact				Tele	phone N	Number			
DCA	Cancellation	ii.			Bekdas				201	-221-6	8878			
Name of Facility Where	Abatement is Takin	g Place	(3)	FAC	CILITY INFOR	MATION	Tv	pe of Facility	(4)					
		•	(-)				l ly							
Street Address 241-251 Crooks Ave	е						×	School (K- Subchapte Other (i.e.   etc.)	r 8 (Other	than K	-12) rcial bu	ilding	s, hom	ies,
City (5) Paterson								uare Feet ,000	# of F	loors		Bldg. unkr	Age	
County (6) Passaic County					Code (7)			rrent Use (Pri				se		
Name of Monitoring Firm N/A	Hired by Building (	Owner (8	3)	ASC	M No.		e of Al	batement Cor Demo & E	ntractor (9	9)			LLC	
Street Address						Stree	et Addı							
City, State, Zip Code						City,	State,	Zip Code w York, N.	1 07003					
Project Manager for Moni	toring Firm			Telepho	one No.	Telep	hone		1	License	No.			
Start Date (10) 4/3/2018		Schedu 4/17/2		npletion	Date (11)	Name	e of Os	SHA Monitor		71334				
Occupancy Status During	Abatement (Check					N/A Stree	t Addr	200						
Facility Closed/Vaca Abatement Performe	ted During Entire P	eriod of	Abaten	nent				Zip Code						
Other – Describe: _						Oily,	otato,	Zip Code						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		12770	Renova Demolit		8	] [2 2	M K	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure				re	
			Locati									Abat	ement	(
Location Asbestos-Containing M		Use	Normal ed Sole	ly by	Achaetae (	Description		-1/4044)				1	уре	$\overline{}$
TO BE ABA In Facility (13)	TED		aintenar stodial S (12)	DOMESTIC CONTRACTOR	(i.e. ther	Containing Namal system urfacing, VA er miscella	is insu AT, or	lation,	Amo (Spe SF or	ecify	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							8	]	ate	Ге
Roof			Х		Ro	ofing Ma	terial		6,000	sq ft	Х			
Roof			Х		Roof	Flashing	Mate	rial	525	In ft	Х			
Inside at Ce	eiling		Х		Therma	l System	Insu	lation	150	In ft	Х			
Name of Registered Waste	Haule-		1	IDEE:										
Rovic Transport	e nauler	Ha	JDEP W auler ID 1785	No. of	bic Yards Waste -30		Name of R			11				
City, State Riverdale, NJ					Dis	posal Date		City, State Morgant		Δ				
Completed by Dean Schaffer		Title Proje	ct Ma	nager		Signature	1	DA		D	ate /25/2(	118		
							The same of the sa	VIVI		0	-012			

#### CK# 4494

# State of New Jersey

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

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M	MAR	2	9	2018		

			1000				- Ind	tant. \$26	2.51.5			7 300	ments.
Date of Notification (1)	29-18			Nan		Tom WE		TEDEN	2	·	August 100 to 100		
Agencies Notified	Type Notificati	on		Stre	et Addres	s	*	AST	LICENS	ING	401	ě.—	-
	i⊠ Initial  ☐ Amended			City	State, Zip		ONA A	<u>VE</u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	-		-	=
⊠ sor	Amendmen  Emergency		DC.	City.	Sale, ZI	HADDON F	IFUD N		080	33			
☑ DOH	justification	1)	ng .	Nam	ne of Conta	act		Telep	hone Numb	er			
	Callicetta (or	,				OM							=
Name of Facility Where	Abstament is Tak	ing Pla	20 (3)	FA	ACILITY IN	IFORMATION	Type of Facil	ity (4)		_		- 27	
	RESIDEA		æ (5)				School (K	-12)					
Street Address							Subchapte  Other (i.e. homes, et	, private &			dings	i,	
City (5)	ا ده آه د						Square Feet	# of	Floors		ldg. A		
County (6)	MOJALON		<del>-</del>	Cou	inty Code	(7) (STATE	Current Use (			-	0		_
(API	E WAY				ONLY)			CAMI					_
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCM	No.	Name of Abaten	nent Contractor	500 W					
Street Address	IA					Street Address							=
Oli Col Modifica						369 5	SPRU	CE #	AUE_				_
City, State, Zip Code						City, State, Zip C	code E SHAO	EN	.50	280	25	2	_
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No. 856-77	9-0472		004	44	V.		_
Start Date (10)	Sche	eduled (	complet 2. – i	tion Da	ate (11)	Name of OSHA	Monitor N / A						
Occupancy Status During	and the second s		-	0		Street Address							
▼ Facility Closed/Vacate	d During Entire P	eriod of	Abater	nent		City, State, Zip C	nde			_	_		_
Abatement Performed Other - Describe:	Outside of North	al racial	ly riout.			City, State, 2p c							_
Scope of Work (Check all	that apply)						ntainment with N	egative Pr	essure				
≥3 sf or ≥3 lf ∑≥160 sf or ≥260 lf			enovation emolition				closure ag Procedure empted (*) and N	lon-Friable	e Procedur	e			
			ocation	n							bate		
Location of			ormally Solely	by		Description of				-	.,,		
Asbestos-Containing Ma TO BE ABATE	iterial (ACM)	150,00000	ntenano Istodial	0.000		tos Containing Mat thermal systems in		(Spe		Re	R	Encapsulate	Enc
IN Facility	2	1	Staff? (12)			surfacing, VAT, other miscellaneo		SFo	r LF)	Remova	Repair	psul	Enclosure
(13)		Yes	No	N/A						=		ale	9
Curvel				V		TRANSIT	E	2000	) ST	X			
SIDIM	<u> </u>		+	X		110,11001.				,			
			-										
			$\neg \uparrow$										
Name of Registered Waste	Hauler			DEP V		Cubic Yards of Waste	Name of Reg			, 1			
KLEMCO	INC		- 1	790	4_		City, State	· (-	M. U.				_
City, State MAPLE S	HADE	N.				Disposal Date	10 100 100 100 100 100	OD BI					_
Completed By	Title	Su	P.			Signature	4076		Date -	Y	-18		
ANTICIAME! FOR	WWW.		T T						1			-	

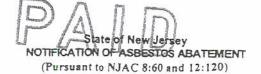
### CK # 4494

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

E (			$\mathbb{W}$	$\overline{n}$
		S110055		
MΑ	R 2	9	2018	

Date of Notification (1)	4-18		1	lame of Buildi	ng Owner/Operato	MINOR	ASBEST	) () () ()	ÖNT	ROL	. &
Agencies Notified	Type Notification	1	5	Street Address			H-107-POWER ENGINEERING PARTIES AND THE		.A	r v company	day of the
DEP	Initial ☐ Amended		-	City, State, Zip		CMONIT	DR. UN	11		-10-	=
<b>⊠</b> DOL	Amendment			(	CLAPT IMP	AY COU	RT HOUSE	H	١, ١	50	52
DOH □ DCA	justification)  Cancellation		N	lame of Conta	ct		Telephone Num	ber			
				FACILITY IN	FORMATION				_		_
Name of Facility Where A			3)			Type of Facilit	ty (4)			-	
Street Address	-SIDTM(	E				School (K-	12) r 8 (Other than K-1)	2)			
Sileet Address							private & commerci		dings		
City (5)	LAL STAL					Square Feet	# of Floors	В	ldg. A		
County (6)	VALON		10	County Code (	7) (STATE	Current Use (F	Prior if being demolis	shed)	50		_
CAPE	MAY		(	JSE ONLY)		V	ACANT				_
Name of Monitoring Firm F	lired by Building (	Owner	AS	CM No.	Name of Abatem	nent Contractor (	o) LNC				
Street Address			1=		Street Address						=
					36°C		PROCE AL	E			_
City, State, Zip Code					City, State, Zip C		ADE WIT	0	80	52	
Project Manager for Monito	oring Firm	T	elepho	one No.	Telephone No.		License No.	.177			
Start Date (10)	. School	luled Com	oletion	Date (11)	856-77 Name of OSHA N	9-04)2	004	44	_	_	_
4-3-18	1 4		15			W	1A				
Occupancy Status During					Street Address						
				nt	City, State, Zip Co	ode			_		_
Other - Describe:							- Alexander				_
Scope of Work (Check all t	hat apply)				Full Con	tainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf		Renov			☐ Mini-End ☐ Gloveba	losure g Procedure					
<u></u>		Is Loca	tion		☐ Non-Exe	empted (*) and N	on-Friable Procedu	_	bate	ment	
		Norma Used Sol	ally		Description of				Тут		
Location of Asbestos-Containing Mat		Maintena	ance/	Asbest	os Containing Mate thermal systems in		Amount (Specify	-		En	ш
TO BE ABATED IN Facility	2	Staff	?	(r.e.,	surfacing, VAT, other miscellaneo	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	-	Yes No	1		Other Trasocalatico	س)		val	=	ılate	ure
		Yes No	X		DIVILLET		1750 SE	V			
SIDINI	Σ		+	+	RAMSIT		1170 31-	1			
		_	+								
Name of Registered Waste	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			P Waste	Cubic Yards of Waste	Name of Reg	istered Landfill	()	IA		
City, State	NC		110	104	Disposal Date-	City, State	7	U.	M	_	
	LADE 1	J.L				Wc	O'D BINK			_	
Completed By	Title	00	an secondaria		Signature	01/2	Date - 3 - 7	1 -	18		

## CK = 4494





Date of Notification (1	-24-18			Name of Buil	ding Owner/Operate	or (2)				W-60 (41/4)	
Agencies Notified	Type Notifica	tion	-	Street Addre	KAN SEDI	RMATIO	MAJENT.	EW.	TRO	1.8	_
D BPA	ix Initial			(	01 W. (	CLARKS	LAMONIG	R	٥		
₹ DOL	Amendme	nt#_ y (includin	ng		EGG HAVE	BOR	N. J	0	8	218	Ì
☑ DOH	justification   Cancellation			Name of Cont	TOM		Telephone Nur	mber			
	1			FACILITY II	FORMATION		609-9	(6)-	_/	17.0	_
Name of Facility Where			e (3)	•		Type of Facili	ity (4)				
Street Address	ESIDENI	<u>t</u>				School (K-	-12) er 8 (Other than K-	121			
Street Address	.76			1		Other (i.e., homes, et	private & commer	cial bu	ilding	js,	
City (5)	211/10	2=				Square Feet	# of Floors	TE	Bldg.	Age	
County (6)	on GPO	KI_		County Code	(7) (STATE	1200	_   _ 7			) +	
AT	LANTIC			USE ONLY)	(I) STATE		Prior if being demo	lished)			
Name of Monitoring Firm (8)		g Owner	A	SCM No.		nent Contractor (	(9)				
Street Address	V/A				Street Address	MCO -	Las C.				
Street Address					369	S. SpRI	UCE AUE				
City, State, Zip Code					City, State, Zip C	ode			_		
Project Manager for Mor	nitorina Firm		Telent	none No.	MAP (	E SHA	License No.	0	50	52	_
Project manager for Mon	nitoring rinn		Тепера		856-779	7-0472	Eldense No.	141	1		
Start Date (10)	Sch	eduled Co	Control of the second	n Date (11)	Name of OSHA N	Monitor					
0ccupancy Status Durin	Abatement (Ch	eck only o		8	Street Address	NIA					
Facility Closed/Vacate				ant .		:					_
Abatement Performed	Outside of Norm	al Facility	Hours		City, State, Zip Co	ode	45				
Other - Describe: Scope of Work (Check a	II that apply)										=
<u>≥</u> 3 sf or ≥3 lf	ii utat appry)	☐ Ren	ovation		☐ Mini-Enc	tainment with Ne losure g Procedure	egative Pressure				
∑≥160 sf or ≥260 lf		X Dell	IOI IOI I				on-Friable Procedu	re			
		Non	cation mally		8			1	Abate Tyr	ment pe	
Location o Asbestos-Containing M			solely by		Description of os Containing Mate	erial (ACM)	Amount	-	Γ	m	П
TO BE ABATI	100 TH		todial		thermal systems in surfacing, VAT, o	sulation,	(Specify SF or LF)	Rer	Re	Encapsulate	Enclosure
IN Facility (13)		17000	2)		other miscellaneou		0, 4, 1,	Remova	Repair	sula	osure
		Yes	No N	/A			-			te	
510 IW	·		1		RAWSITE		1250 SE	X			
											$\vdash$
				_						-	$\dashv$
lame of Registered Waste	e Hauler		NUDE	P Waste	Cubic Yards	Name of Regis	stered Landfill				$\dashv$
KLEMCO	INC.		Haule	984	of Waste	A	CUA				
City, State		16.1	1		Disposal Date	City, State	` (A . T \ 1 . 7   1	- ,	A F	_	
Completed By	HAVE	N.	١.		Signature	- PLEAN	Date -		1	-	=
		SUPE	RUI	SOR	Mie	wh	= 1 3-	24	-1	8	_

				22									L	Р	rint l
.Chyl	103	5	NOTI	FICATIO Pursuan	tate of N N OF AS to NJAC	BESTOS 8:60 ar	ABATE d-12:12	0)	Т		)[	G	E I	$\overline{\mathbb{V}}$	
Date of Notification (1) 03/23/2018				Name Mort	or Building	g Owner/ Ite Univ	Operator Oreity	r (2)		A STATE OF THE PARTY OF THE PAR	] M	AR	29	2018	8
□ EPA □	pe Notification	1			Address mal Ave	enue									
X DEP X DOL	Amended Amendmen Emergency	(#1			ate, Zip C clair, NJ					Lorenza	ASOF	LICE	ENSIN	VTRO VG	9L-8
DOH DCA	justification Cancellation	)	g		of Contact Ferdinal						lephone No 3-951-03				
Name of Facility Where Abate	amont in Tabl	- 51	(0)	FAC	ILITY INF	ORMAT	ION							4-3-9	
College Hall	ement is Takii	ng Place	(3)					Тур	e of Facility School (K-	8338					
Street Address 1 Normal Avenue								×	Subchapte	er 8 (Oth	er than K-	12) cial bu	ildings	, hom	ies,
City (5) Montclair								Squ	are Feet	# 0	f Floors		Bldg.	Age	
County (6) Essex		-		County (STATE	Code (7) USE ONL	r)		Curi	rent Use (Priversity	rior if be	ing demolis	shed)			
Name of Monitoring Firm Hire Detail Associates Inc	d by Building	Owner (8	)	ASCN 0012			Name VMC	of Ab	natement Co	ontractor	(9)				
Street Address 300 Grand Avenue			1				Street	Addre							1000-10
City, State, Zip Code Englewood, NJ 07631							City, S	tate,	Zip Code J 07011						•
Project Manager for Monitorin Steven Jaraczewski	g Firm			Telepho	ne No. 69-6708		Teleph 973-2	one N	Vo.		License N	No.			
Start Date (10) 02/19/2018		Schedu 04/16/			Date (11)		The state of the state of the		SHA Monitor		00704				
Occupancy Status During Aba	itement (Chec				-		Street	∧ dde							
Facility Closed/Vacated [ Abatement Performed Or Other – Describe: occup	During Entire I	Period of	Abatan	nent s					Zip Code			-			
Scope of Work (Check All Tha ≥3 sf or ≥3 If × ≥160 sf or ≥260 If	t Apply)		Renova Demolit		2		×	Mi GI	ıll Containm ni-Enclosur ovebag Pro on-Exempte	e cedure				re	
Location of			Locati Normal	ly		Des	cription	of						ement /pe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	rial (ACM)	Ma Cus	ed Sole iintenai todial S (12)	nce/ Staff?		tos Conta thermal surfac	aining Ma	ateria insul , or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Various Locatio	ns	Yes	No	N/A X		Blackb	oard m	asti	_	2.0	05 SF		-	Ö	
Exterior				×		Vindow						×			
Various Locatio	ns			X		insulat					vindows 50 LF	X			
Throughout build				X			e doors				5 EA	x	-		
lame of Registered Waste Ha	uler		11000	JDEP W		Cubic \	The second second		Name of		red Landfill	1			
ewark Carting Inc				auler ID I 5409	No.	of Was	te		338		Sanitary		ndfill		

Disposal Date

Signature(

Title

President

City, State

Newark, NJ

Completed by

Voytek Roszkowski

Date

03/23/2018

City, State

Pen Argyl, PA

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

01A 05.4A11 Ch# 4260

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

Date of Notification (1)	1	I Nom	o of Dulleton O							
3/24	18	NE	ne of Building Own			E.C.E.I.		为历	1	
Agencies Notified Type Notification	n	Stree	et Address		-Uni	10.0114	132	1	11	. 1/
D EPA Thitial Amended			116. MI	MIF	91111	MAR 29 20	18	HU	HK	_V
DOL Amendme			State, Zip Code	11=		00071		-		
DOH justification	(including	Nam	e of Contact	116	TY AS	BES Telephone IN	Renind	<del>-</del>	+	
DCA Cancellation		A	RKEN	Swi	14R	OPENSING	65	XC	119	7
Name of Facility Where Abatement is Tak	ng Place (3)	FA	CILITY INFORMA	ATION	Type of Facilit	v 74\				
				-	☐ School (I	5445.450 445145444				
Street Address					. D. Subchap	ter 8 (Other than K-	12)			
147 E MAIN ST			ν.		etc.)	. private & commer	cial bi	ulding:	s, hor	nes
SOMEDVILLE NO.	08	876		estacuplara	Square Feet	# of Eloors		Bldg.		
County (6)		The state of the s	ly Code (7)		0000 Current Use /5	Prior if being demoli	ched	<u>8</u>	<u>U</u>	
SOMERSEL		(STAT	E USE ONLY)		- COO (1	Chirock	1			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.	1 .	of Abatement C		4			
Street Address				The state of the s	UAIECH Address	1100	<del></del>			
				PO		14				
City, State, Zip Code	to the same of the same of	<del></del>		City, St	ate, Zip Code	<u> </u>				
Project Manager for Monitoring Firm				OID	1	0.000	18	85	7	-
Troject Manager for Morntoning Piliti		relepn	none No.	Telepho	ne No.	License I	8	Kr		
Start Date (10)	Scheduled		n Date (11)	Name o	f OSHA Monito		101	70		
10/10	<u> </u>	121	18	100	VATED	) INC		wompanoon.		20.7029
Occupancy Status During Abatement (Chec		1 1		Street A	/ 1	; ( <i>i</i>				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of Aba al Facility Ho	tement ours		P.O.	100X % te, Zip Code	17				-
□ Other – Describe:	-		***************************************	1010		0 .Civi 9	22	<7		
Scope of Work (Check All That Apply)	1.3	-	and the special region of the second		0	<u> </u>	11.ht	>>/-		-
A ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if		ovation olition		₽.		ent with Negative F	ressu	re		
	L Con	Ontori			Mini-Enclosus Glovebag Pro	cedure		- 100 O 2000		
	1 121	. 47	T		Non-Exempte	d (*) and Non-Friat	le Pro	Abate		
Location of	Is Loc Nom	nally	Do	scription of				Ту		
Asbestos-Containing Material (ACM) TO BE ABATED	Used So Mainter		Asbestos Con	taining Mat	erial (ACM)	Amount	_		m	1
in Facility	Custodia (1:			cing, VAT,	or	(Specify SF or LF)	Removal	Repair	caps	
(13)			other n	niscellanec	ous)		wal	air	Encapsulate	1
	Yes No	o N/A					-			
Nocesta St.		4	0.00 =	·	-1-	82 - 15	1	$\vdash$		_
BASEMENT		$\perp X$	9X9 F	( <del>00</del> 2	lile 1	25 S/F	X			_
MEN'S BATHROOM	<del>  </del>									-
Name of Registered Waste Hauler-		NJDEP W	/aste Cubic	Varris	Name of	Registered Landfill	<u></u>			_
NOVATEDY INC		Hauler JD:	No. of Was		100	0005				
City, State		135	2-1	al Date	Cify, State	(10.00.00	7	1		-
OID Bridg NID	0889	7	5/5	3/18	Hom	-10-1 6	1.	15		
Completed by	Title	1) c 1	- Is	gnature	LM7	Dat	e An	1/:	2	
"ARNOS HHELDA"	MES	DEN	\	yay.	J DAM	relic 12	1×	1/1	0	-

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

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Date of Notification (1)	4		N		Building Owner			1111/1-19	Ľ	<u>U</u> 1	7 [	3
3/26/	18			MS		x 19 e	DONNECT	1101-	-	-		- 11
Agencies Notified /	Type Notification		St	reet Ado	iress			IIII MAF	1 20	20	10	100
□ EPA	Initial ·							ILL MAI	1 6	20	10	#
□ DEP	☐ Amended		C		e, Zip Code	.17	250	- 170				
Z DOL	Amendment # ☐ Emergency (incl	udina	-	2	JUMMIT	. NJ	. 0799	ASQUE	CO 0	ONT	30L	Ŝ.
E DOH	justification)	udnig	N	ame of (				Telephone Num	er and	11/10		-
	☐ Cancellation			MS	s. HeD	ONNE	u				-	ALEM D
-				FACIL	ITY INFORM	IATION	m cr 3:- (	· ·			-	-
Name of Facility Where Abo					F1		Type of Facility (4	+)				
Ms	s. CAROL 1	YED	2NN	EU	ر,		☐ School (K-1:	2)				
Street Address	4		C				Subchapter 8	(Other than K-12) ivate & commercial	huildins	s. hon	nes, et	c.)
					4		Other (i.e. pi					_
City (5)	-1						Square Feet	# of Floors		dg. Ag		
SUMM	IT						2500	2		19.	2	
County (6)				ounty C			Current Use (Prior	if being demolished	)_			
1) Nic	oN		(3	TATE U	SE ONLY) _		(	ESIDENC	Ð.			
Name of Monitoring Firm H		er (8)		ASCM	No.	Name	of Abatement Contr	actor (9)		***************************************		
rame of momentag a sin a						D	+ D1	T 0				
Street Address				-		Street	t Removal Address	LIIC				
Street Address								ver Stree	t			
5: 2 5: 2 1							State, Zip Code	VEL DELEC				
City, State, Zip Code								NT 07601				1
							kensack,	NJ U/OUI				-
Project Manager for Monito	oring Firm		I	elephon	e No.	Telepi	none No.					
							-329-7444	.   0038	88			$\dashv$
Start Date (10)		cheduled	Comple	tion Da	te (11)	Name	of OSHA Monitor					
4/6/1	8		4	17/	18	Ome	ga Enviro	nmental				
Occupancy Status During A	batement (Check Only	One)		7		Street	Address	•				
☐ Facility Closed/Vacate	ed During Entire Period	d of Abate	ment			280	Huyler S	treet				
						City,	State, Zip Code					
Abatement Performed Other – Describe:	DI MA CO!	2:00	> ( /-			Sou	th Hacker	sack, NJ	076	06		
Scope of Work (Check All						1=0-						
N		D.	novatio			9	☐ Full Containme	ent with Negative Pre	ssure			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		**************************************	molitic	2000		333	Mini-Enclosur					
							Glovebag Proc	edure l (*) and Non-Friable	Drocad	ura		1
							□ Non-Exempted	(*) and Non-Friable	Tiocea		ment	$\neg$
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Location	of		ormally			Descriptio	n of		-			
Asbestos-Containing I			Solely ntenan				Material (ACM)	Amount (Specify	-		En	H
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In Facili	ity		(12)			ther miscella		,	ova	air	Encapsulate	Enclosure
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Name of Registered Waste	Hauler	1		DEP W		ubic Yards	Name of	Registered Landfill				
**************************************			Ha	auler ID	No. o	f Waste	1/2cys Mine		00000000000			
Best Removal	Inc			171	)9		, HITHE	rva Enter	pri	ses	,	LLC
City, State					D	Disposal Date			0.000			
Hackensack.	NJ 07601					49/18	Wayr			468	18_	
Completed by		Title				Signatu	-a /		ate /	7/	1.0	
J. Maiorano		Est	ima	tor		L V	Maisron		3/	-6/	(8	

Date of Notification (1)			NO)	ursuan	t lo NJAC	New Jersey ESTOS ABATE 8:60 and 12:12	20)	DEGE MAR 2		2018		The state of the s
3/24/18					ne of Build s. Carolyi	ing Owner/Operato n Hirsh	or (2)					l-manuer.
	otification	1			et Addres			ASBLETOS LICE	CON	TRC	L &	-
EPA Initia	al ended			City	, State, Zip	Code	Į ev	L. Charles	дели	Gi 	عسنائط	
I ☐ Eme	endment # ergency (i		ng	17.0	pe May,							
DOH just	ification)				me of Co			Telephone Nun	nber			
			-			FORMATION		_ !	-			_
Name of Facility Where Abatemer	nt is Takin	g Pla	ce (3)		NOILITY III	II ORMATION	Type of Fac					
Residence Street Address							School (	K-12) oter 8 (Other than K-1	2)			
Street Address							Other (i.	e., private 8 commerc		Idings	s,	
City (s)			- W - JIS				Square Fee			Bldg.		
Cape May, NJ County (6)				LCa		(7) (STATE	4000 SF	3		5 yr	S	
Cape May				US	E ONLY)	(1) (STATE	Residence	(Prior if being demoli	shed)			
Name of Monitoring Firm Hired by (8)	Building (	Owne		ASCN	No.	Name of Abaten AEi2, LLC	nent Contracto	r (9)		8		
Street Address	V					Street Address 361 E. Flemin	ng Pike					
City, State, Zip Code						City, State, Zin	o Code					20 -
Project Manager for Monitoring	Firm		Te	lephone	No.	Telephone No.	143 08037	License No.				
			_			609-481-212	2	00689				_
Start Date (10) 4/4/18	4/11/	18		etion D	ate (11)	Name of OSHA N AEi2, LLC	Monitor					
Occupancy Status During Abatem  Facility Closed/Vacated During				+		Street Address						
Abatement Performed Outside W	of Normal	Facili	ty Hou	ırs	<b>k</b> )	361 E. Flemi City, State, Zip C Hammonton,	ode				-	
Scope of Work (Check all that app								Negative December				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	5.53	R	enova emoliti	tion on		Mini-End	closure a Procedure	Negative Pressure  Non-Friable Procedu	ıre			
			Locati ormall				omprod / / dire	- Hour Habie Froced		Abate		
Location of Asbestos-Containing Material (AC	·M)	Used	d Sole	ly by	Ashaat	Description of			-	Тур	e	E
TO BE ABATED	, ivi)	C	ustodi Staff?	al	(i.e.,	tos Containing Mate	sulation,	Amount (Specify	R e	R	пов	n
IN Facility (13)		,	(12)			surfacing, VAT, other miscellaneo	or us)	SF or LF)	m o v	p a	P	0 s
		Vaa	No	NIA	1				a 1	r	1 a	u r e
All 4 Sides		Yes	No	N/A X	Transite	Siding	-	3500 SF	X		e e	
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Name of Registered Waste Hauler				JDEP \	Naste T	Cubic Yards	Name of Re	gistered Landfill				
AEi2, LLC			H	lauler II 1376		of Waste	TBD					
City, State Hammonton, NJ			- 12	1370		Disposal Date	City, State	1				_
Completed By	Title					TBD	TBD	Date				
Wm. Minnick		gran	ı Mgı	r.		Infin	19/11	3/24/18				

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2018 15:54 NJ Asbestos	Cont	ioi	יבטס,	33.00	564	page	1		1100	[i		P	F
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Date of Notification (1)	)	N	NOT		State e	ASBESTOS AB		N'	The same of the sa		[M	AR AR	2/4
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⊠ EPA ⊠ Initia	Vetificani Isi	ign	**	18	traat Addre		•	-		_	_	-	/
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Name of Facility Where Absterner					FACILITY	INFORMATION		6100	825-930	Q			-
New Jersey Executive State	It is Tak	King Pi	ace (3	)			Type of	soltly (4)		_			
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125 W. State Street									han (C12)	nia!	1 10 160	M	
City (5)		-					Square Square	1 -1 -1		- pi	- WING		8
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Marcar				Ç	ounty Cade	(7)(STATE USE ONLY)	Current	ie (Prior if heine	Madage		03		
ame of Monitoring Firm Hired by E	as Man	Chuch	de ID				State	Dura	s in Lighter	un q	7		
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treat Address						Shade Envir	onmente	LLC					
N/A Ry, State, Zip Code					2	623 Cutler A	Värtud				- Carriedonia	- Inches	Assert Head
N/A					-	City, State, Zip C	ods	4 ———		_	-		-
roject Manager for Monitoring Firm	0	-	17/	laphor	- M	Maple Shade	, NJ 080	1 !					
NA	333 201			N/A	ia 140'	Telephone No. 855-758-0099		Lisense		-	-		
5rt Date (10)	Scho	pelube	Comp	l nellel	Date (11)	Name of OSHA N		0084	2				
03 / 26 / 18	_	04	1 1	)6 /	18	EMSL Analyt							The same of the
Scupency Status During Abetemen Facility Glosad/Vacated During E	it (Chec	ok only	one)			Street Address				_	ann and an	_	-
						200 Route 13	North						
Also.		NAI	PA	4	_AM	City, State, Zip Co				-	_	-	-
tope of Work (Chack all that apply)		-				Cinnaminson	, NJ 080	-					
≥3 of or ≥3 if  ≥160 of or ≥260 y		Ø R	enova emolit	Non Ion		☐ Full Conti ☐ Mini-Endi ☐ Glovebag	einment wi	i Negativa Press	urte				
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Location of			n Loga Norma	Mile					The state of the s	Al	alam	inni 1	ľun-
Asbestos-Containing Material (AC TO BE ABATED	(MI)	I Me	สไทร์อกเล	aly by	Asber	Description of Itos Containing Mair	ocial Andrai	Amou	-	_	-	_	-
IN Facility (13)		Cris	todial (12)	Steff?	(1.8,	. Inemai systems b	sulation,	(Speci SF or L	fy.	Removal	Repair	Encapsulate	Sadoswo
7,44		Yes	-	N/A	1	ether miscellanes	na)	9707	-)			The second	8
barior			X		-	Caulking						th	L
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ne of Registered Waste Hauler rechold Cartage			O NH	JOEP	3 No.	Cubic Yards of Weste		agistered Lendill				<u> </u>	_
rechold Cartage State			O NH	DEP	No.	Wasie 1	GROV	North Landfi		-1		<u>.</u>	
rechold Cartage , State rechold, NJ			O NH	JOEP	No.	Weste 1 Disposal Date	GROV	North Landfi					
rechold Cartage State rechold, NJ spleted By (Print or Type)	Title		NH	JOEP   avier   16939	O No.	Waste 1 Disposal Date 04/06/2018	GROV	North Landfi	ti			_	
rechold Cartage , State rechold, NJ	Title		NH	JOEP   avier   16939	No.	Waste 1 Disposal Date 04/06/2018	GROV	North Landfi					

Mar 23 2018 15:54 NJ Asbestos Control 609.633,0664

STATE OF NEW JERSEY STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

1)	AV	3		NOTIFICA	TION OF A	SBESTOS AC 8:60-7	ABATEME		Lec	War !	30	77
Date of Notification (	(1) /18			The second secon	Name of	Building O MYERS S	wner / Ope	rator (2)		) [	(C)	
Agencies Notified	Type of N	otificat	ion			JIBB DRIVE	≣					
EPA		Initial				e, Zip Cod			100		MAH 2	9 2018
☐ DEP ☑ DOH	V	Amen	ded dment :	# 4	NEW BR	UNSWICK,	NJ 08903		T-1-1-	ine		
☑ DOL				// justification	PHIL DES	40 (4 ft / 2 ft ft ft ft ft ft ft ft			732-227-	ne Numi		
			llation	2070					I OZ ZZ	Pic		1. N. U. 4
					FACILITY I	NFORMAT	ION		1871)	, MAIN INC., LIGHT CONTROL	markly - 1-	1 organization
Name of Facility Who BRISTOL MYERS SO		nent is	Taking	Place (3)		Type of F	acility (4)					
							School (F	(-12)				
Street Address								ter 8 (Other t				
ONE SQUIBB DRIVE						V		., private & c	mmercial			
City (5)	County (6	3)		County Code	(7)	Square F		mes, etc.)		Buildir	20 A00	
NEW BRUNSWICK	MIDDLES			l county cour	(.,		,000	2		Buildit	ig Age	
						Current U	se (Prior if	being demo	lished)	†	40	
							ORY/RESE	EARCH	017454			
Name of Monitoring	Firm Hired	by Bld	g. Own	er (8)	ASCM NO	)\						
ENVIRONMENTAL HEA	LTH INVES	TIGATIO	NS INC		0104	NORTHS	TAR CONTI	RACTING GR	OUD INC			
Street Address					10101	Street Ad	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	VIOTINO OI	.001 , 1140	·		
655 WEST SHORE T												
City, State, Zip Code							ns Parkway					
SPARTA, NJ 07871				-		City, State	e, Zip Code	)				
Project Mngr. For Mo WILLIAM KERBEL	onitoring F	irm		Telephone Nu 973-729-5649	ımber	Foot Hono	N.I.070	26				
Sheduled Start Date	(10)	Sched	. Comp	letetion Date (*	11)	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	over, NJ 079 e Number	130	License	Number		
02 / 27	/18		04	30_/	18	, oropiion	o manibor		License	rvanibei		
/ /			/	/		_	84-8682				00860	
Occupancy Status D				Only 1) tire Period of			OSHA Moni		OUD INC			
Abatemen		teu Dui	ing Em	ille Period of		Street Ad		RACTING GR	OUP, INC	,		
	Til.	d Outs	ide of N	Iormal Facility		Street Au	uress					
Hours - De	escribe:					32 William	s Parkway					
☑ Other - De	scribe: _	7:00 A	M-3:30	PM			e, Zip Code					
Scope of Work (Chec	k All That	Apply)				East Hand	ver, NJ 079	136				
		_	_	200								
☐ Demolition ☐ ≥3sf or >3		Ŀ	7	Renovation				th Negative F	ressure			
✓ ≥160 sf or						Mini - End	Procedure					
								id Non-Friabl	e Proced	ure		
										20025-000		
Location of		100	S		Descript				Abateme	nt Type	1-	150
Asbestos Conta	ining		ation mally	As	bestos - C Material			Amount	R E	l .	E	E
TO BE ABATE	ED	500000000	sed	1 0.	e., therma			(Specify	M	R	N C	N C
in Facility		1000	lely			facing, VAT	Γ,	SF or LF)	0	P	A	L
(13)			/lain-	or	other misc	ellaneous)			V	A	P	0
			ince/	1					Α	1	S	S
		25/22 /23	todial f (12)						L	R	U	U R
			IO N/A					-		-	╬	K
B 91, ROOF				CAULK	~			40 LF	7			
B 91, ROOF				FLASHING				900 SF	7			
B 91		Contract Con		FIRE DOORS				10 EA	V			
Name of Registered V	Nacto Harr			NJDEP Waste	Cubia	IN arra	Sameta -	227711				
NORTHSTAR CONTR	ACTING G	ROUP I	NC		Yards		Registered ANAGEME	Landfill NT - FAIRLES	SS HILL	ANDFILI	L	
	vocationali i		63351		of Waste						- N	
City, State					Disposal	City. State						
EAST HANOVER, NJ					Date	MORRISV	ILLE, PA					
Completed by (Print of	or Type)			Title			Signature				Date	
Steve Stiles	o on margital and 20 M.			Drain at M			1101	on Va	177			100/10
Oteve Othes	The same of the sa			Project Manage	er		rece	repl			03	3/28/18

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ASB-41

#### STATE OF NEW JERSEY

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

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Date of Notification 01 / 23						Building O						-14	
/ -23	- /18				Street Ad	MYERS SO	JUIBB, INC	-					
Agencies Notified	Type of N	Votificat	ion			JIBB DRIVE							
☑ EPA		Initial				e, Zip Code				and the second s	ers et i		
☐ DEF	_	Amen				JNSWICK,			1	FR		1	
☑ DOH				#1	Name of					ne Numb	oer -		
☑ DOI	·    -		gency w ellation	// justification	PHIL DES	SPIRITO			732-227	-5000			
		Cance	ilation		EACILITY II	NFORMATI	ON		111 111	MA	170	2018	111
					AOILITT	MI OKWATI	ON			1517-7	1 2 171	2.010	Espited
Name of Facility \	Vhere Abater	ment is	Taking	Place (3)		Type of Fa	acility (4)						
BRISTOL MYERS	SQUIBB									1		11.5	; Ö.
Street Address							School (K	•	V 431	1	. C %	1	114 241
ONE SQUIBB DRI	VE							er 8 (Other tl , private & c					
				_				mes, etc.)					
City (5)	County (6			County Code	(7)	Square Fe		# Of Floors		Buildin	g Age		
NEW BRUNSWIC	MIDDLES	SEX					,000	2		1			
								being demo	lished)	1	40	1	
Name of Monitori	ng Firm Hire	d by Bld	a Own	er (8)	ASCM NO		ORY/RESE	ARCH					_
	.9	a 5, 5.a	g. Own	c: (o)	AGOIN NO	1							
ENVIRONMENTAL H	EALTH INVES	TIGATIO	NS, INC.		0104	NORTHST	AR CONTE	RACTING GR	OUP, INC	). ·			
Street Address						Street Add	dress						
655 WEST SHORI						1	5 2500						
City, State, Zip Co SPARTA, NJ 0787						32 William							
Project Mngr. For		irm		Telephone Nu	mbor	City, State	, Zip Code						
WILLIAM KERBEL				973-729-5649	iiiibei	East Hano	ver, NJ 079	36					
Sheduled Start Da		Sched	. Comp	letetion Date (1	11)	Telephone		-	License	Number			
2 / 06	_ /18	3 <b>8</b> 3	04	/	18_								- 1
Occurrency Status	During Abou		/	/			34-8682			(	00860		
Occupancy Status	Closed/Vaca	tement (	ing Ent	only 1) tire Period of			SHA Moni	tor RACTING GR	OUD INC				- 1
Abaten		atou Dui	mg Lin	ine renod or		Street Add		VACTING GR	OUP, INC	·			
Abaten	ent Performe	ed Outs	ide of N	lormal Facility									
The second secon	Describe: _					32 William							
☑ Other -	Describe: _	7:00 A	M-3:30	<u>PM</u>			, Zip Code						
Scope of Work (C	heck All That	Apply)	-	- Sarana - A		Last Hano	ver, NJ 079	30					-
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Demoli		E	7	Renovation	$\checkmark$	Full Conta	inment wit	th Negative F	ressure				
<ul><li>≥3sf or</li><li>≥160 sf</li></ul>						Mini - Enc							1
≥ 100 SI	or ≥260 If				V		Procedure	d Non-Friabl	lo Procod	luro			
						IVOII-EXCII	ipted ( ) an	u Non-i Habi	ie i ioced	uie			
Location		1000	s		Descript				Abateme	nt Type			
Asbestos Co	ntaining	11000000000	ation	As	sbestos - C				R	_	E	E	
TO BE AB	ATED		mally sed		Material e., therma			Amount	E M	R	N C	N	
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(13)			/lain-			ellaneous)	•	J. S. E.,	v	A	P	o	
			ance/						Α	1	s	s	- 1
		90000000	todial f (12)						L	R	U	U	
			IQ N/A							-	<u> </u>	R	
B 97, 2ND FLOOR				VAT/MASTIC				150 SF	7			+	
B 97, 2ND FLOOR		The second second		SEAM CAULK				35 LF	7	1 7	1 1	+	H
B 97, 2ND FLOOR				VAT/MASTIC				100 SF	7				
B 97, 2ND FLOOR	-1 100			MASTIC				4,000 SF	7				
Name of Registers NORTHSTAR CON	ed Waste Hau	ller	INC	NJDEP Waste	TOURSE SERVICE (		legistered		20.1	ANDE			
NON THIS TAR CON	TRACTING C	SKUUP	INC		Yards of Waste	WASTE M	ANAGEME	NT - FAIRLES	SS HILL L	ANDFILL			
City, State					Disposal	City. State	5						
EAST HANOVER,	NJ				Date	MORRISV							
Completed by (Pri	nt or Type)			Title			Signature	14	7		Date		
Steve Stiles				Project Manage	er		MO	ONX	111	-	+ 0	13/28/1	10

Location of Asbestos Containing  TO BE ABATED in Facility (13)		b te Ci	Is ocationm Use Sole y Ma enar usto	tio nall ed ely ain nce odi:	n- e/ ial <u>2</u> )	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I	E N C A P S U L	ENC LOSUR
		YE	SNO	Q N	N/A						
B 97, ROOM 1112			1			PIPE INSULATION	1 LF	1			
B 97, ROOM 123			1	T		PIPE DEBRIS	3 SF				
B 97, ROOM 123			1	I		PIPE AND FITTING INSULATION	45 LF	1			
B97	T		1	T		FIRE DOORS	45 EACH	V	T T	T	T T
B97	T		1			ROOF FLASHING	3,000 SF	7			
B97 FAÇADE	T		4			VAPOR BARRIER PAPER	17,000 SF	7			
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Ok# 333 X

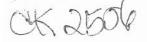
Date of Notification (1)  3 / 27	/ _1	8		N	ame of Build PSEG	ing Owner/Operator	(2)	小屋 6 日		14	1
Agencies Notified Type No □ EPA □ Initia	otification	1		100	reet Address	\$					
☑ DOLWD ☐ Ame	53b			100	80 Park Pl		7.00A	III MAR 2	0 (	2018	1
☑ DHSS Ame	ndment #				ty, State, Zip		1 14	11	/ /	-010	- 1
DCA Emer	rgency (i	includ	ing	-	Newark, N			L	25.364		
(NJAC 5:23-8) justif	ication)				me of Conta		i	Telephone Nu			
Cand	eliation					as Savage	120	913-664-75	571	1 A 2 1 S	*** * #*
Name of Facility Where Abatement	t is Takin	na Pla	CO (3)	\	FACILITY	NFORMATION					
PSEG Nuclear	rio raitiir	ig i ia	CC (5)	,			Type of Facility				
Street Address							School (K-1	2) 8 (Other than K-1	.0)		
End of Alloway Creek Neck	Rd						Other (i.e.,	private and comm	(2) ercial	buildir	nas
City (5)	Ttu.	Seme					homes, etc	.)			,90,
Hancocks Bridge							Square Feet	# of Floors		Bldg.	Age
County (6)											
Salem					ounty Code	(7)(STATE USE ONLY)		rior if being demol			
Name of Monitoring Firm Hired by E	Building (	0	- (0)	1000			Exterior wo	ork on interior of	of co	oling	tow
NA	building (	Jwne	r (8)	ASC	CM No.	Name of Abatem			020 1122		
Street Address						BRISTOL EN	VIRONMENTA	L, INC.			
						Street Address					2 200
City, State, Zip Code						1123 BEAVE					
only, State, Zip Code						City, State, Zip Co	ode				
Project Manager for Marity is						BRISTOL, PA	19007				
roject Manager for Monitoring Firm			Te	elepho	ne No.	Telephone No.		License No.	Tie		
tort Data (40)						215-788-6040	ř.	00509			
Start Date (10)4 /16 /18					Date (11) 18	Name of OSHA M					
Occupancy Status During Abatemen							VIRONMENTA	L, INC.			
Facility Closed/Vacated During E	ntire Per	riod of	f Abot	tomont		Street Address					
□ Abatement Performed Outside of	Normal	Facili	ty Ho	ure - D	escribo	1123 BEAVER					
Time of Abatement: 7:00AM-5:3	0PM/	F	2M	A	M	City, State, Zip Co			777		-7//.5
cope of Work (Check all that apply)						BRISTOL, PA	19007			Inc. of the second	
						□ Full Cont	ainment with Neg	otive De-			
] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf			enova				osure	jative Pressure			
3 _ 100 31 01 <u>2</u> 200 11			emolit	tion		Glovebag	Procedure				
		15	s Loca	ation	T	⊠ Non-Exer	npted (*) and No	n-Friable Procedu	re		
Location of			Norm	ally		Dosorintian of	.		At	patem	ent T
Asbestos-Containing Material (AC	CM)			lely by ance/	Asbe	Description of stos Containing Mat	erial (ACM)	Amount	R	R	ш
TO BE ABATED IN Facility		Cus	todia	ance/   Staff?	/ / /	., thermal systems in	nsulation.	(Specify	Remova	Repair	cap
(13)			(12			surfacing, VAT, other miscellaneo	or or	SF or LF)	Val	'	Encapsulate
		Yes	No	N/A	\	and modulation	103)				ate
ope Creek Cooling tower					Transite	panels		1000 SF		П	П
enreal Area beneath tower					Transite	debris clean up		1500 SF			
									10		
				LIDER	Waste	Cubic Yards of	Name of Regist	ered Landfill			Ш
							1	andilli			
C&H Disposal Service Inc.				Hauler	ID No.	Waste 15	Salem Co II	nprove. Auth. 9	Solid	Was	te D
C&H Disposal Service Inc. y, State					ID No.	Waste 15 Disposal Date	Salem Co In City, State	nprove. Auth. S	Solid	Was	te D
C&H Disposal Service Inc. ty, State Elmer, NJ				Hauler	ID No.	15			Solid	Was	te D
ame of Registered Waste Hauler C&H Disposal Service Inc. ty, State Elmer, NJ empleted By (Print or Type) Gino Pizzigoni	Title	0		Hauler	ID No.	15 Disposal Date	City, State			Was	te D

OK.2504

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

Date of Notification (1)					Name o	f Building (	Owne	r/Operator (2	2)		117) E (	un E		V.	10
03/	27 /	18	-		Town	nship of 1	Toms	River- De	epa	rtment of En	ginering				- Constitution
Agencies Notified	Type Notification	on			Street A	ddress					A STATE OF THE STA	MAR 2	<i>c</i>	2018	
⊠ EPA	⊠ Initial				33 W	ashingto	n St	reet				nrii 2		W12	-
⊠ DOLWD	Amended Amendmen	t #			City, St	ate, Zip Co	de						en 51		
☑ DOH □ DCA	☐ Emergency		dina		Tom	s River, N	1J 08	3753			ASO			. :	
(NJAC 5:23-8)	justification		.ug		Name o	f Contact	ustin'r i				Telephone Nun	According to 12 high time.	,	1.4 - 20	. = -
	☐ Cancellation	n			Robe	ert Chank	alia	n			732-341-10	00			
					FAC	ILITY INF	ORN	NOITAI						100/55	
Name of Facility Where A	Abatement is Tal	king P	lace (3	)					100	pe of Facility (4					
Commercial										School (K-12)	(Other than K-1	2)			
Street Address									k	Other (i.e., pri	vate and comme	ercial bu	ilding	s,	
252 Washington St	reet, #1									homes, etc.)					
City (5)									S	quare Feet	# of Floors	Blo	dg. Aq	ge	
Toms River															_
County (6)					Count	y Code (7)(	STATE	E USE ONLY)	C	urrent Use (Pric	or if being demol	ished)			
Ocean														TE - FE	
Name of Monitoring Firm	Hired by Buildir	ng Ow	mer (8)	1	ASCM N	lo.				Contractor (9)					
Bio Terra Solutions	S						AL	L PRO MA	\N/	AGEMENT LL	.C				_
Street Address								et Address	20						
P.O. Box 1224								Outwater							
City, State, Zip Code								State, Zip C							
Union, NJ								rfield, NJ	07	026					$\perp$
Project Manager for Mon	itoring Firm			Tele	ohone N	10.		ohone No.			License No.				
Rick Estaquio				100	3-494-	525		3-928-4888			1188				_
Start Date (10) 04 / 05 /	The second secon			11.40 E. S.	ion Dat			e of OSHA N		nitor AGEMENT LI	С				
Occupancy Status Durin							100.000	et Address		TOLINEIT I					-
☐ Facility Closed/Vacat					nent	1		Outwater	l a	ne					
☐ Abatement Performer						cribe		State, Zip C					_		-
Time of Abatement:								arfield, NJ							
Scope of Work (Check a	ill that apply)									nment with Neg	entino Proseuro				
☐ >3 sf or >3 lf		Г	□ Ren	ovati	on			☐ Mini-En			alive Flessure				
≥160 sf or ≥260 lf			⊠ Den					Gloveba			- Frield- Deser	d			
			1- 1				7115	⊠ Non-Exe	em	pted (*) and No	n-Friable Proce			A To	_
Location	o of	-		ocat orma				Description	of					nent Ty	
Asbestos-Containing			Used	Sole	ely by			Containing M	late		Amount	Remova	Repair	inc	Enclosure
TO BE AB					nce/ Staff?	(i.e.		mal systems urfacing, VA			(Specify SF or LF)	3VOL	air.	apsi	nso
IN Faci (13)		-		(12)	_	1		er miscellan			0. 0. 1.	=		Encapsulate	G
		-	Yes	No	N/A								+	-	
Throughout						RACM							-		
Name of Registered Wa	aste Hauler				JDEP		1250000	ic Yards of		Name of Regis					
Weigle Trucking,	LLC			1	lauler I		Was	ste s Needed		Minerva E	nterprises				
City, State					1 A-3			osal Date		City, State					
Linden, PA							Т	BD		Waynesbu	ırg, OH				
Completed By (Print or	Type)	Title	¥					Signature				Date			
Allen Monchik	. )   - )	18852.00	roject	Mar	ager					Monchik	<b>'</b>	3/27	118		
Alleli molicilik			المراد					Necen	2	moncruk		3/2/	10		

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



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

D-4				1.	lama	f Duilding (	Jumo	r/Operator (2	2)		1 100	44-14				$\neg$
Date of Notification (1)  03 /	27 /	18								rtment of Eng	41 \ 1				001	
1									-			MA	R 2	0	201	4
Agencies Notified  EPA	Type Notification  ☑ Initial	on		1		ddress	- 04									
⊠ DOLWD	☐ Amended					ashingto		reet						1.2	- a1	-
⊠ DOH	Amendment	t #		10	7.00	ate, Zip Co					I A.S.					1
DDCA	☐ Emergency		iding			s River, N	4J 08	3753						, je	\$ 1	
(NJAC 5:23-8)	justification	)		1	Name o	of Contact					Telephone Nur					
	☐ Cancellation	n			Robe	ert Chank	alia	n			732-341-10	00				
					FAC	ILITY INF	ORN	IATION								
Name of Facility Where	Abatement is Tal	king P	lace (	(3)					Ту	pe of Facility (4	•)					
Commercial										School (K-12) Subchapter 8 (	Other than 1/ 1	2)				
Street Address										Other (i.e., priv	ate and comm	ercia	build	dings		
1536 N. Bay Avenu	ie								-	homes, etc.)						
City (5)									So	quare Feet	# of Floors		Bldg	. Age	9	
Toms River																
County (6)					Count	y Code (7)(	STATE	USE ONLY)	Cı	urrent Use (Prio	r if being demo	lishe	d)			
Ocean																
Name of Monitoring Firm	n Hîred by Buildir	ng Ow	mer (8	3) A	SCM N	lo.	Name	e of Abateme	ent	Contractor (9)						
Bio Terra Solution	s						AL	L PRO MA	NA	GEMENT LL	C					
Street Address							Stree	t Address								
P.O. Box 1224							27	Outwater	Lai	ne						
City, State, Zip Code			-				City,	State, Zip Co	ode	il						
Union, NJ							Ga	rfield, NJ	07	026						
Project Manager for Mor	nitoring Firm		-	Teler	hone N	lo.	Teler	phone No.			License No.					
Rick Estaquio	into inig i iiii			100000	3-494-			3-928-4888	3		1188					
Start Date (10)	Sc	hedul	ed Cr	1000	on Dat	V200 (444-20)	1000	e of OSHA M		itor	1		_			
04 / 05 /					_ / _					AGEMENT LL	.c					
Occupancy Status Durin	ng Abatement (Cl	heck o	only o	ne)			Stree	et Address							100	$\neg$
☐ Facility Closed/Vaca					nent		27	Outwater	La	ne						
☐ Abatement Performe						cribe	City.	State, Zip C	ode	•		100				
Time of Abatement:	AM	_PM/		_PM	/	AM MA		arfield, NJ								
Scope of Work (Check a	all that apply)								-							
	an truc uppry)									nment with Nega	ative Pressure					
☐ ≥3 sf or ≥3 lf				novatio				☐ Mini-End								
≥160 sf or ≥260 lf		L	XI Del	molitio	n					oted (*) and Non	n-Friable Proce	dure				
		T	Is	Locati	on			Contract that I character and	•				Aba	teme	ent Ty	pe
Locatio	n of	-		lormal	-			Description of	of	1		t		_		
Asbestos-Containing				d Sole intenai				containing Ma			Amount		em	Repair	nce	ncl
TO BE AE				odial S		(i.e.		mal systems urfacing, VAT			(Specify SF or LF)	- 1	Remova	₩.	psu	Enclosure
(13)		-		(12)				er miscellane			J. J. J. J.	1	-		Encapsulate	e.
0.000	S		Yes	No	N/A											1
Throughout						RACM										
	Ø/ ***															
		-		П										П	П	
Name of Registered Wa	aste Hauler				JDEP 1	Vaste Vaste	Cub	ic Yards of	Т	Name of Regis	tered Landfill		_	_		_
Weigle Trucking,				Н	auler II		Was	te s Needed		Minerva Er	nterprises					
City, State					F M-00	,,		osal Date		City, State						
Linden, PA							TI	BD		Waynesbu	rg, OH					
Completed By (Print or	Type)	Title						Signature		383 S-487 (O		Date	9			
Allen Monchik		Pr	oject	t Man	ager			Allen	zi	Monchik	2	3/2	7/1	8		



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

Mr# 3339

Date of Notification (1)			-		Name	of Buildin	g Owner/Operator (	2)			15-1		
3 /	27 /	18				rizon	g Owner/Operator (	2)	III) E G				F.4
Agencies Notified	Type Notific	ation			Stroo	t Address			1131			1	
□ EPA □ DOLWD	☐ Initial ☐ Amended				15	East Mor	ntgomery Place,	Lower Level	III MAR	21	20	112	And the second
☑ DOEWD	Amendm				City,	State, Zip (	Code				- to 0	10	1
□ DCA	☐ Emergen		ludina		Pit	tsburgh,	PA 15212		Lone.				4
(NJAC 5:23-8)	justificati				Name	of Contac	t		Telephone Numb	er	12.	V	8
	☐ Cancella	tion			An	thony Po	rta		412-633-402	1			
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is	Γaking	Place	(3)				Type of Facility	(4)				
Verizon Robertsvill	e C.O.							School (K-12	2)				
Street Address					W-11-24			Subchapter 8	(Other than K-12)	sial bu	ildina		
408 Tennent Rd								homes, etc.)		Jai Di	manig	5,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Morganville													
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Monmouth													
Name of Monitoring Firm	And the state of t		wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmenta	l Manageme	ent					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
8436 Enterprise Ave	е						1123 BEAVE	R STREET					
City, State, Zip Code						1/2 (0.00)	City, State, Zip Co	ode	1000 (1000)	-	-		_
Philadelphia, PA 19	153						BRISTOL, PA						
Project Manager for Moni	toring Firm			Tele	phone	No	Telephone No.		License No.	-	1000		
Mark Jenkins				1	15-365		215-788-6040	)	00509				
Start Date (10)	18	Schedu	ıled C	(9)(3)		ite (11)	Name of OSHA M		00000			45.7	
_4_/_9_/						18		VIRONMENTA	INC				
Occupancy Status During		-V5000767		WEST TO			Street Address			_	- V		
☐ Facility Closed/Vacate	-				mont		ASSESSMENT OF THE PART OF THE	DOTDEET					
☐ Abatement Performed						crihe	1123 BEAVE					W-5	
Time of Abatement:	AM	PM	/5:00	PM-1	30AM	JOHDO	City, State, Zip Co						
Scope of Work (Check all	that annly						BRISTOL, PA	19007					
Scope of Work (Check all	that apply)						⊠ Full Con	tainment with Neg	native Pressure				
≥3 sf or ≥3 lf			⊠ Rei				☐ Mini-End	losure	Janve i ressure				
☐ ≥160 sf or ≥260 lf			☐ Dei	molitic	n			g Procedure	- Edekle Bereden	2			
			le	Locat	ion	T	☐ Non-Exe	mpted (*) and No	n-Friable Procedure	1			
Location	of			lorma	Control of the Contro		Description of	of .		Ab	atem	ent T	ype
Asbestos-Containing N	Material (ACM	1)		d Sole		Asbe	stos Containing Ma		Amount	Re	Repair	Enc	Enc
TO BE ABA				ntena	nce/ Staff?	(i.e	., thermal systems		(Specify	Removal	oair	caps	Enclosure
IN Facilit (13)	у			(12)	J		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(1.57)			Yes	No	N/A		other misochane	ous)				te	
1 <sup>St</sup> Floor -Outside Eng	gine Room					Floor ti	le and mastic		150 SF				
000000000000000000000000000000000000000									Company of the compan				
Name of Registered Wast	e Hauler			N	JDEP \	Waste	Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	RT GROUP	, INC		Н	auler II 20990		Waste	MINERVA	LANDFILL				
City, State							Disposal Date	City, State			- 10/45		
NEW CASTLE, DE 1	9720							WAYNESB	URG, OH 44688				
Completed By (Print or Ty	pe)	Title	S-711-2-71-2	111.00			Signature	W. Mar	Dat	e			
Brian Scafiro		Es	timat	or			Brian	Scolino,	1 GNL 3		27	-/1	8



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

Check#8062

Date of Notification (1)		-	Name of	f Building	Owner/C	perator	(2)		× 1	= n	3 6	Z ()	11.1
03-23-2018		Name of the last	R	esid	ien <sup>2</sup>	tial	Dwell	ina II			n Đ	=	
Agencies Notified Type Notification	1		Street A		' ^ ~	01		31	3				
EPA Initial		L						Straine of	2000	14	ID.	2 0	201
DEP Amended			City, Sta	ite, Zip Co	ode ,		A 1.1.6	1	14	-	<del>\Fi</del>	4 1)	201
Amendmer Emergency		-		H	add	inou	ield I	19 D	80:	33	1		
DOH justification	)		Approximate the same of the sa	F Contact	1	1 11		Telepho	ne Num	ber :			7.
L DCA Cancellatio	n 		D	onni	eU	jalt	ier	per julian					
Name of Facility Where Abatement is Tald	no Place C	31	FACI	LITY INFO	ORMATI	ON	Type of Facility (	(A)					
Residential T	1000 l	, in	_			dorde	summer .						and and and
Street Address	MULI	1111	4				School (K-1	2) S (Other tha	- IC 450				ĺ
						evaterperio.		a (Calei ale Nivate & con			ings,	home	5,
City (5)							etc.) Square Feet	#of Floo		I m	d- 0		
Haddonfie	101					the Company	1485	7	es .		<b>dg. A</b>		PYSKER
County (6)		1	County (	Code (7)			Current Use (Pri	or if heinn de	mnlisho		60 C	(ب	
Lamden		l	(STATE (	USE ONLY)	)		Resid		es escussos so	-cy			TOATHATES.
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASCM	I No.	1	Name	of Abatement Cor	tiractor (9)					
Quality Environmental Concepts			None	9	100	Quali	ity Environmer	rtal Conce	pts				Puloteente
Street Address 1053 North Tuckahoe Road	Ġ.						Address			-			
						1053	North Tuckah	oe Road					apagemen
City, State, Zip Code Williamstown, New Jersey 08094							late, Zip Code				n e-seven		
			Telephor	-			mstown, New	Jersey 08	1094				-
Edward Knorr	ect Manager for Monitoring Firm Sward Knorr						one No.		inse No.				
Start Date (10)	dward Knorr						529-1166	1010	)86				
04-03-2018	Guiedui		ipietion t	Date (11)	a 1		of OSHA Monitor ty Environmen	rial Canaa	-4-				
Occupancy Status During Abatement (Che	ck Only Or	ne)	ا می	CUIC	2	-	Address	ILAI GUILLE					- Indiana
Facility Closed/Vacated During Entire			sanê				North Tuckah	oe Road					Ì
L Abstement Performed Outside of Nor	mal Facility	Hours	ECS 16		and an		late, Zip Code						
Other - Describe:							mstown, New	Jersev OF	1094				-
Scope of Work (Check All That Apply)													-
23 sf or ≥3 lf		Renova	tion				Full Containme	ont with bloc	oliva Da	2001	~		
☐ ≥160 sf or ≥260 lf		Demolit	ion	12		. [	Mini-Enclosure	3	anse i ii	=oouti	5		- Special Control
							Glövebag Prod Non-Exempted	cedure d (*) and No	n_Friable	Pm	orker.		and deposits
	ls.	Locati	ion					- ( / ( ) ( ) ( )	4 4 1400000	-	THE PERSON NAMED IN	ment	$\neg$
Location of		Normal	ly		Ne	scription	of				Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole eintena		Asbes	tos Cont	aining M	laterial (ACM)	Amou	nt I	.		m	
In Facility		todial S		(i.e.	thermai	systems cing, VA	s insulation,	(Speci		Rer	R	nca	End
(13)		(12)			other n	niscellan	eous)	OF U.E.	.,	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	No.			4		1	-		e.	Ø .
Basement		·	V	Die	1100	nel	estos	459	·	V			
	$\dashv$							700	25.				
							· fo go						
				met	icy c	tolet	WORK	it.					
Name of Decision 1111		The same of the sa					Separate Sep			Dationer			
Name of Registered Waste Hauler			LIDEP W lauler ID		Cubic of Was		Name of	Registered I	.andfili	C	1:1	ula	ste
Quality Environmental Concepts			9710	reg.	40y	3cy	bare	m Cou omple	nry	JU	110	, wu	2.7
		9 20			200	turns, and the same							- 1
City, State					9	sal Date			.2%		-		-
Williamstown, New Jersey					Dispos	Sal Date	City, State	8		,Te	Y-C	eu	
	Title	Presi			Dispos		City, State			Vietness between	<u> </u>	еч	

State of NJ

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

pj		,il.,	广队、队、员	,	*** E M E R	GΕ	N C Y ***		Check	# 8886				
Date of Notification	(1)	11	Name of	Building Own	ner/Operator (2	)		11	NEG		17	Į.		
10 13 1/12 16	1/1181			n & David F		,		To Market In			W		1 -	
Agencies Notified	Type Notificat	ion	Street Ac					111	III MAD	0 -		111	111	
EPA DEP	X Initial		Cit. Ct.	7. 0.1					ia) Man 	2 9 20	18	***************************************		
X DOL	Amend	ment		te, Zip Code ewood, NJ	07040			ļ	ACCE		(26. 6		A STATE OF S	
<b>▼</b> DOH	Canaali	- 11	Name of	Contact					Telephon	e Numbe	Pv. 2.2.		-	
☐ DCA	☐ Cancell	ation	Eilee	en & David	Feder				TO .					
				FAC	CILITY INFORM	1ATIO	N							
Name of facility wh	ere abatement i	s taking	place (3)			W. 500		П	Type of Facility (	4)				
Eileen & David	d Feder									l (K - 12) apter 8 (C	)ther t	han K	12)	
Street Address			11					11	Other (	Private/C Homes, e	omme		-12)	
										# of Floor		Bl	dg. A	ge
City (5)		Co	unty (6)				unty Code (7)							
Maplewood, i	NJ 07040	E	ssex			(St	ate use only)		Current Use (Pr	ior if bein	g den	olishe	ed)	
Name of Monitoring	ne of Monitoring Firm Hired by Bldg. Owner (8)						Name of Abateme	nt C	Residential					
					n/a		B & G Restor							
Street Address						_	Street Address							
A							105 Ryerson		oad					
City, State, Zip Code	8						City, State, Zip Coo Lincoln Park		IJ 07035					
Project Manager for	Monitoring Firm			Phone Numb	per		Telephone Numbe	r		License	Numt	er	_	
							(973)696-68	369		00	378			
Scheduled Start Dat	te (10)	Sch	ed. Comp	letion Date (1	1)		Name of OSHA M B & G Restor							
03/27/2018		03	/31/201	8			Street Address	alic	on, mc.					
Occupancy Status D			770			-	105 Ryerson	Ro	ad					
Facility closed Abatement pe	l/vacated during rformed outside	entire pe	riod of ab	atement. nours-			City, State, Zip Coo	-						
Describe: Other-Describ	ne:					-	LincolnPark,	NJ	07035					
Scope of Work (che	eck all that apply	()						-						3.4
Demolition	X	Renova	ion			X	Full Containment w/r	nega	ative pressure	Glove	oag pr	ocedu	ire	
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	X	≥160 sf c	r <u>≥</u> 260 If				Mini-enclosure			Non-fr	iable	огосе	dure	
Location of			on norma	illy used solel	У			132.00			R	R	Е	E
asbestos-cont material to be		staff(12		Lustouiai			asbestos-containing		Amount (Specify S	For	e m	e	n	n
abated in facil	lity (13)	Yes	No	N/A	material	ACIVI	)		LF)	F 01	O V	a	а	L
living room				×	plaster				90 of		e	r	р	+
un room X plas									86 sf 108 sf		X		H	ዙ
front bedroom				X	plaster				205 sf		X	H	H	븀
											Ħ		Ħ	一
Registered Waste Ha	auler													
B & G Restorati	ion, Inc.	NJI	DEP Haul 19563		Subic Yards of V 5	Vaste	Traine of Megister		andfill Resource & Re	coverv	Cent	er	-	
City, State Lincoln Park, N				Disposal D	Date 02/2018		City, State Tullytown			,	2011	-		
Completed by (Print Gordana Luna	or Type)	Title			Signature			_		Date		_	3	
Cordana Luna		Secret	ary/Trea	asurer			Gordana Luna			03/26	5/201	8		

page 1

2018-81	PA	ID (	buranar	ation of Asi	3:50-7	s Abatemer t	<b>7</b>	Cheek	media. A. II.	<u> </u>		1
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10 13 1/12 16 1/11 18 1	11"	Elleen &		20.00	1		: ;		MAF	1. 219	2h18	Milohot
Agencies Notified   Type Notifica	flac -			eder		-	<u> </u>	[17 [7]]	449 11		2010	į
EPA		reet Addres	3G	ALIA-LAN					اسسير	7		
DEP Initial	1						i		-1-1	1-00	1	. ČŁ
☑ DOL Amena	imeni   C	ty, State, Z Maplewo		07040	1000 mily (200 f.)			11/1/	11.	***		Della seco
HOO IN				U/UAU	ent on the last				*****		_	
_ Canca		ine of Con					34,55	Telephone	Number			
DCA DENCE		Elleen &	David	Feder				1.				
			FAC	ility inform	IATION	u .				-		=
Name of facility where abatement	is taking pis	ĈB (3)					T	ype of Facility (4			-	
Ellean & David Feder								School	(K - 12)			
Street Address							=			ther then l	C-12)	
								Other (i	Private/Co Homes, at	mmercial o		
Obvida							_	quare Feet   1			dg. Age	
City (5)	Coun	ty (5)				inty Code (7)						Chart.
Maplewood, NJ 07040	Ess	ex		•	(-2005	ns use anly)		Current Use (Pr	ior if being	cemalish	ed)	
Name of Monitoring Firm Hired by	Bidg. Owne	(8)		ASCM No.	-	Name of Abau	mant Cor	Residential			•	almanines.
· · · · · · · · · · · · · · · · · · ·				n/a		B&G Res						
Street Address		- Control of the last			-	Street Address	O SHOT	, IIIG.			VINCEN DOME	
						105 Ryen	on Roa	d				
City, State, Zip Code		CONTRACTOR OF THE PARTY OF THE	and the second			City, State, Zip	100th			-		
						Lincoln F	ark, NJ	07035				
Project Manager for Monitoring Fin	m	Pho	me Numb	rar		Telephone Num			License	Mary Mary	and the last	
						(973)696 Name of OSK4			00.	378		THE REAL PROPERTY.
Scheduled Start Date (10)		Compistion	n Date (1	1)		B&G Rec		Inc				
03/27/2018		1/2018			- 1	Street Address	Silve by the same	-				SALTH SEA
Occupancy Status During Abetern	int (Check o	Ny pae)	Average of			105 Ryers	n Road	i		×		
Facility closed/vacated during  Abatement performed outside	g entire perio	d of sbaten	nent.			City, State, Zip	ode		tentant and the			Total Services
Describs:					_	11						
Scope of Work (check all that app					-1	LincolnPar	1 NA 0.	7035		-		
C = ***	**	_			Desc.							A-COLUMN STREET
				*	District Co.	ull Contanment	rine:getia	ra pressura	Cloveb	ag proced	ure.	
	≥160 sf or :					Mini-enclosure			] Non-M	scorq elde	zdura	
Location of Babesios-containing	by mainta	normally u	ase soleh Idial	1	19					RR	E	E
material to be	3tsff(12)			Descripti material	on of a	nigfnca-softeda	3	Amount (Specify SI	E or	m p	1 0	n
abated in facility (13)	Yes	Na	NA					LF)		0 E	1 = 1	6
Ilving room			8	plaster	_			20.		8 7	P	
sun room			K	plaster				86 sf	-	图口	144	1
front bedroom			X	plaster			-	205 sf				-
								-44 9I		FIR	1	-
Keensered Weste Hauser										부	1	7
B&G Restoration, Inc.	NJDE 1	P Hauler 10 9563	OF C	LIDIC YERGE OF	Veste	Name of Regis	red Lar	diii source & Re	AM	Cart.	<u> </u>	
City, State Lincoln Park, NJ		P	Disposal D 04/0			City. State	n, PA		covery (	enter		-
Completed by (Print or Type)	Tito			Signature	-				Dein	-	- 4-	
Gordana Luna	Secretar	y/Traasur	rer			Grabou La	A D		03/26	/2018		

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

			(		t to NJAC						<u> </u>	TAL	4	10	15	
Date of Notification (1) 03/14/2018					of Building n C. Will		Operato	or (2)		$\overline{111}$	造	(0)	-144-	101	J	== == == == == == == == == == == == ==
Agencies Notified T	ype Notification			20070-07	Address	iidiiio				1100						
□ EPA 🗵	-			011000	/ Iddi coo					- Comment	To the second se	MAF	?	9 2	018	Approximately the second
DEP F	Initial Amended			City, S	tate, Zip C	ode				112 1	**					-1
X DOL	Amendment				h Orange		7079				L					
Ĭ DOH	Emergency justification)		g		of Contact		200000000000000000000000000000000000000			T	alenho	na Niu	mhor		i sin	, C:
DCA [	] Cancellation			Triste	en Williar	ms									g	7 4 54
Name of Facility 188				FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Aba Residential Property	tement is Takin	g Place	(3)					Тур	e of Facility	#105#UII						
Street Address				5410-10-10-10-0				×	School (K- Subchapte Other (i.e.	er 8 (Ot	her tha	in K-1	2)	ldinac	hom	.00
City (5)								_	etc.)							es,
Newark								2750 0000	are Feet	100	of Floo	rs		3ldg.		
County (6)				0	0 - 1 - (7)			384		2				1926		
Essex					Code (7) USE ONLY	n	_	Curr	ent Use (Pr	ior if be	eing de	molis	ned)			
Name of Monitoring Firm Hi	ed by Building	Owner (8	3)	ASC	M No.				atement Co							
Street Address								Addre		g LLO						
									h 5th stre	et						
City, State, Zip Code									Zip Code	00						
Project Manager for Monitor	na Firm		Tolonho	na Na				, NJ, 072	06							
reject manager for mornton	ing i iiiii		Telepho	one No.		Teleph 908	none N 9064			013	nse N	0.				
Start Date (10)		Schedu	led Co	mpletion	Date (11)				HA Monitor		010					
03/24/2018		03/30	2018		, ,				nmental		atorie	es				
Occupancy Status During Ab	atement (Chec	k Only O	ne)				Street	Addre	SS		7.025					_
Facility Closed/Vacated Abatement Performed (	During Entire F	eriod of	Abater	ment					te 22 We	st						
Other – Describe:	9410140 01 1401111	ar r acint	y i loui.						ip Code I 07083							
Scope of Work (Check All Th	at Apply)							,	0.000		- 25.5					_
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		_	Renova Demoli				×	Min	Il Containm ni-Enclosure ovebag Pro n-Exempte	e cedure					e	
		Is	Locat	ion										Sibility AV	ement	
Location of			Normal	ly		Des	cription	of						Ту	ре	
Asbestos-Containing Mat <u>TO BE ABATE</u>	erial (ACM)		ed Sole intena		Asbest	tos Conta	aining M	laterial	(ACM)	A	mount				т	_
In Facility	2	Cus	todial S	Staff?	(i.e.	thermal :	systems ing, VA		ation,		Specify or LF		Remova	Re	Encapsulate	Enclosure
(13)			(12)			other m				O.	OI LI	,	Nova	Repair	lusc	nso
		Yes	No	N/A									=		ate	Гe
Basement		Х		Pipe	Insola	tion		10	00 LF		X					
Basement		X		Flue	Ceme	ent		2	2 SF		X					
Basement				X		Boiler	Isulati	on .		7	2 SF					
Name of Registered Waste H	auler		0.000	JDEP W		Cubic Y			Name of	Registe	red La	ndfill				
Century Waste		auler ID 2797	140.	of Wast	e		G.R.O.	W.S.								
City, State Elizabeth,NJ				Disposa	al Date		City, State Morrisv		Ą							
Completed by					nature				·	Dat	ρ			-		
leymy M. Donneys		er			1,	160	J. 1	1/1/	, ,				2018			

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

Rd. Morrisville, Pa

215-736-1700

19067

04/10/2018

Date

March 23, 2018

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) March 23, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ■ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐ DCA ☐ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED □ Cancelled Name of Contact Telephone Number X DOH 848-445-2550 2018 MICHAEL F. SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) President 1 Type of Facility (4) CARPENDER HALL, BLDG# 8312 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK MIDDLESEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/04/18 04/10/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 8AM - 8AM Daily (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that appl	y)											
						□Full (	Containr	nent wi	ith Nega	ative Pre	ssure	
$\square \ge 3$ sf or $>3$ If				<b>⊠</b> Renovation		☐ Mini	-Enclosi	ure				
$\boxtimes$ $\geq$ 160 sf or $\geq$ 260	lf			□ Demolition		☐ Glo	ve bag F	Procedi	ure / Wi	ap & Cu	t	
						XNon	-Exemp	ted (*)	and No	n-Friable	Procedu	ıre
					bestos Containing Material nal systems insulation, surfa scell.)	icing,	Amoun (Specif or LF)			ment Typ e Repair	e Encap E	nclose
Basement, 1 <sup>st</sup> , 2 <sup>nd</sup> ,& 3 <sup>rd</sup> Floors		X		VAT			2100	) SF	X			
					-							
Name of Reg. Waste Hauler See Hauler Below #1 & 2	10.00	JDEP Wa See Belov		r ID #	Cubic Yards of Waste:	20 (	CY			North	ndfill Landfill	
Hauler #1) Greenwood Abatemen NJDEP # 12561	t Consult	ants, Inc	Butler, N	NJ 07405		Disp	osal Dat	<u>e</u>		City, Sta 100 New	<u>te</u> v Ford Mi	in

Signature

Raymond C. Pedalino

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

MANAGER

SENIOR PROJECT

Hauler #2) Newark Carting, Inc., Newark, NJ 04509

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO



### Check# 13069

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

GAC Project # 060-18											
Date of Notification (1)  March	23, 201	18			Name of Building Owner RUTGERS, THE S			SITY O	F N.I		
Agencies Notified  EPA DCA		Notification Initial  American	Notificanded No	ation tification #1 – mpletion dates	Street Address ENVIRONMENTAL 74 STREET 1603, E City, State, Zip Code	HEAL	TH & S	AFETY VINGS	DEPT.	AMPU	
☑ DOL ☑ DEP- No Longer REQUII ☑ DOH	RED	□ Emer	gency ( ication)	(including	PISCATAWAY, NJ Name of Contact MICHAEL F. SMITH	H, ENV.	/J/el	E (C) lephone N 8-445-2	lumber 550	11.7 19.	
					HEALTH & SAFET	<u>Y</u>		MAF	20	2010	
Name of Facility Where Abater	ment is Ta	king Place (3		FACILITY INI			1 bel			2010	Tra magazine
CAMDEN SCIENCE, E			1		Type of Facility (4) School (K-12) Subchapter 8 (other tha	n K 12)		Assisti			,
Street Address CAMDEN CAMPUS				<i>*</i>	Other (i.e. private & co	mmercial		fromes, et		ears	
CAMDEN	County (6			y Code (7) Use Only)	Current Use (prior if bein	g demolis	shed): A	CADEMIC	OFFIC	ES	
Name of Monitoring Firm Hired	l by Bldg.	Owner (8)	0009		Name of Contractor (9)  GREENWOOD ABA	TEMEN	T CONS	SIII TAN	TO INI		
Street Address					Street Address	LLINILIA	I CONS	OLIAN	13, 1110	٠.	
3 TERRI LANE					511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ					City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring BRIAN R. KEARNEY	<u>  Firm</u>	Telephone 609-386			<u>Telephone Number</u> 973-492-0477			ense Numb	<u>oer</u>		
Scheduled Start Date (10) 04/06/18		Scheduled 04/09/18		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC		1 000	040			$\overline{}$
Occupancy Status During Ab	atement	(Check only	ne)		Street Address	74.00					
☐ Facility Closed/Vacated Du ☐ Abatement Performed Out				nt	20-21 WARGARAW	ROAD,	BLDG#	35E			
Describe:  Other- Describe: Schedu  PM – 5AM Daily (24 HOU		/EEKENDS	AS NEI	EDED)	City, State, Zip Code FAIRLAWN, NJ 0741	10					
Scope of Work (Check all that a	apply)			7	I.						
$\boxtimes \ge 3 \text{ sf or } > 3 \text{ If}$ $\square \ge 160 \text{ sf or } \ge 2$				☑Renovation ☐ Demolition		☐ Mini-Er ☐ Glove b	nclosure bag Proce	t with Neg edure / Wr ) and Nor	ap & Cu	t	lure
Location of Asbestos-Containin Material (ACM) in Facility (13)	Sole	ocation Norma ly by Maint./C f? (12) S NO			pestos Containing Material nal systems insulation, surfaci cell.)	ing, (S	mount specify SF LF)		ment Typ e Repair		Enclose
ROOMS 012, 015, 020		X		TSI – Pipe In	sulation		<9 LF	X			
								X			
N								X			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	r ID #	Cubic Yards of Waste:	5 CY		ne of Regis			111			
Hauler #1) Greenwood Abater NJDEP # 12561 Hauler #2) Newark Carting, In NJ DEP # 4509			- Butler, I	NJ 07405		Disposa 04/09/			City, Sta 100 New Rd. Mor 19067 215-736	Ford Nrisville,	100 m
Completed by (Print or Type) RAYMOND C. PEDALI	NO S	Title SENIOR P MANAGEI		т	Signature Raymond C. Pe	dalino	<u>Date</u>	rch 23,	2018	6	

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

GAC Project # 060-18

Date of Notification (1)	13, 201	8			Name of Building Owner RUTGERS, THE S			ITV O	F N I			
Agencies Notified  EPA	September 1	Notification Implication	Votifica	ation ification #	Street Address ENVIRONMENTAL 74 STREET 1603, I	HEALTH	& SA	FETY	DEP.	T. (F		
D DCA DOL			gency ( cation)	including	City, State, Zip Code PISCATAWAY, NJ		\ E	د واید این <sup>وی</sup> پالینداندو <b>ند</b> د		7.		
☑ DEP- No Longer REQU ☑ DOH	IRED	□Cancel			Name of Contact MICHAEL F. SMITH HEALTH & SAFET	l, ENV.		-445-2	2550	001	10	The second secon
Name of Facility Where Abote		lias Dissa (2)		FACILITY IN				MAH	45	201	10	1100
Name of Facility Where Abate CAMDEN SCIENCE,					Type of Facility (4) School (K-12) Subchapter 8 (other that	- K 10)	-		, THE GR		1.3.40	1
Street Address CAMDEN CAMPUS					Other (i.e. private & co		dings, h		tc.)			
City (5) CAMDEN	COUNTY (6			y Code (7) Use Only)	Current Use (prior if bein	g demolished	i): AC	ADEMI	C OFF	ICES	3	
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM 0009		Name of Contractor (9)							
AIG			0003	90	GREENWOOD ABA	TEMENT C	ONSL	JLTAN	ITS. I	NC.		
Street Address 3 TERRI LANE					Street Address 511 MAIN STREET				, , ,			
City, State, Zip Code	00046				City State, ZipCode				-			
BURLINGTON, NJ Project Manager for Monitorin	08016	Telephone I	dumber		BUTLER, NJ 07405 Telephone Number		Licon	se Numi	hor			
BRIAN R. KEARNEY	<u>y riiii</u>	609-386			973-492-0477		0084	***	<u>ber</u>			
Scheduled Start Date (10) 03/23/18		Scheduled 0 03/26/18		on Date (11)	Name of OSHA Monitor ENVIROVISION, IN	C.	000					
Occupancy Status During A  Facility Closed/Vacated D  Abatement Performed Out	Ouring Enti	Check only o	ne) batemer	nt	Street Address 20-21 WARGARAW		.DG# 3	35E				
Describe:  Other- Describe: Sched  PM - 5AM Daily (24 HO	ule: 5			EDED)	City, State, Zip Code FAIRLAWN, NJ 074	10						
Scope of Work (Check all that	apply)					7= = 0						
≥ 3 sf or > 3 lf     ≥ 160 sf or ≥				☑Renovation ☐ Demolition		☐Full Contain ☐ Mini-Enclo ☑ Glove bag	sure Proced	lure / W	rap & (	Cut		d
Location of Asbestos-Contain	ing Isla	ocation Normal	ly I Ised	Description of Ast	bestos Containing Material	Non-Exemp			ment 7		roced	lure
Material (ACM) in Facility (13)	Sole	ly by Maint./Cu ? (12)			nal systems insulation, surfac		ify SF		vara-	-7520 (1900) 242 (1900)	ncap	Enclose
ROOMS 012, 015, 020		X		TSI – Pipe In	sulation	<9	LF	X				
								X				
N		LVIDEDIV	L		T			X			1600	
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was		r ID#	Cubic Yards of Waste:	5 CY		of Regi				ill
Hauler #1) Greenwood Abate NJDEP # 12561 Hauler #2) Newark Carting, NJ DEP # 4509			Butler,	NJ 07405	6	Disposal Da 03/26/20	24000			lew F Iorris 7	Ford I sville,	71:0500= //1
Completed by (Print or Type) RAYMOND C. PEDAL	INO	Title SENIOR P MANAGER		ст	Signature Raymond C. P.	Edalino	<u>Date</u> Mar	ch 13,	201	8	4	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

CKt281

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

PAI			NOTI (	FICATIO	ON OF AS at to NJA	BESTO	SABATE	EMENT (0)		E	C		r, i	17 :		
Date of Notification (1) 03 23 20				Morri	of Building	y Cou	r/Operato rthouse	r (2)	118	-	MAR	200.40	01 (pm	118	The national sections	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Type Notification  X Initial				Address ourt Stre	et			II L	e c	MAR	-2		Н8—	The state of the s	-
× EPA × DEP × DOL	Amended Amendment	#			tate, Zip C stown, N		963			PSE	)EI, []			:0:	<u>&amp;</u>	
DOH DCA	Emergency (	includin	g	Name	of Contact				-9.50 - 9.000	Te	ephon	e Nun	nber	1 277 n.		
E DON	Cancellation				topher \						3-28					
Name of Facility Where Al Morris County Court	batement is Taking	Place	(3)	FAC	CILITY INF	ORMA	TION	Type of F	acility (4)	5						
Street Address	nouse								ool (K-12							
10 Court Street								× Sub	chapter 8 er (i.e. pri	(Oth	er thar & comi	n K-12 mercia	) Il bui	ldinas	hon	201
City (5) Morristown								Square F			f Floor			Bldg. /		
County (6)				County	Code (7)			25000+ Current U	se (Prior	3+	na der	nolich		50+		
Morris Name of Monitoring Firm I	Hired by Building (	Wher (8			M No.	0		Courtho	use			nousn	eu)			
T&M Associates Street Address	y Danding C	(U		001			Name Nari	of Abateme	ent Contration IIc	actor	(9)					
40 Monmouth Park H	lighway, Suite	2						Address eather St	ockina	Doth						
City, State, Zip Code West Long Branch, N	J.I 07764						City, S	tate, Zip Co	ode	= 0			-,			
Project Manager for Monito				Telepho	one No.		12.00	oln Park,	NJ 070	35	Liesa	n= NI-				
Kevin Burns Start Date (10)		Schodul	lod Car		76-4000		862-2	264-9463			0130	ise No 06	•			
04/06/2018		04/09/	2018	npietion	Date (11)			of OSHA M Construc								
Occupancy Status During								Address								
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norma	eriod of all Facility	Abater y Hour	nent s			City, St	eather Stotate, Zip Co	de							
Scope of Work (Check All	That Apply)					_	Linco	oln Park,	NJ 070	35						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×	Gloveba	tainment closure g Proced empted (*	lure						
			Locati						The state of	) and	14011-1	Habit		Abate	men	
Location of Asbestos-Containing M	aterial (ACM)	Use	d Sole intenar	ly by	Asbes	De tos Cor	escription	of aterial (ACI	A)	۸.	nount	ŀ		Ту	oe	
TO BE ABAT In Facility (13)	<u>ED</u>	Cust	todial S (12)	Staff?	(î.e.	therma surfa	l systems icing, VAT miscellane	insulation, , or	.,	(S	pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Basement Tank Room	Crowlenges	No	N/A									<u>a</u>		late	ıre	
Tank Room	Clawispace	Х	-			Pipe	Insulat	ion		66	0 LF		x		х	
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Name of Registered Waste	Hauler		1 4.	IDES::								+		+	-	$\dashv$
New American Restora			Ha	JDEP Wauler ID 399		of Wa	Yards ste		ne of Reg		ed Lan	dfill				
City, State			30			20 Dispo	sal Date		State	<u> </u>						
Paterson, NJ 07501 Completed by						TBD			rrisville	, P/	4					
gor Jezdimirovic		Title P.Mai	nager	ts .		8	Signature	7	_			Date 03	12.	2/2	011	2
							_		,		1	02	16.	>12	U/3	>



#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

#### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.
I. NOTIFICATION INFORMATION
Date of Notification:03 /26 /2018
II. BUILDING INFORMATION
Name of Building Owner/Operator: United State Postal Service
Street Address: 171 Broad Street City: Red Bank State: NJ Zip: 07701
Name of Contact: Jason Straley (PW Campbell) Telephone No 412-963-0100
III. FACILITY INFORMATION
Name of Facility Where Work Activity is to Take Place: Postal Workers Credit Union of Monmouth County
Describe Facility Use: Credit Union
Street Address: 171 Broad Street City: Red Bank State: NJ Zip: 07701
County Name: Monmouth County Code (State Use Only):
Scheduled Start Date: 04 / 13 / 2018 Scheduled Completion Date: 04 / 16 / 2018
Occupancy Status During Activity (check only one):
☐ Facility Closed/Vacated During Entire Activity
Activity Performed Outside Normal Facility Hours—Describe:
Other—Describe:
Scope of Work (check all that apply):
☐ Floor Tile Square Footage: Percentage Asbestos: %
IV. CONTRACTOR INFORMATION
Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): Environmental Tactics, Inc. Telephone No.: 732-290-2217
V. SIGNATURE
Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations
Signature: Date: March 26, 2018

#### NOTIFICATION OF ASBESTOS ABATEMENT Check#3018 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 26 / 03 Robert Reto Agencies Notified Type Notification Street Address ПЕРА ✓ Initial DOLWD : ☐ Amended City, State, Zip Coo X DHSS Amendment # ACCIO TOTAL A Verona, NJ 07044 ☐ DCA Emergency (including Telephone Number Name of Contact justification) (NJAC 5:23-8) Cancellation Robert Reto **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) Verona, NJ 07044 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 973-638-1777 01127 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 04 / 05 / 18 04 / 07 / 18 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/ PM\_ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation >3 sf or >3 lf > 160 sf or >260 lf Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Abatement Type Is Location Normally Location of Description of Encapsulate Enclosure Remova Repair Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SIF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)No N/A Yes X $\boxtimes$ 140 SF Ceiling Basement-utility room NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler 0033785 TBD T.R.R.F. Inc Gr Tech LLC City, State Disposal Date City, State TBD Tullytown, PA Wayne, NJ 07470 Signature Date Completed By (Print or Type) Title ewic wenad 03/26/18 Owner N.Jevtic ASB-41

State of New Jersey

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

Date of Notification (1)							-,		hK:	#	10	12	
03/21/2018				of Buildii in Cher	ng Owner	Operato	r (2)	.,	. Co. C. Villemannen	ere Parision	200	* ()	
Agencies Notified Type Notifical	ion			Address				-1-	AB	m i	3 7	8.7	714
	.011		Sireet	Address	2			الم الم	I proposed to be		× 5		
EPA X Initial Amende	d		City, S	tate, Zip	Code			11					
X DOL Amendm	ent#				vick, NJ	. 0890			W	IAR	29	2018	è
DOH Emerger	icy (including	3		of Conta				Te	elephone N	lumba	-		
DCA Cancella			\$100 miles	n Chen				1 10	achione v	umbe		4. 3	1.5
Non- (F. W. M.			FAC	ILITY IN	FORMAT	ION		_	F 15.5	1.			6.
Name of Facility Where Abatement is Ta Residential Property	king Place (	(3)					Type of Facility	/ (4)	***************************************	* * * * * * * * * * * * * * * * * * * *	-		
Street Address							School (K	(-12)					
Offeet Address							Subchapt	er 8 (Oth	ner than K-	-12)		20	
City (5)							Other (i.e etc.)	. private	& commer	cial bu	ulding	s, hon	nes,
New Brunswick							Square Feet	# 0	of Floors		Bldg.	Age	-
County (6)							1,332	2			1920	)	
Middlesex			County (STATE	Code (7	) -Y)		Current Use (P	rior if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Buildin	on Owner (9												
building thin third by building	ig Owner (o	,	ASCI	M No.			of Abatement Co		(9)				
Street Address							vic Contractin	g LLC					
						1	Address S. 5th St.						
City, State, Zip Code							tate, Zip Code						
1.00000						10000000000000000000000000000000000000	beth, NJ, 072	206					
Project Manager for Monitoring Firm		1	Telepho	ne No.		-	one No.		License	No			
		1	1000 1000 <b>1</b> 000 100				906-4123		01355	NO.			
Start Date (10)	Schedul	ed Cor	mpletion	Date (11	)		of OSHA Monito	г	0.000				
03/30/2018	04/06/	2018			8:X		nvironmental		atories				
Occupancy Status During Abatement (Ch	eck Only Or	ne)				Street	Address				-		
Facility Closed/Vacated During Entir	e Period of	Abaten	nent		ĺ	2333	Route 22 We	est					
Abatement Performed Outside of No Other – Describe: OCCUPIED	rmal Facility	Hours	S		Ì	City, St	ate, Zip Code						0.000
Scope of Work (Check All That Apply)					_	Unio	n, NJ, 07083						
							8						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Property .	Renova Remolit				×	Full Containm	ent with	Negative	Pressi	ıre		
		CITION	1011			×	Mini-Enclosur Glovebag Pro						
							Non-Exempte		d Non-Fria	ble Pro	cedur	e	
		Locati						2.0 % ****				emen	t
Location of Asbestos-Containing Material (ACM)		lormal d Sole			Des	cription	of			_	Ty	ре	
TO BE ABATED	Mai	ntenar	nce/	Asbe:	stos Conta	aining Ma	aterial (ACM) insulation.		mount	_		Ф	m
In Facility	Cust	odial S (12)	Staff?	(1.0	surfac	ing, VAT	, or		pecify or LF)	Rem	Re	ıcap	inclo
(13)	-	(14)			other m	iscellane	eous)			Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							=		ate	G.
Basement			X		Pipe	Insulati	on		15	X			-
										-	-		
										-			
		_											
Name of Registered Waste Hauler		1	IDED										
Century Waste		100000	JDEP Wa		Cubic Y of Wast		Name of	Register	ed Landfill				
		1779 703	2797		1		G.R.O.	W.S.					
City, State					Disposa	al Date	City, Stat	e					
Elizabeth, NJ					TBA	200	Morrisv		A				
Completed by	Title				Sig	hature .		1	Da	ite			
Jeymy Donneys	Owne	Γ				1 XX	MUM	1		3/21/2	2018		
ASP 44 (D on on)						1		1				-	
ASB-41 (R-06-08)						Qo not	use this form for	asbesto	s licensure	е ехеп	npted a	activit	ies.



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

coedit # 1028

Date of Notification (*03/26/2018	1)		,	Name Keith	of Building Geter	g Owner	Operator (2) Check#	Using Credit	for Check No. 1	040	/		
Agencies Notified  □ EPA  図 DEP 図 DOL	Type Notification  ☑ Initial ☐ Amended Amendment #			City, S	Address State, Zip O Orange,	Code New Je	ersey 07079		ID) E C			Y	-72
☑ DOH □ DCA	☐ Emergency (in justification) ☐ Cancellation	ncluding			of Contac Geter	t			Telephone Num	P ? nber	0 2	018	aponi material de la constante
				FA	CILITY INF	ORMAT			ACCOUNT			1:0	in &
Private Residence	ere Abatement is Takir	ng Place (	3)				Type of Fa	cility (4)		1.71			Section in
Street Address							□ Schoo □ Subch ⊠ Other	apter 8 (Other	than K-12) commercial buildin	gs, hor	mes,	etc.)	
City (5) South Orange, Nev	v Jersey 07079						Square Fee 2,500	et	# of Floors 2	Blo 50	dg. Aq	ge	
County (6) Essex					Code (7)	y)	Current Us	e (Prior if bein Private	g demolished) e Residence			-	
Name of Monitoring F	irm Hired by Building	Owner (8	)	ASC	M No.		Name of Ab	atement Cont oration	ractor (9)				
Street Address						12	Street Addre						
City, State, Zip Code							City, State, Woodland	Zip Code Park, New J	ersey				
Project Manager for N	Nonitoring Firm			Teleph	one No		Telephone 1 973-225-8		License No 01104				-
Start Date (10) 04/18/2018	- n	led Co 2018	mpletion	Date (11)		Name of OS Iris Enviror	HA Monitor Imental Labo	oratories, LLC		1 14			
Occupancy Status Du	ring Abatement (Chec	k Only O	ne)				Street Addre		-	<del>  </del>			en 40
☐ Facility Closed/Va☐ Abatement Perfor☐ Other – Describe:	acated During Entire F med Outside of Norm	Period of A al Facility	Abatem Hours	nent			City, State, 2	Zip Code					
							Union, NJ	07083					
Scope of Work (Check  ≥3 sf or ≥3 lf  ⇒160 sf or ≥260 lf	( All That Apply)		Renova Demolit				□ M ⊠ GI	ni-Enclosure ove Bag Proce	et with Negative Pro edure / Limited Co *) and Non-Friable	ntainm	ent &	Ten	t
		Is	Locat	ion					Amount		bater	nent	
Locat Asbestos-Containi TO BE A In Fa (1)	ng Material (ACM) ABATED cility	Use Ma	Norma ed Sole intena todial (12)	ely by nce/	Asb (i.	estos Co e. therm sur	Description of ontaining Mater al systems ins facing, VAT, or r miscellaneou	ulation,	(Specify SF of LF)	Removal	Typ	e Encapsulate	Enclosure
Basement		X	140	10//	TCI						_		
		1^		-	TSI				150 LF	X			<u></u>
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Name of Registered W Lilich Corporation	aste Hauler		H	IJDEP V lauler ID 18724		Cubic of Was		Name of Re	egistered Landfill			+014 -	
City, State Woodland Park, Nev	w Jersey					sal Date /2018	City, State Morrisville				n:	-in-	
Completed by Adriana Olejarova		siden	t		S	ignature \	Q2	Date 03	/26/20	)18	.,	4	
ASB-41 (R-06-08)						1/	* Do not use	this form for a	sbestos licensure	exemp	ted a	ctivit	ies.

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT



Date of Notice: 03/20/2018					Name of Building Owner / Operator (2) MAR 2 0 2018							
Type Notification					user Buscl	ı, Inc		7 [4]				
Agencies Notified EPA X Emergency Notification					Street Address							
j					200 Route 1 South							
_ v						, otate & zip code						
X												
DCA Cancellation									Telephone Number 973-645-8966			
Trounge Foliation										9/3-045	-0300	
				FA	CILITY INF	ORM	ATION					
Name of Facility Where Abatement is Taking Place (3 Anheuser-Busch, Inc.					Type of Facility (4) School (K-12)							
200 Route 1 South						Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.						
)						Squ	Square Feet # of Floors Bldg. Age					
City (5)			County (6)	County C	ode (7)		50000	4			0 +/-	
Newark Essex				Current Use (Prior if being de			f being demol	emolished)				
				Brewery								
			y Building Own	er (8)	ASCM No.		Name of Abatement Contractor (9)					
Environmental Tactics, Inc 0045							Global Abatement Services, LLC					
Street Address							Street Address					
64 Broad Street						_	443 Schoolhouse Road					
City, State & Zip Code Matawan, NJ 07747							City, State & Zip Code Monroe Township, NJ 08831					
Project Manager for Monitoring Firm Telephone Number							Telephone Number License Number					
Tom Geiger 732-290-2217							732-605-9062 00714					
Scheduled Start Date (10) Scheduled Completion Date (11)						100000000000000000000000000000000000000	Name of OSHA Monitor					
03/21/2018 03/22/2018						Glo	Global Abatement Services, LLC					
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement						1.0000000000000000000000000000000000000	Street Address 443 Schoolhouse Road					
Abatement Performed Outside of Normal Facility Hours -						City	City, State & Zip Code					
X Describe: Area Isolated During Abatement Other - Describe:						Mo	Monroe Township, NJ 08831					
Scope of	f Work (Che	eck all that ap	oply)									
Demolition X Renovation							Full Containment with Negative Pressure					
Large Project							X Mini-Enclosure					
X Quantity is ≥ 3 SF or ≥ 3 LF ACM							X Glove-bag Procedure					
Quantity is ≥ 160 SF or ≥ 260 LF ACM							Other: Non-friable					
[									mount Specify	Abatement Type		
									(Specify: Removal, Repair, Encapsulation			
				ntenance or (i.e., them					or Enclosure)			
				todial Staff? insulation, surface				ear Feet)	01 11	10103010)		
(13)				(12)					,			
Operations, 1st Floor					NVA TSI Condonesto Dining 2			FIF	Demoval			
Operations, 15 Floor				N/A	N/A TSI - Condensate Piping		oring 2	25 LF	Removal			
Name of Registered Waste Hauler NJDEP Waste						D# Cu. Yds. of Waste Name of Re			ne of Regi	J gistered Landfill		
Freehold Cartage					18693		5 TRRF					
City, State							Disposal Date		, State			
Freehold, NJ							03/22/2018   Tullytown, Pa					
Completed By (Print or Type)  Dominick Tringali  Project Mar							Signature Date					
DOLL	IIIIICK ITIN	igali	Project	Manager	ager Deminiek			ick Trin	gali.		03/20/2018	
A CD 44	ILINI OF CA	667						0				