State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 43:420)

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Date of Notification (1) 4/9/2	2018			Name o	f Building	Owner/0	Operator		hotland	11	W. 7 .				1 (
Agencies Notified	Type Notification			Street A	ddress				notianu	were water in	Pas III	1 1 1 A		OL	34			
X EPA	× Initial										C. C.	ENS	ING	Colonia de la co				
DEP N DOL	Amended Amendment Emergency			City, Sta	ate, Zip Co	ode	Flei	mingto	on, NJ 08	3822								
⊠ DOH □ DCA	justification)			Name o	f Contact Gary S	chotlar	nd			Tel	ephone Nu	mber						
□ bca	Cancellation			EACI	LITY INF	F-6-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1	02:081											
Name of Facility Where	Abatement is Takin Residential	g Place (3)	1 ACI	LITT HAT	ORWATI	ION	Туре	of Facility (
Street Address	reordential								School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings,	home	es,			
City (5)	lemington, NJ 0	8822						Squar	re Feet	# of	Floors	(100)	Bldg. A	7.00				
County (6)	lemington, 143 0	0022			Code (7)			120	2500 2 200+/- Current Use (Prior if being demolished)									
	unterdon				USE ONLY)												
Name of Monitoring Firm		Owner (8)	ASCN	I No.					ent Contractor (9) ronmental Services, Inc.								
Street Address PO E	PO Box 341						Street Address PO Box 322											
City, State, Zip Code Ches							ip Code NJ 0850	1										
Project Manager for Mor Bill Weisgar				Telephor	ne No. 98-4070)	Teleph	hone No 259-9	0.		License N	0.						
Start Date (10) 4/25/2018		Schedul			Date (11).		of OSH	HA Monitor		00.00								
Occupancy Status Durin	g Abatement (Chec	k Only O		Street Address														
Facility Closed/Vac	ated During Entire F	eriod of	Abater	nent PO Box 341 City, State, Zip Code														
Other – Describe:	8 am to 4pm	arr dome	, 11001			_	0.0000000000000000000000000000000000000		ld, NJ 08	515								
Scope of Work (Check A	II That Apply)						1/ <u>2/2</u>											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demoli				ř	Min Glo	I Containme ni-Enclosure vebag Proc n-Exempted	edure								
		1	Locat	tion				1 1101	I-Exempled	() and	I NOII-FIIAD		Abate					
Location	n of		Norma	lly		Des	scription	of					Ту	ре				
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Ma	ed Sole aintena todial (12)	nce/ Staff?		tos Cont thermal surfac	aining N	Material s insula T, or		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A										te	a l			
Attic	Attic					Ve	rmiculi	ite		1:	50 sf	Х						
													-					
										-								
					aste	Cubic			Name of F	Registe	red Landfill							
Stevens Environmen	ntal Services			Hauler ID 18292		of Was	3		Fairless		fill							
City, State Allentown, NJ						and the second second	sal Date 11/201		City, State Morrisvi		A							
Completed by Mahlon E. Stevens	ect Ma	anager		S	ignature		1		Da	te 4/28	/18							

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

Check	#	25576
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Date of Notification (1) 4/9/2018			Name (of Building Own	er/Operato	r (2) Schotland	Barrier .						
Agencies Notified Type Notification			Street	Address				MAY	-	2 2	018	- 1	
										_		-	
DEP Amended Amendmen	• #		City, St	ate, Zip Code				1,			1 2 to 40		
Emergency	(including	-	NI.		FIE	mington, NJ 0		Al. 32		1000	riOL	č	
➤ DOH justification,			Name o	of Contact Gary Sc	hotland		Te	tephone Ni	ımher			T-7-895711	
Cancellation	1		EAC	ILITY INFORM						_			
Name of Facility Where Abatement is Takir	ng Place (3)		FAU	ILIT INFORM	ATION	Type of Facility	(4)						
Residential						School (K-	88 W						
Street Address						Subchapte Other (i.e.	er 8 (Otl	ner than K-1 & commerc	2) aal bui	ldings	, hom	es,	
City (5)						etc.) Square Feet	# (of Floors		Bldg. Age			
Flemington, N.	08822					2500	" '	2		200	-		
County (6) Hunterdon				Code (7) USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.	Name	of Abatement Co	ontracto	r (9)			-		
MECS						evens Environmental Services, Inc.							
Street Address PO Box 341						eet Address							
City, State, Zip Code						D Box 322							
Chesterfield, NJ 085	15					City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm		T	Telepho		Teleph	elephone No. License No.					-		
Bill Weisgarber				98-4070		9 259-9688 00493							
Start Date (10) 4/25/2018	Scheduled	4	130/20		Name MEC	of OSHA Monitor S							
Occupancy Status During Abatement (Chec	k Only One)				Address							
Facility Closed/Vacated During Entire	Period of Ab	aten	nent			30x 341							
Abatement Performed Outside of Norm Other – Describe: 8 am 4 pm	nal Facility F	Hours	3		10000000	tate, Zip Code	2545						
Scope of Work (Check All That Apply)					Ches	sterfield, NJ 08	3515						
× ≥3 sf or ≥3 lf	[V] n.				I.	X Full Containment with Negative Pressure							
≥160 sf or ≥260 lf	processory .	nova			Ê	Full Containment with Negative Pressure Mini-Enclosure							
	· · · · · · · · · · · · · · · · · · ·					Glovebag Procedure							
					<u> </u>	Non-Exempte	d (*) an	d Non-Friat	le Pro				
Logation of		ocati rmai		100	_						ement pe		
Location of Asbestos-Containing Material (ACM)	Used	Sole	ly by		Description ontaining M	of laterial (ACM)	Δ	mount		T			
TO BE ABATED	Main Custo			(i.e. therr	nal systems	s insulation,	(5	Specify	Re	R	Enca	9	
In Facility (13)	U.S. SHOW AND ADDRESS OF	(12)	327777726		rfacing, VA er miscellan		SF	or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A						/al	=	ılate	ure	
Attic		X		,	/ermiculi	te	1	50 sf	Х				
•		-						00 01	1				
Name of Posietored Wests Having	1.	JDEP W		oic Yards									
	111					1002228-010570		red Landfill					
Stevens Environmental Services			18292	Annual Control of the	Vaste 3	Fairless	s Land	Ifill					
City, State Allentown, NJ						City, Stat		٨	W-2-5				
Completed by	Title				4/30/2018 Signaturé		me/P/		4				
Mahlon E. Stevens	Project	Ма	nager		Signature	11 1/	/	Da	te 4/13,	/18			
			-//	1									

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

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(V) (V)	r			to NJAC				'		MAY	Y - 2	20	10	1
Date of Notification (1) 4/9/2018			Name of	Building	Owner/C			ing Millenni	als	m.A.	1 100		11,0	Approx.
Agencies Notified Type Notification			Street A	ddress			.11-	1	manager and the said	ASSES	ON ON		₹OL 8	ši
EPA X Initial X Amended Amendment:				te, Zip Co	de	Soi	uth	River, NJ (08882	enamenten (11.6.53	Tanga yan (may)	MARKET THE COMMAN
DOH (justification)	nordding		Name of	Contact Anne C	Dakma	n			Tel	ephone N	lumber			
			FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Taking Residential	Place (3)					Тур	pe of Facility (School (K-1						
Street Address							×	Subchapter Other (i.e. p	8 (Oth			dinas	home	es
City (5)								etc.) uare Feet		Floors		Bldg.	7.	30,
South River, NJ (08882						1800 2 80+/-				-			
County (6) Middlesex			County (Code (7) JSE ONLY)			Current Use (Prior if being demolished) —							
Name of Monitoring Firm Hired by Building C MECS	wner (8)		ASCN	l No.					nt Contractor (9) onmental Services, Inc.					
Street Address PO Box 341	PO Box 341							t Address Box 322						
City, State, Zip Code Chesterfield, NJ 0851							ty, State, Zip Code Illentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber	Project Manager for Monitoring Firm							elephone No. License No. 00493						
Start Date (10) 4/25/2018	Schedule		mpletion [5/4/2018		2/	Name MEC		SHA Monitor			¥.0			
Occupancy Status During Abatement (Check	Only On	ie)	Street Address PO Box 341											
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8 am to 4pm			nent											
Scope of Work (Check All That Apply)								,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolii				×		Mini-Enclosure Glovebag Pro						
	Is	Locat	ion					Ton Exempte	2 () (1)	4 11011 1 11		Aba	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	d Sole intena todial ((12)	ely by ince/ Staff?		tos Cont thermal surfac		Mater s ins	r	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
Basement	Yes	No X	N/A	Th	ermal	Pine Ir	neul	ation		25 If	X	-		
Crawl Space	X				ermal					6 If	X			
Name of Registered Waste Hauler		NJDEP W		Cubic			Name of	Registe	red Land	Ifill				
Stevens Environmental Services	H	Hauler ID 18292		of Was	ste 1		Fairless	s Laplo	fill					
City, State Allentown, NJ						sal Date 4/2018		City, Stat		A				
Completed by Mahlon E. Stevens	ct Ma	anager		S	ignature			1		Date 4/28	3/18	F. HILL C. 1		

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

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	31		(Pursuant to NJAC 8:60 and 12:120)							16	6	F	П	7.//	R I	
Date of Notification (1) 4/9/2018			Name o	f Building	Owner/			Millennia		1 15	(6)	11-2	<u> </u>	(V)		
Agencies Notified Type Notification		-	Street A	ddress			pping i	viiile ii ii a	113	-	MAY) 0/	240	15	
			Oll CCI /	idul 633				2	111 1.		MAI	_ (- 21	018	1	
EPA Initial Amended Amendment			City, Sta	ate, Zip Co	ode	Sou	th Rive	er, NJ 0	8882	L Acri) F ()	1.17	ROL	2	
	(including	ŀ	Name o	f Contact							e Nun	101 34	110	arriveteness of		
DCA Cancellation				Anne (Dakma	an										
Name of Facility Where Abatement is Takin	n Place (3)	FACI	ILITY INFO	ORMAT	ION	Type of	Facility (4	4)							
Residential	9 1 1000 (1	-,						chool (K-1	di con							
Street Address							☐ St	ubchapter ther (i.e. p	8 (Oth	er tha & com	n K-12 mercia) al build	dings,	home	es,	
City (5) South River, NJ	08882			ă'			Square		# 01	Floor 2	rs	1000	ldg. <i>A</i> 80 +	ST. 11.		
County (6) Middlesex	110			Code (7) USE ONLY)			Current	Use (Pric	or if bei	ng de	molish	ed)				
Name of Monitoring Firm Hired by Building 6 MECS	Owner (8)		ASCN	/I No.				ment Con vironme			ces, I	nc.				
Street Address PO Box 341	PO Box 341)								
City, State, Zip Code Chesterfield, NJ 085		City, State, Zip Code Allentown, NJ 085						501								
Project Manager for Monitoring Firm Bill Weisgarber		Telepho 609 2	ne No. 98-4070		Telephone No. License No. 609 259-9688 00493											
Start Date (10) 4/25/2018	Schedul		Completion Date (11) 4/30/2018 Name of OSHA Monitor MECS													
Occupancy Status During Abatement (Chec	k Only Or	ne)	Street Address PO Box 341													
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 8 am 4 pm					_	City, S	tate, Zip	Code	515				12: (Jan 14.) -			
Scope of Work (Check All That Apply)			Chesterfield, NJ 08515													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	posterior and the same of the	Renova Demolit				×	Mini-l Glove	Enclosure ebag Proc	nment with Negative Pressure sure Procedure oted (*) and Non-Friable Procedure							
Location of		Locati			Da		950		1/			1	Abate			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	d Sole intenar todial S (12)	ly by nce/ Staff?		tos Con thermal surfa		laterial (A s insulation T, or		(S	mount pecify or LF	,	Removal	Repair	Encapsulate	Enclosure	
Descript	Yes	No V	N/A	·		D:- '	- 1 0							(D		
Basement	X	X					sulatio			5 sf		Х				
Crawl Space			Th	ermal	Pipe In	sulatio	n		6 If		Х					
Name of Registered Waste Hauler	100000	JDEP W		190000000	Yards		Name of F	Registe	red La	andfill						
Stevens Environmental Services	H	auler ID 18292	100000000000000000000000000000000000000	of Wa	ste 1	1	Fairless	Land	fill							
City, State Allentown, NJ						sal Date 30/2018		City, State Morrișvi		}—— 4						
Completed by Mahlon E. Stevens	ct Ma	ınager		8	Signature	1/	1/			Dat	e 4/16/	18				
					1	-	7	4/10/10								

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

B & G proj. #: 2018-110

Check # 8968

						-	NAME OF TAXABLE PARTY.										
Date of Notification	(1)	Nan	ne of Buildi	ng Owne	r/Operator (2)			Im E	ME I	[//]	E3 F	-					
10 14 1/13 10			nomas C	alcagn					GE.	\mathbb{V}_{-}	5,1						
Agencies Notified EPA	Type Notification	on Stre	et Address								1000	A STAND A STAND					
□ DEP	X Initial								AY -2 2	2018	715	-//					
	☐ Amendm		State, Zip		07070						5						
X DOL	☐ Amendi		lew Vern		0/9/6			A A		100	O						
X DOH	☐ Cancella		e of Conta	ct				I elepnone	Number	j 	reflexivates (20 exc	torne years.					
☐ DCA	Caricella		Thomas (Calcagi	ni												
				FACI	LITY INFORMA	NOITA											
Name of facility who	ere abatement is	taking place	(3)					Type of Facility (4	(K - 12)								
Thomas Calca	agni								pter 8 (Other t	han K	-12)						
Street Address								Other (F	Private/Comme								
									fomes, etc.	Ble	dg. Ag	e					
City (5)		County	(6)			Cour	nty Code (7)										
New Vernon		Morri					(State use only) Current Use (Prior if being demolished) Residential										
Name of Monitoring	g Firm Hired by E	Bldg. Owner ((8)	Т	ASCM No.	П	Name of Abatement Contractor (9)										
	• · · · · · · · · · · · · · · · · · · ·				n/a		B & G Restoration, Inc.										
Street Address							Street Address										
							105 Ryerson R	Road									
City, State, Zip Code	e						City, State, Zip Code	N.I.07025									
			Th:			_	Lincoln Park, Telephone Number	NJ 07035	License Num	her							
Project Manager for	Monitoring Firm		Phor	ne Numb	er		(973)696-6869 00378										
Scheduled Start Da	te (10)	Sched. 0	Completion	Date (11)	-	Name of OSHA Mon										
05/10/2018		05/12	/2018				B & G Restorat	uon, mc.									
Occupancy Status I	During Abatemer	t (Check only	y one)			-	105 Ryerson R	toad									
Facility closed				ent.			City, State, Zip Code										
Abatement per Describe:	erformed outside	of normal fac	cility hours-														
Other-Describ	be:					- 11	LincolnPark, N	J 07035									
Scope of Work (ch	eck all that apply	1)				_			_								
Demolition	X	Renovation					ull Containment w/ne	gative pressure	Glovebag p								
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	X	≥160 sf or ≥2	260 If				fini-enclosure	L	Non-friable		_						
Location of		Is location r			1			Amount	R e	R	n E	E					
asbestos-cor material to be		staff(12)			Description material (sbestos-containing	(Specify S	For m	p	C	n					
abated in fac		Yes	No	N/A	, material (,,		LF)	v e	i	a p	L					
lower level area	3			×	VAT/mast	ic		380 sf	X								
lower level area	a			X	mastic			187 sf	X		10.						
										10	1	닏					
										빌	H	屵					
						*/	10 (2)				<u> </u>	Ш					
Registered Waste F B & G Restora		NJDEF 19	P Hauler ID 9563	# C	ubic Yards of \ 6	vaste	Name of Registered Fairless L	andfill			74						
City, State Lincoln Park, I				isposal I	Date 14/2018		City, State Morrisville	, PA			Λ.						
Completed by (Prin		Title			Signature		1,		Date	-VV 8							
Gordana Luna		Secretary	/Treasur	er		Gordana Luna 04/30/2018				18							

B & G proj. #:

2018-111



Check # 8969 Date of Notification (1) Name of Building Owner/Operator (2) 10 4 1/13 10 1/11 18 1 Amy Nakamoto Type Notification Agencies Notified Street Address ☐ EPA 2018 X Initial ☐ DEP City, State, Zip Code X DOL Amendment Glen Ridge, NJ 07028 STROL & X DOH Name of Contact Telephone Number Cancellation ☐ DCA Amy Nakamoto **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Amy Nakamoto Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Glen Ridge, NJ 07028 Essex Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 05/11/2018 05/12/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure ✗ Glovebag procedure >3 sf or >3 if >160 sf or >260 lf ✗ Mini-enclosure Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing n staff(12) m p C material to be (Specify SF or material (ACM) 0 a a abated in facility (13) No N/A p Water meter area, boiler area X pipe fittings 22 fittings X & washer/dryer area Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Fairless Landfill Disposal Date City, State City, State Lincoln Park, NJ 05/14/2018 Morrisville, PA Signature Completed by (Print or Type) Date Cordana Luna Gordana Luna Secretary/Treasurer 04/30/2018

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuantab NJAC 8:50 and 5:16)

('K# 370

Date of Notification (1)			- Paul	Name	of Buildin	g Owne	r/Operator	(2)					
05/01	_ / _	18					mpanies		ITAN F. C	i j		\ ///	FI
	oe Notificat	tion		Stree	t Address					1 31	11	100	11
100 000	Initial			22	Maple A	venue							
	Amended				State, Zip				AA A	v _	2	2018	-
	Amendme		•		rristwon		960		LIL MA	1	C 1	2010	1
The state of the s	justification	y (including	g		of Contac				Telephone Numl	ner		- 20	- 12.000
	Cancellation	on		Eri	c Helstro	m			973-630-981		Çelik Manl	1740)L&
				FA	CILITY IN	NFORM	ATION		annumerous surveys and a	11.1200.000	National Parents	***	retire; Wateralter
Name of Facility Where Abate	ement is Ta	aking Place	(3)					Type of Facility (4	4)				
Mountain Side Hospita	I							School (K-12)					
Street Address								Subchapter 8	(Other than K-12)	١			
12 Claremont Avenue								Other (i.e., pri homes, etc.)	vate and commer	cial bi	ullding	js,	
City (5)								Square Feet	# of Floors	В	dg. A	ae	
Montclair								5,000	2		50	3-	
County (6)				Cour	nty Code (7	7)(STATE	USE ONLY)	Current Use (Price	or if being demolis	hed)		-	
Essex									3				
Name of Monitoring Firm Hire	d by Buildi	ing Owner	(8)	ASCM	No.	Name	of Abatem	ent Contractor (9)			2.91.11	AT SEE	_
JVN Restoration Inc													
Street Address Street Address													
47 Fos								ad					
City, State, Zip Code						City, S	tate, Zip C	ode					_
								I NY 10309					
Project Manager for Monitorin	g Firm		Tele	phone	No.		one No.		License No.				
				*			-605-6256	i	00774				
Start Date (10)	Sc	cheduled C	omple	tion Da	te (11)	Name	of OSHA N	Monitor	00.14				
05 /11 /18					_ /18 Testor Tech								
Occupancy Status During Aba	tement (Cl					0.0000	Address						
☐ Facility Closed/Vacated Du				ment				n Avenue					
☐ Abatement Performed Outs	side of Nor	mal Facilit	y Hour	s - Des	cribe		tate, Zip Co						
Time of Abatement: 7:00	AM-3:30P	M/F	PM	AM	l.	17 533	NY 11101						
Scope of Work (Check all that	apply)												
≥3 sf or ≥3 If		ПР	novati	on		5	Full Con	tainment with Nega	tive Pressure				
☐ ≥160 sf or ≥260 lf		□ Re					Mini-End	losure g Procedure					
				0.500				mpted (*) and Non-	-Friable Procedur	е			
		100	Locat			0.94	2000			Ab	atem	ent T	уре
Location of Asbestos-Containing Mate	rial (ACM)		Norma d Sole		Asha		escription o	f terial (ACM)		Z	Z,	ш	Ш
TO BE ABATED		Ma	intena				al systems		Amount (Specify	Remova	Repair	ncal	nclo
IN Facility (13)		Cus	todial ((12)	Staff?		surfa	acing, VAT	, or	SF or LF)	val	7	Encapsulate	Enclosure
(13)		Yes	No	N/A	1	otner	miscellane	ous)				ate	(0
Basement					Pipe Ins	sulation	n and Fitt	ings.	40 LF				
								ge.	10 2.				
							-		+=				
Name of Registered Waste Ha	JDEP V	Maste	Cubia	Yards of	Nome of Desir			Ш	Ш				
Newark Carting	auler II		Waste	I alus OT	Name of Registe								
NJ-56						200	15	G.R.O.W.S.,	IIIC.				
City, State						Disposa		City, State	•0•7				
Hackettstown, NJ							1/18	Morrisville,F	A				
Completed By (Print or Type)		Title				Si	gnature	11/1/	Dat		4		
Ralph Barnhardt		Project	t Man	ager			h	MAKE	2/0	5-	DI	- 2	018

Date of Notification (1)	(P	ATION OF AS ursuant to NJ	New Jersey SBESTOS ABA AC 8:60 and 5:1	(2)	DE G	E				
☐ DCA ☐ Emerg	led Iment # <u>2</u> ency (including	Street Address 3280 Peach City, State, Zip Atlanta, Ge	ntree Road, NW S Code oergia 30305		ANDENIOS CONTROL E					
(NJAC 5:23-8) justifica	ation)	John Devin	3							
Name of Facility Where Abatement is	Taking Place (3)	FACILITY II	NFORMATION	Type of Facility (4	4)					
Zee Farm Building #5 Street Address 700 Mullica Hill Road			al buildings,							
City (5) Mullica Hill, NJ				Square Feet	# of Floors	Bldg. Age				
County (6) Gloucester		County Code (7	7)(STATE USE ONLY)	Current Use (Prio	r if being demolishe	ed)				
Name of Monitoring Firm Hired by Bu M.E.C.S. Street Address	ilding Owner (8)	ASCM No.	Name of Abateme							
PO Box 341			Street Address 30 Maple Ave	. PO Box 25						
City, State, Zip Code CHesterfield, NJ 08515			City, State, Zip Co							
Project Manager for Monitoring Firm William Weisgarber Jr. Start Date (10)		phone No. 9-298-4070	Telephone No. 609-265-2107 Name of OSHA M		License No. 00529					

EMSL Analytical

City, State, Zip Code

200 Route 130 North

Cinnaminson, NJ 08077

Street Address

Scope of Work (Check all that apply)									-					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	☑ ≥160 sf or ≥260 lf ☑ Den					stainment with Ne closure og Procedure empted (*) and No		dure						
		Loca							Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	inten	lely by ance/ Staff?		Description of pestos Containing Ma e., thermal systems surfacing, VAT other miscellane	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
W 19	Yes	No	N/A			•				Э				
Basement				Pipe I	nsulation		10 LF							
Bathroom			×	Linole	um & Mastic		80 SF							
Name of Registered Waste Hauler		N	NJDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill		_					
AbateTech, Inc.		H	lauler II 18750		Waste 40	G.R.O.W.S								
City, State					Disposal-Date	City, State				20				
Lumberton, NJ					5/31/18	Tullytown,	PA							
Completed By (Print or Type) Title					Signature	<u> </u>	T)ate						

Gwendolyn Trumbetti

__2__/__6__/__18__

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: ____AM-___PM/___PM-__AM

Operations Coordinator

Signature

Date

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1 Name of Building Owner/Operator (2) 4 30 18 NJ DOT / Job #1707-5182 Check #~ Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial PO Box 600 ☑ DOLWD City, State, Zip Code ☑ DHSS Amendment #3 Trenton, NJ 08625-0600 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Matt Kolar 609-586-5005 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT Paterson Plank Rd. Bridge ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Route 495 & Route 1 & 9 homes, etc.) City (5) Square Feet # of Floors Bldg. Age North Bergen, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Hudson Bridge Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) M.E.C.S. AbateTech. Inc. Street Address Street Address PO Box 341 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Crosswicks, NJ 08515 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. William Weisgarber 609-915-1140 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3_/_5_/_18_ 5 / 31 / 18 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___ PM/_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior X Transite Piping 5.200 LF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech. Inc. Waste G.R.O.W.S. Landfill 18750 40 City, State Disposal-Date City, State Lumberton, NJ 5/3118 Tullytown, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti **Operations Coordinator** 30 ASR-41

MAY 11

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 4 30 Verizon Communications 18 / Check # PG1 of 3 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 100 Greenwood Avenue **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #5 Jenkintown, PA 19046 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Alex Baylor 301-583-0048 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Market CO ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 95 William Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Offices Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental** AbateTech, Inc. Street Address Street Address 8436 Enterprise Ave. 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __8__ / __25__ / __17 31 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of-Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3:30PM/5PM-2AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) $\ge 3 \text{ sf or } \ge 3 \text{ lf }$ Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Removal Enclosure Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Please see attached Please see X П Please see attached X attached Basement X П Tank Insulation 75 SF X Basement X Pipe Fittings 25 total X 1st to 3rd Floor Pipe Chase M П Pipe Fittings 45 total X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 5/31/18 Tullytown, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti **Operations Coordinator**

State of New Jersey

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

			(Pursu	ant to NJ	IAC 8:60 and 5:				E		W		
Date of Notification (1)				Na	ne of Buildi	ing Owner/Operator	(2)					-		
4 /30	_ / _	18		V	erizon Co	mmunications	/Job# C	heck # PG2	of 3	-	2 2	018		
	e Notification	on	20 0000	Stre	et Address			lei to	mrti			UIU		
F7	nitial			1	00 Green	wood Avenue		-		0.244				
	Amended			City	, State, Zip	Code		155	100	14 6	silat ShiiG	1 1 4 4		
T	Amendment	_	12000		Jenkintown, PA 19046) ::		
	mergency ustification)		ng		ne of Conta			Tolombana Ni	hone Number					
NO. 100 P. 100 P	Cancellation			1000	lex Baylo	7.5		Telephone Number 301-583-0048						
				F	ACILITY II	NFORMATION		001-000-0	040			-		
Name of Facility Where Abater	nent is Tak	ing Pla	ce (3)	,7107			Type of Facility	(4)						
Verizon Market CO		-					School (K-1							
Street Address							Subchapter	8 (Other than K-	12)					
95 William Street							Other (i.e., p	rivate and comm	nercial I	buildir	ngs,			
							homes, etc.)						
City (5)							Square Feet	# of Floors	E	Bldg.	Age			
Newark County (6)														
Essex				Cou	inty Code (7	7)(STATE USE ONLY)		ior if being demo	lished)	W.				
1410-717-7-7-7		_					Offices							
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)	0						
USA Environmental						AbateTech, I								
Street Address						Street Address								
8436 Enterprise Ave.						30 Maple Ave	. PO Box 25							
ity, State, Zip Code						City, State, Zip Co	ode				0			
Philadelphia, PA 19153						Lumberton, N	IJ 08048							
roject Manager for Monitoring I	Firm		Tel	ephone	No.	Telephone No.		License No.						
Mark Jenkins			- 2	15-36	5-5810	609-265-2107		00529						
tart Date (10)	Sche	duled (ate (1/1)	Name of OSHA M	onitor	00323				_		
8/25/17				1_ /		EMSL Analyti								
Occupancy Status During Abate	/													
Facility Closed/Vacated Durin	a Entire De	K UIIIY	one)	/.		Street Address								
Abatement Performed Outsid	e of Norma	L Equilit	Abate	ment		200 Route 130	A CARLO CONTRACTOR							
Time of Abatement: 7AM-3:3	OPM/5PM	· Pacilii · 2AM	у нои	rs - Des	scribe	City, State, Zip Co								
30427 PG-21-1		=				Cinnaminson,	NJ 08077							
cope of Work (Check all that ap	ply)					B		SPACALATINE NEWS IN						
] ≥3 sf or ≥3 lf		⊠ Re	novati	on			ninment with Neg	ative Pressure						
≥160 sf or ≥260 lf			molitic				Procedure							
						Non-Exem	npted (*) and Nor	-Friable Procede	ure					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	Locat						At	atem	ent T	ур		
Location of Asbestos-Containing Material	(ACM)		d Sole		A	Description of		A secretary on any		_	1	T		
TO BE ABATED	(ACIVI)	Ma	intena	nce/		tos Containing Mate thermal systems in		Amount	em	Repair	nca	Enclosure		
IN Facility		Cust	odial	Staff?	(1.0.,	surfacing, VAT, o		(Specify SF or LF)	Remova	=	psu	nsc		
(13)			(12)	1 8000000		other miscellaneo		J. J. L. ,	-	1	Encapsulate	a		
		Yes	No	N/A							Ф			
sement Mechanical Loft					Pipe Fitt	ings		10 total				Е		
Floor			\boxtimes		Exterior	brick façade/bla	ck mastic	2,569 SF						
Floor			\boxtimes		Pipe Fitt	ing Insulation		88 LF				Г		
Floor			\boxtimes		Caulking	and Glazing		3 windows		П		Г		
me of Registered Waste Haule	r			JDEP V		Cubic Yards of	Name of Registe					_		
bateTech, Inc.			100000	auler ID	No.	Waste	G.R.O.W.S.							
/, State				18750		40 Diaposal Data								
umberton, NJ						Disposal Date 5/31/18	City, State	ο Λ						
					(-	3/3//10	Tullytown, F	A						
	TIAL											_		
npleted By (Print or Type)	Title			oordi		Signature	L	Da	ate 4	_	[18			

ASB **MAY 11**

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

Date of Notification (1)		122	Na	me of Buildi	ing Owner/Operator	(2)	11111					
4 /30	/18				ommunications	/ Job # Ch	eck# PG3	MAY of 3	- 2	20	18	
	tification		Str	eet Address			Commonwealth Co.				*****	
☑ EPA ☐ Initial			1	00 Green	wood Avenue		Acr-		. 44 . N	V:),	ROL	
☑ DOLWD ☑ Amer	The second secon		City	, State, Zip	Code		Pulliand appreciation and co.	Service of the	(C) (C)	HVG		
	idment #5		1 1 1 1 1 1 1 1	70 Jakenik	n, PA 19046							
	gency (includ cation)	ling		ne of Conta			Tolophana Ni					
Canc				lex Baylo			Telephone Nu 301-583-0					
			F	ACILITY II	NFORMATION					0.00		
Name of Facility Where Abatement	is Taking Pla	ace (3)				Type of Facility (4)					
Verizon Market CO						School (K-12))					
Street Address						☐ Subchapter 8	(Other than K-	12)				
95 William Street						Other (i.e., pri homes, etc.)	ivate and comm	nercial	buildi	ngs,		
City (5)						Square Feet	# of Floors	- 1	Dida	Λ		
Newark						Oquale i eet	# 01 110018	1	Bldg.	Age		
County (6)			I Co	unty Codo /	7)(STATE USE ONLY)	0 111 /0:	1					
Essex			00	unity Code (I)(STATE USE UNLY)	Current Use (Price	or if being demo	olished))			
Name of Monitoring Firm Hired by B	uilding Owns	- (0)	LACCA	/ Na	T.,	Offices						
USA Environmental	unding Owne	1 (0)	ASC	II NO.	Name of Abateme							
Street Address					AbateTech, I	nc.						
					Street Address							
8436 Enterprise Ave.	7				30 Maple Ave	. PO Box 25						
City, State, Zip Code					City, State, Zip Co	ode						
Philadelphia, PA 19153				Lumberton, NJ 08048								
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.					
Mark Jenkins		- 2	15-36	5-365-5810 609-265-2107			00529					
Start Date (10)	Scheduled	Compl	etion D	ate (11)	Name of OSHA M	onitor					_	
8 / _25_ / _17_	5	/ _3	1_/	_18/	EMSL Analyti	cal						
Occupancy Status During Abatement	Check only	one)			Street Address							
☐ Facility Closed/Vacated During Er	tire Period o	f Abate	ment		200 Route 130	Morth						
Abatement Performed Outside of	Normal Facili	ty Hou	rs - De	scribe	City, State, Zip Co							
Time of Abatement: 7AM-3:30PM	1/ <u>5</u> PM- <u>2</u> AM			SVCD-Med	A							
Scope of Work (Check all that apply)					Cinnaminson							
≥3 sf or ≥3 lf	⊠ p	enovat	ion			ainment with Nega	tive Pressure					
≥160 sf or ≥260 lf		emoliti										
					Non-Exen ■ Non-Exen	npted (*) and Non-	Friable Procedi	ure				
		s Loca						-	patem	ent T	vne	
Location of	2.22	Norma ed Sole			Description of				-	T	1	
Asbestos-Containing Material (AC TO BE ABATED	IVI/	aintena		Asbes	tos Containing Mate, thermal systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
IN Facility	Cus	todial	Staff?	(1.6.	surfacing, VAT,		(Specify SF or LF)	ova	₩.	squ	nso	
(13)		(12)	_	-	other miscellaneo		J. J. L.)	_		lat	9	
	Yes	No	N/A							0		
4 th Floor Exterior		×		Pipe/ Fit	ting Insulation		10 LF					
4th Floor Exterior				Roof Fla	shing		30 SF					
Name of Registered Waste Hauler			JDEP V	2000	Cubic Yards of	Name of Register	ed Landfill		1_			
AbateTech, Inc.		Н	auler II 18750		Waste 40	G.R.O.W.S. L	andfill					
City, State				1	Disposal Date	City, State						
Lumberton, NJ					5/31/18	Tullytown, P	A					
Completed By (Print or Type)	Title				Signature	4	Da	ate				
Gwendolyn Trumbetti	Operati	ons (oordi	nator	()	1.17		4/	201	18	.	

ASB-41 MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 4 30 PSE&G / Job # 1712-5241 Check #9895 Agencies Notified Type Notification Street Address SOL & **⊠** EPA ☐ Initial 4000 Hadley Road **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #3 South Plainfield, NJ ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Eric Lorenzon 215-247-0542 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Moorestown School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 300 New Albany Rd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Moorestown, NJ 08055 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Control House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code 8,8Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __2__/ __12__/ 18 5 / 4 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check-only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Process Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ⊠ Renovation ≥160 sf or ≥260 If ☐ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A

Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Management Waste Fairless Landfill 18750 40 City, State Disposal Date City, State Camden, NJ 5/4/18 Morrisville, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti **Operations Coordinator**

Black tar & paper flashing

Black tar & paper flashing

Transite Cement Board

100 SF

12,740 SF

550 SF

X

П

 \boxtimes

X

 \boxtimes

ASB-41 MAY 11

Roof #1

Roof #5

Roof #3 and #4

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) - 2 2018 4 30 18 PSE&G / Job # 1802-5272 Check # Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 4000 Hadley Road 4. FOL & ☑ DOLWD City, State, Zip Code **⊠** DHSS Amendment #5 South Plainfield, NJ ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Ryan Thomasen 973-941-8155 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Plainfield Gas Facility School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings. 40 Rock Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Plainfield, NJ 07036 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union **District Office** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 24 / 18 5 / 4 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___ __AM-PM/ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Repair Enclosure Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior \boxtimes Roof Flashing 1,200 SF X П Exterior \boxtimes Roof Tar 130 SF \boxtimes Exterior X Roof Walking Pads 600 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill **Environmental Transport Group** Hauler ID No. Waste G.R.O.W.S. NJD0006920 40 City, State Disposal Date City, State Flanders, NJ 07836 5/4/18 Morrisville, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti 4/30/18 Operations Coordinator

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Date of Notification (1)							ling Owner/Operator		MAY	- 2	201	8	1 1	
	30 /	1	8		R	obert We	ood Johnson Hos	spital / Job	#1804-5303 C	hecka	#101	13	-	
Agencies Notified	Type Noti	fication	1		Stre	eet Addres	s		Adda da (1)		. T (2)	11 2	ANA CALIFORNIA	
⊠ EPA ⊠ DOLWD					0	ne Robe	rt Wood Johnson	Place	1	1.75%	(G	J. C.	E	
⊠ DOLWD	Ameno		4		City	, State, Zip	Code		The state of the s	alaramia (a. 10 alia	PARTICION DE	PER	ANUTOWN	
□ DEA	⊠ Emerg			_	N	ew Bruns	swick, NJ 08901							
(NJAC 5:23-8)	justific		illiciadii	ig		ne of Conta			Telephone Nun	nher				
	☐ Cance	llation			W	/illiam Ke	elly		732-937-88					
					F	ACILITY	INFORMATION							
Name of Facility Where A								Type of Facility ((4)					
Robert Wood Johns	son Hosp	ital- T	ower	Bldg				School (K-12						
Street Address									(Other than K-1)					
One Robert Wood J	ohnson P	Place						homes, etc.)	ivate and comme	ercial b	uildin	igs,		
City (5)								Square Feet	# of Floors	IB	Ildg. A	Age		
New Brunswick										-		.90		
County (6)					Cou	unty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			_	
Middlesex							,	Hospital	or in Donning Controll	onou				
Name of Monitoring Firm I	lired by Bu	ilding (Owner	(8)	ASCN	I No.	Name of Abateme	ent Contractor (9)		7-12-2				
Omega Environmen		~		. ,										
Street Address							AbateTech, I							
280 Huylar Street							30 Maple Ave	PO Box 25						
City, State, Zip Code							City, State, Zip Co				_			
South Hackensack,	NJ 07606						Lumberton, N							
Project Manager for Monito				Tele	ephone	No	Telephone No.	10 00040	License No.					
Geiser Fajardo	Ü			1		9-8700	609-265-2107							
Start Date (10)	Т	Sched	uled C			ate (11)	Name of OSHA M		00529					
5 / 1 /					/		EMSL Analyti	20.00						
Occupancy Status During A	Abatement						Street Address			y-tanta				
☐ Facility Closed/Vacated					ment			n North						
☐ Abatement Performed C	outside of N	lormal	Facility	/ Hou	rs - Des	scribe		200 Route 130 North ty, State, Zip Code						
Time of Abatement:	AM	PN	N	_PM	i neces	_AM		on, NJ 08077						
Scope of Work (Check all the	nat apply)						Cililaininson	, NJ 00077						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De	novati						re				
120000000000000000000000000000000000000		- 1		Locat						Ab	atem	ent T	уре	
Location of Asbestos-Containing Ma		a		lorma d Sole		A-h-	Description of			Z	Z	m	ш	
TO BE ABATE		"/		ntena			stos Containing Mat ., thermal systems in		Amount (Specify	em	Repair	nca	nclo	
IN Facility			Cust	odial (Staff?	(surfacing, VAT,	or	SF or LF)	Removal	=	Encapsulate	Enclosure	
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	11					r ipe ins	Sulation		80 LF				닏	
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Name of Registered Waste I	Hauler				JDEP V		Cubic Yards of	Name of Registe	red Landfill				An ex	
AbateTech, Inc.					auler ID 18750		Waste 12	G.R.O.W.S. I	_andfill					
City, State							Disposal Date	City, State					_	
Lumberton, NJ							5/3/18	Tullytown P	۸					

ASB-41 **MAY 11**

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

Operations Coordinator

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

5/3/18

Signature

Tullytown, PA

Date 4 30 18

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

no CK.	1	NO			ON OF AS	SBI	ESTOS ABA								
11000			(1				8:60 and 5:1	INECEIVE							
Date of Notification (1)							Owner/Operator				, j	17	16.		
	18	_		Ir	nspira Hea	alth	Network / Jo	b #1801-5255	Check #				1		
Agencies Notified Type Not	ification			Stre	eet Address					MAY -	2 2	018			
☑ EPA ☐ Initial	2. 2			3:	280 Peach	ntre	e Road, NW S	Suite 1400			- 6	010	1		
☑ DOLWD ☑ Amend ☑ DHSS Amend	ded dment #1			City	, State, Zip	Cod	de			va			a		
	ency (incl	ludin	a	A	tlanta, Ge	rgia 30305		1.01.&							
(NJAC 5:23-8) justific		uuiii	9	Nan	ne of Contac	ct			Telephone Number						
☐ Cance	llation			Jo	ohn Devin	e			856-262-1800						
				F	ACILITY IN	NFC	ORMATION								
Name of Facility Where Abatement i	s Taking F	Place	(3)		the section of the se			Type of Facility	(4)						
Zee Farm Building #2								School (K-1							
Street Address								☐ Subchapter ☑ Other (i.e., p	8 (Other than	K-12)	wildin	ac			
700 Mullica Hill Road								homes, etc.)	Timercian	Juliuli	ys,			
City (5)								Square Feet	# of Floors	s E	Bldg. A	Age			
Mullica Hill, NJ								24 Test Con							
County (6)				Cou	inty Code (7	7)(S7	TATE USE ONLY)	Current Use (P	rior if being de	molished)					
Gloucester								Farm							
Name of Monitoring Firm Hired by Bu	ilding Ow	ner (8)	ASCN	I No.	N	ame of Abateme	ent Contractor (9)						
M.E.C.S.							AbateTech, Ir	(4)							
Street Address						-	treet Address								
PO Box 341							30 Maple Ave	. PO Box 25							
City, State, Zip Code					City, State, Zip Code										
CHesterfield, NJ 08515						10	Lumberton, N								
Project Manager for Monitoring Firm			Tele	phone	No.	-	elephone No.		License No	0			- 2		
William Weisgarber Jr.			200000		3-4070		609-265-2107		00529	J.					
Start Date (10)	Schedule	d Ce	mple	tion Da	ate (11)	-	me of OSHA Me	onitor							
_2 / _6 / _18	5	_ /	31	/	_18	1	EMSL Analyti	cal							
Occupancy Status During Abatement	(Check or	nly or	ne)			-	reet Address						_		
☐ Facility Closed/Vacated During Ent				ment		200	200 Route 130	North							
☐ Abatement Performed Outside of N	Normal Fac	cility	Hour	s - Des	scribe		y, State, Zip Coo								
Time of Abatement:AM	PM/_		_PM-		_AM										
Scope of Work (Check all that apply)							Cinnaminson,								
☐ ≥3 sf or >3 lf		Don	ovati	on.			Full Conta	inment with Neg	ative Pressure	е					
⊠ ≥160 sf or ≥260 lf			nolitio				☐ Mini-Enclo								
								pted (*) and No	n-Friable Proc	edure					
			ocati							AŁ	atem	ent T	уре		
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TO BE ABATED	" 1	Main	itenai	nce/			Containing Mate ermal systems in		Amount (Specify	Removal	Repair	nca	nclo		
IN Facility	C			Staff?	(,	S	surfacing, VAT, o	or	SF or LF)	oval	=	Encapsulate	Enclosure		
(13)	Ye		(12)	NI/A	-	ot	her miscellaneo	us)				late	0		
Kitchen			No	N/A	Joint Co	mn	ound		600 SF	57					
Kitchen					Caulk	iiih	Journa		450 SF						
Kitchen			_		Lineoleu	ım	& Mastic		115 SF						
Throughout 1st & 2nd FLoors		1.	=		Ceiling D				11,000 SF						
Name of Registered Waste Hauler		DEP V			oic Yards of	Name of Regist				ш					
AbateTech, Inc.	Ha	uler ID	No. 1	Was	ste	G.R.O.W.S.									
City, State		18750		4			1.5. Latiuili								
Lumberton, NJ					Disposal Date City, State 5/31/18 Tullytown, I					, PA					
Completed By (Print or Type)	Title						Signature			Date ,		,	_		
Gwendolyn Trumbetti	Opera	atio	ns C	oordi	nator		Or	ust		4)	30	11	8		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

								m) E G	E I W	lin.
Date of Notification (1) 4 /	30 /	18				ng Owner/Operator alth Network / Jo	A. 10. Co.			
Agencies Notified ☑ EPA ☑ DOLWD	Type Notification	on			et Address 280 Peach	ntree Road, NW S	Suite 1400	J MAY	- 2 201	8
☑ DHSS ☐ DCA	Amended Amendment		200		State, Zip	Code oergia 30305		ASSIST. C	CACATA P. JAG	OL&
(NJAC 5:23-8)	☐ Emergency justification)	(includi	ng		e of Contac		16.0	Telephone Nu	mher	cas was for the sale
	☐ Cancellation			Jo	hn Devin	е		856-262-18		
				F/	CILITY	NFORMATION				
Name of Facility Where A	batement is Tak	ing Plac	ce (3)			orang trion	Type of Facility	(4)		
Neale Farm Building	g #2					ā	School (K-1			
Street Address							☐ Subchapter	8 (Other than K-1	12)	
700 Mullica Hill Roa	d						homes, etc.	orivate and comm	ercial buildin	igs,
City (5)				-			Square Feet	# of Floors	Bldg. A	Age
Mullica Hill, NJ							====			J
County (6)				Cou	nty Code (7	(STATE USE ONLY)	Current Use (P	rior if being demo	lished)	
Gloucester								-		
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)		1000
M.E.C.S.						AbateTech, Ir	nc.			
Street Address						Street Address				
PO Box 341						30 Maple Ave	. PO Box 25			
City, State, Zip Code	385					City, State, Zip Co	de			
CHesterfield, NJ 085						Lumberton, N	J 08048			
Project Manager for Monito			Tele	phone	No.	Telephone No.		License No.		
William Weisgarber					4070	609-265-2107		00529		
Start Date (10)2 /6 / _		duled 0		tion Da	18 /	Name of OSHA Me EMSL Analytic				
Occupancy Status During A	Abatement (Chec	k only	one)			Street Address	7. T. S.			
☐ Facility Closed/Vacated	During Entire Pe	eriod of	Abate	ment		200 Route 130	North			
Abatement Performed C	Outside of Norma	I Facilit	y Hour	s - Des	cribe	City, State, Zip Coo	The state of the s			
Time of Abatement:	AM- P	MA				only, oraco, Esp ou				
			PM-	-	AM	Cinnaminson.	NJ 08077			
			PM-		AM	Cinnaminson,	NJ 08077			
cope of Work (Check all the		☐ Re	PM-	on	AM	☐ Full Conta ☐ Mini-Enclo ☐ Glovebag	inment with Neg osure Procedure		ıre	2
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cope of Work (Check all the	hat apply)	☐ Re ☑ De	enovati emolitio	on ion ly ly by	Asbes	☐ Full Conta ☐ Mini-Enclo ☐ Glovebag	ninment with Negsure Procedure hpted (*) and Norerial (ACM) sulation,		Abatem Removal	1
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Inspira Health Network / Job #1801-5255 Check#9833- 2 2010

111) CR			(F	ursua	ant to NJ	AC 8:60 and 5:1	16)		3 II W					
Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)				7 1	₩		
4 /30	_ / _ 1	18		In	spira Hea	alth Network / Jo	b #1801-5255	Check #9833	F 2 20°	IQ.				
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⊠ EPA □ Ir				32	280 Peach	ntree Road, NW S	Suite 1400	<u> </u>		- Colongo of well				
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				F/	CILITYII	NFORMATION		000 202						
Name of Facility Where Abatem	nent is Taki	ng Plac	e (3)	• • •	TOILIT II	II ORMATION	Type of Facility	(4)				_		
Neale Farm Building #8		-					School (K-12)							
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700 Mullica Hill Road							homes, etc.	orivate and com	mercial bu	ildings	ι,			
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Mullica Hill, NJ								W 017 10010		-9.7.9				
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)					
Gloucester							Farm		•					
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	l No.	Name of Abateme	ent Contractor (9)						
M.E.C.S.						AbateTech, I	nc.	50						
Street Address						Street Address	3510							
PO Box 341						30 Maple Ave	ve. PO Box 25							
City, State, Zip Code						City, State, Zip Co	ode							
CHesterfield, NJ 08515						Lumberton, N	IJ 08048							
Project Manager for Monitoring F	irm		Tele	phone	No.	Telephone No.		License No.						
William Weisgarber Jr.				-	3-4070	609-265-2107		00529						
Start Date (10)					ate (11)	Name of OSHA M	onitor					\neg		
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Abatement Performed Outsid Time of Abatement:A	e of Norma	l Facilit	y Hou	s - Des	cribe	City, State, Zip Co								
		IVI/			Alvi	Cinnaminson	on, NJ 08077							
Scope of Work (Check all that ap	ply)					П								
≥3 sf or ≥3 lf		Re	novati	on		☐ Mini-Encl	ainment with Neo osure	gative Pressure						
≥160 sf or ≥260 lf		De				☐ Glovebag	Procedure							
		la	Locat	ion		⊠ Non-Exer	npted (*) and No	n-Friable Proce			7.2	_		
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TO BE ABATED IN Facility			intena odial		(i.e.	, thermal systems in		(Specify	Removal	air	Encapeul	5		
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N (D. 11. 111														
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AbateTech, Inc.			11	18750		40	G.R.O.W.S. Landfill							
City, State						Disposal Date	City, State					\neg		
Lumberton, NJ						(5/31/18)	Tullytown,	PA						
Completed By (Print or Type)	Title				-	-Signature,	A_		Date i	. 1		\neg		
Gwendolyn Trumbetti	0	perati	ons (oordi	nator	1 Ch	et		4/3	301	18			

ASB-41 MAY 11

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Date of Notification (1) 4 /	30 /		18		N		ing Owner/Operator alth Network / Jo	1,500,000	Check #98	AY - 2 35	20	18	The state of the s		
Agencies Notified ☑ EPA ☑ DOLWD ☑ DHSS	Type Noti	ded				treet Address 3280 Peacl ity, State, Zip	htree Road, NW	Suite 1400	Acil-	i i i i	i di	TOL 8	&		
□ DCA	☐ Emerg			ina		Atlanta, Ge	eoergia 30305								
(NJAC 5:23-8)	justific	ation)		9	Na	ame of Conta	ct		Telephone Number						
	☐ Cance	llation				John Devin	ne		856-262-1800						
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Name of Facility Where A	batement is	s Taki	ng Pla	ce (3)				Type of Facility	(4)			-			
Neale Farm Building Street Address	g #4						School (K-12) Subchapter 8 (Other than K-12)								
700 Mullica Hill Roa	d							Other (i.e., phomes, etc.	private and co	mmercial	buildir	ıgs,			
City (5)								Square Feet	# of Floor	s I	Bldg. /	Age	_		
Mullica Hill, NJ										100	•				
County (6) Gloucester	7)(STATE USE ONLY)	Current Use (P	rior if being de	emolished))										
Name of Monitoring Firm H	Hired by Bu	ildina	Owner	(8)	ASC	CM No.	Name of Abateme	ont Contractor (0							
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Street Address				1111			Street Address	110.			_				
PO Box 341							30 Maple Ave	PO Boy 25							
City, State, Zip Code		-					City, State, Zip Co								
CHesterfield, NJ 085	15						Lumberton, N								
Project Manager for Monito	oring Firm			Te	lephor	ne No.	Telephone No.	10 00040	License N	0					
William Weisgarber				-	150 (4)	98-4070	609-265-2107		00529	0.					
Start Date (10)		Sched	duled (Date (11)	Name of OSHA M	lonitor							
2/_6_/_		6	5		31_ /	18	EMSL Analyti	cal							
Occupancy Status During A							Street Address								
☐ Facility Closed/Vacated ☐ Abatement Performed C	During Ent Outside of N	lire Pe	riod of	Abat	ement	aaariba	200 Route 13								
Time of Abatement:	AM	Pi	W/	PN	115 - D 1	AM	City, State, Zip Co								
Scope of Work (Check all the	hat apply)	-					Cinnaminson	, NJ 06077							
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			□ Re												
			1 0.00	Loca						Al	atem	ent T	уре		
Location of Asbestos-Containing Ma		4)	20000	Norm	ally lely by		Description of				_	T	-		
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IN Facility (13)			Cus	todial (12	Staff?		surfacing, VAT,	or	SF or LF) val	7	Encapsulate	Enclosure		
(13)			Yes	No		A	other miscellaneo	ous)				ate	LU .		
Exterior					×	Roof Sh	ingles		4,000 SF	= 🛛					
Exterior						Window	Caulk		450 LF						
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Name of Registered Waste I AbateTech, Inc.	Cubic Yards of Waste	Name of Regist													
	40	G.R.O.W.S.	Landfill												
City, State Lumberton, NJ							Disposal Date 5/31/18	City, State Tullytown,	PA						
Completed By (Print or Type)	Title		_		<u>\</u>	Signature	,,		Date					
Gwendolyn Trumbetti			perati	ons	Coord	dinator	Oly	111			20	118	2		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 4 30 18 2018 Millville Public Schools / Job #1707-5179 Check # Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 101 North 3rd Street **⊠** DOLWD □ Amended City, State, Zip Code ☑ DHSS Amendment #1 Millville, NJ 08332 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Bob Ryan 609-858-5395 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Millville Senior High School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 200 North Wade Blvd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Millville 200,000 2 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cumberland Education Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental Services, Inc. 00100 AbateTech. Inc. Street Address Street Address 1805 Atlantic Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Gary W. Fleming 732-223-2225 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor / 2 / 18 5 / 31 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3:30PM/3:30PM-12AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Remova Repair Encapsulate Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached П П П See Attached See Attached X П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill AbateTech, Inc. Hauler ID No. Waste G.R.O.W.S. Landfill 18750 12 City, State Disposal Date City, State Lumberton, NJ 5/31/18 Tullytown, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti **Operations Coordinator** ASB-41

MAY 11

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(NJAC 5:23-8)	justification	(5)			of Contac	t		Telephone Numb	er						
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Street Address			-			Street Address						-			
P.O. Box 354						1345 INDUST	RIAL BLVD								
City, State, Zip Code				City, State, Zip Code											
South Orange NJ 0						SOUTHAMPT	ON PA 18966								
Project Manager for Mon	itoring Firm			phone		Telephone No.		License No.							
Sarah Calandra			1	73 275		215 322-2900		00783							
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CHRISTINE DEL VI	SCIO	ASST.	ADM	NSTR	ATOR	Conti	TeDelh	mes &	-1	-20) [8			