Check # 11564

Date of Notification (1) February 22 ebruary 1, 201					ng Owner			- Mainland	Division	01100				
Agencies Notified	Type Notificati				Address	gional w	euicai c	Jenter -	- Mannanu	7.608 1	ECE		VI I	Ē	ITY
□EPA □DEP				65 We	st Jimmi	ie Leeds	Road			147- M	in the resident of the following and the presentation			7	
⊠DOL □ DEP	☐ Initial			City. S	tate & Zir	p Code				- In	MAY -	2 20	117		
⊠рон	Amend	ded		1	na, NJ 0				4						, same
DCA		dment #_1		Nama	of Contac	ct			- 1	Ars	BESTO Tél	enhor	no Nin	mhe	
	L Cance	nation		INAME	oi Coma	GC.			1	, , ,	U-	ehiloi	ie ivu	(III)e	
	<u> </u>			FA	CILITY	INFOR	MATIC	ON .			Т				111111111111111111111111111111111111111
Name of Facility When AtlantiCare Regional						T	ype of F								
Street Address	Medical Certic	er – Iviann	Ianu Divis	sion			_	iool (K-1 ichaptei	r 8 (Other th	an K-12)					
65 West Jimmie Leed	ds Road									Property of the same of the same of	cial buildings	, hon	ne, e	tc.)	
0.77 (15)							Square F	eet	# of	Floors	Bldg	g. Age			
City (5) Pomona, NJ						1	Surrent I	Ise (Pri	ior if being o	iemolishe	-(1)	4.	2 Yea	rs	
Tomona, no							lospital		or if being e	CHIONSHO					
County (6) Atlantic			unty Code	(7)											
Name of Monitoring Fi Hillmann Consulting		ilding Owr	ner (8)		ASCM				nent Contra	ctor (9)					
Street Address	, mc.						synatech street Ad	-							
1600 Route 22 East,							29 Radi								
City, State & Zip Code Union, NJ 07083							City, Stat Little Eq.		or, NJ 080	87					
Project Manager for M	onitoring Firm			lephone N		T	elephon	e Numi			License Numl				
Stephen Cherepany Scheduled Start Date	(10)	chadulad	Completi	8-688-780			09-296- lame of		Monitor			0081	7	-	
February 13,	2017		Apri	10, 2017			Synatech		Monto						
Occupancy Status Dui	ring Abatement d/Vacated Duri			Ahatemer	nt		treet Ad 29 Radi		4						
	erformed Outsid					_	ity, Stat								_
Other - Desc	ribe:								or, NJ 080	87					
	pied During Aba	tement													
Scope of Work (Check	all that apply)									754 655 65	UN 5160 1257				
≥3 sf or ≥ 50 lf				Renovatio	nn.			Bernand	ıll Containm ini-Enclosur		legative Press	ure			
≥160 sf or ≥260) If		=	Demolitio					lovebag Pro	-					
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	ation of			on Norma				cription	of				atem	ent T	Гуре
Asbestos-Contain TO BE	ning Material (A ABATED	CM)		y Mainten dial Staff			Asbesto Mate	os-Cont rial (AC			ount (Specify SF or LF)	1			
IN F	Facility						(i.e., the	rmal sy	stems					m	
	(13)						sulation, or other r		ing, VAT ineous)			Rer	Re	nca	Enc
										- 1		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A							=		ate	е
First Floor					Х		Floor Til	le and l	Mastic		1,600 SF	X			
Endo Suite					Х		Flo	oor Tile	9		4,000 SF	X			
Name of Registered V	Vaste Hauler		NJDEP V	Naste.	Cubic \	Yards of \	Naste	IN	lame of Re	pistered L	andfill			_	_
			Hauler II	No.						5					
Synatech, Inc. City, State			27	429	30 Dispos	al Date			airless Hill City, State	15					
(3.7.2.	D.I.					
Little Egg Harbor, N. Completed By	08087	Title			0: 4	1, 2017 Dre	//		Morrisville,	PA					
8 2				no y to to the great control	1	Meni	111	17		1	ebruary 22, 2	017			
Diane Aloia		Executiv	re Admini	strator	10	·vuit	UUU	0		Februa	ry 1, 2017				

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Date of Notification (1	1) February 1, 201	17				Owner / Operator	· (2) nter – Mainland D	luicion				3	1	// [
Agencies Notified	Type Notifica			_	t Address	onal Medical Cel	iter – Maniland D	IVISIOII	200					
□EPA □DEP				65 W	est Jimmie	Leeds Road		The state of the s	The second secon	MA	γ.	- 3	20	17
⊠DOL .	Initial			City,	State & Zip (Code		1	-	fare on the second				
⊠рон	Amer	nded ndment #_		Pomo	ona, NJ 082	40		1	AS	BEST				RO
DCA		ellation		Name	of Contact			- !	The style state free	Telep		e Nur		
										1				
				FA	CILITY IN	IFORMATION								
Name of Facility Whe	ere Abatement i	s Taking F	Place (3)			Type of Fac					Green Control			
AtlantiCare Regiona	I Medical Cent	er – Main	land Divis	sion		Schoo	I (K-12)							
Street Address							apter 8 (Other tha							
65 West Jimmie Lee	eds Road						(i.e., private & c		cial build			ie, et	c.)	
City (5)						Square Fee	t # of Flo	oors		Bldg.	-	Year	re	
Pomona, NJ						Current Use	(Prior if being de	molished	1)	1	72	rea	3	
C(C)		10				Hospital			-			11200		
County (6) Atlantic			ounty Code											
Name of Monitoring F		ilding Ow	ner (8)		ASCM No		atement Contracto	or (9)						
Hillmann Consulting Street Address	g, Inc.					Street Addr					-			
1600 Route 22 East,	Ste 107					829 Radio I								
City, State & Zip Code Union, NJ 07083	е					City, State 8					-11-1			
Project Manager for N	Monitorina Firm		Te	lephone	Number	Telephone I	Harbor, NJ 08087 Number		License	Number		_		
Stephen Cherepany				8-688-78		609-296-69			Liocitoc		0817	7		
Scheduled Start Date February 13,		Scheduled	Completi				SHA Monitor							
Occupancy Status Du		t (Check o		h 13, 20°	11	Synatech, ! Street Addre					-			
Facility Close	ed/Vacated Dur	ing Entire	Period of	Abateme	nt	829 Radio I								
	Performed Outsi	de of Norr	mal Hours	5		City, State 8	& Zip Code							
Other - Desc		양 등				Little Egg F	larbor, NJ 08087							
	pied During Ab													
Scope of Work (Chec	k all that apply)					_	7			_				
≥3 sf or ≥ 50 lf			П	Renovati	ion	L		nt with Ne	egative F	ressure	9			
	≥160 sf or ≥260 lf				F	Glovebag Proce	dure							
					5	Non-Exempted		lon-Friab	le Proc	edur	e			
	ation of				ally Used	Descrip	otion of					ateme	nt T	ype
Asbestos-Contai	ining Material (<i>F</i> E ABATED	ACM)	Solely b	y Mainte dial Staf	nance or	Asbestos-			unt (Spe SF or LF)					
	Facility		J	l ciai ciai	i (12)	(i.e., therm	al systems	"	// OI LI /	· -	Т		_	
	(13)						rfacing, VAT cellaneous)				낋	23	nca	Enclosure
						or other mis	cellarieous)				Remova	Repair	sde	clos
			Yes	No	N/A						val	÷.	Encapsulate	ure
First Floor					X	Floor Tile a	and Mastic	1	,600 SF	-	x		\dashv	
											1			
											-			
Name of Registered V	Waste Hauler		NJDEP V		Cubic Yar	ds of Waste	Name of Regis	tered La	ndfill					-
Synatech, Inc.			Hauler IE		12									
City, State				429	Disposal I	Date	Fairless Hills City, State						- 12	7.32
								26						
Little Egg Harbor, N. Completed By	J 08087	Title			March 14		Morrisville, P	A Date					723	
Section Western					Signature	mi alor	•							
Diane Aloia		Executiv	e Admini	strator	11/10	ine allow	1-	Februar	y 1, 201	7				

A. 3							ESTOS ABA <u>.</u> 8:60 and 12		7	Ch #	3.	20	4		
Date of Notification	(1) 5/1/17	722012					wner / Operator (2)		DE	E	Ü	\mathbb{W}	E	11
Agencies Notified EPA	Type Notifica		St 10	reet 00 S	Addre outh	ess 6 th Str	eet		September of the septem		V	2 0	047	of a Demonstrate	STATE AND LOSS ASSESSED.
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□ DOH □ DCA		ellation				LOR			and the second s	ASRAS		CHYC	-	Ľ &	
				FAC	CILIT	Y INFO	RMATION						## ₁ 200.7424.14	ADDED AND	9
Name of Facility Wh Vineland Central		ent is Taking Pla	ace (3)				Type of Facility (School (K-1								
Street Address							Subchapter								
100 South 6th Stre	eet						Other (i.e. p						tc.)		_
City (5)		County (6)	Cour	aty C	ode (7)	Square Feet	# of Flo	ors	Ble	dg. Ag				
Vineland		Cumberland	Cour	ity C	oue (()	Current Use (Pri	or if heing o	4 lemoli	shed)		70			-
		Cambonana					COMMUNICAT	•		onea					
Name of Monitoring USA ENVIRONM					ASC	M No.	Name of Abatem BRISTOL ENV								
Street Address 8436 ENTERPRIS	E AVE						Street Address 1123 BEAVER	STREET							
City, State & Zip Coo PHILADELPHIA P							City, State & Zip BRISTOL, PA								
Project Manager for MARK JENKINS			Telepho 215-36			er	Telephone Numb 215-788-6040			License Nu	mber 0050)9			
Scheduled Start Dat May 11, 20		Scheduled Com Ma	pletion y 13, 2				Name of OSHA I		ITAL	INC					
Occupancy Status D Facility Close	ouring Abaten ed/Vacated D	nent (Check onl During Entire Pe	y one) riod of	Abat	temer	nt	Street Address 1123 BEAVER	STREET						0. 10	
		itside of Norma	Hours	s – 7	am to	3pm	City, State & Zip								-
Facility Occu	(5 PM - 1:30) upied During	Abatement					BRISTOL, PA	19007							
Scope of Work (Che	ck all that ap	ply)						Full Cor	ntainm	ent with Ne	gative	Pres	sure		
≥3 sf or ≥3 lf			⊠ F	Reno	vatio	n	ä	Mini-En							
≥160 sf ≥260) If			Demo	olition	1			100 To 1	ocedures					
								Non-Ex	-	d and Non-l	-				_
	cation of os-Containing	,	Is Lo Normal				Description of Asbestos-Contain	ina	10.0	Amount Specify	Aba	ateme	ent ly	/pe	
Mate	erial (ACM)		Sole	ely by	y		Material (ACM)			F or LF)			Ш	ш	
	E ABATED Facility		Mainter Custodi				i.e., thermal systemation, surfacing				Removal	Repair	Encapsula	ncls	
	(13)	'		ai 31 [2]	laii:		other miscellane				oval	air	sula	Enclsoure	
		,			N/A								é		
Basement bottom	stairwell #						Vat/mastic		•	100 SF					
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				+	H							H	H	H	
				=	H	(+#	H	H	H	
Name of Registered	Waste Haule	er		NJD	EP W	Vaste C	ubic Yards Na	me of Regi	stered	Landfill	1				

in Facility (13)	Cust	odial ((12)	Staff?		or other miscel			noval	pair	sulate	soure
	Yes	No	N/A]						le le	
Basement bottom stairwell #1					Vat/mas	tic	100 SF				
								\boxtimes			
	\boxtimes										
Name of Registered Waste Hauler		1 10 10 10 10 10 10 10 10 10 10 10 10 10	DEP uler I	Waste D No.	Cubic Yards of Waste	Name of Regis	tered Landfill				
SERVICE TRANSPORT GROUP, INC.		20	990		1	MINERVA LA	NDFILL				
City, State NEW CASTLE, DE 19720					Disposal Date TBD	City, State WAYNESBU	RG, OH 44688				
Completed By (Print or Type) PATRICK T. DeCARO		Tit	le stima	tor	Signature	P.D.Can	s/jl	Date 5/1/1	7		
		_					- /		_		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) MAY 4 12 1 17 Delbarton High School / Job #1603 4995 Check#9084 Agencies Notified Type Notification Street Address **ASBESTOS CONTROL & ⊠** EPA 230 Mendham Road LICENSING **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Morristown, NJ 07960 ☑ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Bill Champi **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Delbarton High School** School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 230 Mendham Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown, NJ 07960 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris High School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Detail Associates, Inc. 16-0085 AbateTech, Inc. Street Address Street Address 300 Grand Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Englewood, NJ 07631 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Stephen Jaraczewski 201-569-6708 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __5__/__23__/__17 6 / 16 / 17 **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) ≥3 sf or ≥3 If ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ≥160 sf or >260 lf □ Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Repair 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 See Attached M See Attached See Attached X П П П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Service Transport Hauler ID No. Waste G.R.O.W.S. Landfill 20990 40 City, State Disposal Date City, State New Castle, DE 6/16/17 Tullytown, PA Completed By (Print or Type) Signature Gwendolyn Trumbetti

State of New Jersey

Operations Coordinator

ASB-41 **MAY 11**

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

		(1	Pursua	ant to NJ	AC 8:60 and 5:1	16)					
Date of Notification (1)			Nan	ne of Buildin	ng Owner/Operator	(2)		AAY -	- 3	201	7
4 /14 /	17				Corner Water Co.	***	5100 Check#	9085			
Agencies Notified Type Notifi	cation	7	Stre	et Address			ASBE	STOS	CO	NTR	OL 8
☑ EPA ☐ Initial	Protein the case of the second		6	South Ma	in Street			LICE			
☑ DOLWD ☑ Amende		-	City,	State, Zip	Code						W. (1998)
□ DHSS Amendr		Ì	C. 17	arlboro, N						200	
DCA Emerge	ncy (includi tion)	ng /		ne of Contac			Telephone Nu	ımher			
☐ Cancella			4	rian Doug			Totophone No	aniboi			
			FA	ACILITY IN	NFORMATION						
Name of Facility Where Abatement is		ce (3)				Type of Facility	(4)				
Gordon's Corner Water Co P	lant #3					School (K-1					
Street Address							8 (Other than K- private and comm		uildin	ac.	
6 South Main Street						homes, etc.		lei ciai L	ullull	ys,	
City (5)		-516-30				Square Feet	# of Floors	В	ldg. A	ge	
Mariboro											
County (6)			Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	olished)		-	
Monmouth				52 V. 100	,,	Water Com					
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCN	1 No.	Name of Abateme	The state of the s					
Health & Safety Services	•	. ,			AbateTech, I						
Street Address					Street Address						
PO Box 365					30 Maple Ave	PO Box 25					
City, State, Zip Code					City, State, Zip Co						
Berlin, NJ 08009					Lumberton, N						
Project Manager for Monitoring Firm		Tel	ephone	No	Telephone No.	10 00040	License No.				
Jim Proctor			950.	9-2432	609-265-2107		00529				
	Scheduled (Name of OSHA M		00329				
[4				EMSL Analyti						
Occupancy Status During Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacated During Entit					200 Route 130	0 North					
Abatement Performed Outside of No	ormal Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	de					-
Time of Abatement:AM	PM/	РМ		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)					П		NHAPOTO A MONOTO NA NA				
≥3 sf or ≥3 If	⊠ Re	enovat	ion		☐ Full Conta	ainment with Neg	ative Pressure				
≥160 sf or ≥260 if		emolitic			☐ Glovebag	Procedure					
				,	☐ Non-Exer	npted (*) and No	n-Friable Proced	ure			
TENERAL CONTROL OF	1 2	S Loca Norma			2 <u>1</u> 0 pr 60 **			Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM		ed Sole		Aches	Description of stos Containing Mat		Amount	Re	Re	Ē	四四
TO BE ABATED	/ Ma	aintena	ince/		, thermal systems in		Amount (Specify	Removal	Repair	cap	Clos
IN Facility	Cus	todial (12)	Staff?		surfacing, VAT,		SF or LF)	Val	7	Encapsulate	Enclosure
(13)	Yes	No	N/A	1	other miscellaneo	ous)				ate	
Plant #3	П	П	N/A	Muffler	Insulation		50 SF				
				linamor i	inoulation		30 01				
		=						- -	ш	Ц	ш
70.200	\Box	Ш									
Name of Registered Waste Hauler		1886	JDEP V		Cubic Yards of	Name of Regist	tered Landfill				
AbateTech, Inc.		H	auler IE 18750	STAIRCASE I	Waste 12	G.R.O.W.S.	Landfill				
City, State			.5150		Disposal Date	City, State					
Lumberton, NJ					4/21/17	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature	1		ate	-	3-m-30	
Gwendolyn Trumbetti	Operat	ione (Coordi	nator		17		٦,	11	7	

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 Middle Township Public Schools / Job #1704-5133 Check #9104 14 1 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☐ Initial 216 South Main Street LICENSING **⊠** DOLWD City, State, Zip Code M DHSS Amendment #2 Cape May Court House, NJ 08210 □ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation Administration FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Middle Township ES #1 School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 215 Eldredge Rd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cape May Court House, NJ 08210 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cape May School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Partner Engineering AbateTech, Inc. Street Address Street Address 611 Industrial Way West 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Eatontown, NJ 07724 08009Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. **Brian Nemetz** 732-904-9565 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 18 / 17 4 / 14 / 17 **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 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If Renovation ☐ 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) Enclosure Used Solely by Removal Repair 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 Nurse's Bathroom/Gym Office П M White Caulk 16 LF X Rathroom П П

Completed By (Print or Type)

Gwendolyn Trumbetti

AbateTech, Inc.

Lumberton, NJ

City, State

ASB-41 MAY 11

Name of Registered Waste Hauler

Cubic Yards of

Disposal Date

Signature

4/18/17

Waste

4

Name of Registered Landfill

G.R.O.W.S. Landfill

Date

Tullytown, PA

City, State

Title

П

NJDEP Waste

Hauler ID No.

18750

Operations Coordinator

NOTIFICATION (Pursu

1 10		J	(uisu	ant to No.	AC (o:00 and 5:	10)	15				
Date of Notification (1)	24 /	17		200.0			wner/Operator unications	(2) / Check #	#9086 PG1 of 2	AY ·	- 3	201	7
Agencies Notified	Type Notific	cation		Stre	et Address				2				
⊠ EPA	☐ Initial			10	00 Greenv	voo	d Avenue		ASBES				ROL
⊠ DOLWD				City	, State, Zip	Code	9		1	LICE	NSI	VIG.	
☑ DHSS	Amenda				enkintowr						-		
DCA (NJAC 5:23-8)	☐ Emerge justificat		ng		ne of Conta				Telephone Num	hor			
(1.157.10-0.20-0)	Cancella				lex Baylor	(5:7)·			relebilone Mun	ibei			
							DMATION		1				
Name of Facility Where	Abatement is	Taking Dla	20 (2)	F/	ACILITYII	NFO	RMATION	1					
Verizon Market CO		Taking Fla	Je (3)					Type of Facility	30.30				
Street Address								School (K-12	²⁾ 8 (Other than K-12	2)			
95 William Street								Other (i.e., p	rivate and comme		uildin	gs,	
								homes, etc.)					
City (5) Newark								Square Feet	# of Floors	В	ldg. A	ge	
County (6)													
Essex				Coi	unty Code (7)(ST/	ATE USE ONLY)		ior if being demolis	shed)			
								Offices					
Name of Monitoring Firm		lding Owne	(8)	ASCN	ΛNo.	100		ent Contractor (9)					
USA Environmenta						1	AbateTech, I	nc.					
Street Address						Str	reet Address		V				
8436 Enterprise Av	e.					3	30 Maple Ave	e. PO Box 25					
City, State, Zip Code						Cit	y, State, Zip C	ode					
Philadelphia, PA 19						L	_umberton, l	NJ 08048					
Project Manager for Mon	itoring Firm		Te	lephone	No.	Tel	lephone No.		License No.				
Mark Jenkins			2	215-36	5-5810	6	09-265-2107	7	00529				
Start Date (10)		Scheduled			10. 00	Na	me of OSHA N	Monitor	1/2				
1/_9_/	_17_	5	/ 3	31 /	17	E	EMSL Analyt	ical					
Occupancy Status During	Abatement (Check only	one)			Str	eet Address						
☐ Facility Closed/Vacate	d During Enti	re Period o	Abat	ement		2	200 Route 13	0 North					
Abatement Performed	Outside of N	ormal Facil	ty Ho	urs - De	scribe		y, State, Zip Co						
Time of Abatement: 7	AM- <u>3:30</u> PM/	5PM-2AM				4 . 3	Cinnaminsor						
Scope of Work (Check all	that apply)									647			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emolit					g Procedure	ative Pressure n-Friable Procedu	re.			
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Basement					Pipe Fit	tting	S		25 total				
1 ^{st to} 3 rd Floor Pipe Ch	nase				Pipe Fit	ting	s		45 total	\boxtimes			
Name of Registered Wast	e Hauler		1	NJDEP	Waste	Cub	oic Yards of	Name of Regist	ered Landfill				1
AbateTech, Inc.				Hauler I 1875		Was		G.R.O.W.S.					
City, State						Disp	posal Date	City, State					
Lumberton, NJ						5	/31/17	Tullytown,	PA				
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City (5)									Square Feet	# of Floors	В	dg. A	ae	
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Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASC	M No	o. Na	ame of Abatem	ent Contractor (9)					
USA Environmental								AbateTech, I	nc.					
Street Address			1111		-		St	reet Address						
8436 Enterprise Ave	€.							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							Ci	ty, State, Zip C	ode					
Philadelphia, PA 19								Lumberton, I	NJ 08048					
Project Manager for Monit	toring Firm			Te	lephon	e No	o. Te	elephone No.		License No.	nu's '			
Mark Jenkins				1	215-36	35-58	810	609-265-2107		00529				
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Abatement Performed Time of Abatement: 74	Outside of No AM- <u>3:30</u> PM/	ormal 5PM-2	Facility AM	у Но	urs - De	escril	0.	ty, State, Zip Co Cinnaminsor		-				
Scope of Work (Check all	that apply)					7.0								-
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7 th Floor						P	ipe Fitting	g Insulation		88 LF				
7 th Floor				\boxtimes		С	aulking a	nd Glazing		3 windows				
Name of Registered Waste	e Hauler			- 13	NJDEF		50,740 D. (1970)	bic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.					Hauler 1875		4	iste IO	G.R.O.W.S.	Landfill				
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Gwendolyn Trumbet	ti	OF	perati	ons	Coor	dina	itor		UMNI		71/	1]]	1	
SR-41									- A					

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 21 17 Gordon's Corner Water Co. / Job #1701-5100 | Check #9085 - 3 2017 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 6 South Main Street ASBESTOS CONTROL & **⊠** DOLWD City, State, Zip Code LICENSING ☑ DHSS Amendment #3 Marlboro, NJ □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **Brian Dougherty FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Gordon's Corner Water Co.- Plant #3 ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 6 South Main Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Marlboro County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Water Company Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. 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 Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 609-839-2432 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __4__ / __10__ / __17__ 5 / 31 / 17 **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 ≥3 sf or >3 If ⊠ Renovation 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 Used Solely by Encapsulate Asbestos-Containing Material (ACM) Remova Asbestos Containing Material (ACM) Amount nclosure 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 Plant #3 \boxtimes Muffler Insulation 50 SF П X П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 12 City, State Disposal Date City, State Lumberton, NJ 5/31/17 Tullytown, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti Operations Coordinator

ASB-41 MAY 11

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

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Atlantic									Hotel & Cas	sino					
Name of Monitoring Firm		lding (Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9))					
Health & Safety Ser	vices							AbateTech, Ir	nc.						
Street Address							St	reet Address							
PO Box 365							;	30 Maple Ave	. PO Box 25						
City, State, Zip Code							_	y, State, Zip Co							
Berlin, NJ 08009								_umberton, N							
Project Manager for Monit	toring Firm	-		Te	elephone	No.		lephone No.		I	icense No.				
James Proctor					856-452	-1311		09-265-2107			00529				
Start Date (10)		Sched	luled C	omp	letion Da	te (11)	Na	me of OSHA M	onitor						-
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hathroom)				\boxtimes		Mastic	ASS	ociated with	ceramic tile	1,6	80 SF tot	al	3 [
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City, State					18750		Dis.	0 posal Date							
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Gwendolyn Trumbet	u	O	peratio	ons	Coordi	nator		U	XXXII			1	12	111	1
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	24 /	17		N			-	vner/Operator (MA 4984 Check#787	Y -	3 2	2017	
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Atlantic									Hotel & Cas	sino				
Name of Monitoring Firm	Hired by Build	ding Own	er (8)	AS	СМ	No.	Na	me of Abateme	ent Contractor (9)	1				
Health & Safety Ser	vices						1	AbateTech, Ir	nc.					
Street Address							Str	eet Address						
PO Box 365							3	0 Maple Ave	. PO Box 25					
City, State, Zip Code		OH 0-4577						y, State, Zip Co	CALL AND THE CONTRACTOR		-210			
Berlin, NJ 08009							L	umberton, N	IJ 08048					
Project Manager for Monit	oring Firm		T	elepho	one l	No.		ephone No.		License No.				_
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7 th Floor- Room 727				1 [1	Mastic A	Asso	ociated with	ceramic tile	30 SF		П	П	П
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Middlesex							Hospital					
Name of Monitoring Firm Hired by Buil	lding Owne	r (8)	ASCN	l No.			ent Contractor (9)				
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280 Huylar Street					1	eet Address	12012020 02001					
City, State, Zip Code				6477000012400000	4	the state of the s	PO Box 25					
South Hackensack, NJ 07606					1	y, State, Zip Co						
Project Manager for Monitoring Firm		Tal	ephone	No		umberton, N	NJ 08048	Titi-				
Geiser Fajardo		311111111111111111111111111111111111111		9-8700		ephone No. 09-265-2107		License No.				
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Street Address											1070	
1000 Maple wood	01				20	3 Piz State, Zip Cod	· e S	51				
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Mally Shade NT	0 8	50.	52	-	MT	Holly,	VT	O 80 6 License No	0			
Project Manager for Monitoring Firm			Telephor	ne No.	Telep	hone No. 1	150m	License No	0			
Chris Macri		1 .		-9300				0129	7			
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	200	Location Normall	C. C		201020	220				Ту	ре	
Location of		d Sole		Asbestos Con	scriptio		()	Amount			m	
Asbestos-Containing Material (ACM) TO BE ABATED		intenar	2:31:32 : X	(i.e. therma	l syster	ns insulation,	"	(Specify	Re	Z.	Encapsulate	Enclosure
In Facility	Cus	todial S (12)	otan?		cing, V	AT, or aneous)		SF or LF)	Remova	Repair	psu	losı
(13)		(/		otner	miscella	ineous)			/al	=	ilate	Te
	Yes	No	N/A									
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131 1661				110 1 0	CLA	1111						
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											erriper i	
Name of Registered Waste Hauler		10000	JDEP W		Yards	Nan	ne of Reg	istered Landfill				
Λ			lauler ID		iste =) (0000	tosa				
Active Environmental	1	1570		eal Dat		State	10)0		^	5	-+	
City, State	363			Dispo	sal Dat			i		1)1		
1111 HOILY 14 000	100				Şignatu		9 500) town Da	te	11		$\overline{}$
Completed by	Title		ΛΛ	_ /	Pigrialu	///////////////////////////////////////	1	l i	7-7	28	-/"	>

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

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

		PULLSU	ant to NJAC	8:50-	/ and IZ:IZU-/)							
Date of Notification	n (1)	T	Name of Bui	lding	Owner/Operator	(2)	SB, DBA	IS	P	B	7	n c	
3/8/2017			Wilming	ton S	avings Fund	Society, F	SB, DBA	Chri.	eti:	ana	UTr	dst[
Agencies Notified	Type Notificat	ion	Street Addr				[[
[]EPA	[X]Initial		c/o 46	5 Wa	shington S	Street		Francis (VI	AF	6	74	17 _n	114
[]DEP	Notificat	ilon	City, State	, Zip	Code				S	U	, [ME
[X]DOL	[]Amended Notificat	ion	Newark	, NJ	, 07102		and the same of th	ASBE:	STO	SC	ONT	ROL	&
[X] DOH	[]EMERGENCY		Name of Con		200	Telepho					ING		017
[]DCA	[]Cancellati	on	Nichol.	as V	erdi	ř.		bed how		181.7.3		0 2	.017
	1 . , , , , , , , , , , , , , , , , , ,	- J	FACI	LITY :	INFORMATION				CD	ГОТ	00	001	TROL
Name of Facility Who	ere Abatement i	s Takir	ng Place (3))		Type of Faci	lity (4)	,	TOD	11	CEN	VSIN(TROL &
Residence						[]School	(K-12)	-	************	č. l	ULI	ACITAL	ス
Stroot Addrose							pter 8 (Oti (i.e., pri						
							, homes, e				-		
						Square Feet	# of Fl	oors	Blo	ig. I	Age		
City (5) Clifton	_	ounty		1000000	nty Code (7)				Ļ				
CILICON	1	ssex			•	Current Use	(Prior if	being	dem	olis	hed)		
Name of Monitoring I	Firm hired by B	ilding	ASCM No.		Name of Abate	ment Contract	or (9)						
Owner (8) N/A					AZTECH M	ANAGEMEN'	F, Inc.						
Street Address					Street Addres	T							
						stopher Si	t. 				Marie Control		
City, State, Zip Coo	ie				City, State,	첫 집에 바다 - 이번() 사람 방향 : : - 1.200.000 H.	142						
						r, NJ 070	J42 						
Project Manager for	Monitoring Fire	n Tel	lephone Numb	er	Telephone Num (973) 744			Licer	371		er		
Scheduled Start Date	(10) School		letion Date	(11)	Name of OSHA								
The second secon	017 03		3 20		N/A	HOHECOL							
Month Day Y	ear Mont		ay Year										
Occupancy Status Dur [X] Facility Clo					Street Addres	s							
of Abatemen []Abatement Pe		of No	rmal Pacili	+	City, State,	Tin Code							
Hours - Desc	ribe: «OffHours	Descri	pt»	-y	city, state,	Zip Code							
[]other - Desc			Descript»										
Scope of Work (Check	c all that apply	7)			[]Full	Containment w	ith Negati	ve Pre	essu	re			
[X]≥3 sf or		30"	K]Renovation		4.7. M.S. GREENSTER	Enclosure -bag Procedur	0						
[] <u>></u> 160 sf	01 5290 II	t]Demolition	-	100000000000000000000000000000000000000	riable Proced							
Location	of.	L	Is ocation		Description	on of			Abat	teme	nt T	ype	
Asbestos-Cor		N	ormally Used		Asbestos-Con	taining	Amoun	1	RE	R	N C	N	
Material TO BE AB			Solely intenance/	Control of the Contro	Material (i.e., thermal	50 110 115	(Speci		E M	EP	A P	C	
In Facil	The state of the s	Cu	stodial aff (12)	in	sulation, surf		LF)		O V A	AI	S	O S U	
(13)		Yes	No N/A	İ	or other misce	llaneous)			L	R	L	RE	
Basement			X	Pipe	a Insulati	on.	95 LF		X				
Basement			X	Boil	Ler Insula	tion	30 Sq.	Ft.	X				
									n_annean				
Name of Registered V AZTECH MANAG	경기 원인 경기 기계	SH	DEP Waste	10000	bic Yards Waste 1.5	Name of Reg	istered La z Enter			INC			
		1	7040	n.c	enogal Data	City, State				-000			
City, State Montclair, NJ	07042			200	sposal Date 2 24 注		ourg, Ol	nio	44	688	}		
Completed By (Print	or Type) Title	2			Signature		1/	Da					
Constantine V	ivian Pre	side	nt		1/1/	englist luch	ler	3,	/8/2	017			
					1	1 1	100						

FilesAnywhere.com 4/28/2017 11:04:40 AM PAGE 3/004 Fax Service State of New Jersey HOTEFICATION OF ASBESTOS ABATEMENT (Fursuant to NJAC 8:80 and 12:120) 12220 Date of Fortication (1) Name of Building Owner Operator (8): April 28, 2017 Ruby Dujockog Agencies Hotelad Type Nathshier Site of Addiess EFA Instant DEP Am ended City, State, Zip Code DOL Аторобывита Newark, NJ 07112 Em argancy (including HOG Name of Contact watescallani DOA Carcellanun Kurl Quockeo FACILITY INFORMATION Name of Facility Whors Abetemont is Taking Place (3) Type of Facility (a) Mouse Set set (K-12) Sirnor Adeluss Subshaptor 0 (Other than K-12) Other (i.e. private & mersrecolal buildings, harpes, Baunic Fem Chy (6) a of Floore Bldg Aga Newark TED TED County (6) County Code (7) (STATE OSE OWER Current Usa (Print II hairs riemolished) ESSEX แหล้ทอพก No ma of Morrating Firm Hane by Rudding Owner (8) ASCIE No. Name of Abatement Contractor (a) AET, Inc. The MACK Group, LLC. Strant Abelesa Street Andress 907 Doolittle Drive 1500 Kings HWY N. STE 209 City, Stale, Zip Code Clry. State, Zn Code Bridgewater, NJ 08807 Cherry Hill, NJ 08034 Project Manager for Moritoring Film Take phone No. Taleishona No. Linenser No. Eric Houseknecht (908) 218-1108 (973) 769 - 5000 00781 Bun Date (10) Scheduled Completion Date (5 s) Name of OSHA Mentice 4/29/57 The MACK Group, LLC. Cocupancy Status During Abatement (Check Only Oce) Sirent Address FROSty Closed Vassaged During Entire Police of Abotement 1500 Kings HWY N, STE 209 Abaisment Performed Outside of Norseal Facility Hours Other - Describe: City, Stein. Zip Codn Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) 45 5 M 23 H Rerevaller Full Collisiomant with Nogotive Processes ≥150 m or ≥280 !! Demoilson Mini Enviosure Cloreting Procedure Mon Exempted (*) and Non Edanle Procedure Abatentoni is Lecarion Normally TYPE Location of Description of Used Sidaly by Asbesins Containing Material (ACM) Ashastos Comelning Mintedell (ACM) Amount Mnimunancos TO BE ABATED (i.e. thermal systems insulation. (Specify Custodial Sizer Remova In Facility surfacing, VAT, or SF of LF1 (52) (13) gihar mispalla nacus) Yne No N/A Pipe leading to Old Baller pipe Insulation 30 11 Name of Registered Waste Houler N. OCP Wase Cubic Yards Name of Redefered Landilli Hauterio No. of Whate Newark Carting 22253 413 Cumberland Co./ BFI / GROWS / TRRF Chy Store Disposed Deta Chy, State Newark d. NJ 5/8/17 Vewburg / Imperial / Morrisville, PA Completed by Tille Signature Michael Cooper President

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

47 - 3 2017

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

			I. NOTII	FICATIO	N INFORM	IATION				
ate of Notification: Initial	mended	☐ Cancel	I 2017 lation novation	_ Eme	rgency (mu	st includ	le justification)			
			II. BU	TOTAL CONTRACTOR AS TOTAL CONTRACTOR						
ame of Building Ov	wner/Operato	r:			500	Arti K	akkar			07677
treet Address:				ILV.				NJ	Zip:	07077
ame of Contact:	LISON Du C	acija izvišasti			INFORMA					
				CLEAN CHARLES ON THE SECURIORS				ence		
lame of Facility Wh									2000 1000	
escribe Facility Us				Site WC	odcliff La	ake	State:	NJ	Zip:	07677
County Name: Be Scheduled Start Da Occupancy Status	ergen ate: 5	/ 8	/ 2017	_	County	ne 1.3121	e use omin.			
¬ = ::: 01dΛ	Vacated Durin	a Entire A	ctivity							
□ Facility Closed	Vacated Durin	ng Entire A ormal Faci	ctivity lity Hours—	-Describe	e:					
✓ Facility Closed/✓ Activity Perform✓ Other—Describ✓ Scope of Work (close)✓ Floor Tile	Vacated Durin ned Outside N ne:	ng Entire A ormal Faci apply): Square	ctivity lity Hours—	-Describe	1,241 SF		Percentag	e Asbes	stos:	%
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□ Activity Perform □ Other—Describ □ Other Tile □ Mastic □ Company Name: □ Street Address:	Vacated During National Property of the Nation	apply): Square Square Shade E	ctivity lity Hours— e Footage: e Footage: IV. CC	-Describe	1,241 SF TOR INFO LC aple Shac	RMATIC	Percentag Percentag	e Asbes	856-7: Zip:	% % 55-0099 08052
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✓ Facility Closed ✓ Activity Perform ✓ Other—Describ ✓ Scope of Work (cl ✓ Floor Tile ✓ Mastic	Vacated During National Nation	apply): Square Shade E Avenue Number (if	e Footage: IV. CC Environme	ONTRAC ental, LI City: M	1,241 SF TOR INFO	RMATIO	Percentag Percentag N Telephone I State:	e Asbes e Asbes No.:NJ	856-7 Zip:	% % 55-0099 08052 55-9300

A Emergency X.

1		(1	ursuant	TO NOME	o.ou anu	12.120		- 601	٥				
Date of Notification (1) 4/29/17			Name of	f Building ansit	Owner/O	perator	(2)		M	lΥ	- 3	20	17
Agencies Notified Type Notific	ation		Street A	ddress									
☑ EPA ☐ Initial			One F	Penn Pla	aza Eas	t			ASBES	TO	3.00	INT	301
DEP Amend				ite, Zip Co							ENE		
	Iment # ency (including	- [THE RESERVE AND	rk NJ 07	7105								
	ation)			f Contact				Telepho	ne Numb	er			
DCA Cance	llation			el Samar									
Name of Facility Where Abatement is	Taking Place (3	2)	FACI	LITY INFO	ORMATIC	ON	Type of Facilit	h/ (4)					
Meadows Maintenance Comp		"						5, 101					
Street Address							School (IX Subchap	K-12) iter 8 (Other th	an K-12)				
1148 Newark Turn Pike						-	Other (i.e	e. private & cor		build	dings,	home	es,
1900 Parish Carlotte Company C							etc.)	# of Floo	ore	Тр	Ida /	.00	
City (5) Kearny NJ 07032							Square Feet Train	1	UIS	488	ldg. <i>A</i> 85+	ige	
			County (Codo (7)				Prior if being d	omolisho	117	JJ+		-
County (6) Hudson				USE ONLY))		Current Use (Prior ii being u	emonsne	u)			
Name of Monitoring Firm Hired by Bui	Idina Owner (8)		ASCM	1 No		Namo	of Abatement (Contractor (0)					
McCabe Environmental	iding Owner (6)		ASCIV	I IVO.			aco Inc.	John actor (9)					
Street Address					-	0.000	Address						
464 Valley Brook Avenue							Box 329						
City, State, Zip Code					-	_ X	ate, Zip Code						
Lyndhurst, New Jersey 07071							t Berlin NJ C	18091					
Project Manager for Monitoring Firm	·		Telepho	ne No			one No.		ense No.				-
John Chiavello				38-4839			753-9800	1	727				
Start Date (10)	Schedule	ed Cor		Date (11)		1000000	of OSHA Monit						-
4/29/17	6/4/17		прісцопі	Date (11)		Sam		.01					
Occupancy Status During Abatement							Address						
The state of the s						Ollock	ladicoo						
X Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:					_	City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	⊠ R	Renova	ition				Full Contain	ment with Neg	ative Pre	essui	re		
2160 sf or ≥260 lf		emolit				-	Mini-Enclos	ure					
						×	Glovebag P	rocedure ited (*) and No	n-Friable	Pro	cedur	e	
			6				Tron Exemp	100 () 0110 110	11110010			ement	
Location of	55.0	Locat Vormal	-0.000000		Dear	cription	o f				Ту	ре	65
Location of Asbestos-Containing Material (AC	IVII I	d Sole		Asbest			aterial (ACM)	Amou	nt			Ш	
TO BE ABATED	Ivia	intena odial S			thermal s	systems	insulation,	(Speci		Rei	R	Encapsulate	Enclosure
In Facility (13)		(12)			other mi	ing, VA ⁻ iscellan		SF or L	-F)	Removal	Repair	psu	losu
	Vaa	No	N/A							a	_	late	re
C. 1997	Yes	No	IN/A		930000-2400	art with the Epidea							
ceiling of Rail Cars		X			Unde	ercoati	ng	1 SF p	er	Х			
								Trair	1				
								12 CARS					
								12 000					
Name of Desistant Waste Have		1.5	LIDEDIA	laata	Cubia	/ords	Man -	of Dogistars d	andfil				
Name of Registered Waste Hauler		200	IJDEP W lauler ID	-T-05 T-75	Cubic Y of Wast			of Registered I	Landill				
Pernaco Inc.		1 666	1787	1000 February	TBD	02004	G.R.	O.W.S.					
City, State			masser son atte		Disposa	al Date	City, S	tate					
West Berlin NJ 08091					TBD		Morri	isville PA 19	9067				
Completed by	Title				Sig	gnature	0		Date				
Anthony T Perna	Pres	ident			(1	/	-0	4/2	8/17	7		

	,,,,,	(Purs	uant to N	NJAC 8:60	and 12:120	0)	Char	L ((0)	7	> 0	1	-,
ate of Notification (1)			me of Bu evyn W		ner/Operator	(2)		MA	Υ -	j (U I	
gencies Notified Type Notification		Str	eet Addr	ess				ASBES"	ros c	ON	TRO	LB
EPA Initial Amended		Cit	y, State,	Zip Code	060				JOEN			
DOL Amendment #_ Emergency (inc	luding	3 1 12 3	me of Co	d, NJ 07	060			Telephone Numi	per			
DOH justification)			me or Co evyn M					C DESCRIPTION CO.				
DCA Cancellation				Y INFOR	MATION	T =	pe of Facility (4)					-
lame of Facility Where Abatement is Taking P	lace (3)					Ty	School (K-12)					
House		-				1	Subchapter 8	(Other than K-12) vate & commercia	l Lhuildin	as ho	nmes.	
Street Address						×	etc.)					
Dity (5)							uare Feet	# of Floors	68	g. Age	9	
Plainfield						_	100	if being demolish				-
County (6)			ounty Co				ment ose (i noi	If being demand	7.00			
Union Name of Monitoring Firm Hired by Building Ow	mer (8)	-	ASCM N	No.	Nam	e of	Abatement Contr	ractor (9)				
Name of Monitoring Firm Hired by Building Cw	11101 (0)							Services, LLC				
Street Address					Stree	et Ad	dress te Drive, PO	Box 483				
							e, Zip Code	BOX 100				-
City, State, Zip Code							ood, NJ 074	18				
Project Manager for Monitoring Firm		Т	elephone	e No.			e No.	License N	0.			
500 500 500 500 500 500 500 500 500 500					1000000		4-2276	703				
Stall Date (10)	Schedule 5/31/17		oletion D	ate (11)			OSHA Monitor					-
Occupancy Status During Abatement (Check	Only One	e)			Stre	et A	Idress					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: basement * S	eriod of A	bateme Hours	ent		City	, Sta	te, Zip Code					
Scope of Work (Check All That Apply)	1 0											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 1997	enovat emoliti				×	Mini-Enclosure	redure				
							Non-Exempted	d (*) and Non-Fria	ble Prod	Abate	e ment	
	Is	Location	on								pe	5).
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cusi	Normall d Sole intenar todial S (12)	ly by nce/	Asbest (i.e.	Descriptos Containing thermal syst surfacing, other misce	ng Ma ems VAT	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No			pipe ins	ulat	on	80 LF	х			
basement	-		X		pipe ins			40 LF	×			
garage	-		X		ріропію	- Caron						
									CII			
Name of Registered Waste Hauler			NJDEP V Hauler ID		Cubic Yar of Waste	ds		Registered Land erland Landfill				
Freehold Cartage			5939		TBD Disposal [Date	City, Sta					
City, State Freehold					TBD		Newb	urg, PA	Date			
Completed by	Title				Sign	ature	1.		4/28/	7		

Print Form

NO Ch	NOT	(Purs	suant to	NJAC 8:	60 and 1	2:120)			00	K		24	3	3
Date of Notification (1) 4/28/17		1000000		Building Ov Rinaldo,		erator ((2)	•		1. 1	IAY :	- 3 	201.	
Agencies Notified Type Notification	n	5		ve Stree	M. Commission	1-A			The Principle Marie Services	ASBE	STOS			ŌL 8
DEP Amended Amendme				e. Zip Cod ville, NJ										
X DOH justificatio DCA Cancellati		1000	ame of 0 Donna	Contact Rinaldo					Tele	phone Nu	mber			
Local Control	ina Diago (2)		FACIL	ITY INFO	RMATION	V	Type	of Facility (4	.)					
Name of Facility Where Abatement is Tall House	(ing Place (3)							School (K-12						
Street Address								Subchapter Other (i.e. pi	8 (Othe	r than K-1	2) ial build	dinas.	home	s,
							e e	etc.)						
City (5)							Squar 2200	e Feet)	2	Floors		ldg. A	ge	
Plainfield		Тс	ounty C	ode (7)				nt Use (Pric	r if beir	g demolis	hed)		-	
County (6) Union				SE ONLY)		_								
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCM	No.				tement Con onmenta			С			
Street Address					1.0		Addres	s Orive, PO	Box 4	183				
City, State, Zip Code						100000		p Code , NJ 074	18					
Project Manager for Monitoring Firm		Т	elephon	e No.			none No	3/6		License I	No.			
Project Manager for Monte in g 1 mil						NO. 12 (1972)	764-2			703				
Start Date (10) = 4/29/17	Scheduled 5/31/17	Comp	pletion D	ate (11)		Name	of OSH	HA Monitor						
Occupancy Status During Abatement (C	heck Only One))				Street	Addres	SS				. V		
Facility Closed/Vacated During Enti Abatement:Performed Outside of N Other – Describe: basement	re Period of Ab ormal Facility F	ateme lours	ent			City, S	state, Z	ip Code						
Scope of Work (Check All That Apply)							-							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		novat molitic				>	Mir Glo	II Containmeni-Enclosure	e cedure					
							_ No	n-Exempte	d (*) an	d Non-Fria	able Pro		re emen	t
		ocatio			1	cription							уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel	y by ice/		tos Conta thermal s surfaci other mi	ining N system ing, VA	Materia is insul: AT, or	ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	res	140			pipe i	noule	ation		5	0 LF	-	+	X	
lower basement			X		pipe i	IISUI	311011			10 L1			10	
Name of Registered Waste Hauler		2787	JDEP W		Cubic Y			Name of	Regist	ered Land	fill			
Freehold Cartage		5.5	auler ID 5939	NO.	of Was					Landfill				
City, State					Disposa	al Date	Э	City, Sta Newbu		Δ				
Freehold	Title					gnatur	e /	1 Tewns	119, 7		Date			
Completed by A. Scott Higgins	Presid	dent				33.01	(A)				4/28/	17		

Print Form

11/21/2		NOTIF		tate of New V		ME	NT		E	SE		∭Pr	nt For
Ch 2102			ursuant	to NJAC 8:6	60 and 12:12	0)	NI	dente de la constante de la co	M	AY -	3 %	2017	and the second second
Date of Notification (1) 04/27/2017				of Building Ov		r (2)		i seed for					4
Agencies Notified Type Notification			Street A	M'MLW Address	100			1	ASBES	STOS	CON	TRO) <u>L</u> &
220 a				lustrial Wa	ıy			-		LICE	VSIN	G_	
X EPA X Initial Amended Amendment	#			ate, Zip Code									
Emergency		_	1 25000000-2000	f Contact	12			Tele	phone N	umber			
DOH justification) Cancellation			Kathle	en Murray	′			1	P.1.5.1.5				
Name of Facility Where Abatement is Takin	n Place (3)	FAC	ILITY INFOR	MATION	Tv	pe of Facility (4	1					
Commercial	g i lace (.	3)				П	School (K-12						
Street Address							Subchapter	(Othe			pa 		
65 Industrial Way						×	Other (i.e. pr etc.)	ivate &	commer				s,
City (5) Clifton							uare Feet 10,895	# of 1	Floors	1.5	3ldg. <i>A</i> 37	lge	
County (6) Passaic				Code (7) USE ONLY)		Cu	rrent Use (Prio	r if bein	g demoli	shed)			
Name of Monitoring Firm Hired by Building (A. Seine Lighthouse Solutions	Owner (8))	ASCN	/I No.			batement Cont ank Service		9)				
Street Address PO Box 354					Street		ress perty Avenue	9					
City, State, Zip Code South Orange, NJ 07079					City, S	State	, Zip Code NJ 07205						\neg
Project Manager for Monitoring Firm Sarah Calandra			Telepho	ne No. 19-2666	Telep	hone			License	No.			-
Start Date (10)	Schedule	ed Con	THE PERSON NAMED IN	Date (11)		1000000	SHA Monitor		01316				_
5/12/2017	5/19/20	017	10.53	Ø 50	A. S	eine	Lighthouse	Solut	ions				
Occupancy Status During Abatement (Chec		333900			Street PO I								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Abaten / Hours	nent		City, S	State	, Zip Code Orange, NJ 0	7070					=
Scope of Work (Check All That Apply)					300	.11 C	range, NJ 0	1019				-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demolit			2		Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure	-				
	le	Locati	ion				NOTI-Exempled	() and	NOII-FIIA	DIE FIC	1000	ement	
Location of	1	Normal	ly		Description	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. the	Containing I ermal system surfacing, VA ther miscella	s ins	ulation,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		ate	ď
Main level at right side	Main level at right side							2,5	00 sf	Х			
													\dashv
N(9													
Name of Registered Waste Hauler Newark Carting	Н	IJDEP W lauler ID 4509		Cubic Yards of Waste		Name of R Waste N				11			
City, State East Orange, NJ			C	Disposal Date	l.	City, State Penn Ar		PA					
Completed by Alison Lamers	Title Office	e Mar	nager		Signatur	1	1124)		0	ate 04/27/2	2017		

State of New Jersey Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) AMENDED 4/27/17 Date of Notification (1) Name of Building Owner/Operator (2) - 3 2017 04/14/17 North Caldwell Public Schools Agencies Notified Notification Type Street Address 132A Gould Avenue ASBESTOS CONTROL & **⊠** EPA ☑ Initial Notification City, State, Zip Code □ DCA ☑ Amended # 1 LICENSING North Caldwell, NJ 07006 ⊠ DOL ☐ Emergency notification (including Name of Contact Telephone Number □ DEP justification) Mr. Robert Projansky **MDOH** ☐ Cancelled **Board President FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Gould / Mountain School School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings., homes, etc.) 132 Gould Avenue Sq. Feet: # of Floors: 3 Bldg. Age: Current Use (prior if being demolished): Elementary School City (5) County (6) County Code (7) North Caldwell Essex (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) **Environmental Connections** Panoramic Window & Door Systems Inc. Street Address Street Address 120 North Warren Street 712 Sergeantsville Road City, State, Zip Code City State, Zip Code Trenton, NJ 08608 Stockton, NJ 08559 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rali P (732)926-0900 x102 (609)-273-1396 01237 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/01/17 06/15/17 IAQ GURU LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 87 Main Street Describe City, State, Zip Code □Other - Describe: Lincoln Park, NJ 07035 Source of Work (Check all that apply) \geq 3 sf or \geq 3 lf □ Renovation ■ Mini-Enclosure ☑ > 160 sf or > 260 If ■ Demolition ☐Glovebag Procedure ☑ Non-Friable Procedure Location of Asbestos-Is Location Normally Description of Asbestos Containing Material Amount Abatement Type Containing Material (ACM) in Used Solely by (ACM) (i.e. thermal systems insulation, (Specify SF or Facility (13) Maint./Custodial Staff? surfacing, VAT, or other misc.) Remove Repair Encap Enclose LF) (12)YES NO NA Exterior of Building X **Exterior Window Caulking** 1940 If X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036057 Chrin Landfill Panoramic Window & Dr Sys Inc Disposal Date City, State Easton, PA Completed by (Print or Type) Title Signaturé Date 04/27/17

Mark M Jovic

Project Manager

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursua	ant to No	TAC 8:6	0-7 and 12:120-7	1)	-			V. Committee	
Date of Notification	on (1)				ng Owner/Operato		110	EG	IS	II	\\/ [E
4/27/2017			Robe	rt Pa	risi			<u> </u>			A F
Agencies Notified	Type Notific	ation	Street A	ddress							
[]EPA	[X]Initial							MAY	-	3 2	2017
[]DEP	Notifi	cation	City, St	ate, Zi	p Code						
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[X] DOH	Notifi	cation	Name of			Tolonh.		SBEST	05	SIM	HUL
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[]DCA	[]Cancell	ation	IXODE.	LC IA		_			_	90	
			F	ACILITY	INFORMATION						
Name of Facility Wh	ere Abatement	is Takir	ng Place	(3)		Type of Facil	Lity (4)			***************************************	
Robert Paris:	Ĺ					[]School	(K-12)				
Street Address							oter 8 (Othe	er than	K-1	2)	
Street Address							(i.e., priva homes, etc		omme	rcia	1
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City (5)		County ((6)	c	ounty Code (7)	Square reet	# 01 1100	DIS BI	.dg.	Age	
South Orange		Essex		(STATE USE ONLY)	Current Use	Prior if be	eing der	nolis	shed)
											•
Name of Monitoring	Firm hired by	Building	ASCM N	lo.	Name of Abate	ment Contracto	r (9)				
Owner (8) N/A					AZTECH N	<i>I</i> ANAGEMENT	, Inc.				
Street Address					Street Addres	s					
					86 Chris	stopher St	•				
City, State, Zip Co	de				City, State,	Zip Code					
					Montclai	r, NJ 070	42				
Project Manager for	Monitoring F	irm Tel	ephone N	umber	Telephone Num	ber	ь	icense	Numl	per	
		N/	A		(973) 744	1-8800		0037	1		
Scheduled Start Dat	e (10) Sche	ed. Compl	etion Da	te (11)	Name of OSHA	Monitor			9.00		
5-6-17		5-8-			N/A						
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of Abatemer											
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[]other - Desc				z»							
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In Faci			stodial	j	nsulation, surfa	acing, VAT,	LF)	V	A	S	S
(13)		Yes	No N/	'A	or other misce	llaneous)		L	R	L	R
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				-				-			
Name of Registered	Waste Hauler	NJ	DEP Waste	- lc	ubic Yards	Name of Regi	stered Land	fill			
AZTECH MANAG		C. Ha	uler ID N		f Waste 1.0	L	Enterp		INC		
City, State		1	7040		isposal Date						
Montclair, NJ	07042			ľ	5/9/17	City, State Waynesb	ura Ohi	0 44	689	2	
, 100	0.012				1	Maynesb	/ OII	-0 44	000	•	
Completed By (Print	or Type) Ti	tle	200		Signature	1-1-11		Date			
Constantine V	ivian Pr	eside	nt		(Town	Janky Nie	(1 -	4/27/	2017	1	

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 04/27/17 Lloyd Warrick Agencies Notified Type Notification Street Address **EPA** Initial ASB City, State, Zip Code DEP Amended × DOL Amendment # Hillside, NJ 07205 Emergency (including Name of Contact × DOH justification) Telephor DCA Cancellation Lloyd Warrick **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private House School (K-12) Street Address Subchapter 8 (Other than × Other (i.e. private & com etc.) City (5) Square Feet # of Floor Hillside County (6) County Code (7) Current Use (Prior if being der (STATE USE ONLY) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Competent Supervisor Academy Construction Inc. Street Address Street Address 205 Rt. 46 West Suite 14 City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. Licer 973-832-4244 011 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/08/17 05/15/17 Same as above Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe Insulation 90 LF X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Academy Construction Inc. GROWS Landfill 034422 3 City, State Disposal Date City, State Totowa, NJ TBD Tullytown, PA Completed by Title Signature Date Filip Geleski Supervisor 04/27/17

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Date of Notification (1)		T	Name of	f Building	Owner/0	Operator	(2)		Gee		W	1	3	2017	1
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DEP Amended				ite, Zip Co						A					
DOL Amendment Emergency (Point F	Pleasan	t, NJ 0	8742		*							
DOH justification)	including			Contact		781 - 250 / 281 -			Tel	ephon	e Nur	nber			
DCA Cancellation			Season Activities	Roberts											
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Name of Facility Where Abatement is Taking Seascape Condominium	g Place (3)					Towns 1	of Facility (4))						
Street Address							M	School (K-12 Subchapter 8		or than	V 11	2)			
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City (5)								etc.)	1 44 -			1.0	1-1- 1		
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MONMOUTH				JSE ONLY)				sidential	II Del	ng den	1101151	leu)			
Name of Monitoring Firm Hired by Building O	Owner (8)		ASCM	1 No.		Name		atement Contr	actor	(9)					
Omega Environmental Services			1 2 2 2 2 2 2					ces Corpora		0.000					
Street Address						Street	2012-01-01								
280 Hyuler Street					426	69th	Street								
City, State, Zip Code							Zip Code								
Hackensack, NJ07606						Gutte	enbe	rg, NJ 0709	93						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph				Licer		0.			
						201-		MANAGA M. 1911		010	74				
Start Date (10)			npletion [Date (11)				HA Monitor							
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City, State, Zip Code	20055	31 - No.					City, State, Zip C	ode	-00 William 0000		,					
Moorestown, NJ Project Manager for Mo		17.						Pine Bro	ok, NJ	07058						
Jeffrey Seaman	onitoring Firm			Numbe 0-880			Felephone Numb		9700		Lic	ense N				
Scheduled Start Date (10) Sche	ed. Com					Name of OSHA N	973-575- Monitor	0700				U	08	52	
5/1/17	TBD	6/3	30/17	7				ris Envir	onment	al Lab	orator	ies. I	LC			
Occupancy Status Duri	ng Abatement (C	heck on	ly one)	100 100 100 100 100 100 100 100 100 100	5	Street Address		745 GET-115 TWO							
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Descr	ibe:			,			City, State, Zip C									
	ribe: partially vac	ated						Jnion, N	J 07083	3						
Scope of Work (Check	all that apply)							[v]	Eull Co	ntainman	et resitte NI	a a a tirre	D			
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In Facili							insulation, su or other mis						O V	A	A P	L
(13)		Yes	No	N/A				X					Α	R	S	S
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9 th floor			x		VAT/n	masti	ic				6500 8		X			12711
9 th floor			x		Spray	y-on		W			1760 5	SF	×			
Name of Registered Wa		1		<u> </u>												
Jupiter Environme			uler II	Waste D No.	1000	Subic Of Was	Yards ste	Name of Alliance								
20.	Crital Oct Vice	,,,	04782				60	Alliand	e Landi	1111						
City, State Pine Brook, NJ							al Date	City, State						need	-	
Completed By (Print or	Tyne)	Title		117-11552	6	5/28/		Taylor,	PA		1 =					
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ASB-411							y									

Amendment #1, 4/13/17: Start date is being postponed for 5/1/17. Amendment #2, 4/28/17: New start date to be determined.

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 (1)			of Buildin			Operator (2)				MAY	- 3	201	1	Target Comment	
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583 Newark Ave	nue							nomes	s, etc.)						
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	treet Address Pleasant Hill Road Otty, State, Zip Code							323 Changebr	idge R	oad	, Suite 1	00			
Cranbury, NJ 08							City, State, Zip C	ode Pine Brook, N	IJ 0705	8					
Project Manager for Mo	onitoring Firm			Number		1	Telephone Numb	per			License	Numb	er	2.57.55	
Kevin Lovely Scheduled Start Date (10) Cab			-5858				973-575-8700)			(800	52	
5/8/17	TO) Sche	ed. Comple 12/3	31/1)		Name of OSHA	Monitor J & S Environ	mental	Lab	ooratorie	s. LL	С		
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[x] Abatement Pe	rformed Outside ibe: evenings ar	of Normal	Facil	ity Hours	; –		City, State, Zip C		- v v						
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Scope of Work (Check [] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥26	7.3.24			[X]	Ren	ovat	ion	[x] Mini [x] Glov	Containm i – Enclos vebag Pro i – Friable	ure cedu		e Pres	sure		
			_ocati				Descr	iption of						ment	:
Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13) Normally Used Solely by Maintenance/Cus todial Staff (12) Yes No N/A					Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)						Amount (Specify SF or LF)	R E N O V	E P A I	N C A P	ENCLO
				IN//A								A L	R		S
							ulation				100 SF		×		
Various attic spaces		X			Pipe	ins	ulation – cleanup	and repair		2	250 LF		X		_
Name of Registered Wa Jupiter Environm		es Hau	EP W ler ID 4782		- 1		ic Yards Vaste 10	Name of Regist Alliance La		dfill					_

Pine Brook, NJ Completed By (Print or Type) Pane Repic

Title General Manager Signature

City, State

Taylor, PA

Disposal Date

5/24/17 +

Date 4/28/17

ASB-41 NOTE:

City, State

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		MAY	-	3	2017		

		-						101	+					-
Date of Notification (1)	Name of Building Owner/Operator (2) HACLIDAY & LODING PASBESTOS CONTROL										1 8			
Agencies Notified	Type Notificatio	n		Stre	et Address			192	***************************************		10000000			
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			74.	FA	CILITY IN	FOR	MATION	Type of Facility	. (4)					
Name of Facility Where			e (3)											
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County (6)	- VIEL			T Cou	nty Code (7) (3	STATE	Current Use (P	rior if bein	ng demolis	ned)			
	E WAY				ONLY)			NACE	ANT					
Name of Monitoring Firm	Hired by Building	Owner	T	ASCM	No.	100.00		ent Contractor (9	3500					
(8) W	A						KLEMC	O INC	,					_
Street Address						St	eet Address		. A					
Oli Col Fidal Goo						7	369 5	. SPRUC	E A	UE				
City, State, Zip Code						_	y, State, Zip Co							
City, State, 21p Code							MAPCE	SHAPE	M. I	508	05	Z		_
Project Manager for Mon	itoring Firm		Tele	ephone	No		lephone No.			se No.				
Project Manager for Mon	nong riini		1	эр, ю				9-0472		004	14			
	I Caba	duled (1	tion D	ato (11)	1000	me of OSHA M							_
Start Date (10)	Sche		- 1 S)	110	1110 01 0010111	NIA						
5-8-17		-		-1			eet Address	N/M						_
Occupancy Status During	g Abatement (Che	ck only	one)			Su	eet Address							
Facility Closed/Vacate	ed During Entire Po	to bone	Abate	ment		-	Chata Zin Co	ado.						_
Abatement Performed	Outside of Norma	al Facili	ty Hou	rs		Cit	y, State, Zip Co	oae						
Other - Describe:						_								=-
Scope of Work (Check al	i that apply)						Full Cont	tainment with Ne	gative Pr	essure				
≥3 sf or ≥3 lf		□R€	enovat	ion			Mini-Enc		3					
⊠≥160 sf or ≥260 lf			emolitic					g Procedure	Trinkla	Decondust	_			
D		7-			-		Non-Exe	mpted (*) and No	ж-гларіе	Procedur		bater	mont	
		1 2 2 2	Location								A	Typ		
. Location o		1 500	Solel				Description of				-		-1	_
Asbestos-Containing M		Maii	ntenan	ice/		tos C	ontaining Mate		Amo				9	Ш
TO BE ABATI			ustodia	al	(i.e.,		mal systems in		(Spe		Remova	Repair	Encapsulate	Enclosure
IN Facility		,	Staff? (12)				rfacing, VAT, er miscellaneo		0, 0,		VOL	pair	Insc	usc
(13)		-	<u> </u>			1100000		o and			<u> </u>) S.S.	ate	е
		Yes	No	N/A	AND THE RESERVE									
SIDING X							AWSITE	=	750	20SF	X			
1														
		-							F.1 K. S. S. J S. M.					
		-		-										v=1
		لــــا	1 4	UDEP V	Nasta I	Cui	pic Yards	Name of Regi	stered La	ndfill				
Name of Registered Wast	te Hauler			lauler IC		0.000	<u>V</u> aste		^	A / 1 1	1/	\		
KLUMCO I	WC,		_ 1	798)1		3	C.M.		14.0	. 4	1_	_	_
City, State		. —				Dis	posal Date	City, State	DBI	115				
MAPLE ST		(1)				_	0:	1 000	ונועו				_	_
Completed By	Title	SUF)				Signature	100h	$\overline{}$	Date 4 -	78		7	
MICHAEL KL	NM I	000						V 1-						_

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	MAY	_	3	2017	Ш

								1				
Date of Notification (1)	78-17			Nam		ing Owner/Operato	LSH BUI	DERSBEST	OS (100	ITRO	8 JC
Agencies Notified	Type Notmcatic	ж		Stree	et Address		IONIA AL	L				- Street
DEPA			-	City	State, Zip		UNIT AT	76		-		=
⊠ BOL	Amendment Emergency		- l	Ony.		HADDON F	IFUD M.	T 080	33			
Ø DOH	justification)	3	Name	e of Conta			Telephone Numb	per			
□ DCA	Cancellation					OM						
		DI	- (0)	FA	CILITY IN	FORMATION	Type of Facility	: (4)	_			
Name of Facility Where A	Abatement is Tak	ing Placi	e (3)				School (K-1					
Street Address	CE DIDE.						Subchapter	8 (Other than K-12 private & commercia		dings	,	
City (5)							Square Feet	# of Floors		dg. A		
	UALDN					(a) (a) (a)	1000	1 1	-	0	+	=
County (6)				USE	ÓNLY)	7) (STATE	VAC	nor if being demolis	inea)			_
Name of Monitoring Firm	Hired by Building	Owner	1	ASCM	No.		nent Contractor (S	(f)				
(8) N	IA					Street Address	CO Truc					=
Street Address						369 5		E AVE				_
City, State, Zip Code						City, State, Zip C	E SHADE	N.J.	280	25	2	_
Project Manager for Moni	toring Firm		Telep	shone	No.	Telephone No.	SSS 02	License No.		,		
, , 0,000,							9-0472	004	44			_
Start Date (10)	Sche	duled C	ompleti	on Da	te (11)	Name of OSHA	Monitor N A					
Occupancy Status During	Abatement (Che	eck only	one)		-	Street Address						
▼ Facility Closed/Vacate	d During Entire P	eriod of	Abatem	nent		0: 0: 7: 0					_	=
Abatement Performed Other - Describe:	Outside of Norma	зі ғасық	y Hours			City, State, Zip C						_
Scope of Work (Check all	that apply)					☐ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ▼ ≥160 sf or ≥260 lf			novatio molition			☐ Mini-End	ag Procedure	on-Friable Procedur	e			
		Isl	ocation			XINONEX	STIPLEO () and INC	AFFIREDRE FIOCEGU	1		ment	
		No	xmally			Description of				Ту	oe -	\dashv
Location of Asbestos-Containing Ma		Main	Solely tenance		Asbes	tos Containing Mat	erial (ACM)	Amount (Specify	70		En	ū
TO BE ABATE		1	stodial taff?		(i.e.,	thermal systems in surfacing, VAT,	or	SF or LF)	Removal	Repair	caps	Enclosure
IN Facility (13)			(12)			other miscellaned	xus)		oval	바	Encapsulate	ure
		Yes	No	N/A				55-2			_	
SIDIN	G			X		TRANSIT	E	275055	X			-
									-			
				_						-		
			I ALII	DEP W	locte	Cubic Yards	Name of Regi	stered Landfill				
Name of Registered Waste			Hat	uter 10	No.	of Waste	CM	C (M. []	A			
KLEMCO	INC		-11	140	4	Disposal Date	City, State					
City, State MAPLE S			DOBINE			_	_					
Completed By	HADE	ς.	0			Signature (107/	Date -	-75	-1	7_	
MICHAEL KL	cum _	SU	Ψ.			- mu	w/c					

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K					OCCUPATION OF THE PARTY OF THE		
		MAY	_	3	2017		

Date of Notification (1)				1 11	(5.01				MAY	-	3 2	017	
4/28/17	7				ne of Build uce Meis	ing Owner/Operato	or (2)						
Agencies Notified	Type Notific	cation	-	-	eet Addres			ASB	-911	181	TO IN	TRO	
□ EPA	Initial	5445//		000	set Addres	3		1			SIN		
DEP DOL	Amende			City	, State, Zip	Code		Carlos and Abbres of			and the same		
	Amenda Emerge	nent #_ ncy (includ	ina		co, NJ								
DOH DCA	justifica Cancella	aton)	Ü	Na	me of Co	ntact		I Telephone Nu	mber				
Прох	Cancella	auon		Bru	ce Meiser	nzahl			1				
				F	ACILITY IN	FORMATION							
Name of Facility Where A Residence	Abatement is	Taking Pla	ce (3)				Type of Facil						
-							School (K	176	40)				
Street Address								er 8 (Other than K- , private 8 commer		ildino	c		
City (s)							homes, et	tc.)			-50		
Atco, NJ						4	Square Feet 1800 SF	# of Floors	100		Age		
County (6)				T Co	unty Code	(7) (STATE		Prior if being demo		10 y	S	_	
Camden, NJ				US	E ONLY)	(·)(OIAIE	Residence	, nor it being demo	noned	,			
Name of Monitoring Firm	Hired by Buil	lding Owne	r	ASCN	/ No.	Name of Abaten	1	(9)				_	
(8)	20.50 					AEi2, LLC		#100#00					
Street Address						Street Address						_	
						361 E. Flemin						11 -00-00	
City, State, Zip Code	ity, State, Zip Code					City, State, Zip							
Project Manager for Mo	_			Hammonton,	NJ 08037								
Project Manager for Mc	onitoring Fir	m	Tel	ephone	No.	Telephone No. 609-481-212	2	License No. 00689					
Start Date (10)	1	Scheduled	Compl	otion D	oto (111)	Name of OSHA N		00005				_	
5/7/17	10000	5/15/17	Compr	euon D	ate (11)	AEi2, LLC	vionitor						
Occupancy Status During			v one)			Street Address						_	
	d During Ent	tire Period	of Aba	tement	t	361 E. Flemi							
Abatement Performed	Outside of No	ormal Facil	ity Hοι	ırs		City, State, Zip C	ode						
Other - Describe:						Hammonton,	NJ 08037						
Scope of Work (Check all	that apply)					Full Cor	ntainment with I	Negative Pressure			-		
≥3 sf or ≥3 lf		□ R	enovat emoliti	ion		Mini-End							
≥160 sf or ≥260 lf		\boxtimes	emoliti	on		Gloveba	g Procedure	Non-Friable Proced					
		Is	Locati	on		ELE NON-LX	empled () and i	Non-Friable Proced		Abate	ment		
Location of			lormall d Solel			Description of				Ту			
Asbestos-Containing Mar	terial (ACM)	Ma	ntenar	ice/		os Containing Mate	erial (ACM)	Amount	R	l.	E	E	
TO BE ABATE IN Facility	<u>.D</u>		ustodia Staff?	al	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	e	R e	c a	n c 1	
(13)			(12)			other miscellaneo		SF OILF)	0	p a	D, 11	o s	
			Ī	Ī					a 1	r	1 a	I I	
Exterior		Yes	No	N/A	Transite	Cidina		1200 CE	+	-	t		
ALCHOI				X	Transite	Siding		1300 SF	X				
				-					-	_		_	
		_	-	-	-				_				
Name of Registered Waste Hauler				JDEP V	Masta I	Cubic Yards	I Name of Dan	istered Landfill					
AEi2 LLC				auler IE	Parket State of the State of th	of Waste	1	istered Editoriii					
City, State			<u> – 12</u>	1376		2 Disposal Date	TBD						
Hammonton, NJ						TBD / M	City, State TBD	0					
Completed By		Title				Signature	1	Date				_	
Wm. Minnick		C100000	ı Mgı			4291	mur	4/28/17	,				
Vm. Minnick Program Mgr.													

Date of Notification (1)	l		NOT	IFICATION OF A	ASBESTOS ABA N.J.A.C. 7:26-2.1	2)		KI	E C	E I	\mathbb{V}			
April 27, 2017					Name of Buil PSEG Fossi	lding O	r/Operator (2)	S. Carrier	MAY	- 3	2017			
Agencies Notified (X) EPA		Notification () Initial No			Street Addres		1000	AS		OS CO	NTRO	. &		
(X) DEP (X) DOL (X) DOH (X) DCA		(X) Amen () Cancell	ded Certifi	ication	City, State, Z Newark, NJ		9	The distance want to be be	I.I.	JENON	7/3			
(X) DCA					Name of Con Michael Bate			Tel A	lumbar	_				
Name of Facility Where Ab	atement is	Takina Place	2)	FACILITY I	NFORMATION									
KEARNY GENERATING S	Station	Taking Place	<u>3)</u>		Type of Facil () School (K () Subchapte	(-12)	than K-12\							
Street Address FOOT OF HACKENSACK	AVE				(X) Other (i.e.	. private &	commercial bl			4/)				
City (5)	County (6)		County	Code (7)	Sq. Feet1,0	000,000		# of Flo	oors 8					
KEARNY	HUDSON			Jse Only)	Bldg. Age 78 Current Use (ng demolished) Electric	: Gener	ating S	tation			
Name of Monitoring Firm H	ired by Bldg	j. Owner (8)	ASCM	No.	•		Name of C Absolut A	ontractor		9	cacion .			
Street Address					Street Addres									
City Chata 71 O					FO BOX 295									
City, State, Zip Code					City State, Zip FLORHAM P.	o <u>Code</u> ARK, NJ 0	7932							
Project Manager for Monito	ring Firm	Telephone I	Number		Telephone Nu	ımber		Licens	e Numb	or				
					(973) 410-921			00225		<u>jei</u>				
Scheduled Start Date (10) May 1, 2017		Scheduled (June 1, 201		n Date (11)	Name of OSH MECS	IA Monitor								
Occupancy Status During A () Facility Closed/Vacated () Abatement Performed O	During Entir	re Period of Al	natement		Street Address 5 Linwood Ct									
023		onnar admity r	10013 -		City, State, Zip	o Code								
Describe Outside Air Other - Describe Two Shift	r ts, 12 hour	s each, 24 ho	ur plant o	coverage	Hamilton, NJ									
Source of Work (Check all the	hat apply)													
(X) Demolition (X) Reno (X) Large Proj. (>160 SF or (X) Full Containment with N	>260 LF AC	CM) () SM Prossure (X)	oj. (>25<1 Mini-Enc	60 SF or >10 <2	60 LF ACM) (Glovebag Proce) Minor Pr	roj. (<25 SF o	<10 LF	ACM)					
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Loca	ation Normally by Maint./Cus	Used	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,		Specify SF or	LF)	Abater	ment Ty	<u>oe</u>			
SWITCHYARD	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose		
		X		Duct, Cable, 1 Mastic	Fransite &	20,000 s	quare feet		Х	Х				
Name of Reg. Waste Hauler	-	NJDEP Was	te Hauler	ID#	Cubio Varda -	F\\\\oot=								
Waste Management of Nev	v Jersey	17273	. J. Jaulei	<u>π</u>	Cubic Yards of 200	vvaste		Name of Tullyto			Recover	y		
City, State Elizabeth, NJ 07114-2436							Disp. Date		0	ity, Stat				
Completed by (Print or Type)	Title			Signature	-		Det		15	.3			
ROBERT GROGAN		<u>VP</u>			Signature			<u>Date</u> 4/27/20	17					
					1									

Chidley

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K	ECK	C ++			The Contract	The supplies
		\ ++				17 3

Date of Notification	502 320			1	Nam	e of E	Building	g Owner / Operat	tor (2)	\$ 60ml h	NAT		ZUI	l	1
Agencies Notified	4-21-17	-4:						I Liability Tran	sfer	Tr. Larry	ASBEST	10.00	LTT-P	2	-
EPA	Type Notific	cation					dress	- D-I - 011 04		di-	LIC	IENSIN	JG	UL (и
DEP	Initia	al.						s Rd., Suite 30)6	1.00	And a second sec		10		
⊠ DOL	X Ame						& Zip					-5*	55711		-11.74
□ DOH	11 YEAR 1500 STREET	ergency					Contact	63131			7-	-			
DCA		cellation		- 1			etz, E					Telenha	nne N	Jumb	er
		-		- 1				FORMATION						7	
Name of Facility WI	here Abatem	ent is Taking F	Place	e (3)	OIL		Type of Fac	ility (4)						
Building # 17, Pe	erth Amboy	1160, LLC.		•				School							
Street Address										Other than K-	12)				
1160 State Street	t									te & commerc		as. hom	nes. e	etc.)	
								Square Feet		# of Floors		ldg. Ag		,	
City (5)		County (6)		Cou	inty	Code	(7)	NA.		NA		IA	12		
Perth Amboy		Middlesex		NA					(Prior it	being demoli		., .			
								None		3	/				
Name of Monitoring	Firm Hired b	y Building Ow	ner	(8)		AS	CM No	. Name of Aba	atement	Contractor (9	3)				
				806				Enterprise	Netwo	rk Resoluti	ons Cont	ractin	a. Ll	_C.	
Street Address								Street Addre	SS				<u></u>		
01 01 0 7										Road, PO E	3ox 70				
City, State & Zip Co	de							City, State &							
Project Manager for	Manitarina	-:	1=					Winslow, N		rsey 08095					
r roject Manager for	Worldoning i	-irm	le	iepr	ione	Num	iber	Telephone N 609-567-06			License N				
Scheduled Start Dat	duled Start Date (10) Scheduled Con					te (1:	1)	609-567-0600 01263 Name of OSHA Monitor							
4-24-17	-24-17 5-25-17					10 (1	')	EMSL Anal							
Occupancy Status D	Occupancy Status During Abatement (Check only							Street Addre							
		During Entire P						200 Route	130 No	rth					
	Performed O	utside of Norm	al F	Hou	s –	7am	to 3pm	City, State &	Zip Cod	de					
Describe:		100 N H						Cinnamins	on, NJ	08077					
Facility Occu			- "												
Scope of Work (Che	ck all that ap	oply)								T. II Cantain			_		
X ≥3 sf or ≥3 lf				7	Ren	ovati	on			Full Containm Mini-Enclosur		egative	Pres	sure	
X ≥160 sf ≥260			$\overline{\times}$			nolitic									
				Я			., ,	☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable					a Procedure		
	cation of			ls L	ocati	on	T	Description			Amount		teme		20/2/5/5
	os-Containin	g	N		ally L			Asbestos-Con	taining		Specify	7 100	COTTIC	,,,,,	ypo
	erial (ACM)		Ma		ely b	y ce or		Material (A		S	F or LF)	20	-	En	ш
	E ABATED Facility					taff?		(i.e., thermal s insulation, surface	ystems	-		em	Repair	cap	ncls
	(13)				12)		4	or other miscell				Removal	air	Encapsulate	Enclsoure
	100 6		Yes	S	No	N/A		0. 00000	arroodo					é	CD
Lower Roof						\boxtimes		k Tar Roof & F	lashin	g 2000	s. f.				
Upper Roof			Ц	Щ		X	Tran	site		2500	s. f.	X			
	11_10_1		Ц	Щ											
			닏		4										
			님		4		-						Ц		Щ
Name of Registered	Waste Haule	2r	Ш		NII)ED I	Masta	Cubic Yards	Nama	of Dogistered	Landell			Ш	Щ
ramo or registered	vvasto i lault							of Waste	Name	of Registered	Lanatili				
Bull Waste & Rec	ycling, Inc.				1000	135		40	Salen	County La	ndfill				
City, State								Disposal Date	City, S				-1	- 77.0	
Berlin, NJ								5-29-17	Allow	ay, New Jer	sey				
Completed By (Print	or Type)			- 1	Title	-		Signature				Date			
Theodore S. Budz	ynski				Pre	side	nt		/			4-21-1	17		
								/	1						

Ch 3007	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)							STREET AND MAKE THE PARTY OF TH		5 6	Ē	3	\mathbb{V}	<u>L</u>	
Date of Notification (1) 4/28/2017 Check # 3007				Building nts Cat		59	1000				MAY		3	2017	7
Agencies Notified Type Notification			Street A				,	 	To the same of the	ASE	EST	OS	COI	VTR	OL &
☐ EPA ☐ Initial ☐ Amended ☐ Amendment	:#		City, Sta	te, Zip Co	ode				1 November	STATE A SHARE S	<u> </u>	JE1	ISIA	G.	T STREET,
☐ DOH justification) ☐ DCA ☐ Cancellation			150	Contact	0,002				Tel	ephone	Numb	er			
			FACII	LITY INFO	ORMAT	ION				-					
Name of Facility Where Abatement is Takin All Saints Catholic Academy	ig Place (3)					Тур	e of Facility (4 School (K-1)							
Street Address 19 W. 13th Street				-				Subchapter Other (i.e. p	8 (Oth			build	dings,	hom	es,
City (5) Bayonne, NJ							10000	are Feet 000	# o	f Floors		82	ldg. A	ge	
County (6) HUDSON			County C	Code (7) ISE ONLY)			rent Use (Prio sidential	r if be	ing dem	olished	d)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.				ces Corpo							
Street Address						Street 426		ess Street							
City, State, Zip Code					E 5330		Zip Code erg, NJ 070	93							
Project Manager for Monitoring Firm	eject Manager for Monitoring Firm					Teleph 201-		No. ·1700		Licens 0107					
Start Date (10) 5/11/17	Schedule		mpletion [Date (11)				SHA Monitor							
Occupancy Status During Abatement (Chec			Same as above Street Address									_			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:						City, S	tate,	Zip Code				107			
Scope of Work (Check All That Apply)															_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoli				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	ocedure				e		
Location of	1 2200	Locat			Do	corintian	***						Abate	pe pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial ((12)	nce/		tos Cont thermal surfa	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)			(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	
Main Office		Х			Pa	tch ho	le		-	2 SF			Х		
	Second Floor x					ng pla				3 SF			Х		
Closet Stage	X			P	ipe Ins	5			1 LF	-		X			
Name of Registered Waste Hauler Freehold Carting	ŀ	Hauler ID No of Waste			0.0000000000000000000000000000000000000	orland Landfill									
City, State Freehold, NJ		Disposal Date tbd			City, State		A								
Completed by Gina Betances	e Ma	Signatu					Bluck	. /		Date 4/28)17			

				(1.1	iisua	III LO NO	4C 0.00 and 5.1	0)		V -	3 0	017	il		
Date of Notification (1)							ng Owner/Operator	MAI - 3 2011							
04/	27 /	17			Bayside Marine Construction										
Agencies Notified	Type Notific	ation	1.50		Stree	t Address		ASBESTOS CONTROL & LICENSING							
⊠ EPA ⊠ DOLWD	☐ Initial				11	11 Birdsall Street									
☑ DOLWD	Amender Amendm	100			City,	City, State, Zip Code									
DCA	☐ Emerger		lina		Wa	retown,	NJ 08758								
(NJAC 5:23-8)	justificati		9		Name	of Contac	ct	Telephone Nur	mber						
	☐ Cancella	tion			Adam										
					FA	CILITY IN	NFORMATION								
Name of Facility Where A	batement is	Taking Pla	ace ((3)				Type of Facility ((4)						
Residence								School (K-12							
Street Address								- ☐ Subchapter 8 ☑ Other (i.e., pr	(Other than K-1	2) ercial hi	ilding	10			
								homes, etc.)	ivate and commi	Croiai bi	anding	, ,			
City (5)				7				Square Feet	# of Floors	BI	dg. A	ge			
Forked River								1000	1	65					
County (6)						nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	Prior if being demolished)						
Ocean								Residence							
Name of Monitoring Firm	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				48/11					
N/A						Guardian Contracting, Inc.									
Street Address							Street Address								
						1889 Route 9, Unit 61									
City, State, Zip Code						The Transfer of	City, State, Zip Co	ode							
							Toms River,	New Jersey 087	755						
Project Manager for Monitoring Firm Tele					phone	No.	Telephone No.		License No.						
							732-349-9932	!	00624						
Start Date (10) Scheduled Comple						te (11)	Name of OSHA N	lonitor							
05 /09 / .	17	05	1	10	_ /	17	E.M.S.L. Ana	lytical							
Occupancy Status During	Abatement (Check onl	y on	e)			Street Address								
□ Facility Closed/Vacated	d During Entir	re Period	of Al	bater	nent		1056 Stelton								
Abatement Performed	Outside of No	ormal Fac	ility I	Hour	s - Des	cribe	City, State, Zip Co	ode							
Time of Abatement:	AM	PM/		PM-		AM		New Jersey 088	54						
Scope of Work (Check all	that apply)								2748						
☐ >3 sf or >3 lf			Done	ovati	20			ainment with Nega	ative Pressure						
≥160 sf or ≥260 lf				olitio				losure g Procedure							
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Location of Asbestos-Containing N		n U		rmal Sole	ly by	Asha	Description o		Z,	R	ш	ш			
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exterior					_				10-0	-					
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Name of Registered Waste	e Hauler	,		20000	JDEP \		Cubic Yards of	Name of Regist	ered Landfill						
Guardian Contractin	g, Inc.				auler II 2022 3		Waste 3	T.R.R.F.							
City, State							Disposal Date	City, State					-		
Toms River, New Jer	rsey						05/11/17	Tullytown, I	Pennsylvania						
Completed By (Print or Type	oe)	Title					Signature	1	/ 10	ate					
Nicholas Fernicola Project Manager								1							

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Date of Notification (1)	07				500000		g Owner/Operator (, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7		
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Agencies Notified	Type Notifica	ation			Street	Address		1	LIGEN					
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⊠ DOLWD	Amended				City, State, Zip Code									
□ DCA	Amendme		ludina		Wa	Waretown, NJ 08758								
(NJAC 5:23-8)	justification		adding		Name	of Contac	t		Telephone N	ımher				
	☐ Cancellat				Ada	am								
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Name of Facility Where	Abatement is T	Taking	Place	(3)		0.2	TOTAL TOTAL	Type of Facility ((4)				-	
Residence		J					School (K-12)							
Street Address							Subchapter 8 (Other than K-12)							
							Other (i.e., pr homes, etc.)		mercial b	uilding	js,			
City (5)					7.00			Square Feet	# of Floors		ldg. A	20		
Forked River								1000	1		65	ge		
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Ocean					Jour	ity code (r	MOTATE OOL ONE!	Residence	or it being defit	olisileu)				
Name of Monitoring Firm	Hired by Ruile	ding O	wner/	8)	ASCM	No	Name of Abateme							
N/A	Trinica by band	anig O	writer (0)	AGGIVI	140.	The second secon	ntracting, Inc.						
Street Address							Street Address	intracting, inc.						
Oli CCI / Idal C33								Unit 61						
City, State, Zip Code							1889 Route 9, Unit 61							
Oity, State, Zip Code							City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Mon	itarina Firm			Tale		M-								
Project Manager for Mon	illoring Firm			Tele	phone	NO.	Control Control Manager Control Control Control		License No.	e				
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05 /09 /						te (11) 17	Name of OSHA N	5/7470-103170 <i>0</i>						
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Scope of Work (Check al	Il that apply)						□ Full Cont	tainment with Neg	ative Pressure					
≥3 sf or ≥3 lf			Re	novati	on		☐ Mini-Enc		alive Flessule					
⊠ ≥160 sf or ≥260 lf ⊠ Demolition							Gloveba	g Procedure	F: B	1				
			la.	1 000	ian		⊠ Non-Exe	mpted (*) and Nor	n-Friable Proce					
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Nicholas Fernicola Project Manager							1	The						

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator ((2)						
//	17	_		100000		ng Corp.	/	31	75	8			
Agencies Notified Type Notified	cation			Stree	t Address			I Port	0		3 D	<i>[7]</i>	
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□ DOH Amendr			60	100		s River, NJ 0875	7						
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Cancella	ation			1	l Major	NFORMATION		I ACDE	OTO	2.00	5 A 11771	001	
Name of Facility Where Abatement is	Taking	Place	(3)	17	CILITI	NFORWIATION	Tune of Facility	ASBE	LKA			10L	
Residence	9	1 1000	. (0)				Type of Facility (- LNAS			
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Name of Monitoring Firm Hired by Bui	Idina O	WDOT !	(8)	ASCM	No	Name of Abot							
N/A	iding O	wilei	(0)	ASCIVI	INO.	Name of Abateme		1000000 J. 0 * 0.34					
Street Address							ntracting, Inc.						
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City, State, Zip Code					City, State, Zip Code								
						Toms River, I	New Jersey 087	55					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.					
						732-349-9932		00624					
Start Date (10)	omple	tion Da	ate (11)	Name of OSHA M		00024							
05 /08 /17					17	E.M.S.L. Anal							
Occupancy Status During Abatement (yucu						
☐ Facility Closed/Vacated During Ent						Street Address							
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Time of Abatement:AM	PM	acility	PM.	5 - Des	AM Sity, State, 219 Sode								
						Piscataway, N	lew Jersey 088	54					
Scope of Work (Check all that apply)						P4440 (200 (200 (200 (200 (200 (200 (200	10 80 8000 50						
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≥160 sf or ≥260 lf			molitic	on Glovebag Procedure									
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exterior					asbesto	os siding		1000					
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Name of Registered Waste Hauler			IN	JDEP \		Cubic Yards of	Name of Registe	red Landfill					
Guardian Contracting, Inc.			5 (10.00)	auler I		Waste	T.R.R.F.	nou Lanuilli					
City, State				20223	3	3	U. AUTOMOTORIUS						
Toms River, New Jersey						Disposal Date	City, State						
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Nicholas Fernicola	Pro	ject	Mana	ager		1	- 1	1 1	11.)	1,-	3	
ASB-41						V	J. my		11-	21	/ E_]		

				•			Section (2001)	Check	# 117	715					
Date of Notification (1)	April 28, 2017 February 1, 2017			Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center – Mainland Division											
Agencies Notified	Type Notificatio			_	Address		THE THE		TOTAL THE						
□ера Поер				65 Wes	65 West Jimmie Leeds Road WAY - 3 2017										
⊠DOL	Initial			City, St	ate & Zip	Code									
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DCA	Amend Cancel	lment #_5		Name	of Contact			1 117	1: 11.	1979	- 10-20-20-20-20-20-20-20-20-20-20-20-20-20				
		iation		Tvalle v	or comac	•		Telephone Number							
				FA	CILITY	INFORMATION									
Name of Facility When AtlantiCare Regional						Type of Facility School (K	50.0000								
Street Address						Subchapt	ter 8 (Other than	K-12)							
65 West Jimmie Leed			Other (i.												
						Square Feet	Square Feet # of Floors Bldg. Age								
City (5) Pomona, NJ			1 3 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Prior if being demo	olished)	42	2 Year	'S							
County (6)		Ico	unty Code	(7)		Hospital									
Atlantic			E ONLY _	(1)											
Name of Monitoring Fig		ing Owner	(8)		ASCM		Name of Abatement Contractor (9)								
Hillmann Consulting, Street Address	inc.						Synatech, Inc. Street Address								
1600 Route 22 East, 5						829 Radio Roa	829 Radio Road								
City, State & Zip Code Union, NJ 07083							City, State & Zip Code Little Egg Harbor, NJ 08087								
Project Manager for M	onitoring Firm		Tel	ephone N	umber		Telephone Number License Number								
Stephen Cherepany				3-688-780		609-296-6916	N N A 11		00817	7					
Scheduled Start Date (February 13,		Scheduled		n Date (11 e 1, 2017)	Name of OSHA Synatech, Inc.									
Occupancy Status Dur	ing Abatement (C		one)			Street Address	S .								
	ed/Vacated During			atement		829 Radio Roa	City, State & Zip Code								
	erformed Outside	of Norma	Hours				Little Egg Harbor, NJ 08087								
Other – Desc	inde: pied During Abate	ement				Little Egg Har	DOF, NJ 00007								
Scope of Work (Check		omone													
ocope or work (officer	can triat apply)					П	Full Containment	with Negative Pressure							
\ge 3 sf or \ge 50 lf				Renovatio	n		Mini-Enclosure	•							
≥160 sf or ≥260) If			Demolition	1		Glovebag Proces								
) and Non-Friable Proce							
	cation of ining Material (A			on Norma v Mainten		Description Asbestos-Co		Amount (Specify SF	Ab	ateme	ent Type				
	E ABATED	J.III)		dial Staff		Material (A	ACM)	or LF)	<u></u>						
IN	Facility (13)					(i.e., thermal insulation, surfa					<u></u>				
	(10)					or other misce			Ren	Re	cap				
					N1/ A				Remova	Repair	Enclosure				
			Yes	No	N/A				-		6 6				
First Floor					Х	Floor T	Tile	1,600 SF	Х						
Endo Suite					Х	Floor T	Γile	4,000 SF	X						
Operating Room Hall	way				Х	Floor T	Tile	3,100 SF	X						
Sterile Core					Х	Floor T	Γile	1,400 SF X							
Third Floor Progressive Care Unit					Х	Floor T		6,500 SF	X						
Name of Registered V	Vaste Hauler		NJDEP V Hauler ID		Cubic \	ards of Waste	Name of Regist	ered Landfill							
Synatech, Inc.			Mean who compared Parity	429	30		Fairless Hills								
City, State					Dispos	al Date	City, State								
Little Egg Harbor, NJ	08087				June 2	, 2017	Morrisville, PA	V6							
Completed By		Title			Signatu			Date							
Diane Aloia		Executive	e Adminis	trator	1	the also	April 28, 2017 February 1, 2017								
				CONTRACTOR (CS)	4	717									

Check # 11690

Date of Notification (1)	April 20, 201			Name of	of Building	g Owner /	Operator dical Cen	(2) iter – Mainland	Division	E C.E	N W		li	
Agencies Notified	Type Notification				Address				11111-	A CONTRACTOR OF THE PARTY OF TH		******	7	
<u></u> ЕРА				65 Wes	st Jimmie	e Leeds R	Road			MAY - C	3 20	17		
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MDOL	Initial Amend	lad			na, NJ 08				house	a makana albaha halibarah sadi bahawan sa sa sa sa		and the second	4	- 1
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				FAC	CILITY	INFORM	TATION							
Name of Facility When AtlantiCare Regional				ion		T	pe of Fac	ility (4) I (K-12)						
Street Address	Medical Cente	i – ivialilio	and Divis	1011		—— <u> </u>		apter 8 (Other ti	han K-12\					
65 West Jimmie Lee	de Poad						A0000000000000000000000000000000000000	(i.e., private &	Seattle of the Control of the Contro	rial buildings	hom	e et	c)	
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Pomona, NJ							urrent Use ospital	(Prior if being	demolished)				
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Name of Monitoring Fi	rm Hired by Bu				ASCM	No. Na	ame of Ab	atement Contra	actor (9)					
Hillmann Consulting	, Inc.						natech, I							
Street Address	C4- 407						reet Addre							
1600 Route 22 East, City, State & Zip Code								& Zip Code						\neg
Union, NJ 07083	•							larbor, NJ 080						
Project Manager for M	lonitoring Firm			ephone N			elephone I			License Numb		7		
Stephen Cherepany	(4.6)			3-688-780			9-296-69	SHA Monitor			0081	/		-
Scheduled Start Date February 13,		cheduled		e 1, 2017	11)		natech, I			50				
Occupancy Status Du		(Check or		,			reet Addr							
	d/Vacated Duri			Abatemen	nt	82	9 Radio I	Road						
Abatement P	erformed Outsid	de of Norm	nal Hours			1000		& Zip Code						
Other – Desc	ribe:					Li	ttle Egg I	Harbor, NJ 080	087					
	pied During Aba	atement												
Scope of Work (Check	k all that apply)						_	-						
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Endo Suite					X		Floo	r Tile		4,000 SF	X			
Operating Room Ha	llway				Х			r Tile		3,100 SF	X			
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Name of Registered \	Waste Hauler		NJDEP \		Cubic '	Yards of V	Vaste	Name of Re	egistered La	andfill				
Synatech, Inc.			27	429	30			Fairless Hi	lls					
City, State					Dispos	al Date		City, State						
Little Egg Harbor, N	J 08087				June 2			Morrisville						
Completed By		Title			Signati	ure -	111		Date	pril 20, 2017				
Diane Aloia		Executiv	e Admini	strator	11	lone	als	4		ry-1, 2017				

Check # 11620 Name of Building Owner / Operator (2) Date of Notification (1) March 30, 2017 AtlantiCare Regional Medical Center - Mainland Division February 1, 2017 Street Address Agencies Notified Type Notification 65 West Jimmie Leeds Road EPA DEP City, State & Zip Code XIDOL Initial Pomona, NJ 08240 Amended X X DOH Amendment # 3 ASBE Jelephone Number Name of Contact DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center - Mainland Division School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, home, etc.) 65 West Jimmie Leeds Road Bldg. Age Square Feet # of Floors 42 Years City (5) Current Use (Prior if being demolished) Pomona, NJ Hospital County Code (7) County (6) USE ONLY Atlantic ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Synatech, Inc. Hillmann Consulting, Inc. Street Address Street Address 829 Radio Road 1600 Route 22 East, Ste 107 City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Union, NJ 07083 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00817 609-296-6916 908-688-7800 Stephen Cherepany Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) Synatech, Inc. May 15, 2017 February 13, 2017 Occupancy Status During Abatement (Check only one) Street Address 829 Radio Road Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed Outside of Normal Hours Little Egg Harbor, NJ 08087 Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥ 50 lf Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted(*) and Non-Friable Procedure Abatement Type Description of Is Location Normally Used Location of Amount (Specify Asbestos-Containing Solely by Maintenance or Asbestos-Containing Material (ACM) Material (ACM) SF or LF) Custodial Staff? (12) TO BE ABATED (i.e., thermal systems IN Facility Encapsulate insulation, surfacing, VAT Enclosure (13)Removal Repair or other miscellaneous) N/A Yes No 1,600 SF X Floor Tile X First Floor 4,000 SF X Floor Tile X Endo Suite X Floor Tile 3,100 SF X Operating Room Hallway Cubic Yards of Waste Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Fairless Hills 27429 30 Synatech, Inc. City, State Disposal Date City, State Morrisville, PA Little Egg Harbor, NJ 08087 May 16, 2017 Date Signature Title Completed By March 30, 2017 February 1, 2017 **Executive Administrator** Diane Aloia

[B. 1. 111							8.50	C	heck#	11564	
Date of Notification	(1) February 2 February 1, 20					Owner / Operator onal Medical Cer		Division E	GI	[\/]	E
Agencies Notified	Type Notifica			Stree	t Address	Leeds Road	mamana			V	15
□DEP □DOL	│	ıl		City	State & Zip (Code		III MA	Y - 3	201/	
⊠рон	Ame	nded			ona, NJ 082			i i			
DCA		ndment #	2	Name	e of Contact			ASRES			
		ocilation		INGIII	s or contact				Telepho	te ixum	ner 1
				F/	CILITY IN	FORMATION	ı				
Name of Facility Wh AtlantiCare Region	ere Abatement	is Taking	Place (3)			Type of Fac					
Street Address	ai Wedicai Cen	iter – Maii	niana Divis	sion			ol (K-12)	(C 40)			
65 West Jimmie Le	eds Road					l book	apter 8 (Other th	an K-12) commercial buildi	ings hor	na atc	١
						Square Fee			Bldg. Age		.)
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Pomona, NJ						Hospital	e (Prior if being d	emolished)			
County (6) Atlantic			County Code								
Name of Monitoring I	Firm Hired by B				ASCM No	Name of At	atement Contrac	ctor (9)			
Hillmann Consulting Street Address	g, Inc.					Synatech, I	Inc.	. 17050 			
1600 Route 22 East,	, Ste 107					Street Addr 829 Radio					
City, State & Zip Cod						City, State 8	& Zip Code				
Union, NJ 07083 Project Manager for I	Monitorina Firm		lΤο	lephone	Number	Little Egg I	Harbor, NJ 0808	License N	umber		
Stephen Cherepany	,		90	8-688-78	00	609-296-69		License N	0081	7	
Scheduled Start Date February 13		Schedule	d Completi				SHA Monitor				
Occupancy Status Di	uring Abatemer	nt (Check	only one)	10, 201		Synatech, I Street Addre	ess				
	ed/Vacated Du Performed Outs				ent	829 Radio I					
Abatement I Other – Des		de oi Noi	mai nours			City, State &		7			
	upied During Ab	patement				Little Egy r	larbor, NJ 0808	1.			
Scope of Work (Chec	ck all that apply)					_				
≥3 sf or ≥ 50 lf				Renovati	ion	L		ent with Negative Pr	essure		
≥160 sf or ≥26				Demolitic		P	Mini-Enclosure				
				2011101111			☐ Glovebag Prod Non-Exempte	edure d(*) and Non-Friable	Procedu	re	
	cation of				ally Used	Descrip		T T T T T T T T T T T T T T T T T T T		atement	Тур
Asbestos-Conta	iining Material (E ABATED	ACM)		y Mainte dial Stafi	nance or	Asbestos-t Materia		Amount (Speci SF or LF)	ify		
	Facility		Ousto	uiai Otai	(12)	(i.e., therm		SF OI LF)			T
	(13)					insulation, su			고	71 2	m m
						or other mis	cellaneous)		Remova	Repair	clos
			Yes	No	N/A				val	Repair	Enclosure
First Floor					х	Floor	r Tile	1,600 SF	X	-	+
Endo Suite					Х	Floor	r Tile	4,000 SF	$\Box x$		
Name of Registered N	Waste Hauler		NJDEP V	Vaste	Cubic Yar	ds of Waste	Name of Regi	istered Landfill			
			Hauler ID	No.							
Synatech, Inc. City, State		=1-1	27	429	Disposal I	Data	Fairless Hills				_
					Disposal I	Jake	City, State				
Little Egg Harbor, N Completed By	J 08087	Title			April 11,	And the Park Inches Inc	Morrisville, F	Tyleron and the same of the sa			
completed by		Title .			Signature	- 11		Date February 24	1, 2017		
Diane Aloia		Executiv	ve Adminis	strator	1 1/1/18	ne Ulio	2	February 1 2017	., 2017		

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Date of Notification (1) 04/27/2017				Building O wertsen		perator	(2)		1					and the state of t
Agencies Notified Type Notification		5	Street Ac	idress						ASBES				OL B
X EPA X Initial Amended Amendment: Emergency (_ [Montcl	te, Zip Coo air, NJ 0						To A Management Co.	LICE	13011	<u> </u>	
DOH justification Cancellation	ricidanig	4 8		Contact Ewertsen	1				Tele	phone Nun	nber			
	Di /0		FACIL	ITY INFO	RMATI	ON	Timo	of Facility (4)						
Name of Facility Where Abatement is Taking House	g Place (3)						School (K-12))	1000				
Street Address							X	Subchapter 8 Other (i.e. privetc.)				dings,	home	s,
City (5) Montclair								re Feet	# of N/A	Floors		ldg. A	ge	
County (6) Essex			County C	Code (7) ISE ONLY)			Curre	nt Use (Prior	if beir	ng demolish	ned)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	No.			of Aba	tement Contr ement, Inc		(9)				
Street Address						Street	Addres							
City, State, Zip Code						City, S	State, Z	ip Code J 07512						
Project Manager for Monitoring Firm		1-	Telephor	ne No.		Contraction of	none N			License N	0.			
						973-	345-8	685		01311				
Start Date (10) 05/09/2017	05/10/2		ipletion l	Date (11)		THE STATE OF THE S		HA Monitor ement, Inc						
Occupancy Status During Abatement (Chec	k Only Or	ne)					Addre	ss gren Avent	10					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	Period of A nal Facility	Abatem Hours	ent		_	City, S	State, Z	ip Code IJ 07512						
Scope of Work (Check All That Apply)	2000						_							
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	le	Location	on			- East	INO	III-Excimpted	() (1)	a Horri Hai	1	Abate	ement	9
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In Facility (13)	Cus	todial S (12)	Staff?		surfa	cing, VA niscella	AT, or		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						41	2015	1,,	_	CD.	
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Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W auler ID 0996		of Wa	Yards ste		Waste N	/lana	gement c				
City, State Totowa, NJ					Dispo TBD	sal Date	e	City, State Morrisvil		А				
Completed by Oliver Hegedis	Title Proje	ect Ma	nager		3	Signatur	90				ate 4/27/	2017		

Print Form

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Date of Notification (1) 04/27/2017				Name of Beth B	Building C ayless	Owner/O	perator	(2)			MA) C	UII	. A
Agencies Notified	Type Notification			Street Ad	ddress					i	ASBEST	05 (CHI	THO	L&
× EPA	⊠ Initial			City Stat	te, Zip Co	de					()	CHN	<u> </u>	}	
× EPA × DEP × DOL	Amended Amendment				Orange,		079								
N-5-0-207	Emergency (including			Contact					Tele	ephone Nun	nber			
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House	Date Henri	g 1 1000 (0)						П	School (K-12						
Street Address								×	Subchapter Other (i.e. pretc.)	8 (Oth	er than K-12 & commercia) al build	ings,	home	s,
City (5)									are Feet		f Floors		dg. A	ge	
South Orange								N/A		N/A			/A		
County (6) Essex				County C (STATE L	Code (7) ISE ONLY)			Но	rent Use (Prio			ed)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCM	l No.				atement Con atement, Inc		(9)				
Street Address							Street 11 R		ress ngren Aven	ue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Mon	toring Firm			Telephor	ne No.		Teleph 973-		No. -8685		License N 01311	0.			
Start Date (10) 05/08/2017		Scheduled 05/09/20		npletion (Date (11)				SHA Monitor atement, Inc	Э.	,				
Occupancy Status During	Abatement (Chec	k Only One)				Street								
Facility Closed/Vaca Abatement Performe	ed Outside of Norn	Period of Ab nal Facility I	atem Hours	ient			City, S	State,	Zip Code	ue					
Other – Describe: C						_	loto	wa,	NJ 07512						
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I I nat Apply)	-	nova				×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				۵	
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Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Custo	itenai	nce/		thermal surfa		s ins		(5	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
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Baseme	ent		Χ			Pipe	Insula	atior	1		17 LF	X			
Name of Registered Was	te Hauler		1965	JDEP W			Yards	1			ered Landfill				
D&S Abatement, Inc	•		0.000	lauler ID 0996	NO.	of Wa	ste		Waste I	Mana	gement o	f PA			
City, State Totowa, NJ						Dispo: TBD	sal Date	,	City, State Morrisv		PA				
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				- ATV			1/1	1							

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Date of Notification (1) 04/27/2017				f Building Maria Ca			(2)		10.00		MAY		5 21	11.1
Agencies Notified Type Notification			Street A	ddress						ASE	EST	08 (ONT	FROL
EPA Initial Amended Amendment Emergency justification) DCA Initial Cancellation	(including	-	Elizab	ete, Zip Co eth, NJ (f Contact Maria Ca	07208				Tel	ephone No	110	ZEN	SiriG	
DCA Cancellation									_			_		
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City (5) Elizabeth							based	etc.) uare Feet A	# o	f Floors	199	Bldg.	Age	
County (6) Union				Code (7) USE ONLY)				rrent Use (Prid ouse	or if be	ng demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.				batement Con atement, In		(9)				
Street Address							ose	ngren Aver	iue					
City, State, Zip Code						Toto	wa,	Zip Code NJ 07512				No.		
Project Manager for Monitoring Firm			Telepho				345	-8685		License 01311	No.			
Start Date (10) 05/10/2017	Scheduled 05/11/20)17	npletion I	Date (11)		D&S	Aba	SHA Monitor atement, In	С.					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Occupied	Period of Ab	atem				City, S	ose tate,	ngren Aver Zip Code NJ 07512	iue					
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	107.000	ocati	William										emen ype	L
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Sole! tenar	ly by nce/		tos Cont thermal surfac	scription taining M systems cing, VA niscellan	fater s ins T, or	t .	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	100	X	1473		Pipe	Insula	tion		9	0 LF	Х			
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W auler ID)996		of Was					ered Landf gement (
City, State Totowa, NJ		-1			Dispos TBD	sal Date	/1	City, State Morrisvi		A				
Completed by Oliver Hegedis	Title Project	t Ma	nager		S	Signature	41	W-			ate 34/27/	201	7	

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 04/28/2017 Slava Grigorian Agencies Notified Type Notification Street Address FPA Initial City, State, Zip Code DEP Amended ASBESTOS CONTROL & × DOL Amendment # Little Silver NJ 07747 LICENSING Emergency (including Name of Contact DOH iustification) Slava Grigorian DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 101 Oakland Street etc.) City (5) Square Feet # of Floors Bldg. Age Red Bank County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Monmouth Building Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Brinkerhoff Environmental Services Inc. 00100 Savic Construction Corp Street Address Street Address 1805 Atlantic Avenue 205 Route 46 Suite 15 City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jason P. Hooper 732-223-2225 01034 973-339-9735 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/29/2017 04/03/2017 Savic Construction Corp Occupancy Status During Abatement (Check Only One) Street Address 205 Route 46 Suite 15 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Totowa, NJ 07512 Scope of Work (Check All That Apply) >3 sf or >3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Rooftop X Black Duct Sealant 35 SF X Rooftop X Roofing tar 1000 SF Taxi office X Cementitious wallboard 700 SF X Hallway Floor tile and mastic 550 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Savic Construction Corp **GROWS** 32253 10 yr City, State Disposal Date City, State

Totowa NJ

Completed by

Milos Savic

Date

04/28/2017

Morriseville, PA

Signature

Project Manager

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Date of Notification (1) 04/28/2017					of Building a Grigoria		Operator	(2)		The second secon		MA	Υ -	- 3	2017	7
Agencies Notified	Type Notification			Street	Address					1	1					
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× DOH DCA	justification) Cancellation				a Grigoria	an				16	ерпопе	Num	bei			
				FAC	CILITY INFO	ORMAT	ION					=			_	
Name of Facility Where A Private House	Abatement is Takir	ig Place (3)					Тур	e of Facility							
Street Address								H	School (K-1 Subchapter		er than	K-12	KS.			
								×	Other (i.e. petc.)					dings	, hom	es,
City (5) Clark								Squ	are Feet	# 0	f Floors	i	Е	Bldg. /	∖ge	
County (6) Union					Code (7) USE ONLY)			rent Use (Pri USE	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Brinkerhoff Environr)	ASC 001	M No. 00		1		atement Cor nstruction		(9)					
Street Address 1805 Atlantic Avenu	е						Street 205 F		ess e 46 Suite	15						
City, State, Zip Code Manasquan, NJ 087	36								Zip Code NJ 07512							
Project Manager for Moni Jason P. Hooper	toring Firm				one No.		Teleph 973-3				Licens		•		5-) [
Start Date (10) 04/30/2017		Schedul 04/03/		npletion	Date (11)				SHA Monitor	Corp						
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addre	ess							
× Facility Closed/Vaca	ted During Entire F	Period of	Abaten	nent					e 46 Suite	15						
Abatement Performe Other – Describe:	d Outside of Norm	nai Facilit	y Hours			_			Zip Code NJ 07512							
Scope of Work (Check All	That Apply)							974								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					е	
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(13)	,	5000000	(12)				cing, VAT niscellan			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
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Troughto	ut			X		Wood	d Pane	ling		80	0 SF	1	K			
Second floor b	edroom			X	F	loor tile	e and r	nast	ic	50	0 SF	2	K		7	
Bathroon	ns			X	White	e colkir	ng in th	e sh	nower	25	5 SF	,	ζ.			
Livingroo	m			X	Adhesiv	e asso	ciated	woo	od-paneli	15	0 SF	2	ζ			
Name of Registered Waste	Hauler		7 1 25 55 7	JDEP W	Vaste	Cubic '	Yards		Name of F			dfill				
Savic Construction Co	orp		.00000	auler ID 2253	INO.	of Was		- COULTE	GROWS					440 m		
Totowa NJ						Dispos	al Date		City, State		Α					
Completed by Milos Savic		Title Proje	ct Ma	nager		Si	gnature	l	1	22		Date 04/2		017		

	NOTIFIC	cuant	to I	N.I.A	.C. 8	:60 and 12:	120)				
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ate of Notification	(1)	Nam	ne of I	Buildin	g Own	er / Operator (2))	WAI			-
ite of Notification	04-27-2017	Matt	Peni	nisi							_
gencies Notified	Type Notification	Stre	et Ad	dress	69			ASBESTOS	CON	TRO	_&_
⊠ EPA		City	Stat	e & Zi	Code	:		LIVE	VSIN(7	
DEP DOL DOH	☐ Initial ☐ Amended	Had	ketts	town, i	NJ 078	40		Telen	hone l	Numb	er
⊠ DOL	Emergency	Nan	ne of	Conta	ct						
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			FAC	LITY I	NFOR	MATION					
	here Abatement is Taking Pla	ace (3)			1	Type of Facility (4)				
ame of Facility VV acant House	nere Abatement to Family					School (K-1) Subchapter	a lathar that	n K-12)			
reet Address					- 1	☐ Subchapter	rivate & com	mercial buildings, i	omes,	etc.)	
(1661) (1661)					ŀ	Square Feet	# of Floo	ors Bldg.	1 190		
	10 1 (0)	Coun	ty Co	de (7)		2 500	2		5	0	
ity (5)	County (6)	Coun	ty CO	uc (1)	- 1	Current Use (Pri	or if being de	emolished)			
ackettstown, NJ	Ivvaileii				1	Vacant House					
of Monitorin	g Firm Hired by Building Own	er (8)		ASCM	No.	Name of Abaten Resource Mana	nent Contrac	in. LLC			
ealth and Safety	Services			117		Street Address	gernent Grot				
treet Address						2115 Hamilton	Ave, Suite 20)2			
O. Box 365						City, State & Zip	Code				
city, State & Zip C	Code					Trenton, NJ 086	319	License Num	her		
Berlin, NJ 08009	ar Manitoring Firm	Teleph	one N	lumbe	Г	Telephone Num	nber	License Nun	01185		
Project Manager i Nr. Jim Proctor	or Monitoring Firm	856-45	2-13	11		609-914-4279 Name of OSHA	Monitor				
Scheduled Start D	Date (10) Scheduled Cor	npletion	Date	(11)		J&S Environme	ental Laborate	ories, Inc.			
E 4 20	17	05-08-2	017		_	Street Address					
Occupancy Statu	s During Abatement (Check o	nly one)	f Δha	temen		2333 Route 22	West				
Eacility (locarivacated During Linus.		LADG	Comon	•	City, State & Zi	p Code				
	nt Performed during Normal H 8:30am – 6:00pm	ours.				Union, NJ 0708	33				
Describe.	ccupied During Abatement										
Scope of Work (Check all that apply)					[ntainment with Neg	jative I	ress	ure
		\boxtimes	Ren	ovatio	า		☐ Mini-Er	nclosure			
≥3 sf or ≥		Ä		olition		I	Glove	Bag Procedures xempted and Non-F	riable	Proc	edure
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Ash	pestos-Containing	Norm	nally l	Jsed		Asbestos-Cont Material (AC	annig :M)	SF or LF)	R	_	Encapsulat
1	Material (ACM)	Main	olely l	ce or		(i.e., thermal sy	stems		Removal	Repair	ncapsula
<u>T</u>	O BE ABATED	Custo	odial	Staff?	i	nsulation, surfact	ing, VAT		340	ar.	Ins
	in Facility (13)		(12)			or other miscella	aneous)		-		at
	(10)	Yes	No	N/A				5 SF			
ast signal landing	7			\boxtimes		tile & mastic		75 LF			
1 st floor landing	9					nsulation		2 SF			
Basement					Flu Pa	acking		2 51			
Flu											
-				IDEE.	Masta	Cubic Yards	Name of R	egistered Landfill			
Name of Regist	ered Waste Hauler		H	auler l	D No.	of Waste	Grows Lan				
	agement Group, LLC		0	03521	0	Disposal Date	City, State				
City, State Trenton, NJ 08			17	itle		Signature 1	Morrisville,	1	Date		
Completed By Mr. Brian Hane	(Print or Type) ey		100	itle reside	nt	BAO	1 M.	M	04-2	7-20	1 /
						1/0	<u> </u>				

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Susan Salsberry 04/25/2017 Street Address Type Notification Agencies Notified Initial FPA City, State, Zip Code Amended × DEP Summit, NJ 07901 Amendment # DOL × Telephone Number Emergency (including Name of Contact iustification) DOH Susan Salsberry Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) House Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address X Bldg. Age Square Feet # of Floors N/A City (5) N/A N/A Summit Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) House Union Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) D&S Abatement, Inc. N/A Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01311 973-345-8685 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) D&S Abatement, Inc. 05/06/2017 05/05/2017 Street Address Occupancy Status During Abatement (Check Only One) 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Totowa, NJ 07512 Other - Describe: Occupied Scope of Work (Check All That Apply) Full Containment with Negative Pressure × Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Amount Used Solely by Asbestos Containing Material (ACM) Encapsulate Enclosure Asbestos-Containing Material (ACM) Maintenance/ (Specify Remova (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 65 LF X Pipe Insulation X Basement

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

Date

04/25/2017

Name of Registered Landfill

City, State

Morrisville, PA

Waste Management of PA

Cubic Yards

Disposal Date

Signature

of Waste

TBD

TBD

NJDEP Waste

Hauler ID No.

20996

Project Manager

Oliver Hegedis

City, State

Totowa, NJ

Completed by

Name of Registered Waste Hauler

D&S Abatement, Inc.

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2017 MAY 4/27/2017 The Crowell Group, LLC dba Spring Lake Arbors Agencies Notified Type Notification Street Address 550 Warren Avenue × × EPA ASBESTOS CONTROL Ipitial City, State, Zip Code DEP Amended LICENSING DOL Amendment #2 Spring Lake, NJ 07762 Emergency (including) Name of Contact DOH justification) _Telephone Number DCA Cancellation Patti Murray FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Arbors at Spring Lake - Crawlspace A School (K-12) Street Address Subchapter 8 (Other than K-12) 550 Warren Avenue X Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Spring Lake 25000 2 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Monmouth Senior Assisted Living Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EHS Environmental, Inc. Prism Response, Inc. Street Address Street Address 411 Southgate Court, Suite E 102 Technology Lane City, State, Zip Code City, State, Zip Code Mickleton, NJ 08056 Export, PA 15632 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jack F. Carney 856-224-0080 724-325-3330 01121 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/24/2017 4/26/2017 * EHS Envronmental, Inc. Occupancy Status During Abatement (Check Only One) Street Address 411 Southgate Court, Suite E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: Work confined to unoccupied crawlspace City, State, Zip Code Mickleton, NJ 08056 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Crawlspace A X Pipe & Fittings 480 LF X

NJDEP Waste

Hauler ID No.

SW1724

Administrative Support

Cubic Yards

Disposal Date

Signature

4/26/2017

of Waste

40

Completed by

Jessica Wolfe

City, State

Name of Registered Waste Hauler

Waste Management

Trenton, New Jersey

Date

4/27/2017

Name of Registered Landfill

GROWS Landfill

Morrisville, PA

City, State

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

4 1000	NOTI	Pursu	ION OF	of New Jersey ASBESTOS A IJAC 8:60 and	12:120)		V-64 927	DE	i C		\mathbb{V}		
ate of Notification (1)		Nan	ne of Bu tes Ex	ilding Owner/Opress Lines/	perator (FedEx	²⁾ Freight	, Inc.		MAY	- 3	201	7	Y
gencies Notified Type Notification			eet Addre Box 2			702		AS	BESTO	s co	NTR	 OL 8	
EPA X Initial Amended Amended		City	y, State, chmon	Zip Code d, VA 23260	105				LIC	ENSI	NG_		+
DOH justification)	luding	Na	me of Co	ontact				Telepho	ne Numbe	er			
	1 (2)		FACILIT	Y INFORMATI	ON	Type of	Facility (4)						+
Name of Facility Where Abatement is Taking P Vacant Building Street Address	lace (3)					Su Otl	hool (K-12) bchapter 8 her (i.e. pri	10thar th	an K-12) mmercial l	ouilding	gs, ho	mes,	
67 Green Pond Rd						Square		# of Flo	ors	Bldg	Age		
City (5) Rockaway		T 6	ounty Co	do (7)		N/A Current	Use (Prior		demolished	1			
County (6) Morris		(S	TATE US	E ONLY)		Vacar	nt Buildin	g					
Name of Monitoring Firm Hired by Building Ov	ner (8)		ASCM N	No.	Unit	ed Safe		ractor (9)					
Street Address					12 N	Address	ve #F2						
City, State, Zip Code					Pine		NJ 070						
Project Manager for Monitoring Firm		Te	elephone	e No.	973	hone No. -276-00	199	1 77	icense No 1317			8-11-2-1	
	Scheduled 05-15-20		oletion D	ate (11)	Unit	ted Safe	A Monitor ety LLC						
Occupancy Status During Abatement (Check						t Address	s ve #F2						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Ab al Facility F	ateme	ent		City,	State, Zip)58					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti			•	H Min	Containm i-Enclosure vebag Pro- n-Exempte	e cedure		le Proc	edure	e	
		_ocatio	20 21								Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall I Solel ntenar odial S (12)	ly by nce/ Staff?	Asbestos Co (i.e. therm	nal syste rfacing, '	Material ms insula	(ACM) ation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Office & Kitchen Areas Main Office Area		X			VA.			80	0 SF	X			
Main Office Area										_			
Name of Registered Waste Hauler United Safety LLC		H	NJDEP V Hauler ID	No. of	bic Yard Waste	İs	GROV	NS Lan	red Landfi dfill	11			
City, State Pine Brook, NJ				Di: TE			City, St.	ate own, PA		ate			
Completed by Vanco Petkov	Title Proje	ect M	anage	r	Signa	ature	alka T	D)4-26-	-201	7	

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

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Name of Monitoring	g Firm Hired by Bu	uilding Ow	ner (8))		AS	104	PAR ENVIRON	MENTAL CO	RPORA	OITA	N		
ENVIRONMETAL HI	EALTH INVESTIGA	ATIONS, IN	IC.				104	Street Address						
Street Address								313 SPOOK RO	CK ROAD					
655 WEST SHORE	TRAIL							City, State, Zip						
City, State, Zip Code	9							SUFFERN, NE	N YORK 109	01				
	SPARTA, N	IEW JERS	EY 078	3/1				Telephone Num		Licens	e Nu	mber		
Project Manager for	Monitoring Firm	1			lumber			- E	ibei	1101				
WILLIAM S. KERBE			973-72	California - Inc. of				845-369-7500	Manitor	1101				
Expected State Date		Sche	d. Con	npleti	on Date (Name of OSHA		OIN S		#1	1480	
4 /	6 /17	V-55	12 /		30		/17	AMERISCI LAE	BORATORIES	SINC		n i	1-100	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)					Name MER	of Building O CK SHARP & D	wner/ OHM	Operator (2) E CORP.			(S) (S)		
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City, State, Zip Code		IEDO!		7071			SU	FFERN, NEW	/ YORK 10901				
	ARTA, NEW				Number			ephone Numb		nse N	umber		
Project Manager for Monitoring	Firm	- 1		29-564				5-369-7500	110	1			
WILLIAM S. KERBEL, CIH			A. L. L. C. L. C.	A	on Date	(11)		me of OSHA					
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State of New Jersey

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Date of Notification (1)					A Property of the second	CK SHAR							á A V	0	201	7
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City, State, Zip Code	ARTA, NEW	JERS	FY 0	7871						N YORK 109	01					
Project Manager for Monitoring	SCHOOL STATE OF THE SECOND SEC		200	hone Nu	ımber	- CONTRACTOR #3			phone Num			ise Ni	umbe	r		
WILLIAM S. KERBEL, CIH			973-7	29-5649)			845-	369-7500		1101					
Expected State Date (10)		Sche	d. Co	mpletio	n Date (11)		Nam	e of OSHA	Monitor						
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BENJAMIN SANCHEZ	IDIRE	CIO	ROF	OPERA	HONS		10	1	00	mandon and internal	-	-1	10	11	11	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 7 / Verizon Communications Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL 8 15 East Montgomery Place, Lower Level □ DOLWD LICENSING City, State, Zip Code ☑ DOH Amendment #1-4/27/17 □ DCA ☐ Emergency (including Pittsburgh, PA 15212 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Van Hiseville Central Office School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 140 West Veterans Highway homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jackson Township 6.195 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave. 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 21 / 17 __5__/__5__/__17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ >3 sf or >3 If □ Renovation ✓ Mini-Enclosure✓ Glovebag Procedure ≥160 sf or ≥260 If ☐ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Repair Asbestos Containing Material (ACM) Remova Encapsulate Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See attached X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE WAYNESBURG, OH Completed By (Print or Type) Title Signature Patrick T. DeCaro Estimator ASR-41

State of New Jersey

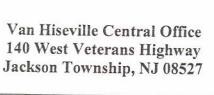
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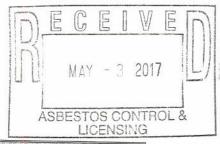
^{*} Do not use this form for asbestos licensure exempted activities.

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 7 / 17 Verizon Communications 2017 Agencies Notified Type Notification Street Address Ø EPA 2637 ☑ Initial 15 East Montgomery Place, Lower Level DOLWD 2538 ☐ Amended ASRESTOS CONTROL City, State, Zip Code DOH 2552 Amendment # LICENSING Pittsburgh, PA 15212 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Van Hiseville Central Office ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 140 West Veterans Highway homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jackson Township 6,195 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave. 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 21 / 17 4 / 28 / 17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ⊠ ≥160 sf or ≥260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Remova 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 See attached X \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE WAYNESBURG, OH Completed By (Print or Type) Title Signature Patrick T. DeCaro Estimator

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

ASB-41 PD17042





	BASE BID		
Location	Quantity	Number of Estimate d Shifts	Total Dollar Amount *
1 st Floor-Boiler Room	Removal of 36 LF of Pipe Fitting Insulation, 130 SF of Duct Insulation, 90 SF of Boiler Breeching/Stack Insulation and 150 SF of 9"x9" Gray VAT/Mastic (1 Phase)		
1 st Floor-Boiler Room	Demolition/Removal of Boiler in its entirety, associated Ductwork and Header, designated Piping, associated Fire Brick/Brick Base Support/Curbs		
1st Floor-Vestibule	Removal of 15 SF of 9"x9" Gray VAT/Mastic		
1 st Floor-AC1-1 Area	Removal of 3 SF of Thermal Wrap Insulation and 20 LF of Pipe Fitting Insulation (1 Phase)		
1 st Floor-HSB Room	Removal of 11 LF of Valve/Pipe Fitting Insulation, 220 SF of 9"x9" Gray VAT/Mastic and 20 SF of 12"x12" Gray VAT/Mastic (2 Phases)		
1 st Floor-Generator Room	Removal of 4 LF of Valve/Pipe Fitting Insulation, 8 SF of Vibration Damper Cloth, 420 SF of 9"x9" Gray VAT/Mastic (1 Phase)		
1 st Floor-Plant Storage Room	Removal of 6 LF of Valve/Pipe Fitting Insulation and 130 SF of 9"x9" Gray VAT/Mastic (1 Phase)		
st Floor-Generator Room	Removal of 50 SF of 9"x9" VAT/Mastic (Separate Mobilization)		
	TOTAL BA	SE BID	

			NOI				AC 8:60 and 5:1		D) EGETVE							
Date of Notification (1) 04 /	26 /	17				e of Buildin	ng Owner/Operator (PA(75 8017								
Agencies Notified EPA DOLWD	Type Notific	cation			Stree	t Address O Barneg	at Blvd.	ASBESTOS CONTROL								
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□ DCA				9		rnegat, N										
(NJAC 5:23-8)	justificat				Telephone Number											
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Street Address	ng, mc.						Guardian Contracting, Inc.									
1889 Rte. 9, Unit 61							Street Address 1889 Route 9, Unit 61									
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Toms River, New Je	ersev 0875	5						New Jersey 08	755							
Project Manager for Moni				Tele	phone	No	Telephone No.	vew dersey ou	License No.							
						-9932	732-349-9932		00624							
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)	Name of OSHA M									
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☐ Facility Closed/Vacate							1056 Stelton									
☐ Abatement Performed Time of Abatement: _							City, State, Zip Code									
						VIVI	Piscataway, N	New Jersey 08	854							
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)			novati molitic	77.70		 □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure 									
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exterior						stucco	punoro		10,000 sf		H		H			
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Toms River, New Je	rsev						6/1/17		Pennsylvania							
Completed By (Print or Ty		Title						Tanytown,		0 /	1	,				
p.o.oa oj (i iliit oi 1y	/	1100					Signature	/ 1	Dat	۲/	-/					

ASB-41

Nicholas Fernicola

JAN 13 * Do not use this form for asbestos licensure exempted activities.

Project Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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ame of Facility Wher	re Abatement is Taking	g Place	(3)					☐ School (K-12)							
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County (6)					Jounty	Code (1)(c	Residence								
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	irm Hired by Building	Owner (8)	AS	CM No).	Guardian Contracting, Inc.								
Guardian Contra	acting, Inc.														
Street Address						,	Street Address								
1889 Rte. 9, Uni	t 61						1889 Route 9, Unit 61 City, State, Zip Code								
City, State, Zip Code							Toms River, New Jersey 08755								
Toms River, Nev	w Jersey 08755						Telephone No. License No.								
Project Manager for I	Monitoring Firm				one No		732-349-9932 00624								
Nicholas Fernic	ola				-349-9				0002.						
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interior				\boxtimes		plaster			575 sf				TE		
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lome of Monitoring F	irm Hired by Building	Owner (8)	AS	CM No.	N	ame of Abatem	ntract	ing Inc.						
Guardian Contra	ectina, Inc.					Guardian Contracting, Inc.								
Street Address					S	Street Address								
1889 Rte. 9, Unit	61					1889 Route 9, Unit 61								
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Project Manager for I	Monitoring Firm			one No.		Telephone No.								
Nicholas Fernic	ola			-349-99		732-349-9932								
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Date of Notification (1) 4/25/2017		Name of Building Owner/Operator (2) The College of New Jersey						TITE WAL S 2017								
Agencies Notified X EPA	Type Notification X Initial			Street A	ddress Penning		ASBESTOS CONTROL &									
DEP DOL	Amended Amendment			City, State, Zip Code Ewing, New Jersey 08628												
× DOH × DCA	Emergency justification) Cancellation			Name o	f Contact Sonomo	Те	Telephone Number									
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Name of Facility Where A The College of New		LITT IN	lity (4)	COMPLICATION CONTRACTOR CONTRACTO												
Street Address 2000 Pennington Ro		School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)														
City (5) Ewing								Square Feet ~ 9,000	2	of Floors		Bldg. Age 50+				
County (6) Mercer					Code (7) USE ONLY)	_	Current Use (Prior if being demolished) Power House								
Name of Monitoring Firm TTI Environmental I		Owner (8)		ASCN 0003	Maria and			of Abatement Contractor (9) er Environmental Services, Inc.								
Street Address 1253 North Church S	Street	***************************************		Street Address 42 Ridge Road												
City, State, Zip Code Moorestown, New Je				ty, State, Zip Code hoenixville, PA 19460												
Project Manager for Monit Michael R. Stocku		Telephone No. 856 840-8800			Telephone No. License No. 610 933-4332 00836											
Start Date (10) 5/24/2017	d Con	npletion I	Date (11)			uber Environmental Services, Inc.										
Occupancy Status During	Street Address 42 Ridge Road															
Facility Closed/Vaca Abatement Performe Other – Describe: O	'S City, State, Zip Code						19460									
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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TO BE ABATED In Facility (13) Mai Cust				Custodial Staff? (i.e. the				aterial (ACM) insulation, T, or eous)	(5	Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure	
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Boiler Insul		X					TSI			00 SF	X	+	+		-	
Breeching Ins	2. 2. 2	X					TSI			00 SF	X					
Name of Day 1				IDEE:			, .	17.			1611					
Name of Registered Waste Horizon Disposal	e Hauler		Н	JDEP W auler ID)416		of Was	Yards Name of Registered Landfill ste GROWS/Tullytown Landfill					II				
City, State Trenton, NJ						Dispos 06/20	al Date 17	City, S Morr	State isville, P	A			7			
Completed by Patrick Larney			15	gnature V W	Date											