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

NOCK											· ·		
1. X	N		CATION	of New Jers OF ASBESTOS to NJAC 8:60 a	SABATE			4	2016	MAY	-6	AM 11: 50	
Date of Notification (1) 05/05/16 (ON HOLD	)			Building Owner SHIP OF MO				0	195	5 <i>/</i> 2	1	AM //: 50	
Agencies Notified Type Notification	on	Street Address 125 VIRGINIA AVENUE						nii	ING ROLL				
X EPA Initial X DEP X Amended X DOL Amendment		1		te, Zip Code AMSTOWN,	NJ 0809	94							
□ Emergence     □ justification     □ Cancellati	cy (including n)	1	Name of	Contact				Telenhone Norm	Telephone Now '				
DCA Cancellati	on			YL MEASE	TION		, ,	102			-		
Name of Facility Where Abatement is Ta			IAOII	LITT NOT OTTAIN	11014	Туре	of Facility (4	1)					
FORMER MONROE TOWNSHII Street Address 306 SOUTH MAIN STREET	LIBRAR	r				N S	Other (i.e. p	2) 8 (Other than K-12 rivate & commercia		dings,	home	s,	
City (5) WILLIAMSTOWN	96.90m						etc.) re Feet 00	# of Floors 2		ldg. A /-10(			
County (6) GLOUCESTER			County C	Code (7) JSE ONLY)	or if being demolished)								
Name of Monitoring Firm Hired by Buildir TTI ENVIRONMENTAL		ASCN	l No.		Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.								
Street Address 1253 NORTH CHURCH STREE				EET									
City, State, Zip Code MOORESTOWN, NJ 08057				A 19137									
Project Manager for Monitoring Firm JEFFREY SEAMAN	WHI	- 1	Telephoi (856) 8	ne No. 340-0800	100000000000000000000000000000000000000	Telephone No. (215) 533-5155 License No. 01166							
Start Date (10) 05/09/2016	Schedule 05/31/2		pletion (	Date (11)	TAL								
Occupancy Status During Abatement (Ch	neck Only On	e)			JRCH STREET								
Facility Closed/Vacated During Enti- Abatement Performed Outside of No Other – Describe:					NJ 08057								
Scope of Work (Check All That Apply) */	ABATEMEN	NT PR	IOR TO	O DEMO*		_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			ent with Negative P edure (*) and Non-Friab								
***************************************	100000	Location	339.3			× No	II-Exciriptoc	( ) and Norm hab	T	Abate			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Mai	lormall d Solel ntenan odial S (12)	y by nce/	Asbestos Co (i.e. therm sur		Material ns insula AT, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure	
3.2.4	Yes	No	N/A	25335					Removal		late	Te	
FIRST FLOOR			X	WIN	IDOW S	LATE		25 SF	Х				
BASEMENT, FIRST FLOOR			X	2 5000	T COM			1,280 SF	Х				
FIRST FLOOR			Х	9X9 TA	AN FLO	OR TI	LE	5,500 SF	Х				
Name of Registered Waste Hauler SERVICE TRANSPORT		10,000	JDEP W auler ID		oic Yards Vaste		0.7389993.0759504	Registered Landfill					
City, State MORRISVILLE, PA				Disp	posal Date	9	City, State						
Completed by DENISE M. NIVEN	Title ADMI	N. AS	SST.		Signatur	e (	M.V	lives Da	ite 5/05/2	2016			



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

Date of Notification (1) 5/2/2016		Name of Building Owner/Operator (2) Garfield BOE							2016 MA	4AY -6								
Agencies Notified	Type Notification		1 6	Street Address 125 Outwater Lane							2016 MAY -6 AM 11: 34							
EPA DEP DOL	Amended Amendment			City, State, Zip Code Garfield NJ 07026							& LICENSING ROL							
DOH DCA	Emergency justification) Cancellation		1.00		Contact vard Izb	icki				Telephone Number								
		FACILITY INFORMATION																
Name of Facility Where American Legion P				ł)														
Street Address 171 Cedar Street	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										es,							
City (5) Garfield, NJ 07026	Square Feet # of Flori							Floors baseme	ent	Bldg. Age nt 50+								
County (6) Bergen		County ( (STATE L	Code (7) USE ONLY)				nt Use (Prio	r if bei	ng demoli	ished)								
Name of Monitoring Firm LEW Corporation		ASCM No. Name of Abatement Control  n/a DEmo Yannuzzi Enviromer																
Street Address 1090 Bristol Rd				Street Address 135 Kinnelon Rd Suite 102														
City, State, Zip Code Mountainside , NJ (					City, State, Zip Code Kinnelon NJ 07405													
Project Manager for Mor		Telephone No. Telephone No. 908-654-0868 908-208-0880						License No. 01228										
Start Date (10)	d Com	Dompletion Date (11) Name of OSHA Monitor							01220									
5/12/16		Yannuzzi Group									_							
Occupancy Status Durin				rancant r			Street Address 135 Kinnelon Rd suite 102											
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of A nal Facility	Hours	ent			City, S	state, Zi	p Code									
Scope of Work (Check A						NIIII	elon,	NJ 07405				_	-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	vation   X   Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure							<u>,</u>										
		Locati	on									Abatement						
Location		N	ormall d Sole	ly			scription					Тур			oe			
Asbestos-Containing TO BE AB		Mai	ntenar	nce/			ntaining Material (ACM) al systems insulation,				mount Specify	7	,	_	Enc	Щ		
In Faci	lity	Cust	odial S (12)	Staff?	(,,,,,	surfac	cing, VA	T, or			or LF)	Kemova		Repair	Encapsulate	Enclosure		
(13)		Yes	No	N/A		other ii	niscellar	ieous)				\ a		₹	ulate	ure		
floor	Г			х		vat & Mastic				400 sf			1					
sidin		Х			siding			900 sf			Ī							
N N	-												+	-				
Name of Registered Was	N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Land	fill			- 100					
Yannuzzi Group				auler ID 7467	No.	of Was 20	ste		Grows	3								
City, State Kinnelon NJ						Dispos 5/18/2	sal Date 2016\	ν.	City, State Morrisvi		a							
Completed by John Mucha		Title Sr. pr	oject	Mang.		S	Signature	1/1			1100	Date 5/2/2(	016	i	Sec. 1			
								Z//U/										

# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

OL# 3019

					Name of Building Owner / Operator (2)													
	5/3/				Verizon Street Address											_		
Agencies Notified								Street Address 34 Alden Street										
☐ EPA	-										201		E	1/4		-		
☐ DEP	$\boxtimes$	Initial	2.52				Zip Co				-	<u> </u>	-					
□ DOL		Amen					New Je	ersey			- <u>- Cla</u>	Telepho	0	Nive	nha	_		
□ DOH		Emerg		1.33			ntact				7	eiebu	one	Nur	nbe			
☐ DCA		Cance	ellation	Α	lex E	Baylo	or				1.	()	_		ì	3		
T. NC. AV				FAC	ILIT	Y INFO	DRMATION				==	=	-	1,	april 1			
Name of Facility Where Abatement is Taking Place (3)								Type of Facility	67 2 33									
Cranford Central								School (K				10	33					
Street Address								☐ Subchapte	Other than K-	<-12)								
34 Alden Street								Other (i.e.	priva	ate & commerc	cial building	gs, hor	nes	etc	.)			
34 Aldeli Street						В	Bldg. Age											
City (5)			County (6)	Cou	inty C	ode	(7)	Square Feet 21000		2								
Cranford			Union		•		,	Current Use (F	rior	if being demol	ished)							
Ciamord			Omon					Communica	tion	S								
Name of Monitoring Firm Hired by Building Owner (						ASC	CM No.	Name of Abate			9)							
USA Environmen			y ballaling own	C. (U)		,,,,,		BRISTOL EN										
Street Address	itai iii						mere de la	Street Address										
8436 Enterprise	Aveni	ie						1123 BEAVE	RS	TREET								
City, State & Zip Co								City, State & Z	ip Co	ode								
Philadelphia Pa								BRISTOL, P.	A 19	007								
					hone Number Telephone Number License Num								mber 00509					
						-365-3610												
Scheduled Start Da	ate (10)		Scheduled Con	npletio	on Date (11) Name of OSHA Monitor													
5/16/16 5/17/16						BRISTOL ENVIRONMENTAL INC												
Occupancy Status During Abatement (Check only one)					e) Street Address of Abatement 1123 BEAVER STREET													
Facility Closed/Vacated During Entire Period														_	-			
<u> </u>			utside of Norma	al Hou	ırs –	7am t	o 3pm	City, State & Zip Code BRISTOL, PA 19007										
Describe:								BRISTOL, P	A 19	1007								
			Abatement											100				
Scope of Work (Ch	eck all	that ap	ply)					9		Full Contains	ment with N	Vegativ	e P	ess	ure			
	100									Mini-Enclosu		, ogui,						
≥3 sf or ≥3				$\boxtimes$	1100000000	ovati			$\boxtimes$	Glove Bag P								
≥160 sf ≥26	30 If			Ш	Den	nolitio	on		님	Non-Exempt			le F	roc	edu	ъ.		
							_	Description	of.	Non-Exempt	Amount	batement Type						
	ocation				Locat nally l			Asbestos-Cont			(Specify	7.0	Abatement Type					
	stos-Co		g		olely l				Material (ACM)					SSet 10				
	terial (/ BE AB				tenan			(i.e., thermal sy	,	1 2		2	ıca	nc				
	in Facil			Custo				insulation, surfac		None	3	Repair	psu	Enclsoure				
	(13)				(12)			or other miscella				2	2	7	Encapsulate	Ге		
	( /			Yes	No	N/A									10			
Boiler Room					П	П		Pipe insula	tion		15 LF			3				
Boiler Room	-				Ħ	IF		Duct Insula	tion		40 S F							
Pollet Koolii						-							] [					
													] [					
						-	-						][[					
							1						] [					
Name of Registere	d Mac	te Hau	er		N.	IDFP	Waste	Cubic Yards	Nan	ne of Register	ed Landfill							
Name of Registere	u vvas	ic Hau	Ci		10000		ID No.	of Waste		_								
SERVICE TRAN	SPOR	T GRO	DUP. INC.		20	990		2	MIN	NERVA LANI	DFILL							
City, State								Disposal Date		, State								
NEW CASTLE, I	DE 197	20						TBD	WA	YNESBURG	G, OH 446	88						
Completed By (Pri	under a constant			C - E 490 E -	Tit	le		Signature	1			Dat						
Patrick T. DeCa		100			100000		MGR.		M	000	1'0	5/3	116					
								Tarick	1	. De Coro	150							

\*CX #25/28

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

Date of Notification (1)	/2/16			Name of Building Owner/Operator (2) Forman												
Agencies Notified	Type Notifica	ition	+	Street	Address	:			nico nico	Ċ	n	* '				
EPA DEP	Initial Amended		-	City S	tate, Zip C	inde		-	20	-	7	_				
<b>⊠</b> DOL	Amendme	ent #_ cy (including		Oity, O	iaio, zip o		cataway, NJ		70	_	M	_				
M DOH □ DCA	justificati	on)		Name	lame of Contact Telephone Number											
	☐ Caricellati	OH		Susan Forman												
				FAC	ILITY INF	ORMATION										
Name of Facility Where		aking Place Lesidentia				Type of Facility (4)  ☐ School (K-12)										
Street Address		condentia	11		School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e., private & commercial buildings,											
							Other (i.e., p		al build	ıngs,						
City (5)	107.00		No. of the last of			Square Feet	# of Floors	Blo	lg. A							
	Pis	cataway,	NJ				2500	2	<u>.   _</u>	90-	+/	_				
County (6)	ddlesex				ty Code (7 ONLY <del>)</del>	7) (STATE	Current Use (P	rior if being demolis	snea)							
Name of Monitoring Firm		ling Owner	$\overline{}$	ASCM	No.	Name of Abaten	nent Contractor (9	))								
(8)	MECS		_			Stev	vens Environ	mental Service	es, In	c.		_				
Street Address	DO D	0.41				Street Address	PO 1	222								
City Obele 7in Onde	PO Box	341				City State 7in C		30x 322		_		_				
City, State, Zip Code	cosswicks, l	NJ 0851:	5			City, State, Zip Code Allentown, NJ 08501										
Project Manager for Mo	nitoring Firm		Tele	lephone No. Telephone No. License No.												
Bill We	eisgarber		(60	(609) 298-4070 (609) 259-9688 0049							193					
Start Date (10)				Deletion Date (11) Name of OSHA Monitor  MECS												
5/11/15 Occupancy Status Durin	na Abatamant		(13/	16		Street Address										
Facility Closed/Vaca				ment		PO Box 341										
☐ Abatement Performe						City, State, Zip Code										
Other - Describe:							Crosswic	ks, NJ 08515								
Scope of Work (Check	all that apply)					□ Full Co	ntainment with Ne	gative Pressure								
≥3 sf or ≥3 lf			novat			Mini-En	closure	94								
≥160 sf or ≥260 lf		De	molitic	on			ag Procedure cempted (*) and N	on-Friable Procedu	re							
			ocatio						A	bater Typ						
Location		Used	Solel	y by		Description o			$\vdash$	1 1 1						
Asbestos-Containing TO BE ABA			ntenan ustodia			tos Containing Ma thermal systems		Amount (Specify	R	_	Enc	Щ				
IN Facilit			Staff? (12)			surfacing, VAT other miscellane	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure				
(13)		Ves		T NI/A		other miscellane	ous		val	=	ılate	ure				
		Yes	No	N/A				25.10	-							
Basem	ent	_	×		Th	ermal Pipe In	sulation	25 lf	×							
		_		_					+							
		_		-					+							
Name of Registered Wa	aste Hauler		IN	V.IDEP \	Naste	Cubic Yards	Name of Red	istered Landfill				_				
Stevens Environ		rices Inc	1	Hauler ID No. of Waste												
City; State	memai Sel	v 1005, 1110	<u>·</u>   .	182	292	1 CU Disposal Date	City, State	GRO WO Lai	.41111	_	_	_				
	Allentow	n, NJ			G /	5/13/16	1/2//	Morrisville,	PA							
Completed By		Title		00-200-20		Signature	(1)	Date		/1 /						
Mahlon E. St	evens	P1	rojec	t Mar	nager				5/2	/16		_				
ASB-41 MAR 00		* Do not u	ise thi	is form	for asbesi	tos licensure exer	mpted-activities.									