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	PERM	100	-	0	m
1	1.11		<b>\$</b> 22	v	1333

CK4616	) PAI	D		CATIO	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE			E	CE		<u> </u>		1
Date of Notification (1) 05/03/19					of Building Sudano	Owner/0	Operator	r (2)			MAY	- a o	019	and the same of th	IJI
Agencies Notified	Type Notification			Street A	3.00.20.70.10				- 144	1	MAY	19 6	013	- [ 1	
□ -c.				Guoder	taar ooo				alwell files	upston		11000	and the party and		
EPA DEP	Initial Amended		+	City St	ate, Zip Co	nde	-			AS	BESTO	CON	TRO	-&	
x DOL	Amendment	¥		100000000000000000000000000000000000000	mont, N.		9				LICE	NSIN	G	wee!	10
DOLL.	Emergency (i	ncluding	1		of Contact					Tol	anhono M	umbor			
DOH DCA	justification) Cancellation				Sudano					101	ephone N	umber			
Load	Rossel Odiriochidiori	19-502			ILITY INF	OBMAT	ION			1					
Name of Facility Where	Abatement is Taking	Place (	3)	PAG	ILI I INF	UNINAI	ION	Type	of Facility (4	)					
Private Residence	LOUIS ALL PROPERTY PROPERTY ( ) CONTINUES OF	•						grang		53					
Street Address							-		School (K-12 Subchapter 8		er than K-	12)			
								X C	Other (i.e. pr				dings,	home	es,
City (5)								е е	tc.)	1 45 44	Floors		Olda A		
Rosemont								3000	e Feet	2	Floors		3ldg. A 50+	ge	
County (6)				0	0-1-77								701		
Hunterdon					Code (7) USE ONLY	)			nt Use (Prior ate Reside		ng aemoli	snea)			
Name of Monitoring Firm	Hired by Building C	wner (8)	1	TASCN	V No		Name	and the same	ement Cont	F. 517 (71170)	(9)				
N/A	,	, , ,		1.00.					struction 8			, Inc.			
Street Address							Street	Address	S			-			
							265	Route	46 Ste 31	)					1
City, State, Zip Code							City, S	state, Zip	Code					-	
						Toto	wa, N.	J 07512							
Project Manager for Mon	itoring Firm	X-III		Telepho	ne No.		Teleph	none No			License	No.		-	
							973	256 70	010		00666				
Start Date (10)				npletion	Date (11)		700710251		A Monitor	'					
05/16/19		05/17/	100				Bako	Cons	struction 8	Res	toration	, Inc.			
Occupancy Status During	g Abatement (Check	Only Or	ne)					Address							
Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent			265 I	Route	46 Ste 31	)					ĺ
Abatement Performer  Other – Describe: 0	ed Outside of Norma	al Facility	/ Hours	3			City, S	tate, Zip	Code						
Install						_	Toto	wa, N.	J 07512						
Scope of Work (Check Al	II That Apply)		1711-5												
× ≥3 sf or ≥3 lf		X	Renova	tion				Full	Containmer	nt with	Negative	Pressu	re		
≥160 sf or ≥260 lf			Demolit	ion			X	Mini-	-Enclosure						1
							×	Non-	ebag Proce Exempted	oure (*) and	l Non-Fria	ble Pro	cedure	2	1
		le	Locati	on									Abate		
Location	of		Vormal			Do	scription	26					Ту	oe	
Asbestos-Containing			d Sole		Asbes		scription taining M		(ACM)	Ar	nount			ш	
TO BE ABA	ATED		intenai todial S			thermal	systems	s insulat		(S	pecify	Re	R	inca	Enc
In Facili (13)	ty		(12)		7,21		cing, VA niscellan			SF	or LF)	Remova	Repair	sde	Enclosure
(10)		76		T		outer it	nioconari	10000)				l a	=	Encapsulate	ure
		Yes	No	N/A											
Baseme	Basement						Insula	tion		12	0 LF	X			
					-										
			2												
Name of Registered Was	te Hauler		0.78	JDEP W		Cubic			Name of Re	egiste	red Landfi	11			
Bako Construction & Restoration, Inc.					No.	of Was	ste		Fairless	Land	fill				
City, State							al Date		City, State						$\overline{}$
Totowa, NJ						TBD			Morrisvill	le, PA	4				
Completed by Title						S	ignature		51			ate			-
Goran Kojic		Proje	ect Ma	nager			- Aller	23	1 6	~	£ +	5/03/	19		1
			oran Kojic Project Ma							1		- A - A - A - A - A - A - A - A - A - A	030		

# State of New Jersey

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10011		NOTI	FIC	ATI	ON O	FASBE	STOS ABATI	FIVI 1	IENI IID	\\	C 00	10		III
N(C)			(Pi				8:60 and 5:16			<u>MAY</u>	6 20	19	L	41
Date of Notification (1)				10000000			Owner/Operator (2				hk. NA			1
4 / _	18 / 19	9		1	A&H F	Partners	hip, LLC	•	Job #1612-214	ASPESTOS	CONT	ROL	હિ	-
Agencies Notified	Type Notification	1		St	reet Ad	Idress				LICE	NSING		B) attach	-
⊠ EPA	☐ Initial				69 Kir	ng Street	t							
⊠ DOLWD				Ci	ty, Stat	e, Zip Co	de							
□ DHSS	Amendment #				3	, NJ 078							55	
☐ DCA	☐ Emergency (i justification)	including		Na	ame of	Contact			T	elephone Numb	er			
(NJAC 5:23-8)	☐ Cancellation				Kirk F	larpell				973-989-5000	)			
			-				ORMATION							
	At atamant in Takir	na Place	(3)		FACIL	-111 1101	Oranization	Ty	pe of Facility (4)					
Name of Facility Where		ng Flace	(3)					П	School (K-12)					
Commercial Prope	rty								Subchapter 8 (C	Other than K-12)	aial build	lings		
Street Address									Other (i.e., priva	ate and commen	Ciai Duiic	migs,		
69 King Street Bldg	A Ground Flo	ог						So		# of Floors	Bldg	. Age		
City (5)								1	217,800	4	10	7		
Dover	, i			1,	County	Code (7)/	STATE USE ONLY)	1	urrent Use (Prior	if being demolis	hed)			
County (6)				1	County	Code (/)(	STATE OOL ONET	11	Warehouse					
Morris			(0)	100	CONT NI		Name of Abateme	1.		<u> </u>				
Name of Monitoring Firm		g Owner	(8)	AS	SCM No	0.			Nold Services,	Corp.				
Criterion Laborato	ries						Street Address	u II	noid cervices,	ос.р.				
Street Address							3859 Sylon E	2011	ilovard					
3370 Progress Driv	ve, Suite J						City, State, Zip C							
City, State, Zip Code							Hainesport,							
Bensalem, PA 190								140	00000	License No.				
Project Manager for Mon	nitoring Firm		Te		none N	Charles	Telephone No. 609-702-0400	0		00862				
Mike Panepresso					-244-1	ALCO COM	Name of OSHA		pitor	00002				$\neg$
Start Date (10)		neduled (					EMSL Analy							
_4 / _29 /	19	5	′ –	2	-	19		LIC	ai, iiic.					-
Occupancy Status Durin	ng Abatement (Ch	eck only	one)	)			Street Address	2000						
	ted During Entire	Period o	f Aba	atem	ent		200 U.S. Rot	200000						-
☐ Abatement Performe	ed Outside of Norr	nal Facil	ity H	ours	- Desc	ribe	City, State, Zip C							
Time of Abatement:	AMPM/_	PIV	IAIV	/1			Cinnaminso	n, l	NJ 08077				_	
Scope of Work (Check	all that apply)						⊠ Eull Co	ntai	inment with Nega	tive Pressure				
□ > 2 = f = x > 2   f		⊠ R	lenov	vatio	n		☐ Mini-En	clo	sure	WRAPA	cut	-		
<ul> <li>≥3 sf or ≥3 lf</li> <li>&gt;160 sf or ≥260 lf</li> </ul>				litior			☐ Gloveb	ag I	Procedure pted (*) and Non					
							☐ Non-Ex	œm	pted ( ) and Non	-i Habie i Toccu		ateme	ent Ty	ne
				cation mall			Description	of						
Location		U		Solel		Ashe	stos Containing N	/late	erial (ACM)	Amount	Removal	Repair	nca	Enclosure
Asbestos-Containin TO BE Al		IV.		enar		(i.e	., thermal system	s in	sulation,	(Specify SF or LF)	lova	≌:	ısqı	nsc
IN Fac	cility	Ci		11ai 5 12)	taff?		surfacing, VA other miscellar	il, c	or us)	31 01 11 /	=		Encapsulate	e.
(13	5)	Va		No	N/A		Other miscenar							
	Yes					Floor T	ilo :			2,864 SF				
Ground Floor										430 SF				
Ground Floor							Layer Floor Ti	iie		10 LF				
Ground Floor			]			Pipe In	sulation			10 LF	_		금	
			1									Ш	Ш	Ш
Name of Registered W	/aste Hauler			10.2.7	JDEP!		Cubic Yards of		Name of Regis					
Waste Managem				H	auler II 17273		Waste 5		Grand Cen	trai				
City, State					1121		Disposal Date		City, State	So helifale				
Lafayette, NJ							5/2/19		Penn Argy	le, PA				
Completed By (Print o	r Type)	Title		-			Signature		1		Date	1000	,	
The second secon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Offic	e A	ssis	tant		1		1/		4	30	-19	
Kaysi Gruner		01110						1	X					

							ew Jersey	1		e n	71.77	(F)	4100
MIMAN		1	TON				BESTOS ABAT	- 1	n) E G		$\mathbb{A}$		117
				(P	ursuar	nt to NJA	AC 8:60 and 5:1	6)	NI.	viace viacece make			1111
Date of Notification (1)					Name	of Buildin	g Owner/Operator (	(2)	nii -				6 8 8
/	5 / _	19	_			c Schoo		1903-2411 Ch	k. #NA MAY	5	2019		L
Agencies Notified	Type Notifica	ation			Street	Address							- Control
□ EPA	☐ Initial				108	39 Creek	Road	t.	ASSEST	OS CO AIRMAN		)L&	
☑ DOLWD					City, S	State, Zip (	Code		11	-21/21	15	and the second	4. Y.
☑ DHSS ☐ DCA	Amendme	_	ludina		Bel	Imawr, N	IJ 08031						i i
(NJAC 5:23-8)	justification		iduliig	J	Name	of Contac	t .		Telephone Nur	mber			
V	☐ Cancellat	5.0			Ma	rc Chees	eman		856-933-08				
					1		FORMATION		1 300 300 00				
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility	(4)				
Larc School								☐ School (K-12	2)				
Street Address									3 (Other than K-1		and a		
1089 Creek Road								homes, etc.)	rivate and comm	erciai bi	maing	S,	
City (5)								Square Feet	# of Floors	Bl	dg. A	ne e	
Bellmawr								65.000	1	72000	54	-	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)		ior if being demo				
Camden						ny oodo (i	)(OTTILE GOL ONLY)	School	ioi ii beilig dellio	iisricuj			
Name of Monitoring Firm	Hired by Ruilo	lina O	wner (	8)	ASCM	No	Name of Abateme						
Horizon Environme	and the second s	ing O	wilet (	,	AUCIVI	140.		d Mold Service	- Com				
Street Address	iitai						Street Address	a Mola Service	s, corp.		-		
PO Box 316						1							
City, State, Zip Code				- 7-2		1	3859 Sylon B						
	•				1	( ( )	City, State, Zip Co						
Thorofare, NJ 08080				1 = 3	\		Hainesport, I	NJ 08036					
Project Manager for Moni				***************************************	phone	~	Telephone No.		License No.				
Steve / Dave Flanig					56 48		609-702-0400		00862				
Start Date (10)	909000	chedu	,		tion Da		Name of OSHA M	lonitor					
4 / 22 /		4	_(′	_2	5_/_	19	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (0	Check	only	ne)			Street Address						
□ Facility Closed/Vacate							200 U.S. Rou	te 130 North					
Abatement Performed						cribe	City, State, Zip Co	ode					_
Time of Abatement: _	AM-	$\leftarrow$ PM	4	_PM		AM	Cinnaminsor						
Scope of Work (Check all	that apply)	$\overline{}$	+					,					
	T	١.	_					tainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	\		⊠ Re □ De				☐ Mini-Enc	losure Procedure					
ZZ = 100 31 01 = 200 11		J'	_ De	month	J11			mpted (*) and No	n-Friable Proced	ure			
			Is	Loca	tion					1	ateme	ent Tv	vne
Location	of	. ]		Norma			Description of	of			_		
Asbestos-Containing I		)		d Soli intena	ely by		stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA IN Facilit					Staff?	(I.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	ai.	sde	nso
(13)	,			(12)			other miscellane		Of Of Lify	=		ılatı	6
			Yes	No	N/A							æ	
Rooms 13, 8 & 11					$\boxtimes$	Floor T	ile & Mastic		1080 SF		П	П	П
		-			-								
											Ш	Ш	Ш
											П	П	П
Name of Registered Wast	te Hauler				JDEP \		Cubic Yards of	Name of Regis	tered I andfill				-
Waste Management				150	lauler II	O No.	Waste	Grand Cen					
City, State		U. 11. 15	2-112		17273	3	5 Disposal Data						
Lafayette, NJ							Disposal Date	City, State	le DA				
, 1-5-6-10-10-10-10-10-10-10-10-10-10-10-10-10-							4/25/19	Penn Argy	ie, PA				
Completed By (Print or Ty	rpe)	Title					Signature		[	ate		_	
Kimberly Trumbetti		Off	fice C	Coor	dinato	r		1/_		4-2	2-1	9	
ASB-41								1		-	97/	71	

ASB-41 MAY 11

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

CK 5357	AI	TON	TIFIC	CATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:	TEMENT 16)	DE	E		<u> </u>	
Date of Notification (1)				Nam	ne of Buildin	ng Owner/Operator	(2)	IIIII MA	AY -	6 20	)19	-
	/19			St	tate of Ne	w Jersey	/ Job	#1905-2438		k. #53		outure D
Agencies Notified Type Not				Stre	et Address			A (D.D. III)				-
☐ EPA ☐ Initial ☐ Amen				10	35 Parkw	ay Avenue		ASBES	LICEN:			હિ
	ded dment #			City,	State, Zip	Code		· · · · · · · · · · · · · · · · · · ·		JHYC	THE PARTY OF STREET	Commercial
	gency (inc	dudin		Tr	enton, N.	J 08625						
(NJAC 5:23-8) justific	cation)	Judin	9	Nam	ne of Contac	ct		Telephone I	Vumber			
☐ Cance	ellation			Sh	nery M. Q	uatermas		609-530-				
				F/	ACILITY II	NFORMATION						
Name of Facility Where Abatement		Place	(3)		00 S.D.	HC .	Type of Facility	(4)		12-12		
NJ DOT Pomona Maintenand	ce Yard						School (K-12	2)				
Street Address							Subchapter Other (i.e., p	8 (Other than I	<-12)	L		
69 West White Horse Pike							homes, etc.)	)	imerciai	bullai	ngs,	
City (5)							Square Feet	# of Floors		Bldg.	Age	
Absecon							TBD	1			years	3
County (6)				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished			
Atlantic							Maintenanc					
Name of Monitoring Firm Hired by B		wner (	(8)	ASCN	No.		ent Contractor (9)					
Environmental Connection, I	inc.					Asbestos an	d Mold Service	es, Corp.				
Street Address						Street Address						
120 North Warren Street						3859 Sylon E	Boulevard					
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08625						Hainesport, I	NJ 08036					
Project Manager for Monitoring Firm Roland Jones			0.00	ephone		Telephone No.		License No				
Start Date (10)			778		2-4200	609-702-0400	1	00862				
I MALE MALE IN THE PROPERTY OF	Schedul					Name of OSHA M						
				<u>/</u> / .	19	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement	t (Check o	only o	ne)			Street Address						
☐ Facility Closed/Vacated During Er	ntire Perio	od of A	Abate	ement	-20.438	200 U.S. Rou	te 130 North					
Abatement Performed Outside of Time of Abatement:AM	Normal Fa	acılıty	Hou	rs - Des	scribe AM	City, State, Zip Co	ode					
					ZAIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)						D Full Cont	-11 20 11					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Rer Der	novat			☐ Mini-Encl						
• *************************************			Loca							batem	ent Ty	vne
Location of Asbestos-Containing Material (AC	.047		orma I Sole	ely by	A = 1 = =	Description of	f			_	T	T
TO BE ABATED		Mair	ntena	ince/	(i.e.	stos Containing Mat , thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Custo	(12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	₹	psu	unsc
(10)	Y	res	No	N/A	1	other miscellaned	ous)				late	е
Modular Trailer					Floor Til	le & Plywood		1,200 SF		П		
Old Office Building					Floor Til			710 SF		-		
Office Adjacent to Bathroom		]			Mastic			60 SF				
		-		П				00 31		-		
Name of Registered Waste Hauler			IN	JDEP V	Vaste I	Cubic Yards of	Name of Danit	a a al I 1611				
Waste Management				auler ID	No.	Waste	Name of Registe Grand Cent					
City, State				17273		5 Disposal Date				-		
Lafayette, NJ						5/17/19	City, State Penn Argyle	DA				
Completed By (Print or Type)	Title						- eilii Aigyle					0
Kaysi Gruner		ce As	ssist	tant		Signature	A		Date <b>5</b> [3]	119		
SB-41 MAY 11	* Do	not u	se th	is form	for ashesto	s licensure exempt	ad nativities		-10	11		

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

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

$\overline{\mathbb{D}}$	C		0	$\mathbb{V}$	E	
	MAY	-	6	2019		

MOCK				(Pu	ırsuar	nt to NJA	C 8:60 and 5:1	6)		MAY	- {	5 20	)19	and the same of th
Date of Notification (1)					Name	of Buildin	g Owner/Operator (							
4 /	5 /	19	_		Lar	c School	/ Job#	1903-2411 Chk	. #NA AS	EESK	08.0	ONT	BOL	3.
Agencies Notified	Type Notificat	tion			Street	Address			The street beginning	LIC	ENS	ING	- 10,	W.
☐ EPA	☐ Initial				108	9 Creek	Road							el article.
☑ DOLWD					City, S	State, Zip (	Code			-				
☑ DHSS	Amendme		ar			Imawr, N								
DCA (NJAC 5:23-8)	☐ Emergenc justificatio		aing			of Contac			Telephone	Numbe	er			
(10/10/02/07	□ Cancellation     □				Ma	rc Chees	eman		856-933					
					FA	CILITY IN	IFORMATION							
Name of Facility Where Al	batement is Ta	aking P	lace	(3)				Type of Facility (	4)					
Larc School								School (K-12)						
Street Address								Subchapter 8			سماله	:	<u></u>	
1089 Creek Road							80	Other (i.e., pr homes, etc.)	ivate and co	mmerci	ai bu	laing	S,	
City (5)							/0	Square Feet	# of Floor	'S	Blo	lg. A	ge	-
Bellmawr								65,000	1			54		
County (6)					Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being de	emolish	ed)			
Camden								School						
Name of Monitoring Firm I	lired by Buildi	ing Owr	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)						_
Horizon Environmer	ntal						Asbestos and	d Mold Services	s, Corp.					
Street Address							Street Address		•					
PO Box 316							3859 Sylon B	oulevard						
City, State, Zip Code						7,777	City, State, Zip Co	ode						
Thorofare, NJ 08086							Hainesport, N	NJ 08036						
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License N	No.				
Steve / Dave Flaniga	in			85	6-848	-0800	609-702-0400		00862					
Start Date (10)	Sc	chedule	d Co	mple	tion Da	te (11)	Name of OSHA M	lonitor						
_4 / _22 / _	19	4	_ /	_ 25	_ /	19	EMSL Analyti	ical, Inc.						
Occupancy Status During	Abatement (C	heck or	nly or	ne)			Street Address							
☐ Facility Closed/Vacated	During Entire	e Period	of A	bater	nent		200 U.S. Rout	te 130 North						
Abatement Performed							City, State, Zip Co	ode						
Time of Abatement:	AM	PM/_		PM-		AM	Cinnaminson	, NJ 08077						
Scope of Work (Check all t	that apply)													
☐ ≥3 sf or >3 lf			Ren	ovati	on		☐ Full Cont ☐ Mini-Enc	ainment with Neg	ative Pressu	ire				
≥160 sf or ≥260 lf		Ï		nolitio			☐ Glovebag	Procedure						
							Non-Exer     Non-Exer	mpted (*) and Nor	n-Friable Pro	cedure				
f				ocati ormal							Aba	teme	ent Ty	pe
Location o Asbestos-Containing M		.   1			ly by	Ashe	Description o stos Containing Ma		Amoun		Re	Re	E	E
TO BE ABAT	ED			itena	nce/ Staff?		., thermal systems i	insulation,	(Specif		Remova	Repair	cap	Enclosure
IN Facility (13)	1		Jusic	(12)	olali!		surfacing, VAT, other miscellane		SF or LI	F)	'al		Encapsulate	ure
(10)		Y	es	No	N/A	1	other miscellane	ous)					te	
Rooms 13, 8 & 11		T	1			Floor Ti	le & Mastic		1080 S	F		П	П	
						1100111	io a mastro	-	1000 0	4			끔	무
		_ _	-		100 000						ᆜ	Ш		ᆜ
			]											Ш
			]											
Name of Registered Waste	Hauler			100000	JDEP V		Cubic Yards of	Name of Regist	ered Landfil	1				
Waste Management				H	auler II 17273	Division and All	Waste 5	Grand Cent	tral					
City, State							Disposal Date	City, State						
Lafayette, NJ							NA ,	Penn Argyl	e, PA					
Completed By (Print or Typ	oe)	Title					Signature			Date	;			
Kimberly Trumbetti		Offic	e C	oord	inator	•	Wy I			15000000		-10	1	
ASB-41								X			1	I.		
MAY 11		* Do	not u	se th	is form	for asbest	os licensure exemp	ted activities.						

### PAID

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

CUL#3565

Date of Notification (1)							Owner / Operator	(2)	D-market Date	[5]	E	C	EI	W	E	110
5/3/19	4:		Ride Stree			ersity				HH	ط	U		U	15	$\mathbb{H}\mathbb{H}$
Agencies Notified Type Notifica	tion	10			-,		rille Road		-	m					1	
DEP   Initial		Line.				Zip C						MAY	-	2019		111
DOL Amen	ded	- 1	100			100	J 08648		Į	Li Li	1	111.//		-010	-	hammer of
	gency		Vame					-	- 1				Telepho	ne N	lumb	er
	ellation	١	Nalt	er E	ddy	у			1		ASB	EST (	609-89 CENSIN	6-77		
				CILI	ΤY	INF	ORMATION			The Control	- Togan Sangaran Spinner	المالية المالية	TIV)II		national and	
Name of Facility Where Abateme	nt is Taking Pl	ace (3	)				Type of Facilit									
Rider University - House 10							School (K			1000	. 63					
Street Address							Subchapt				-				.4.1	
2083 Lawrenceville Road							Other (i.e Square Feet		# of Flo		iai bu		gs, non Bldg. Ag		elG.)	
City (5)	County (6)	Co	unty	Code	e (7)	)	9000			3				40+		
Lawrenceville	Mercer						Current Use (	Prior if	being d	lemoli	shed)					
							Dormitory									
Name of Monitoring Firm Hired by	/ Building Own	er (8)		AS	SCN	ΛNo.	Name of Abat				)					
Pennoni Associates Street Address							Bristol Envi		ental, i	nc.	17-11-17					
515 Grove Street, Suite B							1123 Beave		ef							
City, State & Zip Code							City, State & 2									-
Haddon Heights, NJ 08035							Bristol, PA	10.7								
Project Manager for Monitoring Fi	rm	Telep	hone	Nur	nbe	er	Telephone Nu				Licer	ise N	lumber	à		
Brian Clark								)40			0050	9				
								IA Mon	itor <b>ental Ir</b>	ıc.					8	
Occupancy Status During Abatem		nly one	<del>)</del>				Street Addres		01110111							
Facility Closed/Vacated D							1123 Beave									
Abatement Performed Ou		al Hou	ırs –	7am	to :	3pm	City, State & 2									
Describe: 7:00 AM to							Bristol, PA	19007								
Facility Occupied During																
Scope of Work (Check all that ap	piy)							$\boxtimes$	Full Cor	ntainm	nent w	ith N	legative	Pre	ssure	3
≥3 sf or ≥3 lf		$\bowtie$	Rer	nova	tion	í			Mini-En							
≥160 sf ≥260 lf		$\Box$	Der	nolit	ion			П	Glove B	ag Pr	ocedu	ıres				
									Non-Exe	empte	d and	Nor	n-Friabl	e Pro	cedu	ıre
Location of			ocat		. [		Description						Ab	atem	ent T	уре
Asbestos-Containing Material (ACM)	1	Norm	olely		1		Asbestos-Cont Material (AC				(Spec F or					
TO BE ABATED		Maint			r		(i.e., thermal sy				) OI	LI /	Re	70	Cle	Enc
in Facility		Custo	dial	Staff	?		nsulation, surfac	ing, VA	AT.				Remova	Repair	Clean Up	Enclosure
(13)			(12)	1	_		or other miscella	aneous	s)				/al	=	P	лге
		Yes	No	N//	4									-	-	-
Boiler Room			⊢	F	1		Boiler Insula				200 5			11	님	H
Boiler Room			井	+	1	Pipe	e Insulation ar		tings		70 L			H	+	H
Boiler Room			H	1	1	11-	Breeching I		4:		10 S			ዙ	ዙ	H
Boiler Room			H	+	1	но	t Water Tank I	nsuia	tion		300 5	<b>5</b> F		ዙ	ዙ	H
		퓜	H	╁	+								ᅥH	H	H	H
Name of Registered Waste Haule	er		IN.	IDEF	W:	aste	Cubic Yards	Name	of Reg	istere	d Lan	dfill				
-			77.000	uler			of Waste									
Service Transport Inc.			20	990			5 cu yd		ess Lai	ndfill						
City, State Yardley, PA							Disposal Date 5/29/19	City, S	State ess Hil	ls. P	A					
Completed By (Print or Type)			Tit	le			Signature	1		,	-		Date			
Gino Pizzigoni			10000	77 E	ct			0	С _ 6		10	h	5/3			
	o Pizzigoni Project Manager								my go	M	14	11/				

#### State of NJ Notification of Asbestos Abatement

B & G proj. #:	2019-97	PAI	D				and 12:120-7)	Check #	<sup>‡</sup> 9273				_
Date of Notification	]/[1_[9_[		lame of Bui Mark Glo		er/Operator (2	)		DEG		$\mathbb{V}$	E		The section of the se
Agencies Notified  EPA  DEP	Type Notificat  Initial		treet Addre					MA'	Y - 6 2	019			Comments or way
X DOL	Amendr		ity, State, Z East Ru		, NJ 07073			ASBEST	OS CONT	BC	3, 16		Manager
DOH DCA	Cancella	1.1	Mark G					Telephone	WumbeNG	00000	and the same	111120	1
				FAC	ILITY INFORM	MOITA	ı						
Name of facility wh	nere abatement i	s taking pla	ice (3)					Type of Facility (4	1) (K - 12)				
Mark Glowack	Ki				Α				pter 8 (Othe	r th	an K	12)	
Street Address								Bldgs./l	Private/Com Homes, etc. # of Floors	me		ig. A	ne.
City (5)		Cour	ity (6)			Cou	nty Code (7)	Square reet	- 01110013			3.71	,-
East Rutherfo	ord, NJ	Bei	gen			(Sta	te use only)	Current Use (Pri residential	ior if being d	em	olishe	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement						12
Street Address						=	B & G Restorat	tion, Inc.					
Oli Cot / ladi Coo							105 Ryerson F	Road					
City, State, Zip Coo	e						City, State, Zip Code Lincoln Park,						
Project Manager fo	r Monitoring Firm	1	Ph	one Numb	er		Telephone Number (973)696-686	69	License Nu 0037		er		
Scheduled Start Da	ite (10)	Sched	. Completic	n Date (1	1)	_	Name of OSHA Mon B & G Restora						
05/17/2019			18/2019				Street Address			-			-
Occupancy Status							105 Ryerson R	141070-4309		_			
	d/vacated during erformed outside						City, State, Zip Code						
Describe: Other-Descri	be:						Lincoln Park, N	NJ 07035					
Scope of Work (ch	eck all that apply	/)					vrap & cut						-
Demolition	X	Renovation				100000000000000000000000000000000000000	ull Containment w/ne	gative pressure	Glovebag				
>3 sf or >3 if		≥160 sf or				X I	Mini-enclosure		Non-friab				_
Location of asbestos-cor	ntaining	by mainte	n normally in enance/cust			on of a	sbestos-containing	Amount	. 6		R e	E n	E
material to be	е	staff(12)			material		3003t03 00/ttallining	(Specify SI	1,		p a	c a	C
abated iii iad	anty (10)	Yes	No	N/A					v		1	р	L
basement				X	pipe insul	ation		85 lf			님	무	ዙ
					1	_			<del> </del>	뮈	님	岩	ዙ
					1					i	古	古	旨
										J			
Registered Waste F B & G Restora	lauler tion, Inc.	NJD	P Hauler I 19563	D# C	ubic Yards of	Waste	Name of Registered Grand Central						
City, State Lincoln Park, I				Disposal I	Date 5/19/2019		City, State Pen Argyl, PA	Committee of the Commit					
Completed by (Prin Gordana Luna		Title Secreta	ry/Treasu	ırer	Signature		Gordana Luna		Date 05/03/2	01	9		

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

B & G proj. #:

2019-101

Check # 9274

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Date of Notification (1)			lame of B	uilding Owr	ner/Operator (2	)		MEC	EIV	E	10:	the sea
10 15 1/10 13 1/1	1   9		Ken Sa	unders								Physical Co.
Agencies Notified Ty	pe Notification	on S	treet Add	ress					- 0 0010			
DEP X	Initial							UU MAY	6 2019	11	الم	
X DOL	l Amendr			Zip Code	110							and the same
	Amendii			ey, NJ 07	446			the second secon	OS CONTRO	)L&	-	
X DOH	Cancella		ame of Co					Lelephone	Number	. چې د دواهم		
DCA C			Ken S	aunders							_	
				FAC	ILITY INFORM	MATION						
Name of facility where a	abatement is	taking pla	ace (3)					Type of Facility (4	4) (K - 12)	3001 Amely 6 1 M		*
Ken Saunders								=	apter 8 (Other	han K-	12)	
Street Address								Other (I	Private/Comm		12)	
									Homes, etc. # of Floors	l Blo	g. A	ne ne
City (5)		Cour	nty (6)			Cour	nty Code (7)	Square reet	# 01 110015		g. A	gc
Ramsey, NJ			15703 W				te use only)	Current Use (Pr	ior if being der	nolishe	d)	
	I For I have	_	rgen	-	Licono	<u></u>	Name of Abatamant 6	residential				
Name of Monitoring Fire	m Hired by E	siag. Owne	er (8)		ASCM No.		Name of Abatement C					
Street Address							B & G Restoration Street Address	on, inc.			_	
Olicel Address							105 Ryerson R	oad				
City, State, Zip Code							City, State, Zip Code					
							Lincoln Park, N	NJ 07035				
Project Manager for Mor	nitoring Firm		F	Phone Num	ber		Telephone Number (973)696-6869	)	License Num 00378			
Scheduled Start Date (1)	0)	Ischen	Comple	tion Date (1	11)		Name of OSHA Monit	or				
05/14/2019	0)		15/2019		-17		B & G Restorati	on, Inc.				
Occupancy Status Durin	a Abatemen	_					Street Address 105 Ryerson Ro	nad				
Facility closed/vac				tement.		11	City, State, Zip Code					_
Abatement perform Describe:	med outside	of normal	facility ho	urs-								
Other-Describe:						=	Lincoln Park, N	J 07035			-	-
Scope of Work (check a	all that apply	)				_	vrap & cut			Transfer and		
Demolition		Renovatio					ull Containment w/neg	ative pressure	Glovebag p			
> <u>3</u> sf or > <u>3</u> lf		160 sf or			ı.l		/lini-enclosure		Non-friable	Proced	E	1
Location of asbestos-containing	na	by mainte	n normally enance/cu	y used sole istodial		ion of a	sbestos-containing	Amount	e m	е	n	E
material to be abated in facility (		staff(12)	Γ	_	- material		spesios-containing	(Specify S LF)	F or o	p a	c a	C
		Yes	No	N/A				/	v e	i r	р	
above boiler in base	ement		*	X	transite p	anels		65 sf	X	14		H
				4-	<del> </del>	<del> </del>		-		H	片	H
				-	#				ㅡ님	#	H	H
					1				ᆖ片	甘		T
Registered Waste Haule			EP Haule	r ID#	Cubic Yards of	Waste	Name of Registered					
B & G Restoration, City, State	inc.		19563	Disposal	2 Date		Grand Central City, State	Landfill				
Lincoln Park, NJ				0	5/15/2019		Pen Argyl, PA				y	
Completed by (Print or T	Гуре)	Title	/PF		Signature	(	Gordana Luna		Date 05/03/20	10		
Gordana Luna		Secreta	ry/Treas	surer	_		Zoruwnu Lund		05/03/20	19		

. 1														10.25	-	-
PVH W	0 ID	A TOR	OTIF	Sta	ate of Nev	v Jersey	y ADATE									
CK# 110	18 IF 1	ALL	(P	ursuant	to NJAC	8:60 and	d 12:120	NENI D)	parameter of		E	GI		W	E	TR
Date of Notification (1)	U-C)			Name of	Building (	Owner/C	perator	(2)	i i	1		0 1	0	(3)		
05/02/2019					las Proc			(-/	TO THE PERSON NAMED IN COLUMN	m			_			4
Agencies Notified	Type Notification	-		Street A	ddress							WAY	- 6	2019		
□ EPA □	× Initial								and the same of th							a continue
DEP	Amended			270.00	te, Zip Co				į		ASE	ESTO	S 00	NTR	0L &	2
× DOL	Amendment Emergency		— L	Coloni	ia, NJ 0	7067					71015	LIC	ENSI	NG	was the same	altiveris t
DOH DCA	justification)				Contact						-	ne Nun	nber			
DCA [	Cancellation			Nick						74	₹					
Name of Facility Where Ab	atement is Takin	g Place (3	1	FACI	LITY INFO	DRMATI	ON	Type	e of Facility (4	1)						
Private home	atomorie io Takin	9 1 1400 (0	,					T)		00 <b>5</b> 00						
Street Address								H	School (K-1. Subchapter		er tha	n K-12	2)			
								×	Other (i.e. p					lings,	home	s,
City (5)								Sau	etc.) are Feet	# c	f Floo	rs	В	ldg. A	ae	
Colonia														J		
County (6)				County (	Code (7)			Curr	rent Use (Pric	or if be	ing de	molish	ed)			
Middlesex				(STATE L	JSE ONLY)	-			ő.		(F)					
Name of Monitoring Firm H	lired by Building	Owner (8)		ASCN	1 No.		Name	of Ab	atement Con	tracto	r (9)					
							Ren	nova	Safety LL	.C						
Street Address							Street				376.00					
							2200230		/ Ave							
City, State, Zip Code							1000		Zip Code	_						
Draiget Manager for Manite	de a Fiere			Talaabaa	N-				n, NJ 0750	2	I 11	N				
Project Manager for Monito	oring Firm			Telephor	ne No.		Teleph		No. -8711		100000000000000000000000000000000000000	ense N 332	0.			
Start Date (10)		Schedule	ed Con	nnletion [	Date (11)				SHA Monitor		01.	332				_
05/11/2019		05/14/2		npiction	Date (11)			ne as								
Occupancy Status During	Abatement (Chec	CERCICAL SER					Street	age and dive			<u>Janean</u>					_
Facility Closed/Vacate		15	31	nent												
Abatement Performed	d Outside of Norr	nal Facility	Hours	6			City, S	State,	Zip Code							
Other – Describe: 08	3:00 - 16:30															
Scope of Work (Check All	That Apply)						5.00	SALE					- UHCO			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova				2	F	ull Containme	ent wit	h Neg	ative P	ressu	re		
× ≥160 sf or ≥260 lf			emoli	tion			-		lini-Enclosure lovebag Prod							
									on-Exempted			n-Friab	le Pro	cedur	е	
		Is	Locat	ion											ement	
Location of	of		Normal			De	scription	n of	20				_	l y	pe	
Asbestos-Containing N TO BE ABAT			intena	ely by . nce/	Asbes	tos Con	taining N system	Materi	al (ACM)		Amour		_ n		四	ш
In Facility		Cust	todial (	Staff?	(1.6.	surfa	cing, VA	AT, or	(8)		Specif F or L		Remova	Repair	caps	nclo
(13)			(12)			other r	niscella	neous	5)				oval	ai-	Encapsulate	Enclosure
	Yes														fe	10
Garage		х		Ceili	ng trai	nsite		2	40 S	F	x		х			
Garage	1			X		Wa	ıll trans	site		2	00 S	F	x		х	
			<u> </u>								•	1	-	^		
		+											-	-	$\vdash$	
Name of Posisters d West	Lauler			I IDED !	loot-	Cuti	Vest		I NI	D		a Jen				
Name of Registered Waste	e mauier		6.00	IJDEP W lauler ID		of Wa	Yards ste		Name of	100	ered l	andfill				
Removal Safety LLC				03700		2			Fairles	S						
City, State	- X		-				sal Date	)	City, Stat		2000					
Paterson, NJ						TBD		-1	Morris	/ille, l	PA		-115			
Completed by Lasko Veskov		Title	ida			1	Signatur	é	Ilant		-	Da		0046		
Lasko veskov		ries	ident			1	NCE 11 2	:71	28× 1115	/		1 0	3/02/	2019	1	

1K17861	ΓEMENT 6)	DEG	E		$\overline{\mathbb{V}}$												
Date of Notification (1)  5 /	1 /	19				e of Buildin Luke's H	ng Owner/Operator ( Hospital	(2)	MA'	y -	6 2	019					
Agencies Notified  EPA  DOLWD  DHSS  DCA	Type Notific  ☐ Initial ☐ Amende Amendm ☐ Emerger	d nent #	ding		18	t Address  5 Rosebe  State, Zip  illipsburg			ASBES	TOS ( ICEN			.8				
(NJAC 5:23-8)	justificat	ion)	ung		1000000	e of Contac	et		Telephone Num	ber							
	☐ Cancella	ition				d Ruhf			908-239-5007								
Name of Facility Where A	hatament is	Takina Di	200 (	2)	FA	CILITY IN	NFORMATION	T	(4)								
St. Luke's Hospital Street Address 185 Roseberry St.	batement is	Taking Fi	ace (						12) 8 (Other than K-12) private and commercial buildings,								
City (5)								Square Feet	# of Floors	B	dg. A	ae					
Phillipsburg, NJ 088	865							100,000+	2		41+	90					
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)							
Warren							22.	Hospital	Thor it being demoished)								
Name of Monitoring Firm I	Hired by Buil	ding Own	er (8)	)	ASCM	No.	Name of Abateme	ent Contractor (9)	9)								
Pennonni Assoc.					NA		Alliance Envi	V									
Street Address							Street Address										
515 Grove St.							550 East Unio	on St.									
City, State, Zip Code Haddon Heights, NJ							City, State, Zip Co West Chester										
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.			- 2 -					
Tom Adams						-0505	610-701-9000		00508				24				
Start Date (10)5 /15 /		Scheduled 6				te (11) 19	Name of OSHA M AET	lonitor									
Occupancy Status During	Abatement (	Check on	ly on	e)			Street Address										
☐ Facility Closed/Vacated							28 N. Pennel										
Abatement Performed of Time of Abatement: 7:						Oity, Otato, Zip Oode											
Scope of Work (Check all	that apply)																
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>			Rend Dem				<ul> <li>☐ Full Containment with Negative Pressure</li> <li>☐ Mini-Enclosure</li> <li>☐ Glovebag Procedure</li> <li>☐ Non-Exempted (*) and Non-Friable Procedure</li> </ul>										
7 59 9	69			ocati						Ab	atem	ent T	уре				
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM	''	Jsed Maint ustoo (	tenar	ly by		Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
1st Floor IR / Cath Lab					N/A ⊠	VAT & I	Maetic		4500 SF								
1st Floor IR / Cath Lab				_			Joint Compoun	d	11,900 SF								
				_		Drywan	oonit oompoun	u	11,300 3F								
Name of Registered Waste				JDEP V	Vaste	Cubic Yards of	Name of Regist	ared Landfill		ш	ш	Ш					
Richard Burns & Co.			Ha	auler ID 19955	No.	Waste 100		erks Communit	y Lan	dfill							
City, State Phila., PA							Disposal Date TBD	City, State Birdsboro, PA									
Completed By (Print or Typ	Title Estin	nato	r			Signature	n H	Da Da	te 5/	//	10	7					
SR-41							,	7 1 11/2	//	-/-	-/-	- 1					

C	K#11	94	PAI	D		FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)								E C	E							
	e of Notification (1) 3/02/2019						Building (	Owner/C	perator	r (2	2)			3 4 4 3 7								
15-65-	ncies Notified	Type	Notification			Street A		10.10250					44	MAY	6	201	9	l Lad				
	ED.											died,	L					- Name of the last				
	EPA DEP		Initial Amended			City, Sta	te, Zip Co	de					ASSESTOS CONTROL &									
×	DOL		Amendment #			Linder	n, NJ 07	7036					LICENSING									
×	DOH		Emergency (in justification)	icluding		Name of	Contact						Telephone Number									
×	DCA		Cancellation			Vida																
Man	F !!!+ . \A/!	A L - 4		DI /		FACI	LITY INFO	RMATI	ON	T -		****	(4)									
0	ne of Facility Where ivate home	Abaten	nent is Taking	Place (3	Posts									21.75								
	et Address					School (K-								-12) er 8 (Other than K-12)								
Stile	et Address								1				commerc		dings,	home	s,					
City	(5)									etc.) Square Fe	ot	# of	Floors	Te	lda A	70						
16/6/7	nden										oquare i e	GL	# of Floors Bldg. Age									
	inty (6)		1				Code (7) USE ONLY)	C	Current Us	se (Pri	or if beir	ng demolis	hed)									
	nion						L															
	ne of Monitoring Firm		ASCM	1 No.		Rem	ne of Abatement Contractor (9) emoval Safety LLC															
Stre	et Address					Street Address 8 Crosby Ave																
Citv	, State, Zip Code							te, Zip Co														
,	,						0.0000000000000000000000000000000000000		son, NJ		2											
Proj	ect Manager for Mor	- 1:	Telepho	ne No.		Teleph	hor	ne No.			License I	No.										
						100000000000000000000000000000000000000	11/7/	00-8711			01332											
	t Date (10) 5/13/2019		ed Com 2019	ipletion l	Date (11)		110000000000000000000000000000000000000	1,000	f OSHA Market (9)	onitor												
	upancy Status Durin	ng Abat									ddress							-				
	Facility Closed/Vac				7.50 <b>0</b> V	ent			000.													
×	Abatement Perform Other – Describe:	ned Out	tside of Norma	I Facility	/ Hours	City, State, Zip Code							*									
Sco	pe of Work (Check A	All That	Apply)																			
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renoval Demoliti	novation x					Mini-End	closur	е	Negative	Pressu	ire						
	(4)								>	×	Gloveba Non-Exe			d Non-Fria	ble Pro	cedur	e					
				ls	Location	on											ement					
	Location	n of		1	Normall	У		De	scription	n o	of				-	T	/ре					
	Asbestos-Containing		ial (ACM)		ed Solel aintenar						terial (AC			mount			m	ш				
	TO BE AB In Faci			Cus	todial S	staff?	(i.e.	surfa	cing, VA	AT,	insulation, , or	6		pecify or LF)	Remova	Repair	Encapsulate	Enclosure				
	(13)	)			(12)			other r	niscella	ne	ous)			1880	oval	air	sula	sure				
				Yes	No	N/A											te	W .				
	Second floor	bedro	oom			х		Linc	leum t	tile	es		50	00 SF	x		х					
													*									
Nan	ne of Registered Wa	100	JDEP W		100000000000000000000000000000000000000	Yards		Na	me of	Registe	red Landf	ill										
Rei	moval Safety LL	633	auler ID 03700		of Wa	ste		Fa	airles	ss												
2223	, State terson, NJ	- 1 -	Disposal Date TBD						y, Stat	te ville, P	'A											
Completed by Title						Şignature // //						/ / Date										
Lasko Veskov Presider								_			jho.	K	Med		05/02	/2019	9					
								-1	/	1	4					-						

#### Check # 25852

#### PAID

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

Date of Notification (1) 5/2/2019	Name	of Building (		E G	E		$\mathbb{V}$	E								
Agencies Notified Type Notification  EPA Initial Amended			t Address State, Zip Co			MA	,	S	2019	)						
■ DOL			of Contact Wayne Le	erman		, NJ 07701	Telephone Number Control									
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY INFO	RMATI	ON	Type of Facility (	(4)									
Residential Street Address	20 33			V			12) r 8 (Other than K-12) orivate & commercial buildings, home									
City (5) Red Bank, NJ 07701	11					Square Feet 2500	# of Floors	S	Bldg. Age 100 +/-							
County (6) Monmouth			y Code (7) E USE ONLY)	or if being den	nolished	)										
Name of Monitoring Firm Hired by Building Ov MECS	vner (8)	ASC	CM No.	tractor (9) ental Servic	es, Ind	:.										
Street Address PO Box 341						Address ox 322										
City, State, Zip Code Chesterfield, NJ 08515				01												
Project Manager for Monitoring Firm Bill Weisgarber			hone No. 298-4070		1900-1000-000	bhone No. License No. 00493										
Start Date (10) S 5/11/2019	Scheduled (	Completio 5/13/2	n Date (11) 019		Name of MEC	of OSHA Monitor										
Occupancy Status During Abatement (Check	78 05					Address ox 341										
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:				515												
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				<b>1</b>					
	Is Loc	cation				Non-Exempted (*) and Non-Friable Procedure  Abatem					ment					
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used S Mainte	nally olely by nance/ al Staff?		os Conta thermal	systems	aterial (ACM) insulation,	Amount (Specify		Re	Ty;	T	Enc				
In Facility (13)		2)			cing, VA <sup>-</sup> niscellan	23*G0021L	SF or LF	,	Removal	Repair	Encapsulate	Enclosure				
Basement	Yes N	O N/A		ermal l	Pipe In	sulation	80 If		K	-		-				
Crawl Space	X	<u> </u>				sulation	20 lf		K			$\neg$				
					1000											
Name of Registered Waste Hauler	NJDEP	Waste	Cubic '	Vards	Name of	Registered La	ndfill				_					
Stevens Environmental Services		Hauler I	ID No.	of Was			Landfill									
City, State Allentown, NJ				Disposal Date City, State 5/16/2019 / Morrisville, PA												
Completed by Mahlon E. Stevens	Title Project	Manage	er	Signature Date 5/2/20					019							

# 0K11252-PAID

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

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	M	//AY	-	6	2019	and the same of the same	

JULI OCO !!	(P	ursua	nt to NJ	AC 8:60 an	ШЩ	MA	Υ -	6	2019	)							
Date of Notification (1)					Nam	e of Buildir	g Owner/Ope	(2)		551 551 55			20,0				
5/	1 /	19	i		PS	SE&G /		Job#	1905-5476	Check#11252 ASSESTOS CONTROL &							
Agencies Notified	Type Notific	cation			Stree	et Address				-	ASSES	ICF	VSIN	G	16		
	⊠ Initial					00 Hadle	, Road			The state of the s		With the Park of t	A TATAL		and the same of the		
☑ DOLWD	Amende	d				State, Zip	AUSS/CTCS/GOV			/_ <u>                                     </u>							
☑ DHSS	Amendm					uth Plain											
	☐ Emerger		cluding	g		e of Contac			Telephone Number								
(NJAC 5:23-8)	justificat Cancella				253703.55	son Dona											
	_ Cancella	tuon			1				908-442-9747								
Name of Facility Where Ab	-1	T-1-1	Di	(0)	FA	CILITY IN	IFORMATIC	N									
PSE&G- Ironbound S			Place	(3)					Type of Facility (4)								
	upstation	1							☐ School (K-12) ☐ Subchapter 8 (Other than K-12)								
Street Address									Other (i.e., p	rivate and			ilding	gs,			
340 Chestnut Street									homes, etc.)								
City (5) Newark, NJ								Square Feet	# of Flo	oors	BI	dg. A	ge				
County (6)					I Cau	nh. Cada (7	VOTATE LINE O	A# 10	Ourset Head (Del	in a life to a line	dans des	d\					
Essex					Cou	nty Code (/	)(STATE USE O	INLY)	Current Use (Pri Substation	or it being	aemoiis	nea)					
Name of Monitoring Firm Hi	rod by Build	ding O	hamor /	'0\ T	ASCM	Ma	Name of Ab	-4							_		
Health & Safety Servi		ung C	wilei (	(0)	ASCIVI	INO.	AbateTe		ent Contractor (9)						9		
Street Address	065						Street Addre		ic.								
PO Box 365							30 Maple										
City, State, Zip Code		_					City, State, 2										
Berlin, NJ 08009						Lumbert	. Š										
Project Manager for Monitor			Tolo	phone	No	Telephone N		13 00046	License	. No	_ 11_			-			
James Proctor	81.15		1		-8850	609-265-		W-1 134	0052								
Start Date (10)	10	Schodi	ulad C			te (11)	Name of OS			0032	.5	77.27	**		-		
5 /13 /						19	EMSL Ar										
									Cai						_		
Occupancy Status During A    Facility Closed/Vacated				0.000	mont	4	Street Addre		Mowth				(4)				
☐ Abatement Performed O						cribe	200 Rout City, State, 2		TALL TALL OF THE STATE OF								
Time of Abatement:								7.01									
Scope of Work (Check all th	at apply)				X 15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	:	Cilillamii	ison,	, NJ 08077								
	at apply)						☐ Full	Conta	ainment with Neg	ative Pres	sure						
☐ ≥3 sf or ≥3 lf			Re						osure						- 1		
≥160 sf or ≥260 lf			□ Der	nolitio	n				Procedure npted (*) and Nor	n-Friable F	rocedure	à.					
			Is	Locat	on		<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			T	atema	ent Ty	vne		
Location of				lormal			Descrip	tion of	.				_				
Asbestos-Containing Ma		)		d Sole ntena		Asbes	tos Containin	g Mat	erial (ACM)	Amo		Removal	Repair	nce	Enclosure		
TO BE ABATE IN Facility	<u>D</u>			odial S		(i.e.	, thermal syst surfacing,			(Spe SF or		ova	¥.	ıpsu	unsc		
(13)		L		(12)			other misce			0. 0.		_		Encapsulate	e.		
			Yes	No	N/A												
See Attached					$\boxtimes$	See Atta	ched			See Att	ached						
			П										П	П	П		
														_			
														П	닏		
Name of Registered Waste I	110000	JDEP V	A CARLO CONTRACTOR	Cubic Yards Waste	of	Name of Regist											
Environmental Transp	- 1	00069		40		Grows- Fai	riess Lar	ndfille				21 22					
City, State						Disposal Date City, State											
Flanders, NJ				5/17/19 Morrisville, PA 19067													
Completed By (Print or Type	)	Title					Şignatu	ré /	20/1		Dat	е					
Gwendolyn Trumbetti	ons C	oordi	nator		/	1/1/		5	5-1	-i C	)						

10,000 #	-1		NO	ΓΙFΙC	ATIO	State of N	New	Jersey STOS ABA	TEMENT	MEC	E	7	7 8	2				
-envior	1 N X	00	V					8:60 and 5:1			7 占	U (	) L	7				
Date of Notification (1)	10	- 0			Nam	ne of Buildin	ng O	wner/Operator	(2)									
5/	1 /	19	9			J DPMC			N=2	III III MA	Y (	20	19					
Agencies Notified	Type Notifi	cation			Stre	et Address	2											
⊠ EPA	☐ Initial					W State				ASBES	STOS C	ONT	ROL	&				
⊠ DOLWD		0.000				State, Zip		e			LICENS		market and the	i afecti.				
□ DCA	Amendr Emerge			_ =		enton, N.												
(NJAC 5:23-8)	justifica		iciuain	ig	4	e of Conta				Telephone Number								
	☐ Cancella	ation			CI	nristina B	urri	s		r stephone riumber								
					FA	ACILITY II	NFO	RMATION		1								
Name of Facility Where A	batement is	Taking	g Plac	e (3)					<i>i</i> (4)									
Skyland Manor									2)									
Street Address									Subchapter	8 (Other than K	-12)							
5 Morris Road- Ring	wood Sta	te Pai	rk						homes, etc.	private and com	mercial t	ouildin	gs,					
City (5)									Square Feet	# of Floors	E	Bldg. A	\ge	- 7				
Ringwood, NJ									14,500	3		50+	•					
County (6)					Cou	inty Code (	7)(ST	ATE USE ONLY)	Current Use (P	rior if being dem	olished)							
Passaic										3								
Name of Monitoring Firm I		lding C	Owner	(8)	ASCN	1 No.	Na	ame of Abatem	ent Contractor (9	Contractor (9)								
USA Environmental								Controlled E	Systems									
Street Address								reet Address					. London					
344 West State Stree	et								lehem Pike - S	Suite 60								
City, State, Zip Code								ty, State, Zip C										
Trenton, NJ 08618		u			Name of the last o		Spring Hous	e, PA 19477										
Project Manager for Monit	oring Firm			18 20	ephone		1 2	lephone No.		License No.	9							
William Weisgarber Start Date (10)		0 1 1		J. 25		5.8101		215 542 7000		00847								
4/8/_	19	5	5_/	3	1/	ate (11) 19	1	nme of OSHA N CES	Monitor									
Occupancy Status During							Str	reet Address			-							
☐ Facility Closed/Vacated	During Ent	ire Per	riod of	Abate	ment	100.000000	1	1121 N. Beth	uite 60									
Abatement Performed of Time of Abatement: 7:0	Outside of N	lormal PM/	Facilit	y Hou M₋	rs - De	scribe	Cit	y, State, Zip Co	ode									
			-				5	Spring House	e, PA 19477									
Scope of Work (Check all t	that apply)							□ Eull Cont	tainment with Ne	anti in Danas								
☐ ≥3 sf or ≥3 lf				novat				☐ Mini-Enc	gative Pressure									
⊠ ≥160 sf or ≥260 lf			∐ De	moliti	on			☐ Glovebag	g Procedure mpted (*) and No	n Friehle Deser	atoriae							
			Is	Loca	tion		-	⊠ Noii-Exe	impled ( ) and No	II-FIIADIE PIOCE			T					
Location o				Norma				Description o	f			patem						
Asbestos-Containing M TO BE ABAT		Л)		intena	ely by ince/			Containing Ma		Amount	Rem	Repair	inc	Enc				
IN Facility			Cus		Staff?	(i.e	i., the	ermal systems i surfacing, VAT,	or	(Specify SF or LF)	Removal	ar.	apsu	Enclosure				
(13)		-		(12)	Т	4		her miscellane		0. 0. 2. /	-	1	Encapsulate	Гe				
			Yes	No	N/A													
Exterior						ACM Ca	aulk	ing		3300 LF								
														П				
													П	П				
	П	П								] [								
Name of Registered Waste		JDEP 1	Waste	Cut	oic Yards of	Name of Regis	tered Landfill			Ш	Ш							
Geppert Recycling	100	auler II		Wa		1000	erks Commur	ntiy Lar	ndfill									
City, State				Dis	posal Date	City, State	, , , , , , , , , , , , , , , , , , , ,											
Hatfield, PA					/31/19	Birdsboro, PA 19508												
Completed By (Print or Typ					Signature		I Date											
Patricia Visco		Of	fice N	lana	ger			1/ATO	me Ver	Viece F-1-2019								
ACD 41								MANUE	- Carolina of Caro		) /	-	- 1	f				

APR 23 2019 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 15 1 19 **NJ Transit** Agencies Notified Type Notification Street Address **⊠** EPA One Penn Plaza East **⊠** DOLWD ☐ Amended City, State, Zip Code 2019 ☑ DHSS Amendment # Newark, NJ 07105 ☐ Emergency (including □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number-A973E49TOS CONTROL & ☐ Cancellation Russell Samaroo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Boyd Tower Raritan Station** School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 77 Thmpson Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Raritan, NJ 08869 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Passaic Garage Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental 0003 AbateTech, Inc. Street Address Street Address 1253 N. Church Street 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Guilardi 856-840-8800 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 30 / 19 5 / 8 / 19 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 108 Haddon Ave. Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_ AM- PM/ PM- AM Westmont, NJ 08108 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ >3 sf or >3 lf ⊠ Renovation ≥160 sf or ≥260 If ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Removal Used Solely by Asbestos-Containing Material (ACM) 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 First Floor X Floor tile & Mastic 796 SF П M П Second Floor П  $\boxtimes$ Floor tile & Mastic 740 SF X Throughout X П Pipe Fititngs 9 total  $\bowtie$ П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. FAIRLESS Landfill 18750 4 City, State Disposal Date City, State Lumberton, NJ 5/8/19 Morrisville, PA Completed By (Print or Type) Signature Gwendolyn Trumbetti Operations Coordinator

State of New Jersey



# 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)											
3/28/	19		NJ DPMC- NJDOT											
Agencies Notified Type Notific	ation		Street	Address				MD.	Jik.		311			
☑ EPA ☑ Initial			20	West Sta	te Street - 3rd Fl	oor	III MAY	, <del>-</del> c	2010	3				
☑ DOLWD ☐ Amended			City, S	State, Zip C	Code		ILL WAT	- 3	2011	1	1			
□ DOH   Amendm     □ DCA   □ Emergen				nton, NJ			The state of the s				- Anna Carlo			
DCA Emergen (NJAC 5:23-8) justificati		g	Name	of Contac	t	Telephone Number CONTROL &								
☐ Cancella			Joh	n DeAng	gelo	609 292-2416								
			FA	CILITY IN	IFORMATION									
Name of Facility Where Abatement is 7	Taking Place	€ (3)				Type of Facility (4)								
NJ DOT Headquarters						☐ School (K-12)								
Street Address						☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,								
1035 Parkway Ave						homes, etc.)		ercial bu	liuliigs	>,				
City (5)						Square Feet	# of Floors	Blo	lg. Ag	е				
Ewing						5261	3		50÷					
County (6)			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)						
Mercer						Office Build	ling							
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			1,100					
Mott Macdonald					Controlled E	nvironmental S	Systems							
Street Address					Street Address									
111 Wood Ave South					1121 N. Beth	lehem Pike - S	uite 60							
City, State, Zip Code														
Iselin, NJ 08830 - 4112					Spring House	e, PA 19477								
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.							
Peter Bastardo		97	73 379	3400	215 542 7000		00847							
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Scheduled C	omple	tion Da	ite (11)	Name of OSHA N	lonitor		71 - 81						
_4_ / _10_ / _19_	_4/	12	/ .	19	CES									
Occupancy Status During Abatement (	Check only	one)			Street Address					-				
☐ Facility Closed/Vacated During Enti					1121 N. Beth	ehem Pike - S	uite 60							
Abatement Performed Outside of No				cribe	City, State, Zip Co	ode				5000				
Time of Abatement:AM	PIVI/ <u>4.00</u>	PIVI-Z	.UUAIVI		Spring House	e, PA 19477								
Scope of Work (Check all that apply)					П				1000					
☐ >3 sf or >3 lf	⊠ Re	enovati	on		☐ Full Cont	ainment with Neg	gative Pressure							
≥160 sf or ≥260 lf	Personal	emolitic				Procedure wa	AP YOUT							
			•		∐ Non-Exe	mpted (*) and No	n-Friable Procedu							
Looption of	100	s Locat Norma			Danielia -			Aba	ateme	nt Ty	/pe			
Location of Asbestos-Containing Material (ACM	D Use	ed Sole	ely by	Asbe	Description o stos Containing Ma		Amount	Rei	Rej	En	Enc			
TO BE ABATED	Ma	aintena stodial			., thermal systems	insulation,	(Specify	Removal	Repair	caps	Enclosure			
IN Facility (13)	Jour	(12)			surfacing, VAT, other miscellane		SF or LF)	20		Encapsulate	re			
()	Yes	No	N/A		outer modelland	(				6				
Mens Lavatory Rm 107				ACM Pi	pes & Insulation	1	25 LF							
								П	П	П	П			
										$\overline{\Box}$	П			
					······································									
Name of Registered Waste Hauler		I	JDEP 1		Cubic Yards of	Name of Regis	stered Landfill				_			
Geppert Recycling		17675	lauler II		Waste		erks Commun	tiv Lan	dfill					
City, State					1 Disposal Date	City, State		.,			_			
Hatfield, PA					4/15/19	Birdsboro, PA 19508								
MUSICONI (M. 1940) - 1940	Title													
Completed By (Print or Type)  Patricia Visco	Title	Moss	205		Signature	w Viace		ate	e .	in				
ratifica VISCO	Office	iviana	yer		PALLIC	1/10 Car		3-2	0-	17				

ACI19-001

PAID

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

Check #4539

Data of National (4)	I CAAL		,					-,										
Date of Notification (1) 04/05/2019	7				of Building on Town			(2)	control of the contro	n	E	346	þ.	W		Th		
Agencies Notified	Type Notification				Address Mount Ho	reb R	oad		The state of the s	K				Attoutement		The second secon		
EPA DEP DOL	Initial Amended Amendment			City, St	ate, Zip C	ode		)	ACTIVITIES OF THE PARTY AND A		M/	AY -	6	2019	- Aller - Control	凹		
⊠ DOH	Emergency justification)		1	Name o	of Contact iel Pete						Telepho	ne Nur	nber-	TRO	1 8			
ĭX DCA	Cancellation				ILITY INF	ORMAT	ION				908-7	93-03	VSIN	G	en lat			
Name of Facility Where A Warren Middle Scho		g Place (	3)					[mm]	of Facility									
Street Address 100 Old Stirling Roa	d							School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings,							, hom	es,		
City (5) Warren, New Jersey	07059							Squa	Gquare Feet # of Floor			ors	Bldg. Age					
County (6) Somerset					Code (7) USE ONLY	)		Current Use (Prior if being demolished) Educational										
Name of Monitoring Firm I TTI Environmental	Hired by Building	Owner (8	)	ASCI 0000			Name of Abatement Contractor (9) GL Group Inc.											
Street Address 1253 North Church S	Street							eet Address 0 Hamburg Turnpike										
City, State, Zip Code Moorestown, New Je	ersey 08057						ity, State, Zip Code Bloomingdale, NJ 07403											
Project Manager for Monit Michael R. Stocku		Telepho 856-84	ne No. 40-8800			one No 710-9			7	ense N 084	0.							
Start Date (10) 04/15/2019	ed Con 2019	pletion	Date (11)			of OSH Group	HA Monito	or		111111111111111111111111111111111111111								
Occupancy Status During								Addres										
Facility Closed/Vacat Abatement Performer Other – Describe:	ed During Entire F d Outside of Norm	Period of all Facility	Abatem y Hours	S City, State, Zip Cod						•								
Scope of Work (Check All	That Apply)	none.				-	Blook	mingo	ningdale, NJ 07403									
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		-	Renova Demoliti		i an outstanding that trogative i recours								e					
			Locati					Aba						Abate	atement			
Location of Asbestos-Containing M			Normall ed Sole		Achoc		scription taining M		(ACM)		Amour			l y	ре	Н		
TO BE ABAT In Facility (13)	TED `		intenar todial S (12)			therma surfa	l systems cing, VA niscellan	insula T, or			(Specif SF or L	pecify		Repair	Encapsulate	Enclosure		
Boiler Roo	om	100	X	1071	Boile	er Bree	eching	Insula	ation	+	375 S	F	x					
Boiler Roo	om		X				ting Ins			+	35 eac		X					
Name of Registered Waste	LN	IDED IA	lasta	Cubia	Vanda		Name	Í Da	-1-1									
GL Group, Inc	JDEP Wauler ID 33034	No.	of Wa	Yards ste		Minen		gistered L	.andiiil									
City, State Bloomingdale, NJ		-	1-0				sal Date		City, Sta Wayne		ırg, OH							
Completed by Elena Solakov			8	Signature (	Eles	u Sle	Mo	J	Dat 04		5/2019							
								AH COL										