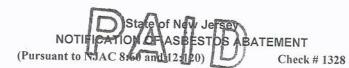
NOTIFICATION OF ASBEST OF ABATEMENT (PURSUANTO NIJAC 8:50 and 12:120)

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 4/26/18		-	onells.	Name o	f Building	Owner/	perator	(2)		IF) [E	3 6	E	П	W	E
	T N UT I					sics at	French	ntown	LLC/CCS	TBL	dets	C	_=	<u>U</u>	M	<u>L</u>
Agencies Notified	Type Notification			Street A 36-Bro	ddress ower La	ne					. 3. 11			0		j
DEP DOL	Initial Amended Amendment				ite, Zip Co orough		8844			E STATE OF THE STA		MAY		9 2	2018	
DOH DCA	Emergency justification) Cancellation				f Contact DiGiova	nni				Tel	eph ô ne)8-35	- Num 9-327	oer 6	00M 30M	780 3	L &
				FACI	LITY INF	ORMAT	ION			1	2 16 2 3 7 10 1		ALI PALIS		10. 279 400	
Name of Facility Where 1 1-8th Street	Abatement is Takin	g Place (3)						of Facility (4 School (K-12	2)						
Street Address 1-8th Street							And the second control of the second	~	Subchapter (Other (i.e. pretc.)					lings.	home	es,
City (5) Frenchtown								Squa	re Feet	# 0	f Floors	5		dg. A 0+	ge	
County (6) Hunterdon		ACCUSE SHARE OF THE PARTIES		County (Code (7) JSE ONLY)		Curre	nt Use (Prio ant	r if be	ng den	nolishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.	30-22 Na - 1917	Name Dina	of Aba	tement Cont nvironmer	ractor it, LL	(9) C.					
Street Address							Street 339-		ss ette Stree	et						
City, State, Zip Code	****	***************************************					City, S New	tate, Z ark, N	ip Code NJ 07105							-
Project Manager for Mon	itoring Firm		Telephor	ne No.		Teleph 973-	one N 491-0			Licen 012	ise No 40					
Start Date (10) 5/8/18		d Co	mpletion (Date (11)		Name	of OSH	HA Monitor								
Occupancy Status During	g Abatement (Chec	k Only On	e)		-		Street	Addres	SS							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire led Outside of Norn	Period of A nal Facility	bater Hour	ment s			City, S	tate, Z	ip Code							
Scope of Work (Check A	Il That Apply)									2000						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	11 21		enov: emoli				<u> </u>	Mir Glo	I Containme ni-Enclosure ovebag Proce	edure	•					
		1 10	Local	tion				J NOI	n-Exempted	() an	u Non-	Friable			ment	t
Location	n of	N	lorma	lly		De	scription	of						Ту	ре	r
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED	Mai Cust	ntena odial (12)	Staff?		tos Cont thermal surfa	taining M systems cing, VA niscellan	faterial s insula T, or		(5	mount Specify For LF		Removal	Repair	Encapsulate	Enclosure
All build	inne	Yes	No X	N/A	Ro	of mat	terials/f	Flash	ina	q	500sf		Х			
Building 4	X		110		loor tile		119		50sq		X					
All build	X				ransite				300sf		Х					
	- 3-							8								
Name of Registered Was Newark Carting Inc.	ł	NJDEP W Hauler ID 04509		Cubic of Wa	Yards ste		Name of F				11			L		
City, State Po Box 5670, Newa	rk, NJ				Dispo	sal Date	,	City, State 2335-Ap	pleb	utter	Rd. E	Bethl	ehei	n, P	Α.	
Completed by Carlos Gomes		Title Presi	dent	t			Signature	1/		_		Date 4/2	6/18	3		



7	E	C	E		\mathbb{V}	E	n
500		MAY	-	9	2018		II)

Date of Notification (1)					Name of R	uilding O	wner/Operator (2)					- 17
5/7/1/8					1		when Operator (2)					1
Agencies Notified	Type Notific	ration			STREET A			ASS	isto:	300	NTRO)L&
□ EPA	Initial	Jation			STREETA	DDRESS			LK	1134	iG	
□ DEP		404 Ar	nendme			7: 0						
☑ DOL	To 100 miles		includir		City, State,						127	
□ DOH			incluair	ıg	TRENTO		518					
□ DCA	justific				Name of Co				Tel	ephon	e Nun	nber
IM DOX	☐ Cance	llation			DAVID D							
Name of Facility Miles and Al					FACILITY I	NFORM	ATION					
Name of Facility Where Ab		aking	Place (3)				Type of Facility (4)				
PRIVATE RESIDENCE								School (K-12)				
Street Address	i							☐ Subchapter 8 (Otl	ner tha	an K-1	2)	
								Other (i.e., private			0.00	uildinas
City (5)						THE SECTION		Square Feet				g. Age
TRENTON, NJ												3-
County					County Cod	le (7) (S7	TATE USE ONLY	Current Use (Prior if be	eina d	emolis	shed)	
MERCER							# 12 months 1		5 -			
Name of Monitoring Firm H	ired by Build	ling Ov	wner (8)		ASCM No.	Name	of Abatement Con	tractor (9)				
								RONMENTAL INC.				
Street Address							Address	MONIMENTAL INC.				
							ACK FOREST R	OAD				
City, State, Zip Code							ate, Zip Code	OAD				
Party I To Superation Selection (Selection Selection)												
Project Manager for Monito	rina Firm	Teler	phone N	Jo.			on, NJ 08691 one No.		T			
	3	1.0.0	p.110110 1							nse N	0.	
Start Date (10)		Sche	duled C	`omnle	tion Date (11)	609-89			006	76		
5/8/2018		5/8/2		omple	tion Date (11)	I commence	of OSHA Monitor					
Occupancy Status During A	hatement (C	hack i	only on	2)		MECS					0.0000000	
☐ Facility Closed/Vacate	d During Ent	iro Do	ried of	5) ^		250000000000000000000000000000000000000	Address					
☐ Abatement Performed	Outside of N	lormal	1100 01 /	Abatem	ent		OX 341					
EXTERIOR	Outside of r	vormai	racility	Hours		1	ate, Zip Code				-1711-7-0	
Scope of Work (Check all th	at annly					CROSS	SWICKS, NJ 08					
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$	iat apply)							☐ Full Containment v	vith No	egative	e Pres	sure
					☐ Renova	ation		☐ Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					`,⊠` Demoli	tion		☐ Glovebag Procedu	re			
								☐ Non-Exempted (*)	& Nor	ı-Friab	le Pro	cedure
			s Locat			270000					Туре	
Location of Asbestos-Co	ontaining		rmally l		Descriptio	n of Asbe	stos Containing					
Material (ACM) TO BE A	BATED In		Solely tenance		insulation	CM) (i.e.	thermal systems	Amount (Specify SF or	Re	Z.	nca	Enc
Facility (13)			LStaff?		2007/70/7007/70/70	miscellan	g, VAT, or other	LF)	Remova	Repair	psı	Enclosure
		Yes	No	N/A	1	miscenan	eous)		à	=	Encapsulate	ure
DEBRIS FIELD			X		ROOF FLA	SHING		300 S.F.	W		Ф	
								500 5.1.	X			-
									-			
Name of Registered Waste I	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill			
					Hauler ID No.		Waste	Iname of Registered La	natili			
J. VINCH					NJ-09590		5 YDS	GROWS				
City, State							Disposal Date	City, State				
TRENTON, NJ							5/8/2018					
Completed By		Title				Signatrin	27-Mar , /	MORRISVILLE, PA.	Date			
DAVID D'ANDREA			SIDEN	Г		17/	11 (TIL	Vinley	5175 TE 2540	0.46		
ASB-41							ruy /- A	No recom-	5/7/2	018		

CKO/STATE	FNEW JERSE	Y DEPARTM	ENT OF	LABOR	NOTIFICATION OF AS	BESTOS ABA	EMENT		E	7
Date of Notification (1) 04/12/2018		L	15		of Building Owner/Operator Management Corp.	* C A B 51	Y - 9	2018	A CONTRACTOR OF THE PARTY OF TH	\parallel
Agencies Notified () EPA (X) NJDEP		Notification		-	Kennedy Blvd.	ASBES	TOS CO		DL &	
(X) NJ DOL (X) DOH	(X) Emer	dment # gency (includ	ding		ate, Zip Code Bergen, NJ 07047	Barrello de Servicio de Servic	TOTAL PROPERTY.	A CONTRACTOR	**************************************	ened
() DCA	justific () Cance	eation) Illation			f Contact Edgar	Tel. Nur (315)2		51		
			FACILIT	Y INFOR	MATION					
Name of Facility Where Abatem Gothic Towers	ent is Taking Place	2 (3)			cility (4) ol (K-12) hapter 8 (other than K-1	2)				
Street Address 50 Glenwood Avenue				X) Othe	r (i.e. private & commer	cial bldgs., home		0		
City (5) Jersey City	County (6) Hudson	County Code (State Use C	e (7) C		80,000 # of Floors <u>1</u> lse (if being demolished		. Age <u>8</u>	<u>U</u>		
Name of Monitoring Firm Hired b	y Bldg. Owner (8)	ASCM No. N/A			ontractor (9) al Safety & Environ	mental Soluti	ons, Iı	nc.		
Street Address N/A			70 100	treet Addi	ress idson Avenue					
City, State, Zip Code N/A			1	ity State. Jnion C	Zip Code City, NJ 07087					
Project Manager for Monitoring F N/A	irm Telephone N	Number		201)32:			1000	icense 1 1124	Number	
Scheduled Start Date (10) 04/13/2018	Scheduled Co 05/15/20	ompletion Date (1	1 110	ame of O	SHA Monitor					
Occupancy Status During Abater () Facility Closed/Vacated Du () Abatement Performed Outs (X) Other - Describe: basemen	ring Entire Period side of Normal Fac	of Abatement ility Hours -		treet Addr 300 H	ess Judson Avenue, U	Jnion City, 1	NJ 07	087		
Source of Work (Check all that and	or < 10 LF ACM 30 SF or >10 <2	60 LF ACM)	Full Cor	ntainmer) Glove-	nt with Negative Pressur bag Procedure or Wrap xempted (*) and Non-Fr	and Cut Proced	-Enclos ture	sure		
Location of Asbestos-	Is Location No				ription of ACM	Amount	I A	Abateme	ent Type	
Containing Material (ACM) To be Abated in Facility (13)	Solely by Mair Custodial St YES NO	aff? (12)			tems insulation, surfacing, her miscellaneous.)	(Specify SF or LF)	Rem	Rep	Enca psula te	En clo sur
Basement gym/laundry	X	ĺ	Pipe T	'SI		~ 100 LF	X			е
Basement hallway	X		Pipe T			~ 250 LF	X			
Name of Reg. Waste Hauler Atlas Disposal Options,		P Waste Hauler	r ID#		Cubic Yards of Waste 15	Name of Reg. La Grand Centra 1963 Pen Arg	andfill al Sani			
City. State 311 East Blackwell Street,	Dover, NJ 078	01	Disp. Da 05/15/			City, State Pen Argyl, PA	1807	2		
Completed by (Print or Type)	Title		Signatur	e S)	Date 0.4/12/2010				
David Camacho	Project Sup	ervisor				04/12/2018				

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

Check # 25571

Date of Notification (1)				Name	of Building	Owner/	Operator	r (2)		1	int.	EC	E		W
5/8/20	118					o milon		Fis	ch	manufacture and a second					
Agencies Notified	Type Notification			Street /	Address					or Constitution of		MAY	-	0 0	010
EPA DEP	× Initial Amended		-	City St	tate, Zip Co	odo				- Indian	u W	IM A I		J 2	018
X DOL	Amendment			City, Gi	iale, Zip Co		adley	Bea	ch, NJ 077	20					
ĭ DOH	Emergency justification)		9	Name o	of Contact				9.	. 1	anhana	SBEST Number	OS (OFN	CONT SING	MOL
☐ DCA	Cancellation	l				yce Fi								101103-5	oneria ment
Name of Facility Where Ab	patement is Takin	g Place ((3)	FAC	ILITY INFO	ORMAT	ION	Tvi	pe of Facility (4	4)					
	Residential								School (K-1)						
Street Address								×	Subchapter Other (i.e. p	8 (Othe	er than h & comme	<-12) ercial bu	ldings	, hom	ies,
City (5)	dley Beach, N	J 0772	0					Sqi	etc.) uare Feet 2000	# of	Floors 2		Bldg. 80+	_	
County (6) Monn	nouth				Code (7) USE ONLY)			Cui	rrent Use (Prio	or if bein	- 1000	olished)		•	
Name of Monitoring Firm H		Owner (8)	ASCI	M No.		Name Stev	of Al	batement Con Environme	tractor	(9)	s Inc			
Street Address PO Bo	x 341						Street PO E	Add	ress	mar c		o, 1110.			
City, State, Zip Code									Zip Code						
	rfield, NJ 085							n, NJ 0850	1						
Project Manager for Monitor Bill Weisgarbe			Telepho 609 2	one No. 198-4070		Teleph 609 2		No. -9688		License 00493					
Start Date (10) 5/22/2018			npletion /30/20	Date (11) 18		Name MEC		SHA Monitor							
Occupancy Status During A	Abatement (Chec	k Only O	ne)				Street								
Facility Closed/Vacate Abatement Performed Other – Describe: 8 8	Outside of Norm	eriod of al Facilit	Abaten y Hours	nent				State,	Zip Code						
Scope of Work (Check All T						_	Ches	sterf	ield, NJ 085	515					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit				×	N G	ull Containme lini-Enclosure slovebag Proce lon-Exempted	edure	17.0			' 0	
		ls	Locati	on					- Exampled	() and	14011-11	lable i ic	The Tell Till A	emen	t
Location of			Normal ed Sole				scription					-	Ty	/pe	
Asbestos-Containing Ma <u>TO BE ABATI</u> In Facility (13)		Ma Cus	intenar todial S (12)	nce/ staff?	Asbesti (i.e. t	thermal surfac	aining M systems cing, VA niscellan	s insu T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Racaman	+	Yes	No	N/A	-		D: 1							· O	
Basemen Crawl space			X				Pipe In				90 If	Х			
Basemen	X		The		Pipe In	ISUIE	ation	- 123	40 If	Х					
Daseillell	Dascinon /						VAT			15	0 sf	X			
Name of Registered Waste	Hauler		N	JDEP W	/aste	Cubic '	Yards		Name of R	enister	ed Land	fill			
Stevens Environmenta	50000	auler ID 18292	No.	of Was			Fairless	. 5		udite.					
City, State Allentown, NJ							al Date 80/2018	8/-	City, State Morrisvill	le, PA					
Completed by Mahlon E. Stevens		Title Proje	ct Ma	nager		Si	gnature		1/			Date 5/8/	18		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:60 and 12: 20)

Check # 25570

Date of Notification (1)			-	Need	CD 1111	0				F	Local Services	F /	<u>a</u>	[=]	D D	17 E
5/8/2	2018			iname o	of Building	Owner/	9	r (2) Kreis	wirth	Library		<u>g</u>	IJ.	E.	1)	¥/_[
Agencies Notified	Type Notification	1		Street A	Address					-	1					
X EPA	× Initial											M	ΔY	- (20	118
DEP × DOL	Amended Amendmen	t #		City, St	ate, Zip C	ode	Lle	nion M	1107000	Taker	1					
	Emergency	(including		Name	of Contact		UI	iiori, i	NJ 07083	- 1	re-mark.	your real		70		
Ŭ DOH □ DCA	justification Cancellation) n		Name 0	7.55	ard Kre	iswirth			l le	lephone	Numi	oer.	a !!!	43	14/4
N (5 W)				FAC	ILITY INF	ORMAT	ION						_			
Name of Facility Where	Abatement is Takir Residential	ng Place (3	3)					Туре	of Facility (4)		1000				
Street Address	- tooldontaar								School (K-1 Subchapter		or than	V 12\				
							1	×	Other (i.e. p	rivate	& comm	ercial	build	dings	, hom	es,
City (5)									etc.) re Feet	# 0	f Floors		В	ldg. A	Age	
V	ion, NJ 07083								1600		2		1	75+	-	
County (6) Unio					Code (7) USE ONLY)		Curre	nt Use (Prid	or if be	ng dem	olishe	d)			
Name of Monitoring Firm MEC		Owner (8)		ASCN	M No.				tement Con			e In	<u> </u>			
Street Address								Addres		illai c	JCI VICE	, III	U.			
	Sox 341						POE	30x 32	22							
City, State, Zip Code	erfield, NJ 085	15							ip Code							
Project Manager for Mon		10		Telepho	ne No			none N	NJ 0850	1	Lieene	- N-				
Bill Weisgar			609 2	98-4070			259-9			Licens 0049						
Start Date (10) 5/21/2018			mpletion 6/25/201	Date (11) 18		Name MEC		A Monitor								
Occupancy Status During	Abatement (Ched	k Only On	ie)				100000000000000000000000000000000000000	Addres								_
Facility Closed/Vaca Abatement Performe	ated During Entire	Period of A	Abaten	nent			110 1860 A	30x 34								
Other – Describe:	ed Outside of Norn	nal Facility	Hours	S			5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		p Code ld, NJ 08	515						
Scope of Work (Check Al	l That Apply)						Once	sterne	14, 145 00.	313						
≥3 sf or ≥3 lf		× R	enova	ation				Full	Containme	nt with	Negativ	/e Pre	ssur	e		
2160 sf or ≥260 lf			emolit	tion			×	Min	i-Enclosure vebag Proc				0001			
								9 010	1-Exempted		d Non-F	riable	Proc	edur	е	
			Locati											Abate Ty	ment	
Location Asbestos-Containing		Use	d Sole	ly by	Asbes		scription aining M		(ACM)	Δ	mount	-		.,		
TO BE ABA			intenai odial S		(i.e.	thermal	systems	s insula	tion,	(8	pecify	ı	Re	Z,	Encapsulate	Enc
(13)	.9		(12)				cing, VA niscellan			SF	or LF)		Removal	Repair	psul	Enclosure
		Yes	No	N/A									<u>a</u>		ate	re
Baseme	X		Th	ermal	Pipe In	sulati	on		80 If		х					
Name of Registered Wast	te Hauler		N	JDEP W	aste	Cubic	Yards		Name of F	Pegiste	red I and	dfill				
Stevens Environment			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	auler ID 18292	No.	of Was			Fairless			ann				
City, State Allentown, NJ							al Date 30/2018	0	City, State)					
Completed by						ignature		Morrisvil	ie, P		Date					
Mahlon E. Stevens		Project	ct Ma	nager				1	/_/	1			8/1	8		

Check # 25586

Date of Notification (1) 5/8/2018		Name o	of Building Owner		1.5		EC	E		W
Agencies Notified Type Notific	antion	Ctront			Nichols		Towns mericine			
× EPA × Initial	cation	Street	Address				MA	Υ _	9 2	2018
DEP Amen	dment #	City, St	ate, Zip Code	Prin	ceton, NJ 0854	0	WO		J !	UIU
DOH justific		Name o	of Contact			T)FQ	MUL
DCA Cance	ellation	F40	Owen Nicho			_1				,
Name of Facility Where Abatement is		FAC	ILITY INFORMAT	TION	Type of Facility (4)				-
Resider	ntial				School (K-12					
Street Address						8 (Other than I vate & comm		ldings	, hom	es,
City (5) Princeton, NJ	08540				Square Feet 3000	# of Floors		3ldg. <i>A</i> 90+	-	
County (6) Mercer			Code (7) USE ONLY)		Current Use (Prio	r if being demo	olished)			
Name of Monitoring Firm Hired by Bui MECS	ilding Owner (8)	ASCI	M No.	Name	of Abatement Cont ens Environme	ractor (9)	s, Inc.			
Street Address PO Box 341				Street	Address Box 322					
City, State, Zip Code Chesterfield, NJ	08515				tate, Zip Code town, NJ 0850	1				
Project Manager for Monitoring Firm Bill Weisgarber		Telepho	ne No. 98-4070	Teleph	ione No. 259-9688	Licens 00493				
Start Date (10) 5/21/2018	Scheduled C		Date (11)	Name	of OSHA Monitor	00430	,			
Occupancy Status During Abatement		3/23/20	10	MEC	Address					
Facility Closed/Vacated During E		ement			Sox 341					
Abatement Performed Outside of Other – Describe: 8 am - 4 pm	Normal Facility Hou	irs			tate, Zip Code sterfield, NJ 085	515				
Scope of Work (Check All That Apply)	<i>*</i>									\neg
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Reno			×	Ciovebay Floce	edure			27	
	Is Loca	ation			Non-Exempted	() and Non-Fi	lable Pro		e ement	
Location of	Norm	ally	De	scription	of			Ту	ре	
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Mainten Custodia (12	ance/ Staff?			insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes No	N/A	Theorem	Dia - I-		20.15			е	
Crawl spaces (2)	X		Thermal			80 lf	X			
Crawr spaces (2)	^		Thermal	Pipe in	sulation	120 lf	X			
Name of Registered Waste Hauler		NJDEP W		Yards	Name of R	egistered Land	Hill			
Stevens Environmental Service	s	Hauler ID 18292		ste 2	Fairless					
City, State Allentown, NJ				sal Date 25/2018	City, State Morrisvill	e, PA				
Completed by Mahlon E. Stevens	Title Project M	lanager		Signature	3/1/		Date 5/8/	18		

D&S Proj. #: 18-100		Noti (Purs	State cation of Aguant to N.A	best	J s Abatement 0 and 12 120)	Control of the contro	a like through a like way		W		A CONTRACTOR OF THE PARTY OF TH
Date of Notification (1) 0 5 / 0 4 / 1 8 Agencies Notified Type Notification EPA Initial	jano	e of Building Ov et lynch t Address	vner/Operator (2	2)		A	MAY	- H(R)	V FR		
DEP Amended Amendment a DOL Emergency (including justification DCA Cancellation	y ros Name	State, Zip Code seland, nj 0700 of Contact net lynch				Telepho	ne Numbe	r			
			CILITY INFORM	MATIO	N	_			_		
Name of facility where abatement janet lynch Street Address	is taking place (3)				Subch Other Bldgs.	ol (K - 12) napter 8 (C (Private/C /Homes, e	Other to comme	ercial		
City (5)	County (6)			unty Code (7) ate use only)	Square Feet Current Use (P	# of Floo			dg. A	.ge
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	_	Name of Abatement C						
Street Address				=	D & S RESTORA Street Address 20 California Av						
City, State, Zip Code					City, State, Zip Code Paterson, NJ 075						
Project Manager for Monitoring Firm	m	Phone Num	ber		Telephone Number 973-345-8020		License 0	Numb 1169	er		
Start Date (10) 05/14/18	Sched. Con 05/30/18	npletion Date (1	1)		Name of OSHA Monito D & S Restoratio Street Address						
Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside Describe:	entire period of	abatement.			20 California Ave	enue					
Other-Describe: NORMAL F				=	Paterson, NJ 075	03					
Scope of Work (check all that appl	Renovation Demolition				⊠ м ⊠ G	ull Containment w lini-enclosure lovebag procedur on-Exempted (*)	e e			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	by maintenance staff(12)	nally used solel	1		sbestos-containing	Amount (Specify S LF)	For	ReEove	Repai	Encap	E n c L
BASEMENT			PIPE INSU	LATI	ON	60 l ft		×			
basement above furnace			plaster lath			45 sq ft		X			
				2 - 1 - 15							
			1					님	屵	井	#
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506	AND A SECULIAR SECULI	ubic Yards of W 2 yds.	Vaste	Name of Registered L TULLYTOWN, R		COVER	<u>Г</u> ГГ Ү			ഥ
City, State PATERSON, NJ 07503		Disposal D			City, State						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	05/15/1	Signature		TULLYTOWN, F	PA	Date 05/04/	2018			
ASB-41	Do not use this	form for asbesto	os licensure exe	mpted	activities			2010	-		

Date of Notification (1) 05/03/2018		NOT	(Pursua Name	State of NON OF AS In to NA e of Buildin	BESTOS C 8:60 ar	ABATE nd 12:12 Operato	r (2)			E C		9 20	-	Print
Agencies Notified Type Notificati	on			t Address	msnip F	Public S	scho	OOIS		Maria de America				
X EPA X Initial	701		700000000	5 Amwell	l Road					ASBEST	OS C	ONT	ROL	2
DEP Amended				State, Zip 0					in the second	100	WE145	MAG		-
Emergen	ent # cy (includir	ng	0000000	erset NJ										
DOH justification Cancellate				of Contac es Strim				0		lephone N				
			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CILITY IN	•	ION			(1	32) 302-	-4200	,		
Name of Facility Where Abatement is Ta Elizabeth Avenue School	king Place	(3)					Ту	pe of Facility	(4)		τ,			
Street Address							×	School (K-	12)					
363 Elizabeth Avenue							H	Subchapte Other (i.e.	r 8 (Oth private	er than K- & commer	·12) rcial bu	ilding	s, hor	nes.
City (5)						_	Sai	etc.) uare Feet		f Floors				
Somerset NJ 08873								,000	2	1110015		Bldg. 30 y	ears	
County (6) Somerset			County	Code (7) USE ONL	VI		Cui	rrent Use (Pri	or if bei	ng demoli				
Name of Monitoring Firm Hired by Buildin	a Owner /	01			")			blic Schoo		7.587	0407.	2		
AHERA Consultants	g Owner (0)	005	CM No. 57		Name Savid	of Al	batement Con onstruction	ntractor	(9)				
Street Address						Street			Corp					
PO Box 385								te 46 Suite	15					
City, State, Zip Code Oceanville, NJ, 08231-0385								Zip Code						
Project Manager for Monitoring Firm			Tolonk	N-				NJ 07512						
John Smoyer				one No. 52-1833	3	Teleph 973-3				License I	No.			
Start Date (10)	Schedu	led Co	mpletion	Date (11)				SHA Monitor		01034				
05/26/2018	05/28/							nstruction	Corp					
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Entire	770	(2.50)				Street A								
Abatement Performed Outside of No.	Period of mal Facilit	Abater v Hour	ment s					e 46 Suite	15					
Other - Describe:		, , , , ,						Zip Code NJ 07512						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M Gl	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				re	
	1	Locat										Abat	emen	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		A - h		cription o					-	T	уре	-
TO BE ABATED In Facility	5225	aintena todial S		(i.e.	tos Conta thermal s	systems	insul	al (ACM) lation,		ount ecify	R	_	Enc	ш
(13)		(12)	Julii .		surfaci other m	ing, VAT iscellane	or			or LÉ)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				.000)				val	=	ulate	ure
Nurses Office	Nurses Office							tion	7/	LF	75			
									- / -		X		X	
											-			
Name of Registered Waste Hauler		N	JDEP W	aste [Cubic Y	ards		Name of R	egister	d Landfill				
Newark Carting		100.000	auler ID 1509	No.	of Wast			GROWS		u Lanuill				
City, State Newark NJ					Disposa			City, State				-		_
Completed by	Title				07/28/2			Morrisev	ille, P					
Milos Savic	100000000000000000000000000000000000000	ct Ma	nager		Sig	nature	11	Le 1	1-1	Da 05	te /03/2	018		

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

CMX#3358

Date of Notification (1)		- Cingy		Nam		g Owner/Operato	(2)					
		<u> </u>				of New Jersey	2015	ME	C		\mathbb{V}	E
Agencies Notified Type Not ⊠ EPA □ Initial	ification			Stree	et Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			******	3.77
Image: Sepa in the properties of	hah					ngton Rd.			AV	0	0044	
	dment#			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State, Zip			IN CHI M	AY-	9	2018	3
☐ DCA ☐ Emerg			g	_	ing, NJ (Chinese				
(NJAC 5:23-8) justific				Nam	e of Contac	ot .		Telephone Num	iber 3	CO	(TF)(31.8
☐ Cance	llation			An	nanda Ra	dosti		609-771-288	310	427.4	G	ar ten tekk
N				FA	CILITY IN	FORMATION					Be 12 2.55	Photos a constitu
Name of Facility Where Abatement	is Taking	g Place	e (3)				Type of Facility					
TCNJ-Green Hall							School (K-12	2)				
Street Address							Subchapter 8	Other than K-12 rivate and comme	?) ercial b	uildin	as	
2000 Pennington Road							homes, etc.)	Trate and commo	roidi b	unum	,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Ewing												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Mercer												
Name of Monitoring Firm Hired by B	uilding C	Owner	(8)	ASCM	No.	Name of Abaten	nent Contractor (9)					
AET, Inc						BRISTOL EI	NVIRONMENTA	L, INC.				
Street Address						Street Address						
28 Pennell Road						1123 BEAVE	ER STREET					
City, State, Zip Code						City, State, Zip (Code					
Media, PA 19063						BRISTOL, P	A 19007					
Project Manager for Monitoring Firm			1	phone		Telephone No.		License No.				
Roy Mosicant					-0114	215-788-604		00509				
Start Date (10)					ite (11)	Name of OSHA						
			249-1-17	_ /	18_	BRISTOL EN	NVIRONMENTAL	., INC.				
Occupancy Status During Abatemen						Street Address						
Facility Closed/Vacated During E	ntire Per	iod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside of Time of Abatement:AM	Normal PM	Facilit // 7:0 0	y Houi	S - Des	scribe	City, State, Zip C	ode		- 1,			-
		1.00	1	.00/1101		BRISTOL, P.	A 19007					
Scope of Work (Check all that apply)						M Full Con	stainment with No-	oti o Door				
≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Mini-En	ntainment with Neg closure	ative Pressure				
≥160 sf or ≥260 If		☐ De	molitic	n		☐ Gloveba	ag Procedure	NAME OF STREET				
		le	Locat	ion	1	⊠ Non-Ex	empted (*) and Nor	n-Friable Procedu	re			
Location of		1	Vorma	lly		Description	of		Ab	atem	ent T	уре
Asbestos-Containing Material (AC	(M)		d Sole intena			stos Containing M	aterial (ACM)	Amount	Rer	Repair	Enc	En
TO BE ABATED IN Facility			todial		(i.e.	, thermal systems surfacing, VAT		(Specify	Removal	oair	Saps	Enclosure
(13)			(12)	_		other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
		Yes	No	N/A							te	
Room 204			\boxtimes		Plaster			22 SF				
Attic		\boxtimes			Roofing	debris and ba	tt insulation	22,600 SF	\boxtimes			
										П	П	
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				4
BRISTOL ENVIRONMENTAL,	INC.		Н	auler II 18706		Waste	FAIRLESS I					
City, State				10100		Disposal Date	City, State					-
BRISTOL, PA 19007								HILLS, PA 1904	17			
Completed By (Print or Type)	Title				1	Signature		Da				
Brian Scafiro	1000	timat	or				Scripto 1		5	7 -	18	,
	- E-170		cr552%)			NUMM	U CAJVO /	711	/	1	10	1

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

chht 3359

Date of Notification (1)				Nam	e of Buildin	g Owner/Operat	tor ((2)					
	18					nal Medical C		7	INEC	à E	7	W	E
Agencies Notified Type Notif	cation		0-1-	Stre	et Address						1 0		
				2	Stone Ha	bor Blvd							î
□ DOLWD □ Amend				City,	State, Zip	Code			IIII MA	Υ -	- 9	2018	
□ DHSS Amend	-			1		ourt House, I	NJ (08210			0	_016	, comm
DCA Emerge (NJAC 5:23-8)		ciuain	g		e of Contac				Telephone Numb	er			
Cancel				Jo	hn Sloan				Telephone Numb	703 2 05	COP NISIN	ITRO G)L&
				FA	CILITY II	FORMATION						4.500	4.07
Name of Facility Where Abatement is		Place	(3)					Type of Facility (4)				
Cape Regional Medical Cente	r							School (K-12					
Street Address								Other (i.e., pr	(Other than K-12)	cial b	ilding	ıs	
2 Stone Harbor Blvd								homes, etc.)		0101110		, ,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Cape May Court House													
County (6) Cape May				Cou	inty Code ()(STATE USE ONL	-Y)	Current Use (Pri	or if being demolis	hed)			
			(0)										
Name of Monitoring Firm Hired by Bu Criterion Laboratories	liaing C	wner	(8)	ASCN	I No.	The second secon		ent Contractor (9)					
							1	VIRONMENTAL	., INC.				
Street Address						Street Addres							
400 Street Road City, State, Zip Code								R STREET					
Bensalem, PA 19020						City, State, Zip							
Project Manager for Monitoring Firm			Tal	onhone	No	BRISTOL,		19007	111				
Mike Panepresso				ephone	4-1300	Telephone No 215-788-6			License No.				
Start Date (10)	School	ulad C			ate (11)	Name of OSH	- 1 -		00509				
5/_21/_18					18	CONTRACTOR CONTRACTOR OF		IOTILOT VIRONMENTAL	INC				
Occupancy Status During Abatement			200				3/10/25-5/5	VIKONWENTAL	., INC.				
☐ Facility Closed/Vacated During En	17		0.5	ment		Street Address 1123 BEA		PETPET					
☐ Abatement Performed Outside of					scribe	200000000000000000000000000000000000000							
Time of Abatement:AM						City, State, Zip BRISTOL,							
Scope of Work (Check all that apply)						DIGITOL,		13007					
☐ ≥3 sf or >3 lf		⊠ Re	novo	ion		⊠ Full C	ont	ainment with Neg	ative Pressure				İ
⊠ ≥160 sf or ≥260 lf			moliti			☐ Mini-l ☐ Glove		osure Procedure					
									n-Friable Procedur	е			
		1.00	Loca Vorma	2000		2000 EX 60				Ab	atem	ent T	уре
Location of Asbestos-Containing Material (AC	M)			ely by	Ashe	Description stos Containing			Amount	Re	Re	En	Ш
TO BE ABATED	,			ance/ Staff?		., thermal system	ms i	insulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)		Cus	(12)			surfacing, V other miscella			SF or LF)	/al		Encapsulate	ure
(10)		Yes	No	N/A	7	other miscen	anec	ous)				te	
Hallway					Floor T	ile			235 SF		П		П
Hallway					Mastic				235 SF				
											П	П	
Name of Registered Waste Hauler			1	NJDEP	Waste	Cubic Yards of	f	Name of Regist	ered Landfill	1			
SERVICE TRANSPORT GROU	P, INC	: .	F	dauler 2099		Waste 3 Cu Yd		Minerva La					
City, State						Disposal Date		City, State					
NEW CASTLE, DE 19720						5/23/18		Waynesbur	g, OH 44688				
Completed By (Print or Type)	Title					Signature		0 .	Dat				
Gino Pizzigoni	Es	stima	tor			Din	1	Pinnegon	1/92 3		7-	18	

CK5976		NOTIFI (P	St CATION ursuant	ate of New I OF ASB to NJAC	y Jerse STOS 3:60/ah	ABATE 0 12:120	MENT)	The same of the sa	E.C.		\mathbb{V}	E	Commence of the Commence of th
Date of Notification (1) 5/8/18				f Building rs, The S			(2) sity of New Je	rsey	MAY	- 9	201	3	
Agencies Notified Type No			Street A 74 Str	ddress eet 1603	B. Build	ding 41	16		ASSESTO		7.5.07	21.0	
X DOL Am	ended endment #		City, Sta	ate, Zip Co away, N	de			Language of the second	A	Erren Erren	-	Air Os	- T
DOH just	ergency (including ification) ncellation			f Contact el Smith					ephone Nu 8-445-25				
			FACI	LITY INFO	RMATI	ON							
Name of Facility Where Abatement Labor Education Center	t is Taking Place (3)					Type of Facility School (K						
Street Address 50 Labor Center Way									er than K-1 & commerc		dings,	home	es,
City (5) New Brunswick							Square Feet 12,000	# 0	f Floors		ldg. <i>F</i> 0+	ge	
County (6) Middlesex				Code (7) USE ONLY)			Current Use (F Labor Educ			hed)			
Name of Monitoring Firm Hired by ATC Group Services	Building Owner (8))	ASCN	/ No.			of Abatement C ervices, LLC	ontractor	(9)				
Street Address 3 Terri Lane, Suite 4 - 5							Address B National Ro	oad					
City, State, Zip Code Burlington, NJ							state, Zip Code n, PA 19341			1 1 - 1 5 0	*		
Project Manager for Monitoring Fire Brian Kearney	n		Telephoi	ne No. 36-8800		Teleph	none No. 872-8884		License N	lo.			
Start Date (10) 5/23/18	Schedul 6/11/1	ed Con		Date (11)		200000000000000000000000000000000000000	of OSHA Monito	or	0,101				
Occupancy Status During Abateme	ent (Check Only O	ne)				Street	Address Route 130				1011		
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: 4 pm - 12 a	e of Normal Facility	Abatem Hours	ent			City, S	tate, Zip Code						
Scope of Work (Check All That App						Cinn	aminson, NJ						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoliti				×	Lull Contain	ire ocedure				e	
	Is	Locati	on			20					Abate	ement	Ċ
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	ACM) Use	Normall ed Solel intenar todial S (12)	ly by nce/		os Cont thermal surfac		faterial (ACM) s insulation, T, or	(5	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							-		te	τυ
Bldg. 6109, Basement, Cl	hase		Х	Pi	pe fitti	ng ins	ulation*	1	10 LF	Х			
Bldg. 6109, Floor 1			X	Pi	pe fitti	ng insi	ulation*	1	10 LF	X			
				*cu	t and v	vrap pi	rocedure						
Name of Registered Waste Hauler		11	JDEP W		Cubic		Name o	f Registe	ered Landfil				
Waste Management of NJ		l n	auler ID	NU.	of Was			VS Lan	dfill				
City, State Trenton, NJ					TBD	al Date	Morris	ate ville, P	A				
Completed by Jack Bally	Title Sr. P	roject	Manag	ger	S	ignature	diBa	lh	1 (25.49)	ate '8/18			

Do not use this form for asbestos licensure exempted activities.