State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Print Form

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Date of Notification (1) 05/06/17					of Buildin									
Agencies Notified	Town a blooding out			100000000000000000000000000000000000000	vnaniar	at Ced	dar Gro	ve			el L	Y	11	2017
X EPA	Type Notification	1			Address Fieldcre	st Ave.								
DEP	× Amended			City, S	tate, Zip (Code				i A	SHES	TO	s co	NIRO
X DOL	Amendmen Emergency		<u> </u>	Ediso	on, NJ 0	8837				l menor e	1	ICI	ENSI	VG
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DCA	Cancellatio	n			Crane				į -					
Name of Facility Where	Abatement is Takin	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Type of Fa	cility (4)				574	
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Street Address	2100		-						ol (K-12) napter 8 (C	ther than	K-12)			
204 Grove Ave.								× Other	(i.e. privat			uild	ngs, h	omes,
City (5)								etc.) Square Fee	et #	of Floors		Blo	dg. Age	9
Cedar Grove								10,000	2	2		12000)+	
County (6)					Code (7)			Current Use	e (Prior if b	eing den	nolished)		
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Street Address								Address	7 1110.					
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City, State, Zip Code								ate, Zip Coo						
Project Manager for Mo	nitorina Firm			Telepho	one No		100000000000000000000000000000000000000	ngton, NJ one No.	07057	Tiere	NI-			
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through		-		*		flo	or tiles		4	300sf.	*			
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City, State				Dispos	al Date	City,	State							
Newark, NJ				06/09/	/17	Pen	Argyl, F	A						
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Leslaw Nalodka		Presi	dent				/	/1/_/1			05/06	/17	8	

05/06/17

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) May 4, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. **EPA** Amended Notification #1 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUSITROL & DCA New Start & Completion Dates City, State, Zip Code DOL. Emergency (including PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED Name of Contact justification) Telephone Number X DOH MICHAEL SMITH, ENV. □ Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PHARMACY, BLDG# 3750 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 5 Bldg. Age: 60+ years City (5) County (6) County Code (7) PISCATAWAY **MIDDLESEX** Current Use (prior if being demolished): ACADEMIC (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/19/17 5/22/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code Other - Describe: SubChapter 8 Occuppied: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ Renovation ■ Mini-Enclosure ≥ 160 sf or > 260 lf Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Rooms 226 & 228 X VAT 240 SF X Rooms 226 & 228 X ACM CEILING TILE 240 SF 8 Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 15 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 05/22/2017 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT May 4,2017 Raymond E. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement

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GAC Project # 060-16		ILE				.,	Į	Wr		- L-	U U	1
Date of Notification (1)					Name of Building Own	ner/Op	erator (2)				11
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Agencies Notified		Notification	Type		Street Address						461	1
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☑ DCA				otification #	27 ROAD 1, BLD	G 40	BG, LIN	/INGS	STON	CAMP	US	771 0
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DEP- No Longer REQUIR	RED	justifi)	PISCATAWAY, N	JJ 08	354		0.000		Caracino Caracina	
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					MICHAEL SMITH	, EN	<u>/.</u>					
				5100 5	HEALTH & SAFE	TY		1				
Name of Facility Where Abatem	ent is Ta	king Place (3)		FACILITY IN	VFORMATION							
PHARMACY, BLDG# 3	750	King Fidoc (5)			Type of Facility (4)							
					School (K-12)	W-0-3 1120						
Street Address					Subchapter 8 (other	than K-	12)					
BUSCH CAMPUS					Other (i.e. private & c	comme	rcial buil	dings, h	nomes, e	etc.)		
City (5)	County (6	1)			Sq. Feet: N/A	# of	-loors:	5 <u>Blo</u>	dg. Age	60+	years	
PISCATAWAY		DLESEX	(State	ty Code (7) e Use Only)	Current Use (prior if be	ina da	moliobo	d). Ac	34000	10		
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Name of Monitoring Firm Hired I	bu Dida ((0)										
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Street Address					Street Address	AIEN	ENT	ONS	ULTA	NTS, IN	IC.	
3 TERRI LANE					Street Address							
					268 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
	8016				BUTLER, NJ 07405	=						
Project Manager for Monitoring F	irm	Telephone N	lumber		Telephone Number			Liens	a a Niver	h		
BRIAN KEARNY		609-386-	8800		Totophone (Valliber			Licer	ise Num	iber		
Sehed Jul 20 t B t 110					973-492-0477			008	40			
Scheduled Start Date (10) 05/04/17		Scheduled C	ompleti	on Date (11)	Name of OSHA Monitor			1 000				
03/04/17		5/08/17			1							
Occupancy Status During Abat	tement ((Check only or	10)		ENVIROVISION, IN	IC.						
□ Facility Closed/Vacated Duri	ina Entire	e Period of Al	ostomo	nt	Street Address							
□ Abatement Performed Outside	de of No	rmal Facility I	Joure	it.	20-21 WARGARAW	IRO	n					
Describe		270 /0	10013 -		City, State, Zip Code	1107	10	-				
Other - Describe: SubChap	ter 8 Occ	cuppied:										
Schedule: 5PM - 5AM (24 H	IOURS	& WEEKE	IDS A	S NEEDED)	FAIDI AIRIN N.							
				,	FAIRLAWN, NJ							
Scope of Work (Check all that ap	ply)											
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$2 \le 3 \text{ sf or } \ge 3 \text{ lf}$				☑ Renovation		☐ Mir	ni-Enclo	sure				
\ge 160 sf or \ge 260	O If			Demolition		☐ Glo	ve bag	Proced	ure / W	rap & Cu	t	
Location of Asbestos-Containing	Lates	-4' NI II				☐ No	n-Exem	pted (*)	and No	on-Friabl	e Proce	edure
Material (ACM) in Facility (13)	Solely	ation Normally by Maint./Cus	Used	Description of Asb	pestos Containing Material		Amour	nt		ment Typ		
. ,, (,	Staff?	(12)	oloulai	VAT, or other misc	al systems insulation, surfac	cing,	(Specif	fy SF	Remov	e Repair	Encan	Enclose
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Rooms 226 & 228	+	X		ACM CEILING	O THE		240 S		X			
	+	IOI		ACM CEILING	GIILE		240 S	F	X			
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See Hauler Below #1 & 2		NJDEP Waste See Below	Hauler	ID#	Cubic Yards of Waste:	15 C	Y	Name	of Regis	stered La	ndfill	
								G.R.C	D.W.S.	North I	Landf	ill
Hauler #1) Greenwood Abatemer NJDEP # 12561	nt Consul	itants, Inc. – P	Butler, 1	iJ 07405		Dispo	osal Date	e	T	City, Stat	te	
Hauler #2) Newark Carting, Inc.,	Newark	NI 04500								100 New	Ford I	Hill
NJ DEP # 4509	, INCWAIR,	, 140 04309				05/0	8/201	7		Rd. Mor: 19067	risville,	Pa
					L.					215-736-	1700	
Completed by (Print or Type)	Tit	le			Signature			Date				
RAYMOND C. PEDALING	O SE	ENIOR PR	OJEC	T		ο		Date	Ammil	42 204	-9	
		ANAGER			Raymond C. Pe	rdalin	0		April	13,201	1	

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Date of Notification (1) 5/	5/17	1	Name	of Building Owner	r/Operator			AY 1 1	2017	1	
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The second secon	incellation		Eric F	Plackis							
			FAC	ILITY INFORMA	TION						
Name of Facility Where Abateme	nt is Taking Place (3)				Type of Facility	(4)				
Street Address	۸	- (-	٨			Other (i.e. etc.)	er 8 (Other tha private & con	nmercial bui			es,
City (5) Lindh						Square Feet	# of Floo		Sldg. /	7	
County (6)				Code (7) USE ONLY)		Current Use (P	rior if being de	molished)			
Name of Monitoring Firm Hired by	Building Owner (8)	ASCI	M No.	1	of Abatement Co	The second secon				
Street Address			-		4 7 7 7 7 7	Address Box 915					
City, State, Zip Code	1000000		0.00		City, S	State, Zip Code k, New Jersey	08723				
Project Manager for Monitoring Fi	rm		Telepho	one No.	Telepi	none No.)899-7499		ense No.			
Start Date (10) 5 8 1 7	Schedu	led Con	npletion	Date (11)		of OSHA Monito	r				
Occupancy Status During Abatem					Street	Address					
Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe:	ng Entire Period of de of Normal Facilit	Abatem y Hours	nent i		City, S	itate, Zip Code					
Scope of Work (Check All That Ap	pply)					/	- TORSWINDOWN CO.				
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	Is	s Locati	on							ement	
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Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACIVI) Ma	ed Sole aintenar stodial S (12)	ice/ Staff?	(i.e. therm			Amoun (Specify SF or LF	y R	Repair	Encapsulate	Enclosure
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				HOOK	Hile		1104	- 8			
									 		
Name of Registered Waste Haule Brick Industries Inc.	•	H	JDEP Wauler ID 1602		c Yards aste	, 1	Registered L VS Inc.	andfill			
City. State Brick, New Jersey				Disp	osal Date	City. Sta	ite				
Completed by Eric Plackis	Title Pres	ident			Signature	4,10	2	Date	15		

CK5534

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

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M		MAY	1	1	2017	

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Date of Notification (1) 5/8/17					f Building / Centra					4	1000	-0-0			4 100 100	<u> </u>
Agencies Notified	Type Notification			Street A 911 E.	ddress County	Line	Rd		= = 1		ASBL	ESTO LIC				JE (
DEP DOL	Initial Amended Amendment	#		City, Sta	ite, Zip Co	ode			. 1							
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☐ DCA	Cancellation	*		100 0000 0000	LITY INFO	DASAT	ION				-	-				
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Street Address 7312 Boulevard Ea	ıst				115			×	Subchapter Other (i.e. p	8 (Othe			ildin	gs, I	nome	s,
City (5)									etc.) re Feet	# of	Floors		Bldg	. Ag	je	
North Bergen																
County (6) Hudson					Code (7) USE ONLY			Curre	nt Use (Pri	or if bei	ng demo	lished)				
Name of Monitoring Firm	n Hired by Building (Owner (8)	,	ASCN	No.				tement Cor D PROFE							
Street Address						111	100000	Addres	ss DOVE CO	DURT						
City, State, Zip Code									ip Code OD, NJ 0	8701						
Project Manager for Mor		Telepho	ne No.			hone N 668-9			License	e No.						
Start Date (10) 5/23/17		Schedule 5/25/17		npletion	Date (11)				HA Monitor	SSIO	NALS	20001				
Occupancy Status Durin	ig Abatement (Chec	k Only On	e)			7	Street	Addres	SS		C	19000	_			
Abatement Perform	ated During Entire F								DOVE CO	DURT						
Other - Describe:						_	LAK	EWO	OD, NJ 0	8701						
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NEWARK CARTING	<i>-</i>			4509		7			IESI							
City, State NEWARK, NJ					- W	Dispo 5/25/	sal Date 17		City, Stat BETHL		1 PA					
Completed by JOSEPH PERLSTE							Signature	е				Date			Alexander of the same of the s	

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Date of Notification (1) 5/8/17				of Building ic Site (r (2)			MΑ	Y 1	1 :	2017	7	Lacunie
Agencies Notified Type Notification			Street A		<u> </u>			2	5.	DECT		201	1-5-1-5	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1
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X DOL Amendment		_		WOOD,		701			M	more short mathematical	APPENDING APPENDING	No. of the last	engris di la		
Emergency justification)	including	-		f Contact					Te	ephone	Numbe	er			
DCA Cancellation	0 1		Horow												
Name of Facility Where Abatement is Takin	g Place (3)	FACI	ILITY INF	ORMAT	ION	Type	of Facility	(4)						
LAKEWOOD							П	School (K-	\$/25.7. 						
Street Address							×	Subchapte Other (i.e. etc.)	r 8 (Oth			uildi	ngs, i	nome	? S,
City (5) LAKEWOOD								re Feet	#0	f Floors		Blo	lg. Ag	ge	
County (6) OCEAN				Code (7) USE ONLY	o		Curre	ent Use (Pr ME	ior if be	ng demo	olished)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	ЛNo.		Name AAA	of Aba	atement Co	ntractor	(9) NALS					
Street Address						Street	Addre								
City, State, Zip Code				-10				ip Code OD, NJ 0	8701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		0.		License	e No.				
Start Date (10) 5/18/17	Schedule 5/22/17		npletion I	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatement (Check						Street	Addres			TWILLO					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	baten Hours	ent			City, S	tate, Z	ip Code OD, NJ 0							
Scope of Work (Check All That Apply)			77			LAN		OD, N3 0	0701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	more and a second	enova emolit				×	Mir	I Containm ni-Enclosure ovebag Pro n-Exempte	e cedure						
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Location of Asbestos-Containing Material (ACM)		ormall Sole		A = b = =		scription					-	_	Тур	e	
TO BE ABATED		ntenar odial S	200.00.00.00		tos Cont thermal	systems	s insula		(S	mount pecify	1 3		R I	Enca	E
In Facility (13)		(12)				cing, VA niscellan			SF	or LF)	Kelliova		Repair	Encapsulate	Enclosure
	Yes	No	N/A								2	2		ate	е
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Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP Wa auler ID I 509		Cubic of Was 10			Name of IESI	Registe	red Land	ifill				
City, State NEWARK, NJ	J				al Date		City, State		PA						
Completed by JOSEPH PERLSTEIN	Title OWNE	ER			S	ignature			·		Date				

Print Form

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Date of Notification (1) 5/8/17					f Building EY MAN			(2)	j	in t	IVAT	-1	1 2	017	
Agencies Notified EPA	Type Notification			Street A	ddress SHLEY	AVE			10 (10)	79.50	ASBEST	OS C	CONT	TRO	L£
DEP X DOL	Amended Amendmen				ate, Zip Co WOOD,		701				11.4.70.44.6.0				
	Emergency justification) Cancellation			Name of Shlom	f Contact O					Tel	ephone Nun	nber			
N (5 W)				FACI	LITY INFO	ORMAT	ION								
Name of Facility Where		ig Place (3)					general .	of Facility (4) School (K-12						
Street Address								×	Subchapter 8 Other (i.e. pri				dings,	home	es,
City (5) LAKEWOOD									e Feet	# 0	Floors	В	ldg. A	ge	
County (6) OCEAN	100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 				Code (7) USE ONLY,			Currer	nt Use (Prior IE	if bei	ng demolish	ed)			32
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	No.				ement Contr						
Street Address								Addres	s OOVE CO	URT	9				
City, State, Zip Code								State, Zip EWOC	Code DD, NJ 08	701					
Project Manager for Mon	itoring Firm	91		Telepho	ne No.			none No 668-90			License No	ο.			
Start Date (10) 5/18/17		Schedul 5/22/1		npletion I	Date (11)		100000000000000000000000000000000000000		A Monitor PROFES	SIO	NALS				
Occupancy Status During	75 BK	8877	1553	2020				Address	s OOVE COL	URT	8				
Facility Closed/Vaci Abatement Perform Other – Describe:						_	City, S	tate, Zip							
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova Demolit				×	Mini	Containment -Enclosure vebag Proce -Exempted (dure				3.0	
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Location	of		Normal			Des	scription	of					Ту	ре	
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LXTLIN				•	Sidilig			13	00 SF	Х					
Name of Registered Was NEWARK CARTING			Н	JDEP W auler ID 1509		Cubic of Was			Name of Re	egiste	red Landfill				
City, State NEWARK, NJ				. 555		- No.	sai Date		City, State BETHLE	HEM	1 PA				
Completed by		Title				The state of the state of	ignature	1			Dat	e			

JOSEPH PERLSTEIN

OWNER

Date of Notification (1)		-		Na	me of Build	ding Owner/Operator	(2)	. MAY 1	1 2	017	- 1	IJ
	/	17		-	Osprey-M		,		21	81	d	2
	e Notificat	ion		Str	eet Addres	s	27	ASBESTOS			4	
M nouse	Initial			1 2 2 2 2		lmark Place, Unit	3	LICEN	ISING	3		
	Amended	0.11			y, State, Zip		. 3					
	Amendmer			40.00		ın, NJ 08736						
	Emergency justification	(includ	ing	-	me of Conta			T= :-				
	Cancellatio				Bill Conne			Telephone Nu	mber			
						INFORMATION						
Name of Facility Where Abate	ment is Tal	king Pla	ace (3)		, tolli i	IN OKWATION	Type of Facility	(4)				
Residence							School (K-12					
Street Address							Subchapter 8	Other than K-	12)			
							Other (i.e., p homes, etc.)	rivate and comm	ercial	buildi	ngs,	
City (5)							Square Feet					
Spring Lake							1500 sf	# of Floors		Bldg.	Age	
County (6)				Co	unty Code	(7)(STATE USE ONLY)		- 10		65		
Monmouth						(1/2 11/2 002 0/12/)	Current Use (Pri	or it being demo	lished)		
Name of Monitoring Firm Hired	by Building	Owne	er (8)	ASC	M No.	Name of Abateme						
Guardian Contracting, Ir	ıc.				WW.0107-04.5		ntracting, Inc.					
Street Address						Street Address	nuacung, inc.					
1889 Rte. 9, Unit 61						1889 Route 9	Unit Cd					
City, State, Zip Code						City, State, Zip Co						
Toms River, New Jersey	08755											
Project Manager for Monitoring			Te	lephone	e No	Telephone No.	New Jersey 087					
Nicholas Fernicola					9-9932	732-349-9932		License No.				
Start Date (10)	Sche	eduled			ate (11)	Name of OSHA M		00624				
05 /18 /17					17							
Occupancy Status During Abate	ment (Che					E.M.S.L. Anal	yticai					
Facility Closed/Vacated Duri	na Entire P	eriod o	f Abat	omont		Street Address			=			
Abatement Performed Outside	e of Norma	al Facil	ity Ho	irs - Do	scriba	1056 Stelton						
Time of Abatement:A	.MF	PM/	PN	I	_AM	City, State, Zip Co						
Scope of Work (Check all that a						Piscataway, N	lew Jersey 088	54				
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≥160 sf or ≥260 lf			enova emoliti				osure					
		0.0000000000000000000000000000000000000		\$50.00%		☐ Glovebag ☐ Non-Exem	Procedure opted (*) and Non-	Friable Procedu	re			
Loopting			s Loca Norma						_	patem	ent T	Typo
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TO BE ABATED	· (ACIVI)	Ma	aintena	ance/	Asbes	stos Containing Mate ., thermal systems in	erial (ACM)	Amount	Removal	Repair	nc	Enclosure
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Toms River, New Jersey						5/22/17	Tullytown, Pe	ennevlyania				
ompleted By (Print or Type)	Title)				Signature	7	$-\theta$,		
Nicholas Fernicola	P	roject	Mana	iger		-	//	Dat	e /	_		
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DEP	Amended Amendment				tate, Zip Gode	~ L)	丁			_		
Di DOH	Emergency (i justification)	ncludin	g		of Contact	·P		Telephone N	umber			
DCA	Cancellation				scan				-01 s			
Name of Facility Where A	batement is Taking	Place	(3)	FAC	ILITY INFORMAT	ION	Type of Facility	(4)				
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Street Address							Subchapte	er 8 (Other than K- private & commer	12)	Idioao	hom	
City (5)							etc.) Square Feet					es,
Middleton	27						3000	# of Floors		Bldg. 1	-	
County (6)	U ₀				Code (7) USE ONLY)		100	rior if being demoli	shed)))		
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Street Address							Address		j)		
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#E # 1 502						1000000	tate, Zip Code	NJ.07	77	2		
Project Manager for Monito	oring Firm			Telepho	one No.	Teleph	one No.	License	No.			
Start Date (1,0)		Schodul	led Cor	nnlation	Date (11)		294175		02	9		
5/17/17		51	121	i T	Date (11)	Name	of OSHA Monitor					
Occupancy Status During				1 /		Street	Address					
Facility Closed/Vacate Abatement Performed	Outside of Norma	I Facility	Abaten	nent		City C	toto 7:- C-d-					
Other - Describe:	-+am-7	m				City, S	tate, Zip Code					
Scope of Work (Check All	That Apply)	D. I										-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				Full Containm Mini-Enclosur	nent with Negative	Pressu	re		
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Asbestos-Containing M <u>TO BE ABAT</u>	ED `	Ma	intenar todial S	nce/	Asbestos Cont (i.e. thermal			Amount (Specify	Z		Ē	ш
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Name of Registered Langist NJDEP Waste Cubic Yards of Name of Registered Weste Hauler HEURI ID No. Waste JESI PA Bethlehem Landfill Corp Newark Carting 04509 City, State City, State Disposal Date Bethishem, PA 5/6/17 Newark, NJ Completed By (Print or Type) Signature Vice President Joseph Vocaturo

* On not use this form for authorios ticensure exempted activities.

ASB-41

JAN 15

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

Window Glazing Window Glazing 96 LF	1 WU		(Pur	sua	nt.	to <u>N</u> .	J.A.(<u>.</u> 8:60 ar	nd 12:1	120)	9				1
Agencies Notified EPA Dep Initial Street Address 123 BF prot Street ASRESTOS CONTROL					Na	ame	of Bu	ilding (Owner / Oper	rator (2)		U M	4Y 1 1	20	17	The same of the same
DEP Initial DOH Amended Riff-5/8/17 Memphis, TN 38/103 Talenhone N Memphis, TN 38/103 Talenhone N Name of Contact H. L. Trey Smallwood Talenhone N Name of Facility Where Abstement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) S	Agencies Notified Ty		ation		St	reet	Addre	37.000	ot.		The distance	ASBES	TOS C	ONT	301	9
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DCA				5/17	M	em	phis,	TN 38			*					1000
Second Proposed AutoZone		☐ Eme	rgency									***************************************	Teler	hone	Nun	nbe
Name of Facility Where Abatement is Taking Place (3) Proposed AutoZone Street Address 200-210 East Washington Street City (5) Warren County (6) Warren County (6) Warren County (6) Warren County (6) Warren County (7) Washington Twp Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Sircet Address Street Address Street Address Street Address 1123 Beaver Street City, State & Zip Code Bristol Environmental, Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol PA 19007 Project Manager for Monitoring Firm Telephone Number 610-558-8902 City, State & Zip Code Bristol PA 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol PA 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol PA 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol PA 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol PA 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol PA 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol PA 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol Pa 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol Pa 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol Environmental Inc. Street Address 1123 Beaver Street City State & Zip Code Bristol Environmental Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol Environmental Mon-Friable Proce Code Describer Code City, State & Zip Code Bristol, PA 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol Environmental Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007 Telephone Number 610-558-8902 City, State & Zip Code Bristol Environmental Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol Environment with Negative Press Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Proce City, State Cit	L DOA	Cand	cellation									**				
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Lice Star & Zip Code storn, PA 1904 Project Manager for Monitoring Firm	'00 Turner Way, Su	ite 105							The state of the s		et					
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Sacretary Sac	Describe: 7:0	00 AM - 3	3:30 PM													
≥3 sf or ≥3 lf	cope of Work (Check a	d During A	Abatement													
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	4/26/	17	Name of E	Building (Owner / Ope	erator (2)	IIII E G	5	\\/	
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Proj	ect Manager for Monitoring	Firm Tel	ephone Numbe	or 7	Clopbone A	19007				
	lie Jones		spirono ritambe		Telephone N	Number	License	Number		
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	Describe: 7:00 AM -	- 3:30 PM	ours – ram to 3		ity, State &	Zip Code				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219197976 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 / 17 Able Rumph Agencies Notified Type Notification Street Address X EPA X Initial ASBESTOS CONTROL & **⊠** DOLWD LICENSING Amended City, State, Zip Code X DHSS Amendment # □ DCA East Orange, NJ 07017 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Able Rumph FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age East Orange, NJ 07017 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 19 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A П X Basement X Pipe insulation 110 LF X Basement VAT floor tiles 220 SF П П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 05/08/17 ASB-41

MOH013654950-5

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

Print Form

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Date of Notification (1) 05/06/2017				Name Siste	of Building rs of St	Owner/ Jospe	Operato h of Pe	r (2) ace	- 1.	la di	MAY	ĺ	2	01/	1	and f
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Name of Facility Where A	Abatement is Taki	ng Place	(3)				1011	Тур	e of Facility (52	71 1111					
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Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.			of Ab	atement Con tement, Inc		(9)					2
Street Address							Street	Addre								
City, State, Zip Code									Zip Code	ue						
	2								J 07512							
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph 973-				Licens 0131					
Start Date (10) 05/16/2017		Schedu 05/17/		npletion	Date (11)		100000000000000000000000000000000000000		HA Monitor ement, Inc).						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 05/07/2017				of Building (ood Terra			(2)	The second secon	àA A	Υ	1 1	20)17
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County (6)				Code (7) USE ONLY)	1		Current Use (Pr Residential	ior if being den	nolished)			
Name of Monitoring Firm Hired by Building Crown Air services LLC	Owner (8)		ASCN	И No.			of Abatement Co Environmenta		Corp.			81920	
Street Address							Address			-			
478 Albany Avenue Suite 76						19/04/2016	North 13th Str	eet					
City, State, Zip Code Brooklyn NY11203							tate, Zip Code ark NJ 07107						
Project Manager for Monitoring Firm Vanessa Miller			Telepho 34753				one No. 902416	Licen 0133	se No. 35				
Start Date (10) 05/22/2017	Schedul 06/30/2		npletion	Date (11)			of OSHA Monitor Environmenta		Corp				
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Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facility	/ Hours	;				tate, Zip Code ark NJ 07107						
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Do not use this form for asbestos licensure exempted act

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	description of the second		以广			School (K-12)	121		
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Project Manager for Monitoring Firm		and the same of th	Teleph	one No.	Telephone	120,0				
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Hoboken Terminal									School (K-1: Subchapter		er than K.	-12)				
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Name of Monitoring Firm McCabe Environme		Owner (8)		ASCIVI	INU.			naco I		ni autul	(3)					
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City, State, Zip Code Lyndhurst NJ 0707	4						52.51.20		in NJ 080	091						
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Project Manager for Mor John Chiavello	illoring Firm		1000		38-4839	.		-753-9			00727					
WHITE THE PERSON NAMED IN		Schedule							HA Monitor							
Start Date (10) 5/9/17		5/9/17	d Com	piedon	Jale (11)		San		ii (ivioriico)							
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Scope of Work (Check all tha	t apply)						Ditto TOL, TA	13007			10-54		
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	GROUP	, INC		Н	auler II 20990	1	Waste 49	MINERVA L					
ity, State	te of Notification (1) 03			Disposal Date	City, State								
NEW CASTLE, DE	te of Notification (1) 03 / 17 / 17 encies Notified EPA			TBD	WAYNESBU	IRG, OH							
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PD 17 00 7 * Do not use this form for asbestos licensure exempted activities.

Data of Notice of the (4)	Type Notification Initial Amended Amendment #4-5/8/17 Emergency (including justification) Cancellation Cancellat	1					Posses F	h I	7 1	ΠB	E		
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Name of Facility Where Abatement	s Takin	g Plac	e (3)					Type of Facility	(4)				
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Street Address	03						☐ Subchapter 8	(Other than I	<-12)				
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City (5)	17					Square Feet	100000000000000000000000000000000000000	1	Bldg. /	Age			
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Name of Monitoring Firm Hired by B	uilding (Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
USA Environmental Manage	ment li	nc					BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address	D3			St	reet Address								
8346 Enterprise Avenue	Type Notification EPA DOLWD DOH DCA (NJAC 5:23-8) Initial Amended Am					1123 BEAVER	RSTREET						
City, State, Zip Code						Ci	ty, State, Zip Co	ode			-		
Philadelphia, Pa, 19153							BRISTOL, PA	19007					
Project Manager for Monitoring Firm	-//		Te	lephone	No.	Te	elephone No.		License No				
Mark Jenkins			1	215365	5810	:	215-788-6040		00509				
Start Date (10)	Sched	luled C	omp	letion Da	ite (11)	Na	ame of OSHA M	onitor					
04 /06 /17		01		HOL	0	1	BRISTOL EN	/IRONMENTAL	, INC				
Occupancy Status During Abatemen	(Check	only	ne)			Sti	reet Address						
☐ Facility Closed/Vacated During E	ntire Per	riod of	Abat	ement			1123 BEAVER	STREET					
					scribe	Cit	ty, State, Zip Co	de					
Time of Abatement:AM	Amendment #4-5/8/17 Coca	PM-	1:30AM		E	BRISTOL, PA	19007						
Scope of Work (Check all that apply)	encies Notified EPA DOLWD DOH DOH DOCA (NJAC 5:23-8) Initial Amended Amendment #4-5/8/17 Emergency (including justification) Cancellation Cance					□ Full Conta	ainment with Neg	ative Pressure					
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(13)					-	ot	ther miscellaneo	ASSESTOS CONTROL Telephone Number INSINS MATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age + - 50 EUSE ONLY) Current Use (Prior if being demolished) Verizon Communication e of Abatement Contractor (9) RISTOL ENVIRONMENTAL, INC. et Address 23 BEAVER STREET State, Zip Code et GSHA Monitor RISTOL, PA 19007 State, Zip Code et GSHA Monitor RISTOL, PA 19007 Elistol, PA 19007 Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Non-Exempted (*) and Non-Friable Procedure Description of ontaining Material (ACM) all systems insulation, facing, VAT, or r miscellaneous) Amount Specify Non-Exempted (*) and Non-Friable Procedure Description of ontaining Material (ACM) all systems insulation, facing, VAT, or r miscellaneous) Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Ex	(D				
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Boiler Room Condensate Tank		$\overline{\Box}$											
Boiler Room Tank Area					· · · · · · · · · · · · · · · · · · ·		Insulation						
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NEW CASTLE, DE						T	BD	WAYNESBU	JRG, OH				
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Dillan DeCaro	Es	timat	or				Dillan	De Caro /2	l	1 01	17		

ASB-41 JAN 13 PD 17007

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

D-4 501-115 11 141	Notified Type Notification Street Address Street													
Date of Notification (1) 03 /	17 /	17												
Agencies Notified ☑ EPA ☑ DOLWD	Type Notification													
⊠ DOH		7.7	4-5/8	117	City,	State, Zip	Code		105	21 1	-	ZIII	1	1
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(NJAC 5:23-8)			oluuli	'9	Nam	e of Conta	ct		Telephone	Numb	er	HTF	OL	-
	☐ Cancella	ation			Al	ex Baylo	r		-	LICEN	Sir	44-1		
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Name of Facility Where A	batement is	Taking	Plac	e (3)				Type of Facili	ty (4)		_			
Market Central Office	ce							School (K-	12)					
Street Address								Subchapte	er 8 (Other than	n K-12)				
95 William Street	Square Feet # of Floors Bldg. Age # - 50 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)													
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USA Environmental	Managem	ent In	C				1							
Street Address					1				,					
8346 Enterprise Ave	nue						1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip C	ode					-	
Philadelphia, Pa, 19	153													
				Tel	ephone	No.			license N	lo.	_			
Mark Jenkins)						
Start Date (10)	15	Schedu	ıled C	omple	etion Da	ite (11)			00000					
04/06/							**************************************		AL, INC					
Occupancy Status During	Abatement (Check	only o	one)										
					ment			R STREET						
	Outside of No	ormal F	acility	y Hou	rs - Des	cribe					_		-	
Time of Abatement:	AM	PM	/ <u>5:00</u>	PM- <u>1</u>	:30 _{AM}									
Scope of Work (Check all t	hat apply)						M Full Cont	ainmont with Ma	active Pressur		2172			
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Name of Registered Waste				1000										
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ASB-41 JAN 13

DD17007 * Do not use this form for asbestos licensure exempted activities.

CKW# 3206

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

03 / 17	gencies Notified GEPA GOLWD			lding Owner/Operato	1 (2)	111)	UJ IL	, []	VI.	IC		
Agencies Notified Type I	encies Notified EPA DOLWD DOH DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking Place (3) larket Central Office let Address William Street (5) sex e of Monitoring Firm Hired by Building Owner (8) sex e of Monitoring Firm Hired by Building Owner (8) sex e of Monitoring Firm Hired by Building Owner (8) sex at Address 46 Enterprise Avenue State, Zip Code illadelphia, Pa, 19153 ct Manager for Monitoring Firm rk Jenkins Date (10) D4 / D6 / 17 D5 / 11 lancy Status During Abatement (Check only one) citity Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours the of Abatement: AM-PM/5:00 PM-1:3 of Work (Check all that apply) sf or ≥3 If Demolition Location of estos-Containing Material (ACM) TO BE ABATED IN Facility (13) sh Floor Hallways ent G Stairway Landing/Hall ent G Chiller plant storeroom set H Stairway Landing Registered Waste Hauler ICE TRANSPORT GROUP, INC. e Type Note (Check and Inc.) In Joe Haule 2019 To Station of Pacility Pes Note Inc. Note of Pacility Physical Plant Physical Plan								F7444F14871			
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Name of Facility Where Abatemen	nt is Takir	na Pla	ace (3)		ACILITY	INTORNATION	Type of Facili	h. (4)				
Market Central Office		3	(-,				School (K-					
Street Address		-	-				☐ Subchapte	r 8 (Other than k	(-12)			
95 William Street							Other (i.e.,	private and com	mercia	l build	dings	,
City (5)							homes, etc					
Newark								# of Floors			. Age	9
County (6)			-	To	vintu Codo	(7)(STATE USE ONLY)	425,442	12			- 50	
Essex				100	dunty Code ((1)(STATE USE ONLY)	1	Prior if being dem		d)		
Name of Monitoring Firm Hired by E	Building (0,,,,,	r (D)	1000	M No.	This are the		mmunication				
USA Environmental Manage			(0)	ASC	IVI INO.	Name of Abateme						
Street Address	cineii li	IIC				BRISTOL EN	VIRONMENTA	AL, INC.				
						Street Address						
8346 Enterprise Avenue						1123 BEAVER						
City, State, Zip Code						City, State, Zip Co						
Philadelphia, Pa, 19153						BRISTOL, PA	19007					
Project Manager for Monitoring Firm	1		1	lephon		Telephone No.		License No.				
Mark Jenkins					55810	215-788-6040		00509				
Start Date (10)			Agreement.		ate (11)	Name of OSHA Me						
04 /06 /17	_ 0.	O	/ 1	1 /	17	BRISTOL ENV	/IRONMENTA	L. INC				
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Date of Notification (1) 03 /	17 /	17		- 1		ding Owner/Operator	(2)	III II the		<u> </u>		ĮĒ.
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☐ DCA	☐ Emergen	cy (inclu			Newark, N				iks		100	
(NJAC 5:23-8)	justification			1000000	me of Conta	70.70		Telephone N	lumbe	r		
	Cancellat	оп	750- SY-15		Alex Baylo	or						
1				F	FACILITY I	INFORMATION				-		
Name of Facility Where		aking P	lace (3)			Type of Faci	lity (4)				
Market Central Offi	ce						School (K	(-12)				
Street Address		×					Subchapt	er 8 (Other than K	-12)	-1-1-2		
95 William Street							homes, e	, private and com	mercia	il build	dings	
City (5)							Square Feet			Blda	. Age	
Newark							425,442	12		_	- 50	160
County (6)				Co	ounty Code (7)(STATE USE ONLY)	[] 1	Prior if being dem	olisher			
Essex							Verizon C	ommunication	3.131160	-/		
Name of Monitoring Firm			er (8)	ASC	M No.	Name of Abateme						
USA Environmental	Managemer	t Inc				BRISTOL EN						
Street Address			-			Street Address		,				
8346 Enterprise Ave	enue					1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip Co						
Philadelphia, Pa, 19	153					BRISTOL, PA						
Project Manager for Monito	oring Firm		Te	lephon	e No.	Telephone No.		License No.				
Mark Jenkins				15365		215-788-6040		00509				
tart Date (10)	Sch	eduled	Comp	etion D	ate (11)	Name of OSHA Me	onitor	00303				
04 /06 /	17				17	BRISTOL ENV	79.10.7.711	0141 18				
Occupancy Status During A							THOREIGH /	AL, INC				
Facility Closed/Vacated				mont		Street Address	070					
Abatement Performed C	Outside of Norm	al Faci	itv Hou	rs - De	scribe	1123 BEAVER						
Time of Abatement:	AM	PM/5:0	0PM-1	:30AN	1	City, State, Zip Coo					10(2)37	2000
cope of Work (Check all th	nat anniv)					BRISTOL, PA	19007					
) >3 sf or >3 lf			enovat			Mini-Enclo	sure	gative Pressure				
l ≥160 st or ≥260 lf		□ D	emoliti	211		⊠ Glovebag □ Non-Exem □	Procedure pted (*) and No	n-Friable Procedu	ıre			
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Date of Notification (1)				11 (5)			111 111-12	0,1	<u> </u>	1	4/
	17				Iding Owner/Opera						
Agencies Notified Type Notific	ation			Street Addre	ee .			MAY	1 1	90	a e
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DCA Emerger	icy (incl	uding	-	Newark, F			28 1 2 12	- 411	154	10	
(NJAC 5:23-8) justificati			r	lame of Con			Telephone	Numbe	er	+	
□ Caricella	lion			Alex Bayl							
Name of Facility Where Abatement is 7	aking F	Place (31	FACILITY	INFORMATION						
Market Central Office	uning i	1400 (٠,			Type of Fac					
Street Address						School (K-12) Ster 8 (Other than	V 401			
95 William Street						Other (i.e.)	 private and con 	N-12) nmerci	al hui	Idinas	
						nomes, e	etc.)		ai bui	onige	21
City (5)						Square Feet	# of Floors		Bld	g. Ag	e
Newark						425,442	12		1	- 50	
County (6)			C	County Code	(7)(STATE USE ONL	Y) Current Use	(Prior if being der	nolishe	(d)		-
Essex							Communication		100		
Name of Monitoring Firm Hired by Buildi		er (8)	AS	CM No.	Name of Abate	ment Contractor				-	_
USA Environmental Managemen	nt Inc				And the second s	NVIRONMEN	1				
Street Address					Street Address	The state of the s	inco.		-		_
8346 Enterprise Avenue						ER STREET					
City, State, Zip Code					City, State, Zip						
Philadelphia, Pa, 19153					BRISTOL, P						
Project Manager for Monitoring Firm		TT	elephoi	ne No	Telephone No.	N 13001					
Mark Jenkins		- 10		55810	215-788-604		License No.				
Start Date (10) Sch	nedulad			Date (11)		-	00509				
	<u>Ol</u>				Name of OSHA		* *				
Occupancy Status During Abatement (Ch			1000	<u> </u>		NVIRONMENT	AL, INC				
☐ Facility Closed/Vacated During Entire I					Street Address						
Abatement Performed Outside of Norm	erioa d	or Abai	ement	9	1123 BEAVE	STREET					
Time of Abatement:AM	PM/5:0	OPM.	urs - Di 1.3001	escribe	City, State, Zip C	ode					-
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cope of Work (Check all that apply)	30-1-00-1-00				A STATE OF THE STA						
] ≥3 sf or ≥3 lf	N R	enova	tion		⊠ Full Con	tainment with Ne	gative Pressure				
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TO BE ABATED		aintena			thermal systems i		Amount (Specify	emi	Repair	nca	
IN Facility	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Removal	=	Encapsulate	1
(13)	Yes	No	N/A	1	other miscellaned	ous)				late	
/8th/9th Floor Hallways				VAT/Mas	tic		0.000	1_	_		_
sement G Stairway Landing/Hall			-	-			3200 SF	\boxtimes			[
sement G Chiller plant storeroom	-			VAT/Mas			110 SF	×			
sement H Stairway Landing				VAT/Mast			270 SF	Ø			
		Ц		VAT/Mast			280 SF				
ne of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC		1.00000	JDEP V		ubic Yards of Vaste	Name of Regist					
	··	1 1	20990		49	MINERVA L	ANDFILL				
, State				D	isposal Date	City, State					
EW CASTLE, DE					TBD	WAYNESBU	JRG, OH				
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Ilan DeCaro Es	timato	or			10.00	DeCaro	/ · Date	E-1.	0/	~	
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* Do not use this form for ashestos licensure exempted activities

Date of Notification (1) Name of Building Owner/Operator (2) 17 / 17 Verizon Communications Agencies Notified Type Notification Street Address Ø EPA M Initial 95 William Street Ø DOLWD City, State, Zip Code ☑ DOH Amendment #2-5/3/17 Newark, NJ, 07102 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Market Central Office School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 95 William Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark 425.442 + - 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Verizon Communication Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8346 Enterprise Avenue 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, Pa. 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 2153655810 215-788-6040 00509 Start Date (10) Scheduled_Completion Date (11) Name of OSHA Monitor HOL-D OR 04 / 06 / 17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVR STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____Afvi-_ PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Used Solely by Encapsulate Enclosure 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 Boiler Room Water Pumps П M Pipe Fitting Insulation 40 LF X П Boiler Room Condensate Tank П X Pipe Insulation & Fitting 45 LF X Boiler Room Tank Area П П X Pipe Fitting Insulation 4 LF X Boiler Room Adjacent Boiler X Pipe Fitting Insulation 5 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 49 City, State Disposal Date City, State NEW CASTLE, DE TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Dillan DeCaro Estimator

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USA Environmental Man	oy build	ing O	wner (8) AS	SCM No.	Name of Abateme	ent Contractor	r (9)			-	-	
Street Address	ageme	nt Inc				BRISTOL EN	VIRONMEN	TAL, INC					
						Street Address							_
8346 Enterprise Avenue						1123 BEAVER	STREET						
City, State, Zip Code						City, State, Zip Co							
Philadelphia, Pa, 19153						BRISTOL, PA							
Project Manager for Monitoring I	Firm			Telepho	one No.	Telephone No.	.5007	1.0					
Mark Jenkins					655810	215-788-6040			ise No.				
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* Do not use this form for asbestos licensure exempted activities

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Market Central Office								☐ School	(K-12)					
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USA Environmental Mana	gemer	nt Inc				BRISTOL	ENV	ROHMEN	TAL.	KC.				
Street Address						Street Address								_
8346 Enterprise Avenue						1123 BEA	VER	STREET						
City, State, Zip Code						City, State, Zi	Cod	е			-			-
Philadelphia, Pa, 19153						BRISTOL,	PAI	9007						
Project Manager for Monitoring Fir	rm		T	olonbo	one No.									
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NOTIFICATION OF ASBESTOS ABATEMENT FOR PROPERTY 3200

				(Pursuant I	to NJAC 8:60	and 5:	16)	MED	3		W	li
Date of Notification (1)					Name of	Building Owner/	Operator	(2)	Indi 19	5			
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Agencies Notified	Type Not	ificatio	7		Street Ad		2110110		(41	10	20 L	
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(NJAC 5:23-8)	☐ Emerg justific	ency (i	ncludi	ng	Name of C	K, NJ, 07102							
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Name of Facility Where Abo	otomont is	Table			FACILI	TY INFORMAT	HOK						-
Market Central Office	aternerit is	rakin	Plac	e (3)				Type of Facil	ty (4)				
Street Address								School (K.	12)				
95 William Street								Subchapte	r 8 (Other tha	an K-12	2)		
								Other (i.e., homes, etc	Drivate and	comme	rcial b	uildi	ng
City (5)								Square Feet	# of Floo		7.5		
Wewark								425,442	12	ors	В	ldg.,	
County (6)					County Cod	de (7)(STATE USE	ONIYI					< €	50
Essex								Current Use (F	rior if being o	emolis	hed)		
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USA Environmental Ma	nageme	nt Inc		1		RRIETO	natemen	Contractor (9)				
Street Address		S. Lawrence				Strantado	LEKAI	ROHMENTA	L, INC.				
8346 Enterprise Avenue	3					Street Addre							
City, State, Zip Code						1123 BE							
Philadelphia, Pa, 19153						City, State, 2							
Project Manager for Monitoring	Eirm					BRISTOL		3007					
Mark Jenkins	rum				one No.	Telephone N	lo.		License N	0			_
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04 /06 /17	75 A				/ _17_	BRISTOL	EHVIR	ONMENTAL	IBIC				
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B-41

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) Name of Building Owner/Operator (2) 03 17 / 17 Verizon Communications Agencies Notified Type Notification Street Address DO EPA M Initial 95 William Street DOLWD 2096 ☐ Amended City, State, Zip Code DOH 2669 Amendment # Emergency (including Wewark, KJ, 07102 □ DCA (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Market Central Office ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 95 William Street homes, etc.) City (5) Square Feet 群 of Floors Newark Bldg. Age 425.442 12 County (6) + - 50 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Verizon Communication Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8346 Enterprise Avenue 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, Pa, 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 2153655810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 06 / 17 04 / 28 / 17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVE STREET Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Alvi- PM/5:00PM-1:30AM City, State, Zip Code BRISTOL, PA 19007 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf □ Renovation Mini-Enclosure ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Abatement Type Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Repair Asbestos Containing Material (ACM) Encapsulate Enclosure Maintenance/ TO BE ABATED Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No NIA h/8th/9th Floor Kallways П M VAT/Mastic 3200 SF M П \Box sement G Stairway Landing/Hall П X **VATIMizstic** 110 SF X isement G Chiller plant storeroom П X VAT/Mastic 270 SF M sement H Stairway Landing X **VAT/Mastic** 280 SF X ne of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill ERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 49 . State Disposal Date City, State EW CASTLE, DE TBD WAYNESBURG, OH pleted By (Print or Type) Title llan DeCaro Dillen De Could Estimator 3/19/19

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Date of Notification (1)	-				Name	of Ri	uilding Owner/	0===4-	(2)		10				
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Name of Facility Where Abai	lement is	Takin	g Place	e (3)					Type of F	acility (6)				
Market Central Office									☐ School						
Street Address						-			Subcha	apter 8	(Other the	n K-1:	2)		
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City (5)									homes Square Fe	, etc.)					
Newark									425,442		# of Floo	rs		Bldg.	
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Essex					ocumy c	2006	(I)(SIATE USE	UIVL T)	Current Use	e (Prior	if being d	emolis	hed)		
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USA Environmental Man				" "	CON NO.		Name of Al						100-00		
Street Address									TRONMEN	TAL, I	NC.				
8346 Enterprise Avenue							Street Addr								
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Project Manager for Monitoring F	-						BRISTOL		9007						
Mark Jenkins	-ırm				one No.		Telephone N	0.		L	icense No				
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DOH Emergency justification)	(including	Nan	ne of Conta	ct	CLA	1000	Tolonha **				
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		F	ACILITY IN	JEORMA.	TION	7					
Name of Facility Where Abatement is Takir	ng Place (3))	ACILITI	IFORWA	TION	Type of Facilit	v (4)				
MIKE MASON	,					I	Tr-85 E0				
Street Address						School (F		0)			
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Occupancy Status During Abatement (Chec	k Only One	2)			Street	Address					
Facility Closed/Vacated During Entire F											
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STATE OF NEW JERSEY NOTIFICATION OF ASSESTOS ABATEMENT

Date of Notification (1) Date of Notification (1) Name of Building Owner / Operator (2 5 17 AT&T Corporation Street Address Agencies Notified Type of Notification 200 Laurel Ave - Room 1A-117 П **EPA** [7] Initial City, State, Zip Code Amended Bedminster NJ 1 DOH Amendment # Name of Contact Telephone Number 1 DOL Emergency w/ justification Mark Morrison Cancellation **FACILITY INFORMATION** ASBESTOS CONTROL Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) AT&T Manahawkin School (K-12) Street Address Subchapter 8 (Other than K-12) 735 Beach Ave 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet Manahawkin # Of Floors **Building Age** Ocean 10,000 +/- 50 Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) ATC Group NorthStar Contracting Group, Inc. Street Address Street Address 3 Terri Lane Suite 4 City, State, Zip Code 32 Williams Parkway Burlington, NJ 08016 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number John Lutz 609-479-8512 East Hanover NJ. 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 6 17 6 30 17 973-772-3660 Occupancy Status During Abatement (Check Only 1) 00860 Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NorthStar Contracting Group, Inc. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: __ 7:00 AM - 3:30 PM M-F 32 Williams Parkway Other - Describe: City, State, Zip Code East Hanover, NJ. 07936 Scope of Work (Check All That Apply) П Demolition 1 Renovation Full Containment with Negative Pressure ≥3sf or >3lf Mini - Enclosure 1 ≥160 sf or ≥260 If Glovebag Procedure 4 Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Asbestos Containing Abatement Type Location Asbestos - Containing R Material (ACM) Normally Material (ACM) Amount E R TO BE ABATED N Used (I.e., thermal systems in Facility (Specify M E C С Solely insulation, surfacing, VAT, SF or LF) 0 (13)P A L by Mainor other miscellaneous) V P A 0 tenance/ A 1 S Custodial S L R U U Staff (12) R YES NO N/A Main Building 1st Floor Floor Tile & Mastic 9,388 SF Main Building 1st Floor V Floor Tile Only 3,034 SF Garage 1 Transite Shingles 1,120 SF V Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill Service Transport Group Hauler ID No. Yards Minerva Landfill 58 Pyles Lane SW2117 of Waste City, State Disposal City. State New Castle, DE. Date 8955 Minerva Poad Waynesburg, OH. 44688 Completed by (Print or Type) Title Signature Richard Semega Date Project Manager ASB-41

05/10/17

CL26520

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

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Date of Notification (1)	40 /	47				of Building k of Ame	Owner/Operator (2)		AY 1	1 0	017	
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Agencies Notified	Type Notificat	tion				Address							***
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☑ DOLWD	Arnendme	nt #1				tate, Zip C			Advisor	LICEN	ISIN	G	
DCA	☐ Emergence	_	uding		-		Y 10017						
(NJAC 5:23-8)	justificatio	n)			Name	of Contact			Telephone Num	ber			
	☐ Cancellation	on			Dine	Nappi							
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Ta	aking F	Place	3)				Type of Facility (4)				
Bank of America								School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			ildina	9	
73 Main Street								homes, etc.)	vate and comme	iciai bu	liuling	3,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	\neg
New Egypt								10,000	1	;	30		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demoli	ished)			
Ocean													
Name of Monitoring Firm	Hired by Build	ing Ow	vner (8) [ASCM I	No.	Name of Abateme	ent Contractor (9)					
New York Environn	mental, Inc.						JVN Restorat	tion Inc					
Street Address							Street Address						
88 Harbor Road							47 Foster Ro	ad					
City, State, Zip Code							City, State, Zip Co	ode					
Port Washington, N	NY 11050						Staten Island	NY 10309					
Project Manager for Mon				Tele	phone I	No.	Telephone No.		License No.				
Michael Baudo				5	6-944	9500	718-605-6256	•	00774				
Start Date (10)	S	chedu	led Co	mple	tion Dat	e (11)	Name of OSHA N	Ionitor					
05 /13 /	17	06	1	30	/	17	Testor Tech						
Occupancy Status During		check (only o	ne)			Street Address						
☐ Facility Closed/Vacate					ment		10 59 Jackso	n Avenue					
Abatement Performed	d Outside of No	rmal F	acility	Hou	s - Des		City, State, Zip Co						
Time of Abatement: §				M- <u>1:</u>	00pm 1	0 9:00	LIC, NY 1110						
Scope of Work (Check a		AM	-				2.0,			-			\dashv
ocope of work (officer a	ii triat apply)	02						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 of or >260 lf			Rer				☐ Mini-End						
≥160 sf or ≥260 lf		L	_] Der	HOIILI)II:			g Procedure mpted (*) and Nor	n-Friable Proced	ure			
			ls	Loca	ion			T		Ab	atem	ent Ty	уре
Location				orma			Description of			R	Z	ш	ш
Asbestos-Containing)			ely by ince/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	nca	nclo
TO BE AB			Cust		Staff?	(1.0	surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
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*1			Yes	No	N/A						-		
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Name of Registered Wa	ste Hauler			604 8	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Newark Carting				1	lauler II NJ-56		Waste 15	IESI					
City, State							Disposal Date	City, State			×		
Newark, NJ							05/20/17	Bethelhem	, PA				
Completed By (Print or 1	Гуре)	Title					Signaturé //	1 1111	- Company	ate			
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		55/15	-,,	145/17/15/15			1//	1		- Carrella	30.64//		- 1

Date of Notification (1)				-	Name	of Buildin	g Owner/Opera	ator (2)	-15) E-G		-	W	6
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Agencies Notified														į.
⊠ EPA	Type Notific ☑ Initial	allon				Address Box 951	20			II MA	Y 1	1	2017	
□ DOLWD	☐ Amende	d				State, Zip (
☑ DOH	Amendm					mden, N.				ASBES	TOS	COL	ITR	OL &
DCA	☑ Emergen		cluding	3		of Contac					ICE	VISIN	IG.	
(NJAC 5:23-8)	justificati	200			100000000000000000000000000000000000000	nes Rizz	· C			Telephone Numb	ber			
		tion									_			
Name of Facility When A				(0)	FA	CILITY IN	IFORMATIO	N						
Name of Facility Where Al 1530 GREENWOOD				(3)					Type of Facility School (K-1)	2)				
Street Address 1530 GREENWOOD	AVE STR	UCTL	JRE						☐ Subchapter ☐ Other (i.e., p homes, etc.	8 (Other than K-12) private and commerce	cial bu	uilding	js,	
City (5)									Square Feet	# of Floors	ВІ	dg. A	ge	
Camden									varies	varies		50+		
County (6)		-			Cour	nty Code (7)(STATE USE ON	ILY)	Current Use (P	rior if being demolish	ned)			
CAMDEN										DEEMED UNSAF				
Name of Monitoring Firm I	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Aba	teme	ent Contractor (9)				
1000		1970		201					nvironmental					
Street Address			-	-			Street Addres			,				-
							1121 N. B	Bethl	lehem Pike - S	Suite 60				
City, State, Zip Code				-			City, State, Zi	ip Co	ode			-		
5. Section () and Acceptance of the property of the period of the perio							1		e, PA 19477					
Project Manager for Monit	oring Firm	100		Те	lephone	No.	Telephone No			License No.	-	-	-	
							215 542 7	000		00847				
Start Date (10)		Sched	uled Co	ompl	etion Da	te (11)	Name of OSH	HA M	lonitor					
5 / _10 /	17	6	5_/	_ 3	0_ /	17	CES							
Occupancy Status During	Abatement (Check	only o	ne)			Street Addres	SS						
☐ Facility Closed/Vacated	d During Enti	re Per	iod of A	Abat	ement		1121 N B	ethle	ehem Pike -Su	ite 60				
☐ Abatement Performed						cribe	City, State, Zi	ір Со	ode					-
Time of Abatement: 7:	00AM- <u>5:00</u> F	PM/	PN	1	AM			100	e, PA 19477					
Scope of Work (Check all	that apply)								ainment with Ne	gativa Proceura				
≥3 sf or ≥3 lf			☐ Rei				☐ Mini-	-Encl	osure	gative Fressure				
≥160 sf or ≥260 lf			⊠ Dei	molit	ion		☐ Glov	ebag	Procedure	on-Friable Procedure	_			
			le	Loca	ation		△ Non-	-EXEI	inpled () and NC	n-Friable Procedure	T			
Location of	of			lorm			Descripti	on of	f		-	-	ent T	1
Asbestos-Containing N		1)			lely by		stos Containing	g Mat	terial (ACM)	Amount	Rem	Repair	Enc	Enc
TO BE ABAT IN Facility					ance/ I Staff?	(i.e	., thermal syste surfacing, \			(Specify SF or LF)	Remova	=	aps	Enclosure
(13)	r.			(12)		other miscell			SF OLLF)	=		Encapsulate	Ге
			Yes	No	N/A				50 NOV 50 H				Ü	
See Attached Notice of	of Hazard				\boxtimes	See Att	ached Notice	e of	Hazard	200 YD per res				
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											H			
Name of Registered Waste	a Hauler		Ц	Ц	NIDER	Masts	Cubia Vand		Name of Deci	Assault as 1811			Ш	Ш
Waste Management				- 1	NJDEP \ Hauler II		Cubic Yards of Waste	Ι	Name of Regis	stered Landfill				
	OI IVJ				17273		200/reside							
City, State							Disposal Date	9	City, State					
Fairless Hills, PA							6/30/17		Tullytown	PA				
Completed By (Print or Typ	oe)	Title		-03			Signature		1.	Dat	e į	1		
Patricia Visco		Of	ffice N	/lana	ager		Pat	in	cen Vie	cer S	1/1	0/	i 7	
ASR-41											. 8	4	-	

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

MAY 1 1 2017

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

	I. NOTIFICATI	ON INFORMAT	ON			
☐ Initial ☐ Amended ☐ Car	5 / 2017 ncellation	ergency (must ir	clude justification)		
	II. BUILDING	G INFORMATIO	N			
Name of Building Owner/Operator:		Herbe	ert Goldfarb			
Street Address: 35 Delwick Lane	City: Sh	ort Hills	State: _	NJ	Zip: _	07078
Name of Contact: Dave Garry - Pau	ıl Davis Restoratio	n	eleptione No.:			
	III. FACILIT	Y INFORMATIO	N		1 2/13	
Name of Facility Where Work Activity is	to Take Place:		Goldfarb Resid	dence		
Describe Facility Use:		Residen	ce			
Street Address:	City: Sh	ort Hills	State:	NJ	Zip: _	07078
County Name: Essex		County Code (S	State Use Only):			
Scheduled Start Date: 5 / 1			mpletion Date:	5 /	16	/ 2017
CONTRACTOR OF THE SECOND SECURITY OF THE SECOND SEC						
☐ Activity Performed Outside Normal F	acility Hours—Describe					
Other—Describe:	acility Hours—Describe					
☐ Activity Performed Outside Normal F ☐ Other—Describe: Scope of Work (check all that apply):	acility Hours—Describ					
☐ Activity Performed Outside Normal F ☐ Other—Describe: Scope of Work (check all that apply): ☐ Floor Tile ☐ Squ	acility Hours—Describe			Asbesto	s:	%
 ☐ Activity Performed Outside Normal F ☐ Other—Describe:	acility Hours—Describe	130 SF 130 SF	Percentage Percentage	Asbesto	s:	%
 ☐ Activity Performed Outside Normal F ☐ Other—Describe:	acility Hours—Describe	130 SF 130 SF TOR INFORMA	Percentage Percentage	Asbesto	s:	% %
☐ Activity Performed Outside Normal F ☐ Other—Describe: Scope of Work (check all that apply): ☐ Floor Tile ☐ Squ ☐ Mastic ☐ Squ ☐ Company Name: ☐ Shade	acility Hours—Describe pare Footage: IV. CONTRAC E Environmental, LI	130 SF 130 SF TOR INFORMA	Percentage Percentage TION Telephone N	Asbesto	s: s:	% % 5-0099
□ Activity Performed Outside Normal F □ Other—Describe: Scope of Work (check all that apply): □ Floor Tile □ Mastic Company Name: Street Address: □ Activity Performed Outside Normal F □ Activity Performed Outside Normal	acility Hours—Describe pare Footage: IV. CONTRAC Environmental, LI	130 SF 130 SF TOR INFORMA	Percentage Percentage TION Telephone N	Asbesto	s: s:	% % 5-0099
□ Activity Performed Outside Normal F □ Other—Describe: Scope of Work (check all that apply): □ Floor Tile □ Squ □ Mastic Company Name: Street Address: 623 Cutler Avenue New Jersey Asbestos License Number	acility Hours—Describe tare Footage: IV. CONTRAC E Environmental, LL City: Mi	130 SF 130 SF TOR INFORMA _C aple Shade 00842	Percentage Percentage TION Telephone N	Asbesto Asbesto O.:NJ	s: s:	% % 5-0099 08052
☐ Activity Performed Outside Normal F ☐ Other—Describe: Scope of Work (check all that apply): ☐ Floor Tile ☐ Mastic ☐ Squ Company Name: ☐ Shade	acility Hours—Describe lare Footage: IV. CONTRAC Environmental, LI City: Ma (if applicable): t. & Enviro. Consul	130 SF 130 SF TOR INFORMA _C aple Shade 00842	Percentage Percentage TION Telephone N State:	Asbesto Asbesto O.:NJ	s:s:	% % 5-0099 08052
Activity Performed Outside Normal F Other—Describe: Scope of Work (check all that apply): Floor Tile Mastic Squ Company Name: Street Address: 623 Cutler Avenue New Jersey Asbestos License Number Monitoring Firm (if applicable): Mgm Completed By	acility Hours—Describe lare Footage: IV. CONTRAC E Environmental, LI City: Ma (if applicable): t. & Enviro. Consul	130 SF 130 SF TOR INFORMA C aple Shade 00842 ting Services	Percentage Percentage TION Telephone N State: Telephone N	Asbesto Asbesto O.: NJ O.:	s: s: 856-75: Zip: _	% % 5-0099 08052 8-4070

Date of Notification (1)			Name of Building Owner/Operator (2) Monmouth University ch#4702											
05/05/201				6		niver	sity		cn##/	12	20	17_	باب	
	Type Notification			Carrier and Carrier	edar A									
© DEP © [≍] DOL	Amended Amendment	t #		City, Sta West 1	te, Zip Co Long B	^{ide} ranch	ı, NJ		ASBEST	JS U DENI			. Či	
®[⊠] DOH	© Emergency justification) © Cancellati	(including		90.277 - 2555 - 5 - 5	f Contact				Telephone Nui	nber				
and the same of th				FACI	LITY INFO	ORMAT	ION					-		
Name of Facility Where At Bluff's Building # 2	patement is Takir	ng Place (3	3)					Type of Facility	7/25					
Street Address 590 Ocean Ave									K-12) chapter 8 (Other tha private & commerci			home	es,	
City (5) Long Branch								Square Feet 60000	# of Floors 50		3ldg. A 4 yrs	\ge		
County (6) Monmouth					Code (7) USE ONLY)		Current Use (P campus aparti	rior if being demolishments	ned)				
Name of Monitoring Firm H Ahera Consultants,	lired by Building Inc	Owner (8)		ASCN 0057	ЛNo.		Name Lilicl	of Abatement C n Corporat	ontractor (9)					
Street Address POB 385							Street 606 N	Address AcBride Av	e				AL Y	
City, State, Zip Code Oceanville, NJ 0823	1						City, S Wood	tate, Zip Code dland Park	NJ 07424				-	
Project Manager for Monito Domenic D'Errico	oring Firm			Telepho 609-652			Teleph 973-22	none No. 25-8400	License N 01104	lo.			**	
Start Date (10) 05-22-2017	· · · · · · · · · · · · · · · · · · ·	Schedul 06-13-	ed Co 2017	mpletion	Date (11)		Name Iris F	tal Laborator	ies,	LLC	1			
Occupancy Status During	Abatement (Chec	L ck Only Or	ne)				Street	Vost						
Facility Closed/Vaca Abatement Perform Other – Describe: 7	ated During Entire ed Outside of No -3.30 unoccupi	e Period o rmal Facil ed	f Abat ity Ho	ement urs			City, S	Route 22 V					-	
Scope of Work (Check All	That Apply)					DE-110-100-10								
⑤ ≥3 sf or ≥3 lf ⑥ [⊠] ≥160 sf or ≥260	If		(S)	Renovat Demolitio			(X (G) (G)	Mini-Enclo	inment with Negative sure Procedure apted (*) and Non-Fri			ure		
A CONTRACTOR OF THE PROPERTY O		Is	s Loca	ition					1		Abat	emen	t	
Location of Asbestos-Containing N TO BE ABAT In Facility (13)	faterial (ACM)	Ma	Solely ainten	ance/ Staff?		tos Con therma surfa		Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure	
A . 12VE - D .	D 1	Yes	No	N/A					106.65			æ		
Apt.12/(Entr.Bathroom,	Bedroom)		Х		joint co			etrock	106 SF	X				
Apt.12A-Landing			X		built up		_		14 SF	Х				
Apt.13A (lentr.,bathroon	X		joint co				77 SF	X						
Apt.13B-(bathroom)	X				ound w.sheetrock 50 SF Xcont					A 100 000 000 000 000 000 000 000 000 00	The state of the s			
Name of Registered Waste Asbestos Transporta		NJDEP W Hauler ID SW-2431	No.	of Wa	Yards ste	Miner Miner	of Registered Landfill va Enterprises		nex	t pa	ige			
City, State Shirley, NY	Disposal Date City, State Waynesburg, O				esburg, OH				-					
Completed by Adriana Olejarova	dent Sighature Date 05/05/2017)17							

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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma d Sole intena todial ((12)	ely by nce/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
continueaBuilding#2	Yes No N/A		6 4			6			
Apt. 14A(entr.,bathroom,bedroom)		\boxtimes		joint compound w.sheetrock	25 SF				
Apt.14B-(bathroom)				joint compound w.sheetrock	50 SF				
Apt.16A-entr,btrm,bdrm,LR,kitchen				joint compound w.sheetrock	86 SF				
Apt.16 A-Landing		\boxtimes		built up flooring	14 SF				



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Date of Notification (1)	2017		N	Name of B	uilding Ow uth Un	ner/Oper iversit	rator (2) y	and the second second	ch#4701	1 2	017				
05/05/ Agencies Notified	Type Notification		4	Street Add	ress lar Ave			a company on a dispersion	ASBESTOS	CON	ITRO	L &			
© [X] EPA © DEP	I nitialAmendedAmendment #		Z	City, State Vest Lo	, Zip Code ong Bra	nch, N	٧J		LICE	NOIN	u				
© [X] DOH	Emergency (in justification) Cancellation	ncluding	-	Name of C	Contact				Telephone Numb	per					
⑥[X] DCA	Caricellation		_	FACILI	ITY INFOR	RMATION	1								
Bluff's Building	e Abatement is Taking # 5	Place (3)		171012			Typ	TO Subch	12)	K-12)	1				
Street Address 590 Ocean Ave								Other (i.e. po etc.) uare Feet	# of Floors		igs, no				
City (5) Long Branch							600	000	50	84					
County (6) Monmouth				County Co	ode (7) SE ONLY)		_ can	npus apartme		:a)					
Name of Monitoring F Ahera Consultan	irm Hired by Building C ts, Inc	wner (8)		ASCM 0057	No.	. L	Name of A Lilich C	batement Con Corporatio	tractor (9) n		MW				
Street Address POB 385							Street Add	^{dress} Bride Ave	ve .						
City, State, Zip Code Oceanville, NJ 0	18231				City, State, Zip Code Woodland Park, NJ 07424										
Project Manager for M Domenic D'Erric	Monitorina Firm			Telephon			Telephone	e No.	License No 01104).					
Start Date (10)		Scheduled	d Completion Date (11) Name of OSHA Monitor Iris Environmental Laboratories,												
05-22-2017							Street Ad								
	iring Abatement (Chec			CONTROL NO.		2	2333 R	oute 22 W	est						
Facility ClosedAbatement Per Other – Descri	Nacated During Entire rformed Outside of Notice: 7-3.30 occupied	Period of A	Abate / Hou	ement irs		_	City, State, Zip Code Union, NJ 07083								
Scope of Work (Chec	ck All That Apply)														
≥3 sf or ≥3 lf © ≥160 sf or	≥260 lf	-	<u>S</u>	Renovat Demolition			(X) (6) (6) (6)	Mini-Enclos							
								(ton Exem		T	Abate				
Asbestos-Contai	ation of ning Material (ACM) ABATED	Norr S Mai	nally olely inten	Location nally Used olely by Asbestos Containing Material (ACM) ntenance/ (i.e. thermal systems insulation, Amount (Specify							Ty				
In f	Facility (13)	Cust	odial (12	Staff?		surfac	ing, VAT, iscellaned	or	SF or LF)	Removal	Repair	Encapsulate			
		Yes	No x	N/A	ligint cou	nnound	w.sheeti	rock	60 SF	x					
Apt. 36 A-Bathroo	Apt. 36 A-Bathroom					проина	w.snecti		00 01						
			X												
			X								<u></u>				
Name of Registered Asbestos Trans	NJDEP Waste Cubic Yards Name of Registered Landfill Minerva Enterprises SW-24310						II.								
City, State Shirley, NY				Dispos	sal Date	City, St Wayn	^{ate} esburg, OH								
Completed by Adriana Olejarova		Title presid	ent			Si	ignature	10		ate 5/05/2	017				
,							1					A P 11 - 1 - 1			

Name of Building Owner/Operator (2) Monmouth University Date of Notification (1) ch#4700 Type Notification Street Address Agencies Notified 400 Cedar Ave ASBESTOS CONTROL & @[X] EPA Initial City, State, Zip Code West Long Branch, NJ DEP Amended ® [X] DOL Amendment # © Emergency (including Name of Contact Telephone Number justification) © [X] DOH Tim Orr 6 [X] Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bluff's Building # 1 School (K-12) Subchapter 8 (Other than K-12) Street Address (XI) 590 Ocean Ave 6 Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Long Branch 60000 50 84 yrs County Code (7) County (6) Current Use (Prior if being demolished) Monmouth (STATE USE ONLY) campus apartments Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Ahera Consultants, Inc Lilich Corporation 0057 Street Address POB 385 Street Address 606 McBride Ave City, State, Zip Code Oceanville, NJ 08231 City, State, Zip Code Woodland Park, NJ 07424 Project Manager for Monitoring Firm Domenic D'Errico Telephone No. Telephone No. License No. 609-652-1833 973-225-8400 01104 Start Date (10) 05-22-2017 Scheduled Completion Date (11) 06-13-2017 Name of OSHA Monitor Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 7-3.30 occupied City, State, Zip Code Union, NJ 07083 [X] Scope of Work (Check All That Apply) ≥3 sf or ≥3 If \times Renovation Full Containment with Negative Pressure X ⑤ [※] ≥160 sf or ≥260 lf (6) Demolition (6) Mini-Enclosure (6) Glovebag Procedure 6 Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Used Location of Description of Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No Yes N/A Apt. I A(Entr, Kitchen, LivR, Btrm, Bdr) joint compound w.sheetrock 188 SF X X Apt.1B (bathroom&bedroom) X joint compound w.sheetrock 70 SF X Apt. I A (living room&bedroom) X floor tile&mastic 344 SF X Apt. I A-Landing built up flooring 14 SF X Continued On neh Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill page Asbestos Transportation, Inc. Hauler ID No. Minerva Enterprises of Waste SW-24310 City, State Disposal Date City, State Shirley, NY Waynesburg, OH Completed by Title Signature Date Adriana Olejarova president 05/05/2017

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sole aintena todial : (12)	ely by	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Date of Notification (1) 5 /				1		lding Owner/Opera						
	17 /	16			Sears Ho	Idings Corporat	ion		MAY	1	1 2	2017
	ype Notific	ation		S	treet Addre	SS						
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	Amendm Emergen	ent #1-	5/19/	16		Estates, Illinois	60170			-/ I I V C	1114	<u></u>
(NJAC 5:23-8)	justificati	cy (inci	Jaing	N	ame of Con	tact	00179			745040		
	Cancellat					kat - Watterson		Telephone I	Numbe	r		
						INFORMATION						
Name of Facility Where Aba	tement is T	aking F	lace (3)	AOILITI	INFORMATION	Type of Faci	Ct. / 41				
Kmart Unit 3060							Type of Faci	35 35 55				
Street Address							Subchapt	er 8 (Other than k	(_12)			
222 Bridgeton Pike							○ Other (i.e.)	., private and com	mercia	al build	linas	5
City (5)							nomes, e	tc.)			3-	
Mantua, NJ							Square Feet	# of Floors		Bldg	Age	е
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Gloucester				10	ounty Code	(7)(STATE USE ONLY		Prior if being dem	nolishe	d)		
Name of Monitoring Firm Hire	d by Buildi	na Owr	05/01	1000			Commerc					
Health and Safety Serv	icae	ng Own	er (8)	ASC	M No.		nent Contractor				_	
Street Address	1003					BRISTOL E	NVIRONMENT	AL, INC.				
318 12th Street						Street Address						
City, State, Zip Code						1123 BEAVE	R STREET					
Hammonton NJ 08037						City, State, Zip (Code				-	_
Project Manager for Monitoring						BRISTOL, P	A 19007					
Jim Proctor	g Firm		T	elephor		Telephone No.		License No.				
Start Date (10)					704-8850	215-788-604	0	00509				
ON HOLD	Sci				Date (11)	Name of OSHA						
Occupancy Status During Abar	ement (Ch	eck onl	(000)				VIRONMENTA	AL, INC.				
Facility Closed/Vacated Du	rina Entire	Period (of Aha	tement		Street Address						
Abatement Performed Outs	ide of Norn	nal Faci	lity Ho	ure D	ecribo	1123 BEAVE						
Time of Abatement:	AM	PM/10	00PA	1-7:00A	M	City, State, Zip C						
Scope of Work (Check all that a	(vlage					BRISTOL, PA	19007					
	·PP137					□ Full Cont	olomes to the st					
≥3 sf or ≥3 If □ ≥160 sf or ≥260 If			enova emoli			☐ Glovebac	Procedure					
			s Loca			Z NON-Exe	Tipled () and No	n-Friable Proced				
Location of			Norm			Description of			Al	patem	ent T	Гуре
Asbestos-Containing Materia TO BE ABATED	al (ACM)	M	ea So ainten	lely by ance/	Asbes	tos Containing Mat	erial (ACM)	Amount	Re	Re	En	m
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lame of Registered Waste Haule SERVICE TRANSPORT GR		C.	H	auler ID	No.	Vaste						
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SERVICE TRANSPORT GR		C.	H	auler ID	No.		MINERVA L	ANDFILL				
SERVICE TRANSPORT GF ity, State NEW CASTLE, DE 19720	ROUP, IN		H	auler ID	No.	Vaste Disposal Date	MINERVA L	ANDFILL				
City, State	ROUP, IN		H	auler ID	No.	Vaste	MINERVA L	ANDFILL	te /			

Date of Notification (1)				Na	ame of Build	ding Owner/Operator	(2)							
	17 /	16	2		Sears Hol	dings Corporatio	n	li i MA	Y 1	1 1	2017	7		
Agencies Notified	Type Notifica	ation	<u> </u>	St	reet Addres	S		1 1						
□ EPA					3333 Beve	erly Road A2-240	A	10000	0.5.0		ero-mailero			
Ø DOLWD				Cit	ty, State, Zip		•	ASSES	(G-1)	JC N	TRU)L 8		
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(NJAC 5:23-8)	Emergend justification		aing	-	me of Conta			Telephone N	lumba					
	Cancellati			[David Duk	at - Watterson		relephone N	umbe					
				F	ACILITY	INFORMATION						95		
Name of Facility Where A	Abatement is Ta	aking Pl	ace (3)				Type of Facility	(4)				-		
Kmart Unit 3060							School (K-1	2)						
Street Address							Subchapter	8 (Other than K	-12)					
222 Bridgeton Pike							homes, etc.	orivate and com	mercia	l build	lings,	,		
City (5)							Square Feet	# of Floors		Blda	. Age			
Mantua, NJ							93000	1		Diag	Aye	9.		
County (6)				Co	ounty Code	(7)(STATE USE ONLY)	Current Use (Pr		olished	47				
Gloucester						, ,,		Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm	Hired by Buildin	ng Owne	er (8)	ASC	M No.	Name of Abatem								
Health and Safety S		5	3-7			BRISTOL EN								
Street Address				1		Street Address	L, INC.			on the same				
318 12th Street							CTREET							
City, State, Zip Code					1123 BEAVER STREET City, State, Zip Code									
Hammonton NJ 080:	37					Harrist Committee Committe								
Project Manager for Monito			170	lanhaa	a 81a	BRISTOL, PA	19007							
Jim Proctor	oring runn			lephon		Telephone No.	License No.							
Start Date (10)	I Cal			V 10	04-8850	215-788-6040		00509						
010. HOL	p Sci	neaulea			ate (11)	Name of OSHA M	onitor /IRONMENTAL	INC			11-5			
Occupancy Status During A		ock only					TIXORINE I AL	-, INC.						
☐ Facility Closed/Vacated				mant		Street Address	OTDEET							
Abatement Performed C	outside of Norn	nal Facil	itv Hou	rs - De	scribe	1123 BEAVER								
Time of Abatement:	AM	PM/10:	00PM	7:00A	M	City, State, Zip Co BRISTOL, PA								
Scope of Work (Check all the	nat apply)		-			BRISTOL, PA	19007							
_						☐ Full Conta	inment with Nega	ative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Enclo	sure							
100 01 01 <u></u>			emont	UII		☐ Glovebag ☒ Non-Exem	Procedure ipted (*) and Non	-Friable Procedu	ire					
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ASB-41 MAY 11 PD/607/

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

State of New Jersey APPROVED: TON VOORHEES, NJ DOL NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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-8)	justifica	ition)			Name of	Cont	tact		24_100-00	T	elephon	e Nun	ahas		
] Cancell	ation			David	Duk	kat - Watters	son		1:	Cicpiloti	e ivuii	ibei		
					FACIL	ITY	INFORMAT	ION			-				
Where Abat	tement is	Taking	Place	(3)				.011	Type of Fa	ocility (4)					
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									VIRONMEN	TAL, IN	C.				
t							Street Addr								
de							1123 BE	AVER	STREET						
J 08037					City, State, Zip Code										
	-						BRISTOL	., PA	19007						
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/ 40					Date (11))	Name of OSI	HA Mo	nitor						
_ / _ 16				AND DESCRIPTION OF	/ _16	- 1	BRISTOL	ENVI	RONMENT	AL. INC					
During Abater							Street Addres								
acated Durin	g Entire	Period	of Aba	temen	t		1123 BEA	VER S	STREET						
rmed Outside	e of Norn	nal Fac	ility Ho	ours - [Describe	- 1	City, State, Zi								
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ck all that app	ply)						,		-						
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ste Hauler NJDEP V					Vaste	Cut	oic Yards of	I K!-	mo of D						
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			(F	ursuan	t to NJAC	8:60 and	12:120))	.118					
Date of Notification (1)	May 8.	901	7	Name	of Building	Owner/O		(2) MOD	to Ell	M	AY	1-1	20	17
Agencies Notified	Type Notification	90.		Street	Address	ПУ	ur j	1.101)	100	- 14	- 7	1	7	_
□ EPA .		F. 15	80	age state					AW	BES				ROL
DEP DOL	Amended Amendment	#		City, St	tate, Zip C				14-	~	LICE	TI	NG	
	☐ Emergency	(includin	g	Name	of Contact	-Ra	DIC	ord,	NJ	U		//(0	
DOH DCA	justification) □ Cancellation			R	lvan	ORMATIC	Àn-	tes	* Telepho	ne Nun	nber			
Name of Facility Where	Abatement is Takin				1	1	714	Type of Facility	/ (4)					
Street Address	family	Dw	c//i	25	(Vac	iant)		☐ School (K☐ Subchapt	er 8 (Other tha	ın K-12	2)			
								Other (i.e. etc.)	private & con	nmercia	al buil	dings	, hom	ies,
City (5) CRan	ford '	J	NO	3	0	771	6	Square Feet	# of Floo	rs	E	Bldg.	Age	+-
County (6)	20				Code (7) USE ONLY	n	- 1	Current Use (P	rior if being de	molish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8	5)	ASCI	M No.		Name o	of Abatement Co	A	1	9	9	•	
Street Address	2002	3 -		1	44		Street	Address	222	log	18:	3	Ir	16
City, State, Zip Code	JOR J.	A / E	A	10	62	2	City, St	ate, Zip Code	33 7	1 de	A	04	7 9	9
Project Manager for Mos	ithri gv=irm	N		Telepho	one No.	3	Telepho	one No.	Lice	nse No	0	8)5	5
Start Date (10)	chen ken	Schedu	led Con	pletion	758- Date (11)			758-33 of OSHA Monito		OC		34	4	
May 18	,2017	111	av	19	, 20	017	E	EPC Tec	hnolog	ies	I	nc	1	
Occupancy Status During			- (Street A	ddress O Box	337	E2.				
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm	al Facilit	y Hours	ient			City, Sta	ate, Zip Code						
Scope of Work (Check A	Il That Apply)						Įve	w Egypt	M	C	183	53	3	
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CK#3156		FICATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 and	ABATE			G MAY		20	17
Date of Notification (1) Agencies Notified Type Notification EPA Initial Amended Amendment #	9	Street A	Building Owner/GACKB Soddress Luck Strate, Zip Code	Ding:	ton A-	e	ESTO LICI	S CO	ONTI ING	POL &
DOL Amendment # Emergency (ir justification) DCA Cancellation		Name of	Catawa f Contact	J / I	4507	Telephone Ny	mber			
Name of Facility Where Abatement is Taking AALKO & M, CCC Street Address Cane	Place (3)	2 pro	perty			12) r 8 (Other than K-1 private & commerci	ial build			s,
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Name of Monitoring Firm Hired by Building On Street Address	wner (8)	ASCM	Л No.	A	of Abatement Co	cotion (o	.,I	<u>_</u> _ (
City, State, Zip Code				(0)		(NJU)	72.	3		
Project Manager for Monitoring Firm Start Date (10)	Scheduled Co	Telephor	54 50 50 50 50 50 50 50 50 50 50 50 50 50	732	one No. L2GY/75 of OSHA Monitor	A License N	10. OQ	9	<u> </u>	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe		ment		Street	Address					
Abatement Performed Outside of Normal Other – Describe:				City, S	tate, Zip Code					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demol				Mini-Enclosur Glovebag Pro		ole Proc	cedure	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Loca Norma Used Sol Maintena Custodial	ally lely by ance/ I Staff?	Asbestos Con (i.e. thermal		laterial (ACM) insulation,	Amount (Specify SF or LF)		Ту		
(13)	Yes No	N/A	other r	miscellan		0. 0. 2. 7	Removal	Repair	sulate	Enclosure
exterior		*	rost			40017	×			
exterior.		X	flashing			100 LF	X			
exterior (open to elements)		X	4100117			30010	X	,		
Name of Registered Waste Hauler)	NJDEP W Hauler ID		Yards	01	Registered Landfil	*	*		
City, State Per 4h Ambox, NJ		110	5/2	sal Date	City, Sta	ins ten, pA				
Bree MCG. 12	Title	eton	7	Signature	AM	Da	ste G	1	7	
ASB-41 (R-06-08)			v	* Do no	t use this form fo	r asbestos licensur	e exem	pted	activiti	es.

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☐ EPA ☐ Initial		0:1	21-1-	7:- 0		, , .				2.00	UTO	21 0	
DEP Amended Amendmen	nt #	City,	State	Zip Code	110	000	0 11	K 5	联约9	5 COI ŽNSIN	VIH JG	JL &	
Emergency	(including	Name	of C	Contact	VC	1111	11 1/V -	Tek	ephone Nu				
DOH justification				ckis				1					
		FA	CILI	ITY INFORM	ATION								
Name of Facility Where Abatement is Taki	ng Place (3)					7	Type of Facility	(4)					
							School (K		arthan K 1	2)			
Street Address	\cap	Δ							er than K-1 & commerc		dings,	home	es,
						_ '	etc.) Square Feet	1 # 0	Floors	Гр	lldg. A	ne.	
City (5) \ 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\						Square Feet		10015		9,-	gc 7	
County (6)	1	Coun	ty Co	ode (7)		-	Current Use (P	The second second	W -	hed)	ľ	/	
Mossis 5				SE ONLY) _		-	Mone	1_					
Name of Monitoring Firm Hired by Building	Owner (8)	AS	CM I	No.	18 63		of Abatement C Industries Ir		(9)				
-							Address	10.					
Street Address					4 7		Box 915						
City, State, Zip Code					1		ate, Zip Code	-					
Oity, Ciato, 2.p CCC							New Jersey	y 08723	i.				
Project Manager for Monitoring Firm		Telep	hone	e No.	- 1	710	one No.		License N	10.			
						(732)	899-7499		01196				
Start Date (10)	Scheduled	Completion	on Da	ate (11)	N	lame o	of OSHA Monito	or					
017111	101	11/17/				troot A	Address						
Occupancy Status During Abatement (Che					0	otteet P	Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of Ab mal Facility H	atement Hours				City, Sta	ate, Zip Code						
Other – Describe:													
Scope of Work (Check All That Apply)		-					/						
≥3 sf or ≥3 lf		novation				X	Full Contain		Negative	Pressu	re		
≥160 sf or ≥260 lf	De	molition				H	Mini-Enclosu Glovebag Pr	7.117-12-7					
							Non-Exempl	ted (*) and	d Non-Fria	ble Pro	1011/101200		
	0.0000000000000000000000000000000000000	ocation									Abate	ement pe	
Location of		ormally Solely by	all many			iption			mount		Π		
Asbestos-Containing Material (ACM) TO BE ABATED	Main	tenance/					aterial (ACM) insulation,		Specify	Re	R	Enca	En
In Facility		dial Staff? (12)	1.1		surfacin her mis			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	N	N- NV			HCI HIIS	cenan	3043)			'al	-	late	ire
2	Yes	No N/	V	10		1		30	, _	1	-		
ballough	_ ?	5 10	aspesto	3 91	211	Sulution	30	L+_	A	-			
											_		
				1,									
Name of Registered Waste Hauler		NJDEF			ubic Ya		Name o	of Registe	red Landfi	1			
Brick Industries Inc.		Hauler 21602		VO. 01	f Waste	2	GRO	WS Inc.					
City, State				D	isposal	Date	City, St	ate					
Brick, New Jersey				511	111	PA					-		
Completed by				Sign	nature	h. a	1	D	ate <	111	1-	,	
Eric Plackis	lent					UH			0	1/	1/		

												-	Pri	nt Form	
CK 60.93	NO	(Purs	TION uant t	te of New Jer OF ASBESTO o NJAC 8:60 a	OS ABATEI and 12:120))	- 2.			G MAY	E		W 2017		
Date of Notification (1) 5/8/17	tification (1)			Name of Building Owner/Operator (2) Westampton TWP											
Agencies Notified Type Notification X		7°	Street Address 710 Rancocas Rd. City, State, Zip Code Westampton NJ 08060					ASBESTOS CONTROL & LICENSING							
☐ Emergency (ir justification)	Emergency (including			Name of Contact Pat					Telephone Number						
BOA Cancellation				ITY INFORMA	ATION										
Name of Facility Where Abatement is Taking vacant House Street Address						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
21 Blue Jay Hill rd. City (5)						etc.) are Feet	# of Floors Bldg. Age								
Westampton NJ 08060						100	+00	1	1			5+			
County (6) Burlington			ode (7) SE ONLY)		Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Building On N/A	1	ASCM	No.		ne of Abatement Contractor (9) rnaco Inc.										
Street Address			Street Address PO Box 329												
City, State, Zip Code						City, State, Zip Code West Berlin NJ 08091									
Project Manager for Monitoring Firm	e No.	Telephone No. License No. 856-753-9800 00727													
Start Date (10) Scheduled Com 5/22/17 5/26/17				ate (11)	e of OSHA Monitor ne										
Occupancy Status During Abatement (Check Only One)						Street Address									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:						City, State, Zip Code									
Scope of Work (Check All That Apply)								-(14						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	1.0000000000000000000000000000000000000	Is Location Normally									Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	Solely b enance	y by Asbestos Containing (i.e. thermal syste			ng Material (ACM) tems insulation, , VAT, or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No I	N/A										le l		
Exterior Siding			X	Ex	cterior Sic	erior Siding		12	1200 SF x		x				
								- 10							
								- 2							
Name of Registered Waste Hauler United Roll Off	100000000000000000000000000000000000000	EP Wa ler ID N 59		bic Yards Vaste				Registered Landfill W.S.							
City, State				Disposal											
Completed by Title					Signature	Signature D					Date				
Anthony T Perna		100				5/8/17									

CHECK