Check#3054

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	里 产队及.	HE										e-Paint w		
Date of Notification (1)					Name	of Building	Owner/C	Operator (2	2) []	P E 1 7	M B	1	1	
05/	10 / _	18			Ting (Then			'In E	CEIV	U L		The same of the sa	
Agencies Notified	Type Notifica	ation				Address	-		1121-				-	-
☐ EPA										MAY 1 6 2	N19	$\mathbb{I}\mathbb{J}$	11	
□ DOLWD	Amended				City S	State, Zip C	nde		- 	MA: V Z	J10	Inscent		
□ DHSS □ DHS	Amendme	-				500.6506							-	
DCA (NJAC 5:23-8)	Emergend justification		luding	-		Hills, NJ of Contact			ASE	TETOP CON	TROL &		-	
(NUAC 0.23-0)	Cancellat						•		7,02	Telephone Nu	imber	manufacture (1)		
					Ting (Continued Styles (1997)					
V .= .=					FA	CILITY IN	FORMA	TION						
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)				
Private house									School (K-12		4.0%			
Street Address			10 61 .						Other (i.e., p	3 (Other than K-1		ildina	s	
									homes, etc.)		ici ciai ba	nun g	Ο,	
City (5)									Square Feet	# of Floors	Bl	dg. A	ge	
Short Hills, NJ 07078														
County (6)					Count	ty Code (7)	STATE U	SE ONLY)	Current Use (Pr	ior if being demo	olished)			
Essex										25				
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Name o	f Abateme	ent Contractor (9)					
							Gr Tecl							
Street Address							Street A							
							100000	lley Rd#	283					
City, State, Zip Code							-	ate, Zip Co						
							DEPOSITS	NJ 0747						
Project Manager for Moni	toring Firm			Tele	phone	No	Telepho		0	License No.				_
					p.1.01.0	.,,,,								
Start Date (10)	15	Sched	uled C	omplet	ion Da	te (11)	973-63	of OSHA N	Innitor	01127				
05 / 20 /					1									
								The second secon	nsultants,Inc					
Occupancy Status During X Facility Closed/Vacate			50	500			Street A							
Abatement Performed						crihe			Road, Bldg .#	35E				
Time of Abatement:	AM-	PN	// acinty	PM_	3 - DC3	AM	City, St	ate, Zip Co	ode					
							Fair La	wn, NJ 0						
Scope of Work (Check all	that apply)						H		and decontaming ainment with Ne		tive press	sure		
>3 sf or >3 lf > 160 sf or >260 lf			⊠ Re	novatio	on		Н	Mini-Enc	losure					
$\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$			☐ De	molitio	n		×	Gloveba	g Procedure	Tent with Negat	tive Press	sure		
						-		Non-Exe	mpted (*) and No	n-Friable Proce		1		
Location	of			Locat Normal			5				Ab	atem	ent T	ype
Asbestos-Containing I		1)	1 3	d Sole	•	Ashes		scription o	terial (ACM)	Amount	Re	Re	m	En
TO BE ABA			7,200	intena			., therma	systems	nsulation,	(Specify	Removal	Repair	cap	clos
IN Facili (13)	ty		Cus	todial ((12)	stan?			cing, VAT		SIF or LF)	oval	=	Encapsulate	Enclosure
(13)				T	T	1	otner	niscellane	ous)				te	
			Yes	No	N/A							-	_	-
Basement				Ш	\boxtimes	Pipe inst	ılation			145 LF	X			
Attic					\boxtimes	Pipe insu	ılation			10 LF			П	
				П						5-6-1711-200078				П
					-						_		ш	브
				Ш			No. of the least o							
Name of Registered Was	te Hauler			NJE	EP Waste	Hauler ID No.	Cubic Ya	irds of Wast	e Name of Regi	stered Landfill	2			
Gr Tech LLC				0	03378	35	TBI	D	T.R.R.F. Inc					
City, State							Disposa		City, State			-		
Wayne, NJ 07470							TBI	n	Tullytown, P	Δ				
Completed By (Print or T	vpe)	Title	;					gnature 1	Tunytown, P		Date			
	, r = /						130		4	,		200		
N.Jevtic ASB-41		Own	ier					Meu	Sec Wenad	/	05/10/18	8		
MAY 11		*	Do no	t use ti	his forn	for asbes	tos licens	ure exemp	ted activities.					

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

Check # 10362

PAID

Data of Marie III											
Date of Notification (1) 5-12	-18	3	Name <	of Building Owner		Partne	E (G E		W	
Agencies Notified Type Notification			Street	Address	.00	OI.	200	-			
□ EPA Initial □ Amended			City S	tate, Zip Code	Mai	à Stree		the)on	010	
DOL Amendment			. City, S	— .	ingt	~ •	WIN -	AL I	32	7	
DOH Emergency justification)	(including	3		of Contact	3	1071	Telephone	Number			
□ DCA □ Cancellation				an K	Tay	•	් අථිම්	240	CON OSIN	80	5
Name of Facility Where Abatement is Takin	g Plące (3)		ILITY INFORMAT	TION (Type of Facility	·		,		- Charge percer
Store Front	10	44	ice	5		☐ School (K	-12)				
Street Address	. <	7,				☐ Subchapte	er 8 (Other than I	(-12)	ildinas	hom	000
34 West M.	413	STC	Rec	7		etc.) Square Feet					cs,
Somenville	Λ	JI				oquale reel	# of Floors		Bldg.	Age うつァ	
County (6)	1	Ĭ		Code (7) USE ONLY)		Current Use (P	rior if being demo	lished)	1	70 6	
Name of Monitoring Firm Hired by Building	Owner (8)	5		M No. a	Name	of Abatement Co	optractor (0)				
EPC Technolo	sie	\$	-	N/A	E		chnole	eie	S	Ir	2.0
Street Address P.O. Box 3.	37					Address	mile dile emile	<u>J.</u>		-	
City, State, Zip Code	A/ T	~	10	522	City St	ate, Zip Code	1 A1'	7 1	0	52	2
Project Manage:: for Monit in Ig. Firm	VAC	-	Telepho	one No.	Telepho	one No.	License	No.	0	33	2
Steve Schenker		1	609	758-3365	609 7	58-33	5	0	39	4	
Start Date (10) 5 - 22 - 18	Schedule 5			Date (11)		of OSHA Monitor				-	
Occupancy Status During Abatement (Check	Only Or	ne)	18		Street A	ddress	hnologie	SI	nc		
Facility Closed/Vacated During Entire F	eriod of	Abatem	nent		P.	O. Box	337				
☐ Abatement Performed Outside of Norm ☐ Other – Describe:	al Facility	/ Hours	; 			ate, Zip Code	(17			_	
Scope of Work (Check All That Apply)					140	w Egypt	NJ	08	23	2	*
≥3 sf or ≥3 lf		Renova				Full Containm	nent with Negative	e Pressi	ıre		
'□ ≥160 sf or ≥260 lf		Demoliti	ion		₩	Mini-Enclosur Glovebag Pro Non-Exempte	re				
	Τ		-			Non-Exempte	ed (*) and Non-Fri	able Pro	180		
Location of	1	Location Normall	77.7	Do.						ement /pe	
Asbestos-Containing Material (ACM)		d Solel		Asbestos Conf	scription of taining Ma	iterial (ACM)	Amount			m	_
TO BE ABATED In Facility	Cust	todial S (12)	Staff?	(i.e. thermal surfa	systems of cing, VAT	insulation, , or	(Specify SF or LF)	Remova	Repair	псар	Enclosure
(13)	-		Т	other n	niscellane	ous)		oval	air	Encapsulate	sure
	Yes	No	.N/A	-						0	
15+ Floon		X		Pipe I	rsulo	ution	250 LF	X			
						We pad the control of		_			
Name of Registered Waste Hauler		l N.	JDEP W	aste Cubic	Yards	Name of	Registered Land	fill .			-
EPC Technologies		Ha	auler ID		ste 5	.	te Manage		£	c P	A
City, State			. / 0		al Date	City, Stat	te		. 0		•
Completed by	VJ Title	,		by	31/1 ignature	8 Morn	<u>usville</u>	PA			_
Steve Schenker		side	ent		Stee	P)Sch	ohn!	5-	12-	18	

nock

Date of Notification (1)				Nan	ne of Buildin	ng Owner/Operator	(2)	上层层层	11 /	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	=	
	11 / 1	88				es Postal Servic	20105 SEOR FULLY 1	1		- 1-		and the same of
Agencies Notified	Type Notification	n		Stre	et Address		1	II MAT I	e 20	18	111	\mathcal{H}
☑ EPA ☑ DOLWD	☐ Initial			70	00 Washir	igton Street	100 1		LU	10	1	71
☑ DOH	Amended Amendment	#		City,	State, Zip	Code		L	to the second		+	41.
□ DCA	☐ Emergency (-	C	ape May,	NJ 08204		ASBESTOS C	ONTE	ROL	2	1
(NJAC 5:23-8)	justification)	irioidali	19	Nam	e of Contac	ct	1 - 1 - MANUAR	Telephone Nur	ober		erani ar a	= =
	☐ Cancellation			Jo	hn Hausi	man		856-783-07				
				FA	ACILITY II	NFORMATION		300 100 01				
Name of Facility Where A		ng Plac	e (3)				Type of Facility	(4)	-			
Cape May Post Offi	ce						School (K-12	(5) (F)				
Street Address							☐ Subchapter	8 (Other than K-1.	2)			
700 Washington Str	eet						Other (i.e., p homes, etc.)	rivate and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	Te	ldg. A		
Cape May							2,500	2		80 80	ige	
County (6)				Cou	inty Code (7)(STATE USE ONLY)			ahad\	00		
Cape May					,(, No. 11 2 202 01121)	Post Office	ioi ii beilig dellioi	sileu)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	1 No.	Name of Abateme		2				
Management & Env							onmental, LLC					
Street Address			-			Street Address	ommerital, LLC					
PO Box 341						623 Cutler Av						
City, State, Zip Code							A 2010 M 1976					
Chesterfield, NJ 085	15					City, State, Zip Co						
Project Manager for Monit			Tal		Ma	Maple Shade	, NJ 08052					
Bill Weisgarber	oning i iiiii			ephone		Telephone No.		License No.				
Start Date (10)	Coho	4.1.4			3-4070	856-755-0099		00842				
05 / 24 /	10000				ate (11) 18	Name of OSHA M						
						EMSL Analyti	cal, Inc.					
Occupancy Status During						Street Address						
 ☐ Abatement Performed 	During Entire Pe	riod of	Abate	ment		200 Route 130						
Time of Abatement:	AM- P	i Facilit M/	y Hou PM	rs - De: -	SCribe AM	City, State, Zip Co						
Scope of Work (Check all						Cinnaminson	, NJ 08077					
	шаг арріу)					☐ Full Cent	ainment with Neg	ativo Processo				
≥3 sf or ≥3 lf		1.	novat	0.7000		⊠ Mini-Encl	osure	alive Pressure				
≥160 sf or ≥260 If		∐ De	moliti	on		☐ Glovebag	Procedure					
		I lo	Loca	lion	1	☐ Non-Exer	npted (*) and Nor	n-Friable Procedu				
Location of	f	10000	Norma			Description			Ab	atem	ent Ty	уре
Asbestos-Containing M		Use	d Sol	ely by	Asbes	Description of stos Containing Mat		Amount	Re	Re	四	En
TO BE ABAT			intena	ince/ Staff?	(i.e.	., thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Jus	(12)	Otan:		surfacing, VAT, other miscellaneo		SF or LF)	/al		Encapsulate	ure
· · · · · · · · · · · · · · · · · · ·		Yes	No	N/A		other miscenaries	ous)				ite	
Mechanical Rooms		\boxtimes			Pipe Ins	ulation & Fitting	s	210 LF				
						7.				П	П	П
Name of Registered Waste	Hauler		N	JDEP I	Naste	Cubic Yards of	Name of Registe	ered Landfill				ᆜ
Freehold Cartage			Н	auler II		Waste		anitary Landfil	ı			
City, State				15939	,	5 Disposal Date	City, State	j Barrani				
Freehold, NJ						06/01/2018	Woodbine,	NJ				
Completed By (Print or Typ	e) Title)		-		Signature		Da	te .			_
Christina Lynch	V	ice Pr	eside	nt of (Operation	10.6	1		M.	A el		
SR 41				nti cessor		s (mila		/ 9	3011	18		

noch

Federal No	otification of A	chactas	1 hatamant /1	· · · · · ·			C		IW	EG
Date of Notification	othication of A	Na	me of Buildir	ig Ow	ant to NJAC 8:60-7 and 1	2:120-7)		NA INTERNAÇION		
0 5 1	1 1	8 MA	ACY'S CORP	ORA"	TE SERVICES		MAY	15	2018	
	of Notification		eet Address			for had	erec is I		2010	1 15
X DEP	Initial Notification	7 V	WEST SEVE	NTH S	STREET		un jordan y	maria otrace as		
X DCA/DOL X	Amended	1 Cit	y, State, Zip	Code		ASB	ESTO	S CO	NTRO	2
X DOH	Cancellation	CII	NCINNATI, O	HIO	45202	Total September 1 - 100 and 10	1.11.7	ENSI	VG	- Cartain P
		Na	me of Contac	t		Telephone Num	ber			
		TIA	WENRICH			513-579-7000				
Name of Facility Miles		FAC	CILITY INFOR	RMAT		1010-010-1000				
Name of Facility Where Abat	ement is Taking	Place			Type of Facility					
MACY'S MONMOUTH MALL					() School (K-12) () Sub-Chapter 8 (Oth	er than K-12)				
Street Address				7	(X) Other (I.e. private	& Commercial				
180 ROUTE 35				CE	buildings, homes, et of Bldg.	c.)				
City	County	Count	y Code	751	20000	# Floor	3	Age	of Bldg 50+	J.
EATONTOWN	MONIMOUTU	State	use Only	Cu	rrent Use (prior if being de				50.	-
Name of Monitoring Firm Hire	MONMOUTH	wner	IASCM No	Na	me of Abatment Contracto					
	,ing -		/ CONTRO	. IIVa	me of Abaument Contracto					
Pennoni Associates Inc. Street Address					M CONSULTING CORP.					
Officer Address				Str	eet Address					
515 Grove Street Ste 1B				215	50 STANLEY TERRACE					
City, State, Zip Code					y, State, Zip Code					
Haddon Heights, NJ 08035				LIN	ION, NJ 07083					
Project Manager for Monitorin	g Firm	Telepho	ne No.		ephone Number	License Number				
TO BE DETERMINED	1	פר הכדו								
Scheduled Start Date	Scheduled Cor		ERMINED Date		ne of OSHA Monitor	0057	5			
_				1	THE OF COTTACT MODIFICAL					
5 2 2018 Month Day Year	6 Month Da	15 201 v Yea		_	SL ANALYTICAL					
Occupancy Status During Aba	tement (Check	Only One)	Stre	eet Address					
Facility Closed/Vacated	During Entire P	eriod of A	batement		WEST 38TH STREET					
X Abatement Outside NormX Describe: 9:00PM TO 6	nal Facility Hou :30AM	rs		City	, State, Zip Code					
Other - Describe:				NE	W YORK, NY 10118					
Scope of Work (Checl Only On	>				**					
Demolition	ie)		Abatement		nod Containment with Negative	o Drogouro				
>3sf or >3lf					i-Enclosure	e riessule				
X ≥ 160sf or ≥ 260lf Renovation			V		vebag Procedure					
ronovadon		Ils Loca	X ition Normally		-Friable Procedure Describtion of	Amount to be	IAbat	00000	Туре	
Location of ACM Facility		Used b	y Custodial S	taff	ACM to be	Removed	Abati	emem	Туре	
BASEMENT PADS B & E		Yes	NO NO	N/A	Removed	(Specify SF/LF)		Rep.	Enc.	Encl.
BASEMENT PADS B & E & K		+	-	+	FLOOR TILE TILE & MASTIC	2825 SF	X	-		
BASEMENT PAD K / J				+-	MASTIC	8325 SF 2480 SF	X	-		
		-		-						
				-			-			
Name of Registered Waste Ha	uler	NJD	EP Waste ID	No.	Cubic Yds waste	Name of Register	ed Lar	ndfill		
TRI-STATE TRANSFER ASSOCITED TRANSFER ASSOCITED TRANSFER ASSOCITED TO THE TRANSFER ASSOCIATION OF THE TRANSFER ASS	DC., INC.	Dia-	SW1896	0.000	TBD	MINERVA ENTER			IC	
BRONX, NY		TBD	osal Date		City, State of Registered WAYNESBURG, OHIO	Landfill				
Completed By (Print or Type)		Title			Signature	11 1		Date		
ANITA SMOLAR		GEN	ERAL MANA	GER	/leuta	Andle	1		5/11/20	118



Date of Notification (1)					Nan	ne of Buildin	ng Owner/Operator	(2)							
	02 /	_ 1	8		M	etro Indu	strial Wrecking	(2) & Environment	el r	"Anti-	04Ab	(Fig.	n n	/7 r	E (
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notif		n		Stre	et Address	hitman Rd. Suite				ctors,	inc.		<u> </u>	
☑ DHSS			#		-	, State, Zip			111		1141	16	20	1R	-
□ DCA	☐ Emerge			na -	Н	untington	Sttation , NY 11	746	14	hal f	1-14-14	(in		10	14.
(NJAC 5:23-8)	justifica	ation)		.5		ne of Contac			Te	elephon	e Num	ber			L
	☐ Cancell	lation			A	nthony La	rosa		and and	elephon 631-87	73-435	IS CI	TINC	ROL	&
					F	ACILITY IN	NFORMATION		1		- Lic	ALINO.	nva	7.00	
Name of Facility Where Ab	atement is	Takir	ng Plac	e (3)				Type of Facility	(4)						
Former Warehouse								School (K-1:	2)						
Street Address 614 Hampton Road,	NJ Buil	ding	#2					Subchapter Other (i.e., p	rivat	ther thate and c	in K-12 comme) rcial b	uildin	gs,	
City (5)						N		Square Feet		f of Floo	ors	B	ldg. A	ane	
Cherry Hill , NJ								130,000		2			195		
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if		demolis			_	
US; Camden CO.								Former War				**			
Name of Monitoring Firm H		ilding	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)							
Finog Environmental Street Address	Inc.						Graham-Tech	n Environment	al S	ervice	, LLC	ě			
617 Stokes Rd.							Street Address	10000000				12.000			
City, State, Zip Code							958 Jackson								
Medford , NJ 08055							City, State, Zip Co			2023					
Project Manager for Monito	ring Firm		-	Tal			Mays Landing	g, NJ 08330							
Rebbecca Rubnittz	ing rum				ephone		Telephone No.		L	icense	No.				2007
Start Date (10)		Scher	huled (3-1676 ate (11)	609-561-1901			01158	3				
05/12/	18	(06_ /	3			Name of OSHA M Graham-Tech	onitor Environmenta	al S	ervices	s, LLC) .			
Occupancy Status During A	batement ((Chec	k only	one)			Street Address		-						
☐ Facility Closed/Vacated☐ Abatement Performed O	During Ent	ire Pe	riod of	Abate	ment		958 Jackson								
Time of Abatement: 7AM	/-11:30PA	лоппа Л/	PM-	y Hou -	s - Des	scribe	City, State, Zip Co								
Scope of Work (Check all th							Mays Landing					200000			
□≥3 sf or ≥3 lf ⊠≥160 sf or ≥260 lf			□ Re	enovat emolitio	on		☐ Mini-Encli	ainment with Neg osure Procedure npted (*) and Nor							
• 0000000000000000000000000000000000000			10.00	Local				1		00101110	occurr	_	ateme	ont Ti	
Location of Asbestos-Containing Ma	terial (ACN	//\		Norma ed Sole		Aabaa	Description of					-	1		
TO BE ABATE	D	,		intena		(i.e.	tos Containing Mate, thermal systems in	erial (ACM)		Amour (Specif		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todial (12)	stair?		surfacing, VAT,	or	,	SF or L		oval	=	nsd	osur
North Building			Yes	No	N/A	Achasia	other miscellaneo							late	œ.
						Mactic	s 12x12 Floor til	e and Black		1540S	F				
North Building North Bulding	Ba	th R					s Pipe Fitting In			3Lf					
			Ц			Asbesto	s Interior Windo	w Glazing		216LF	:				
North Building						Asbesto	s Door Caulk			150Lf					
Name of Registered Waste I		520			JDEP V auler ID		Cubic Yards of	Name of Registe					200 100		\neg
Graham-Tech Environ	mental S	ervic	e, LL(C 17	00345	200000000000000000000000000000000000000	Waste	G.R.O.W. N	orth	Landi	fill & T	ullyi	own		
City, State							Disposal Date	City, State				- 25.			\neg
14 Read Drive Sickler		8081			<u>cheeses</u>			1513 Brode	ntov	wn Rd.	Morri	svill	e,PA		
Completed By (Print or Type)	Title					Signature	LA			Date	,		7	$\overline{}$
Vernice Graham		Pr	eside	nt			NAROV	10 M	1	1	15	-7	1-1	8	

hock

. 1		Λ
15	-5	ne
15	X	10
	1	1

Date of Notification (1)				-	Mor	oo of Duildi		(0)		\bigcirc			
	02 /	18	3		I Nai	letro India	ng Owner/Operator	(2)	./	-	-	-	-
					10	euo mau	strial Wrecking &	& Environmenta	Contractors,	Ing	[]	\\//	E
	Type Notifi ☐ Initial	cation			1000000000	et Address			加力产业	<u> </u>	<u>-U</u>	10	
Financia	☐ Illiliai ☐ Amende	ed			_		hitman Rd. Suite	125					
☑ DHSS	Amendr		1			, State, Zip			III III MA	7 1	6	2018	T
	☐ Emerge		ncludin	ig	-		Sttation , NY 11	746					
(NJAC 5:23-8)	justifica				00	ne of Conta	7.0		Telephone Num	ber_,.			
	Cancella	ation			A	nthony La	irosa		631-873-435	POS.	CON	TRO	L&
					F	ACILITY II	NFORMATION			11 11 11	-311/01	7	
Name of Facility Where Ab	atement is	Taking	g Plac	e (3)				Type of Facility (4)				
Former Warehouse								School (K-12))				
Street Address								Subchapter 8	(Other than K-12 ivate and commer)		127017	
614 Hampton Road,	NJ							homes, etc.)	ivate and commer	CIAI D	uliain	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	Age	
Cherry Hill , NJ								130,000	2	No.	195		
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	hed)			
US; Camden CO.								Former Ware		5			
Name of Monitoring Firm H		lding C	Owner	(8)	ASC	No.	Name of Abateme	ent Contractor (9)					
Finog Environmental	Inc.						Graham-Tech	n Environmenta	I Service, LLC.				
Street Address				3-11-511	•		Street Address		•				_
617 Stokes Rd.							958 Jackson	Rd					
City, State, Zip Code							City, State, Zip Co	ode					
Medford , NJ 08055							Mays Landing	g, NJ 08330					
Project Manager for Monito	ring Firm			Te	lephone	No.	Telephone No.		License No.				
Rebbecca Rubnittz				.1 .5		8-1676	609-561-1901		01158				
Start Date (10)						ate (11)	Name of OSHA M	onitor					
///			4.5	0.02	80 /	18	Graham-Tech	Environmenta	Services, LLC	; .			
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated	During Enti	re Per	iod of	Abat	ement		958 Jackson	Rd					
Abatement Performed O Time of Abatement: 7AM	utside of N	ormal	Facility	y Ho	ırs - De	scribe	City, State, Zip Co	de					-
		·u	PIVI-		AIVI		Mays Landing	g, NJ 08330					1
Scope of Work (Check all the	nat apply)												
			☐ Re	nova	tion		☐ Full Conta	ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			⊠ De				☐ Glovebag	Procedure					- 1
							☐ Non-Exer	npted (*) and Non-	-Friable Procedure	9			
Location of				Loca						Ab	atem	ent Ty	уре
Asbestos-Containing Ma		1)			lely by	Ashe	Description of stos Containing Mat		A	R	73	ш	m
TO BE ABATE		.			ance/ Staff?	(i.e	., thermal systems in	nsulation,	Amount (Specify	Removal	Repair	cal	nclo
IN Facility (13)			Ousi	(12			surfacing, VAT, other miscellaned		SF or LF)	val	-	Encapsulate	Enclosure
			Yes	No	N/A		ottlei miscellaneo	ous)				ate	(0)
South Building -East Er	nd Rm					Asbesto	os Vibration Dam	ner Cloth	150LF			П	
South Building						1 2 2 2 1	os Interior seam		200Lf				
South Building			П	×	10		os window Caull			-			
South Building			$\overline{\Box}$		1	-			2170 LF				
Name of Registered Waste I	Hauler			AND THE REAL PROPERTY.	NJDEP		os window Glazir	-	2790Lf	\boxtimes	Ш		Ш
Graham-Tech Environ		ervice	e, LLO		Hauler I	D No.	Cubic Yards of Waste	Name of Registe	red Landfill orth Landfill & 1	Fulls:	town	,	
City, State			524		0034	500	Disposal Date		- and Edition C	uny	LOVVI		
14 Read Drive Sickler	ville, NJ 0	8081					Disposal Date	City, State	itown Rd. Morr	ievil	la DA	١	
Completed By (Print or Type		Title		-0.00			Signature	T F			, F F		
Vernice Graham	20	- 655	eside	nt			Volum	MIL	Date	7-7	3-1	8	

Dete -SAL-US U (4)								11/10/1				
Date of Notification (1)						ng Owner/Operator		1				
/	02 /	18		M	etro Indus	strial Wrecking &	& Environment	al Contractors	,Inc.	² []	n n	ia.
Agencies Notified	Type Notificat	ion		Stree	et Address				la li	3 jj	$-\frac{\Omega}{M}$	13
⊠ EPA				27	3 Walt W	hitman Rd. Suite	125	1131			-	
☑ DOLWD ☑ DHSS	Amended)		-	State, Zip			111111111111111111111111111111111111111	2V 1	12	0010	- 1
□ DCA	Amendmer Emergency		_	HE	intington	Sttation, NY 11	746	III II W	AY I	6	2018	-
(NJAC 5:23-8)	justification) (IIICIUUII 1)	ig	_	e of Contac			Telephone Nu	mbor			- 1
	☐ Cancellatio	*		An	thony La	rosa		631 873 A	(ET)S	CON	TRO	3.1
						NFORMATION		631-873-43	LICE	HAISH	3	L. Ct
Name of Facility Where Al	patement is Ta	king Plac	e (3)		CILITI	AL OLGINA LIOIA	Tune of Facility	740			-	NORTH CO.
Former Warehouse		J	o (o)				Type of Facility School (K-12	• •				
Street Address							Subchapter 8	2) 8 (Other than K-1	2)			
614 Hampton Road,	NJ Buildin	ıg #2					Other (i.e., p. homes, etc.)	rivate and comm	ercial t	ouildin	gs,	
City (5)						- Maria	Square Feet	# of Floors	E	Bldg. A	age	
Cherry Hill , NJ							130,000	2	-	195		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	1 -	ished)		•	
US; Camden CO.						S00 (5.	Former War	And the second s	ioniou			
Name of Monitoring Firm H	lired by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme						-
Finog Environmenta	l Inc.						n Environment		2			
Street Address						Street Address		00.000, 22				
617 Stokes Rd.						958 Jackson	Rd					
City, State, Zip Code						City, State, Zip Co	ode		(111111111111111111111111111111111111			-
Medford, NJ 08055						Mays Landing						
Project Manager for Monito	oring Firm		Tele	phone	No.	Telephone No.	5,	License No.				
Rebbecca Rubnittz			60	9-868	3-1676	609-561-1901		01158				
Start Date (10)	Sch	neduled C	omple	tion Da	ite (11)	Name of OSHA M	onitor	01100				
05 /12 /	18	06 /	30	_ /	18		Environmenta	al Services III	C			
Occupancy Status During A	Abatement (Ch	eck only	one)			Street Address				_		
	During Entire	Period of	Abate	ment		958 Jackson	Rd					
☐ Abatement Performed C	Outside of Nom	nal Facilit	v Hour	s - Des	scribe	City, State, Zip Co						
Time of Abatement: 7A	M- <u>11:30</u> PM/_	PM-		_AM		Mays Landing						
Scope of Work (Check all t	hat apply)					ways Landing	9, 143 00330			_		
□>3 sf or >3 lf			54			☐ Full Conta	ainment with Neg	ative Pressure				
≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 If			novati molitic				osure					
		2,00		413		☐ Glovebag ☐ Non-Exer	npted (*) and Nor	-Friable Procedu	ire			
		100000	Locat						-	patem	ent T	vno.
Location of Asbestos-Containing Ma			Norma ed Sole		l	Description of				1		
TO BE ABATI	ED	Ma	intena	nce/	Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	err	Repair	nc	nc
IN Facility		Cus	todial S	Staff?	(1.0.	surfacing, VAT,	or	(Specify SF or LF)	Removal	air.	sde	Enclosure
(13)		Yes	(12) No	N/A		other miscellaneo			_		Encapsulate	re
North Building			×		Asbesto	s 12x12 Floor til	le and Black	1540SF				\Box
North Building	Bath	R 🗆			Mastic Asbesto	s Pipe Fitting In	sulation	3Lf				
North Bulding						s Interior Windo		216LF				
North Building						s Door Caulk		150Lf			님	H
Name of Registered Waste	Hauler			JDEP V		Cubic Yards of	Name of Registe				Ш	
Graham-Tech Environ	nmental Sen	vice, LL	C H	auler IE 00345	200000000000000000000000000000000000000	Waste	1	orth Landfill &	Tully	towr	1	
City, State				30070		Disposal Date	City, State		-			
14 Read Drive Sickler		81				2		ntown Rd. Mo	rrisvi	lle,P/	4	
Completed By (Print or Type	e) Ti	itle				Signature	1 A		ate			-
Vernice Graham		Preside	nt			VOLAGE	A .	2	5.3	3-15	2	
SB-41						I THE T	1 INC		ب ر	116)	

Start +Fin	ich Du	7 1	CK	#10	ソン								L		
				IFICATION	State of I	New Jers	ey S ABATE	MENT							
amended	*New!	CARRELL		(Pursua	nt to NJA	C 8:60 a	nd 12:12	0)	li r	NE	C	E	П	1//7	E
Date of Notification (1)		OSed			of Buildir					升号	<u> </u>	L	<u>ij</u>	14	5
May 11, 2018 Agencies Notified				_	nmac Co	onstruct	ion Inc.	·		111					
Agencies Notified	Type Notificatio	n		1	Address						MAY	16	0 21	118	
EPA DEP	Initial				Box 25										f kan
Ĭ DOL	Amended Amendme	nt # 1			State, Zip nklin Lak		77447		Í	ASE	ESTO:	507	TIME	DOL	-
□ DOH	Emergenc	y (includir	ig		of Contac		J/41/				LICE	NS	ING	noL	Q
DCA	justification Cancellation			Contract to the second	Macalus				12	Telephon					Albert See Publish
					CILITY IN		ION			201-24	7-692	3			
Name of Facility Where	Abatement is Tak	ing Place	(3)				ion	Type of Fac	ility (4)			_	_		
Commercial Proper	rty							School	(K-12)						
15 Empire Blvd.								Subcha	apter 8 (C	Other than	r K-12)	72.			
City (5)								Other (i.e. privat	te & comr	mercial	buile	dings	, hom	nes,
Hackensack								Square Feet	#	of Floors	s	В	ldg.	Age	
County (6)				0- 1	0 1 /=			3000 SF		2		1	5 0+		
Bergen					Code (7)			Current Use			nolishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name	Commerc							100000
n/a	,,	0111101 (0	-)	n/a				of Abatement nony Contr		or (9)					
Street Address				1,,,				Address	acting						
n/a								Palisade A	/e						
City, State, Zip Code							100000000000000000000000000000000000000	tate, Zip Code							
n/a								eld, NJ 070							
Project Manager for Moni n/a	toring Firm				one No.			one No.		Licen	se No.				
Start Date (10)				n/a				460-6026		0125	55				
5/19/2018		5/26/2		mpletion	Date (11)		of OSHA Mon							
Occupancy Status During	Abatement (Che	A 100 A						nony Contra	acting						
From the second			1050	94C				Address							
Facility Closed/Vaca Abatement Performe	d Outside of Norr	Period of nal Facilit	Abater v Hour	nent s				Palisade Avate, Zip Code							
Other – Describe: _								eld, NJ 070							
Scope of Work (Check All	That Apply)						Guill	010, 140 070	20						
23 sf or ≥3 lf		1	Renova	ation				Full Contain	nmont wi	th Magati	D		20		
× ≥160 sf or ≥260 lf			Demoli	tion				Mini-Enclos	sure		ve Pre	SSUF	е		
		-0.5					×	Glovebag F Non-Exemp	Procedure	end Non-E	riable	Droo	od. ir	_	
		Is	Locati	ion					100 () 0	14011-1	Habie			ement	t
Location			Normal			Des	scription of	of					Ту	ре	
Asbestos-Containing N TO BE ABA			ed Sole intena		Asbes	stos Conta	aining Ma	aterial (ACM)	7.0	Amount				ш	_
In Facility		Cus	todial S (12)	Staff?	(1.6	surfac	systems ing, VAT	insulation, , or		(Specify SF or LF)		Remova	Re	Encapsulate	Enclosure
(13)			(12)	_			iscellane		1	,		lova	Repair	sula	osui
		Yes	No	N/A								-		ate	e
Exterior	r				Ask	pestos 7	Fransite	Panels	1	000 SF		,			
									- ',	000 01	-	+			
									+			4	_		
									-						
Name of Registered Waste	Hauler		l Ni	IDED W	laats	0.1.	<i>/</i>	T							
Harmony Contracting	, i laulei		10000	JDEP W auler ID		Cubic Y		K	100	ered Lan	dfill				
						TBD		GRO	WS La	ndfill					
City, State Garfield, NJ		· · · · · · · · · · · · · · · · · · ·				Disposa	al Date	City, St							\neg
Completed by		7711				TBD		Morri	sville, F	PΑ					
E. Cirovic		Title	otor.			Sig	gnature	, , , , , , , , , , , , , , , , , , ,	>,		Date	750400			
		Secr	etary				Ct.	ull			5/11	/20	18		

Distriction (1)	人 以及从人			-5.	- management of allowed for second		123						
				3	fame of Building Ow	GOOD STEELS	in Pit	F			-F	۱ ۱	
5110 118 April 10 118	_			physical phy	PRES BU	(40 m . a	• ****	-	Ul	_ G			
	Type Hallin	REGER		Same	Steet Address	HEMA	D CHUM	CH K	RIL	lade	CAD		
G BA DEP DOL				State (State (St	19	GLE	25 1.	_		MAY	1	B 20	718
DOL.	A America	e e	7	Singer Co	ly, State, Zo Code	- C 3/OC	en m	E	1 14	tree x s			,,0
DOM:	I Esem	HOY (fresh		- 100	MADIS	Boli at	5 0	1940		W			
FI-DCA		THE PARTY OF	<i>a</i>			J. Bed	<u></u> <u>U</u>	1770	Tel AS	REST	OS (TMOC	TROL
1				fatheus	JUNET !	POLSTE	7	- Albana	A STATE OF THE PARTY OF THE PAR			SING	i
Name of Foodly March A	belewed is T	altino Dia	ma FEE		FACELTY SEFORES	ATEL		9/4	00	-910	1-0	33	3
ž (HUSCH	-	The Party				Testera						
StockAddes	1.0000		-		-		S more			-			
19 G	ILEEN	AVE				-			Other Sea		3		
Cypy .	The Car	Jeve.	-					ie pain	46 cm			ess. I	MEES,
MADIS	6.)						Specific	of the state of	Ed Plan	32	£ 550	g.Ag	
f married fold	4 600			\$ 2000			3850	History	2	51	4	s Su	.
Moles		17		STA	Inty Code (7)	1	Current Use	(Prior E	bing de		# T	. 00	
S AND IN COMMENCED STREET	ical by Builds	a Owner	商		SCAN No.		. 1 2	338 PER					
I DETONE ASSA	CIATES	NC.	***	distriction of		Name	AL PARTIES STATES	& Transfermon	Sam State				
		,,,,,		- }	21000	PLEE	IL Comiac	ing in	e e				
300 GLAN	o and	# lo4				Strate	Militers				-	90.000	
Cay, Same, Zip Code		1					Adend Av						
ENACE UDO	7.4.0	076	31			Ch.S	ale, Zip Cods						
	ng Firm		1	Telep	frans No.	17-1-1	nd Park, N	J 0743					
STEPHEN JOLGE	le wori		1	20	1-569-1-7AG	Telepho	ne No. 62-5841		Licens				
5/14/18		Schedi	ded Co		m Daie (11)		OSHA Maria		0015	6		57	
Occupant Seduc Comman				is a		Omen	a Environn	Œ Desemble # d	3 4				
Occupanty States Desiry At	ASSESSE (URS	CALL STREET E	Section 1	101000-010		Street As	gener-	POS SHOW A	DO ANDE	i inc			
Li Abdenie Bernel	Cuing Entire	Period of	Abaten	eni		280 H	Apler Street	4					
LI Obs-Dearber	Or Section	HE FACIN	y Hous	}		City, Stat	e, Zip Code						
Scope of White (Check All The	& Sanka					Hacke	nsack, NJ (TERR			30.00		
il sisterare	- diffield	-						20 0000					
2020201			denovel Jeseph	1071			End America						To the same
Appropries		English &	Jean Bridge	DES			Feli Contains		Negette	Pesse	E		differentia
New years		-				5-5	General Pro	on white					souther.
teneral teneral		15	Localin	n	· ·	Allega Salar	Man Samuel		Hor-Fri				PH/NH
Location of Ashesina Contacting Make	ist tacan		lorowsy d Solaly	c Anna	The state of the s	Tirtiles of				Stellers			Pre-
ID BE ABATED	and the same of th	g neggi	SAFET PRINTER	?ಡ ್	ASDSSING Control	rysun of Hing Main	as faces	3.0	nami	ringspile.	ž Ž	pe	The same
In Facely (13)	10.71	i Ges	odal St (12)	all?	4 Section (10 to the 27 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	sians in g. Vat. o	A PROPERTY OF THE PARTY OF THE	(8)	NEEDy.	Algorithm	www	3	353
erectar.			3.7		ofter mis		#	SF	orlf)	SACUEDA PARTICIONALES	Rapair		Old
The state of the s		Yes i	no f	MA			. PECSES			FEA.	*	etotredecus	Sunatural Color
KITCHEN .		right with	- District	1	120	-	- In the same of t			The section of the se	- Among	The state of	- Partition
Western		The state of the s	2		VA-		and the same of th	60	osf	AND THE PERSON NAMED IN	And of	oretalia.	de la section
		to the state of th	Photo General	- 5			Partifection			of states	Ch mput	Acres At	- Amarian
	_	- Charle	Perulani	Openhan			- Orașie			The same	ules colu	featur depth	other
Name of Registered Waste Had		THE PERSON NAMED IN	thelaboritor	Northweeth			S. S			oth Year	To America	-	- 8
Nevak Caring Inc.	er			EP W	sie Cubic Ya	růs	i Pinas of A	low-	45	riestina.	1000/pper	adotu,	Manage
	# }		i cen	erd :	io. Colo Ya	2	Drawn C	Parate -					20000
Olly, State Newark, NJ 07105			-5		Disposal	D=	Grand C			/ Lane			Missing
Completed by	-		×		5/14/18	ON	City, State						- Chatalin
Joseph Vocetteo	Gadra B	1500		-	Signs	oliveira.	Pen Ang	ar Luci					WAZONIE
AND SARESS	1415790	Vice A	reside	BE	-	E 2	. =		Da	130 g	В		of the same
ASB-41 (R-48-09)				-		THE STATE OF	M. Luk	ř	5	114	16		(Depterate)
2 4 00 000					= A	and the same				9		The Contract of the Contract o	Market 2
					4.75	The state of	lis ive iu a	chestes:	MATERIAL STATE	exempl	ied ex		S.,

	(D)	ATTO		(Pursi	iant to	NJAC	8:	60 and 1	12:120)		0.1		400	_	
Date of Notification (1		The state of the s		Nam	e of Buil	ding Ow	ner	/ Operator	r (2)		Cr	reck#	120	5	
Agencies Notified	May 10	lotification		Fres	enius K	idney Ca	are	Silver Dia	alysis Cherry	Hill ,		*****		*****	بور باداد در ۱۹۰۰ م
□EPA □DEP □DOL	⊠	Initial		1417	Brace F		e			Total Control of the	1		<u>W_</u>		
⊠рон		Amended Amendment	<u>u</u>	Cher	ry Hill, N	NJ 0803	4								Lever of the
DCA	П	Cancellation	" —	Name	e of Conf	tact	_					er waren			
				- 1		nedy-M	lcDo	onnell			ASBESTO LIC	Telepho 856-21	one N 5-846	umb 3	er
					CILITY	Y INFO	R	MATION							
Name of Facility When	e Abate	ment is Taking	Place (3)				T	ype of Fac	cility (4)						
Fresenius Medical Ce Street Address	enter								I (K-12)						
1417 Brace Road									apter 8 (Othe (i.e., private		12) mercial buildir	igs, ho	me,	etc.)	1
City (5)							S	quare Fee	t #	of Floors		ldg. Ag			
Cherry Hill							CI	2,00 urrent Use	00 (Prior if bein fice Building	g demolis	1 shed)		60		
County (6) Camden		1	County Co	de (7)			IVI	euicai Oii	ice building			-			
Name of Monitoring Fir Arcadis U.S., Inc.	m Hired	by Building O	wner (8)		ASCN	Л No.	Na Sv	ame of Aba	atement Con	tractor (9))				
Street Address 10 Friends Lane, Suite	- 400						St	reet Addre	ess						
City, State & Zip Code	e 100							9 Radio R							
Newtown, PA 18940									Zip Code arbor, NJ 0	0007				= 7000	
Project Manager for Mo David Hilinski		Firm		elephone 8940	Number		Te	lephone N 9-296-691	lumber	0007	License Nu	mber 0081	17		
Scheduled Start Date (Schedule		tion Date (Na	me of OS	HA Monitor			000	1		
May 20, 201 Occupancy Status Duri	ng Abat	ement (Check	only one)	ne 20, 201			-	natech, Ir eet Addre							
Facility Closed	/Vacate	d During Entire	e Period o		nt		82	9 Radio R	load						
Abatement Per Other – Descri	be:		rmal Hou	rs				y, State & tle Egg Ha	Zip Code arbor, NJ 08	3087					
Facility Occupi							L								
≥3 sf or ≥ 50 lf ≥160 sf or ≥260 l	lf			Renovatio Demolitio	n				Mini-Enclos Glovebag P	ure rocedure	h Negative Pres d Non-Friable F		re		
Locati Asbestos-Containi <u>TO BE A</u> IN Fa (1)	ng Mate BATED cility	rial (ACM)	Solely	tion Norma by Mainten odial Staff	ance or		(i.e	Descript sbestos-Co Material (e., thermal	ontaining (ACM) I systems	A	mount (Specify SF or LF)		atem		уре
	~,		Yes	No	N/A				facing, VAT ellaneous)			Removal	Repair	Encapsulate	Enclosure
Offices					Х		Flo	or Tile an	nd Mastic	_	230 SF	X		-	\vdash
											200 01	∃^			
lame of Registered Wa	ste Hau	ler	NJDEP		Cubic	Yards of	Wa	ste	Name of Re	egistered	Landfill				
ynatech, Inc.			Hauler II	D No. 7429	6				100000 CC 100000						- 1
ity, State				743		al Date			Fairless Hi City, State	IIS					
ittle English	2002-				pos				Oity, State						
ittle Egg Harbor, NJ (ompleted By	J8087	Title	_			1, 2018			Morrisville						
		riue			Signatu	ire +	/	11.	5	Date					
iane Aloia		Executiv	e Admini	strator	NU	lal 1	a	low	ت ا	May 1	10 2018				- 1

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) May 10, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS D DCA ☐ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED □Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV 848-445-2550. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LUCY STONE HALL, BLDG# 4153 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years City (5) County (6) County Code (7) **PISCATAWAY** Current Use (prior if being demolished): ACADEMIC RESIDENCE MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 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 R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/24/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code ☑ Other- Describe: Schedule: 4PM - 5AM Daily (4 WEEKEND FAIRLAWN, NJ 07410 PHASES, 24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □ > 3 sf or >3 If ☑ Renovation ☐ Mini-Enclosure 図≥ 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 or LF) YES NO NA Enclose B017 & B017B X VAT 600 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 10 CY Name of Registered Landfill 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 05/26/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT MAY 10, 2018 Raymond C. Pedalino MANAGER

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

Date of Notification (1) Name of Building Owner/Operator (2) 05/10/2018 Garwood Developers Associated, LLC Check# 5126 \$800 (4 additional work areas) Agencies Notified Type Notification Street Address 820 Morris TPKE **EPA** Initial X DEP X Amended City, State, Zip Code X DOL Short Hills, New Jersey Amendment # 2 Emergency (including 16 2010 X DOH Name of Contact justification) Telephone Number DCA Dan Matarese Cancellation 732-580-9090 **FACILITY INFORMATION** ASSESTOS CONTROL & Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Millen Industries Inc/Malcote Inc. ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 75 North Avenue П Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Garwood, New Jersey Bldg. Age 40,000 50+ County (6) County Code (7) Current Use (Prior if being demolished) Union (STATE USE ONLY) Industrial Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Sky Environmental Services Lilich Corporation Street Address Street Address 140 Boulevard 606 McBride Ave City, State, Zip Code City, State, Zip Code Mountain Lakes, New Jersey 07046 Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No. Telephone No. Leon Shereshevsky License No. 973-558-4821 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/15/2018 06/30/2018 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 City, State, Zip Code Other - Describe: Will be working weekdays & weekends Union, NJ 07083 Scope of Work (Check All That Apply) See Bellow Notes in Description □ ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glove Bag Procedure / Limited Containment & Tent Non-Exempted (*) and Non-Friable Procedure Is Abatement Location Туре Location of Description of Asbestos-Containing Material (ACM) Normally Asbestos Containing Material (ACM) Used Solely Amou TO BE ABATED (i.e. thermal systems insulation, Encapsulati by nt Remova In Facility surfacing, VAT, or Maintenance/ (Specif (13)other miscellaneous) Custodial y SF or LF) BLDG 1 Yes No N/A 3rd floor, Bump-out (north-east cor) X TSI debris (clean up) 150 LF x 2nd floor, Main Warehouse space TSI Pipe Insulation Risers(Wrap&cut) 18 LF x 1st floor, Around paper mill machine Transite panels (Non Friable) 2,750 SF x Roof A- main Roof flashing (Non Friable) 1,000 SF x Roof B Built-up roofing (tar) (Non Friable) 12,000 SF x Throughout exterior facades Window Calk (Non Friable) 470 SF x Staircase 2nd floor Window Glazing (Non Friable) 800 SF x 1st/2nd Floor VAT & Mastic (Full Containment) 4808 SF x 3rd Floor VAT & Mastic (Full Containment) 360 SF x Basement VAT & Mastic (Full Containment) 600 SF x

Bldg 2, Maintenance Garage-Ext Facade	X	Window (Non Fr	Caulk (around wi	ndow frames)	485 LF	x
Bldg 2, Maintenance Garage-Ext Facade	X	Window Friable)	Glazing (putty on	sashes) (Non	968 LF	x
Bldg 2, Maintenance Garage- Roof	X	Roof FI	ashing (Non Friab	ole)	750 SF	Y
Bldg 5, Exterior Facade Phase I	X		Caulk (around wir		765 LF	
Bldg 5, Exterior Facade Phase II	X		Caulk (around wir	ndow frames)	765 LF	x
Bldg 5, Exterior Facade	X		Glazing (putty on	sashes) (Non	3000 LF	x
Bldg 5, Roof Parapets, Penetrations, etc.	X		ashina	(Non Friable)	000.05	
Bldg 5, Center Office	X		loor Tiles (Non Fr	The second secon	900 SF	
3ldg 5, Above Boilers 1 & 2	X				50 SF)	
Bldg 5, Tank "B & C"			ue/Vent (Partial C	23 24	640 SF)	
Bldg 5, Throughout Phase I	X		ulation (Partial Co		80 SF	
	X	TSI Pipe Diam.)(M	& Pipe Joint Insula /rap&Cut/Partial C	ation (4"-6"	395 SF	
Bldg 5, Throughout Phase II	X	TSI Pipe	& Pipe Joint Insula /rap&Cut/Partial C	ation (4"-6"	395 SFX	
Bldg 5, Throughout Phase I	X	TSI Pipe	& Pipe Joint Insul Vrap&Cut/Partial ((12" diam or	113 SFX	
Bldg 5, Throughout Phase II	X	TSI Pipe	& Pipe Joint Insul Vrap&Cut/Partial ((12" diam or	113 SFX	
Ridg 5, Sporadically Throughout Bidg hase I	X	Lanca and the same	Floor Debris (Clea	and the second s	4000 SF _X	
Bldg 5, Sporadically Throughout Bldg	X	Misc TSI	Floor Debris (Clea	n Up)	4000 SF _X	
arage-shop	X	Transite F	anels (Non Friable		2000 05	
Name of Registered Waste Hauler	NJDEP		Cubic Yards		2000 SF _X	
Lilich Corporation	Hauler II 18724	D No.	of Waste	Name of Regi		
City, State Woodland Park, New Jersey			Disposal Date 06/30/2018	City, State Morrisville, P		
Completed by Adriana Olejarova Title	esident		Signature	(())	Date	0/2018

ASB-41 (R-06-08)

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



OCK_			20	018-06-07 2°	1:25:52 (0	MT)	9				on etc	25	From	Super	r, LLC
UCK	ž.	N	OTIFICA*	State of Nev	ECTAC A	~=11		-,	D)()[-	10				
			(Puras	rent to NJAC	5:50 and 12	TEM:	ENT [i
Data of Nottimethin (1) 5/7/18 Agencies Notified Type Notifie			- Lile	ne of Building	Owner/Oper	ator (2	B	•• +		بند: معلمہ		/E	5	1	W/
E EPA E Instal			1111	et Address Broadway		-					V		(C)		W.
Ameno	inteni# ency (includ	ing .	. Pat	erson NJ 0	de 7501			: :: : ;	()				MAY	6	2018
DCA DCance	stion) lation		Jeri	e of Contect y Lobozzo	-			1	9 ophor	1-1101	L				· · · · · · · · · · · · · · · · · · ·
Name of Facility Where Abstement is	Takino Piac	£ (3)	P.	ACILITY INFO	RMATION			· nade				ASB	ENIQ	CON	VTR Ģ
zo occiely Street		~ 1-7				10	pa of Facilit			+				NSIN	G &
Street Address 20 Seeley Street 2by (6)							Subchapt Other (I.e.	C. B (1)	ther than	n K-12)	n ikki in	as h			(Appelli and fig.
Paterson, NJ 07501						Sc	Unre Feet		of Floor			1. Age			HAND BELLEVIEW OF THE PROPERTY
Passaic			Count	y Code (7) E USE ONLY)		Ci	TERLUSS (F	or 11 6	eing den	nolished					S. C. S.
ame of Monitoring Firm Hired by Bullo A Environmental real Address	ling Owner	(8)	AS	CM No.	Nem	e of A	batement C:	เกียกใช้	r (9)						CSUDAN
200 Paterson Plank Road ly, State, Zip Code					Street	Add									
orth Bergen, NJ 07047	-				City.	State, ersor	Zip Gode	 I				•			Control of
armole Altomonte			201 8	one No. 864-6583	Takep 201	hone 873-	No. 5392		.Uoeni .0119	se Na.			_		1
7/18 Supancy Status During Abatement (C	5/14/	18	mplettor	Date (11)	Sup	er, L			L		-				
Facility Closed/Vecated During Entit Abetement Performed Outside of N Other - Describe:	•••		meni	*11.4		Bein	rant Ave						7		:
Carring,				···	Pete	rann	Zip Gode , NJ 075i)	1	100						
pe of Work (Chack All That Apply) 29 of or 23 H 2160 of or 2260 H		Renov		17		FI	uli Conteku i Ini-Enciosur ovabag Pro- un-Exempto	ent vilith				74.	1.0		:
Location of		Local Norma		ĺ								emen	t		i
Asbastos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Gue	d Sold intend todial ((12)	ny by ncol Staff?	(1.6. High	Description Containing M must systems unscing, VA' ver miscellen	elenia Insul F. or	ation,	ts	nount pscliy or LF)	Removal.	Repair	e Encapsulate	Enclosus		
Emergency Demolition	Yes	N _α	N/A	Emer	gency Der	nolifi	on			_		366	10		:
			1		n of Entire					1x		ļ.,			
	7-1	•	\vdash		s in Entire			<u> </u>	e e	: X					
	1	-	\vdash		- iii = iiui e	ar u	core -			x					
of Registered Waste Haufer ank Canting		H	DEP Wa suler ID 1 509		bio Yerds Maste D		Name of the								
I. Union Ave Hillside, NJ 0720				TBI	Porel Date		City, Stat Bethleh s	— — m PA				····	-		
r B. Dominguez	Title	4 14-	0.00		Signature.			***	10	ate					

A58-41 (R-06-08)

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

hock

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

Print Form

			1848	(Pursua	ant to N	JAC 8:60	and 12:1	EMENT 20)	The second secon		BEAV	. 1	ıt-	
Date of Notification (1) 5/7/18		-		Name	e of Buil	ding Owne	er/Operate	or (2)			MAY			
Agencies Notified EPA	Type Notificat	ion			et Addres Broad					ASI	EST C	JS C ENS	UNII	TOL
DEP X DOL	Amender Amendm	ent#		City.	State, Z								nver	
DOH DCA	Emergen justification Cancellar	on)	ling	Name	of Con	lact	· a			elephon				
						INFORMA	TION		9	73 321	I-1101			
Name of Facility Where A 20 Seeley Street	batement is Ta	king Plac	€ (3)		OILIT	INFORMA	HON	Type of Facil	ity (4)					
Street Address 20 Seeley Street								School (Subchar Other (i.	K-12) oter 8 (Ot e. private	ther than	K-12)	buildir	as be	·m
City (5) Paterson, NJ 07501								etc.) Square Feet		of Floors			gs, no	
County (6) Passaic				County	y Code (7) VLY2		Current Use (Prior if be	eing dem	olished			
Name of Monitoring Firm I CA Environmental	lired by Buildin	g Owner	(8)		M No.		Name	of Abatement (Contracto	r (9)			~	
Street Address 2200 Paterson Plank	Road						Street	Address						
City, State, Zip Code North Bergen, NJ 070	047						City, S	Belmont Ave	-					
Project Manager for Monito Carmelo Altomonte				Telepho			Teleph	son, NJ 075 one No.	01	Licens	e No.			
Start Date (10) 5/7/18		Schedi	uled Co	mpletion	64-658 Date (1		Name o	73-5392 of OSHA Monito)r	0119	5			
Occupancy Status During A	batement (Che	5/14/						, LLC						
Facility Closed/Vacate Abatement Performed	d During Entire	Pariod of	F A b = 4 = -	ment s				elmont Ave						
Other - Describe:			**					ate, Zip Code son, NJ 0750	01					No.
Scope of Work (Check All T	hat Apply)													_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				22	
Location of			s Locati Normal	30,000				•	1	7101111	abic 11	Aba	temer	rt
Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACM) <u>D</u>	Use Ma	ed Sole aintenar todial S (12)	ly by	Asbe (i.e	stos Conta e. thermal : surfac	systems i ing, VAT,	terial (ACM) nsulation, or	(S ₁	mount pecify or LF)	Removal	T	e Encapsulate	Enclosure
		Yes	No	N/A		other m	iscellane	ous)		1965	oval	bair	sulate	osure
Emergency Dem	olition		Х		E	mergen	cy Dem	olition			X	+-		-
					Dem	olition of	Entire	Structure			X	+		
					Asb	estos in	Entire S	Structure			X	\vdash		
ame of Registered Waste H	auler		l N	IDEP Wa	ete	0.4.								
ewark Carting			Ha	ober Wa Juler ID N 509		of Wast		Name of IESI Be						
ty, State 19 N. Union Ave Hillsid	e, NJ 07205					Disposa TBD	I Date	City, State Bethleh	9				-	
ompleted by ilor B. Dominguez		Title Projec	ct Mar	nager		1	nature	//		0	ate			
		1		J .			10	de	1	5	/7/18			



	MAJ		NO	TIFICAT (Pursu	State of ION OF A ant to NJA	Now Jores SBESTOS AC 8:80 ar	ABATE	MENT		EC	E		W	E	-
Date of Notification (1)		-1-1-1411		Nan	e of Buildi	ng Owner/	Operate	1 (2)	IJ/F	and a constant of the constant					- marin
5/8/18 Agencies Notified T	ype Notification	n		C	ity of Pa	iterson	=======================================			- MA	f1	6	2018	3	
EPA DEP	Initial Amended	1,5000			1 I Broa State, Zip						rate of a party				-
DOH DOI	Amendment Emergency Justification	(includ))	ing	Pa	aterson, e of Conta	NJ 075	.01		or and a	ASSEST Liclephon	OS (CEN 10 Nun	100 100 100 100	ITR G	3 JC	da re
DGA DGA Danie of Facility Where Aba] Cancellation		· mis	Je	rry Lob	OZZO IFORMATI	ON			973 3					
20 Seeley St. Paters			2 (3)					Type of Fac							
Street Address 20 Seeley St. Paters	or to be heart in the free state of the		4 - 8					Subch	l (K-12) apler 8 (I.e. priv	(Other ther	n K-12) morda) I buil	ldina	s, hon	ies.
City (5)	,011, 14, 07.	301						Square Fee		# of Floor			Helg		
Paterson, NJ 0750 County (6))1			Count	ly Code (7))		Current Use			****			- NJC	
Passaic	AN EXPERIMENT SHAPE SHAPE OF THE PARTY OF THE PARTY.	North Agent word for a	***********	(STAT	É USE ONL	.Y)	_		(, 110,)	mendi trer	man,	:uj			
Name of Monitoring Firm Him		Ovner (B)	AS	CM No			of Abalemen	Contra	clor (9)	- Project School				
CA Environmenta			******				Street	per, LLC Address		*** = 11			-		
2200 Paterson Pla Dity, State, Zip Code		*****	17-0754-0014- to 0	**************************************	ent in a state of the particular party.		20 City, St	3 Belmon	it Aye	3	NAME OF STREET				
North Bergen, N Project Manager for Monitorin	1.07047 ng Firm			Telept	none No.			ledon, N	J 0750	and greaterments	ise No.	7 ft x 2000	*****		
Carmelo Altomo	nte	Schedu	led Co	201	864-65 n Dale (11)	83	201	673-539	2		0119				
5/7/18 Occupancy Status During Abo	atement (Check		5/14					per, LLC				***			
Facility Closed/Vacated Abatement Performed O Other - Describe:	Durino Entire P	eriod of	Aholo	ment rs			20.	adress 3 Belmor ate, Zip Code	nt Ave	<u> </u>					No. of States
cope of Work (Check All The	i Annles							ledon, NJ		18					
3 81 or 23 II	r AbbiA)		Renov	olie			[-1				77.5	200		DE PER	
] ≥160 sl or ≥260 ll			Demoi				X	Full Contai Mini-Enclo Glovabag I Non-Exem	sucedn	ro					
			B Local					The state of the s	1	and Mon-1	TIBINE	T. Salar		ment	- Communication of
Asbestos-Containing Mate TO BE ABATED In Facility (13)	rial (ACM)	Use Ma	Norma ed Sole eintens todial (12)	aly by ince <i>l</i> Staff?	Asbes (i.c.	los Contal thermal s	ystems i 19. VAT,	leriel (ACM) nsuiation, or		Amount (Specify SF or LF)		Remova	Ty Repair	® Encapsulate	Endosure
		Yes	No	N/A								a l	7	ilate	ure
Emergency Demol	ition		х		Eme	ergency	Dem	olition		1911		X			
					Demoli	tion of	Entire	Structur	e			X			Marine
	Committee and the second		1-41 - 4 -0 4					Structur				х			
une of Registered Waste Har	ıler -			JOEP W		Cubic Ya		Name	of Regis	stered Land	dilli 	_].			
Newark Carting			_ '	0450		Disposal				nlehem	Land	lfill			
609 N. Union Ave I	Iillside, NJ	0720	5			TBI)	City, S		em, PA					
Tailor B. Dominguez	,		rois-	1 Mar-	10.00	Sign	alure	Torde	/		Balo				
5402	38 E S.	r	Olec	t Mar	ager		6				. :	5/8	/18		

Date of Notification (05/11/2018	1)	V 161 11 3	vel .	Name	of Buildir ellen Boa	o Owner	Operator (2)	Check No. 100	8 \$600 (3 Wor	lea Ara			
Agencies Notified	Type Notification			Stree	t Address			Check No. 108	10 \$000 (3 VVOI	KS Are	as)		
☑ EPA ☑ DEP ☑ DOL	☑ Initial □ Amended Amendment □ Emergency (justification)	(including		City, S Dune	and Leig State, Zip ellen, Nev	Code v Jersey		O to the control of t	E C	IS [201		T.I.
⊠ DCA	☐ Cancellation				Mosely			1 mary	732-968-3326		1.01	10	1
Name of Facility Whe Dunellen High Sch	ere Abatement is Tak ool	ing Place	(3)	FA	CILITY IN	FORMAT	Type of F	acility (4)	ASBEST	OS CO)NTF	ROL	8
Street Address 411 1st Street							☐ Subcl	ol (K-12) napter 8 (Other t (i.e. private & co				etc.)	Sea TRUE
City (5) Dunellen, New Jers	sey 08812						Square Fe 60,000	eet	# of Floors 2		dg. A	ge	
County (6) Middlesex					y Code (7) E USE ONL		Current U	se (Prior if being High Schoo	demolished)				
Name of Monitoring F Environmental Con	irm Hired by Building nection, Inc.	Owner (8)	ASC 000	CM No. 157		Name of A Lilich Cor	batement Contra poration	actor (9)				
Street Address 120 North Warren	Street		0.05.5-10				Street Add 606 McBr						
City, State, Zip Code Trenton, New Jerse	24						City, State, Woodland	Zip Code I Park, New Je	rsey				
Project Manager for N Dominick Dercole	Date (10) Schedule						Telephone 973-225-8	No. 3400	License No).			
Start Date (10) 06/22/2018	22/2018 07/03/20)	Name of O	SHA Monitor nmental Labor	ratories, LLC				
Occupancy Status Du	ring Abatement (Che	ck Only O	ne)				Street Addr	ess				A 110-4-2011	
□ Abatement Perfor	acated During Entire med Outside of Norm	al Facility	Abater Hours	ment s			2333 Rout City, State,	te 22 West					
Other - Describe:		n - Sat					Union, NJ	07083					
Scope of Work (Check □ ≥3 sf or ≥3 lf	(All That Apply)												-
≥3 \$1 01 ≥3 11≥160 \$f or ≥260 If			Renov				□ M □ G	lini-Enclosure llove Bag Proced	with Negative Preduce / Limited Co and Non-Friable	ntainm	ent &	Ten	t
		100	Loca						Amount (Specify		bater		ě
Locat Asbestos-Containi TO BE A In Fa (1)	ng Material (ACM) BATED cility	Use Ma Cus	intena todial (12)	ely by ance/ Staff?	Asbe the	estos Con mal syst	Description or taining Mater ems insulation VAT, or er miscellane	rial (ACM) (i.e. n, surfacing,	SF of LF)	Remova	Typ	Encapsulate	Enclosure
cience Room 7		Yes	No	N/A								e	(D
cience Room 7			X		-		nt Panels (No		100 SF	Χ			
cience Room 8			_XX	-	Transite Ceiling Ti	Table Tor	s (Non Friab Containment	le)	30 SF				
cience Room 8			X			ayered Vi	nyl Floor , O	ne Layer Under	1150 SF 1150 SF	X			
cience Room 8 (Store	Room)	X		Floor Tile	(Full Co	ntainment)		150 SF	X				
cience Room 9 cience Room 9	ence Room 9 X						containment nyl Floor , O nment)	ne Layer	1150 SF 1150 SF	X			
cience Room 9 (Store I Vood Shop	Room)	X		Floor Tile	(Under P		ontainment)	150 SF 2000 SF					
Name of Registered W	aste Hauler		IN	J JDEP W		Cubic Y			istered Landfill				
Lilich Corporation				lauler ID 18724	No.	of Wast	Carlo Andrews	Fairless La					
City, State Woodland Park, Nev	v Jersey					Disposa 07/03/2		City, State Morrisville, F	PA				

Completed by
Adriana Olejarova

Title
President

Date
05/11/2018

ASB-41 (R-06-08)

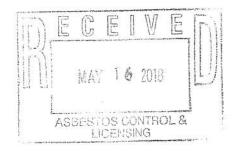
Do not use this form for asbestos licensure exempted activities.



Date of Notification (1) 05-10-18	47				f Building unty Ser			r (2)			EC	E	Ü	W	E	
Agencies Notified EPA	Type Notification Initial				ple Ave.						MA	Y 16	9 2	018		
DEP DOL	Amended Amendmen Emergency		_ [ite, Zip Co and Par		07424				ASBES					
DOH DCA	justification) Cancellation			Name of Joe So	f Contact cirica	- 18 CS ON ACC			dian	(9)	ephone 1 73) 747	Viimhei	11.A	HU	. &	y ********
Name of Facility Where	Abatement is Takir	ig Place (3)	FACI	LITY INFO	ORMAT	TION	Туре	of Facility	(4)						
Street Address								111 8	School (K- Subchapter Other (i.e.)	r 8 (Oth	er than K	(-12) ercial bu	ildin	as h	ome	s
City (5)								- E	etc.) re Feet		f Floors	T		. Ag		
Wayne																
County (6) Bergen				County (Code (7) JSE ONLY)			Curre	nt Use (Pri	or if bei	ng demo	lished)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	l No.				tement Con tracting L		(9)					
Street Address								Addres								
City, State, Zip Code						d d	1. 2000.0000		p Code NJ 0708	37		=	1000			
Project Manager for Mon	itoring Firm		T	Telephor	ne No.		Teleph	hone No 216-96	D.		License 01206					
Start Date (10) 05-11-18		Schedule 05-15-1	npletion (Date (11)				IA Monitor						-		
Occupancy Status During	g Abatement (Che	k Only On	e)					Addres	(30)							\dashv
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A nal Facility	baten Hours	nent			City, S	7th St. State, Zi	p Code	April 2						
Scope of Work (Check A	Il That Apply)	w					Unio	n City	NJ 0708	37						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, That is party,		enova emolit					Min Glo	Containm i-Enclosure vebag Pro-	e cedure	3			lure		
		Is	Locati	on			-	3 1401	r-excinpte	u () air	4 14011-1 1	labic i		aten		
Location			lormal d Sole				escription		***			-	Т	Тур	э П	\dashv
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Mai	ntenar odial S (12) No	nce/		therma surfa	ntaining N al system: acing, VA miscellar	s insula T, or		(5	mount Specify or LF)	Kemoval	- September	Densir	Encapsulate	Enclosure
Interio	or	res	X	IN/A		.loin	Compo	ound		33	50 SF	X	+	+	-	-
Utility Ro			×		-		VAT				00 SF	x x	+	+	1	
												+	\dagger	1		
Name of Registered Was Delfa Contracting LL		1 3 1 3 5 5	JDEP W lauler ID 35240	No.	Oubic of Wa	Yards este 20		Name of Tullyton	19.22%			ven	/ Fa	cilit	y	
City, State Union City, NJ					,		20 osal Date 16-18		City, Stat	te						
Completed by Jaime Delgado		Title Proj.	Mana	ager.			Signature	2			100	Date 05-10	-18			

	TANAL		(Pursuar	nt to NJA	C 8:60 a	nd 12:12	20)			CIT	376	47	74
Date of Notification (1) 4/30/2018					of Buildin of Cliftor		/Operato	r (2)		EG	E		7 [7
Agencies Notified	Type Notification	1		1	Address				IK					Jager L
EPA X DEP	X Initial				Clifton A				Line and the second	MAY	16	5 20	18	
₩ DOL	Amended Amendmen				tate, Zip (lai la					and the second
Ĭ DOH	Emergency justification)		g	Name	of Contac	t			I Te	elephone N	umber	UNI	HUL	<u>i</u>
× DCA	Cancellation			Mr. N	lichael l	_ardne	r			73) 470-				
Name of Facility Where A	batement is Takir	ng Place	(3)	FAC	CILITY IN	FORMAT	TION	T						
Fire House # 4	- Take	ig i lacci	(0)					Type of Facility						
Street Address					-			School (K Subchapt	(-12) er 8 (Otl	her than K-	12)			
144 Main Street								Other (i.e. etc.)	. private	& commer	cial bu	ildings	, hom	es,
City (5) Clifton								Square Feet 75,000	6	of Floors		Bldg. 7	Age	
County (6) Passaic				County (STATE	Code (7) USE ONL	y)		Current Use (P Office Buildi	rior if be	eing demolis				
Name of Monitoring Firm Environmental Healt	Hired by Building h Investigatior	Owner (8 ns, Inc.)	ASC 0014	M No. 40		Name Skv (of Abatement Co Contracting, L	ontracto	r (9)				
Street Address 655 West Shore Train	il						Street	Address Valley Road		K				
City, State, Zip Code Sparta, NJ 7871							City, S	tate, Zip Code ne, New Jerse						
Project Manager for Monit John Sekelsky	oring Firm			Telepho (973)	ne No. 729-564	19	Teleph	one No. 928-5040	Sy 014	License I 00874	No.			
Start Date (10) 5/19/2018		Schedul 5/29/2	led Cor 018	200	Date (11)		Name	of OSHA Monitor Contracting, L		00074				
Occupancy Status During	Abatement (Chec						-	Address						
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire F d Outside of Norm	Period of a	Abater y Hour:	ment s			1385 City, St	Valley Road, tate, Zip Code						
Scope of Work (Check All	That Apple						Wayr	ne, New Jerse	ey 074	70				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпат Арріу)		Renova Demolii				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				0	
		Is	Locat	ion					() dir.	a Holl I Ha	1		ement	
Location of			Normal ed Sole) A 195300 0	De	scription	of				Ту	ре	
Asbestos-Containing N <u>TO BE ABAT</u> In Facility (13)	TED .	Ma	todial (12)	nce/	Asbes (i.e.	thermal surfa	aining M systems cing, VAT niscelland	aterial (ACM) insulation, Γ, or eous)	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-		ate	0
See Attach	ned													
											-			
Name of Registered Waste	Hauler		IN	JDEP W	/aste	Cubic	Yards	Name of	Peninto	red Landfill				
Service Transport Gro		25	Н	auler ID 0990		of Was				rprises, L				
City, State New Castle, Delaware						Dispos TBD	al Date	City, Stat Wayne		Ohio				
Completed by Predrag Sarcev		Title Vice	Drooi	dont		S	ignature,	201		Da	ite			
		vice	riesi	Jent		1	and the second	The second secon		4/	30/20)18		

Location of		Normal	ly	Description of			0.000000	emen /pe	nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	No. 1900, 200, 200, 200, 200, 200, 200, 200,		'al	=	ilate	are
Workout Room First Floor		X		TSI - Pipe Elbow Insulation	5 LF	X			
Bathroom + Kitchen First Floor		Х		TSI - Pipe Elbow Insulation	30 LF	X			
Officer's Room + Bathroom First Floor		X		TSI - Pipe Elbow Insulation	5 LF	X			
Dorm First Floor		X		TSI - Pipe Elbow Insulation	5 LF	Х			
Fire Engine Bay First Floor		×		TSI - Pipe Elbow Insulation	10 LF	X			
Boiler Room First Floor		x		TSI - Pipe Elbow Insulation	30 LF	X			
Staging Area / Lounge Shooting Range / Basement		Х		TSI - Pipe Elbow Insulation	15 LF	X			
MER + Bathroom Shooting Range / Basement		х		TSI - Pipe Elbow Insulation	10 LF	Х			



State of New Jersey - Notification of Asbestos Abatement Check # 3/2/ GAC Project # 642-2018 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)	- 4							
May 10	2018				Name of Building Own	ner/Operator (2)	
Agencies Notified	, 2010	Notificatio	- T		STEVENS INSTI	TUTE OF	TECHNOL	OGY
		⊠Initial	Notific	action	Street Address			
□ EPA					1 CASTLE POINT	ON HUD	SON E	CELWER
□ DCA				rtification	City, State, Zip Code	-it bay	11115	명 등 11 V/ 15
X DOL		L Emerg	jency	(including	HOBOKEN, NJ 0	7030	12	
☑ DEP- No Longer REQUIR	ED			attached)	Name of Contact	1	Telephor	ne Number
DOH DOH	KED	□ Cance	lled		MR. DAVID FERNANI	DEZ, MS	201-91	2-4651/0 2018
E3 0011					DIRECTOR ENVIRON	MENTAL	Soya .	1
				EACH ITV II	HEALTH & SAFETY NFORMATION			
Name of Facility Where Abatem	ent is Ta	king Place (3)		TACILITI	Type of Facility (4)		V 42	OFCO CONTROL &
MC CLEAN HALL					School (K-12)	å.	/ ACLIL	LICENSING
Street Address							The second second second second	The second secon
	N/ED 0				Subchapter 8 (other ti	nan K-12)		
MAIN CAMPUS (507 R	IVERS	IREEI)			Other (i.e. private &	commercial bu	ildings, homes	s, etc.)
City (5)	County (6	1	I Coun	ty Code (7)	Sq. Feet: N/A	# of Floors:	5 Bldg. Ag	e: ~50 years
HOBOKEN		DSON		Use Only)	0	4 72 50 Ut		
	1101	20014	10.00	ooc omy	Current Use (prior if be	ing demolishe	d): ACADE	MIC
Name of Monitoring Firm Hired I	by Plda (Dumas (0)	1000					
TTI ENVIRONMENTAL	IAIC	Jwner (8)	ASC		Name of Contractor (9)			
ZIVIKORIMENTAL	., INC.		000	03	ODEENWOOD			
Street Address					GREENWOOD ABA	ATEMENT (CONSULTA	ANTS, INC.
1253 NORTH CHURCH S	STREE	т			Street Address			
		•			511 MAIN STREET	7		
City, State, Zip Code					City State, ZipCode			
MOORESTOWN, NJ	08057	Š			BUTLER, NJ 07405			
Project Manager for Monitoring F	irm	Telephone N	lumber		Telephone Number)	T	
MR. JIM GUILARDI		856-840-	8800	ext 31	relepitorie Number		License No	ımber
					973-492-0477		00840	
Scheduled Start Date (10)		Scheduled C	Completi	on Date (11)	Name of OSHA Monitor		00040	
05/23/2018	- 1	05/28/20	18					
Occurrence of the Control					ENVIROVISION, IN	IC.		
Occupancy Status During Abat	tement (0	Check only or	ne)		Street Address			
☐ Facility Closed/Vacated Dur	ring Entir	e Period of A	bateme	ent				
Abatement Performed Outs	side of No	ormal Facility	Hours -	2	20-21 WARGARAW	ROAD		
Describe					City, State, Zip Code			
☑Other – Describe: 8:00 A	M - 8:6	00 PM (24	HRS.	&				
WEEKENDS AS NEEDE	D)				FAIRLAWN, NJ			
Source of Work (Check all that ap					I AIRLAWIN, INS			
Godice of Work (Check all that a	opiy)							
D > 2 -f 0 //						Full Contains	nent with Neo	gative Pressure
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				■ Renovation		Mini-Enclosu	re	
\ge 160 sf or \ge 260	O If			Demolition		Glovebag Pr	ocedure	
Location of Asharta O					X	Non-Exempt	ed (*) and No	n-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Loc	ation Normall	y Used	Description of Ast	pestos Containing Material	Amou		tement Type
material (Nom) III I acility (13)	Staff?	by Maint./Cu	stodial	(ACM) (i.e. therm	al systems insulation, surfac	ing, (Speci	fy SF	N. 42 02 0240 0244 02
	YES	The second secon	NA	VAT, or other miss	ceii.)	or LF)	Rem	ove Repair Encap Enclose
CMS Dept. OFFICE SUITE &		X		ELOOD THE	/!!!!			
CONFERENCE ROOM 120				FLOOR TILE	(including mastic)	1265	SF X	
	-							
Name of Reg. Waste Hauler		NIDEDW						
See Hauler Below #1 & 2		NJDEP Wast	e Hauler	1D#	Cubic Yards of Waste:	20 CY	Name of Re	gistered Landfill
		See Below					G.R.O.W.	S. North Landfill
Hauler #1) Greenwood Abateme	nt Consu	ltants, Inc	Butler, N	NJ 07405		Disposal Da	l	City, State
NJDEP # 12561						05/28/20		100 New Ford Mill
Hauler #2) Newark Carting, Inc.	, Newark	, NJ 04509				00120120		Rd. Morrisville, Pa
NJ DEP # 4509								19067
Completed by (Bill - 7		•						215-736-1700
Completed by (Print or Type)		The state of the s		_	Signature		Date	-
RAYMOND C. PEDALING	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ENIOR PR	OJEC	T	Raymond C. Per	dallin	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10, 2018
	M	ANAGER		1	Mayora C. Pe	ACCURATE.	ay	

APPROVED BY. State of New Jersey TOM VOORHEES, DOOP NOTIFICATION OF ASBESTOS ABATEMENT # 3362 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 / Verizon Agencies Notified Type Notification Street Address ☐ EPA 15 East Montgomery Place, Lower Level 1 6 2018 **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment #_ Pittsburgh, PA 15212 ☐ DCA ☐ Emergency (including Telephone NUMBERSING (NJAC 5:23-8) Name of Contact justification) Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Ewing Central Office School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1606 Pennington Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ewing County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental Management** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave. 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __5__ / _14 / 18 5 / 15 / 18 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure 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 Basement Battery Room M VAT, Mastic 10 SF \boxtimes Basement Generator Room X Vibration Damper Cloth X 2 SF

Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill BRISTOL ENVIRONMENTAL, INC. Hauler ID No. Waste FAIRLESS LANDFILL 18706 City, State Disposal Date City, State BRISTOL, PA 19007 FAIRLESS HILLS, PA 19047 Completed By (Print or Type) Signature Brian Scafiro Estimator

ASB-41 BS 18040-B

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



FAI	M		i uisua	III to NJA	C 0.60 a	na 12:1.	20)			1177	E	P 1	3 [1 M
Date of Notification (1) 5/11/2018	E.D			of Buildin UPOR	g Owner	/Operato	or (2)				<u> </u>	<u>VI [</u>		(\(\frac{1}{2}\)
Agencies Notified Type Notification X EPA DEP Amended	on			Address SUPOR	BOUL	EVARI	D, B	UILDING #	¥11		i de Bassa Bassa	A.	6	2018
DEP Amended Amendme				State, Zip (RRISON,		029				1 4	SBES	STOS	COI	VTRO
DOH justification Cancellation	n)	ig		of Contac RK A. TR						lephone-N 73-481-2	umber	LICE	NSIN	IG
Name of Facility W/h At			FA	CILITY IN	FORMAT	ION								
Name of Facility Where Abatement is Tak METRO PLASTICS BUILDING Street Address	ing Place	(3)					Ty	pe of Facility School (K-						
1000 FRANK E. ROGERS BOUL	.EVARD						×	Subchapte Other (i.e. etc.)	er 8 (Oth private	ner than K- & commer	12) cial bui	ildings	, hom	nes,
City (5) HARRISON							Sq	uare Feet	# 0	of Floors		Bldg.	Age	
County (6) HUDSON				Code (7)			Cu	rrent Use (Pr	ior if be	ing demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8	3)	ASC	M No.				batement Co			NG		3-703	
Street Address						Street	Add	27-51-51,000 - 600-51			110			
City, State, Zip Code						City, S	State,	Zip Code A, NJ 075		-				
Project Manager for Monitoring Firm								No.	12	License	No.			
Start Date (10) 5/24/2018							of O	SHA Monitor		00494				
Occupancy Status During Abatement (Che	1					_		S (9) ABC	VE					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: VACANT	Period of	Abater	ment s			Street City, S		Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoli				×	M G	ull Containm lini-Enclosure llovebag Pro- on-Exempte	e cedure				e	
		s Locat Norma										Abate	emen pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole aintena stodial ((12)	ely by nce/ Staff?	Asbes (i.e.	tos Cont thermal surfac	scription raining M systems cing, VA niscellan	fateria s insu T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
ROOF & SIDE WALLS	Yes	No X	N/A	METAL	CODE	25047		DANELS	10.4		-		Ф	
BUILDING INTERIOR		X	-	-				PANELS	100000	000 SF	X			
DOLDING INTERNOT				FIFE	(WRA	Pac	010	JNLY)	5	0 LF	+			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	Н	JDEP Wauler ID 8743		Cubic of Was	ite				red Landfil IAGEME		S.R.C	.W.	S.	
City, State TOTOWA, NJ						al Date		City, State		E, PA				
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINAT	OR Si	ignature	أحادير	11 th 1)	Da	ate /11/20	118		

(6)	9	P.		TIFICA	TTON OF A	New Jersey SBESTOS ABATI AC 8:60 and 12:1		La su company de divisió en	DEC			M	7 [
Date of Notification (1)	1-18			I	lame of Buil	ding Owner/Operat	or (2) PINES		AMPGIE	W.,	15	201	8
Agencies Notified	Type Notifica			S	treet Addre		RT C	ì	N ASSE				-
☑ DOL	Amended Amendme	nt#	-	C	ity, State, Zi		17541	ı,A	ASST	Liût	140	iva	
☑ DOH □ DCA	☐ Emergeno justificatio	אר)	aing	N	ame of Cont		a IOM	IN	Telephone Nur	nber			
						SHAROW							
Name of Facility Where Al	patement is Ta	aking P	ace (3		FACILITY	FORMATION	Type of Fac	ilib. (4)				
Street Address City (5)	IDEW (E					School (I Subchap Other (i.e homes, e	<-12) ter 8 pri		12) cial bu	ilding	ıs,	
	AIN TO	DILL					Square Feet 1500		# of Floors	71	Bldg.		
County (6)						(7) (STATE		Prio	r if being demol		50) †	
Name of Monitoring Firm Hi	M AY	a Oim			SE ONLY)		I	AC	ANT		· 		
(8)	A_	g Owin	-1	1	AVI INO.	Name of Abaten	LEMCO		MIC				
Street Address					7,880	Street Address				_	_		
City, State, Zip Code						City, State, Zip C	1 3.) [KCL	ICE ALL	_		_	
Project Manager for Monitor	ing Firm		T T-	Tb-	- N	_ MA	PLE SI	LA	DE W.J	08	505	2	
	ing riim		116	lephon	e No.	Telephone No. 856-77	9-0477		License No.	uИ			
Start Date (10)	Sch	eduled	Comp	etion [Date (11)	Name of OSHA N							=
Occupancy Status During A		eck on			8	Street Address	NI	<u> </u>		_			_
Facility Closed/Vacated D	uring Entire F	eriod o	f Abat	ement			ž .						
 Abatement Performed Ou Other - Describe: 	rtside of Norm	al Facil	ity Ho	Irs		City, State, Zip Co	ode						
Scope of Work (Check all the	at apply)											_	-
>3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	enova emolitic	11.00 to 10.00 to 10.		☐ Mini-Enc	Procedure		ve Pressure	·e			
		l N	Location loc	1						7	Abates Typ		
Location of Asbestos-Containing Mater	ial (ACM)		d Solei ntenar		Asbesto	Description of as Containing Mate	rial (ACM)		Amount	-	,,, 		\neg
TO BE ABATED IN Facility			ustodia Staff?	ıl	(i.e., t	hermal systems in surfacing, VAT, o			(Specify SF or LF)	Rer	۳	Enca	Encl
(13)		_	(12)			other miscellaneou	rs)		,	Removal	Repair	Encapsulate	Enclosure
SIMIAIC		Yes	No	N/A	T./	14.5.55						0	_
SIDING				X	\	LANSITE		1	250se	Χ		-	\dashv
		-						-	: :		\dashv	-	\dashv
												7	\neg
Name of Registered Waste Ha	uler ALC		H	IDEP V	No.	Cubic Yards of Waste	Name of Reg			110			
City, State	/(IC		-11	740	1	Disposal Date	City, State	W	.C.M.I	1.15	· _		=
MAPLE SHADE								*	BIRT N	T	:		
MICHAET KLOWEN	Title	PRES		50		Signature	η,		Date	11-	-18	-	
MI HALL LUMM		VE.				- I - Mentil	100			11	10		

CK # 4536

		(5)	F=1	П	71.77	150	1
1.	L.,	11 "	1=		W	IP.	117
1111	15	W	L	11	777	L	
111 11	1	**********	-	any management of			
11	1					į	1 1
111111	4						1 1

			(1)	_		C 8:60 and 12:17		111111 1500	v l	Ġ.	nia	
Date of Notification (1)	11-18			_	Hu	Sing Owner/Operator	+ DEV	FLORERS				
Agencies Notified DA	Type Notifica			St	reet Addres	18 GLAS	SSBORD	ROASBES	TOS JCEN	100 Nisi	ITRO G)L &
DEP DEP	Amended Amendme			Cit	y, State, Zip		. 11170	1175 415	- /	10	G	_
₩ DOH	Emergence justification		ling	Na Na	me of Conta		T HEIU	Telephone Nur		100	9	
□ DCA	☐ Cancellation	on				ME		- Stophone Nu	I IDG			
	9		.0	F	ACILITY IN	FORMATION						
Name of Facility Where	Abatement is Ta		ice (3)	. ,			Type of Facil					
Street Address	COTOCI						School (K	er 8 (Other than K-	12)			
-							homes, et	, private & commentc.)	al bu	ilding	s,	
City (5)	ALON				***		Square Feet	# of Floors	E	Sidg.		
County (6)	MAY				ounty Code SE ONLY)	(7) (STATE	Current Use (Prior if being demo	ished)			
Name of Monitoring Firm		a Owner	r		M No.	Name of Abatem		The state of the s			_	=
(8)	NIA						_	ENC				
Street Address						Street Address	e c.	11				
City, State, Zip Code				==		369 City, State, Zip C		ruce Au	٢_	_		
City, State, 21p code						MAP		ADE M.	T	80	-05	2
Project Manager for Monit	oring Firm		Tele	phone	e No.	Telephone No. 856 71°	7-0472	License No.	luu	ı		
Start Date (10)	l Sch	neduled (Complet	ion D	ate (11)	Name of OSHA N		1	-	_		
5-71-18		5-		-18			N/	A				
Occupancy Status During						Street Address	,					
Facility Closed/Vacated Abatement Performed 0					}	City, State, Zip Co	ode		-			_
Other - Describe:							9	· · · · · · · · · · · · · · · · · · ·			10	
Scope of Work (Check all	that apply)					□ Full Con	tainment with N	egative Pressure				20.0100
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovation			Mini-Enc		ogation rossuit				
DA 2100 ST OF 2200 II		178200						on-Friable Procedu	7			
273			_ocation ormality	1					1	bate Typ	ment be	
Location of Asbestos-Containing Mai	erial (ACM)		Solely		Asbesto	Description of os Containing Mate	erial (ACM)	Amount	-			
TO BE ABATEL			stodial Staff?			thermal systems in surfacing, VAT, of	sulation,	(Specify SF or LF)	Rer	Re	nca	Encl
IN Facility (13)		1	(12)			other miscellaneou		0.0.0	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				20	-		le	
SIDING	-			X	TV	CAWSITE		2000SE	X			
									_			
W 45 11 110	U-id-		I ALI)ED I	Vaste	Cubic Yards	Name of Pos	istered Landfill	_			
Name of Registered Waşte KLUMCO J	•			ileg ID		of Waste	(. U	V	1	
City, State	NC			1 [(S VDS Disposal Date	City, State		. 0			_
MAPLE SI	HADE	W.	T				WOO	OBINE	N	.T	_	_
Completed By MICHACL KL	Title	SUP	1+10	-		Signature C	100 L	, Date	11-	18		
MICHALL ICE	MM _	JVI	415	_		- I-rus	~ / / ~			-0		

CK# 4536

PAMD

C		<u>[]</u>	\mathbb{M}	
MAY	1	6	2018	
	E C MAY	<u> </u>		<u> </u>

											per e , m. , . p. e , *;*;				
	Date of Notification (1)	111/18			N	lame of Builk	ding Owne Toma	r/Operato		ASB	LICEN			. Œ	
	Agencies Notified	Type Notific	cation		S	treet Addres	is .				and and an artist of the second		agent states	N. W. S	
] EPA] DEP	Maritial Amende	-d		-	ity, State, Zip	661	POM	ONA K	IVE		_		-	_
-	₹ bol	Amendri Emerger	_	dina				ON F	IFUD K	I.T	080	33			
	¶DOH DCA	justificat	tion)	J	Na	ame of Cont	act				phone Nur				
-						FACILITY IN	OM	TON					=	_	_
N	ame of Facility Where A					AGIGITI	a ordinar		Type of Faci	lity (4)					-7-04
_		RESIDE	NCE						School (K						
_	treet Address		1107						Subchapt Other (i.e. homes, e	, private	er than K-1 & commerc	iz) cial bu	ilding	S,	
Ci	ty (5)	TONE	HU	tRB	OR				Square Feet	# 0	Floors		sidg.		
Co	CAP (- ILLIA			C.	ounty Code	(7) (STAT	E	Current Use	(Prior if be	eing demol	ished)			
Na	me of Monitoring Firm 1			н		M No.	Name o	of Abatem	ent Contractor	CAM	<u> </u>			_	_
(8)		A							CO IN					×	
Str	eet Address	-						Address	SPRU	CE	A 1/15				
City	y, State, Zip Code						City, Sta	te, Zip Co	ode			_			_
_				T Tol		a Na	Telepho		SHAD		1.5	080	25	5	_
Pro	ject Manager for Monit	oning Firm		Ter	ephon	e 140.			7-0472		004	41			
Sta	rt Date (10)		cheduled	_			Name of	OSHA M	onitor						
0~	5-7-1-18 cupancy Status During			2. 8		<u> </u>	Street A	ddress	NIA				_	_	_
X	Facility Closed/Vacated	During Entire	Period o	f Abate											
	Abatement Performed Control of Co	Outside of Nor	mal Facil	ity Hou	TS		City, Sta	te, Zip Ço	de .						
Sco	pe of Work (Check all t	that apply)						Full Cont	ainment with N	egative D	rocaure.				
	3 sf or ≥3 lf 160 sf or ≥260 lf			enovati emolitio			R	Mini-Enclo Glovebag		- T		re			
-			1	Locatio				1011 2010	14.00 () 41.2 (- CATALON	C 1 100000	T	bate		
	Location of		Used	ormally 1 Solety	by	l		iption of				-	Тут	-	
As	bestos-Containing Mate TO BE ABATED		C	ntenan ustodia			hermal sy	stems ins		(Spe	ount ecify	Re	æ	Enca	Enc
	IN Facility (13)		1	Staff? (12)				g, VAT, o cellaneous		SFo	r LF)	Remova	Repair	Encapsulate	Enclosure
	*		Yes	No	N/A	1						1		ale	0
	SIDIMO	,			X		RAM	1317	£	27	505F	X			
		2												\dashv	
			-										\dashv	\dashv	
Mam	e of Registered Waste I	da ilar	-11	T N	DEP V	Vaste	Cubic Yar	ds	Name of Regi	stered La	ndfill				
		INC			uter 10	No.	of Waste		C. M		M. ()	A			
City.	State				/10		Disposal (Date	City State						
	MAPLE SH	ANE	ke -)		L	Signa	ture _ ^		DID BI	Date				=
33397 N	CHAEL KLE	1000	SU	φ.			- M	Mul	U76		2	-11	-1		_

05/10/2018 09:54 2012	520321					, 3	02						
	020321				AMA	AC.			E 0	F	ΓF	AGÉ	Ø
2K 1076									EC	E	1	10	
W. 25		Mo	TIFICAT	Sints o	ABBESTO	bey		Tim	hai	10	A	V	7
Date of Notification (1)	AM	(I)	factorial &	and so M	JAC Bibb,	tist base	ta)		DOPE	Political Property of the Political Property	*	no	7
5/10/18			Nan	no pi buli	ding Owns	nOperate	x (2)		1 Barrens	*****	5777	-	
Agendes Notified Type Notifice	Pan		1 550	STYTO!	EDLL!	HU /	92500	MIES	KESE	STOS		INIG	HUL
EPA Britis			1	777	KINA	CEKA	MACK	12000	,	111			-
DEP Amenda Amenda Amenda	tener		I Olly.	Etrin Z	RUMGE			200	-	PF	130	州	_
DOM Justificati		ing	diam.	246-	and the same	-							
The Carlotter			1 3	STE	PHAL	SCH	NITK:	1-	20/~	297	19	35	40
Name of Facility Where Abstrament is To	Idng Plac	(E) es		ACILITY	NFORMA	TROM				- / '		4 (_
RIGGINONT CHEPP	ina c		DER				Type of a						
			7			_	H Sai s	ol ()(-12) hinstor & (Ca	North-a P	***			
177 KINGERAMAL	K 14	UAU	15	PAC		8	Of s	C.o. private	S COURTER	-१२२ संबंधि		94, ån	(7500.
PARKRUGG UT			11. 1000-00 20				Square p	B4 (#	of Floors		Blag	. Age	- 2
BONGER			Count	y Code (77		12-	e (Prior # be	los de se		1	0	
Name of Montoning Fam Hand by Building	- 0	250	151761	E rafe Of	(L)		SHULL	PIAN C	chart to	שרשום פעל			
d annymous school	å nautéi.	(8)	ASA	CM No.		Martia	Of Altered In	t Contracto	r (Ø)		_	-	
Street Address					-	Steel	Address						
City, State, Zip Code		- William Committee				185	reelen: A						
						Bridle	nd Pari A	4					
Project Manager for Monkoring Flam			Tateph	one No.		_	one No.	V.J.					
Start Desp (10)	niminalaria-		L			201-2	82-584		00156				
5/1918	School	World Co	millation	Dale (1	1)	Name o	OSHA I OT	H Dr			_		
Occupancy Status During Abatement (Chi	ick Only	ומוזכ	168		· .	Omeg	e Enviro	niental Si	arvices in	10,			
FEORY COSSISTANCES PULL BOND		2000	Ment			Street A	odress Uyler Sile	61					
Absternant Performed Outside of Not Other - Describe:	गाबा Facil	ty Hou				City, 66	te, Zlp C; Be	47 4 5			-		
Scope of Work (Check All That Apply)						Hacke	nesok. J.	J. 07606					
्र अर्थ कर का स	\$29	D	onapore v		20122	-							
2160 at or 2250 K	15	Renova				目	Chound o	Properties					
	1	s Locat	linn	1	-		Non-Ei m	pled (") and	Hon-Fried	e Pro	zachu	9	
Location of	1	Normal	Mar		P	criation si						orthern glad	t
TO BE ALATED	64	ed Sqis Ambans	most	Alto	sios Conta	inino Mai	arts) (41' m	An	nouné	\vdash	.,,		\vdash
In Facility (13)	Cus	40dis/ (12)	94417	1 (1.0	a mentinen s Surienci	iyabanda is no. Vat	rettlettori.	(8)	Mc46v	3	73	576	5
1.0/			_		other mi	enalista Lenalista	(80%	ar.	or Lab	Renoval	Rupair	Encupacial	Endosusa
VACANT STOLE &	Yes	No	NA			ADDRESS STOLEN		1		E.	7	Miles I	20
100 AN 3/06 B		_	X		VA	7		. 5	2000	X	-	-	\dashv
	-		<u> </u>					1		4	-	\dashv	-
	-		1			77.00 A.C.	1 200	1		1	-	\dashv	-
Carrie of Registered Walter Hauler	ليل					-		1			-	-1	-
Newark Certing, Inc.		H	IDEP W	Lete Vo	Cubic Ya	Irdo 4	Nil le	f PCcglistere	d Landia		_	_1	-
My, Shelm		04	509	;	of Whates	2		Central		Land	RU		
Newsrk, N.J. 07105							Of B	x lipp					_
dmpleted by	Title				S/19	1000	UPITA	rgyl, PA	18072				
R. McDonald	Pres	dent			E159	Media To	151 1	1	Dabe	1	1	_	-1

* 18 TW

State of New Jersey

VIOCE .	N	OTIF	CATI	State of ON OF A	f New Jersey ASBESTOS ABA	ATEMENIT	FNEC	E	1		5
·			Purs	uant to N	JAC 8:60 and 5:	16)		<u> </u>	D /	<i>J</i> L	=
Date of Notification (1)						, 1	Inil				- manual
4/5	/18				ding Owner/Operato	r (2)	M/	AY 16	b 20	18	-
Agencies Notified Type N	otification										-
				reet Addres	100		ASBES	TOP C	ONIT	201	2
☑ DOLWD ☑ Ame			011	y, State, Zij	fic Avenue		ASDES	LICENS	SING	1102	
□ DCA □ Eme	endment # <u>#3-</u>	5/10/1	0 1		ity, NJ 08401	-1		-	110.00	- The state of the	erega Jan 2
	ergency (includ	ding		me of Cont							
The state of the s	cellation			Brian King			Telephone I				
			_				201-256-	5166			
Name of Facility Where Abatemen	t is Taking Pla	ace (3)		ACILITY	INFORMATION	1=					
Verizon Atlantic City CO	,	200 (0)				Type of Facility					
Street Address						School (K-1:	2) 8 (Other than 4	(12)			
1609 Pacific Avenue						☐ Other (i.e., p	private and com	nmercial	buildir	nas.	
City (5)						nomes, etc.)				
Atlantic City						Square Feet	# of Floors		Bldg. /	Age	
County (6)		or File	Co	unty Code	(7)(STATE USE ONLY)	-+75,000	7		+-50	0	
Atlantic				,	(MOMILE OOL ONLY)	Current Use (Pr	for it being den	nolished))		
Name of Monitoring Firm Hired by I	Building Owne	er (8)	ASCI	M No.	Name of Abatem	ent Contractor (9)					
ESIS		2005				VIRONMENTA					
Street Address					Street Address	ALMAIMONINE	L, INC.				
10 Exchange Place, 13th Flo	or				1123 BEAVE	RSTREET					
City, State, Zip Code					City, State, Zip C						
Jersey City, NJ 07302					BRISTOL, PA						
Project Manager for Monitoring Firm	1	Tel	ephone	e No.	Telephone No.	. 10007	Lineana N.				
Brian Kingsbury				6-5166	215-788-6040		License No.				
Start Date (10)	Scheduled				Name of OSHA M	lonitor	00309				
//	5	/ _1	5_/	18		VIRONMENTAL	INC				
Occupancy Status During Abatemer	nt (Check only	one)			Street Address		-,				
☐ Facility Closed/Vacated During E	ntire Period o	f Abate	ment		1123 BEAVER	RSTREET					
Abatement Performed Outside of Time of Abatement:AM	Normal Facil	ity Hou	rs - De	scribe	City, State, Zip Co						
		UPIVI-Z	:00AM	ı	BRISTOL, PA						
Scope of Work (Check all that apply))										
≥3 sf or ≥3 If	⊠R	enovat	ion			ainment with Nega	ative Pressure				
≥160 sf or ≥260 If		emoliti			☐ Glovebag	Procedure					
					☐ Non-Exer	npted (*) and Non	-Friable Proced	dure			
Location of		s Local Norma			I — Anna Caralle Service - Property			At	pateme	ent T	уре
Asbestos-Containing Material (AC	CM) Us	ed Sole	ly by	Ashes	Description of stos Containing Mat	erial (ACM)			1		-
TO BE ABATED IN Facility		aintena stodial		(i.e.	., thermal systems in	sulation.	Amount (Specify	Removal	Repair	ncal	nclo
(13)		(12)	otun:		surfacing, VAT, other miscellaneo	or	SF or LF)	val	=	Encapsulate	Enclosure
	Yes	No	N/A		other miscellaneo	us)				ate	(1)
Basement Stairwell				VAT and	d Mastic		100.05				_
1st Floor Storage Room				VAT and			100 SF				
7th Floor and Loft				VAT and	W. S. W. C. P. S. C. S. C.		375 SF				Ш
6th Floor Office				Ceiling			100 SF		Ш	Ш	
Name of Registered Waste Hauler		N.	JDEP V	_	Cubic Yards of	Name of Decid	8 SF				
BRISTOL ENVIRONMENTAL I	NC.	Ha	auler ID	No.	Waste	Name of Registe ACUA Haner					
City, State			18706		Disposal Date		man Environ	menta	Park	۲	
Bristol, PA					TBD	City, State	Township				
Completed By (Print or Type)	Title				111,000,000	Egg Harbor					
Dillan DeCaro	Estimat	or			Signature	De Caro	1:0 0)ate 3//	10/	18	
ASB-41					News	- Coro	1	9/1	-//	, 0	

ASB-41 JAN 13

* Do not use this form for asbestos licensure exempted activities. UNTIL MON. 5/14/18. FR OFF SITE

nock

6 4 4 1.5	5 Pm	2018
MAY	10	Allix

Date of Notification (1)				I Man	(D. 11)						MAY	i 6	201	8	11 6
	5 /	18					wner/Operator	(2)							
Agencies Notified	ype Notificati	on.			et Address					ASB:	38108	CC	MTF	IOL I	&
⊠ EPA	Initial	311		100000000000000000000000000000000000000	609 Pacif		venue			A. A. A. P. (Charles - Mary Laborator)	LICE				Omenica A. P. Store
⊠ DOLWD	Amended			City	, State, Zip										
☑ DOH ☐ DCA ☐	Amendmen Emergency			5 1	tlantic Ci										
(NJAC 5:23-8)	justification		iig		ne of Conta				1-	Telephon	o Musel				
	Cancellation	1		В	rian King	gsbur	ry			201-25					
				F	ACILITY	INFO	RMATION				0 0 100	_			
Name of Facility Where Aba		ing Plac	ce (3)					Type of Facility	v (4)			-			
Verizon Atlantic City	CO							School (K-1	12)						
Street Address								Subchapter	8 (0	Other than	n K-12)		**		
1609 Pacific Avenue								Other (i.e., homes, etc) .)	ate and c	ommero	ial b	uildin	gs,	
City (5)								Square Feet		# of Floo	rs	В	ldg. A	Age	
Atlantic City								-+75,000		7		1	+-50	20000	
County (6) Atlantic				Cou	inty Code	(7)(STA	ATE USE ONLY)	Current Use (P	rior	if being d	emolish	ed)			
	-d b D 1111							Verizon							
Name of Monitoring Firm Hir ESIS	ed by Building	Owner	(8)	ASCN	1 No.			ent Contractor (9							
Street Address						_		VIRONMENTA	L, I	INC.					
10 Exchange Place, 13	th Floor						reet Address								
City, State, Zip Code	7 1 1001		lance of the				1123 BEAVE								
Jersey City, NJ 07302						1 2	y, State, Zip Co	E.							
Project Manager for Monitori	na Firm		Tel	ephone	No		BRISTOL, PA	19007							
Brian Kingsbury	3			01-256			ephone No. 215-788-6040			License N					
Start Date (10)	Sche	eduled (1		ate (11)		me of OSHA M			00509					
4 / _19_ / _1	8			1_/		1		VIRONMENTA	1 1	NC					
Occupancy Status During Ab	atement (Che	ck only	one)				eet Address		_,						
☐ Facility Closed/Vacated D	uring Entire P	eriod of	Abate	ment			123 BEAVER	RSTREET							
Abatement Performed Out	tside of Norma	al Facilit	y Hou	rs - Des	scribe	-	, State, Zip Co								
Time of Abatement:		/W/ <u>5:00</u>	PIVI-Z	:00AM		В	RISTOL, PA	19007							
Scope of Work (Check all tha	t apply)														
≥3 sf or ≥3 lf		⊠ Re	novat	ion				ainment with Neg	gativ	e Pressu	re				
≥160 sf or ≥260 lf		☐ De	moliti	on			☐ Glovebag	Procedure							
		la la	Loca	llaa			☐ Non-Exen	npted (*) and No	n-Fr	iable Pro	cedure				
Location of			Vorma				Description of					Aba	ateme	ent T	уре
Asbestos-Containing Mate			d Sole intena		Asbe	stos C	Containing Mat	erial (ACM)		Amount	.	Re	Re	En	En
TO BE ABATED IN Facility				Staff?	(i.e	., ther	mal systems ir	nsulation,		(Specify	y	Removal	Repair	cap	Enclosure
(13)			(12)	_		oth	urfacing, VAT, er miscellaneo	us)		SF or LF)	<u>a</u>		Encapsulate	ure
		Yes	No	N/A				200						te	
Basement Stairwell				\boxtimes	VAT and	d Ma	stic			100 SF	:				
1st Floor Storage Room					VAT and	d Ma	stic			375 SF	:				
7 th Floor and Loft				\boxtimes	VAT and	d Mas	stic			100 SF					
6th Floor Office				\boxtimes	Ceiling	Tile				8 SF	_		П		
Name of Registered Waste Ha			132/60	JDEP V			c Yards of	Name of Regist	tered	d Landfill					믝
BRISTOL ENVIRONMEN	ITAL INC.		H	auler ID 18706	Contract Contract	Wast	te	ACUA Hand	ema	an Envir	onme	ntal	Parl	<	
City, State						Dispo	osal Date	City, State							_
Bristol, PA						TB	3D	Egg Harbor	То	wnship	, NJ				
Completed By (Print or Type)	Title	9				T	Signature				Date	-			_
Dillan DeCaro	E	stimat	or				Dillan	Di Caro,	/(m		5-	- -	-11	0
SB-41				-		- 3	1000000	100000	1	1	1	,	(10	'

[B : 111				3.	oudill to i	NJAC 8:60 and 8	5:16)	IIII) E	: (C, [5 1	W	E
Date of Notification (1)	_	900100		N	lame of Bu	ilding Owner/Operate	or (2)			221 42		
		18	_		Verizon	Communicatins	(-)			4 2-		
Agencies Notified EPA	Type Notif	cation		S	treet Addre	SS			MAY	16	2018	3
☑ DOLWD	☐ Initial	- 6				ific Avenue						
⊠ DOH	⊠ Amend	ed nent # <u>#2</u>	2 4/20	C	ity, State, Z					0.00	NIT'Q	rsi o
☐ DCA	☐ Emerge	nev (incl	uding			City, NJ 08401		1		ENSI		-11-0
(NJAC 5:23-8)	justifica	tion)	duling		ame of Con			A not to be dealer to a street	and the same services and the con-			envering to
	☐ Cancella	ation		- 1	Brian Kin				one Numb			
						INFORMATION		201-2	256-5166	ĵ		
Name of Facility Where A	batement is	Taking F	Place (3	3)	. AOILIT	INFORMATION	T==		W			
Verizon Atlantic City	y CO			70			Type of Facil					
Street Address							School (K	(-12) er 8 (Other th	- 16 (5)			
1609 Pacific Avenue	:						Differ (i.e.	Drivate and	commerc	ial hui	ldinge	
City (5)	27							(0.)		ui bui	ungs	1,
Atlantic City	***						Square Feet	# of Flo	ors	Bld	g. Age	е
County (6)				C	ounty Code	(7)(STATE USE ONLY)	-+75,000	7		÷	-50	
Atlantic					, Oude	(NOTATE USE ONLY)	1	Prior if being	demolish	ed)		
Name of Monitoring Firm H	lired by Build	ling Own	ner (8)	ASC	M No.	Name of At 1	Verizon				10	
ESIS			,	1.00	W NO.	Name of Abatem	ent Contractor ((9)				
Street Address						Street A Live	VIRONMENT	AL, INC.				
10 Exchange Place, 1	13th Floor					Street Address						-
City, State, Zip Code						1123 BEAVE						
Jersey City, NJ 07302						City, State, Zip C						
Project Manager for Monitor	ring Firm		Te	lephon	e No	BRISTOL, PA	19007					
Brian Kingsbury			4			Telephone No.		License	No			-
			- 1	201-25	G EACC	045 700 00		License	140.			
	E S	cheduled		201-25		215-788-6040		00509				
		cheduled 5	Comp	letion D	ate (11)	Name of OSHA M	lonitor	00509				
Start Date (10)	19	5	Comp	letion D		Name of OSHA M BRISTOL EN	lonitor	00509				
Start Date (10) AN ANT 4 / 27 / 27 / 27 Cocupancy Status During At Facility Closed/Vacated C	batement (C	heck only	/ 1 y one)	letion D	Pate (11) 18	Name of OSHA M BRISTOL EN	lonitor VIRONMENTA	00509				
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire	heck only	/ 1 y one)	letion D	Pate (11) 18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER	Ionitor VIRONMENTA	00509				
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire	heck only	/ 1 y one)	letion D	Pate (11) 18	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co	Ionitor VIRONMENTA R STREET de	00509				
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire utside of Nor _AM	heck only	/ 1 y one)	letion D	Pate (11) 18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER	Ionitor VIRONMENTA R STREET de	00509				
Start Date (10) AN AN AND AND AND AND AND AND AND AND A	batement (C During Entire utside of Nor _AM	heck only	/ 1 y one)	letion D	Pate (11) 18	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET de 19007	00509	9			
Start Date (10) AN AN AND AND AND AND AND AND AND AND A	batement (C During Entire utside of Nor _AM	heck only Period of mal Faci _PM/5:0	y one) of Abate lity Hou	letion D 1 / ement urs - De 2:00AM	Pate (11) 18	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET de 19007	00509	9			
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire utside of Nor _AM	heck only Period of mal Faci _PM/5:0	y one) of Abate lity Hou	letion D 1 / ement urs - De 2:00AM	Pate (11) 18	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET de 19007 ainment with Necessure Procedure	00509	e e e e e e e e e e e e e e e e e e e			
Start Date (10) AN AN AND AND AND AND AND AND AND AND A	batement (C During Entire utside of Nor _AM	heck only Period of mal Faci PM/5:0	y one) of Abate lity Hou one One Renovati	letion D 1 / ement urs - De 2:00AM	Pate (11) 18	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET de 19007 ainment with Necessure Procedure	00509	e e e e e e e e e e e e e e e e e e e			
Start Date (10) AB ABA ABA ABA ABA ABA ABA ABA ABA ABA	batement (C During Entire utside of Nor _AM at apply)	heck only Period of mal Faci _PM/5:0	y one) of Abate lity Hou	letion D 1 / ement urs - De 2:00AM	Pate (11) 18	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exem	R STREET de 19007 ainment with Necesure Procedure proted (*) and No	00509	ire cedure	bater	nent '	- Fvne
Start Date (10) AB ABA ABA ABA ABA ABA ABA ABA ABA ABA	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0	y one) of Abate lity Hou one of Abate lity Hou one	letion D 1 / ement urs - De 2:00AM ion on	ate (11) 18 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA State Contact Glovebag Non-Exem	R STREET de 19007 ainment with Necessure Procedure poted (*) and No	00509 AL, INC gative Pressu on-Friable Pro	ire ocedure		ment T	1
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0	y one) of Abate lity Hou one Renovat emoliti s Loca ed Sole aintena	letion D letion	Pate (11) 18 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems in	R STREET de 19007 ainment with Newsoure Procedure npted (*) and No	gative Pressu	ire ocedure		1	
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0	y one) of Abate lity Hou one of Abate lity Hou one	letion D letion	Pate (11) 18 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of stos Containing Mate thermal systems in surfacing, VAT.	R STREET de 19007 ainment with Negosure Procedure npted (*) and No	00509 AL, INC gative Pressu on-Friable Pro	ocedure		1	
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0	y one) of Abate lity Horo DOPM-2 Renovat Removat Remov	letion D letion	Pate (11) 18 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems in	R STREET de 19007 ainment with Negosure Procedure npted (*) and No	gative Pressu On-Friable Pro Amount (Specify	ire ocedure		-	
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:C	y one) of Abate lity Hou one of Abate lity H	letion D 11 / ement urs - De 2:00 AW ion on tion elly ely by nce/ Staff? N/A	Asbes (i.e.	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	R STREET de 19007 ainment with Negosure Procedure npted (*) and No	gative Pressu on-Friable Pro Amount (Specify SF or LF	ocedure		1	
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0 R Us M Cus Yes	y one) of Abate lity Hou one) Renovate Removate	letion D 11 / ement urs - De 2:00AM ion on tion ully ely by nce/ Staff?	Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	R STREET de 19007 ainment with Negosure Procedure npted (*) and No	gative Pressu On-Friable Pro Amount (Specify	ocedure	Repair	Encapsulate	
Start Date (10) A STATE AND COLUMN AND COLUM	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0 R Us M Cus Yes	y one) of Abate lity Hou one lity Hou one lity Hou one one lity Hou one	letion D 11 / ement urs - De 2:00 AM cion on tion ully ely by nce/ Staff?	Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	R STREET de 19007 ainment with Negosure Procedure npted (*) and No	gative Pressu on-Friable Pro Amount (Specify SF or LF	ocedure t A	Repair	Encapsulate	1
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0 R Us M Cus Yes	y one) of Abate lity Hou one) Renovate Removate	letion D 11 / ement urs - De 2:00AM ion on tion ully ely by nce/ Staff?	Asbes (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	R STREET de 19007 ainment with Negosure Procedure npted (*) and No	gative Pressu on-Friable Pro Amount (Specify SF or LF	ocedure t () () () () () () () () () (Repair	Encapsulate	1
Start Date (10) AB ABATED Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) Seement Stairwell Floor Office	batement (C During Entire utside of Nor _AM at apply)	beck only Period of mal Faci PM/5:0 R Us M Cus Yes	y one) of Abate lity Hou one lity Hou one lity Hou one one lity Hou one	letion D 11 / ement urs - De 2:00 AM cion on tion ully ely by nce/ Staff?	Asbes (i.e. VAT and VAT and VAT and	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, co other miscellaneous Mastic Mastic	R STREET de 19007 ainment with Negosure Procedure npted (*) and No	gative Pressu On-Friable Pro Amount (Specify SF or LF	oredure t / Commonward T / C	Repair	Encapsulate	1
Start Date (10) AB ABATED Abatement Performed Outline of Abatement: Scope of Work (Check all that 23 sf or 23 lf 2160 sf or 2260 lf Location of Asbestos-Containing Material National Facility (13) Assement Stairwell Floor Storage Room Floor and Loft Floor Office me of Registered Waste Ha	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0 R Us M Cus Yes	y one) of Abate lity Hou one) Renovate Removate	letion D 11 / ement urs - De 2:00 AW ion on tion on tion on Xiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Asbes (i.e. VAT and VAT and VAT and VAT and	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA STUIL Conta Store Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous Mastic Mastic Mastic	R STREET de 19007 ainment with Negoure Procedure Procedure Protective And No erial (ACM) sulation, or us)	gative Pressu On-Friable Pro Amount (Specify SF or LF 100 SF 100 SF 8 SF	ocedure t () () () () () () () () () (Repair	Encapsulate	1
Start Date (10) A ST A A A A A A A A A A A A A A A A A	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0 R Us M Cus Yes	y one) of Abate lity Hou one) Renovate Removate	letion D 11 / ement urs - De 2:00 AW ion on tion on tion on Xiiiiii Xiiiiii Xiiiii Xiiiiii	Asbes (i.e. VAT and VAT and Ceiling T	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA STUIL Conta Store Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous Mastic Mastic Mastic	R STREET de 19007 ainment with Necessare Procedure Procedure Protection aintent (ACM) sulation, or us) Name of Registe	O0509 AL, INC gative Pressu on-Friable Pro Amount (Specify SF or LF 100 SF 375 SF 100 SF 8 SF ered Landfill	oredure t / Commonwar	Repair	Encapsulate	1
Start Date (10) AB ABATED Asbestos-Containing Mate TO BE ABATED IN Facility (13) Assement Stairwell Floor Office Telor Office The of Registered Waste Hasser, State Start Date (10) AB ABATED The of Abatement: Assembly To Be ABATED The office The office of Registered Waste Hasser, State BRISTOL ENVIRONMEN To State	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0 R Us M Cus Yes	y one) of Abate lity Hou one) Renovate Removate	letion D 11 / ement urs - De 2:00 AW ion on tion on tion on Xiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Asbes (i.e. VAT and	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA Full Conta Mini-Enck Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous Mastic Mastic Mastic Cubic Yards of Waste	Name of Registe	O0509 AL, INC gative Pressu on-Friable Pro Amount (Specify SF or LF 100 SF 375 SF 100 SF 8 SF ered Landfill	oredure t / Commonwar	Repair	Encapsulate	1
Start Date (10) AB ABATED Asbestos-Containing Mate TO BE ABATED IN Facility (13) Assement Stairwell Floor Office Telor Office The of Registered Waste Hasser, State Start Date (10) AB ABATED The of Abatement: Assembly To Be ABATED The office The office of Registered Waste Hasser, State BRISTOL ENVIRONMEN To State	batement (C During Entire utside of Nor AM- at apply)	beck only Period of mal Faci PM/5:0 R Us M Cus Yes	y one) of Abate lity Hou one) Renovate Removate	letion D 11 / ement urs - De 2:00 AW ion on tion on tion on Xiiiiii Xiiiiii Xiiiii Xiiiiii	Asbes (i.e. VAT and	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous Mastic Mastic Mastic Cubic Yards of Waste Disposal Date	R STREET de 19007 ainment with Negoure Procedure Procedure Protection, or sulation, or Name of Registr ACUA Hane	gative Pressurent Property SF or LF 100 SF 100 SF 100 SF 8 SF ered Landfill	t	Repair	Encapsulate	1
Start Date (10) A A A A A A A A A A A A A A A A A A A	batement (C During Entire stside of Nor _AM at apply) erial (ACM) TTAL INC.	beck only Period c mal Faci PM/5:C	y one) of Abate lity Hou one) Renovate Removate	letion D 11 / ement urs - De 2:00 AW ion on tion on tion on Xiiiiii Xiiiiii Xiiiii Xiiiiii	Asbes (i.e. VAT and	Name of OSHA M BRISTOL EN Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, co other miscellaneous Mastic Mastic Mastic Cubic Yards of Waste Disposal Date TBD	Name of Registe	gative Pressurent Property SF or LF 100 SF 100 SF 100 SF 8 SF ered Landfill	t	Repair	Encapsulate	1
Start Date (10) AN AND AND AND AND AND AND AND AND AND	batement (C During Entire utside of Nor _AM at apply) erial (ACM) Utside of Nor _AM at apply) Tit	beck only Period c mal Faci PM/5:C	y one) of Abate lity Hou one) Renovate Remoliti S Loca Norma ed Sole aintena stodial (12) No	letion D 11 / ement urs - De 2:00 AW ion on tion on tion on Xiiiiii Xiiiiii Xiiiii Xiiiiii	Asbes (i.e. VAT and	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA STUIL Conta Store Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous Mastic Mastic Mastic Cubic Yards of Waste Disposal Date TBD Signature	R STREET de 19007 ainment with Negoure Procedure Procedure Protection, or sulation, or Name of Registr ACUA Hane	gative Pressure Property on-Friable Property SF or LF 100 SF 100 SF 8 SF 100 SF 8 SF 100 SF 1	t	Repair	Encapsulate	1

State of New Jersey

MOUNT				/D			BUIL-BUIL	1	E- (5	N F	П	11/11	I gent
				(Fu	suant to	ASBESTOS ABOUTED AS ASSESSED AS A SECOND A	:16)	1-4	le C		1	W	Ē,
Date of Notification (1)						ilding Owner/Operato	-C-01-03-08-0	1:11	1 15 19	1/ 125		and the same of the	
Agencies Notified	5 /	18			Verizon	Communicatins	or (2)			AY 1	l'a	2018	
⊠ EPA	Type Notific	cation		1	Street Addre			100	NI WI	Ai '	160	LUIU	
☑ DOLWD	Amende	ď				ific Avenue		- Jones	Ì				
Ø DOH	Amendm	ent#R	ev #1	- 0	City, State, 2			-	AGDE	gTOS	100	ITRO	1.&
DCA (NJAC 5:23-8)	4/19/18				Atlantic	City, NJ 08401		1		LICE	MSIN	[(J	arenose.
(140/10 3.23-6)	☐ Emergen justification	cy (inc	luding	N	lame of Cor			1-	Telephone	h11			
	- Jackinouti				Brian Kin	gsbury			201-256				
Name of Facility Whore Al					FACILITY	INFORMATION			201-200	-5100			
Name of Facility Where At Verizon Atlantic City	patement is T	aking i	Place (3)			Type of Facil	lity (4)					
Street Address							School (K	(-12)					
1609 Pacific Avenue							I Subchant	er 8 (C	Other than I	K-12)			
City (5)			ong or				Other (i.e. homes, et	Driva	ite and con	nmercia	al buil	dings	
Atlantic City							Square Feet	,	# of Floors				
County (6)							-+75,000	1	7 01 F100FS			. Age	
Atlantic				C	ounty Code	(7)(STATE USE ONLY)	Current Use (Prior in		nolist.	+.	-50	
Name of Monitoring Firm Hi	red by Duller			- 1			Verizon		being den	ionshe	a)		
ESIS	.ea by buildii	ig Owr	ner (8)	ASC	CM No.	Name of Abateme	ent Contractor ((9)					
Street Address						BRISTOL EN	VIRONMENT	AL. II	VC.				
10 Exchange Place, 1:	3th Floor					Street Address		,					
City, State, Zip Code	o. Floor					1123 BEAVER							
Jersey City, NJ 07302						City, State, Zip Co							
Project Manager for Monitoria						BRISTOL, PA	40000						
	na Firm		1=			DING TOL, PA	19007						
Brian Kingsbury	ng Firm			elephon		Telephone No.	19007	TL	icense No	3-			
Brian Kingsbury	- 100 to	odula		201-25	56-5166	Telephone No. 215-788-6040			icense No.	38			
Brian Kingsbury Start Date (10)	- 100 to	edulec	Comp	201-25 detion E	56-5166 Date (11)	Telephone No. 215-788-6040 Name of OSHA Mo	onitor		00509	34			
Start Date (10) ON / HOLD	Sch		I Comp	201-25 Detion D	56-5166	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV	onitor		00509	*			
Start Date (10) Occupancy Status During Aba	Sch atement (Che	eck onl	/ Comp	201-25 Detion D	56-5166 Date (11)	Telephone No. 215-788-6040	onitor		00509				
Start Date (10) Start Date (10) Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Out	Sch atement (Che	eck only	y one)	201-25 oletion E	56-5166 Date (11)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER	Onitor TRONMENTA STREET		00509				
Start Date (10) Start Date (10) Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Out	Sch atement (Che	eck only	y one)	201-25 oletion E	56-5166 Date (11)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod	ONITOR TRONMENTA STREET		00509				
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement:	atement (Che uring Entire F side of Norm	eck only	y one)	201-25 oletion E	56-5166 Date (11)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER	ONITOR TRONMENTA STREET		00509	3			
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that	atement (Che uring Entire F side of Norm	eck only	y one)	201-25 oletion E	56-5166 Date (11)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1	onitor TRONMENTA STREET Te 19007	AL, IN	00509 C	3			
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Gcope of Work (Check all that	atement (Che uring Entire F side of Norm	Period (al Faci PM/ <u>5:0</u>	y one) of Abat lity Holo 00PM-2	201-25 pletion E / ement urs - De 2:00AM	56-5166 Date (11)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1	STREET 19007	AL, IN	00509 C	9			
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Out Time of Abatement: Coope of Work (Check all that	atement (Che uring Entire F side of Norm	Period (al Faci PM/ <u>5:0</u>	y one) of Abat lity Ho	201-25 pletion E / ement urs - De 2:00AM	56-5166 Date (11)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1	STREET	AL, IN	C Pressure				
Brian Kingsbury Start Date (10) Cocupancy Status During Aba Facility Closed/Vacated Duta Abatement Performed Outa Time of Abatement: Coope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if	atement (Che uring Entire F side of Norm	Period of all Faci	y one) of Abat lity Hol one lity Hol one lenova	201-25 Detion E / ement urs - De 2:00AM	56-5166 Date (11)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1	STREET STREET	AL, IN	C Pressure				
Brian Kingsbury Start Date (10) Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Out Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	atement (Che uring Entire F side of Norm _AMI apply)	Period of all Faci	y one) y one) of Abat lity Ho one emoliti s Loca Norma	201-25 Detion E / Deti	56-5166 Date (11)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contai Mini-Enclos Glovebag F Non-Exemp	STREET STREET	AL, IN	C Pressure	ure	batem	nent T	VDe
Brian Kingsbury Start Date (10) Occupancy Status During Aba Facility Closed/Vacated Du X Abatement Performed Out Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materi TO BE ABATED	atement (Che uring Entire F side of Norm _AMI apply)	Period (al Facility PM/5:0	y one) of Abat lity Hol one demoliti s Loca Normal	201-25 Detion E // Dement urs - De 2:00AN tion ion elly ely by	256-5166 Date (11) Pescribe	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Glovebag F Non-Exemp	STREET STREET	AL, IN	C Pressure	ure		nent T	_
Brian Kingsbury Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outstand Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian In Be Abated IN Facility	atement (Che uring Entire F side of Norm _AMI apply)	Period of all Facility PM/5:0	y one) y one) of Abat lity Ho lity Ho lenova emoliti s Loca Norma ed Sole aintena stodial	201-25 Detion E // Detion E // Dement urs - De 2:00AN tion do htion ally ely by ance/ Staff?	256-5166 Date (11) Pescribe	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Glovebag F Non-Exemp Description of tos Containing Mater thermal systems ins	STREET STREET	AL, IN	C Pressure	ure		T	_
Brian Kingsbury Start Date (10) Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Out Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materi TO BE ABATED	atement (Che uring Entire F side of Norm _AMI apply)	Period of all Facing PM/5:0	y one) of Abat lity Ho lity Ho loopM-2 enova emoliti s Loca Norma ed Sola intena stodial (12)	201-25 Detion E // ement urs - De 2:00AN tion ion tion ally ely by nnce/ Staff?	256-5166 Date (11) Pescribe	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclose Glovebag F Non-Exemp Description of tos Containing Mater thermal systems insisurfacing, VAT or	STREET STREET STREET SUPPLY SOURCE SOURCE Procedure Procedure Drocedure	gative	C Pressure	ure	Pepair	T	_
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material IN Facility (13)	atement (Che uring Entire F side of Norm _AMI apply)	Period of all Facility PM/5:0	y one) y one) of Abat lity Ho lity Ho lenova emoliti s Loca Norma ed Sole aintena stodial	201-25 Detion E // Detion E // Dement urs - De 2:00AN tion do htion ally ely by ance/ Staff?	256-5166 Date (11) Pescribe	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Glovebag F Non-Exemp Description of tos Containing Mater thermal systems ins	STREET STREET STREET SUPPLY SOURCE SOURCE Procedure Procedure Drocedure	gative	O0509 C Pressure ble Procede	ure		t Encapsulate	ype Enclosure
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian In Facility (13) assement Stairwell	atement (Che uring Entire F side of Norm _AMI apply)	Period of all Facing PM/5:0	y one) of Abat lity Ho lity Ho loopM-2 enova emoliti s Loca Norma ed Sola intena stodial (12)	201-25 Detion E // ement urs - De 2:00AN tion ion tion ally ely by nnce/ Staff?	256-5166 Date (11) Pescribe	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Glovebag For Non-Exempt Description of tos Containing Mater thermal systems insingurfacing, VAT, or other miscellaneous	STREET STREET STREET SUPPLIES SOURCE Procedure	gative n-Frial	Pressure ble Procedi	ure A Removal		Encapsulate	_
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian TO BE ABATED IN Facility (13) assement Stairwell t Floor Storage Room	atement (Che uring Entire F side of Norm _AMI apply)	Period of all Facility PM/5:0	y one) of Abat lity Hol one leenoval emoliti s Loca Norma ed Sole aintena stodial (12) No	201-25 Detion E // mement urs - De 2:00 AN tion ion tion ally ely by nnce/ Staff?	Asbes (i.e.,	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclose Glovebag F Non-Exemp Description of tos Containing Mater thermal systems insurfacing, VAT, or other miscellaneous	STREET STREET STREET SUPPLIES SOURCE Procedure	gative n-Frial	Pressure ble Procede Amount Specify F or LF)	ure Ā Removal ⊠		T	_
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian TO BE ABATED IN Facility (13) assement Stairwell t Floor Storage Room	atement (Che uring Entire F side of Norm _AMI apply)	Period of all Facility PM/5:0	y one) of Abate lity Ho lity Ho lenovar emoliti s Loca Norma ed Solia intena stodial (12) No	ement urs - De 2:00 AM tion ally ely by ance/ Staff?	Asbes (i.e.,	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contai Mini-Enclos Glovebag F Non-Exemp Description of tos Containing Mater thermal systems insi surfacing, VAT, or other miscellaneous Mastic Mastic	STREET STREET STREET SUPPLIES SOURCE Procedure	gative n-Frial	Pressure ble Procedi	ure A Removal		Encapsulate	_
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Out Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian TO BE ABATED IN Facility (13) Assement Stairwell Floor Storage Room Floor and Loft	atement (Che uring Entire F side of Norm _AMI apply)	Period of all Facility PM/5:0	y one) of Abate lity Ho lity Ho lenovar emoliti s Loca Norma ed Solia intena stodial (12) No	ement urs - De 2:00 AN tion ion tion ally ely by snce/ Staff?	Asbes (i.e., VAT and VAT and VAT and	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclos Glovebag For Non-Exempt Description of tos Containing Mater thermal systems insurfacing, VAT, or other miscellaneous Mastic Mastic Mastic	STREET STREET STREET SUPPLIES SOURCE Procedure	gative n-Frial	Pressure ble Procede Amount Specify F or LF)	ure Ā Removal ⊠		Encapsulate	_
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian TO BE ABATED IN Facility (13) assement Stairwell Floor Storage Room Floor and Loft Floor Office	atement (Che uring Entire F side of Norm _AMF apply)	Period of all Facility PM/5:0	y one) of Abate lity Hoo one More as Loca Normale as Loca stodial (12) No	zo1-25 pletion E / sement urs - De 2:00AN tion fon tion ship ely by ship N/A N/A	Asbes (i.e., VAT and VAT and Ceiling T	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contai Mini-Enclos Glovebag F Non-Exemp Description of tos Containing Mater thermal systems insi surfacing, VAT, or other miscellaneous Mastic Mastic Mastic	STREET STREET STREET SUPPLIES SOURCE Procedure	gative n-Frial	Pressure ble Procedi Amount Specify F or LF) 00 SF 75 SF	Ar Removal		Encapsulate	_
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian IN Facility (13) assement Stairwell Floor Storage Room Floor and Loft Floor Office me of Registered Waste Hauli	atement (Che uring Entire F side of Norm AMI apply)	Period of all Facility PM/5:0	y one) of Abate lity Hoo one li	zo1-25 Detion E dement urs - Dec z:00AN tion dily ely by ence/ Staff? N/A DEP W	Asbes (i.e., VAT and VAT and VAT and Ceiling To laste (1)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclos Glovebag F Non-Exemp Description of tos Containing Mater thermal systems insisurfacing, VAT, or other miscellaneous Mastic Mastic Cubic Yards of Nectors	STREET STREET	gative n-Frial 1 3 10 8	Pressure Dile Procedi Amount Specify F or LF) 00 SF 75 SF 00 SF andfill	Removal 🖾	Repair	Encapsulate	_
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian In Facility (13) Resement Stairwell Floor Storage Room Floor and Loft Floor Office me of Registered Waste Hauli BRISTOL ENVIRONMENT	atement (Che uring Entire F side of Norm AMI apply)	Period of all Facility PM/5:0	y one) of Abate lity Holo one lenoval emoliti s Loca Normal ed Sole aintena stodial (12) No	zo1-25 pletion E / sement urs - De 2:00AN tion fon tion ship ely by ship N/A N/A	Asbes (i.e., VAT and VAT and VAT and Ceiling To laste (1)	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclos Glovebag F Non-Exemp Description of tos Containing Mater thermal systems insisurfacing, VAT, or other miscellaneous Mastic Mastic Cubic Yards of Nectors	STREET STREET	gative n-Frial 1 3 10 8	Pressure Dile Procedi Amount Specify F or LF) 00 SF 75 SF 00 SF andfill	Removal 🖾	Repair	Encapsulate	_
Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian TO BE ABATED IN Facility (13) assement Stairwell Floor Storage Room Floor and Loft Floor Office me of Registered Waste Haule BRISTOL ENVIRONMENT 7, State	atement (Che uring Entire F side of Norm AMI apply)	Period of all Facility PM/5:0	y one) of Abate lity Holo one lenoval emoliti s Loca Normal ed Sole aintena stodial (12) No	ement urs - De 2:00 AN tion ion tion ally ely by snce/?	Asbes (i.e., VAT and	Telephone No. 215-788-6040 Name of OSHA More BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Glovebag For Non-Exempt Non-Ex	STREET STREET STREET SURPLES SURPLES Procedure Died (*) and Nor ial (ACM) ulation, s)	gative n-Frial 1 3 10 8	Pressure Dile Procedi Amount Specify F or LF) 00 SF 75 SF 00 SF andfill	Removal 🖾	Repair	Encapsulate	_
Brian Kingsbury Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outstand Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian In Facility (13) assement Stairwell Floor Storage Room Floor and Loft Floor Office me of Registered Waste Hauling RISTOL ENVIRONMENT State Bristol, PA	atement (Che uring Entire F side of Norm _AMI apply) ial (ACM)	Period of all Facility PM/5:0	y one) of Abate lity Holo one lenoval emoliti s Loca Normal ed Sole aintena stodial (12) No	ement urs - De 2:00 AN tion ion tion ally ely by snce/? N/A	Asbes (i.e., VAT and	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclose Glovebag F Non-Exemp Description of tos Containing Mater thermal systems insurfacing, VAT, or other miscellaneous Mastic Mastic Mastic Lubic Yards of Vaste isposal Date City State, Zip Cod BRISTOL, PA 1	STREET The sure of Register ACUA Hanes with Street ACUA Hanes ity, State	gative n-Frial (SI 3 10 8 ered La	Pressure Dile Procede Amount Specify F or LF) 00 SF 75 SF 00 SF andfill Environm	Removal	Repair	Encapsulate	_
Brian Kingsbury Start Date (10) Occupancy Status During Aba Facility Closed/Vacated During Abatement Performed Outs Time of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materian In BE ABATED IN Facility	atement (Che uring Entire F side of Norm AMI apply) ial (ACM) er AL INC.	Period of all Facility PM/5:0	y one) of Abate lity Ho lity Ho long PM-2 lenovar emoliti s Loca Norma ed Solia intena stodial (12) No	ement urs - De 2:00 AN tion ion tion ally ely by snce/? N/A	Asbes (i.e., VAT and	Telephone No. 215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1 Full Contain Mini-Enclose Glovebag F Non-Exemp Description of tos Containing Mater thermal systems insurfacing, VAT, or other miscellaneous Mastic Mastic Mastic Lubic Yards of Vaste isposal Date City State, Zip Cod BRISTOL, PA 1	STREET The sure of Register ACUA Hanes	gative n-Frial (SI 3 10 8 ered La	Pressure Dile Procede Amount Specify F or LF) 00 SF 75 SF 00 SF andfill Environm	Removal	Repair	Encapsulate	_



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

Ch# 3343

							NJAC 8:60 and	000	10)						
Date of Notification (1)	p.						ilding Owner/Oper		-5	III Y	FR	15	n v	/7 F	
	5	_	88			Verizon	Communicating	s	}		159	<u> </u>	1	<u> </u>	=
Agencies Notified		otification			S	treet Addr	ess		<u> </u>		i i				944
Ø EPA 8718 Ø DOLWD 8695	☐ Initia						cific Avenue				MA	Y 16	20	ΙĠ	11
DOLWE 701	☐ Ame	nded ndment #			C	ity, State,				- 54.5			4.0	NU:	
│ □ DCA		rgency (i		- na			City, NJ 08401				L	************		000 000	-
(NJAC 5:23-8)	justif	ication)	iciuun	iig		ame of Co.					ASBEST	08 00	NTA	OL 8	3
	☐ Cano	ellation				Brian Kir	C. C				Lelephone	Numb	er		iones.
											201-25	6-5166			
Name of Facility Where A	batement	is Takin	Plac	e (3)		PACILIT	/ INFORMATION	A							
Verizon Atlantic Cit	у Со		, , ,	· (0)					Type of Faci)		100		
Street Address									School (K	(-12)					
1609 Pacific Avenue	9							0	☐ Subchapt ☐ Other (i.e.	er 8 (Other than	K-12)			
City (5)											are and co	immerci	ai bui	dings	,
Atlantic City									Square Feet		# of Floors	s	Blde	g. Age	3
County (6)			- 12		10				-+75,000	- 1	7		4	-50	- 10
Atlantic					100	ounty Code	(7)(STATE USE ONL	Y)	Current Use (Prior	if being de	molishe	d)		
Name of Monitoring Firm H	lired by R	uilding O	Mnor !	/01	100	1611		- 1	Verizon		-		•		
ESIS	0 0 5	anding O	wiiei ((8)	ASC	M No.	Name of Abate	eme	nt Contractor ((9)					
Street Address							BRISTOL	ENV	/IRONMENT	AL, I	INC.		19		
10 Exchange Place, 1	13th Elec	_					Street Address	;		_					
City, State, Zip Code	13 1100						1123 BEAV	/ER	STREET						
Jersey City, NJ 07302	2						City, State, Zip	Coc	de				-		
Project Manager for Monitor							BRISTOL,	PA	19007						
Brian Kingsbury	ring Firm					e No.	Telephone No.	1216457		- 17	License No				
Start Date (10)				20	14.25	6-5166	01			1.	riceuse MO).			
	7						215-788-60	40		. [00500				
1270 17	10	Schedu	ed Co	mple	tion D	ate (11)			nitor		00509		4.1.5		
4/19/		_ 4	_ /	mple 30	tion D		Name of OSHA	Mo		AI IF					
4 /19 / Occupancy Status During At	batement	(Check o	_ /	30	tion D	ate (11)	Name of OSHA BRISTOL E	Mo	nitor IRONMENTA	AL, II					
	batement	(Check of	nly or	30 ne)	tion D	Pate (11) 18	Name of OSHA BRISTOL E Street Address	Mo	RONMENTA	AL, IF					7
4 / 19 / Decupancy Status During Al ☐ Facility Closed/Vacated D ☐ Abatement Performed Out	batement During Ent	(Check of	nly or	30 ne) bater	tion D	Pate (11)	Name of OSHA BRISTOL E Street Address 1123 BEAV	Mo NVI ER	RONMENTA STREET	AL, II					
	batement During Ent utside of NAM	(Check of	nly or	30 ne) bater	tion D	Pate (11)	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip (Mo NVI ER	STREET	AL, II					
	batement During Ent utside of NAM	(Check of	nly or	30 ne) bater	tion D	Pate (11)	Name of OSHA BRISTOL E Street Address 1123 BEAV	Mo NVI ER	STREET	AL, II					
	batement During Ent utside of NAM	(Check of tire Perion Normal Fa	nly or d of A scility	mple 30 ne) bater Hours M- <u>2:</u>	nent s - De	Pate (11)	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip of BRISTOL, P	Mo NVI ER Code A 1	STREET e 9007		NC				
	batement During Ent utside of NAM	(Check of tire Perion Normal Fare PM/5	nly or	mple 30 ne) bater Hours M-2:	nent s - De	Pate (11)	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip (BRISTOL, P	ER Code	STREET e 9007		NC				
	batement During Ent utside of NAM	(Check of tire Perion Normal Fare PM/5	nly or d of A acility 5:00P	mple 30 ne) bater Hours M-2:	nent s - De	Pate (11)	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip 6 BRISTOL, P	ER :	STREET e 9007 nment with Ne	gative	NC Pressure				
4 / 19 / Decupancy Status During Al Facility Closed/Vacated D Abatement Performed Outime of Abatement: Cope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if	batement During Ent utside of NAM	(Check of tire Perion Normal Fare PM/5	nly or d of A acility 5:00P	bater Hours M-2:	nent s - De	Pate (11)	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip 6 BRISTOL, P	ER :	STREET e 9007	gative	NC Pressure	dure			
	batement During Ent utside of NAM at apply)	(Check countries of the	/ Inly or do of A acility 5:00P	bater Hours M-2:0	nent s - De DOAM	scribe	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip (BRISTOL, P Street Address 1123 BEAV City, State, Zip (BRISTOL, P Non-Ex Description	ER : Code A 1 Intair closs ag P emp	STREET e 9007 nment with Negure Procedure oted (*) and No	gative	NC Pressure	dure	bater	ment 1	Туре
4 / 19 / Decupancy Status During Al Facility Closed/Vacated D Abatement Performed Outline of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED	batement During Ent utside of NAM at apply)	(Check countries of the	Is Lo	bater Hours M-2:0	nent s - De DOAM	scribe Asbe	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip (BRISTOL, P Full Co Mini-En Gloveb: Non-Ex Description stos Containing M.	Mo Code Code A 1 Intair Intai Intair Intair Intair Intair Intair Intair Intair Intair Intair Intair Intair	STREET e 9007 nment with Negure Procedure oted (*) and No	gative	Pressure	dure		1	T
4 / 19 / Decupancy Status During Al Facility Closed/Vacated D Abatement Performed Outline of Abatement: Scope of Work (Check all that 23 sf or ≥3 if ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility	batement During Ent utside of NAM at apply)	(Check countries of the	Reno Dem Is Lo Noi Jsed S Maint	mple 30 ne) bater Hours M-2: Solely enandial St	nent s - De DOAM	scribe Asbe	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip (BRISTOL, P Wini-En (Gloveb: Non-Ex Description Stos Containing Miniternal systems	Mo NVI ER: Code A 1 ntairrectos ag P emp	STREET e 9007 mment with Ne sure Procedure oted (*) and No	gative	Pressure able Proce Amount (Specify	dure		1	T
4 / 19 / Decupancy Status During Al Facility Closed/Vacated D Abatement Performed Outline of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED	batement During Ent utside of NAM at apply)	(Check countries of the	Renc Dem	mple 30 ne) bater Hours M-2: Solely enannial St 12)	nent s - De 00AM	scribe Asbe	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip (BRISTOL, P Full Co Mini-En Gloveb: Non-Ex Description stos Containing M.	ER: Code Code Code Code Code Code Code Code	STREET e 9007 mment with Ne sure Procedure oted (*) and No	gative	Pressure able Proce	dure		1	T
	batement During Ent utside of NAM at apply)	(Check countries of the	Renc Dem	mple 30 ne) bater Hours M-2:1 bovatio olitior ocatic rmally see land state 12)	nent s - De DOAN	scribe Asbe	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip OBRISTOL, P Street Address 1123 BEAV City, State, Zip OBRISTOL, P Street Address OBRISTOL, P Description Stos Containing Means, thermal systems surfacing, VAT	ER: Code Code Code Code Code Code Code Code	STREET e 9007 mment with Ne sure Procedure oted (*) and No	gative	Pressure able Proce Amount (Specify	dure		ne Encapsulate	T
	batement During Ent utside of NAM at apply)	(Check countries of the	Renc Dem	mple 30 ne) bater Hours M-2:1 bovatio olitior ocatic rmally see land state 12)	nent s - De 00AM	ate (11) 18 scribe Asbe	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip OBRISTOL, P Street Address 1123 BEAV City, State, Zip OBRISTOL, P Street Address OBRISTOL, P Description Stos Containing Means, thermal systems surfacing, VAT	ER: Code Code Code Code Code Code Code Code	STREET e 9007 mment with Ne sure Procedure oted (*) and No	gative nn-Fria	Pressure able Proce Amount (Specify SF or LF)	ARemova	Repair	1	T
4 / 19 / Occupancy Status During Al Facility Closed/Vacated D Abatement Performed Outline of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) assement Stairwell t Floor Storage Room	batement During Ent utside of NAM at apply)	(Check countries of the	Renc Dem	mple 30 ne) bater Hours M-2: Solely enantial St 12)	nent s - De DOAN	ate (11) 18 scribe Asbe	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip O BRISTOL, P Street Address 1123 BEAV City, State, Zip O BRISTOL, P Description Stos Containing Minuternal systems surfacing, VAT other miscellane Mastic	ER: Code Code Code Code Code Code Code Code	STREET e 9007 mment with Ne sure Procedure oted (*) and No	gative	Pressure able Proce Amount (Specify SF or LF)	Removal	Repair	1	T
	batement During Ent utside of NAM at apply)	(Check of tire Perion Normal Farance PM/5)	Is Lo Noi Jsed : Maintustod (mple 30 ne) bater Hours M-2:1 Solely enanulial St 112)	nent s - De DODAM	Asbe (i.e	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip of BRISTOL, P Full Companies Non-Ex Description stos Containing Mandre, thermal systems surfacing, VAT other miscelland Mastic	ER: Code Code Code Code Code Code Code Code	STREET e 9007 mment with Ne sure Procedure oted (*) and No	gative	Amount (Specify SF or LF)	A Removal	Repair	1	T
4 / 19 / Doccupancy Status During Al Facility Closed/Vacated D Abatement Performed Outline of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) Assement Stairwell Floor Storage Room Floor and Loft Floor Office	batement During Ent utside of N _AM at apply)	(Check countries of the	Is Lo Noi Jsed : Maintustod (mple 30 ne) bater Hours M-2: Wood and State Stat	nent s - De non non non non non non non non non no	Asbe (i.e. VAT and VAT	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip of BRISTOL, P Full Cool Mini-Ender Mini-Ende	ER: Code Code Code Code Code Code Code Code	STREET e 9007 mment with Ne sure Procedure oted (*) and No	gative	Amount (Specify SF or LF) 100 SF 100 SF	Removal	Repair	1	T
4 / 19 / Doccupancy Status During Al Facility Closed/Vacated D Abatement Performed Outline of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) Assement Stairwell Floor Storage Room Floor and Loft Floor Office me of Registered Waste Hal	batement During Ent utside of N _AM at apply) erial (ACM)	(Check c tire Perio Normal Fa PM/s	Is Lo Noi Jsed : Maintustod (mple 30 ne) bater Hours M-2:: Wi-2:: No ocatic control of the second sec	nent s - De DODAN nn n n n n n n n n n n n n n n n n n	Asbe (i.e. VAT and VAT	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip of BRISTOL, P Full Co Mini-En Gloveb: Non-Ex Description stos Containing Mini- Hermal systems surfacing, VAT other miscelland Mastic Mastic Mastic	Moore	STREET e 9007 Imment with New Bure Procedure ofted (*) and No	gative	Amount (Specify SF or LF) 100 SF 100 SF 8 SF	A Removal	Repair	1	T
4 / 19 / Occupancy Status During Al Facility Closed/Vacated D Abatement Performed Outline of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) assement Stairwell Floor Storage Room Floor and Loft Floor Office me of Registered Waste Hall BRISTOL ENVIRONMEN	batement During Ent utside of N _AM at apply) erial (ACM)	(Check c tire Perio Normal Fa PM/s	Is Lo Noi Jsed : Maintustod (mple 30 ne) bater Hours M-2: M-2: Ovation olition ocatic rmally sensor lial State 12) NJD NJD Hau	nent s - De DO Alv	Asbe (i.e. VAT and VAT	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip of BRISTOL, P Full Cool Mini-Ender Mini-Ende	Moor No.	STREET e 9007 mment with Ne sure Procedure oted (*) and No	gative	Amount (Specify SF or LF) 100 SF 100 SF 8 SF Landfill	Removal	Repair	Encapsulate	T
4 / 19 / Doccupancy Status During Al Facility Closed/Vacated D Abatement Performed Outline of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) Sesement Stairwell Floor Storage Room Floor and Loft Floor Office me of Registered Waste Hall BRISTOL ENVIRONMEN (, State)	batement During Ent utside of N _AM at apply) erial (ACM)	(Check c tire Perio Normal Fa PM/s	Is Lo Noi Jsed : Maintustod (mple 30 ne) bater Hours M-2: M-2: Ovation olition ocatic rmally sensor lial State 12) NJD NJD Hau	nent s - De DODAN nn n n n n n n n n n n n n n n n n n	Asbe (i.e. VAT and VAT	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip of BRISTOL, P Full Coo Mini-En Glovebe Non-Ex Description stos Containing Means, thermal systems surfacing, VAT other miscelland Mastic Mastic Mastic Mastic Cubic Yards of Waste	ER Code A 1 ntairing local Sag P emp	STREET e 9007 Imment with New Procedure of ACUA Hane	gative	Amount (Specify SF or LF) 100 SF 100 SF 8 SF Landfill	Removal	Repair	Encapsulate	T
4 / 19 / Doccupancy Status During Al Facility Closed/Vacated D Abatement Performed Outline of Abatement: Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) Sesement Stairwell Floor Storage Room Floor and Loft Floor Office me of Registered Waste Hall BRISTOL ENVIRONMEN (, State)	batement During Ent utside of N _AM at apply) erial (ACM)	(Check c tire Perio Normal Fa PM/s	Is Lo Noi Jsed : Maintustod (mple 30 ne) bater Hours M-2: M-2: Ovation olition ocatic rmally sensor lial State 12) NJD NJD Hau	nent s - De DO Alv	Asbe (i.e. VAT and VAT	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip of BRISTOL, P Full Co Mini-En Gloveba Non-Ex Description stos Containing Mandal Mastic Mastic Mastic Mastic Mini-En Gloveba Mastic Mastic Mastic Mastic Mini-En Gloveba Mon-Ex Description Story Containing Mandal Mandal Mastic Mastic Mastic Mini-En Mastic Mastic Mastic Mini-En Mastic Mastic Mastic Mini-En Mastic Mastic Mini-En Mastic Mastic Mastic Mini-En Min	Moor North	STREET e 9007 Imment with New Street Procedure of the (*) and No ial (ACM) ulation, ib) Imment with New Street ACUA Hane ity, State	gative nn-Fria ered	Amount (Specify SF or LF) 100 SF 100 SF 100 SF 100 SF Landfill Tenviron	Removal A Removal	Repair	Encapsulate	T
	batement During Ent utside of N _AM at apply) erial (ACM)	(Check c tire Perio Normal Fa PM/s	Is Lo Noi Jsed : Maintustod (mple 30 ne) bater Hours M-2: M-2: Ovation olition ocatic rmally sensor lial State 12) NJD NJD Hau	nent s - De DO Alv	Asbe (i.e. VAT and VAT	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip of BRISTOL, P BRISTOL, P Full Coo Mini-End Gloveber Non-Ex Description stos Containing Means of Mastic Mastic Mastic Mastic Mastic Mastic Mini-End Mastic Mastic Mastic Mastic Disposal Date TBD	Moor North	STREET e 9007 Imment with New Procedure of ACUA Hane	gative nn-Fria ered	Amount (Specify SF or LF) 100 SF 100 SF 100 SF 100 SF Landfill Tenviron	Removal A Removal	Repair	Encapsulate	T
	batement During Ent utside of N _AM at apply) erial (ACM)	4 (Check of tire Perio Normal Fare Perio Normal Fare Perio Normal Fare Pin/s	Is Lo Noo Jsed ()	mple 30 ne) bater Hours M-2: M-2: Ovation olition ocatic rmally sensor lial State 12) NJD NJD Hau	nent s - De DO Alv	Asbe (i.e. VAT and VAT	Name of OSHA BRISTOL E Street Address 1123 BEAV City, State, Zip of BRISTOL, P BRISTOL, P Full Companies Non-Ex Description Stos Containing Mandre, thermal systems surfacing, VAT other miscellane Mastic Mastic Mastic Mastic Mastic Mastic Signature Signature	Moor No.	STREET e 9007 Imment with New Street Procedure of the (*) and No ial (ACM) ulation, ib) Imment with New Street ACUA Hane ity, State	gative nn-Fria ered	Amount (Specify SF or LF) 100 SF 100 SF 100 SF Landfill Tenviron	Removal A Removal	Repair	Encapsulate	Type Enclosure



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

Date of Notification (1)					Na	me of Build	ing Owner/O	(0)	(5)	EP	E I	W	1E	1
4/	5	/18			1	erizon Co	ing Owner/Operator	(2)		5 9	I.S. I	1	ĮĘ,	
Agencies Notified ☑ EPA ☑ DOLWD	Type No				1		ic Avenue	D. C.	1	MAY	16	2018		
⊠ DOH		dment ##				, State, Zip				L.,				1000
DCA (NJAC 5:23-8)	☐ Emerg	gency (ind	cludin	g	-		ty, NJ 08401			ASSESTO	SCO	MTRO)La	
(11.10 0.20 0)	Cance				100	ne of Conta				Felephone Nu		****		DEAL TO
	1 —		_		_	rian King				201-256-5	166			
Name of Facility Where A	hatement	ic Tokina	Diag	(0)	F	ACILITY I	NFORMATION					60° 10° 4° 50° 4°		
Verizon Atlantic Cit	ty CO	is raking	Place	(3)				Type of Faci						
Street Address		49.55	200					School (K	(-12) er 8 ((Other than K-	12\			
1609 Pacific Avenu	е							Other (i.e	., priva	ate and comm	nercial	buildi	ngs,	
City (5)								nomes, e	tc.)					
Atlantic City								Square Feet		# of Floors		Bldg.	33	
County (6)					Co	unty Code (7)(STATE USE ONLY)	-+75,000	/=	7		+-5	D	
Atlantic) 0000 (MOTATE OUE ONLY)	Current Use Verizon	(Prior i	if being demo	lished)		
Name of Monitoring Firm	Hired by Br	uilding Ov	vner (8)	ASCI	/ No.	Name of Abatem		(0)					
ESIS		876					BRISTOL EN							
Street Address							Street Address	VIKONIVIEN	AL, I	NC.				
10 Exchange Place,	13th Floo	r					1123 BEAVE	PCTREET						0
City, State, Zip Code							City, State, Zip Co							
Jersey City, NJ 0730	02						BRISTOL, PA							
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.	1900/	Τ.					
Brian Kingsbury						6-5166	215-788-6040		1	License No.				5)(5)==0
Start Date (10)		Schedul	ed Co				Name of OSHA M			00509				
_4 / _19 /	18					18	BRISTOL EN		A 1 10	10				
Occupancy Status During	Abatement				_		Street Address	ALVOIAIAIEIA I	AL, II	NC				
☐ Facility Closed/Vacated	During En	tire Perio	d of A	hater	nent									
Abatement Performed (Dutside of I	Normal Fa	cility	Hour	- Des	scribe	1123 BEAVER							
Time of Abatement:	AM	PM/5	5:00F	M- <u>2:</u>	00AM		City, State, Zip Co BRISTOL, PA							
Scope of Work (Check all t	hat apply)						BRIOTOL, FA	19007						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	8.334 (3.44)			ovatio			☐ Mini-Encl	ainment with No osure Procedure opted (*) and N			ıre			
	D =			ocation.					T	40.01.100000	1	hatana	T	
Location of Asbestos-Containing Ma		(A)		rmali Solel			Description of					batem	T	1
TO BE ABATI	ED (710)		Main	tenan	ce/	Asbes	tos Containing Mate thermal systems in	erial (ACM)		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		1		dial S (12)	taff?		surfacing, VAT,	or		(Specify SF or LF)	ova	=	psu	uso
(10)		Y	es	No	N/A	1	other miscellaneo	us)			-		ilate	6
Basement Stairwell) [\boxtimes	VAT and	Mastic			100 SF	[N			
1st Floor Storage Room	ı] [\boxtimes	VAT and				375 SF				
7 th Floor and Loft] [5	\boxtimes	VAT and	Mastic			100 SF				
6 th Floor Office				5		Ceiling T								
Name of Registered Waste				NJ	DEP V		Cubic Yards of	Name of Regi	stored	8 SF	\boxtimes		Ш	Ц
BRISTOL ENVIRONMI	ENTAL IN	IC.		Ha	uler ID	No.	Waste			n Environn		LD.		
City, State				1	8706		Dienosal Data		rema	ıı ⊏ııvıronn	ienta	Par	<	
Bristol, PA							Disposal Date TBD	City, State	-			arrella este		
Completed By (Print or Type	•)	Title								wnship, NJ				
Dillan DeCaro	,	Estin	nato	-			Signature Dillan	Dec.	1	ig Da	te	10/	18	
SB-41							News		1/	7	5/	1		

JAN 13 nnioni.

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

SITE UNTIL MON. 5/14/18.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

ofice

F. L.			mer p	-
111	100	201	134	1
1227	253	10.0	38	1
3	Sec. 1	37.5	132	

Date of Notification (1) 5/10/18 Type Notification Agencies Notified EPA DEP X Initial Notification X DOL X DOH DCA Cancellation	Street A ication 1722 R City, Sta ation Dallas, Name o	Address	ner / Operator (2)	Andrews Barrist Barrist	KI W	AY 16 2	UE	
EPA Emergency Notification X DOL Amended Notification X DOH Cancellation	ication Street A 1722 R City, Sta ation Dallas, Name o	Address Routh Street ate & Zip Code	, Suite 1000			6Y 16 0		111
X DOL Amended Notifica X DOH Cancellation	Dallas,					M1 . O Z	1018	11
our roomation	Name o	,	е			The second of th		Literani
DCA	Eric Ro	of Contact			ASSE	LIC Jelepho	POL &	obor
		oemer		-			3-5241	
		ILITY INFOR	RMATION					
Name of Facility Where Abatement is Taking Vacant Building	Place (3)		Type of Facility (4)					
Street Address	9		School (K-12)	74b a u 4b -	- K 40)			
133 Garden State Parkv	vay North		Subchapter 8 (0 X Other (i.e., priva	ate & con	nmercial bu			9
City (5) County (6)	County Co		Square Feet 3000	# of Floo	ors	Bldg. Ag		
Colonia Union			Current Use (Prior if	heina de	1 moliched)		50	
			Commercial	being de	illonsileu)			
Name of Monitoring Firm Hired by Building Ov	wner (8)		Name of Abatement	Contract	or (9)	***************************************		
Environmental Tactics, Inc Street Address		(Global Abatemen	t Servic	es, LLC			
64 Broad Street			Street Address	Б.				
City, State & Zip Code			143 Schoolhouse City, State & Zip Cod		-			
Matawan, NJ 07747		ln	Monroe Township	N.I NA	831			
Project Manager for Monitoring Firm	Telephone Nu	umber T	Telephone Number	, 110 00		se Number		
Com Geiger Scheduled Start Date (10) Scheduled Co	732-290-221		32-605-9062			0071	14	
5/21/18	ompletion Date (5/25/18		Name of OSHA Moni Global Abatement		es. LLC		***************************************	
Occupancy Status During Abatement (Check	only one)	9	Street Address					
X Facility Closed/Vacated During Entire	Period of Abater	ment 4	43 Schoolhouse					
Abatement Performed Outside of Norr	nal Facility Hour		City, State & Zip Cod					
Describe: Area Isolated During A Other - Describe:	Abatement	ĮN	Nonroe Township	, NJ 08	831			
Scope of Work (Check all that apply)								
X Demolition Renova	ation		Full Conta	inment w	vith Negativ	e Pressure		
Large Project			Mini-Enclo	sure		C 1 1000diC		
Quantity is ≥ 3 SF or ≥ 3 LF ACM X Quantity is > 160 SF or > 260 LF ACM			Glovebag	Procedu	re			
X Quantity is ≥ 160 SF or ≥ 260 LF ACM Location of			X Other: N	on-friat	ole			
Asbestos-Containing	Is Location Normally Use		Description of bestos-Containing		Amount		ment Ty	
Material (ACM)	Solely by	10.00	Material (ACM)	S	(Specify Square Fee	t Repair, E	y: Remo	
TO BE ABATED in Facility	Maintenance	or (i.e	e., thermal systems		or		nclosure))
(13)	Custodial Staf (12)		ation, surfacing, VAT ther miscellaneous)	Γ L	inear Feet			
Main Roof	N/A	Ro	oofing/flashing		1,940	Ro	moval	
Duct mastic	N/A		ct seam flashing		124 SF		moval	
ame of Registered Waste Hauler	NIDED W	Hauler ID "	To viv					
Freehold Carting	NJDEP Waste	Hauler ID # 693	Cu. Yds. of Wast 20	0.000	ame of Req RRF	gistered Lan	dfill	
ty, State Trenton, NJ			Disposal Date		ty, State			
			5/21/18		ullytown,	Pa		
Dominick Tringali Title Pres.			Signature Dominick Tr	ingali			Date 5/1 1	/18

5/11/18

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

PAID		(Pursuar	nt to NJAC	8:60 a	nd 12:12	(0)	M	00	, 10	Vai	7,	7		
Date of Notification (1) 5/11/18			Name of Building Owner/Operator (2)												
			Mt. Olive Township												
Agencies Notified Type Notification			0.000	Address				-	(17)	E C	E	11 11	// FE	7 6	
					PO Box 450				U		15	11 (]	
7 Wilchaed	Amended Amendment #				City, State, Zip Code				mi					III	
Emergency	Budd Lake, NJ 07828 Name of Contact					[]		1/4	16	201	0	111			
DOH justification) Cancellation				Andrew Tatarenko				Telephone Number							
				FACILITY INFORMATION				973-691-0900 x 7201 ASSESTOS CONTROL S							
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	JILIT INFO	ORMA	ION	Туре	of Facility (4	1)	ASBEST LI	<u>OS OC</u> CENSI	NITR	OL &	3	
Cobblestone Health Care Facility Street Address								School (K-12	2)		***************************************			war :	
20-23 Stonewald Court Drive								Subchapter Other (i.e. pr	8 (Oth	er than K & comme	-12) rcial bu	ildings	s, hom	ies,	
City (5)								etc.) re Feet	# 01	f Floors		Bldg.	Δαο		
Budd Lake								12,486 3			- 1	128	Aye		
County (6) Morris				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)							
				-				health care facility							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann				M No. 52		Name of Abatement Contractor (9)									
Street Address				32		ABS Environmental Services, LLC									
1600 Route 22 East							Street Address PO Box 483, 4 E Gate Drive								
City, State, Zip Code							ate Di	rive							
Union NJ 07083				City, State, Zip Code Glenwood, NJ 07418											
Project Manager for Monitoring Firm					- 1										
Craig Abrams				908-688-7800			764-22		License No.						
Start Date (10)		Date (11)			102.700.1000	A Monitor		703							
5/21/18	5/28/1	8					0. 0011	/ WOIIIO							
Occupancy Status During Abatement (Check	Stree				eet Address										
Facility Closed/Vacated During Entire Period of Abaten				nent .											
Abatement Performed Outside of Normal Facility Hours Other – Describe:								State, Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	П	Renova	ation				l			5007 NV	1000				
≥160 sf or ≥260 lf	ion			Full Containment with Negative Pressure Mini-Enclosure											
						Glovebag Procedure									
	Ι.		•				Non-	-Exempted (ted (*) and Non-Friable Procedure						
Location of	Locat Normal										Abatement Type				
Asbestos-Containing Material (ACM) Used Sol			ly by	Ashesto		scription of taining Material (ACM)			Amount			П			
TO BE ABATED In Facility Mainten Custodial				Staff? (i.e. then			systems insulation,			(Specify			Enc	E	
(13)		(12)	sur			cing, VAT		SF or LF)			Repair	apsi	Enclosure		
4 manufacturation		No	N/A			oonan	3000)				Removal	=	Encapsulate	ure	
old building 1st floor furnace room	Yes	110	X	a	rav flı	ie breed	china		5	LF	×	-			
				3			orming			LI	1^	-			
											4	-			
Name of Registered Waste Hauler			IDES												
Tonys Cleanup & Hauling			JDEP Waste Cubi auler ID No. of W 7787 TBD			Yards		Name of Re	gister	ed Landfi	II				
							Chrin Bro	Brothers Sanitary Landfill							
City, State					Dispos	Disposal Date		City, State							
Bridgewater NJ				100	TBD			Exton PA							
Completed by	Title Presi				Si	gnature	//	fla			Date				
A. Scott Higgins					1	The same of the sa	Constant of the last of the la		/11/1	ρ					

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

Date of Notification (1) Name of Building Owner/Operator (2) 05/10/2018 Tinton Falls School District Check No. Agencies Notified Street Address 658 Tinton Avenue EPA X Initial X DEP Amended City, State, Zip Code X DOL Tinton Falls, New Jersey 07724 Amendment # Emergency (including Name of Contact DOH justification) Telephone Number Vin Daniels DCA Cancellation 732-542-1158 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Tinton Falls Middle School School (K-12) Street Address Subchapter 8 (Other than K-12) 674 Tinton Avenue ☐ Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Tinton Falls, New Jersey 07724 60,000 50+ County (6) Current Use (Prior if being demolished) County Code (7) Monmouth (STATE USE ONLY) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AHERA Consultants, Inc. 00057 Lilich Corporation Street Address Street Address P.O. Box 385 606 McBride Ave City, State, Zip Code City, State, Zip Code Oceanville, New Jersey 08231 Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No Telephone No. License No. John Smoyer 609-652-1833 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/25/2018 08/03/2018 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 City, State, Zip Code Union, NJ 07083 Other − Describe: Occupied 6am-2pm Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf X Renovation Full Containment with Negative Pressure □ ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glove Bag Procedure / Limited Containment &Tent Non-Exempted (*) and Non-Friable Procedure Amount Is Location Abatement (Specify Normally Туре Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation. Enclosure Custodial Staff? Remova In Facility Repair surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A Hallways-4 Location X Transite Panels located around skylights 125 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 5 Fairless Landfill City, State Disposal Date City, State Woodland Park, New Jersey 08/03/2018 Morrisville, PA Completed by Signature Date Adriana Oleiarova President 05/10/2018

NOTIFICATION OF ASBESTOS ABATEMENT 207-02 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 5 14 NJEA MAY1 6 2018 Agencies Notified Type Notification Street Address **⊠** EPA 180 W. STATE STREET ASBESTOS CONTROL & □ DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DOH LICENSING TRENTON NJ 19014 □ DCA ☐ Emergency (including (NJAC 5:23-8) iustification) Name of Contact Telephone Number ☐ Cancellation (609) 599-4561 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJEA School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 172 W. STATE STREET homes, etc.) City (5) Square Feet # of Floors Bldg. Age TRENTON >50,000 3 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) VERTEX DELTA/BJDS, INC Street Address Street Address 700 TURNER INDUSTRIAL WAY 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code **ASTON PA 19014 SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. DON HEIM 610 558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __5__ / _29 / 18 8 / 30 / 18 CRITERION LABS Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-____PM/4PM-___AM BENSALEM, PA 19020 Scope of Work (Check all that apply) ☐ >3 sf or >3 lf Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Enclosure Removal Encapsulate Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A PLEASE SEE ATTACH П П П \boxtimes X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GROUP INC Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OHIO Completed By (Print or Type) Title Signature Date CHRISTINE DEL VISCIO ASST. ADMINSTRATOR

State of New Jersey

LOCATION OF	IS LOCATION	DESCRIPTION OF		DEMOVAL				
ASBESTOS-CONTAINING	NORMALLY	ASBESTOS CONTAING MATERIAL (ACM)	SPECIFY	20,40	2	ENCECOOR	ENCLOSORE	
MATERIAL (ACM)	USED SOLEY BY	(IE, THERMAL SYSTEMS INSULATION	SF OR LF				1	7
IN FACILITY	MAINTENANCE/ CUSTODIAL STAFF?	SURFACING, VAT, OR OTHER MISCELLANEOUS)						
						MAK	/ 1 % 20 8	
	YES NO N/A					ACBEC	000000	
					,_	- Cappe	SING	SOL &
BASEMENT	×	PIPE INSULATION	350 LF	××				**************************************
BASEMENT BOILER RM	×	FLUE PATCH	6 SF	×				
BASEMENT CIS TENANT SPACE (FRONT WEST SIDE	×	MARBLE FLOOR TILE W/BLACK MASTIC	160 SF	×				
BASEMENT HALLWAY	×	GREEN FLOOR TILE W/BLACK MASTIC	150 SF	×				
BASEMENT CIS TENANT SPACE		CEILING TILE (DOT)	375 SF					
1ST-3RD FLOOR	×	SPINE CEILING TILE (FISSURE/DOT)	4,800 SF X					
THROUGH OUT BUILDING	×	35 WINDOWS EXTERIOR GLAZING	35 WINDOWS	SV				

. .



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:50 and 12:120)

	TOAN		(1	ursuan	t to NJAC	8:60 ar	nd 12:12	20)			匠 (G [W	E	F
Date of Notification (1) 05/09/18	Check# 31	77			of Building ary Sch		Operato	r (2)	1					17		
Agencies Notified	Type Notification				Address Central A	\ve			14		W/	3. L.	16	2018		
DEP DOL	Initial Amended Amendment	· #		City, St	tate, Zip C	ode				- L	SBES	7,7,5	006	ITO		
П рон	Emergency justification)	(including	-		of Contact				<u> </u>		1	11 11-1	V SIN	G		
DCA DCA	Cancellation			Dave						73	lephor 32-62	1-74	mber 93			7
Name of Facility Where	Abatement is Takir	n Place (3)	FAC	ILITY INF	ORMAT	ION	I =		_						
St. Mary School		9 1 1000 (.0)					Type	of Facility (4) School (K-12)							
Street Address 232 Central Ave									Subchapter 8 Other (i.e. pri etc.)	(Oth	er tha & com	n K-12 merci	2) al buil	dings	hom	es,
City (5) Kearny									are Feet	# 0	f Floor	rs	1178	3ldg. <i>A</i>	\ge	
County (6) Union				County (STATE	Code (7) USE ONLY)		Curre	ent Use (Prior		ing de	molish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.			of Aba	atement Contr	actor	(9)					
Street Address N/A							Street 426	Addre	ss							
City, State, Zip Code N/SA							City, S	state, Z	Zip Code rg, NJ, 0709)3 ——						
Project Manager for Mon	itoring Firm		-	Telepho	ne No.		Teleph				Licer	nse N	0.			
N/A				N/A			201-2		100000000000000000000000000000000000000		010					
Start Date (10) 05/19/18		05/20/	18	npletion	Date (11)		Name N/A	of OSI	HA Monitor							
Occupancy Status During						J.	Street	Addre	SS							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of a lal Facility	Abaten y Hours	nent			N/A City, S N/A	tate, Z	ip Code							
Scope of Work (Check A	II That Apply)					INA			-						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processor and the same of the	tion ion			×	Mir	II Containment ni-Enclosure ovebag Proced n-Exempted (*	dure							
		Is	Locati	on) and	4 11011	Habi		Abate	ment	
Location Asbestos-Containing			Normal d Sole				scription							Ту	pe	
TO BE ABA In Facili (13)	ATED	intenar todial S (12)					insula T, or		(S	mount pecify or LF		Removal	Repair	Encapsulate	Enclosure	
-	Yes														te	W
Cafeter	Cafeteria						Ceiling			3	SF			Χ		
Name of Registered Was	JDEP W	/aste	Cubic '	Yards		Name of Re	aiste	red la	ndfill				_			
Tri-State Transfer As	sociates			auler ID	No.	of Was			Minerva E							
City, State Bronx, NY						Dispos TBD	al Date	_	City, State Waynesbu	urg,	ОН					
Completed by Gina Betances		Title Office	e Man	ager		Si	gnature	BU	well!			Dat 05/	e '09/1	8		

TO	A	(Street,		
14	11	H	M.	1
11	1	17		11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

		3	9 9 4	A
9	1	H	-	
		A	. 8	H

ROL &

Date of Notification (1)						Name	of Buildin	ng C	Owner/Opera	tor (2)	1			
						THE V	ALLEY H	OSP	PITAL		$H\cap$	16	C	尼
^	2018						Address				11111	1	(0)	15 1
	Votification					223 NO	DRTH VAI	N DI	EN AVENUE		141	1		
DEP X DOL	nitial Not Amended Cancellati On Hold	Notif	on icati	ion		RIDGE		NEW	JERSEY 07	,			KAY	16
	MERGE	NCY	NO.	TIFICA	TION	GEOR	of Contact GE GANC	t SOS	3	Telephone 1 201-447-814	Vumber	ASD.	STOK	
			_				ORMATIO			201-447-814	11		100	MOUN
Name of Facility Where Abateme	ent is Tal	king	Plac	e (3)			01111111111	-	Type of Fac	ility (4)				
VALLEY HOSPITAL									Schoo	l (K-12) apter 8 (Other tha	an K-13	2)		
Street Address					_				X Other	ie. private & com	mcl. bl	dgs., l	nomes	, etc.)
650 WINTER AVENUE									Square Fe 50,000	et # of Floor	S	BI	ldg. Ag	je
City (5) C PARAMUS B	ounty (6)			0	ounty	Code (7)			(Prior if being de	molich	٥٩/	40+	
Name of Monitoring Firm Hired b	ERGEN	n~ 0		- (0)	(S)	TATE U	SE ONLY		ABANDONE	D				
COLDEN CORPORATION	y Dullul	ng O	wne	r (8)			ASCM No).	Name of Ab	atement Contrac	ctor (9)	,		
Street Address	Sec. 1			_				-	Street Addre	ONMENTAL COP	RPORA	TION		
131 VARICK STREET, SUITE 1022 City, State, Zip Code	2								313 SPOOK	ROCK ROAD				
	ORK, NE	\\/ \/	אסר	10011				- 1	City, State, Z	ip Code				-1.00
Project Manager for Monitoring Firm	n				Numb	er		_	SUFFERN, N Telephone N	NEW YORK 1090				
JIM MIADES			950 1000	-435-3		0.			845-369-750		icense	Numb	er	
Expected State Date (10)	.]	Sche			etion Da	ate (11)		-	Name of OSI	HA Monitor	1101			
Month Day Year	- 1	Мо	nth	3	De	30	/19		EMSL #1150					
Occupancy Status During Abatemer	nt (Check	conly	one	e)	Day		Year		Street Addres					
A Facility Closed/Vacated I	During F	ntire !	Dori	od of A	bateme	ent				STH STREET				
Abatement Performed O X Other - Describe: MC	utside of DNDAY -	Norm	nal F	acility	Hours -	Descri	be:							
po		טואו ו	Λ1	/ AIVI-3.	.30 PIVI			19	City, State, Zi	p Code				
Scope of Work (Check all that apply Demolition						X	Full Cor	ntain	ment	NEW YORK, N	=W YO	RK		
>3SF OR LF	X	Reno	vatio	n			Mini En	clo,						
X >160 SF OR 260 LF						X	Gloveba	ag P	rocedure Procedure					
Location of		ls L	oca	tion		1	ription of A			1				
Asbestos-containing				used		Conta	ining Mate	erial	(ACM)	Amount		Abaten		
Material (ACM) TO BE ABATED	1.	SO	lely	by		(ie.	Thermal s	syste	ems	(Specify	REMOVAL	REPAIR	NO.	NO I
in Facility (13)	1"	viaii iu Sta	eff (1	todial		insulai	tion, surfaction, surfaction	cing	, VAT,	SF or LF)	10	₽	P	5
	Y	es l		N/A		Oi Oti	iei iiiiscei	lane	eous)				ENCAPSUL	ENCLOSUR
1ST FLOOR THROUGHOUT				X	FLOOR	MASTI	C			####	X	+	-	1
1ST FL. PERIMETER EAST & SOUT	TH			X	PIPE IN	SULAT	ION AND	FIT	TINGS	700 LF	X	+	\vdash	
1ST FLOOR KITCHEN					TILE GF					600 SF	X	+	+	\vdash
1ST FLOOR PERIMETER				X	VINDO	W CAU	LK			20 SF	×	+	 	\vdash
EXTERIOR AIR HANDLER UNITYS				X	TAR FL	ASHING	3			160 SF	X	+	_	\vdash
										1100 01	1^	+		
											+	+		
Name of Registered Waste Hauler		JDEF			Cubic Ya	ards of	Waste	IN	ame of Regis	tered Landfill				
NEWARK CARTING 369 RAYMOND BLVD	H	auler		Vo.		60		G	RAND CENT	RAL SANITARY	LANDF	FILL		\dashv
City, State			113	-	Disposal	Date								
NEWARK, NEW JERSEY					7/05/18		0/2019	PI	ty, State	OWNSHIP, PA			4	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	TOP	05			Sign	ature	/	XX	Da	te 🔏	1-	1	
	DIREC	IUK	UF (JPER/	TIONS		16	7	XX			19	//	8

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

- IN 6 YE	770		(Purs	uant to N	NJAC 8:60-7 and 1	12:12	0-7)					
Date of Notification (1)	11.17				Name of Buildin THE VALLEY HC	g Ow	ner/Operator	(2)				
5 / \09 /20	18							Ir		P (2) LE	7 7
Agencies Notified Type No.					Street Address 223 NORTH VAN	I DIEN	N AVENUE	The state of the s		5 (, E	
EPA X Initi	ial Notifica	ation		- 1	City, State, Zip Co	ode		- 1	31			
DEP Am	ended No	otificat	ion		RIDGEWOOD, N		ERSEY 0765	2		A #	AN É	p
V 2001	ncellation Hold			- 1				£ 1.	L	M	17 1	6 2
	ERGENC	Y NO	TIFIC		Name of Contact			Telephone N	umber			
	LITOLITO	71 140	111 10		GEORGE GANCS			201-447-814	1			
Name of Facility Where Abatement	is Takin	g Plac	ce (3)	FACILI	TY INFORMATION		ype of Facili	ty (4)	A.	SDEC	HOE!	CON ISING
VALLEY HOSPITAL						Ė	School (F	(-12) ter 8 (Other tha	n V 10		~~~~	
Street Address						X	Other (ie.	private & com	nol ble) dae h	omac	oto)
670 WINTER AVENUE							Square Feet	# of Floors	3		dg. Ag	
	1 (0)						50,000	1			40+	ā
DADAMMA	inty (6) RGEN			(83	County Code (7)	C	urrent Use (P	rior if being der	nolishe	ed)		
Name of Monitoring Firm Hired by	Building	Owne	r (8)	(5)	ASCM No		BANDONED					
COLDEN CORPORATION	- anamg	Owne	1 (0)		ASCIVI NO	. N	ame of Abate	ement Contrac	tor (9)			
Street Address							treet Address	IMENTAL COR	PORA	TION		
131 VARICK STREET, SUITE 1022							13 SPOOK R					
City, State, Zip Code						C	ity, State, Zip	Code				
NEW YOR Project Manager for Monitoring Firm	RK, NEW					SI	UFFERN, NE	W YORK 1090	1			
JIM MIADES				ne Numb	er	Te	elephone Nun	nber L	cense	Numb	er	
Expected State Date (10)	Ic.		7-435-				15-369-7500		101			
6 / 7 /18	30	nea. (3 omb	letion Da			ame of OSHA	Monitor				
Month Day Year	1	Month		Day			MSL #11506					
Occupancy Status During Abatement	(Check o	nly on	e)				reet Address					-
X Facility Closed/Vacated Du	iring Entir	e Peri	od of	Abateme	ent		7 WEST 38T	H STREET				
Abatement Performed Outs X Other - Describe: MON	SIDE OF NO IDAY -FR	ormal f	acilit	y Hours -	Describe:							
The second second second to the second secon	DAT-FR	IDAT	/AIVI-	3:30 PIVI		Cit	ty, State, Zip					
Scope of Work (Check all that apply)					X Full Con	ntainm	nent (IEW YORK, NE	W YO	RK		
	X Re	novati	on		X Mini End	clo .	ion					
>3SF OR LF X >160 SF OR 260 LF					Gloveba	ag Pro	cedure					
					X Non-Fria	able P	rocedure					
Location of Asbestos-containing		s Loca			Description of A	Asbes	tos-		A	baten	nent T	vpe
Material (ACM)		rmally solely			Containing Mate			Amount		R		
TO BE ABATED		int/Cu		J	(ie. Thermal s	system	ns	(Specify	REMOVAL	REPAIR	Ó	ENCLOS
in Facility (13)		Staff (1	insulation, surfactor or other miscell	cing, \	VAI,	SF or LF)	18	1 =	P	log
			N/A		or other imacen	lialico	us)		P		ENCAPSUL	ÜR
1ST FLOOR THROUGHOUT			X	JOINT	COMPOUND			25,000 SF	×			
1ST FLOOR ROOMS 100 & 101			Х	CEILIN	G TILES			1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & I	MASTIC			1,450 SF	X	\vdash		
1ST FLOOR ROOM 182			X	BOILER	RINSULATION			100 SF	X	\vdash		
IST FLOOR ROOM 182			X	BOILER	RBREECHING			80 SF	X			
1ST FLOOR ROOM 180			X	ROOF I	HATCH TAR			2 SF	X			
Name of Desidential									1			
Name of Registered Waste Hauler NEWARK CARTING		EP W		Cubic Y	ards of Waste	Nar	ne of Registe	red Landfill		1		\vdash
869 RAYMOND BLVD	Hau	ler ID			100	GR.	AND CENTR	AL SANITARY	LANDF	ILL		
City, State		913		Disposa		leiti) State	,				_
NEWARK, NEW JERSEY Completed by (Print or Type)	Tille			6/07/18	- 12/30/18	PLA	INFIELDTO	WNSHIP, PA		7	1	,
	Title DIRECTO	R OF	OPE	PATIONS	Signature	2		Da	te(/	9	//	
	211/LO10	IN OF	OFE	MITONS) //	\times	$\triangle Q$		0/	//	11	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) THE VALLEY HOSPITAL /2018 Street Address Agencies Notified Type Notification 223 NORTH VAN DIEN AVENUE Initial Notification **EPA** City, State, Zip Code DEP Amended Notification RIDGEWOOD, NEW JERSEY 07652 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** GEORGE GANCSOS ASBESTOS CONTROL & 201-447-8141 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) VALLEY HOSPITAL Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 620 WINTER AVENUE 7,000 1 40+ City (5) County (6) County Code (7) Current Use (Prior if being demolished) **PARAMUS** BERGEN (STATE USE ONLY) ABANDONED Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) COLDEN CORPORATION PAR ENVIRONMENTAL CORPORATION Street Address Street Address 131 VARICK STREET, SUITE 1022 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code NEW YORK, NEW YORK 10013 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JIM MIADES 347-435-3561 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5/ /18 12 30 /18 EMSL #11506 Month Day Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCL REMOVAL ENCAPSUL REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. LOSUR SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR FRONT OFFICE BATHROOM X WALL COMPOUND 150 SF X 1ST FLOOR SHOP SIDE BATHROOM X WALL COMPOUND 150 SF X 1ST FLOOR FURNACE ROOM WALL COMPOUND 400 SF X EXTERIOR EAST ROOF X **VENT TAR** 6 SF EXTERIOR EAST ROOF X **BUILT UP ROOFING** 1,600 SF X EXTERIOR SOUTH ROOF X VENT TAR 6 SF X EXTERIOR L ROOF X **BLACK CAULK** 32 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD 913 City, State Disposal Date City, State PLANSEL TOWNSHIP, PA NEWARK, NEW JERSEY 5/29/18 - 12/30/18 Completed by (Print or Type) Title Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

State of New Jersey

Date of Notification (1) Size Agencies Notified Type Notification Size Address	A COT	'UP'THE.		NO	TIFIC.	ATION (OF AS	lew Jersey BESTOS A	ABA	TEMENT	CK	3.	21	15	2	_
Date of Notification (1) S	17 2	制图》			(I uist	Jani to I								1		
Street Address	Date of Notification (1)	and the state of					THE	/ALLEV UC	ng U	wner/Operato	r (2)	I	P	E	1	M
Agencies Notified Pop	22/V2 32 257	10010							JSP	IIAL		1	15		, []	19
EPA DEP Armended Notification City, State, 2/p Code RIDGEWOOD, NEW JERSEY 07652 LI											112	(1				
DEP Amended Notification X DOL X DOL Cancellation DCA EMERGENCY NOTIFICATION RIGGEWOOD. New YJERSEY 07852	Agencies Notified Type	Notifica	tion				223 N	ORTH VAN	V DI	EN AVENUE		1				
DOL Cancellation	EPA X	Initial No	otificat	ion			City S	State Zin C	abo.				211	V 1	6	2010
X DOL Cancellation On Hold EMERGENCY NOTIFICATION Name of Contact GEORGE GANCSOS Telephone Nymber STOS CONTR.	DEP	Amende	ed Noti	fication	on		RIDGI	FWOOD N	JEW	IEDSEV 0766	. [4]	4	2017 1	0 8	1	-010
DCA	X DOL							_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4-44	ULINOL 1 0700	,2	1				
Separation Sep	X DOH	On Hold					Name	of Contact			Tolorbono	Ni				
Name of Facility Where Abatement is Taking Place (3)	DCA	EMERG	ENCY	NOT	TIFICA					3	201 447 9	i inalifibi	HES.	TOS	CON	HRO
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL Sireet Address School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than											201-447-0	141		ICE	VOIN	Gi.
VALLEY HOSPITAL	Name of Facility Where Abatem	ent is T	aking	Plac	0 (3)	TACILI	I I IIVI	ORIVIATIO	M							
Subchapter 8 (Other than K-12) X Chler (Lep. Protest and Gress and Montre AVENUE Square Feet first Floors files, homes, etc. Square Feet first floors files, homes files, homes Street Address Surface Address Surface Address Surface Address Surface Address Surface Address Surface Address Street Address Surface Addr			unng	1 lac	e (J)					Type of Facil	ity (4)					
Street Address A	VALLEY HOSPITAL															
Street Address Square Feet	THE THOU THE									Subchap	ter 8 (Other t	han K-1	12)			
Square Feet	Street Address		-							X Other (ie	. private & co	mmcl. l	bldg	s., ho	mes,	etc.)
City (5)									N.	Square Feet	# of Flo	ors				
PARAMUS BERGEN STATE USE ONLY) ASCM No. ASAMDONDON Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION Street Address 313 VARICK STREET, SUITE 1022 CITY, State, Zip Code NEW YORK, NEW YORK 10013 SUFFERN, NEW YORK 10013 SUFFERN, NEW YORK 10901 Telephone Number Jelephone Number Jelepho										50,000	1				40+	
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 131 VARICK STREET, SUITE 1022 City, State, Zip Code NEW YORK, NEW YORK 10013 Project Manager for Monitoring Firm Telephone Number JIM MIADES 347-435-3561 845-339-7500 Telephone Number JIM MIADES JAY-435-3561 845-339-7500 Telephone Number JIM MIADES JAY-435-3561 Scheet, Address 131 SPOOK ROAD City, State, Zip Code NEW YORK 10910 Sufferent Number JIM MIADES JAY-435-3561 Scheet, Completion Date (11) 12 30 /18 Month Day Year Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outsides of Normal Facility Hours - Describe: Will Containment with Negative Pressure Minit Enclo Sope of Work (Check all that apply) Demolition Safe OR Le X > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) Solely by TO BE ABATED In Facility (13) Yes No NA Solely by Main/Custodial Staff (12) Yes No NA Solely by Solely by No NA Solely by Solely by No NA Soley NA Soley NA Soley NA Soley NA Soley NA Soley Soley N	DADAANIA						County	/ Code (7)		Current Use (F	Prior if being o	demolis	hed')		
COLDEN CORPORATION PAR ENVIRONMENTAL CORPORATION Street Address 131 VARICK STREET, SUITE 1022 City, State, Zip Code NEW YORK, NEW YORK 10013 SUFFERN, NEW YORK 10901 JUM MIADES JAT-4.35-3561 SUFFERN, NEW YORK 10901 Telephone Number JIM MIADES JAT-4.35-3561 SUFFERN, VORK 10901 Telephone Number JIM MIADES SUFFERN, SUF YORK 10901 Telephone Number JIM MIADES JAT-4.35-3561 SUFFERN, SUF YORK 10901 Telephone Number JIM MIADES JAT-4.35-3561 SUFFERN, SUF YORK 10901 Telephone Number JIM MIADES JAT-4.35-369-7500 JAS-369-7500 JAS-369-7500 SUFFERN, SUF YORK 10901 Telephone Number JIM MIADES JAT-4.35-369-7500 JAS-369-7500 JAS-369-7500 SUFFERN, SUF YORK 10901 Telephone Number JIM MIADES JAT-4.35-361 Telephone Number JIM MIADES JAT-4.35-369-7500 JAS-369-7500 JAS-369-7500 SUFFERN, SUF JIM MIADES SUFFERN, SUF JIM JIM MIADES SUFFERN, SUF JIM		BERGE	V	23.7777//		(S	TATE	USE ONLY)					,		
Street Address 131 VARICK STREET, SUITE 1022 Street Address 131 SPOOK ROCK ROAD City, State, Zip Code NEW YORK, NEW YORK 10013 Project Manager for Monitoring Firm Telephone Number JIM MIADES Sata-35-3561 Advas-5500 Sched. Completion Date (11) Month Day Year Sched. Completion Date (11) Month Day Year Sched. Completion Date (11) Month Day Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: WONDAY -FRIDAY 7AM-3:30 PM Scope of Work (Check all that apply) Demolition -33F OR LF Location of Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) State (13) Yes No N/A Sister (12) Wain/Ucustodial Staff (12) Yes No N/A Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK NEW YORK, NEW YORK NEW YORK, NEW YORK Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK NEW YORK, NEW YORK NEW YORK, NEW YORK NEW YORK, NEW YORK Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK NEW YORK NEW YORK NEW YORK NEW YORK Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK NEW YORK NEW YORK NEW YORK NEW YORK Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK NEW YORK	COLDEN CODDODATION	by Build	ding C)wne	r (8)	3300-1000		ASCM No	э.	Name of Abat	ement Contr	actor (9)		100	
Street Address 313 SPOOK ROCK ROAD City, State, Zip Code NEW YORK, NEW YORK 10013 Project Manager for Monitoring Firm Telephone Number 347-435-3561 Street Address 307 WEST 38TH STREET City, State, Zip Code Month Day Year Occupancy Status During Abatement (Check only one) Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK Full Containment with Negative Pressure Mini Enclo Glovebag Procedure Location of Asbestos- Containing Material (ACM) Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) Maint/Custodial in Facility (13) Staff (12) Yes No N/A Yes No N/A Yes You State Yes Yo					77.33					PAR ENVIRO	NMENTAL CO	ORPOR	ATI	ON		
City, State, Zip Code NEW YORK, NEW YORK 10013 Project Manager for Monitoring Firm Telephone Number JIM MIADES 347-435-3561 Sepected State Date (10) 5 / 29 / 18 Sched. Completion Date (11) Month Day Year Month Day Year Month Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM Scope of Work (Check all that apply) Demolition - 335 F OR LF X > 150 SF OR 260 LF X 150 SF OR 260 LF X 150 SF OR 2												0111 011	., ., ,	OIT		
Single 200 NEW YORK, NEW YORK 1013 City, State, Zip Code SUFFERN, NEW YORK 10901	131 VARICK STREET, SUITE 10	22								313 SPOOK R	OCK ROAD					
Project Manager for Monitoring Firm												_			-	
Telephone Number Telephone N	NEW	YORK, N	NEM A							SUFFERN. NE	W YORK 10	901				
347-435-3561 845-369-7500 1101	Project Manager for Monitoring Fi	rm		Tele	ephon	e Numb	er			Telephone Nur	mher		IA N	umhe	or.	-
Expected State Date (10) 5 / 29 /18 Month Day Year 12 30 /18 Month Day Year 15 / 29 /18 Month Day Year 16 / Month Day Year 17 / Month Day Year 18 / Month Day Year 18 / Month Day Year 19 / Month Day Year 10 / Month Day Year 11 / Month Day Year 12 / Month Day Year 13 / Month Day Year 14 / Month Day Year 15 / Month Day Year 16 / Month Day Year 17 / Month Day Year 18 / Month Day Y			-2-2-72-						- 1		11501		00 11	unibe	31	
Street Address Stre	Expected State Date (10)		Sch				ato /1	1)				11101	-			
Month Day Year Month Day Year Month Day Year Cliffic High		18	100			etion D					A Monitor					
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code NEW YORK, NEW YORK NEW YOR NEW YORK N		ar	Mo	anth		Da				EIVISL #1 1506						
Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM Scope of Work (Check all that apply) Demolition >38F OR LF X > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) Maint/Custodial in Facility (13) Staff (12) Yes No N/A IST FLOOR-THROUGHOUT IST FLOOR-PERIMETER NJDEP Waste Hauler IEWARK CARTING 68 RAYMOND BLVD Jiy, State Disposal Date 5/29/18 - 12/30/18 Disposal Date 5/29/18 - 12/30/18 Disposal Date 5/29/18 - 12/30/18 Standard CEWARK, NEW JERSEY JOHN STAR STREET 307 WEST 33TH STREET ABUST 404 NEW YORK, NEW YORK NEW YORK, NEW YORK NEW YOR NEW YORK NEW YORK NEW YORK NEW YORK NEW YORK NEW YORK NEW JERS NEW YORK NEW YORK NEW YORK NEW YORK NEW YORK NEW YOR	Occupancy Status During Abatem	ent (Che	ck onl	v one	9)			1 Cal		Stroot Address						
Abatement Performed Outside of Normal Facility Hours - Describe: X	X Facility Closed/Vacated	d Durina	Entire	Perio	nd of	Abateme	ent									
City, State, Zip Code NEW YORK NEW YOR Nini Enclo . Slovation Indicate of Assesses Indicate of Negative Non-riable Procedure . Storation Or defended New York Non-riable Procedure . Slovation Or defended New Yor Non-riable Procedure . Slovation Or defended NEW YOR Non-riable Procedure . Slovation Or defended NEW YOR Non-riabl	Abatement Performed	Outside	of Nor	mal F	acility	Hours	- Desc	ribe.		307 WL31 361	HOIKEEI					
Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Is Location of Staff (12) Yes No N/A IST FLOOR-THROUGHOUT IST FLOOR-PERIMETER NJDEP Waste Hauler WiNDOW GLAZING Hauler IEWARK CARTING 69 RAYMOND BLVD 108 possible procedure NJDEP Waste Hauler ID No. 913 108 possible procedure NJDEP Waste Disposal Date 5/29/18 - 12/30/18 PLATE Disposal Date Signature Itel Date I	X Other - Describe:	MONDAY	-FRI	YAC	7AM-3	3:30 PM	1		H	City State Zin	Codo					
Demolition Sass or Care Sass o										oity, otate, zip	NEW YORK	NEW V	ODI	v		
Mini Enclo Glovebag Procedure X Non-Friable Proced	Scope of Work (Check all that app	oly)						Full Cor	ntair	nment with Nec	ative Pressur	14 - 44 1	UKI	N		
Solution of Asbestos-containing Material (ACM) Solely by Maint/Custodial in Facility (13) Staff (12) Yes No Ni/A Set of Les Ni/A Se		X	Reno	ovatio	on			Mini En	nclo	micht with Meg	Jauve Fressu	е				
Abatement Type Abatement Abatement Type Abatement Type Abatement Type Abatement Type Abatement T								Gloveha	an P	rocedure						
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13) Staff (12) Yes No N/A IST FLOOR-THROUGHOUT IST FLOOR-PERIMETER Mind Registered Waste Hauler JEWARK CARTING 69 RAYMOND BLVD Many Completed by (Print or Type) Jest Cotation of Asbestos-Containing Material (ACM) (ie. Thermal systems (Specify Service)	X >160 SF OR 260 LF	=					X	Non-Fri	iable	Procedure						
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Maint/Custodial Staff (12) Yes No N/A IST FLOOR-THROUGHOUT IST FLOOR-PERIMETER Minume of Registered Waste Hauler IEWARK CARTING 69 RAYMOND BLVD Disposal Date EWARK, NEW JERSEY Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) WINDOW GLAZING Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) WINDOW GLAZING Amount (Specify SF or LF) WINDOW GLAZING Amount (Specify SF or LF) WINDOW GLAZING GO SF X IST FLOOR-PERIMETER NJDEP Waste Hauler ID No. 913 Disposal Date 5/29/18 - 12/30/18 Disposal Date 5/29/18 - 12/30/18 Disposal Date Signature Ompleted by (Print or Type) Title	Location of		Is	Loca	tion		Dos									
Material (ACM) TO BE ABATED in Facility (13) Solely by Maint/Custodial Staff (12) Yes No N/A IST FLOOR-THROUGHOUT X FLOOR MASTIC ST FLOOR-PERIMETER WINDOW GLAZING WINDOW GLAZING ST FLOOR Master Hauler IEWARK CARTING 69 RAYMOND BLVD Sity, State EWARK, NEW JERSEY Completed by (Print or Type) Title Solely by Maint/Custodial Staff (12) Maint/Custodial Staff (12) Maint/Custodial Staff (12) Nor other miscellaneous Solely by Maint/Custodial Staff (12) Nor other miscellaneous Sole other mi	Asbestos-containing													atem	ent T	
IST FLOOR-THROUGHOUT IST FLOOR-PERIMETER WINDOW GLAZING 60 SF X WINDOW GLAZING 60 SF X WINDOW GLAZING Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL Disposal Date JEWARK, NEW JERSEY Completed by (Print or Type) Title Signature JENT FLOOR MASTIC 5,300 SF X WINDOW GLAZING 60 SF X WINDOW GLAZING FLOOR MASTIC 5,300 SF X WINDOW GLAZING FLOOR MASTIC 5,300 SF X WINDOW GLAZING FLOOR MASTIC FLOOR MA				110000000			///	Thornal	enai	(ACIVI)		t	2	ᇛ	P P	回
IST FLOOR-THROUGHOUT IST FLOOR-PERIMETER WINDOW GLAZING 60 SF X WINDOW GLAZING 60 SF X WINDOW GLAZING Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL Disposal Date JEWARK, NEW JERSEY Completed by (Print or Type) Title Signature JENT FLOOR MASTIC 5,300 SF X WINDOW GLAZING 60 SF X WINDOW GLAZING FLOOR MASTIC 5,300 SF X WINDOW GLAZING FLOOR MASTIC 5,300 SF X WINDOW GLAZING FLOOR MASTIC FLOOR MA						.						y \{	3	P/	Q	<u>S</u>
IST FLOOR-THROUGHOUT IST FLOOR-PERIMETER WINDOW GLAZING 60 SF X WINDOW GLAZING 60 SF X WINDOW GLAZING Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL Disposal Date JEWARK, NEW JERSEY Completed by (Print or Type) Title Signature JENT FLOOR MASTIC 5,300 SF X WINDOW GLAZING 60 SF X WINDOW GLAZING FLOOR MASTIC 5,300 SF X WINDOW GLAZING FLOOR MASTIC 5,300 SF X WINDOW GLAZING FLOOR MASTIC FLOOR MA						1	insul	ation, surfa	cing	, VAT,	SF or LF	-) 5	3	=	8	0
IST FLOOR-THROUGHOUT IST FLOOR-PERIMETER WINDOW GLAZING 60 SF X WINDOW GLAZING 60 SF X WINDOW GLAZING Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL Disposal Date JEWARK, NEW JERSEY Completed by (Print or Type) Title Signature JENT FLOOR MASTIC 5,300 SF X WINDOW GLAZING 60 SF X WINDOW GLAZING FLOOR MASTIC 5,300 SF X WINDOW GLAZING FLOOR MASTIC 5,300 SF X WINDOW GLAZING FLOOR MASTIC FLOOR MA	iii i dollity (13)					4	or c	other misce	ellane	eous)		1	≥	~	S	S
IST FLOOR-PERIMETER WINDOW GLAZING 60 SF X WINDOW GLAZING 60 SF X WINDOW GLAZING Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL Disposal Date JEWARK, NEW JERSEY Completed by (Print or Type) Title Signature Jisignature Jisignature Jisignature Jisignature			res	INO	IN/A	-						Ŀ			F	Ā
IST FLOOR-PERIMETER WINDOW GLAZING 60 SF X Jame of Registered Waste Hauler JEWARK CARTING JE	1ST FLOOR-THROUGHOUT				X	FLOOP	RMAS	TIC			5 300 SE	V				
Jame of Registered Waste Hauler JEWARK CARTING 69 RAYMOND BLVD 0ity, State JEWARK, NEW JERSEY 0completed by (Print or Type) JITILE WINDOW GLAZING 160 SF X Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State Flate Signature Sig	1ST ELOOP PERIMETER							3,300 SF	^	-						
Name of Registered Waste Hauler JEWARK CARTING 69 RAYMOND BLVD Dity, State JEWARK, NEW JERSEY Completed by (Print or Type) Title NJDEP Waste Cubic Yards of Waste Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL Disposal Date 5/29/18 - 12/30/18 Signature Jisignature	131 PLOOR-PERIMETER			WINDO	DW GL	AZING			60 SF	l×						
Hauler ID No. 30 GRAND CENTRAL SANITARY LANDFILL																
Hauler ID No. 30 GRAND CENTRAL SANITARY LANDFILL					1		-									
Hauler ID No. 30 GRAND CENTRAL SANITARY LANDFILL																
Hauler ID No. 30 GRAND CENTRAL SANITARY LANDFILL													+			
Hauler ID No. 30 GRAND CENTRAL SANITARY LANDFILL					-		-									
Hauler ID No. 30 GRAND CENTRAL SANITARY LANDFILL																
Hauler ID No. 30 GRAND CENTRAL SANITARY LANDFILL										Victor Victor			-		-	
Hauler ID No. 30 GRAND CENTRAL SANITARY LANDFILL	Name of Registered Waste Hauler		NIDE	P W	aste	Cubic	Vardo -	of Macta	I.	lama of D						
69 RAYMOND BLVD 913 Disposal Date EWARK, NEW JERSEY 5/29/18 - 12/30/18 PLAINFIELD TOWNSHIP, PA Completed by (Print or Type) Title Signature 1/20/18 1/	NEWARK CARTING					Cubic 1			10	ame of Regist	ered Landfill					
Disposal Date City State	369 RAYMOND BLVD		I laule				3	U	10	RAND CENTR	KAL SANITAF	RY LAN	DFIL	LL		
IEWARK, NEW JERSEY 5/29/18 - 12/30/18 Completed by (Print or Type) Title Signature Signatur	City, State	The second		010	-	Dienos	al Dat-		1	11.001.27	2					
Completed by (Print or Type) Title ISignature									10	ity, state	/	_				
ENJAMIN SANCHEZ DIRECTOR OF OPERATIONS Signature Date = Q-1C	Completed by (Print or Type)	Title				5128118			4	LAINFIELD PC				3.12.3200		
	BENJAMIN SANCHEZ			ROF	OPER	RATION	IS ISIE	ji latul e	1	$\times \times \setminus$		Date <	(9-1	0	



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification	n (1)			Man	no of Dull		und 12.120)		CK#:	23	İ		
5/10/18				Ma	dison I	ding Owner/Operator (2) Board of Education					-		
Agencies Notified	Type Not	ification			et Addres				Transa F	7 6	-	-	-
区 EPA	X	Initial		2000		lland Road			11171 10	3 (6	7 1	5	11
☐ DEP		Amended		_	State, Zip				11111				Ц
⊠ DOL		Amendment #		1000000	common a service	NJ07940			111711				
		Emergency (incl	uding		e of Cont					超光		1 2	. 6.
⊠ DOH		justification)	J	1000	y Lane	act		Telephone Numi		4-14-12		-	4.8
⊠ DCA		Cancellation		100.	y conc			973-593-310	01				
	575					FACILITY INFORMA	TION		1 Ac				
Name of Facility Wh	nere Abatem	ent is Taking Place (3)			The state of the s	Type of Facility (4)		1 ,100	1	05	UU	NI
Madison High :	School										<u>CE</u> i	011	Vij
Street Address							School (K-:	370					
170 Ridgedale	Ave							r 8 (Other than I					
City (5)							Other (i.e.	private & Comm	ercial buildings,	home	es, et	c.)	
Madison							Square Feet	# of Floors					_
							100,000	2+	Bldg, Age				
County (6)						y Code (7)	Current Use (Prior if b		50+				
Morris					(STAT	E USE ONLY)	School	enig demonshed)					
lame of Monitoring	Firm Hired b	y Building Owner (8)		-	ASCM No.							
RK Occupationa	al & Envir	onmental Anal	ysis, Inc.				Name of Abatement C						11000
treet Address						0090	Unicorn Contrac	ting Corp.					
01 St. James A	venue						Street Address			17022			
ity, State, Zip Code	venue						32 Willow Way						
	00000						City, State, Zip Code						1000
hillipsburg, NJ							Woodland Park,	NI 07424					
roject Manager from	Monitoring	Firm			Teleph	one No.	Telephone No.	113 07 12 1	Tu				_
on Gilbert					908-4	154-6316	973-333-9176		License No.				
art Date (10)			Marin Marine San Carlo	Schedu	led Comp	letion Date (11)	Name of OSHA Monitor		01331				
/29/18				6/08/		• •	Envirovision Cons						
ccupancy Status Duri							Street Address	suitants, Inc.					
☐ Facility Clos	sed/Vacat	ed During Entire	Period of A	batemen	nt		The same and a same and a same and a same and a same a						
☐ Abatement	Performe	ed Outside of No	rmal Facility	Hours			20-21 Wagaraw R	ld., Bldg. 35-E					
Other - Des	cribe: 5	Sub-8 Occupied A	hatement	110013			City, State, Zip Code						
ope of Work (Check /	All That App	ly)	.batchicht_				Fair Lawn, NJ 074	110					
] ≥3 sf or ≥3 l	l f			(C)		29							
≥160 sf or ≥				\boxtimes	Renov		Full Containn	nent with Negati	ive Pressure				
	.20011				Demol	ition	☐ Mini-Enclosu						
							☐ Glovebag Pro	cedure					
								ed (*) and Non-F	riable Procedur				
	Lanckin			is Location				. , ,	Toble Trocedur		Aba	teme	nt
Asbestos-C	Location of	aterial (ACM)	11	Normally sed Solely			Description of					ype	
	TO BE ABAT		100	faintenanc	200	Asbesto	s Containing Material (ACI	M)	Amount			T	T
	In Facility		Cu	stodial Sta	ff?	(i.e. th	ermal systems insulation,	55	(Specity			E	
	(13)			(12)			surfacing, VAT, or other miscellaneous)		SF or LF)	æ		ncal	E
			Yes	No	N/A					Remova	Repair	Encapsulate	Enclosure
\	Wood Sh	ор			X		Pipe Insulation		75515	-	air	te	5
V	Nood Sh	ор			Х		od, Felt & Mastic		330 LF	X			1
V	Nood Sh	ор			X				2,100 SF	X			
Wo	od Shop	Roof	X				Transite Panel		28 SF	X			1
e of Registered Was			- '	MIDECIT			fing Felt & Mastic		60 SF	X			
corn Contracti				NJDEP Wa			Cubic Yards of Waste		Name of Regustered	Landfil	1		
State	6 согр.			003584	4		20	/	Fairless Hills La				
odland Park, N	low loss-						Disposal Date	- 11	City, State				
	iew Jerse	У					TBD /	1 / /	Abrrisville, PA				
pleted by			Title		=0000-100000		Signature	1/	J. Strisville, PA	To			-
no Golcev			Genera	al Mana	ger			1/1//		Date			
			177		Indiana de la comp		0	///		5/1	0/18	,	

									[Prir	nt For
(K# 2088	N		ATION	ate of Nev	ESTOS A	ABATEN) <u>E</u>	G		\mathbb{V}
(F)	AU	Pu	rsuant	to NJAC	8:60 and	112:120)						
Date of Notification (1)		1	lame of	Building (_ 11111	15 1	11)	16	201A
3-9-18					SA	10	12/2	5/5/	PANCI	120		165	
Agencies Notified Type Notification		5	Street A	ddress	- 0	2	20	010	, 10.		ساتصغ		
EPA Conitial		L	_7	55	J.	>	ز	1700	PARK	AOBES	TOS	CON	TROL
DEP Amended			City, Sta	te, Zip Co	de . /	//		. 110	2001		1021	1211/	31
DOL Amendment #_	cluding	-		-7	116	014	200	0	MEK	Red		0	200
DOH justification)	cidding	1	Vame of	Contact					Telephone	Number			
DCA Cancellation	34	Į	12	WED)									
			FACI	LITY INFO	DRMATIC	ON ,	_						- 1
Name of Facility Where Abatement is Taking	Place (3)	2					Type o	f Facility (4	4)				Ì
KEER FR	POCK	2/9	/		_			chool (K-1		(40)			
Street Address	0	المار سد		/	() I	11		ubchapter	8 (Other than I	(-12) ercial built	linas.	home	s.
375 BATS	19	08.	NU	E/ 1	BA	50	LT &	c.)	rivate & commo	12210	02		
Cib. (5)	-			1 -			-Square		# of Floors	B	ldg. A	ge	
1006 BEANCH	-77			1			~/	5009	7 20	10	13	- Jen	
County (6)				Code (7)			Curren	t Use (Pric	or if being demo	olished)	.00 I.O.A. 541		
menmouth		1	STATE	JSE ONLY)				124	ofe				
Name of Monitoring Firm Hired by Building Ou	vner (8)		ASCN	1 No.	-	Name	of Abate	ment Con	tractor (9)	25		2-11	
					ļ			11:5	1120010	Leo.	0 (6	1
Street Address				WSUSSE-0-11-		Street	Address	3	11250/18 . no 4200	11	_		-
					- 1		0	-100	n 180	Se 6	100	3	
City, State, Zip Code					-+	City, St	ate, Zip	Code			_		
2.0), 2.0.0, 2, 2.2.2							- 2	214	nieck.	mil	~	22:	13
Project Manager for Monitoring Firm		17	elephor	ne No.		Telepho	one No.		Licens	e No.	45.0	3" 5	-
1 Tojeor Managor for Monttoning 1 mm					į	10-11/10 # (2.5)			2-75-17			eiG.	, [
Start Date (10)	Schedule	d Com	nletion l	Date (11)	-	Name	of OSH	A Monitor	·25x	22		11	-
					1	12000000			i.				
Occupancy Status During Abatement (Check	Only On	0)	/	1.5		Street	Address	10 1	65				
A TANKS					damete	0.000	نور ا	maj	97 604	4			-
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of A	batem	ent		100	City St	tate, Žip	Code	The state of the s				
Other – Describe: — 7AM	75	300				City, G	ale, Zip	In F	211				
						1/1	2 (2.5.	1100	<i>[</i> :				-
Scope of Work (Check All That Apply)							3						
\(\grap \grap 3 \text{ sf or ≥3 lf} \)		enovat				-		Containme Enclosure	ent with Negativ	re Pressu	re		
🕞 ≥160 sf or ≥260 if	O D	emonu	311			L		ebag Proc					1
									(*) and Non-F	riable Pro	cedure	9	
	ls	Locatio	on									ment	
Location of	N	lormall	у		Des	scription	σí	and the same of th			1 1 1	pe !	
Asbestos-Containing Material (ACM)		d Solel intenar			tos Cant	aining M	laterial (Amount	ļ		ш	m
TO BE ABATED		edial S		(i.e.	thermal	systems cing, VA		ion,	(Specify SF or LF)	Remova	Re	Encapsulate	Enclosure
In Facility (13)		(12)				niscellan		1	ar di Er)	Nov	Repair	nsc	uso
(.5)	1	No	N/A	1				j		<u> </u>	-	ate	re
	Yes	NO	19/74							_			-
STORAGE AREAS			6-1	1 6	3 2	200	126	2-21-C	4100	12			
CAPACOLS				16	ور در	2000	18/0	care!	600	سنا	,		-
CIEI			- Andrew										
					топеции						-		_
											1		
Name of Registered Waste Hauler		- ST 800	JDEP W		Cubic		1	Name of	Registered Lan	dfill			i
ACE INSUMATION	11		auler ID		of Was	51B		1	412/25				One includes
City-State	W. 47	100	ر الداش الار	Seat .	Dience	sal Date		City, Stat		4 5			
Chendard in					1 1	10/	8	Jan and	22164	1/10	5	>	1
Completed by	Tie!-				CAD	innatura	0 1	STRUT	200	Data	1 /	4-	
Completed by	Title	ر يومزانكو ا	رانتي	F	51	ignature	_~		A	Date	· Ci	1	0
ISCEPTED OF THEST	11 10	47/6	aka Shit	7	1		(_,	10000	1/201301) .)	- 7	-	4



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

CHECK # 2302

Date of Notification (1	1)			Nam	e of B	uildin	g Owner / Opera	ator (2)	1 10 10				error water .	A Transport
	5/7/2018			Sun	oco F	artn	g Owner / Opera ers Marketing	& Terr	ninale	DE ESCEP	5	V		16
Agencies Notified T	ype Notif	ication		Stree	t Add	ress	oro markoting	o ren	minais,	CFLayle Po	omi ra	cuity	-11	111
⊠ EPA				1240	Cro	wn P	oint Road		fam.	111				
☐ DEP ☐ DOL							Code			ti MAY	1 5 20	18	111	#
		ended					08093						l low	
□ DOH □ DCA		ergency				ontac			7	<u> </u>	Teleph	one.	Numl	per
LI DOA	☐ Cal	ncellation		Ron	Rose	endo	rn			ASSESTOS LICE	856-8	53-3	155	į
				FA	CILIT	TY IN	FORMATION		- 67400	ELICAL ELICAL	Pinned		****	
Name of Facility Whe Eagle Point Facility	re Abater v	ment is Taking I	Place (3)			Type of Fac	cility (4) I (K-12)						
Street Address									Other th	an K-12)				
1240 Crown Point	Road						Other ((i.e. priva	ate & co	mmercial buildi	ngs, hor	nes,	etc.)	
City (5)		To	12				Square Fee		# of Flo		Bldg. A			
		County (6)	Co	ounty (Code	(7)	n/a			n/a		n/a	i	
Westville		Burlington							f being o	demolished)				
Name of Manitorina Fi	inna I lina d	b. D. 11.11. 0			1		Commerc							
Name of Monitoring Fi	IIII Hired	by Building Ow	ner (8)		ASC	CM No		atement	t Contra	ctor (9)	A STATE OF THE STATE OF	Provide All		
Street Address							Alpha Env		ental					
							Street Address PO Box 82							
City, State & Zip Code		*		-11			City, State 8		de				-	
Desired Manager							Trenton, N							
Project Manager for M	onitoring	Firm	Telep	hone	Numl	per	Telephone 1 609-847-29			License				
Scheduled Start Date	(10)	Scheduled Cor	mpletic	on Dat	e (11)) .	Name of OS		itor		012	22		
5/17/2018	2 00	6/17/2018			- (,		ALPHA En							
Occupancy Status Dur	ing Abate	ement (Check o	nly one	∍)			Street Addre							-
Facility Closed	/Vacated	During Entire F	eriod o	of Aba	teme	nt	PO Box 82							
Describe:	погтеа С	outside of Norm	al Hou	urs – 7	am to	3pm	. Personal and the second							
Facility Occupi	ed During	, Abatamant					Trenton N.	J 08650)					
Scope of Work (Check	all that a	nnly)												
especial Work (Oncok	an that a	ppiy)							Eull Con	tainment with 1				
≥3 sf or ≥3 lf			\boxtimes	Ren	ovatio	n			Mini-End	tainment with N	vegative	Pres	sure	
≥160 sf ≥260 lf			X		olition			-		ag Procedures				
			-								. = :	_		
Loca	tion of		ls L	ocatio	on		Descriptio	n of	NOII-EXE	empted and No				
Asbestos-		ng	Norm	ally U	sed		Asbestos-Cor			(Specify	Aba	ateme	ent i	ype
	al (ACM)			lely b			Material (A	CM)		SF or LF)	_		ш	_
	ABATED acility		Maint				(i.e., thermal s	systems	_		Ren	Re	ncar	ncl
	13)			(12)	tail!	1	insulation, surfa or other miscel	cing, VA	1		Remova	Repair	Encapsulate	Enclsoure
**					N/A		0. 01.101 11.10001	iai icous)	'		=		ate	6
Tanks adjacent filte	r buildir	ng					Tank Insul	ation		4800sf				
Name of Registered Wa	aste Haul	er		N.IF)FP W	Vaeta	Cubic Yards	Nama	of Doni	-t11 15II				_
					iler ID		of Waste	Iname	of Regis	stered Landfill				
Service Transport G	Froup			000	3333	0	100	Miner	va Lan	dfill				
City, State		X					Disposal Date	City, S	tate				Samuel Contract	
New Castle DE							various	Wavn	esburg	. OH				
Completed By (Print or	Type)			Title			Signature		//	. 511	Date			
Rod Richardson	5.05x 0(M)			1.72705	ject		71			1 0/	5/7/2	2040	2	
					nagei	r	tod 1.	.71	1	1. /len	31112	LUIC	,	
				1		I	1 DALL	ici	1400	15-0650	- 1			1

PAID

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

CHECK# 2301

Date of Notification (1)		1	Name o	of Building	Owner / Operat	tor (2)						
5/7/2018		5	Sunoc	o Partne	ers Marketing	& Term	ninals I P	Fanle P	oint Far	ility	7 (7	The same of the last of the la
Agencies Notified Type Notif	ication	5	Street A	ddress			maio, Li	THE S	6 5	Jili Ly	W	
□ EPA		1	1240 C	rown Pe	oint Road			12	Processing the control of the first			3//
DEP Initi		C	City, Sta	ate & Zip	Code		-	II IIMAY	162	men	-	111
	ended	V	Nestvi	lle, NJ (8093		1		106	Will by		
	ergency	N	lame o	f Contact			i		Teleph	one N	lumb	er L
DCA Car	ncellation	F	Ron Ro	sendor	'n		1	L	856-84	53-31	55	į.
			EACI	I ITV INI	FORMATION			ASBE	STOSC	OMITE	IOL (I []
Name of Facility Where Abater	nent is Taking Pla	re (3))	LIII IIVI	Type of Faci	114. / 41	L.,	-	LICENS	ING	-	
Eagle Point Facility	manufacturing frie	,00 (0	,		School							
Street Address		110000					Other than	V 40V				
1240 Crown Point Road					Other (i	e prive	to 2 comm	N-12) araial build			4-1	
					Other (i.				,		tc.)	
City (5)	County (6)	Cou	inty Co	do (7)	Square Feet	•	# of Floors		Bldg. Ag			
Westville	E 50 000	1000	inty Co	ue (1)	n/a	/5: ::		la		n/a		
Westville	Burlington				Current Use		being dem	olished)				
Name of Monitoring Firm Hirod	hu Duildin - O	(0)			Commercia							
Name of Monitoring Firm Hired N/A	by Building Owne	er (8)	F	ASCM No		atement	Contractor	(9)				
Street Address					Alpha Envi		ntal					
ou cot Address					Street Addre							
City, State & Zip Code					PO Box 82							
and a sup code					City, State &							
Project Manager for Monitoring	Firm 17	elenh	none Nu	ımher	Trenton, N. Telephone N)	1, .				
, , , , , , , , , , , , , , , , , , , ,		Cicpi	IONE N	annoei	609-847-29			License				
Scheduled Start Date (10)	Scheduled Comp	oletion	Date ((11)	Name of OSI		itor		0122	22		
5/17/2018	6/17/2018	3101101	, Date ((11)	ALPHA Env							
Occupancy Status During Abate	ement (Check only	v one))		Street Addres		Ciitai			-		
☐ Facility Closed/Vacated	During Entire Per	riod of	f Abate	ment	PO Box 829							
Abatement Performed C					City, State &		Α					
Describe:			Na Na		Trenton NJ							
Facility Occupied During	g Abatement				Tremon No	00000						1
Scope of Work (Check all that a	ipply)									-		-
						⊠ F	ull Contair	ment with	Negative	Pres	SUITE	- 1
≥3 sf or ≥3 lf		\boxtimes	Renova	ation		H I	/lini-Enclos	ure	roganio		Juic	1
≥160 sf ≥260 lf		$\overline{\boxtimes}$	Demoli	tion				Procedures				
	Š									_	20	
Location of		le I c	ocation		Doggription		von-Exemp	ted and No	-			
Asbestos-Containir	na l		ally Use	d	Description Asbestos-Con	tainina		Amount (Specify	Aba	ateme	nt Ty	/pe
Material (ACM)	,		ely by		Material (A			SF or LF)			m	
TO BE ABATED	N.	/lainte	nance	75.3 P	(i.e., thermal s	ystems		0, 0, 1,	Re	R	Encapsulate	티
in Facility	C		lial Staf	f? i	insulation, surfac	ing, VA	T		Remova	Repair	sde	Enclsoure
(13)			12)	-	or other miscella	aneous)			Val	=	ulat	ire
D: D 1/0 :	the state of the s		No N/	A							e	
Pipe Rack (Central Ave to P] L			Pipe Insula	tion	350	Oolf				
Name of Registered Waste Hau	ler		NJDE	P Waste	Cubic Yards	Name	of Register	ed Landfill				
			Haule	r ID No.	of Waste		3.2.0.					
Service Transport Group			00033	3330	100	Miner	va Landfi	[]				
City, State			-		Disposal Date	City, St						-
Now Cootle DE					2 masses							
New Castle DE					various	Wayn	esburg. C	Н				
Completed By (Print or Type)			Title		Signature				Date			
Rod Richardson			Proje		(1) a	, A	Kalia	. 1		2018		
			Mana	ger	Dr. Mall	il a	Kelra	rolla			^	
					CON TINLE		-	was				

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

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator ((2)				-	-
	10 /	18		Ea	gle Dem	olition & Environ	mental	2.0	(10	15	d	
Agencies Notified	Type Notific	cation		Stree	et Address				-			
⊠ EPA				10	3 Folds [Drive		IN F.C	R	II = I	7 15	2
⊠ DOLWD	☐ Amende	200		City.	State, Zip	Code		HALL	<u>IC</u>	14		- 11
☑ DOH	Amendm		_			GA 30117		11 - 1 - 1				
DCA (NJAC 5:23-8)	☐ Emerger justificat		ing		e of Contac			HI WAY I G	3 2011	3	-	
(*15/10/0.20/0)	Cancella				gle Demo	N000 80 fe		770-836-0U	-			
						NFORMATION		110-030-00	.,,			
Name of Facility Where A	batement is	Taking Pla	ce (3)		CILIT II	W OKWATION	Type of Facility	ASBEST			30L 8	8
Residence			00 (0)				School (K-1)	L	ICENS	ING		
Street Address							Subchapter	8 (Other than K-1 private and comm	2) ercial bu	uilding	JS,	
City (5)							homes, etc.)			-500	
Seaside Heights							Square Feet	# of Floors	BI	dg. A	ge	
							1200 sf	1		65		
County (6) Ocean				Cou	nty Code (7)(STATE USE ONLY)		ior if being demol	ished)			
							Residence					
Name of Monitoring Firm	Hired by Buil	ding Owne	r (8)	ASCN	No.	Name of Abateme	10000					
N/A		7				Guardian Co	ntracting, Inc.					
Street Address						Street Address						
						1889 Route 9	, Unit 61					
City, State, Zip Code		N. P. S.				City, State, Zip Co	ode					\neg
						Toms River, I	New Jersey 08	755				
Project Manager for Monit	oring Firm		Te	lephone	No.	Telephone No.		License No.				
						732-349-9932		00624				
Start Date (10)	Seederson 1977	Scheduled				Name of OSHA M	lonitor					-
05/25/	18	05	/ _2	28_ /	18	E.M.S.L. Anal	lytical					
Occupancy Status During	Abatement (Check only	one)			Street Address						-
□ Facility Closed/Vacated	d During Enti	re Period o	of Abat	ement		1056 Stelton						
Abatement Performed	Outside of N	ormal Faci	lity Ho	urs - Des	scribe	City, State, Zip Co	ode					-
Time of Abatement:	AM	PM/	PN	Λ	_AM	10 000	New Jersey 08	854				
Scope of Work (Check all	that apply)			X01-2-2-2-2			-					-
≥3 sf or ≥3 lf		П	Renova	ation			ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			Demolit			☐ Mini-Encl	Procedure					
								n-Friable Proceds	ure			
# consisting to the constant	roue:		Is Loc						Ab	atem	ent Ty	уре
Location of Asbestos-Containing N	of Material (ACN)	n U	Norm sed So	olely by	A-1-	Description o		8 2 0 0.00	R	R	т	m
TO BE ABA	TED	'/ N	lainten	nance/		stos Containing Mai		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	/	Cı	istodia (12	I Staff?		surfacing, VAT,	or	SF or LF)	oval	=	nsd	Sur
(13)		Yes		-	1	other miscellaned	ous)				ate	O
exterior					asbesto	os siding		1100 sf		П		
exterior						os roofing		200 sf				
exterior					soffit			32 If				
												H
Name of Registered Waste	e Hauler			NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill			Ш	
Guardian Contractin			100	Hauler I	D No.	Waste	T.R.R.F.	ROIGU LANUIIII				
City, State				2022	3	5 Disposal Data	593233200000					
Toms River, New Je	rsev					Disposal Date 05/28/18	City, State	Dondoulum!-				
Completed By (Print or Ty		Title					A Tullytown,	Pennsylvania				
Nicholas Fernicola	pc)		of B#==	2222		Signature	/\	/ P	ate /	day.	223	
ASR-41		Projec	r ivial	nayer			12		5/1	o le	8	

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

JAN 13

CK4799 PAUD

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

Date of Notification (1)				TAL				II) B	CE	1	W	F
05 /	10 /	18				ng Owner/Operator	Catholic Co.	111)], 5	0 1	3 LJ	\./	
- "				Li	acey low	nship Board of E	Education	11831				
Agencies Notified EPA	Type Notificatio	n			et Address			THE MAY	116	1 20	118	
☑ DOLWD	☐ Amended					n Boulevard						
⊠ DOH	Amendment	#		City,	State, Zip	Code			and a prince of the second			
☑ DCA	☐ Emergency		na	La	anoka Hai	rbor, NJ 08734		ASS	ESTOS	CO	NTR	OL&
(NJAC 5:23-8)	justification)		.3	Nam	e of Conta	ct		Telephone-No		NSI	VG.	Marana Artist.
	☐ Cancellation			Jo	e Estock	- Estock Piping		609-291-1				
						NFORMATION						
Name of Facility Where A	batement is Taki	ng Plac	e (3)			C. IIII, III ON	Type of Facility	(4)				2000
Lanoka Harbor Eler	mentary Schoo	ol					School (K-1					
Street Address							☐ Subchapter	8 (Other than K-	12)			
281 Manchester Av	enue						Other (i.e., p	orivate and comm	nercial b	uildir	igs,	
City (5)							homes, etc. Square Feet		- 16	N. 1		
Lanoka Harbor							20,000	# of Floors		Bldg. /	Age	
County (6)				Cor	inty Code (7)(STATE USE ONLY)	15 5 5	2	- I	80		
Ocean					inty oddo (i	INGTATE OSE ONET)	School School	rior if being demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	1 No	Name of Abateme						
AHERA Consultants			(0)	57	1110.	1		5				
Street Address				- 01			onmental, LLC					
PO Box 385						Street Address						
City, State, Zip Code						623 Cutler Av						
Oceanville, NJ 0823	1					City, State, Zip Co						
Project Manager for Monit			Tal		61-	Maple Shade	, NJ 08052					
Donna D'Errico	ornig i iiiii		1	ephone		Telephone No.		License No.				
Start Date (10)	Coho	م امادام			2-1833	856-755-0099		00842				
06 /21 /		07/			ate (11)	Name of OSHA M EMSL Analyti			00.0000-0			
Occupancy Status During							cai, inc.					
☐ Facility Closed/Vacated				mant		Street Address						
Abatement Performed	Outside of Norma	l Facilit	v Hou	rs - Des	scribe	200 Route 130	24 I I I TO THE					
Time of Abatement:	AMP	M/	PM	-	AM	City, State, Zip Co						
Scope of Work (Check all	that apply)					Cinnaminson	, NJ 08077	<u> </u>		152/50		
							ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novat			☐ Mini-Encl	osure	julivo i ressure				
24 _ 100 01 01 <u>- 2</u> 00 11		☐ De	monti	on		☐ Glovebag	Procedure npted (*) and No	n Frieble Deced				
		Is	Local	tion	I	□ Non-Exer	inpled () and No	n-Friable Proced				
Location o		1	Vorma	lly		Description of				atem		ype
Asbestos-Containing M			d Sole		Asbes	tos Containing Mat	erial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABAT IN Facility			todial		(i.e.	, thermal systems in	sulation,	(Specify	Removal	oair	aps	Enclosure
(13)			(12)			surfacing, VAT, other miscellaneo	or us)	SF or LF)	<u>n</u>		Encapsulate	ure
		Yes	No	N/A							6	
Boiler Room		\boxtimes			Breechi	ng Insulation		25 SF				
Boiler Room		\boxtimes			Boiler P	acking & Interior	Materials	525 SF		П	П	
									1			
		П	П								1	
Name of Registered Waste	Hauler		IN	JDEP V	Vaste T	Cubic Yards of	Name of Regist	orod Landfil			Ш	Ш
Freehold Cartage			200	auler ID	No.	Waste	Fairless La					
City, State				15939		30		num				
Freehold, NJ						Disposal Date	City, State					
						07/13/2018	Morrisville,	PA				
Completed By (Print or Typ	*		200.00			Signature	() James	D	ate			
Christina Lynch	V	ice Pr	eside	nt of C	peration	s (ny) 2	5-10	1	γ'	
SB-41			A1 1-1-1-1	51112		13,71,00	Transfer Man		1	11	e e	

P 2/4

2018-05-09 14:35

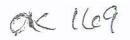
2K 4798

Shade Environmental 1 >> 609 6:3 0664

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:15) Date of Notification (1) Name of Building Owner/Operator (2) 05 09 18 Transcontinental Gas Pipe Lline Ct., LLC Agencies Notified Type Notification Street Address 区 EPA X Initial 60 N. Bacton Hill Road **DOLWD** ☐ Amonded M DOH City, State, Zip Code Amandment # S JOHTNC IT DOM Malvern, PA 19365 S Emergency (including LICENSING (NJAC 5:23-8) Justification) Name of Contact Cancellation Telephone Number Skipper Renfroo 985.869-8836 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Transcontinental Gas Pipolino Co., LLC Type of Facility (4) Street Address ☐ Saht 31 (14-12) Subtrapter 8 (Other than K-12)

Other (i.e., private and commercial buildings. 100 Monmouth Street Chy (5) hont s, (10.) Square pat Gloucestor City # of Floors Bidg. Age County (6) County Code (7)(STATE USE ONLY) | Current | 149 (Prior If being demolished) Camdon Name of Monitoring Firm Hired by Building Owner (6) Natural Gas Pipoline ASCM NO. Name of Absternant Contra Har (9) Shade Environments , LLC Sireal Address Streat Address NIA 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Maple Shado, NJ 080 2 Project Manager for Monitoring Firm Telephone No. Telephone No. N/A License No. MA 856-755-0099 Start Date (10) 00842 Scheduled Completion Date (11) Name of OSHA Monitor 05 / 10 / 18 05_/ 11 / 18 EMSL Analytical, Inc. Occupancy Status During Abstorment (Check only one) Street Address Facility Closed/Vacated During Entire Period of Apptement Abatement Performed Outside of Normal Facility Hours - Describe 200 Route 130 North Time of Abatement: ___ City, State, Zip Code _AM-_ PM PM-Cinnaminson, NJ 08(1 7 Scope of Work (Check all that apply) ≥3 sf or ≥3 if
 ≥160 sf or ≥260 if Full Containment with Negative Pressure Renovation
Demotition Mini-Enclosure Glovebag Procedus is Location Location of Normally Asbestos-Containing Metantai (ACM)

TO BE ASATED Abatement Type Description of Upod Solely by Asbestos Containing Material (ACI) Repair Maintanance/ Removal Encapsulate Enclasave Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify suffacing, VAT, or other miscallaneous) [13] (12)SF OF LF) Yes No N/A Exterior X Surface Coating on 14" Pipaline 10 LF П Name of Registered Waste Hauter NJDEP Waste Cubic Yards of Freehold Cartago Name of Registered Landfitt Hauler ID No. Wasta Fairle e Landfill 15939 City, State Disposa Data Froohold, NJ City, Stati 05/11/2018 Morris ville, PA Completed By (Print or Type) Signature Christina Lynch Date Vice Prosident of Operations ASB-51 519-19 JAN 13 Do not use this form for asbectos tigensure exempted activities.



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	DAMO		NOTI	FICATIO Pursuar	ON OF AS	SBESTOS	6 ABATI nd 12:12	EMEN 20)	Т	-					
Date of Notification (1)	H E ECH NO.				of Buildir			107			In E				W
05/1/18					Carelli		oporate) (Z)		100	以厂	***********	100 mg (0 - 1	ata it itag ay anya	
Agencies Notified	Type Notification	1		Street	Address							326	v 1	Ł.	2016
× EPA	Initial Initial			011 0						e afth Library	II LI	MA	1 1	5	2018
DEP	Amended Amendmen	nt #			tate, Zip		040 11			- Contract					
	Emergency	(including]		lewood		040, U	SA			AS	BES	ins	OON	VTRO
DOH DCA	justification Cancellatio				of Contac Carelli					Te	lephone Nu	ımber	ICEN	ISIN	G
	_				CILITY IN		ION			,			1		
Name of Facility Where	Abatement is Taki	ng Place (3)		712177 114	ORMA	1014	Тур	e of Facility	(4)					
Mark Carelli									School (K	-12)					
Street Address							100000		Subchapte	er 8 (Oth	er than K-1	12)			
City (E)								×	etc.)	private	& commerc	ial bu	ldings	, hon	nes,
City (5) Maplewood, Nj 070	040							Squ	are Feet	# 0	f Floors		Bldg.	Age	
County (6)	3-10			County	Code (7)										
Essex County, Ne	w Jersey			(STATE	USE ONL	n		Curr	ent Use (P	for if be	ng demolis	hed)			
Name of Monitoring Firm		Owner (8)		ASC	M No.		Name	of Ab	atement Co	ntractor	(9)				
NJ Abatement Sen	vices, LLC			?					ement Se						
Street Address	D. I						Street	1011							
199 Chesnut Ridge City, State, Zip Code	Road						_		snut Ridg	e Roa	d				
Montvale Nj 07465									Zip Code	241					
Project Manager for Mon				Telepho	no No				Nj 0746	5					
3-11-11				relepric	me No.		Teleph 201-		10. 6500		License N 01290	lo.			
Start Date (10)		Schedule	ed Cor	npletion	Date (11))	No. of the second	1000000	HA Monitor		01290				
05/14/18		05/24/	18				Section of the section of the		onmental		atories				
Occupancy Status During	Abatement (Chec	k Only On	ne)				Street					STATE OF			
Facility Closed/Vaca Abatement Perform	ated During Entire	Period of A	Abaten	nent					te 22 wes	st					
Other - Describe:	ed Odiside of Norn	nai Facility	Hours	5			0.000		Zip Code						
Scope of Work (Check Al	That Apply)						Unio	n Nj	07083						
≥3 sf or ≥3 lf	,	Пв	enova	tion			Г	7 -			22 707 2				1
2160 sf or ≥260 lf		-	emolit					Mi	II Containm ni-Enclosur	ent with e	Negative F	ressu	re		1
							×		ovebag Pro		. Nie				
		Is	Locati	on				1 140	n-Exempte	u () and	Non-Friad	le Pro		e ement	-
Location		l N	lormal	ly		Des	scription	of						ре	
Asbestos-Containing TO BE ABA			d Sole ntenar		Asbes	stos Cont	aining M	lateria	(ACM)	Ar	nount			Е	
In Facili			odial S		(i.e	. thermal surface	systems cing, VA	insula T. or	ation,		pecify or LF)	Ren	Re	nca	Encl
(13)			(12)			other m	niscellan	eous)		O.	0, 1,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	œ
Black Flas	hina														
DIACK Flas	illig	1				Black	Flash	ing		640	Ln Ft	x			
Name of Registered Wast	e Hauler		I N.	JDEP W	aste	Cubic '	Yarde		Name of	Pagista	ed Landfill				
Newark Carting			H	auler ID		of Was			W0000000000000000000000000000000000000	SANTHALINE SAN		NID.	r.r.		
City, State			04	4509		.5	15				HEM LA	NDF	LL		
369 RAYMOND BLV	D, NEWARK N	J 07105	i			05/10	al Date		City, State		DA 100	15			
Completed by		Title					anature/	1	7		, PA 180				
NICOLE INTRIAGO		SUPE	ERVIS	SOR		0		100	E Th	HAT		e 5/Ø\$/⁻	8		
							111	·W	10 110	1517	100	660			

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

Date of Notification	1 (1)	(FULSU				Owner/Operator							
5/11/18						apiro	- (-/			EC	E		VE
Agencies Notified	Type Notifica	tion	Stree	et Add	ress						Lin		U LES
[]EPA	[X]Initial											(Pm	
[]DEP	Notifica	tion	City	State	e, Zip	Code				MA	Y 1	5 21	018
[X]DOL	[]Amended					e, NJ, 070	028						
[X]DOH	Notifica	tion			000					LODEO	TOO	SONIT	DOLE
[]DCA	[]EMERGENCY			of Cor rbar				Telephon	e Number	- 1	ICEN	SING	i ior
[]box	[]Cancellat	ion	200	LDGI	a		1						
	·)		FAC	ILITY	INFORMATION							
Name of Facility Whe	re Abatement i	s Taki	ng Pla	ace (3)		Type o	of Facili	ity (4)				
Barbara Shapi:	ro						[[]	School	(K-12)				
Street Address									er 8 (Oth				al
									homes, et				
City (5)	c	ounty	(6)		Cou	inty Code (7)	Square	Feet	# of Flo	ors	Bldg	Age	
Glen Ridge		Esse	×			ATE USE ONLY)	Curren	it Use (P	rior if b	eina a	iemo]	isher	1)
										cing (LCINOL		~/
Name of Monitoring F. Owner (8)	irm hired by B	uildin	g Asc	CM No.		Name of Abate							
N/A						AZTECH M	ANAG	EMENT,	Inc.				
Street Address						Street Address							
City Ot 1						86 Chris							
City, State, Zip Code	9					Montclai			2				
Project Manager for 1	Monitoring Fire			e Numb	er	Telephone Numb	er			Licens	e Nu	mber	
		N/	A			(973)744	-8800)		003	71		
Scheduled Start Date		Compl		Date	(11)	Name of OSHA M	fonitor						
	.8 5-		25-	18		N/A							
Occupancy Status Duri	ing Abatement	Check	only	Year one)		Street Address	,						
[X]Facility Clos of Abatement	ed/Vacated Dur	ing En	tire I	Period									
[]Abatement Per	formed Outside	of No.	rmal E	acili	ty	City, State, Z	ip Code	9					
[]other - Descr	ibe: «OffHours ibe: «Other Occ	Descri	pt» Desci	cipt»									
Scope of Work (Check		7020											
				175.50 - 75 - 75 - 85 755 765					h Negative	e Pres	sure		
[X] >3 sf or] [] >160 sf or				vation lition		[X]Mini-E [X]Glove-							
						[]Non-Fr			е				
Location	of		Is ocatio			Description	n of			Al	oatem	ent '	Type E
Asbestos-Cont		1 200	Used	_		Asbestos-Cont	aining		Amount	I	K	N	N C
Material (. TO BE ABA	TO 10 (1997)	By Ma	solely inten	ance/		Material (A (i.e., thermal		9	(Specify SF or	Y N	P	A	L O
In Facili	ty		stodia aff (1			sulation, surfa	cing, V	AT,	LF)	T Z	A	S	S
(13)		Yes	No	N/A	C	or other miscel	laneous	5)		Í		L	R
Basement				X	Pip	e Insulati	on		100 LF	X	+	1.	-
											1		
Name of Registered Wa		10000	DEP Wa			ic Yards	Name o	of Regist	ered Land	fill		1	
AZTECH MANAGE	MENT, INC	1	7040	D No.	OI	Waste 1.0	Min	erva	Enterp	rise	IN	C	
City, State	07040				-20-55	posal Date	7	State	200				
Montclair, NJ	07042				5	/28/18	Way	nesbu	rg, Oh:	io 4	468	8	
Completed By (Print o		1				Signature	1			Date			
Constantine Vi		side	nt			1 3	:	ech.	•		≥ 1/18		
						1 6/17/60	11/100	C//, V1	C.				

CK 2582

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

Det. On the	11 产业里						1020 10700127		1	E	C	F	W		2 1	7/1
Date of Notification (1) 5-8-2018				Name Patrio	of Buildin ck Gagl	g Owner/ iardi	Operato	r (2)	110	15	<u> </u>		1			A company of the
Agencies Notified	Type Notification	า		Street	Address				-HP	1	MAN	1 160	20	IIX	-	1
EPA DEP X DOL	X Initial Amended Amendmer	nt #			tate, Zip o				Constant of the Constant of th		MAY				2	-
N DOH	Emergency	(includin	g		of Contac						1 16	-11.7	IIVO	i	. ~	1
DCA DCA	justification Cancellatio) n		Patrio	ck Gagli	ardi			L	_Te	lephone	Numb	er	~~~~		
Name of Facility Where A	Abatement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Type of F	acility (4)						
								☐ Sch	ool (K-1	2)						
Street Address								Sub Othe	er (i.e. p	8 (Oth	ner than & comm	K-12) nercial	build	dings	, hom	ies,
City (5) Hoboken, NJ 07030								Square F		# 0	of Floors			ldg. /	\ge	
County (6) Hudson				County (STATE	Code (7) USE ONL	Y)		Current U	se (Pric		ing dem	olished	100			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.			of Abatem								
Street Address								en Enviro	nment	al Se	ervices	, LLC				
City, State, Zip Code							235	Virginia A)						
Oity, State, Zip Code								tate, Zip Co ey City, N		04						
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph	none No. 333-8855			Licens 0117					
Start Date (10) 5-19-2018		Schedu 5-19-2	led Cor	mpletion	Date (11))	Name	of OSHA N	lonitor		0117	4	_			
Occupancy Status During	Abatament (Char							e as abov	/e							
Facility Closed/Vaca Abatement Performe Other – Describe:	ted Durina Entire	Period of	Ahaten	nent s				Address tate, Zip Co	ode							
Scope of Work (Check All	That Apply					_			2-43							
≥3 sf or ≥3 lf	гпат Арргу)		_				_	1								
≥3 st or ≥3 if ≥160 sf or ≥260 if		-	Renova Demolit				×		closure ag Proce	edure						
	***	ls	Locati	ion				11011 EX	Impled	() and	d NOTI-	nable i			ment	
Location			Normal ed Sole			Des	cription	of	İ			L		Ту	pe	
Asbestos-Containing N <u>TO BE ABA</u> In Facility (13)	TED	Ma	intenal todial S (12)	nce/	Asbes (i.e.	thermal surfac	aining M systems sing, VA niscellan	aterial (AC insulation, Γ, or eous)	M)	(S	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	Ф
Baseme	nt		Х			Pipe	insula	tion		22	20 LF	x				
						E2001 19 84							-			
Name of Registered Waste	e Hauler		N	JDEP W	laste	Cubia	Vorde	Lsc								
Green Environmental			Н	auler ID 034889	No.	of Was		J			red Land Landfil					
City, State Jersey City, NJ						Dispos		City	, State	7						-
Completed by		Title				5-19-2		Mc	rrisvill	e, PA						
Liliana Serrano		Office	e Man	ager		1 2	gnature QUL(1112	Jo n	E. 19		Date 5-8-2	201	8		

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

Chk # 1010

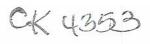
Date of Notification (1)		I N	ame of Buildi	na Oumari	Oporata	- (2)	Cr	片井	10	10		
05/08/2018	PAIN		ohannaliz S			r (2)	1000	FC	E	77 11	/7 [Ē	7 / -
Agencies Notified Type I	Notification	S	treet Address						1	11 /		7
	nitial						lini				M-000	
	mended mendment #		ity, State, Zip ersey City,		05			MA'	1 1	20	18	
	mergency (including ustification)		ame of Conta				T.	lephone N	lumbar			
	ancellation	J	ohannaliz	Sanchez	<u> </u>		1	leader-to-the-the-the-the-the-the-the-the-the-the		JNT	ROL	<u></u> 1
Name of Facility Where Abateme	ant in Table - Disc. 16	2)	FACILITY IN	FORMAT	ION			L.	ICEN	SING		mar and control
Residential Property	ent is Taking Place (3	3)				Type of Facility	(4)					
Street Address						School (K-	12)	her than K	12)			
						X Other (i.e.	private	& comme	rcial bu	ildings	, hom	ies,
City (5)						etc.) Square Feet	# (of Floors		Bldg.	Aae	
Jersey City	<u> </u>					2,788	2			1901		
County (6) hudson			ounty Code (7			Current Use (Pr	ior if be	ing demol	ished)			
Name of Monitoring Firm Hired b	v Building Owner (8)		ASCM No.	-1/								
rame of Montoring Firm Filled D	y Building Owner (6)		ASCM No.			of Abatement Co vic Contracting						
Street Address						Address	J LLO					
						S. 5th St.						
City, State, Zip Code						state, Zip Code						
Project Manager for Manitoring C	1	1 +				beth, NJ 0720)6					
Project Manager for Monitoring F	irm	1e	lephone No.			one No. 906-4123		License 01355	No.			
Start Date (10)	Schedule	ed Comple	etion Date (11	1)	DANIES AND A	of OSHA Monitor		01355				
05/18/2018	05/25/2	2018		•	1	nvironmental		atories,	Inc.			
Occupancy Status During Abaten	nent (Check Only On	ie)				Address						
Facility Closed/Vacated Duri	ng Entire Period of A	batemen	t			Route 22 We	st					
Abatement Performed Outsi Other – Describe:	de of Normal Facility	Hours			88	tate, Zip Code					7.50	
Scope of Work (Check All That A	oply)				Unio	n, NJ, 07083						
× ≥3 sf or ≥3 lf	[7]	enovation	1		[Full Containm	ont with	Mozativa	Decas			
≥160 sf or ≥260 lf		emolition			×	Mini-Enclosure	9	rivegative	Pressi	ле		
	===		# - T		Ê	Glovebag Pro Non-Exempte	cedure d (*) an	d Non-Fria	ble Pr	cedur	e	
	V (200)	Location							T	Abate	ement	t
Location of	Hann	lormally d Solely b	v		scription				-	1)	ре	-
Asbestos-Containing Material TO BE ABATED	Maii	ntenance odial Staf	ASDE	stos Cont e. thermal	aining M systems	aterial (ACM) insulation,		mount Specify	Z	_	Enc	щ
In Facility (13)	Cusic	(12)	if	surfac	cing, VA	T, or		or LF)	Remova	Repair	aps	Enclosure
X	Yes	No I	N/A	outer it	iisceiiaii	eousj			val	ļ iir	Encapsulate	ure
Basement	103			D:	1 - 1 -				-			
Dasement		-	X	Pipe	Insulat	tion	5	0 LF	X			
Name of Registered Waste Hauler		I ALIES	- D.W									
Danvic Contracting LLC	lu .	Haule	EP Waste er ID No.	Cubic `of Was				red Landfi	II	-0.00		
		3757	74	2		1 0000000000000000000000000000000000000		Landfill				
City, State Elizabeth, NJ					al Date	City, State		^				
Completed by	Title			TBD	anatura	Morrisv	ille, P					
Jeymy Dommeys	Owne	r		31	gnature	2),		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate 5/08/	2018		

NOTIFICATION OF ASBESTOS ABATEMENT MO#24776119495 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 10 Jill Falana Agencies Notified Type Notification Street Address X EPA X Initial 2018 16 **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # DCA Irvington, NJ 07111 Emergency (including **ASBESTOS CONTROL &** (NJAC 5:23-8) justification) Name of Contact Telephone Number NSING Cancellation Jill Falana FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Irvington, NJ 07111 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 / 18 05 / 20 / 18 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__AM 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 If > 160 sf or >260 If ⊠ Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Remova Enclosure 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 Basement X Duct insulation 200 SF 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 Wenad Owner 05/10/18 ASB-41

State of New Jersey

05/08/2018 10:17 2	281 262 8321				AMA	3					PAG	Ε 6
CK 1074							, ,,	45	rr 'erb	T-1:5 (#	المكتوب شاهد حال	- - :,
	PA	No	TIPICAT	TON OUR	New Jar ABBESTO	+	MAISSAT	10)-	EC	CHE!	KE	10
Date of Notification (1)			(reter	HALTER FACE PAGE	/AC 8:60 :	ind 12:12	20)	III	UUL -	<u>. J. l</u>	JIA	Y
5/98/18			Nan		ing Owne				161 F1 1	1-		810
	Notificiation		Stro	et Address	HOUS E	LUA	26 Have	1 11.	MAY	. 8	2018	1
EPA DEP	Initia)			-				A:	STEST	os	2014	RO.
Ø DOL	Amended Amendment #		City,	State, Z	0 .			M//\1	HED	i h	27.77	150
DOH I	Emergenay (inche imilitation)	dlog	Nem	s of Cont			C.W. 0	0745	0-11/	31-1	TRUN	
	Cancellation			Don	5 E	LING	Haus	igital	phane Nu	Maar		
Name of Fedity Where Abeter	ent is Taking Plac	= (3)	F/	I ALTIDI	MFORMA.	RON	Type of Fedi	N FAL	1			
Street Address	SICE						School (•	
City (5)							Subchao	tor 8 (Other s. private & c	than K-11 commerci	දි) ක් ර්ග!!	ldings, t	DITHERS
RIDGE W	000					Ī	Square Feet	# of F		1	idg. Ag	
County (8) BENESEN	3/1 ///		COURS	y Code (7)		Current Use (F	dor K being	demoush	(De	+5	_
Name of Monitoring Firm Hired b	y Building Owner	(8)	1	M No.		Name	2	ASOM.	Sform a -			
Sineel Address				1341		A.MA	of Abeterment C AC Contractif	OF THE BOOK OF THE)			
on and Uddd. Alb						Street /	Address	<u></u>				-
City, Stale, Zip Code			·				Michand Ava					
Project Manager for Montpring F		K.				Midia	nd Park, NJ	07432				
	4171		Teleph	one No.		Talepho	ne No. 62-5841		cansa No			
Start Date (10)	Sched	uled Co	mpletion	Date (11)		OSHA Monito		0156			
Occupancy Status During Abatem	and (Church Club, d	5/1	5/18			Omeg	a Environm	ental Serv	ices Inc	;		
	ne Entles Aud. 4			25		Street A	ddress Juyler Street		~			
Facility Closed/Vaceted Duri Absternent Performed Outsik Other – Describe:	to of Normal Facili	ity Hou	B.		ŀ		tte, 21p Code	~	··			
Scope of Work (Check All Trust Ap	ophy)				_	Hacke	ensack, NJ Q	7606				
23 at or 23 th 2160 at or 2260 th	pí	Renovo Demoli			,	H	Full Containing Mini-Enclosure Glovebag Pro	padura -				
about the constitution of		e Locat				Bipd	Non-Example	I (-) BUG NO	n Eriabla		batome	nt
Location of Asbestos-Containing Material (TO BE ABATED	ACM) Us	Normal ad Sale	ty by	deha	Dosc this Cont.	ription of	(ACM)	200	-	_	Type	7
In recitty	Cui	ainterna Stodial 8		(i.a	themsal s	irkng Mad Yatentakn Ng. VAT, i	no destino	Amous (Spect		7	- E	g
(13)		(12)	, <u> </u>		other mi	socianeo	tue)	SFORL	F	Rancwal	Rapair	Enclosure
ELLACE	Yes	No	NA					83			B (B)	100
GALAGE			/		IPE 1	usul	4TIEN	14 4	= /	1		\vdash
BOILES LOON	~~~ 	-	1		YAT			4.56	, ,,,,,,	-	1	
		-			PE IA	SOUCH.	3104	BLE		1		Γ
Name of Registered Woolo Hauler		N.	DEP W	ute	Cubic Ya			legistered L				
Newark Carting Inc.			uler ID I	Vo.	of Waste		The second secon	entral Sa		and4	ш	
City, State Newark, NJ 07105					Diaposal		City, State				***	
Campleted by	Tide				5/08/4	ON	Pen Arg	yl, PA 087				
loseph Vocaturo	Vice	Presid	fent		ang r	1	Otalis	,	Data 5/e	1/10		

		NO	TIEIC	ATIO	State of N	New Jer	sey						
MO#24776119675		ALL	P (P	ursua	ant to NJ	AC 8:60	OS ABA D and 5:1	TEMENT					
Date of Notification (1)					ne of Buildir			11	DEC	51	Π/7	FP.	P
05	11 ,	18		1.00			roperator ((4)			IJ	15	m
Agencies Notified	Type Notifica	ation			Zajaczko et Address	wski			1				
☐ EPA	✓ Initial	20011		Sile	et Address	0		Į i.j	LI MAY	16 2	018	11	IJ
DOLWD	☐ Amended			City	State, Zip	Codo					- 10] l.	أمست
DHSS DCA	Amendme	District Control			· · · · · · · · · · · · · · · · · · ·				ASBESTOS	000	The same		
(NJAC 5:23-8)	Emergend justification	cy (includii on)	ng	Nam	on, NJ 070 e of Contac	012 ct			Telephone Ne	NSING	ROL	&	
	Cancellati				Zajaczko				relephone Nu	mber		· /1:	
					CILITY II		ATION		i	-			
Name of Facility Where A	batement is T	aking Plac	e (3)		TOILIT I	AL OKIN	ATION	Type of Facilit	v (4)				
Private house								School (K-					
Street Address								Subchapter	8 (Other than K-1	2)			
								Other (i.e., homes, etc	private and comm	nercial bi	uilding	js,	
City (5)				-				Square Feet	# of Floors	I R	ldg. A	ne .	
Clifton, NJ 07012								U M LIVES BEST			-g	90	
County (6)				Cour	nty Code (7)	(STATE L	ISE ONLY)	Current Use (F	rior if being demo	olished)			-
Passaic	Uland by D. (La)					100	10			·			
Name of Monitoring Firm	Hirea by Buildi	ing Owner	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9	9)		807		
Street Address							h LLC						
- 1. 401. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1							Address						
City, State, Zip Code						576 Va	alley Rd #	283					
							tate, Zip Co						
Project Manager for Monit	oring Firm		Tele	phone	No.	Teleph	, NJ 0747	0	License No.				
						1	8-1777						
Start Date (10)	So	cheduled (of OSHA M	onitor	01127				
///		05			18	Enviro	vision Cor	nsultants,Inc					
Occupancy Status During	Abatement (C	heck only	one)	-			Address						
☐ Abatement Performed	d During Entire	Period of	Abate	ment		20-21	Wagaraw I	Road, Bldg .#	35E				
Time of Abatement:	AM-	PM/	y Hour		AM	City, St	ate, Zip Co	de					
Scope of Work (Check all I	that apply)					Fair La	wn, NJ 07						
	mat apply)					H	Clean up	and decontami	nation with negati gative Pressure	ve press	sure		
>3 sf or >3 If ≥ 160 sf or ≥260 If			enovati emolitic				Mini-Encl	osure					
			=moinuc	n		M	Glovebag Non-Exer	Procedure	Tent with Negation-Friable Proced	ve Press	sure		
4			s Locat								atem	ent T	vne
Location of Asbestos-Containing M	of laterial (ACM)		Norma ed Sole				scription of				T		T
TO BE ABAT	ED	Ma	aintena	nce/			aining Mati I systems ir	erial (ACM)	Amount (Specify	em	Repair	nca	nclo
IN Facility (13)	1	Cus	todial : (12)	statt?		surfa	cing, VAT,	or	SIF or LF)	Removal	ăir.	Encapsulate	Enclosure
(1.5)		Yes	No	N/A		other	niscellaneo	ous)		-		ate	(D
Basement				X	Ding !	1-4:			2015	KZ			
	_			-	Pipe insu				80 LF		Ш	Ц	Ш
Basement		ᆜᆜ		X	Boiler in	sulation			24 SF				
						0-4150				П	П	П	П
Name of Registered Waste	Hauler		NJD	EP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regis	stered Landfill				
r Tech LLC			0	03378	15	TBI		T.R.R.F. Inc					
City, State						Disposa	5.77	City, State					
Vayne, NJ 07470	<u> </u>					TBI)	Tullytown, P.	A				
Completed By (Print or Typ	e)	Title					nature /			ate			\dashv
J.Jevtic		Owner					Heu	Ac Wenad	0	5/11/18	}		
5B-41		* -		· ·	7728 00				10.		-		



PA		NOTI	FICATIO	State of New IN OF ASBE It to NJAC 8	STOS AB	ATEN 2:120)	ENT I)) _F	E (0 1		M		UNL S
Date of Notification (1) 05/10/2018			Name Mich	of Building O	wner/Oper	rator (2)		ħ/i	ΑΥ	16	20	18	The state of the s
Agencies Notified Type Notification	n			Address	101				171			-		
EPA Initial								L	ASSE	STO	S C	TNC	ROL	<u></u> &
DEP Amended Amendme				tate, Zip Cod n Brook, N)		-		LIC	ĒNS	ING		agent, mile t
DOH Emergence justification	n)	g	Name	of Contact				Te	lephon	e Nun	nber			
DCA Cancellation				elle Kircho								1		
Name of Facility Where Abatement is Tak Private Residence	ing Place	(3)	1740	SICILI HEFOR	MATION	1	Type of Facility (4)						
Street Address	***************************************		~~				School (K-1 Subchapter Other (i.e. p	8 (Oth	er than & comr	ı K-12 nercia) al buil	dings	, hom	es.
City (5)							etc.) Square Feet		f Floors			Bldg. /	5) <u></u>	
Green Brook County (6)			0	0.1.			1100	2			1	50÷		
Somerset County			(STATE	Code (7) USE ONLY)		.	Current Use (Prior Private Resid	or if be ence	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Building RK Occupational & Environmenta	Owner (8 al, Inc.	3)	ASCI 000	M No. 90	Na Ba	me of ako	Abatement Con Construction	tractor & Re:	· (9) storati	ion, I	nc.			
Street Address 401 St. James Ave.					Str	reet A	ddress Route 46 Suit							
City, State, Zip Code Phillipsburg, NJ 08865		XX51100X-501			City	y, Sta	te, Zip Code a, NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert			Telepho 908-4	one No. 34-6316	Tel	lephor	ne No. 56-7010		Licen 0666					
Start Date (10) 05/14/2018	Schedu 05/16			Date (11)			OSHA Monitor Construction	Res			no			
Occupancy Status During Abatement (Che					Stre	eet Ac	Idress			O(1, 1)				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abater y Hour	ment s				Route 46 Suit e, Zip Code	e 3D						
Scope of Work (Check All That Apply)					- To	otowa	a, NJ 07512			-	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii					Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure						
20 700 20	1.0	Locat										Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normal ed Sole aintena todial S (12)	ely by nce/ Staff?	(i.e. the	Descripti Containing ermal syste surfacing, V her miscel	g Mate ems in VAT,	erial (ACM) sulation, or	(S	nount pecify or LF)	and the state of the Edward State of the Sta	Removal	Repair	e Encapsulate	Enclosure
Basement Bedroom	Yes	No	N/A		Linoleu	Im			0.05				Ø	1200
Basement Office	+	X			Floor T				0 SF 0 SF		X			
	-				001			13	U 3F	-	Х			
Name of Registered Waste Hauler										1				
Bako Construction & Restoration, In	nc.	H	JDEP W auler ID 0889	505.0T	ubic Yards f Waste 0	3	Name of R Tullytown				cove	ry F	acilit	У
City, State Totowa, NJ 07512				D	isposal Da BD	ite	City, State Tullytown				-			
Completed by Goran Kojic	Title Proje	ect Ma	ınager		Signatu	ure//	130/0	*/~	7 1	Date 05/		O10		
				**************************************		-/-	The same	1	<u>- </u>	160	10/2	UIĞ		

. hock

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

CK	H		
Cr	-(1	- 21	17.
	-	034	70

Date of Notification (1)	10	Name	of Building Owne	r/Operator (2)	. [-	DIE C	73	W	E	T
Agencies Notified Type Notification	18	Street	Address	tephan	rie	teterso		- was never along		
□ EPA . ★ Initial		0001	7,100,000	-			16	2001	ć	
□ DEP □ Amended Amendment		. City, S	tate, Zip Code	٠,,	. A	MAT MAT	0	7010	2	i homas
☐ Emergency (Name	of Contact	ervill	c /V	30	1 8	6		_1
DOH justification) DCA Cancellation		01	phanie	Pete	1500	Telephone N	umber	ind i h	() i_ c	uk Jaka
None of Carllin 196 and Alatana 11 Till	BI (8)		LITY INFORMA	TION			_			,
Name of Facility Where Abatement is Taking	_	e lli	_		e of Facility			•		
Street Address	<u> </u>	00 110	<u> </u>		School (K- Subchapte	er 8 (Other than K-	12)			
				DEC	Other (i.e. etc.)	private & commer	cial bui	ldings,	home	es,
City (5)	11-	00	M	Squ	are Feet	# of Floors	T	Bldg. A	100	
County (6)	NJ	County	Code (7)	Cur	ant Hay 10			60) +	_
Somerset	•	(STATE	USE ONLY)	Cuit	ent use (Pi	nor if being demolis	shed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.	Name of Ab	atement Co	ontractor (9)				-
Erc lechnole	Sies		NA	EP	C Te	chnole	rie	S ,	In	16
Ro. Box 3	37			Street Addre	and the same of th	337	J			
City, State, Zip Code	T.VA	09	533	City State,		714 34	' A	06	2	2
Project Manager for Monifori g. Firm	/ 0	Telepho	one No.	Telephone N	lo.	License I	No.	0	30	2
Steve Schenken	ia .		758-3365				0.	34	4	
Start Date (10) May 7th 2018	Scheduled Co	ompletion	Date (11) 2018	Name of OS			_			
Occupancy Status During Abatement (Check	Only One)		2010	Street Addre		hnologies	,	nc		
Facility Closed/Vacated During Entire Pe	eriod of Abate	ment		P-0.		337				İ
 Abatement Performed Outside of Norma Other – Describe: 	I Facility Hou	rs		City, State, Z						
Scope of Work (Check All That Apply)				[Acm	Egypt	MJ (285	53	3	-
≥3 sf or ≥3 lf	★ Renove	ration		□ Fu	II Containm	ent with Negative	Pressu	re		
≥160 sf or ≥260 lf	□ Demo			☐ Mi	ni-Enclosur	е	10000			1
			,		n-Exempte	d (*) and Non-Frial	le Pro	cedure	,	
	Is Loca							Abate Typ		
Location of Asbestos-Containing Material (ACM)	Norma Used Sol	ely by		escription of staining Materia	I (ACM)	Amount	-			\neg
TO BE ABATED	Mainten: Custodial		(i.e. therma	I systems insula		(Specify	Rei	Re	nca	Enc
In Facility (13)	(12))		cing, VAT, or miscellaneous)		SF or LF)	Removal	Repair	Encapsulate	Enclosure
**	Yes No	Ņ/A			1		=		ate	6
Basement	X		Floor	Tiles		400 SF	k			
Basement	火		Transi	Le Pio	e	2 SF	X			
				- 1						
•		,								
Name of Registered Waste Hauler		NJDEP W Hauler ID		Yards		Registered Landfil				
EPC Technologies		170	00	2	Wast	e Manage	ner	f of	: P	H
City, State	15		100	5-11-18	City, Stat	e isville l	PA			
Completed by	Title	۸ ،		Signature	C 1	Da Da	ite			\neg
Steve Schenker	Presic	knt		Sleep	DCKe	ohn	4-	26.	-18	

nock

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

	CD 1 COL 105 15 1505		1	10 75 0 1	0 1 (0)		<u> </u>				
	Date of Notification (1) 5-10-	0	Name o	of Building Owner/	Operator (2)	1 1	TEME		2.7		-75.8+ + .
		0	Street A	Stephan	nie. r	etens	10 m	ı 1	₩	15	1
	Agencies Notified Type Notification		Sueetr	duless	12 13 1		e			-1	
	□ EPA . Initial #	£1	City St	ate, Zip Code		111	11 00000			-H	111
	DEP Amended Amendment #	1	Jony, St			11 111	IL MAY	60	88	70	\cup
	E Emergency (in		Namo	of Contact	mervi	Ile	100		00	117	and
	DOH justification)		1631		Dal	-	Telephone N	ımber	3		Į.
	☐ DCA ☐ Cancellation		THE	phanie	Peters	NOW	FILE	PONT	171 /1	75-1	9
	Name of Facility Where Abatement is Taking	Place (3)	FAC	ILIT INFORMAT		of Facility	LICEN	SING	Oremonatia.	-	
တ	C, I C	. 7)we	11	1 500						
1	Street Address	14 1	INE	11/15		School (K-1 Subchapter	8 (Other than K	(2)			
81-21					100	Other (i.e. p	private & commer		ldings	home	es,
ì	City (5)					etc.) re Feet	# of Floors	- 10	Olda /		
5		NJ	- 6	1588	Squa	ie reel	# 01 F10015	1	Bldg. A	/E	
	County (6)	100	-	Code (7)	Cum	nt I loo (Dri	or if being demolis	had)	W	14.	
٠ _ ا				USE ONLY)	Cuite	iii ose (Pii	or it being demois	neu)			
7	Name of Monitoring Firm Hired by Building O	upor (9)	ASC	A No.	Name of Aba	tomont Co.	atra atra (O)				
	Name of World Pillin Filled by Building C	Wilei (0)	ASCI	Al A	Name of Aba	terrent Cor	iliactor (9)		e.	T	
ಶ	Street Address	3163		414	Street Address	2 161	chnole	115	-	LIN	16
6	Bo Boy 33	くて			P.O.	RAV	337				
Move	City, State, Zip Code	9 6			City, State, Z	in Code	001				
Ž	NewsEared	T. W	08	5.33	Alexa	All annuals	at NJ	'n	26	1.3	3
-	Project Manager for Monitoria of Firm		Telepho	ne No.	Telephone No		License	VO.	40	-	
	Stone Schooked			758-3365	609 758	- A	1 20	A.	49	4	
7	Start Date (10)	Scheduled Co			Name of OSI		~ 0				-
0	May 7th 2018	May		2018	EPC	Ter	hnologies	\mathcal{I}	òc		
7	Occupancy Status During Abatement (Check				Street Addres		2.0				
-	Facility Closed/Vacated During Entire Pe	riod of Abate	ment		P.O.	Box	337				
(6)	Abatement Performed Outside of Norma				City, State, Zi	p Code					
1	Other – Describe:				New &	Egypt	TU	28	53	3	
plet	Scope of Work (Check All That Apply)					011					
Z	≥3 sf or ≥3 lf	Renov	ation		☐ Full	Containme	ent with Negative	Pressu	re		
MO	'□ ≥160 sf or ≥260 lf	□ Demol	lition			i-Enclosure					
)	20					vebag Prod n-Exempted	ægure i (*) and Non-Fria	ble Pro	cedur	е	
		Is Loca	tion			T		T	2200	ement	
	I continue of	Norma		Do	scription of		28		Ту	ре	
	Location of Asbestos-Containing Material (ACM)	Used Sol	-		taining Material	(ACM)	Amount			m	_
	TO BE ABATED	Maintena Custodial			systems insula	tion,	(Specify	Rer	Re	пса	nc
	In Facility (13)	(12)			cing, VAT, or niscellaneous)	İ	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	(10)	Var. No.	I NI/A			ŀ		<u>B</u>]	ate	re l
		Yes No	N/A					+	-		
	Masement	X		Floor	Tiles		400 SF	X			
	Basemen +	X		TRANSIT	Pipe		2 SFLA	X			
	US SAME	/		1				1			
-			+					+			
-	Name of Desistered Wests Usulas		NJDEP W	laste Cubic	Yards	Name of	Registered Landfi	B		L	
	Name of Registered Waste Hauler		Hauler ID							_	۸.۲
	EPC Technologies		170		2	Wast	e Manage	men	to	e t	H
15	City, State			Dispos	sal Date	City, Stat	e .	1.2			
	New Egypt 1	VJ .		15-	15-18	Morn		PA			
	Completed by	Title	۸ ،	8	Signature	CI		ate			
	Steve Schenker	Presid	knt		Dlever)	DCK	che !	2-	10-	18	



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:50 and 13:130)

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			Nam	a of Buildi	ng Owner/Operator (2)				CKt	丰 6.	30			
05/09/18			Bre	nton P	hinn			f :					radiaday.	
Agencies Notified Type I	Votification			t Address	1111111			- 11	FIE	6	<u> </u>	W		1
□ EPA 🗵	Initial							and and	U	9 6	7 1			-1
DEP	Amended		City,	State, Zip (Code			- 11	FS1					4
⊠ DOL _	Amendment #		Tot	owa, N	J 07512			office of the same		MAY	Fa	2019	9	
	_ Emergency (including	g	Name	of Contac	t			Telephone	North	20.658	. @	EW IC)	16
□ DCA □	justification)		Brei	nton Pł	ninn			Telephone	Number_					Name of Street
□ DCA □	Cancelation							7 1	ASE	BESTOS	CO	NIH	OI 8	-3
Name of Facility Where Abat	ement is Taking Place (3)			F	ACILITY INFORMA						NSIN			•
Residence	ement is running Place (5)					Туре	e of Facility (4)		- Company				Martin Land	1.00
Street Address							School (K-1							
							Subchapter	8 (Other th	nan K-12)					
Ci. (5)						X	Other (i.e. p	rivate & Co	ommercial I	buildings,	, hom	es, et	c.)	
City (5) Totowa, NJ 07512						Squa	are Feet	# of Floors						-
						1,40		2	904	. Age				
County (6)					Code (7)		ent Use (Prior if be		ed)					
Passaic				(STATE	USE ONLY)	Hon		5	80 1					
Name of Monitoring Firm Hire	ed by Building Owner (8)				ASCM No.	Name	e of Abatement Co	ntractor (9)						-
					4.00		corn Contract							
Street Address							t Address	G co.b.						
	-1					32 V	Villow Way							
City, State, Zip Code							State, Zip Code					-		
						Woo	odland Park, N	J 07424						
Project Manager fo Monitorin	g Firm			Telephoi	ne No.		hone No.		Licens	se No				
						973-	333-9176		0133					
itart Date (10) 05/19/18					tion Date (11)	Name	of OSHA Monitor							_
Occupancy Status During Abat	ament (Charle O-1, O-1)		05/19	/18		Envir	rovision Cons	ultants, In	c.					
							Address						1 - 1.00-0	
Abatement Performance	cated During Entire Pe	riod of Ab	atemen	t		20-2	1 Wagaraw Ro	d., Bldg. 35	5-E					
Other - Describe:	med Outside of Norma		Hours				tate, Zip Code							
cope of Work (Check All That	08:00 AM - 03:30	PM				Fair L	awn, NJ 074	10						
≥3 sf or ≥3 lf			_											
⊇ ≥160 sf or ≥260 lf			X	Renoval	tion		Full Containm	ent with Ne	egative Pre	ssure				
= 100 31 01 2200 II				Demolit	ion	X	Mini-Enclosur							
						X	Glovebag Prod	edure						
							Non-Exempted	d (*) and N	on-Friable	Procedur	'e			
Location	on of		ls Location Normally								T		temen	t
Asbestos-Containin		7.0	ed Solely I	by	Ashasta		ription of ning Material (ACN	0		24034200045	-	7	Гуре	_
TO BE A			aintenance				stems insulation,	1)	10 90	Amount				
In Fac	2008 0	Cus	stodial Stat	ff?			ng, VAT, or			(Specity SF or LF)			Eng.	m
(113	,	Vac	(12)	21/2	C	other mis	scellaneous)				Removal	Re	Encapsulate	Enclosure
Basen	nent	Yes	No	N/A							oval	Repair	late	sure
50361		+	X		Asbestos c	ontain	ning Pipe Insul	ation	1	110 LF	X			
		+	-+											
		+		-										
me of Registered Waste Haule	er .	-	MIDERILL		(B)	sciebwons Park								
nicorn Contracting Co			NJDEP Wa				rds of Waste	,	Name of	f Regustere	d Landí	THI .		
	۴.		003584	4		3		_/_		s Hills L	andfil	1		
					1	Disposal	Date	7)	City, Sta	te				
y, State	rsev				1.		/							
y, State oodland Park, New Je	rsey	Title				TBD	/		Mørris	sville, PA				
y, State oodland Park, New Je	rsey	Title Genera	104				Signature	1	Mørris	sville, PA	Dat	e		

05/09/2018 11:28 2012620321 CK IATK ID

AMAC

PAGE 02/03

TO PA) ?					-	3311	/\ File	1		
Date of Nedfortloy (1)	The state of the s	MO	fv. antern	the of his in 100 of Ashest 100 de fliac 250	36 ARAT MINI 12:1	20)		111 111		1100		. 11
Agencies Notified Type Notifice			PHALIT	G-L ES/-0	DE DI	OF PEUT	7 Z	2 270	1	MA	1	6
EPA Signal			Char	R Address SOG FR State, Zip Code	ALK	LIN S	P4 849		심심	ROA) (AO)
DOH Emergen	cy (includ so)	ing	Merry	LI 2 ACETH	-	072	57	Telephone F	*****	L!(JEN:	
Bell CHIORES				CILITY INFORMA				s meatry school for	4 LETTLO	er		
Number of Facility Waters Abelianiant in To C. H.y. (P.C.) +	iting Plac	* (3)		THE STATE OF THE S	TICAPE	Type of F	现(4)					
Street Address 556 FROAUNCLIN ST		74				Sub; Other	[LP pdw	Other than K- Ma & commone	42) طهار	soletin	go, ha	NIDOS,
ELIZABETOL COUNTY (C)						Square Fi	7	of Places	-		. Age	
uarion			Count	Y Codes (7) I USE CALLY?	***	Current U	FIFTIOP N	being damas	elwed)		77	70
Name of Montaying Firm Hard by Buildin	g Owner i	(5)		M No.	Name	of Absternis	I Carba	thur ACA			_	
Streat Address					Street	Address		2. 				
City, Stets, Zip Code						Vreelend wm, Zip Cii				-		
Project Manager for Monitoring Firm	-	_	Teleph	time No.	Midle	end Park,	(J					
tert Ontey (16)/	F 8-2-3	3			201-2	82-5841		Liceries 1 00158				
5/9/18 Docupancy Status During Abatisment (Cha		112	18	Deta (11)	Omeg	OSHA HIS	we: mental	Services In	ıc,			and the same
Psoffity Closed/Vecated During Entire Assistant Performed Outside of Non Other – Describe:			m o nt	•	280 H	ddress luyler Str						
cope of Work (Check All That Apply)					Hacks	ite. Zip Cari snsack, N	J. 0760	6				-
\$190 Pt ot \$500 H SP Rt 85 R 1		Renovi			D8 20	Full Corn of Mint-English Glowabir	(Athent w	ih Nagathe r				
Location of Abbretos-Constituting Material (ACN)	Use	Locat Nominal ed Bole	ly Vy by	Dog Ashasias Dog	Cilption a		1.	nd Non-Frlse	le Per	Abes	SET WOLLY FIDE	t
In Facility (18)	Cue	intena todiai 3 (12)	noe/	Asbesios Contu fi.e. thermal surface other m	lyebbins b lico. YAT, soptimed	runietton,	1 1	Antouré Specily If or LF)	Feedboar	Repek	Enospaulide	Gentacions
BASEMBUT	Yes	No	N/A		4.55				2	2	deba	(Ball
- 11	+		×	A COUNTY OF THE PARTY OF THE PA	OF_			15 LF	K			
				VA	1		-j	2255	حر			
tive of Reighelestand Weeks Heather						· -	-		_		_	
ewark Carting, Inc.	•	H	ider wi Iukir id i 809	ide. Ouble V	ands n			med Landkii al Banitary	100	4511	1	-
ewark, NJ. 07105				Diepeas		City, S	all o		-471	4101		-
mpleted by . McDonald	Title			579	Majura 1	Fe: A	vyyl, P/	4 08072				

	-
Drint	Form
1 1 52 12	1 1 21 1 1 2

(K# 5088	PAI	TIFICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE		DE	G E		V	EI
Date of Notification (1) Agencies Notified Type Notification		Name of	of Building Owner/	Operato	(2) 4 Aug	119 M	1Y 1	6	3648	l'ener en rent
EPA Initial Amended Amendment Emergency (i		city, St	ate, Zip Code	nr.	d Ave New.	ASSES SCSCY	TOS (SINC	TROL	- 8
DOH justification) DCA Cancellation	g		of Contact United States	7011		Telephone Nu	ımber			
Name of Facility Where Abatement is Taking	Place (3)	((C	Property)	Type of Facility					
Street Address Think Ave	'' '		1 1 1	<i>y</i>		er 8 (Other than K-1 private & commerc		dings,	home	es,
Long Branch					Square Feet	# of Floors	l	ldg. A		000
County (6)			Code (7) USE ONLY)		Firena	ior if being demolis		-700		
Name of Monitoring Firm Hired by Building C	wner (8)	ASC	M No.	Name	of Abatement Co	intractor (9)	3.	In	_	
Street Address				Street	Address Multip					
City, State, Zip Code				10.	State, Zip Code		- 3	Э.		
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph	опе No. ЭЭЧГЭ	License N				
Start Date (10) SJ24 S Occupancy Status During Abatement (Check	Scheduled (Completion	Date (11)	Name	of OSHA Monitor	7 7				
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	eriod of Aba	urs			State, Zip Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	***********	ovation olition			Mini-Enclosur Glovebag Pro				e	The second secon
Location of		cation nally	200					Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	ofely by enance/ al Staff? 2)	Asbestos Con (i.e. thermal surfa		Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
exterio (not)		X	rwfma	40-15	.1	750边	X			
	ady votes y						and the same	The state of the s	191,000	
Name of Registered Waste Haufer ACL TASUICHOA (3)		NJDEP W Hauler ID	Np. of Wa	7	Fo	Registered Landfill				
Completed by	Title			sal Date		te My town,		-1		
Breen Grine		ery Tr	easter		31/	Da		1/1	F	

State of New Jerse,

NOTIFICATION OF ASSESTOS ABATEMENT THIS

Pursuant to NJAC 8:60 and 12:100.

This

11	P	KESL	DENT			1		und I	i V	7.1	Date	1	7.	-
ID D'ANDREA		itle				Signa	atúri	5/8/2018 27-Mar a A	MORR	ISVILLE, PA.				
pleted By		741						Disposal Date	City, Sta					
NTON, NJ							-	5 YDS	GROW					
State					NJ-095			Waste	1		inafill			
NCH					Hauler ID	No.		Cubic Yards of	Name o	f Registered La	1500			
	uler				NJDEP V	Nasta			1		-			
e of Registered Waste Ha									1		-			
				_	-				30 3.		X			
					KOOF	FLASH	NG		300 S.	F	-		ate	Te
			X		ROOT	יייי דיקן ק)Va	air	sul	nsc
BRIS FIELD		Yes	No	N/A	1	misc	cellar	neous)		LF)	Removal	Repair	Encapsulate	Enclosure
3 (10)		dia	Staff	(12)	o insu	ing in one	IdCIII	Q. VAT or other	Amou	nt (Specify SF	Or Z	1-	En	Ш
Facility (13)	ATED In	Main	Solely tenanc	by							Aba	teme	_	9
Location of Asbestos-Co	ntaining	No	rmally	Used	Des	cription of	Ash	estos Containing	1	- Anpied (/ a No	n-Fria	able Pr	ocedur
Location of Astronomy	49.56		ls Loca	tion	1					lon-Exempted (*/ 2 A			
					POL	Cerrolition	I			Blovebag Proce	duss			
200 IF					Ž.	nenovatio Demolition	n			Full Containmer Mini-Enclosure	it with	Negat	ive Pre	essure
\$ ≥ 160 sf or ≥ 260 lf					П	Renovatio				Full Containmen	at motor			
] ≥3 sf or ≥3 lf	nat apply)					10	RO	SSWICKS, NJ	08515					
cope of Work (Check all ti			110270000		NS 0.7%	10	olty,	State, Zip Code						
Abatement Performed EXTERIOR	Outside of	Norma	al Facil	ity Hou	Irs		2.0.	BOX 341						
Facility Closed/Vacate Abatement Performed	d During E	ntire P	eriod o	f Abate	ement			t Address						
Ccupancy Status During	noatement	(Chec	k only o	ne)	- Com		ME							
ocupancy Status During	018			01	/X		ivam	e of OSHA Moni	tor			0676		
8/2018 5/9/-		Sc	hedule	d Com	pletion r	Pate (11)	009-	890-7110				icens	e No.	
art Date (10)						,	1 ele	phone No.			Ti	ina		
- Nager for Monit	oring Firm	Te	lephon	e No.			Han	nilton, NJ 0869	1					
roject Manager for Monit							City	, State, Zip Code	•					
J Lip Gode							15]	BLACK FORE	ST ROA	D				
City, State, Zip Code											VC.			
							CK	EAM RIDGE I	ENVIRO	NMENTAL TO	VC.			
Street Address				11.0×30/0	1."	- OIVI IND.	INS	me of Abatemen	t Contrac	tor (9)				
Name of Monitoring Firm	rifed by B	uilding	Owne	r (8)	AS	SCM No.	INI				. II Del	iy ae	molish	ed)
Name of Monitoring Eigen	Lilian 2 1					y Cod	c (/)	(STATE USE C	ONLY) C	urrent Use (Pric	or if hei	חם אם		- 10
MERCER					Ic	ounty Cod	0 /7	(07)				110 #	loors	Bldg. A
County								1	S	quare Feet	-iivale	# ce	merci	al build
TRENTON, NJ										Other (i.e., p	orivate	& con	II K-12) -!!
Oity (5)										Subchapter	8 (Oth	er the	n 1/ 10	
1941033										School (K-1	2)			
PRIVATE RESIDEN Street Address	CE								T	Type of Facility	(4)			
Name of Facility Where	Abatemen	t is Ta	king Pl	ace (3)	TOILITY	INF(DRMATION				<u>.</u>		
Name of Facility Will						DAVIDD	AN	DREA				Liele	ephone	Numb
	C	ancella	ation									TT-		MSIN
DCA	ju	stifica	tion)		~ 1	TRENTO Name of O)N, I	VJ08618			2	ASDE	8/05	OON
□ DOH	10	_	/ / / / /	cluding	g /	TD ENTE	e, Zı	Code						
∠ DOL	DÍ A	mend	ed Am	endme	nt # 2	Oity, State				Property and	1 200			
JEP	1 2 2	nitial				STREET				100		_		ज दश
	Type	Notific	ation			LEROY	NE	VIUS		The state of the s	im	M	Y 1	6 20
. Αد.	ITM-					TEDON			_	1	1 1 2 3 3	# 4 2		
	Tues					I valle of	DUIII	ding Owner Oser	a:2-(2)		1111,	E	(G	

* Do not use this form for asbestos licensure exempted activities

UK 14825

	****				04-461							Ļ	-	91506
	PAID	D)	NOT	IFICATION	State of N ON OF AS nt to NJA	BESTO	SABATE	EMENT (0)		n e	C	G I		7 [
Date of Notification (1) MAY 11, 2018				Name	of Buildin	ng Owner	/Operato	r (2)	To the same			65	5 FG	maji samua J
Agencies Notified	Type Notificatio	n		Street	Address					HHMAY		, 20	160	() <u> </u>
EPA	☑ Initial													
DEP DOL	Amended Amendmen Emergency			WAL	State, Zip (_L, NJ 0	7719			-	ASSE		S CC ENSI		()[.
DOH DCA	justification Cancellation	1)	3	Name	of Contact	t CONN	ELL			Telephone N			***	ince a conse
Name of Facility Where A	hotoment in Table	- 51	(0)	FA	CILITY IN	FORMAT	TION							_
REGINA MCCONN	ELL RESIDE	NCE	(3)					Type of I	Facility (4)					
Street Address City (5)								Sub Othetc.	er (i.e. priv)	(Other than K- ate & commer	12) cial bu	ildings	, hom	ies,
WALL								Square F 2292 S		# of Floors 2		Bldg. 197		
County (6) MONMOUTH				County (STATE	Code (7) USE ONL	n		Current L RESID	Jse (Prior i ENCE`	f being demoli	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASC	M No.		Name Finis	of Abatem hing Tou	ent Contra Jch Asbe	ctor (9) stos Abater	nent	Corp	., Inc).
Street Address							Street	Address hompsor						
City, State, Zip Code			-					tate, Zip C						
							West	Long B	ranch, N	J 07764				
Project Manager for Monit N/A	oring Firm			Telepho	one No.			one No. 222.8372	2	License 1	No.			
Start Date (10) MAY 18, 2018		Schedul MAY 1	ed Co 9, 20	mpletion 18	Date (11)		Name o	of OSHA N	lonitor					
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street A	Address						
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I d Outside of Norn	Period of A	Abater / Hour	nent s			City, St	ate, Zip Co	ode					
Scope of Work (Check All	That Apply								<u></u>					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпас Арріу)	-	Renova Demolii				×	Mini-En Gloveba	closure ag Procedu	vith Negative I re and Non-Friat			9	
Location o	f		Locati								T	DAY.	ment	
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM)	Mai	d Sole intenar odial S (12)	nce/	Asbes (i.e.	tos Conta thermal : surfac	cription of aining Ma systems ing, VAT iscellane	aterial (ACI insulation, , or	M)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>		ate	Гe
BASEMEN	JT			Х			VAT			437 SF	Х			
Name of Registered Waste	Llouis													
Finishing Touch Asbes		nt Corp.,	1 H	JDEP W auler ID 2058		Oubic Y		100		stered Landfill	-			

Completed by JOSEPH P. MILLER

City, State WEST LONG BRANCH, NJ 07764

Date 5/11/18

City, State MORRISVILLE, PA

Disposal Date 5/21/18

Signature

Title PRESIDENT

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

Date of Notification (1)					Nan	ne of Buildi	ng Owner/Operator	(2)			100		
	10 /	18	_			ob Benne			34	1	6		
	Type Notific	cation			Stre	et Address			TIES TO	(O) (E	מכ		
N DOLLES									11115	6 E		W	
☑ DOLWD	☐ Amende				City,	State, Zip	Code		115/1				
	Amendm Emerger			-	and the second of the second	eehold, N			MAY,	1 0	en a		
(NJAC 5:23-8)	justificati	ion)	uqiri	g		e of Conta			1 had 1 il 34e :		eu iii	}	
	☐ Cancella					b Benne			Telephone Nu	mber			
					1				ASSES	1_	7071	***	
Name of Facility Where Ab	patement is	Taking F	Place	(3)	ГА	ACILITY II	NFORMATION	10-	ASBES	ICEN	SING	IRO	L
Residence		·	1400	(0)				Type of Facility	(4)	-			-
Street Address			_		_			School (K-12	2) 8 (Other than K-1	12)			
								Other (i.e., p	rivate and comm	ercial b	ouildir	ngs,	
City (5)								homes, etc.))				
Red Bank								Square Feet	# of Floors	E	Bldg. /	Age	
County (6)					T C=-	-t-0-1-	71/07477	3000 sf	2		100		
Monmouth					Cou	inty Code (7)(STATE USE ONLY)		ior if being demo	lished)			
Name of Monitoring Firm H	lired by Built	dina Ou		'0\ T	1001			Residence					
Guardian Contracting		allig Ow	ner	(8)	ASCN	l No.	Name of Abateme						
Street Address	y, inc.						Guardian Co	ntracting, Inc.					
1889 Rte. 9, Unit 61							Street Address						_
City, State, Zip Code							1889 Route 9						
Toms River, New Jers	00755						City, State, Zip Co						_
Project Manager for Monito								New Jersey 08	755				
Nicholas Fernicola	ring Firm				phone		Telephone No.		License No.				-
Start Date (10)				27.50		9-9932	732-349-9932		00624				
05 /23 /	18	Schedule 05				ate (11) 18	Name of OSHA M						
Occupancy Status During A							E.M.S.L. Anal	yticai					
Facility Closed/Vacated	During Entir	e Perior	of A	hotor	mont		Street Address						
Abatement Performed O	outside of No	rmal Fa	cility	Hour	s - Des	scribe	1056 Stelton						
Time of Abatement:	AM	PM/_		_PM-		AM	City, State, Zip Co						
Scope of Work (Check all th	nat apply)						Piscataway, N	lew Jersey 088	354			222227	
	at apply/						☐ Full Conta	ainment with Neg	ative Pressure				
≥3 sf or ≥3 if ≥160 sf or ≥260 if				ovatio			Mini-Encle Mini-Encle	osure	alive i ressure				
			Der	nolitio	n		☐ Glovebag	Procedure	- F. U. D				
			ls	Locati	on		□ I4011-EXE	ipted () and Nor	n-Friable Procedu		19 min -		
Location of			Ν	omal	ly		Description of			At	atem	ent T	y
Asbestos-Containing Ma TO BE ABATE		,		l Sole ntenar		Asbes	stos Containing Mate	erial (ACM)	Amount	Re	Repair	En	
IN Facility	<u>.U</u>			dial S		(i.e.	, thermal systems in surfacing, VAT,	sulation,	(Specify	Remova	Dair	aps	
(13)				(12)			other miscellaneo	us)	SF or LF)	<u>n</u>		Encapsulate	1
		Y	es	No	N/A		s to the section of t					te	1
asement]			asbesto	s duct work		100 sf				1
]										t
					_					-			+
				Ш								-	+
			-								П	П	1
ame of Registered Waste H			-		DEP V		Cubic Yards of	Name of Registe	ered Landfill				
ame of Registered Waste H			-	Ha	DEP V	No.	Waste	Name of Register	ered Landfill				
ame of Registered Waste F Guardian Contracting,			-	Ha	DEP V	No.	Waste 3	T.R.R.F.	ered Landfill				
ame of Registered Waste H Guardian Contracting, ty, State	, Inc.		-	Ha	DEP V	No.	Waste	T.R.R.F. City, State					_
ame of Registered Waste F Guardian Contracting, ty, State Toms River, New Jerse	, Inc. ey		-	Ha	DEP V	No.	Waste 3 Disposal Date 05/25/18	T.R.R.F. City, State	Pennsylvania				_
ame of Registered Waste F Guardian Contracting, ity, State Toms River, New Jerse ompleted By (Print or Type) Nicholas Fernicola	, Inc. ey			Ha	DEP Vauler IC	No.	Waste 3 Disposal Date	T.R.R.F. City, State				1 5	_

CK 34 105

JAN 13

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

Date of Notification (1)					Nar	ne of Buildir	ng Ov	wner/Operator	(2)		10.000					
	10 /	18			N	ancy Terr	acci	iano	Γ	je-22/2-mg		(de)	7.10	R/A	C	Land.
Agencies Notified	Type Notific	ation			Stre	et Address		(5)		171	E G	追	(4)	TM	E	10)
☑ EPA									Locarese	111						
⊠ DOLWD	☐ Amende				City	, State, Zip	Code	9			KAV 1	c. (ากรถ			
⊠ DOH	Amendm				1.00	amilton, N			- Contract			Ü å	413			
DCA (NJAC 5:23-8)	☐ Emergen justificati	ncy (ind	cluding	3	_	ne of Contac		0013	- [1=			016.10			1
(1.07.10 0.20 0)	☐ Cancella					ancy Terra		200	the Charles	le	lephone N	Numb		ITRO	3 10	Į.
								777.7502	And the second			=10-10-1	ISIN		, <u>-</u> - Ct	
Name of Facility Where A	hatamant is '	Taldes	Disco	(0)		ACILITY II	NFO	RMATION	-			****				DAY
Residence	batement is	raking	Place	(3)					Type of Facility							
Street Address									School (K-1		borthan l	< 40\				
Street Address									Other (i.e., homes, etc	private	e and com	nmero	ial bu	iilding	js,	
City (5)									Square Feet		of Floors		Ble	dg. A	ae	
West Windsor									1000 sf		1		10.00	80	5-	
County (6)					Co	unty Code (7)(STA	ATE USE ONLY)	Current Use (P	Prior if	being den	nolish	1		_	
Mercer								101 E599 X	Residence		209 00	riono.	iou)			
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCI	M No.	Na	me of Abateme	ent Contractor (9							
Guardian Contraction									ntracting, Inc.	37.5						
Street Address							-	reet Address	madang, mo							
1889 Rte. 9, Unit 61							15/50/19	1889 Route 9	Unit 61							
City, State, Zip Code				-				y, State, Zip Co								
Toms River, New Je	rsev 08755	i					1000		New Jersey 0	07 <i>EE</i>						
Project Manager for Monit				Te	lephon	e No	_	lephone No.	ivew sersey of		anna Na					
Nicholas Fernicola						9-9932	1	732-349-9932		-	icense No 00624).				
Start Date (10)	5	Schedu	ıled Cı	1		ate (11)		me of OSHA M			00024	SCHOOL O				
05/21/						18	4	E.M.S.L. Anal								
Occupancy Status During								eet Address	iyucai							
□ Facility Closed/Vacate □ Facil					ement		4									
☐ Abatement Performed	Outside of No	ormal F	Facility	Hou	urs - De	escribe		056 Stelton								
Time of Abatement:	AM	PM	/	_PN	Λ	_AM		y, State, Zip Co								
Scope of Work (Check all	that annly)							riscataway, i	New Jersey 08	3854				-		
	triat apply)							☐ Full Cont	ainment with Ne	gative	Pressure					
\boxtimes \geq 3 sf or \geq 3 if \boxtimes \geq 160 sf or \geq 260 if				nova				Mini-Enc	losure	gaure	, i rossarc					
△ ≥100 St 01 ≥200 II		ļ	⊠ Der	molit	tion				g Procedure mpted (*) and No	on Eri	abla Desa					
		T	ls	Loca	ation	T		M MON-EXC	impled () and in	JII-F11	able Proce	eaure	_			
Location of				lorm				Description of	f						ent Ty	
Asbestos-Containing N	Naterial (ACM	1)			lely by ance/			Containing Ma	terial (ACM)		Amount		Rer	Repair	Enc	Enc
TO BE ABAT					Staff?	(i.e		ermal systems i surfacing, VAT,			(Specify		Removal	air	aps	Enclosure
(13)	*			(12	2)		otl	her miscellane	ous)		SF or LF)		<u>a</u>		Encapsulate	Гe
basement			Yes	No	1										'n	
exterior-house								ipe insulatio	n		30 If					
exterior-house					10	asbesto					500 sf					
exterior-parn			Ш	\boxtimes		asbesto	os si	iding			1200 sf					
Name of Registered Waste				110		Waste		oic Yards of	Name of Regis	stered	Landfill					
Guardian Contractin	g, Inc.				Hauler 2022		Was		T.R.R.F.							1
City, State							-	posal Date	City, State	-341-31						
Toms River, New Je	rsey							5/24/18	Tullytown	Pen	nsvlvan	ia				
Completed By (Print or Ty	pe)	Title						Signature	1		/	Date		í		
Nicholas Fernicola		111,000	oject	Mar	nager			-3			1			distance of	8	
SB-41		32 32							Je 1	1-		2	10		13	

* 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)

Date of Notification (1)					Ivai	ne of Buildi	ing Owner/Operator	(2)					
	09 /	18	8		N	lelanie Cu	urtin			-77		00	
Agencies Notified EPA	Type Not	tification	1		Stre	et Address	3		INE	C F		W	7 [
⊠ DOLWD	☐ Initial☐ Amen	dod								(i) II	= 11	73	1
☑ DOH		dea dment #	<i>‡</i>		City	, State, Zip	Code					ഷ	
☐ DCA				ng	0	cean Gat	e, NJ 08740		AM LL LL	v i	6 2	ON	1
(NJAC 5:23-8)	justific	cation)			Nan	ne of Conta	ct		Telephone Nu				-
	☐ Cance	llation		0	M	elanie Cu	ırtin		1				
N					F	ACILITY I	NFORMATION		1 1/25	LICE	S CO	<u>NTH</u> NG	10
Name of Facility Where A	batement i	is Taking	g Plac	ce (3)				Type of Facility	v (4)	LIUL	-11011		
Residence								School (K-	12)				
Street Address								Subchapter	r 8 (Other than K-	12)			
Oit (5)								homes, etc	private and comm	nercial I	buildi	ngs,	
City (5)								Square Feet	# of Floors	I	Bldg.	Age	_
Ocean Gate								2000	1		65	rigo	
County (6) Ocean					Cou	unty Code (7)(STATE USE ONLY)	Current Use (P	Prior if being demo	lished)	77.77		-
								Residence		,			
Name of Monitoring Firm I N/A	Hired by Bu	uilding C	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9	9)				
100000000							Guardian Co	ntracting, Inc.					
Street Address							Street Address				-		
City Chata 7: 0							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
Project Manager Control		- 8					Toms River, I	New Jersey 08	8755				
Project Manager for Monito	oring Firm			Tele	ephone	No.	Telephone No.		License No.				_
Start Data (40)							732-349-9932		00624				
	10					ate (11)	732-349-9932 Name of OSHA M						
05 /22 / _		_0	5_ /			ate (11)		onitor					53.5
05 / 22 / Decupancy Status During /	Abatement	0: (Check	5 /		3_ /		Name of OSHA M	onitor					
	Abatement During En	0: (Check	5 /	one)	/	18	Name of OSHA M E.M.S.L. Anal	onitor					
	Abatement During En	0: (Check stire Peri	only iod of	one) Abate	ment		Name of OSHA M E.M.S.L. Anal Street Address	onitor ytical					
05 / 22 / Decupancy Status During / ☐ Facility Closed/Vacated ☐ Abatement Performed Common of Abatement:	Abatement I During En Outside of I	0: (Check stire Peri	only iod of	one) Abate	ment		Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton	onitor ytical	00624				
05 / 22 / Decupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all the	Abatement I During En Outside of I	0: (Check stire Peri	only iod of	one) Abate	ment		Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N	onitor ytical de lew Jersey 08	00624				
	Abatement I During En Outside of I		only iod of Facilit	one) Abate	ment		Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N	onitor ytical de lew Jersey 08	00624				
	Abatement I During En Outside of I	0. (Check otire Peri Normal F PM	only iod of Facilit	one) Abate y Hou	ment rs - Des		Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N	onitor ytical de lew Jersey 08 ainment with Negosure Procedure	00624 854 gative Pressure				
	Abatement I During En Outside of I	0. (Check otire Peri Normal F PM	only iod of Facilit	one) Abate y Hou PM-	ment rs - Des		Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N	onitor ytical de lew Jersey 08 ainment with Negosure Procedure	00624	иге			
Decupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all to ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of	Abatement I During En Dutside of IAM hat apply)	(Check titre Peri	only iod of Facilit	one) Abate y Hou	ment rs - Des		Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N	de lew Jersey 08 ainment with Negosure Procedure ented (*) and No	00624 854 gative Pressure	1	patem	nent T	Гу
	Abatement I During En Dutside of IAM hat apply)	(Check titre Peri	only iod of Facilit	novati	ment rs - Des	18 scribe AM	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	00624 854 gative Pressure	Ab	_	1	-
05 / 22 / Cocupancy Status During / Facility Closed/Vacated Abatement Performed (Time of Abatement:	Abatement I During En Dutside of IAM hat apply)	(Check titre Peri	only iod of Facilit	novati	ment rs - Des	18 scribe AM	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems in	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	9854 gative Pressure on-Friable Procedu	Ab	_	1	Ť
	Abatement I During En Dutside of IAM hat apply)	(Check titre Peri	only iod of Facilit	Abate y Hour PM- enovation Locat Norma d Sole intena	ment rs - Des	18 scribe AM	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Mini-Encl. Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT.	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	00624 854 gative Pressure	1	Pepair	1	Ť
	Abatement I During En Dutside of IAM hat apply)	Otto (Check titre Peri Normal F	only iod of Facilit	Abate y Hour PM- enovation Locat Norma ed Sole intena	ment rs - Des	18 scribe AM	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems in	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	9854 gative Pressure on-Friable Procedu	Ab	_	t Encapsulate	-
05 / 22 / 20 / 20 / 20 / 20 / 20 / 20 /	Abatement I During En Dutside of IAM hat apply)	Otic (Check tire Peri Normal F	only iod of Facilitative De	Abate y Hour PM- enovati molitic Locat Norma d Sole intena todial \$ (12)	ment rs - Des	18 scribe AM	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	9854 gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1
	Abatement I During En Dutside of IAM hat apply)	Otto (Check tire Peri Normal F	Sonly conly	Abate y Hour PM- Inovati molitic Locat Noma (12) No	ment rs - Des	18 scribe AM	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	9854 gative Pressure on-Friable Procedu	Ab	_	1	1
	Abatement I During En Dutside of IAM hat apply)	Otheck (Check titre Peri Normal F PM	conly conly conly Recipited States and Customers and Cust	Abate y Hour PM- enovati molitic Locat Norma todial \$ (12) No	ment rs - Des	18 scribe AM	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	9854 gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1
05 / 22 / 20 / 20 / 20 / 20 / 20 / 20 /	Abatement I During En Dutside of IAM hat apply)	Otic (Check tire Peri Normal F	S only conly	Abate y Hour PM- Inovati molitic Locat Noma (12) No	ment rs - Des	18 scribe AM	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	9854 gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	Repair	Encapsulate	-
	Abatement I During En Dutside of IAM hat apply) f aterial (ACI	Otic (Check tire Peri Normal F	conly conly conly Recipited States and Customers and Cust	novation No No No No No No No No No No No No No	ment rs - Des	Asbes (i.e.	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	9854 gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	Repair	Encapsulate	-
O5 / 22 / Occupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement:	Abatement I During En Dutside of IAM hat apply) f aterial (ACI ED	Otic (Check tire Peri Normal F	S only conly	novation No	ment rs - Des	Asbes (i.e.	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo s siding Cubic Yards of	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No	2854 gative Pressure Amount (Specify SF or LF)	Removal	Repair	Encapsulate	-
05 / 22 / 22 / 20	Abatement I During En Dutside of IAM hat apply) f aterial (ACI ED	Otic (Check tire Peri Normal F	S only conly	novation of the control of the contr	ment rs - Des	Asbes (i.e.	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo s siding Cubic Yards of Waste	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No erial (ACM) isulation, or us)	2854 gative Pressure Amount (Specify SF or LF)	Removal	Repair	Encapsulate	-
O5 / 22 / Occupancy Status During / Facility Closed/Vacated Abatement Performed Common of Abatement:	Abatement I During En Dutside of I AM- hat apply) f aterial (ACI ED	Otic (Check tire Peri Normal F	S only conly	novation of the control of the contr	ment rs - Des	Asbes (i.e. asbesto	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo s siding Cubic Yards of	de lew Jersey 08 ainment with Negosure Procedure ented (*) and No erial (ACM) isulation, or us) Name of Regist T.R.R.F.	2854 gative Pressure Amount (Specify SF or LF)	Removal	Repair	Encapsulate	-
O5 / 22 / Occupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement:	Abatement I During En Dutside of IAM hat apply) f atterial (ACI ED Hauler I, Inc.	Otic (Check tire Peri Normal F	S only conly	novation of the control of the contr	ment rs - Des	Asbes (i.e. asbesto	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo s siding Cubic Yards of Waste 3	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No erial (ACM) isulation, or us) Name of Regist T.R.R.F.	Amount (Specify SF or LF) 1900 sf	Removal	Repair	Encapsulate	1
O5 / 22 / Occupancy Status During / Stacility Closed/Vacated Abatement Performed Common of Abatement:	Abatement I During En Dutside of IAM hat apply) f atterial (ACI ED Hauler I, Inc.	Otic (Check tire Peri Normal F	S only conly	novation of the control of the contr	ment rs - Des	Asbes (i.e. asbesto	Name of OSHA M E.M.S.L. Anal Street Address 1056 Stelton City, State, Zip Co Piscataway, N Full Conta Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo s siding Cubic Yards of Waste 3 Disposal Date	de lew Jersey 08 ainment with Negosure Procedure npted (*) and No erial (ACM) isulation, or us) Name of Regist T.R.R.F.	2854 gative Pressure Amount (Specify SF or LF)	Removal 🗵 🗆	Repair	Encapsulate	_

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