Do not use this form for appearos ticensure (xempted activities.

10 CH	NO		ATION	te of New of OF ASBES O NJAC 8:	TOS	ABATE		The Agency (1) (1) the second strain (1) the)) 	<u> </u>	<u>E</u>		<u>₩</u>			
Date of Notification (1) 05/11/2017			lame of Reside	Building Ov nce	wner/C	perator	(2)	L	Es.	MA)	1	/ 2	017	a second		
Agencies Notified Type Notification		5	Street Ad	dress				<u> </u>	AS	BEST	OS C	ON	TRO	L &		
EPA DEP DOL Initial Amended Amendment #_				e, Zip Code		646		į.	~		CEN:	SINC	3	safetonii ()		
□ DOH □ DCA □ Emergency (including justification) □ Cancellation	luding	N	lame of Gary La	Contact					Tel	ephone	Numb	er				
Name of Facility Where Abatement is Taking P	laco /2\		FACIL	ITY INFOR	RMATI	ON	Tim	o of Facility (1)							
Residence	iace (3)						тур	e of Facility (4 School (K-1	- Tr.							
Street Address		-					Ħ	Subchapter	8 (Oth					4		
City (E)							×	Other (i.e. p etc.)			ercial		-		5,	
City (5) New Milford							166	uare Feet 62	2	f Floors		70	lg. Ag	je		
County (6) Bergen			County C	ode (7) SE ONLY)			Cur	rent Use (Price	or if bei	ng dem	lished	i)				
Name of Monitoring Firm Hired by Building Ow A. Seine Lighthouse Solutions	ner (8)		ASCM	No.				patement Con		(9)			-		\dashv	
Street Address						Street		ank Service	es 						_	
PO Box 354								erty Avenu	е							
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205								
Project Manager for Monitoring Firm Sarah Calandra		100	Telephon 201-34	e No. 9-2666		Teleph 844-		No. -7465		Licen 0131						
	chedule		pletion D	Date (11)		1 2 3		SHA Monitor Lighthous	e Soli	utions						
Occupancy Status During Abatement (Check C	Only One	=)				Street	Add	ress			-				-	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Al Facility	batem Hours	S City, State, Zip Code								_			_		
Scope of Work (Check All That Apply)			South Orange, NJ 07079						 .							
≥3 sf or ≥3 lf		enovat	Hon			F	٦.	Tull Cantalan		- N			_			
≥160 sf or ≥260 lf		emoliti				2		Full Containm Mini-Enclosure Glovebag Pro	e cedure							
	le	Location	on			<u>IL</u>		Non-Exemple	a (*) ar	ia Non-	riable		The second	ment		
Location of	N	ormall	у			scription					-		Ту	pe		
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Solel ntenar	nce/					rial (ACM) sulation,		Amount Specify		R	_	Enc	可	
In Facility (13)	Custo	odial S (12)	statr?	-	surfa	cing, VA	AT, o	r		F or LF		Removal	Repair	Encapsulate	Enclosure	
(,	Yes	No	N/A		ou ioi	moona	1000	,				/al	=	ilate	ıre	
1st Floor		Х			Win	dow C	aulk	<	20	windo	/S	X				
Ground level		X			V	inyl Til	es			900 sf		X				
Name of Registered Waste Hauler			JDEP W		Cubic of Wa	Yards		Name of								
Newark Carting		0.000	4509	2000		1001111111		Waste City, Sta		ageme r	nt La	ndfi				
City, State East Orange, NJ										, PA						
Completed by Alison Lamers	Title Office	e Mai	nager			Signatu	M	Mels	S	8	The second	Date 05/11/2017				

State of New Jersey

		N	BESTOS ABATEI	MENT	Chec	(# 23	049	9								
						C 8:60 and 5:16	7.7	ME	CE		\mathbb{V}	E				
Date of Notification (1)				Nam	e of Buildin	ng Owner/Operato	r (2)	115								
5/	16/17						Jeffs		1-0-1-1		004	rest.				
Agencies Notified	Type Notification	n		Stree	et Address			19 10	AY	-1-	201	1				
⊠ EPA	Initial															
DEP DEP	Amended	ш	- 8	City,	State, Zip	Code		ASRE	STOS	00	NITO	01				
DOL.	Amendment Emergency		<u> </u>			Per	nnington, NJ	08534	LICE			OL				
⊠ DOH	justification			Name	e of Conta			Telephone Nu	-		***					
☐ DCA	☐ Cancellation					Bruce Jeffs			A1107 512							
				FA	CILITY IN	FORMATION						=				
Name of Facility Where							Type of Facility	(4)								
	Res	identi	al				School (K-1									
Street Address							Subchapter	8 (Other than K	12)							
							Other (i.e., p		cial buil	dings						
City (5)							Square Feet	# of Floors	ТВ	Bldg. Age						
77 37 30	Penningt	on, NJ	085	34			1800	2			+/-					
County (6)				Cou	nty Code (7) (STATE		rior if being dem	lished)							
N	lercer				ONLY)							*				
Name of Monitoring Firm	Hired by Building	Owner	\equiv	ASCM	No.	Name of Abatement Contractor (9)										
(0)	MECS						ens Environr		ces Ir	nc.						
Street Address						Street Address	CHO EHVITOIR	ileitai bei vi		ic.		_				
1000	PO Box 34	11				PO Box 322										
City, State, Zip Code						City, State, Zip Code										
The same of the sa	sswicks, NJ	0851	5			Oity, Otate, Zip C		NI 08501								
Project Manager for Mon				phone	No	Telephone No.	Allentown, NJ 08501									
Bill We			19:22:23		8-4070		50-0688	License No.	00493	2						
Start Date (10)		eduled C	_				(609) 259-9688 00493									
5/31/17	Suite				ale (11)	Name of OSHA		ECS								
Occupancy Status Durin	a Abatamant /Ch		6/9/1				IVI	ECS								
						Street Address	DO D	ov. 241								
☐ Facility Closed/Vacate ☐ Abatement Performed						07 07 7 0		ox 341				_				
Other - Describe: {		ai Facilit	y Houi	5		City, State, Zip C		217 0051								
						R	Crosswick	s, NJ 0851:								
Scope of Work (Check a	II that apply)					□ Full Cor	ntainment with Neg	native Dressure								
≥3 sf or ≥3 lf		★ Re	novati	on		☐ Mini-End		gative Flessule								
≥160 sf or ≥260 lf		☐ De	molitio	n		Gloveba	ag Procedure									
		I le l	ocatio	n		Non-Exe	empted (*) and No	n-Friable Proce				_				
			omally						^	bater Typ						
Location of			Solely			Description of			-	176						
Asbestos-Containing N TO BE ABAT			itenan istodia			os Containing Mat		Amount			ш					
IN Facility	ED	1000	Staff?		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rer	R.	nca	nc				
(13)			(12)			other miscellaned		01 01 21)	Removal	Repair	Encapsulate	Enclosure				
		Yes	No					2		late	lre					
Utility Ro	om	×			VAT		140 sf	×	\dashv	\dashv	\dashv					
Utility Ro	om	×	_			Transite		15 sf	_	\dashv	-	\dashv				
Other Ro	VIII	^	-			Tansite		13 81	×		_					
		-														
N. C.																
Name of Registered Was	te Hauler			JDEP V		Cubic Yards	Name of Regis	tered Landfill								
Stevens Environmental Services, Inc. Hauler ID No. 18292						of Waste 1 cu		Fairless La	ıdfill							
City ₇ State						Disposal Date	City, State	7				=				
	Allentown	VI			6/9/17	10	Morricville	DΛ								

Completed By

Mahlon E. Stevens

Project Manager

Signature

Date

5/16/17

Title

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

Check # 25498

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operato	or (2)	-IA	E (0 [-\//
	/16/17	-					Saladino					
Agencies Notified	Type Notifi	cation		Stree	et Address				1.5 A	V 4	7	204
EPA DEP	Initial Amende	ed		Cit	Ct-t- 7:-	2-1-			MA	T	/	201
⊠ DOL	Amendr	ment #	_	City,	State, Zip		itusville, NJ (8650	-			
⊠ DOH	justifica	ency (includir ation)	ng	Nam	e of Contac		itusviiie, ivi	Telephone Nu	(BES	TOS	60	NTF
□ DCA	Cancella Cancella			INCHIN		ndra Saladin	0	relephone No	n mei 1	1(; -	NSI	AG.
	1			FA		ORMATION						
Name of Facility Where	Abatement is	Taking Place	æ (3)				Type of Facility	(4)				
		Resident	ial				School (K-1					
Street Address							Subchapter Other (i.e., p		- 2) r:ial bui	ldings	i,	
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
	Titus	sville, NJ	0856				3500	2	_ _	15	0+/-	
	Mercer			USE	inty Code (E ONLY)	7) (STATE	Current Use (Pr	or if being dem	c ished)			
Name of Monitoring Firm		lding Owner		ASCM	No.		ment Contractor (9					_
(8)	MECS						vens Environi	nental Servi	es, I	nc.		
Street Address	DO D	2.41				Street Address						
City, State, Zip Code	PO Box	X 341						ox 322				_
	osswicks,	NJ 085	15			City, State, Zip		n, NJ 08501				
Project Manager for Mo		110 000		ephone	No.	Telephone No.	THICHIOW	License Ne.	-			_
N 5 (7.15)	eisgarber		1	:5	8-4070		59-9688	LICCIISC 140:	0049	3		
Start Date (10)		Scheduled (Comple	etion Da	ate (11)	Name of OSHA						_
5/30/17			6/9/1	.7			M	ECS				
Occupancy Status Duri			2			Street Address						_
☐ Facility Closed/Vaca						City, State, Zip (ox 341				_
☐ Abatement Performe ☑ Other - Describe:			ty Hou	rs		5						
Scope of Work (Check	all that apply)								_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			ative Pressure	d ire					
			Location			100			Abate	ment		
Location	of		lomally d Solel			Description of	of I			Тур	e	
Asbestos-Containing I TO BE ABA) Mai	ntenan ustodia	ce/		os Containing Ma	iterial (ACM)	Amount			ш	_
IN Facility			Staff?	11	(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Ren	Re	Encapsulate	Enclosure
(13)			(12)			other miscellane	ous)		Remova	Repair	sula	osur
		Yes	No	N/A					_		ate	(D)
Basement/Cra	awlspace		X		The	ermal Pipe In	sulation	350 lf	×			\neg
Basement X						Transite		275 sf	×			
									+			=
									+			
Name of Registered Wa	ste Hauler		100000	JDEP \		Cubic Yards	Name of Regis	ered Landfill				\neg
Stevens Environmental Services, Inc. Hauler ID No. 18292					No.	of Waste Fairless Lar dfill						
City, State			_ -	102		Disposal Date City, State						-
Allentown, NJ						6/9/17	12/	Morrisville	PA			
Completed By Title Mahlon E. Stevens Project Manage						Signature	7 V//	Date				
Mahlon E. Ste	P	oject	Mar	nager	- 49	1/_		5/16)/17		_	

(K7129	1		ICATIO	tate of New Jers N OF ASBESTOS t to NJAC 8:60 a	ABATE		Temperature programme and the second	DE	C, E		F7 F	rint f		
Date of Notification (1) 05/15/2017			Name o	of Building Owner			T. STEERING STATES	II M	1.Y 1	7 21)17	and the control of th		
Agencies Notified Type Notification EPA DEP Amended Amendmen			Street /	Address ate, Zip Code			- 4	ASBE	TOS			.&.		
■ Emergency justification DCA Cancellation	(including)		Name o	of Contact an Akkus				Telephone	Vumbe	r -				
			FAC	ILITY INFORMA	TION				-			-		
Name of Facility Where Abatement is Takin Residence	ng Place (3	3)				Тур	e of Facility (4 School (K-12	50) (V)						
Street Address						×	Subchapter 8 Other (i.e. prietc.)	Other than		uildings	s, hom	es,		
City (5) Fairview,NJ						Squa 180	are Feet	# of Floors		Bldg. 60	Age			
County (6) Bergen			(STATE	Code (7) USE ONLY)		Res	ent Use (Prior sidence		(lished)			11000100		
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.			atement Contr eral Constru	and the second s						
Street Address					Street 1360		ess ton Ave, PN	/IB Suite 2	18					
City, State, Zip Code							Zip Code J 07012							
Project Manager for Monitoring Firm			Telepho	one No.	Teleph 973-		lo. 0089	Licens 0069						
Start Date (10) 05/26/2017	05/30/2	2017	npletion	Date (11)			HA Monitor eral Constru	uction, Inc						
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire	2012-2010 DE 1760-2010		nent		Street 1360		ss on Ave, PN	/IB Suite 2	18					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	mal Facility	Hours	i 		W		Zip Code J 07012							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Continues	enova emoliti			×	Mi Gl	ill Containmen ni-Enclosure ovebag Proce on-Exempted (dure			re			
Location of	N	Locati lormall	У	De	escription		- Annipied) dire rion i	L	Abat	emen ype	t		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenar odial S (12)	nce/	Asbestos Cor (i.e. therma surfa	s Containing Material (ACM nermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure		
Basement	Yes										ate	e e		
Dasement		X	Pipe/El	bow ins	Sulation	on	110 LF	- X						
Name of Registered Waste Hauler Service Transport Group	i	H	L JDEP W auler ID 0990				Name of Re	egistered Lan	of fill					
City, State New Castle	Disposal Date City, State 05/30/2017 Waynes Burg, OH 44688													
Completed by Milan Njezic	Title Vice I	Presid	dent		Signature	0	10.	- 1	7 4 4 6 8 7 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9					

D&S Proj. #: 17-141

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

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MAY	1	7	2017	The second secon	

									JU Lij	MA	1	7 21	017	
Date of Notification (1)		Name of	Building C	Owner	/Operator (2))								-
0 5 /1 1 /1 7		hank k			,				AS	BEST	OS C	ON	TROI	_&_
Agencies Notified Type Notific	ation	Street Ad				_					CEN	SING	}	
☐ EPA ☐ Initial ☐ Amended													120	
DEP Amended Amendment	" .	City Stat	e, Zip Cod	9										
DOL Emergence			FIELD,		7000									
DOH (including	- 1:	Name of (147 0	7090				Telephon	o Vivosh	0.5			
DCA justification									relephon	e vumb	er —			
Cancellation	on	hank	coehler						_ '=					
No. of the state o			F/	ACILI"	TY INFORM	ATIO	N							
Name of facility where abatement	t is taking i	place (3)							Type of Facility (4	4) K - 12)			
hank koehler			MANAGES						Subcha			than I	(-12)	
Street Address								- 1	Other (I	o ivate/0	Comm		(-12)	
								11	Bldgs./l					
City (5)	Co	unty (6)			T	Co	unty Code (7)	-	Square Feet	# of Floo	ors	8	ldg. A	ige
							ate use only)	11	Current Use (Pri	o if bei	na der	nolish	ed)	
WESTFIELD		NION											July	
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		A	SCM No.		Name of Abater	nent Co	ont actor (9)					
Street Address				_ _			D & S REST	ORA'	ΓΙΟΝ, INC.					
Olieet Address							Street Address							
City, State, Zip Code						_	20 Californi City, State, Zip C	THE RESERVE OF THE PERSON NAMED IN		-				
							200 N A		12					
Project Manager for Monitoring Firm	n	TF	Phone Nun	nber		-	Paterson, N Telephone Num		13	L cense	Mum	201		
							973-345-8				1169			
Start Date (10)	Sche	d. Comple	tion Date ((11)		-	Name of OSHA	Monitor		-				
05/22/17							D & S Resto	oration	, Inc.	_				
Occupancy Status During Abateme		1/17				_	Street Address							
Facility closed/vacated during			tement.				20 California		iue					
Abatement performed outside Describe:	of norma	facility ho	urs-				City, State, Zip C	ode						
Other-Describe: NORMAL I	IOURS					-	Paterson, N	J 0750	3					
Scope of Work (check all that appl	y)								I Containment w/r	a antive			_	_
\boxtimes >3 sf or >3 lf	Renovati	on							ni-enclosure	R gauve	piess	ure		
≥160 sf or ≥260 lf	Demolitio	n							vebag procedure					
Location of	Is location	n normally	used sole	elvl				∐ No	n-Exempted (*) a	n Non-	friable TR	proc		_
asbestos-containing	by maint staff(12)	enance/cu	stodial		Description	ofa	sbestos-containin	a	Amount		е	e	E n	E
material (acm) to be abated in facility (13)			1	-	material (A	CM)		9	(Specify SF	Cr	m	p a	c a	C
	Yes	No	N/A						LF)		v e	i	p	L
basement boiler room		X		PI	PE INSUL	ATI	ON		281ft		Ň	Т		
basement laundry room		$\square X$		PI	PE INSUL	ATI	ON		31 l ft		Ø			
				1										
Registered Waste Hauler	LNUS				V 1 200				_					
D & S RESTORATION, INC.		EP Hauler 506	5500	Cubic 1 yd	Yards of Wa	aste	Name of Registe		ndfill SOURCE REC	VIVED	v			
City, State			Disposal				City, State	11, KE	SOURCE REC	VER	. 1			
PATERSON, NJ 07503			05/23/	17			TULLYTON	VN, PA	A					
Completed by (Print or Type) BOGDAN JOLDZIC	Title	EN IT		Si	gnature					C ate		-		
ASB-41	PRESID		for oah -		ensure exen		1 - 4 - 11			05/11.	/2017			
	20 HOL US	C 11113 10111	ioi asues	LOS IIC	zusure exen	intec	activities.							

C11	n
(h	MULA
- 17	1090
D&S Proj. #:	17-139

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

m	E	C	E		\mathbb{V}	E	m
		MAY	1	7	2017		

									MAY	1 /	201	1	homes
Date of Notification (1)		Name of	Building Ov	ner/Operator ((2)			1 1					
10 5 / 1 0 / 1 7		jack fir	nn buiding	contractors				ASI	EST	OS CO	TINC	ROL	8
Agencies Notified Type Notific EPA Initial	ation	Street Ad	dress							JENO			
DEP Amended		333 blo	oomfield a	venue						110			
Amendment	#:	City, State	e, Zip Code										
DOL Emergenc		caldwe	ell, nj 0700)6									
DOH (including		Name of C						Telephone	Numb	er	la contraction		
DCA justification	· 11	1	CC					_	redrine				
Cancellatio	on	lance	norrman, p	project manag	ger			-	_				
			FA	CILITY INFOR	MATIO	N							
Name of facility where abatement	is taking p	place (3)					Туре	of Facility (4	1			_	
commercial building								School		2)			
commercial building Street Address] [☐ Subcha				(-12)	
Officer Address								Other (F Bldgs./F	rivate/	Comme	ercial		
333 bloomfield avenue							Squa	re Feet #	-		В	ldg. A	de
City (5)	Co	unty (6)			Co	unty Code (7)	"		01110	010	-	.09.7	.90
						ate use only)	Curre	ent Use (Pri	r if be	ing den	nolish	ed)	
caldwell		SSEX						CONTRACTOR OF THE PERSON OF TH					
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abatement	Contract	or (9)					
						D & S RESTORA	ATION.	, INC.					
Street Address						Street Address							
Ch. Ch. 7 O		-				20 California Av	re.						
City, State, Zip Code						City, State, Zip Code							
Drojoot Manager for Mary 1						Paterson, NJ 07.	503						
Project Manager for Monitoring Fire	n	Į.	Phone Num	per		Telephone Number				e Numl			
						973-345-8020				01169			
Start Date (10)	Sche	d. Comple	tion Date (1	1)		Name of OSHA Monit							
06/01/17	06/3	0/17				D & S Restoration	on, nc.		-	-		_	
Occupancy Status During Abateme	nt (Check	only one)	The Twindsteen III	THE SHIPPERSON AS A STATE OF		20 California Av	enua						
Facility closed/vacated during	entire per	riod of abat	tement.		- 1	City, State, Zip Code	Cituo					_	
Abatement performed outside Describe:	of norma	I facility ho	urs-										
Other-Describe: NORMAL I	IOURS				_	Paterson, NJ 075	503						
Scope of Work (check all that appl	y)							ainment w/ı	egativ	nress	ure		
☐ > <u>3</u> sf or > <u>3</u> If	Renovati	on					/lini-encl		Jan	o press	uic		
≥160 sf or ≥260 lf	Demolitic	n						procedure					
	I Is location	n normally	used solel	/			Von-Exe	mpted (*) a	d Non	-friable			
Location of asbestos-containing	by maint	enance/cu			6 -	-b		Amount		e	R	E n	E
material (acm) to be abated in facility (13)	staff(12)	Т		material		sbestos-containing		Specify SF	or	m o	р	С	n
abated in facility (13)	Yes	No	N/A				l	_F)		v	a i	a p	L
BASEMENT south			7	PIPE INSU	II ATI	ON	180	1.6		e	-	_	\vdash
BASEMENT north			#	PIPE fitting	-			lbows			무	H	ዙ
office vault right side		- X	1	VAT & MA				sq ft		X X	屵	片	ዙ
2nd floor			#	VAT	13110			sq ft			井	片	H
			#	1111			520	34 II			屵	片	뉴
Registered Waste Hauler	NJD	EP Hauler	ID# C	ubic Yards of \	Vaste	Name of Registered I	and fill			. 니	ш	Ш	Ш
D & S RESTORATION, INC.		506		yds	and and the service	TULLYTOWN, F		RCE REC	OVE	RY			
City, State			Disposal D			City, State			- Committee				
PATERSON, NJ 07503			06/02/1			TULLYTOWN,	PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title	ENT		Signature					Date				
	PRESID		for achaet	os licensure ex	omat-	l activitie -)5/10/	2017			
	1101 03	- uno 10111	וייי מפחבפון	o nochoule ex	CITIDIE(activities.							

CK14227		NO.	(Pursuant to NJAC 8:60 and 5:16)								<u>E</u>				
Date of Notification (1) 5 /15 /	17			1			Owner/Operator	(2)		MAY	1	7	201	7	
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ DHSS ☐ DCA ☐ Emerge	ed ment #_		_	Ci	975 ty, S	Address US Hwy 2 tate, Zip Cooth Plainfie			ASI	EST		CO		OL (
(NJAC 5:23-8) justifica	ation)	ciuair	ıg	Na	ame	of Contact	,		Telephone	lumbe	er				
					FAC	ILITY INFO	ORMATION				_				
Name of Facility Where Abatement is Former Shoprite	Taking	Plac	e (3)					Type of Facility							
Street Address								Subchapter 8	Other than	(-12)					
2657 Morris Ave.								Other (i.e., pr homes, etc.)	rivate and cor	n merci	al b	uildin	gs,		
City (5)								Square Feet	# of Floors		B	dg. A	000		
Union, NJ 07083								40,000	1	ŝ		45+	iye		
County (6)				С	ount	y Code (7)(S	TATE USE ONLY)	Current Use (Pri							
Union								Vacant Reta		10115116	su)				
Name of Monitoring Firm Hired by Bu	ilding O	wner	(8)	ASC	CM N	lo. N	lame of Abatem	ent Contractor (9)		-					
Vertex				N.	Α			ironmental Sys	tems						
Street Address						S	treet Address								
700 Turner Way							550 East Uni	on St.							
City, State, Zip Code						C	ity, State, Zip Co								
Aston, PA 19014							West Cheste								
Project Manager for Monitoring Firm			Te	lepho	ne N		elephone No.	-,	License No						
Don Heim			1	310-5	58-8	3902	610-701-9000	1	00508	£					
Start Date (10)5 /30 /17	Schedu 6			letion 23			ame of OSHA N	Ionitor							
Occupancy Status During Abatement										er ennere					
☐ Facility Closed/Vacated During Ent	ire Peri	only of	Abat	omoni			treet Address								
Abatement Performed Outside of N Time of Abatement: 7AMP	lormal F	acilit	v Ho	ırs - D	ı Descr	dia -	700 Turner W	-973							
Scope of Work (Check all that apply)	IVI/ <u>3:30</u>	PIVI		_AIVI			Aston, PA 19	014							
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		⊠ Re □ De	molit	ion				ainment with Nega losure g Procedure mpted (*) and Non							
Looption of			Loca								Ab	atem	ent T	уре	
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	Л)	Use Ma	d So inten	lely by ance/ Staff		(i.e., th	Description of a Containing Matermal systems is surfacing, VAT, ther miscellaneous	terial (ACM) nsulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
Main Floor	-	Yes	No	N/A		/AT / M							e		
Main Floor				-		VAT / Mast			27,300 LI						
							ipe		300 LF	!	\boxtimes				
	1	_			+					-					
Name of Registered Waste Hauler			Ц.							1					
Freehold Cartage				AJDEF Hauler	IDN	No. Wa	bic Yards of	The second of th	istered Landfill Eerks Community Landfill						
City, State				1593	3 9		posal Date	City, State		Landill					
Freehold, NJ							rBD	Birdsboro, F	ro, PA						
Completed By (Print or Type)	Title						Signature	1/1	Date						
Mark Griffin	Est	imat	or					H		5	5/	15	11	7	

CK14223		TION OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:1		DE	CEI	VE
Date of Notification (1)		Name of Build	fing Owner/Operator	(2)	- 11 11 W	AY 17	2017
5/15/	17	ExxonMo	bil		. And Egit. 197	At 17	2011
Agencies Notified Type Notification	on	Street Addres	S		600		
⊠ EPA		1545 Rout	te 33 East		ASB :	STOS COI LICENSIN	NTROL
☑ DOLWD ☐ Amended ☐ Amendment	±∩	City, State, Zi	o Code		A service and a management of the	LIOLINGIS	40
☐ DCA ☐ Emergency	110.00	Annandal	e, NJ 08801			7	T100-10 11 11
(NJAC 5:23-8) justification)		Name of Cont	act		Telephone N in	nher	
☐ Cancellation		Kyle Tuck	er		1 -		
Name of the state		FACILITY	INFORMATION				
Name of Facility Where Abatement is Tak	ing Place (3)			Type of Facility	(4)		
ExxonMobil Clinton Research				School (K-1	2)		
Street Address				Subchapter	8 (Other than K 1) private and comine	2)	2023
1545 Route 22 East				homes, etc.)	aciai bullulni	gs,
City (5)				Square Feet	# of Floors	Bldg. A	ge
Annandale, NJ 08801				850,000	3	30+	
County (6)		County Code	(7)(STATE USE ONLY)	Current Use (P	ior if being dem	ished)	
Hunterdon				Research			
Name of Monitoring Firm Hired by Building	Owner (8) A	SCM No.	Name of Abateme	San and the contract of the sand and the sand of the sand			
Vertex		NA	Alliance Envi	ironmental Sy	stems		
Street Address			Street Address				
700 Turner Way			550 East Unio				
City, State, Zip Code			City, State, Zip Co				
Aston, PA 19014			West Chester	r, PA 19382			
Project Manager for Monitoring Firm		hone No.	Telephone No.		License No.		
Don Heim		-558-8902	610-701-9000		00508		
	eduled Completio		Name of OSHA M	lonitor			
	7 / 21	_ /	Vertex				
Occupancy Status During Abatement (Che			Street Address				
Facility Closed/Vacated During Entire P	eriod of Abateme	ent	700 Turner W	'ay			
Abatement Performed Outside of Norma Time of Abatement: 7AMPM/3:	al Facility Hours	- Describe	City, State, Zip Co	ode			
			Aston, PA 190	014			
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 If □ ≥160 sf or ≥260 If	□ Renovation □ Demolition	1		Procedure	n-Friable Procecu	re	
200 828 870	Is Location					Abateme	ent Type
Location of Asbestos-Containing Material (ACM)	Normally Used Solely	by Ash	Description of estos Containing Mat		Amount	Reg	<u> </u>

TO BE ABATED IN Facility (i.e., thermal systems insulation, moval (Specify apsulate Custodial Staff? surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Labs LF-LH-1 \boxtimes VAT / Mastic 12,000 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Veola Waste Western Berks Commun ty Landfill 120 City, State Disposal Date City, State Flanders, NJ TBD Birdsboro, PA Completed By (Print or Type) Title

Mark Griffin

Estimator

Signature

5-15-17

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heck # 15941

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Th 2080		ı		ICATION	ate of New Jerse NOF ASBESTOS to NJAC 8:60 and	ABATE		NT	D),E(E		\mathbb{V}					
Date of Notification (1)			T	Name o	f Building Owner/0	Operator	r (2)		1111	1								
5-11-17					ship of Wayne	.00	, ,			M.	1 1	7 2	2017	i				
Agencies Notified	Type Notification			Street A	ddress	-15-A			i and L	i				T				
П гра	▼ tablet			475 Va	illey rd													
EPA DEP	X Initial Amended			City, Sta	ate, Zip Code				1	ASBES				DL &				
× DOL	Amendment			Wayn	e NJ					i	<u>ICEN</u>	SIN	<u>i</u>					
П рон	Emergency (justification)	including		Name o	f Contact				Te	lephone N	mber							
DCA	Cancellation			buildir	ng dept													
				FACI	LITY INFORMATI	ON												
Name of Facility Where A		g Place (3	3)				Ту	pe of Facility	(4)									
abandoned flood ho	ouse							School (K-										
Street Address								Subchapte										
260 Dorsa ave								Other (i.e.) etc.)	rivate	& commer	al buil	dings,	nom	es,				
City (5)							Sq	uare Feet	# 0	f Floors	В	ldg. A	ge					
wayne nj							>	-600	<u>\$</u>									
County (6)			T		Code (7)			irrent Use (Pri			hed)							
passaic				(STATE	USE ONLY)			AFIC	الح في	Ho	132	5 n	10	14				
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	Л No.	Name	of A	batement Co	Contractor (9)									
same						All C	Cou	nty Service	3 llc									
Street Address						Street	t Add	Iress				27.0						
				128 little falls rd														
City, State, Zip Code				City, State, Zip Code														
						rove nj 070	009											
Project Manager for Mon	itoring Firm			Telepho	ne No.	Teleph 973		No. 3 9244		License 1249	No.							
Start Date (10)		Schedule	ed Cor	npletion	Date (11)	Name	of C	SHA Monitor										
5-20-17		5-22-1	7			sam	ne .											
Occupancy Status During	Abatement (Chec	k Only Or	ne)			Street	Add	Iress										
Facility Closed/Vaca																		
Abatement Performe			/ Hours	S		City, S	State	, Zip Code										
Other - Describe.	abandoned demo n	ouse																
Scope of Work (Check Al	I That Apply)					_												
23 sf or ≥3 lf			Renova					Full Containm		n Negative	Pressu	re						
≥160 sf or ≥260 lf		×	Demoli	tion		F		Mini-Enclosur Glovebag Pro										
						>		Non-Exempte		d Non-Frie	ble Pro	cedur	е					
		Is	Locat	ion								Abate		t				
Location	of	1	Norma	lly	De	scription	n of					Ту	ре					
Asbestos-Containing	Material (ACM)		ed Sole		Asbestos Con	taining N	Mate			mount			ш	_				
TO BE ABA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	todial 8		(i.e. thermal	system cing, VA				Specify F or LF)	Ren	Re	ncar	nc				
(13)	cy		(12)						- Oi	OI LI	Remova	Repair	Encapsulate	Enclosure				
150 8		Yes	No	N/A	other miscellaneous)			9400)			<u>a</u>		ate	6				
		103		14//			-			005	+-							
siding gar	rage		Х		sídii	siding garage				300	x							
			7															
		-		-									-					

Date of Notification (1) 5-11-17 Agencies Notified Type Notification EPA Initial Amended Amendment # Emergency (including justification) DOH DCA Cancellation		Towns Street A	f Building (Ship of V	Owner/C Vayne	Operator	(2)		500	1)				-3-3-5	-
EPA DEP DOL Initial Amended Amendment # Emergency (including justification)			ddress					111		MAY	1	7	2017	1000
DEP Amended Amendment # Emergency (including justification)			lley rd					led					_011	1
DOH justification)		City, Sta	ate, Zip Co e NJ	ode					ĀS	3EST LI		CON		JL &
cancellation			f Contact					Tele	phon	Numb	er			
			LITY INFO	ORMATI	ON									
Name of Facility Where Abatement is Taking Place (3 abandoned flood house	3)					Тур	oe of Facility (4 School (K-12	5.0						
Street Address 523 riverside drive						~	Subchap er 8 Other (i.e. pr	3 (Othe			build	lings,	home	s,
City (5) wayne nj							uare Feet	# of	Floor 2	;	В	dg. A	ge	
County (6) passaic			Code (7) USE ONLY))		Cui	rrent Use (Prio	r if bein		10lished	35 au	3,		
Name of Monitoring Firm Hired by Building Owner (8) same		ASCN	/I No.				batement Cont nty Services	ractor (0 1	7		
Street Address					Street 128		ress e falls rd							
City, State, Zip Code							Zip Code rove nj 0700)9						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 973		No. 9244		Licer 124	se No.				
Start Date (10) Schedul 5-20-17 6-3-17		npletion l	Date (11)		Name same		SHA Monitor							
Occupancy Status During Abatement (Check Only Or	ne)				Street	Add	ress	-		-				
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe: abandoned demo house	Abatem / Hours	nent			City, S	tate,	Zip Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit	tion ion			_		Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure					5	
le le	Locati	00					VOII-EXCITIPACE	() and	14011	Habic		C.1.7	ment	
Location of	Normal	ly		Des	scription	of				_	_	Ту	ре	
TO BE ABATED Ma	ed Sole intenar todial S (12)	nce/		tos Cont thermal surfac	aining M	iater s ins T, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
interior house	No	N/A		loint	2022	una	J	2	000				ė	
interior riouse	X			JOINE	compo	unc	1				x			
Name of Registered Waste Hauler	N	JDEP W	l /aste	Cubic	Yards	<u> </u>	Name of F	Register	ed La	ndfill				
scc contractors	Н	auler ID 2720		of Was			grows	3.5.01						
City, State woodland park nj			The state of	Dispos 5-25-	sal Date ·17		City, S ate morristo		a					
Completed by Vincent scirica Title mem	nber			S	Signature		1/2-			Date 5-1		7		
				- (/						59		

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Date of Notification (1) 05/10/2017					f Building				nte		1 A	1863 A C	100	901 121	THE GTI
Agencies Notified	Type Notification	1		Street A 789-807	ddress	Avenue	:					3)		7	
X DEP X DOL	Initial Amended Amended		_		n, NJ 075			•			ki ii	<u></u>	7/	1	**
x DOH	X Emargency (Including Justifi D Cancelletio	lcation)		Name o Rafael N	f Contact Vierrero					Ta	anhore fo	Imhar /	7 717		
T	(1-11-1-11-1-11-1-11-11-11-11-11-11-11-1			FAC	IUTY INF	ORMAT	ION			57-5075	state h	7 11			<u> </u>
Name of Facility Where A Building #801	Apatement ia Taki	ng Place (3)						of Facility (School (K-1	9.57.0					
Street Address 788-807 Eleventh Ave	nue							X	Subchapter Other (i.e. pas, etc.)				dings		
City (5) Paterson								Squa	re Feet	# 0	f Floors	E	Bidg. A	ge	
County (8) Passaic.					Code (7) USE ONLY)			ent Use (Pricential	or If be	ing gemeil	shed)			
Name of Monitoring Firm Datall Associates, Inc	Hired by Building	Owner (8)		ASCN	A No.				itement Cor oration	racto	(9)				
Street Address 300 Grand Avenue								Addre	77.77						
City, State, Zip Code Englewood, NJ 07631									o Code Park, New	Jerse	у				_,
Project Manager for Mont Anthony Valentine	toring Firm			Telepho 201-568				ona N 25-840			Licens a 01104	No.			
Start Date (10) 08/15/2017		Schedule 05-16-2		mpletion	Dete (11)				HA Monitor mental Lat	oorato	ries, LLC				
Occupancy Status During			0.20				Street 2333	Addres	55 22 West						
X Facility Closed/Vaca D Abatament Performs Other - Describe:						-	City, 5	State, Z	ip Code 1 07083				-		
Scape of Work (Check All	That Apply)									-			_		
X ≥3 sf or ≥3 if ≥160 sf or ≥260 if			enavi emoli				X	iiM C	Containme ni-Enclosure ovebag Prod	edure.	Limited (ontaine	nent		
			Locs					NO NO	n-Exempted	() am	O NON-FA	DIEPID	Abst	ment pe	
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Use Mai	ntene	ely by Ince/ Staff?	Asbes (i.e.	tos Con tharmel surfa	scription teining to laystem: cing, VA niscellar	Materia s insule T. pr	I (ACM)	. (5	mount pacify or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A										ate	્ય
Basement-mechanica	il room	XX		-	Plpei	nsulati	on			15 L		X	-		
		+								-		+	-	-	
Name of Registered West	e Hauler		1	NJDEP W	aste	Cubic	Yards		Name of I	Flegiste	ored Land				_,
Lillen Corporation			ŀ	Hauler ID 18724	No.	of Wa	ste		G.R.O.W.	-					
City, State Woodland Park, New .	Jaraay					Dispo	sal Date		City, State		syllia, PA				
Completed by Adriana Olejarova		Title	ident			5	Signailly	25/2/2	- Company ()	131	1	late 05/10/2	2017		·

y 1Q 2017 04:16 03/25/2034 1	3:25 FAX			-			10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	pag				<u> </u>	اً رُ 1 0 ه	003	
Date of Notification	13			N	(Pursi	FION OF	of New Je ASBEST NJAC 8:80	09 ABAT and 12:1:	20)		7	<u>M</u>	AY	1.7.	_2
05/10/2017	n (1)			2024 = 6 to x = +++	Nar Per	re of Bu k East To	ilding Own	or/Operato	parments			BES	TOS	CO	714
Agencies Notified	Type No.	tification	n	_	Stre	et Addra	RR		, continues	-			gh	7	1/8
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X DOL	X Ems	ndme	ν		- Pate	rson, N	07514		ļ	1610 15	IED (טנוגו	0.4	1	
× DOH	(Induding	cellation	fication	i)	Nam Rafa	e of Cor el Marre	itaci iro		.,		elephone	Numb	Br		
Name of Facility W Building #803	nere Apatement	is Tak	ing Pla	ce (3)	F	ACILITY	INFORMA	TION	Type of F			_			_
Street Address									1 22	901(K-12)			1980		
789-807 Eleventi	n Avenue								X Othe	hapter 8 (Qt	her than I	12)	buikin	O S	
City (5) Paterson								-	homes, et Square Fe	C.)	of Floors			. Age	6
County (6) Passaic					Coun	y Code	(7) NLYI	-	Current Us	e (Prior if be	ing demo	ished			
Name of Monitoring Detail Associates, In	Firm Hired by Bi	ullding	Owner	(8)		M No.		Name	of Abatama	nt Continues					_
Street Address 300 Grand Avenue								Street	Address	n	,-/				
City, State, Zip Code Englewood, NJ 0783	31							City, St	Bride Ava	de					
Project Manager for Anthony Valentina	24				Teleph	one No		Telepho	and Park,	New Jerse	Licens	No.			
Start Date (10) 05/15/2017			Sched	fuled C	ompletion	38-6708 1 Data (1	1)	973-226 Name o	5-8400 of OSHA Mo	oltos	01104				
Occupancy Status D	uring Abatement	(Chec	02-16	3-2017				Iris En	vironmenta	al Laborator	les, LLC				
X Facility Closed	Vacated During E	Telian F	`~-:		ement Its				loute 22 W						
Scope of Work (Chec	B:			700-25 3				Unior	te, Zip Cod 1, NJ 0708	3	(1)	and the second			W (*)
X ≥3 sf or ≥3 if □ ≥160 sf or ≥250			8	Renov				OXD	Glovebaa	sinmerit with Seure Procedure/ spied (*) and	imitad C				
Local Asbestos-Contain	lon of		1	Norma Norma and Sol	BUV		Dee	cription of				1	Abat		πt
TO BE A	BATED	n)	l M	ainten: stodial	staff?	Asbe (i.i	e, thermal:	sining Mat	erial (ACM)	(Spi	ount ecify	20			
(1	3)		Yes	(12) No	N/A		otherm	iscellaned	ona)	SF	or LF)	Removal	Rupair	Encapsulate	-
Basement-mechan	ical room		xx		13/61	Pipe	insulatio	n		30 LF		×		ਲ	-
												1			+
				-	-										
vame of Registered W	ele Hauler			N	JDEP W	Pate Vo	Cubic Y		Name	of Registere	d Landfill				
lich Corporation					18724		Discour	3	G.R.O	.W.S Landfill					
Woodland Park, Ne	w Jersey		T;u-				Disposa	·	City, S	tate , Morrisvil	le, PA			7.	
			Title	ident			Sig	o entre	1	(20	Da				_
Adriana O sjamve			P. 00				1	1 118	1 - and	1.1.0		10/20	17		

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Check#2781		110	(P	ursua	ent to NJ	AC 8:60	05 ABA) and 5:	(IEMENI 16)		7		W	/ [5	i li
Date of Notification (1)					e of Buildir			100				- Allerton	- Laure	11
05/	12 / 1	7				ig Owner	roperator	(2)	M	Υ .	1 7	201	7	The serve
Agencies Notified	Type Notification			_	Adamo et Address				III L. WI		1	201	1	12
⊠ EPA	✓ Initial			Street	et Address				Ĺ					1
DOLWD	Amended			City	State, Zip	Codo			ASBES:	OS	CO	NTP	POL	&
☑ DHSS ☐ DCA	Amendment		_	1	M. CARAGO COSTO A ST			4	L	CE	VSII	VG_		
(NJAC 5:23-8)	Emergency (i	ncludir	ıg	Nam	eville, NJ	0/109 ct			T-I	_				
	☐ Cancellation				damo				Telephone	lumb	er			
-					CILITY	MEODM	ATION					-		
Name of Facility Where Al	patement is Takir	ng Plac	e (3)	.,,	CILITI	*FORWI	ATION	Tupo of Facility						
Private house			1-7					Type of Facilit	5 N 50					
Street Address								 Subchapte 	8 (Other than k	-1 2)				
								Other (i.e.,	private and con	merc	ial b	uildin	gs,	
City (5)								homes, etc Square Feet			15			
Belleville, NJ 07109								Oquare reet	# OI FIGORS		B	ldg. A	ge	
County (6)				Cour	nty Code (7)	(STATE L	ISE ONLY)	Current Use (rior if being der	olich	(ad)			
Essex								(.	nor is being de	01151	euj			
Name of Monitoring Firm F	lired by Building	Owner	(8)	ASCM	No.	Name	of Abatem	ent Contractor (9)					
01						Gr Tec								
Street Address				-5 00-0			Address						-	
City, State, Zip Code						576 Va	lley Rd 7	#283						
Oity, State, Zip Code						City, St	tate, Zip C	ode						
Project Manager for Monito	ring Firm		1- :			Wayne	, NJ 074	70						
-j managor for mornic	ang rum		Tele	phone	No.	Telepho		X1.17.1.11.11.11.11.11.11.11.11.11.11.11.	License No					
Start Date (10)	Sche	dulad C	`omple	tion De	ite (11)	973-63			01127					
				1011 De			of OSHA N							
Occupancy Status During A	Abatement (Chec	k only (one)				Address	onsultants,Inc		-				
Facility Closed/Vacated	During Entire Pe	riod of	Abate	ment				Road, Bldg .#	250					
Abatement Performed C Time of Abatement:	Outside of Norma	Facilit	y Hou	s - Des	scribe	City, St	ate, Zip C	ode	33E					
		IVI/			_AM	1 23	wn, NJ 0							
Scope of Work (Check all to	nat apply)						Clean u	and decontam	nation with neg	tive p	oress	ure		-
>3 sf or >3 If > 160 sf or >260 If		⊠ Re	enovati	on		A	Full Con Mini-End	tainment with Ne	gative Pressure					
≥ 160 sf or ≥260 If .			molitic				Gloveba	g Procedure	Tent with Nega	ive F	ress	ure		
		1-	Locat		T		Non-Exe	mpted (*) and N	on-Friable Proc	dure		1		
Location of			Norma	lly		Do	scription o				Ab	ateme	ent T	уре
Asbestos-Containing Ma			ed Sole		Asbes			terial (ACM)	Amount		Re	Re	E	E
TO BE ABAT IN Facility	ED	3827 7	todial			, therma	systems	insulation,	(Specify		Removal	Repair	caps	Enclosure
(13)			(12)				cing, VAT niscellane		SIF or LF)		val	_	Encapsulate	ure
		Yes	No	N/A									ie	
Attic				\boxtimes	Clean up of	f roofing o	debris&dec	ontamination	600 SF		\boxtimes	П	П	П
Citchen attic				X				ontamination	40 SF		X			
		П	П	П	Cicar up of	100IIIIg (ieui isædec	Ontainmation	40 51	-			<u> </u>	
				H						-	П	Ш	Ц	Ш
Name of Registered Waste	Hauler		MID	ED Minst-	Hauler ID No.	0	1 110	T			Ш			
Fr Tech LLC								Name of Regi	stered Landfill					
City, State			0	03378	5	TBI		T.R.R.F. Inc		-				
Vayne, NJ 07470						Disposa		City, State						
Vayne, NJ 07470 Completed By (Print or Type	e) Title					TBL		Tullytown, P	A					
to the second control of the second s						Sig	nature /	1 1	1	Date				
I.Jevtic	Owi	ier					//e	who wena	d	15/12	2/17			

NEW

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

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CHE			69	1			

Date of Notification (1) 05/03/2017		Name of HOW	of Building /ARD CF	Owner/0	Operator 1AN	(2)	The second secon		MAY	1 7	201	7
Agencies Notified Type Notification		Street	Address				\top	L				
EPA Initial		City Ci	-1- 7:-0	1				AS3	ESTO:	S CO		OL &
DEP Amended Amendment			ate, Zip Co		71			_	-	-1 (())	****	
DOH Emergency (in justification) Cancellation	ncluding		of Contact /ARD CF	RESSM	IAN		,					
Married Franklin Adv.		FAC	ILITY INF	ORMAT	ON							
Name of Facility Where Abatement is Taking RESIDENTIAL	Place (3)					Type of Facility (4						
Street Address						School (K-12 Subchapter Other (i.e prefc.)	8 (Oth	er than K & comr le	-12) rcial bui	ldings	, hom	es,
City (5) PITMAN						Square Feet 1391	# o	f Floors		Bldg. A	Age	
County (6) GLOUCESTER			Code (7) USE ONLY)		Current Use (Frio RESIDENTIA		ng den ol	lished)			
Name of Monitoring Firm Hired by Building C ACER ASSOC.	wner (8)	ASC	M No.			of Abatement Cont SURED ENVIRO			SERVI	CES	INC	
Street Address 1012 INDUSTRIAL DRIVE						Address CLEMS RUN						
City, State, Zip Code WEST BERLIN NJ 08091						state, Zip Code LLICA HILL NJ (0806	2				
Project Manager for Monitoring Firm MATT DEPALMA		Telepho 856-8	ne No. 809-1202			none No. 304-4676		License 01145				
Start Date (10) 05/17/2017	Scheduled 0 05/18/20		Date (11)		Name EMS	of OSHA Monitor						
Occupancy Status During Abatement (Check	Only One)					Address RT. 130 NOFTI	н					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: RESIDENTIAL-VAC	eriod of Abat al Facility Ho ANT DURIN	ement urs 3 REMOV	AL		City, S	tate, Zip Code NAMINSON NJ		 77				
Scope of Work (Check All That Apply)					0.11							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	ovation olition			~	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure					
	Is Loc	ation					() and	1 14011-1 11	able Fit		ement	
Location of	Norn Used S	nally	7622.7901		scription					T)	pe I	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodia (1	nance/ al Staff? 2)		thermal surface			(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes N	o N/A		PIPE II	UCI II A	TION) I F	1	_	CD .	
DAGENENT		^			NSULA	ATION	50	D LF	X	-		
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	VICES	NJDEP W Hauler ID 003489	No.	Cubic of Was 6	0.0000000000000000000000000000000000000	Name of R				.4		
City, State MULLICA HILL NJ					al Date	City, State WAYNE			1			
Completed by RON SWANSON	Title GENER	AL MAN	AGER	S	ignature	Luxelbix	WO6		Date 05/03/	2017		

OLD

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

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r (2)	To be the second of the second		AY	1 7	2017	1	
	Committee of the commit	ASBI R	STOS LICE)L &	
	l Ta	lenhone N					
					_		4
Type of Facility School (K- Subchapte Other (i.e. etc.)	12) er 8 (Oth			uilding	gs, hor	nes,	
Square Feet 1391	# 0	f Floors		Bldg 87	. Age		
Current Use (P RESIDENT	ior if be	ing dem o	lished)				
of Abatement Co SURED ENVIE	ntractor RONMI	(9) ENTAL:	SER	VICE	SIN	D.	
Address CLEMS RUN							
State, Zip Code LLICA HILL No	0806	 2					
none No. -304-4676		Licen: e 01145					
of OSHA Monitor							
Address RT. 130 NOR	TH						
tate, Zip Code NAMINSON N	J 080	77					
Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	e cedure	1074			ure		
of					atemer Type	nt	
of Material (ACM) s insulation, T, or neous)	(8	mount Specify For LF)	Kemoval	Repair	Encapsulate	Enclosure	
ATION	5	0 LF	Х				

Date of Notification (1) 05/03/2017	101	Name HOV	of Building VARD CF	Owner/Op RESSMA	perator AN	(2)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IAY 1	7 2	017	
Agencies Notified Type Notification		Street	Address									
EPA Initial Amended Amendment	#		tate, Zip Co IAN NJ	ode				ASBI R	STOS			L&
DOH justification) Cancellation	ā — —		of Contact VARD CF	RESSMA	٩N		Tal	anhone N	Vumber			
G 2000 000 000 000 000 000 000 000 000 0		FAC	CILITY INFO	ORMATIO	N			-			_	
Name of Facility Where Abatement is Takin RESIDENTIAL	g Place (3)					Type of Facility	3 (
Street Address						School (K- Subchapte Other (i.e. etc.)	r 8 (Othe	er than K & comn e	(-12) ercial bui	ldings	, hom	es,
City (5) PITMAN						Square Feet 1391	# of	f Floors		3ldg. <i>1</i> 87	Age	
County (6) GLOUCESTER			Code (7) USE ONLY,		_	Current Use (Pr RESIDENT)	ior if bei	ng dem ɔ	lished)			
Name of Monitoring Firm Hired by Building ACER ASSOC.	Owner (8)	ASC	M No.			of Abatement Co URED ENVIR			SERVI	CES	INC	;.
Street Address 1012 INDUSTRIAL DRIVE						Address CLEMS RUN						
City, State, Zip Code WEST BERLIN NJ 08091						ate, Zip Code LICA HILL NJ	08062					
Project Manager for Monitoring Firm MATT DEPALMA			one No. 309-1202			one No. 304-4676		Licen: e				
Start Date (10) 05/15/2017	Scheduled 0 05/16/20		Date (11)		Name of EMS	of OSHA Monitor		-		-		
Occupancy Status During Abatement (Chec	k Only One)			;		Address	NAME OF THE OWNER, THE					
Facility Closed/Vacated During Entire I	Period of Abat	ement				RT. 130 NOR	ГН					
Abatement Performed Outside of Norm Other – Describe: RESIDENTIAL-VAC	CANT DURING	urs 3 REMOV	'AL	_ '		ate, Zip Code NAMINSON N	J 0807	77				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf												
≥160 sf or ≥260 lf	Jatuary .	vation olition				Full Containm Mini-Enclosu	е	Negati /e	e Pressu	re		
						Glovebag Pro Non-Exempte		d Non-Fri	able Pro	cedur	е	
	Is Loc	ation					1				ement	t
Location of	Norn Used So				ription				_	1)	ре	Т
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Mainter Custodia	nance/	Asbest (i.e.	os Contai thermal sy	ning Ma ystems	aterial (ACM) insulation,		mount pecify	N.		Enc	Ē
In Facility (13)	(1)			surfacir other mis			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
,	Yes N	o N/A							l a	=	late	ıre
BASEMENT		X	F	PIPE IN	SULA	TION	50) LF	Х			
Name of Registered Waste Hauler		NJDEP V		Cubic Ya		Name of	Register	red Lar	fill			
ASSURED ENVIRONMENTAL SEF	RVICES	Hauler ID 003489		of Waste 6	3	MINEF	RVA LA	NDFI .	L			
City, State MULLICA HILL NJ				Disposal 05/17/2		City, Stat		RG, 0-	1			
Completed by RON SWANSON	Title GENER	AL MAN	IAGER	Sig	nature	Luce De	XW99		Date 05/03/	2017		

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

Date of Notification (1)				L Mon	no of Build	ing Owner/Operato	- (2)		MAY	1 /	20	1/
5/12/1	7					ing Owner/Operato ver Estate	11 (2)					
Agencies Notified	Type Notificat	ion			et Addres			ASB	:510:	5 (7	INI	ROI
☐ EPA	Initial							l .	LICE			HOL
DEP DOL	Amended			City	, State, Zip	Code						
	Amendmer Emergency	y (includi	ng	_	llville, N				æd ·	*>-		
DOH DCA	justificato Cancellatio	n)		1	ne of Co	ntact		Telephone	Imher			_
	- Carlocilatio	71		Joe	Fauver					4		
				F	ACILITY IN	IFORMATION						
Name of Facility Where A Residence	Abatement is Ta	king Pla	ce (3)				Type of Facili	NS (NI)(S)))				
Street Address							Other (i.e.,	r 8 (Other than 3 private 8 comm :		ildings	S,	
City (s)							Square Feet	# of Floors		3ldg.		
Millville, NJ							1900 SF	2		lo yr	_	
County (6)				Co	unty Code	(7) (STATE	-	Prior if being der				_
Cumberland				US	E ÓNLY)		Residence					
Name of Monitoring Firm (8)	Hired by Buildir	ng Owne		ASCN	l No.	Name of Abaten AEi2, LLC	nent Contractor (9)				
Street Address						Street Address					_	
						361 E. Flemin	ng Pike					
City, State, Zip Code						City, State, Zi						_
						Hammonton,						
Project Manager for M	roject Manager for Monitoring Firm					Telephone No. 609-481-212	2	License No 00689				
Start Date (10)	I Sch	neduled (Comple	etion D	ate (11)	Name of OSHA	2012			_	_	_
5/22/17	1 (2)	7/17	Joniph	Cuon D	ate (11)	AEi2, LLC	VIOTITO					
Occupancy Status During						Street Address						_
Facility Closed/Vacate	ed During Entire	Period	of Aba	itement	t	361 E. Flemi			10176			
Abatement Performed Other - Describe: Se	Outside of Norn	nal Facili	ty Hou	ırs		City, State, Zip C Hammonton,						
Scope of Work (Check all												_
>3 sf or >3 lf >160 sf or >260 lf	шас арріу)	X R	enovat emolitic	ion on		Mini-End Gloveba	closure ag Procedure	legative Pressu e				
		l lo	Locati		Γ	☐ Non-Ex	empted (*) and I	Ion-Friable Proc				
		N	ormall	у					'	Abate Typ		
Location o Asbestos-Containing Ma	f iterial (ACM)		d Solel ntenar		Achae	Description of tos Containing Mate		Amount		7.	E	Ε
TO BE ABATE		C	ustodia			thermal systems in	nsulation,	(Specify	R e	R e	n c	n c
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)	m o	p	e p s	0
(*)VC2*					1	- HUMBER TOWN DOCUMENTS TO THE PARTY OF THE			v a	i	u 1	u
Daggerant		Yes	No	N/A X	****				1	150/10	a t	e
Dasement	Basement				HVAC	Ducts		75 LF	X		•	
		-										
Name of Registered Waste	e Hauler	_	I N	JDEP \	Naste I	Cubic Yards	Name of Reg	stered Landfill				
AEi2, LLC	o i idaloi		10,000	auler IC		of Waste		stered Landini				1
City, State			<u> </u>	1376		2 Disposal Data	TBD City State					
Hammonton, NJ						TBD /	City, State					
Completed By	Tit	le				Signature	1	Date				-
Wm. Minnick	F	rogran	Mgr			Villan -	Mm	5/12/	7			
B-41												

										E	(G			W	
				State	of New Jer	sey		_							<u>ק</u>
pject #		NO	TIFICA	ATION OF	ASBESTO	S ABATEI	MENT		Check	# : /			_		┙
ijeot ii									111		$M\Delta Y$	1	1	2017	4
ate of Notification (1)					uilding Own										ķ
5/12/2017					Hathaw	ay Home	e Servi	ces	1 1	QE 5	ESTC	10.0	201	ITO	0
gencies Notified	Type Notification	1		reet Add					1	OLIE			ISIN		U
EPA	■ Initial			4 Sout							-	1			=
DEP	Amended		10000		Zip Code	0									
DOL	Amendmer Emergency	y (including		ame of C	vn, 0795	0			Telepho	ne l lu	ımber				
DOH	justification	1)	1000		Knight										
DCA	Cancellation)[]	170	FACILI	TY INFORM	IATION									_
ame of Facility Where	Abatement is Tak	ing Place (3)					Type o	Facility (4)						
ouse	Management Cons	- 1935					S	chool (K-12	()	on I	12\				
reet Address			100					ubchapter 8 ther (i.e. pr	ivate & co	mm ir	cial bu	ilding	gs, ho	mes,	
reet Address							e e	c.)					. Age		_
ity (5)							Square	Feet	# of Flo	ors		Diug	. Age		
Dover, NJ					1.0			(2.1	if haine s	lom di	iched)				-
ounty (6)				County Co	ode (7) SE ONLY)		Currer	t Use (Prio	r it being c	letti ili	isi ieu)				
omerset			(STATEUS	EUNLT) _			ement Con	tractor (9)						-
ame of Monitoring Firm	n Hired by Buildir	ng Owner (8)		ASCM	No.										
			N.					ration LL	.0						-
treet Address						1	et Addres								
							State, Zi			_		_			-
ity, State, Zip Code						100		NJ 0786	a						
625A				T.1	e No		ephone No		Li	cen se	No.				_
Project Manager for Mo	nitoring Firm			Telephon	e No.	1	933-25		0	1133					
		1 Cabadul	od Com	npletion D	1ate (11)			A Monitor							_
Start Date (10)		1		ipietion L	/ato (11)	IRIS	S								
5/21/2017		05/22/2					et Addres	ss							
Occupancy Status Duri				orania A		233	33 Rt 22	West							
Facility Closed/Va Abatement Perfor	cated During Ent	ire Period of a	Abaten v Hours	nent S		City	, State, Z	ip Code							
Other – Describe:	- Catalac of 1	TOTTION TO STORY				- Uni	ion, NJ	07083							_
Scope of Work (Check															
	/ai macrippiy		Renova	ation			- Fu	II Containm	ent with N	ega iiv	ve Pres	ssure	3		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1		Demoli				01	ni-Enclosur ovebag Pro	codura						
							I No	n-Exempte	d (*) and l	Non F	riable	Proc	edure		_
			s Locat	tion								,	Abate Ty	ment oe	
r a consensa	200 Word #	1 '	Norma			Descrip	tion of				-		Ť		
Locat Asbestos-Containi	ion of ng Material (ACM		ed Sole		Asbesto	s Containir hermal syst	ng Materia	I (ACN)	2.30.00	our . ecif /		고	71	Encapsulate	
TO BE A	ABATED		stodial		100	surfacing.	VAT, or			or L i)		Remova	Repair	sqe	
	acility 3)		(12))	0	other misce	ellaneous)				val	=	ılate	
	92549	Yes	No	N/A			77 - 1 - 1 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1							1000	-
			x		TSI				60 LF			X			1
Basement area			1	+	1										
			-	+											Ī
										_	-				1
								Lu	of Register	ed a	ndfill				1
Name of Registered V	Vaste Hauler			NJDEP V Hauler ID		Cubic Yar of Waste	rds	1000000		euld	raill.				
Nick Restoration				003378		TBD		G.R.O	.W.S						
			- 1	000010	-	Disposal I	Date	City, St							
City, State Randolp	oh, NJ					TBD		Tullyto	yyn, Pa		1 =				_
Completed by		Title)			Sign	nature)	1/01	lid		Date		2047	•	
Completed by		1	siden	2			TAIL	10 1	1000	U	100/	12/2	2017		

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

Da	ate of Notif	ication 5/9/1	7	Name Infine		Owner	/ Operator (2)				MAY 1	7 2017
Agenci		Type of Noti		Street	Address	5				00		
	EPA DEP		gency Notifica		E. Linden				The state of the s	1.58		CONTROL
Х	DOL		Notification ded Notification		State & Zip C en, NJ 070						And the state of	10717 413
X	DOH		ellation		of Contact	00				-	Tolophor	ne Niimher
Λ.	DCA	Odrio	Cilduoii		McNeill					- 1	relemma	IE MITTINES
				FA	CILITY INF	ORM	ATION					
Name o	of Facility V		nent is Taking			Тур	pe of Facility (4)					
Stroot /	Address	Intineun	n Main Entra	ance		4	School (K-12)	O4h 4h -	- K 40)			
oli eel 7	ndui 635	1900	E. Linden Av	/e		х	Subchapter 8 (Other (i.e., priv			ıildir	ngs, home	es, etc.
						Sqı	uare Feet	# of Floo	ors	E	Bldg. Age	
City (5)			County (6)	County C	ode (7)		50,000		1		8	÷0
	Linde	n	Union				rent Use (Prior i	100	emolished))		
							troleum Produ	uction				
	of Monitorin nmental		by Building O	wner (8)	ASCM No.	× 1000000000000000000000000000000000000	me of Abatemen					
Street A	Address						eet Address			_		
	ad Street					443	Schoolhouse	e Road				
	ate & Zip C						, State & Zip Co					
	an, NJ 07		F:	I - 1 1			nroe Townshi					
Fom G		or Monitoring	Firm	Telephone 732-290-2		- 1	ephone Number 2-605-9062		Licer	ise N	lumber 00714	
Schedu	led Start D 5/11/17	3330 350	cheduled Cor	npletion Date	e (11)	0.000	ne of OSHA Mor					
	ncy Status	During Abat	ement (Check	only one)		_	bal Abatemer eet Address	it Service	es, LLC			
			uring Entire P				Schoolhouse					
	oatement F escribe:	erformed Ou	tside of Norma	al Facility Ho	ours -	NOT	, State & Zip Co					
	ther - Desc	ribe:				Mo	nroe Townshi	p, NJ 08	3831			
Scope o	of Work (Ch	neck all that a	ipply)									
De	emolition		X Renovati	ion			Full Conf	tainment	with Nega	t ve F	ressure	
	rge Projec						Mini-Enc	losure				
		3 SF or ≥ 3					X Glovebag					
Qı			260 LF ACM				Other:	Non-fria	ble			
		ocation of os-Containin	_	Is Location			escription of		Amour			ment Type
		erial (ACM)	9	Normally U Solely by			estos-Containing aterial (ACM)		Specif) Square Fe			/: Removal, epair,
		BE ABATED		Maintenanc			thermal systems		Linear Fe			sulation or
	ir	Facility		Custodial St			on, surfacing, V					closure)
		(13)		(12)	8	or oth	er miscellaneous	5)				
	Mair	Entrance		N/A			TSI Pipe		16 LF		Rei	moval
		d Waste Hau	ler	NJDEP Was		#	Cu. Yds. of Wa	aste 1	Name of R	gist	ered Lan	dfill
	ld Cartag	е			18693		2	(Cumberla	nd (County	
ity, Sta	te ehold, N	J					Disposal Date 5/12/17		City, State Newburg	РΔ		
		nt or Type)	Title				Signature	1,	urg			Date
	inick Trin		Manage	r			Dominick Tr	ingali				5/9/17

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

			(Furs	uant to	MONO	3.00 0.10			9 6	U U		-
Date of Notification (1)			N			wner/Operator (2)					
05 /	09 / 1	17		В	eth Frede	Prick			AY 1.	20	17_	1
Agencies Notified	Type Notificatio	n	S	treet Ad	dress							100
⊠ EPA								- Kode 5	STOS C	CINIT	301	2
□ DOLWD	Amended Amendment	#	C		e, Zip Cod				LICENS		101	٦
□ DHSS □ DHS	Emergency	100 mm				y NJ 08204		Secretary of the second				=
☐ DCA (NJAC 5:23-8)	justification)		N		Contact			Telephone Num	ibei			
(110710 0.20 0)	☐ Cancellation	ו		Beth I	Frederick	(\dashv
				FACIL	ITY INFO	DRMATION						_
Name of Facility Where	Abatement is Tak	king Place	(3)				Type of Facility					
Resident		200					School (K-1	8 (Other than K-	2)			
Street Address							Other (i.e.,	private and comn e	ercial buil	dings,		
Circumianoco							homes, etc	i.)				_
City (5)							Square Feet	# of Floors		g. Age 921		
Haddonfield, NJ							1,316Sf	2 Floors		921		_
County (6)				County	Code (7)(S	STATE USE ONLY)		Prior if being dem	lished)			
Camden COUNT	Y						Resident					_
Name of Monitoring Fire		ng Owner (8) F	ASCM N	0.	Name of Abatem			_			
Traine of montering	5.	6				Graham-Tec	h Environme	ntal Service, LI.	C.			_
Street Address						Street Address						
Our cot / tau i ou						14 Read Driv						-
City, State, Zip Code						City, State, Zip C						
0.1,						Sicklerville,	NJ 08081					_
Project Manager for Mo	onitoring Firm	**	Tele	phone N	lo.	Telephone No.		License No				
						856-318-134		01158				_
Start Date (10)	S	cheduled C			- (/	Name of OSHA		1-1 Oi	1.0			
05 / 22	/17	05 /	_ 25	_ / _			h Environme	erital Services, .	LU.			_
Occupancy Status Dur		Check only	one)			Street Address						
☑ Facility Closed/Vac	ated During Entire	e Period of	Abate	ment		14 Read Dri						_
☐ Abatement Perform	ed Outside of No	rmal Facili	ty Hou	rs - Desc	cribe	City, State, Zip (
Time of Abatement	: <u>7</u> AM- <u>11:30</u> PM	/PIV		_AIVI		Sicklerville,	NJ 08081					-
Scope of Work (Check	all that apply)						ntainment with	Negative Pressur :				
		⊠ R	enovat	ion		☐ Mini-E	nclosure					
			emoliti	on		Gloveb	ag Procedure	Non-Friable Proce	edure			
ш				.,		☐ NOII-E	kempled () and	Tredit i habio i ion	I At	atem	ent T	vpe
			s Loca Norma			Description	n of			1		
Locat Asbestos-Containi	ion of no Material (ACN		sed Sol	lely by	Asbe	stos Containing I	Material (ACM)	Amoun (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE A	ABATED	14	lainten	ance/ Staff?	(i.e	., thermal system surfacing, V/	ns insulation, AT or	SF or LF)	oval	=	nsq	sure
	acility 3)		(12		1	other miscella	neous)				ate	
ζ.	0)	Yes	s No	N/A						+=		
Attic		П			Asbest	os Vermiculite	}	600SF	X		Ш	
Attic												
				-	1					П	П	П
											1	1
Name of Registered \	Naste Hauler			NJDEP		Cubic Yards of		Registered Landfil	11 0 T!		-	
Graham-Tech E	nvironmental \$	Service, I	LC	Hauler I		Waste		W. North Land	iii & Iuli	ytow	11	
				0034	000	Disposal Date	City, State	3 /				
City, State 14 Read Drive S	icklerville. N.J	08081					1513 E	Brodentown Rd.	Morrisv	nile,P	A	
		Title				Signature		2	Date			0
Completed By (Print			ident			WAL	100	MM	0	-10	1-1:	1
Vernice Graham	1	F162	MOIIL			1 40	MAK	-1000				

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

ASB-41 MAY 11

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

									1.5	1			-1	111
Date of Notification (1) 04 /	17 / 1	7		N		Building O	wner/Operator (2)	Section 1	MAY	172	1017	1	4
Agencies Notified EPA	Type Notification	n		S	treet Ac		vr Avenue Sui	te 286		ASBEST OS	CON NSIN	TRC	 L&	
☑ DOLWD ☑ DHSS	Amended Amendment Emergency		dina	C	-	e, Zip Cod Mawr Pa								
☐ DCA (NJAC 5:23-8)	justification)		9	N	lame of Gary	Contact Toll			_ Te	elephone Nu 1b	er		_	
					FACII	LITY INFO	ORMATION							_
Name of Facility Where	Abatement is Tak	ing Pl	lace (3	3)				Type of Fac						
Fomer Office Buil	ding							School (I	ter 8 (C	Other than K- 2)				
Street Address								Other (i.e	e., priva	te and commerc	cial build	dings,		
222 Cameron Dr	ive							homes, o		# of Floors	Bldo	g. Age		\dashv
City (5)	9965							132,000s		4 Floors		913		
Phillipsburg NJ 0	0000				County	Code (7)(3	STATE USE ONLY)	Current Use	(Prior	if being demi lis	hed)			
Warren COUNTY	1					(N		Office B	uilding	g				
Name of Monitoring Fir		ig Ow	ner (8)) A	SCM N	0.	Name of Abateme							
Traine or memoring							Graham-Tecl	n Environm	ental	Service, LI.C.				
Street Address				-			Street Address							
E							14 Read Driv							
City, State, Zip Code							City, State, Zip C							
3.7							Sicklerville,	NJ 08081						_
Project Manager for M	onitoring Firm			Telep	hone N	0.	Telephone No.			License No. 01158				
							856-318-134			01156				-
Start Date (10)					ion Date		Name of OSHA		nontal	Services, L	C			
04 /26					_ / _	11_		H EHAHOIM	- ICITUAL					-
Occupancy Status Dur	ring Abatement (Cl	heck o	only or	ne)			Street Address	10						
☐ Facility Closed/Vac	ated During Entire	Perio	od of A	baten	nent - Desc	rihe	14 Read Driv							\dashv
Time of Abatement	t: 7AM-11:30PM/	man	PM-	1 lour.	AM		Sicklerville,							
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(all that apply)	-	⊠ Rer □ Der				☐ Mini-En	closure ag Procedure		tive Pressure -Friable Procedu	ıre			
			le	Locat	ion			omptod () di	T			ateme	nt Ty	ре
Asbestos-Containi TO BE A	ion of ing Material (ACM) ABATED acility 3))	Use Mai	lorma d Sole ntena	lly ely by		Description stos Containing M , thermal systems surfacing, VA other miscellan	laterial (ACM s insulation, T, or)	Amount (Specify SF or LF	Removal	Repair	Encapsulate	Enclosure
(,			Yes	No	N/A									
1st , 2nd, 3rd and	4th floor						os Floor Tile			67,000S =				
1st and 2nd Floor				\boxtimes		Asbesto	os Pipe Insulat	ion		1150LF				
											ᆜᆜ			
													Ц	Ш
Name of Registered \ Graham-Tech E		ervic	e, LL	1.	JDEP V Hauler II	D No.	Cubic Yards of Waste	G.R.C	D.W. N	ered Landfill orth Landf II	& Tully	/tow	1	
City, State 14 Read Drive S	icklerville, NJ 0	8081	l				Disposal Date	City, Sta 1513		entown Rd. M	orrisvi	lle,P	A	Tana da
Completed By (Print Vernice Graham	or Type)	Title		ent			Signature	12	Ul	M [Date 5.0	7-	17	-
							-	10						

May 12 2<mark>0</mark>17 11:00am

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

Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975

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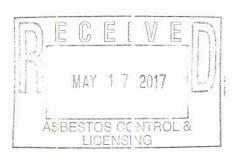
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES	19/
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.	
VO CY	!U1/
0.047	
Date of Notification: 5 12 2017 ABESTOS CON LICENSING LICENSING	
A filling Difference	3
Type of Work: Demolition Renovation	
THE REPORT OF THE PROPERTY OF	
Name of Building Owner/Operator: Dawn Whiton	
Street Address: 412 Deaborne Avenue City: Blackwood State: NJ Zip: 08012	
Name of Contact: Dawn Whiton Telephone N	
THE REPORT OF THE PROPERTY OF	
Name of Facility Where Work Activity is to Take Place: Whiton Residence	
Describe Facility Use: Residence	
Street Address: City: Blackwood State: NJ Zip: 08012	
County Code (State Use Only):	12
Scheduled Start Date: 5 / 16 / 2017 Scheduled Completion Date: 5 / 17 / 2017	
Occupancy Status During Activity (check only one):	
☐ Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe:	
Other—Describe:	
Scope of Work (check all that apply):	
Square Footage: 240 SF Policy Ray 2 950 Store Square Footage: 240 SF	
Mastic Square Foreign.	
AND THE STATE OF THE PROPERTY	
Company Name: Shade Environmental, LLC Tolophone No.: 856-75t -0099	
Street Address: 623 Cutter Avenue City: Maple Shade State, 140 Zp. 50000	
New Jersey Asbestos License Number (If applicable): 09842	
Monitoring Firm (if applicable): Mgmt. & Enviro, Consulting Services Tolephone No. 609-291-4070	
Completed By (type or print legibly): Christina Lynch Title: Vice President of Oper: tions	
Signature:	
alog f New	

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

200		NOTH	(Purs	suan	t to	NJAC 8	3:60 and 5:16))							
O (1)			1	Vame	of B	uilding Ov	vner/Operator (2)	1	1 1. N	AY	17	2017	7	1
5 /	12 / 17	7		Nev	v Je	rsey Am	erican Water	Con	npany	<u> </u>					1
Agencies Notified	Type Notification			Street						ASBE	STOS	CO	VITR	OL 8	8
⊠ EPA	☐ Initial					aurel Oa				7,002	LICE				
□ DOLWD		#1	1			, Zip Cod									
⊠ DOH						es, NJ (J8U43		TT	elenhone Ni	mber				
☐ DCA (NJAC 5:23-8)	justification)	-				Contact	2011 Contracti	na	***						
V	☐ Cancellation						3&H Contracti	119						_	
				FA	CIL	ITY INFO	ORMATION	Tyn	e of Facility (4)		-				
Name of Facility Where	Abatement is Taki	ng Place	(3)						School (K-12)						
Vacant Residence				125110					Subchapter 8 (C Other (i.e., priva	Other than K	·12)	l buildi	nas		
Street Address									Other (i.e., priva homes, etc.)	ite and com	Hercia	Dulla	ngo,		
30-32 Lakewood R	oad									# of Floors		Bldg.	Age		
City (5)									,000	2		80			
New Egypt				Col	untv	Code (7)(9	STATE USE ONLY)		rrent Use (Prior	if being den	olishe	d)			
County (6)				Col	лпц	Code (1)(c	,,,,,,,		Residential				5-5-		
Ocean	ew Egypt inty (6) incean ine of Monitoring Firm Hired by Building Ow Igmt. & Environmental Consulting Seet Address O Box 341 If, State, Zip Code Chesterfield, NJ 08515 Diject Manager for Monitoring Firm Bill Weisgarber art Date (10) O4 / 24 / 17 O5				/ No		Name of Abatem	ent C	Contractor (9)				7.5		
Name of Monitoring Firm	n Hired by Building	g Owner (0)	ASU	VI INC		Shade Envir	onm	nental, LLC						
Mgmt. & Environm	mt. & Environmental Consulting Convers														
Street Address							623 Cutler A	ven	ue	-					
							City, State, Zip C	ode							
	0545						Maple Shade		J 08052						_
	ies Notified A A A A A A A A A A A A A A A A A A A		Tele	phon	e No).	Telephone No.			License N	1.				
	5			609-298-4070 856-755-0099 00842											
	DADLEWD DH DH DA				Date	(11)	Name of OSHA								
		05 /	1	9	_	17_	EMSL Analy	/tica	I, Inc.						-
Occupancy Status Duri	ng Abatement (Ch	neck only	one)				Street Address	00 1	ماشدها						
M Facility Closed Nac	ated During Entire	Period of	Abate	ement	t	.,	200 Route 1								
Abatamant Parform	ed Outside of Nor	mal Facili	y not	115 - L	1620	M	City, State, Zip Cinnaminso								
										ti Dragge	••				
Scope of Work (Check	all that apply)	17 -12 1-171-		ww			⊠ Full Co ☐ Mini-E	ntair	nment with Nega	ative Plessu	6				
≥3 sf or ≥3 lf			enova emolit				Clovet	an F	Procedure	E-i-bla Dec	andur				
≥160 sf or ≥260 lf			Cirion				☐ Non-E	xemp	oted (*) and Nor	1-Friable Pit	Cedure	Λha	teme	nt Tv	vne
			s Loc												
Locati	on of	[]s	Norm		ov	Ashe	Description stos Containing	Mate	rial (ACM)	Amou		Remova	Repair	Encapsulate	Enclosure
Asbestos-Containi	23 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) Location of Location o				/	(i.e	thermal system	ns ins	sulation,	(Speci SF or L		ova	=	psu	sure
	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility						surfacing, VA other miscella	AI, O	is)	0. 0	,			ate	(0
(1	3)	Yes	(1)		N/A		***************************************		Ø						_
]	Stucco				1,850	3F				
						Stucco				540 \$	F				
Garage Exterior				-											
				L											
							Ouble Verde	f	Name of Regis	stered Land	ill				-
Name of Registered V	Naste Hauler					Waste D No.	Cubic Yards of Waste	ı	GROWS N						
					5939		40		City, State						
City, State							Disposal Date		Morrisville	e, PA					
							05/19/2017		BIOTITOVIII		D:	ate			
	or Type)	Title					Signature				1	5/12	1=	7	
1 20 35		Vice	Pres	iden	t of	Operation	ons (M	DK.				0/10	/ 1	(

									r					Pr	int Fo
C16 41055			CATION	OF ASB	w Jersey ESTOS ABA 8:60 and 12				the straight of the straight of the			G			W
Date of Notification (1)		T	Name o	f Building	Owner/Oper	ator	(2)				_ N	AY	1	7 %	0171
05/11/2017					oup-Kean I			s LLC	Contract	ld L.					
Agencies Notified Type Notification	ı		Street A	ddress					1	L					
⊠ EPA ☐ Initial		L		Morris A						AS	BES	31(OS (CEN	ON	TROL
EPA Initial DEP Amended DOL Amendmen	. 4.0		0.00	ate, Zip Co					_			LIV	/LIV	Clia	2
Emergency				, NJ 070	083				77 1						
DOH justification			Mike I	f Contact Fader					Lei	enhone N	lun b	er			
_ Caricellation			THE PERSONS	27/19/2007	ORMATION							_		-	
Name of Facility Where Abatement is Taking		3)				T	Туре	of Facility (4)							
Kean University Freshman Resid	ence							School (K-12)							
Street Address								Subchapter 8 Other (i.e. pri				huile	linge	hom	20
1000 Morris Avenue			LEAST WAY					etc.)	ate c	x comme	TOR I			V	33,
City (5)							Squa	e Feet	# of	f Floors			ldg. A	ge	
Union				o									5+		
County (6) Union			County (Code (7) USE ONLY	2			nt Use (Prior m Rooms	if beir	ng demol	ish e	1)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN			amo :		tement Contr	actor	(0)					
Health and Safety Services	Owner (6)		ASCIN	i NO.				prises, Inc.		(5)					
Street Address							Addres	•							-
PO Box 365							ah Road								
City, State, Zip Code				Cit	ty, St	tate, Zi	p Code			_		-	1		
Berlin, NJ 08009				E	gg I	Harbo	or Townshi	p, N	J 0823	4					
Project Manager for Monitoring Firm		Telepho	ne No.	Te	lepho	one No),		License	Nt.					
James Proctor			856-4		09-5	567-1	250		01172						
Start Date (10) 03/17/2017	Schedul 05/19/		npletion I	Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			A Monitor Safety Serv	rices	s, Inc.					
Occupancy Status During Abatement (Che	ck Only Or	ne)	Street Address												
Facility Closed/Vacated During Entire							30x 3	- C. 100 / C			- 12%				
Abatement Performed Outside of Norm Other – Describe: Vacant	nal Facility	/ Hours	5					p Code							
Scope of Work (Check All That Apply)						seriii	n, NJ	08009							
23 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				XXX	Min	Containment i-Enclosure vebag Proce n-Exempted (dure	5				e	
	Is	Locati	on						V10-1-1/1			2.50	Abate		
Location of	1	Normal d Sole	ly		Descrip								Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	intenar	nce/		tos Containir thermal syst					mount Specify		D.		Enc	ш	
In Facility	todial 5 (12)	Staff?		surfacing,	, VAT	r, or			or LF)		Removal	Repair	Encapsulate	Enclosure	
(13)	1,-/	_		other misce	ellane	eous)					val	air	ulat	ure	
Yes			N/A								<u> 130 (41</u>			(0	
Child Study	Child Study				Transit	t Pip	ре		3	30 If		X			
Child Study			X		Transit T	rans	som		12	20 sf	2	X			
South Building			Х		Transit	t Pip	ре		6	65 If		Х			
South Building			Х		Transit T				10	00 sf	-	X			
Name of Registered Waste Hauler				/aste	Cubic Yard		20111	Name of Re							
Site Enterprises Inc.	- 1000	auler ID 035220	Tullytown Landfill												
City, State			Disposal D	ate	West to a	City, State			1182						
6626 Delilah Road Egg Harbor Tov			05/19/20	-		Bristol, P	Α								
Completed by				Signa	ture	11	^		Da' 9						
Eric Keys	OM				(L	1	140			05/	11/2	2017		

82 878		Locatio		Description of				ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenan todial S (12)	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		. 0		-	0	-
East Building			X	Transit Pipe Transit Transon Transit Pipe Transit Transom	70LP	X		-	-
East Building			X	Transit Transon	80 s f	×			-
North Building			X	Transit Pipe	801F 1005F	X			+
East Building East Building Worth Building North Building			ス	Transit Transom	10051	x	_		+
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NO CK			CATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 ar	ABATE			P 70) <u>E</u>	(²			\mathbb{V}	
Date of Notification (1)				f Building Owner/		SALES SEE	00000 Breat			MIY	1	7	201	7
05/10/2017			11 11 11 11 11 11 11 11	dent Group-Ke	ean Pro	perti	es LLC	11-3	6.2					
Agencies Notified Type Notification	1		Street A											
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X EPA	+#2			ate, Zip Code						_ L 11)EI	VSII	VG	-
Emergency	the state of the s	-		f Contact				7.1	enhone N					
DOH justification Cancellatio				Fader				I I AI	ennone i	NIIN DE	er.			
_ ben			-	ILITY INFORMAT	ION	-							-	
Name of Facility Where Abatement is Taki	ng Place (3)		in the standard	1011	Туре	of Facility (4)						
Kean University Freshman Resid	ence					П	School (K-1	2)						
Street Address							Subchapter	8 (Oth						
1000 Morris Avenue						\times	Other (i.e. p etc.)	rivate 8	& comme	ercial b	uild	lings,	home	es,
City (5)						Squa	are Feet	# of	f Floors		BI	dg. A	ge	
Union												5+		
County (6)				Code (7)			ent Use (Prid		ng demo	lish ad)			
Union			\$%	USE ONLY)			rm Rooms							
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	И No.	10,000,000,000		atement Con		(9)					
Health and Safety Services							rprises, In	С						
Street Address						Addre	770							
PO Box 365	1400 / S. Y.			5-20-20-20	200000000	ilah Road								
City, State, Zip Code Berlin, NJ 08009							Zip Code or Towns	nin M	10000	1				
Project Manager for Monitoring Firm			Telepho	ne No	-			lip, iv	License					
James Proctor			(3)	52-1311	100	Felephone No. License No. 01172								
Start Date (10)	Schedul	ed Con	ompletion Date (11) Name of OSHA Monit						02					
03/17/2017	05/19/						Safety Se	rvices	s, Inc.					
Occupancy Status During Abatement (Che	ck Only Or	ne)			Street	Addre	SS	-						
Facility Closed/Vacated During Entire	Period of	Abatem	ent		PO	Box 3	865							
Abatement Performed Outside of Nor	mal Facility	/ Hours	i				ip Code							
Other - Describe: Vacant					Berl	in, N	J 08009							
Scope of Work (Check All That Apply)						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			<u> </u>	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure	,				е	
	le	Locati	on					-				Abate	ment	
Location of	1	Normal	ly	De	scription	of	1			0		Ту	ре	
Asbestos-Containing Material (ACM)		ed Sole intenar		Asbestos Con	taining N	//ateria			mount		7		En	Ш
TO BE ABATED In Facility		todial S			cing, VA	T, or			pecify or LF)	ć	Remova	Repair	Encapsulate	Enclosure
(13)		(12)		other	miscellar	neous)				2)Va	ai.	sulai	Sure
	Yes	No	N/A							1001211			le	
West Building			X Crawl Spa			Tunn	el	-	rBD	Х				
West Building			X Fittir			3			ГBD	X				
West Building			X Bathroor			50 G-8		-	ГBD	X				
							ol .				-			- jare-v
East Building lame of Registered Waste Hauler		T N1	JDEP W	Crawl S	Yards	runn	Name of F		TBD	Ifill X	1			
			auler ID							ann)				
Site Enterprises Inc.		0	035220				Tullytov		nunii					-101
City, State				100	sal Date		City, State							
626 Delilah Road Egg Harbor Tov		٧J			9/2017		Bristol,	PA						
Completed by	Title		8	Signature	1/-				Date:	0/0	017			
Eric Keys	OM			(0 .	WA.	0			05/1	UZ	UTI		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	1	Locatio	y	Description of				ement pe	
TO BE ABATED In Facility	Ma	d Solel intenan odial S (12)	ce/	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			=		ate	ei ei
Fast Building			X	Fitting	TBD	X			
Fast Building			×	Bothroom Wells Windos	1600 s F	X			
Child Study			X	windows	1381st	x			
Child Study			X	Fittings	151	X			
North Rivilding			χ	Crawl Spece Tunnel	737	>			
Noth Rillars			X	Sittle 5	131		1	-	
North Buildie			¥	Bothown wells	-12D	X	-		
Nixth Building			10	IN MY MAN	1960sf	X		1	
S-141 Billion	1		X	crewl Spece Three	730	x		<u> </u>	
Soots Tollary			X	Fitting	T-2%	X			
2014			X	Rothon Wells	TBU	X	-		
South Building		212	- X	Windows	1600SF	7	1	<u> </u>	
Dough Dough			/~		1,000	—	T	1	
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					LIC	ENS	ING	ì	

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

Date of Notification (1) 5/11/17		T	Name of	Building (Owner/C	Operator	(2)				714	ų C	9 0	_4)	1/
Agencies Notified Type Notification X EPA X Initial			Street A	ddress						ASE			S CC ENS		ROL
DEP Amended Amendmen Emergency		_ [ite, Zip Co d Park N		407									
X DOH justification DCA Cancellatio)		Phil	f Contact					l Tel ⊒.	enhona N	ur h	3.5			
Name of Facility Where Abatement is Taki house Street Address	ng Place (3)		FACI	LITY INFO	DRMAT	ION	Тур	School (K-12 Subchapter Other (i.e. pretc.)	2) 8 (Oth			uild	ings,	home	es,
City (5) Park Ridge					OMITICAL TO		Squ 230	are Feet	# o 2	f Floors		BI 6	dg. A 8	ge	
County (6) Bergen			County (Code (7) JSE ONLY)			Curi	rent Use (Prio	r if be	ing demoli	ist ad)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	1 No.				atement Control			 _C		1		
Street Address						Street 4		ess Drive, PO	Box	483					
City, State, Zip Code						10 TO		Zip Code d, NJ 074	18						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-7		No. -2276		License 703	N ı.				
Start Date (10) 5/20/17	Schedule 5/31/17		npletion (Date (11)		Name	of OS	SHA Monitor							
Occupancy Status During Abatement (Che			2000000			Street	Addr	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:					_	City, St	tate,	Zip Code				-	2		
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	enova emolit				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure					9	
		Locati			_			2.0	7 / 4.	3 1 1 3 1 1 1			2123	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	d Sole ntenar odial S (12)	ly by nce/		os Con thermal surfa	scription taining M I systems cing, VA miscellan	fateri s insu T, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
exterior - roof	163	140	X		r	oof/felt			1,0	000 SF	- x	- 77			
Name of Registered Waste Hauler		N	JDEP W	aste.	Cubic	Yards		Name of F	Registr	ared Land	fill				
Freehold Cartage		Н	auler ID 5939	2.64	of Wa			Cumber	land			. 9	A 14		
City, State Freehold NJ			114		Dispo TBD	sal Date		City, State Newbur					V. 100		
Completed by A. Scott Higgins	Title Presid	dent			8	Signature)	Ar		1.00	Da e 5/11	/17			

NO CK			(Fu	Suc	2111	ro N	I.J.A.	<u>c.</u> 8:60 ai	nd 12:1	120)	ME	CE	3 1	\\//	E
Date of Notification	0.300.500			N	lame	e of B	uilding	Owner / Ope	rator (2)	-		<u> </u>	5 U	\ <u>N</u>	IS
Agencies Notified	2/2/17 Type Notific	ration		V	ER	ZON	COM	MUNICATIO	ONS						
⊠ EPA	Type Nounc	Jation				t Addi		venue				MAY	17	201	7
☐ DEP		al					& Zip C								
□ DOL	☐ Ame	ended #5-5/1	0/17				ew Je				ASRE	STOS	001	VITO	01
□ DOH □ DOH		ergency		N	ame	of Co	ontact				AUDE	Helep			
☐ DCA	☐ Can	cellation		Α	lex	Baylo	or					- In cich	попе	Nur	пре
None of Early May					FA	CILIT	Y INFO	ORMATION	I					-	
Name of Facility Wh Humboldt Centra	nere Abatem	ent is Taking	g Plac	ce (3)				Type of Fa							
Street Address	- Onioc								ol (K-12)	· · · ·	24002000				
67 Bloomfield Av	enue							☐ Subcr	napter 8 (Other than	K-12)			V	
								Square Fe	ot ot	# of Floors	ercial build	ings, ho	mes,	, etc.)
City (5)		County (6)		Cour	ntv C	ode (7)	465		The state of the state of the		3Idg. A		22	
lewark		Essex			, -	(• /	the same of the sa		f being dem	4	l	7	5	
								COMMUN			iolisnea)				
lame of Monitoring I	Firm Hired b	y Building O	wner	(8)		ASC	M No.			t Contractor	- (0)				_
ISA ENVIRONME	NTAL MA	NAGEMEN	Т	/		.55	110.	BRISTO	ENVIR	ONMENTA ONMENTA	(a)				
treet Address	- 41/-							Street Add			160				
436 ENTERPRISE								1123 BEA	VER ST						
ity, State & Zip Cod	ate & Zip Code DELPHIA PA 19153							City, State	& Zip Co	de					
roject Manager for N		irm	T	lost		1 1	(2006	BRISTOL	, PA 190	07					
ARK JENKINS	violitoring F	1111		5-36		Numbe	er	Telephone	License	lumber	i i				
cheduled Start Date	(10)	Scheduled C						215-788-6				005	09		
ON Site 5/1/		On sit	e 5/1	1/17	- 5	(11) (16/1	7	Name of OS BRISTOL			1 1110				
ccupancy Status Du	ring Abatem	ent (Check	only (ne)				Street Addr		MINICHIA	LINC	-	~ / /		
Facility Close	d/Vacated D	uring Entire	Perio	d of	Abat	emen	t	1123 BEA		REET					
	erformed Ou	tside of Norr	mal H	dours	- 7a	am to	3pm	City, State 8							
Describe: 5	:00 PM -1:	30 AM						BRISTOL,	PA 190	07					
Facility Occup	ied During A	Abatement						,							
cope of Work (Check	k all that app	oly)										A			
≥3 sf or ≥3 If				1 5					⊠ F	ull Contain	ment with N	l egative	Pres	ssure	9
≥160 sf ≥260 l	f		\succeq			ation				/lini-Enclose					
				J D	emo	lition				Blove Bag P					
Loca	ation of			s Loc	ation	,		Deservation		lon-Exempt	ed and Nor				
	-Containing		110	rmall	-			Description Asbestos-Con			Amount	Aba	ateme	ent T	уре
	al (ACM)			Solel	y by			Material (A		1 0	(Specify SF or LF)			m	
	ABATED		Ma	intena	ance	or	(i	.e., thermal s	systems		0. 0. 1.	Re	R	inca	_ E
	acility 13)		Cus	todia		iff?	ins	ulation, surfa	cing, VA7	Г		Remova	Repair	sde	Elicisonie
X	,		Yes	(12 No		I/A	OF	other miscel	laneous)			/al	=:	Encapsulate	LI'e
Floor Generator	Room			1		1	Fxh	aust duct i	neulatio	n	EECE	1			
d Floor Generato	ator Room							55 SF 150 SF		뭐	님	L			
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RVICE TRANSPO	RT GROU	P, INC.		2	099)	3	11.000	MINER	VA LAND	FILL				
, State	0705						Dis	posal Date	City, Sta	ANT-CONTRACT PROPERTY					
W CASTLE, DE 1											OH 44688	3			
mpleted By (Print or	Type)				tle		Sig	nature				Date			
TRICK T. DECAR	U			P	RO.	. MG	R.	atrick	11.15	L Caro /-	fl	2/2/17			
17010				1				-/-	, ,	10					

		(P	ursuan	oly Or	J.A.C	3E31U8 <u>C.</u> 8:60 a	ABAI	EMENT			E	7.7.11	n r
Date of Notification	(1)	•								G	<u>E</u>	U V	16
Agencies Notified	2/2/17		VE	RIZON C	COMI	Owner / Op	erator (2)			ΜΔΥ	1 7	20	17
	Type Notifi	cation		eet Addres Bloomfie		venue			land box.	_ M A 1	-1-1	_20	1/
☐ DEP ☐ DOL	⊠ Initia ⊠ Ame	al ended #4-5/2/17	City	, State &	Zip Co	ode			ASI	ESTO	19.00	ONITE	DOI.
Ø DOH		ergency		wark Nev		sey			7.0	LIO	ENS	ING	
☐ DCA		cellation		x Baylor						ITolo	nhan	a Niii	mher
Nome of Facility Name			F	ACILITY	INFO	RMATIO	N		-				
Name of Facility Wh Humboldt Centra	ere Abatem I Office	ent is Taking Pla	ace (3)			Type of F	acility (4) ool (K-12)						
Street Address								(Other than I	<-12)				
67 Bloomfield Ave	enue					Othe	r (i.e. priv	ate & commi	ercial build	ings, h	iomes	s, etc.	.)
City (5)		County (6)	County	Code (7)		Square F	eet	# of Floors		Bldg.	Age		
Newark		Essex	Joseph	0000 (1)		Current U		f being dem			7	5	
Nome of Manitaria F		5 11 11 11				COMMU	NICATIO	NS					
Name of Monitoring F USA ENVIRONMEN	VTAL MAN	y Building Owne	er (8)	ASCM	No.	Name of A	batemen	t Contractor	(9)	-			
Street Address						Street Add	ress	UNIVENTA	LINC				
8436 ENTERPRISE City, State & Zip Code						1123 BE							
PHILADELPHIA PA	19153					City, State BRISTOL	& Zip Co	de 107		50.5			
Project Manager for M MARK JENKINS	lonitoring Fi	1000	elephone 15-365-5			Telephone	Number		License	Vumbe	er		
Scheduled Start Date		cheduled Comp			-	215-788-6 Name of O		itor		008	509		
ON Site 5/1/1	7	10	HOLD			BRISTOL	ENVIRO	NMENTAL	INC				
Occupancy Status Dur Facility Closed	Nacated D	uring Entire Peri	od of Aba	atement	1.	Street Addr 1123 BEA		DEET					
Abatement Per	formed Out	side of Normal	Hours - 7	am to 3pi		City, State							-
Describe: 5:0						BRISTOL,							
cope of Work (Check	all that app	ly)											
≥3 sf or ≥3 lf		_	7 D					ull Containm	ent with N	egative	e Pres	ssure	
≥160 sf ≥260 lf			7	ovation olition				Mini-Enclosur					
				250.25007.2200.00			H N	Blove Bag Pro Ion-Exempte	d and Nor	-Friable	e Pro	cedur	re l
Locati Asbestos-0			Is Location		Δς	Description bestos-Cor	n of	1	Amount		ateme		
Material	(ACM)		Solely by	,		Material (A	CM)		Specify F or LF)			ш	
TO BE A			intenance		(i.e	., thermal sation, surfa	systems		,	Remova	Repair	ncap	Encl
(13	3)	Vor	(12)	1/0	or of	ther miscel	laneous)			loval	pair	Encapsulate	Enclsoure
Floor Generator F	Room	Yes	No I	V/A	Evhai	ıst duct iı						te	
d Floor Generator			1611			ist duct in			55 SF 50 SF		井		井
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me of Registered Was	te Hauler		NJDE	P Waste	Cubic	Yards	Name of	Registered I	andfill				
RVICE TRANSPOR	T GROUP	, INC.		er ID No.	of Wa			/A LANDFI					
, State					7	sal Date	City, Stat	te		Also constitution of the second			_
W CASTLE, DE 197			T:Al -		0:			SBURG, O	H 44688				
TRICK T. DECARO	PC/		PRO	J. MGR.	Signa	ture	2.0	Caro /	il)ate :/2/17			
15009			£	1	1	, 0,0		10					

9	(Purs	suant to	NIA	C. 8:60 and	LASTANDA L	<u> </u>					
Date of Notification (1)	,						E (C I	E 1	\mathbb{W}	T
2/2/17		Name of	f Building	Owner / Operat	or (2)	1111	==			1.7	- 15
Agencies Notified Type Notificati	on	VERIZO	ON COM	MUNICATION	S	III					
⊠ EPA	011	Street A					- 37	AY AT	17	201	7
☐ DEP ☐ Initial		City Stat	omfield A	venue							
	ed #3 - 4/26/17	Mourael	te & Zip Co New Jer	ode							-
□ DOH □ Emerge		Name of	Contact	sey		AS	BES	TOS	CO	NTR	OL
☐ DCA ☐ Cancella	ation	Alex Bay					= =	Teler	phone	Nun	ibe
			-								
Name of Facility Where Abatement	is Takino Place (FACIL	ITY INFO	RMATION			- 1	-			-
Humboldt Central Office	9 1200 (,		Type of Facili School (kg	ty (4)						1000
Street Address											
67 Bloomfield Avenue				Other (i.e.	er 8 (Other than	K-12)					
,				Square Feet	private & comm	ercial buil	d ng	s, ho	mes,	etc.)	
City (5) Cou	unty (6) Co.	unty Code	(7)	oquale reet	# of Floors	ò	Blo	dg. A	ge		
Vewark Ess		only code		46596		8			75		
			1	Current Use (F	rior if being dem	olished)					
lame of Monitoring Firm Hired by Bui	Idina Owner (8)	TASC		COMMUNICA							
SA ENVIRONMENTAL MANAG	EMERT	1000		Name of Abate	ment Contractor	(9)	-	Annual Control		-	_
treet Address				BRISTOL EN	VIRONMENTA	LINC					
436 ENTERPRISE AVE				Street Address	OFF	33-3					
ity, State & Zip Code				1123 BEAVER City, State & Zip	STREET		200				
HILADELPHIA PA 19153				BRISTOL, PA	Code						
oject Manager for Monitoring Firm	Teleph	one Numb	er T	elephone Num	19007	T					
ARK JENKINS	215-36	5-5810	2	15-788-6040	Der	License	M Im	ber			
neduled Start Date (10) Schedu	uled Completion	Date (11)		ame of OSHA	Monitor		0	0509	3		
ON Site 5/1/17	5/9/17	7		RISTOL FAV	IRONMENTAL						
cupancy Status During Abatement (C	heck only one)			reet Address		INC					9 19
Facility Closed/Vacated During	Entire Period of A	Abatement	1 140	23 BEAVER	STREET						
Abatement Performed Outside of	of Normal Hours	- 7am to 3	3pm Cit	ty, State & Zip	Code						
Describe: 5:00 PM -1:30 AM	Ĩ		BR	RISTOL, PA 1	9007						1
Facility Occupied During Abatem	ent				0007						
pe of Work (Check all that apply)											
≥3 sf or ≥3 If				\boxtimes	Full Containme	nt with No	an ati	vo D-			
≥160 sf ≥260 lf		enovation			Mini-Enclosure	×11 001711 160	y ath	ve Pi	essur	e	
1 100 81 1200 11	∐ De	emolition			Glove Bag Prod	redures					
Location of					Non-Exempted	and Non-	Frah	No De		1000	
Asbestos-Containing	Is Loca		D	escription of	AP	nount	TAL	ne FII	oceol	ure -	-
Material (ACM)	Normally Solely		Asbe	stos-Containing		pecify	- AL	Jalen	nent T	ype	
TO BE ABATED	Maintenar	op or	Ma (i = 4)	aterial (ACM)	CE	or LF)			m		
in Facility	Custodial :	Staff?	insulatio	hermal systems on, surfacing, V	S AT		Removal	20	nca	Enc	
(13)	(12)		or other	r miscellaneous	AI		100	Repai	psı	dso	
	Yes No	N/A		· ·····comaricou.	"		<u>a</u>	7	ncapsulate	Enclsoure	
oor Generator Room	N I	П	Fyhauet	duct insulati					е		
loor Generator Room				duct insulati		SF	[0]			П	
		H	LAHRUSL	uuct insulati	on 150	SF	031				
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							Fit	F	7	=	
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Registered Wests III							=4	닏냬		4	
Registered Waste Hauler	NJD	EP Waste	Cubic Ya	rds Name	of Registered Lar) L	= 11				
E TRANSPORT GROUP, INC.	Haul 2099	ler ID No.	of Waste		RVA LANDFILL						
te			Disposal	Date City, St							
ASTLE, DE 19720			upodai i		ESDIIDA AL			90000			
ed By (Print or Type)	Title		Signature		ESBURG, OH					1	
KT. DECARO		J. MGR.	orginature .	:001	I Caro/jo	Dat				7	
10			lari	CR 1.	- word for	2/2/	17				
19					/	1					

	WALLUK UF	ASBESTOS ABATEMEN	•
	(Pursuant to N.,	J.A.C. 8:60 and 12:120)	(F) F P B I W P S
Date of Notification (1)		12:120)	II THE WELL WELL
	Name of Built	ding Owner (a	本#3202
Agencies Notified Type Notification	VERIZON C	ding Owner / Operator (2)	
Agencies Notified Type Notification	Street Addres	OMMUNICATIONS	U MAY 1 7 2017 11
	67 Places	S	
DEP Initial	67 Bloomfie	id Avenue	
DOL Amended #	City, State & Z	ip Code	ASBESTOS CONTROL &
Emergency	LOCAL PERSON	Jersey	LICENSING
DCA Cancellation	Name of Conta	ect	
	Alex Baylor		Telephone Number
61-			To remember
Name of Facility Where Abatement is Ta	king Place (2)	NFORMATION	
	King Flace (3)	Type of Facility (4)	. —
Street Address		School (K-12)	
67 Bloomfield Avenue		Subchapter 8 (O)	
711010		Subchapter 8 (Other than	K-12)
City (5)		Other (i.e. private & comm	ercial huildings
/COUNTY //	6) County Code (7)	Square Feet # of Floors	
Newark Essex	County Code (7)	46596	Diog. Age
	1	Current Use (Prior if being demi	75
Name of Monitoring Firm Hired by Building		COMMUNICATIONS Gem	olished)
USA ENVIRONMENTAL MANAGEMEN	Owner (8) ASCM No.	None	197
Street Address	AL LOSINITO		(9)
		JUNIO I OL ENVIRONMENTAL	INC
8436 ENTERPRISE AVE		Journal Address	- 11(0
City, State & Zip Code		1123 BEAVER STREET	
HILADELPHIA PA 19153		City, State & Zip Code	
Project Manager for Monitoring Firm	17-1	BRISTOL, PA 19007	
MARK JENKINS	Telephone Number	Helephone Number	
shed 1 10	215-365-5810	215-788-6040	License Number
ON Site 5/1/17	ompletion Date (11)		00509
		Name of OSHA Monitor	
ccupancy Status During Abatement (Check of	only one)	BRISTOL ENVIRONMENTAL I	NC.
- Joseph Margieri Illing Lacia	7	offeet Address	
- CHOITIEU UUISIDE OF MOTOR	12/ 1/2	1123 BEAVER STREET	
	ar Hours - /am to 3pm	City, State & Zip Code	
Facility Occupied During Abatement	İs	BRISTOL, PA 19007	
pe of Work (Check all that apply)		10.02, 72 15007	1
(Oneck all that apply)			
] ≥3 sf or ≥3 lf			
	⊠ Renovation	Full Containment	with Ne gative Pressure
] ≥160 sf ≥260 If	Demolition	Mini-Enclosure	The galive Pressure
	Demonition	Glove Bag Proced	d
Location of	<i>.</i>	Non-Example of	ures
Ashestos-Containing	Is Location	Description of	d Non-I riable Procedure
Material (ACM)	Achi	estos-Containing	Ahatement T.
TO BE ABATES	OCICIE DE	Sterial (ACAA)	-IIV
in Equilit	CITAL INC.	thermal systems SF or	LF) m
(13)	Insulati	on, surfacing, VAT	RO RO E
20	or other	er miscellaneous)	Encisou ncapsul Repair
Ye	s No N/A	(and the cours)	Enclsoure Encapsulate Repair
or Generator Room	The section of		- # #
or Generator Room	-Allaust	duct insulation 55 SF	
	Exhaust	Diff incline	
		150 SF	
	 		
	 		
Registered Waste Hauler			
	NJDEP Waste Cubic Ya	rds Name of D	
		I TOTAL DI KANISTORA I - ICH	
E TRANSPORT GROUP WA	Hauler ID No. of Waste	Landfill	
E TRANSPORT GROUP, INC.	nauler ID No. of Waste		
3	20990 of Waste	MINERVA LANDFILL	
STLE, DE 19720	nauler ID No. of Waste	MINERVA LANDFILL Date City, State	
STLE, DE 19720 1 By (Print or Type)	20990 Of Waste 3	MINERVA LANDFILL Date City, State WAYNESBURG ON 1466	
STLE, DE 19720 1 By (Print or Type)	20990 Of Waste 3	MINERVA LANDFILL Date City, State WAYNESBURG ON 1466	
STLE, DE 19720	20990 Of Waste 3	MINERVA LANDFILL Date City, State WAYNESBURG ON 1466	8
STLE, DE 19720 1 By (Print or Type)	20990 Of Waste 3	MINERVA LANDFILL Date City, State	

	NOTIFICATION	FASBESTOS ABATEMENT DE	F D
-	(Pursuant to h	LJ.A.C. 8:60 and 12:120)	E I V. E
Date of Notification (1)			.A _
2/2/5	7 Name of Bi	uilding Owner / Operator (2)	# 3151
Agencies Notified Type No	ntition(in-	CUMBRIDATIONS	201/
LI EPA	OHEEL MODIE		
DEP DOLZ 972 A	nitial Eloomf	ield Avenue ASBUSTO	S CONTROL 8
	mended Uny, State &	Zip Code	S CUNTROL 8 ENSING
₩ DOH3405 TI EI	rewark Ne	W. Jercent	
□ DCA □ Ca	profesion live of Con		
	wier Reflot	100.730med 200	enhone Number
Vame of Facility Where Abates	FACILITY	INFORMATION	S=7
lumboldt Central Office	Herit is Taking Place (3)	Type of Facility (4)	
treet Address		School (K-12)	
7 Bloomfield Avenue		Subshantana (10)	
Trende		Subchapter 8 (Other than K-12)	1
y (5)	10	The private & commercial build:	-
tre als	County (6) County Code (7)	Square Feet # of Floors IP 70 A	mes, esc.)
NEG 1 PE	Essex	[66596] [D 09. A)	1
		Current Use (Prior if being demolished)	75
ne of Monitoring Firm Hired by	Building Owner (8)	TO CHIEF LE LITTE	
- TEIRIER REPRESENTATION	ASCM NO	. Name of Ahatemant Carl	
FIRODIESS		THE TOLERVIKONIMENTS	The state of the s
ENTERPRISE AVE		1 1001635	
State & Zip Code		1123 BEAVER STREET	
ADELPHIA PA 19153		City, State & Zip Code	1
1 Manager for Monitoring Firm	Telephone	JERISTOL, PA 19007	
JENKIKS	Telephone Number 215-365-5810	Telephone Number	1
iled Start Date (10) Sche	eduled Completion Date (11)	215-788-6040 License Number	
17		Name of OSKA Monitor	
ncy Status During Abatement	2/15/17	BRISTOL ENVIRONMENTAL INC	The state of the s
		Street Address	
Abatement Performed Outside	of Normal Hours - 7am to 3pm	1123 BEAVER STREET	
)escribe: 5:00 PM -1:30 Al	Thomas Hours - 7am to 3pm	City, State & Zip Code	1
acility Occupied During Abater	El l	RISTOL, PA 19007	
Work (Check all that apply)	nem	10 CE, FR 1800/	1
0/dp (#+#.			
sf or ≥3 If	578 8	Full Control	
30 sf ≥260 If	Renovation	Full Containment with Negative Pressu	Ire /
	☐ Demolition	Mini-Enclosure	/6
Location of		Glove Bag Procedures	1
Asbestos-Containing	Is Location D	Non-Exempted and Non-Friable F roceds	1
Material (ACM)	I william USEO I Acho	stos-Containing Amount Abate nent 7	ire
TO BE ABATED		eferial (ACA) (Specify	ype
in Facility	Custodial Ci.e., th		
(13)	insulation	n, surfacing, VAT	<u>n</u>
	U Other	n, surfacing, VAT	CIS
nerator Room	1.00	n, surfacing, VAT miscellaneous)	Encisoure
	X D Exhaust	duct insulation	6
	10101	auct insulation 55 SF XIII	ન
	Think		4
] [
	12121		17
			1
red Waste II-			1
red Waste Hauler	NJDEP Waste Cubic Yard		1
SPORT CROSS	Hauler ID No. of Waste	s Name of Registered Landfill	
ISPORT GROUP, INC.	20990 3		
AF CAROL		MINERVA LANDFILL	
DE 19720	Disposal Da	te City. State	
if or Type)	1974	WAYNESBURG, OH 44688	
ARO	Title Signature	- 10, UN 44588	
	PRO MES O	Date	
	1 Poto	11 T 0.0 / 12/19	
	1 1/16/1/	IN I I.II' . INAL	

CK 4 4234

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

WAY 1 7 2017

			Purs	uant to	NJAC	8:60 and 12:12	U)	7	ha si-					
Date of Notification (1)	-17		T	Name o	of Building	Owner/Operator	(2)	Cont	TRAC	TIME	NOS	TRC)L &	
Agencies Notified Ty	pe Notification		+	Street /				50				1	_	+
	Amended Amendment #_		r	City, St	ate, Zip C	ode tzw Fiz	:LV	O NJ				11.4		-
M DOH	justification) Cancellation	auding		Name (of Contact			V might.	Telephor	e Number				
				FAC										
Name of Facility Where Aba	tement is Taking	Place	(3)				In	School (K-12)						
Street Address	ESIDEN	CE	_				$\dashv \sqcap$	Subchapter 8 Other (i.e., pri	(Other th	an K-12) mmercial	buildir	igs,		
							Sc		# of Flo	ors .				7
Date of Notification 1		-												
County (6)	ITIC			USE (ty Code (1 ONLY)		_	VAC						=
Name of Monitoring Firm Hig	ed by Building O	wner		ASCM N	10.	10.5 Al (200)			NC					_
			=1=					s. SPR	UCE	ALL				
City, State, Zip Code						City, State, Zip	Code			N. T	09	505	2	_
	ing Firm	-	Tele	ohone N	₩.	Talanhone No			Licens	3 No. Y) U U	Ч			
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5-73-17	5		50-	-1)	- (11)			N/A			_		_	-
Occupancy Status During A	batement (Chec	k only	one) Abater	nent		Street Address	·						_	=
Abatement Performed O	utside of Normal	Facility	/ Hour	S		City, State, Zip	Code							
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□ >3 sf or >3 lf		Re	novati molitio	on n		Mini-E	nclos	sure Procedure			9			
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TO BE ABATEL	2	5	Staff?	il .	(1, e.	surfacing, VA	I, or		SF or	LF)	mova	epair	psula	Enclosure
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	INC			19	04	Disposal Date	1		1014	17/1/11	15	-		
	HADE NI	·I				Signature	_	rce y	+) HU	-	1)	<u> </u>	=
Completed By	FMM Title	Si	P.			_ 1	el	WIL		7	_1/	=		=

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

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Date of Notification (1)	-17-17			Name of Build	ing Owner/Operator	(2) (AWV) [ESTORY	IK	21			S4 (
Agencies Notified	Type Notificatio	n	-	Street Addres	S (A)	o YURK	1,2,0	LIC	EN	SIN	G	
□ BPA	Initial					U TURCE	rcu		_			=
	Amended			City, State, Zip	Code				_			
₩ DOL	Amendment		-		SOMERS	POINT						
₩ DOH	Emergency (justification)			Name of Conta			Telephone 1	umbe	r			
DCA	Cancellation			BI								
				VI								=
	110			FACILITY IN	FORMATION							
Name of Facility Where	Abatement is Taki	ng Place	(3)			Type of Facility	(4)					
RE	SIDENCE			**		School (K-1	2)					
	O IPCIOL C						8 (Other than					
Street Address						Other (i.e. p		ercial	build	ings,		
						homes, etc. Square Feet	# of Floors		TRI	ig. A	70	-
City (5)		0	-				1 01 1 10013			00		- 1
WILD	WXXX C	KES	T			1000			1 -	00		_
County (6)				County Code	(7) (STATE	Current Use (P		nolish	ed)			
CAPF	WIAY		- 1	USE ONLY)		LACE	ANT					_
Name of Monitoring Firm		Owner	TA	SCM No.	Name of Abatem	ent Contractor (9)					
(8) (A)	/ A	Ottiloi			KLEMO	O INC	,					
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City, State, Zip Code					City, State, Zip C	ode	INI T	75	^-	7		
J.,,					MAPCE	SHAPE	MAIN	200	U)	_		
Project Manager for Mon	itoring Firm		Telepi	hone No.	Telephone No.		License N					
Project manager for mon	atomy i iiii	1			856-77	9-0472	00	40	14			_
				on Date (11)	Name of OSHA							
Start Date (10)					Name of Colum	A. In						
5-23-17			30-1	_/		N IE.		=				=
Occupancy Status During	g Abatement (Che	ck only o	one)		Street Address							
√7 Facility Closed/Vacate	ed During Entire Pe	eriod of A	4batem	ent								_
Abatement Performed	Outside of Norma	al Facility	Hours		City, State, Zip C	ode						- 1
Other - Describe:		50										_
	II stt list					N						
Scope of Work (Check al	ii mat appiy)				Full Cor	ntainment with Ne	gative Pressur	3				
☐ >3 sf or ≥3 lf		Ren	novation	ı	Mini-End							- 1
≥160 sf or ≥260 lf		Den	notition		Gloveba	ng Procedure empted (*) and No	n-Friable Prov	edure				
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TO BE ABAT		100	stodial	(i.e.	, thermal systems i		(Specify SF or LF)		Remova	Re	Encapsulate	Enclosure
IN Facility	<u> </u>	1000000	taff?		surfacing, VAT, other miscellaned		SF G LF)		non	Repair	USC	OSL
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Name of Registered Was	te Hauler			EP Waste	Cubic Yards	Name of Regi	stered Landfill					
			Hau	iler ID Ng.	of Waste	CIM	C.M.	U.	. V	4		
	MC,		-11	1904	Disposal Date	City, State					1157-518	
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MALL HACK IN	-1184											

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

		(rui	Suam	I TO NUM	_ 8:60 and 12:12			AY	17	20	17	
Date of Notification (1)			Name		ng Owner/Operato ARG ROVE		ITION					-
Agencies Notified Type Notifical PA Initial Amended DEP DOL Amendmen				State, Zip	Code STAT	TE ST	ASBE	STOS LICE			ROL	à
☐ Emergence justification ☐ DCA ☐ Cancellation	(includir n)	ng	Name	e of Conta	M DE N	MI. T	Telephor	e Num	ber			_
			FA	CILITY IN	FORMATION	Type of Facilit						
Name of Facility Where Abatement is Ta		ce (3)			s in K-12)							
						Other (i.e., homes, etc	5.)					
City (5) SOMERDIA	LE					Square Feet	# of Flo		. _	SO.	5000	
County (6) CAMPEN	County Code (7) (STATE Current Use (Prior if being lemolished) USE ONLY) MAC HAUT Of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9)									_		
Name of Monitoring Firm Hired by Buildin (8) A	g Owner	'	ASCM	No.		MCO I	NC.					
Street Address					Street Address	5 SPRVO		-				_
City, State, Zip Code					City, State, Zip C							_
Project Manager for Monitoring Firm		Telep	shone I	Vo.	Telephone No.	9-0472	License	No. 241	14			_
Start Date (10) Sch	eduled C	SO-		te (11)	Name of OSHA N	Monitor NA						
Occupancy Status During Abatement (Ch					Street Address							
					City, State, Zip Co	ode	1					_
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition	n		☐ Mini-Enc ☐ Gloveba	tainment with Ne closure g Procedure empted (*) and Ne			e			
		ocation omally								bater		
Location of	Used	Solely I		****	Description of	-1./4.01/1			-	1,7,5		-
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Cu	tenance stodial staff? (12)	N/A	(i.e., t	os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	nsulation, or	Amoun (Specif SF or LF		Removal	Repair	Encapsulate	Enclosure
SIDING	18		X	TR	LANSITE				X		1	
			-									
		LAUG	DEP Wa	arta T	Cubic Yards	Name of Regi	ctored Land	-				_
Name of Registered Waste Hauler KLEM CO INC		0.000	100	v o.	of Waste	G. R	O.W.	; <u>} -</u>			_	_
	1.1				Disposal Date	City, State	Town		PA			_
Completed By MICHAEL KLEMM	SU/	2.			Signature	1016		1te	-1	7	_	

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

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Date of Notification (1)	7"-17		Nan	-			L DEVE SI	ros co	NTR	OL.	&			
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	Amended	.	City	State, Zip	Code	- N NI	T 18	N 33						
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Ø DOH			Nan	_			Telepik le N	unber						
□ tca	Car Reliation										-			
				ACILITY IN	FORMATION	Type of Facility	(4)				\dashv			
Name of Facility Where	Abatement is Taki	ng Place (3)			School (K-1	2)							
	RESIDEN	CE				→ Subchapter	8 (Other than h	<-12)	inas					
Street Address														
City (5)		2000				Square Feet	# of Floors							
Appendicts Notified Type Notification BA Infrast DBF Advance Amended Amended Amended B Co. POM ON A ALE The Company State Date (1) Street Address DOM Cancellation FACILITY INFORMATION Type of Facility (Where Apatement is Taking Place Is Company State Continuing Film Infrast by Building Owner ASSAN No. Name of Notificial Film Infrast Apatement (Check only one) Street Address Top M Type of Facility (Where Apatement is Taking Place Is Company State Apatement Apatement (Check only one) Street Address Top M Type (Facility Information Infrastructure) Type of Facility (Minera Apatement Is Taking Place Is Company State Is Company Sta														
County (6)	E HIAN				(7) (STATE			nousned)			_			
		Owner	- ASC	d No.										
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040017100.000							CAVE				=			
City, State, Zip Code					WAPI	E SHADE	E N.J	080	5	2	_			
			Telephon	e No.	Telephone No.		Licen ie No	0						
Project Manager for Mo								9444			=			
Start Date (10)	Sch			ate (11)	Name of OSHA									
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Occupancy Status Durin	ng Abatement (Ch	eck only on	ie)		Street Address					_	_			
▼ Facility Closed/Vaca	ted During Entire P	enod of AD	atement Jours		City, State, Zip	Code								
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	II that apply				- (10) 1/0120									
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Asbestos-Containing	Material (ACM)			(i.e	, thermal systems	insulation,		Ren	Re	cap	nclo			
		1			other miscellan	eous)	0,000,	nova	pair	sula	Sure			
(13)		-		-				-		le	١			
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Name of Registered Wa	ste Hauler					Name of Re	l c MA	11/4	L					
			170	04	1_3	City State	L. E. M.	W.	`					
City, State		41			Usposar Date		ODBN	E						
MAPLE		MIJ			Signature					17				
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MICHAEL K														
ASB-41		Do not use	this for	n for asbes	itos licensure exe	mpted activities								

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

Print Form

		(r u	Suarre to	, HOAO O				(',	IH	111	KE			0.150	
Date of Notification (1) 5/10/2017		5	lame of E St. Jose	Building O ph Reg	wner/Op ional N	erator Aedica	(2) al Cente	r	Parameter (1) des	The state of the s	A AY	1	/ /	2017	
Agencies Notified Type Notification			Street Add 703 Ma	dress in Stree	t					ASBI	E STO	SC	CON	ITRO	DL 8
X EPA Initial Amended Amendment #				e, Zip Cod in, NJ C							Lat		0111	<u> </u>	
➤ DOH justification)	cluding	1000	lame of 0	Contact n Ander	son				Tele	ephone N	lı mbe	r			
DCA Cancellation			FACIL	ITY INFO	RMATIO	N									
Name of Facility Where Abatement is Taking R St. Joseph's Regional Medical Center	Place (3) er (Reag	gan E	Bldg.)				Sch	Facility (4) nool (K-12) ochapter 8) (Othe	er than K	- 2)				
Street Address 703 Main Street							× Oth etc.	er (i.e. pri)	vate 8	& comme	rcial b				5,
City (5) Paterson							Square F 30,000	+	3	Floors 3+		50	dg. Aq +	je 	
County (6) Passaic			County C	ode (7) SE ONLY)		_		Use (Prior al (Secu			li: hed)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.				nent Contr tracting							
Street Address						Street	Address /illow W								
City, State, Zip Code						City, S	tate, Zip (074	24					
87			F. I h	- No		- Francisco Control	none No.	ark, INU	014	License	40.				
Project Manager for Monitoring Firm			Felephon			973-	333-917			01331					
Oldit Dato (10)	Scheduled 5/22/20		pletion D	ate (11)		Envi		Consult	tants	, Inc.					
Occupancy Status During Abatement (Check	Only One	:)				Street	Address	raw Rd.	Bld	a. 35-E					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe: After Hours 8pm - 12a	Facility	oatem Hours	ent		_	City, S	tate, Zip			,					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Statement .	enova emoliti				> >	Mini-E	ontainme Enclosure bag Proce	edure						
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	1	Locati ormal											Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	Sole ntenar odial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining N system cing, VA niscella	Material (A s insulation T, or	ACM) on,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							25 LF		XX.			
Hallway by the 24 Hr Security Office			X	Pipe	Insula	ition a	nd Fittir	ngs	-	25 LF		^^.			
Reagan Building											-+				
Name of Registered Waste Hauler		0.0783	JDEP W		Cubic of Was	Yards	- 1	Name of							
Unicorn Contracting Corp.		10000	lauler ID 035844		3+			Fairless City, State		s Landf	il 				
City, State Woodland Park, New Jersey					TBD		Any	Morrisvi		PA	T 321-				
Completed by Dimo Golcev	Title Gene	ral N	lanage	r	S	Signatu	1/1	1/	D	4	5/10	0/20)17		
ASB-41 (R-06-08)	1				(A Son	not use thi	s form for	asbe	stos licer	ns ure	exen	npted	activi	ties.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)			Nai	me of E	Building Ow	ner/Ope	erator (2)			TÝ				162	
05 /	12 / 17	2	Ims	d Ech	chachoui						IAY	1 7	201	1	
Agencies Notified	Type Notification		10.000	eet Ado											Green and an artist of the second
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■ DOLWD	Amended		Cit	y, State	e, Zip Code	9				7.000	LICE				_
☑ DHSS	Amendment #	dina	Edi	ison. N	NJ 08837										
☐ DCA (NJAC 5:23-8)	Emergency (inclu justification)	aing			Contact					elephone No	mber				
(143/10 3.20-0)	Cancellation		Im	ad Ech	nchachoui				6	46-752-992	9				-
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where	Abatement is Taking P	lace (3)							of Facility (4)						
Private house	.778							So	chool (K-12) ubchapter 8 (6	Other than K-	12)				
Street Address								X O	ther (i.e., priv	ate and com	nercial	buildi	ngs,		
									omes, etc.)			Dida	100		-
City (5)								Squa	ire Feet	# of Floors		Bldg.	Age		
Edison, NJ 08837									111 75 7	off halos day	oliobad	1			-
County (6)			(County (Code (7) (ST	ATE USE	ONLY)	Curre	ent Use (Prior	r ir being den	UNSTIEC	1			
Middlesex							Abet	at C	entractor (0)						-
Name of Monitoring Fir	m Hired by Building Ov	vner (8)	AS	CM No				HE GO	entractor (9)						
						r Tech							_		
Street Address						elegione contrata in a vici		202							
							ey Rd #2 te, Zip Co					364			
City, State, Zip Code					100		NJ 0747								
5 . 1.4	- altering Firm		Telent	none No		Telephor	ne No.			License No	+				
Project Manager for M	onitoring rum		reiepi	10110 111	50	73-638				01127					
01 - 1 D-1- (10)	Schedu	uled Cor	noletio	on Date			OSHA N	onito	or						
Start Date (10)	/ 17 0					Envirov	ision Co	nsul	tants,Inc						
	ring Abatement (Check					Street A									
Occupancy Status Du	cated During Entire Per	iod of A	batem	ent	2	20-21 W	Vagaraw	Roa	id, Bldg # 3	5E					
Abstament Perform	ned Outside of Normal	Facility	Hours	- Desc	ribe	City, Sta	ate, Zip C	ode							
Time of Abatemen	t:PN	A/	_PM	A		Fair Lav	wn, NJ 0)741(0						_
Scope of Work (Check	k all that apply)					TH	Clean u	p and	d decontamin ment with Neg	ation with ne	jative p	ressu	ire		
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>3 sf or >3 lf > 160 sf or >260 lf		Den	nolition	1		×	Gloveba	ag Pro	re ocedure ed (*) and No	n-Friable Pro	cedure	16331			
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	facility 13)	0001	(12)				miscellan							ate	
(10)	Yes	No	N/A								p	-		-
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Basement					- P - 21.00										
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						T -		- N	Name of Dec	istored Land	īI	1-			1-
Name of Registered	Waste Hauler		NJ	DEP Wast	e Hauler ID No.	. Cubic Y	fards of Wa	1	Name of Reg		-15				
Gr Tech LLC				00337	85		BD BD		T.R.R.F. Inc	2	-				_
City, State						Dispo	sal Date		City, State	- 1					
Wayne, NJ 07470							BD	_	Tullytown,	PA	- D-	ate		-	
Completed By (Prin	t or Type) Ti	tle				5	Signature	1.1 1	_	0	1		7		
		wner						/ew	c Wena	el	05	/12/1	1		
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