

Project #

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

Check # 4307

Date of Notification (1)				Name	of Buildin	n Owner	r/Onerato	r (2)							
05/13/2018					ville Sch			n (Z)					-		
Agencies Notified	Type Notification				Address	1001 D	istrict		[10,000,000]	TE	P E	T	W	E	1
□ EPA	In Initial			86 Ri	ver Rd				1117	1 [66	11	U		
DEP	Initial Amended			City, S	State, Zip C	Code		-	++	< [
DOL	Amendmen				ville, 07					11			010	9	
DOH	Emergency justification)		3		of Contac				- 111	Te	MAY 1	mber	'illö	-	1
DCA	Cancellation			Steve	Toth				hod	1	3-331 71			Contract	
					CILITY IN	FORMA	TION			137	3-33171	00	TRO	1 8	
Name of Facility Where	Abatement is Takir	g Place (3)					Туре	of Facilit	y (4) ^{AS}	ECTOS LICEN	ISIN	G		
School									School (1		LIGHT			the State of	man named to the
Street Address									Subchap	ter 8 (Oti	ner than K-1	2)			
46 Pine Brook Rd									Other (i.e etc.)	. private	& commerc	ial bu	ildings	, hom	nes,
City (5)								Squa	re Feet	# 0	of Floors	T	Bldg.	Age	
Towaco NJ													•		
County (6)					Code (7)			Curre	ent Use (F	rior if be	ing demolis	hed)			
Morris	V			(STATE	USE ONL	y)									
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.		Name	of Aba	atement C	ontracto	(9)				
Aero Environmenta	l						Nick I	Resto	oration	LLC					
Street Address								Addre							
275 Rt 10 East							72 Br	ooks	ide Rd						
City, State, Zip Code							City, S	State, Z	ip Code				-		
Succassuna, NJ 07					20		Rand	olph.	NJ 078	369					
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph				License N	lo.			
Michael Berta					20-9061		97393	33-25	50		01358				
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		Name	of OSI	HA Monito	r			-		
05/25/2018		05/28/2					IRIS								
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addres	ss						
Facility Closed/Vaca	ted During Entire F	eriod of	Abaten	nent			2333	Rt 22	West						
Abatement Performe Other – Describe: 4	ed Outside of Norm	al Facility	/ Hours	3			City, S	tate, Z	ip Code						
							Union	, NJ	07083						
Scope of Work (Check All	That Apply)					54.141				*					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Processor 1	Renova					Ful	l Containr	nent with	Negative F	ressu	re		
2100 St 01 2200 IT			emolit	ion				Mir	i-Enclosu	re	Total Tarana				
								Nor	vebag Pro	ocedure ed (*) an	d Non-Friab	le Pro	cedur	e	
		Is	Locati	on						I		T		ement	
Location			lormal			De	scription	of					Ту	ре	
Asbestos-Containing N	Material (ACM)		d Sole		Asbes	tos Con	taining M	laterial	(ACM)	A	mount			m	
TO BE ABA	V TEU		odial S		(i.e.		systems		tion,		pecify	Re	Z	nce	En
(13)	•		(12)				cing, VAT niscelland			SF	or LF)	Remova	Repair	ncapsulate	Enclosure
		Yes	No	N/A	1							<u>a</u>	=	ilate	Ire
Gym			~							-		-			
Cylli		\vdash	×		pipe in	sulation	on-wra	р&с	ut	6 LF					
												-			-
Name of Registered Waste	Hauler		I N.	JDEP W	l /aste	Cubic	Yarde		Namo of	Parieta	red Landfill				
Nick Restoration LLC			H	auler ID	No.	of Was					ea Landiill				
City, State	,		00	3378	2	TBD			G.R.O.						
Randolph, N	٧J						sal Date		City, Sta						
Completed by		T***				TBD			Tullytov	vn, Pa					
Nikica Mrda		Title				S	ignature		V	. 0	Dat				
NIKICA IVIIUA		Presid	ent			11	, Ve	Ja.	N	rol	05/	13/2	018		- 1

NX 604 633 0664		WT 771 WW.					-			L	
(%) 156 I		NOT	IFICATI (Pursua	State of New Jers ION OF ASBESTO ant to NJAC 8:60 a	SABATI	EMENT 20)	DE	C	E		V
Date of Notification (1)			Name	e of Building Owner				MAY			
Agencies Notified Type Notification	1		Stree	t Address	h P	ropenhe	1421	MAI	. 2	20	18
EPA Initial				131 Mer	nta	in 1)00	(CASB	ESTC	OS CO	AITE	10:
DEP Amended Amendmen	t #		City,	State, Zip Code		2	W ROASB	LIC	ENS	NG	IU <u>L</u>
DOH Emergency justification	(includia	ng	Name	of Contact	Croc	th 11	Telephone N	Lumba	r		
DCA Cancellation			no	holas D' A	mbri	4050	× 857-2			100	5
Name of Facility Where Abatement is Takir	ng Place	(3)	FA	CILITY INFORMA	TION	Type of Facili					
Street Address	Fran	4	200	+		School ((A)				
121 100 1		0	,			Subchap	ter 8 (Other than K- e. private & commer	12) cial bu	ildina	s hor	mes
City (5)	١٧	200	(etc.) Square Feet	# of Floors	1	Bldg.		1100,
County (6)	()	880				4200	/ / /		Diag.	Age	
Somerson			County (STATE	y Code (7) E USE ONLY)			Prior if being demolis				
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.	Name	of Abatement C	Contractor (9)	3/5	sra	36	
Street Address					5	IE E	invivoni)
400 Sheet Rd						Address	1 CololoR	4			
City, State, Zip Code	0 1				City, S	tate, Zip Code					
Project Manager for Monitoring Firm	4 10	102	O Talaala				iriel Pl	7 (84	3(Q
Michael Pane or	esso			one No. 244-1300	Teleph	one No.	License N		_		
Staft Date (10)	Schedu	led Cor	npletion	Date (11)	Name	of OSHA Monito	151012	-1 4	<u>e</u>		
5-29-18 Occupancy Status During Abatement (Check	k Only C	ne)	-87973		Street	Address	NITHM	19	~ +c	0)
Facility Closed/Vacated During Entire P	eriod of	Ahatem	nent		The control of the co	I Company and the Company	t Glob n	1			
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hours	ì	V.	City, St	ate, Zip Code					
Scope of Work (Check All That Apply)					(0	2 KP F	ivied Pr	91	8,	£3	6
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				Mini-Enclosu Glovebag Pro	ocedure				
	1	S Location	on.			Non-Exempte	ed (*) and Non-Friab	le Pro	the Section	emen	-
Location of		Normali ed Solel	у	Des	scription of	of				ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintenan todial S	ice/	Asbestos Conta (i.e. thermal	aining Ma systems	aterial (ACM) insulation.	Amount (Specify	77		m	ш
In Facility (13)	Cus	(12)	laii?	surfac	ing, VAT	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			.500)		val	Ę.	ulate	ure
Concrete Storage Building		X		YAR DUDER	Plich	1	4200SF	X			
3		-		BITTO PUBLICA	1 casi	Thing -	120031	1			
					1						
Name of Registered Waste Hauler		L	DE5.11								
1115-1 100	_	Ha	IDEP W	No. of Wasi	te		Registered Landfill				
City, State Wana general			0160	79 25 Disposa		The state of the s	rless Hill	ر			
Fairless Hills PA				Disposa	/ Date	Most state	e Isualle PA				
Completed by	Title /	M		Sig	ghature	111	n Dat				
JUNEAR UNTERN	L Í	// (/	1	un	1 3	-19	4-18	5_	

			NO	TIFIC	ATION O	FAS	New Je SBEST	OS AR	ATEM	ENT		OV	п	>	\sim	(2)	
Samples (A managering span		((Purs	uant to NJ	JAC	8:60-7	and 12	:120-7)	1	4	-17	کے	1/	01	
Date of Notification (1)	利此				S	SUM	e of B	uilding 'EST CE	Owne ELGEN	r/Operato	r (2)	m),		G			
5 / 15	/2018				s	tree	et Addr	ess			- 1	120					-
Agencies Notified Tyl	pe Notificat	tion			5	56 N	MORRI	SAVEN	NUE		1			1457		004	_
EPA X	Initial No	otificati	on		to	city.	State	Zip Cod	le		- 1	<u> </u>	IV	IA:	2.1	201	8
DEP	Amende		ficatio	on				EW JEF		07901	Ĭ	i					
X DOL	Cancella										- 1	L	4000		0.00		
DCA	On Hold EMERG		NOT	IEIC	TION IN	lame	e of Co	ntact			TE	elephon	e Wah	ber	ENIC	MHH NG	UL a
		LINCT	NOI	IFICA			OS ANG				90	8-897-4	1646_	LIC	CINO	ING	-
Name of Facility Where Abate	ement is T	aking	Plac	0 (3)	FACILITY	Y IN	IFORM	ATION	1-								
, , , , , , , , , , , , , , , , , , , ,		aking	i iac	e (3)					Тур	e of Facil	ity (4)					
CELGENE BUILDING 5A									-	School (
									X	Subchar Other (ie	ner 8	(Other	than F	(-12)			-4- \
Street Address									_	uare Feet	. Dilv	# of Flo	onrs	T. DIQ	gs., no	lg. Ag	etc.)
556 MORRIS AVENUE										10,000		1	00.0			40+	C
City (5) SUMMIT	County	(6)					y Cod		Curr	ent Use (F	Prior i	f being	demo	lished	1)		
Name of Monitoring Firm Hire	MORRIS	di		(0)	(STA	ATE	USE		MEC	CHANICAL	_				7		
McCABE ENVIRONMENTAL	eu by build	aing U	wnei	r (8)			ASC	M No.	Nam	ne of Abat	eme	nt Cont	racto	r (9)			
Street Address										et Address		NTAL C	ORPO	DRAT	ION		
464 VALLEY BROOK AVENUE										et Address SPOOK R		BOAD					
City, State, Zip Code										State, Zip			-	-			
LYND	HURST, N	EW JE								FERN, NE			901				
Project Manager for Monitoring	Firm		7		e Number	r			Tele	phone Nui	mber			nse N	Numbe	er	
JOHN CHAIVIELLO Expected State Date (10)		1= :		-438-					845-	369-7500			110				
5 / 25	/18	Sch			etion Dat		100			e of OSH							
Month Day Y	'ear	Mc	12 onth		Day	30	/1	8 Year	QUA	LITY ENV	IRON	MENT	AL SC	LUT	IONS	&	
Occupancy Status During Abate	ement (Che	ck only	v one	9)		_		rear		HNOLOGI et Address							
Facility Closed/Vaca	ted Durina	Entire	Perio	nd of	Abatemen	nt			1 2000 1000 000	ROUTE							
Abatement Performe X Other - Describe:	d Outside	of Norr	nal F	acility	Hours - [Desc	cribe:										
Other - Describe:	MONDAY	-FRIL	DAY	7AM-	3:30 PM				City,	State, Zip	Code	е					
Scope of Work (Check all that a	(vlaa						—]c.	ıll Conto		WAI	PPIN	GERS F	FALLS	, NY	1259)	
Demolition	X	Reno	vatio	n		-	-IM	ini Enclo	animen S	nt with Neg	jative	Pressu	ıre				
X >3SF OR LF	Value						GI	ovebag	Proce	dure							
>160 SF OR 260	LF	_				X	No	n-Friab	le Prod	cedure							
Location of Asbestos-containing			Loca			De	scription	on of As	bestos	3-	1		A service	A	batem	ent T	vpe
Material (ACM)		1	0.50	used		Con	ntaining	Materia	al (ACI	M)	1	Amour	nt		R	四	
TO BE ABATED		Main	olely			(1)	e. The	rmal sys	stems	(<u> </u>		(Specif		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	REPA	ENCA	ENCL
in Facility (13)			taff (1			insu	nation,	surfacir niscella	ng, VA	Τ,		SF or L	F)	REMOVAL	\f	Pi	00
		Yes		N/A	1	Oi	ouiei i	mscella	neous,)	1			2		PSUL	OSUR
1ST FLOOR BOILER AREA				х	BOILER	EI A	NOT	2401/5					-				~
ROOF									1		40 8	SF		X			
ROOF		\vdash		X	ROOF FI	LAS	HING	AREA			40 S	SF.		X			
						180					-					-	H
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						o one											
						- 71US											
Name of Registered Waste Haule	er	NJDE			Cubic Ya	rds (of Was	ste	Name	of Regist	ered I	Landfill					\vdash
NEWARK CARTING 369 RAYMOND BLVD		Haule		Vo.		3	30		GRAN	ID CENTE	RALS	ANITA	RY LA	NDF	ILL		
City, State			913		Dienassi	Det		- 1							- 0		
NEWARK, NEW JERSEY					Disposal 5/14/18 -	12/2	90/19		City, S	State	214/210						
Completed by (Print or Type)	Title				= 277747	Sic	gnatur	e /	1000	PIELDIC	VVIVE	ארוור, ף	Data			1	
BENJAMIN SANCHEZ	DIRE	CTOR	OF	OPER	RATIONS	1		1	1	1			Date	5	-1	5-	154



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification	(1)					0 and 12:120)		CKH	2.	5	1	
5/15/18	(1)				ing Owner/Operator (2		Welling S. S. Well					
Agencies Notified	Type Notification				Regional Medica	Center						
□ EPA	⊠ Initial		100000	eet Address					П	Π.Π	6	
□ DEP		-1	_	3 Main !				a) E C E		\mathbb{V}		ľ
⊠ DOL			1	, State, Zip			41	111111111111111111111111111111111111111			_	11
LE DOL	Amendm Emergen		_		NJ 07503		11	r				
⊠ DOH		cy (including	1,000	ne of Conta			Telephone	Number MAV o	1 1	2018	-	111
□ DCA	justificat Cancelat		Ed	ward Cu	rry		973-754	Namber MAY 2	1 4	2010		1
_ bca	L Cancelati	on				222		7				TANK T
Name of Facility Whe	re Abatement is Takir	og Place (2)			ACILITY INFORM				()())	TOO	1 0	1_
St. Joseph Reg	ional Medical	Contor Varior 1				Type of Facility	(4)	ASBESTOS	NSIN	CHEO	Le	_
Street Address	Torrar Wieurcai	center, Navier t	building			☐ School	ol (K-12)	LIUE	140114		overion:	-
703 Main Stree	- 4						apter 8 (Other t	han K-12)				
703 Maili Stree	et							ommercial buildings				
City, State, Zip Co	do					- 0111101		ommercial buildings	, nom	es, etc	c.)	
						Square Feet	# of Floors			L.H. P. A. P.		
Paterson, NJ O	7503					30,000+	3+	1940				
Passaic					Code (7)	Current Use (Pri	or if being demolish	ed)				_
				ISTATE	USE ONLY)	Hospital						
Name of Monitoring Fi	irm Hired by Building	Owner (8)	4 / E / C / C /		ASCM No.	Name of Abates	nent Contractor (9)					
							ntracting Corp.					
Street Address							tracting corp.					
						Street Address						
City, State, Zip Code						32 Willow W					110-570	
						City, State, Zip Co						
roject Manager fo Mo	mitarian Circu					Woodland P	ark, NJ 07424					
Toject Manager 10 IMO	nitoring Firm			Telepho	ne No.	Telephone No.		License No.				
						973-333-917	6	01331				
tart Date (10)			Sched	uled Compl	etion Date (11)	Name of OSHA N	lonitor	10.002				
/26/18			5/28	/18		The second state of the se	Consultants, Ir	36				
ccupancy Status Durin			-1.300.000.000.000.000			Street Address	oorisaitaires, ii	16.	-			
☐ Facility Close	ed/Vacated Durin	g Entire Period of	Abateme	nt		CONTROL OF THE PARTY OF THE PAR	יייי טא טוא- י	15.5				
☐ Abatement	Performed Outsid	le of Normal Facili	tv Hours				aw Rd., Bldg. 3	35-E				
Other - Desc	ribe:		,			City, State, Zip Co						
ope of Work (Check A	II That Apply)					Fair Lawn, N	07410					
⊠ ≥3 sf or ≥3 If	XXX-87.2		X			20						
] ≥160 sf or ≥2			11100000	Renova		☐ Full Con	tainment with N	legative Pressure				
=	11 000			Demoli	tion	Mini-En	closure					
						⊠ Gloveba	g Procedure					
						☐ Non-Exe	empted (*) and N	Non-Friable Procedu	re			
			Is Location	300				- Induction	1	Abat	temer	nt
Ashastas Co	Location of		Normali			Description of				Т	уре	
	ontaining Material (AC O BE ABATED	(M)	Used Salel Maintenan	313333	Asbes	os Containing Materi	al (ACM)	Amount		T	T	T
_	In Facility		Custodial S	7.5	(i.e.	thermal systems insu	lation,	(Specity			m	
	(13)	1	(12)			surfacing, VAT, or	v	SF or LF)	Z		Encapsulate	g
		Ye	s No	N/A		other miscellaneous	:)		Removal	Repair	psu	Enclosure
Basem	ent Call Center		140						val	air.	ate	ure
	Tone Con Center			X	Pipe	Insulation & Fi	ttings	105 LF	X			
										1		
									-	1	1	
									-	+-	1	-
me of Registered Wast			NJDEP V	aste Haule	r ID No.	Cubic Yards of Was	te	Name of Dec.				
nicorn Contractir	ng Corp.		00358			3		Name of Reguster				
, State								Fairless Hills L	andfil	11		
oodland Park, N	ew Jersev					Disposal Date	<i></i> う	City, State				
oculation of K, 14						TBD	///	Morrisville, P.	A			
npleted by		man 4.4										_
		Title	eral Man			Signature		11	Dat	e		



Date of Notification (1)		Name	of Building Owner	/Onerator /2		<u></u>				
5-17-	18		Sakout		The state of the s	SINDE.	. P. J	2 10	THE STATE OF	- 6
Agencies Notified Type Notification		Street	Address ,		9 97 1	111 11	Short	S III		NE.
□ EPA ★ Initial □ Amended		City S	State, Zip Code	State	Highwa	47124	, i 10.	2	•,	
DOL Amendment		, , ,		rming	dale	14/4	MASS	ララー	2 018	
DOH Emergency justification)		1	oi contact.	, ,		Telephone	Number	_		
□ DCA □ Cancellation				lou ti	S	73個	683		60	08
Name of Facility Where Abatement is Taking		,	CILITY INFORMA		ype of Facility	الي (4)	LICE	VSIN	3	Designation of the last
Bound Brook	Bar/	Hote	-1			-12)				
Street Address	Mair	C1	reet		Subchapte Other (i.e.	er 8 (Other than private & comm	K-12) nercial bu	ildinas	s hom	169
City (5) 2 1 2	Mair	101	KEL	Sc	etc.)	# of Floors				
Bound Broo	K 1	VJ	08803	5		7 3	'	Bldg.	- 0	t-
County (6)	ti .	County	Code (7) USE ONLY)	Cı	urrent Use (Pr	nor if being dem	olished)	,	20	
Name of Monitoring Firm Hired by Building C	Wner (8)		M No.	I Nome of	Sar H	otel				
EPC Technolo	Sies	7.00	NA	Name of A	Abatement Co	chnol	asia	S	Ir	.,
Street Address	37			Street Add	iress	252	3.0	4	- B	•
City, State, Zip Code	1170	00	522	City State	, Zip Code	OO T	de w	40		-
Project Manager for Movif ring Firm	N2	Telepho	DOS one No.	Telephone	3 Egy	pt N	70	8	33	3
Sware Sahankar	2	609	758-3365		8-33	Licens	e No.	39	4	
Start Date (10) May 29, 2018	Scheduled Co		Date (11) 2018	Name of C	SHA Monitor					
Occupancy Status During Abatement (Check	Only One)	Oi	2010	Street Add	ress	hnologi	es I	nc		
Facility Closed/Vacated During Entire P	eriod of Abate	ment		P-0	Box	337				
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	al Facility Hou	rs		City, State	, Zip Code					
Scope of Work (Check All That Apply)			7	[New	Egypt	LU	08.	53	3	•
23 sf or ≥3 lf	☐ Renov	ation			Full Containm	ent with Negativ	io Procei	ıro		
≥160 sf or >260 lf	Demol	ition			Mini-Enclosur	e	re Fiessi	ii e		
					Glovebag Pro Non-Exempte	cedure d (*) and Non-F	riable Pro	cedur	e	
	Is Loca Norma			•					ement /pe	t
Location of Asbestos-Containing Material (ACM)	Used Sol	ely by	Asbestos Cont	scription of taining Mater	ial (ACM)	Amount		Γ,	ÌП	Г
TO BE ABATED In Facility	Maintena Custodial	Staff?	(i.e. thermal	systems insi	ulation,	(Specify SF or LF)	Rer	Re	nca	Enc
(13)	(12)		N 30000000	niscellaneous		SF UI LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No	,Ņ/A					-		ate	Θ.
Basement	X		Transite	Ceiling	Parels	1805	FX			
2nd Floor	X		Floor	Tiles		1405				
Attic	X		Windo	ows a	aulK	2 each	1 1			
Boof upper flat	X		Roof fe	elt		300 SF		<u> </u>		
Name of Registered Waste Hauler	1	NJDEP W Hauler ID			1 2	Registered Land				
EPC Technologies		1700		sal Date,	City, State	e Manag	emen	tol	= Y	'A
	VJ.			81/8/0		isville	PA			
Completed by	Title	۱ ۱	S	ignature	SCO		Date		11	7
Steve Schenker	Presid	KNT		Dlesso	DOCK	ha	5-	1 4	-18	5

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENTS & C. F. I. W. E. F.

jî.	(1).5	1	(F	Purs	ua	nt	to !	N.J.A	C. 8:60 and	d 12:	120)	$ D\rangle_{\Gamma}$	<u>G</u> <u>6</u>		<u> </u>		7
Date of Netification	(1)				Na	ame	of F	Building	g Owner / Opera	tor (2)		1	111	V 0.1	20	10	-11
5-16-2018					St	ate	of N	J Depa	artment of Trans	portati	on		M P	Y 21	20	10	1
Agencies Notified	Type No	otifica	ation		St	ree	t Add	dress									1
⊠ EPA					10)35	Par	kway.	Avenue					STOS C	ONT	ROL	8
☐ DEP ☐ DOL		Initia			Ci	ty, S	State	& Zip	Code				ASDE	LICENS	SING		
☑ DOL			nded (Start Da	ate)				J 086				<u></u>	-			TO-COLOR TO-	
DCA	1		gency ellation					ontact						Teleph	one t	Numl	oer
	·	Jano	Cilation		31	iery	I IVI.	Quarte	rmas					609-530 609-240			
Name of English MA	h AL-					F	ACIL	ITY IN	FORMATION					003-240	1141		
Name of Facility WI	nere Aba	teme	ent is Taking I	Place	(3)				Type of Fac								
Street Address	ce raiu.	- Du	numy # 1342		_	_			School								
1 Gregg Street									Subcha	apter 8	(Other than	1 K-12)					
. Grogg Gucci									☑ Other (i.e. pri						etc.)	
City (5)			County (6)	Ic	0115	4	`ada	/7\	Square Fee	t	# of Floor	rs		Bldg. Ag	је		
Lodi			Bergen	10	oun	ity C	Code	(7)	9,118	75.	2		!	54			
			Deigen						Current Use	(Prior	if being de	molish	ed)				
Name of Monitoring	Firm Hir	ed b	Ruilding Ow	mer (8	1		IAS	CM No	Maintenanc	e rard	Commercia	al Build	ling				
Environmental Con	nection, I	nc.	, Danding Ov	mei (o	,		1	CIVI IV	 Name of Ab Resource M 	lanago	nt Contracto	or (9)					
Street Address									Street Addre	ariaye	ment Group	J, LLC					
120 North Warren S									2115 Hamilt		Suite 202	1					
City, State & Zip Co	de						5.5c2)X128		City, State 8	Zip C	ode						-
Trenton, NJ 08608									Trenton, NJ								
Project Manager for	Monitori	ng F	rm	Tele				ber	Telephone 1	Numbe		Lic	cense N	Number			
Dominick Dercole				609-					609-914-42					0118			
Scheduled Start Date 5-21-201		18	Scheduled Co				e (11	1)	Name of OS								
Occupancy Status D				5-23-	20	18			J&S Environ		l Laboratori	es, Inc					
Facility Clos	ed//aca	tad F	uring Entire F	only on	e)	۸ha	+		Street Addre								
Abatement I	Performe	d du	ring Normal F	loure:	017	ADa	iteme	ent	2333 Route							-	
_ Describe:	8:30am -	- 5·0	Onm	iouis.					City, State 8 Union, NJ 0		ode						
	upied Du	ring i	Abatement						Officia, NO O	1003							
Scope of Work (Che	eck all tha	at ap	ply)														
											Full Conta	inmen	t with N	legative	Pres	SSUITE	4
≥3 sf or ≥3 lf				\bowtie	F	Ren	ovati	on			Mini-Enclo					Joure	8
≥160 sf ≥260	O If				E)em	olitic	n			Glove Bag	Proce	edures				
										\boxtimes	Non-Exem	npted a	nd Nor	-Friable	e Pro	cedu	ire
	cation of			1000000		catio			Description	n of			ount		ateme		
Aspest	os-Conta erial (ACI	lining		Norr					Asbestos-Cor	ntainin	9	(Sp	ecify				<u> </u>
TO B	E ABATI	FD.		Main		ly b			Material (A	CM)		SF o	or LF)	D		四	П
	Facility	<u> </u>		Cust					(i.e., thermal sinsulation, surfa	system	S			en	Re	ca	Enclosure
	(13)			Oust	(1:		tan:		or other miscel	laneou	(A)			Remova	Repair	Encapsula	SC
				Yes	N		N/A	1	01 04101 1110001	iaricoc	13)			<u>a</u>	,	llat	e
Windows				П	Г	7	X	Caull	(150	0 LF			П	
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				H	누	++	H							ᆜᆜ		Ц	
Name of Registered	Waste F	laule	г		1	N.IF)FP \	Naste	Cubic Yards	Mam	e of Registe	orad La	n dell				L
•								D No.	of Waste	INaiii	e or Registe	ered La	anatili				
Resource Managem	ent Grou	p, LL	.C				5218		TBD	Grow	s Landfill						
City, State			70122-2012						Disposal Date		State						
Trenton, NJ 08619									TBD		sville, PA						
Completed By (Print	or Type)				1-	Title			Signature		-,			Data			-
Mr. Brian Haney	/						siden	it						Date 05-16	-201	8	
					- 1				H .	Account to				1-0 .0			

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					-			0100 0110		20)		IJг					
Date of Notification (5-1-2018	(1)			Nam	e of E	Building	Ow	ner / Operato	or (2)		111	111		., .	201	0	
	Type No	otification			t Ado		artme	ent of Transp	ortation	1		111	MA	Y 2	201	<u>გ</u>	Insent
⊠ EPA						kway /	Aver	nue				1			v 1000 0 40 - 20		j
☐ DEP ☐ DOL		nitial	1	City,	State	& Zip	Code	9			1	-	ASBES	TOS	ONTE	OL 8	ı
☑ DOL ☐		Amended Emergency				J 0862 ontact								LICEN	511VG		
DCA		Cancellation				Quarte									hone 1 30-5472		er
															10-1147		
Name of Facility Wh	ere Aha	tement is Taking F	llage (F 2)	ACIL	ITY INI		MATION									
NJ DOT Maintenance	e Yard -	Building # 1342	race (3)				Type of Facil ☐ School (
Street Address		J					\dashv	Subchar		Other th	an k	(-12)	1				
1 Gregg Street								Other (i.	e. priva	ite & cor	mme	ercia	, I buildir	ngs, ho	mes,	etc.)	
City (5)		10						Square Feet		# of Flo				Bldg. /			
Lodi		County (6) Bergen	Co	unty	Code	(7)		9,118	/D-::	2				54			
		Dergen					1	Current Use Maintenance	(Prior ii	being c	iemo	olish Build	ed)				
Name of Monitoring	Firm Hir	ed by Building Ow	ner (8)		AS	CM No		Name of Aba					ing				_
Environmental Conn	ection, I	nc.			\perp		F	Resource Ma	anagem	ent Gro	up, l	LLC					
Street Address 120 North Warren St	treet							Street Addres		0 " 0							
City, State & Zip Coo				-				2115 Hamilto City, State &)2						
Trenton, NJ 08608							li	renton, NJ (08619	uc							
Project Manager for Dominick Dercole	Monitori	ng Firm	Telep			ber	Т	elephone N	umber			Li	cense N				
Scheduled Start Date	e (10)	Scheduled Cor	609-3			1)		09-914-4279 Name of OSF	Table and the same of the same	14		_		01	185		
5-22-2018	1		5-30-2	2018	10 (1)		&S Environn			ories	Inc					
Occupancy Status D	uring Ab	atement (Check o	nly one	e)				Street Addres				,					
☐ Facility Close ☐ Abatement P	ed/Vacat	ed During Entire F d during Normal H	eriod	of Ab	ateme	ent		333 Route 2									
Describe: 8	3:30am -	u duning Normai H - 5:00pm	ours:					City, State & I		de							
Facility Occu	pied Du	ring Abatement						7111011, 140 071	000								
Scope of Work (Che	ck all tha	at apply)								2000 2	000						
≥3 sf or ≥3 If			\boxtimes	Ren	ovati	On				Full Cor Mini-End			t with N	legativ	e Pres	ssure	
≥160 sf ≥260	If				nolitic	2005				Glove B	THE STREET		edures				
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	cation of			Locat				Description	n of			Am	ount		batem		
Asbesto Mate	rial (ACI			nally l olely l			As	bestos-Con Material (AC					ecify		T		750,000
TO BE	E ABATE		Maint				(i.€	e., thermal sy	ystems			SF (or LF)	2	7	Enc	Enc
	Facility		Custo		Staff?		insul	ation, surfac	ing, VA					Zeriova	Repair	aps	sols
	(13)		Yes	(12) No	N/A		or c	ther miscella	aneous)				2	<u> </u>	ncapsulat	Enclosure
Windows						Caull	,				_	1.5	O I E		+		
			H	H	H	Cauli					-	13	0 LF			H	
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Nome of Desister 11																	
Name of Registered	vvaste H	auler				Waste D No.		oic Yards Vaste	Name	of Regi	stere	ed L	andfill				
Resource Manageme	ent Grou	p, LLC			35218		TBC		Grows	Landfill	I						
City, State							Dist	osal Date	City, S	Charles (Inc.)							-0-
Trenton, NJ 08619							TBE		Morris	ville, PA							
Completed By (Print of Mr. Brian Haney	or Type)			Titl			Sigr	nature						Date			
wii. Dilan Halley				Pre	sider	π		V	-					05-0	1-201	8	
				1			1							1			

		(Purs	uant to	o NJ	AC 8:6	0 and 12:120)	TAE	CEIV	VE	1.	7
Date of Notification (1)	05/15/18		Name Praxai	of Bu	ilding Ow Caryey's	ner/Operator (2) Point Faciliy		<u> </u>	V E	Table and the second	A CONTRACTOR OF THE PARTY OF TH
Agencies Notified IN EPA IN DEP	Notification Type Initial x		Street 554 SI	Addre hell Re	ess d	•		MAN OF T)18		圳
X DOL	Amended Amendment # Emergency (Incl	 udina	City, S Carne		Zip Co oint , NJ 0	8069	L AG	5761 DS CONT		j	
M DOH D DCA	Justification) ☐ Cancellation	uumg	Name Jeffre			Î		Telephone I 856-299-3	Number	***	
			FAG	CILIT	Y INFORI	MATION					
Name of Facility Where	Abatement is Taking P	lace (3)					Type of Faci	lity (4)			
Street Address 554 Shell rd							Other (i.e	er 8 (other than K . private & comme	(-12) ercial bu	ildir	igs,
City (5) Carney's Point							Square Feet		Blo	dg. /	Age
County (6) Salem					County C USE ONL	ode (7) (STATE .Y)	Current Use	(prior if being den	nolished)	
Name of Monitoring Firm Harvard Environme Street Address	m Hired by Bldg. Owner ental Inc.	(8)	ASCM	No.	Cou	e of Contractor (9) nty Environmer	ntal				
760 Pulaski Highwa	ay					t Address New Churchma	ans Rd.				
City, State, Zip Code New Castle, DE 19	720				City S New	State, Zip Code Castle, DE 19	720				
Project Manager for Mo Wesley Morrison		(302)	one No. 326-23	333	Telep	hone Number) 322-8946	. 20	License Num	ber		
Scheduled Start Date (1 05-17-18	05/18/18		Date		Name	of OSHA Monitor nty Environmen	ital	1 00010			
Occupancy Status Durin					Street	Address New Churchma					
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire Period d Outside of Normal Fac	of Abater cility Hour	ment s -		City, S	State, Zip Code Castle, DE 197					
Scope of Work (Check a	all that apply)				INCW	1000		•		_	
$X \ge 3$ sf or ≥ 3 if $\square \ge 160$ sf or ≥ 260 if]		novation molition		nent with Negat sure Glove pted (*) and No	ive Pressure ebag Procedure n-Friable Procedu	ure		
			s Locatio			Description	of		0.000	aten Typ	nent e
Asbestos-Contain TO BE A	tion of ing Material (ACM) <u>ABATED</u> lity (13)	Ma	ed Solely aintenan Custodia Staff? (12)	ce/	Asbe (i.e	stos Containing Ma thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Renair	Enclosure
Removal of gaskets on ta	ank.	Yes	No	N/A							
removal of gaskets of ta	alik		X		Gaske	et on tanks		9 sf	X	+	
Name of Reg. Waste Ha	uler	INII	DEP Wa	oto U	- I	Oubi- Vdf	I.N.			-	
Service Transport (1100000000	No.2099		aulei	Cubic Yards of Waste	Name of Re Minerva	g. Landfill			
City, State New castle DE						Disposal Date TBA	City, State Waynesburg	ј ОН			
Completed by Flave	Title PM					Signature	is The	Date	15/1	8	

			NOTII	FICATIO Pursual	ON OF ASI	BESTOS 2 8:60 ar	ABATE nd 12:120	MENT D)		E (2 [V	
Date of Notification (1) 05/17/2018				Name The	of Building	Owner	Operator	(2) York & New J						Local Name
Agencies Notified T	ype Notification		11111111111111	Street	Address	100	9-1-		ersey	M	AY :	1	2018	i
EPA DEP	Initial				teway C		14th Flo	oor						
× DOL	Amendment				state, Zip C ark, NJ C					ASBE	STO	S CO	NTR	B JC
▼ DOH	justification)	Re	g		of Contact				Telepho	one Nu				
DCA	Cancellation	1			n Milarcz		TON		484-2	39-19	902			
Name of Facility Where Aba Newark Airport - Build	atement is Takin	g Place	(3)	IA	PILLI HAF	UKWAI	ION	Type of Facility	(4)					
Street Address						110		School (K-	12) r 8 (Other th	an K.1	2)			
350 Scargo Earhart D	rive							Other (i.e. etc.)	private & cor	mmerc	ial bui	ldings	, hom	es,
City (5) Newark								Square Feet	# of Floo	ors		Bldg.	Age	
County (6)				County	Code (7)			43,200 Current Use (Pr	ior if being de	emolie	100	35+		
Union				(STATÉ	USE ONLY	"		Mail Sorting	Facility	CITIONS	neu)			
Name of Monitoring Firm Hi Matrix New World Eng	red by Building (gineering	Owner (8)	ASC	M No.		Name of Brand	of Abatement Co denburg Indus	ntractor (9) strial Servi	ce C	ompa	iny		
Street Address 26 Columbia Turnpike	,						Street	Address						
City, State, Zip Code					<u> </u>			Spillman Driv	'e					
Florham Park, NJ 079								ehem, PA 180	015					
Project Manager for Monitor	ing Firm				one No. 40-1800		Telepho	one No. 91-1800	Lice 007	ense N	lo.			
Start Date (10)					Date (11)	4	- K-344-X	of OSHA Monitor		7 2 1				
05/29/2018 Occupancy Status During Al	2012	06/08/						lenburg						
200		- 28	200				Street A	^{lddress} Spillman Driv	P					
Facility Closed/Vacated Abatement Performed Country Other – Describe: DEM	Outside of Norm	al Facilit	y Hours	ent			City, Sta	ate, Zip Code						
Scope of Work (Check All Th	nat Apply)						Detrille	ehem PA 180	15					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
			Locati								T	Abate	ement	
Location of Asbestos-Containing Mar	terial (ACM)	Use	Normall d Sole	ly by	Asbest		scription o	of eterial (ACM)	Amoun	4	-	1 9	ре	-
TO BE ABATE In Facility	<u>D</u>	100000000000000000000000000000000000000	intenar todial S (12)			thermal surfac	systems cing, VAT	insulation, , or	(Specify	y	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N//0		other m	niscellane	ous)		,	loval	oair	sulat	sure
1st Floor Room	n 1A	res	INO	N/A X		Floor	Γile - 12	v10	10.05				CD	_
Roof				X			ashing	XIZ	40 SF		X			_
Throughout Bui	Idina			X	Pine Se			kler Heads	885 Uni		X			
	- 9				1 ipo oc	- Caramit (эл орт	ikiei i leaus	000 011	ıs	X			-
Name of Registered Waste H	lauler		10000	JDEP W	ST 100 100 100 100 100 100 100 100 100 10	Cubic `	Yards	Name of F	Registered La	andfill				_
Brandenburg Industrial	Service Co		0.000000	auler ID 838	No.	of Was	te	1	thlehem La		I			
City, State Bethlehem, PA						Dispos 05/31/	al Date 18-06/1	City, State				A		
Completed by		Title		10 100000			gnature		, \	Dat	e			_
Stephen Carne		Envir	onme	ntal Er	ngineer	-	AL) (Me		4,633233	/17/2	018		

Date of Notification (1) 5 /	11 /	40				ding Owner/Operator		DEC	E		V	
				1	SE&G /	Job # 1803-5281	Check #	1131			-	-
Agencies Notified ☑ EPA ☑ DOLWD	Type Notificati	ion	1	1	eet Addres 000 Hadl			II II MAY	2 1	20	18	
⊠ DHSS	Amended Amendmen	t #5	}	City	, State, Zip	Code						-
DCA	☐ Emergency		lina	S	outh Plai	infield, NJ	- 1	ASBESTO	SCO	ONTE	201	0
(NJAC 5:23-8)	justification)	9	Nar	ne of Conta	act		Telephone Nu		ING	UE	Ct
	☐ Cancellation	n		E	ric Loren	zon		215-247-05		- Anna Cale of	THE PERSON NAMED IN	Home
				F	ACILITY	INFORMATION				0.3 11 12		
Name of Facility Where A PSE&G- Audubon G		king Pla	ice (3)				Type of Facilit	50.0000000				
Street Address							Subchapte	er 8 (Other than K-1	2)			
535 West Nicholson	Road						Other (i.e., homes, etc	private and comme	ercial	buildi	ngs,	
City (5) Audubon, NJ							Square Feet	# of Floors		Bldg.	Age	
County (6)				Co	unty Code ((7)(STATE USE ONLY)	Current Use (F	Prior if being demol	ichad	١		_
Camden						, ,,	Gas Facili		Sileu)		
Name of Monitoring Firm I	lired by Building	Owne	r (8)	ASCN	A No.	Name of Abateme	The property of the property o	•				_
Bureau Veritas						AbateTech, I		٠,				
Street Address						Street Address						_
109 North Center Dri	ve					30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co						_
North Brunswick, NJ	08092					Lumberton, N						
roject Manager for Monito	oring Firm		Tel	ephone	No.	Telephone No.		License No.	_	7/2		_
J-B Chadwick					9-2813	609-265-2107		00529				
tart Date (10)	Sche	eduléd	Comple	etion Da	ate (11)	Name of OSHA M						_
_3 / _28 / _	18	5	/ 3	1 /	18	EMSL Analyti						
occupancy Status During A	batement (Che	ck only	one)		- Ar	Street Address						_
Facility Closed/Vacated	During Entire P	eriod of	Abate	ment	and the second	200 Route 130	North					
Abatement Performed C	utside of Norma	al Facili	tv Hou	rs - Des	scribe	City, State, Zip Coo						_
Time of Abatement:	F	PM/	РМ		_AM	Cinnaminson,						
cope of Work (Check all th	nat apply)					1					_	_
] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		_	enovat emolitic			☐ Mini-Enclo	osure Procedure	gative Pressure on-Friable Procedur	·e			
		ls	Locat	ion			(/ (/	1100000	-	patem	ont T	-
Location of Asbestos-Containing Ma			Norma			Description of		100		_	1	T
TO BE ABATE	ED (ACM)		intena		Asbes	stos Containing Mate	erial (ACM)	Amount	em	Repair	nce	
IN Facility		Cus	todial	Staff?	(surfacing, VAT, o	or	(Specify SF or LF)	Removal	=	Encapsulate	
(13)		Yes	(12) No	N/A	1	other miscellaneou	us)	THE PART OF THE PARTY.			late	1
terior		l l		N/A	Expansi	ion Caulk		220 LF				+
cterior					Window			80 LF				+
terior					Louver (Caulk		50 LF				-
terior					Transite	Window sills		112 SF				-
me of Registered Waste H Naste Management	lauler	,	H	JDEP V auler ID	No.	Cubic Yards of Waste	Name of Regis		1—		_	
y, State				18750		A0						
Camden, NJ						Disposal Date 5/31/18	City, State	DA				
mpleted By (Print or Type)) Title					Tar. I	Morrisville,		0			
Swendolyn Trumbetti	24		ons C	oordi	nator	Signature	DAMA	Date	°5	111	A S	7
-41		V					7000		1077-5		1	_

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



Previously	mailed
Previously Without	check.

Date of Notification (1)		-			Nam	o of Buildin	~ 0	wner/Operator ((0)	IN E	CE		-W		
	11 /	18							^{,2)} Check #10111			<u>u</u>	<u> </u>		
Agencies Notified ⊠ EPA	Type Notific					t Address Executive	Ca	mpus		III M	IAY 2	1	2018	3	
☑ DOLWD ☑ DHSS	Amende				City,	State, Zip C	Code	9							
□ DCA	Amendm Emerger	and the second second	ling		Ch	erry Hill,	NJ	08002		ASBE	STOS			OL 8	and L
(NJAC 5:23-8)	justificat		iing	Ì		e of Contact				Telephone	LICEN Numbe	IŞIN	IG.	Name and the second	
	☐ Cancella				Ky	le Fote				609-364					
					FA	CILITY IN	FO	RMATION							
Name of Facility Where A	batement is	Taking Pla	ace (3)				· tilly ti ront	Type of Facility	(4)			-004		
D-3		.	•	•					School (K-1						
Street Address		-	- 5						☐ Subchapter ☑ Other (i.e., p	8 (Other than private and cor	K-12) mmercia	al bu	ilding	js,	
City (5)					11000				homes, etc. Square Feet			DI	J_ A		
Bellmawr, NJ									Square reet	# of Floors	S	BIC	ig. A	ge	
County (6)					Cou	nty Code (7)	(STA	ATE USE ONLY)	Current Use (P	rior if being de	molishe	d)			
Camden						· ·			Residential						
Name of Monitoring Firm I MECS	Hired by Buil	ding Owne	er (8)	1	ASCM	No.			ent Contractor (9)					
Street Address								AbateTech, Ir	ic.						
PO Box 341							100000	eet Address	DO D 05						
City, State, Zip Code	_							30 Maple Ave							
Chesterfield, NJ 085	15							y, State, Zip Co							
Project Manager for Monito			ΙT	olor	hone	No		umberton, N	IJ 08048						
William Weisgarber,						-4070		lephone No. 609-265-2107		License N	0.				
Start Date (10)		Scheduled	Com					me of OSHA M	onitor	00529					
5/24/						18		EMSL Analyti							
Occupancy Status During					186 62			eet Address							
☐ Facility Closed/Vacated					ent			eet Address 200 Route 130	North						
Abatement Performed	Outside of No	ormal Faci	lity Ho	ours	- Des	cribe		y, State, Zip Co							
Time of Abatement:	AM	PM/	P	M		AM		innaminson							
Scope of Work (Check all t	that apply)						_	, mammison	, 110 00077			-			-
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Renov Demol					☐ Mini-Encl							
			Is Loc	catio	on			1000 1000 1000 1000 1000			T	Aba	ateme	ent T	vpe
Location o		. 11	Norr sed S			0.8		Description of			-				
Asbestos-Containing M <u>TO BE ABAT</u>	laterial (ACM ED		/ainte					Containing Matermal systems in		Amount (Specify		Remova	Repair	Encapsulate	Enclosure
IN Facility		Ci	ustodia		taff?	(1.0.,		surfacing, VAT,		SF or LF)	oval	=	psu	Sun
(13)		Va	(1		NUA	+	oth	her miscellaned	ous)					late	0
Exterior		Yes	s N		N/A	Transite	Sh	ingles		2,750 SI	F	\boxtimes	П		
Bathroom						Sink Und	der	coating		3 LF		X	$\overline{\Box}$		
Exterior			×	-				oof Mastic		20 LF		X			
Throughout					$\overline{\Box}$			of flooring &	subfloor	825 SF					
Name of Registered Waste	Hauler				DEP V			oic Yards of	Name of Regis						
AbateTech, Inc.				На	uler ID 18750	No.	Was	ste	G.R.O.W.S						
City, State					0130			posal Date	City, State			_			
Lumberton, NJ								/22/18	Tullytown,	PA					
Completed By (Print or Typ	e)	Title						Signature	./		Date	. 1	,	_	
Gwendolyn Trumbett	ti	Opera	tions	s C	oordi	nator		0	n M		Date 5	1		8	

. . PAID

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

Without check

Date of Notification (1)				-	Nan	ne of Buildi	na C	wner/Operator	(2)						
	11 /	18	3					#1805-5311		172	E P E	1 1		F	57
Agencies Notified	Type Notifi	ication			_	et Address				1	ECE	<u> </u>	<u> </u>	4	Ш
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(NJAC 5:23-8)	☐ Emerge justifica	ency (ir tion)	ncludir	ng		e of Conta		00002		- 1	T-I				1
	☐ Cancella				100000	/le Fote	O.			Ī	ASBESTOS 609-8645	YOURT	ROL	ž	all contra
					FA	CILITY	NFC	RMATION			TO ENDE		MATTER COATS		page and i
Name of Facility Where A	batement is	Taking	g Plac	e (3)		and the second second			Type of Fac	ility (4	1)				
D-1									School (I	K-12)	•				
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City (5)									Square Fee		# of Floors	- 1	Bldg. A	ana.	
Bellmawr, NJ											" 31110013		olug. r	ige	
County (6)					Cou	inty Code (7)(ST	ATE USE ONLY)	Current Use	(Prio	r if being dem	olished)		
Camden									Residen	tial					
Name of Monitoring Firm	Hired by Bui	lding (Owner	(8)	ASCN	No.	Na	ame of Abateme	ent Contractor	(9)					
MECS								AbateTech, I	ŋc.						
Street Address							0,000	reet Address							
PO Box 341							_	30 Maple Ave		5					
Chasterfield N. 1995	45						Ci	ty, State, Zip Co	ode						
Chesterfield, NJ 085 Project Manager for Monit				T= .			-	Lumberton, N	IJ 08048						
William Weisgarber				1	ephone		1 -	lephone No.			License No.	9			
Start Date (10)		Sahad	ulad C		09-298			609-265-2107			00529				
5/24/_	18	6	5_ /	2	2_ /	18		me of OSHA M E MSL Analyti							
Occupancy Status During							Str	eet Address				· · · · · ·	-		_
Facility Closed/Vacated	During Enti	ire Per	iod of	Abate	ement		2	200 Route 130	0 North						
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			"			AIVI	(Cinnaminson	, NJ 08077						
Scope of Work (Check all t	hat apply)							ПЕПО							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re 図 De	novat				☐ Mini-Encl		Negat	ive Pressure				
								Non-Exer Non-Exer	npted (*) and	Non-l	Friable Proced	dure			
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Asbestos-Containing M	ı aterial (ACN	1)	Use	d Sol	ely by	Asbe	stos	Description of Containing Mat			Amount	Re	Re	Ш	四四
TO BE ABAT IN Facility				intena	ance/ Staff?	(i.e	, the	ermal systems in	nsulation,		(Specify	Removal	Repair	cap	Enclosure
(13)			040	(12)				surfacing, VAT, her miscellaned			SF or LF)	la la		Encapsulate	ure
0.000			Yes	No	N/A	1		noi mochanec	,us _j					te	
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Name of Registered Waste	Hauler				JDEP \	Vaste	Cul	oic Yards of	Name of Re	gictor	od Loodfil			Ш	Щ
AbateTech, Inc.				1000	lauler II	No.	Wa	ste	G.R.O.W						
City, State					18750		Disp	posal Date	City, State						
Lumberton, NJ								/22/18	Tullytow	n, P	A				
Completed By (Print or Typ	e)	Title						Signature	•	10000		Date			_
Gwendolyn Trumbett	i	Op	erati	ons (Coordi	nator		,	Mari-	1	1,		11)	8	
CD 44								/	14 1/1/C	18		1	1.11	0	

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Date of Notification (1)					Nar	ne of Ruild	ina (Owner/Operator	(0)					
	11 /	18	B		N	J DOT /	Jol	#1805-5311	(2) Check #1017:	ECE	1 W		m	
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(NJAC 5:23-8)	justifica	ation)	olddii	g	_	ne of Conta			- 4 6	ASBESPOS N	imben(3 16		-
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N					F	ACILITY	NFO	DRMATION	Lucino	THE RESERVE OF THE PARTY OF THE	-			
Name of Facility Where A D-1	batement is	Taking	Place	(3)					Type of Facility	y (4)				
Street Address			762						School (K-	12)	- 5000.1			
Street Address									☐ Subchapter ☐ Other (i.e., homes, etc.)	8 (Other than K- private and comr	-12) nercial l	ouildir	ıgs,	
City (5)									Square Feet	# of Floors	16	Bldg. A	100	
Bellmawr, NJ										11 01 1 10013	1	nag. r	ige	
County (6)	N				Cou	inty Code (7)(5	TATE USE ONLY)	Current Use (P	rior if being demo	olished)			
Camden									Residentia		Jiloliou			
Name of Monitoring Firm F	lired by Bui	ilding O	wner	(8)	ASCN	No.	N	ame of Abateme	nt Contractor (9	9)				
MECS								AbateTech, Ir	nc.					
Street Address							St	reet Address					-	
PO Box 341								30 Maple Ave	. PO Box 25					
Chasterfield N. 1.005	4.5						Ci	ty, State, Zip Co	de			10000		
Chesterfield, NJ 085							-	Lumberton, N	J 08048					
Project Manager for Monito William Weisgarber	Construction of the construction				phone		1 -	lephone No.		License No.				
Start Date (10)		Cahadi	i-d O	1		3-4070		609-265-2107		00529				
5/24/_	18					ate (11) 18		ame of OSHA Mo EMSL Analytic						
Occupancy Status During A	Abatement ((Check	only o	ne)			-	reet Address					-	
☐ Facility Closed/Vacated	During Enti	ire Peri	od of A	Abate	ment		1	200 Route 130	North					
Abatement Performed C	outside of N	lormal F	acility	Hour	s - Des	scribe		y, State, Zip Coo						
Time of Abatement:		PIVI		_PIVI-		AM	(Cinnaminson,	NJ 08077					
Scope of Work (Check all ti	nat apply)						500	П гII Оt		100 (23				
☐ ≥3 sf or ≥3 lf			Rer					☐ Mini-Enclo	inment with Neg sure	gative Pressure				
≥160 sf or ≥260 lf		0	Den	nolitio	n			☐ Glovebag	Procedure					
			le l	ocat	ion	T		⊠ Non-Exem	pted (*) and No	n-Friable Proced				
Location of			N	orma	ly			Description of			Ab	atem	ent T	-
Asbestos-Containing Ma TO BE ABATE	aterial (ACIV	1)		l Sole ntena	ly by	Asbes	stos	Containing Mate	erial (ACM)	Amount	Rer	Repair	Enc	Enclosure
IN Facility	<u>-D</u>			dial S	Staff?	(i.e.		ermal systems in surfacing, VAT, o		(Specify	Remova	air	aps	dos
(13)				(12)	1			her miscellaneo		SF or LF)	<u>a</u>		Encapsulate	ure
Exterior			Yes	No	N/A								Ō	
Exterior		_	-			Transite	_			2,750 SF	\boxtimes			
		- 1	-			Window	Gla	azing		150 SF	\boxtimes			
Kitchen & Bathroom		[]			Floor til	e &	subflooring		280 SF				
] [П	
Name of Registered Waste	Hauler			1000	JDEP V			oic Yards of	Name of Regis	tered Landfill				-
AbateTech, Inc.					auler ID 18750	5 5 1 1 1 V 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	Wa	100 miles	G.R.O.W.S.					
City, State								posal Date	City, State					\dashv
Lumberton, NJ							6	/22/18	Tullytown,	PA				
Completed By (Print or Type		Title						Signature			ate			-
Gwendolyn Trumbetti		Ope	eratio	ns C	oordi	nator		(N	1115		5/11	11	8	
SR-41									VULV		2/11	111	١	- 1

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Date of Notification (1)					Nam	e of Buildin	g Owner/Operator (2)				-	- 32 M TO S. S. S.
	18 /	18	_		Ve	rizon Co	mmunications	/ Job #18	0 -5259 (ch	eck#	PGI	E	M
Agencies Notified	Type Notific	cation			Stree	t Address			3			-11	1 111
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					City,	State, Zip (Code		WAY MAY	21	2018	11	Ull
☑ DHSS	Amendn				/ Jei	nkintown	, PA 19046	ĺ	1			l bes	-
DCA (NJAC 5:23-8)	☐ Emerger justificat		iuaing	9/	Name	of Contac	it .	i	Aelephone N	lumber.			-i
	☐ Cancella				Ale	x Baylor			301-583	0048V	TROL	8	4
							FORMATION				-	-	AD Company of
Name of Facility Where Ab	atement is	Taking	Place	(3)		· · · · · ·		Type of Facility	y (4)				
Verizon- Ventnor CO		J		. ,				School (K-					
Street Address								☐ Subchapter	8 (Other than K				
10 South Portland Av	Ve							Other (i.e., homes, etc.)	private and com	mercial	buildin	gs,	
City (5)								Square Feet	# of Floors		Bldg. A	lae	
Ventnor, NJ 08406								Oquare i eet	# 011 10013		Diag. /	.gc	
County (6)					Cour	aby Codo (7)(STATE USE ONLY)	Current Hee /F	rior if being dem	olichod	1		
Atlantic					Cour	ity Code (/	NOTATE OSE ONLT)	Offices	nor ii being den	IOIISHEO)		
				(a) I	10011		[]	(25,0)(17,0)					
Name of Monitoring Firm H	irea by Buil	aing Ov	vner ((8)	ASCM	No.	Name of Abateme	**	9)				
USA Environmental							AbateTech, Ir	ic.					
Street Address							Street Address						
8436 Enterprise Ave.							30 Maple Ave						
City, State, Zip Code							City, State, Zip Co						
Philadelphia, PA 191				27502			Lumberton, N	IJ 08048					
Project Manager for Monito	ring Firm				phone		Telephone No.		License No.				
Mark Jenkins				9500		-5810	609-265-2107		00529				
Start Date (10)	/	Schedul		8		7. 2	Name of OSHA M						
_5 / _7 / _	18 /	5	_ /	31	_ / _		EMSL Analyti	cal					
Occupancy Status During A	batement (Check of	only o	ne)			Street Address						
☐ Facility Closed/Vacated	During Enti	re Perio	od of	Abater	nent		200 Route 130	North					
Abatement Performed C							City, State, Zip Co	de					
Time of Abatement:	AM	PM/		_PM-		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all th	nat apply)						_			32 St.			
☐ >3 sf or >3 lf		K	7 00	novatio			☐ Full Conta		gative Pressure				
≥ 160 sf or ≥260 lf		_	_	molitio				Procedure					
		_							on-Friable Proce	edure			
				Locati						1	batem	nent T	уре
Location of				lormal d Sole			Description of			Z	Z Z	m	ū
Asbestos-Containing Ma TO BE ABATE		1)		intena			stos Containing Mat , thermal systems i		Amount (Specify	Kemova	Repair	nca	Clo
IN Facility	<u>-D</u>			odial S		(1.6.	surfacing, VAT,		SF or LF)	oval	, T	Encapsulate	Enclosure
(13)		_	-	(12)			other miscellaned					ate	0
			Yes	No	N/A						1	_	
3 rd Floor Roof		1		\boxtimes		Fascia (Caulk		500 LF				
2 nd Floor Roof		[\boxtimes		Window	/ Caulk		1,340 LF	D			
2 nd Floor Roof]		\boxtimes		Door Ca	aulk		60 LF	D			
2 nd Floor Roof		1		\boxtimes		Caulk a	bove Roof Flash	ing	200 LF	D			
Name of Registered Waste	Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regi	stered Landfill				
AbateTech, Inc.				H	auler II		Waste	G.R.O.W.	S. Landfill				- 6
City, State					18750		25 Disposal Date	City, State					7
Lumberton, NJ							5/31/18	Tullytown	. PA				
	-\	T:W-							, , , , ,	Dota			
Completed By (Print or Type	(3)	Title					Signature	X		Date	181	10	
Gwendolyn Trumbett		Ope	erati	ons (oord	inator		m/10		2	i o l	10	
ASB-41 MAY 11		* Do	o not	use th	is form	for asbest	os licensure exemp	ted activities.					

Date of Notification (1)				Na	me of Buildi	ing Owner/Operator	(2)					_
	18 /	18	_			ommunications		01-5259 Ch	ck# F	G2 [1	and .
Agencies Notified EPA	Type Notif	fication			eet Address	wood Avenue		The same of the sa	1 11 13	9 1	The state of the s	
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(NJAC 5:23-8)	justifica	000,000			me of Conta		0	Alelephone N	umber	S IOF	e.J	
	☐ Cancell	lation			lex Baylo			301-583-0	048IG	102.0	Samuel and	
Name of Facility Where A	A hatamant is	Takina D	I (0)	F	ACILITY I	NFORMATION						
Verizon- Ventnor C		raking P	lace (3)				Type of Facility School (K-1)					
Street Address							☐ Subchapter	8 (Other than K-	-12)			
10 South Portland	Ave.						Other (i.e., p	private and comm	nercial b	uilding	s,	
City (5)		-	_				homes, etc.					_
Ventnor, NJ 08406							Square Feet	# of Floors	BI	ldg. Ag	je	
County (6)		The state of the s		10								
Atlantic				Co	unty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	olished)			
							Offices					
Name of Monitoring Firm		Iding Own	er (8)	ASC	И No.	Name of Abateme	ent Contractor (9))				_
USA Environmental	İ					AbateTech, In	ic.					
Street Address						Street Address						-
8436 Enterprise Ave) .					30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co						_
Philadelphia, PA 19	153					Lumberton, N						
Project Manager for Monit			To	lephone	No	The second secon	J 00046	1		_		_
Mark Jenkins	g		14		5-5810	Telephone No.		License No.				
Start Date (10)	- 17	Scheduled	_		4	609-265-2107		00529				
5/7/			/ _3			Name of OSHA M						
			16			EMSL Analyti	cai					
Decupancy Status During Facility Closed/Vacated						Street Address						
Abatement Performed	Outside of M	re Period	or Abate	ement		200 Route 130						
Time of Abatement:	AM-	PM/	PM	irs - De: -	AM	City, State, Zip Co						_
Scope of Work (Check all t					-,	Cinnaminson,	NJ 08077					
	nat apply)					☐ Full Conta	inment with Neg	ativo Progress				
≥3 sf or ≥3 lf		⊠ F	Renovat	tion		☐ Mini-Enclo	sure	auve Pressure				
≥160 sf or ≥260 lf			Demoliti	on		Glovebag						
							pted (*) and Nor	n-Friable Proced	ure			
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Asbestos-Containing M		n U	sed Sol		Achoo	Description of	-i-1 (0 CM)	S	R	Z [TI	-
TO BE ABAT	ED	, N	/laintena		(i.e.	tos Containing Mate , thermal systems in	sulation	Amount (Specify	Remova	Repair	5	
IN Facility		Cu	ustodial			surfacing, VAT, o	or	SF or LF)	ova	ii lou	130	1
(13)		Yes	(12) s No	N/A	1	other miscellaneo	ıs)			200	Encapsulate	j
st Floor Exterior					Wall Cau	ılk		20 LF	N		\dashv	-
st Floor Exterior						W. 100 (00 to 100 100 100 100 100 100 100 100 100 10		19182-1929			4	
				1	Expansi	on Joint Caulk		60 LF			4	
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ome of Danish												
ame of Registered Waste	Hauler		11000	JDEP V		Cubic Yards of	Name of Registe	ered Landfill				-
AbateTech, Inc.			H	18750		Waste	G.R.O.W.S.	Landfill				
ty, State				18750		25 Disposal Date	City, State				_	-
Lumberton, NJ						5/31/18	Tullytown, F	οΔ				
mpleted By (Print or Type	<u>a)</u> T	Title					runytown, r					_
Gwendolyn Trumbetti			tia			Signature	10	D	ate	01,	C	
-41		Opera	tions (oordi	nator		N/VO		51	0 11	Ŏ	
						1 %	, 0					*

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

Date of Notification (1)					INI	f D. :!d	- 0 10	(0)	pace	1	EC	; F	11 /	W [5	M
	18	1	8				ing Owner/Operator Job # 1802-5273	(2) Chec	k #1	002	25		name and passages			
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☑ DHSS		dea dment #	#2		City	, State, Zip	Code		1	1	ASBE	07500	CON	TRO	R	
DCA	☐ Emerg			ina /	/ s	outh Plai	nfield, NJ		-		ASBE	FICE	MSIN	G		and the state of t
(NJAC 5:23-8)		ation)			Nar	ne of Conta	act		1		Telepho			A STATE OF THE PARTY OF THE PAR	and the same	
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Name of Facility Where A	hatement i	e Takin	a Dla	00 (2)	F	ACILITY I	NFORMATION	T=								
PSE&G- Orange Ga			iy Fla	ce (3)				Type of F	ol (K-	12)						
Street Address								☐ Subch ☐ Other	apte	r 8 (Other th	nan K-1	2)	huildir		
284 North Park Stre	et							homes			ale allu	COMMI	erciai	Dullall	igs,	
City (5)	7							Square Fe	eet	-	# of Flo	oors	1	Bldg.	Age	
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County (6)					Co	unty Code (7)(STATE USE ONLY)	Current U	se (F	rior	if being	demol	ished))		
Essex							**	Distric	100		0.00	3 8				
Name of Monitoring Firm	Hired by Bu	uilding (Owner	(8)	ASC	/ No.	Name of Abateme	ent Contrac	tor (9	9)						
NA							AbateTech, I		,	,						
Street Address							Street Address	-1	-							
							30 Maple Ave	. PO Box	25							
City, State, Zip Code							City, State, Zip Co	ode								
							Lumberton, N	IJ 08048								
Project Manager for Monitor	oring Firm			Tel	ephone	No.	Telephone No.				License	e No.	-		_	
Ch. + D. + . (40)							609-265-2107				0052	29				
Start Date (10)4 /30 /	18					ate (11)	Name of OSHA M EMSL Analyti									
Occupancy Status During	Abatemént	(Chéck					Street Address									3.0
☐ Facility Closed/Vacated					ment		200 Route 130	North								
Abatement Performed (Outside of N	Vormal	Facilit	y Hou	rs - De	scribe	City, State, Zip Co		-							
Time of Abatement:	AM	PN	٨/	PM		_AM	Cinnaminson,		7							
Scope of Work (Check all t	hat apply)							110 0001	-		-					
≥3 sf or ≥3 lf			5 7 =				☐ Full Conta	ainment witl	h Ne	gati	ve Press	sure				
\(\text{\geq} \geq 160 \text{ sf or \geq} 260 \text{ lf}				enovati emolitic			☐ Mini-Enclo									
				Anona	J.1.		☐ Glovebag ☑ Non-Exen	npted (*) an	nd No	n-F	riable P	rocedu	re			
				Locat						Π				patem	ent T	vpe
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Asbestos-Containing Ma TO BE ABAT	ateriai (ACI ED	vi)		intena			stos Containing Mate , thermal systems in				Amou		em	Repair	nca	nclo
IN Facility			Cus	todial	Staff?	(1.0.	surfacing, VAT,	or	- 8		(Spec		Removal	=	Encapsulate	Enclosure
(13)		1	Yes	(12) No	N/A	-	other miscellaneo	us)							late	e.
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ame of Registered Waste	Hauler			N	JDEP	Naste	Cubic Yards of	Name of F	Pogis	tore	d I and	CII			П	
Environmental Trans		a		Н	auler II	O No.	Waste	G.R.O.				111				
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Flanders, NJ							Disposal Date 5/31/18	City, State Morris		. P/	A					
ompleted By (Print or Type	2)	Title	7-17			1	Signature			1.7.6		D-	to	16		-
Gwendolyn Trumbetti			erati	ons C	oord	nator	A.A.	a A				Da	ste 511	8/1	8	
B-41		598	8 6													
Y 11		* D	o not	use th	is form	for asbesto	s licensure exempte	ed activities	S.							

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

			(Pt	ırsuar	nt to NJA	C 8:	60 and 5:10	o) [-	FR	EI	1//	E	
Date of Notification (1)	_						ner/Operator (M 6 6	5 1	Ü		
	16 /	18		JCF	P&L/First	Ene	rgy Compar	y / Job #1805	-5314 Check	(#10174	/101	80	
Agencies Notified	Type Notific	ation		Street	Address				II III MA	Y 21	2018	}	112
⊠ EPA				10 1	Legion Pl	lace-	- Building A	i i	11 11 111	.1 2 1			
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☑ DHSS	Amendm		_		rristown,		7960		ASBES	TOS CC	PTM	OFS	4
	☐ Emergen		g		of Contact				Telephone-Nu	imber	NO	Part Marketon	
(NJAC 5:23-8)	justificati Cancella				/in Weiml				732-233-0				
					CILITY IN		MATION						
Name of Facility Where At	natement is	Taking Plac	e (3)	FA	CILITIN	OI	MATION	Type of Facility	(4)				\neg
JCP&L- Substation	Jatement 15	aking r lac	C (O)					School (K-12					
Street Address		22						☐ Subchapter	8 (Other than K-	12)			
189 Throckmorton S	Stroot							Other (i.e., p homes, etc.)	rivate and comm	nercial bu	llaing:	s,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	e	
Freehold, NJ												***	
County (6)				Cour	ty Code (7))(STA	TE USE ONLY)	Current Use (Pr	rior if being dem	olished)			
Morris						- Area of Cities	A.	Substation					
Name of Monitoring Firm F	Hired by Build	ding Owner	(8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9))				
1 Source Safety & he						100000000000000000000000000000000000000	bateTech, li						
Street Address		***************************************				Stre	et Address						
140 S. Village Ave. S	Suite 130					30	0 Maple Ave	. PO Box 25					
City, State, Zip Code						City	, State, Zip Co	ode					
Exton, PA 19341						L	umberton, N	IJ 08048					
Project Manager for Monito	orina Firm		Tele	phone	No.	Tele	ephone No.		License No.	8			
Brian Hovendon			6	0-524	-5525	60	09-265-2107		00529				
Start Date (10)	15	Scheduled	Comple	tion Da	te (11)	Nan	ne of OSHA N	lonitor					
5 / 29 /	18	6	/ 4	_ / _	18	Е	MSL Analyt	ical					
Occupancy Status During	Abatement (Check only	one)			Stre	et Address						
☐ Facility Closed/Vacated	d During Enti	re Period o	f Abate	ment		20	00 Route 13	0 North					
Abatement Performed (cribe	City	, State, Zip Co	ode					
Time of Abatement:	AM	PM/ <u>3:3</u>	0PM-1	ZAM		С	innaminsor	, NJ 08077					
Scope of Work (Check all t	that apply)						C C Co	talamant with No	active Pressure				
≥3 sf or ≥3 lf		⊠ R	enovati	on				tainment with Ne losure	gative Flessule				
⊠ ≥160 sf or ≥260 lf			emolitic	on			☐ Gloveba	g Procedure	F: 11 D	rational			
10.00							Non-Exe Non-Exe	mpted (*) and No	on-Friable Proce			T	
attention and a second of the contract of the			s Local Norma				D	£			ateme		
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TO BE ABAT		I IV	aintena stodial		(i.e	., the	rmal systems	insulation,	(Specify	nova	air	aps	losu
IN Facility	1	00	stodiai (12)		1		urfacing, VAT ner miscellane		SF or LF)	1 20		Encapsulate	lre
(13)		Yes	T	N/A	1	Oti	ioi illiocollario	,	ĺ			Œ	
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	,,,			-	Ceiling				250 SF		П	П	П
Office					Cenning	Tile			200 01		1		=
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AbateTech, Inc.				lauler II 1875		Wa	ste 0	G.R.O.W.	S. Landfill				
City, State				10/30			posal Date	City, State					
Lumberton, NJ						6	/4/18	Tullytown	ı, PA				
Completed By (Print or Ty	pe)	Title					Signature	Street, Street		Date	, 1	1,0	2
Gwen Trumbetti	r =/	CHARLES	tions	Coord	linator		(An	M T		5	16	118	5
ASB-41								IV() V		-			
		* Don	at use t	hie form	o for aches	toe li	consura evem	oted activities.					

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

Date of Notification (1)				Na	me of Build	ing Owner/Operator	(2)		Name (St. Pt.)	eta et		
	16 /	18			Farmingd	lae BOE / Job	# 1803-5290	Checks#10175	& 10·	176	Ti	1
Agencies Notified EPA	Type Noti			Str	eet Address 19 Academ	3		an and an agreement of the second section of the section of the second section of the section of		of Contract of the state of	And the second second	1
☑ DOLWD ☑ DHSS	Amend			City	y, State, Zip	Code		-MAY 2 1 2	018	1	1	1
□ DCA	100000000000000000000000000000000000000	lment # ency (includ	—	1 1 1 1 1 2 2	armingda					C. Carrellina		Chapteres.
(NJAC 5:23-8)	justifica	ation)	ing		me of Conta			S Telephone Nu				1
	☐ Cancel	lation		F	rank Benr	nett		973-332-60			parameter (1, 12)	
N				F	ACILITY I	NFORMATION						
Name of Facility Where A	batement is	Taking Pla	ice (3)				Type of Facilit					
Farmingdale ES		-					School (K-	12)				
Street Address							Subchapte	r 8 (Other than K-1 private and comme	2)	والمرازين الم		
49 Academy Street							homes, etc	private and comme	ercial	Dullai	ngs,	
City (5)			O'service.				Square Feet	# of Floors		Bldg.	Age	_
Farmingdale, NJ										9.	· ·g·	
County (6)				Co	unty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demol	ished)		
Monmouth						•	School	ii boilig doilloi	onou	,		
Name of Monitoring Firm I		Iding Owne	r (8)	ASC	И No.	Name of Abateme	ent Contractor (9	9)				1100
RJB Environmental,	Inc.					AbateTech, I		-,				
Street Address				1		Street Address						
56 East Bridge Stree	t					30 Maple Ave	PO Boy 25					
City, State, Zip Code	7					City, State, Zip Co						
Morrisville, PA 19067	7											
Project Manager for Monito			Tol	ephone	No	Lumberton, N	IJ 08048					
Rick Beach	,g , ii.ii				1-9212	Telephone No.		License No.				
Start Date (10)		Scheduled				609-265-2107		00529	*			
6/18/	18	7				Name of OSHA M EMSL Analyti						
Occupancy Status During A	Abatement (-		Street Address						
Facility Closed/Vacated	During Enti	re Period of	Ahate	ment			N. N					
Abatement Performed C	outside of Ne	ormal Facili	tv Hou	rs - Des	scribe	200 Route 130						
Time of Abatement:	AM	PM/	PM		_AM	City, State, Zip Co Cinnaminson,						
Scope of Work (Check all the	nat apply)					Omnamii Son	140 00077					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Enclosed ☐ Glovebag	Procedure	gative Pressure on-Friable Procedur	re			
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Location of Asbestos-Containing Ma			Norma ed Sole			Description of				_	1	T
TO BE ABATE		Ma Ma	intena	nce/	Asbes (i.e.,	tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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(13)		Yes	No	N/A	1	other miscellaneo	us)				late	e
hroughout					Floor tile	e & Mastic		2 552 65				-
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928 Area						ard/tack board n		185 SF			Ш	
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ame of Registered Waste H	daulor					packing		22 SF				
AbateTech, Inc.	idulei			JDEP V		Cubic Yards of Waste	Name of Regis					
			(3,10)	18750		40	G.R.O.W.S	. Landfill				
ty, State						Disposal Date	City, State					_
Lumberton, NJ						7/16/18	Tullytown,	PA				
empleted By (Print or Type))	Title				Signature	1	Dat	Α.		-	
Gwendolyn Trumbetti		Operati	ons C	oordi	nator	On	110		1/16	.1.	P	
1-41									110	11	0	

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

PAID

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

Date of Notification (1)								III) E	1177	E	11 \	VI
5 /	16 /	18			ame of Build SJ Gas	ding Owner/Operator		111111	- Armanian			
Agencies Notified		200		- 1			805-5315 Ch	111 111	12 - 17			anan ar
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☑ DOLWD	Amended					ersey Plaza						
☑ DHSS	Amendme	nt #		1 000	y, State, Zip			ASP	EST	S O	ONT	190
DCA	☐ Emergenc	y (includ	ding		olsom, N					ENE		
(NJAC 5:23-8)	justification Cancellation				me of Conta			Telephone No	ımber			
	Li Caricellatio	on		J	oe Nasell	<u> </u>		518-775-0	537			
Name of English Whan A	V			F	ACILITY	INFORMATION						
Name of Facility Where A Residential	batement is Ta	king Pla	ace (3)				Type of Facilit	ty (4)				
Street Address							School (K-	12)				
Officer Address							☐ Subchapte	r 8 (Other than K- private and comm	12)	huild	200	
City (5)							homes, etc	c.)	ierciai	Dullu	ngs,	
Glassboro, NJ							Square Feet	# of Floors		Bldg.	Age	
County (6)									- 1			
Gloucester				Co	unty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being demo	lished)		_
	lim dt. D. it ii						Residentia					
Name of Monitoring Firm F	tired by Buildin	g Owne	r (8)	ASC	√l No.	Name of Abateme		9)				
Street Address						AbateTech, Ir	nc.					
otroct Address						Street Address	72-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-					_
City, State, Zip Code						30 Maple Ave						
nty, State, Zip Code						City, State, Zip Co						_
roject Manager for Monito	sia a Fi		1=			Lumberton, N	J 08048					
roject Manager for Monito	inng Firm		Tele	ephone	No.	Telephone No.		License No.				_
tart Date (10)	10-1					609-265-2107		00529				
<u>6</u> / <u>4</u> /	18				ate (11)	Name of OSHA Mo						
				_ /	18	EMSL Analytic	cal					
Coupancy Status During A	During Fall 5	ck only	one)			Street Address						_
Facility Closed/Vacated Abatement Performed O	During Entire P	eriod of	Abate	ment		200 Route 130	North					
Time of Abatement:	AM	ai Facili PM/	y Hour	s - Des	AM	City, State, Zip Coo						_
cope of Work (Check all th			1.000			Cinnaminson,	NJ 08077					
cope of work (Check all th	-4 1 \	_										
	at apply)					Ппис						
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1 >3 sf or >3 If	nat apply)	⊠ D∈	emolitio	n			sure Procedure	gative Pressure	ire	,		
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ASB-41 MAY 11

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

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PAID	NO	S OTIFICATIO (Pursuan)		BESTOS	ABATE			EC	E		V		$\overline{\mathbb{N}}$
Date of Notification (1)		Name	of Building	Owner/	Onerato	r (2)	112						
05/18/2018						ountry Cl	ub	MA'	Y 2 1	21	018		IJ
Agencies Notified Type Notification			Address	20			1111	1 11/1	1 / 1	41	310	-	-
EPA Initial			erry Hill				-			21.12	-001		
DEP Amended Amendment Emergency			ate, Zip C Bridge, N		7			ASBES L	ICENS			. Ct	remotive.
DOH justification)	35.0		of Contact					Telephor				-31-78	
DCA Cancellation		Eric F	1.5000000	ODMAT	1011			732-72	27-141	4			
Name of Facility Where Abatement is Takin	g Place (3)	FAU	ILITY INF	UKWAI	ION	Type of Fa	acility (4))					
Glenwood Apartment						-	ol (K-12						
Street Address						Subc	hapter 8	(Other tha			dings	, hom	ies,
City (5)						Square Fe	et	# of Floo	rs	В	lldg. A	\ge	
Old Bridge						6,000		2		1 3	+0		
County (6) Middlesex		County (STATE	Code (7) USE ONLY	n		Current Us Apartme		if being de	molishe	d)			
Name of Monitoring Firm Hired by Building (Owner (8)	10000000	M No.			of Abateme							
Street Address		000	99			General (Constru	uction, In	c.				
7 (C. 1900)						Clifton A	venue	, PMB Si	uite 21	8			
City, State, Zip Code						state, Zip Co							
Project Manager for Monitoring Firm		Telepho	ne No.			none No.		Lice	nse No.	8			
Start Date (10)	Cahadulad	Completion	D-t- (44)			389-0089		006	393				
05/31/2018	06/08/20		Date (11)			of OSHA M General (action. In	C.				
Occupancy Status During Abatement (Chec	k Only One)				Street	Address			7				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of Ab	atement				Clifton A		, PMB St	uite 21	8			
Other – Describe:	ar racility ri	ours			THE RESERVE	tate, Zip Co on, NJ 07							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		novation molition			×	Mini-End Gloveba	closure g Proced	t with Nega					
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(13)		12)		other m	iscellan	eous)				oval	oair	Encapsulate	Enclosure
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14 A-D Peach Ln	X			ipe/Elb		STATE OF THE STATE OF		160 LF		2			
16 A-D Peach Ln	X			ipe/Elb				155 LF		(
18 A-D Peach Ln	X		Р	ipe/Elb	ow Ins	ulation		160 LF	· >	(
Name of Registered Waste Hauler		NJDEP W	lacto	Cubic `	Vordo	l Ne	no of Do	mintered L	- 4511				
Service Transport Group		Hauler ID 20990		of Was	te	1		gistered La Landfill	anamii				
City, State		-		17 (7)	al Date	1	, State						
New Castle, DE 19720	1			06/08			aynesb	ourg, OH	-				
Completed by Milan Njezic	Title Vice Pr	esident		Si	gnature	91	Ti	ブ	Date 05/1		2018		

OK ABIH

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

Date of Notification (1) Name of Building Owner/Operator (2) 05 15 / 18 Donna Murqula Agencies Notified Type Notification Street Address 2018 **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Pleasantville, NJ 08232 **ASBESTOS CONTROL &** ☐ DCA ☐ Emergency (including Telephone Number (NJAC 5:23-8) Name of Contact justification) ☐ Cancellation Joe Raine - HS Restoration **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Pleasantville 1,800 3 95 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Atlantic Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05 / 26 / 18 05 / 29 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Used Solely by Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Attic X Pipe Insulation 120 LF X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Freehold Cartage Waste Atlantic County Landfill 15939 1 City, State Disposal Date City, State Freehold, NJ 05/29/2018 Egg Harbor Township, NJ Completed By (Print or Type) Title Signaturé Christina Lynch Vice President of Operations

page 1

05/15/2018 10:08AM 2013297440

BEST REMOVAL INC

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PAID State of Many Jersey MOTIFICATION OF ASBESTOS ABATEMENT DU! - 10 DAY (Pursuant to NJAC 9:60 and 13:124) Date of Notification (1) Name of Building Owner/Operator (2) 15 HASSAN Rivzi Agenojos Notifi Type Nocification EPA Ditial . DEP Amended DOL Amendment # METUCHEN . NJ. Emergency (including DOH DCA Name of Contact justification) Telephone Number HOTOCO Cancellation MR. ROUZI FACILITY INFORMATION Name of Facility Where Abatemani is Taking Place (3) Type of Pr ility (4) MR. RIVZI Schol (K-12)
Sub: apter 8 (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.) Street Address City (5) METUCHEN Square Pec # of Floors 1960 2/00 2 County Code (7) (STATE USE ONLY) Current Us (Prior of boing demolished) HIDOUSSEX Name of Monitoring Forn Wired by Building Owner (8) ASCM No. Name of Abatemen Committee (9) Street Address Best Rem: vel Inc 450 South River Street City, State, Zip Code City, State, Zip Coc. Hackensacc, NJ 07601 Project Manager for Monitoring Firm Telephono No. Telephone No. Start Date (10) 201-329-1 446 Name of OSHA Mc Hillor Scheduled Completion Date (11)
5/18/18 00388 51618 Occupancy Status During Abstrant (Check Only One) Omaga Ross | ranmental Psoility Closed/Vacated During Entity Period of Absorption 280 Huyle : Street Abatement Performed Orasida of Normal Pacific House OPM South Hag spreack, NJ 07606 Scope of Work (Check All That Apply) 四 5160年年2160年 日 5160年4214 日 5160年4214 Renovation

Describition Full Con sinn ent with Negative Pressure Mini-En kaure Gloveka Procedure Non-Exe anted (*) and Non-Friable Procedure la Location Abgrement Location of Normally Asbestos-Conntining Meserial (ACM) Тура Used Solely by Description of Asbestos Containing Material (ACI: TO BE ARATED Maintenance Amount (i.e. thermal systems insulation, surface ig. Custodial Staff? b Facility (Specify SP or LP) VAT, or Repeir (13)(12)other miscellantow) Yes No NA BASEMENT * VAC ADDSF × Name of Registered Warte Hauter NUDEP Wast Cubic Yards Nin a of Registered Landfill Hauler ID No. of Waste Best Removal Inc 3075 17109 M nerva Enterprises, LLC Disposel Date Hackenanck, N. 1 07601 5/18/18 We yneshurg, Tida OH 44688 J. Maiorano Estimator 02011 De06 5/15/18 (20-30-K) 15-M2A Do not use: is firm for asbeaux licensure entrapted activities.

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DCA [Cancellation			John	11 1777 1815				بــا				<u>~</u>		merkout.o-
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Street Address							Street	Addres							
City, State, Zip Code				V			City, S	tate, Zi	p Code NJ 074						
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph	none No 764-2),		License N	√o.			
Start Date (10) 5/25/18		Schedul		npletion	Date (11)		2000	Territoria de la composición della composición d	A Monitor						
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Facility Closed/Vacate Abatement Performed Other – Describe: ext	Outside of Norma	eriod of al Facilit	Abaten y Hours	nent			City, St	tate, Zi	o Code						
Scope of Work (Check All 7	That Apply)											-			
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City, State Bridgewater, NJ						Dispos TBD	sal Date		City, State Exton P						
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Check#3059

Date of Notification (1)				Name	of Building	Ownerlo	Inorator (2	,		2 20		hermi	7
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Agencies Notified EPA	Type Notifica	ition			Address					001/	,		
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DCA (NJAC 5:23-8)	Emergence justification		1		of Contac			-	TAT- Sphone Nur	RNTR	OL &		-
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					CILITY IN		TION						
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Street Address								Other (i.e., p	3 (Other than K-1 private and comme		ilding	5,	
City (5)								homes, etc.) Square Feet	# of Floors	TRI	dg. Ad	10	
Short Hills, NJ 07078								Oquale 1 eet	# 01 1 10013	, D,	ug. Ag	je	
County (6)				Coun	ty Code (7)	(STATE US	E ONLY)	Current Use (Pr	ior if being demol	ished)			
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Name of Monitoring Firm	Hired by Build	ling Owner	8)	ASCM	No.	Name of	f Abateme	nt Contractor (9))				
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Street Address						Street A	ddress						
City, State, Zip Code						ley Rd #2							
ony, otato, zip oode						ite, Zip Co							
Project Manager for Mon	itoring Firm	Tele	phone	No.	Telephor	NJ 07470	J	License No.					
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Start Date (10)	5	Scheduled C	omple	ion Da	te (11)		OSHA M	onitor	01127				
	18	05/	_ 27	/ _	18	Envirov	ision Cor	isultants,Inc					
Occupancy Status During						Street A							
Facility Closed/Vacat						20-21 W	/agaraw l	Road, Bldg .#	35E				
Abatement Performed Time of Abatement: _	AM-	PM/	y Hour PM_	s - Des	AM	City, Sta	ite, Zip Co	de					
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	ii tiiat appiy)							and decontaming ainment with Ne	nation with negative	e press	sure		
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Wayne, NJ 07470 Completed By (Print or T	[vne]	Title				TBD		Tullytown, P					
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N.Jevtic		Owner					//eu	Ac Wenas	<i>l</i> 0:	5/16/18	3		

CHU WHO State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 5/7/18 Luis Bayer Private Home Agencies Notified Type Notification Street Address WAT 2018 **EPA** Initial DEP Amended City, State, Zip Code X DOL **ASBESTOS CONTROL &** Amendment # Barnegat Light NJ 08008 LICENSING Emergency (including Name of Contact DOH Telephone Number iustification) DCA Luis Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Luis Bayer Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) X Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Barnegat Light NJ 08008 1000+ 2 35+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Ocean House & Garage Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/18/18 5/25/18 Same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM)

TO BE ABATED In Facility (13)	1832	intena todial S (12)		(i.e.	thermal systems ins surfacing, VAT, or other miscellaneou	ulation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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-											
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Yards	Name of	Registered Landfil	-			
United Roll Off		71 200	lauler ID 2459	No.	of Waste	G.R.O	.W.S.				
City, State					Disposal Date	City, Stat	e				
Elm NJ					5/25/18		/ille PA 19067				
Completed by	Title				Signature	_	Da	ite			

President

Anthony T Perna

-5/7/18

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Agencies Notified	Type Notification	n		Stroo	t Address	200	1110	NAMEN	(09 C	ONTE	ROL	&
□ EPA	Initial			Suce	Address	70.00		-	TOLINE	MVG		-
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DOH	justification	1)	g	Name				Tolonham	Nimbe	-		
☐ DCA	Cancellatio	ın			VITO) MAA	IENTE	12		25(1)	-	
Name of Facility Where	e Abatement is Taki	na Place	(3)	FA	CILITY INFORMA	ATION					_	
VIT	0'S HOM	16	(3)				Type of Facili	ty (4)				
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City (5)	-	- 1	-				etc.)	private & Comm	erciai b	ullaing	s, nor	nes,
(Mre	N CFT	Y					Square Feet	# of Floors		Bldg.	Age	
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				(STATE	USE ONLY)		Current Use (I	Frior if being dem	olished)			
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Project Manager for Mo	nitorina Eirm					PAT	ERSON.	NJ 073	09			
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05/12/1	8	0.5	116	ipietion	Date (11)	Name	of OSHA Monito					
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M.CBIG NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 15 / Peter Welsh MAY 2 Agencies Notified Type Notification Street Address □ DOLWD ☐ Amended ASBESTOS CONTHOL & City, State, Zip Code ☑ DOH Amendment #_ LICENSING Haddon Township, NJ 08033 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number □ Cancellation Peter Welsh **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Haddon Township 1,300 80 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __05__ / 26 / 18 05 / 29 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ☐ Glovebag Proce ≥ 160 sf or > 260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No N/A Yes Garage X Transite Board 320 SF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 5 City, State Disposal Date City, State

State of New Jersey

Freehold, NJ

Christina Lynch

Completed By (Print or Type)

Vice President of Operations

Title

05/29/2018

Signature

Morrisville, PA

Date

ASB-41 **JAN 13**

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Date of Notification (1) 5/18/18					of Buildin e, LLC	ng Owner	/Operato	r (2)		100		AY 2	1	2018	-
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× DOL	Amendmen Emergency justification	(including]	Name	of Conta		07			Te	lenhone N				
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Name of Facility Where All Former Linde	oatement is Tak	ng Place (3)	FAC	JILITY IN	IFORMAT	ION	Тур	e of Facility (4			<u> </u>			
Street Address 38 Porcupine Road					-			×	School (K-1) Subchapter Other (i.e. p	8 (Oth	er than K- & commer	12) cial bu	ilding	s, hon	ies,
City (5) Pedricktown								Squ	etc.) are Feet	# o	f Floors		Bldg. ~60	Age	
County (6) Salem				County (STATE	Code (7)) -Y)		Curr	ent Use (Prio	r if bei	ing demoli				
Name of Monitoring Firm F EHS	lired by Building	Owner (8)		ASC	M No.)	Name ecos	of Ab	atement Conf						
Street Address 411 Southgate Court	, Suite E						Street	Addre		d					
City, State, Zip Code Mickleton, NJ							City, S	tate, Z	Zip Code 19341						
Project Manager for Monitor Jack Carney	ring Firm			Telepho 856-2	one No. 24-008	0	Teleph 484-8				License 1	No.			
Start Date (10) ,5/24/18		6	121	mpletion 18	Date (11)	Name of EMSI		HA Monitor				-		
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City, State Trenton, NJ						Disposa	al Date		City, State Alloway, I	NJ					
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DCA	Ш	Cancellation	1			ina O'H					-			-			
Name of Facility Where	Abater	ment is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Typ	e of Facility	(4)						
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Street Address									H	School (K- Subchapte		ner than	K-12	')			
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City (5)	-								Sau	etc.) are Feet	1#0	of Floors		F	Bldg. A	ne	
Harrington Park									178		2	71 7 10010			30+/-		
County (6)						Code (7)			Curi	rent Use (Pr	ior if be	ina dem	nolish				
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Name of Monitoring Firm	Hired	by Building	Owner (8)	ASCN	Л No.				atement Co		r (9)					
Project Manager								All S	Stage	s Abatem	ent						
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Project Manager for Mon	itorina	Eirm			Talaska	na Nia				rook, NJ	0/663						
- ojost manager for Mori	ittornig	1 11111			Telepho	ne No.		Teleph 201		No. 3184		Licen:).			
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Abatement Performe	ed Out	tside of Norn	nal Facility	/ Hours	3			City, S	tate,	Zip Code				25 11 15			-
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Scope of Work (Check Al	II That	Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			-	Renova				×		ull Containm		n Negati	ve Pr	essu	re		
△ 2100 SI 01 2200 II			ш	Demolit	ion				300	ini-Enclosur lovebag Pro	=						
									JN	on-Exempte	d (*) an	d Non-F	riable	e Pro	cedur	е	
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Location				Normal ed Sole			De	scription	of					_	Ty	ре	-
Asbestos-Containing TO BE ABA		ial (ACM)	Ma	intena	nce/	Asbes	tos Cont	taining M systems	Aateria	al (ACM)		mount Specify		77		En	ш
In Facili			Cus	todial S (12)	Staff?	(1.0.	surfa	cing, VA	T, or	1		F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)				(.2)			other r	niscellar	neous))				oval	air	sula	sure
			Yes	No	N/A											te	
Baseme	ent			х				VAT			3	51 SF		X			
														-			
											Sec. 20			-			
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Name of Registered Was	te Ha	ıler		T A	IDED I	lasts	Cuti	Vasili		T N = -							
NO CONTRACTOR - 4800 - 00		aidi		100000	JDEP W auler ID		of Was	Yards ste		Name of				0.00	7920		
All Stages Abatemer	IL			0	036592	2	3	y year Sylvest		Grand	Centr	al San	itary	Lar	dfill		
City, State							100000000000000000000000000000000000000	sal Date		City, Stat							\neg
Saddle Brook, NJ							TBD			Pen Ar	gyl, P	A					
Completed by Richard Cristofol			Title	ide-1			S	Signature	1	11	/_		Date				
STATE OF SCORE			ries	ident				1	1/1/	1/			5/1	8/18	5		

Check # 25593



Date of Notification (1)			Name	of Building Own	er/Operato	r (2)	["] [- A	7	η	// [F	2 /-
5/16	/2018					nsbury		G				3 1
Agencies Notified	Type Notification	ľ.	Street	Address			13					111
× EPA	× Initial							BAAV	0 1	20	10	100000
DEP	Amended	2774207	City, S	tate, Zip Code	(160.00A 100		u ui	MAY	21	20	8	
X DOL	Amendmen Emergency		10		Maple	wood, NJ 070						i i i i i i i i i i i i i i i i i i i
□ DOH	justification)	ì	Name	of Contact	38		Telep	hone Nun	ber	72.17	SOL	2
DCA	Cancellation	า			Lounsbur	y				٠.٠	.02	_
Name of Facility Where	Abatament is Takir	na Dinas (2)	FAC	ILITY INFORM	ATION				National Property of the Parket			
Traine of Facility Writere	Residential	ig Place (3)				Type of Facility	(4)					
Street Address	rtooloontial					School (K-	12)					
Oli CCC / Idai C33						Subchapte Other (i.e.	r 8 (Other private & c	than K-12) Lhuil	dinas	home	20
City (E)						etc.)			ı bull	umgo	Home	
City (5)	aplewood, NJ 0	7040				Square Feet	# of F			Ildg. A		
	apiewood, NJ C	17040				2400	2			75+,	-	
County (6) Unior	•			Code (7) USE ONLY)		Current Use (Pri	ior if being	demolishe	ed)			
		0 (0)	- North Control									
Name of Monitoring Firm MEC		Owner (8)	ASC	M No.	Name	of Abatement Co	ntractor (9)	12012			
	, <u> </u>					ens Environme	ental Se	rvices, li	ıc.			
Street Address	341					Address						
	JOX 34 I					30x 322						
City, State, Zip Code	terfield, NJ 085	15				State, Zip Code	24					
		10	T= : :			town, NJ 0850						
Project Manager for Mon Bill Weisgar			Telepho	one No. 298-4070		none No.		icense No				
Start Date (10)		0-1-11-16		- MANAGEMENT OF STREET		259-9688		0493				
5/30/2018		Scheduled (6/5/201		100000000000000000000000000000000000000	of OSHA Monitor						
	Abatamant (Ch	-l- O-l - O	0/3/201	o 	MEC	20.						
Occupancy Status During						Address						
Facility Closed/Vaca Abatement Perform	ated During Entire	Period of Aba	tement			30x 341						
× Other – Describe: 8	am 3 pm	nai Facility Ho	urs		10500	tate, Zip Code						
Scope of Work (Check A					Ches	sterfield, NJ 08	3515					
	п тпас Арріу)	_			100	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		7,17,111	ovation olition		×	Full Containm	ent with N	egative Pr	essui	re		
		☐ Dem	OIILIOI1		Ë	Mini-Enclosure Glovebag Prod						
					×	Non-Exempted	d (*) and N	lon-Friable	Pro	cedur	9	
		Is Loc	cation								ment	
Location		Norn Used S	nally		Description	of		-	_	Ту	pe	_
Asbestos-Containing TO BE ABA	Material (ACM)	Mainte				faterial (ACM)	Amo	723.07	-		ш	m
In Facili		Custodia			nai systems rfacing, VA	s insulation,	(Spe SF or		Ren	Re	ncar	nd
(13)		(1	2)		er miscellan		0, 0,		Removal	Repair	Encapsulate	Enclosure
		Yes N	o N/A	1					<u>=</u>	200	ate	6
Basement Boi	ler Room	X			Transite		144		7,			-
Dadomont Bot	ici itooni	1^			Transite		144	SI	Х			_
												\dashv
Name of Registered Was	te Hauler		NJDEP W	l Vaste Cut	oic Yards	Name of	Registered	Landfill				_
Stevens Environmen			Hauler ID	No. of V	Vaste		122					
	tai dei vices		18292	2	1	rairiess	Landfill					
City, State					posal Date	City, State						
Allentown, NJ		<u></u>	<u></u>	6	3/5/2018	Morrisv	ille, PA					
Completed by		Title			Signature	91-1	7	Date				
Mahlon E. Stevens		Project I	Manager		12	M Jar		5	/16/	18		

-140W/

Print Form

Date of Notification (1) 5/18/18	er i i i i		Name	of Building	Owner			1 [GE	1	W E	3 1	7
Agencies Notified Type Notificat				nleen Scia	arello		ļ ļ.	公/					1
EPA X Initial				t Address			-	LI N	IAY 2	1 20	118	The state of the s	圳
DOL Amended				State, Zip Co							-) Image	-
Emergen	cv (includi	ing	1	ord, NJ 08				ASBE	STOS C	ONT	201	,	- Sections
DCA justification Cancellat	ion			leen Scia				Te	lephone	Numb	er	2	1
Name of Facility 100				CILITY INFO		ION							teer.
Name of Facility Where Abatement is Ta Private Residence	king Place	(3)			OT LINES !	1010	Type of Facil	lity (4)					
Street Address							School	200					
							Subcha	pter 8 (Oth	er than K	(-12)			
City (5)							Other (i. etc.)	e. private	& comme	rcial b	uilding	js, ho	mes
Milford							Square Feet	100000	f Floors		Bldg	Age	No.
County (6)			County	Code (7)			1500	2			50÷		
Hunterdon			(STATE	USE ONLY)			Current Use (Private Re	Prior if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	M No.		Name	of Abatement ((0)				
N/A						Bako	Construction	on & Res	(9) Storation	a Inc			
Street Address							Address			1, 1110			
City, State, Zip Code						265 F	Route 46 Ste	e 3D					
oraco, zap oode							ate, Zip Code					-	
Project Manager for Monitoring Firm			Talash	N			va, NJ 0751	2					
g			Telepho	ne No.		Telepho			License	No.			
Start Date (10)	Schedu	iled Co	mpletion	Date (11)			56 7010 f OSHA Monito		00666				5.0
06/07/18	06/09	/18		Duto (11)			Constructio		taration	l		77 ISAN	
Occupancy Status During Abatement (Che						Street A		11 01 1165	toration	, Inc.			
Facility Closed/Vacated During Entire	Period of	Abater	ment				oute 46 Ste	3D					
Abatement Performed Outside of Non Other – Describe:	mal Facilit	y Hour	S				te, Zip Code						
Scope of Work (Check All That Apply)						Totow	a, NJ 0751	2					
23 sf or ≥3 lf	П.	_				C-11-7							-
≥160 sf or ≥260 lf	- Distance of	Renova Demolit					Full Contains	ment with I	Vegative	Pressu	ıre		
						2000	Mini-Enclosu Glovebag Pro	ocedure					
	Т.		Т		Wallion was a fe	×	Non-Exempte	ed (*) and	Non-Frial	ble Pro	cedur	e	
Location of		Locati Normal										emen	Ĺ
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbestos	Desc Contai	ription of	erial (ACM)	0		-	1)	/pe	Т
TO BE ABATED In Facility	Cust	intenar todial S	Staff?	(i.e. the	ermal sy	ystems in	sulation.		ount ecify	R	70	Enc	l m
(13)		(12)		01	ther mis	ng, VAT, scellaned	or us)	SF c	or LF)	Remova	Repair	aps	Enclosure
	Yes	No	N/A				30			Val	Ť	Encapsulate	ure
House Exterior			X	Asheet	tos Co	mant	Shingles	105	2.05	-			
Garage Gable Ends			X						SF	X			
	+		^	Vanear	los Ce	ment	hingles	200	SF	X			
	+												
ame of Registered Waste Hauler		1.61	IDED										
ako Construction & Restoration, In	^	Ha	JDEP Wa auler ID N	, -	ubic Ya f Waste		11	Registere		-			
	C.		889		BD		Tullyto	wn Resc	urce Re	ecove	ery F	acilit	y
ty, State otowa, NJ				100000	isposal	Date	City, Stat	e			-		
ompleted by	1 701			T	BD		Tullyto	wn, PA					
oran Kojic	Title Project	ct Ma	nager		Sign	ature 🤦	20	مر يسر	Dat				
	1 Tojet	or ivial	nayer		1	-	\$ C	THE	05	/18/1	8		

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

B & G proj. #:

							Chec	k# 0	1 1			-
Date of Notification (1)		Name	of Building Ow	ner/Operator (2	2)	AL ALLES						
0 5 /1 8 /1 18	_l	10.4	in Brenman		•		ME	C F	Π Γ	1/1/1	7 6	
Agencies Notified Type No	tification	Street	Address				11)	C F		V/ [1
X In	itial											
☐ DEP		City, St	ate, Zip Code					MAY 21	20	78	115	卅
	nendme	nt Line	den, NJ 070	36					4.0	10	6000	7
M DOH		The Party Consideration of	f Contact				Telepho	ne Number	ALTI	201	=	+
□ DCA □ Ca	incellatio		in Brenmai	n				010300	MAIL	TUL	Ä	James .
			FAC	CILITY INFORM	MATIO	N					-	Photoson I.
Name of facility where abaten	nent is ta	king place (3)					Type of Facility	(4)				
Kevin Brenman								ol (K - 12)		97		
Street Address								hapter 8 (Ot			-12)	
Street Address							Bldgs	(Private/Co ./Homes, et	C.			
City (5)		County (6)			Col	unty Code (7)	Square Feet	# of Floors	3	В	dg. A	ge
					,	ate use only)	Current Use (F	Prior if heing	den		ad/	
Linden, NJ 07036		Union				,	Residential	Tior ii being	uen	1011511	su)	
Name of Monitoring Firm Hire	d by Bldg	g. Owner (8)		ASCM No.		Name of Abatement Co	ontractor (9)					
Chroni Add				n/a		B & G Restoration	n, Inc.					
Street Address						Street Address 105 Ryerson Ro	ad					
City, State, Zip Code					-	City, State, Zip Code		-				-
						Lincoln Park, N.	J 07035					
Project Manager for Monitoring	Firm		Phone Num	per		Telephone Number (973)696-6869		License N		er		
Cabaddad Ot J D J J J G						Name of OSHA Monitor		003	378			
Scheduled Start Date (10)			oletion Date (1	1)		B & G Restoration						
05/31/2018		06/01/20				Street Address						
Occupancy Status During Abate						105 Ryerson Roa	ad					
Facility closed/vacated du Abatement performed out	uring enti tside of r	re period of a iormal facility	oatement. hours-			City, State, Zip Code						
Describe:					-11	Lincoln Park, NJ	07035					
Scope of Work (check all that a	apply)				-]]		07000					
		novation			Пь	ull Containment w/negat						
	_	0 sf or <u>></u> 260 lf				fini-enclosure	ive pressure	Gloveba				
Location of			ally used solely	/	E 10	min cholosure	T	Non-fria	R			
asbestos-containing	by	maintenance/ ff(12)	custodial		n of a	sbestos-containing	Amount		е	R	E n	E
material to be abated in facility (13)	-	• 100	T	material (A		occoo containing	(Specify S	SF or	m o	p a	c a	n c
		es No							v e	i	р	L
garage			X	thin duct in	ısulat	tion	40 sf			X		
	-				- Normania							
									4			ᆜ
Registered Waste Hauler		NJDEP Hau	ler ID# C	ubic Yards of W	Vaste	Name of Registered La	ndfill				Ц	Ш
B & G Restoration, Inc.		19563		11		Fairless Land						
City, State Lincoln Park, NJ			Disposal D 06/0	ate 01/2018		City, State Morrisville, PA	Α					
Completed by (Print or Type) Gordana Luna	Title	e cretary/Trea	asurer	Signature		Gordana Luna		Date 05/18/	2019		Y	

B & G proj. #: 2018-106

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

Check # 8987

								Chec	k# 0	ė :	۵.	<u> </u>	
Date of Notification (1)		11	Name of	Building Ow	ner/Operator (2)							
10 15 1/1 18 1/11	8			eth Coquir		.,		ME	P F	П	1//	77 [7	
	Notifica	ation	Street Ad	•				1111115	GE		\mathbb{V}_{\parallel}	FI	M
L EPA	Initial											711	
☐ DEP ☐	Ti Ti Ci Ci	- 11	City Stat	e, Zip Code					MAY 2	21	10	\parallel	Щ
X DOL	Amend	dment		gston, NJ (07039					1 20	118	1	2
▼ DOH		11	Name of 0					L	Sala-Alemah	-		_	
□ DCA □	Cance	3.1	200	2000 - 2000 - 20				I PIERRO	LICENS	TINU	ROL	2	ed total
		Ц	Kenn	eth Coqui	<u>n</u>						-	-	Marine 1
				FAC	ILITY INFORM	IATIO	N						
Name of facility where abat	ement	is taking p	lace (3)					Type of Facility					
Kenneth Coquin									ool (K - 12				
Street Address			****			-			hapter 8 (
									r (Private/0 s./Homes,	comm etc.	erciai		
Cib. (E)		1.0	4 (0)					Square Feet	# of Floo	ors	В	ldg. A	ge
City (5)		Col	unty (6)				unty Code (7) ate use only)						
Livingston, NJ 0703	9	E	ssex			(3)	ate use only)	Current Use (Residential		ng der	nolish	ed)	
Name of Monitoring Firm Hi	ired by	Bldg. Owi	ner (8)		ASCM No.	1	Name of Abatement Co	ontractor (9)					
					n/a		B & G Restoration						
Street Address						-	Street Address				-		
							105 Ryerson Ro	ad					
City, State, Zip Code							City, State, Zip Code	North Company					
Decided Manager Co. Mar. 11						_	Lincoln Park, N.	J 07035					
Project Manager for Monitori	ng Hirr	n		Phone Numb	er		Telephone Number (973)696-6869		License		ber		
Cabadulad Chat Date (18)		10.1					Name of OSHA Monitor	,	1_0	0378			
Scheduled Start Date (10)				etion Date (1	1)		B & G Restoration						
05/30/2018			31/2018	3			Street Address						
Occupancy Status During Ab				#0 F05			105 Ryerson Roa	ad					
Facility closed/vacated Abatement performed	during outside	entire per	riod of aba	itement.			City, State, Zip Code						
Describe:						_	Lincoln Park, NJ	07025					
Other-Describe: Scope of Work (check all the	at appl	, A)				-	Lincoll Falk, NJ	07035				- 1	1
Demolition	at appi	y) Renovati	0.5				e was vir to v		-				
							Full Containment w/negat	ive pressure					
		≥160 sf or	7177	y used solely		X I	Mini-enclosure		∐ Non-f	riable	oroce	dure	
Location of asbestos-containing		by maint	enance/cu		1			Amount		e	R	E n	E
material to be		staff(12)	Γ		material (/		sbestos-containing	(Specify	SF or	m	р	С	n
abated in facility (13)		Yes	No	N/A	150			LF)		v	i	a p	L
near boiler room			1	X	pipe insula	tion		5 If		e	T	П	h
gas meter room				×	pipe insula			2 If		X	H	H	計
storage room				X	pipe insula			6 lf		X	Ī	Ī	
wall between rooms				×	pipe insula	tion		1 lf		X			口
basement				X	contamina			63 lf		X			
Registered Waste Hauler B & G Restoration, Inc			EP Haule 19563	r ID# C	ubic Yards of W	/aste	Name of Registered La Fairless Land						
City, State				Disposal D	ate		City, State	uill				·	
Lincoln Park, NJ					1/2018		Morrisville, P	A					
Completed by (Print or Type) Gordana Luna		Title	_ /=		Signature		Q. 1 CO		Date			N.	
Cordana Luna		Secreta	ry/Treas	surer			Gordana Luna		05/18	3/201	8		

1.1169		Communications	NO	IFIC,	ATIO	otate of N OF AS nt to NJ	BE:	Jersey STOS ABAT 3:60 and 5:10	TEMENT 6)	part of the second second second		<u> </u>	<u> </u>			W_	_ <u>L</u>
Date of Notification (1)		l.	J	lad	Name	e of Buildin	n Ov	vner/Operator (2)	1	1 1000	\vdash	MAY	2		2018	3
05 /	18 /	18			1	unty of E	_		2)	_		manuma	en distribution de	ne ren			
Agencies Notified EPA	Type Notific ☑ Initial	ation				t Address	- V	allou Dood				ASB	EST(OON ISIN	ITHC G)L &
☑ DOLWD	Amende	d						alley Road						200786940			CONTRACT OF THE PARTY OF THE PA
☑ DOH □ DCA	Amendm			-		State, Zip (ount Holly											
(NJAC 5:23-8)	☐ Emerger justificat		iciuain	g		e of Contac	4			Te	lenho	one Nu	ımber			-	
	Cancella	22500			Ma	rk Hanse	n			-	юрис	J110 140	arriboi				
					FA	CILITY IN	IFO	RMATION									
Name of Facility Where A	batement is	Taking	Place	e (3)					Type of Facility (4)							
Residential		20, 115							School (K-12)				4.63				
Street Address									☐ Subchapter 8 ☐ Other (i.e., pri homes, etc.)	ivate	ner tr e and	nan K- I comn	-12) nercia	l bu	ilding	js,	
City (5)									Square Feet	#	of FI	oors		Blo	dg. A	ge	
Eastampton Townsl	hip								•						•	~	
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Price	or if	being	g dem	olishe	d)			
Burlington																	
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)								
T&M Associates					0014	45	1	ALL PRO MA	NAGEMENT LL	.C							
Street Address							Str	eet Address									
200 Century Parkwa	y, Suite B						2	27 Outwater I	Lane								
City, State, Zip Code							Cit	y, State, Zip Co	ode								
Mount Laurel, NJ 08	Paragraph and the second secon						(Garfield, NJ	07026								
Project Manager for Monit	oring Firm				phone		Tel	lephone No.		L	icens	e No.	è				
Kevin Burns				9 25		-4396		73-928-4888			118	8		- 55-11			
Start Date (10)						ite (11) 18	100000000000000000000000000000000000000	me of OSHA M ALL PRO MA	onitor NAGEMENT LL	.C							
Occupancy Status During							Str	eet Address								2001-0	
☐ Facility Closed/Vacated	During Enti	re Per	iod of	Abate	ment		2	7 Outwater L	_ane								
Abatement Performed Time of Abatement:	Outside of No	ormal PA	Facility	y Hour	s - Des	cribe	Cit	y, State, Zip Co	ode								
						Alvi	(Garfield, NJ (07026								
Scope of Work (Check all	that apply)						All Sec	☐ Full Conta	ainment with Nega	ative	Pres	ssure					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati molitic				☐ Mini-Encl ☐ Glovebag	osure				dure				
			Is	Locat	ion				Inpice () and item		0010	1000	T	Aha	ateme	ent Ty	me
Location of Asbestos-Containing M		.		Norma ed Sole				Description of					Ė				
TO BE ABAT	ED	')	Ma	intena	nce/			Containing Mat ermal systems in			Amo (Spe	ount ecify		Remova	Repair	Encapsulate	Enclosure
IN Facility	1	İ	Cus	todial ((12)	Staff?			surfacing, VAT,	or		SF o			oval	=	psul	sur
(13)			Yes	No	N/A		ot	her miscellaned	ous)							ate	(D
Kitchen						Linoleu	m				60	SF		×			
Kitchen					\boxtimes	VAT					60	SF	1	X			
													1				
						8									П	П	П
Name of Registered Waste	Hauler			N	JDEP \	Vaste	Cul	oic Yards of	Name of Registe	erec	Lan	dfill	- 1		_	_	_
Century Waste, LLC				Н	auler II 32797	THE PROPERTY NAMED IN	Wa A	ste s Needed	G.R.O.W.S	Nor	th L	andfi	iII/ Fa	irle	ss L	and	fill
City, State							Dis	posal Date	City, State								
Elizabeth, NJ							Т	BD	Morrisville,	PA							
Completed By (Print or Typ	oe)	Title		25.032				Signature	•				Date				
Allen Monchik		Pr	oject	Mana	ager			Allen	Monchik				5/18	/18			

CK 116	9		иот	IFIC. (P	ATION Irsual	nt to NJA	BES	570S ABAT :60 and 5:10	6)				\mathbb{V}	E	
Date of Notification (1)	40 /	40			100000000000000000000000000000000000000			ner/Operator (2)	IIII MA	Y 2	1	2018	2	
		18				unty of B	uriii	ngton	1.00	M / M A	.1 2	- 1	2010) Inme
Agencies Notified ☑ EPA	Type Notific ☑ Initial	ation				t Address					resvortant.				
☑ DOLWD	☐ Amende	d						Illey Road		ASBES			F.275	JL, 8	\$
☑ DOH	Amendm			10		State, Zip (Ş-		LAVEI	and the second	Article Care		THE PART AND ADDRESS OF THE PA
DCA	☐ Emerger		cluding	9		unt Holly		08060		True .		_			
(NJAC 5:23-8)	justificati Cancella	11.0				rk Hanse				Telephone N	lumbe	r			
					FA	CILITY IN	IFO	RMATION		_1					
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility	· (4)					
Residential									School (K-1						
Street Address										8 (Other than k private and com		al bu	ildina	s	
					7.				homes, etc.						
City (5)									Square Feet	# of Floors		Blo	lg. Aç	je	
Eastampton Townsl	ıip														
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being den	nolishe	ed)			
Burlington Name of Monitoring Firm I	Jisad by Duile	din - C	·	(0)	10014	NI	LNI								
T&M Associates	niled by Build	uing C	wner	(8)	ASCM 0014	W5-875	1 000		ent Contractor (9	Šances					
Street Address			_		0014	+5		eet Address	NAGEMENT I	LLC					
200 Century Parkwa	v. Suite B						1	7 Outwater I	ane						
City, State, Zip Code),							y, State, Zip Co					-		
Mount Laurel, NJ 08	054						1 3	Sarfield, NJ							
Project Manager for Monit	oring Firm	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Tele	phone	No.	-	ephone No.		License No).				-
Kevin Burns				9	08-347	-4396	9	73-928-4888		1188					
Start Date (10)	5	Sched	uled C	omple	tion Da	te (11)	Nai	me of OSHA M	lonitor		W. C				
05 /29 / _	18	0	7_ /	_ 30	_ / .	18	A	LL PRO MA	NAGEMENT I	LC					
Occupancy Status During	Abatement (Check	only	one)			Stre	eet Address							
☐ Facility Closed/Vacated							2	7 Outwater I	Lane						
Abatement Performed						cribe AM	City	, State, Zip Co	ode						
			"-			,	G	Sarfield, NJ	07026						
Scope of Work (Check all	that apply)							☐ Full Cont	ainment with Ne	native Pressure					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Re ☑ De					☐ Mini-Encl	losure						
				Loca				1.11				Aba	ateme	ent Ty	ype
Location of Asbestos-Containing N		1)		Norma	ely by	Acho	etec	Description of Containing Mar		Amount		R	R	ш	Щ
TO BE ABAT	ED `	.,		intena	ince/ Staff?	(i.e	., the	rmal systems i	nsulation,	(Specify		Removal	Repair	cap	Enclosure
IN Facility (13)	′		Cus	(12)	Olaii!			surfacing, VAT, her miscellane		SF or LF)	1	<u>/al</u>	- sk	Encapsulate	ure
(1.5)			Yes	No	N/A		Oti	nei illiscellarie	ousj					ře	
Main House- Exterior					\boxtimes	Transit	e Sid	ding		1,900 SF	-	\boxtimes			
Main House- Rear Bed	Iroom				\boxtimes	VAT				90 SF		\boxtimes			
													П	П	
The state of the s			П	П								П		\Box	
Name of Registered Waste	e Hauler		_	N	IJDEP \	Vaste	Cut	oic Yards of	Name of Regi	stered Landfill		_			
Century Waste, LLC				F	lauler II 32797		Wa	ste s Needed	G.R.O.W.	S North Land	fill/ F	airle	ess L	and	fill
City, State			>				Dis	posal Date	City, State						
Elizabeth, NJ							Т	BD	Morrisvill	e, PA					
Completed By (Print or Typ	oe)	Title		11/2		-		Signature			Date	Š			
Allen Monchik		P	roject	Man	ager			Allen	Monchik	2	5/1	8/18	3		

CK 116	09	١	NOTI	PIC/ (Pi	ATIÓ	OFAS	lew Jersey BESTOS ABAT AC 8:60 and 5:1	FEMENT 6)	DEGE		Ŵ		Annual Control of the
Date of Notification (1)				11.5	Name	e of Buildir	ng Owner/Operator ((2)	MAY 2	1	2018		
	18 /	18			Co	unty of E	Burlington		İ				E .
Agencies Notified	Type Notific	cation			Stree	t Address			ASBESTOR	171		F 0.	11000
⊠ EPA					49	Rancoca	s Valley Road	ļ	3 1-17		1	in UC	
☑ DOH	☐ Amende Amenda				City,	State, Zip	Code						
DCA	☐ Emerge		udina		Mo	unt Holly	y, NJ 08060						
(NJAC 5:23-8)	justificat	tion)	9		Name	of Contac	t		Telephone Numb	er			
	☐ Cancella	ation			Ma	rk Hanse	en			,			
					FA	CILITY IN	NFORMATION						
Name of Facility Where A	batement is	Taking F	Place	(3)				Type of Facility	y (4)				
Residential								School (K-					
Street Address								Other (i.e.,	8 (Other than K-12) private and commerce	cial bu	uildino	IS.	
City (5)								homes, etc					
City (5) Westampton Towns	hin							Square Feet	# of Floors	BI	dg. A	ge	
County (6)	шр				10								
Burlington					Cour	nty Code (7)(STATE USE ONLY)	Current Use (F	rior if being demolish	ned)			
Name of Monitoring Firm I	Hired by Buil	Idina Ow	mer (S	8) [ASCM	No	Name of Abatama		**				
T&M Associates	med by buil	iding Ow	niei (c	"	001 ₄		Name of Abateme	다시아 하는 것 같은 다시아 없이 되었다.	(\$\tau_1 \cdots				
Street Address					001-	+0	Street Address	NAGEWIENT	LLC				
200 Century Parkwa	v. Suite B						27 Outwater I	ane					
City, State, Zip Code	3,						City, State, Zip Co						
Mount Laurel, NJ 08	054						Garfield, NJ						
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.	0.020	License No.				
Kevin Burns						-4396	973-928-4888		1188				
Start Date (10)		Schedule	ed Co	mplet	ion Da	te (11)	Name of OSHA M	onitor	1				
05/29/_	18	07	_ /	30	_ / _	18	ALL PRO MA	NAGEMENT I	LC				
Occupancy Status During	Abatement (Check o	nly or	ne)			Street Address					_	-
☐ Facility Closed/Vacated	During Enti	ire Perio	d of A	baten	nent		27 Outwater L	_ane					
Abatement Performed (Outside of N	ormal Fa	acility	Hours	s - Des	cribe	City, State, Zip Co	de					
Time of Abatement:		PIM/_		_PM		AM	Garfield, NJ (07026					
Scope of Work (Check all t	hat apply)	V.002						22- 10-10 OF \$25-20-1	York Yaci				
≥3 sf or ≥3 lf		Г	1 Ren	ovatio	n		☐ Full Conta		gative Pressure				
≥160 sf or ≥260 lf		×	Dem	nolitio	n		☐ Glovebag	Procedure					
			le l	ocati	on	1	Non-Exer	npted (*) and N	on-Friable Procedure	_			
Location o			No	ormali	ly		Description of	f		-	ateme		1
Asbestos-Containing M		1)	Used	Sole			stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility			Custo			(i.e	 thermal systems in surfacing, VAT, 		(Specify SF or LF)	Nov	air	aps	losu
(13)				(12)		-	other miscellaned		SF OI LF)	₩.		ulat	Ге
4ct El		-	'es	No	N/A							Ф	
1 st Floor- Kitchen			_		\boxtimes	VAT			230 SF				
1st Floor- Rear Addition	n Kitchen]		\boxtimes	VAT			250 SF				
Rear Additon Ice Hous	e Roof]		\boxtimes	Silver-C	oated Paint- Ro	ofing Panels	120 SF				
Large Chicke Coup Ro]		\boxtimes	Silver-C	oated Paint- Roo	ofing Panels	900 SF				
Name of Registered Waste	Hauler	-em-clines		100000	IDEP V		Cubic Yards of	Name of Regi	stered Landfill				-
ATC					auler ID SW-24		Waste As Needed	Minerva E	nterprises				
City, State							Disposal Date	City, State					
Shirley, NY							TBD	Waynesbu	ırg, OH				
Completed By (Print or Typ	e)	Title					Signature		Date	9			

Allen Monchik

Allen Monchik

5/18/18

Project Manager

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



	1	-		SHEET			1	į,	السائلات
	_			424 Irick Road		Abateme	ent Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely stenancial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a i	R e p a i	E n c a p s u	E n c l o s u r e
	Yes	No	N/A	1			1	1	
		_	_	Silver-Coated Paint- Roofing			-	-	-
Small Chicken Coup		1	X	Panels	450.05		1		
Striati Chicken Coup	_	_	Λ	raneis	150 SF	X			
							-	_	_
		-	_						
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	_		_				-	-	
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								_	

Completed by: (Print or type)	Title:	Project Manager	Signature:	Date:
Allen Monchik			Allen Monchik	5/18/18

Ch 00610	1045	NC	TIFICATIO	State of New Jon OF ASBES	TOS ABATE	MENT	has an annual control of the control		E C		(****** <u>(*</u> **	W		nt For
Date of Notification (1) 05/16/2018			Name PSE	of Building Ow &G	/ner/Operator	(2)	40 m 20 m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MA	Y 2	1	201	8	
	ype Notification Initial			Address ark Place			de se de la company de la comp		ASBES	310.0 Lluci	(K)	KITE 4G	GL 8	i i
EPA DEP DOL	Amended Amendment #			tate, Zip Code ark, NJ 0710										
DOH DCA	justification) Cancellation	noidding	Glen	of Contact n Milarczyk				9340300	ephone N 4-239-1		er			
Name of Facility Where Aba	stement is Taking	Place (3)	FA	CILITY INFOR	MATION	Type	of Engility (4)							
PSE&G Bayway Sub							of Facility (4) School (K-12))						
Street Address 400 Clifton Street						×	Subchapter 8 Other (i.e. pri etc.)				uildi	ngs,	home	s,
City (5) Elizabeth						Squa 4000	re Feet)	# of 2	Floors		8ld 40	lg. A +	ge	
County (6) Union				Code (7) USE ONLY)			ent Use (Prior station Cor			lished)			
Name of Monitoring Firm His Bureau Veritas	red by Building C	wner (8)	ASC	CM No.	500000000000000000000000000000000000000		tement Contr urg Industr			Com	pan	у		
Street Address 110 Fieldcrest Avenue	e - Raritan Pla	ıza I				Addres Spill	ss man Drive							
City, State, Zip Code Edison, NJ 08837							ip Code n, PA 1801	5						
Project Manager for Monitor JB Chadwick	ing Firm			one No. 225-6040	88	none N 691-1			License	No.				
Start Date (10) 05/17/2018		Scheduled 06/08/20		n Date (11)	4 SAMON SAMO	of OSI denb	HA Monitor urg							
Occupancy Status During A	batement (Check	Only One)		Street	Addres	SS							
Facility Closed/Vacated Abatement Performed Other – Describe: DEM	Outside of Norma	al Facility H	atement lours		City, S	State, Z	man Drive ip Code n PA 1801	 5						
Scope of Work (Check All T	hat Apply)				Detti	iloriori	1174 1001							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation molition		<u> </u>	Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (dure					9	
Location of		No	ocation rmally		Description	of					A	bate Ty	ment pe	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Main: Custo	Solely by tenance/ dial Staff? (12)	(i.e. the	Containing Nermal system surfacing, VA ther miscellar	Material s insula T, or		(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
Roof		Yes	No N/A		Roofing F	iold		40	00 SF	X	4		te	
11001			^		Rooming F	leiu		40	00 31					
Name of Registered Waste WM of New Jersey	Hauler		NJDEP Hauler I 17273	D No. o	Cubic Yards of Waste		Name of Ro							
City, State Bethlehem, PA					Disposal Date 05/17/18-06	5/08/1	City, State Morrisvill	e, P	A 1906	7				
Completed by Stephen Carne		Title Enviro	nmental l	Engineer	Signature		(h)		- 1	Date 05/1	6/20)18		

			F	7	/\ r	7 [F	rint For
Ch 1244	79		NOTII	FICATIO Pursua	State of N ON OF ASI Int to NJAC	8:60 ar	ABATE		т		E (ع اد		\mathbb{V}	EF
Date of Notification (1) 5/16/18				Name	of Building ippany T	Owner/	Operato	r (2)	F E d		M A	Y 2	1 :	2018	
Agencies Notified	Type Notification	1			Address	TOY TIII	з Боа	i d Oi	Eu.	led to	****			-010	
	× Initial			292	Parsippa	ny Roa	ıd			-	ASBES	709	CON	TRO	0.
DEP DOL	Amended Amendmen	t #			State, Zip C ippany, N		= 1			L		Charles			O(
▼ DOH	Emergency justification	(including	g		of Contact		54			Tala					
DCA [Cancellation				Gaveglio						phone N 3) 583-				
Name of Facility Where Al	patement is Takir	na Place	(3)	FA	CILITY INF	ORMAT	ION								
Littleton School	atomore to Taki	ig i lace i	(3)					_	e of Facility (
Street Address 51 Brooklawn Drive								×	School (K-1 Subchapter Other (i.e. p	8 (Other	than K-	12) cial bu	ilding	s, hon	nes,
City (5) Morris Plains								Squ	etc.) are Feet	# of F	Floors		Bldg.	Age	
County (6) Morris					Code (7) USE ONLY	,			rent Use (Prid	or if being	g demolis	shed)			
Name of Monitoring Firm H	lired by Building	Owner (8)	ASC	M No.				atement Cor	tractor (9	9)				
Street Address							Street 15.S		ess rset Place						
City, State, Zip Code							City, S	tate, 2	Zip Code J 07012	9					
Project Manager for Monito	ring Firm			Telepho	one No.		Teleph	one N		- 1	icense 1	No.			
Start Date (10) 06/02/18		Schedul 06/02/		npletion	Date (11)				HA Monitor						
Occupancy Status During A	Abatement (Chec	k Only Or	ne)				Street	Addre	SS						
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F Outside of Norm	Period of A al Facility	Abatem Hours	ent		-	City, St	ate, Z	ip Code						
Scope of Work (Check All T	hat Apply)					_	-11//								
≥3 sf or ≥3 if ≥160 sf or ≥260 if	447)		Renovat Demoliti				×	Mir	Il Containme ni-Enclosure ovebag Proce	edure					
		ls	Locatio	on				I NO	n-Exempted	(*) and N	ion-Friat	le Pro		e ement	
Location of Asbestos-Containing Ma		5.5 to 6.5 lormally d Solel		88 80 80		cription					_	Ту	ре		
TO BE ABATE In Facility (13)		Ma	intenan odial St (12)	ce/	Asbest (i.e.	os Conta thermal s surfaci other m	systems ng, VAT	insula , or	I (ACM) ation,	Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								val	=	ulate	ure
kitchen area in	gym			X		VAT	/Masti	С		80	sf	Х			
	d											-			
Name of Registered Waste H	Javian														
Pow/R/Save Inc. or Pro			Ha	DEP Wuler ID 132/22	No.	Cubic Y of Wast			Name of R			own,	PA		
City, State Clifton, NJ or East Brun	swick, NJ					Disposa	I Date		City, State Pen Argy	I PA or	Tullyta	own	PA		
Completed by Sharon Hendee		Title Presid	dent			Sig	nature	-//	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Da				



Check # 25595

	Δ Π	Samuel J											Г	P	rint F
P	AU	LU)	NOTI	FICATIO	State of N ON OF AS	BESTOS	ABATE	MENT	T ²	Che	ck# 2	255	95		
Date of Notification (1) 5/16	/2018			Name	of Building	g Owner			ical Plant	Service and a se),E	0	7 [5		$\overline{\mathbb{W}}$
Agencies Notified	Type Notification	n		Street	Address			a di sono se sec	tead Ave.	The Franchist Control of the Control		MA	Y 2	1	2018
DEP X DOL	Initial Amended Amendmen	nt #		City, S	tate, Zip C		Avenal,			[[let.	min	, ,		LUIC
⊠ DOH □ DCA	justification Cancellatio)	g	Name	of Contact	t	Isaacs	, 110	07001	Telepho (732)	ASI one Num) 634-6	ber	Wir.	1815	TOPIC VG
				FAC	CILITY INF	ORMAT	ION			(102)	7 004-0	017			
Name of Facility Where	Abatement is Taki Chemical pla		(3)				.011		of Facility (
	267 Homestea	d Ave.						×	Subchapter Other (i.e. p	8 (Other tha	an K-12) nmercia	l buil	dings	, hom	nes,
City (5)	Avenal, NJ 0	7001						Squa	are Feet 20000	# of Floo	ors	10000	ldg. /	-	
County (6) Middlese					Code (7)		-	Curre	ent Use (Prio	r if being de	emolishe	ed)		<u> </u>	
Name of Monitoring Firm MEC		Owner (8	3)	ASC	M No.				atement Con Invironme		ices. Ir	ıc.			7 HE - C
Street Address PO B	ox 341						Street PO E	Addre	SS						
City, State, Zip Code Chest	erfield, NJ 085	515	0,32				City, S	tate, Z	ip Code , NJ 0850	1					
Project Manager for Moni Bill Weisgarl	itoring Firm		П	Telepho	one No. 298-4070	n	Teleph 609 2	one N	0.	Lice	ense No.				
Start Date (10) 6/4/2018		Schedu		W-801G-90-9080	Date (11)	5	Name	of OSI	HA Monitor	004	493				
Occupancy Status During	Ahatement (Cher	ck Only O		0129120	10		MEC								
Facility Closed/Vaca Abatement Performe Other – Describe: 7	ted During Entire	Period of	Abater	ment s				ox 34 tate, Z	-	15					
Scope of Work (Check Al	That Apply)						Ches	terne	iu, NJ Uot	010			0-1-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mir Glo	l Containmen ni-Enclosure ovebag Proce n-Exempted	edure				9	
Location	of	100	s Locat Norma			5				7	- magic		Abate Ty	men	t
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Ma	ed Sole aintena stodial ((12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VAT niscelland	aterial insula Г, or	(ACM)	Amoun (Specif SF or LF		Removal	Repair	Encapsulate	Enclosure
1ot Floor C	NE	Yes	No	N/A								a		late	Ire
1st Floor C			X			VA	T/Mast	ic		940 s	f	X			
Cafeter	ia		X			Transit	e Table	Тор		30 sf		Х			
Name of Registered Wast	e Hauler		l Ni	JDEP W	/acta	Cubic	Varda		Nom 67	:	16.:				
Stevens Environment			1000	lauler ID 18292	No.	of Was			Name of R		andfill				
City, State Allentown, NJ							al Date 29/2018	1	City, State Morrisvill	e, PA					
Completed by Mahlon E. Stevens		Title Proje	ct Ma	nager		Si	gnature		12	/	Date 5/	16/	18		

		NOTIF	CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE	MENT 0)	Col	上书	£ 10	PS			
Date of Notification (1) 05/16/2018	H U		Name of	f Building Fiore	Owner/0	Operator	(2)		m	E C	E		7 [5	
Agencies Notified Type Not	tification	-	Street A	N. STANIS					lus)			u u		-11-
			Oli Ode / (adiooo					1					
EPA Initi	al ended	-	City Sta	ate, Zip Co	nde			1		MAY	21	20	8	4
	ended endment#			am Park		7022			lent land					ļ
Fme	ergency (including	_			, 140 0	1932			-					
	ification) ncellation			f Contact				1	Tel	ephane Niii	nher,	DMTF	OL 8	4
L DCA L Car	icellation		Andy					ke:	ės.		ن سالم	ING.	PARTICIPATION OF	are ones
Name of Facility Where Abatement	is Taking Place (3/	FACI	LITY INF	ORMAT	ON	T	-6 F1114 · / /						
Private Home	is raking riace (3)					Type	of Facility (4)					
Street Address								School (K-12)					
Street Address								Subchapter 8				J:	h	
								Other (i.e. pr etc.)	ivate d	s commerci	ai buli	aings,	nome	es,
City (5)								re Feet	# of	Floors	E	Bldg. A	ge	
Florham Park												J		
County (6)			County (Code (7)			Curre	ent Use (Prior	if bei	na demolish	ned)			
Morris			(STATE L	JSE ONLY)		80000000	· · · · · · · · · · · · · · · · · · ·		g	.00)			
Name of Monitoring Firm Hired by I	Building Owner (8)		ASCM	1 No.		Name	of Aha	tement Cont	ractor	(0)		-		
	3 (5)		7.00.					Safety LL((9)				
Street Address						200000000000000000000000000000000000000	er carrier	Contraction of the contraction			52 A. V.			
0.0007,4441000						Street								
City, State, Zip Code							osby							
Oity, Otate, Zip Code						10 Mary 1971		ip Code						
Desired Market State Sta								NJ 07502						
Project Manager for Monitoring Firm	n		Telephor	ne No.		Teleph	none N	0.		License N	0.			
						973-	400-8	3711		01332				
Start Date (10)	Schedul	ed Con	pletion [Date (11)		Name	of OSI	HA Monitor			10-21			
05/25/2018	05/292	2018				Rem	ioval	Safety LLC						
Occupancy Status During Abateme	nt (Check Only Or	ne)				Street								
Facility Closed/Vacated During	Entire Period of	^ hatam	ont			8 Cr	osby	Ave						
Abatement Performed Outside	of Normal Facility	Hours	ient				-	ip Code						
Other - Describe: 8:00am - 5	:00pm							NJ 07502						
Scope of Work (Check All That App	lv)					1 alc	13011,	140 07 302	-					
	-						7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti				×	Ful	I Containmer	nt with	Negative P	ressu	re		
2100 51 51 2200 11		Jemonu	On				7	ni-Enclosure ovebag Proce	dura					
								n-Exempted		d Non-Friab	le Pro	cedur	е	
	Is	Locati	on								T		ement	
Location of		Vormall										Ту	ре	
Asbestos-Containing Material (A		d Sole		Asbes	tos Cont	scription		(ACM)	Δ	mount				
TO BE ABATED	. Ma	intenar todial S			thermal					pecify	Z	-71	Enc	m
In Facility	Cus	(12)	naii :			cing, VA				or LF)	ema	Repair	aps	clo
(13)		1			other n	niscellan	neous)				Removal	air	Encapsulate	Enclosure
	Yes	No	N/A								-		te	Ф
Basement			х		Floor 7	Tilos N	Acctio		CE	0.05				-
24001110111			^		1 1001	nes, iv	nasiic		00	0 SF	Х		X	
				4										
Name of Registered Waste Hauler		1 67	IDED VI											
		10/25	JDEP Wa auler ID		Cubic of Was			Name of R	egiste	red Landfill				
Removal Safety LLC		5 (3) 53	037007		3	ore.		GROWS	Nor	th				
City, State			20.007		1000	al Date		City, State						
Paterson, NJ					TBD	a Date		Morrisvil	lo D	۸				
Completed by	Title					ignotes	7	IVIOITISVII	, P					
Lasko Veskov		ident			2	ignature	(663h	70	Da		2018		

011							- persons			7.7	7	P	rint F
no Ch	1	NOTIFICAT (Pursu	State of ION OF A ant to NJ	New Jers SBESTO: AC 8:60 a	SABATE	MENT	Formation and the					3	A Charles and the second
Date of Notification (1) 5/15/2018		Nam	e of Buildi	ng Owner	/Operato	r (2)		LI MA	Y 21	20	8		3
Agencies Notified Type Notific	ation		cktown L		Brick L	LC						1	200
210-00-00-00-00-00-00-00-00-00-00-00-00-0			Route 4	58			-	ASBES	108 CC	JUTE	Gi	2	104840
DEP IVI Among	ed		State, Zip	Street Street				Tomorrome more more or o	IC FAIS!	NG.	the state		1
X DOL Amend	ment # 1	Par	amus, N		2								
DOH justifica	ency (including		e of Conta				-	Telepho	one Numb	ner			
DCA Cancel		Mr.	Mark Ma	aday					71-344				
Name of Facility Where Abatement is	Takina Dia 10	F/	ACILITY IN	FORMAT	TION								×
Former Smoothie King	raking Place (3	3)				Туре	of Facility (4)					
Street Address			-				School (K-1						
124 Chambersbridge Road						×	Subchapter Other (i.e. p	8 (Other the contribute 8 contr	an K-12) mmercial	build	ings,	, hom	ies,
City (5)						Squa	etc.) are Feet	# of Flor	ors	Ble	dg. A	Age	
Brick						2,00		1)+	·9°	
County (6)		Coun	ty Code (7	")		Curre	ent Use (Pri	or if being d	emolishe	d)			
Ocean			E USE ON	LY)		For	mer Smoo	othie King					
Name of Monitoring Firm Hired by Build Whitestone Associates,Inc	ling Owner (8)	AS	CM No.				tement Cor						
Street Address							Diagnostic	LLC					
35 Tehnology Drive South					Street								
City, State, Zip Code							ild Ave						
Warren, NJ 07059							ip Code dale, NJ	7402					
Project Manager for Monitoring Firm		Telen	hone No.		Teleph								
Mr.Jeremy Hassett			496-795	55		928-3		1	ense No. 181				
Start Date (10)	Schedule	d Completio					HA Monitor		101				
5-25-2018	6-20-20	18	**	er i	100		Diagnostic	LLC					
Occupancy Status During Abatement (0	Check Only One	e)			Street						-	-	
Facility Closed/Vacated During En	tire Period of Al	batement			16 G	lenwi	ld Ave						
Abatement Performed Outside of I Other – Describe:	Normal Facility	Hours			10000		p Code						
Scope of Work (Check All That Apply)					Bloor	mingo	dale, NJ (07403					
≥3 sf or ≥3 lf	Пъ				-								
≥ 160 sf or ≥260 lf	L Re	enovation emolition			×	Min Glo	Containme i-Enclosure vebag Proci n-Exempted	edure				a	
	ls L	_ocation									7,8	ment	
Location of	1.1	ormally Solely by		Des	scription	οΐ					Ту	ре	
Asbestos-Containing Material (ACM TO BE ABATED		itenance/	Asbe	stos Cont	aining Ma	aterial	(ACM)	Amoun	C56			Ш	_
In Facility	46 P. P. P. P. P. P. P. P. P. P. P. P. P.	dial Staff? (12)	(1.6	e. thermal surfac	systems cing, VAT	insula , or	uon,	(Specify SF or LF	y =)	Remova	Repair	Encapsulate	Enclosure
(13)	-	(/			niscellane			100 TEOM		OVA	pair	sula	nusc
	Yes	No N/A										ite	Ф
Basement Crawl Space		X	F	Pipe Ins	ulation	Debr	is	600 SF	= 2	۲			
Bathroom & Rear Entry		X		Linoleu	ım She	eting		60 SF	2	2			
Basement Area		X		Flue	Packir	ng		2 SF	>	2			
Roof Penetrations		X		Bla	ack Tar			110 SF	= >		1		
ame of Registered Waste Hauler		NJDEP		Cubic '	Yards	П	Name of R	egistered La					-
azmat Diagnostic LLC		Hauler II 003544		of Was	ite			/.S. North		ess l	_an	dfill	
ity, State		1	(2-10)		al Date	-	City, State			00037878			
Caraman Control of the Control of th						- 1	,, -,,,,						

TBD

Signature

Title

President

Completed by

Bloomingdale, NJ

Deni Naumovski

Date

5/15/2018

Morrisville, PA

Check # 25592

			,		IO NOAC			: T	1		E (ا م	3 1	7	7 5	
Date of Notification (1) 5/16/	2018			Name of	f Building	Owner/0		r (2) Rum	mel		<u> </u>	9	2	1 () <u> </u>	3
Agencies Notified	Type Notification			Street A	ddress						5.6	ΑY	0 1	20	40	11
X EPA	× Initial										W	Al	Z	CL	10	i
DEP × DOL	Amended Amendment	#		City, Sta	ate, Zip Co	ode	Forko	d Div	/er, NJ 087	21				,		
	Emergency	(including	_	Nama	f Contact		roike	u Kn	rei, NJ Uor		ASDE	510	<u> </u>	0.65	ROL.	&
⊠ DOH □ DCA	justification) Cancellation			Name of	Contact	Rvan	Rumm	el	Ī	1 17.			ver :	3717/1/3		percen
				FACI	LITY INFO					1			_			
Name of Facility Where A		g Place (3)					Тур	e of Facility (4)						
	Residential								School (K-12	2)						
Street Address								×	Subchapter 8 Other (i.e. pr etc.)				build	lings,	home	es,
City (5)	Forked River, N	J 0873	1					Squ	are Feet 2100	# of	Floors 2	2		ldg. A 60+/	~	
County (6) Ocean			T		Code (7) USE ONLY)		Cur	rent Use (Prio	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Buildina	Owner (8)		ASCN	1 No.		Name	of Ah	atement Cont	ractor	(9)					
MEC							100 CO 10		Environmer			s, In	C.			
Street Address PO B	ox 341						Street PO E									
City, State, Zip Code						-			Zip Code							
	erfield, NJ 085	15							n, NJ 08501	1						
Project Manager for Mon			Telephor			Teleph				Licens		4				
Bill Weisgarl	ber	Schodul	ad Cor	DATE OF SHIP A	98-4070 Date (11)	1	54.7-565.5670.0		9688 SHA Monitor		0049	3				
5/25/2018			5	/29/201			MEC		SHA MONITOR							
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street		73774.							
Facility Closed/Vaca Abatement Performe X Other – Describe: 8	ed Outside of Norm	Period of a nal Facility	Abaten / Hours	nent S			(2.7)	State,	Zip Code ield, NJ 085	15						
Scope of Work (Check Al	I That Apply)						Cites	Sterri	leiu, NJ 000	113						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Renova Demolit				×	M G	ull Containmer lini-Enclosure llovebag Proce on-Exempted	edure					۵	
		le	Locat	ion					- Lxomptou	() une	110111	Tidbic			ement	
Location	of		Vormal	ly		De	scription	of				1		Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma Cus	ed Sole intena todial (12)	nce/ Staff?		thermal surfa	taining M systems cing, VA niscellar	s insu T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
0 10		Yes	No	N/A												
Crawl Sp	ace	X					ue Pip				10 If	_	Х			
	<u> </u>					(Wra	ap & C	ut)								
Name of Registered Was	te Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of R	egiste	red I an	dfill				
Stevens Environmen			200	lauler ID 18292	No.	of Wa			Fairless							
City, State Allentown, NJ							sal Date 29/2018		City, State Morrisvil		Ą					
Completed by Mahlon E. Stevens		Title Proje	ct Ma	anager		S	Signature		"1/2			Date 5	/15/	/18		

		[1	n	-							[P	rint Fo
CH 5773	5	P	NO TE	ICATIO	tate of New Jers N OF ASBESTO to NJAC 8:60 a	SABATE	MEN 0)	т		E (C E		<u> </u>	
Date of Notification (1) 5-16-18					of Building Owner NJ Port New		r (2)		1	M	AY 2	1 2	018	
	e Notification Initial			Street A	Address Mclester Roa	d				ASBE	77.09 NON	CONT	ROL	&
EPA DEP DOL	Amended Amendment				ate, Zip Code eth NJ, 0720	1			I	THE PLANT	121 Sept. 1210	re hall (1.	2	(5) (1) May 2
DOH DCA	Emergency justification) Cancellation				f Contact eth Tripaldi					phone 3-589-		r		
				FAC	ILITY INFORMA	TION								_
Name of Facility Where Abate Port of Newark Building		g Place (3)				Тур	e of Facility School (K-						
Street Address 270 Port Street							×	Subchapter Other (i.e. petc.)	r 8 (Othe			uilding	s, hom	es,
City (5) Newark, New Jersey 07	114						C 5000000	are Feet 000	# of 1	Floors		Bldg. 45 ye	-	
County (6) Essex					Code (7) USE ONLY)			rent Use (Pri NYNJ Pol			olished)			
Name of Monitoring Firm Hired PANYNJ	d by Building	Owner (8)		ASC	/ No.			atement Cor y Group Ir	September 1	9)				
Street Address 241 Erie Street Rm 236				1		Street 3000		ess ns Avenu	e	T WEST				
City, State, Zip Code Jersey City NJ, 07310						City, S	State,	Zip Code NY 11793						
Project Manager for Monitoring	NJ, 07310				ne No.	Teleph	none I			License				
Start Date (10) 5-29-18		Schedule		pletion	Date (11)	Name	of OS	SHA Monitor		0 1000	,	-		
Occupancy Status During Abar	tement (Chec	111111111111111111111111111111111111111				Street		y Group In	1C.					
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: Facility	ouring Entire I	Period of A	Abatem Hours		су	3000 City, S	Bur	ns Avenue Zip Code						
Scope of Work (Check All That	(Apply)					vvan	tagn	, NY 1179	3					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	(Друу)		Renova Demoliti				M G	ull Containmoini-Enclosure lovebag Prod on-Exempted	e cedure	-			IFO.	
37 49E 10			Location			-		on Exemples	u () and	14011-11	labic i	Aba	temeni ype	
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Use Ma	d Solel intenar todial S (12)	y by ice/	Asbestos Cor (i.e. therma surf		fateria s insu T, or	lation,	(Sp	nount secify or LF)	Remova		Encapsulate	Enclosure
Doof Floobing		Yes	No	N/A				,					Ite	Ф
Roof Flashing		-		X		ng Root		ei		SF	X	-		
Vermiculite Fill	X			X	Vei	miculite	e fill		300) CY	X	+		
Name of Decistered Wests 11-	das		1	DEST										
Name of Registered Waste Had Horwith Trucks Inc.	uier		H	JDEP Wauler ID 3227		c Yards aste		Minerva						
City, State Northampton, PA 18067						sal Date 1-17	_ /	City, State Waynes		ЭН				
Completed by Robert Lewin		Title Envir	onme	ntal Co	oordinator	Signature	7	XA_		1000	Date 5-1/6-	18		

CK# 89	767	ì	Notifi (P) ICA 10 Ursuan	itate of Ne N OH ASB It to NJAC	w Je EST 8:60	rsey DS-ABATE and 12:120	MENT		D)-	E G [E [V	E	rint Fo
Date of Notification (1)	18			Name PSE8		Own	er/Operator	(2)	A Land		MAY	21	2018	3	
Agencies Notified BA EPA DEP	Type Notification Initial Amended			4000 City, St	Address HADLE\ tate, Zip Co	ode					SBESTO LIC	S CC ENSII	NTRO NG	DL &	
DOL DOH DCA	Amendment Emergency justification) Cancellation	(including		Name	of Contact ARL		SOLH				elephone Nu		3-9	753	37
Name of Facility Where		g Place (3	3)	FAC	CILITY INFO	ORM.	ATION	Туре	School (K-	12)	her than K-	12)			
60 S	NEWA								Other (i.e. petc.) are Feet	private	& commerce of Floors	cial bui	Bldg. /	Age	
County (6) BE	HACK			County (STATE	Code (7) USE ONLY) _		Curn		or if be	TATio		pg x	85	YRS
Name of Monitoring Firm ENVIRONMENTAL Street Address 64 BROAD STREE	TACTICS	Owner (8)		ASC 004	M No. ** 15		UNIC	Addre		S OF	r (9) AMERIC	A IN	0		
City, State, Zip Code MATAWAN, NJ 077	47						City, S	tate, Z	EHEAD / Zip Code RIVER, NJ		82				
Project Manager for Mon TOM GEIGER	itoring Firm			732-2	one No. 90-2217		Teleph 732-4				License N 01111	Vo.			
Start Date (10) 5/14	/18		6,	pletion 30	Date (11)				HA Monitor SYSTEM	S OF	AMERIC	A INC	D.		
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F	eriod of A	batem		nly		City, St	VHIT	EHEAD A		20				
Scope of Work (Check Al	/			-1			500	1 1 1 1	RIVER, NJ	088	82				
≥160 sf or ≥260 lf		Limitand	enovat emoliti					Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure				e	
Location Asbestos-Containing I		N	Location ormally Solely	у			Description	of					Abate	ement rpe	
TO BE ABA In Facilit (13)	TED	Custo	ntenan odial S (12)	taff?	Aspest (i.e.	therm sur	ontaining M nal systems rfacing, VAT er miscelland	insula Γ, or	(ACM) ation,	(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Roof	PARAPET	Yes	No ×	N/A	ACI	n	CAU/	~			300 LF	 ×		le	10
Windo	ws		X		ACI	7	Window	w C	PUK	3	000LF	X			
1 90	Floors		X		ACM	1 1-	-lock Ti	le+ 1	MASTIC		76 SF				
Name of Registered Wast WASTE MANAGEME			Ha	DEP Waller ID	No.	of W	ic Yards Vaste)	Name of F		ered Landfill				
City, State ELIZABETH, NJ							osal Date ア		City, State MORRIS	2.0	E, PA				
Completed by CAROL RAIMO		Title OFFIC	CE MO	GR.			Signature		Kac	m.	Da		18	//	2

CK#8899

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

			(Pt	ırsuant	to NJAC 8:60 an	d 12:120	0)					1	A CONTRACTOR OF THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN T
Date of Notification (1) 4/23/	18			Name of	f Building Owner/6 G	Operator	(2)	and the same of th	MAY 21	20	18		扣
Agencies Notified	Type Notification		100	Street A 4000 h	ddress HADLEY ROA	D			ASBESTOS C	0M11	iÖL	3	-
EPA DEP				ALCONOMIC AND ACCOUNT	ate, Zip Code			Taran and the same of the same	LICENS	ING	numusian.	A1100000	
× DOL	Amendment #		_	SOUT	H PLAINFIEL	D, NJ 0	7080						
ĭ DOH DCA	justification) Cancellation	loidding		Name of	f Contact	CH	m; s	7	Telephone Num		- 9.	53	37
N		DI		FACI	LITY INFORMAT	ION					7	_	
Name of Facility Where A		Place (3	3)				_	of Facility (4)					
Street Address							☐ S		Other than K-12				
60 S.	NEWN	JAn) {	57.			e e	tc.)	ivate & commercia				es,
City (5) South	HACK	'EN	SAC	2/5			Square	e Feet \$ 8000	# of Floors	B	ldg. A Ax	ge ES	YER
County (6)	RGEN			County (Code (7) USE ONLY)		Currer	nt Use (Prior	if being demolish	4/425/4033			7
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building O	wner (8)		ASCN 004				ement Contr					
Street Address 64 BROAD STREE				100.		Street	Address	S					
City, State, Zip Code	1	A.20					tate, Zip	HEAD A	VE.				
MATAWAN, NJ 077					**			VER, NJ	08882				
Project Manager for Moni TOM GEIGER	itoring Firm		1	Telepho 732-29	ne No. 90-2217		none No 432-83		License No).			
Start Date (10)	/18	Schedule		pletion 30	Date (11)			A Monitor	OF AMERICA	INC			
Occupancy Status During	Abatement (Check	Only Or	ne)	501	18		Address		OI MINIEMON	1140			
Facility Closed/Vaca	ated During Entire Pe	eriod of A	Abatem	ent		396 \	WHITE	EHEAD A	VE.				
Abatement Performe Other – Describe:	ed Outside of Norma	I Facility	Hours	2100	ney_	07.5	tate, Zip TH RI	Code VER, NJ	08882				
Scope of Work (Check Al	I That Apply)						_						
≥3 sf or ≥3 If ≥160 sf or ≥260 If			Renovat Demoliti			×	Mini- Glov	-Enclosure rebag Proce	nt with Negative Produce dure (*) and Non-Friable			a	
		Is	Locatio	on		-	-			_	Abate	ment	
Location			Normall d Solel		De	scription	of				Ту	pe	
Asbestos-Containing TO BE ABA In Facilii (13)	ATED	Ma	intenan todial S (12)	ice/		taining N I systems cing, VA miscellar	s insulat T, or	ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						=		ate	ïe
Roof	PARAPET		X		Acm C	Au/	K		300 LF	X			
Wind	.ω s		X		ACM u	DINDO	w CA	oul K	3000LF	X			
												-	
Name of Registered Wash WASTE MANAGEME			Ha	JDEP Wauler ID	No. of Wa	Yards ste	2	Name of Re	egistered Landfill				
City, State ELIZABETH, NJ					Dispo	sal Date		City, State MORRIS	VILLE, PA				
Completed by CAROL RAIMO		Title OFFI	CE M	GR.		Signature	200	Kac		4/	12	/,	51

Print Form

					State	of New	Jersey	This Lan	11775	y speciment sector	280075-707		
P	7				ON O	FASBE	STOS ABATE 8:60 and 5:16)		DEGE		<u> </u>	777	Carre
te of Notification (1)	18	/ 18		33		Building O	owner/Operator (2) n	and transfer over all	MAY 2	1 20	018		
		Notification		St	reet Ade	dress		1	NECO :			1	
encies Notified EPA					РО Во	x 95120		-	ASSESTOR	0.0	ROL	8	Division.
DOLWD		nended		Ci	ty, State	e, Zip Coo	ie		LICEN	SING	1		
DOH	1	nendment #			•	en, NJ 0		Emailed		31/8/10/2004			
DCA		nergency (inclustification)	ıding			Contact			Telephone Number				
(NJAC 5:23-8)		ancellation			James	Rizzo			856-757-7032				
	100				EACIL	ITY INFO	ORMATION			-29-111-			
ame of Facility Where A	A hatam	ont is Taking F	Place (3)		AOIL			Type of Facility	(4)				
440 GRANT STR	CETS	TPHCTHRE	1400 (0)					School (K-12					
	EEIS	TROOTORE						Subchapter 8	3 (Other than K-12) rivate and commercia	al buil	dinas		
reet Address 440 GRANT STR	CET	TPLICTURE						homes, etc.)		ai buii	unigo	,	
	LLI	TROOTORE		-				Square Feet	# of Floors	Bld	g. Age	9	
ty (5)								varies	varies	5	0+		
Camden					County	Code (7)(5	STATE USE ONLY)	Current Use (Pr	ior if being demolishe	ed)			
ounty (6)						(· //·		HOUSING D	EEMED UNSAFE				
CAMDEN ame of Monitoring Firm	n Hirad	by Building Ov	vner (8)	AS	SCM No). I	Name of Abateme	nt Contractor (9)					
ame of Monitoring Fifth	11 1 11100	b, banang e					Controlled Er						
treet Address							Street Address						
freet Address							1121 N. Bethl	ehem Pike - S	uite 60				
city, State, Zip Code						- 1	City, State, Zip Co	ode					
ity, State, Zip Code							Spring House	e, PA 19477					
Project Manager for Mo	nitorino	Firm		elepl	hone No	o.	Telephone No.		License No.				
Toject Manager for me							215 542 7000		00847				
Start Date (10)		Schedu	uled Con	pletio	on Date	(11)	Name of OSHA M	lonitor					
5 / 21_	/ 18	3 6	3_/_	29	_ /	18	CES						
Occupancy Status Duri			only on	e)			Street Address						
□ Facility Closed/Vaca	ated Du	iring Entire Per	riod of Al	atem	ent		1121 N Bethle	ehem Pike -Su	uite 60				
☐ Abatement Perform	ed Out	side of Normal	Facility I	Hours	- Desci	ribe	City, State, Zip Co	ode					
Time of Abatement	: <u>7:00</u> /	AM- <u>5:00</u> PM/	PM-	-	AM		Spring House	e, PA 19477					
Scope of Work (Check	all tha	t apply)					П	tainment with Ne	antivo Prossuro				
			□ Ren	ovatio	n		☐ Mini-End		gative Flessule				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				olitio			Gloveba	g Procedure	Frieble Breedure				
							⊠ Non-Exe	empted (") and N	on-Friable Procedure	_	ateme	nt T	vn.
				_ocati ormal			Description	of				-	
	tion of	erial (ACM)	Used	Sole	ly by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	000
	ing Ma		Mai	ntena		(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	≝-	psu	1
Asbestos-Contain TO BE	ABATE	<u>D</u>	Custo	mai.			other miscellane		Or or Ery	_		late	(
Asbestos-Contain TO BE	ABATE acility	<u>D</u>	Custo	(12)						1			
Asbestos-Contain TO BE	ABATE	<u>D</u>	Custo		N/A		#						Г
Asbestos-Contain TO BE	ABATE acility 13)		3	(12) No		See At	tached Notice o	f Hazard	200 YD per res				1 -
Asbestos-Contain TO BE	ABATE acility 13)		Yes	(12) No	\boxtimes	See At	tached Notice o	f Hazard	200 YD per res				Г
Asbestos-Contain TO BE	ABATE acility 13)		Yes	(12) No		See At	tached Notice o	f Hazard	200 YD per res				
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Asbestos-Contain TO BE IN F Attached Not	ABATE acility 13)	Hazard	Yes	(12) No		See At]
Asbestos-Contain TO BE IN F Attached Not	ABATE acility 13)	Hazard	Yes	No	NJDEP	Waste	Cubic Yards of	Name of Reg	200 YD per res				
Asbestos-Contain TO BE IN F IN F Attached Not Nme of Regisaled Waste Manage	ABATE acility 13)	Hazard	Yes	No	NJDEP Hauler	Waste ID No.		Name of Reg					
Asbestos-Contain TO BE IN F IN F Attached Not Note of Registrated Waste Manage Cy, Stale	ABATE acility 13) iice of Waste Tent of the control of the contro	Hazard	Yes	No	NJDEP	Waste	Cubic Yards of Waste 200/residen Disposal Cate	Name of Reg GROWS City, State	jistered Landfill				
Asbestos-Contain TO BE IN F IN F Attached Not Note of Regisared Waste Manage Cy, Stale Fairless Hills,	ABATE acility 13) Lice of Waste Tent of PA	Hazard Hauler	Yes	No	NJDEP Hauler	Waste	Cubic Yards of Waste 200/residen	Name of Reg GROWS	jistered Landfill]
Asbestos-Contain TO BE IN F IN F Attached Not Note of Registrated Waste Manage Cy, Stale	ABATE acility 13) Lice of Waste Tent of PA	Hazard Hauler	Yes	No	NJDEP Hauler	Waste	Cubic Yards of Waste 200/residen Disposal Cate 6/29/18	Name of Reg GROWS City, State	n PA	te	18]

Chalf 11785

^{*} Do not use this form for asbestos licensure exempt@d activities.