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



Date of Notification (1)				Name	e of Buildin	ng Owne	r/Operator	(2)					
05 / 23 /	17				aron Oal			·-/	ME	C		\mathbb{W}	E
Agencies Notified Type Notified	cation			Stroo	t Address					U	o U	U	닠
⊠ EPA	Jation			Stiee	Address	50.							Li de maio
☑ DOLWD ☐ Amende				City	State, Zip	Code				MAY 3	-0-	2017	1 1
□ DHSS					ODBUR				g land bridge				1
DCA Emerge (NJAC 5:23-8) ustificat		luding			of Contac	202 (2022)			I Talanha com	hadra a		and the Co	
(NOAC 5.25-6) Justilical					A STOKE	000000			Telephone	Himpers	COL		DL &
		-				****			<u> </u>		211	10	y Omerada
Name of Facility Where Abatement is	Toking [Diago	(2)	FA	CILITY II	NFORM	IATION	1=					
Resident	raking r	Place	(3)					Type of Facility	51.15				
Street Address								☐ School (K-12 ☐ Subchapter 8		-12)			
Offeet Address								Other (i.e., pr	rivate and com		uildin	gs,	
City (5)								homes, etc.)					
WOODBURY								Square Feet	# of Floors		Bldg. A		
County (6)				T.C	-t- O- 1- /	71/07475		1,688Sf	2 Floors		194	0	
US; Camden CO.				Cour	nty Code (r)(STATE	USE ONLY)	Current Use (Pri	or if being dem	nolished)			
Name of Monitoring Firm Hired by Bui	Idina Ou		× 1	10014	M			Resident					
Name of Monitoring Firm Filed by But	iding Ow	vner (8	")	ASCM	No.			ent Contractor (9)					
Street Address								n Environmenta	al Service, L	LC.			
Officer Address						100010000000000000000000000000000000000	Address	5.					
City, State, Zip Code							Jackson						
Oity, State, Zip Code						1000000	tate, Zip Co						
Project Manager for Monitoring Firm			Tolo		N/-			g, NJ 08330					
1 Toject Manager for Monitoring Film			rele	ohone	INO.	- N	none No.		License No.				
Start Date (10)	Schedule	24 02		in D	4- (44)		-561-1901	Lawrence Company of the Company of t	01158				
06 /10 /17					17	100000000000000000000000000000000000000	of OSHA M		10				1
				_ ′ -	17	-		Environmenta	ai Services, L	LLC.			
Occupancy Status During Abatement (Facility Closed/Vacated During Ent				nont			Address	n.					
☐ Abatement Performed Outside of N	ormal Fa	acility	Hours	: - Des	cribe		Jackson						
Time of Abatement: 7AM-11:30PM	//	PM		AM	0,100		tate, Zip Co						
Scope of Work (Check all that apply)						Iviay	S Lanuni	g, NJ 08330					
							☑ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Rend Dem					Mini-Encl	osure					
	L_	7 Delli	OIILIOI			Ĺ		procedure npted (*) and Nor	-Friable Proce	dure			
			ocati								patem	ent T	vne
Location of	.	No Used	rmall	y			escription of			-		T	
Asbestos-Containing Material (ACN TO BE ABATED	1)	Main					ntaining Mat al systems i	terial (ACM)	Amount	lem	Repair	nce	ncl
IN Facility		Custo		taff?	(1.6		acing, VAT,		(Specify SF or LF)	Remova	≝.	Sde	Enclosure
(13)	_		(12) No	NI/A		other	miscellaneo	ous)		_		Encapsulate	ē
Garage			NO NO	N/A	Duct Pa	ane Ins	ulation		40SqFt				
Basement		-	<u> </u>						•	-	-		
			-		Duct Pa	aper ins	ulation		6SqFt				
		_ [Ш	Ш
Name of Degister- 1344													
Name of Registered Waste Hauler			100000	DEP V		Cubic \	ards of	Name of Registe			21		
Graham-Tech Environmental S	ervice,	LLC		00345		**4310		G.R.O.W. N	orth Landfill	& Tull	ytow	n	
City, State						Disposa	al Date	City, State	(9)	v ~= -			
14 Read Drive Sicklerville, NJ (8081							1513 Brode	ntown Rd. M	lorrisvi	lle,P	A	
Completed By (Print or Type)	Title		9 55797.1 S			Si	ghature	1		Date	1-	7	1.1
Vernice Graham	Pres	siden	t				Vo un	l oil	W	5	1	5-1	1 +
CD 44			-					X 1 13/					

CL 310	744	6 resiliani	NOT		ATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DEC	angga protest states	0 2					
Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator	(2)	THE WA	10	U Z	UII	- 11			
05/	24 /	17	7		W	alters Re	sidential		Led	Ch	gib					
Agencies Notified	Type Notif	fication			Stree	et Address			ASBES				18			
⊠ EPA									13/L	相對	BHV	<u>i</u>	. Tages from the con-			
□ DOLWD	☐ Amend	53			City.	State, Zip	Code			4 0	,		i Usas			
□ DOH	Amend			-	1,000,000		NJ 08005									
DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludin	g		e of Conta			Tolophone Num							
(140/10/0.20-0)	Cancel				100000	ctor	OI.		Telephone Num	nber						
					1		NEODMATION		1.	-						
Name of Facility Where	Ahatement is	s Taking	n Place	e (3)	FA	CILITTI	NFORMATION	Type of Facility	(4)							
Residence	r touternent te	o raking	y i laci	c (J)				Type of Facility School (K-12)								
Street Address									²⁾ 8 (Other than K-12	2)						
								Other (i.e., p	rivate and comme	rcial b	uilding	gs,				
City (5)								homes, etc.)		1 -						
LB Twp.								Square Feet	# of Floors	- 10	dg. A	ge				
County (6)					0	nh. 0 - 1 .	7)/07475 1105 21111	2000 sf	1		65					
Ocean					Cou	nty Code (7)(STATE USE ONLY)	The second secon	ior if being demoli	shed)						
	Liend b. D	م - حالمان	0	(0)	1000		1	Residence								
Name of Monitoring Firm N/A	i miled by Bu	illaing (Owner	(8)	ASCM	NO.	Name of Abateme	10.5	NAS							
							The second secon	ntracting, Inc.	>.							
Street Address	eet Address						Street Address									
0:1 0:1 7: 0 1	v Stata Zin Code						1889 Route 9	, Unit 61								
City, State, Zip Code							City, State, Zip Co									
							Toms River,	New Jersey 08	755							
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Telephone No.		License No.							
							732-349-9932	!	00624							
Start Date (10)						ate (11)	Name of OSHA N	lonitor	of the state of th	7/2/27						
06 /05 /		0	06 /	0	7_ /	17	E.M.S.L. Ana	lytical								
Occupancy Status During	g Abatement	(Check	k only	one)			Street Address									
Facility Closed/Vacate							1056 Stelton									
Abatement Performed	d Outside of I	Normal					City, State, Zip Co	ode								
Time of Abatement: _	AM	PN	M/	PM		_AM	Piscataway, I	New Jersey 08	854							
Scope of Work (Check al	Il that apply)		7:H				-	•								
☐ ≥3 sf or >3 If				no	ior		Full Cont	ainment with Neg	gative Pressure							
≥3 \$1 01 ≥3 11 ≥3 \$1 01 ≥3 11 ≥4 260 If				enovat emoliti			☐ Mini-Enc	losure Procedure								
					400				n-Friable Procedu	ire						
				Loca							atem	ent T	уре			
Location Ashestos Containing		- N. A.	1	Norma	ally ely by	-	Description o		98 //	Z	Z	Ш	Ш			
Asbestos-Containing TO BE ABA		ivi)		inten			estos Containing Ma e., thermal systems		Amount	em	Repair	nca	nclo			
IN Facili			Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure			
(13)				(12)		-	other miscellane		/			late	G,			
Yes No					N/A							15773				
exterior				\boxtimes		asbest	os siding		2250 sf	\boxtimes						
											П		П			
										1] [
			-								Ш		Ш			
							5									
Name of Registered Was		2			JDEP		Cubic Yards of	Name of Regis	tered Landfill							
Guardian Contracti	ng, Inc.			1	lauler I		Waste 3	T.R.R.F.								
City, State							Disposal Date	City, State				- 2				
Toms River, New Je	ersey						06/08/17		Pennsylvania							
Completed By (Print or Tr	ype)	Title					Signature	1	7	ate	+					
Nicholas Fernicola	98 NS		roject	Man	ager		3.5.0.0	_ / \		5	1	ul.	-1			

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

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State of New Jersey

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Date of Notification (1) 5/23/17				f Building			(2)				MAY	3	0	2017	
Agencies Notified Type Notification EPA Initial			Street A						- Andrews	ASE	BEST LI	OS CEI	CO	NTR IG	OL 8
DEP Amended Amendmen		_		ate, Zip Co WOOD,		701									
Emergency justification Cancellation	i .			f Contact					Tel	lephone	Numb	er			
			FACI	ILITY INFO	ORMAT	ION			_	-					
Name of Facility Where Abatement is Takin Street Address	ng Place (3)					Typ	School (K-1 Subchapter Other (i.e. p	12) 8 (Oth			build	ings,	home	s,
City (5)							-	etc.) lare Feet		f Floors			dg. A		
Lakewood -			Carratic	Cada (7)	3178		C	nami Una (Del	:6 h -:		!:				
County (6) Ocean				Code (7) USE ONLY)			ho	rent Use (Pri me	or it bei	ing aem	iolisne	۵)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	ЛNo.		AAA	LEA	atement Cor AD PROFE			;				
Street Address						Street 6 WH		ess DOVE CO	DURT						
City, State, Zip Code								Zip Code DOD, NJ 0	8701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one			Licen:	se No.				
Start Date (10) 5/26/17	Schedule 5/29/17		npletion	Date (11)				SHA Monitor AD PROFE	SSIO	NALS					
Occupancy Status During Abatement (Che		Ö.				Street 6 WH		ess DOVE CO	DURT						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:						City, S	tate,	Zip Code							
Scope of Work (Check All That Apply)												11110			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CONTRACTOR .	enova emolit				×	. N G	ull Containme fini-Enclosure flovebag Prod	e cedure					•	
	Is	Locati	on			<u> </u>	1 IN	on-Exempted	ı (") an	a Non-r	-nable		Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntena odial S (12)	ly by nce/		tos Con thermal surfa	systems	ng Material (ACM) Amount				Repair	e Encapsulate	Enclosure		
(10)	Yes	No	N/A		00101	moonari		,				/al	_	late	ire
EXTERIOR						Siding			20	00SF	2	C			
Name of Registered Waste Hauler		10.000	JDEP W			Yards		Name of	Registe	ered Lar	ndfill				
NEWARK CARTING			auler ID 4509	NO.	of Wa	20070		IESI							
City, State NEWARK, NJ					Dispo: 5/29/	sal Date 17		City, State		1 PA					
Completed by	Title	ED			5	Signature			(+3+1)		Date				

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



Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator ((2)			-14-51					
05 /23 /	17			Mi	chael an	d Joan Rise	5 .56		0 F	П	пл				
Agencies Notified Type Noti	ification		-	Stree	t Address			IN E			\mathbb{W}_{-}				
								III				1			
☑ DOLWD ☐ Amend				City,	State, Zip	Code			11/ 0	0 0	017	- 11			
	dment #_					VT 05056		LL LL M	AY 3	UZ	UII	1			
DCA Emerg (NJAC 5:23-8) Emerg		ciuain	g		e of Conta		2	Telephone Nu	mher			1			
☐ Cance	31 mai 20 maz.			Mi	chael an	d Joan Rise		ASBES	STOS	100	TRO	1 & 1C			
				FA	CILITY	NFORMATION		The first control according to the control of the c	HOEN	ISIN	<u>G_</u>				
Name of Facility Where Abatement i	is Taking	Place	(3)		OILII I	W OKWATION	Type of Facility ((4)							
Resident			(-/				School (K-12)								
Street Address				***************************************			☐ Subchapter 8	Other than K-							
							Other (i.e., pr homes, etc.)		ercial b	uildin	gs,				
City (5)		70770cL					Square Feet	# of Floors	B	ldg. A	ne				
Haddonfield							2,750Sf	3 Floors		192					
County (6)				Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Prid		lished)		_				
US; Camden CO.						.,,	or in Johns donne	lionouj							
Name of Monitoring Firm Hired by Bi	uilding O	wner	(8)	ASCM	No.	ent Contractor (9)					-				
Environmental Management	Intern					1	Environmenta	al Service. LL	C.						
Street Address						Street Address			-						
34 E. Germantown Pike #204						958 Jackson	Rd								
City, State, Zip Code						City, State, Zip Co						_			
E. Norriton						Mays Landin									
Project Manager for Monitoring Firm			Te	lephone	No.	Telephone No.	3,	License No.							
Raymond Giordano			(510-277	-0405	609-561-1901		01158							
Start Date (10)	Schedu	uled C	omp	letion Da	ite (11)	Name of OSHA M	lonitor								
06 /07 /17	_0	6_ /	1	1_/	17	Graham-Tech	Environmenta	al Services, L	LC.						
Occupancy Status During Abatement	t (Check	only o	one)			Street Address				(Table 1)					
□ Facility Closed/Vacated During En	ntire Peri	iod of	Abat	ement		958 Jackson	Rd								
Abatement Performed Outside of	Normal I	Facility	y Ho	urs - Des	scribe	City, State, Zip Co	ode		200						
Time of Abatement: 7AM-11:30F	NI/	PM-		AM		Mays Landing	g, NJ 08330								
Scope of Work (Check all that apply)					- Minimoleone										
□>3 sf or >3 lf		⊠ Re	nova	tion			ainment with Nega	ative Pressure							
□≥160 sf or ≥260 lf		De	molit	ion		☐ Glovebag	Procedure								
						☐ Non-Exer	mpted (*) and Non	-Friable Proced	ure			9			
Location of			Loca	ation ally		_			At	atem	ent T	уре			
Asbestos-Containing Material (AC	CM)	Use	d So	lely by	Asbe	Description of estos Containing Mat	terial (ACM)	Amount	Re	Re	E	E			
TO BE ABATED	.			ance/ I Staff?		e., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	clos			
IN Facility (13)		Cusi	(12			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>	'	Encapsulate	Enclosure			
		Yes	No	N/A		other miscellanet	ous)				ite				
Basement.			\boxtimes		Pipe In	sulation		100LF							
			\boxtimes												
			\boxtimes						Тп	П	П				
		П	П	ПП		1000 000000000000000000000000000000000			$\exists \exists$	П					
Name of Registered Waste Hauler				NJDEP		Cubic Yards of	Name of Registe	ered Landfill							
Graham-Tech Environmental	Service	e. LL	1.0	Hauler II	No.	That is a region of Landin					n				
City, State				00345	00	Dienosal Data		o.a. Lanann (a rull)	2011	•				
14 Read Drive Sicklerville, NJ	08084					Disposal Date	City, State	ntown Dal All	and as all	la D	Α.				
Completed By (Print or Type)			,			l\s:	1513 Brodentown Rd. Morrisville,PA								
Vernice Graham	Title	eside	mé			Signature	n M	,	ate	0	2.	,			
SB-41	-10	corue	116			TYOUNG	L M	M)	0)	1 1			

ASB-41 MAY 11

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

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

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Data fill in a											MAY	3	U 2	017	- 11	
Date of Notification (1) 05-19-2017			1	of Building RON YA			(2)		10 mg/mg/d						1	
Agencies Notified Type Notification	1			Address	COIV				-	ASB	EST()S (ON	TRO	1 &	
	.		Outco	Address					-	~	LIC	EN	SIN	3	70	
EPA Initial Amended			City, S	tate, Zip Co	ode											
DOL Amendmen				EWOOD		07450										
DOH Emergency justification		9	Name	of Contact					Tel	ephone	Num	her		-		
DCA Cancellation			SHAI	RON					1	opriorio		-				
N. CE W. W.			FAC	ILITY INFO	ORMA	TION										
Name of Facility Where Abatement is Takir PRIVATE	ng Place ((3)					Type	of Facility (y (4)							
Street Address								School (K-1	2)							
Out est Address								Subchapter Other (i.e. p	8 (Other	er than	K-12)	buil	dinac	hom		
City (5)	innere is sold-						-	etc.)				DUI	ungs	, monn	es,	
RIDGEWOOD, NJ.								re Feet	2	Floors		- 1	ildg. /	Age		
County (6)			0	0.1.(7)			220	2.10	2 76 Prior if being demolished)							
BERGEN				Code (7) USE ONLY)			Curre N/		or if bein	ng dem	olishe	d)				
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Namo		tement Con	lan al	(0)						
N/A	(0	,	1100	W IVO.							TAI	110				
Street Address						Street /	-		ENVIRONMENTAL LLC.							
						1		STREET								
City, State, Zip Code								ip Code								
								ERGEN I	l NJ.							
Project Manager for Monitoring Firm		T	Telepho	ne No.		Telepho	one No	0.	License No.							
						201-7	76-0	642	01300							
Start Date (10)				Date (11)		Name o	of OSF	A Monitor								
05/30/2017	05/31/															
Occupancy Status During Abatement (Chec	k Only Or	ne)			7.0	Street A	1100/100									
Facility Closed/Vacated During Entire I	Period of	Abater	nent					RTY. ST.								
Abatement Performed Outside of Norm Other – Describe:	nal Facility	/ Houn	S			City, Sta										
Scope of Work (Check All That Apply)			METUCHEN NJ.													
ETA	121 -		1001			lend			ment with Nogotive Decourse							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Designation	Renova Demoli				×	Full Containment with Negative Pressure Mini-Enclosure									
	53		7.540			×	Glo	vebag Proc								
	T			1		×	Nor	n-Exempted	(*) and	Non-F	riable					
	2.7	Locat						1						ment pe		
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Achaeta		escription on taining Ma		(ACNA)			-					
TO BE ABATED		intena todial S				l systems i				nount pecify		R		Enc	回	
In Facility (13)	Cusi	(12)	otan:			acing, VAT miscellane				or LF)		Remova	Repair	aps	Enclosure	
(10)	- T		Τ		outer	mscellane	ous	ĺ			1	val	air	Encapsulate	enne	
B	Yes	No	N/A											0		
Basement boiler room & storage		Х		VA	T FL	OOR TIL	E 9>	(9	40	SF		Х				
Basement	X		P	IPE I	NSULAT	TION		70	LF		х					
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Name of Registered Waste Hauler		IN	JDFP W	aste T	Cubic	Yarde		Name of R	onista	nd I as	4611					
TRI STATE. ASSOCC.		Н	NJDEP Waste Cubic Ya Hauler ID No. of Waste			ste							10			
		1	9951	TBD MINERVA EI			AEN	IEKF	KIS	= 11	vC.					
City, State BRONX NY.						sposal Date City, State										
Completed by Title						TBD WAYNESBURG OHIO.										
CARLOS ESQUIVEL	Signature			Date Date												
O, I TOO LOGOIAEL	- 1 7 1	Y MANAGER Deprinfury 05/						05/1	9/2	017	·					

Check#2792		NOT		ATIO		BEST	DS ABA and 5:1	TEMENT 6)	DE		1	\mathbb{V}	E		
Date of Notification (1)				Name	of Buildin	ng Owner	Operator ((2)							
	24 /	17			s Edward		***************************************		LL L MA	1Y 3	0 ;	2017	1		
Agencies Notified		on			t Address	3			t 1						
□ EPA	Control of the contro								ASBES	TOS	CON	ITR	OL 8		
☑ DOLWD	[] 요요~~ [하셨다면 하다 하다 아니라 () []	+ #		City,	State, Zip	Code				LICEN			ran, Legiphyrenig		
☐ DCA			1	Sadd	e Brook,	NJ 0766	53								
(NJAC 5:23-8)	justification)		200		of Contac				Telephone Num	ber					
	☐ Cancellation	1		James	Edwards	S									
				FA	CILITY II	NFORM	ATION								
	batement is Tak	ing Place	(3)			MILES OF SERVICE		Type of Facility	ty (4)						
Private house								School (K-1	12)						
Street Address								Other (i.e	er 8 (Other than K-1 2) ., private and commercial buildings,						
City (5)								homes, etc	.)	. C.a. U	ciai buildings,				
	,							Square Feet	# of Floors	В	dg. A	ge			
Saddle Brook, NJ 07663 County (6)	5			To-	h. O - J - 77	/0747=	05.5								
Bergen				Cour	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	(Prior if being demolished)						
	Hired by Building	Owner (8) T	ASCM	No	Mome	of Abot	ant Control 1	2)						
	7	AGOIN	140.	des seems o		ent Contractor (9	3)								
Street Address	gencies Notified EPA					Gr Tec	h LLC Address								
					illey Rd#	1202									
City, State, Zip Code					ate, Zip Co										
						1000	, NJ 0747								
Project Manager for Monit	oring Firm		Tele	phone	No.	Telepho		•	License No.						
						973-63			01127						
Start Date (10)	Sch	eduled C	omple	tion Da	te (11)		of OSHA N	lonitor	V.12/			Sec. 111.110-0			
	17 _	06 /	03	3_/	17_	Enviro	vision Co	nsultants,Inc							
Occupancy Status During	Abatement (Che	eck only o	ne)				Address								
✓ Facility Closed/Vacated ✓ Abatamant Danier	During Entire I	Period of	Abate	ment		20-21 V	Wagaraw	Road, Bldg .#	35E						
Time of Abatement:	Outside of Norm AM-	ial Facility PM/	Hour PM	s - Des	cribe AM	City, St	ate, Zip Co	ode							
			-		****		wn, NJ 0								
	nat apply)					H			nation with negative	e press	sure				
>3 sf or >3 If		⊠ Re				H	Mini-Enc						N.		
☐ ≥ 100 St 01 ≥ 250 If		∐ De	molitic	n		\boxtimes	Glovebag	Procedure	Tent with Negative on-Friable Procedu	Press	ure				
		Is	Locat	ion	Γ		NOII-LXE	mpieu () anu Ni	Triable Procedu	-	1				
		1	lorma	lly		De	scription o	f			atem				
		Mai	d Sole ntena	nce/				terial (ACM)	Amount	Ren	Repair	Ence	Encl		
IN Facility			odial :	Staff?	(i.e		systems i		(Specify SIF or LF)	Removal	air	Encapsulate	Enclosure		
(13)			(12)	T			niscellane		,	8		ilate	ē		
		Yes	No	N/A											
Basement			Ц	\boxtimes	Pipe inst	ılation			65 LF						
										П	П	П	П		
										一	П				
			П												
Name of Registered Waste	Hauler		NJD	EP Waste	Hauler ID No.	Cuhic Yo	rds of Wheek	Name of Regis	stered Landell		Ш		Ш		
Fr Tech LLC															
City, State				03378	3	TBI		T.R.R.F. Inc							
(5.1)					Disposal Date City, State										
Vayne, NJ 07470 Completed By (Print or Type) Title						TBI		Tullytown, P.							
I.Jevtic				Signature Date											
SB-41	01	vner					//	- Wend	05/	24/17					

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



Date of N	Notification	0.777		Name	of Buildin	ng Owne	r / Operator (2)		Province and a second		WHAT THE TAXABLE PARTY OF THE P				
		pe Notification		Rich	ard Mah	oney	the start section to be		IN F	C F I	WFG				
Agencies	s Notified				Address	0.			1111/1-						
	EPA	Emerge	ncy Notifica	ation					115		Trapped Trapped				
	DEP	Initial No	tification	City, S	State & Zi	p Code				14V 2 0	2017				
X	DOL	Amende	d Notificat	ion Spots	swood,	NJ 0883	1		III LA M	IAY 3 0	2017				
X	DOH	Cancella	ation	Name	of Conta	ct				Telepho	ne Number				
	DCA			Richa	ard Mah	oney			ASBE						
				FA	CILITY I	NFORM	IATION			LICENSI	NG _				
Name of	Facility W	here Abatemen		Place (3)		Тур	oe of Facility (4)								
Street Ac	ddaaa	Ga	rage				School (K-12)								
Street At	adress						Subchapter 8 (
							Other (i.e., priva								
011 (5)						Sq	uare Feet	# of Flo	ors	Bldg. Age	9				
City (5)			unty (6)	County C	Code (7)		2,500		2	70					
	Spotswo	od Mi	ddlesex			Cui	rrent Use (Prior in	f being d	emolished)						
-						Re	sidence								
Name of	Monitoring	Firm Hired by actics, Inc	Building O	wner (8)	ASCM N	V. C.	me of Abatement	t Contrac	tor (9)						
Street Ad		actics, inc					bal Abatemer	nt Servi	ces, LLC						
	d Street	19					eet Address	- DI							
	e & Zip Co	nde					Schoolhouse								
	n, NJ 077					City, State & Zip Code Monroe Township, NJ 08831									
		Monitoring Fire	n	Telephone	Number		ephone Number			Number					
Tom Ge				732-290-2	217		2-605-9062		21001100	00714	4				
Schedule	ed Start Da	te (10) Sch	eduled Cor	mpletion Date	e (11)		ne of OSHA Mor								
	6/2/17			6/5/17		Glo	bal Abatemen	nt Servi	ces, LLC						
Occupand X Fac	cy Status [During Abateme d/Vacated Duri	ent (Check	only one)	tomont	0.1050000	eet Address								
		erformed Outsic				_	Schoolhouse								
		rea Isolated			ours -		, State & Zip Coon nroe Township								
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		eck all that apply		ilical alea	Offic										
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			∆CM												
							Glovebag X Other:								
	The American Control of the Control	NAME AND ADDRESS OF TAXABLE PARTY.	J LI AOW	le Locatio	n			NOII-FII		1 41 1					
				Normally U			escription of estos-Containing		Amount		nent Type : Removal,				
				Solely b			aterial (ACM)	1	(Specify Square Feet						
				Maintenand			thermal systems	1	or		closure)				
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		(13)		(12)	38.50.50.50.50		er miscellaneous								
	(37.87)				_	Sid	ing shingles		440.00	Don					
	Garage				-+	Siu	ing sinngles	-	140 SF	Ker	noval				
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Freel	hold Cart				~ 10 - 40 S S S S S S S S S S S S S S S S S S				rrr F	Luli					
City, State						Disposal Date City, State									
					6/5/17 Tullytown, Pa										
			Title				Signature		The second secon		Date				
Domi	arge Project uantity is ≥ 3 SF or ≥ 3 LF ACM uantity is ≥ 160 SF or ≥ 260 LF ACI Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Garage Registered Waste Hauler ehold Carting te iton, NJ						Dominick T	ringali			5/22/17				
								3							

State of New Jersey

VIA U.S. HAIL

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IM E	CEIVEIN									
	Date of Notification (1) 3417	-		Name	of Building Owner COHH	UNITIES AT S	SLEEPY Holl	(NU)	Cin	X
The second secon	MAAgencies Notified The Notification	n			Address	Minute.				
ind inc.				132		22 WESI S	WITE 16-1	2	-	
ASBI	ENTOS BNTROL & Amended	计 然			ate, Zip Gode EEN Si	100K, N.J.	12812			
-	LTCENSING Emergency	(includin	ig	Subdivine Name of the Owner, which the Park of the Owner, which the Owner,			Telephone Nui	nber		
	DOH justification			H12	CARL C	necchilo	association in the second seco			
	Name of Facility Where Abatement is Taki	na Diana	(3)	FAC	ALITY INFORMA	Type of Facility	1(4)			-
	Name of racility vertere Audienters is raci	ild Liace) E	@ @ 1 7	M E TE School (%				
	Street Address			計造		W Sunnhand	ter 8 (Other than K-1) private & commerci	2) af fissi	ldinas	š
				31	3	Meta)			Bldg.	
	CHY (5) WARREN N	. Ci	6)	459	MAY 3 0 20	11 0000			90	
	County (6)		The second second	SASB	Code (7)	TRUE &	Prior If being demolish	100)		
	Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	N NOCENSING	The second secon	3			
						Street Address	1100	-		
	Street Address					P.O GOA	814			
	City, State, Zip Code					City, State, Zip Code		00	7	
	and the second s					010 19519(6		67	1	
	Project Manager for Monitoring Firm			Telepho	ne No.	Telephone No.	500 06 8 C			
	Start Date (10)			mpletion	Date (11)	Name of OSHA Monito	r			2000
	6/2/17	(6.	0/17		nowaledy	1 Vil			
	Occupancy Status During Abatement (Chec			1		Street Address	i (
	Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of nat Facilit	Abaten y Hours	nent s		City State 7in Code				
	Other - Describe:		7			OID Bridge	N.D. 082	<i>>†</i>		_
	Scope of Work (Check All That Apply)		,			V				
	☐ 23 sf or ≥3 lf		Renova Demolit	tion ton		Full Containm	nent with Negative Pree	ressu	ie.	
	Z ≥160 sf or ≥260 lf	1		**************************************		☐ Glovebag Pro Non-Exemple	ocedure ed (*) and Non-Friab	e Pro	cedu	0
] le	s Locati	077		10011210110	T		Abab	27)
	Location of		Normal	ly.	Ď	escription of	najvoratioe		Ty	1
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ASBEST DO NO STORY OF STATE OF	TO BE ABATED In Facility	Cus	todial 9 (12)	Staff?	sunf	acing, VAT, or miscellaneous)	SF or LF)	Removal	Repair	· ·
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#	EXTERIOR	1 165	1.00	X	Sidino	1	4760 s/	X	-	- Annanana
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40		+				ale consequence de la consequencia				-
f	Name of Registered Waste Hauter			DEP VA		50 A 50 S	Registered Landfill			
	NOVATECH INC		l us	auler (D.) 1850	io. of Wa	10 GR	0605			
The second secon	City, State	1000		000	1 01	sal Date City, Star	411			
1	Completed by	2,850 Tille	1		16/	Signature	Suy(16 t. T	100	10	-
	CIACLOS HYLLDA		SiDE	NI	and the second	Vals A	mula. 5	124		

Print	Form
Print	Form

Ch 2176	N		CATION	ate of New OF ASBE to NJAC 8	STOS AB),[2 [\mathbb{V}	E			
Date of Notification (1)				Building O		erator ((2)				MA	v :	0	2017				
05/23/17				Menende	ez 				I L	be.	MA	1 0	U	2017				
Agencies Notified Type Notification			Street A	ddress						L		Valletinies			The second			
EPA X Initial		-	City Sto	te, Zip Cod	lo.					ASI				VITRO	3 JC			
DEP Amended DOL Amendment	t #			, NJ 070							<u>L</u>	ICE	NSIN	<u>IG</u>	en underwen			
Emergency	(including		27-1000	Contact					Tol	nhone	Mum	her	100-00	-				
DOH justification) DCA				Fashah					Telephone Number									
Carloenation			ATTENDED TO THE OWNER OF	LITY INFO	RMATION	J			<u>L</u>									
Name of Facility Where Abatement is Takir Private House	ng Place (3)				· constant	Ì		acility (4)										
Street Address								ool (K-12) chapter 8		er than	K-12	·						
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City (5)						- 5	etc. Square F		# of	Floors	no.							
Clifton							Square	eet	# 01	110013	>		ldg. A	ge				
County (6)			County C	Code (7)		-	Current I	ise (Prior	ior if being demolished)									
Passaic				JSE ONLY)		_	Janoin	1011 1) 00.	io. Il boiling demolished)									
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.	l N	Name (of Abatem	ent Contr	ontractor (9)									
Competent Supervisor							emy Co											
Street Address			1		S	Street /	Address			· · · · · · · · · · · · · · · · · · ·								
						205 F	Rt. 46 W	est Suit	ite 14									
City, State, Zip Code					1000		ate, Zip C va, NJ (
Project Manager for Monitoring Firm		T-	Telephor	ne No.	Т	eleph	one No.		License No.									
						973-8	332-424	4		011	55							
Start Date (10)	Schedule	d Con	Completion Date (11) Name of OSHA Monito					Monitor										
06/03/17	06/10/1	7	Same as above											metaped some				
Occupancy Status During Abatement (Che	ck Only One	e)	Street Address															
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:																		
Scope of Work (Check All That Apply)																		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Τ.						NOTIFE	xempted.	() air	0 14011	THADI		-	ement				
Location of	124000	Locati ormal			Dagas	ele el e e	-6						Ty	ре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		os Contair thermal sy surfacin	Description of ontaining Material (ACM) nal systems insulation, rfacing, VAT, or er miscellaneous)			Amou (Spec SF or			Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A											te	(D			
Basement		X		Asbest	os Bo	oiler		0			Х							
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	-			-				-										
Name of Degistered Wests Hauler		TN	JDEP W	looto I	Cubic Ya	ordo	TA	lamo of P	ogisto	arod La	ndfill				L			
Name of Registered Waste Hauler Academy Construction Inc.	H	lauler ID 34422	No.	of Waste				Registered Landfill /S Landfill										
City, State				Disposal	Date	C	ity, State)										
Totowa, NJ					TBD			Γullytow	wn, PA									
Completed by Filip Geleski	Title Supe	tile Signature Date O5/23/17					17											

e		NO			ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:1		DE	G I	Ē [7 [
Date of Notification (1)				Nar	ne of Build	ing Owner/Operator	(2)	W.	AY	30	20	7	
	4_ /	17		733		llege at Burlingto	1.500.00	#1705-5155 C	hecl	(#92	03		
	pe Notification	on		Stre	et Address	3		ASBES	STO	S CC	INC	ROL	
	Initial			1	High Str	eet			LIC	ENS	ING	MITMAN CONTRACTOR	
☑ DOLWD ☐	Amended Amendment	. #		City	, State, Zip	Code							
the state of the s	Emergency		na	M	t. Holly, I	UJ							
(NJAC 5:23-8)	justification)	(-5	Nan	ne of Conta	act		Telephone Num	ber				
	Cancellation	1		A	dministra	ition							
				F	ACILITY I	NFORMATION							
Name of Facility Where Abat		ing Plac	e (3)				Type of Facility (
Rowan-Culinary Arts E	Building						School (K-12)		21				
Street Address								(Other than K-12) vate and commer		wildin	as		
1 High Street							homes, etc.)	and committee	Jiui L	anun	90,		
City (5) Mt. Holly, NJ Square Feet # of Floors Bldg. Age													
Mt. Holly, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)													
County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington College													
Burlington College													
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)													
T and M Associates AbateTech, Inc.													
40 Monument Park Hig	hway Suite	. 2				Street Address	DO D 05						
City, State, Zip Code	ilway, Suite	: 2				30 Maple Ave							
West Long Branch, NJ	07764					City, State, Zip Co							
roject Manager for Monitorin			Tol	phone	No	Lumberton, N	13 00040	License No.		1.0-1.00			
Kevin Burns	9 1 1111				7-4396	609-265-2107		00529					
tart Date (10)	Sche	duled C			ate (11)	Name of OSHA M		00020			_		
6 / _12_ / _1	7_ _				17	EMSL Analyti							
ccupancy Status During Aba	tement (Ched	ck only	one)			Street Address							
Facility Closed/Vacated Du	ring Entire Pe	eriod of	Abate	ment		200 Route 130) North						
Abatement Performed Outs						City, State, Zip Co	de						
Time of Abatement:	_AMP	M/	PM-		_AM	Cinnaminson	, NJ 08077						
cope of Work (Check all that	apply)							WWW 1750					
] >3 sf or >3 lf		⊠ Re	novati	on			ainment with Nega	tive Pressure					
1 ≥160 sf or ≥260 lf			molitic			Glovebag	Procedure						
		1 .				☐ Non-Exen	npted (*) and Non-	Friable Procedure	-				
Location of			Locat Norma			Description of			Ab	_	ent T	ype	
Asbestos-Containing Mater	ial (ACM)	Use	d Sole	ly by	Asbe	Description of stos Containing Mate		Amount	Rer	Repair	Enc	En	
TO BE ABATED IN Facility	15 (5)	100000000000000000000000000000000000000	intena todial			., thermal systems in	nsulation,	(Specify	Removal	air	aps	Enclosure	
(13)			(12)			surfacing, VAT, other miscellaneo		SF or LF)	8		Encapsulate	l'e	
57. S		Yes	No	N/A							0		
ain Lower Lobby Area					Ceiling	Plaster		1,950 SF					
										П	П	П	
me of Registered Waste Har	uler		_ N	JDEP V		Cubic Yards of	Name of Registe	red Landfill					
AbateTech, Inc.			H	auler IC	O No.	Waste	G.R.O.W.S. I						
y, State				18750		40 Disposal Date	City State						

ASB-41 **MAY 11**

Lumberton, NJ

Completed By (Print or Type)

Gwendolyn Trumbetti

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

Operations Coordinator

6/30/17

Signature

Tullytown, PA

Date 5 24

State of New Jersey

1	Street Address Square Feet Forms Forms												
				(F	ursua	ant to NJ	IAC 8:60 and 5:1	6)					
Date of Notification (1)					Nan	ne of Build	ing Owner/Operator	(2)		AV	2.0	004	. "
	24 /	17	7		N	J Depart	ment of Transpo	rtation / Job #	1705-5150 Che	ck #9	204	201	1
		cation			Stre	et Address	3		ASSES	TOC		V Interes	201
					P	O Box 60	0						iUL
		7.000			City,	State, Zip	Code		20100-0-0000-pengeria-color-	***********	PERSONAL PROPERTY.		THE REAL PROPERTY.
				na	Tr	enton, N	J 08625			8			
				.5	Nam	e of Conta	ect		Telephone Num	ber			
	☐ Cancella	ation			Je	d Sorian	0			-			
					F/	CILITY	NFORMATION		_	_			
Name of Facility Where Ab	atement is	Taking	Plac	e (3)				Type of Facility	(4)				
Freehold Maintenand	ce Yard												
Street Address											uildin	~~	
200 Daniels Way										Clai D	ullull	ys,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Freehold, NJ 07728								200					
County (6)					Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Monmouth								Yard					
Name of Monitoring Firm H	ired by Buil	ding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Conn	ection						AbateTech, Ir	nc.					
Street Address							Street Address						
120 North Warren Str	eet						30 Maple Ave	. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08608							Lumberton, N	IJ 08048					
Project Manager for Monitor	ring Firm			Tele	ephone	No.	Telephone No.		License No.				
Dominick Dercole				6	09-392	-4200	609-265-2107		00529				
Start Date (10)	5	Schedu	uled C	omple	tion Da	ite (11)	Name of OSHA M	onitor					
6/12/	17	6	/	_23	3_/	17	EMSL Analyti	cal					
							Street Address						
							200 Route 130	North					
							City, State, Zip Co	de					
				rivi-		Alvi	Cinnaminson,	, NJ 08077					
Scope of Work (Check all th	at apply)						☐ Full Conta	ainment with Neo	ative Pressure				
≥3 sf or ≥3 lf							☐ Mini-Enclo	osure	4117011000010				
≥160 sf or ≥260 lf		I	_ De	molitic	n				a Eriabla Brasadur	•			
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Location of							Description of			-		_	T
Asbestos-Containing Ma)					stos Containing Mate	erial (ACM)	Amount	Ren	Rep.	Enc	Enc
	D					(i.e				VOU	ai.	aps	losu
(13)			Ouoi	(12)	Juli .		other miscellaneo		SF or LF)	a		ula	1re
(/			Yes	No	N/A		outer integeration	,				9	
Break Room & Offices B	3ldg. 1371					Floor ti	le & Mastic		2,300 SF				
Exterior Above Garage	Bldg. 137	1				Transite	е		1,500 SF	\boxtimes			
									7:1				
Name of Registered Waste H	lauler			10000	JDEP V		Cubic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.				Н	auler IE 18750		Waste 40	G.R.O.W.S.	Landfill				
City, State							Disposal Date	City, State					
Lumberton, NJ							6/23/17	Tullytown.	PA				

ASB-41 MAY 11

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

Operations Coordinator

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

Signature

104 24243318	128		FICATION	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE			mage district common prior energy.	DE	C			W
Date of Notification (1) 05/26/2017	0			of Building			r (2)				MAY	3	0 2	317
Agencies Notified Type Notification	n		Street A		reuro)								
X EPA X Initial				1441000					in the second	ASE	BEST	OS (CEN		
X DEP Amended			\$200 CO	ate, Zip C							-1	UEIN	OHAC	2
X DOL Amendme				ırk,NJ ,0										
DOH justification	1)	3		of Contact					Te	lephone Nu	ımber			
DCA Cancellation	n			topher F		1011			<u>i</u>					
Name of Facility Where Abatement is Tak	ing Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4)					
Private House	,							0.500.0	100					
Street Address							H	School (K-1 Subchapter	8 (Oth	er than K-	(2)			
							×	Other (i.e. petc.)				ldings	, hom	es,
City (5)								re Feet	# 0	f Floors	E	3ldg. /	Age	
Belleville							N/A		N/	A	1000	N/A		
County (6)				Code (7)			Curre	ent Use (Prid	or if be	ing demolis	hed)			
Essex				USE ONLY	<i></i>		1	ate house						
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	ЛNo.				tement Con						
Street Address						-		ATEMENT	LLC				2.000	
Sileet Address							Addre	ss KLIN STR	CCT					
City, State, Zip Code						City, S	state, Z	ip Code						
Project Manager for Monitoring Firm			T 1 1					ON,NJ 07	524					
			Telepho			157.72	333-5			License N 01274	No.			
Start Date (10) 06/05/2017				Date (11)				HA Monitor						
Occupancy Status During Abatement (Che	06/06/							TEMENT	LLC					
						Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: occupie	Period of a mal Facility	Abater / Hour	ment s			City, S	tate, Zi	KLIN STR						
Scope of Work (Check All That Apply)						PAT	ERSC	ON,NJ,07	524					
	E27 -					F	7							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoli				×	Min Glo	Containme i-Enclosure vebag Proc	edure					
	la	Locat	1				ı NOI	n-Exempted	(") and	a Non-Friat	ole Pro	Abate	-	
Location of		Vorma			Des	!!							pe	11
Asbestos-Containing Material (ACM)		d Sole		Asbes	tos Cont	scription aining M	1aterial	(ACM)	А	mount			Е	
TO BE ABATED In Facility		todial	Staff?	(i.e.	thermal	systems cing, VA	s insula	tion,		pecify	Removal	Z.	Encapsulate	Enclosure
(13)		(12)				niscellan			51	or LF)	VOU	Repair	nsd	losu
	Yes	No	N/A								<u>a</u>		late	lre
BASEMENT		X		F	PIPE IN	ISULA	TION		4	0LF	X			
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic '	Varde		Nama of F) noist	red Landfil				
TRI STATE TRANSFER /YIMY BR	OTHER	H	lauler ID I 9551	277	of Was					NTERPR				
City, State 1199 RANDALL AVE BRONX NY				ne	Dispos TBD	al Date		City, State		A RD W	AYNE	SBL	IRG	
Completed by VICTOR ESPIRITU	Title PRO	JECT	MANE	GER	S	ignature	01.	LAMA		Da	ite 5/26/2			

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

Date of Notification (1)				Name	of Buildin	ig Owr	ner/Operator	(2)			E	0 [3 1	W
5/	/26/17							Universalist	Congr	egatic				
Agencies Notified	Type Notificati	ion		Stree	t Address			0.01 11.1	1.0.1	Mir	547	v	2.0	204
EPA DEP	Initial Amended			07. (21.1. 71. 6		30	Cherry Hil	I Kd.		M A	1	3 0	2017
DOL.	Amendmer		_	City, S	State, Zip C	Jode	Dr	inceton, NJ (08540					1
⊠ DOH	☐ Emergency justification		9	Name	of Contac	¬+	11.	inceton, NJ		none Ni	SEES	TO	co	NIR
□ DCA	☐ Cancellatio			Ivallic			Machodt		Telepi	-	inder [ICF	MEIN	VG_
				FΔ	CILITY INF					4				-
Name of Facility Where	Abatement is Ta	king Place	e (3)		OILITT IN	Ortiviz	TION	Type of Facility	v (4)					
		Church						School (K-1						
Street Address	50 Ch	erry Hi	ll Rd					Subchapter Other (i.e., phomes, etc.)	· 8 (Other private &			ilding	js,	
City (5)								Square Feet		Floors		3ldg.	Age	
	Princet	ton, NJ	0854					15000		2	_ .		0+/-	
County (6)	/Jercer				nty Code (7 ONLY)	7) (S7	ATE	Current Use (P	rior if bei	ng dem	olished)		
Name of Monitoring Firm		ng Owner		ASCM	No.	Nam		ent Contractor (9	100					
	MECS							ens Environ	mental	Serv	ices,	nc.		
Street Address	DO D	2.4.1				Stre	et Address	DO I	D 22	2				
Otto Otata 7ia Ocale	PO Box 3	341					01-1- 7:- 0		Box 32	2				
City, State, Zip Code	osswicks, N.	I 0851	5			City,	State, Zip C	oge Allentow	n NI (08501				
Project Manager for Mo		0001	20 Maria -	phone	No.	Tele	phone No.	71110111011		nse No.				= $+$
	eisgarber		100000000		8-4070		(609) 25	9-9688			0049	93		
Start Date (10)		heduled C				Nam	e of OSHA N		_					_
6/12/17		6	5/30/	17				N.	IECS					
Occupancy Status Durin	ng Abatement (C	heck only	one)			Stre	et Address							
Facility Closed/Vacat									34 Box	1				
☐ Abatement Performe ☐ Other - Describe: _	d Outside of Non	mal Facilit	ty Hou	rs ———		City,	State, Zip C	ode Crosswicl	ks, NJ	0851	5			
Scope of Work (Check a	all that apply)			700			Full Con	tainment with Ne	nactive D	roccuro				
≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf			enovati emolitio				☐ Mini-End							
		Isl	Locatio	n			THOILT	impled () and N	OII-I Habi	C 1 1000	T	Aba	tement	
Location		N	omally Solely	, by		_	acceintion of					Т	ype	
Asbestos-Containing I	Material (ACM)	Maii	ntenan	ce/	Asbest		escription of ntaining Mat			ount			l m	
TO BE ABA	The state of the s	-	ustodia Staff?	ıl	(i.e.,		al systems in acing, VAT,			ecify or LF)	2	7 2	Encapsulate	Enclosure
(13)	,		(12)				miscellaneo			/	Kelllova	Veball	osul	osui
		Yes	No	N/A							1 2		ate	6
Lower L	evel	×			Th	erma	l Pipe Ins	sulation	25	0 lf	×			
Lower L	evel	_ X				Boi	ler Insula	tion	12	0 sf	×			
HVACR	Room	_ ×				Du	ct Insulat	ion	80) sf	_ X			
Lower L			×				VAT		30	0 sf	×	_	1	\Box
Name of Registered Wa		-1	IN	JDEP \			ic Yards	Name of Reg	istered La	andfill		1	_	-
Stevens Environi	mental Servi	ces, Inc	. H	auler IE 182	No. 292		/aste l 5 cu	/	Fairle	ess La	andfil	l		
City, State	92001000			102		Disp	osal Date	City, State	7	500 Section				
Consisted B	Allentown			/30/17	14/	/ Mon	risvill							
Completed By Mahlon E. Ste		Γitle P ₁	roject	Mar	nager		Signature //	1/		Date		26/1	7	
		1.1	OJCC	ivial	iagei		471	1/		1-	312	-0/1	,	

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

B & G proj. #:

2017-67B-1

nt to NJAC 8:60-7 and 12:120-7)

Check # 8403

Date of Notification (1)		1.1	N	D. Italia a O.	/0//								
0 12 1/1 14 1/11	171			ing magazinanan di	ner/Operator (2		opment Corp.	In	le (\mathbb{W}	E
	Notificatio	n -	Street Ad		DI ULISWICK D	evei	opinent Corp.	1100					
□ EPA 🗶	Initial				Albany Stree	ı†			11	v :	3 0	201	7
☐ DEP	maar	1		te, Zip Code	mounty ource			* 1 1	MA	1) U	201	
X DOL	Amendme				, NJ 08901				ASPES	TOO		N 1777	201 8
X DOH		1.1	Name of	Contact			200-100	Telephor	ne Number	ICE	NSI	VG	
□ DCA □	Cancellati	on	Garr	ett Blitz				ì			mar and a position to	- Printer	-
				FAC	CILITY INFORM	ΛΑΤΙC	N						
Name of facility where aba	atement is	taking p	lace (3)					Type of Facility					
"Former" George St	treet Play	house	9						ol (K - 12) apter 8 (O	ther t	han K	-12)	
Street Address				General Constant				The second second	(Private/C			12/	
9 Livingston Avenue	е							Bldgs.	Homes, e	tc.		dg. A	ge
City (5)		Cou	inty (6)			Co	ounty Code (7)		# 011 1001			-3	
New Brunswick		Mi	ddlese	×		(S	tate use only)	Current Use (P Theatre	rior if bein	g den	nolish	ed)	
Name of Monitoring Firm		dg. Own	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
EHS Environmenta	al				n/a		B & G Restorati	on, Inc.					
Street Address							Street Address						
411 Southgate Ct.,	, Suite E						105 Ryerson R				and the same of th		
City, State, Zip Code Mickleton, NJ 0805	56						City, State, Zip Code Lincoln Park, I	NJ 07035					
Project Manager for Monito	ring Firm			Phone Numi	ber		Telephone Number		License		er		
Jack Carney				856-224-0	080		(973)696-6869		00	378			
Scheduled Start Date (10)		Sche	d. Compl	etion Date (1	1)		Name of OSHA Monit	17 M					
06/06/2017		07/	14/201	7			Street Address	on, mo.		***			
Occupancy Status During A							105 Ryerson Ro	oad					
Facility closed/vacate Abatement performed							City, State, Zip Code						
Describe:						-1	LincolnPark, NJ	07035					
Scope of Work (check all ti	hat annly)												-
▼ Demolition		enovatio	on			П	Full Containment w/neg	ative pressure [Gloveb	ag pr	ocedi	ıre	
> 3 sf or $> 3 $ If	X ≥1	60 sf or	≥260 If				Mini-enclosure		Non-fri	•			
Location of				ly used solel	у					R	R	E	E
asbestos-containing material to be		y mainte taff(12)	enance/c	ustodial	Descripti	on of	asbestos-containing	Amount (Specify S	F 05	e m	e p	n	n
abated in facility (13)		Yes	No	N/A	material	(ACM)	(Specify S LF)	F 01	0 V	a	a	L
Roof		-		×	Ruilt-up ro	ofin	g and flashing	18,000 SI		e	Г		\vdash
Windows	— <u></u>		×	Exterior w			2,000 LF		X	H	H	卅	
· · · · · · · · · · · · · · · · · · ·				-	1	iiiuo	w cauking	2,000 21		H	Ħ	H	計
						CONTRACTOR OF THE PARTY OF THE				Ħ	一	Ħ	恄
					1								
Registered Waste Hauler B & G Restoration, Inc	0		EP Haule	er ID# C	ubic Yards of \	Vaste			2001001	Cont	0.5		
City, State	· ·		.0000	Disposal D	200000		City, State	Resource & Re	covery (Jeni	eı	-	
Lincoln Park, NJ					09/2017		Tullytown, F	PA				14	
Completed by (Print or Type Gordana Luna		itle ecreta	ry/Trea	surer	Signature		Gordana Luna		Date 05/26	/201	7		

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

B & G proj. #: 2017-67A

Check # 8402

									0 102			
Date of Notification	(1)	11	Name of	Building Own	ner/Operator (2	2)						
10 12 1/11 14	1/11/71					, A	pment Corp.			5	\mathbb{W}	
Agencies Notified	Type Notifica	tion	Street Ac				princing dolp.	11 1				
☐ EPA	X Initial				Albany Stree	et		441	10.11	0.0	004	,
☐ DEP		11		e, Zip Code					MAY	3 11	2017	+
X DOL	Amend	ment			, NJ 08901			ĺ				
X DOH	_	lt.	Name of	Contact				Telephon	e Number O	5 CC	MILLI	UL &
☐ DCA	Cancel	lation	Garr	et Blitz					LIVI	ENS!	NO	en ingeniend
				FAC	CILITY INFORM	MATIO	N			_		
Name of facility wh	ere abatement	is taking p	place (3)					Type of Facility				
"Former" Cros	sroads The	atre							ol (K - 12) apter 8 (Other	than	K-12\	
Street Address								10.00	apter o (Other (Private/Comn			
7 Livingston A	venue							Bldgs./	Homes, etc.		Bldg. A	70
City (5)		Co	unty (6)			Cou	unty Code (7)	Square Feet	# 01 110015	'	nug. A	gc
New Brunswi	ck	N/I	iddlese	,			ate use only)	Current Use (P	rior if being de	molish	ned)	
						<u>. </u>		Theatre				
Name of Monitoring	5	Blag. Owl	ner (8)		ASCM No. n/a		Name of Abatement	85 18				
Street Address					- II/a		B & G Restorati	on, Inc.				
411 Southgai	te Ct Suite	F					105 Ryerson R	oad				
City, State, Zip Code						_	City, State, Zip Code					
Mickleton, NJ							Lincoln Park, I	NJ 07035				
Project Manager for	Monitoring Firn	n		Phone Numb			Telephone Number	2	License Nur			
Jack Carney				856-224-0	0800		(973)696-6869		00378	3		
Scheduled Start Date	e (10)	Sche	d. Compl	etion Date (1	1)		Name of OSHA Monit B & G Restorati					
06/06/2017		06.	/13/201	7			Street Address	011, 1110.				
Occupancy Status D	uring Abateme	nt (Check	only one)				105 Ryerson Ro	oad				
Facility closed	/vacated during						City, State, Zip Code					
Describe:		oi norma	r racinty in			_	LincolnPark, NJ	07035				
Other-Describe						-	Ellicolli alk, No	07033				
Scope of Work (che	ck all that apply								٦.,			
		Renovati				_	full Containment w/neg Mini-enclosure		Glovebag			
> <u>3</u> sf or > <u>3</u> lf	X	≥160 sf o		ly used solely		Ц"	wiiii-ericiosure		Non-friable	R		т—
Location of asbestos-cont	aining	by main	tenance/c			on of o	sbestos-containing	Amount	е	e	E n	E n
material to be	-	staff(12)	Т		material		spesios-containing	(Specify S	F or o	p	c	C
abated in facili	ту (13)	Yes	No	N/A				LF)	v e	i	p	_
Roof		×			Tar coatin	g on	ducts	2,000 SF	X			
							-			1	1	1
Registered Waste Ha	ulor	L	EP Haule	- ID# 10	ubic Yards of \	Macto	Name of Registered I	andfill			Ш,	
B & G Restoration		NJL	19563	11D# C	40	vasie		Resource & Re	covery Cer	nter		·
City, State Lincoln Park, N.	J			Disposal D	ate 09/2017		City, State Tullytown, F	PA				
Completed by (Print	or Type)	Title			Signature		0,0		Date			
Gordana Luna	924.2	Secreta	ary/Trea	surer			Gordana Luna		05/26/20	17		

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

B & G proj. #:

2017-67B-2

Check # 8404

Date of Notification (1)					122 15 152								_
10 12 1/11 14 1/	11 17 1				er/Operator (2		anment Com	In) E (W	E
	ype Notification		et Addre		orunswick Di	evei	opment Corp.						
X EPA	500	11000			lbany Street	ŧ				av c	0	204	7
☐ DEP	1 miliai	11 -	, State, Z		ibarry Otree				1 W /	AY 3	U	201	
X DOL	Amendm			1183	NJ 08901			To the state of th					
X DOH	_	11	ne of Cor	tact				Telepho	ne Numbe	IGE	CO NSI	JG	() <u>L</u> 8
☐ DCA L	Cancella	tion	Garrett	Blitz				1	Total Control of the	AND THE REAL PROPERTY.	AMERICA AND ADDRESS		agini i ngagaanga ay
				FAC	ILITY INFORM	IATIO	N				-		
Name of facility where	abatement is	taking place	(3)					Type of Facility					
"Former" George	Street Pla	yhouse							ol (K - 12)		han K	12)	
Street Address									napter 8 (0 (Private/0			-12)	
9 Livingston Ave	nue							Bldgs.	/Homes, e		RI	dg. A	.00
City (5)		County	(6)			Co	unty Code (7)	Square Feet	# 01 F100	15	ы	ug. A	ge
New Brunswick			lesex			10000000	ate use only)	Current Use (F	rior if beir	ng den	olish	ed)	
	III II D					L.,	101	Theatre					
Name of Monitoring Fir EHS Environme		lag. Owner	(8)		ASCM No. n/a		Name of Abatement						
Street Address					11/4	_	B & G Restorati	on, Inc.					
411 Southgate (Ct., Suite E	3					105 Ryerson R	oad					
City, State, Zip Code						-	City, State, Zip Code						and the same of th
Mickleton, NJ 08	Language						Lincoln Park, I	NJ 07035					
Project Manager for Mor	nitoring Firm			one Numb			Telephone Number (973)696-6869	9	License	Numb 0378	er		
Jack Carney		10 1 1		6-224-00			Name of OSHA Moni		1	3370	-		
Scheduled Start Date (1	0)			n Date (1	1)		B & G Restorat						
06/12/2017		07/14					Street Address						
Occupancy Status Durin Facility closed/vac	_			mont			105 Ryerson Ro	oad —————					
Abatement perform							City, State, Zip Code						
Describe: Other-Describe:						-	LincolnPark, N.	07035					
Scope of Work (check a							1						
⊠. Demolition	F	Renovation					Full Containment w/neg	ative pressure	Glove	bag pr	ocedu	ire	
> 3 sf or $> 3 $ If	X ≥	160 sf or ≥2	60 If			X	Mini-enclosure		✗ Non-f	riable	огосе	dure	
Location of	1	Is location n by maintena							1.1	R	R	E	E
asbestos-containii material to be	HQ:	staff(12)	moor oddi.		Description material (asbestos-containing	Amount (Specify S	SF or	m	р	С	n
abated in facility (13)	Yes	No	N/A	matoriar	, (0,11)		ĹF)		V	i	a p	Ĺ
See attached										e	6		
						5							
, en													H
Registered Waste Hauler	r L	INJOER	Hauler ID)# 10	ubic Yards of V	Vaete	Name of Registered	Landfill			Ц	Ц	
B & G Restoration,			563		150	-4316		Resource & Re	ecovery	Cent	er		
City, State Lincoln Park, NJ				Disposal D vario			City, State Tullytown, F	PA					
Completed by (Print or T Gordana Luna		Title Secretary/	Treasu	rer	Signature		Gordana Luna		Date 05/26	5/201	7		

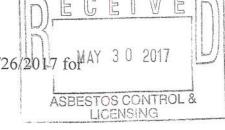
Re:

Attachment to 14 day initial notification dated 05/26/2017 for AY 3 0 2017

asbestos removal at:

9 Livingston Avenue, New Brunswick, NJ

PROJECT Start date: 06/12/2017



Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
Basement	NO	Floor tile & mastic	300 sf	X	
1 st floor	NO	Floor tile & mastic	1,060 sf	Х	
2 nd floor	NO	Floor tile & mastic	4,000 sf	X	
2 nd floor	NO	Cove base molding	700 If	X	
3 rd floor	NO	Floor tile & mastic	5,366 sf	X	
4 th floor	NO	Floor tile & mastic	245 sf	Х	
Basement	NO	Pipe insulation	200 lf	X	
1 st floor	NO	Pipe insulation	400 lf	X	
2 nd floor	NO	Pipe insulation	600 If	X	
3rd floor	NO	Pipe insulation	600 If	X	
4 th floor	NO	Pipe insulation	600 If	X	
	NO			X	
	NO			X	
	NO			X	
	NO			X	
	NO			X	

MOH 242433281		NOTIF	ICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE	MEN 0)	т	And the second of the second o) - -	: <u>U</u>	I	3 1	<u>\</u>	ß
Date of Notification (1)	-/-			of Building			(2)				MAY		3 0	201	7
05/26/2017	-			asa Dor	Pedro)									
Agencies Notified Type Notification			Street	Address					and the	ASE	BEST	OS	S CC	NTF	ROL
EPA Initial Amended Amendment			City, St	ate, Zip C	ode				-		L	CE	NS	NG	
X DOL Amendment Emergency				ark,NJ ,C											
DOH justification)	moluding	1		of Contact					Te	lephone	Numb	er			
DCA Cancellation				topher F	_				1						
Name of Facility Where Abatement is Taking	g Place (3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility (4))						20.00
Private House	233 3	2005					П	School (K-12							
Street Address							×	Subchapter 8 Other (i.e. pri etc.)	(Oth	er than I & comm	K-12) ercial	build	dings	, hom	es,
City (5) East Orange							Squ N/A	are Feet	# o	f Floors A		1	ldg. A	Age	
County (6) Essex				Code (7) USE ONLY	0			rent Use (Prior vate house	if be	ng demo	olished	i)			
Name of Monitoring Firm Hired by Building C	Owner (8))	ASCI	M No.				atement Contr							
Street Address						Street	Addr	ess					7.1.77		
City, State, Zip Code								IKLIN STRE	EI						
								ON,NJ 0752	24						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				Licens	e No.				
Start Date (10)	Cabadul	ad Can	1-41	Date (11)		7.00		5144		0127	4				
06/006/2017	06/07/		ipietion	Date (11)		7		SHA Monitor ATEMENT I	LLC						
Occupancy Status During Abatement (Check	Only Or	ne)				Street									
Facility Closed/Vacated During Entire P	eriod of	Abatem	nent					KLIN STRE	ET	20					
Abatement Performed Outside of Norm Other – Describe: occupie	al Facility	/ Hours						Zip Code	24						
Scope of Work (Check All That Apply)						FAIL		ON,NJ,0752	24						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M GI	ull Containment ini-Enclosure lovebag Proced on-Exempted (*	dure						
	Is	Locati	on					ZXOTTPLOGY) unk	2 14011-1 1	Table 1			ment	
Location of		Normall		22 02 2		scription					-	- 1	Ту	ре	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/				insul , or	ation,	(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											fe	NO.
BASEMENT		X		F	PIPE IN	ISULA	TIOI	1	4	OLF	Х				
											-	-			
												1			
Name of Registered Waste Hauler		25000	DEP W		Cubic			Name of Re	giste	red Land	fill	_1			
TRI STATE TRANSFER /YIMY BRO	THER	3 (32)	3551	NO.	of Was N/A			MINERVA	A EN	ITERP	RISE	S			
City, State 1199 RANDALL AVE BRONX NY					Disposa TBD	al Date		City, State 900 MINE	ERV	A RD V	1YAV	VE:	SBU	RG	
Completed by VICTOR ESPIRITU	Title PRO.	JECT	MANE	GER	Şi	ghature	N	WIGH		100	Date 05/2	6/2	017		

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

(D)		C	E		\mathbb{V}	E	
Check	k#8	397	3	0	2017	7	
	ASBI	EST	OS	CO	NTR	OL 8	, A

B & G proj. #:	2017-66						7 and 12:120-7)	Check	k# 8397/	3	0 2	017	_
Date of Notification (1)		11	Name of I	Buildina Ov	vner/Operator (2	2)							6
0 15 1/12 15 1/1	The second second			Ivy Gold	= 50	,			ASBESTO)S (ON	TRO	L &
Agencies Notified Ty EPA DEP M DOL	ype Notifica Initial Amend			ress , Zip Code Hills, NJ					LIV	I V	Silvi	3	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
X DOH		11	Name of C					Telepho	ne Number				
□ DCA □	Cancel	2002		lvy Gol	dberg			1	_	-			
				FA	CILITY INFORM	MATIO	N						
Name of facility where	abatement	is taking p	lace (3)					Type of Facility					
Ken & Ivy Goldbe	erg								ol (K - 12) hapter 8 (Ot	her t	han K	(-12)	
Street Address								X Other	(Private/Co	mme			
O't- (5)		Los	unty (6)					Square Feet	# of Floors	,	В	ldg. A	ge
City (5)							unty Code (7) ate use only)	Current Use (F	Prior if being	den	nolish	ed)	
Short Hills, NJ 07			ssex					residential	nor in boiling				
Name of Monitoring Fire	m Hired by	Bldg. Owi	ner (8)		ASCM No.		Name of Abatement (Contractor (9)					
-					n/a		B & G Restorati	on, Inc.					
Street Address							Street Address 105 Ryerson R	oad					
City, State, Zip Code						-	City, State, Zip Code						-
							Lincoln Park, N	NJ 07035					
Project Manager for Mon	nitoring Firm	1	F	hone Num	nber		Telephone Number (973)696-6869)	License N 003		er		
Scheduled Start Date (10	0)	Sche	d. Comple	tion Date (11)	-	Name of OSHA Monit						
06/06/2017		06	07/2017				B & G Restorati	on, Inc.		_			
Occupancy Status During	g Abateme	nt (Check	only one)			-	105 Ryerson Ro	oad					
Facility closed/vaci							City, State, Zip Code						
Other-Describe:						-	Lincoln Park, N.	J 07035					
Scope of Work (check a Demolition 3 sf or >3 lf	X	Renovati				_	Fulf Containment w/neg	ative pressure	Gloveba				
Location of				used sole	ly					R	R	E	Е
asbestos-containin material to be abated in facility (1		by maint staff(12) Yes	enance/cu No	stodial N/A	Description material (asbestos-containing	Amount (Specify S LF)	3F or	e m o v	ераі	ncap	n c L
Garage			1	X	duct insula	ation		54 sf		e X			
								0101					一
						-							
Registered Waste Hauler		LNUD	FD Haulas	10# 10	Cubic Yards of V	Masta	Thloma of Dogistared I	andfill			Ш	Щ	Ш
B & G Restoration,			EP Hauler 19563	10#	2	vasie		anofili Resource & Re	ecovery C	ent	er		
City, State Lincoln Park, NJ				Disposal 06/	Date 08/2017		City, State Tullytown, F						
Completed by (Print or Ty Gordana Luna	ype)	Title Secreta	ry/Treas	urer	Signature		Gordana Luna		Date 05/25/2	201	7		

CKT	343		NOT	TFICATI	State of New Je ON OF ASBEST nt to NJAC 8:60	OS ABAT	EMEN 20)	IT		E	C			<u> </u>
Date of Notification (1) 5/26/17				Name NJ S	of Building Owr Schools Deve	er/Operato	or (2) Auth	ority		M	AY	3 () 2(017
Agencies Notified	Type Notification	on		1 1000000000000000000000000000000000000	Address					1				
EPA	× Initial				. Front St				1	ASBE	STO	SC	ON	TRO
DEP X DOL	Amended Amendme				State, Zip Code ton, NJ			, 4 - 112					SINC	
D DOH	Emergeno	y (includir	ng	1	of Contact									
DCA	justification Cancellation	n) on		19 100000 800	nish Kathimi				Telepho	one Nur	nber			
					CILITY INFORM	ATION								
Name of Facility Where Abandoned	Abatement is Tak	ing Place	(3)			ATION	Тур	e of Facility (4)					
Street Address							П	School (K-1	2)					
351 Cleveland St								Subchapter	8 (Other th	an K-12	2)			
City (5)							×	Other (i.e. p etc.)	rivate & cor	mmercia	al bui	lding:	s, hor	nes,
ORANGE								are Feet	# of Flo	ors		Bldg.	Age	
County (6)				Caust	0-1-70		300		2			50+		
Essex				(STATE	Code (7) USE ONLY)		Cur	rent Use (Prio andoned	r if being d	emolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8	3)		M No.	Name								
-	,	, (.	,	7,00	IVI INO.	Yanr	סד אם יככנור	atement Cont Envriomen	tractor (9)					
Street Address						Street								
								elon Rd						
City, State, Zip Code						City, S	tate,	Zip Code						
Davis 111						Kinne								
Project Manager for Mon	litoring Firm			Telepho	one No.	Teleph			Lice	ense No				
Start Date (10)						908-2			012	228				
6/5/17		6/23/1		mpletion	Date (11)			HA Monitor						
Occupancy Status During	Ahatement (Che.	100 2000						Environme	ental					
Printed.						Street /		ss elon Rd						
Facility Closed/Vaca Abatement Performe	ed Outside of Norr	Period of mal Facilit	Abater v Hour	nent s				ip Code						
Other – Describe: a	bandoned	*			-			Rd NJ						
Scope of Work (Check All	I That Apply)					1	71011	110						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processor .	Renova Demoli			× × ×	Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (dure				200	
		Is	Locat	ion				- Zaomptou () and Non	-i nable			emen	t
Location			Normal		D	escription of	of						ре	
Asbestos-Containing N TO BE ABA		Ma	ed Sole	nce/	Asbestos Co	ntaining Ma	aterial	(ACM)	Amount	t [т	
In Facility		Cus	todial 8 (12)	Staff?	(i.e. therma	al systems acing, VAT		ation,	(Specify SF or LF	4	Rer	Re	Encapsulate	Enclosure
(13)			(12)		other	miscellane	ous)		Of Ut Li	'	Remova	Repair	psul	losu
		Yes	No	N/A							<u>B</u>		ate	Гe
Baseme	nt			х	Pipe	e Insulati	on		1,003 L	F x	_			
Baseme	nt			х	bo	ler breed	:h		2 sf			-		
						701 01000	/11		2 51	×	-	_		
		1												
Name of Registered Waste	e Hauler		IN	JDEP Wa	oto Cubic	Yards								
annuzzi Group			H	auler ID N		ste		Name of Re Grows Fa		ndfill				
City, State		1			sal Date		City, State							
innelon NJ				6/23/			Fairless H	lills						
Completed by		Title				Signature 1		1	Δ	Date				
ohn Mucha		projec	t mar	nger			1 /	(Y/	./)	5/26	117			

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

Print Form

					907 (8	12±	L	Pr	rint F
CK3434	7 N	OTIFICATIO	State of New Jerson OF ASBESTOS t to NJAC 8:60 ar	ABATEMENT	D.	EC			7 [
Date of Notification (1) 5/26/17			of Building Owner	Operator (2) opment Authorit	y	MAY	3 0	201	17
500 Section 1	otification		Address Front St						
	tial nended nendment #	City, St	tate, Zip Code on, NJ		A	SBEST(JS CO JENS		HOL
DOH jus	nergency (including tification) ncellation	Name (of Contact ish Kathiari		Telephon	e Number	N.		
			ILITY INFORMAT	ION			-		
Name of Facility Where Abatemer FORMER ABANDONDED Street Address 347 Cleveland St				Sch Sub	Facility (4) ool (K-12) schapter 8 (Other than er (i.e. private & com		ildings	, home	es,
City (5) Orange NJ				Square F 3000	3		Bldg. 7 50+	Age	
County (6) Essex		(STATE	Code (7) USE ONLY)		Jse (Prior if being der oned residence	molished)			
Name of Monitoring Firm Hired by	Building Owner (8)	ASCI	M No.		ent Contractor (9) vironmental Serv	ices			
Street Address				Street Address 135 Kinnelon	Rd				
City, State, Zip Code				City, State, Zip C Kinnelon NJ (
Project Manager for Monitoring Fir	m	Telepho	one No.	Telephone No. 908-218-0880		nse No. 28			
Start Date (10) 6/5/17	Scheduled 6/23/17	Completion	Date (11)	Name of OSHA N Yannuzzi Env					
Occupancy Status During Abateme	ent (Check Only One))		Street Address 135 Kinnelon		200			
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: abandoned	e of Normal Facility H	atement lours		City, State, Zip C	ode				
Scope of Work (Check All That App				Kinnelon NJ (07405				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Rei	novation molition		Mini-Er Gloveb	ntainment with Nega nclosure ag Procedure empted (*) and Non-			re	
Location of	No	ocation rmally	De	scription of				ement /pe	
Asbestos-Containing Material (TO BE ABATED In Facility (13)	Maint Custoo	Solely by enance/ dial Staff?	Asbestos Con (i.e. thermal surfa	taining Material (AC systems insulation cing, VAT, or niscellaneous)	CM) Amount , (Specify SF or LF		Repair	Encapsulate	Enclosure
Ond 8 11: 1	Yes	No N/A						ite	Ф
2nd floor living 2nd floor kitchen		X		at & mastic	160 sf	x	-		
3rd floor bedrooms		X		vat and mastic t and mastic	100 sf 600 sf	x			
							1	1	

Hauler ID No. 17467

Title

Proj.Mgr.

of Waste

Disposal Date

Signature

GROWS/FAIRLESS

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

Date

5/26/17

City, State

Fairless Hills

City, State

Kinnelon, NJ

Completed by

John Mucha

Yannuzzi Group

O				<u> </u>	2 7077			-					FIHH
_ Ch3435	5	NOT	IFICATI	State of N ON OF AS int to NJA	BESTO	SABATE	EMENT 20)) EC	E	1		
Date of Notification (1) 5/26/17			Name NJ S	of Buildin	g Owner Develor	Operato	r (2) Authority		MAY	' 3 (20	17	
Agencies Notified Type Notifi	cation			t Address			- tutifority	hel be	1 MA	0 0		H	ionare
☐ EPA ☒ Initial			32 E	Front S	St			-	L.	00.0	01 17		_
DEP Amen				State, Zip C	Code				ASBEST	OS O	UNIT	ROL	&
	dment # ency (including			ton, NJ					Dec 1	Construction of the	11.85.4		
DOH justific	ation)	3		of Contaction	-			-	Telephone	Numbe	r	8.	
Name of Facility Where Abatement is	Taking Place	31	FA	CILITY INF	FORMAT	ION						1000	
Abandoned	raking riace (3)					Type of Facili						
Street Address							School (I	K-12)	Other than I	(12)			
349 Cleveland St							X Other (i.e	e. priva	te & comm	ercial b	uilding	s, hor	nes,
City (5)							etc.) Square Feet	1	# of Floors		Bldg.	Δαρ	-
ORANGE							3000	2			50+	Age	
County (6) Essex			County	Code (7)	<i>a</i>		Current Use (I	Prior if	being demo	lished)			
Name of Monitoring Firm Hired by Buil	dina Ourser (0)				''	_	Abandoned						
Traine or morntoning I mill I med by Buil	uing Owner (8))	ASC	M No.		Name	of Abatement C nuzzi Envrior	contrac	tor (9)		V-20-011		
Street Address							Address	Пенца	I				
							Kinnelon Rd						
City, State, Zip Code							tate, Zip Code elon, NJ						
Project Manager for Monitoring Firm			Telepho	one No			one No.		· · · · · ·				Various II
			100 CO #10 CO				218-0880		License 01228	100000000000000000000000000000000000000			
Start Date (10) 6/5/17	Schedule	ed Co	mpletion	Date (11)			of OSHA Monito						
	6/23/17					Yann	uzzi Environ	menta	al				
Occupancy Status During Abatement (Address						
Facility Closed/Vacated During Er Abatement Performed Outside of	tire Period of A Normal Facility	Abater	nent				Cinnelon Rd						
Other – Describe: abandoned			•				ate, Zip Code elon Rd NJ					37	
Scope of Work (Check All That Apply)						Tarric	MOTITICA NO						
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		enova emolit				× × ×	Full Containr Mini-Enclosu Glovebag Pro	re ocedure	Э				
	ls	Locati	on				Non-Exempte	30 (*) a	na Non-Fri	able Pr		re ement	
Location of		ormal Sole			Des	cription o	of					/ре	
Asbestos-Containing Material (ACM TO BE ABATED	/ Mai	ntenar	nce/	Asbest	os Conta	aining Ma	aterial (ACM)		Amount			m	
In Facility	Custo	odial S (12)	Staff?	(1.6.	surfac	ing, VAT	insulation, , or		(Specify SF or LF)	Ren	Re	ncal	End
(13)					other m	iscellane	ous)		,	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A							1		ate	œ.
			X			nsulati		9	80 LF	x			
Basement			X	chi	imney	mod ba	acking		5sf	x			
throughout			Х		pl	aster		10	0,000 sf	x			
Name of Registered Waste Hauler		1											
annuzzi Group			JDEP W auler ID i		Cubic Y of Wast				ered Landfi	II			
			467		40 cy		Grows	/Fairle	ess				
City, State Kinnelon NJ					Disposa 6/23/17		City, Stat		NII				
Completed by	Title					hature //	AAA	SIIIFI		ote			
ohn Mucha	project	t mar	nger		J.g	DV"	/V			ate /26/17	7		

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

Club #3212

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

NT	DEC	; E		\mathbb{V}	E	
esign a	nd Construction	Y 3	0	2017	7	description of
	ASBES		CO NSII		OL 8	- Total
	The tenth of the form of the state of the st	e supplementary 2.5		NA WARE OF BEING PROPERTY.	March - March	
	Telephone Numb	er				
	2) 8 (Other than K-12) private and commerc		ilding			
t Hao (D	rior if being demolish	2001				
t Ose (F)	for it being demonst	ieu)				
ractor (9)						
EET				318-01		
10						
	License No. 00509					
MENTA	L, INC.					
ET						
(C						
lure	gative Pressure					
) and No	on-Friable Procedure	·	atem	ent T	уре	
CM) n,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	200 SF	\boxtimes				
	58 SF					
	34 SF					
-45						
of Regis	stered Landfill					

Date of Notification (1)				Nam	e of Buildin	ng Ow	ner/Operator (2)			0	0047	,
	17			Pr	inceton L	Jnive	ertsity - Offic	e of Design an	d Construction	YY 3	U	2017	1
Agencies Notified Type No	tification			Stree	t Address								
☐ EPA ☐ Initia				20	0 Elm Dr				ASBES	TOS	CO	NTR	OL 8
☑ DOLWD ☐ Amei				City.	State, Zip (Code				LICE	NSI	40_	nençi - Nasaritida
	dment #		ij.	1	nceton, I								
DCA Emer (NJAC 5:23-8) ustifi	gency (ir cation)	ncluding	3		e of Contac				Telephone Numl	201			_
Cano					bert Orte	33			Telephone Numi	Jei			
						_	RMATION		A COLOR	77.7			
Name of Facility Where Abatement	is Takin	g Place	(3)	100.00				Type of Facility	(4)				
Princeton University- Engir				le				School (K-12					
Street Address								Subchapter 8	(Other than K-12)				
Olden St								Other (i.e., properties)	rivate and commer	cial bu	ıildin	js,	
City (5)						-		Square Feet	# of Floors	RI	dg. A	ne .	
Princeton								oquaro i cot	1. 011 10013		··9. / \	90	
County (6)				Cou	ntv Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	or if being demolis	hed)	-		_
MERCER					, (.	. До	332 3112.17	000000000000000000000000000000000000000	or it being demons	ilou)			
Name of Monitoring Firm Hired by I	Building (Owner	(8)	ASCN	No.	Nai	me of Abateme	ent Contractor (9)					
ATC Associates Inc.						E	BRISTOL EN	VIRONMENTAI	L, INC.				
Street Address						Stre	eet Address						
Bromley Corporate Center-	hree T	erri La	ane			1	123 BEAVE	R STREET					
City, State, Zip Code						City	, State, Zip Co	ode		-		11 52 011	
Burlington, NJ 08016						E	BRISTOL, PA	19007					
Project Manager for Monitoring Fire	1		Tel	ephone	No.	Tel	ephone No.		License No.				
Michael Keehn			6	09-386	6-8800	2	15-788-6040		00509				
Start Date (10)	Sched	fuled C	ompl	etion Da	ate (11)	Nar	me of OSHA N	lonitor					
6 /7 /17	_	6/	_1	7_/	17	В	RISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During Abateme	nt (Chec	k only o	one)			Stre	eet Address					- 1010	-
☐ Facility Closed/Vacated During I				ement		1	123 BEAVER	R STREET					
☐ Abatement Performed Outside of							, State, Zip Co					WA	
Time of Abatement:AM-	PI	M/ <u>3:30</u>	PM-1	2:30A	M	1	RISTOL, PA						
Scope of Work (Check all that apply)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		П						
☐ ≥3 sf or >3 lf		⊠ Re	nova	tion			☐ Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		☐ De					Glovebag	g Procedure					
					_		Non-Exe Non-Exe	mpted (*) and Nor	n-Friable Procedur	e			
		100	Loca							Ab	atem	ent Ty	уре
Location of Asbestos-Containing Material (A	CM)			lely by	Ashe	stos (Description o Containing Ma		Amount	Re	Re	En	En
TO BE ABATED	···/	183534		ance/			rmal systems i		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Cusi	(12	Staff?		S	urfacing, VAT, ner miscellane	or	SF or LF)	/al		Encapsulate	ure
(13)		Yes	No			Oli	iei miscellanei	ous)				ite	
H121			\boxtimes		Transit	e pa	nels		200 SF				
H121					Floor ti	le an	nd mastic		58 SF				
H120			\boxtimes		Floortil	e an	d mastic		34 SF	\boxtimes	П	П	
		П	П								П		
Name of Registered Waste Hauler			7	NJDEP	Waste	Cuh	ic Yards of	Name of Regist	tered Landfill	1			
BRISTOL ENVIRONMENTAL	. INC.		1.00	Hauler I	D No.	Was		FAIRLESS					
City, State	,			1870	3	Dia	nonal Data						
BRISTOL, PA 19007						DIS	oosal Date	City, State	IE DA 10067				
	1						0.	INCKKISVII	LLE, PA 19067				
Completed By (Print or Type) Brian Scafiro	Title						Signature	0.1.	/On Da	te /_		1	
Brian Scariro		stimat	or				13MW	n Scofin	0/8/4	>/ 0	14/	11	

CK1125	١	NOTIF	FICATION	tate of No N OF ASI to NJAC	BESTOS	ABATE	EMEN ⁻	r.) <u>E</u>	<u>C</u>	E	Ш	$\underline{\mathbb{V}}$	J.J.
Date of Notification (1) 5/25/17				of Building Nickich	g Owner/	Operato	r (2)		and the second	1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	AAY	3	0 2	017	The same of
Agencies Notified Type Notification	1		Street A	ddress . Main s	St Apt E	 BE			and the state of t	ASBE	STC	SC	CON	TRO	L &
EPA Initial Amended		l		ate, Zip C			Tellet (see [1])		-	The state of the state of	LIC	EN	SINI	3	
X DOL Amendmer Emergency				nfield, I	The second second	21									
DOH justification)			f Contact Vickvich					l Tel	lephone	Numb	er			
				LITY INF		ION									
Name of Facility Where Abatement is Taki Basement Unit in Apartment Com	ng Place (3)					Тур	e of Facility (4	4)	E HINE WE -					
Street Address	piex							School (K-1	2)						
241 E. Main St. Apt BE							×	Subchapter Other (i.e. pretc.)	rivate	er than & comm	K-12) ercial	build	dings	hom	es,
City (5) Bergenfield	117						Squa 100	are Feet	# 0	f Floors		100	ldg. A	\ge	
County (6)		T		Code (7)			Curr	ent Use (Prio			olishe	300			
Bergen Name of Monitoring Firm Hired by Building	Oue /0'			USE ONLY	r)			sement Apa							
Project Manager	Owner (8)		ASCN	/I No.				atement Cons S Abateme		(9)					
Street Address							Addre N. M	ess dland Ave							
City, State, Zip Code						City, S	State, 2	Zip Code rook, NJ 0							
Project Manager for Monitoring Firm		_	Telephor	ne No.		Telepi			/663	Licens	e No.				_
						201-	600-	3184		0130					
Start Date (10) 6/5/17	Schedule 6/10/17		mpletion (Date (11)		Name	of OS	HA Monitor							
Occupancy Status During Abatement (Che	ck Only One	e)				Street	Addre	ss							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	Period of A mal Facility	bater Hours	nent s			City, S	State, Z	ip Code						707.1511	
Scope of Work (Check All That Apply)		-					=								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mi	II Containme ni-Enclosure ovebag Proce on-Exempted	edure					2	
	ls l	ocat	ion						() () ()				Abate	ment	
Location of Asbestos-Containing Material (ACM)		ormal Sole	ly ly by			scription			2-92		F		Ту	ре	
TO BE ABATED		ntena	nce/ Staff?		tos Cont thermal	systems	s insul			mount Specify		R	71	Enc	Ē
In Facility (13)	June	(12)	Juli:		surfact other n	cing, VA niscellar	T, or neous)		SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									a	-	late	ле
Basement		Х				VAT			80	00 SF	×				
									-0.55						
Name of Registered Waste Hauler		1 .	IDES												
Newark Carting		Н	JDEP Wa auler ID I 4509		of Was			Name of R Grand C	350			and	dfill		
City, State		102	+508		4 CU	al Date		City, State			y -			=======================================	
Newark, NJ					TBD	Jan Date		Pen Argy		A					
Completed by Richard Cristofol	Title Presid	ent			S	ignature	111		-		Date 5/25	/17			

Print Form.

CK4722	NC		ATION	te of New OF ASBE o NJAC 8	STOS	BATEN		-		E	C	E	7		
Date of Notification (1) 05/25/2017		99390		Building C)wner/0	perator ((2)	•			VA IV	3	0 2	017	And the section of
Agencies Notified Type Notifie	cation	W 500	treet Ad	ldress n Street											
EPA X Initial Amend	ded			e, Zip Coo					and and a	AŞBI	EST	OS (SIN	TRO G	1 &
	dment # jency (including	_		eld NJ 0	7042								9.1.		
■ DOH justific □ DCA □ Cance	ation)	91 933		Contact der Doh	me				Tele	phone	Numl	per			
	ilation			ITY INFO		ON			S 1000-100-100						
Name of Facility Where Abatement is Roosevelt School	Taking Place (3)						Тур	e of Facility (4)							
Street Address 301 Clark Street								School (K-12) Subchapter 8 Other (i.e. pri	(Othe	er than I	K-12) ercial	build	ings,	home	s,
City (5)							Sau	etc.) are Feet		Floors			dg. Ad		- 1
Westfield							040							*	
County (6) Union			ounty C	ode (7) SE ONLY)				rent Use (Prior 100l	if bei	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Bu USA Environmental Inc	ilding Owner (8)		ASCM 00112					atement Contr	actor	(9)			20-00-		
Street Address 344 West State Street	-1					Street 2		ess et Avenue							
City, State, Zip Code Trenton NJ 08618								Zip Code J 07011							
Project Manager for Monitoring Firm			elephon			Teleph				Licens					
William Weisgarber Start Date (10)	Cahadulaa			6-8101		973-2		8828 SHA Monitor		0070	4		///		
06/05/2017	Scheduled 06/05/20		Dellon L	Jale (11)				mpany Inc							
Occupancy Status During Abatement						Street	Addr	ess							
Facility Closed/Vacated During I Abatement Performed Outside of Other – Describe: 3;30pm-11;30	of Normal Facility I	ateme Hours	ent		_	City, S	tate,	Zip Code	****	553///	900 en 1			-2-1100	
Scope of Work (Check All That Apply)		-												
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enovati emolitio				×	N C	ull Containmer lini-Enclosure Slovebag Proce Ion-Exempted	dure					3	
	ls l	ocatio	n T				1 1	ion-Exempled	() air	d NOTE:	Парк		Abate	ment	
. Location of	No	ormally Solely	,			scription							Ту	pe	
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Mair Mair	ntenan odial St (12)	ce/		thermal surfa	aining N systems cing, VA niscellan	s inst T, or		(8	mount Specify For LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									1770		te e	
Air Handling Supply Room 2				1.00		ation "v	-			2 LF		Х	,		
Air Handling Return Room 2	nd FI X			pipe	insula	tion "w	rap	& cut"	1	2 LF		X			
							San Hari								
Name of Registered Waste Hauler		N	IDEP W	aste	Cubic	Yards		Name of R	eaiste	ered Lar	ndfill				
Newark Carting Inc		Ha	auler ID 509		of Wa			GROWS	200						
City, State Newark NJ					Dispo	sal Date		City, State Morrisvil		4					
Completed by Voytek Roszkowski	Title Presio	dent			5	Signature	1	>	- \;	Y	Dat 05		2017		

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

Check # 25508

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operato	r (2)	ME	P	F	7	/ [
5/	/26/17					.g =eperate	Pompei		9		n r	/ L:
Agencies Notified	Type Notific	cation		Stree	et Address				*			185.53
EPA I DEP	Initial Amende	ıd						1 (1 A	AAY	3 0	20	17
⊠ DOL	Amendm			City,	State, Zip		1 1 2 2 2 2					
⊠ DOH	☐ Emerger		ıg	-	(0:-1:		dgewood, NJ	F3. 31.71	STO	SO	TMC	ROI
DCA	Cancella			Nam	e of Contac	ark Pompei		Telephr	nhara	LVIO	INIC	
				_								_
Name of Facility Where	Abatament is	Takina Dlas	a /2\	FA	CILITY IN	FORMATION	T =	2.3 1				
rvarie or r acinty vviiere		Resident					Type of Facility					
Street Address		CONCIN	iai				School (K-1)	2) 8 (Other than K-1	12)			
							Other (i.e., p	rivate & commerc		ildings	5,	
City (5)							homes, etc. Square Feet	# of Floors	TE	Bldg. A	lan.	
1 191 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ledge	wood, N	J 078	352			1800	7	-	6.66	i+/-	
County (6)				Cou	nty Code (7) (STATE		ior if being demol	ished)		, , , -	_
N	Aorris			USE	EÓNLY)			iei ii beilig delliei	ionica)			
Name of Monitoring Firm		ding Owner		ASCM	No.	Name of Abaten	nent Contractor (9)				_
(8)	MECS					Stev	ens Environr	nental Service	es, I	nc.		
Street Address		022203				Street Address						_
	PO Box	341					PO E	322 sox 322				
City, State, Zip Code			_			City, State, Zip C						
Water and the state of the stat	osswicks, l	NJ 0851					Allentown	n, NJ 08501				
Project Manager for Mor	경영(2011년 전 2011년 전 경영(2011년 111년 111년 2		1 123213	phone	337 M 338 CONTROL 1	Telephone No.	0.0600	License No.	0040	_		
Start Date (10)	isgarber	0-11-1-1	_		8-4070	(609) 25			0049	3		_
6/8/17	1	Scheduled (ate (11)	Name of OSHA I	787-1177-1	ECC				
Occupancy Status Durin	na Abatement		5/16/	1 /		Street Address	IVI	ECS				_
☐ Facility Closed/Vacate				ment		Street Address	PO B	ox 341				
☐ Abatement Performed						City, State, Zip C		OX 341				_
Other - Describe:			•	N-50		ony, orato, zip o		s, NJ 08515				
Scope of Work (Check a	Ill that apply)						0100011101	5,110 00010				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio				ntainment with Neg closure ag Procedure	gative Pressure				
							empted (*) and No	n-Friable Procedu	ıre			
			ocation of the company of the compan						1	Abate		
Location of	of	Used	Sole	y by		Description of				Тур	oe -	
Asbestos-Containing N TO BE ABAT			ntenan			os Containing Mat thermal systems in		Amount (Specify			ш	_
IN Facility			Staff?		(1.6.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaneo	us)	1000 000 postava 10000 0 €0	lova	oair	sula	osur
		Yes	No	N/A					-		te	(D)
Baseme	nt		×		Th	ermal PipeIns	ulation	155 lf	×			
Name of Registered Was	ste Hauler			JDEP \		Cubic Yards	Name of Regis	tered Landfill				
Stevens Environm	nental Serv	ices, Inc	_ "	auler ID 182	292	of Waste 2 cu		Fairless Lan	dfill			
City, State						Disposal Date	City, State	7				-
	Allentow	n, NJ				6/16/17	10/	Morrisville,	PA			
Completed By	1	Title		WE 014		Signature	1//	Date				-
Mahlon E. Ste	vens	Pr	oject	Man	ager	11/1			5/26	5/17		_ 1

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

Check # 25511

Date of Notification (1)				Nom	o of Buildin	ng Owner/Operato	- (2)	IME	C	E	1	1
A MATERIAL PROPERTY OF THE PRO	/26/17			INAIII	e or buildin	ig Owner/Operato	Rice				, ,	J
Agencies Notified	Amended Amendment # Emergency (inclusive justification) Cancellation of Facility Where Abatement is Taking Facility Closed/Vacated During Firm Bill Weisgarber ate (10) Scheduled Schedu			Stree	et Address				1.537	2.0	00	47
□ EPA □ DEP		ad							MAT	3 0	20	11
DOL DOL	Amenda	nent#	_	City,	State, Zip		City NI	07305				
⊠ DOH			ıg	Nam	e of Contac		rsey City, NJ	Telephone Num				
□ DCA				Ivaiii	e or Corna	Paul Rice		Telephone Num	ineri(.	-145	ING	1989/07/53
				FA	CILITY IN	ORMATION		<u> </u>				=
Name of Facility Where	Abatement is	Taking Plac	e (3)		OLIT III	Orthornor	Type of Facility	v (4)			Type or	
		Resident	ial				School (K-1	2)				
Street Address							Other (i.e.,	8 (Other than K-1 private & commerc	2) ial buil	dings,		
City (5)							homes, etc Square Feet	.) # of Floors		ldg. A		
	Jersey	City, N.	J 073	05			2400	2	"	90-		
County (6)	udeon			Cou	inty Code (7) (STATE	Current Use (P	rior if being demol	shed)			_
		lding Owner	_	ASCM		Name of Ahaton	nent Contractor (9	2)			_	8
(0)	of Monitoring Firm Hired by Building Own MECS Address PO Box 341 ate, Zip Code				1140.			mental Servic	es I	ıc.		
Street Address						Street Address						=
	PO Box	x 341					PO I	30x 322				
City, State, Zip Code	osswicks	NI 0851	5			City, State, Zip C		n, NJ 08501				
		110 0051		phone	No.	Telephone No.	Allelitow	License Ne-				$=$ \mid
			1000000		8-4070		59-9688		049	3		
Start Date (10)		Scheduled (Comple	tion Da	ate (11)	Name of OSHA	Monitor					=
			5/16/	17			M	ECS				
<u> </u>		(9)		74		Street Address	DO I	2 2.41				
						City, State, Zip C		30x 341			_	_
			.,			City, State, Zip C		s, NJ 08515				
Scope of Work (Check a	Il that apply)						We also the second					\dashv
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-En Gloveba	ag Procedure	gative Pressure on-Friable Procedu	r 0			
			Locatio				cripica () and rec	on-i nable i roceuu	_	baten	nent	\neg
Location of	of		omally Solel			Description of	f			Тур		
Asbestos-Containing N	Material (ACM)	Mai	ntenan ustodia	ce/		os Containing Mat	terial (ACM)	Amount			ш	
TO BE ABAT IN Facility			Staff?	11	(I.e.,	thermal systems i surfacing, VAT,	or	(Specify SF or LF)	Ren	Repair	ncap	Encl
(13)			(12)			other miscellaned	ous)		Removal	oair	Encapsulate	Enclosure
		Yes	No	N/A							te	CD
Baseme	nt	_	×		Th	ermal PipeIns	sulation	40 lf	×			
Name of Registered Was	te Hauler		1.6	JDEP \	N/acto I	Cubic Vords	I Name of Day	etered I == JEII				
Stevens Environn		vices Inc	L	lauler ID	No.	Cubic Yards of Waste	Name of Regi		4 6 :11			
City, State	ioniai Sel	vices, inc	<u>.</u> _	182	292	l cu Disposal Date	City, State	Fairless Land	TIIII			-
5000 M.A. 788 700 F	Allentow	n, NJ				6/16/17 i	A /	Morrisville,	PA			
Completed By		Title				Signature	4 1//	Date				-
Mahlon E. Ste	vens	P1	oject	Man	nager	14			5/26	5/17		_

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

0.0000		(P	ursuant	to NJAC	8:60 an	a 12:120	U)								1
Date of Notification (1)				f Building ton Univ				of Princeton	Univ	ersity	WAY	3	0 2	2017	and the state of t
Agencies Notified Type Notification EPA Initial			Street A EA Mo	ddress Millan E	Building	9			*	ASBE	STO)S(CON	ITRO	DL &
DEP X Amended Amendment Emergency (i		_		ate, Zip Co ton, NJ						-		To the same	SIN	<u> </u>	
DOH justification Cancellation	ricidanig		Name of Bob O	f Contact rtega					Tel	ephone	Numb	or			
			FACI	LITY INFO	ORMATI	ON									
Name of Facility Where Abatement is Taking Gas Dynamics Lab - Machine Shop Street Address			r Roon	n 143			Г	rpe of Facility (4 School (K-12 Subchapter 8	2)	or than l	Z 12\				
Forrestal Campus							×	Other (i.e. pr etc.)	ivate	& comme					es,
City (5) Plainsboro							21	quare Feet 125	1	f Floors		8	ldg. A	ge	
County (6) Middelesex			County (Code (7) USE ONLY				rrent Use (Prior rinceton Lab							5-47
Name of Monitoring Firm Hired by Building C ATC Group	wner (8)		ASCN	l No.		11.		Abatement Cont rices, LLC	ractor	(9)					
Street Address 3 Terri Lane	20 62.					Street 303		dress Iational Road	d						
City, State, Zip Code Burlington, NJ 08016								e, Zip Code PA 19341						035-125	
Project Manager for Monitoring Firm Michael R. Keehn			Telephoi 609-38	ne No. 36-8800		Teleph 484-		e No. 2-8884		Licens 01161		8			
	Schedule		npletion l	Date (11)		Name EMS		OSHA Monitor							
Occupancy Status During Abatement (Check	Only Or	ie)				Street	Add	dress							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm: Other – Describe: Work area vacant & is	al Facility					City, S	state	ute 130 North , Zip Code iinson, NJ	1						
Scope of Work (Check All That Apply)						Cirin	aiii	1113011, 140					-	-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ACCOUNTS.	denova demolit				×		Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure					e	
Location of		Locati Iormal			D		0.255						Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/ Staff?		tos Cont thermal surfac		Mate s ins T, o		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Mashina Dasas/Garasasas D400	Yes	No	N/A	TI		D: - 1		1-41		00 15	-				
Machine Room/Compressor R123 Machine Room/Compressor R123	X				ermal Floor T					20 If 50 sf		2			
Name of Registered Waste Hauler		T N	JDEP W	aste	Cubic	Yards		Name of R	egiste	red Lan	dfill				
Waste Management of New Jersey		100000	auler ID		of Was			GROWS							
City, State Trenton, NJ					Dispos TBD	sal Date		City, State Morrisvil	le, N	J					
Completed by Joe White	ct Ma	nager		S	ignature	1	izzi k. to ki	ā)		Date 5/2	260	/17			

Print Form

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) Date of Notification (1) Name of Building Owner / Operator (2) 26 17 AT&T Corporation Street Address Agencies Notified Type of Notification 200 Laurel Ave - Room 1A-117 **EPA** 1 Initial City, State, Zip Code Amended Bedminster NJ 7 DOH Amendment # Name of Contact Telephone Number V DOL Emergency w/ justification Mark Morrison Cancellation **FACILITY INFORMATION** ASBESTOS CONTROL & Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FILENTIAGING AT&T Camden School (K-12) Street Address Subchapter 8 (Other than K-12) 12 North 7th Street V Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** Camden Camden 24,000 +/- 50 Current Use (Prior if being demolished) Office Building Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) ATC Group NorthStar Contracting Group, Inc. Street Address Street Address 3 Terri Lane Suite 4 City, State, Zip Code 32 Williams Parkway Burlington, NJ 08016 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number John Lutz 609-479-8512 East Hanover NJ. 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 6 12 17 6 17 973-772-3660 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NorthStar Contracting Group, Inc. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: __ 7:00AM - 3:30PM 32 Williams Parkway 1 Other - Describe: __ MON-FRI. City, State, Zip Code 4:00PM to 12:30AM East Hanover, NJ. 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure 1 >3sf or >3lf Mini - Enclosure 1 ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type **Asbestos Containing** Location Asbestos - Containing R Material (ACM) Normally Material (ACM) Amount E N N R TO BE ABATED Used (I.e., thermal systems (Specify M E C C insulation, surfacing, VAT, in Facility Solely SF or LF) 0 P (13)by Mainor other miscellaneous) P V A 0 tenance/ A 1 S S Custodial L R U U Staff (12) R YES NO N/A 3rd Floor Battery Room Floor Tile & Mastic 625 SF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill Service Transport Group Hauler ID No. Yards Minerva Landfill 58 Pyles Lane SW2117 of Waste City, State Disposal City. State New Castle, DE. Date 8955 Minerva Poad Waynesburg, OH. 44688 Completed by (Print or Type) Signature Date Richard Semega Project Manager 05/26/17

ASB-41

CK # 8/7	2		FICATIO	State of New Jerse N OF ASBESTOS t to NJAC 8:60 an	ABATE) E G			P	int E	Form
Date of Notification (1) 5/26/17 -	(of Building Owner/				MAY	3	0 2	017	-	W
Agencies Notified Type Notific	ation		Street	Address HADLEY ROA	.D		and company of the co	ASBEST	OS (CON	TRO	L &	
DEP Amend X DOL Amend	ment #			tate, Zip Code TH PLAINFIELI	D, NJ	07080		Ш	CEN	SIMO	3		+
DOH justifica		g	CH	ARLIE	Mi	RACOLA		lephone Nu	mber				-
Name of Facility Where Abatement is	Taking Place	(3)		ILITY INFORMAT		Type of Facility	(4)						-
Street Address 800 MORRIS	EXCA	VAT			ET	School (K-Subchapte Other (i.e. etc.)	-12) er 8 (Oth	ner than K-1; & commerci	2) al bui	ldings	, hom	es,	
Gloucesta	ER C	2:7	-4			Square Feet N/A	# 0	of Floors		Bldg. /	Age / A		
County (6)			County	Code (7) USE ONLY)		Current Use (P	rior if be	ing demolish	ned)	_	1//		
Name of Monitoring Firm Hired by Built ENVIRONMENTAL TACTICS	ding Owner (8	3)	ASCI 0045	M No.	Name	of Abatement Co QUE SYSTEM	ontractor	(9) AMERICA	7				1
Street Address 64 BROAD STREET					Street	Address WHITEHEAD	-	, will wor					1
City, State, Zip Code MATAWAN, NJ 07747					City, S	State, Zip Code ITH RIVER, N			e e e e e e e e e e e e e e e e e e e				-
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 9 2- 2217	Telepl	none No. 432-8350	-	License N 01111	0.				1
Start Date (10) 6/7/17	17-0-170-170-170-170	led Co	,	Date (11)	Name	of OSHA Monitor							-
Occupancy Status During Abatement (1//	/		Address		AIVIERICA	١				-
Facility Closed/Vacated During Er	tire Period of	Abate	ment		396	WHITEHEAD	AVE.						
Abatement Performed Outside of Other – Describe:	Normal Facilit	y Hour	S			tate, Zip Code ITH RIVER, N	J 0888	32					
Scope of Work (Check All That Apply)												-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			X	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e		
Location of	1000	s Locat Norma								Abate			
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)) Use Ma	ed Sole aintena todial (12)	ely by nce/	Asbestos Cont (i.e. thermal surfac		laterial (ACM) s insulation, T, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A						=		ate	re	

IN TRENCH TRANSITE PIPE 16 LF Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill

VEOLIA

RA: MO

NJDEP Waste Hauler ID No. 080631369

of Waste APP > Disposal Date **EQ-WAYNE DISPOSAL**

City, State FLANDERS, NJ

Completed by

OFFICE MGR.

TBD Signature

City, State

BELLEVILLE, MI

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

IT	MEGEIVEM
	MAY 3 Ch#41773
	ASSESTOS CONTROL & LICENSING

Date of Notification (1) 05/15/2017			Name Monto	of Buildin clair Kim	g Owner/ berly A	Operato cadem	r (2)	M	AY. 3 0	ch#∯	773	
X EPA X	Initial		201 V	Address alley Ro		1,	1.06	ASSES	STOS C	ONTE	iOL-	8
X DOL	Amendment #_ Emergency (including	ng	Monto	tate, Zip (clair, NJ	07042				LICENS	ING		
X DOH X DCA	justification) Cancellation		Mark	of Contac Dombro	ski			l Tel	enhana N	, in a la		
Name of Facility Where Abate Primary school	ement is Taking Place	(3)	FAC	ILITY IN	FORMAT	ION	Type of Facilit	y (4)				
Street Address 224 Orange Road							□ Other (i.e	K-12) ter 8 (Other private 8	er than K- & commer	12) cial bu	ilding:	s, horr
City (5) Montclair							etc.) Square Feet	# 01	Floors		Bldg.	Age
County (6) Essex			County (STATE	Code (7) USE ONL	Y)		Current Use (F	Prior if bei	ng demoli	shed)		
Name of Monitoring Firm Hire Detail Associates, Inc	ed by Building Owner	(8)	ASC	M No.		Name Lilich	of Abatement C Corporation	contractor	(9)			
Street Address 300 Grand Ave							Address IcBride Ave					
City, State, Zip Code Englewood, NJ 07631						City, S Wood	tate, Zip Code lland Park, NJ	07424				
Project Manager for Monitorin Anthony Valentine	g Firm		Telepho 201-56			Teleph	none No. 25-8400		License 01104	No.		
Start Date (10) 06-13-17	Sched 06-16	uled C- -2017	ompletion	Date (11))	Name Iris Er	of OSHA Monito	or aborator	ies IIC			
Occupancy Status During Aba	tement (Check Only (One)				Street	Address					
X Facility Closed/Vacated I Abatement Performed Out X Other – Describe: unoc	utside of Normal Facil	f Abate ity Hou	ement rs			City, S	Route 22 Wes tate, Zip Code , NJ 07083	t				
Scope of Work (Check All Tha	t Apply)					0111011	, 140 07000					
 ≥3 sf or≥3 lf X ≥160 sf or≥260 lf 	XX	Reno				X>	Mini-Enclos Glovebag Pr	ure ocedure				
Ar		Is Loca	30.74.753.00				THE EXOTING	T dila	14011-1 118	DICT TO	Abat	ement
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)	N N	lainten	lely by ance/ Staff?	Asbes (i.e	stos Conta thermal surfac	systems cing, VA	aterial (ACM) insulation, Γ, or	(Sp	nount ecify or LF)	Remova	Repair	e Encapsulate
(13)	Yes	No			other m	niscellan	eous)		(5%)	loval	oair	sulate
cademic office		X		VAT/I	Mastic			233 sf		X	-	
Vaiting room		X		VAT/I	Mastic			78 sf		X	-	
aculty work room		X		VAT/i	Mastic			228 sf		X		
Name of Registered Waste Ha Lilich Corporation	uler	1	NJDEP W Hauler ID 18724		Cubic \ of Was		Name o GROW	f Register S, Landf	ed Landfil ill			
City, State Woodland Park, New Jerse	у				Disposi	al Date	City, Sta Morrisv					
Completed by Adriana Olejarova						grianure	TC			ate 5/15/20)17	

State of New Jersey

		NOT	(Pui	ATION O	of New Jerse F ASBESTOS NJAC 8:60 an	ABATEN d 12:120)	DE	CELV					
Date of Notification (1) 05/16/2017			N	lame of B Iontcla	uilding Owner/o ir Kimberly	Operator (Acad	(2) emy		MAY 3 0 2017	ch#U	即	39		
Agencies Notified	Type Notification		2		ley Road			ASBE	STOS CONTRO	DL&				
I⊠I DEP	Amended Amendment #		N	Iontela	ir, NJ 0704	12	<u>.</u>		· li mh	ar				
DOH DCA	justification) © Cancellation		N		ombroski	FION		-	1				-	
	T. I.I.	Diago (2)		FACIL	TY INFORMA	HUN	Type	of Facility (4)					
Name of Facility Where Middle School Street Address	Abatement is Taking	Place (5)					@ [3	Subchante	(K-12) r 8 (Other than K-12 ivate & commercial	?) buildin	as, h	omes		
201 Valley Road	and the second s				A THE COLUMN TO		6	etc.) re Feet	# of Floors		g. Ag			
City (5) Montclair				County C	ode (7)		Curre	nt Use (Prio	r if being demolishe	ed)				
County (6) Essex				(STATE U	SE ONLY)	Name	schoo							
Name of Monitoring Fit Detail Associate	rm Hired by Building (es, Inc	Owner (8)		ASCIVI	INO.	Lilic	h Cor	poration			and the second			
Street Address 300 Grand Ave	e			Street Address 606 McBride Ave								- 4-		
City, State, Zip Code Englewood, 1	NJ 07631			F		Woo	State, Z odland	ip Code I Park, N.	(, NJ 07424					
Project Manager for M Anthony Valent				Telephor 201-56	ne No. 9-6708	Telep 973-	225-8	8400	License No. 01104					
Start Date (10) 06-16-2017		Scheduled 06-19-20	1 Cor 017	mpletion [Date (11)	Nam Iris	me of OSHA Monitor s Environmental Laboratories, LLC							
Occupancy Status Du						Stree 2333	Street Address 333 Route 22 West							
 I≳1 Facility Closed ⑤ Abatement Per I≿1 Other - Describ 	/Vacated During Entir formed Outside of No be: unoccupied	rmal Facility	Abat Hou	ement irs		City, Unio	State, 2 on, N.	Zip Code J 07083	2.					
Scope of Work (Chec														
© ≥3 sf or ≥3 lf © [×] ≥160 sf or		@ [<u>2</u>	<u>₹</u> 1	Renovat Demolitie			[X] (6) (6)	Mini-Enclos	inment with Negativ ure rocedure oted (*) and Non-Fri			ure		
		17	Loca								Abate Ty	emen pe	it .	
Asbestos-Contair TO BE In F	ation of hing Material (ACM) ABATED racility 13)	olely nten	ance/ Staff?	s	Descripti Containing mal syste urfacing, ' ner miscel	g Materi ems insu VAT, or	ılation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No X	N/A	VAT and M	lastic		VII	608 SF	X	ļ			
Room # 208	X		VAT and M	-			608 SF	X						
KOOM # 209			x							X				
			X							X	1	1		
Name of Registered Lilich Corporat	Waste Hauler			NJDEP V Hauler II 18724	No. of	ubic Yard Waste		GROV	f Registered Landfi VS Landfill					
City, State Woodland Park	, New Jersey				D	isposal D	(City, St. Morris	sville, PA					
Completed by Adriana Olejarova		Title presid	ent			Sigvil	ture /	5 (2)	0.5	oate 5/16/2	017			

Ch 1199			FICATION Pursuant	tate of New Jer N OF ASBESTO to NJAC 8:60	S ABATE and 12:12	(0)			E C MA	居 Y 3 (20	<u>/_ F</u>	mi FO		
Date of Notification (1) 05/23/2017				of Building Owner ICIS D. MUF		r (2))								
Agencies Notified Type Notification			Street A					+ 4	DUEDI	08.0	1 1	1100	-1 -8		
EPA Initial								L	L!	CEN	SING	1			
DEP Amended			1	ate, Zip Code											
DOL Amendment Emergency (IIA NJ. 0760	15										
DOH justification)	-	ı		f Contact	DAY	7		Telen	hone Nu	nii),					
DCA Cancellation				ICIS D. MUR											
Name of Facility Where Abatement is Taking	g Place (3)	FACILITY INFORMATION Type of Fac					ity (4)							
PRIVATE			School												
Street Address						LX	Subchapte	r 8 (Other	than K-1 commerc	12) cial buil	ldings	, hom	es,		
City (5)						S	quare Feet	# of F	loors	E	Bldg. A	Age			
LEONIA NJ. 07605							1,600	2		and the same of th	85		-		
County (6) BERGEN			(STATE	Code (7) USE ONLY)				I/A		shed)					
Name of Monitoring Firm Hired by Building (N/A)	ASCM No. Name of Abateme NORTH EAST													
Street Address			Street Address 1126 - 51 ST.												
City, State, Zip Code							e, Zip Code					-			
ony, onto, ap oddo							H BERGEN	NJ. 070	47						
F oject Manager for Monitoring Firm N/A			Telepho	ne No.	Teleph	hone		License No. 01300							
Start Date (10)			mpletion	Date (11)	Name	e of OSHA Monitor							-		
05/27/17	05/28/	and a			EMS	MSL ANALITYCAL INC							1		
Occupancy Status During Abatement (Check		35.5				et Address 7 W. 38TH, ST.									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of a	Abate / Hou	ment												
Other – Describe:			7.				r, State, Zip Code EW YORK NY. 10018								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demol					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	5700						
	le	Loca	tion		Denies		and the second	- () who h	1161	1		emeni			
Location of	1	Norma	illy	[escription	T ₁				Ту	ре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena	Staff?	ontaining Mal systems facing, VA r miscellar	s ins	or	Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A							<u>a</u>		ate	Ге		
BASEMENT		Х		PIPE	INSULA	ATI	ON	85	LF	Х					
Name of Registered Waste Hauler	-		VJDEP W		ic Yards aste			Registered							
TRI - STATE TRANSFER	1	19951		BD		MINER	RVA ENTERPRISE INC								
City, State BRONX NY.			osal Date BD		City, Stat	e ESBURG	S, OHI	0	Section 1						
Completed by CARLOS ESQUIVEL	MANAY	ER	Signature	Pep	einder e	MI	Da		2017						

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

IVU C'n	(i disdant to NOAO 0.00 and 0.10)														
Date of Notification (1)				Na	me of Buil	lding	Owner/Operator ((2)	1	AY 3	n	2017			
	30 /	16		ı	New Jers	sey T	ransit Authori	ty	HIL M	71 U					
Agencies Notified	Type Notific	ation			eet Addre	cessor			ASBES	TOS	CON	TRO	1 8 10		
⊠ DOLWD		d								104			<i></i>		
□ DHSS	Amendm	nent #2 +		100	y, State, Z			,							
DCA	☐ Emerger		ng		me of Con		NJ 07095-5042		Tolombono Nive	-1					
(NJAC 5:23-8)	justificati	(5)		IVa	ine or con	ilaci			Telephone Num	iber					
					ACILITY	/ INF	ORMATION		-						
Name of Facility Where								Type of Facility	50.00						
Newark Bay Bridge	e - Structure	N2.01W	96					School (K-12	2) 8 (Other than K-12	Other than K 12\					
Street Address	692 · 76		7 586						rivate and comme		uilding	IS,			
Newark Bay Bridg	e (Spannin	g River) i	n sid	lewall	<		2 25	homes, etc.) Square Feet)						
City (5)								# of Floors	В	Bldg. Age					
Bayonne & Newar	K						1	9500 LF	N/A		>20	Trs			
County (6)				C	ounty Cod	le (7)(STATE USE ONLY)		rior if being demoli	shed)					
Essex & Hudson								Bridge Side							
Name of Monitoring Firm	nancontesta i resp e ntantesta e	1.001.00	r (8)	1	M No.		Name of Abateme								
Westcherster Envi	.LC		12	27			h Environment	tal Service, LLC	;						
Street Address						1	Street Address								
307 N. Walnut Stree	et						14 Read Driv								
City, State, Zip Code				1	City, State, Zip Co										
West Chester, PA 1						Sicklerville, N	NJ 08081								
Project Manager for Mon				ne No.		Telephone No.		License No.							
Matthew Abraham					31-7545		856-318-1341		01158						
Start Date (10)		Scheduled					Name of OSHA Monitor Graham-Tech Environmental Services, LLC.								
01 /12 /					/ _17	-)	Graham-Tech	al Services, LL	C.						
Occupancy Status During	N						Street Address								
Facility Closed/Vacate							14 Read Drive	е	APPENDENCE OF THE PROPERTY OF						
Abatement Performed Time of Abatement: 7						(City, State, Zip Co	ode							
		"					Sicklerville, N	NJ 08081							
Scope of Work (Check al	I that apply)						□ Full Cont	tainment with Neg	nativa Praesura						
≥3 sf or ≥3 lf			Renov				☐ Mini-Enc	losure	gative Flessure						
≥160 sf or ≥260 lf			emol	ition				g Procedure	n-Friable Procedu						
			Is Loc	ation			☑ IAOII-EXE	impled () and ivo	III-FIIADIE FIOCEGU						
Location	of		Norn	nally			Description o	of			pateme				
Asbestos-Containing				olely by nance/	7.10		os Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure		
TO BE ABA				al Staff		(i.e.,	thermal systems i surfacing, VAT,		(Specify SF or LF)	3701	a∺	aps	losu		
(13)	,		(1:	1			other miscellane		0. 0. 1.	=		ulat	ē		
		Yes	s N	0 N	/A	4991111111						O			
Encased in Sidewalk					4" Di	iam /	ACM Transite ((Phase #1)	2,200LF	\boxtimes					
					1										
	V W-1-2-7-2-7-2-1-2-1														
										П	П	П	П		
Name of Registered Was	te Hauler		-		P Waste	10	Cubic Yards of	Name of Regis	stered Landfill				-		
Waste Management	t, Inc.				r ID No.	V	Waste		nagement of PA	I, Inc.					
City, State				172	13	Г	150CY Disposal Date	City, State/							
Keyport, NJ							^	Tul/lytown,	PA						
Completed By (Print or Ty				Signature	· /VI	Da	ate			7					
Vernice Graham President								1 or	ME	5-6	70-	1	4		

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

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

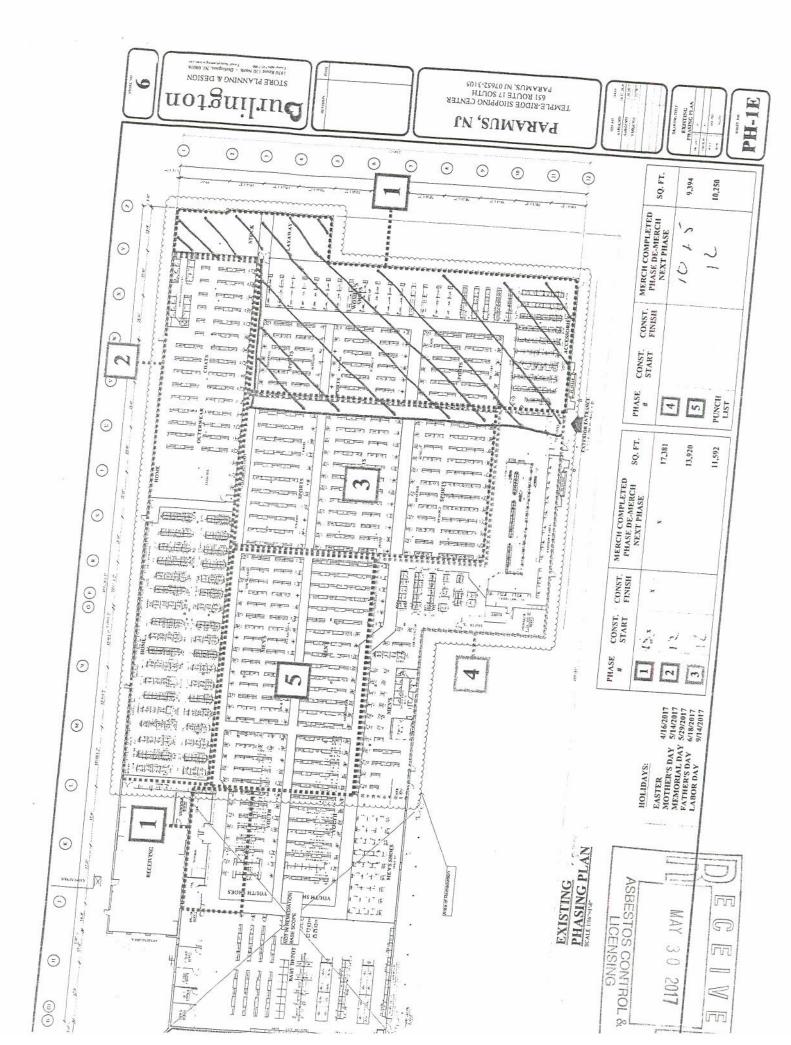
		I. NOT	IFICA	TION INFORM	ATION						
ate of Notification: Initial	☐ Cance	/ 2017 ellation enovation		Emergency (mus	st includ	e justification	1)				
The second secon		II. B	UILD	ING INFORMA	TION						
lame of Building Owner/Ope	erator:					cLaurin					
treet Address: 69 Mainb	ridge Lane	С	city:	Willingboro		State:	NJ	_ Z	Zip: _	08046	
lame of Contact: Jamai	Talib				Telep	hone Nc					
		III. F	ACIL	ITY INFORMA	TION						
ame of Facility Where Wor	k Activity is to	Take Place		es, podacis folias, gra CNIBBLE RELIGIO	Mc	Laurin Res	idence	9			
					lence						
escribe Facility Use:		(City:	Willingboro		State:	NJ	Z	Zip: _	08046	
treet Address:ounty Name: Burlingtor				County Cod	le (State	Use Only):					
		/ 2017		Scheduled	Cample	ation Date:	06	1	07	/ 201	7
Occupancy Status During	Activity (chec	k only one		Scheduled	Compi	stion bate.					
Scheduled Start Date:0 Occupancy Status During I Facility Closed/Vacated I Activity Performed Outside Other—Describe:	Activity (chec During Entire A de Normal Faci	k only one ctivity ility Hours—	 -Desc	cribe:							
Occupancy Status During Facility Closed/Vacated [Activity Performed Outside	Activity (chec During Entire A de Normal Faci	k only one ctivity ility Hours—	Desc	cribe:						0/	
Cocupancy Status During Facility Closed/Vacated I Activity Performed Outsid Other—Describe: Cope of Work (check all t	Activity (chec During Entire A de Normal Faci that apply):	k only one ctivity ility Hours—	Desc	cribe:		Percentag	e Asbe	stos:		%	
Facility Closed/Vacated I Activity Performed Outsid Other—Describe: Cope of Work (check all t	Activity (checonomics of the Common Particular of C	k only one ctivity ility Hours—	-Desc	cribe:			e Asbe	stos:		%	
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Facility Closed/Vacated [Activity Performed Outside O	Activity (checonomics of the Activity (checon	e Footage: e Footage:	DNTR	386 SF 386 SF ACTOR INFOR		Percentag Percentag	e Asbe	estos:		%	Battill A
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Facility Closed/Vacated I Activity Performed Outsid Other—Describe: Cope of Work (check all to Mastic Mastic Company Name: Correct Address: 623 Cutl	Activity (checonomics of the Activity (checon	e Footage: IV. CC	DNTR.	386 SF 386 SF ACTOR INFOR	MATIO	Percentag Percentag N Telephone	e Asbe	estos: estos:	56-75 Zip:	% % 5-0099 0805	
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Facility Closed/Vacated I Activity Performed Outsid Other—Describe: Cope of Work (check all to Mastic Company Name: Correct Address: 623 Cutl	Activity (checonomics of the control	e Footage: IV. CC	DNTR. City:	386 SF 386 SF ACTOR INFOR LLC Maple Shade	MATIO	Percentag Percentag N Telephone	ge Asbe	estos: estos:	56-75 Zip:	% % 5-0099 0805	
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NOTIFICATION OF ASBESTOS ABATEMENT

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	100 60							20)		E C) E	: 1	1//
Λ	5/19/17			D	Buildin	g Owner/	Operator (2)		HUJF			LJ	U
Agencies Notified	Type Notif	fication		Durining	ILUII LA	at Facto	ry		Imi				
⊠ EPA	A SECTION SECTIONS			Street A	adress				HH	MA	Y - 3	0 0	204.
DEP	☐ Init	ial		1830 us	Route	130 Nor	th	1	Ld Lij	111 1-4	1 0	UC	201
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□ DOH	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	orace K#1-5/22	/17	Burling	ton NJ	08016		- 1	10	F2 mm =			
☐ DCA		ergency ncellation		Name of	Contact				AS	BEST	OS (CON	TRO
	☐ Cal	icellation		Mike Wo	oods			_		1	elent	one	Rlun
News							27.24	2			-		-
Name of Facility Wh	ere Abatem	nent is Taking PI	ace (TACIL	II Y INF	ORMAT	ION		_	-	_		-5
	actory St	ore #6	400 (0)		Туре	of Facility (4)						
oucet Address							chool (K-12)						
651 Route 17 Suit	e 2					St	ubchapter 8 (O	ther than k	12)				
						X 01	her (i.e. private	e & comma	-12)				
City (5)		10				Square	Foot J	t & comme	rcial bu	ildings	, hon	nes, e	etc.)
Paramus		County (6)	Cou	unty Code	(7)	72500	1	of Floors		Bld	g. Ag	e	
arannus		Bergen			(.)	72500		1					
N -						Curren	Use (Prior if b	eing demo	lished)			50	
Name of Monitoring F	irm Hired h	v Building Own -	- (0)			Retail							
		, and Owne	(8)	AS	CM No.	Name o	f Abatement C	Ontractes (0)				
Street Address						BRIST	OL ENVIRON	IMPAITAL	9)				
1350 Broadway, St	uite 1904					Street A	ddress	MILNIAL	INC				
Jity, State & Zip Code	1004					1123 R	EAVER STR	CCT.				35-35-	
New York, NY	•					City Sta	te & Zip Code	EEI					
Project Manager for M	and the					BDICT	a Zip Code						_
ric Telemaque	Onitoring Fi	rm Te	eleph	one Numb)er	Talant	DL, PA 19007	7					
Chodulad Chair		12.	12-63	31-9000		relepho	ne Number		License	Numb	nor		
cheduled Start Date ((10) S	cheduled Compl	etion	Doto (14)		215-788	3-6040				0509		
May 22, 2017	7	June	2.5	Date (11)		Name of	OSHA Monito	r		- 01	0305	,	
Ccupancy Status Duri	ing Abateme					BRISTO	L ENVIRON	MENTAL	INC				
						Street Ac	Idress	LIVIAL	IIVC				
N 11-1	• Commence of the last	a Little Lell(o or	Abatemen	nt .	1 - 12 - 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						1997.5	
Abatement Perf	formed Out	cida afai			14	1123 BF	AVER STDE	CT					
Abatement Peri	formed Outs	side of Normal I	Hours	- 7am to	3pm	1123 BE City, Stat	AVER STRE	ET					
· 老坐 Describe: (10	:00 PM - 6	side of Normal F	Hours	s – 7am to	3pm	City, Stat	e & Zip Code	ET					
→ ★ ₩ Describe: (10	:00 PM - 6:	side of Normal I	Hours	s – 7am to	3pm	City, Stat	AVER STRE e & Zip Code L, PA 19007	ET				4	_
Describe: (10	:00 PM - 6:	side of Normal I	Hours	5 – 7am to	3pm	City, Stat	e & Zip Code	ET			1 112	4.	
Describe: (10 Facility Occupie cope of Work (Check a	:00 PM - 6:	side of Normal I	Hours	s – 7am to	3pm	City, Stat	e & Zip Code L, PA 19007						
Pacility Occupie Cope of Work (Check at 23 sf or ≥3 lf	:00 PM - 6:	side of Normal F :00 AM) batement y)	Hours	s – 7am to	3pm	City, Stat	e & Zip Code L, PA 19007	Containme	nt with I				
Pacility Occupies Cope of Work (Check at 23 sf or ≥3 lf	:00 PM - 6:	side of Normal I	Hours	s – 7am to	3pm	City, Stat	e & Zip Code L, PA 19007	Containme	nt with I				re
Describe: (10 Facility Occupie cope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf ≥260 lf	:00 PM - 6 ed During Al all that appl	side of Normal F :00 AM) batement y)	Hours	s – 7am to	3pm	City, Stat	e & Zip Code L, PA 19007	Containme -Enclosure		Negativ			re
Describe: (10 Facility Occupie cope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location	2:00 PM - 6 ed During Al all that appl	side of Normal F :00 AM) batement y)	lours	enovation	3pm	City, Stat	e & Zip Code L, PA 19007 Second Full Mini Glov	Containme -Enclosure re Bag Prod	edures	Negativ	ve Pr	essu	
Describe: (10 Facility Occupie cope of Work (Check at 2) ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Locatic Asbestos-C	2:00 PM – 6. and During All that applicant of containing	side of Normal F :00 AM) batement y)	l R D	s – 7am to	3pm	BRISTO Descripi	e & Zip Code L, PA 19007 Full Mini Glov Non-	Containme -Enclosure re Bag Prod -Exempted	edures and No	Negativ	ve Pr	essu	ure
Describe: (10 Facility Occupie cope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Locatic Asbestos-C Material (2:00 PM – 6. 2:00 PM – 6. 2:00 PM – 6. 3:00	Is No.	R Do S Locarmally	enovation emolition	3pm	BRISTO Descripi	e & Zip Code L, PA 19007 Full Mini Glov Non-	Containme -Enclosure re Bag Prod -Exempted An	edures and No nount	Negativ	ve Pr	essu	ure
Describe: (10 Facility Occupie cope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location Asbestos-Communication Material (TO BE AB	containing (ACM) (Containing)	side of Normal F :00 AM) batement y) Is No	R Do S Locarmally	enovation emolition ation / Used	3pm	Descripsbestos-C	e & Zip Code L, PA 19007 Full Mini Glov Non- tion of ontaining (ACM)	Containme -Enclosure re Bag Prod -Exempted An (S)	edures and No nount pecify	Negativ	ve Pr	essu	ure
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Describe: (10 Facility Occupie cope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location Asbestos-C Material (TO BE AB	ed During Al all that appl on of ontaining (ACM) BATED ility	Is Normal F	R D S Locarmally Solely ntena	enovation emolition ation / Used / by nnce or	A: (i.e insul	Descripisbestos-C Material e., therma	E & Zip Code L, PA 19007 Full Mini Glov Non- tion of ontaining (ACM) I systems	Containme -Enclosure re Bag Prod -Exempted An (S)	edures and No nount pecify	Negation-Friab	ve Proble Probater	essuroced ment	ure Typ
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NOTIFICATION OF ASBESTOS ABATEMENT APPROVED; NJ DOL (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 5/19/17 **Burlington Coat Factory** Agencies Notified Type Notification Street Address 1830 us Route 130 North DEP Initial City, State & Zip Code X DOL Amended Burlington NJ 08016 DOH \boxtimes Emergency Name of Contact ASSESTAIGHGADAINING & DCA Cancellation Mike Woods **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington Coat Factory Store #6 School (K-12) Street Address Subchapter 8 (Other than K-12) 651 Route 17 Suite 2 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Paramus Bergen Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) WCD Group LLC BRISTOL ENVIRONMENTAL INC Street Address Street Address 1350 Broadway, Suite 1904 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code New York, NY BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Eric Telemaque 212-631-9000 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 22, 2017 June 5, 2017 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Solely by Material (ACM) Material (ACM) SF or LF) TO BE ABATED Maintenance or (i.e., thermal systems Removal Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes No N/A Phase 1 (see attached phasing plan) VAT 17000 Ceramic tile 4900 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 55 MINERVA LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Date Patrick D. D'Cars/yl PATRICK T. DeCARO Estimator 5/19/17

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NOTIFICATION OF ASBESTOS ABATEMENT

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Project Manager for Monitor	ing Firm					mber	Telephone I			License	Number					
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Date of Notification (1) Agencies Notification (1) Agencies Notification (1) Agencies Notification (1) Burlington Cost Factory Street Address 1830 us Route 130 North City, State & 2ip Code DCA Burlington NJ 88816 Name of Facility Where Abatement is Taking Place (3) Burlington NJ 88816 Name of Facility Where Abatement is Taking Place (3) Burlington Cost Factory Name of Facility Where Abatement is Taking Place (3) Burlington NJ 88816 Name of Facility (4) School (K-12) Street Address Stree	*	31	NOTI	FICA	TIC	ON OF	ASBESTO	S AE	ATEN	MENT	T				
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ity, State & Zip Code lew York, NY Toject Manager for Monitoring Firm ric Telemaque Telephone Number 212-631-9000 May 22, 2017 June 5, 2017 Scheduled Start Date (10) May 22, 2017 June 5, 2017 Suppancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours − 7am to 3pm Facility Occupied During Abatement Demolition Pacility Closed (Accupied During Abatement) Closed Normally Used Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Pacility (13) Pacility (12) Yes No N/A Se 1 (see attached phasing plan) Pacility Closed Waste Hauler NUCE TRANSPORT GROUP, INC. Pacility Closed (Check all Inc.) NUMBER 2 (Zip Code BRISTOL, PA 19007 Relephone Number 215-788-6040 Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Street Address 123 BEAVER STREET City, State A Zip Code BRISTOL, PA 19007 Street Address 125 BEAVER STREET City, State A Zip Code BRISTOL, PA 19007 Street Address 125 BEAVER STREET City, State A Zip Code BRISTOL, PA 19007 Street Address 125 BEAVER STREET City, State A Zip Code BRISTOL, PA 19007 Street Address 122 BEAVER STREET City, State A Zip Code BRISTOL, PA 19007 S		ita 1904					Street Ad	ddress			- 1140				
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RICK T. DeCARO Estimator Signature Date	CICK I. DECARO			Esti	mat	or /	21-11) (20	1.0					
Estimator Patrick 1, Plans/il 5/19/17						1/2	Trick 1	, D	lard	1-1	18	5/19/1	7		

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJR 0 2017 May 24, 2017 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS NITROL & □ EPA ☐ Amended Notification # City, State, Zip Code DCA ■ Emergency (including LICENSING PISCATAWAY, NJ 08854 X DOL justification) Tol-Name of Contact DEP- No Longer REQUIRED ■Cancelled MICHAEL SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) CAMDEN SCIENCE, BLDG# 8331 ■Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) CAMDEN CAMPUS # of Floors: 4 Bldg. Age: 80+ years Sq. Feet: N/A County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC RESEARCH (State Use Only) CAMDEN CAMDEN Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number BRIAN KEARNY 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 06/05/17 06/02/17 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Schedule: 5PM - 5AM (24Hr & Weekends As Needed) Other- Describe: FAIRLAWN, NJ Scope of Work (Check all that apply) □Full Containment with Negative Pressure ■ Mini-Enclosure **X**Renovation \times > 3 sf or \geq 3 lf ▼ Glovebag Procedure / Wrap & Cut ■ Demolition □ > 160 sf or ≥ 260 lf ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Location of Asbestos-Containing Is Location Normally Used (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) NO NA YES X 120 SF TRANSITE X Room 327 X Name of Registered Landfill 5 CY NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Reg. Waste Hauler G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 06/05/2017 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP # 4509 215-736-1700

Signature

Raymond C. Pedalino

Date

May 24, 2017

MANAGER

SENIOR PROJECT

Completed by (Print or Type)

RAYMOND C. PEDALINO

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) CONSTRUCTION Agencies Notified Type Notification Street Address 310 ADE ASBESTOS CONTROL FPA Initial 启 City, State, Zip Code LICENSING Amended DEP M DOL Amendment # HILLSIDE Emergency (including alambana Alumhai Name of Contact DOH justification) KEVIN П Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address BOND FRONDOLL ST 601 Other (i.e. private & commercial building etc.) Bldg Square Feet # of Floors City (5) 07206 ELIZABETH 1,500 N.J. County Code (7) (STATE USE ONLY) Current Use (Prior If being demolished) County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. NO(Street Address Street Address City, State, Zip Code City, State, Zip Code License No. Project Manager for Monitoring Firm Telephone No. Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 30/ 6 1 KX 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) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Precedure Non-Exempted (*) and Non-Friable Procedu Is Location Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify Removal (i.e. thennal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) in Facility (12)other miscellaneous) (13) Yes NA 46005HX LILE FLOOR AREA BAR OUNGE Name of Registered Landfill Name of Registered Waste Hauler NUDEP Waste Cubic Yards Hauler JD: No. of Waste NOVALE 100 Disposal Date City, State City, State (III) Date Completed by Signature CARIOS

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