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Name of Facility Where A	batement is	Taking P	ace (31	FF	CILITY	NFOR	KMA	TION	T 5 F - 10				_			
Private house		raining r	ace (٥)						Type of Facility							
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City (5)										homes, etc Square Feet)	# of Floors		В	dg. A	ae	
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Name of Monitoring Firm	Hired by Buil	iding Owr	ner (8)		ASCM	No.				nt Contractor (9	9)						
Street Address									h LLC								
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Project Manager for Monit	toring Firm			Tele	phone	No.			NJ 0747	0	_	License No.					
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT



(Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 10/27/17 Princeton University Agencies Notified Type of Notification Street Address NOV 3 2017 E. A. MacMillan Bldg. [X] EPA Initial DEP Notification City, State, Zip Code [] Emergency ASBESTOS CONTROL & DOL Princeton, NJ 08544 Amended LICENS ING Notification [X] DOH Name of Contact Telephone Number [X] DCA [] Cancellation Bob Ortego FACILITY INFORMATION Type of Facility (4)

[] School (K-12)

[x] Subchapter 8 (Other than K-12)

[] Other (i.e. private and comme cial buildings, Name of Facility Where Abatement is Taking Place (3) Princeton University Street Address 19 University Place Square Feet # of Floors Bldg. Age 10000 ~ 68 City (5) County (6) County Code (7) 3 (STATE USE ONLY) Current Use (Prior if being demolished Princeton Mercer dorm Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) 0098 ATC Group Services, LLC Jupiter Environmental Services, Inc. Street Address Street Address 3 Terri Lane, Suite 4 323 Changebridge Road, Suite 100 City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 Pine Brook, NJ 07058 Project Manager for Monitoring Firm Telephone Number Telephone Number Licer se Number 609-386-8800 973-575-8700 00852 Brian Kearney Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor Iris Environmental Laboratori∈s, LLC 2/28/18 11/13/17 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacated Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure Renovation Demolition [] Glovebag Procedure ≥3 sf or ≥3 lf Non - Friable Procedure ≥160 sf or ≥260 lf Abatement Is Location Normally Used Description of Type Solely by Asbestos - Containing Amo int R R E Location of EP Ν Maintenance/Cus Material (ACM) (Spe ify Е N Asbestos - Containing C Material (ACM) todial Staff (12) (i.e., thermal systems SF or LF) M C insulation, surfacing, VAT, 0 Α A L TO BE ABATED P In Facility or other miscellaneous) V 0 R S S (13)A Yes No N/A 400 LF X Basement to 3rd floor Х TSI 50,000 3F X Basement to 3rd floor, exterior Drywall, plaster, other X Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards NJDEP Waste Hauler ID No. Of Waste Jupiter Environmental Services Tullytown Landfill 04782 160 City, State Disposal Date City, State 12/20/17 +Tullytown, PA Pine Brook, NJ Date Completed By (Print or Type) Signature 10/27/17 Pane Repic General Manager

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Street Address						Street 6 WI		ess DOVE CO	DURT	<u>.</u> ::					
City, State, Zip Code								Zip Code OOD, NJ 0	8701						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 732-		No. -9078		Lice 120	nse No).			
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City, State NEWARK, NJ					Dispo:	sal Date 5/17		City, State		/ РА					
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City, State Totowa, NJ	<u> </u>	209	396		sal Date		Waste Ma		ment	Of F /				
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County (6) Morris					Code (7) USE ONLY	n	_	Curre	ent Use (Pr	ior if be	ing dem	nolishe	<u> </u>			
Name of Monitoring Firm TBD	Hired by Building	Owner (8	3)	ASCI	M No.		Name D&S	of Abat	ement Co	ntractor	(9)					
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City, State, Zip Code			A11110-1110				1		gren Ave	nue						
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Project Manager for Moni	toring Firm			Telepho			60	none N 345-8			Licens 0131					
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City, State Totowa, NJ						- Laboratoria	al Date		City, Stat	e	(0)		-			_
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Street Address									☐ Subcha ☑ Other (i.	e priv	Other than	r K-12)	ial hi	uldin	10	
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Philadelphia, PA 191	153							BRISTOL, PA								
Project Manager for Monit	oring Firm			Tele	phone	No.	-	ephone No.		-	License N	Vo.	_			
Mark Jenkins				2	15-365	5-5810	900350	15-788-6040			00509					
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10 /24 / _	17		11_ /	_ 16	_ /	17	В	RISTOL ENV	/IRONMEN	TAL,	INC					
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Abatement Performed (Time of Abatement:	Outside of N	lormal	Facility	Hour	s - Des	scribe	City	, State, Zip Co	de							
			vi/ <u>5.00</u>		OUAW		В	RISTOL, PA	19007							
Scope of Work (Check all t	that apply)							N - 10 - 1		200	. =		_			
			⊠ Re	novati	on			□ Full Conta □ Mini-Encl □ Mi	ainment with osure	Negat	ive Pressu	re				
≥160 sf or ≥260 If			☐ De	molitic	n			☐ Glovebag	Procedure							
			le	Locat	ion			☐ Mon-Exen	npted (*) and	Non-l	-riable Pro	cedure		(0)	0.000	
Location o	f		1	lorma	ly			Description of					Aba	ateme	nt Ty	/ре
Asbestos-Containing M		(1)		d Sole intena		Asbes	stos C	Containing Mate	erial (ACM)		Amoun	t	Ren	Repair	Enc	Enc
TO BE ABAT IN Facility			_0000000	odial S	200000000000000000000000000000000000000	(i.e.		rmal systems ir urfacing, VAT,			(Specify SF or LF		Removal	air	aps	Enclosure
(13)				(12)				ner miscellaneo			SF OF LF	-)	<u>n</u>		Encapsulate	ıre
			Yes	No	N/A		126.50		24000						æ	
1st Floor Turbine/Store						VAT / M	astic	c (Same Area	a)		1085 S	F	\boxtimes			
1st Floor Turbine/Store	e Room					Generat	or E	xhaust Insul	ation		200 SF		\boxtimes			
1st Floor HSB/New Pad	l Area				\boxtimes	VAT / Ma	astic	3			1055 SI	F				
1st Floor Temporary St		9			\boxtimes	VAT / Ma	astic				210 SF	:				
Name of Registered Waste				1,000	JDEP V	100,000,000,000		ic Yards of	Name of Re	gister	ed Landfill					
Bristol Environmenta	al Inc			1	auler ID 18706		Was	ste	ACUA H	anen	nan Envir	onme	ntal	Parl	(
City, State							Disp	osal Date	City, State				-			
Bristol, PA							TE	BD	Egg Hai	bor T	ownship					
Completed By (Print or Typ	e)	Title					T	Signature			<u>N</u>	Date				-
Dillan DeCaro		Es	stimat	or				Dillan	DO CAR	0/1	M	11	1-1	0-1	7	

ASB-41 JAN 13 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Data of Notice of 143								12	-	Z-	FE	· 4	• п	77		-
Date of Notification (1)	40		<u>-</u> -00		1		ng Owner/Operator	(2)	III	1	TE U	, 6		W	E	In
	10 /	17			Ve	rizon Co	mmunications		1	4					-	711
Agencies Notified	Type Notific	cation			Stree	t Address				11	MO	1/	0			111
⊠ EPA					16	09 Pacifi	c Avenue				NO.	V -	8	201	7	
⊠ DOLWD	☐ Amende				City,	State, Zip	Code			+						1
☑ DOH ☐ DCA	Amenda	33		-			y, NJ 08401		-	-	CDECT	FOC	101	ITD	noneman N O	
(NJAC 5:23-8)	☐ Emerger justificat		iciuain	g	-	e of Contac			7	-	SBEST	103	701	VIME	IL &	
	☐ Cancella				Ale	x Baylor	•	6	t							Na Delignation
		INSERVICE		-												
Name of Facility Where A	hatement is	Takin	a Dloor	(2)	FA	CILITY	NFORMATION						.,			
Verizon Atlantic Cit				3 (3)				Type of Facility								
Street Address	y Central C	Jilice						School (K-1)the	r than K.	-12)				
1609 Pacific Avenue	•							Other (i.e.,	priva	ite a	nd comr	merci	Ibu	ilding	s,	
City (5)								homes, etc.	-							
Atlantic City								Square Feet		# of	Floors	D	Ble	dg. Ag	је	
A STATE OF THE STA								88,066		7				+-75		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (P					(t			
Atlantic								Verizon Co		iuni	cations	S				
Name of Monitoring Firm		lding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)							
USA Environmental	Inc						BRISTOL EN	VIRONMENTA	۸L, ۱	NC.	ē					
Street Address							Street Address									
8346 Enterprise Ave	enue						1123 BEAVE	R STREET								
City, State, Zip Code							City, State, Zip Co	ode				-	-			
Philadelphia, PA 19							BRISTOL, PA	19007								
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		T	Lice	nse No.	0	_			17.00
Mark Jenkins				2	15-365	-5810	215-788-6040				0509					
Start Date (10)	1	Sched	uled C	ompl	etion Da	te (11)	Name of OSHA M	lonitor					-			-
10 /24 /					6 /	20 3590		VIRONMENTA	L. I	NC						
Occupancy Status During	Abatement (_			Street Address		,							
☐ Facility Closed/Vacate					ement		1123 BEAVER	OCTREET								
Abatement Performed	Outside of N	ormal	Facility	у Ноц	ırs - Des	cribe										
Time of Abatement:	AM	PN	// <u>5:00</u>	PM-2	2:00AM		City, State, Zip Co BRISTOL, PA									
Scope of Work (Check all	that annly)						DINISTOL, PA	19007								
	triat apply)						☐ Full Cont	ainment with Ne	aativ	e Pr	ressure					
≥3 sf or ≥3 lf ≥160 of occ >260 lf			⊠ Re					osure	gutiv		CSSGIC					
≥160 sf or ≥260 lf			☐ De	molit	on		Glovebag	Procedure	_		_					
		-	le	Loca	tion	1	☐ Non-Exer	mpted (*) and No	on-Fi	riabli	e Proced	dure			-	
Location of	of			Norma			Description of					_	Aba	teme	nt Ty	/pe
Asbestos-Containing N	Naterial (ACN	1)			ely by	Asbe	stos Containing Mat			Ar	mount		R P	Re	E	Ē
TO BE ABAT					ance/ Staff?		., thermal systems i	nsulation,		(S	pecify		Removal	Repair	apo	Enclosure
(13)	y		000	(12)			surfacing, VAT, other miscellaned			SF	or LF)		<u><u>u</u></u>		Encapsulate	ure
· - /			Yes	No	N/A		other miscellanet	ous)							te	
1st Floor Penetrations			П			VAT / M	Inatia			_		-	-71		_	=
										6	SF		3	Ш	Ш	
2 nd Floor Frame Room		ons				VAT / M	SECOND TO SECOND			6	SF		3			
3rd Floor Office Penetr	SASTERNA WAYNA					VAT / M	lastic			6	SF	- 1	3			
6th Floor Hallway Pene						Mastic				6	SF	1	3			
Name of Registered Waste				7.63	NJDEP V		Cubic Yards of	Name of Regis					-			
Bristol Environment	al Inc			1	18706		Waste	ACUA Han	nem	an E	Enviror	nmer	tal	Park		
City, State					. 51 00		Disposal Date	City, State					-		_	-
Bristol, PA							TBD	Egg Harbo	or To	own	ship					
Completed By (Print or Typ	oe)	Title					Signature					Dot-	_			
Dillan DeCaro	. C	0.000	timat	or			- 0	D.C.	10	n	. 1	Date		1 0	1-	,
SR-41							Lucan	De Caro	4	1		10	-1	0-	(/	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 10 10 / Verizon Communications Agencies Notified Type Notification Street Address **⊠** EPA 1609 Pacific Avenue **⊠** DOLWD City, State, Zip Code **⊠** DOH Amendment #1 - 11/3/17 Atlantic City, NJ 08401 ASBESTOS CONTROL & ☐ DCA ☐ Emergency (including Talanhana LICE NSING (NJAC 5:23-8) justification) Name of Contact □ Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Atlantic City Central Office School (K-12) Street Address ☐ Subchapter 8 (Other than K-12 Other (i.e., private and commercial buildings, 1609 Pacific Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Atlantic Clty 88,066 7 +-75 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolis red) Atlantic Verizon Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8346 Enterprise Avenue 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 24 / 17 ON / HO / LD BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/<u>5:00</u>PM-<u>2:00</u>AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Turbine/Store Room \boxtimes VAT / Mastic (Same Area) 1085 SF \boxtimes 1st Floor Turbine/Store Room \boxtimes Generator Exhaust Insulation 200 SF X П П 1st Floor HSB/New Pad Area X VAT / Mastic 1055 SF \boxtimes 1st Floor Temporary Store Room X VAT / Mastic 210 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Bristol Environmental Inc Hauler ID No. Waste ACUA Haneman Environmental Park 18706 City, State Disposal Date City, State Bristol, PA TBD Egg Harbor Township Completed By (Print or Type) Title Signature Date: Dillan DeCaro Estimator

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

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Date of Notification (1) 10 /	10 /	17					ng Owner/Operator (mmunications	(2)	-			_ =	П	U	
Agencies Notified	Type Notific	ation			Stree	t Address			#		NO'	/ -	8	2017	$-\parallel$
⊠ EPA					160	09 Pacifi	c Avenue		he	1 11			253 10	2017	-
⊠ DOLWD		20		10147	City,	State, Zip	Code		-		CONTRACTOR	-	THE COLUMN		
☑ DOH □ DCA	Amendm						y, NJ 08401				ASBEST				_&_
(NJAC 5:23-8)	Emerger justificati	icy (in ion)	ciuain	g		of Contac			Ta	look	<u></u>	IC EN	211/1	7	
	☐ Cancella				Ale	x Baylor	•								
						0.58	NFORMATION			-			-		
Name of Facility Where Ab	natement is "	Taking	Place	(3)	ГА	CILITTI	NFORWIATION	Tune of Facility /	41						
Verizon Atlantic City				5 (3)				Type of Facility (
Street Address	Octival O	711100						☐ School (K-12) ☐ Subchapter 8		her	than K-12	,			
1609 Pacific Avenue								Other (i.e., pri homes, etc.)	vate	e an	d commer	cial bi	uildin	gs,	
City (5)								Square Feet	#	of F	loors	BI	dg. A	ge	
Atlantic Clty								88,066		7			+-75		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if	bein	g demolis	he 1)			
Atlantic								Verizon Com	ımı	unic	ations				
Name of Monitoring Firm H	lired by Build	ding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
USA Environmental	Inc			Nieser.				VIRONMENTAL	. IN	IC.					
Street Address							Street Address		,						_
8346 Enterprise Ave	nue						1123 BEAVE	R STREET							
City, State, Zip Code							City, State, Zip Co		<u> </u>				-		
Philadelphia, PA 191	53						BRISTOL, PA								
Project Manager for Monito				Tele	phone	No	Telephone No.	. 10001	1	icon	se No.				
Mark Jenkins				1000000	15-365		215-788-6040		-		509				
Start Date (10)		Sched	uled C		tion Da		Name of OSHA M		\perp	000					
) /			VIRONMENTAL	I N	ıc					
								VIICONNILIVIAL	, 115						
Occupancy Status During A Facility Closed/Vacated							Street Address								
Abatement Performed (cribe	1123 BEAVER								
Time of Abatement:	AM-	PN	1/5:00	PM-2	:00AM	CIDE	City, State, Zip Co								
			S-12-				BRISTOL, PA	19007							
Scope of Work (Check all t	nat apply)						⊠ Full Cont	ainment with Nega	tive	Dro	ecure				
			⊠ Re									٥			
			Is	Locat	ion			mptod (/ dild Holl		4510	1 1000001		atom	ent T	
Location of	f		1	Norma	lly		Description of	f					_	_	
Asbestos-Containing M		1)		d Sole	, ,		stos Containing Ma	terial (ACM)			ount	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility					Staff?	(i.e	e., thermal systems i surfacing, VAT,	nsulation,			ecify or LF)	SVOI	air.	apsi	uso
(13)				(12)			other miscellane			51 (JI LF)	1 =		ulat	le l
			Yes	No	N/A									е	
1st Floor Penetrations					\boxtimes	VAT / N	lastic			6	SF	N			
2 nd Floor Frame Room	Penetratio	ons			\boxtimes	VAT / N	lastic			6	SF	N N			
3 rd Floor Office Penetra	ations					VAT / N	lastic			6	SF	3			
6 th Floor Hallway Pene	trations				\boxtimes	Mastic	34.00.00			6	SF	N			
Name of Registered Waste	Hauler			10.555	JDEP \		Cubic Yards of	Name of Registe	erec	Lar	ndfill				
Bristol Environmenta	al Inc			H	auler II		Waste	ACUA Hane				ei ta	l Pai	k	
City, State					18706)	Disposal Date	City, State							
Bristol, PA							TBD	Egg Harbor	To	wns	ghip				
Completed By (Print or Typ	e)	Title					Signature								
Dillan DeCaro	5.60	1000000	stimat	tor				Di Carol	X	L	Dat	1. 7	7-1	7	

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P	rII	nt	-	O	rr	n

	Λ	П											Pr	int F	or
CV#10445 P	A	NOTIF (P	ICATION	tate of New OF ASBE to NJAC 8	Jersey STOS ABAT :60 and 12:1	TEME 120)	ENT) 匡 (C			\mathbb{V}	E	F
Date of Notification (1)			Name o	of Building C	Owner/Opera	tor (2)	HK	-		_				H
11/3/17					ty Municip	100	20		ll N	0 V	-	8 2	n17		
Agencies Notified Type Notification	on			Address				122	4	0 1		0_6	UI/	1	7
☑ EPA ☑ Initial			1645	Ferry Ave	enue			-							
DEP		ſ		ate, Zip Cod				1	ASBE	STO	S(ONT	RO	. &	-
DOL Amendme	ent # cy (including	_		den NJ 08	3104					LICE	=N	SING	t-minuteness		
	n)			of Contact				1 -	* *						
DCA Cancellat	on		STGE LIKELY	Croker											
Name of Facility Where Abatement is Ta	king Place (3	3)	FAC	ILITY INFO	RMATION	T	ype of Facility	(4)			_	-			+
Cramer Hill Natures Preserve	3	86				1	7								
Street Address			-			ℲͰ	School (K- Subchapte		ner than K	(-12)					
32nd & Farragut Avenue						×	Other (i.e.				bui	dings,	hom	es,	
City (5)						S	etc.) quare Feet	T # c	of Floors		TF	ldg. A	lae		+
Camden NJ 08104						1	ı/a	n/			1 10	ı/a	.5 -		
County (6)				Code (7)		C	urrent Use (Pr	ior if be	ing demo	lished	1)				+
Ocean			(STATE	USE ONLY)											
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASCN	M No.			Abatement Co	ntracto	r (9)						
Street Address			-		Stre	et Ad	dress								1
					PC) Bo	x 329								
City, State, Zip Code							e, Zip Code				_				1
						_	Berlin NJ 08	091							
Project Manager for Monitoring Firm			Telepho	ne No.		phon 6-75	e No. 3-9800		License 00727						
Start Date (10)	Schedule	ed Con	npletion	Date (11)	Nam	ne of	OSHA Monitor								1
11/13/17	11/24/				Sa	me									
Occupancy Status During Abatement (Ch	eck Only On	ie)			Stre	et Ad	dress								
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: WOODED AREA	rmal Facility	Abatem Hours	ent		City,	, State	e, Zip Code				_				
Scope of Work (Check All That Apply)					_							en i			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Pemolit				X	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure							
	la	Landi	100				Non-Exemple	u () an	id Non-Fil	lable			ement	1	1
Location of	100	Locati Iormal	7000		Description	on of							ре		
Asbestos-Containing Material (ACM)		d Sole intenar			s Containing	Mate		Д	mount				Ш		
TO BE ABATED In Facility		odial S		(i.e. th	nermal system surfacing, V				Specify F or LF)		Remova	Re	Encapsulate	Enclosure	
(13)		(12)			other miscell			0,	0, 2,		SVOD	Repair	lusc	osui	
	Yes	No	N/A								_		ate	e	
dirt piles			х	sic	ding roofin	g de	bris	un	known	2	κ				
									-::::						
										+	_				
										-	_				
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Yards		Name of	Regista	ered Land	Ifill	_				
United Containers		Н	auler ID 2459	No.	of Waste TBD		G.R.O	-	orea Laria						
City, State					Disposal Dat	te	City, Sta	e						77.7 = ==	
Elm NJ					TBD		Morris	ville P.	A 19067	7					
Completed by	Title				Signatu	ire				Date					
Anthony T Perna	Presi	ident			(_	1				11/3	1/1	,			

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C#080985 F		State of New . FICATION OF ASBES Pursuant to NJAC 8:6	TOS ARATI	EMENT				Print
Date of Notification (1) 11/02/17 Agencies Notified Type Notification EPA		Name of Building Ov M&T Bank Street Address 45 Eisenhower [orive, 4th	or (2)		NOV	- 8 201°	電
DEP Amended Amendme Emergenc justification DCA Cancellation	y (including n)	City, State, Zip Code Paramus, NJ 070 Name of Contact Mr. Victor T. Fisc	552		11 +	ASBESTO	CONTRO)L &
Name of Facility Where Abatement is Tak M&T Bank Street Address 532 Ocean Avenue	ing Place (3)	FACILITY INFOR	MATION	Type of Facility (4 School (K-12 Subchapter (Control of the Control of the Cont	2) 8 (Oth	er than K-12) & commercial	uildings, ho	mes,
City (5) Jersey City County (6) Hudson		County Code (7) (STATE USE ONLY)		Square Feet 2,000 + Current Use (Prior	2	f Floors ng demolished	Bldg. Age 50 +	
Name of Monitoring Firm Hired by Building Street Address City, State, Zip Code	g Owner (8)	ASCM No.	J.R. Street 1141	of Abatement Cont Contracting & E Address Route 23	ractor	(9) onmental Co	nsulting, I	nc.
Project Manager for Monitoring Firm		Telephone No.	Way	State, Zip Code ne, NJ 07470 none No. 628-9200		License No.		
Start Date (10) 11/13/17 Occupancy Status During Abatement (Che	11/30/17 ck Only One)	mpletion Date (11)	Envir Street	of OSHA Monitor To Vision Consul		s, Inc.		
Abatement Performed Outside of Non Other – Describe: Scope of Work (Check All That Apply)	Period of Abaten mal Facility Hours	nent	City, S	1 Wagaraw Roa tate, Zip Code Lawn, NJ 07410		ag. #35E		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit		×	Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall Normall ed Solel aintenar todial S (12)	ly ly by nce/
	Yes	No	N/A

Description of
Asbestos Containing Material (ACM
(i.e. thermal systems insulation,
surfacing, VAT, or
other miscellaneous)

Pipe Insulation

Amount (Specify SF or LF)	Vellioval	Repair	Encapsulate	Enclosure
55 LF	X			

Abatement

Туре

Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc

Boiler Room

NJDEP Waste Hauler ID No. 17819

N/A

X

Cubic Yards of Waste 2

Disposal Date

Name of Registered Landfill Grand Central Landfill

City, State Wayne, New Jersey

Completed by Title Jerry Bijelonic Project Manager

Signature

City, State Pen Agyl, Pennsylvania

Date 11/02 17

Page 1	S / 1	1 6	The same									L	Pr	rint F		
J#2451 F		поп	Fursuant	tate of Ne N OF ASE t to NJAC	8:60 a	ABATE nd 12:12	0)) _[E	C [/ [
Date of Notification (1) 10/30/2017				of Building S, LLC	Owner	/Operator	r (2)		N N	Ον.	0			1		
	otification		Street A						T IA	07	ğ	20	17_	lan		
X EPA X Init	ial			Market		Suite 1	1010		1000	0700	Taraner .	an enchar		L		
proced	nended nendment #			ate, Zip C delphia,		103			ASBESTOS CONTROL & LICE VSING							
	nergency (including tification)	1	Name o	of Contact				- 1 -				the contract				
	ncellation			andy Sta												
Name of Facility Where Abatemen	t is Taking Place (3)	FAC	ILITY INF	ORMA	TION	Type of Fa	acility (4)			_					
Red Oak Diner	22 2	3)2					Scho	ool (K-12)								
Street Address 2973 Route 35							Othe etc.)	chapter 8 (O r (i.e. privat			uild	lings	hom	es,		
City (5) Hazlet							Square Fe 10,000	1			50	dg. A	ge			
County (6) Monmouth		County Code (7) Current Use ((STATE USE ONLY) Commercia						1.032	nolishe)						
Name of Monitoring Firm Hired by TBD	Building Owner (8))	ASCN	A No.			of Abateme Contractir		or (9)							
Street Address						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address Valley R	oad, Suit	e K							
City, State, Zip Code	City, State, Zip Code						City, State, Zip Code Wayne, New Jer									
Project Manager for Monitoring Fire	m		Telephone No. Telephone No. (973) 928-5040					0	Licens 0087	se No.						
Start Date (10) 11/9/2017	Schedul 11/31/2		Completion Date (11) Name of OSHA Mon													
Occupancy Status During Abateme	20 00						Address Valley R	oad Suite	e K							
Facility Closed/Vacated Durin Abatement Performed Outside Other – Describe:	e of Normal Facility	/ Hou	rs			City, S	tate, Zip Co	de								
Scope of Work (Check All That App	oly)					vvayi	ne, ivew c	dersey 07	470					-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renov Demol	ation			×	Gloveba	ntainment w closure ag Procedur empted (*) a	e				e.			
		Loca	310500		10.10						_	Abate	ement pe	t		
Location of Asbestos-Containing Material (, TO BE ABATED In Facility (13)	ACM) Use	d Sol	ely by ance/ Staff?		tos Con therma surfa		laterial (ACI s insulation, T, or		Amount (Specify SF or LF)		Domous	Repair	Encapsulate	Enclosure		
	Yes	No	N/A										ate	Ø		
Kitchen		X			Ceil	ing Mas	stic		450 SF							
Rear Office & Corrido	r	X			12"	Floor T	iles		260 SF	23						
Roof				R	oof Fla	shing N	Material	2	,400 SF	718						
Roof						llaneou			250 SF	716						
Name of Registered Waste Hauler Service Transport Group, Inc	<i>.</i>	1	NJDEP W Hauler ID 20990		Cubic of Wa 30	Yards ste		ne of Regis nerva Ent								
City, State New Castle, Delaware					Dispo TBD	sal Date		, State aynesburg	g, Ohio							
Completed by Predrag Sarcev	Title Vice	Pres	ident		, ,	Signature	>	2		Date 10/3)/2(017				
						- 7		Name of Parties	- Man	and the second						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT																
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Date of Notification (1) 11/3/17				Name o	of Building G	Owner/0	Operator	(2)			1	⊎ •	-0	EU	**	1
Agencies Notified	Type Notification			Street A	Address HADLE	Y ROA	D				ASBE	STOS			ROL	&
DEP X DOL	Amended Amendment				ate, Zip Ci		D, NJ 0	708	30							
DOH DCA	Emergency justification) Cancellation	,	-		of Contact					1 -	! !-nc	K.I 1				
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Tv	oe of Facility	(4)			-			
PSE&G - HARDING		.9000 (-,						School (K-	0.000						
Street Address 1498 MT. KEMBLE	AVE							×	Subchapte Other (i.e. etc.)	private	& comm			9779.0		es,
City (5) HARDING TOWNS	HIP							N/	10.72	N/			N	ldg. A	ge	
County (6) MORRIS				County Code (7) Current Use (STATE USE ONLY) PSE&G F					rrent Use (Pr SE&G FAC	ior if be	ing demo	olishe	i)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN N/A	И No.				batement Co NVIRON M			VICE	3, I	NC.		
Street Address N/A							Street 17 O		ress DOCK RC	AD						
City, State, Zip Code N/A				City, State, Zip Co YAPHANK, N						980						
Project Manager for Mon N/A	itoring Firm		- 1	N/A 63				none 924	No. -8111		Licens 01136					
Start Date (10) 11/13/17		Schedule 12/31/		ompletion Date (11) Name of OSHA Monitor WRS ENVIRONMENTAL SER						SER\	/ICE	 3, I	NC.			
Occupancy Status During			13				Street			\ D			-		100	
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of Anal Facility	Abatem Hours	nent			City, S	tate,	DOCK RC Zip Code NK, NY 11				-			
Scope of Work (Check A	li That Apply)						,,,,		.,,,,,,,,,				-			_
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		100	Locati						TOTT ENGINEERING	7 411	41101111	, idolo	-		ment	
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		Yes	No	N/A									<u>a</u>		ate	re
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ROOF				X	PE	ENETR	ATION	N R	OOF	5	0 SF	2				
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Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill																
	WASTE MANAGEMENT Hauler ID No. 17273 of Waste 30 GROWS LANDFILL NORTH															
City, State NEWARK, NJ 07114 Disposal Date TBD MORRISVILLE, PA 19067																
Completed by AMANDA VALLONE ADMIN OPS MANAGER Signature Date 11/3/17																

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Ch indonusia	2)		ICATION	ate of New I OF ASBE to NJAC 8	STOS	ABATEN			Dr	E C	; [\mathbb{V}	E	M
Date of Notification (1) 11/02/17				f Building O			(2)			NO	V - 8	3 2	017		U
Agencies Notified Type Notification			Street A											1	
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DOH justification) DCA Cancellation			Chris (Collinswo	orth										
			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking Buckeye Partners Perth Amboy Ter		3)					_	of Facility (
Street Address	17/1000000000							School (K-1 Subchapter		er than K	(-12)				
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City (5)							Squa	re Feet	Strain.	Floors	T		, Age	9	
Perth Amboy								0 LF NA NA rrent Use (Prior if being demolishe I)							
County (6) Middlesex			County (Code (7) USE ONLY)				ent Use (Pri nsfer Pipi		ng demo	lishe I)				
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	/I No.				tement Cor Specialt			 S				
Street Address			Street Address 2400 Main Stree						xt. Su	ite 10					
City, State, Zip Code			City, State, Zip Coo Sayreville, NJ					· ·	'2						
Project Manager for Monitoring Firm			Telephone No. Telephone No. 732-525-0100					0.		License 00750					
Start Date (10)	Schedul	led Cor	mpletion I	Date (11)		1000000000	State of the	HA Monitor			10				
10/02/17	11/17/)		Tiger	Envi	ronmenta	al						
Occupancy Status During Abatement (Check	Only O	ne)				Street /									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of al Facilit	Abater y Hour	234 20th Ave City, State, Zip Code Brick NJ 08724												
Scope of Work (Check All That Apply)						Briok	110 0								
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	1	s Locat	ion				1 140	II-Exempte	a () and	2 14011-1 1	Table I		atem	ent	
Location of		Norma	lly		Des	scription	of					_	Туре	•	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial ((12)	nce/ Staff?	(i.e. ti	hermal surfac	aining M systems cing, VA niscellan	insula T, or		(S	mount pecify or LF)	Kemova		Repair	Encapsulate	Enclosure
20. 72	Yes	No	N/A				70					1		ate	o,
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Name of Registered Waste Hauler Freehold Cartage		H	JDEP W lauler ID 5939	No.	Cubic of Was			Name of Fairless	57		dfill				
City, State Freehold, NJ					Dispos 11/17	al Date /17	1	City, Stat		A 1906					
Completed by	Title					ignature	Ali	7//	1		Date				\neg
Dan Baptista	Safe	ty Ag	ent / Ac	count Re	ep	14	11.	100	1		11/(2	/17			
ASB-41 (R-06-08)						* Do no	t use t	his form for	asbest	os licens	sure (x	empt	ed ac	tivitie	es.

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B. A. Daniel					bestos Abatement		MEC	EIV	En
CUMILL			(Puisi	Idil to NJA	C 8:60 and 12:120)		110)-5-6		<u> </u>
CL1044									1111
Date of Notification (1)		Name of Bu	ilding Owi	ner/Operator (2	2)		- III II N O	1 - 8 201	, U
1/11/10/31/11/7		Rafa	۱.	H20000	-la-			0 201	
Agencies Notified Type Notific	ation	Street Addre	~	Hernand	<u> </u>				
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DEP Amended		_					L	ICENSING	
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Emergence	/	Bell	eville	TM,	07109				
DOH (including	. 1	lame of Co	ntact			The state of the s	Telephone Num	er	
DCA justification	- 11	Raf	1-0						
Cancellatio	on	14+	ael						
			FAC	ILITY INFORM	MATION				
Name of facility where abatement	is taking pl	ace (3)				Ту	pe of Facility (4)		
B (a) 11.)					1	School (K -	2)	
Rafael Herna	ndez					_	Subchapter 8	Other than K-1	12)
Street Address							冈 Other (Private	(Commercial	=6
							Bldgs./Homes		
City (5)	I Cou	nty (6)			T 0 1 0 1 5	_ S	quare Feet # of FI	iors Bld	g. Age
hadden was ween					County Code (7) (State use only)				
Belleville	IF	55ex			(State use only)	0	Current Use (Prior if b	ing demolished	1)
Name of Monitoring Firm Hired by	Bldg, Own	er (8)	7	ASCM No.	Name of Abaten	ont Cont	tractor (0)		
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Street Address					MK-D Pro	perty	Maintenan	e LLC	
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City, State, Zip Code					105 Var	Kip	er Ave	100.00	in the second
Oity, Otate, Zip Code					City, State, Zip C		to respect to		
Decision of the state of the st					_ Clifton	' MI	07011		
Project Manager for Monitoring Firm	n	Ph	one Numb	er	Telephone Numb	er	Licen	e Number	
					201-89		01	236	
Start Date (10)	Sched	. Completio	n Date (11	1)	Name of OSHA	Vionitor			
11/13/2017	10	118/2	احات						
Occupancy Status During Abateme	nt (Charles	-19012	101 t		Street Address				
Facility closed/vacated during									
Abatement performed outside	of normal	od of abatel Facility hour	ment.		City, State, Zip C	ode			
Describe:		admity fidur	3 -						
Other-Describe: NORMAL I	-				_				
Scope of Work (check all that appl	y)					Fulc	Containment w/negati	'e pressure	
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≥160 sf or ≥260 lf	Demolition	1					ebag procedure		
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asbestos-containing	by mainte	nance/cust		1			Amount		E E
material (acm) to be	staff(12)			material (on of asbestos-containing	9	(Specify SF or	m p	c n
abated in facility (13)	Yes	No	N/A				LF)	1 1/ 1: 1	a C
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Base Hent		X		Libs 11	noulation		72 Inft		
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Registered Waste Hauler . TBD		P Hauler II	O# C	ubic Yards of V		ered Land	Ifill		
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Completed by (Print or Type)	Tiela			Signatura	Melville	e, My			
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ASB-41				e liceneuro cu	empted activities.			131201-	7
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)			Name of Building Owner/Operator (2) STEUTON COMMUNITY CENTER Street Address ASBESTOS CONTROL									
11/3/1			STE	CTON C	SHIME	30117	ASBEST	08.0	TIAO	POI	0	
Agencies Notified	Type Notification		Street Ad	dress	LINT	iew Aut	ASSEST	CENS	SING	I	, Ct	
□ EPA	Initial			e, Zip Code	4 1. 1	-						
DEP DOT	Amended Amendment #_		City, stat	DISON, 1	1.T.	08817						
DOL DOL	☐ Emergency (inc	cluding	Name of	Contact			1					
DOH	justification) Cancellation			BRIAN Pic	cien	10						
Ø DCA	Li Cancenation		1	ITY INFORMAT								
Name of Facility Where A	batement is Taking Pla	ce (3)				Type of Facility (4)						
	COMMUNITY		TER			□ School (K-12)) (0.1 1/2 1/2)					
Street Address				2	-	Subchapter 8	Other than K-12) vate & commercial b	ildings	, hom	es, etc	:.)	
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City (5)						Square Feet	# of Floors Bldg. Age 192					
EDISON	2					50300	r if being demolished)					
County (6)			County C	Code (7) USE ONLY)		Current Use (Prior	y center					
Missi	sey_				15:							
Name of Monitoring Firm		ner (8)	ASCN			ne of Abatement Contractor (9)						
DETAIL AS	SOCIATES		0	0012	Best	Removal	Inc.					
Street Address					Street A		car Ctron	+				
300 GRA	ND AUG					tate, Zip Code	ver Stree	-				
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Project Manager for Moni			Telephor		******		0038	2				
	JARACZEWS	Silver I led C	Completion D	69-6708	201 - Name o	- 3 2 9 - 7 4 4 4 of OSHA Monitor	1 0030	1				
Start Date (10)			i/ iA/1		Omega Environmental							
0ccupancy Status During	Abstement (Check On		1 121	(Street A	Address	пшентат					
					280	Huyler S	treet					
☐ Facility Closed/Vaca	ated During Entire Peri	acility Hours	s o	0		tate, Zip Code						
Abatement Performe Other – Describe:	730AM TO S	PM/0	CCUPI		Sout	h Hacken	sack, NJ	2760	06			
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Scope of Work (Check A	ll That Apply)											
Scope of Work (Check Al	ll That Apply)	Rer	novation			Full Containme	nt with Negative Pres	sure				
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)		novation molition		-	Mini-Enclosure		sure				
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Date of Notification (1)		4	e of Building Owner	Operator	(2)	TITLE NOV	/ - g	20	17	
Agencies Notified Type Notific	-1:		(160			10 10				H
	cation		et Address	12.11	P- 811	C VASBEST				
EPA Initial Amend	dod	City	State, Zip Code	CUTT	000	L ASBEST	CSC	JNIF	IOL &	
land land	dment #	1	TWSAUKE	511	NI		157/	10		-
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DCA Gance		100	FRRY SOH	WART	7	1				
		F	ACILITY INFORMAT							
Name of Facility Where Abatement is	Taking Place (3)	()			Type of Facility	(4)				
Street Address	151420				School (K-		10			
36 TH DELEWARE	0. 16	9				r 8 (Other than K- private & commerce		dings,	home	s,
City(5)	MIVE	·			etc.) Square Feet	# of Floors				
PENNSAUKEN					500	# Of Ploofs	15	Bldg. A	d	
County (6)		Cour	nty Code (7)			ior if being demolis	shed)	1-1	T	_
			TE USE ONLY)		OFFIC	ap 25.25	,			
Name of Monitoring Firm Hired by Bui	lding Owner (8)	AS	SCM No.	Name	of Abatement Co					
ATIAS ENV. INSI	PECTION	5		FRY	MAR C	OUSTRU	CTI	01	10	C.
Street Address				Street	Address					
PO BOX 11645				0-0		1381				
City State Zip Code A (9//6	/			City, S	tate, Zip Code	2 / (1/1	/			
Project Manager for Monitoring Firm		Teler	phone No.	Teleph	one No.	License	Nc -			_
JASON DUA			-784-4693	2	67-784-40					
Start Date (10)	Schedule	d Completi	on Date (11)	Name	of OSHA Mon tor					-
11-17-17	11-1	18-17	7	6	FRAINT	DUA				
Occupancy Status During Abatement	(Check Only One	9)		100000000000000000000000000000000000000	Address	00 /	21			
Facility Closed/Vacated During E	ntire Period of A	batement		27		RIX M				
Abatement Performed Outside of Other – Describe:	Normal Facility	Hours		City St	ate, Zip Code	19116				
Scope of Work (Check All That Apply)				11/1	/					
≥3 sf or ≥3 lf >160 sf or >260 lf		enovation			Full Containm	ent with Negative	Pressu	ге		
≥160 sf or ≥260 lf	i De	emolition		-	Mini-Enclosur Glovebag Pro					
					Non-Exempte	d (*) and Non-Fria	ble Pro	cedur	е	
	G 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ocation					1		ement	
Location of	Hoos	ormally Solely by		escription		20 0		Ту	De T	$\overline{}$
Asbestos-Containing Material (ACI TO BE ABATED	Mair Mair	ntenance/	(i.e. therma		aterial (ACM) insulation.	Amount (Specify	Z,	_	Enc	ᄪ
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(13)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N. N/	_	mscenan	eous)		val	=	Encapsulate	ure
	Yes	No N/						_		
OFFICE		V	TRANSIT	5 11-	NE15	205F	V	-		
OFFICE		V	PIPE WK	AP		5 LF	V			
Name of Registered Waste Hauler				Yards	Name of	Registered Landfil				
FRYMAR CONSTRI	UCTION	Hauler	10 No. 757 of Wa	ste	1255	TRIV BOPE	fr:	cat	11700	400
City, State	01/000	100	Dispo	sal Date	City, Stat	e / COY	2 (3000		1
PHIA PA			11-	20-1	7 BIRD	SBORO, 1	44			
Completed by	Title	- 0-		Signature	-1		ate			
C/-KA/11 DOF	4 1 2	17	55	- 6	pear	- LA 1	//-	00	2-/	/



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

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	NOV	_	8	2017		

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Date of Notification (1)	-75-17			Nam	e of Buildi	ANAWS	CONT	ASAEST SACE	NTRO	DL &	-	
Agencies Notified	Type Notificatio	n		Stree	et Address		AVENI	ALE	EMP SHOP TOO	A STATE OF THE PARTY OF THE PAR	onder (* Tit	
DEP	🌠 Initial Amended			City.	State, Zip	Code			->>	-		_
₩ DOL	Amendment Emergency (includir	Ng	_		OCEAN	1 (117		522	6		_
DOH DCA	justification) Cancellation			Nam	e of Conta ()	ci EAW		Telephone Nurro	æı			
	L			FA		FORMATION						
Name of Facility Where	Abatement is Taki	ng Plac	e (3)				Type of Facilit					
	SIDENCE				· ·			r 8 (Other than K-1?		0		
Street Address							Other (i.e., homes, etc	private & commerc a				
City (5)	CMI CIT	T)					Square Feet	# of Floors		dg. A		
	EAN CIT	<u>T</u>		T Cou	nty Code (7) (STATE	Current Use (F	Prior if being demol 3	_		_	
County (6) CAPE	MAY				ONLY)		- RK.C					_
Name of Monitoring Firm		Owner		ASCM	No.	Name of Abatem						
(8)	<u>A</u>					Street Address						
Street Address				, N			. Spruc	E AUE			_	_
City, State, Zip Code						City, State, Zip C	SHANK	W. J 0'3	105	Z		_
Project Manager for Mon	vitorina Firm		Tel	ephone	No.	Telephone No.		License No.	111			
Project manager for men			_		856-779-0472 00444 ion Date (11) Name of OSHA Monitor							
Start Date (10)		duled C	omple 77	etion Da	ate (11)	Name of OSHA I	MONITOR N LA					
Occupancy Status During		ck only	one)			Street Address						
√7 Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate	ment		City, State, Zip C	ode .					_
Abatement Performed Other - Describe:	Outside of Norma	y Facult	y Hou	15		City, State, 21p 0						_
Scope of Work (Check al	II that apply)							egative Pressure				
≥3 sf or ≥3 lf			enovat emolitic			☐ Mini-End ☐ Gloveba	a Procedure					
≥160 sf or ≥260 lf		92				Non-Exe	empted (*) and N	on-Friable Procedi	A	bater		
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TO BE ABAT IN Facility		1	ustodia Staff?	el .	(i.e.,	thermal systems in surfacing, VAT,	01	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)	,		other miscellaneo	ous)		val	=	ilate	ıre
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	WC,		_ 1	798) L	_3	City, State	. C. M.L	- 1	1		=
City, State	14.0=	T				Disposal Date	WOO	DBINE.		1		
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Completed By		SUP				Mul	11/1-			_		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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₩ DOL	Amendment		_	City,			AN C	ITY 1	V. T	0.8	-2.7	26	1/5	
DE DOH	Emergency justification		ng	Nam	e of Conta				Telep	hone N mt				
□ DCA	Cancellation				54	MG	<u> </u>							
				FA	CILITY IN	FOR	MATION							
Name of Facility Where A	batement is Tak	ing Plac	ce (3)				•	Type of Facilit	y (4)					
RE'	SIDENCE							School (K-	12)	r than K .12	١			
Street Address								Other (i.e.,	private &			tings	93	
						_		Square Feet		Floors	T BI	dg. A	oe.	
City (5)	TANI (11	Y					1000		1		50		
County (6)	Cryo C				inty Code ((7) (STATE	Current Use (F	rior if bei	ng dem olis	hed)			
CAPE	E MA	1_		USE	E ONLY)			LAC		-				_
Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.	Na		ent Contractor (72-70-9
(8) W	Α		1			_	KLEMC	O INC	. 1			_		
Street Address						-	reet Address 369 S	SPRIX	E A	UE				_
City, State, Zip Code							ty, State, Zip C		IAI	J (18	1	フ		
			T Tal		No		MAPCE Hephone No.	SHAPE		nse No	0)	_		_
Project Manager for Monit	toring Firm		1 ex	ephone	140.			9-0472		00 1	44			
Start Date (10)	Sche	duted (Comple	etion Da	ate (11)		me of OSHA N							
11-4-17		1-	11+		10.00			NA.						
Occupancy Status During	Abatement (Che	ck only	one)			Str	reet Address							
Facility Closed/Vacated	d During Entire P	eriod of	Abate	ment		_							_	
Abatement Performed	Outside of Norma	al Facili	ty Hou	rs		Cit	y, State, Zip Co	ode						
Other - Describe:	W					_								_
Scope of Work (Check all	mat appry)	<u> </u>						tainment with Ne	egative P	ressure				
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Asbestos-Containing Ma TO BE ABATE		C	ntenan ustodia			ther	mal systems in	sulation,	(Sp	ecify	Re	R	Encapsulate	Enclosure
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(13)				Г			01 1110000	,			a		ate	16
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Name of Registered Waste	Hauler			JDEP V		100	bic Yards Waste	Name of Reg	istered La	A / 1	1/	١		
KLUMCO I	WC.			798)1		3	City State	. C.	14. J	. 1	1_		=
City, State	11.05	T				UIS	posal Date	City, State	DBI	NF	5		es es	
	ADE N	1)				-	Signature A	A		Date	0	_	17	
Completed By MICHIBET KLC	AM	SUP					Mil	When		1()-	-1	> _	11	=

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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	NOV	- 8	2017		

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Date of Notification (1)	25-12			Nai	_	ing Owner/Operato	r (2) ASH	RÉ	MUAC	DONT		I	
Agencies Notified	Type Notification	on n		Stre	eet Addres	5			LICEN	SING	RUL	ě.	-
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	Amended			Cit	, State, Zip							-	=
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D DCA	Cancellation			Nar	ne of Conta	ici			Telephone N	muser			
				_	100	CODUATION							=
Name of Facility Where	Abatament is Tak	ing Pla	CP (3)	F	ACILITY IN	FORMATION	Type of I	acility	(4)				
Dr	SIPENCE	ing r ka	ce (5)				School						
	2 INCIDE E								8 (Other than I	-12)			
Street Address							Other		rivate & comm		uilding	js,	
City (5)							Square F		# of Floors		Bldg.	Age	
CH	APE WI	AY					1000			_	50	5+	
County (6)				Co	unty Code	7) (STATE	Current L	se (Pri	or if being den	olished	1)		
CAP	E MA	1		US	E ÓNLY)				INT				
Name of Monitoring Firm	Hired by Building	Owne	Т	ASCA	A No.	Name of Abatem							
(8) W/	A					KLEMO	0 11	NC.					_
Street Address						Street Address		-	, A				
						369 5	. Spr	UCE	AUE				
City, State, Zip Code						City, State, Zip C	ode			-			
variety of the second						MAPLE	SHA	DF-	M.I.	180	52		
Project Manager for Moni	itoring Firm		Tel	ephone	No.	Telephone No.	(%)		License No				
-,						856-77	9-04	72	_00	14	4		
Start Date (10)	Sche	duled (Comple	tion D	ate (11)	Name of OSHA N	Aonitor	,		-			
11-4-17	1		10 -		1050 (5)		N	IA.					
Occupancy Status During	Abatement (Che	_	-			Street Address							
Facility Closed/Vacate				ment		*							
Abatement Performed	Outside of Norma	l Facili	ty Hou	rs	4	City, State, Zip Co	ode	-					
Other - Describe:									24				
Scope of Work (Check all	that apoly)												
- Cope of Front Concor all		_						th Neg	ative Pressure				
≥3 sf or ≥3 lf			enovati emolitio			☐ Mini-Enc	losure g Procedur	e					
≥160 sf or ≥260 lf		\$ D		M 		Non-Exe	mpted (*) a	nd Nor	-Friable Proce	ture			
		1.00	Locatio									ement	
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Location of			Soleh ntenan	1000	Asbest	os Containing Mate	erial (ACM)		Amount			m	_
Asbestos-Containing Ma TO BE ABATE		С	ustodia			thermal systems in	sulation,		(Specify	1 2	D Z	nca	Enclosure
IN Facility	_		Staff?		387	surfacing, VAT, other miscellaneou			SF or LF)	Nolliova	Repair	pst	losi
(13)			(12)			outer miscerameor	ردس			ğ		Encapsulate	ure
	1	Yes	No	N/A					* ***				
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Olding											T		
			-					-		1	T		
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	Hartor		IN	IDEP V	Vaste	Cubic Yards	Name of	Regist	ered Landfill			-	-
Name of Registered Waste			H	uler ID	Ng.	of Waste	(AA	CIALI)	Δ		
1000	WC,		-11	798) (Discoul Date	City	14.	C, 101, 1	-			=
City, State		_				Disposal Date	City, Stat		DBINE				
	ADE N	1)						001					=
Completed By	Title	2.2.0				Signature			Date	-2	5-1)	
MICHAEL KLE	nou _	SUP				- Mari	V 10					_	

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Amendment og Natified as one build	MOTIFICATION (Pursuant t	o NJAC 8:60 ar	ABATEMENT d 12:120)) ECE	7	V E	
Date of Notification (1) 11 3 17 Agencies Notified Type Notification	Name of Street Ad	-	Operator (2)	NOV -	8 20)17	
EPA DEP DOL Amended Amendment # Emergency (in justification) Cancel aton	noluding Name of		r, New Je	ASBESTOS LICE LICE	ISING		OR COMPANY AND A
Name of Facility Where Abatement is Taking		(yr 51	Type of Facility (4)			
RPM Property Potreet Address 20 R. SSe II Au	2	<u> </u>	School (K-1 Subcliapter Other (i.e. p	2) 8 (Other than K-1 thinkete & commerce to	r) ai buatin	ngs, ho	mes,
County (6)	Homos County C	ode (7)		#cf Floora	15	ig. Age	
Monnorth	1 '	ISE ONLY)	- resid				
Name of Monitoring Firm Hired by Building O	Winer (8) ASCM	No.	Name of Abatement Cor	The state of the s	· 7		
	, and a second			14:07/	4	- 1 -	-
Street Address			Street Address	so Rd			
City, State, Zip Code			City, State, Zip Code (3 (+) Nec	K,NJ)	77	93	l.
Project Manager for Monitoring Firm	Telephon		Telephone No. 702294175	License 1	0.	Comma	
Start Date (10)	Scheduled Completion [Date (11)	Name of OSHA Monitor				
Occupancy Status During Abatement (Check	(Only One)		Street Address	-			
Facility Closed/Vacated During Entiro P Abatement Performed Outside of Norm Other – Describe:	reriod of Abatoment al Facility Hours M - +0 M		City, State, Zip Gode				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 ii	Renovation Demolition		Mini-Englosus Li Glovebea Pro		rte Proc	edure	
	Is Location Normally		and the same of			Abaten Type	
Lecation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (423)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Co	tescription of intaining Material (ACM) al systems insulation, facing, VAT, or r miscellaneous)	Amount (Specify SF or LF)	Semove	Ropair	Enclosur

N/A Yes No pipewrep

DWCF

Name of Registered Waste Hauler

vewant,

NJDEP Waste Hauler ID No.

Secretarytheasurer

Cubic Yards of Waste

Signature

Name of Registered Landi II Fairless lardfill

Disposal Date Chy, State

Eate

Completed by

PAID						Sta	te of Nev	w le	reav		Г		-				
A CARRO	1	N	OTI	FICA	TIO	N (OF ASB	ES	TOS ABAT	EN	MENT	n E G	E		\mathbb{V}	E	5
1/ ULIL	¥								60 and 5:16			N_					7// 1
Date of Notification (1)	\$				Nam	ne o	f Buildina	Own	er/Operator (2	2)		1) MICH	1	_	004	,	$\parallel \parallel$
	03 / _	17	_		-22.5		le Astem					TT MOI	_	8	2017		
Agencies Notified	Type Notifica	tion			Stre	et A	ddress				-		-	-	and the last of	-	
⊠ EPA											1	ASBES1		CO1)L &	
□ DOLWD □	Amended				City,	Sta	ate, Zip Co	ode			-		a months	N-THEORY	-	- TO CONTRACT	-
⊠ DOH	Amendme		ludina		В	eve	rly, NJ 0	801	0								
☐ DCA (NJAC 5:23-8)	☐ Emergence justification		luding		Nam	ne o	f Contact	-713				Telephone Nu	ribe	r			
(110/10 0.20 0)	☐ Cancellati				C	ath	y Emma										
					F	ACI	LITY INF	OR	MATION								
Name of Facility Where A	batement is T	aking	Place	(3)						1	pe of Facility (
Residence											School (K-12)	(Other than K-	12)				
Street Address											Other (i.e., pr	ivate and comm	1 3101	al bui	Iding	5,	
											homes, etc.)				11.25		
City (5)										150.74	quare Feet	# of Floors		and-	lg. Ag	е	
Beverly										1	1,900	3			0		
County (6)					Co	unty	y Code (7)	(STA	TE USE ONLY)	Cı	urrent Use (Pri	or if being demo	ishe	ed)			
Burlington											Residence						
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCI	M N	lo:	Nan	ne of Abatem	ent	Contractor (9)						
Management & Env	iro. Consult	ing S	Servic	es				S	hade Enviro	onn	mental, LLC						
Street Address								Stre	et Address								
PO Box 341								6	23 Cutler A	ven	nue						
City, State, Zip Code								City	, State, Zip C	ode							
Chesterfield, NJ 08	515							IV	laple Shade	e, N	J 08052	Alexandra Alexandra					
Project Manager for Moni	toring Firm			Tele	ephon	e N	lo.	Tele	ephone No.			License No.					
Bill Weisgarber				6	09-29	98-4	4070	8	56-755-0099	9		00842					
Start Date (10)	S	chedu	aled Co	omple	etion [Date	(11)	Nan	ne of OSHA N	Moni	itor						
11 /14 /	17	_ 1	1/	_ 1	5_ /	_	17	Е	MSL Analyt	tica	ıl, Inc.						
Occupancy Status During	Abatement (0	Check	only o	ne)				Stre	et Address								
☐ Facility Closed/Vacate					ment			2	00 Route 13	30 1	North						
Abatement Performed								City	, State, Zip C	ode			-				
Time of Abatement: _	AM	PM	l/	_PM		A	M	С	innaminsor	n, N	NJ 08 <mark>0</mark> 77						
Scope of Work (Check all	that apply)								M Eull Con	stoin	ment with Neg	ativa Praesura					
			⊠ Re	novat	tion				☐ Mini-End			ative i lessure					
≥160 sf or ≥260 lf				moliti					Gloveba	ag P	rocedure	- Frickle Dece					
						_			□ Non-Exe	emp	oted (") and No	n-Friable Proce	ure		nto pa	nt T	
25.0				Loca					Description	of				92/9	ateme		
Location Asbestos-Containing		i a	Use	d Sol	ely by		Asbes	stos	Containing Ma		ial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure
TO BE ABA	TED	·	1000000		ance/ Staff		(i.e.		rmal systems			(Specify SF or LF)		3401	air	sde	nso
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(10)			Yes	No	N/	Α		11.00.00								(D	
Basement							Pipe Ins	sula	tion			60 LF		\boxtimes			
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Name of Registered Was	to Haular		Ш.	닉	NJDE	PW	Jaste	Cuk	oic Yards of		Name of Regis	tered Landfill					
Freehold Cartage	te Haulei			- 1	Haule 159	r ID	No.	Wa 1				orth Landfill					
City, State					.00				posal Date	(City, State		ESHI		7		
Freehold, NJ								1	1/15/2017		Morrisville	, PA					
Completed By (Print or Ty	ype)	Title				- 75			Signature—	_			Date	е			
Christina Lynch		20000000		esid	ent c	of O	peration	าร	(mex	0	190		11	13	17	_	

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Date of Notification (1)			920	No	mo of Duildi	ina 0	- (2)					
	_ /	17		- 1		ing Owner/Operato stEnergy Compa	58.50	9-5221	NOV	- 8	20)17
Agencies Notified Type	e Notification	on		Stre	et Address							
	nitial			1	0 Legion	Place- Building	Α	ASE	BESTO	SCO	ITNC	ROI
	Amended				, State, Zip				LIC	ENS	ING	ST. Tree
Page 1	Amendment	I See See See See See See See See See Se			**************************************	n, NJ 07960						
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The state of the s	Cancellation				ohn Grece	(55)		Telephone Nu	ımbır			
	rancenation		4.22		Z. 10. 1. 2. 11. 11. 11. 11. 11. 11. 11. 11.					_		
Name of Facility Where Abaten	nent is Tak	ing Pla	20 (2)	F	ACILITY	NFORMATION	T=					
JCP&L- Substation	Helit is Tak	ing Pla	ce (3)				Type of Facility					
Street Address				0-07-0-11-0			School (K-1)	2) 8 (Other than K-	12)			
							Other (i.e., p	rivate and comm	nerc all	ouildin	ias.	
300 Madison Ave.							homes, etc.				3	
City (5)							Square Feet	# of Floors	E	Bldg. A	Age	
Morristown, NJ 07960												
County (6)				Cou	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olish :d)			
Morris							Substation					
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCN	/ No.	Name of Abatem	ent Contractor (9)	1				
1 Source Safety & Health	, Inc.					AbateTech,						
Street Address						Street Address						
140 S. Village Ave., Suite	130						e. PO Box 25					
City, State, Zip Code												
Exton, PA 19341						City, State, Zip C						
Project Manager for Monitoring F	Cirm				Maria	Lumberton,	NJ 08048					
Brian Hovendon		an surrandura	1	phone	1	Telephone No.	<u>-</u> z	License No.				
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Start Date (10)					ate (11)	Name of OSHA N						
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51173 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 31 17 Verizon Communications / Check # of 3 2017 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 100 Greenwood Avenue ASBESTOS CONTROL & ☑ DOLWD City, State, Zip Code L CENSING **⊠** DHSS Amendment #1 Jenkintown, PA 19046 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Numb er □ Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Market CO ☐ School (K-12)
☐ Subchapter 8 Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 95 William Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Offices Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental AbateTech, Inc. Street Address Street Address 8436 Enterprise Ave. 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 25 / 17 12 / 31 / 17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3:30PM/5PM-2AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or >3 If ⊠ Renovation Mini-Enclosure ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Remova Repair Used Solely by Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility SF or LF) surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A Please see Please see attached X Please see attached M attached Basement X Tank Insulation 75 SF X П **Basement** \boxtimes П Pipe Fittings 25 total X 1st to 3rd Floor Pipe Chase X Pipe Fittings 45 total X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750

ASB-41 MAY 11

City, State

Lumberton, NJ

Completed By (Print or Type)

Gwendolyn Trumbetti

Operations Coordinator

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Disposal Date

12/31/17

Signature

City, State

Tullytown, PA

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Mark Jenkins			215	-365	5-5810	6	09-265-2107	7	00529				
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IN Facility	-		Cus		Staff?	(1.0		surfacing, VAT,		SF or LF)	low.	=	Encapsulate	Enclosure
(13)				(12)		-		ther miscellane		. See See 110 110 110 110 110 110 110 110 110 1	-		late	e.
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			П		-						+=			
Name of Registered Waste Ha	auler		Ш		LIDEBY	Monto	0.1	hio Verda -f	New 5 D	hann d 1 den				Ш
AbateTech, Inc.	uuldi			1.933	IJDEP \ lauler II 18750	O No.	25/23/52	bic Yards of ste	Name of Regis G.R.O.W.S					
City, State							_	posal Date	City, State					
Lumberton, NJ							1	1/2/17	Tullytown,	PA				
Completed By (Print or Type)		Title						Signature	1	Dat	te .			
Gwen Trumbetti		Op	perati	ons (Coordi	nator			hus		1	111	7	

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Date of Notification (1) 11/4/17			Name	of Buildir ander F	ng Owner Rodetis	/Operato	or (2)		$-\parallel$		101	- 8	2017	7
Agencies Notified Type Notification I DEP I DOL Amended Amendment			City, S	Address	Code					ASBE	ST OS	COI NSIN	NTRO)L &
DOH DCA Amendme	y (includi n)	ng	Name	r Edge, of Contac ander R	odetis				_Te	lenhono	Name about	•		
Name of Facility Where Abatement is Tak Residential Home	king Place	(3)	FA	CILITY IN	FORMAT	TION	Тур	oe of Facilit	y (4)		2.75			
Street Address City (5)							×	School (K Subchapt Other (i.e etc.)	er 8 (Oth	er than K & comme	(-12 ercial bu	ıilding	s, hor	nes,
River Edge							Squ 220	uare Feet 00	3	f Floors		Bldg. 70 +		
County (6) Bergen			County (STATE	Code (7)	Y)		Cur	rent Use (F	rior if be Home	ing demo		-		
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	M No.				es Abaten		(9)				
Street Address						Street 280 I		ess lidland Av	/A					
City, State, Zip Code		V				City, S	tate,	Zip Code Frook, NJ		-				
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	one i	No.	07663	License	No			
Start Date (10) 11/13/17	Schedu 11/16		mpletion	Date (11))	201-6 Name		3184 SHA Monito	r	01305	-			
Occupancy Status During Abatement (Che	100	000000000000000000000000000000000000000				Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8 A.M to 4 P.M	Period of mal Facili	Abater ty Hour	ment s			City, St	ate, z	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Mi Gl	ull Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					
Location of		s Locat Normal				19			- () una	TVOIT THE	I I I	Abat	ement rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Us Ma	ed Sole aintena stodial S (12)	ly by nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Ma systems sing, VAT aiscellane	ateria insula , or	ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Dasement		X			Pip	e Wrap)		87	LF	>			
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Name of Registered Waste Hauler All Stages Abatement		H	JDEP W auler ID 36592	No.	Cubic Y of Wast 1 CU			Name of Grand (dfill		
City, State Saddle Brook, NJ			ange en een een een een een een een een e		Disposa TBD	al Date		City, State	9					
Completed by Richard Cristofol	Title Presi	dent				gnature	11	1 di Aig	/ / / /	10322	ate 1/4, 17			

PAID			estos Abatement 8:60 and 12:120)	DE		E	F	
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Date of Notification (1)	Name of Building Ow				, O 20		-	
Agencies Notified Type Notification	Allen Sn Street Address	owden		ASBE	STOS CONTI	ROL &		=
☐ EPA ☐ Initial					LICE YSING	Material Strate Sec. (TITLE SA S	at at
DEP Amended Amendment #:	City, State, Zip Code	=						
☑ DOL ☐ Emergency	Jersey C	Itu, WJ	07030					
DOH (including justification)	Name of Contact	Ü		Telephone	Numb			
☐ DCA ☐ Cancellation	Allen							_
	FA	CILITY INFORMA	TION					
Name of facility where abatement is taking	ng place (3)			Type of Facility (4)				
Allen's Residence	-ρ				oter 8 (Other th	an K-12)	
Street Address					rivate/ Commer lomes, etc.	cial		
				Square Feet #		Bldg.	Age	
City (5)	County (6)		County Code (7)					
Jersey City	Hudson		(State use only)	Current Use (Price	or if be ng demo	olished)		
Name of Mogithring Firm Hired by Bldg.	Owner (8)	ASCM No.	Name of Abateme	ent Contractor (9)				_
			MKD Pro	perty Mainte	ina ice	LLC	_	
Street Address		Control of the Contro	Street Address	, 0				
			City, State, Zip Co	Riper Ave			out survivo	
City, State, Zip Code				NJ 07011				
Project Manager for Monitoring Firm	Phone Nu	mber	Telephone Number	er	Licen: e Numb		-	
			201-899	AND RESIDENCE DESCRIPTION OF THE PERSON OF T	() 139)(0		
Start Date (10)	Sched. Completion Date	(11)	Name of OSHA M	ionito				
11/6/2017	12 6 201	į	Street Address					
Occupancy Status During Abatement (Ch		Control of the Contro						
Facility closed/vacated during enting Abatement performed outside of not pescribe:	ormal facility hours-		City, State, Zip Co	ode				
Other-Describe: NORMAL HOUR	S		=					
Scope of Work (check all that apply)				Full Containment w/ Mini-enclosure	negat ve press	ure		
	ovation			Glovebag procedure				
	nolition ocation normally used so	dely		Non-Exempted (*)	and Ni n-friable	1 - 1	ure E	
ashestos-containing by	maintenance/custodial	1	on of asbestos-containing	g Amount	_ e m	e	n C	E n
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Basement _	X	Doiler	Insulation	14 59-	4 - 12	HH	\dashv	卅
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Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of	Waste Name of Registr	and Company	15 E			
City, State		al Date	City, State) +4=	,		
		Signature	Melvi	THE NY M	Data .		_	
Completed by (Print or Type) Tit	Project Manage	1 955	UAZ.		11/3	120	17	
ASB-41 * Do	not'use this form for asi	pestos licensure e	xempted activities.			1		



B & G proj. #:

2017-161

State of NJ

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

Check # 86 '6 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1 1 1 0 13 1 1 1 7 1 Atlantic Health System Type Notification Agencies Notified Street Address ☐ EPA 100 Madison Avenue Initial ☐ DEP City, State, Zip Code Amendment X DOL Morristown, NJ 07960 ICENSING Name of Contact X DOH Cancellation ☐ DCA Peter Palmer **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Morristown Medical Center, Deskovick (NON Sub 8) Subchapter 3 (Other than K-12) X Other (Priva e/Commercial Street Address Bldgs./Homes, etc. 100 Madison Avenue Square Feet | # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if peing demolished) Morris Morristown Hospital (non sul 8) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. T&M Associates 0145 B & G Restoration, Inc. Street Address Street Address 105 Rverson Road 11 Tindall Road City, State, Zip Code City, State, Zip Code Middletown, NJ 07748 Lincoln Park, NJ 07035 Lice ase Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Kevin Burns 732-676-4000 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 11/13/2017 11/15/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Other-Describe: Work shift 3:30pm - 12:00am Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Non-friable procedure ≥160 sf or ≥260 lf X Mini-enclosure Is location normally used solely E I ocation of е е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p C staff(12) (Specify SF or material to be material (ACM) C 0 a LF) abated in facility (13) ν Yes No N/A X pipe insulation 170 lf Morgue Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. 3 Disposal Date City, State Tullytown, PA Lincoln Park, NJ 11/16/2017 Signature Dale Completed by (Print or Type) Gordana Luna 1 1/03/2017 Gordana Luna Secretary/Treasurer



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

PATO		S	tate	of Ne	ew Jersey										
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)															
(F	ursua	ant '	to N	.J.A.(<u>C.</u> 8:60 and	12:120)	Mari								
Date of Notification (1)		lamo	of R	uilding (Owner / Operat	or (2)									
11/3/17		Name of Building Owner / Operator (2) County of Monmouth													
Agencies Notified Type Notification	S	treet Address													
□ EPA	5	s Complex, 2	nd Fir, 300 Hall	Is Mill Road	11-0-2017										
□ DEP □ Initial □ Amended	10	ity, S	state	& Zip C	ode		1 1	8 2017							
□ DOH □ Emergency				NJ 07 ontact	ASD T Jenhana Number										
DCA Cancellation	100	ase			ASDEA	I Significant									
			•		ORMATION		-	A STATE OF THE PARTY OF THE PAR							
Name of Facility Where Abatement is Taking	Place (3)		JILII	I IINI	Type of Faci	lity (4)									
Monmouth County Courthouse		v.			School (K-12)										
Street Address			Subchapter 8 (Other than K-12)												
71 Monument Road						Other (i.e. private & commercial building s, homes, etc.)									
City (5) County (6)	Car	unti (Sada	(7)	Square Feet		- COLUM	Blig. Age							
Freehold Monmouth	- 1	iiity C	Code	(1)	45000 3 55+ Current Use (Prior if being demolished)										
i reenoid	'				Current osc	(i flor ii beilig de	siriolisried)								
Name of Monitoring Firm Hired by Building Ov	/ner (8)		ASC	CM No.	Name of Aba	atement Contract	tor (9)								
NV5			000	030		rironmental, Ir	ıc.								
Street Address 850 Bear Tavern Road					Street Addre										
City, State & Zip Code					1123 Beaver Street City, State & Zip Code										
Trenton, NJ 08628					Bristol, PA 19007										
Project Manager for Monitoring Firm	Teleph			ber	Telephone Number License Number										
Ryan Broadwater	609-3				(215)788-60		00509	_							
Scheduled Start Date (10) Scheduled Co	mpletior 11/18	Name of OSI	HA Monitor F ironmental In e	C											
Occupancy Status During Abatement (Check of					Street Addre		0.	-							
Facility Closed/Vacated During Entire					1123 Beave	er Street									
Abatement Performed Outside of Norm	nal Hou	rs — 7	am to	o 3pm	City, State &	10.500 . 10.000 . 1									
Describe: 4:00pm -1:00am Facility Occupied During Abatement					Bristol, PA	19007									
Scope of Work (Check all that apply)		7.55	1100//		_1										
_						Full Cont	ainment with N	e gative Pressure							
≥3 sf or ≥3 lf	\boxtimes		ovatio			Mini-Encl									
≥160 sf ≥260 lf		Dem	olitio	n			g Procedures	Friable Precedure							
Location of	Is Lo	ocatio	on		Description		Amount	nd Non- Friable Procedure Ount Abatement Type							
Asbestos-Containing	Norma				Asbestos-Con	taining	(Specify	7 Ibatement Type							
Material (ACM) TO BE ABATED	Sol Mainte	ely b			Material (A (i.e., thermal s		SF or LF)	R F E							
in Facility	Custoo			in	sulation, surface			Enclsoure ncapsulat Repair Removal							
(13)		12)	1.17A		or other miscell	aneous)		Enclsoure Encapsulate Repair Removal							
Eigh El . M. d		No	N/A												
Fifth Floor Mechanical Loft, West Side		\mathbb{H}	Н	Pi	ipe Insulation	fittings	9 LF								
	HH	H	H												
	THI		П												
Name of Registered Waste Hauler			DEP V Iler ID		Cubic Yards of Waste	Name of Regis	tered Landfill								
Service Transport Inc.		209			1/4 Cu Yd	Minerva Land	dfill								
City, State					Disposal Date	City, State									
New Castle, Delaware					1/18/17 Waynesburg, OH										
Completed By (Print or Type)		Title		5	Signature	^	1-	Date							
Gino Pizzigoni		100000000000000000000000000000000000000	ject	_	Dino Pinnizoni / gn 11/3/17										
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Chk#3286

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	MEGE		77	P					
11 /	3 /	17			E.I.		\mathbb{V}	[5									
						50.80/7/25-125-115/75	15				Ш						
Agencies Notified EPA	Type Notifica ☑ Initial	ation			7,000,000,000	Address	auaka Baad		IIIII NOV -	0	201	7					
⊠ DOLWD	☐ Amended	4			2-11		quake Road		III NOV -	8	201						
⊠ DHSS	Amendm					State, Zip (
☐ DCA	☐ Emergen		uding			lin, NJ 0			ASBESTOS Telephone Numb	COI	NTRO	8 JC					
(NJAC 5:23-8)	justificati					of Contac	170		Telephone Number	1121	ıc ,						
	☐ Cancellat	tion			Nic	hol Rein											
					FA	CILITY IN	IFORMATION				53000	50.73					
Name of Facility Where A	Abatement is 7	Taking F	Place	(3)				Type of Facility	(4)								
DuPont Parlin Faci	lity - Bldg. 3	25						School (K-1									
Street Address					W			☐ Subchapter 8 (Other than K-12)									
250 Cheesequake F	Other (i.e., private and commerc al buildings, homes, etc.)																
City (5)								Square Feet	# of Floors	Blo	dg. A	je					
Parlin								17.5									
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolish	ed)							
Middlesex																	
Name of Monitoring Firm	Hired by Build	ding Ow	vner (8)	ASCM	No.	Name of Abatement Contractor (9)										
Cardno ATC							BRISTOL ENVIRONMENTAL, INC.										
Street Address							Street Address										
3 Terri Lane							1123 BEAVER STREET										
City, State, Zip Code					-	The second	City, State, Zip Code										
Burlington, NJ 0801	16						BRISTOL, PA 19007										
Project Manager for Mon			Tele	phone	No		Telephone No. License No.										
John Lutz				9-386		215-788-6040 00509											
Start Date (10) Scheduled Completion Date (11)							Name of OSHA M			-							
11 / 14 /		11					BRISTOL ENVIRONMENTAL, INC.										
							Street Address										
Occupancy Status During							1123 BEAVER STREET										
☐ Facility Closed/Vacate						cribe											
Time of Abatement: 7							City, State, Zip Co										
							BRISTOL, PA	19007	1)0								
Scope of Work (Check all	i that apply)						☐ Full Cont	tainment with Ne	gative Pressure								
≥3 sf or ≥3 If		Σ	☑ Rei	novati	on		☐ Mini-Enc	losure	gameriossa								
≥160 sf or ≥260 lf] Der	nolitio	n			g Procedure	on-Friable Procedure								
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(10)		,	Yes	No	N/A	1	other misocilane	000)				e					
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						-				Ш	Ш	Ш	Ш				
Name of Registered Waste Hauler NJDEP Waste							Cubic Yards of	Name of Regi	stered Landfill								
Bristol Environmen				14 00000	lauler II	D No.	Waste	Fairless L									
City, State					18706	5	3 Cu Yd Disposal Date	City, State									
Bristol, PA							11/14/17	The state of the s	e, PA 19067								
		T:0						Monisvilli		-			-				
Completed By (Print or Ty Gino Pizzigoni	(pe)	Title	imat	or			Signature	Pinnison	na / CNL Date		3-	-1-	7				
OHIO FIZZIGOHI		LOL	miai	U			1 / 1/1/2	1.N. 1. N. 1)	~ (/ /// /	1	-	- K	1				



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

CHECK # 247 !4 Date of Notification (1) Name of Building Owner/Operator (2) 10-31-17 Janet Paula Mack Agencies Notified Type Notification Street Address NOV EPA Initial City, State, Zip Code DEP Amended × DOL Amendment # Glen Ridge, NJ 07028 Emergency (including Telephonethorn & CONTROL & Name of Contact justification) X DOH Janet Mack DCA Cancellation **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 × Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Glen Ridge 750 2 90 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) I.H. Consultants, Inc. Pinnacle Environmental Corp. Street Address Street Address 605 Bloomfield Avenue 200 Broad Street City, State, Zip Code City, State, Zip Code Montclair Carlstadt. NJ 07072 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Uday Singh 973-943-6173 201-939-6565 00756 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11-14-17 12-31-17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check Only One) Street Address 307 West 38th Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: New York, NY 10018 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pre sure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A Basement Ceiling Plaster 450SF : X Ground (Living Room) 450SF Ceiling Plaster 12 X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ATC, Inc. / JBT (50071) Minerva Enterprises 24310 TBD City, State Disposal Date City, State Shirley, NY / Bronx, NY TBD Waynesburg, OH 44688 Completed by Title Signature Date 10-31-17

Kevin Moriarty

^{*} Do not use this form for asbestos licensure e: empted activities.

DATE												Pr	int Forn			
CK 1041	NC	TIFICATION		w Jersey ESTOS ABAT 8:60 and 12:1		IT	200	E	C [7 7						
Date of Notification (1) 11/1/2017			of Building s Domingu	Owner/Operato Jez	or (2)			N	107	- 8	20	17	世			
Agencies Notified Type Notification EPA DEP Amended Amendment	#	City, S	t Address State, Zip Co kensack, N				ASBE	STO		&						
Emergency justification) DCA Cancellation	including		of Contact	13 07001	T.	Telenhone Numl er										
		FA	CILITY INFO	ORMATION								-				
Name of Facility Where Abatement is Takin Chris's Residence	g Place (3)				Type of Facility (4) School (K-12)											
Street Address					×	Subchapter Other (i.e. p etc.)	8 (Oth	er than & comm	K-12) nercial	build	lings,	hom	es,			
City (5) Hackensack					Squ	uare Feet						Bldg. Age				
County (6) Bergen			y Code (7) E USE ONLY)		Cui	rrent Use (Pric	or if bei	ng dem	nolishe	i)						
Name of Monitoring Firm Hired by Building (Owner (8)	ASO	CM No.		Name of Abatement Contractor (9) MKD Property Maintenance LLC											
Street Address				reet Address 05 Van Riper Ave												
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07011													
Project Manager for Monitoring Firm	Teleph	none No.	A. 1	Telephone No. License No. 201-899-9008 01336												
Start Date (10) 11/13/2017	Scheduled 12/13/20		n Date (11)	Name	e of O	SHA Monitor										
Occupancy Status During Abatement (Chec			Stree	Street Address												
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:			City,	State,	Zip Code	<u> — III.</u>		<u> </u>								
Scope of Work (Check All That Apply)										-			-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	edure	Negati				9										
	Islo	cation				I Zacinpica	() and	2 110111	Tidble			ement				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	mally Solely by enance/ ial Staff?		os Containing thermal systen surfacing, V	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Remova	Ty Repair	e Encapsulate	Enclosure				
	No N/A										ate	ю́				
Basement		X		Pipe inslu	ation		38 If			X						
Name of Registered Waste Hauler		NJDEP		Cubic Yards				of Registered Landfill								
TBD		Hauler I TBD	∪ N0.	of Waste 1YD	110 Sand Company											
City, State				Disposal Date	9	City, State										
Completed by Darko Raloski	Manage	er .	e	Ma	Date 11/1/2017											

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

Check No. 456 7

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Date of Notification (1) November 02, 2017						lding Owner/Opera	IN E	7	3	V	1 12							
	Agency Notified Type Notification						Metrex Corp. Street Address											
	Type Notification								.,			_						
EPA DEP Not equired per Sale Pag. 10 2004	☑ Initial ☐ Amended					Durham Road		II II NO	V	- 8	201	7						
DOT Methania sasuet in the	Amended Amendment #				, State, Z													
M DOU	☐ Emergency (incl	uding		_	ne of Con	IJ 08818		ASBES	FOS	CON	ITR	21 8						
☑ DOH ☐ DCA	justification) □ Cancellation				ve And			Telephone Num	1etc	MICIA	0	-						
									_			_						
Name of Facility Where	Ahatement is Taking	Place (2		FA	CILITY	NFORMATION												
Metrex Corp.	Abatement is Taking	riace (3)				Type of Facilit	y (4)										
Street Address							☐ School (K-1	2)										
	D						Subchapter	8 (Other than K-12) private & commercial	buil	مانده								
970 New Durham	Road						homes, etc.		Dulle	buildings,								
City (5)							Square Feet	# of Floors	Blo	lg. Age		1000						
Edison			N/A	Underground Stormwater Pipe	50)+/-												
County (6)						(7) (STATE USE	Current Use (F	Prior if being demolis	ied)									
Middlesex				ONL	Υ)		Abandoned Stormwater Pipe											
Name of Monitoring Firm	Hired by Building Ow	ner	ASC	M No.		Name of Abate	ment Contractor (9)	PC									
Ñ/A			N/A			B&N&K Re	storation Co.	Inc.										
Street Address						Street Address	,	_										
						223 Randol	ph Avenue											
City, State, Zip Code						City, State, Zip Code												
						Clifton, NJ	07011											
Project Manager for Monitoring Firm Telephone No.						Telephone No.	Telephone No. License No.											
						973-478-468	31	00120										
Start Date (10)	Scheduled (ate (11))	Name of OSHA	Monitor											
	November 14, 2017 March 20, 2018							Services, L.L.C.										
Occupancy Status During	Abatement (Check or	nly one)				Street Address												
☑ Facility Closed/Vacated	During Entire Period	of Abat	ement			464 Valley E	Brook Avenue)										
□ Abatement Performed C	Outside of Normal Fac	ility Hou	ırs			City, State, Zip C	Code		-									
Other - Describe:						Lyndhurst, I	NJ 07071											
Scope of Work (Check all t	that apply)						04-1					= = 1						
\boxtimes 2 3 sf or 2 3 lf \square 2 160 sf or 2 260 lf					novation , nolition	. ☐ Mini-	Enclosure ebag Procedure	Negative Pressure										
						⊠ Non-	Exempted (*) and	Non-Friable Proced	ire									
		10000	Locati ormall							9/3355	tem	ent						
Location		Used	Sole	y by		Description of				T	7,50	T						
Asbestos-Containing TO BE ABA		Mair	ntenar	nce/	Asbe	stos Containing Ma ., thermal systems i	aterial (ACM)	Amount		_	E	ш						
IN Facilit		1 5.13	ustodia Staff?	aı	(1.0	surfacing, VAT		(Specify SF or LF)		Removal	Encapsulate	Enclosure						
(13)			(12)			other miscellane	ous)			pail	sula	Sur						
				N/A						3 I	ite	e						
Debris pile near shipping & receiving					0" C+	ormwater Pipe					+	Н						
σουτό pile treat stripping α receiving				\triangle	0 30	offitwater Fipe		8.5	n ft		\perp	\square						
												Ш						
Name of Registered Waste	Haular	I NUD	ED 14/	anta U	autau I	Outle Verte (
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.					auier	Cubic Yards of Waste	Name of Registe	ered Landfill										
B&N&K. Restoration	Company, Inc.	126				2	Minerva Enterprises, Inc.											
City, State			-2247			Disposal Date												
223 Randolph Avenu	e, Clifton, NJ 07	011				11/13/2017 - 03/19/2018	Waynesburg OH											
Completed by	Title					Signature ///												
G. Roger Woodman	Project Ma	nager				11/1/1	11/1/1/10			017	11/2/2017							

2.1 05.11								1	-					Pr	int Fo		
CK# 8544 State of New Jersey									M	国	C		W	E	D		
PAID		FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)															
Date of Notification (1)									/Operator (2)								
Agencies Notified Type Notification		- 1	Street A				ASBE	STO	200	VITDO	1 0						
☐ EPA ☑ Initial				HADLEY) 			4	NOUL	LIC	ENSI	IG	/L &			
DEP Amended X DOL Amendment	#			ate, Zip Co H PLAIN		0. NJ 0	7080								- Maria (1907)		
Emergency justification)	-	\vdash		f Contact		,			1 7	-1- 1		1			-		
DCA Cancellation			JA	NA	h						7						
Name of Facility Where Abatement is Takin	n Diace (31	FACI	LITY INFO	ORMAT	ON	Type	of Facility	(4)								
PSEXE	g i lace (0)							2000								
Street Address						School (K-12) Subchapter 8 (Other than K- 2)											
344 NORFO	LK	Si	TRE	ϵT		Other (i.e. private & commer ial buildings, homes, etc.)											
City (5) NEWARIC							•	re Feet	1	of Floo	ors		Bldg. A	94 94	VPS		
County (6)				Code (7) USE ONLY	1			nt Use (P		eing d			1950		100		
Essex	2					Mana	SUB STATION										
Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS	Jwner (8))	ASCN 0045					of Abatement Contractor (9) QUE SYSTEMS OF AMERIC A									
Street Address 64 BROAD STREET		Street Address 396 WHITEHEA															
City, State, Zip Code MATAWAN, NJ 07747		**				ip Code IVER, N	J 088	382									
Project Manager for Monitoring Firm TOM GEIGER		Telepho	ne No. 90-2217		Teleph 732-4					ense	Vo.						
Start Date (10)			Date (11)				HA Monito		= ^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	EDIC	Λ						
Occupancy Status During Abatement (Chec	k Only O		//	7		QUE SYSTEMS OF AMERIC A Address											
Facility Closed/Vacated During Entire F			ement					EHEAD	AVE	-8							
Abatement Performed Outside of Norm Other – Describe: Mecasa	ial Facility	y Hours	City, State, Zip (SOUTH RIV						1.1 N88	382							
Scope of Work (Check All That Apply)				/	1	000	11110										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ition Mini-Enclos							ainment with Negative Pressure losure g Procedure									
						\leq		n-Exempte			n-Fria	ole Pro		e ement			
	100	Location Normall	200														
Location of Asbestos-Containing Material (ACM)	Use	ed Solel	y by	Asbest		scription aining M		(ACM)		Amou	nt			m			
TO BE ABATED In Facility		intenar todial S		(i.e.		systems		tion.	1	(Speci SF or L	-	Remova	Repair	ncap	Enck		
(13)		(12)				niscellan						loval	pair	Encapsulate	Enclosure		
	Yes	No	N/A				0		ļ			1		Ф			
TRANSFORMER ROOM		X		TRAK				15			SF	X					
" " " " " " " " " " " " " " " " " " " "	-	X		ACI	nı	UIRE			-	30	LF	×	-				
	1											-					
Name of Registered Waste Hauler	100000	JDEP W			Yards		Name o	me of Registered Landf I									
WASTE MANAGEMENT		2000	auler ID 125	No.	of Was			GROV	GROWS NORTH								
City, State			1125 APPX 5 Disposal Date						City, State								
ELIZABETH, NJ	Title					37		MORF	RISVIL	LE, F							
COMPleted by	ANAG	Signature						-)	E	ate /-	1.	-					

Print Form