| 1 1588 PA | | | ICATION | ate of New N OF ASBE to NJAC 8 | ESTOS A | | | ІТ | | | 7 7 | 1 | 6 2 | U | |
|---|---------------------|---------------------------------------|-------------------|--------------------------------------|----------|----------------------------|-------------------------|---|-----------------|-----------------------------|--------|------------|---------------|-------------|-----------|
| Date of Notification (1) 11/07/2017 | | | Name o | f Building (| Owner/Op | erator | (2) | | | | | _ | | | |
| Agencies Notified Type Notification I EPA I Initial Amended Amendment Emergency | | | Rarita | ate, Zip Coon, N.J. 08 | | | | | Tol | ASBES | L.C.I | E 1 | SING | TRO | _& |
| DOH justification) Cancellation | ľ. | | | etrone | | | | | | | | | | | |
| Name of Facility Where Abatement is Takin Residence Street Address | g Place (3 | 3) | FAC | ILITY INFO | ORMATIO | N | Typ | School (F- Subchap) | 12) | er than K-1 | 12 | | | 1-1 | |
| City (5) | | | | | | | Squ | Other (i.e etc.) uare Feet | private 8 | | | | ngs, dg. A | | s, |
| Raritan County (6) | | | County | Code (7) | | | 3.0 | 256 rrent Use (Fr | 1 ior if bei | na demolis | Deal S | € 2 | ! | | _ |
| Somerset | | | (STATE | USE ONLY) | | _ | | | | | | | | | |
| Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions | Owner (8) | | ASCN | ЛNo. | | Brink | s T | ank Serv o | | (9) | | | | | |
| Street Address PO Box 354 | | | | 0 | | advantage | Lib | erty Aven | ue | | | | | | |
| City, State, Zip Code South Orange, NJ 07079 | | | | | | | | Zip Code NJ 0720 | | | | | | | |
| Project Manager for Monitoring Firm Sarah Calandra | | | Telepho 201-34 | ne No. 19-2666 | | Teleph 844-4 | | No. -7465 | | License I 01316 | Nc. | 27 = 1 = 1 | | | |
| Start Date (10) 11/20/2017 | Schedule 11/24/2 | | npletion | Date (11) | 100 | | | SHA Monitor | | itions | | | | | |
| Cocupancy Status During Abatement (Check Facility Closed/Vacated During Entire Matement Performed Outside of Norm Other – Describe: | Period of A | Abaten | nent | | | | ox tate, | | 07079 | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | F N | Full Contain of Mini-Enclos of Glovebag Polynon-Exemple | re ocedure | | | | | 2 | |
| Location of | | Locat | | | Door | ription | 534 | | | | | | | ment | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole intena todial ((12) | nce/ | | | ning N ystems ng, VA | later s ins T, or | • | (S | mount Specify For LF) | | Domouol | Repair | Encapsulate | Enclosure |
| Attic | X | INA | | Verr | niculi | te | | 10 C | ubic FT | X | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 1 000 | JDEP W | 3/2/2/2/2011 | Cubic Y | | | CO 1000 CO 100 | | ered Landfi | | 14 11 | | | |
| Newark Carting City, State | | 0 | 4509 | | Disposa | l Date | | City, Sia | | gement l | | | | | |
| East Orange, NJ | | | | | (37) | A | | Penn A | | | | | | | |
| Completed by | Title | 0 1/0 | nager | | Sig | nature | n | MON | 5 | 100 |):at a | 7/) | 017 | | |

PAID

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

CHECK # 597;

| Date of Notification (1) 11-09-17 | | | me of E on Edi | | rner/Operat | tor (2 |) | | | | 7 | E | Ĉ | _[| 5 [| \mathbb{V} | | - |
|---|--|----------------------------|-----------------------|------------------------|--|----------------------|---------------------------|---|--------|-------|-------------------------|---------------|------------|---------|------------------|--------------|-----------|--|
| Agencies Notified Type Notification | | 4 | _ | Place | | | | | | | K | | | | | | | |
| DEP Amended Amendment #_ | | | | e, Zip Code ork, NY | | | | | | | | | N) | 1 | 16 | 201 | 7 | *************************************** |
| □ Emergency (inc justification) □ DCA □ Cancellation | cluding | 7,557 | | Contact Krisch | | | | | | | | | | + + | =NSI | | OL 8 | 1 |
| Name of Facility Where Abatement is Taking F | Place (3) | | FACILI | ITY INFOR | MATION | | | of Facility | | L- | | | 215 22 | 500 V | Pleasants arises | | | personal Contract of the Contr |
| Pole Number: 53596/35817 Street Address | | koto r | d\ | | | _ | 7 s | chool (K ubchapt other (i.e | er 8 (| Othe | er than | n K-1 | 2) da b | jil i | ngs, l | nomes | | |
| 922 Ewing Avenue (Cross Street: Higher City (5) | gn Moun | tain i | Koau) | | | - 1 - | - е | tc.) e Feet | Т | # of | Floor | rs | | E | dg. Ag | je | | |
| Franklin Lakes County (6) | | | ounty Co | | | | | nt Use (F | ior i | f bei | ng de | molis | ilie d | | | | | |
| Bergen Name of Monitoring Firm Hired by Building Ow | mer (8) | | ASCM | No. | | | Die Minglie | Pole ement C | ontra | actor | (9) | | | | | | | |
| Name of Monitoring Firm Hired by Building OV N/A | viiei (o) | | ACCIII | | Pi | nna | | nviron | | | | | | | | | _ | |
| Street Address | | | | | 20 | 00 B | road | Street | | | | | | | | | | |
| City, State, Zip Code | | | | | | | | p Code NJ 070 | 72 | | 20.00 | | | | | | | |
| Project Manager for Monitoring Firm | | Te | elephon | e No. | | | one No 39-6 | | | | Lice 007 | ense I 756 | Nc. | | | | | |
| Start Date (10) | Scheduled 12-15-17 | | letion D | Date (11) | 1.000 | | | IA Monit Ilytical, | | | | | | | | | | |
| Occupancy Status During Abatement (Check | | | 0.800 | | 10000000 | | ddres | ss 38th St | eet | : | | | | | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: | eriod of Aba I Facility H | ateme ours | nt | * | | 7.1 | | p Code NY 10 | 018 | } | | | | | | | | |
| Scope of Work (Check All That Apply) | _ | | | | | X | | act Rer | | | n Nog | ativo | 0 0 | ·e r | ·a | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | the same of the sa | novatio | | | | E | Mir | i Contair ni-Enclos ovebag F n-Exemp | roce | dure | | | | | | a . | | |
| | leli | ocatio | n | | | | INO | n-Exem | led (|) ai | iu ivoi | 11-1 116 | Ĭ | | Abate | ment | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | No Used Maint Custoo | rmally Solely tenand | by ce/ | Asbesto (i.e. t | Descrip os Containin hermal sys surfacing other misc | ng M tems , VA | ateria insula r, or | I (ACM) ation, | | (| Amou Speci F or L | ify | | Removal | Repair | Encapsulate | Enclosure | |
| Exterior: Pole Number:53596/35817 | | | х | | Tran | nsite | | | | | 20LF | | | x | | | | |
| | | | | | | | | | + | | | | | | | | | |
| | | | | | | | | | Ţ | | | | <u> </u> | _ | | | | |
| Name of Registered Waste Hauler ATC, Inc. / JBT (50071) | | На | IDEP Waller ID 310 | | Cubic Yar of Waste TBD | rds | | Name Mine | | | | | | | | | | |
| City, State Shirley, NY / Bronx, NY | | 24 | J 10 | | Disposal I | Date | · A | City, : | tate | burg | g, OH | H 44 | 638 | | | | | |
| Completed by Kevin Moriarty | Title Projec | t Ma | nager | | Sign | áture | | 1810 | 6 | É | | 4 | Di te | | 17 | | | |

State of New Jersey

FIIIIL FUITH

PAID CKI28

| M | E | C | Ē; | Ī | \mathbb{V} | E | M | |
|---|---|-----|----|---|--------------|-----------|-------------|---|
| M | | NOV | 1 | 5 | 2017 | , and the | Hilink Horn | 1 |

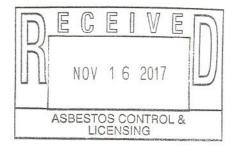
| | | | | | | | 25.00 | | | | | | | | |
|--|--------------------------|-------------|------------------|---|----------------------|-------------|--------------------|-------|-----------|---|-----------------------|----------|--------|---------------|-----------|
| Date of Notification (1) | | | | | | Owner/O | | (2) | | 1 | ASBESTO | 3 (C N | ITRO | L & | |
| 11/04/2017 Agencies Notified | Type Notification | | | Street A | | NE LLC. | | | | NO OFFICE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1 | LIC | E V 31 V | G | | |
| | [mm] | | | Silect | luuless | | | | | | | | | | |
| EPA DEP | Initial Amended | | | City, Sta | ate, Zip C | ode | | | | | | | | | |
| Ø DOL | Amendment | | | | | LD NJ. | 07621 | | | | | | | | |
| ☑ DOH | Emergency justification) | | | | f Contact | | | | | T | elenhone I | lin b i | | | |
| ☐ DCA | Cancellation | 1 | | | PALM | | | | | | | | _ | | |
| Name of Facility Where | Abatement is Takir | ng Place (: | 3) | FACI | ILITY INF | ORMATI | ON | Tvr | e of Faci | v (4) | | | | | |
| PRIVATE | , waterment to read | .gcoo (| ٠, | | | | | · 7. | School | | | | | | |
| Street Address | | | | *************************************** | | *********** | | Ħ | Subcha | ter 8 (O | ther than K | | | | |
| | | | | | | | | X | other (i | . 3. privati | e & comme | F # 1 L | ilding | s, hom | ies, |
| City (5) | . 07004 | | | | | | | Squ | are Feet | | of Floors | | | Age | |
| BERGENFIELD NJ | J. 07621 | | | | 0 1 (7) | | | | 1,600 | | 2 | | 82 | | |
| County (6) BERGEN | | | | | Code (7) USE ONLY | 0 | | Cur | rent Use | Prior if b | eing demo | i h ec i | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) |) | ASCN | / No. | | | | patement | | | | | | |
| N/A | | | | | | | NOT | HE | AST EN | VIRO | MENTA | LILO | | | |
| Street Address | 3 | | | | | | Street | | | | | | | | |
| City, State, Zip Code | | | | | | | 1126 | | Zip Code | | | | | | |
| City, State, Zip Code | | | | | | | | | BERGE | | 07047 | | | | |
| Project Manager for Mon | nitoring Firm | | T | Telepho | ne No. | | Teleph | one | No. | - | License | 4. | | | |
| | | | | | | | 201-7 | 776 | -0642 | | 01300 | | | | |
| Start Date (10) | | | | mpletion I | Date (11) | | | | SHA Mon | | | | 1// | | |
| 11/08/2017 Occupancy Status During | a Abatament (Cher | 11/08/ | | | | | Street | | PROB | I INC | | | | -4,910 | |
| | | - | | mont | | | | | ERTY S | | | | | | |
| Facility Closed/Vac Abatement Perform | | | | | | . 1 | City, St | tate, | Zip Code | | W. J. Alexandr | | -1-1-1 | | |
| Other – Describe: | | | | | - | - | MET | UC | HEN 07 | 1)83 | | | | | |
| Scope of Work (Check A | Il That Apply) | w | | | | | garan | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ALCOHOLD . | Renova | 707074.R | | | × | F | ull Conta | | ith Negativ |) P e s | ure | | |
| 2100 SI GI 2200 II | | L ' | Jerron | 14011 | | | XX | 1 6 | Blovebag | rocedur | e | 2 20 | 2 | | |
| | | T | | | | | | IN | lon-Exem | ted (*) a | ind Non-Fr | 1, E C B | | ure itemer | ıt |
| | . Com | 100 | S Local Norma | | | | | | | | | 22.00 | | Гуре | |
| Location Asbestos-Containing | | | ed Sole | | | stos Conta | | ater | | | Amount | | | m | |
| TO BE AB | | 100 | todial | Staff? | (i.e. | . thermal | systems ing, VA | | | | (Specify SF or LF) | 3 | 7.0 | ncap | Encl |
| (13) | | | (12) | | | | iscellan | | | | o. o. <u>_</u> ., | 3 | Kepair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | te | 0 |
| BASEMI | ENT | | X | | | PIPE IN | NSULA | TIC | N | | 126 LF. | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | - 3 | NJDEP W | | Cubic ' | | 11 | Name | of Regis | stered Lanc | 61 | | | - |
| TRI STATE ASSOC | С | | - 1 | Hauler ID 19951 | No. | of Was | | | MIN | :RVA | ENTERP | F I 31 | INC | | |
| City, State | | | | <u> </u> | | 1 | al Date | | City, | | | | | | |
| BRONX NY. | | | | | | TBD | | | WA | NERB | URG, OI | | | | |
| Completed by | | Title | -189 | | | Si | gnatuse | 5 | | 1/ | 172 | 3 3 3 | | | |

| MICK | State of N | | ication of Asbestos A <u>C</u> . 8:60-7 and 12:120-7) | batemen | DE | GE | VEF |
|--|---|--|--|---------------------------|----------------|--------------|--------------------|
| GAC Project # 620-2017 | | A | | | 133 | | |
| Date of Notification (1) October | 31. 2017 | | Name of Building Owner/C SCHOOL DISTRICT (| Ope ator (2) | LATIAMS | (V 16 | 2017 |
| Agencies Notified EPA | Notification | Type Notification | Street Address 58 MEYERSVILLE R | | Distriction is | | |
| X DCA | | ded Notification #1 – | City, State, Zip Code | | ASE | I IS CO | NTROL & |
| X DOL | | cope Section quantity | CHATHAM, NJ 0792 | 28 | - | | VG |
| DEP- No Longer REQUIRE | | | Name of Contact JOHN CATALDO | | 1 12.2 | | |
| ⊠ DOH | | gency (including | JOHN CATALDO | | | | |
| | | cation) | | | | | |
| | ☐ Cance | A CONTRACTOR OF THE CONTRACTOR | | | | | |
| Name of Equility Where Abstance | t in Taking Plans (2) | | IFORMATION | | | _ | |
| Name of Facility Where Abatemer SOUTHERN BOULEVARD | SCHOOL | | Type of Facility (4) | | | | |
| SOUTHERN BOOLEVARD | SCHOOL | | School (K-12) Subchapter 8 (other than | | | | |
| Street Address | | | Other (i.e. private & com | | nas homes | V . V | |
| 192 SOUTHERN BOULEVA | ARD | | | | 2 Bldg | | years |
| City (5) | unty (6) | County Code (7) | <u> </u> | 10013. | 2 blug 1 | <u>c</u> 301 | years |
| CHATHAM | MORRIS | (State Use Only) | Current Use (prior if being | dernolished |): ELEMENT | I N SCH | OOL |
| Name of Monitoring Firm Hired by | Bidg. Owner (8) | ASCM No. | Name of Contractor (9) | | | | |
| RK OCCUPATIONAL & ENVIRONMENTAL ANAL | YSIS, INC. | 0090 | GREENWOOD ABAT | EMENT C | ONSULT# | T3, INC | |
| Street Address | *************************************** | - | Street Address | | - | | |
| 401 ST. JAMES AVENUE | | | 268 MAIN STREET | | | | |
| Cit. Cit. 7i- C-d- | | | | | | | |
| City, State, Zip Code PHILLIPSBURG, NJ 0886 | 5 | | City State, ZipCode BUTLER, NJ 07405 | | | | |
| Project Manager for Monitoring Fin | | Number | Telephone Number | | License Nu | T 16 | |
| JON GILBERT | 908-454 | | | | | 1 12 | |
| | | | 973-492-0477 | | 00840 | | |
| Scheduled Start Date (10) 11/09/17 | 11/11/17 | Completion Date (11) | Name of OSHA Monitor | | | | |
| 11/03/17 | 11/11/17 | | ENVIROVISION, INC. | | | | |
| Occupancy Status During Abate | | | Street Address | | | | |
| ▼ Facility Closed/Vacated Duri | | | 20 24 WADCADAW D | 0/ D | | | |
| ☐ Abatement Performed Outsid | le of Normal Facility | Hours - | 20-21 WARGARAW R | עיייטי | | | |
| Describe Facility Occupied During Enti | ra Pariad of Abatam | ant | Oily, Oldio, Eip Oddo | | | | |
| SUB 8 UNOCCUPIED - S | | | | | | | |
| Hours as needed) | ormi i moorto. | 51 M - 12MID (24 | FAIRLAWN, NJ | | | | |
| Scope of Work (Check all that app | ly) | | | | | | |
| Control of the second of the s | | | | Full Contain | ment with N | at ve Pres | ssure |
| $\square \ge 3$ sf or ≥ 3 If | | ▼ Renovation | \boxtimes | Mini-Enclos | sure | | |
| \ge 160 sf or \ge 260 | lf | □ Demolition | X | Glc vebag F | rocedure | | |
| | | | X | No 1-Exemp | oted (*) and I | riable | Procedure |
| Location of Asbestos-Containing | Is Location Normal | ly Head Description of As | bestos Containing Material | Amoun | t Ab c | e at Tuna | |
| Material (ACM) in Facility (13) | Solely by Maint./Ci | | nal systems insulation, surfacing | | | € nent Type | |
| | Staff? (12) | VAT, or other mis | | or LF) | Reit | Repair E | Encap Enclose |
| 4st Floor | YES NO | NA TO SIDE II | | | | _ | |
| 1 st Floor Small Front Office | X | TSI - PIPE IN | | 25 LI | | | |
| 1 st Floor Small Front Office | X | | ic (non-friable) | 200 S | | | |
| Name of Reg. Waste Hauler | | te Hauler ID # | Cubic Yards of Waste: | 10 CY | Name of Fe | | |
| Newark Carting, Inc. | NJ DEP | 4509 | | | G.R.O.V/ | orth L | -anuilli |
| Newark, NJ 04509 | | | | Dier oaal Dat | - | Chr Chat | |
| Notes: None | | | | Disr osal Dat 11/11/17 | <u>e</u> | C ty, State | E Ford Mill Rd. |
| notes. Hone | | | | 11/11/1/ | | N prrisville | e, Pa 19067 |
| Completed by (Print or Time) | Title | | Cianatura | | Data | 2 5-736-1 | 700 |
| Completed by (Print or Type) RAYMOND C. PEDALING | SENIOR P | POJECT | Signature | | October : | 1 2017 | |
| INATIMOND O. PEDALING | MANAGER | | Raymond & Peda | lin | OCTOBE! | 1 2017 | |

| | | State of N | ew Je | rsey - Notifi | ication of Asbestos | s Aba | teme | | | | n n.c | |
|---|-------------------|--|----------|-------------------------|--|---------|-----------------|-----------------------|-------------------|----------------|---------------------------|-------|
| | MA | 11 | (Purs | suant to N.J.A.C | 2. 8:60-7 and 12:120-7 | 7) | | | | 厅匠 | 1-1 | E |
| GAC Project # 620-2017 | IU | | ā | | 73) | | | 114 | | | | |
| Date of Notification (1) | 07 0 | 047 | | | Name of Building Own | er/Oper | ra :or (2) | III | | _ | | |
| Agencies Notified | er 27, 2 | | T | | SCHOOL DISTRIC | TOF | T HE C | HATE | AMS | 1 1 | 6 2017 | 7 1 |
| EPA | 16 | Notification Notification | | ation | Street Address | | | less back | | • | | 14 |
| ⊠DCA ⊠ | 1 | Carried Town Control of Control o | | tification # | 58 MEYERSVILLE | E RUA | 4) | - | | ad description | | |
| X DOL | | The state of the s | | | City, State, Zip Code CHATHAM, NJ 07 | 7020 | | | | | CONTRO | L& 1 |
| ☑ DEP- No Longer REQUI | RED | justific | | (including | Name of Contact | 920 | - | | Operations of the | 1 SEN | SING | |
| ☑ DOH | | □ Cance | | | JOHN CATALDO | | | I INDIDI | III WILL TH | THE TELE | | |
| | | La Carice | ileu | | | | | | | | | |
| | | | | FACILITY IN | FORMATION | | | 1 | - | | | |
| Name of Facility Where Abate | ment is Ta | king Place (3) | | | Type of Facility (4) | | | | | | | |
| SOUTHERN BOULEVAR | RD SCH | OOL | | | School (K-12) | | | | | | | |
| Street Address | | | | | Subchapter 8 (other th | | | | | | | |
| 192 SOUTHERN BOULE | EVARD | | | | Other (i.e. private & c | | | | | | | |
| City (5) | County 16 | 3) | Count | Codo (7) | Sq. Feet: 60,000 | # of | F oors: | 2 <u>BI</u> | dg. / 1 6 | 504 | years | |
| CHATHAM | County (6 | DRRIS | | y Code (7) Use Only) | Current Headaries if he | | | | DATALE 1 | | 1001 | |
| J. J | 141 | 711110 | 12.00.10 | 333 3,1 | Current Use (prior if be | ing den | iciisnea |): ELE | MENI | (1 SC | 100L | |
| Name of Monitoring Firm Hired | by Bldg. | Owner (8) | ASCM | l No. | Name of Contractor (9) | | | | | | | |
| RK OCCUPATIONAL & | | | 009 | 0 | | | | | | | | |
| ENVIRONMENTAL AN | ALYSIS | , INC. | | | GREENWOOD ABA | ATEM | ENTC | ONSU | LTANI | SINC | : . | |
| Street Address | | | | | Street Address | | | | | | | |
| 401 ST. JAMES AVENU | JE | | | | 268 MAIN STREET | | | | | | | |
| City, State, Zip Code | | | | | | | | | - | - | | |
| PHILLIPSBURG, NJ 08 | 865 | | | | City State, ZipCode BUTLER, NJ 07405 | 5 | | | | | | |
| Project Manager for Monitoring | | Telephone N | umber | | Telephone Number | | | Licens | e Num | | | |
| JON GILBERT | | 908-454- | | | | | | LIOUTIC | O I Val | | | |
| 2 - 1 - 1 - 2 - 1 - 1 - 1 - 1 - 1 | | | | | 973-492-0477 | | | 0084 | 0 | - | | |
| Scheduled Start Date (10) 11/09/17 | | Scheduled C | ompletic | on Date (11) | Name of OSHA Monitor | | | | | | | |
| 11/09/17 | | 11/11/17 | | | ENVIROVISION, IN | 10 | | | | | | |
| Occupancy Status During Ab | atement (| Check only or | ne) | | Street Address | 10. | - | | | - | | |
| ☒ Facility Closed/Vacated □ | During Ent | tire Period of A | bateme | ent | | | | | | | | |
| Abatement Performed Ou | tside of N | ormal Facility | Hours - | | 20-21 WARGARAW | V ROA | .[| | | | | |
| Describe | | | | | City, State, Zip Code | | | | | | | |
| ☐ Facility Occupied During B | Entire Per | iod of Abatem | ent | | | | | | | | | |
| SUB 8 UNOCCUPIED | - SHIFT | THOURS 3 | PM - | 12MID (24 | FAIRLAWN, NJ | | | | | | | |
| Hours as needed) Source of Work (Check all that | anni A | | | | | | _ | | | | | |
| Source of Work (Check all that | apply) | | | | P | | | | | - | | |
| <u>■ 3 sf or ≥ 3 lf</u> | 1 | | | ■ Renovation | | | i- Enclos | | th Nega | vi Pre | ssure | |
| □ > 160 sf or > 2 | 60 If | | | Demolition | IX | | v bao P | | 50 | | | |
| | 00 11 | | | i Demonitori | | | | | | E jable | Procedu | |
| | | | A-2002 | | The state of the s | NO | LXCIII | sted () | and m | 1 IdDic | riocedu | 16 |
| Location of Asbestos-Containin | | cation Normall | | Description of Ast | estos Containing Material | | Amoun | Silver and the second | Abat : 1 | n Type | | |
| Material (ACM) in Facility (13) | | ly by Maint./Cu ? (12) | stodiai | VAT, or other miss | al systems insulation, surfa- | cing, | (Specificar LF) | y SF | Remov: | R pair I | Encap Enc | close |
| | YES | | NA | VALLE OF OUR OF THE | 0011.) | | 11 11) | | - | | | |
| 1 st Floor Small Front Office | | X | | TSI - PIPE IN | SULATION | | 25 LF | : | X | - | | |
| 1st Floor Small Front Office | | (X) | | VAT & Masti | c (non-friable) | | ::00 S | | [X] | | | |
| Name of Reg. Waste Hauler | | NJDEP Wast | | | Cubic Yards of Waste: | 10 C | - | | of Re ii 1 | re d Lar | ndfill | |
| Newark Carting, Inc. | | NJ DEP# | 4509 | | | | | G.R.C | .W.S. I | o th l | .andfill | |
| Newark, NJ 04509 | | | | | | | | | | | | |
| NT | | | | | | | os al Date | 2 | Ç | y State | | |
| Notes: None | | | | | | 11/1 | 1 /17 | | | | Ford Mill F e, Pa 1906 | 2000 |
| | | | | | | | | | | 5 736- | | |
| Completed by (Print or Type) | | itle | | | Signature | | | Date | | | | |
| RAYMOND C. PEDALI | 1 Table 1 Table 1 | SENIOR PR | OJEC | ; [| 0 100 | 11. | | Octo | ber ? | 2017 | | |
| | l h | MANAGER | | | Raymond 6. Lea | talino | | | | | | |

| PAIN | | | | N OF ASE | | | | 11 10 | et l' | 7-(| 74 | 7 | | |
|---|------------------------|--|---|--------------------------|------------------------|-------------------|----------------------------|---------------------------|----------------------------------|--------|----------------|---------|---------------|--------------|
| Date of Notification (1) 11/10/17 | - | | | of Building | | perator | (2) | - Jul | | 1 | | | | |
| Agencies Notified Type Notification | | | 120200000000000000000000000000000000000 | Address | | | | | | 6 | | пп | ПБ | 3 800 |
| X EPA DEP DOL DOL Amended Amendment | | _ | | tate, Zip C ia, NJ 07 | | | | _ | | | | | <u>/</u> | |
| Emergency (justification) DCA Cancellation | W 63 | | | of Contact na Silves | | | | | Telepho | f & t | imher | 5 20 | 1/- | 14 |
| | | | FAC | ILITY INF | ORMATI | ON | | | Act | N ST | (Jo C | Trons | 301 | 2. |
| Name of Facility Where Abatement is Takin house | g Place (| (3) | | | | | | of Facility | (<u>#</u>) | 11 | CENS | SING | | - |
| Street Address | | | | | | | × | Sul chapte Other (i.e. | er 8 (Other the private & con | r K 1 | 2) tial bui | ldings | , hom | ies, |
| City (5) | | | | | | | | etc) re Feet | # of Floo | | - | Bldg. / | Age | |
| Leonia | | | | | | | 2100 | | 2 | | - 14 | 68 | 190 | |
| County (6) Bergen | | | | Code (7) USE ONLY | 0 | | Curre | nt Jse (Pr | ior if being (| n ol s | hed) | | | |
| Name of Monitoring Firm Hired by Building C | Owner (8 |) | ASCI | M No. | | | | | ntractor (9) | | 3 | | | |
| Street Address | | | 4 | *** | | Street | Addres | SS | Gate Drive | | | | | |
| City, State, Zip Code | | | | | | City, S | tate, Zi | p (ode | - | | | | | |
| Project Manager for Monitoring Firm | _ | | Telepho | one No. | | Teleph | ione No | | Lic∈ | i e N | 10. | | | |
| Start Date (10) | Schedul | ed Con | npletion | Date (11) | | 2 | 764-2 of OSH | 276 IA Monitor | 700 | | | | | |
| 11/21/17 | 11/27/ | | 50 | | | | | | | | | | | |
| Occupancy Status During Abatement (Check | | | | | | Street | Addres | S | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: basement | eriod of al Facilit | Abatem y Hours | ient | | | City, St | tate, Zi | o C ode | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | - | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demoliti | | | | X | Min Glo | i-Enclosur vel ag Pro | | | | ASTOL | e | |
| | Is | Locati | on | | | | | | | | T | Abate | ement | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | Normall ed Solel intenar todial S (12) | y by ice/ | | tos Conta thermal s | ystems ng, VAT | aterial insula Γ, or | | Amoun (Specifi SF or I f | | Removal | Repair | e Encapsulate | Enciosure |
| | Yes | No | N/A | | | | | | | | _ | | te | Ф |
| Basement | | | Х | | Pipe I | nsulat | ion | | 225 L F | | х | | | |
| | | | | | | | | | - | | | | | |
| Name of Registered Waste Hauler | | I NI | JDEP W | aste | Cubic Y | arda | | Ni ma of | Poglister | | | | | |
| Freehold Cartage | | Ha | auler ID 5939 | | of Wast | | | | Registered .a n Berks La | | | | | |
| City, State Freehold NJ | | | | | Disposa TBD | l Date | | Ci y, State | | | | | | |
| Completed by A. Scott Higgins | Title Presi | dent | | | | nature | | 1 | |] Ē i | te /10/1 | 17 | | |

| PA | IDCK | 10 | NOTII (I | FICATIO | State of Ne N OF ASE It to NJAC | BESTOS | ABATE | MENT | | | | | <u> </u> | ; [| \mathbb{V} | L |
|--|-------------------------|----------------------|------------------|-----------|---------------------------------------|--------|--|------------|---|------------|-----------------|---------|--------------|--------|--------------|-------------------------|
| Date of Notification (1) 11/8/17 | | | | 10000 | of Building | | Operator | (2) | - | | | N. | 1 - | 6 | 201 | 7 |
| Agencies Notified | Type Notification | 1 | | | Address | | | | | | | | | | | |
| □ EPA | × Initial | | | 635 L | _afayette | Ave. | | | | | A | | | | | SL& |
| DEP | Initial Amended | | | City, St | tate, Zip C | ode | | | | | CONTRACTOR DATE | - | 1 5 | NSI | VG. | - |
| × DOL | Amendmen | | | | horne, N | | 06 | | | | | | | | | |
| X DOH | Emergency justification | | 3 | | of Contact | | | - | | Te | lephon | e Nu | 1) r | - | | |
| DOH DCA | Cancellation | | | Josen | oh Dello | Buono |) | | | 1 10 | , conton | o ivo | 1 | | | |
| | | | | | ILITY INF | | | | | | | | | _ | | |
| Name of Facility Where Al | batement is Takir | ng Place (| 3) | | | | | Туре | of Facility | (4) | | | | - | | |
| Private House | | | | | | | | П | School (K | 12) | | | | | | |
| Street Address | | | | | | | | \Box | Subchapter | 8 (Otl | ner than | n K-1 | | | | |
| | | | | | | | | X | Other (i.e.) | orivate | & com | merc : | i t ji | lings | hom | es, |
| City (5) | | | | | | | | | etc.) re Feet | # / | of Floor | · · | | ldg. A | 100 | |
| Hawthorne | | | | | | | | | 100.1000.000 | | ,00, | | | lug. r | igo | |
| County (6) | | | | County | Code (7) | | | Curre | nt Use (P i | or if be | ing der | nolis | - H | | | |
| Passaic | | | | | USE ONLY |) | | | | 01 11 00 | mig doi | 110110 | | | | |
| Name of Monitoring Firm H | Hired by Building | Owner (8 |) | ASCI | M No. | | Name | of Aba | tement Co | ntracto | r (9) | | | | | |
| Competent Supervis | | 83 / | 5 | | | | The state of the s | | Construc | | | | | | | |
| Street Address | | | | | | | Street | | | | | | | | | |
| | | | | | | | | | West 5 | uite 1 | 4 | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code | | | | | | | |
| | | | | | | | The state of particular and | | J 07512 | | | | | | | |
| Project Manager for Monito | oring Firm | | Т | Telepho | one No | | Telepho | | ATTIE CALL THE SHARE | - | Licor | ise N | | - | | |
| | | | | 0.000 | | | 973-8 | | | | 011 | | , | | | |
| Start Date (10) | | Schedul | ed Cor | mpletion | Date (11) | | | | A Monito | | 011 | | | - | | |
| 11/20/17 | | 11/27/ | | | Date (11) | | | | above | | | | | | | |
| Occupancy Status During / | Abatement (Chec | ck Only Or | ne) | | | | Street A | A CHARLES | | | | | | - | | |
| X Facility Closed/Vacate Abatement Performed Other – Describe: | ed During Entire | Period of | Abater | ment s | | | City, St | | | | | | - | - | | - and the second second |
| Scope of Work (Check All | That Apply) | | | | - | | | | | 01-77- | | 4 | | | | |
| | ттат Арргу) | [77] | | | | | | 1 | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | personal contract of | Renova Demoli | | | | × | Min Glo | Containn e i-Enclosu e vebag Prod n-Exempted | e edure | | | | | e | |
| | | lo | Locat | ion | | | | | - | | | | | | ment | |
| Location o | f | 3355 | Vorma | | | De | scription | of | | | | | | Ту | ре | |
| Asbestos-Containing M | aterial (ACM) | | d Sole | | Asbes | | taining Ma | | (ACM) | Δ | mount | | | | ш | |
| TO BE ABAT In Facility | | | todial S | | (i.e. | | systems | | tion, | | Specify | | 1 | Z | nca | Enc |
| (13) | | 323,500 | (12) | | | | cing, VAT niscellane | | | SI | or LF |) | VOI I O Y GI | Repair | apsı | Enclosure |
| *************************************** | | Yes | No | NI/A | 1 | | | , | | | | | į | = | Encapsulate | ure |
| | | 165 | 140 | N/A | | | | | | | | | | _ | | |
| See attachm | nent | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | - | | | | | |
| | | | | - | | | | | | | | | | | | |
| Name of Registered Waste | Hauler | | | JDEP W | lasts | Culti | Vords | | None | 20-11 | 40-11 | a detti | | | | |
| | | | 100 | lauler ID | | of Wa | Yards ste | | Name of F | | | natill | | | | |
| Academy Construction | i inc. | | 0 | 34422 | | 8 | | | GROW' | S Lar | idtill | | | | | |
| City, State | | | | | | Dispos | sal Date | | City, Sta | 9 | | | | | | |
| Totowa, NJ | | | | | | TBD | | | Tullyto / | vn, P | 4 | | | | | |
| Completed by | | Title | | | | S | Signature | | , | | , | Da | | | | |
| Filip Geleski | | Supe | rviso | r | | | , | 7. | la Li | 20 | | 111 | 117 | | | |



| 2nd Floor Bedroom, Blue Carpet | 2nd Floor Hallway | Master Bedroom, 2nd Floor | Bathroom, 2nd Floor | 2nd Floor Bedroom, Red Carpet | Conwen | PIANTS HARMED TO THE PERSONS SHALL | Dining Room, 1st Floor | Location of Asbestos-Containing Material to be Abated Kitchen, 1st Floor |
|--------------------------------|-------------------|---------------------------|---------------------|-------------------------------|---------|------------------------------------|------------------------|--|
| N/A | N/A | N/A | N/A | N/A | NA | NA | N/A | Is Location Normally Used Soley by Maintenance/Custodial Staff? N/A |
| Plaster | Plaster | | Plaster | Plaster | Plaster | 21 | Plaster | <u>Description</u> Plaster |
| 460 SF | 240 SF | 1000 | 15 SF | 375 SF | 265 SF | 3 3 | 235 SF | Amount 110 SF |
| Removal | Removal | Kernoval | Removal | Removal | Removal | | Removal | Abatement Type Removal |

| PAID | AIII | NOT | | ATION | OF AS | ew Jersey BESTOS ABAT | | DEC | [; | | 7 [| |
|--|---------------------------|------------------|------------------|----------------------|-------------|--|----------------------------------|---|---------|---------|-------------|-----------|
| A FALLS | ULTY | | (Pt | ırsuan | t to NJA | AC 8:60 and 5:16 | 5) | | | | | |
| Date of Notification (1) | 09 / | 17 | | 1 2 × × | of Buildin | g Owner/Operator (: amden | 2) | III I Ni)/ | 6 | 201 | 17 | |
| Agencies Notified | Type Notification | | | Street | Address | | | - | - | | | |
| ⊠ EPA | | 511 | | 0001 | Market | Street | | ASBE 3 | DE CC | ONTF | OL 8 | 3. |
| □ DOLWD □ | ☐ Amended | | | | tate, Zip | | * | 1 | E NS | NG | | |
| □ DOH | Amendmen | | | | nden, N | | | | | | | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emergency justification | | 9 | Name | of Contac | ot . | | Telephone N | - | | | |
| (110/10/0.20/0) | ☐ Cancellation | | | Bro | oks Gar | rison (Garrison A | Architects) | | | | | |
| | | | | FAC | CILITY IN | NFORMATION | | | - | | | |
| Name of Facility Where A | batement is Tak | king Place | (3) | | | | Type of Facility | (4) | - | | | |
| Camden County Co | | 5 | 30 .5 | | | | ☐ School (<-1 | | | | | |
| Street Address | | - | | | - | 35 | | 8 (Other than K · 2 orivate and com r s | | ildina | | |
| 520 Market Street | | | | | | | homes, etc. | | JI I DU | liuling | 5, | |
| City (5) | | | | | | | Square Feet | # of Floors | Ble | dg. Ag | ge | |
| Camden | | | | | | | 10,000 | 6 | | 70 | | |
| County (6) | | | | Coun | ty Code (| 7)(STATE USE ONLY) | Current Us€ (P | rior if being den c is | า€ d) | | | |
| Camden | | | | | | | City Hal | | | | | |
| Name of Monitoring Firm | Hired by Buildin | g Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9 |) | | | | |
| TTI Environmental, | Inc. | | | | | Shade Enviro | onmental, LLC | ; | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 1253 N. Church Stre | et | | | | | 623 Cutler Av | /enue | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Moorestown, NJ 080 | 057 | | | | | Maple Shade | , NJ 08052 | | | | | |
| Project Manager for Monit | oring Firm | | 17000.000 | ephone l | | Telephone No. | | License No | | | | |
| Jim Guilardi | | | 1000 | 56-840 | | 856-755-0099 | | 00842 | | | | |
| Start Date (10) | - P. 19500 | neduled C | 125 | | | Name of OSHA M | | | | | | |
| 11 /20 / | | / | _2 | 4_/_ | _1/_ | EMSL Analyt | ical, Inc. | | | | | |
| Occupancy Status During | | | | | | Street Address | 2 22 12 | | | | | |
| ☐ Facility Closed/Vacate | | | | | a alla a | 200 Route 13 | | | | | | |
| Abatement Performed Time of Abatement: | | | | | cribe AM | City, State, Zip Co | | | | | | |
| | | | | | | Cinnaminson | n, NJ 08077 | | - | | | |
| Scope of Work (Check all | that apply) | | | | | ⊠ Full Conf | tainment with Ne | gative Pressure | | | | |
| ≥3 sf or ≥3 lf | | ⊠ Re | | | | Mini-Enc | losure | | | | | |
| ≥160 sf or ≥260 lf | | ∐ De | moliti | on | | | g Procedure moted (*) an I No | on-Friable Proc <mark>i (u</mark> | а | | | |
| | | Is | Loca | tion | | Z | | | _ | ateme | ent Ty | /pe |
| Location of | วร์ | 1 | Norma | ally | | Description o | f | l soon so | - | | | |
| Asbestos-Containing N | | | ed Sol intena | ely by ance/ | | estos Containing Ma | | Amount (Specify | Removal | Repair | nca | nclo |
| TO BE ABA | | | todial | Staff? | (1.6 | e., thermal systems surfacing, VAT, | | SF or LF) | oval | = | Encapsulate | Enclosure |
| (13) | | - | (12) | 1 | | other miscellane | ous) | 0.50 | | | ate | CD |
| | | Yes | No | N/A | | | | 0.05 | - | | | |
| 5 th and 6 th Floors | | | | | | tos Pipe Debris C | | 9 SF | | | | |
| 6 th Floor Freeholder S | torage | | \boxtimes | | Glass I | Block Mortar/Gla | zing | 60 LF | | Ш | | Ш |
| 6 th Floor IT Closet | | | | | HVAC | Vibration Dampe | r Cloth | 18 SF | | | | |
| 6 th Floor Office to Rig | | | \boxtimes | | | a/w 12" Green S | <u> </u> | 96 SF | | | | |
| Name of Registered Wast | e Hauler | | 1.2 | NJDEP V Hauler ID | | Cubic Yards of Waste | | stered Landfill | | | | |
| Freehold Cartage | | | | 15939 | | Diagonal Data | | | - | | | |
| City, State Freehold, NJ | | | | | | Disposal Date 11/24/2017 | City, State Morrisville | e. PA | | | | |
| 200 - 15020-1018 ps 5000-1019 is 2000-10 | na) T | Fitlo | | | | | | | :e | | | |
| Completed By (Print or Ty Christina Lynch | pe) I | Title Vice Pr | esid | ent of (| Operatio | ns Signature | ~ 52 | | | 15- | 7 | |

State of New Jersey

| PAI | D 150 | | | ICATION OF AS | NEW JERSEY BBESTOS ABATI C. 8:60 AND 12: | 120) | | | E | <u>[</u> ; | 1 6 | 0 V | E | The same of the sa |
|---|------------------|-----------------|--|---|--|---------------|---------------|-----------|----------|------------|---------|---------|----------|--|
| Date of Notification (1) | 11/07 | 7/2017 | | | Name of Build | ling Owner/ | Operato (2) | | | | | | | |
| | | | | | Garry Parr | | | | ASBE | 5 | | ONTRO | 2 10 | |
| Agencies Notified | | Notification | Гуре | | Street Address | S | | | | | INS | | | |
| EPA DEP | | Initial | 9.90 | | 01. 01-1- 7 | 0-1- | | | | = : : | | | | - |
| X DOL | | | d # ncy (includ | ina | City, State, Zip | | 7006 | | | | | | | |
| X DOH | | justificat | | ing | North Caldy Name of Cont | | 77006 | 1 7-1 1 | | -:- | _ | | | = |
| DCA | | Cancella | ition | | Garry Parr | act | | | | | | | | |
| Name of English Whore Ab | atament is T | okina Dlago /2 | · | FACILITY IN | FORMATION | 74\ | | | | | | | | \Box |
| Name of Facility Where Ab Private residence | atement is 1 | aking Flace (5 | <u>) </u> | | Type of Facilit | <u>y (4)</u> | | | | | | | | |
| Street Address | | | | | School (F | K-12) | | | | | | | | |
| Street Address | | | | | Subchap | ter 8 (Other | than K-12) | | | | | | | |
| City (5) | County (6) | | County C | ode (7) | Other (i.e | e., private 8 | commercial | building | S, | | | | | |
| Paterson | Passaic | | (State Us | | homes, | etc.) | | | | | | | | |
| Name of Monitoring Firm H | | Owner (8) | ASCM N | 0. | Name of Contr | actor (9) | | | | - | | | | \dashv |
| N/A | | (0) | | - | MTM Metro | 522 | ion | | | | | | | |
| Street Address | | | | | Street Address | | | | | = : : | | | | \dashv |
| | | | | | 135-137 Mc | Bride Av | е | | | | | | | |
| City, State, Zip Code | | | | | City State, Zip | Code | | | | -:: | | | | + |
| | | | | | Paterson, N | IJ 07501 | | | | | | | | |
| Project Manager for Monito | ring Firm | Telephone N | lumber | | Telephone Nu | mber | | Licen | se Nun | Ē | | | | - |
| | | | | | 973-742-50 | 30 | | 0080 | 09 | | | | | |
| Scheduled Start Date (10) | | Scheduled C | ompletion | Date (11) | Name of OSH | A Monitor | | | | | | | | ٦ |
| 11/18/2017 | | 11/19/201 | 7 | | MTM Metro | Corpora | tion | | | | | | | |
| Occupancy Status During A | Abatement (C | heck only one | <u>)</u> | | Street Address | S | | | | | | | | 7 |
| | | | | | 135-137 Mo | Bride Av | enue | | | | | | 95-2 | 2 |
| Facility Closed/Vacate | ed During Ent | ire Period of A | Abatement | | City, State, Zip | Code | | 128 00 00 | | | | -7.724 | | ٦ |
| Abatement Performed | Outside of N | Iormal Facility | Hours | | Paterson, N | 1.07501 | | | | | | | | |
| Other-Describe: | | | | | | 07001 | | | | | | | 211111 | - |
| Source of Work (Check all t | that apply) | | | | J | | | | | - | | | | ٦ |
| > 3 sf or > 3 lf | | Renovation | | X Full | Containment wit | th Negative | Pressure | M | lini-Enc | Ci | E | | | |
| > 160 sf or > 260 lf | X | Demolition | | ☐ Non | n-Exempted(*) & | Non-Friable | Procecure | G | lovebag | 11 | c dur | е | | |
| Location of Asbestos- Containing Material (ACM) Facility (13) | in Solely Staff? | MG 105 0000000 | todial | Description of thermal system surfacing, VAT miscell.) | ns insulation, | Amount (| Specify SF or | r LF) | Aba | | n Typ | Encap I | Enclos | e |
| Kitchen | YES | NO | N/A X | Ceiling plaster | | 140 SF | | | X | =:: | | X | Γ | - |
| | | | | | | | | | | | | | | 7 |
| | + | + | | | | | | | - | 7. | | | | - |
| Name of Reg. Waste Haule | r I | NJDEP Was | te Hauler I | D# | Cubic Yards of | f Waste | | Name | of Reg | 111 | ı fill | | | 7 |
| MTM Metro Corporation | | 26552 | | | 5 | | | Tullitow | vn | | - 12 | | | _ |
| City, State | | | | | | | Disp. Date | | | 2 | , State | 02.700 | | |
| 135-137 McBride Ave | | | | | | | 11/20/::017 | | | T.I. | tewn, | PA | | |

Mike Damevski

Completed by (Print or Type)

Title

Project manager

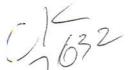
Signature

Mike Damevski

Date

11/07/2017

PAID



| Date of | f Notification | n 11/2/17 ype Notifica | tion | | Name | of Buildi | ing Own | ner / Operato | or (2) | | \ P | ē i | 2 [| 1 1/1/ | P | |
|-----------------|--------------------------------|---------------------------|------------------|---------------|--------------|--------------------|-------------------|-----------------------------|----------------|--------------|-----------------|--------|---------------|------------------|-------|----------|
| Agenci | es Notified | | | 0.00 \$9840 : | Street | y Brook Address | 3 | | | HD |) <u>E</u> | =:= | 3 | | E | H |
| | EPA | | | y Notificat | | retty B | | | | | 1 | | | | | Ш |
| v | DEP DOL | | | fication | | State & Z | | | | | l N |)/ | 6 | 2017 | 7 | IU |
| X | DOL | | | Notificatio | | eton, N | | 0 | | - led | | | | | | |
| ^ | DCA | Can | cellatio | on | | of Conta | | | | | - Lawrence | Т | loni | hana h | 1 L | |
| | DOM | | | | | / Knigh | | | | - | <u> </u> | | . , , , , , , | | | _ |
| N | CE 224 1A | | | | | CILITY | Service Contracts | MATION | | lanerone. | menona | | errences | I V CI | | - |
| | of Facility W | | ment is Clubh | | Place (3) | | T | ype of Facil School (| | | | | | | | |
| Street A | Address | | | | www. | | | Subchap | oter 8 (Oth | ner than K | -12) | | | | | |
| | | 229 Pr | etty B | Brook Ro | ad | | | X Other (i.e. Square Feet | | c Floors | ercial bu | | | | etc. | |
| City (5) | | | Cour | nty (6) | County C | ode (7) | | 8,000 | 100 | 2 | | -10 | €g. A | | | |
| , (-) | Princeto | n | Merc | | County C | rode (1) | | Current Use | | - | lichod) | | - | 70 | | _ |
| | | | | 001 | | | | ennis Clu | | er ig deilio | iisiieu) | | | | | |
| Name o | f Monitoring | Firm Hired | by Bu | uilding Ow | ner (8) | ASCM | | lame of Aba | | o itractor (| 9) | | | | | |
| USA E | nvironme | ntal Mgmi | | | | | | lobal Aba | | | | | | | | |
| Street A | iddress e st State S | Stroot | | | | | | treet Addres | | | | | | | | |
| | ate & Zip Co | | | | | | | 43 School ity, State & | | | | | | | | |
| | n, NJ 086 | | | | | | | lonroe To | | | 1 | | | | | |
| | Manager for | | Firm | | Telephone | Number | | elephone No | | 10 0000 | Licens | e i u | nbe | r | | _ |
| | Masotes | | | | 609-656-8 | | | 32-605-906 | | | | | 007 | | | |
| Schedul | led Start Da | te (10) | Sched | | pletion Date | e (11) | 100000 | ame of OSH | | | AT 1281350 | | | | | |
| | 11/4/17 | | | | 11/6/17 | | G | lobal Aba | tement S | 3 rvices | LLC | | | | | |
| Occupar X Fa | ncy Status I acility Close | During Abat | ement | (Check o | nly one) | tement | 1 20,000 | treet Addres | 200 | | | | | | | |
| Al | batement P | erformed O | utside | of Normal | Facility Ho | iire - | | 43 School ity, State & 2 | | cad | | | | | | _ |
| De | escribe: A | rea Isola | ted Di | urina Ab | atement | uro - | | lonroe Tov | | N I 0883 | E | | | | | |
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| 11/10/12/017 Dwight-Englewood School Street Address | Completed by Elvira Mrda | Title President | dent | | | Si | gnature | 1,1, | (0) | lin | (a | Dat : | 1.0 | 17 | | |
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| Date of Notification (1) Name of Building Owner/Operator (2) | | | | | | wood S | School | | | $\perp \parallel$ | | <u> </u> | | 3 | <u> </u> | <u> </u> |
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| ⊠ DOLWD | ☐ Amende | d | | | | Box 188 | | 0 | - | L. | | ING | alleri est enter | - |
| ⊠ DOH | Amendm | | | | | State, Zip (| | | | | | | | |
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| | Cancella | tion | | | Ric | hard Hyd | de | | | | | | | |
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| Name of Facility Where A | Abatement is | Taking | Place | (3) | | | | Type of Fac it | |) | | | | |
| Residence | | | | | | | | School (F | | Other than K | 1.1 | | | |
| Street Address | | | | | | | | Other (i.€., | priv | | | buildin | gs, | |
| City (5) | | | | | | | | homes, etc | :.) | | | | 220 | |
| City (5) | | | | | | | | Square Feet | | # of Floors | | Bldg. A | \ge | |
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| Monmouth | | | | | Cour | nty Code (/ |)(STATE USE ONLY) | Current Use (F | | if being dem | ol : e l | r. | | |
| Name of Monitoring Firm | Hirad by Duil | dina C | humas. | (0) T | ACCM | M- | I No. of All 1 | Residence | | | | | | |
| N/A | Tilled by Bull | allig C | wner | (0) | ASCM | NO. | Name of Abateme | | | | | | | |
| Street Address | | - | | | | | Guardian Co Street Address | ntracting, if c | • | | | | | |
| Officer Address | | | | | | | 200000000000000000000000000000000000000 | Limit Cd | | | | | | |
| City, State, Zip Code | | | | | | | 1889 Route 9 | * | | | | | | W10-44- |
| Oity, State, Zip Code | | | | | | | City, State, Zip Co Toms River, | | 075 | | | | | |
| Project Manager for Moni | torina Firm | | _ | Tele | phone | No | Telephone No. | ivew Jersey 0 | 0/5 | License No. | | | | |
| · · · · · · · · · · · · · · · · · · · | tornig i iiiii | | | 100 | priorie | 110. | 732-349-9932 | 6 0 | | 00624 | | | | |
| Start Date (10) | 15 | Sched | uled C | omple | tion Da | te (11) | Name of OSHA M | | | 00024 | | | | |
| 11 / 20 / | | | | | | 17 | E.M.S.L. Ana | | | | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | ment | | 1056 Stelton | | | | | | | |
| Abatement Performed | | | | | | cribe | City, State, Zip Co | nde | | | | | | |
| Time of Abatement: _ | AM | PN | 1/ | _PM | | AM | Piscataway, I | | 225 | 1 | | | | |
| Scope of Work (Check all | that apply) | 5727 | | | | | 1 iScataway, i | - Vew Jersey U | 000 | | | - | | |
| | | | | | | | | ainment with Ve | | ive Pressure | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | ☐ Re 図 De | | | | ☐ Mini-Enc ☐ Glovebag | losure Procedure | | | | | | |
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| Name of Registered Wast | e Hauler | | | IN | JDEP V | Vaste | Cubic Yards of | Name of Reg | ister | ed Landfill | | , _ | | |
| Guardian Contractir | | | | | auler II | No. | Waste | T.R.R.F. | | ou candilli | | | | |
| City, State | 80 | | | | 20223 | | 3 Disposal Date | City, State | | | | | | |
| Toms River, New Je | rsey | | | | | | 11/22/17 | | P | ennsylvani | 1 | | | |
| Completed By (Print or Ty | | Title | | | | | A SAN COLORODO ACADO AO | Tully to V | , , , | A T | | 1 | | |
| Nicholas Fernicola | F-0/ | 85.500 | oject | Man | aner | | Signature | | | |) () | 1 | | |
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| Date of Notification (1) 11/08/2017 Check #3083 | | 10000 | | Building Ov r Prepar | | perator | (2) | | | N(| \ 1 | 6 | 20 | 17 | |
| Agencies Notified Type Notification | | | Street Add | dress | - | | | | | | | | | | |
| | | | 144 Gra | and Stre | et | | | | | ASBI S | | CC | ONTE | OL | 3. |
| DEP Amended | | | | , Zip Cod | | _ | | | | - | | 1/2 | NG | STATISTICAL CHARGEST | MERK CAS |
| DOL Amendment : | | | | City, NJ | 07302 | | | | Tale | phone I li | : | | | | |
| DOH justification) | | | Name of C | Contact | | | | | Tele | ephone in | U | | | | |
| DCA Cancellation | | | Dre | TY INFO | 2MATIC | N. | | | - | | | 1 | | | - |
| Name of Facility Where Abatement is Taking St Peter's Preparatory School | g Place (3) | | I AUILI | TT INT O | CHIPTIT | | _ | of Facility | | | | | | | |
| Street Address | | | | | | | V S | Subchart | er 8 (Othe | er than F - | 21 | 9.41 | 1 | | |
| 144 Grand Street | | | | | | | L e | other (i.∋ etc.) e Feet | | k commer | | | lg. Ag | | 5, |
| City (5) Jersey City | | | | | | | | | 3 | | | 50 | | | |
| County (6) | | | County Co | ode (7) SE ONLY) | | | Curre | | rior if bei | ng dema li | 1 3() | | | | |
| HUDSON Name of Monitoring Firm Hired by Building (| Owner (8) | | ASCM | No | | Name | | | ontractor | (9) | | _ | | | _ |
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| | | | | | | 0.00 | 69th S | | | | | | | | |
| City, State, Zip Code | | | | | | | | p Cod€ g, NJ⊃ | 7093 | | | | | | |
| Project Manager for Monitoring Firm | | | Telephon | e No. | | *** N | hone No -295-1 | | | Licens a 01071 | ١). | | | | |
| Start Date (10) | Schedule | d Con | npletion D | ate (11) | | Name | of OSH | A Mon t | or | | | | | | |
| 11/18/2017 | 11/20/1 | | | | | 100000000000000000000000000000000000000 | ne as a | | | | | | | | |
| Occupancy Status During Abatement (Chec | | | | | | Street | Addres | SS | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: | Period of A nal Facility | baten Hours | nent S | | _ | City, S | State, Z | ip Cod€ | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | - | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | enova emoli | | | | | Mir | ni-Encles | ure rocedure | n Negati /ŧ | | | | • | |
| | le | Locat | ion | | | | | | | | | | Abate | ment | |
| Location of | N | lorma | lly | | De | scription | n of | | | | | | Ту | pe | |
| Asbestos-Containing Material (ACM) | | d Sole ntena | ely by ince/ | Asbest | os Con | taining l | Materia | I (ACM | - 2 | Amount Specify | | 70 | _ | Enc | ᄪ |
| TO BE ABATED In Facility | | odial | Staff? | (I.e. | surfa | cing, VA | AT, or | | | F or LF) | | Remova | Repair | Encapsulate | Enclosure |
| (13) | | (12) | | | other i | niscella | ineous) | | | | | val | ¥. | ulate | ure |
| | Yes | No | N/A | | | | | | | - | | | | | |
| Boiler Room | X | | | 9x9 | | Tile (r | | stic) | - | 20 SF | | | | | |
| Music Room | | Х | | | | Elbow | / | | | 1 | | | Х | | |
| Shallow Room 001 | | X | | | | Elbow | / | | | 1 | | | Х | | |
| | | | LIDED !! | lasta | C. L' | Yards | | Nama | of Regie | tered La i | į - | | | | |
| Name of Registered Waste Hauler Tri-State Transfer Assoc | | | NJDEP W Hauler ID 19551 | | of Wa | | | | | erprises | | | | | |
| City, State | | | | | (MESTICAL) | sal Dat | е | City, S | | | | | | | |
| Bronx, NY | | | | | tbd | | | Way | nesbur | | : | | | | |
| Completed by | Title | | | | | Signatu | re | 1) | . / | | 1 1 C | | 2017 | | |
| Gina Betances | Offic | e Ma | anager | | | | 10 | KILLIT | 1) | | 1 (| 1012 | _01/ | | |

| NO CK | | | FICATION Pursuant | tate of Ne N OF ASE to NJAC | 8:60 an | ABATE d 12:120 | 0) | Т | | | | | | |
|---|-----------------------------|--------------------------------------|----------------------|-----------------------------------|-------------------------------|-------------------|--------------------------|---------------------------------------|------------------|-------------------------------|---------|--------------------|-------------|-----------|
| Date of Notification (1) November 9, 2017 | | | | of Building gh of R | | Operator | (2) | | 10 | H N(A | | 0 2 | 017 | L |
| Agencies Notified Type Notification | | | Street A 210 C | ddress hestnut | Street | 5 U | | | | ASBE | CS | CON | ROL | . & |
| DEP X Amended Amendmen | | | | ate, Zip C le, NJ 0 | | | | | line of the same | - | 1 12 1 | THE REAL PROPERTY. | | |
| |) | | | f Contact utkocy I | | | | | T∈ | elenhone N | 100 | | | |
| Name of Facility Where Abatement is Takin | na Place (| 3) | FACI | ILITY INF | ORMAT | ION | Typ | e of Facility | (4) | | | | | |
| Ralph Arminio Field Storage Build | | -, | | | | | П | School (| | | | | | |
| Street Address 100 9th Avenue | | | | | | | X | Subchar t | er 8 (Otl | her than K-1. & commerci | | ldings | home | es, |
| City (5) Roselle | | | | 10 | | | Squ 4,0 | are Feet | 1 # 0 | of Floors | | Bldg. A | | |
| County (6) Union | | | | Code (7) USE ONLY | n | | | rent Use (² cant stora | | eing demolisi ilding | € 1) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) |) | ASCN | И No. | | | | atement C | | | - | | | |
| Street Address | | | | | | Street 179 I | | | st, Sui | te 15 #182 | | | | |
| City, State, Zip Code | | | | | | | | Zip Code ay, NJ 0 | 866 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph 973-6 | | | | License N |) | | | |
| Start Date (10) ON HOLD | Schedule ON HC | | mpletion I | Date (11) | | | | SHA Monito | | Global Ir c | | | | |
| Occupancy Status During Abatement (Chec | | | | | | Street 2512 | | ess Cary Stre | et | - | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of / nal Facility | Abater / Hour | ment s | | | City, S | tate, . | Zip Code d, VA. 23 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | TOTAL | 111011 | u, v/1. 2 . | 220 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | × | M G | ini-Enclos ı lovebag F | re ocedure | h Negative F | | | e | |
| Location of | 1443 | Locat Vorma | | | Do | scription | ~ f | | | | | | ement pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | d Sole intena todial ((12) | nce/ Staff? | | tos Cont thermal surfac | aining M | lateria insu T, or | | (: | Amount Specify F or LF) | Kemoval | Repair | Encapsulate | Enclosure |
| Storage Bldg. Roofing | Yes | No | N/A | | VIC Doo | Sin = M | -4 | ial . | 2 | 75005 | | | te | |
| Storage Blug. Roolling | | X | | ſ | NF Roc | ofing ivi | ateri | iai - | 3, | 750SF | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | aste | Cubic | Yards | | Name | Registe | ered Landf I | | | | - |
| Century Waste Services LLC | | H | Hauler ID | No. | of Was | ste | | COLUMN TENCHAL | | Landfill | | | | |
| City, State Elizabeth, NJ | | | | | Dispos | al Date | | City, S a | | Α | - | | | |
| Completed by Barbara Reed | Title Presi | dent | | | S | ignature | . / | 1. | 1/6 | C3 | (9 | 17 | | |

Print Form

Nov 08 2017 12:51 NJ Asbestos Control 609,633,0664 page 1

11/88/2017 11:27AM 2013297440 BEST REMOVAL INC C21C 4342, 65 02/04

| PA | Non | Biggs of New Jorsey TIFICATION OF ASBESTOS (Percent to NJAC 6:60 and | | | | |
|--|--|--|--|-------------|-------------|-------------|
| Date of Notification (1) | | 1 1 1 | ermor (2) | 5 | * | 6 2017 |
| | Constant | 358 BE | ICH ST | ASE | | CONTROL & |
| D DEP DA | ration of the control | City, State, Zip Code | | | IUCI | ts#\G |
| LE E | Amendment # | Name of Connect | EK. NS. 07601 | - 1 | | 1 |
| | ustification) Jancellation | 18. 18. CHASE | causes | | | |
| | # # Hala - # 12 (2) | FACILITY INFORMAT | YON Type of Facility (4) | | | _ |
| Name of Facility Waters Absternan | DINGS LC | ے | School (K-11) | | | |
| Street Address | 711465 | | Subchapter i (Other than K-12) Other (I.e. pr vess & commercial | build a | M nee ei | w) |
| | TIC ST | | | | / 30 | |
| Civ (5) | SACIS | | Z200 Z | | 100 | |
| County (5) | | County Code (7) | Current Use (Print if being demolished | 0 | _ | |
| Name of Mankoring Flow Histor by | | ASCM No. | Name of Abatement Contractor (9) | | | - |
| Minus of Mountains com strate of | autiang Owner (a) | ASCMING. | Bast Remove Loc | | | |
| Street Address | | | Signet Address | | | |
| City, State, Zip Code | - | | 450 South River Street | <u>at </u> | - | |
| City, state, Esp com | | | Hackensack, NJ 07601 | | - | |
| Project Manager for Monitoring Fi | a leta | Telephone No. | Telephone No. License N | | | |
| Start Deta (10) | Schadalad (| Completion Date (11) | 201-329-7444 0031 | 38 | | \dashv |
| 11/9/17 | 11 | / - / - | Omega Environmental | | _ | |
| Occupancy Status During Absterns | | | Street Address | | | |
| Facility Closed/Vacated During Attachment Performed Outside Other - Describe: 7 50 | ag Hatire Period of Abster is of Normal Facility Hour Am To \$106 | ent Sem | City, Same, Zip Code South Hackersack, M.I. | 076 | | |
| Scope of Work (Chack All Time A | | | Bouth nacker sack. AL | -V-4 9 | <u></u> | |
| 2 23 2 or 23 18 D 2160 16 to 2350 18 | · U.S. (2000) | notice | Full Contains in with Negative Pr Mini-Englands Glovebeg Prot dure | | | |
| | | | Non-Exempter (*) and Non-Friable | | M SHIETE | |
| Location of | No. | ocation n | lesseription of | | 1 pa | _ |
| Ashestoe Contribing Metalic TO BE ABATED | Man | Solely by Ashestos Cor | numing Meseral (ACM) Amount tons insulation, surfacing (Specify | 81 | D E | D. |
| In Pacility (13) | | cial state? | VAT, or SF ox LF) | an the | Encapsulate | Establisher |
| (13) | Yes | No N/A | | - | 8 | 3 |
| BASEMENT | | | 1126 CONTRICTOR NATES | 7 | | |
| SHICK LOCK | | 101-00-307 | Simple Land Miles | I | | |
| | | | | | | |
| | | | | | | |
| Name of Registered Weste Houles | | NADER Wasts Cubi Hauler ID No. of W | c Yards Numb of Regimered Landfill sete | | | |
| Best Removal In | <u>c</u> | 17109 Disp | osel Date Chy, Ste : | rpri | 21, | TTC |
| Hackensack, N.I. | 07601 | | Granding 4 | OHL 4 | 6 18 | |
| J. Maiorano | Tile Est | imator | Tois non- | g à | E 2 1 | |
| A58-41 (£-06-04) | | | *Do not use this ft me for sabustos lice | mática iz t | pi d seti- | rizies. |



| | | | | • | | | | (22) | Ch | a: 11 | 219 | 9 | | |
|---|---------------------------------------|---------------------|-----------|------------------------|--------------------------|------------|-------------------------|-------------------------------|---|-------------------|--|--------------|---------------|----------|
| Date of Notification (1 |) November 7, 201 | 17 | | | of Building erwin-Wil | | / Operator | (2) | | 5 | п | D.A. | | _ |
| Agencies Notified | Type Notification | | | _ | Address | illailla (| Jonipany | | III) E | j. [] | | \mathbb{W} | 6 | F |
| □EPA □DEP | | | | 7 Grea | t Valley Pa | arkway | , Ste. 200 | | | | | ัก17 | | |
| DOL | Initial | | | City, S | tate & Zip (| Code | | | | L | | 1/1/ | Total Control | Seat 1 |
| ⊠рон | Amen | | | Malver | n, PA 193 | 355 | | | | M . No 1961 | en e | | | |
| DCA | | dment # ellation | | Name | of Contact | | | | ASBE | 計量素 | XON. | T.RQ | <u>L.8</u> | - |
| | | | | Chris I | Maylott | | | | Production of the Party of the | | | | | ~ |
| | | | | FA | CILITY | INFO | RMATION | 1 | | | | | | |
| Name of Facility Whe Sherwin-Williams St | | Taking Plac | ce (3) | | | | Type of Fa | cility (4) ol (K-12) | | | | | | |
| Street Address | | | | | | | Subo | hapter 8 (Other tha | III K-12) | | | | | |
| 1630 Route 38 | | | | | | | Othe | er (i.e., private & d | ommercial building | ۱٤ , ۱ ۵ m | e, et | c.) | | |
| | | | | | | | Square Fe | | oors | E c j Aq | | | | |
| City (5) Lumberton | | | | | | | | se (Prior if being de | nolished) | | | 50 | | ᅥ |
| County (6) | | | unty Code | (7) | | | Commerc | ıaı | | | | | | ᅱ |
| Burlington Name of Monitoring F | irm Hired by Ruil | | SE ONLY_ | | ASCM N | No. | Name of A | batement Contract | (r (9) | | | | | \dashv |
| Arcadis US Inc. | iiiii i iiied by baik | ang Owner | (0) | | ACCIVITY | 10. | Synatech, | | | | | | | _ |
| Street Address | | | | | | | Street Add | | | | | | | |
| 35 Columbia Road City, State & Zip Code | <u> </u> | | | | | | | & Zip Code | | | | | | \dashv |
| Branchburg, NJ 088 | 76 | | | | | | | Harbor, NJ 08087 | | | | | | \dashv |
| Project Manager for N David Hilinski | Monitoring Firm | | 1000 | lephone N 8-526-100 | | | Telephone 609-296-6 | | License N | | 817 | | | |
| Scheduled Start Date | (10) | Scheduled | | | | | | SHA Monitor | | | | | | \neg |
| December 1 | | OL 1 1 | 12-2 | ber 22, 20 |)17 | | Synatech, | | | | | | | \dashv |
| Occupancy Status Du Facility Clos | iring Abatement (ed/Vacated Durin | | | atement | | | Street Add 829 Radio | | | | | | | |
| | Performed Outsid | 34 | | | | | City, State | & Zip Code | | | | | | |
| Other – Des | cribe: | | | | | 82 | Little Egg | Harbor, NJ 08087 | • | | | | | |
| Facility Occ | upied During Aba | tement | | | | | | | | | | | | |
| Scope of Work (Chec | k all that apply) | | | | | | | | | | | | | |
| | | | | | | | | | nt with Negative Pre | 3: L e | | | | |
| ≥3 sf or ≥ 50 lf | | | | Renovatio | | | | Mini-Enclosure | | | | | | |
| ≥160 sf or ≥26 | O IT | | | Demolitio | 1 | | | Glovebag Prod | | D a se los | | | | |
| I a | cation of | | le Locati | on Norma | lly Llead | | Desc | ription of | (*) and Non-Friable | | | emer | nt Type | _ |
| | aining Material (A | CM) | | y Mainter | | | | s-Containing | Amount (Specif | | , ibati | 311101 | к тур | ٠ |
| | BE ABATED | | Custo | dial Staff | ? (12) | | | rial (ACM) | or LF) | - | | | - | _ |
| II | N Facility (13) | | | | | | | mal systems surfacing, VAT | | | _ | | 9 . | , |
| | () | | | | | | or other n | niscellaneous) | | - | PAR | Repair | cap | |
| | | | Yes | No | N/A | | | | | | Removal | pair | Encapsulate | |
| Retail Area, Room 1 | , Office 1 & 2, Ha | illway, | | | Х | | īv | lastic | 2,200 SF | | + | + | + | - |
| Restrooms 2 & 3 Room 1 & Mechanic | al Equipment D | om | | | Х | | Floor | ile & Mastic | 730 SF | $ \frac{1}{2}$ | | | | |
| Kitchen | ai Equipment No | OIII | - | | X | | | ile & Mastic | 25 SF | | | | | |
| Room 2 & Custodial | Closet | | 1 | | X | | | ile & Mastic | 400 SF | | 7 | | | |
| Retail Area | | | | | X | | 1100000 | nsulation | 1 LF | -·- / | | | | |
| Name of Registered \ | Naste Hauler | | NJDEP V | Vaste | Cubic Y | ards of | Waste | Name of Reg | stered Landfill | | | | | \neg |
| 198 | | | Hauler ID | No. | | | | -100 AND VARIOUS | | | | | | |
| Freehold Cartage | | | 15 | 939 | 40 Disposa | I Date | | City, State | | | | | | - |
| City, State | | | | | Disposa | Date | | | | | | | | |
| Little Egg Harbor, N | J 08087 | T | | | Decemb | | 2017 | Morrisville, | | | | | | |
| Completed By | | Title | | | Signatur | le A | 1 | 111- | Date | | | | | |
| Diane Aloia | | Executiv | e Adminis | trator | 1 | un | e J | no L | November 7, 201 | 7 | | | | |



Ct e : (# 12229

| | | | | | | | - | | - | | | \neg |
|---|-------------------|---------------------|--|------------------------|-------------|--|------------------------|----------------------------|-----------------|----------|-------------------------|-----------|
| Date of Notification (1) | | 7 | | Name o | of Building | g Owner / Operator (2 gional Medical Cente | ?) r – Mainland Div | vision | | | | |
| Agencies Notified | Type Notificati | | | | Address | nonai medicai cente | - Mannana E I | IN F | , " " " | | | 3 1 |
| — | . ypo mounious | | | 1 | | | | 1111 | _ =_ | <u> </u> | F | |
| ∐EPA □dep | | | | 65 Wes | st Jimmie | e Leeds Road | | 110) | 1 / | 200 | 47 | |
| DOL | Initial | | | City, St | ate & Zip | Code | | UL NC | 1-1-6 | 3 20 | 1/ | 14 |
| ⊠рон | Amend | | | Pomor | a, NJ 08 | 3240 | | | | | | |
| DDCA | Amend Cance | dment #_ llation | _ | Name o | of Contac | t | | ASBES | 7177 | ~ I T-0 | Contraction of the last | - |
| | | | | Process - 2012/01/2010 | | egis Property Group |) | - | | | | |
| | | | | FAC | CILITY | NFORMATION | | | | | _ | \neg |
| Name of Facility When | re Abatement is | Taking | Place (3) | | | Type of Facilit | v (4) | | | | | \neg |
| AtlantiCare Regional | Medical Cente | er – Maii | nland Divis | ion | | School (I | | | | | | |
| Street Address | | | | | | | ter 8 (Other than | | | | | |
| 65 West Jimmie Lee | ds Road | | | | | 2 3 | | ommercial build n | | | c.) | |
| | | | | | | Square Feet | # of F o | ors | : I. Age | 3 Year | | |
| City (5) Pomona, NJ | | | | | | Current Use (| Prior if being den | nolished) | 4, | o rear | 5 | |
| Pomona, NJ | | | | | | Hospital | nor it being den | | | | | |
| County (6) | | | County Code | | 3111 | | | | | | | |
| Atlantic Name of Monitoring F | irm Hired by Bu | | | | ASCM | No. Name of Abat | ement Contrac o | or (9) | | | | |
| Hillmann Consulting | | ilding 0 | | | | Synatech, Inc |) | | | | | |
| Street Address | | | | | | Street Addres | | | | | | |
| 1600 Route 22 East, City, State & Zip Code | | | | | | 829 Radio Ro City, State & 2 | | - | - | | | |
| Union, NJ 07083 | • | | | | | | rbor, NJ 0808 ' | | | | | |
| Project Manager for M | Nonitoring Firm | | | lephone N | | Telephone Nu 609-296-6916 | | License Nu | 1 06 T (081 | 7 | | |
| Stephen Cherepany Scheduled Start Date | (10) | Schodule | ed Completion | 8-688-780 | | Name of OSH | | | - 001 | - | | _ |
| November 18, | | Joneduic | | h 19, 201 | | Synatech, Inc | | | | | | |
| Occupancy Status Du | ring Abatement | | | Abatemen | nt | Street Addres 829 Radio Ro | | | | | | |
| | erformed Outsi | | | | | City, State & 2 | | | | | | |
| Other – Desc | | | | | | | rbor, NJ 08087 | | | | | |
| Facility Occu | pied During Ab | atement | | | | | | | | | | |
| Scope of Work (Check | k all that apply) | | | | | | | | | | | |
| | | | | | | | | nt with Negative P € | E U 3 | | | - 1 |
| ≥3 sf or ≥ 50 lf | | | | Renovation | | × | Mini-Enclosur€ | • | | | | - 1 |
| ≥160 sf or ≥260 | O If | | ш | Demolitio | П | | Glovebag Proce | dure (*) and Non-Friabl | o odi | ıro | | |
| Loo | ation of | | Is Locati | on Norma | lly Head | Descripti | | () and Non-i habi s | | ateme | ent T | vpe |
| Asbestos-Contai | | ACM) | | y Mainten | | Asbestos-Co | | Amount (Specif | | | | " |
| | ABATED | | Custo | dial Staff | ? (12) | Material (| | SF or LF) | _ | | | - |
| | Facility (13) | | | | | (i.e., thermal insulation, surf | | | 71 | | ᄪ | m |
| | (10) | | | | | or other misce | | | ζem | Repair | cap | nck |
| | | | | | | | | | Remova | bair | Encapsulate | Enclosure |
| | | | Yes | No | N/A | | | | = | | ate | œ. |
| 1st Floor Nurses Stat | tion, Hallwavs. | Patient | | | Х | Floor Tile / She | et Flooring | 14,500 SF | | | \neg | |
| Rooms | | | | | | \$500 Sport (500 Sport | | | X | | | |
| | | | | | | | | | | | | |
| | | | NUDED! | | To I : N | (| Name of Reg s | torod Londfill | | | | |
| Name of Registered V | vaste Hauler | | NJDEP \ | | Cupic ' | Yards of Waste | Marile of Reg S | nereu Lanumi | | | | |
| Synatech, Inc. | | | Company of the Company | 429 | 80 | | Fairless Hills | | | | | |
| City, State | | | | | Dispos | al Date | City, State | | | | | |
| Little Egg Harbor, N. | 1 08087 | | | | March | 20, 2018 | Morrisville, I' | Ą | | | | |
| Completed By | 0 00001 | Title | | | Signatu | | | Date | | | | |
| Di 11-1- | | Every | tive Admini | atrata- | IN | Ane Illan | | November 7, 2017 | | | | |
| | | · - 40011 | CONTRACTOR AND STREET, | 211 411111 | | AND THE PARTY OF T | | THUNGILLDEL L. AU I | | | | |

| 2 2 22 20 200 | 1 | | | | | | | | | |
|--|-------------------------------------|----------------|---------------------------|---------------------------------------|---------------------------------|---|----------------------|---------------|------------------|-----------|
| Date of Notification (1) | _ | | of Building Owner/ | | | MANAGE | 4151 | TL | IC | |
| Agencies Notified Type Notification | on | Street | Address 25 LEMO | | | 11D) E | 1 - [| | \mathbb{V}_{-} | |
| DEP Initial Amended Amendment | ent # | City S | tate 7in Code | | | | 1 1 | C 0 | 047 | -11 |
| 1 | y (including | Name | OF Contact | | 3 | Telephone | Z : 2 = 1 | 6 20 | J1/ | |
| □ DCA □ Cancellati | on | FAC | DHU CILITY INFORMAT | .1 -0 | ٦/ | -1 | | | | |
| Name of Facility Where Abatement is Tak | | . 2 - | JILIT IN ORMAT | | Type of Faci ity | \$ 5x | | VSING | | |
| Street Address 1406 SPRIN | D. | | 1 VC | | School K Subchapte Other (i.e. | -12) er 8 (Other than II private & comm | (-) er : il ou | ıildinas | home | es |
| City (5) | | - 11 | 76 | | etc.) Square Feet | # of Floors | L | Bldg. A | | |
| (RV/N/GTE) | N/ | County | Code (7) | - 0 | SUTTENT USE P | rior if being demo | Fi I a | 80 | 94 | |
| £356x | 0 (0) | (STATE | USE ONLY) | | D.F | Y CARE | | | | |
| Name of Monitoring Firm Hired by Building DETAIL ASSOCIATES | S/M/C | ASC | M No. | Name o | ARIII | | | | | |
| Street Address 300 GRAND 1 | NE | | | Street A | ddress | <i></i> | | | | |
| City, State, Zip Code ENGLE-1000 | NJU | 2763 | 3/ | City, Sta | ate, Zip Code | AJ 07 | 17/ | | | |
| Project Manager for Monitoring Firm STEPHEN' JARACZEW | ISK! | Telepho 20/ | one No. 6768 | Telepho | | License | | - | | |
| Start Date (10) | Scheduled C | | | Name of | OSHA Moni or | / | : - / | | | |
| Occupancy Status During Abatement (Che | 15 17 | | , | Street A | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | Period of Abate mal Facility Hou | ement irs | - | City Sta | to Zin Code | | | . | | |
| Scope of Work (Check All That Apply) | | | | PHT | ERSON | NJ 07 | 11/ | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Renor Demo | | | | Mini-Enclos ur Glovebag Fro | cedure | | | | |
| | Is Loca | | | ₽ P | Non-Exemple | d (*) and Non-Fri | 11 1 10 | Abater | ment | \neg |
| Location of Asbestos-Containing Material (ACM) | Norm Used So Mainten | lely by | Des Asbestos Conta | cription of aining Mat | | Amount | | Тур | | \dashv |
| TO BE ABATED In Facility (13) | Custodia (12 | Staff? | (i.e. thermal : surfac | systems ir ing, VAT, iscellaneo | nsulation, or | (Specify SF or LF) | TO TO TO TO TO | Repair | Encapsulate | Enclosure |
| | Yes No | N/A | | | | | 5 | | late | Ire |
| BASCHENT | | | VA | 47 | | IOSF | - 1 | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP W | aste Cubic Y | 'ards | Name (f) | Registered Landf | | | | |
| INDIAN ARROW INDUS | | Hauler ID | No. of Wast | 1 23 | | STE MEH | | EM | PN | T |
| City, State PATERSON' | NY | | Disposa | Date | City, State | EISVICL | 1-,0 | RA | | |
| Completed by GORAN IGEN | Title C | 90 | Sig | nature | 1 | | a: / | 07/ | 17 | |
| | | | | 101 | 10 | | | | | |

A Emergency D

| 0 | 1 | 111- | |
|---|---|------|----|
| (| K | 645 | 1- |
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| | | ***** | | | | | | | | | 200 | | | | |
|--|----------------------|----------------|--------------------|-----------------------|-----------------------------------|--------------------|-------|---------------------------------|----------|-------------------|---------|----------|----------|-------------|-------------|
| Date of Notification (1) | BARD | - 1 | | Building Ov | | | | | Г | | E | - | - I | 7 [| 7 12 |
| 11/7/17 | | | | rs Point S | cnoo | DISTR | ICI | | _ | | E | <u>.</u> | 2 | W | <u> [5</u> |
| Agencies Notified Type Notification Type Notification Type No | n | | Street Ad 121 W | daress . New Yo | rk A | /e. | | | | K | | | | 25-35-119- | |
| DEP Amended | | 1 | | te, Zip Code | | 0.4.4 | | | | | N | CV | 16 | 20 | 1/ |
| DOL Amendme | nt # y (including | | | rs Point N | J 08: | 244 | | | | hed term | | | | | |
| | n) | 1 | | Contact as Båruffi | | | | | le | ephone | Numi | € . | | NT | ROL 8 |
| DCA Cancellati | on | | | LITY INFOR | | ON | _ | | _' _ | | | | | NG | |
| Name of Facility Where Abatement is Tal | ring Place (3) | | PAGI | LITTINFOR | INAII | ON | Ту | pe of Facility (4 |) | | | | | | |
| Somers Point School District (Jo | | Sch | nool | | | | X | School (K-1 | 2) | | | | | | |
| Street Address | | | | | | | | Subchapter | 3 (Oth | | | | | | |
| 129 Jordan Road | | | | | | | | Other (i.e. p etc.) | ivate | & comm | nercial | b ii d | ıgs, | home | s, |
| City (5) | | | | | | | Sq | uare Feet | # 0 | Floors | | - 3 | g. A | ge | |
| Somers Point NJ 08244 | | | | | | | 10 | 0000÷ | 1 | | | 3 | + | | |
| County (6) Atlantic | | | County C | Code (7) USE ONLY) | | | Cu | rrent Use (Pric | r if bei | ng dem | olishe | <u> </u> | | | |
| Name of Monitoring Firm Hired by Buildin | g Owner (8) | | ASCM | l No. | | Name | of A | batement Con | ractor | (9) | | | | | |
| Coastal Environmental Complian | | | | | | | | o Inc | | 267 - 25% | | | | | |
| Street Address | | | | | | Street | Add | iress | | | | | | | |
| PO Box 167 | | | <u> </u> | | | | -(-,- | 329 | | | | | | | |
| City, State, Zip Code | | | | | | 17/00/1 | | , Zip Code | | | | | | | |
| Hammonton NJ 08037 | | | | | | 7/2/2 | | erlin NJ 080 | 91 | | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | | | Teleph | | | | Licen | | | | | |
| Cathy Ledden | | | | 85-9984 | | | | 3-9800 | | 0072 | 21 | | | | |
| Start Date (10) 11/8/17 | 11/11/1 | | | | | | | SHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Ch | | | | | - | Street | | ress | | | | | | | - |
| | | | ent | | | | | | | ۵ | | | | | |
| Abatement Performed Outside of No | rmal Facility H | Hours | | | | City, S | State | , Zip Code | | | | | | | |
| Other - Describe: Starting AT | 3:30 Wen | 1000 | (24) | | - | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | (27) | | | | | | | | | |
| ≥3 sf or ≥3 lf | X Re | novaí | tion | | | | 7 | Full Containme | nt with | n Negat | ive Pr | 25 B | | | |
| ≥160 sf or ≥260 lf | ☐ De | moliti | on | | | F | | Mini-Enclosure Glovebag Proc | adura | | | | | | |
| | | | | | | > | | Non-Exempted | | d Non-l | Friable | Iro | dure | 9 | |
| | Is I | ocatio | on | | | | | | | | | | 10000000 | ment | |
| Location of | No | ormall | У | | De | scription | ı of | | | | | 7 | Ту | ре | |
| Asbestos-Containing Material (ACM) | Used | Solel tenar | | | s Con | taining N | Vlate | rial (ACM) | 10.7 | mount | | | | Ш | m |
| TO BE ABATED In Facility | Custo | dial S | \$25 Till 1000 | (i.e. th | nermal surfa | system cing, VA | S Ins | sulation, | | Specify or LF) | | i | Repair | cap | nclo |
| (13) | | (12) | | (| | niscella | | | | | | ; | pair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | | le | Ф |
| Library | | | x | F | loor | tile & N | Vlas | tic | 20 | 000 SF | - | 3 | | | |
| 1 | | - | | | | Texas (Section) | | | - 50,000 | | | | | | |
| | | | | | | | | | | | | | | | |
| | \dashv | | | | | | | | - | | | | | | |
| Name of Registered Waste Hauler | | 10000000 | JDEP W | | | Yards | | Name of | Regist | ered La | ndfill | | - | | |
| Pernaco Inc. | | 10000 | auler ID 1787 | 10.00 E.S. | of Wa 8 | ste | | A.C.M. | | | | | | | |
| City, State | | | | - 1 | | sal Date | 9 | City, Stat | | T ' | MILO |) e e a | 3 | | |
| West Berlin NJ | | | | | 11/17/17 Egg Harbor Twp. NJ 01% 4 | | | | | | | | | | |
| Completed by | Title | 1 7 | | | 0.3.3.4 | | | | | | | | | | |
| Anthony T Perna | Presid | President | | | | | | 115117 | | | | | | | |

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| 0 | \cap | | |
|----|--------|------|-------|
| 17 | 11. | Λ. | 17089 |
| | KO. | n Il | 100 1 |

| Date of Notification (1) 11/8/17 | | | | | of Building a McNiiff | | Operato | r (2) | | | ` | П | ПЛ | 尼 | |
|---|--|------------------|----------------|--------------------|-----------------------------|-------------------------------|---|--|------------------|--------------------------------|--------------------------|---------------------|----------------|----------------|-----------|
| Agencies Notified EPA DEP DOL | Type Notification Initial Amended Amendment Emergency | # (including | | City, St Morris | Address ate, Zip C stown, N | | 60 | | N | | - <u>昼</u> - 1 - 1 | 6 | 2017 | 5 | |
| DOH DCA | justification) Cancellation | | | Diana | McNiff | | | | | | I EN | QIN. | ·C | ⁷ & | |
| Name of Facility Where A home Street Address | Abatement is Takin | g Place (3) | | FAC | ILITY INF | ORMAT | ION | Type of Facility School (K Subchapt Other (i.e | -12) er 8 (Ot | her than | < 12) | Substitution of the | AL PROPERTY OF | , hom | ies, |
| City (5) Morristown | | | | | | | | Square Feet 2200 | 2 | of Flc 5 | | | ldg. / | \ge | |
| County (6) Morris | | | | | Code (7) USE ONLY |) | | Current Use (P | | eing ce n | ol shed | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASC | M No. | | | of Abaten ent Co | | | L C | | | | |
| Street Address | | | | | | | | Address Box 483, 4 E | Gate [| oriv∈ | | | | | |
| City, State, Zip Code | | | | | | | | state, Zip Code wood, NJ 07 | 418 | | | | | | |
| Project Manager for Moni | toring Firm | | | Telepho | ne No. | | | none No. 764-2273 | | Lice is | ∍ √o. | | | | |
| Start Date (10) 11/18/17 | | Scheduled | | npletion | Date (11) | | Name | of OSHA Monito | r | | - | | | | |
| Occupancy Status During Facility Closed/Vacal Abatement Performe Other – Describe: | ted During Entire F | eriod of Ab | atem | nent | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Address tate, Zip Code | | | | | | | |
| Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | That Apply) | | nova moliti | | | | | Full Containn Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | | | | | e | |
| Location | of | | ocation rmall | | | Do | a a si a ti a a | | | | | | Abate | ement pe | t |
| Asbestos-Containing N <u>TO BE ABA</u> In Facility (13) | Material (ACM) TED | - | tenar | ice/ staff? | | tos Cont thermal surfac | | laterial (ACM) s insulation, T, or | (| Amou 11 Spec fy F or L F | | Removal | Repair | Encapsulate | Enclosure |
| den | | res | INO | N/A X | C | ement | transite | e ducts | 6 | 00 S | + | | | X | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste | e Hauler | | 100000 | JDEP W auler ID | | Cubic of Was | | N∈ me of | Registe | ered I.s | fi I | | | | |
| City, State | | | | | | Dispos | al Date | Ci y, Sta | te | | | icalis S | | | |
| Completed by A. Scott Higgins | | Title Preside | ent | | | S | ignature | a | \ | | D ite 11/8 | /17 | | | |

| NDCK | NOTIFI (Pi | CATION O | of New Jersey F ASBESTOS A NJAC 8:60 and | BATEN 12:120 | NENT) | | | (p | 76 | V | E |
|---|------------------|----------------------|--|-----------------------|-----------------------------|-----------------------|----------------------------|-----------------|--------|-------------|--|
| Date of Notification (1) | | Name of Bu | uilding Owner/O | perator FOR | (2) 1 LLC | | | 41 - | 1-6 | 2017 | The state of the s |
| Agencies Notified Type Notification | | | ress W. PA | 5 - S - T - S - A / S | | | | 1 | 10 | 2017 | |
| | | | | | | | | | | | 1 |
| DEP Amended Amendment # | | | | DAR | K NJ | 0 | P662SBI | \$ 10 s | NSII | NTROI VG | - 8 |
| Emergency (ir justification) DCA Emergency (ir justification) Cancellation | iciuaing | Name of C | | | | | | | | | |
| | | FACILI | TY INFORMATI | ON | T of Fo | cilit (A) | | | | | - |
| Name of Facility Where Abatement is Taking | Place (3) | | | | Type of Fa | | | | | | |
| COMMERCIAL BUILD | 91100 | | | | | ol (K-12) hapier 8 | Mharthan K 1 | 2 | Ji | homos | |
| 370 NORTH AVE EN | 957 | | | | etc.) | | vate & commerc | | | | |
| City (5) CRANFORD | | | | | Square Fe | | # of Floors | | ldg. A | | |
| | | County Co | nde (7) | | Current Us | se (Frior | if being demolia | hily. | 00 | | |
| County (6) WW10W | | | SE ONLY) | | Composi | 28218 | 96 Builma | 61- | DEI | 40 | |
| Name of Monitoring Firm Hired by Building C | wner (8) | ASCM | No. | | of Abateme | | | | | | |
| Street Address | | | | | t Address Vreeland | Av a. | | | | | |
| City, State, Zip Code | | | | City, | State, Zip Co | ode | | | | | |
| | | | | | land Park, | N. J. | License | N; | | | \dashv |
| Project Manager for Monitoring Firm | | Telephon | e No. | 201 | hone No. -262-5841 | | 00150 | | | | |
| Start Date (10) | Scheduled @ | ompletion D | Date (11) | Nam | e of OSHA N ega Envir | foni or onr ier | ital Services | r: | | | |
| 9/8-6/17 Occupancy Status During Abatement (Chec | | 30/11 | | Stree | et Address | | | | | | |
| <u> </u> | Period of Abat | ement | | | Huyler St | | | | | | \dashv |
| Facility Closed/Vacated During Entire : Abatement Performed Outside of Norm Other – Describe: | nal Facility Hor | urs | | | State, Zip C ckensack, | | 7606 | | | | |
| Scope of Work (Check All That Apply) | | - | , | | E77 | | | | | | |
| 23 sf or ≥3 lf | | ovation olition | | | | inta nme | ent with Negative | 1 1 15 3 | ure | | |
| ≥160 sf or ≥260 lf | A Delli | Oillion | | | Glovel Non-E | ag Prod | cedure d (*) and Non-Fr | a l | ocadi | ure | |
| | Т | | | | PSI INOTI-E | AGII DIGG | 2 () and () | = | Aba | tement | |
| | Norr | cation nally | _ | escripti | on of | | | | _ | Гуре | |
| Location of Asbestos-Containing Material (ACM) | | olely by enance/ | Ashestos Co | ntaining | Material (A ms insulatio | CM) | Amount (Specify | | ,] _ | Enc | E I |
| TO BE ABATED In Facility | Custodi | al Staff? 2) | sur | facing, | VAT, or | " | SF or LF) | | Repair | Encapsulate | Enclosure |
| (13) | (1 | | othe | miscel | laneous) | | | 1 | - = | late | ıre |
| | Yes N | lo N/A | | | | | 1 | | + | + | |
| desert ! | | | <u> </u> | | 12/11 | F 5 | 1 | | + | + | |
| TSFF | 4770 | 29146 | 1/ 0 | 1 | 11/17 | |) | | + | - | - |
| | | | | | | | | | + | _ | |
| | | | | | | | Registered Lan | ĮΙ. | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP V Hauler ID | | ic Yard Vaste | 200 | | Central Sani | | andf | :11 | |
| City, State | | 04509 | | posal D | ate (| City Sta | ite | - · - · | | | |
| Newark, N.J. 07105 | | | 9 | 100/ | 200 | Peri Ai | rgyl, PA 0807 | 2 | | | |
| Completed by R. McDonald | Title Presid | ent | | Signa | ture/119 | The less | 1 | /(- · · - · | /30 | 1/17 | |

| | NOTIFICAT (Pursu | ION OF AS | lew Jersey BESTOS A C 8:60 and | BATEM 12:120) | IENT | | | Che | | 7 | | | |
|--|--|--------------|--------------------------------------|-----------------------|---|------------------------|----------------|-------------------------------|---------------|----------|--------------|--------------|-----------|
| Date of Notification (1) | | TG . | ng Owner/O | perator (| (2) 1 LLC | | | | _ () | 1 | 1-6 | -20 | 17 |
| Agencies Notified Type Notification | | et Address | 1. PA | SSAI | 1C ST | REL | 7 | | | | 100 Miles | | |
| EPA Initial Amended Amendment # Amendment # Emergangy (included) | 1 City | State, Zip | Code | DAR | K NJ | - 0 | 76 | 62 AS | 3:3 | 000 | S CC ENS | ONTF NG | ROL |
| X DOH justification) | INGI | ne of Conta | | | | | Tele | phone Nur | ıt : | | | 1 | D |
| DCA Cancellation | 1 - | - | NFORMATI | ON | | | | | | _ | | | |
| Name of Facility Where Abatement is Taking Pla COMMERCIAL BuiLell | ace (3) | | | | Type of Fa | cility (4) ol (K 12 | | | | | | | |
| Street Address | | | | | Subch Other etc.) | | Mina | r than K-1: commerci | i) al b ii | i lin | gs, ho | omes, | |
| 370 NORTH AUE EAS | | | | | Square Fe | | | Floors / | | Ido | g. Age | à | |
| 1907 | Cor | unty Code (| 7) | | Current Lie | e /F rio | r if heir | ng demolis | ī : : | _ | | - | \neg |
| County (6) UNION | | ATÉ USE O | | | Comme | Rise | 966 | Bullma | -/ | 10 | bM | 0 | _ |
| Name of Monitoring Firm Hired by Building Own | ner (8) | ASCM No. | | A. M | of Abateme lac Contra | | | (9) | | | | | |
| Street Address | | | | | Address Vreeland | Ave. | | | | | | | |
| City, State, Zip Code | | | | | State, Zip Co and Park, | | | | | | | | |
| Project Manager for Monitoring Firm | Te | lephone No | | | hone No. -262-5841 | | | License I 00156 | | | | | |
| Start Date (10) Sc | cheduled Compl | | (11) | Name | e of OSHA M | onitor onn er | ntal S | ervices I | 71 . | | | | |
| Occupancy Status During Abatement (Check C | | | | | t Address | | | | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal | iod of Abatemer | nt | | City, | Huyler St State, Zip Co ckensack, | ode | 7606 | | - • • | - | | | |
| Other - Describe: | | | | Hac | JACIISAUK, | 14.0.0 | | | | - | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if | Renovation Demolition | | | | Mini-Er Gloveb | ad Fro | edure | n Negative | | | | <u> </u> | |
| | Is Location | | | | | | | | | F | Abate Typ | ment pe | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Normally Used Solely Maintenand Custodial Sta (12) | by A | sbestos Co (i.e. therm | al syster acing, V | Material (A0 ms insulation | OM) i, | (| Amount Specify F or LF) | | Noniova. | Repair | Encapsulate | Enclosure |
| | Yes No | N/A | | | | | | 7 | | - | | | |
| - CFF 1 | -77AC | 400 | 7 3 | | 17140 | -12 | 3 | <u> </u> | | | | | |
| () | | | | | | | | | | | | | |
| | I N | IDEP Waste | Cub | ic Yards | s N | lam of | Regis | tered Land | fi - | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | Ha | auler ID No. | of V | Vaste 80 | | | | ral Sanit | a y l | an | dfill | | |
| City, State Newark, N.J. 07105 | | | | osal Da | Zon F | oity, Sta | ite rgyl, F | PA 0807 | | _ | î | } | |
| Completed by R. McDonald | Title President | | | Signat | ure/ms/ | La Po | 1 | | E 3 3 | 1 | 9/ | 17 | |

| PAID C | 13 | 13 | FIGATIC | State of Ne ON OF ASB at to NJAC | ESTOS | SABATE | MENT | F |) E | (0) | | | | |
|---|------------------|------------------|-----------------|--|-----------------|------------------|--------------------------------------|----------------------|---------------------|------------------|----------------|--------|-------------|-------------|
| Date of Notification (1) 11/01/2017 | | | | of Building ragon Dri | | | (2) | | | | | | | \parallel |
| Agencies Notified Type Notification | | | | Address | . C. | | | | Ц | 1(). | 1_6 | 20 | 17 | 11 |
| | | | | ragon Dri | ve | | | | | | | | | |
| DEP Amended Amendmen | | | | tate, Zip Co vale, NJ | ode | | gat- | | ASB | | | ONT | ROL | & |
| DOH justification Cancellation | | g | 7.05 | of Contact Guarnie | ri | | | 1 1 | alonhan | . , . | | | | |
| N - | | | FAC | CILITY INFO | ORMAT | FION | | | - | | | | 15806 | |
| Name of Facility Where Abatement is Takin Former A & P Headquarters | ig Place | (3) | | | | | Type of Fac | | | | | | | |
| Street Address | | | | | | | School Subch | (K-12) anter 8 (O | ther than | 4 . 5 | 1 | | | |
| 2 Paragon Way | | | | | | | X Other | (i. ∋. privat | | | | ldings | , hon | nes, |
| City (5) Montvale, NJ | | | | - 1/2 | 70 | | Square Fee | 11000 | of Floors | s | | 3ldg. | Age | •••• |
| County (6) | | — | County | Code (7) | | | 200,000 Current Use | 3 | | - F E | 0.7 | 50+ | | |
| Passaic | | | | USE ONLY) | · | | ABANDO | | eing den | nc a: n | 30) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8 | 3) | ASC | M No. | | | of Abatement uzzi Enviro | | | CHI. | lı c. | | | |
| Street Address | | *********** | | | | Street A | Address Innelon R | | | : | | - | | |
| City, State, Zip Code | | | | | | City, St | ate, Zip Code | ē | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | one No | | Telepho | lon, NJ 07 | 4 05 | Licen | Z 15 | | | | |
| | | | | | | 0.00 | 18-0880 | | 0122 | | t. | | | |
| Start Date (10) 11/15/2017 | Schedu 12/01/ | | mpletion | Date (11) | | | f OSHA Mon Izzi Enviro | | l Servio | GE S | n: | | | |
| Occupancy Status During Abatement (Chec | k Only O | ne) | | - | | Street A | | | | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | eriod of | Abater y Hour | nent s | | | | innelon Ro ate, Zip Code | | 102 | | _ | | | |
| Other - Describe: | | | | | | Kinne | lon, NJ 07 | 405 | | | | | | |
| Scope of Work (Check All That Apply) | lanced | | | | | fund | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | × | Full Conta Mini-Enclo Glovebag | s ire Procedure |) | | | | | |
| | l. | Laggi | | | | <u></u> | Non-Exem | pied (*) ai | nd Non-F | -ri <u>1</u> l | | | emenl | |
| Location of | 1 1 | Locati Normai | ly | 1 | Do | scription c | £ | | | | | | pe | |
| Asbestos-Containing Material (ACM) | | ed Sole | | | os Cont | aining Ma | terial (ACM) | , | Amount | | 7000 | | П | |
| TO BE ABATED In Facility | | todial S | | (i.e. t | | systems i | nsulation, or | | Specify F or LF) | | - | Re | ncap | Encl |
| (13) | Yes | (12) No | N/A | | | niscellane | | | , | | - summyoi | Repair | Encapsulate | Enclosure |
| Elevators | | | X | | _ | VAT | | 4 | 00 SF | | | | | |
| Computer Room | | | X | | ħ | Vastic | | | 00 SF | | - | | | |
| Roof | | | X | | Field | Roof "/ | <i>4</i> " | | 000 SF | = | | | | |
| Roof Flashing | | | Х | | Roof | Perimete | ers | 1,9 | 900 SF | | - | | | |
| Name of Registered Waste Hauler | | 2000 | JDEP W | - CONTROL - CONT | Cubic ' | | Name | cf Regist | ered Lan | di il | | | | |
| annuzzi Group, Inc. | | | auler ID 467 | | of Was 200 | | | VS/FA | RLESS | 3 | | | | |
| City, State Cinnelon, NJ | | | | | Dispos 12/01 | al Date /2017 | City, S Morri | tiite sville/Fa | airless l | H ; | ⊃ ₁ | | | |
| Completed by Ohn Mucha | Title AHEF | RA Pr | oject D | esigner | S | gnature | | | | Ta: | | 017 | | |
| | | | - Tarana | | e si | | | | | 10 m | | | | - 1 |

| PAIDCK | 313% | | CATIO | tate of Ne N OF ASE t to NJAC | ESTOS | ABATE | | (| 91 | / | | 1 | 0 | L | |) |
|---|---------------------------------------|-------------------|-------------------------|-------------------------------------|-----------------------|--|-----------------|---------------------|---------------|----------------------------|--------|--|-----------|-----------------|----------------|--------------|
| Date of Notification (1) 11/06/2017 | | | | of Building f Trento | | Operator | (2) | | | n I | | 1 | 3 | | 7 [5 | ; [, |
| Agencies Notified Type Notification | n | | - | Address | | | | | -H | | | | 3 ! | ı U | L | } |
| EPA Initial | | | | . State S | | 20. | | | | 100000 | AI O | -l - l | | 204 | 7 | 111 |
| DEP Amended Amendme | nt # 1 | 2.0 | | ate, Zip Co on, NJ 0 | | | | | 1- | 1 12 | 14 0 | 7 1 | 0 | 201 | 7 | TE |
| Emergent | y (moluding | 1000 | | of Contact | | | | | - | Telepho | no I | 15 | | - North Control | and the latest | _ |
| DOH justificatio | | 01 66 | | Guarnie | | | | | 11 | · Oloppie | WAL & | | "C | MTR | OL 8 | la . |
| Name of Facility Where Abatement is Tal | ring Diago (2) | | FAC | ILITY INF | ORMAT | ION | _ | | | | | | | | | |
| ABANDONED HOUSE | aling Flace (3) | | | | | | | of Facil School | | | | | | | | |
| Street Address | | | | | | | | Subcha | ter 8 (0 | Other tha | an II- | 1) | | | | |
| 1026-28 Stuyvesant Ave. | | | | | | | | Other (i.etc.) | e. priva | te & con | nmeir | : (1) | uildi | ngs, h | ome | S, |
| City (5) Trenton | | | | | | | | e Feet | 1 | # of Floo 2 | rs | | Blo 50 | ig. Ag | е | |
| County (6) Mercer | | | | Code (7) | 2 | | | | | being de | emc li | 1 3 | | | | |
| Name of Monitoring Firm Hired by Buildin | Owner (8) | | ASC | | | Nome | | NDO | | tor (0) | | | | | | |
| Name of Monitoring Firm Filed by Building | y Owner (o) | | ASU | VI NO. | | | | | | tal Sen | vic e | i. In | C. | | | |
| Street Address | | | | | | Street . | | s on Ro | Suite | 102 | | | | | | |
| City, State, Zip Code | | | | | | | | p Code | .05 | | | • | | | | |
| Project Manager for Monitoring Firm | | T | elepho | ne No. | | Teleph 908-2 | one No 218-0 | | | Lice 012 | ens i | 1. | | 7 | | |
| Start Date (10) 11/9/17 ON HOL | Scheduled 11/20/17 | | oletion | Date (11) | | The state of the s | | A Moni | | al Serv | /ici | , II | C. | | | |
| Occupancy Status During Abatement (Che | eck Only One |) | | | | Street | | F) | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: | | | ent | | | City, St | tate, Zi | on Ro | | 102 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Kinne | elon, l | NJ 074 | .05 | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Description . | novati molitio | | | | × | Min Glo | i-Enclos vebag F | ure rocedu | vith Nega re and Non | | | | | | |
| | Is Lo | ocatio | n | -01 | | | | | | | | | Α | baten | 22.212 | |
| Location of | No Used | rmally Solely | | | | scription | | / | | • | | - | T | Туре | • | - |
| Asbestos-Containing Material (ACM) TO BE ABATED | | tenand | ce/ | | thermal | aining M systems | insula | | | Amoun (Specif | - | , | | 71 | Enc | 四 |
| In Facility (13) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (12) | air | | surfac other n | cing, VAT niscellan | T, or eous) | | | SF or LF | F) | E STATE OF THE STA | | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | 2 | - | 7 | late | ıre |
| RACM | | | Х | | F | RACM | | | | 3,000 | | X | 1 | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | , | | | | | | | | | | | |
| Name of Registered Waste Hauler Yannuzzi Group, Inc. | | Hai | DEP W uler ID 167 | | Oubic of Was 10 | te | | | | stered La | | | | | | |
| City, State Kinnelon, NJ | | | | | | al Date | | City, S | | ls Pa | | • • • | | | | |
| Completed by John Mucha | Title Project | Desi | iaer | | S | ignature | | | | | | LD3 | /17 | i i | | |

| | 1 | | | to NJAC | | | | ** | | 7 | E (| ù | 3 | 7 1 | /// [| S F |
|---|-------------------------|-----------------------------|----------------------------|-------------------------|-----------------|---|-------------|---|-------------------|----------------|---------|--------|----------|------------------------|-------------|-------------|
| Date of Notification (1) 9/26/17 | | | | f Building (Trentor | | Operator | (2) | | | | | 7 = | | | <u>y</u> [| |
| Agencies Notified Type Notification | | - 1 | Street A | ddress State S | ;t | | | | 14 | Ц | 1 | 1 | 1 6 | 20 | 17 | L |
| EPA X Initial Amended | | 23 | | ite, Zip Co | | | | | \vdash | | O D I I | | Satisfee | - | | |
| DOL Amendment Emergency | | | | n, NJ 08 | 3006 | | | | | A | SBI | 10 | SO | ONT | ROL | & |
| DOH justification) Cancellation | 8 870 | 11 8 | | f Contact Guarnier | ri | | | | TE | elenh | nna I | 11.75 |) F | A Printer of the Paris | Marie Aus | PROPERTY OF |
| Cancellation |) | | | LITY INFO | 142 | ION | | | - | | | | - | | | |
| Name of Facility Where Abatement is Takin ABANDONED HOUSE | g Place (3 | 3) | | | | | Ту | pe of Facility | | | | | | | | |
| Street Address 1026-28 Stuyvesant Ave. | | | | | | | × | Subcha it | er 8 (Ot | | | | uild | ings, | home | s, |
| City (5) Trenton | | | | | | | 1 | uare Feet 000 | | of Flo 2 | ors | | 2.42 | dg. A)+ | ge | |
| County (6) Mercer | | | | Code (7) USE ONLY) | | | | rrent Use F | | eing c | lem: li | i 9(|) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCM | 1 No. | | 500000000000000000000000000000000000000 | | Abatement D | | | rvic e | s, I | IC. | | | |
| Street Address | | | | | | Street 135 | | ress nelon Ro | Suite 1 | 102 | | | | | | |
| City, State, Zip Code | | | | | | | | , Zip Code n, NJ 07 I | 05 | | | - | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph 908- | | No. 8-0880 | | 2000 | 22{ | √). | | | | |
| Start Date (10) 10/9/17 | Schedule 10/20/ | | npletion I | Date (11) | | 100000000000000000000000000000000000000 | 1. F. O. V. | SHA Mon to | | l Sei | rvic e | o, Ir | C. | | | |
| Occupancy Status During Abatement (Chec | k Only Or | ne) | | | | Street | Add | iress | | | | - | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | Period of Anal Facility | Abatem / Hours | nent | | | City, S | tate | nelon Ro , Zip Code n, NJ 07 1 | | 102 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | 77377 | | - | <u> </u> | | | - | | - | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoliti | | | | × | 1 | Full Contain Mini-Encloss Glovebag Pi Non-Exempt | ure ocedure | 9 | _ | | | | e | |
| | 100 | Locati | | | | | | | | | | | 1 | Abate Ty | ment | 4 |
| Location of Asbestos-Containing Material (ACM) | | Normall d Sole | | Achae | | scription | | rial (ACM) | | Amou | ınt | - | 2 119 | , y | | |
| TO BE ABATED In Facility (13) | All the Second of | intenar todial S (12) | | | therma surfa | l systems cing, VA miscellar | s ins | sulation, or | | (Spec SF or | cify | | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | | | 6 | |
| RACM | | | X | | | RACM | | | | 3,00 | 0 - | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Designation I Waste III | | 1 61 | IDEE :: | 11 | | Varia | | N. | 10 | | Les - | | | | | |
| Name of Registered Waste Hauler Yannuzzi Group, Inc. | | Н | JDEP W auler ID 7467 | | of Wa | Yards ste 00 | | | of Regis NS/FA | | | | | | | |
| City, State Kinnelon, NJ | | | | | Dispo 10/20 | sal Date 0/17 | ý S | City, Sit | ate ss Hills | s Pa | | | | | | |
| Completed by John Mucha | Title Proje | ct De | siger | | 5 | Signature | 9 | | | | 1.0 | a e | /17 | | | |

| PAID (K14752) | 589 | V Secretary | CATION | ate of New OF ASBE to NJAC 8 | STOS | ABATE | | Т | | | | | | Pri | int For |
|---|---------------------|--------------------------------------|------------------------------|-------------------------------------|------------------------------|---|--------------------------|---------------------------------------|-----------------|-----------------------------------|-------|-------|---------------------------------------|---------------|-----------|
| Date of Notification (1) 11/10/2017 | | | | Building Crick Coon | | perator | (2) | | | ПП | NO | Ÿ - ! | 6 | 2017 | 14 |
| Agencies Notified Type Notification I Initial I Amended Amendment Emergency | | | | ddress ite, Zip Coo Hills, NJ | | } | | | 1 | AS | BES | [] | CON | TROI G | . & |
| DOH justification) Cancellation | Alexander de Artago | | | Contact | nbs | | | | 2.7 | Tolonhon | A | | | | |
| Name of Facility Where Abatement is Takin | n Place (3 | 1 | FACI | LITY INFO | RMATI | ON | Tyn | e of Facil | tv (4) | | | | | | |
| House Street Address | | | | | | | | School Subcha Other (i | K-12) iter 8 | (Other that | | | ildings | , hom | es, |
| City (5) Short Hills, NJ 07078 | | | | | | | Squ N/A | etc.) uare Feet A | | # of Floor | rs | | Bldg. | Age | |
| County (6) Essex | | | | JSE ONLY) | \ | | Но | use | | if being de | mol s | ii d | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASCM | No. | | | | atement atement | | 90.00 | | | | | |
| Street Address | | | | | | Street 11 R | | ress ngren A | venu | е | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code NJ 075 | | | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | Teleph 973-3 | | No. -8685 | | Lice 013 | nse T | c | | | |
| Start Date (10) 11/20/2017 | Schedule 11/21/2 | | npletion (| Date (11) | | | | SHA Mon atement | | | | | | | |
| Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Occupied | Period of A | Abaten | | | | City, S | osei tate, | ress ngren A Zip Code NJ 075 | | е | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Programme . | enova emolit | | | | × | F | ull Conta Mini-Enclo | nmen | t with Nega dure *) and Non | | | | ra | |
| | 1000 | Locat | | | | - | | TOTI EXCIT | 200 (|) and Hon | | | Abat | temeni ype | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | d Sole intena todial ((12) | ly by nce/ | | os Cont thermal surfac | scription aining M systems cing, VA niscellar | Mater s insu T, or | | | Amoun (Specify SF or LF | у | | <u>a</u> | Encapsulate | Enclosure |
| Basement | Yes | No | N/A | | Pipe | Insula | tion | | + | 170 LF | | | - | Ф | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | F | IJDEP W lauler ID 0996 | 1992 | Cubic of Was TBD | | | | | egistered L anageme | | f > ! | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| City, State Totowa, NJ | | | | | Dispos TBD | sal Date | ii e | City, Mor | | e, PA | | | | | |
| Completed by Ned Joksimovic | Title Proje | ct Ma | anager | | S | ignature | 9 | A | / | | | 1.1 | /2017 | 7 | |

| OOCV | NOT | (Pursu | ION OF ant to N | of New Jersey ASBESTOS A JAC 8:60 and | 12:120) | | | NOV- | | | | |
|--|--|---|------------------------------|---|-----------------------|---|-------------------------|---|------------|-------------|-------------|-----------|
| ate of Notification (1) 0/27/17 | | Nam | ne of Bui C Con | lding Owner/Op struction | erator (| 2) | 10.0 | | | | | |
| gencies Notified Type Notification | | | et Addre | ess se Avenue | | | | ASBEST C. | 4 3 INC | TRO | _& | |
| EPA Initial Amended Amendment # | 01 | City | , State, ndhurs | Zip Code t, NJ 07071 | | | | | | | | |
| Emergency (included in the property of the pro | cluding | Nan | ne of Co | | | | Т | alast | | | | |
| DCA Cancellation | | 1000000 | | Y INFORMATION | ON | | | | - | | | |
| Name of Facility Where Abatement is Taking I Residential | Place (3) | | | | | Type of F | nol (k -12) | the ending Mark | | | | |
| Street Address | | | | | | Subo | er (i.e. privat | ther than K- 2 e & commercial |)L lding | gs, ho | mes, | |
| City (5) | | | | | | Square F 2,000 + | eet # | of Floors | Bldg 50 | g. Age + | | |
| Montclair | | T Co | unty Co | de (7) | | | | peing demoli il E | i) | | | |
| County (6) Essex | | (\$1 | ATE US | E ONLY) | | | -t Centro | tor (0) | _ | | | - |
| Name of Monitoring Firm Hired by Building O | wner (8) | | ASCM N | 10. | J.R. | Contract | nent Contracting & Env | vironmenta I | o isul | lting, | Inc. | |
| Street Address | | | | | | t Address 1 Route : | 23 | - | _ | | | |
| City, State, Zip Code | 7 Test - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 | | | | City, | State, Zip (/ne, NJ (| Code)7470 | | | | | |
| Project Manager for Monitoring Firm | | Te | elephone | e No. | Telep | hone No. -628-920 | | License 1 0 | | | | |
| Start Date (10) | Scheduled | d Comp | letion D | ate (11) | Name | e of OSHA | | ante Inc | | | | |
| 11/06/17 | 12/01/1 | 7 | | <u> </u> | Stree | t Address | | | - | | | |
| Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F | Period of A | bateme | nt | | | 21 Waga State, Zip | | I, Bldg. #35 : | - | | | |
| Abatement Performed Outside of Norm Other – Describe: | nal Facility | Hours | | | | | NJ 07410 | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovati emolitio | on | | | Mini- | Enclusure | with Negatire F dure *) and Non-Fri | e Proc | | ment | |
| Location of | 1 | Normall | y | _[| Descript | ion of | (ACN) | Amount | | | ш | _ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma Cus | ed Solel intenan todial S (12) | ice/ taff? | su | nal syste rfacing, | g Material (ems insulat VAT, or llaneous) | ion, | (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A X | Pi | ne Ins | ulation | | 160 LF | X | | | |
| Throughout | | | X | | Floor | | | 50 SF | X | | | |
| | | | | | | | | | - | | | |
| | | I N | JDEP V | Vaste Cu | bic Yard | ds | Na ne of F | Registered Lan i | ī | | | |
| Name of Registered Waste Hauler J.R. Contracting & Environmental | Consul., | - 1 | 130EF V 1auler 15 7819 | No. of 10 | Waste | | | Central Lar c | 1 | | | |
| City, State Wayne, New Jersey | | 2.5 | | Di | sposal [| Date | Cit /, State Pen Arg | ıyl, Pennsı'l ' | - | | | |
| | | | | | | | 1 | | 1a e | | | |

| PATD | CK30 | NOTI | Pursu | ION OF ant to N | JAC 8:60 | S ABATEN and 12:120 |) | | | <u>C</u> | 7 7 7 | | <u> </u> | | |
|---|---------------------------------|-------------------------|--------------------------------------|---------------------|-------------------------|--|----------------------|---|---------------|-----------|-------|---------|--------------|-------------|-----------|
| ate of Notification (1) 1/10/2017 Check # 308 | 36 | ¥ | | | lding Owne Istine Sc | er/Operator hool | (2) | | Ш | NO V | 1 6 | 3 20 |)17 | L | 7 |
| | otification | | | et Addre | ess v York A | venue | | - | AS | BEST | 30 | ONT | ROL | & | |
| | tial nended | | City | , State, 2 | Zip Code | | | | | | E 18 | SING | | | - |
| DOI Ar | nendment # nergency (include | ding | 10000000 | | y, NJ 07 | 087 | | | Telenh | one h : : | | | | | - |
| 1 DOH | stification) | ung | | ne of Co ate Bar | | | | 2.5 | | | | | | | |
| DCA C | ancellation | | | | Y INFORM | IATION | | · · · · · · · · · · · · · · · · · · · | | | - | | | | \dashv |
| Name of Facility Where Abateme | nt is Taking Pla | ice (3) | | | | | _ | Facility (4) | | | | | | | |
| St Augustine School-Base | ment | | | | | | = 0 | ubchapter 8 ther (i.e. priv | (Other t | han k - | .) | ildino | is ho | mes | |
| Street Address 3900 New York Avenue | | | | | | | L et | c.) | | | | | | | _ |
| City (5) | | | | | | | Square 20,00 | | # of FI | oors | | 60+ | . Age | | |
| Union City | | | 100 | unty Co | de (7) | | | t Use Prior | | demoli ; | e l) | | | | |
| County (6) | | | (\$7 | TATE USI | EONLY) _ | | Scho | ol | | | | | | | |
| HUDSON Name of Monitoring Firm Hired b | y Building Own | er (8) | | ASCM N | lo. | | | ement Contr | |) | | | | | |
| N/A | | | | | | | Service t Address | es Corpora | 211011 | | - | | | | |
| Street Address | | | | | | | 69th S | | | | | | | | |
| City, State, Zip Code | | | | | | | State, Zij | | 03 | | | | | | |
| | | | | | NIS | | phone No | g, NJ 0709 | | Licen ; | 0 | | | | |
| Project Manager for Monitoring | Firm | | Te | elephone |) NO. | 201 | 1-295-1 | 700 | | 01074 | | | | | |
| Start Date (10) | So | cheduled | Comp | letion Da | ate (11) | | | A Monitor | | | | | | | |
| 11/20/2017 | | 1/21/17 | | | | | me as a | | | | _ | | | | |
| Occupancy Status During Abate | | | | | | 300 | et Addioc | | | | | | | | |
| Facility Closed/Vacated Di Abatement Performed Out Other – Describe: Starting | side of Normal | iod of Ab Facility I | -dours | ent | | City | , State, Z | ip Coce | | | | | | | |
| Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Apply) | ☑ Re | enovati emolitic | ion on | | | Mi Mi | Il Con ainme ni-Enclosure oveba j Prod on-Exempted | e dure | | | | | | |
| | | | | | | | | | | | | 1 | Abate Typ | ment | |
| t at | | N | Location or mall | y | | Descript | tion of | | Δ. | moun | - | | Ť | | 1907 |
| Location of Asbestos-Containing Mate TO BE ABATED In Facility (13) | rial (ACM) | Mai | d Solel ntenan odial S (12) | ice/ staff? | Asbesto (i.e. t | os Containin hermal syst surfacing, other misce | ems insu VAT, or | lation, | (S | Specif (| | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | Elbo | MAC | | | 4 LF | | - | Х | | |
| Basement and Pre-l | (Room | | X | - | | CIDC | 7442 | | | | | | | | |
| | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | | - | | | | |
| CD-sistered Woods U | auler | | N | JDEP V | Vaste | Cubic Yar | ds | 10.00000 | | ered | | | | | |
| Name of Registered Waste H Tri-State Transfer Associ | | | 01.22 | Hauler ID 9551 | No. | of Waste tbd | | | | erpris : | | | | | |
| | | | | | | Disposal I | Date | C ty, Sta | ate esburç | HO r | | | | | |
| | | | | | | | | | | | | | | | |
| City, State Bronx, NY | | Title | | | | tbd | ature / | Do Tay! | 002415 | | [at | | 201 | | |

PAID

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

| Date of Notification (1) | | | | Mone | at Duitella | - 0 10 | | | lck | # | | γ | \supset | |
|---|--------------------------|--------------------------|------------------|--|--------------|----------------------|-----------------------|--|-------------|-------------------|-----------------|----------|--------------|-----------|
| 11-10-17 | | | | 528 I | | g Owner/O | perato | r (2) | | | | | | |
| Agencies Notified | Type Notification | | | | Address | | | | | n | 1 - 3 | E | 1 | W |
| | × Initial | | | | | ıs Parkw | ay | | | ILYL | | | | |
| DEP X DOL | Amended Amendmen | :# | | 7.0 | tate, Zip (| Code nip, NJ 07 | 7753 | | | | 11.1 | 1 1 | C 0 | 047 |
| ▼ DOH | Emergency justification) | (includin | g | I | of Contac | | 755 | |) TA | ШЦ | | V I | 6 2 | 017 |
| DCA . | Cancellation | | | The State of the S | on Milne | | | | | | | - | | |
| Name of Facility Where At | natement is Takin | a Place | (2) | FAC | CILITY IN | FORMATIC | N | | | - / | # t t 5 | | CON | |
| Route 440 and New | Hook Road | ig Place | (3) | | | | | Type of Facility | | ESPECIAL SERVICES | | | TO IT TO | A |
| Street Address | | | | | | | | Schoo (K | er 8 (Oth | ner than | (- <u> </u> ;) | | | |
| Route 440 and New | Hook Road | | | | | | | Other (i.e. etc.) | private | & comm | પ્રકાર્દાદ | ilding | s, hom | ies, |
| City (5) | | | | | | | | Square Fee: | # 0 | f Floors | | Bldg. | Age | |
| Bayonne, NJ 07002 County (6) | | | | 0 . | 0 1 25 | | | 15,000 | 1 | | | 50 | | |
| Hudson | | | | | Code (7) | | - 10 | Current Use (P | rior if be | ing dem | li ir ec) | | | |
| Name of Monitoring Firm H | lired by Building | Owner (8 | 5) | ASC | M No. | | Name | of Abatemen Co | ntracto | (9) | | | | |
| Brinkerhoff Environm | | • | | | | | | outh Environ | | | (. | | | |
| Street Address | 5° | | | | | | Street | Address | | | | | | == |
| 1805 Atlantic Avenue City, State, Zip Code |) | | | | | | | Haws Aver ue | ; | | | | | |
| Manasquan, NJ 087 | 36 | | | | | | | tate, Zip Cod ; stown, PA 19 | 401 | | | | -3.3. | |
| Project Manager for Monito | | | | Telepho | one No. | | | one No. | 401 | Licens | - i | | | |
| Jason Hooper | | | | | 23-2225 | | | 239-9920 | | 00398 | | | | |
| Start Date (10) 11-27-17 | | | | mpletion | Date (11) |) | | of OSHA Mor ito | | | | | | |
| Occupancy Status During A | hatement /Chac | 12-31 | | | | | | outh Environ | mental | Co., Ir | C | | | |
| Facility Closed/Vacate | | | | | | 4 | | ^{Address} Haws Avenue | | | | | | |
| Abatement Performed | Outside of Norm | al Facilit | Abater y Hour | nent s | | | | ate, Zip Code | | | | | | |
| Other – Describe: | | | | | | 3 | | stown, PA 19 | 401 | | | | | |
| Scope of Work (Check All T | hat Apply) | Ement | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | TOWNS THE REAL PROPERTY. | Renova Demoli | | | | × | Full Containm Mini-Enclosur Glovebag Pro | e cedure | | | | | |
| | | T | | | | | × | Non-Exempte | d (*) and | d Non-Fr | a i i i r | 650 | | |
| Location of | | | Locat Norma | | | 1 | | | | | | | ement ype | |
| Asbestos-Containing Ma | aterial (ACM) | | ed Sole | | Asbes | | ription on ning Ma | ot aterial (ACM) | A | mount | - | | m | |
| TO BE ABATE In Facility | <u>=D</u> | | todial 8 | | (i.e. | thermal sy, surfacin | | | | pecify or LF) | 3 | Re | Encapsulate | Encl |
| (13) | | | (12) | | | other mis | | | O. | 0, 2,) | | Repair | slusc | Enclosure |
| | | Yes | No | N/A | | | | | | | | | ate | O |
| Front office bu | ilding | | X | | | r | oof | | 2,5 | 00 SF | X | | | |
| Concrete block | mortar | X | | | ext | erior | | 1,5 | 50 SF | × | | | | |
| Main Buildir | ng | X | | | V | AT | | 15 | 0 SF | K | | | | |
| Main Buildir | | | × | | Roof- | 9,000 SF | Boil | ler-250 SF | | | × | | | |
| Name of Registered Waste I | Hauler | | 100.00 | JDEP W auler ID | 23.95 (F) 27 | Cubic Ya | | Name of | Registe | red Land | ī | | | |
| Newark Carting | | | 10000 | 509 | INU. | 80 | | Min€rv | a Land | fill | | | | |
| City, State | | | | | | Disposal | | City, E tat | | | | | | |
| Newark, NJ Completed by | | T:41 | | | | 12-31-1 | | Wayae | sburg, | | | | | |
| James Kelly | | Title Presi | dent | | | Sign | nature | 10/10/1/ | ~/ | - |) | 17 | | |
| | | | JUIL | | | N | 4//10 | 01-11/2 | X | | [-1)- | 17 | | |

o not use this form for asbestos licensi r x impled activities.



| 01-0210 | | | | | | | 111 111 | 4444 | 1 | C | 017 | 2 |
|--|------------------|-----------------|----------|-------------------------------|------------------------------|------------------------------------|-----------------------------|---------------|--------------|----------------|-------------|-----------|
| Date of Notification (1) 11/07/2017 | | | | of Building Ov rlo Boisron | | (2) | | 4F F = | + | b 4 | ULI | |
| Agencies Notified Type Notification | | | Street | Address | | · | ASI | E E E | S | CON | TRO |)L& |
| X EPA X Initial | | | City C | rate 7i- 0-1 | | | C HOLDHOLD CO. | = = : = | EN | ISIN | G | |
| EPA Initial Amended Amendmen | | | | ate, Zip Code ewood, NJ | | | | | | | | |
| DOH justification, | | | Name o | of Contact | | | 1 - | | _ | | | |
| DCA Cancellation | | | | lo Boisrond | | | | | | | | |
| Name of Facility Where Abatement is Takin | ng Place (3 | 3) | FAC | ILITY INFOR | MATION | Type of Fac lity (4 | 1) | | <u></u> | | | |
| House | 3 | , | | | | School (K-1) | | | | | | |
| Street Address | | | | | | Subchapter | 8 (Other than | F= (1) | | | | |
| | | | | | | Other (.e. p etc.) | rivate & comm | ner i I | uild | lings, | hom | es, |
| City (5) Maplewood | | | | | | Square Fee | # of Floors | | | dg. A | ge | |
| County (6) | | | County | Code (7) | | N/A | N/A | | | /A | | |
| Essex | | | | USE ONLY) _ | | Current Use (Prior House | r if being dem | ic li i ec |) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCI | M No. | | of Abatemeni Con | | | - | | | |
| N/A | | | | | | Abatemen:, Inc |). | | | | | |
| Street Address | | | | | | Address | | | | | | |
| City, State, Zip Code | | | | | | osengren F.ven | ue | | | | | |
| | | | | | | wa, NJ 07512 | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | Teleph | one No. | Licens | Sel It. | | | | |
| Charles (10) | | | | | | 345-8685 | 0131 | 1 | | | | |
| Start Date (10) 11/17/2017 | Schedule 11/18/2 | | | Date (11) | | of OSHA Mor itor Abatement, Inc | | | | | | |
| Occupancy Status During Abatement (Chec | k Only On | e) | | | | Address | | | | | | |
| Facility Closed/Vacated During Entire I | Period of A | bater | ment | | | osengren Aven | ue | | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: Occupied | nal Facility | Hour | S | | | tate, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | 10101 | va, NJ 07512 | | | _ | | | |
| × ≥3 sf or ≥3 lf | × R | enova | ation | | | Full Conta nmer | at with Mogativ | 1 . | 21.150 | | | |
| ≥160 sf or ≥260 lf | armound . | emoli | | | | Mini-Enclosure | | | | | | |
| | | | | | × | Glovebag Proce Non-Exempted | dure WRA1 (*) and Non-F | tall Fig < | roce roce | edure | | |
| | | Locat | | | | | | | | bate | ment | |
| Location of Asbestos-Containing Material (ACM) | | ormai d Sole | | A 1. | Description | | | - | Т | Тур | oe . | |
| TO BE ABATED | Mai | ntena | | | Containing M rmal systems | aterial (ACM) insulation, | Amount (Specify | | 1 | _ | Enc | Щ |
| In Facility (13) | Cust | (12) | olair | s | urfacing, VA | Γ, or | SF or LF) | 1 | | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | Ou. | ici miscellari | eous) | | į | | ¥ | ulate | ure |
| Basement | 100 | X | 1,427 | - | ipe Insulat | ion | 190 LF | | + | | | |
| | + + | | | 1 | ipe irisulai | 1011 | 190 LF | | _ | _ | _ | |
| | 1 | | - | | | | | | + | | | |
| | | | | | | | | | + | | | |
| Name of Registered Waste Hauler | | N | JDEP W | aste C | ubic Yards | Name of D | agistone d L | | | | | |
| D&S Abatement, Inc. | | Н | auler ID | No. of | Waste | Townson and the second | egistered Land anagement | | | | | |
| City, State | | 20 | 0996 | | 3D | | anagemen | | | | | |
| otowa, NJ | | | | 100 | sposal Date 3D | City, Etate Morr svill | e, PA | | | | | |
| Completed by | Title | | | | Signature | 100 | _84 | []; | | | | |
| led Joksimovic | Projec | t Ma | nager | | | ETA! | | /)7 | /20 | 17 | | |

| | | | | | | | | | | _ | | | | | | _ |
|---|-----------------------|------------------|---------------|-------------------|------------------------------|-------------------------|---------------------------------------|--------|------------------------------|---------|------------------|----------|---------|------------|-------------|-----------|
| PAI | | NC | OTIFIC | CATI | ON O | of New FASBE NJAC | Jersey STOS ABATE 8:60 and 5:16 | EME | NT | 000 | EC | 1 = = | | <u>V</u> [| | |
| | 117 | | | I NI- | ame of l | Building O | wner/Operator (2 | | Ш | I NC | 1.1 | 6 2 | 017 | | P | |
| | 10 / 1 | 7 | | | | | Corporation | 6 | | | | | | | | |
| Agencies Notified | Type Notificat | tion | | St | treet Ad | dress | | | | | ASBES | 105 | CON | TROI | _ & | |
| | ☑ Initial | | | | 14 Bal | ligoming | jo Road | | | | | LCE | ASHAC | 2 | | - |
| DOLWD | ☐ Amended | | | C | ity, Stat | e, Zip Cod | е | | | | | | | | | |
| ⊠ DOH | | | -17 | | Const | nohocker | n, PA 19428 | | | | | | | | | _ |
| | | | aing | N | ame of | Contact | | | | I Tele | ephone Ni | n t ar | | | | |
| (NJAC 5:23-6) | | | | | Alexa | ndra DeS | Simone | 7.00 | | | | | 25 | | | _ |
| | | | | | FACIL | ITY INFO | ORMATION | | | | | | | | | |
| No. of Facility Whore | Abatament is T | aking P | lace (3 |) | | | | Туре | e of Fac lity | (4) | | | | | | 1 |
| | | uiuiig i | .000 (0 | | | | | | School (112 | 2) | u than V | (*) | | | | 1 |
| | Vestaurant | | | | | | | 1 2 | Subchapter Other (i.e., p | 8 (Otr | and comi | n rais | l build | ings, | | 1 |
| | ao Diko | | | | | | | | homes, etc. |) | | 11.00.00 | | | | |
| | Serike | | | | | | | Squ | are Fee: | # | of Floors | | Bldg. | Age | | |
| | | | | | | | | | 2,000 | | 2 | | 20 | + | | |
| | | | | | County | Code (7)(5 | STATE USE ONLY) | Cur | rent Use (P | rior if | being den | 0 10 | d) | | | |
| | | | | | County | 0000 (17) | | V | acant | | | | | | | |
| | - Uired by Duile | ding Ow | mer (8) | IA | SCM No | o. Ti | Name of Abatem | ent C | ontractor (9 | 9) | | | | | | |
| | | | 1101 (0) | 1 | | | ELCON Envi | | | | | | | | | |
| | ilsuiting, inc | | | | | | Street Address | | | | | | | | | |
| | Rlyd Suite | 110 | | | | | 150 Glenwoo | od Di | rive | | | | | | | |
| | | | | | City, State, Zip C | ode | | | | | | | | | | |
| Date of Notification (1) | | | | | Washington Crossing, A 18977 | | | | | | | | | | | |
| | | | | Telep | hone N | 0. | Telephone No. | | | 1 | icense No | | | | | |
| | | | | | 0-279-7 | | 267-240-836 | 5 | | | 01225 | | | | | |
| | T | Schedu | led Co | | | | Name of OSHA | :or | | | | | | | | |
| 11 / 27 | 17 | | | | _ / _ | | Same | | | | | | | | - | |
| Occupancy Status Duri | ng Abatement | (Check | only or | ne) | | | Street Address | | | | | | | | | |
| ☑ Facility Closed/Vaca | ated During Ent | ire Peri | od of A | batem | nent | | | 2 1 | | | | | | | | |
| Abatement Performance Time of Abatement | ed Outside of N AM | lormal F PM/_ | -acility F | Hours M | AM | nbe | City, State, Zip C | Code | 25 | | | | | | | |
| Scope of Work (Check | all that apply) | | | | | | TI EUIL Co | ntain | ment wi h N | legati | ve Pressu | 8 | | | | |
| Dag of or ag lf | | | □Rer | novatio | on | | ☐ MiniEn | closu | re | | | | | | | |
| >160 sf or >260 lf | | | | nolitio | | | Gloveb | ag Pr | rocedure ted (*) and l | Non-F | riable Pro | 26 C 11 | 1 | | | |
| | | | la. | Locati | ion | | MINOTEL | Actrip | 104 () 0 14 | | | | Aba | teme | nt Ty | ре |
| | | | | lormal | | | Description | ı of | | | | | D | R | 四 | Щ |
| | | M) | | d Sole | | Asbe | stos Containing N | Materi | ial (ACN) | | Amour (Specif | | Removal | Repair | Encapsulate | Enclosure |
| TO BE A | BATED | | | intena odial S | 7.5.5 | (i.e | ., thermal system surfacing, VA | | | | SF or L | | val | 7 | lus | sure |
| | | (12) | | | other miscellar | neous | s) | 1 | | | | . 1 | ate | | | |
| (13) Yes I | | | | | N/A | | | | | + | | | X | \Box | \Box | П |
| Exterior | Exterior | | | | | Door ca | | | _ | 32 LF | | | | H | | |
| Exterior | | | | Ш | | Windov | v caulk | | | + | 85 LF | | | | \exists | |
| Roof | E.2440/ff/2 | | | | | | eam sealant | | | - | 1,000 \$ | | | | | |
| | | | | | | | echanical flas | | Name of Re | agieto | 75 LI | | | | | _ |
| | | | | | JDEP I | | Cubic Yards of Waste | | | | erprises | | | | | |
| Service Transpo | rt Group | | | | SW21 | | TBD | | | | -, -, 1000 | | | | | |
| City State | | | | x2-1112-0-c | | | Disposal Date | | City, State | | 1200 | | | | | |

ASB-41 JAN 13

City, State

New Castle, DE

Elizabeth Gosek

Completed By (Print or Type)

Title

President

* Do not use this form for asbestos licensure exempted activi ies.

TBD

Signature

Way resburg, OH

Dite '/- 10-17

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| NCV 1 6 2017 | - | (D) | 6 | 7 | 15 | | \mathbb{V} | E |
|--------------|---|-----|---|----|----|---|--------------|---|
| | | M | 1 | CV | 1 | 6 | 2017 | |

| | PA | | | (F | ursua | nt to NJA | C 8:60 and 12:12 | 0) | | | ACV | 1 (| 6 6 | 2017 | | |
|-----|--|-----------------------------|------------------|-------------------------------|---------|------------------------|--|------------|--------------------------|-------------|--------------|--------|----------|----------|-------------|-----------|
| | Date of Notification (1) | 10-17 | | | Na | me of Buildi | ng Owner/Operato | (2) AT/ | HAI | IC F | \ \ \ \ | Dr | _ | | | ٢ |
| | Agencies Notified | Type Notification | n | | Str | eet Address | | | | ASI | # E F |)S C | ON | TRO | Lâ | |
| | | Initial Amended | | | Cit | y, State, Zip | Code | 11) | MH | I RI | # : : : |)LIV | SHVI | <u>u</u> | -44 | |
| | ⊠ DOL | Amendment Emergency | (includ | ling | - | E | GG HAR | Bo | 2 Tw | PA | Li | _0 | 3 | 231 | 1_ | |
| ĺ | ☑ DOH □ DCA | justification Cancellation |) | | Na | me of Conta | ct AUE | | | Telep | K 1 | umbe | er | - 200 | | |
| | | | | | JF | | FORMATION | | | | =:= | _ | _ | _ | | = |
| | Name of Facility Where A | Abatement is Taki | ng Pla | ice (3) | 100 | | | 1000 | of Facilit | | - | | | | | |
| 1 | Street Address | SIVENCE | | | | | | | chool (K- ubchapte | r 8 (Other | | | | £ | | |
| - | City (5) | | | | | | | 1 | ther (i.e., omes, etc | | | | | | | |
| | | utres | Poi | MT | | | | | 00 | 2 | H C S | | В | ldg. A | | |
| | County (6) ATLA | NT/C | | | | unty Code (E ONLY) | 7) (STATE | Cun | ent Use (F | rior if bei | | iolish | ed) | | | |
| - | Name of Monitoring Firm | | Owne | r | ASC | M No. | Name of Abatem | ent Co | | | = : = | _ | | _ | | _ |
| | (8) N | /A | | | | | Street Address | LEV | 100 | IMC | : : : | | | | | |
| | Street Address | | | | | | 369 | 5 | . SPU | RUCE | 1: | E | | | | |
| r | City, State, Zip Code | | | | | | City, State, Zip Co | ode | | ADE | 1.1 | 988 | 15 | 05 | 7 | |
| - | Project Manager for Monit | toring Firm | | Te | ephone | e No. | Telephone No. | | <u></u> | Licer | s - k | _ | <u> </u> | (0) | | = |
| L | Start Date (10) | Coho | dulad | Compl | otion D | ate (11) | Name of OSHA M | 1-0 | 175 | 4 | () 5 | 77 | 4 | | _ | _ |
| | 11-20-17 | 3016 | 1- | 27 | -(|) | Name of OSHA IV | TOTTICO | NIA | | | | | | | |
| 1 3 | Occupancy Status During | | | | | | Street Address | | | | | | | | | |
| | ☑ Facility Closed/Vacated ☐ Abatement Performed (| | | | | - | City, State, Zip Co | xde | | | = : = | _ | - | | | = |
| | Other - Describe: | M-1 | | | | | | | | | =:= | | 80 | | | _ |
| | Scope of Work (Check all | that apply) | | | ion | | Full Cont | | nt with Ne | gative Pro | Sire | | 52 | | | |
| 1 | ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | _ | enovat emolitic | | | Glovebag Non-Exe | Proc | | on_Friable | Erra | dura | | | | |
| | | | 1 TO THE RESERVE | Location | | | N TON Exc | ripico | Jana | ATT HADIC | 1 . 2 | T | nent | | | |
| | Location of | | Used | iormaili d Solel ntenan | y by | Ashaara | Description of os Containing Mate | -i-1 / A | No. | Amo | | - | _ | Тур | - | \dashv |
| | Asbestos-Containing Mat | | C | ustodia Staff? | | | hermal systems in surfacing, VAT, o | sulatio | | (Spe | ci y | | Rei | R | Enca | Enc |
| | IN Facility (13) | | | (12) | | | other miscellaneou | | | 3F 01 | _ | | Removal | Repair | Encapsulate | Enclosure |
| | | | Yes | No | N/A | | | | | | | | | _ | 6 | |
| _ | SIDING | | | | Χ. | _TK | LANSITE | | | | = : = | . > | | 4 | 4 | _ |
| = | | | | | | | | | | | = = = | - | \dashv | - | \dashv | \dashv |
| _ | | | | | | | | | | | = : = | - | 1 | 1 | | |
| ٨ | lame of Registered Waste | 4 | | H | JDEP V | No. | Cubic Yards of Waste | Nan | e of Regis | stered Lar | cil | | | | 90 | |
| - | KLEWCO 3 | INC | | -11 | 790 | | Disposal Date | City. | State | UH | = : = | == | | | | = |
| _ | MAPLE SHAV | | | | | | | | 2LDAS | SAALT | | LE | _ | | | |
| | Completed By MICHAEL VLC444 | Title | RES | ` | | | Signature | ni | | | [i e | - 1 | D. | -(` |)_ | |
| - # | THE THE PARTY OF T | | | _ | | | | | | | | | | | - | |

CK 4 4370

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| | 101 | 1 | 6 | 2017 | |

| PAID | | | FICATI | ON OF AS | BESTOS ABATE | Control of the Contro | | 0/1 | 6 2 | 2017 | | L |
|--|----------|------------------------------------|--------------------|----------------------|---|--|--------------|-----------------|------------|--------|-------------|-----------|
| Date of Notification (1) | | | | 70 | ing Owner/Operato | 1 4 | A H | S TOS C INFI | SOV COV | ITRO |)L & | |
| Agencies Notified Type Notificati | on | | - | eet Addres | P.O. DO | × 198 | ==: | - | | | | _ |
| ☑ DOL Amendmen ☐ Emergency ☐ DOH justification ☐ DCA ☐ Cancellation | (includ | ing | | ne of Conta | CAPE MA | Y COW | et it: | <u>LSE</u> | | | | _ |
| Cancalato | | | F | | FORMATION | | | | | | | _ |
| Name of Facility Where Abatement is Tal | | ce (3) | | | | Tope of Facili | | 16 1 K-12 | 2) | | | |
| Street Address | | | | | | Other (i.e., homes, et | private 🖁 : | n merci | al bui | | | |
| City (5) STONE HA | RB | ac | • | | | Scuare Feet | # c f : | | | ldg. A | | |
| CAPE WAY | | | Cou | unty Code E ONLY) | (7) (STATE | Current Use (| Prior if bai | | shed) | | | |
| Name of Monitoring Firm Hired by Building | Owne | r | ASCA | I No. | Name of Abatem | | (9) | | | | | |
| Street Address | | | | | Street Address | . SPRI | : | === 1/L | | | | |
| City, State, Zip Code | | | | | City, State, Zip C | | =: | J | 09 | 80 | 52 | _ |
| Project Manager for Monitoring Firm | | Te | lephone | No. | Telephone No. | | Lic at | ; 10. 1224 | | | | |
| 11-70-17 | 11- | 27 | -L | ate (11) | Name of OSHA N | r linoh | | | | | | |
| Occupancy Status During Abatement (Ch. Facility Closed/Vacated During Entire P | eriod o | f Abati | ement | | Street Address | | | | | | | |
| Abatement Performed Outside of Norm Other - Describe: | al Facil | ily Hot | | | City, State, Zip Co | ode . | | | | | | |
| Scope of Work (Check all that apply) 23 sf or 23 lf | ПR | enova | tion | | ☐ Full Con | tainr rent with N | egative Pr | s re | | | | |
| ∑≥160 sf or ≥260 lf | , | emolitic | | | Gloveba Non-Exe | g Procedure impted (*) and N | Ion-Friat k | r cedur | _ | | | |
| Location of | N | Locati Iormali d Sole | y | | Description of | | | | | Typ | | |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Mai C | ntenar ustodi Staff? (12) | nce/ | | os Containing Mate thermal systems in surfacing, VAT, other miscellaneou | isulation, or | ATH (S) H : | ż | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | -+ | RANISIT | -15 | 1251 | 10 | X | | | |
| 5 IDING | | | X | | MC COUNTY STI | | 16-11 | <u>=</u> | ^ | | | |
| | | | | | | | : | == | | | - | _ |
| Name of Registered Waste Hauler | | | UDEP V auler ID | | Cubic Yards of Waste | N ime of Reg | 100 | fi - | 1/1 | | ! | |
| City. State MADLE SHADE | <u></u> | ī | auler ID | 24 | Disposal Date | Ci y, State | VB 1 | 1: <u>U</u> | | | | |
| Completed By Title | - y \ | 0 | | | Signature | 000 | <u> </u> | F 0 | 111 | 1 |) | |

MICHAEL

| CL 1337 | N | | | CF ASBESTO to NJAC 8:60 a | | | C | K# | 13 | 3 | 7 | | | |
|--|--|---|----------------|---|----------------------------|--------|--|--|----------|---------|--------|-------------|---------------|--|
| Date of Notification (1) | | Name of Building Owner/Operator (2) | | | | | | | | | | | | |
| 11/8/17 | | | 1/014 0 | | | | | | | | | | | |
| Agencies Notified Type Notification | | | Street Address | | | | | | | | | | | |
| Agencies Notified Type Notification | | 14 Cordier St | | | | | | | | | | | | |
| EPA X Initial | | - | | | - | | | | 7723 | | | | | |
| DEP Amended | i: | 1 | | te, Zip Code | | | | 111 11 | (| V | 16 | 20 | 17 | |
| DOL Amendment # | | - | | on, NJ | | | | | - : - | - | | | - | |
| X DOH justification) | ioidaiiig | | Name of | | | | | Te ephone N | | - | - | -2.00 | | |
| DCA Cancellation | | | Joe Sp | oinello | | | | A | 3 3 | TC | SC | ONT | ROL | |
| | | | FACI | LITY INFORMA | TION | | | | | LIC | ENS | SING | | |
| Name of Facility Where Abatement is Taking | Place (3 |) | | | | Тур | e of Facility (4) | | | | | | | |
| Residential House | | | | | | П | School (K-12 |) | | | | | | |
| Street Address | | | | | | | | (Other than K | | 1200 | pe - 5 | | | |
| | | | | | | × | The state of the s | vate & comme | cak | ıild | ings, | home | S, | |
| | | | | | | Sau | etc.) are Feet | # of Floors | | BI | dg. A | ne | - | |
| City (5) | | | | | | 10000 | | | | | 978 8 | ge | | |
| Wayne | | | | | | 2,5 | | 2 | | | 0+ | | | |
| County (6) | | | County C | | | 100 | | if being demo | 1 2 1 0 | | | | | |
| Passaic | | | (STATE L | JSE ONLY) | | Re | sidential Ho | ouse | | | | | | |
| Name of Monitoring Firm Hired by Building O | wner (8) | | ASCN | No. | Name | of Ab | atement Cont | ractor (9) | 32000 | 100 | | | | |
| n/a | (-) | | n/a | eccus-1045 (ref53) | | | / Contractin | | | | | | | |
| | | | 1.,,4 | | Street | | | | | - | | | - | |
| Street Address | | | | | | | sade Ave | | | | | | | |
| n/a | | | | | | | | | | 1 | | | | |
| City, State, Zip Code | | | | | 10 | | Zip Code | | | | | | | |
| n/a | | | | C! | Gar | field, | NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm | | 15 | Telepho | ne No. | Telep | hone | No. | License | | | | | | |
| n/a | | | n/a | 3. | 973 | 460. | 6026 | 0125 | (| | | | | |
| | Schedule | ed Con | npletion I | Date (11) | Name | of OS | SHA Mon tor | | | | | | | |
| 11/17/17 | 11/28/ | | inproducti. | | 303 | | / Contractin | a Inc | | | | | | |
| The Property of Control of Contro | | | | | | t Addr | | 9 | | _ | | | $\overline{}$ | |
| Occupancy Status During Abatement (Check | Only Or | ie) | | | | | sade Ave | | | | | | | |
| Facility Closed/Vacated During Entire P | | | | | | | | | | | | | _ | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: Demolition | al Facility | / Hours | | | | | Zip Code | | | | | | | |
| X Other - Describe: Demolition | | | | | Gar | field, | NJ 07026 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Name of Contract o | Renova Demolit | | | | N G | lini-Enc <mark>lo</mark> sure llovebag Proce | nt with Negativedure (*) and Non-Fi | | 'roc | edur | | | |
| | le | Locati | ion | | | | | | | | | ement | | |
| Location of | 1 | Normal | ly | 3 | Descriptio | n of | | | - | _ | Тy | pe | | |
| Asbestos-Containing Material (ACM) | | d Sole | | Asbestos C | ontaining | Materi | | Amount | | 220 | | m | m | |
| TO BE ABATED | 10000000 | intenar todial S | | | nal system | | | (Specify | | Damaual | Re | nca | Enclosure | |
| In Facility | Ous | (12) | Juli. | | rfacing, Va er miscella | | | SF or LF) | | 5 | Repair | psu | OSL | |
| (13) | | 4 min (4 | 1 | l our | J. IIIIOUUII | | ' | | | 2 | 7 | Encapsulate | le l | |
| | Yes | No | N/A | | | | | | | | | | | |
| Interior | | | × | Drvwal | Joint C | amo | ound | 7,500 SF | , | | | | | |
| THE OTHER | | | | , | | • | | | | - | | | | |
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| | | | | ļ.,, | | | | a sintered L. | ī i - | | | | | |
| Name of Registered Waste Hauler | | 725 | JDEP W | | bic Yards | | Name of h | Registered Lan | HT I | | | | 1 | |
| Harmony Contracting Inc | | 11 55 | lauler ID | (2000년) - 100년(2005년) - 100년(2007년) - 100년(2007년) | Naste | | GROW | S Landfill | | | | | | |
| | | 0 | 33058 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| City, State | | | | 10 2220 | posal Dat | е | City, State | | | | | | | |
| Garfield, NJ | | | | TE | | | Morrisv | ille, PA | | | | | | |
| Completed by | Title | | | | Signatur | re | | | E : 3 | | | | | |
| Tina Caporino | Sec | retary | | | line | Ca | som? | | / | /1 | / | | | |
| | | | | Who apon | | | | | | | | | | |

| 1 2 11 1 |) | | | - L | A II Ir | 2) | 1 | | |
|--|--|--------------------|---|------------------|--|--|--|----------------------|----------------|
| Che con a | -1 | | har | State o | of New Jersey | | The state of the s | # 246 3 | - |
| | | | NOT | FIVATION OF | ASRESTOR ADAT | EMENT | ASBE | STORE | TRO |
| Date of Notification (1) | | | (| r ursuant to I | NJAC 8:60 and 5:1 | 8) | | - LICEN EH | G |
| 1 1 | /8/2017 | | | Name of Bi | ilding Owner/Operes | ~ (2) | | re / rangement 🖫 👯 👭 | 7 |
| Agencies Notified | The state of the s | | | 1_ | Onel | lette. | | | - i |
| | Type Notifica | ation | | Street Addr | ess | Terre | | | • |
| S PA CEP | Initial | | | | | | | 7-12: | |
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| ⊠ DOH | La Emargens | w finch | dina | | Woodbri | ige, NJ o | VALVED | ADDETTY | In |
| DCA. | [] Cancellation | ant | un ig | Name of Co | olod | ige, No 0 | 1095 | | 1-17 |
| | L_1 Cancellata | on | | | | | Yel | | |
| | | | | EACH WOLL | r Ouellett | <u>e</u> | ~ | | , |
| Name of Facility Where | Abutemeni is Ti | aking P | 200 (3) | PACILITY | INFORMATION | | 1 | | 4 |
| | Reside | 20+4 | - 7 | | | Type of Facility | (4) | | |
| Street Aid ass | | ا_رنات | a. | | | School (K. | 2) | | |
| | | | | 40 | | Subchapter | (Other than I | K-12) | |
| City (5) | | | | | | Subchapter Other file., p homes, etc. | Vale & comme | ercial tu ting | s, |
| Wo | odbridge | . BT | 7 00 | 0.0.5 | | Square Feet | # of Floors | 1157 | |
| County (6) | - MAG | 11/2 | 0/ | 195 | | 1800 | 2 | | 198 |
| Middlese | ~ | | | USE ONLY) | (7) (STATE | Current Use (Pr | of if being dem | olisho li | _ |
| Vame of Monitoring Firm | Hired by Bulldin | III Owa | or I | | | | | J. Jane I) | |
| 7 | MECS | -9 white | - | ASCM No. | Name of Abatem | nent Contractor (5) | | ==:::: | |
| itres Address | | = | | Section . | Stev | ens Environn | ental Serv | ices f | |
| | PO Box 3 | 341 | | | Street Address | | | ==: | |
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| Cro | osswicks, N. | 1 085 | 15 | (Sections) | City. State, Zip Ci | ode | | ===::::: | _ |
| roject Manager for Moni | toring Firm | | | phone No. | | Allentown | NJ 08501 | | |
| Bill Wei | sgarber | | | 9) 298-4070 | Telephone No. | | Licensa No. | :::: | - |
| le# Date (10) | | ed los | 100 | ion Date (11) | 1 | 9-9688 | | 00493 | |
| 11/13/201 | 7 ! | - | | | Name of OSHA M | | 1 | | |
| ccupancy Status During | Abatement (Ch | PEV AN | /-15/ | | | ME | CS | | |
| Facility Closed/Vacater | d During Enrice | Jania da | | | Street Address | | - | ==:::: | |
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| Other - Describe:{ | Bam 4pm | | , / 100/1 | 20 | City, State, Zip Co | de | | =:::: | _ |
| cope of Work (Check all | that apply) | | | | | Crosswicks, | NJ 08515 | | |
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| ≥ 160 sf or ≥260 # | | | emolition | | 70 Glovebag | Pranadura | | | |
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| Location of sbestos-Containing Mat | ferial (ACM) | Used Mail | Location lonnelly I Solety I Menance ustedial | by Asbesi | Description of containing Material | Propedure pled (*) and Non- | Friable Procedu | /tsly | 1 |
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

| Name of Facility (A) | | | | ٧. | aroud | | 0.00 and 3.10 | , | Ir | DEC | 2 | 1 | V/ [| 3 1 |
|---|--------------------------|--|-------------|----------|-------------|--|--------------------|-----------------|----------|-----------------|---------|--------|-----------------|----------|
| Agencies Notified Type Notification Street Address No. 1 | Date of Notification (1) | 10.10045 | | | Nam | e of Buildir | ng Owner/Operator | r (2) | \dashv |) <u> </u> | : = = | 11 | <u>U L</u> | 7 |
| | | 8/201/ | | | | | Ouell | ette | | <u> </u> | | | | |
| City State Zip Code | | Type Notifica | ation | | Stree | et Address | | | | III NOV | - 7 | 6 2 | 017 | 11 |
| Amendment # Woodbridge NJ 0 099 ASRES SontRol & Name of Contact Telephone No. | | | 4 | | | | | | | 1 [] | | | (AZ-SASSA) | in in |
| Name of Facility Where Abatement is Taking Place (3) Resident is Taking Place (3) Resident is Taking Place (3) Resident is Taking Place (3) Street Address Subchape et 8 (Other than K. 1) Subchape | | | | | City, | State, Zip | Code | | | | | | na-cupintinisis | |
| | EZ DOLL | | | ng | | | WOOdbrid | ge, NJ | 0 / | 195 ASBEST | 3 3 | CON | TROL | . & |
| Street Address PC Box 321 PC Box 322 Project Manager for Monitoring Firm Telephone No. Street Address Street Address Street Address Street Address PC Box 322 Project Manager for Monitoring Firm Telephone No. Street Address Street Address Street Address PC Box 322 Project Manager for Monitoring Firm Telephone No. Street Address PC Box 322 Project Manager for Monitoring Firm Telephone No. Telephone No. Street Address PC Box 321 PC Coupany Status Durng Abatement (Check only one) Street Address PC Box 341 PC Coupany Status Durng Abatement (Check only one) Street Address PC Box 341 PC Coupany Status Durng Abatement (Check only one) Street Address PC Box 341 PC Coupany Status Durng Abatement (Check only one) Street Address PC Box 341 PC Coupany Status Durng Abatement (Check only one) Street Address PC Box 341 PC Coupany Status Durng Abatement (Check only one) Street Address PC Box 341 PC Coupany Status Durng Abatement (Check only one) PC Street Address PC Box 341 PC Coupany Status Durng Abatement (Check only one) PC Street Address PC Box 341 PC Coupany Status Durng Abatement (Check only one) PC Street Address PC Box 341 P | | | | | | | | | | Telephone | | SHVC | 2000 | - |
| Name of Facility Where Abatement is Taking Place (3) | - 1. 100001 | | | | J | ustin | Ouellett | e | | | | | | |
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| Square Feet # of Floors | Street Address | | | | | | Fig. 10 | Subchap | er 8 (| Other than K-1 |) | ldina | | |
| Moodbridge, NJ 07095 | | | | | | | | homes, | tc.) | ate & confiners | 11 0 11 | uings | 9 1 | |
| County (6) | | | | | | | | Square Feet | | # of Floors | Γ3 | ldg. / | Age | |
| Middlesex | Woo | odbridg | e, NJ | 07 | | | | | _ | | | 90 | | _ |
| Name of Monitoring Firm Hired by Building Owner (8) MECS MECS Streen Service namental Service Name of Abatement Contracto (9) Streen Service namental Service Name of Abatement Contracto (9) Streen Service namental Service Name of Abatement Contracto (9) Streen Service namental Service Name of Abatement Contracto (9) Streen Service Name of Registered Waste Hauler Name of Registered Waste Morrisville Name of Registered Wastered Streen Name of Registered Wastered Project Manager Name of Registered Wastered Streen Name of Registered Wastered Project Manager Name of Reg | | | | | | | 7) (STATE | Current Use | (Prior | if being demcli | Fac i | | | |
| Street Address PO Box 341 PO Box 341 PO Box 322 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Stenduled Completion Date (11) 11/13/2017 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Crosswicks, NJ 08515 Sterest Address City, State, Zip Code Allentown, NJ 08501 License Nor. (609) 259-9688 City State, Zip Code Allentown, NJ 08501 Sterest Address City State, Zip Code Crosswicks, NJ 08515 Sterest Address City State, Zip Code Crosswicks, NJ 08515 Sterest Address PC Box 341 City, State, Zip Code Crosswicks, NJ 08515 City, State, Zip Code Crosswicks, NJ 08515 Sterest Address PC Box 341 City, State, Zip Code Crosswicks, NJ 08515 City, State, Zip Code Crosswicks, NJ 08516 City, State, Zi | | | | | | | | | | _ | | | | _ |
| Stevens Environmental Servi 1 1 1 1 1 1 1 1 1 | 701 | The state of the s | ding Owner | | ASCM | No. | | | | | | | | |
| PO Box 341 | | MECS | | | | | | ens Enviro | nme | ental Servi | . 1 | nc. | | _ |
| City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber (609) 298-4070 (609) 259-9688 City State, Zip Code Allento Wn, NJ 08501 Telephone No. (609) 259-9688 City State, Zip Code Allento Wn, NJ 08501 Telephone No. (609) 259-9688 City State, Zip Code Allento Wn, NJ 08501 Telephone No. (609) 259-9688 City State, Zip Code MECS City State, Zip Code City State, Zip Code MECS City State, Zip Code MECS City State, Zip Code Millento Wn, NJ 08501 Telephone No. (609) 259-9688 City State, Zip Code Millento Wn, NJ 08501 Telephone No. (609) 259-9688 City State, Zip Code City State Allentown, NJ City State, Zip Code Millento Wn, NJ 08501 Telephone No. (609) 259-9688 City State, Zip Code City State Allentown, NJ City State City Stat | Street Address | DO D | 2.11 | | | | Street Address | PO 4500 | 8884. | | | | | |
| Crosswicks, NJ 08515 Crosswicks, NJ 08515 Telephone No. | | PO Box | 341 | | | | | | Bo | x 322 | | | | _ |
| Project Manager for Monitoring Firm Bill Weisgarber Telephone No. (609) 298-4070 (609) 259-9688 C 1 1 3 | | | NIT OOE1 | - | | | City, State, Zip C | | 0 1 | | | | | |
| Bill Weisgarber G099 298-4070 G099 259-9688 C14 3 Steet Date (10) | | | MJ 0851 | | | | | Allento | wn, | | | | | _ |
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| The completed by Title | | | | - | | | | | | <u>C</u> | 041 | 3 | | _ |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Crosswi :ks, NJ 08515 Scope of Work (Check all that apply) City State, Zip Code Crosswi :ks, NJ 08515 Scope of Work (Check all that apply) City State, Zip Code Crosswi :ks, NJ 08515 Scope of Work (Check all that apply) City State, Zip Code Crosswi :ks, NJ 08515 Scope of Work (Check all that apply) City State, Zip Code Crosswi :ks, NJ 08515 State, Zip Code Crosswi :ks, NJ 08515 City, State, Zip Code Crosswi :ks, NJ 08515 City State, Zip Code Crosswi :ks, NJ 08515 City, State, Zip Code Crosswi | | | Scheduled | Comple | etion Da | ite (11) | Name of OSHA | Monitor | | | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Crosswi; ks, NJ 08515 | 11/13/201 | 7 | 11 | 115/ | 201 | 7 | | | ME | CS | | | | _ |
| Abatement Performed Outside of Normal Facility Hours City, State, Zip Code | C1_1_(1) | | | | 0.000000026 | 39-12-12-12-12-12-12-12-12-12-12-12-12-12- | Street Address | DO | D | 241 | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | B03 | X 341 | : = = | | | |
| Scope of Work (Check all that apply) State | | | | ity Hot | IIS | | City, State, Zip C | | | | | | | |
| Same of Registered Waste Hauler Stevens Environmental Services, Inc. Services Stevens Environmental Services, Inc. Services Stevens Environmental Services, Inc. Services Signature Project Manager Project Manager Signature | , | | II. | | | | | Crosswi | eks, | NJ 08515 | | | | _ |
| Abatement Non-Exempted (*) and Non-Exem | Scope of Work (Check a | ii that apply) | | | | | T Full Con | tainment with | Jenat | ive Pressure | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABED IN Facility (13) Rasement X Thermal Pipe 70 1f 70 | 3 sf or ≥3 lf | | | | | | ☐ Mini-End | closure | vogat | ive i lessure | | | | |
| Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Basement X Thermal Pipe 70 If Pairless Larcilly Stevens Environmental Services, Inc. Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Thermal Pipe 70 If Yes Pairless Larcilly Stevens Environmental Services, Inc. Name of Registered Waste Hauler Allentown, NJ Disposal Date City, State Abatement Type Abatement Type Abatement Type Amount (Specify SF or LF) Thermal Pipe 70 If Yes Pairless Larcilly Stevens Environmental Services, Inc. Name of Registered Waste Hauler Disposal Date City, State Allentown, NJ Signature Date Abatement Type Amount (Specify SF or LF) Amount (Specify SF or LF) Thermal Pipe 70 If Yes Pairless Larcilly Stevens Disposal Date City, State Allentown, NJ Signature Date Abatement Type Amount (Specify SF or LF) Thermal Pipe 70 If Yes Pairless Larcilly State Signature Date Amount (Specify SF or LF) Disposal Date City, State Signature Date Amount (Specify SF or LF) Thermal Pipe 70 If Yes Pairless Larcilly Signature Date Amount (Specify SF or LF) Disposal Date City, State Date Amount (Specify SF or LF) Thermal Pipe 70 If Yes Pairless Larcilly Signature Date Amount Type 12 If Yes Pairless Larcilly Signature Date Amount Type 12 If Yes Pairless Larcilly Signature Date Amount Type 12 If Yes Pairless Larcilly Signature Date Amount Type 12 If Yes Pairless Larcilly Signature Date Amount Type 12 If Yes Pairless Larcilly Signature Date Amount Type 12 If Yes Pairless Larcilly Signature Date Amount Type 12 If Yes Pairless Larcilly Signature Date Amount Type 12 If Yes Pairless Larcilly Signature Date Signature Da |]≥160 sf or ≥260 lf | | | emolitio | on | | Gloveba | g Procedure | Von F | Trioble Desert | | | | |
| Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A | | | Is | Locati | on | | TINOTI-EXE | sinpled () and | 1011-1 | TIADIE PTOCEG I | r | bete | | \dashv |
| Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Basement X — Thermal Pipe — 70 lf Basement — X — Pipe Debris — 20 lf Name of Registered Waste Hauler Stevens Environmental Services, Inc. City, State Allentown, NJ — Title Manifer Manager Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied To Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacin | A comment | S2 | 1 | lomal | y | | | | | | , | | | |
| TO BE ABATED IN Facility (13) Yes No N/A Basement X Thermal Pipe 70 If Basement X Pipe Debris 20 If Name of Registered Waste Hauler Stevens Environmental Services, Inc. City, State Allentown, NJ Completed By Mahlon E. Stevens Project Manager (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, | | | | | | Ashaai | | | | | | , | | \dashv |
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| Basement X Thermal Pipe 70 lf Basement X Pipe Debris 20 lf Name of Registered Waste Hauler Stevens Environmental Services, Inc. City, State Allentown, NJ Completed By Mahlon E. Stevens Project Manager Title Project Manager Thermal Pipe 70 lf Audier ID No. 18292 Disposal Date City, State Disposal Date City, State Allentown, NJ Date 11/3/17 | | | 2 | | | ,, | surfacing, VAT, | or | | | É | Rep | cap | nclo |
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| Basement. x Pipe Debris 20 lf Name of Registered Waste Hauler Stevens Environmental Services, Inc. 18292 City, State Allentown, NJ Completed By Mahlon E. Stevens Pipe Debris 20 lf NJDEP Waste Hauler ID No. 18292 Disposal Date City, State Disposal Date City, State Signature Date 11/3/17 | | | Yes | No | N/A | | | | | | | | te | O |
| Basement. x Pipe Debris 20 lf Name of Registered Waste Hauler Stevens Environmental Services, Inc. 18292 City, State Allentown, NJ Completed By Mahlon E. Stevens Pipe Debris 20 lf NJDEP Waste Hauler ID No. 18292 Disposal Date City, State Disposal Date City, State Signature Date 11/3/17 | Basement | | | 1,7 | | mhor | mal Diri | | 1 | 70.74 | | | | \dashv |
| Name of Registered Waste Hauler Stevens Environmental Services, Inc. City, State Allentown, NJ Completed By Mahlon E. Stevens Project Manager NJDEP Waste Cubic Yards of Waste 2 Cubic Yards of Waste 2 Disposal Date City, State Signature Signature Date 11/3/17 | | | - | | | | | | += | | 2 | | - | _ |
| Stevens Environmental Services, Inc. City, State Allentown, NJ Completed By Mahlon E. Stevens Project Manager Hauler ID No. 18292 Disposal Date City, State Disposal Date 11/15/17 Morrisville Signature Date 11/3/17 | | | - | X | | -Pipe | Debris | | +- | 20 If | | | - | _ |
| Stevens Environmental Services, Inc. City, State Allentown, NJ Completed By Mahlon E. Stevens Project Manager Hauler ID No. 18292 Disposal Date City, State Disposal Date 11/15/17 Morrisville Signature Date 11/3/17 | | | _ | | | | | | - | | | | | |
| Stevens Environmental Services, Inc. City, State Allentown, NJ Completed By Mahlon E. Stevens Project Manager Hauler ID No. 18292 Disposal Date City, State Disposal Date 11/15/17 Morrisville Signature Date 11/3/17 | Name of Posistand Mar- | to Haules | | L . | LIDES | N/a-t- 1 | 0.1: | T 11 2= | | | | | | |
| Stevens Environmental Services, Inc. 18292 2 Fairless Lar cf II City, State Disposal Date City, State Allentown, NJ 11/15/17 Morrisville 1/1 Completed By Title Signature Date Mahlon E. Stevens Project Manager 11/3/17 | | | 9000 | L | | | | Name of Re | / | | | | | |
| Allentown, NJ 11/15/17 Morrisville 14 Completed By Title Project Manager Signature Date 11/3/17 | | ental Serv | ices, Inc | _ _ | 182 | .92 | 2 | | /F | airless Lar c | f l | | | |
| Completed By Mahlon E. Stevens Project Manager Signature Date 11/3/17 | City, State | | | | | | | 1 555 5 | 1 | | | | | |
| Mahlon E. Stevens Project Manager | | | | | | | | the same | N | Aorrisville | 11 | | | _ |
| | | | | | | a 0 | Signature | MIV | | Date | | | | |
| | Mahlon E. Stev | vens | P | rojec | Man | ager | | / | | 11/3 | 117 | 7 | | _ |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| | | NOTI | FICA | TION OF | ASBESTO | S ABA1 ind 12:1 | TEME 120) | NT | | CH | ECK # 2472 | 1.1 | | | |
|---|-----------------------------|---------------|----------------|-----------------|------------|--------------------|--------------|---------------------|--------------------------------|------------------|----------------------------|-----------------|----------|--|--------------|
| MOCK | | | | | ding Owner | | |) | Tra | 7 [| CE | = = | V/ | Eſ | 3 |
| ate of Notification (1) 1-09-17 | | | Ja | anet Pau | ıla Mack | | 2000 | | | | CE | | <u> </u> | 5 | H |
| | Type Notification | | St | reet Addre | SS | _ | | | | 1) | 11011 | ا المارات | 047 | The State of the S | Ш |
| EPA | Initial Amended | | Ci | ty, State, Z | Zip Code | | | | T | Ц | NOV 1 | 717 | U1/ | | 4 |
| DEP DOL | Amendment # | udina | | | je, NJ 07 | 028 | | | | Teler | phane II . | | | | = |
| DOH | Emergency (inclination) | uding | 1 | ame of Co | | | | | 1 | _ 10 | | | <u></u> | . . | |
| DCA | x Cancellation | | | | Y INFORMA | ATION | | - /- | | 5 | - | -:- | | hermysman. | 10 PK 275 PK |
| lame of Facility Where A | batement is Taking P | lace (3) | | | | | - | | acility (*) | | | | | | |
| | | | _ | | | | | Sub | -bankar 3 | 10tha | r than K-12) commercial | oi ii lir | as, h | omes, | |
| Street Address | | | | | | | | etc. |) | 100 | | - | . Age | | |
| City (5) | | | | | | | | Square F 750 | eet | 2 | Floors | 50 | ,,,,, | 20. | |
| Glen Ridge | | | To | County Cod | de (7) | | | | Jse (Prior | if bein | ng demolishe | 1] | | | |
| County (6) Essex | | | (| STATE USE | ONLY) _ | | - | Reside | | -1 | (0) | | | | |
| Name of Monitoring Firm | Hired by Building Ow | ner (8) | | ASCM N | 0. | N. | lame o | of Abaten | nent Cont /ironm 3 | ractor ntal (| (9) Corp. | | | | |
| I.H. Consultants, In | C. | | | | | S | Street | Address | | | | - | | | |
| Street Address 605 Bloomfield Ave | enue | | | | | 110 | | Broad S | | | | | | | |
| City, State, Zip Code | | | | | | C | Carls | tate, Zip | Code J 070 <mark>7</mark> 2 | | | | | | |
| Montclair | | | - | Telephone | No | | | one No. | | | License N | | | | |
| Project Manager for Mon Uday Singh | nitoring Firm | | | 973-943 | | 2 | 201- | 939-656 | | | 00756 | | | 4 | |
| Start Date (10) | 2.5 | | | npletion Da | ate (11) | 1 | Name FMS | of OSHA | Monitor tical, In | iC. | | | | | |
| 11-14-17(1)Job Ca | arioonou | 12-31-17 | | | | - 5 | Street | Address | | | | | | | |
| Occupancy Status Durin | cated During Entire P | eriod of Ab |) oaten | nent | | | | | 8th Str | et | | | | | - 1 |
| Facility Closed/Val Abatement Perform Other – Describe: | med Outside of North | al Facility h | Hours | S | | - (| New | State, Zip York, | NY 100 | 18 | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | F | × Full | Contain | ent wit | th Negative I | n s su | е | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enova emoli | ation ition | | | F | Mini | -Enclose r | e cedure | 2 | | | | |
| ≥160 sf or ≥260 lf | | _ | | | | | į | Non | -Exemp a | d (*) a | nd Non-Fria | le ire | Cedur | ement | |
| | | Is | Loca | tion | | | | | | | | | | pe /pe | |
| Locati | ion of | | orma | ally lely by | Achasta | Desc s Conta | criptio | n of Material | (ACM) | | Amount | _ | | Ē | п |
| Asbestos-Containii TO BE A | ng Material (ACM) ABATED | Mai | nten | ance/ Staff? | (i.e. th | nermal s | syster | ns insula AT, or | tion, | | (Specify SF or LF) | Domous | Repair | Encapsulate | Lilcioadio |
| In Fa | cility | June | (12 | | | other m | niscella | aneous) | | | | 100 | air | ulate | 0 |
| (, | 0) | Yes | No | N/A | | | | | | | 15005 | F = 7 | - | - | \vdash |
| Base | ement | | Х | | | | 950 | aster | | | 450SF 450SF | ζ . - | - | | + |
| Ground (Li | ving Room) | | Х | | | Ceilir | ng P | laster | | | 4505F | | | - | + |
| | | | | | | | | | - 23 | - | | | - | + | + |
| | | | _ | NJDEP V | Vaste | Cubic | Yards | | Name | of Regi | istered Land | ī L – | | | |
| Name of Registered | | | | Hauler ID | | of Was | | 50) | 1 | | nterprises | | | | |
| ATC, Inc. / JBT (5 | 50071) | | | 24310 | | Dispos | sal Da | ate | City, S | tate | | | | | |
| City, State Shirley, NY / Bron | nx. NY | | | | | TBD | | 111 | Wayr | esbu | rg, OH 44 | 5 il | | | _ |
| Completed by | 75.78. | Title | | | | 5 | Signat | ure | 1/1 | A | | 1 - 3 | -17 | | |
| Kevin Moriarty | | | | | | | 1 | _ V\ | NO! | 5 | | | | | |

| | Λ | Π. | | | | | | | | | | | P | rint F |
|---|-----------------|--|-------------------|-----------------------------------|-----------|--------------------------------|--------------------------|---|---|------------------------------|------------|--------------|---------------|-----------|
| C# 1198 P | | NOTIE (F | IGATIO! | tate of Ne N OF ASE to NJAC | BESTOS | ABATE | MEN D) | • | | E C | | \mathbb{V} | E | M |
| Date of Notification (1) 11-07-17 | | | | of Building r Wudeo | | perator | (2) | | | NOV | 11; | 017 | , | |
| Agencies Notified Type Notification | 1 | | | Address | | | | | 4 | | | | - 1 | |
| ☐ EPA ☐ Initial | | ĺ | | | | | | - | AS | BESTOS | | , DO | 1 0 | _ |
| DEP Amended | | | | ate, Zip C | | | | | Contraction and the Contraction of the Contraction | LICE | NÉI | | Loc | |
| Emergency | (including | | | rford, N | |) | | | | | | | | Seemont . |
| DOH justification Cancellatio | | | | of Contact r Wudeo | | | | | I To | lock | | | | |
| Name of Facility 186. | | | FAC | ILITY INF | ORMATI | ON | | | | | | | | |
| Name of Facility Where Abatement is Taki Private Home | ng Place (| 3) | | | | | Тур | e of Facility | Posterio Posterio | | | | | |
| Street Address | | | | | | | H | School (K - Subchapt : | | ner than K | -12 | | | |
| | | | | | | | K | Other (i.e etc.) | | | | ding | s, hom | es, |
| City (5) Rutherford | | | | | | | Squ | are Feet | # 0 | of Floors | | ildg. | Age | |
| County (6) Bergen | | | (STATE | Code (7) USE ONLY | n | _ | | rent Use (Fi | | | is 11 (| | | |
| Name of Monitoring Firm Hired by Building N/A Street Address | Owner (8) |) | ASC | /I No. | | Delfa | Co | atement Contracting I | | r (9) | | | | |
| Sileet Address | | | | | | Street 522 | | 5.5.5 | | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code | | | | - | | |
| | | | | | | | | y NJ 0708 | 37 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | | | Teleph 201 2 | 216- | 9603 | | License 01206 | N c | | | |
| Start Date (10) 11-20-17 | Schedule 11-21- | | npletion | Date (11) | | | | HA Moniter ntracting L | | | | | | |
| Occupancy Status During Abatement (Che | ck Only Or | ne) | | | | Street | | | | | | dia. | | |
| Facility Closed/Vacated During Entire | Period of | Abaten | nent | | | 522 7 | th S | St. | | | | | | |
| Abatement Performed Outside of Non Other – Describe: 7:00am - 5:00pm | mal Facility | y Hours | 8 | | | | | Zip Code | 77 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Unio | II CII | y NJ 0708 | 57 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Brown Committee | Renova Demolit | | | | | M | ull Containm ini-Enclosus lovebag Pro | e cedure | W. 2000 C. | | | | |
| A 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 | la la | Loopti | | | | | 1 No | on-Exempt | d (*) an | d Non-Fri | al le 1 | | ure itemen | t |
| Location of | 1 | Normal | ly | | Des | cription | of | | | | | | Гуре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole iintena todial s (12) | nce/ | Asbes (i.e. | tos Conta | aining M systems ing, VA | lateria insu T, or | lation, | (8 | mount Specify F or LF) | | Repair | Encapsulate | Enclosure |
| V-7/ | Yes | No | N/A | | oardi III | ooilai i | Jous | , l | | | Į į | - = | ılate | ure |
| Basement | | × | | | | VAT | | | 12 | 200 SF | (| | | |
| | | | | | | | | | | | | | | |
| | - | | - | | | | | | | | _ | - | + | _ |
| Name of Registered Waste Hauler | | IN | JDEP W | /aste | Cubic | /ards | | Name o | Registe | ered Landi | <u>.</u>] | | | |
| elfa Contracting LLC | | 2.3 | lauler ID 3524 | No. | of Was | te | | Tullyto | vn Re | source l | | v ery | Facili | ty |
| ity, State nion City, NJ | | | | | Disposi | al Date 24-17 | | City, State | | 4 | | | | |
| Completed by | Title | | | | | gnature | | 10 | 8 | | De to | | | |
| aime Delgado | Proj. | Mana | ager. | | | | | 14 | | 1 | 1 - 1 ' | -17 | | |

| | | | | | | | | | 9 | 1.1 | S 1981 |
|--|-------------|--|------------|---|--|-------------|-----------------|----------|---------|----------------|--------|
| | S | State of N | ew Je | rsev - Notifi | ication of Asbestos | Abateme | nt | 4= | SICK | 7 | 225 |
| | | | | | 8:60-7 and 12:120-7) | | JE | C | | WE | In |
| GAC Project # 060-17 | | | 2/1 | \\ | | | 11 | | | | |
| Date of Notification (1) | ber 7, 2 | 2017 | 5 | 7 11 12 | Name of Building Owner | Operator (2 | 27 | 2171/ 5 | 1 0 | 0047 | |
| Agencies Notified | ibei 1, 2 | Notification | Type | | RUTGERS, THE S | TAIL UN | IVER: | SIM WIT | 13 | 2017 | 11 |
| All and a second | | XIInitial I | | ation | ENVIRONMENTAL | HEALTH | & SA | FETY | EPT. | | |
| □ EPA □ DCA | | ☐ Amend | led Not | ification# | 27 ROAD 1, BLDG | 4086, LIV | INCS | TON: | 1 PU | SROL 8 | i. |
| ₩ DOL | | | | including | City, State, Zip Code | 1 | A | [] | IN SIN | G | |
| DEP- No Longer REQUIR | RED | | cation) | | PISCATAWAY, NJ Name of Contact | 08854 | og merune ancon | | | | |
| X DOH | | □ Cance | ieu | | MICHAEL SMITH, E | ENV. | 4 | | | | |
| | | | | | HEALTH & SAFET | | Γ | - | | | |
| Name of Facility Where Abater | mont in Tal | king Dlags (2) | | FACILITY IN | FORMATION | | | | | | |
| SCHOOL OF DENTAL | MEDIC | INF BLD | G# 725 | 3 | Type of Facility (4) School (K-12) | | | | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Subchapter 8 (other than | n K-12 | | | | | |
| Street Address | DUIG | | | | Other (i.e. private & con | | dings, h | omes, e | , | | |
| RBHS NEWARK CAM | PU5 | | | | | of Floors: | | | | ears | |
| City (5) | County (6 | The second secon | | Code (7) | Current Use (prior if being | n dam lisha | 4). AC | ADELL | 40 | | |
| NEWARK | ES | SSEX | State | Use Only) | Current Ose (prior il belli) | y demonstre | J). AC | ADENT | 8 | | |
| Name of Monitoring Firm Hired | hy Blda (| Dwner (8) | ASCM | No | Name of Contractor (9) | | | | | | |
| ATC | by blog. c | Switch (O) | 0098 | | Name of Contractor (9) | | | | | | |
| Street Address | | | | | GREENWOOD ABAT | TEMENT C | ONS | JLTAN | 3 INC | 3. | |
| 3 TERRI LANE | | | | | Street Address | | | | | | |
| | | | | | 268 MAIN STREET | | | | | | |
| City, State, Zip Code | | | | | City State, ZipCode | | | | | | |
| BURLINGTON, NJ Project Manager for Monitoring | 08016 | Tolophone N | Lumbar | | BUTLER, NJ 07405 | | | | | | |
| BRIAN KEARNY | Firm | Telephone N 609-386 | | ۰ | Telephone Number | | Licer | se Nui 1 | į | | |
| | | | | | 973-492-0477 | | 008 | 40 | | | |
| Scheduled Start Date (10) 11/17/17 | | Scheduled 0 12/4/17 | Completic | on Date (11) | Name of OSHA Monitor | | | | | | |
| | | | | | ENVIROVISION, INC |). | | | | | |
| Occupancy Status During About 1915 | | | | | Street Address | | | | | | |
| □ Facility Closed/Vacated Du □ Abatement Performed Outs | | | | it | 20-21 WARGARAW | ROAD | | | | | |
| Describe | side of 140 | ninai Facility i | 10015 - | | City, State, Zip Code | | | | | | \neg |
| XOther - Describe: | | | | | 5. | | | | | | |
| Schedule: 5PM - 5AM (24 | HOURS | & WEEKE | NDS AS | S NEEDED) | FAIRLAWN, NJ | | | | | | |
| Scope of Work (Check all that a | apply) | | 7 | | | | | | - | | - |
| | | | | Water | 1 | ⊒Full Conta | inment | with N a | ive Pr | essure | |
| □≥ 3 sf or ≥ 3 lf | 00.15 | | | ⊠Renovation □ | 177 | Min -Encl | | | | | |
| ≥ 160 sf or ≥ 2 | 60 II | | | ☐ Demolition | | Glove bag | | | | | |
| Location of Asbestos-Containing | | cation Normall | | | pestos Containing Material | Non Exer | | | n Typ | | ure |
| Material (ACM) in Facility (13) | Solel | ly by Maint./Cu ? (12) | | | al systems insulation, surfacing | | ify SF | | A252 32 | Encap En | nclose |
| | YES | | NA | VAT, or other mis | oon.) | or LF) | | | - Pan | | |
| C-Level Various Locations | + | X | | VAT | | 7500 | SF | X | | Т | |
| C-Level Various Locations | | X | | TSI | | | LF | X | | ++ | |
| | | | ter elvice | | - Carlon Harris Carlon | + | | | | ++ | - |
| Name of Reg. Waste Hauler | | NJDEP Was | | ID# | Cubic Yards of Waste: | 40 C / | | of Re ji | | | |
| See Hauler Below #1 & 2 | | See Below | | | | | G.R. | Q.W.S. | o th | Landfill | |
| Hauler #1) Greenwood Abaten NJDEP # 12561 | nent Consi | ultants, Inc | Butler, N | NJ 07405 | | Dispo al Da | te | | y Stat | te Ford Mil | |
| Hauler #2) Newark Carting, In | c., Newar | k, NJ 04509 | | | | 12/4 201 | 7 | | I. Vor | risville, P | |
| NJ DEP # 4509 | | | | | | 12/4/201 | ı | 100 | 0 7 | 1700 | |
| Completed by (Print or Type) | | itle | | | Signature | | Dota | | | 1100 | |
| RAYMOND C. PEDALII | | ENIOR PE | ROJEC | т 1 | AND THE RESERVE OF THE PARTY OF | 116 | Nov | embei | 201 | 7 | |
| | | ANAGER | | | Raymond C. Ped | taline | | | , -01 | 100 | |

Circlett 3056

N.J.A.C. 8:60-7 and 12:120-7) ursuant GAC Project # 060-17 Name of Building Owner/Opera for (2) Date of Notification (1) RUTGERS, THE STATE UNIMERSITY November 7, 2017 Agencies Notified Notification Type ENVIRONMENTAL HEALTH& SAFET : E > 6. 2017 Street Address ☑Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON (/ NPUS ☐ Amended Notification # D DCA ■ Emergency (including City, State, Zip Code ASBEST : 3 CONTROL & X DOL PISCATAWAY, NJ 08854 justification) □ DEP- No Longer REQUIRED Name of Contact □ Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ROBESON CAMPUS CTR, BLDG# 7220 School (K-12) Subchapter 8 (other than K-12 Street Address Other (i.e. private & commercial buildings, homes, e :) **NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Ag : 6 1+ years County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMI : (State Use Only) NEWARK **ESSEX** ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) 0098 ATC GREENWOOD ABATEMENT CONSULTAN'S INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm License Nu n i Telephone Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/17/17 11/20/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) □Full Containment with N ∈ 1 ti re Pressure Renovation ■ Mini-Enclosure □>3 sf or > 3 lf Demolition Glove bag Procedure / V rip & Cut X > 160 sf or ≥ 260 lf Non-Exempted (*) and Non-iriable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abate and Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Ren o Fepair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO YES NA 316A, 316B 440 SF X X VAT Name of Reg s ared Landfill NJDEP Waste Hauler ID# Name of Reg. Waste Hauler Cubic Yards of Waste: 10 CY G.R.O.W S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date State 0 New Ford Mill NJDEP # 12561 d Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 11/2:0/2017 NJ DEP # 4509 1 -736-1700 Completed by (Print or Type) Signature November 7 2017 RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedaling MANAGER

Notification of Asbestos Abatement

NewGersey

| | | | RECE I \ | /ED 11/02/2017 | C4:04PM | |
|--|------------------------------------|---|--|--|--|---|
| Nov 02 2017 16:04 NJ Asbe | stos Contro | 1 609,633,0664 | p | age 1 | ME | CEIVE |
| K + 80 74 B&G proj. 5: 2017-15 | | Pulsuant | State of NJ ation of Asbestos to NJAC 8:80-7 EMERGEN | and 12:120-7) | Check # 8674 | CV 1:6 2017 |
| Date of Notification (1) | l Na | me of Building Owne | r/Operator (2) | 1 | " L'ASBE | CONTROL & |
| 11 11/0 12 1/11 17 | 1.1 | James Curley | | | | I NOING |
| Agencies Notified Type Notifie | ation Str | eet Address | A THE SELECTION AND ADDRESS OF | | | 1 0 |
| EFA Initia | 11 | | | | TV | |
| | ndmant Ci | y, State, Zip Code | 22015 | 1 1- | ANER APPRO | |
| <u> </u> | | Maplewood, NJ | 07040 | 1 11 | The same of the sa | |
| ☑ DOH ☐ Cand | ellation | me of Contect | | | Telephone Numbe | |
| DEA | | James Curley | | | _ | |
| | | FACI | ILITY INFORMATION | | | |
| Name of facility where shateme | nt is taking pla | ce (3) | | | Ty: 8 of Facility (4) School (K - 12) | |
| James Curley | | | | | Subchapter B (f | |
| Street Address | | | and the same of th | 252,000 | Dither (Private/C Bidgs./Homes, | o 1 10 oist |
| | | | | - | Scuare Feet # of Floor | |
| City (5) | Coun | fy (6) | | nty Code (7) | | :: = ================================= |
| Maplewood, NJ07040 | Ess | ex | (500 | te use only) | Current Use (Prior if beline sidential | g (at blished) |
| Name of Manitoring Firm Hired | by Bldg. Owne | r (5) | ASCM No. | Name of Abstement Co | | |
| | | | n/a | B & G Restoratio | n, nc. | |
| Street Address | | | | Street Address 105 Ryerson Ro | D. | |
| City, State, Zip Code | | | | City, State, Zip Code | | = 1 3 |
| City, State, 2th Code | | | | Lincoln Park, N. | J C 7035 | |
| Project Menager for Montoring | Firm | Phone Numb | SAF | Telephone Number (973)595-6869 | 0 |) B |
| Scheduled Shart Date (10) | Sched | . Completion Date (1 | 1) | Name of OSHA Monito B & G Restoration | | |
| 11/03/2017 | 11/0 | 04/2017 | | Street Address | m, mo. | 1 1 3 6-10-10-10-10-10-10-10-10-10-10-10-10-10- |
| Occupancy Status During Abets | | | | 105 Ryerson Ro | ã ć | |
| Facility closed/vecated du Abstement performed duit | ring entire parl side of normal | ed of abstament. facility hours- | | City, State, Zip Code | | |
| Describe: | | | | Lincoln Park, NJ | 0.7035 | |
| Scope of Work (check all that | ipoly) | | | | | |
| Demolition | X Renovation | חמ | | Full Containment w/negs | tivi pressure 🐷 Glov | K I p ocedure |
| ₹< 10 18 <u>₹</u> < | ≥160 af or | | | Mini-enclosure | ☐ Non- | ir II le procedura |
| Location of asbestos-containing | | n nonnelly used sole! enzace/custodis! | 1 | | Amount | RET |
| material to be abated in facility (13) | <u>slaff(12)</u> | · · · · · · | material (ACM) | esbestos-conteining | (Specify SF or | 1 P C R |
| scored in radius (12) | Yes | No N/A | | | LP) | B |
| basament | | _ X | pipe insulation | | 67 If | |
| crawl space | | × | pipe insulation | | 9 If | |
| | | | - | | | • |
| | - | | 1 | | | = |
| Registered Weste Hauler B & G Restoration, Inc. | NJD | 19563 | Cubio Yanga of Waling | | e jource & Recover | [] II fet |
| City, State Uncoin Park, NJ | | Disposal 11/ | Date 106/2017 | City, State Tullytown, F | PA | |
| Completed by (Print or Type) Gordana Luna | Titles | | Signature | Gradina Lana | Date | # I = P |
| Coldena Filis | Cecreta | ry/Treasurer | | Joseph Land | 111/ | K / 017 |
| | | | | | | |

State of NJ

| | 2017-159 | | // | | | | s Abatement | | | | | | |
|--|------------------------------------|--------------|----------------|--------------------|-----------------|-----------|--------------------------------|--------------------------|----------------------|-------------|--------------|--|-----------------|
| B & G proj. #: | 2017-159 | | (1 | | *EMER | | 7 and 12:120-7) N C Y *** | Ch | eck # 30 | 4 | | | |
| Date of Notification | (1) | LLx | lama of Build | dina Ouna | =/Operator /2 | \ | | jacon . | | == | D. C. | | |
| 1 1 1 1/10 12 | | | James Ci | economic processor | er/Operator (2) |) | | lin)_ | EC: | | \mathbb{V} | | M |
| Agencies Notified | Type Notificati | on S | treet Addres | | | | | - 115/1- | | | | 11 | ₩ |
| ☐ EPA | X Initial | 11 | | - | | | | | NOV | 16 | 2017 | | UII |
| ☐ DEP | | Ho | ity, State, Zi | p Code | | | | Lead head | | - | | + | \dashv |
| X DOL | ☐ Amenda | | Maplewo | | 07040 | | | | SBES [| Un Accorded | UTDOL | 0 | |
| ✗ DOH | _ | N. | ame of Cont | act | | | | Telep | phone I | 3 6IN | IG | ~ | \dashv |
| ☐ DCA | ☐ Cancella | ation | James C | urley | | | | | | | | | British Control |
| | | | | FACI | LITY INFORM | IATIOI | N | | | | | | |
| Name of facility who | ere abatement is | s taking pla | ice (3) | | | - | | Type of Fac | | | | | |
| James Curley | | | | | | | | | chool (| | | | |
| Street Address | | | | | | | | 1 | ibchapi e | | | -12) | |
| Street Address | | | | | | | | | her (Privillags./Hon | | Herciai | | |
| | | | | | | | | Square Fee | t #of | OC IS | В | dg. A | .ge |
| City (5) | | Cour | ity (6) | | | 10000000 | unty Code (7) ate use only) | | | == | | - 40 | |
| Maplewood, N | NJ07040 | Ess | sex | | | (0.0 | ate use only/ | Current Us residentia | | i ai g ai | emolisn | 3 0) | |
| Name of Monitoring | Firm Hired by E | Bldg. Owne | er (8) | T | ASCM No. | | Name of Abateme | | | | | | |
| | 70 | | | | n/a | | B & G Restor | ation, Inc. | | | | | |
| Street Address | | | | | | | Street Address 105 Ryerson | Road | | | | | |
| City, State, Zip Code | | | | | | _ | City, State, Zip Coo | | | | | Carried School | |
| only, oraco, hip obac | ** | | | | | | Lincoln Park | | | | | | |
| Project Manager for | Monitoring Firm | | Pho | ne Numbe | er | | Telephone Numbe (973)696-68 | | L c | s Nu | | | |
| (Control of the Cont | | | | | | | Name of OSHA Me | | | 0 137 | 8 | | |
| Scheduled Start Dat | e (10) | Sched | . Completion | Date (11 |) | | B & G Restor | | | | | | |
| 11/03/2017 | | 11/0 | 04/2017 | | | | Street Address | | = 1 | | | | |
| Occupancy Status D | | | | | | | 105 Ryerson | | | | | | |
| Facility closed | /vacated during rformed outside | | | | | | City, State, Zip Coo | le | | | | | |
| Describe: | | | | | | _ | Lincoln Park, | NJ 07035 | | | | | |
| Other-Describ | | / | | | | | | | : | == | | | |
| Demolition | CCK all triat apply | Renovatio | n | | | | Full Containment w/r | nega ive pressure | · FIG | r re nan | procedi | III | |
| >3 sf or >3 if | | ≥160 sf or | | | | ATT 17000 | Mini-enclosure | ioge iro procesure | - | | e proce | | |
| | | | n normally us | sed solely | | | | T | | TR | R | E | Τ_ |
| Location of asbestos-conf | taining | by mainte | nance/custo | | Description | on of a | asbestos-containing | Amou | | e m | _ | n | l E |
| material to be abated in facil | discount everyone to | staff(12) | | | material (| | | (Spec | ify SF (r | 0 | a | a | C L |
| | , (, | Yes | No | N/A | | | | | | v e | l r | р | |
| basement | | | | X | pipe insula | | | 67 lf | | _ X | | | 뷰 |
| crawl space | | | | X | pipe insul | ation | | 9 If | | = X | 빆片 | <u> </u> | 믐 |
| + | | | | | | - | | - | | : - | 卄片 | H | # |
| | | | | | | | | | | | ++ | H | H |
| Registered Waste Ha | auler | | P Hauler ID | # Ci | ubic Yards of \ | Waste | | ed L indfill | | = 15 | - 1 | | 1- |
| B & G Restorati | on, Inc. | | 19563 | | 1 | | Tullytow | n Resource & | Reco | у Се | nter | , | |

Disposal Date

11/06/2017

Signature

City, State Tullytown, PA

Gordana Luna

= = = = |); [

11 02/2017

Completed by (Print or Type)

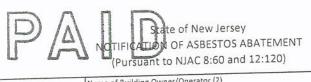
Title

Secretary/Treasurer

City, State Lincoln Park, NJ

Gordana Luna

| Date of Notification (1) 11 / | 8 / | 17 | | | | ing Owner/Operator | | ducation | : - | 1/2 | t | n n | П |
|---|-----------------------------|-----------|-------------------|----------------|---------------|--|-----------------------|--------------------------------------|------|---------|----------|-------------|------------|
| Agencies Notified | Type Notificat | ion | | | et Address | | o board trib | ducation | | ŋ | | | |
| ⊠ EPA | | | | 1 | Lincoln A | | | 1150 | | | | | |
| □ DOLWD | ☐ Amended | | | | , State, Zip | | | | 1 | 11/ | 4 0 | 00 | 27 |
| Ø DOH | Amendme | | | | 1 - 동생님은 보다면서 | | | 111 | 4 | 14 | 10 | 20 | 17 |
| DCA (NJAC 5:23-8) | | (includ | ing | | | I, PA 08033 | | | | | | | |
| (NJAC 3.23-6) | justification Cancellation | | | | ne of Conta | | | Telephone I | I D | er_ | <u> </u> | NTE | 30 |
| 1 | | | | | ohn Dese | | | _ | | | ~ | 'IG | |
| Name of Facility Where A | hatement is To | kina Dla | n= (0) | F. | ACILITY I | NFORMATION | | | | E | | | |
| Haddonfield Centra | I/Middle Seb | King Pia | ce (3) | | | | Type of Facili | 0.40 | | | | | |
| Street Address | ii/iviidale SCII | 001 | | | | | Schoo (K | -12) | _ | | | | |
| 3 Lincoln Avenue | | | | | | | Other i.e. | er 8 (Other than he private and co n | . 2 | ial F | mildi | nae | |
| City (5) | | | | | | | homes, et | c.) | 1 31 | nai t | Juliuli | iys, | |
| Hadonfield | | | | | | | Square Feet | # of Floor; | | E | Bldg. | Age | |
| County (6) | | | | | | | 26,000 | 2 | | | 50 | | |
| Camden | | | | Cou | unty Code (| 7)(STATE USE ONLY) | Current Use (| Prior if being de n | o s | ied) | | | |
| | Ulard by D. III | _ | | | | | school | | | | | | |
| Name of Monitoring Firm Epic Environmental | | | r (8) | ASC | I No. | Name of Abatem | | | | | | | |
| Street Address | Services, LL | C | | | | Plymouth Er | vironmental | Co., Inc. | | | | | |
| 1930 Brown Road | | | | | | Street Address | | | - | | | | - |
| | | | | | | 923 Haws Av | e. | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | ode | | | - | | _ | |
| Newfield, NJ 08344 | | | | | | Norristown, | PA 19401 | | | | | | |
| Project Manager for Monit | oring Firm | | Tel | ephone | No. | Telephone No. | | License No. | - | - | | | _ |
| James Eberts | | | - 100 | | 5-1077 | 610-239-9920 | | 00398 | | | | | |
| Start Date (10) | Sch | | | | ate (11) | Name of OSHA N | lonitor | - | | _ | | | _ |
| / / | | | | / | 17 | Plymouth En | vironmental (| Co., Inc. | | | | | |
| Occupancy Status During | Abatement (Che | ck only | one) | | | Street Address | | - | •0 - | - | | | |
| Facility Closed/Vacated | During Entire I | Period o | f Abate | ement | | 923 Haws Av | э. | | | | | | |
| Abatement Performed of Time of Abatement: 7: | Outside of Norm | al Facili | ty Hou | rs - De | scribe | City, State, Zip Co | de | | | | | | _ |
| | | | -IVI | AM | | Norristown, F | A 19401 | | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | | | | _ | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enovat emoliti | | 8 | ☐ Mini-Enci | osure Procedure | egative Pressure | | | | | |
| 4.000.000.000.000 | _ | 1 | s Loca | | | | | | | Ah | atem | ent T | VD |
| Location o Asbestos-Containing M | | | Norma ed Sole | | | Description of | | | | _ | T | | 1 |
| TO BE ABAT | ED | Ma | aintena | nce/ | (i.e. | stos Containing Mat , thermal systems i | erial (ACM) | Amount | | em | Repair | nce | <u>-</u> |
| | | Cus | todial (12) | Staff? | | surfacing, VAT, | or | (Specify SF or LF) | | Removal | ¥ | psu | Eliciosure |
| IN Facility | | Yes | No | N/A | - | other miscellaned | us) | , | | _ | | Encapsulate | e |
| IN Facility (13) | | 100 | - | | | | | _ | | | | | |
| (13) | | | | | tar on st | teel support lent | ils | 140SF | | | | \boxtimes | |
| (13) | | | _ | | | | | - | - | | | П | |
| (13) | | | | | | | | | | _ | | = | _ |
| (13) | | - | - | | | | | | | | | | L |
| (13) | | | | | | | | | - | | ш | S-20 | |
| (13) xterior | Hauler | | | | Vasta | Outback | | | - | | | | |
| xterior ame of Registered Waste | | | | | | Cubic Yards of Waste | Name of F egis | stered Landfill | | | | | Г |
| exterior ame of Registered Waste Robinson Waste Hau | | | | JDEP V | No. | Waste 40CY | Name of F egis | stered Landfill | 1 | | | | |
| xterior ame of Registered Waste Robinson Waste Hau ity, State | | | | JDEP V | No. | Waste 40CY Disposal Date | | stered Landfill |] | | | | |
| exterior lame of Registered Waste Robinson Waste Hau ity, State Voorhees, NJ | lers | | | JDEP V | No. | Waste 40CY | GROW3 | | | | | | |
| exterior (13) | lers i Tit | | ZH | JDEP vauler ID | No. | Waste 40CY Disposal Date | GROW 3 City, State | , PA | ae | | | | |



| P | | NGTIFI (Pu | CATIO | ate of New Jersey N OF ASBESTOS A to NJAC 8:60 and | ABATEN | MENT 0) | | her | 1. | H | - [| 96 | 68 |
|---|----------------|------------------------|-----------|--|----------|-------------------------------------|----------------------|------------------------|------|-----------------|---|--------|--|
| ate of Notification (1) | | | | wner/Operator (2) | | | 1 | FC | E | | \mathbb{V} | | 1 |
| 1/09/17 | | nny N | | a | | | -) - | | 1 | - Decision | | | Π |
| gencies Notified Type Notification | Str | eet Addr | ress | | | | 115 | | | - 2/2 | | | Ш |
| ⊠ EPA ⊠ Initial | C. | y, State, | 7in Code | | | | | NO' | - 1 | 6 2 | 2017 | | 14 |
| □ DEP □ Amended | | | | J 08840 | | | ППП | 110 | 52 | 10.74 | | | |
| ▼ DOL Amendment # | | ime of Co | | 3 000 10 | | Tele | ep on Numba | | | an manufacture. | - CALOTTIC | | |
| ☐ Emergency (including | | enny N | | ra | | ** | | LAC | 13 | CON | TRO | L& | |
| ☑ DOH justification) ☐ Cancelation | 136 | entry iv | | | | | | 11 | 1 | SIN | à_ | 200 | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic |
| □ DCA □ Cancelation | | | FAC | ILITY INFORMAT | ION | - 10 | - | | | | | | |
| ame of Facility Where Abatement is Taking Place (3) | | | | | | Facility (4) | | | | | | | |
| rivate Residence | | | | | | School (K-12) | | 2) | | | | | 1 |
| treet Address | | | | | | Subchapter 8 (0 | Other than K-1 | LZ) Laint buille le | - | ome | etc |) | |
| (I det ridates) | | | | | X | Other (i.e. priva | ate & Commer | ciai bulic ii | 5 1 | Office | , | 1 | |
| | | | | | Square I | Feet # o | f F oors | Bldg. Age | | | | | |
| City (5) | | | | | 1,618 | 2 | | 1960 | *** | _ | | | |
| Vietuchen | | Ic | County Co | ode (7) | | Use (Prior if being | de nolished) | | | | | | |
| County (6) | | | | SE ONLY) | Reside | ential | | | | | | | |
| Middlesex | | | | ASCM No. | Name o | of Abatement Contr | actor (9) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | ASCIVI NO. | | rn Contracting | | _ | | _ | | | |
| | | | | | Street A | | | | | | | | |
| Street Address | | | | | | illow Way | | | | | | | |
| | | | | | _ | ate, Zip Code | | | | | | | |
| City, State, Zip Code | | | | | Wood | dland Park, NJ | C7424 | | | | | | |
| | | | Telephor | ne No. | | one No. | | License 1 c | | | | | |
| Project Manager fo Monitoring Firm | | | Гетериот | | 973-3 | 333-9176 | | 01331 | | | | | |
| | To | chadules | d Comple | etion Date (11) | Name | of OSHA Monitor | | | | | | | |
| Start Date (10) | 4.3 | 11/27/ | | | Envir | ovision Consu | Itants, Inc. | | | | | | |
| 11/25/17 Occupancy Status During Abatement (Check Only One) | | 11/2// | | | | Address | | | | | | | |
| Occupancy Status During Abatement (Cited State) | ind of Abat | rement | | | 20-21 | 1 Wagaraw Rd | ., 3ldg. 35-E | | | | | | |
| Facility Closed/Vacated During Entire Per | Leacility Ho | ours | | | City, St | ate, Zip Code | | | | | | | |
| Abatement Performed Outside of Norma | I Facility in | Juis | | | Fair L | awn, NJ 0741 | .0 | | | | | | |
| Other - Describe: 08:00 - 15:00 | | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | Renova | ation | | Full Containme | ent with Nega | tive Pres it | T | | | | |
| ≥3 sf or ≥3 lf | | × | Demol | | \times | Mini-Enclosur | e | | | | | | |
| ☐ ≥160 sf or ≥260 lf | | المتعنا | Demo- | | X | Glovebag Prod | ellure | | | | | | |
| | | | | | | Non-Exempte | d (*) and Non- | -Friable Fr | 0 :0 | ire | - | Abatem | nent |
| | Is | Location | n | | | | | | | | | Туре | |
| Location of | 1 | Normally | | | Desc | cription of nining Material (ACN | (4) | / n | 2: 1 | ıt | | | |
| Asbestos-Containing Material (ACM) | | ed Solely sintenanc | | Asbe | thermal | systems insulation, | *., | | 10.0 | | | 1 | m _ m |
| TO BE ABATED | 3.00000 | todial Sta | | , | surfac | ing, VAT, or | | S.F. | r F | 1 | Ren | 20 1 | nclo |
| In Facility (13) | | (12) | | | other m | niscellaneous) | | | | | Removal | Repair | Enclosure |
| (20) | Yes | No | N/A | | | | _ | 1 | - 1 | - | X | | |
| Basement | | X | | | Ductwo | rk Insulation | | | | N. | | | |
| 53331117.03 | | | | | | | | - | | 1.7 | \Box | | |
| | | | | | 1114111 | | | | | - | | \Box | |
| | | | | | | | | Name of | p 1 | u tered | andfil | | |
| Name of Registered Waste Hauler | | NJDEP V | Vaste Ha | uler ID No. | 1 | Yards of Waste | 10 | Fairles | | | | | |
| Unicorn Contracting Corp. | | 00358 | 344 | | 2+ | | 15 | City, St It | * | | | | |
| City, State | | | | | 4 | sal Date | 1 | Morr s | | € PA | | | |
| Woodland Park, New Jersey | NET TO SEE THE | | | | TBD | Signature | / | 71011 | | | Date | | |
| I WOODIANU PAIK. NEW JEIJCY | | | | | | | | ar . | | | 400000000000000000000000000000000000000 | | |
| Completed by | Title | | | | | Signature | 1 M | ' | | | 11/ | 09/1 | 17 |

| 08 2017 12:47 NJ Asbestos | Control | 609 | 9,633,0 | 664 ~ ~ | page | 1 | | | | |
|---|-------------|---------------|---------------------|---------------|---|--------------------------|--|-----------|----------------------|----------------------|
| 11/08/2017 10:05 | | L | 9) / | | | | NO.675 a | 002 | | |
| F 4418 | NO | TIF | CATIC | State of N | SESTOS ABA | rement | - | DE | | EIV |
| - 1 11 | | | | | AC 5:80 and 5:1 | | | N. | | |
| Date of Notification (1) | | | Nar | na of Bulldir | g Owner/Operator | (2) | | 1/11 | -NOV | 1 6 2017 |
| 11 / 08 / | 17 | | R/ | aureen Vo | 288 | | 1111 | 7 1 | 1 | |
| Agencies Notified Type Notific | ation | 0-2 | Stre | el Address | | G-1- | - + W | - | ==:: | |
| ☑ EPA ☑ Initial ☑ DOLWD ☐ Amenda | | | | | | | | | | OS CONTRO CENSING |
| ☑ DOH Amendar | | 1.977 | 1 000 | Stele, Zip | | 1 | 74 11 | | | |
| □ DCA ☑ Emerger | | ng | | 74.5 CE 22.7 | n, NJ 08606 | - | | | | |
| (NJAC 5:23-8) justificat | | | 1 | aurean Vo | | | Telephone No | יפמחע | | |
| | | | - 1 | | FORMATION | | _ 1 | | | |
| Name of Facility Where Abatement is | Taking Plac | ca (3 |) | TO I DIT I | 41 Oldan Hold | Type of Facili | by (4) | | | |
| Voss Residence | | | | | | School (K- | 12) | | | |
| Street Address | | | | | | Subchapie | r 8 (Other than K- private and comm | -12) | be in | |
| -2 | | | | | | nomus, all | c.) | OK ENN DU | will Ji. | |
| City (3) | | | | | | Squere Past | # of Floors | | 9 7 | |
| County (6) | | | Trio | Intis Code (| n(STATE USE ONLY) | 1,600 | | 7 | 0 | |
| Burlington | | | 100 | THIS CODE ! | ING THIE USE WALT) | Realdence | Prior if t sing dam | Ollshod) | | |
| Name of Monitoring Firm Hired by Bull | ding Owns | (8) | ASC | A No | Name of Abertains | | | | | - |
| Management & Env)ro. Consul | ting Sorv | loos | | | Shade Enviro | | | | | |
| Strant Address | 10.2021 | | | | Street Address | | | | | - |
| PO Box 341 City, Stein, Zin Code | | | | | 623 Cutler A | | | | | |
| Chesterfield, NJ 08515 | | | | | City, State, Zip Co | | | | and the State of the | |
| Project Manager for Manitoring Firm | | TT | alephan | No. | Maple Shade Telephone No. | MJ DROGS | License No. | | | · north |
| Bill Walagarber | | 1 | | 8-407Q | 850-755-0099 | | 10842 | | | |
| | Schadulad (| Com | ptellen D | ate (11) | Name of OBI IA N | lonitar | | | | |
| 11 /10 /17 | | and the same | 13_ / | 17 | EMSL Analyt | isal, Ino. | | | | |
| Occupancy Status During Abatement (Facility Closed/Vacated During Entitle | | | | | Street Address | | | | | |
| Abelement Performed Outside of No | mal Facili | Ily Ho | onta - De Hameur | scribe | 200 Route 13 City, State, Zip Co | | | | | |
| Time of Abatement:AM | PM/ | | TV3 | AM | Cinneminan | | | | | |
| Scope of Work (Check all that apply) | | | | | | W | | | | |
| ⊠ ≥3 sf or ≥3 if | Ø R | enov | ration | | Full Cant | ainment with No Caura | egetive Pressure | | | |
| ☐ ≥160 of or ≥280 If | | emol | Hion | | Olovebar | Procedure | | 2 | | |
| | | s Lac | cation | 1 | LI AUITERP | Mana () and M | lon-Fria da Proces | | | |
| Location of | | Nom | nally olely by | | Description o | | | - | en # | YPO |
| Asbestos-Containing Material (ACM TO BE ABATED | ' M | alnla | manoe/ | | stos Conteining Mai ., thormal systems i | | /umount (Specify | Removal | Med San | Exclosure |
| IN Facility | Cu | 310016 (1) | s Stoff? | | aurlacing, VAT. | Of | &ForLF) | 5 | - | SITE |
| 37.77 | Yes | N | a N/A | | Office Misosyland | oue, | | | ł | |
| Crawlspace | | X | | Pipe Ins | ulation | | 30 LF | 3 | | |
| | | 10 | - | | | 17455 | | - | | |
| | | | - | + | | 11/1 | | - | | - |
| | | | | 1- | | | | - + - | | - |
| Name of Registered Waste Hauler | JU | 78 | NUDEP | Wasta | Cubic Yards of | Name of Dee | stered andfill | | | |
| Freehold Certage | | | Hauler | D No. | Waste | | Jorth Landfill | | | |
| City, State | | | 1583 | | Disposal Date | City, States | | - | | |
| | | | | | 11/13/2017 | Morriadile | a, PA | | | |
| Freehold, NJ | | | | | | | 17 | | | 4.0 |
| Freehold, NJ Completed By (Print or Typa) | Title | | | | Signature | | 11 | Sate | | |

| Check#2916 | 1 111 | //\ | (P | Ireila | nt to NJ | AC 0.00 | O ADA | I FINIFIA I | - | | | | | |
|-----------------------------------|------------------------|---------------|------------------|----------|---------------|-------------------|------------------------|----------------------|----------------|------------------------------------|----------|------------------|--------------|-----------|
| Date of Notification (1) | | 1 | 1,1 | 1 8 | ر سا | | | | 7 | E CE | 1-1 | W F | | 7 |
| 55700 | 00 1 | <i>leal</i> 1 | teril) Su | Nam | e of Buildir | g Owner | Operator (| (2) | 1) | 15 00 15 | : = | <u> </u> | 7 | 111 |
| | 09 / 1 | | | Eric | Chemi | | | | 7) | | | | | |
| 1 | Type Notification | | | Stree | et Address | | | | | NOV 1- | j -/ | 017 | 11- | # |
| D | ☑ Initial ☐ Amended | | | | | | | | | | | | houses | |
| ☑ DHSS | Amendment # | ŧ | | City, | State, Zip | Code | | | - | ASBESTOS C | 1 2 1 | DOL | | + |
| ☐ DCA | Emergency (i | | a a | Ridg | ewood, N. | J 07450 | | | 9 | LICENS | il | HUL | St. | - 1 |
| (NJAC 5:23-8) | justification) | 33 | 70 | Nam | e of Contac | et | | MINTS | Name of Street | Telephone Num | : 2 | e Windsmann also | Marie Livery | art. No. |
| | Cancellation | | | Eric | Chemi | | | | , | | | | | |
| | | | | FA | CILITY II | FORM | ATION | | - | | | | | |
| Name of Facility Where Ab | atement is Takin | g Place | (3) | | | | | Type of Faci | ity (4 |) - | | | | |
| Private house | | | | | | | | School (K | -12) | | | | | |
| Street Address | | | | | | | | Subchapt Other (i.e. | er 8 (| Other than K-1 2 vate and comme | 1 4 N | م منالماند د | | |
| City (E) | | | | | | | | homes, e | ;c.) | rate and confine | 1 11 | oullaing | J S, | |
| City (5) | | | | | | | | Square Feet | | # of Floors | 7 | Bldg. A | ge | |
| Ridgewood, NJ 07450 County (6) | | | | | | | | | | | | | | |
| | | | | Cou | nty Code (7) | (STATE U | ISE ONLY) | Current Use | Prior | if being demcli | h ec | | | |
| Bergen Name of Monitoring Firm H | ired by Puilding | 0 | (0) 1 | | | | | | | | | | | |
| Admit of Monitoring First Fi | ned by building | Owner (| (8) | ASCM | No. | Name | of Abateme | ent Contractor | (9) | | | , | | |
| Street Address | | | | | | Gr Tec | | | | | | | | |
| on our Address | | | | | | | Address | | | | - | | | |
| City, State, Zip Code | | | | | | | lley Rd# | | | | | | | |
| 7,, | | | | | | | ate, Zip Co | | | | | | | |
| Project Manager for Monito | rina Firm | | Tele | phone | No | Vayne | , NJ 0747 | 0 | | | 40 | | | |
| | | | 1010 | prioric | 140. | Same and the same | | | | License No. | | | | |
| Start Date (10) | Sched | duled C | omple | tion Da | ate (11) | 973-63 | 8-17/7 of OSHA M | lonitor | | 01127 | | | | |
| 11 /20 / | 17 | 11 / | 21 | l / | 17 | III I CANDVESS | | | | | | | | |
| Occupancy Status During A | | | | | | | Vision Co | nsultants,Inc | | | | | | |
| □ Facility Closed/Vacated | During Entire Pe | riod of | Abate | ment | | | | | | 22 | | | | |
| ☐ Abatement Performed C | utside of Normal | Facility | / Нош | s - Des | scribe | City St | Wagaraw ate, Zip Co | Road, Bldg | # 35. | <u>E</u> | | | | |
| Time of Abatement: | P | M/ | PM_ | | _AM | | wn, NJ 07 | | | | | | | |
| Scope of Work (Check all the | nat apply) | | | | | I di Da | | | inati | on with negati re | 1 = | SIIIR | | |
| ≥ >3 sf or >3 If | | ⊠ po | novati | | | П | Full Cont | ainment with I | egat | ive Pressure | | Suic | | |
| ☐ ≥ 160 sf or >260 lf | | | molitic | | | × | Mini-Encl | | Пте | nt with Negative | F e : | SIIFA | | |
| | | | | | | | Non-Exer | npted (*) and | Von-F | Friable Proced |) | Suic | | Ī |
| Location of | | 1000 | Locat Iorma | | | 954 | | | | | - | pateme | nt Ty | ре |
| Asbestos-Containing Ma | terial (ACM) | | d Sole | | Ashas | De tos Cont | scription of | f erial (ACM) | | | 3 | Z | ш | П |
| TO BE ABATE | | 100000000 | ntena odial S | | (i.e. | , thermal | systems in | nsulation, | | Amount (Specify | Verriona | Repair | Encapsulate | Enclosure |
| IN Facility (13) | | Cust | (12) | otan? | | | cing, VAT, | | | SIF or LF) | DVG | = | Insc | sure |
| | | Yes | No | N/A | 1 | othern | niscellaneo | ous) | | | 10.77% | | ate | (0) |
| Attic | | П | П | X | Die - : | lati: | | | + | | = | | | |
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| | | Ш | Ц | | | | | | | | | | | |
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| Name of Registered Waste | Hauler | | NJD | EP Waste | Hauler ID No. | Cubic Yar | rds of Waste | Name of Re | ister | ed Landfill | L | | الب | _ |
| Gr Tech LLC | | | 0 | 03378 | 15 | TBE | | T.R.R.F. In | | ene man roo PARMAN | | | | |
| City, State | | | | | | Disposa | | City, State | , | | | | | _ |
| Wayne, NJ 07470 | | | | | | TBE | | & H | 24 | | | | | |
| Completed By (Print or Type |) Title | | | | | | nature 1 | Tullytown, | | Da | ; | | | \dashv |
| N.Jevtic | Own | er | | | | 1.9 | H | Ac Wen | . 0 | | | | | |
| ASB-41 | OWI. | | | | | | // 21 | ~ - wen | 101 | 111/ | 6/1. | 1 | | |

| Б | Δ | NOT FICA | TION OF AS | New Jersey SBESTOS ABAT 8:60-7 and 12:1 | TEMENT | CK | # : | 315 | 23 |
|--------------------------------------|--|-----------------|---------------|---|--------------------|--------------------|------------|-----------------------|-----------|
| D. (N. (T (1)) | | | IJ Nam | e of Building O | wner/Operator (| | | | |
| Date of Notification (1) | Seed Tools | 1 640 10 | | | H ACTORS HOM | | E (| 9 - E − | 1 W E G |
| 11 / 8 /17 | | | | et Address | | IIU | | - 1: 50 | |
| Agencies Notified Type Notif | ication | | 155- | 175 WEST HUD | SON AVENUE | 110) | | | 100 |
| EPA X Initia | Notificatio | n | | State, Zip Code | | - | N(| 1 | 6 2017 |
| DEP Ame | nded Notifi | cation | ENG | LEWOOD, NEW | JERSEY 07631 | | 4 | | See |
| | ellation | | | | | | | | |
| X DOH On H | | | | e of Contact | | Tolon | .5 | | ONTROL & |
| DCA EME | RGENCY I | NOTIFICA | TION JOR | DAN STROHL | | | | LIEVS | SING |
| | | | FACILITY IN | NFORMATION | | | | | |
| Name of Facility Where Abatement | is Taking I | Place (3) | | | Type of Facility | / (4) | | | |
| | | | | | School (K- | -12) | | | |
| THE LILLIAN BOOTH ACTORS HOM | E | | | | Subchapte | er 8 (O her than h | (-12) | | |
| | | | | | X Other (ie. | private & commo | l. bldgs., | h) 1€ 3, | etc.) |
| Street Address | and the same of th | | | | Square Feet | # of Floors | E | lig / ge | 9 |
| 155-175 WEST HUDSON AVENUE | | | | | 10,360 | 2 | | . 8 | |
| City (5) Cou | nty (6) | | Cour | ity Code (7) | | ior if being demo | lished) F | hin L | ab. |
| - CONTROL (1971) TO CONTROL (1972) | GEN | National Indian | (STATI | E USE ONLY) | COMMUNICAT | | | | |
| Name of Monitoring Firm Hired by I | | | | ASCM No. | | ment Contracto | | | |
| ENVIRONMENTAL HEALTH INVIEST | IGATIONS | S, INC. | | 17 | PAR ENVIRON | MENT AL CORPO | DRATIO | l | |
| Street Address | | | | | Street Address | | | | |
| 655 WEST SHORE TRAIL | | | | | 313 SPOOK RO | OCK R DAD | | | |
| City, State, Zip Code | | | | | City, State, Zip | Code | | | |
| SPARTA, | NEW JER | SEY 0787 | 1 | | SUFFERN, NEV | W YOF K 10901 | | | |
| Project Manager for Monitoring Firm | | Telephon | e Number | | Telephone Num | ber Lice | ense Nur | nl e | |
| WILLIAM KERBEL | | 973-729- | 5649 | | 845-369-7500 | 110 | 11 | | |
| Expected State Date (10) | Sch | ed. Comp | letion Date | (11) | Name of OSHA | Monitor | | | |
| 11 / 20 /17 | | 12 / | 30 | | AMERISCI | | | | |
| Month Day Year | Me | onth | Day | Year | | | | | |
| Occupancy Status During Abatement | (Check onl | y one) | | | Street Address | | | | |
| Facility Closed/Vacated Du | | | | | 117 EAST 30TH | STREET | | | 1 |
| Abatement Performed Out | | | | | | | | | |
| X Other - Describe: MON | IDAY - FRI | DAY 7AM | -12 AM (DO | UBLE SHIFT) | City, State, Zip | | | | |
| | | | | | 1 | NY, NY 100 | 116 | | |
| Scope of Work (Check all that apply) | [V] | | | | ainment with Neg | ative Fressure | | | |
| Demolition | X Ren | ovation | | Mini-Encl | o , g Procedure | | | | |
| >3SF OR LF x >160 SF OR 260 LF | | | | | le Procedure | | | | |
| | 1. | Location | Т. | Description of As | | T - | Abo | e r er t 7 | Tuno |
| Location of Asbestos-containing | 31.57 | mally used | | containing Materi | | Amount | | | |
| Material (ACM) | | solely by | | (ie. Thermal sy | | (Specify | E ! | | 8 |
| TO BE ABATED | 1 | nt/Custodia | al ir | sulation, surfaci | | SF or LF) | REMOVAL | > ; | ENCLOSURE |
| in Facility (13) | 5 | Staff (12) | | or other miscella | | 50000 000000 60 | P . | () | ls l |
| | Yes | No N/A | | | | | | Fi | [유] |
| LOWER LEVEL | | X | VAT & MA | ASTIC | | 600 S F | X | | |
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| Name of Registered Waste Hauler | NII | EP Waste | Cubic Var | ds of Waste | Name of Regist | tered Landfill | | | + |
| NEWARK CARTING | | ler ID No. | CODIO TAI | 5 | | RAL SANITARY | LANDFIL | L | |
| 369 RAYMOND BLVD. | | 913 | | (- 0) | | | | Dr. | |
| City, State | | 0.10 | Disposal | Date | City, State | | | | |
| NEWARK, NEW JERSEY | | | 11/20/17- | | PAINFIELD TO | WNSHIP, PA | | 1 1 | |
| Completed by (Print or Type) | Title | | | Tar | | Da | ter / | 157 | 17- |
| BENJAMIN SANCHEZ | | OR OF OP | ERATIONS | | 11/ | | 11/ | 11 | |

| Date of Notification (1) 11 | Owner/Operato DOHME CORP. AVENUE, P.O. Bode ERSEY 07065 ON Type of Facil School (Subchar X Other (ie Square Feel 39,000 Current Use (i RESEARCH L Name of Aba | Tel pohone Num (ity (4) K-12) oter 8 (Other than a private & common to the common t | N(nbeEs K-12) |) V | (101) | 2017 |
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| Agencies Notified Type Notification EPA DEP Amended Notification City, State, Zip Code Amended Notification Cancellation On Hold DCA DCA EMERGENCY NOTIFICATION Name of Contact PATRICIA JOHNS FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION Street Address 126 EAST LINCOLN AVENUE - BUILDING 80M City (5) RAHWAY City (5) RAHWAY Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 655 WEST SHORE TRAIL City, State, Zip Code | AVENUE, P.O. Bode ERSEY 07065 ON Type of Facil School (Subchap X Other (id Square Feel 39,000 Current Use (id RESEARCH L Name of Abar | Tel pohone Num (ity (4) K-12) oter 8 (Other than a private & common to the common t | N(| OV Section | 1 6 | VTROL |
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| 655 WEST SHORE TRAIL City, State, Zip Code | | NMEN TAL CORP | ORATI | () | | |
| City, State, Zip Code | Street Address | | | | | |
| | 313 SPOOK F | | | | | |
| SPARTA, NEW JERSEY 07871 | City, State, Zip | | | | | |
| D. T. C. | SUFFERN, NE | EW YCRK 10901 | | | | |
| Project Manager for Monitoring Firm Telephone Number | Telephone Nu | mber Lice | ense N | in | r | |
| WILLIAM S. KERBEL, CIH 973-729-5649 | 845-369-7500 | 110 |)1 | | | |
| Expected State Date (10) Sched. Completion Date (11) | Name of OSH | | | | | $\overline{}$ |
| 11 / 20 /17 11 / 30 /17 | | BORA FORIES IN | C | 43 | 1 480 | , |
| Month Day Year Month Day Year | | DOTO TOTALO IIV | 0 | 7 | 400 | ' |
| Occupancy Status During Abatement (Check only one) | Street Address | 3 | | | | \neg |
| X Facility Closed/Vacated During Entire Period of Abatement | 117 EAST 30T | HSTEET | | | | |
| Abatement Performed Outside of Normal Facility Hours - Describe: | | | | | | |
| X Other - Describe: MONDAY 10 AM-6:30 PM | City, State, Zip | Code | | | | |
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| Scope of Work (Check all that apply) Full Cont | tainment with Ne | | | 2020113 | | |
| Demolition X Renovation Mini Enc | ilo , | ****** | | | | |
| X >3SF OR LF X Glovebac | g Procedure | | | | | |
| | ble Procedure | | | | | |
| Location of Is Location Description of A | | | T Ab | | - t T | |
| Asbestos-containing normally used Containing Mater | | Amount | | et i | | |
| Material (ACM) solely by (ie. Thermal sy | | Specify | REMOVAL | Į T T | TAIO A DOI 11 | Z |
| TO BE ABATED Maint/Custodial insulation, surface | | SF or LF) | 9 | PAIR | 2 | 15 1 |
| in Facility (13) Staff (12) or other miscella | | | ≥ | T | 15 | 130 |
| Yes No N/A | | 1 | 15 1 | | in in | ENCLOSURE |
| BUILDING 80 M STEAM PIPE X PIPE INSULATION | | 1 | | | - | |
| BUILDING 80 M STEAM PIPE X PIPE INSULATION | | 5 LF | X | | | |
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| Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste | Name of Regist | ered andfil | | | | |
| DEFLICI D CARTAGE WAS | | | DE 8461 | | | T 05 |
| THAUIPT ID NO. 1 1/2 CT VADO | 147 ALEXAND | OUNTY RESOURCE | IVIAI | A: | ILIEN | I SE |
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| 325 HIGHWAY 33 15939 | | | | 10 | 1 | , |
| 325 HIGHWAY 33 15939 Disposal Date | City, State | | | 3 | -/1 | |
| 325 HIGHWAY 33 15939 City, State Disposal Date 11/20/2017 | MONT GOMER | | 11 | | _ | 100 |
| 325 HIGHWAY 33 15939 Disposal Date | | Y , PA 17752 Date | 11 | 7"; | 1 | 12 |

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|--|--|----------|--|-----------|-------------|--|---------------------------------|-------------------|---|------------|---------|--------------|-------------|---------------------|
| RUENCY | PHONI | í F | H. r | | | w Jersey | | | | [] | | \mathbb{V} | E | In |
| CKA 136 | 7 P | 72 | IFIC Purs | MOTE | OF ASB | ESTOS ABATEM 8:60 and 12:120 | ENT | | M NO | 4 | 6 2 | 017 | - | \coprod |
| Date of Notification (1) | ш | | | Name o | of Building | OWNer/Operator | (2) EX(V | AVI | JIMC= | | | | | |
| Agencies Notified | Type Notification | | 1 | Street A | Address | 3349 | DANT | E | ASBEST AVE | SC | SING | TRO | L & | THE PERSON NAMED IN |
| DEP | Amended Amendment #_ | | | City, Sta | ate, Zip C | MELAN | n N | l, T | 08 | 1 | | | | |
| Ø DOH □ DCA | Emergency (inc justification) Cancellation | duding | - | Name o | of Contac | | | | Telephone Nu | n Æ | | | | |
| | | | | FACI | | ORMATION | | ilib. (A | | | | | | 1 |
| Name of Facility Where Al | atement is Taking | Place (| 3) | | | | Type of Fig | K-12) | Other than K | • 2) | | | | |
| Street Address | 11-01-0 | | | | | | Other (i.e. home: | e., priv etc.) | ate & comr € | t al b | | | | |
| City (5) | DCIATE | | | | | | Square Fre | | # of Floor: | | 5 | . Age | | |
| County (6) | RGATE | | | Count | y Code (7 | 7) (STATE | Current U × | (Prior | if being de T | i si e | id) | | | |
| Name of Monitoring Firm | lired by Building C | wner | - 1 | SCM N | | Name of Abatem | nent Contra to | or (9) | ======================================= | | | | | |
| (8) N | Α | | | | | Street Address | ^ | | AUE_ | : = - | | | | |
| | | | | | | 369 S City, State, Zip C | | | | :== | 15 | , | | 7 |
| City, State, Zip Code | | | Tolor | ohone N | Jo. | MAPCE Telephone No. | SHA! | | License 1 c | |)50 | = | | + |
| Project Manager for Monit | ** | | 10000000000000000000000000000000000000 | | | 856-77 Name of OSHA | | 2 | 00 | : = : | 4 | _ | | = |
| Start Date (10) | Scheo | uled Co | mplet - | ion Date | e (11) | Jo | SEPH. | Kt | DMU_ | :=: | | | | \dashv |
| Occupancy Status During Facility Closed/Vacate | Abatement (Chec | k only o | one) Abater | nent | | Street Address | | PRUC | E Wil | ; : = = | | | _ | = |
| Abatement Performed Other - Describe: | Outside of Norma | Facility | Hour | s | | City, State, Zip C | Code | HAV | DE ME | : = 1 | 80 | 52 | _ | = |
| Scope of Work (Check all | that apply) | | | 3 | | Full Co | ontainment vit nclosure | h Nega | ative Press Ir | 1 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Rer | novation | n n | | F Clayet | pag Procedure xempted (*) 3r | nd Non | -Friable Pr x | <u>u</u> e | | paten | | \dashv |
| | | No | ocatio | | | _ | -4 | | | | | Тур | | 4 |
| Location o Asbestos-Containing M | aterial (ACM) | | Soleh tenan stodia | ce/ | Asbes | Description of the Description o | aterial (ACN) insulation, | | Amoun (Specif | | Rei | Re | Encar | Encl |
| TO BE ABATI IN Facility (13) | <u>ED</u> | S | taff? (12) | | V | surfacing, VAT other miscellane | T, or | | SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| (10) | | Yes | No | N/A | | | | - | 150 51 | | X | - | - | |
| SIDIN | | | _ | X | Gx | TRANSI' | | | 75 SE | : | X | | | |
| DILLITY RO | DW | | | | | | | - | == | : | | _ | | |
| Name of Registered Was | to Hauler | | IN | UDEP V | | Cubic Yards | Name of | f Regis | stered Lanc ii | . = - | | ۸ | | |
| 7/2 | IWC, | | _ | 798 |) No. | of Waste 3 Disposal Date | City, Sta | M. | C. MI | : ≝ | . 4 | 1 | | _ |
| City, State | HADE D | 1,5 | | | | | | 100 | DBIA | ; ! = = | | _ | _ | |
| Completed By | CAM Tith | SUF |) | | | Signature | litte. | _ | | 1 | 8 | -1 | _ | = |
| MICHAEL PC | | | | s form | for asbes | stos licensure exe | empted act ri | ties. | | | | | | |

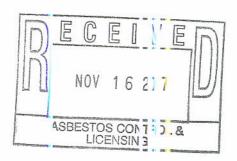
| Emer | MENCY | X | | | | | | | | | | | | E | FI | IIII FOI |
|---|-----------------------------|--------------|---------|---|--|-----------------------------------|--------------------|---------------|-----------------------------|----------------|---------|---------|----------|------------|---------------|--------------|
| | |) | A TI | FICATIO | NOF ASB | w Jersey SESTOS AI 8:60 and | BATEI 12:120 | VEN | CK | Col | 45 | 3 | | | 5300 221 1300 | |
| Date of Notification (1) | 1-9 | 400 | - | | | Owner/Op | | (2) | | | T | 7 [| = ; | 7 6 | 7 0 | 7.5 |
| 11/7/17 | r N | | | | A STATE OF THE PARTY OF THE PAR | rivate Ho | ome | | | | | 1) [| | 2 [| 5 [| \mathbb{V} |
| | Type Notification | 1 | | Street | Address | | | | | | IIA | 1 | | | | |
| X EPA | Initial | | | Oih. O | -1- 7:- 0 | | | | | | Ш | | A ! | U _ | 1.0 | 0047 |
| DEP [X DOL | Amended Amendmen | 1 # | | | ate, Zip Co | ode NJ 08054 | A | | | | In r | 4 | THE ST | V | 10 | 2017 |
| | Emergency | (including | 1 | | of Contact | | 4 | | | 1-1 | | | ==: | | | |
| DOH CA | justification) Cancellation | | | 100000000000000000000000000000000000000 | n Melen | | | | | Tele | phone | Nun | I E | No. Scott | CON | TROL 8 |
| | | " | | | CLUS COMPANY | ORMATIO | D. II | | | | | | | | ISIN | 3 |
| Name of Facility Where Ab | atement is Takir | ng Place (| 3) | inc | ALLI HALA | OKINATIO | 1.0 | Typ | e of Facility (4 |) | | - | | | | |
| Anne Ricco Private I | lome | | | | | | | | 150.50 | inh. | | | | | | |
| Street Address | | | | | | | | H | School (K-1: Subchapter | (Othe | r than | K-12 |) | | | |
| | | | 36 | | | | | X | Other (i.e. p | vate & | comn | nercia | il d li | li gs | , hom | es, |
| City (5) | | | | | | | - | Sau | etc.) are Feet | # of | Floors | | - 7 ; | ld j. | Ane | |
| Mount laurel NJ 080 | 54 | | | | | | | - 60.510 | 00+ | 1 | 1 10013 | | - 1 | 5+ | nge | |
| County (6) | | | | County | Code (7) | | \rightarrow | Curr | ent Use (Prio | if bein | a den | nolish | -1. | | | |
| Burlington | | | | (STATE | USE ONLY |) | - | | | | .9 4011 | .011011 | - 1, | | | |
| Name of Monitoring Firm H | ired by Building | Owner (8) |) | ASC | M No. | 1 | Name (| of Ab | atement Con | actor (| (9) | | | - | | |
| N/A | | | | | | | Pern | | | | , | | | | | 1 |
| Street Address | | | | | | 5 | Street / | Addre | ess | | | | | | | |
| | | | | | | | PO E | ox 3 | 329 | | | | | | | |
| City, State, Zip Code | | | | 100 | | | City, St | ate, 2 | Zip Code | Anna Santa III | | | | - | | - |
| | | | | | | | West | Bei | rlin NJ 080 | 11 | | | | | | |
| Project Manager for Monito | ring Firm | | | Telepho | ne No. | 1 | Teleph | one N | No. | | Licen | se No | · | | - | |
| | | | | | | | 856-7 | 753- | 9800 | | 0072 | 27 | | | | |
| Start Date (10) | | Schedul | ed Co | mpletion | Date (11) | I N | Vame o | of OS | HA Monitor | | | | | - | | |
| 11/ 8 /17 | | 11/9/1 | | | | | Same | Э | | 7.5 | | | | | | |
| Occupancy Status During A | Abatement (Ched | ck Only Or | ne) | | | S | Street A | Addre | ess | | | | | | | |
| Facility Closed/Vacate | d During Entire | Period of | Abater | ment | | | | | | | ٠ | | | | | |
| Abatement Performed Other – Describe: Ho | Outside of Norr | nal Facility | / Hour | 8 | | C | City, St | ate, Z | Zip Code | | | | | - | | |
| | | | | | | _ | | | | | | | | | | |
| Scope of Work (Check All 7 | hat Apply) | | | | | | | | | | | | | - | | |
| ≥3 sf or ≥3 lf | | | Renova | | | | | Fι | II Containme | t with i | Negati | ive Pr | ex | 9 | | |
| ≥160 sf or ≥260 lf | | | Demoli | ition | | | - | Mi | ini-Enclosure | | ŭ | | | | | |
| | | | | | | | X | No | ovebag Proce on-Exempted | dure *) and | Non-F | riable | 2) | e hu | ·e | |
| | | le | Locat | tion | | | | | | 7 0.110 | .,,,,,, | - I | : | | ement | |
| Location of | ŧ | ı | Vorma | lly | | Docor | iption o | 06 | | | | | | Ty | /ре | |
| Asbestos-Containing M | aterial (ACM) | | ed Sole | | Asbest | tos Contain | | | I (ACM) | Am | nount | | | Section 2 | m | |
| TO BE ABAT In Facility | <u>ED</u> | | | Staff? | (i.e. | thermal sy surfacing | | | ation, | | ecify | | T D | 7 | Encapsulate | Enclosure |
| (13) | | | (12) | | | other mise | g, va i cellane | , or eous) | | SF | or LF) | I | remova | | psu | losu |
| | | Yes | No | N/A | | | | • | | | | | <u> </u> | 9.4 | late | Гe |
| la | | 1.00 | | + | | — 1 | _ | | | | | _ | | | | |
| laundry roo |)III | | | Х | | Floor tile | & M | astic | | 50 | SF | | :0 | _ | | |
| | entropy (pour et autouwese | | | | | | | | | | | | | SACILIZA . | | |
| | | | | | | 1000 | | | | | | | | - | | |
| | | | | + | | | | | | - | | - | | | - | |
| Name of Registered Waste | Haulor | | | LIDEDIA | loote | Ouk!- V | | - | | | | 1511 | | - | | |
| | i idulci | | 13.55 | NJDEP W Hauler ID | N 1970 (2) 10 (4) | Cubic Ya of Waste | | | Name of R | . Š. | ed Lar | ndfill | | | | |
| United Roll Off | | | 1355 | 22459 | | 1 | | | G.R.O.V | I.S. | | | | | | |
| | | | | | Disposal Date City, State | | | | | | | | | | | |
| Elm NJ 11/9/ | | | | | 11/9/17 | | | Morrisvi | e PA | 1906 | 67 | | | | | |
| Completed by | | Title | | | | Sign | áture | 0 | - | | | Date | | | | |
| Anthony T Perna | | Pres | ident | | | 16 | 5 | <u> </u> | | | _ | 11/ | 71 | | | |

rnni romi

| #(04101 P | [A] | | | BESTOS ABATE 8:60 and 12:12 | | т | 北 | Marie Carlotte | Guithell PR | | | Ministra Constitution of |
|--|--|----------------------|---|--------------------------------|------------|--|------------|-------------------|-------------|-------------|-----------|--------------------------|
| Date of Notification (1) 11/10/17 | | | | Owner/Operato | 75070 | | 1 | NOA | 11 | 1 11 |)17 | |
| Agencies Notified Type Notification | 1 | | t Address | TIVALE FIORI | - | - | - | | | | | |
| | | 0.00 | 171441000 | | | | 1 | SBEST | os c | . 4 | ROL | & |
| EPA Initial Amended | | City, | State, Zip C | ode | | | PROMORDING | | SEI R | Li | Maria Cou | real parties |
| DOL Amendmer | | Lon | g Beach | Twp. NJ 080 | 80 | | | | | | | |
| | | Name | of Contact | | | | Tele | nhone Ni | mhr. | | | |
| DCA Cancellation | | Jeff | | | | | | | | | | |
| N | DI (0) | FA | CILITY INF | ORMATION | 1 = | | | | | | | |
| Name of Facility Where Abatement is Tak Jeff Seddon Private Home | ng Place (3) | | | | Тур | e of Facility (4 | | | | | | |
| Street Address | | | | | + | School (K-12 Subchapter | | rthon V 1 | 2) | | | |
| offeet Address | | | | | | Other (i.e. pr | | | | i ig i | , home | es, |
| City (5) | | | | | | etc.) | - u - e | Floring | | : = 7 | | |
| Long Beach Twp. NJ 08008 | | | | | 35 | are Feet | 1.5 | Floors | 100 | lig A | Age | |
| County (6) | | Count | ty Code (7) | | | rent Use (Prio | | | | | | |
| Ocean | | | E USE ONLY | 0 | 1000000 | ouse & Gara | | y demonsi | iou, | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | AS | CM No. | Name | 10000 | patement Cont | - | 9) | | | - | _ |
| N/A | | 1 | | (A 2008) 1 0 0 | naco | | | - 1 | | | | |
| Street Address | | | | Stree | t Addr | ess | | | | | | _ |
| | | | | PO | Box | 329 | | | | | | |
| City, State, Zip Code | | | | 1 753350 | | Zip Code erlin NJ 080 | 01 | | | | | |
| Project Manager for Monitoring Firm | | Telep | hone No. | | hone | | | License N | | | | _ |
| | | | | 4 | | -9800 | | 00727 | - | | | |
| Start Date (10) | Scheduled | Completic | n Date (11) | Name | e of O | SHA Monitor | | | | | | _ |
| 11/ 19 /17 | 11/24/17 | 7 | 75 97 | Sar | me | | | | | | | |
| Occupancy Status During Abatement (Che | ck Only One | | | Stree | t Addr | ess | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | | | | City, | State, | Zip Code | | | | | <u> </u> | |
| Scope of Work (Check All That Apply) | | | | | 012-720-02 | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novation molition | | | - N | full Containme fini-Enclosure Blovebag Proce Ion-Exempted | dure | 120408 000-000000 | | | -0 | |
| | lal | ocation | | | | ION Exomptod | juno | 110111 Haz | T | - | ement | |
| Location of | No | rmally | | Descriptio | n of | | | | | 3 | /pe | _ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Solely by enance/ dial Staff? 12) | | stos Containing thermal systen surfacing, V other miscella | ulation, | (S | nount pecify or LF) | 2011046 | Kepair | Encapsulate | Liciosolio | | |
| | Yes | No N/A | 4 | | | | | | | | ite | (|
| exterior siding | | х | | exterior si | iding | | 19 | 00 sf | х | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | 8 | 1-200 | | 1000 | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Hauler | ID No. | Cubic Yards of Waste | | Name of R | - | ed Landfill | | L | | |
| | 22459 | 159 4 | | | | | | | | | | |
| City, State Elm NJ | | | | Disposal Date 11/24/17 | е | City, State Morrisvi | | 19067 | | | | |
| Completed by | Title | | | Signatu | re | | | | ate - | W. Cor. Vis | | - |
| Anthony T Perna | Presid | ent | | 17 | 1 | | | 1 | 1/1). | 17 | | |

| (D) /A | 1 | IOTIF Pu | ICAT rsuan | ON OF ASBESTOS ABAT t td NJAC 8:60-7 and 12:1: | TEMENT () | #() | 31 | 40 | 3 | eno? | , |
|---|-------------------------------|----------------|--|--|--------------------------------|------------|----------------|-------------------|-------------|-----------|---|
| Date of Notification (1) | L | U | lane. | Name of Building O | wner/Operator (| (2) | | | - | | |
| | | | | Street Address | | | | E P | - | | WE |
| Agencies Notified Type Notification | 1 | | | 155-175 WEST HUD | SON AVENUE | | $ D _{\Gamma}$ | <u>E</u> <u>b</u> | _1= | | |
| EPA X Initial Notifi | | 1 | | City, State, Zip Code | | | TAIL | | | | 2047 |
| DEP Amended | | | | ENGLEWOOD, NEW | | | | NO | ٧. | ĵ i | 2017 |
| X DOL Cancellation | n | | | | | | ПП | | | | |
| X DOH On Hold | 10)(1 | OTIE | 1047 | Name of Contact ON JORDAN STROHL | | ITeleni | nno Nu | | TCIC | 101 | ITRO. |
| DCA EMERGEN | ICY N | IOTIF | | | | | | Æ | THE E | 4 2 | G_ |
| Name of Facility Where Abatement is Tak | ina P | lace | | ACILITY INFORMATION | Type of Facilit | v (4) | - | | Appendix to | | |
| Name of Facility Where Abatement is Tak | ing i | iacc | (0) | | School (K | | | | | | |
| ACTORS HOME | | | | | Subchapt | | | | | | |
| | | | | | X Other (ie. | | | | | | |
| Street Address | | | | | Square Feet 10.360 | # 0 | f Floors | 5 | Ва | A Je | 1 |
| 155-175 WEST HUDSON AVENUE City (5) County (6) | \ | | | County Code (7) | Current Use (P | rior if be | | nolished | Pi | | ab. |
| ENGLEWOOD BERGEN | , | | | (STATE USE ONLY) | COMMUNICAT | | | | 20 EF | 10000 | and************************************ |
| Name of Monitoring Firm Hired by Buildin | | | | ASCM No. | Name of Abate | | | | | | |
| ENVIRONMENTAL HEALTH INVIESTIGAT | IONS | , INC. | | 17 | PAR ENVIRON | | L COR | PORATI | 01 | | |
| Street Address | | | | | Street Address 313 SPOOK RO | | IAD | | | | |
| 655 WEST SHORE TRAIL City, State, Zip Code | | | | | City, State, Zip | | 7.0 | | | | |
| SPARTA, NEW | JERS | SEY 0 | 7871 | | SUFFERN, NE | | < 1090 | 1 | | | |
| Project Manager for Monitoring Firm | | Telep | hone | Number | Telephone Nun | nber | L | icense N | lun b | 17 | |
| WILLIAM KERBEL | | | 729-56 | NALY WAS CONTRACTED TO THE PARTY OF THE PART | 845-369-7500 | | | 101 | | | |
| Expected State Date (10) | Sche | | | tion Date (11) 15 /18 | Name of OSHA AMERISCI | Monito | r | | | | |
| 11 / 27 /17 Month Day Year | Mo | 11 onth | 1 | 15 /18 Day Year | AWERISCI | | | | | | |
| Occupancy Status During Abatement (Chec | | | | | Street Address | | | | | | |
| Facility Closed/Vacated During E | | | | | 117 EAST 30T | H STR | ET | | | | |
| Abatement Performed Outside o X Other - Describe: MONDAY | | | | | City, State, Zip | Code | | | | | _ |
| Other - Describe. WONDAT | 1 1 1 1 1 | DA1 1 | 7 divi C | .00 1 10 | [, c.e.e, _p | | 1, NY 1 | 10016 | | | |
| Scope of Work (Check all that apply) | 100 | | | | ainment with Neg | gative P | essure | | | | |
| Demolition X | Rend | ovatio | n | Mini-Encl | o , g Procedure | | | | | | |
| >3SF OR LF × >160 SF OR 260 LF | | | | | ole Procedure | | | | | | |
| Location of | Is | Locat | ion | Description of As | sbestos- | | 99 | A | bal e | n 7 | |
| Asbestos-containing | | nally | | Containing Materi | | N 69. | mount | 곱 | 7077 | LIN | E |
| Material (ACM) TO BE ABATED | Date 27-297 | olely I | 100 To 10 | (ie. Thermal sy insulation, surfaci | | 573 | pecify or LF) | 10 | 2 | Ž. | 15 |
| in Facility (13) | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | taff (1 | | or other miscella | | | 0. 2.) | \A | 1" | ENCAPOULE | ENCLOSURE |
| | Yes | No | N/A | | | - | | | + | п | - m |
| 1st FLOOR WINGS 3 & 4 | | | X | CEILING PLASTER | | 2,700 | SF | X | <u></u> | | 4 |
| 1ST FLOOR CLOSETS STORAGE RM 33 | | | X | CEILING PLASTER | | 75 SF | | X | 1_ | | |
| 1ST FLOOR CORRIDOR | | | X | FLOOR MASTIC | | 1,200 | SF | × | <u></u> | | |
| 1ST FLOOR CLOSETS STORAGE RM 33 | | | Х | VAT & MASTIC | | 75 SF | | X | | | |
| ATTIC | | | Х | DUCT SEAM CAULK | | 16 SF | | X | | | |
| EXTERIOR WINGS 3 & 4 | | | X | TRANSITE WINDOW PAI | NELS | 400 5 | | X | T | | |
| | | | X | WINDOW CAULK | | 10 SF | | X | T- | | |
| EXTERIOR WINGS 3 & 4 | | 1 | X | FOUNDATION TAR | | 230 5 | _ | X | † - | | \top |
| EXTERIOR WING 4 | 0.511 | - | | | HING | 1,000 | | X | +- | | |
| EXTERIOR ROOF MEDICAL & ACTIVITIE | | - | X | BUILT UP ROOF & FLAS | IIING | | | ^ | +- | | + |
| EXTERIOR WING 3 & 4 CORRIDOR ROO | <u> </u> | - | X | ROOF FLASHING | | 460 5 | | | +- | | + |
| EXTERIOR ENTRANCE PORTICO | | - | X | ROOF FLASHING | | 245 | - | X | +- | - | + |
| EXTERIOR WING 3 & 4 SOFFIT | NI IT | ED | X | TRANSITE PANEL Cubic Yards of Waste | Name of Regis | 1,000 | | X | <u>_</u> - | | +- |
| Name of Registered Waste Hauler NEWARK CARTING | - | EP W ler ID | | 120 | GRAND CENT | | | RY LAND | FIL_ | | |
| 360 PAYMOND BLVD | 1,100 | 913 | | 0 20 (2) | | | | | | | |

| NEWARK, NEW JERSEY | 11/27/17-1 | 11/15/18 | PANIFIELD TOWNSH | IP, PA |
|--|------------------------------|-----------|------------------|-----------------|
| Completed by (Print or Type) BENJAMIN SANCHEZ | Title DIRECTOR OF OPERATIONS | Signature | 1/2/8 | Date 11 - 12-17 |



| F33110 | P | Доти | Pu | ATION | OF ASI | ew Jersey BESTOS ABAT C 8:60 and 5:10 | EMENTE (| BIV | | | | |
|---|--------------------|---|-------------|----------------|-------------|---|---|-------------------------|---------|----------|-------------|-----------|
| Date of Notification (1) | | | | - | | g Owner/Operator (| | V 4 C 0047 | | 111_ | | |
| | / | 17 | | Disa | antis Cor | ntracting, LLC | II II NO | V 16 2013 - | 1 | 10 | | |
| Agencies Notified | Type Notifica | ition | | Street | Address | | | | 1 | | | |
| ⊠ EPA | ☐ Initial | | | 313 | Halyard | Road | ASBE 3 | TOS CONTROL & | 1 10 0 | | | |
| ⊠ DOLWD | Amended | | | City, S | tate, Zip C | Code | I | ICENSING | | | | |
| ☑ DOH ☐ DCA | Amendme | | | Orti | ey Beacl | h, NJ 08751 | | | | | | |
| (NJAC 5:23-8) | justification | | | Name | of Contact | t | | Telephone Num h | r | | | |
| 27 50 | ☐ Cancellat | ion | | Fran | nk Disan | tis | | | 1 | | | |
| | | | | FAC | ILITY IN | IFORMATION | | | - | | | |
| Name of Facility Where | Abatement is T | aking Place | (3) | | | | Type of Facility | (4) | | | | |
| Residence | | | \-/ | | | | School (K-12 | Brown and a second | | | | |
| Street Address | | | | | | | Subchapter 8 | (Other than K-12) | | | | |
| | | | | | | | Momes, etc.) | rivate and comme c | a bu | ilding | s, | |
| City (5) | | | | 142011 | | | Square Feet | # of Floors | F | dg. Ag | 16 | |
| Seaside Heights | | | | | | | 600 sf | 1 | | 35 35 | , . | |
| County (6) | | | | Coun | ty Code (7 |)(STATE USE ONLY) | | ior if being demoli it | | | - 150 | |
| Ocean | | | | Coun | ty Code (/ | MOTATE GOE ONET) | Residence | ior ii being derrion si | - 1) | | | |
| Name of Monitoring Firr | n Hirad by Ruila | ling Owner (S | 2)] | ASCM I | No | Name of Abatem | | | | | | _ |
| N/A | if filled by Bullo | ing Owner (c | " | ASCIVI | NO. | | ntracting, Inc | | | | | |
| Street Address | | | | | | Street Address | miracing, mc | | | | | |
| Street Address | | | | | | 00000000000000000000000000000000000000 | Linit C1 | | | | | |
| City, State, Zip Code | | | | | | 1889 Route 9 City, State, Zip C | | | | | | |
| City, State, Zip Code | | | | | | | | 755 | | | | |
| Decidat Managas for Ma | nitorina Circo | | Tale | | Na. | | New Jersey 08 | | | | | |
| Project Manager for Mo | nitoring Firm | | reie | ephone I | NO. | Telephone No. | | License No. | | | | |
| 01-10-1-(10) | | | L., | : D | (4.4) | 732-349-9932 | | 00624 | | | | |
| Start Date (10) | Section 1997 | Scheduled Co | | | | Name of OSHA N E.M.S.L. Ana | | | | | | |
| Occupancy Status Durin | ng Abatement (0 | Check only o | ne) | | | Street Address | - | | | | | |
| □ Facility Closed/Vaca | ted During Entir | e Period of A | bate | ment | | 1056 Stelton | | | | | | |
| Abatement Performe | | | | | | City, State, Zip C | ode | | 0.00145 | | | |
| Time of Abatement: | AM | PM/ | _PM | | AM | Piscataway, | New Jersey 03 | 854 | | | | |
| Scope of Work (Check a | all that apply) | □ Rer ⊠ Der | novat | | | ☐ Mini-End ☐ Gloveba | g Procedure | gative Pressure | | | | |
| | | 17.70 | Loca | | | | | | Ab | ateme | ent T | уре |
| Locatio | | 111 | orma | ally ely by | | Description of | | | 7 | R | ш | m |
| Asbestos-Containing TO BE AB | | 200000000000000000000000000000000000000 | | ance/ | | estos Containing Ma e., thermal systems | | Amount (Specify | Kemova | Repair | Encapsulate | Enclosure |
| IN Fac | ility | Cust | | Staff? | | surfacing, VAT | , or | SF or LF) | Val | ~ | suk | sure |
| (13) | | 74 | (12) | T | - | other miscellane | eous) | *** | | | ate | |
| | | Yes | No | N/A | | | | - | - | | | |
| exterior | | | \boxtimes | | asbest | os siding | | 600 sf | Σ | | | |
| | | | | | | | | | = | | | |
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| | | | Ц | | | | | | = | | | ᆜ |
| | | | | | | | II. | | _1 | | | |
| Name of Registered Wa Guardian Contrac | | | | NJDEP V | No. | Cubic Yards of Waste | Name of Recis | stered Landfill | | | | |
| City, State | | | | 20223 |) | 3 Disposal Date | City, State | | | | | |
| Toms River, New | | 1 | | | | 63/14/17 | 100-00-00000000000000000000000000000000 | , Pennsylvania | | | | |
| Completed By (Print or | | Title | | | | Signature | | Га | 8 | | | |
| Nicholas Fernicola | a | Project | Mar | nager | | 1 | _ | -1 | | | | |

| | | Mola | FIL | ATIA | N OF AC | lew Jers | sey | TEMENT | POP | 1 1/ | F | Leave | 7 |
|--|-------------------------|----------|-------------------|-------------|---------------|---|-----------------------------|---------------------------|---|----------------|----------------|-------------|-----------|
| MO#24499221377 | | L | J(P | ursua | ITTO NJA | AC 8:60 | JS ABA and 5:1 | 6) |) <u>ECE</u> | _ j . <u>V</u> | E | 1 | Ì |
| Date of Notification (1) | | | | Name | e of Buildin | a Owner | Operator (| 2) | 1 | | | # | # |
| | | | | | Burns | J | - parator (| ~' | NOV 1 | (i 10 | 17 | L | 7 |
| Agencies Notified | Type Notification | | | Stree | et Address | | | | | | etropic inches | | |
| ☐ EPA ☑ DOLWD | Initial Amended | | | | | | | | ASBESTOS | COLF | OL & | | |
| ☑ DHSS | Amended Amendment # | | | City. | State, Zip | Code | | THE PROPERTY OF | LICEN | 7511 | - | | _ |
| □ DCA | ☐ Emergency (in | - | - - | Sewa | ren, NJ 0 | 7077 | | | | | | | |
| (NJAC 5:23-8) | justification) | icidalli | 9 | | e of Contac | | | | Telephone No | un h | _ | | |
| | ☐ Cancellation | | | Barry | Burns | | | | 1 | | | | |
| | | | | _ | CILITY IN | VEODM | ATION | | | | | | - |
| Name of Facility Where A | Abatement is Takin | a Place | e (3) | | OILIII II | 41 OKIVI | ATION | Type of Facilit | . (4) | | | | |
| Private house | | 3 | . (0) | | | | | School (K- | | | | | |
| Street Address | | | | | | | | Subchapte | 8 (Other than K- | 1:) | | | |
| | | | | | | | | Other (i.e., | private and comm | | uilding | IS, | |
| City (5) | | | | | | | | homes, etc Square Feet | * | | da A | 70 | |
| Sewaren, NJ 07077 | | | | | | | | Oquare reet | # 01 F1001S | E | ug. A | ye | |
| County (6) | | | | Cour | nty Code (7) | (STATE L | ISE ONLY) | Current Use (| rior if being demo | | - | | |
| Middlesex | | | | | , (:) | , | 02 0.1.2.7 | ouron osc (r | nor ii benig deni | U(1 31 : 1) | | | |
| Name of Monitoring Firm | Hired by Building | Owner | (8) | ASCM | No. | Name | of Ahateme | ent Contractor (| <u>,, , , , , , , , , , , , , , , , , , ,</u> | | | | |
| | 200 270 | | | | | Day carries t | | sin Contractor (| " | | | | |
| Street Address | - 100 Company (co. 100) | - | | | | - | h LLC Address | | | | | | |
| TO THE SUBSTITUTE OF THE SECOND STATE OF THE S | | | | | | 130000000000000000000000000000000000000 | | 202 | | | | | |
| City, State, Zip Code | | | | | | | alley Rd # | | | | | | |
| | | | | | | 1000 | | | | | | | |
| Project Manager for Moni | toring Firm | | Tele | phone | No | | , NJ 0747 one No. | 0 | License No. | | - | | |
| | | | 1000 | prioric | 140. | | | | | | | | |
| Start Date (10) | Sched | duled C | omnle | tion Da | ite (11) | 973-63 | of OSHA M | lonitor | 01127 | | | | |
| 11 /18 / | 17 | 11 / | |)/. | 17 | 300000000000000000000000000000000000000 | | nsultants,Inc | | | | | |
| Occupancy Status During | | | | | | | Address | iisaitaiits,iiic | <u> </u> | | | | |
| | d During Entire Pe | riod of | Abate | ment | | 20-21 1 | Magarasu | Road, Bldg .# | 25E | | | | |
| Abatement Performed | Outside of Normal | Facilit | y Hour | s - Des | scribe | City. St | ate, Zip Co | ide | 336 | | _ | - | _ |
| Time of Abatement: | P | M/ | PM_ | | _AM | | wn, NJ 07 | | | | | | |
| Scope of Work (Check all | that apply) | - | | | | I di Da | | | nation with negat | TV I IS | ure | | |
| | | | 7. | | | | Full Cont | ainment with Ne | gative Pressure | | 70.0 | | |
| > 160 sf or >260 lf | | | novati molitic | | | A | Mini-Encl | | Tent with Negati | ive 1 rue | ·Uro | | |
| | | | | | | | | | on-Friable Proces | | uie | | |
| | | 600 | Locat | | | | | | | = : = | ateme | ent T | vpe |
| Location Asbestos-Containing N | | | Norma ed Sole | | | | scription of | | | | | | |
| TO BE ABA | | | intena | | Asbes | stos Cont | taining Mat I systems in | erial (ACM) | Amount | 3 | Repair | nca | Enclosure |
| IN Facility | | Cus | todial | Staff? | (1.0 | surfa | cing, VAT, | or | (Specify SIF or LF) | ı į | a: | sde | uso |
| (13) | | _ | (12) | Г | - | | miscellaneo | | 0,, 0, 2,, | 1_ | | Encapsulate | Ге |
| | | Yes | No | N/A | | | | | | | | CD | |
| Basement | | | | \boxtimes | Pipe insu | lation | | | 100 LF | 3 | П | П | |
| | | | П | П | | | | | | | | | |
| | | | | | | | | | | ; = | 片 | 닏 | 님 |
| | | | | | | | | | | _ | Ш | | Ш |
| Name of Desistant III | - 11- 1 | Ш | Щ | | | | | | | _ [[] | | | |
| Name of Registered Wast | e Hauler | | NJE | EP Waste | Hauler ID No. | Cubic Ya | rds of Waste | Name of Reg | stered Landfill | | | | |
| Gr Tech LLC | | | 0 | 03378 | 35 | TBI |) | T.R.R.F. Inc | | | | | |
| City, State | | | | | | Disposa | I Date | City, State | | | | | |
| Wayne, NJ 07470 | | | | | | TBI |) | Tullytown, P | A | | | | |
| Completed By (Print or Type | pe) Title | 1 | | | | Sig | nature / | 1 | | Dete | - | | |
| N.Jevtic | Owr | ner | | | | | Ho | who were | 1 | 1,0;1 | | | |
| ASB-41 | TO WI | | | | | | | 0,00,10 | <u> </u> | 1/0 / [| _ | | |

| The second secon | | 4 | No. | THE (F | ATIO | N OF A | New Jersey SBESTOS ABA IAC 8:60 and 5:1 | TEMENT 6) | O F I N | | * | 401 | 6 |
|--|--------------------|----------|---------|-------------------|---|---------------------|---|--|---|-----------|-----------------|-------------|-----------|
| Date of Notification (1) | | | | | | | ing Owner/Operator | (2) | | - 3 | In | | |
| | 29 / | 1 | | | Lu | iciaano l | amberti | llml | 12012000 | | | | |
| Agencies Notified EPA | Type Notifi | cation | | | Stree | et Address | 3 | ППП | NOV 16 20 | 7 | U | # | |
| ⊠ DOLWD | ☐ Amende | ed | | | City | 0: 7: | | | | | | | |
| ⊠ DHSS | Amenda | | | -0 | 1 23 | State, Ziperlin, NJ | | AS | ESTOS CONTR | 5. 5 | Military | 7 | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emerge justifica | ency (in | ncludir | ıg | | e of Conta | | | LICENSING | | - Interest year | | |
| (14110 0120 0) | ☐ Cancell | | | | 100000000000000000000000000000000000000 | eve Mart | | | Telephone Nur |) b 31 | | | |
| | | | | | FA | CILITY | NFORMATION | | 120 | | | | |
| Name of Facility Where A | batement is | Takin | g Plac | e (3) | | | | Type of Facilit | (4) | | | | |
| Resident | * | | | | | 277-2874 | | School (K- | 2) | | | | |
| Street Address | | | | | | | | Subchapte Other (i.e., homes, etc | 8 (Other than K-1: private and comme | rc a b | uildin | gs, | |
| City (5) | | | | | | | | Square Feet | # of Floors | Ē | dg. A | Age | |
| Berlin , NJ | | | | | | | | 1500 | 3 | | 107 | | |
| County (6) | | | | | Cou | nty Code | (7)(STATE USE ONLY) | Current Use (F | rior if being demol | i ;t : 1) | | | |
| US; Camden CO. Name of Monitoring Firm I | dired by Dui | idina / | ~ | (0) | 1000 | | | Resident | | | | | |
| reame of wormoning Fifth (| med by but | naing (| Jwner | (8) | ASCM | No. | Name of Abateme | | | | | | |
| Street Address | | | | | | | Street Address | 1 Environmer | tal Service, LLC | | | | |
| | | | | | | | 958 Jackson | Rd | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | - |
| | | | | | | | Mays Landin | g, NJ 08330 | | | | | |
| Project Manager for Monito | oring Firm | | | Tel | ephone | No. | Telephone No. | | License No. | | - | | |
| Start Date (10) | | 0-1- | | <u>L.</u> | | | 609-561-1901 | | 01158 | | | | |
| 11 /08 / _ | 17 | _1 | 1_/ | 1 | etion Da | 17_ | Name of OSHA M Graham-Tech | | al Services, LL | | | | |
| Occupancy Status During | | | | | | | Street Address | | - | | | | |
| ☐ Facility Closed/Vacated☐ Abatement Performed (| During Ent | ire Pe | riod of | Abate | ement | | 958 Jackson | Rd | | | | | |
| Time of Abatement: 7A | M- <u>11:30</u> PN | // | PM- | | rs - Des | cribe | City, State, Zip Co | | | | | | |
| Scope of Work (Check all t | hat apply) | | - | | | | Mays Landing | g, NJ 08330 | | | | | |
| | inat apply) | | | enovat emoliti | | | ☐ Mini-Encl | osure Procedure | pative Pressure | Q | | | |
| • ************************************* | _ | | | Loca | | | | | | 7 | atem | ent T | vpe |
| Location o Asbestos-Containing M | | A) | Use | Norma | ely by | Ashe | Description of estos Containing Mat | | A | 3 | | 1 | |
| TO BE ABAT IN Facility | ED | | | intena todial | ance/ Staff? | (i.e | e., thermal systems in | nsulation, | Amount (Specify | | Repair | псар | Enclosure |
| (13) | | | | (12) | J | | surfacing, VAT, other miscellaned | | SF or LF) | 11. | | Encapsulate | sure |
| F. 4 | | | Yes | No | N/A | | | | | .] | | te | |
| Exterior House | | | | | | Asbest | os Transite | | 1,500SF | [] | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | - | | | П | П |
| | | | | | | | 300000000000000000000000000000000000000 | | | + = = = | |] [| |
| Name of Registered Waste | | | | N | JDEP V | Vaste | Cubic Yards of | Name of Regi | tered Landfill | 1:1 | П | Ш | |
| Graham-Tech Enviro | nmental S | ervic | e, LL | C | 00345 | | Waste | and the property of the same o | lorth Landfill & | F it by | :owr | 1 | 1 |
| City, State | | 000000 | | | 00040 | - | Disposal Date | City, State / | - | | | | - |
| 958 Jackson Rd mays | | , NJ (| 8330 | | | | | 1513 Brod | entown Rd. Mor | ini | e,P/ | 4 | |
| Completed By (Print or Type | e) | Title | | | | | Signature | | Da | e . | _ | | |
| Vernice Graham SB-41 | | Pr | eside | nt | | | UQUM | LOV | 11/1 | 1 | -3 | 0.1 | A |
| SB-41 IAY 11 | | * [| o not | use th | is form | for achoe | os licensure evemnt | od activities | VV | - 1 - | | | |

Allin of gh-04-day

| OF A STATE OF | \ M | NO | TIFIĆ | | | New Jersey SBESTOS ABA | TEMENT | | | | | |
|---|--------------------------|----------|--------------------|----------|-------------|--|--|---------------------------------------|------------------|---------|-------------|-----------|
| Jr # 4417 I |) /s | \ | | | | AC 8:60 and 5: | | MEC | 3 3 | | | F |
| Date of Notification (1) | 4 | 4 | | Nam | e of Buildi | ng Owner/Operator | (2) | HUI | | ט נו | | - |
| 11/07 | /1 | 7 | | 100000 | thleen T | | (-) | | | | 47 | |
| Agencies Notified Type N | lotification | 1 | | Stree | et Address | | | THE NO | 16.16 | 20 | | |
| | al | | | | | | | | | | | |
| ☑ DOLWD ☐ Ame | | | | City. | State, Zip | Code | | ASBES | 37177 | ONTR | OL 8 | <u>.</u> |
| | endment # | | _ | 1 | ving, NJ | | | | LICENS | | | ^ |
| | ergency (i ification) | nciuair | ıg | | e of Conta | | | Telephone N | Jiri | | | |
| | cellation | | | Ke | vin Lofli | n - Horizon Serv | rices | 1 . 0.001.0.10 | | | | |
| | | | | FA | CILITY | NFORMATION | | =0 | 7- | | | |
| Name of Facility Where Abatemen | nt is Takir | ng Plac | e (3) | | | | Type of Fac li | ty (4) | | | | |
| Turner Residence | | | | | | | School (K- | -12) | - | | | |
| Street Address | | | | | | | Other (i.e. | er 8 (Other than k private and com | (1!) uni isit | nuildin | as | |
| 0.14.75 | | | | | | | homes, et | | | rananı | 30, | |
| City (5) | | | | | | | Square Fee | # of Floors | E | 3ldg. A | ge | |
| Ewing | | | | | | | 1,000 | 3 | | 70 | | |
| County (6) Mercer | | | | Cou | nty Code (| 7)(STATE USE ONLY) | | Prior if being den | 1 ol : e l) | | | |
| Name of Monitoring Firm Hired by | Duitdian | ^ | (0) | 1001 | | | Residen | - | | | | |
| Management & Enviro. Col | | | | ASCM | I No. | Name of Abatem | | | | | | |
| Street Address | isuiting | Serv | ices | | | | onmental, LL | С | | | | |
| PO Box 341 | | | | | | Street Address | | | | | | |
| City, State, Zip Code | | | | + | | 623 Cutler A | | | | | | |
| Chesterfield, NJ 08515 | | | | | | City, State, Zip C | | | | | | |
| Project Manager for Monitoring Fir | m | | Tel | ephone | No | Telephone No. | e, NJ 00052 | License No | | | | |
| Bill Weisgarber | | | | 09-298 | | 856-755-0099 | 9 | 00842 | | | | |
| Start Date (10) | Schee | duled (| Comple | etion Da | ate (11) | Name of OSHA N | | 00042 | | | | |
| 11 /16 /17 | | | | | 17 | EMSL Analys | tical, Inc. | | | | | |
| Occupancy Status During Abateme | | | | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During | Entire Pe | riod of | Abate | ment | | 200 Route 13 | 30 North | | | | | |
| Abatement Performed Outside Time of Abatement:AM- | of Norma | l Facili | ty Hou | rs - Des | scribe | City, State, Zip C | ode | | | | | |
| | | IVI/ | | | -AIVI | Cinnaminson | n, NJ 08077 | | | | | |
| Scope of Work (Check all that appl | ly) | | | | | D Full Con | talana ant in the lit | | | | | |
| ≥3 sf or ≥3 If | | ⊠ Re | enovat | ion | | Mini-End | closure | egative Pressure | | | | |
| ☐ ≥160 sf or ≥260 lf | | | emoliti | on | | ☐ Gloveba | g Procedure | | 20 | | | |
| | | 16 | Loca | tion | T | ☐ Non-Exe | empted (*) and N | Ion-Friable Proce | | | | |
| Location of | | | Norma | lly | | Description of | ∆£ | | - | oateme | | ype |
| Asbestos-Containing Material (A | ACM) | | ed Sole aintena | | | stos Containing Ma | aterial (ACM) | Amount | Somona | Repair | Encapsulate | Enc |
| TO BE ABATED IN Facility | | Cus | todial | Staff? | (i.e | thermal systems surfacing, VAT | | (Specify | | ar. | aps | Enclosure |
| (13) | | | (12) | | | other miscellane | ous) | SF or LF) | 12 | | ulat | Ге |
| | | Yes | No | N/A | | | , | | | | Ф | |
| Basement | | | \boxtimes | | Pipe Ins | sulation | ************************************** | 135 LF | | | | |
| | | | | | | | | | | П | П | П |
| | | П | П | | | | | | [] | | | |
| | | | | | | | | | | 쁜 | | |
| Name of Registered Waste Hauler | | Ш | | IDEBY | Nosts | Cubia Vanda of | Many - (D | 1.1 | [] | | Ц | Ш |
| Freehold Cartage | | | 100 | JDEP V | | Cubic Yards of Waste | 2.50 | istered Landfill | | | | |
| City, State | | | | 15939 | | 1 | | North Landfill | | | | |
| Freehold, NJ | | | | | | Disposal Date | City, State | - D4 | | | | |
| | - | | | | | 11/20/2017 | Morrisville | | | | | |
| Completed By (Print or Type) Christina Lynch | Title | | !-!- | | · · · · · | Signature | 70 | | 1); ; | | | |
| Omisuna Lynch | V | ce Pr | eside | nt of (| Operation | is ()// 17 | 10 J - | | 17 | 17 | | |

| P/ | | OTIE | | ate of Ne | w Jersey ESTOS ABA | TEM | ENT | Monoco | | - | | | | |
|---|-----------------------------|-------------------------------------|--|------------------------|---|--|-------------------------------------|-------------------|--|--------|---------------|--------------|-------------|-----------|
| Date of Notification (1) | 7 [] | e | rsuant | to NJAC | 8:60 and 12: | 120) | | |) EC | | | \mathbb{V} | | |
| 11-9-2017 | | | | Lazaro | Owner/Opera | tor (| 2) | | 1 | , | • | 004- | , | |
| Agencies Notified Type Notification | | | Street A | | | | | - 11 | H NOA | | - 6 - | 2017 | | |
| ☐ EPA 🗵 Initial | | | | | | | | | | | | | | |
| DEP Amended | ш | | | te, Zip Co | | | | | ASBEST | CS | CN | TRO | L & | |
| Emergency (| | | | City, N | J 07306 | | | Protect | Contract representation of the latest represe | - | 3 1 | G | | |
| ■ DOH justification) □ DCA □ Cancellation | | 100 | Contract of the Contract of th | Lazaro | | | | | Telephone | NIF | 31 | | | |
| Cartosilation | | | | | ORMATION | | | - | 1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | | | |
| Name of Facility Where Abatement is Taking | g Place (3) |) | | | | T | Type of Fa | cility (4) | *************************************** | | | 0 | | |
| Residential | | | | | | | | l (K-12 | | | | | | |
| Street Address | | | | 0.094030.1043.00444.81 | | | | | (Other than I vate & comm | | | lings, | home | s, |
| City (5) Jersey City, NJ 07306 | | | | | | | Square Fee 2749 | et | # of Floors 2 | | 91 99 | ldg. A 5+ | ge | |
| County (6) Hudson | | | County (| Code (7) JSE ONLY |) | | Current Us | e (Prior | if being demo | oli il |) | | | |
| Name of Monitoring Firm Hired by Building (| Owner (8) | | ASCN | No. | | | of Abatemen Environ | | actor (9) Il Services, | IL | | | | |
| Street Address | | | | | 1 33333 | | ddress irginia A | renue | | | | | | |
| City, State, Zip Code | | | | | | | ate, Zip Coo y City, No | |)4 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | 1 100000 | (1. The contract of the contra | one No. 33-8855 | | Licens 0117 | |) | | | |
| Start Date (10) | Schedule | | pletion I | Date (11) | Nai | ne o | f OSHA Mo | nitor | | | | | | |
| 11-11-2017 | 11-11-2 | | | | Sa | ime | as abov | Э | | | | | | |
| Occupancy Status During Abatement (Chec | k Only On | e) | | | Stre | eet A | Address | | | | - | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: | Period of A nal Facility | batem Hours | ent | | City | , Sta | ate, Zip Co | de | | | - | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emolit | | | | × | Full Con Mini-End Gloveba | losure g Proce | | | | | | |
| | Τ , | | | | | | Non-Exe | m tea | (*) and Non-F | rii b | | | e ement | |
| Location of | N | Locati Iormal | ly | | Descript | ion | of | | | | | | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | d Sole ntenar odial S (12) | nce/ | | tos Containin thermal syste surfacing, other misce | g Ma ems VAT | aterial (ACN insulation, , or | 1) | Amount (Specify SF or LF) | | Kemova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | te | (D |
| Basement | | X | | | Pipe Ins | ulat | ion | | 20 LF | | : | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | - | |
| Name of Registered Waste Hauler Green Environmental Services, Ilc | | Н | JDEP Wauler ID | No. | Cubic Yard of Waste | S | 15 year 2 | | egistered Lar | | : | | | |
| City, State Jersey City, NJ | | | | , | Disposal D | | City | , State | e, PA | | | | | |
| Completed by | Title | | | | Signa | | IVIC | TIVSVII | E, FA | 7.0 | | | | |
| Liliana Serrano | Office | mar | nager | | Julia | L | cew | -Je | rnou |) . | -)-2(| 017 | | |

| | and the same of | State | of New J | Jersey | (| |
|--|--|----------------------|--|-----------------------------|--|---|
| m A | MOTI | FICATION OF | ASBES | TOS ABATEMEN | IT . | |
| 19/4 | II IUP | ursuant to NJ | AC 8:60- | -7 and 12:120-7 | | 637 |
| Data (NI | | | | IB | E C C I | |
| Date of Notification 11/9/17 | | Name of | Building Owi | | <u> </u> | 7 序 [5] |
| Type Notific | cation | Zack Sw | /eitzer | 1183 | No. of Concession, Name of Street, or other Desires, Name of Street, Or ot | |
| V 55. | norgana. N. III | Street Ad | dress | | MOU | |
| | nergency Notii tial Notificatior | | | | NOV 16 3 | 17]]] |
| | nended Notific | July, oldi | e & Zip Code | | - | |
| N 2011 | incellation | 1.10 | , NJ 07735 | | PECTOS | |
| DCA | licellation | Name of 0 | | | LICENSING T | elephone Numbe |
| 2011 | | Zack Sw | | | ZIOLINSING. | 1 , , , , , , , , , , , , , , , , , , , |
| | | FACIL | ITY INFOR | RMATION | | |
| Name of Facility Where Abat | ement is Takir | ng Place (3) | | Type of Facility (4) | | |
| (10) | Attic | (0) | 1. | School (K-12) | | |
| Street Address | | | | Subchapter 8 (Othe | rthon (/ 10) | |
| | | | | X Other (i.e., private & | Commercial by the | |
| | | | S | Square Feet # of | Floors | |
| City (5) | County (6) | County Code | | 3,000 | 1 10018 | 3 dg. Age |
| Keyport | Monmout | | | Current Use (Prior if be in | Z dom = !!=! " | 70 |
| 228 | | | | Residence | ig demolished) | |
| Name of Monitoring Firm Hire | d by Building | Owner (8) AS | | lame of Abatement Con | | |
| Environmental Tactics | | (0) | | Blobal Abatement Se | tractor (9) | |
| Street Address | | | S | treet Address | rvices, LLC | |
| 64 Broad Street | | | | 43 Schoolhouse Ro | ad | |
| City, State & Zip Code | | | C | ity, State & Zip Code | au - | |
| Matawan, NJ 07747 | | | IM | lonroe Township, N | 1 08831 | |
| Project Manager for Monitorin | g Firm | Telephone Num | ber Te | elephone Number | | lumber |
| Tom Geigerr | 1- | 732-290-2217 | 17: | 32-605-9062 | Licente | 00714 |
| Scheduled Start Date (10) 11/25/17 | Scheduled Co | ompletion Date (11 |) Na | ame of OSHA Monito | | 00714 |
| | | 11/30/17 | | lobal Abatement Se | rvices. LLC | |
| Occupancy Status During Aba | tement (Check | k only one) | 0. | reet Address | | N |
| racility Closed/Vacated | During Entire | Period of Abateme | ent las | 13 Schoolhouse Roa | a d | |
| Abatement Performed C | outside of Norr | nal Facility Hours - | | ty, State & Zip Code | | · - |
| A Describe: Area Isola | ted During | Abatement | 11 11 11 11 11 11 11 11 11 11 11 11 11 | onroe Township, N | 1 00024 | |
| Other - Describe: | | | | omoc rownship, ric | 00031 | |
| Scope of Work (Check all that | apply) | | | | | |
| Demolition | X Renova | ation | | X Full Containing | ent with Negative | P. and a second |
| Large Project | | | | Mini-Enclosure | with Negative | i i ssure |
| Quantity is ≥ 3 SF or ≥ 3 | B LF ACM | | | Glovebag Proc | | |
| X Quantity is ≥ 160 SF or | ≥ 260 LF ACM | | | Other: Nor-I | | |
| Location of | No. of the last of | Is Location | | Description of | Amount | / hoters and T |
| Asbestos-Containii | ng | Normally Used | | estos-Containing | (Specify | Abatement Type Specify: Removal, |
| Material (ACM) TO BE ABATED | | Solely by | l N | Material (ACM) | | air, Encapsulation |
| in Facility | | Maintenance or | (i.e., | thermal systems | or | or Enclosure) |
| (13) | | Custodial Staff? | insulat | tion, surfacing, VAT | Linear Feet) | |
| (/ | | (12) | or otr | ner miscellaneous) | | |
| Attic | | N/A | - | Vermiculite | 1000 0 | |
| | | 1477 | | veriniculte | 200 SF | Removal |
| | | | | | | N: |
| ame of Registered Waste Hau | ıler | NIDEDW | | | | |
| Freehold Carting | nel | NJDEP Waste Ha | | Cu. Yds. of Waste | Name of Reg s | red Landfill |
| ty, State | | 1869: | 3 | 5 | TRRF | |
| Trenton, NJ | | | | Disposal Date | City, State | |
| | | | | 11/30/17 | Tullytown, | l |
| impleted By (Print or Tyne) | Title | | | 0. | | |
| ompleted By (Print or Type) Dominick Tringali | Title Pres | | | Signature | | Date |
| Dominick Tringali | Pres. | | | Signature Dominick Tringa | li | Date 11/9/17 |

| #2430 | | | ОТI (| St FICATION Pursuant | ate of No NOF ASE to NJAC | BESTOS | ABATE | MENT 0) | | E | CE | | 9 | | |
|---|--|---|------------------|--------------------------------|---------------------------------|----------------------|--------------------------|----------------------------|----------------------|----------------------|-------------------------|-----------|---------|-------------|-----------|
| Date of Notification (1) 11-07-2017 | | | | | f Building dere Bu | | | | | and Anthropology and | NOV 1 | 1 2 | 017 | | # |
| Agencies Notified | Type Notification | | | Street A | ddress | | | | had bes | | | | | + | |
| | × Initial | | | | akdene | | | | | ASE | BESTOS | | ROL | & | Montena |
| DEP × DOL | Amended Amendment | # | | | ate, Zip C field NJ | | | | | | LICEN | SIG | | | |
| | × Emergency (| | | | f Contact | | | | | Tal | onhono Ni | | | | |
| DCA [| justification) Cancellation | | | | nne Be | | 9 | | | 1 161 | ephone N | | | | |
| | | | | FACI | LITY INF | ORMAT | ION | | | | | | | | |
| Name of Facility Where Al Residential | batement is Taking | Place (3 | 3) | | | | | Type of F | acilit / (4 |) | | | | | |
| Street Address | | | | | | | | | ool (F-12 | | or than 16 | _ | | | |
| | | | | | | | | X Othe | er (i.e. pr | ivate | er than K- & commerc | z ie u | dings | home | es, |
| City (5) | | | | | | | - | etc.) Square F | eet | T#0 | f Floors | | Bldg. A | .00 | |
| Englewood, NJ 0763 | 1 | | | | | | | 1000 | cci | 1 | 1110015 | | 0+ | ige | |
| County (6) | The state of the s | | | County (| | | | Current U | se (Frio | r if bei | ng demolis | hiri | | 1 | |
| Bergen | | | | (STATE U | USE ONLY | 0 | | | | | | | | | |
| Name of Monitoring Firm H | Hired by Building C | Owner (8) | | ASCM | l No. | ************ | | of Abatement | | | (9) rvices,Ll | (| | | |
| Street Address | | | | | | | | Address Virginia A | Ave | | | | | | |
| City, State, Zip Code | | | | | | | tate, Zip C ey City N | | 4 | | | | | | |
| Project Manager for Monito | oring Firm | | Telephor | ne No. | | Teleph | one No. | | | License | lc - | | | | |
| Start Date (10) 11-8-2017 | | Schedule | | mpletion [| Date (11) | | Name | of OSHA N | | | 01174 | | | | |
| Occupancy Status During | Abatement (Check | | | | | | | Address | | - | | | - | | |
| ➤ Facility Closed/Vacate | | 2. | | ment | | | 0001 | , idai ooo | | | | | | | |
| Abatement Performed Other – Describe: | d Outside of Norm | al Facility | Hour | 'S | | | City, S | tate, Zip Co | ode | 2 | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | | | | | | | | | - |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoli | | | | × | Mini-En Gloveb | iclosure ag Proce | dure | Negative | | | е | |
| | | Is | Locat | tion | | | | | | | | | Abate | ment | |
| Location of | Silver - Andrew Control of the Con- | 3,400 | Norma | lly ely by | | | scription | | | | | | Ту | pe | |
| Asbestos-Containing M TO BE ABAT | | Ma | intena | ince/ | | | | laterial (AC insulation | | | mount Specify | 0 | _ | Enc | ш |
| In Facility (13) | 1 | Cusi | (12) | Staff? | | surfa | cing, VA | T, or | | | or LF) | 0 | Repair | aps | Enclosure |
| (13) | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | No | N/A | | other n | niscellan | eous) | | | | 5 | air | Encapsulate | sure |
| Basemer | Basement Yes | | | | | | VAT | | | 10 | 50SF | | | (D | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | 27.00 | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Green Environmental | | | H | NJDEP W Hauler ID 034889 | No. | Cubic of Was 2 | | - 19 | | | red Landfi North Ian | 11 | | | |
| City, State Jersey City | | | | | | | sal Date | 7,035,000 | y, State | e P | Δ | | | | |
| Completed by | | Title | | | | | ignature | | C VIII | C, F/ | 4 70 | 1 | | | |
| Liliana Serrano | | 100000000000000000000000000000000000000 | e ma | nager | | | T | C0 2 5 | 10 | 0.1 | | . [7 | 2017 | | |

| | | Not | | ATIO | OF AS | BESTOS ABAT AC 8:60 and 5:1 | | ECEI | 17 | <u>信</u> | 1 | 77 |
|-----------------------------|------------------------|---------|--------------|--------------------|-------------|---------------------------------------|--|----------------------|---------|---------------|-------------|-------------|
| Date of Notification (1) | 00 / 47 | , | Taxable 1 | | | ng Owner/Operator (| (2) | | : 1/_ | | | \parallel |
| | 08 / 17 | | | Bro | enda We | ber | perment amelika Optimismi Perment | NOV 4 | 1/4 | 7 | | |
| 1 | Type Notification | | | Stree | t Address | | | NOV 1-3 | 1.1 | | | 1 |
| = | ☑ Initial ☐ Amended | | | | | | | | | | | |
| ⊠ DHSS | Amendment # | | | | State, Zip | | | ASBESTOS C) | TEC | 1 & | | 1 |
| □ DCA [| ☐ Emergency (ir | | g | Sa | lem. NJ (| 08079 | | LICENSII | 11 | the talk | | |
| (NJAC 5:23-8) | justification) | | | | of Contac | | | Telephone Ni n | i ir | | | mal |
| | Cancellation | | | 1 | enda We | | | | : = | | | |
| Name of Facility Where Ab | atement is Taking | Place | e (3) | FA | CILITY II | NFORMATION | Type of Easi its | - (4) | | | | |
| Resident | | g 1 100 | c (0) | | | | Type of Facility School (K-1) | 1,2 | | | | |
| Street Address | | | | | | | ☐ Subchapter | 8 (Other than K- 12 |) | | | |
| | | | | | | | Other (i.e , p | private and comn e | t al bi | uildin | gs, | |
| City (5) | | 1, | | | | | homes, e.c. | # of Floors | - 15 | -l A | - | |
| Salem. NJ 08079 | | | | | | | 1600 | 3 | Б | dg. A 1935 | | |
| County (6) | | | | Cour | nty Code (| 7)(STATE USE ONLY) | | rior if being demoli | | 1930 | | |
| US; Salem CO. | | | | Jood | ity code (| INGINIE OSE ONEI) | Resident | nor ir being demcii | 1 30) | | | |
| Name of Monitoring Firm H | ired by Building (|)wner | (8) | ASCM | No | Name of Abateme | | _ | | | | |
| , | | | (0) | 7.00 | | |) tal Service, LL C | | | | | |
| Street Address | | | | 1 | | Street Address | LIMITOTIME | Lai Sei vice, LL C | | | | |
| | | | | | 958 Jackson | Rd | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | |
| | | | | | | Mays Landing | | | | | | |
| Project Manager for Monito | ring Firm | | Te | lephone | No. | Telephone No. | 9, 110 00000 | License No. | | | | |
| | | | | | | 609-561-1901 | | 01158 | | | | |
| Start Date (10) | Sched | uled C | ompl | letion Da | te (11) | Name of OSHA M | lonitor | 01.00 | | | | |
| 11 /10 / | | | | 6 / | | Graham-Tech | Environment | tal Services, L _ | 1 | | | |
| Occupancy Status During A | | | | | | Street Address | | | : | | | |
| ☐ Facility Closed/Vacated | | | | ement | | 958 Jackson | Rd | | | | | |
| ☐ Abatement Performed O | utside of Normal | Facilit | у Ног | urs - Des | cribe | City, State, Zip Co | | | | | | |
| Time of Abatement: 7AN | /- <u>11:30</u> PM/ | PM- | | AM | | Mays Landing | | | | | | |
| Scope of Work (Check all th | at apply) | | | | | 11220 | | - | | - | | |
| □>3 sf or >3 If | | ⊠ Re | nova | tion | | ☐ Full Cont ☐ Mini-Encl | ainment with Ne | gative Pressure | | | | |
| ≥160 sf or ≥260 lf | | | molit | | | ☐ Glovebag | Procedure | | | | | |
| | | | | | 7 | ☐ Non-Exer | mpted (*) and No | n-Friable Procec u | E | | | |
| Location of | | P 2012 | Loca Norm | | | D | | | ۸b | atem | ent T | уре |
| Asbestos-Containing Ma | iterial (ACM) | Use | ed So | lely by | Asbe | Description of stos Containing Mat | Maria de la composición del composición de la co | Amount | 3 | Re | En | En |
| TO BE ABATE | D | | | ance/ I Staff? | | ., thermal systems i | nsulation, | (Specify | Romoval | Repair | cap | Enclosure |
| IN Facility (13) | | | (12 | | | surfacing, VAT, other miscellaned | | SF or LF) | 23 | | Encapsulate | ure |
| | | Yes | No | N/A | | | | | | | te | |
| Basement | | | | | Asbest | os Duct | | 1.5SF | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | - | | | | |
| | | | | | | | | - | | | | |
| Name of Registered Waste | | | 100 | NJDEP V | | Cubic Yards of | Name of Re jis | stered Landfill | | | | |
| Graham-Tech Environ | mental Servic | e, LL | C | Hauler IE 00345 | | Waste | G.R.O.W. | North Landfill & | 1 ally | towr | 1 | |
| City, State | | | | 00040 | | Disposal Date | City, State | - | 0.000 | | | |
| 14 Read Drive Sickler | ville, NJ 08081 | | | | | | P P | entown Rd. Moi | ' svil | le,P/ | 4 | |
| Completed By (Print or Type |) Title | | | | | Şigrature | · 4 | s 1 | · | | MATE I | _ |
| Vernice Graham | Pr | eside | ent | | | VOLLA | 0 1 | $\Lambda \Lambda$ | 1 | 0 | - 1 | 7 |
| ASB-41 | | | | | -722-32-31- | - June | ALX | | | 0 | 1 | • |

Print Form

| PA | | VOT | S TIFICATIO Bursuan | tate of N N OF AS t to NJA | BESTOS | ABATE | MENT 0) | | | 0 | 12: | 1 | <u></u> | c 9 | 700 |
|---|-------------------|----------------|----------------------------------|----------------------------------|--------------|-----------|---------------------------|----------------------|------------|----------------------|-------|------------|---------|--|-----------|
| Date of Notification (1) 10/27/17 | | | | of Building | | Operato | (2) | EC | | |]= ! | חחח | n | | 00 |
| Agencies Notified Type Notification | n | | | Address | | | 113 | | | | | - | H | - | |
| EPA Initial Amended | | | | hase A | | | | NO | V | 16 20 | | _ | IJ | | |
| X DOL Amendmer | | | | nurst, N | | 1 | | | | | | | | Separate Sep | |
| □ DOH □ DCA □ Emergency justification □ Cancellation |) | 3 | | of Contac | | _ | | AS BES | TOS | léphoné | i j | 2 | | | |
| | | | | nthony ' | | | | | | | | | - | 1 | |
| Name of Facility Where Abatement is Taki Residential | ng Place (| 3) | | | V. (1117) | | Type of F | aci ty (4) |) | | | 11.2 | | - | |
| Street Address | | | | | | | | ool (K-12 | | ner than k | (1) | | | | |
| | | | | | | | Othe etc.) | er (i.e. pri | vate | & comme | e c : | buil | dings | , hom | ies, |
| City (5) Montclair | | | | | | | Square F | eet | 1 2 | f Floors | | 1000 | Bldg. | Age | |
| County (6) | | | County | Code (7) | | | 4,000 + Current U | | 2 if he | ing demo | | | + 0 | | |
| Essex | | | (STATE | USE ONL | y) | | | | | | ,, 3 | (د | | | |
| Name of Monitoring Firm Hired by Building | Owner (8 |) | ASCN | A No. | | | of Abateme Contracti | | | | | 0.10 | sultin | a Ir | 20 |
| Street Address | | | | | | - | Address | ng & L | IIVII | Jillelli | | | uitii | g, ii | IC. |
| City, State, Zip Code | | | | | | | Route 2 | | | | | | | | |
| Oity, State, Zip Code | | | | | | | tate, Zip Co ne, NJ 07 | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph | one No. | | | License | | | | | |
| Start Date (10) 11/06/17 | Schedul 12/01/ | ed Co | ompletion I | Date (11) | | Name | of OSHA M o Vision | loni or | tant | | | | | | |
| Occupancy Status During Abatement (Chec | | | | | | Street | Address | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of a | Abate / Hou | ement irs | | | City, St | Wagara | ode | - | ldg. #3 | E | | | | |
| Scope of Work (Check All That Apply) | | | | | | Fair I | ₋awn, NJ | 07410 | | | | | | | |
| ≥3 sf or ≥3 lf | × F | Renov | vation | | | × | l Euli Cor | otoi mon | 6 d 6 loo | N1 | | | | | |
| ≥160 sf or ≥260 lf | - | | lition | | | × | Mini-En Gloveba | closure ag Froced | dure | Negative | | | | | |
| | ls | Loca | ation | | | | I NOTI-EXE | emi tea (|) and | d Non-Fri | 0 | | | e ment | t |
| Location of Asbestos-Containing Material (ACM) | | lorm d So | ally lely by | A-6 | | scription | | | | | 1 | | Ту | ре | ı |
| TO BE ABATED In Facility | Ma | inten | ance/ Staff? | | thermal | systems | aterial (ACI insulation, | | (S | mount specify | | Re | 70 | Enc | E |
| (13) | | (12) |) | | other m | ing, VAT | or ous) | | SF | or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | a | | late | re |
| Throughout | Throughout | | | | | | | | 16 | 00 LF | - | | | | |
| | | | X | | Flo | oor Tile | | | 15 | 0 SF | 1 | | | | |
| | | | X | | CI | ean-up | | | 4,0 | 00 SF | 1 | | | | |
| Name of Registered Waste Hauler | | | NIDEDW | nate | 0.41 | /1 | 1 | | | | | 77.65 (S.) | | | |
| J.R. Contracting & Environmental C | onsul., I | ne | NJDEP Wa Hauler ID I 17819 | 0.000000000000 | of Was 20 | | 11 | | | red Land I Landfi | | | | | |
| City, State Wayne, New Jersey | | | | | Dispos | al Date | | , Slaté n Ærgyl | , Pe | nnsylva | า | | *** | | |
| Completed by Jerry Bijelonic | Title Proje | ct M | anager | | Si | gnature | ~ | / " | | 1 | al i | S Out on a | 7 | | |

| D) | | Construction (| Pursuar | to NJA | C 8:60 a | nd 12:12 | | CHI | ECK# | t | 714 | 4 | | |
|---|--|--|------------------------------|---------------------|-------------------------------|---|--|------------------------------|--------------------------------|---------------|--------------|-----------------------|----------------|----------------|
| Date of Notification (1) 11/13/2017 | | Desired of the last of the las | Name | d Buildin LEWO | g Owner OD III L | /Operator .LC | (2) | | | = - : [] | 2 [| | W | F |
| Agencies Notified Type Notification | 1 | | | Address MAPLI | EWOO | D DRIV | E | | III | Times of | 7 10 | | U | 4 |
| EPA Initial Amended Amendment | | | City, S | tate, Zip (| Code | | | | | -11 | 1 | 6 | 2017 | Particles were |
| DOH justification |) | g | Name JIM | of Contac | t | | | | 1 | - ; | alar | | or supplied to | |
| DCA Cancellation | n | | | ILITY INI | EODMAT | TION | | | | =:: | 3721 | NIST | TRO | L & |
| Name of Facility Where Abatement is Takin PARK CROSSING APARTMENT | ng Place | (3) | IAC | ALITT IN | IONIVIA | ION | Type of Fac | lity (4) | | | | | ALGORDON CO. | |
| Street Address 2000 MAPLEWOOD DRIVE | TIONIC | | | | | | Subch Other | (K-12) pter 8 .e. priv | (Other tha | an (1 | !) al bui | ldings | , hom | nes, |
| City (5) MAPLE SHADE | | | | | | | etc.) Square Fee 800 | 1 | # of Floo | ors - | | 3ldg. <i>i</i> 50+ | Age | |
| County (6) CAMDEN | | | | Code (7) USE ONL | | | Current Use RESIDE | (Prior | if being de APART | i lome M E | ed) FS | | | |
| Name of Monitoring Firm Hired by Building ACER ASSOC. | Owner (8 |) | ASC | M No. | | Name ASS | of Abatemen URED EN | Contra | actor (9) NMENTA | AL { | :RVI | CES | INC | · . |
| Street Address 1012 INDUSTRIAL DRIVE | | | | | | | Address CLEMS RI | IN | | | | | | |
| City, State, Zip Code WEST BERLIN NJ 08091 | | | | | | | ate, Zip Cod LICA HILL | | 3062 | | | | | |
| Project Manager for Monitoring Firm MATT DEPALMA | | | Telepho 856-8 | ne No. 09-120 | 2 | | one No. 304-4676 | | Lice 011 | ns 3 1 |). | | | |
| Start Date (10) 11/14/2017 | Scheduled Completion Date (11) 11/15/2017 Name of OSHA Mon tor EMSL | | | | | | | | | | | | | |
| Occupancy Status During Abatement (Chec | - 6 | 0.500 | | | | Street A | | | | | - | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: | Period of an all Facility | Abaten y Hours | nent s | | | City, St | RT. 130 NO ate, Zip Code IAMINSON | | 18077 | | - | 3.5 | | |
| Scope of Work (Check All That Apply) | | | | | | 0 | 7 (17)111001 | 140 0 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | ✓ | Full Conta Mini-Enclo Glovebag Non-Exem | ure Proced | ure | | | | е | |
| | 100 | Locati | | | | | | | | - | | Abate Ty | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | ed Sole intenai todial S (12) | ly by nce/ | Asbes (i.e. | tos Cont thermal surfac | scription of aining Ma systems cing, VAT niscellane | iterial (ACM) insulation, , or | | Amount (Specify SF or LF | , | Remova | Repair | Encapsulate | Enclosure |
| 6 LOCUST CTLAUNDRY ROOM | Yes | No | N/A X | | ONT | 201400 | | | | | | | te | (D |
| O LOGOOT OTLAUNDITT HOOM | | | X | J | JOINT (| DUND | | 80 SF | | K | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER | VICES | H | JDEP W auler ID 034895 | No. | Cubic of Was | | | | istered La LANDF | | | | | |
| City, State MULLICA HILL NJ | | | | | Dispos 11/15 | al Date /2017 | City, S | ate NESI | BURG, (| DH | | | | |
| Completed by RON SWANSON | Title | | | AGER | Si | ignature |) 1 | | ^ | T 5. i | | | | |

| #1590 PA | | 45 | dATION ursuant | of New Jerse OF ASBESTOS to NJAC 8:60 an | ABATE d 12:12 | 0) | · | | | <u>E</u> | 6 20 | | nti |
|---|---|--------------------------------------|----------------------|--|--|-----------------------------|---|-------------|-------------------------------|----------|--|--------------|-----------|
| Date of Notification (1) 11/11/17 Agencies Notified Type Notification | | | Robert | | Operato | r (2) | | _ | ASBE: | SC | ONTE | 101 | |
| ☐ EPA 🗓 Initial | | | Street A | te, Zip Code | | | | | NODE ! | EVS | ING | 102 | X |
| DEP Amended Amendment Emergency (| | - [| Gibbst | own, NJ 0802 | 7 | | | | | | | | |
| DOH justification) DCA Cancellation | _ | | | v Ricco | | | 1000 | l Te | lenhone v | ⊪ .h∋r | | | |
| Name of Facility Where Abatement is Taking | g Place (3) |) | FACII | LITY INFORMAT | ION | Туре | e of Fac lity | (4) | | · | | | |
| Vacant Street Address | *************************************** | | | | | × | School (K- Subchapte Other (e. | r 8 (Oth | ner than I :- | i I buil | dinas | home | es. |
| City (5) Woodbury | | | | | | | etc.) are Fee | | of Floors | | Bidg. A | | |
| County (6) Gloucester | | | County C | Code (7) ISE ONLY) | | | ent Use (Prolex | or if be | eing demoli | i ec) | | | |
| Name of Monitoring Firm Hired by Building C | Owner (8) | | ASCM | No. | | of Ab | atemen Co | | | | | | |
| Street Address | | | | | | Addre Cree | ess k Road | | - | | | | |
| City, State, Zip Code | | | | | City, S | State, 2 | Zip Cod : | 1 | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | Telepi | hone N | No. | - | Licens > | 339 | | | |
| Start Date (10) 11/21/17 | Schedule 12/22/1 | | npletion [| Date (11) | 1 10 10 10 10 10 10 10 10 10 10 10 10 10 | of OS | HA Mor itor | | | - | | | |
| Occupancy Status During Abatement (Chec | - 5 | | | | 1 | Addre | ess k Road | | - | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | | | | | City, S | State, 2 | Zip Cod : | 31 | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if | - | enova emoliti | | | 2 | M G | ull Containmini-Enclosur lovebag Pro on-Exempte | e cedure | | | | re | |
| Location of | N | Location ormall | ly | De | scription | n of | | | | | Contract of the contract of th | ement rpe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | d Solei ntenar odial S (12) | nce/ | Asbestos Con (i.e. thermal surfa | taining N | Materia s insu AT, or | lation, | (| Amount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | . N/A | | | | | | | | | ite | Ф |
| Interior | | | X | Pipe | Insula | ation | | | 35 LF | X | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Ricco Construction Corp | | H | JDEP Waller ID 28909 | | Yards ste 3 | | Name of Salem | | ered Lan ii ty | ı | 1 | | |
| City, State Bellmawr, NJ | | | | | sal Date 3D |) | City, Sta Allo va | | - | - | | | |
| Completed by Andrew Ricco | Title Presid | dent | | 5 | Signature | Pri | and I | 14 | | e 1/1/1/ | 17 | | |

| Check#2917 | |) / | 2 | | | OF ASE | | | | | | | |
|---|--|----------|--------|------------------|----------|-----------------|---------------|----------------------------|------------------|--|---------------|-------------------|--|
| Date of Notification (1) | 13 / | 17 | Vined | 5 6.0 | | of Building | Owner/C | perator (2 |) | ID E (; | | | EIF |
| | | | |]] | Karen | 2002/1990/09/19 | | | | 1131 | | | |
| Agencies Notified EPA | Type Notificat Initial | 1011 | | | Street | Address | | | | N(I) | 16 | 2017 | , 111 |
| ☑ DOLWD | Amended | | | | City C | state, Zip C | ndo | | | 144 | | 2011 | 14 |
| ☑ DHSS | Amendmer | nt # | | | | | | | | - | TOP SCHOOL | | |
| DCA (NJAC 5:23-8) | Emergency justification | | uding | 1 | | k, NJ 071 | | | | ASBES T | SCC | NTRO | 1.& |
| (NJAC 5.23-0) | Cancellation | | | , | Karen | | | | | receptione iva ii | ENSI | NG | the state of the s |
| | | | | | 7000 | CILITY IN | EODMA | TION | | | - | | |
| Name of Facility Where A | hatement is Ta | aking F | Place | (3) | ГАС | JILIII IN | FURIMA | TION | Type of Facility | - (4) | . <u> </u> | | |
| Private house | ibatomont io 16 | aiting t | 1000 | (0) | | | | | School (K-1 | | | | |
| Street Address | | | | | | | | | Subchapter | 8 (Other than K-1 2 | | 20 kg = 1 0 0 0 0 | |
| | | | | | | | | | homes, e c | private and comm a : | al buil | dings, | |
| City (5) | | | | | | | | | Square Feet | # of Floors | Bld | g. Age | |
| Newark, NJ 07106 | | | | | | | | | | | | | |
| County (6) | | | | | Count | ty Code (7) (| STATE US | SE ONLY) | Current Use F | rior if being demc i | 3C) | | |
| Essex | | | | | | | w | | | | | | |
| Name of Monitoring Firm | Hired by Buildi | ing Ow | vner (| 8) / | ASCM | No. | Name o | f Abateme | nt Contractor (9 | 9) | | | |
| 8 | | | | | | | Gr Tecl | | | | | | |
| Street Address | | | | | | | Street A | | 405.000 | | | | |
| City, State, Zip Code | | | | | | | | lley Rd #2 | | | 01 <u>000</u> | | |
| Oity, State, Zip Code | | | | | | | 200 | ate, Zip Co | | | | | |
| Project Manager for Moni | itorina Firm | | | Tele | ohone | No | Telepho | NJ 0747 | - | License No. | - | | |
| | 9 | | | 10.0 | | | 973-63 | | | 01127 | | | |
| Start Date (10) | S | chedu | led C | omplet | ion Da | te (11) | | f OSHA M | onitor | 01127 | 5. | | |
| 11 /22 / | 17 | 11 | / | 23 | _ / _ | 17 | Envirov | ision Cor | nsultants,Inc | | | | |
| Occupancy Status During | Abatement (C | heck | only o | ne) | | | Street A | THE PERSON NAMED IN COLUMN | | | | | |
| Facility Closed/Vacate | 장선물 내가 없이 가지 않는데 그렇게 되었다면 보다. | | | | | | 20-21 V | Vagaraw 1 | Road, Bldg # | 35E | | | |
| Abatement Performed Time of Abatement: _ | | | | Hour PM_ | | cribe AM | City, Sta | ate, Zip Co | de | | | | |
| | | | | | | , | Fair La | wn, NJ 07 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | H | | | ination with negal v |)ressi | ıre | |
| >3 sf or >3 If > 160 sf or >260 If | | 2 | | novatio | | | | Mini-Encl | osure _ | | (Name (SA) | | |
| ≥ 160 st or ≥260 if | | L | _] De | molitio | n | | M | | | Tent with Negat volon-Friable Proce It | | ıre | |
| | | T | Is | Locat | on | | | | | T | Aba | tement | Type |
| Location | | | | vormal d Sole | | | | scription o | | | | | |
| Asbestos-Containing TO BE ABA | The state of the s |) | | intena | | | | aining Mat I systems i | erial (ACM) | Amount (Specify | Romova | Repair | nclo |
| IN Facili | | | Cust | odial (12) | Staff? | ,,,,, | surfa | cing, VAT, | or | SIF or LF) | 3 | Repair | Enclosure |
| (13) | | F | V | | NI/A | | other r | niscellaneo | ous) | | | ate | |
| Dagamart | | | Yes_ | No | N/A | Di- | .1-4'- | | | 150 L D | | F | 1 - |
| Basement | | | | | | Pipe inst | ilation | | - | 150 LF | | | |
| | | | Ц | Ш | | | | -1-12 | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Copy (Normal) | | | | | | |
| Name of Registered Was | te Hauler | | | NJE | EP Waste | Hauler ID No. | Cubic Ya | rds of Waste | Name of Reg | istered Landfill | | | |
| Gr Tech LLC | | | | 0 | 03378 | 35 | TBI | D | T.R.R.F. 11 | C | | | |
| City, State | | | | | | | Disposa | al Date | City, State | - | | | |
| Wayne, NJ 07470 | | | | | | | TBI | D | Tullytown | PA | | | |
| Completed By (Print or T | ype) | Title | | | | | | gnature | 1 | D | 13 | | |
| N.Jevtic | | Own | er | | | | | 7 | Tente Win | nad | 3/17 | | |
| ASB-41 | | | | -2-170-2 | | | | 1/ | | | | | |

| HARTON | | 25.7 | 100 | | | |
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| Pi | 5112 | M. | per l | ΩĒ | 100 | 200 |
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| #64le0 | PA | | 日 路 五 | CATION | of New Jo OF ASBEST to NJAC 8:6 | TOS ABATI | | A CONTRACTOR OF THE CONTRACTOR | m | E (| G | | | 7 [E | · [|
|--|--|-----------|----------------------------|--|---------------------------------------|--|--------------------|--|------------|-------------------------------|--------------------|--|--------|-------------|-----------|
| Date of Notification (1) | | | | | Building Ow | | | | K | | | | | | 7 |
| 11/13/17 | I T. N. W. W. | | | | Dean Priva | ate Home | | | 11 11 | l N(| }\ - \ | -12 | 20. | 7 | Ш |
| Agencies Notified | Type Notification | | | Street Ad | ddress | | | ĺ | ПП | 111 | JY | D | 20 | 1/ | L |
| EPA DEP | Initial Amended | | H | City, Stat | te, Zip Code | | | —— | - | T Chip May 100, 100 | | | | | 1 |
| DOL | Amendment | | _ | A STATE OF THE PARTY OF THE PAR | Beach NJ | 80080 | | 1 | | ASBES | LICI | 20 | NTR | OL & | |
| □ DOH | Emergency (i justification) | ncluding | F | Name of | Contact | | | | Tel | enhone | KITT I | 21 | VG | | Propose |
| DCA | Cancellation | | | Brian | c | | | | | _ | | | | | |
| N | AL | DI (0 | | FACIL | LITY INFORI | NOTAN | 1= | 7 m 7 | | | | | _ | | |
| Name of Facility Where Brian Dean Private | | Place (3 |) | | | | _ | of Facility (4 | 9.57 | | | | | | |
| Street Address | o i ionio | | | | | | | School (K 12 Subchapter | | er than k | (-1 ²) | | | | |
| | | | | | | | X | Other (i.e. p | | | | ui di | ings, | home | s, |
| City (5) | | | | | | | | etc.) re Feet | # 0 | f Floors | - | Blo | dg. Ag | ie . | |
| Brant Beach NJ 08 | 3008 | | | | | | 100 | 0+ | 2 | | | | 5÷ | | |
| County (6) | | | | County C | | | Curre | nt Use (F ic | or if bei | ng demo | olis 10 | | | | |
| Ocean | | | | (STATE U | JSE ONLY) _ | | hou | | | | | | | | |
| Name of Monitoring Firm | n Hired by Building C | Owner (8) | | ASCM | No. | | | tement C in | tractor | (9) | | | | | |
| N/A | | | | | | | rnaco I | | | | | | | | |
| Street Address | | | | | | | t Addre | | | | | | | | |
| City, State, Zip Code | | | | | | 2.55 | | ip Code | | | | e de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela comp | | | _ |
| Oity, Otato, Zip Oode | | | | | | 1 | | in NJ 080 | 91 | | | | | | |
| Project Manager for Mo | nitoring Firm | | T | Telephor | ne No. | | ohone N | Victorial Control | | Licens | elic | | | | _ |
| | | | | | | 856 | 6-753-9 | 0080 | | 0072 | 7 | | | | |
| Start Date (10) | | | | npletion [| Date (11) | 1 | | HA Monitor | | | | | SCALE. | | |
| 11/22/17 | | 11/28/ | | | | Sai | | | | | | | | | |
| Occupancy Status Durin | ng Abatement (Checl | c Only On | ie) | | | Stree | et Addre | SS | | ٠ | | | | | |
| | cated During Entire P ned Outside of Norm | | | | | City, | State, Z | ip Code | | | | - | | | A 117 |
| Scope of Work (Check | All That Apply) | | C | | | | | | riseo temo | | - | - | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demolit | | | | Mi Gl | Il Contain ne ni-Enclosi re ovebag Proc n-Exempled | e edure | | | | | 9 | |
| | >2 | Is | Locati | ion | | | | | | | | 1 | | ment | |
| Locatio | | | Normal d Sole | | | Description | | | | | | - T | Ту | pe | |
| Asbestos-Containin TO BE AB In Fac | BATED | Ma | intena todial ((12) | nce/ | (i.e. the | Containing ermal system surfacing, V | ms insul AT, or | ation, | (| Amount Specify F or LF) | | Demous | Repair | Encapsulate | Enclosure |
| (13 | , | | | 51/0 | 0 | ther miscell | aneous) | | | | | 0 | = | ılate | ure |
| | | Yes | No | N/A | | | | | - 40 | | | | | | |
| Exterior | Siding | - | | х | | Exterior S | siding | | 18 | 300 SF | | 2 | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Wa | aste Hauler | | | JDEP W | | Cubic Yards | 0. | Name of | Regist | ered Lar | ndf I | | | | |
| United Roll Off | | | | lauler ID 22459 | 4 | of Waste 1 | | G.R.O. | | | | | | ***** | |
| City, State Elm NJ | | | | | 4.0 | Disposal Da 11/28/17 | te | City, State Morri 3V | | A 1906 | 67 | | | | |
| Completed by | | Title | | | | Signate | rre | | | | E a | | | | |
| Anthony T Perna | | Pres | sident | | | | e | - | | | 1 | 3/1 | 17 | | |



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

| | - | - | - |
|------------|---|---|---|
| Check # 40 | 1 | | |

| Date of Notification (1) | | | 1 | Name of | Building C |)wner/C | perator | (2) | | | | | | | | |
|---|-----------------------------|--------------|------------------|-----------|-----------------------|---------|-------------|------------|-----------------------------|-----------|----------------------|---------|---|--------------|-------------|-----------|
| 11/07/2017 | | | N | /lanala | pan En | glishte | own R | egi | onal Sch | els r | = @ | Œ- | make - | \17 | P | |
| Agencies Notified Type | Notification | W | 11.2 | Street Ad | | | | 7.717 | | 7) [| G | | | \mathbb{V} | | M |
| EPA I | Initial | | 5 | 4 Mair | n St | | | | | 2 | | | _ | | 7 | Ш |
| | Amended | | 7 | City, Sta | te, Zip Co | de | | | - 1 | 111 | 11011 | 4 | | | | |
| | Amendment | | | | town, N | IJ | | | | | NOV | 1 | | 01/ | - [] | 1 |
| | Emergency (i justification) | including | П | Name of | Contact | | | | | (Cartes | ephone N | | | | 1 | |
| | Cancellation | | V | ince F | Pietruch | а | | | ross e | | 2-786-2 | | | | | |
| | | | | FACI | LITY INFO | RMATI | ON | | | | BESTO | 5 . | 4 | ROL | . & | |
| Name of Facility Where Abaten | ment is Taking | Place (3) | | | | | - | Ту | oe of Facility | (4) | LIU | ET 3 | 10 | - | - | - |
| Pinebrook School | | | | | | | | | School (K | | | | | | | |
| Street Address | 15-63-00-0-0-0-0-0 | | | | | | | | Subchapt ii Other (i.e.) | r 8 (Oth | er than K | -12) | Je. | nge l | nome | . |
| 155 Pease Rd | | | | | | | | | etc.) | private | & COITING | i Ci T | T. | ngs, i | iome | ٠ |
| City (5) | | | | | | | | Sq | uare Feet | # 0 | f Floors | | В | ig. Aç | ge | |
| Englishtown, NJ | | | | | | | | | | is if h a | lus dama | liat a | _ | | | _ |
| County (6) | | | | | Code (7) USE ONLY) | | NAMES 1 421 | Cu | rrent Use (Fr | or it be | ing demo | lisi e | | | | |
| Monmouth | | | | | | | | Ļ | | | (0) | | | | | |
| Name of Monitoring Firm Hired | by Building (| Owner (8) | | ASCN | No. | | 1 | | batement C | | (9) | | | | | |
| AHERA Consultants, In- | С | | | | | | | | storation | LC | | | | | | |
| Street Address | | | | | | | Street | Add | lress | | | | | | | |
| P.O Box 385 | | | | | | 72 Br | rool | kside Rd | | | | | | | | |
| City, State, Zip Code | | | | | | City, S | State | , Zip Code | | | | | | | | |
| Oceanville, NJ | | | | | | Rand | lolp | h, NJ 0786 | 69 | | | | | | | |
| Project Manager for Monitoring | Firm | | 1 | Telepho | ne No. | | Telepi | hone | No. | | License | e No. | | | | |
| John Smoyer | | | 16 | 609-65 | 2-1833 | | 973-9 | 933 | -2550 | | 01133 | 3 | | | | |
| Start Date (10) | - I | Schedule | d Con | npletion | Date (11) | | Name | of C | SHA Moniter | | | | | | eall reik | |
| 11/09/2017 | | 11/11/2 | 017 | | | | IRIS | | | | | | | | | |
| Occupancy Status During Abar | tement (Chec | k Only On | e) | - | | | Street | t Add | iress | | | | - | | | |
| | | | | aent | | | 2333 | Rt | 22 | | | | | | | |
| Facility Closed/Vacated D Abatement Performed Out | itside of Norn | nal Facility | Hours | 6 | | | City, S | State | , Zip Code | | | | - | | | 1 |
| Other – Describe: | | | 02000 | | | | 100 | | IJ 07083 | | | | | | | |
| Scope of Work (Check All Tha | t Apply) | | | | | | 10 | -, - | | | | | | | | |
| | (, , pp.) / | | | tion | | | | 7 | Full Contain | nent wit | h Negativ | PIT | 111 | P | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | lenova emolit | | | | | | Mini-Enclos | | irriegadiv | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0 | | |
| | | E-1 - | | | | | | | Glovebag P | | | | | | | |
| | | | | | | | <u> </u> | | Non-Exemp | ed (*) a | nd Non-Fi | rial le | - | edur | | |
| | | ls | Locati | ion | | | | | | | | | - | | ment pe | |
| Location of | | | Normal | | | | escription | | | | | 2.0 | - | , | | |
| Asbestos-Containing Mate | | | d Sole intena | | | | | | erial (ACM) | 1 | Amount | | J | | 面 | ш |
| TO BE ABATED In Facility | 2 | | odial S | | (I.e. | | acing, V | | sulation, or | | (Specify F or LF) | | ľ | Repair | cap | nclc |
| (13) | | | (12) | | 1 | | miscella | | | | | - 1 | 1 | air | Encapsulate | Enclosure |
| W 8.X | | Yes | No | N/A | 1 | | | | | | | | - | | te | TO . |
| 1st floor hallaway | | | X | | pipe fit | tings | | | | 9LF | | | c | | | |
| 15t 11001 Hallaway | | - | | +- | pipe iii | ungo | | | | | | | - | | | |
| - | | | | | | | | | | - | | | _ | | | |
| | | | | - | | | | | - | - | | | - | | | |
| No. of Decision 1987 | - des | | - 1 4 | JDEP V | Maste | Cubi | c Yards | | Name | f Regis | tered Lan | dfi . | _ | | | |
| Name of Registered Waste Ha | auler | | | Hauler ID | | of Wa | | | Re can t | | Jose Laii | | | | | |
| Nick Restoration LLC | | | - 1 | 3782 | | TBD |) | | G.R.O | .W.S | | | | | | |
| City, State | | | | | | - | osal Date | е | City, S a | ate | | | | | | |
| Randolph, NJ | 07869 | | | | | TBD | | | Tullyto | wn , I | PA | | | | | |
| Completed by | * | Title | 100 | | | | Signatu | re | | | | Dit | | | | |
| Elvira Mrda | | Presi | dent | | | | Pi | 100 | ral! | i CC | (' | 1./1 | 72 | 017 | | |

| | | | | | to NJAC 8 | | | | | | | | | e de la la constante de la con |
|--------------------------------------|-----------------------------|--|---------------|------------------|------------|-----------|---|------------------------------|----------------|--|----------|------------|--------------------|--|
| Date of Notification (1) | | | 127.5 | | Building C | | | il. | . 12 | 0 6 | | 7 17 | 3 [| |
| 11/07/2017 | | 11 | | | | glishto | own Rec | gional Sch | ols | CE | · // | İ | 3 1 | 11 |
| Agencies Notified | Type Notification | | 1 - | Street Ad | | | | | VI | | 1 100 | mopasta Cr | THE REAL PROPERTY. | 11 |
| □ EPA | Initial | | | | | 40 | | | 1 | | | 4 40 | 111 | + |
| DEP DOL | Amended Amendment | # | | | te, Zip Co | | | | | NOV 13 | 1 | 17 | | 1 |
| DOL . | Emergency (| | | | town, N | IJ | | 6255 | Tel | ephone Nur | i - | | 1 | |
| DOH | justification) Cancellation | | | | Pietruch | _ | | | 10 | opilone man | | | 2 | NAME OF TAXABLE PARTY. |
| DCA | Caricellation | | V | Series works in | LITY INFO | | ON | | . 5 | | n gariga | | <u>a</u> | |
| Name of Facility Where A | batement is Takin | g Place (3) | | 1 AOI | LITT IN C | TAIL THE | | ype of Facility | (4) | The Contract of the Contract o | 1 1 | - | | |
| Clark Mills School | | 3. | | | | | | School (K | 12) | | | | | |
| Street Address | | | | | | See Van 1 | | Subchapt | r 8 (Oth | er than K-12) | | | | |
| 34 Gordons Corner | Rd | | | | | | | etc.) | | & commerci il | | | | 25, |
| City (5) Englishtown, | NJ | | | | | | | Square Feet | # 0 | f Floors | B | A .gb | ge | |
| County (6) | | | | | Code (7) | | (| Current Use (F | ior if be | ing demolish | 10- | - | | |
| Monmouth | | | 6 | STATE | USE ONLY) | | | | | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | No. | | Name of | Abatement C | ntracto | r (9) | - | | | |
| AHERA Consultants | | | | | | | Nick R | estoration I. | LC | | | | | |
| Street Address | 10-4-001 (1791-15V) | | | | | | Street A | ddress | | | | | | |
| P.O Box 385 | | | | | | | | okside Rd | | | | | | |
| City, State, Zip Code | | | | | | | City, Sta | te, Zip Code | | | | | 2000 | |
| Oceanville, NJ | | | | | | | Rando | ph, NJ 078 | 69 | | | | | |
| Project Manager for Moni | toring Firm | | T | elepho | ne No. | | Telepho | ne No. | | License No | | | | |
| John Smoyer | | | | | 2-1833 | | | 3-2550 | | 01133 | | | | |
| Start Date (10) | | Scheduled | | pletion | Date (11) | | 1.0000000000000000000000000000000000000 | OSHA Monito | г | | | | | |
| 11/09/2017 | | 11/11/20 | 17 | | | | IRIS | | | | | | | |
| Occupancy Status During | Abatement (Chec | k Only One) | | | | | Street A | | | | | | | |
| Facility Closed/Vaca | ited During Entire | Period of Aba | atem | ent | | | 2333 R | DEVICE IN | | | | | | |
| Abatement Performe Other – Describe: | ed Outside of Norn | nal Facility H | ours | | | | 100000 | te, Zip Code | | | | | | |
| Scope of Work (Check Al | I That Apply | | | | | | Union, | NJ 07083 | | | | | | |
| [[] | і тпас Арріу) | | 10 | 3 | | | П | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Description of the contract of | novat | | | | Ħ | Full Contain | | h Negative Fr | 1 E U | 8 | | |
| | | | | . | | | | Glovebag P | ocedure | | | | | |
| | | | | | | | | Non-Exemp | ed (*) ar T | nd Non-Friat | 0 | | | |
| | | 100000000000000000000000000000000000000 | catio | | | | | | | | | | ement rpe | L |
| Location | | Used S | mall | | | | scription o | | | | | | | Г |
| Asbestos-Containing TO BE ABA | | Maint | enan | ice/ | | | | iterial (ACM) insulation, | 1 2 | Amount Specify | 11 | | Enc | m |
| In Facili | | Custod | lial S 12) | taff? | | surfa | cing, VAT | , or | | F or LF) | | Repair | aps | Enclosure |
| (13) | | - | - | | - | other r | miscellane | ous) | | | I. | air | Encapsulate | ure |
| 1 at floor bollows. | | | No × | N/A | nine in | ouletie | | | 015 | | 15 | | 375.0 | \vdash |
| 1st floor hallaway | | | | | pipe in | | on | | 8 LF | | | _ | - | - |
| 1st floor hallaway | | | × | | pipe fit | tings | | | 1LF | | | | - | - |
| | | | | | | | | | | | - | | | \vdash |
| Name of Registered Was | te Hauler | | 1000000 | JDEP W | | | Yards | Name o | f Regist | ered Landfil | - | | | |
| Nick Restoration LL | C | | | auler ID 3782 | NO. | of Wa | iste | G.R.C | .W.S | | | | | |
| City, State Randolph, | N.I 07869 | | 1 | | | Dispo | sal Date | City, S | | | - | | | |
| | 140 07 000 | T | | | | TBD | | Tullyto | wn , F | | | | | |
| Completed by | | Title | | | | 18 | Signature! | 1,60 | 11 | Dit | | 047 | | |
| Elvira Mrda | | Preside | ent | | | | ill | hid l | 1 od | 5 111 | | 017 | | |

Check # 40 I