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Agencies Natified	Type Notification		1		Scott Za	ndanei		NOV 1	ENS		
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DCA	Emergency (	including			Contact	8854		TENERS NUMB	1175		-
(NJAC 5:23-8)	justification)		N 2881								
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				FACI	LITY INF	ORMATION					
Name of Facility Where	Abatement is Taki	ng Place (3	}				Type of Feculty (				
rivate house							School (K-12	) : (Other than K-1-2)			
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And the state of t							homes, etc.)				_
City (5)							Square Feet	# of Floors	Bidg	Age	
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Middlesex											
Name of Monitoring Fli	im Fired by Buildin	B) renwO g	TAS	SCM N	0.	Name of Abatem	ent Contractor (9)				
					-	Gr Tech LLC	8				
Street Address						Street Address					
						576 Valley Rd	#283				
City. State. Zip Code						City, State, Zip C	ade				
					1	Wayne, NJ 074	70				_
Project Manager for M	onlicing Firm		Telap	hone N	0.	Telephone No.	77.	License No.			
						973-638-1777		01127			
Start Date (10)		heduled Co				Name of OSHA	Monitor				
11 / 15	/ 17	11 /	16	_ / _	17	Envirovision C	onsultants, Inc	_			
Occupancy Status Du	ring Absternent (Ch	eck only o	ne)			Street Address					
☑ Facility ClosedNas	cated During Entire	Period of A	batem	ent		20-21 Wagarav	v Road, Bldg .#	35E			_
Abatement Perform	ned Outside of Non tAM	mal Facility	Hours	- Desc	ribe	City. State, Zip (	Code				
Time of Abatemen		_P1VI/			4341	Fair Lawn, NJ	07410		-		
Scope of Work (Check	( all that apply)					Clean	up and decortam ntainment with No	nation with negs a	; )ress	ure	
>3 sf or >3 if > 180 sf or >260 if		⊠ Re	novatio	n		Min Ce	COLUMN			J-707E	
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Do not use this form for asbestos licensure exempted activities.

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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	NOV	2	0	2017		

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) EARTHTECH ONT 1 SEST PALCONTROL & Type Notification Street Address Agencies Notified 50 M Initial Amended City, State, Zip Code DOL. Amendment # GREEN Emergency (including DOH DCA justification) Name of Contact Cancellation BRUCE FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENCE School (K-12) Subchapter 8 (Ctf e than K-12) Street Address Other (i.e., priva e & commercial buildings, homes, etc.) 1 (1 -loors Square Feet Bldg. Age City (5) -ONG- PORT 1500 50+ Current Use (Prior i Lang demolished) County Code (7) (STATE County (6) USE ONLY) VACAA Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner KLTMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAP Telephone No Telephone No. k a ise No Project Manager for Monitoring Firm 856-7 Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) ▼ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative 2 essure Mini-Enclosure \_\_≥3 sf or ≥3 lf \_\_≥160 sf or ≥260 lf Renovation Glovebag Procedure Demolition Non-Exempted (\*) and Non-Fr a : Procedure Abatement Is Location Type Normally Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) An xunt Asbestos-Containing Material (ACM) (S) cify Custodial (i.e., thermal systems insulation, Remova TO BE ABATED SFO'LF) Staff? surfacing, VAT, or IN Facility other miscellaneous (12)(13)N/A Yes No TRAWSITE X SIDING Name of Registere I andfill Cubic Yards NUDEP Waste Name of Registered Waste Hauler KLIMCO City, State Disposal Date City, State Signature -

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Date of Notification (1)	)	Nar	ne of Build	IN ELAAL	or (2)	ESTOS CO	NTROL	&	
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SEA S				(7) (STATE		ix i f being demo		0+	=
Name of Monitoring Firm Hired by  (8)	Building Owner	ASCN	E ONLY)		ment Contractor (	501			_
Street Address		<u></u>		Street Address		MC AU			=
City, State, Zip Code				City, State, Zip C	Code	612E M.	~	805	2
Project Manager for Monitoring Fire		Ге <mark>leph</mark> one			9-0472	License No.	144		
Start Date (10)  1 - 7 4 - ( )  Occupancy Status During Abateme	Scheduled Com	-17	ate (11)	Name of OSHA Street Address	Monitor M	à			_
Facility Closed/Vacated During B Abatement Performed Outside C Other - Describe:	Entire Period of Ab	atement		City, State, Zip C	Code	::======			=
Scope of Work (Check all that appl ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	y) ☐ Renov ☑ Demo			☐ Mini-En	ag Procedure	e ptire Pressure	ure		
	Is Loc Norm	ally					Ab	atement Type	
Location of Asbestos-Containing Material (AC  TO BE ABATED IN Facility (13)	Staf (12	iance/ idial f?		Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellance	terial (ACM) nsulation, or	Amount (Specify 3F or LF)	Removal	Encapsulate	
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						- : : = = = =		-	_
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Name of Registered Waste Hauler	C	NUDEP V Hauter ID	No.	Cubic Yards of Waste	Name of Regi	tt i d Landfill			=
City, State  WAPLE SHAN  Completed By	F MI. I	080	052	Signature		Date Date	V.T		

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# State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

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Date of Notification (1)		Nan	ne of Build	ing Owner/Operato						10
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DEP Amended Amendment	#	City	State, Zip	Code			5 ^	G-7	112	
☐ Emergency	(including	L=		t ISLE	CLIY	<u>_f</u>	J. C	85	45	
DOH justification		Nan	ne of Conta	RAWIC			lephone Num	ber		
		F		FORMATION						
Name of Facility Where Abatement is Taki			Terms		Type of Faci	lity 4	No. of Contract of			
RESIDEAL	CE				School (K		her than K-12	2)		
Street Address					Other (i.e.	, pr v r	3 & commerci		dings	es.
City (5)					Square Feet		of Floors	В	ldg. A	ge
	ECIT				1200				50	<del>-</del>
County (6) CAPE MAY			inty Code E ONLY)	(7) (STATE			being demolis	shed)		
Name of Monitoring Firm Hired by Building	Owner	ASCN	5	Name of Abater	nent Contractor		77	-		
(8) N/A				14	CMCO	_1	NC			
Street Address				Street Address	5 516	210	- AU	_		
				City, State, Zip	S. SF	K .	E AU			
City, State, Zip Code				WAF		+131	E M.	5	380	520
Project Manager for Monitoring Firm	Te	lephone	No.	Telephone No.	6 01122	T I	cense No.	1.11	)	
				856-77			004	90		
Start Date (10) Sche	duted Comp	etion Da	ate (11)	Name of OSHA	MONITOR IA	10				
Occupancy Status During Abatement (Che	eck only one)			Street Address						
Facility Closed/Vacated During Entire Pe	eriod of Abat	ement				:				
Abatement Performed Outside of Norma	al Facility Ho	JITS		City, State, Zip C	ode					
Other - Describe:  Scope of Work (Check all that apply)						=::				
	Renova	tion		Full Co	ntainment with N	leg it v	Pressure			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demoiti			Gloveb	ag Procedure empted (*) and l	Nor L	able Beendu	TO.		
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	Normal Used Sole			Description o	•				Тур	e
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TO BE ABATED IN Facility	Custodi Staff?		(i.e.,	thermal systems surfacing, VAT	or		Specify F or LF)	Removal	Repair	caps
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MICHAEL CLOMM	SUP			_ Nuc	mn	=-	-1-1-	TI		

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Agencies Notified	Type Notification			Street Ad				•									
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Name of Facility Where		g Place (3)	)					Type o	of Facility (	4)							
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Street Address							-	N S	other (i.e. p	rivate 8	con	n e	cial bu	ildin	igs, h	iome	s,
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City (5)								50	2/960	2	1 100	9		57		Ü	
Newark County (6)			- 1	County C	ode (7)				nt Use (Pric	or if bei	ng de	T o	shed)				
Essex				(STATE U	SE ONLY)	1	-										
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Abat	ement Cor	tractor	(9)						
BioTerra Solutions							Incir	nia Co	ntracting	, Inc.							
Street Address								Addres			. 00	_					
1130 West Chestn	ut Street							on Avenu	ie, Un	11 36	<u> </u>		-				
City, State, Zip Code							state, Zi	07012									
Union, NJ 07083	'A Fi	*		Telephor	a No			none No			Lic	П 36	No.				-
Project Manager for Mor Rick Eustaquio	nitoring Firm				94-3762			450-9			01	): 36					
Start Date (10)		Schedule	ed Con				Name	of OSH	A Monitor								
10/2/2017		11/2/2		7 Inci					ntracting	, Inc.							
Occupancy Status Durin	g Abatement (Che	ck Only On	ie)				Addres				_						
Facility Closed/Vac	ated During Entire	Period of A	Abaten	ement 1360 Clifton Ave							it 36	5					
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours	City, State, Zip Code Clifton, NJ 07012													
Scope of Work (Check A	All That Apply)																
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Southsid	e Wall		X	X		ACI	VI Coa	ting		1	50 8	F	Х				
Vault Founda	ation Walls		Х	X			/ Coat	ting		- Car Car	12 5	_	X				
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Atlantic Carting			1	Hauler ID NJ641/J		40	310		Grand	Cent	ranl	Sar	itary	Lai	ndfil	I Co	rp.
City, State Wayne, NJ						Dispo	sal Date	9 /	C ty, Sta Pen A		PA						
Completed by		Title				1	Signatur	e /	1	1		T	Date				
Milena Zoric									9/22	/20	17						

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Street Address						Gr Tech LLC	No. of the second					
						Street Address			_	-		
City, State, Zip Code						576 Valley Rd #	283					
						City, State, Zip Co		~~				
Project Manager for Monitoring Fil	im		Tale	ephone No		Wayne, NJ 0747	0					
G. No.			1 . 616	.phone No	N.	Telephone No.		License No.				
Start Date (10)	Sche	duled (	Omple	tion Date	(11)	973-638-1777	01127					
11/15/17		11	16	5 / 1	17	Name of OSHA M						
Occupancy Status During Abelem	ent (Chec	k only	onel			Envirovision Co.	nsultants, Inc					
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	NOTI	FICA	TION OF	f New Jersey ASBESTOS	ABATEN	ΛEN <sup>1</sup>	т	D-L					
Date of Notification (1)		T Nar	me of Buil	ding Owner/C	perator	(2)			- <del>VO 4</del> -	2.0	_20	17	14
11/16/2017			Company Company		Militar	y ar	nd Veterans			20.0	ONIT	201	0
Agencies Notified Type Notification			eet Addre )1 Egger	ss rts Crossin	g Road	ł		F	3 3 EST(	DENS	SING	RUL	CI.
EPA DEP DOL Amended Amendment #			y, State, Z awrence	ip Code ville, NJ 08	648								
	uding	100000	me of Cor II McBrid					T-1					
			FACILITY	INFORMAT	ION	-	/ A						
Name of Facility Where Abatement is Taking P Former Newton Armory	lace (3)					Тур	School (K-12 Subchapter	2) 8 (Other t	a ı K-12)				
Street Address 5 South Park Drive						×	Other (i.e. pretc.)						š,
City (5) Newton						17	uare Feet ,200	# of Flo		~5	dg. Ag 55 Ye		
County (6) Sussex County			unty Code				rrent Use (Prio ormer Armor		e nolishe	ed)			
Name of Monitoring Firm Hired by Building Ow TTI Environmental, Inc.	ner (8)	1	ASCM No	i,	Name	of A ber	batement Con Environmer	tractor (9) ntal Sen	ces, In	C.			
Street Address 1253 North Church Street					Street 42 R	S	ress e Road						
City, State, Zip Code Moorestown, NJ 08057							, Zip Code ville, PA 19	460					
Project Manager for Monitoring Firm Jim Guilardi			lephone N 56-840-8		Telep		-4332	100	nse No	,			
Start Date (10)	heduled 0 2/01/201	Compl	Completion Date (11)  Name of OSHA Monitor Neuber Environmen						ces, In	С.			
Occupancy Status During Abatement (Check C		Street Address 42 Ridge Road							-				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Aba Facility Ho	temer ours	tement										
Scope of Work (Check All That Apply)	1177.00h				-								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		ovatio rolition				Full Containment with N ≥ ative Pressure     Mini-Enclosure     Glovebag Procedure							
					į.		Non-Exempte	d (*) and 1	o 1-Friabl			ment	
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custod	itenance/ idial Staff? (i.e. th			ntaining	Mate ns in: AT, c		Am (Sp SF c	c fy	Removal	Repair	Encapsulate	Enclosure
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See Attached Table			X	See A	ttache	d Ta	able	See At	e ched	X			
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Name of Registered Waste Hauler Neuber Environmental Services, Inc.		Hai	DEP Was uler ID No 35969	of W	ic Yards /aste Cu. Yd		Sussex	(County		Vast	e Fa	cility	
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Newton Armory NJ Department of Veteran and Military Affairs TTI Project Number 17-1070 August 24, 2017 Page 6 of 43

Asbestos-containing Materials	Locations	Ap noximate
Dia - Fittings	Throughout Armory	1, 295 lf
Pipe Fittings	Front Classroom	200 sf
9" Brown Floor Tile and mastic	Throughout Armory	12 790 sf
Block Pipe Insulation/Debris	Southside Front Office Area	1,000 sf
Wall/Door Insulation Black Mastic and associated 12" Floor Tile	Front Offices, Corridors, Conference Room, Kitchen, Storeroom, Closets	5, 560 sf
Window Caulk	Throughout Armory	300 lf
Fire Doors	Throughout Armory	90 sf
Interior Boiler Gaskets and Fire Brick /Mortar (Boiler to be dismantled under containment by Abatement Contractor)	Boiler Room	700 sf
	Throughout Armory	400 lf
Cove Base Mastic Amounts are estimates only. Contracto	shall be responsible for the remo	val of al asbestos-

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ame of Monitoring Fir Competent Super	visor						demy Co	nstructi	011 1110.					
treet Address						205	Rt. 46 V	Vest Sui	te 14					_
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City, State, Zip Code						A STATISTICS	owa, NJ	07512		i e ise N	0			
Project Manager for M	onitoring Firm		Tele	phone	No.	Tele	phone No. 3-832-42	14	100	155	·.			
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Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)		novation molition				Min	Containme -Enclosure rebag Pro- -Exempte	e e duro		able Prod			
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City, State			-		11/2200	isposal BD	Date	Tullyt	town, F	PIN				
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11 /	15 /	17			M	ount Holl	y Township Publ	lic Schools	14	140	(	U	2017	- 1
Agencies Notified	Type Notific	cation			Stree	et Address				- SWINGSTON CONTRACTOR				-
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⊠ DOLWD	Amende				City,	State, Zip	Code	-	POCONDON	-	CEA	SIN	3	-
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					F/	CILITY II	NFORMATION				10-7			
Name of Facility Where A	Abatement is	Taking	Place	e (3)				Type of Facility (	4)	-		-		
Gertrude C. Folwell	Elementa	ry Sch	loor	00 10				School (K-12)	)					
Street Address								Subchapter 8						
455 Hedding-Jacks	onville Roa	ad						Other (i.e., pri	vate	n i commer	ciai d	ullain	gs,	
City (5)								Square Feet	# 0	Floors	В	ldg. A	ae	
Mount Holly								10,000	2			80		
County (6)					Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Price	or if be	ir g demolis	hed)	000	777	
Burlington								Elementary S			10.0-0-210#110			
Name of Monitoring Firm	Hired by Bui	Iding C	wner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)		-				
Management & Env	iro. Consu	lting :	Servi	ces			Shade Enviro	onmental, LLC						
Street Address							Street Address			_				
PO Box 341							623 Cutler Av	venue						
City, State, Zip Code							City, State, Zip Co	ode		_				
Chesterfield, NJ 085	515						Maple Shade	, NJ 08052						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		Lic	n se No.				
Bill Weisgarber				6	09-29	3-4070	856-755-0099	)	0	)((42				
Start Date (10)						ate (11) 17	Name of OSHA N EMSL Analyt		,				7,100	
Occupancy Status During	Abatement (	(Check	only	one)			Street Address							
□ Facility Closed/Vacate	d During Enti	ire Per	iod of	Abate	ement		200 Route 13	0 North						
Abatement Performed							City, State, Zip Co	ode						
Time of Abatement:	AM	PN	Λ/	PM		_AM	Cinnaminson	n, NJ 08077						
Scope of Work (Check all	that apply)							700		-				
≥3 sf or ≥3 lf			⊠ Re	nova	ion		☐ Full Cont ☑ Mini-Enc	tainment with Nega	ative F	re ssure				
□ ≥160 sf or ≥260 lf				moliti				g Procedure						
							☐ Non-Exe	mpted (*) and Non-	-Friat	e Procedure	9			
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City, State Freehold, NJ							Disposal Date	City, State	D.4					
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Date of Notification (1)  11 / 14 / 1			100000000000000000000000000000000000000	of Bulldir ofo Mari	ig Owner/Operator ( in	2)			.ICE	NSI	NTROI NG
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(NJAC 5:23-8)   justification)  Cancellation		0		ol Conta olo Mart							
			FA	CILITY II	NFORMATION			Es V		- 7	
Name of Facility Where Abatement is Tak	ng Piaci	(3)				Type of Facility					
Martin Residence						School (K-1	2) 8 (Other then K-12)				
S(real Address						Other (i.e., phomes, etc.	officials and common		uttoin	gs.	School State of State
City (5) Little Silver					-	Square Faet 1,700	# of Floors 3		dg. 4 70	90	
County (6) Monmouth			Cour	nty Code (	THISTATE USE ONLY	Residence	rior if being demoils	r 4]			
Name of Monitoring Firm Hired by Building Management & Enviro. Consulting			ASCM	No.	Name of Absterna Shade Enviro	ont Contractor (9 conmental, LLC					
Street Address PO Box 341					Street Address 623 Cutter At	/enue					
City State, Zip Code		100000		~~~~	City, State, Zip Co	ode					
Chostoffeld, NJ 08515					Maple Shade	, NJ 09052					
Project Manager for Monitoring Firm Bill Weisgarbør			phone 19-298	No. -1070	Telephone No. 856-755-0099		Ulcense No. 00842				
2004-2008-201-201-2014-2014-2014-2014-2014-2014-2	11 /				Name of OSHAN EMSL Analyt						
Occupancy Status During Abatement (Che	Man Charles		nent		Street Address 200 Route 13	0 North					
Abatement Ferformed Duiside of Norm Time of Abatement:AM	al Facilit	y Hou	e - Ces		City, State, Zip Co	ode .					
Scope of Work (Check all that apply)  ⊠ ≥3 st or ≥3 if □ ≥160 st or ≥260 if		shova(l imolitic	n		⊠ Full Cont □ Miri-Enc □ Gloveba	tainment with Ne losure g Procedure	gativa Pressure on-Friable Procedur	6 _			
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City, Stale					Disposal Date 11/17/2017	City, State Morrisville		1			

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<sup>\*</sup> Do not use this form for asbestos ifcensure exempted activities.

State of New Jersey

PAJ						BESTOS ABATE AC 8:60 and 5:16			E	G E		$\mathbb{V}$	
Date of Notification (1)				I Nan	no of Buildi	ng Owner/Operato	- (2)		1				
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Agencies Notified	Type Notific			Stre	et Address	. Peters	universi	EN H	Pit	al			
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				F	ACILITY IN	FORMATION		-				_	_
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Project Manager for Mon			100	lephone		Telephone No.		Lice	is a No.				
Bill Wei			_		98-4070	(609) 25		_		0049	3		210/07/0
Start Date (10)	5	Scheduled	Comp	letion D	ate (11)	Name of OSHA N			-				
11/16/20	17		12/1	/20	17		N	1ECS					
Occupancy Status During						Street Address	200						
Facility Closed/Vacate  Abatement Performed								Box 34	<u> </u>				
Other - Describe:			ility 110	uis		City, State, Zip C		NTT	00515				
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	тиат арріу)					☐ Full Con	tainment with Ne	egative P	e sure				
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TO BE ABATE IN Facility	ED	'	Custod Staff		(i.e.,	thermal systems in surfacing, VAT,			c fy	Re	<sub>ZD</sub>	Encapsulate	II.
(13)			(12)			other miscellaneo		SF (	. (-)	Remova	Repair	Sde	Enclosi
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			-	-									
Name of Registered Wasti	a Hauler		1,	NJDEP I	Masta T	Cubic Yards	Name of Regi	ninend I	<u> </u>				
		*0 ¥		Hauler ID	No.	of Waste	Name of Regi			2022000			
Stevens Environme	ental Serv	ices, In	C.	182	292			Fairle	Land	dfill			
City, State	Allanta	a NII				Disposal Date	City State						
Completed By	Allentown	n, INJ				12/1/2017 <sub>4</sub>   Signature//	1/1/	Morr	s ville,	PA	_		
Mahlon E. Stev			rojec	t Man	ager	Signature	// /		1 1 / 1	5/1-	7		

Ch ck# 25638

ASB-41

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ChloHea PA	AUD		FICATIO		v Jersey ESTOS ABATE 3:60 and 12:12		IT		)[[	2 [		$\mathbb{V}$	
Date of Notification (1)			3457555		Owner/Operato			111	THE N	111 2	2 0	201	7 11
11/15/17 Agencies Notified Type Notification					ship Public S	Scho	ools	Ш	[]		_ U	2011	- Comment
				Address	emy Street			_		-	Approximation (	***************************************	
				tate, Zip Co	The state of the s			-	ASBE		NSI		DL &
DOL Amendmen	otified Type Notification    Initial				NJ 08094			PROGRAM.		NO CHROCOS	INCOMPLEMENT AND ADDRESS OF THE PARTY OF THE		
☐ Emergency justification	Initial Amended Amendment # Emergency (including justification)							Tal	enhana Ni	~ ~~r			
			Dave	Sullivan									
Name of Facility Where Abatement is Takin	na Place /	(3)	FAC	ILITY INFO	RMATION	T	o of Facility (4)						
Whitehall Elementary School	ig riace (	(3)				-	e of Facility (4)						
Street Address						M	School (K-12) Subchapter 8		er than K-	21			
161 Whitehall Rd.						靣	Other (i.e. pri	vate	& commerc	a bui	ldings	, hom	ies,
City (5) Williamstown NJ 08094							etc.) uare Feet 000÷	# o	f Floors	1.75	Bldg. /	Age	
County (6)			County	Code (7)			rent Use (Prior		na demolis		337		
Gloucester				USE ONLY)		Jul	. 3.1. 300 (1 1101	501	g demon	i u)			
Name of Monitoring Firm Hired by Building	Owner (8	)		M No.			patement Contr	actor	(9)				
Street Address			003		Street		Inc.						
1253 North Church Street	North Church Street ate, Zip Code						ess 329						
City, State, Zip Code							Zip Code						
Moorestown NJ 08057					500		erlin NJ 0809	11					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none	No.		License f	0			
James Guilardi				40-8800	856-	753	-9800		00727				
Start Date (10) 11/29/17	Schedul 12/22		mpletion	Date (11)	Name Sam		SHA Monitor						
Occupancy Status During Abatement (Chec	k Only O	ne)			Street		ess						_
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of all Facility	Abater y Hour	ment rs		City, S	tate,	Zip Code		<u>.</u>	-			
Scope of Work (Check All That Apply)		-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov				M G	ull Containmen lini-Enclosure lovebag Proced on-Exempted (	dure				re.	
	Is	Loca	tion							T	Abate	ement	
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	Ma	aintena	nce/	Asbesto	os Containing M hermal systems	lateri	al (ACM)		nount pecify	70	_	En	
tan tangga pagaba • ar	Cus	todial (12)			surfacing, VA	T, or			or LF)	Removal	Repair	caps	nclos
			1		other miscellan		60			val	air	Encapsulate	Enclosure
Adim office	X@5	No	N/A		Ceiling		ie		SF_	X		(D	
Main Office		Х	-		Ceiling Ti				4 SF	х			
Room 1 Closets		Х			Ceiling Ti	e		5	SF	x			
Nurses Area, Rooms 2,3,4,5,6,7		Х											
& Guidance Office		Х			Ceiling Ti	е		578	30 SF	к			
Name of Registered Waste Hauler Robinson Waste Disposal		F	JDEP W	No.	Cubic Yards of Waste		Name of Re	Same	red Landfill				
City, State		1	7304		TBD								
Voorhees NJ				- 1	Disposal Date 12/22/17		City, State Morrisville	a PA	19067				
Completed by	Title				Signature	,	IVIOTTIS VIII	017	Da				
Anthony T Perna	Pres	ident			1/3	2				/ 15/	17		

### State Of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 11/13/17 Name of Building Owner/Operator (2) Agency Notified Type Notification Street Addresses EPA A! EESTOS CONTROL & Initial X DEP Amended LICENSING City, State, Zip DOL Amended # Westfield NJ 07090 X DOH Emergency (including DCA Talanhone Numl e. Justification) Name of Contact Cancellation Joe FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Addresses Subchapter 8 (Other than (13-12) x Other (i.e. private & con unercial Buildings, City(5) Westfield nj Square Feet # of Floors Bldg. Age County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) Union ONLY) Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8)\- J&S Environmental Laboratories, LLC Pezo Inc Street Address Street Address: 2333 Route 22 West 4 Beaverbrook Rd., #150 City, State, Zip Code City, State, Zip Code Union NJ 07083 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. License 1 c Sherry 908-206-0073 973-628-7829 01141 Start Date (10) Scheduled Completion Data (11) Name of OSHA Monitor 11/14/17 11/15/17 J & S Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other -Describe Union NJ 07083 Scope of Work (Check all apply) xx Full Containment with Negati e Pressure xx Mini-Enclosure > 3 sf or > 3 lfRenovation Glovebag Procedure

xx > 160  sf or > 260  lf				xx D	emolitic	on	Non-Exemp	oted (*) and Non-1 ri	ible pr	oced	ure	
Location	n of	1 73	s Locat Norma	10.00		Description of				oaten		
Asbestos-Containing TO BE AB IN Fac (13)	ATED ility	M	ed Sole aintena Custod Staff (12)	ance/ ial ?		tos Containing Mate ., thermal systems in Surfacing, VAT, Other miscellane	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								
White Joint compou	and (Siding )		X		Joint	Compound		240 SF	x	+		1
Grey Plaster Base I	Layer 2 <sup>nd</sup> Fl.		X		Grey	Plaster	-	250 SF	x	+		
White Caulk, 1st Flo	oor		X		White	e Caulk		150SF	x	+		+-
Yellow Linoleum, 2nd	d Floor		х		Yello	w Linoleum		25 SF	X	-		1
Name of registered W Pezo Inc.	Vaste Hauler		DEP 1 6224	Waste I	Huler	Cubic Yards of Waste		Registered Land is anagement of Pe 11		nia		
City, State Lincoln Park, NJ 07035					Disposal Date	City, Stat	e e Pennsylvania					
Completed by Ike Pezic	Title President					Signature Com	4	Data 11/13/17				



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

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Date of Notifica	-ti (1)			To.						1	_		1	_		
10/25/17	ation (1)					g Owner/Operator (2)										
Agencies Notifi	ed Type N	lotification			nia Rizk Address	1				hand becomes	7	f = P	E	П	177	P
⊠ EPA	X	Initial		Street	Address						1.	13 6			$\mathbb{V}$	5
□ DEP		Amended		City, S	tate, Zip C	ode					4		Sant Calling			
⊠ DOL		Amendment #		10,000,000,000		k, NJ 07016			11					-		11
		Emergency (including			of Contact				Tolophono Mi		-	- NOV	2.0	-20	)17	-11
⊠ DOH		justification)			e Zagar											1-
□ DCA		Cancelation			Lugui							III Managara	Wednesday		THE PERSON	
					F	ACILITY INFORMAT	TION				7	& BESTO	)S C(	THE	ROL	- &
1	y Where Abat	ement is Taking Place (3)					Туре	of Facility (4)	in the last of the		=	Lic	ENS	NG	-	
Residence								School (K-12)	)							
Street Address							$\exists$	Subchapter 8		K-12	1					
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eu (F)								Other (i.e. pr	ivate & comin	HEIC	aı .	- mulligs, i	lomes	, etc.	1	
City (5) Roselle Park	,						Squa	re Feet	# of Floors	1	Blc	ge				
Noselle Fair	`						1,8	48 SF :	2		19	200				
County (6)						Code (7)	127.00	ent Use (Prior if bein	ig demolished)							
Union Coun	-				STAT	E USE ONLY)	Res	idential								
Name of Monito	oring Firm Hir	ed by Building Owner (8)				ASCM No.	Nam	e of Abatement Cor	tractor (9)							
							Uni	corn Contracti	ng Corp.							
Street Address						*		et Address			_			7 1 1		
							32 \	Willow Way								
City, State, Zip C	ode							State, Zip Code				-				
							100000000000000000000000000000000000000	odland Park, N	1 07424							
Project Manager	r fo Monitorin	ng Firm			Telepho	ne No		phone No.	3 07 12 1	T <sub>i</sub>		s No.				_
8.11.11.11.11.11.11					relepho			-333-9176		- 10	1					
Start Date (10)				Schedu	led Compl	etion Date (11)		e of OSHA Monitor				71				
11/4/17				11/5/		edon bate (11)			Iltante Inc							
	s During Aba	tement (Check Only One)		11/3/	1/	and the second		irovision Const	illants, inc.		_					-
Name   100		acated During Entire Peri	od of Al	aatomor	n+				ן חולי פרו	-						
Williams and		rmed Outside of Normal			IL.			21 Wagaraw Ro	1., Blag. 35-E	-						
_	- Describe:		raciiity	Hours			1000	State, Zip Code	10							
Scope of Work (C							Fair	Lawn, NJ 074	10							
≥3 sf o				(S)		p.		2002	7/2	10						
	ir ≥3 ii f or ≥260 lf			$\boxtimes$	Renova			Full Containm		ative	F	e sure				
21003	101 220011				Demol	ition	$\boxtimes$	Mini-Enclosur								
							$\times$	Glovebag Pro								
			_					Non-Exempte	d (*) and Non	n-Fria	b :	'rocedur	e			
	Locat	tion of		Is Location Normally											temen Type	nt
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	-	ABATED		Maintenan	7			systems insulation,	,,,			Specity			_	
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	(1	.3)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T		8	other m	niscellaneous)					Removal	Repair	ulsd	Enclosure
	D		Yes	No	N/A					_	_		_		ite	re
	Base	ment		XXX			Pipe	Insulation		_	_	: 00 LF	X	X		
											_					
											_					
Name of Register				NJDEP W	/aste Haul	er ID No.	Cubic '	Yards of Waste		Na	m	o Regustere	d Landi	Fill		
Jnicorn Cont	tracting Co	orp.		00358	44		5+			Fa	ii	e s Hills L	andfil	l		
City, State							Dispos	sal Date	1	Cit	γ,	ta :e				
Woodland Pa	ark, New J	ersey					TBD		1	PIN	0	r <mark>i :v</mark> ille, PA	4			
Completed by			Title					Signature	- ()	1			Dat	e		
Dimo Golcev			Gener	al Man	ager			4	1 1/1				10	/25/	17	
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Date of Notification (1) 11/15/2017				of Building Owne	er/Operato	or (2)		744		# JV	20	201	1
Agencies Notified Type Notification	on		050707007070	dence Address						-			
7,1	511		Otreet	Address					ASE	ESTO	S CC ENSI	NTF	OL 8
▼ DEP			City, S	tate, Zip Code				The Equation Science Street, Service Science, Service, Service Science, Se		= ====			- May
X DOL Amendme	ent # cy (includin	-	Frank	din Park, N.J.	07932								
DOH justification Cancellati	n)	y		of Contact ael Canilla				] Teleph	none I	u nber			
Name of Equility Whore Abetement in Te	des Dise	(0)	FAC	ILITY INFORMA	ATION					=	_		
Name of Facility Where Abatement is Tal Residence	king Place	(3)				Ту	pe of Facility (	4)					
Street Address						-	School (K-1 Subchapter		han k	1 2)			
						×	Other (i.e. p	rivate & co	omme	c al bui	Idings	, hom	es,
City (5) Franklin Park							etc.) uare Feet )00	# of Flo	oors		Bldg	Age	-
County (6) Somerset				Code (7) USE ONLY)		3.5	rrent Use (Pric		demo				
Name of Monitoring Firm Hired by Buildin A. Seine Lighthouse Solutions	g Owner (8	3)	ASC	M No.	1 1 200 100 100		batement Con ank Service						
Street Address PO Box 354					Street 1256		ress erty Avenue	e					
City, State, Zip Code							Zip Code						
South Orange, NJ 07079					Hills	ide,	NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra				49-2666	Telepi 844-		No. -7465		cens∈ I316	No.			
Start Date (10) 11/17/2017	11/24/	2017	mpletion	Date (11)			SHA Monitor Lighthouse	Solution	ns				
Occupancy Status During Abatement (Che	eck Only O	ne)			Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of rmal Facilit	Abater y Hours	nent S		PO E	23/13/2	Zip Code						
					Sout	h Or	range, NJ 0	7079					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit	ition ion		×	N G	ull Containme lini-Enclosure Glovebag Proce on-Exempted	edure				e	
Location of		Normal	ly		escription	of	i de					ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used S Maint Custod					Materia s insu T, or neous	al (ACM) lation,	Amou (Spec SF or I	ify	Remova	Repair	Encapsulate	Enclosure
	No	N/A				0)			<u>a</u>	-7	ate	re	
Basement	Basement					р		60LF	F	_ X			
Name of Registered Waste Hauler		N	JDEP W	/aste   Cubi	c Yards		Name of R	egistered	Landi				
lewark Carting			auler ID 1509	No. of W	aste		Waste M				I		
City, State ast Orange, NJ				Disp	osal Date		City, State Penn Arg						
Completed by	Title				Signature		1011	9 y 10, 1 A		at e			
lison Lamers	31333333	e Man	ager		WI	W	KUVS			1,15/2	017		

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r'A	IL)	tate of P	(Pursi	uant to N.J.A.C	cation of Asbestos . 8:60-7 and 12:120-7)	Abate	ingi		C	E		E	F
GAC Project # 060-17									-10	110	n - 20 t	9	Ш
Date of Notification (1)		004#			Name of Building Owner	/Operate	or (2)	FAL		V 2 (			
Novemb	er 15,				RUTGERS, THE S	IAIE	UNIV	EKSII	161	NJ (	2017		L
Agencies Notified		Notificatio			Street Address			0.4	-/-	EDT		-	Section
T = 0.		⊠Initial			ENVIRONMENTAL								_
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□ DCA				including	City, State, Zip Code				L	ICENS	ING		interes of
<b>⊠</b> DOL		justif	ication)		PISCATAWAY, NJ	08854							
DEP- No Longer REQUIRE	-D	□ Cance	elled		Name of Contact		P	and the latest the lat			į.		
<b>⊠</b> DOH					MICHAEL SMITH, I					,	,		
					HEALTH & SAFET	<u>Y</u>	I						_
			y,	FACILITY INF									_
Name of Facility Where Abateme					Type of Facility (4)								
DOUGLASS CHEMISTE	RY, BL	DG# 830	2		School (K-12)								
					Subchapter 8 (other that								
Street Address					Other (i.e. private & co								
DOUGLASS CAMPUS					Sq. Feet: N/A	# of Flo	ors: 4	Bldg.	<u>ке:</u>	100+	years		
City (5)	ounty (6)	)	County	/ Code (7)	1								
NEW BRUNSWICK		LESEX		Use Only)	Current Use (prior if bein	ng demo	lished)	: ACAI	EVIC				
Name of Monitoring Firm Hired b	v Blda C	Junor (8)	ASCM	No	Name of Contractor (9)								-
ATC	y blug. C	owner (o)	0098		Name of Contractor (5)								
AIC			0030		GREENWOOD ABA	TEME	NT CO	ONSUL	TANT	rs, IN	C.		
Street Address					Street Address								
3 TERRI LANE													
					268 MAIN STREET								
City, State, Zip Code	5-76-75-7				City State, ZipCode								_
BURLINGTON, NJ 08	8016				BUTLER, NJ 07405								
Project Manager for Monitoring F		Telephone	Number		Telephone Number			License	Viimb	er			
BRIAN KEARNY		609-38								_			
		***			973-492-0477			00840					
Scheduled Start Date (10)		Scheduled	Completio	on Date (11)	Name of OSHA Monitor								
11/25/17		11/27/1	7		1 1	_							
					ENVIROVISION, IN	C.							_
Occupancy Status During Abat					Street Address								
☐ Facility Closed/Vacated Duri				nt	20-21 WARGARAW	POAL	)						
□ Abatement Performed Outsi	de of No	rmal Facility	/ Hours -		City, State, Zip Code	IX OAL							_
Describe					Oity, Otate, Zip Gode								
Other − Describe:				0									
Schedule: 8AM - 5AM (24 I	HOURS	& WEEK	ENDS A	S NEEDED)	FAIRLAWN, NJ								
Scope of Work (Check all that ap	nh/\												_
Scope of Work (Check all that ap	ply)					□ Full C	Contain	ment wi	Hear	ative Pr	essure		
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$				X Renovation		☐ Mini			1.03				
□ > 160 sf or > 260	15			Demolition				Procedu	. \//r	an & Ci	ıf		
□≥ 160 SI OI ≥ 260	7.11			■ Demonton			9	pted (*)				edure	
Location of Asbestos-Containing	I le l o	cation Norm	ally Head	Description of As	bestos Containing Material		Amoun			nent Typ		Eduic	-
Material (ACM) in Facility (13)		ly by Maint./			nal systems insulation, surface		(Specif						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Acces 100 00000	? (12)		VAT, or other mis			or LF)	***************************************	te nove	Repair	Encap	Enclos	e
	YES	NO NO	NA										
115 Corridor	-	X	T	VAT			130 S	F	X	$\top$	T	T	_
110 00111001	-	- 100	1	1771		-		-	=-	1	+	-	_
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			1	18."				NI	F	to so of 1	and Ell		_
Name of Reg. Waste Hauler		NJDEP W		er ID #	Cubic Yards of Waste:	5 CY				North	Landf	:11	
See Hauler Below #1 & 2		See Belo	W					G.R.U	¥1.3.	MOLLI	Lanul	100	
Hauler #1) Greenwood Abateme	ent Cons	ultants, Inc.	- Butler,	NJ 07405		Dispo	sal Dat	te		City, Sta			
NJDEP # 12561									- 1		w Ford I		
Hauler #2) Newark Carting, Inc	., Newar	k, NJ 04509				11/2	7/201	7		19067	rrisville,	, Fd	
NJ DEP # 4509									- 1	215-736	3-1700		
		F-11			Licination			Doto					-
Completed by (Print or Type)	_	Fitle	פס יבי	CT	Signature	20		<u>Date</u>	2 20"	15, 2	017		
RAYMOND C. PEDALIN		SENIOR		61	Raymond C. P.	edalin	a	NOVE	1 161	13, 2	017		

**MA** 

Randolph, NJ 07869

Title

President

Completed by

Elvira Mrda

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Project # Check # 4 12 6 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/07/2017 Dwight-Englewood School Type Notification Agencies Notified Street Address 315 E. Palisade Ave **EPA** Initial City, State, Zip Code DEP Amended DOL Amendment # Englewood, NJ 07631 Emergency (including Name of Contact DOH justification) STOS CONTROL & DCA Cancellation Michael Burns FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Dwight-Englewood School School (K-12) Street Address Subchapter 8 (Other than K-' 2) Other (i.e. private & commerc a buildings, homes, 315 E. Palisade Ave etc.) City (5) Square Feet # of Floors Bldg. Age Englewood, NJ County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolis 16 d) Bergen County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Nick Restoration LLC Street Address Street Address 77 Nottingham Rd 72 Brookside Rd City, State, Zip Code City, State, Zip Code Fair Lawn Randolph NJ 07869 Project Manager for Monitoring Firm Telephone No. Telephone No. License I o Rodger Headrick (201)475-9880 973-933-2550 01133 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/17/2017 11/21/2017 IRIS Occupancy Status During Abatement (Check Only One) Street Address 2333 RT 22 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 4pm City, State, Zip Code Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative in ssure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Frocedure Non-Exempted (\*) and Non-Frial e Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st & 2nd floor X wrap & cut 80 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfil Hauler ID No. of Waste Nick Restoration LLC G.R.O.W.S 33782 TBD City, State Disposal Date City, State

TBD

Signature

Tullytown, PA

Da e

11 07/2017

Jan F	AL	(Pursu	ant to NJA	C 8:60	STOS ABA 0-7 and 12:	120-7)	1 (0)	CK		21	J J .
Date of Notification (1)			100000			Owner/Oper	A CONTRACTOR OF THE CONTRACTOR				
11 / 15 /17				reet Ad				1E	( 0 -	F	W
Agencies Notified Type Notific	ation		120	6 E. LI	NCOLN AV	/ENUE, P.O	BOX 2000, RY28	414			U
	Notification led Notification	·			te, Zip Code			1		2 0	0017
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X DOH On Ho					Contact		IT-Ianhana N	Imher			
DCA EMER	GENCY NO			THE LEWIS CO.	A JOHNSO	N					THE C
Name of Facility Where Abatement is	Taking Pla	ce (3)	FACILITY	INFOF	RMATION	Type of F	acility (4)		100 to 100		
							ol (K-12)				
MERCK SHARP & DOHME CORPORA	TION					Subo	hapter 8 (Other tha	n K-12)			
Street Address						X Othe	r (ie. private & com			omes, lg. Ag	
126 EAST LINCOLN AVENUE - BUILDI						40,00			UIC	65 65	0
City (5) County RAHWAY UNION					ode (7)		e (Prior if being de	nolished	E		
Name of Monitoring Firm Hired by Bu	ilding Own	er (8)	(SIA)	_	SCM No.	COMMER Name of A	CIAL batement Contrac	tor (0)			
ENVIRONMETAL HEALTH INVESTIGA	TIONS, INC	).			104		RONMENTAL COF		1)11		
Street Address 655 WEST SHORE TRAIL						Street Add					
City, State, Zip Code			-			City, State	K ROCK ROAD				
SPARTA, NI		4500000000					, NEW YORK 1090	1			
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH			e Number			Telephone		icense l	V in ib	er	
Expected State Date (10)		3-729-5 Compl	etion Date	(11)		845-369-7	SHA Monitor	101			
11 / 29 /17 Month Day Year	3	11 /	1:		/18		LABORATORIES	NC	#	11480	
Month Day Year  Occupancy Status During Abatement (C	Month neck only or		Day		Year	Street Add	2297				
X Facility Closed/Vacated Durin	g Entire Pe	riod of A	Abatement				30TH STREET				
Abatement Performed Outsid  X Other - Describe: MOND,	e of Normal AY -FRIDA\	Facility	Hours - D	escribe	e:	City, State	Zin Code				
SATUR	DAY 7AM-				,		NEW YORK, NEW	YORK	1 1016	3	
Scope of Work (Check all that apply)  Demolition  X	Renova	tion		X	Full Conta Mini Enclo		Negative Pressure				
>3SF OR LF		uon		X	The state of the s	Procedure					
X >160 SF OR 260 LF						le Procedure					
Location of Asbestos-containing	normal	cation ly used			iption of As ning Materia		Amount			nent T	
Material (ACM)	solel			(ie. T	Thermal sys	stems	(Specify	REMOVAL	ZETAIZ	ENCAPSULE	ENCLOSURE
TO BE ABATED in Facility (13)	Maint/C Staff				on, surfacir er miscella		SF or LF)	AVO	É	PSI	.08
	Yes No	N/A							1000000	JLE	ᇛ
1ST FLOOR CORRIDOR		х	ACM MAS	STIC			5,720 SF	X			
1ST FLOOR CORRIDOR		X	PIPE FIT	TINGS	8		489 LF	X			
1ST FLOOR CORRIDOR		Х	DUCT INS	SULAT	TION		400 SF	×			П
1ST FLOOR CORRIDOR	Х	PIPE SAD	DLES	3		6 LF	X			П	
1ST FLOOR CORRIDOR		DUCT SE	AM MA	ASTIC	1900-00	12 SF	X				
1ST FLOOR CORRIDOR	Х	PIPE INS	ULATI	ON		250 LF	X				
1ST FLOOR CORRIDOR			FIRE DO	ORS (4	40)		800 SF	X			
Name of Desire											
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	NJDEP 1		Cubic Yar	rds of V 120	Waste		gistered Landfill COUNTY RESOU	DOE MA		CD 45-	
825 HIGHWAY 33	159			120		447 ALEXA	NDER DRIVE/ROU		A IF G	CIVIEN	II SE
City, State FREEHOLD, NEW JERSEY			Disposal [		10	City State	RY , PA 17752				
			11/29/17-	11/15/1	18	MONTGON	PRY PA 17752				- 1

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Date of Notification (1) november 15 2017 check #51			Name	of Buildin	ng Owner/ E M. RIC	Operator	r (2)				N	7 7	0 2	2017	
Agencies Notified Type Notificatio	n			Address		711100				$\perp$					-
EPA Initial										AS	BES	FOS	CONT	ROL	8
DEP Amended				tate, Zip					- Inneren	-	-	43:4	SING		
DOL Amendmen		na			IJ 07675	5									
DOH justification	1)	.5	V 5554 9.5	of Conta erine co	ct orcoran					Telenh	one	Vi imbe	er		
Name of Equility Whore Abstract is Till	- 51	401	FAC	CILITY IN	FORMAT	ION									
Name of Facility Where Abatement is Taki Catherine corcoran	ing Place	(3)					Тур	pe of FacI	ity (4)						
Street Address								School (	(K-12)	/O# II	2000/	0)			
							X	Subchar Other (i.	e. priv	ate & co	mm	r ial b	uilding	s, hor	nes,
City (5) River Vale,NJ 07675							7/7/23	etc.) uare Feet		# of Flo	ors	-		Age	
County (6)			Court	Code /=			10			2				ears	×1111
Bergen			(STATE	Code (7	n		Cur	rrent Use (	(Prior i	f being o	demo	is hed			
Name of Monitoring Firm Hired by Building	Owner (	8)	ASC	M No.				batement o							
Street Address						Street			illaci	9 1110					
City, State, Zip Code						24 ch			2			_			
								Zip Code park N	J 074	07					
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm					Teleph 201-8				5. 00000	ensi 301	10.			
Start Date (10)				Date (11	)			SHA Mon t	tor	01	-				-
december 02 2017	decen	nber (	04 2017		0.0			ons Con		ing Inc					
Occupancy Status During Abatement (Che						Street /									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: family home	Period of nal Facili	Abater ty Hour	ment s				ate,	Zip Code							
Scope of Work (Check All That Apply)						elmw	ood	park N.	J 074	07		_			
≥3 sf or ≥3 lf	×	Renova	ation				F	ull Contain	ment	with Nec	nativ	[ ree	uro		
≥160 sf or ≥260 if	The same of	Demoli					M G	lini-Enclos lovebag P	ure rocedi	ure					
		ny se		Ι	-	×	N	on-Exemp	ted (*)	and No	n-Fr	it le P	49873		
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TO BE ABATED In Facility		stodial :		(i.e	thermal:	systems ing, VAT	insul	lation,		(Speci	fy	Re	R	inca	Enc
(13)	iii i doility					ing, va i iscellane		)		SF or L	.୮)	Remova	Repair	Encapsulate	Enclosure
	Yes N											2		ate	Гē
second floor	second floor				tile and	remov	e pl	ywood		650		x			
	+														
Name of Registered Waste Hauler	ime of Registered Waste Hauler				Cubic Y	'arde		Nama	of Pos	istorad !	and				
Atlantic carting		- 1	JDEP W auler ID		of Wast				_	istered L itral Sa					
City, State Pen Argyl PA 18072					Disposa	al Date		City, Sa		PA 180	72				
Completed by	Title					pature		A.	i gyi i	7 100		a e			
luis Arcila	Presi	ident			1 4	13		Apr	100	,	1	are 1'15/	2017		

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ate of Notification (1) 1/13/2017 Checnk #3088		Na M	me of Bu ARIST	ilding Owne HIGH SC	er/Operato CHOOL	or (	2)			NOV 2	201	7		
gencies Notified Type Notification		Str 12	eet Addre 241 KE	ess NNEDY E	BOULE	VA	RD			managalasantu werana	NTD/	21 0		
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Emergency (included in justification)	uding	Na	me of Co	ontact				_	Tele	phone Nu n	ner			
DCA Cancellation		IV		Y INFORM	ATION									
Name of Facility Where Abatement is Taking P	lace (3)	-	FACILII	TINFORM	Allon	T	Type of Fa	acility (4)						
Marist High School	(2),5						Scho	ol (K-12)	(OII)	- th 1/ : 7	110			
Street Address				Same and			Subo	:hapter 8 r (i.e. pri	(Otne vate &	r than K- 2 commerca	a buildir	ngs, h	omes,	
1241 Kennedy Blvd							etc.)			Floors		ig. Ag		
City (5)							Square Fe	eet	2	FIOUIS	50		<del>~</del>	
Bayonne		Ι.ο.	-1.00	do (7)		-		se (Prior	57700	ng demoli h	n ∌d)			
County (6) HUDSON		(S		E ONLY) _			School							
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM N	<b>√</b> 0.			of Abatem Services							_
Street Address							Address							
5.10017.001.000							69th Stre							
City, State, Zip Code					G	ute	State, Zip C enberg, N		93					
Project Manager for Monitoring Firm		T	elephone	e No.	2	01-	hone No. -295-170			License N 01074	N ).			
Start Date (10)	Scheduled C	Com	pletion Da	ate (11)			of OSHA							
11/25/17	11/27/201	17					ne as abo	ove						
Occupancy Status During Abatement (Check	Only One)				St	ree	t Address							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Starting at 9 AM	eriod of Aba Il Facility Ho	temours	ent		Ci	ity, s	State, Zip (	Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ren						Mini-E	Enclosure	edure	th Negativ s		cedur	e	
	Is Lo	ocati	on	\									ement /pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Nor Used S Maint Custod	rmal Sole enai	ly ly by nce/	(i.e. th	Descri s Contain nermal sy surfacing other mis	ning ster g, V	Material (Ams insulation Material (AT, or	ACM) on,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	100000
	Yes	No	N/A								-	V		-
First Floor		X			Pipe Ir	ารน	lation	_		5 LF	-	X		+
											-	+		+
											-	+	-	+
			1		Cubic Ya	ord.		Nameo	[ Regi	stered La	d ill			_
Name of Registered Waste Hauler			NJDEP W Hauler ID		of Waste					nterprise s				
Tri-State Transfer Assoc		- 1	19551		TBD	I D	ate	City, Sta						
City, State Bronx, NY					TBD					rg OH	Date			
Completed by	Title	. 1.1.	nager		Sig	gnat	ture (d)	ues	8-	-	11/13	3/17		
Gina Betances	Office	IVI	anager				/- (							

Date of Notification (1)  11/14/2017 Check #  Agencies Notified Type Notification			ursuant	OF ASBE	:60 and 1			$  D)_{r}$	臣()	E	$\mathbb{V}$	5	r
11/14/2017 Check#	Carlo (1990)	600	Name	CD 11 11 0				11-21					711
AND THE PROPERTY OF THE PROPER		1.0			)wner/Op		(2)						Alignment
Associate Notified Type Notification				is Christie	e School	DI .		ШШ	N( )	20	201	7	116
Agencies Notified Type Notification			Street A		102								
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DEP Amended				ate, Zip Coo		1070	0.4	1 '		ENSI		UL OX	
DOL Amendment #		-		ouck Hei	gnts, N	J 076	04	territoria.	waterment of	- marametr		and the last of th	-
DOH justification)				f Contact				Lelei	phone N	nher			
DCA Cancellation			Kevin					_			-		
No. of Facility (Afternoon About and the Tables	Diago (2)		FAC	ILITY INFO	RMATIO	N	Type of Facility (	4)					
Name of Facility Where Abatement is Taking Corpus Christie School	Place (3)	)											
			22.005				School (K-1 Subchapter		rthan K 1	2)			
Street Address							Other (i.e.				ings,	nome	s,
215 Kipp Avenue							etc.)						
City (5)							Square Feet	100000	Floors		dg. Ag O+	ge	
Hasbrouck Heights							15,000	2			JT		
County (6) BERGEN				Code (7) USE ONLY)		_	Current Use (Pri	or if bein	g demo s	ied)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCI	M No.			of Abatement Cor		9)				
N/A							ervices Corpo	ration				4771	
Street Address							Address 39th Street						
City, State, Zip Code						(5.00)	tate, Zip Code enberg, NJ 07	003					
								093	Linna	10			
Project Manager for Monitoring Firm			Telepho	one No.			one No. 295-1700		Licens 01074	10.			
				D : (44)					0107-				
			mpletion	Date (11)			of OSHA Monitor e as above						
11/25/2017	11/27/					1070 - 200 IUA							
Occupancy Status During Abatement (Check	Only On	ie)				Street	Address						
Facility Closed/Vacated During Entire P					_	City C	tata Zin Codo						
Abatement Performed Outside of Norm Other – Describe: Starting 11:30 AM	ai Facility	nour	5		_	City, S	tate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	X F	Renov	ation				Full Containm	ent with	Negative	ressu	re		
≥160 sf or ≥260 lf		)emol					Mini-Enclosur	е	9				
						×	Glovebag Pro		Non-F	a ale Pro	cedur	е	
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	10000	Loca			-						Ту	ре	
Location of Asbestos-Containing Material (ACM)	Use	d Sol	ely by	Asbes		cription aining N	or laterial (ACM)	Aı	mount			П	
TO BE ABATED			ance/ Staff?		thermal s	systems	s insulation,		pecify	Re	<sub>Z</sub>	Encapsulate	Enclosure
In Facility	Cus	(12)			surfaci other m	ing, VA		SF	or LF)	Remova	Repair	psu	lsol
(13)					Other III	liscollai	leous)			<u>a</u>	-	late	Ire
	Yes	No	N/A										
Basement-Boy's Room		Х		Pipe	e Insula	tion-v	vrap & cut	2	0 LF	X			
-													
									-				
Name of Registered Waste Hauler			NJDEP Hauler I		Cubic \				ered Lar d	I II			
			19551		tbd				erprise ;				
Tri-State Transfer Assoc					Dispos	al Data	City, Sta	te					
Tri-State Transfer Assoc  City, State						al Date	1 2500		011				
					tbd	Serv.	Wayne	esburg	·				
City, State	Title		anager		tbd	ignature	Wayne	esburg	1	ate 1/08/	1204	,	

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Date of Notification (1) 11/01/17 Agencies Notified Type Notifies			Name Porth	of Building Owner Amboy Board	Oppreint	21		NO+-		7/1	19	
EPA E Initial Amenga		-	178 E	Address Berrecks St. ste, Zip Code		W COST	LWAU	/FR	于	PR	11/15	
L DOL Amendm		- 1	Porth	Amboy, NJ 0	8881	and the second of	The second secon		_		13	FIVED
Lattification	in!	-	Namo	Conlact		Contraction of Street, or	Telophine	NUMBER	D)	E	10	ETVEN
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Name of Facility Where Abatamani Is Ta	king Place (	(3)	FAC	LITY INFORMA		ype of Facili			1.11		IW	12 0 2017 IU
Perth Amboy High School Birest Address	Total Control of the				1		* t * .		1 L			1 0 2011
300 Eagle Ave.						School (I Subohap Other (I.e	tar a lathar it a t	الاداء				
City (8)	-				10	Other (i.e	, private & con imi	erole bu	ıliding	oAEd	S ST	OS CONTROL & CENSING
Perth Amboy					3	quaro Feet	2 of Floors	-	Eldg	Ago		JENSING
County (8)		10	Jauniv I	Code (7)								
Middlesex		1 5	STATE	ASE ON! A	°	urrent Use (F	daril being di ma	(Ished)		Plaffetony <sub>4</sub> g		1
Name of Mentioring Firm Hired by Bulkin AHERA Consultants Inc.	g Owner (8)	)	ASCA	7427	Namo pl	Abatement C	ontractor (9)				N Marie	-
Street Address		-	0057		Acade	my Constri	uction Inc.					
P.O. Box 385					Street Ad		-					
City, State, Zip Code					City Stat	. 46 West :	Suno 14		-			
Oceanville, NJ 08231-0385 Project Managar for Menitering Firm					Totowa	. NJ 0751	2					
John Smoyer		1	slepho	no No.	Telephon	e No.	Lice nso	Na.				
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11/03/17	1 11/10/	17	Pierio)! }	Para (11)		osha Menile sa above	)r		*********		·	
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a3 sf or a3 if a 160 sf or 2260 if		i enavatio emolitio				Glovebec Pro	neni with Negalive re poedure ed (*) and Nega-Fri			re.	en terro	
Location of Asbasion-Contining Malerial (ACM)	_ N	Location Joinnatiy of Spioly		Det	scription of					ypo ypo	n .	
TO BE ABATED	Maj	inianano odiai Si	6/	Asbastos Cont (I.e. thermal	aining Male	rial (ACM)	Amoun			m	-	
in Facility (13)	7030	(12)	1	surfac	oing. VAT. o	1	(Specify 9F or LF)	Removal	Repetr	deca		
1	Yes	No	N/A	Orther in	149CONSTREET	1#}		18	8	Encapsulate		
Guidance Area	+	+	X	Dana Mile II	O- dist				_	15		
Guidance Area		-	×	Door/Wall			300 LF	X		X		
	1-	-	<u>^</u>	raight	on Glazin	9	250 LF	X	_	X		
							-		-		14.4.	
Name of Registered Waste Maulor		MJC	PW PW			Name of	Registered La 101	HI	<u></u>			
Academy Construction Inc.		034	422	le, al Was	·u1	Fairles	à Landfill					
City, State Totowa, NJ			-		oi Date	City, Stal					* ** **	
Completed by	Titla			TBD	eraja og se standarden	Tullyto	wn, PA					
John Geleski	PM			8	gnaturo	HA	- A	ale				
ASB.41 (R-08-08)			Scholarenmen av.		Donotus	a this form to	1	1/01/1	17	M/Marcus		

Print Form

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Date of Notification (1)		-//		g Owner/Opera	- 51 		K					$\mathbb{H}$
Date of Notification (1) 10-27-2017		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	me o <del>n sun</del> ain m Valanzo	57.1	itor (2,	)		NOV	) 0	20	17	
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DOH justification)  DCA Cancellation			m Valanzo				1 1010	opriorie iva	n Ci			
			FACILITY IN	FORMATION								_
Name of Facility Where Abatement is Takir	g Place (3)				T	ype of Facility (	4)					
					Г	School (K-1	2)					
Street Address						Subchapter	8 (Othe					
					×	Other (i.e. p	orivate 8	k commerc	al buil	dings,	home	es,
City (5)					S	quare Feet	# of	Floors	TE	Ildg. A	ge	
Clinton					1	515	1		6	0 Ye	ars	
County (6)			unty Code (7		С	urrent Use (Pri	or if beir	ng demolis	e i)			
Hunterdon		(\$7	ATE USE ONL	.Y)	F	Residential						
Name of Monitoring Firm Hired by Building		1	ASCM No.	Nar	me of	Abatement Cor	ntractor	(9)		78.5-11		
Altomonte Environmental Services	LLC			Pr	o Se	rvice Enviro	nment	al				
Street Address				Stre	eet Ad	ldress						
2200 Paterson Pland Rd.				31	43 B	Bordentown A	Ave.					
City, State, Zip Code				City	, State	e, Zip Code						
North Bergen, NJ 07047				Pa	arlin,	NJ 08859						
Project Manager for Monitoring Firm		1 000	ephone No.		ephon			License N	J.			
Carmelo Altomonte			1-647-405		8-45	6-2900		105086				
Start Date (10)			etion Date (11			OSHA Monito						
11-10-2017	11/20/2	WELFORD IN			-	nte Environr	nental	Service	. LC	;		
Occupancy Status During Abatement (Chec	k Only One	∍)			eet Ad							
Facility Closed/Vacated During Entire	Period of Al	batemen	t			aterson Plan	nd Rd.					
Abatement Performed Outside of Norm Other – Describe:	nal Facility I	Hours		U-10000		e, Zip Code						
				— No	orth E	Bergen, NJ 0	17047					
Scope of Work (Check All That Apply)	_											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovation emolition	1		×	Full Containme		Negative I	re ssu	re		
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		ocation									ment	
Location of		ormally I Solely b		Descripti					-	Т	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		ntenance	ASDE	estos Containing e. thermal syste				mount pecify	71		E	Ш
In Facility		dial Staf	f? ("	surfacing, \				or LF)	Rem	Repair	cap	Enclosure
(13)		(12)		other miscel	llaneo	us)			Removal	air	Encapsulate	Sur
	Yes	No	N/A								te	Ф
Attic			X	Insulat	tion	-	180	00 SF	11			
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												->-
Name of Registered Waste Hauler		100000000000000000000000000000000000000	EP Waste	Cubic Yards	S	Name of I	Register	red Landfill				
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City, State		INJ-0		Disposal Da		rt.			-			
Elizabeth, NJ				12/20/201		City, State Tullytov						
Completed by	Title			Signate		Tullyte V	/ .	De				
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Date of Notification (	1)		Red .	Name	of Bu	ilding (	Owner / Operator	(2)	3			o prime to the same	╢	$\frac{11}{11}$	
	11-15-2017			Kenne	edy U	niversit	y Hospital		III NO	V_ 2	0 /	2017		Ш	
	Type Notifica	ation		Street				La	4	V - L	1 -0 -1	2017	-	7	
☐ EPA☐ DEP		e e				& Zip C	ampus	anarres .	- April 2000	MINOS PE	s norman	NONLIN PRILITIONS	10.22	-	
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□ DOH		gency		Name				2 STATISTICS	Timuraneweens	mark w		lephor	e Nu	mbe	er
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Street Address	105pital-1 lexa	igori bulluling					School (K	ter 8 (Other th	nan K-12)						
2201 Chapel Hill Car	npus							. private & co		t iud	ings,	homes	, etc.)	)	
							Square Feet	# of FI	oors		Bld	g. Age			
City (5)		County (6)	Co	ounty (	Code	(7)	250,000		2				52		
Cherry Hill, NJ		Camden					Current Use (I Hospital			d) — -					
Name of Monitoring I Criterion Laboratorie		Building Owne	er (8)		AS	CM No.	Name of Abate Resource Mar								
Street Address	5						Street Address		oup, LLC	_					
3370 Progress Drive, S	uite J						2115 Hamilton	T	02						
City, State & Zip Cod	le						City, State & Z	Zip Code			-				
Bensalem, PA, 19020							Trenton, NJ 08	8619							
Project Manager for I Mr. Mike Panepresso	Monitoring Fi	rm	C310000000	phone 244-13		oer	Telephone Nu 609-914-4279		Lie	cer s	e Nur	nber 0118	5		
Scheduled Start Date 11-15-201		Scheduled Con			e (11)	-	Name of OSH								
Occupancy Status D				-2017			J&S Environm Street Address		ories, inc						
		uring Entire Pe			emen	t	2333 Route 22	765							
		tside of Normal					City, State & Z								
		conducted 2 <sup>nd</sup>	shift 4	1:00pm	1 to 12	2:30am	Union, NJ 070	183							
Scope of Work (Chec											-				-
Coope of Work (Offer	on all triat app	/iy)						⊠ Full Co	ontainmen	twh	Neg	ative P	ressu	ire	
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≥160 sf ≥260	) If		$\boxtimes$	Der	nolitio	n			Bag Proce xempted a			riahla F	Proce	dure	2
Lo	cation of		Is	Locat	ion	1	Description			ווטנ זי			teme		
	os-Containing	9		mally l			Asbestos-Cont			ec f				ш	45370
	erial (ACM) BE ABATED			Solely I			Material (AC (i.e., thermal sy		SF	or F	-)	Re	Z	nce	Enclosure
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Hayagan Duilding			Yes	No	N/A	NA4			0.970					_	
Hexagon Building					H	Masti	<u> </u>		9,876				H	빎	
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Name of Registered	Waste Haule	r				Waste	Cubic Yards of	Name of Re	gistered La	anc i	1				
Resource Manageme	ent Group, LL	.C		1 10 10 10	uler II 35218		Waste TBD	Grows Land	fill						
City, State Trenton, NJ							Disposal Date TBD	City, State Morrisville, F	PA						
Completed By (Print Mr. Brian J. Haney	or Type)			Tit	le esider	nt	Signature					Date 11-15-	2017		
ivii. Dilaii J. Halley				FI	Joidel							11-13-	2017		

Nov 15 17 01:36p Resource Manager	mant Group	6099144	651	o 2
· · · · · ·	State of Ne OTIFICATION OF ASB (Pursuant to N.J.A.C.	w Jersey	DOL - 10	
Date of Notification (1)  11-15-2017  Agencies Notified Type Notification  EPA  DEP  Initial  DOL  Amended  DOH  Emergency  DCA  Cancellation		Owner / Operator (2)** ty Hospital Campus	NOV 15	
Name of Facility Where Abatement is Taking Pi Kennedy University Hospital-Hexagon Building Street Address 2201 Chapel Hill Campus  City (5) Charge Hill Att		Type of Facility (4)  School (K-12)  Subchapter 8 (Other to Control of the Contro		CS CONTROL &
Cherry Hill, NJ  Camden  Name of Monitoring Firm Hired by Building Owns  Criterion Laboratories  Street Address 3370 Progress Drive, Suite I  City, State & Zip Code		250,000  Current Use (Prior if being Hospital  Name of Abalement Contra Resource Management Gro Street Address 2115 Hamilton Ave. Suite 2	demilished) ictor (9) up, LLC	52
Project Manager for Monitoring Firm Mr. Mike Panepresso	Telephone Number 215-244-1300	City, State & Zip Code Trenton, NJ 08619 Telephone Number 609-914-4279	License Numb	e 1 85
11 15 2017	iod of Abatement Hours	Name of OSHA Monitor J&S Environmental Laborate Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083	1	
≥3 sf or ≥3  f  ≥160 sf ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED in Facility	Maintenance or (	☐ Glove B	ag Frocedures empted and Non-Friab Amount (Specify SF or LF)	I Frocedure
Hexagon Building	1 11-1	other miscellaneous)	9.876	Enclosure
Name of Registered Waste Hauler Resource Management Group, LLC Dity, State Frenton, NJ	NJDEP Waste Cui Hauler ID No. Wa 0035218 TBI	posal Date City, State	tered Landfill	
Completed By (Print or Type) Ar. Brian J. Haney	Title Sign	Morrisville, PA	Date 11-15	5 20 17
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D A	1	m	State of P	lew Jersey					-	
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Date of Notification (1)		Na		ing Owner/Operato		1 17.1-			İ	
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Agencies Notified Type Notification	on	Str	eet Addres	01 W. C	LARK	MUDNIG	DING	1	and.	
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DOL Amendmen			, 02k, 2p	GG HAR	BOR	N. J	08	32	18	
☐ Emergency justification			ne of Conta			Telephone N n	hr		. 10	_
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		- J	ACALITY IN	FORMATION						
Name of Facility Where Abatement is Tak	ing Place				Type of Facili	ty (4)				
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Street Address						r 8 (Other than F-1) private & commirt		dinas		-
					homes, etc	C.)				
City (5)					Square Feet	# of Floors		dg. A		
VENTHOR				- 107175	1200	Prior if being den of		20	_	_
County (6)			E ONLY)	(7) (STATE		C AWT	snea)			
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Name of Monitoring Firm Hired by Building (8) 14 / 1	Owner	1 200	VI 140.	A more and a familiar and a	3 - 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ENIC.				
				Street Address						=
Street Address				369	S. Spe	UCE AU.				
City, State, Zip Code				City, State, Zip C	ode					
City, Salte, 2p soci				_ MAP	E SHA	DE M.J	00	0)	2	_
Project Manager for Monitoring Firm	T	Telephon	e No.	Telephone No.	2 244	License No	(1) ( ) (			
				856-77		= OC	144		_	_
Start Date (10) Scho	eduled Cor		ate (11)	Name of OSHA	Monitor					
11-73-17	11	1-1)			MIE	=======================================				=
Occupancy Status During Abatement (Ch	eck only or	n <del>e)</del>		Street Address						
☐ Facility Closed/Vacated During Entire P	eriod of Al	batement		City, State, Zip C	ode =	=				-
Abatement Performed Outside of Norm	ai Facility I	Tours		City, State, 2p 0	<b></b>					
Other - Describe:						=======================================				_
Scope of Work (Check all that apply)						egative Pressure				
≥3 sf or ≥3 H		ovation ofition		☐ Mini-End	a Procedure					
≥160 sf or ≥260 lf	Z Delli	O4001		Non-Exe	empted (*) and N	Ion-Friable Proce				-
	100000000000000000000000000000000000000	cation					A	bater		
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TO BE ABATED IN Facility	1	aff?	(1.6.	surfacing, VAT,	or	SF or LF)	Removal	Repair	apsı	Enclosure
(13)	(1	2)		other miscellaneo	ous)		val	=	liate	ure
	Yes	No N/A							_	
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Name of Registered Waşte Hauler		NJDEP Hauler I		of Waste		C 11 11				
KLEMCO INC		Hauter I	104	/O	City, State			_		-
City, State		1		Disposal Date		SANITUIZ	5	M.	7	
MAPLE SHADE	N.	١.		Signature	1 - [ [ ]	Date		-	_	_
Completed Bv Titk	5.104	2110	00	MI.	· WW	_  11-	13	~[		
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DEP Amended Amendment		_	City,	State, Zip	Code ISCE	CITY	NT	08	74	3	
DCA Emergency justification Cancellation	)	19	Nam	e of Conta			Telephi n				
			FA		FORMATION		=:				
Name of Facility Where Abatement is Tak		e (3)			· · · · · · · · · · · · · · · · · · ·	Type of Facility					
Street Address	LE						r 8 (Other Lar private & c in i		د خاراند ،		
						homes, etc					
City (5) AUALOW						1500	_   # 01 F   X	5	57	Age	
County (6) CLAPE WAY				inty Code (	7) (STATE	A STATE OF THE PARTY OF THE PAR	Prior if bein (		d)		
Name of Monitoring Firm Hired by Building	Owner	$\top'$	ASCM	No.	Name of Abatem	ent Contractor (	9)				
Street Address		=1=			Street Address		1100		_	=	
					369 City, State, Zip Co		RUCE -	AUG			
City, State, Zip Code					WAP	LE SH	HADE J	IJ	08	305	12
Project Manager for Monitoring Firm		Telep	ohone	No.	Telephone No.	7-0472	Licen: 9	%. 044	4		
Start Date (10)   Sche	eduled C		ion Da	ate (11)	Name of OSHA M	lonitor //	4				
Occupancy Status During Abatement (Che					Street Address	1					
☐ Abatement Performed Outside of Normal ☐ Other - Describe:	enod of al Facility	y Hours	nent		City, State, Zip Co	ode .	E:				
Scope of Work (Check all that apply)					☐ Eut Cont	tainment with Ne	egative Pre s	ire			
≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf		novatio molition			☐ Mini-Enc ☐ Gloveba						
		ocation	1		To Home	in pico ( ) direct	1			teme ype	nt
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Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Cu	itenano istodial staff?	e,		thermal systems in surfacing, VAT,	sulation,	(Spec fi		Ren	Ranair	Enclosure
IN Facility (13)	1 3	(12)			other miscellaneou		0.0.3		Removal	Ranair	Sure
	Yes	No	N/A							-	
SIDING			X		TRANSIT	E	1720 2	= /	4	+	+
	-	-	$\dashv$					-+	+	+	+
		+	-						I	工	
Name of Registered Waste Hauler		10.50500	DEP V	1-1-1	Cubic Yards of Waste		istered Lar #	1			
KLEMCO DUC.		1	790	24	Disposal Date	City, State	CMU:	4.			
O't Chala			- 0	1	p		0.0	4.1	_		
City, State MAPLE SHADE	MI.	I (	08	056		17001	OBINI :	N.	7		

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Date of Notification (1)	3-17		Nam	e of Buildin	ng Owner/Operator ARGROVE	DEMOL	4 Hank V	20	201	7	Ш
Agencies Notified	Type Notification	1	Stree	et Address	O7 STAT		ASBES TH	1001		waning	
Ø DOL	Amended Amendment		City.	State, Zip	Code M DE N	MI.T C		NSIN	G	n conque	
☑ DOH □ DCA	Emergency ( justification) Cancellation	including	Nam	e of Conta		<u> </u>	Telephone II m	ber		. 1	
			FA		FORMATION		==				
Name of Facility Where	Abatement is Takir SIDEN CE	ng Place (3)				Type of Facilit		21			
Street Address							private & comi ie c		dings,		
City (5)	SAU TI	NP				Square Fret	# of Floor		dg. A		
County (6) G-LOUS	• • •			nty Code ( ONLY)	7) (STATE	VIAC	Prior if being de nai	shed)			
Name of Monitoring Firm (8)		Owner	ASCM	No.	Name of Abatem	ent Contractor (	9) NC				
Street Address					Street Address	SPRUC	E AVE				
City, State, Zip Code					City, State, Zip C		-				
Project Manager for Mon	itoring Firm	Те	lephone	No.	Telephone No.	1-0472	License No.	44			
Start Date (10)		duted Compl		ate (11)	Name of OSHA N	Monitor NA					
Occupancy Status During	g Abatement (Che	ck only one)			Street Address						
Facility Closed/Vacate Abatement Performed Other - Describe:	ed During Entire Pe Outside of Norma	eriod of Abat I Facility Hou	ement urs		City, State, Zip Co	ode	*				
Scope of Work (Check al	Ithat apply)				☐ Full Con	tainment with N	egative Pressu e				
>3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Renova ☑ Demoliti			☐ Mini-End ☐ Gloveba ※ Non-Exe	a Procedure	Ion-Friable Pro e 1	re			
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Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM)	Used Sole Maintena Custodi Staff? (12)	nce/ al	Asbes (i.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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SIDIAL	6	-	X		PANSITE		3000.	^			
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			UDEP V	Waste T	Cubic Yards	Name of Rec	gistered Landfil				$\dashv$
Name of Registered Was	IN C		tauler ID		of Waste	GR	0.W.S_				_
City, State	ADE N	1.7			Disposal Date	City, State TULL	470mm ==	PA	_	_	_
Completed By	Ltww Title	SUP.			Signature	WX-		13-	17		

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Date of Notification (1)	7					of Buildin Manag	g Owner/Operator	(2)					
11/13/1 Agencies Notified	Type Notific	ation		$\dashv$		Address			ASBESTO	TONT	ROL	. &	
TEPA	Initial					ssex St			LIC :	SING	-over		-
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	Emerger	ncy (inc	luding	٠		NJ 076			Telephone Nu it	er			=
X DOH DCA	justificat					e of Con Terbeke			1 Totophone ita				
							FORMATION						=
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Fac					
Abandoned Building								Subchar	ter 8 (Other than K- 12	)			
Street Address						20		Other (i.	e., private 8 commer in	l buildi	ngs,		
637-641 3rd Avenue								homes. Square Fee	# of Floors	Bld	g. A	ge	-
City (s) Cherry Hill								2200 SF	2	40	yrs		_
County (6)					Cour	ty Code	(7) (STATE	Current Use	(Prior if being dem lis	hed)			
Camden						ÓNLY)	Name of Abater		d Building =			_	=
Name of Monitoring Firm (8)	Hired by Buil	Iding O	wner	1	ASCM N	No.	AEi2, LLC	nent Contract	1 (3)				
Street Address				<u>-1</u> .			Street Address		=				-
Street Address							361 E. Flemin						_
City, State, Zip Code							City, State, Zi						
				<b>T</b> 1			Hammonton, Telephone No.	NJ 08037	License No.			_	=
Project Manager for N	lonitoring Fi	rm		l ele	phone I	NO.	609-481-212	22	00689				_
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA	Monitor		- <del> </del>			
11/23/17		11/30	/17	· ·		51 1555 51 1555	AEi2, LLC		=			_	=
Occupancy Status Durin	g Abatement	(Chec	k only	one)			Street Address 361 E. Flem						
Facility Closed/Vaca Abatement Performer	ted During Er d Outside of N	ntire Pe Vormal	eriod o Facilit	t Abat v Hou	tement rs		City, State, Zip	Code	=				=
Other - Describe:	a Outoide or i	, or i i i					Hammonton	, NJ 08037					_
Scope of Work (Check a	all that apply)						Full Co	ontainment wi	h Negative Pressu				
□>3 sf or >3 lf			Re	novati molitic	ion		Mini-Er						
≥160 sf or ≥260 lf			X De	molitic	on			pag Procedure exempted (*) a	nd Non-Friable Proc	ıre			
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Location	of			ormally Sole			Description				1,75	E	Г
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TO BE ABA IN Facilil				Staff?			surfacing, VAT	Γ, or	SF or LF)	o w	p a	p	l
(13)		- 1		(12)			Outer Illiscelland	5043)		a 1	i	1 a	l
			Yes	No	N/A				ACE I E	+	$\vdash$	t	ł
Outside					X		low Caulking		465 LF = 630 SF	X		-	ł
Inside					X		or Tile & Mastic	C	10 SF =	X		-	t
Outside					X		Flashing Insulation		= 120 LF =	X			+
Crawl Space	eta Haular				X NJDEP		Cubic Yards	Name of	Registered Landfill =	$\perp^{\Lambda}$			1
Name of Registered Wa	asie ndulei			-   1	Hauler II		of Waste	TBD	en en sooi taa too kaasaa kee kaasaa ta'a ka				
AEi2, LLC City, State				-12	21376		4 Disposal Date	City, Sta	te A				=
Hammonton, NJ						The same and	TBD	TBD					_
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Wm. Minnick		Pr	ogran	n Mg	gr.			1111	20/ 11/13/	17	_		=

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Date of Notification (1) ///3//7 Agencies Notified Type Notification		D	ON Address	如可中	ROA	MALD DO	AGR	1)V 2 (	0 2017
DEPA Initial  Amended Amendment #  DOL Emergency (included justification)  DOA Cancellation	ding	Name DO	of Con	D 4 ROX	MID	IJ, OST	× 9	LICENS	ONTROL 8
Name of Facility Where Abatement is Taking Place DOMNID & ROALAST	, ,			Y INFORMAT	ION	Type of Facility (4)  School (K-12)  Subchapter 8 (1)  Other (i.e. priv	Out then V 12	1 uildings, 1	nomes, etc.)
City (5) BRICK	$\mathcal{T}^{ij}$					Square Eeet Current Use (Prior	# of Floors	Bldg	
County (6) OCGALI	er (8)	(STA	nty Code TE USE SCM N	ONLY)	Name	→ ON €			
Name of Monitoring Firm Hired by Building Owne Street Address	(0)				Stree	LIAI Address ILA MILL	ST.		
City, State, Zip Code				N	City,	State, Zip Code PATCALS OR phone No. 13653365	( N )	0450	3
Project Manager for Monitoring Firm  Start Date (10)	Scheduled (		on Date		Nan	13653362 ne of OSHA Moni or 16/12/1	50 /25	3+	
Occupancy Status During Abatement (Check Only	One)	ment	×		Stre	et Address	57		
Abatement Performed Outside of Normal 12  Other – Describe:	cility Hour	rs			(7	PATTERSON			<i>U</i> /
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Re De	enovation emolition	1			Mini-Enclosur	ent with Negativere cedure d (*) and Non-Fr	t e Procedu	are Abatement
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Ma	Location lormally d Solely intenanc odial Sta (12)	by e/	(i.e. thermal	systems : VAT	ng Material (ACM) insulation, surfacing,	Amount (Specify SF or LF	Removal	Type Encapsulate Repair
	Yes	No	N/A	Sù	RFI	101216	1200	521	
SIDING ONTERIOR							-		
Name of Registered Waste Hauler  (NOTAL PREOW NOUS  City, State  PATERS ON  Completed by  COMPLETED ON 1600	TRIG	NJ Ha	IDEP Wauler ID	No. 9	Cubic Yar f Waste 1/3	Date City, S	of Registered Lar I		PA
City, State PATERSON	N'S		11	CEO	TBZ Sign	nature //	· · · · · · · · · · · · · · · · · · ·	Date	1/13/1

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DCA GOODS		Seams	RICHALD .	SHATW	ELL ,		ne warca		
Name of Facility Chara Abatement in Talks	g Place (2)	PAC	SUIT POST CONTRACTOR		posti di	<del>28</del>	-		
NEW: MILRO	ico es	TATES							
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Project Manager for Mo	onitoring Firm		16	elephone	, INU.		3-764-22		70				
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Start Date (10) 11/16/17		12/16/17		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(11)		3200						
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Signature

Title

President

Completed by

A. Scott Higgins

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Date of Notification (1) 11/13/17				Name of Building Owner/Operator Louis Brucker								$\mathbb{V}$	E	F	1
Agencies Notified Type Notification		Street Address					10,59							1	
EPA DEP Amended Amendment		City, State, Zip Code Morristown, NJ 07960							M01	- 20	201	17—			
X Emergency justification) DCA Cancellation	1	Name of Contact Louis					Annual Control of the	Tel	anhe	/c Wither	her		1		
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Name of Facility Where Abatement is Takin	g Place (3)						Type of	Facility (4)	)						
house Street Address							Su X Ot	hool (K-12 behapter 8 her (i.e. pri	(Oth				dings,	hom	0:
City (5) Morristown								square Feet # of Flor 2300 2			rt	Bldg. Age 71			
County (6) Morris		County Code (7) (STATE USE ONLY)				Current	Use (Prior	if bei	ng d	n olish	ed)				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.				ne of Abatement Contractor (9) S Environmental Service								
Street Address		PO				t Address Box 483, 4 E Gate Drive									
City, State, Zip Code						Glen		Code NJ 0741	8				A suite and		
Project Manager for Monitoring Firm		Telephone No.			973-764-2276 7				Lic 70	ic ir se No. 0 }					
Start Date (10)			Date (11)		Name of OSHA Monitor										
11/17/17 Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire	atem	ment				Street Address									
Abatement Performed Outside of Norr Other – Describe:						City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	X Re	novat moliti	ion on			×	Mini- Glove	Containmer Er closure ebag Proce Exempted	dure					e	
Location of	ls L No	у	Description			of					Abatement Type				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Custo	tenan	Asbestos Containing			aining N system cing, VA	Material (A s insulation		Amou (Spec SF or		y	Remova	Repair	Encapsulate	
	Yes	No	N/A									_		ite	
Living Room			x	ceiling plaster &			vermicu	llite	33	30 5	F	×			-
															-
Name of Registered Waste Hauler		NI	IDEB W	/aste	Cubic	Yards		Name of P	enietr	ered	s ndfill				
Freehold Cortogo						/aste			me of Registered estern Berks L						
City, State Freehold NJ					Dispos	sal Date		City, State Eirdsbor	o, P	Ą	-				
Completed by A. Scott Higgins	Title President				S	ignature	ha				Date 11/13/17				

check# 3062

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GAC Project # 00-17	uu			۴			(1)	EI	W	IS To
Date of Notification (1)  November 1	16, 2017			Name of Building Owner/O	perator (2) ATE UNIV			Section 1941	U	
Agencies Notified	Notification			Street Address	ICAL THE	CAEET		OTI O	0047	1
□ EPA	□Initial N		ication #1 –	ENVIRONMENTAL F 27 ROAD 1, BLDG 4	086 LIVIN	GSTO	1 S VIV	PUS	2017	14
□ DCA			oletion Dates	City, State, Zip Code	1	-				
X DOL	□ Emerg			PISCATAWAY, NJ 0	8854	AS	BETC	S CO	NTRO	1.8
DEP- No Longer REQUIRED	justific	ation)		Name of Contact	MV []	Telephor	ie Numi	<b>BNSIN</b>	IG	
X DOH	□ Cancel	led		MICHAEL SMITH, EI HEALTH & SAFETY	<u> </u>					
			FACILITY INF							
Name of Facility Where Abatement is	Taking Place (3)	~# <b>7</b> 0E2		Type of Facility (4)						
SCHOOL OF DENTAL MEI	DICINE, BLD	<i>⊒₩ 12</i> 53		School (K-12) Subchapter 8 (other than	K-12)					
Street Address				Other (i.e. private & com	mercial buildi	ngs, home	s, et :.)			
RBHS NEWARK CAMPUS				Sq. Feet: N/A # 0	of Floors: 3	Bldg. A	g <u>::</u> 6	)+ yea	irs	
City (5) Count	and the state of t	County (		Current Use (prior if being	demolished)	: ACADI	EF IC			
NEWARK	ESSEX	(State U	se Only)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Name of Monitoring Firm Hired by BI	da Owner (8)	ASCM N	lo.	Name of Contractor (9)						
ATC	og. owner to	0098		GREENWOOD ABAT	ERSENIT CO	ONGIII	ZT A V	INC		
				Street Address	ENIENIC	UNSULI	F 1 13	, 1140.		-
Street Address 3 TERRI LANE										
				268 MAIN STREET						
City, State, Zip Code	16			City State, ZipCode BUTLER, NJ 07405						
BURLINGTON, NJ 0801 Project Manager for Monitoring Firm	Telephone	Number		Telephone Number		License I	di n per			
BRIAN KEARNY	609-386	-8800		973-492-0477		00840				
Scheduled Start Date (10)	Scheduled	Completion	n Date (11)	Name of OSHA Monitor		000.0				
12/1/17	01/08/20			ENVIROVISION, INC						
Occupancy Status During Abatem	ent (Check only o	ne)		Street Address						
Facility Closed/Vacated During	Entire Period of A	Abatement	t.	20-21 WARGARAW I	POAD.					
☐Abatement Performed Outside	of Normal Facility	Hours -		City, State, Zip Code	KOAD					
Describe  Other – Describe:										
Schedule: 5PM - 5AM (24 HO	URS & WEEKE	ENDS AS	NEEDED)	FAIRLAWN, NJ						
Scope of Work (Check all that apply							_			
Scope of Work (Check all that apply	1				Full Contai		h legat	ive Pre	ssure	
□ ≥ 3 sf or ≥ 3 lf			Renovation	11.00	Mini-Encl Glove bag	GOVERNOON CONTRACT	ro I Wro	n & Cu	+	
X ≥ 160 sf or ≥ 260 lf			Demolition	E	Non-Exen	procedu noted (*) a	n Hon	-Friabl∈	Proce	dure
Location of Asbestos-Containing	Is Location Norma	ally Used	Description of As	bestos Containing Material	Amou	nt /	At it ime	nt Type	1	
Material (ACM) in Facility (13)	Solely by Maint./0	Custodial	(ACM) (i.e. them VAT, or other mis	mal systems insulation, surfaci	ng, (Spec or LF)		Re no ve	Repair E	Encap E	Enclose
	Staff? (12) YES NO	NA	VAT, or other mis	30011.7	and new					
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C-Level Various Locations	X	1	TSI		<9	LF	Z			
						Name of	T a list	rod Lor	odfill	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP W		r ID#	Cubic Yards of Waste:	40 CY	G.R.O.	V .5. N	lorth l	_andfi	ill
Hauler #1) Greenwood Abatement			N 1 07405		Disposal Da	<u>l</u> ate		ity, Stat		
NJDEP # 12561			10 0 7 100					00 New		
Hauler #2) Newark Carting, Inc., I NJ DEP # 4509	Newark, NJ 04509				01/08/20	18	1	9067 15-736-		
NJ DEL # 4203						1	2	13-130-	1700	
Completed by (Print or Type)	Title	חחחודי	<b>~</b> T	Signature	77.	Novei	יונ כ וד	16. 20	17	
RAYMOND C. PEDALING	SENIOR		J	Raymond C. Pe	edalino	1.0000		,	FO T 1000	

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ November 7, 2017 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFET ☑Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS **EPA** ■ Amended Notification # DCA City, State, Zip Code ■ Emergency (including ASB SITOS CONTROL & PISCATAWAY, NJ 08854 X DOL justification) LICENSING Telephone DEP- No Longer REQUIRED Name of Contact □ Cancelled MICHAEL SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 School (K-12) ☐Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes e c.) Street Address # of Floors: 3 Bldg. Ac > 60+ years RBHS NEWARK CAMPUS Sq. Feet: N/A County Code (7) County (6) City (5) Current Use (prior if being demolished): ACADE II: (State Use Only) **ESSEX** NEWARK Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) 0098 ATC GREENWOOD ABATEMENT CONSULT, MTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License N n ber Telephone Number Project Manager for Monitoring Firm Telephone Number 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 11/17/17 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Nigative Pressure Mini-Enclosure **X** Renovation  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Sove bag Procedure / Nrap & Cut Demolition X > 160 sf or ≥ 260 lf Non-Exempted (\*) an I Non-Friable Procedure Al al ement Type Amount Is Location Normally Used Description of Asbestos Containing Material Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Re n ve Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO NA YES 7500 SF E VAT X C-Level Various Locations E <9 LF TSI C-Level Various Locations X Name of e pistered Landfill 40 CY NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Reg. Waste Hauler G.R.O.V .... North Landfill See Hauler Below #1 & 2 See Below City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561

Signature

Raymond C. Pedatino

Rd. Morrisville, Pa

215-736-1700

November 7, 2017

12/4/2017

Date

MANAGER

SENIOR PROJECT

Hauler #2) Newark Carting, Inc., Newark, NJ 04509

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO

#1202 P	A	(Pu	ATION reuent t	te of New OF ASBE o NJAC 8	STOS / :60 and	ABATE! i 12:120	0)		Remark Remarks					₩ 201	<b>退</b>
Date of Notification (1) 11-15-17		1	Name of	Building C	)wner/C	perator	(2)		land .		3,10		- 0	401	1
Agencies Notified Type Notification		1000	Street Ad	Idress wn Squa	are Pla	ace Ur	nit # 2	231	T	AS	BES	T 03	CON	VTRO	)L &
EPA Initial Amended		(	City, Stat	e, Zip Coo	ie	New Control			lennama.		1	1 1 1	NOII.	i G	in element
DOL Amendmen Emergency			Jersey Name of	City, NJ	0731	0			Tal	lanhan	n Alesson	E = -			
DOH justification Cancellatio	)		Name of Tim Ka						1-1						
At the second of Table	Di (2)		FACIL	ITY INFO	RMATI	ON	Typo	of Facility (4	1				200.70%		
Name of Facility Where Abatement is Taki Private Home	ng Place (3)						Туре	School (K-12							
Street Address								Subchapter Other (i.e. pretc.)	3 (Oth				dings,	home	s,
City (5) Jersey City								re Feet		f Floor			ldg. A	ge	
County (6) Hudson				SE ONLY)	N. Comment			ent Use (Prio		55%	nolish	e( )			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				atement Con ntracting LI		(9)					
Street Address						Street 522	Addre 7th S								
City, State, Zip Code								Zip Code y NJ 0708	7						
Project Manager for Monitoring Firm			Telephon	ne No.		Teleph 201	none N 216-9			Licer 012	nse No 06	).			
Start Date (10) 11-18-17	Scheduled 11-19-17		pletion E	Date (11)				HA Monitor ntracting L	.C		12.42-0.00				
Occupancy Status During Abatement (Che			CONSTRUCTION CONTROL OF CONTROL O			Street 522	Addre 7th S								
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	mal Facility H	lours	ent		_			Zip Code y NJ 0708	7						
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova					M	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					e.	
	Is L	ocati	on			L		on Exemple	1/4	10 11011	, ,,,,,,,	Ī	Abate	ement	Š
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	tenar	ly by nce/		os Con thermal surfa	scription taining N system cing, VA niscellar	Materia is insu AT, or		(	Amoun Specify F or LF	/	Kemova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ļ		le l	
Roof		Х			Roofi	ng Mat	terials	5	18	800 S	F				
									-		5165				
												1			
Name of Registered Waste Hauler Delfa Contracting LLC			JDEP W lauler ID 35240	No.	of Wa	Yards ste 20		Name of Tullytov	potentine o			9 0 /	ery F	acili	ty
City, State Union City, NJ						sal Date -17-17		City, State Tullytov		Α				*	
Completed by Jaime Delgado	Title Proj. M	Mana	ager.		13	Signatur	e/	Rom	マフ		Da 11	te - E -	17		

1	-			2	-	_		
ä	۲	П	n	T	r	O	r	m

1000 PA			CATION	of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE				D)			0 [	<u> </u>	$\mathbb{V}$	7 [
Date of Notification (1) 11-14-17	enso en	100		Building Owner/ord States	Operator	(2)					N		2 0	201	17
Agencies Notified Type Notification		1.00	Street Ad								_				
EPA Initial				ook Ave. te, Zip Code						ASE	SE:	T 75	CO	NTR	01
DEP Amended DOL Amendment #				c, NJ 07055			Ĺ	-				JE	NSI	VG	ا سال
Emergency (in justification)	ncluding			Contact				Tal	anha	no N	um	e -			
DCA Cancellation				Muller											
Name of Facility Where Abatement is Taking	Dlace /3	2)	FACIL	LITY INFORMAT	ION	Type	of Facility (4)				_				
Commercial Property	riace (c	"					8.78								
Street Address 217 Brook Ave		ALLE SI					School (K-12) Subchapter 8 (0 Other (i.e. priva etc.)					b ıild	ings,	home	s,
City (5)								# of	f Floo	ors		BI	dg. A	ge	
County (6)			County C	Code (7) ISE ONLY)		Curre	nt Use (Prior if	bei	ng d	emol	ish	d) —			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	No.			tement Contracting LLC		(9)		_	-			
Street Address					Street 522 7	Addres 7th St									
City, State, Zip Code							p Code NJ 07087								
Project Manager for Monitoring Firm		T	Telephor	ne No.	Teleph 201 2	one No 216-9			0.00	ense 206					
	Schedule 12-18-		pletion [	Date (11)			A Monitor tracting LLC								
Occupancy Status During Abatement (Check	Only Or	ne)			Street										
Facility Closed/Vacated During Entire P					000-000-000	7th St	***				_				-
Abatement Performed Outside of Norma Other – Describe: 7:00 Am - 5:00 Pm	al Facility	/ Hours			0.000		ip Code NJ 07087								
Scope of Work (Check All That Apply)					01110		110 01 001		-110		-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti			x x	Mir Glo	I Containment viii-Enclosur enclosur en	ure				F roo	cedur		
		Location	200											ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel intenar todial S (12)	y by nce/	Asbestos Cor (i.e. therma surfa		faterial s insula T, or		(5	mou Spec F or l	ify			Repair	Encapsulate	Enclosure
1st Floor		X		Pipe	Insula	tion		54	40 L	F	_	 K			
2nd Floor		X			e Insula				20 L		_	X			
3rd Floor	+	X			Insula				60 L		_	 X			
3,4 1,601				, ,p.							-	-			
Name of Registered Waste Hauler		N.	JDEP W	aste Cubic	Yards		Name of Reg	giste	ered	Lanc	fill				
Delfa Contracting LLC			auler ID 35240	No. of Wa	ste 20		Tullytown					CUVE	ery F	acilit	Ŋ
					sal Date	-	City, Stale	_							
City, State Jnion City, NJ				12-	19-17		Tullytown,	PA	4						

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

	Data of Natification (4)				1				35.5							
	Date of Notification (1)  11 / 16	,	17		200	ne of Build <b>J Gas</b>	ing (	Owner/Operator			"07401 T		1 7			
-								/ Job #1/	10-5230 Che	CK	#9/12/ (9	7	1	ПП		none
	Agencies Notified Type N  ☐ EPA ☐ Initia		on		0.00	et Address		Water o			66	Į,	U	$\mathbb{V}$	G	n
	<ul><li>☑ EPA</li><li>☑ Initia</li><li>☑ DOLWD</li><li>☑ Ame</li></ul>					South Je				K						
		ndment	#			, State, Zip					NOV		2 0	047		
	☐ DCA ☑ Eme	rgency	(includi	ng		olsom, N		3037	-		NOV NOV		) (	201/		
		fication)			Nam	ne of Conta	act		and the same of th		Telephone	Ni T	er			
-	☐ Can	cellation	1		Ca	aitlin Bas	st				<del>-1</del>				- ~ i-	
					F	ACILITY I	NF	ORMATION		Theresee		sinvenzo es	nd tomas	- 100	- AMERICA	
	Name of Facility Where Abatemen	t is Tak	ing Plac	ce (3)					Type of Facilit	ty (4	4)					
L	Residential								School (K-			200 0				
	Street Address								Subchapte Other (i.e.,	priv	(Other than rate and co	Mn 3	2 ercial b	uildin	gs,	
1	City (5)								Square Feet	.,	# of Floors			ldg. A	an	
	Glassboro, NJ								Oquaio i cot		# 0111001	3		nug. A	ge	
(	County (6)				Cou	inty Code (	(7)(S	TATE USE ONLY)	Current Use (F	rior	r if being de	mc i	s ned)			
L	Gloucester								Residentia	al						
1	Name of Monitoring Firm Hired by I	Building	Owner	(8)	ASCN	1 No.	N	ame of Abateme	nt Contractor (	9)	- W0-		d little			
	Health & Safety Services							AbateTech, Ir	ic.							
S	Street Address						S	treet Address				_				0.00
	PO Box 365							30 Maple Ave	. PO Box 25							
C	City, State, Zip Code						С	ity, State, Zip Co	de							
	Berlin, NJ 08009							Lumberton, N	J 08048							
P	roject Manager for Monitoring Firm	1		Tel	ephone	No.	Te	elephone No.			License N	0.				
	Jim Proctor			8	56-452	2-1311		609-265-2107			00529					
S	tart Date (10)					ete (11)	Na	ame of OSHA Mo	onitor		<u> </u>					
	11 /17 /17		11_ /	3	0_/	17		EMSL Analytic	cal							
	ccupancy Status During Abatemer						St	reet Address				_				
	Facility Closed/Vacated During E	ntire Pe	eriod of	Abate	ment		;	200 Route 130	North							
L	Abatement Performed Outside of	Norma	I Facilit	y Hou	rs - Des	cribe	Ci	ty, State, Zip Coo	de			1.10	1000			
	Time of Abatement:AM		1/1/	PIVI		AM	1	Cinnaminson,	NJ 08077							
S	cope of Work (Check all that apply)	)							9 W C-9111000		5 870					
	] ≥3 sf or ≥3 lf		ПВе	novat	ion			☐ Full Conta	inment with Ne	gati	ve Pressure	е				- 1
$\boxtimes$	≥160 sf or ≥260 lf		_	molitic				Glovebag	Procedure							
								Non-Exem	pted (*) and No	on-F	riable Proc	ed r	· ·			
	Location of		3.00	Locat Norma									Ab	ateme	ent T	уре
	Asbestos-Containing Material (A)	CM)	Use	d Sole	ely by	Ashe	stos	Description of Containing Mate	erial (ACM)		Amount		Re	Re	En	四
	TO BE ABATED			intena todial			., the	ermal systems in	sulation,		(Specify		Removal	Repair	cap	Enclosure
	IN Facility (13)		Ous	(12)	otan:			surfacing, VAT, o her miscellaneo			SF or LF)	)	a		Encapsulate	ure
			Yes	No	N/A		0.	inci imacenarieo	33)						te	
Ro	oof				$\boxtimes$	chimne	y fla	shing/sealan	ts		125 SF					
Ki	tchen				$\boxtimes$	linoleun	n be	eneath cerami	c tile		200 SF		$\boxtimes$			
Liv	ving Room				$\boxtimes$	floor tile	e be	neath linoleu	m		200 SF	- 10	$\boxtimes$			
												_	П	П	П	
Va	me of Registered Waste Hauler			N	JDEP V	Vaste	Cul	oic Yards of	Name of Reg s	stere	ed Landfill	_				_
ß	AbateTech, Inc.			H	auler ID	11 12 12 12 12 12 12 12 12 12 12 12 12 1	Wa	200000	G.R.O.W.S							
City	/, State				18750			oposal Date	City, State						-	-
	umberton, NJ							1/30/17	Tullytown,	PA	V.					
or	mpleted By (Print or Type)	Title						Signature	A.		-	Di				_
	wendolyn Trumbetti	100000000000000000000000000000000000000		one C	oordii	nator		Signature /	M				( )	101	17	
D			Politic	2,10	Joiun	14101		1 1/1/					. 11	01		

K9710/a	- Constitute of	PA	NO	(SheC)	CATIC	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DEC			₩ [	
Date of Notification (1)	16		-				ng Owner/Operator			<u>v</u> 2	0 2	017	
/	16 /	_1			5.	J Gas	/ Job #17	10-5230 Chec	k#9710/9711				
Agencies Notified  EPA	Type Notif	fication	1			et Address			ASBE:	TOS	CON	TROL	- &
Ø DOLWD	☐ Initial	lad					rsey Plaza		/1005	LIDEN			
⊠ DHSS	Amend		<b>#</b>			, State, Zip							
☐ DCA			ncludi	ng		olsom, NJ							
(NJAC 5:23-8)	justifica				1	ne of Conta			Telephone N	in ber			
	Cancell	lation			Ca	aitlin Bast	t						
					F/	ACILITY II	NFORMATION						
Name of Facility Where A	Abatement is	Takin	g Plac	ce (3)				Type of Fac lity					
Residential								School (K-1	2) 8 (Other than K	1:1			
Street Address									private and com		buildi	ngs,	
								homes, etc.					
City (5)								Square Feel	# of Floors		Bldg.	Age	
Glassboro, NJ													
County (6)					Cor	unty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being dem	ili shed	)		
Gloucester								Residentia	l				
Name of Monitoring Firm		ilding (	Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9	)				
Health & Safety Ser	vices						AbateTech, I	nc.					
Street Address							Street Address						
PO Box 365							30 Maple Ave	e. PO Box 25					
City, State, Zip Code				3 1111111111111111111111111111111111111			City, State, Zip Co	ode			-51-15		
Berlin, NJ 08009							Lumberton, N	NJ 08048					
Project Manager for Monit	oring Firm			Te	ephone	No.	Telephone No.		License No.				
Jim Proctor				8	56-452	2-1311	609-265-2107		00529				
Start Date (10)		Scheo	luled (	Compl	etion Da	ate (11)	Name of OSHA M	lonitor					
	17	_1	1_ /	/ _3	0_/	17	EMSL Analyti	ical					
Occupancy Status During	Abatement (	(Check	only	one)			Street Address						
☐ Facility Closed/Vacated							200 Route 13	0 North					
Abatement Performed	Outside of N	lormal	Facilit	ty Hou	rs - Des		City, State, Zip Co	ode					
Time of Abatement:	AM	PN	Λ/	PM		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)							-					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				enova emoliti			☐ Mini-Encl ☑ <del>©lovebag</del>	ainment with Neglosure Procedure L <sup>V</sup> Inpted (*) and No	rap d cut	u e			
				Loca						A	bater	nent T	уре
Location of Asbestos-Containing M		A)		Norma	ally ely by	Asha	Description of		A	Re	Re	ш	m
TO BE ABAT		/1)	Ma	inten	ance/		stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	"	sula	sure
(13)			Yes	No	N/A	+	other miscellaned	ous)				ate	
Roof						chimne	y flashing/sealar	nts	125 SF	-	lп	$I_{T}$	П
xterior							shingle siding		2000 SF	-   🛛	-		
Basement						Pipe Ins	sulation		7 LF	- <del> </del>	-		
			П	П						-10	-	П	
ame of Registered Waste	Hauler			200	JDEP \	Waste I	Cubic Yards of	Name of Regis	tered Landfill	- 1		1	
AbateTech, Inc.				1.0	lauler II 18750	D No.	Waste 20	G.R.O.W.S					
ity, State							Disposal Date	City, State		-			
Lumberton, NJ							11/30/17	Tullytown,	PA				
ompleted By (Print or Type	. N	Title				1 .	Signature	) F		ia :e	76	586	
Gwendolyn Trumbett	İ	Or	erati	ons	Coordi	inator	1 / A	MIL		1	1101	17	

CK9109	D	AB	NC			ON OF A	SBESTOS ABA JAC 8:60 and 5:		DE C			<b>₩</b>	
Date of Notification (1)	5 /		17		100		ing Owner/Operator		#1711-5238	2 100	0 2 k#97	017	
⊠ EPA ⊠	ype Noti Initial Amend Amend	ded			Stre	eet Address One Rober /, State, Zip	rt Wood Johnson Code		ASBES	DE SERVICE	ONT	ROL	&
(NJAC 5:23-8)	Emerg justific Cance	ation)		ing	Nar	ne of Conta			Telenhone N	Ther			-
	Joanice	nation				/illiam Ke				==			<u>'</u>
Name of Facility Where Abat	tement is	s Taki	na Pla	ce (3)	Г.	ACILITT	NFORMATION	Type of Facility	(4)				
Robert Wood Johnson Street Address One Robert Wood Joh	1 Hosp	ital						School (K-12 Subchapter 8 Other (i.e., p	2) 3 (Other than K rivate and com	- 2) r e cial	build	ngs,	
City (5)								Square Feet	# of Floors		Bldg.	Age	
New Brunswick County (6) Middlesex					Co	unty Code (	7)(STATE USE ONLY)		or if being dem	li: hed	)		
Name of Monitoring Firm Hire Omega Environmental		ilding	Owner	(8)	ASC	M No.	Name of Abatem	Hospital ent Contractor (9)	***************************************				
Street Address	V				L		Street Address	110.					
280 Huylar Street							30 Maple Ave	e. PO Box 25					
City, State, Zip Code		8					City, State, Zip Co						
South Hackensack, NJ		i 					Lumberton, N	NJ 08048					
Project Manager for Monitoring Geiser Fajardo	g Firm			1	ephone	e No. 9-8700	Telephone No. 609-265-2107		License No. 00529				
Start Date (10)						ate (11) 17	Name of OSHA M EMSL Analyti	lonitor	00000		1000		
Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement:	ring Ent side of N _AM	tire Pe Vormal	riod of	Abate by Hou	rs - De	scribe _AM	Street Address 200 Route 13 City, State, Zip Co	ode					
Scope of Work (Check all that  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	apply)		-	enoval emoliti			☐ Mini-Encl ☐ Glovebag			d in e			
Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	ial (ACN	И)	Use Ma	intena	ally ely by ance/ Staff?	Asbe: (i.e	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal		ent Encapsulate	e Enclosure
Tower Building- 9 <sup>th</sup> Fl. Pat	ient			$\boxtimes$		2X layer	r floor tile & mas	tic	200 SF	- <u> </u>			
Name of Registered Waste Hau AbateTech, Inc.	ıler	elloid.		1,000	JDEP Vlauler II	D No.	Cubic Yards of Waste 25	Name of Register					
City, State Lumberton, NJ							Disposal Date 11/20/17	City, State Tullytown, F	PA				
Completed By (Print or Type)  Gwendolyn Trumbetti		Title Op	perati	ons (	Coordi	inator	Signature	x		it i	15/	17	

CKQUET		PA	NO			ON OF A	SBESTOS ABA JAC 8:60 and 5:		DE C	<u>E</u>		V E	
Date of Notification (1)  11 /	15	/	17				ling Owner/OperatorstEnergy Comp		1-5237 Chec	1:967	) 20	)17	
Agencies Notified  ☑ EPA  ☑ DOLWD  ☑ DHSS	Type Not Initial Amen Amen				1 City	, State, Zij	Place- Building Code	A	ASBES	ros c loens			<u>Q</u>
DCA (NJAC 5:23-8)	☑ Emerging justifice ☐ Cance	cation)		ling	Nar	ne of Control ohn Gree			Talanhona N	irihar			
					F	ACII ITY	INFORMATION		_1:	-			
Name of Facility Where A	Abatement	is Taki	ing Pla	ice (3)		, toler i	IN ONMATION	Type of Facility	y (4)				
Street Address 16 Sunset Road								Other (i.e.,	8 (Other than K	1:!)	buildir	ngs,	
City (5)								homes, etc.	55.0			10.774; V/)	
Pompton Plains, NJ	I.							Square Feel	# of Floors		Bldg.	Age	
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Use /P	rior if being dem	Ji shod	\		
Morris						any ocac	(I) (OTATE OOL ONET)	Substation	and to the contract of the state of the stat	in sned)	1		
Name of Monitoring Firm	Hired by Bu	uilding	Owne	r (8)	ASC	И No.	Name of Abatem	nent Contractor (9					
NA							AbateTech,	Inc.	70				
Street Address							Street Address			_			
0							30 Maple Av	e. PO Box 25					
City, State, Zip Code							City, State, Zip C						
Project Manager for Monito	orina Firm			Te	lephone	e No	Lumberton, Telephone No.	NJ 08048	Linenes No.				
•				10	орион	. 140.	609-265-2107	7	License No. 00529				
Start Date (10)		Sche	duled (	Comp	etion D	ate (11)	Name of OSHA N	Monitor			- 27		
11 /16 / _					6 /	17	EMSL Analyt	tical					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated☐ Abatement Performed C	During En	tire Pe	riod of	Abat	ement	22000	200 Route 13	0 North					
Time of Abatement:	AM	Norma P	i Facili M/	ty Hot PN	ırs - De 1-	scribe AM	City, State, Zip Co						
Scope of Work (Check all ti						3	Cinnaminsor	n, NJ 08077			200		
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	ac apply)			enova emolit			☐ Mini-End ☐ Gloveba	tainment with Neg dosure g Procedure mpted (*) and No		, 11.3			
			100	Loca	75.700						batem	ent Ty	pe
Location of Asbestos-Containing Ma  TO BE ABATE IN Facility	aterial (ACI	M)	Use Ma	intena todial	ely by ance/ Staff?	Asbe (i.e	Description o stos Containing Ma , thermal systems surfacing, VAT,	terial (ACM) insulation,	Amount (Specify SF or LF)	Removal	Repair	Т Т	Enclosure
(13)			Yes	(12) No	N/A	+	other miscellane	ous)		-		ilate	ė.
Pole#BTE34006PK						Asbest	os cement pole i	riser conduit	12 LF	-			
											П		
			П										
				П	П								
Name of Registered Waste I AbateTech, Inc.	Hauler				IJDEP I	O No.	Cubic Yards of Waste	Name of Regist			1		
City, State					18750	,	2 Disposal Date	City, State					
Lumberton, NJ							11/16/17	Tullytown,	PA				
Completed By (Print or Type	)	Title	-10-5				Signature	10 D	/	al a		i	-
Gwen Trumbetti		Or	erati	ons (	Coordi	nator		1/1/0		11	115	117	

						State of	New Jersey				2 P	D //	
CIC9708	P	AJ	NO	M. C.			SBESTOS ABA AC 8:60 and 5:	44.00000000000000000000000000000000000		7 [		$\mathbb{V}$	<u>E</u>
Date of Notification (1)	Q-27-22 370				Na	me of Buildi	ng Owner/Operator	(2)	HDI	-		-	-
	15 / _	17			J	CP&L/Fir	stEnergy Compa	any / Job #1709	-5224 Chec	c #97	08	017	
	Type Notifica	ation			Stre	eet Address				m nanco	The state of the s	- Charles	
	☐ Initial	4			1	0 Legion	Place- Building	A	ASBE		CON		L &
☑ DOLWD ☑ DHSS	Amended Amendme	2	2		City	, State, Zip	Code			-	421141	7	Merchanichen
	☐ Emergend			20	IV	orristown	n, NJ 07960						
(NJAC 5:23-8)	justificatio		Ciuuli	ig	Nar	ne of Conta	ct		Telephone N	in ber			
	Cancellati				J	ohn Grec	)						
Name of Facility Where Ab	atement is T	akina	Dlac	0 (2)	г	ACILITT	NFORMATION	T 6 F 154	(4)				
JCP&L- Substation	atement is in	aking	riac	e (3)				Type of Fac lity					
								School (K-12		111			
Street Address								Other (i.e., pr			buildir	nas.	
300 Madison Ave.								homes, etc.)				J ,	
City (5)								Square Feet	# of Floors		Bldg.	Age	
Morristown, NJ 07960	)												
County (6)					Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being dem	ili shed	1)		
Morris								Substation					
Name of Monitoring Firm Hi	red by Buildi	ing O	wner	(8)	ASCI	И No.	Name of Abatem	ent Contractor (9)					
1 Source Safety & hea	alth, Inc.						AbateTech, I						
Street Address							Street Address						
140 S. Village Ave. Su	ite 130							e. PO Box 25					
City, State, Zip Code		2.50											
Exton, PA 19341							City, State, Zip C						
	F			1= :			Lumberton, I	NJ 08048					
Project Manager for Monitor	ing Firm				ephone		Telephone No.		License No.				
Brian Hovendon			/	1		4-5525	609-265-2107		00529	H2/P/11			
Start Date (10) 9	10000					ate (11) 17	Name of OSHA N EMSL Analyt	2000 CO CO CO CO CO CO CO CO CO CO CO CO CO					77 =
Occupancy Status During Ab	patement (Ch	heck o	only o	one)			Ştreet Address			-			
☐ Facility Closed/Vacated □						,	200 Route 13	0 North					
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Time of Abatement:	/_AM	_PM/	3:30	PM- <u>1</u>	2AM		Cinnaminson						
Scope of Work (Check all the	at apply)												
								ainment with Nega	ative Pressure				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		-		novat moliti				g Procedure					
	1		la.	Loca			☐ Non-Exe	mpted (*) and Non	-Friable Proce				
Location of				lorma			D			F	batem	ent T	уре
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TO BE ABATEI				intena			, thermal systems i	nsulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility			Cust	(12)	Staff?		surfacing, VAT,		SF or LF)	va va		sula	sure
(13)			r'es	No	N/A	-	other miscellaned	ous)				ate	
3 <sup>rd</sup> Floor Plenum Area		1		No ⊠		Sprayed	l on material		4200 SF	-	1 1	×	П
Microwave Room Basem	ent	1	7	$\boxtimes$		Pipe Ins	and different firms	/	3 LF	-   -		7	
Fire Control Panel Room			7			Pipe Ins		) [	10 LF	-	-		
			7		17					-+=			1
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Name of Registered Waste H	auler			1.0000	JDEP auler II		Cubic Yards of Waste	Name of Registe					
AbateTech, Inc.				11	18750		20	G.R.O.W.S.	Landfill				
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Lumberton, NJ							12/31/17	Tullytown, F	PA				
Completed By (Print or Type)	T	itle					Signature	2	11	a e			
Gwen Trumbetti		Ope	ratio	ons (	oord	inator	1 ()v	na		There is a	15/1	7	

Exterior    Window Caulk   1,000 LF	no ck			NC			ON OF A	SB	w Jersey ESTOS ABA 8:60 and 5:1		DE	<u> </u>	3			
11	Date of Notification (1)	the contract				Na	me of Build	ing (	Owner/Operator	(2)					-	
Agencies Notified   Type Notification   Street Address   ASBEST   S CONTROL & CONTRO		13 /	1	17						**************************************	5234 Check	#	20	20	17	
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Social Content of the content of t		(5)5				1			alle.	-	4005		-	W Printed Lines	NEWS HOUSE	
Characteristic   City, NJ 08401-7329   Name of Contact   Telephone N in Der		Ameno	ded								ASBE	51)	5 CC	NTF	ROL	&
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Cancellation   FACILITY INFORMATION	1 L L			includ	ing				NJ U04U1-732		1					
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (7-12)						INA	me or Conta	act			Telephone	Nim	ber			
School (fi-12)   Scho							ACILITY	NF	ORMATION							
Street Address	Name of Facility Where Aba	atement is	s Takir	ng Pla	ce (3)					Type of Facility	(4)					
198 South Chalfonte Ave.    City (6)	Resorts Office Buildi	ng														
South Chainotte Ave.   South Chainotte Ave.   South Chainotte Ave.   South Chainotte Ave.   South Chainotte Ave.   South Chainotte Ave.   South County (6)   Atlantic City   South County (6)   Atlantic Chity   South Chainotte Ave.   South County (6)   Atlantic Chity   South Chainotte Ave.   South	Street Address															
City (6)   Atlantic City   County (6)   Atlantic City   County (7)   County (8)	198 South Chalfonte	Ave.										nr e	ciai	ouliair	igs,	
Atlantic City  County (So Atlantic County Code (7)(STATE USE ONLY)   Current Use (Prior if being demi lis hed)    Atlantic Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)    AbateTech, Inc.    Street Address   Street Address   Street Address   30 Maple Ave. PO Box 25.    City, State, Zip Code   City, State   City, Sta	City (5)												TE	Blda. /	Age	
Atlantic  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  AbateTech, Inc.  Street Address  Street Address  Street Address  Street Address  30 Maple Ave. PO Box 25  City, State, Zip Code  Limberton, NJ 08048  Project Manager for Monitoring Firm  Telephone No. 609-265-2107  00529  Start Date (10)  11 / 6 / 17  11 / 17 / 17  EMSL Analytical  Street Address  200 Route 130 North  City, State, Zip Code  City State, Zip Code  License No. 609-265-2107  00529  Street Address  200 Route 130 North  City, State, Zip Code  City State, Zip Code  License No. 609-265-2107  00529  Street Address  200 Route 130 North  City, State, Zip Code  Cinnaminson, NJ 08048  Project Manager for Monitoring Firm  Telephone No. 609-265-2107  00529  Street Address  200 Route 130 North  City, State, Zip Code  Cinnaminson, NJ 08077  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Ababestos-Containing Material (ACM)  In Facility  (13)  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Abbestos Containing Material (ACM) Amount (i.e., thermal systems insulation, Specify Signature  Exterior  Scope of Registered Waste Hauler  AbateTech, Inc.  NUDEP Waste  AbateTerd Landfill  GR.O.W. S. Landfill  City, State  License No. 609-265-2107  00529  Street Address  200 Route 130 North  City, State  Civy, State  Cubic Yards of Waster Landfill  GR.O.W. S. Landfill  City, State  License No. 609-265-2107  00529  Street Address  200 Route 130 North  City, State  City, State  City, State  City, State  City, State  Completed By (Print or Type)  Title   Atlantic City														.50		
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NA Street Address Street Address 30 Maple Ave. PO Box 2t City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Gelephone No	Name of Monitoring Firm Hir	red by Bu	ildina	Owner	r (8)	LASC	M No	IN	ame of Ahateme				_			
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Occupancy Status During Abateriant (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside Of Normal Facility Hours - Describe Time of Abatement:AMPMAM ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ City, State ☐			1		23.0		2. 5	Na	ame of OSHA M	onitor						
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM   City, State, Zip Code   Cinnaminson, NJ 08077	_11_/_6_/_1	17		11	/ _1	7 /	_17	1	EMSL Analyti	cal						
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM   City, State, Zip Code   Cinnaminson, NJ 08077	Occupancy Status During Ab	atement (	(Checl	k only	one)			St	reet Address				_			
Time of Abatement:AMPM/AM	☐ Facility Closed/Vacated D	uring Enti	ire Pe	riod of	Abat	ement			200 Route 130	) North						
Scope of Work (Check all that apply)	Abatement Performed Ou	tside of N	lormat	Facilit	ty Hou	ırs - De	scribe	Cit	v. State. Zip Co	de		-				
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ ≥160 sf or ≥260 lf □ ≥3 sf or ≥260 lf □ ≥3 sf or ≥3 lf □ ≥4 sf or ≥260 lf □ ≥5 lis Location □ ≥5 lis Location □ ≥5 lis Location □ ≥6 lis Location □ Normally □ Secription of □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Time of Abatement:	AM	PI	Λ/	PN	1	_AM	1 .	[설명] ~ - 하시스를 했습니다 - 하시다							
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Exterior  Exterior    Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A				Is	Loca	tion				1				atom	ant T	ivno.
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Exterior  Exterior    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)    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)    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)    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)    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)    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)    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)   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)   Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM) (i.e.	Location of								Description of	5				_		-
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Exterior    Window Caulk   1,000 LF				Yes	No	N/A									Ф	
Name of Registered Waste Hauler AbateTech, Inc.  Disposal Date Lumberton, NJ Completed By (Print or Type)  Title  NINDEP Waste Cubic Yards of Waste G.R.O.W.S. Landfill City, State T1//17/17  Tullytown, PA  Disposal Date Title Signature  Disposal Date Title Signature  Disposal Date Tullytown, PA	Exterior				$\boxtimes$		Roof FI	ash	ing		200 LF					
Name of Registered Waste Hauler AbateTech, Inc.  Dity, State Lumberton, NJ  Completed By (Print or Type)  AbateTech Inc.  Disposal Date Inc.  Disp	Exterior				$\boxtimes$		Window	/ Ca	ulk		1,000 LF	: -	X	П	П	П
Name of Registered Waste Hauler AbateTech, Inc.  Disposal Date Lumberton, NJ  Completed By (Print or Type)  NJDEP Waste Hauler ID No. 18750  Disposal Date 11/17/17  Tullytown, PA  Disposal Date 11/17/17  Tullytown, PA				П	П	П							_			
Name of Registered Waste Hauler AbateTech, Inc.  Dity, State  Lumberton, NJ  Completed By (Print or Type)  NJDEP Waste Hauler ID No. 18750  Disposal Date 11/17/17  Tullytown, PA  Signature  Disposal Date Signature  Dity				$\overline{\Box}$		+-	-	-					=			
AbateTech, Inc.  Hauler ID No. 18750  G.R.O.W.S. Landfill  Disposal Date 11/17/17  Completed By (Print or Type)  Title  Completed By (Print or Type)  Title	Name of Registered Waste Ha	auler					Waste	Cul	oic Yards of	Name of Regist	ered Landfill			ш	П	
City, State  Lumberton, NJ  Completed By (Print or Type)  Title  Disposal Date  11/17/17  Tullytown, PA  Dith					11983	lauler I	D No.	Wa	ste							
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				erati	ons	Coord	inator	V.	Chor	w/		1	11	31	17	

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Date of Notification (1)					Na	me of Build	ing Owner/Operator	(2)	HM!				
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Agencies Notified	Type Notif	fication			Str	eet Address	3						
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Residential			<b>O</b>					School (K-1					
Street Address									8 (Other than K	1 ?)			
Ca dot / tadi coo								Other (i.e.,	private and com		ouildir	ngs,	
0.7 (5)								homes, etc	.)				
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Health & Safety Serv				. ,			AbateTech, I		<i>'</i>				
Street Address													
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								e. PO Box 25					
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Berlin, NJ 08009	_						Lumberton, I	NJ 08048					
Project Manager for Monito	ring Firm			Te	lephon	e No.	Telephone No.		License No.				
Jim Proctor	/	\		8	356-45	2-1311	609-265-2107	,	00529				
Start Date (10)		Sched	uled (	Comp	letion D	ate (11)	Name of OSHA M	Monitor					
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	idulei			10.00	NJDEP Hauler I	5034787	Cubic Yards of Waste	Name of Regis					
AbateTech, Inc.					1875		20	G.R.O.W.S	Landfill				
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Gwendolyn Trumbetti		Op	erati	ons	Coord	inator	/ / /	n. I.K	1	117	11	1	

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Name of Facility Where A	batement is	Taking	Place	e (3)				Type of Facility	(4)					
Residential								School (K-12		4.1				
Street Address								Subchapter 8  Other (i.e., pr			ial bi	ildin	rs.	
								homes, etc.)	Trato and oom	14.15			, ,	
City (5)								Square Fee:	# of Floors		BI	ldg. A	ge	
Glassboro, NJ														
County (6)					Cou	nty Code (7	()(STATE USE ONLY)	Current Use (Pri	or if being dem	oli sh	ed)			
Gloucester								Residential						
Name of Monitoring Firm I	Hired by Buil	ding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-K.H.	
Health & Safety Serv	rices	-					AbateTech, I	nc.						
Street Address							Street Address							
PO Box 365							30 Maple Ave	. PO Box 25						
City, State, Zip Code							City, State, Zip Co							
Berlin, NJ 08009							Lumberton, N							
Project Manager for Monito	oring Firm			Tele	ephone	No	Telephone No.		License No.					-
Jim Proctor	51.119 1.1111				56-452		609-265-2107		00529					
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Scope of Work (Check all t	hat apply)						□ Full Cont	ainment with Neg	ativo Proceuro					
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Location of				Norma			Description of							
Asbestos-Containing M	aterial (ACM	1)		d Sole intena			stos Containing Mai		Amount		emo	Repair	nca	nclo
TO BE ABAT				todial	Staff?	(I.e.	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify SF or LF)		Removal	=	Encapsulate	Enclosure
(13)				(12)			other miscellane		53 ALS 6				late	e e
30.75			Yes	No	N/A									
Under Capping						Caulk			700 LF					
2 <sup>nd</sup> Floor					$\boxtimes$	Linoleu	m		125 SF		$\boxtimes$			
			П	П										
Name of Registered Waste	Hauler			- N	JDEP \	Naste	Cubic Yards of	Name of Regist	ered Landfill					
AbateTech, Inc.				1,000	auler II	O No.	Waste	G.R.O.W.S.						
City, State					18750	,	20 Disposal Date	City, State		-		-		
Lumberton, NJ							11/30/17	Tullytov/n,	PA					
Completed By (Print or Type	۵)	Title					Signature		T	Di te	9			-
Gwendolyn Trumbett	.32		erati	ons (	Coordi	inator	) Signature	WIT		i			7	

#### PATD

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

CH# 1766

Date of Notification (1) 11/11/2017	31				of Building			r (2)			\ E	( g		Π	\//	E
Agencies Notified	Type Notification			Street A	Address						) E	10	5	<u>li</u>	U	_
EPA DEP DOL	Initial Amended Amendmen			City, St	Voodbrid ate, Zip C n NJ 08	ode	enue			╢	1	1)\	2	0	2017	
DOH DCA	justification) Cancellation	1			of Contact Id Drost					TIE	lank.	<u>L</u> _ ,		10.	ITC C	)L &
Name of Facility Where	Ahatement is Takir	na Place (3	1	FAC	ILITY INF	ORMAT	ION	I Town	- ( F 1) b - ( /		- ,				200742600	Married and an
Main Hall Science \		19 1 1000 (0	7						of Facility (4 School (K-12							
Street Address 2600 Woodbridge A	venue							X S	Subchapter Other (i.e. pr tc.)	8 (Oth			buile	dings	, hom	es,
City (5) Edison								Square		# 0	f Floors		В	ldg. A	\ge	
County (6) Middlesex				County (STATE	Code (7) USE ONLY	′)		Currer	nt Use (Prio	r if be	ing demo	is hec	1)			
Name of Monitoring Firm Environmental Con		Owner (8)		ASC1 0030					ement Cont Dany Inc	tractor	(9)					
Street Address 120 N.Warren Stree	et							Address Piaget	Avenue							
City, State, Zip Code Trenton NJ 08608								State, Zip on NJ (								
Project Manager for Mon Roland C. Jones	itoring Firm		Telepho 609-39	ne No. 92-4200			none No 253-88			Licens 00704						
Start Date (10) 12/27/2017		d Co	mpletion	Date (11)				A Monitor								
Occupancy Status During	Abatement (Chec	k Only On	e)				V.C	Address								
Facility Closed/Vaca Abatement Performe  Other – Describe: 0	ed Outside of Norn	Period of A nal Facility	bater Hour	ment s			City, S	tate, Zip	Code							
Scope of Work (Check Al	l That Apply)						///						-			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	enova emoli				×	Mini- Glov	Containmer Enclosure ebag Proce	edure						
		1-1						J Non-	Exempted	(*) an	d Non-Fr	al le l		period to the	e ement	
Location	of	N	Locat orma	lly		De:	scription	of							pe	
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Mair	ntena odial ( (12)	Staff?		tos Cont thermal surfa	taining M systems cing, VA niscellan	laterial ( s insulati T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Lobby	,	No	N/A		0 - 1	C								Ф		
Lobby		X			Sof	fit plast	ter		20	00 SF	_ X					
Name of Registered Wast	o Houles		1.	LIDER												
Newark Carting Inc	e i laulei		H	IJDEP W lauler ID 5409		Cubic of Was		- 1	Name of Ro Grand Co				and	dfill		
City, State Newark NJ				J-103		Dispos	sal Date		City, State							
Completed by Voytek Roszkowski		Title Presid	lent			S	ignaturé		i		10.	)s te	1/2	017		

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

CH\$ 4-66

Date of Notification (1)		,					7				-			7 7 7 E
11/15/2017						Operator .				M	E	G	E	
Agencies Notified Type Notification			Strate	ALMA	50	COL	LEC	SE C	JE N	اللا	=:			
			Street A		4.0		1 1 1 10	⊒re e		N				2017
EPA Initial Amended		}	City Str	ate, Zip Co	MAP	0 01	ALLE	EY Ri	2			101	2	0 2017
DOL Amendment			300	W 55	- 1		n	7/30	.					
DOH Emergency (i	ncluding	-	Name o	f Contact	H,	NJ	0	7430	}		DENOTED IN	11	720	ONTROL
DCA Cancellation						GOL	ne -		LIN					OITING
			FACI	LITY INF	ORMA	TION	201	)						
Name of Facility Where Abatement is Taking	Place (3	3)			01,111.7	, ion	Туре	of Facility. (4	)			-		
TAMARAK APARTME	LITS						(Care)	School (K-12	i					
Street Address							M S	Subchapter 8	(Other than	1 K-12	)			
SOS PAMAPO VALL	FY	PN						Other (i.e. pr	ivate & com	mercia	al bu l	c ngs,	home	es,
City (5)		1-1)						etc.) e Feet	# of Floor	e	<b>T</b>	Bl Ig. A	00	
Colinty (6)					Î		oquai	0 1 001	7 01 1 1001	3	1.	JI 19. P	ge	
			County	Code (7)			Currer	nt Use (Prin	r if beirig der	nolish	ed)			
BERGEN			(STATE	USE ONĹY	) —		7.7811.71	., 000 (1 110	i ii boiiig doi	11011311	cuj			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCA	A No.		Name	of Abat	ement Cont	ractor (9)					
USA ELIMPONMENT	40					VMC	Comp	pany, Inc	100 20					
Street Address						Street	Addres	s						
344 W. STATE STR	<del>-</del> -	4	4			208 F	Piaget	Ave						
City, State, Zip Code						City, S	tate, Zij	p Code						
TRENTON								07011						
Project Manager for Monitoring Firm							one No	),	Lice	nse No	 o.			
WILLIAM WEISGARBER	LAM WEISGARBER						253-88	328	007	04				
		ed Ço	mpletion	Dale (11)		Name	of OSH	A Monitor				<del></del>		
Occupancy Status During Abatement (Check	5/11	8/2	2017	27 80		VMC	Co. Ir	nc						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addres	S					-	
Eacility Closed/Vacated During Entire P	eriod of A	Abate	ment		i									
Abatement Performed Outside of Norm Other - Describe: 2 PIM - 1	al Facility	Hour	'S			City, Si	tate, Zi	p Code	-		-			
	111							7						
Scope of Work (Check All That Apply)	/	_									-			
.≥3 sf or ≥3 lf		Renov					] Full	Containme	nt with Nega	tive P	1291	r.		
. ≥160 sf or ≥260 lf		emol	itlon			_	a Mini	I-Enclosure			1000	A. 4		
							Glo	vebag Proce	edure (*) and Non-	Fright	0 D 1	c adur	0	
4 -	Is	Loca	tion						17 4134 11011	1 11001	T	bate		
Location of	1	Norma	ally		6	escription	of					Ту	0.000	
Asbestos-Containing Material (ACM)		d Sol intena	ely by	Asbes	tos Cor	ntaining M	laterial	(ACM)	Amount				m	
TO BE ABATED In Facility		todial	Staff?	(i.e.	therma	al systems	insulat	tion,	(Specify	,	700	R	nca	m 5
(13)		(12)				acing, VA miscellan			SF or LF	)	Kemovai	Repair	Encapsulate	Enclosure
	Yes	No	N/A	1			/				<u>a</u>	7	ulate	rice
- ( LID		140	IN/A						-				10	
BATHROOM		$\times$		DRY	12/	ILL			25 5	F	):			
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,											-		-	
	-		-						-					
Name of Registered Waste Hauler			11155		į.									
			NJDEP W Hauler ID		Oubi	c Yards aste			tegistered La	andfill			~	
Newrk Carting, Inc			5409	110.	01 7	4010		GROWS	3					**
City, State					Disbo	osal Date		City, State			-	-		
Newark, NJ								Morrisvil						
Completed by	Title				-	Signalure		3 :		Dat	е :			
Voytek Roszkowski	Presi	dent				().	d	Cont.	ad.	111	1.	/	20	17
								- シンパ	CLAL	11	11.		iU	[ / ]

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

PATT				N OF ASBESTO: t to NJAC 8:60 a				po e	l	-1A	1 a
Date of Notification (1)			Name o	of Building Owner	/Operato	г (2)	E			N/I	I F
1,114/17						TEANECK	ME	(0)	5 [	$\mathbb{V}$	Ĺ
Agencies Notified Type Notification				Address	area second		115				
☐ EPA					LEary	eck m	and the second	16 \1	20	201	7
X DEP Amended			City, St	ate, Zip Code			10 0	1	20	201	i
X DOL Amendment Emergency				TEANE	KN	.7 076	66				
X DOH justification)		9	Name o	of Contact	,		Iplant	31			
DCA Cancellation					AROH	14	11.7				
Name of Facility Where Abatement is Takin	a Diago	(2)	FAC	ILITY INFORMA	TION	Tuna of Facility	(4)				
I .	y riace	(3)				Type of Facility	(4)				
Street Address						School (K-	12) r 8 (Other than K	14.)			
Oli Get / Idal GSG							private & comme		Idings	, hom	es,
City (5)						etc.)	I # 551				
95(95 5)						Square Feet	# of Floors		Bldg.	Age	
County (6)			Causti	C1- (7)		1600	-	T - ()	45	0	
2				Code (7) USE ONLY)			or if being demol	100			
Name of Monitoring Firm Hired by Building	Junor (S		LASCI	M No.	Mama	of Abatement Co	SIDENTIAL.	_			
realite of Monitoring First Filled by Building (	DALIE! (C	)	ASCI	VI INO.		AC Contracting					
Street Address			1			Address	<i>y</i> 1110.				
ou cot / ladi coo					10000000	Vreeland Ave					
City, State, Zip Code			-			State, Zip Code					
ony, outle, 21p oods						and Park, NJ 0	7432				
Project Manager for Monitoring Firm		Т	Telepho	ne No		none No.	License	J.			
,			гогорию			262-5841	00156	41.0.			
Start Date (10)	Schedu	led Cor	noletion	Date (11)	Name	of OSHA Monitor					_
11/27/17	8	1/20	A rusts			ga Environme		70			
Occupancy Status During Abatement (Chec	k Only O	nte)	///			Address			1151		
Facility Closed/Vacated During Entire F	and the state of	47C-548	nont		280	Huyler Street					
Abatement Performed Outside of Norm	al Facilit	ty Hours	S		City, S	state, Zip Code		-			
Other – Describe:			-			kensack, NJ 07	7606				
Scope of Work (Check All That Apply)					1						_
≥3 sf or ≥3 lf	П	Renova	tion			L Full Containm	ent with Negative	D peer	iro		
≥160 sf or ≥260 lf	scorross A	Demolit				Mini-Enclosure	9	1 0000	110		
					1	Glovebag From	cedure d (*) and Non-Fria	al a Dee			
	Τ.				E	1 Non-Exemple	J ( ) and Non-File	JI : PIC	Solin Come	e ement	-
l analism of		s Locati Normal	2000	_						ре	
Location of Asbestos-Containing Material (ACM)	Us	ed Sole	ly by		escription	of faterial (ACM)	Amount				-
TO BE ABATED		aintenar stodial S		(i.e. therma	l systems	s insulation,	(Specify	Re	70	Enc	En
In Facility (13)	J	(12)	zitan :		cing, VA miscellar		SF or LF)	Removal	Repair	apsı	Enclosure
()		Γ		oulei	mocellar	leous)		val	=	Encapsulate	ure
	Yes	No	N/A								
CLOSET 137 FLOOL			1	PIPE	1N) SL	KANON	16 CF	V	1		
	1							-		$\vdash$	
	+							-			
Name of Degistered Wests Hauts			IDED			1					
Name of Registered Waste Hauler		092	JDEP W auler ID		Yards ste		Registered Landf		1, 120,500,000		
Newark Carting Inc,		0.0723	1509		1	Grand (	Central Sanita	y Lar	dfill		
City, State				Dispo	sal Date	City, State	9	-			
Newark, NJ 07105				11/	27/17 0	Pen Arg	yl, PA 08702				
Completed by	Title		2200000		Signature		TC	īti :			
Joseph Vocaturo	Vice	Presid	dent		,	4- Vmak	78	17	14/	1)	

01/151/10	y es a	NC			TION		BES	STOS ABAT				)-	E.	C	E		$\mathbb{V}$	E
JL 10140	) I'A			(Pur	suar	it to NJ/	AC 8	8:60 and 5:1	6)			3						1
Date of Notification (1)		24					W. T.	vner/Operator (	(2)					NOV	2	0 2	017	
	14 /	17			Sui	noco Pip	elin	e, LP			teni				-	0 .	.011	- 1
	Type Notification	ation	117		Street	Address					_		MANAGER I	E OT	~~		m.h.merean	
⊠ EPA		v			525	Fritztov	wn R	d.		- 1		F	15	E STO	US ( CEN	SING	TRO	L &
⊠ DOLWD	☐ Amended Amendm			-	City, S	State, Zip	Code			· ·		ment of the	MINISTER IN	III STREET,	- Control of Control	- 11 13	-	-
☑ DHSS ☐ DCA	Emergen		lina		Sin	king Spi	rings	s, PA 19608										
(NJAC 5:23-8)	justificati		iiig	1	Name	of Contac	ct			1	elep	hon	ie I	u nbe	r			
104404400000000000000000000000000000000	☐ Cancellat	tion			Dar	niel Kers	hne	r		100								
					FA	CILITY II	NFO	RMATION						-	~			
Name of Facility Where Ab	patement is 1	Taking Pla	ace (3	3)					Type of Facility	(4)								
Weeks Marine - Whit	tes Basin								School (K-1									
Street Address							577		<ul><li>☐ Subchapter</li><li>☑ Other (i.e.,</li></ul>						al hi	ildina	10	
112 Hansons Row R	d.								homes, etc		alc a	iiu c	,01 1	I CICI	ai Du	iiuiiių	js,	
City (5)									Square Feet		# of	Floo	ors	- Sec. 1	Bl	dg. A	ge	
Logan Township, NJ	J 08014								N/A Outsid	le	N	Α				N/A		
County (6)					Cour	nty Code (	7)(STA	ATE USE ONLY)	Current Use (F	rior	if be	ng (	dei	c lish	ed)			
Gloucester									Outside La	y-D	owi	Ya	arı					
Name of Monitoring Firm H	Hired by Build	ding Own	er (8)	A	SCM	No.	Na	me of Abatem	ent Contractor (9	9)								
Vertex					NA		1	Alliance Env	ironmental Sy	ste	ms							
Street Address							Str	eet Address										
700 Turner Way							5	550 East Uni	on St.									
City, State, Zip Code					Cit	y, State, Zip C	ode			11111		-						
Aston, PA 19014							V	West Cheste	r, PA 19382									
Project Manager for Monito	oring Firm		-	Telep	hone	No.	Tel	lephone No.	*		Lice	nse	Nr.			5.6516		
Dave Turotsy				610	-558	-8902	6	310-701-9000	)		00	)50	8					
Start Date (10)	8	Scheduled	Con	npletio	on Da	te (11)	Na	me of OSHA N	1onitor				_					
11 /28 / _	17	12	/_	22	_ / _	17	1	AET										
Occupancy Status During	Abatement (0	Check on	ly one	e)			Str	eet Address						200				
□ Facility Closed/Vacated	During Entir	re Period	of Ab	atem	ent		2	8 N. Pennel	Road									
Abatement Performed						cribe	Cit	y, State, Zip Co	ode									
Time of Abatement: 7A	.MPN	1/ <u>3:30</u> PN	1	A	VI		IV.	/ledia, PA 19	063									
Scope of Work (Check all t	hat apply)																	
□ >3 sf or >3 lf			Dono	vation				☐ Full Con	tainment with Ne	gati	ve P	ress	sur					
≥ 160 sf or ≥260 lf				olition				☐ Gloveba	g Procedure									
273 T/3								Non-Exe	mpted (*) and N	on-F	riab	e P	roc :	c ure				
				ocatio rmally											Ab	atem	ent Ty	уре
Location o Asbestos-Containing M		,   (		Solely		Ashe	etec	Description of Containing Ma			Δ	moı	ınt		Re	Re	m	四
TO BE ABAT		'   1	Maint	enand	ce/			ermal systems				pec	111/100		Removal	Repair	cap	Enclosure
IN Facility		C		dial St (12)	aff?			surfacing, VAT			SF	or	LF		/al		Encapsulate	ure
(13)		Ye		No No	N/A	1	ot	her miscellane	ous)						ļ		ite	
Exterior Pipe in Lay-Do	own Yard					Tar Co	ating	on 12" Pipe		-	3(	30 5	SF	-	$\boxtimes$		П	П
Exterior ripe in Lay-Do	own rara					141 00	441116	J 011 12 1 1pt										
										-				-		믐		
			L										_					님
			L			<u> </u>							-		Ц	Ц	Ш	Ш
Name of Registered Waste	Hauler			2533	DEP V uler ID	Naste No.	Cul	oic Yards of	Name of Regi			andi	titli:					
Horwith Trucking				N. 9 C-550	W19				Modern L	and	11111							
City, State							1000000	posal Date	City, State									
Northampton, PA							T	BD	York, PA									
Completed By (Print or Typ	e)	Title						Signature		1	M			late	1	70	/	
Mark Griffin	Estin				)	MAX	X	7			11	112	4/	17				

						State of N				1	270040	- F 6	-	п	0.7		Internal or
Ch 15146	PA	I	NOT		ursua	nt to NJ	AC 8	STOS ABAT :60 and 5:1	6	)					$\mathbb{V}$	15	
Date of Notification (1)  11 /	14 /	17			111100000000000000000000000000000000000	e of Buildir PC, LLC	ng Ow	/ner/Operator (	(2	)		L NO	2	0	2017		
Agencies Notified  EPA	Type Notific				920	t Address O Cherry						ASBES	C)S KÆ			)L&	
☑ DOLWD ☑ DHSS	Amended Amendm		)		City,	State, Zip	Code			Į.	-	1	em uneme	MOIN	u	and the same of	-
□ DCA	☐ Emergen	1,000		a	As	ton, PA 1	1901	4									
(NJAC 5:23-8)	justificati	ion)			Name	of Contac	ct				1.7	Telephone N	III ah	~-			
	☐ Cancella	tion			Jul	lie Ander	son					-			_		
					FA	CILITY II	VFO	RMATION									
Name of Facility Where A	batement is	Taking	Place	(3)					1	Type of Facility	y (4)		_				
Weeks Marine - Wh	ites Basin									School (K-1		200 51 11	1.20				
Street Address										☐ Subchapter ☐ Other (i.e.,				ial hı	ilding	ie.	
112 Hansons Row F	Rd.									homes, etc		ate and con	11 210	iai be	manng	ο,	
City (5)									1	Square Feet		# of Floors	and the	BI	dg. A	ge	
Logan Township, N	J 08014									N/A Outsid	le	N/A			N/A		
County (6)			EVI		Cou	nty Code (	7)(STA	ATE USE ONLY)	1	Current Use (P	rior	if being der	o ish	ed)			
Gloucester										Outside La	y-D	own Yarc					
Name of Monitoring Firm	Hired by Build	ding C	wner	(8)	ASCM	No.	Na	me of Abateme	er	nt Contractor (9	9)						
Vertex					NA		1	Alliance Envi	ir	onmental Sy	ste	ms					
Street Address							Str	eet Address									
700 Turner Way							5	50 East Uni	io	n St.							
City, State, Zip Code							Cit	y, State, Zip Co	00	de					-		
Aston, PA 19014	The state of the s							Vest Cheste	r,	PA 19382							
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tel	ephone No.				License No					
Dave Turotsy				6	10-558	8-8902	6	10-701-9000	0			00508					
Start Date (10)		Sched	uled C	ompl	etion Da	ate (11)	Na	me of OSHA N	Λо	nitor			_				
11 /28 /	17	1	2_ /	_2	2_/	17_	1	AET									
Occupancy Status During	Abatement (	Check	only	one)			Str	eet Address									
□ Facility Closed/Vacate					ement		2	8 N. Pennel	R	Road							
☐ Abatement Performed						scribe	City	y, State, Zip Co	00	de							
Time of Abatement: 7/	AMPN	Л/ <u>3:3(</u>	)PM	-	AM		I N	Media, PA 19	90	63							
Scope of Work (Check all	that apply)							☐ Full Cont	ta	inment with Ne	egati	ve Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			□ Re						g	sure Procedure opted (*) and N	on-F	riable Proc	d ire				
			Is	Loca	tion						T				atem	ent T	vne
Location	of			Norm				Description of	of								
Asbestos-Containing N		1)			ely by ance/			Containing Ma ermal systems				Amount (Specify		Remova	Repair	Encapsulate	Enclosure
TO BE ABA				todial	Staff?	(1.6		surfacing, VAT,				SF or LF)		ova	Ŧ	nsd	Sur
(13)	1			(12	1	-		her miscellane				,		=		late	Ø
			Yes	No	N/A											100A:	
Exterior Pipe in Lay-D	Exterior Pipe in Lay-Down Yard							on 8" Pipe				240 SF	_				
													207,010				
			П	П									-	П	П	П	П
Name of Registered Wast	e Hauler			1	NJDEP '	Waste	Cul	oic Yards of	1	Name of Regi	ister	ed Landfill		_	_		_
Horwith Trucking					Hauler II	D No.	Wa			Republic			a to	ga L	and	ill	
City, State							Dis	posal Date		City, State							
Northampton, PA							T	BD		Morganto	wn,	PA					
Completed By (Print or Ty	pe)	Title						Signature -	\	\ . A	A		E ate	1		/	
Mark Griffin		Es	stima	tor					1	NYKW	1		11	11	4/	11	0

Ch 15158	P	L	NOT		MOITA	state of N N OF AS nt to NJ	BESTO	SABA	TEMENT 6)					$\mathbb{V}$	E	
Date of Notification (1)					Name	of Buildin	g Owner/C	perator	(2)		II NO	12	0	2017		10
11 /	16 /	17	7		610	Sewall .	Avenue,l	LC		News .						-
Agencies Notified	Type Notific	cation			Stree	t Address				ess.	MODEL TO CADADA	TH HIStory	MINE VALUE	THE ROOM SHOW	-	
⊠ EPA						Main Str	eet Suite	160			ASBES	()S (	CON	TRO	L &	
□ DOLWD	☐ Amende	ed				State, Zip (		. 100		-	- A Dhamas		211/1	u		
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DCA	☐ Emerge	ncy (ir	ncluding	3		of Contac		052		-				_		
(NJAC 5:23-8)	justificat				200					11	Telephone I	u nbe	r			
	☐ Cancella	ation			Jay	Murnick	<			3						
					FA	CILITY IN	IFORMA	TION								
Name of Facility Where A	Abatement is	Takin	g Place	(3)					Type of Facility	y (4)						
Munroe Towers									School (K-1							
Street Address									Subchapter Other (i.e.,				al hu	ildina	c	
610 Sewall Ave.									homes, etc		ate and con	II SICI	ai bu	numg	э,	
City (5)				37-1-2					Square Feet	Ť	# of Floors		Blo	dg. Ag	ae	
Asbury Park									198,000		15			13		
County (6)					Cour	nty Code (7	NSTATE III	SE ONLY	Current Use (F	Prior		ic light				
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Name of Monitoring Firm	Llirad by Dui	ldina (	D	(O) T	ACCNA	NI-	1.1									
AET	mired by Bui	iding (	Jwner	(8)	ASCM	No.			ent Contractor (9							
					NA				ironmental Sy	/ste	ms					
Street Address							Street A									1-0-
28 N. Pennell Rd.							550 E	ast Uni	on St.							
City, State, Zip Code							City, Sta	te, Zip C	ode							
Media, PA 19063							West	Cheste	r, PA 19382							
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephor	ne No.	- Anna J. Company of the Company of		License No					
Eric Houseknecht				9	08-218	-1108	610-7	01-9000	)		00508					
Start Date (10)		Sched	luled C		tion Da		Name of									
12 / 4 /					1		AET	00.0.	ionico.							
			10.70	14								-				
Occupancy Status During  Facility Closed/Vacate							Street Ad		<b>.</b> .							
☐ Pacifity Closed/Vacate						oribo	100000000000000000000000000000000000000	Pennel				-				
Time of Abatement: 7	AM- PI	M/3:3	OPM-		AM	cribe	City, Star									
		0.0	<u></u>		(IVI		Media	, PA 19	063							
Scope of Work (Check all	that apply)															
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		=======================================	⊠ Re	1.000.000				Mini-End Gloveba	tainment with Ne closure g Procedure empted (*) and N	200		e ure				
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Location		av.		Norma	illy ely by			cription o			_		R	Z.	Ш	Ш
Asbestos-Containing I TO BE ABA		VI)		intena		Asbe	stos Conta	aining Ma systems	iterial (ACM) insulation,		Amount (Specify		Removal	Repair	nca	Enclosure
IN Facilit			Cus		Staff?	(1.0		ing, VAT			SF or LF		oval	=-	nsq	Sur
(13)				(12)	T		other m	iscellane	ous)						Encapsulate	G.
			Yes	No	N/A										1076	
1st Floor Office						Pipe Ins	sulation				85 LF		$\boxtimes$			
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Name of Registered Wast	te Hauler				JDEP /		Cubic Ya	rds of	Name of Reg	ister	ed Landfill			_		_
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	July	(,):			pr 524/3/	Table 1	2		Western I	Jerr	va comin		Lall	uiili		
City, State							Disposal	Date	City, Stat€		V					
Hatboro, PA							TBD		Birdsbord	, P	A					
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Mark Griffin		E	stima	tor				_	MENTON	_		11	1	10	1, .	7
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Date of Notification (1) 11/14/17				of Building		er/Operato	r (2)				11)	2 0	201	7
Agencies Notified Type Notificati	on			Address					+					
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DEP Amended  Make Dol Amended  Amended				tate, Zip C Edge, I		661						OLIVO		
DOH Emergence justification		g	Name	of Contac					Ιτο	lanh				
DCA Cancellat	ion		Dr. Fe	74170					4			_		
Name of Facility Where Abatement is Ta	king Place (	(3)	FAC	ILITY INF	ORMA	ATION	Typ	oe of Facility (4	1)					
Feiler Dental Associates								School (K-12	řii –					
Street Address 1060 Main St.							×	Subchapter of Other (i.e. pr	B (Oth	er than h & comme	(11) e ci il b	uildings	s, hom	ies,
City (5) River Edge								etc.) uare Feet		f Floors		Bldg.		
County (6)			County	Code (7)			42	7.51	3	na dese	C	65 +	/-	
Bergen			(STATE	USE ONL	n _		De	rrent Use (Prio ental Office			or sred)			
Name of Monitoring Firm Hired by Buildin Project Manager	g Owner (8	)	ASC	M No.				batement Cont es Abateme		(9)				
Street Address				1		Street	Addı							
City, State, Zip Code	/, State, Zip Code							Zip Code						
								Brook, NJ 07	7663					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 201-		No. -3184		License 01305				
Start Date (10)			mpletion	Date (11)		Name	of O	SHA Monitor						
11/15/17 Occupancy Status During Abatement (Ch	11/20/					04:	A -1 1							
	85060	0.000	ment			Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: 8 A.M to 4 P.M	rmal Facility	y Hour	'S			City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)		272												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M G	ull Contair mer fini-Enclos ure flovebag Proce on-Exempted	dure	8			re	
	100	Locat							, 411		- <u>2171</u>	Abat	emen	t
Location of Asbestos-Containing Material (ACM)		Norma ed Sole		Ashar		escription		-1 (40)4)				T	уре	
TO BE ABATED In Facility	0.000	intena todial	Staff?		therm	al systems acing, VA	insu		(S	mount pecify or LF)	Ren	Re	Enca	End
(13)	Yes	(12) No	N/A			miscellan		)	0.	0, 2, 7	Removal	Repair	Encapsulate	Enclosure
Basement	X	INIA			VAT			1,6	66 SF	x				
									, ,					
Name of Registered Waste Hauler		0.00	JDEP W		Cubi of W	c Yards		Name of Re	egiste	red Land	f			
All Stages Abatement		10000	036592		4 Cl			Grand Ce	entra	l Sanita	a y La	ndfill		
City, State Saddle Brook, NJ					Disp TBD	osal Date		City, State Pen Argy	I, PA	18072	2			
Completed by	Title					Signature	/	// //	· · · ·		ī it:			
Richard Cristofol	Presi	dent				1	1/1	Light			1 414	/17		

A /					State of	New Jers	sev			16	) E (	<u>-</u>	E	Π Π	-	Print F
Date of Notification (1)	P	AI	NOT	(Pursua	ON OF A	SBESTO: AC 8:60 a	S ABAT nd 12:1:	20)				≗ _	<u></u>	<u> </u>	/ [=	
11/15/17			*	B &	e of Buildi R Unifo	ng Owner Irm	/Operato	or (2)		I II	1 N(	J -	20	20.	7	世
	pe Notification	n			t Address							-	CONTRACTOR OF THE PARTY OF THE			_
EPA DEP	Initial Amended				Main St State, Zip						ASBES	T C 3. C	S CC	NTR	OL 8	į.
X DOL □	Amendmer			Hac	kettstow	rode n, NJ 0	7840			and the second	The second sections	100	LPRO MARKET		- Performance	and portain
DOH DCA	Emergency justification Cancellatio	)	ng	Name	of Conta Blehl					J	Telephor	ne N	mha			
Name of Facility Where Aba	tement is Takir	no Place	(3)	FA	CILITY IN	FORMA	TION			-						
B & R Unitorm			. (0)	•				Тур	pe of Facil	200	50.000					
Street Address 147 Main St.								×	Other (i.	pter 8 (	Other that ate & com	n (-	2) ial bu	ilding	s, hor	nes.
City (5) Hackettstown								Squ 650	uare Fee		# of Floor 2		T	Bldg. 85 +	Age	
County (6) Warren Name of Monitoring Firm Hire	od by Dellate	0		(STATE	y Code (7) E USE ONL	, )		Un	rent Use ( liform St	ore		m li:	100	1	-486	
Project Manager Street Address	a by Building	Owner (	8)	ASC	CM No.		Name All S	of Ab tage	es Abate	Contrac ment	ctor (9)					
							Street		ess lidland A			_				
City, State, Zip Code							City, S	state,	Zip Code Brook, No		33					
Project Manager for Monitorin	g Firm			Teleph	one No.		Teleph 201-6	none I	No.	0700	Licen 0130		0.			
Start Date (10) 11/27/17		Schedu 12/4/1		mpletion	Date (11	)			SHA Mon t	or	0100					-
Occupancy Status During Aba	tement (Chec		0.00				-									
Facility Closed/Vacated I Abatement Performed Or Other – Describe:	During Entire F	Period of	Abata	ment s			Street .		zip Code							
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Scope of Work (Check All Tha ≥3 sf or ≥3 If × ≥160 sf or ≥260 If	t Apply)		Renova Demoli				×	Gl	all Contain ni-Enclosa ovebag Pron-Exempt	ure ocedur	re.					
		10	Locat						AT EXCITIN	T /	IIIU NOII-F	-11 10		Abate		
Location of Asbestos-Containing Mater	ial (ACM)	Use	Normal ed Sole	ly by	Ashaa	Des	cription	of							ре	
TO BE ABATED In Facility (13)	**************************************	Cus	intena todial S (12)	nce/ Staff?	(i.e.	tos Conta thermal: surfac	aining Ma systems ing, VAT iscellane	insula , or	I (ACM) ation,		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			- Journal IC	, ous)					val	air	sulate	sure
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ame of Registered Waste Hau	ller		1 10	IDEE:									-			
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ity, State ewark, NJ						Disposa TBD	I Date		City, Sta	te	A 18072					
ompleted by chard Cristofol		Title Presid	dent			Sig	nature	11		/		Diti				

B & G proj. #: 2017-169

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

	8	202						Chec	k #	8 390	)			_
Date of Notification	outside of the second	1	Name of I	Building Ow	ner/Operator	(2)					EI	W	E	5
1111/116			Alfreda	a Armstro	ng				_					
Agencies Notified  EPA  DEP	Type Notificat  Initial	ion   3	Street Add	dress						I(-)	2 0	2017	1	
	☐ Amend			e, Zip Code					energy .	ON HERRORA		and the same of th		
X DOL	Amend			Orange, N	NJ 07017						S CO		)L &	
<b>X</b> DOH	Cancell	118	lame of C	Contact				Teleph	one	N Imb	ENOIL	MICHAEL COM	MINIT PROJECT	THE RESERVE OF THE PERSON NAMED IN
☐ DCA			Alfred	da Armstr	ong					-	_			
				FA	CILITY INFO	RMATIO	N				-			
Name of facility wh	ere abatement i	s taking pl	ace (3)					Type of Facility						
Alfreda Armst	rona							=		(H - 12	20			
Street Address						-		100000			Other t		-12)	
Street Address								Bldg	s./ŀ	or ies,	etc.			
								Square Feet	7	o Flo	ors	BI	dg. A	ge
City (5)		Cou	nty (6)			1.0	ounty Code (7) cate use only)	Owners Hand	_	- []	an dan		- d\	
East Orange,	NJ 07017	Es	sex			(5)	ate use only)	Current Use residential	(PII	ribei	ng den	IOIISII	<b>3</b> (D)	
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)		ASCM No	<u></u>	Name of Abatement		_	= ==				
					n/a		B & G Restorati	on, Inc.						
Street Address							Street Address		_					
							105 Ryerson R	oad		-				
City, State, Zip Code	е						City, State, Zip Code Lincoln Park, I	NJ 07035						
Project Manager for	Monitoring Firm	1		Phone Num	ber		Telephone Number (973)696-686	9			e Numb 0378	per		
Scheduled Start Da	te (10)	IScher	d Comple	etion Date (	11)		Name of OSHA Moni							
11/27/2017	10 (10)	(2000)	28/2017		,		B & G Restorat	on, Inc.		-				
Occupancy Status D	Qurina Abatama				-		Street Address 105 Ryerson R	ood						
Facility closed							City, State, Zip Code		_	==			_	
Abatement pe	erformed outside						Oity, State, Zip Code							
Describe: Other-Describ	oe:					_	Lincoln Park, N	J 07035	_					
Scope of Work (ch	eck all that apply	4)							_					
Demolition	X	Renovation	nc				Full Containment w/neg	ative pressure	×	( Hove	ebag pr	ocedi	ıre	
$\times$ >3 sf or >3 If		≥160 sf or	≥260 If			X	Mini-enclosure			lon-	friable	proce	dure	
Location of			n normall	ly used sole	ely						R	R	E	E
asbestos-con material to be		staff(12)	snance/ci	ustoulai		iption of ial (ACM	asbestos-containing	Amount (Specify		0	m	р	n c	n
abated in faci		Yes	No	N/A	materi	iai (AON	,	ĹF)			v v	i	a p	L
pasement				T X	7 pipe ins	ulation	1	93 If	_		e	r	П	h
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Registered Waste H B & G Restorat			EP Haule 19563		Cubic Yards 1	of Waste	Tullytown	Landfill Resource & F	Rei	o /en	/ Cen	ter		
City, State Lincoln Park, N	1J			Disposal 11	Date /28/2017		City, State Tullytown,	PA				[ TO THE LET		
Completed by (Print	or Type)	Title	n/Troo	ouror.	Signature		Ciordana Suna			E ate	17/201	17		

						tate of N				PT-0000 C				-	
CH149	PA	$\square$	NOT		IOITA	OF AS	BES	STOS ABA :60 and 5:1			<u> </u>	E		<u> </u>	
Date of Notification (1)  11 /	17 /	17				e of Buildir ntander		ner/Operator	(2)		NC V	/ 2 (	) 2(	)17	
Agencies Notified	Type Notific	cation			Stree	t Address				$\perp$					$\perp$
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□ DOLWD   □	Amende	d				State St					SBES [	L'ENS	TING	HOL	č
☑ DHSS	Amendm	nent #			100000	State, Zip				beams, comments and	-	on micromess	1110		No. of Concession, Name of Street, or other teams, and the street, and the str
☐ DCA	☐ Emerger		cluding	g		ston, MA									
(NJAC 5:23-8)	justificat	2.0			Name	of Contac	ct				••	1 - 1			
	☐ Cancella	ation			Su	san Peck	k			ţ					
N					FA	CILITY II	NFOF	RMATION				4.7			
Name of Facility Where At	patement is	Taking	Place	€ (3)					Type of Facility			Al Al			
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Street Address									Subchapter Other (i.e.	orivate and	an K- 2	r rial hu	ildin	70	
4261 Route 9									homes, etc.	.)	0011111 )	i siai be	mami	go,	
City (5)									Square Feet	# of Flo	ors	BI	dg. A	ge	
Howell, NJ 07731									2,000	2			45		
County (6)					Cour	nty Code (	7)(STA	TE USE ONLY)	Current Use (P	rior if being	demc is	s red)			
Monmouth								1. C. C. Charles (1907)							
Name of Monitoring Firm H	lired by Buil	lding O	wner	(8)	ASCM	No.	Nar	me of Abatem	lent Contractor (9	3)					
Hillmann Consulting		Š			622	52	100000000000000000000000000000000000000	VN Restora		,,					
Street Address	2							eet Address	ition inc						
1600 Route 22 East							000	7 Foster Ro							
City, State, Zip Code															
Union NJ 07083							100	/, State, Zip C Staten Island							
Project Manager for Monito	oring Firm		1,200	Tele	phone	No.	Tele	ephone No.		License	No.				-
Tammy Lomax				90	08-577	-6171		18-605-625	3	0077					
Start Date (10)		Schedu	uled C	omple	tion Da	te (11)	Nar	me of OSHA N	Monitor						
12 /02 / _	17	1;	2_ /	_10		17	500000	estor Tech							
Occupancy Status During							Stre	eet Address							
☐ Facility Closed/Vacated	During Enti	ire Peri	iod of	Abate	ment		1	0 59 Jackso	n Avenue						
Abatement Performed (	Outside of N	ormal I	Facility	y Hou			City	, State, Zip C	ode						-
Time of Abatement: _AM	W- <u>2:00</u> PM/ <u>1</u>	10:30F	-M		AM		L	IC NY 1110	1						
Scope of Work (Check all t	hat apply)											-	- 3416-9		
≥3 sf or ≥3 lf			⊠ Re	novati	on			☐ Full Con	tainment with Ne	gative Pres	sure				
≥160 sf or ≥260 lf			-	molitic	-			Gloveba	g Procedure						
								Non-Exe	empted (*) and No	on-Friable P	rocec I	r e			
7				Locat Vorma								Ab	atem	ent Ty	/ре
Location of Asbestos-Containing M		n\		d Sole		Acho		Description of				Z	R	ш	Ш
TO BE ABAT		''	Ma	intena	nce/			Containing Ma rmal systems		Amor (Spec		Remova	Repair	nca	nclo
IN Facility			Cust	todial	Staff?		S	urfacing, VAT	, or	SF or		ova	=	psu	Enclosure
(13)		t	Yes	(12) No	N/A	1	oth	ner miscellane	eous)					Encapsulate	(i)
1st Floor		-		INO	IN/A	Carpet						-	_		_
1 11001								tic		120	SF 			Ш	Ш
	Ш														
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cub	ic Yards of	Name of Regis	stered Land	fill				
Newark Carting				Н	auler II		Was		IESI						
City, State					NJ-56	б	Disn	oosal Date	City, State						
Newark, NJ								2/05/17	Bethlehen	a,PA					
Completed By (Print or Type	e)	Title						Signature	1///		E 3	nt 2	-		
Ralph Barnhardt	*	h massam	oject	Mana	ager			1/1//				7-	1-7	-90	
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Date of Notification (1)	o villadiladila		Name o	of Building	Owne	r/Operator	(2)			N(	1 <u>L</u> 2	0 2	017		4
Agencies Notified  Type Notification  EPA DEP Initial Amended			4000	Address HADLEY ate, Zip Co		AD				ASBES	()S	CON	TROI	. &	necessary.
X DOL Amendment	_	]	SOUT	TH PLAIN		LD, NJ 0	708	0	l ei	Telepho	i <u>2</u> Viin	nber			
■ DOH justification)     □ DCA				DHN ILITY INFO	ORMA	BRAI	2	EY_				e a moss	_	_	_
Name of Facility Where Abatement is Takin	g Place (	3)	1 40	12171 1107	ORIMA	11011	Тур	e of Facilit			_				
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City (5) WEST ORANG		/ 10		1121			7	are Feet		# of Floo	,	A	ldg. A	770	byes.
County (6) ESSEX		=		Code (7) USE ONLY			Curi	rent Use (F	Prior if	being de	n lish	ed)	1000 1000		
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8)	)	0045	M Nó. * 5				SYSTE	ontrac	tor (9)					The state of the s
Street Address 64 BROAD STREET				- ×		Street 396 \		ess TEHEAD	) AVE	Ξ.					
City, State, Zip Code MATAWAN, NJ 07747				* *				Zip Code RIVER, N	4J 08	882					
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	ne No. 90-2217		Teleph 732-4		No. 8350		Lice 011	s s No	0.		ilion official	
Start Date (10) / / / 7	/	2/	mpletion /	Date (11)				SHA Monito SYSTEM		FAME	R CA			41.16	
Occupancy Status During Abatement (Checiling Facility Closed/Vacated During Entire F	eriod of	Abater	nent			Street 396 \		ess TEHEAD	AVE	<u> </u>					
Abatement Performed Outside of Norm Other – Describe: Mesesson	al Facility	y Hour	S_4	only				Zip Ccde RIVER, N	NJ 08	882					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	N .		41		1 1		1 -						V-0		
≥160 sf or ≥260 lf		Renova Demoli					M	ull Cortain ini-Enclosu lovebag Pr	ire ocedu	re					
Location of	1	Locat Norma				escription		on-Exempt	eu ()	and ivor	FILADI		Abate Ty	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ( (12)	nce/ Staff?		os Co therm sur	ntaining M al systems facing, VA r miscellan	låteria insu T, or	lation.		Amour (Specif SF or L	1	Remova	Repair	Encapsulate	Enclosure
A	Yes	No	N/A			00								ate	ē
2 NA Floor		X				LENY			7	146		X			
CONTROL ROOM		X		TRA	NS,	TE P	An	JEIS	4	132	5=	×			
Name of Registered Waste Hauler		l A	IJDEP W	laste	Cuk	ic Yards		Na ne o	f Post	etorod!	, <u>en</u>				
WASTE MANAGEMENT		F	lauler ID 125	2.7.2.0 (1.2.5.c.)	of W	/aste タメーノ	0	GROV							(5.7.)
City, State ELIZABETH, NJ			878			osal Date		City, Sta		LLE, F	, ,				
Completed by CAROL RAIMO	Title OFFI	CE N	1ANAG	ER		Signature	1	Eal-X	Rac	·md	Dat	e ///	19/	17	

( K # 8560			St	ate of Ne	w lers	ev.	-			_				
	ħ		CATION	OF ASB	ESTOS	ABATE		DE	C		7	<u> </u>		7
Date of Notification (1)			Name o PSE&	f Building G	Owner/	Operator	(2)		NOV	21	7 21	117		
Agencies Notified Type Notification  EPA Initial			Street A 4000 I	ddress HADLEY	/ ROA	AD.		land laws		ON SANSON				
DEP Amended Amendment #				ate, Zip Co H PLAIN		.D, NJ 0	7080	AS	BEST L	5 5 C 2 ENS	ONT	ROL	&	
□ DOH	ncluaing		-	f Contact	f	BRAI	DLEY		***					
				LITY INFO										
Name of Facility Where Abatement is Taking PSE4G	Place (3	)					Type of Faci School	(K-12)						
341 MOUNT PLA	EASA	7107	r 1	VE.				pter 8 (Oth .e. private				dings,	home	es,
City (5) WEST ORANG							Square Feet	8 1 8 6	f Floo	;	100	Idg. A	-	SYR
County (6) ESSEX				Code (7) USE ONLY	)		Current Use	(Prior if be			ed)			
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)		ASCN 0045				of Abatement	Contractor	(9)					
Street Address 64 BROAD STREET						7533353	Address WHITEHEA	D AVE.						
City, State, Zip Code MATAWAN, NJ 07747				~ "			State, Zip Code		32					
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 90-2217	<del></del>		none No. 432-8350		Lice 011	s : No	).			
Start Date (10) / / / / 7		d Com		Date (11)			of OSHA Mon		AME	- CA	100	11/15/25		
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po		oction or o	ent .	, ,			Address WHITEHEA	D AVE.						
Abatement Performed Outside of Norma  Other – Describe: Mesessass	al Facility	Hours	4	only	<u> </u>		State, Zip Code		32					
Scope of Work (Check All That Apply)					, 1					-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enoval emoliti					Full Corta Mini-Enclo Glovebag Non-Exem	sure Procedure					a	
	le	Location	20				- ITOIT EXTIT	T T T T T T T T T T T T T T T T T T T	u mon			Abate		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	lormall d Solel ntenar odial S (12)	y y by nce/		tos Cor therma surfa		Matérial (ACM) s insulation T, or	(8	moun Specifi or LF		Remova	Ty Repair	e Encapsulate	Enclosure
	Yes	No	N/A								-		ite	r.
2 ND Floor		X		ACM	Til	EY	MASTIC	7	46	5 =	×			
								_						
								-						
Name of Registered Waste Hauler		I NI	JDEP W	lacto	Cubic	Yards	Name	of Registe	red I	n fill				
WASTE MANAGEMENT		H	auler ID 125		of Wa	este 火 /	O GRO	DWS NO						
City, State ELIZABETH, NJ					7	sal Date	MOF	RRISVILL		4				
Completed by CAROL RAIMO	Title OFFI	CE M	ANAG	ER		Signature	-aral-	Rain	nd	Dat	e ///	161	117	7

Print Form

CK# 8561								_						Pr	int For					
PAID	1		CATIO	N OF ASE	BESTOS 8:60 and	ABATE				G		$\mathbb{V}$	E	n						
Date of Notification (1)		Name o	V-1000	Owner/C	perator	(2)			NOV	( )	201	7								
Agencies Notified Type Notification  EPA Initial	- 1	Street Address 4000 HADLEY ROAD ASBESTOS (:ONTROL & LICE V SING																		
DEP Amended Amendment Emergency		SOUTH PLAINFIELD, NJ 07080							E 7 311	VG	SHEET & DAYE	Care, see in								
□ DOH justification)     □ DCA     □ Cancellation		DENNIS WAKULA												9. <del>4</del>						
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMATI	ON	Туре	e of Fac							$\dashv$					
Street Address 195 W. 63	<b>S</b> 7						School (K-12) Subchapter 8 (Other than 1 (- Other (i.e. private & con mar													
City (5) BAY 2011 6	2 /	1 / 3					are Fee		# of Flo	o s	- 1	Bldg. /								
County (6) Hudson			Code (7) USE ONL	Current Use (Prior if being de																
Name of Monitoring Firm Hired by Building ( ENVIRONMENTAL TACTICS		ASCI 0045	M No. *	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AME R CA																
Street Address 64 BROAD STREET							Addre WHI	ess TEHE	AD A	/E.	WE YOR									
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882																		
Project Manager for Monitoring Firm TOM GEIGER		732-290-2217 73				Telephone No. Lice is ∋ No. 732-432-8350 0111														
Start Date (10) 12/6/17	8/17 UNI				Name of OSHA Monitor UNIQUE SYSTEMS OF AME R CA															
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F	Abatem	ement 39			Street Address 396 WHITEHEAD AVE.															
Abatement Performed Outside of Norm Other – Describe: Out Door	Hours					City, State, Zip Ccde SOUTH RIVER, NJ 08882														
Scope of Work (Check All That Apply)	⊠ R	enovat			1 1		1													
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			Full Containment with Negrain a Pressure Mini-Enclosure Glovebag Procedure Non-Exampted (*) and Non Fliable Procedure																	
Location of	10	Is Location Normally					escription of				II F Idi	Abatement Type								
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maintenance/ Custodial Staff?  (i.e. therma surfa					taining Matérial (AC M) I systems insulation, cing, VAT, or miscellaneous)			Amoun (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure						
Outs: DE	Yes	No V	N/A	10	1 4	+.=	0,	0 -		14.	- 'F			te						
ORISIBE		^		IRF	ins;	IE	Γ.,	PE_		70										
												+								
Name of Registered Waste Hauler WASTE MANAGEMENT		На	IDEP Wauler ID 125		Cubic Yof Was	te				gistered I NORTH										
City, State ELIZABETH, NJ					Disposi	al Date			State RRIS	VILLE, I	- <del>-</del> -			A Phone						
Completed by CAROL RAIMO	Title OFFI							Ignature Pains					Date 11/19/17							

State of New Jersey  NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										EG			V				
Date of Notification (1) 11/17/17				f Building C G			NOV	- 5	0	201	7	L					
Agencies Notified Type Notification	100	Street Address 4000 Hadley Road							ASBEST	)(	CO	NTRO	DL &				
EPA X Initial Amended Amendment	#		City, State, Zip Code							L/	43	1SI	VG_				
Emergency ( justification)			South Plainfield, NJ  Name of Contact							ar <u>þane N</u>	m 12	n ber					
DCA Cancellation		Achilles Kotzias FACILITY INFORMATION							Y 1		V.	E.		_			
Name of Facility Where Abatement is Taking PSEG Lyndhurst Substation		Type of Facili										9-300					
Street Address Page Ave & Orient Way		Subcha						8 (Oth	2 is buildings, homes,								
City (5) Lyndhurst						Square F		# o	# of Floors			Bldg. Age N/A					
County (6) Bergen		County Code (7) Current U (STATE USE ONLY) Electric					200		ing demoli	hic	i)						
Name of Monitoring Firm Hired by Building C		ASCM No. Name of Abatement N/A WRS Environme								 1 }.							
Street Address N/A		Street Address 17 Old Dock Rd															
City, State, Zip Code City, State, N/A Yaphanl											-						
Project Manager for Monitoring Firm N/A	- 11 2	Telephone No. N/A			Telephone No. 631-924-8111				License 01136	₹c.							
Start Date (10) 11/27/17	d Com	empletion Date (11)			Name of OSHA Monitor WRS Environmental S				vices, In	 ::.							
Occupancy Status During Abatement (Check		Street Address 17 Old Dock Ro				Rd											
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Electrical control hou		ment					Code	0									
Scope of Work (Check All That Apply)														_			
≥3 sf or ≥3 lf  Renovation  Demolition								Full Containment with Negative Plassure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frigol: Procedure									
		Is Location Normally											Abate Typ	ment			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenar	y by ice/	(i.e. t	Description of eestos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A											n			
Switching Station			Х			site P	ipe			50 SF							
Switching Station			X		S	tucco		750 SF									
Wasta Managament Sanjigas				NJDEP Waste Cubi Hauler ID No. of W 17273 TBD			eta			f Registered Landt I							
City, State Elizabeth, NJ							ity, Slate Morrisvi	ate sville PA 19067									
Completed by Amanda Vallone	Title Admin	s Manage	ardu	V4/	M		al a		7								

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