(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 18 Ericka Chapman Agencies Notified Type Notification Street Address **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Atlantic City, NJ 08401 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Ericka Chapman **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Chapman Residence School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Atlantic City 1.500 3 73 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Atlantic Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>12</u> / <u>01</u> / 18 12 / 04 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or >3 If ☑ Renovation☑ Demolition ☐ Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Kitchen  $\boxtimes$ Joint Compound 585 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Freehold Cartage Hauler ID No. Waste Atlantic County Utilities Authority 15939 5 City, State Disposal Date City, State Freehold, NJ 12/04/2018 Egg Harbor Township, NJ Completed By (Print or Type) Signature Christina Lynch Vice President of Operations

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	18	CAL		(Purs	suant to N	ASBESTOS AB IJAC 8:60 and 5	:16)	1 5 7				
11 /	19 /	18	_	N	lame of Buil  Jim Pirot	ding Owner/Operato	or (2)	<u> </u>				
Agencies Notified ⊠ EPA	Type Notifica	ition		S	treet Addres	SS	- 1	NOV	9-9	2018		
⊠ DOLWD	☐ Initial ☐ Amended						1.00	C. No.				
⊠ DOH	Amended			C	ity, State, Zi	p Code		T)	1 6	-		
□ DCA	☐ Emergend	y (inclu	ıdina			ook, NJ 08805				+		
(NJAC 5:23-8)	justificatio	n)	9	N	ame of Cont			Tolerh				
	☐ Cancellati	on			Jim Pirott	i		Telephone	Numbe	r		
Name of Equilibrium					FACILITY	INFORMATION						
Name of Facility Where A	Abatement is Ta	aking P	lace (3	)			Type of Facilit	ty (A)				
Street Address							School (K-	12)				
oncer Address							─ Subchapte	r 8 (Other than I	K-12)			
City (5)							homes, etc	private and con	nmercia	l build	dings	,
Bound Brook							Square Feet	# of Floors		Blda	Λ ~ .	
County (6)							3.100	3		Bldg 70		3
Somerset				C	ounty Code	(7)(STATE USE ONLY)		Prior if being den	nolisho			
Name of Monitoring Firm	Hirod by Della	•					Residence	·	101131161	۵)		
Management & Envi	iro. Consultin	g Own	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9	9)		-	-	
Street Address	io. Consultir	ig Ser	vices				onmental, LLC					
PO Box 341						Street Address						_
City, State, Zip Code						623 Cutler A						
Chesterfield, NJ 085	15					City, State, Zip C	ode					
Project Manager for Monito			1=		-	Maple Shade	, NJ 08052					
Bill Weisgarber	sinig i iiii			lephon		Telephone No.		License No.				
Start Date (10)	Sch	edulad	Comp	009-28	98-4070 Date (11)	856-755-0099		00842				
12 /01 /	18	12	/ (	letion L	18 18	Name of OSHA M						
Occupancy Status During A		ck only		- 1		EMSL Analyt	cal, Inc.					
	During Entire P	Period o	f Abot	0mani		Street Address						
T Viparellielli Lellolmed (	Jutside of Norm	al Facil	it ! !		escribe	200 Route 13						
Time of Abatement:	AM	PM/	PN	l	_AM	City, State, Zip Co			27/7-29 22:			
Scope of Work (Check all th	nat apply)					Cinnaminson	NJ 08077					
≥3 sf or ≥3 If	(1.40.4.6)					☐ Full Conta	inment with Neg	-4: - D				
≥160 sf or ≥260 If			enovai emoliti			LI WIIIII-ENCIO	osure	ative Pressure				
			omonu	011		☐ Glovebag	Procedure	e				
			s Loca			Z HOM EXCM	pted (*) and Nor	1-Friable Proced				
Location of Asbestos-Containing Ma	terial (ACM)		Norma ed Sole			Description of			Al	batem	ent T	_
TO BE ABATE	D	Ma	aintena	ince/	Asbes	tos Containing Mate	rial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility (13)		Cus	todial (12)	Staff?	(1.6.,	thermal systems in surfacing, VAT, of	sulation,	(Specify	Von	Dair	aps	clos
(10)		Yes	No.	NIA	+	other miscellaneou	is)	SF or LF)	<u>a</u>		Encapsulate	ure
ront Porch		-		N/A							te	1
			$\boxtimes$		Floor Tile	е		200 SF		П		П
												1
				П					$\perp$ $\sqcup$	Ш	Ш	Ш
	10		П									
me of Registered Waste H	auler		N	JDEP V	Masta	Dubi- W						
Freehold Cartage	NO. 2019241.		Ha	auler IC		Cubic Yards of Vaste	Name of Registe					
y, State				15939		1	Fairless Lan	dfill				
reehold, NJ							City, State					
mpleted By (Print or Type)	777,1					12/04/2018	Morrisville, F	PA				
Christina Lynch	Title			g: gaz-		Signature		Da	te			
-41	VI	ue Pre	sider	it of O	perations	( Inital	X		10	111		

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n	-	Form

CK183		NO	TIFICAT (Pursu	State of New Jer ION OF ASBEST ant to NJAC 8:60	SARAT	EMENT 20)		1万.	P			
Date of Notification (1) 11/19/20	2.20		Col	e of Building Owne gate Palmolive	er/Operati	or (2)		NOVA	10V-	220	Ban 21	010
Agencies Notified Type Notifical  EPA Initial  DEP Amende	5.53%		909	et Address River Road			at upor a	in the second		-20	16 4	710
DOL Amendm	ent #_ cy (includ	ling	Pisc	State, Zip Code cataway, NJ 08	3854				Lik			
DCA justificati	on) tion	57		of Contact Ce Russell			Telep 908-	hone N -803-8	umbe	er		
Name of Facility Where Abatement is Ta	king Plac	0 (3)	FA	CILITY INFORMA	TION					-000		
Colgate Palmolive		C (C)				Type of Facil	50.5					
Street Address 909 River Road					<u> </u>	School ( Subchar Other (i. etc.)	(K-12) oter 8 (Other e. private & c	than K-	12) cial b	uilding	gs, ho	mes,
City (5) Piscataway County (6)						Square Feet 200,000	# of F	loors	T	Bldg 55	. Age	
Middlesex			Count (STATE	y Code (7) E USE ONLY)		Current Use (	Prior if being	demolis	shed)			
Name of Monitoring Firm Hired by Buildin Accredited Environmental Techn	g Owner ology	(8)	ASC	CM No.	Name	of Abatement C	Contractor (9)	)				
Street Address 28 N Pennell Road			Street Address 150 Glenwood Drive									
City, State, Zip Code Media, PA					rossing, PA 18977							
Project Manager for Monitoring Firm Eric Sutherland				one No. 191-0114	one No. 313-7427	License No. 01225						
Start Date (10) 12/3/18	12/31	/18	mpletion	Date (11)	or							
Occupancy Status During Abatement (Che			-		Street							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Work in segregated	mod Facili	h . 1 1	12			ate, Zip Code						
Scope of Work (Check All That Apply)	urca - 4	pitt - 12	am									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli			· IX	Full Containr Mini-Enclosu Glovebag Pro	re ocedure					
	1	s Locat	ion		- Consideration of the Conside	Non-Exempte	a (*) and No	n-Friabl	e Pro		e emen	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	ly by	Des	scription o	of					pe	
TO BE ABATED In Facility (13)	Cus	stodial 8 (12)	nce/ Staff?	Asbestos Conta (i.e. thermal surfac other m	aining Ma systems i sing, VAT niscellane	insulation,	Amour (Speci SF or L	fy	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						/al	T .	late	ure
J/G Wing			Х	Flo	oor tile		5,500 8	SF	X			
J/G Wing		X	Floor	tile mas	tic	5,500 8	SF	Х				
Name of Registered Waste Hauler												-
Service Transport Group		Ha	JDEP Wasuler ID N W2117	No. of Wast	е		Registered L inerva Ente		3			
Citv. State New Castle, DE		Disposa		City, State		ш						
Completed by Andre Gosek	Ma	Signature						_				
			3-7,		//	Der			1 1/1	5/20	10	

K 180;1	81 PAJ	U) N			OF ASBE to NJAC 8						5 G		N		
Date of Notification (1)			- 1		Building Chial Plac		perator	(2)	100 mm	1	NOV	2 2	2018	1	
Agencies Notified	Type Notification		1	Street Ac 201 N.	idress Front S	treet			8					-	
X EPA X DEP X DOL	Initial Amended Amendment	<u> </u>	400		te, Zip Cod en, NJ 0					92			¥i T	- , -	
□ DOH	Emergency (in justification)	ncluding	1	Name of	Contact					- P.	phone Num				
DCA	Cancellation				ca Rubn		DN			88	8-715-22	11			
Name of Facility Where A Millennial Place Street Address	batement is Taking	Place (3	)	PAGE	JIT INFO	TOTAL N	<u> </u>		of Facility ( School (K-1 Subchapter	2) 8 (Othe	er than K-12	)			
201 N. Front Street									Other (i.e. p etc.)	rivate 8	k commercia				s,
City (5) Camden				32				Squar 56,0	e Feet 00	# of 8	Floors	4.	dg. A	ge	
County (6) Camden				County C	Code (7) ISE ONLY)			Curre		or if bei	ng demolish	ed)			
Name of Monitoring Firm FINOG Environment		owner (8)		ASCM	No.				tement Cor nvironme						
Street Address		<del>- tuli-sun</del>					Street	Addres	ss						
617 Stokes Road, S	uite 4-318							ood Dr			-				
City, State, Zip Code Medford, NJ 08055	TO CONTRACT OF THE PROPERTY OF								p Code on Crossi	ng, P/	A 18977				
Project Manager for Monit Rebecca Rubnitz	toring Firm		- 1	Felephor 887-15	ne No. 52-2211			hone No -313-7			License No 01225	0.			
Start Date (10)		Schedule			Date (11)		Name		IA Monitor						
Occupancy Status During	Abatement (Check			10			Street	Addres	SS						
Facility Closed/Vaca Abatement Performs Other – Describe:						_	City, S	State, Z	p Code						
Scope of Work (Check Al  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	That Apply)	Par manual P	lenova Jemoliti					Mir Glo	i-Enclosure vebag Pro	e cedure	Negative F			9	
1	-6		Locati			Dec	scription	n of					Abate Ty	ment pe	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Ma	d Sole intenar todial S (12)	ice/		tos Cont thermal surfa	taining i system cing, V/	Material		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		•						-			<u> </u>
ATTACH	ATTACHED											-	-		_
Name of Registered Was	te Hauler		l N	JDEP W	/aste		Yards		Name of	Registe	ered Landfill				
Service Transport G			1.00	lauler ID W2117	10,747,7	of Wa	ste		Minerv	a Ente	erprices				
City, State New Castle, DE						Dispo:	sal Date	е	City, Sta Wayne		, OH				
Completed by Andre Gosek		Title Man	ager			1 8	Signatur	Te /	- secol		I Da	ite 	19-	- \ 7	8
7 17 10 0 0 0 0 0 K			-5-				_/_		7		\	11	, ,		

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NOV	2	2	2018	*
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Type	Шсомдмп− м+ q		200				
Abatement Type	K o o u						
	œ ⊕ E o > a −	×	×	×	×	×	×
	Amount (Specify SF or LF)	468 LF	454 LF	504 LF	440 LF	140 LF	260 LF
Material	thermal systems insulation, surfacing, VAT, or other miscellaneou s)	Pipe insulation					
yy Maintenance/	N/A	×	×	×	×	×	×
Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	ON.						
is Location Norm	Yes						
Location of	Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13)	6th Floor	5th Floor	4th Floor	3rd Floor	2nd Floor	1st Floor

## CKOOSS PAID

Date of Notification (1)			Name of	Building (	Owner/	Operator	(2)									
11/18/2018 CHECK #88				DERSO		Operator	(2)			N/C	)\/?	2	20	18		
Agencies Notified Type Notification			Street A	ddress					U L	110	,		_0			
EPA Initial Amended Amendment :				te, Zip Co RK ,NJ		6				ne <sup>6</sup> li ni se					)- 	
DOH justification)  Cancellation	ncluding	- 1		Contact IDERSC	ON				Tele	ephone N	Vumbe	r				
			FACII	LITY INFO	RMAT	ION						-				
Name of Facility Where Abatement is Taking Street Address	Place (3)						☐ s	of Facility (4 School (K-12 Subchapter	2)	ar than K	( 12)					
			444				× c	other (i.e. pr tc.)	rivate 8	& comme	ercial b	cial buildings, homes,				
City (5) NEWARK ,NJ 07106							Square 50X1	e Feet 00	# of 2	Floors		Bldg. Age 60 YEARS				
County (6) ESSEX			County ( STATE U	ode (7) ISE ONLY)				nt Use (Prio UPAID	or if bei	ng demo	lished)	ished)				
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.				ement Con			NG II	VC				
Street Address						Street A										
City, State, Zip Code						City, St		Code O,NJ 074	07							
Project Manager for Monitoring Firm		Telephone No.														
Start Date (10) 11/20/2018	Schedule 11/21/1		pletion [	Date (11) Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC												
Occupancy Status During Abatement (Check	15		Street Address 24 CHURCH ST													
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:30AM TO 3:30 PM	al Facility		ternent							,						
Scope of Work (Check All That Apply)						ELIVIN	/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	D,N3 074	107		2					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti	olition Mini-Enclosure Slovebag Procedure						with Negative Pressure lure ) and Non-Friable Procedure				9			
1	le	Location	on						//					ment		
Location of	N	ormall Sole	у			escription					-	_	Ту	pe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	ice/	Asbesi (i.e.	therma surfa	ntaining M al systems acing, VA miscellan	insula T, or	(ACM) tion,	(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A											te		
BASEMENT		Х			PIPE	INSULA	TION		1	0 LF	X					
				-												
											-					
Name of Registered Waste Hauler	IN	JDEP W	laste	Cubic	c Yards		Name of F	Reniste	ered Land	dfill						
ATLANTIC CARTING	1 7 6	auler ID		of Wa	aste		GRAND									
City, State PEN ARGYL		Disposal Date City, State PEN ARGYL PA18072														
Completed by LUIS ARCILA	SIDE	VT		,	Signature	<u>.</u>	4	_	_	Date 11/1	8/2	018				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CH+1252

Date of Notification (	(1)	1			Owner/Operator (2)			. 14		- ,	3				
11/19/18			Carla N		ale			1 4 5		77.		- 1	0.8		
Agencies Notified	Type Notification	15	Street Add	iress					NOV 2 2 2	018					
□ EPA		5		7 6 4					INUY A. A	010		2			
☐ DEP	☐ Amended	1	City, State		NJ 07040										
⊠ DOL	Amendment #		Name of C		, NJ 07040			Telephone Number							
<u></u>	☐ Emergency (including	1			ala			relephone ivanioer					ļ		
⊠ DOH	justification)	1	Carla N	viorrea	ale			91	11 300 15 10 10				1		
□ DCA	Cancelation			FA	CILITY INFORMATI	ON									
Name of Facility Who	ere Abatement is Taking Place (3)						Facility (4)						-		
Residence							School (K-1	2)							
Street Address							Subchapter	8 (Other than K-1	2)						
Street Address									cial buildings, home	es, et	c.)				
													_		
City (5)						Square F		# of Floors	Bldg. Age						
Maplewood, N	J 07040					1,406		2	90 +			_	_		
County (6)				County C		Current Use (Prior if being demolished)  Recidential									
Essex				(STATE U	ISE ONLY)	Residential									
Name of Monitoring	Firm Hired by Building Owner (8)	04-541			ASCM No.	Name of Abatement Contractor (9)									
						Unicorn Contracting Corp.									
Street Address						Street A	ddress								
				5		32 Willow Way									
City, State, Zip Code						City, Sta	ite, Zip Code								
,				Woodland Park, NJ 07424											
Project Manager fo	Monitoring Firm			Telepho	ne No.	Telepho	one No.		License No.						
r roject manager ro						973-3	33-9176		01331						
Start Date (10)			Schedule	d Comple	etion Date (11)	Name o	f OSHA Monito	or							
12/01/18			12/04/	18		Enviro	ovision Cor	nsultants, Inc.				_			
	uring Abatement (Check Only One)					Street A	ddress								
	losed/Vacated During Entire P	eriod of Aba	tement	t		20-21	Wagaraw	Rd., Bldg. 35-E							
☐ Abateme	ent Performed Outside of Norm	al Facility H	lours			City, State, Zip Code									
	Describe: 07:00 AM Start	Sakingana Um				Fair Lawn, NJ 07410									
Scope of Work (Che															
☐ ≥3 sf or ≥			X	Renov	ation	☐ Full Containment with Negative Pressure									
	or ≥260 If			Demol	ition	X	Mini-Enclo	sure							
						$\times$	Glovebag P								
						$\times$	Non-Exem	oted (*) and Non-l	Friable Procedure	_	Abate				
<b></b>			s Location	n							Ty				
	Location of		Normally		0.000		ription of		Amount						
Asbest	os-Containing Material (ACM)	10000	ed Solely aintenance		F		ning Material ( ystems insulat		(Specity			m			
	TO BE ABATED		stodial St		(1.6.		ng, VAT, or	omo se	SF or LF)	R		ncap	Enc		
	In Facility (13)		(12)			other mi	iscellaneous)			Removal	Repair	Encapsulate	Enclosure		
	170.2	Yes	No	N/A						_	Bir .	te	ē		
	Basement		Х		Asbestos		ning Pipe I	nsulation	100 LF	X		_	-		
	Basement	Х			-	all Ceiling		460 SF	X	_	-	-			
	Basement	Х		1	Vinyl A	sbestos tile		100 SF	X	-	_	+			
Name of Registered Waste Hauler NJDEP Waste Hauler ID N					uler ID No.	Cubic Yards of Waste Name of Regustered Landfill									
Unicorn Contracting Corp. 0035844						2 Fairless Hills Landfill									
City, State						Dispos	al Date		City, State						
Woodland Park, New Jersey						TBD			Morrisville, PA	_					
Completed by Title							Signature	/	1	Date					
	Completed by						1			11/	19/:	18			

CK48141 D	ATT	Ya .	(Pursua	int to NJAC 8:60	and 12:1:	20)			101 22 4-41		31			
Date of Notification (1) 11.16.2018		<i>P</i>	Name	e of Building Own at Oaks Chart	er/Operato	or (2)	THE NO	V 2	. 20	18	1000			
Agencies Notified Type Notificati	on			t Address	0. 00.10									
☐ EPA ☐ Initial			909	Broad Street,						i. i.	100			
DEP Amended			City, S	State, Zip Code				*			7.3			
DOL Amendme	ent # cy (includir	200	New	ark, NJ 07102	2									
□ DOH □ justification	n)	ig		of Contact			Telephone	Numbe	er					
DCA Cancellat	ion		183	amin Carson			862-256							
Name of Facility Where Abatement is Ta	king Place	(2)	FA	CILITY INFORMA	ATION				-					
Property at 13 Crawford st	King Place	(3)				Type of Facility	(4)							
Street Address						School (K-	-12)							
13 Crawford st						Subchapte Other (i.e.	er 8 (Other than private & comm	K-12)	يد جناله ال	. 1	12/0/10			
City (5)						etc.)	private & corrill	ercial D	ullaing	s, nor	nes,			
Newark						Square Feet	# of Floors Bldg. Age							
County (6)			01	0 1 (7)		3000	.   00							
Essex		8	(STATE	Code (7) USE ONLY		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Buildin	a Owner /	3)		M No.		abandoned								
EHI EHI	g Owner (c	3)	001				Contractor (9)							
Street Address			001	04	- 1000000000000000000000000000000000000	m inc	N 20							
655 West Shore Trail						Address								
City, State, Zip Code						frederick pl								
Sparta, NJ 07871	ta, NJ 07871					tate, Zip Code ar Knolls								
Project Manager for Monitoring Firm						ione No.								
William Kerbel				one No. '29- 5649		299-4455	License 01081							
Start Date (10)	Schedu	led Co		Date (11)		of OSHA Monitor	0100							
11.26.18	12.07	.18		,	- Name	or conta monitor								
Occupancy Status During Abatement (Che	ck Only O	ne)			Street	Address								
Facility Closed/Vacated During Entire	Period of	Abater	nent		I morter or enough	and the second s								
Abatement Performed Outside of Nor Other – Describe: abandoned building	mal Facility	v Hour	S		City, St	tate, Zip Code				5100.50	-			
	not in ser	vice												
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf		Renova				Full Containme	ent with Negative	Drocc	uro					
≥160 sf or ≥260 lf		Demolit	ion		H	Mini-Enclosure		5 11699	ure					
						Glovebag Proc	edure I (*) and Non-Fri	oble De		2				
	Is	Locati	on			Trom Exemples	( ) and Non-Fi	able Pi	3090 - 300	emen	+			
Location of	1	Vormal	ly	D <sub>4</sub>	escription	of				pe				
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole iintenar		Asbestos Cor	taining Ma	aterial (ACM)	Amount			_				
In Facility	Cust	todial S	Staff?	(i.e. therma	systems	insulation,	(Specify	Re	Z Z	inc	ᄪ			
(13)		(12)		other	cing, VAT miscellane	ous)	SF or LF)	Remova	Repair	sde	Enclosure			
	Yes	No	N/A					l a	=:	Encapsulate	ure			
main floor				u tu u			-2-2-7							
			Х	pipe	insulation	on	125 LF	х						
Name of Registered Waste Hauler		0.000	JDEP W		Yards	Name of R	legistered Landf	ill						
Niram Inc		- 1000 N	auler ID		ste		Transfer	***						
ity, State				3	-15									
Cedar Knolls , NJ				12.07	sal Date	City, State								
Completed by	Title					Bronx , I								
Marcin Owczarski	Pr. M	har			ignature	1///		ate	10					
	91		±0.	1	11.15.18									

CKUUUBSOPA	D	NOTII (I	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ey ABATEM nd 12:120)	ENT			[ <del>2</del>	Same v Si ii Di	Y 5	15			
Date of Notification (1) 11/20/2018				of Building		Operator (2	2)		NO	/ 2:	2 20	)18	100			
Agencies Notified  Type Notification  IN EPA DEP DEP DOL Amended Amendment	#01		Street 1007 City, S	Address Market tate, Zip 0	Street			i sel Seco				,10				
	(includin	g -		ington, I of Contac acey		99			ephone N 6-540-2							
No.			FAC	CILITY IN	ORMAT	ION			000-040-2034							
Name of Facility Where Abatement is Takin Chemours Chamber Works Facility Street Address	g Place / - Bldg	(3) J T3					ype of Facility School (K Subchapt	(-12)	or thon K	42)						
Canal Road City (5)							Other (i.e etc.)	. private 8	comme	cial bu	ildings	s, hom	nes,			
Deepwater							Square Feet 8000	# of 3	Floors		Bldg. 65	Age				
County (6) Salem				Code (7)	y)		Current Use (P Chemical P		rior if being demolished)							
Name of Monitoring Firm Hired by Building ( Harvard Environmental Inc.	Owner (8	)	ASC	M No.			Abatement Co		Compa	any						
Street Address 760 Pulaski Highway																
City, State, Zip Code Bear, DE 19701						e, Zip Code nem, PA 18	8015	)15								
Project Manager for Monitoring Firm JT Morrison			Telepho 302-3	one No. 26-2333	}	Telephon			License No. 00721							
Start Date (10) 08/20/2018	Schedu 02/14/		npletion	Date (11)		r										
Occupancy Status During Abatement (Check					<del></del>	Street Ad							-			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: DEMO - 01/01/19-04	al Facilit	Abaten y Hours	nent													
Scope of Work (Check All That Apply)					_	Bethleh	nem PA 180	015	15							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Mini-Enclosure  Glovebag Proc														
Location of		Locati Vormall			D							emen pe	t			
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma Cus	ed Solei intenar todial S (12)	rice/ staff?		tos Conta thermal surfac	scription of aining Mate systems in sing, VAT, on siscellaneon	or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure			
Т3	Yes	No	N/A		-							e				
T3			X		2000	et Mastic Doors			0 SF	X						
T3			X			& Mastic			EA 00 SF	X	-					
Т3		X		7.70	Ibestos	,		) SF	X							
Name of Registered Waste Hauler		JDEP W		Cubic		Name of	Registere		(A)							
Brandenburg Industrial Service Co City, State	838	No.	of Was		Chemo	urs Lan			ty La	ndfil	H					
Bethlehem, PA		Disposa 8/22/1	al Date 8-2/28/1	City, Star 9 Deepw	<sub>te</sub> ater NJ											
Completed by Stephen Carne	ntal Ma	anager	Si	gnature	Sá			ate 1/20/2	2018							

Location	Description	Amount	REMOVAL
Building T-3	Cove Base & Mastic	400 SF	x
Building T-3	Lighting Gaskets	50 SF	×
Building T-3	Tar Mastic	80 LF	×
Building T-3	Pipe Insulation	6500 LF	×
Building T-3	Wallboard Adhesive	13900 SF	×
Building T-3	Counter Tops	2800 SF	x
Building T-3	Joint Compound	700 SF	x
Building T-3	Cloth Wrap	160 LF	Х
Building T-3	Roof Flashing	100 LF	X
Building T-3	Roof Shingles	10000 SF	X
Building T-3	Sink Undercoating	105 SF	x
Building T-3	Transite	2250 SF	x

NOV 22018

State of New Jersey OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/20/18 Merck US Agencies Notified Type Motification Street Address 126 E Lincoln Ave EPA Initial DEP City, State, Zip Code Amended DOL Amendment # Rahway, NJ 07066 Emergency (including Name of Contact DOH justification) Telephone Number Angelo Piccolella DCA 732-423-4479 Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Merck US School (K-12) Street Address Subchapter 8 (Other than K-12) 126 E Lincoln Ave 回 Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Rahway NA NA NA County (6) County Code (7) Current Use (Prior if being demolished) Union (STATE USE ONLY) Outdoor Piperack Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NA Advanced Specialty Contractors, LLC Street Address Street Address 2400 Main Street Extension, Suite 10 City, State, Zip Code City, State, Zip Code Sayreville, NJ 08872 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-525-0100 00750 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/10/18 12/14/18 **Environmental Tactics** Show Desktop.scf Occupancy Status During Abatement (Check Only One) Street Address 64 Broad St Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Dut Door WORK Matawan, NJ 07747 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED Enclosure (i.e. thermal systems insulation, Remova (Specify Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A East west Pipe rack near Bldg 28 Thermal Insulation Removal X 15 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Freehold Cartage Inc. Hauler ID No. of Waste G.R.O.W.S. 15939 10 City, State Disposal Date City, State Freehold, NJ 12/14/18 Morrisville, PA Completed by Signature Date Michael Migliore

Sr Account Manager

11/20/18

U 2004 PA	JDD	NOTIFI (P	CATIO	tate of Nev N OF ASB t to NJAC	ESTOS	ABATEN	MENT )		I	n Lj	iza		n ș				
Date of Notification (1)	- No. and grands	T	Name o	of Building gh Dickir	Owner/C	Operator niversit	(2) ty		74.0	NOV	2	2 2	018				
Agencies Notified Type Notification  EPA Initial	70.54050		1000	Address River Ro					W 82,								
DEP DOL Amended Amendment #			Teane	ate, Zip Co eck, NJ 0									. , .				
DOH justification)  DCA Cancellation			Craig	of Contact Gorczyc					ephone Nur 3-560-140								
Name of Facility Where Abatement is Taking	Place (	3)	FAC	ILITY INFO	DRMATI	ON	Type of Facility	(4)									
SCIENCE RUILDI Street Address 285 Madison Avenue	NG	80 90					School (K- Subchapte	12) r 8 (Oth	er than K-12 & commerci	?) al buile	dings,	home	es,				
City (5) Madison			-				Square Feet		f Floors		ldg. A						
County (6)		T	County (STATE	Code (7) USE ONLY)	·		Current Use (Pr	rior if being demolished)									
Name of Monitoring Firm Hired by Building O Environmental Design, Inc.	wner (8	)	ASCI 0095	M No.		Name VMC	Name of Abatement Contractor (9)  VMC Company, Inc										
Street Address 5434 King Avenue									reet Address 08 Piaget Ave								
City, State, Zip Code Pennsauken, NJ 08109			City, St	y, State, Zip Code ifton, NJ 07011													
Project Manager for Monitoring Firm Tom Pruno			Telepho	ne No. 16-9516		Teleph	one No.		License N	0.							
Start Date (10)  11 20 2018  Occupancy Status During Abatement (Check	11/	27 1.	pletion	Date (11)													
Facility Closed/Vacated During Entire Pe	rind of	Abalam	ent								ı.						
Other - Describe: 4 X PM Scope of Work (Check All That Apply)		, 110013			_	City, St	ale, Zip Code										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		, Renova Demoliti					Full Containm Mini-Enclosur Glovebag Pro	e cedure									
- v	le	s Location		T		4	Non-Exempte	d (*) an	d Non-Friab	1	cedur Abate	-					
Location of		Normall	У		Des	scription	of				Ту						
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	ed Solel aintenar todial S (12)	ice/ taff?	Asbest (i.e.	tos Cont thermal surfac	aining M	aterial (ACM) Insulation, I, or	(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure				
2.00M 5-27	Yes	No	N/A		,							te	(D				
	ANT TIMBLE								OSF	×		•					
TABLE TOPS TRANSITE PANELS									8 SF	X	-						
				OSF	X			_									
Name of Registered Waste Hauler			JDEP W		Cubic	Yards			C. L.E.	X							
Newark Carting, Inc		0.0000000	auler ID 3409	No.	of Was	725	IESI La	ndfill									
Newark, NJ					Dispos	al Date	City, Stat Bethleh		PA PA								
Voytek Roszkowski	pleted by . Standard								Dat į (	10	120	215					

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1	00										_			
	/	18		L	ockhern l	Urb	an Renewal L	.LC, c/o Dr. F.	Fang	NOV	2	2 2	018	
Daile of Notification (r)		.0.0												
				P	O Box 39				1 1, 4				-	
(C)		#											-	
	☐ Emergency	(includi	ng	Li	vingston,	, NJ	J 07039			- 1	14.6		8 1	
(NJAC 5:23-8)	justification)			Nan	ne of Conta	ct	5-00-1-07-E-1-05		Telephone	e Numbe	er			
	☐ Cancellation			D	on Lausts	en	).							
Nome of Early 148				F	ACILITY II	NFC	ORMATION			0.000				
	batement is Taki	ng Plac	ce (3)					Type of Facilit	y (4)		-	-		
								School (K-	12)					
	2222							Subchapter	r 8 (Other than	1 K-12)	-16		22.2	
	iue							homes, etc	.)	mmerci	al D	ulluli	igs,	
I.	ı							Square Feet	# of Floor	rs	В	ldg. A	Age	
				Con	mh. O. d. /	71 /07	***************************************							
Union				1000	inty Code (	1)(51	IATE USE ONLY)	Current Use (P	rior if being de	emolish	ed)			
Name of Monitoring Firm F	fired by Building	Owner	(8)	ASCN	1 No	LN	ome of Al-1							
Bio Terra Solutions	,	·o.	(0)	AUGUN	i No.								Market St.	
Street Address						-		NAGEMENT	LLC					
P.O. Box 1224						1	0.000							
City, State, Zip Code										5000				
Union, NJ														
	ring Firm		Tel	ephone	No.	_		07026	11:					
				11.					100000000000000000000000000000000000000	10.				
	Sche	duled (				1			1100					
				1_ /	18				LC					
Occupancy Status During A	batement (Chec	k only	one)			Str	reet Address				_			
☐ Abatament Deferred C	During Entire Pe	eriod of	Abate	ment		2	27 Outwater L	ane .						
Time of Abatement:	Outside of Norma	l Facilit	y Hou	rs - Des	scribe	Cit	y, State, Zip Co	de						
					Alvi	(	Garfield, NJ (	7026						
	iat apply)						M.E.II.O.					_		
☐ ≥3 sf or ≥3 lf		⊠ Re	novat	ion				ainment with Neg	gative Pressur	re				
△ ≥ 100 St or ≥260 If		☐ De	moliti	on			☐ Glovebag	Procedure						
		Is	Loca	ion	T		⊠ Non-Exen	npted (*) and No	n-Friable Prod	cedure				
		i	Vorma	lly			Description of				Aba	atem	ent T	ype
Aspestos-Containing Ma	terial (ACM)				Asbes	tos	Containing Mate	erial (ACM)	Amount		Re	Re	回	En
IN Facility			todial		(I.e.,	, the	ermal systems ir	sulation.	(Specify	.	TOV	pair	cap	Enclosure
(13)		Voc		NIA	1	ot	her miscellaneo	us)	SF OF LF	)	a		sulat	ure
Roof- Above Entrance (	Front)		9900		Poof Fig	Jal (	C						te	
											$\rightarrow$			
DCA (NJAC 5:23-8)							oor	63 LF		X				
					Theater Do	or			42 LF	0	XI			
	Hauler					_					3			
	iduloi		1,000		0.717.00									
						_A	s Needed	IESI Bethle	hem Landfi	II				
							3							
	\ T:0					T		Bethlehem	, PA					
	9		Mana	.ao-					,	Date				
		. 0,000	malla	gel .			Allen	Monchik	2	11/2	0/	18		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

	1			7) CONTINUATION SHEET					
	rial (ACM) TO BE ABATED In Faculty (13)  Naintenance/Cus odial Staff (12)  Oor- Space Beneath ctor Booth X  Oor- Space Beneath X  Oor- Space Be	450 Springfield Ave, Berkley Heights, NJ		Abateme	ent Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)		Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	E n c a p s u l	E n c l o s u r e	
St Floor- Space Roposth	Yes	No	N/A					<u> </u>	-
Projector Booth			х	VAT	175 SF	х			
st Floor- Space Beneath					1/335	_^_			_
st Floor- Space Beneath		_	Х	VAT (Top Layer)	60 SF	Х			
rojector Booth			Х	VAT (Top Layer)	60 SF	х			
rojector Booth			х	VAT (Bottom Layer)	120 SF	х			
Behind Mirrors) & Rear heater Wall				Glue Dots	780 SF	X			
asement- Front @ Water onnection			х	Pipe Flange Gaskets	18 SF	х			
	bestos-Containing Normally Usolely by Maintenance, odial Staff (1981)  To BE ABATED In Maintenance, odial Staff (1981)  The Beneath the Ce Be								
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	1						$\dashv$		
	#	+	+			$\exists$			
	7	+	1					$\exists$	
	7	7	7			$\exists$	$\exists$		
	#	$^{\dagger}$	$\exists$			-	-	-	
									-

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature;	Date:
			Allen Monchik	11/20/18

## State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) 11/19/2018 Franklin Township Public Schools Agencies Notified Notification Type Street Address 1755 Amwell Road **EPA** ☑ Initial Notification City, State, Zip Code □ DCA ☐ Amended # Somerset, NJ 08873 X DOL Name of Contact Telephone Number □ DEP justification) Albert Fico Principle 732-746-0170 **IDOH** ☐ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hillcrest School School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings., homes, etc.) 500 Franklin Blvd Sq. Feet: # of Floors:1 Bldg. Age: 1960's Current Use (prior if being demolished): School City (5) County (6) County Code (7) Somerset Somerset (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) AHERA Consultants Inc. Panoramic Window & Door Systems, Inc. Street Address Street Address P.O. Box 385 712 Sergeantsville Road City, State, Zip Code City State, Zip Code Oceanville, NJ 08231-0385 Stockton, NJ 08559 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Joe Capone P (732)926-0900 (609) 577-8803 01237 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/26/18 12/17/18 IAQ GURU LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 87 Main Street Describe City, State, Zip Code □Other - Describe: Lincoln Park, NJ 07035 Source of Work (Check all that apply) > 3 sf or > 3 lf ⊠ Renovation ☐ Mini-Enclosure 図 > 160 sf or > 260 lf □ Demolition □Glovebag Procedure Location of Asbestos-Is Location Normally Description of Asbestos Containing Material Amount Abatement Type Containing Material (ACM) in Used Solely by (ACM) (i.e. thermal systems insulation, (Specify SF or Facility (13) Maint./Custodial Staff? surfacing, VAT, or other misc.) Remove Repair Encap Enclose LF) (12)YES NO NA Exterior of Building X Exterior Brown Window Caulking 2100 If X X Exterior of Building X Window Sills / Stools 1162 Sf X [X] Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036057 Chrin Brothers Sanitary Landfill Panoramic Window & Door Sys Inc Disposal Date City, State Easton, PA Completed by (Print or Type) Date Signature /

11/19/18

Environmental Projects Manager

Mark M Jovic

Date of Notification	BD A	(Purs	uant to N	JAC 8:6	SESTOS ABATEMENT 50-7 and 12:120-	71					
Date of Notification	(1) 是 及是		Mame or	Buildi	ng Owner/Operato	or (2)		122	- 1	* · · ·	
11/19/2018			Dave	Roge	ers			1.15	Ď,		7
Agencies Notified T	ype Notif:	ication	Street 2	Address							2
[ ]EPA	[X]Initia	1					NO	11/ 2 2	20	10	11
[ ]DEP	Notif	ication	City, St	ate Zi	p. Code		nd kij NO	IN 3 3	20	lō	
[X] DOL	[ ]Amende	25	Tean	eck.N	J,07666						91
[X] DOH	Notif:	ication									
[ ]DCA	[ ]EMERGE	NCY	Name of			Teler	han	-	-		
	[ ]Cancel]	lation	Dave	Roge	rs	, -		8023	1		
			<u> </u>	ACTI TOV	Timonica						
Name of Facility Where	Abatement	t is Taki	ng Place	(3)	INFORMATION	T les					
Dave Rogers			- well-to-like	,		Type of Fac					
Street Address						[ ]School	ol (K-12)				
						[X]Other	apter 8 (Oti	her tha	an K-	-12)	
						cial	buildings,	homes,	etc	2.)	
City		County		ko	unty Code (7)	Square Feet				. Ag	e
Teaneck		Berge	n	(S	TATE USE ONLY)						
		1				Current Use	(Prior if h	eing d	lemol	ishe	ed)
Name of Monitoring Firm Owner (8)	hired by	Building	ASCM No	).	Name of Abatem	lent Contra					
N/A					AZTECH M	ANACEMENT	tor (9)				
Street Address					Street Address		i, inc.				
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City, State, Zip Code					86 Chris		τ.				
					City, State, Z		2 1/22				
Project Manager for Moni	toring Fi	rm Mele			Montclair		042				
7. 220 pt. 200 at 100 a	. sorting II	N/Z	phone Nu	nber	Telephone Number			License	e Nur	nber	
Scheduled Start Date (10	Cohe	200			(973)744-			003.	71		
11- 30- 18		d. Comple		(11)	Name of OSHA Mo	onitor					
Month Day year	1				N/A						
Occupancy Status During	Abatement	(Chaol-	- 1 - 1		Street Address						
[X]Facility Closed/V											
[ ]Abatement Perform	ed Outsid	le of Norm	nal Facil:	ity	City, State, Zi	n Codo					
Hours - Describe:	«OffHours	Descript	escript.		2, 2000, 22	p code					
cope of Work (Check all	that appl	Tr)	escript»								
		-77			[ ]Full Co	ntainment					
[X] $\geq 3$ sf or $\geq 3$ 1: [] $\geq 160$ sf or $\geq 20$	f 60 1f		Renovatio		[v]MIUI-EU	ntainment wi closure	tn Negative	Pressi	ure		
	00 11	F 11	Demolitio	n	[X]Gloveba	g Procedure					
Location of			Is ation		[ ]NOII-FII	able Procedu	re	122-			
Asbestos-Containi	ng	Nor	mally		Description	of		ADa	teme	nt :	E
Material (ACM)		Sol	sed Lely		Asbestos-Contai Material (AC	lning M)	Amount	R	R	N C	N
TO BE ABATED In Facility		tena	Main- ance/	. (	i.e., thermal s	vstems	(Specify SF or	M	E	A	CHO
(13)		Cust	odial (12)	ins	ulation, surfaci r other miscella	ng, VAT,	LF)	VA	AI	P S U	S
			NO N/A	0.	r odiet mrscerra	neous)		L	R	L	R
asement			X	Pipe	Insulation	n	30 LF	X		•	E
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me of Registered Waste I	Hauler	NJDEI	? Waste	Cubi	c Yards	ame of Regis	stered Tands	177			
AZTECH MANAGEMEN	T, INC	Haule	IT ID No.	of W	aste 0.5	Tri - St	tate	444			
ty, State		12.70	20	Disp	osal Date C	)					
ontclair, NJ 070	42				10100 / 1/	ity, State Bronx, N	IV 1045	Λ			
Inleted Br. (D.					/	DIOIIA, N	7, 1047	4			
mpleted By (Print or Type					Signature /	1 /	,	Date			
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onstantine Vivia	n Pre	sident			phistan	fine / /iv	Ja-		/2018	8	

EL 1897	YAU		(1		TO NJAC							)		3	-
Date of Notification (1) 11-17-18					of Building ny Kosa		/Operat	or (2	)	1					
Agencies Notified	Type Notification			Street A	Address					311	NO	V 2.3	2 20	)18	120
EPA	Initial									ž.					1
DEP DOL	Amended Amendment	#			ate, Zip Co Plain, I		250						, i - i - i		
F DOH	Emergency ( justification)				of Contact	10 07 0				I To	lephone N	umber	-		
DCA	Cancellation				ny Kosa	Ka				1	CDITOTIC TO	in tipe:			
Name of Facility Where	Abatament is Takin	- DI //	21	FAC	ILITY INF	ORMA	TION								
Private Home	Abatement is Taking	Place (	3)					1	ype of Facility	(B. 5)					
Street Address									School (K- Subchapte Other (i.e. etc.)	r 8 (Oth			dings	, hom	es,
City (5) Morris Plain								s	quare Feet	# 0	f Floors	E	Bldg.	Age	
County (6) Morris					Code (7) USE ONLY	)		C	urrent Use (Pr	ior if be	ing demoli	shed)			
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCN	Л No.		1		Abatement Co		(9)	10000			
Street Address				1			Stree	et Ad	dress						
City, State, Zip Code									St.						
ony, orate, zip oode									e, Zip Code City NJ 0708	87					
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.				e No.		License	No.			
Charl Data (40)									6-9603		01206				
Start Date (10) 11-26-18		11-28-	18	mpletion	Date (11)				OSHA Monitor Contracting L						
Occupancy Status Durin			2003		9.0162		Stree		dress C+						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire P ned Outside of Norm 7:00 Am - 5:00 Pm	eriod of A al Facility	Abater Hour	nent s			City,	State	e, Zip Code						
Scope of Work (Check A							Uni	on (	City NJ 070	87					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		AND DESCRIPTION	Renova Demoli					r r	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	1000			re	
	***************************************	Is	Locat	ion				_	Tron Exempte	u ( ) un	u reon-r ne	1	Abat	emen	t
Location			Norma d Sole				escriptio					-	T	уре Т	Γ-
Asbestos-Containing TO BE AB, In Facil (13)	ATED	Ma Cus	intena todial ( (12)	nce/ Staff?		therma surfa		ns in AT, d		(\$	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										0	
Basem	ent		Х			Pipe	e Insul	atio	n	10	00 LF	X			
Name of Registered Was	eto Haulos		T &	JDEP W	lasta	Cubia	Vasda		LN	D					
Delfa Contracting LL			11 53	lauler ID 35240	No.	of Wa			100000000000000000000000000000000000000		red Landf source f		ery F	acili	ty
City, State Union City, NJ							sal Dat	е	City, Stat		Λ	(1)			
Completed by		Title				0.000	Signatu	re	10			ate			
Jaime Delgado		Proj.	Mana	ager.					100		1	1-17-	18		

1, X 507+ PA	AII	(Pui	rsuant t	OF ASBE	:60 and	12:120	))		ru ru ili	Ō E	198 × 1981	n (	7 (A) 1 (A) 1 (A)	1 .	
Date of Notification (1) Nov-09-2018 Check #327	77			Building O											: : :
Agencies Notified Type Notification		S	Street Ad	monarcon aconyse					1	10V (	3	201	8		
EPA Initial Amended		C	City, Stat	e, Zip Cod	le									Į.	
DOL Amendment #_ Emergency (inc	luding			NJ 0708 Contact	33				Tolo	phone N	umb	or		.t. 1	
DOH justification)  Cancellation				Rodrigue	ez				100000000000000000000000000000000000000	3-477-6					
			~	ITY INFO		ON			1						
Name of Facility Where Abatement is Taking F St Michael the Archangel Church	Place (3)							of Facility (4 School (K-12							
Street Address 1212 Kelly Street								Subchapter 8 Other (i.e. pri	(Othe			ouildi	ings,	home	s,
City (5) Union							Squar 40,0	e Feet 00	# of	Floors		7.5	dg. Ag )+	ge	
County (6) UNION			County C	code (7)		_	Curre	nt Use (Prior	r if bein	g demoli	ished	i)			
Name of Monitoring Firm Hired by Building Ow N/A	mer (8)		ASCM	No.			of Abat	ement Cont		9)				-	$\neg$
N/A Street Address							Addres		allon						_
Officer Address						426	69th S	Street							
City, State, Zip Code								p Code J, NJ 0709	93						
Project Manager for Monitoring Firm		T	elephor	ne No.			none No 295-1			License 01074					
Start Date (10)	cheduled	Com	pletion D	Date (11)		0.500000000		IA Monitor							
	1/10/1						e as a	and the same of th							
Occupancy Status During Abatement (Check	Only One	<del>)</del> )				Street	Addres	s							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:			ent		_	City, S	State, Zi	p Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emolitio				2	Mir Glo	Containme i-Enclosure vebag Proce n-Exempted	edure				¥	e	
	ls l	ocatio	on											ment	
Location of		ormally Solely				scription					+		ıy	ре	$\vdash$
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	ntenan odial S (12)	ce/				is insula AT, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		10000		2 300 30								
Boiler Room	Х					n-up d			- 450	5 SF	-	X			
Boiler Room	X				Boilei	r brea	ching		4	SF			Х		
											-				
Name of Registered Waste Hauler		l NI	JDEP W	lasta	Cubic	Yards		Name of F	Reniste	red Lanc	Hill				
Tri-State Transfer Assoc.		Ha	auler ID 9551	1000	of Was			Minerva							
City, State Bronx, NY					Dispos	sal Date	9	City, State		ОН					
Completed by	Title				0.535033	Signatur	é /2/	7	1		Date	;		-	
Gina Betances	Office	Mar	nager			(	EX.	ua)	/		11/	09/2	2018	}	

CV+ 1928

- DATE	(	Pursuan	t to NJAC	8:60 and 1	2:120)		1	+	10	12	8		
Date of Notification (1) 11/17/18				Owner/Ope Town Ce				70	 	<u>ب (</u>			N-4-
Agencies Notified Type Notification			Address				7						
EPA X Initial			Passaic A									1	
DEP Amended  DOL Amendment #			ate, Zip Co			4.0	÷	NOV	2	2 5	2018		
Emergency (includin	g	-	ark, New	Jersey		177	1		155		.010	ļ	
DOH justification) DCA Cancellation		Name o	or Contact				Tele	phone	Num	ber		85	
		FAC	ILITY INFO	DRMATION	1			- 10/	-		e	+ + 1	
Name of Facility Where Abatement is Taking Place Building # 39	(3)					ype of Facility (4	)						
Street Address						School (K-12	)						
900 Passaic Ave					Send House	Subchapter 8 Other (i.e. pri	(Othe	r than	K-12		4		
City (5)				2000-000-000-00-000-00-00-00-00-00-00-00		etc.)				i buii	ungs,	nom	es,
East Newark						quare Feet 5,000	100000000000000000000000000000000000000	Floors			Bldg. A	ge	***************************************
County (6)	7	County	Code (7)			urrent Use (Prior	if boin	a dom	olioha	11 12	50+		
Essex			USE ONLY)			Commercial S			olisne	ea)			
Name of Monitoring Firm Hired by Building Owner (8	1)	ASCA	M No.	N		Abatement Contr							
n/a Street Address		n/a		F	Harmo	ny Contractin	g inc						
n/a					treet Ad				-				
City, State, Zip Code						lisade Ave							
n/a				1		e, Zip Code d, NJ 07026							
Project Manager for Monitoring Firm	T	Telepho	ne No.		elephon			Licens	o Nio				
n/a		n/a		10	73460		1	0125		2			
		mpletion	Date (11)	and the second second		OSHA Monitor							
11/26/18 01/31. Occupancy Status During Abatement (Check Only O						ny Contractine	g Inc						
PA Avenue					reet Add					-,		-	
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	Abaten y Hour:	nent s		-		lisade Ave							
Other - Describe: Scheduled for Demo				100		d, NJ 07026							
Scope of Work (Check All That Apply)						-, 0, 0, 0							
100 -1 > 000 W	Renova Demolit				Name of Street	Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	iure					e.	
ls	Locati	ion		and the second second			, dire	(VOIP)	Iable	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Abate	-	_
	Normal ed Sole	ly .		Descrip	otion of						Typ		
TO BE ABATED ME	ilntena	nce/	Asbesto	os Containir hermal syst	ng Mate	rial (ACM)		ount -				EU.	-
In Facility Cus (13)	todial 9 (12)	Staff?		surfacing,	, VAT, o	r		ecify or LF)		Removal	Repair	Encapsulate	Enclosure
, ,	· · ·			other misce	ellaneou	is)		500		oval	bair	sula	nusc
Yes	No	N/A										te	Ø
2nd Floor	X			Floor	Tile		300	SF	,	<			
4th Floor	Х	-		Floor	Tile		170	SF		٤ .			
Name of Registered Waste Hauler	1 1	IDED W	note I	0.11.17									
Rovic Transport	17425123	JDEP Wa auler ID I	22000	Cubic Yard of Waste	18	Name of Re		d Land	fill				
City, State				TBD		ISEI Land	llitt						
Riverdale, NJ				Disposal D	ate	City, State	-						
Completed by Title					ture ,	Bethlehei	m, PA		_				
F 0:- :	etary			Signa	Cin.	רמים			Date 11/		8		

	1 1	A		(Pursua	nt to NJAC 8:	60 and 12:1	20)	i,	1	官で				1.5
Date of Notification (1) 11/15/2018		and the same	m Jo		of Building O dence	wner/Operate	or (2)			MOV	^		2010	
Agencies Notified	Type Notification	n		1000000	Address					NPOY	1 2	3	7/18 <sub>0</sub>	- 3
× EPA	× Initial							į.			_		2010	
× DEP	☐ Amended			City, S	State, Zip Code	е							·	. 1. 141
X DOL	Amendmer Emergency		00	North	n Brunswick	k NJ 08901	1		* .		1 1		٠	!
DOH DCA	justification  Cancellatio	)	ig		of Contact ia Pantaleo	n				radii	IDEI			-
		140		5	CILITY INFOR						-1			
Name of Facility Where Residence	Abatement is Taki	ng Place	(3)			, (11011		of Facility (4)						
Street Address							□ S  x  0	chool (K-12 ubchapter 8 ther (i.e. pri	(Other th	nan K-12 mmercia	) I bui	ldings	s, hom	nes,
City (5) North Brunswick						3-7-3-7-	Square 1,260		# of Flo	ors	- 1	Bldg.	Age	
County (6) Middlesex				County (STATE	Code (7)		10000	t Use (Prior	1.00	lemolish		78		
Name of Monitoring Firm	Hired by Building	Owner (	8)		M No.	1.0						2011-78		
A. Seine Lighthouse Street Address	e Solutions	Owner (		ASC	IVI NO.			ment Contr Services						
PO Box 354						2000	Address Libert	y Avenue						
City, State, Zip Code South Orange, NJ 0	7079		i.			City, S	State, Zip	Code						
Project Manager for Mon				Telepho	one No		none No.	07205	1					
Sarah Calandra			- 1		49-2666	200000000000000000000000000000000000000	462-74	65		ense No 316				
Start Date (10) 11/26/2018		Schedu 12/17			Date (11)		of OSHA	Monitor hthouse	Solution	10				
Occupancy Status During	Abatement (Chec	k Only C	ne)				Address	intilouse .	Solution	15				
Facility Closed/Vaca Abatement Performe	ited During Entire F ed Outside of Norm	Period of nal Facili	Abater ty Hour	nent s		PO E	Box 354 tate, Zip							
Other – Describe: _								ge, NJ 07	079					
Scope of Work (Check Al	That Apply)	25-54												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demoli			×	Mini-E Glove	Containment Enclosure bag Proced Exempted (*	lure				•	
		Is	s Locat	ion					y and Hor	TTHOSE		-217	ement	
Location			Normal ed Sole			Description	of					Ту	ре	
Asbestos-Containing I TO BE ABA In Facilit (13)	TED	Ma Cus	aintena stodial ( (12)	nce/ Staff?	(i.e. the	Containing M rmal systems urfacing, VA ner miscellan	aterial (A insulation	icM)	Amour (Specif SF or LI	fy	Removal	Repair	Encapsulate	Enclosure
Baseme	nt	Yes	No X	N/A		D:							6	
Dacomo			^			Pipe wrap	0		130 LI	F >	2			
Name of Registered Waste	e Hauler		l N	JDEP W	aste C.	ubic Yards	1.							
Newark Carting			Н	auler ID 1509	222	Waste		lame of Rec Vaste Ma			dfill			
City, State East Orange, NJ			0.5		Dis	sposal Date	C	ity, State		- it Lail	ami			_
Completed by		700					F	enn Argy	le, PA					
Alison Lamers		Title Office	e Man	ager		Signature	ANK	PAL		Date 11/1	5/2	018		

198109	The A	H.M.		CATION C							73V 173	·· <sub>1,</sub> -, .	n -		
Date of Notification (1)	11/15/2018			Name o			ner/Ope	rator (2)		7.	*****	- "			
	tification Ty	ре		Street A	Addres	s	•			N.	0V 2	2 .	2018		
	Initial Notifi Amended			City, Sta	ate, Zi	p Code			*	1					
(X) DOL	Amendmen Emergency	(includ	ding	Name o							Tel. N	umbe	er		
() DCA	justification Cancellation			Edward	Meek	S									
				FACILI	TY INF	ORMA	TION								
Name of Facility Where A Former Drew Chemical F		Takin	g Place (	3)				( ) Sub	ool (K-1	2) 8 (other	than K	-12)			
Street Address 1106 Harrison Ave									er (i.e. ¡ mes, et	private &	comme				
City (5) Kearny, NJ 07032								Square	Feet	# of I	Floors		Bldg.	Age	
County (6) Hudson				County USE ON		(7) (ST	ATE	Curren	t Use (F	rior if bei	ng den	nolish	ned)	5	
Name of Monitoring Firm	Hired by Blo	da. Ow	ner	ASCM N	No.		Name	of Contra	ctor (9)						
-							NSTRU Address	CTION	SERVICE	ES, LL	0				
Street Address						1777777777777		uto 17 9	South - Su	ıite #3					
City, State, Zip Code				-				ate, Zip (		Journ - Oc	alle iro				
		95						J 07644							
Project Manager for Mon (8)	itoring Firm	Tele	phone N	lumber				one Nun 85-9791	nber		Licens 0119				
Scheduled Start Date (10	0)	Sch		Completion 1/22/201		e (11)	Name	of OSHA	Monito	or					
Occupancy Status During	g Abatemen	t (Chec	ck only o	ne)			Street	Address							
(X) Facility Closed/Vacat ( ) Abatement Performed ( ) Other – Describe:	ed During E d Outside of	intire P	eriod of all Facility	Abateme Hours	ent		City, S	tate, Zip	Code						
Source of Work (Check at $(X) \ge 3$ sf or $\ge 3$ lf $(X) \ge 160$ sf or $\ge 260$ lf	all that apply	( )	Renova Demolit				( ) Mii	ni-Enclos	sure Procedu	vith Negar ure and Non-				·e	
1 2		la l aa	ation No	rmally								Aba	teme	nt Ty	ре
Asbestos-Containing M (ACM) TO BE ABATED in Facility	TO BE ABATED Custodia						ion of As Material vstems in g, VAT, o cellaneou	(ACM) (i. sulation or other	- 1	Amount (Specify SF or LF)	)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		ms	cellarieo	15)						O	
Between Building 714 ar	nd 720		X		Pi		lation Gl ap and C			100 LF 450 LF		X		-	
						VVI	ap and C	ut		-100 LI					
Name of Reg. Waste Ha		NJD	EP Was # 32	te Haule 905	r ID	Cubic	Yards of TBD	Waste	110 S	of Reg. L		andfi	11		1
City, State Garfield, NJ		Pa				Dispos	al Date TBD	11	City, S Melvill						
Completed by Roque G Schipilliti	Title	Project	Managei	r	Sig	nature	KG	£		Y	Date	11/	15/20	18	

### PATD

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

CK32954

Date of Notification (1)							wner/Operator (2 OHME CORP.	2)	(F)			
11 / 16 /18				Stree	et Add	ress		1 1 1 1 1	***	A 17 6	-	
Agencies Notified Type Notification				126	E. LIN	COLN AVI	ENUE, P.O. BOX	2000, RY28-414				
EPA Initial Notifi DEP X Amended N Cancellatio	Votifica		#1			, Zip Code , NEW JEF	RSEY 07065		NO.	/ 2	3 2	018
X DOH On Hold EMERGEN	ICY N	OTIF	ICATI			Contact JOHNSON	V	Telephone Numb 732-594-7746	er			
				ACILITY IN	NFOR	MATION		10.00		August 1 11	44.00	*- 1
Name of Facility Where Abatement is Tak	ing Pl	ace	(3)				Type of Facility School (K-	12)				
MERCK SHARP & DOHME CORPORATION	۷						X Other (ie.	er 8 (Other than K- private & commcl.				tc.)
Street Address 126 EAST LINCOLN AVENUE - BUILDING	80 L						Square Feet 15,000	# of Floors 2		5	Age 3	
City (5) County (6) RAHWAY UNION					USE	de (7) ONLY)	RESEARCH LA	ior if being demoli BORATORY AND	OFF	ICE F	ACILI	
Name of Monitoring Firm Hired by Buildin ENVIRONMETAL HEALTH INVESTIGATIO	ng Ow NS, IN	ner IC.	(8)		AS	SCM No. 104	PAR ENVIRON	ment Contractor MENTAL CORPO		ON		
Street Address 655 WEST SHORE TRAIL							Street Address 313 SPOOK RC					
City, State, Zip Code SPARTA, NEW				Niversia			City, State, Zip SUFFERN, NEV Telephone Num	W YORK 10901	nse N	umbo	_	
Project Manager for Monitoring Firm	$\overline{}$			Number			845-369-7500	1101		umbe		
WILLIAM S. KERBEL, CIH Expected State Date (10)			729-56	tion Date	(11)		Name of OSHA					-
10 / 5 /18	Julie		/ /	5		/19		ORATORIES INC	:	#1	1480	
Month Day Year	Mor			Day		Year						
Occupancy Status During Abatement (Chec  X Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: FRIDAY -S	ntire F Norm	Perional Fa	d of A acility	Hours - De	escribe	e:	Street Address 117 EAST 30Th City, State, Zip					
								V YORK, NEW YO	DRK 1	0016		- 1
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF	Reno	vatio	n		X	Mini Enclo Glovebag	ainment with Neg o , Procedure ole Procedure	ative Pressure				
Location of	Isl	ocat	ion		Descr	iption of As	sbestos-		Al	oatem	ent Ty	/pe
Asbestos-containing Material (ACM)	norm		used		ontair	ning Materi Thermal sy	al (ACM)	Amount (Specify	REM	REPAIR	ENC	ENC
TO BE ABATED in Facility (13)	Maint	t/Cus	todial		sulati	ion, surfaci er miscella	ng, VAT,	SF or LF)	REMOVAL	AIR	ENCAPSUL	ENCLOSUR
2ND FLOOR MER			х	DUCT INS	SULA	TION		3,600 SF	х			
ADDITION TO SCOPE:												
MER - LOWER			Х	DUCT INS	SULA	TION		500 SF			Х	
									-	$\vdash$		
										_		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDE Haule		No.	Cubic Yar	rds of 80	Waste		tered Landfill DUNTY RESOUR ER DRIVE/ROUTI		ANAG	EME	NT SE
City, State FREEHOLD, NEW JERSEY		1000		Disposal 10/5 - 1/5	/2019		City, State/	Y , PA 17752		1		
Completed by (Print or Type) Title	CTO	R OF	OPE	RATIONS	Sign	nature	55	Date	9 [ /	///	6/	1

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /18 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Type Notification Agencies Notified City, State, Zip Code Initial Notification EPA RAHWAY, NEW JERSEY 07065 Amended Notification DEP Cancellation DOL Telephone Number Name of Contact On Hold DOH 732-594-7746 EMERGENCY NOTIFICATION PATRICIA JOHNSON DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) Bldg. Age # of Floors Square Feet Street Address 53 15,000 126 EAST LINCOLN AVENUE - BUILDING 80 L Current Use (Prior if being demolished) County Code (7) County (6) City (5) RESEARCH LABORATORY AND OFFICE FACILI (STATE USE ONLY) UNION RAHWAY Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner, (8) ASCM No. PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) #11480 AMERISCI LABORATORIES INC /19 1/ 10 / Year Month Day Year Month Day Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code FRIDAY -SUNDAY 7AM-12AM Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Abatement Type Description of Asbestos-Is Location Location of ENCLOSUR ENCAPSUL Amount REPAIR REMOVAL Containing Material (ACM) normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 3,600 SF DUCT INSULATION 2ND FLOOR MER

Cubic Yards of Waste

Disposal Date

10/5 - 1/5/2019

80

Signature

NJDEP Waste

15939

DIRECTOR OF OPERATIONS

Hauler ID No.

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY

BENJAMIN SANCHEZ

Completed by (Print or Type)

825 HIGHWAY 33

City, State

Name of Registered Landfill

MONTGOMERY , PA 17752

City, State

447 ALEXANDER DRIVE/ROUTE 15

LYCOMING COUNTY RESOURCE MANAGEMENT SE

Date

### PAID

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

NOV 2 3 2018

	(Pur	suant to :			(2)					7
Date of Notification (1)		Name of	Building (	wner/Operator	ESNER		× 1	111	ie —	
11-16-18		Street Ac	ddress	<u> </u>		20	erit.			
Agencies Notified Type Notification									=	4
DEP Amended	,	City, State	e. Zip Co	OCTAN	CITY					
DOL   Freeroency (i	ncluding	Name of	Contact	CATING		Telephone Number				
DOH justification)  Cancellation		F7	T W	isnige					==	4
		FACIL	ITY INFO	RMATION						+
Name of Facility Where Abatement is Takir	ng Ptace (3)				Type of Facility  School (K-12					
RESIDENCE					Subchapter 8	(Other than K-12)	building	TS.		
Street Address	1	0,0			homes, etc.)					4
					Square Feet	# of Floors		Age 7 †		
City (5) OC FIGUR (	ty				1500	or if being demolish		_		-
County (6)		County USE Of	Code (7) NLY)	(STATE		ANT			_	_
CAPE WILL		ASCM No	_	Name of Abatem	ent Contractor (9					
Name of Monitoring Firm Hired by Building	Owner	MOCM 140		K	LEMCO	INC			_	=
(8) N/A				Street Address	S SPIR	UCE MIE				_
Street Address				City, State, Zip C	'ode			- 7		
City, State, Zip Code				Cry, State, 210	PLE SH	ADE N.J	080	5 6	_	=
	I Tol	ephone No		Talanhone No		License No.	71			
Project Manager for Monitoring Firm	l er	epilore in		856-77	9-0472	4.013			==	_
T sets	eduled Comple	etion Date	(11)	Name of OSHA	Monitor A 1 / IA					_
Start Date (10)	P-6-1	8_		Street Address	10/14					
1 2 is shatement (Ch	eck only one)			20eer voores					_	=
				City, State, Zip (	Code					
Abatement Performed Outside of North	a ravin,									_
Other - Describe:				☐ Full Co	intainment with Ne	egative Pressure				
Scope of Work (Check all that apply)	☐ Renova	ition			nclosure pag Procedure	94400 (4000) - 122 (800) - 120	Creation Company			
>3 sf or ≥3 lf >160 sf or ≥260 lf	Demotit	ion		Non-E	xempted (*) and N	on-Friable Procedu	T AL	paterr	ent	
(A2100 31 01 2411	Is Local	ion		3				Type	3	_
	Norma Used Soli	ely by		Description	of sterial (ACM)	Amount			En	5
Location of Asbestos-Containing Material (ACM)	Maintena	ance/	Asbest (i.e.	os Containing Mi	HISUIATION.	(Specify SF or LF)	Removal	Repair	Encapsulate	
TO BE ABALEY	Staff	?	1.00000	surfacing, VA other miscellane	. 01	0.0.0.	oval	ar	ulat	
IN Facility (13)	(12)			0010					4	_
: Next Suit	Yes No	N/A		OMAISITE		1750	X			
Oto tal C		X		RANSITE		1	$\top$			
SIDING	1					+-:!-				L
	+									L
	-		-	Cubic Yards	Name of Re	gistered Landfill	10 1		٨	
Name of Registered Waste Hauler		NUDEP W	yaste No.	of Waste	(	M.C.	W	UE	1	_
KLEMCO INC		1790	14	Disposal Date	City, State	10 10 415	WIT			
City, State	7			E W	<u>  Wo</u>	UP DITE	100		_	=
IM A DIE THUNDE VY.	1			Signature		Date	-16	-18	_	_
Completed By	itle PRES			- Their	11/11					
MICHAEL LEMM 1-	INC				-stad activities					

Date of Notification (1)	16-18		T	Name	of Buildin	ng Owner/Operator	(2) H (ON	TRACTIN	6		ir i	_
Agencies Notified	Type Notification	1		Street	Address			Section 1	4 4*.			٦
Agencies Notified	M. Initial	å.				55 RT	50		-			=
DEP	Amended		T	City, S	tate, Zip	Code		T 082	30			
X DOL	Amendment :	including	-		(JR	ten fit	LD N			- 1.		=
<b>⊠</b> DOH	justification)		'n	Name	of Contac	ct		Telephone Number	er.			
□ DCA	Cancellation				Br	euce						=
	1			FAC	ILITY IN	ORMATION						_
Name of Facility Where	Abatement is Takin	ng Place	(3)				Type of Facility					
Name of Facility Fillion	RESIDER	UCE	E82 77.				School (K-1	2) 8 (Other than K-12)				
Street Address	- Rose					7.0	Other (i.e.,	private & commercia	buildi	ngs,		
000(1.10							homes, etc	.)			-	_
City (5)		5550					Square Feet	# of Floors	1	g. Ag		
Only (O)	MARGAT	E					1500			,0	_	=
County (6)	ANTIC			Coun	ty Code ( ONLY)	7) (STATE		rior if being demolish	nea)		_	_
Name of Monitoring Fin		Owner	_	ASCM I	Vo.	Name of Abaten	nent Contractor (					
	M I.A	J.,,,,,,,,		2037		KI	tm co	INC				_
	V I'M					Street Address			,			
Street Address						369		RUCE AU				_
O's Ctata Zin Codo						City, State, Zip C	Code	An- 141 T		805	5	
City, State, Zip Code				**		MAR	LE SHI		0	00	5	=
Project Manager for M	opitoring Firm		Tele	phone !	Vo.	Telephone No.	0 0117	License No.	וֹר			
Project Manager for Wi	Oratornig .						19-047	- 013	1		_	=
Start Date (10)	Sche	eduled C	omple	tion Dat	te (11)	Name of OSHA	Monitor	1				
11-71-18	1	7 -	(0-	18			N/1	+				=
Occupancy Status Dur	ing Abatement (Che					Street Address						
Facility Closed/Vac	ated During Entire P	eriod of	Abate	ment							_	_
Abatement Perform	ed Outside of Norm	al Facili	y Hou	rs		City, State, Zip C	Code					
Other - Describe:												=
Scope of Work (Check	all that apply)					T Eul Co	ntainment with N	egative Pressure				
	874		enovati	000		Mini-En	closure	944.4				
>3 sf or ≥3 lf	55		emolitic			Gloveb	ag Procedure	lon-Friable Procedu	re			
≥160 sf or ≥260 lf		700				Non-E	cempted ( ) and is	Total Trade Troccas		bater	nent	
			Location Location							Typ	e	
	f		Sole			Description of	of	Amount				
Location Asbestos-Containing	Material (ACM)	1.1.1	ntenan	100	Asbe:	stos Containing Ma , thermal systems	iterial (ACM)	(Specify	Z.	70	nc	Ti di di di
TO BE AB	ATED		ustodia Staff?	31	(1.6	surfacing, VAT	, or	SF or LF)	Remova	Repair	squ	Č
IN Facil	*		(12)			other miscellane	ous)		val	=	Encapsulate	1
(15)		Yes	No	N/A							w	
		18	1,0	1.00		TO 11 C.	TE	2750 Sic	X			
SIDIA	16			X		TRANSI	10	COURT	1			
	4							-	+	-	_	-
									-	-	-	+
		+										L
	Insta Haulas		I	NDEP V		Cubic Yards	Name of Re	gistered Landfill				
Name of Registered W	- 10			tauter_IC	Ng.	of Waste	A	CUA				
KLTMCC	INC			1791	74	Disposal Date	City, State			_		
City, State		-	ġ.			DSposal Date	PLF	AS AUITVIL	LE	177		
MAPLES	SHADE N	(,)				Signature -	1	Date	152 000		E .	
Completed By	I/ L / A Tit		10				Al Ch	<u> </u>	16	-18		_
MICHAEL	KLEMM -	١٧	)P-									

Date of Notification (1)		有限图片		Name	of Building	Ownorli	Operate	- (2)	R	11	70				
11/19/18					Cornell						F 3		- n		
Agencies Notified	Type Notification			Street A	Address				į.	. H.	量。这	•			1 1
EPA [ DEP ] DOL	Initial Amended Amendmen		_		ate, Zip Co				1. 2. 5.		NOV	2.3	20		
☑ DOH ☐ DCA ☐	Emergency justification) Cancellation	-Andrews - Control of the Total			of Contact					Tel	ephone N				1
Name of English Whom Ab	-t	BI (6		FAC	ILITY INFO	ORMAT	ION					te (1)			
Name of Facility Where Ab Chris Cornell Private	Home	ig Place (3	5)						f Facility ( chool (K-1	983.5 N	** A * ***	e te consider	CHY	***-	** -
Street Address								☐ St	ibchapter her (i.e. p	8 (Oth	er than K-	12) cial bui	ldings	, hom	ies,
City (5)							<del></del>	Square		# of	Floors	- 11	Bldg.	Age	
Barnegat NJ 08005								1000-	F	2			35+		
County (6) Ocean					Code (7) USE ONLY			Current		or if bei	ng demolis	shed)			
Name of Monitoring Firm H N/A	ired by Building	Owner (8)		ASCN	M No.		1000	of Abate	ment Cor	ntractor	(9)				
Street Address							Street	Address				5-00-0			-
								Box 329							
City, State, Zip Code								State, Zip		204					
Project Manager for Monito	ring Firm		-	Telepho	ne No			hone No.	NJ 080	)91	License	Ma			
	<b>.</b>			rolopilo	110.	1	17 00	-753 <b>-</b> 98	00		License I	NO.			
Start Date (10) 11/20/18		Schedule 11/21/1		npletion	Date (11)		Name Sam	of OSHA	Monitor		100000000000000000000000000000000000000				
Occupancy Status During A	batement (Chec	k Only On	e)				1,000,440,0	Address			-				
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire I Outside of Norn	Period of A nal Facility	baten Hours	nent			City, S	State, Zip	Code	21					
Scope of Work (Check All 7	hat Apply					_									
≥3 sf or ≥3 lf	пат Арріу)						г	1							
≥160 sf or ≥260 lf			enova emolit	500000000000000000000000000000000000000				Mini-l Glove	Enclosure bag Proc	edure	Negative				
		T to						Non-	=xempted	(*) and	Non-Fria	ble Pro		ement	
Location of		N	Locati ormal	ly		Des	scription	of						ре	
Asbestos-Containing M. TO BE ABATI In Facility (13)	aterial (ACM)	Maii	d Sole ntenar odial S (12)	rice/		os Cont thermal surfac	aining N	faterial (A s insulation T, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				10.00						te	w
Exterior Siding 2	nd level			х		Exte	rior Sic	ding		100	00 Sf	Х			
								***************************************	-				-		
												1			
Name of Registered Waste	Hauler			JDEP W		Cubic of West		1	Name of F	Register	ed Landfil	1			
United Roll Off			650	auler ID 2459	NO.	of Was	ile		G.R.O.\	N.S.					
City, State Elm NJ						Dispos 11/21	al Date /18	8 3	City, State Morrisvi		19067				
Completed by Anthony T Perna		Title Presid	dent			Si	ignature		~		Da	ate 1/19/	18		

NOCK		NO				BESTOS ABAT AC 8:60 and 5:1					14
Date of Notification (1)			Vii.			g Owner/Operator (	3/5()				
	6 /	18			thieu Nel			811-2371 NG	nk. #NA	2018	
Agencies Notified	Type Notific	cation		Stree	t Address			* !			
☐ EPA	☐ Initial										200
□ DOLWD				City.	State, Zip 0	Code			5 E	-	
☑ DHSS	Amendn				10 10 10	NJ 08822					11. (5.5)
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		ig		e of Contac			Tolonhone Num	har		
(110/10/0.25/0)	☐ Cancella				thieu		<b>K</b> S	Telephone Num	iber		
				FA	CILITY IN	IFORMATION					
Name of Facility Where A	batement is	Taking Plac	e (3)	100.00			Type of Facility	(4)			
Residential							School (K-1)				
Street Address							☐ Subchapter	8 (Other than K-12	2)		
							Other (i.e., phomes, etc.	private and comme	rcial build	ings,	
City (5)							Square Feet	# of Floors	Bldg.	Λαο	
Flemington							1600 SF	1	65		
County (6)				Cou	ntv Code (7	)(STATE USE ONLY)		ior if being demoli		*	_
Hunterdon					, (-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residential		sileu)		
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme					
Detail Associates, I		•	<b>\-</b> /				d Mold Service				
Street Address				-		Street Address	a moia oci vici	зэ, согр.			
560 Sylvan Avenue,	Suite 3065	5				3859 Sylon B	oulevard				
City, State, Zip Code						City, State, Zip Co		1			
Englewood Cliffs, N	J 07632					Hainesport, N					
Project Manager for Monit		***************************************	Tel	ephone	No	Telephone No.		License No.			
Stephen Janaczews				01-569		609-702-0400		00862			
Start Date (10)		Scheduled (				Name of OSHA M	8	00002			
11 / _15 /		11				EMSL Analyti					
Occupancy Status During	Abatement (					Street Address					
☐ Facility Closed/Vacated				ment		200 U.S. Rout	to 420 Novembr				
Abatement Performed	Outside of N	ormal Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	경상 - 원교 경상 경기 경기 경기				
Time of Abatement:	AM	PM/	PM		AM	Cinnaminson					
Scope of Work (Check all	that apply)	-									
	mar approx						ainment with Neo	gative Pressure &			
≥3 sf or ≥3 lf     ≥160 sf or >260 lf			enovat emoliti			Mini-Encl	osure	3	aciosu	m	
			mont	on			Procedure	n-Friable Procedu	ro		
1 7		ls ls	Loca	tion			inprod ( ) dild ite	n-i nabic i roceda		ment T	
Location of	of		Norma			Description of	f			1	
Asbestos-Containing N			ed Sol		Asbes	stos Containing Mat	terial (ACM)	Amount	Removal	inc inc	Enclosure
TO BE ABAT				Staff?	(i.e.	, thermal systems i surfacing, VAT,		(Specify SF or LF)	NOV2	aps	losu
(13)			(12)		, , ,	other miscellaned		Si di Li-j	=	Encapsulate	l e
		Yes	No	N/A						е	
Basement				$\boxtimes$	Floor Ti	le & Carpet		886 SF			П
				$\boxtimes$		•					H
			-		-					1 1	
								( <u> </u>			
Name of Registered Waste	e Hauler		111 975	JDEP \	200.000	Cubic Yards of	Name of Regis	tered Landfill			-
Waste Management			F	17273		Waste 5	Grand Cen				
City, State				11213	,	Disposal Date	City, State				
Lafayette, NJ						11/20/18	Penn Argy	le. PA			
Completed By (Print or Typ	oe)	Title				Signature	1		to		
Kimberly A. Trumber	0.00	Office	Coor	dinator		griature	1	Da			
ASR_41	100/70	31.100							1-15	-18	

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

1 K D 184	旦 江縣	M.A.C	(Pui	Suam	to NJA	5 8:60 and 5:16	')	11111				1
Date of Notification (1)				Name o	f Building	Owner/Operator (2		JU UI NOV		? 20	18	
9 /	28 / 1	7		Heal	thSouth	Corporation	/ Jo	b #1609-2116	Chl	<. #5	184	
Agencies Notified	Type Notification	n		Street A	Address			1 / / / / /	177		1	4.5
⊠ EPA	☐ Initial			3360	Grandv	iew Parkway, Si	uite 200	the second second second	10.11			
□ DOLWD		NAME OF TAXABLE PARTY.	-	City, St	ate, Zip C	ode						
□ DHSS	Amendment			Birm	ingham,	AL						
DCA (NJAC 5:23-8)	Emergency ( justification)	including	ŀ	Name o	of Contact			Telephone Numb	er			
(143/10/3.23-0)	☐ Cancellation			Eliza	beth Ma	nn		205-970-7850	)			
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Taki	ng Place (	3)				Type of Facility (	4)		T Conserve		
HealthSouth Rehat							School (K-12)					
Street Address	71100p1tm1 51 11						Subchapter 8	(Other than K-12)	oial buil	dinas		
14 Hospital Drive							homes, etc.)	ivate and commerc	Jiai Duli	ungs	•	
City (5)							Square Feet	# of Floors	Bld	g. Ag	e	
Toms River							84,619	3	0	ver:	30	
County (6)				Count	v Code (7)	(STATE USE ONLY)	The state of the s	or if being demolis	hed)			
Ocean					,, ,		Rehab Hosp					
Name of Monitoring Firm	Hired by Building	Owner (8	3) /	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Horizon	,	,				-	d Mold Service	s, Corp.				
Street Address						Street Address						
PO Box 316						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip C	ode					
Thorofare, NJ 0808	36					Hainesport, I	NJ 08036					
Project Manager for Mor			Tele	phone N	No.	Telephone No.		License No.				
Dave or Steve Flan	1. J. C.		85	6-848-	0800	609-702-0400	)	00862				
Start Date (10)		eduled Co	mple	tion Dat	e (11)	Name of OSHA N	Monitor					
10 / 1 /	18	11 /	30	_ / _	18	EMSL Analyt	ical, Inc.					
Occupancy Status Durin		eck only o	ne)			Street Address						
☐ Facility Closed/Vacat				ment		200 U.S. Rou	te 130 North					
☐ Abatement Performe	d Outside of Norm	nal Facility	Hour	s - Desc		City, State, Zip C	ode					
Time of Abatement:	AM	PM/	_PM-	/	AM	Cinnaminson	n, NJ 08077					
Scope of Work (Check a	all that apply)	-				See 10 10 10 10 10 10 10 10 10 10 10 10 10	81 72 93W 850	N2 1922				
П. О. f О. lf		⊠ Da	a av rati	ion		⊠ Full Con ☐ Mini-End	tainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>		⊠ Rei					g Procedure					
						☐ Non-Exe	empted (*) and No	n-Friable Procedu				
		0.55	Locat						Aba	ateme	ent Ty	уре
Location			lorma d Sole	ely by	Asha	Description estos Containing Ma		Amount	Rer	Repair	Enc	Enc
Asbestos-Containing TO BE AB		Mai	intena	ance/		., thermal systems	insulation,	(Specify	Removal	pair	Encapsulate	Enclosure
IN Faci		Cust	odiai (12)	Staff?		surfacing, VAT other miscelland		SF or LF)	<u>a</u>		ulat	лге
(13)		Yes	No	N/A		Other miscelland	eous)				e	
A Nº D	. 0 11-11				Donasi	n Ceiling		2,000 SF			П	
Approx. Nine Room	S & Hallway					n Ceiling		220 SF				
1 <sup>st</sup> Floor Hallway						ile & Mastic		2500 SF				
SAME AS ABOVE					Floor	ile & Mastic	petto-i districti	2300 31				
				NJDEP V	Mosto	Cubic Yards of	Name of Regis	stered I andfill				
Name of Registered Wa			1.00	Hauler II		Waste	Grand Cer					
Waste Manageme	Πt			17273		5				111111111111111111111111111111111111111		
City, State  Lafayette, NJ						Disposal Date 11/30/2018	City, State Penn Argy	/le, PA				
	Tuno) Is	Title				Signature	1		ate	- All		
Completed By (Print or	. , , , ,	Office (	C00=	dinata	-				11-12	1-1.	(	
Kimberly A. Trum	Detti	Office	COOL	umato		(T)			11 1,	1 (	)	

ASB-41 MAY 11

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

ON HOLD

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

0111020	rock			(P	ursua		AC 8:60 and 5:1			] (ÿ	Ī., !		
Date of Notification (1)					Nam	e of Buildin	ng Owner/Operator	(2)	11.7.1	-7-10 12			
8/	16 /	18	8		200000		merce, LLC		b #1807-232	27N0/C	nk. #I	NA01	8
	Type Notific	cation			Stree	et Address							
	☐ Initial				20	Commer	ce Drive		1.	10		4.1(#	
☑ DOLWD ☑ DHSS			4.4		City,	State, Zip	Code		4 .		13960	1 .	2012
	Amendm  Emerger		_		Cr	anford, N	J 07016						
(NJAC 5:23-8)	justificati		icidali	9	Nam	e of Contac	ct		Telephone I	Number			
	☐ Cancella	tion			Ch	arles A. \	Wojcik		212-470-				
					FA	CILITY IN	NFORMATION						
Name of Facility Where Ab	atement is	Takin	g Plac	e (3)				Type of Facility	(4)				
10-12 Commerce								School (K-12					
Street Address								☐ Subchapter 8	8 (Other than I	K-12)			
10-12 Commerce Dri	ve							Other (i.e., p homes, etc.)		nmercial	buildin	gs,	
City (5)								Square Feet	# of Floors		Bldg. A	Age	
Cranford								72000	2		50		
County (6)	1-17-1				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being der	molished)			
Union								Vacant	₹ s				
Name of Monitoring Firm H	lired by Build	ding (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
GEI							Total American Programme Comment	d Mold Service					
Street Address							Street Address		, p				
300 Broadacres Drive	е						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co						-
Bloomfield, NJ							Hainesport, N						
Project Manager for Monito	ring Firm	578		Tele	ephone	No.	Telephone No.		License No	`			
Margaret Halasnik				200	73-873		609-702-0400		00862				
Start Date (10)	5	Sched	duled C	omple	etion Da	ite (11)	Name of OSHA M		00002		-		
_8_/_27_/_					0_/	100 000	EMSL Analyti						
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated	During Entir	re Pe	riod of	Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed O	utside of No	ormal	Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	de					
Time of Abatement:	AM	P	VI/	PM		AM	Cinnaminson						
Scope of Work (Check all th	nat apply)	***								Desire.			-
☐ ≥3 sf or ≥3 lf			⊠ Re	novat	ion		Full Cont	ainment with Neg	ative Pressure	Э			
≥160 sf or ≥260 lf				molitic			Mini-Encl     Glovebage						
310.00						-10	Non-Exer     Non-Exer	npted (*) and Nor	n-Friable Proc	edure			
			1.00	Loca						A	batem	ent T	уре
Location of Asbestos-Containing Ma		1	231,110	Norma d Sole			Description of				T	T	-
TO BE ABATE	ED (ACIVI	)	Ma	intena	ince/	Asbes	stos Containing Mat ., thermal systems i	erial (ACM)	Amount (Specify	em	Repair	nca	ncic
IN Facility			Cus		Staff?	(	surfacing, VAT,	or	SF or LF)	Removal	=	Encapsulate	Enclosure
(13)			Vac	(12)	1	-	other miscellaned	ous)	1960 1980 1980 <b>5</b>			late	e,
SEE ATTACHED SCOP	F OF WOR	2K	Yes	No	N/A					_	-	_	-
1 <sup>st</sup> Floor Full Containme		VIV.										닏	닏
with Shot Blast for Mas	(0)(1-12)												
Plus additional notif fee		- A	П		H						-		1
Name of Registered Waste		١٨.	ш									П	Ш
Waste Management	iaulei			0.000	IJDEP V lauler ID	23 C C C C C C C C C C C C C C C C C C C	Cubic Yards of Waste	Name of Regist					
					17273	-	5	Grand Cent	tral				
City, State							Disposal Date	City, State					
Lafayette, NJ							12/30/18	Penn Argyle	e, PA				
Completed By (Print or Type		Title					Signature	n n		Date			
Kimberly A Trumbetti		0	FFina C	`~~	linate	×	1	1			NET 191111	2007	

ASB-41 MAY 11

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

	E ( EE E	/		б. -		( B	0 10	3,					
Date of Notification (1)							Owner/Operator (2	2)		1572		-	
		18	-		Veriz	on New	Jersey Inc					., !	
Agencies Notified	Type Notification	on			Street A	ddress			11771				11
□ EPA					15 E	ast Mont	tgomery St		NOV	2.0	20	10	1
□ DOLWD	☐ Amended			t	City, St	ate, Zip Co	ode		NOV-	40	20	10	1
☑ DOH	Amendmen	_			Pitts	burgh, F	A 15212						
DCA	☐ Emergency justification		luding	-		of Contact			Telephone Numbe	r	1 2		6.4
(NJAC 5:23-8)	☐ Cancellatio	200							412-633-4021		3 . 1		
					FAC	II ITV INI	FORMATION			W. T. S	TH - 19*-		, , , , ,
			DI	(0)	FAC	ILIT IN	FORIVIATION	Type of Facility (	4)				-
Name of Facility Where			Place (	(3)				School (K-12)					
Verizon Turnersvil	lle Work Cente	er						Subchapter 8	(Other than K-12)				
Street Address								Other (i.e., pr	ivate and commerci	al buil	dings	<b>5</b> ,	
132 Jarvis Road								homes, etc.)	T., (5)	T DI-	- ^-	_	
City (5)								Square Feet	# of Floors	1	g. Ag	е	
Sicklerville	3151-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5		Open and the second					+-10,000	1	1 - 2	-50		
County (6)					Count	y Code (7)	(STATE USE ONLY)		or if being demolish	ed)			
Camden								Verizon					
Name of Monitoring Firr	n Hired by Buildir	ng O	wner (8	3)	ASCM N	10.	Name of Abatem	ent Contractor (9)					
TTI Environmenta	I						BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address			D 500 15		37.112.70		Street Address						
1253 North Church	h Street						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C	ode					
Moorestown, Nj 08	8057						BRISTOL, PA	A 19007					
Project Manager for Mo				Tele	phone N	No.	Telephone No.		License No.				
Kris Smith	antoning t item				9-313-		215-788-6040	)	00509				
Start Date (10)	Sc	hedi	iled Co		tion Dat		Name of OSHA N	Monitor					
12 / 3	1000				/		BRISTOL EN	IVIRONMENTAL	L, INC				
							Street Address						
Occupancy Status Duri					mont		1123 BEAVE	D STREET					
☐ Facility Closed/Vaca ☐ Abatement Performs	ated During Entire	rmal	Facility	Hou	rs - Desc	cribe				A SUL			
Time of Abatement:	AM-	PN	1/5:00	PM-2	:00AM	51150	City, State, Zip C BRISTOL, PA						
							BRISTOL, PA	4 19007		-	7		-
Scope of Work (Check	all that apply)						□ Full Cor	ntainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			⊠ Re	novat	ion		Mini-En	closure					
≥160 sf or ≥260 lf			☐ De	moliti	on			ag Procedure	n-Friable Procedure	2			
			1-	1	tion		LI NOII-EX	empled ( ) and 140	in-i habie i roccuri	T	atem	ent T	vne
Lagatio	- n of			Loca Iorma			Description	of			-		T
Location Asbestos-Containin			Use	d Sol	ely by	Asbe	stos Containing M	aterial (ACM)	Amount	Rem	Repair	inc	ncl
TO BE A	BATED		A-2-3-	intena	ance/ Staff?	(i.e	e., thermal systems	insulation,	(Specify	Removal	ai.	aps	Enclosure
IN Fac			Cusi	(12)			surfacing, VAT		SF or LF)	<u>=</u>		Encapsulate	Ге
(13	)		Yes	No	N/A		Other miscenari	cous				Ф	
10/ 1 2 /		_	1755	100000	1 1000000	VAT/Ma	actio		25 SF		П	П	
Work Center Hallwa	ay				$\boxtimes$	VAT/IVI	asuc			-			무
Work Center Office	1				$\boxtimes$	VAT/Ma	astic		5 SF			Ш	
				П	П								
					+=-						П	П	П
	V - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1						Out Vester	None of Death	stored Landell				
Name of Registered W		T-E-L-			NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regi					
SERVICE TRANS	PORT GROUP	, INC	Э.	- 1	20990		, radio	WINERVA	LANDFILL				
City, State							Disposal Date	City, State	and the control of				
YARDLEY, PA							TBD	WAYNESE	BURG, OH				
Completed By (Print or	Type)	Title	9				Signature	20	i o Da				1000
Dillan DeCaro		(3) (3)	stima	tor			Milla	in De Car	10/m/1	1-1	19	-1.	P
2							1000	IN SILLEN	-///////	(	- (	1 0	

NOCK		(P	ursuant	to NJAC 8:60 ar	nd 12:12	0)				2			- 17. I
Date of Notification (1) 11/19/2018				of Building Owner/ State of New Je			IC .		N(	)\ 2	2 3	2018	
Agencies Notified Type Notification  EPA Initial			Street A	Address est State Stree	et				- 3, 141+		5 - 5		
DEP X Amended Amendment Emergency		_		ate, Zip Code on, NJ 08646					******	1 1			
DOH justification) DCA Cancellation	iricidaling		Regin	f Contact a Bruno					hone Nur 433-87				
Name of Facility Where Abatement is Taking	n Diago /	2)	FAC	ILITY INFORMAT	ION	T =	, F	7.00					
Abandoned Former Flood Home Street Address	y riace (	·)				Гур	School (K-	12)	4L 16 A4				
25 Bayshore Ave						×	Subchapte Other (i.e. etc.)	r 8 (Otner private & c	tnan K-12 commerci	2) al buil	dings	, home	es,
City (5) Old Bridge						300		# of F		5	3ldg. / 50+	∖ge	
County (6) Middlesex			County (STATE	Code (7) USE ONLY)			rent Use (Pr andoned I						
Name of Monitoring Firm Hired by Building (	Owner (8)	Ž	ASC	И No.			oatement Co i Environn			Inc			
Street Address					Street 135		ess elon Road	Suite 1	02				
City, State, Zip Code							Zip Code , NJ 0740	5					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 908-2		No. -0880		icense N	0.			
Start Date (10) 11/19/2018	Schedule 11/23/2		pletion	Date (11)	2.0000000000000000000000000000000000000		SHA Monitor i Environn			Inc.			
Occupancy Status During Abatement (Chec	Only Or	ne)			Street						-		-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A	Abatem Hours	ent				elon Road Zip Code	Suite 1	02				
Other – Describe:					Kinn	elon	, NJ 0740	5					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Pemoliti			×	M G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure				e	
	ls	Locati	on									ement	t
Location of		lormall d Solel		De	scription	of	960 (460 OE 1010					pe T	-
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar odial S (12)	ice/	Asbestos Con (i.e. therma surfa other	taining M I systems icing, VA miscellan	s insu T, or	ılation,	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
Roof	163	140	X		lashi			400					
Exterior Walls			X		lashing site Sid			450		X			
Underground			X	Subterrane			Barrior	140		X	-		
ondorground				Subterrane	an val	JOI L	parrier	140	USI	X	_		
Name of Registered Waste Hauler		I N	JDEP W	aste Cubic	Yards		Name of	Registere	d Landfill				
Yannuzzi Group, Inc.			auler ID 17467	No. of Wa			1	Manage		airles	ss		
City, State Kinnelon, NJ					sal Date 3/2018		City, Stat	e s Hills, N	IJ				
Completed by John Mucha	Title AHEF	RA Pr	oject D	Designer	Signature		Mil		Da 11	te /19/2	2018		

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

NOCK				N OF ASB		ABATEME d 12:120)	ENT		¥- 4		÷ 	1	
Date of Notification (1) 11/19/2018						Operator (2 rsey, DP			NC	)\/	2 3	201	8
Agencies Notified Type Notification	on	- 1	Street A	Address est State	Street	t							
DEP X Amended Amended Amendment	ent #_1			ate, Zip Co on, NJ 0					5-11-11-11			1	
DOH justification				of Contact a Bruno				Telephone 609-433					
Cancellat				ILITY INFO	ORMATI	ON	·	005-455	-0140				-
Name of Facility Where Abatement is Ta Abandoned Former Flood Home		3)					ype of Facility  School (K-	100100 00000					
Street Address 30 Bayshore Ave							Subchapte	r 8 (Other than private & comm		build	lings,	home	es,
City (5) Old Bridge						10.000	Square Feet 200	# of Floors		BI	dg. A	ge	
County (6) Middlesex				Code (7) USE ONLY	)		Current Use (Pri Abandoned F				0.2-2/2		
Name of Monitoring Firm Hired by Buildir	ng Owner (8)	)	ASC	M No.			Abatement Co zzi Environn		ces, I	nc			
Street Address						Street Ac 135 Kir	ldress nnelon Road	Suite 102					
City, State, Zip Code			-				te, Zip Code on, NJ 0740	5	-				
Project Manager for Monitoring Firm			Telepho	one No.		Telephor 908-21	ne No. 8-0880	Licens 0122	se No. 8				
Start Date (10) 11/19/2018	Schedul 11/21/		npletion	Date (11)			OSHA Monitor zzi Environn		ces, l	nc.			
Occupancy Status During Abatement (Ch	neck Only O	ne)				Street Ad					-/	Contract.	
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	re Period of ormal Facility	Abatem y Hours	ent			City, Stat	nnelon Road le, Zip Code on, NJ 0740						
Scope of Work (Check All That Apply)						Turrion	511, 110 01 10		-7	200		-	- 21/
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Demoliti				×	Mini-Enclosur Glovebag Pro	3.C				e	
Location of		Locati Normali			Do	scription of				U.		ement pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/		tos Cont thermal surfac		erial (ACM) nsulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Walls & Windows			X		С	aulking		280lf		X			
Exterior Walls			X	В		Behind S	iding	2200sf		K			
Interior			X	Mastic	under	paneling	ceramic flr	1450sf		K			
Flu & Chimney			X					18sf	2	K			
Name of Registered Waste Hauler			JDEP V auler ID		Cubic of Was		The second second	Registered Lar		8			
Yannuzzi Group, Inc. City, State			17467		60 cy			Managemer	nt Fai	rles	S		
Kinnelon, NJ					11/23	sal Date 3/2018	City, Star	s Hills, NJ				20110-2	
Completed by John Mucha	Title AHE	RA Pr	oject [	Designer		Signature	( nuh		Date 11/1		018		

NOCK		(P	ursuant	to NJAC	8:60 an	d 12:120	0)		The water of					
Date of Notification (1) 1/19/2018				f Building tate of N				IC	1	1 17	NOV	2 :	3 20	18
Agencies Notified Type Notification			Street A	ddress est State	Street	t		H-100-100-100-100-100-100-100-100-100-10	Î	7				- 17
DEP X Amended Amendment				ate, Zip Con, NJ 0						*,	1 : me- ma-	-9-3 19-2	Car. Ja	
DOH justification) DCA Cancellation		1		f Contact a Bruno	)					ephone Nui 9-433-87				
			FAC	LITY INF	ORMATI	ON								
Name of Facility Where Abatement is Takir Abandoned Former Flood Home Street Address	g Place (3)						Тур	School (K-1	2)					
75 Raritan Blvd							×	Subchapter Other (i.e. p etc.)				ldings	, home	es,
City (5) Old Bridge							Squ 30	uare Feet	# o	f Floors		3ldg. / 50+	Age	
County (6) Middlesex				Code (7) USE ONLY	)			rent Use (Price andoned F						
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.				batement Con			Inc			
Street Address						Street 135 I		ress ielon Road	Suite	102			<u> </u>	
City, State, Zip Code								Zip Code , NJ 07405						
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none			License N 01228	0.			
Start Date (10) 11/19/2018	Scheduled		pletion	Date (11)		Name	of O	SHA Monitor	ental		Inc			
Occupancy Status During Abatement (Chec						Street			oritar		IIIO.		11	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Ab	atem Hours	ent				With the same	elon Road Zip Code	Suite	102				
					_	Kinne	elon	, NJ 07405						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		novat moliti				×	. N	full Containme fini-Enclosure Blovebag Proc Ion-Exempted	edure	1.5			· 0	
	le l	ocatio	on				2 14	ion-Exempled	( ) ain	1 NOII-I Hab	T		ement	
Location of	No	rmall	у		Des	scription	of					Ty	/ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	tenan	ice/	Asbes (i.e.	tos Cont thermal surfac	aining M	lateri s insu T, or		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Foundation			X	S	ubterra	anean	Barı	rier	4	80sf	Х	-		
					- abtorre	ariodiri	Dan			0031	Δ.			
									1000					
Name of Registered Waste Hauler		1,007,00	JDEP W		Cubic			Name of F	Registe	red Landfill				
Yannuzzi Group, Inc.			auler ID 17467	No.	of Was 40 cy			Waste N	lanag	gement Fa	airles	SS		
City, State Kinnelon, NJ					12/2/2	()		City, State Fairless		NJ				
Completed by John Mucha	Title AHER	A Pr	oject D	esigner		ignature		M		Da 11		2018		

Date of Notification (1) 11/19/2018				uilding Own				NO	V 2:	20	118	14 20 - 14 20
Agencies Notified Type Notification			reet Add 3 West	ress State Str	eet				да и			
EPA Initial  DEP X Amended  Amendment # 1				, Zip Code NJ 08646	3						1 H	
DOH Emergency (inc justification)  DCA Cancellation	cluding		ame of C egina l					Telephone Nun 609-433-874				
	. (0)		FACILI	TY INFORM	ATION	Type	of Facility (4)					-
Name of Facility Where Abatement is Taking F Abandoned Former Flood Home	Place (3)					П	School (K-12)		2)			
Street Address 21 Bayshore Ave						×	Other (i.e. pri etc.)	vate & commerci	al buildii			š,
City (5) Old Bridge						1000		# of Floors 2	50	g. Ag +	е	
County (6) Middlesex			ounty Co	ode (7) SE ONLY) _				if being demolisionmer Resider				
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.			tement Cont Environme	ractor (9) ental Services	, Inc			
Street Address						t Addre Kinne	ss elon Road	Suite 102				
City, State, Zip Code							Zip Code NJ 07405					
Project Manager for Monitoring Firm		T	elephon	e No.	0000000	hone N -218-0		License N 01228	10.			
otari mare ()	Scheduled		oletion D	ate (11)			HA Monitor Environme	ental Services	, Inc.			
Occupancy Status During Abatement (Check	1201014-11011-0-2011-0-2					t Addre						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Al	bateme	ent		City,	State, 2	elon Road Zip Code NJ 07405					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovati emolitio				M G	ini-Enclosure				e	
						IV	OIT-EXCITIPIO	() and Homen		Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	Location Loc	y y by ice/	(i.e. th	Description Containing ermal system surfacing, Very ther miscell	Materi ms insu /AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					100ef	X		-	-
Roof			X		Lower F	36.500		100sf 10sf	X	-	-	-
Chimney Flashing			X		Roof Chi			No. 2020	X	-	-	+
Transite Siding			X		Transite S			2550sf	X	-	-	+
Ungerground		- 1 6	X		ranean V			900sf Registered Land				
Name of Registered Waste Hauler Yannuzzi Group, Inc.		Н	IJDEP W lauler ID 17467	No.	of Waste 00 cy	•	100000000000000000000000000000000000000	Management		ss		
City, State Kinnelon, NJ					Disposal Da 12/2/2018		City, Star Fairles	te s Hills, NJ				
Completed by	Title				Signal		MAH		Date			

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

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CV 2053 PA	UD			to NJAC 8										
Date of Notification (1) 11/19/2018				of Building ( state of N					NO	V 2	3	2018	3	
Agencies Notified Type Notification  EPA   X   Initial			Street A	Address est State	Street	t			į.					
DEP Amended  DOL Amendment				ate, Zip Coo										
DOH Emergency (i justification)  DCA Cancellation	ncluding			f Contact a Bruno					elephone					
				ILITY INFO	RMATI	ON					•			
Name of Facility Where Abatement is Taking Abandoned Former Flood Home	Place (	3)						(K-12)						
Street Address 17 Bayshore Ave									ther than I e & comm		builo	lings,	home	es,
City (5) Old Bridge							Square Fee	t #	of Floors			ldg. A 0+	ge	
County (6) Middlesex				Code (7) USE ONLY)			Current Use Abandone							
Name of Monitoring Firm Hired by Building C	wner (8)	)	ASCN	M No.			of Abatemen			es, I	nc			
Street Address							Address Kinnelon R	oad Sui	te 102					
City, State, Zip Code							State, Zip Cod elon, NJ 07							
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	none No. 218-0880		Licens 01228					
	Schedul 12/2/2		pletion	Date (11)			of OSHA Mor				nc			
Occupancy Status During Abatement (Check	Only Or	ne)				-	Address	J1111101110	ar OCI VIO	00, 1	10.		-	
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal	eriod of	Abatem	ent			135	Kinnelon R	acceptant sector)	te 102					
Other – Describe:					_		elon, NJ 07							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renoval Demoliti				L ×	Mini-Enclo	osure Procedur	ith Negativ					
	Is	Location	on			-	1 NOII-EXCII	ipied ( ) a	and Non-1	lable		Abate		
Location of	1	Vormall	у		Des	scription	of			-		Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	ed Solel iintenan todial S (12)	ice/ staff?	(i.e. t	os Conta hermal surfac	aining N	faterial (ACM) insulation, T, or	*	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						T-00/20 78				(D	
Roof			X	(		ey Fla			25sf	_	2			
Exterior Walls			Х		Irans	site Si	ding		2100sf	12	2			
								-		+				
Name of Registered Waste Hauler		1	JDEP W	3.000000000	Cubic '		Name	e of Regis	stered Land	dfill				
Yannuzzi Group, Inc. City, State		2.00	auler ID 17467		of Was				agement	t Fai	rles	s		
Kinnelon, NJ	My and the second second		<u> </u>		12/2/2	1	Fair	State less Hill	s, NJ					
Completed by John Mucha	Title AHEI	RA Pr	oject D	esigner	Si	ignature	(//	$\wedge$		Date 11/1		018		

CK2253 PAID

	黑 品 28	- Carlotte	-													
Date of Notification (1) 11/19/2018					f Building tate of N						N	07	4	2	018	
Agencies Notified	Type Notification			Street A	ddress est State	Stree	t					1 1 =				
EPA DEP	Initial Amended		-	CONTRACTOR STATES	ate, Zip Co			· · · · · · · ·			1 01	- (1-	_			- 4
X DOL	Amendment Emergency		_ [	Trento	on, NJ 08											
DOH DCA	justification) Cancellation				f Contact a Bruno						ephone 1 9-433-					
					LITY INFO	ORMAT	ION	- 37		00	3-433-6	0743	B			
Name of Facility Where Abandoned Former		g Place (3)						_	of Facility (							
Street Address									School (K-1 Subchapter	8 (Oth				II		
17 Appleby St								-	Other (i.e. p etc.)			erciai i				∌S,
Old Bridge								1200	re Feet 0	2	f Floors			dg. A )+	ige	
County (6) Middlesex					Code (7) USE ONLY				ent Use (Prio							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.				atement Con Environm			es Ir	nc.			
Street Address			12::::::::				Street	Addre								
City, State, Zip Code							1100000000		ip Code	Suite	102			-		
Project Manager for Mor	itorina Cirm			T-1			Kinn	elon,	NJ 07405							
	illoring Filtii			Telepho				hone N 218-0			License 01228					
Start Date (10) 11/19/2018		Schedule 12/2/20	18	npletion	Date (11)				HA Monitor Environm	ental	Service	es, Ir	ıc.			,
Occupancy Status During								Addre	TiP 100 10	<u> </u>	100					
Facility Closed/Vac Abatement Perform	ated During Entire F ed Outside of Norm	Period of Allial Facility	baten Hours	nent S					lon Road ip Code	Suite	102	-				
Other - Describe:						_			NJ 07405							
Scope of Work (Check A ≥3 sf or ≥3 lf	II That Apply)	Пъ		4			Г	7 -				7711 Page 14000				
≥ 25 st of ≥5 ti ≥ 160 sf or ≥260 lf			enova				E	Mir Glo	II Containme ni-Enclosure ovebag Proc		Negativ	e Pres	ssur	е		
		T	Y 19				×	No	n-Exempted	(*) an	d Non-Fr	iable l		v 0-2-0-		
Location	n of	N	_ocati ormal	ly		Do	scription	of.					,		ement pe	
Asbestos-Containing TO BE ABA	Material (ACM)		Sole Stenar			tos Cont	taining N	/laterial	I (ACM)	599	mount				ū	В
In Facil		Custo	dial S (12)	Staff?	(i.e.	surfa	system: cing, VA	T, or			pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other n	niscellar	neous)					oval	air	sulate	sure
Roof	:	100		X		Re	ear Ro	of		5	00sf	X		-		
				1.,								- 1				
						-						+	+			
												+	1			
Name of Registered Was			1 000	JDEP W		Cubic of Was			Name of F	Registe	red Land	ffill				
Yannuzzi Group, Inc	•		1 000	17467	110.	8 cy	316		Waste N		gement	Fair	les	S		
City, State Kinnelon, NJ						Dispos 12/2/2	sal Date 2018\		City, State Fairless		NJ					
Completed by John Mucha		Title	A D	ele et D			ignature	M	MI		T	Date		0.1-		
JOHN WILLIAM		AHER	APr	oject D	esigner			11	116	_		11/1	9/2	018		

# CK 2252 PAID

Date of Notification (1) 11/19/2018			T		f Building Owr tate of New					NO	V	3 3	201	8
Agencies Notified Ty	pe Notification			Street A									201	
DEP DOL	Amended Amendment				ate, Zip Code on, NJ 0864	6			***************************************					
DOH DCA	<ul><li>Emergency justification)</li><li>Cancellation</li></ul>	7			f Contact a Bruno				Telephone 609-433					
Name of Facility Where Aba		g Place (3	3)	FACI	LITY INFORM	IATION	Type of	Facility (4)						
Abandoned Former FI Street Address 37 Cliffwood Way	ood Home						Sub	er (i.e. pri	Other than vate & comm	K-12) nercial	build	lings,	home	es,
City (5) Old Bridge				127			Square F		# of Floors			ldg. A	\ge	
County (6) Middlesex				County (	Code (7) USE ONLY)		Current Aband	Use (Prior oned Fo	if being dem rmer Resi	olishe denc	d) e			
Name of Monitoring Firm Hir	ed by Building	Owner (8)		ASCN	1 No.		e of Abaten nuzzi En		actor (9) ntal Servio	ces, I	nc			
Street Address							t Address Kinnelor	Road S	Suite 102					
City, State, Zip Code							State, Zip ( nelon, NJ				-		<del>- 111 - 512</del>	
Project Manager for Monitor	ing Firm			Telephor	ne No.		hone No. -218-088	0	Licens 0122					
Start Date (10) 11/19/2018		Schedule 12/2/20		npletion (	Date (11)		of OSHA nuzzi En		ntal Servic	es, l	nc.			
Occupancy Status During At Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire I Outside of Norm	Period of A	Abatem	nent		135 City,	t Address Kinnelon State, Zip C nelon, NJ	Code	Suite 102					
Scope of Work (Check All Tr ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nat Apply)	_	enova emolit				Mini-E Glovel	nclosure pag Proced	t with Negati dure *) and Non-F				e	
Location of		110000	Locati Iormal	500000		Donorintia	- of				0		ement pe	
Asbestos-Containing Mar TO BE ABATE In Facility (13)		Mai	d Sole intenar odial S (12)	nce/	SI	Description Containing I mal system urfacing, V er miscella	Material (Adns insulation AT, or	CM) n,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Roof				Х		Roof			1300sf	1	ζ.			
Roof				Х	Caul	k on roof	seams		30lf	2	2			
Roof		1		X	Ch	imney fla	shing		10sf	2	2			
Name of Registered Waste H	lauler		N	JDEP W	aste Cu	bic Yards	N	ame of Re	gistered Lan	dfill				
Yannuzzi Group, Inc.				auler ID 17467	40	Waste Cy	V	Vaste Ma	anagemen		rles	s		
City, State Kinnelon, NJ				No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sposal Date /2/2018		ity, State airless F	Hills, NJ					
Completed by John Mucha		Title AHEF	RA Pr	oject D	esigner	Signatur	e			Date 11/1		018		

CK-2852 PAID

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

Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) The State of New Jersey, DPMC													
Agencies Notified Type Notification		1000	treet Ad	dress It State St	treet										
EPA Initial Amended Amendment	#			e, Zip Code											
DOH justification) DCA Cancellation		100	lame of Regina					Telepho							
			_	ITY INFORI	MATIO										
Name of Facility Where Abatement is Takin Abandoned Former Flood Home	g Place (3)					I	ype of Facility (4) School (K-12)	12)							
Street Address 10 Shoreline Ave					Subchapter 8 Other (i.e. prietc.)	apter 8 (Other than K-12) (i.e. private & commercial buildings, homes,									
City (5) Old Bridge		-			Square Feet 2000	# of Flo	ors		dg. A	ge					
County (6) Middlesex	(		County C	ode (7) SE ONLY)	Current Use (Prior Abandoned Fo										
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			Abatement Cont zzi Environme		vices,	Inc					
Street Address						Street A	ddress nnelon Road	Suite 10	2						
City, State, Zip Code		and late		City, State, Zip Code Kinnelon, NJ 07405											
Project Manager for Monitoring Firm	T	elephon	e No.		Telephor	ne No. 18-0880	100000	ense No 228	).	93122400					
Start Date (10) 11/19/2018	Com 18	pletion D	Date (11)			OSHA Monitor zzi Environme	ental Sei	rvices,	Inc.						
Occupancy Status During Abatement (Che	ck Only One	<del>:</del> )				Street A					2				
Facility Closed/Vacated During Entire	Period of Al	oatem	ement 135 Kinnelon R					Suite 10	2						
Abatement Performed Outside of Norr Other – Describe:	mal Facility I	Hours	City, State, Zip Code Kinnelon, NJ 0740						5						
Scope of Work (Check All That Apply)			Full Contr					ntainment with Negative Pressure							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovat emoliti	3576.4			×	Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure					e			
	lel	ocatio	nn l				TYOTI Exchipted	( ) and its	JII I Hab		Abate	ement			
Location of	N	ormall								-	Туре				
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	l Solel ntenan	ice/				iterial (ACM)	Amou (Spec	7.000	R	71	Enc	E		
In Facility	Custo	odial S (12)	taff?		surfac	ing, VAT	, or	SF or	LÉ)	Remova	Repair	Encapsulate	Enclosure		
(13)	Yes	No	N/A	`	Juliel III	iiscolario	.003)			a	-	late	Ire		
Roof			Х	C	himn	ey Flas	hing	10s	sf	X					
Exterior Walls			Х		Trans	site Sid	ing	2500	)sf	X					
										-					
Name of Registered Waste Hauler		N	JDEP W	120 (C. 17) (C. 17)	Cubic `		Name of I	Registered	Landfill						
Yannuzzi Group, Inc.		auler ID 17467	4	of Was 40 cy			Manager	ment F	airles	SS					
City, State Kinnelon, NJ					City, State Fairless	e Hills, N	J								
Completed by John Mucha	RA Pr	oject E	esigner	S	ignature	LM		Da 11	ite 1/19/2	2018					

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



C W W C	<i></i>															
Date of Notification (1) 11/19/2018			Name of Building Owner/Operator (2) The State of New Jersey, DPMC													
Agencies Notified	Type Notification		2.75	treet Add	dress t State S	Street										
EPA DEP DOL	Initial Amended	<b>"</b>	C	ity, State	e, Zip Cod	е								-//		
▼ DOL	Amendment Emergency ( justification)		N	ame of (	Contact	J40				1 555	phone Nun					
DCA DCA	Cancellation		F	Regina	Bruno ITY INFOI	DMATI	ON			609	-433-874	13				
Name of Facility Where Abandoned Former		g Place (3)		PAGIL	ITT IIVI OI	XIND-X I I		Type of Facility (4)  School (K-12)								
Street Address 39 Cliffwood Way			-							Subchapter 8 (Other than K-12)						
City (5)				Square F 1600						# of Floors			Bldg. Age			
Old Bridge County (6)	and the second s			County Code (7) Current Use						r if beir	ng demolish Residen					
Middlesex Name of Monitoring Firm	n Hired by Building		ASCM				of Abat	ement Cont	ractor	(9)			-	-		
						- CONTROLL OF THE	1711. 1110. 1100. 1000. 100. 100. 100. 1	Environme	ental	Services	Inc			_		
Street Address							Addres Kinnel	s on Road	Suite	102						
City, State, Zip Code								State, Zip Code nelon, NJ 07405								
Project Manager for Mo	T	elephon	e No.			none No 218-08			License N 01228	lo.						
Start Date (10) 11/19/2018		pletion D	Date (11)				IA Monitor Environme	ental	Services	. Inc.						
Occupancy Status Durin	ng Abatement (Che	12/2/201 ck Only One					Street	Addres	s							
Facility Closed/Vac	cated During Entire	Period of Ab	atem	ement urs 135 Kinnelon Road City, State, Zip Code					Suite	102				_		
Other – Describe:	med Outside of Norr	nai Facility F	iours	Kinnelon, NJ 07405						i						
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		-		ovation nolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		le I	ocatio	on.				Abaten					ement			
Locatio	on of	125000000000000000000000000000000000000	rmall	y	a construction		escription				#6.5651(3394) No.14	-	1)	ре		
Asbestos-Containin TO BE Al	BATED		tenar	ice/	Asbest (i.e.	therma	itaining l	insula	(ACM)	(8	mount Specify	Rer	R	Enca	Encl	
In Fac (13		Ousto	(12)				acing, V/ miscella			51	or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A										(D)		
Wind	ows			X		Win	idow C	aulk			220lf	X	_			
												-	-			
			50 CS	-									-		-	
Name of Registered W	aste Hauler		100000	JDEP W			c Yards		Name of	Regist	ered Landfi	11				
Yannuzzi Group, Ir	H	Hauler ID No. of Waste 20 cy					Waste Management Fairless									
City, State Kinnelon, NJ									City, Stat		, NJ					
Completed by John Mucha	RA Pi	roject [	Designer		Signatu	re	M		15.00	ate 1/19/	2018	3				
						-	-	1				-				



Data (1) 115 11 115																
Date of Notification (1) 11/19/2018				Name of Building Owner/Operator (2) The State of New Jersey, DPMC												
Agencies Notified  EPA	Type Notification			Street A 33 We	ddress est State	Stree	t									
DEP DOL	Amended Amendment				nte, Zip Coo n, NJ 08											
DOH DCA	Emergency justification) Cancellation		100		f Contact a Bruno	500001000					ephone 9-433-			- 2012-0-1-1		
					LITY INFO	RMAT	ION									
Name of Facility Where Abandoned Former		g Place (3)		Type of Fac						cility (4) ol (K-12)						
Street Address 28 Bayshore Ave				Subch						or (K-12) hapter 8 (Other than K-12) ' (i.e. private & commercial buildings, homes,						
City (5) Old Bridge									etc.) re Feet )	# of	# of Floors			Bldg. Age 50+		
County (6) Middlesex				County Code (7) (STATE USE ONLY)					nt Use (Prio							
Name of Monitoring Firm		ASCN	No.		- 1		tement Cor Environm			es, Ir	nc					
Street Address	301100257				1	Addres	ss Ion Road	Suite	102			-976				
City, State, Zip Code		City, S				State, Zip Code elon, NJ 07405										
Project Manager for Mor		Telepho	ne No.		Teleph	one No 218-0	).		License 01228							
Start Date (10) 11/19/2018	d Con	pletion l	Date (11)		30000		IA Monitor Environm	ental :	Servic	es, Ir	ic.					
Occupancy Status Durin	g Abatement (Chec	k Only On	e)					Addres						No.		
Facility Closed/Vac Abatement Perform	ated During Entire	Period of A	batem Hours	ment 135 Kinnelon Roa City, State, Zip Code						Suite	102					
Other – Describe:									NJ 07405	5						
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	enova emoliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		le	Locati						Abate							
Location	n of	N	ormall					of				L		Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity	Mai	d Soleintenar odial S (12)	ice/		os Cor therma surfa	ntaining M Il systems acing, VA miscellan	laterial s insula T, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
First Floor	Inside			X		Pone	corn Ce	iling		10	000sf	У		_		
Roo				X			ney Fla				10sf	X				
Exterior		X		A 15 16	nsite Sid				900sf	X						
						9				X	_					
Name of Registered Was	ste Hauler		4000	JDEP W			Yards		Name of	Registe	red Lan					-
Yannuzzi Group, Ind		Hauler ID No. of Waste 80 cy					Waste I		gemen	t Faiı	les	s				
City, State Kinnelon, NJ				Disposal Date 12/2/2018					City, State Fairless Hills, NJ							
Completed by Title					Project Designer Signature					Date 11/19/2018						
John Mucha AHERA					esigner		$\mathcal{L}$	1	W \			11/1	9/2	U18		

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 11 20 18 TBD / Job #1811-5411 Check #10792 Agencies Notified Type Notification Street Address **⊠** EPA ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Spring Lake Heights Pump Staton ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 506 6th Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Spring Lake County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Pump Station Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NA AbateTech. Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor \_\_12\_\_ / \_\_3\_\_ / \_\_18 \_\_12\_\_ / \_\_7\_\_ / \_\_18\_\_ **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or $\ge 3$ If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Roof X Transite 700 X П П Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill AbateTech. Inc. Hauler ID No. Waste G.R.O.W.S. Landfill 18750 25 City, State Disposal Date City, State Lumberton, NJ 12/7/18 Tullytown, PA Completed By (Print or Type) Signature Gwendolyn Trumbetti

State of New Jersey

Operations Coordinator

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 11 20 TBD / Job #1811-5411 Check #10760 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment #\_ ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Spring Lake Heights Pump Staton ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 550 Jersey Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Spring Lake County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Pump Station Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>12</u> / <u>3</u> / 18 12 / 7 / 18 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 If ☐ Glovebag Procedure ☐ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Encapsulate Enclosure Removal Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A **Exterior Roof** X **Transite** 700  $\boxtimes$  $\Box$ П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 25 City, State Disposal Date City, State Lumberton, NJ 12/7/18 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti Operations Coordinator

ASB-41 MAY 11

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

NOCK			IVC					C 8:60 and 5:									
Date of Notification (1)					Na	me of Build	lina	Owner/Operator	(2)		1 1/22	10	1003		7		
	21 /		18					munications	/ Job #181	0-5387	Chec	∵k#	200 -100 TO	12			
Agencies Notified	Type Noti	ficatio	n		Sti	eet Addres	s					317.000		7 29	200500		
⊠ EPA	☐ Initial				1	00 Green	wo	od Avenue				NOV	2	5	018		
☑ DOLWD ☑ DHSS		000000000000000000000000000000000000000	#2		Cit	y, State, Zip	C C	ode					_				
□ DCA	☐ Emerg			ing		enkintow	n, I	PA 19046		% 1							
(NJAC 5:23-8)	justific	ation)		3	Na	me of Conta	act			Teleph	one Nun	nber					
	☐ Cancel	lation			(	arol Soul		856-429-2231									
						ACILITY	INF	ORMATION									
Name of Facility Where A		s Taki	ng Pla	ce (3					Type of Facility	(A. C. P.)							
Verizon- Woodbury	CO								School (K-12	)	10.44	••					
Street Address									Subchapter 8  Other (i.e., pr	ivate and	nan K-12 I comme	2) rcial b	uildir	as.			
24 Curtis Avenue									homes, etc.)					3-1			
City (5) Woodbury, NJ 08090	•								Square Feet	# of FI	oors	В	ldg. A	\ge			
County (6)	0			_													
Gloucester					Co	unty Code	(7)(S	STATE USE ONLY)	Current Use (Pri	or if being	g demoli	shed)					
Name of Monitoring Firm F	direct by Du	ildina	0	- (0)	1400	4.11			Offices								
USA Environmental	liding	Owner	(8)	ASC	M No.	1		ent Contractor (9)									
Street Address	-					1	AbateTech, I	nc.									
8436 Enterprise Ave						5	Street Address	DO D 05									
City, State, Zip Code	•	-				30 Maple Ave. PO Box 25 City, State, Zip Code											
Philadelphia, PA 191	53						1	Lumberton, N									
Project Manager for Monito		- W		Te	elephon	- No	+	elephone No.	13 00046	Licens	a NIa						
Mark Jenkins	9		and the second	425	COS CONTRACTOR	5-5810	1	609-265-2107		005							
Start Date (10)	-	Sche	duled (			ate (11)	N	lame of OSHA M	\$10 market	003							
11 /5 /	18				30 /		1	EMSL Analyti									
Occupancy Status During A	Abatement	Chec				Control organization and property	S	treet Address									
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abat	ement			200 Route 130	North								
Abatement Performed C	outside of N	lormal	Facilit	у Но	urs - De	- Describe City, State, Zip Code											
Time of Abatement:	AM	PI	W/	P	Λ	Cinnaminson, NJ 08077											
Scope of Work (Check all the	nat apply)	- 1															
☐ ≥3 sf or ≥3 lf			⊠ Re	nove	tion		tive Pres	sure									
≥160 sf or ≥260 lf				emoli				☐ Mini-Enclo	Procedure								
		- 1						Non-Exen	npted (*) and Non-	Friable F	rocedur	е					
Location of			600	Loc:								Ab	atem	ent T	уре		
Asbestos-Containing Ma		1)	Use	d So	lely by	Ashe	stos	Description of Containing Mate	arial (ACM)	Amo	unt	Re	Re	En	m		
TO BE ABATE	<u>D</u>	•	Ma	inten	ance/ Staff?		., th	nermal systems in	sulation,	(Spe		Removal	Repair	cap	Enclosure		
IN Facility (13)			Cus	(12				surfacing, VAT, other miscellaneo		SF or	LF)	/al		Encapsulate	ure		
( /			Yes	No	N/A		Ü	inei miscellaneo	us)					ite			
Penthouse Roof						Silver P	ain	nt Roof Flashir	ng	440	LF						
Penthouse Roof		100				Gravel	Sto	р		75 S	SF		П	П	П		
Main Roof				$\boxtimes$		Silver P	ain	t Roof Flashir	na	1,252	Parket School						
									.9	1,202	01			믐			
Name of Registered Waste I	Hauler		Ч_		NJDEP	Maste	Cu	ibic Yards of	Name of Registe	rad Land	EII		Ц	Ц	Ш		
AbateTech, Inc.				1.55	lauler I	D No.	Wa	aste 40	G.R.O.W.S. I		HIII						
City, State					1875	J	City, State	species man Tim Calcini Calcini									
Lumberton, NJ								sposal Date 11/30/18	Tullytown, P	Α							
Completed By (Print or Type	)	Title					Signature Date										
Gwendolyn Trumbetti	to -		oerati	ons	Coord	inator		C00/	X		Jal	e ( -	vi i	8			

ASB-41 MAY 11

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

٠	Date of Notification (1)	FAI	1 10			LN	amo of	Duilding	-		(0)							
		20 /	1	8				_		wner/Operator ergy Compa	<sup>(2)</sup> ny / Job #181	1-5412 Chec	k #107	93				
1	Agencies Notified	Type Notif	ication	1			treet Ad						-17					
		Initial				1000			ac	e- Building A			. (4)			1 - 3		
	☑ DOLWD	☐ Amend						e, Zip Co			•							
	☑ DHSS	Amend			-	1				07960		WW.	NOV	5.5	2018	3		
	☐ DCA (NJAC 5:23-8)			inclual	ng			Contact	_			Telephone	Number		17.00			
		☐ Cancel					Irving	Silvern	na	n		978-490	A . CALLEDON					
							FACIL	ITY INF	-0	RMATION		17 192	191	1000				
	Name of Facility Where A	batement is	Takir	ng Plac	ce (3)	)					Type of Facility	(4)				77		
	JCP&L- Asbury Par	k					☐ School (K-12)											
-	Street Address										Subchapter	8 (Other than	8 (Other than K-12) private and commercial buildings,					
L	10 5 <sup>th</sup> Avenue						homes, etc.)						IIIIeicia	Dullai	iys,			
1	City (5)										Square Feet	# of Floors		Bldg.	Age			
	Asbury Park, NJ																	
1	County (6)					С	County Code (7)(STATE USE ONLY) Current Use (Price					rior if being der	molished	i)				
L	Monmouth										Substation							
1	Name of Monitoring Firm I		_	Owner	(8)	ASC	CM No.		Na	me of Abateme	ent Contractor (9	)						
L	1 Source Safety & h	ealth, Inc.							F	AbateTech, Ir	nc.							
1	Street Address							5	Str	eet Address								
	140 S. Village Ave. S	Suite 130						1	3	30 Maple Ave	. PO Box 25							
(	City, State, Zip Code							(	City, State, Zip Code									
	Exton, PA 19341								L	umberton, N	IJ 08048							
F	Project Manager for Monito	oring Firm			Te	elepho	ne No.	1	Tel	ephone No.		License No	),					
L						Carrie 17	24-552		6	09-265-2107		00529						
8	Start Date (10)					Date (1			me of OSHA M									
-	/					- O	/18			MSL Analyti	cal	-						
	Occupancy Status During A Facility Closed/Vacated						6	S		eet Address								
17	Abatement Performed (	Outside of N	ormal	Facilit	Abai v Ho	ure - F	( )oscribo	, L		00 Route 130								
-	Time of Abatement:	AM	PI	W	Pi	И- <u></u>	AM	,	, State, Zip Co									
S	cope of Work (Check all t								_	innaminson,								
	≥3 sf or ≥3 If			M Pa	nove	stion			gative Pressure									
Ē	] ≥160 sf or ≥260 lf			⊠ Re								dure						
L										Non-Exer     ■     Non-Exer     Non-Exer     ■     Non-Exer     N	npted (*) and No	n-Friable Proc	edure					
	k 2000 (WA)	922				ation							A	baten	nent T	уре		
	Location of Asbestos-Containing Ma		1)	528	Norm	ially ilely by	,	Ashasta	. (	Description of Containing Mate	oriol (ACNA)	A	To the	R	Щ	Щ		
	TO BE ABAT	ED	•/			ance/				mal systems in		Amount (Specify	Remova	Repair	cap	Enclosure		
	IN Facility (13)			Cus	todia (12	l Staff'	(	38 - 1 - 1 - 1 - 1 - 1		urfacing, VAT, oner miscellaneo		SF or LF)	va	-	Encapsulate	sure		
	(10)			Yes	No	-	A	,	Oth	iei miscelianeo	us)				ite			
E	xterior Pole						Asl	bestos	ris	sers		16 LF	×					
															П			
	ame of Registered Waste	Hauler					<sup>2</sup> Waste	200		ic Yards of	Name of Regist	tered Landfill		1-	1=	_		
	AbateTech, Inc.					Hauler 187	ID No.	V V V V V V V V V V V V V V V V V V V	las 2	te	G.R.O.W.S.							
Ci	ty, State					107	00	Disposal Date City, State										
1	Lumberton, NJ									/27/18	Tullytown,	PA						
Сс	empleted By (Print or Type	e)	Title						T	Signature	Α		Date		0 /	_		
	Gwen Trumbetti			oerati	ons	Coor	dinato	r		( )	m/X		Date	3	11(	(		
	144		Operations Coordinator								11 11			10	٤,	-		

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NOCK			(1	Pursu	ant to NJ	AC 8:60 and 5:1	16)								
Date of Notification (1)				Nar	ne of Buildi	ng Owner/Operator	(2)								
11 /15	/ _ 1	8		P	inelands l	Regional School	District / Job	#1808-5359 CI	eck #	1	65	1.5			
Agencies Notified Type N	lotificatio	n			et Address			A Company of the Comp	2	17		-177			
⊠ EPA ☐ Initi				1725.0770		town Road									
☑ DOLWD ☑ Ame					, State, Zip			NO.	11/	7	2018				
	endment			1000		larbor, NJ		in the	JV	25	2010	,			
	ergency ( ification)	includi	ng	_	ne of Contac			Tolophono Nur	Telephone Number						
	cellation			10000	evin MacE			856-662-9500							
	-	-	_			NFORMATION		000-002-0000							
Name of Facility Where Abatemen	nt is Takir	na Plac	na (3)	г	ACILITY II	NFORMATION	Time of Facility	. (4)							
Pinelands Junior High Sch		ig i lac	JC (3)				Type of Facility								
Street Address															
590 Nugentown Road							private and comme		uildin	gs,					
City (5)			_				.)								
Little Egg Harbor, NJ							Square Feet	# of Floors		ldg. A	lge				
County (6)		our-services		Cou	inti Codo /	NOTATE HOE ON M	0								
Ocean				100	inty Code (/	7)(STATE USE ONLY)	Current Use (P	rior if being demol	ished)						
Name of Monitoring Firm Hired by	Ruilding	Owner	(0)	ASCN	1 No	Mama of Abatana	-10111								
TTI Environmental	Dullullig	Owner	(0)	ASCIV	I NO.	Name of Abateme		)							
Street Address						A STATE OF THE STA	IIC.								
1253 North Church Street					Street Address 30 Maple Ave. PO Box 25										
City, State, Zip Code															
Moorestown, NJ 08057						City, State, Zip Co									
Project Manager for Monitoring Fire	n		Tel	ephone	No	Telephone No.	45 06046	License No.							
Jim Guilardi		-	9		0-8800	609-265-2107		00529							
Start Date (10)	Sche	duled C	4		ate (11)	Name of OSHA M		00323							
8 / 22 / 18		11			18	EMSL Analyti									
Occupancy Status During Abateme	1					Street Address									
☐ Facility Closed/Vacated During	7.0			ment		200 Route 130	0 North								
☐ Abatement Performed Outside of					scribe	City, State, Zip Co									
Time of Abatement:AM-	PI	W/	PM		_AM	Cinnaminson									
Scope of Work (Check all that apply	/)					Ommannison	, 140 00077								
The state of the s				La conserva		☐ Full Conta	ainment with Neg	gative Pressure							
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>		⊠ Re				Mini-Encl	osure								
24 200 !!		Пре	arionti	OH		☐ Glovebag ☒ Non-Exer	npted (*) and No	n-Friable Procedu	re						
			Loca							atem	ent T	vpe			
Location of			Norma	illy ely by		Description of									
Asbestos-Containing Material (A TO BE ABATED	CM)	Ma	intena	ince/		stos Containing Mat , thermal systems in		Amount	Removal	Repair	Encapsulate	Enclosure			
IN Facility		Cus		Staff?	(1.6.	surfacing, VAT,		(Specify SF or LF)	oval	=	nsd	Sur			
(13)		.,	(12)	T		other miscellaneo	ous)	,	-		late	e,			
		Yes	No	N/A							1.035				
Various Bathroom/Locker Roo	oms		$\boxtimes$		Bathroo	m fixture caulk		600 LF							
Cafeteria					Cove Ba	se Mastic		400 LF			П				
	- de-	П	П								]				
				-	-					Ш	Ш	Ш			
Name of Decisters 4184					<u> </u>										
Name of Registered Waste Hauler				JDEP \auler IE		Cubic Yards of Waste	Name of Regis								
AbateTech, Inc.	1	18750 40 Fairiess Landfill													
City, State				Disposal Date	City, State										
Lumberton, NJ						11/30/18	Tullytown,	PA							
Completed By (Print or Type)	Title	y .				Signature	0.1	Da	te ,		9	_			
Gwendolyn Trumbetti	0	perati	ons (	Coordi	nator	OX	WIT		11-	10	>	11			
SR 41			_				1111		11	1	·	()			

ASB-41 MAY 11

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

CICODSO PAI	D	NOT	TFICATIO	State of I ON OF A nt to NJA	SBESTO			ō 152		W.	124			
Date of Notification (1) 11/18/2018 CHECK #89			Name DAN	of Buildin	ng Owner	/Operato	r (2)	A CONTRACTOR OF THE CONTRACTOR	N(	)V 2	3	2018		
Agencies Notified Type Notifica	ation		Street	Address				j lut 1	***					
EPA Initial													15	
DEP Amende	ment #			State, Zip NIA,NJ									1 2 1	
DOH justifica		ng		of Conta		Te	Telephone Number							
Name of Facility 184			FAC	CILITY IN	FORMA									
Name of Facility Where Abatement is 1	aking Place	(3)					Type of Facil	ity (4)						
Street Address							School ( Subchap Other (i. etc.)	oter 8 (Ot	ner than K- & commer	-12) rcial bu	iilding	s, hon	nes,	
City (5) LEONIA,NJ 07605					2	of Floors		Bldg.	Age EAR	S				
County (6) BERGEN			County (STATE	Code (7)	) .v)		Current Use (	Prior if be	ing demol	ished)				
Name of Monitoring Firm Hired by Build	ing Owner (	8)	ASC	M No.		Name	of Abatement (	Contracto	r (9) RACTIN	IG IN	C			
Street Address						Street	Address HURCH ST							
City, State, Zip Code				City, State, Zip Code ELMWOOD, NJ 074							-			
Project Manager for Monitoring Firm		Telepho	one No.		Teleph	ione No. 373-9418		License 01301	No.					
Start Date (10) 11/21/2018	Schedu 11/22		mpletion	Date (11	)	Name	of OSHA Monit			C IN				
Occupancy Status During Abatement (C	heck Only C	ne)		Street Address					RACTIN	GIN				
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: 7:30AM TO 3:30	ormal Facilit	Abate y Hour	ment rs	City, State, Zip Code ELMWOOD, NJ 074										
Scope of Work (Check All That Apply)					7407									
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-Enclose Glovebag Pr	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
1 6		s Locat Norma					P		2 11011 1 110		Abat	emeni ype	t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	ed Sole aintena todial	ely by ince/ Staff?	Asbe:	stos Cont . thermal	scription aining Ma systems cing, VAT	aterial (ACM) insulation,	(S	mount	Re		T	Enc	
(13)	Yes	(12) No	N/A		other n	niscellane	eous)	31	or LF)	Removal	Repair	Encapsulate	Enclosure	
BASEMENT	103	X	INA		PLAST	ER DE	BRIS	12	0 SF	X	-	CD		
*														
6										1				
Name of Registered Waste Hauler ATLANTIC CARTING		15525	IJDEP W lauler ID		Cubic of Was				ed Landfill		1		-	
City, State PEN ARGYL			Disposal Date City, S											
Completed by	Title		TDB P					KGYL	PA18072		-			
LUIS ARCILA	NT		ال	lin	1/2	~	11	ite  /18/2	2018					