PAID

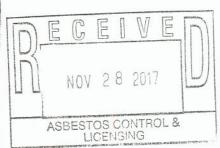
1000	
- /(11/1
- 1	109
	= 11

Prin	+ F	orm
1 1111		OHILL

B							87.0			E (()	1 1		W
Date of Notification (1) 11/22/2017				of Building te Prope		er/Operator	(2)			5 0	ط	Ш	Ú
Agencies Notified Type Notification	1			Address	-7					NO	V 0	0 0	304
■ EPA 🔀 Initial									ШЩ	NU	V 2	0 6	2017
DEP Amended Amendmer	nt #			ate, Zip C New Yo		t:					Sand in Carl and		
Emergency	(including	_	10 14 10 410 414	of Contact		J		T =	A	SBES	TOS	CON	TRO
DOH justification DCA Cancellatio			Abra						alonnana h	IIImhai	11.10	1211/1	
Name of Facility 105 and About 11 Total	DI 10		FAC	ILITY INF	ORMA	ATION						-	
Name of Facility Where Abatement is Taki Private property	ng Place (3)						Facility (4)					
Street Address								hool (K-12) bchapter 8 (Ot	ther than K	(-12)			ŷ.
							× Oth	ner (i.e. private			uildings	s, hom	nes,
City (5)							Square		of Floors		Bldg.	Age	
West New York NJ							2200	3			+50		
County (6) Hudson				Code (7) USE ONLY	2		Current	Use (Prior if b	eing demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)			M No.		Name	of Abator	nent Contracto	or (Q)				
N/A	2111101 (0)		N/A	VI INO.				ns Services					
Street Address							Address						
N/A							51st St						
City, State, Zip Code N/A							tate, Zip (Code n NJ 07047					
Project Manager for Monitoring Firm		T	Telepho	ne No			one No.	110 0/04/	License	No			
N/A			N/A			5.5	552-968	5	01320				
Start Date (10) 12/1/2017	Schedule 12/5/20		mpletion	Date (11)			of OSHA	Monitor nental Labo	ratories	9			
Occupancy Status During Abatement (Che	ck Only On	e)					Address						
Facility Closed/Vacated During Entire	Period of A	bater	nent			0.115.00006.116.0		22 West					*
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hour	S				ate, Zip (
Scope of Work (Check All That Apply)						Unior	n NJ 07	803				000	
≥3 sf or ≥3 lf	Пв	enova	ation				Full Co	ontainment wit	h Negative	Proce	uro		
≥160 sf or ≥260 lf		emoli				×	Mini-E	nclosure		Press	ure		į.
						×		pag Procedure xempted (*) ar		able Pr	ocedu	re	
	Is	_ocat	ion								Abat	emen	it
Location of		ormal I Sole	ly ly by			Description				-	T 1	ype	Т
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntena				ntaining Malal systems		E0100000	Amount Specify	Į,	_	Enc	П
In Facility (13)	Cusic	(12)	Jan!			facing, VAT r miscellane			F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		- 410	Jonain	- 300)			val	=	ılate	ure
Exterior/back only			X	ash	pesto	s shingle	s siding	1 /	50SF	X	-		-
			-			- omigio	o ording	,	0001	Δ.			
										-			-
	+												_
ame of Registered Waste Hauler		IN	JDEP W	aste.	Cubi	ic Yards	I NI	ame of Regist	arad Lands	SII			
ewark Carting Inc		Н	auler ID 1509		of W		0.000	SES Bethlel			Ш		
City, State			1000		Disp	osal Date		ty, State					
o Box 5670					05			335 Appleb	utter Rd	Bethl	ehem	ĖΑ	
completed by larcos Regato	Title	200				Signature		11	/	Date		Y	
arcus Regalu	Presid	ent				Ma	a 19	- /60	1/6/1	1/22/	2017		

Square Feet	ID ECEIVED)	12:120)	NJAC 8:60 an	rion o	TIFICA (Purs	IINO	3(05) IA	CK 2310
EPA DEP Initial Amended Amended Amended Amended Amended Amended Amended Perth Amboy, NJ 08861 Telephone Number Nicholas Crupi FACILITY INFORMATION	n Nov 2 8 2017	(2) cation	perator (of Educ	uilding Owner/ mboy Board	me of B erth Ai	Na P		n (1)	
EPA DEP DOL Amended Amendment # DOL						1		Type Notification	Agencies Notified
DOL Amendment # Perth Amboy, NJ 08861 Electronic Name of Contact Name of Contact Nicholas Crupi School (K-12) Subchapter 8 (Other than K-12) Street Address Sono Eagle Ave Square Feet # of Floors Bldg. Age Perth Amboy Square Feet # of Floors Perth Amboy Square Feet # of Floors	ASBESTOS CONTROL &			- 17.0		1			
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION	AND DESCRIPTION OF THE PARTY OF		861					Amendment #_	
School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e. private & commercial buildings, home etc.) Square Feet	Telephone Number						ncluding		
Name of Facility Where Abstement is Taking Place (3) Perth Amboy High School Street Address 300 Eagle Ave City (5) Perth Amboy County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc. Street Address PO Box 385 City, State, Zip Code Oceanville, NJ 08231 Project Manager for Monitoring Firm John Smoyer Start Date (10) John Smoyer Start Date (10) Scheduled Completion Date (11) 12/31/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Company Is a Company of Take Is a City, State, Zip Code Coty, State, Zip Code City, State, Zip Code City			ON			_ N			DCA DCA
Perth Amboy High School Street Address 300 Eagle Ave City (5) Perth Amboy County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc. Street Address PO Box 385 City, State, Zip Code Oceanville, NJ 08231 Project Manager for Monitoring Firm John Smoyer Start Date (10) Scheduled Completion Date (11) 12/1/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other (Le, private & commercial buildings, home etc.) Other (Le, private & commercial buildings, home etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Academy Construction Inc. Street Address 205 Route 46 West Suite 14 City, State, Zip Code Totowa, NJ 07512 Telephone No. 973-832-4244 D1155 Start Date (10) 12/1/17 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip	of Facility (4)	Type of Facility	OIN	IT INFORMA	FACILI		Place (3)	Where Abatement is Taking I	Name of Facility Where
Street Address 300 Eagle Ave City (5)	School (K-12)	School (K-							
City (5) Perth Amboy County (6) Ambount (7) County (6) Middlesex AscM No. 0057 Academy Construction Inc. Academy Construction Inc. AscM No. 0057 Academy Construction Inc. Academy Constructi	Other (i.e. private & commercial buildings, homes,	Other (i.e.							77.500 A.M.M.M.M.M.M.M.M.M.M.M.M.M.M.M.M.M.M.M
City (6) Perth Amboy County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc. Street Address PO Box 385 City, State, Zip Code Oceanville, NJ 08231 Project Manager for Monitoring Firm John Smoyer Start Date (10) 12/1/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Telephone No. 973-832-4244 01155 Street Address Street Address City, State, Zip Code Totowa, NJ 07512 Telephone No. 973-832-4244 01155 Start Date (10) 12/31/17 Same as Above Street Address City, State, Zip Code Totowa, NJ 07512 Telephone No. 973-832-4244 01155 Start Date (10) 12/31/17 Same as Above Street Address City, State, Zip Code City,								re	300 Eagle Ave
County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc. Street Address PO Box 385 City, State, Zip Code Oceanville, NJ 08231 Project Manager for Monitoring Firm John Srnoyer Start Date (10) 12/1/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Facility Occupied During Abatement Scope of Work (Check All That Apply) Renovation Is Location Normally Description of Current Use (Prior if being demoissned) Name of Abatement Contractor (9) Academy Construction Inc. Street Address 205 Route 46 West Suite 14 City, State, Zip Code Telephone No. 973-832-4244 01155 Name of OSHA Monitor Same as Above Street Address City, State, Zip Code Street Address City, State, Zip Code City, State,	# 0.1.15515	Square r cot							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. O057 Academy Construction Inc.	rent Use (Prior if being demolished)	Current Use (P		ode (7)	ounty Co	Co			
AHERA Consultants Inc. Street Address PO Box 385 City, State, Zip Code Oceanville, NJ 08231 Project Manager for Monitoring Firm John Smoyer Start Date (10) 12/1/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Facility Occupied During Abatement Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Is Location Normally Description of Academy Construction Inc. Academy City, State, Zip Code				SE ONLY)	TATE US	(S			
Street Address PO Box 385 City, State, Zip Code Oceanville, NJ 08231 Project Manager for Monitoring Firm John Smoyer Start Date (10) 12/1/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Facility Occupied During Abatement Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	y Construction Inc.	demy Constru	Acad	Ño.			Owner (8)		
City, State, Zip Code Oceanville, NJ 08231 Project Manager for Monitoring Firm John Smoyer Start Date (10) 12/1/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Facility Occupied During Abatement Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ★ Senovation Demolition City, State, Zip Code Totowa, NJ 07512 Telephone No. Description of Description of									
Oceanville, NJ 08231 Project Manager for Monitoring Firm John Smoyer Start Date (10) 12/1/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ★ Renovation Demolition Is Location Normally Description of Telephone No. 17elephone No. 973-832-4244 01155 Name of OSHA Monitor Same as Above Street Address City, State, Zip Code Totowa, NJ 07512 Totowa, NJ 07512 Totowa, NJ 07512 Telephone No. 973-832-4244 01155 Same as Above Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Type			1						
Project Manager for Monitoring Firm John Smoyer Start Date (10) 12/1/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Facility Occupied During Abatement Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf I Telephone No. 609-652-1833 973-832-4244 Name of OSHA Monitor Same as Above Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of	NJ 07512	owa, NJ 0751	Toto						
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Same as Above	No. License No.	hone No.	Telepl	e No.	elephon	TT			
Start Date (10) 12/1/17 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Facility Occupied During Abatement Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 lf Renovation Demolition Schedules dempts Same as Above Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Street Address			1					Г	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Facility Occupied During Abatement Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Type Abatemer Type			The state of the s	ate (11)	letion D				
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Facility Occupied During Abatement Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf									
Abatement Performed Outside of Normal Facility Hours Other – Describe: Facility Occupied During Abatement Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatemer Type Location of Normally Description of	653	L Address	Suee						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatemer Type Location of Description of	, Zip Code	State, Zip Code	City,		nt	Hours	nal Facility	Performed Outside of Norma	Abatement Perform
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Norr-Exempted (*) and Norr-Friable Procedure Abatemer Type Location of						-			
Is Location Type Normally Description of	Mini-Enclosure Glovebag Procedure	Mini-Enclos						lf	≥3 sf or ≥3 lf
Is Location Type Normally Description of	Non-Exempted (*) and Non-Friable Procedure Abatement	Non-Exemp							
location of L		77 - 71 - 71					- 1		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	erial (ACM) Sulation, Or SF or LF) Amount (Specify SF or LF) Repair Enclosure	Material (ACM) ms insulation, /AT, or	ntaining al syster facing, V	Asbestos C (i.e. then	/ by ce/	d Solel intenan todial S	Use Ma	ontaining Material (ACM) D BE ABATED In Facility	Asbestos-Containir TO BE A In Fa
Yes No N/A					N/A	No	Yes	(10)	()
See attached sheet								attached sheet	See attack
Occ dilationed error			-			-		allabriod briods	Oce attack
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste	- 1	74						tered Waste Hauler	Name of Registered W
Academy Construction Inc 034422 7 Grows Fairless Landilli				7		10000		onstruction Inc	
Totowa, NJ TBD Tullytown, PA	Tullytown, PA								
Completed by John Geleski PM Signature 11/20/17		ure /	Signate					i	Completed by

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT of other miscellaneous)	Enter only Squäre Footage	Enter only Lineal Footage
Suidance & Nurse's Area	O Yes O No	No ACM Pipe Fittings		40 If
Nurse's Entrance	O Yes O No	Door Caulk	sf	40 If
Upper Media Center	O Yes O No	Partition Glazing	400 sf	If
Upper Media Center	O Yes O No	No Grey Caulk to Block	sf	fl 09
Upper Media Center	O Yes O No	Door Partitions Caulk	sf	300 · If
Strg/Grn Scrn Cntrl & Chl 34	O Yes O No	No 12x12 Brwn VAT & Mastic	1280 sf	If
Print Shop, Office, & Dark Room	O Yes O No	No 12x12 Brwn≪ brn VAT&Mas	3455 sf	If
Print Shop & Dark Room	O Yes O No	ACM Pipe Fittings	sf	# 49 #
RESIDENCE OF THE PROPERTY OF T				The project of the same of the



CKLU460 P	AU		CATIO	tate of New Jers N OF ASBESTOS to NJAC 8:60 a	ABATE		т					U	ringFo
Date of Notification (1)				of Building Owner				14 1	T M	JV (20	CUI	-1
11/22/17			Ted F	Fluehr Jr. Priva	ate Hon	ne							
Agencies Notified Type Notification	1	1	Street Address ASBESTOS CONTI									NTR	OL&
		City, State, Zip Code									VG	-	
DEP Amended DOL Amendmen	t #				110000	٠							
Emergency	(including	_	225	Beach Twp. N	NJ 0800	18		Trus	N				
DOH justification Cancellatio			TJ	ii Contact				Tele	ohone Nu	mber			
			100	ILITY INFORMA	TION						-		
Name of Facility Where Abatement is Takin	ng Place (3	3)				Тур	e of Facility (4	1)					
Ted Fluehr Jr. Private Home							School (K-12	2)					
Street Address							Subchapter Other (i.e. pr				ldinaa	h o m	
						X	etc.)	iivale a	commerc	iai bui	aings	, nom	es,
City (5)							are Feet	1000	Floors	1.115	3ldg. A	Age	
Long Beach Twp. NJ 08008							00+	2			35+		
County (6) Ocean			County	Code (7) USE ONLY)		0.0000000000000000000000000000000000000	rent Use (Prio	r if bein	g demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (P)		ASCI		I Mana	17.00	use	han at "	0)				
N/A	OWINE (0)		ASCI	VI INO.	9.25	of Ab	atement Conf	uactor (۵)				
Street Address					Street		177.177.0						
						Box :	5.575.11						
City, State, Zip Code							Zip Code	77	-8-01			2010-0-2	
					350		rlin NJ 080	91					
Project Manager for Monitoring Firm	Т	elepho	ne No.	Teleph			100	License N	lo.				
Start Date (10)	10	-1-0	D-1- (44)		000000	9800		00727					
12/5/17	12/13/						Name of OSHA Monitor Same						
Occupancy Status During Abatement (Cher					Street	W-211	200						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abateme	ent				Zip Code						
Scope of Work (Check All That Apply)					_	-				5-11:40:54			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenovati emolitic			×	Mi GI	ull Containment ini-Enclosure lovebag Proce	edure	•				
		Lacett		113		a 140	on-Exempted	Janu	NOTI-FITAL	NE PIO		e ement	
Location of	l N	Locatio lormally	,								Abati Ty		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Solely intenant odial St (12)	ce/	Asbestos Cor (i.e. therma surfa	escription of ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)			(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							==		ate	e.
exterior siding			Х	exte	erior sic	ling		190	0SF	x			
					w.1145500000000								
						West.							
Name of Registered Waste Hauler		1150000	DEP W		Yards		Name of R	egistere	d Landfill				
United Containers			uler ID 459	No. of Wa	ste		G.R.O.V	V.S					
City, State			408		sal Date		City, State						
Elm NJ						Morrisville PA 19067							
Completed by	Title				Signature	r.			Da	ite			-
Anthony T Perna	Presi	dent				1	2		_ 1	1/22/	17		



CHECK #1715

Date of Notification (1) 11/22/2017		Name o	f Building O	wner/C	perator	(2)	m	EC	E			Transaction of the last of the
Agencies Notified Type Notification EPA Initial	110-91-05-00-00-00-00-00-00-00-00-00-00-00-00-	Street A	ddress				In	NO	V 21	3 20	17	
DEP Amended Amendment #		HADE	ate, Zip Cod OONFIEL		08033		land too				11	- Longitude
DOH justification) Cancellation		JOHN	f Contact I GATTUS				Tol	ARDEA	_	<u>1</u> 11	70L 8	
Name of Facility Where Abatement is Taking RESIDENTIAL	Place (3)	FAC	ILITY INFO	RMATI	ON	Type of Facility (4)					
Street Address						School (K-1 Subchapter Other (i.e. p	8 (Othe			ildings	, home	es,
City (5) HADDONFIELD						Square Feet 1064	# of 1	Floors		Bldg. / 61	Age	
County (6) CAMDEN			Code (7) USE ONLY)			Current Use (Print RESIDENTIA		ng demol	ished)			
Name of Monitoring Firm Hired by Building O ACER ASSOC.	wner (8)	ASC	/I No.		Name ASS	of Abatement Cor URED ENVIR	ntractor ONME	(9) ENTAL S	SERV	ICES	INC	
Street Address 1012 INDUSTRIAL DRIVE						Address CLEMS RUN						
City, State, Zip Code WEST BERLIN NJ 08091						tate, Zip Code LICA HILL NJ	08062	2				
Project Manager for Monitoring Firm MATT DEPALMA		Telepho 856-8	ne No. 09-1202			one No. 304-4676		License 01145				
Start Date (10) 12/4/2017	Scheduled Co 12/8/2017		Date (11)		Name EMS	of OSHA Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe						Address RT. 130 NORT	Ή					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	al Facility Hou	irs		_	City, S	tate, Zip Code NAMINSON N	J 0807	77				
Scope of Work (Check All That Apply)							- 1/11 <u>- 1/11 </u>					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	✓ Renor				¥	Full Containme Mini-Enclosure Glovebag Prod	e cedure					
	Is Loca	ation				Non-Exempted	ı () and	I NOII-FII	able Pi	Abat	ement /pe	t
Location of Asbestos-Containing Material (ACM)	Used So	lely by	Asbesto		scription aining M	of laterial (ACM)	А	mount		T		
TO BE ABATED In Facility (13)	Mainten Custodia (12	I Staff?	(i.e. th	nermal surfac		insulation, T, or		pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes No	N/A	CEILIN	G-JO	INT C	OMPOUND	74	5 SF	X	+		
		13020					77.53		- 1 - 72	+		
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic '	Yards	Name of	Registe	red Land	fill			
ASSURED ENVIRONMENTAL SER	VICES	Hauler ID 003489	5	of Was				NDFILI	L			
City, State MULLICA HILL NJ				Dispos 12/8/2	al Date 2017	City, State WAYNI		RG, OH	H			
Completed by RON SWANSON	Title GENER	AL MAN	AGER	S	ignature	Xwell Du	CUI DO		Date 11/22	/2017	,	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 11 17 Lynx Waste & Recycling, Inc. Agencies Notified Type Notification Street Address **⊠** EPA P O Box 188 **⊠** DOLWD ☐ Amended City, State, Zip Code ASBESTOS CONTROL & ☑ DOH Amendment # Spring Lake, NJ 07762 LICENSING □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Richard Hyde **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Toms River 1000 sf 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11__ / __30__ / __17_ __12__ / __01 _ / __17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ PM-Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf 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 Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior \boxtimes asbestos siding 1000 sf П M П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey Tullýtown, Pennsylvania 12/4/17 Completed By (Print or Type) Title Signature Date Nicholas Fernicola Project Manager

State of New Jersey

Chloido P	AIG	VOTIFI (Pr	Sta CATION ursuant	ate of Nev OF ASBI to NJAC	v Jersey ESTOS AB 8:60 and 1	3ATEME 2:120)	NT		I C	E [[nt E			
Date of Notification (1)				Building	hed leni,	1.1.2									
11/20/17 Agencies Notified Type Notification			Kaitlin Street A	Liszews	A	ASBESTOS CONTROL 8									
			LICENSING									NAME OF TAXABLE PARTY.			
DEP Amended				ite, Zip Co	ide										
DOL Amendmen Emergency	(including			sex, NJ Contact	08846			Telephone	a Niumbor	_					
X DOH justification DCA ☐ Cancellation				iszewsk	кi										
N. CF W. MA. Abstract Table	DI /		FACI	LITY INFO	ORMATION		une of Facility /	4)							
Name of Facility Where Abatement is Takin	ng Place (3	5)					ype of Facility (4								
Street Address							Subchapter	8 (Other than rivate & comr		uildings	, home	≩S,			
City (5) Middlesex						S	quare Feet	# of Floors	S	Bldg.	Age				
County (6) Middlesex			okasa sama a sa	JSE ONĹY)		_ h	current Use (Prio nome		nolished)						
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.	,	AAA L	Abatement Con EAD PROFE	생산 시간에 대답하였다. 그런 경우 하는 것 같아.	3						
Street Address					(TE DOVE CO	DURT							
City, State, Zip Code							te, Zip Code VOOD, NJ 08	3701							
Project Manager for Monitoring Firm		Telephor	ne No.	1 63	Telephor	ne No. 8-9078	Licer 1200	nse No.							
Start Date (10) 11/30/17	Start Date (10) Schedule					Name of OSHA Monitor AAA LEAD PROFESSIONALS Street Address									
Occupancy Status During Abatement (Che	ck Only Or	ne)	431		1 -		idress TE DOVE CO	URT							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of a mal Facility	Abaten / Hours	nent S		C	City, Sta	te, Zip Code VOOD, NJ 0								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure			ro				
Location of	1	Locati	lly		Descr	ription o		1 () and Non-	T Hable 1	Abat	ement				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial s (12)	nce/	Asbes (i.e.		ning Ma vstems in ng, VAT,	erial (ACM) nsulation, or	Amount (Specify SF or LF	. 2	Repair	Encapsulate	Enclosure			
INTERIOR	Yes	No	N/A		Ma	astic		200SF	x		Te .				
MALMON															
Name of Registered Waste Hauler NEWARK CARTING		H	J NJDEP W Hauler ID 4509		Cubic Ya of Waste 3		Name of IESI	Registered La	andfill						
City, State NEWARK, NJ		Disposal Date City, St			City, State BETHL	ate ILEHEM PA									
Completed by JOSEPH PERLSTEIN	Title OWN	NER			Sign	nature			Date						

& Annagadad											Pr	int Form
noch		TFICATION	tate of New Jers N OF ASBESTOS t to NJAC 8:60 ar	ABATE) <u>E</u>	G		\mathbb{V}	
Date of Notification (1)		Name o	of Building Owner.	Operator	140	action	10	U N	0 V	2 8	2017	
Agencies Notified Type Notification Type Notification Initial Amended Amendment		S. C.	Address () 3 Con () ate, Zip Code OUNSO	shitu NJ	150	n Dr 872-		ASBE		S CO ENSI		DL&
□ DOH □ DCA □ Cancellation	including	Name o	of Contact Plackis	,100		0.50	Tele	phone Nu	mber			
		FAC	ILITY INFORMAT	ION			_					
Name of Facility Where Abatement is Taking	g Place (3)				_	of Facility School (K-				v====	11	
Street Address					N			r than K-1: commerci		dings,	home	es,
City (5) Cavallette			(1)			re Feet	# of	Floors	E	Bldg. A	ige	
County (6) OCCO			Code (7) USE ONLY)		Curre	ent Use (Pr		g demolisi	ned)			
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCN	Л No.	1		tement Co stries In		(9)				
Street Address				Street P.O.	Addre: Box	73						
City, State, Zip Code	7			(2000)		ip Code v Jersey	08723					
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph (732)	one N)899-			License N 01196	0.			
Start Date (10)	Scheduled Co	ompletion	Date (11)	Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Check		ement		Street	Addres	SS						
Abatement Performed Outside of Norma Other – Describe:				City, S	tate, Zi	ip Code					2,-01-011.	
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo				Mir Glo	ni-Enclosur ovebag Pro	e cedure	Negative P			a	
	Is Loca					Exempte	() ()	1101111100	1		ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Mainten Custodial (12)	lely by ance/ Staff?	Asbestos Con (i.e. therma surfa		laterial insula T, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A	BC1-051	~/ /	-11	1.0	1117	7.			fe	
			USDIDA)5 }	210	108	4.1	171	X			
Name of Registered Waste Hauler		NJDEP W	aste Cubic	Yards		Name of	Register	ed Landfill				
Brick Industries Inc.		Hauler ID 21602			-	GROW		eu Lanuilli				
City, State Brick, New Jersey			Dispo	sal Date	7	City, Stat	e					
Completed by Eric Plackis	Title President	t	S	ignature	4	110		Dat	e	6/1	1	

PAID

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

	Check # 2564	3	
	ECE		
1ed	center 8	3 2017	
lills	ROSBESTOS C	CONTROL &	
070	78-		
-	Telephone Number		
f Facility (4)		
	(Other than K-12) vate & commercial t	ouildings,	
Feet	# of Floors	Bldg. Age	
00	_6	55+/	
Use (Prio	r if being demolishe	ed)	
ractor (9)			
vironm	ental Services,	Inc.	
РО Во	x 322		
entown,	, NJ 08501		
	License Ne.		
3	004	193	
12,157.22			

Date of Notification (1)			Name		g Owner/Operator		IIIII MOV	28	201	7	III
2/9/2017					St. Barna	bas Medi	Law Cent	r	201	ii.	L
Agencies Notified Type Notification	n		Stree	t Address			_				
EPA Initial DEP X Amended					94 Old Sh	ort Hill	S ROSBESTO	S 60	NTR	SL &	
☑ DOL Amendment	# 01		City,	State, Zip C	Code		LI(ENSI	VG.		
Emergency	(includin	9	_		Livingsto	n, NJ 07	078-				
				e of Contac			Telephone Nu	nher			
Caricellation				Mr. R	on Carval	ho	,				
			FA	CILITY INF	ORMATION						
Name of Facility Where Abatement is Tak	ing Plac	e (3)				Type of Facility	y (4)			-	
St. Barnabas	Medi	cal	_Ce	ater		School (K-1	12)				
Street Address						Subchapter	8 (Other than K-	12)			
94 Old Short	Hill	s R	d.			homes, etc	private & commer	cial bui	ldings	i,	
City (5)						Square Feet	# of Floors	E	Ildg. A	\qe	-
Livingston, N	T 07	078				200000	6.			+/-	
County (6)		U / O		ntv Code (7	7) (STATE		rior if being demo	lished)		T/-	_
Essex				ONLY)	.,						
Name of Monitoring Firm Hired by Building	Owner	T	ASCM	No.	Name of Abatem	ent Contractor (9)				
(8) Environmental Tact						(5)	mental Servi	ces. T	nc.		
Street Address					Street Address			, 1			_
64 Broad Street						PO I	Box 322				
City, State, Zip Codo					City, State, Zip C					_	_
Matawan, NJ 077	47-			1	only, oraco, alp o		n, NJ 08501				
Project Manager for Monitoring Firm	1	Tele	ephone	No.	Telephone No.		License Ne.				_
Tom-Geiger				221		9-9688		0049	3		
Start Date (10) Sch	eduled (Name of OSHA N						_
2/20/17		/18		()			IECS				
Occupancy Status During Abatement (Ch					Street Address						=
☐ Facility Closed/Vacated During Entire F			ment		011001111111111111111111111111111111111	PO I	30x 341				
Abatement Performed Outside of Norm				ŀ	City, State, Zip C						=
Other - Describe:				v-=	2.171 2.12.12.1 - 12 2		cs, NJ 08515				
Scope of Work (Check all that apply)							,				_
						tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf 2160 sf or ≥260 lf	[X] R	enovat emolitic	ion		Mini-End	closure ng Procedure					
A 2 100 31 01 2200 II		21 TOTAL	A1		Non-Exe	empted (*) and No	on-Friable Proced	ure			
		Location			21			1	Abate	ment	8
Location of		ormally Solel			Description of	a.			Typ	е	
Asbestos-Containing Material (ACM)		ntenan		Asbest	os Containing Mate		Amount				
TO BE ABATED		ustodia Staff?	al	(i.e.,	thermal systems in		(Specify	R	ת	nc	
IN Facility (13)	1	(12)			surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	sde	Clos
(10)			1					Val	=	Encapsulate	Enclosure
	Yes	No	N/A							נט	
Exterior Various Are	2	9+8	У	Vapo	r Barrier	Mastic	_600 sf	Х			
Interior Various Are		Х	- 43		r Proofin		480 sf	X			
Hallway 2317 Rm 331		X			VAT/Mast		150 sf	X			
Exterior Windows/Ver			х		Chalking		120 lf	y			
Name of Registered Waste Hauler	-1)C		JDEP V	Vaste	Cubic Yards	Name of Regi	stered Landfill	14			
Stevens Environmental Service	es, Inc	_ +	lauler IC 182	No. 292	of Waste		Fairless La	dfill			
City, State	9 898				Disposal Date	City, State	7				
Allentown,	NJ				3/1/18/1	to /	/Morrisville	, PA			
Completed By Tit					Signature /	- 17	Date				
Mahlon E. Stevens	D.	oject	Man	0000	111111	1 /	4 4		11 -		
ASB-41	- FI	Office	Ivian	agei	///			/21	/1/		_

* Medical Library Medical Library

Pipe Insulation ASbestos Debr_{\(\preceq\)} X X

160 lf X

200 sf

			1	/	2	- 5
E	C	E		\mathbb{V}		1
	MOV	2	0	2017		

Date of Notification (1)				Mam	o of Buildin	ng Owner/Operator	- (2)	HII NOV	28	20	117	Щ
	./9/17	-		Ivaii	ie oi bullali		rnabas Med	ical Center				-
Agencies Notified	Type Notifi	cation		Stree	et Address			ASBEST	OS C	TNC	ROL	2
EPA DEP	Initial Amende	ad					Old Short H		CENS			
☑ DOL	Amendr	ment #		City,	State, Zip		.i	07070				
₩ DOH	☐ Emerge justifica	ncy (includi	ng	Nam	e of Conta		vingston, NJ	Telephone Nur	h	_		
DCA	☐ Ćancella			INGIII		. Ron Carvalh	0	relephone Nul	nber			
				FA		FORMATION						_
Name of Facility Where	Abatement is	Taking Pla	ce (3)		COLLIT I II II	OTHIATION	Type of Facilit	v (4)		ACCOUNT.		
	St. Barna	abas Med	lical	Cente	er	8	School (K-	12)				
Street Address		2722 V			-		Subchapte	r 8 (Other than K- private & commer	12)	Idina	•	
	94 ol	d Short	Hills	Rd			homes, etc	:.)		- 5		
City (5)	Τ.	ivin actor	NII				Square Feet	# of Floors	E	Bldg.	3.7	
County (6)	L.	ivingstor	1, INJ	I Cou	inty Code /	7) (STATE	200000	Prior if being demo		٥.	5+/-	
The second secon	Essex				E ONLY)	I) (SIAIL	Current Ose (F	rior ii being demo	nisnea)			
Name of Monitoring Firm	Hired by Bui	lding Owne	r	ASCN	l No.	Name of Abatem	nent Contractor (9)				
(8) Environ	mental Ta	ectics				Stev	ens Environ	mental Servi	ces, I	nc.		
Street Address	CAD	1.0				Street Address	12.11					
City Chata 7ia Cada	ty, State, Zip Code Matawan, NJ 07747							Box 322				
	latawan, N	VJ 0774	7			City, State, Zip C		n, NJ 08501				
		10 0771	200	ephone	No.	Telephone No.	Tillelitow	License No.				_
in the contract of the contrac	ject Manager for Monitoring Firm Tom Geiger					(609) 25	59-9688	C Productive Communication	0049	3		
Start Date (10)		Scheduled	Comple	etion Da	ate (11)	Name of OSHA N	Monitor					_
2/20/17			3/1/	18			N	IECS				
Occupancy Status Durin		a contract of the second	e	**************************************		Street Address	DO I	Day 241	Table -			
☐ Facility Closed/Vacate						City, State, Zip C		30x 341				_
Other - Describe:	2 0 0 10 0 0 1 1	torridir doi	1100			City, State, Zip C		cs, NJ 08515				
Scope of Work (Check a	Il that apply)						0100011101	10, 110 00010				_
≥3 sf or ≥3 lf		₽ F	enovat	ion		Full Con Mini-End		egative Pressure				
∑≥160 sf or ≥260 lf			emolitic			☐ Gloveba	a Procedure					
		Is	Locati	on		Non-Exe	empted (*) and No	on-Friable Proced		hata	ment	
	,	1	lormali d Sole	4					'	Ty		
Location of Asbestos-Containing N) Ma	intenar	ice/	Asbest	Description of os Containing Mate		Amount				
TO BE ABAT IN Facility			Staff?		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Re	Z.	inca	Enc
(13)			(12)			other miscellaneo		3F 01 LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					<u>m</u>		ate	Гe
Exterior Vario	us Areas			×	V	apor Barrier N	/astic	600 sf	×			
Interior Variou			×			ter Proofing N		480 sf	×			
	Hallway 2317, Room 3313					VAT/Masti		150 sf	×			
Exterior Windo		×		Chalking		120 lf	×			\vdash		
Name of Registered Was	1000	JDEP \ lauler ID	SOUTH CONTRACTOR	Cubic Yards	***************************************	stered Landfill	1,4			\vdash		
Stevens Environn	Stevens Environmental Services, Inc.					of Waste 15 CU		GROWS La	ndfill			
City , State	200-00 P				292	Disposal Date	City, State					=
	Allentow					3/1/18	$+\Omega$	Morrisville.	PA			
Completed By Mahlon E. Ste	venc	Title	roiss	1/100	000	Signature		Date	2/0	/17		
Manion E. Ste	ve115	P	tojec	t Man	ager				2/9	/1/		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 10 10 17 Verizon Communications Agencies Notified Type Notification Street Address **⊠** EPA 1609 Pacific Avenue ☑ DOLWD City, State, Zip Code **⊠** DOH Amendment #2-11/20/17 ASBESTOS CONTROL & Atlantic City, NJ 08401 ☐ Emergency (including ☐ DCA LICENSING (NJAC 5:23-8) justification) Name of Contact □ Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Atlantic City Central Office School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1609 Pacific Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Atlantic Clty 88,066 7 +-75 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Atlantic Verizon Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8346 Enterprise Avenue 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 21 / 17 11 / 28 / 17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/5:00PM-2:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ 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 Remova Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Turbine/Store Room \boxtimes VAT / Mastic (Same Area) 1085 SF \boxtimes 1st Floor Turbine/Store Room X Generator Exhaust Insulation 200 SF 1st Floor HSB/New Pad Area П X VAT / Mastic 1055 SF X 1st Floor Temporary Store Room \boxtimes VAT / Mastic 210 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Bristol Environmental Inc ACUA Haneman Environmental Park 18706 City, State Disposal Date City, State Bristol, PA TBD Egg Harbor Township Completed By (Print or Type) Title Signature Dillan DeCaro

Estimator

Date of Notification (1)				Name	e of Buildin	g Owner/Operator	(2)	FRE	1	11//	15	Tacas
	_ / _	17		Control of the last		nmunications		D)	. U	\\	<u>L</u>	
Agencies Notified Typ	e Notifica	tion		Stree	t Address			land 1				
⊠ EPA ⊠	Initial			160	09 Pacific	Avenue	Name of the last o	ILI NOV 2	8	2017		11
	Amended			City.	State, Zip (Code		90 BG/		- 2 1 1 1	-	human
The state of the s		ent #2-11/2				, NJ 08401	-	AND THE PARTY OF T	entrancements	mentalises som	NVAN NAME	
	Emergenc justificatio	cy (includin	g		of Contac			ASBESTOS TelephonelNumb	CON	TRO	L&	
The state of the s	Cancellatio			4.000.000	x Baylor		loon	i relephoneuwumb	em		NOTE WILLIAM TO SERVICE OF THE SERVI	NAME AND ADDRESS OF
				_		IFORMATION		ill ill				
Name of Facility Where Abate	ment is Ta	aking Plac	e (3)	ГА	CILITIN	IFORWATION	Type of Facility	, (4)				
Verizon Atlantic City Ce		1272	3 (3)				School (K-1					
Street Address								8 (Other than K-12)				
1609 Pacific Avenue								private and commerc		uilding	gs,	
City (5)							Square Feet	# of Floors	В	dg. A	ae	
Atlantic Clty							88.066	7	1	+-75	Disc.	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolisl	hed)			
Atlantic						* * * * * * * * * * * * * * * * * * *		mmunications	,			
Name of Monitoring Firm Hired	by Buildi	ing Owner	(8)	ASCM	No.	Name of Abateme						
USA Environmental Inc			1.00				VIRONMENTA					
Street Address						Street Address					1000	
8346 Enterprise Avenue	1					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	Description of the second second					
Philadelphia, PA 19153						BRISTOL, PA						
Project Manager for Monitoring	Firm		Tele	ephone	No.	Telephone No.		License No.				
Mark Jenkins			2	15-365	-5810	215-788-6040	ř.	00509				
Start Date (10)	Sc	cheduled C	omple	etion Da	te (11)	Name of OSHA M						
11 /21 /17		11 /	_ 28	3_/	17	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Abat	ement (Cl	heck only	one)			Street Address						
☐ Facility Closed/Vacated Du				ment		1123 BEAVER	RSTREET					
Abatement Performed Outs					cribe	City, State, Zip Co						
Time of Abatement:	AM	_PM/ <u>5:00</u>	PM-2	:00AM		BRISTOL, PA						
Scope of Work (Check all that	apply)					Ditto TOE, TA	13007					
		70_2					ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re	novat moliti			⊠ Mini-Enc						
2 2100 31 01 2200 II			HIOHU	JII		☐ Glovebag ☐ Non-Exe	mpted (*) and No	on-Friable Procedure	е			
			Loca						_	atem	ent T	vpe
Location of	201 200 <u>2</u> 200		Norma	illy ely by		Description o			-	1		1
Asbestos-Containing Mater TO BE ABATED	ial (ACM)		intena	, ,		stos Containing Ma , thermal systems i		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus		Staff?	(1.6.	surfacing, VAT,		(Specify SF or LF)	ova	=	psu	DSU
(13)			(12)	1	-	other miscellane	ous)	S-712-14 San - 10-2-13 Page 1			late	Œ
1st Floor Penetrations		Yes	No	N/A	1/AT / B#	4.			57	_		
					VAT / M			6 SF			Ш	Ш
2 nd Floor Frame Room Per		ns 🗌			VAT/M			6 SF				
3 rd Floor Office Penetratio					VAT / M	astic		6 SF				
6 th Floor Hallway Penetrat					Mastic			6 SF	\boxtimes			
Name of Registered Waste Hau			100	IJDEP V lauler ID	((A) 70 MA ELECT	Cubic Yards of	Name of Regis					
Bristol Environmental In	С			18706		Waste	ACUA Har	neman Environm	enta	Par	k	
City, State						Disposal Date	City, State		X-1-1-1	10210		
Bristol, PA						TBD	Egg Harbo	or Township				
Completed By (Print or Type)		Title				Signature		, Date	e /	/	,	
Dillan DeCaro		Estima	tor			1) 00	1ges	. / . / .	11	911	19	

Date of Notification (1)				N	ame of Br	uilding Owner/Operate	or (2)	IN ETP	E	A D	7 F	- p
	10 / _	17	-			Communications			5	U V	/ [
Agencies Notified	Type Notifica	tion		St	treet Addr	ess		11 11				-11
⊠ EPA					1609 Pa	cific Avenue		U U NOV	28	201	7	
⊠ DOLWD	Amended Amendme	nt #4	44121	da Ci	ty, State,	Zip Code						Jens
DCA	☐ Emergence			11		City, NJ 08401		ASBESTOS	2000	V 1.4-D	THE PROPERTY OF THE PARTY OF TH	
(NJAC 5:23-8)	justificatio	n)	unig	1	ame of Co		l less	ASBESTOS Telephone Ni	MOU.	NI HU	JL&	
	☐ Cancellation	on			Alex Bay			1 Telebhone, M	IMNA		MATURE	AND COMMEN
						Y INFORMATION		-				
Name of Facility Where Ab	atement is Ta	king Pl	ace (3	3)			Type of Facili	tv (4)				
Verizon Atlantic City	Central Off	ice					School (K-	(T (N N)				
Street Address							Subchapte	er 8 (Other than K-	12)			
1609 Pacific Avenue							Other (i.e., homes, etc	private and comm	ercia	l build	lings,	PS.
City (5)							Square Feet	# of Floors		Dit		
Atlantic Clty							88,066	# 01 F1001S			. Age	Ñ
County (6)			-	Co	ounty Cod	e (7)(STATE USE ONLY)		Prior if being demo	l'a la car	+-7	15	
Atlantic					,	, no me ode one i)	The state of the s	ommunications		1)		
Name of Monitoring Firm Hi	red by Buildin	g Owne	er (8)	ASC	M No.	Name of Abatem						
USA Environmental I	nc			1			VIRONMENT					
Street Address						Street Address	TVII OI VIII LIVII	AL, INC.				
8346 Enterprise Aven	ue					1123 BEAVE	D STDEET					
City, State, Zip Code						City, State, Zip C						
Philadelphia, PA 1915	3					BRISTOL, PA						
Project Manager for Monitori			Te	elephon	e No	Telephone No.	4 19007	1				
Mark Jenkins					5-5810	215-788-6040	ve. 20	License No.				
Start Date (10)	Sch	eduled			Date (11)	Name of OSHA N		00509				
10/24/					_LD	[]						
Occupancy Status During Ab							VIRONMENTA	L, INC				
☐ Facility Closed/Vacated D				omani		Street Address						
Abatement Performed Ou	tside of Norma	al Facil	ity Ho	urs - De	ecribe	1123 BEAVE						
Time of Abatement:	AMF	PM/5:0	0PM-	2:00AN	1	City, State, Zip Co						
Scope of Work (Check all tha	t annly)		-			BRISTOL, PA	19007					
	с арріу)					⊠ Full Cont	ainment with Neg	rativo Processos				
≥3 sf or ≥3 If ≥160 sf or ≥260 If			enova				osure	gative Pressure				
2 = 100 St 01 = 200 II			emolit	ion		☐ Glovebag	Procedure	n-Friable Procedur				
		1:	Loca	ation	1	□ IVOII-EXE	ipted () and No	n-Friable Procedur	_	100 A 100 A		
Location of			Norma	ally		Description of				atem	ent T	
Asbestos-Containing Mate TO BE ABATED	rial (ACM)		ed Sol	ely by	Asb	estos Containing Mat	erial (ACM)	Amount	Removal	Repair	En	Enclosure
IN Facility				Staff?	(1.	e., thermal systems in surfacing, VAT,		(Specify	Von	pair	cap	clos
(13)			(12)			other miscellaneo		SF or LF)	<u>a</u>		Encapsulate	ure
		Yes	No	N/A							te	
st Floor Turbine/Store Ro					VAT / N	/lastic (Same Area)	1085 SF				
st Floor Turbine/Store R				\boxtimes	Genera	tor Exhaust Insul	ation	200 SF	×			
st Floor HSB/New Pad Ar					VAT / N	flastic		1055 SF				
st Floor Temporary Store	THE PERSON NAMED IN COLUMN				VAT / N	lastic		210 SF	\boxtimes	П	П	П
ame of Registered Waste Hau			10000	JDEP V		Cubic Yards of	Name of Registe	ered Landfill				
Bristol Environmental In	С		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	auler ID 18706		Waste		man Environme	ental	Park	(10
ty, State				.0,00		Disposal Date	City, State				25	
Bristol, PA						TBD	Egg Harbor	Township				
empleted By (Print or Type)	Title					Signature		Date				
	1					1 -13.10.0		Date				- 1

Date of Notification (1)				IN	ame of Bui	Iding Owner/Operato	- (2)					Ш
	10 / _		-			Communications	r (2)	Mov Nov	2 8	201	7	
Agencies Notified ☑ EPA ☑ DOLWD	Type Notificat	tion		100	treet Addre 1609 Pac	ss ific Avenue		ASBESTO	2.00	MITD	α	1
Ø DOH	Amended Amendme	nt #1	44/2	Ci	ty, State, Z	ip Code		LICE	ENSI	NG	ULC	X.
DCA	☐ Emergence			17	Atlantic (City, NJ 08401	L	A CONTRACT THE PROPERTY OF T	MANAGEMENT OF		E TOTAL	muters
(NJAC 5:23-8)	justification		unig	Na	ame of Con	tact		Tolonhone N.				
	☐ Cancellation	n			Alex Bayl	or		100				
				1	FACILITY	INFORMATION		-				_
Name of Facility Where			ace (3	3)			Type of Facili	15 (0.05)		- 250		-
Verizon Atlantic Ci	ty Central Off	ice		2155			School (K-	-12)	2002-2000			
Street Address 1609 Pacific Avenu	te						Other (i.e.,	er 8 (Other than K-1 private and comm c.)	12) iercia	build	lings,	
City (5)							Square Feet	# of Floors		Bida	Age	_
Atlantic City							88,066	7		+-7		
County (6)				Co	ounty Code	(7)(STATE USE ONLY)	100	Prior if being demo	lishor	2 20 17	3	-
Atlantic	=				221		Verizon Co	ommunications		')		
Name of Monitoring Firm USA Environmental		g Owne	er (8)	ASC	M No.	Name of Abatem						
Street Address	i iiic						VIRONMENT	AL, INC.				
8346 Enterprise Ave	anuo					Street Address						-
City, State, Zip Code	ende					1123 BEAVE						
Philadelphia, PA 19	152					City, State, Zip C						
Project Manager for Monit			1=			BRISTOL, PA	19007					
Mark Jenkins	oring Firm			elephon		Telephone No.		License No.				
Start Date (10)	101				55-5810	215-788-6040	• 1	00509				
Stall Date (10)					Date (11)	Name of OSHA M						
					_LD	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated	During Entire P	eriod o	f Aba	tement	20	1123 BEAVER	RSTREET					
Time of Abatement:	AMF	PM/ <u>5:0</u>	0PM-	urs - De 2:00 AN	escribe 1	City, State, Zip Co						
Scope of Work (Check all t	hat apply)					BRISTOL, PA	19007					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		transact -	enova				ainment with Neg osure	gative Pressure				
△ ≥160 St 0f ≥260 If		∐ De	emoli	tion		☐ Glovebag ☐ Non-Exen	Procedure	n-Friable Procedur	re			
l		100	S Loca Norm			2000 02 000 00				patem	ent T	уре
Location of Asbestos-Containing Ma				lely by	Asha	Description of			-	1	T	Ť
TO BE ABATE		Ma	inten	ance/	(i.e	stos Containing Mate ., thermal systems in	sulation.	Amount (Specify	emo	Repair	nca	Enclosure
IN Facility		Cus	todia (12	Staff?		surfacing, VAT,	or	SF or LF)	Removal	=·	Encapsulate	Jusc
(13)		Yes	No	T	1	other miscellaneo	us)				late	e
st Floor Penetrations					VAT / M	astic		6 SF			П	-
nd Floor Frame Room I	Penetrations				VAT / M	astic		6 SF				-
d Floor Office Penetra	tions			\boxtimes	VAT / M	astic		6 SF				
h Floor Hallway Penetr	rations				Mastic			6 SF				
ame of Registered Waste H			1	IJDEP V	Vaste	Cubic Yards of	Name of Regist			П		Ш
Bristol Environmental	Inc		+	18706		Waste		man Environme	ental	Parl	<	
y, State				10700		Disposal Date	City, State			. 411		
Bristol, PA						TBD	Egg Harbor	Township				
mpleted By (Print or Type)	Title					Signature						
0 50 0						Janata 6		Date				

Ck#3275

[B. (11. 18. 1. 1.1.				-				10)				
Date of Notification (1)	10 /	17				ding Owner/Operato communications	r (2)	DEG	E		\mathbb{V}	
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notific			1		fic Avenue		NOV	2	8 21	017	
⊠ DOH	Amendm	nent#	_	10 83	y, State, Zi							
DCA	☐ Emerger		ing		me of Cont	ity, NJ 08401		ASBEST	OS (CONT	ROL	8
(NJAC 5:23-8)	justificat Cancella				lex Baylo			Telephone Nur	Uper	SING	1	outre
Name of Facility Where A	hotomont in	Takina Dia	(0		ACILITY	INFORMATION						
Verizon Atlantic Cit			ce (3)			Type of Facilit					
Street Address	y Central C	nnce					School (K-	12) r 8 (Other than K-1	2)			
1609 Pacific Avenue	9						Other (i.e.,	private and comme	ercial	buildi	ngs,	
City (5)	-						homes, etc					
Atlantic City							Square Feet	# of Floors		Bldg.		
County (6)				100	unti Cada	/7\/0TATE //0E 04// \/	88,066	7		+-7	5	
Atlantic				00	unty Code	(7)(STATE USE ONLY)	Lancing Committee Committee	Prior if being demoli	shed)		
Name of Monitoring Firm I	Hired by Build	lina Ouma	r /0\	1000	M No.	This are a finite		ommunications				
USA Environmental		ing Owne	(0)	ASCI	VI INO.	Name of Abatem		- 150 mg				
Street Address	1110						IVIRONMENTA	AL, INC.				
8346 Enterprise Ave	nua					Street Address	D 07DEET					
City, State, Zip Code	nue					1123 BEAVE						
Philadelphia, PA 191	53					City, State, Zip C						
Project Manager for Monito			T		- 11-	BRISTOL, PA	19007					
Mark Jenkins	Jilly Fillii		1100	elephone		Telephone No.		License No.				
		-11			5-5810	215-788-6040		00509				
Start Date (10) 10/24/		cheduled				Name of OSHA N						
		11		10 /		BRISTOLEN	VIRONMENTA	L, INC				
Occupancy Status During						Street Address		2.20				
☐ Facility Closed/Vacated ☐ Abatement Performed C					ara alle ar	1123 BEAVE						
Time of Abatement:						City, State, Zip Co BRISTOL, PA						7.5
Scope of Work (Check all the	nat apply)											- 112
⊇ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De	enova			⊠ Mini-Encl ☐ Glovebag	Procedure	gative Pressure on-Friable Procedur	P			
		ls	Loca	ation					-	atem	ent Ty	VDF
Location of			Norm	ally lelv bv		Description of			-	_		_
Asbestos-Containing Ma TO BE ABATE				ance/		stos Containing Mat ., thermal systems in		Amount	Removal	Repair	Encapsulate	Liciosule
IN Facility		Cus		Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	ova	=	psu	nsc
(13)		Yes	(12 No	1	-	other miscellaneo	ous)		-		late	α
st Floor Turbine/Store	Room	Tes		N/A ⊠	VAT / M	astic (Same Area	3)	1085 SF				
st Floor Turbine/Store	Room					tor Exhaust Insul		200 SF				-
t Floor HSB/New Pad	Area				VAT / M	astic		1055 SF				_
t Floor Temporary Sto	re Room		П	\boxtimes	VAT / M	astic		210 SF				
me of Registered Waste H			TN	JDEP V		Cubic Yards of	Name of Regist					_
Bristol Environmental				lauler IE 18706	No.	Waste		eman Environme	ental	Park	<	
y, State				10100		Disposal Date	City, State					
				10700		Disposal Date TBD	City, State Egg Harbor	Township				

OR#3275

Date of Notification (1)			Na	ame of Bu	ilding Owner/Operator	(2)	17	666	1	`₩	E	1
	17				Communications		1				-	
Agencies Notified Type Notifica	ation		St	reet Addre	ess				0	2015		
			- 10		cific Avenue			NOV 2	8	2017	1	
			18000	ty, State, 2	STORES AND AND STORES OF THE STORES							THE REAL PROPERTY.
□ DOH Amendme		_			City, NJ 08401			ASBESTOS	001	ITDO	L O	
DCA Emergence (NJAC 5:23-8)	y (inclu	ding		me of Cor				LICEN	ISIN	II KO G	L&	
Cancellati				Alex Bay		-	INTERNACE OF THE PARTY OF THE P	Telephone Ni.	maha		and the page of	
	-						_	-				
Name of Facility Where Abatement is Ta	akina Pl	ace /	1	ACILITY	INFORMATION	T= ,=						
Verizon Atlantic City Central Of		ace ()			Type of Fac						
Street Address	1100					School (K-12)	(Other than K-1	(2)			
1609 Pacific Avenue						Other (i.e homes, e	e., pri	vate and comm	ercial	l build	ings,	(8
City (5)						Square Fee		# of Floors .		Dida	Λ α α	
Atlantic Clty						88,066	L)	7		Bldg.		J.C.
County (6)			Co	unty Code	e (7)(STATE USE ONLY)		/Drio	r if being demol		+-7	5	
Atlantic				,	I MOTHIE GOE ONET			munications	usnec	1)		
Name of Monitoring Firm Hired by Buildin	na Owne	er (8)	ASC	M No.	Name of Abatem			nunications				
USA Environmental Inc	.5	. (0)	7.00	WITTO.	BRISTOL EN		(((())))	INIO				
Street Address					Street Address	VIKONIVIEN	IAL,	INC.				
8346 Enterprise Avenue					1123 BEAVE	D OTDEET						
City, State, Zip Code												
Philadelphia, PA 19153					City, State, Zip Co							
Project Manager for Monitoring Firm		TT	olonbon	a Nia	BRISTOL, PA	19007						
Mark Jenkins		1	elephon		Telephone No.			License No.			89. No. 15.	
	اد دار رام م	1000		5-5810	215-788-6040			00509				
10 / 24 / 17				ate (11)	Name of OSHA M							
				17	BRISTOL EN	/IRONMENT	AL,	INC				
Occupancy Status During Abatement (Ch					Street Address							
☐ Facility Closed/Vacated During Entire I ☐ Abatement Performed Outside of Norm	eriod o	f Aba	tement		1123 BEAVER							
Time of Abatement:AM	PM/5:0	OPM-	2:00AM	scribe	City, State, Zip Co						2.025	
		= 7			BRISTOL, PA	19007						
Scope of Work (Check all that apply)					M Full Conta							
≥3 sf or ≥3 lf	⊠R	enova	ation		Mini-Enclo	inment with N	egati	ve Pressure				
⊠ ≥160 sf or ≥260 lf		emoli	tion		Glovebag	Procedure						
	1.	2 02	otion	T	☐ Non-Exem	npted (*) and N	lon-F	riable Procedur	е			
Location of		s Loca Norm			D				Al	batem	ent 7	Гуре
Asbestos-Containing Material (ACM)	Use	ed So	lely by	Asb	Description of estos Containing Mate	erial (ACM)		Amount	Re	Re	m m	1
TO BE ABATED	100000		ance/ Staff?	(i.	e., thermal systems in	sulation,		(Specify	Removal	Repair	cap	CIO
IN Facility (13)	Out	(12			surfacing, VAT, o			SF or LF)	val	-	Encapsulate	criciosure
(,,,,	Yes	No	N/A		other miscellaneou	15)					ate	1
1st Floor Penetrations				VAT/N	/lastic			6 SF				
2 nd Floor Frame Room Penetrations				VAT / N	flastic		<u> </u>	6 SF				-
3 rd Floor Office Penetrations				VAT / N	fastic		-	6 SF				-
6th Floor Hallway Penetrations				Mastic				6 SF	-			
Name of Registered Waste Hauler	-	IN	JDEP V		Cubic Yards of	Name of Regi	etera			Ш	Ш	
Bristol Environmental Inc			lauler ID	No.	Waste			ın Environme	nta!	Doe	,	
City, State			18706		Disposal Date		.01116	Environme	ınıal	rari		
Bristol, PA					TBD	City, State						
Completed By (Print or Type) Title						Egg Harbo	rio	wnship				
	7				Signature			Date				

Do not use this form for asbestos licensure exempted activities

RECEIVED 11/21/2017 10:35AM

NOV 28 2017

Date

11/21/2017

Gordona Lana

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 8698 *** EMERGENCY *** ASBESTOS CONTROL & Date of Notification (1) Name of Building Owner/Operator (2) LICENSING 1111/1211/117 Diane Titus Agencies Notified Type Notification Street Address DOT - 10 DAY ☐ EPA Initial DEP City, State, Zip Code X DOL Amendment NOV 2 1 2017 Pompton Plains, NJ 07444 X DOH Name of Contact Telephone Number Y h Cancellation DCA Diane Titus FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Diane Titus Subchapter 8 (Other than K-12) Street Address Ciher (Private/Commercial Bldgs /Homes, etc. Square Feet # of Floors Bidg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Pompton Plains Morris residential Name of Monitoring Firm Hired by Bidg, Owner (8) Name of Abatement Contractor (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State. Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. 11/22/2017 11/22/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vecated during entire period of abatement. City, State, Zip Code Absternent performed outside of normal facility hours-Describe; Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation >3 af or >3 H ≥160 sf or ≥230 if Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial Ε asbastos-containing e Amount n Description of asbestos-containing staff(12) n m p meterial to be (Specify SF or C material (ACM) 0 abated in facility (13) 3 No N/A basement K boiler insulation 40 sf X basement K pipe insulation 120 lf × Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 11/24/2017 Tullytown, PA Completed by (Print or Type) Signature

Thie

Secretary/Treasurer

Gordana Luna

State of NJ

State of NJ

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

Check # 8698

e to exceptions of the con-		and the second of the second	,	***	EMERG	ENC	, Y ***		CHECK	0000			=	
Date of Notification	(1)	Name of	Building Owr	ner/	Operator (2)				EG	EIN			7	
1 1 1 1 1 1 2 11			Titus					IID) 5		<i>y</i> [-		
Agencies Notified	Type Notification	Street Ac	idress				\$	IID	1	0.0 00				
☐ EPA ☐ DEP	X Initial					-		111	L: NOV	2 8 20	17/	las.	4	
₩ DOL	☐ Amendme		te, Zip Code pton Plains	s N	1.1 07444					DOWN ARCHING		丄	\dashv	
₩ DOH		Name of		3, 1	10 07 444			-	ASBESTO Telephon	OS CONT ENUMBREG	ROL	R	+	
☐ DCA	☐ Cancellati	on	ne Titus					Instantinum	THE PERSON NAMED OF THE PARTY.	THE RESERVE OF THE PARTY OF THE	- contr	MINISTERNAL Y	mound	
		Diai			7/11/50014	ATION			=		-	_		
1			FA	CILI	TY INFORMA	ATION		Tvr	e of Facility (4)				
Name of facility w	here abatement is	taking place (3)						,,,,		(K - 12)				
Diane Titus										apter 8 (Ot			2)	
Street Address									Other of Bldgs.	Homes, etc		Jiai		
								Sc	quare Feet	# of Floors		Bldg	J. Ag	е
City (5)		County (6)					ry Code (7) use only)	_	urrent Use (P	rior if heing	demo	lished	i)	
Pompton Pla	ains	Morris			r estates	(0.0.0	. 255 5,7	1	esidential	nor in boning			,	
Name of Monitori	ng Firm Hired by B	dg. Owner (8)		T	ASCM No.	111	Name of Abatemen	t Cont	ractor (9)					
	¥3			_ _	n/a		B & G Restora	ation,	Inc.					
Street Address							Street Address 105 Ryerson	Road	i					
City, State, Zip Co	de					-	City, State, Zip Code				-		Contract of the Contract of th	-
City, State, Zip Co	uc .						Lincoln Park		07035					
Project Manager f	or Monitoring Firm		Phone Nur	mbe	г		Felephone Number (973)696-68			License 00	Numb 378	er		
							Name of OSHA Mo							
Scheduled Start D	F2 - 117		pletion Date	(11))		B & G Restora	ation,	Inc.					
11/22/2017		11/22/20		- 10			Street Address	Poor	1					
	During Abatement ed/vacated during						105 Ryerson City, State, Zip Cod		1				_	
Abatement	performed outside													
Describe: Other-Describe	cribe:					=	Lincoln Park,	NJ 0	7035				-	-
	check all that apply)				_				_		72		
Demolition		Renovation					ull Containment w/n	negativ	re pressure	Glovel				
	If 🔲 :	≥160 sf or ≥260		Jal.	1	Пм	lini-enclosure			☐ NOII-II	I R	R	E	1
Location of asbestos-c	40 200	Is location non by maintenance		neiy	1	ion of as	sbestos-containing		Amount		e m	e p	n	E n
material to abated in fa	be	staff(12)		_	material		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Specify LF)	SF or	0	a	c a	C
abated III is	acinty (15)	Yes I	No N/	100							е	r	Р	1
basement			X		boiler ins				40 sf		X	H	H	뷰
basement			×		pipe insu	llation			120 lf		H	H	H	旹
				=			CONTROL INC. TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE	and the second s			i			恒
Registered Waste B & G Restor		NJDEP H 1956		C	ubic Yards of	Waste	Name of Register		ndfill esource & F	Recovery	Cen	ter		-
City, State			Dispos		ate		City, State	pupandone		.500 (01)	0011			-
Lincoln Park			1	1/2	24/2017		Tullytow	n, PA	1	I D.				
Completed by (P Gordana Lui		Title Secretary/T	reasurer		Signature	9	Gordana Luni	z		Date 11/2	1/20	17		



Check # 4031

Date of Notification (1)		\top	Name of	f Building Own	er/Operator	(2)			\ E	P	ß	\/7 N	7 [5
11/ 20/2017		1	NJ Dep	partment O	f Military	and	Veterans	Affair	1-15	<u>U</u>	15	U V	[]
Agencies Notified Type Notifi	cation		Street A	ddress				land.	<				
EPA Initial		1	101 Eg	gert Cross	ing Rd			1111	ĺ.	11011	20	20	17
DEP Amen	ded		City, Sta	ate, Zip Code				IUI	1	NUV	20	ZU	1
DOL Amen	dment#	_	awrer	nce NJ) ber 2017 ber 2 8 2017 control of the service of the		
	gency (including cation)		Name o	f Contact				-Tele	er than K-12) commercial buildings, homes, Floors Bldg. Age ng demolished) (9) License No. 01133 Negative Pressure d Non-Friable Procedure Abatement Type				
	ellation	1	Гed						4.51	(1-4-11			
			FACI	LITY INFORM	ATION								Shrines
Name of Facility Where Abatement is	Taking Place (3)				Тур	e of Facility (41					
National Guard Armory							School (K-1	2)					
Street Address							Subchapter	8 (Other	than K	-12)	9.0		222
2001 Park Blvd							Other (i.e. p	rivate &	comme	rcial bu	lliaings	s, nome	3 S,
City (5)						Squ	are Feet	# of 1	Floors	T	Bldg.	Age	
Cherry Hill, NJ													
County (6)				Code (7)		Curi	ent Use (Pri	or if bein	g demol	ished)			
Camden			(STATE	USE ONLY) _									
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	Л No.	Name	of Ab	atement Cor	tractor (9)				
TTI					Nick I	Rest	oration LI	_C					
Street Address			1		Street								
1253 North Church St					72 Br	ooks	side Rd						
City, State, Zip Code							Zip Code						
Moorestown, NJ 08057							NJ 078	69					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph			T	License	No.			
				40-8800	973-9			10	11133				
Start Date (10)	Schedul			Date (11)	100.000.000.000		SHA Monitor		71100			-	
12/01/2017	12/4/20		.p.oo.	()	IRIS								
Occupancy Status During Abatemen					Street	Addr	988						_
			v		2333								
Facility Closed/Vacated During Abatement Performed Outside	Entire Period of a	Abatem	nent		TO SECURITY OF		Zip Code						
Other – Describe: 4pm	or recirriar r acinic	riours											
Scope of Work (Check All That Apply	1				JOHIOI	I, INC	07083						_
	2000	200,000			-	1 _				_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					ull Containm lini-Enclosure		Negative	e Press	ure		
2 100 St 01 2200 ti	L '	Jemoni	1011				lovebag Pro						
									Non-Fri	able P			
	Is	Locati	on								10.00		1
Location of		Normal			Description	of				-	1	ype	_
Asbestos-Containing Material (A		ed Sole intenar		Asbestos (Containing N	//ateri	al (ACM)				.	m	ш
TO BE ABATED In Facility		todial S			mal system urfacing, VA		liation,			(em	Re	cap	nclo
(13)	1	(12)			er miscellar)			OVE	bair	sula	nusc
	Yes	No	N/A							-		ite	0
ground floor		×		TOLL	0 0114			18 LF			+	1	
ground floor		_	-	TSI/ wrap	& CUL			10 LF			+	+	
Name of Registered Waste Hauler		IN	JDEP W	Vaste Cu	ıbic Yards		Name of	Register	ed Land	Ifill			
Nick Restoration LLC		Н	lauler ID	No. of	Waste		G.R.O.\						
		3	3782	TE			The second consequences	1010000000					
City, State Randolph, NJ 0786	9			Di:	sposal Date BD		City, Stat						
Completed by	Title				Signature	e/ .				Date			
Elvira Mrda	Presi	dent			61	Ul	ia le	100	1 1	1/20	2017	7	

CK 2442 P	AI		CATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE			<u>E G</u>				
Date of Notification (1) 11-17-2017				f Building Main St					NOV	28	20	1	1
Agencies Notified Type Notification EPA Initial			Street A 333 N	ddress Main St	treet				ASBEST	OS CO		ROL 8	È.
DEP Amended Amendment #				ate, Zip Co ertville, N		30				OLINO			
□ Emergency (ir justification) □ DCA □ Cancellation	ıcluding		Name o	f Contact es Piech					lenhone Ni	imber	-0.71		
Name of Facility Where Abote week in Table	DI (6	,	FACI	LITY INFO	ORMATI	ON		r					
Name of Facility Where Abatement is Taking Commercial	Place (3	5)					Type of Facili	S 310					
Street Address 243 N Main Street				-			X Other (i.e	ter 8 (Oth	er than K-		dings	home	es,
City (5) Lambertville, NJ 08530							etc.) Square Feet 19000	# 0	f Floors		8ldg. <i>A</i>	\ge	
County (6) Hunterdon				Code (7))		Current Use (Prior if be	ing demolis	shed)	78.00		-
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCN		0. (2000		of Abatement (
Street Address		-					n Environme Address	ental Se	ervices, L	LC			
City, State, Zip Code				1/ 1/ 1/2			Virginia Ave	nue					
100 0 N						Jerse	ey City, NJ 0	7304					
Project Manager for Monitoring Firm			Telepho	ne No.		12,500,000,000	ione No. 333-8855		License 01174	No.			
	Schedule 12-1-2		pletion	Date (11)			of OSHA Monit e as above	or					
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			ent			City, S	tate, Zip Code						
Scope of Work (Check All That Apply)						_						12/11/200	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renovat Demoliti				×	Mini-Enclos Glovebag P	ure rocedure				e	
	D 2005	Location										ement pe	Š
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel intenan todial S (12)	y by ice/		tos Cont thermal surfac		faterial (ACM) s insulation, T, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ю	
Garage		X			Trans	site Pa	nels	24	100 SF	X			
Room # 1-2-3		X				VAT		6	75 SF	X			
Room # 1-2-3		X			1	Mastic		6	75 SF	X			
Name of Registered Waste Hauler		l N.	JDEP W	/aste	Cubic	Yards	Name	of Regist	ered Landfi	11			
Green Environmental Services		Ha	auler ID 134889	No.	of Was		1000000000		North La				
City, State Jersey City, NJ					Dispos 12-1-2	al Date 2017	City, S Morri	tate sville, P	A				
Completed by Liliana Serrano	Title Office	e man	ager		1.1	ignature	unse	RICI		ate 1-17-	2017	6	

Print Form

CX10473 P	AU	IITOM	S FICATIO Pursuan	tate of No N OF ASI t to NJAC	ew Jerse BESTOS 2 8:60 an	y ABATE d 12:12	MENT			EG			₩ ^{Pr}	int
Date of Notification (1)			Name	of Building	Owner/0	Operator	(2)		╫╫	NOV	2	8 2	117	-
11/20/17			1	Towns			9.00 500				-	_	011	
Agencies Notified Type Notification	1		Street	Address									Wiscons	
☑ EPA ☑ Initial									'	ASBEST	OS C	CONT	ROL	&
DEP Amended				ate, Zip C			500		-	THE PERSON NAMED IN COLUMN TWO	-	S. Parket	-	-
Emergency		_		Beach		J 0800	8							
DOH justification)	50		of Contact	t				Tele	phone No	ımher			
DCA Cancellation	n ————		Greg											
Name of Facility Where Abatement is Takin	ng Place (3)	FAC	ILITY INF	ORMAI	ION	Type	of Facility	(4)					
Greg Townsend Private Home		- /					,,pc	Takin on and						
Street Address							H	School (K- Subchapte		r than K-1	(2)			
								Other (i.e.				ldings	, hom	es,
City (5)							Saus	etc.) are Feet	# of	Floors	1	Bldg. /	Ane	
Long Beach Twp. NJ 08008							100		2			35+	.90	
County (6)				Code (7)				ent Use (Pr		g demolis				
Ocean				USE ONL	n		Hou				/			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCI	M No.		Name	of Aba	atement Co	ontractor (9)	110.00		del de	_
N/A						Perr	aco	Inc		2 6%				
Street Address	VIII - Va					Street	Addre	ss						-
						PO	Зох З	329						
City, State, Zip Code			11					Zip Code						
						0.000	and the	lin NJ 08	091					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License N	No.		22.00	
Start Date (40)							753-9			00727				
Start Date (10) 12/4/17			mpletion	Date (11)				HA Monitor						
Occupancy Status During Abatement (Chec	12/15/					Sam								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abater	ment 's			Street City, S	7.55.27	ip Code						
Scope of Work (Check All That Apply)										5.480.00	-			
] ≥3 sf or ≥3 lf	П	Renova	ation			Г	1	II Contain	ont with	Magatine 1	7			
≥160 sf or ≥260 lf	appropriate to the same of the	emoli)						ll Containm ni-Enclosur		vegative F	ressu	re		
						×		ovebag Pro		Non E-: 1	de D			
	1	Ler	d = 11			<u> </u>	110	n-Exempte	and and	Non-Frat	JIE Pro		e ement	
Location of	1	Locat Norma	lly										pe	
Asbestos-Containing Material (ACM)	Use	d Sole	ely by		stos Conta		aterial		Am	ount			Е	
TO BE ABATED In Facility		intena todial		(i.e.	. thermal			ation,	(Sp	ecify	Rei	R	Encapsulate	Enc
(13)		(12)				cing, VA			SF	or LF)	Remova	Repair	nsdı	Enclosure
	Yes	No	N/A				,				ä		late	Ire
ovtorior sidina	1.00										-			-
exterior siding			X		exte	rior sid	ing		180	0SF	х			
The second secon							+				-			
ame of Registered Waste Hauler		IN	JDEP W	/aste	Cubic `	Yards		Name of	Register	ed Landfill	1			
Inited Containers		F	lauler ID		of Was			G.R.O.		-a carami				
CONTRACTOR OF THE PROPERTY OF		2	2459		6			155000000000000000000000000000000000000						
ity, State Im NJ						al Date		City, Stat		1000=				
ompleted by	T141 -				12/15	100		iviorrist	ville PA					
ompleted by	Title				Si	gnature	17			Da	ite			

Anthony T Perna

President

11/20/17



Date of Notification (1)	\			Ter							Che	eck#	123	18	
) vember 20, 2	017		Nam	e of Build	ling Own	er/C	Operator	(2) Herbert R Po	rtor-J ru	ette a B	ппп	-	paracoca	
Agencies Notified	Type Notifica				et Address		, cabi	o must,	Herbert K F		stee C E		<u> </u>	7	
□EPA □DEP				2527	River Ro	oad					11011 O G	2 201	7		
DOL	☑ Initia	1		City.	State & Z	ip Code				144	NON 58	2 201	1	L	4
⊠рон		nded		10/0	asquan, M										
DON		ndment #_ cellation	_							7	ASBESTOS C	ONTR	OL &		
Шоол	Cand	cellation			e of Conta Porter	act				and the second second	LICENS	elepho	one N	umb	er
				FA	CILITY	/ INFO	RMA	ATION			3				
Name of Facility When Fed Ex Commercial F	e Abatement	is Taking	Place (3)				Тур	e of Fac							
Street Address	Tood Bullull	9					ㅐ	School		4h 1/ 4	0)				
450 W. 1st Street							K		apter 8 (Other		T. 18				
							_	are Feet		of Floors	nercial buildin			etc.)	
City (5)							Squ	33,0	April 100	i Floors	1 B	ldg. Ag	e 50 Ye	arc	
Roselle									(Prior if being	demolis	hed)		00 16	115	
County (6) Union	31	C	ounty Cod	le (7)			0011	mereia							
Name of Monitoring Fir	m Hired by B	uilding Ow	vner (8)		ASCM	1 No.	Nam	ne of Aba	atement Contr	ractor (9)				_	
Apex Companies, LLO		-					Syn	atech, Ir	ic.	actor (3)					
Street Address 120-D Wilbur Place								et Addre							
City, State & Zip Code		- 11/2						Radio R							
Bohemia, NY 11716									Zip Code arbor, NJ 08	087					
Project Manager for Mo	onitoring Firm			elephone				phone N			License Nur	mber			
Steven Cotrone Scheduled Start Date (10)	Calcada Ia			77x6507			296-691				008	17		
December 7, 2		Scriedule	d Complet Janu	ary 8, 20				ne of OSI atech, Ir	HA Monitor						
Occupancy Status Duri Facility Closed	ng Abatemen I/Vacated Dur	t (Check o	only one)				Stree	et Addre Radio R	SS						
Abatement Pe						- 1			Zip Code						
Other – Descri	ibe:								arbor, NJ 08	087			N		
Scope of Work (Check	20580														
_			22278						Full Contain	ment with	Negative Pres	Sure			
≥3 sf or ≥ 50 lf				Renovati	on			$\overline{\boxtimes}$	Mini-Enclosu	ıre		ouio			
≥160 sf or ≥260	lf			Demolition	on			\boxtimes							
								\boxtimes	Non-Exemp	ted(*) and	d Non-Friable P	rocedu	ire		
Locat Asbestos-Containi	ion of	CM	Is Locati	on Norma	ally Used			Descript				Ab	atem	ent 7	Гуре
TO BE A		(CIVI)	Custo	y Mainter dial Staff	? (12)			Material (ontaining (ACM)	Ai	mount (Specify SF or LF)				
IN Fa					l ` ′		(i.e.,	, therma	systems		01 01 21)				
(1	3)								facing, VAT			l D	_	Enc	Щ
						l '	or oti	ner misc	ellaneous)			Remova	Repair	aps	lclo
			Yes	No	N/A							ova	air	Encapsulate	Enclosure
														é	Ф
Warehouse Area					Х		Floo	r Tile ar	nd Mastic		2,000 SF	X			
File Room					Х		Pip	e/Joint	Fittings		300 SF				
Name of Registered Wa	iste Hauler		NJDEP V	Vaste	Cubic Y	Yards of	Wast	te	Name of Re	aistered	Landfill				
reehold Cartage			Hauler ID		40					(5:V)					
City, State		- 227 1425	15	959	Disposa	al Date	- /- (U-L-		Fairless Hill City, State	IS		- In			
					Disposi	ui Dale			Oity, State						
Little Egg Harbor, NJ	08087					y 9, 201	8		Morrisville,	PA					
Completed By		Title			Signatu	AL DES	4	100		Date					
Diane Aloia		Executiv	e Adminis	strator	A	Mare	- 1	Llo	2	Nove	mber 20, 2017				

CK# 4378

TO A TES

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

D)	E	G	E		\mathbb{V}	E	M	
$\int_{\mathbb{R}}$	١	VOV	2	8	2017	-		

TALL	(Pt	rsuant to NJA	C 8:60 and 12:12	(0)	IT NON S	. 0	201	/	11
Date of Notification (1)		Name of Build	ling Owner/Operato		11040650	CON	JTO	21.0	上
Agencies Notified Type Notifica	tion	Street Addres			LIOE			JI &	
DEP Amended DOL Amendme		City, State, Zip		WDE Y	U.T O	82	117	,	_
DOH justification	m)	Name of Conta	act	wipe r	Telephone Num	2075	90		
			SAME						
Name of Facility Where Abatement is Ta	iking Place (3)	FACILITYIN	FORMATION	Type of Facili	ty (4)				
<u>RESIDEN</u>				School (K-	.12)	21			
Street Address				Other (i.e.,	er 8 (Other than K-1 private & commerce.)	2) ial bui	ilding:	S,	
City (5) WILD WO	DN CIRI	-ST		Square Feet	# of Floors	E	Sidg. /		
COUNTY (6) CAPE MAY		County Code USE ONLY)	(7) (STATE	Current Use (I	Prior if being demoli	shed)			
Name of Monitoring Firm Hired by Buildin	ig Owner	ASCM No.	Name of Abatem						_
Street Address			Street Address		PRUCE A	15			
City, State, Zip Code			City, State, Zip C	ode	A)	22.3			
Project Manager for Monitoring Firm	Tele	phone No.	Telephone No.	PLE SI	License No.	.)		_	_
	_		856 77	9-0472	_ 004	44			_
Start Date (10) Scr	eduled Complet		Name of OSHA N	MI / K	4				
Occupancy Status During Abatement (Ch A Facility Closed/Vacated During Entire I		nent	Street Address	Water (1997)					
Abatement Performed Outside of Norm Other - Describe:			City, State, Zip Co	ode					_
Scope of Work (Check all that apply)									
≥3 sf or ≥3 lf >2160 sf or ≥260 lf	Renovation		☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure				
	Is Location	1	N Non-Exe	mpted (*) and N	on-Friable Procedu	T	Abates	ment	
Location of	Normally Used Solely	by	Description of			_	Тур	ж	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenano Custodial		os Containing Mate thermal systems in		Amount (Specify	R		Enc	En
IN Facility (13)	Staff? (12)		surfacing, VAT, other miscellaneou		SF or LF)	Removal	Repair	Encapsulate	Enclosure
V = 1	Yes No	N/A				al		ate	97
SIDING		X T	RANSIT	E	2250SK	X			
						\vdash	\dashv	\dashv	_
		-					\neg	1	
Name of Registered Waste Hauler		DEP Waste	Cubic Yards of Waste	Name of Regi	stered Landfill		_		
KLOMCO INC		1904	2 VOZ	Ciby State	И.С.И.	U.	A		_
City, State MARLE SHARE	N.J		Disposal Date	City, State	OBINE	N	, 5		
Completed By MICHAEL CLIMIN Title	SUP.		Signature	1 m	Date 1	18.	-L)		

CK44378

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

M.	E	C	E		\mathbb{V}	
M	ì	VOV	2 (3 ;	2017	

		(I dis	dant to NoA	C 8:60 and 12:12	"	T 1404 5	~ <u>~</u>	UII	1	
Date of Notification (1)			Name of Build	ing Owner/Operato	M1110	ASBESTOS (CONT	TRO!	0	
Agencies Notified Type Notifical	tion	-	Street Addres	5		LICEN	SINI-	HUL	. &	=
PA Minital	7.700		Sacot Address			UM	THE RESERVE THE PARTY OF THE PA	M	Witness .	Toronto Contraction of the Contr
☐ DEP ☐ Amended		-	Cit. State 7in	Codo		OV	111		_	=
DOL Amendmen	nt #	_	City, State, Zip	CINIDE INI	AL CON	OT MARCH	- ,		- /	00-
☐ Emergence		9		CAPL 199	47 CUU	RT HOUSE		U,) (200
DOH justificatio			Name of Conta	act		Telephone Nun	nber			
			FACILITY IN	FORMATION						_
Name of Facility Where Abatement is Ta		e (3)			Type of Facil	244-741-742				
Street Address						er 8 (Other than K-1	(2)			
Street Address						, private & commerc		ilding	5,	
City (5)		1 1			Square Feet	# of Floors	E	Bldg. /		
	HARP	SOR		(2) (07) 75	1500	_ _ \		50	+	
County (6) CAPE WAY		_	County Code USE ONLY)	(7) (STATE		Prior if being demol	ished)			
Name of Monitoring Firm Hired by Buildin	g Owner	A	SCM No.	Name of Abatem						
(8) N/A					-twed	INC				
Street Address				Street Address	755	PROCE A	LE			
City, State, Zip Code				City, State, Zip C		I TELL H			=	
				_ WAF	LE SHE	ADE WIT	10	80	52	_
Project Manager for Monitoring Firm		Teleph	one No.	Telephone No.	9-0472	License No.	141	1		
Start Date (10) Sch	eduled Co	ompletio	n Date (11)	Name of OSHA N		1				=
11-78-17	171	. 1	7		W	IA				
Occupancy Status During Abatement (Ch	- Contract -	200		Street Address						
☑ Facility Closed/Vacated During Entire F			nt		•					
Abatement Performed Outside of Norm Other - Describe:	nal Facility	Hours		City, State, Zip C	ode	5.				
Scope of Work (Check all that apply)										_
	-					egative Pressure				
≥3 sf or ≥3 lf		ovation		☐ Mini-End	dosure g Procedure					
≥160 sf or ≥260 lf	Den Den	KORROCT				lon-Friable Procedu	ıre			
	Is Lo	cation					$\overline{}$	Abate	ment	
	Non	mally		/ - 0000 000000 500 - 0000000000000000000000000000000000				Typ	e	
Location of		Solely by enance/		Description of os Containing Mate	arial (ACM)	Amount				
Asbestos-Containing Material (ACM) TO BE ABATED		enance/ todial		os containing Mate thermal systems in		(Specify	1 20		Enc	ū
IN Facility	Sta	aff?	(1.0.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(1	12)		other miscellaneo	us)		BAO	air	sula	SUF
	Yes	No N	/A				-		ate	.6
SIDING		X	T	RAWSIT	E	1500 SF	X			
							1			
							\top			
			1							
Name of Registered Waste Hauler		NUDE	P Waste	Cubic Yards	Name of Reg	istered Landfill				
KLTMCO INC		Haute	51879	of Waste	(M C.M.	()	Δ		
City, State		11/	104	Disposal Date	City, State	1. 01001.	0,	V 1		_
MAPLE SHADE	N. T	_				DO BINE	-	0.		
Completed By Title	SUP			Signature	Ma	Date -	-18	-1-)	

MCK		ı	NOTI		ATIO		ASB	EST	OS ABAT 0 and 5:1			EG] [7 [5		7
Date of Notification (1)	21 /	17				e of Bui ounty o			er/Operator (n	(2)		NOV	2.8	20	17		$J \parallel$
Agencies Notified ⊠ EPA ⊠ DOLWD ⊠ DOH □ DCA (NJAC 5:23-8)	Type Notifica Initial Amended Amendment Emergen justification	I ent # <u>1</u> cy (inc			City,	o Mark State, Z amden, e of Cor	cet St Zip Coo , NJ 0 ntact	ode 0810	2		and the second	ASBESTO	OS CO	NTF NG	COTTON COLUMN	& sensor	
	Cancellat	ion			1				(Garrison	A	rcnitects)						
Name of Facility Where A Camden County Co Street Address 520 Market Street		Faking	Place	(3)	FF	CILIT	TINE	OKI	MATION		Type of Facility (School (K-12) Subchapter 8 Other (i.e., pring homes, etc.)	(Other than		al bu	ilding	s,	
City (5)										1	Square Feet	# of Floors	3		lg. Ag	je	
Camden County (6) Camden				-	Cou	inty Cod	de (7)(8	STAT	E USE ONLY)	1	10,000 Current Use (Price City Hall	6 or if being de	molish		70		
Name of Monitoring Firm		ding O	wner (8)	ASCN	I No.	1				nt Contractor (9)						
TTI Environmental,	Inc.									10	nmental, LLC						
Street Address							1		et Address								
1253 N. Church Stre	eet							100000	3 Cutler A				66/2				
City, State, Zip Code Moorestown, NJ 08								F. W	State, Zip C aple Shade								
Project Manager for Moni Jim Guilardi				8		0-8800		85	ohone No. 6-755-009			License N 00842	0.				
Start Date (10)11 /20 /	1000					ate (11)			e of OSHA N ISL Analy								
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	d During Entir Outside of No	re Peri ormal l	iod of <i>i</i> Facility	Abate / Hou	ırs - De			20 City,	et Address 0 Route 13 State, Zip Connaminson	coc		es essentin is		×			
Scope of Work (Check all	that apply)									370							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De							clo ag							
			1777	Loca										Aba	ateme	ent T	уре
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Material (ACM TED	1)	Use Ma	inten	lely by ance/ Staff?			tos C therr su	Description ontaining Manal systems rfacing, VAT miscelland	ate in T, o	erial (ACM) nsulation, or	Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
5 th and 6 th Floors			П	\boxtimes		Asb	estos	s Pip	oe Debris	CI	lean-Up	9 SF		\boxtimes			
6 th Floor Freeholder S	Storage					Glas	ss Blo	ock	Mortar/Gla	az	ing	60 LF					
6th Floor IT Closet					HVA	C Vil	brat	ion Dampe	er	Cloth	18 SF						
6th Floor Office to Rig	tht of IT Dir.		$\frac{-}{\Box}$		$\exists \Box$						eckled Tile	96 SF					
Name of Registered Was Freehold Cartage			Hauler	Waste ID No.		Cubio Wast	c Yards of		Name of Regist								
City, State Freehold, NJ					1593	59]		osal Date /01/2017		City, State Morrisville,	PA					
Completed By (Print or Ty Christina Lynch	/pe)	Title Vi		esid	ent of	Opera	ations		Signature	<u></u>	2)	Date		11	-	

PAIL		(Pursuan	t to NJAC 8	:60 and 12:	120))		CK	#	77	15	120
Date of Notification (1) 11/21/17				of Building O		itor ((2)	200		77 (المحال	6/	7
Agencies Notified Type Notification	n		Street	Address				m E	G	5		7 [
EPA Initial								K					
DEP Amended X DOL Amendmer	nt #			tate, Zip Cod land, NJ 0					NOV	28	201	17	
Emergency	(includin	g		of Contact	7000			Telent	none Nu	7	20	11	None or other party of the part
DOH justification Cancellation				harles A. I	Rosen			1 (SEE)		1111111		me	
Name of Facility (All and All			FAC	ILITY INFO	RMATION			-	LIC	ENSI	NG	·	X
Name of Facility Where Abatement is Taki Residential	ng Place	(3)					Type of Facility		No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,			B	
Street Address							School (K- Subchapter Other (i.e.	8 (Other t	han K-12 ommerci	2) al bui	ldings	, hom	ies,
City (5)							etc.) Square Feet	# of Fl	oors	E	3ldg. /	Age	100
Hoboken							5,000 +	3			50 +		
County (6) Hudson				Code (7) USE ONLY)			Current Use (Pri	or if being	demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.			f Abatement Cor Contracting &			Con	sultir	ıg, İr	ic.
Street Address							ddress Route 23						
City, State, Zip Code							ate, Zip Code e, NJ 07470						
Project Manager for Monitoring Firm		T	Telepho	ne No.			ne No.	Li	cense N	0.			
					973	3-62	28-9200	00	0408				
Start Date (10) 11/22/17	Schedu 11/27/		mpletion	Date (11)	100000000000000000000000000000000000000		f OSHA Monitor Vision Cons	ultante I	ne				
Occupancy Status During Abatement (Che	100000000000000000000000000000000000000						ddress	uitarits, i	110.				-
Facility Closed/Vacated During Entire Abatement Performed Outside of North	Period of	Abater	ment		20-	-21	Wagaraw Ro	ad, Bldg	. #35E				
Abatement Performed Outside of Norm Other – Describe:	mal Facilit	y Hour	S		W. C.		ite, Zip Code awn, NJ 0741	0					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 If≥160 sf or ≥260 If	-	Renova Demoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e edure				0	
	Is	s Locat	ion				TTOTT Exemples	· () and it	JII-I Habi		Abate	_	1
Location of		Norma			Description	on o	f				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintena stodial (12)	nce/	(i.e. th	Containing ermal syster surfacing, V ther miscella	ms ii /AT,	or	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							0.5200		te	10
Boiler Room			X		Pipe Insul	latio	on	30 L	F	X			
Name of Registered Waste Hauler			IIDED :	(==+=	N. I								
J.R. Contracting & Environmental C	onsul.,	Inc F	IJDEP W lauler ID 7819	No.	Cubic Yards of Waste 0		V same	Registered Central La					
City, State Vayne, New Jersey					Disposal Dat	te	City, State Pen Arg	yl, Penn	sylvani	а			
Completed by Jerry Bijelonic	Title Proje	ect Ma	anager		Signatu	re	al		Date		7		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

A CALL	7	(P	ursuant	t to NJAC	8:60 an	d 12:12	0)		1100	1	7	2	0	
Date of Notification (1) 10/5/17 & 11/20/17				of Building arton Sc		Operator	r (2)						<u> </u>	
Agencies Notified Type Notification	1			Address Mandhar	n Road	1			DH	EG [\mathbb{V}		M
EPA Initial Amended Amendmen	nt #		City, St	ate, Zip C stown N	ode				n	NOV	2 8	2017	To let month of the	U
Emergency justification DCA Cancellation)		Name o	of Contact				1	IITe	elenhone N			-	
				ILITY INF		ION		-	_	LICE	ENSIN	3	&	
Name of Facility Where Abatement is Taki Delbarton School	ng Place (3	3)					Ty	pe of Facility School (K		AND THE PERSON NAMED IN TH	Number (see)	rame (the two	PARTITION IS	gu e menso ni
Street Address 230 Mendham Road								Subchapte Other (i.e. etc.)	er 8 [°] (Oth			ilding	s, hon	nes,
City (5) Morristown		1						quare Feet 000	2	of Floors	- 12	Bldg. 75	Age	
County (6) Morris				Code (7) USE ONLY)			urrent Use (P chool	rior if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	M No.				Abatement Convironment		Control of the contro	.C			
Street Address						Street	Add							
City, State, Zip Code						City, S	State	e, Zip Code						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	none			License	No.			-	
Start Date (10) 11/24/17		npletion	Date (11)				OSHA Monitor	r	700	-				
Occupancy Status During Abatement (Che	12/31/1 ck Only On					Street	Add	iress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	batem Hours	nent			City, S	tate	, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	enova emolit				×		いれつる とい Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	nent with re ocedure				re	
		Locati Iormal											emer ype	it
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole ntenar odial S (12)	ly by nce/		tos Cont thermal surfac		Maters ins	r	(5	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te e	(D
Abbey West		X		pip	e fitting	gs		12	20 SF	×				
Basement		X		pip	e fitting	gs		10	00 SF	X				
											-	-	-	-
Name of Registered Waste Hauler Freehold Cartage	H	JDEP W auler ID 5939		Cubic of Was			Constant of	1970 - V	ered Landf ks Landf		1	L	1	
City, State Freehold, NJ	13	Jasa 		TBD Dispos TBD	al Date		City, Sta	te						
Completed by A. Scott Higgins	dent				ignature	6	Birdsbo	JIO, P/	D	ate 1/20/	17			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Job #: 9679.01 Name of Building Owner/Operator (2) November 20, 2017 RWJ Barnabas Health Agencies Notified Notification Type Street Address ASBESTOS CONTROL & LICENSING **⊠** EPA One Hamilton Health Place X DEP City, State, Zip Code ☐ Amended **⊠** DOL Amendment# ☑ DOH ☐ DCA Hamilton, NJ 08690 Emergency (including Name of Contact Telephone Number justification) ☐ Cancellation Dennis Rudloff FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Robert Wood Johnson University Hospital School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e. private & (commercial buildings, One Hamilton Health Place homes, etc.) City (5) Square Feet # of Floors Bldg. Age 25,000 3 50 years Hamilton County (6) County Code (7) (STATE Current Use (prior if being demolished) USE ONLY) Mercer County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Contractor (9) Criterion Labs Prime Group Remediation, Inc. Street Address Street Address 400 Street Road 1400 Adams Road, Suite I, P.O. Box 6 City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 Bensalem, PA 19020 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Michael Panepresso 215-244-1300 Ext 26 215-533-3503 00858 Scheduled Start Date (10) Scheduled Completion (11) Name of OSHA Monitor December 4, 2017 December 8, 2017 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address 400 Street Road ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Other - Describe: Work area to be vacated during entire abatement. Bensalem, PA 19020 Source of Work (Check all that apply) ☐ >3 sf or >3 If □ Renovation ☐ Demolition ☐ Mini-Enclosure ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-	Non	Location Loc	Jsed		Description	of	Amount			emen ype	t
Containing Material (ACM) TO BE ABATED IN Facility (13)	Ma	intenan Sustodia Staff? (12)	ice/ al		estos Containing M e., thermal system surfacing, VA other miscellar	Material (ACM) s insulation, T, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosur
	Yes	No	N/A							ate	e,
Radiology Dept, X-Ray Rm 2		X		Floor	Tile		380	X	1		
Radiology Dept, X-Ray Rm 5		Х		Floor	Tile		290	Х			
										-	
Name of Reg. Waste Hauler	1000	JDEP V		Cubic Yards	Name of Reg	g. Landfill					

Hauler ID # of Waste Western Berks Community Landfill (DEP#100739) Prime Group Remediation, Inc. 19272 City, State Disposal Date City, State Bensalem, PA 12/8/2017 Birdsboro, PA Completed by Title Signature Vincent Primavera Project Manager November 20, 2017

ASB-41

_							_					Pr	int l
ac 2435 PA	ID	NOTIF	Si ICATION Pursuant	tate of New N OF ASBE to NJAC 8	Jersey STOS ABAT :60 and 12:1	EME: 20)	NT	D-	E C		\mathbb{V}	E	
Date of Notification (1) 11-15-2017				of Building C Connor)wner/Operat	or (2)			NOV	28	2017	7	
Agencies Notified Type Notification EPA Initial			Street A	Address			-		SBESTO	2 000	170.0		- Inner
☐ EPA ☐ Initial ☐ Amended ☐ Amendment	t #			ate, Zip Coo Arlington	de , NJ 07031		L	THE PERSON NAMED IN	LICI	ENSIN	G G)L &	etunisies).
X DOH justification) DCA Cancellation		,	Name o	of Contact Connor				Tel	ephone Ni	umber			
			FAC	ILITY INFO	RMATION			-8			1		
Name of Facility Where Abatement is Takir Residential	ng Place (3)				Ту	pe of Facility						100
Street Address						×	School (K- Subchapte Other (i.e.	r 8 (Oth			dinas	hom	00
City (5)							etc.)		f Floors		Bldg. A		es,
North Arlington, NJ 07031						11	164	2		6	30+	igu	
County (6) 3019en			County (STATE	Code (7) USE ONLY)		Cu	ırrent Use (Pr	ior if bei	ng demoli:	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	M No.	11 11 11 11 11 11 11 11 11 11 11 11 11		Abatement Co Environmer			.LC	735E2		
Street Address					1 1750730023	et Add	dress ginia Avenu	ıe					
City, State, Zip Code					City,	State	, Zip Code City, NJ 07						
Project Manager for Monitoring Firm			Telepho	ne No.	Tele	ohone	and the second		License	No.			247
Start Date (10) 11-16-2017	Schedul			Date (11)	Nam	e of C	SHA Monitor s above						
Occupancy Status During Abatement (Chec	k Only O	ne)			Stree	et Add	Iress					SHC	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of an all Facility	Abaten y Hours	nent s		City,	State	, Zip Code						
Scope of Work (Check All That Apply)	6										1600.00		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	150(5)(1)(1)			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	0			0	
Location of	0.7	Locat Normal	907-1107-1 U				Non Exemple	u () un	3 11011-1 110	DIC 1 10	Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ((12)	nce/	(i.e. th	Descriptions Containing the Containing thermal system surfacing, V other miscella	Mate ns ins AT, o	sulation, r	(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				HING			<u>a</u>		ate	ē
Basement	Basement x						1	9) LF	x			
lame of Registered Waste Hauler	e of Registered Waste Hauler						I Nicosa	David					
reen Environmental Services, LLC	;	H	IJDEP W lauler ID 034889	No.	Cubic Yards of Waste 1		THE RESERVE VALUE		red Landfi th Landfi				
ity, State ersey City					Disposal Dat		City, Stat		Ą				-0.0011
Completed by iliana Serrano	Title	e Mar	nager		Signatu	re			O	ate	2017	8	

CKAHZ	to P	AI	NOTIF (F	ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 an	ABATE	MENT 0)			<u>5</u>	<u>ll</u>	\mathbb{V}	5	
Date of Notification (1) 11-16-2017					of Building Owner/ ewood Country		r (2)		NOV	2	8 8	2017	THE COUNTY OF TH	U
Agencies Notified	Type Notification				Address est Midland Av	enue			ASBEST	OS	CON	TRO	L &	
EPA DEP	Initial Amended				ate, Zip Code	Citue		W. Zamania		ICEN			ACCESSED TO BE	
⊠ DOL	Amendment Emergency		_		nus, NJ 07652									
DOH DCA	justification) Cancellation				of Contact Hemrick			Т	alanhan	K le com	l			
				FAC	ILITY INFORMAT	ION							-	
Name of Facility Where A	Abatement is Takin	g Place ((3)				Type of Faci							
Street Address 96 West Midland Av	/enue						Subcha	pter 8 (O .e. private	ther than e & comn	K-12 nercia	l buil	dings	hom	es,
City (5) Paramus, NJ 07652	2						Square Feet 20000	2	of Floors	3	17.45	Bldg. A	ige	
County (6) Bergen					Code (7) USE ONLY)		Current Use	(Prior if b	eing dem	nolish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8	3)	ASCI	M No.		of Abatement en Environm			s, LL(
Street Address						Street	Address Virginia Ave							
City, State, Zip Code						City, S	state, Zip Code ey City, NJ							
Project Manager for Moni	toring Firm			Telepho	one No.	Teleph	none No. 333-8855		Licen:					
Start Date (10) 11-17-2017		Schedu 11-17-		npletion	Date (11)	Name	of OSHA Mon	itor	0117	4				
Occupancy Status During	Abatement (Chec						e as above Address							
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F	eriod of	Abaten	nent s	<u> </u>		tate, Zip Code							
Scope of Work (Check All	That Apply)										_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		printered.	Renova Demolit	100000000000000000000000000000000000000		×	A INTILI-ELICIO	sure Procedure	9					
			Locati									Abate	ment	
Location Asbestos-Containing I	Material (ACM)	Use	Normal ed Sole	ly by	De Asbestos Cont	scription	of		Amount	-		Ту		
TO BE ABA In Facilit (13)		Cus	aintenar todial S (12)		(i.e. thermal surfa	systems cing, VA niscellan	s insulation, T, or		(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Caddy rest	room	Yes	No	N/A	D.								te	(0
- Caddy rest	100111		X		Pipe	insula	tion		21 LF		X			
Name of Registered Wast	e Hauler .		l N	JDEP W	aste Cubic	Varda	Nama	of Danie		1511				
Green Environmental			Н	auler ID 034889	No. of Was			of Regist O.W.S.			fill			
City, State Jersey City, NJ					W. 15 25	al Date -2017	City, S Morri	state sville, F	PA					
Completed by Liliana Serrano		Title Office	e Man	ager		ighature	Q		5	Date		017		
		-				NO	illi V	rere	uu	40.4050		J 17		

CK2433 P	AD	NOTIF (P	CATION	ate of New Jers NOF ASBESTO to NJAC 8:60 a	SABATE	MENT 0)		EC			7 E	2
Date of Notification (1) 11-14-2017				f Building Owner Projects	/Operator	(2)		NOV	2 8	20	17	
Agencies Notified Type Notification			Street A		h Street			AODEOT	20.00	ONIT	201.5	
☐ EPA		t	City, Sta	ate, Zip Code				ASBESTO LIC	DENS	ING	KOL (<u> </u>
X Emergency (in				ork, NY 1000 f Contact	J5		Tele	ephone Nu	mber			
DOH justification) DCA Cancellation			2023 - 200	el Chavez								
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFORMA	TION	Type of Facility	(4)					
Residential Street Address							er 8 (Othe	er than K-1		dinas.	home	es.
City (5) Jersey City, NJ 0 7032 0 П 3 0 2						etc.) Square Feet 2304		Floors	E	3ldg. <i>A</i>		2000
County (6) Hudson				Code (7) USE ONLY)		Current Use (P		ng demolisi		10.		
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCN	/I No.		of Abatement Co en Environme						
Street Address		-				Address Virginia Aven	ue					
City, State, Zip Code					City, S	State, Zip Code ey City, NJ 07						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none No. 333-8855		License N	lo.			
	Schedule		npletion	Date (11)	110000000000000000000000000000000000000	of OSHA Monito e as above	r					
Occupancy Status During Abatement (Check	Only Or	ne)			Street	Address		7100-1-00				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem / Hours	nent		City, S	State, Zip Code	- Tay					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit			×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure	Ü			e	
		Locati								Abate	ement pe	8
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/	Asbestos Co (i.e. therm sur		Material (ACM) s insulation, T, or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
D (Yes	No	N/A	_	_						œ.	
Roof		X			fing ma			00 SF	x			
3rd Floor		Х		VVinc	dow Cau	ılkıng	3	Units	Х			
Name of Registered Waste Hauler Green Environmental Services, LLC		Н	JDEP Wauler ID	No. of W	c Yards aste			red Landfill th Landfil				
City, State Jersey City				Disp	osal Date 5-2017		ate ville, PA	Α				TC T 2.5
Completed byiliana Serrano	Title Office	e Mar	nager		Signature		RKO	Da	ite I-14-2	2017		

Print Form

PAID

4	FAIL			(Pursu	ant to NJA	C 8:60 a	and 12:12	0)			CL	4	11	1 -C.	1
Date of Notification (1) 11/20/17				Nan NJ	ne of Buildin DEP - Na	g Owne tural &	r/Operato Historio	r (2) C Resour	ces - (Office.c					100
Agencies Notified	Type Notification			Stre	et Address					110) [5		E
EPA DEP	X Initial				Freehold		lishtow	n Road							
X DOL	Amended Amendmen				, State, Zip (glishtown,		726			Ш	J. N	01	2 8	2017	7
ĭ DOH	Emergency justification)		g		ne of Contac	370				Tele	phone N	lumhei			
DCA	Cancellation	1			Al Payne										
Name of Facility Where A	Abatement is Takir	ng Place	(3)		ACILITY IN	FORMA	TION	Type of F	acility (4)	DATE: OTHER	LICE	NSI	IG	
Stow Creek State P	ark - Residenti	al						☐ Sch	ool (K-1	2)					
Street Address								Sub Sub	chapter er (i.e. p	8 (Othe	r than K	-12) rcial bu	ildina	s hom	169
City (5)								etc. Square F)		Floors				100,
Stow Creek Townsh	ip							3,000 +		2	F10015		Bldg. 50 +	Age	
County (6) Cumberland					nty Code (7) TE USE ONL			Current U Reside		or if bein	g demol	ished)			
Name of Monitoring Firm USA Environmental	Hired by Building Management,	Owner (8 Inc.	3)	AS	SCM No.			of Abatem Contract				l Cor	sulti	na. Ir	1C.
Street Address	- 4						Street	Address						3,	<u> </u>
344 West State Stre City, State, Zip Code	et							Route 2							
Trenton, NJ 08618								tate, Zip C ne, NJ 0							
Project Manager for Monit	toring Firm			Telep	ohone No.			none No.			License	No.			
William Weisgarber				100	9) 656-810		(973)	628-920	00		00408				
Start Date (10) 11/30/17		Schedu 12/15/		ompleti	on Date (11)		of OSHA N o Vision		ıltante	Inc				
Occupancy Status During	Abatement (Chec							Address	CONSC	ıllalılı.	, IIIC.		-		
× Facility Closed/Vacat	ed During Entire F	Period of	Abate	ement				1 Wagara	aw Ro	ad, Blo	lg. #35	E			
Abatement Performe Other – Describe:	d Outside of Norm	al Facilit	у Нос	ırs				tate, Zip C		0					
Scope of Work (Check All	That Apply)						Fall	Lawn, N	0741	0					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		property.		vation olition				Mini-Er	ntainme iclosure ag Proc		Vegative	Pressi	ure		
		1					×				Non-Fria	ble Pr	83.54 08		
Location	nf	1.00	Loca Norm			D		- (ement /pe	Į.
Asbestos-Containing M <u>TO BE ABA</u> In Facility (13)	faterial (ACM)	Ma	inten	lely by lance/ I Staff?		stos Cor therma surfa		aterial (AC insulation T, or		(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N//	4							20		ate	Гe
1st Floo	r		X	Floor	Γile/Co	ndensa	te Sink C	Coat 2	290 SF	7 6 SF	X				
Roof			X		Roo	of Flash	ing		12	SF	X				
Exterior				X		Trar	nsite Sid	ling		1,30	0 SF	X			
Window				X	Win		and the property of the second	Caulking	9	210) LF	X			
Name of Registered Waste .R. Contracting & En		onsul., I	ne	NJDEP Hauler 17819		of Wa	: Yards iste				d Landfi Landfil		1		
City, State Vayne, New Jersey						200	sal Date	Cit	y, State	vl. Pen	nsylva	nia			
Completed by erry Bijelonic		Title Proje	ct M	lanage	er		Signature	A	// 3.	, ,	D	ate 1/20/	17		

	PA	ID N	OTIF:	CATION OF	ASBESTO 8:60-7	S ABATEMENT and 12:120-	7)					
Date of Notification	(1)		N	ame of Buil	lding O	wner/Operato	or (2)		<u></u>	R I	7 7	n P
11/20/2017				Allen S	Sista			In E	G] [
Agencies Notified	Type Noti	fication	S	treet Addre	ess			IIM				
[]EPA	[X]Init								NOV	28	20.	17
[]DEP	Not:	ification	c.	ity, State	, Zip C	ode			1101		LU	1 /
[X]DOL	[]Amend	ded Lfication		Glen Ri	ldge,	NJ,07028			TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN		- Control of the Cont	
[X]DOH	5340 SPARROS POR 00			ame of Cont	tact		Telepho	ne Number	BESTO	S CC FNSI	NTE	ROL&
[]DCA	[]EMERO	SENCY ellation		Allen S	Sista					11/1/11	IVCI	
				FACI	LITY IN	FORMATION						
Name of Facility Whe	re Abateme	ent is T	aking				Type of Facil	lity (4)				
Allen Sista							[]School	(K-12)				
Street Address							[] Subchar	oter 8 (Othe				
								(i.e., priva , homes, etc		comme	rcia	al
City (5)		Count	17 16		Count	0-1- (7)	Square Feet	# of Floo	rs B	ldg.	Age	
Glen Ridge		Ess		(y Code (7) E USE ONLY)						
-							Current Use	(Prior if be	ing de	emoli	shed	i)
Name of Monitoring Fi Owner (8) N/A	rm hired	by Build	ling	ASCM No.	N		 ement Contracto MANAGEMENT					
Street Address					9	treet Addres		,		1000 0000		
							stopher St					
City, State, Zip Code	2				C	ity, State,						
					110		Lr, NJ 070	42				
Project Manager for M	Monitoring	Firm	Teler	hone Numbe		elephone Num	155		icense	Niim	her	
			N/A			(973) 744			003		Der	
Scheduled Start Date	3000 E80			ion Date (224,000,000	ame of OSHA	Monitor					
12- 6- 17 Month Day Yes		12- Month	8-	17	N	/A						
Occupancy Status Duri [X]Facility Close	ng Abatem	ent (Che	Day ck or Enti	ly one)	S	treet Addres	s					
of Abatement []Abatement Peri	formed Out	side of	Norm	al Facility	v	ity, State,	Zin Codo					
Hours - Descri	be: «OffHo	ours Desc	cript	»		cy, beace,	Zip code					
[]other - Descri			icy D	escript»		6)						
Scope of Work (Check [X]>3 sf or > []>160 sf or	3 1f	appiy)	- 1700 mm	Renovation Demolition		[X]Mini- [X]Glove	Containment wi Enclosure -bag Procedure riable Procedu	4,000,000 (0), 40,000 (0) — 3 ,000,000 (0) = 10,000 (0)	Press	ure		
	- 6			Is ation					Aba	ateme	nt 1	Type
Location Asbestos-Cont			Nor	nally	Z	Descriptionsbestos-Conf		Amount	R	R	E	E
Material (A	10000	Day	Sol	lely tenance/		Material (ACM)	(Specify	E	E	CA	C
TO BE ABAT		21	Cust	odial (12)		.e., thermal ation, surfa	(1) : [- 1	SF or LF)	A O	A	PS	OS
(13)		Ye		No N/A		other miscel			A	I R	U	S U R
Basement			+	x	Pipe	e Insula	tion	150 LF	×	-		E
			+				01011	130 11		-		
	J-1109		+							-		
Name of Registered Was	ste Hauler	2	NJDE	P Waste	Cubic	Yards	Name of Regis	stered Landf	ill			
AZTECH MANAGEI	MENT,	INC.	170	or ID No.	of Wa	ste 1.5		Enterpr		INC	2	
City, State	7040					sal Date	City, State	22.5	233			
Montclair, NJ (1/042				12/	/11/17	Waynesb	urg, Ohi	0 44	688	3	
Completed By (Print or	Type)	Fitle				Signature	1///	/	Date	-		
Constantine Viv	vian	Presid	lent	:		1 200	m / //	~	11/20)/201	.7	

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

Date of Notification (1)			Name of Build	-	wner/Operator	•								
11/20/2017			Gerry Le	evin	e	*			5	\mathbb{V}	EI			
Agencies Notified	Street Addres	s							\exists					
[]EPA	[X]Initial								0 0		_			
[]DEP	Notifica	tion	City, State,	Zin C	ode		$-\mu$	NOV	28	201				
[X]DOL	[]Amended	00 e	Maplewoo											
	Notifica	tion					AS	BESTO	s CO	VTRO	216			
[X]DOH	[]EMERGENCY	.	Name of Contac		•	Telepho	ne Number	1	SIN		- L			
[]DCA	[]Cancellat	ion	Gerry He	S A TIII	e									
T			FACILI	TY IN	FORMATION									
Name of Facility Wh	ere Abatement :	s Taki	ng Place (3)			Type of Faci	lity (4)			-				
Gerry Levine						[]School	(K-12)							
Street Address						[]Subcha	pter 8 (Oth							
Street Address						D 00 0000	(i.e., priv , homes, et		omme	rcia	1			
						Square Feet	# of Flo		ldg.	λσο				
City (5)	C	ounty	(6)	Count	cy Code (7)	oquate reec	" 01 110	OLS B.	rug.	Aye				
Maplewood	I	Essex		(STAT	TE USE ONLY)	Current Use	(Prior if be	eing de	moli	shed)			
								: 0: 00 t = 0						
Name of Monitoring : Owner (8)	Firm hired by E	uildin	g ASCM No.	N	ame of Abate	ment Contract	or (9)	10000						
N/A					AZTECH M	IANAGEMEN	r, Inc.							
Street Address				S	treet Address									
255,000					86 Chris	topher St	Ξ.							
City, State, Zip Coo	de			c	ity, State, 2	Zip Code	1 continue							
					Montclai	r, NJ 070	142							
Project Manager for	Monitoring Fir		Lephone Number	Т	elephone Numb			License	Num	ber				
		N/	A		(973) 744	-8800		0037	71					
Scheduled Start Date		. Compl	Letion Date (11	1) N	Name of OSHA Monitor									
12- 5- 1	7- 17													
Month Day Y Occupancy Status Dur		only one)	- 0	treet Address			W	-//						
[X]Facility Clo	sed/Vacated Du	ing En	tire Period		creet Address	>								
of Abatemen []Abatement Pe		of No	rmal Facility		ity State 5	7in Codo								
[]Abatement Performed Outside of No Hours - Describe: «OffHours Descri			pt»		ity, State, 2	sip Code								
[]other - Desc			Descript»											
Scope of Work (Check	all that appl	y)			ו וניתו	Containment w	ith Nogative	Dross						
$[X] \ge 3$ sf or		[2	X]Renovation			Enclosure	ICH Negacive	Pless	ure					
[]≥160 sf o	or ≥260 lf	[]Demolition			-bag Procedure riable Proced								
		T =	Is		[]NOII-E	riable Floced	Tre Tre	Aba	teme	nt T	'vpe			
			ocation ormally		Description			R		E N	E			
Material (ACM)			Used Solely	4	Asbestos-Cont Material (A		Amount (Specify	E	R	CA	Ĉ L			
			intenance/		.e., thermal		tems SF or			P	0			
			aff (12)		lation, surfa other miscel		LF)	V A	P A I R	S U	S U			
		ies	No N/A					L	(5)	L	R E			
Basement			X	Pi	pe Insula	ation	110 L	F X			11.99			
Name of Registered W			DEP Waste		Yards	Name of Regi			Lance Control					
AZTECH MANAGI	EMENT, INC		uler ID No. 7040	of Wa	ste 1.1	Minerva	Enterp	rise	INC	2				
City, State				-	sal Date	City, State	1							
Montclair, NJ	07042			12,	/8/17	Waynesb	urg, Oh:	io 44	688	3				
Completed By (Print	or Type) Titl	2			Signature	1	/-//	D						
Constantine V		side:	nt		Signature	4 17		Date 11/20)/201	7				
			-		1/4	IN ON	up		, _ 01					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											0)	<u>L</u>	6			₩ L		
Date of Notification (1)					Name of Building Owner/Operator (2)					1			NOV	2	8 2	017		
11/20/17					Jack Stoker Private Home													
Agencies Notified Type Notification					Street Address								BEST	OS (CON	TROL		
⊠ EPA ⊠	-	City Ct	-1- 7:- 0					_	ASBESTOS CONTROL LICENSING									
DEP DOL		City, State, Zip Code																
	Emergency (including					Long Beach Twp. NJ 08008 Name of Contact Telephone Number												
DOH DCA		Jack	n Contact			Telephone Number												
		FAC	-															
Name of Facility Where Abate		g Place (3	3)					Туре	of Facility (4))			10.10					
Jack Stoker Private Home					School (K-1						2)							
Street Address					Sut					Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
								X	Other (i.e. pri etc.)	vate	& com	merci	al buil	dings	, hom	es,		
City (5)								Square Feet			# of Floors			Bldg. Age				
Long Beach Twp. NJ 0	8008							1000+			2			35+				
County (6)		7.11 <u>. — 20 — 20 — 10 — 1</u>			Code (7)	^		Current Use (Prior if being demolished)						1				
Ocean					(STATE USE ONLY)				House & Garage									
Name of Monitoring Firm Hired by Building Owner (8)					√l No.			ne of Abatement Contractor (9)										
N/A								rnaco Inc										
Street Address					Street Address PO Box 329													
City, State, Zip Code					City, State, Zip Cod West Berlin NJ													
Project Manager for Monitoring Firm					Telephone No.			Telephone No.				License No.						
							856-753-9800				00727							
				ompletion Date (11)			Name of OSHA Monitor											
12/1/17 12/11/17							Sam	ame										
Occupancy Status During Abatement (Check Only One)					Street Addre					iress								
Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours Other – Describe:					nent s City, State, Zip Code													
Scope of Work (Check All Tha	at Apply)											-						
≥3 sf or ≥3 lf					ition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Locati	ation									Abatement							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Norr Used S Mainte Custodia			Normal	ly		De	escription of taining Material (ACM)							Ту	ре			
										Amount			_		Щ	m		
				Staff?		systems insulation, cing, VAT, or			(Specify SF or LF)			Remova	Repair	Encapsulate	Enclosure			
			(12)				miscellaneous)				Or Or Er y			pair	sula	osur		
		Yes	No	N/A									-		ite	Ф		
exterior siding				х	x exter			rior siding			3000 SF							
				x						rapide table	1000							
								355A313					-					
Name of Registered Waste Hauler			l N	IDED W	aste	Cubic	Varde Name of D			Pagistared Landfill								
			100	NJDEP Waste Cubic Yard of Waste 22459 6					egistered Landfill V.S									
United Containers			2															
City, State				Disposal Dat														
Elm NJ Completed by Title				12/11						le P	e PA 19067							
Completed by Anthony T Perna	ident				Signature			Date										
	COLLE			1														

														Pr	int-F
CK lout 1 PA	AID		ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE						7 [V	E
Date of Notification (1)			Name o	of Building	Owner/C	perator	(2)		111	Ш	NO	V 6	2 8	201	7
11/20/17		- 1	Mark	Mastroi	eni Priv	ate Ho	ome		1						
Agencies Notified Type Notification	1		Street A	Address				***************************************		1.0	D 17.0		***************************************	and the same of	
X EPA X Initial										AS	BES	IOS	NSI	NTRO	OL 8
DEP Amended			City, St	ate, Zip Co	ode				-			110	1/3/11	113	-
DOL Amendmen			Long	Beach 7	Twp. N	J 0800	8								
			Name o	of Contact		1022			Tele	nhon-					7 Table 11 T
DCA Cancellatio			Mark												
			FAC	ILITY INF	ORMATI	ON						1111		2000	
Name of Facility Where Abatement is Takin	ng Place (3	3)					Type	of Facility (4)						
Mark Mastroieni Private Home								School (K-12	()						
Street Address								Subchapter 8							
						1		Other (i.e. pri etc.)	ivate &	comm	nercia	buil	dings.	home	es,
City (5)								re Feet	# of	Floors		E	Bldg. A	\ge	
Long Beach Twp. NJ 08008							100	0+	2			1 50	35+		
County (6)				Code (7)			Curre	ent Use (Prior	if beir	ng dem	nolishe	ed)			
Ocean			(STATE	USE ONLY)	_		use & Gara		F755		05/9			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		Name		atement Conti		(9)					
N/A						11/	aco			K15957					
Street Address	- 124-10-10E					Street	Addre	SS							
						PO E	30x 3	29							
City, State, Zip Code						City, S	tate, Z	Cip Code		-					
						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		lin NJ 0809	91						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	10.000		T	Licens	se No				
						856-				0072					
Start Date (10)	Schedule	ed Con	npletion	Date (11)				HA Monitor							
12/1/17	12/11/		20			Sam									
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addre	SS	-						-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of / mal Facility	Abatem Hours	ient			City, St	tate, Z	ip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoliti				×	Mir	II Containmer ni-Enclosure ovebag Proce n-Exempted	dure					e	
	le	Locati	on											ement	
Location of	1	Normall	ly		Doo	cription	of						Ту	ре	
Asbestos-Containing Material (ACM)		d Sole			tos Conta	aining M	aterial			nount				Ш	520
TO BE ABATED In Facility		todial S		(i.e.	thermal	systems sing, VA		ation,		oecify or LF)		Rer	Re	Encapsulate	Enclosure
(13)		(12)				ing, va iscellan			51	UI LF)		Remova	Repair	psu	losu
数 数	Yes	No	N/A									0	7	ate	lre
	103	110	-												
exterior siding			Х		exter	rior sid	ing		300	00 SF		х			
			*												
											_				
	+-+										-				
lome of Decistored Mt- 111-			IDED												
lame of Registered Waste Hauler		10.778	JDEP W auler ID		Cubic of Was			Name of Ro		ed Lar	ndfill				
Inited Containers		100000	2459	OTT F	6			G.R.O.W	/.S						
ity, State					1.55	al Date		City, State							
im NJ					12/11			Morrisvil	le PA	1906	67				
completed by	Title					gnature					Date				
	1100														



Date of N	otification	11/17/17		Nama	f Duilding O		101(0)	100	s r s		BE	1			
Date of N		oe Notificati	ion		idy of Lou		/ Operator (2)		366		511)				
Agencies	The same of the sa			Street A		ues	Gildicii	100				H-			
-	EPA	Emer	gency Notifica		Main Stre	et		lii	NOV 2	8 2017	$\parallel \downarrow \parallel$				
	DEP		Notification		ate & Zip Co	and the same		14 -	NUV C	0 2011	-	4			
X	DOL	Amer	nded Notification		n, NJ 088										
X	DOH	Cano	ellation		f Contact			A	SBESTOS	CITATARA	no Nu				
	DCA			Tony B					LICI	1,11					
					ILITY INFO	DM	ATION	(The second sec							
Nieres of F					ILIT I INFO	-									
Name of F	-acility wh		nent is Taking l			Typ	oe of Facility (4) School (K-12)								
Street Add	dress		ory Ducomion			1	Subchapter 8 (0	Other than	K-12\						
		233	N. Main St			l _Y	Other (i.e., priva			dings hom	nes etc				
Ì			···· mani ot					# of Floor		Bldg. Ag		4			
City (5)			County (6)	County Co	de (7)	104	3,000	# 01 1 1001	ວ ງ	blug. Ag	70				
	Milltown		Middlesex	County Co	uo (//	CIII	rent Use (Prior if	heina der	nolichod)		70				
			madicocx			Residence									
Name of N	/lonitoring	Firm Hired	by Building Ov	vner (8)	ASCM No.	_		t Contractor (9)							
Environr	nental Ta	ctics	by ballang by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NOOW NO.		bal Abatemen								
Street Add							eet Address	L OCT TIO	, LLO						
64 Broad	Street						Schoolhouse	Road							
City, State						City									
Matawan						Mo	nroe Township	p, NJ 088	331						
		Monitoring	Firm	Telephone N			ephone Number		License	Number					
Tom Gei				732-290-22		-	2-605-9062			0071	4				
Scheduled	1 Start Date 11/27/17	e (10)	Scheduled Con		(11)		ne of OSHA Mon								
	ti manatakintaya			11/30/17		Gio	bal Abatemen	t Service	es, LLC						
Occupanc	y Status D	uring Abate	ement (Check of Ouring Entire Pe	only one)	mant	-2000	et Address					19			
			tside of Norma				Schoolhouse								
			ed During Al		15 -		, State & Zip Cod		24						
Othe	er - Describ	ne:	ed During Ai	Jatement		INIO	nroe Township), NJ U66	31						
Scope of V	Vork (Ched	ck all that a	nnly)							-					
	nolition	on an arat a	X Renovati	on			Full Conta	ainment w	ith Negative	Droceuro					
Larg	e Project		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			Mini-Encl		illi ivegalive	ricssuic					
177	· · · · · · · · · · · · · · · · · · ·	SF or ≥ 3	LF ACM				X Glovebag		e						
			260 LF ACM				X Other: N								
		ation of		Is Location		D	escription of		Amount	Abater	ment Ty	/ne			
		s-Containin	g	Normally Use	ed ,		stos-Containing		(Specify	(Specify					
		ial (ACM)		Solely by			aterial (ACM)	S	quare Feet	Repair, E	ncapsu	lation			
		ABATED		Maintenance	2200 Carlotte 1 240 CM		thermal systems		or	or Er	closure	∌)			
		acility (13)		Custodial Sta	1100000 III. 11000000		on, surfacing, VA		near Feet)						
		(13)		(12)	OI	otne	er miscellaneous))							
		Basemen	t	N/A			TSI Pipe		220 LF	Rei	moval				
Name of R	egistered \	Naste Haul	er I	NJDEP Waste	Hauler ID #	ŧ	Cu. Yds. of Was	ste N:	ame of Reg	stered Lar	ndfill				
	old Carti	ng			3693		10		RRF		-watt				
City, State						Disposal Date City, State									
Trento							11/30/17	-C	illytown, l	Pa					
	Completed By (Print or Type) Title						Signature				Date				
Domin	ick Tring	ali	Pres.				Dominick Tr	ringali			11/1	7/17			
R_41 IIINI	05 0405														

1921										Г		A-115.
×221094 PA			ICATIO	State of New Jers N OF ASBESTO: t to NJAC 8:60 a	SABATE			DE G	E		1.0	rint F
Date of Notification (1) 11/16/2017	18 18 18 18 18 18 18 18 18 18 18 18 18 1			of Building Owner	/Operato	or (2)		NOV	1 2	8 20	017	
Agencies Notified Type Notification X EPA X Initial	10			Address SUPOR BOUL	EVARD	D, BUILDI	NG#					. &
X	t #		(500)	tate, Zip Code RISON, NJ 07	029		L	L	ICEN	SING	COMMON	
× DOH Emergency justification) DCA Cancellation	1		Name o	of Contact K A. TRIANO				T				
			FAC	ILITY INFORMA	TION					ţ		
Name of Facility Where Abatement is Takir VACANT BUILDING	ng Place (3)				Type of F						
Street Address 1000 FRANK E. ROGERS BOULE	EVARD					Subo	ool (K-12 chapter 8 er (i.e. pri) (Other than K-1 vate & commerc	12) cial bui	Idings	, hom	es,
City (5) HARRISON						Square F	eet	# of Floors	1	Bldg. A	Age	
County (6) HUDSON				Code (7) USE ONLY)		Current U	se (Prior	if being demolis	shed)			
lame of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		of Abateme		actor (9)	NG			
itreet Address			'			t Address /REELAN	D AVE	NUE				
ity, State, Zip Code					10700	State, Zip Co OWA, NJ						
roject Manager for Monitoring Firm			Telepho	one No.	A 400 CONTRACTOR	hone No. -956-870()	License 1 00494	Vo.			
tart Date (10) 2/4/2017	Schedul 1/15/2		npletion	Date (11)		of OSHA M ME AS (9)		E				
ccupancy Status During Abatement (Chec	k Only O	ne)			Street	Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: VACANT					City, S	State, Zip Co	ode					
cope of Work (Check All That Apply)												===
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			, ,	Mini-En Gloveba	closure ag Proce	t with Negative dure *) and Non-Frial			•	
	Is	Locati	on			I NOTI EX	omptou (J dila Woll I Hal	1	Abate	ement	t
Location of		Normal ed Sole			escription				-	Ту	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	surfa		s insulation, AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
EVTERIOR	Yes	No	N/A	IAUN ID O	M 000	TAULAGO		40 111170			9	
EXTERIOR	-	X		WINDO				18 UNITS	X			
ROOF		X			AULKI		ELC	45 000 OF	1.			
NOOF		^		METAL COR				45,000 SF	X			
ame of Registered Waste Hauler		N	JDEP W		Yards			egistered Landfil	1	-		
NO BROTHERS CONTRACTING	i	Н	auler ID 8743		ste	1 (4.50)		MANAGEME		a.R.C).W.S	S.
ty, State DTOWA, NJ				1/15/	sal Date 2017	M	y, State ORRIS	VILLE, PA				
ompleted by	Title	IECT	COO	RDINATOR	Signature	•	X		ate 1/16/2	0017		

€C	NO Roll ASBES	V 2	CON	ITRO	
f Facility (4)					\dashv
chool (K-12) ubchapter 8 other (i.e. pri) (Other than K-12) vate & commercial b	ouilding	s, hor	nes, et	c.)
Feet 900	# of Floors	Bl	dg. Ag	do.	
	if being demolished)		. ,		\neg
	ESIDENCE				
ment Contra	3.5 (5.0)				
moval	Inc.				
th Ri	ver Stree	t_			
ack, 1	NJ 07601				
	License No				
-7444 Monitor	0038	8		100	_
	nmental				
ler S	troot				
Code	LIEEL				
ackens	sack, NJ	076	06		_
i-Enclosure vebag Proce	nt with Negative Pres dure (*) and Non-Friable			ement	
		-	Ту	ре	-
ACM) urfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
MITION	70 LF	×			
Name of F	Registered Landfill		Accommo		
Mines City, State	rva Enter	pri	ses	3,	LLC

Date of Notification (1)			Na	ame of I	Building Owner(10	perator (2)	•		IIL		_ 5	П	U	<u></u>
11/16/1	7			MR.	JOSÉ	PINE	ころてき	<u></u>		1				
Agencies Notified	Type Notification		St	reet Ado	iress				111	II NO	V 2	8	2017	
□ EPA	- Initial													
□ DEP	☐ Amended		Ci		e, Zip Code	wes named	(^	2/2					The Control of the Co
B DOL	Amendment #_	t. dia s	-	E	NGGEW	000.	N.7	. 0	163	ASBES	TOS	CON	TRO	L &
DOH	☐ Emergency (including justification)	cluding	N	ame of (LTele	nhone Niimk	a#UIIII	d. Silv		
□ DCA	☐ Cancellation			16	e PIMEN	TEL			_					
				FACIL	ITY INFORMA	TION	- CT	115.74	`			_		
Name of Facility Where A	batement is Taking Pla	ce (3)					Type of I	acility (4)					
MR	L Jose Pi	HENTE	= _	,	-			ool (K-12		than V 12)				
Street Address							Oth	er (i.e. pr	ivate &	than K-12) commercial b	uilding	s, hor	nes, et	c.)
								101 1155					- 050	-
City (5)					e ² 0		Square Fe		# 01	Floors		dg. A		
ENGLE	E MOD ()						19			Z-maliahad)		, ,		
County (6)				ounty C	ode (7) SE ONLY)		Current U			demolished)				
	16EN		13									-		
Name of Monitoring Firm	Hired by Building Ow	ner (8)	-	ASCM	No.	Name o	of Abateme	ent Contra	ictor (9)	88				
						Best	Rem	oval	In	2				_
Street Address							Address	2 2000		<u></u>				
									ver	Stree	t	27.0		
City, State, Zip Code							tate, Zip C							
- 35							censa	ck,	NJ (07601				
Project Manager for Moni	toring Firm		T	elephon	e No.	Teleph	one No.		19.5	License No.				
						201-	-329-	7444		0038	8			
Start Date (10)		Scheduled C					of OSHA N							
11/27/1			1/2	8)1	7	Omes	a En Address	viro	nmei	ıtal				
Occupancy Status During	Abatement (Check On	ly One)				Control Control								
☐ Facility Closed/Vaca	ated During Entire Peri	od of Abaten	nent				Huy1		tre	e t			- 31	
Abatement Performe Other – Describe:	d Outside of Normal F	acility Hour	PH	1			tate, Zip C							
						Sout	h Ha	<u>cken</u>	sacl	k, NJ	076	06		-
Scope of Work (Check Al	l That Apply)													
≥3 sf or ≥3 lf			novatio			_				Negative Pres	sure			
□ ≥160 sf or ≥260 lf		☐ Der	molitio	n		3	Mini-l Glove	hag Proce	dure					
							Non-E	xempted	(*) and	Non-Friable	Proced	ure		
		Ie I	ocatio	n									ement	
Locatio	on of		rmally		1	Description	of				-	1)	pe	_
Asbestos-Containing			Solely		Asbestos Co	ntaining M	laterial (AC	CM)	3 - 5	mount	_		臣	m
TO BE AF		1	dial St		(i.e. thermal sy	stems insu VAT, or		acing,		Specify For LF)	Remova	Repair	cap	nele
In Faci			(12)		othe	r miscellar				C. CHONGO HOUSE	oval	air	Encapsulate	Enclosure
		Yes	No	N/A									6	
		165	110	1,071						POLF	×			
BASEMEN	X				THERMAL.	JY8154	INSOF	MIDD		0 01	1	-	-	-
		+ +												
	Trul		I NTT	DEP W	note Cul-	ic Yards		Name of	Register	ed Landfill				
Name of Registered Wast	e riauler			uler ID	500(50명) 기를 가지하였던?	Jacte			3.5.5					
Best Removal	1 Inc			171()9		1207	Mine	rva	Enter	pri	ses	, .	LL(
City, State					Disp	osal Date		City, Stat	е				7500	
Hackensack.	NI 07601					11/28	117	Wayn	esbi	irg, 0		468	8	
Completed by	1711 1/10/11	Title				Signature				Da	. 1	, , 1		
J. Maiorano		Est	ima	tor		_//	How	مصدر			111	16	17	
	The second secon					X	1-			55 85 65EV		:# :::::::::::::::::::::::::::::::::::		
ASB-41 (R-06-08)						()	* Do not u	se this for	rm for a	sbestos licens	ure exe	empte	activ	ities.

In A		NOTI	EIC/				EMENT) leaves			
2 33197	?)	NOTI		ırsuanı	t to NJAC	C 8:60 and 5:16	5) D) <u> </u>			$\ $		
Date of Notification (1)				CHORESTON CONTRACTOR			111 11	0 0 0017	411	111		
	22 / _	17		D &	A Demo,	LLC	III LI NO	V 2 8 2017	15	为	19	13
Agencies Notified	Type Notifica	tion		Street	Address				1	1	1 1	
⊠ EPA	☐ Initial			2156	6 Campla	in Road	ACRES	TOS CONTROL	2.	-		
□ DOLWD	☐ Amended						ASDES	LICENSING	<u> </u>			
				200	49 TH 11		DI TRANSPORTO DE LA CONTRACTOR DE LA CON	AND THE PROPERTY OF THE PERSON	Contract best for	ersammi		
						**************************************		Telephone Numbe	r			
(NJAC 5.23-6)				Anto	onio Dim	uzio		100 to				
										9 .7		
Name of Facility Where A	Abatement is T	aking Place	(3)				Type of Facility (4	4)				
Auto Dealership Bu	uilding											
Street Address						103(0)	Subchapter 8	(Otner than K-12)	al bui	Idinas	5	
9-17 Franklin Aven	ue						homes, etc.)			3		
City (5)							Square Feet	# of Floors	Bld	g. Ag	е	
Ridgewood							12,000 sf	2	8	0		
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Prid	or if being demolish	ed)			
Bergen							Auto Dealers	ship				
11												
Guardian Contracti	ng, Inc.					Guardian Co	ntracting, Inc.					
Street Address												
1889 Rte. 9, Unit 61						1889 Route 9), Unit 61					
City, State, Zip Code						City, State, Zip C	ode					
Toms River, New J	ersey 08755					Toms River,	New Jersey 087	755				
Project Manager for Mon	itoring Firm		Tele	ephone I	No.	Telephone No.		License No.				
			7	32-349	-9932	732-349-9932	2	00624				
Start Date (10)	S	Scheduled C	omple	etion Dat	te (11)	Name of OSHA N	Monitor					
The second secon	4993045						llytical					
10 20 35												
1000000	0.70											
Time of Abatement.					,	Piscataway,	New Jersey 088	854				
Scope of Work (Check a	ll that apply)					M Euil Con	stainment with Nea	rative Pressure				
		□R€	nova	tion				alive Flessure				
		⊠ D∈	moliti	on				- Edeble December				
					T	☐ Non-Exe	empted (") and No	n-Friable Procedure	1		T	
Varieties						Description	of					T
		Use	ed So	ely by	Asbes			Amount	Ren	Rep	Enc	Enc
TO BE ABA	ATED	IVI			(i.e				NOV	ar	aps	losu
	ity	Cus						SF OF LF)	<u>m</u>		ulat	ē
(13)		Yes	No	N/A		other modelland	3343)				Ф	
exterior					asbesto	s roofing/caulk	<	7540 sf /65 lf				
showroom			\boxtimes									
boiler room					asbesto	s pipe insulation	on	175 lf				
mezzanine			\boxtimes		asbesto	os floor tile/mas	stic	725 sf/ 140 sf	\boxtimes			
Name of Registered Was	ste Hauler						Name of Regis	stered Landfill				
	ing, Inc.					50						
						150						
Date of Notification (1)												
Completed By (Print or T	ype)	Title				-Signature	1	Dat	te /		l	
Nicholas Fernicola		Projec	t Mai	nager			1 - Hu	1	1/-	7	17	

	DATE
Project #	LILLI

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Ch	eck	#	4029	į
OII	COL	π	TUZU	

1 10,000 //			(P	ursuant	to NJAC 8:	60 and 12:120	0)		1011					_	
Date of Notification (1)				Name o	f Building O	wner/Operator	(2)	-	TIP	NE	G	3 1	W	F	
11/15/2017				Evano	el Church	1									
Agencies Notified	Type Notification			Street A		<u> </u>			III	N .					
				1251 T	erril Rd					III N	OV :	28	201	7	
EPA DEP	Initial Amended		H	City, Sta	ate, Zip Cod	e			14	tmen /	UV			-	
DOL	Amendment	#		Scotch	Plains 0	7076									
_	Emergency (including	F	A CONTRACTOR OF THE PARTY OF TH	f Contact	1010			Tele	phonerNn	mbon		3/	OL	
DOH DCA	justification) Cancellation		- 1	Ed Foo					1				u "	UL (
II DON	Carlochation				ILITY INFO	RMATION							(SAFETANI	The Real Property lies	
Name of Facility Where	Abatement is Taking	Place (3)	170	LIII INI O	MATION	Тур	e of Facility	(4)						
back house								School (K-	12)						
Street Address							H	Subchapte		er than K-1	2)				
1235 Terril Rd								Other (i.e.	private 8	commerc	ial buil	dings,	home	s,	
		- I - I - I - I - I - I - I - I - I - I					C	etc.)	[# of	Floors	- 1	Bldg. A	70		
Scotch Plain	ns, NJ 07076							uare Feet		10000		Jiug. A			
County (6)					Code (7)		Cui	rrent Use (Pri	ior if bei	ng demolis	hed)				
Union County				(STATE	USE ONLY)										
Name of Monitoring Firm	n Hired by Building (Owner (8)	ASC	M No.	Name	of Al	batement Co	ntractor	(9)					
						Nick	Res	toration L	LC						
Street Address						Street	Add	ress							
						72 Br	rook	side Rd							
City, State, Zip Code								Zip Code							
Oity, Gtate, Zip Gode								n, NJ 0786	30						
Project Manager for Mor	altoring Firm			Telepho	ne No	Telep			J	License N	Vo.				
1 Toject Manager for Mor	mornig i iiii			, ciapilo		9739				01133					
Start Date (10)		Schodul	ed Co.	mnletion	Date (11)			SHA Monitor		01100				_	
				ripiedori	Date (11)	IRIS	. 01 0	OI I/ CIVIOTILOI							
11/25/2016		11/27/2				Street	- Δαα	roce						- 0-1	
Occupancy Status Durin								22 West							
	ated During Entire F ned Outside of Norm														
Other – Describe:		iai raciiii	y Hour	S		1		Zip Code							
						- Junior	1,1	IJ 07083				distribution of the second			
Scope of Work (Check A	(ii That Apply)	Entered .				-	-								
≥3 sf or ≥3 lf		-	Renova					Full Containm Mini-Enclosur	ment with Negative Pressure						
≥160 sf or ≥260 lf			Demoli	lion				Glovebag Pro							
						1		Non-Exempte		d Non-Fria	ble Pro	cedur	е		
		1	s Locat	tion									ement		
Location	n of		Norma			Description	n of					1)	ре		
Asbestos-Containing			ed Sole		Asbesto	s Containing I		rial (ACM)	A	mount			m	_	
TO BE AB			aintena stodial		(i.e. t	hermal system				Specify	Rer	Re	Encapsulate	Enclosure	
In Facil (13)			(12)			surfacing, VA other miscella			5	or LF)	Remova	Repair	psu	losu	
()			Ι	T	1	***************************************	Milatria	- / .			<u>n</u>	"	ate	re	
		Yes	No	N/A			- CHIP				-	-			
Roof			X		Black ro	ofing mate	erial		100 S	F	×				
											1				
		+	-	-								-			
A	×1000-10-00-00-00-00-00-00-00-00-00-00-00			+-							-				
Name of Registered Was	ste Hauler		1	NJDEP V	Vaste	Cubic Yards		Name of	Registe	red Landfi	1	1			
			F	Hauler ID	No.	of Waste			Vereign.						
Nick Restoration LLC				03378	2	TBD		G.R.O.							
City, State Randolph,				Disposal Date TBD	9	City, Sta		1							
Completed by	Signature / Date														
Elvira Mrda		Pres	ident			6	1/1	11/9 6	1110	Vc. 1	1/15/2	2017			
		1				1 2	1	1 1	1110	CUL		- 10/A			

			Sta	ate of N	New Jerse	∍у		C	heck #	161	40	
	PAID	NOTI	FICAT	ION OF A	ASBESTOS	ABATEMENT					V 4500	
	an a sepulation	(Pursu		A		nd 12:120-7		TES TE			7 1	7 F
Date of Notification					and the second	er/Operator	(2)			E] /	
11/17/2017			Je	anett	a Bro	WII						
Agencies Notified	Type Notific	ation	Stree	t Addre	SS	August 1			NOV	20	an	4.77
[]EPA	[X]Initial								NUV	2 0	CU	13.
[]DEP	Notific	cation			Zip Cod							
[X]DOL	[]Amended Notific	cation	Bl	oomfi	eld,N	J,07003		AS	BEST	S C	TMC	ROL
[X]DOH			Name	of Cont	act		Telephone	Number	Lite		-	Christian
[]DCA	[]EMERGENO	CY	Je	anett	a Bro	wn	l _e					
	[]Cancella	ation								-		
V	7b-b	dia matud	D1-		ITY INFO	RMATION	Through Facilit	(1)				
Name of Facility Whe Jeanetta Brown		is Taki	ng PI	ace (3)			Type of Facilit					
beanetta brow.							[]School (F		than	K-12	2)	
Street Address							[X]Other (i.	.e., privat	te & co			1
							buildings, h		1200			
City (5)		County	(6)		County	Code (7)	Square Feet	# of Floor	rs Bl	dg.	Age	
Bloomfield		Essex			The second secon	USE ONLY)	Current Use (Pr	rior if bei	ng der	nolis	hed)
							00110110 000 (11		9			
Name of Monitoring F	irm hired by	Buildin	g AS	CM No.	Na	me of Abate	ment Contractor	(9)	100			
Owner (8) N/A					1 2	AZTECH M	MANAGEMENT,	Inc.				
Street Address					St	reet Addres	s					
					8	36 Chris	stopher St.					
City, State, Zip Cod	le			*	Ci	ty, State,	Zip Code					
					l I	Montclai	r, NJ 0704	2				
Project Manager for	Monitoring F.	irm Te	lephor	ne Numbe	r Te.	Lephone Num	ber	L	icense	Numh	er	7.11
		N,	/A			(973) 744	1-8800		0037	1		
Scheduled Start Date	(10) Sche	ed. Comp	letion	Date (11) Na	me of OSHA	Monitor					
11- 27- 1			28-	17	N	'A						
			Day	Year								
Occupancy Status Dur [X]Facility Clos					St	reet Addres	S					
of Abatement		46 W		T11:4-	. -							
[]Abatement Per Hours - Descr				racility	A CI	ty, State,	Zip Code					
[]other - Desc	ribe: «Other C	ccupancy	Desc	ript»								
Scope of Work (Check	all that app	oly)				f 173-11	G	Nogobius	Drogg			
[X]>3 sf or	>3 lf	1	X]Reno	ovation			Containment with Enclosure	1 Negative	riess	TTE		
[]≥160 sf o]]Demo	olition			-bag Procedure					
			Is			[]Non-E	riable Procedure	2	Aba	teme	nt 1	l'ype
Location			Locati			Description			R		E N	E
Asbestos-Con Material			Used	-	A	sbestos-Con Material	2000000000000 -	Amount (Specify	E	R	C	C
TO BE ABA	70		ainter	nance/	(i.	e., thermal		SF or	M	PA	P	0
In Facil	ity		ustodi aff (ation, surf	acing, VAT,	LF)	A	I	S	S U
(13)		Yes	No	N/A	OI (CHET MISCE	raneous,		L		L	R E
Basement				X	Pipe	Insulat	ion	45 LE	X			
				-						-		

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.0 Name of Registered Landfill

Minerva Enterprise INC

City, State Montclair, NJ 07042 Disposal Date 11/29/17

Signature

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

Title President 11/17/2017

CV_LOTALO	PA	Paragraph School S.		ATION (te of New OF ASBES O NJAC 8:	STOS A	BATEN		Ĭ			NO'	V 2	8	201	7
Date of Notification (1) 11/16/17				ame of I ean M	Building O	wner/O	perator	(2)								One of the last
Agencies Notified Type N	Notification		St	reet Ad	dress					T	ASE	BES L	TOS	NSI	NTRO VG	& JC
DEP A A A A A A A A A A A A A A A A A A A	nitial mended mendment #_ mergency (includir ustification)	ng	A N	tlantic	e, Zip Cod Highlan Contact		J 0771	6		Tele	phone Ni		- COMMON IN	veget to same and		
DCA L C	ancellation				ITY INFO	RMATIO	ON									
Name of Facility Where Abateme	ent is Taking Place	(3)						Туре	e of Facility (4)							
Street Address								×	School (K-12) Subchapter 8 Other (i.e. privetc.)				ouildi	ngs, l	nomes	5,
City (5) Atlantic Highlands								Squ 117	are Feet '8	# of 2	Floors		Blo	dg. Ag	je	
County (6) Monmouth					ode (7) SE ONLY)			Curr	ent Use (Prior ne	if beir	ng demoli	shed	1)			
Name of Monitoring Firm Hired b	by Building Owner	(8)		ASCM	No.				atement Contra D PROFES							
Street Address							Street 6 Wh		ess DOVE COU	JRT	- 3011					
City, State, Zip Code									Zip Code OOD, NJ 087	701						
Project Manager for Monitoring	Firm		T	elephon	e No.		Teleph 732-		No. 9078		License 1200	No.				
Start Date (10) 11/26/17	Sched 11/2		Comp	oletion [Date (11)				SHA Monitor AD PROFES	SIO	NALS					
Occupancy Status During Abate				V)			Street 6 Wh		ess DOVE COU	JRT						
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire Period side of Normal Fac	of Abat ility Ho	urs	nt			City, S	State,	Zip Code DOD, NJ 08							
Scope of Work (Check All That	Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Rend Dem		70.00			>	i N	ull Containmen lini-Enclosure llovebag Proce lon-Exempted (dure					9	
		Is Lo											3	Abate Ty	ment pe	
Location of Asbestos-Containing Materion TO BE ABATED In Facility (13)	ai (ACIVI)	Norr Used S Mainte Custodi (1	olely	by ce/		os Con thermal surfa	scriptior taining N system cing, VA miscella	Materi is insu AT, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Ye	s N	10	N/A							0.1.5				· ·	
INTERIOR		-				Duct	t Insula	ation		4	0 LF		X			
		-														
Name of Registered Waste Hau NEWARK CARTING	iler		На	IDEP Wouler ID 509		Cubic of Wa 5	Yards iste		Name of R	egiste	ered Land	lfill				
City, State NEWARK, NJ						Dispo	sal Date	Э	City, State BETHLE	HEN	ЛРА					
Completed by JOSEPH PERLSTEIN	Tit O'	le WNEI	R				Signatur	e .				Date	3			

E Not Ferm

									Prir	nt Forn
CV 2839 PA	NOT	(Pursuant	ate of New Je I OF ASBEST to NJAC 8:60	OS ABATE and 12:12	0)		G			
Date of Notification (1) Agencies Notified Type Notification	to still stillings	Name o	f Building Own	ner/Operator	1400ti	19 11	NUV	28	201	/
EPA Initial Amended		56-	ate, Zip Code	Shit	ition Dr	. Asi	BESTC LIC	S CO ENS		OL&
Amendment : Emergency (i justification) Cancellation			Contact f Contact lackis	n,NJ	0875	Telephone Nu	ımber	- 3-7-		
		FACI	LITY INFORM	IATION				_=		
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility School (K	-12)				
Street Address						er 8 (Other than K-1 private & commerc		dings,	home	s,
City (5) Cavollette					Square Feet	# of Floors		ldg. A	ge	
County (6)			Code (7) USE ONLY) _		Home	<u> </u>	hed)			
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	Л No.	Bric	e of Abatement C k Industries Ir					
Street Address				P.0	t Address . Box 915					
City, State, Zip Code				100	State, Zip Code k, New Jersey	08723				
Project Manager for Monitoring Firm		Telepho	ne No.	10000000	hone No. 2)899-7499	License I 01196	No.			
Start Date (10)	Scheduled (Completion	Date (11)	Name	of OSHA Monito	or				
Occupancy Status During Abatement (Check	Only One)			Street	Address					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility Ho	tement ours		City, §	State, Zip Code					
Scope of Work (Check All That Apply)									0.00	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	ovation nolition			Mini-Enclosu Glovebag Pr	ocedure				
	1		T	L	Non-Exempt	ed (*) and Non-Fria			ement	
Location of	Non	cation mally		Description	n of			Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	Solely by enance/ ial Staff? 12)	(i.e. the	Containing I	Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes N	No N/A	PC/-09	s Lac	CILIAN	limit	X		te	
			USDC	CUTY	Signif	73031	4			
Name of Registered Waste Hauler		NJDEP V	(9770) II (ubic Yards	Name o	of Registered Landfi	dl .			
Brick Industries Inc.		Hauler ID 21602	No. of	Waste	2 GRO	WS Inc.				
City, State Brick, New Jersey		And the second second	D	isposal Date	City, St	ate				
Completed by Eric Płackis	Title Preside	ent		Signatur	· 4110	7	Pate	6/1	1	

Date of Notification (1) 07/20/2017					f Building Itz Associ		Operator (2	2)			Che	ck# 5	062			
Agencies Notified	Type Notification			Street A 14 Cliff	ddress wood Av	e, Suite	200) E C	E		V. [
☐ EPA ☑ DEP ☑ DOL	☑ Initial☐ AmendedAmendment		_		ate, Zip Co an, New J		07739				NO	V 2	8 21	017		
⊠ DOH □ DCA	Emergency justification □ Cancellation				f Contact Grigorian					Tele	phone Nu			711	-	
		100 100 100 100 100 100 100 100 100 100		FAC	ILITY INFO	ORMATI	ION				MODES	LIGEN			&	
Name of Facility Where Residence	Abatement is Takir	ng Place (3)		Ŏ.				W.W 105-04	of Facility (angent or the statement	LIGEN	SINO			Ī
Street Address								□ Su	bchapter 8	Other	than K-12) commercia		, hom	es, etc	c.)	
City (5) Little Silver									e Feet 000	# of	Floors 2	E	Ildg. A 55		0	1
County (6) Monmouth					Code (7) USE ONLY))			Private	Resid		hed)		12		
Name of Monitoring Fire Brinkerhoff Environm				ASCI	M No.		Name o Lilich C		ement Co ation	ntractor	(9)					
Street Address 1805 Atlantic Avenue	•						Street A 606 Mc									
City, State, Zip Code Manasquan, New Jer	rsey 08736						City, Sta Woodla		o Code ark, New	Jersey						
Project Manager for Mo Gary W Fleming	nitoring Firm			Telepho 732-22	ne No 3-2225		Telepho 973-22				License N 01104	No.	derestindo			A
Start Date (10) 11/27/2017		Schedule		npletion 4/2017	Date (11)				A Monitor nental La		ies, LLC					7
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)				Street A								-	-
Facility Closed/Va Abatement Perform Other – Describe:							City, Sta	ite, Zij	22 West c Code 07083		*****	****				-
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enovat			**************************************		Min Glov	-Enclosur ebag Prod	e cedure	Negative P					
-	100 C	1000	Locat											ement pe		
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Used Mai Cust	d Sole ntena odial S (12)	ly by nce/ Staff?		tos Con thermal surfa	scription of taining Ma I systems in cing, VAT miscellane	iterial insula , or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	Annual Control of the
Attic, Boiler Room		Yes	_No_	N/A X	Corruga	ated Pi	pe Wrap	(wra	p&cut)	80 L	 F	X				1977
2nd Floor NE Bathro	oom			X			Contair	9		200 L	F	X			-17-27	1
Boiler Room			E0110	X	2		itting (T			61	.F	X				
Wood Frame Windo	DWS		11111111111111	X	Windo	w Glaz	ing (Nor	Fria	ble)	30	LF	X				
Throughout Interior				X	Gypsor (Full Co		d & Joint nent)	Con	npound	900	SF	X				
Name of Registered Wa	ste Hauler		7.75	JDEP V auler ID		Cubic of Wa	Yards ste			\$778.K	red Landfil	I				1
Lilich Corporation City, State				18724		Dispo	sal Date	1	G.R.O.W City, Stat		fill				1	-
Woodland Park, New	Jersey					12/4	1/2947	1	Morrisvi						3	
Completed by Adriana Olejarova		Title Presid	ent			5	Signature	1	16	1		ate 1/16/2	2017			
ASB-41 (R-06-08)							* Do hot	use th	nis form fo	r asbest	os licensu	re exer	npted	activit	ties	

CK1422 P	AI	нот	IFICATI	State of New ON OF ASBE nt to NJAC 8	STOS ARA	TEN 1720	MENT				7.77	PRINCE	001		10	DAY 1422
Date of Notification (1)			Name	e of Building C	wner/Oper	at pa (3)-	E C		4	\mathbb{V}	E	A	1 -	E.	0/17
November 16, 2017 Agencies Notified Type Notificat		1	Ethico	on, Inc.		1	3			at the contract of			INO		5	2017
[2]	on	ĺ	1	Address		III		NO	V/ 0	8	2017	+	H	#	1	/
EPA Initial				ox 151			П	NU	¥ C	0	CUII	310	F	#		001
DOL Amended Amended				State, Zip Cod						1		WA	VL	11/	11	RON
X Emergen	cy (includi	ina	Some	rville, NJ 0	8876		1	ASBES	TOS	CO	NTRO	2 10	ije			-
DOH justification	n)			of Contact				1	ICE	N Sie	lepho	ne N	umbei	-		
L DCA Cancellat	on		Projec	ct Manager		leannean	amentos sa	SHEETER STATEMENT HES		4				meni		
Name of Facility Where Abatement is Ta	vina Mass	(0)	FA	CILITY INFO	RMATION				_					•		
Ethicon	ATTIO PIACE	(3)					Type	of Facil	ity (4)							_
Street Address		-						School	K-12)						
D						1		Subcha	oter 8	(Oth	er tha	in K-1	2)			
Route 22 W							X ,	Other (i.	e. pri	vate	å com	nmerc	ial bu	ilding	s, ho	nes.
2000 PM //						1 5		re Feet		# 0	f Flao	rs.	T	Blda	Age	
Somerville											2				rige	
County (6)				(Code (7)		1	Curre	nt Use	Prior	if be	ing de	molie	had			
Somerset			(STATE	USE ONLY)		2							ned)			
Name of Monitoring Firm Hired by Buildin	g Owner ((8)	ASC	M No.	Nar	ne of	Ahat	tement (Contro	antor	Faci	iity				
AET, Inc								Group			(2)					
Street Address		T					ddres		, LL(Ú.						
220 Church Street								3770		-						
City, State, Zip Code	**************		er eren agent er gar, all (e.		150	UKI	ngs	HWY	v, S	IE:	209			···		TOY -
Bridgewater, NJ 08807					- 6			p Code								
Project Manager for Monitoring Firm		-	Telenh	one No.	Che	rry I	H(I),	NJ 08	334						-	
Project Manager	(3)			병사를 하면 없었다.	- 1		ie No				2000	nse N	0.			
Start Date (10)	School	lled Ca	(and) 2	218-1108 Date (11)				5000			0078	31				
11/17/17	Coned	uieu 00			1			IA Monit								197
Occupancy Status During Abatement (Ch	ack Only	3001	11/17/	18	The	MA	CK (Group,	LLC							
							dres	7.			-		-		-	100
Facility Clased/Vacated During Entire Abatement Performed Outside of Noi	Period o	Abate	meni		1500	Kir	ngs l	HWY	N, \$1	TE 2	209					
Other - Describe:	mai racil	ry mour	ь		City,	Stat	e. Zip	p Code		1978			101100			
Scope of Work (Check All That Apply)					Cher	ry H	Hill, N	NJ 080	34							
	Parameter 1															
≥3 sf or ≥3 if ≥160 sf or ≥260 if	X	Renova Demoli		Ti and the second		X	Glov	Contain Enclosi Pagay Exempt	ure roced	иге						
		s Locat							T						emen	†
Location of	17-	Norma	4		Description	in of									ype	
Asbestos-Containing Material (ACM) TO BE ABATED	M	ed Sole aintena	nce/	Asbestos	Containing	Mate	erial ((ACM)		An	lnuon					
In Facility	Cu	stodial S	Staff?	(l.e. the	irmal syster surfacing, V	ns in	sulati	ion.		(S	pacify		Z	70	Enc	g
(13)		(12)		ot	her miscella	Ai.	us)			ŞF	or LF))	em.	Repair	aps	clos
			T				T-16						Remova	air	ncapsulate	Enclosure
levide DIV	Yes	No	N/A										_		0	,,,
Inside Bldg	-	X		VAT	, Mastic &	& Ca	arpe	t		T	BD		X			
The second secon													2			
	-				- and between the same	N 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
lame of Registered Waste Hauler		1	J DEP W	lool o	11 12 1					2007			12			
			JUEF W auler ID		ubic Yards Waste			Name o	Reg	istere	ed Lan	dfill				
ewark Carting			222		TBD		D)=		11						
ity, State					sposal Date	,		SFI Imp City, Sta	Jena Jena	ı La	natill			-		
ewark, NJ					11/17/1		1			4-	400					
ompleted by	Title				Signatur		112	nperia	I, PA	175	126	-				
ichael Cooper	Presid	lent			100			1/-				Date				
	1.0010				1							11/1	6/17			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	DAT		ITOM					TOS ABAT :60 and 5:10		Che	11/4	=[]:	35	-
Date of Notification (1)					Name	of Building	a Ow	ner/Operator (2)	<u></u>	CICTI	11		
11 /	16 /	17					-	Construction						
Agencies Notified EPA	Type Notifica				Street	Address			Adam	DE	S E		7 [
⊠ DOLWD	☐ Amended	d				1 N. 31st				<u> </u>	_			Ш
☑ DOH	Amendm					tate, Zip C				IIII NO	DV 28	20	17	
☐ DCA	☐ Emergen		luding			adelphia		19121		had buil	XIIVA SISISS			Special Control
(NJAC 5:23-8)	justificati					of Contac			1	Telephone N	umber		_	
	☐ Cancellat	tion			Noa	h Freibe	rg				المارية المارية		ROL 8	<u>&</u>
					FAC	CILITY IN	IFOF	RMATION		emiliared and conductions.	THE STATE OF THE S	III 4 CI	5-009065 ₀₀	an iza die wae
Name of Facility Where A									Type of Facility (
	Former Sup	perint	ende	nts F	Reside	nce			School (K-12 Subchapter 8		-12)			
Street Address	1								Other (i.e., pr			uilding	gs,	
									homes, etc.)					
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Woodbridge									3,000	2		50+		
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	rolished)			
Middlesex	19						y		residence					
Name of Monitoring Firm		ding Ov	wner (8)	ASCM	No.			ent Contractor (9)					
EHS Environmenta	I Co., Inc.						100		vironmental Co	o., Inc.				
Street Address							Str	eet Address						
411 Southgate Cou	rt, Suite E							23 Haws Av						
City, State, Zip Code							2000	y, State, Zip Co						
Mickleton, NJ 0805								lorristown, I	PA 19401					
Project Manager for Mon	itoring Firm			100	phone I		S. S.	ephone No.		License No.				
Jack Carney				1250	6-224	Manager and Manage	///	10-239-9920		00398				
Start Date (10)					tion Da			me of OSHA N						
_12 / _4 /		2	/	15	_ / _	18_	P	Plymouth En	vironmental Co	o., Inc.				
Occupancy Status During								eet Address						
☐ Facility Closed/Vacate								23 Haws Av						
						cribe		y, State, Zip Co						
				··			N	lorristown, F	PA 19401					
Scope of Work (Check al	I that apply)							M Eull Con	tainment with Neg	ative Pressure	i i			
≥3 sf or ≥3 lf		[Re	novati	on			Mini-Enc Mini-Enc	losure	alive i ressure				
≥160 sf or ≥260 lf			⊠ De	molitio	n			☐ Gloveba	g Procedure mpted (*) and No	n Eriable Proce	oduro			
			le	Locat	ion		_	M NOII-EXE	impled () and No	II-I Habie i 1000		patem	ont T	vno
Location	of			lorma				Description of	of			-	1	
Asbestos-Containing	Material (ACM	1)		d Sole		Asbe	stos	Containing Ma	iterial (ACM)	Amount	Rem	Repair	nca	incl
TO BE ABA				intena todial	Staff?	(i.e		ermal systems surfacing, VAT		(Specify SF or LF)	Removal	a:	apsu	Enclosure
(13)	Ly			(12)				her miscellane		or or Er)	_		Encapsulate	9
#. 0 c 2 950			Yes	No	N/A								(U	
exterior				\boxtimes		roofing				2,200SF				
1st floor		6		\boxtimes		transite	e cei	ling		108SF				
Basement						pipe ins	sula	tion		500LF				
garage						pipe in	sula	tion		90LF				
Name of Registered Was	te Hauler				IJDEP \			bic Yards of	Name of Regis	tered Landfill				
Service Transport				F	lauler II		Wa		Minerva La	andfill				
City, State					A9UT	#20990		posal Date	City, State					
New Castle, DE							1	/15/18	Waynesbu	rg, Ohio				
Completed By (Print or T	vpe)	Title						Signature			Date			
James M. Kelly	* 1000	10000000	ce Pr	eside	ent							/16,	17	

PAID

	1	1 1	1	
1	h -	1/ 1	1	17
(1101	1	21	1
1	1111	1 1	- 1	1

Date of Notification (1)								ner/Operator ((111			10	
/	16 /	17			Ced	ar Mead	ows	Construction	on Inc.	FE	@ E	П	7\/7	P I
Agencies Notified	Type Notifica	tion				Address					6 6		\mathbb{V}	5
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended					1 N. 31st		eet						
⊠ DOLWD	Amended Amendme				City, S	tate, Zip C	ode				10V 2	Q '	2017	
□ DCA	☐ Emergend		 lina		Phil	adelphia	, PA	19121		100	104 2	0 (2017	
(NJAC 5:23-8)	justificatio		9		Name	of Contact				Telephone Nur	nber	500		The same of the sa
	☐ Cancellati	on			Noa	h Freibe	rg			1			TRO	L&
			16		FAC	ILITY IN	FOR	MATION			LIUE	1211/	G	MONTHS AND ADDRESS.
Name of Facility Where									Type of Facility					
	Former Adn	ninstra	tors	Res	idenc	e/Duplex			School (K-12) 3 (Other than K-1	2)			
Street Address									Other (i.e., pr	rivate and commi		ilding	s,	
0.45									homes, etc.)		DI	l~ Λ.		
City (5)									Square Feet	# of Floors		lg. Ag	je	
Woodbridge							VOTA:	TE 1/05 04/13/	3,000	2		50+		
County (6)					Coun	ty Code (/)(S1A	TE USE ONLY)		or if being demo	iisnea)			
Middlesex								, i.i.	residence					
Name of Monitoring Firm		ing Own	er (8) }	ASCMI	No.			ent Contractor (9)					
EHS Environmenta	ıl Co., Inc.								vironmental C	o., Inc.				
Street Address							2000	et Address						
411 Southgate Cou	ırt, Suite E							23 Haws Av		Land to the second				
City, State, Zip Code								, State, Zip C						
Mickleton, NJ 0805								orristown,	PA 19401	- V				
Project Manager for Mon	nitoring Firm				ohone I			ephone No.		License No.				
Jack Carney				- 50000	6-224-		17.5	10-239-9920		00398				
Start Date (10)		chedule					CHITORISE	ne of OSHA N		DO- Lawrence				
_12 / _4 /		2	- / -	15	_ / _	18	P	lymouth En	vironmental C	o., Inc.				
Occupancy Status During	g Abatement (C	Check or	ly on	ie)			Stre	eet Address						
☐ Facility Closed/Vacate							9:	23 Haws Av	re.					
Abatement Performed						cribe	City	, State, Zip C	ode					
Time of Abatement: 7	7.00ANI-3.00P	101/	-FIVI	-	Aivi		N	orristown,	PA 19401					
Scope of Work (Check a	II that apply)							N 5.11 0	4-1	notivo Drocoveo				
□ >3 sf or >3 lf			Ren	ovatio	nn			Mini-End	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				olitio				☐ Gloveba	g Procedure		24.500			
						1		⊠ Non-Exe	empted (*) and No	n-Friable Proced	- C00		155	
1 0000000				ocati ormal				Description					ent Ty	
Location Asbestos-Containing		1		Sole		Ashe	stos	Description of Containing Ma		Amount	Rer	Repair	En	Enclosure
TO BE ABA	ATED			ntena	nce/ Staff?		., the	rmal systems	insulation,	(Specify	Remova	air	aps	losi
IN Facil	lity		Justo	(12)	otali?			urfacing, VAT ner miscellane		SF or LF)	<u>a</u>		Encapsulate	лrе
(13)		Y	es	No	N/A		Ott	ici illiscellario	5003)				е	
exterior						roofing				2,200SF				
1st floor				\boxtimes		floor til	e an	d mastic		650SF				
1st floor				\boxtimes		ceiling	tile a	and glue do	ts	600SF				
1 st floor			1	\boxtimes		linoleu	m			180SF				
Name of Registered Was	ste Hauler			1000	JDEP \		100000	oic Yards of	Name of Regis	stered Landfill				
Service Transport	Group			Н	auler II A901	D No. # 20990	Wa		Minerva La	andfill				
City, State							1	posal Date	City, State	Veriller 18				
New Castle, DE							2	/15/18	Waynesbu	ırg, Ohio				
Completed By (Print or T	Гуре)	Title					-	Signature	///		Date /	11		
James M. Kelly		Vice	Pre	side	nt			1			11/	16/1	7	

State of New Jersey

	PAI		NOTI				ESTOS ABAT C 8:60 and 5:16		Che	CK:	#	:113	30
Date of Notification (1)	16 /	17					Owner/Operator (2		MEG	E			
Agencies Notified EPA DOLWD DOH DCA (NJAC 5:23-8)	Type Notifi Initial Amende Amendr Emerge justifica	ed ment #_ ency (inc etion)	cluding		1301 City, St Phila Name of	Address 1 N. 31st tate, Zip Co adelphia, of Contact h Freiber	ode , PA 19121		Telephase Nemb	2 8 es co			&
					9000-000		FORMATION		-		-	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	MARINERPH
Name of Facility Where A 1430 Rahway Ave., Street Address 1430 Rahway Ave							OKWATION		2) 8 (Other than K-12) private and commerce		ldings	5,	
City (5) Woodbridge								Square Feet 3,000	# of Floors	200	lg. Ag 5 0+	e	
County (6) Middlesex							(STATE USE ONLY)	residence	rior if being demolish	ned)			
Middlesex residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. EHS Environmental Co., Inc. Plymouth Environmental Co., Inc. Street Address Street Address 411 Southgate Court, Suite E 923 Haws Ave. City, State, Zip Code City, State, Zip Code													
EHS Environmental Co., Inc. Street Address 411 Southgate Court, Suite E City, State, Zip Code Mickleton, NJ 08056 Project Manager for Monitoring Firm Plymouth Environmental Co., Inc. Street Address 923 Haws Ave. City, State, Zip Code Norristown, PA 19401 Telephone No. License No.													
389				Teler	phone N	No.			License No.				
Jack Carney	nconnig i min			35435	6-224-	cor-on-con-	610-239-9920)	00398				
Start Date (10)	17				tion Dat	50 ///	Name of OSHA N	Monitor vironmental (Co., Inc.				
Occupancy Status Durin Facility Closed/Vacat Abatement Performer Time of Abatement:	ed During Er d Outside of	ntire Per Normal	iod of A	Abater Hour	s - Des	cribe	Street Address 923 Haws Av City, State, Zip Control Norristown,	ode	Y1				
Scope of Work (Check a □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	II that apply)		☐ Rei	novatio				itainment with Ne closure ig Procedure	egative Pressure	e			
Locatior Asbestos-Containing TO BE AB. IN Faci (13)	Material (AC <u>ATED</u> lity	CM)	Use Mai	Locati Normal d Sole intena todial ((12)	lly ely by nce/		Description of stos Containing Management, thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	A Removal	ateme Repair	ent Encapsulate	e Enclosure
1st floor						pipe			10LF			П	П
1st floor		-					e and mastic		700SF				
1st floor		-			П	plaster			6,000SF			П	П
1st floor					-	felt nan	or		104SF 50SF				
1st floor				\boxtimes		window	alazina	No	501 F	\boxtimes	Ш	Ш	
Name of Registered Wa				11 533	IJDEP \ lauler II		Cubic Yards of Waste	Minerva I	istered Landfill				
Service Transport	Group			1		#20990	50CY		Lailuiiii				
City, State							Disposal Date	City, State					

New Castle, DE

James M. Kelly

Completed By (Print or Type)

Title

Vice President

2/15/18

Signature

Waynesburg, Ohio

Date 11/16/17

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

Date of Notification (1) Name of Building Owner/Operator (2) Cedar Meadows Construction Inc. 11 Type Notification Street Address Agencies Notified **⊠** EPA 1301 N. 31st Street ☐ Amended **⊠** DOLWD City, State, Zip Code Amendment # **⊠** DOH Philadelphia, PA 19121 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) CONTROL & Noah Freiberg □ Cancellation G **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Former Rancher Residence Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) Bldg. Age # of Floors Square Feet City (5) 50+ 3.000 1 Woodbridge Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) residence Middlesex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Plymouth Environmental Co., Inc. EHS Environmental Co., Inc. Street Address Street Address 923 Haws Ave. 411 Southgate Court, Suite E City, State, Zip Code City, State, Zip Code Norristown, PA 19401 Mickleton, NJ 08056 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00398 856-224-0080 610-239-9920 Jack Carney Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Plymouth Environmental Co., Inc. __12__ / __4__ / __17 2 / 15 / 18 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 923 Haws Ave. Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/____PM-___AM Norristown, PA 19401 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure☑ Mini-Enclosure □ Renovation □ Demolition ☐ Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Encapsulate Enclosure Location of Remova Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) TO BE ABATED Maintenance/ (Specify (i.e., thermal systems insulation, Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 150LF M window glazing \boxtimes exterior 7,000SF \boxtimes 1st floor X drywall 5SF heater gasket \boxtimes 1st floor X 351 F nine insulation 1st Floor 70SF \boxtimes X floor tile and mastic 1st floor Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Waste Hauler ID No. Minerva Landfill Service Transport Group 50CY A901 #20990 City, State Disposal Date City, State 2/15/18 Waynesburg, Ohio New Castle, DE Signature Completed By (Print or Type)

James M. Kelly

Vice President



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

APPROVED. TOM VOORH,

VT CR#3291 NJDOL

Date of Notification (1)			7-100	Nam	ne of Build	lina Ow	ner/Operator	(2)					
11 /	17 /	17					nications	(~)	-				
Agencies Notified	Type Notifica	ation			et Address		A 300 TO THE TOTAL TO		MEC	F	II.	W	S F
☐ EPA	☐ Initial	ation					ns Highwa	.,		<u> </u>	Ш	W I	5
☑ DOLWD	☐ Amended	t			State, Zip		iis nigiiwa	у	1151				
⊠ DOH	Amendm	0.44-98			7		nip, NJ 085	27	III NO	1 2	8 2	117	
DCA	☐ Emergen		ng		e of Conta		пр, из 005	21				J17	1
(NJAC 5:23-8)	justification Cancellat			100000000000000000000000000000000000000		200200			Telephone Nur			-	
	Caricellat				ex Baylo					IČĚN	O IN I	HOL	&
Name of Facility 18/h A	L - L				CILITY	INFOR	MATION			ICEN	SING	-	Residence
Name of Facility Where A			ce (3)					Type of Facility					
Verizon Van Hisevil	le Central C	Office						School (K-1)	2) 8 (Other than K-1	2)			
Street Address 140 West Veterans I	Highway								rivate and comme		buildir	igs,	
City (5)								Square Feet	# of Floors		3ldg.	Age	
Jackson Township								6195	1		+-5)	
County (6)				Cou	inty Code	(7)(STAT	TE USE ONLY)	Current Use (Pr	rior if being demol	ished			
Ocean								Verizon Cer	ntral Office				
Name of Monitoring Firm I			(8)	ASCN	No.	Nam	ne of Abatem	ent Contractor (9))				
USA Environmental	Manageme	nt				В	RISTOL EN	VIRONMENTA	L, INC.				
Street Address						Stre	et Address						
8346 Enterprise Ave						11	23 BEAVE	R STREET					
City, State, Zip Code						City,	State, Zip C	ode			-		-
Philadelphia, PA 191	153					1	RISTOL, PA						
Project Manager for Monito	oring Firm		Te	lephone	No.	Tele	phone No.		License No.				
Mark Jenkins			1 2	215-365	5-5810	21	5-788-6040)	00509				
Start Date (10)	S	cheduled (Compl	letion Da	ate (11)	Nam	e of OSHA N	lonitor					
11 /18 / _	17	11	/ _1	8 /	17	BF	RISTOL EN	VIRONMENTAI	L, INC				
Occupancy Status During A	Abatement (C	heck only	one)				et Address						
☐ Facility Closed/Vacated	During Entire	Period of	Abate	ement		100000	23 BEAVE	RSTREET					
Abatement Performed C	Outside of Nor	mal Facili	ty Hou	urs - Des	scribe	100000	State, Zip Co				-		-
Time of Abatement: 7:0	<u> 10</u> AM- <u>3:00</u> PI	VI/P	PM	AM			RISTOL, PA						
Scope of Work (Check all to	hat apply)	7.11.2					,,,,,,,						
	AA 53)							ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re	enova				Mini-Enc						
			SITIONE	1011			☐ Glovebag		n-Friable Procedu	re			
		Is	Loca	ation		377		· ',			patem	ent T	vne
Location of			Norma			[Description o	f		-	- 1-	_	-
Asbestos-Containing Ma <u>TO BE ABATE</u>	aterial (ACM)			lely by ance/			ontaining Ma		Amount	Removal	Repair	nca	Enclosure
IN Facility		11	todial	Staff?	(1.6		nal systems i rfacing, VAT.		(Specify SF or LF)	ova	air.	Sde	nso
(13)		-	(12)	T	-		r miscellane		0. 0. 2. /	_		Encapsulate	Э
		Yes	No	N/A								10	
Room Adjacent Oil Tan	ik Room			\boxtimes	VAT/Ma	astic			80 SF				
			П										
										1	1		
		_ ⊔_	Ш	⊔								Ш	
Name of Registered Waste			11 1 7 7	NJDEP V		100000000000000000000000000000000000000	Yards of	Name of Regist	ered Landfill		-		
SERVICE TRANSPOR	T GROUP,	INC.	1	fauler IE 20990		Waste 1	9	MINERVA L	ANDFILL				
City, State				20000		-	sal Date	City, State					
NEW CASTLE, DE						ТВ		WAYNESBU	JRG, OH				
Completed By (Print or Type	e) 17	Γitle				5	Signature		, Da	te /		/	
Dillan DeCaro	· **	Estimat	tor				Dillan	, De Car	o/il	11/1	7/	17	

CKLOTOF	5	AIN		CATION	te of New OF ASBE to NJAC 8	STOS /	ABATE		т [[0	EG		\mathbb{V}	E	
Date of Notification (1)				Name of	Building (Owner/O	perator	(2)		111	MOV	20	2017		
9/22/2017) - 8 - 20	17		Bridge	Develo	pment	LLC		1	1 L	NOV	2 8	2017		
Agencies Notified	Type Notification			Street Ad							(But dis Mischish Burganian				
X EPA	x Initial			1 Gate	Hall Dr	ive, Su	uite 21	0		-	ASBESTO	S CO	VTRO	L&	
X EPA X DEP X DOL	Initial Amended Amendment	#			te, Zip Co anny, N		4		_		LIC	ENSIN	IG	**********	
	Emergency		—	Name of	-					Tel	ephone Nu	mber			
☑ DOH DCA	justification) Cancellation				Schmit	t				,					
<u> </u>				07702 E1050-E003	LITY INFO		ON								
Name of Facility Where Building #1/Buildin		g Place (3)					Тур	e of Facility (4 School (K-1)	8050 8050					
Street Address	9 –							H	Subchapter	8 (Oth	er than K-1	2)			
429 Delancy Stree	t							区	Other (i.e. pietc.)			liud lak	dings,	home	es,
City (5) Newark				•				-57000	are Feet 42/960	# 0	f Floors	1	ildg. A	ge	
County (6)				County C	ode (7)			01:17	rent Use (Pric		ina demolis				
Essex					ISE ONLY)			Out	Tonk ood (i no	, ,, 55	g como	,			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.		Name	of Al	batement Con	tractor	(9)				
BioTerra Solutions	1.5						Incir	nia (Contracting,	Inc.					
Street Address							Street	Add	ress			,			
1130 West Chestn	ut Street								ifton Avenu	e, Ur	nit 365				
City, State, Zip Code		_							Zip Code						
Union, NJ 07083									NJ 07012		License	No			
Project Manager for Mor Rick Eustaquio	nitoring Firm			Telephore 973-49	ne No. 94-3762		Teleph 973-		No. 1-9500		01036	¥0.			
Start Date (10)		Schedule			Date (11)		Name	of O	SHA Monitor					2010125110	
10/2/2017		-11/2/2	017-	02/9	5/18		Incir	nia (Contracting,	Inc.	X				
Occupancy Status Durin	g Abatement (Ched	k Only On	e)				Street				HOCE				
Facility Closed/Vac Abatement Perform Other – Describe:	and Outside of Nor	nel Facility	Houn		AY. 7AM	<u>4-</u> 5PM	City, S	State,	ifton Avenu Zip Code NJ 07012	e, Ur	111 300				
Scope of Work (Check A	The state of the s														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		SHIRWSHAP	enova emoli					l N	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
		T	1	ion			- Book	end .						ement	
Locatio	n of	l N	Locat Iorma	lly	-	De	scription	of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mai	d Sole intena codial ((12)	ince/ Staff?		tos Cont thermal surfa	taining N	Mater s ins \T, or	r	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										6	
Vault F	Roof		X	X			M Coa				600 SF	X	-		
3 Foundation	on Walls		Х	X		ACI	d Coa	ting		6	08 SF	X			
Southside	e Wall		Х	X		AC	d Coa	ting		1	50 SF	X	ļ.,		
Vault Founda	tion Walls		Χ	X		ACN	A Coat	ing			12 SF	Х			
Name of Registered Wa	ste Hauler		10.55	JDEP W			Yards		Name of I	Regist	ered Landf	II	Karalle vol	0112	
Atlantic Carting				tauler ID NJ641/J		of Was					rani Sani	tary L	andfi	I Co	rp.
City, State Wayne, NJ						Dispos TBD	sal Date		City, State		PA		*0		
Completed by		Title				/s	ignature	9 /	.0	1		ate			,
Milena Zoric		VP				11		1	NV /	/	-	3/22/2	017	- in	121

ASB-41 (R-06-08) * Change in end date po bot use this form for asbestos licensure exempted activities.

11	, <i>(</i>
1/11.00	11/198
170,40	W # 110

Date of Notification (1)			Name o	of Building	Owner/Operator (2)				D	EC	C I	П	7 Fc	7 1	
November 17, 2017			Belm	ont Cor	nstruction Corp.				IUI	E G		1	/ [
Agencies Notified Type No	tification			Address				1	12						
⊠ EPA ⊠	Initial				aic Street, Suite 11				IUI						L
□ DEP □	Amended			ate, Zip Co						NOV	28	20	17		_
⊠ DOL _	Amendment #	_	100000		IJ 07607					i				1	main
	Emergency (including			of Contact				Telephone N	umber	ARREST SALES		MAN COLUMN			
⊠ DOH _	justification)		Frank	Belgio	vine						os co		1OL	&	
☑ DCA □	Cancelation				CILITY INCODERANT	1001				LI(CENSI	VG.			orm
A STATE OF THE ART AND A STATE OF THE AREA	and in Tables Place (2)			1-1-	ACILITY INFORMAT	1000000	of Facility (4)						N E S		
Name of Facility Where Abate	ement is Taking Place (3)					100000									
Oak Tree School						×	School (K-1			HOW					
Street Address								r 8 (Other th							
45 Wilus Way							Other (i.e.	private & Co	mmer	cial buildings	s, homes	, etc	.)		
City (5)			1100000			Square	- Faat	# of Floors		Bldg. Age					7
Iselin						30.00		2		1950's					
130111				County	Code (7)	1	nt Use (Prior if b	peing demolishe		13303					\dashv
County (6)				100000000000000000000000000000000000000	USE ONLY)	Scho		cing demonstra	۵,						
Middlesex County															4
Name of Monitoring Firm Hire					ASCM No.	100000000000000000000000000000000000000	of Abatement C								
McCabe Environment	al Services, LLC				00118	Unic	orn Contrac	cting Corp.							4
Street Address						Street	Address								
464 Valley Brook Aver	nue, #3A					32 W	/illow Way				Australia -				
City, State, Zip Code						City, St	tate, Zip Code								
Lyndhurst, NJ 07071						Woo	dland Park,	NJ 07424							
Project Manager fo Monitorin	g Firm			Telepho	ne No.	Teleph	one No.			License No.				F-12	7
John H. Chiaviello/Jarr				201-4	38-4839		333-9176			01331					
Start Date (10)			Schedul	ed Comple	etion Date (11)	Name	of OSHA Monito	or							1
December 5, 2017				ry 26, 2			ovision Cor		ıc.						
Occupancy Status During Abat	tement (Check Only One)		Janaa	, , 20, 2	.027		Address			Aut III					1
	scated During Entire Perio	ad of Ab	atomor	+			1 Wagaraw	Rd Rldg 3	5-F						
				110		7	ate, Zip Code	ita., biag. o	5 -						1
	rmed Outside of Normal	racility	Hours					7/110							
	07:00am to 3:30pm_					rali L	awn, NJ 07	410							+
1 <u>222</u> 1	Apply)			22.5		ron :	F 11.0 1-1-1			D					
≥3 sf or ≥3 lf			\times	Renova	9093	X		nment with N	vegativ	re Pressure					
≥ 160 sf or ≥ 260 lf				Demol	ition	×	Mini-Enclos								1
						\boxtimes	Glovebag P								1
							Non-Exemp	ted (*) and I	Non-Fr	iable Proced	lure	۸h	atemer	nt	4
			Is Locatio										Туре	.HL	
	tion of	U:	Normally sed Solely		Ashasto		ription of ning Material (A	ACM)		Amount		T	T		1
	ing Material (ACM) ABATED	1882	laintenan				ystems insulatio			(Specity					1
P17000000	acility	Cu	stodial St	aff?			ng, VAT, or			SF or LF)	R		Encapsulate	g	1
	13)	(12)			other mi	iscellaneous)				Remova	Repair	psul	Enclosure		
		Yes	No	N/A							va_	Dair	ate	2	1
Ground Floor Location	s: Rooms G-08, G-09,														-
G-21 G-23, G-24, G-25,					Thermal System	Insulat	tion (Pipe Ir	nsulation, W	/ith						1
36			X		Fittin	gs, Elb	ows Tees e	tc.)		650 LF	>	(
First Floor Locations: R	Rooms 111, 112 N.				Thermal System	Insulat	tion (Pipe In	nsulation, W	/ith						1
Corridor, 114, 116, 117			X				ows Tees e			300 LF	>				1
			Life section in	Vaste Hau	1000000	T	ards of Waste			Name of Regus					1
Name of Registered Waste Hau			00358		NA THE THE PARTY OF THE PARTY O	20+	00 01 *******			Fairless Hill					
Unicorn Contracting Co	orp.	CAUTHAC	100338	44			10-4-				o Luliuli				1
City, State						Disposa	n Date		- 1	City, State	DA				
Woodland Park, New J	ersey					TBD	Icianature.		_	Morrisville,		976			+
Completed by		Title					Signature	imo o	1.0	On all	Da		In .		
Dimo Golcev		Gener	al Man	ager			1	UNIO (100	cur	113	1/17	/201	7	1

00 01	1	NO			State of N ON OF AS	BEST	OS ABAT		NT	П	7	E	C	E	7 1	7	
1100	_		(Pur	suant		e of B	uilding O	wner/	Operator (2	2)	K	land.			n /	- 1	
Date of Notification (1)					The Committee		HARP & DO	UHIVIE	E CURP.		111	<u> </u>	101	28	20	17	
11 / 17 /17 Agencies Notified Type Noti	fication				Stree			ENUE	P O BOX	2000, RY28	-414			_		, ,	-
									.,		-	000	-0-0	0.0.0		-	\perp
	al Notifica ended No		tion				Zip Code NEW JER		07065		Α	SBI	ESTO	S CO ENS	ONTE	ROL	&
	cellation	unca	uon		IIVALIA	, ,,,,,	11211 0211	.02	0,000	L-		mechanics an		*************	IIVO	-	-
X DOH X On I	Hold #1						ontact			Telephone !	Vumbe	_					
DCA EME	ERGENC	YNC	OTIFI	CATI	ON PATE	RICIA	JOHNSON	N									
					CILITY IN	IFORI	MATION				(1						
Name of Facility Where Abatement	is Takin	g Pla	ace (3	3)				Тур	e of Facility								
								_	School (K-		on 1/ 1	21					
MERCK SHARP & DOHME CORPOR	RATION							X		er 8 (Other the orivate & cor			hom	ies e	tc.)		
Otroot Addross									uare Feet	# of Floo		iugo		Age			
Street Address 126 EAST LINCOLN AVENUE - BUIL	LDING 75	5							16,287	3				4			
	inty (6)			T	Coun	ty Co	de (7)			ior if being d							
RAHWAY UNI	ON						ONLY)			BORATORY			ICE F	ACILI			
Name of Monitoring Firm Hired by				3)		AS	SCM No.	Nan	ne of Abate	ment Contr	actor (9	9)	241				
ENVIRONMETAL HEALTH INVESTI	GATIONS	S, IN	C.				104		ACTION OF THE PROPERTY OF THE	MENTAL CO	RPOR	A I I	NC			-	
Street Address									et Address SPOOK RC	CK BOAD							
655 WEST SHORE TRAIL								17.000	, State, Zip							1	
City, State, Zip Code SPARTA	NEW JE	ERSE	Y 07	7871				100000000000000000000000000000000000000		N YORK 109	901						
Project Manager for Monitoring Firm	, 11277 02			100 to 10	Number			Tele	phone Num	ber	Licens	se N	umbei	r		1	
WILLIAM S. KERBEL, CIH		_		29-56				845	-369-7500		1101						
Expected State Date (10)	S	chec	I. Co	mple	tion Date ((11)		Nan	ne of OSHA	Monitor				200000000000000000000000000000000000000			
11 / 13 /17		Y2545	17	/	_ 15		/18	AME	ERISCI LAB	ORATORIE	S INC		#1	1480			
Month Day Year	t (Chaole	Mon	200		Day		Year	Stre	et Address							1	
Occupancy Status During Abatemen X Facility Closed/Vacated D	urina Ent	only tire P	eriod	of Al	batement				EAST 30Th	H STREET							
Abatement Performed Ou						scribe	э:										
	NDAY-F							City	, State, Zip			214	0040				
							Teul Contr	. oinmo		V YORK, NE ative Pressu		KK I	0016				
Scope of Work (Check all that apply) Demolition		anos	ation	ř			Mini Encl		ant with meg	auve i iessu							
>3SF OR LF		CHOV	ration	i,			Glovebag		edure								
X >160 SF OR 260 LF						X	Non-Friat	ble Pr	ocedure							1	
Location of			ocati			Descri	iption of As	sbest	os-		.		patem			-	
Asbestos-containing			ally u	33.65.00	С		ning Materi Thermal sy			Amou (Speci	fv.	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE		
Material (ACM) TO BE ABATED	Ι.		lely b	odial	in		on, surfaci			SF or L	.F)	ò	AF.	Α̈́P	5		
in Facility (13)	1"		aff (12				er miscella					A.	~	SUI	SUF		
,,,,,,	Y	es		N/A										m	H H	-	
ROOF-PERIMETER PARAPET				Х	PARAPET	CAP	CAULK			5 SF		X					
				X	PARAPET	Γ \Λ/ΔΙ	ΙΤΔR			680 SF		X					
ROOF-PARAPET WALL	-	-		^	PARAFEI	I VVAL	L IAI			000 01						1	
		-	_										+		_	+	
													-		+-	-	
															-	-	
West read of the second													_	-	_	_	
Name of Registered Waste Hauler	N	JDE	P Wa	aste	Cubic Yar		Waste	Nai	me of Regis	tered Landfil				E	L.		
FREEHOLD CARTAGE, INC.	F		r ID I			20				DUNTY RES			ANAG	EME	NI S	=	
825 HIGHWAY 33			15939	}	Dianasal	Data			ALEXAND y State	ER DRIVE/F	TOUTE	10		-		+	
City, State					Disposal I 11/13/17-		/2018	Me	NTGOMER	Y, PA 1775	2		,	/	,		
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title				11/19/1/-		nature			/	Date	11	//	12	1,	7	/
BENJAMIN SANCHEZ		CTOF	ROF	OPE	RATIONS			1)	$\triangle X$			11		17	//	1	
Manual Control of the		-	-				1 6	/	- 0				/	/			

/				TON O	JAC	lew Jersey BESTOS ABA 8:60-7 and 12:1	120-7))		0	K	<i>*</i> #	-	314	184
Date of Notification (1)						e of Building C CK SHARP & D			2)						
10 / 30 /17						t Address	1007.00.104.	ACT-1170 ACTO \$100		m	-6	6	E		EF
Agencies Notified Type No	tification				126 E	E. LINCOLN AV	/ENU	E, P.O. BOX	2000, RY2	8-4-4					
DEP Am	al Notifica ended No ncellation		n		Maria Million	State, Zip Code WAY, NEW JEF		07065				NOV	2 8	3 201	7 <u> L</u>
	Hold	V NOT	IEICAT			e of Contact RICIA JOHNSO	NI.	_	Telephone	Numb	∞ ∩3	EST	OS C	ONTR	01.8
DCA EM	ERGENC	YNOT				IFORMATION	//V				Windship	Lic	CENS	SING	OL &
Name of Facility Where Abatemen	t is Takin	g Plac		ACILI	I I IIN	IFORWATION	Тур	e of Facility	y (4)						
MERCK SHARP & DOHME CORPO	RATION						X	School (K- Subchapte				, hor	mae (ato)	
Street Address								quare Feet	# of Flo		biuga		. Age		
126 EAST LINCOLN AVENUE - BUI	LDING 75	i						16,287	3				74		
	unty (6) ION					ty Code (7) USE ONLY)		rent Use (Pr SEARCH LA	_		- 88		ΔΟΙΙ		
Name of Monitoring Firm Hired by		Owne	r (8)	(5)	IAIL	ASCM No.	_	me of Abate				ICLI	ACIL		
ENVIRONMETAL HEALTH INVEST						104		RENVIRON	MENTAL CO	ORPOR	RATIO	ON			
Street Address 655 WEST SHORE TRAIL								eet Address SPOOK RO							
City, State, Zip Code								, State, Zip	Action to the parties of					_	
30	, NEW JE	RSEY	07871					FFERN, NE		901					
Project Manager for Monitoring Firm			ephone		er			ephone Num	iber	Licen	se N	umbe	Γ		
WILLIAM S. KERBEL, CIH	le.		729-5		\ata /	44)		-369-7500 me of OSHA	Monitor	1101					
Expected State Date (10) 11 / 13 /17	- 1		Comple 1 /	etion D	15	/18		ERISCI LAB		SINC		#	1480		
Month Day Year		Month		Da	ıy	Year									
Occupancy Status During Abatemen X Facility Closed/Vacated D				hatom	ent			eet Address ' EAST 30Th	STREET						
Abatement Performed Ou	10.75					scribe:	1	E/101 3011	TOTALLI						
X Other - Describe: MC	NDAY-FF	RIDAY	7AM - 3	3 PM			City	, State, Zip			DI 4	0040			
Scope of Work (Check all that apply	i e					Full Contr	 ainme	NEV ent with Neg	V YORK, NE ative Pressu		KK I	0016			
Demolition		enovati	on			Mini Encl	lo,	-							
>3SF OR LF						Glovebag X Non-Friab									
X >160 SF OR 260 LF		Is Loc	ation			X Non-Friat Description of As					Ah	natem	ent T	vne	
Asbestos-containing	n	ormall			Co	ontaining Mater	ial (A	CM)	Amou	nt					
Material (ACM)	١.,	solely				(ie. Thermal sy			(Speci	222	MO	REPAIR	ICAI	ICLO	
TO BE ABATED in Facility (13)	IVI	Staff	istodial (12)			sulation, surfactor other miscella			SF or L	-F)	REMOVAL	D	ENCAPSULE	ENCLOSURE	
	Y	es No											E	R	
ROOF-PERIMETER PARAPET			x	PARA	PET	CAP CAULK			5 SF		X				
ROOF-PARAPET WALL			X	PARA	PET	WALL TAR			680 SF		X				
		-													
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		JDEP V auler II	No.	Cubic	Yaro	ds of Waste 20		me of Regist			E MA	NAG	EME	NT SE	
825 HIGHWAY 33		159	39	Dispo	col D	Nata	_	ALEXANDE v. State	ER DRIVE/F	ROUTE	15				
City. State FREEHOLD, NEW JERSEY)1/15/2018	A	y, State INTGOMER	Y , PA 1775	2					
Completed by (Print or Type)	Title	*************				Signature /	21	1		Date	,	10	1/1	13	
BENJAMIN SANCHEZ	DIREC	TOR O	F OPE	RATIO	NS	1	7)	XX		1/	0/	2	11	7	

1/10/028	PATT		ATION		TOS ABATE 0 and 12:12		DEG			E	-In
Date of Notification (1)	A A B B B B	N		Building Ow	ner/Operator	75	NOV NOV	28	201	7	
	Notification	S	Street Ac	7 - 7	0 11/3						
	nitial Amended		City, Sta	te, Zip Code			ASBESTO	S CO	ONTF	IOL 8	-
DOL C	Amendment #	- L	CAO	RUGY	S PC	INT	AND THE PROPERTY OF THE PROPER	************		Michigan S man	
DOH j	ustification) Cancellation	N	lame of	Contact /	GRAM	1 <	Telephone Num	ber			
Name of Facility Where Abatem	ent in Taking Diago (2			LITY INFOR	0	Type of Facility	,				
RESIDENTIAL	ent is Taking Flace (5	,				School (K-					
Street Address						Subchapte	r 8 (Other than K-12) private & commercia		lings,	home	s,
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
CARNEYS PO	DIAT		County C	Code (7)		Current Use (Pr	ior if being demolishe	ed)	0/	1	
			STATÉ L	JSE ONLY)		RESIDE	OTIAL			574	
Name of Monitoring Firm Hired I			ASCM	l No.	100000000000000000000000000000000000000	of Abatement Co	ntractor (9) CONSTRU		100		
ATIAS ENV. /	051601100					t Address	CONS/NO	-//		10	
POBOX 1164	5				PO	BOX 1/3	587				
City State, Zip Code	19116				City,	State, Zip Code	1 9116				
Project Manager for Monitoring			elephor			hone No.	License No	1900			
Start Date (10)	Schedule	Q Com	67-7	784-469 Data (11)	_	7-784-46 of OSHA Monitor	101	6_		,	
12-1-17	12-		17	Date (11)	EF	RAINT E	DUA				
Occupancy Status During Abate	ment (Check Only On	e)			Street	t Address	01				
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	side of Normal Facility	Abateme Hours	ent		City	State, Zip Code	19116				
Scope of Work (Check All That		/			1//	71/17 / 15	11110				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emolitio				Mini-Enclosur Glovebag Pro	cedure				
	le le	Locatio	n .		L	Non-Exempte	ed (*) and Non-Friabl	e Pro	Abate	ement	
Location of	1	Normally d Solely	У		Descriptio				Ту	pe	
Asbestos-Containing Materia TO BE ABATED	Ma (ACIVI)	intenan odial S	ce/	(i.e. th	ermal system	Material (ACM) ns insulation,	Amount (Specify	Re	R	Enca	Enc
In Facility (13)	Cus	(12)	tan:		surfacing, Va other miscella		SF or LF)	Remova	Repair	Encapsulate	Enclosure
557977 3300	Yes	No	N/A						-	ate	O .
BASEMENT		/		PIPE	WRA	P	130 LF	/			
Name of Registered Waste Hau	ler	9 2325	JDEP W	10000	Cubic Yards	Name of	l f Registered Landfill				
FRYMAR CONS	TRUCTION	(A)	auler ID 936	759	of Waste	WEST	TERN BER	Re			
City, State			Dx		Disposal Date	e City, Sta	ite)			
Completed by	Title		20		Signatur		5,60RU, 1/4	te	-	120	
CFRAIM DU	AL	1. P	RE	5	Ex	ram &	w 11	-17	7-/	7	

1 11111 01111

CV.4904	PA	OTIFIC	State of New Jo	COS ARAT	TEMENT					\mathbb{V}
Date of Notification (1)		-53	ursuant to NJAC 8:60		110.50		NO.	/ 2	8 2	017
Agencies Notified Type Notifica	d nenr≅		treet Address 45	- Fr	rucking clinghuly	Sa Ave	BES L		CON ISING	FROL
DOH Justificat DCA Cancella	ion)		Newark, Normal Alex)) 4	Telephon	e Num	her		
Name of Facility Where Abatement is Takin	ng Place (3)	I	FACILITY INFORM	ATION	Type of Faci					
Street Address 503 6	th 5+	-	20		School Subcha	(K-12) pter 8 (Other than K .e. private & comm	C-12) ercial b	uildin	gs, hon	nes, etc
County (6) 2	11	1 Cour	Code (7)		Square Feet	# of Floors			dg. Ag	
Name of Monitoring Firm Hired by Building	Owner (8)	(STA	nty Code (7) TE USE ONLY SCM No.	Name o	Current Use (I	Prior if being demol	ished)			
Street Address				Street A	ddress	Historien +	124	17./	<u> </u> [1271	10
City, State, Zip Code				City, Sta	2 150 Code	MOTENT !	- - - - - - - - - - - - - - - - - - -	<u>ئ</u>		
Project Manager for Monitoring Firm Start Date (10)			hone No.	Telephon	101100 ne No. 4354-4	11 J C 916 E	No.	70		
Occupancy Status During Abdtement (Check O	Scheduled Con	npletion	Date (11)	-	OSHA Monitor					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	and of Al	t		Street Ad City, State	dress e, Zip Code					
Scope of Work (Check All That Apply) □ ≥3 sfor≥3 if .□ ≥160 sfor≥260 if	☐ Renoval ☐ Demolit		-		Mini-Enclosure Glovebag Proce	edure				
Lecation of Asbestos-Containing Material (ACM)	Is Locati Normall Used Solely	y y by	Desc	ription of		(*) and Non-Friabl	e Proce	Aba	tement ype	
TO BE ABATED In Facility (13)	Maintenan Custodial Si (!2)	afi?	Asbestos Contain (i.e. thermal system V other mis	ing Maten s insulation T, or cellaneous	n, surfacing	Amount (Specify SF or LF)	Removal	Repair	Eneupsulate	Enclosure
See Back St		N/A	- Pay		41				le	6
Name of Registered Waste Hauler			<i>V J</i>					j		
ANI DE LL C	Hau	EP Was ler ID N	cte Cubic Yard o. of Waste	ls	Name of Re	gistered Landfill				
Completed by	Title		Disposal Di	D	City, State	7,000	72			
	V. Rieside	nt.	Signat	ure	H	Date	1//	8/	17	

HEALTH & SAFETY SERVICE

PO Box 365 · Berlin, NJ 08009 · (856) 452-1311 · info@hssely.com Indoor Air Quality . Asbestos & Lead Management . Site Assessm

ASBESTOS CONTROL & LICENSING

Asbestos Containing Materials (ACM)

Location	Estimated Quantity
Addition – Roof Flashing	500 LF
Addition - Roofing	7,000 SF
Addition – window glazing	150 windows
9" grey floor tile & mastic	2,200 SF
12" grey floor tile & mastic	1,300 SF SF
Original building Brown glue dots throughout building, various locations	100 SF
Original building room 1 floor tile & mastic	600 SF
Addition – Exterior Curbing sealer along gym	220 LF
Tunnel under gym, pipe insulation	250 LF
2 nd floor addition hallway, pipe insulation in wall	22LF

Health & Safety Services, Inc. utilized industry standards in determining samples Selective destructive survey and sampling techniques were utilized. While every effort has been made to identify all materials with in the facility, it is possible hidden (i.e. above a plaster ceiling, inside a wall) materials could have been missed. Should any material be encountered during maintenance, renovation, or demolition activity that is not identified with in the inspection report, samples should be collected prior to disturbing the material. It should also be noted that these may be materials be identified with in the facility where sample(s) were analyzed less than 1%. While considered non-asbestos pursuant to applicable regulations. Health & Safety Services, Inc. recommends that additional samples be collected and possibly more sophisticated analysis be utilized should the material be potentially impacted.

5 M	EPrint Form	
5 6		
NOV	2.8.2017	
	NOV	NOV 2 8 2017

B			- 13	1	D. (14) C	· · · · · · · · /	0	(2)			111	1	10	A C	- U	LU
Date of Notification (1) 11/17/17					Building C Lowe Pr			(2)								
Agencies Notified	Type Notification			Street Ac							-	ASB	FS	TOS	00	NITO
_												AOD			NSI	
EPA DEP	Initial Amended		1	City, Sta	te, Zip Coo	de					Beingerchung					
DOL	Amendment		_	Tucke	rton NJ (8080	7									
☑ DOH	Emergency (including	100		Contact					Tele	ephone N	lumber		5.5001636		
DCA	Cancellation			Jeff												
N	Ab ata-as-at is Talia	- Dlass /2	\	FACI	LITY INFO	RMAT	ION	Tuno	of Facility (4)					_	-	-
Name of Facility Where Steve Lowe Private		g Place (3)					_								
Street Address	e i lottie								School (K-12 Subchapter 8		er than K	-12)				
Street Address								N (Other (i.e. pri				ildir	ngs, h	nome	s,
City (5)									etc.) re Feet	# of	Floors		Bld	g. Ag	ie	
Tuckerton NJ 0808	37							1000		1			35	70 H		
County (6)				County C	Code (7)			Curre	nt Use (Prior	if bei	ng demo	lished)				_
Ocean					JSE ONĹY)			Hou								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.		Name	of Aba	tement Conti	ractor	(9)					
N/A							Perr	naco I	nc				ie Had			
Street Address								Addres		700						
								Box 3								
City, State, Zip Code									ip Code							
									in NJ 0809	<i>3</i> I	Linner	. NIa				
Project Manager for Mor	nitoring Firm			Telephor	ne No.			none No -753-9			License 00727					
Start Data (10)		Schodule	od Corr	nlotion I	Date (11)		1000000000		HA Monitor		00721		_			
Start Date (10) 11/27/17		12/1/1		ipietion i	Date (11)		Sam		IA WOLLO							
Occupancy Status Durin	a Abatement (Chec							Addres	SS			Her server				
	774/100 No. 100 100 No.			ont												
Facility Closed/Vac Abatement Perform	ned Outside of Norn	nal Facility	Hours	ient			City, S	State, Z	ip Code							
Other – Describe:																
Scope of Work (Check A	All That Apply)						202	-26								
≥3 sf or ≥3 lf			Renova				F		II Containme	nt with	n Negativ	e Pres	sure			
≥160 sf or ≥260 lf		X C	emolit	ion			F		ni-Enclosure ovebag Proce	edure						
					,		Σ		n-Exempted		d Non-Fr	iable P	roce	dure	ê	
		Is	Locati	on									A	bate.	ment	
Location	n of		Normal				escription			1783		-	Т	1,71		
Asbestos-Containing TO BE AB		Ma	d Sole intena	nce/			ntaining Nal system				mount Specify	,	,	_	Enc	Ф
In Faci		Cus	todial S (12)	Staff?	(1.0.	surf	acing, VA	AT, or			F or LF)	Zallova		Repair	aps	Enclosure
(13)			(12)			other	miscella	neous)				ğ		#	Encapsulate	ure
		Yes	No	N/A											Œ	
exterior s	siding			х		ext	terior sid	ding		11	00 SF	x				
Floor	Tile			x	on	slab	under tl	he ho	use	70	00 SF	x				
						-										
Name of Registered Wa	ste Hauler			JDEP W		4.000000	ic Yards		Name of F	Registe	ered Lan	dfill				
United Containers			0.023	lauler ID 2459	NO.	4	aste		G.R.O.\	N.S						
City, State							osal Date)	City, State			***				
Elm NJ						12/	1/17		Morrisvi	lle P	A 1906					
Completed by		Title				T	Signatur	è				Date	714	7		
Anthony T Perna		Pres	ident					_				11/1	//1	/		

CK#31524

			(1 010	dunit to		f Building C		Operator /	2)				-
Date of Notification (1\					SHARP & D							
						CARROLINA DE MACA	/OI IIVII	L COINT.	1		<u>E</u>		
11 /	8 /17				Street A				11111-	5 0		<u>u</u>	
Agencies Notified	Type Notif	fication			126 E. L	INCOLN AV	ENUE	., Р.О. ВОХ	2000, 7828-	414			
EPA	X Initia	Notification	on		City, Sta	te, Zip Code)			MOV	20	20.	17
DEP	Ame	nded Notif	cation		RAHWA	Y, NEW JEF	RSEY	07065	144	NOV	20	20	1
X DOL	Can	cellation											
X DOH	On H	Hold			Name of	f Contact			Telephone N	lumber_	-	HICKORESION .	weresteen
DCA	EME	RGENCY	NOTIFIC	ATION	PATRIC	IA JOHNSO	N		Telephone N	CAMP EST	OS CO	ONTE	ROL 8
							A. (C)			LIC	CENS	IIVG	
Name of Facility M/ha	Abstract	ia Takina	DI /2	24 P. (25) V. (25)	ITY INFO	RMATION	T-	- 6 E 10 to	- (4)				
Name of Facility Whe	ere Abatement	is raking	Place (3)			Туре	of Facility					
								School (K-	STATE OF THE STATE	1721707220			
MERCK SHARP & DC	HME CORPOR	RATION							er 8 (Other tha		44		
							X		private & com	_			
Street Address		and the settlement we consider A						uare Feet	# of Floor	rs		g. Age	1
126 EAST LINCOLN A	VENUE - BUIL	DING 80M	B					39,000	2			65	
City (5)	Cou	nty (6)			County ((2) 50			ior if being de				
RAHWAY	UNIC	NC		(STATE U	SE ONLY)	RES	EARCH LA	BORATORY	AND OF	FICE F	FACIL	1
Name of Monitoring I						ASCM No.	Nam	e of Abate	ment Contra	ctor (9)			
ENVIRONMETAL HEA						104	PAR	ENVIRON	MENTAL CO	RPORAT	ION		
Street Address							Stree	et Address					
655 WEST SHORE TE	RAIL						313	SPOOK RO	OCK ROAD				
City, State, Zip Code								State, Zip					
on, one of the	SPARTA	NEW JER	SEY 078	71					N YORK 1090	01			
Project Manager for M		.,		one Nun	nher		1000000	phone Num	THE RESERVE OF THE PERSON OF THE PERSON	License N	lumbe	ar .	
			-		ibei						AGILIDO	.1	
WILLIAM S. KERBEL,		10.	973-72		-			369-7500		1101			
Expected State Date	S	Sch		pletion	Date (11)			e of OSHA					
11 /	20 /17		11 /	_	30	/17	AME	RISCI LAB	ORATORIES	INC	#	11480	-
Month Da	_		onth		Day	Year	04	-4 0 -1 -1					
Occupancy Status Dur				F A L - L -			1	et Address	LOTDEET				
	sed/Vacated Du	1750					117	EAST 30TH	ISIREEI				
	Performed Out				's - Descri	be:	0:4	01-1- 7:-	01-				
X Other - Des	scribe: MON	NDAY 10 A	M-6:30 F	'IM			City,	State, Zip		NVODV	10010		
0 (14) 1 (0)						7- "			V YORK, NEV		10010		
Scope of Work (Check					-			nt with iveg	ative Pressure	е			
Demolition		X Ren	ovation		V	Mini Encl		. al a a					
X >3SF OR L					X	_							
>160 SF O	2000 20000 20000					Non-Friat							Groups -
Locati			Location	500		cription of As			Amount		batem	1	1
Asbestos-		100000	mally us	ea		aining Materi					品	Z	Z
Material			solely by		62	. Thermal sy			(Specify		REPAIR	S	[은
TO BE A			nt/Custo			ation, surfaci			SF or LF) \	Z	PS	SC
in Facili	ity (13)	_	Staff (12)		or o	ther miscella	aneous	5)		F		ENCAPSULE	ENCLOSURE
		Yes	No N	A							+	l m	m
BUILDING 80 M STEA	AM PIPE		X	PIPI	E INSULA	TION			5 LF	X			
									-		-	-	1
			+						-		+-	+	-
				1							1		
							1.		L			1	-
Name of Registered V			EP Was		ic Yards o				ered Landfill				
FREEHOLD CARTAG	E, INC.	Hau	ler ID No).	1/2 CU	YARD			UNTY RESO		ANAG	EME	NT SE
825 HIGHWAY 33			15939				_	DIA DIA PERINTENDE	R DRIVE/RC	DUTE 15			
City. State				Disp	osal Date	9		State	1		1		
FREEHOLD, NEW JE	RSEY			11/2	20/2017		MO	NTGGMER	, PA 17752	2 -	/	0/1	1
Completed by (Print or	r Type)	Title			Sig	gnature /	//	XX	, 1	Date / /	/	11	1-
BENJAMIN SANCHEZ		DIRECTO	ROFO	PERATI	The second secon	/	1	/ X \		1/	1 0	0//	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 22 /17 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28 Type Notification Agencies Notified City, State, Zip Code Initial Notification EPA RAHWAY, NEW JERSEY 07065 DEP Amended Notification DOL Cancellation --- Number ASBESTOS CONTROL & Name of Contact On Hold DOH LICENSING EMERGENCY NOTIFICATION PATRICIA JOHNSON DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Square Feet # of Floors Bldg. Age Street Address 40,000 126 EAST LINCOLN AVENUE - BUILDING 80N County Code (7) Current Use (Prior if being demolished) City (5) County (6) 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. 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 Project Manager for Monitoring Firm Telephone Number 845-369-7500 1101 973-729-5649 WILLIAM S. KERBEL, CIH Sched. Completion Date (11) Name of OSHA Monitor Expected State Date (10) AMERISCI LABORATORIES INC #11480 5 /18 5 /17 4/ 12 / Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY -FRIDAY 7AM-3:30 PM Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo . Demolition Renovation Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Abatement Type Description of Asbestos-Location of Is Location Amount Asbestos-containing normally used Containing Material (ACM) **ENCLOSURE** ENCAPSULE REMOVAL REPAIR (Specify solely by (ie. Thermal systems 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 X GALBESTOS DUCT 200 SF X 1ST FLOOR LABS X X DUCT SEAM CAULK 290 SF 1ST FLOOR LABS SOUND PROOF BATTING INSULATION 130 SF X X 1ST FLOOR LABS X 8 LF PIPE FITTING 1ST FLOOR LABS Name of Registered Landfill NJDEP Waste Cubic Yards of Waste Name of Registered Waste Hauler LYCOMING COUNTY RESOURCE MANAGEMENT SE FREEHOLD CARTAGE, INC. Hauler ID No. 447 ALEXANDER DRIVE/ROUTE 15 825 HIGHWAY 33 15939 City, State Disposal Date City, State MONTGOMERY 10/23-12/30/17 FREEHOLD, NEW JERSEY Date Signature Completed by (Print or Type) Title

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

PAID

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

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

M		MOV	2	Q	2017	411111111111111111111111111111111111111	
		INOA			LU17		T
	AS	BEST	OS CEI	CC VSI	NTRO NG)L&	1
ews-th-th-th		L.I	UEI	401	ING	ANGUNITATION TO THE	ent (t)

4 01						- /	III II NOV	2	8 2	01/	- 11
Date of Notification (1) 11/20/17			1 000000		ng Owner/Operator	r (2)					
	V.C. V.				f Monroe				201	700	
	tification			et Address Virginia			ASBEST	ICEN	SIN	G	La
DEP Ame	nded		_	State, Zip				no periodichi			SUMMOUS COVERS
	ndment #_ rgency (includi				vn, NJ 08094						
X DOH iusti	ficaton)	ng	-	ne of Cor			I Telephone Nur	nber			
DCA Cand	ellation		Kath	ıryn Corr	nforth			-			
			F.A	CILITY IN	FORMATION					=	
Name of Facility Where Abatemen	t is Taking Plac	ce (3)				Type of Facilit	ty (4)				
Abandoned Building		.05:665				School (K-	12)				
Street Address							r 8 (Other than K-				
529-531 S. Main Street						homes, etc			_		
City (s) Williamstown						Square Feet	# of Floors	- 1		Age	
County (6)			To		(7) (07.475	2500 SF	2		10yr	S	
Gloucester				inty Code E ONLY)	(7) (STATE	Abandoned	Prior if being demo	ished))		
Name of Monitoring Firm Hired by	Building Owner		ASCM	I No.	Name of Abatem	-			_		
(8)	- an am g · m m o		71001	1110.	AEi2, LLC	ioni oona aotor (.5)				
Street Address					Street Address						-
					361 E. Flemin	g Pike					
City, State, Zip Code					City, State, Zip						
					Hammonton, 1	NJ 08037					
Project Manager for Monitoring	Firm	Tel	lephone	No.	Telephone No. 609-481-212	2	License No. 00689				
Start Date (10)	Scheduled (Compl	etion Da	ate (11)	Name of OSHA N	Monitor					
11/30/17	12/9/17			70 95	AEi2, LLC						
Occupancy Status During Abateme	2000				Street Address			-177			
Facility Closed/Vacated During Abatement Performed Outside o					361 E. Flemi						
Other - Describe:	i Normai Facili	ту ног	ırs		City, State, Zip C Hammonton,	ode NI 08037					
Scope of Work (Check all that appl	v)						I		_		=
	·				Mini-End		legative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	₩ R	enova emoliti	tion on			g Procedure					
<u> </u>							on-Friable Proced	ure			
		Locati ormall								ment pe	t
Location of	Use	d Sole	ly by		Description of				1 9	pe E	
Asbestos-Containing Material (AC TO BE ABATED		ntenar ustodi:			tos Containing Mate thermal systems in		Amount (Specify	R	R	n	n c
IN Facility		Staff?		(1.0.,	surfacing, VAT,	or	SF or LF)	m	e p	a p	1 0
(13)		(12)	_		other miscellaneo	us)		v a	a	s u	s u
	Yes	No	N/A			Ì		1	r	a +	e
Outside Porch			X	Roofin	g		160 SF	Х		e	
Inside Apt. 529B			X		Flooring		3 SF	X	-	-	\vdash
Inside Apt. 531B			X	Floor T			180 SF	X	1		
Basement			X	Flue C			6 SF	X			\vdash
Name of Registered Waste Hauler		IN	VIDEP V		Cubic Yards	Name of Regi	stered Landfill	Λ			
AEi2, LLC		100	Hauler ID	No.	of Waste	TBD					
City, State		-12	1376		2 Disposal Date	City, State	A				-
Hammonton, NJ					TBD /	TBD					
Completed By	Title	de la la			Signature	1/,	Date				
Wm. Minnick	Progran	ı Mg	Γ		17 m	Mmi	V/ 11/20/1	7			
SB-41					0 7		The state of the s				

		NIC	TIE	CATI	State of	New Je	rsey			3 6	F	N N	7 5					
Check#2924	TEN A	ALE. E.	ודוונ ו	Durei	on of A	SBEST	OS AB	ATEMENT		-	<u>L</u>	11 19						
Date of Notification (1)	FA	复见罗	,						IIK		_							
	17	17		Na	me of Build	ing Owne	er/Operato	or (2)		NOV	2 8	3 201	7					
	<u> 17.</u> / _			Bob	Archibal	ld						87768611						
Agencies Notified EPA	Type Notificati Initial	on		Str	eet Address	Š				ODEOT		ONTO	001.0					
DOLWD	Amended								A	SBESTO LIC	CENS		IUL &					
☑ DHSS	Amendmen	t #		City	, State, Zip	Code			- Language Community Commu			A STATE OF THE PARTY OF THE PAR						
DCA	☐ Emergency	(includ	ing	Gle	n Rock, N	J 07452												
(NJAC 5:23-8)	justification Cancellatio			1	ne of Conta				Telepho	ne Numb	er							
		''		-	Archibal													
Name of Facility Where A	hotomont in T-1	de Di	(8)	F	ACILITY	INFORM	MATION											
Private house	vatement is Tai	(ing Pla	ce (3)					Type of Facili										
Street Address								School (K-	-12) er 8 (Other tha	1/ 4 01								
								Other (i.e.	, private and	commerc	cial bu	uildinas	5					
City (5)								nomes, et	C.)				**					
Glen Rock, NJ 07452								Square Feet	# of Flo	ors	BI	dg. Ag	е					
County (6)				Co	unty Code (7	\/STATE	LICE ONLY	n Course 111										
Bergen				00	unij odde (7	/ (OIMIE	USE UNLY	Current Use (Prior if being	demolish	ned)							
Name of Monitoring Firm I	Hired by Buildin	g Owne	r (8)	ASCI	M No.	Name	of Abata	ement Contractor (9)										
					:#S		ch LLC	HOLL CONTRACTOR ((ت									
Street Address							Address											
0::						576 V	alley Rd	#283										
City, State, Zip Code						City, S	State, Zip	Code	100-40-									
Project Manager for Monito	-i Fi					Wayn	e, NJ 074	170										
r roject manager for monito	oring Firm		Te	lephone	e No.	Teleph	none No.		License	No.								
Start Date (10)	Sch	المحارية					38-1777		01127									
11 /27 / _		11			ate (11)	Name	of OSHA	Monitor										
Occupancy Status During A	S			/				onsultants,Inc										
X Facility Closed/Vacated	During Entire F	eriod o	f Ahate	ement		0.0000000000000000000000000000000000000	Address											
Abatement Performed C	utside of Norm	al Facili	ty Hou	rs - De	scribe	20-21	Wagarav	Road, Bldg .#	35E									
Time of Abatement:	AM	PM/	PM		_AM	1	tate, Zip (
Scope of Work (Check all th	nat apply)	-				Fair La	wn, NJ (notion with -									
▼ >3 sf or >3 If		M n					Full Cor	p and decontaming and decontamination and decontam	mation with n egative Press	egative p ure	ressu	ıre						
>3 sf or >3 If ≥ 160 sf or ≥260 If			enovat emoliti			X	Mini-En	closure ag Procedure)·	.20						
							Non-Ex	empted (*) and N	on-Friable P	ocedure	ressu	ire						
Location of			s Loca Norma								Aba	tement	t Type					
Asbestos-Containing Ma	terial (ACM)	Use	ed Sol	ely by	Ashe	De stos Con	scription	of aterial (ACM)		. 1	T							
TO BE ABATE IN Facility	<u>:D</u>		aintena stodial		(i.e	., therma	systems	insulation,	Amou (Spec	ify	Removal	Repair	ncio					
(13)			(12)			surfa other	cing, VAT miscellane	, or	SIF or I	_F)	oval	Repair	Enclosure					
		Yes	No	N/A		(3-5),1351	modenane	.003)				ate						
asement				X	Pipe insu	ılation			120 LF				-					
									120 Lf			_ _						
				17														
ame of Registered Waste I	Hauler		L	<u> </u>	10.1.5													
	iduloi				Hauler ID No.	Cubic Ya	rds of Wast	e Name of Regis	stered Landfi	1								
Tech LLC ity, State			0	03378	35	TBI		T.R.R.F. Inc										
5224						Disposa	I Date	City, State										
ayne, NJ 07470 ompleted By (Print or Type)) Title					TBI)	Tullytown, PA	A									
Jevtic						Sig	nature 4	1		Date								
Jevtic B-41	Ow	ner					170	who wena.	of	11/17	/17							

PAID

17			
MI	1 1	100	-
1 18	10011	1//) ^
1 4	111/1/1/2	1/10	/_

Date of Notification (1)				Building Owr			2)								
11/17/17				vis Resto	oration	n			1	EG	E	П	₩//	E	
Agencies Notified Type Notification		100	treet Add 298 N N	dress ∕Iidland A	venue	е			D	<u> </u>	<u> </u>	<u>U</u>	W.	<u>L</u>	
EPA DEP Amended Amendment #				e, Zip Code Brook, N		663				NOV	28	2	2017		U
Emergency (II			lame of (Tele	nhone Ni	.m.L.				
X DOH justification) DCA Cancellation		1	Theresa	a Feldma	n						ال	VIV	HKC	L&	
			FACIL	ITY INFOR	MATIO	N	Type of	Facility (4	4	L	ICENS	IN	G_		On Commission
Name of Facility Where Abatement is Taking	Place (3)							thool (K-1)							
Home Street Address							Su	hchapter	8 (Othe	er than K-	12)	-11			
Sileet Address							× Ot et	her (i.e. p	rivate &	k commer	cial buil	din	gs, n	omes	S,
City (5)							Square		10000000	Floors			g. Ag	Э	
Maplewood							2,100		2	dowedi		63			_
County (6)			County C	ode (7) SE ONLY)			Current	t Use (Prid	or if bei	ng aemoli	snea)				
Essex Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No		Name o	of Abate	ment Con	tractor	(9)					
Name of Monitoring Firm hired by Building C	wilei (0)		7100111			ABS	Enviro	nmenta	l Serv	ices, LL	.C				
Street Address							Address								
								3, 4 E G	ate D	rive					
City, State, Zip Code						Glen		NJ 074	18						
Project Manager for Monitoring Firm			Telephon	ie No.			one No. 764-22			License 703	No.				
	Scheduled	d Com	nlation [)ate (11)		0.2000000000000000000000000000000000000		A Monitor							
Start Date (10) 11/27/17	12/30/1		ibierion r	vate (11)		1101110									
Occupancy Status During Abatement (Chec	k Only One	e)				Street	Address	3							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	batem	ient		_	City, S	tate, Zip) Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		enova emolit				×	Mini	Containm -Enclosur vebag Pro -Exempte	e cedure						
							1 NOI	-Exemple	u () ai	10 1401111	Idolo I		\bate		t
		Locati ormal			Dog	scription	of					-	Ту	Эе	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Cust	d Sole ntenar odial S (12)	ly by nce/		s Cont hermal surfac		//aterial s insula .T, or	(ACM) tion,	(Amount Specify F or LF)	Kemoval		Repair	Encapsulate	Enclosure
Life & Divine Decree	Yes	No	X	\A/S	all & c	ceiling	nlaste	r	2	200 SF	X	1			
Living & Dining Rooms	-		-	VV		ceiling		1	-	50 SF	×	1			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	= 10050	X							50 SF		+			
Closet door in dining room			X			ceiling	<u> </u>			00 01					
Name of Registered Waste Hauler		IN	NJDEP V	Vaste	Cubic	Yards		Name o	f Regis	tered Lan	dfill				1
Freehold Cartage		H	Hauler ID		of Wa TBD					rks Lan	dfill		Session		
City, State Freehold, NJ		1			Dispo TBD	sal Date	2	City, Sta Birdsb		PA					
Completed by A. Scott Higgins	Title Pres	ident		- L	3	Signatur	e ()	2~			Date 11/1	7/1	7		

	PAID		** ****		IJAC 8:60 ar			(ko	ch	111	1		74.E.A.	
Date of Notification (1) 11/17/17	200-		Bri	unetti	ilding Owner/	Operator	(2)		J.E	CE				n
Agencies Notified EPA DEP DOL	Type Notification Initial		City	et Addr , State, oomfie	Zip Code Id, NJ 070	003			1	NOV 2	8 20)17		
✓ DOH DCA	Emergency (inc justification) Cancellation	luding	Br	me of Co unetti					[#IPF		NSING	UL	&	
		21 (2)		FACILIT	Y INFORMA	TION	Typ	ne of Facility (4)					
Name of Facility Where A home Street Address	Abatement is Taking F	nace (5)					×	School (K-12 Subchapter & Other (i.e. pr etc.)	2/Othe	r than K-12 commercia) al buildii	ngs, h	om	es,
City (5)							1000000	uare Feet	# of 2	Floors	70	g. Ag	е	
Bloomfield County (6)			Co	ounty Co	de (7) E ONLY)		Cu	rrent Use (Prio	r if beir	ng demolish	ed)			
Essex Name of Monitoring Firm	n Hired by Building Ov	vner (8)		ASCM N		Name	e of A	Abatement Con nvironmental	tractor Serv	(9) ices, LLC	;			
Street Address						PO	Вох	dress < 483, 4 E G	ate D	rive				
City, State, Zip Code						Gle	City, State, Zip Code Glenwood, NJ 07418				- No			
Project Manager for Mo	nitoring Firm	Te	elephone	e No.	973	3-76	e No. 4-2276		License N	10.				
Start Date (10) 11/29/17		Scheduled		letion D	ate (11)	Nam	ne of	OSHA Monitor						
Occupancy Status Duri	ng Abatement (Check	Only One)			Stre	et Ad	dress						
Ta sility Closed/Va	cated During Entire P med Outside of Norm	eriod of Al	bateme	ent		City	, Stat	e, Zip Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X R	enovati emolitic	ion on			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	1			re_	
		1						Non Example				Abat		
TO BE A	ng Material (ACM)	Use Mai	Location lormall d Solel intenar codial S (12)	y y by ice/	(i.e. the	Descript Containin ermal syste surfacing, ther misce	ig Ma ems i VAT	terial (ACM) insulation, , or	1	Amount (Specify SF or LF)	Removal	Repair	T	Encapsulate
		Yes	No	N/A X		pipe ins	ulati	on		50 LF	×			
Base	ement													
Name of Registered \ Freehold Cartage			H	JUDEP V Hauler ID 5939	No.	Cubic Yar of Waste TBD		West	ern B	stered Land erks Land				
City, State Freehold, NJ	- Control of the Cont					Disposal [TBD		City, Si Birds		РА	Date			
Completed by A. Scott Higgins		Title Pres	sident			Sign	ature	an	_		11/17	7/17		

	PAID	NO	(Pur	ATION C suant to	F ASBES NJAC 8:6	TOS A 0 and	12:120)	d	lec	le 1	1	13	9		1
Date of Notification (1)					Building Ow rs. Herna			(2)	[Park	NE	CE		W	E	F	7
11/17/17	Type Notification		-	treet Add						リー					111	
Agencies Notified	Type Notification			il CCI / lac	11000					1)						
EPA EPA	× Initial		C	itv. State	, Zip Code						NOA 5	8	201	7	L	2
DEP X DOL	Amended Amendment	#	-		NJ 071				-							
	Emergency (-	ame of 0						 Fele	phone Nu	mber		_ 8		\exists
X DOH DCA	justification) Cancellation		(7.62		ls. Herna	andez	7			-				۷. ۵		
DCA	Caricellation		<u>ا</u>		ITY INFOR				and the same					Described	ALIES COLUMN	mount 1
Name of Facility Where A	Abatement is Taking	Place (3)		TAOLE				Type	of Facility (4)						
home								П	School (K-12	2)						
Street Address									Subchapter	8 (Othe	er than K-1	(2)	ildin	ac h	nmas	
Street Address									Other (i.e. p	rivate 8	commerc	iai bu	man	iys, n	Ollie:	5,
61. (5)									are Feet	# of	Floors		Bld	g. Ag	е	
City (5)								220	0	2			68			
Newark				County C	ode (7)			Curr	ent Use (Pric	r if beir	ng demolis	shed)				
County (6) Essex			(STATE U	SE ONLY)			hon								
Name of Monitoring Firm	Hirad by Building	Owner (8)		ASCM	No.		Name	of Aba	atement Con	tractor	(9)					
Name of Monitoring Firm	Hired by Building	Owner (o)		7100111					ironmenta			C				
						- 184		Addre								
Street Address									183, 4 E G	ate D	rive					
									Zip Code							
City, State, Zip Code									d, NJ 074	18						
			- 1 -	Telephor	o No		- XXXXX	hone N			License	No.				
Project Manager for Mor	nitoring Firm			relephor	ie ivo.				2276		703					
		Scheduled	10000	alation F	Octo (11)	-	0.0		SHA Monitor							
Start Date (10)		12/15/1		ipietion L	Jale (11)		Name	, 0. 0								
11/30/17							Stree	t Addre	ess					-		
Occupancy Status Durin							000									
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nor	Period of A mal Facility	batem Hours	ent		_	City,	State,	Zip Code						-513100	
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the second s	-	enova emolit				L	× N	ull Containm Iini-Enclosur Blovebag Pro Ion-Exempte	e cedure)	
			02350											Abate		t
		0.00	Locati Iormal			-								Ту	ре	
Locatio			d Sole		Achaet		escriptic		ial (ACM)		Amount		-		m	
Asbestos-Containing TO BE AE			ntena		(i.e.	therma	al syster	ns insi	ulation,		Specify		Re	R	Encapsulate	Enclosure
In Fac	ility	Cust	odial 9 (12)	Starr?			acing, V miscella			S	F or LF)		Remova	Repair	psu	ISO
(13)		(/			otner	miscella	aneous	5)				<u>a</u>	7	late	1re
		Yes	No	N/A											-350	
Basen	nent			X		pip	e insu	lation		1	130 LF	×	:			
Dustin					-	14004										
							Mr. des Talente							-		+
										-						
Name of Registered Wa	aste Hauler			NJDEP V		1000000000	ic Yards	5	Name o	f Regis	tered Land	dfill				
Freehold Cartage				Hauler ID 15939	No.	TBI					rks Land	dfill				
City, State Freehold, NJ						Disp TB[osal Da D	ite	City, Sta Birdsb		PA					
Completed by		Title					Signati	ure	1111			Date				
A. Scott Higgins		Pres	ident						W -			11/	17/	17		

PAID

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

Clock 17(20

Date of Notification (1)					Building Ow		erator	(2)							
11/16/17				onnell	y Constr	uction				2	G	E-1-	W	5 [5
Agencies Notified	Type Notification		100000	treet Add)]	- 6		U	-	
IX EPA	× Initial		1	Market Transfer	ute 23 S					3					Ш
DEP	Amended			37.00	, Zip Code						NOV	282	2017		U
X DOL	Amendment #_ Emergency (inc	ludina	8		NJ 074	70			- 4	Tdlo.	ohone Nu	Marie Carlo		- -	
X DOH DCA	justification)	,5	10000	ame of (With	I die	JIIONE NU	HDG		1	
DCA	Cancellation		L	Doug B		MATIO	NI .				LIC	ENSIN	G		
Name of Facility Where	Abatement is Taking F	Place (3)	-	FACIL	ITY INFOR	MATIO	IN T	Type o	f Facility (4)			Comments Street			
Goddard School	Abatement is Taking i	1000 (0)						□ S	chool (K-12)					
Street Address								S	ubchapter 8	(Othe	r than K-1	2)			
57 Plainfield Road									ther (i.e. pri	vate &	commerc	iai build	ings, r	iome	5,
City (5)								Square		# of	Floors		dg. Ag	je	
Long Hill Township)							2,000	١	2		7	0		
County (6)				ounty C				Curren	t Use (Prior	if bein	g demolis	shed)			
Morris			(5	STATE U	SE ONLY)		_								
Name of Monitoring Firm	n Hired by Building Ov	ner (8)	7	ASCM	No.				ement Cont			_			
									nmental	Servi	ces, LL	<u> </u>			
Street Address								Address		sto Dr	ivo				
		Company of the Compan							3, 4 E Ga	ate Di	ive				
City, State, Zip Code								State, Zip	NJ 0741	18					
				. 1 . 1	- NI-			none No		T	License I	Nn			
Project Manager for Mo	nitoring Firm		'	elephon	e No.	- 1		764-22			703				
01 10 1 (10)		cheduled	Com	nletion F	ate (11)			N 488 182	A Monitor						
Start Date (10) 12/1/17	1 40	12/30/17		piction	410 (11)										
Occupancy Status Durin							Street	Addres	S						
	cated During Entire Pe			ont											
Facility Closed/Vac	ned Outside of Norma	Facility F	lours	GIIL		T	City, S	State, Zip	o Code						
Other - Describe:						-					p				
Scope of Work (Check	All That Apply)														
23 sf or ≥3 lf		× Re	novat	ion				100 E 27 L 23 L	Containme		Negative	Pressu	re		
× ≥160 sf or ≥260 lf		De	moliti	on				100 To 10	i-Enclosure vebag Proc						
								Nor	n-Exempted	(*) and	d Non-Fria	able Pro			
		ls L	ocatio	on									Abate	ment pe	
Location	on of	No	rmall	у			criptio					-	1	PC	
Asbestos-Containin	g Material (ACM)	Used Main	Solel tenar					Material ns insula			mount Specify	R		Enc	T)
TO BE A		Custo	dial S		(i.e. ti	surfac			ition,		or LF)	Remova	Repair	aps	Enclosure
(13			(12)			other m	iscella	neous)				oval	air .	Encapsulate	sure
		Yes	No	N/A										(D	
Second Floor	Rathrooms			X		ceilir	ng pla	aster		50	00 SF	×			
3660114 1 1001	Battilloomo	-		X			l plas			50	00 SF	×		10.00	
						vv Ci	piac								
												(5))		L	
Name of Registered W	aste Hauler		200	IJDEP W lauler ID		Cubic of Was			Name of						
Freehold Cartage			6,00	5939	110.	TBD			Wester	n Ber	ks Land	Itill			
City, State		W-1				Dispos	al Dat	e	City, Stat						
Freehold, NJ						TBD			Birdsbo	oro, P	A				
Completed by		Title				S	ignatu	re /	ha			Date	147		
A. Scott Higgins		Presid	dent		55 april (872)			XX				11/16	17		

CK43	T	AI	NOT	ursua	State of I	C 8:60 a	ABATE nd 12:12	(0)	E C E Nov 28	3 20			
Date of Notification (1)	16-17			Na	me of Build			STATE	DE LOCALIA				
Agencies Notified	Type Notificati	on		Str	eet Addres		TN	JIRIE	LICENS	VIVI	ROL	<u>&</u>	
□ BPA	M Initial			_		8	CLEV	2MON Y	LR, LICENS	SING		SOMEONIN'S	
DEP DEP	Amended Amendmen	+ #		Cit	y, State, Zip	Code					-		
Ø DOH	☐ Emergency	(inclu	ding	_	(ILER	MOD	II NI	580	D			
DCA	justification Cancellation			Na	me of Conta				Telephone Num	ber			
1.00.70				1=							_		_
Name of Facility Where A	hatement is Tal	ring Pl	200 (3)		ACILITY IN	IFORMAT	ION .	Type of Facil	th: /4\				
	RESIDEN		ace (3)					School (K					
Street Address	ST & ID TH							Subchapte	er 8 (Other than K-1.				
								homes, et	private & commerci c.)	ial bu	ilding	s,	
City (5)	1 1.111	ıΛi	(153	^				Square Feet	# of Floors	E	Bldg.	Age	
	J. WIL	UU	000			/71 /07/17		1200	_		50	1	_
County (6)					unty Code SE ONLY)			V	Prior if being demoli: ACAUT	shed)			
Name of Monitoring Firm (8)	Hired by Building	Owne	H	ASC	VI No.	Name o	140-0-5	ent Contractor	(9)				
N	JA					Charak	Address	MOJ	MC				_
Street Address							369		RICE HIE				
City, State, Zip Code						City, Sta	ate, Zip C		ADE WJ	08	05	2	
Project Manager for Monit	oring Firm		Te	lephone	e No.	Telepho		19-047	License No.	14			1
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of	OSHA N	Aonitor ,					
11-28-17		7-	<u>.)</u>	-17				WI	1				_
Occupancy Status During						Street A	ddress						
Facility Closed/Vacated Abatement Performed (City Sta	te, Zip Co	nda .				_	=
Other - Describe:			,			Oity, Oid	ю, др С	ALC:					
Scope of Work (Check all	that apply)						The second			-			
≥3 sf or ≥3 lf			enovat	ion			Full Con Mini-Enc		egative Pressure				
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf			emolitic				Gloveba	g Procedure					
		le le	Location		T	- X	Non-Exe	mpted (*) and N	on-Friable Procedur	T			-
		1	lormality	У		40				'	Abate Typ		
Location of Asbestos-Containing Mar	terial (ACM)		d Solei intenar		Asbest		iption of ning Mate	erial (ACM)	Amount			П	
TO BE ABATE	Sille in the second	1	ustodia Staff?	al	(i.e.,	thermal sy			(Specify	Re	R	inca	Enc
IN Facility (13)			(12)		2	other mis	g, VAT, i cellaneoi		SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						<u>a</u>		ate	18
SIDING				X		TRAU	ISITE	-	35003F	Y			
11/11/11/1				1 ^ .		TICK	4111		270031	1/			

Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards	Name of Registered Landfill
KLIMCO DUK	Hauter ID No.	of Waste	C.M.C.M.V.A
City, State		Disposal Date	City, State
MAPLE SHADE N.J			WOODBINE MI.
Completed By Title SU	PENISOR.	Signature.	Date 11-16-17

CK4377 PAID

Im-	G	占	1	\mathbb{V}	占	
M	NOV	2	8	201	7	

MIL	1 /		(-			C 0:00 and 12:1-			DECTO	000	NTE	OL 8	3
Date of Notification (1)	W 17			Nai	me of Build	ing Owner/Operato		DREY	LIC	ENSI	NG	-	CARREST STATE
	16-17			_		ARDIN S	SIAIE	DEF	KINI (_	Total and		_
Agencies Notified	Type Notificati	on		Str	eet Addres		EMON Y	LR.					
-□ BPA □ DEP	Initial Amended				, State, Zip		Juliu 1	TICI				-	=
DOL DOL	Amendmen			City	A COLUMN TO THE PARTY OF THE PA	LERMON	IT N.	-	1580	h			
⊠ -DOH	Emergency justification	(includ	ing	Nar	ne of Conta		11 191		none Num		_		_
□ DCA	☐ Cancellation			Ivai	TIV	- 5		1 cicpi	IOI IE INUITI	pei			
				1=		FORMATION					_	_	_
Name of Facility Where A	hatement is Tal	ing Dla	co (3)		ACILITIN	FORMATION	Type of Facili	b. (4)					
	RESIDEN		CE (3)				School (K-						
Street Address	CC 3 IV C IU	-					Subchapte	er 8 (Other					
							Other (i.e., homes, et		∞mmerc	ial bui	dings	5,	
City (5)	WILD	1,20	مرم				Square Feet	# of F	Floors	В	ldg. A		
County (6)	W.ICD	WU	UD	T Co	mby Codo	7) (STATE	Current Use (_ (50	Т	_
COUNTY (6) CAPE	MAY				E ONLY)	(1) (STATE		ACAAL	a second and a second and a second	sned)			
Name of Monitoring Firm	Hired by Building	Owne		ASCA	A No.	Name of Abatem	ent Contractor	(9)	4				
(8) W	JA					KLt	MO I	MC					
Street Address						Street Address			- 1				
						369		RICE	ALE				_
City, State, Zip Code						City, State, Zip C		1.01	11.7	A 6		7	
Project Manager for Manie			T Tel		. Ma	Telephone No.	LE SHI	ADL 1	se No.	030	25	_	_
Project Manager for Moni	toning Firm		Te	ephone	140.	856 - 7)	9-147		00 Y	M			
Start Date (10)	Sch	oduted (l —	ation D	ate (11)	Name of OSHA N			CUT	7 4		==	=
11-77-17	Our	17	Ü.	-1)	Marile of Gorali	ILI / F)					
Occupancy Status During	Abatement (Che	eck only	one)			Street Address	VG / P	1					=
Facility Closed/Vacated				ement			+0						
Abatement Performed						City, State, Zip Co	ode						_
Other - Describe:													
Scope of Work (Check all	that apply)					Π= :: 0			5477 184W S	80			
>3 sf or >3 lf		□R	enovat	ion		☐ Full Con	tainment with Ne Josure	egative Pre	essure				
≥160 sf or ≥260 lf			emolitic			Gloveba	g Procedure						
<u> </u>		la	Locatio		1	Non-Exe	mpted (*) and N	on-Friable	Procedu	_	hatai	mont	
			omally			•				"	bate Typ		
Location of			l Solei			Description of os Containing Mate	rial (A Oh 4)						
Asbestos-Containing Ma TO BE ABATE			ustodia			thermal systems in		Amo (Spe		R	_	Enc	E
IN Facility	_		Staff?		1.00	surfacing, VAT,		SF or	LF)	Removal	Repair	aps	clos
(13)			(12)			other miscellaneou	(S)			lave	alr	Encapsulate	Enclosure
		Yes	No	N/A								æ	
SIDING				X		TRAUSITE	=	1500	285	X			
Name of Registered Waste	Hauler	-		JDEP V	1000	Cubic Yards	Name of Reg	istered Lar	ndfill				
KLIMCO.	Duk		17	auler ID	No.	of Waste	Ci	M.C.I	M.U.	Д			
City, State			-11			Disposal Date	City, State						
MAPLE SH	ADE N	J					Wa	DO DIV	UE_	nI.)		
	Title				2	Signature	171		Date	1	17		
Completed By WICHALL KLOV	un _	SUF	to	120	IC.	- Mee	10h	=	11-1	16-	11		

CK 4377

PAID

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

NOV 2 8 2017

<u> </u>	(1)	ursuant	10 NJAC	. 8:60 and 12:12	"	M NOA S	0 20	1/		2
Date of Notification (1)		Name	of Buildin	ng Owner/Operator		57000		,	1	
		1-		MELAMIK	13 00	451 RUCT	15/18/11	OL	8	
Agencies Notified Type Notificat	ion	Street	t Address	700 7	THE COM	LICEN	SING	-	-	
BPA Minital				300 7	1, 21	-				_
DOL Amendmen	nt#	City, S	State, Zip (115	00-	2/1	2	
☐ Emergency				ISLE	CITY	N. J.	280	24	>_	-
		Name	of Contac	2 AMIC		Telephone Nu	mber			
	17	FAC	CILITY INF	ORMATION						_
Name of Facility Where Abatement is Tal					Type of Facili	ty (4.)				
RESIDEN	CE_				School (K-					
Street Address						er 8 (Other than K- private & comme c.)		ilding	s,	
City (5)	CITL				Square Feet	# of Floors	E	Sldg.	0.000	
County (6) CAPE MAY	,		ty Code (7) (STATE	Current Use (Prior if being demo	—] — olished)			_
Name of Monitoring Firm Hired by Building	Owner T	ASCM N	_	Name of Abatem		ACHAIT				
(8) N/A				1 1	CMCO	INC				
Street Address				Street Address 369	S S P	RUCE AL)/-			
City, State, Zip Code			=	City, State, Zip Co	ode		<u> </u>		_	_
				MAP	LE SH	HADE M.	J	38C	25	2
Project Manager for Monitoring Firm	Tele	ephone N	lo.	Telephone No. 856-27	7-0472	License No.	440	1		
Start Date (10) Sch	eduled Comple	etion Date	(11)	Name of OSHA M	Ionitor	10				
Occupancy Status During Abatement (Ch	eck only one)		-	Street Address		4				_
Facility Closed/Vacated During Entire F		ment		+						
Abatement Performed Outside of Norm			F	City, State, Zip Co	xde					
Other - Describe:				•						
Scope of Work (Check all that apply)				☐ Full Cont	ainmont with M	egative Pressure				
≥3 sf or ≥3 ff	Renovati	on		Mini-Encl		egauve Flessule				
∑≥160 sf or ≥260 If	Demolitio Demolitio	n		Glovebag	Procedure	· · · -				
	Is Location			Non-Exe	mpted (*) and N	on-Friable Proced		bate		77
	Normality						/	Typ		
Location of	Used Soleh			Description of			-			
Asbestos-Containing Material (ACM)	Maintenan Custodia	2000		s Containing Mate nermal systems in:		Amount (Specify	_		En	ш
TO BE ABATED IN Facility	Staff?	.		surfacing, VAT, o		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	(12)		C	other miscellaneou	s)		3701	pair	Sul	SUI
	Yes No	N/A					=		ate	.6
SIDING		X	T	RAWSIT	E	2750 SE	X			
			-							
							+-			
Name of Registered Waste Hauler	IN	JDEP Was	ste (Cubic Yards	Name of Reg	stered Landfill				
KLEMOD DUC.	H	190 No	9 0	of Waste	•	C.M. 2.A.				
City, State		1700		Disposal Date	City, State	·MU-H				
MAPLE SHLOVE	ML. J	0805				DBINE	N.J	-		
Completed By Title	SUP.			Signature -	lon	Date	-16.	17		

11/17/2017 09:1	U:1UHM .1AM 97363			SERJ	JET 32	200			DE		<i>y</i> L	E [83/8
Check#2921	PAI	DNO	TIFI	CAT(ON OF A	New Jersey ASBESTOS A JAC 8:60 and	\BA1	TEMENT		NO		2 8	
Date of Netification (1)						ling Owner/Oper		0 0 0	LUIS	REK	ATO!	SICT	ONTRO
	17 /	17		1			ator ((2)			LICI	ENSI	NG
Agencies Natified	Type Notificati		_	San	neer Mada	an				The second	-	III SOUND CAN	1
☐ EPA	M Initial			311	et Addres	8			NOV	1	7-21	017	1
DOLWD DHSS	Amended	umaya		City	, State, Zir	o Cada			- The second	1		1	1
□ DCA	Amendmen Emergency	#		0.000				N INC. LINE	Luzzon	1			
(NJAC 5:23-8)	Justincation)	ing	Ner	ne of Cont	NJ 07450			WAINER	A.	PR	01	
	Cancellation	n			icer Mada			S.	Lelaphon - Nu	mber			
				_		INFORMATIO	-1		_				
Name of Facility Where A	batement is Tal	ing Pla	cə (3)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTOKMA (10	IN.	Type of Facil					
rivate house								School (K					
Street Address			1000				-	Subchapte	er 8 (Other than K-1	2)			
Phy /51		22.3				.55		Other (i.e. homes, el	private and comme	ercia	build	lings,	
City (5)			76110 - T.L.					Square Feet			PI-I		
idgewood, NJ 07450 County (6)				-					511 (0015		elag	Age	
ergen	38			Col	inty Code (7	STATE USE ON	ILY)	Current Use	(Prior if being demol	isher	4)		
lame of Monitoring Firm I	Hired by BullHing	Owne	- /8\								Y.		2
	- 21 -000000	- Whe	(0)	ASCI	No.			nt Contractor	(9)				
treet Address						Gr Tech LL		-					
4						Street Addres	20.00						
ily, State, Zip Code						576 Valley I City, State, Z	1d #2	283					
roin at the						Wayne, NJ (
roject Manager for Monito	oring Firm		Tel	ephone	No.	Telephone No		,	I linham - 11-				
tert Date (10)						973-638-177			License No.				
	17 Sch	eduled	Comple	ation D	ate (11)	Name of OSH	IA Mo	onitor	01127				
		11	/_1	9_/		Envirovision							
Coupancy Status During () Facility Closed/Vacated	During Con	ck only	one)			Street Addres	S	ATTENTA, TINE					
) wastement keyormed (Distaine of Marm	-1 F W			and by	20-21 Wagar	aw R	coad, Bldo	₹35E				
Time of Abatement:	AM-	PM/	PM		AM	City, State, Zi	b Cod	de				-	
cope of Work (Check all ti				_		Fair Lawa, N	J 074	410					
>3 sf or >3 If		F				4 F40F1	n up a	and decontem	ination with negative	e pre	Ssure		
≥ 160 sf or ≥260 lf		⊠ R	enovati emolitic	on n		- Hillist	EUCIDE	erua					
						H Glove	ibag f Exemi	Procedure [Tent with Negative	Pre	SSUIG	į.	
Location of			s Locat Norma					() 31.0)	I GOIG FIDGEOU	_	harr		
Asbastos-Containing Ma	sterial (ACM)	Usi	ad Sole	ly by	1 asha	Description of	in of					mert 1	T
IO BE ABATI	<u>-D</u>	Cus	intens itodial	Staff?	(1.8	stos Containing , thermal system	ms ins	sulation.	Amount (Specify	em	Repair	a ca	100
(13)			(12)			surfacing, V other miscella	AT. O	or	SIF or LF)	Remova	air	Encapsulate	Fnclosure
		Yes	No	N/A		outer macelli	HICOU	(5)		1=		ale	9
ement				×	Boiler in	sulation			60.00	-	+	+	1
~						MIRLION	-		60 SF	K	-		
			=	-									
		17						*				П	
	Haules	11	Щ					0.70=		T	I	П	
ne of Registered Waste	· · au/u/		NJO	EP Waste	Hauler IO No.	Cubic Yards of W	elac	Name of Regi	stered Landfill	1	· L		111
				03378		TBD	E1	T.R.R.F. Inc					
Tech LLC			-			m.							10
Fech LLC V, State						Disposal Date	1	City, State					\neg
rech LLC A State Vac, NJ 07470) [75:					TBD	1	34	A				
me of Registered Waste Tech LLC y, State yae, NJ 07470 mpleted By (Print or Type) Titl					TBD	I	Fullytown, P	A Dat	te			

Check#2925	PA	N	OTIF	ICATI	ON OF A	SBEST	TOS ABA	TEMENT	IF	JE	C	E	7	//	5
		Threat the all threat to		(Pursi	uant to N.	JAC 8:6	0 and 5:	16)		3					
Date of Notification (1)				Na	ame of Build	ling Own	er/Operator	(2)	₩	11	NOV	2 }	3 07	147	
		17	-53	Ch	elsea Save	erv				Ц	NOV	2 () 20	11/	
Agencies Notified EPA	Type Notif	ication			reet Address				+					Chia Dalaina	- Paris and the
☑ DOLWD		ed					1			ASE	BESTO)S C	ONT	ROL	. &
☑ DHSS	Amend			Cit	ty, State, Zip	o Code						71110	JING	-	-
DCA (NJAC 5:23-8)	☐ Emerge	ency (inclu	ding	Mi	lltown, NJ	08850									
(140/10/03.25-0)	justifica Cancell			1	me of Conta					Telephor	ne Nun	nber			
					elsea Save										
Name of Facility Where	Abatement is	Taking P	ace (3)		FACILITY	INFORM	MATION	-						3	
Private house		Taking 1	ace (5)					Type of Facili			0,000				
Street Address								School (K	er 8 (C	Other tha	n K-1 :	2)			
								Other (i.e.	. priva	ate and o	comme	rcial	buildi	ngs.	
City (5)								homes, et Square Feet		# of Floo	010		DII		
Milltown, NJ 08850								- 40010 1 660		# UI FIU	013		Bldg.	Age	
County (6)				Co	ounty Code (7) (STATE	USE ONLY)	Current Use (Prior	if being	demoli	shed')		_
Middlesex Name of Monitoring Firm	Lliend by D.	II. 6								•		,			
rame of Monitoring Film	rilled by but	iaing Own	er (8)	ASC	M No.	Name	of Abatem	ent Contractor ((9)					-	-
Street Address							ch LLC								
							Address								
City, State, Zip Code							alley Rd # State, Zip Co								
						100000000000000000000000000000000000000	e, NJ 0747								
Project Manager for Moni	toring Firm		Te	lephon	e No.		none No.	70		License	No				
01-15 / //						973-63	38-1777			1127	140.				
Start Date (10)	17	Scheduled	Comp	letion [Date (11)		of OSHA M	lonitor		1127					
		11	/	29/		Enviro	vision Co	nsultants,Inc							
Occupancy Status During X Facility Closed/Vacate	Abatement (Check onl	y one)				Address								_
	Outside of No	ormal Fac	lity Ho	uro De		20-21	Wagaraw	Road, Bldg .#	₹35E						
Time of Abatement:	AM	PM/	PN	1	_AM	1	tate, Zip Co								
Scope of Work (Check all	that apply)					Fair La	Olean un		inatio	:41.					
		M) onous	lia		H	Full Conta	and decontami ainment with Ne	inatioi egativ	n with ne e Pressi	∌gative ⊔re	pres	sure		
>3 sf or >3 If ≥ 160 sf or ≥260 If			Renova Demolit			X	Mini-Encl	osure Procedure				Droo			
							Non-Exer	npted (*) and N	on-Fri	iable Pro	ocedur	e	sure		
Location of			Is Loca Norma			1						Ab	atem	ent T	ур
Asbestos-Containing M TO BE ABAT	laterial (ACM)) U:	sed Sol	lely by	Asbes	stos Cont	escription of taining Mate	erial (ACM)		Amoun	,,	R	R	Ш	T
IN Facility		Cu	stodial	Staff?	(i.e	., therma	systems in	sulation.		(Specif	y	Remova	Repair	cap	
(13)			(12)	1	4	other r	cing, VAT, miscellaneo	or us)		SIF or LF	=)	val	=	Encapsulate	
		Yes	No											e	
asement				\boxtimes	Pipe insu	lation			90 L	F					Г
															-
												7		ᆜ	1
				П										Ц	L
ame of Registered Waste	Hauler		NJI	DEP Waste	e Hauler ID No.	Cubic Yar	rds of Wastal	Name of Regis	tored	Landell		Ш	Ш		L
Tech LLC			1	003378	12.7	TBE	1		rered	Landfill					
ity, State				.05516		Disposal		T.R.R.F. Inc City, State							
ayne, NJ 07470						TBD			A						
ompleted By (Print or Type	e)	Title					nature /	Tullytown, PA	A		I Date				
Jevtic		Owner				- 9	//	Irc Wena	0		Date				
3-41							1/20	Sic Wenas	cl		11/1	8/17			

CK 104	1 PAI			S IFICATIO (Pursuan		BESTOS	ABATE			D)-5-	<u>(5)</u>	28		17
Date of Notification (1) 11/17/2017	1 20 00 000	norther.		Name of Steve	of Building	g Owner/	Operato	r (2)		14	NOV-	28	- 20	
Agencies Notified	Type Notification				Address				-	ASE	BESTO	S C	TINC	ROLE
EPA DEPA	× Initial			00						7101	LIC	ENS	ING	page in comme
DEP DOL	Amended Amendmen				ate, Zip C ville,NJ									
DOH DCA	Emergency justification) Cancellation	***************************************	g	Name of Steve	of Contact	t			Te	elenhono M		117-12-1-1		
Name of Facility Where A	hatement is Takir	a Place	(2)	FAC	ILITY INF	ORMAT	ION	T= (=						
Donald's Residence	iodioment is Takii	ig i lace	(3)					Type of Facility						
Street Address								School (K Subchapt Other (i.e etc.)	er 8 (Ot	her than K- & commer	12) cial bui	ldings	s, hom	nes,
City (5) Belleville								Square Feet	# (of Floors		Bldg.	Age	
County (6) Essex					Code (7) USE ONL	Y)		Current Use (F	Prior if be	eing demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.			of Abatement C						
Street Address							Street	Property Ma Address		nce LLC			_	
City, State, Zip Code								Van Riper Av	е					
								tate, Zip Code n, NJ 07011						
Project Manager for Monit	oring Firm			Telepho	ne No.			none No. 399-9008		License 01336	No.			
Start Date (10) 12/2/2017		Schedu 12/29/		mpletion	Date (11)		Name	of OSHA Monito	or					
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Address						
X Facility Closed/Vacat Abatement Performer Other – Describe:	ed During Entire F d Outside of Norm	Period of nal Facilit	Abate y Hou	ment rs			City, S	tate, Zip Code						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demol				×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure					
		Is	Loca	tion				1 WOII-EXCHIPE	Su () an	u Non-i na	Die Fit	PAN 5	emen	t
Location of			Norma		# 02	De	scription	of			-	Ty	ре	
Asbestos-Containing M TO BE ABAT In Facility (13)	ED	Ma	intena	ance/ Staff?	Asbes (i.e.	thermal surfa	aining M systems cing, VA niscellan	aterial (ACM) insulation, , or eous)	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
9. 20		Yes	No	N/A							/al	=	ılate	ure
Basemer	nt		Х			Pipe	insulat	ion	52	Lin ft	Х			
						200								
Name of Registered Waste	Hauler			JUDEP W.	51.7-1- m	Cubic of Was	11.	Name of		ered Landfil	1			
City, State				BD		1 YD Dispos	al Date	City, Sta	te					
Completed by		Title						Melville	e, NY 1					
Darko Raloski			ct Ma	anager		S	ignature	Man			ate 1/17/2	017		

														154	Prir	nt Fo
141048	PA			CATION	te of New OF ASBE to NJAC 8	STOS A				30	E	C E		W		
Date of Notification (1) 11/17/2017			- 1	Name of Lisa Di	Building C	Owner/Op	erator	(2)			: N	OV a	2-8	201	7	ľ
Agencies Notified	Type Notification			Street Ac	ddress						ASBE	ESTOS LICE			OL 8	Ž.
DEP DOL	Initial Amended Amendment				te, Zip Cod Orange, I		52						412			
☑ DOH DCA	Emergency justification) Cancellation	(A) (7.71)		Name of Lisa	Contact					Tol	enhone	Numh	er_			
				FACIL	LITY INFO	RMATIC	N			-						
Name of Facility Where Distell's Residence		ng Place (3)					Туре	of Facility (4 School (K-1)							
Street Address			duren 10					×	Subchapter Other (i.e. p	8 (Oth	er than & comm	K-12) nercial	build	ings,	home	s,
City (E)								Saut	etc.) are Feet	# 0	f Floors		Bl	dg. A	ne .	
City (5) West Orange														ag. /\		
County (6) Essex				County C (STATE L	Code (7) JSE ONLY)	-	_	Curr	ent Use (Pric	or if bei	ng dem	olishe	d)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	l No.				atement Con perty Main			.C				
Street Address							Street 105		ess Riper Ave							
City, State, Zip Code									Zip Code J 07011							
Project Manager for Mo	onitoring Firm			Telephor	ne No.		Teleph 201-		No. 9008		Licen 0133	se No.	8			
Start Date (10) 12/3/2017		Schedule 12/30/2		npletion [Date (11)		Name	of OS	SHA Monitor							
Occupancy Status Duri	ng Abatement (Che	ck Only On	ne)				Street	Addre	ess							
× Facility Closed/Va	cated During Entire med Outside of Non	Period of A	Abaten	nent s	A 62	_	City, S	State,	Zip Code							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demoli				2	M G	ull Containme lini-Enclosure llovebag Prod on-Exempted	e cedure					-	
								_ N	on-Exempled	1 () an	id Non-	FIIable			ment	
			Locat Vorma			5								Ту		
Location Asbestos-Containin TO BE Al In Fac (13	ng Material (ACM) BATED cility	Use Ma	d Sole intena todial (12)	ely by nce/ Staff?		tos Conta thermal	system sing, VA	Materia s insu AT, or		(Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ite	Ø
Baser	ment		Х			Pipe	insula	ation		17	6 Lin	ft	Х			
Name of Desistered W	acto Haulos			NJDEP W	laste	Cubic	Varde		Name of	Reniet	ered I a	ındfill				
Name of Registered With TBD	aste Hauler		F	Hauler ID BD		of Was			110 Sa							
City, State						Dispos	al Date)	City, Stat		11747	7				
Completed by		Title	not 11.4	oness-		S	ignatur	e A	War.			Date		017		-
Darko Raloski		Proje	CLIVI	anager				/				1 1/	1112	UII		

CILIDEA PA	N		CATION	te of New Jerse OF ASBESTOS o NJAC 8:60 ar	ABATE				OV 2		W ^{Prin}	EF O
Date of Notification (1)				Building Owner n Realty Cor		(2)			0 1		0.7	1
11-16-17 Agencies Notified Type Notification			Street Ad		пратту			ASBE	STOS	CON	ROL	&
EPA Initial				mbers St.					LICE	ASING		_
DEP Amended Amendment				e, Zip Code on, NJ 08542	2							
Emergency (justification)	including	- 1	Name of	Contact d Rosen				Telephone	Number			
DCA Cancellation			FACIL	ITY INFORMA	ION							
Name of Facility Where Abatement is Takin Apartment Buildings	g Place (3)					Туре	of Facility (4					
Street Address 20 Stevens Ave.& 1059, 1099 Por	noton Av	ə.				r	Other (i.e. pr	2) 8 (Other than F ivate & comme	<-12) ercial bu	ildings,	home	s,
City (5) Cedar Grove						Squa	etc.) are Feet	# of Floors		Bldg. A	ge	
County (6) Essex			County C	ode (7) SE ONLY)		Curr	ent Use (Prio	r if being demo	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.	11.00		atement Con					
Street Address				100	1 25000	t Addre						
City, State, Zip Code							Zip Code y NJ 0708	7				
Project Manager for Monitoring Firm			Telephon	ie No.	Telep	hone N	10.	Licens 0120				
Start Date (10) 11-27-17	Schedule 12-01-1		npletion E	Date (11)			HA Monitor ntracting L	LC	1110			
Occupancy Status During Abatement (Chec	k Only On	∋)				t Addre						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: 7:00am - 5:00pm	Period of A nal Facility	baten Hours	nent s		City,		zip Code y NJ 0708	7				
Scope of Work (Check All That Apply)							,	***				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				E M	ull Containme ini-Enclosure lovebag Prod		ve Press	ure		
			1			N	on-Exempted	(*) and Non-F	riable P		re ement	
Location of	857	Locat orma		Г	escriptio	n of					уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial ((12)	nce/ Staff?	Asbestos Co (i.e. therm sur	ntaining	Materians insured AT, or	lation,	Amount (Specify SF or LF)	Kemoval	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Di		-1:		500 LF			6	
Garages	1	Х		Pip	e Insul	ation		500 LF	X	+		
Name of Registered Waste Hauler		1.0	NJDEP W		ic Yards		Name of	Registered Lar	ndfill			
Delfa Contracting LLC		ŀ	Hauler ID 35240	0	/aste 10	,		vn Resource	e Reco	very	Facili	ty
City, State Union City, NJ					osal Dat 2-04-1		City, State Tullytov					
Completed by Jaime Delgado	Title Proj.	Man	ager.		Signatu	re	Kan	01	Date 11-16	5-17		

C161132	PAI		ICATION	of New Jerse OF ASBESTOS to NJAC 8:60 and	ABATE		M	NOV 2	2 8	2017	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	U
Date of Notification (1)				Building Owner/G		(2)		ASBESTOS LICE	CON	NTRO	L &	
11/14/2017 Agencies Notified Typ	e Notification		Street A					LIGE	NSIN	IG	-	alestinus.
Z EPA	Initial											
DEP	Amended	Í	- [16] 기가 [16] 등 하실어	te, Zip Code								10.02
☑ DOL	Amendment # Emergency (including	ng	Name of	DALE NJ			T To	elephone Num	her			
☑ DOH □ DCA □	justification) Cancellation			AM FRAYLAY			1 10	Siephone Ivan			3	
	Odriodilott			LITY INFORMAT							-	
Name of Facility Where Abate	ement is Taking Place	(3)				Type of Facility	(4)					The second
PRIVATE						School (K-12) Subchapter 8 (Other than K-12)						
Street Address						Other (i.e.		& commercia		dings,	home	s,
City (5)						etc.) Square Feet	#	of Floors	Bldg. Age			Silieo
HILLSDALE NJ.						1,642 SF		1		48		
County (6)		The state of the s	County (Code (7) JSE ONLY)		Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hire	d by Building Owner	(8)	ASCN	l No.	1	of Abatement Co		10.1				
N/A						RTH EAST EN	IVIRU	MINICIAL	LLC			
Street Address						6 - 51 51 ST						
City, State, Zip Code	5					State, Zip Code RTH BERGEN	l NJ. (07047				
Project Manager for Monitorin	g Firm	The state of the s	Telephone No.			hone No. -776-0642		License No 01300	Э.			
Start Date (10)			mpletion I	Date (11)		of OSHA Monito						
11/23 /2017		म् /201	17		1	/IRO PROBE	LAB	b.				
Occupancy Status During Aba	atement (Check Only	One)				Address LIBERTY ST.						
Facility Closed/Vacated Abatement Performed O					1	State, Zip Code			No			
Other - Describe:		,				TUCHEN NJ.						
Scope of Work (Check All Tha	at Apply)	*****			1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				Full Containn Mini-Enclosu Glovebag Pri	re	th Negative P	ressu	re		
					2	Non-Exempt		nd Non-Friab	le Pro	36.50		
		Is Loca								Abate Ty		
Location of Asbestos-Containing Mate		Norma Jsed Sol	ely by		escription	n of Material (ACM)		Amount				
TO BE ABATED)	Maintena Sustodial		(i.e. therma	l system	is insulation,		(Specify	Rer	Re	Encapsulate	Enc
In Facility (13)		(12)			icing, V miscella			SF or LF)	Remova	Repair	psul	Enclosure
	Yes	s No	N/A						=		ato	ė
BASEMENT	-	X		PIPE I	NSUL	ATION		45 LF.	Х			
Basenen	t	X		FL(OOR T	TLE	1	150 SF.	Х			
		1	1				1		1	1		

NJDEP Waste

Hauler ID No.

19951

Sicutory

Cubic Yards

Disposal Date

Signature

of Waste

TBD

TBD

Name of Registered Landfill

WAYNERBURG OHIO

City, State

MINERVA ENTERPRISE INC

Date

11/14/2017

Name of Registered Waste Hauler

6deus

TRI - STATE ASSOCC

City, State

BRONX NY.

Completed by

EGEIV

CK1133

	E	C	E		\mathbb{V}_{-}	5	<u>I</u>
K					L	rı	HI FUILL
		NOV	2	8	2017		الطا

(JC 11/1/)	,			1070 0.00											
Date of Notification (1)				ilding Own	er/Operator		ASBESTOS CONTROL & LICENSING								
11/14/2017 Agencies Notified Type Notification			reet Addre				L				elli perenta de				
Agencies Notified Type Notification	duding	Ci I-	City, State, Zip Code HILLSDALE NJ Name of Contact WILLIAM FRAYLAY								nber				
			FACILIT	Y INFORM	MATION	I Type of	Facility (4)						_		
Name of Facility Where Abatement is Taking I PRIVATE Street Address	Place (3)					Sc Su Su Ot etc	hool (K-12) bchapter 8 her (i.e. pri) (Other) vate & c	ommercial				,		
City (5)							Feet	# of F	Bidg. Age						
HILLSDALE NJ. County (6)		0	County Co	de (7) E ONLY)		1,642 SF 1 87. Current Use (Prior if being demolished) N/A									
Name of Monitoring Firm Hired by Building On	wner (8)	1,	ASCM No. Name of Abatement C					ractor (9) MENTAL	LLC					
N/A Street Address							of Address								
City, State, Zip Code					City,	r, State, Zip Code DRTH BERGEN NJ. 07047						VAS. 89-0-			
Project Manager for Monitoring Firm			Telephone	No.		phone No. 1-776-06			License No 01300).					
Start Date (10) 11/2 3 /2017							A Monitor ROBE L	AB							
Occupancy Status During Abatement (Check	- 1					et Address 8 LIBER									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	atem	ent		City	, State, Zir ETUCHE	Code								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova				Min	i-Enclosure	e cedure	Negative P			9			
	Τ		. 1			223 1901 210119			lea () and ito			Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ntena	lly ely by ince/ Staff?	Asbesto (i.e. t	Descript os Containin hermal syst surfacing, other misce	g Material ems insula VAT, or	(ACM) ation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A		PIPE INSU	II ATION	J	4	5 LF.	X					
BASEMENT		X		F	FLOOF		V		0 SF.	X			-		
Baseneuit	-	Х			FLOOP										
Name of Registered Waste Hauler TRI - STATE ASSOCC			NJDEP W Hauler ID 19951		Cubic Yard of Waste TBD		MINE	RVA E	ered Landfi NTERPR		NC				
City, State BRONX NY.					Disposal D		City, Sta		JRG OHI						
Completed by		Sign	Signature					7							

PAID

E	C			\mathbb{V}		R
	NO	V 2	8	20	17	
1	بار ملا	2	2	2017		U,

Date of Notification (1)			-				.00 and 12:1			1011	0.1	2 01	247		
11-22-17				1	Vame of B	uilding Ow	mer/Operato	r (2)		كالع	4	36	21/		
Agencies Notified	Type Notific	ation		-	K.	HEYM									
□ EPA □ DEP				S	treet Addr	PCC			ASBI	EST(OS C	ONT	ROL		
☑ DOL	Amenda Amenda				ry, state, .	Zip Code	-		lease and the same of the same	-		3114G			
Ø DOH	☐ Emerge	ney (inclu	ling				T '	71/2				_			
D DCA	JUSTITICA	tion)	5	Na	me of Con	E N	9 0	7470							
	Caricella			16	(. H=	YMAL)		Telephone?	Vumh	ar .				
Name of Facility Where Ab	atement is Taki	ng Place (3)		ACILIT	YINFORM	MATION								
I. HEYMAN		-Briace (5)					Type of Facilit	v (4)		_		-		
Street Address								☐ School (F	31 E03						
_	The state of the s							☐ Subchapt	er 8 (Other than V 1	2)					
City (5)	/							Other (i.e	private & commerc	ial bu	ilding	s, hom	es, etc.		
WAYNE County(6)								Square Feet	# of Floors						
County(6)				Cour	ity Code (7)		2800	2						
PASSAIC				(STA	TE USE O	VLY)		Current Use (Pr	or if being demolish	ed)	7	2 4	RS		
Name of Monitoring Firm Hir	ed by Building	Owner (8			SCM No.	-		RESCORA	CE						
Street Address			Name of Abatement Contracto												
Street Address			Best Removal In												
City, State, Zip Code															
one, and, ap code							City Sta	South Rive	er Street						
Project Manager for Monitorin	y Eiron							ensack, NJ	07601						
g- womtoning	5111111			Telepi	one No.		Telephon	ie No.	License N						
Start Date (10)		C-L)1-329-744	1	o.)388					
12-4-17	Scheduled Completion Date (11)							OSHA Monitor		300					
Occupancy Status During Abate	ccupancy Status During Abatement (Check Only One)						Ome	ga Environ	mental						
☐ Facility Closed/Vacated D	uring Entire B		260-271				Street Ad	dress							
- route in a cito in a cito	SIDE OF Normal	Lagilia. T	atemer ours	nt				Huyler Str	eet						
- Care Describe.	1771- 0	pm					City, State	e, Zip Code	. 1 311.05.00	_			- 101 (2.20)		
Scope of Work (Check All That	Apply)						300	ui mackens	ack, NJ 07606)					
≥3 sf or ≥3 if		DX.	Renova	ation			220								
≥160 sf or ≥260 lf			Demol					Full Containmer Mini-Enclosure	nt with Negative Pres	ssure					
								Glovebag Proces	dure						
			. 1		T		风	Non-Exempted (*) and Non-Friable I	Proced	rocedure				
Location of			s Locat Norma									tement			
Asbestos-Containing Mater	al (ACM)		ed Sole		Ash	De:	scription of aining Mater	-1/1010		-	1	ype	-		
TO BE ABATED In Facility			aintena todial :		(i.e. th	ermal syste	ms insulatio	n, surfacing	Amount (Specify	71		臣	pp		
(13)			(12)				VAT, or niscellaneous	100	SF or LF)	Removal	Repair	icap	inclo		
		Yes	No	N/A	1	outer in	inscendineous	5)	N-A.2	oval	air	Encapsulate	Enclosure		
Externial Carl	,			1 SVA								c			
EXTERIOR SIDIN	6			V	EXTE	RIOR	SIDING	TRANSITE	240055	X					
										1					
	17-1000														
ame of Registered Waste Hauler		1	IN	JDEP W	aste	Cubic Y	ards	Nama of D-	gistered Landfill						
Best Removal Inc	Ha Ha				No.	of Wast		Ivalile of Ne	gistered Landrill						
y, State 17109					124			nverva Enterp	rise	s, L	LC				
Hackensack, NJ 0760	Hackensack NI 07601					Disposa		City, State							
						12-17	Wayne	sburg, OH 44							
Completed by Title					18	ignature		Date		_		\			
Robert Veldran Estimator							ir Veld	ran	11	-2	2 -	17			

CV 151	I PA		CATION C	e of New OF ASBES NJAC 8:	STOS A					<u> </u>	UV		7				
Date of Notification (1) 11/21/17	-				Building O						NON 5	8 20	17	-			
Agencies Notified	Type Notification		3.5	Street Add	dress e Point o	on Hud	Ison			ASI	BESTOS (CONTR	ROL	3.	La propertie de la constante d		
X EPA X DEP X DOL	Initial Amended Amendment Emergency (_ [Hoboke	e, Zip Cod en, NJ 07				accessorated and connection and except on a person of the connection of the connecti								
X DOH X DCA	justification) Cancellation	in old dining	1000	Name of 0 Kevin K				Telephone Number									
N CON				FACIL	ITY INFO	RMATIC	ON			_							
Name of Facility Where A School (Burchard B		g Place (3)						Type of Facility (4) School (K-12)									
Street Address 1 Castle Point On H	Hudson							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buil etc.)						uildings, homes,			
City (5) Hoboken													dg. Ag /A	ge			
County (6)				County Co	ode (7) SE ONLY)		Current Use (Prior if being demolished)										
Hudson Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM			Name of Abatement Contractor (9)										
TTI Environmental, Street Address				0003			D&S Abatement, Inc.										
1253 N. Church Str	reet							11 Rosengren Avenue Sity, State, Zip Code									
City, State, Zip Code Moorestown, NJ 08	3057								up Code NJ 07512	2							
Project Manager for Mor Jim Guilardi		Telephon 609-31				hone N 345-8			License N 01311	No.	0.						
Start Date (10) 12/02/2017		Schedule		npletion D	Date (11)				HA Monito tement,								
Occupancy Status Durin								Addre	ess gren Av	enue							
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire I ned Outside of Norm Occupied	Period of A nal Facility	batem	urs City,					Zip Code								
Scope of Work (Check A				Totowe					40 0701								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ar risec apply)		enova emolit					× Mi	ini-Enclos	ure rocedure	h Negative e nd Non-Fria						
		7.50	Locat	2									Abate				
Locatio Asbestos-Containin, <u>TO BE AB</u> In Fac (13	g Material (ACM) BATED ility	Use Ma	Norma d Sole intena todial ((12)	ely by nce/		tos Cont thermal surfac		Materia ns insu AT, or			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A							45.15	1,,		(D			
Classroor	n # 615		X		in the second	Pipe	insul	ation			15 LF	X					
										1							
Name of Registered Wa			1	NJDEP W Hauler ID 10996		Cubic of Wa TBD	Yards ste		V0000-00100-004		tered Landi agement						
City, State Totowa, NJ						Dispo	sal Dat	e	City, S Moor	tate isville,	PA						
Completed by Oliver Hegedis	ect M	anager		5	Signature				Pate 11/21/	ite 1/21/17							

 * $\overset{\mathsf{N}}{\mathsf{D0}}$ not use this form for asbestos licensure exempted activities.

Print Form

NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Hauler ID No. 5 GRAND CENTRAL SANITARY LANDFILL 913 City State 11/20/17-12/30/17 PAINFIELD TOWNSHIP, PA	MCK		NOTI (P	FICA	State of TION OF A ant to NJAC	SBES	TOS ABA		DECEIVE								
1	Date of Notification (1)						1700	Owner	/Operator	(2)							
Agencies Notified EPA	11 / 21 /17										N()	V 2	18	201			
DEP								SON	AVENUE								
DCA EMERGENCY NOTIFICATION JORDAN STROHL FACILITY INFORMATION Name of Facility Where Abatement Is Taking Place (3) THE LILLIAN BOOTH ACTORS HOME Street Address 155-173 WEST HUDSON AVENUE CIty (5) ENSLEWOOD SERGEN Ounty (6) ENSLEWOOD SERGEN Ounty (7) ENSLEWOOD SERGEN STROHL HEALTH INVIESTIGATIONS, INC. STreet Address 313-870 K RC	DEP Am	ended No		1					SEY 07631								
Type of Facility (4)	100000		Y NOTII	FICA						Telephone	Numbe	er					
School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (O					FACILITY II	NFOR	MATION										
Street Address			g Place	(3)					School (K Subchapt	-12) er 8 (Other ti							
10.380 2 58	Street Address			-								oldgs					
ENGLEWOOD BERGEN (STATE USE ONLy) ASCM No. ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC. 17 ASCM No. 17 ASCM No. 17 ASCM No. 18 ASCM No. 17 ASCM No. 18 ASCM No. 18 ASCM No. 17 ARR ENVIRONMENTAL CORPORATION Street Address 11/2 0/17 11/20/17 12/30/17 AND 11/20/17 AND 12/30/17 AND 11/20/17 AND 12/30/17 AND 11/20/17 AND 11											015			100	'		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC. 17 Screet Address 855 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm Telephone Number 170 Sched. Completion Date (11) 11												hed)	Pha	rm. La	ab.		
ENVIRONMENTAL CORPORATION Street Address Street Add			0	(0)	(STATE	_					GCGTGTC						
Street Address Stre						AS		0.0000000000000000000000000000000000000					ON				
City, State, Zip Code								-		MEITHE OC	5111 011	OVII	014		-		
SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm Telephone Number Tel	A CAN DESCRIPTION OF THE PROPERTY OF THE PROPE							313	SPOOK RO	OCK ROAD							
Project Manager for Monitoring Firm WILLIAM KERBEL Expected State Date (10) 11 / 20 / 17		NEW IE	DOEV 0	7074				CONTRACTOR.					Constitution of the Consti				
Sched State Date (10)	The state of the s	, NEVV JE			Number			_				- NI	le				
Expected State Date (10) 11 / 20 / 17							ibei	1757000000000	se iv	umbe	ir .						
Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY-FRIDAY 7AM-12 AM (DOUBLE SHIFT) Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF X >160 SF OR 260 LF X Non-Friable Procedure Abatement with Negative Pressure Mini-Enclo, Glovebag Procedure X Non-Friable Procedure Description of Abbestos-containing Material (ACM) Abatement Type Containing Material (ACM) TO BE ABATED in Facility (13) Staff (12) Yes No N/A LOWER LEVEL NAME OF Registered Waste Hauler NJDEP Waste Disposal Date Disposal Date Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL Signature Date / Aux /	Expected State Date (10)	Sc				(11)				Monitor	11101	_					
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 7AM-12 AM (DOUBLE SHIFT) Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Absestos-containing Material (ACM) TO BE ABATED in Facility (13) LOWER LEVEL Name of Registered Waste Hauler NUMBER (ACARTING 369 RAYMOND BLVD. Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. NEWARK, NEW JERSEY City, State, Zip Code NY, NY 10016 Full Containment with Negative Pressure Mini-Enclo, Glovebag Procedure Non-Friable Proced	40, 90 - 100 TO TO TO TO THE STATE OF THE ST		100	/				AME	RISCI								
Abatement Performed Outside of Normal Facility Hours - Describe: X		(Check o	nly one)				1001	Stree	et Address								
Scope of Work (Check all that apply) Demolition >3SF OR LF X > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) LOWER LEVEL Name of Registered Waste Hauler NyDEP Waste Name of Registered Waste Hauler D No. 369 RAYMOND BLVD. Name of Registered Waste Hauler NyDEP Waste Cubic Yards of Waste Name of Registered Landfill (ACM) Signature Disposal Date NewARK, NEW JERSEY Completed by (Print or Type) Full Containment with Negative Pressure Mini-Field Containment Negative Pressure Pr						scribe	:	117 E	EAST 30TH	STREET							
Scope of Work (Check all that apply) Demolition Safe OR LF x > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) LOWER LEVEL Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. Demolition X Renovation Mini-Enclo, Glovebag Procedure X Non-Friable Procedure Description of Asbestos-Containing Material (ACM) (ie. Thermal systems (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type (Specify Insulation) Aba								City,	State, Zip		10010	%					
Sast or continuing Sast or containing Sast or							Full Conta	I ainmen	t with Nega	The second second							
X >160 SF OR 260 LF X Non-Friable Procedure		X Re	novation	1					27								
Location of Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) LOWER LEVEL Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. Name of Registered Waste Hauler NEWARK, NEW JERSEY Disposal Date Completed by (Print or Type) Is Location normally used solely by Description of Asbestos-Containing Material (ACM) (ie. Thermal systems (Specify Min D NO NAT) (ie. Thermal systems (Specify Min D NAT) (ie. Thermal systems (Specify Min																	
Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13) LOWER LEVEL Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Containing Material (ACM) (ie. Thermal systems (is. Thermal systems) (ie. Thermal systems) (if. Thermal systems) (ie. Thermal systems) (ie			s Locati	ion								Ah	atem	ent Ty	me		
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Staff (12) Yes No N/A VAT & MASTIC Or other miscellaneous A VAT & MASTIC Fin Ray Cubic Yards of Waste Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City State Disposal Date 11/20/17-12/30/17 PANFIELD TOWNSHIP, PA Date Oac A		no				ontaini	ing Materia	al (ACI		Amoun	nt F			_			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Staff (12) Yes No N/A VAT & MASTIC Or other miscellaneous A VAT & MASTIC Fin Ray Cubic Yards of Waste Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City State Disposal Date 11/20/17-12/30/17 PANFIELD TOWNSHIP, PA Date Oac A		Ma			in				_		y 8		PA	CA	Ç.		
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) X VAT & MASTIC K VAT & MASTIC										SF OF LE	r) {	Š	R	PSL	SC		
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Disposal Date 11/20/17-12/30/17 PAINTELD TOWNSHIP, PA Signature Date/ 12 1/20 Date/ 12 1/20		Yes	No No	N/A					S.					E	RE		
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Disposal Date 11/20/17-12/30/17	LOWER LEVEL			Χ	VAT & MA	STIC				600 SF	×	(
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Disposal Date 11/20/17-12/30/17																	
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Disposal Date 11/20/17-12/30/17																	
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Disposal Date 11/20/17-12/30/17																	
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Disposal Date 11/20/17-12/30/17																	
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Disposal Date 11/20/17-12/30/17																	
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Disposal Date 11/20/17-12/30/17																	
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY Completed by (Print or Type) Disposal Date 11/20/17-12/30/17																	
369 RAYMOND BLVD. 913 City, State NEWARK, NEW JERSEY Completed by (Print or Type) Title Disposal Date 11/20/17-12/30/17 PAINFIELD TOWNSHIP, PA Date// 2 1/20/17-12/30/17	Name of Registered Waste Hauler				Cubic Yard		/aste										
City, State NEWARK, NEW JERSEY Completed by (Print or Type) Disposal Date City State PAINFIELD TOWNSHIP, PA Date		Hau		10.		5		GRAN	ND CENTR	AL SANITAR	RY LAN	IDFI	LL				
NEWARK, NEW JERSEY 11/20/17-12/30/17 PAINFIELD TOWNSHIP, PA Completed by (Print or Type) Title Signature Date//2.//2	City, State		913		Disposal D	ate		City 4	State)								
Completed by (Print or Type) Title Signature Date/ / 2 . / 12	NEWARK, NEW JERSEY						7 /	PAIN	TELD TOV	VNSHIP, PA	ì		/	,			
	Completed by (Print or Type) BENJAMIN SANCHEZ		DR OF ()PEC		Signat	ture /	XX	X			1/	21	/1=	7		

CK 3152 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) THE LILLIAN BOOTH ACTORS HOME 11 /17 Street Address Agencies Notified Type Notification 155-175 WEST HUDSON AVENUE EPA Initial Notification City, State, Zip Code DEP Amended Notification ENGLEWOOD, NEW JERSEY 07631 DOL Cancellation DOH On Hold TelephoneARRITETA Name of Contact OS CONTROL & DCA **EMERGENCY NOTIFICATION** ENSING JORDAN STROHL **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) THE LILLIAN BOOTH ACTORS HOME Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 155-175 WEST HUDSON AVENUE 10.360 City (5) County (6) Current Use (Prior if being demolished) Pharm. Lab. County Code (7) **ENGLEWOOD** BERGEN (STATE USE ONLY) COMMUNICATION BUILDING Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM KERBEL 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11 / 20 /17 12 / 30 /17 AMERISCI Month Day Year Dav Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-12 AM (DOUBLE SHIFT) Other - Describe: City, State, Zip Code NY, NY 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL ENCLOSURE REMOVAI Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A LOWER LEVEL VAT & MASTIC 600 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. 5 GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD 913 City, State Disposal Date City, Staté

11/20/17-12/30/17

Signature

PAINFIELD TOWNSHIP, PA

Date,

NEWARK, NEW JERSEY

BENJAMIN SANCHEZ

Completed by (Print or Type)

Title

DIRECTOR OF OPERATIONS

no CK				TION OF A	e of New Jersey DF ASBESTOS ABATEMENT JAC 8:60-7 and 12:120-7)						E	7	V E		
Date of Notification (1)				U 1000000000000000000000000000000000000	e of Building CK SHARP &				i Ai	OU	0.0	00	·		
11 / 21 /17				Stree	et Address			- 14 4	i N	OV	2 8	20	1/-		
Agencies Notified Type Noti	fication			126	E. LINCOLN A	VENU	E, P.O. BO	< 200d, RY28	3-414						
DEP Ame	al Notification ended Notificellation		n	#1 RAH	State, Zip Cod WAY, NEW JE		07065			ASBESTOS CONTR LICENSING					
	Hold ERGENCY	NOTI	FICAT		e of Contact RICIA JOHNSO	NC		Telephone	Numbe	г					
				ACILITY IN	NFORMATION				10						
Name of Facility Where Abatement	is Taking	Place	(3)			Тур	e of Facilit								
MERCK SHARP & DOHME CORPOR	RATION					X	-	-12) er 8 (Other th private & cor		100	hon	nes e	etc.)		
Street Address						-	quare Feet	# of Floo				Age	_		
126 EAST LINCOLN AVENUE - BUIL	DING 80N	I					39,000	2			- 3	5			
City (5)	inty (6)			Coun	ty Code (7)	rent Use (P	rior if being d	emolish	ned)			\neg			
RAHWAY UNI	75/2017			(STATE	USE ONLY)	RES	SEARCH LA	BORATORY	AND	OFFI	CE F	ACILI			
Name of Monitoring Firm Hired by			(8)		ASCM No.	Nan	ne of Abate	ment Contra	actor (9	9)					
ENVIRONMETAL HEALTH INVESTI	GATIONS,	INC.			104	PAF	RENVIRON	MENTAL CO	RPOR	ATIC	N				
Street Address					Street Address										
655 WEST SHORE TRAIL						100000000000000000000000000000000000000	SPOOK RO	Section States of Supplemental)						
City, State, Zip Code	CONTRACTOR DESCRIPTION					G2200/50	, State, Zip								
	NEW JER	_						W YORK 109		277					
Project Manager for Monitoring Firm		-	Number		4100000	ephone Num	iber	Licens	e Nu	ımber					
WILLIAM S. KERBEL, CIH	10.1	649	444		-369-7500		1101								
Expected State Date (10) 11 / 20 /17	Sch			tion Date			ne of OSHA		2 11.10			4 400			
11 / 20 /17 Month Day Year	М	11 onth	1	21 Day	/17 Year	Aivii	ERISCI LAB	ORATORIES	5 INC		#1	1480			
Occupancy Status During Abatement X Facility Closed/Vacated Du Abatement Performed Out X Other - Describe: MOI	uring Entire	Perio	od of A acility	batement	scribe:	117	et Address EAST 30Th								
Scope of Work (Check all that apply)	NDAT TO A	IVI-0.3	O FIVI		Full Conf			Code V YORK, NE ative Pressur		RK 10	016				
Demolition	X Ren	ovatio	n		Mini Enc		nt mar mog	uuvo 1 1000ui							
X >3SF OR LF					X Gloveba										
>160 SF OR 260 LF					Non-Fria										
Location of		Loca			Description of A			, L		ateme					
Asbestos-containing Material (ACM)		mally	- 1	C	ie. Thermal sy)	erial (ACM) Amount systems (Specify					REPAIR	ENCAPSULE	ENCLOSURE		
TO BE ABATED			stodial	in	sulation, surfac			SF or Lf	=) [REMOVAL	Ă ∥	AF	5		
in Facility (13)		Staff (1			or other miscell				1	À	~	S. I	US		
7,000,000,000,000,000,000,000	Yes	No	N/A									F	RE		
BUILDING 80 M STEAM PIPE			x	PIPE INSU	JLATION CO	MPLE	TED	5 LF	×						
									_	_	\neg				
	_	-								-			$\overline{}$		
										_			\square		
Name of Registered Waste Hauler	NJD	EP W	aste	Cubic Yard	ls of Waste	Nam	ne of Regist	L ered Landfill							
FREEHOLD CARTAGE, INC.	Proceedings of	ler ID			CU YARD		(27.5)	UNTY RESC	URCE	MAN	NAGE	MEN	T SE		
825 HIGHWAY 33	arcane rec	1593	200000			1		R DRIVE/RO							
City, State				Disposal D	ate	City	State				7.				
FREEHOLD, NEW JERSEY	Title			11/20/2017		MO	TGOMER'	7 , PA 17752							
Completed by (Print or Type) BENJAMIN SANCHEZ	RATIONS	Signature	SX_{ℓ}	X	1	Date .	21	//	7	_					