ch 38482

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

Date of Notification (1)	ck# 28482				Name of Building Owner/O		1. []	OCI -	- 1	2010				
		,			Hazlet Township Board o	f Education	1				- 1			
Agencies Notified		Notification	Type		Street Address 421 Middle Road		A C	DECT	1777	I COVER	!			
⊠ EPA		☑ Initial No	tification		City, State, Zip Code			1.0	417	1				
□ DCA		☐ Amended	#		Hazlet, NJ 07730	L	Promote rues	MERCHANIC - AL	Law Tue	**	+1,40			
⊠ DOL				cation (including	Name of Contact		Telepho	ne Numbe	r					
□ DEP		justification)			Christopher J. Mullin	S	732-264	-8402						
⊠DOH		☐ Cancelle	d		Board Secretary									
				FACILITY INF										
Name of Facility Where A	batement is	Taking Place	(3)		Type of Facility (4)									
Beers Street Schoo	I				School (K-12) Subchapter 8 (other the	an K 12)								
Street Address					Other (i.e. private & comm		ac home	es etc)						
610 Beers Street					Sq. Feet: # of Floors:1 Blo		1953	63, 610.)						
o to beets street					Current Use (prior if being			tary Scho	ol					
City (5)	County (6)		County	Code (7)	Current Ose (prior ir being t	aciriolistica)	Licinion	tary come	•					
Hazlet		nouth		Use Only)										
IIdziot					2									
Name of Monitoring Firm	177		ASCM	No.	Name of Contractor (9)									
Environmental Conn	ections In	С			Panoramic Window & Doo	or Systems	Inc.							
Street Address					Street Address									
120 North Warren Street														
City, State, Zip Code					City State, Zip Code									
Trenton, NJ 08608					Stockton, NJ 08559 Telephone Number									
	roject Manager for Monitoring Firm Telephone Number							Number						
Rollie Jones							01237							
Scheduled Start Date (10)	Scheduled	Complet	ion Date (11)	Name of OSHA Monitor									
10/01/18		11/15/18			IAQ GURU LLC									
Occupancy Status During	Abatement	(Check only o	ne)		Street Address									
☐ Facility Closed/Vacated	During Enti	re Period of A	batemer	nt	87 Main Street									
	Outside of N	ormal Facility	Hours -	3:00-11:00pm	City, State, Zip Code									
50001100					City, State, Zip Code									
□Other - Describe:					Lincoln Park, NJ 07035									
					Commence (co. 1707)									
Source of Work (Check a	ll that apply)													
> 3 sf o	r > 3 If			⊠ Renova	ation \square	Mini-Enclos	ure							
⊠ > 160 sf	The same of the sa	If		□ Demo		□Glovebag		е						
<u> </u>	J 200			L Dellic		on-Friable P		(A)						
Location of Asbestos-	ls l	ocation Norm	allv	Description of A	sbestos Containing Material	Amou		Abatem	ent Tv	ре				
Containing Material (ACM		ed Solely by			mal systems insulation,		fy SF or		.,					
Facility (13)		nt./Custodial	Staff?	surfacing, VAT,		LF)	•	Remove R	epair End	cap Encl	ose			
	(12))			·									
	YE	S NO	NA											
Exterior of Building			X	Exteri	ior Window Caulking	>1000	If	X						
Name of Reg. Waste Hau	ıler	N.IDEP W.	ste Haul	L er ID #	Cubic Yards of Waste		Name o		edlar	ndfill	-			
or mag. viasto riac	lame of Reg. Waste Hauler NJDEP Waste Hauler ID # 0036057				Cubic Yards of Waste Name of Registered Landfill Chrin Landfill									
Panoramic Window & Door Sys					Cirin Candini									
Inc														
•						Disposal D	ate		State					
								Eas	ton, PA	Д				
Completed by (Print or Ty	(ne)	Title			Signature		Date							
Mark M Jovic	(he)	Project Ma	nager		Juliature (10)			. 71	d					
				/	110/11/ 9-27-18									
				7	1/1/									
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1110018	(1		t to NJAC 8:60 ar		148		۳	1	2040	
Date of Notification (1) 9-28	-18	Name	of Building Owner/		7	 	-		2018	
Agencies Notified Type Notification		Street	Address	nes (lavan		TOS	CON	TRO	11 8
☐ EPA Initial ☐ Amended		City St	ate, Zip Code			8	+	VSIN	G	(8 - CC
DOL Amendment		·	Samer	wille	N	J 088	30.	7		
DOH justification)	-		of Contact			Telephone Nu		-		
1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		FAC	Les Cave	ion J	h				-	
Name of Facility Where Abatement is Takin	g Place (3)	13.	ilding		pe of Facility			- 15		
Street Address V	,				Subchapte	r.8 (Other than K-1.	2)			
City (5)	Jain S	tree	+	×	etc.)	private & commerci	al bui	ldings	, hom	ies,
Somerville	NJ	08	807	So	quare Feet	# of Floors	1	Bldg.	Age	+-
County (6)	140	County	Code (7)	Ci	urrent Use (Pr	ior if being demolish	ned)	_		
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI		Name of A	Abatement Co	ntractor (0)				
EPC Technolo	gies		NA	E	IT J'	chaolog	ie	\$	Ir	36
Street Address Box 3.	37			Street Add	fress	337			-	
City, State, Zip Code	TM	09	533	City, State	, Zip Code	117	Λ	04	5 3	9
Project Manager for Monit vii gr-irm	MO	Telepho	ne No.	Telephone	No.	License N	U	9	33	5
Steve Schenker	8	609	758-3365	609 73	8-33	5 X		39	4	(3)
Start Date (10) Oct 9. 2018	Scheduled Cor	_	20 i 8		SHA Monitor	hnologies	7			-
Occupancy Status During Abatement (Chec	k Only One)		uoro	Street Add	ress	~		nc		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Abaten al Facility Hours	nent		City, State	Zin Code	337				- A - L-
Other – Describe:					Egypt	NJC	185	5.3	3	
Scope of Work (Check All That Apply)	~ -				- (, ,					
≥160 sf or ≥260 lf	Renova Demolit	tion ion			Mini-Enclosur	ent with Negative P	ressu	re		
					Glovebag Pro Non-Exempte	cedure d (*) and Non-Friabl	e Pro	cedur	e	
I continued	ls Locati Normal								ement /pe	ť
Location of Asbestos-Containing Material (ACM)	Used Sole Maintenar	ly by	Asbestos Conta			Amount				
TO BE ABATED In Facility	Custodial S (12)	Staff?		ing, VAT, o	r	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	NIA	other m	iscellaneou	s)		iavo	air	sulate	sure
3rd Floor AREa	X	. N/A	Flour	Til		7500 SF	~			-
J 1001 / Ruc			1000	1115	->	1200 26	X			
Name of Registered Waste Hauler	į H	JDEP Wauler iD	No. of Was			Registered Landfill	·	,	_	1. a
City, State	>	1700	Dispos	al Date	City, Stat	e Manager		0	FY	Af
New Egypt	NJ.		45.5	0/24/1		isville P	A			
Steve Schenker	Preside	+	Si	gnature	ISAR.	Dat	9-	28	3-1	8

410513	To the second	D NOTIF (P	IQATIO	tate of N NOF AS	ew Jerse BESTOS C 8.50 an	ABATEME d 12:120)	NT		E		\mathbb{V}	
Date of Notification (1) 9-38-	- 18					Operator (2)	3.5		<u>:T -</u>	1 2	018	-
Agencies Notified Type Notification I EPA I DEP DOL Amended Amendment Emergency justification) I DCA Cancellation	(including		Name o	ate, Zip C	own	tair	side	AU Telephone N	O Tosic	70	92	. 6:
Name of Facility Where Abatement is Takin Single Family Street Address	7	W6	FAC Unions		FORMATI	Ty	Subchapte		-12)	ldings	• , hom	es,
City (5) Mountain side			County	O7 Code (7)	092		etc.) juare Feet urrent Use (Pr	# of Floors 2 rior if being demol		Bidg.	Age 7 +-	-
Street Address R.O. Box 3	Owner (8	_	ASCM	No.	1	Street Add	. Box	chnole	gie	S	Ir	16
Project Manager for Month ril gr-Firm Start Date (10)	Schedul	- 16	Telepho 1609	53 ne No. 758- Date (11)	3365	Telephone	Zip Code	License	No.	39	53	3
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of	Abatem	10 , ent	20	<i>(</i> 영	Street Add	ress , Box , Zip Code	trologie	s I	nc		100
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova					Full Containm Mini-Enclosur Glovebag Pro			8 8	<u>گ</u> ه	*
Location of Asbestos-Containing Material (ACM)		Location Location Normali and Solel	у	Aghar		cription of				Abate	ement pe	
TO BE ABATED In Facility (13)	Cus	intenar todial S (12)	staff?		thermal: surfac	aining Mate systems ins ing, VAT, o iscellaneou	ulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Garage	Yes	No	, Ņ/A	Pip	e I	nsula	tion	50 LF	= X			
Name of Registered Waste Haufer EPC Technologies	-	50 DECEMBER	JDEP W auler ID		Cubic of Was	te [Was	Registered Lands		to	F 8	'A
City, State New Egypt Completed by Steve Schenker	NJ Title Pre	side	·,+		Dispos	al Date 11 [18] gnature	City, Star	re Lisuille	PA	-28		

Choic)7		NO	111-1	Pur	sua	nt to NA	BESTOS ABA AC 8:60 and 5:	TEMENT		7	E C			y [5	3 1 5
Date of Notification (1)	-1				11	Vam	e of Buildin	ng Owner/Operator	(2)	1 1 2						71
	27 /	18	B		ľ		eather Wa		(2)		The second second	0.01	r - '	20	18	The state of the s
Agencies Notified	Type Notifi	ication			5	Stree	et Address				1					1
⊠ EPA										-		-				J
☑ DOLWD	Amende				C	City,	State, Zip (Code		-	A.	eregi	109 C		3711	ř.
□ DCA	Amendr			-		Pr	inceton, I	NJ 08540		L.,			الوفيسية دي. ه			**** =
(NJAC 5:23-8)	justifica	ition)	nciuair	ıg	N		e of Contac			-	Tolonk	anna Mu	unah o r			
	☐ Cancell						ather Wa			1	relepr	none Nu	mber			
								NFORMATION						00000		
Name of Facility Where A	Abatement is	Takin	g Plac	e (3)	O-Surveyor.				Type of Facility	v (4)			-		-
Warcup Residence									School (K-1		,					
Street Address					-				─ Subchapter	8 (Other	than K-	12)			
									Other (i.e.,	priv	ate an	d comn	nercial	build	ngs,	
City (5)									homes, etc	:.)	" "	-,		5		
Princeton									Square Feet		# of F	loors		Bldg.	Age	
County (6)						Cau	ati Cada /7	VOTATE LIGE ON 10	3,000		3			80		
Mercer						Cou	nty Code (/	()(STATE USE ONLY)			if beir	ng demo	olished)		
Name of Monitoring Firm	Hirad by D.	14: (· · · · ·	(0)					Residence							
						SCM	No.	Name of Abatem								
Management & Env	iro. Consu	liting	Servi	ces				Shade Envir	onmental, LLC	2						
Street Address								Street Address					11000			
PO Box 341								623 Cutler A	venue							
City, State, Zip Code			8.1114110t		79			City, State, Zip C	ode		775					
Chesterfield, NJ 088	515		Maple Shade	, NJ 08052												
Project Manager for Moni	oject Manager for Monitoring Firm Telephone No. Telephone No.											se No.				-
Bill Weisgarber	Total Titol											342				
Start Date (10)		Sched	luled C				ite (11)	Name of OSHA N			000				-	
10 / 06 /							18	EMSL Analyt								
Occupancy Status During	Abatement	Check	conly	one)				Street Address				-14/				
☐ Facility Closed/Vacate					eme	nt		200 Route 13	O North							
☐ Abatement Performed	Outside of N	lormal	Facilit	у Но	urs -	Des	cribe									
Time of Abatement:	AM	PN	Λ/	_PI	Λ- <u></u>		AM	City, State, Zip Co								
Scope of Work (Check all	that apply)							Cililaminsor	1, NJ U8U77							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		⊠ Re	nova				☐ Mini-End	losure g Procedure	Negative Pressure						
				1	ation	72.88	1		mpted (*) and No	on-F	riable	Proced	lure			
Location of	of			Norm				_					A	bater	nent T	ype
Asbestos-Containing N		A)	Use	d So	lely b		Ashes	Description o stos Containing Ma			۸۳۰	ount	7	Re	四四	m
TO BE ABAT	ΓED				ance			, thermal systems	insulation,			ecify	Kemova	Repair	cap	clo
IN Facility (13)	/		Cusi	Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or								r LÉ)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	Encapsulate	Enclosure
(13)	(13) (12) other miscellaneous)												ate	(D		
Basement				Transite	Board		C.F.									
							Transite	Doard			30	SF				
25 00													4		屵	
					- -	<u> </u>										
Name of Registered Waste	Hauler			ᆜ	NIDED Waste Tout V							ᆚᄂ				
Freehold Cartage	riaulei			1.0	NJDEP Waste Cubic Yards of Hauler ID No. Waste T5939 1 Name of Registered Landfill Fairless Landfill											
City, State						339		1 Disposal Date	City, State							
Freehold, NJ								10/08/2018	Morrisville	, P	A					
Completed By (Print or Type) Title								Signature Date						-		
Christina Lynch	C	10000000	ce Pre	esid	ent o	of C	perations					1000) /2	71	Q	

Ch 14le	0		NOT	FICATIO Pursuan	tate of Ne N OF ASI to-NJAC	BESTOS 8 60 an	ABATEI d 12:120)	Particle Section (1997)		G			14	66
Date of Notification (1)				Name o	of Building	Owner/0	Operator	(2)	İ		005	4	00		
	ber 27, 2018			Matrix	Realty,	Inc.			11	44	OCT	- 1	20	18	[] had
Agencies Notified	Type Notification			Street /	Address										
EPA	Initial			Forsga	te Drive	e, CN40	000			AS	BEST	09.00	TALL	104.8	
DEP DOL	Amended			City, St	ate, Zip C	ode			L.			MAG	1403		
Z DOL	Amendment Emergency				ıry, NJ (
DOH	justification)		2	Name o	of Contact					Telepi	noneNu	mber	2-130-2	(A)	
L DCA	Cancellation			Project	Manag	er				973-6	41-173	36.			
Name of Facility Where A	hatement is Takin	a Place /	2)	FAC	ILITY INF	ORMATI	ON								
	batement is Takin	y riace (٥)					Туре	of Facility (4)						
Building I Street Address								П	School (K-12						
								\forall	Subchapter 8 Other (i.e. pri				dinas	hom	000
259 Prospect Plains I	Rd.							\boxtimes	etc.)	vale & C	ommerc	aar bun	umgs	, nom	es,
City (5)								Squa	are Feet	# of FI	oors	1	3ldg.	Age	
Cranbury, NJ															
County (6)					Code (7)			Curr	ent Use (Prior	if being	demolis	hed)			
Middlesex				OTHIE	USE ONLY	/	-			bu	ilding				
Name of Monitoring Firm		Owner (8)	ASC	И No.		Name o	of Aba	atement Contr				-		
Hillmann Consulting,	LLC						The M	ACK	Group, LL	C.					
Street Address							Street /								
1600 Route 22 East							1500 K	(inas	HWYN, S	TE 209	9				
City, State, Zip Code									Zip Code				112-22-		_
Union, New Jersey 07							Cherry	Hill.	NJ 08034						
Project Manager for Monit	oring Firm			Telepho	ne No.		Telepho			Li	cense N	No.			
Michael Nehlsen				(908) 6	88-7800)	(973) 7	'59 -	5000	00	781				
Start Date (10)		Schedul			Date (11)				HA Monitor	100	701	_			-
10/12/18	3			12/31/1	18		The MA	ACK	Group, LL0	^					
Occupancy Status During	Abatement (Chec	k Only O					Street A			J					-
Facility Closed/Vaca	ted During Entire F	Period of	Ahate	ment			1500 K	inas	HWY N, S	TE 200	ĭ				
Abatement Performe	d Outside of Norm	al Facility	/ Hour	S					ip Code	1 L 203	,				
Other - Describe:									NJ 08034						
Scope of Work (Check All	That Apply)					1	Officity	1 1111,	140 00034			_		IIII-CT	
≥3 sf or ≥3 if			Renova	ation			\geq	S Fu	II Containmen	t with Ne	aative F	Pressu	re		
≥160 sf or ≥260 lf			Demoli	tion			-	Mi	ni-Enclosure		•				i
									ovebag Procein-Exempted (*)		Eriable	Proce	duro		
		le	Locat	lon			1	V 110	T Exempled (and Noi	I-I Habit	Floce	70500000000	ement	
Location	of	2.3	Vorma			5			1					/ре	
Asbestos-Containing N			d Sole		Asbes	tos Conta	scription of aining Ma		L(ACM)	Amou	ınt		1		
TO BE ABA		1	intena todial			thermal	systems	insula		(Spec		R	-	Encapsulate	m
In Facility (13)	у	000	(12)	otan :		surfac	ing, VAT	, or		SF or	LF)	Remova	Repair	aps	Enclosure
(/				1		other ii	nscenane	eous)				BVC	air	ula	sure
		Yes	No	N/A								_		6	
1st Floo	r	X				Va	t/Mastic	^		1,140	SE	X			
										1,140	Oi	/\			
		-		-											
Name of Registered Waste	1	J DEP W	aste	Cubic \	Yards		Name of Re	gistered	Landfill						
Troobald / No. 1 C			F	lauler ID		of Was	te								
reehold / Newark Ca	rting			159	39		11.4		GROWS /	TRRF	Landfi	II			
City, State						Dispos			City, State						
reehold / Newark, NJ							2/31/18		Tullytown,	PA					
Completed by		Title				Sį	gnature		77/	7	Da	ite			
Michael Cooper		Presid	ent			2	of the second	/-		(C. 100 - 10	9/2	7/18			

									10	261	(
Chiolde		JOTIF (Pu	I CAT	tate of N ION ASB To NJAC	lev Jersey ESTOS ABATEM 8:60 and 12:12	MENT 0)		B E	er malestania	<u> </u>						
Date of Notification (1) 9/26/2018	************		T-0712-01-1-1		ng Owner/Operator or Developers	(2)	1:4 00) 	1	2018	}					
Agencies Notified Type Notifica				et Address Route 9			ASSE	STOS			74. A					
DEP Amended Amendm	ent # cy (includir	ng		State, Zip oe May C	Code Court House, NJ	08210	12 5 2 7 10 2 7									
DOH justificat			100000000000000000000000000000000000000	ne of Cor galio	ntact		Telephone Nur 609-675-878									
			FA	CILITY IN	FORMATION											
Name of Facility Where Abatement is T Residence	aking Plac	e (3)				Type of Facility School (K-1	2)									
Street Address							8 (Other than K- private 8 commerce.)		dings	,						
City (s) Avalon						Square Feet 1500 SF	# of Floors	1.388	ldg. 0 yrs							
County (6) Cape May Court House, NJ 0821			USI	Inty Code ONLY)	(7) (STATE	Current Use (P Residence	rior if being demo	ished)								
Name of Monitoring Firm Hired by Build (8)	ling Owner		ASCM	No.	Name of Abatem AEi2, LLC	nent Contractor (9	9)									
Street Address					Street Address 361 E. Flemin	g Pike										
City, State, Zip Code					City, State, Zip	Code										
Project Manager for Monitoring Fire	n	Tele	phone	No.	Telephone No. 609-481-212		License No. 00689									
	cheduled C	omple	tion Da	ate (11)	Name of OSHA N											
Occupancy Status During Abatement (AEi2, LLC Street Address					-	=					
Facility Closed/Vacated During Enti					361 E. Flemi											
Abatement Performed Outside of No Other - Describe:	rmai Facilit	y Houi	rs		City, State, Zip C Hammonton,	ode NJ 08037										
Scope of Work (Check all that apply)	110000				Full Cor	ntainment with N	egative Pressure				\neg					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Re De	novati molitio	on n			g Procedure	on-Friable Proced	ure								
	No	ocation or mally							Abater Typ							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Solely tenan- istodia Staff? (12)	ce/		Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) esulation, or	Amount (Specify SF or LF)	R e m o v a	R e p a i r	n c a p s u l	E n c l o s u r						
0.1.	No	N/A X					1		a t	e						
Siding	g					Transite Shingles 1500 SF X										
Name of Registered Waste Hauler		IN	JDEP V	Maete I	aste Cubic Yards Name of Registered Landfill											
AEi2, LLC		Ha	auler ID 1376		Cubic Yards of Waste 5	ACUA	stereu Lanum									
City, State			- 10		Disposal Date	City, State	ŋ									
Hammonton, NJ Completed By	Title				TBD Signature	TBD	Date									

Signature

Date 9/26/18

Program Mgr.

Wm. Minnick

ASB-41

Ch 1425			NOTH	CATIO	tate of Ne N OF ASE	EST	rsey OS ABATE and 12:12	EMEI	NT		E (GE		PI	int F
Date of Notification (1) 09/25/2018			L	Name	TI FI	1	er/Operato		(0	CT -	1 2	018	7.
Agencies Notified Typ EPA DEP DOL	Initial Amended Amendment			City, St	Address ate, Zip C		07750				ASSE	NC30	Y SA	i arak	2.
□ DOH □ DCA	Emergency justification) Cancellation	(includino	-	Name o	ine City, of Contact tsarkey	INJ	07753		-	Tal	a 3	I. contras			
Name of Facility Where Abate Private Residence	ement is Takin	g Place ((3)	FAC	ILITY INF	ORM	ATION	Ту	pe of Facility	2.000					
Street Address								×	School (K- Subchapte Other (i.e. petc.)	r 8 (Othe			ldings	, hom	es,
City (5) Neptune City County (6)		2						12	uare Feet 200	1	Floors		Bldg. /	Age	
Monmouth Name of Monitoring Firm Hire	d by Building	Owner /0		(STATE	Code (7) USE ONLY) <u> </u>		H	rrent Use (Pri			lished)			
N/A Street Address	d by Building (Owner (6)	ASCI	VI NO.			Cor	batement Cornstruction,		(9)				
City, State, Zip Code							63 L	eath State	ner Stockin , Zip Code						
Project Manager for Monitoring	g Firm			Telepho	ne No.		Teleph	none		7035					
Start Date (10) 10/06/2018	Manager for Monitoring Firm Telephone No. Telephone No. 862-264-9463 Date (10) Scheduled Completion Date (11) Name of OSHA Monitor														
Occupancy Status During Aba Facility Closed/Vacated D Abatement Performed Out	During Entire F	Period of	Abatement 63 Leather Stocking Path												
Other – Describe: Scope of Work (Check All Tha		iai i dome	y moure	,		_			Park, NJ 07	7035					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		Renova Demolit				×	-	Full Containme Mini-Enclosure Blovebag Prod Non-Exempted	edure					
Location of Asbestos-Containing Mater			Locati Normalied Sole	ly			Description	of		i (*) and	Non-Fri	able Pro	Abate	ement pe	
TO BE ABATED In Facility (13)		Ma	intenar todial S (12)	nce/		thern su	ontaining M nal systems rfacing, VA er miscellan	inso T, or	ulation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A	Tr	anci	te Sheet	Por	a a la	10	0.05				Ге
	Basement X Ti							rai	ieis	12	0 SF	X		X	\dashv
Name of Registered Waste Ha Nari Construction, LLC	uler		H	JDEP W auler ID 37535	No.		oic Yards Vaste Y		Name of F		ed Landi	fill			
City, State Lincoln Park, NJ							osal Date		City, State	•					
Completed by gor Jezdimirovic		P. Ma	anage	r			Signature		3			Date 09/25/2	2018		

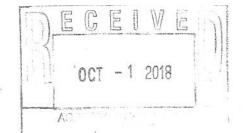
* Do not use this form for asbestos licensure exempted activities.

Ch2614		NOTH	FICATIO	State of N N-OF AS	BESTOS	ARATE	EME	NT) E			<u> </u>	rint F				
Date of Notification (1) 09/24/2018				of Building dence	g Owner/	Operato	r (2)				OCT-	- 1	_20	ð				
Agencies Notified Type Notification			City, St	Address tate, Zip C						ASE	EST.	6 (X		CA /				
X DOL Amendme ☐ Emergence ☐ Justification ☐ DCA ☐ Cancellation	y (including	g	Name o	n River, of Contact erick Sch		882			Tel	ephone N	umber		115/					
Name of Facility Where Abatement is Tak	ing Place ((3)	FAC	ILITY INF	ORMAT	ION	Ιτν	pe of Facility (4)									
Residence Street Address				3				School (K-1	2)		10)							
							×	Subchapter Other (i.e. p etc.)	rivate 8	commer	12) cial bui	ldings	, hom	es,				
City (5) South River								uare Feet 684	# of	Floors		3ldg. / 78	Age					
County (6) Middlesex			County (STATE	Code (7) USE ONL	n		Cu	rrent Use (Pric	or if bein	ng demolis	shed)							
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	g Owner (8)	ASCI	M No.				batement Con ank Service		(9)	1242-							
Street Address PO Box 354						Street 1256		ress erty Avenu	e									
City, State, Zip Code South Orange, NJ 07079						City, S	State	Zip Code NJ 07205										
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	one No. 49-2666	5	Teleph	none	AGEN DESCRIBER		License I	No.							
Start Date (10) 10/05/2018	Schedul 10/22/		mpletion	Date (11)				SHA Monitor Liahthouse	0.010									
Cocupancy Status During Abatement (Che X Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	Abaten	nent			Street PO E	Add Box tate,	ress 354 Zip Code										
Scope of Work (Check All That Apply)						Sout	n O	range, NJ 0	7079									
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	0	Full Containme Mini-Enclosure Blovebag Proci Ion-Exempted	edure									
Location of	3.7	Locati Normal	200		1//25	2424.9500		Von Exempted	() and	NOTE HA	JIE FTO	Abate	ement pe	ē.				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintenar todial S (12)	ly by nce/		tos Cont thermal surfac	systems sing, VA	later s insi T, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure				
Decement	100 100 100																	
Basement	X Pipe wrap 120 LF x																	
lame of Registered Waste Hauler ewark Carting		Н	JDEP W auler ID 1509		Cubic of Was			Name of R Waste M				II						
City, State ast Orange, NJ					Dispos	al Date		City, State Penn Ar		PA	andfill							
Completed by Iison Lamers	Title Office	e Mar	ager		Si	ghature	1/	Manik	J,.0, 1	Da	ate 9/24/2	2010						

Ch 1958		NOTIF	usuant	SALV OF ME	8:60 and	BATE 112:12	0)	Т		E C		20	18				
Date of Notification (1) 9/24/18	The second second			f Building		perator	(2)										
Agencies Notified Type Notification	1		Street A	tors Bar	1K				A	SOFO	100.0		(6.4)	_ل			
				FK Park	vsw			l	77. TYPEL	1	IC. FILE	uig.	Ummagnetic Control				
EPA X Initial DEP Amended		1		ate, Zip Çı													
DEP Amended Amendmer Emergency			Short	Hills, N	J 07078	3											
DOH justification)	ļ	Name o	f Contact					Tele	phone l	Vumber						
DCA Cancellatio	n																
Name of Facility Where Abatement is Taki	no Place (3)	FACI	LITY INF	ORMATIC	ON	Typ	e of Facility	(4)								
Commerce Bank	,							School (K-	2000								
Street Address						·		Subchapte	r 8 (Othe	r than K	(-12)						
485 Hamilton Ave							X	Other (i.e. etc.)	private &	comme	rcial bui	ldings	, hom	es,			
City (5)				-Charles - Market	***************************************		Squ	are Feet	# of	Floors		Bldg. /	Age	-			
Trenton			V 1 11 p. 1 1 1 p. 1				50		2			50÷					
County (6)				Code (7)	4			rent Use (Pr		g demo	lished)			-			
Mercer				use only	1			mmerce									
Name of Monitoring Firm Hired by Building n/a	Owner (8)	ASCN n/a	i No.				etement Co		9)		Market 1	255allad: 11	57 2 37.			
Street Address			_ ri/a			Street	State of the	/ Contrac	ung inc								
n/a								sade Ave									
City, State, Zip Code								Zip Code									
n/a					1				3								
Project Manager for Monitoring Firm	Garfield, NJ 07026 Telephone No. Telephone No. License No.																
n/a			n/a			9734	160.6	3026		License No. 01255							
Start Date (10) 10/3/18	Schedul 10/10		npletion !	Date (11)				100 100 HE STORY STORY									
Occupancy Status During Abatement (Che	ck Only O	าตุ)		-		Street	Addre	ess									
Facility Closed/Vacated During Entire	Period of	Abaten	ent														
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	mal Facility	y Hours			Γ									30/625			
Scope of Work (Check All That Apply)						Gari	ield,	NJ 07026	5								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	tion ion			×	FSGZ	ini-Enclosur lovebag Pro	e cedure				e				
	ls	Locati	on									Abate	emen				
Location of		Normal d Sole										T)	pe	Γ			
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/								20		g	œ			
In Facility	Cus	todial S (12)	itaff?	(1101	surfaci	ng, VA	T, or				emo	Rep	caps	nclos			
(13)			,		other m	scellan	eous)			lave	air	sulat	ame			
	Yes	No	N/A	****	angles why also proposed the law of								e				
Basement			X			VAT			3,00	00 SF	<						
							-/										
		-							·		-						
Name of Registered Waste Hauler		l N	JDEP W	aste	Cubic V	'ards	-;	Name of	Register	ed Land	fill						
Harmony Contracting INc		H	auler ID		of Wast												
City, State	, , , , , , , , , , , , , , , , , , ,					al Date		City, Star	te								
Garfield, NJ			Disposal Date City, State TBD Morrisville, PA														
Completed by	Title			,	Name of OSHA Monitor Harmony Contracting Inc Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type												
E. Cirovic	Secr	etary			5	1.0				1	9/24/1	8					

Print Form

2h255UT		NOTIF	FICATIO	State of Ne N OF ASE it to NJAC	BESTOS 8:60 an	ABATEM d 12:120)		072/25	087/2518	E C	<u>E</u>	[]	W [
Date of Notification (1) 09-25-18				of Bullding	Owner/0	Operator (2)						
			_		uare L1	ΓD. c/o S	Simon Pro	operty (Group_	OCT	-	1 20	018
Agencies Notified Type Notification				Address Box 6120	,								
EPA Initial DEP X Amended									A:	SPEST	000	- 74° -	am
DEP Amended Amendmen	# 6			tate, Zip C inapolis,		06				11	T. A. S.	14.1	
☐ Emergency justification	(includin	g		of Contact									
DOH justification				Fattah					Telephone 317-640			3	
				CILITY INF	ORMATI	ON			317-040	-2212			
Name of Facility Where Abatement is Takir	ng Place	(3)	1740	ZIETT HVI	ORWATI		Type of Fac	ility (4)					
						ı		I (K-12)					
Street Address							Subch	apter 8 (0	Other than I	K-12)			
One Riverside Square							Other etc.)	(i.e. priva	te & comm	ercial bu	ilding	s, hon	nes,
City (5)							Square Fee	t i	# of Floors		Bldg.	Age	
Hackensack							859111		2		32 y		
County (6)				Code (7)	_		Current Use	(Prior if	being demo	olished)			
Bergen			(STATE	USE ONLY)		Commerc						
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			Abatemen						
TRC Solutions, Inc.						Pinnac	de Enviro	nmenta	al Corp.				
Street Address						Street A		1011					
1430 Broadway, 10th Floor	ty, State, Zip Code						oad Stre	et					
New York, NY 10018						te, Zip Cod							
						adt, NJ 07	7072						
Project Manager for Monitoring Firm Arnel Javal			Telepho	one No. 221-782	2	Telephor	ne No. 19-6565		License				
Start Date (10)	Cohodu	lad Car			- 1				00756	j			
(2)03-13-18	03-05	-19	npietion	Date (11)		Name of Even-A	OSHA Mor	nitor					
Occupancy Status During Abatement (Chec			Street Address										
Facility Closed/Vacated During Entire I			ement 10-59 Jackson Ave										
Abatement Performed Outside of Norm	al Facilit	y Hours	nent		ŀ	9							
Other – Describe:		-				, NY 1	1101						
Scope of Work (Check All That Apply)						- 3		,,,,,					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	ition Mini-Enclosure Glovebag Proci										
	14	s Locati	on			- Indiana	THOSE EXCES	ipied () i	and Non-i	able Fit	Arthur Said	emen	t
Location of		Normal	ly		Des	cription of						/pe	
Asbestos-Containing Material (ACM)		ed Sole aintenar		Asbest	tos Conta	aining Mate	erial (ACM)		Amount			m	1000
TO BE ABATED In Facility	W	todial S		(i.e.		systems in			(Specify SF or LF)	Rer	70	Encapsulate	Enclosure
(13)		(12)				iscellaneo			SF OI LF)	Remova	Repair	psu	losu
	Yes	No	N/A							<u> a</u>	7	late	lie
Basement: Restroom						aulking		-	4SF	×	-		
1st Floor: Restroom		X			ulking		_	12SF	x	-			
Roof: Entrance Canopy Roof		X			ashing			360SF	x				
1st & 2nd Floors		x			all Tar		-	,220SF		-			
Name of Registered Waste Hauler		N.	JDEP W	laste l	Cubic Y		Nome		tered Land	X			
ATC, Inc. / JBT (50071)	H	auler ID		of Wast		HISTORY CO.	- 45	tered Land terprises	1111				
City, State	10		TBD	al Date	City, S		.s. p11003						
Shirley, NY / Bronx, NY			TBD	7/-		Waynesburg, OH 44688							
Completed by	A-10 L-10	Signature							Date				
Richard Doran	Proje	ct Ma	nager			U.	NOT.	4)	100	09-25-	18		



Title Of Project: One Riverside Square Additional Materials / Floors

Pg. 2

Location of	[1-1			5
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal Repair, Encapsulation or Enclosure)
(3) Ground: Room 191A	N/A	Floor Tile/Mastic	460SF	Removal
(3) Ground: Room 194B	N/A	ACM Mastic on Beam	80LF	Removal
(4) Ground: Pottery Barn Store	N/A	Wall Mastic	2,000SF	Removal
(4) Ground: Vera Bradley Store	N/A	Wall Mastic	2,500SF	Removal
5) 2 nd Floor: L'occitane Store	N/A	Wall Mastic	1,400SF	Removal
2 nd Level: Column B10 &AB	N/A	Wall Mastic	150SF	Removal

		state of N	ew Je	rseyotifi	eation of A	sbestos	Abateme	nt E	C E I	$ \mathbb{M} $	EI
Ch317L	/		(Purs	uant to N.J.A.C	860-7 and	2.120-7)			<u> </u>	MADE TO THE PROPERTY OF	
Date of Notification (1)	9				Name of Bui	Idina Owne	r/Operator (2)	0	cr - 1	2018	
September 25 2018					Bloomfie			Laudin Communication Communica			
Agencies Notified				98 5 Y	Street Addre		-				
⊠ EPA	tition (1) 225 2018 ed Notificati				467 Frank		t	ASBE	STOS OF	MIRCH ME	(, A:
DCA		100			City, State, Z		07003	CONTRACT CONTRACTOR	PORT CUTTHEADAUM	renter tribuel	t ent s
x DOL	Notification (1) Imber 25 2018 Imber 26 2018 Imber 27 2018 Imber 28 2018 Imber 28 2018 Imber 29 2018 Imber 29 2018 Imber 20 201				Bloomfie		0/003	1			
⊠ DEP					Name of Cor			973-748-	e Number		
X DOH	Notification (1) mber 25 2018 Notified PA A CA CA CDL EP CH Facility Where Abatement is Taking field College- Westmins is dress mont Street Monitoring Firm Hired by Bldg. Own vision, inc. Moss Wagaraw Road, Bldg # 38 E. Zip Code M. NJ 07410 Anager for Monitoring Firm Arson Mostart Date (10) Par 8, 2018 Cy Status During Abatement (Checility Closed/Vacated During Eatement Performed Outside of Nacribe More — Describe: Non-Occupic Non-Occupic Work (Check all that apply) Moscribe More — Describe: Non-Occupic No		lied		Jack Mc (Fane		9/3-/40-	0000		
None of Facility 188	acility Where Abatement is Taking Pleed College- Westminster eld College- Westminster eld College- Westminster ess ont Street eld County (6) Essex conitoring Firm Hired by Bldg. Owner ision, inc. ess agaraw Road, Bldg # 35E Zip Code 1, NJ 07410 agger for Monitoring Firm rson 973 Start Date (10) 8, 2018 Oct Status During Abatement (Check lity Closed/Vacated During Entire ement Performed Outside of Norm cribe r - Describe: Non-Occupied Vork (Check all that apply) Sign Sign ≥ 3 If ≥ 160 sf or ≥ 260 Asbestos-Containing Is Location Solely by M Staff? (12) YES nt Sign Waste Hauler er Below # 1 & 2 G. Waste Hauler er Below # 1 & 2 G. Greenwood Abatement Con NJ DEP # 12561			FACILITY IN	FORMATION						
Bloomfield College- W	estmir	nster Hall			Type of Facili School (K-						
Street Address					Subcha	pter 8 (other	than K-12)				
63 Fremont Street					Other (i.e.	. private & co	ommercial build	dings, homes,	, etc.)		
					Sq. Feet:	10,000	# of Floors:	3 Bldg. Ag	e: 90+	years	
The state of the s)		V Code (7) Use Only)				2			
Bioomileid	Essex		Totale	Ose Only)	Current Use	(prior if beir	ng demolished	i):			
Name of Monitoring Firm Hired I	by Bldg. (Owner (8)	ASCM	No.	Name of Cont	ractor (9)			XI		
Envirovision, inc.					GREENWO		TEMENT C	ONSULTA	NTS, IN	C.	
Street Address					Street Addres	s					
20-21 Wagaraw Road,	Bldg #	35E									
01 01 1 7 0					511 MAIN						
					City State, Zip						
	Ciena	Talanhana M	lumb a a		Butler, NJ			т			
Fred Larson	<u> </u>				Telephone Nu	imber		License Nu	mber		
1 Tod Edison		373-030-0	J 145		973-492-04	177		00840			
Scheduled Start Date (10)					Name of OSH				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
October 8, 2018		October	10, 20	18							
Occupancy Status Dusing Abo	tomant (Charle and a	\		EMSL Inc.						
				atamant	Street Address	<u>S</u>					
Abatement Performed C	Outside o	f Normal Faci	lity Hour	'S -	1056 Stelto	on Road					
Describe			,		City, State, Zir						
Other - Describe: Non	ı-Occu	pied			D: 4	N. I. 000					
					Piscatawa	y, NJ 088	354				
Source of Work (Check all that a	ipply)										
[X] > 3 of or > 3	I£			⊠ Reno				inment with	Negative	Pressu	re
				Demolition	vation		x Mini-E				
≥ 100 si 0i ≥ 20i	U			Demolition				lovebag Prod mpted (*) and		hle Proc	adura
							x Wrap & 0		111011-1 116	DIC 1 100	eduic
Logotion of Ashestes Containing											
Material (ACM) in Facility (13)	8 H 3000 1000			Description of Ast (ACM) (i.e. therm			ing, (Speci		tement Typ	<u>)e</u>	
,,, (,			otodici	VAT, or other mis		ation, sunac	or LF)	Rem	ove Repair	Encap E	Enclose
	YES	NO	NA		(i)		- 1		-	2000	
Basement	X			TSI			3 sf	X			
Name of Reg. Waste Hauler		N.IDEP Wast	e Hauler	ID#	Cubic Yards o	of Macto:		Name of Re	aictored !	andfill	
See Hauler Below # 1 & 2		See Below	e i iauici	1D #	Cubic faids (80		Meadowfi			
Hauler #1) Greenwood Ab	Sencies Notified Notification Type		nts, Inc	Butler. NJ 0	7405		Disposal Dat	The same of the sa	City, Sta		
			,	,			October		Route 2	, Box 68	
		Newark, NJ	04509,	NJ DEP # 19551					Bridgep 304-842	ort, WVA 2-2784	
Completed by (Print or Type)	Ī	<u>itle</u>			Signature			Date	1 00 1 0 12		
Marin Graure	111			T	Marin	Campan	to 49		(See 14	22.22	
	I I	MANAGER			Marin	grade.	26	Septemb	er 25, 2	2018	

Oh IDO Date of Notification (1)	9		NOTI	FICATIO Pursual	State of N N OF AS or to NJA of Building	BESTOS 8:60 a	SABATEI nd12:120)	Control of the Contro		C E		W	
09/26/2018				Bruce	& Maure	en Bol	duc	(2)			11 -	1	20 i,8	
Agencies Notified ☐ EPA ☑ DEP ☑ DOL	Type Notification Initial Amended Amendmen			City, S	Address tate, Zip C wood, Ne	ode ew Jers	ev 0745(1		ASE	ESTOS HU	Crini V. N	187) 3	. 8
☑ DOH □ DCA	Emergency justification Cancellation	(includin	g	Name	of Contact een Boldu				Tal	lanhana I	Mumhar			
Name of Facility 10/1				FAC	CILITY INF	ORMAT	ΓΙΟΝ							
Name of Facility Where Private Residence	Abatement is Takii	ng Place	(3)					Type of Facilit	y (4)					
Street Address								☐ School (K-1☐ Subchapter ☑ Other (i.e.	r 8 (Other	than K-1	2) cial bldg:	s, hon	nes, e	tc.)
City (5) Ridgewood, New Jer	sey 07450							Square Feet 1400	# 0	f Floors 2	1	3ldg. /	Age 5+	
County (6) Union					Code (7)	7		Current Use (F	Prior if bei		lished)			
Name of Monitoring Firm Garden State Enviror	n Hired by Building nmental	Owner (8	5)		M No.	,	Name of Lilich (of Abatement C Corporation						
Street Address 500 South Broad Stre	eet		<u> </u>				Street / 606 M	Address cBride Ave						
City, State, Zip Code Glen Rock, New Jers	ey 07452							ate, Zip Code and Park, Nev	w Jersey	/				
Project Manager for Mor Bruce Wolf	nitoring Firm			Telepho 201-652			Telepho 973-22	one No. 25-8400		License 01104				
Start Date (10) 10/09/2018		Schedu		npletion 2/2018	Date (11)			of OSHA Monito vironmental L		ies, LLC				
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street A							
✓ Facility Closed/Vac✓ Abatement Perform✓ Other – Describe:	cated During Entire led Outside of Norn	Period of nal Facilit	Abater y Hours	nent			City, Sta	Route 22 Wes ate, Zip Code NJ 07083	t					
Scope of Work (Check A ⊠≥3 sf or ≥3 If □≥160 sf or ≥260 If	II That Apply)		enovati emolitio				X	Full Containm Mini-Enclosur Tent/Glove Ba Non-Exempte	e ag Proced	dure				
Location	ı of		S Locat Normal	ly		De	scription o	of		- 10 	*		ement pe	5
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Ma Cus	ed Sole aintena todial s (12)	nce/ Staff?	Asbes (i.e.	tos Con thermal surfa	taining Ma	aterial (ACM) insulation, , or	(Sp	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
asement Boiler Area	3	Yes	No	X X	Pipe Ins	ulation	n		200 LF		X		Ō	
		-												
		-												
											+			
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards	Name of	f Register	ed Land	SU SU			
Lilich Corporation Dity, State			Н	auler ID 18724		of Was		Fairless City, Sta	Landfill	Je Edildi				
Woodland Park, New Completed by	lersey	-				10/0	4/2018	Morrisy						
Adriana Olejarova		Title Presid	dent			S	ignature	1	B)ate 09/26/2	018		

Rent Form NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) OCT -1 2018 Name-of Building Owner/Operator (2) ASBESTOS CONTROL Agencies Notified Type Notification Street Address **EPA** Initial DEP City, State, Zip Code Amended DOL Amendment # ming Emergency (including Name of Contact DOH justification) DCA Cancellation 11 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address derce School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc:) City (5) Square Feet # of Floors Bldg. Age County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) mo 1 eside Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) -≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A V.Sl. man 14017 MCHI Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill

Hauler ID No.

17086

of Waste

Disposal Date

Signature

City, State

Completed by

Date

Ch 7043		NOTIF (P	CATIO	tate of New Jers N OF ASBESTO to NJAC 8:80 a	SABATE	MENT	-		EC	BE		Pr	int F
Date of Notification (1) 9/26/18				of Building Owne					00	T - 1	20	18	And the second budgets are second budgets and the second budgets are second budgets and the second budgets and the second budgets are second budgets are second budgets are second budgets and the second budgets are sec
Agencies Notified Type Notification L DEP DOL Amended Amendme Emergence	nt #		City, St	Address ate, Zip Code ahawkin NJ 08	8050				ASSER	703 C 107 N		7(A.,	<u>-</u>
DOH justification Cancellation	1)		Name of John	of Contact				Tel	ephone N	lumber			
Name of Facility Where Abatement is Tak	ing Place /	3/	FAC	ILITY INFORMA	TION	17		(4)				-	
Patricia Mondelli Private Home	ing Flace (.	3)				Туре	of Facility School (K-	70.00					
Street Address						X	Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	-12) rcial buil	dings	, hom	es,
City (5) Manahawkin NJ 08050						100	VIEW.	1	f Floors		31dg. <i>A</i>	\ge	
County (6) Ocean		1	(STATE	Code (7) USE ONLY)		Hot			272	ished)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8))	ASCI	M No.	Peri	naco	10070	ntractor	(9)				
Street Address						Addre Box 3							
City, State, Zip Code	***************************************				100		Zip Code Iin NJ 080	091					
Project Manager for Monitoring Firm			Telepho	one No.		hone N -753-			License 00727			7	
Start Date (10) 10/5/18	Schedul 10/12/		npletion	Date (11)	Name Sam		HA Monitor						
Occupancy Status During Abatement (Che	eck Only Or	ne)			Street	Addre	SS				7/10		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of / mal Facility	Abaten / Hours	nent	-	City, S	State, Z	ip Code						
Scope of Work (Check All That Apply)											- 10		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Esterolated	Renova Demolit	200			Min Glo	Il Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure	0.70			·a	
Location of	ſ	Locati	ly		escription		T EXOTIPIO	u () un	2 14011-1 11	able i re	Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/		ntaining N al system facing, VA miscellar	s insula T, or	I (ACM) ation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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Exterior Siding			X	EXI	terior Sid	uing		10	00SF	X			
Name of Registered Waste Hauler		N	JDEP W	/aste Cubi	ic Yards		Name of	Pagisto	rod Lond	SII			
United Roll Off		Н	auler ID 2459				G.R.O.	35	reu Landi	tst			
City, State Elm NJ					osal Date 12/18		City, State Morrisv		19067				
Completed by Anthony T Perna	Title Signature Date President Signature 9/26/18												

Sep 24 2018 03:56PM NJ Asbestos Control 609.633.0664 page 1 CIC 4767 09/24/2018 11:16AM 2013297440 BEST REMOVAL INC 10 DA NOTIFICATION OF ASSESTOS ABATEMENT - 1 2018 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner@perator (2) 9/2/118 THE JOE SHOWING Type Novillestian 35.8 Agencies Notified Street Address EPA Initial . Amended City, State, Zip Code DEP DOL Amendment #
Emergency (including justification)
Cancellation . NJ. -07072 CARLSTADT Telephone Number Name of Contact E BOH D CI DOM MR. SMOLINSKE FACILITY INFORMATION Name of Facility Where Abatyment is Taking Place (3) Type of Fac lity (4) MR JOE SMOCIUSKI □ Si too! (K-12) Street Address S beinger 5 (Other than K-12)
 O ber (i.e. private & commercial buildings, homes, etc.) Blds Age City (5) Square eat # of Floors CARLSTADT 2000 2 Curren Use (Prior (Freing demolished) County (6) County Code (7) ISTATE USE ONLY BEVLGEN Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abati: sent Contractor (9) Beat Re moval Inc Street Address 450 South River Street City, State, Zip Code Hackensick, NJ 07601 Project Manager for Montering Pinn Telephona No. Talephone No. License No. 201 - 329 - 7444 Name of OSH Michior 00388 Sur Des (10) Scheduled Completion Dere (11) 9/24/18 25/18 Omera E E Wironmental Occupancy Sease During Abetement (Check Only One) 280 Huyler Street D Facility Closed/Vacated During Entire Period of Abatement Absternant Performed Outside of Normal Facility Hours
Other - Describs: 750 AM TO 5:00 PM Other - Describe: _ South Hackensack, NJ 07606 Scape of Work (Check All That Apply) D Full Containment with Negative Pressure
Mill -Brulosters 23 # = 23 # D 2160 # 07 2260 IF Renovation Demolition Gic wing Procedure ☐ No -Extimpted (*) and Non-Printle Procedure Is Location Type Normally Location of Description of Used Solely by Containing Meerial (ACM) Asbestos Containing Material (ACI:1) Amount Maintenance/ TO BE ABATED (i.e. thereast systems insulation, I that has (Specify SP or LP) Regova Repusir Custodial 5mf? VAT, or other miscelleneous) In Pacility (12) (13) Yes No NIA BASEMENT 7 THEMMAL SYSTEM INSI WITHOUT 30 CF Name of Registered Waste Hauler NUDEP WASE Name of Registered Landfill Cubic Yards or Waste Ley Hanler ID No. Best Removal Inc Minerva Enterprises, LLC 17109 Disposal Date 9/25/18 Hackensack, N.L. 07501 Completed by Wayneshure Signature 9/24/18 J. Maiorano Estimator

ASS-41 (R-06-08)

RECEIVED 09/24/2018 04:29PM 2013297440

BEST REMOVAL INC

Do Est : use this form for asbestes licensure exempted activities.

State of New Jersey Initial Notification NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 4:6077 and 12:120-7) 6587AN Check #: 7268 Name of Building Owner/Operator (2) 0 9 / 2 5 / 1 8 1 Lakeland Regional High School Agencies Notified Type Notification Street Address 2018 OCT [X]EPA 205 Conklintown Rd [X] Initial [X]DEP Notification City. State, Zip Code ASPESTOS CONTROLA X100L []Amended Wanague, NJ 07465 Notification X1DOH Name of Contact Telephone Number [|Cancellation []DCA William Grimes (973) 766-5408 PACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) K]Other (i.e., private & commer-Lakeland Regional High School Street Address cial buildings, homes, etc.)
Square Feet | # Of Floors | Bldg, Age 205 Conklintown Rd City (5) County (6) 30000 2 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Wanague, NJ 07465 Passaic Educational Building Name of Monitoring Firm Hired by Building ASCM No. Name of Abatement Contractor Owner (8) Whitman Companies, Inc. Four Strong Builders, Inc. Street Address Street Address 116 Tices Lane, Unit B - 1 180 Sargeant Avenue City. State. Zip Code City, State, Zip Code East Brunswick, NJ 08816
Project Manager for Monitoring Firm Clifton, NJ 07013-1935 Telephone Number Telephone Number License Number Kevin Lovely 732-390-5858 973-614-0377 00807 Scheduled Start Date (10) Sched.Completion Date (11) Name of OSHA Monitor 1 | 0 | / | 0 | 5 | / | 1 | 8 | Month / Day / Year 11 0 1 / 10 19 1 / 1181 Month / Day / Year | Month / Day / Year Occupancy Status During Abatement (Check only one) Four Strong Builders, Inc. Street Address X) Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement |Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: []Other - Describe: Residential buildings Clifton, NJ 07013 Scope of Work (Check all that apply) |Full Containment with Negative Pressure |Demolition X]Renovation [X]Mini-Enclosure []Glovebag Procedure [X]Non-Friable Procedure []>3 sf or >3 lf [X]∑160 sf or >260 lf Is Abatement Type Location Location of

Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		by te Cu	Used Olel Mai nanc stod aff(y n- e/ ial		Asbestos-Cor Material (i.e., thermal nsulation, sur or other mis	taining (ACM) systems facing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAHR	NCAPSUL	N C I. O S U R F
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Newark, NJ							Pan Argyl, PA	18072				
Completed By (Print or Type) Maria Kitevska	Office Ad	Administrator				Signatur				25/1	8	
SB-41 UN 95									191	231	0	

			New Jersey	\				
6587 - NJ	70181.	NOTIFICATION OF	ASBESTOS ABATE 8:60-7 and 12:	MENT Initial	Notificati k #: 7268	on E		n n//
Date of Notification		Name of Buildi	ng Owner/Opera	tor (2)		5 15	5	
	5 1/1 1 8 1	Lakeland Region	onal High School	_				1111
Agencies Notified	Tabe Mocrification	Street Address				OCT	- 1	2018
(X) DEP	[X]Initial Notification	205 Conklintow City, State, 2					•	
X1DQL	[]Amended	Wanaque, NJ 0			A	SBEST	00 OC	
(×)DOH	Notification	Name of Contac		Troll Troll	ephone Numb	BOWLED	50-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	21-12-12-2
[]DCA	[]Cancellation	William Grimes					5	
	L	11		(97	3) 766-5408			
Name of Facility W	ere Abatement is Ta	king Place (3)	INFORMATION	Type of Facil	ify (A)			
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			522		(i.e., pri buildings.	vate &	comme etc.)	r-
205 Conklintown Rd				Square Feet	# of Floor	s Bldg	J. Age	
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Wanaque, NJ 07465	Passai	c l		Educational B		and gen	.011211	eu/
Name of Monitoring Owner (8)	Firm Hired by Build	ing ASCM No.	Name of Abate	ment Contracto	r (9)			
Whitman Companies	, Inc.		Four Strong B	uilders, Inc.				
116 Tices Lane, Unit	B - 1		180 Sargeant	Avenue				
			11	57-				
Project Manager for	8816 Monitoring Firm [To	elephone Number	Clifton, NJ 070)13-1935	Thice	nse Num	ner	
Kevin Lovely	7	32-390-5858	973-614-0377		0080			
Scheduled Start Dat	e (10) Sched.Comp.	letion Date (11)	Name of OSKA	Monitor	10000			
1 0 / 0 5 / 1 1 Occupancy Status Du	8 1 0 / 0	9 / 1 8 Par	Four Strong B					
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Of Abatement []Abatement Perf	ormed Outside of No.	management and the state of the	180 Sargeant	Avenue				
Hours - Descri	be:	-		Santa Sa				
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	or <u>></u> 260 1f		○ Non-	Friable Proced	ure			
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in Faci.		tenance/ in Custodial	sulation. surf. or other misc	acing, VAT.	LF)	O P	S	S U
	2	Staff(12) es No N/A	The state of the s	cil aneous)		A I L R		R
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Newark, NJ				Don Areul DA	10070			
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Maria Kitevska	Office Adn	ninistrator	1	11				
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Ch7049 Date of Notification (1)	**	NC	(Pursua	State of New ON OF ASBE In to NJAC 8	570S ABAT :60 and 12:12	20)		Constitution (Constitution Constitution Cons	E C			V	Print Fo
9/26/18			Name	of Building Canne Dibia	wner/Operato	or (2)	_		OCT	-	-1	2018	
Agencies Notified Type Notificatio	n			t Address	se Private	HOM	e 						- Inches
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DEP Amended				State, Zip Cod				Let, mary same	FOREST THE	This year	NEL	0	
Emergency	(includir	ng		ahawkin N	J 08050								
DCA justification	n n		Johr	of Contact				Telenh	one Nun	nber			
Name of English 18/5 and Abrah				CILITY INFO	RMATION								
Name of Facility Where Abatement is Taki Rosanne Dibiase Private Home	ng Place	(3)				Тур	e of Facility	(4)			-		
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City (5)				1			etc.) lare Feet	# of Flo					
Manahawkin NJ 08050						100	00+	1	1015		Bldg. 35+		
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Name of Monitoring Firm Hired by Building	0	0)				Ho	ouse			â			
N/A	Owner (8	8)	ASC	CM No.	Name	of Ab	atement Co	ntractor (9)			Al-Comme		
Street Address					Street								
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City, State, Zip Code							Zip Code				-		
Project Manager for Monitoring Firm					Wes	st Be	rlin NJ 08	091					
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Start Date (10)	Schedu	lled C	Completion	Date (11)		200	9800 SHA Monitor		727				
10/5/18	10/12	/18	ompiodon.	Date (11)	Sam		HA MONITOR						
Occupancy Status During Abatement (Chec	k Only O	ne)			Street	Addre	ess						
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Scope of Work (Check All That Apply)													
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Talliony I Fellia	Presi	iden	ΙΣ		16	K	The same of the sa	and the property of the second	9/26	/18			

Ch5133 Date of Notification (1)		NC	TIFI (Pursu	ant to N	New Jersey SBESTOS ABA AC 8:60 and 5:	16)		EC				n n n
	25 /	18			me of Buildi (ate Roon	ng Owner/Operator ey	(2)	Total Park	OCT	- 1	20	18	-
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(NJAC 5:23-8)	justification)	ing	Nan	ne of Conta	ct		Tele	ohone Nur	nher			
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				F	ACILITY I	NFORMATION							-
Name of Facility Where At	patement is Tal	king Pla	ce (3)				Type of Facility	(4)					_
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PO Box 341						Street Address							
City, State, Zip Code						623 Cutler Av							
Chesterfield, NJ 0851	5					City, State, Zip Co							
Project Manager for Monito			TTO	lephone	No.	Maple Shade	, NJ 08052	1					
Bill Weisgarber			110000		8-4070	Telephone No. 856-755-0099	10		nse No.				
Start Date (10)	Sch	eduled (ate (11)	Name of OSHA M		00	842			70000	
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☐ Facility Closed/Vacated	During Entire F	eriod of	Abate	ement		Street Address	2 M41-						
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Time of Abatement:	AM	PM/	PN	1	_AM	City, State, Zip Co Cinnaminson							
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TO BE ABATE IN Facility	D		intena	ance/ Staff?	(i.e.	, thermal systems in	sulation,	8,2.	ecify	Removal	Repair	Encapsulate	Enclosure
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Freehold, NJ						10/05/2018	City, State	DΛ					
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Christina Lynch			eside	nt of C	Operations	Signature			Date)	
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JAN 13	*	Do not	use th	is form	for ashasta	s licensure evernte	north contrattoring transco						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address \boxtimes **EPA** 1830 US Route 130 North DEP Initial City, State & Zip Code X X DOL Amended R#7-9/28/18 **Burlington NJ 08016** \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)
School (K-12) **Burlington Coat Factory Store #226** Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 10/19/18 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Abatement Type Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or (i.e., thermal systems Enclsoure Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)or other miscellaneous) (12)Yes N/A No Receiving Area Mastic 4,000 Aisle Way C-D @ Column 4 Mastic 436 SF Aisle Way C-D @ Column 2 Mastic 436 SF Aisle Way D-E @ Column 1-2 Mastic 300 SF Vestibule G-H @ Column 2-5 Mastic 1100 SF Vestibule J & Cashwraps Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Date PATRICK T. DeCARO Estimator Patrick P. De Caro 9/28/18

PD 18055

State of New Jersey

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

										1000	0.0	- 1	2016	•	
Date of Notification (1) 7/10/18						Owner t Fact	/ Operato	or (2)		1.1 1.	00	1 - 1	2016		1
Agencies Notified Type Notifica	ation			Addre		Lrac	lory			-	la constant	-		-	
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Name of Facility Where Abateme	ent is Taking Pla		MO	ILII	I IIVI		e of Facil	lity (4)							
Burlington Coat Factory Sto		. ,					School (
Street Address							Subchap								
2495 Route 1, Suite 1							Other (i.							tc.)	
City (5)	County (6)	Coun	ty Co	ode (7)		uare Feet 500		# of Flo	ors	1	Bldg. A			
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Name of Monitoring Firm Hired by	Building Owne	er (8)		ASC	M No.	Nai	me of Aba								
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436 Walnut Street City, State & Zip Code							23 BEAV								
Philadelphia, PA 19106							/, State & ISTOL, F								
Project Manager for Monitoring Fi	rm T	elepho	ne N	Numb	er		ephone N				License N	lumber			
Frank Westfall		215-64					5-788-60					005	09		
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NEW CASTLE, DE 19720						TBD			RISVIL	LE, P	Α				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Name of Facility W	here Abater	nent is Taking	Place	(3)					cility (4)							
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Occupancy Status D	FACILITY INFORMATION Facility Where Abatement is Taking Place (3) on Coat Factory Store #226 dress ute 1, Suite 1 County (6) Mercer County (6) Mercer County Code (7) Mercial Monitoring Firm Hired by Building Owner (8) Monitoring Firm Hired by Building Owner (8) ASCM No. Retail Name of Abatement C BRISTOL ENVIRON Street Address 1123 BEAVER STRI City, State & Zip Code Dohia, PA 19106 anager for Monitoring Firm Bestfall Scheduled Completion Date (11) T124/18 T10/5/18 Y Status During Abatement (Check only one) cility Closed/√acated During Entire Period of Abatement atement Performed Outside of Normal Hours − 7am to 3pm cility Closed/√acated During Entire Period of Abatement atement Performed Outside of Normal Hours − 7am to 3pm cility Closed During Abatement Vork (Check all that apply) Sf or ≥3 If So of ≥260 If Ceville County Code (7) Assembly Subdement Name of Abatement City, State & Zip Code BRISTOL ENVIRON Street Address 1123 BEAVER STRI City, State & Zip Code BRISTOL, PA 19007 City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STRI City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STRI City, State & Zip Code BRISTOL, PA 19007 City, State & Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STRI City, State & Zip Code BRISTOL, PA 19007 City, State & Zip Code BRISTOL For State City, State & Zip Code BRISTOL, PA 19007 City, State & Zip Code BRISTOL For State City, State City, State City State City State City State City State C															-
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 2018 OCT -1 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address X EPA 1830 US Route 130 North DEP X Initial City, State & Zip Code X DOL Amended R#6-9/21/18 X **Burlington NJ 08016** X DOH П Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 10/5/18 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 Hours - 7am to 3pm City, State & Zip Code (10:00 PM - 6:00 AM) Sunday - Thursday BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclsoure (i.e., thermal systems Remova in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rear Offices Mastic 512 SF Break Room, Mens Room & Corridor Mastic 1.575 SF Ladies Room, Corridor & Sales Floor Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City. State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO Estimator Patrick TileCaro/gr 9/21/18

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** - 1 2018 OCT Agencies Notified Type Notification Street Address \bowtie **EPA** 1830 US Route 130 North DEP X Initial City, State & Zip Code X DOL Amended R#5-8/24/18 **Burlington NJ 08016** X DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington Coat Factory Store #226 School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 ON HOLD 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 Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or (i.e., thermal systems Encapsulate Enclsoure Removal in Facility Repair Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Receiving Area Mastic 4,000 Aisle Way C-D @ Column 4 X Mastic 436 SF Aisle Way C-D @ Column 2 Mastic 436 SF Aisle Way D-E @ Column 1-2 Mastic 300 SF Vestibule G-H @ Column 2-5 Mastic 1100 SF Vestibule J & Cashwraps Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature PATRICK T. DeCARO Date Estimator hir pt t. De Campe 8/24/18

PD 18055

NOTIFICATION OF ASBESTOS ABATEMENT

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** OCT -1 2018 Agencies Notified Type Notification Street Address X EPA 1830 US Route 130 North DEP \boxtimes Initial City, State & Zip Code \boxtimes DOL Amended R#5-8/24/18 Burlington NJ 08016 X DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 ON HOLD BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code (10:00 PM - 6:00 AM) Sunday - Thursday BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure $\overline{\boxtimes}$ ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or (i.e., thermal systems Removal Enclsoure Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rear Offices Mastic 512 SF Break Room, Mens Room & Corridor X Mastic 1,575 SF Ladies Room, Corridor & Sales Floor X Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO Estimator billet, De Caro K 8/24/18 PD 18055

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Philadelphia, PA 19106				BRISTOL,						
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Frank Westfall	215-64			215-788-60	40		21001100 1	0050	10	
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7/24/18 (Back on	site 8/19	9/18) 9	/28/18	BRISTOL E	NVIRO	NMENTAL	INC			
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Street Address				ENVIRONMI	ENTAL INC					
436 Walnut Street			Street Addre		т					
City, State & Zip Code			1123 BEAVER STREET City, State & Zip Code							
Philadelphia, PA 19106 Project Manager for Monitoring Firm	TT		BRISTOL,	BRISTOL, PA 19007						
Frank Westfall	Telephone 215-640-			Telephone Number License Number 215-788-6040						
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7/24/18 (Back or	site 8/19/1	8) 9/28/1		NVIRONME	ENTAL INC					
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Facility Occupied During Abatement			Jointo Lou,	A 13001						
Scope of Work (Check all that apply)										
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Rear Offices		\Box	Mastic		512 SF					
Break Room, Mens Room & Corridor			Mastic		1,575 SF					
Ladies Room, Corridor & Sales Floor			Mastic		900 SF					
Name of Registered Waste Hauler	NJE	DEP Waste	Cubic Yards	Name of Re	gistered Landfill					
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Date of Notification (1) 7/10/18	Name of Bu	ilding Owner / Opera	tor (2)	1-4	9 9 0 0 15					
Agencies Notified Type Notification	Street Addre	Coat Factory			į.					
⊠ EPA		oute 130 North		1 - 4 0	PCT - 1 2018					
☐ DEP ☐ Initial ☐ Amended R#3:	City, State &	Zip Code		The state of the s						
☑ DOL ☑ Amended R#3. ☑ DOH ☐ Emergency	-8/10/18 Burlington Name of Cor			2275						
DCA Cancellation	Mike Wood		1		Telephone Number					
		INFORMATION			917-838-4314					
Name of Facility Where Abatement is Takin	ng Place (3)	Type of Faci	lity (4)							
Burlington Coat Factory Store #226 Street Address	0	School	(K-12)							
2495 Route 1, Suite 1		Subcha	oter 8 (Other tha	an K-12)						
a route i, oute i		Square Feet	e. private & cor	nmercial buil	dings, homes, etc.)					
City (5) County (6) County Code (7		# of Flo	ors	Bldg. Age					
_awrenceville Mercer	,		(Prior if being d	1 emolished\	50					
		Retail	(ii beilig (i	emolistiea)						
Name of Monitoring Firm Hired by Building	Owner (8) ASCN		tement Contrac	tor (9)						
Street Address		BRISTOL E	NVIRONMEN	TAL INC						
136 Walnut Street		Street Addres	SS ER STREET							
City, State & Zip Code		City, State &	Zip Code							
Philadelphia, PA 19106 Project Manager for Monitoring Firm	17.	BRISTOL, F	A 19007							
rank Westfall	Telephone Number 215-640-5320		ımber	License	Number					
	Completion Date (11)		215-788-6040 00509 Name of OSHA Monitor							
7/24/18 (Back i	n site 8/12/18) 8/20/		A Monitor	241 187						
ccupancy Status During Abatement (Checi	(only one)	Street Addres	S	- NE 1140						
Facility Closed/Vacated During Entire Abatement Performed Outside of No		1123 BEAVER STREET								
Describe: (10:00 PM – 6:00 AM)	illiai nours – /am to 3		City, State & Zip Code BRISTOL, PA 19007							
Facility Occupied During Abatement	2	BRISTOL, P	A 19007							
cope of Work (Check all that apply)										
≥3 sf or ≥3 if	N D "	I	Full Conta	ainment with	Negative Pressure					
≥160 sf ≥260 if	Renovation Demolition	Į	Mini-Encl	closure						
		L	☐ Glove Bag	ag Procedures empted and Non-Friable Procedure						
Location of	Is Location	Description	OT	Amount						
Asbestos-Containing Material (ACM)	Normally Used Solely by	Asbestos-Conta	aining	(Specify	Abatement Type					
TO BE ABATED	Maintenance or	Material (ACI	stems	SF or LF)	R 5 1					
in Facility (13)	Custodial Staff?	insulation, surfacir	ng, VAT		ncapsula Repair Remova					
(10)	Yes No N/A	or other miscellar	neous)		Encapsulate Repair Removal					
ceiving Area		Mastic		6.000						
sle Way C-D @ Column 4		Mastic		4,000						
sle Way C-D @ Column 2		Mastic		436 SF 436 SF						
sle Way D-E @ Column 1-2		Mastic		300 SF						
stibule G-H @ Column 2-5 stibule J & Cashwraps		Mastic		1100 SF						
me of Registered Waste Hauler	NJDEP Was	Mastic	laws the	900 SF						
	Hauler ID No		lame of Registe	ered Landfill	, — 1					
RVICE TRANSPORT GROUP, INC.	20990		AIRLESS HIL	LS LANDE						
y, State W CASTLE, DE 19720	10-10-10	Disposal Date C	City, State		to Steen Share					
mpleted By (Print or Type)	1	TBD N	ORRISVILLE	E, PA						
TRICK T. DeCARO	Title Estimator	Signature	200	1 .0	Date					
	Estillator	Patrick I	1. D'Car	0/2	8/10/18					
18055				1/						

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	(Purs	suant	to N	J.A.	BESTOS <u>C.</u> 8:60 aı	ABAT nd 12	TEMENT :120)	ME	CE9.	10	
Date of Notification (1)	***						8.5%		9 6 9	C/ L	
7/10/18	illaing n Coa	Owner / Ope t Factory	rator (2	2)		nor 1 /	2040				
Agencies Notified Type Notification EPA	ess					DCT - 1 2	2018				
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DOL Amended F	k#3-8/10/18		ingtor					ASE	ESTOS OCA	1001.8	
□ DOH □ Emergency		Name	e of Co	ntact	0010			Les our manuels	Telephone	Mumah	
☐ DCA ☐ Cancellatio	n	Mike	Woo	ds					917-838-		
Name of Facility Where Abatement is 1	akina Place	FA	CILIT	Y INFO	DRMATION						
Burlington Coat Factory Store #2	26	(3)			Type of Fa	acility (4 ol (K-12)				
Street Address					Subcl	napter 8	Other tha	an K-12)			
2495 Route 1, Suite 1					Other	(i.e. pri	vate & con	nmercial build	dings, homes	. etc.)	
City (5) Count	v (6)	`alimbi.	D = -1 = /5	7\	Square Fe	et	# of Floo	ors	Bldg. Age	,,	
Lawrenceville Merc		County (Jode (/)	72500	- /D.:		1	5	0	
interes					Retail	e (Prio	it being de	emolished)			
Name of Monitoring Firm Hired by Build	ing Owner (8	3)	ASCI	M No.	Name of A	bateme	nt Contrac	for (9)			
ESIS Street Address					BRISTOL	ENVI	RONMEN	TAL INC			
36 Walnut Street					Street Add		100 Dis. Dec 100 Dec 100				
City, State & Zip Code					1123 BEA City, State	& Zin C	TREET				
Philadelphia, PA 19106					BRISTOL	PA 19	3007				
Project Manager for Monitoring Firm		phone		ЭГ	Telephone	Numbe		License	Number		
Frank Westfall 215-640-5 Scheduled Start Date (10) Scheduled Completion Date					215-788-6 Name of OS	10-11-11-11-11-11-11-11-11-11-11-11-11-1	.,		00509		
7/24/18 (Bad	k on site 8	/12/18	8/20)/18	BRISTOL			TAL INC			
occupancy Status During Abatement (C	heck only on	(e)			Street Addr	ess		AL INC			
Facility Closed/Vacated During E Abatement Performed Outside or	ntire Period	of Abai	tement	^	1123 BEA					85	
Describe: (10:00 PM - 6:00 A	M) Sunday .	Thurs	am to . dav	3pm	City, State & BRISTOL,						
Facility Occupied During Abatem	ent		uuj		DING FOL,	FA 19	007				
cope of Work (Check all that apply)						100000					
≥3 sf or ≥3 lf	\boxtimes	Peno	vation			\boxtimes	Full Conta	ginment with I	Negative Pre	ssure	
≥160 sf ≥260 lf	A		olition			H	Mini-Enclo	osure			
						X	Non-Exen	ag Procedures mpted and Non-Friable Procedu			
Location of Asbestos-Containing	1	Locatio	5.5	7/0	Description	n of		Amount	Abatem		
Material (ACM)		nally Us olely by		F	Asbestos-Containing Material (ACM)			(Specify	1.0000	- T	
TO BE ABATED	Maint	tenance	or	(i	.e., thermal systems			SF or LF)	20 7	Enc	
in Facility (13)	Custo	odial Sta (12)	aff?	insi	ulation, surfa	cing, V	AT		Remova	Encapsulat	
(1.5)	Yes		N/A	Oi	other miscel	ianeou	s)		val ir	Encapsulate	
ear Offices		N I			Mastic	:	-	512 SF			
reak Room, Mens Room & Corrido	or 🔲				Mastic			1,575 SF		岩분	
adies Room, Corridor & Sales Floo	or 🔲				Mastic	3		900 SF		岩뉴	
		HI	4							首情	
		片片	$\dashv\vdash$								
me of Registered Waste Hauler					bic Yards	Name	of Registe	ered Landfill			
ERVICE TRANSPORT GROUP, INC		T 1000000000000000000000000000000000000	er ID N	1000	Waste						
y, State	•	2099	U	1 1100.00	Cu Yd			LS LANDF	ILL	ergangiliza-ruse	
W CASTLE, DE 19720				TB	posal Date D	City, S	State RISVILLE	DA.			
mpleted By (Print or Type)		Title	1000		nature	1	. are ville	, FA	Doto		
TRICK T. DeCARO		Estin	nator			mic	120	1-0	Date 8/10/18		
400				_ F	atrick;	1.0	Cow	11	07.10710		
18055								0			

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Date of Notification (1)					ID E C	EIMGE
7/10/18		Name of Bui	Iding Owner / Ope	III		
Agencies Notified Type Notifie	cation	Street Addre	Coat Factory	IIII no	T - 1 2018	
⊠ EPA	action .		ss oute 130 North		14 4 V6	CVID
☐ DEP ☐ Initia	al	City, State &	Zin Code			
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☑ DOH ☐ Eme	ergency	Name of Con				
☐ DCA ☐ Cand	cellation	Mike Wood	771/7/2			Telephone Num 917-838-4314
Name of Escility Whore Abstance		FACILITY	INFORMATION			317-036-4314
Name of Facility Where Abatem Burlington Coat Factory Sto	ent is Taking Place	e (3)	Type of Fa	acility (4)		
Street Address	NE #220			ol (K-12)		
2495 Route 1, Suite 1			Subcl	napter 8 (Other	than K-12)	
ziocitolio i, dalle i			Other	(i.e. private & c	ommercial build	dings, homes, etc.)
City (5)	County (C)		- Oquale Fe	et # of F	loors	Bldg. Age
Lawrenceville	t s t	County Code (7)	1.2000		1	50
Lawrenceville	Mercer		Current Us	e (Prior if being	demolished)	50
Jamo of Monitaria			Retail			
Name of Monitoring Firm Hired by	y Building Owner ((8) ASCM		batement Contr	actor (9)	
Street Address			BRISTOL	ENVIRONME	NTAL INC	
36 Wainut Street			Street Add	ress		
ity, State & Zip Code			1123 BEA	VER STREET	•	
hiladelphia, PA 19106			City, State	& Zip Code		
roject Manager for Monitoring Fi	rm Tok	ephone Number	BRISTOL	PA 19007		
rank Westfall	100000	5-640-5320	Telephone	Number	License	Number
cheduled Start Date (10) S	cheduled Complet		215-788-6		00509	
7/24/18		NOLD	Name of OS	SHA Monitor		
ccupancy Status During Abatem	ent (Check only or	ne)	Street Addre	ENVIRONME	NTAL INC	
☐ Facility Closed/Vacated Di	uring Entire Period	of Abatement	1122 DEAL	ess VER STREET		
Abatement Performed Out	side of Normal Ho	ours - 7am to 3p	m City, State 8	Zin Code		
Describe: (10:00 PM – 6	6:00 AM)	F	BRISTOL,			
Facility Occupied During A	batement '		Dido IOL,	FA 1500/		
cope of Work (Check all that app	ly)					
□ >2 of>2 if				Full Con	ntainment with t	Negative Pressure
\ \ \ ≥3 sf or ≥3 lf \ \ ≥160 sf ≥260 lf	\boxtimes	Renovation		Mini-En	closure	vegative Pressure
≥160 sf ≥260 lf		Demolition			ag Procedures	
1				Non-Ex	empted and No	n-Friable Procedur
Location of Asbestos-Containing		Location	Descriptio	11 01	Amount	Abstance T
Material (ACM)		mally Used	Asbestos-Cor	ntaining	(Specify	Abatement Ty
TO BE ABATED		olely by tenance or	Material (A	SF or LF)		
in Facility	Custo	odial Staff?	(i.e., thermal sinsulation, surface		Rer Rer	
(13)		(12)	or other miscell	laneous)		Repair Remova
	Yes	No N/A	monanta iineee			Encapsulate Repair Removal
ceiving Area	ПП		Mastic		4.600	
sle Way C-D @ Column 4			Mastic		4,000	
sie Way C-D @ Column 2			Mastic		436 SF	
le Way D-E @ Column 1-2			Mastic		436 SF	
stibule G-H @ Column 2-5			Mastic		300 SF	
stibule J & Cashwraps	H		Mastic		1100 SF	
me of Registered Waste Hauler		NJDEP Waste	Cubic Yards	Name of Regis	900 SF	
RVICE TRANSPORT GROUP	2 INC	Hauler ID No. 20990	of Waste			
, State	,	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	40 Cu Yd	FAIRLESS H	ILLS LANDFI	LL
W CASTLE, DE 19720			Disposal Date TBD	City, State MORRISVILL		
mpleted By (Print or Type)		Title	Signature			
TRICK T. DeCARO		Estimator	Digitalule 1	J. D. C.	1.0	Date
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18055					./	

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Date of Notification	1 (1)		IN	lame (of Buil	Idina C	Whor I One		2)			W	7			
	1/10/10					Name of Building Owner / Operator (2) Burlington Coat Factory								11		
Agencies Notified	Type Notificatio	n	S	treet /	Addres	ec	ractory		1111	11 00	1T	1 2018		11		
			Street Address 1830 US Route 1				20 North		1.3	1 00	. 1	LUTO	1 term	-		
☐ DEP			C	ity St	oto 8	Zip Co	do North	-					1	9000		
☑ DOL		d R#2-8/6/18		relia	ale oi ,	ZIP CO	oe oa			ASSES	STETE C	Vinital A	FL.	-		
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D DCA	Cancella	tion	Name of Contact Mike Woods						d (10 to the second	Telephone Numb						
				FACI	LITY	INFO	RMATION	Į.				917-83	8-431	4		
Name of Facility Wh	nere Abatement i	s Taking Pla	ce (3)		-		Type of F		4)							
Burlington Coat	Factory Store	#226	~ *				Scho	ol (K-12	2)							
Street Address									B (Other t	hon K de	2)					
2495 Route 1, Su	ite 1						Other	i o n	inete 8 -	nan K-12	4)					
							Other	(i.e. pi	Ivate & C	ommerci	al build	lings, hom	ies, et	c.)		
City (5)	Co	unty (6)	10		1 (700)		oquare re	eet	# of F	loors		Bldg. Ag	e			
Lawrenceville	M	8700070050	Coun	ty Co	de (7)		72500			1						
rawleucealle	Me	rcer					Current Us	se (Prio	r if being	demolisi	nod)	1	50			
			1				Retail	•		CHIONS	ieu)					
Name of Monitoring	Firm Hired by Bu	ilding Owner	(8)	IA	SCM	Total Control	-	h = t = ·	10							
ESIS		3 - 111101	(-)	1	IVIOUI	100000000000000000000000000000000000000	Name of A	nateme	ent Contra	actor (9)				NAME AND		
Street Address							BRISTOL	ENVI	RONME	NTAL II	4C					
436 Walnut Street							Street Add									
City, State & Zip Cod					<u> </u>		1123 BEA	VER S	TREET							
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hiladelphia, PA 1	9706						BRISTOL	. PA 1	9007		20					
Project Manager for N	vionitoring Firm	Te	elephor	ne Nu	mber	-	Tologhanabl									
rank Westfall		21	5-640	-532	0	1	215-788-6040									
Scheduled Start Date	(10) Sched	duled Compl		-			Name of OSHA Monitor									
7/24/18	, ,	AQUIDO DOIDE	HOL	naic (11)	1:	vame of O	SHA M	onitor		Sent to Control	Annual Annual Section Section 1				
Occupancy Status Du	ring Abatement	Charles - L	TIOL		F International		BRISTOL	ENVIE	RONMER	YTAL IN	C					
Facility Close	dVacated During	Check only	one)				Street Addr									
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Hou				baten	nent	11	1123 BEAVER STREET									
✓ Vnareillelif Le	enormed Outside	of Normal	dours -	- 7am	to 3p	m C	ity, State &	Zip C	ode							
Describe: (10:00 PM - 6:00	AM) Sunda	y - Thu	ursda	У	E	RISTOL,	PA 10	007							
Facility Occup	ied During Abate	ement					,		001							
cope of Work (Check	k all that apply)															
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≥3 sf or ≥3 lf		\boxtimes	i Re	novat	ion			\boxtimes	Full Cor	itainmen	t with N	Vegative F	ressu	re		
≥160 sf ≥260 l	f	<u></u>					Full Containment with N Mini-Enclosure						o			
Z	•	. L	De	moliti	on		Glove Bag Procedure					:S				
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Aspestos	-Containing	No	rmally	Used		As	bestos-Cor	ntaining	. 1		ount	Abate	ement	Ty		
Materia	al (ACM)		Solely				Material (ACM)			(Specify SF or LF)				T		
	ABATED	Mai	intenar	nce or	1	(i.e	.e., thermal systems			SF 0	(LL)	70		7		
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TRICK T. DeCARC	(ype)	*::	Title			Signa						Deta				
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(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address X **EPA** 1830 US Route 130 North DEP Initial City, State & Zip Code \boxtimes X DOL Amended R#1-7/20/18 Burlington NJ 08016 \boxtimes DOH Emergency Name of Contact DCA Cancellation Telephone Number Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington Coat Factory Store #226 School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age County (6) County Code (7) 72500 Lawrenceville Mercer Current Use (Prior if being demolished) 50 Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number Frank Westfall License Number 215-640-5320 215-788-6040 Scheduled Start Date (10) Scheduled Completión Date (11) 00509 Name of OSHA Monitor 7/24/18 8/20/18 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 Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Asbestos-Containing Amount Abatement Type Normally Used Asbestos-Containing Material (ACM) (Specify Solely by Material (ACM) TO BE ABATED SF or LF) Maintenance or (i.e., thermal systems Encapsulate Enclsoure in Facility Remova Custodial Staff? Repair insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No Receiving Area Mastic Aisle Way C-D @ Column 4 4,000 X Mastic Aisle Way C-D @ Column 2 436 SF Mastic Aisle Way D-E @ Column 1-2 436 SF X Mastic 300 SF Vestibule G-H @ Column 2-5 Mastic Vestibule J & Cashwraps 1100 SF Mastic Name of Registered Waste Hauler 900 SF NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 FAIRLESS HILLS LANDFILL 40 Cu Yd City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature PATRICK T. DeCARO Date Patrick J. D. Con Lol Estimator 7/20/18 PD 18055

NOTIFICATION OF ASBESTOS ABATEMENT

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) al # 3400 Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address 2018 1830 US Route 130 North Initial City, State & Zip Code X Amended R#1-7/20/18 Burlington NJ 08016 Emergency Name of Contact Cancellation Telephone Number Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet ' # of Floors Bldg. Age County (6) County Code (7) 72500 Lawrenceville 50 Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. BRISTOL ENVIRONMENTAL INC Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number Frank Westfall License Number 215-640-5320 215-788-6040 Scheduled Start Date (10) Scheduled Completion Date (11) 00509 Name of OSHA Monitor 7/24/18 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 Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) Sunday - Thursday BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Is Location Description of Amount Abatement Type Normally Used Asbestos-Containing (Specify Solely by Material (ACM) SF or LF) Maintenance or (i.e., thermal systems Encapsulate Removal Repair Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility Rear Offices Mastic Break Room, Mens Room & Corridor 512 SF X Mastic Ladies Room, Corridor & Sales Floor 1,575 SF X Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 FAIRLESS HILLS LANDFILL 40 Cu Yd City, State

Disposal Date

TBD

Signature

Title

Estimator

City, State

Patrick J. Delaw/je

MORRISVILLE, PA

Date

7/20/18

NEW CASTLE, DE 19720

Completed By (Print or Type)

PATRICK T. DeCARO

Ø EPA

DOL.

City (5)

Street Address

DEP

DOH

DCA

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

Date of Notification (1)		- 15:				TOW	MI DIO
7/10/1	8	Nan	ne of Build	ng Owner / (Operator (2)	TITLE	FIME
Agencies Notified Type No		Dui	lington C	oat Factor	y		LLUGIM
Ø EPA9975	incation	Stre	et Address				
	nitial	183	US Rou	te 130 Nor	th	111111111111111111111111111111111111111	
F	mended	City,	State & Zi	p Code		$-\mu + 0ct$	-1 2018 112/1
		Bur	ington N	J 08016		1 1 .	7
DOH9982 DE	mergency ancellation	Nam	e of Contain	ct		A C I S	
	ancellation	Mike	Woods			wattrie.	Telephone Number
		EA	OII ITW II	FORTE		The second secon	917-838-4314
Name of Facility Where Abate	ment is Taking Pl	Sco (3)	CILITY	FORMATI	ON		
Durington Coat Factory S	tore #226	ace (3)		Type o	f Facility (4)	1	
Street Address	n many			니 Sc	hool (K-12)		
2495 Route 1, Suite 1					bchapter 8 (Other than K-12)	
				Oti	ner (i.e. priva	ate & commercial buil	di
City (5)	County (C)	10		Square	Feet	# of Floors	uings, nomes, etc.)
Lawrenceville	County (6)	County C	Code (7)	72500			Bldg. Age
-atticite tille	Mercer			Current	Use (Prior if	being demolished)	50
Non-JAS 11 1				Retail	(. 110) 11	being demolished)	
Name of Monitoring Firm Hired	by Building Owner	(8)	ASCM No		Λbolo		
F010	200	education			Anatement	Contractor (9)	
Street Address			· · · · · · · · · · · · · · · · · · ·	Street Ad	Idrone	NMENTAL INC	
436 Walnut Street					oress EAVER STE		
City, State & Zip Code				City Stot	e & Zip Cod	KEET	
Philadelphia, PA 19106				BRISTO	e a zip Coa	6	
Project Manager for Monitoring F	-irm T∈	elephone N	lumber	Telephon	L, PA 1900 e Number		
Frank Westfall	21	5-640-53	20	215-788	e Number	License	Number
Scheduled Start Date (10)	Scheduled Comple	etion Date	(11)	Nome of	0040	1	00509
112-0110	6/	BRICA	(, ,)	PRICE OF	OSHA Monit	Or	0000
Occupancy Status During Abater	ment (Cheek and	The state of the s	-	DRISTO	LENVIRON	NMENTAL INC	
L donly Glosed/vacated L	JUnna Entire Perio	d of Ab-a-	ment	Street Add	oress		
W Progrenietti Pettormed Of	Itside of Normal L	fours - 70	m to 2nm	1123 BE	AVER STR	EET	
10.00 PM -	6:00 AM)	10010 70	ii io spiii	City, State	& Zip Code		
Facility Occupied During	Ahatement			BRISTOL	-, PA 19007	7	
Scope of Work (Check all that app	oly)			1			
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23 sf or ≥3 lf	I ⊘i	Renova	41			Ill Containment with N	logoti p
≥160 sf ≥260 lf	R				☐ Mir	ni-Enclosure	egative Pressure
		Demoli	ION		☐ Glo	ove Bag Procedures	
Location of	1 1-	1 "			☐ No	n-Exempted and Non	F
Asbestos-Containing		Location		Descripti	on of	Amount	-Friable Procedure
Material (ACM)	1401	mally Used Solely by	1 .	Asbestos-Co	ontaining	(Specify	Abatement Type
TO BE ABATED	Mair	ntenance o	-	Material (ACM)	SF or LF)	
in Facility	Cust	odial Staff		i.e., thermal	systems	1 0, 2,	2 _ 5 m
(13)		(12)		ulation, surfa other misce	acing, VAT	1	ep cap
	Yes	No NA	7	other misce	maneous)		Enclsoure Encapsulate Repair
Sales Floor	П	ØП	-	M Pr			ate
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b)	-		-			.,,000	
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ame of Registered Waste Hauler							
Sistered waste Hauler		NJDEP 1	Vaste Cul	oic Yards	Name of D	Pegipton 1:	
ERVICE TRANSPORT GROUP	ILIO	Hauler II	No. of V	Vaste	Tanie of N	Registered Landfill	
ty, State	, INC.	20990			MINERVA	LANDFILL	
EW CASTLE, DE 19720			Dist	posal Date	City, State	LANDILL	
mpleted Du /D			TBI		WAYNED	RIIDO ALL	
ompleted By (Print or Type) ATRICK T. DeCARO		Title		ature	TOTAL INES	BURG, OH 44688	
		Estimat					Date
			1/A	Tail	TINOP	100 / M	7/10/18
18055			1,0	, voi Op	T. DeC	ary you	7.10

M8885	OTIF 9)	GATION	ate of Ne I/OE ASB to NJAC			EGI	<u>E</u> [Eag							
Date of Notification (1)		f Building			0.07	1	2040	1								
09/26/2018		n Siege	nthaler					OCT	- 1	2018						
Agencies Notified Type Notification			Street A	ddress				-		THE PERSON NAMED OF THE PE	4,000					
EPA Initial Amended Amendment		_		ite, Zip Co Rutherfo		07073	L.		AREERTO	9.00		1. 2	<u> </u>			
Emergency justification) DCA Cancellation	15.0			Contact n Siege	nthaler	•		Telephone Number								
			FACI	LITY INFO	ORMATI	ION							25-70	77.77		
Name of Facility Where Abatement is Takin Residence Street Address	g Place (3)						☐ Se	f Facility (chool (K-1	2)	er than K-1	2)					
							× o	ther (i.e. p c.)	orivate	& commerc	al buil			∋s,		
City (5) Rutherford, NJ					Square 2100	Feet	2	f Floors	rs Bldg. Age 40							
County (6) Bergen			County Code (7) Current Use (P (STATE USE ONLY) Residence						or if bei	ing demolis	ned)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)							Abatement Contractor (9) Ineral Construction, Inc								
Street Address		Street Address 1360 Clifton Ave, P							PMB Suite 218							
City, State, Zip Code		City, State, Zip Coo Clifton, NJ 070														
Project Manager for Monitoring Firm		Telephor	ne No.		Teleph	none No.			License N	lo.						
Start Date (10) 10/06/2018	d Con	npletion [Date (11)		Name	of OSHA	A Monitor al Const	ructio					12			
Occupancy Status During Abatement (Chec	700KE					Address		iuctio	11, 1110							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	oaten	ment						MB S	Suite 218		-					
Other – Describe:					_		on, NJ									
Scope of Work (Check All That Apply)	Set extraordi.															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CONTRACTOR OF THE PARTY OF THE	enova emolit					Mini- Glov	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e			
	1 SS27	.ocati	0.0000								Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Sole tena	ely by Asbestos Containii (i.e. thermal sys surfacing			scription of aining Material (ACM) systems insulation, cing, VAT, or niscellaneous)			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A		· - / - 11	1.0				X		6				
Basement			X	Р	ipe/Eit	ow ins	sulation		9	90 LF						
Name of Registered Waste Hauler		IN	JDEP W	aste /	Cubic	Yards		Name of	Registe	ered Landfill						
Service Transport Group			lauler ID 0990		ste											
City, State New Castle						sal Date 3/2018		City, State Wayne:		, OH 446	88					
Completed by Krutarth Jagad	lent			S	Signature	10	1	- 	Da	ate	2018					

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Date of Notification (1) 09 /	28 /	18	3		100000000000000000000000000000000000000			wner/Operator (-00	-	1	201	8
Agencies Notified EPA	Type Notific	ation				t Address				A	SBEST	105	OO NSI	NTH	(Fi.
☑ DOLWD	Amende	d						enue, Suite	203	art work name in processing		ormania.	-	errenza	200
☑ DOH	Amendm				1000	State, Zip							(+)		
□ DCA		ncy (in	cludin	g		rchmont,		10538							
(NJAC 5:23-8)	justificat				100000000000000000000000000000000000000	e of Contac				Telephone	Numbe	r			
	☐ Cancella	ition			Pa	trick Dob	bin	s		914-833	-3000				
					FA	CILITY IN	NFO	RMATION							
Name of Facility Where	Abatement is	Takin	g Place	(3)				25. <u>— </u>	Type of Facility	(4)					
Commercial									School (K-12						
Street Address									Subchapter 8	8 (Other than	K-12)	122			
540 Broad Street									Other (i.e., property)	rivate and cor	nmercia	al bu	ilding	gs,	
City (5)							0.011		Square Feet	# of Floors		Blo	dg. A	ne	_
Newark										" or r look	ħ.		ug. /	ge	
County (6)			n eda t		Cou	ntv Code (7	7)(ST	ATE USE ONLY)	Current Use (Pri	ior if heing de	moliche) d			
Essex						,	ησ.,	THE GOL ONE TY	Odirent ose (Fi	ioi ii beilig de	HUISHE	su)			
Name of Monitoring Firm	Hired by Buil	dina (Owner	(8)	ASCM	No	Ma	mo of Abatama	ent Contractor (9)						
Whitman Environm		unig c	JVVII CI	(0)	ASCIVI	NO.									
Street Address	ICIItai		-					The state of the s	NAGEMENT L	LC					
7 Pleasant Hill Roa								reet Address							
1	a	2000						27 Outwater							
City, State, Zip Code							1 78	ty, State, Zip Co							
Cranbury, NJ							(Garfield, NJ	07026						
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Te	lephone No.		License N	0.				
Kevin Lovely				1		-5858	5	973-928-4888		1188					
Start Date (10)						ite (11)	Na	me of OSHA M	Ionitor						
09 /29 /	18	1	0 /	_ 07	7_ /	18	1	ALL PRO MA	NAGEMENT LI	LC					
Occupancy Status During	Abatement (Check	c only c	one)			Str	eet Address				-			
☐ Facility Closed/Vacate					ment		1	27 Outwater I	ane						
☐ Abatement Performed	Outside of No	ormal	Facility	y Hou	rs - Des	scribe	-	y, State, Zip Co							
Time of Abatement: _	AM	P	Λ/	_PM		AM		Garfield, NJ							
Scope of Work (Check all	I that anniv)			4				Jainelu, No	07026						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and apply)		⊠ Re					Mini-Encl Glovebage	Procedure						
			10	1	·			☐ Non-Exe	mpted (*) and Nor	n-Friable Prod	edure				
Location	of		100	Loca: Norma				D				Aba	atem	ent Ty	ype
Asbestos-Containing		1)	Use	d Sole	ely by	Asbe	stos	Description of Containing Mar		Amount		Re	Re	E E	E
TO BE ABA			Sept. 100 (100 pt.)	intena	ince/ Staff?		., the	ermal systems i	nsulation,	(Specify		Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	ty		Ous	(12)				surfacing, VAT, ther miscellane		SF or LF)	Val		sula	sure
(1.5)			Yes	No	N/A	1	UL	nei miscellanei	ous)		- 1			ate	
1 st Floor- Auditorium						Pipe Ins	sula	tion- Wrap a	nd Cut	100 LF		\boxtimes			
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Name of Registered Wast	te Hauler			100000	IJDEP '		1000	bic Yards of	Name of Regist	tered Landfill			20.00		
ATC				F	lauler II		Wa		Minerva En						
City, State					SW-2	4310		osal Date	City, State	100 tean					
Shirley, NY								BD	Waynesbur	ra OH / Ma	rrievill	0 0	۸		
Completed By (Print or Ty	me)	Title	86			154			**ayilesbui	g, OH / WIO		е, г	А		
Allen Monchik	(hc)	Title		N#				Signature	020 %	,	Date				
Allen Wolldlik		PI	roject	ivian	ager			Allen	Monchik		9/28	8/18	8		

													Pr	int F
Ch124793		NOTIF	CATIO	tate of New . N OF ASBES t to NJAC 8:6	TOS ABATE 0 and 12:12	(0)		Contraction of the Contraction o		C	3 [\mathbb{V}	
Date of Notification (1) 9/25/18			Name of	of Building Ov Authority of	vner/Operato	r (2)			- Company	00	Т -	1	2018	-
Agencies Notified Type Notification	1			Address	IN I O INJ			113 1		00	1			-
X EPA Initial				rie Street,	Room 236	6		-	AS	REG	700	000	Tac	1 8
DEP X Amended	. 113	1	7.0200	ate, Zip Code				Lauren	0.31	_			O .	31.62
Fmergency	(including	, 		y City, NJ (J/310 						-54-2-74-00	100		50/YCG677A1
DOH justification;				of Contact Mehta					1) 59					
New York Control of the Control of t				ILITY INFOR	MATION			1/20	1) 00	0-40	301			
Name of Facility Where Abatement is Takir Marine Operations Building	ng Place (3)				Ту	pe of Facility (4	1)						
Street Address							School (K-12			17.40				
APM Terminals						×	Subchapter of Other (i.e. pr	ivate &	comn	K-12 nercia	!) al buil	dings	, hom	es,
City (5) Elizabeth						Sq	etc.) uare Feet	# of 2	Floors		E	lldg. A	Age	
County (6)				Code (7)		Cu	rrent Use (Prio	-	na dem	olish	ed)			
Union			(STATE	USE ONLY) _		of	fices		3	-11011)			
Name of Monitoring Firm Hired by Building T&M Assoc.	Owner (8))	0014		Name Pow	of A	batement Cont Save Inc.	ractor ((9)					
Street Address 11 Tindall Road					Street		lress erset Place							
City, State, Zip Code						-0.001.00.00	, Zip Code							
Middleton, NJ 07748							NJ 07012							
Project Manager for Monitoring Firm Kevin Burns			Telepho (732)	ne No. 671-6400	Telepi (973		No.		Licens		D.			
Start Date (10) 7/23/18	Schedul 11/2/18		mpletion	Date (11)			SHA Monitor							
Occupancy Status During Abatement (Chec	The Brightness of				0035 Street									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abaten	nent s			200000	, Zip Code							
Scope of Work (Check All That Apply)						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				d :	Full Containme Mini-Enclosure Glovebag Proce	edure						
	le le	Locat	ion		Ľ	<u> </u>	Non-Exempted	(*) and	Non-F	riable	e Pro	7.501 53	e ement	
Location of	1	Normal	lly		Description	of							pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole aintena	nce/	Asbestos	Containing Nermal system	Mater	rial (ACM)		nount		_		m.	m
In Facility (13)	Cus	todial 3 (12)	Staff?		surfacing, VA	T, or	r		oecify or LF)		Removal	Repair	ncap	Enclosure
(1.0)	Yes	No	KI/A	ot	her miscellar	neou	s)				oval	a:	Encapsulate	sure
additional material found	res	140	N/A										(D)	
east roof parapet wall	-		- V		pa = -11				0 1					
East roof	-		X		mastic			Service of	0 sf		х			
_ust1001			X		roofing fe	eit		462	20 sf		Х			
lame of Registered Waste Hauler		IN	JDEP W	/aste	ubic Yards	-	Name of R	ogiet-	nd ! -	, den				
aste Management		H	lauler ID -901		f Waste		Grows N		eu Lar	iatill				
ity, State ewark, NJ	Programme and Comment				isposal Date		City, State Morrisvil							-
Completed by	Title	W10			Signature	9	/ / /	7		Dat	e			
haron Hendee	Presi	ident					the le	1		100000000000000000000000000000000000000	25/18	3		

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Ch4779 -	. N	OTIFI	CATION	ate of New Jersey OF ASBESTOS to NJAC 8:60 and	BATEN 12:120)	MENT C!	- 14772	er.	- 1	201	A
Date of Notification (1)				Building Owner/Op				J			
9/26/18			75	. PATRICE	Δ,	GRA210		and modify or	- Marie Land	-	-
Agencies Notified Type Notification			Street Add	dress			ASIA		S CAL	NIA UG	OR.
☐ EPA ☐ Initial ☐ Amended		H	City State	e, Zip Code							
DEP Amended Amendment #			()	COTALNI	4~	NJ. 8	18854				
☐ Emergency (in		- F	Name of (Contact	-	. 1- 3	7 Telenhone Number	Г			
DOH justification)		- 1	vanie or v	Contact							
□ DCA □ Cancellation			•	GRAZIOS				_			-
Name of Facility Where Abatement is Taking Pla	200 (3)		FACIL	ITY INFORMAT	ION	Type of Facility (4)				
Name of Facility where Abatement is Taking Fit							73				
	2105	2		~		☐ School (K-12 ☐ Subchapter 8	(Other than K-12)				
Street Address	#4 55×5					Other (i.e. pr	ivate & commercial bu	iilding	s, hor	nes, et	c.)
City (5)			1.4			Square Feet	# of Floors	Bl	dg. A		
			59			1800	2		15	45	
County (6)		-1	County C	ode (7)		Current Use (Prior	if being demolished)			-2003	
MIDDLESEX				SE ONLY)			DENCE				
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCM	No.	Name	of Abatement Contr					
Name of Workoring 1 km 1 med by Danding 0	(0)		1.20	1.5.274							
Street Address						t Removal Address	Inc				
Street Address					450	South Ri	ver Street	-			
City, State, Zip Code		-			1	tate, Zip Code	VCI DEICE	_			
City, State, Zip Code					5.00	kensack,	NI 07601				
D : 116 - S Manitorina Film		- 1	Telephon	e No		one No.	License No.				
Project Manager for Monitoring Firm			rereprior	C 140.			00388)			
	Scheduled	1.0	lation Do	to (11)	201 ·	- 3 2 9 - 7 4 4 4 of OSHA Monitor	1 00383				
Start Date (10)	Scheduler										
Occupancy Status During Abatement (Check On	lu Ona)	10	10	(0	Ome	ga Enviro Address	nmental				
					-						
Facility Closed/Vacated During Entire Peri	od of Abat	ement				Huyler S state, Zip Code	treet				
Abatement Performed Outside of Normal I	2:5:	= PM				13 6900 2700	1 277 (77	0.0		
					Sou	th Hacken	sack, NJ (110	UD.		
Scope of Work (Check All That Apply)					0,0			2002-0			
□ ≥3 sf or ≥3 lf		lenovat Demolit			1		nt with Negative Press	ure			
≥ 160 sf or ≥260 lf	п г	Zemone	1011			Glovebag Proce	edure				
						Non-Exempted	(*) and Non-Friable P	roced			
	Is	Locati	on							ement pe	
Location of		Normal		De	escription	ı of			-,		
Asbestos-Containing Material (ACM)		ed Solel aintena		Asbestos Con	taining M	faterial (ACM)	Amount	-		豆	TI
TO BE ABATED		todial S		(i.e. thermal syst	VAT, or	lation, surfacing,	(Specify SF or LF)	₹em	Repair	ıcap	ncle
In Facility (13)		(12)		other	miscella:		51 01 21)	Remova	pair	Encapsulate	Enclosure
(.5)			1 27/4			Avecanos*		_		ite	c
	Yes	No	N/A					~	-	-	-
BASEMENT			0	VA-	7		450 SF	×			_
	+		+								
N CD 144 177 177 1		1	IIDED W	octa Cubic	Yards	Name of	Registered Landfill				_
Name of Registered Waste Hauler			IJDEP W Iauler ID			Taile of					
Best Removal Inc		1	1710		30	7S Mine	rva Enter	ri	ses		[,],(
City, State				Dispo	sal Date	City, Stat					
Hackensack, N.J. 07601				14	2/10/	18 Wayn	esburg, OF	1 4	468	8.8	
Completed by	Title				Signatur	0.	Dat	e	21.	, 1.	· ^

J. Maiorano

Estimator

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

01:20	7		Market Strategy				Commen		Linuxina de la Constitución de l) E C	; [\mathbb{V}	E
Chull	9	2 1			NOF ASI	BESTOS	ABATEM	ENT	Consultation (1)	1 Koc	77	3 2	2018	The state of the s
Date of Notification (1)	1 0						perator (2)				**********	102200		
9/26						ANI	e Al	AMS		ASBES	TOS	CON	TRO	I R.
Agencies Notified	Type Notification			Street Ac	ddress	0	11. At 15. (10. (10. (10. (10. (10. (10. (10. (10		L		50.53	15 (5.1)		pr
□ EPA	E Initial		-	C': 0:	. 7: 0	,	,							
DEP DOL	Amended Amendment #				te, Zip Co		2 2 4 6		Λ):	- 00	۵.	,		
	☐ Emergency (in		— ļ	Nama of	Contact	C H	MNS	wield	, 100	5.08	70.			
DOH DCA	justification) Cancellation		1		S. As	11 e								
D DCA	Caronation				LITY INE							_		-
Name of Facility Where Al		ace (3)						Type of Facili	ty (4)					
Ms. AT	DAMS						- 1	□ School (K-12)					
Street Address						*	1	Subchap Other (i.	ter 8 (Other e. private	er than K-12) & commercial	buildin	gs, ho	mes, e	tc.)
City (5)	1					•	1.5	Square Feet	#	of Floors	В	ldg. A	-40	
	BWNSM	ruck			2 5			2000		2		19	50	>
County (6)	LESEX			County C	Code (7) USE ONLY)		(ng demolished こんじ)			
Name of Monitoring Firm	Hired by Building Ow	mer (8)		ASCM	I No.		Name of	Abatement C						
					100		Best	Remov	al Ir	1C				
Street Address								Caratra a						
G: 0 - 7: 0 -									River	Stree	t			
City, State, Zip Code								te, Zip Code		07/01				
Project Manager for Monite	oring Firm			Telephon	a No		Telephon	ensack	, NJ	U / 601 License No		<u> </u>		
Project Manager for Monte	ornig Fillii			тетерноп	ie No.				20 20					
Start Date (10)		Schedule	d Comr	oletion Da	ate (11)		201 - Name of	329-74 OSHA Monit	44 or	0038	8			
10/11/1	9			2/18						7				
Occupancy Status During A				-110			Street Ad	a Envi	COTINE	nrai				
☐ Facility Closed/Vacat	ed During Entire Peri	od of Aba	tement				280 H	Huyler	Stre	et				
Abatement Performed Other – Describe:	Outside of Normal F	acility Ho	urs	Pn			City, Stat	te, Zip Code						
			3.00				South	n Hack	ensac	k, NJ	076	06		
Scope of Work (Check All	That Apply)	_												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renovat Demolit					Full Contain Mini-Enclo		Negative Pres	sure			
≥100 St 0t ≥200 ft		п .	Jemoni	IOII				Glovebag P	rocedure					
		T						Non-Exemp	ted (*) and	d Non-Friable	Proced	C-000 VIII-	ment	_
		100	Locati										pe	
Location Asbestos-Containing			Normali ed Solel		Acha		escription of	f erial (ACM)		Amount				
TO BE AB	ATED	11	aintenai todial S		(i.e. the	rmal syst	tems insulat	ion, surfacing		(Specify	Re	R	Encapsulate	Enc
In Facili	ity	Cus	(12)	naii:		other	VAT, or miscellaneo	me)		SF or LF)	Removal	Repair	psu	Enclosure
(13)		-		T >2/4		outer	misochanoc	,,,,			al		ate	re
		Yes	No	N/A					+-		-			
BASERENT		-		V		VAT			2	55 SF	X			_
							-							
Name of Registered Waste	Hauler			JDEP Wa		Cubic		Name	of Registe	red Landfill	-			-
D	_		H	auler ID	2,002/20	of Wa	ste 3cf	8 14.	00 <u>0</u> 01 <u>100</u> 0 200			200000		
Best Removal City, State	Inc			1710	19	Dispos	sal Date	City, S	tate	Enter	pri	ses	,)باب
Hackensack,	NI 07401					0.000	0/12/1	9	nesb	11rc OI	ı /.	468	Q	
Completed by	1110 11 11 11 11 11 11 11 11 11 11 11 11	Title					Signature	Nay	neon	Dai		· vo	-	

Estimator

J. Maiorano

			Land					ME	i C	E		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	rinEF
0h 1005		NOTIF	CATTO	tate of New Jers N OF ASBESTOS to NJAC 8:60 a	ABATE	MENT	г	图		Lane	and the second	2044	3
Date of Notification (1)			Name o	of Building Owner	/Operato	r (2)		117 111	_0C1		- 1	2018	3
09/25/18				das Group	0 0 0 0 10 10	(-)							
Agencies Notified Type Notification				Address				A:	OPEG.	101	(3)	Title Control	4. 6
EPA Initial				ant Avenue				L	-	derin	-	······································	
DEP Amended DOL Amendmen	t#		0.50	ate, Zip Code , NJ 07066									
Emergency justification)				of Contact				Telephon	e Num	her			
DOH justification) DCA justification			Dan l	Bamdas				973-69					
Name of Facility Where Abatement is Takir	a Place /	31	FAC	ILITY INFORMAT	TION	T = -							
Former Church Pre-School	ig Flace (3)				Туре	e of Facility (4						
Street Address						H	School (K-12 Subchapter	8 (Other than	n K-12)	1			
94 Fairmont Avenue						×	Other (i.e. pretc.)	rivate & com	mercial	l buil	dings,	hom	es,
City (5)						1 6	are Feet	# of Floor	s	E	Bldg. A	\ge	
Chatham County (6)				0.1.6		800		2		- 1 -	50+		
County (6) Morris				Code (7) USE ONLY)			ent Use (Prio urch Pre-S		molishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.	Name	120,000	atement Cont						
N/A	1550	50					k Solutions						
Street Address			Water Control		Street								
City, State, Zip Code							Drive						
only, state, 21p code					1		Zip Code NJ 07461						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph			Licer	nse No.				
					973-	997-	1650	013	09				
Start Date (10) 10/04/18			npletion	Date (11)			HA Monitor						
Occupancy Status During Abatement (Chec	10/11				Street								
Facility Closed/Vacated During Entire			nont				ton Road						
Abatement Performed Outside of Norn	nal Facilit	y Hour	S		City, S	tate, Z	Zip Code						
Other – Describe:					Pisc	ataw	ay, NJ 088	354					
Scope of Work (Check All That Apply)	_					,							
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renova Demoli				I Mi	III Containmei ni-Enclosure	nt with Nega	tive Pre	essu	re		
					×	GI	ovebag Proce						
	le le	Locat	ion		100	ı INC	on-Exempted	() and Non-	riable	Pro	5/52 (2)	ement	
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Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbestos Cor (i.e. therma	taining M	lateria		Amount (Specify		71		Ē	ш
In Facility	Cus	todial ((12)	Staff?	surfa	cing, VA	T, or		SF or LF		Remova	Repair	caps	nclo
(13)	V		L	other	miscellar	eous)				val	air	Encapsulate	Enclosure
Throughout 1&2 Floors	Yes	No	N/A	n	lac C			0.404.5	_			u u	
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crawispace	-	Х	-	pipe & f	tting in:	sulati	ion	100 L.F	-	x			
			-										
Name of Registered Waste Hauler		I A	JDEP W	aste Cubin	Yards		Nome of D	oninto-s d l	nde!!				
Atlantic Carting		H	lauler ID	No. of Wa	ste		G.R.O.V	egistered La V.S.	manii				
City, State		1	90713		20 sal Date		City, State						
Wayne, NJ					sai Date ompleti	on	Morrisvil	lle. PA					
Completed by	Title		-		Signature		1	-, - , -	Date				
Stan Stankovic	G. N	lanag	er		5	tan S	Stankovic		09/	25/	18		

Shift.	3	1		CATION	ate of New Jerse TOP ASSESTOS to NJAC 8:60 ar	ABATE			ā	Eneck# 44	G Pat	<u>-1</u>	2	<u>√</u>
Date of Notification (1)				Name o	f Building Owner/	Operator	(2)			994				
09/25/2018			1	Nat Pa	itel					ASBI	ESTO	3 C		ROH
Agencies Notified	Type Notification			Street A	ddress				L		Line	Proposition in	010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
EPA DEP DOL	Initial Amended Amendment			100	ate, Zip Code on, NJ 07940									
	Emergency (including	1 22		f Contact				Te	lephone Nur	nber			
DOH DCA	justification) Cancellation		N	Nat Pa	tel				1.					
				FACI	LITY INFORMAT	ION								
Name of Facility Where A	batement is Taking	Place (3)			7/	Тур	e of Facility	(4)					
Residence Street Address	1.00								r 8 (Oth	ner than K-12 & commerci		dings,	hom	es,
City (5) Madison NJ							Squ	are Feet	# 0	of Floors	В	ldg. A	ge	
County (6)				Country	Code (7)		Cur	ront Lleo (Pr	ior if bo	ing demolish	nad)		-	
Morris					USE ONLY)		Cui	ient use (i i	ioi ii be	ing demonsi	icu)			
Name of Monitoring Firm	Hired by Building (Owner (8)		LASCA	A No.	Name	of At	atement Co	ntracto	r (9)				
rianie or mornioring i mir								toration L						
Street Address						Street							_	
						72 Br	ook	side Rd						
City, State, Zip Code		75				City, S	State,	Zip Code						
					(-)			, NJ 078	69					
Project Manager for Moni	toring Firm			Telepho	ne No.	Telepl				License N	0.			
						9739				01358				
Start Date (10)	1			npletion	Date (11)	100000000000000000000000000000000000000	of O	SHA Monitor						
10/06/2018		10/08/2				IRIS	۸۵۵۰	000					_	
Occupancy Status During								22 West						
Facility Closed/Vaca Abatement Performe	ted During Entire F ed Outside of Norm	Period of all Facility	Abatem v Hours	ient		5. 0.5000000	The state of the	Zip Code			-			
Other - Describe: _			, , , , , , , ,					J 07083						
Scope of Work (Check All	That Apply)					1011101	,,,,	0 01 000						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit		-20 av		N G	lini-Enclosur llovebag Pro	re ocedure	h Negative F			e	
			Locati									Abate	emer pe	it
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Use	Normal ed Sole aintenar stodial S (12)	ly by nce/	Asbestos Cor (i.e. therma surf		Materi s insu AT, or	ılation,	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
April 5471	900	Yes	No	N/A									ate	0
Basement area			х		TSI- wrap &	cure			200 I	_F		×		
		_		1					1			1		

NJDEP Waste Hauler ID No.

0033782

Title

President

Name of Registered Waste Hauler

Nick Restoration LLC

Completed by

Nikica Mrda

City, State Randolph, NJ

Cubic Yards of Waste

Disposal Date

Signature

TBD

TBD

Name of Registered Landfill

Date

09/25/2018

G.R.O.W.S

Tullytown, Pa

City, State

sh 1002, 1004	4	OTIF	CATION	ate of New Jerse OF ASBESTOS	ABATE	MENT		Annual description		C	13_	<u> </u> Pri	QI.
Date of Notification (1)		(P)	ursuant 1	Building Owner/	d 21420	9/		day.		001	_	1 20	11
09/21/18			Meridi	a 1001, Linde	n, LLC			-		-			
Agencies Notified Type Notification			Street Ad 201 Sc	ddress outh Wood Av	/enue				AS	PEST	ras (loth	HME NOVE	P
EPA Initial DEP X Amended			City, Sta	te, Zip Code								Ham	
X DOL Amendment		_	Linder	n, NJ 07036									
 Emergency justification 			Name of	Contact				Tele	phone N	umber			
DCA Cancellation			Stan S	Stankovich				97	3-390-7	7113			
	- 10		FACII	LITY INFORMAT	ION	Γ=	. T. F 1976 . / A						
Name of Facility Where Abatement is Takir	ig Place (3	5)			4	_	of Facility (4						
Warehouse							School (K-12 Subchapter 8		r than K	12)			
Street Address							Other (i.e. pr				ildings	, home	35
1001 West Elizabeth Avenue						- E	etc.)						_
City (5)							re Feet	# of 2	Floors		Bldg. / 50+	ige	
Linden			0	S- J- /7\		20,0	nt Use (Prio	1857	المصمان		JUT		_
County (6)			County C	Jode (/) JSE ONLY)			nt use (Prio rehouse	r ir beir	ng demoli	snea)			
Union	0		100 Carlotte (100 Carlotte	esatestonnoutes a	Nomo		tement Cont	rantar	(0)		-		_
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	1 NO.	The state of the s		Solutions		*				
					77/1770	Addres		, LLO				_	_
Street Address					10000000	Edsall							
City, State, Zip Code					District View		ip Code					-	_
City, State, Zip Code							J 07461						
Project Manager for Monitoring Firm			Telephor	ne No		hone No			License	No			-
					973	-997-1	650		01309				
Start Date (10) 09/14/18	09/25/		npietion L	Date (11)	EMS		HA Monitor						
Occupancy Status During Abatement (Che						Addres	ec .						_
					1 2000		ton Road						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of A	Abaten	nent				ip Code						-
Other – Describe:	nai r dointy		<u> </u>				ay, NJ 088	354					
Scope of Work (Check All That Apply)					1 100	Jalawa	29, 140 000	, ,					-
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	Renova Demoli			>	Mir K Glo	Il Containme ni Enclosure ovebag Proc		negative	Press	ure		
	_				<u> </u>	K No	n-Exempted	(*) and	Non-Fri	able Pr			
	1000	Locat										tement ype	-
Location of		Norma			escription						T		T
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	ince/	Asbestos Cor (i.e. therma	ntaining i al system	viateriai is insula	ation.		mount pecify	20	_	Encapsulate	ı
In Facility	Cus	todial (12)		surfa	acing, VA	AT, or		SF	or LF)	Remova	Repair	aps	
(13)		(/	_	other	miscella	neous)				va	=	ulat	
	Yes	No	N/A	pipe	elbow i	insulat	ion		7 L.F.	x		Ф	1
Roof		х			ng mat			4,8	00 S.F.	- 15500			
In the middle of the building		х		pipe	e insula	ation		15	L.F.	х			1
In the middle of the building		х		pipe el	bow ins	sulatio	on	7	L.F.	х			1
									-11 :	CII			
Name of Registered Waste Hauler Atlantic Carting		H	NJDEP W Hauler ID 190713	715 CANADA 11.5400 SAM			Name of F		red Land	TILL			
City, State Wayne, NJ				2	osal Date		City, State Morrisv		A				
Completed by	Title				Signatur		111011101			Date			-
Stan Stankovic	(A)	lanag	ger				Stankovic			09/21	/18		
ACCESSOR SERVICE AND ACCESSOR ACCESSOR AND ACCESSOR ACCES	100000000000000000000000000000000000000	0.1771.788			_	W100 TO THE R. P. LEWIS CO., LANSING, MICH.							

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A 1.4 A 11.	e of Notification (1)	1.00			Name of	Building (Owner/C	perator	(2)		-11	111	-0CT		1 20	718
	9/13/18					a 1001,										
Age	encies Notified	Type Notification			Street Ad				-		-	AC	PEST	027	Yout	SY N
_	NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	₩.			201 S	outh Wo	od Av	enue				PAG	14 NEW 2	551		TVI-ZA
×	EPA DEP	Initial Amended		-	City, Sta	te, Zip Co	de				<u> </u>			~ ~~		-
×	DOL	Amendment #		_	Linder	n, NJ 07	036									
x	DOH	Emergency (in justification)	ncluding	T	Name of	Contact					Tel	ephone N	lumber			
×	DCA	Cancellation			Stan S	Stankovi	ch				97	3-390-7	7113			
_					FACII	LITY INFO	RMATI	ON		- Versiel - Production						
	ne of Facility Where A	Abatement is Taking	Place (3)					Тур	e of Facility (4)					
(3)(3)	arehouse									School (K-12						
24.00	eet Address								×	Subchapter 8 Other (i.e. pr				Idinas	, home	es.
10	001 West Elizabet	th Avenue								etc.)				V=		
25	(5)									uare Feet		f Floors		Bldg.	Age	
	nden									,000	2			50+		
	inty (6)				County C	Code (7) JSE ONLY)				rent Use (Prio	r if bei	ng demol	ished)			
	nion				32		W-1-			arehouse						
	ne of Monitoring Firm	Hired by Building O	wner (8)		ASCM	1 No.				batement Cont		(8) 50				
N/								-		rk Solutions	, LLC	,				
Stre	eet Address							Street								
-								The second		III Drive						
City	, State, Zip Code							100000		Zip Code NJ 07461						
-				- 1	T-1	- a Mar		3.55,000		SCHOOL STATE STATE		Licence	No			
Pro	ject Manager for Mon				Telephor				-997	'-1650		License 01309				
	rt Date (10)				npletion [Date (11)				SHA Monitor						
	9/14/18		09/25/	2000				EMS	2000							
Occ	cupancy Status During	g Abatement (Check	Only On	ie)				Street		ress elton Road						
×	Facility Closed/Vaca Abatement Perform	ated During Entire P								Zip Code				_		
H	Other – Describe:	ed Odiside of North	ai r aciiity	Hours	• //		_	1.5		иау, NJ 088	25/					
Scc	pe of Work (Check A	II That Apply)						1 130	ala	way, 140 000	704					
	≥3 sf or ≥3 lf	л тпас Арргу)	□ R	Renova	tion			×	<u> </u>	Full Containme	nt with	negative	e Press	ure		
×	≥160 sf or ≥260 lf		×	emolit	ion			H	_	Mini Enclosure Glovebag Proc						
								×		Non-Exempted		d Non-Fri	able Pr	oced	ire	
			le	Locati	on										temen	t
	Location	n of	1	Normal	ly		De	scription	of						уре	
	Asbestos-Containing	Material (ACM)		d Sole intena			tos Con	taining N	Mater	ial (ACM)		mount			m	m
	TO BE ABA			todial S		(i.e.		system cing, VA				Specify F or LF)	Remova	Re	Encapsulate	Enclosure
	(13)	ity		(12)				niscellar			01	0, 2, ,	SVOL	Repair	sula	nusc
			Yes	No	N/A					75			=		ate	9
W	arehouse #1/inte	rior roof/ceiling	100	Х	140.4		t	ransite)		2,4	00 S.F.	x	+	1	
	Warehouse #1/b			X			9	pray o	n		61	0 L.F.	x			
_	vvarenouse # 1/b	ack 2 1001115		^			3	pray or	11		- 0	J L.1 .			+-	
			-										-	-	-	
Nar	ne of Registered Was	ste Hauler	N and the last	140.00	IJDEP W lauler ID		Cubic of Wa	Yards		Name of F	Registe	ered Land	lfill			
Atl	antic Carting				90713	140.	30			G.R.O.\	N.S.					
City	/, State			Ι,	30,10			sal Date		City, State						-
1000000	ayne, NJ						50.000.000.000	omplet		Morrisv		PA				
	mpleted by		Title				1000011100000	Signature					Date			
1	an Stankovic		G. M	lanag	er			-		Stankovic			09/13	3/18		

Print Form

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

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Date of Notification (1) 9/24/18					of Building O			(2)			1		C I	E	W	E
Agencies Notified	Type Notification		-	Street A			. 00,,,,			- 11	-	CONTRACT			- H	
				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	alcolm Stre	eet. S	Suite 2									
EPA DEP	X Initial Amended		-		ate, Zip Code						1 11	-0	CT	-1	201	8
X DOL	Amendmen		_		stown, NJ		60			1		1000				
X DOH	Emergency justification				f Contact				100	Tel	ephone	Nur	nber.	0.00		
DCA	Cancellation			John I	Egan					97	3-951	-69	79	8 (K.		CH. N
					ILITY INFOR	RMATI	ON						•			
Name of Facility Where	Abatement is Takir	ng Place (3)	P)					Type	of Facility (4	4)						
home									School (K-1	2)						
Street Address						STAILE LATE			Subchapter Other (i.e. p					dinas	homo	
									etc.)	iivale c	x COIIIII	iercia	ii Dulli	Jiligs,	HOHIE	35,
City (5)								100	re Feet		Floors			ldg. A	ge	
Mountainside								2200	2	2				3		
County (6) Union					Code (7) USE ONLY)		_	Curre	ent Use (Pric	r if bei	ng dem	nolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	Λ No.		Name	of Aba	tement Con	tractor	(9)					
							ABS	Envi	ronmental	Serv	ices,	LLC				
Street Address							Street	7.0	584							
							POE	30x 48	83, 4 E G	ate D	rive					
City, State, Zip Code							DESCRIPTION OF STREET		ip Code	0.0151						
							0.857.00.80		, NJ 074	18						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 973-	one No 764-2			Licens 703	se No).			
Start Date (10)		Schedule	Con	pletion I	Date (11)		Name	of OSH	HA Monitor							
10/6/18		10/14/1	_													
Occupancy Status During	g Abatement (Ched	k Only One	:)				Street	Addres	ss							
Facility Closed/Vaca	ated During Entire	Period of Al	oatem	ent												
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours				City, St	tate, Zi	p Code							
			THE PART			-										
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Continued	enova				×		Containme	nt with	Negati	ve P	essu	re		
× ≥160 sf or ≥260 lf		De	emoliti	on				* COMPANS	i-Enclosure vebag Proc	edure						
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Asbestos-Containing TO BE ABA			Sole		Asbestos						nount		_		щ	m
In Facili		Custo		taff?			systems cing, VA		ition,		pecify or LF)		Rem	Repair	ıcap	nck
(13)			(12)		0	other m	niscellan	eous)		7.8			Removal	oair	Encapsulate	Enclosure
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Baseme	ent *			x		flo	oor tile	1		45	0 SF		X			
		++		7,5)							0 01		^			
		-														
Name of D																
Name of Registered Was			100	JDEP W auler ID		Cubic \ of Was			Name of R	Register	ed Lan	ndfill				
Tonys Cleanup & Ha	uling		10000	7787		TBD			Chrin Br	other	s San	itary	/ Lar	ndfill		
City, State					[Dispos	al Date		City, State							
Bridgewater, NJ					Т	TBD			Easton,							
Completed by		Title				Si	ignature	1	1,			Dat	е			
A. Scott Higgins		Presid	lent					1	11-		_	9/2	4/18	3		



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

u	ПС			ICATION	N OF ASE	ESTOS	ABATE		NT C	Ro.	ale		27	20	1	
Date of Notification (1) 9/26/18					of Building		Operator	r (2)		0	M	E	5	官	1	\mathbb{V}
Agencies Notified	Type Notification			Street A	ms Gate	9					1-4					
				Street F	duress							Λ	CT	_	1 2	018
EPA DEP	X Initial Amended		1	City, Sta	ate, Zip Co	ode		_		-		U	61		1 6	010
X DOL	Amendment			Union										-	or market	. y y y
⊠ DOH	Emergency (ijustification)	ncluding		Name o	f Contact					Te	ephone ¹	Numb	er.	03 ((111)	HOL
DCA	Cancellation			Christ	iana						8-884-			or survey		il en enemel
Name of Facility Where	Laboratio Tall	D. /		FAC	ILITY INF	ORMAT	ION								117	
Name of Facility Where A	Abatement is Taking) Place (3)					T)	pe of Facility (4)						
Street Address									School (K-12 Subchapter 8		orthan l	(10)				
o moot / idai ooo								×					ouilo	lings,	hom	es,
City (5)									etc.) quare Feet	1 # 0	f Floors		Гр	dg. A	00	
Union									300	2	1 10015		7		ige	
County (6)					Code (7)	-			urrent Use (Prior	1 3	ng demo	lished	77.0			
Union				(STATE	USE ONLY)		h	ome		9		, ,			
Name of Monitoring Firm	Hired by Building C	wner (8)	ASCN	Л No.				Abatement Contr		(A) 500					
							ABS	Er.	nvironmental	Serv	rices, L	LC				
Street Address							Street						11			
City, State, Zip Code							-		483, 4 E Ga	te D	rive					
Oity, State, Zip Code							1000 CO.		e, Zip Code ood, NJ 0741	0						
Project Manager for Moni	toring Firm			Telepho	ne No		Teleph			0	Licens	o No				
				Гоюрпо	rie ivo.		7.1		4-2276		703	e No.				
Start Date (10)		Schedul	ed Cor	npletion I	Date (11)				OSHA Monitor							
10/8/18		10/22/					116-0500485-1									
Occupancy Status During	Abatement (Check	Only O	ne)	=111:			Street	Add	dress							
Facility Closed/Vaca	ted During Entire P	eriod of	Abaten	nent												
Abatement Performe Other – Describe: b	asement	ai Facility	/ Hours	3			City, S	State	, Zip Code							
Scope of Work (Check All	That Apply)														-	
≥3 sf or ≥3 lf		X F	Renova	tion			×	7	Full Containmen	k	NaE	. D.				
× ≥160 sf or ≥260 lf		Processor.	Demolit						Full Containmen Mini-Enclosure	t With	Negativ	e Pres	sur	е		
							-		Glovebag Proce Non-Exempted (Non Er	ioblo F	2-0-			
		lo	Locati	0.0			-	_	Non-Exempted () and	I NOII-FI	lable r		276 27.	ment	
Location	of	1	Vormal	ly		Dec	scription	of	1					Ту		
Asbestos-Containing I			d Sole		Asbes	tos Cont	aining M	/late	rial (ACM)	A	mount				Ш	
<u>TO BE ABA</u> In Facilit		(III)	todial S		(i.e.		systems cing, VA				pecify or LF)	3	RP	Re	nca	Enc
(13)	,		(12)				niscellan			31	OI LF)	1	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1	-		ate	Гe
Baseme	nt			x		floor t	ile & m	asi	tic	45	0 SF	X				
				Х		pipe	insula	tior	1	4	5 LF	X				
												-	+			
												-	-			
Name of Registered Wast	e Hauler		IN	JDEP W	aste	Cubic	Yards		Name of Re	oriete	red Land	fill				
Tonys Cleanup & Ha			Н	auler ID		of Was			Chrin Bro	0.00			.an	dfill		
City, State Bridgewater, NJ						Dispos	al Date		City, State	~						
Completed by		Title				TBD			Easton, F	A						
A. Scott Higgins		Pres	ident			S	ignature	1	11	_	- 1	Date 9/26/	18			



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

				N OF ASB t to NJAC				01	10	h	18	08	20	
Date of Notification (1) 9/26/18				of Building baters	Owner/	Operator	(2)		لك ا		EC	E	I	\mathbb{V}
Agencies Notified Type Notification			Street	Address						153				
EPA Initial				ox 643						Action of the state of the stat	O.C.	Т -	1 2	018
DEP Amended Amendment	44			tate, Zip Co		40				e Lab	- 00	1		
Emergency	(including	_		lesex, No		16							***************************************	
DOH justification) DCA Cancellation				of Contact ael Rodr						ephone A 8-361-0				
Caricellation				ILITY INF	-	ION			94	18-361-0	889			
Name of Facility Where Abatement is Takin	g Place ((3)	FAC	ILIII INF	ORWAI	ION	Type	of Facility (4)					
home								School (K-12						
Street Address								Subchapter of Other (i.e. pr	8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	es,
City (5)			- 10					etc.) e Feet	T # 0	f Floors	Ti	Bldg. /	Age	
Milltown							2100)	2			61		
County (6) Middlesex				Code (7) USE ONLY)		Currer	nt Use (Prio e	r if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.				ement Cont onmental						
Street Address	-		1				Addres	and the second of the second	Serv	ices, LL		_		
						1000		s 33, 4 E Ga	ate D	rive				
City, State, Zip Code							tate, Zi							
						3333		NJ 0741	18					
Project Manager for Monitoring Firm			Telepho	one No.			none No 764-22			License 703	No.			
Start Date (10) 10/6/18	Schedul 10/14/		mpletion	Date (11)		Name	of OSH	A Monitor						
Occupancy Status During Abatement (Chec						Street	Address	S						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: basement	Period of	Abaten	nent				tate, Zip							
Scope of Work (Check All That Apply)						10								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-	Renova Demolit				×	Mini Glov	Containmer -Enclosure rebag Proce -Exempted	dure				e	
24 vine 800°		s Locat Normal											ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial S (12)	ly by nce/	Asbest (i.e.	tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial (insulat T, or	(ACM)	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	U
Basement			X		fl	oor tile			48	0 SF	x			
							-				+			
Name of Registered Waste Hauler	1	100	JDEP W		Cubic	Yards		Name of R	egiste	red Landfi				
Tonys Cleanup & Hauling		332	auler ID 7787	No.	of Was	ste		Chrin Bro	55			ndfill		
City, State Bridgewater, NJ					Dispos TBD	sal Date		City, State Easton, I	PA					
Completed by A. Scott Higgins	Title Pres	ident			S	ignature		1		11233	ate /26/18	8		

CH Mal	١		CATION		v Jersey ESTOS AB 8:60 and 12					E (CE		₩Pr	
Date of Notification (1) 09-21-2018		(P	Name o		Owner/Ope					-0	CT-	1 2	2018	
Agencies Notified Type Notification EPA Initial	n		Street A						art	ASSE	STOS HGE	NOTAL COM	180 9	
EPA	(including	_	Nutley Name o	ate, Zip Co / NJ 071 f Contact na Russo	10				Tele	phone N	Number			
Name of Facility Where Abatement is Taki					ORMATION		Type	of Facility (4	1	10000000				
Private Dwelling Street Address		/. 					B	School (K-12 Subchapter 8 Other (i.e. pr	?) 3 (Othe	r than K	(-12) ercial bu	ildinas	hom	es
City (5) Nutley NJ 07110								etc.) re Feet		Floors		Bldg. A		
County (6) Essex			(STATE	Code (7) USE ONLY)		-		ent Use (Prio ate Dwelli		g demo	lished)			
Name of Monitoring Firm Hired by Building Standard Environmental	Owner (8)		ASCN	ЛNo.	A	٩Ма	х Соі	tement Cont ntracting L		9)				
Street Address 2108 Fulton St, Suite 2A City, State, Zip Code					F	PO E	Addre BOX	734						
Brooklyn NY 11233						1500		ip Code I Park NJ (07424					
Project Manager for Monitoring Firm Kayode Adefisoye				41-7673			one N 692-6		1.3	License 01266				
Start Date (10) 10-03-201	11-03-2	2018	npletion	Date (11)				HA Monitor ntracting L	LC					
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	baten	nent		Ci	O E			77424	Ų.				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enova emolit				×	Ful Mir Glo	I Containmer ni-Enclosure ovebag Proce n-Exempted	nt with I	Negative			re	
Location of	N	Locati	ly		Descrip	ption	of						emen	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/	Asbest (i.e.	os Containi thermal sys surfacing other misc	tems , VA	insula T, or	(ACM) ation,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Attic	Yes	No	N/A X		Vermi	cula	to		600) SF	X	-	ate	œ ·
Auto					Venni	Cuia	ile			J 3F	^			
												-		
Name of Registered Waste Hauler Amax Contracting LLC		Н	JDEP W auler ID 036184	No.	Cubic Yar of Waste 10 CY	ds		Name of R Fairless		ed Land	lfill		10	
City, State Woodland Park NJ 07424			20010		Disposal E 11-09-20		<u> </u>	City, State Morrisvil	le PA	S-1113				
Completed by Tome Maslarkov	Title Proie	ct Ma	anager		Signa	ature	_	2			Date 09-21	-2018	3	

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noch	1		CATIO		Jersey STOS ABAT 60 and 12:12		ENT		EU			W/	5
Date of Notification (1) 9/26/18					wner/Operato		2)		00)] -	1-2	018	1
Agencies Notified Type Notification EPA Initial	n	100		Address est State S	Street				ASBES	STOS LIGIT			. K-
DEP X Amended Amendme				ate, Zip Cod on, NJ 086				Later Consultation		SUIT THE SUIT SHARE	and the least of t		
DOH justificatio		1.00		of Contact a Bruno					hone Ni				
	201			ILITY INFOR	RMATION								
Name of Facility Where Abatement is Tak Abandoned Flood House	ing Place (3	3)				T	ype of Facility (4						
Street Address 587 Watson Ave							School (K-12 Subchapter Other (i.e. pr	8 (Other			ldings	, hom	es,
City (5) Woodbridge, NJ							etc.) Guare Feet 500	# of F	loors		Bldg. A	Age	
County (6) Middlesex	3.00			Code (7) USE ONLY)		C	current Use (Prio Abandoned FI	r if being					
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASC	M No.			Abatement Cont zzi Environme			s, Inc			
Street Address					0.000.00		Idress nnelon Rd.			98. _{- 1}			
City, State, Zip Code					10.000		e, Zip Code on, NJ 07405						
Project Manager for Monitoring Firm		1	Telepho	ne No.	Telep 908-		e No. 8-0880		icense 1	No.			
Start Date (10) 09/11/2018	Schedule 10/5/20		pletion	Date (11)			OSHA Monitor zzi Environme	ental Se	ervices	s, Inc.	8		
Occupancy Status During Abatement (Che	eck Only On	ie)			Stree	100							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Abandoned Struct	rmal Facility	Abateme	ent		City, S	Stat	e, Zip Code						
Scope of Work (Check All That Apply)					- Kinr	ieic	on, NJ 07405						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio				×××	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
Location of	N	Locatio	У		Description	n of					Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solely intenan- odial St (12)	ce/	(i.e. th	s Containing I ermal system surfacing, VA other miscella	ns in	sulation, or	Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
Pagament	Yes	No	N/A	0		_						ate	ē
Basement			X		Bag & Wrap			150	. 55%	X			
Subsurface		X	Foui	ndation Wa	ater	proof	625	sf	X				
Name of Registered Waste Hauler	ame of Registered Waste Hauler						Name of R	anintara	4 Londe				
Yannuzzi Group, Inc.		На	IDEP Wauler ID 467	No.	Cubic Yards of Waste 2		Waste M				SS		
City, State Kinnelon, NJ		,			Disposal Date 0/5/2018		City, State Fairless	Hills, P.	A				
Completed by John Mucha`	Title Senio	r Proj	ect Ma	anger	Signatur	9	Inucha		7.0	ate /26/18	3		

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m ch			ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE			圆	EC	E			
Date of Notification (1) 9/26/2018				of Building of New						OCT	- 1	201	8	
Agencies Notified Type Notification				Address est State	e Stree	t		1						
EPA Initial DEP X Amended DOL Amendmen	t#_2			ate, Zip C				Lo	-25-52-2-	ASBERT	A STATE OF THE STA		74 <i>X</i>	
DOH justification Cancellation	1		Name o	of Contact a Brunc					0.000	lephone N				
	<u> </u>			ILITY INF		ION				70 100 0	. 10			
Name of Facility Where Abatement is Takin Abandoned Flood House	ng Place (3)						of Facility	TOTAL TOTAL					
Street Address 76 S. Robert St							×	School (K-Subchapter Other (i.e. petc.)	8 (Oth	er than K- & commer	12) cial bui	ldings	hom	es,
City (5) Woodbridge, NJ								re Feet	# c	f Floors	11.5	3ldg. <i>A</i> 50 +	\ge	
County (6) Middlesex			County (STATE	Code (7) USE ONLY)			ent Use (Pri ndoned F			shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.				tement Cor Environm			s, Inc.			
Street Address							Addre: Kinne	ss Ion Rd.						
City, State, Zip Code								ip Code NJ 0740	5					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none N 218-0	0.		License 01228	No.			
Start Date (10) 09/20/2018	Schedul 10/5/20		npletion	Date (11)		Name	of OSI	HA Monitor Environm	ental		s Inc			
Occupancy Status During Abatement (Chec						Street	Addres	ss			,			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	nal Facility	Abaten / Hours	nent s					lon Rd. ip Code						
Other – Describe: Abandoned Structur	e ,				-			NJ 0740	5					
Scope of Work (Check All That Apply)				2		-	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mir Glo	l Containment- ni-Enclosure ovebag Prod n-Exempted	edure					
Location of	100	Locati				13 40			- (<i>)</i> a	4 11011 1110	100	Abate	ment pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining N systems cing, VA niscellan	Material s insula T, or	(ACM)	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	
Entire Structure			X		RACI	∕l Struc	cture		15	500 sf	X			
Name of Pagistased Waste Hands		1	IDEE											
Name of Registered Waste Hauler Yannuzzi Group, Inc.		Н	JDEP W auler ID 7467		of Was					red Landfi gement f		ss		
City, State Kinnelon, NJ					Dispos 10/5/2	al Date 2018		City, State Fairless		PA				

Completed by

John Mucha `

Title

Senior Project Manger

Date

9/26/2018

Signature

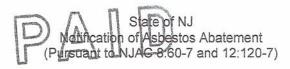
B & G proj. #: 2

2018-198

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

Check # 9211 Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/12 17 1/11 18 1 County of Hudson Agencies Notified Type Notification Street Address EPA OCT - 1 2018 567 Pavonia Avenue Initial DEP City, State, Zip Code Amendment DOL Jersey City, NJ 07305 Name of Contact X DOH Telephone Number Cancellation ☐ DCA John Delutis 201-369-2777 **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Vacant dwelling Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 13 Oakland Avenue # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Jersey City, NJ 07306 Hudson Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) 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 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 10/08/2018 10/20/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) X Demolition Full Containment w/negative pressure Renovation Glovebag procedure Non-friable procedure X Mini-enclosure $\square > 3 \text{ sf or } > 3 \text{ lf}$ X ≥160 sf or ≥260 lf is location normally used solely Location of by maintenance/custodial e e n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material to be material (ACM) C 0 а a abated in facility (13) L Yes No N/A V p X exterior transite siding 3.500 sf 1,375 sf X exterior X built up roofing & flashing materials X 200 lf x pipe (cut & wrap) basement area NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler B & G Restoration, Inc. 45 cy Tullytown Resource & Recovery Center Disposal Date City, State City, State Lincoln Park, NJ 10/08/18 - 10/21/18 Tullytown, PA Signature Completed by (Print or Type) Gordana Luna Date Gordana Luna Secretary/Treasurer 09/27/2018

B & G proj. #: 2018-197



Check # 9209

Date of Notification	/1\				HERICA PARTITION OF THE	DECEMBER OF STREET							
10 19 1/12 17					er/Operator (2)	É		In E	CE		W		1
Agencies Notified	Type Notificat	ion	Yanny Sa		 				9 -		1.11/1		Ш
EPA			treet Addres	SS						A	0040		
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X DOL	☐ Amendr		ity, State, Z Bloomfie	· Control of the cont	7003			Chilliphe and Ch					J
₩ DOH			ame of Con		11 003				DESTOS		r(Ar	i R	_
	☐ Cancella	1.1						relephon	e Number				is 1 10
☐ DCA			Yanny S	Satrijana	ti						_		
				FAC	LITY INFORM	ATION			310000				P-1000 P 10.0
Name of facility wh	ere abatement i	s taking pla	ace (3)					Type of Facility					
Yanny Satrijar	nati								I (K - 12)			12)	
Street Address								10000	apter 8 (Ot (Private/Co			12)	
								Bldgs.	Homes, et	c.		ig. Ag	70
City (5)		Cour	nty (6)			Cour	nty Code (7)	Square Feet	# 01 10013		ы	ig. As	30
Bloomfield		For				. 7	e use only)	Current Use (P	rior if being	dem	olishe	d)	
			sex			L.,,		Residential					
Name of Monitoring	g Firm Hired by	Bldg. Owne	er (8)	1	ASCM No.		Name of Abatement C	10 Taylor					
Otro de Addresso	35 			l	n/a	_	B & G Restoration	on, Inc.					
Street Address							105 Ryerson Ro	oad					
City, State, Zip Code	9						City, State, Zip Code				-		
							Lincoln Park, N	J 07035					
Project Manager for	Monitoring Firm		Pho	ne Numb	er	_	Telephone Number (973)696-6869	1	License		er		
							Name of OSHA Monit		00.	378			
Scheduled Start Dat	te (10)	Sched	. Completio	n Date (1	1)		B & G Restoration	74					
10/08/2018		10/0	09/2018			-	Street Address			-			_
Occupancy Status D	Ouring Abatemer	nt (Check o	nly one)				105 Ryerson Ro	oad					
Facility closed	/vacated during rformed outside						City, State, Zip Code						
Describe:		Ornomia	racinty flour.	,-	-	_	Lincoln Park, N.	1.07035					
Other-Describ			Name of the Owner, who			-	Elifoolii i ark, ike	07000		_		- 1	
Scope of Work (che							" O t- ' t - /		- I o				
(1980) ()	X	Renovatio					ull Containment w/neg	ative pressure					
▼ >3 sf or >3 if		≥160 sf or				X N	lini-enclosure		Non-fri	R			
Location of asbestos-conf	taining	by mainte	n normally u enance/cust	sed solely odial				Amount	-	е	R	n E	E
material to be		staff(12)			material (sbestos-containing	(Specify S	F or	m o	p a	c a	n
abated in facil	lity (13)	Yes	No	N/A				LF)		v e	i	р	L
basement boiler	room			×	pipe insula	ation		57 lf		X	山	\Box .	
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Registered Waste Ha	auler	INJD	EP Hauler II)# 1 C	ubic Yards of \	Naste	Name of Registered I	l _andfill		Ш	Ш	Ц,	
B & G Restorati			19563		1		Grand Cen	tral Landfill					
City, State Lincoln Park, N	IJ			Disposal D 10/0	late 19/2018		City, State Pen Argyle,	PA				200	
Completed by (Print	or Type)	Title			Signature				Date			- K	
Gordana Luna		Secreta	ry/Treasu	rer			Gordana Luna		09/27	/201	8		

totification of Asbestos Abatement AC 8:60-7 2018-196 and 12:120-7) B & G proj. #: Check # 9210 Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/12 17 1/11 18 1 Spencer Miles & Emily Buchanan Agencies Notified Type Notification Street Address 2019 EPA Initial DEP City, State, Zip Code Amendment DOL Verona, NJ 07044 Telephone Number X DOH Name of Contact Cancellation ☐ DCA Spencer Miles & Emily Buchanan FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Spencer Miles & Emily Buchanan Subchapter 8 (Other than K-12) M Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Verona Essex Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) 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 License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 10/08/2018 10/09/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition X Renovation Full Containment w/negative pressure Glovebag procedure Mini-enclosure Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely Ε Location of by maintenance/custodial e e n Amount asbestos-containing n Description of asbestos-containing m staff(12) p C (Specify SF or material to be material (ACM) C 0 а a abated in facility (13) Yes No N/A V p kitchen linoleum 120 sf X NJDEP Hauler ID# 19563 Cubic Yards of Waste Registered Waste Hauler Name of Registered Landfill B & G Restoration, Inc. Grand Central Landfill Disposal Date City, State City, State Pen Argyle, PA Lincoln Park, NJ 10/09/2018 Signature Date Completed by (Print or Type) Gordana Luna Gordana Luna Secretary/Treasurer 09/27/2018

State of NJ

Check # 25696

Date of Notification (1)				Name	of Building	Owner/	Operator	(2)		1100	15	(6)	E	11 1	#
9/28/	2018					, 0	Brenn			111/				A CONTRACT OF STREET	
Agencies Notified	Type Notification	1		Street	Address		***************************************				1	or worth w			V.C. V.C. V.C. V.C. V.C. V.C. V.C. V.C.
X EPA	× Initial										(CT	- 1	20	18
□ DEP	Amended			City, St	ate, Zip C	ode	23								
× DOL	Amendmer Emergency		_			Dur	nellen, N	UJ (08812		ASBI	ioro	10.0	rante:	
Ĭ DOH	justification			Name o	of Contact					Telepho				1-12	20.00
☐ DCA	Cancellatio	n			Kever	Brenr	ner						and/		Mary II
Name of Facility Where	Abstament is Tal-	DI (6		FAC	ILITY INF	ORMAT	ION								
	Residential	ng Place (3	5)					Туре	of Facility (4)						
Street Address	toolaciitiai								School (K-12)						
olicet Address									Subchapter 8 Other (i.e. pri	(Other tha	n K-12	?)	dinaa	bom	
City (5)									etc.)	vate & con	mercia	ai Duii	ungs	, nom	es,
City (5)	nellen, NJ 088	10							are Feet	# of Floo		E	Bldg. /		
County (6)	Telleri, 145 000	12							800	2			75	·+/-	
Middlesex	(Code (7) USE ONLY)		Curre	ent Use (Prior	if being de	molish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No		Namo	of Abr	tomant Cante	notes (O)					
	CS	oo. (o)		7.001	VI IVO.				tement Contr Environmen		ces I	nc			
Street Address							Street			101 001 11	000, 1	110.			
PO Bo	ox 341						POB		33						
City, State, Zip Code			=====				City, St	tate, Z	ip Code						
	icks, NJ 08515	i							NJ 08501						
Project Manager for Mon	itoring Firm			Telepho		77.061	Teleph	one N	0.	Lice	nse No).			
Bill Weisgarber				(609)	298-407	70	609 2	259-9	688	004					
Start Date (10)					Date (11)		Name o	of OSI	HA Monitor						
10/12/2018				6/2018			MEC	S							
Occupancy Status During	g Abatement (Che	ck Only On	e)				Street /		774						
Facility Closed/Vaca	ated During Entire	Period of A	bater	ment			PO B	ox 34	41						
Abatement Perform Other – Describe:	ed Outside of Norr 8 am - 4 pm	nal Facility	Hour	s			10.000		ip Code	ouv.					
Scope of Work (Check A							Ches	terfie	eld, NJ 0851	15					
	п тпат Арріу)	_													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				H	Ful	I Containment	with Nega	tive Pr	essur	·e		
			CITIOII	lion			×		ni-Enclosure ovebag Proced	lure					
		_						No	n-Exempted (*) and Non-	-Friable	e Pro	cedur	е	
		10 22108	Locat											ement	
Location			orma I Sole	lly ely by	S 50 16		scription (1 9	pe	
Asbestos-Containing TO BE ABA		Maii	ntena	nce/			aining Ma systems			Amount		-		m	m
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(13)			(/	_		other m	niscellane	eous)				Removal	air	Encapsulate	Enclosure
		Yes	No	N/A								-		ite	(D
Baseme	ent		X		Th	ermal l	Pipe Ins	sulati	ion	80 If		Х			
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City, State						Dispos	al Date	3	City, State					onun-b	
Allentown, NJ							26/2018	8//	Morrisville	, PA					
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Mahlon E. Stevens		P	rojed	ct Mana	ger		111	1			9)/28/	18		
							7 7	-			_				

NOTIFICATION OF ASSESTOS ABATEMENT (PURSUANT TO NIAC 8:50-7 AND 2:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 09 28 18 BRISTOL MYERS SQUIBB, INC Street Address Agencies Notified Type of Notification ONE SQUIBB DRIVE City, State, Zip Code **EPA** 4 Initial DEP Amended NEW BRUNSWICK, NJ 08903 4 DOH Amendment # Name of Contact Telephone Number Emergency w/ justification 1 DOL PHIL DESPIRITO 782-227-5000 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BRISTOL MYERS SQUIBB School (K-12) Street Address Subchapter 8 (Other than K-12) ONE SQUIBB DRIVE 1 Other (I.e., private & cmmercial bldgs., homes, etc.) County (6) County Code (7) Square Feet # Of Floors **Building Age** City (5) NEW BRUNSWICK **MIDDLESEX** 25,000 Current Use (Prior if being demolished) 40 LABORATORY/RESEARCH ASCM NO Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. 0104 NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway City, State, Zip Code SPARTA, NJ 07871 Project Mngr. For Monitoring Firm Telephone Number WILLIAM KERBEL 973-729-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 11 18 00860 973-884-8682 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway City, State, Zip Code 1 Other - Describe: 7:00 AM-3:30 PM East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure Mini - Enclosure >3sf or >3lf 1 ≥160 sf or ≥260 If Glovebag Procedure V Non-Exempted (*) and Non-Friable Procedure Description of Abatement Type Location of Is Asbestos Containing Location Asbestos - Containing R Ε N N Normally Material (ACM) Amount R C E C TO BE ABATED Used (I.e., thermal systems (Specify M 0 P in Facility Solely insulation, surfacing, VAT, SF or LF) A V A P 0 by Mainor other miscellaneous) (13)A 1 s S tenance/ U 11 R Custodial L Staff (12) R YES NO N/A EXTERIOR UNDERGROUND ☐ ☐ TRANSITE DUCT BANK 1,000 LF 1 BETWEEN BLD 90 & PARKING HIN NJDEP Waste Cubic Name of Registered Waste Hauler Name of Registered Landfill NORTHSTAR CONTRACTING GROUP INC Hauler ID No. Yards WASTE MANAGEMENT - FAIRLESS HILL LANDFILL 30534 of Waste City, State Disposal City. State MORRISVILLE, PA EAST HANOVER, NJ Date Signature Date Completed by (Print or Type) Title 09/28/18 Steve Stiles Project Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 8 18 Crosswick Forge, LLC / Job #1808-2330 Chk. #NA Type Notification Agencies Notified Street Address ASBESTOS CONTROL & ☐ Initial 1624 Jacksonville Road ENTAPHICALN! □ DOLWD City, State, Zip Code Amendment #6 **⊠** DHSS Burlington, NJ 08016 ☐ Emergency (including) □ DCA Name of Contact justification) Telephone Number (NJAC 5:23-8) □ Cancellation Mr. Victor J. DiAnna, Managing Member 609-239-8000 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial Property School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 5 Crosswick Chesterfield Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Chesterfield 11431.6 2 107 County Code (7)(STATE USE ONLY) County (6) Current Use (Prior if being demolished) Burlington Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finog Environmental Asbestos and Mold Services, Corp. Street Address Street Address 617 Stokes Rd., Suite 4-318 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Medford, NJ 08055 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rebecca Rubinitz (888) 715-2211 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 6 / 18 10 / 12 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ >3 sf or >3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Removal Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Four Locations \boxtimes \boxtimes Pipe Insulation 100 LF П X П M Floor Tile Four Locations 800 SF Roofing in conj with demo contractor **During Demolition** Pipe & Blok Insulation Unknown NJDEP Waste Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards of

ASB-41 MAY 11

City, State

Lafayette, NJ

Waste Management

Completed By (Print or Type)

Kimberly A. Trumbetti

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

Waste

5

Disposal Date

10/12/2018

Signature

Grand Central

Penn Argyle, PA

Date

9-27-18

City, State

Hauler ID No.

17273

Office Coordinator

Title

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Date of Notification (1)	1			Nam	ne of Buildi	ng O	wner/Operator	(2)			4	0010	-
9/26/	18	_		JO	CP&L/Firs	stEn	nergy Compai	ny / Job #180	8-5358 Check	#1059	4	2018	
Agencies Notified Type Noti	fication			Stre	et Address	O.			100				
☐ EPA ☐ Initial ☐ Amend				10	Legion I	Plac	e- Building A		ASS		4 - 21		g w
	dment#			City,	State, Zip	Cod	е		Live to Landers	- Harris	ata	180 m	L 14 E
☐ DCA ☐ Emerg	_		- а	M	orristown	ı, N.	J 07960						
(NJAC 5:23-8) justific	ation)		3	Nam	e of Conta	ct			Telephone N	lumber			
☐ Cance	llation			In	ing Silve	rma	n		978-490-6	6930			
No. of the last				F/	CILITY	NFC	RMATION						
Name of Facility Where Abatement i	s Taking	Place	€ (3)				*	Type of Facility					
JCP&L- Neptune								School (K-1	2) 8 (Other than K	12\			
Street Address									private and com		ouildir	ngs,	
Neptune Blvd & Route 33- Co	orlies A	venu	16					homes, etc.			3141040		
City (5)								Square Feet	# of Floors		3ldg.	Age	
Neptune NJ													
County (6)				Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (P	rior if being dem	olished)			
Union								Substation					
Name of Monitoring Firm Hired by Bu		wner	(8)	ASCM	No.	1		ent Contractor (9)				
1 Source Safety & health, Inc	•						AbateTech, Ir	nc.					
Street Address							reet Address						
140 S. Village Ave. Suite 130						;	30 Maple Ave	. PO Box 25					
City, State, Zip Code						1	ty, State, Zip Co		2				
Exton, PA 19341						1	Lumberton, N	IJ 08048				C732	
Project Manager for Monitoring Firm				ephone		Te	lephone No.		License No.				
Brian Hovendon			1	10-524			609-265-2107		00529	- F			-
Start Date (10)	Schedu		3.5			100	me of OSHA M						
9 / 26 / 18				6 /	18	E	EMSL Analyti	cal					
Occupancy Status During Abatement			10000			Str	eet Address						
Facility Closed/Vacated During En	tire Perio	od of	Abate	ment	927	2	200 Route 130	0 North					
Abatement Performed Outside of Name of Abatement:AM	Normal F	-acility	Hou	rs - Des	cribe	Cit	y, State, Zip Co	de					
24-00-00 No. 10-00 No. 10-			_F 1V1		Aivi	(Cinnaminson,	, NJ 08077					
Scope of Work (Check all that apply)							П г		. 5				
≥3 sf or ≥3 If		⊠ Rer	novat	ion			Mini-Encl	ainment with Ne osure	gative Pressure				
≥160 sf or ≥260 if	1] Der	moliti	on			☐ Glovebag	Procedure		20			
			•				Non-Exen	npted (*) and No	n-Friable Proce				
Location of			Location				Danninking of			Α		ent T	уре
Asbestos-Containing Material (ACI	VI)	Used	d Sole	ely by	Asbe	stos	Description of Containing Mate		Amount	Rei	Repair	Enc	Enc
TO BE ABATED			ntena	ince/ Staff?		, the	ermal systems in	nsulation,	(Specify	Removal	pair	ape	Enclosure
IN Facility (13)		Oust	(12)	Otali:			surfacing, VAT, her miscellaneo		SF or LF)	<u>a</u>		Encapsulate	ure
(,		Yes	No	N/A		Ott	ner misoenaneo	,us)				te	
Exterior Pole #JC146NPT	1				Asbesto	os ri	isers		16 LF				
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		7	П	П									
lame of Registered Waste Hauler			IN	JDEP V	Vaste	Cub	oic Yards of	Name of Regis	stered I andfill				
AbateTech, Inc.			8399	auler IE	No.	Wa	ste	G.R.O.W.S					
City, State				18750		Dist	posal Date	City, State					\dashv
Lumberton, NJ							/26/18	Tullytown,	PA				
Completed By (Print or Type)	Title					-	Signature /)		Date		~	$\overline{}$
Gwen Trumbetti	100000000000000000000000000000000000000	eratio	ons (Coordi	nator		(MIX		91:	20	18	
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* Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 9 /	25 /	1	8			ne of Build	ing (Owner/Operator	(2) #1809-5376 CI		OCT	-	1 2	2018	
Agencies Notified	Type Notif	-		34-2-2-11				7 300	#1609-5376 CI						
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☑ DOLWD	⊠ Amend				_	State, Zip	_5			Ed. 1 Fizz, promises	Carlo Carlo Carlo	is Japan	and the con-	1.45-1-2	,45*
☑ DHSS ☐ DCA	Amenda Emerge		O 0000		1 4355	outh Plai									
(NJAC 5:23-8)	justifica		nciuai	ng		ne of Conta				Telephone	Numb	er			
	☐ Cancell				K	eith Sope	er			908-75					
					F	ACILITY	NFC	ORMATION							
Name of Facility Where A	batement is	Takin	ng Plac	ce (3)	112.00				Type of Facility	(4)	7.200				
PSE&G Jackson Ro	ad Substa	ation							School (K-12						
Street Address									Subchapter 8						
7 Jackson Road									Other (i.e., p		mmerc	al b	ullain	gs,	
City (5)									Square Feet	# of Floor	rs	В	ldg. A	\ge	
Totowa, NJ															
County (6)					Cou	inty Code	(7)(ST	TATE USE ONLY)	Current Use (Pri	ior if being de	emolish	ed)			
Passaic								•	Substation	3					
Name of Monitoring Firm	Hired by Bui	ilding (Owner	(8)	ASCN	l No.	N	ame of Abatem	ent Contractor (9)				mber		_
Health & Safety Ser	vices							AbateTech, I	nc.						
Street Address							SI	treet Address	COSSUME						
PO Box 365								30 Maple Ave	e. PO Box 25						
City, State, Zip Code			1	JSC4 19			Ci	ity, State, Zip C	ode		160-00-0	-			
Berlin, NJ 08009								Lumberton, I	NJ 08048						
Project Manager for Monit	oring Firm			Tel	ephone	-No.	Te	elephone No.		License N	lo.				
Jim Proctor		160	-	6	09-839	9-2432		609-265-2107	,	00529					
Start Date (10)		Sched	fuled (Comple	etion Da	ate (11)	Na	me of OSHA N	Ionitor						
9 / 17 /	18	_1	0 /	/ _3	1_/	_18		EMSL Analyt	ical						
Occupancy Status During	Abatement (Check	conly	one)			St	reet Address							
☐ Facility Closed/Vacated	l During Enti	ire-Per	riod of	Abate	ment			200 Route 13	0 North						
Abatement Performed (Outside of N	ormal	Facilit	y Hou	rs - De		Cit	ty, State, Zip Co	ode		4	-	_		
Time of Abatement:	AIVI	PN	л/	PM		AM	1	Cinnaminson	, NJ 08077						
Scope of Work (Check all t	hat apply)						_								
☐ ≥3 sf or >3 lf			⊠ Re	enovati	ion			☐ Full Cont	ainment with Nega	ative Pressu	re				
≥160 sf or ≥260 lf				emolitic				Glovebag	Procedure						
								Non-Exer Non-Exer	mpted (*) and Non	-Friable Pro	cedure				
Landing	e			Locat Norma	0.700							Ab	atem	ent Ty	/pe
Location of Asbestos-Containing M		n l		ed Sole		Ashe	stos	Description of Containing Mar	No.	Amount	.	Re	Re	ᄪ	En
TO BE ABAT	ED			intena todial		(i.e	., the	ermal systems i	nsulation,	(Specify	,	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	(12)	Stall?			surfacing, VAT, her miscellaned		SF or LF	5)	<u>a</u>		sula	ure
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	10														
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Name of Registered Waste					JDEP \		Cul	oic Yards of	Name of Registe						
Environmental Trans	port Grou	p, inc	•		00069		4	0	GROWS- Fa	uriess Lan	atill				
City, State Flanders, NJ								posal Date 0/31/18	City, State Morrisville,	PA					
Completed By (Print or Type	e)	Title						Signature		111	Date				_
Gwendolyn Trumbett		11.0000000000	erati	ons C	oordi	nator		Signature	MY		Date	10	25	118	

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Date of Notification (1)					- 1		ng Owner/Operator		1 OCT -	1 2	018		
		-	18		9	Sarden Sp	ires Urban Rene	wal, LP / Job #	#1808-5369 Ch	eck#	2049	2	
Agencies Notified EPA	Type Noti	ficatio	n		Stre	eet Address							-
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☑ DHSS	Amend	1	#1)	1000	, State, Zip		lura.	1 2		. · · ·		
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(NJAC 5:23-8)	justifica		/		100	ne of Conta	State of		Telephone Nur	nber			
	☐ Cancel	lation			A	dam Slavi	tt		917-952-19	29			
None of Facility 1811					F	ACILITY II	NFORMATION						2-19
Name of Facility Where A								Type of Facility					
Garden Spires Apar	tments-B	uildii	ng 19	5				School (K-1	2)	2)			
Street Address 195 1st Street								Other (i.e., p	8 (Other than K-1 private and comme	2) ercial b	uildir	ias.	
City (5)								homes, etc.)			-	
Newark, NJ								Square Feet	# of Floors	E	lldg. /	∖ge	
County (6)					10								
Essex					Col	unty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demol	ished)			
Name of Monitoring Firm I	lired by Rui	ildina	Owner	- (8)	ASC	A No.	Name of Abotem	-10-1-1-10					
Health & Safety Serv		nunig	Owner	(0)	ASCI	II NO.	Name of Abateme)				
Street Address			-				Street Address	ic.			0// 1		
PO Box 365							30 Maple Ave	DO Pay 25					
City, State, Zip Code							City, State, Zip Co						
Berlin, NJ 08009							Lumberton, N						
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No.	10 00040	License No.				
Jim Proctor						4-8850	609-265-2107		00529				
Start Date (10)		Sched	duled (1		ate (11)	Name of OSHA M	onitor	00020			-	
9 / 10 /	18		10		5 /	18	ÉMSL Analyti						
Occupancy Status During A	Abatement ((Chec	k only	one)			Street Address	ACCOUNT OF THE PARTY OF THE PAR					
☐ Facility Closed/Vacated	During Enti	ire Pé	riod of	Abate	ment		200 Route 130	North					
Abatement Performed C	Outside of N	lormal	Facilit	y Hou	rs - De	scribe	City, State, Zip Co	de					
Time of Abatement:	Aivi	P	VI/	PIM		_AM	Cinnaminson,	NJ 08077					
Scope of Work (Check all the	hat apply)												
≥3 sf or ≥3 lf			⊠ Re	enovat	ion		☐ Full Conta	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glovebag	Procedure					
			lo lo	Loca	llau .	_		npted (*) and Nor	n-Friable Procedu	-			
Location of				Norma			Description of			Ab	_	ent Ty	уре
Asbestos-Containing Ma	aterial (ACN	1)	Use	d Sole	ely by	Asbes	tos Containing Mate	erial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABATE IN Facility	<u>=D</u>			intena todial	Staff?	(i.e.,	thermal systems in		(Specify	Removal	air	Encapsulate	Enclosure
(13)				(12)			surfacing, VAT, other miscellaneo	us)	SF or LF)	<u>s</u>		ulat	ıre
			Yes	No	N/A							е	
Throughout						Floor tile	9		446 SF				
Throughout					\boxtimes	Mastic			95 SF				
Throughout						Pipe Inst	ulation- repair		332 LF				
Throughout						Debris C	lean up		755 SF				
Name of Registered Waste I	Hauler			1 7 7 5	JDEP \ auler I[Cubic Yards of Waste	Name of Regist					
AbateTech, Inc.					18750		40	G.R.O.W.S.	Landfill				
City, State Lumberton, NJ							Disposal Date 10/5/18	City, State Tullytown, I	ΡΔ		-54	10/20	
Completed By (Print or Type	1)	Title				/	Signature	runytown, i					
Gwendolyn Trumbetti			oerati	ons (Coordi	nator	Signature /	//	Da	913	Zw	18	

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Date of Notification (1)	26 /	1	-8_			1			Owner/Operator y Sewerage A	(2) Authority/ Job	#180		Che	- 1 eck#	20	18	
Agencies Notified	Type Notif	ication	1	and the same of th		Stre	et Address		elwood Aven			ASSE				7 1	
	Amend	73 T		1		72.0	State, Zip (32.9			65.5			-		-74-5	
☐ DHSS	Amend			(ahway, NJ										
(NJAC 5:23-8)	☐ Emerge justifica		includi	ng	1		e of Contac				Te	elephone	Num	her			
	☐ Cancell		6			Jo	hn Buond	oco	re		- 1	732-388			. 23	1	
(/				F/	CILITYIN	IFC	RMATION							20),	
Name of Facility Where Aba	atement is	Takir	ng Plac	ce (3	3)		(OILITT III		MINITION	Type of Facilit	v (4)		_		_		_
Rahway Valley Sewer				10						School (K-	e 11 (41) (61						
Street Address			_							☐ Subchapte	r 8 (Ot	her than	K-12)			
1050 East Hazelwood	l Avenue)								Other (i.e., homes, etc.		e and co	mmer	cial b	uildin	gs,	
City (5)										Square Feet		of Floor	s	BI	dg. A	ge	
Rahway, NJ 07065										0444.0.00	1"	0.1.00.			ug.,	90	
County (6)						Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (F	Prior if	being de	molis	hed)			
Union								/1-	,	Public Bui		. 500	,,,,,,,,,				
Name of Monitoring Firm Hi	red by Bui	ilding	Owner	(8)	I	SCN	No.	Na	ame of Abateme	ent Contractor (9	_						
Briggs Associates	50								AbateTech, I		-/						
Street Address								_	reet Address						_	or has	
3 Crosswicks Street									30 Maple Ave	. PO Box 25							
City, State, Zip Code									ty, State, Zip Co				-	_	-		
Bordentown, NJ 0850	5								Lumberton, N								
Project Manager for Monitori	ing Firm			T	elep	hone	No.	_	lephone No.		Li	cense N	0.				
Mike hoodak				-	609	9-298	-5520	6	609-265-2107			00529					
Start Date (10)		Scheo	fuled (Com	pleti	on Da	ite (11)	Na	me of OSHA M	onitor				-5-10-			
8 / 21 /	18	1	10_	_	5	_ /	1,8	E	EMSL Analyti	cal							
Occupancy Status During Ab	patement (Check	k only	one)	_		Str	eet Address								
☐ Facility Closed/Vacated D								2	200 Route 130) North							
Abatement Performed Ou	itside of N	ormal	Facilit	y H	ours	- Des	cribe	Cit	y, State, Zip Co	de)				
Time of Abatement:	AIVI	P	VI/		/IVI		AM	C	Cinnaminson	, NJ 08077							
Scope of Work (Check all that	at apply)								International States (Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.		2000	Vic-			70.5		
☐ ≥3 sf or ≥3 lf			⊠ Re	enov	ation	n			☐ Full Conta	ainment with Ne	gative	Pressur	е				
≥160 sf or ≥260 lf					ition				⊠ Glovebag	Procedure							
									Non-Exer	npted (*) and No	on-Fria	ble Prod	edure				
Location of			1153		catio nally									Ab	atem	ent Ty	/pe
Location of Asbestos-Containing Mate	erial (ACN	1)	Use	ed S	olely	by	Asbest	tos	Description of Containing Mat			Amount		Re	Repair	En	En
TO BE ABATED	_ `		Ma Cus		nanc			the	rmal systems in	sulation,		(Specify		Removal	oair	Encapsulate	Enclosure
IN Facility (13)			Ous	(1		aii:			surfacing, VAT, her miscellaneo			SF or LF)	a		sula	ure
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See Attached						\boxtimes	See Atta	che	ed		Sec	Attach	her	\boxtimes		П	
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Name of Registered Waste H	auler			П	NJE	DEP V	Vaste (Cub	oic Yards of	Name of Regis	stered	Landfill					
AbateTech, Inc.						ler ID 8 750	2002000	Was	A STATE OF THE PARTY OF THE PAR	G.R.O.W.S							
City, State					- 10	0130		_	posal Date	City, State							
Lumberton, NJ							A		0/5/18	Tullytown,	PA						
Completed By (Print or Type)		Title							Signature				Date	2		2 14/-11	_
Gwendolyn Trumbetti			perati	ons	Co	ordi	nator		0.1	\/				112	10	N	
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			(Pursu	ant to NJ	AC 8:60 and 5:1	(6)	1=1				
Date of Notification (1)				Nar	ne of Buildi	ing Owner/Operator	(2)	OCT	-1	201	8	111
9 / 26	/	18		P	inelands	Regional School	District / Job	#1808-5359 CH	eck#			
Agencies Notified Type N	lotification	on	_	Stre	et Address				0.00		/ 11	-
⊠ EPA ☐ Initi	1			5	20 Nugen	town Road		ACDEBAC.	5 1 1 1 1 1 1	nig.	U.74 - C	XI.
☑ DOLWD ☑ Am		11.4		1	, State, Zip					artheuris.	27.42	
	endment			1		Harbor, NJ						
	ergency ification)	(inciual	ng		ne of Conta			Telephone Nun	nber			
	cellation			K	evin Macl	Donald		856-662-95				
				F	ACII ITY II	NFORMATION						
Name of Facility Where Abatemen	nt is Tak	ing Plac	ce (3)		NOILITT II	III OIIIIATION	Type of Facility	v (4)				
Pinelands Regional High S		J					School (K-1					
Street Address							Subchapter	8 (Other than K-12				
565 Nugentown Road							☐ Other (i.e., homes, etc	private and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	TB	ldg. A	ae	
Little Egg Harbor, NJ										9	.50	
County (6)				Cot	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
Ocean				13038.0		n=====-/		II Donig Goillon	011007			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCA	I No.	Name of Abateme	ent Contractor (9))				
TTI Environmental			0070075			AbateTech, In		,				
Street Address						Street Address					_	
1253 North Church Street						30 Maple Ave	PO Box 25					
City, State, Zip Code						City, State, Zip Co	Comment the second					
Moorestown, NJ 08057						Lumberton, N	IJ 08048					
Project Manager for Monitoring Fin	m	/	Te	ephone	No.	Telephone No.		License No.				
Jim Guilardi		- /	8	56-84	0-8800	609-265-2107		00529				
Start Date (10)	23		100	etion Da	ate (11)	Name of OSHA M	onitor					
8 /22 /18	_	10	/ _2	6 /	18/	EMSL Analyti	cal					
Occupancy Status During Abateme	nt (Che	ck only	one)		/	Street Address						
Facility Closed/Vacated During						200 Route 130	North					
Abatement Performed Outside						City, State, Zip Co	de					
Time of Abatement:AM-		·IVI/	PIV	-	_AM	Cinnaminson	NJ 08077					
Scope of Work (Check all that apply	y)						2 22 22 22	52 825				
☐ ≥3 sf or >3 lf		⊠ Re	enova	ion		☐ Full Conta	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			emolit				Procedure					
		1 .			Т		npted (*) and No	n-Friable Procedu				
Location of		100	S Loca Norma			Docorintian of				atem		ype
Asbestos-Containing Material (A	CM)	Use	ed Sol	ely by	Asbes	Description of stos Containing Mate		Amount	Remova	Repair	Encapsulate	Enc
TO BE ABATED IN Facility			intena todial	ance/ Staff?	(i.e.	, thermal systems in	nsulation,	(Specify	nov	air	aps	Enclosure
(13)			(12)			surfacing, VAT, other miscellaneo		SF or LF)	<u>a</u>		ulat	ле
2. 2.		Yes	No	N/A			,				e	
Exterior					Roof Fla	ashing/tar		8,000 SF	\boxtimes			
15 Areas					End cap	os		15 total				
									П	П	П	П
									10			
Name of Registered Waste Hauler				JDEP \	Naste	Cubic Yards of	Name of Regis	torod Landfill			Ц	ш
AbateTech, Inc.			10.75	lauler II	Company of the Compan	Waste	Fairless La					
City, State				18750)	Disposal Date	City, State	and iii				
Lumberton, NJ						10/26/18	Tullytown,	PA				
Completed By (Print or Type)	Title	9				Signature	1/	Da	te	i	1	\neg
Gwendolyn Trumbetti	0	perati	ons	Coordi	nator	Sold	ľ		12	0	10	

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) 9 26 Millville Public Schools / Job #1707-\$179 Check)#丁 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 101 North 3rd Street **⊠** DOLWD M Amended City, State, Zip Code DHSS. Amendment #7 Millville, NJ 08332 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Bob Ryan 609-858-5395 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Millville Senior High School School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 200 North Wade Blvd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Millville 200,000 2 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cumberland Education Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental Services, Inc. 00100 AbateTech, Inc. Street Address Street Address 1805 Atlantic Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Gary W. Fleming 732-223-2225 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 2 / 18 10 / 31 / 18 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3:30PM/3:30PM-12AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or >3 lf □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Encapsulate 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 See Attached See Attached See Attached M П П П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 12-City, State Disposal Date City, State Lumberton, NJ 10/31/18 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti Operations Coordinator

ASB-41 MAY 11

^{*} Do not use this form for asbestos licensure exempted activities.

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) Garden Spires Urban Renewal, LP Job #1808-5369 Check# 9 26 18 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 885 2nd Avenue 31st Floor ASPESTOS COMPROLI □ DOLWD City, State, Zip Code **⊠** DHSS Amendment #1 New York, NY 10017 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Adam Slavitt 917-952-1929 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Garden Spires Apartments-Building 175 ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 175 1st Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 10 / 18 10 / 5 / 18/ **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥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 Repair 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 Throughout \boxtimes Floor tile 103 SF \boxtimes Throughout X Mastic 95 SF X X Throughout X Pipe Insulation- repair 30 LF \boxtimes \boxtimes Throughout П X Debris Clean up 70 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 10/5/18 Tullytown, PA Completed By (Print or Type) Title Signatúre Gwendolyn Trumbetti Operations Coordinator

mch	N			ON OF AS	New Jersey SBESTOS ABA IAC 8:60 and 5:1		DE G	E	M	7 6	1
Date of Notification (1) 9 / 26	/18	_			ing Owner/Operator ustice Commissi		0CT 1807-5350 Chec	- 1 k#	201	8	
☐ EPA ☐ Initia ☐ Amé	nded	1	1	eet Address 001 Sprud , State, Zip	ce Street		ASPESTS				
DCA Éme (NJAC 5:23-8) justif	ndment # <u>2</u> rgency (includication)	ding	Т		J 08625-0107		Telephone Nur	nber			
Cano	ellation	1	J	ohn Davis	;						
No. of the last			F	ACILITY II	NFORMATION						
Name of Facility Where Abatement JJC- Johnstone Campus- V Street Address						Type of Facili	7000	2)			
99 West Burlington Street						Other (i.e., homes, etc	private and comme	z) ercial t	uildir	igs,	
City (5) Bordentown						Square Feet	# of Floors	E	Bldg. /	Age	
County (6)			Cot	unty Code (7	7)(STATE USE ONLY)	Current Use (F	Prior if being demol	ished)			
Burlington						Pool Hous	NT				
Name of Monitoring Firm Hired by E Matrix New World Engineeri		er (8)	ASCN	I No.	Name of Abateme		9)				
Street Address	ng				AbateTech, In	nc.					
120 Eagle Rock Avenue, Sui	te 207				Street Address	DO B 25					
City, State, Zip Code					30 Maple Ave						
East Hanover, NJ 07936					Lumberton, N						
Project Manager for Monitoring Firm		Te	lephone	-No.	Telephone No.	10 00040	License No.				
Gavin Gilmore				1-2415	609-265-2107		00529				
Start Date (10)9 /11 /18	Scheduled 10	Comp		ate (11) 18	Name of OSHA Mo	T-111T-11					
Occupancy Status During Abatemen					Street Address						
☐ Facility Closed/Vacated During E	ntire Period-c	of Abate	ement		200 Route 130) North					
Abatement Performed Outside of Time of Abatement:AM	Normal Faci	lity Hou	rs - Des	scribe AM	City, State, Zip Co.	de					
Scope of Work (Check all that apply)						110 00077					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	The same of the sa	Renova Demoliti			☐ Mini-Enclo	osure Procedure	gative Pressure on-Friable Procedu	re			
4		Is Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility	M	Norma sed Sol laintena stodial (12)	ely by ance/		Description of stos Containing Mate , thermal systems in surfacing, VAT, of	erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes		N/A	1	other miscellaneo	us)				ate	O
Basement Mechanical Room				Duct Vib	oration Cloth		664 SF				
Mechanical Room				Valves 8	& associated gas	kets	4 total		П	П	П
Exterior Chiller	\boxtimes			Gaskets	assoc. with fibe	rlgass pipe	6 total				
Name of Registered Waste Hauler AbateTech, Inc.	'	1000	JDEP V	No.	Cubic Yards of Waste	Name of Regis					
City, State			18750		Disposal Date	City, State					_
Lumberton, NJ					10/31/18	Tullytown,	PA				
Completed By (Print or Type) Jennifer Piraine	Title Operat	tions (Coordi	nator	Signature	7	Da	te (1)	ul.	18	

NOCK		NC			ON OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		E C	E			
Date of Notification (1) 9 / 26 /	1	8				ng Owner/Operator f Princeton	(2) / Job #1801-52	0.00	-1	20	18	100
							7 300 #1601-52	52 Gneck#				i
Agencies Notified Type Noti ☐ EPA ☐ Initial	itication	1			eet Address			ACOUSE	energy and			_1 .
⊠ DOLWD ⊠ Amend	ded					f Princeton Unive	ersity E.A. Mad	Millan Bldg.			\$10 E(#1)	
☑ DHSS Amend	THE STATE OF THE PARTY OF	#4		1	, State, Zip		((A CONTRACTOR OF THE PARTY OF TH	1-Stranger -		100	***
☑ DCA ☐ Emerg	ency (i	ncludi	ng ,		rinceton,	DESCRIPTION OF THE PROPERTY OF						
(NJAC 5:23-8) justific					ne of Conta			Telephone Nu	mber			
Cance	llation		_	R	obert Orte	go, P.E.		609-258-18	341			
	`-			F.	ACILITY II	NFORMATION						
Name of Facility Where Abatement is							Type of Facility	(4)	11-2-52-110-1			
Princeton University - Firest	one L	ibrar	y Pha	se 6B	-6D PG	1	School (K-1					
Street Address							Subchapter	8 (Other than K-1 rivate and comm	2)	ildia		
One Washington Road							homes, etc.		erciai bi	unann	JS,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Princeton							1,000,000	8		72		
County (6)				Co	unty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)		Sec. 11	
Mercer							University I					
Name of Monitoring Firm Hired by Bu	ilding (Owner	(8)	ASCN	Λ No.	Name of Abateme	The state of the s	White the state of				
TTI Environmental				000	003	AbateTech, Ir	505					
Street Address						Street Address	172					
1253 North Church Street						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 08057						Lumberton, N						
Project Manager for Monitoring Firm		-3	Tel	ephone	No.	Telephone No.		License No.				
Michael R. Keehn	7.15	/	8	56-84	0-8800\X	609-265-2107		00529				
Start Date (10)	Sched	úled (Comple	etion D	ate (11)	Name of OSHA M	onitor					
2/_21_/_18_	1	0	3	1_ /	18/	EMSL Analyti	cal					
Occupancy Status During Abatement	(Check	only	one)		_/	Street Address						
☐ Facility Closed/Vacated During Ent	îre Per	iod of	Abate	ment-		200 Route 130) North					
☐ Abatement Performed Outside of N	Iormal	Facilit	y-Hou	rs - De	scribe	City, State, Zip Co	de					_
Time of Abatement:AM	PN	A/	PM		_AM	Cinnaminson,						
Scope of Work (Check all that apply)												-
☐ >3 sf or >3 lf		M D.	nough				ainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf			novat			☐ Mini-Enclo						
								-Friable Procedu	ire			
			Locat						Aba	ateme	ent Ty	/pe
Location of Asbestos-Containing Material (ACN	4		Norma d Sole			Description of						
TO BE ABATED	"	Ma	intena	nce/		tos Containing Mate , thermal systems in		Amount (Specify	Remova	Repair	าса	nclo
IN Facility		Cus	todial (12)	Staff?	(surfacing, VAT, o	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)	-	Yes	No	N/A	-	other miscellaneo	us)				ate	œ
Phases 6B-6D- Levels 1 & 2			×		Pipe Ins	ulation		1,145 LF		П	П	П
Phases 6B-6D- Levels 1 & 2						e & Mastic					귀	
Phases 6B-6D- Levels 1 & 2						cal Ceiling Plaste	ar .	3,775 SF 5,395 SF				님
Phases 6B-6D- Levels 1 & 2		П				-	-		-		블	님
Name of Registered Waste Hauler				JDEP \		eiling tiles Cubic Yards of	Name of Decision	56		Ш	Ш	Ц
AbateTech, Inc.			15990	auler II	S71.5355	Waste	Name of Regist					
City, State				18750)	40	G.R.O.W.S.	Lanaill				
Lumberton, NJ						Disposal Date 10/31//18	City, State Tullytown, I	PA				
Completed By (Print or Type)	Title					Signature	^	Da	ite		, ,	_
Gwendolyn Trumbetti	Ор	erati	ons C	oordi	nator	Xn/	1		9/	20	118	

State of New Jersey

		NC			ON OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DE C			W	
Date of Notification (1)				Nar	ne of Buildi	ng Owner/Operator	(2)	d l oc	Ι -	1 6	2018	
9 /	26 /	18					Job #1801-52	lad to				
Agencies Notified	Type Notificati	on	78-S	Stre	et Address			ACREO	12.00	yes a second	2	-
☑ EPA	☐ Initial		1			f Princeton Unive	ersity F A Mag	0.0000000000000000000000000000000000000				
☑ DOLWD		VARRETON	/		State, Zip		DISITY L.A. MA	citimati biug.	75/904	er te		. 14
☑ DHSS	Amendmen	_)		rinceton,							
□ DCA (NJAC 5:23-8)	☐ Emergency justification		ng /	-	ne of Contac			Telephone Num	her			
,,	☐ Cancellation		/	100000000	obert Orte	7.5		609-258-184				
N	/			F	ACILITY II	NFORMATION						
Name of Facility Where Al							Type of Facility					
Princeton University	/ - Firestone	Librar	y Pha	se 6B	-6D PG:	2	School (K-1)	2)				
Street Address							Subchapter Other (i.e., r	8 (Other than K-12 private and comme	() rcial h	uildin	as	
One Washington Ro	ad						homes, etc.		roidi s	/uu	90,	
City (5)							Square Feet	# of Floors	В	Bldg. A	\ge	
Princeton							1,000,000	8		72		
County (6)				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)			
Mercer		University I										
Name of Monitoring Firm F TTI Environmental	lired by Building	Owner	(8)	ent Contractor (9)								
Street Address				000	ıc.							
	*44											
1253 North Church S	treet					30 Maple Ave						
City, State, Zip Code Moorestown, NJ 080	F-7					City, State, Zip Co						
Project Manager for Monito			1			Lumberton, N	IJ 08048					
Michael R. Keehn	ring Firm		160028	phone		Telephone No.		License No.				
Start Date (10)	Soh	diilad (0-8800 X			00529		2		
2 / 21 /	196	10			ate (11)	Name of OSHA M						
					/	EMSL Analyti	cai					
Occupancy Status During A Facility Closed/Vacated						Street Address						
☐ Abatement Performed O	outside of Norma	eriod or al Facili	Abate v Hou	ment rs - Des	cribe	200 Route 130						
Time of Abatement:		M/	PM		AM	City, State, Zip Coo						
Scope of Work (Check all th	nat apply)					Cinnaminson,	NJ 08077					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Bernell .	enovati emolitic			☐ Mini-Enclo	Procedure	ative Pressure	9			
			Locat Norma						Ab	atem	ent T	уре
Location of Asbestos-Containing Ma		The second of	ed Sole		Ashes	Description of tos Containing Mate		Amount	Re	Re	m	m_
TO BE ABATE			intena			thermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todial ((12)	stam?		surfacing, VAT, other miscellaneo		SF or LF)	val		sula	sure
(10)		Yes	No	N/A		other miscellaneo	us)				ite	0.00
Phases 6B-6D- Levels 1	& 2				Transite	Panels		56 SF	\boxtimes			
Phases 6B-6D- Levels 1	& 2				Radiator	enclsure liner		48 SF				
st Fl. Office Area Colum	nns 13G &				Sprayed	on Fireproofing		40 SF				
st Fl. Office Area Colu	mns 13G &				Pipe ins	ulation		30 LF				
lame of Registered Waste I	Hauler		13333	JDEP V		Cubic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.				auler ID 18750		Waste 40	G.R.O.W.S.	Landfill				
City, State				10100		Disposal Date	City, State			Section 11		
Lumberton, NJ						10/31/18	Tullytown, I	PA				
completed By (Print or Type) Title	9				Signature		Date	9 1		:	_

Gwendolyn Trumbetti

Operations Coordinator

Signature

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

Date of Notification (1)				N	me of Ruildi	ing Owner/Operator	(0)					
0	/18	B				of Princeton	′ ⁽²⁾ / Job #1801-525	2 Check#				
⊠ EPA ☐ Initial	/	_	\	1	reet Address Frustees o		ersity E.A. Mac					
☑ DOLWD ☑ Amer ☑ DHSS Amer			1		y, State, Zip		orotty E.A. maon	man blug.				
☑ DCA ☐ Emer	dment #				Princeton,							
(NJAC 5:23-8) justifi	cation)	iciuali	19		me of Conta			Telephone Nu	mhar			
☐ Cane	ellation	/		F	Robert Orte	ego, P.E.		609-258-18				
				_		NFORMATION		003-230-10	J+1			
Name of Facility Where Abatement	is Takino	Plac	e (3)	•	AOILITTI	MOUNTAIN	Type of Facility (42				
Princeton University - Fires	tone Li	brary	/ Pha	ase 6E	3-6D PG	2	Type of Facility (₄ ☐ School (K-12)					
Street Address						-	Subchapter 8	(Other than K-1	(2)			
One Washington Road							Other (i.e., pri	vate and comm	ercial	buildi	ngs,	
City (5)							homes, etc.) Square Feet	# of Floors		DI-I-	A	_
Princeton							1,000,000	# 01 F1001S		Bldg. 72	Age	
County (6)				Co	unty Code (7	7)(STATE USE ONLY)	Current Use (Prio	_		1,71,700	_	
Mercer						NOTHIE GOL ONET	University Lil		isnea)		
Name of Monitoring Firm Hired by B	uilding O	wner	(8)	ASCI	M No.	Name of Abatem	ent Contractor (9)	Jiary				_
TTI Environmental					003	AbateTech, I						
Street Address						Street Address						
1253 North Church Street						30 Maple Ave	PO Boy 25					
City, State, Zip Code			_			City, State, Zip Co						_
Moorestown, NJ 08057						Lumberton, N						
roject Manager for Monitoring Firm		/	Tel	ephone	e No.	Telephone No.	13 00046	Liennes No				_
Michael R. Keehn					0-8800 X	609-265-2107		License No. 00529				
tart Date (10)	Schedu	led Co			ate (11)	Name of OSHA M		00529				
2 / _21_ / _18_				1 /		EMSL Analyti						
occupancy Status During Abatement	(Check	only o	ne)			Street Address						
Facility Closed/Vacated During En	tire Perio	od of A	Abate	ment		200 Route 130	North					
Abatement Performed Outside of N	Normal F	acility	Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/		_PM		_AM	Cinnaminson,						
cope of Work (Check all that apply)						o minamino o n	110 00077					
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf		Ren Den				☐ Mini-Enclo	ninment with Negati osure Procedure opted (*) and Non-F		200			
		ls l	Locat	ion			ipica () and reon-	Tiable Flocedu	T			-
Location of	.	No Used	orma			Description of				atem	_	
Asbestos-Containing Material (ACN TO BE ABATED	VI)		itena		Asbest	tos Containing Mate thermal systems in	erial (ACM)	Amount	Remova	Repair	Encapsulate	100000
IN Facility				Staff?	(1.6.,	surfacing, VAT, o		(Specify SF or LF)	ova	H.	psu	1
(13)		'es	(12) No	N/A	1	other miscellaneo	us)		-		ilate	1
			2000 A.C.	9,000,000								
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me of Registered Waste Hauler		-	I N	JDEP V	Vaste /	Cubic Yards of	Name -f D: 11	11 - 100			Ш	L
bateTech, Inc.				auler IE		Vaste	Name of Registere					
, State			1	18750		40	G.R.O.W.S. La	matili				
umberton, NJ					12	Disposal Date 10/31/18	City, State Tullytown, PA					
mpleted By (Print or Type)	Title				4		ranytown, PA		NS.			_
wendolyn Trumbetti		ratio	ns C	oordi	nator	Signaturé	1 A	Dat	e	160	10	1
41	- Pol		0	Joiul	iatoi	()/	/ [/ /]		110	HU	114)

ASB-41 MAY 11

^{*} Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 0 9 / 2 4 / 1 8 Agencies Notified Type Notificat EPA	ion	dianne nie street Addre	(Pursulation (Purs	cation of As	8:60	s Abatement and 12:120)		ACC.	CE OCT -1	***	7 E	To the same of the	The second section of the contract of the cont
DOL Amendment #: ☐ Emergency	$-\parallel$	cedar gro		7009									
DOH (including justification)		ame of Con dianne n						Telepho	ne Number				
Cancellation	1 11	diamic ii		ILITY INFORM	IATION					_			=
Name of facility where abatement is dianne nicolette Street Address	s taking pla	ace (3)						Subc Other Bldgs	ol (K - 12) hapter 8 (C (Private/C ./Homes, e	omme tc.	ercial		
City (5)	Cour	nty (6)			Cou	nty Code (7)	$\ \ $	Square Feet	# of Floor	'S	В	dg. A	je
cedar grove	esse	·Υ			(Sta	te use only)	١٢	Current Use (F	Prior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by Street Address				ASCM No.		Name of Abateme D & S RESTO Street Address							
City, State, Zip Code Project Manager for Monitoring Firm		Pho	one Numb	er		20 California City, State, Zip Coo Paterson, NJ (Telephone Number 973-345-802	de 0750 r		License 0	Numl	per		_
Start Date (10)	Sched	. Completio	n Date (11	1)		Name of OSHA Mo							
Occupancy Status During Abatement Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H	entire perion	nly one) od of abater				Street Address 20 California A City, State, Zip Coo	Aver de	nue					_
Scope of Work (check all that apply	Renovation Demolition	i.					Mii Glo	Il Containment ni-enclosure ovebag procedu on-Exempted (*	ıre			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally unance/custo		1		sbestos-containing		Amount (Specify	SF or	R e m o v	Repai	Encap	E n c L
BASEMENT				PIPE INSU	LATI	ON		75 l ft		e			
				 	-			<u> </u>		H	H	H	H
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135			ubic Yards of V yd	Vaste	Name of Registere TULLYTOWN			ECOVER	Y			
City, State PATERSON, NJ 07503			Disposal D 10/05/1			City, State TULLYTOW	N, P.	A					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date 09/24/	/18			

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S_Proj. #: 18-195 -1 2018 OCT Name of Building Owner/Operator (2) Date of Notification (1) 0 9 / 2 4 / 1 8 ASPESTOS CONTROLA diane fell Agencies Notified Type Notification Street Address | Initial ☐ EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency millburn, nj 07041 (including DOH. Name of Contact Telephone Number justification) ☐ DCA diane fell Cancellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) diane fell Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) cedar grove Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm License Number Phone Number Telephone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 10/03/1818 10/19/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Renovation Mini-enclosure Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of by maintenance/custodial A asbestos-containing n Description of asbestos-containing Amount n m staff(12) p C material (acm) to be (Specify SF or material (ACM) 0 a a abated in facility (13) Yes No N/A p BASEMENT PIPE INSULATION 20 I ft M BASEMENT bare heating pipes 110 lft \boxtimes Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 10/04/18 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date BOGDAN JOLDZIC PRESIDENT 09/24/2018

Date of Notification (1) 0 9 / 2 4 / 1 8 Agencies Notified Type Notificat EPA Initial Amended			(Pursi	ner/Operator (2)	esto 8:6	Jos Abatement 60 and 12:120)			CE OCT -	1 20	· 11200040000		(* 1.57 millionaria-Johanna and Antonia an
DOL Amendment #		union, n											
DOH (including justification)	1	Name of Co	ntact					Telephor	e Numbe	er			
Cancellation	1	rosa PE	TTIFORI		_			<u> </u>			_		
Name of facility of a state of			FAC	ILITY INFORMA	OITA	N		r					
Name of facility where abatement in rosa PETTIFORD	s taking p	ace (3)						=	4) I (K - 12 apter 8 (0		han k	′-12\	
Street Address							7	Other Ot	Private/0	comme		12)	
									Homes, e		В	dg. Ag	e
City (5)	Cou	nty (6)				unty Code (7)	-						
union	uni	on			(Sta	ate use only)		Current Use (P	rior if beir	ng dem	olish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	1	Name of Abatem	nent C	contractor (9)					
Street Address					_	D & S REST	ORA	TION, INC.					
Olieet Address						20 California	a A v	a					
City, State, Zip Code					-	City, State, Zip Co	THE PERSON NAMED IN			A			-
Desirat Manager (M. W.) 5					_	Paterson, N.		03					
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Numb 973-345-80			License (Numb 1169	er		
Start Date (10)	Sched	d. Completic	on Date (11	1)	=	Name of OSHA			-				
10/05/18	10/1	8/18				D & S Resto	ratio	n, Inc.					
Occupancy Status During Abatemen	t (Check o	only one)		TOTAL STATE OF THE		20 California	Ave	nue					
Facility closed/vacated during Abatement performed outside Describe:						City, State, Zip Co	ode						
Other-Describe: NORMAL H	OURS				-	Paterson, NJ	075	03					- Male
Scope of Work (check all that apply	')			377			F	ull Containment w	/negative	press	ure		
≥3 sf or >3 lf ≥160 sf or ≥260 lf □	Renovation Demolition						⊠G	lini-enclosure lovebag procedur on-Exempted (*)		friable	proc	edure	
Location of asbestos-containing		n normally u			0					R	R	E n	E
material (acm) to be abated in facility (13)	staff(12)		Т	Description material (A		sbestos-containing	g	Amount (Specify S	F or	m o	p a	c a	n C
	Yes	No	N/A					LF)		v e	i r_	р	L
BASEMENT		X		PIPE INSUL	AT	ION		75 L FT					무
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Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Hauler II 06		ubic Yards of W yd	aste	Name of Registe		andfill ESOURCE RE	COVER	Y			
City, State			Disposal D	ate		City, State		ller and the second	COTE				
PATERSON, NJ 07503 Completed by (Print or Type)	Tial -		10/06/13		_	TULLYTOW	/N, F	PA	15:				
BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date 09/24/	18			
ASB-41 *	Do not us	e this form f	or asbesto	s licensure exer	mpte	d activities.			1				

D&S Proj. #: 18-197	25	average and the second	Noti (Purs	State fication of Assuan To NJA	bes	NJ tos Abatement 60 and 12:120)			C E	***********	018		
Date of Notification (1)	\mathcal{I}	Name o	f Building Ov	wner/Operator (2	2)				761		010	-	
10 9 / 2 4 / 1 8 Agencies Notified Type Notific	ation		brower					ASS	Estos	7-51	177	(4	
☐ EPA ☐ Initial		Street A	ddress	Committee of the Control of the Cont				Professional Communications of	The title makes		J.A.K		
DEP Amended Amendment	". 	City Sta	te, Zip Code										
DOL ☐ Emergenc			22 5										
DOH (including justification	11	Name of	h plains, nj Contact	07000			-	Telephor	ne Numh	or			
DCA Cancellation	. 11	debra	a brower						io rvario	01			
			FA	CILITY INFORM	1ATIC	DN .		•		_			
Name of facility where abatement	is taking p	lace (3)				Maries	П	Type of Facility	(4)				
debra brower									ol (K - 12	?)			
Street Address							41		apter 8 (2)
									(Private/0 /Homes,		ierci	al	
City (5)	Cou	nty (6)						Square Feet	# of Floo	ors	T	Bldg.	Age
7(-7	"					ounty Code (7) tate use only)	Н	Current Use (P	rior if hai	na do		- l l\	
scotch plains	<u>uni</u>					**	П	Current Ose (F	noi ii bei	ng de	HOI	snea)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abateme	nt C	ontractor (9)					
Street Address					_	D & S RESTO Street Address	RA	TION, INC.					
						20 California	A 110						
City, State, Zip Code					-	City, State, Zip Cod						-	-
						Paterson, NJ (0750	03					
Project Manager for Monitoring Firm	n		Phone Num	ber		Telephone Number	r		License				
Charl D. L. (10)						973-345-802 Name of OSHA Mo			(1169)		
Start Date (10)	Sched	I. Comple	etion Date (1	1)		D & S Restora							
10/06/18	10/26					Street Address		.,					
Occupancy Status During Abateme Facility closed/vacated during						20 California A		nue					
Abatement performed outside	of normal	facility h	ours-			City, State, Zip Cod	le						
Describe: NORMAL F	IOURS				-	Paterson, NJ 0	750)3					
Scope of Work (check all that apply	y)							Il Containment w	/negative	proc	curo		
\boxtimes >3 sf or >3 if	Renovatio	n					Mi	ni-enclosure	•	pies	Suic		
≥160 sf or ≥260 lf	Demolition	1				¥		ovebag procedure on-Exempted (*)		friable	n nro	codur	
Location of	Is location by mainte	normali	ly used solely	у						R	R	E	E
asbestos-containing material (acm) to be	staff(12)	.101106/0		Descriptio material (A		asbestos-containing		Amount (Specify SI	For	e m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (F	(OIVI)			LF)	OI.	o v	a	a	L
BASEMENT		X		PIPE INSUI	AT	ION		146 l ft		e	4	1	
BASEMENT		X		boiler insula				40 sq ft			屵	H	++-
											H	情	情
Registered Waste Hauler	INLIDE	DU	10# 10	ubio Varda di C	la c t	T.,							
D & S RESTORATION, INC.	1350	P Haule 06		ubic Yards of W 2 yds.	aste	Name of Registered TULLYTOWN.			COVED	v			
Dity, State	1.		Disposal D	ate		City, State	,	LUCCHOL KE	COVEN	1			
PATERSON, NJ 07503 Completed by (Print or Type)	Tial.		10/08/1		_	TULLYTOWN	I, PA	Α					
BOGDAN JOLDZIC	Title PRESIDE	ENT		Signature					Date 09/24/	2019	,		
ASB-41 *			n for asbesto	L os licensure exer	mpted	d activities.			09/24/	2018)		

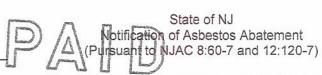
Ch209	13	j	NOT	FICA (Pu	TION Feual	OF AS	W Jersey BESTOS A C 8:60 and	5:1	6)	NE C			7 [7 7
Date of Notification (1)	28 /	18	_				g Owner/Ope ounty Chos		2) reeholders	00	T -1	20	18	
Agencies Notified EPA	Type Notifica ☑ Initial	ation				Address	ad, DN 149			ASSES	705 O	1877	OL.	7 -
☑ DOLWD	☐ Amended					tate, Zip (Dec 1974 To second second second		1000	- 10	
☑ DOH	Amendme	_	ali i din n				ourt House	, NJ	08210					
☐ DCA (NJAC 5:23-8)	☐ Emergend justification		Juaing			of Contac				Telephone No	umber			
	☐ Cancellat	tion			Kev	in Lare				609-465-1	125			
					FAC	ILITY IN	FORMATIC	N			ž,			
Name of Facility Where A									Type of Facility	(4)				
Cape May County C	orrectional	Insti	itutior	1					School (K-12		12)			
Street Address		2725		17217					☐ Subchapter ☐ Other (i.e., p	rivate and com	nercial b	uildin	gs,	
Crest Haven Compl	ex 125 Cres	st Ha	ven R	d					homes, etc.)					
City (5)	uco Al Loc	240							Square Feet	# of Floors	В	ldg. A	THE STATE	
Cape May Court Ho County (6)	use, NJ U87	210			Carre	h. Cad- /	VOTATELIOE	All VO	8,000		aliah . P	50	7 T	
Cape May					Coun	ty Code (/)(STATE USE C	INLY)	Current Use (Pr	for it being dem	olisnea)		1	1000
Name of Monitoring Firm	Hired by Ruilo	ding O	wner (8)	ASCM	No	Name of Ah	atom	ent Contractor (9)	Correction	x) 11/5	11	1	1941
N/A/ Demolition	rinea by build	unig O	wilei (0)	AGGIVI	NO.			vironmental Se					
Street Address							VII OTIMICITALI O	51 V1003			_			
	Street Address Street Address 135 Kinnelon Road, Suite 102													
City, State, Zip Code City, State, Zip Code														
							Kinnelo	n, NJ	07405					
Project Manager for Monit	toring Firm			Tele	phone l	No.	Telephone I	No.		License No.				
							908-218-	0800)	01228				
Start Date (10)					tion Da		Name of OS							
10 /12 /	18	1	0_ /	26	_ / _	18	Yannuzz	i Gro	oup, Inc.					
Occupancy Status During							Street Addre	ess						
Facility Closed/Vacate							135 Kinr							
Abatement Performed Time of Abatement:						cribe AM	City, State,							
							Kinnelo	ı, NJ	07405					
Scope of Work (Check all	шасарріу)						⊠ Ful	I Con	tainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			☐ Re	novatio			4		losure					
△ ≥100 St 01 ≥200 II			△ De	Hondo	и				g Procedure empted (*) and No	n-Friable Proce	dure			
				Locat							A	batem	ent 7	уре
Location Asbestos-Containing N		.		Iormal d Sole	-	Acho	Descrip stos Containi			Amount	R	Re	m	m
TO BE ABA	TED	"	Mai	intena	nce/	(i.e	., thermal sys	tems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Cust	odial ((12)	stan?		surfacing other misc			SF or LF)	la la		sula	ure
(13)			Yes	No	N/A		outer misc	Juane	ous)				te	
Boiler Room					M	Boiler 7	rsı			120 SF				
Interview Room								-Fria	ble	110 SF				
Communication Room	ns				\boxtimes	VAT &	Mastic, Nor	-Fria	ıble	+- 200 SF				
Female Control Room	1				\boxtimes	VAT &	Mastic, Nor	-Fria	ble	200 SF				
Name of Registered Wast	te Hauler			11/10/2003	JDEP V		Cubic Yards	of	Name of Regis	stered Landfill		-		
Yannuzzi Group Inc				H	auler II	No.	Waste 40		Waste Mai	nagement				
City, State							Disposal Da	te	City, State					
Kinnelon, NJ 07405							10/26/20	18	Fairless H	ills				
Completed By (Print or Ty	rpe)	Title					Signati	ηe .	041		Date	1	,	
John Mucha		Pr	oject	Mana	ager			Di	- IMA		10	12	5/1	8
ASB-41								1-3			4		11	

NOTIFICATIO	N OF DEM	OLITION AI	ND RENO	L C E	IVE	(
Operator Project # Postmark		Date Received	1 1 5	Notification	#1 2018	1								
I. Type of Notification (O=Original R=Revised C=O	Canceled) O					_								
II. FACILITY INFORMATION (Identify owner, remo	val contractor, and	other operator)		ASRESTOS	COLLEGE	1								
OWNER NAME: Cape May County Chosen F			lar E-V	O NOTE TO A STATE OF THE PARTY OF THE	augusticines rapis d'arriva	and the								
Address: 4 Moore Road, DN 149														
city: Cape May Court House	State: N	IJ	Zip: 08210											
Contact: Kevin Lare			Tel: 609-465-	-1125										
REMOVAL CONTRACTOR: Yannuzzi Envii	ronmental Se	ervices, Inc	***************************************											
Address: 135 Kinnelon Road, Suite 102		- The second second second second second second second second second second second second second second second				-								
city: Kinnelon	State: N	IJ	Zip: 07405											
Contact: John Mucha			Tel: 908-218-	0880	2014 TO 1222									
OTHER OPERATOR:			1.00	5-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-										
Address:														
City: State: Zip:														
Contact:			Tel:											
III. TYPE OF OPERATION (D=Demo O= Ordered De	emo R=Renovation	E=Emer. Renovati	on) D											
IV. IS ASBESTOS PRESENT? (Yes/No) Yes														
V. FACILITY DESCRIPTION (Include building name	e, number and floor	r or room number)												
Bldg. Name: Former Correctional Inst. Aband														
Address: Crest Haven Complex, 125 Crest	Haven Road													
city: Cape May Court House	State: N		County: Cape											
Site Location: Boiler Room, Interview Room,	Communications	Room, Female	Control Room	I										
Building Size: 8,000 sf	# of Floo	ors: 1	Age in Years:	50+										
Present Use: Abandoned	Prior Us	e: Correctional I	Facitily											
VI. PROCEDURE, INCLUDING ANALYTICAL METH PLM NOB TEM	OD, IF APPROPRIA	ATE, USED TO DET	ECT THE PRESE	NCE OF ASBEST	OS MATERIAL:									
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed	RACM To Be	Asbe Materi	riable estos al Not emoved		ate Unit of									
Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed	Removed	Category I	Category II		UNIT									
Pipes				LnFt:	Ln M:									
Surface Area		120	510	SqFt: X	Sq M:									
Vol RACM Off Facility Component				CuFt:	Cu M:									
VIII. SCHEDULED DATES ASBESTOS REMOVAL (I	MM/DD/YY) Start: 10	0/29/2018		Complete: 1/2	29/2019									
IX. SCHEDULED DATES DEMO/RENOVATION (MM	/DD/YY) Start: 10/	29/2018		Complete: 1/	29/2019									

	9	MECELVE
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	TION WORK, AND METHO	DD(S) TO BE USED:
Wet Mechanical Demolition with Hydraulic Excavators		OCT - 1 2018
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING DEMOLITION OR RENOVATION SITE:	NG CONTROLS TO BE US	SED TO PREVENT EMISSIONS OF ASBESTOS AT THE
Wet Dismantlement		
XII. WASTE TRANSPORTER #1		L
Name: Yannuzzi Group Inc. (asbestos only)		
Address: 135 Kinnelon Road Suite 102	T	
City: Kinnelon	State: New Jersey	Zip: 07405
Contact Person: John Mucha		Tel: 908-218-0880
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: Grows/Fairless (Waste Management)		
Address: 1000 Ford Mill Road		
City: Morrisville	State: PA	Zip: 19067
Tel: 609-668-3200 Don Lucy		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGE	NCY, PLEASE IDENTIFY	THE AGENCY BELOW:
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Order	red to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS:		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
Explanation of how the event caused unsafe conditions of	r would cause equipment	damage or an unreasonable financial burden:
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBL	IN THE EVENT THAT UN LED, PULVERIZED, OR RI	EXPECTED ASBESTOS IS FOUND OR PREVIOUSLY EDUCED TO POWDER:
Signage, Regulate Area, PPE, Wet with Amended Water, Pla		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PI SITE DURING THE DEMOLITION OR RENOVATION, AND I PERSON WILL BE AVAILABLE FOR INSPECTION DURING	EVIDENCE INAL INC.	COINED HOMAING THE DELLITION TO THE
00 0		9/28/2018
(Signature of Owner/Operator)		(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS COI	RRECT:	
\sim \sim \sim		9/28/2018
(Signature of Owner/Operator)		(Date)

B & G proj. #:

2018-199

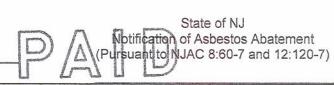


Check # 9214

			- CO (CO)		Name of Street, or other party of the street, or other party of th			CHECK	# 3214	_			
Date of Notification	1 (1)	111	Name of Bui	lding Own	er/Operator (2)		Line IB	@ F	П	η.7	5E.	
10 19 1/12 18	1/1181		Errol Mil	lington				In E	CE		W		1
Agencies Notified	Type Notificat	ion	Street Addre	ss				1 5 77			_		
☐ EPA	Initial		S. ACTION CA-11110 VICEN ACTION	C200-1					OOT -	1	2018) -	
☐ DEP	i i i i i i i i i i i i i i i i i i i	11.	City, State, Z	in Code				1:15	OCT -	1	2010)	
X DOL	☐ Amendr			1975 - 1975 HERBER	J 07052				Maria .				
₩ DOH	V	11	Name of Cor						e Number	1777	T N	81 9	
_	☐ Cancella	- 11						1 releption	o requireor	ale L) i-	4	
☐ DCA			Errol M	Illington									
				FAC	ILITY INFORM	IATION							
Name of facility wh	here abatement i	s taking pl	ace (3)				T	Type of Facility (
Errol Millingto	n							Schoo	I (K - 12)				
	// I							1	apter 8 (Ot			-12)	
Street Address									Private/Co Homes, et		rcial		
			and the second like a three second						# of Floors		BI	dg. A	ge
City (5)		Cou	nty (6)			Cou	nty Code (7)						8
West Orange	N.I 07052	Fo	sex			(Sta	te use only)	Current Use (Pr	ior if being	dem	olish	ed)	
			etetenee		100111	<u> </u>	Name of Abatamat	Residential					
Name of Monitorin	ig riim nired by	biag. Own	er (b)		ASCM No. n/a		Name of Abatement						
-0					11/4	_	B & G Restorat Street Address	ion, Inc.					
Street Address							105 Ryerson R	nad					
City, State, Zip Cod	la .						City, State, Zip Code			-			
Oity, Gtate, Zip Ood							Lincoln Park,	NJ 07035					
Project Manager for	r Monitoring Firm	1	I Ph	one Numb	er		Telephone Number		License I	Numb	er		
3-11-1							(973)696-686	9	003	378	57766		
Scheduled Start Da	ate (10)	ISche	d. Completic	n Date (1	1)		Name of OSHA Moni	tor	1				
10/11/2018			12/2018	(.	.,		B & G Restorat	ion, Inc.					
							Street Address						
Occupancy Status I				mont			105 Ryerson R	oad					
	erformed outside						City, State, Zip Code						
Describe: Other-Descri	ihai					-	Lincoln Park, N	J 07035					
Scope of Work (ch		<i>(</i>)				- 11							
Demolition	ICOK all triat appr	Renovati	on			Пе	ull Containment w/neg	native pressure	Gloveb	20 00	ocodi	ire	
						_	dir Containment whiet Iini-enclosure	jative pressure	Non-fri				
>3 sf or >3 if		≥160 sf or	n normally u	used solely		IN IV				R	R		1
Location of asbestos-cor	ntaining	by maint	enance/cust				shootoo oontoinise	Amount		е	e	E n	E
material to be	e	staff(12)	1		material		sbestos-containing	(Specify S	For	m o	p a	ca	n
abated in fac	cility (13)	Yes	No	N/A				LF)		v e	i	p	L
basement under	r closet front		1	X	pipe insul	ation		3.5 lf		X		П	In
	stairs			ll l				0.0 //		Ħ		П	
1													
				1									
			il -										
Registered Waste F		NJD	EP Hauler I	D# C	ubic Yards of	Waste	Name of Registered						
B & G Restora	tion, Inc.		19563	Diagonal	1/4		manufacture of the contract of	ntral Landfill					
City, State Lincoln Park, N	NJ			Disposal Disposal Disposal Disposal Disposal Disposal Disposal Disposal Disposal Disposal Disposal Disposal Di	ate 12/2018		City, State Pen Argyle	. PA					
					Signature				TDate	-	-		
Gordana Luna			ary/Treasu	irer		(Gordana Luna		09/28	/201	8		
													1

B & G proj. #:

2018-195



Check # 9213

Date of Notification	1 (1)	11	Name of R	uilding Own	ner/Operator (2	1	THE RESERVE OF THE PARTY OF THE						
10 19 1/12 18	1/118		Bob Gr		iei/Operator (2	,			EGI		\mathbb{W}		Trans.
Agencies Notified	Type Notificat	ion	Street Addr	ess				113			ruti cause		
☐ EPA ☐ DEP	Initial								OCT	- 1	2018		
_	☐ Amend	mont	City, State,						1/10/		7.010		
X DOL	LI Amendi			idge, NJ	07028				COTOTO		1775		
₩ DOH	☐ Cancell		Name of Co					Teleph	one Numbe	ř. ie ia	1		
☐ DCA			Bob G	riffin						_			
				FAC	ILITY INFORM	ATION	F						
Name of facility wh	nere abatement i	s taking p	place (3)					Type of Facility	y (4) ool (K - 12)				1
Bob Griffin									chapter 8 (C		han K	-12)	
Street Address								X Othe	r (Private/C	omme		,	
								Square Feet	s./Homes, e		Bl	dg. Ag	ge
City (5)		Co	unty (6)			Cou	nty Code (7)						
Glen Ridge		E	ssex			(Sta	te use only)	Current Use (g den	nolishe	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abatement	Residentia Contractor (9)	l				-
					n/a		B & G Restorat	ion, Inc.					
Street Address							Street Address)l					
City, State, Zip Cod	Δ						105 Ryerson F City, State, Zip Code	road	-	-	-	-	
Oity, State, Zip Cou							Lincoln Park,	NJ 07035					
Project Manager for	r Monitoring Firm	1	P	hone Numb	per	-	Telephone Number	•	License		oer		
							(973)696-686		00	378			
Scheduled Start Da	te (10)	1000000	ed. Complet	ion Date (1	1)		Name of OSHA Mon B & G Restorat						
10/10/2018			/11/2018				Street Address						
Occupancy Status I				ament			105 Ryerson R	oad					
Abatement pe	erformed outside						City, State, Zip Code						
Describe: Other-Descri	be:						Lincoln Park, N	IJ 07035				-	
Scope of Work (ch	eck all that apply	y)										-5	
Demolition	X	Renova	ion				ull Containment w/ne	gative pressure	Glove	bag pr	ocedu	re	
>3 sf or >3 lf			or ≥260 If			× N	fini-enclosure		☐ Non-fi	riable		dure	
Location of asbestos-con	ntaining	by mair	on normally tenance/cu			an af a	ahaataa santalalas	Amount		e R	R	E ·	E
material to be abated in fac	9	staff(12	7	1	material		sbestos-containing	(Specify LF)		m o	p a	c a	n c
		Yes	No	N/A						v e	i	р	L
boiler room & wi	ne closet			X	pipe insul	ation		35 lf		X			
				1	10			1008-1441-1441-1441-1441-1441-1441-1441-	ዙ		믐	H	
					1	oleti priparette				H	H	H	H
										盲			
Registered Waste H B & G Restorat		NJ	DEP Hauler 19563	ID#	Cubic Yards of	Waste	Name of Registered Grand Ce	Landfill ntral Landfill					
City, State Lincoln Park, N	۸٦ 			Disposal I	Date 11/2018		City, State Pen Argyle	e, PA					
Completed by (Print	t or Type)	Title			Signature		Gordana Luna		Date			- A	
Gordana Luna		Secret	ary/Treas	urer			Jordana Zuna		09/2	8/201	8		

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

Check # 9212 Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/12 18 1/11 18 1 The Lois Dunn Trust Agencies Notified Type Notification Street Address □ EPA OCT -1 2018 Initial DEP City, State, Zip Code Amendment X DOL Hillside, NJ 07205 ASPESTOS CONTROL X DOH Name of Contact Telephone-Number Cancellation ☐ DCA Regina / Task Construction **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) The Lois Dunn Trust Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Hillside Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) 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. 10/09/2018 10/10/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition | Renovation ☐ Full Containment w/negative pressure \times >3 sf or >3 if Mini-enclosure ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely Location of by maintenance/custodial е asbestos-containing 0 Amount Description of asbestos-containing n staff(12) m p C material to be (Specify SF or material (ACM) C 0 a abated in facility (13) а Yes N/A No v boiler room basement side pipe insulation 70 If X finished basement side 2 If pipe insulation X Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 10/10/2018 Pen Argyle, PA Completed by (Print or Type) Signature Gordana Luna Gordana Luna Secretary/Treasurer 09/28/2018

ch 201	No	of E	CATION	OF ASB	ESTOS	ABATE	MENT	Congress of		G					
Date of Notification (1) 9/21/2018			Name of Janice	Building 6 Brown	Owner/C	Operator	(2)			OCT	- 1	20	18		1
Agencies Notified Type Notification			Street Ac	ddress				100	1.200			******	No. No. of the last		
EPA Initial Amended				te, Zip Co					AS	BESTO UC	8 00 5 NS	MG MG	P/I	ε.	-
X DOL Amendment Emergency (-		k NJ 07	112			ka-2.797	T = 1		T. T. T.	685 [BR)			25.5
DOH justification) DCA Cancellation			Name of Marko	Stanko	vic, Pr	oject N	/lanag	er	l lei	ephone I	Numb	er			
Name of Facility Where Abatement is Taking	Dlace (3)		FACIL	LITY INFO	ORMATI	ION	Type	of Facility (4)			9			
Residence	g 1 1800 (0)							School (K-1		•		*			
Street Address							X	Subchapter Other (i.e. p				build	ings,	home	s,
City (5)							Squar	etc.) e Feet		f Floors			dg. A	ge	
Newark County (6)			County C	ode (7)			3639	nt Use (Pri	2 or if boi	na domo	lichoo		917		
Essex				ISE ONLY)				dence	or ii bei	ng demo	nisnec	1)			
Name of Monitoring Firm Hired by Building (Owner (8)	8	ASCM	No.				tement Cor k Indust		(9)					
Street Address							Addres /lorgar								
City, State, Zip Code								p Code 07871					200000000000000000000000000000000000000		
Project Manager for Monitoring Firm			Telephor	ne No.			none No -570-2		721 - 25102	License 01334					
Start Date (10) 9/23/2018	Scheduled 10/1/20		npletion [Date (11)				IA Monitor k Industi	rial					15.75	
Occupancy Status During Abatement (Chec	k Only One	∌)					Addres /lorgar								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility	baten Hours	nent			City, S	State, Zi	p Code 07871							
Scope of Work (Check All That Apply)						Ора	ita ivo	0/0/1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	COMMONDE	enova emolit				* * * * * * * * * * * * * * * * * * * *	Min Glo	Containm i-Enclosure vebag Pro	e cedure						
	le l	Locati	ion				⊒ Nor	n-Exempte	d (") an	a Non-Fi	rable		Abate	-	
Location of	N	ormal I Sole	ly	20.00		scription					-		Ту		
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntena			thermal	taining N	s insula		(8	mount Specify		Rer	Re	Encapsulate	Enc
In Facility (13)		(12)				cing, VA miscellar			51	or LF)		Removal	Repair	psula	Enclosure
	Yes	No	N/A	-): VA					0.15				fe	
Furance room	-	X		ŀ	ripe vv	rap Ins	sulatio	n		60 LF	-	X			
						1					-	_			
	+											-			
Name of Registered Waste Hauler		111	JDEP W		The second second	Yards		Name of							
Atlantic Carting			lauler ID	140.	of Wa					gemen	it				
City, State Wayne NJ					Dispo	sal Date		City, Stat Tulleyt	e own F	PA					
Completed by Corey Stankovic	Title CEO				5	Signature	e (\le \)	Farko	·		Date 9/2		018		

Ch514	IFIC	ATION	V OF AS	ew Jersey BESTOS C 8:60-an		CE	Commence	$\overline{\mathbb{M}}$	LIL.						
Date of Notification (1)					Name	of Buildin	g Owner/Ope	erator (2	2)		OCT -	1 2	018		
9 / 28 / 18					NJ	TA	1.	Job #1	Chk. #5144						
Agencies Notified Type Notification					Stree	t Address		ACC	1500		V 1 - 2 4				
☐ EPA ☐ Initial					1 Turnpike Plaza					1	the grade				
□ DOLWD □ Amended						State, Zip (Liver to a management	The state of the state of	- 1	1.1				
☑ DHSS Amendment # ☐ DCA ☐ Emergency (including the control of the control					Woodbridge, NJ 07095										
DCA (NJAC 5:23-8)	ncy (ind ion)	cluding	3		of Contac				Tolonhono	lls a s					
(143/10/3.23-0)	tion				Robert Womelsdorf				The second of th	Telephone Number 732-442-8600					
							732-442-0000								
Nome of Facility Miles of A	L-4		D.	(0)	FA	CILITY IN	FORMATI	ON							
Name of Facility Where Abatement is Taking Place (3)									Type of Facility (4)						
NJTA MUB - E - Hightstown									│						
Street Address								☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,							
Milepost 67 S - NJ Turnpike									homes, etc.)						
City (5)									Square Feet	# of Floors Bldg. Age					
East Windsor/Hightstown									20,000	1		unko	own		
County (6)					Cour	County Code (7)(STATE USE ONLY)									
Mercer									Office & Shops						
					ASCM	No. Name of Abatement Contractor			nt Contractor (9)	(9)					
Horizon Environmental							Asbesto	os and	Mold Service	s, Corp.					
Street Address							Street Add	ress							
PO Box 316							3859 Sylon Boulevard								
City, State, Zip Code							City, State, Zip Code								
Thorofare, NJ 08086							Hainesport, NJ 08036								
Project Manager for Monitoring Firm Telephone No.							Telephone No. License No.								
					56-848	8-0800 609-702-0400				00862					
Start Date (10) Scheduled Completion Date (11)							Name of OSHA Monitor								
<u>10 / 8 / 18 10 / 12 / 18</u>						18	EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check only one)							Street Address								
Absternant Performed Outside of Normal Facility Have															
Abatement Performed Outside of Normal Facility Hours Time of Abatement:AMPM/PM-					rs - Des -	AM Only, State, Zip St									
						7 (14)	Cinnam	inson,	, NJ 08077						
Scope of Work (Check all	that apply)										49				
≥3 sf or ≥3 lf	ion	Full Containment with Negative Pressure Mini-Enclosure Clausher Pressure													
☐ ≥160 sf or ≥260 lf	moliti	on	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						1						
						т	∐No	on-Exen	npted (*) and No	n-Friable Proce					
Location of Asbestos-Containing Material (ACM)			Is Location Normally Used Solely							Amount	Ab	Abatement Type			
						Ashe	Descrı stos Containi	ption of			Re	Re	En	En	
TO BE ABATED				intena			., thermal sys			(Specify	Removal	Repair	cap	Enclosure	
IN Facility			Cusi	(12)	Staff?	surfacing, VAT,				SF or LF)	<u>a</u>		Encapsulate	ure	
(13)			Yes	No	N/A	1	other misc	cellaneo	ous)				ite		
Locker Room & Bathroom						Pipe Ins	sulation be	hind b	olock walls	uknown					
						that are	to be dem	olishe	ed			П	П	П	
		-								Conglished to the conglished t					
			_	П	-			1200							
Name of Registered Waste Hauler						Masta	Cubia Vand		None of Design			Ш	Ш	Ш	
					lauler II	D No Wasta				f Registered Landfill					
Waste Management					17273	73 5			Grand Central						
City, State						Disposal Date City, State									
Lafayette, NJ							10/12/18	1	Penn Argy	le, PA					
Completed By (Print or Type) Title							ure			Date					
				office Coordinator				X	1		9-28	-18			
ASR-41							71	11	PV						