

Date of Notification (1)	2005			f Building			10.7		匡(		Ti Ti	7 1				
	eck # 3065				ady of L	ourdes	s Paris	h		Ca C	<i>9</i> 🖾	Ti f	/ Us	x		
Agencies Notified  EPA	Type Notification  Initial			Street A	iddress Eagle Ro	ock Av	enue			00	T 0 4	1 20	1	1000	Charles Contract	
DEP DOL	Amended Amendment		_ [		ate, Zip Co Orange		052		Ely			**************************************	and the second		A CONTRACTOR OF THE CONTRACTOR	
DOH DCA	Emergency justification) Cancellation				f Contact James F	orny	100.000			Tel	ephone	Num	per			
<u> </u>	Caricellation				ILITY INF		ION			_						
Name of Facility Where	Abatement is Takin	g Place (3)		1 70	LITT HAT	OKWAI	IOIV	Туре	of Facility (4	4)			_			
Mt. Carmel Guild A	cademy							X	School (K-1)	2)						
Street Address								П	Subchapter	8 (Oth						
100 Valley Way									Other (i.e. p etc.)	rivate (	& comm	ercia	build	lings,	nome	es,
City (5)								100	are Feet	0.000	f Floors		100	ldg. A	lge	
West Orange			-					15,0		2			- S	0+		
County (6) ESSEX				(STATE	Code (7) <i>USE ONLY</i>	)		Sch	ent Use (Fric	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	A No.		100000000000000000000000000000000000000		atement Con							
Street Address								Addre		iation	!					
									Street							
City, State, Zip Code					W				Zip Code rg, NJ 070	103						
Project Manager for Mor	nitoring Firm		Telepho	ne No.		Victor III III III III III III III III III I	hone N	0,	133	Licens	e No					
Ct- + D-+- (40)	rt Data (10)							295-			0107	4				
Start Date (10) Oct/7/2017		Scheduled Oct/8/20		npietion	Date (11)				HA Monitor above							
Occupancy Status Durin	g Abatement (Ched	k Only One	)				Street	Addre	ess							
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Ab	aten	nent			Cit. C	N-1- 7	in Code					-		
Other – Describe:	AM	nai i aciiity i	iours	•		_	City, S	state, z	Zip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	nova molit						II Contain ne		Negativ	ve Pr	essu	re		
The second secon							×		ovebag Proc		d Non E	rioble	Dro	oodur		
		T <sub>a</sub> t <sub>a</sub>					<u>                                      </u>	i NO	on-Exempted	() an	u Non-F	паріє			e ement	t
Location	of.	7,55	ocat rmal			Da									ре	
Asbestos-Containing	Material (ACM)	Used Main				tos Con		//ateria	I (ACM)	Α	mount				Ш	
TO BE AB. In Facil		Custo	7-7-10-71	81605050500	(i.e.	thermal	system cing, VA		ation,		pecify or LF)		Ren	Re	nca	Encl
(13)		1	(12)				niscellar		ii.	Si	OI LI')		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									11		ate	Ġ.
Kitchen Co	orridor		Х			9x9-	Floor	Tile		1	6 SF		Х			
				-												
Name of Registered Was	ste Hauler		1000	J IJDEP W			Yards		Name of F	Registe	red Lan	dfill			1	-
Tri-State Transfer A	SSOC		1000	lauler ID 9551	No.	of Wa	ste		Minerva	Ente	rprise	sInc				
City, State						Dispo	sal Date		City, State		011					
Bronx, NY							Signature		Waynes	sourg	, OH	D	80			
Gina Betances	ompleted by Title na Betances Office Manager							BI	was-			Date 09/		2017		

CIC# 4300

D. (1) (1)		_								HE WELL	WI	SI.	1	
Date of Notification (1)	29 /	17				of Building	g Owner/Operato	r (2	Am	OCT 0 4	2017	A CONTRACTOR CONTRACTO	The Control of the Co	
Agencies Notified	Type Notifica	ation			Street	Address			The second of th	00104	2011	- 10		
⊠ EPA						, , , , , , , , , , , , , , , , , , , ,			f h			E		
□ DOLWD	☐ Amended	i			City	State, Zip C	`ode			Exception of the Control of the Cont	Mile spire scare during	~~~~	i.	
⊠ DOH	Amendme						rest, NJ 08260	1						
DCA	Emergen		cluding	3		of Contact		,		Tolonhone Nu	mhor			
(NJAC 5:23-8)	justification	J								Telephone Nu	mbei –			
	☐ Caricellat					nn Taylor						_		
					FA	CILITY IN	FORMATION							
Name of Facility Where A	Abatement is 1	Taking	Place	(3)					Type of Facility	3325				
Taylor Residence									School (K-12	2) 8 (Other than K-	12\			
Street Address									Other (i.e., p	rivate and comm	nercial b	uildin	ıs.	
									homes, etc.)					
City (5)				11000000					Square Feet	# of Floors	В	ldg. A	ge	
Wildwood Crest									1,700	2		80		
County (6)					Cour	nty Code (7	)(STATE USE ONLY	7)	Current Use (Pr	ior if being demo	olished)			
Cape May					1				Residence					
Name of Monitoring Firm	Hired by Build	ding C	)wner (	(8)	ASCM	No.	Name of Abater	mei	nt Contractor (9)					
Management & Env	iro. Consul	ting	Servi	ces			Shade Envi	iro	nmental, LLC					
Street Address					S- 57	THE PERSON NAMED IN	Street Address							
PO Box 341							623 Cutler	Ave	enue					
City, State, Zip Code							City, State, Zip							_
Chesterfield, NJ 08	515						Maple Shad							
Project Manager for Moni	100 100 000			Tole	phone	No	Telephone No.		140 00002	License No.				
Bill Weisgarber	itoring i iiiii				9-298		856-755-009			00842				
Start Date (10)	10	ah a d	ulad C				Name of OSHA			00042		-		
						te (11)								
//		- 22		2	_ / -		EMSL Anal	ytic	cai, inc.					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate	3077						200 Route 1	130	) North					
☐ Abatement Performed							City, State, Zip							
Time of Abatement: _				F IVI-		Alvi	Cinnamins	on,	NJ 08077					
Scope of Work (Check all	l that apply)						F1 = 11 0					7716		
≥3 sf or ≥3 lf			⊠ Re	novati	on		⊠ Full Co		ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			☐ De				Gloveb	oag	Procedure					
						4	☐ Non-E	xen	npted (*) and No	n-Friable Proced	dure			
				Locat							Al	atem	ent T	ype
Location				Norma ed Sole		A . I	Description				Re	R	ū	m m
Asbestos-Containing I TO BE ABA		)		intena			stos Containing N ., thermal system			Amount (Specify	Removal	Repair	cap	clo
IN Facilit			Cus	todial	Staff?		surfacing, VA	AT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(13)				(12)	Τ	-	other miscellar	neo	ous)				ate	
			Yes	No	N/A									
Utility Room and Bathroom										242 SF				
Wall b/w House and 0	Garage				$\boxtimes$	Drywall				160 SF				
Name of Registered Wasi	te Hauler			N	JDEP \	Naste	Cubic Yards of		Name of Regis	stered Landfill				
Freehold Cartage				Н	auler II 15939		Waste 1		Cape May	County Landf	ill			
City, State					10000		Disposal Date		City, State					
Freehold, NJ							10/16/2017		Woodbine	, NJ				
Completed By (Print or Ty	(ne)	Title						_		Vince -	Date			
네트 그는 맛이 있는데 그래 그래 그를 다 살아서 모셔.	(he)	1		ocid-	nt of	)norotic-	Signature	1	10			21	7	
Christina Lynch		VI	ce Pr	eside	TIL OT C	Operation	is ( //W)	W	00	/	9/20	1/1	t	

### State of New Jersey

ON# (039)	7	· N			OF ASBE			E29494 //	ADD					-
Date of Notification (1) 9/29/17					Building C				(Ope a	tor Transfo	LE .	on E	nt.)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified	Type Notification			Street Ad					•		1 22	4 71	1 1	
EPA DEP	Initial Amended			City, Stat	te, Zip Cod	de				-71			. in capacia	
DOL	Amendment Emergency		_		c City No	J 08401	l				CONTRACTOR OF STREET		And the Park State of	w
DOH DOA	justification)			Name of	240				Te	lephone Num	ber	195		
☐ DCA	Cancellation				ny Edum									
Name of Facility Where	Abatement is Takin	g Place (3)	<u> </u>	FACIL	LITY INFO	RMATIO		Type of Facili	tv (4)					
Vacant House / un		goo (o)					1	School (						
Street Address								Subcha	ter 8 (Oth	ner than K-12				
416 Madison Ave							1	Other (i. etc.)	e. private	& commercia	l build	lings,	home	s,
City (5)								Square Feet	# (	of Floors	B	dg. A	ge	
Atlantic City NJ 08	401							1000	2		3	5+		
County (6)				County C	code (7) ISE ONLY)	6			Prior if be	eing demolishe	ed)			
Atlantic				3.		2 - 200 - 2000		house						
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	No.			of Abatement aco Inc.	Contracto	r (9)			-	
Street Address							Street A	Address ox 329						
City, State, Zip Code	***						70.5	ate, Zip Code Berlin NJ						
Project Manager for Mor	nitoring Firm		-1	Telephor	ne No.		Telepho			License No	),			
,	3							753-9800		00727				
Start Date (10) 10/12/17	WAR ALL MANUAL TO THE STATE OF	Schedule		npletion [	Date (11)		Name o	of OSHA Mon	tor					
Occupancy Status Durin	g Abatement (Che	ck Only On	e)				Street A							
Facility Closed/Vac	ated During Entire	Period of A	batem	ent						*				
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours			_	City, Sta	ate, Zip Code						
Scope of Work (Check A	All That Apply)				<del>12.50</del>	-	X	WET I	)omo	lition				
≥3 sf or ≥3 lf			enova				A	Full Conta	nment wi	th Negative P	ressu	re		
≥160 sf or ≥260 lf		X D	emolit	ion			Н	Mini-Enclo Glovebag		9				
								Non-Exem	pted (*) a	nd Non-Friabl	e Pro			
			Locati										ment pe	
Locatio	9/20/20 15 Company of the Company of		lormal d Sole		A - b 4		cription	of aterial (ACM)		Amount	-			
Asbestos-Containing TO BE AB		Mai	ntena	nce/		thermal s	ystems	insulation,		(Specify	Re	R	Encapsulate	En
In Fac	ility	Cust	odial 9 (12)	stair?	12000	surfaci other mi	ng, VAT		8	SF or LF)	Removal	Repair	apsu	Enclosure
(13)	Yes		T		outer iiii	Socialic	cous			/al	=	ilate	lre	
	No	N/A					<del>                                     </del>	200.05	-					
roof un	safe	-		Х			ofing	4		300 SF	-	-		
		-				unsafe					-	_		-
		+	- II	-	se	e allaci	iea cii	ty order	_		-			-
Name (B. 11 1991	-4-11-1-		1.	UDED !!	lasts	Cubic Y	/ords	Mar	of Do vie	tered Landfill				
Name of Registered Wa	iste mauler		1 0	IJDEP W lauler ID		of Wast								
Transformation	2	2459		TBD	5			unty MUA						
City, State				Disposa	al Date	City,		Township.	2110	1000	A			
Egg Harbor NJ					TBD			marcor	Township		1023	+		
Completed by		Title				Sig	gnature	7		Da	re			

President

9/29/17

Anthony T Perna

### CIC# 6396

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Date of Notification (1) 9/29/17							/Operator		e Bombin	a Po	200	32/40-20/1000				
Agencies Notified	Type Notification			Street A		uaru	vvarren	GIOV	e pombin	y Ka	175.5	3 7	110	-		
			100			ie Ro	d. Buildir	na #2	v i		a hart a	J	W	E bong	10000000000000000000000000000000000000	
EPA DEP	X Initial   Amended				te, Zip Cod	A-1200	- Julian	.9	-		OCTI	04	201	7		
DOL	Amendment				n Grove		08005		1			T ( 1				
⊠ DOH	Emergency justification)	(including	T	Name of	Contact					Tel	ephone	Numb	er		-	
DOH DCA	Cancellation			Tom	0					1 4		Alexandrian Communication of the Communication of t				
				FACI	LITY INFO	RMA	TION								-	
Name of Facility Where		(A)						Туре	of Facility (4	1)						
Air National Guard	Warren Grove	Bombing	Ran	ge					School (K-1			40020				
Street Address									Subchapter Other (i.e. p				huild	inas	home	s
Bombing Range R	d. Building #2							E-21	etc.)			0.0.0.				,
City (5)	2000								e Feet		Floors			dg. A	ge	
Warren Grove NJ	J8005							1000		1			1	5+		
County (6) Ocean					Code (7) USE ONLY)	No.			nt Use (Prid age Shed		ng demo	olished	1)			
Name of Monitoring Firm	a Lliead by Duilding	Ourser (0)		LACCE	l Na		Nome		tement Con		(0)					
N/A	i miled by Building	Owner (6)		ASCN	I NO.			aco li		uilcioi	(9)					
Street Address							Street									
Oli cet Address								3ox 3	27.00							
City, State, Zip Code							City, St	tate. Zi	p Code							_
							7. Takan		in NJ 080	91						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	one No	D.		Licens	e No.		-	to 600	
							856-	753-9	008		0072	7				
Start Date (10)		Schedule	ed Com	pletion l	Date (11)		Name	of OSF	A Monitor					1000		
10/13/17		10/23/	17				Sam	е								
Occupancy Status Durin	g Abatement (Ched	k Only On	e)				Street	Addres	ss							
Facility Closed/Vac	ated During Entire	Period of A	Abatem	ent							4				50,000	
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours				City, S	tate, Zi	p Code							
Scope of Work (Check A	All That Apply)	Commission .					_	1116	et was	24) 2	CUI					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Comments of the Comments of th	enovat emoliti	100000			-		l Containme i-Enclosure		Negativ	ve Pre	ssur	е		
<u>⊠</u> ≥100 \$1 01 ≥200 11			emonu	OH				Glo	vebag Prod	e lure						
							×	No	n-Exempted	i (*) an	d Non-F	riable				
			Locati												ment pe	
Locatio			Normall d Sole		l		Description		(4.00.0)							
Asbestos-Containing TO BE AB		Ma	intenar	nce/			ontaining Mal systems				mount Specify		D		Enc	щ
In Faci	ility	Cust	todial S (12)	Staff?		sur	facing, VA	T, or	.		F or LF)		Remova	Repair	aps	Enclosure
(13)			()	1		othe	r miscellan	ieous)					val	air	Encapsulate	ure
		Yes	No	N/A											O	
garage	area			х			nsite par				50 SF		x			
garage		х			r tile & N				50 SF		x					
garage		Х		Pip	e insula	tion		8	30 LF		x					
							t wrap &	cut			16					
Name of Registered Wa	iste Hauler		11 (10)	JDEP Wauler ID			ic Yards /aste		Name of		ered Lan	ndfill				
United Roll Off			.000	2459	140.	5			G.R.O.	W.S.						
City, State						Disp	osal Date		City, Stat	е						
Elm NJ						10/	23/17		Morris	ril e P	A 1906	67				
Completed by		Title					Signature	9				Date				
Anthony T Perna		Pres	President					1	The state of the s	-		9/2	9/17	7		

Print Form

01-11-01 20					,11	KKI		Ø.				1/2	Pr	int Fo
CB# 12050	N		ursuant	ate of Nev OF ASB to NJAC	ESTOS 8:60 and	ABATE d 12:12	0)	NT		EGG		VI	Section 1	And the second second second second
Date of Notification (1) Sept. 29, 2017				Building Hudson			r (2)		11/2	OCT	04	1341	1	1
Agencies Notified  EPA DEP DEP DOL DOL Type Notification  X Initial Amended Amendment			City, Sta	ddress nmerce te, Zip Co hburg, N	ode	76					and the second s	industrial particular	and the second	-
X Emergency justification) DCA Cancellation	,			Contact					Tel	ephone Nu	umber			
Seri				LITY INFO	ORMATI	ON						-		
Name of Facility Where Abatement is Takir House for Demo Street Address 11 Church Street	g Place (3	)					Ty	School (K- Subchapte Other (i.e. etc.)	12) r & (Oth			dings	home	es,
City (5) Harrison							A Links	uare Feet	35.20	f Floors	1888	Bldg. A	ge	
County (6)			County C	Code (7)	)		Cu	100 SF irrent Use (Pr louse for D		ng demolis	1000	50+		
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No.			of A	Abatement Co	ntractor	(9)				
n/a Street Address			n/a			Street		ny Contract	ing					
n/a						10000000		lisade Ave.						
City, State, Zip Code n/a						100 00 00 00 00 00 00 00 00 00 00 00 00		e, Zip Code d, NJ 07026	6					
Project Manager for Monitoring Firm			Telephor	ne No.		Telep		e No. 0-6026		License 01255	No.			
Start Date (10)	Schedule	ed Cor	mpletion [	Date (11)				OSHA Monitor			7			-
10/9/2017	10/11/2							ny Contract	ing					
Occupancy Status During Abatement (Che-  X Facility Closed/Vacated During Entire			nent			Street 360		dress lisade Ave						
Abatement Performed Outside of Norr Other – Describe:								, Zip Code d, NJ 07026	3					
Scope of Work (Check All That Apply)						Gai	Heic	1, 140 07020						-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		tenova emoli						Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e c∈dure				e e	
	1000	Locat lorma	1000124										emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena odial (12)	ely by nce/		tos Cont thermal surfa		Mate ns ins AT, o		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ф	1000
Basement								ulation		5 LF	х			
Exterior of House			Х		Gra	y Tran	site	)	2,4	100 SF	Х			
							+		-			-		
Name of Registered Waste Hauler		I	JDEP W	aste	Cubic	Yards		Name of	Registe	ered Landf	ill	1	1	
Harmony Contracting		F	łauler ID	No.	of Wa	ste		GROV	20000					
City, State					Dispo:	sal Date	е	City, Sta Morris		A 19067				
Completed by E. Cirovic		8	ignatur	3	1118	)	1.0	Date 9/29/2	017					
							-	1100						

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2885 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 29 / 17 Andrea Pini Agencies Notified Type Notification Street Address ☐ EPA □ DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # ☐ DCA Cedar Grove, NJ 07009 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Andrea Pini **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapte 8 Street Address Subchapte 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cedar Grove, NJ 07009 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 (3) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 10 / 17 10 / 11 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_ AM-PM/ PM\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontam nation with negative pressure Full Containment with Negative Pressure □ Renovation Mini-Enclosure

≥ 150 st or ≥250 lf	☐ De	emolitio	on		Glovet Non-E	pag Procedure [xempted (*) and f	Tent with Nega	tive Press	sure		
Location of		s Locat Norma	0.7000						atem	ent T	уре
Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	) Use Ma	ed Sole intena todial (12)	ely by ince/	Asbe (i.e	Description estos Containing N e., thermal system surfacing, VA other miscellar	Material (ACM) s insulation, T, or	Amount (Specify SIF or LF)	Removal	Repair	Encapsula	Enclosure
	Yes	No	N/A							e	
Basement			$\boxtimes$	Pipe ins	ulation		85 LF	×			
										П	П
										П	П
								П	П		
Name of Registered Waste Hauler	-	NJD	EP Waste	Hauler ID No.	Cubic Yards of Wa	ste Name of Reg	istered Landfill			Ш	
Gr Tech LLC		0	03378	35	TBD	T.R.R.F. Inc					
City, State					Disposal Date	City, State					
Wayne, NJ 07470					TBD	Tullytown, I	ΟΔ				
Completed By (Print or Type)	Signature	1		Date							

Owner

Hewic Wened

09/29/17

N.Jevtic

Date of Notification (1)   9				1011					3:60 and 5:1		Charl	14	1	) [	10:	1
Agencies Notified   Type Notification   Street Address	Date of Notification (1)					Name	e of Buildin	ια Ον	vner/Onerator	(2)	THE	計畫下	15	7		$\mathcal{A}_{-}$
Separation		29 /	17	_						* 6		5 E I	01	21 1 No. ***	All and the second	ACCUPATION OF THE PERSON OF TH
Amended   Amen	1 85	Type Notific	cation			Stree	t Address				110) 0(	T 0 4	5 61	311	-1	
DOUND						18	3 Sitgrea	ves	St	TITE	Office of the second				į.	-41
DOA	3-3								7.7.7.3	AUU	1 1439 8			-		
Name of Contact Brendan LaPort Brend	55.5	12000				The second section is			114. 2	*	- William Company	P. S.	Milwight .	and the self-	-	
				uding							Tolophono	Number	-			_
Type of Facility Where Abatement is Taking Place (3)	(110710 0.20 0)					10.000	10		·		relephone	Number	_			
School (K- 2)   Streat Address   Strea														7		
Atlantic States Cast Iron Pipe Company	Name of Facility Where A	batement is	Taking F	Place	(3)				III-MPALISHOOD AND LAKE SWITCHEY	Type of Facilit	(4)			- 127		
Subchappie & Clother than k.T.y.										15/8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Name of Registered Waste Hauler   Robinson Waste Disposal   Prior   Robinson Waste Disposal   Prior										☐ Subchapter	8 (Other than	K-12)				
Square Feet	183 Sitgreaves St									Other (i.e.,	private and cor	nmercial	buil	lding	js,	
Phillipsburg	The second secon				A-11-S								D1.1			
County (6) Warren Warr												•			ge	
Marren	County (6)					Сош	nty Code (7	VST	ATE USE ONLY	The same of the sa	1	molichod		J		
Name of Monitoring Firm Hired by Building Owner (8)  EHS Environmental  Street Address  411 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Project Manager for Monitoring Firm Jack Carney  Steret Address  411 Southgate Court  Telephone No. Jack Carney  Start Date (10)  10 / 13 / 17  10 / 21 / 17  Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Jack Carney  Store Address  411 Southgate Court  Time of Abatement ZAM-3:30 PM/ PM- AM  Renovation Demolition  Demolition  Asbestos-Containing Material (ACM) To Be ABATED IN Facility (13)  Name of Registered Waste Hauler Robinson Waste Disposal  Name of Registered Landfill  Cubic Yards of Waste Robinson Waste Disposal  Name of City, State  City, State, Zip Code Norristown, PA 19401  PHS Environmental Inc.  Street Address  411 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  411 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  411 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  411 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  411 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  411 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  411 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  412 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  413 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  414 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  415 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  416 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  417 Southgate Court  City, State, Zip Code Mickleton, NJ 08056  Street Address  418 Southgate Court  City, State Mickleton, NJ 08056  Street Address  Absence Address  419 Curticanter and Adams According to the Adams According to the Adams A						000	nty code (r	Non	TIE OOL ONET	the many track the second of the	nor ir being der	Holished	)			
Street Address   Street Address   Street Address   923 Haws Ave	Name of Monitoring Firm I	Hired by Buil	dina Ow	mer (	8)	ASCM	No	Na	me of Ahatem		i)					
Street Address   Street Address   923 Haws Ave		•	J	V.		A 1745A	1.75.1	1			50					
293 Haws Ave	Street Address									viroimientar	. IIIO.					
City, State, Zip Code   Mickleton, NJ 08056   Morristown, PA 19401	411 Southgate Cour	411 Southgate Court								re.						
Mickleton, NJ 08056													_			
Project Manager for Monitoring Firm Jack Carney	Mickleton, NJ 08056							100								
Start Date (10)	Project Manager for Monit	oring Firm			Tele	ephone	No.				License No	0		-		
Start Date (10)  10	Jack Carney									ì	200000000000000000000000000000000000000					
10	Start Date (10)		Schedule	ed Co	mple	etion Da	ite (11)									
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM	10 /13 /						Control of the Contro	1		200000000000000000000000000000000000000						
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM	Occupancy Status During	Abatement (	Check o	nly o	ne)			Str	eet Address							
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/PM-AM    City, State, Zip Code   Mickleton, NJ 08056						ment		- Lesses		te Court						
Mickleton, NJ 08056	Abatement Performed	Outside of N	ormal Fa	acility	Hou	rs - Des	cribe			Section 10 to 100						
Scope of Work (Check all that apply)	Time of Abatement: 7A	M- <u>3:30</u> PM/	P	M		AM										
Secondation   Demolition   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and	Scope of Work (Check all	that apply)														_
□ ≥160 sf or ≥260 lf □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure    Secondarian   Composed   Com	M >3 of or >2 If		N	<b>7</b> D		eserci.				tainment with Ne	gative Pressur	е				
Non-Exempted (*) and Non-Friable Procedure	□ ≥160 sf or >260 lf		Ĕ													
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  1st floor    Set floor			8								on-Friable Prod	cedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  1st floor  1st floor  To Be Abated to Containing Material (ACM) (12)  Yes No N/A  To Be Abated (12)  Yes No N/A  To Be Abated (12)  To Be Abated (13)  To Be Abated (14)  To Be Abated (14)  To Be Abated (15)  To Containing Material (ACM) (Specify SF or LF)  To Observe (15)  To Specify SF or LF)  To Observe (15)  To Specify SF or LF)  To Observe (15)  To Specify SF or LF)  To Specify SF or LF)  To Observe (15)  To Depth (15)  To			100	7000		2000						1	Aba	teme	ent T	vpe
SF or LF   Surfacing, VAT, or other miscellaneous   SF or LF   SF or LF   Surfacing, VAT, or other miscellaneous   SF or LF																2500
SF or LF   Surfacing, VAT, or other miscellaneous   SF or LF   SF or LF   Surfacing, VAT, or other miscellaneous   SF or LF	Aspestos-Containing IV	iaterial (ACN FD	1)									1 9	E C	epa	nca	ncl
Yes   No   N/A				Custo		Staff?	(1.6					)   5	2	=	psu	nsc
Yes   No   N/A	(13)				-	1					0, 0, 2,	'   -	-		ilate	-G
Name of Registered Waste Hauler Robinson Waste Disposal City, State Voorhees, NJ 08043    Disposal Date Voorhees (Print or Type)   Title   Signature   Date Voorhees (NJ 0804)   Date Voorhees (NJ 0804)			١	/es	No	N/A									(U	
Name of Registered Waste Hauler Robinson Waste Disposal  City, State Voorhees, NJ 08043  Completed By (Print or Type)  Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 17304  Cubic Yards of Waste 1CY  Disposal Date 1CY  City, State 10/21/17  Tullytown, PA  Signature Date	1st floor						floor tile	e an	d mastic		70SF	D	3			
Name of Registered Waste Hauler Robinson Waste Disposal  City, State  Voorhees, NJ 08043  Completed By (Print or Type)  NDEP Waste Hauler ID No. 17304  Completed By (Print or Type)								Г	7	П	П	П				
Name of Registered Waste Hauler Robinson Waste Disposal City, State Voorhees, NJ 08043  NJDEP Waste Hauler ID No. 17304  City, State Disposal Date 10/21/17  Completed By (Print or Type)  Cubic Yards of Waste 1CY Tullytown, PA  Signature Date			Г	7	П	П							+	금		
Name of Registered Waste Hauler  Robinson Waste Disposal  City, State  Voorhees, NJ 08043  NJDEP Waste Hauler ID No. 17304  City, State Disposal Date 10/21/17  City, State  Voorheed By (Print or Type)  Name of Registered Landfill  Grows Landfill  City, State Tullytown, PA  Signature  Date				-	_								4			
Robinson Waste Disposal  City, State  Voorhees, NJ 08043  Completed By (Print or Type)  Hauler ID No. 17304  Disposal Date 10/21/17  Disposal Date 10/21/17  Tullytown, PA  Signature Date / /	Name of Registered Waste	Hauler					N	0.1	'- V1- f	Tu 75			1	Ш	Ш	Ш
City, State  Voorhees, NJ 08043  Completed By (Print or Type)  Disposal Date  17304  Disposal Date  10/21/17  Tullytown, PA  Date					10000					The state of the s						
Voorhees, NJ 08043  10/21/17  Tullytown, PA  Completed By (Print or Type)  Title  Signature  Date		posai						1	CY	000400000000000000000000000000000000000	патии					
Completed By (Print or Type)  Title  Signature  Date										The state of the s						
Date / /								1	0/21/17	Tullytown	, PA					
James M. Kelly Vice President									Signature			Date		1	1	
	James M. Kelly Vice President								1/1/10			6.	1/	29	/1-	7

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CC	P	Y		CATIO	LITE OF NEW JETS N OF ASSESTE I TO NJAC 8:08:1	SABATE					AM 141 200 17	
Date of Notification (1) 9/28)17				Marera of	Building Owner		Morws	b -	1/		11	
Agenouse Notified Type I	differtion			Street A				AMP File to	6.3		OH.	1.
D_DEP D	ntial Granded Macadenece ii		-		on, Zip Code	1.1.3	, NJ . E	78/24-21			-	مند
E DOR	idengenty (in uzification) Incellation	chiding		Name of	Contest 2 A MOR		, 102 * E	Talsohone Nom	ber	-		_
Name of Facility Where Absterner		(3)			LITY INFORM		W 65.34	7.5				
HR do		AHO	سع	Ó			Type of Facility  School (K.	12)				
Street Address					<i>.</i>		☐ Subclarge	\$ (Other than K-12) private & commercial	builds	ngs, ho	ones,	etc
CAY (5) HAWTHO	1.3.00				*1.		Square Food	# of Floors	1	sidg. A	-	_
County (6)			1	County C	Toda (7) AZZ ONES)			or if being demolished	1)	19	3 57	0
Name of Manitoring Fire Hired by		ner (8)		ASCA		Name	of Abazomant Con	<b>306と記</b>			-	
Sweet Address						Bes	Pamova	8000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ortices Unividuals						1,000,000,000	South R	iver Stree	• •			
City, State, Zip Code						City, S	iale, Zip Code		-			_
Project Manager for Monitoring Fi	21		-	Telephon	e No.	Tataph	meNo.	NJ 07601	3.			_
Start Diggs (10)		Schoduled	Comp	Letton De	#/III	201-	329-744 FOSHA Mositor	0038	18			_
10/2/17 Occupancy Status During Abanema				13):			a Envir					
Facility Closed/Vacated Duris Abstensor Performed Outside Other - December 750			omen:	м	V.	280	Huyler :					
Scope of Work (Greek All That Ag		4 3 3				Sput	h Hacker	sack, NJ	076	06		
전 2160년 # 2240년 다 2160년 # 2240년			emoliti			de	Mini-Encloses		66WP9			
		İs	Locatio	Del			Non-Example	d (*) and Non-Frieble	Proces	Abou	saled;	_
Location of Asbattos-Combining Massis TO BR ARATED in Facility (13)	(ACM)	Uses Ma	d Sciety d Sciety michael polisi S (12)	y by	Asbestos Co (i.e. thousast sy	Description stuining M stems (new) VAT, or miscellan	Merial (ACM) Mica, murisolog,	Amount (Specify SF or L?)	Rawoval	Repeir	Encapaniente Encapaniente	
		Yes	No	N/A		- Can i			1=		ñ	1
BASEMENT					THOUMAL L	ه که انداده	-10 M	160LF	70			L
									+		-	1
Name of Registered Weste Hauler				DEP W	este Cub	E Yanda	Name of	Re intered Landfill				
lest Removal Inc			1	1710	9 5	S W	c) Kine	rys Enter	pri	SAS	<u>.</u>	ī.
lackensack N.I	7601				1 2000	18/17 Signature	Gray, asse	e thure A	H A	468	18	
Correpleted by		Title						De				

ETS JOB # 4959/17

AMENDMENT #2 – AKA ADDRESS ADDED

Date of Notification (1) 9/28/2017	Name of Bu	ilding Owner / Ope	erator (2)		1	V 4.400073
Agencies Notified Type Notification	Street Addre	ess ARTIN LUTHER	R KING BI	LVD.	The second secon	
DEP   Initial Notification	City, State 8					
DOL Amended Notification		780000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
DOH Cancellation	Name of Co	INCOME THE PROPERTY OF THE PRO		Tel	ephone Nui	mber
DCA Caribonation		K. MILLER			opilolio i tal	
	IVIIV. TODD	T. WILLEL				
	FACILIT	Y INFORMATIO	N			
Name of Facility Where Abatement is Taking P			acility (4)			
NJIT – FACULTY MEMORIAL HALL			ool (K-12)			
Street Address		⊠ Sub	chapter 8 (	Other than K-	-12)	
111 SUMMIT STREET AKA 120-142 BLI	EEKER STREET	「 ☐ Othe	er (i.e., priv	ate & comme	rcial buildin	gs, homes, etc.
		Square F	eet	# of Floors	В	ldg. Age
City (5) County (6)	County Code (	7) 92	,516	5		51
NEWARK ESSEX		Current l	Jse (Prior i	if being de no	lished)	
		UNIVER	RSITY			
Name of Monitoring Firm Hired by Building Ow	ner (8) ASC	M No. Name of	Abatemen	t Contractor (	9)	
OMEGA ENVIRONMENTAL	001	20 ETS CC	NTRACT	ING, INC.	5575X)	
Street Address		Street Ad				
280 HUYLER STREET			AY STRE			
City, State & Zip Code			te & Zip Co			
SOUTH HACKENSACK, NJ 07606	I : : : : :		LYN, NY		It to a second	
Project Manager for Monitoring Firm	Telephone Numb 201-310-9665	718-706	ne Number		License N	umber 00511
ALEX PALLETS			OSHA Mo	nitor		00011
	mpletion Date (11) <b>10/01/2018</b>		R TECH.			
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire F		Street Adnt 10 59 J		AVENUE		
Abatement Performed Outside of Norm	nal Facility Hours -	City, Sta	te & Zip Co	ode		
Describe: MONDAY - FRIDAY 8:	00 AM - 4:30 PM	VI LONG I	SLAND C	ITY, NY 11	101	
Other - Describe:						
Scope of Work (Check all that apply)						
☐ Demolition ☐ Renovation	tion			itainment		
∠ Large Project		_	Mini-End			
Quantity is ≥ 3 SF or ≥ 3 LF ACM				g Procedure	OP NON ERIA	BI E PROCEDURES
Quantity is ≥ 160 SF or ≥ 260 LF ACM						Abatement Type
Location of Asbestos-Containing Material (ACM)	Is Location Normally Used Solely by		iption of -Containing		Amount (Specify	(Specify: Removal,
TO BE ABATED in Facility	Maintenance or	Material (ACM) (i.	e., thermal s	systems Squ	are Feet or	Repair, Encapsulation
(13)	Custodial Staff? (12)	insulation, s		3.00	near Feet)	or Enclosure)
			scellaneous	)	45015	TELIT
BASEMENT - BOILER ROOM	YES		SULATION		150 LF	TENT
BASEMENT - HALLWAY & ROOMS	NO	NE RELEVENMENT	SULATION		45 LF	TENT
1 <sup>st</sup> FLOOR	NO		ULATION & V GLAZING		213 LF 76 SF	TENT EXTERIOR NON-
		WINDOV	VOLALINO		7001	FRIABLE
					01015	PROCEDURES
2 <sup>ND</sup> FLOOR	NO		ULATION & V GLAZING		213 LF 96 SF	TENT EXTERIOR NON-
		VVINDOV	V GLAZING		30 01	FRIABLE
						PROCEDURES
3 <sup>RD</sup> FLOOR	NO		ULATION & V GLAZING		213 LF 96 SF	TENT EXTERIOR NON-
		VVINDOV	V GLAZING		30 01	FRIABLE
						PROCEDURES
4 <sup>™</sup> FLOOR	NO		ULATION & V GLAZING		213 LF 96 SF	TENT EXTERIOR NON-

PENTHOUSE		NO	P	IPE INSULATION	213 LF	FRIABLE PROCEDURES TENT
Name of Registered Waste Haule JIMMY BYRNE T/A JIMMY E TRUCKING		NJDEP Waste Ha		Cu. Yds. of Waste	Name of Regis	tered Landfill #1 ITERPRISES, INC.
City, State 1199 RANDALL AVENUE, B	RONX, NY	10474		Disposal Date TBD	City, State 9000 MINER\ V/AYNESBU	[10] [10] [10] [10] [10] [10] [10] [10]
Completed By (Print or Type) THOMAS AHERN ASB-41 JUN 95 G4667	Title Project	t Executive		Signature	Date 9/28/2017	



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) PLA FOUR 235 LLC Date of Notification (1) Street Address /17 235 S. HARRISON STREET #100 Type Notification Agencies Notified City, State, Zip Code Initial Notification EPA Amended Notification #1 EAST ORANGE, NEW JERSEY 07018 DEP DOL Cancellation Telephone Number Name of Contact On Hold DOH VALERY VARGAS **EMERGENCY NOTIFICATION** DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) # of Floors Bldg. Age Square Feet Street Address 60 54,000 Current Use (Prior if being demolished) County Code (7) County (6) City (5) RESIDENTIAL (STATE USE ONLY) ESSEX EAST ORANGE ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 17 QUALITY ENVIRONMENTAL Street Address Street Address 313 SPOOK ROCK ROAD 1376 ROUTE 9 City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 WAPPINGER FALLS, NEW YORK 12590 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 845-298-6031 I ARRY HOLZAPFEL Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) **EMSL** 12 / 10 / /17 Year Year Month Day Month Day Street Address Occupancy Status During Abatement (Check only one) 12 WILSON DRIVE Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code Other - Describe: SPARTA, NEW JERSEY 07871 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo. Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Abatement Type Description of Asbestos-Location of Is Location REPAIR Containing Material (ACM) Amount **ENCLOSURE** ENCAPSULE Asbestos-containing normally used REMOVA (Specify (ie. Thermal systems solely by Material (ACM) insulation, surfacing, VAT, SF or LF) Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 182 LF PIPE INSULATION BASEMENT-BOILER ROOM 50 LF X PIPE INSULATION BASEMENT-HALLWAY PIPE INSULATION 4 LF BASEMENT-LAUNDRY ROOM 4 LF X PIPE INSULATION BASEMENT-OFFICE CLOSET Name of Registered Landfill Cubic Yards of Waste Name of Registered Waste Hauler NJDEP Waste GRAND CENTRAL SANITARY LANDFILL 15 NEWARK CARTINGING. Hauler ID No. 369 RAYMOND BLVD. 91 City, State Disposal Date City, State PLAINFIELD TOWNSHIP, PA 10/2-12/30/17 NEWARK, NEW JERSEY Date Signature Completed by (Print or Type)

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

### State of New Jersey

NO CK		NOTIF (Pu	ICATI rsuant	State of NON OF AS	8:60-7	OS ABAT and 12:12	20-7)	NT Operator (2	)	TE CO	TIE CT O	T T	Section of the sectio	
Date of Notification (1)						235 LLC		8 8	11					
9 / 22 /17				Stree	t Addr	ess			1	84	Name of Street, Street	alanana arriva		
Agencies Notified Type Notifica	ation			235 \$	S. HAR	RISON S	TREE	T #100		A CONTRACTOR	and a second			
	Notification Ied Notifi Ilation					Zip Code NGE, NEV	N JEF	RSEY 07018						
X DOH On Ho DCA EMER		NOTIF	ICATI	ON VALE	e of Co ERY V			,1	Telenho	ne Num	her			
				CILITY IN	NFORM	MATION	1-		148					-
Name of Facility Where Abatement is	Taking l	Place	(3)				X	School (K- Subchapte Other (ie. puare Feet	12) r 8 (Othe private &			., hom		tc.)
Street Address								54.000		5			0	
City (5) Count	v (6)			Cour	ty Cod	de (7)	100	ent Use (Pri	or if beir	g demo	lished)			
EAST ORANGE ESSE					(45-7)	ONLY)		IDENTIAL						
Name of Monitoring Firm Hired by Bu QUALITY ENVIRONMENTAL	uilding O	wner	(8)		AS	CM No. 17		e of Abater				NC		
Street Address								et Address	OV DO					
1376 ROUTE 9		_						SPOOK RO State, Zip (		ID				-
City, State, Zip Code WAPPINGER FA	ALLS NE	W YO	RK 12	590			20000000	FERN, NEV		10901				
Project Manager for Monitoring Firm	ALLO, INC			Number			Tele	phone Num	ber	Lice	ense N	umbe	ń	
LARRY HOLZAPFEL		845-	298-60	31			845-	369-7500		110	)1			
Expected State Date (10)	Sch		55	tion Date		/17	Nam	ne of OSHA	Monitor					
10 / 2 /17 Month Day Year	M	12 onth	/	Day		Year	LIVIS	) L						
Occupancy Status During Abatement (Control of the Control of the C	ing Entire de of No	Perio	d of A acility	Hours - De	escribe	5)	307	et Address WEST 38TI , State, Zip NEV			'ORK 1	0018		
Scope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF	X Rer	novatio	'n			Full Conta Mini Enclo Glovebag Non-Friab	o , Proc		ative Pre	ssure				
Location of		s Loca				ption of As			۸-	nount	_	_	ent Ty	
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Ма	rmally solely int/Cus Staff (	by stodial		(ie. T nsulatio	ing Materi hermal sy on, surfaci er miscella	stem: ing, V	s AT,	(S	pecify or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
D. OFWENT CO. I. S. C. C.	110	INU	X	PIPE INS	III ATI	ON			182 LF	*	×			
BASEMENT-BOILER ROOM		+			0.745 (1.450)	501-504-91-			50 LF	-	X			
BASEMENT-HALLWAY	_	-	X	PIPE INS		Out to the	-					-		
BASEMENT-LAUNDRY ROOM			X	PIPE INS		and the same			4 LF		X	+		
BASEMENT-OFFICE CLOSET		+	X	PIPE INS	SULATI	ION		-	4 LF	_	X	+	-	
		+	+						+					
		+												
Name of Registered Waste Hauler NEWARK CARTINGING.	100000	DEP V		Cubic Ya	ards of	Waste		me of Regis			LAND	FILL		
369 RAYMOND BLVD.	ITIG	91						1	11	7				
City, State				Disposal				State /	1//	2 12 12 12 12 12 12 12 12 12 12 12 12 12		(20)		64.
NEWARK, NEW JERSEY	Lauri			10/2-12/3		oture	PK	AINFIELD T	QWNS+		ate 🔏	10	1	1/
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	OR O	F OPE	RATIONS	The State of the S	ature	12	117			1	120	41	1



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		007	-	A	2017		
	ASE		OS (		VTRC	9 )L &	7

Date of Notification (1)					Name	of Building	Own	er/Operator (2	2)		- VC	4	2017		-
09 /	29 /	17	3			ph Clayto			- Control of the Cont		3	, 2	7	9	7
Agencies Notified	Type Notification	on	_	_	Street	Address			District Control of the Control of t		ASBESTOS			L 8:	
⊠ EPA		•			temination.		terai	ns Highway	, L	arte homeone	LICEN	ISIN	<u>G</u>	nder, no distinui no	haliana 10
□ DOLWD	☐ Amended					tate, Zip Co									
☑ DOH	Amendmen	-			1000 \$ 1000	kson, NJ		27							
DCA (NUAC 5:23 8)	☐ Emergency justification		ding			of Contact				Tel	enhone Numbe	r			-
(NJAC 5:23-8)	Cancellation				7530450 To 161	Mershon									
					100000000	CILITY INF		MATION						-	-
Name of Facility Where A	hatement is Tal	king Pl	lace	(3)	FAG	ALL I HAL	OKI	MATION	Type of Facility	(4)		_			
Former Body Shop	batement is Tai	King i i	idoc	(0)					School (K-1)						
Street Address									☐ Subchapter	8 (Oth					
1825 Old Mill Road									Other (i.e., phomes, etc.		and commerci	al bui	ldings	5,	
City (5)									Square Feet	500	of Floors	Bld	g. Ag	е	
Wall									2500 sf		1	6	0		
County (6)					Cour	ty Code (7)	(STAT	E USE ONLY)	Current Use (P	rior if I	being demolishe	ed)			
Monmouth									Former Boo	dy Sh	пор				
Name of Monitoring Firm	Hired by Buildir	ng Owr	ner (8	8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9	)					
Guardian Contraction	ng, Inc.						Gu	uardian Co	ntracting, Inc.						
Street Address							Stree	et Address							
1889 Rte. 9, Unit 61							18	89 Route 9	, Unit 61						
City, State, Zip Code							City,	State, Zip Co	ode						
Toms River, New Je	ersey 08755						To	ms River,	New Jersey 08	3755					
Project Manager for Monit	toring Firm			Tele	phone	No.	Tele	phone No.		L	icense No.				
Nicholas Fernicola					32-349		45.00	2-349-9932			00624				
Start Date (10)					tion Da	8 8 9		e of OSHA N							
10 /12 /					<u> </u>			M.S.L. Ana	lytical					h Tree	
Occupancy Status During				110	100			et Address							
□ Facility Closed/Vacate     □ Abatement Performed						oribo	202	56 Stelton			Hamilton				
Time of Abatement:								State, Zip Co		00.54					
Scope of Work (Check all							PI	scataway,	New Jersey 08	56 54			-		
Scope of Work (Grieck all	тнат арріу)		tradition of						tainment with Ne	g ative	e Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novat moliti				☐ Mini-End	closure g Procedure						
△ ≥100 St 01 ≥200 II			7 Dei	HOIL	OH			Non-Exe     Non-Exe	empted (*) and N	on-Fri	able Procedure				
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Location				lorma	ally ely by	0-6	4	Description of			A	Re	Re	En	En
Asbestos-Containing I TO BE ABA			Mai	intena	ance/			Containing Ma mal systems			Amount (Specify	Removal	Repair	cap	Enclosure
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(13)			r'es	No	N/A	-	oth	er miscellane	eous)					ite	
garaga		-				joint cor	mno	und		+	1800 sf		П	П	
garage		-			+=	1				-	70 If	-			
exterior-south side lo	ENGRAPHIA ORGANIZATION				10	roofing				-					片
exterior-north side lo	wer roof			$\boxtimes$		roof flas	shing	9		_	40 If				屵
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Name of Registered Was				100	NJDEP Hauler I		Cub	ic Yards of te	Name of Reg T.R.R.F.	is ere	d Landfill				
Guardian Contracti	ng, mc.				2022	-	15		discourance of the second						
City, State Toms River, New Je	ersev							osal Date 0/17/17	City, State Tullvtowr	ı. Per	nnsylvania				
Completed By (Print or Tr		Title						Signature	1	-/	Date	A /		1	
Nicholas Fernicola	ype)		iect	Mar	nager			Signature	/	U	9	1,	9/	1-	
monoido i enticola			1000	ivial					· to	1	(	10	1/		



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Company of the second	OCT 4 2017	L
L	SBESTOS CONTROL A	2

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Date of Notification (1)					_	Owner/Opera						SALIGAN	hund
	17			And	rose Ass	ociates of A	llaiı	re, LLC	Access		يا ورود الماسية المالكة	-	
Agencies Notified Type Notifica	ation		St	reet /	Address	-		-	ASBESTO LICE	<del>S CON</del> ENSIN	TRO	L &	
				1680	Route 2	3, Suite 330		Sampagae .	And the second second	-IVOHV	J.	CONTRACTOR PORCE	
□ DOLWD □ Amended			Ci	ity, St	ate, Zip C	ode		-		eta error de la companya de la comp	-		
□ DOH Amendme		 na	1000		ne, NJ 0								
DCA Emergence (NJAC 5:23-8)   Emergence		ilg			of Contact				Telephone Nur	mber			
☐ Cancellat				Chri	stopher	Mainardi		-			*		
			- 5	1-7-55		FORMATION	ı						
Name of Facility Where Abatement is T	aking Pla	ce (3)		. , , , 0			· T	Type of Facility (	1)				
Former Lowe's Express Store		(0)						School (K-12)	,				
Street Address		-						☐ Subchapter 8					
1933 Route 35 South								Other (i.e., pr homes, etc.)	vate and comm	ercial b	uildin	gs,	
City (5)				-				Square Feet	# of Floors	В	ldg. A	ge	
Wall								40,000 sf	1		50	-	
County (6)				Count	y Code (7)	(STATE USE ON	LY)	Current Use (Price		lished)	control .		
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Name of Monitoring Firm Hired by Build	ding Owne	er (8)	AS	CM N	No.	Name of Aba	teme	ent Contractor (9)					
N/A								ntracting, Inc.					
Street Address						Street Address							
Accessor (1900) 15 (1900) 15 (1900) 15 (1900)						1889 Rou		, Unit 61					
City, State, Zip Code						City, State, Z		<u> </u>					
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Project Manager for Monitoring Firm		Te	eleph	one N	No.	Telephone No	- 111		License No.				
					334	732-349-9			00624				
Start Date (10)	Scheduled	Comp	letio	n Dat	e (11)	Name of OSH			70 Jan 20 Total 2				
	10				7(6) (2)	E.M.S.L.							
Occupancy Status During Abatement (						Street Addres		The state of the s				-	
☐ Facility Closed/Vacated During Entire		7T		nt		1056 Stel							
☐ Abatement Performed Outside of No					cribe	City, State, Z	OV STATE	ode .					
Time of Abatement:AM	PM/	P	M	/	AM			New Jersey 08	54				
Scope of Work (Check all that apply)	-						.,,,						
	<b></b>							ainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renov Demol				☐ Mini		losure g Procedure					
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Location of	. 1	Norr Ised S	nally olely		A - L	Descript			A	Z	R	m	m
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IN Facility	C	ustodi:	al Sta 2)	aff?	(	surfacing,	VAT,	, or	SF or LF)	\sigma		Encapsulate	sure
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Name of Registered Waste Hauler			18.000	iler ID	Vaste No.	Cubic Yards Waste	UI	Name of Regist	erea Lanatili				
Guardian Contracting, Inc.			1000	0223		5							
City, State						Disposal Date	е	City, State					
Toms River, New Jersey						10/17/17		Tullytown,	Pennsylvania	a	F	23	
Completed By (Print or Type)	Title					Signatui	re		1	Date	1	1	
Nicholas Fernicola	Proje	ect Ma	anag	er			1	7k	1	C	12	9/1	7



Date of Notification (1)				Name	of Buildir	ng Owner/Operator (	2)					
09 /		17		Int	ernation	al Flavors & Frag	grances	Ch	(# 494	19		
Agencies Notified	Type Notificat	ion		Stree	t Address	1		-				
⊠ EPA				151	15 State	Route 36						
⊠ DOLWD	Amended	- 6 - 21		City,	State, Zip	Code						
☑ DHSS ☑ DCA	Amendmer   Emergency		-	Un	ion Beac	h, New Jersey 0	7735					
(NJAC 5:23-8)	justification		9		of Contac	20		Telephone Num	her			3.00
	☐ Cancellatio	5000		Ga	ry Stapp	erfenne, Project	Manager	Tolophono Han	1501			
	ř ,					NFORMATION						***
Name of Facility Where	Abatement is Ta	king Place	3 (3)	- 10	OILITT II	TORWATION	Type of Facility	(4)				
International Flav			5 (0)				School (K-12	0.00				
Street Address								3 (Other than K-1)	2)			
1515 State Route	36							rivate and comme	rcial b	uilding	js,	
City (5)							homes, etc.)		Tp	Ida A		
Union Beach, Nev	v Jersev 07735						Square Feet 10,000	# of Floors	1	ldg. A		
County (6)	,			Cour	aty Codo /	7)(STATE USE ONLY)	(2)	1	1	50 y	S,	
Monmouth				Cour	ity code (	I JUSTATE USE ONLY)		or if being demoli	shed)			
Name of Monitoring Fire	m Hired by Buildin	na Owner	(8)	ASCM	No	Name of Abata	Factory					
Garden State Env		ig Owner	(0)	N/A		Name of Abateme						
Street Address				N/A		Lilich Corpor	ation					
555 South Broad	Street					A TOTAL CONTRACTOR STATE OF THE	× • • • • • • • • • • • • • • • • • • •					
City, State, Zip Code						606 McBride						unic ess
Glen Rock, New J	ersey 07452					City, State, Zip Co						
Project Manager for Mo			T= 1				irk, New Jerse					
St. Bruce Wolf	moning rim			ephone		Telephone No.		License No.				
Start Date (10)	10			01-652		973-225-8400		C1104				
09 / 21	/ _ 17	heduled C	0			Name of OSHA M	lonitor nental Labs Ll	_C				****
Occupancy Status Duri	ng Abatement (Ch	neck only	one)			Street Address					***	
☐ Facility Closed/Vaca	ted During Entire	Period of	Abate	ement		2333 Route 2	2 West					
Abatement Performe	ed Outside of Nor	mal Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:	7amAlviF	2IVI/	_PM-1	<u>2</u> AM		Union, NJ 070						
Scope of Work (Check :	all that apply)											
≥3 sf or ≥3 lf		N.		•		☐ Full Cont	ainment with Neg	ative Pressure				
∑ ≥160 sf or ≥260 lf		⊠ Re				⊠ Mini-Encl ⊠ Glovebag						
14/11/1				011			mpted (*) and Noi	n-Friable Procedu	re			
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Locatio Asbestos-Containing	n of		Norma	ally ely by		Description of	f		-			Ť
TO BE AB	ATED	Ma	intena	ance/	Asbe	stos Containing Mat ., thermal systems i	terial (ACM)	Amount	Removal	Repair	nca	Enclosure
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Lilich Corporation			10000	lauler IE		Waste	Name of Regist					
ity, State				18724		5	G.R.O.W.S.	Landfill				
Woodland Park, No	aw lereau					Disposal Date	City, State	250 BOW 94				055555
						10/04/2017	Morrisville,	Pennsylvania				
Adriana Olaianava	ype)   T	itle				Signature	Jan (	Da Da	ite	, 1	-	(0.14)
Adriana Olejarova		Preside	ent			( :	Metronal	( )	9/	11/17	7	
B-41 XY 11	E 4	* 0	V.12			. \	0					
	373	Do not	use th	us form	tor asbest	os licensure exempl	led activities.					

State of NJ Notification of Asbestos Abatement 8 & G proj. #: (Pursuant to NJAC 8:50-7 and 12:120-7) \*\*\*EMERGENCY\*\*\* Check # 8594 Date of Notification (1) Name of Building Owner/Operator (2) 1019/12/21/11/7 DEVCO - New Brunswick Development Corp. ASBESTOS CONTROLLS Street Address EPA Tower 1 - 120 Albany Street Inilial ☐ DEP City, State, Zip Code R) DOL Amandment New Brunswick, NJ 08901 DOH DOH Name of Contact Tekiphone Number Cancellation 1 DCA Garrett Blitz FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) [ 1 shoot (K - 12) "Former" George Street Playhouse Subchapter 8 (Other than K-12) Street Address El Other (Private/Commercial 9 Livingston Avenue B dgs./Homes, etc. Square Fe !! | # of Floors Bidg. Age City (5) County (6) County Code (7) (State use only) Current Ut a (Prior if being demolished) New Brunswick Middlesex Theatre Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Abstement Contractor (9) EHS Environmental n/e 8 & G Restoration, Inc. Street Address Street Address 411 Southgate Ct., Suite E 105 Ryerson Road City, State, Zip Code City, State, Zip Code Mickleton, NJ 08058. Lincoln Park, NJ 07036 Project Manager for Montoring Firm Phone Number Telephone Number License Number Jack Carney (973)696-6869 856-224-0080 00378 Scheduled Start Date (10) Name of OSHA Montor Sched. Completion Date (11) B & G Restoration, Inc. 09/22/2017 10/07/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during antire petiod of abatement. Abatement performed outside of normal facility hours-City, State. Zip Code Describe: Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition Renovation ☐ Full Containment w/nagative pressure ☐ Glovebag procedure E >3 81 01 >3 11 \_ ≥160 sf or ≥280 if Mini-enclosure Non-friable procedure is location normally used solely Location of as bostos-containing by maintenence/oustodial staff(12) Description of aspectos-containing material (ACM) Amoun п material to be m shated in factity (13) (Specif | SF or P 0 Yes 0 No NIA ٧ cement slep pipe insulation less thin 260 if K Registered Waste Hayler NJDEP Haule CUDIO Yards of Walter Name of Registered Landilli B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center 6 City, State Disposal Date Lincoln Park, NJ 09/22/17-10/07/17 Tullylown, PA Completed by (Print or Type) Title Signature Gordana Luna Date Secretary/Tressurer Some 09/22/2017

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 1/2:1/20-7/2)

B & G proj. #: 2017-131		(1	Pursuan	***EMER	.60-7 GENC	Y***	In.	TE C	Check #	5859T)				
Date of Notification (1)	115	lame of Build	Nina Owne	er/Operator (2)			M							
0 19 1/12 11 1/11 17	11"	Raffaele				Marketine		00	T - 4 2017	$\ U\ $				
Agencies Notified   Type Notificati	on S	treet Addres		***************************************		1	-	-						
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□ DEP □	110	city, State, Zi	p Code			t	***************		ICE VSING					
▼ DOL	nent	Kenilwor	th, NJ 0	7034					2					
▼ DOH	1.1	ame of Cont	act						Telephone	Number				
☐ DCA ☐ Cancella	ation	Raffaele	Puglies	e								_		
			FACI	LITY INFORM	ATION									
Name of facility where abatement is	s taking pla	ace (3)							Type of Facility (4	(K - 12)				
Raffaele Pugliese										pter 8 (Oth	er th	an K-	12)	
Street Address										Private/Con			/	
- Oliober Hadroco										formes, etc.		Bld	g. Ag	ie.
City (5)	I Cour	nty (6)			Cou	nty Coc	ie (7)		Square reet	4 01 1 10013		5,0	9.7.5	
		0.000.000 00				te use	100		Current Use (Pri	or if being	dem	olishe	d)	
Kenilworth	5.75676	ion		4001411-		Nama	of Aba	tement (	Contractor (9)		_			
Name of Monitoring Firm Hired by n/a	Bldg. Own	er (8)	1	ASCM No.	-									
Street Address							Addres		on, Inc.		_			
Street Address								rson R	oad					
City, State, Zip Code							tate, Zip							
						200			NJ 0 <mark>7</mark> 035	License N	umb			
Project Manager for Monitoring Firm		Pho	ne Numb	er			73)69	mber 6-6869	)	003		eı		
	1 Caba	d. Completion	Data (11	\	_	Name	of OSI	A Monit	or					
Scheduled Start Date (10)			i Date (iii	,					on, Inc.					
09/21/2017		21/2017			_		Addres	s son Ro	ad					
Occupancy Status During Abatement Facility closed/vacated during			nent.					o Code			_			
Abatement performed outside	of normal	facility hours	<b>5-</b>											
Describe:					=	Lin	colnPa	ark, NJ	07035					,
Scope of Work (check all that apply	()													VI-153-11
□ Demolition     □	Renovation	on			□F	ull Con	tainme	nt w/neg	ative pressure	Gloveba				
≥3 sf or ≥3 lf     □	≥160 sf or	≥260 If				/lini-end	closure			Non-fria				
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asbestos-containing material to be	staff(12)			Description material (		sbestos	s-conta	ining	(Specify S	For	m o	p a	c a	n c
abated in facility (13)	Yes	No	N/A	l material (					LF)		v e	i	p	L
exterior			X	transite				_	20 sqft		X			
exterior			X	transite de	bris o	n gro	und		_ 1 cy		X			
exterior			X	bags conta	ining	trans	ite	The Part of Strain of Stra	20 bags		X			
											4	닖	4	
				ubic Yards of \	Macta	IMar	of Do	gistered	Landill				Ц.	
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler II 19563	)# C	ubic Yards of V	vasie	IName			Resource & Re	covery C	ent	er		
City, State Lincoln Park, NJ			Disposal D	ate 22/2017		City,	State Tully	town, f	PA				)	
Completed by (Print or Type)	Title			Signature		0	, (	0		Date				
Gordana Luna		ry/Treasu	rer			Gorde	ana S	una		09/21/	201	7		

### NOTIFICATION OF ASBESTOS ABATEMENT MO#24499211163 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 29 Bob Wilson Type Notification Street Address Agencies Notified ☐ EPA ✓ Initial **⋈** DOLWD ☐ Amended City, State, Zip Code Amendment # X DHSS ASBESTOS CONTROL Montclair, NJ 07042 Emergency (including ☐ DCA L Telephone Number Name of Contact (NJAC 5:23-8) justification) Cancellation Bob Wilson FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Montclair, NJ 07042 County Code (7) (STATE USE ONLY) Current Use (Prior If being demolished) County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01127 973-638-1777 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 10 / 17 10 / 10 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure > 160 sf or >260 lf Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Remova Repair Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)other miscellaneous) (13)Yes No N/A X $\times$ Boiler insulation 40 SF Basement П NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler 0033785 TBD T.R.R.F. Inc Gr Tech LLC Disposal Date City. State City, State TBD Tullytown, PA Wayne, NJ 07470 Date Signature/ Completed By (Print or Type) Title Teutic Wenad 09/29/17 N.Jevtic Owner ASB-41

State of New Jersey





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	OCT - 4 2017	
	ASBESTOS CONTROL LICENSING	. &

Date of Notification (1)				Management	f D : 11-11	010	S	(0)	14-					
9.28.17					f Building as & Kri			(2)	1		- extension on the	003	ITD/	21 8
Agencies Notified	Type Notification			Street A		Stille IX	шеу		-	ASBES	LICE	NISIN	G	720
	Type (voulleation			Sireel A	uuless					Carlo Car		Assessment of the last of the	THE PERSON NAMED IN	DAL GOVERNMENT
EPA DEP	Initial Amended		-	City Sta	ate, Zip Co	nde					7			
× DOL	Amendment	#			rset NJ									
lane.	Emergency	(including	-	White Committee	f Contact				_1e	lephone Nun	ber			
DOH DCA	justification) Cancellation				as Riley								2	
					LITY INFO		ON						-	
Name of Facility Where	Abatement is Takin	g Place (3	)					Type of Facility (	4)					
Same								School (K-1	2)					
Street Address										ner than K-12 & commercia		linas	home	20
								Other (i.e. p etc.)	livals	a commercia	ii Dune	inigo,	1101110	
City (5)								Square Feet		of Floors		idg. A	ge	
Somerset								1386	2.		1	2		
County (6)					Code (7) USE ONLY	VII)		Current Use (Price	or if be	ing demolish	ed)			
Somerset				No. 18 - STORMAN				Residential						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN				of Abatement Con						
AET				0021	l			Environmenta	Ser	vice				
Street Address	ř.							Address						
28 North Pennell R	a.						0	Hegerman St						
City, State, Zip Code Media PA 19063								tate, Zip Code delphia PA 19	136					
	Maria a Firm			Talanha	na Na			one No.	130	License No				
Project Manager for Mon Carmelo Altamonte				Telepho	64-6583			333-5117		01328	,			
Start Date (10)	<u> </u>	Schodulo	d Cor		Date (11)			of OSHA Monitor		01020				
9.29.17		10.15.1		npiedon	Date (11)		AET	or our memor						
Occupancy Status Durin	a Abatement (Chec		10.2	-				Address						
		95%	estrii	nont			28 N	orth Pennell A	ve.					
Facility Closed/Vac Abatement Perform	ed Outside of Norm	nal Facility	Hours	S			City, S	tate, Zip Code						
Other - Describe:						_	Med	ia PA 19063						
Scope of Work (Check A	Il That Apply)													
≥3 sf or ≥3 lf		× R	enova	ation				Full Containme	ent wit	h Negative P	ressu	re		
× ≥160 sf or ≥260 lf		D	emoli	tion				Mini-Enclosure	)					
							×	Glovebag Prod Non-Exempted			e Pro	cedur	е	
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Location	o of	N	lorma	lly		Des	scription	of				Ty	ре	_
Asbestos-Containing	* 1573 : 1000 1000 1000 1000 1000 1000 1000 1		d Sole	ely by		tos Cont	taining N	faterial (ACM)		Amount			m	m
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(13)	*		(12)				niscellar			, or Er j	Remova	Repair	Encapsulate	Enclosure
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Living Room	floortile	+					VAT			170sf	×		-	
		-	X									-	-	
Kitchen flo	oor tile		X				VAT			119sf	Х			
Name of Registered Wa	ste Hauler		12	NJDEP V			Yards	Name of	Regist	tered Landfill				
Republic Services			1 (1) (2)	Hauler ID	No.	of Was	ste	Waste	Mana	agement-G	R.C	.W.	S	
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City, State New Brunswick NJ						Dispos	sal Date	City, Stat Morrisv		Α				
Completed by		Title					Signature			Da	te			
Anthony Jones			ct M	anager		3	A I	how Fre	1		28.1	7		
			J. 1VI	goi			1111	Wing Ch	)					

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 9/29/17 J & J Environmental Services. LL Street Address Agencies Notified Type Notification PO Box 67 EPA Initial City, State, Zip Code DEP Amended X Amendment # DOL Little Falls, NJ 07424 Emergency (including ESTOS CONTRO Telephone Number Name of Contact DOH justification) DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) old Stein Assisted Living School (K-12) Street Address Subchapter 8 (Other than K-12) Other (.e. private & commercial buildings, homes, × 350 Demott Lane etc.) City (5) Square Feet # of Floors Bldg. Age Somerset 2100 76 Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Somerset prior assisted living Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/10/17 11/10/17 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 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ 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 1500 SF Exterior vacant house/garage X transite siding Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Tony's Cleanup & Hauling Chrin Brothers Sanitary Landfill 17787 TBD City, State Disposal Date City, State

TBD

Signature

Title

President

Easto, PA

Date

9/29/17

Freehold, NJ

Completed by

A. Scott Higgins



Date of Notification (1)				Name o	of Building	Owner/	Operator	(2)	1	11	Dr.	<del></del>			11	
9/27/17				The L	. Group						UL	) -	4 2	017		السا
Agencies Notified	Type Notification			Street A	Address			- O	8							
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× DOH	justification)	· · · · · · · · · · · · · · · · · · ·			of Contact					LT	elenho	ne Ni	mhor			
DCA	Cancellation				DiPasq									_		
Name of Facility Where	Abatement is Takin	g Place (3	)	FAC	ILITY INF	ORMAT	ION	Type of	Encility	(4)						
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Street Address									nool (K- chapte		ther th	an K-1	2)			
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City (5)								etc. Square F		1 #	of Floo	nrs	-	3ldg. /	\ae	
Bayonne								2300		2		010		72	igo	
County (6)			T	County	Code (7)			Current I	Use (Pri	or if b	eina d	emolis	10 may 200			
Hudson				(STATE	USE ONL	()	:	single								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	И No.		Name	of Abatem	nent Co	ntract	or (9)					
							ABS	Environ	menta	al Se	rvices	s, LLO	0			
Street Address								Address								
							POE	3ox 483,	4 E G	ate	Drive					
City, State, Zip Code								tate, Zip C		0.00						
								wood, N	JJ 074	118						
Project Manager for Mon	nitoring Firm			Telepho	ne No.			none No.			10000	ense N	۱o.			
Start Data (10)		0-1-1-1			5			764-227		1300.7%	70	3	-			
Start Date (10) 10/2/17		Schedule		npietion	Date (11)		Name	of OSHA	Nonitor							
Occupancy Status During	a Abatamant (Chan	7.140.004.04.003					Ctorest	A 1.1								
			V00411/1				Street	Address								
Facility Closed/Vaca	ated During Entire F ed Outside of Norm	Period of A	baten	ent			City	tate, Zip C	`do							
X Other - Describe:	basement	idi i dointy	riouro				City, S	tate, Zip C	oue							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf	and the second s	ПВ	enova	tion				] = C	antain m		th Ni		<b></b>			
× ≥160 sf or ≥260 lf		-	emolit					Mini-E	ontainm nclosure		tn Neg	ative	ressu	ire		
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Asbestos-Containing		Used	Sole	ly by	Asbes		scription	of laterial (A(	CM)		Amour	at		T	-	
TO BE ABA			ntenar odial S			thermal	systems	insulation			(Specif	fy	Re	20	Inc.	17
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Baseme	ent			X		pipe	insulat	tion			6 LF		x	1		
		1											+			-
Name of Registered Was	te Hauler		TN	JDEP W	aste	Cubic	Yarde	NI.	a ne of	Regio	torod I	andfil	1			I
Freehold Cartage	The second second		Н	auler ID		of Was										
272			15	5939		TBD			Vester		rks La	andti	I			
City, State							sal Date		ity, State							
Freehold, NJ		T ignit				TBD			i dsbo	ro, F	PA					
Completed by A. Scott Higgins		Title	dont			S	ignature	1)	/ _			2000	ate			
A. Ocott Higgins		Presid	ient					1/1	_	-		9,	27/1	/		



### PAID

Completed by A. Scott Higgins	Title Presi	ident			Si	ignature	1	•		Date 9/29/1	7		
City, State Freehold, NJ	1				TBD	al Date	City Sta Easto						
Name of Registered Waste Hauler Tony's Cleanup & Hauling		-	JJDEP W lauler ID 7787		Cubic of Was	ste	Chrin	Brothe	ered Land ers Sanit		_L ındfill		
											-		
Takenon, onling, mail, none right room			X			oor tile		6	50 SF	X	-		
Kitchen, dining, hall, front right room	Yes	No	N/A		fl	oor tile		-	E0 0F		-		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Norma ed Sole intena todial (12)	ely by ince/ Staff?		tos Conta thermal surfac		aterial (ACM) insulation,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	100.00	Locat	11.74.1543.0				Non-Exempl	icu ( ) ai	10 11011-1 11	able r1	Abat	emen /pe	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renova Demoli				×	Full Contains Mini-Enclose Glovebag Pr Non-Exempt	ire ocedure				re.	
Scope of Work (Check All That Apply)													
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:	eriod of	Abater	ment s				Address ate, Zip Code						
10/9/17 Occupancy Status During Abatement (Check	10/30/	17		(,,,									
	Schedul	ed Co		Date (11)		973-7	764-2276 of OSHA Monito	)r	703	, 140,			
Project Manager for Monitoring Firm			Telepho	ne No		Glen	wood, NJ 07	7418	License	No.			
City, State, Zip Code							Sox 483, 4 E	Gate [	Orive				
Street Address						Street	Address			LU			
Name of Monitoring Firm Hired by Building C	Owner (8)	)	ASCN	I No.			of Abatement C			1.0			
County (6) Essex			County (	Code (7) USE ONLY	)		Current Use (F single famil			lished)			
City (5) Bloomfield							Square Feet 2100	2	of Floors		Bldg. /	\ge	
									her than K & comme		ildings	, hom	es,
home Street Address							School (K	(-12)					
Name of Facility Where Abatement is Taking	Place (	3)	FACI	LITY INF	ORMATI	ION	Type of Facilit	v (4)					
X   DOH   justification)     DCA   ☐   Cancellation				f Contact Veumar				LTA	slast- ·		_		
DOL Amendment :			Hanov	er, NJ	07936					***************************************	THE REAL PROPERTY.	ne stage green	TOTAL STREET
EPA   Initial   Amended				ox 348 ate, Zip C	ode		-	A	SBESTO	S CON	TRO	_ &	
Agencies Notified Type Notification			Street A	ddress								1000	in days
Date of Notification (1) 9/29/17				f Building e Mae (			(2)			- 4	2017	-	U
							1 12	IN A VITY		11	1	- E	1.3



			150	(			0.00 4.14 12	120)		3   W	]	S	1	111
Date of Notification (1)					Name	e of Build	ing Owner/Operato	r (2)	신 -			1		
September 15, 201					PA	of NY 8	& NJ	The state of the s	111	. 00	4 40	- Constitution		
Agency Notified	Type I	Votification			Stree	t Addres	S	day to the	<u> </u>	4 20	17	1	Court I	1
□ EPA	☐ Initi	al					Center, 11th F	Floor				-		-
Not required per State Pag. 10/2004	⊠ Am					State, Zip			ASBESTOS	CONT	301	e R		-
<b>⊠</b> DOL		endment # <b>01</b> ergency (includ	na		New	vark, N	J 07102	and the same of th		NSING				The same
<b>⊠</b> DOH	just	ification)	iig		Name	of Conta	act	-	Telephone Nu	umber				er-selv"
□ DCA	☐ Car	cellation			Uda	y Mehi	ta							
					FAC	ILITY IN	FORMATION							
Name of Facility Where A	bateme	nt is Taking Pla	ice (3	3)				Type of Facilit	y (4)					
George Washingto	n Brid	dge - Admin	istr	ation	Build	ing		☐ School (K-1	2)					
Street Address				-1153	10111-				8 (Other than K-	12)				
220 Bruce Reynold	s Blv	d.						☑ Other (i.e. p	private & commerc		ngs,			
City (5)								homes, etc.	# of Floors	Rida	. Ag	0	_	_
Fort Lee, NJ 07024									1000		6 170			
County (6)					Count	v Codo /	7) (STATE USE	30,000	4	674				
Bergen					ONLY		/) (STATE USE		Prior if being demo	olisnea)				
	tion of the	D. 11-11 O	100	1001				Office						
Name of Monitoring Firm I	Hired b	y Building Owne	er	ASC			444-4400-4500-400	nent Contractor (						
				N/A	8			storation Co.	, Inc.					
Street Address		_					Street Address							
241 Erie Street, Roo	om 23	6					223 Randol							
City, State, Zip Code							City, State, Zip (							
Jersey City, NJ 073							Clifton, NJ (	07011						
Project Manager for Monito	oring Fi	rm			one No.		Telephone No.		License No.					
Uday Mehta		in the second se			95-48		973-478-468	1	00120					
Start Date (10)		Scheduled Co			ate (11)		Name of OSHA							
October 07, 2017		October 1					EMSL Analy	rtical, Inc.						
Occupancy Status During	Abatem	ent (Check onl	y one	)			Street Address							
☐ Facility Closed/Vacated	During	Entire Period o	f Aba	atemen	t		200 Route 1							
☐ Abatement Performed O	utside	of Normal Facil	itv H	ours			City, State, Zip C	ode						
☑ Other - Describe: Nor			vork	(		-10	Cinnaminso	n, NJ 08077-	-2892					
Scope of Work (Check all t	hat app	oly)					□ Full (	Containment with	h Negative Pressu	150				
≥ 3 sf or ≥ 3 If					= -	ovation	☐ Mini-	Enclosure	i Negative Fressu	ii e				
☐ ≥ 160 sf or ≥ 260 lf					□ Den	nolition	☐ Glove	ebag Procedure	d Non-Friable Pro	ooduro				
					2000	T	⊠ 14011-	Exempled ( ) a li	d Non-Friable Pro	cedure	ΙΔ	bate	mer	nt
		1		s Locat Norma	11.17							Ту		
Location		1 (404)		ed Sole		l	Description							
Asbestos-Containing TO BE ABA		II (ACM)		aintena Custod			stos Containing Ma ., thermal systems		Amount (Specify		B	_	Enc	щ
IN Facili				Staff?		(	surfacing, VAT	, or	SF or LF)		em	Rep	aps	clo
(13)				(12)			other miscellane	eous)			Removal	Repair	Encapsulate	Enclosure
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				-	-									
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N														
Name of Registered Waste	Haule		155	JDEP \ No.	Naste H	auler	Cubic Yards of Waste	Name of Reg s	stered Landfill	was the				
Jimmy Byrne Truck	ing		288	9551			waste 2	Minerva Er	nterprises, In	C.				
City, State			1				Disposal Date	City, State						
Bronx, NY							09/30/2017 -	Waynseb u	ra OH					
Completed by	I	Title					09/29/2018 Signature ///	waynseul	ıy, on	Date				
G. Roger Woodman		Project Ma	nao	ıer						9/27/	201	7		

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

Print Form

Date of Notification (1) 09-28-17				Name	of Buildin	g Owner	/Operato	r (2)	The same of the sa	No.	-00	T	4 20	17	Children on colonia
Agencies Notified Type	Notification			Street	Edison Address ng Plac	Δ			-		ASPEN				box
DEP	Initial Amended Amendment	#		City, S	tate, Zip ( York, N	Code					ASBES	ICEN(	UNTI	ROL	&
N DOH □	Emergency ( justification) Cancellation			Name	of Contact t Fullum	t				Т	alanhana	Numbe	٠ -		
Name of Facility Where Abatem		Place /	2)		CILITY IN		ION	Ŧ			A .	X X 1			
Pole #56422/39211	noncia i aking	g i lace (c	"					Type of Fac	100	,					
Street Address Stone Gate Drive and We	est Saddle	River F	Road	d				Subch	apter	8 (01	her than & comm	K-12) ercial b	uilding	s, hon	nes,
City (5) Upper Saddle River								Square Fee	t	#	of Floors		Bldg.	Age	
County (6) Bergen				County (STATE	Code (7) USE ONL	Y)		Current Use Utility Pol	e (Pric	or if be	eing dem	olished)			
Name of Monitoring Firm Hired N/A	by Building O	wner (8)		ASC	M No.		Name Pinna	of Abatemen acle Enviro	t Con	tracto	r (9) Corp				
Street Address			HARAL.				Street	Address Broad Stre							
City, State, Zip Code							City, S	tate, Zip Cod tadt, NJ 07	e	1))					
Project Manager for Monitoring I	Firm			Telepho	one No.		Teleph	one No. 939-6565			Licens				
Start Date (10) 10-10-17		Schedule		mpletion	Date (11)		Name	of OSHA Mor Analytica			00736	,			
Occupancy Status During Abate								Address		٥.				-	-
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire Pe side of Norma	eriod of A Il Facility	bater Hour	nent s			City, St	Vest 38th 3 ate, Zip Code	9						
Scope of Work (Check All That A	Apply)							York, NY 1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				X	Full Conta Mini-Enclo Glovebag	inme sure Proce	nt with					
		ls l	ocati	on				Non-Exem	pte	( ) ai	u Non-Fi	lable Pr	25.51	re emen	t
Location of Asbestos-Containing Materia	I (ACM)	Used		ly by	Ashes		scription	of aterial (ACM)				-	Т	уре	Т
TO BE ABATED In Facility (13)		Mair Custo	ntenar dial S (12)		(i.e.	thermal surfac	systems cing, VAT iscellane	insulation, , or		(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
F. t		Yes	No	N/A										ate	œ.
Exterior: Pole #56422/3		X		Tı	ransite		-	2	20LF	х					
Name of Registered Waste Haule	er		N.	JDEP W	aste	Cubic	/ards	Name	of R	anista	red Land	fill			
ATC, Inc. / JBT (50071)			H	auler ID 310		of Was					rprises	uds			
City, State Shirley, NY / Bronx, NY						Disposa TBD	al Date	City, S Wayı		urg.	OH 44	688			
Completed by Kevin Moriarty		Title Projec	t Ma	nager		Si	ghature		/1	1	1	Date 09-28-	17		
							1	X1/X 1/	-1	1					





NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)				*	<u></u>	12)		III		C E		V E
Sept 25, 2017					Name of E 2016 RT 3	Building Owner 7 West LLC	er/Operator (2	2)		9 5	1 11	·/ (-)
Agencies Notified		Motification							100	)(;T	7 75	
		Notificatio	n Type		Street Add	ress				9	1 20	11/
(X) EPA		(X) Initial I	Votificatio	ND.	952 LAKE	WOOD RD		ł	1			
(X) DEP		( ) Ameno	ied Cartif	onion								
(X) DOL		() Cance		ication	City, State.	Zip Code			ASBE	STUS	CONT	HULA
(X) DOH		( ) = 1			TOMS RIV	ER, NJ 0875	39				NSING	
(X) DCA					N1 50					Processing and a commission of the	A	Made School Street
					Name of C MIKE MES	SINA		Tal	Al			
Name of Facility Where Ab	atement is	Taking Place	/2\	FACILITY	INFORMATION		_				-	
2016 RT 37 East		railing r lace	(3)		Type of Fac	cility (4)						
					() School	(K-12)						
Street Address					( ) Subcha	pter 8 (other t	than K-12)					
2016 RT 37 East					(A) Other (i	e. private & d	commercial b	oldgs., h	omes, e	tc.		
0:1 (5)												
City (5)	County (6)		Count	y Code (7)	Bldg. Age	5000	# ·	of Floor	s 3			
Toms river	OCEAN			Use Only)	Current Use	oo Annior if boin	a dau-11-1		a			
Nome of M				3.11,7	Guilling Ode	(prior if bein	g demolist e	a) Distr	ibuter of	Food		
Name of Monitoring Firm H	ired by Bldd	Q. Owner (8)	ASCM	No.			1					
			1				Name of C	Contract	or (9)		100	
Street Address							Absolul A	ice inc.				
					Street Addre	ess						
					PO BOX 29	5						
City, State, Zip Code												
					City State, Z	ipCode						
					Florham Pa	rk, NJ 07932						
Project Manager for Monitor	rina Firm	Telephone I	Viimbor									
		- OCCUPATION OF	varriber		Telephone N	lumber		Lice	nse Num	ber		
					(973) 410-92	217		0022				
Scheduled Start Date (10)		Scheduled (	Completic	on Date (11)	Nome - 600		_					
Oct 7, 2017		Oct 17, 201	7	TO GLO (TIT)	Name of OS MECS	HA Monitor						
Occupancy Status During					200							
Occupancy Status During Al	patement (0	Check only on	<u>e)</u>		Street Addre	ee						
(X ) Facility Closed/Vacated ( ) Abatement Performed Or	During Enti	ire Period of A	batemen	t	5 Linwood C	<u>55</u>						
t , and the critical life of	utside of No	rmal Facility I	- sruoh			•						
Describe					City, State, Z	ip Code						
					Hamilton, N.	J 08690						
Other - Describe												
Source of Work (Check all th	at apply)											
( ) Dom-15t									3725			
( ) Demolition (X) Renova	ation											
(X) Large Proj. (>160 SF or >	260 LF AC	M) ( ) SM Pro	j. (>25<1	160 SF or >10 <2	60 LF ACM	/ \ Minor Dro	: (-05.05					
ocation of Asbestos-				sure () Glo	vebag Procedure	( ) Minor Pro	ij. (~25 SF 01	<10 LF	ACM)			
Containing Material (ACM) in	IS LOCA	tion Normally	Used	Description of	ACM (i.e.		specify SF or	IEV	A b a b a			
Facility (13)	Staff? (	by Maint./Cust	odial	thermal system	ms insulation	, anount (c	pecily SF of	LF)	Abate	ment Ty	<u>ype</u>	
	YES			surfacing, VA	Γ, or other							
Wall and loading dock	120	NO	NA V	miscell.)					Rem.	Rep.	Encap	Enclose
	X Siding and						e feet		X	T	T	
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lame of Reg. Waste Hauler	1	N IDED Wast	. Uarr	ID #	Cubic Yards o						-	-
BSOLUT DISPOSAL	NUDEP Waste Hauler ID # 22708							Name	of Reg.	Landfill	1	
				10	<del></del>		OCEA	N COUN	TY LA	NDFILL		
ity, State												
AYVILLE, NJ		en.	Disp. Date		To	City. Stat	te					
operated at the second		I.					ESTER,	NJ				
ompleted by (Print or Type)		Title		Cianat							<del></del>	
OREDT ODGGAS	1	ostil <del>a (</del>		Signature	1		<u>Date</u>	_160160,				
OBERT GROGAN	1	VP			1/	1		200000000000000000000000000000000000000				
					1/	/		Sept 2	5, 2017			



7	N TALLY	N			to NJAC				T .		居	C	C	1	12	EL	2
Date of Notification (1)				Name of	f Building (	Owner/0	Operator	(2)		17				AND THE RE	Application of the Park		
9/30/17				Jose N		_						OCT		1 0	117	1	$\bigcup \coprod$
Agencies Notified	Type Notification			Street A	ddress					11		UUI	0,	4 4	J ( )	1	
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	Emergency (		-		f Contact	N, 190				int inte	Tole	Li	CEN	-	) ametra		and the same of the same of
DOH DCA	justification) Cancellation			Ivanie U	LOOMAGE					i	1616	sprione	: NUII	Dei			
LJ 55.,	- Carroniacon	)		FACI	LITY INFO	RMAT	ION								**		
Name of Facility Where	Abatement is Takin	g Place (3	)					Тур	e of Facili	y (4)							
Residential House									School (								
Street Address								X	Subchap Other (i.e						linge	home	20
									etc.)	J.  Jilly							
City (5)								1000000	are Feet			Floors	3		ldg. A	ge	
Ridgefield Park County (6)				County	Code (7)			20	rent Use (	Dras	2 f boi	na dan	nolich	- 1	0+		
Bergen					USE ONLY)				rent use ( esidentia			ig den	OUST	su)	13		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	A No.		Name		patement (			(9)			Selvine.		
n/a	,	,-7		n/a			1		y Contra			200					
Street Address			E				Street	Addr	ess						-		
n/a							360	Pali	sade Av	е							
City, State, Zip Code						7	1250		Zip Code								
n/a									NJ 070	26							
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telepi					Licen		).			
n/a Start Date (10)		Schodule	od Con	n/a	Date (11)			1000	6026 SHA Monit	or		012	00			-	
10/11/17		10/20/		ribierion	Dale (11)	_			y Contra		Inc	ş.					
Occupancy Status Durin	g Abatement (Chec		N. Socializa				Street				,	<u> </u>					
Facility Closed/Vac	2000 (B) 0-220 0-3 0-3	- 65 724 555	101	nent	10 gr 1880 - 10		360	Pali	sade Av	е							
L. Abatement Perform	ed Outside of Nom	nal Facility	Hours	3			City, S	State,	Zip Code								
Other - Describe:							Gar	field	, NJ 070	26							
Scope of Work (Check A	III That Apply)						grae	usq									
23 sf or ≥3 lf 2160 sf or ≥260 lf		and the	lenova Iemolit				j.		ull Contain		with	Negat	ive Pr	essu	·e		
2700 SI GI 2200 II		- L	emon	ion					lovebag F		iure						
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Location Asbestos-Containing		Use	lormal d Sole	ly by	Ashasi		scription		iai (ACM)		Δ	mount					
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In Facil		0.00	(12)	, , , ,			cing, VA				SF	or LF)	)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Was	ste Hauler		6.00	JDEP W lauler ID	3000	Cubic of Wa	Yards		Name	of Re	giste	red La	ndfill				
Harmny Contracting	g Inc	33	33058	INU.	TBD			GRO	)V/S	Lar	dfill						
City, State						Dispo	sal Date	1	City, S	ta e							
Garfield, NJ						TBD			Morr	is /ill	e, P	Α					
Completed by		Title					Signature	-	,				Dat				
Tina Caporino		Secr	etary				YM (	DI	MIN	2			9/	30/1	/		

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Date of Notification (1) 89 /	28 /	17				ng Owner/Operator ( Military & Veterar		计划一	on Co	rp C	K#4	974
Agencies Notified	Type Notifica				t Address 10 Egger	ts Crossing Roa	d s		1	<del>-4</del>	201	<i>†</i>
⊠ porMb	Amended Amended			City.	State, Zlp	Code		ASBES	TOC	00	NITE	201 &
☑ DHSS	☐ Emergen		no	La	wrencev	ille, New Jersey (	0648	APPE	LICE	NSI	\G	
(NJAC 5.23-8)	Justification			Nam	e of Conta	ci	11.74	I olephone Nomi		-	Autori	Anna Allerton
	Cancellat	lori		PE	ter Yous	sef/Bismark Con	st. Corp.					
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Name of Facility Where	Abstament is T	aking Pla	co (3)	71794			Type of Facility	(4)		(Sheath)		
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Street Address	***************************************						Other (Le.	8 (Other than K-12)	i clai bu	ulding	5	-
1799 Teanck Road							homes, etc					
City (5)							Square Feet	# of Floors		dg. At		172
Teaneck, New Jors	ey 07666							1		81 yr	3.	
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Name of Monitoring Flim		ding Owne	r (8)	ASCN		Name of Abatem		)				. 1
The Whittman Con	npanies			NIA		Lilich Corpor	ration	\$ 100.000 miles and the second se				
Street Address						Street Address						
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City, State, Zlp Code						City, State, Zip C	**************************************	07624				
Cranbury, New Jer		·····	-172	elephone		Telephone No.	ark, New Jers				rection to the second	
Project Manager for Mor Kevin Lovely	mound entit		1000	732-39		973-225-8400	,	License No. 01104				1
Stan Date (10)	10	Scheduled			3	Name of OSHA N						
10 / 02 /		10					mental Labs I.	LC			· 5	A file
Occupancy Status Durin						Street Address						
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☐ Facility Closed/Macail ☑ Abatement Performe					scribo	City, State, Zip Co						
Time of Abatement.	ZAM-3:30PM/	РМ		_AM		Union, NJ 07						1
Scope of Work (Check s	II that apply	-		and the second second second		1 0111011, 143 07	-					
	r tile: apprij		Renovi Demoi			MInI-Enc	g Procedure	gative Pressure on-Friable Procedur	13			1
	The second secon		Is Loc		T	100			Ab	atoms	ant T	ype
Lecation Asbestos-Containing TO BE AB IN Fact (13)	Material (ACM <u>ATED</u>	Cı	Aaintei ustodla (1)	olely by nance/ al Staff? 2)	(i.	Description o estos Containing Ma e , thermal systems surfacing, VAT other miscallane	insulation or	Amount (Specify SF or LF)	Removal	Repair	Encapşulate	Enclosure
		Ye									=	mineran I
1st Floor Bathroom						isulation (20LF w	/rap&cut/	40 LF	[8]	Ш		
1					20LF v	vrap & cure)					П	
			Tie						Tm	m	. [7]	
Name of Registered Wa	ate Hauler			NJDEP Hauler	ID No.	Cubic Yards of Waste	Name of Regis	stered Landfill S. Landfill	Tro			
City. State			1	1872	.4	Disposal Date	City, State					white - i
Woodland Park, No	ew Jersey					09/30/2017		e, Pennsylvania		3	: i	
Completed By (Print or 1		Title				Spature	( )	T Qa	e	-		
Adriana Olejarova	. Item	Presi	dent		***************************************		200		D	3/2	20	Ot
ASS-41 MAY 11		· Do n	ol use	this for	n for ashes	atos licensura exemp	oted activities		1	1		12 4

ASBESTOS CONTROL &

LICENSING

NOTIFICATION OF ASBESTOS ABATEMENT

of Notification (1)

9/29/2017

Agencies Notified Type Notification [X]EPA [X] Initial Notification [ ]DEP [ ]Amended [X]DOL Notification [X] DOH [X] EMERGENCY [ ]DCA

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2)

Fuquan Bilal

Street Address

City, State, Zip Code Montclair, NJ, 07042

Name of Contact Fuquan Bilal

Telephone Number

[ ]Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Fuquan Bilal [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Street Address [X]Other i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) Montclair (STATE USE ONLY) Essex Current Use Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 09-30-17 10-5 -17N/A Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply)

 $[X] \ge 3$  sf or  $\ge 3$  lf [ ]>160 sf or >260 lf

[X] Renovation [ ]Demolition [ ]Full Containment with Negative Pressure [X]Mini-Enclosure [X] Glove-bag Procedure [X] Non-Friable Procedure

Is Abatement Type Location Location of Description of Normally Asbestos-Containing NCAPSU NCLOSU Used Asbestos-Containing Amount REP EMOV Material (ACM) Solely Material (ACM) (Specify By Maintenance/ TO BE ABATED (i.e., thermal systems SF or Custodial In Facility insulation, surfacing, VAT, LF) Staff (12) A (13)or other miscellaneous) No Yes N/A R E Basement General Debris 1,000 SFX Basement X Pipe Insulation 25 LF Exterior Siding X Transite Siding 300 SF Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards Minerva Enterprise INC

AZTECH MANAGEMENT, INC.

City, State

Hauler ID No. 17040

of Waste 3.0

Disposal Date City, State

Montclair, NJ 07042

10/6/17

Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian

President

Signature

Date 9/29/2017

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Date of Notification	n (1)	(Furs		8:60-7 and 3 ilding Owner/			1145		2 []	(1/	<u>L</u>
9/30/2017			John M			, , , ,					Andrew Street
Agencies Notified	Type Notific	cation	Street Add	ress			1111	161	4 (	2017	
[ ]EPA	[X]Initial										WET-WAR
[ ]DEP	Notifi	cation	City, State	e, Zip Code			ASSE	8705	GON	IROI	2
[X]DOL	[ ]Amended Notifi			air,NJ,0	7042		The state of the s	LICEN	SINC	}	. (3)
[X]DOH	NOCILI	Catton	Name of Con	ntact		Telepho	ne Number			39031100-55-6	-
[ ]DCA	[ ]EMERGEN	CY	John M	affei			Marie Commission of the Address of the Commission of the Commissio	-			
	[ ]Cancella	ation									
Name of Facility Whe	re Abstement	ie Tak		ILITY INFORMA	TION	T					
John Maffei	re and tement	IS TAK	ing Place (3)	,		Type of Faci					
						[ ]School	(K-12) oter 8 (Othe	r than	K-1	2)	
Street Address						[X]Other	(i.e., priva	te & c			1
						Square Feet	# of Floo		1.4		
City (5)		County	(6)	County Coo	ie (7)	Square reet	# OI F100	rs B.	ldg.	Age	
Montclair		Esse	x	(STATE USE	ONLY)	Current Use	(Prior if be	ing de	moli	shed)	)
Name of Maritaria		<u> </u>									
Name of Monitoring F Owner (8)	irm hired by	Buildi	ng ASCM No.	11		ment Contracto					
N/A Street Address				*	0.00	ANAGEMENT	, inc.				
ocreet Address					Address	topher St					
City, State, Zip Code	e					Zip Code			_		
						r, NJ 070	42				
Project Manager for 1	Monitoring Fi	rm Te	elephone Numb	- 11	one Numb			icense	Numl	ner	
			/A	11 - 2	3)744			0037		Jer	
Scheduled Start Date	(10) Sche	d. Comp	oletion Date	(11) Name o	f OSHA M	fonitor					
10- 10- 17			1- 17	N/A							
Occupancy Status Dur	ing Abatement	nth (Check	Day Year only one)	Street	Address	,					
[X]Facility Clos of Abatement	ed/Vacated D	uring E	ntire Period	Career	naaress	<b>.</b>					
[ ]Abatement Per	formed Outsi	de of N	ormal Facilit	ty City,	State, Z	ip Code				F. C. H. C.	
Hours - Descr [ ]other - Descr	ibe: «OffHour ibe: «Other O	s Descr	<u>ipt»</u> v Descript»		•	•					
Scope of Work (Check											
		1 177(6)				Containment wi	th Negative	Press	ıre		
[X]≥3 sf or ] [ ]≥160 sf o			<pre>[X]Renovation [ ]Demolition</pre>			Inclosure -bag Procedure					
			Is		]Non-Fr	riable Procedu	re				
Location			Location Normally	Des	cription	n of		Aba	teme	nt T	ype E
Asbestos-Cont Material (		1	Used Solely		tos-Cont erial (A	-	Amount	R	R	N C	N C
TO BE ABA	TED		Maintenance/	(i.e.,	thermal	systems	(Specify SF or	M	P	A P	L
In Facili (13)	Lty	S	taff (12)			cing, VAT, laneous)	LF)	VA	A	S	O S U
		Yes	No N/A	or oure	. MISCEI	raneous)		L	R	L	R
Basement			X	Pipe Ins	sulati	on	175 LF	X			
Second Floor			X	Closet			7 LF	X			
Nome of Devices 1 7				-							
Name of Registered Wa AZTECH MANAGE			JDEP Waste auler ID No.	Cubic Yard		Name of Regi			TATO	,	
		J. 1	.7040		W.C.57W		Enterpr	ıse	TINC	•	
City, State Montclair, NJ	07042			Disposal D		City, State	ara Obi	~ //	600	,	
				10/12/	-	waynesb	urg, Ohi	0 44	000	)	
Completed By (Print o				Sig	mature		1/	Date			-
Constantine Vi	vian Pr	eside	ent		10	morellas	Villan	9/30/	2017		
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Project #				ICATIO	tate of Ne N OF ASE t to NJAC	ESTO	S ABATE		D	Ch	C E eck # 39	70	armet and		n
Date of Notification (1)				Name (	of Building	Owner	r/Operator	r (2)			CT7	4 2	017	- Carlo	
09/27/2017				Depar	tment o	f NJ (	Children	n and	familie	office	of educ	ation	1	D-CLASSING.	
Agencies Notified	Type Notification		_	Street /	Address			· dirid	14.11.110			nan (Marie Marie	and the second second		
□ EPA ■	1			320 S	ullivan \	Nav			1	ASB	ESTOS	CON	(ROL	. Gr	
DEP	Initial Amended		t		ate, Zip C				L	N CONTRACTOR OF THE PARTY OF TH	LICEN	PHAE	)	residente de la constitución de	-
DOL .	Amendment				n, NJ 0										
DOH	Emergency ( justification)	including	3		of Contact					Tele	phone Nur	nber			
DCA	Cancellation		- 1	Ronal	d Wybra	aniec				1			_		
					ILITY INF		TION			-31	CHOMB	- 1			_
Name of Facility Where Ab	atement is Taking	Place (	3)					Туре	of Facility	(4)				-	
Morris Campus									School (K	- 2)					
Street Address			20000						Subchapte	8 (Othe	r than K-12	2)			
15 Jean St									Other (i.e. etc.)	private &	commerci	al buil	dings,	home	es,
City (5)	DATE:								e Feet	# of	Floors	TE	Bldg. A	ge	_
Morristown, N	J							9200		1,000,000			<b>9</b>	0	
County (6)					Code (7)			Curre	nt Use (P	rior if bein	g demolish	ned)			
Morris				(STATE	USE ONLY	)									
Name of Monitoring Firm H	lired by Building C	wner (8	)	ASCI	M No.		Name	of Abat	tement Co	itractor (	9)				
Whitman							Nick I	Resto	ration L	C					
Street Address								Addres							-
7 Pleasant Hill Rd							72 Br	ooksi	de Rd						
City, State, Zip Code									p Code						
Cranbury NJ 08512									NJ 078	69					
Project Manager for Monito	oring Firm		T	Telepho	ne No.			none No		T	License N	0.			
Kevin Lovely			9	73-64	14-5418		97393	33-25	50	10	01133				
Start Date (10)		Schedu	ed Con	npletion	Date (11)		Name	of OSH	A Monito	r					
10/09/2017	1	10/102	017				IRIS								
Occupancy Status During A	Abatement (Check	Only O	ne)				Street	Addres	s						
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire P Outside of Norma	eriod of al Facilit	Abatem y Hours	nent			City, S	tate, Zij	West Code 07083	-					
Scope of Work (Check All T	That Apply)						TOTHOT	, 140	07000						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Mini Glov	i-Enclosui vebag Pro	re cedure	Negative P				
		ls	Locati	on					-		D- 200 D-200		Abate		
Location of	f		Normal	ly		D	escription	nf					Ту	oe _	
Asbestos-Containing M.  TO BE ABAT In Facility (13)		ed Sole aintenar todial S (12)	nce/		tos Cor therma surf	ntaining M al systems acing, VA miscellan	laterial s insulat T, or		(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								=		ate	e,
Mechanical Room			×		TSI					3LF		×			
II.															
Name of D. J. J.															
Name of Registered Waste Nick Restoration LLC			H	JDEP W auler ID	No.	of Wa			Name of G.R.O.		ed Landfill				
City, State			100	)3378:	2	TBD	osal Date		City, Sta	No. of the last of					-
Randolph, N	J					TBD		1	Tullytox						
Completed by		Title	VII) 141				Signature				Dat			11-111	
Elvira Mrda		Presi	dent		Av. resetting		Ell	119	, le	1) Cro	09/	27/2	017		

Chirch	_ ~NO	(F	ursua	ant to NJ	SBESTOS ABA AC 8:60 and 5:	16)	DE C	E	1 M	I E
Date of Notification (1)					ng Owner/Operator					
09 / 28 /	17		In	ternation	al Flavors & Fra	grances	III OCT C	K# 49	949	
gencies Notified Type Notific	cation			et Address				4	2017.	*******
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DHSS Amendm	nent#		100000000000000000000000000000000000000	State, Zip		L	LICEN	GUN	TROL	. &
☐ DCA ☐ Emerger	ncy (includi	ng			ch, New Jersey (	7735	and the second second	OHAG	-	
(NJAC 5:23-8) justificat	tion)		Nam	ne of Conta	ct		Telephone Nun	nher		
□ Cancella	ation		G	ary Stapp	erfenne, Project	Manager	1	11001		
						- Internager				0.
Jame of Facility Where Abatement is	Tokina Dia	(2)		ACILITY	NFORMATION					
International Flavore & Francis	raking Plac	ce (3)				Type of Facility	(4)		and a last reason was a	
International Flavors & Fragra	nces					School (K-12	?)			
treet Address						Subchapter 8	Other than K-1	2)		
1515 State Route 36						Other (i.e., p)	rivate and comme	ercial i	buildir	igs,
ity (5)						homes, etc.)				
Union Beach, New Jersey 077;	35					Square Feet	# of Floors	1	3ldg. /	
ounty (6)			10-			10,000	1		50 y	rs.
Monmouth			COL	mity Code (	7)(STATE USE ONLY)		or if being demoli	ished)		
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ame of Monitoring Firm Hired by Build	ding Owner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)				
Garden State Environmental			N/A		Lilich Corpo	ration				
treet Address					Street Address	1411011				
555 South Broad Street					606 McBride	A				
ity, State, Zip Code					The state of the s					
Glen Rock, New Jersey 07452					City, State, Zip Co					
oject Manager for Monitoring Firm					Woodland Pa	ark, New Jerse	07424			
Discontinuing Firm		Tel	ephone	No.	Telephone No.		License No.			
Bruce Wolf		2	01-652	2-1119	973-225-8400	D7				
art Date (10)	Scheduled (	Comple	etiàn Da	ate (11)	Name of OSHA M		01104		200000	
09 (21/4/1)	F10/	10	1	17	1					
Cupancy Status During Abatament /	Observed		<u>-L</u>	<del>)                                    </del>	IRIS Environi	mental Labs Ll.	С			
ccupancy Status During Abatement (C	Check only	one)		<del>)                                    </del>	Street Address	mental Labs LI.	С			
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hacility Closed/Vacated During Entire Abatement Performed Outside of No.	re Period of	one) Abate	ment	scribe	Street Address 2333 Route 2	2 West	С		-	
Hacility Closed/Vacated During Entir Abatement Performed Outside of No Time of Abatement: <u>7am</u> AM-	re Period of	one) Abate	ment	scribe	Street Address 2333 Route 2 City, State, Zip Co	2 West	С			
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Abatement Performed Outside of Notifice of Abatement: 7amAM- ope of Work (Check all that apply)  3 sf or ≥3 lf ≥160 sf or ≥260 lf	re Period of ormal Facilit PM/	one) Abate ty Hou PM-1	ement rs - Des 2AM	scribe	Street Address 2333 Route 2 City, State, Zip Co Union, NJ 070  Full Cont Mini-Encl Glovebag	2 West ode 083 ainment with Negs	ative Pressure	re		
Abatement Performed Outside of Notifice of Abatement: TamAM- ope of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If	re Period of primal Facility PM/	one) Abate by Hou PM-1 enovate condition Condi	ement rs - Des 2AM	scribe	Street Address 2333 Route 2 City, State, Zip Co Union, NJ 070  Full Cont.  Mini-Encl  Glovebag  Non-Exer	2 West ode 083 ainment with Negs osure 1 Procedure mpted (*) and Nor	ative Pressure		patem	ent 1
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Date of Notification (1) 09/26/2017		(1	Name	of Building				e se complete de la section de		00		201	17	The same of the sa
Agencies Notified Type Notification  EPA Initial	n		Street	Address				apon critical	Ā	SBEST	OS C	ONT	HOL	_1 . &i
X DEP Amended Amendme				state, Zip C gston, N		39		l.		A STATE OF THE PARTY OF THE PAR	ALEXPONDS IN EAST	P-CORPUS AND		
DOH Emergence justification Cancellation	n)	g	THE CAME SHEET	of Contact Higgins					Te	lephone	Numhe	r _		
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	CILITY INF	ORMAT	ION	Тур	e of Facility	(4)			_		
Residence Street Address								School (K-	12)	or than l	( 10)			
							×	Subchapte Other (i.e. etc.)	private	& comme	ercial b	uildings	s, hon	ies,
City (5) Livingston							Squ 1,7	are Feet 92	# o 2	f Floors		Bldg. 79	Age	201700
County (6) Essex	E#			Code (7)	n		Cur	rent Use (Pr	ior if bei	ing demo	olished)		7/2	
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	3)	ASC	M No.				atement Co ank Service		(9)				
Street Address PO Box 354						Street 1256		ess erty Aveni	u e					
City, State, Zip Code South Orange, NJ 07079						City, S	tate,	Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	one No. 49-2666	·	Teleph 844-4	none l	No.		License 01316				
Start Date (10) 10/07/2017	Schedu 10/18/			Date (11)		Name	of OS	SHA Monitor Lighthous						
Occupancy Status During Abatement (Che						Street	Addre	ess	0010	1110113				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abater y Hour	ment s				tate, 2	Zip Code				-		
Scope of Work (Gleck All That Apply)						Souti	h Or	ange, NJ	07079		*			
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Name of Registered Waste Hauler Newark Carting		Н	JDEP W lauler ID 4509		Cubic Yof Was			Name of Waste I				ill		
City, State East Orange, NJ			.000		Dispos	al Date		City, State		PA				
Completed by Alison Lamers	Title Office	e Mar	nager		Si (	grature	1/	n Ol		1	Date 09/26/	2017		

Office Manager

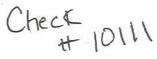
09/26/2017

State of New Jersey

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Date of Notification (1) 09/27/2017			Name Town	of Building	g Owner/e Pittsgro	Operato	r (2)		EG						To the same of the
Agencies Notified Type Notification  X EPA Unitial				Address Centerto	n Road				OCT	. 1	20	47	The state of the s		
DEP X Amended Amendment				tate, Zip C grove, N		3		20	(3200)				The same of the sa	1	
<ul> <li>☑ DOH justification)</li> <li>☑ DCA</li> <li>☑ Cancellation</li> </ul>	including	g		of Contact tance G	7		11	AO:	1, 12	lanhana	Niln	her	. &		
			FAC	ILITY INF	ORMAT	ION							-		
Name of Facility Where Abatement is Takin Former Grain Mill, (Silo's)	g Place	(3)					Тур	e of Facility School (K							
Street Address 1237 Landis Avenue							×	Subchapte Other (i.e etc.)	er 8 (Oth	er than h & comme	K-12 ercia	) I buil	dings	, hom	ies,
City (5) Pittsgrove							100	are Feet	# 0	f Floors			3ldg. /	\ge	
County (6) Salem				Code (7)	n		Cur	rent Use (Fr	rior if bei n Mill	ing demo	olish	ed)			
Name of Monitoring Firm Hired by Building ( Pennoni Associates Inc.	Owner (8	)	ASCI	M No.		Name	of Ab	atement C	ntractor	(9) ervices	. In	C.			
Street Address 515 Grove Street Suite 1B						Street	Addr								
City. State, Zip Code Haddon Heights, NJ 08035		2010				City, S	tate,	Zip Code rille, PA 1	9460						
Project Manager for Monitoring Firm Alan Lloyd			Telepho	one No. 47-0505		Teleph 610 9	none i	No.	0.00	License 00836					
Start Date (10) 08/09/2017 (,	Schedul 10/06/		npletion	Date (11)		Name	of OS	HA Monitor				_			
Occupancy Status During Abatement (Check	THE PARTY OF THE		~			Street			iliai o	ei vices	, 1115	٥.			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abaten	nent			42 Ri	idge	Road							
Other – Describe:	ai i aciiic	y Hours	•		_			Zip Code ille, PA 1	9460						
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Name of Registered Waste Hauler C&H Disposal Services, Inc.		Ha	JDEP Wauler ID 903		of Was			Name of Salem	1000 TO 1000			nent	Aut	horit	у
City, State Elmer, NJ					Disposa 08/09/			City, Sta							
Completed by Patrick Larney	Title Proje	ct Ma	nager		Sig	gnature					Date 09/2		017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) ate of Notification (1) Name of Building Owner/Operator (2) 9 Haddonfield Public Schools Board of Education 2017 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 1 Lincoln Ave. **⊠** DOLWD ASDI-STOS CONTROL & City, State, Zip Code **⊠** DOH Amendment #2 LICENSING Haddonfiel, PA 08033 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation John Deserable **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Haddonfield Memorial High School - B Wing School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 401 Kings Highway East homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hadonfield 26,000 2 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden school Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor 9) Epic Environmental Services, LLC Plymouth Environmental Co., Inc. Street Address Street Address 1930 Brown Road 923 Haws Ave. City, State, Zip Code City, State, Zip Code Newfield, NJ 08344 Norristown, PA 19401 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. James Eberts 856-205-1077 610-239-9920 00398 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 11 / 17 10 / 20 / 17 Plymouth Environmental Co., Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 923 Haws Ave. Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00 AM-3:30 PM/ PM- AM Norristown, PA 19401 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Asbestos-Containing Material (ACM) Used Solely by Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A B-Wing Bldg. exterior steel beams П  $\boxtimes$ tar 320SF  $\boxtimes$ П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Robinson Waste Haulers **GROWS** 17304 40CY City, State Disposal Date City, State Newark, NJ 10/20/17 Morrisville, PA Completed By (Print or Type) Title Signature James M. Kelly Vice President





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Date of Notification (1)	9-28-	17		Name o	of Building Owner/	Operator	(2) Lee	Hum	me	1	15_	And the second	Policial Company
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DOH -	☐ Emergency (i	nciuaing		1	of Contact	, ,		Telenhone	Mumbe	r	<del>11C</del>	4	
□ DCA	☐ Cancellation			FAC	e Hum.								
Name of Facility Where	Abatement is Taking	Place (	3)				Type of Facility	/ (4) <sub>e</sub>					
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City (5)			1 1 -	_			' etc.) Square Feet	# of Floors		Bld	g. Ag	ge	-
Moores	town		CV		08057			2	875		30	+-	
Burling County (6)	no two			County (STATE	Code (7) USE ONLY)		Current Use (P	rior if being dem	olished	)	11		
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCI	M No.	Name	of Abatement C				-	Bre .	
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P.O. 1	30x 3	37				P	O. Box	337					
City, State, Zip Code		N.	7	80	533	City, S	tate, Zip Code	ist N	7/	75	16	1.3	3
Project Manager for Mon	ii ri gr irm	14 6		Telepho	ne No.	Teleph	ione No.		se No.		2	14	
Steve S	chen Ken	<u> </u>			758-3365	609	758-33	65 (	00	9	4	1	
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Occupancy Status During				10	lτ	Street	Address	21 11 10 10 91	<u>دے</u> .				
Facility Closed/Vaca	ated During Entire P	eriod of	Abatem	nent			10. Box	337					
☐ Abatement Perform ☐ Other – Describe: _	ed Outside of Norma	al Facility	/ Hours				tate, Zip Code	117	00	1 <	2	7	
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City, State	tous	NJ	×			- 11 - 1		nisville	PF	f			
New Eg	310	Title	. ^	ı		Signature			Date	21	2	1-	7
Steve Sche	1 her	MRE	sid	ent		Dle	Cap DO	ich	7-	18	0 ~	17	

PAID

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

# 1011

Date of Notification (1)				Name	of Building Ow	parlOparate	or (2)		a stanta	11,15	16	E	J W	1 5
Date of Nouncation (1)	4-38	-17	-	Name (		i e \	or (2)	Val	Lan					- (2
Agencies Notified	Type Notification			Street	Address	10		101	130	71 )	ICT	4	201	7
□ EPA □ DEP	Initial Amended			City St	tate, Zip Code					- 2 1	30/			
DOL	Amendment			Oity, Oi	Highl		Rop	K	NI	MSBE	008	191	116	01
≠ DOH	☐ Emergency ( justification)	including		Name	of Contact		100	1-			110		19	OL (
D DCA	☐ Cancellation				baiel		14'S0	7_						7
Name of Facility Where	Abatement is Taking			. ,		MATION	Type o	of Facili y	(4)					3
Dingle	family	D	We	Ilin	5		_ s	chool.(K	-12)					
Street Address							S	ubchar te ther (i.e.	er 8 (Other private 8	r than K-	12) cial bui	dings	, hom	es,
City (5)			. 1		· 0			tc.)		Floors		Bldg. /		
Highla	ind Parl	(,	N,	J	0890	24			0	2			りナー	ę
County (6)		-,			Code (7) USE ONLY)		Curren	it Use (P	rior if beir	g demolis	shed)	77		
Name of Monitoring Firm	Hired by Building C	wner (8)			M No.	Name	of Abate	ement C'c	ntractor	(0)				
EPC TE	e hno le	Lie	5		NA	1	FPC	Salar		ole	bie.	5	In	40
Street Address	2 2	17					Address		-	· ·	3		3	9 000
City, State, Zip Code	JOX J	<u> 7                                   </u>				City	State, Zip		33	<u> </u>			•	
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Project Manager for Mor			T	Telepho	one No.	Telep	hone No.			License I	Vo.	2 1	11	465
Start Date (10)	chen Ken	Caba dul	100	609	758-33 Date (11)	65 609	758 of OSHA	-33X	5	_0	0	27	7	
10-12-1						10 March 10				ogies	T			
Occupancy Status During				, –		Street	Address			~	-	, ic		
Facility Closed/Vaca							50'		33	7				
☐ Abatement F'erform ☐ Other – Describe: _	ed Outside of Norma	ai Facility	Hours	V			State, Zip Lew E		4.1	-	08	57	2	
Scope of Work (Check A	II That Apply)					1 2		JAP	/\	<u> </u>	20-	ے۔		
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☐ ≥160 sf or ≥260 lf	***		emoliti	on		3.00	☐ Mini- Glove	Enclos in ebag P o						
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TO BE ABA		Cust	odial S (12)	taff?	s	mal system urfacing, VA	T, or	on,		ecify or LF)	Remova	Repair	caps	Enclosure
(13)					oth	ner miscella	neous)				oval	air	Encapsulate	sure
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Name of Registered Was	te Hauler		I N	JDEP W	/aste C	ubic Yards		Name of	Register	ed Landfil				
			104 (014)	auler ID	No. of	Waste -	a		12.50			,	~ D	)iA
EPC Tec City, State	nnologies	•		1700		sposal Date	_	City, Stat	te l'10	lnage		F 0	- 1	AL
New Eg	wat 1	TV	Α.			0 - 20 - 1			ligeil	e T	PA			
Completed by	346	Title	٠, ٨	1		Signature		c.D	1		ate	20	-1:	7
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Date of Notification (1) 9/28/17				f Building chai Hir		Operator	(2)			00	T	4	201	7	1
Agencies Notified Type Notification			Street A	ddress	-			and a media field				-00	AITI	101	8
EPA Initial Amended				ite, Zip Co					- AS	SULS	LICE	NS	NG	1000	Name and Address of
X DOL Amendment Emergency (		- F		on, NJ 0 Contact	18527				Tele	ephone	Numb	per			
DCA Cancellation	i e		Mr. Hi										-		
Name of Facility Where Abatement is Taking	g Place (3	3)	FACI	LITY INFO	ORMAT	ION	Тур	e of Facility	(4)			10000			
Street Address								School (K- Subchapte	8 (Othe			L 11-		<b>I</b>	
City (5)							×	Other (i.e.		Floors		35,55,035	V. 200		35,
Jackson							Squ	are Feet	# 01	FIOOIS	•		ldg. A	ge	
County (6) Ocean			County (	Code (7) JSE ONLY	)		Cur	rent Use (Pr	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	1 No.		AAA	LEA	atement Co AD PROFI			;				
Street Address						Street 6 WH		ess DOVE C	OURT						
City, State, Zip Code								Zip Code	3701		0.01192				
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none			Licens	se No.	9		********	per lic
Start Date (10) 10/18/17	Schedul 10/25/		npletion (	Date (11)				SHA Monitor AD PROFE		NALS					
Occupancy Status During Abatement (Check	_					Street 6 W/F		ess DOVE C	OURT						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm  Other – Describe:					_	City, S	tate,	Zip Code DOD, NJ (							27.00
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				××××	M	ull Containm lini-Enclosur llovebag Pro	e cedure	-					
Location of		Locati			Do	scription		on-Exempte	( ) and	I NOII-F	паріе		Abate		1
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce <i>i</i>		tos Cont thermal surfa		lateri s insu T, or		(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									=		ate	,e
Main Floor						Plaster				00SF	-	ς .			
Basement				1000	Pipe	Insula	uon		31	0 LF	)	ζ			
Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID		Cubic of Was			Name of	Register	red Lar	ndfill				
City, State		04	1509	4		sal Date		City, Stat							
NEWARK, NJ Completed by	Title OWN				10/25	/17 ignature		BETHL	=HEM	PA	Date				

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VICA		NO I	Pursuar	nt to NJAC	8:60 ar	6 ABATE nd 12:12	MENT 0)	-	EC	E		$\mathbb{W}$	Ē	100	
Date of Notification (1) 9/28/17				of Building Gleason		/Operato	r (2)			Arrayal - James 1		-		-	
Agencies Notified Type Notification				Address				The state of the s	00	T	4 2	017	-4	1 /	
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DEP Amended Amendment				tate, Zip C id Brook		3805		1	ASBEST	OS C	ON	TRO	L &		
DOH justification)  DCA Cancellation	includin	g	Name RAY	of Contact					Toloph	CEN:	mher	7	TENNING THE	particular and the same of the	
				CILITY INF	ORMAT	ION							_		
Name of Facility Where Abatement is Taking Bound Brook		(3)					Type of F	5.							
Street Address							Sub-	ool (K-12 chapter t er (i.e. pr	2) 8 (Other th rivate & cor	an K-1	2) ial bui	ldings	, hon	nes,	
City (5) Bound Brook							Square F	eet	# of Floo	ors	1	Bldg. /	Age		
County (6) Somerset				Code (7)	o		Current U	se (Prio	r if being d	emolisi	ned)				
Name of Monitoring Firm Hired by Building C	Owner (8	3)	ASC	M No.			of Abateme								
Street Address						Street	LEAD PI Address			LS		ź.,			
City, State, Zip Code							HITE DO		URT				-		
Project Manager for Monitoring Firm			Talaah	NI-			EWOOD,	NJ 08							
Toject Manager for Monitoring Fifth			Telepho	one No.		1	ione No. 368-9078		120	ense N 00	0.				
	Schedu 10/26/		mpletion *	Date (11)		V (600 mm 500 mm 5	of OSHA M LEAD PF		SSIONAL	S					
Occupancy Status During Abatement (Check	U. (1000000000000000000000000000000000000	action to	-			Street	Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm:  Other – Describe:	eriod of al Facilit	Abater y Hour	ment s			City, S	ITE DO\	de							
Scope of Work (Check All That Apply)						LAKE	EWOOD,	NJ 08	701						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-End Gloveba	closure	nt with Neg						
	Is	Locat	tion				I NON-EXE	empted (	(*) and Nor	n-Friabl	1	Abate		t	
Location of Asbestos-Containing Material (ACM)		Norma ed Sole		Achae		scription	ption of				Ту	ре			
TO BE ABATED In Facility (13)		intena todial (12)	Staff?		thermal surface		insulation, Γ, or	VI)	Amoun (Specif SF or LI	y	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A				13				<u>a</u>	r	late	Ire	
INTERIOR					Ins	sulation	1		600 SI	F	x				
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Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic '	Varde	Me	no of C	giota 1	20 1511					
NEWARK CARTING		H	lauler ID 4509	30 ST 50 ST	of Was		IES		egistered L	andilli					
City, State NEWARK, NJ						al Date	00000	, State	НЕМ РА						
Completed by	Title					gnature			- IVI FA	Date	9		_	_	

MK#A70 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 25 1 17 Ramblewood Village Apartments Agencies Notified Type Notification Street Address **⊠** EPA 601A Country Club Parkway **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # ASBESTOS CONTROL & Mount Laurel, NJ 08054 LICENSING □ DCA ☐ Emergency (including) Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Ed Molloy - ATI Restoration **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ramblewood Village Apartments School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i. s., private and commercial buildings, 601A Country Club Parkway homes, etc.) City (5) Square Feet # of Floors Bldg. Age Mount Laurel 5.000 2 80 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Burlington Apartment Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillman Consulting Shade Environmental, LLC Street Address Street Address 309 Fellowship Road, Suite 200 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Mount Laurel, NJ 08054 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Murphy 908-721-2302 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_09 \_ / \_\_17 10 / 20 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/\_\_\_\_PM-\_\_ 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 Used Solely by Repair 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

Holly Cove Unit 34A П X Sheetrock with Joint Compound 825 SF M П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage GROWS North Landfill 15939 40 City, State Disposal Date City, State Freehold, NJ 10/20/2017 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Lynch Vice President of Operations **JAN 13** 

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

ank	14322	PAID	1		CATI	ON OF AS	lew Jersey BESTOS ABATE		DEC		The second secon	$\overline{\mathbb{W}}$	E
0.	Date of Notification (1)	25-17			Nar		ing Owner/Operator	NT ERPI	ZISES OC	Ţ	4	2017	7
	Agencies Notified  PA  DEP  DOL	Type Notificati Initial Amended Amendmen Emergency	it #it (includir	ng	_	, State, Zip	401 ARK	AMSAS	ME AND	rós ICEI			OL
	DCA DCA	justification Cancellation			Nan	ne of Conta	JOY		Telephone Num	ber			
	N			- (2)	F	ACILITY IN	FORMATION	T					
	Street Address	tsiden (		e (3)			: : : : : : : : : : : : : : : : : : :	Type of Facili School (K. Subchapte Other (i.e., homes, et	-12) er 8 (Other than K-1 , private & commerce	2) ial bui	ldings	s,	
	City (5)	i GAUTIA	IF.					Square Feet	# of Floors	E	SC		
	County (6) ATL AU				Con	unty Code ( E ONLY)	7) (STATE	Current Us > (	Prior if being demoli	shed)			
Ì	Name of Monitoring Firm (8)	ent Contract x											
ŀ	Street Address												
	City, State, Zip Code					City, State, Zip Co	ode	CE AUE		50	52	_	
	Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.	9-047,	License No.		00	عد	
F	Start Date (10)	Sch	eduled C			CONTRACTOR CONTRACTOR	Name of OSHA M		1 -0043				=
-	0ccupancy Status During	Abatement (Che	O			2	Street Address	40	<u> </u>	_	_		_
	Facility Closed/Vacate	d During Entire P	eriod of	Abater			City, State, Zip Co	ide	3 1				_
	Other - Describe:												_
	Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		novation			Mini-Encl	osure Procedure	egative Pressure	re			
			No	ocation						1	bate Typ	ment oe	
	Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	iterial (ACM)	Maint Cu S	Solely tenano stodial taff? 12)	æ/	(i.e., 1	Description of os Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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=	5,010			+									
				1									
-	Name of Registered Waste	Hauler INC		100000000000000000000000000000000000000	DEP V	35.55 (1.58 (c))	Cubic Yards of Weste	Name of Rag	istered Landfill				
-	City, State	MOF N	T		140		Disposal Date	City, State	SAWTUILE	-			
	Completed By MICHAEL KLOV	Title	PRI	7,			Signature	In-	Date -	25	-17		

#### State of New Jer NOTIFICATION OF ASBESTO (Pursuant to NJAC 8:60

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and 12:120)	and I have been a second

State of New Jersey  NOTIFICATION OF ASSESTIOS ABATEMENT (Pursuant to NACK Set) and 12:120)  Date of Notification  Type Notification  Type Notification  Type Notification  Type Notification  Name of Studing Owner/Operator (2)  Amendment of Mark Entremed Part Entremed											
Due   Canada   Cana	KH322		TIFICATI	ON OF AS	BESTOS ABATE		DEC	E		<u>V</u>	
Agencies Notified    PAPE   PAPE   PAPE   PAPE   PAPE   PAPE   PAPE	Date of Notification (1)		Na		ing Owner/Operato	NTERP	SES OC	T	4 2	2017	
Anneworkment   Service   Name of Conflect   Name	Agencies Notified Type Notifi	ication	Str			HUSAS	DE ASDIST				O
DCA	DOL Amend	ment #_ ency (including				CITY	W.F	ICEN	15H\	lG_	
Name of Facility Where Abatement is Taking Place (3)   School (II-12)	DOH justific		Nar				Telephone Num	ber			
Street Address   Subchapper 8 (Other than K-12)   Subchapper 18 (Other than K-12)   Subchapper 18 (Other (Fe, private & commercial) buildings, homes, etc.)   Square Feet   For Floors   Bidg Age   Square Feet				ACILITY IN	FORMATION	T	E. (4)				
City (5)   B R C ANTI-ALE   Square Feet   15 0.5 = Z   S.D + County (6)   Square Feet   15 0.5 = Z   S.D + County (6)   Square Feet   15 0.5 = Z   S.D + County (6)   Square Feet   15 0.5 = Z   S.D + County (6)   Square Feet   S.D 0.5 = Z   Square Feet   Square	RESIDE		(3)			School (IG	12) er 8 (Other than K-1	2)			
County (6)   County (Code (7) (STATE   Current Use (Prior if being demoished)   VIA ("AM")   V						homes, et	c.)		V0000000	 5 <u>2</u> 7835	
Countly (6)  ATI AWT (C. Countly Code (7) (STATE C. Countly	City (5) BRIGANI	TIME				100000000000000000000000000000000000000		_   B	2.700	-	
Street Address   Stre	County (6)					VAC	ANT	shed)			
City, State, Zip Code    City, State, Zip Code		liding Owner	ASCI	M No.			0.00				_
Telephone No.   Telephone No.   Scheduled Completion Date (11)   Scheduled Completion Date (11)   Name of OSHA Monitor   Steret Address   Street Address   St	Street Address		CE AVE								
Start Date (10)   O -   Scheduled Completion Date (11)   Name of OSHA Monitor     O -   Occupancy Status During Abatement (Check only one)     Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Other - Describe:     Scope of Work (Check all that apply)     Street Address     Full Containment with Negative Pressure     Morit-Enclosure     Glovebag Procedure     Non-Exempted (*) and Non-Friable Procedure     Non-Exempted (*)	City, State, Zip Code			City, State, Zip C	ode LE SI-	WOE NO	0	80	52	_	
Cocupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Other - Describe:     Scope of Work (Check all that apply)	Project Manager for Monitoring Firm		Telephone	e No.		9-0472	License No.	14			
Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code					Name of OSHA N	Aonitor	4				
Scope of Work (Check all that apply)    Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sope of Work (Check all that apply)   Sop of Sop of Work (Check all that apply)   Sop of Work (Check all t	Facility Closed/Vacated During Ent	ire Period of Al	batement								_
Salid   Sal		Iormal Facility I			City, State, Zip Ci	ode	* 1.				
Signature   Date   Completed By   Title   Signature   Completed By   Title   Completed By   Containing Material   Con	☐≥3 sf or ≥3 lf				☐ Mini-End ☐ Gloveba	losure g Procedure		re			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauler  LLLMCO GINC  City, State  MAPLE SHAPE N, T  Completed By  Title  Used Solely by Maintenance/ Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Results Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Results Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Results Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Results Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Results Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Results Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Results Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Results Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		No. of the last of			/			_	-		
Name of Registered Waste Hauler  LLLLLC GNC  City, State  MAPLE SHAPE N. T  Completed By  TRANSITE  1750 Sto  X  TRANSITE  1750 Sto  X  TRANSITE  1750 Sto  X  Disposal Date  Disposal Date  Date  Date  Date  Date  Date  Date	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility	Mainte Cust Sta	nance/ odial off?		tos Containing Mate thermal systems in surfacing, VAT,	sulation, or	(Specify	Removal	Repair	Encapsulat	1100000
Name of Registered Waste Hauler    NIDEP Waste   Cubic Yards   Name of Registered Landfill		Yes I			-10 MAI SI+4		125000	V		0	
City, State  WAPLE SHAPE N. T  Completed By  City And City State  Disposal Date  Signature  Signature  Date 75 10			1		KMIII						
City, State  WAPLE SHAPE N. T  Completed By											
City, State  WAPLE SHAPE N. T  Completed By  Title  Disposal Date  City, State  PLET SAMTVILLE  Date  Date  Date						Name of Reg	istered Landfill				
Completed By   Title   Signature   Date	City, State	AI T	1119	<u> </u>	Disposal Date		SAATILLI F	-			=
	Completed By	Title	7,		Signature	an.		25	<u>-1</u>		

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

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	☑ DOF	Amendment Emergency justification	(includ	ing	_		ATLANTIC	CITY	Wit			,,1	_	
	DCA	Cancellation			Nar	ne of Conta	JOY		Telephone Num	ber				
		2			F	ACILITY IN	FORMATION							
	Name of Facility Where	Abatement is Tak	ing Pla	ce (3)			-	Other (i.e.	-12) er 8 (Other than K-1 , private & commerc	2) ial bui	ldings	5,		
	City (5)							Square Fee	# of Floors	В		g. Age		
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	ATLAL				US	E ONLY)		VAC	ANT					
	Name of Monitoring Firm (8)	n Hired by Building	Owne	r	ASCA	f No.	Name of Abatem		(9) [N().					
	Street Address	N/B	Street Address	S										
	City, State, Zip Code					-	City, State, Zip C	ode	WE AVE		80	C 2	_	
	Project Manager for Mor	nitoring Firm		Tel	ephone	No.	Telephone No.	9-0477	License No.		00	ےد	_	
-	Start Date (10)	Sche				ate (11)	Name of OSHA N		1 -00-1				=	
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	Other - Describe:								* 1.					
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	Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM)	Mai C		aff? surfacing, VAT, or				Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
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-														
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		HADE N.	T				Disposal Date	City, State PLE A	SAUTUILLE					
	Completed By  WICHACL LLC	Title	PK	17			Signature Mil	ari-	Date 4-	25	-17			

# 125 1000 631  Date of Notification (1)				ate of New J								Pr	int
\$125100° PA	ID NO.	(Pui	rsuant	OF ASBES to NJAC 8:6	60 and	112:12	0)	m	ECE		$\mathbb{W}$		
Date of Notification (1) 09/25/2017				f Building Ow n Weishap		perato	r (2)	K					
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EPA Initial Amended Amendment #				ate, Zip Code					1000 AT 07	200	urn	71 0	_
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DOH justification) DCA Cancellation				n Weishap	ol								
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Street Address									other than K-1 te & commerc		dings.	hom	es,
City (5) Union							Square Feet N/A		of Floors		Bldg. A	\ge	
County (6) Union				Code (7)			Current Use (	1 1	-3500.50		****		
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Project Manager for Monitoring Firm		Te	elephoi	ne No.			none No. 345-8685		License I	No.			
	Scheduled 0 10/06/201		oletion (	Date (11)		Name	of OSHA Monit		01311			2.41.2	
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Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Occupied	eriod of Abai al Facility Ho	teme	nt		.	City, S	osengren Av state, Zip Code wa, NJ 0751						
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≥3 sf or ≥3 If ≥160 sf or ≥260 If		ovatio				×	Mini-Enclos Glovebag F	ure rocedui	ith Negative re and Non-Fria			0	
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Location of Asbestos-Containing Material (ACM)	Used S Mainte		by		Conta		Material (ACM)		Amount				
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Basement	×	<		Pipe	& Fitt	ting Ir	sulation		45LF	X			H
		_											
Name of Registered Waste Hauler		A550000	DEP W	1007.000	ubic Y		Name	of Regis	stered Landfil	II.			
D&S Abatement, Inc.		209	uler ID 996	24 CONTRACTOR	f Wast BD	te	Wast	e Man	agement o	of PA			
City, State Totowa, NJ				- 1 - 1000	isposa BD	al Date	100000000000000000000000000000000000000	tate sville,	PA				
Completed by	Title	M	0000			gnature	19 1		D	ate	204=		Trees
Oliver Hegedis	Project I	widn	ager			1	4/		0	9/25/2	201/		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) / 17 Verizon Communications Agencies Notified Type Notification Street Address ASBLSTOS CONTROL & **⊠** EPA 213 Cranbury Half-Acre Road **⊠** DOLWD City, State, Zip Code ☑ DOH Amendment #1-9/28/17 Monroe Township, NJ 08512 □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Prospect Plains Central Office School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 213 Cranbury Half-Acre Road homes, etc.) Square Feet # of Floors Bldg. Age Monroe Township 14,900 2 +-50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8346 Enterprise Avenue 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA, 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 25 / 17 9 / 28 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_ AM-PM/5:00PM-2:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 If ☐ Mini-Enclosure □ 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 Encapsulate Used Solely by Enclosure Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Lunch Room X VAT / Mastic 240 SF $\boxtimes$ Basement Power Room VAT / Mastic $\boxtimes$ 200 SF П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Dillan DeCaro Estimator

JAN 13 DD 17 059

<sup>\*</sup> 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) 8 / 17 Verizon Communications 2017 Agencies Notified Type Notification Street Address Ø EPA 6398 ☑ Initial 213 Cranbury Half-Acre Road DOLWD 2934 ☐ Amended City, State, Zip Code DOH 2941 Amendment # LICENSING Monroe Township, NJ 08512 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Prospect Plains Central Office School (K-12) Subchapte 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 213 Cranbury Half-Acre Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Monroe Township 14.900 2 +-50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Frior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (§) USA Environmental Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8346 Enterprise Avenue 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA, 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9\_ / \_25 / \_17\_ 10 / 2 / 17 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/5:00PM-2:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Nec ative Pressure ≥3 sf or >3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Remova Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Lunch Room X VAT / Mastic 240 SF X Basement Power Room X VAT / Mastic 200 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE

Dillan DeCaro

Completed By (Print or Type)

Title

Estimator

TBD

Signature

WAYNESBURG, OH

ASB-41 JAN 13 DO17059

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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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Date of Notification			Nam	e of Build	ng Owner / (	Operator (2)			7 0 1
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Agencies Notified	Type Notification		Stree	et Address			- 14 11	UCI 4	2017
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☐ DCA	Cancellation		Chie	f Anthon	y Burnett			relep	hone Num
			FA	CILITY	FORMATI	ON			
Name of Facility Wh	ere Abatement is Ta	king Plac	ce (3)			f Facility (4)			
Willingboro Fire	and EMS Station	1550	25 (8)		│ ☐ Sc	hool (K-12)			
Street Address						bchapter 8 (Oth	er than K 121		
398 Charleston R	oad				⊠ Ott	ner (i.e. private &	commercial bu		
					Square	Feet # o	f F oors		
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Willingboro	Burling			000 (/)			11		40+
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Name of Monitoring F	irm Hired by Building	Owner (	(8)	ASCM No					
Pennoni Associate	es	g Owner (	(0)	MOCIVI IV		Abatement Cor	ntractor (9)		
Street Address					Street Ad	Environmenta	al, Inc.		
15 Grove Street									
City, State & Zip Code						aver Street			
laddon Heights, N					City, Stat	e & Zip Code			
roject Manager for M		Tele	ephone N	umbor	Tolorb	PA 19007			
lan Lloyd	<b>9</b>	856	-656-28	anner E7	relephon	e Number		e Number	
cheduled Start Date	10) Scheduled				(215)788		00509		
ON HOLD	Concodica	Complet	ion Date	(11)		OSHA Monitor			
ccupancy Status Dur	no Abatement (Cher	ck only or	201		Bristol E	nvironmental	Inc.		
Facility Closed	Vacated During Enti	re Period	of Abata	mont	Street Add				
Abatement Per	formed Outside of N	ormal Ha	UI ADDIE		1123 Bea	ever Street			
Describe: 7	00 AM - 3:30 PM	oimai no	ours – 7ar	n to 3pm	City, State	& Zip Code			CANADA DE 1800
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≥3 sf or ≥3 lf			Renova	tion		- Full Co	ontainment with I	Negative P	ressure
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rior			2		Roofin		1,380 LF		
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ce Transport Inc.			20990			Minerva Land	dfill		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification				Na	ame (	of Build	ling C	Owner / Ope	rator (2)		115	الح ال	الا حا	<u>U</u> 1	7	+1		
Agencies Notified	4/13/17 Type Notific	nation		To	owns	ship of	f Wil	lingboro		1	31				1			
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Name of Facility Willingboro Fire	here Abatem	ent is Taking	Plac	e (3)				Type of Fa	acility (4)	_								
Street Address	una Lino o	tation							ol (K-12)									
398 Charleston R	Soad							Subch	napter 8	(Other tha	an K-12	)						
or onancoton i	toau							Other	(i.e. priv	rate & con	nmercia	l build	ings, h	omes	, etc	:.)		
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rainingboro		Burlington	n					Current Us	e (Prior	if being de	emolish	ed)						
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Street Address	on Engill	cers, IIIC.						Bristol Er	nvironn	nental, ir	ic.							
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City, State & Zip Coo	de							1123 Bear										
laddonfield, NJ (	08033							City, State	& Zip Co	de								
Project Manager for	Monitoring Fi	irm	Tel	lephor	ne Ni	ımber		Bristol, P. Telephone			1.		Digital trans					
Cevin McMullan				6-795				(215)788-6					Numbe	r				
cheduled Start Date	e (10)	Scheduled Co						Name of OS		aitor	00	509						
9/27/17			10	/6/17		1 1/		Bristol En										
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Q#327/

Date of Notification	(1) 4/13/17			N	lame	of Bui	ilding C	wner / Ope	erator (2)	III) E	C	a II W	E	Political	7
Agencies Notified EPA	Type Notifi	cation		S	treet	Addre					The second secon	u U			
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					FAC	ILITY	INFO	RMATIO		Distriction of the last of the	LICEN		-	rterbrisati	nest .
Name of Facility Willingboro Fire	nere Abatem and EMS S	ient is Taking Station	Plac	ce (3)					acility (4) ool (K-12)	77.7					
Street Address			-					-		Other than h	( 40)				
398 Charleston R	oad							Othe	r (i e priva	ite & comme	(-12)	diasa ba			,
								Square F		# of Floors	ercial bull			etc	.)
City (5)		County (6)		Cour	nty Co	ode (7)	)		,000	4		Bldg. A	ge <b>40</b> :	4.	
Willingboro		Burlington	n			9.5				being demo	olished)		40	τ	
	Annual II of A D Tools of the State of the S							School		3	onenea)				
Name of Monitoring	Firm Hired b	y Building O	wner	(8)		ASCM	No.	Name of A	Abatement	Contractor	(9)				-
Pennoni Associat Street Address	es									ental, Inc.					
515 Grove Street								Street Add							
City, State & Zip Cod	e	-1							ver Stree					,,	
Haddon Heights, I								Bristol, P	& Zip Coo	ie					
Project Manager for h		irm	Te	lepho	ne N	umber		Telephone			Liconco	Number			
Alan Lloyd				6-65			- 1	(215)788-			00509	Number			
Scheduled Start Date	(10)	Scheduled Co				(11)			SHA Moni		10000	-		_	-
9/27/17 Occupancy Status Du				)/6/17	,			Bristol Er	nvironme	ntal Inc.					
Abatement Per Describe: 7	d/Vacated Derformed Out 7:00 AM — ; bied During /	ouring Entire tside of Norm 3:30 PM Abatement	Perio	d of A			om (		ver Stree & Zip Code						
cope of Work (Check	k all that app	oly)	311-35-201								-				
≥3 sf or ≥3 lf				D.		-4:				ull Containm		Negative	Pres	sure	è
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	13)			(12)				ther misce				Removal	oair	Encapsulate	Encisoure
			Yes	No	N/A	A						=		ate	O,
roughout					I			Masti	C	4.	064 SF		ntr	$\neg \dagger$	П
roughout				$\boxtimes$				Floor T	ile		584 SF		H	Ħ١	H
terior								Transit	te		056 SF		أأأ	Ħ	一
terior				$\boxtimes$			GI	azing/Ca	ulking		380 LF		Ti	T	Ħ
			Ц	Щ											
me of Registered Wa	este Hauler		Ш			10/4	- 10 1:		161						
ine of Negistered VV	aste maulei					vvaste ID No.		c Yards aste	Name of	Registered	Landfill				
rvice Transport In	IC.			1000000	990				Minerva	Landfill					
, State								sal Date	City, Stat	e					
w Castle, DE							TBD			burg, OH	44688				
mpleted By (Print or	Гуре)		- W	Titl			Signa	ture				Date			
ino Pizzigoni Project				H	· P	٠.	. /.,		4/13/1	7					
				Ma	ınag	er	XII	100 /10	noon	1 / Th					
17036					17.5		1	0	00						-

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursuant to N	I VODESIOS VEN	RIEMENT	
	(, arountit to L	I.J.A.C. 8:60 and 1	2:120)	R. 新星日刊 E F
Date of Notification (1)	Name of B	uilding Owner / Operator	(2)	14 9 519 19 19
4/13/17	Township	of Willingboro	(4)	
Agencies Notified Type Notification	Street Addr	ess		OCT 4 2017
	398 Charl	eston Road		001
□ DEP □ Initial □ Amended	City, State 8			1
1	Willingbor	o, NJ 08046	Ā	SBESTOS CONTROL &
DOH 3 436 Emergency Cancellation	Name of Co			LICENSING Telephone Number
	Chief Anth	ony Burnett		Trelephone Number
h	FACILITY	INFORMATION		_
Name of Facility Where Abatement is Ta	king Place (3)	Type of Facility (	4)	
Willingboro Fire and EMS Station Street Address		School (K-12	2)	
1	and the second s	Subchapter :	8 (Other than K. 12)	
398 Charleston Road		Other (i.e. pr	ivate & commercial	buildings, homes, etc.)
City (5) County		lodnaic i eei	# of Floors	Pulla Ass
	, , , , , , , , , , , , , , , , , , , ,	150,000	5	Bldg. Age
Willingboro Burling	rton		if being demolishe	40+
A STATE OF THE STA		School	s demonstre	۵)
Name of Monitoring Firm Hired by Building Pennoni Associates	Owner (8) ASCM	No. Name of Abateme	nt Contractor (0)	CHEST CONTRACTOR OF THE PROPERTY OF THE PROPER
Street Address		Bristol Environs	mental Inc	
i15 Grove Street		Street Address		
City, State & Zip Code		1123 Beaver Str		1
laddon Heights, NJ 08035		City, State & Zip Co	ode	
roject Manager for Monitoring Firm	Tolophanaki	Bristol, PA 19007	7	
lan Lloyd	Telephone Number 856-656-2857	Telephone Number	Licer	nse Number
	Completion Date (11)	(215)788-6040	0050	19
4/24/17	5/12/17	Name of OSHA Mor	nitor	
ccupancy Status During Abatement (Chec	conty one)	Street Address	ental inc.	
Facility Closed/Vacated During Entir	e Period of Abatement	4455 D		
Abatement Performed Outside of No	rmal Hours - 7am to 3pm	City, State & Zip Cod		
Describe: 7:00 AM - 3:30 PM		Bristol, PA 19007	e	
Facility Occupied During Abatement		12.10101,12 13007		
ope of Work (Check all that apply)				
7 ≥3 sf or ≥3 lf	<u> </u>	ΠF	ull Containment with	n Negative Pressure
] ≥160 sf ≥260 lf	Renovation	Пм	ini-Enclosure	Negative Pressure
2 2100 St 2200 II	□ Demolition		love Bag Procedure	
Location of		No	on-Exempted and N	on-Friable Procedure
Asbestos-Containing	Is Location	Description of	Amount	Abatement Type
Material (ACM)	Normally Used Solely by	Asbestos-Containing	Specify	
TO BE ABATED	Maintenance or	Material (ACM) (i.e., thermal systems	SF or LF)	
in Facility		isulation, surfacing, VAT		Encisoure Encapsulate Repair
(13)	(12)	or other miscellaneous)		nclsou ncapsul Repair Remova
	Yes No N/A	* y		Encisoure Encapsulate Repair
ughout		Mastic	600100	
ughout		Floor Tile	4,064 SF	
ior		Transite	1,584 SF	
ior		Glazing/Caulking	1,056 SF	
or		Roofing	1,380 LF	
75			9,300 SF	
of Registered Waste Hauler	NJDEP Waste Co	ubic Yards Name of R	egistered Landfill	
e Transport Inc	Hauler ID No. of	Waste	-Aloreied Faudill	
e Transport Inc.	20990	Minerva L	-andfill	
astle, DE	Dis	sposal Date   City, State		
	TB		urg, OH 44688	
led By (Print or Type)		nature		Det
Pizzigoni	Project (	/ ) -	- 100	Date
	Manager /	Ino Cimigor	1/4/- 1	4/13/17

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

Q# 3271

Date of Notification	(1)		IN	lame	of Bui	Idina C	wner / Operator	(2)	-							
Date of Notification	4/13/17	7	100				lingboro	\_/	and the second second second second		enantein nomen er till av e					
Agencies Notified	Type Not		S	treet	Addre	SS		INE	CE		EM					
☐ EPA						ston I			U the	0 0	341	11				
DEP		itial				Zip Co										
□ DOL		mended #2-9/26/17			gbor of Cor		08046		OCT	1 2017	elephon	e Nur	nbe	r		
□ DOH □ DCA		mergency ancellation					urnett	ini I			olopi <u>je</u> ta	φ				
								<u> </u>		- 10 C h 1		69				
			/0		ILITY	/ INFO	DRMATION		128708	CONTINU ISING	IL CI					
Name of Facility W			ace (3	)			Type of Facility (4) LIGENSING  School (K-12)									
Willingboro Fire Street Address	and Elvis	Station					Subchapter 8 (Other than K-12)									
398 Charleston F	Soad						Other (i.e. private & commercial buildings, homes, etc									
330 Gharleston i	\ouu						Square Feet									
City (5)		County (6)	Cou	unty C	ode (	7)	150,000									
Willingboro		Burlington					Current Use (Prior if being demolished)									
vviiii.ig.co.c							School									
Name of Monitoring	er (8)		ASC	M No.	Name of Abate											
Pennoni Associa	15 79				Bristol Envir		Inc.									
Street Address					Street Address											
515 Grove Stree							1123 Beaver					45.5		-		
City, State & Zip Co Haddon Heights		25					City, State & Zip Code Bristol, PA 19007									
Project Manager fo			Telep	hone	Numb	er	Telephone Nu			License Nu	ımber					
Alan Lloyd	i wormon	19 1 11111	856-6				(215)788-604			00509						
Scheduled Start Da	ate (10)	Scheduled Con	pletio	n Dat	e (11)		Name of OSHA Monitor									
9/27/17	200 20 20		10/6				Bristol Environmental Inc.									
Occupancy Status	During Ab	atement (Check or	ly one	9)			Street Address									
		ed During Entire P					1123 Beaver									
		d Outside of Norma	al Hou	urs – 7	am to	3pm	City, State & Z									
Describe:		VI – 3:30 PM ring Abatement					Bristol, PA 1	3007								
Scope of Work (Ch																
ocope of work (or	icon an tric	и арріу/						Full C	Containm	ent with Ne	egative	Press	ure			
≥3 sf or ≥3	lf			Ren	ovatio	n			Enclosure							
≥160 sf ≥26	30 If		$\boxtimes$	Den	nolition	1	☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Pro							_		
	ocation of			Locati			Description Asbestos-Cont			Amount Specify	Aba	teme	11 1	he		
	stos-Conta iterial (ACI			nally l olely b			Material (AC			F or LF)			m	m		
	BE ABAT			tenan			(i.e., thermal sy	stems			Removal	Repair	Encapsulate	Enclsoure		
	in Facility		Custo	odial S	Staff?	i	nsulation, surfac	ing, VAT			SVOL	pair	sula	our		
	(13)		Yes	(12) No	N/A		or other miscella	ineous)			=		ate	(D)		
			res		INA		Mastic		1	,064 SF		$\Box$	$\Box$	'n		
Throughout			H		H		Floor Til			,584 SF		Ħ	Ħ	Ħ		
Throughout			H		H		Transite			,056 SF		H	Ħ	Ħ		
Exterior			H		H		Glazing/Cau			,380 LF		Ħ	П	П		
Exterior	H	H	H		Glazing/Gau	9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		一	T	Ō				
	H	H	H		and a second comment of the second se				一面							
Name of Registere		N.I	DEP	Vaste	Cubic Yards	Name of R	Registered	d Landfill								
Tallio of registere	, , , , , , , , , , , , , , , , , ,			1000000	uler II		. of Waste									
Service Transpe		20	990			Minerva										
City, State						Disposal Date City, State										
New Castle, DE							TBD	Waynesh	urg, OF	1 44688	T6.4		=			
Completed By (Print or Type)							Signature		/		Date	147				
Gino Pizzigo	Project Manager			Jiso Pransoni, / the 4/13/					111							
		IVI	anag	#I	1/1	Traoni	- / /									

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

Date of Notification (1) 4/13/	Name of Building Owner / Operator (2) Township of Willingboro															
	otification			Street Address								1 0.				
□ EPA						on Road		1	ASDEST	S CON	ITRO	La				
	nitial				ate & Zi			-	LIC	ENSIN	10	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED				
	Amended #1-4/24	4/17				NJ 08046		L	NAME OF THE OWNER OWNER OF THE OWNER							
□ DOH □ E	mergency				of Conta				10.000	Telep	hone	Nun	nher			
☐ DCA ☐ C	Cancellation		Chi	ef /	Anthon	y Burnett				Troicp	HOHE	INUIT	ibei			
Name of Facility NAME of A	1 1.	-	F	ACI	ILITY II	NFORMATION						117	12.11			
Name of Facility Where Abar Willingboro Fire and EM	ement is Taking	Place	e (3)			Type of Fa	cility (4) of (K-12)						- 610			
Street Address	o otation							(O4b = = 41	17 40)							
398 Charleston Road						Othor	lapter o	Other t	nan K-12)							
ord onaneston Road						Square Fe		# of FI	mmercial build			etc.	)			
City (5)	County (6)	10	County	Co	de (7)	150,0		# 01 F1	oors	Bldg. A		-20				
Willingboro	Burlington	- 1	000,	-	00 (/)											
rriningsoro	Darmigtor	.				Current Use (Prior if being demolished) School										
Name of Monitoring Firm Hire	ed by Building Ov	vner (	(8)	1	ASCM N	lo. Name of Abatement Contractor (9)										
Pennoni Associates			0.60			Bristol Environmental, Inc.										
Street Address						Street Add	ess									
515 Grove Street					1123 Beaver Street											
City, State & Zip Code					City, State & Zip Code Bristol, PA 19007											
Haddon Heights, NJ 0803		- 61														
Project Manager for Monitorin <b>Alan Lloyd</b>	ephone <b>6-656</b> -			Telephone (215)788-6			License 00509	Numbe								
Scheduled Start Date (10)	Scheduled Co	mple	tion Da	ate (	(11)	Name of OS		nitor	00000							
ON HOLD						Bristol En	Bristol Environmental Inc.									
Occupancy Status During Aba	tement (Check	only o	ne)		10	Street Addr	ess									
Facility Closed/Vacate						1123 Beav										
Abatement Performed		nal H	ours –	7ar	n to 3pn					VIII.						
Describe: 7:00 AN Facility Occupied Duri						Bristol, PA	19007									
Scope of Work (Check all that																
roope or rronk (orlook all triat	apply)						Full Containment with Negati									
≥3 sf or ≥3 lf			Rer	nova	ation		Mini-Enclosure						•			
≥160 sf ≥260 If		$\boxtimes$	Der	noli	tion				ag Procedures							
									mpted and No		e Pro	cedu	ıre			
Location of		11.000	Locati		se I	Description			Amount							
Asbestos-Contain			mally l		d	Asbestos-Co			(Specify		П		1			
Material (ACM) TO BE ABATE			Solely b		Sr	Material (A (i.e., thermal)			SF or LF)	D Z	_	En	Ш			
in Facility	_		todial S			insulation, surfa		т		em	Repair	cap	ncls			
(13)		7.00	(12)			or other miscel				Remova	a:	Encapsulate	Enclsoure			
		Yes		N/	A		•					te	CD			
hroughout						Mastic	:		4,064 SF							
hroughout					]	Floor T	le		1,584 SF							
xterior						Transit	е		1,056 SF							
xterior	erior					Glazing/Car	ılking		1,380 LF							
xterior				Roofin	g		9,300 SF									
amo of Dogiotared Masta Lla		L		10 1: W 1	1											
ame of Registered Waste Ha	1111100000		Waste ID No.	Cubic Yards Name of Registered Landfill of Waste												
ervice Transport Inc.		990			Miner	va Lan	dfill									
ty, State				Disposal Date City, State												
ew Castle, DE				TBD			OH 44688									
mpleted By (Print or Type)					Title Signature / Da					Date						
ino Pizzigoni				Project Line Paygraon 1				4/13	17							
				Manager Hus Myrgon 1							actical in					
17036					000	-	1			-						

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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

Moone	(Pu	rsua	nt t	0 <u>N.J</u>	I.A.C. 8:60 a	ind 12:	120)	WH	7310	77				
Date of Notification (1)			Name of Building Owner / Operator (2)											
4/13/17 Agencies Notified Type Notification					f Willingboro	200	E P E	ППП	[	T				
EPA		0.00	-	Addres	s ton Road		匠匠匠	U W						
DEP - Notial		_			Zip Code	1/13			- 11	111				
☑ DOL 2467 ☐ Amended		1	25000		NJ 08046	And the second s	OCT 2	4 2017						
DOH 3 436 Emergency Cancellation				of Cont		154 1	701 -	Ł CUII	Tele	phone	Nur	mher		
☐ DCA ☐ Cancellation		CI	nief.	Antho	ny Burnett	The second secon	tana ang ang ang ang ang ang ang ang ang		**********					
			FAC	ILITY	INFORMATIO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Name of Facility Where Abatement is Tal	king Plac	ce (3)			Type of F	Type of Facility (4)								
Willingboro Fire and EMS Station						School (K-12)								
Street Address					Subo	Subchapter 8 (Other than K-12)								
398 Charleston Road					Othe	Other (i.e. private & commercial buildings, homes, etc.								
City (5) County (	(6)	Count	N Co	de (7)	Square F		# of Floors		Bldg.					
Willingboro Burling	000	Courn	y CC	ide (7)		,000	if bains de la			40	)+			
Burning	LON				School	se (Phor	if being demol	isned)						
Name of Monitoring Firm Hired by Building	(8)	T	ASCM		Ahatemer	nt Contractor (9	2/	-		-				
Pennoni Associates	,	(0)	ľ	100111			nental, Inc.	")						
Street Address					Street Add					-				
515 Grove Street					1123 Bea									
City, State & Zip Code Haddon Heights, NJ 08035					City, State			32-W-12-1-W-1						
Project Manager for Monitoring Firm	Te	lenhor	no Ni	ımber	Bristol, P									
Alan Lloyd		6-656				Telephone Number License Number (215)788-6040 00509								
Scheduled Start Date (10)   Scheduled	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	-			The Party of the Control of the Cont	Name of OSHA Monitor								
4/24/17		12/17					ental Inc.							
Occupancy Status During Abatement (Che	ck only o	ne)			Street Add									
Facility Closed/Vacated During Ent					1123 Bea									
Abatement Performed Outside of N Describe: 7:00 AM - 3:30 PM	ormar H	iours -	· /an	n to 3pr			de							
Facility Occupied During Abatemen	t				Bristol, P.	A 15007								
Scope of Work (Check all that apply)												-		
							Full Containme	ent with f	Vegative	e Pres	sure			
≥3 sf or ≥3 lf     ≥400 f ≥000 ff	Ц		nova				Mini-Enclosure					1		
≥160 sf ≥260 lf	$\boxtimes$	De	molit	ion		Glove Bag Procedures								
Location of	le	Locat	ion	1	Dogorinti		Non-Exempted							
Asbestos-Containing		mally		4		Description of Amount Abatemed Asbestos-Containing (Specify						/pe		
Material (ACM)	S	Solely	by		Material (A	ACM)		or LF)	_		m	m		
TO BE ABATED in Facility		ntenar todial			(i.e., thermal		-		Rem	Re	cap	ncl		
(13)	Cust	(12)	Stall	·	insulation, surfa or other misce				Remova	Repair	Encapsulate	Enclsoure		
(2) (2)	Yes	No	N/A						_		ate	6)		
hroughout					Mastic	C	4.00	64 SF		П	$\neg$	$\Box$		
roughout		$\boxtimes$			Floor T	ile		84 SF		H	HI	H		
cterior		$\boxtimes$			Transit	te		56 SF		Ħ	TH	Ħ		
tterior		$\boxtimes$			Glazing/Car	ulking		BO LF		di				
terior	$\boxtimes$			Roofin	g	9,30	00 SF				51			
						To a second								
me of Registered Waste Hauler		150000		Waste D No.	Cubic Yards of Waste	Name o	f Registered La	andfill						
rvice Transport Inc.	209		D NO.	oi vvaste	Minery	a Landfill								
y, State				Disposal Date	City, Sta						-			
w Castle, DE				TBD		sburg, OH 44	1688							
npleted By (Print or Type)	Title			Signature	) ~	3, 5, 1		Date			$\dashv$			
no Pizzigoni		ject			1 man	mi/m	/	4/13/	17					
860		Mai	nage	er	JUNU V	hall	014 / -11	_						

# 105/033 (Pursuant to NJAC 8:60-7 and 12:120-7) PAID
Initial   Notification   Name of Building Owner/Operator (2)   Initial   Notification   Name of Contact   Telephone Number   Name of Contact   Name of Contact   Telephone Number   Name of Contact
- INCOL PIAGENTINI
Name of Facility Where Abatement is Taking Place (3) - Type of Facility (4)
THERMO MSHCR SCIENTIFIC: [] School (K-12) Street Address  [] School (K-12) Subchapter 8 (Other than K-12) [] Street Address  [] School (K-12) [] Subchapter 8 (Other than K-12) [] Street Address  [] School (K-12) [] Subchapter 8 (Other than K-12) [] Street Address  [] School (K-12) [] Subchapter 8 (Other than K-12) [] Subchapter 8 (Other than K-
J.W. HERITAGE CONSTRUCTION SERVICES, INC.
City, State, ZID Code P.O. BOX 372
City, State, 21p Code
HACKETTSTOWN, NJ 07840  Telephone Number   Telephone Number   License Numb
DILL Repel 908-453-3355 00.768
O
JAbatement Performed Outside of Normal Facility   City. State, Zip Code   Ci
Scope of Work (Check all that apply)
[]Demolition [MRenovation   ]Full Containment with Negative Pressure   Mini-Enclosure   Min
Location of .  Asbestos-Containing
Moller 1000M.
MAINTENENCE SHOP HILEX
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill OLSACSAL BY OWNHAPPER ID No. of Waste
City, State Disposal Date City, State
JOHN WASHAM IN DRESIDENT John Wishen 9/23/17
ASS-41 JUN 95

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

#### Check # 25605

Date of Notification (1)		Name of Building Owner/Operator (2) Stave													
Agencies Notified	Type Notificat	tion	-	Street	Address			500.70	M. Marie and M. M. Marie and M.	11 00	70	A	2017		
EPA DEP DOL	Initial Amended Amendme		,	City, S	State, Zip C	Code		Cranbury, N	J.	34	Service Company	Warman and			
☑ DOH □ DCA	justification Cancellation	on)		Name	of Contac	t Pari S	tave		Telepho	one Numb	er	+111	,	$\neg$	
				FAC	CILITY INF	ORMATI	ON							٦	
Name of Facility Where		aking Place esidentia						Type of Facility							
Street Address	K	esidellili	<u> </u>					School (K-1 Subchapter Other (i.e., p	3 (Other to			lings,			
City (5)	2.02		especoo.					Square Feet	# of FI	loors	Blo	Bldg. Age			
	Cra	anbury,	NJ_					2500	2 160+/-				)+/-		
County (6)	ddlesex			USE	nty Code ('	/) (SIAI	E	Current Use (P	ior if being demolished)						
Name of Monitoring Firm	[16][[[[[[]]]]][[[[]]][[[]][[[]]][[[]][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[]][[]][[]][[]][[]][[][[][[]][[]][[]][[]][[]][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[]][[]][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[]][[]][	ing Owner		ASCM	No.	Name o		ent Contractor (9							
(8)	MECS							ens Environ	ninental Services, Inc.						
Street Address				Street Address PO Flox 322											
City, State, Zip Code	_			City, State, Zip Code											
	rosswicks, N	NJ 08513	26. 2 11.70		Ne	Allentown, NJ 08501 Telephone No. License No.								_	
Project Manager for Mo	nitoring Firm eisgarber		195.50	phone 9) 29	8-4070	2000 CO 100 CO 1		License No. 00493							
Start Date (10)		cheduled C				-					_				
10/11/17			0/13/	17		l		M	ECS					_	
Occupancy Status Duri				ment		Street /	Address	PO F	ox 341						
Abatement Performe Other - Describe:						City, St	ate, Zip C							_	
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	all that apply)		enovati				Mini-End	ntainment with Ne closure ag Procedure empted (*) and Ne			·e				
		N	ocatio	,		_					A	bate: Typ			
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Material (ACM) TED	Mair Cr	Solel ntenan ustodia Staff? (12)	ice/		tos Conta thermal surfac		erial (ACM) nsulation, or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A	TI	1.7	D' T	1.41	2.1	I.C.	1				
Basem		=	X					sulationsulation	<u>31</u>		X		-		
Crawl S	pace		×		11)	CIIIIaI .	The III	Sulation	12	11	^		-		
					Vaste	Cubic		Name of Reg	stered La	ndfill				-	
Stevens Environmental Services, Inc.					0 No. 292	of Was	te cu		Fairle	ss Land	lfill				
City; State Allentown, NJ					Disposal Date City, State  11/13/17				РΔ						
Completed By Title					Signature/				Date					_	
Mahlon E. St	ojec	3					10/2	2/17		_					

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

Check # 25602

		NC				C 8:60 and 5:16)	DECEUVEL									
Date of Notification (1)			Т	Name of Building Owner/Operator (2)								ALCOHOLD STATE				
-	0/2/17						Watts	1111	] 4	201	ndg.	The same				
Agencies Notified	Type Notification			Street	Address			Lila L								
EPA DEP	Initial Amended		-	City, S	tate, Zip C	ode		make between the common process and the common of the comm	TO THE STATE OF TH	were we		the second				
<b>⊠</b> DOL	Amendment #						n Village, N.	07935				_				
M DOH □ DCA	justification)  Cancellation		T	Name	of Contac			Telephone Number	ar							
				EAC		Cevin Watts ORMATION			442							
Name of Facility Where	Ahatement is Takir	ng Place	(3)	FAC	ILIII INF	ORWATION	Type of Facility	(4)				$\dashv$				
ranic or racinty vinore		identia					☐ School (K-1	2)								
Street Address							Subchapter Other (i.e., p	8 (Other than K-12) rivate & commercial buildings,								
City (5)							Square Feet	# of Floors	lg. A	313						
	Green V	Village	e, NJ				1500	2	<u></u>	150	+/-					
	Morris				ity Code (7 ONLY)	7) (STATE	ior if being demolish	ned)			_					
Name of Monitoring Firm	Hired by Building MECS	Owner		ASCM	No.		nent Contractor (§	<u>(* /)</u>	. т							
				Street Address	vens Environ	nental Service	s, in	c.		_						
Street Address	PO Box 34	11				Street Address	PO I	30x 322								
City, State, Zip Code	managarialm NII	00515				City, State, Zip C	Code	n, NJ 08501								
Project Manager for Mo	rosswicks, NJ	00313		phone	No.	Telephone No.			-							
	eisgarber				8-4070	(609) 2:	0493	}								
Start Date (10)		duled C	-		7.	Name of OSHA	Monitor			-127.						
11/6/17			1/23/	17			ECS				_					
Occupancy Status Duri	1.73					Street Address	3ox 341									
☐ Facility Closed/Vaca						City, State, Zip C	JOX 341				_					
Other - Describe:		ui i uu	,			Oity, Otato, Esp (		s, NJ 08515								
Scope of Work (Check	all that apply)							60 1988								
≥3 sf or ≥3 lf <b>X</b> ≥160 sf or ≥260 lf			novati molitio			☐ Mini-En	Containment with N∈gative Pressure Enclosure rebag Procedure									
		lel	ocatio	<b>n</b>		Non-Ex	rempted (*) and N	n-Friable Procedur	1	bater	ment					
is set		No	omally	1			•			Тур						
Location Asbestos-Containing			Solel		Asbes	Description of tos Containing Ma		Amount			Е					
TO BE ABA	TED	140,500	ustodia Staff?	al	(i.e.	thermal systems surfacing, VAT		(Specify SF or LF)	Ren	Repair	Encapsulate	Enclosure				
(13)	У		(12)			other miscellane		G, G, E, ,	Remova	pair	sula	osur				
		Yes	No	N/A							te	CD				
Basem	ent		X		Th	ermal Pipe Ir	sulation	15 lf	×							
Attic	×			Vermicul	ite	700 sf	×									
						·										
					T. 12											
Name of Registered Wa	l F	JDEP Tauler II	O No.	Cubic Yards of Waste	Name of Reg	istered Landfill	16:11									
Stevens Environ	<u>.</u>   .	182	292	5 cu Disposal Date	City, State	Fairless Land	11111			_						
City, State Allentown, NJ						11/23/17	/ Oily, State	Morrisville,	PA							
Completed By Title						Signature	11	Date								
Mahlon E. St	rojec	t Mai	nager	14			10/2	2/17		_						



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

Date of Notification (1)	State Charling Commence Commence				Name of Building Owner/Operator (2)												
	02 /	17	_		The Arc of Essex County												
Agencies Notified	Type Notifica	tion			Street	Address		110	1		B	1					
⊠ EPA					123	Naylon A	Avenue	ر ت									
□ DOLWD	☐ Amended			ł		tate, Zip C		N N Mari	the Completed and Indiana decimal the material and Completed and Complet		MALE MANUAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRE		-				
⊠ DOH	Amendme						NJ 07039										
DCA (NJAC 5:23-8)	☐ Emergeno justificatio		uding	ł		of Contact	ACCE PASSAGES		Telephone Number	er		_	$\dashv$				
(140/10 5.25-0)	Cancellati					y Rhodes	3		- receptione realities	<b>U</b> 1		¥.					
									-								
Name of Equility Where	hatamant is T	aldea f	21	(0)	FAU	JILITY IN	FORMATION	T	7.5								
Name of Facility Where A Residential	Abatement is 1:	aking i	Place	(3)			Type of Facility (4)										
1805-700 7000-11-000-000							School (K-12) Subchapter 8 (Other than K-12)										
Street Address								Other (i.e., pr	rivate and commerc	ial bui	lding	s,					
Oit (F)								homes, etc.) Square Feet	# of Floors	150							
City (5)							į.	Bld	g. Ag	e							
Montclair																	
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)							
Essex																	
Name of Monitoring Firm		ing Ov	vner (8	3)	ASCM	No.	Name of Abateme										
Bio Terra Solutions	5				0615	995	ALL PRO MANAGEMENT LL.C										
Street Address							Street Address										
P.O. Box 1224							27 Outwater Lane										
City, State, Zip Code							City, State, Zip Code										
Union, NJ							Garfield, NJ (	7026									
Project Manager for Moni	itoring Firm			Tele	phone I	No.	Telephone No.		License No.								
Rick Eustaquio				97	3-494	3762	973-928-4888 1188										
Start Date (10)					tion Dat		Name of OSHA M	Iame of OSHA Monitor									
<u>10</u> / <u>11</u> /	17	11	_ /	_11	_ / _	17_	ALL PRO MANAGEMENT LLC										
Occupancy Status During	Abatement (C	heck	only o	ne)			Street Address										
□ Facility Closed/Vacate	ed During Entire	e Perio	od of A	Abater	nent		27 Outwater	Lane									
☐ Abatement Performed							City, State, Zip Co	ode					$\neg$				
Time of Abatement: _	AM	PM/		_PM-		ΑM	Garfield, NJ (										
Scope of Work (Check al	I that apply)				-		A-2000000 00 00 00		-				$\neg$				
☐ ≥3 sf or ≥3 lf		Г	Rer					ainment with Neg	ative Pressure								
≥ 160 sf or ≥260 lf			☐ Ref				☐ Mini-Enc	g Procedure									
		-			3.7		Non-Exe     ■     Non-Exe     Non-Exe	mpted (*) and No	r-Friable Procedure	9							
				Locat						Aba	ateme	ent Ty	/ре				
Location				lormal d Sole			Description of			Z	Ŋ.	Ш	ш				
Asbestos-Containing TO BE ABA		)		ntena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	าса	nclo				
IN Facili			Cust	odial S	Staff?	(	surfacing, VAT	, or	SF or LF)	val	Ξ.	Encapsulate	Enclosure				
(13)		-	Vaa	(12) No	N/A	-	other miscellane	ous)				ate	0				
		-	Yes	_	-				Marie Company	_		_					
Exterior- Garage						Transit	e Siding		1,500 SF			Ц					
											П	П					
		-										一					
Name of Registered Waste Hauler						/ Vaste	Cubic Yards of	Name of Regis	ered I andfill		ш						
Century Waste LLC						No.	Waste		North Landfill								
City, State							As Needed Disposal Date	City, State			-						
Elizabeth, NJ							TBD/	Morrisville	PA								
Completed By (Print or Type) Title							Signature/		Dat	-							
Completed By (Print or Type) Title Allen Monchik Project Mai							POLL	$\mathcal{N}_{\sim}$	L L	0/	2/	17					
Allen Monchik Project Ma										4	1						

- 11/																	
10 ChK	N	OTIFIC	CATIO	tate of Ne N OF ASE t to NJAC	BESTOS			neck-	#_9	60	2/ 5 [						
Date of Notification (1)				of Building						15 6	<u> </u>	<u>U</u> \	<u> </u>	T (a)			
Agencies Notified Type Notification	n .			G C	RAN	UFOR	0 6	220		-			n - 51	1			
	л	1		Address 7 W	. PA	955K	91 C	STR	松井	1 OC		4 21	J1/	-1			
EPA Initial DEP Amended Amendme	nt#	(	City, St	ate, Zip C	ode	DAR	ir.	ルナ	47	20200	1000	ON	reo	1 8			
	y (including	-	-	of Contact		9 // /			1	lephone N	IOCA!	SIMO	1119	_ ~			
DCA Cancellati			7	ROE	17-									_			
Name of Facility Where Abatement is Tak	ring Place (3)		FAC	ILITY INF	ORMAT	ION	Tuno	of Facility	(4)								
COMMERCIAL BU							Туре										
Street Address	P 0 0 000							School (K Subchapt	er 8 (Oth	ner than K-	-12)		C				
37 NORTH AVE 1	2485						Other (i.e private & commercial buildings etc.)					ldings	, hom	es,			
CITY (5) CRANFORD								re Feet	Feet # of Floors Bldg. Age								
County (6)				Code (7)			Curre	Current Use (Frior if being demolished)									
Name of Monitoring Firm Hired by Building	a Owner (9)		ASCN				COMMERCIAL BULLAND DEMO										
Traine of Monitoring Finit Fined by Building									oting Inc.								
Street Address						Street	Addre	ss									
City, State, Zip Code								and Ave									
								ark, N.J									
Project Manager for Monitoring Firm		T	elepho	ne No.		Teleph 201-2	none N 262-5			License 00156							
Start Date (10)	Scheduled	Comp	pleţion	Date (11)		Name	of OSI	HA Monito									
9/8-6/17 Occupancy Status During Abatement (Che	101	/30	117		•	-		nvironme	ental S	ervices	Inc.						
Facility Closed/Vacated During Entire			ent			Street 280 H		ss r Street									
Abatement Performed Outside of No. Other – Describe:	rmal Facility F	Hours				City, S	tate, Z	ip Code				-	0.6				
Scope of Work (Check All That Apply)						Hack	ensa	ack, N.J. 07606									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitio	77.7			XXXXX	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	ls Le	ocatio	n					LACITIPE	u ( ) an	d NOIFF HE	I I	Abate	100	t			
Location of	TO	rmally Solely			Des	scription	of					Ту	ре				
Asbestos-Containing Material (ACM)  TO BE ABATED	Maint	tenand	ce/	Asbes	tos Cont	taining M systems	laterial	(ACM)	979	mount	_		Щ	m			
In Facility (13)	Custoo	dial Sta (12)	aff?	(1.0.	surfac	cing, VA7	T, or	tion,		Specify or LF)	Remova	Repair	caps	Enclosure			
(1.0)	Yes	No T	N/A		otner n	niscellan	eous)				oval	air	Encapsulate	sure			
	-								1	-							
/ CFF	177	40	144	11	7	11	7/1	6-6	3	-	+						
(0/-	7 1		230-	-1/	0	/				$\mathcal{I}$	+						
Name of Registered Waste Hauler		9700000	DEP W		Cubic			Name of	Registe	red Landfi	11						
Newark Carting, Inc.		100000000000000000000000000000000000000	Hauler ID No. of Waste 04509			of Waste Grand Central Sanitary Landfill											
City, State	Disposa			al Date						_							
Newark, N.J. 07105 Completed by	9/00/1																
R. McDonald	Title Presid	ent			S	Signature MSS (M) Date				ate	/ /	, >	V				

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MK	4	OTIFICATIO	State of Ne N OF ASE It to NJAC		Ch	eck #	9	60	7/				
Date of Notification (1)				Owner/Oper		1	NEI	GE	1		7	1000	
	lotification			RANFO	oro e	44 911	))		And the second second second	*********			
	itial		Address フルル	PASO	SAIC	s Hi	SET (	) PT	A 2	017	1	الا	
☑ DEP ☑ A	mended 1	City, St	tate, Zip Co	ode	100	1,1	11/2	<u>/</u> 1			1		
DOH ju	mergency (including stification)	Name	of Contact	. PASO ode LE PA		100	ATelei	ohone Nr	(20) mbes	TRO	)L 8		
DCA C	ancellation	U-120	OVEGIL	75		1							
Name of Facility Where Abateme	ent is Taking Place (3	FAC	ILITY INF	ORMATION	T.	-65							
COMMERCIAL	BUILDING	1			_	ype of Facility (4)  School (K-12)							
Street Address 3 70 NoRTH AL	16 BAST					Subchapt: Other (i.e.	er 8 (Other	than K-1 commerc	2) ial buil	dings,	hom	es,	
CRANFORA					Squa	etc.) ire Feet 0, 000	# of F	loors	E		idg. Age		
County (6) ELMIOIU		County (STATE	Code (7) USE ONLY	7	Current Use (Frior if being demolished)								
Name of Monitoring Firm Hired by	y Building Owner (8)	ASC			Name of Abatement Contractor (9)								
Street Address	3 (1)	7.00.		A.	Mac Co	lac Contracting Inc.							
oticet Address				0.5535	et Address 5 Vreeiand Ave.								
City, State, Zip Code					y, State, Z								
Project Manager for Monitoring Fi	irm	Telepho	one No.		ephone N	ark, N.J.		icense N	'n				
2: 10: 10:					1-262-5	5841		00156					
Start Date (10) 7 / 6-6 / 17	10	d Completion	Date (11)			HA Monito		vices In	c				
Occupancy Status During Abatem				Str	eet Addre	ss							
Facility Closed/Vacated Duri Abatement Performed Outsi	ng Entire Period of A de of Normal Facility	batement Hours			y, State, Z	r Street							
Other – Describe: Scope of Work (Check All That Ap	-1.3			1 5		ckensack, N.J. 07606							
	F				_								
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovation emolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempt ad (*) and Non-Friable Proced								
	ls i	Location						torr ride	1	Abate		t	
Location of		ormally I Solely by		Descript	tion of					Ту	ре		
Asbestos-Containing Material TO BE ABATED	Mair	ntenance/	Asbes	tos Containin thermal syste	g Materia	(ACM)		ouni			Ш	_	
In Facility	Custo	odial Staff? (12)	(1.6.	surfacing,	VAT, or	ation,		ecify r LF)	Rem	Repair	ncar	encl	
(13)	Yes	No N/A	1	other misce	llaneous)				Removal	pair	Encapsulate	Enclosure	
		110							-				
1 CFF	1477	MOLHA	11	7	17/12	-6-15	)		-				
		2. 027.2		0-				<u>,                                    </u>	-			-	
Name of Posiste 1111									1				
Name of Registered Waste Hauler Newark Carting, Inc.		Hauler ID	NJDEP Waste Cubic Yards Hauler ID No. of Waste				Registere						
City, State	04509 8 <i>O</i>					Central	Sanitar	/ Lan	dfill				
Newark, N.J. 07105		Disposal Da	I Date City, State Pen Argyl, PA 08072										
Completed by R. McDonald	Title Presid	dent		Signati	1 1 2					<del>;                                    </del>	-		

1 (/												Pri			
Joch .		NOT	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)												
Date of Notification (1) 9/22/17			Name	of Buildin	g Owne	r/Operator (2	2)	NECE	7 11	\// It	7	eta-			
Agencies Notified Type Notification	20			kat Turgi	unov		The factor of the state of the	11-15-15-15		<u> </u>					
V -2:	311		Street	Address			Committee Commit			****		-			
DEP Amended			City, S	State, Zip (	Code			H OCT	4 20	117		IJ			
X DOL Amendme				dle Broo		7663	PA-FECTOR BILL	The second secon			7mata }	and.			
DOH justificatio	y (includin n)	g		of Contac				ASETERANARIA	JOANT.	BOL	2				
DCA Cancellati			100	at Tugui			4	I TOIL MANAGE	CALL CARREST						
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY IN	FORMA			<del></del>				-			
Housse		(0)				1	ype of Facil to								
Street Address							School (	-12) er 8 (Other than k	(40)						
	51	1	,				Other (i.e.	private & comme	rcial bu	uilding	s, ho	mes			
City (5)						9	etc.) quare Feet	# of Floors							
Saddle Brook	9				Mathematic		100	2		Bldg.	Age				
County (6) Bergen			County	Code (7)		C	urrent Use (P	rior if being demo	lished)		**********				
			-	USE ONL	8-		8								
Name of Monitoring Firm Hired by Building	g Owner (8	3)	ASC	M No.	1 4	Name of	Abatement Co	ontractor (9)							
Street Address					- 1	The second secon	The second secon	al Services, LI	_C						
			-			Street Ad	100	0 . 0 .							
City, State, Zip Code		-					483, FE (	sate Drive							
		X					od, NJ 07	<b>/18</b>							
Project Manager for Monitoring Firm			Telepho	one No.		Telephone		License	No	**************************************					
City Day (19)	Y	P4-13-1-	3			973-76		703	140.						
Start Date (10) 9/30/17	Schedu	ed Co	mpletion	Date (11)	E.	Name of (	OSHA Monitor								
Occupancy Status During Abatement (Che	10/30	N.			A. C.										
	20			A		Street Add	iress					And .			
Facility Closed/Vacated Quring Entire Abatement Performed Obtside of Nor  Other Describe: exterior	Period of mal Facility	Abater y Hour	nent s			City, State	, Zip Code								
Scope of Work (Check All That Apply)			- 4												
≥3 sf or ≥3 If	Пв	Renova	ation												
× ≥160 sf or ≥260 lf		Demoli					Full Con ainm Mini-Enc <mark>l</mark> osur	ent with Negative e	Pressu	ıre					
- Marie San Marie						H (	Gloveban Pro	cedure							
	Is	Locati	on				von-exe mpte	d (*) and Non-Fria	ible Pro	Abat					
Location of	1	Vormal	ly		Des	scription of					еттег /ре	H			
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intena	nce/	Asbes	tos Cont	aining Mater	rial (ACNI)	Amount			rn.				
In Facility	Cust	todial S (12)	Staff?	(I.e.	thermal	systems ins sing, VAT, or	ulation,	(Specify SF or LF)	Reg	R	nca	1			
(13)		(12)			other n	niscellaneou	s)	Si Gill	Removal	Repair	Encapsulate	SOIDE			
	Yes	No	N/A						m		918	d			
exterior			X		exte	ior siding		1000 SF	1 <sub>×</sub>						
								1000 01	+						
Name of Registered Waste Hauler		N	JDEP W	acto	Cubics	/al-									
Freehold Cartage		Ha	auler ID I		Cubic \ of Was			Registered Landfil		· · · · · · · · · · · · · · · · · · ·		1			
City, State		15	939		TBD	025	GROW	S/FAIRLESS L	AND	FILL					
Freehold, NJ					Disposa	al Date	City, State								
Completed by	TBD				Morrisville, PA										
A. Scott Higgins	dent			Sig	gnature	Ar	(500)	ite							
	1					4	1.1	Ο.	11/17	10					