State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) 盟間方 Date of Notification (1) Name of Building Owner/Operator (2) 9 17 PSE&G 1708-5195 Agencies Notified Type Notification Street Address **⊠** EPA Initial 4000 Hadley Road ☑ DOLWD City, State, Zip Code ASBESTOS CONTROL ☑ DHSS Amendment #4 South Plainfield, NJ LICENSING □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Joe Spinola **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Riverside School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 30 North fairview Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Riverside, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_8\_\_ / \_\_17\_\_ / \_\_17\_\_ **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure  $\square \ge 3$  sf or  $\ge 3$  If □ Renovation ≥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) Removal Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior X Transite Conduit 1,164 SF  $\boxtimes$ Exterior

 $\boxtimes$ Window Cailk 20 LF X Exterior X П П **Transite** 60 SF X Exterior X П П Insulated Wire 10 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste... Waste Management G.R.O.W.S. Landfill 12 City, State Disposal Date City, State Camden, NJ 10/31/17 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti **Operations Coordinator** 

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Date of Notification (1) 9-25-2017	<del></del>	<del>/</del>			f Building _aurenc		Operator	r (2)		M	000	Γ -	E	-	<u> </u>	
Agencies Notified	Type Notification			Street A	ddress					44	00		<del>-0-</del> /	2017		U
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× DOL	Amendment		_		City, N		)4		L		LIC	CEN	SING	rrol i	- &	- Committee
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DCA	Cancellation				Laurence		ION			1		_				
Name of Facility Where Al	batement is Taking	Place (	3)	170		ORMAT	1014	Туре	of Facility	(4)						
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Street Address				10000				Addres Virgini	s a Aveni	ie						
City, State, Zip Code									p Code /, NJ 07	304						
Project Manager for Monit	oring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none No 333-88			Licens 01174					
Project Manager for Monitoring Firm  Start Date (10) 9-26-2017		Schedul 9-26-2		npletion	Date (11)			of OSH	IA Monito							
Occupancy Status During	Abatement (Check	Only Or	ne)				Street	Addres	s							
Facility Closed/Vacat Abatement Performer Other – Describe:	ed During Entire P d Outside of Norm	eriod of a	Abaten y Hours	nent			City, S	state, Zi	p Code							
Scope of Work (Check All	That Annly)															
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Location of Asbestos-Containing N		Use	ed Sole	ly by	Asbes		scription taining N		(ACM)	A	mount					
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Green Environmental		1 1 1 1 1 1 1 1 1	auler ID 034889		of Wa			G.R.O	.W.S. 1			lfill				
City, State Jersey City, NJ					Dispos 9-26-	sal Date 2017		City, Sta Morris		A	,					
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≥160 sf or ≥260 lf	×	Demo	lition	30		Mini-Enclosure Blovebag Prod Ion-Exempter		riable Pro	cedur	е	
Location of	1	Loca Norma	ally		Description of				Abate Ty	emen pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	inten	lely by ance/ Staff?		stos Containing Materi thermal systems insu surfacing, VAT, or other miscellaneous	ulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					=		ate	e
Vault Roof		Х	X		ACM Coating		2,600 SF	X			
3 Foundation Walls		X	X		ACM Coating		608 SF	Х			
Southside Wall		Х	X		ACM Coating		150 SF	Х			
Vault Foundation Walls		X	X		ACM Coating		912 SF	Х			
Name of Registered Waste Hauler Atlantic Carting			NJDEP Waller ID I	No.	Cubic Yards of Waste 40		Registered Lar Centranl Sa		andfi	II Co	irp.
City, State Wayne, NJ					Disposal Date TBD	City, State	/ /				
Completed by Milena Zoric	Title VP				Signature		A	Date 9/22/2	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) 29 Robert Wood Johnson Hospital Job #1709-5219 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial One Robert Wood Johnson Place ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment #1 LICENSING New Brunswick, NJ 08901 T DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Kristen Bell **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Robert Wood Johnson Hospital School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, One Robert Wood Johnson Place homes, etc.) City (5) Square Feet # of Floors Bldg. Age New Brunswick County (6) County Code (7)(STATE USE ONLY) Current Use (Frior if being demolished) Middlesex Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental AbateTech, Inc. Street Address Street Address 280 Huylar Street 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code South Hackensack, NJ 07606 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Geiser Fajardo 201-489-8700 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 6 / 17 10 / 8 / 17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3:30PM/10PM-6:30AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure ≥3 sf or >3 If □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Enclosure Used Solely by Removal Repair Encapsulate 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

1958 Building G Level X П Floor Tile & mastic 600 SE X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 10/8/17 Tullytown, PA

ASB-41 MAY 11

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

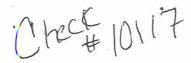
Operations Coordinator

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

Signature

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



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				FACI	LITY INFORM	MATION					*** ***	-		
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Man	asquan		VÜ		0873	6		(4)				5	j+.	
County (6)					Code (7) JSE ONLY) _			rent Use (Pr	1	-		/:		
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Project Manager for Mon	in ri a Firm	110	T	elephor	ne No.	, T	elephone	No.	Lice	ense No	).	A	4 4	400
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Start Date (10)		Scheduled	Com	pletion (	Date (11)		_	SHA Monitor	, (					
	13-17			13.	17	-	Street Addr	CTEC	hnolog	jies	L	C		
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Facility Closed/Vaca	ated During Entire Pe ed Outside of Norma	enod of Al	dours	ent		1	City, State,	Zip Code						
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

		N	IOTI				BESTOS ABAT C 8:60 and 5:16		MEC	; E		// [i	5.11
Date of Notification (1)	02 /	17					g Owner/Operator ( Builders, LLC	2)	2	> C	(76	lo-	1
Agencies Notified  EPA  DOLWD	Type Notifica  ☑ Initial	ation			Street	Address	Iboat Lane		A 90	J 5	Y 21	POI	1
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□ DCA	☐ Emergend		uding				k, NJ 08008		Britania America				
(NJAC 5:23-8)	justification					of Contac			Telephone Num	nber			
	☐ Cancellat	ion			Tra	vis Leply							
					FAC	CILITY IN	FORMATION	Ni					
Name of Facility Where	Abatement is T	aking F	Place	(3)				Type of Facility	50.5				
Residence								School (K-12		2)			
Street Address								Other (i.e., pr	(Other than K-1) ivate and comme	ercial bu	ilding	s, ·	
								homes, etc.)			158		
City (5) Beach Haven								Square Feet 1500	# of Floors	171713	ig. Ag <b>55</b>	ge	
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			-
Ocean					367	3 (	A	Residence					
Name of Monitoring Firm	Hired by Build	ding Ow	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					_
N/A	:20	J		133				ntracting, Inc.					
Street Address							Street Address	<u> </u>					$\neg$
							1889 Route 9	, Unit 61					
City, State, Zip Code	***						City, State, Zip Co	ode					$\neg$
							Toms River,	New Jersey 08	755				- 1
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Telephone No.		License No.		-		$\neg$
							732-349-9932	li.	00624				
Start Date (10)	S	Schedu	led Co	mple	tion Da	te (11)	Name of OSHA N	lonitor					$\neg$
_10_ / _13_ /	17	10	_ /	16	_ / _	17_	E.M.S.L. Ana	lytical					
Occupancy Status During							Street Address						
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☐ Abatement Performed Time of Abatement:						AM	City, State, Zip Co						
-							Piscataway, I	New Jersey 08	854				
Scope of Work (Check a	I that apply)						☐ Full Cont	tainment with Neg	ative Pressure				
		_	5-45-000	novati			☐ Mini-End ☐ Glovebag			ure			
		T	ls	Locat	ion						atem	ent Ty	уре
Location				lorma d Sole			Description of	III and a second			_		
Asbestos-Containing TO BE ABA		1)		ntena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Was	ste Hauler			1000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill		-		
Guardian Contract	ing, Inc.			H	lauler II 20223		Waste 3	T.R.R.F.					
City, State							Disposal Date	City, State					
Toms River, New J	ersey						10/17/17	Tullytown,	Pennsylvania				
Completed By (Print or T	ype)	Title					Signature	-/-	1) 10	Date	1	1	
Nicholas Fernicola		Pro	oiect	Man	ager			1	1	10	10	1;	7

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

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Date of Notification (1)	17	Name of	Building Owner	Operator (2)	B	arrett	b	20	17	-
Agencies Notified Type Notification	: N. C.	Street A				1	OSC C	TNC	ROL	. 8.
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Street Address		)				r 8 (Other than K-12 private & commerci		linas	home	s
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	gies		MA	Street Address		chnolog	168	•	In	6
Street Address R.O. Box 3	37			P.O.	Box	337				
City, State, Zip Code	TM	09	533	City, State, Z	disease	71A SA:	A	25	13	3
Project Manager for Monitoring Firm	MO	Telepho	ne No.	Telephone N	Shran, St. of	. License N	lo.	~	4 4	
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Facility Closed/Vacated During Entire F  Abatement Performed Outside of Norm	al Facility Hou	irs		City, State, Z	ip Code					
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno	vation olition			il Containn ni-Endosur	ent with Negative F e	ressu	re		
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City, State	NJ.		1	13-17		risville 1	PA			
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Steve Schenker	HRESI	dent		Steere	M CK	cha	10	-J-	1	

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	Emergency (in		-	Name of	f Contact	(0)	10/	100	3 00	Tel	ephone Nu	mber			
DOH DCA	justification) Cancellation		1000	Eric P											
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Name of Facility Where	Abatement is Taking	Place (3	3)						of Facility						
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City, State, Zip Code							T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ip Code v Jersey	08723	ı				
Project Manager for Mor	nitoring Firm			Telepho	ne No.		40 02	none No )899-			License N 01196	No.			
Start Date (10)	7	Schedule	ed Com	pletion	Date (11)				A Monitor						
Occupancy Status Durin	g Abatement (Check	Only Or		r() (			Street	Addres	SS					-	
	ated During Entire P ned Outside of Norma			ent			City, S	State, Zi	ip Code				100		
Scope of Work (Check A	All That Apply)				-			-			10 To				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti					Full Min Glo	ni-Enclosur ovebag Pro	e cedure	Negative				
		T			1			_ Not	n-Exempte	d (*) an	d Non-Fria			ment	
Locatio	n of		Location Normall			De	escription	n of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) NATED lity	Ma	ed Solel aintenar todial S (12)	ice/	Asbes (i.e.	tos Con therma surfa	taining National system acing, VA	Material s insula NT, or	(ACM) ation,	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	(D)
					Asbes	ns	100	r hi	le	120	OSF	5			
					1910	+ 1	MON	OUN	d	Selection .	00	1./			
					9	0+5	Shin	lles		40	00	18			
					<u> </u>		· ·		LM -	D					
Name of Registered Wa				JDEP W auler ID			Yards aste	0			ered Landfi	11			
Brick Industries Inc.			10333	1602			U		GROV						
City, State Brick, New Jersey						1	sal Date	7	City, Sta	te					
Completed by		Title					Signatur	e	111		D	ate	1 .7	11-	1
Eric Plackis		Pres	ident					UF	€			-1	K	1	

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Date of Notification (1) 09/29/2017				of Building			(2)					1,000	
				LERMO	CAST	ILLO			OCT	5 2	017		111
		l	Street A	Address			1	es bush	0 0 1			1	
EPA Initial Amended			City St	ate, Zip Co	da			1	BESTOS	CON	TUC	1 24	-
DOL Amendment				ONT NJ.				AS	LICE	NSIN	3 3	L U	
DOH Emergency ( justification)  Cancellation	including		Name o	of Contact			- lav	Te	lephone N	- acceptant comments			
DCA Cancellation			GUILI	LERMO	CAST	ILLO		5					
Nome of Facility 14th and About and Table	DI (		FAC	ILITY INFO	DRMAT	ION					-		
Name of Facility Where Abatement is Taking PRIVATE	Place (	3)					Type of Facilit	-					
Street Address		-		****			School (h		ner than K-	12\			
							Other (i.e	. private	& commer	cial bui	dings	, hom	es,
City (5)	-						etc.) Square Feet	1 # 6	of Floors	11	Bldg.	Ago.	
DUMONT NJ.							1,800	1"	2	1,	8;		
County (6)		T		Code (7)			Current Use (F	Prior if be	ing demoli	ished)			
			(STATE	USE ONLY)			N/A						
Name of Monitoring Firm Hired by Building C	wner (8)	)	ASC	VI No.			of Abatement C			AL LL	D.		
Street Address							Address 5 - 51 ST	*****					
City, State, Zip Code							tate, Zip Code	War and the same of the same o			-		
							TH BERGE	NJ. 0	7047				
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	one No.		License	No.			
N/A						201.	776.0642		01300				
Start Date (10) 10/09/2017	Schedul 10/10/		npletion	Date (11)			of OSHA Monito IRO PROBE						
Occupancy Status During Abatement (Check	Only Or	ne)					Address						
Facility Closed/Vacated During Entire Po	eriod of	Abaten	nent				LIBERTY ST						
Abatement Performed Outside of Norma Other – Describe:	al Facility	/ Hours	5			9	tate, Zip Code	40004					
Scope of Work (Check All That Apply)						IVIE	UCHEN NJ.	10084					
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≥ 160 sf or ≥260 lf	-	Renova Demolit				E	Mini-Enclosu	ire	n Negative	Pressu	re		
	г					×	Non-Exempt		d Non-Fria	ble Pro			
	E 200	Locati	750 TOO 44									ement pe	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Achaet		scription	of aterial (ACM)	Α.	mount		Γ,		$\Box$
TO BE ABATED	100000000000000000000000000000000000000	intena: todial S	Mary State of the college of the col		hermal	systems	insulation,	(5	Specify	R	77	Enc	m
In Facility (13)		(12)	Julii.			cing, VA		SI	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		00.01	iii ooliai i	codoj			/al	=	late	ure
BASEMENT	, 00	X	1000	P	IPE IN	NSULA	TION	11	10 LF.	X			
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Name of Registered Waste Hauler		N	JDEP W	aste	Cubic '	Yards	Name o	f Registe	red Landfi	11			
TRI STATE ASSOCC INC.	20.00000		auler ID 19951		of Was				NTERPE		NC.		
City, State BRONX NY.					Dispos TBD	al Date	City, Sta		RG, OH	10			
Completed by	Title				Si	gnature		1 17		ate			$\dashv$
CARLOS ESQUIVEL	SAFE	ETY N	<b>NANAG</b>	SER	1	1/0	Boundar	early	0	9/29/2	2017		

Og/IZ9/Z017  Agencies Notified  Type Notification    Facility   Type   Telephone Number	UX#1103				FICATIO Pursuan	State of N N OF AS It to NJA	BESTOS C 8:60 ar	ABATE d 12:12	(0)	₹T	D		B E		· \	ß	
Agencies Notified    Street Address	Date of Notification (1) 09/29/2017								r (2)		UL	0(	Cl	5	201	1	1
Initial DOL	Agencies Notified Ty	pe Notification						ILLO				00000	27.00	CC	MITI	301	2
DOH	⊠ EPA 🔀	Initial									,	45bes	LICE	151	NG	101	Ol.
DOH	DEP X DOL	그는 기계에 가게 하는 이 얼마나다	1 #								132	Vi.					
Name of Facility Where Abetement is Taking Place (3)  PRIVATE  Street Address    Street Address   Street Ad		Emergency	(including	)		Carlo Carlo Carlo					To	lenhone	Numb	or			
Name of Facility Where Abatement is Taking Place (3) PRIVATE Street Address  City (5)  DUMONT NJ.  County (6)  County (6)  County (7)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Carbacter (9)  NORTH EAST EnVIRONMENTAL LLC.  Street Address  1126 - 51 ST  City, State, Zip Code  NORTH BERGEN NJ. 07047  Project Manager for Monitoring Firm  Telephone No.  NA  Telephone No.  1010/9/2017  10/10/2017  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Carbacter (9)  Abatement Performed Outside of Normal Facility Hours  Other—Describe:  Renovation  Demolition  BASEMENT  Abbestos-Containing Material (ACM)  In Eacliby  (13)  Yes No N/A  PIPE INSULATION  110 LF. X  Pagistered Waste Hauler  RI STATE ASSOCC INC.  Title  Name of Registered Waste Hauler  RI STATE ASSOCC INC.  Title  Signature  Title  Signature  Title  Signature  Date  Other Thank (Project (Normal Facility No.  Name of Cubic Yards  In San Date  WaYNERBURG, OHIO  Date  Disposal Date  WaYNERBURG, OHIO  Date  Title  Date	DCA						-	ILLO			10		INUITIO	51	_		
Street Address  City (6)  County (7)  County (8)  Coun	Name of Escility Where Abou	lamont in Taki-	- DI /	0)	FAC	ILITY IN	FORMAT	ION					_				
Street Address    Street Address   Stree		terrent is rakin	ig Place (	3)					lyp	i =							
City (5) DUMONT NJ.  County (6)  County (6)  County (7) STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abstament Contractor (9) NORTH EAST Ent/IRONMENTAL LLC.  Street Address  1126 – 51 ST  City, State, Zip Code  City, State, Zip Code  NORTH BERGEN NJ. 07047  Project Manager for Monitoring Firm N/A  Start Date (10)  Scheduled Completion Date (11) 10/09/2017  Name of OSHA Monitor ENVIRO PROBE INC.  Cocupancy Status During Abstament (Check Only One)  Abstament Performed Outside of Normal Facility Hours  Other – Describe:  Disposal Date  Abstament With Negative Pressure  Mini-Enclosure Glovebag Procedure  Non-Exempted (1) and Non-Friable Procedure  Abstatement With Negative Pressure  Mini-Enclosure Glovebag Procedure  Non-Exempted (1) and Non-Friable Procedure  Abstatement Systems insulation, Specify of the Containing Material (ACM) (1.e. thermal systems insulation, Specify of Waste (1.e. thermal systems insulation	Street Address								H	Subchapter	8 (Oth	er than	K-12)				
City (5)  DUMONT NJ.  County (6)  County (6)  County (6)  County (7)  County (7)  County (8)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  NORTH EAST ENVIRONMENTAL LLC.  Street Address  1126 - 51 ST  City, State, Zip Code  NORTH BERGEN NJ. 07047  Folget Manager for Monitoring Firm  NIA  Telephone No.  201.776.0642  01300  Start Date (10)  10/09/2017  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Periomed Outside of Normal Facility Hours  Order - Describe:  23 of or 23 if  24 Enovation  Demolition  Demolition  Demolition  Description of Asbestos-Containing Material (ACM)  10 abastos Containing Material (ACM)  10 abastos Containing Material (ACM)  10 abastos Containing Material (ACM)  Name of Registered Landfill  Abatement Assocrated Waste Hauler  Normally  Ves No N/A  NAME of Restment Vibractor (9)  NORTH EAST ENVIRONMENTAL LLC.  Bldg. Age  128 Code  NORTH EAST ENVIRONMENTAL LLC.  City, State, Zip Code  NORTH BERGEN NJ. 07047  Telephone No.  201.776.0642  01300  Name of Shat Monitor  ENVIRO PROBE INC.  Street Address  108 LIBERTY ST.  109 LIBERTY ST.  109 Abatement vibraced									X	Other (i.e. p	rivate	& comm	nercial b	ouile	lings	, hom	es,
County (6)    County Code (7)   County Code (7)   County Code (7)   Current Use (Fifor if being demolished)   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   NORTH EAST ENVIRONMENTAL LLC.   Street Address   Street Address   1126 - 51 ST     City, State, Zip Code   NORTH BERGEN NJ. 07047     Project Manager for Monitoring Firm   Telephone No.   126 - 51 ST     City, State, Zip Code   NORTH BERGEN NJ. 07047     Project Manager for Monitoring Firm   Telephone No.   126 - 51 ST     City, State, Zip Code   NORTH BERGEN NJ. 07047     Project Manager for Monitoring Firm   Telephone No.   126 - 51 ST     City, State, Zip Code   NORTH BERGEN NJ. 07047     Project Manager for Monitoring Firm   Telephone No.   201.776.0842   Uicasse No.     O1300   U1706/2017   U1706/2017										uare Feet	#0	f Floors		В	ldg. A	Age	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.  Street Address  1126 - 51 ST  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm N/A  Start Date (10) 10/09/2017  Scheduled Completion Date (11) 10/10/2017  Start Date (10) 10/09/2017  ENVIRO PROBE INC.  City, State, Zip Code  NORTH BERGEN NJ. 07047  Felephone No. 201.776.0642  License No. 01300  Start Date (10) 10/10/2017  ENVIRO PROBE INC.  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Wacated During Entire Period of Abatement Other – Describe: Other – Describe:  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  METUCHEN NJ. 10084  Scope of Work (Check All That Apply)  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  METUCHEN NJ. 10084  Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosur					C 1	On the Con-						-			83	3	
Street Address  Street Address  Street Address  Street Address  1126 - 51 ST  City, State, Zip Code  City, State, Zip Code  NORTH BERGEN NJ. 07047  Project Manager for Monitoring Firm  N/A  Project Manager for Monitoring Firm  N/A  Telephone No. 201.776.0642  101300  Start Date (10)  Start Date	County (0)				(STATE	USE ONL	n		Cur		or if be	ing dem	olished	)			
Street Address  Street Address  1126 - 51 ST  City, State, Zip Code  NORTH BERGEN NJ. 07047  Project Manager for Monitoring Firm N/A  Project Manager for Monitoring Firm N/A  Start Date (10)  Scheduled Completion Date (11)  10/10/2017  ENVIRO PROBE INC.  Street Address  128 Abatement Check Only One)  Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Abatement Performed Outside of Normal Facility Hours  Project Manager for Monitoring Firm N/A  Start Date (10)  10/10/2017  ENVIRO PROBE INC.  Street Address  Street Address  108 Liberty ST.  City, State, Zip Code METUCHEN NJ. 10084  Scope of Work (Check All That Apply)  23 of or 23 if  24 Stor 23 if  25 Renovation Demolition  Scope of Work (Check All That Apply)  26 Scope of Work (Check All That Apply)  27 Street Address  108 Liberty ST.  City, State, Zip Code METUCHEN NJ. 10084  Scope of Work (Check All That Apply)  28 Stor 23 if  29 Street Address  108 Liberty ST.  City, State, Zip Code METUCHEN NJ. 10084  Scope of Work (Check All That Apply)  29 Stor 23 if  20 Street Address	Name of Monitoring Firm Hire	ed by Building	Owner (8)	)	ASC	M No.				batement Con							
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  NORTH BERGEN NJ. 07047  Telephone No. 201.776.0642  O1300  Start Date (10)  Individual Completion Date (11)  Start Date (10)  Start Da	Stroot Add										/IROI	MEN.	TAL L	LC			
City, State, Zip Code    City, State, Zip Code   NORTH BERGEN NJ. 07047	Sueel Address																
Project Manager for Monitoring Firm N/A  Telephone No. 201.776.0642  Start Date (10) 10/09/2017  Scheduled Completion Date (11) 10/10/2017  Scheduled Completion Date (11) 10/10/2017  Scheduled Completion Date (11) 10/10/2017  Name of OSHA Monitor ENVIRO PROBE INC.  Street Address 108 LIBERTY ST.  City, State, Zip Code METUCHEN NJ. 10084  Renovation Demolition  Scope of Work (Check All That Apply)  ≥ 3 or ≥3 if ≥ 160 of or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  BASEMENT  Start Date (10)  Title Number of OSHA Monitor ENVIRO PROBE INC.  Street Address 108 LIBERTY ST.  City, State, Zip Code METUCHEN NJ. 10084  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement (Specify SF or LF)  Signature  Name of Registered Landfill MINERVA ENTERPRISE INC.  Disposal Date Title Signature  Date	City, State, Zip Code														-		
N/A  Start Date (10) Start Date (11) Start Date (10) Start Date (11) Start Date (12) Start Da								100		1.00	NJ. 0	7047					
Start Date (10) 10/09/2017  Scheduled Completion Date (11) 10/10/2017  Scheduled Completion Date (11) 10/10/2017  Name of Registered Waste Hauler TRI STATE ASSOCC INC.  Scheduled Completion Date (11) 10/10/2017  Scheduled Completion Date (11) 10/10/2017  Name of Registered Waste Hauler TRI STATE ASSOCC INC.  Scheduled Completion Date (11) 10/10/2017  Name of Registered Waste Hauler Title Scheduled Completion Date (11) 10/10/2017  Name of Registered Waste Hauler Title Scheduled Completion Date (11) 10/10/2017  Name of Registered Waste Hauler Title Scheduled Completion Date (11) 10/10/2017  Name of Registered Waste Hauler Title Scheduled Completion Date (11) Name of Registered Waste Hauler Title Scheduled Completion Date (11) Name of Registered Waste Hauler Title Scheduled Completion Date (11) Name of Registered Waste Hauler Title Scheduled Completion Date (11) Name of Registered Waste Hauler Title Signature Date  Date Scheduled Completion Date (11) Name of Registered Waste Hauler Title Signature Date  Date Date Date Date Date Date Da		ng Firm			Telepho	ne No.											
10/09/2017  10/10/2017  10/10/2017  10/10/2017  10/10/2017  ENVIRO PROBE INC.  Streat Address  108 LIBERTY ST.  City, State, Zip Code  METUCHEN NJ. 10084  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if  Renovation Demolition  Demolition    Streat Address   108 LIBERTY ST.   City, State, Zip Code  METUCHEN NJ. 10084    Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Exempted (*) an			Schodul	ad Co	molotion	Data (11)						0130	0				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf    Containing Material (ACM)   Yes   No   N/A     BASEMENT   X   PIPE INSULATION     BASEMENT   X   PIPE INSULATION     BASEMENT   X   PIPE INSULATION     BASEMENT   X   PIPE INSULATION     Cubic Yards of Waste Hauler   Registered Waste Hauler     Registered Waste Hauler						Date (11	)				IC.						
Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  3 sf or 23 if	Occupancy Status During Ab	atement (Chec	k Only Or	ne)	S-1							-					1700
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition    State   Sole	Facility Closed/Vacated	During Entire F	Period of	Abater	ment									50000		No you want	
Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Renovation Demolition    Second   Procedure	Other – Describe:	Juiside of Norm	nal Facility	/ Hour	8						2004						
Sa sf or ≥3 If ≥160 sf or ≥260 if Persolition Persoli	Scope of Work (Check All The	at Apply)						IVIE	UUI	new NJ. 1	JU84						
Security   Containing Material (ACM)   Security   Containing Material (ACM)   Security   Containing Material (ACM)   Security   Completed by   Containing Material (ACM)   Security   Completed by   Containing Material (ACM)   Completed by   Containing Material (ACM)   Completed by   Containing Material (ACM)   Containing Material (ACM)   Amount   Containing Material (ACM)   Amo	≥3 sf or ≥3 lf	33 35							M	lini-Enclosure Hovebag Proc	edure					_	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  BASEMENT  No N/A  BASEMENT  No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  PIPE INSULATION  Name of Registered Waste Hauler  FIRI STATE ASSOCC INC.  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  PIPE INSULATION  Name of Registered Landfill MINERVA ENTERPRISE INC.  Disposal Date BRONX NY.  Completed by  Title  Signature  Date  Date			le	I nest	ion			<u> </u>	3 114	on-Exempted	( ) and	NON-FI	riable F				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  BASEMENT  X PIPE INSULATION  Name of Registered Waste Hauler FIRI STATE ASSOCC INC.  Disposal Date BRONX NY.  Completed by  Title  CASION Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, s	Location of		1	Vorma	lly		Des	scription	of								
BASEMENT  X  PIPE INSULATION  110 LF. X  Name of Registered Waste Hauler  RI STATE ASSOCC INC.  City, State  BRONX NY.  Disposal Date TBD  Disposal Date TBD  Name of Registered Landfill MINERVA ENTERPRISE INC.  Disposal Date TBD  WAYNERBURG, OHIO  Completed by  CAPLOS ESCULIVE	TO BE ABATED In Facility	nce/ Staff?		stos Cont thermal surfac	aining M systems sing, VA	lateria insu T, or	lation,	(8	pecify	Dallova	Domovol	Repair	Encapsula	Enclosure			
Name of Registered Waste Hauler  FRI STATE ASSOCC INC.  City, State  BRONX NY.  Title  CAPI OS ESOLUME  NJDEP Waste Hauler ID No. 19951  Name of Registered Landfill MINERVA ENTERPRISE INC.  City, State WAYNERBURG, OHIO  Completed by  CAPE OS ESOLUME  CAPE OS ESOLUME  CAPE OS ESOLUME  CAPE OF C			Yes		N/A											te	CD
TRI STATE ASSOCC INC.  Hauler ID No. 19951  TBD  MINERVA ENTERPRISE INC.  Disposal Date TBD  City, State  WAYNERBURG, OHIO  Completed by  Title  Signature  Date	BASEMENT			X			PIPE II	VSULA	TIO	N	11	0 LF.	X				
TRI STATE ASSOCC INC.  Hauler ID No. 19951  TBD  MINERVA ENTERPRISE INC.  Disposal Date TBD  City, State  WAYNERBURG, OHIO  Completed by  Title  Signature  Date					-			V-14 - 10 15 5 5 5 5					+	-			
TRI STATE ASSOCC INC.  Hauler ID No. 19951  TBD  MINERVA ENTERPRISE INC.  Disposal Date TBD  City, State  WAYNERBURG, OHIO  Completed by  Title  Signature  Date														1			
City, State  Disposal Date TBD  City, State  Disposal Date TBD  City, State WAYNERBURG, OHIO  Completed by Title  CAPE OF ESCURING				100000					7.100		Constitution of the Consti						
BRONX NY.  TBD WAYNERBURG, OHIO  Completed by Title Signature  Date		IC.					TBD			MINER	/A EN	ITERP	PRISE	IN	IC.		
Completed by Title Signature Date							1	al Date		4		DC 0	LIIO	-dire			
CAPLOS ESOLINEI			Title					gnaturé	5	WATINE	NDU	200					
03/23/2017	CARLOS ESQUIVEL		SAFE	ETY	VANAC	SER		1	differ	rozalepres	gh H			3/2	017		

Kurt Pizzulle Print Form 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) 09/19/2017 Din Attarwala Agencies Notified Type Notification Street Address 2017 **EPA** Initial City, State, Zip Code × DEP Amended × DOL Amendment # Princeton, NJ 08540 OS CONTROL Emergency (including Telephorie Number CFNSING Name of Contact × DOH justification) Din Attarwala DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 50+ Princeton 1,100 1 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Residential Marcer ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Alpha Environmental Services Street Address Street Address 2129 Route 33 City, State, Zip Code City, State, Zip Code Hamilton NJ 08610 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-847-2956 01222 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/28/2017 **EMSL** Analytical 09/29/2017 Street Address Occupancy Status During Abatement (Check Only One) 107 Haddon Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Westmont, NJ 08108 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure X ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes N/A No X Siding 500 SF X House Exterior Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Grows Landfill Alpha Environmental 00033330 4 Disposal Date City, State City, State Various Morrisville, PA Trenton, NJ Completed by Signature Date Project Manager 09/19/2017 Kelly Colon

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

**Check 2171** 

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Date of Notification (1	-			1			Owner / Operat	or (2)		The state of the s	ger reservation		and the same	
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Street Address								pter 8 (Other						
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Street Address							Street Addre							
City, State & Zip Code							City, State 8							
Oity, Otate & Zip Code							Hamilton,							
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			Yes	No	N/A								Φ	
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City, State							Disposal Date	City, Stat						
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Date of Notification (1) 10/03/2017				of Building C	Owner/Op	perator	(2)	The section of the se		OCT	5 20	17		4
Agencies Notified Type Notification				N BASH Address				The state of the s	to					_
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DOH justification)  DCA Cancellation	ncluding		Name o	of Contact					Tele	ephone N	Number			
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Name of Facility Where Abatement is Taking	Place (3	3)	FAC	ILITY INFO	RMATIO	N	Tvr	oe of Facility	(4)					
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Street Address					-		N N	Subchapte Other (i.e. etc.)	er 8 (Othe	er than K comme	-12) rcial buil	dings	, hom	es,
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County (6) BERGEN				Code (7) USE ONLY)				rrent Use (12	1		lished)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCI	M No.				batement Co	ontractor		AL LI			
Street Address						Street	Addr	ress						
City State Zin Cada								1 ST.						
City, State, Zip Code					1			Zip Code BERGEN	NJ. 07	047				
Project Manager for Monitoring Firm			Telepho	ne No.	1	Teleph 201-		No. -0642		License 01300				
			pletion	Date (11)				SHA Monitor						
Occupancy Status During Abatement (Check	10/05/2					Street		- PROB	E					
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Other – Describe:								HEN NJ. (	08840					
Scope of Work (Check All That Apply)								_						
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Normally Used Solely by Maintenance/ Custodial Staff? (i.e. therefore)								(Sp	nount secify or LF)	Remova	Repair	e Encapsulate	Enclosure
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City, State BRONX NY		-		1	Disposal TBD	Date		City, State WAYN	te ERBUR	RG OHI	0			
Completed by CARLOS ESQUIVEL	Title SAFE	TY M	ANAG	ER	Sign	ature	Enr	unfor	ufly	270	ate 09/27/2	2017		

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City, State, Zip Code	* Visualization and the same of the same o								Zip Code BERGEN I	VI 07	047					
Project Manager for Monit	toring Firm			Telepho	ne No.		Teleph			10.07	Licens	se No	,			
2 65					0642		0130									
Start Date (10)		Schedul	ed Co	mpletion	Date (11)		Name	of OS	SHA Monitor							
10/03/2017		10/05/					ENV	IRO	- PROBE							
Occupancy Status During							Street				***************************************					
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City (5)									Square Feet		# of Floors	В	ldg. A	ge	
Ridgewood, NJ 07450															
County (6)					Cour	nty Code (7)	(STATE	USE ONLY)	Current Use (	(F'rio	r if being demo	olished)			
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City, State, Zip Code								State, Zip Co							
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Project Manager for Mon	itoring Firm			Tele	ephone	No.		none No.			License No.				
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Start Date (10)		Schedule					Name	of OSHA N	Ionitor						
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Occupancy Status During							Street	Address							
□ Facility Closed/Vacate     □ Abatement Performed						scribe			Road, Bldg.	# 35	Έ				
Time of Abatement:	AM-	PM/				_AM	2000000000000	State, Zip Co							
Scope of Work (Check all	I that apply)		-				Fair L	awn, NJ 0	7410 and decontar	n nat	ion with negat	ive pres	cure		
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>3 sf or >3 If ≥ 160 sf or ≥260 If		Z		novat moliti			×	Mini-Enc Glovebar	losure g Procedure [	TTe	ent with Negat	ive Pres	sure		
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Wayne, NJ 07470 Completed By (Print or Tr	vpe)	Title					TE	. 1	Tullytown,			Date			
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UNK# 9081

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

Date of Notification (1)		HUN						TO E LU	1	U	12	-11
07 /	18 /	队队 17				ng Owner/Operator n of Property Mai		Construction				Signature of the second
Agencies Notified	Type Notification			1	t Address			H H not		20	17	
⊠ EPA ⊠ DOLWD		41			W. State							
☑ DOLWD	Amended Amendment	#		City.	State, Zip	Code		ADDIE STO	75.0	GAT	J.N.	1,-
⊠ DCA	☐ Emergency	(includin	3	Tre	enton, N	J 08625		ASBEST LI	DELLE	ill.		
(NJAC 5:23-8)	justification)				of Conta	7.0		Telephone Nun	ber			
	☐ Cancellation			An	thony F	araca						
				FA	CILITY	NFORMATION						
Name of Facility Where		ing Place	(3)				Type of Facility					-
NJ Executive Stat	ehouse						School (K-1)					
Street Address								8 (Other than K-12 private and comme		uildin	as.	
125 W. State Stree	et				Ph. 5		homes, etc.				3-1	
City (5) Trenton							Square Feet 140,000	# of Floors	1	ldg. A	ge + yr	5
County (6)				Cour	nty Code	THISTATE USE ONLY)	1	ior if being demoli	- 31			
Mercer							Office Build					
Name of Monitoring Fire	m Hired by Building	Owner	(8)	ASCM	No	Name of Abatem					-	
Langan Engineeri	ng & Environm	ental Se	erv.	0009	99	East Coast F	laz Mat Remov	al, Inc.				
Street Address						Street Address						
300 Kimball Drive						494 East 41s	t Street					
City, State, Zip Code			-		-	City, State, Zip Co	ode					11 Th and a
Parsippany, NJ 070						Paterson, NJ	07504					
Project Manager for Mo	nitoring Firm		Tel	ephone	No.	Telephone No.		License No.				411-11
Vijay Patel	normal constants design			73-560		973-345-0022	2	00507				
Start Date (10) 08	/17  Sch	eduled C 01 /		etion Da 1 /		Name of OSHA N		W				
Occupancy Status Durin	ng Abatement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vaca	ted During Entire F	eriod of	Abate	ement								
Abatement Performs Time of Abatement:	ed Outside of Norm 7:00AM-3:30PM/	al Facilit	у Нос М	ırs - Des AM	cribe	City, State, Zip Co	ode	**************************************				
Scope of Work (Check a												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re □ De					g Procedure	pative Pressure n-Friable Procedu	re			
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Asbestos-Containing TO BE AB				ance/		estos Containing Ma e., thermal systems i		Amount (Specify	Remova	Repair	nca	nck
IN Faci	(c)	Cust	odial (12)	Staff?	1	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
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East Coast Haz Ma	it Removal, Inc.		1	419	NO.	Waste 60	G.R.O.W.S	., North W/M of	PA			
City. State Paterson, NJ			- 1			Disposal Date	City, State					
						9-30-17	Morrisville	, PA				
Completed By (Print or T James Unger	200 0		mato	or/Proje	ect Mgr.	Signature	4 M	Da ,\	te 7 - / 2	8	11	)
\$8-41							77 -	/	11	~ ~	/ /	

CL# 9529 CL# 9527
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)	2 /	4.	,				117	wner/Operator	"현실하는 그리고 하는 것이 없어요".	700		0CT	4055		2017	
	/	17			IVI	anasquai	1 BC	ard Of Educ	ation / Job #1	709	-5222 Cn	ieck i	7952	1,95	28,9	529
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Name of Facility Where A	sbatement is	lakin	g Place	e (3)					Type of Facilit							
Manasquan HS									School (K-		Other than I	K-12)				
Street Address									Other (i.e.,	priva	ite and con	nmerc	ial bu	uilding	gs,	
167 Broad Street									homes, etc							
City (5)									Square Feet		# of Floors		BI	dg. A	ge	
Manasquan																
County (6)					Cou	nty Code (	7)(ST	ATE USE ONLY)	Current Use (F	rior	if being der	molish	ed)			
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Name of Monitoring Firm	Hired by Buil	lding C	)wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (§	)						
Environmental Con	nection, In	c.					1	AbateTech, I	nc.							
Street Address							Str	reet Address								
120 Warren Street							1	30 Maple Ave	. PO Box 25							
City, State, Zip Code							Cit	y, State, Zip Co	ode							
Trenton, NJ 08608							1	umberton, N	J 08048							
Project Manager for Monit	oring Firm			Tele	phone	No.	Te	lephone No.		T	License No	).				
Roland Jones				60	9-392	-4200	6	09-265-2107			00529					
Start Date (10)	15	Sched	uled C	omple	tion Da	ite (11)	Na	me of OSHA M	onitor							
10 /16 /	17	1	1_/	3	/	17	E	EMSL Analyti	ical							
Occupancy Status During							Str	eet Address		-						
☐ Facility Closed/Vacated	The Control of the Co				ment			00 Route 13	0 North							
Abatement Performed						cribe		y, State, Zip Co		-					_	-
Time of Abatement:	AM	PN	1/	_PM-		AM	1 100	innaminson								
Scope of Work (Check all	that apply)							Zimamiioon	, 110 00077				1300			
	andt appry/							☐ Full Conta	ainment with Ne	gativ	e Pressure	9				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>			⊠ Re					Mini-Encl	osure Procedure	. 1.	aldro	, A				
M ≥100 St 01 ≥200 II			☐ De	monuc	п			☑ Non-Exer	npted (*) and No	DIF	riable Proce	edure				
			Is	Locat	ion								Ab	atem	ent T	vpe
Location o	of			Vorma				Description of	f.							
Asbestos-Containing M		1)		d Sole intena				Containing Mat			Amount		Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility				odial		(i.e.		ermal systems in surfacing, VAT,			(Specify SF or LF)		ova	¥.	ıpsı	ınsc
(13)		1		(12)				her miscellaned			01 01 21 /		_		ılate	9
O. D. C.			Yes	No	N/A										u	
Please see attached				$\boxtimes$		Please	see	attached	***************************************	F	Please se	6-66	$\boxtimes$	П	П	
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Name of Registered Waste	Hauler			1000	JDEP V			oic Yards of	Name of Regi	tere	d Landfill					
AbateTech, Inc.				H	auler IC 18750	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wa		G.R.O.W.5	. La	ndfill					
City, State					.0700			oosal Date	City, State							
Lumberton, NJ							1	1/3/17	Tullytown	PA						
Completed By (Print or Typ	ne)	Title						Signature	A			Date		0.244		
Gwendolyn Trumbet		100000000	erati	ons (	oordi	nator			Mut					ali	7	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)	用用用到	FR. O			Name	e of Buildin	g Ov	wner/Operator (	(2)	))		1 1		n
10 / _	2 /	17	_		PS	E&G / Jo	ob#	1709-5220	COURTE	SY NOTIFICAT	ION			
Agencies Notified	Type Notific	ation			Stree	t Address				11 001	21	117	1	
⊠ EPA	☐ Initial				400	00 Hadley	Ro	ad	1	land.	lam 1	3 + 7	L	
☑ DOLWD					City,	State, Zip (	Code	9					1	
☑ DHSS	Amendm					uth Plain			4	ASBEST		ROL	. &	
DCA (NJAC 5:23-8)	☐ Emergen justificati		luding	1		e of Contac	200	,	-	Telephone Nui	nher			
(10/10 0.20 0)	☐ Cancella	93504				ek Stanis		wski		- receptione radi	IIDCI			
					FA	CILITY IN	IFO	RMATION						
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility	(4)				
PSE&G- Greenville				11.530.5					School (K-12					
Street Address									Subchapter	8 (Other than K-1				
45 Garfiled Ave.									Other (i.e. p	rivate and comm	ercial bu	ilding	js,	
City (5)									Square Feet	# of Floors	RI	dg. A	70	_
Jersey City, NJ 073	05								Oquare i eet	# 01 110015		uy. A	ge	
County (6)			-		Cour	nty Code (7	1/27/	ATE USE ONLY)	Current Llea / Pr	ior if being demo	lichod)			
Hudson					Joour	ity Code (i	NOIT	ATE OOL ONET)	Substation	ior il bellig derilo	isileu)			
Name of Monitoring Firm	Hired by Ruile	ding Ov	wnor /	8)	ASCM	No	No	ma of Abatama	ent Contractor (9)					
Health & Safety Ser		ung Ov	wilei (	0)	ASCIVI	NO.	1	AbateTech, Ir	the part of the first of the control	).			86	
Street Address							_	eet Address						
PO Box 365							1 - 1	30 Maple Ave	. PO Box 25					
City, State, Zip Code								y, State, Zip Co						_
Berlin, NJ 08009							L	_umberton, N	J 08048					
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	lephone No.		License No.				
Jim Proctor				85	6-452	-1311	6	09-265-2107		00529				
Start Date (10)	5	Schedu	led Co	omple	tion Da	ite (11)	Na	me of OSHA M	lonitor					
_10_ / _2_ /	20000000 C					17	E	EMSL Analyti	ical					
Occupancy Status During	only o	ne)			Str	eet Address						_		
☐ Facility Closed/Vacate				2	200 Route 13	0 North								
☐ Abatement Performed							Cit	y, State, Zip Co	ode					
Time of Abatement:	AM	PM/	/	_PM-		AM		Cinnaminson						
Scope of Work (Check all	that apply)							1122-2022					-	-
☐ ≥3 sf or ≥3 lf		<u></u>	Ø p.,					(1) <u></u> 및 그 보고 있었다 (1) 살고 있었다.	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		Ĺ	Rer     Der     Der     Rer     Rer	nolitic				☐ Mini-Encl						
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			Yes	No	N/A									
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		]							7.	)		П	П	
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Name of Registered Wast	e Hauler			N	JDEP \		Cut	bic Yards of	Name of Regis	tered Landfill		_		_
Waste Management				100	auler II 18750	O No.	0.63-20-3	ste	G.R.O.W.S					
City, State					10/50	,		posal Date	City, State			-	_	
Camden, NJ							DOM:	0/6/17	Tullytown,	PA				
Completed By (Print or Ty	pe)	Title						Signature	1		ate			
Gwendolyn Trumbe	******	200000000	erati	ons (	Coordi	inator			11/1/		101	11	7	

ASB-41 MAY 11

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Jate of Notification (1) Name of Building Owner/Operator (2) 28 17 PSE&G / Job # 1709-5220 COURTESY NOTIFICATION Agencies Notified Type Notification Street Address **⊠** EPA 4000 Hadley Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # ASSESTOS CONT South Plainfield, NJ ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number 211 ☐ Cancellation Jarek Staniszewski **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Greenville Substation School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 45 Garfiled Ave. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City, NJ 07305 County (6) County Code (7)(STATE USE ONLY) Current Use (F'rior if being demolished) Hudson Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_ 6 / \_ 17 \_\_10\_\_ / \_\_8 / \_\_17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 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 Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior X Transite pipe 450 LF  $\boxtimes$ П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Management Waste G.R.O.W.S. Landfill 18750 City, State Disposal Date City, State Camden, NJ 10/8/17 Tullytown, PA Completed By (Print or Type) Title

State of New Jersey

Gwendolyn Trumbetti

**Operations Coordinator** 

Signature

Date

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) of Notification (1) Name of Building Owner/Operator (2) 29 17 JCP&L/FirstEnergy Company / Job #1709-5221 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 10 Legion Place-Building A **⊠** DOLWD ASDESTOS CON City, State, Zip Code ☑ DHSS Amendment #1 LICENSIN Morristown, NJ 07960 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation John Greco **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (1) JCP&L-Substation School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 300 Madison Ave. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown, NJ 07960 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 1 Source Safety & Health, Inc. AbateTech, Inc. Street Address Street Address 140 S. Village Ave., Suite 130 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Exton, PA 19341 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Hovendon 610-524-5525 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 25 / 17 10 / 31 / 17 **EMSL Analytical** Occupancy Status During Abatément (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or >3 lf 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 Enclosure Removal 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 3rd Floor Plenum Area П X Sprayed on material 4200 SF П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 20 City, State Disposal Date. City, State Lumberton, NJ 40/31/17 Kullytown, PA. Completed By (Print or Type) Title Signature Date **Gwen Trumbetti** Operations Coordinator(

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

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Date of Notification (1) 9/28/17		Na	ame of B	Suilding Or	wner/Opera	ator (2) EOF	TH ME	IEY	1 001		9.2	UII	
	otification	St	treet Add						ASBEST	OS	CON	TRO	l
	itial ·	C	ity State	, Zip Code						ICEN	SIN	1	
_ DDi	nended nendment#					ıc	.NJ.	070	666				
. □ En	nergency (including	N	ame of C						phone Numb	er			
	stification) ancellation		MS	REI	ER.			-					
					RMATIO			- 4		NAME OF TAXABLE PARTY.			
Name of Facility Where Abatement		,				1	Type of Faci ity (4	1)					
ME.	EDITH M	E1:E1	n_				☐ School (K-1:		sham V 12\				
Street Address	29	200					Other (i.e. p	rivate &	commercial b	uilding	s, hor	nes, e	tc.)
				· .			Square Feet		Floors		dg. A		
City (5)	a 1				24		7100		710013 Z	100000	19	700 000	5
TEAN	CCIC	TC	ounty Co	da (7)			Current Use Prior	1		1			
County (6)	)			SE ONLY)		_			ENCE				
Name of Monitoring Firm Hired by		$ \vdash$ $\vdash$	ASCM	No.	11	Name of	Abatement Contr						
. The or recommend the same of					T.	200+	Remostal	т	•				
Street Address						Street A		111	-				
					4	50	South Ri	ver	Stree	t			
City, State, Zip Code					(	City, Sta	te, Zip Code						
							ensack,	NJ (	07601				
Project Manager for Monitoring Firm	n	Te	elephone	No.		Telephor	ne No.		License No.				
					2	201-	329-7444		0038	8			
Start Date (10)	Scheduled		etion Dat		1		OSHA Monitor						
10/10/17		10/	16/1	/	- 0	meg.	a Enviro	nmei	ntal				
Occupancy Status During Abatemen							Huyler S	+	n #				
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	of Marmal Essility Hou	100	0.4				ite, Zip Code	LIE	<u> </u>				
Other - Describe: 750 A	M TO S	200	en		- s	out	h Hacken	sacl	c. NJ	076	06		
Scope of Work (Check All That App	oly)						220002						
□ ≥3 sf or ≥3 lf	₽ R	enovatio	on				Full Containme	ent with	Negative Pres	sure			
≥160 sf or ≥260 lf		emolitio	on				Mini-Enc osure Glovebag Proc						
							Non-Exer upted	(*) and	Non-Friable I	roced	ure		
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Location of	N	lormally	,		Desc	ription o	of			_	1,	ļ	
Asbestos-Containing Material		d Solely intenanc		Asbes	tos Contain	ning Ma	terial (ACM)		amount Specify	R		En	E
TO BE ABATED In Facility	55(20)	todial Sta	4.743.55	(i.e. ther	V.	AT, or			F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other mi	iscellane	eous)			val	E.	ulate	ure
	Yes	No	N/A										
BASEMENT					VA	7		3	SOSF	x			
210													Γ
								91 A.		-		-	+
					Cubic Y	and:	l News of	Parieta	ed Landfill				
Name of Registered Waste Hauler			DEP Wa		of Waste		/ Name of	register	or remoration				
Best Removal Inc			1710	19		27	29 Mine	rva	Enter	pri	ses	٠,	LL(
City, State					Disposal	1	City, Star						
Hackensack, NJ C	7601				1 -1	11/1	Wayn	esbı	irg, Ol		468	3.8	_
Completed by	Title				Sig	mature	Poisson	Q	Da	~ C	1/29	1/1-	7
J. Maiorano	Est	ima	tor			X	1000000	_			1	10/	
ASB-41 (R-06-08)						() *	Do not use this fo	rm for a	sbestos licens	иге ехе	mpte	l activ	ities.
-WD-T1 (15-00-00)						1/					10000		





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

Date of Notification (1) 9/28/17					Name of Build Paulsboro Ref	ing Owner/C	operator(2)	E	, [			
Agencies Notified		Notification	Туре		Street Address 800 Billingspor	3						
() EPA (X) DEP (X) DOL (X) DOH		(X) Initial No () Amended () Cancelle () Emergend	Certification	on	City, State, Zip Paulsboro, NJ	Code				5 2017		
() DCA					Name of Conta	act	E)	Tel. N	imber .	CONTRO	/L at	
				FACILITY IN	FORMATION		- Independent -					
Name of Facility Where Al Paulsboro Refining Comp		aking Place (3	<u>3)</u>		Type of Facility ( ) School (K- ( ) Subchapter	12) r 8 (other tha	an K-12)					
Street Address 800 Billingsport Rd					(X) Other (i.e. Sq. Feet N/A	•				_		
City (5) Paulsboro	County (6) Gloucester		County C (State Us		Bldg. Age N/	Α		Oil Re	finery			_
Name of Monitoring Firm I	lired by Bldg	. Owner (8)	ASCM N	<u>o.</u>			Na ne of Co Mansfield In	ntractor dustrial,	(9) Inc.			
Street Address 3 Terri Lane, Suite 4					Street Address 26 Colonial Av	- 0						
Burlington, NJ 08016					City State, Zipo Woodbury, NJ	Code	,,					
Project Manager for Monit John Lutz	oring Firm	Telephone I 609-479-85			Telephone Nur 856-224-4392			Licens 00857	e Numb	<u>er</u>		
Scheduled Start Date (10) 10/16/17	0)	Scheduled 0	Completion	Date (11)	Name of OSH							
Occupancy Status During ( ) Facility Closed/Vacate ( ) Abatement Performed	d During Enti	Check only on re Period of A	batement		Street Address 26 Colonial Av	3						
(X) Other – Describe – Re		2014 VANOTA NO 10		rea in outside	City, State, Zip Woodbiry Nj 0							
Source of Work (Check al	that apply)											
() Demolition (X) Renormalization (X) Large Proj. (160 SF of X) Full Containment with	r >260 LF AC	:M) () SM Proj	. >25<160 Mini-Enclos	SF or >10 <260 sure () Glove	LF ACM) () Mebag Procedure	linor Proj. (<	:25 ISF or <10	LF ACI	M)			
Location of Asbestos- Containing Material (ACM	Is Loc	ation Normally by Maint./Cus	/ Used	Description of thermal system	ACM (i.e.	Amount (S	Specify SF or	LF)	Abate	ment Typ	ie .	
Facility (13)	Staff? _YES		NA	surfacing, VAT misc.)					Rem.	Rep.	Encap E	Enclose
DA 203 Tower at Coker U	nit	X		TSI	11	Approx 10	000 SF		X			
	_											
Name of Reg. Waste Hau Waste Management, Inc.	ler	NJDEP Was 17273	ste Hauler	<u>ID #</u>	Cubic Yards of 3 CY	f Waste				<u>Landfill</u> ounty Lan	dfill	
City, State South Harrison, NJ							Disp. Date Various			City, Stat South Ha		NJ
Completed by (Print or Ty	pe)	<u>Title</u>			<u>Signature</u>	<del></del>		Date	***************************************			
ANDREW GREEN	REW GREEN MANAGER – Mansfield Industrial,					perations S	eeaupervisor	9-28-1	7			
					/							

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

	PAII			IFICAT	TION ASE	New Jersey BESTOS ABATE C 8:60 and 12:12			EG	E				
Date of Notification (1)				Nai	me of Build	ing Owner/Operato	r (2)	11-	<u> </u>	_ 123	<u>u</u>			
10/1/1	THE RESERVE TO SHARE WELL BOTH THE PARTY OF			Sc	ott Good					April .	_ ^	047		
Agencies Notified	Type Notific	cation		Stre	eet Addres	s	1		00		5 6	UH		Sanctioned
EPA DEP	Initial Amende	d												
<b>⊠</b> DOL	Amendm	nent#			, State, Zip		\0	Ä	ASBEST	IOS (	CON	TRO	)L 8	it
<b>⊠</b> DOH	Emerger justifica	ncy (includi	ng			wnship, NJ 0810	)8		- 1	ICEN	SIN	<u>G</u>		
□ DCA	Cancella	tion			me of Co tt Good	ntact			Telephor	ne Num	ber			
					ACILITY IN	IFORMATION		-				_		
Name of Facility Where Residence	Abatement is	Taking Pla	ce (3)				Type of Fac							
Street Address					-				(Other th	an K-1	2)			
							Other i.	e., pri				Iding	5,	
City (s)							Square Fee	etc.)	# of Flo	ors	TE	Bldg.	Age	
Haddon Township, N	VJ 08108						2200 SF		2			lOyrs		
County (6)				Co	unty Code	(7) (STATE	Current Use	(Prio	r if being	demolis				_
Camden					E ONLY)		Apartment							
Name of Monitoring Firm (8)	Hired by Build	ding Owner		ASCN	I No.	Name of Abaten AEi2, LLC	nent Contracto	or (9)						
Street Address						Street Address					-		100	_
City, State, Zip Code						361 E. Flemin	-					ec.us		
						City, State, Zip Hammonton,								
Project Manager for M	onitoring Fir	m	Те	lephone	No.	Telephone No. 609-481-212	= 2		License 00689	No.				
Start Date (10) 10/10/17		Scheduled 0 0/17/17	Compl	etion D	ate (11)	Name of OSHA N AEi2, LLC	Monitor							
Occupancy Status During			one)			Street Address								_
☐ Facility Closed/Vacate	ed During Enti	ire Period	of Aba	atement	t	361 E. Flemi	no Pike							
Abatement Performed	Outside of No	rmal Facili	ty Hou	ırs		City, State, Zip C	ode							
Other - Describe: Other		Area				Hammonton,	NJ 08037							
Scope of Work (Check all	that apply)					Full Cor	tainment with	Nega	ative Pres	ssure			-	-
≥3 sf or ≥3 lf		⊠ R	enova	tion		Mini-End		100						
≥160 sf or ≥260 lf		De De	emoliti	on		Gloveba	g Procedure							
		Isl	ocati	on	I	△ Non-Exe	empted (*) and	Non-	Friable P	rocedu				
1 0		N	ormall	у							,	Abate Typ		
Location o Asbestos-Containing Ma	terial (ACM)		Sole Stenar		Asbest	Description of os Containing Mate	erial (ACM)		Amour	nt.			E	E
TO BE ABATE IN Facility	D		ustodia Staff?		(i.e.,	thermal systems in	sulation,		(Specify	,	R e	R e	n c	n c
(13)			(12)			surfacing, VAT, other miscellaneou			SF or LF	)	m o	p a	p s	0 5
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0.4.11		Yes	No	N/A				_			1		a t	e
Outside		_		X	Transi	te Shingles	TALL .	_			X		c	
		_						_						
					STRUCTURE STRUCTURE									
Name of Registered Waste	e Hauler			IJDEP V lauler ID		Cubic Yards	Name of Re	gister	ed Landfi					
AEi2, LLC				1376	NO.	of Waste 20	TBD							
City, State						Disposal Date	City, State							_
Hammonton, NJ Completed By						TBD	TBD		1					
Wm. Minnick		Title	N/-			Signature /	1000	11	Da					
VVIII. IVIIIIIIICK		Program	ivigi			11/16	min	/	10/	1/17				

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

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		(Pursuan	it to NJA(	28:60 and 12:1.		i i	0047	1	11	1
Date of Notification (1)		Nam	I I would be a second of the s	ON WE	CS (4 )	DLPLR	2011			District Street, or other Designation of the last of t
Agencies Notified Type Notifica	tion	Stre	et Address	0		LUES EST OS COL	VTR(	OL 8	ı	-
□ BPA   X Initial   Amended		City.	State, Zip	Code			and provide the last			
Mendme ☐ Emergence	y (including	L=		HODONF	IFLD N	Telephone Numb			. 1	_
DOH justification ☐ Cancellati		Nam	ne of Conta	DM Ct		- Cicpione Hune				_
			ACILITY IN	FORMATION		11. ///				
Name of Facility Where Abatement is T RESIDE	aking Place (	(3)			Type of Faci	(-12)				
Street Address					Other (i.e	ter 8 (Other than K-12 ., private & commercia	) al build	tings,		
City (5)					Scuare Feet		1000	dg. A	7000	-
STONE	HARB	OK		7 (07.17)	1000	(Prior if being demolis	1	0	-	_
County (6) CAUE IM	44.	US	unty Code ( E ONLY)	7) (STATE	_ VA	CANT	ineu)			_
Name of Monitoring Firm Hired by Buildi		ASCA	A No.	Name of Abate	ment Contractor					
Street Address		_L		Street Address						
City, State, Zip Code				City, State, Zip			280	2(	2	
Project Manager for Monitoring Firm		Telephone	e No.	-	9-0471	License No.	44			
Start Date (10) So	cheduled Cor		ate (11)	Name of OSHA	Monifor N A					_
Occupancy Status During Abatement (C	check only o	ne)		Street Address						
☐ Abatement Performed Outside of Nor ☐ Other - Describe:	mal Facility	Hours		City, State, Zip	Code					
Scope of Work (Check all that apply)				☐ Full Co	entainment with	Negative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Rend ▼ Dem	ovation ofition		☐ Mini-Er	nclosure ad Procedure	Non-Friable Procedu	re			
		cation mally						bate Typ		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)	Used S Mainte Cus Sta (1	colely by enance/ todial aff? 2)		Description of tos Containing Mathermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1
	Yes	No N/A	-	TRANSI	TF	1750 SE	X			
SIDING	+	-X	-	IN MICE ST						
							-	-		-
		TNJDEP	Waste	Cubic Yards	Name of Re	egistered Landfill	1			_
Name of Registered Waste Hauler  KLEWCO INC		Hauler II	D No.	of Waste	C. V	TAR SEA THE WORLD	A	t		_
City, State	A1 T			Disposal Date	City, State	ODBINE				
Completed by	Title SUV			Signature		Date	78	-1	)	
MICHAEL KLEMM	304	· .		- Mu	11/1		6	=		_

CK#4325

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

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Date of Notification (1)					ne of Buildi	1	A MEDICA CONTROL &										
9-1	8-17			Tom Welsh Building Owner/Operator (2)  Tom Welsh Building Owner/Operator (2)  Tom Welsh Building Owner/Operator (2)													
Agencies Notified	Type Notification	m		Stre	Street Address 661 POMONIA ALE												
□ BPA					(	061	rom	ON A A	UE.		_		-				
	Amended			City.	State, Zip	Code	_		_ 4	0 1 >	>	5-5%					
⊠ 90L	Amendment  Emergency		NO.		<u> </u>	HODO	NFI	FU) M		803	2		. 1				
Ø DOH	justification	)	-	Nam	e of Conta				Telephone Number								
□ DCA	Cancellation					DM											
ļ				FA	CILITY IN	FORMATIO	N										
Name of Facility Where A	Abatement is Tak	ing Place	e (3)					Type of Facilit	y (4)								
Thatte of Facility Title C		School (K-12)															
RESIDENCE Street Address							☐ Subchapter 8 (Other than K-12) ☑ Cither (i.e., private & commercial buildings.										
Sileet Address				Cither (i.e.,		mmercial	DURIC	ings,									
City (E)								Squire Feet	# of Flo	oors	Bk	dg. A	ge	$\neg$			
City (5)				1000	1		S	50 +									
	ntv Code (	7) (STATE		Current Use (F	rior if being	demotish	shed)										
County (6)	MAY				ONLY)				ANT		1.0						
Name of Monitoring Firm Hired by Building Owner ASCM No						Name of	Abatem	ent Contractor (						$\neg$			
Name of Monitoring Firm Hired by Building Owner (8)					m 4.500			CO INI	97				0.00				
	<u></u>					Street Ac											
Street Address						36	9 5	SPRU	CE AL	IE				_			
O't Otal To Code						City, State						_		$\neg$			
City, State, Zip Code						MAPLE SHADE N.J 08052											
Project Manager for Moni	itoring Firm		Tele	phone	No.	Telephone No. License No.											
Project Marager for Mora	itoring i iiii			•		856-779-12472 00444											
Ot-1 D-1- (10)	Sche	eduled C	omple	tion Da	te (11)	Name of OSHA Monitor											
Start Date (10)	)	m - 1	10	_1 ¬	1 - 1	N/A											
10-8-17	11 1 2 1 (Ch	ok oply	000	1/		Street Ad	dress										
Occupancy Status During	Abatement (Che	ariad of	Ahate	men!													
Facility Closed/Vacate	Outside of Norma	eliou oi i	v Hou	rs		City, State	Zip Co	xde									
Other - Describe:	Odiside of Rolling	a r donne	,			,		· **						_			
/						-											
Scope of Work (Check all	(nat apply)							ainment with Ne	egative Pres	sure							
≥3 sf or ≥3 lf			novati				Aini-Enc Hoveba	losure g Procedure									
∑≥160 sf or ≥260 ff		<b>⊠</b> Der	TROUTUG	11				mpted (*) and N	on-Friable P	rocedure							
		IsL	ocatio	n							A						
			xmally			Deser	otion of					Тур	-	$\dashv$			
Location of		Used	tenan		Asbest			erial (ACM)	Amour	nt			ū	m			
Asbestos-Containing Ma		Cu	stodia		(i.e.,	thermal sys	stems in	sulation,	(Speci		Ren	R	Encapsulate	ncl			
IN Facility	==	1	taff?			surfacing other misc	, VAI.	or .	SF or L	.F)	Remova	Repair	usc	nso			
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		Yes	No	N/A									-				
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SIDIM	<u></u>	-		A													
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Name of Registered Waste	e Hauler			JDEP V		Cubic Yar	ds	Name of Reg	istered Land	וווונ	. 1						
	INC		I H	790	140. U	of Waste		_ C. M	. C. M	1. U	H			_			
KLEMCO	1100		-11	110		Disposal C	ate	City, State									
City. State MAPLE S	HART	N 7	7					_wo	OD BIN	UE				_			
	HADE	111				Signa	ture_ n	0 /		Date	Ç.	17					
Completed By MicHAEL KL	cum.	SU	P.			_   M	ul	11/0		1-1	0	11		_			

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	<i>o</i> , ,		1 1	+	Purs	uai	nt to NJ	AC	8:60 and 5:1	6)		ECE		$\mathbb{V}$	<u>E</u>	In	
Date of Notification (1)	27	47			N				wner/Operator (	(2)	3					$\Pi$	
					Owners Agent - Doug Auld OCT - 5 2017											刀	
Agencies Notified Type Notification  ☐ EPA ☐ Initial					S		t Address		C4 . Ci4 /	200	in bud					The same of	-
⊠ DOLWD		d			6		State, Zip		ry St., Suite 2	200		ASBESTOS	CON	TR	DL 8	٠	_
⊠ DHSS	D9								e , CA 94104	al and a second		LICE	NSIN	G			
DCA (NJAC 5:23-8)			cludin	g	N		of Contac		07 34104			Telephone N	Viimbe	r			
(	☐ Cancella	ation				Ow	ner Age	nt -	Doug Auld			rotophone	Vallibo				
						FA	CILITY II	VFO	RMATION								
The state of the s	batement is	Taking	Place	e (3)						Type of Fa							
N/A										School		) (Other than k	<-12)				
Street Address										Other (	i. ∍., pr	ivate and com		al bu	ilding	gs,	
City (5)										homes Square Fe		# of Floors		I DI	da A	~~	
Newark										2,200	et	2			dg. A <b>80 y</b>		
County (6)						Cour	nty Code (	7)(ST	ATE USE ONLY)		s∈ (Pri	or if being der	nolishe				-
Essex										Private		J		3060			
	Hired by Buil	ding O	wner	(8)	AS	СМ	No.	Na	ame of Abateme	ent Contract	tor (9)						
N/A					I I	N/A			East Coast H	az Mat Re	ernova	al, Inc.					
Street Address								1	reet Address								
City State Zin Code					-				494 East 41s								
City, State, Zip Code								-	ty, State, Zip Co Paterson, NJ								
Project Manager for Monit	torina Firm			Te	elepho	one	No	-	elephone No.	07504	-	License No					
,				1	отория	,,,,			973-345-0022			00507	·-				
Start Date (10)		Sched	uled C	omp	oletion	n Dat	te (11)	Na	ame of OSHA M	lonitor							
	17_	1	0_/	:	20_	1	17	1	Same as abo	ve							
72	,							Str	reet Address		-71117			-		712000	
☐ Facility Closed/Vacate	d During Enti	ire Per	iod of	Aba	temer	nt											
Time of Abatement:	Outside of No	ormal PN	Facilit	y Ho PI	ours - M	Des	cribe AM	Cit	ty, State, Zip Co	ode							
Scope of Work (Check all	that apply)																
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re □ De						☐ Mini-Encl	losure Procedure	-	ative Pressure					
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		4)			nally olely b	οV	Asha	ctoc	Description of Containing Mai			A		Re	Re	E	E
TO BE ABA	TED	"			nance			., the	ermal systems i	nsulation,		Amount (Specify		Removal	Repair	cap	Enclosure
	у		Custodial S (12)			Starr?			surfacing, VAT,			SF or LF)		al		Encapsulate	ure
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Basement					D	₫	Pipe In:	sula	ntion			120 LF					
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Name of Registered Waste	e Hauler				1.00	36	Vaste Vaste	Cul	bic Yards of	Name of I	Registe	ered Landfill		_			
East Coast Haz Mat	Removal, I	nc.			Haule 41	er ID			aste	F		North W/M	of PA	Α			
City, State						-		-	posal Date	City, State	9			5387// =			
Paterson, NJ								1	0-25-17	Morris	ville,	PA					
Completed By (Print or Ty	pe)	Title					2000000		Signature	1	11		Date	5 TO 1	A.		1
James Unger Sr. Estimato					tor/P	roje	ect Mgr.	Many 4 1.				9-27-19					

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* Eme	rgenc	71	NOTIF (F	ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE	MEP 0)	NT CK/	1.2	921								
Date of Notification (1)				Name o	of Building	Owner/	Operato	r (2)	CR	017	个图	P	E	n w					
9/28/17				Name of Building Owner/Operator (2) Antonia Martinez Private Home							ルド	<u>U</u>	5						
Agencies Notified Type	e Notification			Street A	Address				-	111	11								
⊠ EPA □	Initial									Ш	Ш	OCT	- 5	2017	7				
I DEP	Amended	e.			ate, Zip Co					1				2017					
DOL	Amendment # Emergency (in			Willingboro NJ 08046							ACDEC								
☑ DOH	justification)				of Contact					Te	lephone	Numbe	S CO	NTRO	)L&				
☐ DCA ☐	Cancellation			Antor						1			. 14.511	10	-				
Name of Facility Where Abater	ment is Taking	Place (3	3)	FAC	ILITY INF	ORMAT	ION	Tv	pe of Facility 4	1)									
Antonia Martinez Priva										550									
Street Address						100 100 100	•	H	School (K-12 Subchapte		er than I	<b>(-12)</b>							
								X	Other (i.e. pr				uilding	s, hom	ies,				
City (5)								Sq	etc.) uare Feet	# 0	f Floors		Blda.	g. Age					
Willingboro NJ 08046	Willingboro NJ 08046							10	000÷	1			35+	10000					
County (6)					Code (7)			Cu	rrent Use (Prio	r if be	ing demo	olished)							
Burlington				(STATE	USE ONLY														
Name of Monitoring Firm Hired	by Building O	wner (8)		ASC	VI No.		1000			tement Contractor (9)									
N/A									o Inc	9/2									
Street Address							Street												
City, State, Zip Code				PO Box 329 City, State, Zip Code															
ony, orate, zip oode							100 SERVICE TO 100 SERVICE SER		, Zip Code erlin NJ 081):	04									
Project Manager for Monitoring	Firm			Telepho	ne No		Teleph			91	License	o No							
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Start Date (10)	(	Schedule	ed Cor	ompletion Date (11) Name				e of OSHA Monitor											
9/29/17		9/30/1		Same															
Occupancy Status During Abat	ement (Check	Only On	ie)				Street	Add	ress	735-20		-							
Facility Closed/Vacated D Abatement Performed Our Other – Describe:	uring Entire Pe tside of Norma	riod of A	Nours Hours	nent s			City, S	tate,	Zip Code		4		-						
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Scope of Work (Check All That ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Арріу)	Contraction Co.	enova				×	N	Full Containme Mini-Enclosure Blovebag Proce Non-Exempted	edure	-			Iro.					
		le	Locati	ion				-	ton Example.	( ) an	u Holl-i i	Table 1	- C00000	temen	t				
Location of		N	lormal	ly		De	Description of Containing Material (ACM)						Туре						
Asbestos-Containing Mater	ial (ACM)		d Sole			tos Con				Α	mount			т					
TO BE ABATED In Facility		83538	odial S		(i.e.		systems cing, VA				Specify or LF)	Kemova	' Re	Encapsulate	Enclosure				
(13)			(12)				niscellan			0.	0. 2. )	lova	Repair	sula	osur				
		Yes	No	N/A								=		ate	(b)				
Bedroom	Bedroom					Floo	or tile o	nly		12	22 SF	x							
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							-				1,1	_	+	1					
Name of Registered Waste Hau	uler			JDEP W		Cubic	Yards		Name of R	egiste	red Land	ifill							
United Containers			1 100.80	Hauler ID No. of Waste 22459 2				G.R.O.W.S.											
City, State Elm NJ						Dispos 10/2/	sal Date		City, State	le C	4000	7							
Completed by		Title		REIL III				_	Morrisvil	ie P/									
Anthony T Perna	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Signature Date 9/28/17					17		1					

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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) NJ Division of Property Management and Construction 09 28 17 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 33 W. State Street ☑ DOLWD ASSESTOS CONTROL & City, State, Zip Code M DHSS Amendment #1 Trenton, NJ 08625 ☐ Emergency (including ☑ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Anthony Faraca FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Faci ity (4) NJ Executive Statehouse School (k-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 125 W. State Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age 100 + yrs. Trenton 140,000 4 County Code (7)(STATE USE ONLY) County (6) Current Use (Prior if being demolished) Mercer Office Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Langan Engineering & Environmental Serv. 00099 East Coast Haz Mat Removal, Inc. Street Address Street Address 494 East 41st Street 300 Kimball Drive City, State, Zip Code City, State, Zip Code Paterson, NJ 07504 Parsippany, NJ 07054 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-560-4900 973-345-0022 00507 Vijay Patel Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 31 / 18 08 / 01 / 17 Same as above Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ✓ Mini-Enclosure✓ Glovebag Procedure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 lf □ Demolition ⋈ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Enclosure Removal Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See below & attached sheets Basement Phase 3 & various П X Floor Tile/mastic 805 SF  $\boxtimes$ П Closets throughout 1st Fl. Phase 4 M Wall Tar/mastic  $\boxtimes$ 470 SF 1st Fl. Phase 4 **Duct Insulation** 130 SF Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste East Coast Haz Mat Removal, Inc. G.R.O.W.S., North W/M of PA 419 120 City, State Disposal Date City, State Paterson, NJ 10-31-17 Morrisv IIe, PA Completed By (Print or Type) Title Signature Date 9-28-19 James Unger Sr. Estimator/Project Mgr.