JAUH 14900PAT	0		ICATION Pursuant	tate of Ne N OF ASE t to NJAC	8:60 an	ABATE id 12:120	0)		lee	I		9=	34	7	
Date of Notification (1) 10/2/19			Name o	of Building	Owner/	Operator	r (2)		From the property) E	C	F	1	W	E
Agencies Notified Type Notification			Street A								<u>U</u>	L	<u>U</u>	U	브
□ EPA 🗵 Initial			PO B	ox 643					III	<u> </u>					
DEP Amended			City, Sta	ate, Zip C	ode						00		7	2019	
X DOL Amendment ₹		[Middle	esex NJ	0884	6			lod 1	los)					
∠ DOH justification)	nordanig	'		of Contact					Tele	ephone I	Num	ber_	00	UEDA	71 0
DCA Cancellation				ael Rod		1011			90	8-361=	088	ICE ICE	NSIA	IG INC	JL CL
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAI	ION	Туре	of Facility (4)			VIOLEN IN	***********	COLUMN THE PERSON.		MACHINE DAY
house							-	School (K-12)							
Street Address							1 5	Subchapter 8	(Othe	er than k	(-12)	l Lbuile	dinas	home	20
City (5)								etc.)			JIOIG				
Somerville							1800	re Feet)	2	Floors				Age	
County (6)				Code (7)			Curre	nt Use (Prior	if beir	ng demo	lishe	ed)			
Somerset	/0			USE ONLY)		hom)5)							
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	M No.				tement Contr conmental S			LC				
Street Address							Addres Gate [ss Orive, PO E	3ox 4	183					
City, State, Zip Code						10 S COOK	State, Zi	p Code , NJ 0741	8						
Project Manager for Monitoring Firm			Telepho	ne No.			none No			License	e No				
						- The T	764-2			703					
	Schedul 10/25/		mpletion	Date (11)		Name	of OSH	IA Monitor							
Occupancy Status During Abatement (Check	- 5		7.00			Street	Addres	S	1-320						
Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Normal Other – Describe:	eriod of a l Facility	Abater y Hours	nent s	(5)		City, S	State, Zi	p Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demoli		4		×	Min Glo	Containment i-Enclosure vebag Proced n-Exempted (*	dure					e	
	1	Locat													
Location of Asbestos-Containing Material (ACM)	100	Normal ed Sole		A = h = = =		scription		(1.010)		200000000000000000000000000000000000000	-		1,	pe	
TO BE ABATED	8223	intena todial s				taining N systems				nount pecify		Z.	71	Enc	Ē
In Facility (13)	Cus	(12)	Stall!			cing, VA niscellan		Control Section	SF	or LF)		ome	lepa	apsı	Enclosure
(14)	Yes	No	N/A		Other I	macenan	10003)					val	=	ılate	ure
basement			x		pipe	insulat	tion		42	2 LF		х			
crawl space			х		pipe	insulat	tion		52	2 LF		х			
						-									
Name of Registered Waste Hauler			IJDEP W lauler ID		Cubic of Wa	Yards ste		Name of Re				mber 890S CONTILICENSING 2) all buildings, ho Bldg. Age 78 ned) ressure Removal Repair Lincapsulate x x x x x x x x x x x x x x x x x x x			
Newark Carting		10000	4509		TBD	30000000		Grand Ce	entra	I Sanit	ary	Lan	dfill		
City, State Newark NJ					Dispos TBD	sal Date		City, State Pen Argy	I PA						
Completed by	Title	2000			S	ignature)	1			Date				
A. Scott Higgins	Pres	ident					- 4	1			10/	2/19)		

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CK 19348 PA		NOTIFI (Pi	CATION	ate of New NOF ASB to NJAC	ESTOS	ABATE	MENT 0)) 	1	19	34	8	and the second	Wall distance and
Date of Notification (1) 10/2/19			Name o	f Building aters	Owner/C	Operator	(2)			E	C	6			700
Agencies Notified Type Notification			Street A	ddress				1	In	- Contraction of the Contraction					The second secon
EPA X Initial				ox 643				B-1/5/25			OCT	7	sure Sure Abatemer Type Repair Repair Andfill	19	
DEP Amended DOL Amendment #				ate, Zip Co				-					7 2019 CONTROL SING Bidg. Age 80 Fincepsulate Abatemer Type Repair andfill		-
Emergency (i		-		esex NJ f Contact	08840	0		1000	T	L	- FRIT	15.17	7 2019 SECONTROLE SEC	30.11	l
DOH justification) Cancellation				ael Rodr	inues				91	18-36	e-14un 1_A&	7 2019 7 2019 Beconthol Sinsing Bldg. Age 80 ed) Removal Landfill e	104	GI.	
			and the same	LITY INFO	-	ON				20.00.		T 7 2019 Itember Contrious Item Contrious	-	and take seeman	
Name of Facility Where Abatement is Taking	Place (3)					Туре	of Facility (4	1)	319		CT 7 2019			
house								School (K-12				T 7 2019 ImberCONTHUI RESINSING 12) cial buildings, hone Bldg. Age 80 shed) C No. Pressure Abatemer Type Removal III ary Landfill			
Street Address												7 2019 Book Procedure P	home	20	
							E .	etc.)					7 2019 CONTROL SING ildings, hom Bldg. Age 80 Repair Repair		,0,
City (5) Somerville							Squar 1600	re Feet	1000	f Floor	S	8.5	100	ge	
County (6)			County	Codo (7)				3/4	2				U		
Somerset				Code (7) USE ONLY)			hom		r if be	ing der	nolish	ea)			
Name of Monitoring Firm Hired by Building O	wner (8	1	ASCN	Л No.		Name		tement Con	tracto	r (9)					-
, , , , ,								onmental			LLC				
Street Address						Street	Addres	SS					ONTHOLE ING dings, hom ldg. Age 0 Repair adfill		
						4 E (Gate [Drive, PO	Box	483			7 2019 CONTROL SING dings, home sides Age 30 Tree Abatement Type Repair Encapsulate		
City, State, Zip Code								p Code	Profession .				7 2019 FOOTHOLING Bldg. Age 80 Procedure Abatemen Type Removal andfill		
								, NJ 074	18			22.	7 2019 Recontrol Secontrol Secontro		
Project Manager for Monitoring Firm			Telepho	ne No.			none No					٥.	7 2019 CONTROL NSING uildings, hon Bldg. Age 80		
Start Date (10)	Cabadul	ad Cam	nlation	Date (11)			764-2			703			7 2019 RECONTROLLENSING I buildings, hone Bldg. Age 80 essure Abatemer Type Removal Landfill		
	10/25/		ipietion	Date (11)		Name	01 05F	IA Monitor					7 2019 7 2019 SECONTROLE SING buildings, hone Bldg, Age 80 d) Procedure Abatemer Type Removal Landfill		
Occupancy Status During Abatement (Check		# B				Street	Addres	is					7 2019 GCONTHOLING Bldg. Age 80 Control Street Abatemer Type Removal Apair Ap		
Facility Closed/Vacated During Entire Po			ent				=					7 2019 7 2019 AberConthologists Age 80 Bldg. Age 80 ed) ressure Abatemer Type Removal Repair x / Landfill			
Abatement Performed Outside of Normal Other – Describe:					_	City, S	state, Zi	p Code			-W	7 2019 7 2019 Representation of the procedure of the Pr			
Scope of Work (Check All That Apply)										11197-2511					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Account of the Park	Renovat Demoliti					Min	Containme i-Enclosure		n Nega	tive P	ressui	·e		
						×	Glo	vebag Proc	edure			_			
							→ Nor	n-Exempted	(*) ar	id Non-	Friabl	_			-
		Location Normall				\$255E									
Location of Asbestos-Containing Material (ACM)	Use	ed Solel	y by	Asbest	Des tos Cont	scription aining N		(ACM)	A	Amount				ш	
TO BE ABATED In Facility		iintenar todial S			thermal	systems	s insula			Specify		Re	R	nca	Enc
(13)		(12)				cing, VA niscellar			5	F OF LF)	vou	epai	psu	Enclosure
) (1966-197	Yes	No	N/A									<u>a</u>	-	ate	ē
basement			X		pipe	insula	tion		-	76 LF		×			_
												CT 7 2019			
											than K-12) commercial buildings, hore loors Bldg. Age 80 demolished) Dees, LLC Conserve Pressure Regative Pressure Abatementation Type Count Bldg. Age 80 Destart Country				
										V - 32			7 2019 CONTROL SING ildings, hom Bldg. Age 80 ure Abatemer Type Repair andfill		
Name of Registered Waste Hauler		l Ni	JDEP W	/asta	Cubic	Varde	-	Name of E	Pagiet	arad I a	ndfill		7 2019 SECONTHOLIGINSING buildings, hone Bldg. Age 80 d) Procedure Abatement Type Removal Repair Landfill		-
sava saradi sa		H	auler ID		of Was				-0.00			.1 -	7 2019 RECONTROLL SING I buildings, hom Bldg. Age 80 essure Abatemer Type Removal Landfill		
Newark Carting		04	1509		TBD					ai Sai	illary	/ Lar	7 2019 CONTROL SING uildings, hom Bldg. Age 80		
City, State Newark NJ					1 55	sal Date		City, State		^					
Completed by	Title				TBD	ionet		Pen Arg	Iyi P	4	I D				
A. Scott Higgins		ident			S	ignature	K					176	a		
, oook i nggino	1 103	Idont					11-				10	12/13	,		

NOCK		NOTIF	ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE	MENT)	СН	Ex C	6 6 3 4	1	ī\//	E I
Date of Notification (1) 09-30-19				of Building Owner/ KKF Group	Operator ((2)	K	5 0			\\\/	
Agencies Notified Type Notification				Address Box 70, 40 Mo	nmouth	Park Highwa		007		7 20)19	-
EPA Initial DEP Amended Amendment	#2		City, St	tate, Zip Code Long Branch,				SBEST	000	CALL	DO	
DOH justification) DCA Cancellation	includin	g	Name	of Contact Wersinger III,			Telep	hone Ni	mber	HNG	-	Či.
				ILITY INFORMAT			(132	2) 222-2	2000	XZZU	/	
Name of Facility Where Abatement is Taking Fort Monmouth	Place	(3)				Type of Facility						
Street Address 288 Sherrell Road						Subchapter Other (i.e. petc.)	8 (Other	than K-1 commerc	2) ial bui	ldings	, hom	es,
City (5) Oceanport, NJ						Square Feet 15,000	# of F	loors	4100	3ldg. / 1980	\ge	
County (6) Monmouth				Code (7) USE ONLY)		Current Use (Pri Commercial	or if being	demolis	hed)			
Name of Monitoring Firm Hired by Building C Langan Engineering & Environmen	wner (8 tal Ser	vices	ASCI	M No.		of Abatement Cor cle Environm						
Street Address 300 Kimball Drive						Address Froad Street						
City, State, Zip Code Parsippany, NJ 07054						ate, Zip Code adt, NJ 0707						
Project Manager for Monitoring Firm Vijay Patel			Telepho	one No. 560-4983	Telepho		L	icense N	lo.			
Start Date (10)	Schedu 03-31-	led Con	A CONTRACTOR OF THE PARTY OF TH	Date (11)	Name o	f OSHA Monitor Air Inc.		0730				
Occupancy Status During Abatement (Check				2	Street A	ddress						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	eriod of	Abatem	nent			Jackson Ave	nue					
Other – Describe:	ai Facilit	y Hours	i			ate, Zip Code Island City, N	Y 1110	1				
Scope of Work (Check All That Apply)	, <u></u>											
≥3 sf or ≥3 if × ≥160 sf or ≥260 if	-	Renova Demolit			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e	
	Is	Locati	on							Abate	ement	
Location of Asbestos-Containing Material (ACM)	1.000,000,000	Normall ed Solel			scription o				-	Ту	pe	
TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/	Asbestos Cont (i.e. thermal surfa other n		insulation, , or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
2 15	Yes	No	N/A								e	3353
Ground Floor			Х		Tile & Ma	10.7.11.07	1,400	OSF	х			
Ground Floor			Х		Rib Gas		60	SF	х			
Ground Floor			Х	Mastic on	Roof Ve	nt Pipes	15	SF	x			
Name of Registered Waste Hauler		N	JDEP W	aste Cubic	Yarde	Name of F	Pagistors	Lander				
ATC, Inc. / Newark Carting, Inc. (045	09)	Ha	auler ID			Minerva						
City, State Shirley, NY / Newark, NJ 07105				Dispos TBD	al Date	City, State Waynes		H 4468	8			
Completed by Richard Doran	Title Proje	ct Ma	nager	S	ignature	NAT	De	Da 09	te -30-1	9		

								1	nu	# 10	503	60		
OKOGLYCLE PA	ID		FICATIO Pursuan	tate of Ne N OF ASE t to NJAC	3ESTOS 2 8:60 a	S ABA nd 12:	120)	To the state of th),[EG [\mathbb{V}	E	
Date of Notification (1) 10/01//2019			Name Bo	of Building crough of	Owner. Ridgef	/Opera field	tor (2)	And the second second	CI	neck No.	1406	2010	1	1
Agencies Notified Type Notification				Address road Ave	nue			an open				7013		Immo
 ☑ EPA ☑ DEP ☑ DOL ☑ Initial ☐ Amended Amended Amendment #_ 				ate, Zip C field, Nev		y 076	57		A	SBESTO	SCO		JL &	.å
☐ Emergency (inclination) ☐ DCA ☐ Emergency (inclination) ☐ Justification	uding			of Contact amirez- E		h Adm	in			hone Num 43-5342	ber			
Name of Facility Where Abatement is Takin Ridgefield Municipal Building	g Place (3)	FAC	ILITY INF	ORMAT		oe of Fac	cility (4)						
Street Address 680-700 Shaler Boulevard							School Subcha Other ((K-12) apter 8 (Other that i.e. private & con	an K-1	l2) cial buildin	gs, ho	mes,	etc.)	
City (5) Ridgefield, New Jersey 07657							uare Fee ,000	t	# of F 1	loors	Blo 50	dg. Ag	je	
County (6) Bergen			County (STATE	Code (7) USE ONLY)	Cui	rent Use	(Prior if being of Municipal Bu	demol	ished)				
Name of Monitoring Firm Hired by Building Matrix New World Engineering	Owner (8)	ASCI 0005	M No. 57		Nan Lilio	ne of Aba	atement Contractor	ctor (9))				
Street Address 26 Columbia Turnpike						38-30-7900	et Addre McBric							
City, State, Zip Code Florham Park, New Jersey 07932					28,000	City	State, 2 odland	Zip Code Park, New Jers	sey					
Project Manager for Monitoring Firm Gavin Gilmore			Telepho 973-24				phone N -225-84		100	icense No 1104				
Start Date (10) 10/15/2019	Schedul 10/31/2		mpletion	Date (11)				HA Monitor mental Labora	torie	s, LLC				
Occupancy Status During Abatement (Chec							et Addre	ss e 22 West						
 ☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norma ☐ Other – Describe: ☐ Scope of Work (Check All That Apply) 	Period of all Facility	Abater Hours	nent			City,		ip Code						
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Renova Demolit					☐ Mi	I Containment w ni-Enclosure ove Bag Procedon-Exempted (*)	ure / L	imited Co	ntainm	ent &	Tent	
	4 22	Locat	1770						A (5	mount Specify		bater		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial S (12)	ely by nce/		rmal sys	ntainin stems ii VA		al (ACM) (i.e. i, surfacing,	SF	of LF)	Remova	Repair	m	Enclosure
	Yes	No	N/A	4.642							<u>a</u>		ate	ē
Built-up roofing composite	Х								2,	365 SF	х			
Black roof tar	Х			69						5 SF	Х			
Roof tan exterior caulk	Х									5 LF	×			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of Regi	stered	Landfill				
Lilich Corporation			lauler ID 18724	No.	of Wa			Fairless Lar						
City, State Woodland Park, New Jersey						sal Dat		City, State Morrisville, P	PΑ					
Completed by Adriana Olejarova	Title Pre	siden	t		S	Ignatu	()	1 04	/	Date 10/	01/20)19		
ACD 44 (D 00 00)						1				4				_

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

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Date of Notification (1) 10/01/2019					Building Ovair State U		ator (2)	d	hec	R# [Z17(0 [V	E	M
Agencies Notified	Type Notification			Street A						VI		V2450411	atorymore,			
□ EPA ⊠ DEP ⊠ DOL	☐ Initial ☐ Amended Amendment				te, Zip Code air, NJ 070		2			Marketon Control of the Control	00)T	7	2019		Ш
☑ DOH ☐ DCA	区 Emergency (i justification)□ Cancellation	- 5			Contact erdinand				9	73 - 6	hone I	Numb 460S LICE	CO	NTRO)L &	1
				FACI	LITY INFOR	RMATION	_				rpumple (Franc					
MSU, College Hall	Abatement is Takin	g Place (3)					of Facility (4) chool (K-12)								
Street Address 1 Normal Ave					-16			ubchapter 8 (C ther (i.e. private					s., ho	mes,	etc.)	
City (5) Montclair						74	Squar 20,0	re Feet 000	#	of F	loors		+5	dg. Ag 5	e	
County (6) Essex		+		County (Code (7) USE ONLY)		Curre	nt Use (Prior if Education			nolish	ed)				
Name of Monitoring Firm Detail Associates, Inc	Hired by Building	Owner (8)		ASCN	1 No.			atement Contra oration	actor	(9)	룄					
Street Address 300 Grand Ave					***		et Addre Union	ess Boulevard	1.7.30					20.00.3011		
City, State, Zip Code Englewood, NJ 07631						City, Toto	State, 2 owa, Ne	Zip Code ew Jersey 07	512							
Project Manager for Mon Anthony Valentine	nitoring Firm	Miles		Telepho 201-56			phone N -225-84				icens 01104					
Start Date (10) 10/03/2019		Schedule 10/05/20		mpletion	Date (11)			SHA Monitor nmental Labo	rato	ries,	LLC					
Occupancy Status Durin	g Abatement (Chec	k Only On	e)	7 10 10 10 10 10 10 10 10 10 10 10 10 10		Stree	et Addre	ess								
	cated During Entire	e Period of	Abate	ement				e 22 West Zip Code				2				
☐ Other – Describe:			,				on, NJ									
Scope of Work (Check A	II That Apply)	- 1											Hotel			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		2777	enova emolit					Full Containme Mini-Enclosure Glove bag Pr Non-Exempted	e rocec	dure /	' Limite	ed Co	ntain	ment		t
		11	Locat					TTOTI EXCHIPTO	<u>u ()</u>	unu	10.11	, and a		Abate Typ	ment	
Location Asbestos-Containing			Norma d Sole	-	Ashasta		ption of	erial (ACM)		Δm	ount			ĺ		
TO BE AB In Faci (13)	ATED lity	1,200,000	intena todial (12) No	Staff?	(i.e. ti	nermal sys surfacing other misc	stems in	sulation, or		(Spe			Removal	Repair	Encapsulate	Enclosure
Outside of College H	lall	163	X	- NA	Pipe Insu	lation					3:	1 LF	Х			
					-						77.20		-			
Name of Registered Wa	ste Hauler		1	NJDEP V	/aste	Cubic Yar	rds	Name of	Rea	istere	ed Lan	dfill				
Lilich Corporation			1 1	Hauler ID 18724	121233	of Waste		Fairless I	27,50						0.1	
City, State Totowa, New Jersey						Disposal I 10/05/201		City, Stat Morrisv	te ville,	PA						
Completed by Adriana Olejarova		Title Pre	esider	nt		\$ign	ature -	1 as	_			Date 10/	01/2	019		

Date of Notflication (1) 10/01/2019		· A	lame of donidal	Building Ow r State Uni	ner/Opens Waralty	tor (2)	196	PK #	10 DAY				
Agencies Notified . Type Notification			Street Ad				-				1		
D EPA D Initial D DEP D Amended Amendmen D DOL Amendmen D Emergency	rs_ fineluding	_	City, Stat Montpla	e, Zip Code ir, NJ 0704 Contact	13			-T-	phoris Numb				
D DCA Justification) D DCA D Cancellatio	п	1		rdinend			WAIY	\$73	653-5546	(1)			
Name of Fedility Where Abatement is Taki MSU, College Hall Street Address 1 Normal Ave	ng Place (3)		FACIL	ITY INPOR	MATION	Type of Fa	(K-12) apter 8 (Oti	her the	on K-12) mnercini bidga	ad ,	mes,	etc.)	
City (5) Monticlair			-			Square Fer		1 s of	Floors 2		ig. Ag		_
County (6)			County C	ode (?)	,	Current Us	e (Prior If b Education	ieing o	emolished)	1_			,
Name of Monitoring Firm Hired by Building Detail Associates, Inc	Owner (8)		ASCN			e of Abstern Corporati		ator (8					-
Sireel Address 300 Grand Ave			·			t Address Union Bou	levard						
City, State, Zip Code Englewood, NJ 07631						State, 21p C		12					
Project Manager for Monitoring Fkm Anthony Velentine		\exists	Telepho 201-58		Teler 973-	phone No. -225-8400			License No.				
Start Date (10) 10/03/2019	Schedule 10/05/20	d Cor	npletion	Data (11)		e of OSHA Environme		atoria	s, LLC				
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Ent Abatement Performed Outside of No Other - Describe:	ire Period of	Abate			233 City.	ei Address 3 Route 22 State, Zip (on, NJ 070	Sode						
Scope of Work (Check All That Apply)													-
53 3 5 or ≥3 l/ □ ≥160 sf or ≥260 l/		enova enoil		r		D Min	i-Enclosura	ı acedur	Nagetive Pr • / Limited Co Id Non-Frieble	enteri	וופרווי		nt
	- la	Local	tion				MENGIN PRO	7 110	C NOTH THEY	-	Abat	men	t
Location of Asbastos-Containing Material (ACM) TO BE ABATED In Facility (13)	Uae Ma Cus	(12)	aly by Incal Staff?	(1.a. t	ps Contain hermal sys surfacing	ption of ing Naterial stems havis 1, VAT, or reflameous)	(ACM) don,	(5	unount Specify For LF)	Removal	Mepair	Encapsulate	Cincoparia
	Yes		NA								_	0	_
Outside of College Hall	_	X	 	Pipe insu					31 LF	X	-	_	-
	-	-	+-	-							-	-	+
			1	1									T
Name of Registered Waste Hauter			NJOEP V Hayler 10 18724		Cubic Ya of Waste .5		Fairless L	andfil	ered Landfill			٠	
Lilich Corporation							0.00			-	_	-	-
Lilich Corporation City, State Totowa, New Jersey					Disposal 10/05/20	Dele 18	City, Stat	illo, P	A				

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) 10 19 Rowan University Type Notification Agencies Notified Street Address OCT 2019 **⊠** EPA 201 Mullica Hill Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Glassboro NJ. 08028 RESTOS CONTROL & ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) □ Cancellation Tom Gallia 856-256-4154 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Boiler Plant** School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 201 Mullica Hill Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Glassboro 60,500 2 +/- 70 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Gloucester Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pars Environmental Services USA Environmental Management, Inc. Street Address Street Address 500 Horizon Drive #540 8436 Enterprise Avenue City, State, Zip Code City, State, Zip Code Hamilton Township NJ. 08691 Philadelphia, PA 19153 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rafael Torres 609-890-7277 215-365-5810 1156 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 3 / 19 10 / 5 / 19 USA Environmental Management, Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 8436 Enterprise Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/12:00PM-12:00AM Philadelphia, PA 19153 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☑ Renovation☑ Demolition ☐ >3 sf or >3 lf Mini-Enclosure ☐ Glovebag Procedure ≥160 sf or ≥260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Used Solely by 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 Boiler Room П M Pipe Insulation 7 LF X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Minerva Landfill Service Transport 1 City, State Disposal Date City, State 10/5//19 New Castle De. Waynesburg Pa. Completed By (Print or Type) Title Signature 10-2-19 Kevin Meldrum **Project Manager**

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ASB-41 MAY 11

Kevin Meldrum

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Project Manager

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Scope of Work (Check all that >3 sf or >3 if >150 sf or >260 tf Location of Asbestos-Containing Mate TO BE ASATED IN Facility	orial (ACM)	S S S S S S S S S S S S S S S S S S S	Locati Locati Lormal d Sole internal odial S	on ly ly by	Asbes	Clean up Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mail , thermal systems in	sinment with No Bure Procedure Inted (*) and No Priel (ACM) Sulation, Or	Tent with Negron-Frieble Proc	edire Pres	batem	Encapaine	ypo Enclosure
Scope of Work (Check all that 3 sf or >3 lf 1 150 sf or >260 tf Location of Asbestos-Containing Mate IO SE ASATED IN Facility (13)	orial (ACM)	IS No.	Locati Locati Lormal C Sole intensi odial S (12)	on ly ly by ice/ iteff?	Asbes	Description of surfacing, VAT. other miscellands	sinment with No Bure Procedure Inted (*) and No Priel (ACM) Sulation, Or	Tent with Negron-Frieble Proc	adve Pres advre	n Repair	1	T
Scope of Work (Check all that 3 sf or >3 lf 1 150 sf or >260 tf Location of Asbestos-Containing Mate IO SE ASATED IN Facility (13)	orial (ACM)	S S S S S S S S S S S S S S S S S S S	Locati Locati Lormal d Sole intensi odial S (12)	on ly ly by lice/ liteff?	Asbes (!.e.	Description of surfacing, VAT. other miscellands	sinment with No Bure Procedure Inted (*) and No Priel (ACM) Sulation, Or	Tent with Negron-Frieble Proc Amount (Specify SIF or LF)	edure Pres	n Repair	1	T
Scope of Work (Check all that 3 sf or >3 lf 1 150 sf or >250 tf Location of Asbestos-Containing Mate IO SE ASATED IN Facility (13)	orial (ACM)	IS No.	Locati Locati Lormal d Sole intensi odial S (12)	on ly by ice/ iteff?	Asbes (!.e.	Description of surfacing, VAT. other miscellands	sinment with No Bure Procedure Inted (*) and No Priel (ACM) Sulation, Or	Tent with Negron-Frieble Proc Amount (Specify SIF or LF)	adve Pres advre	n Repair	1	T
Scope of Work (Check all that 3 st or >3 lf 1 180 st or >260 tf Location of Asbestos-Containing Mate 10 SE ASATED IN Facility (13) 383877811	orial (ACM)	De le	Locati Locati Lormal d Sole intensi odial S (12)	on ly by ice/ iteff?	Asbes (!.e.	Description of surfacing, VAT. other miscellands	sinment with No Bure Procedure Inted (*) and No Priel (ACM) Sulation, Or	Tent with Negron-Frieble Proc Amount (Specify SIF or LF)	adve Pres advre	n Repair	1	T
Scope of Work (Check all that 3 st or >3 if 1 150 st or >260 if Location of Asbestos-Containing Mate 10 BE ABATED IN Facility (13) Basement	orial (ACM)	Is he like the like t	Location Location of Sole intension (12)	on y y by ice/?	Asbes (!.e.	Description of surfacing, VAT. other miscellands	sinment with No paure Procedure Proted (7) and No priel (ACM) sullation, or us)	Tent with Negron-Frieble Proc Amount (Specify SIF or LF)	adve Pres advre	n Repair	1	T
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Scope of Work (Check all that 3 sf of >3 if 1 150 at of 2260 if Location of Asbestos-Containing Mate IO BE ASATED IN Facility (13) Basement Name of Registered Waste Hi In Tech LLC City, State	orial (ACM)	Is he like the like t	Location Location of Sole internal odial S (12) No	on ly ly by lice/ teff?	Asbes (I.e. Duct insu	Description of Marie Mar	Name of Regil T.R.R.F. Inc	Tent with Negron-Frieble Proc Amount (Specify SIF or LF) 20 SF	adve Pres advre	n Repair	1	T
Scope of Work (Check all that 3 st of >3 if 1 150 st of >250 if Location of Asbestos-Containing Mate 10 SE ASATED IN Facility (13) Passement Name of Registered Waste Hill	orial (ACM)	De la	Location Location of Sole internal odial S (12) No	on ly ly by lice/ teff?	Asbes (I.e. Duct insu	Description of State of Waste TBD Supreture // Supreture	Name of Regil T.R.R.F. Incomment	Tent with Negron-Frieble Proc Amount (Specify SiF or LF) 20 SF	adve Pres advre	n Repair	1	T

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CK 5267

Tinut 140108 1	'AID	(Pursu	ant to	NJAC	8:60 and 12:1	20)		·	west Dated to Name	
Date of Notification (1)					Owner/Operator	(2)	NEGE			In
10/2/1	9		Bi	lide	E PLA	2A (C)C	1 2 1 N			11
7,60	otification		Street /	ddress	LEMO	111	DE OCT	A 2010	Working to the Vision	
ZEPA Ziniti						1		1	William .	knaus
	endment#		-	FOR	T LEE	· ICh .	57024		i	
	ergency (including ilication)		Name o	of Contac	t		Telephone Num	berONTRO	1L&	
	cellation		HL S	TAUL	ey Rich	HER _	413-267	700	0	-
			FACIL	JTY INF	ORMATION				858	
Name of Facility Where Abateme				.**		Type of Facility	(4)			
BRINGE PLAS	ZA COO	61	NC			School (K-12) 			
		5.5				2 Other (i.e. pri	(Other than K-12 vate & commercia) I buildings.		
Street Address 2185 L	E MOINE	<i>=</i>	AU,	7		homes, etc.)		Bidg. Age		
City (5)	*		;		***	Square Feet		196		
- FORT 1	. デモ					214,450	8	1	20	
County (6)	1		County		(STATE USE		ior if being demol			
BEKGE		1		٠.	1 11	BUG-				
Name of Monitoring Firm Hired to	y Building Owner	ASC	M No.							
(8) GARDEN STATE	ENWOUNE	HEAL			Street Address	moval In	<u>. </u>			
Street Address	s_	*	* £			th River	S+			
SSS BLOAD City, State, Zip Code	<u> </u>	-			City. State. Zip		טנ			
GLEN ROUL	NT	77 L	< 7.			ack, N.J	. 07601			
Project Manager for Monitoring	Fem	Teleph	one No.		Telephone No.		License No.			
BENJAMIN HILBER	BRAN N	201	-652	21119	201-329		00388		-	
Start Date (10)	Scheduled Com	ipletion L	ate (11)		Name of ConA				-	
10/15/19	10/25		,			Environm	ental			
Occupancy Status During Abate	ment (Check only o	one)			Street Address		22. 62			
☐ Facility Closed/Vacated Durin	g Entire Period of /	Abateme	nt			uyler St				
☐ Abatement Performed Outsid	e of Normal Facility	Hours !	-	•	City, State, Zip		,N.J. 0	7606		
Scope of Work (Check all that a		Н								
Scope of Work (Check as that a	PPsy)		2000		E Full	Containment with Enclosure	Negative Pressu	re		
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf				novation motition	PGo	ebag Procedure	_			
					☐ Nos	-Exempted (*) an	d Non-Friable Pro	cedure	Abate	ment
		Is Loc		-					Typ	
. Location of		Norm Used So		-	Description	of	Amount	-		m
Asbestos-Containing Mate		Mainter Cust		Asibo	estos Containing N e., thermal system	s insulation,	(Specify	Nemova	70	Encapsulate
IN Facility		Sp2			surfacing, VA	T, or	SForLF		Repair	Ing
. (13)	1.	(1)	2)		other miscellar	eous)	8*	1 22		ato
	Γ.	Yes N	o N/A	1	5.47				1	+
GYH - WALL RE	=AR		V	DRY	WALL JOIN	TEMPOUN	280		+	4
B1, 34 OFFI	T T		1	THERM	Hi Systems	WEST INTION	150	Late X	-	-
)					· .			->-	+	4
Name of Registered Waste Ha		1	P Waste	Hauler	Cubic Yards of Waste	Name of Reg	istered Landfill	*0		
Best Removal	Inc	ID No.	7109)		AIMREDI	AND COUN	TY LAW	DF	LL
City, State			. 103		Districted Date	City, State				
Hackensack ,	N.J. 076	501			10/28/1	PINEW BUR	6H, PA.	17240)	
Completed by	Title				Signature			Date	31.	0
J. MAIORANO	[Esti				LXC	رعه طبه	<u></u>	10/	2/1)
ASB-41	* Do not t	use this f	orm for a	sbestos	licensure exempte	ed activities.		*		-0.00

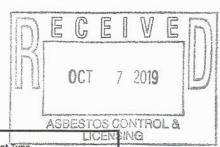
IK UOS	PAIL	l	IFICA	S MOITA	tate of No I OF ASI It to NJA	otal 1 >> 6 BW Jersey BESTOS ABAT IC 8:80 and 5:1	TEMENT 6)	d Samuel Sanday were and company were	00	T	P 7	201	
Date of Notification (1)	02 / 19				of Building le Öledin	Owner/Operator ((2)		DOS E	UL		_	OL
Agancies Nolified	Type Notification			Street	Address				The second second second second		- Company	-	NAME OF THE PERSON
™ EPA ™ DOLWO	☐ Amended							1	001	9 2	019	1	
S DOH	Amondment #			0.500	itale. Zip C				_	7	7	1	
□ DCA	Emergency (in	neluding	2			NJ 08096					4		
(NJAC 5:23-8)	justification) Cancellation				of Contact la Olection			14	Le donde Own	per.			
						444		aprome Services of					
Nume of Facility Where	Abatament is Takin	o Dince	(8)	PAU	SITIA IN	FORMATION	I Toma of East	diana da			7207		_
Oledimma Residen		St. Lindel	fat.			•	Type of Fac						
Street Address							Subcha	101 6	Qiher than K-12	9			
							hames,	etc.)	ate and comme	rcial bu	iliding	15,	
City (5)							Squara Fee		# of Floors	B	dg. A	96	
Woodbury				1			1,422	_	2		69		
County (6) Gloucostar				Coun	ity Goda (?)(STATE USE ONLY)	Rosiden		rii baing demoli	ince)			
Name of Monitoring Pirm	Hirad by Building	Owner	(8)	ASCM	No.	Name of Abatem		-		-			
Management & En		Service Contraction				Shade Enviro							
Street Address						Street Address					-		-
PO Box 341						823 Cution A	venue						
City, State, Zip Code						City, State, Zip C			- 				
Chestorfield, NJ 08				_ ,u	-	Maple Shade	, NJ 08052						
Project Manager for Mon Bill Weisgarber	itoring Firm		1000	phone 19-298		Telephone No.			License No.				
Start Date (10)	Schm	duled C				866-755-0095 Name of OSHA &			00842	_		-	_
10 / 07/		10 /				. EMSL Angly1							
Occupancy Status During		100.000	476350000			Street Address							
☑ Facilly Closed/Vageto	d During Entire Pe	eriod of	Abalar	ment		200 Route 13	0 North						
Abelement Performed Time of Abelement					arite AM	City, State, Zip C							-
						Cinnaminsor	n, NJ 08077						
Scope of Work (Check at	· (nat apply)		movati molitic			☐ Mini-End	closure le Procedure		tive Pressure Frigbie Procedu	rê			
Wilderson Company	4		Locat					T		4	atam	ent T	ypr
Lecation Asbestos-Conteining TO BE ABA	Material (ACM)	Use	rd Sals kintona	ally by		Description of sics Containing Ma , thermal systems	eterial (ACM)		Amount	Remova	Repair	Encapsulate	Calmonage
IN Facil		Cus	todial (12)	Staff7	11.00	surfacing, VAT	or	1	(Spacify SF or LF)	Se P	1	TS:TH	
(13)		Yes	No	NIA	1	other miscolland	ous)					all	ľ
Kitchen and Oining F	toom		M		Floor T	lle and Mastic		-	136 SF	×			E
	.,	-	-		,				IAA AL	-	-	-	-
				-						10			1
		旦	Q		H								E
													C
Name of Registered Was Freehold Cartage	le Hauter			JDEP V auler II 15939	No.	Cubic Yards of Waste	Name of F Fairles		red Landfill idfill			E S	
Fieditor outega						Disposal Date	City, State			-		of Sci	
City, State Freehold, NJ					Description II	10/11/2019	Morris	AITHG1	PA				

Inv# 150	13								E	C	E		VL	Pr	ntFo
CK 249 P	AID"		CATION	of New OF ASBI to NJAC	ESTOS	ABATE		Y		OCT		200	110		
Date of Notification (1) 10/4/19				Building (ie Coym		perator	(2)				- /	60	10	Town Town	mark !
Agencies Notified Type Notification	1	1	Street Ad	ddress				No.	ASB	ESTO	S C	TAC	ROL	&	
EPA	t #1			te, Zip Co ale, NJ (A CONTRACTOR OF THE PARTY OF TH			1110			
☐ DOH justification ☐ DCA ☐ Cancellation	(including	1	Name of	Contact ie Coym					Tele	phone	Num	ber			
				LITY INFO		ON			1.2				-		
Name of Facility Where Abatement is Takin Residential Home	ng Place (3)						Type of I								
Street Address					7.27		Sub	ool (K-12 echapter of er (i.e. pr	(Othe				ings,	home	≥s,
City (5) Montvale							Square F	friends and the second	# of 2	Floors		1000	dg. A 5+/-	ge	
County (6) Bergen			County C	Code (7) USE ONLY)		_	Current l	Jse (Prio ential H		g dem	olishe	ed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)		ASCM	l No.			of Abatem tages A			(9)					
Street Address							Address N. Midla	nd Ave							
City, State, Zip Code						City, S	tate, Zip C	Code					V-1015		
Project Manager for Monitoring Firm		-1-	Telephor	ne No.			dle Broo	k, NJ 0	7663	Licens	se No			- 1/1 / 2	
			1000			201-	600-318			0130					
Start Date (10) 10/14/19	10/18/1		ipletion L	Date (11)		Name	of OSHA	Monitor							
Occupancy Status During Abatement (Che	ck Only One	:)				Street	Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 8 A.M to 4 P.M					_	City, S	tate, Zip C	Code	- 12						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		enovat emoliti				×	Mini-E Glovel	ontainme inclosure bag Proc exempted	edure					•	
		ocatio				-	1 NOTI-L	xempled	() and	I NOIT-I	Habit		Abate	emen pe	Ĺ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solel Solel ntenar odial S (12)	ly by nce/		tos Cont thermal surfa		faterial (A s insulatio T, or		(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
~ %	Yes	No	N/A				<i>"</i>							ate	Ø.
Bedroom	X				VAT				4 SF	-	X				
Main Basement	Main Basement								42	0 SF		X			_

Name of Registered Waste Hauler All Stages Abatement	Select 8000 - 7.40 1 - 19 - 19							lame of F Grand (Lar	dfill		
City, State Saddle Brook, NJ			036592	2	4 YD Dispos TBD	sal Date		ity, State		Ą					
Completed by Richard Cristofol	Title Presid	dent			S	Signature	1.			>	Dat 10	e /4/19	9		

	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)														
X 1817	FAI														ALINAMAN MARKET
Date of Notification (1) 10 /	03 /	19				_		er/Operator (2 Street Urbe	2) n Renewal Ll		T	7	201	9	
Agencies Notified	Type Notificat			1		Address	V.								1
⊠ EPA	☐ Initial				1865	Palmer	Aver	nue		ASBES	TOS (LICEN			OL	18
☑ DOLWD	Amended Amendmen	nt #2			City, St	tate, Zip Co	ode				Service Control of the Control of th	no minu	POLINARYSIS	tup-tilling	(SEEDING - US
□ DCA	☐ Emergency	_	na			hmont, i	200	0538							
(NJAC 5:23-8)	justification	n)				of Contact				Telephone Nu					
	☐ Cancellation	n			5800000	nael Hand		MATION		347-738-0	363	_			\dashv
Name of Facility Where A	hatament is Ta	king Die	00 /	2)	FAC	ALIIT IN	-OKI	VIATION	Type of Facility	, (4)		_			\dashv
Planned Parenthoo		- 5	ce (٥)					School (K-						
Street Address	a Building/1	ower							Subchapter	8 (Other than K-					
155 Washington St	root								Other (i.e., homes, etc.	private and comr	nercial	buil	dings	,	
City (5)			_						Square Feet	# of Floors		Bld	g. Ag	9	\dashv
Newark									oquaio i ooi				, 3		
County (6)					Count	ty Code (7)	(STAT	E USE ONLY)	Current Use (F	Prior if being dem	olished)			
Essex															
Name of Monitoring Firm	Hired by Buildi	ng Owne	er (8)) A	SCM I	No.			ent Contractor (The state of the s					
Empire Environmen	ntal LTD						AL	L PRO MA	NAGEMENT	LLC					
Street Address								et Address							
435 Main Rd., Ste. 2	200						100000	Outwater							_
City, State, Zip Code								State, Zip Co							
Towaco, NJ 07082			_	T 1				arfield, NJ	07026	I Linnan Na					_
Project Manager for Moni	itoring Firm				hone N			phone No. 3-928-4888		License No.					
Jim Boggie	I c.	cheduled	I Co		3-334-	300000000	J. 78555	e of OSHA N		1100		_			-
Start Date (10)09 /17 /		11					110000000000		NAGEMENT	II.C					
Occupancy Status During								et Address	MACLINEIVI	LLO					\dashv
Facility Closed/Vacate					ent		1000000	Outwater	ane						- 1
☐ Abatement Performed						cribe		State, Zip Co							\dashv
Time of Abatement: _	AM	PM/		PM-		AM	100	arfield, NJ							
Scope of Work (Check al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I that apply)			ovatio				☐ Mini-End	losure g Procedure	egative Pressure					
				ocati								Aba	teme	nt Ty	ре
Location Asbestos-Containing	NOTE THE WAY TO SEE THE TOWN THE PARTY OF TH	, ,		Sole		Asha	stne C	Description of	of aterial (ACM)	Amount		Re	Re	E	E
TO BE ABA	ATED `			ntenar		(i.e	., ther	mal systems	insulation,	(Specify		Remova	Repair	Encapsulate	Enclosure
IN Facili (13)	ity		usic	(12)	nanr			urfacing, VAT er miscellane		SF or LF)	!	<u>a</u>		sulai	ure
(10)		Ye	es	No	N/A		Ou.	or moodiane	.000,					e	
Througout						VAT				10,000 SI	F	X			
Boiler Room					×	Breach	ing			60 SF		X			
Third Floor and Up	Floor and Up									112 Windo	ws [X			
Utility and Electrical	Room					Transit	e Ele	ctric Board	Is	142 SF	[
Name of Registered Was	ste Hauler			7,575	JDEP !		St. 1841	ic Yards of	Name of Re	gistered Landfill					
Century Waste, LL	C/Newark Ca	rting		H	auler II 32797	O No. 7 / 0283	Was	ste s Needed	Fairless La	ndfill / Grand C	entral :	San	itary	Lan	llift
City, State								osal Date	City, State		9 9				
Elizabeth, NJ / Nev	vark, NJ / Ga	rfield, N	IJ				T	BD	Morrisvi	lle, PA / Pen A	rgyl, F	Α			
Completed By (Print or T	ype)	Title						Signature	-	T 1521	Date	50		3	
Allen Monchik		Proj	ect	Mana	ager			Allen	Monch	ik	10	3	110	}	

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



				155 Washington Street, Newark, NJ		Abateme	nt Type		LICEN
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Solely by Maintenance/Cust odial Staff (12) Yes No N/A Yes No N/A X Ti X Ti Room X Tr	Description of Asbestos-Containing Material (ACM) (i.e. thermal	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u	E n c l o s u r e		
	Yes	No	N/A						
Main Electrical Room			Х	Transite Electric Boards	112 SF	Х			
Upper Platform in Boiler Room			х	Transite Electric Boards	15 SF	Х			
Lower Platform in Boiler Room			х	Transite Electric Boards	11 SF	х			
Behind Boilers in Boiler Room			х	Transite Electric Boards	5 SF	х			
17th and 19th Floor Roofs			Х	Parapet Flashing	1,400 SF	X		_	
2nd Floor Office Space			VAT	1,700 SF	Х				

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 10/3/19
			Allen Monchie	103119

Trut	1500	QX					State of I	New	v Jerse	v					-		taris or University	
CK11787	PA	M	No.			TIO		SBE	ESTOS	ABA	TEMENT 6)	(D)	EC			<u> </u>		M
Date of Notification (1)	4 /	1	9				e of Buildi Illiam J. \			perator ((2) / Job # 1	910-5	544 Chec	k #11	780)19		
Agencies Notified	Type Notifi	cation			-	Stree	et Address					doug truet.	ACC.				-	
⊠ EPA							or radiooc						ASBEST	08.0	ONT	BOI	السا	
□ DOLWD	☐ Amende				-	Citv.	State, Zip	Cod	de					CENS			. 0.	
☑ DHSS	Amendr			_		1000	ean City			3	,	- early telephone	THE PERSON NAMED IN COLUMN TWO					
DCA (NJAC 5:23-8)	☐ Emerge justification	ncy (ii	ncludin	ıg	+		e of Conta	-				-	Telephone	Numb	er			
(110/10/0.20-0)	☐ Cancella	9.5					lliam J. V		te				relephone	TTUTTE				
						FA	CILITY	NFC	ORMAT	ION							-	
Name of Facility Where A	batement is	Takin	g Plac	e (3))						Type of Fac	cility (4)	-				
Somers Point Resid											☐ School		,					
Street Address					_								Other than			و جزالوان		
											homes,	e., priv	ate and cor	nmerc	iai di	niaing	JS,	
City (5)											Square Fee		# of Floors	3	BI	dg. A	ge	-
Somers Point, NJ 08	3244																	
County (6)					T	Cou	nty Code (7)(ST	TATE USE	ONLY)	Current Use	e (Prior	if being de	molish	ed)			
Atlantic													378					
Name of Monitoring Firm	Hired by Buil	lding (Owner	(8)	A	SCM	No.			Abateme	ent Contracto	r (9)						
Street Address		17-305	**************************************						treet Ad						-			
									30 Mai	ole Ave	. PO Box 2	5						
City, State, Zip Code										e, Zip Co								
								1 80		A., 51	J 08048							
Project Manager for Monit	oring Firm			Te	eleph	none	No.	Te	elephone	e No.			License No	0.				
									609-26	5-2107			00529					
Start Date (10)		Sched	uled C	omp	oletio	n Da	te (11)	Na	ame of C	OSHA M	onitor							
10 /19 / _	19	1	0 /		19	_ / _	19	1	EMSL.	Analyti	cal							
Occupancy Status During	Abatement (Check	only	one)	7.00			Str	reet Add	dress								
☐ Facility Closed/Vacated	The state of the s							2	200 Ro	ute 130	North							
Abatement Performed (cribe	Cit	ty, State	, Zip Co	de	- 11						7
Time of Abatement:	-AM-	+u	nd	70			AIVI	(Cinnan	ninson,	NJ 08077							
Scope of Work (Check all t	hat apply)				1	N				ull Canto	ainment with	Monat	iua Decacue	_				
≥3 sf or ≥3 If			⊠ Re	nova	ation					lini-Encl		wegat	ive Pressur	Е				
≥160 sf or ≥260 lf			☐ De	moli	ition						Procedure		-:					
			I-	1	-4:				N N	on-Exen	npted (*) and	I NON-I	-riable Proc	eaure				
Location o	f				cation nally				Doser	ription of					Ab	ateme		ре
Asbestos-Containing M		1)			olely		Asbe	stos			erial (ACM)		Amount		Removal	Repair	Enc	Enclosure
TO BE ABAT IN Facility					nanc		(i.e			stems ir g, VAT,	nsulation,		(Specify SF or LF)		SVOL	air	aps	losu
(13)			0.000.000	(12						cellaneo			SF OI LF	'	=		Encapsulate	Гe
			Yes	No	0	N/A					~~~**						(D	
Exterior		- 514021 - 112			1	X	Transite	e Si	ding				700 SF					
					1													
					-										П	П	П	П
	-	7		-				+-						H				
Name of Registered Waste			Vaste	Cut	bic Yard	ls of	Name of R	anistar	ed I andfill		ш	ш	ш	니				
AbateTech, Inc.	ler ID	No.	12/10	aste	15 01	G.R.O.V												
City, State	3750		_	posal D	ate													
Lumberton, NJ								CONTRACTOR OF	osai D 1 <mark>0/21/1</mark>		City, State Tullytov	vn, P	A					
Completed By (Print or Typ	e)	Title							Signa	ture	A /		***************************************	Date	_		_	\neg
Gwendolyn Trumbett	i.	0	oerati	ons	Со	ordi	nator			1	1/8			lio	-L	1-1	9	
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ASB-41 MAY 11

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M-11 100	Q AL A. A.		<i></i>	1,						U OCT	7	2019	- Anna Park	
Date of Notification (1)	A 1	4	0				-	wner/Operator					TO (Disease)	
	4/	1						ergy Compai	ny / Job #191	Espanolici i i i i i i i i i i i i i i i i i i	-			
Agencies Notified EPA	Type Notifi	cation			10200	et Address				ASBESTO LK	OS CUI CENSIN		L &	
☑ DOLWD	☐ Amende	he			-			e- Building A	,				O Report cont	STREET,
☑ DHSS	Amendr		ŧ	_		State, Zip								
☐ DCA			ncludir	ng		orristown		07960		1=:::				
(NJAC 5:23-8)	justifica					e of Contac				Telephone N				
	LI Cancella	ation				hn Greco				201-602-	1499	A. S. C. C.		
Name of Facility Where A	. h = 4 = = !	Table	- DI	- (2)	FA	CILITY II	VFO	RMATION	T	(4)				
Name of Facility Where A		Iakin	g Plac	e (3)					Type of Facility School (K-1					
Street Address							_			8 (Other than k	(-12)			
412 Washington Cr	neeina Po	ad							Other (i.e.,	orivate and com		building	gs,	
City (5)	ossing No	au			- 27-11		-		homes, etc.	# of Floors	Ti	Bldg. A	ae	
Titusville, NJ									oquaio i cot	# 01 1 10015		Jiag. 7	90	
County (6)					Cou	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use (P	rior if being den	nolished)			
Mercer									Substation					
Name of Monitoring Firm	Hired by Buil	ding (Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)				
NA				0.000			1	AbateTech, Ir	nc.					
Street Address							Str	eet Address						
							3	30 Maple Ave	. PO Box 25					
City, State, Zip Code						territi-	Cit	y, State, Zip Co	ode					
							L	umberton, N	IJ 08048		145.50			
Project Manager for Monit	oring Firm			Tele	ephone	No.	10000	lephone No.		License No				
Ct-+D-+ (40)				<u> </u>				09-265-2107		00529				
Start Date (10) 10 / 4 /				500	etion Da /	ite (11)		me of OSHA M						
			77.5		_ ′ .	19_		MSL Analyti	cai					
Occupancy Status During Facility Closed/Vacated					mont		1	eet Address 200 Route 130	O Month					
☐ Abatement Performed						scribe		y, State, Zip Co	S/ACCESSING					
Time of Abatement:	AM		Λ/	PM		AM		innaminson						
Scope of Work (Check all	that apply)	10.7						7111101111110011	,					_
	11.27		MD.						ainment with Ne	gative Pressure	1			
≥3 sf or ≥3 lf≥160 sf or >260 lf				novat				☐ Mini-Encl						
									npted (*) and No	n-Friable Proce	edure			
			1500	Local Norma				20 0 0 1			Α	batem	ent T	ype
Location of Asbestos-Containing M		1)	Use	d Sole	ely by	Ashe	stos	Description of Containing Mat		Amount	Re	Repair	Enc	En
TO BE ABAT	ED `	.,		intena todial			., the	rmal systems in	nsulation,	(Specify	Removal	pair	Encapsulate	Enclosure
IN Facility (13)	1		Cus	(12)	otan?			surfacing, VAT, her miscellaned		SF or LF)	a		sula	ure
(13)			Yes	No	N/A	1	Oti	nei miscenanec	ous)				te	
Electrical Utility Pole#	NJ772HW					Asbesto	os R	isers		16 LF	×		П	
												-		
													Ш	Ш
Name of Registered Waste	Hauler			88	JDEP \ auler I[Cub	oic Yards of	Name of Regis			AVE	ver-	
AbateTech, Inc.					18750		1	0	G.R.O.W.S	. Landfill				
City, State								posal Date	City, State	218722				
Lumberton, NJ							1	0/4/19	Tullytown,	PA				
Completed By (Print or Typ	oe)	Title						Signature	1 1	/	Date	, ,	9	
Gwen Trumbetti		0	oerati	ons (Coordi	inator			WI		10~	17	-	

#WII	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)												
JC 1404	PA			(Pi								E	1
Date of Notification (1)	04 /	10					g Owner/Operator (2)					Andreas of the same of the sam
	04 /	19				THE STANDARD CONTRACTOR OF	evelopment		III OCT	7	201	}	
Agencies Notified EPA	Type Notific ☐ Initial	ation				t Address			***				haman
☑ DOLWD		d					rds Corner Road	TAY YES	ASDESTO	s co	NTR	n a	j
☑ DHSS	Amendm		77 CO. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST			State, Zip (Imdel, N.		-Dates	LIC	ENSI	VG	J 14 C4	
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		cluding	3		of Contac			Telephone Num	her	(000 Hallot 900		mun money and an indian
(140/10/03.23-0)	☐ Cancella				2019/2017/00	bert Koll	500		973-418-164				
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)			7-11-1	
Bell Works								School (K-1)		ν.			
Street Address								Other (i.e., p	8 (Other than K-12 private and commer) rcial bu	ilding	S,	
101 Crawfords Corr	ner Road							homes, etc.)				
City (5) Holmdel								Square Feet	# of Floors	1 .	dg. A	je	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	1,350,000	6 rior if being demolis		58		
Monmouth					Joodi	ity code (i	MOTATE GOL GIVETY		fice Space/Multi		Blda		
Name of Monitoring Firm	Hired by Build	ding (Owner ((8)	ASCM	No.	Name of Abateme			-			
Health and Safey Se	ervices, Inc				001	17		nental Service					
Street Address	101-010-010						Street Address			- 17 - 70			
PO box 365							277 Fairfield	Road, Suite 10	02				
City, State, Zip Code							City, State, Zip Co	ode					
Berlin							Fairfield, NJ (07004					
Project Manager for Monit	toring Firm) conservation	phone		Telephone No.		License No.				
Jim Proctor Start Date (10)		Coboo	lulad C		66-452	te (11)	(973) 852-344 Name of OSHA M		01349			0 20	
10 / 5 /						19		nental Service	SIIC				
Occupancy Status During	Abatement (Street Address	1011141 001 1100	0, 220				_
☐ Facility Closed/Vacate	아이들은 아이들은 아이들은 아이들이 아니다.			94000 (0004.04	ment		277 Fairfield	Road, Suite 10)2				
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:		P	VI/	PIVI-		AM	Fairfield, NJ (7004					
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		⊠ Re	novati molitic			☐ Mini-Encl	ainment with Ne losure g Procedure	gative Pressure				
			- 1-	1 1		1		mpted (*) and No	n-Friable Procedur	_			
Location	of		55000	Locat Norma			Description of	f			ateme		
Asbestos-Containing N	Material (ACM	1)	200000	d Sole intena			stos Containing Mat	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility				todial		(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	lova	air	apsu	uso
(13)	• 22		Vac	(12)	NI/A	-	other miscellaned		,	-		ılate	ē
Space 2105 & 2106		_	Yes	No	N/A	Floor M	lastic		2356 SF			П	П
2105,2106,4116 & 1st F	I Restroom	ns					d Joints		18 EA & 70 EA			귀	
Space 1401						Floor M			240 SF			귀	
Bldgs1,2,3,4(6 Bathro	oms per Bl	da)					d Joints		24 EA			H	
Name of Registered Waste		٥,		105-245	JDEP V		Cubic Yards of	Name of Regis					-
Service Transport G				Н	auler II		Waste	Minerva La					
City, State					SW21	11	10 Disposal Date	City, State					-
Yardley, PA							10/15/2019	Waynesbu	rgh, OH				
Completed By (Print or Ty	pe)	Title					Signature		Da	te	,	1	
Mary Petrovski		Pi	reside	nt			MARI	Mella	D,	15	/4	115	9

ASB-41 MAY 11

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

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Date of Notification (1)	03 / 19	2		1		ng Owner/Operator	(2)	The state of the s				Mary Dans
-						Development	*through	ASBEST	OSC	CIAC	BUI	
Agencies Notified EPA	Type Notification Initial				t Address 1 Crawfo	ords Corner Road	i	L	CENS	SING	-102	, CI
⊠ DOLWD	Amended Amendment #	и		City, S	State, Zip	Code						
☑ DHSS □ DCA	☐ Emergency (in	The second second	1	Но	Imdel, N	J 07733						
(NJAC 5:23-8)	justification)	roid a ir i	9	Name	of Conta	ct		Telephone Nun	ber		-	
	☐ Cancellation			Ro	bert Kol	ler		973-418-16	43			
				FA	CILITY I	NFORMATION	***************************************					
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	(4)				
Bell Works							School (K-12					
Street Address								B (Other than K-1) rivate and comme		uildin	as.	
101 Crawfords Co	rner Road						homes, etc.)				J-,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Holmdel						CHARLES HOLD OF THE	1,350,000	6		58		
County (6) Monmouth				Cour	nty Code	(7)(STATE USE ONLY)	The state of the s					
Name of Monitoring Firm	Hired by Building	Owner	(0)	ASCM	No	Nome of Abetem		ice Space/Mult	I Use	RIdé	3	
Health and Safey S		Owner	(0)	001°			ent Contractor (9) mental Service:					
Street Address	ocivices, inc			001	.,	Street Address	Helital Services	s, LLC				
PO box 365						ASSECTION OF THE PROPERTY OF THE	Road, Suite 10	2				
City, State, Zip Code						City, State, Zip C		-		-		
Berlin						Fairfield, NJ						
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Jim Proctor	2		1	56-452		(973) 852-344	14	01349				
Start Date (10)	Sche	duled C	omple	tion Da	ite (11)	Name of OSHA N	Monitor				-	-
10 / 5 /	19	10 /	15	5_/	19	SAI Environ	nental Services	s, LLC				
Occupancy Status Durin	g Abatement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacat	ed During Entire Pe	eriod of	Abate	ment		277 Fairfield	Road, Suite 10	2				
Abatement Performed Time of Abatement:						City, State, Zip C	ode					
					,AIVI	Fairfield, NJ	07004					
Scope of Work (Check a	II that apply)					⊠ Full Con	tainment with Neg	native Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De				☐ Mini-End ☐ Gloveba			ıre			
		9.5	Loca	D.T. P						atem	ent T	vpe
Location	하다이 H - H - HH HH HH - HH	4	Norma	70. * 0		Description of	W/A 1	# 00000 NO.04	Z	D	ш	Ш
Asbestos-Containing TO BE ABA		Ma	intena	nce/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facil (13)	ity	Cus	(12)	Staff?		surfacing, VAT	1000000	SF or LF)	<u>8</u>	7	sula	sure
(13)		Yes	No	N/A		other miscellane	ous)				ate	
Space 2105 & 2106					Floor	Mastic		2356 SF				
Space 2105 & 2106					Mudde	d Joints		18 EA				
Space 1401					Floor	/lastic		240 SF				
Bldgs1,2,3,4(6 Bathre	ooms per Bldg)				Mudde	d Joints		24 EA	\boxtimes			
Name of Registered Was Service Transport			1 1 1 1 1 1 1 1	JDEP V	O No.	Cubic Yards of Waste	Name of Regis Minerva La			1		
City, State				SW21	11/	7 Disposal Date	City, State					
Yardley, PA						10/15/2019	Waynesbu					
Completed By (Print or Toman Mary Petrovski		reside	ent			Signature	REEC	Da	ate / O	13	1	ς'
SB-41		_	-			771	/		-		4	f

OCT	7	2019	

Date of Notification (1) Name of Building Owner/Operator (2) 25 / ASBESTOS CONTROL & 09 19 Somerset Development LICENSING Agencies Notified Type Notification Street Address ☐ EPA 101 Crawfords Corner Road **⊠** DOLWD ☐ Amended City, State, Zip Code ⊠ DHSS Amendment # Holmdel, NJ 07733 ☐ DCA Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Robert Koller 973-418-1643 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bell Works School (K-12)
Subchapter 8 Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 101 Crawfords Corner Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Holmdel 1,350,000 6 58 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Retail & Office Space/Multi Use Bldg Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safey Services, Inc. 00117 SAI Environmental Services, LLC Street Address Street Address PO box 365 277 Fairfield Road, Suite 102 City, State, Zip Code City, State, Zip Code Berlin Fairfield, NJ 07004 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 (973) 852-3444 01349 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 4 / 19 __10__ / __7__ / __19__ SAI Environmental Services, LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 277 Fairfield Road, Suite 102 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ Fairfield, NJ 07004 Scope of Work (Check all that apply) Full Containment with Negative Pressure
Mini-Enclosure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf □ Renovation ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Space 2105 & 2106 X Floor Mastic 2356 SF X Space 2105 & 2106 П X **Mudded Joints** X 18 EA X Space 1401 П Floor Mastic 240 SF X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Service Transport Group, Inc. Minerva Landflll SW2117 5 City, State Disposal Date City, State Yardley, PA 10/7/2019 Waynesburgh, OH Completed By (Print or Type) Title Mary Petrovski President ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 03 Hartz Mountain Industries, Inc. Agencies Notified Type Notification Street Address ☐ EPA ASBESTOS CONTROL & ☐ Initial P.O Box 1515 LICENSING □ DOLWD City, State, Zip Code ☑ DHSS Amendment #1 Secaucus, NJ 07096 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Dave Hoehmann (201) 252-8600 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) 1 International Drive Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1 International Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark 219,924 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safey Services, Inc. 00117 SAI Environmental Services, LLC Street Address Street Address PO Box 365 277 Fairfield Road, Suite 102 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Fairfield, NJ 07004 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 (973) 852-3444 01349 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __09__ / __23__ / __19__ __12__ / __31__ / __19 SAI Environmental Services, LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 277 Fairfield Road, Suite 102 ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__PM/ PM-Fairfield, NJ 07004 Scope of Work (Check all that apply) ≥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 Enclosure Removal 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 Located Throughout Floors 1 to 4 Floor Tile/Mastic \boxtimes 108,450 SF X П

Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Spartan Elkrun Industries Inc SW2912 2,500 City, State Disposal Date City, State

M

Donora, PA Completed By (Print or Type) Title

All Windows Floors 1 to 6

President

Rogers, OH

Exterior Wall Panel Under Windows

Various Signature

X

19,062 SF

Mary Petrovski

PO Box 365							Street Address 277 Fairfield	Road, Sulte 1	02				
City, State, Zlp Code							City, State, Zip C		02				
Berlin, NJ 08009							Fairfield, NJ						
Project Manager for Mo	nitoring Firm		-	Tele	phone	No.	Telephone No.	07004	I Liganos Na				
Jim Proctor				1		2-1311	(973) 852-34-	44	License No. 01349				
Start Date (10)		Schedule	ed Co				Name of OSHA		01349			-	
09 / 23 /						19		nonitor nental Service	SIIC				
Occupancy Status Durin							Street Address		0, LLW				
☑ Facility Closed/Vacar					nent			Road, Suite 16	13				
☐ Abatement Performe	d Outside of N	Iomal Fa	cility	Hour	s - Des	cribe	City, State, Zip C	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	72				
Time of Abatement:	AM	PM/_		_PM-		AM	Fairfield, NJ						
Scope of Work (Check a	all that apply)						- antiologites	07004					
≥3 sf or ≥3 if	,	87					Full Con	tainment with Neg	gative Pressure				
		-		ovati nolitio				losure g Procedure					
			5011	inoniu					n-Friable Procedu	re			
			1,000,00	Locati				. , ,			atem	ent T	Tyne
Location Asbestos-Containing		M		ormal I Sole			Description of				1		71
TO BE AB		""	Mair	ntena	ice/	Asbe	stos Containing Ma ., thermal systems	insulation	Amount (Specify	Removal	Repair	inc:	Enclosure
IN Facil		(dial S	staff?	(surfacing, VAT	or	SF or LF)	ova	air .	psc	USO
(13)		V	es	(12) No	N/A	1	other miscellane	ous)	•	-		Encapsulate	ē
Located Throughout	Eleare 1 to					FI T	II - IBB A7			-	_		
All Windows Floors			-				lle/Mastic		108,450 SF	×			
All saludows Liddle	1 10 6		-			Exterior	Wall Panel Und	ler Windows	19,062 SF				
Name of Registered Was				100000	DEP V		Cubic Yards of	Name of Regis	tered Landfill		-		
Service Transport (Group, Inc			1 1 1 1 1 1 1	uler ID SW21	2000	Waste 2.500	Minerva La	ndfill				
City, State		-10111111111111111111111111111111111111	20-11-11-2				Disposal Date	City, State			STILL ST		
Yardley, PA							Various	Waynesbu	rgh, OH				
	``			_			7-						
Completed By (Print or Ty Mary Petrovski	ype)	Title					Signature	19 1	Da	e. /	/	,	1

- O		Later 1	4.00										
JW#	138	PA	ITON		MOITA	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:10		EGE		I E	S. Contraction of the Contractio	Commence of the commence of th
Date of Notification (1)	A 2000				Name	of Buildin	g Owner/Operator ((2)	OCT	7 20	19	111	41
	03 /	19	-		0.00		evelopment			7		i ban	
Agencies Notified	Type Notifica	ation			20000000	Address	× 00150000000000000000000000000000000000	4411	ASBESTOS	CONT	HOL	å	
☐ EPA ☑ DOLWD	☐ Initial ☐ Amended	1					rds Corner Road	I second	LICE	NSING	resultantia	- Copperate	
☑ DHSS	Amendme					State, Zip (
□ DCA	Emergen		uding			mdel, N							
(NJAC 5:23-8)	justification Cancellat					of Contact bert Kolle			Telephone Nur 973-418-16				
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is T	Taking F	Place	(3)				Type of Facility (4)				
Bell Works								School (K-12))				
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-1	2) ercial bu	ilding	10	
101 Crawfords Corr	ner Road							homes, etc.)	ivate and commi	erdar be	munig	10,	
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Berlin							Fairfield, NJ						
Project Manager for Moni	toring Firm	7,		Tele	phone	No.	Telephone No.		License No.		-		
Jim Proctor				100000000000000000000000000000000000000	6-452		(973) 852-344	14	01349				
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Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)			novati nolitic			☐ Mini-Enc ☐ Glovebag	tainment with Nega losure g Procedure mpted (*) and Non		ure			
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	L Caricenation	<u> </u>		Kok	ert Kolle	er		973-418-164:	3			
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Street Address							Other (i.e., p	8 (Other than K-12)	rial hi	ildina	S	
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Health and Safey S	ervices, Inc		1	0011	7	SAI Environn	nental Service	s, LLC				
Street Address						Street Address						
PO box 365						277 Fairfield	Road, Suite 10	12				
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Berlin						Fairfield, NJ	07004					
Project Manager for Moni	toring Firm		Tele	phone i	No.	Telephone No.		License No.				
Jim Proctor			8	56-452	-1311	(973) 852-344	4	01349				
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Scope of Work (Check all	that apply)					⊠ Full Cont	ainment with Neg	rative Proceum	With a			
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Mary Petrovski		Preside	ent			1/Mil	allow) 19	12	5-/	19	
ASB-41					-	6/844	Totales our hat (place	Z		. / /	- 4	1

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 19 Somerset Development 10 ASBESTOS CONTROL & Agencies Notified Type Notification Street Address ☐ EPA ☐ Initial 101 Crawfords Corner Road LICENSING **⊠** DOLWD City, State, Zip Code ☑ DHSS Amendment #3 Holmdel, NJ 07733 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Robert Koller 973-418-1643 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Bell Works Street Address Other (i.e., private and commercial buildings, 101 Crawfords Corner Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Holmdel 1,350,000 58 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Retail & Office Space/Multi Use Bldg Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 00099 Langan Engineering Environmental Srvs SAI Environmental Services, LLC Street Address Street Address 300 Kimball Drive 277 Fairfield Road, Suite 102 City, State, Zip Code City, State, Zip Code Parsippany, NJ 07054 Fairfield, NJ 07004 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Vijay Patel 973-560-4983 (973) 852-3444 01349 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 10 / 5 / 19 10 / 15 / 19 SAI Environmental Services, LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 277 Fairfield Road, Suite 102 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Fairfield, NJ 07004 Scope of Work (Check all that apply) ☐ >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 Encapsulate Enclosure Removal 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)other miscellaneous) (13)Yes No N/A Space 2105 & 2106 X Floor Mastic 2356 SF X П П 2105,2106,4116 & 1st FI Restrooms П X **Mudded Joints** 18 EA & 70 EA \boxtimes \boxtimes Floor Mastic 240 SF \boxtimes П Space 1401 X 24 EA Bldgs1,2,3,4(6 Bathrooms per Bldg) **Mudded Joints** \boxtimes NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste Service Transport Group, Inc. Minerva Landfill SW2117 10 City, State Disposal Date City, State Yardley, PA 10/15/2019 Waynesburgh, OH Completed By (Print or Type) Title Signature Mary Petrovski President

State of New Jersey

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Project Manager for Monito	ring Firm		Tele	phone	No.	Telephone No.		-	TLi	cense No.			-	
Jim Proctor			8	56-452	-1311	(973) 852-344	4			01349				
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Jim Proctor				2-1311	(973) 852-34	44	01349				
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* Do not use this form for asbestos licensure exempted activities.

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EPA Initial Amended			City, Sta	ate, Zip Co	de				ASB	ESTO	8 CC	NT	OL	l	2000
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DOH justification) Cancellation			Name of Said S	f Contact Sharif					Tel	ephone	Numl	ber			
Name of Facility Where Abatement is Takir	na Place /2	2)	FACI	LITY INFO	PRMATIO	N	Tuno	of Facility	(4)						
Residential Home	ig Place (3))						chool (K-	101						
Street Address							□ s	ubchapte ther (i.e.	8 (Oth				linas.	home	es,
City (5)							1	tc.)	the control of the last	f Floors		500,0000	ldg. A		307A
Piscataway					_		2000		2			6	5+/-		
County (6) Middlesex				Code (7) USE ONLY)		_		it Use (Pri dential l		ing dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)		ASCN	/I No.	19			ement Co Abatem		(9)					
Street Address						V-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	Address	0.110.00.00.00.00.00.00	CIII						
City Chata Zin Code						(land Av	е.						
City, State, Zip Code						5.00	State, Zip dle Bro	ok, NJ	07663						
Project Manager for Monitoring Firm			Telepho	ne No.		V-1500 200	none No			Licen 0130	se No				
Start Date (10)			npletion	Date (11)			2000 E0	A Monitor		0100					
10/5/19 Occupancy Status During Abatement (Cher	10/9/1	72				Stroot	Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	Period of	Abaten					State, Zip						- 1111		
Scope of Work (Check All That Apply)							<u></u>	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				2	Mini Glov	Containm -Enclosur rebag Pro -Exempte	e cedure					е	
Location of	1	Locati	ly		Desc	cription	n of						Abate Ty	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenai todial S (12)	nce/		tos Conta thermal s surfaci other mi	ystem ng, VA	s insulat \T, or		(5	mount Specify F or LF		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									1		ite	е
Office		Х				VAT				55 SF		X			
Main Basement		X				VAT			20	60 SF		X			
Name of Registered Waste Hauler		I N	IJDEP W	/aste	Cubic Y	arde	1	Name of	Registr	ered I o	ndfill				
All Stages Abatement		H	lauler ID 036592	No.	of Wast			Grand				Lar	ndfill		
City, State Saddle Brook, NJ					Disposa TBD	al Date		City, Sta Pen A		A					
Completed by Richard Cristofol	Title Pres	ident			Sig	gnatur			4	->	Date 10	e /4/1	9		

	IKN	ſ													Prin	t For
K7103		AT NO		ATION		Jersey STOS ABAT 60 and 12:			0		C		\mathbb{V}	E	Contraction of the last of the	The second
Date of Notification (1) 10/2/19	U MILE	1 645	250	ame of Blair LL		wner/Opera	tor	(2)		1	OCT	7	201	9		
	Type Notification		S	treet Ad	dress	ights Av.			eer selection and a	100	COTO	2.00	כזייו	OL 9		- Commission of the Commission
DEP	Initial Amended		C	ity, Stat	e, Zip Code	e		0004		ASS	ESTOS	ENSIN	IG	UL C		
DOL	Amendment a Emergency (i				Contact	vnship N	JU	8234		Tele	phone N	Vumbe	r			\dashv
☑ DOH DCA	justification) Cancellation		1		stellini					609	9-927-	6660				
Name of Facility Where A	batement is Taking	Place (3)		FACIL	ITY INFOR	RMATION	7	Type of Fa	cility (4)					0 14100		-
Atlantic City Electric									ol (K-12)							
Street Address 315 2nd Street								Other	napter 8 (i.e. priv	(Othe rate &	r than K comme	(-12) ercial b	uildir	ngs, h	ome	s,
City (5)			74				-	etc.) Square Fe	et	# of	Floors		Bld	g. Ag	е	\dashv
Beach Haven NJ 08	8008							1000+		1			50	+		
County (6) Ocean				County C	ode (7) SE ONLY)			Current Us	mone approve		ng demo	olished)			
Name of Monitoring Firm	Hired by Building (Owner (8)	\dashv	ASCM	No.	- 1		of Abateme			(9)					\neg
N/A								Address								-
Street Address								Box 329				1				
City, State, Zip Code								State, Zip Co		14						
Project Manager for Moni	toring Eirm		Т	elephor	ne No			st Berlin N	J 0808	71	Licens	e No.				
Project Manager for Moni	itoling Film			•		8	56	-753-9800			0072	7				
Start Date (10) 10/14/19		Schedule 10/25/1		pletion [Date (11)		me an	of OSHA M ne	onitor							
Occupancy Status During	Abatement (Chec	k Only One	e)			Str	reet	Address								
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire F ed Outside of Norm	Period of A nal Facility	bateme Hours	ent		Cit	ty, 5	State, Zip Co	ode						54-54.01	
Scope of Work (Check A	li That Apply)						_	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Opposition 1	enovat emoliti					Mini-En	a Proce	dure						
		Т.						Non-Ex	empted	(*) an	d Non-F	riable		Abate		
Location Asbestos-Containing <u>TO BE AB/</u> In Facil	Material (ACM) ATED	Use Mai	Location lormally d Solely internant odial S (12)	y y by ice/			ng l tem	Material (AC ns insulation AT, or		(5	mount Specify or LF)		Removal	Tyr	e Encapsulate	Enclosure
(13)		Yes	No	N/A		outer misc	ona	incodo)					<u>a</u>	7	ate	ге
suspended o	n ceiling			Х		Tran	site	е		21	6 SF		к			
siding east end				х		Tran	sit	е		44	10 SF					
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			1	JDEP W	lasts	Cubic Yar	rds	NI.	ame of F	Peniete	ered I ar	ndfill				
Name of Registered Was United Containers	ste Hauler		Н	auler ID 2459		of Waste	us		.R.O.V	200002200-00	3100 201					
City, State Elm NJ	P					Disposal I 10/25/19			ty, State Iorrisvi		A 1906	67				4
Completed by Anthony T Perna		Title	ident			Sign	atu	re			-	Date 10/)	11117	
/ anatomy i i ema																

101	# 1504	\bigcirc	St-	to of No	w Jersey	٠.	n 28				22.720
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Date of Notification (1)	10/1/19				g Owner/Operator		OCT	7 2010	and the same	last	
Agency Notified	Type Notification			Address			Paris de la companya		and the second	Lounati	
D EPA	D Amended		City,	State, Zip	Code .	. 9	ASBESTOS	CONTRO)L&	1	1
E DEP	Amendment#	,	Ull	ER	SADOLE	RUER	NITLICE	manufacture and a second			\pm
DOH D DCA	justification) D Cancellation	•	Name	of Conta	AINES		Telephone Num	DEN	3		
u box					ORMATION	,					
	Abatement is Taking Place			•		Type of Facility	(4)				-
	. BILL HAR	7 EZ	>		·	☐ School (K-12	Other than K-12				
Street Address	A 2-1-1-1-1	SACTO				Other (i.e. pr	ivate & commercia	l buildings.	l vaza		
City (5)	8		_	11.5	• • • •	Square Feet	# of Floors	Bldg. Ag		_	
UPPER SAI	DOLE RIVER					2200.	rior if being demoli	1	5	>	\dashv
County (6)	26EN.		ONL		7) (STATE USE		SIDEN CE				
	m Hired by Building Owner	AS	CM No.			ment Contractor (-
(8)					Best Re	moval In	<u>c</u>			-	-
Street Address			8 11			th River	St	-			
City, State, Zip Code			AURIT 10 T		City, State, Zip	Code					-
		Tolo	phone No		Hackens Telephone No.	ack, N.J	License No.				\dashv
Project Manager for Me	September 1	iele	bttone ne	.	201-329	-7444 -	00388				
Start Date (10)	Scheduled Co			1)	Name of OSHA	Monitor Environm	ontol				and the same of th
Occupancy Status Dur	ing Abatement (Check only	15.//	7		Street Address		entar				-
	ited During Entire Period o		nent .			uyler St					-
C Abatement Performs	ed Outside of Normal Facil	sty Hours	S .		City, State, Zip		,N.J. 07	7606			-
Scope of Work (Check					1	/	Negative Pressu				٦
□≥3 sf or ≥ 3 ff				enovation emolition	/ D Min	i-Enclosure vebag Procedure					
22 ≥ 160 sf or ≥ 260 lf			u 0	ethomon	D No.	n-Exempted (") as	d Non-Friable Pro	cedure	Abata	Monen	+
		• 8	ocation ormaliy					-	Ту		4
	ntion of ning Material (ACM)	Used	Solely by	Ach	Description estos Containing I	Material (ACM)	Amount	,	z _	Enc	E .
TOBE	ABATED acilly	Cu	stocial	(5	e. thermal system surfacing, W	T, or	(Specify SF or LF		Repair	nada	Enclosure
	(13)	1.0	(12)		other miscella	neous)		1		late	10
Si .		Yes	No N	/A			300	CE	×	H	
ICHEN	FLOOR	\vdash	L	1	INOPENA	<u>'</u>	380	51	+	H	
			+		7.1			` ` `	工		
				\top							
Name of Registered V		NJE ID N	53.53	te Hauler	Cubic Yards of Waste	1	istered Landfill	() v		٠,	3.5
Best Ken	noval Inc		1710	9	31/20	7 CUMBER	AND COUN	TY LAN	DF	ill	
City, State	ack NII 07	601	- 11		Disposal Date	City, State	26H. PA.	17240	2_	•	
Completed by	rck , N.J. 07	001			Signature	7 ,	2	Date	1.	9	
J. MAIOR	ANO Est	imat			LXC	מסתפים		10/	1//	7	
ASB-41	* Do no	it use thi	is form fo	r asbestos	licensure exempt	ep activities.	_	4			

Inv# 5039										833		Pr	rint Fo
CK	a		CATIO	tate of New J N OF ASBES t to NJAC 8:6	TOS ABATE		ENT	D.	E C	E		<u> </u>	
Date of Notification (1) 10.02.2019				of Building Ow Barone	ner/Operato	r (2	2)	The state of the s	OC	T	7 20	19	lan lan
Agencies Notified Type Notification			Street A	Address		_		-					d- o-
× EPA × Initial							a constant	7	ASBES	TOS C	ONT	POL	i L
X DEP				ate, Zip Code	1107000		1	- Company of the Comp		ICEN	ING		Macon Ambanos
Emergency (in		_		ng Ridge, N	IJ 07920	_							
DOH justification) Cancellation				of Contact Barone				Tele	ephone l	Numbei			
N			FAC	ILITY INFORM	MATION			-					
Name of Facility Where Abatement is Taking Private House	Place (3)					Type of Facility (School (K-1						
Street Address						Ė	Subchapter Other (i.e. p	8 (Othe			ildinas	. hom	es.
City (5)							etc.)		Floors	T	Bldg.		
Basking Ridge						1	1924	N/A	A		1948		
County (6) Somerset				Code (7) USE ONLY) _			Current Use (Pri Residental	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCI	VI No.			Abatement Cor Contracting L		(9)				
Street Address					0.457100.7572	3.37	ddress	o Ant					
City, State, Zip Code							vermount Av	e Apt.	<u> </u>				
ony, orato, zip oode					100000000000000000000000000000000000000		and Park, N.	0742	4				
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi 973-		ne No. 07-6330		License 01383				
	Schedule 10.12.2		npletion	Date (11)	11		OSHA Monitor Contracting L	LC					
Occupancy Status During Abatement (Check	Only Or	ne)		*	Street	Ac	idress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					City, S	Stat	rermount Ave						
Scope of Work (Check All That Apply)					7 7000	Juli	and Park, N.	10742	4				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	annum and	Renova Demoliti			2	Υ	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	Ţ.			ro	
	Is	Locati	on				TYON-Exemples	1 () aric	111011-11	abici	Abat	emen	t
Location of	1	Nomall	У		Description	n of				_	T	уре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	nce/	(i.e. the	Containing Normal systems ourfacing, VA ner miscellar	s ir	nsulation, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ite	e
Basement		Х		TSI - Pipe	s and Fitti	ing	Insulation	50	0 LF	X	-		
								//	02000000	-			
Name of Registered Waste Hauler Spes Contracting LLC		H	JDEP Wauler ID	No. of	ubic Yards Waste		Name of Fearles			ifili			
City, State Woodlan Park, NJ 07424				Di	sposal Date		City, State		Α				
Completed by Branislav Pavlov	Title proje	ct ma	nager		Signature	Э	X		-	Date 10.02	.2019)	

TW# 120	958															
CK1597	PAID'		CATIO		BESTOS	ey S ABATE nd 12:120			E	C	E				715	597
Date of Notification (1)			Name o	f Building	g Owner/	Operator	(2)	lin						1	111	
October 02, 2				n Co. P	urchas	ing				OCT	7	201	9]]	
Agencies Notified Type No	tification		Street A						- Page		7.5			Diam		
EPA Init				en Cou		iza			LASP	ESTO	10 00			j	ĺ	
	ended endment #			ate, Zip C					7100	LIC	ENSI	NG	ULC	E.	deriona	
Em	ergency (including			nsack, f Contact		501				T = 1	1	A.I.	the southerness of	April Delivery	1	
	tification) ncellation				-						ephone					
			Project FACI	IVIANAG		ION				9/3	-234-	/026	j			
Name of Facility Where Abatemen	t is Taking Place (3))	11101	2111 1141	OTTIVITY	IOIV	Туре	of Fac	ility (4)	Y			4777			
133 River Street							\Box	School	(K-12)						
Street Address								Subcha	pter 8	(Othe	er than	K-12)			
133 River Street								Other (etc.)	i.e. pri	vate 8	comn	nercia	l buil	dings	, hom	es,
City (5)								re Feet		# of	Floors	3	E	Bldg.	Age	
Hackensack NJ																
County (6)			County (Code (7) VSE ONL	v.		Curre	nt Use	(Prior	if beir	ng dem	nolish	ed)			
Bergen											empt	ty				
Name of Monitoring Firm Hired by			ASCN	1 No.		discours many	of Aba				(9)					
Omega Environmental Services Street Address	ces, Inc.					The M			p, LL	C						
						Street			1200 TO							
280 Huyler Street City, State, Zip Code						1500 k				TE 2	09					
South Hackensack, NJ 0760	3					City, S										
Project Manager for Monitoring Fire		T	Telephor	ne No		Cherry			3034		Licen	se No				
Project Manager		1	201-489			(973)					0078		Ä			
Start Date (10)	Schedule					Name			itor		3070					(CATA)
10-17-19			12-31-1	9		The M.	ACK	Grou	o. LL(2						
Occupancy Status During Abateme	ent (Check Only One	e)				Street			-,			-		-		•
Facility Closed/Vacated Durin	g Entire Period of A	baten	nent			1500 k	(ings	HWY	N, S	TE 2	09					
Abatement Performed Outside Other - Describe:	of Normal Facility	Hours	3			City, St	tate, Zi	p Code			-504525					
					_	Cherry	Hill,	NJ 08	3034							
Scope of Work (Check All That App	oly)					15	7									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Min Glo	Conta i-Enclo vebag -Exem	sure Proce	dure	ii saataa					
	ls l	Locati	on												emen	t
Location of		ormal Sole			De	scription	of						_	Ту	pe	
Asbestos-Containing Material (, TO BE ABATED	ACIVI)	ntenar				taining M systems					nount		_		m	m
In Facility	Custo	odial S (12)	Staff?	(1.0	surfa	cing, VA7	Γ, or	uon,			oecify or LF)		₹em	Re	cap	nclo
. (13)		(12)			other r	miscellan	eous)				e.		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										<u> </u>		te	O
Throughout		X			wind	ow glaz	zing			10	00 sf		X			
Boiler Room	X				Pipe	Insulat	tion) LF		\Rightarrow			
2nd fl offices & hallwa	V					tile ma	-				0 sf		\Rightarrow			
2nd fl office	X					loor tile			+				\Diamond			
Name of Registered Waste Hauler		N	J DEP W	aste		Yards		Name	of Re		00 sf	ndfill	\triangle			
		377.25	auler ID I	No.	of Wa			, and	0. 110	3101011	-u Lall	MIIII.				٠
Newark Carting			450	9	-	11.8		Miner		nterp	rises	, LLC)			
City, State						sal Date		City, S			9000					
Newark, NJ	T T:11-				-	2-31-19		Wayn	esbu	rg, C	H.	-				
Completed by	Title	0.000			S	ignature	-/	7/		7		Date				
Mike Cooper	Preside	ent				- Starting and		_				10/2	/19			

LIVIA	10				State of N	New Jersey		ID E P	E	Π	7.77	F r
CK11787		NO		QITA:	N OF AS	SBESTOS ABA AC 8:60 and 5:1		DEG	G	<u>lj</u>	$\overline{\mathbb{M}}$	
Date of Notification (1)				Nan	ne of Buildin	g Owner/Operator	(2)	IL L OCT	-	7 2	019	- Control of
10/2	/19	9		R	utgers, Th	ne State Univers	ity of NJ / Job	#1804-5338 Ch	eck :	#117	87	Long
Agencies Notified Type No	tification			Stre	et Address			ASBEST	00.0	A L	CONCE	
				R	EHS, 27 R	load 1, Bldg. 408	6 Livingston C	ampus Li		SING		. či
☑ DOLWD ☑ Ame					State, Zip				ent and the	O'SHIPPING O		-
	ndment #		D-ELITT	4		, NJ 08854		**				
	gency (ir cation)	nciuair	ig		e of Contac	Bring-you be represented		Telephone Num	ber			
Cano				Mi	chael F. S	Smith		848-445-255				
				F/	CILITY IN	NFORMATION						
Name of Facility Where Abatement	is Takin	g Plac	e (3)			• • • • • • • • • • • • • • • • • •	Type of Facility	(4)				
Rutgers- Livingston Campu	s- Bldg	s. 40	86, 4	087 &	4155		School (K-12					
Street Address								(Other than K-12)		حالمان		
27 Road #1							homes, etc.)	rivate and commer	ciai d	ullain	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Piscataway, NJ 08854								4	- 1	60+		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex							Academic	=2).				
Name of Monitoring Firm Hired by E	Building (Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					\neg
Health & Safety Services				117		AbateTech, II	nc.					
Street Address		7.00				Street Address						
PO Box 365						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Berlin, NJ 08009						Lumberton, N	J 08048					1
Project Manager for Monitoring Firm	1		Tel	ephone	No.	Telephone No.		License No.				
James Proctor			8	56-452	2-1311	609-265-2107		00529				
Start Date (10)	Sched	uled C	omple	etion Da	ate (11)	Name of OSHA M	lonitor					
7 /25 /18	_1	0_/	_ 3	1_ /	19	EMSL Analyti	ical					
Occupancy Status During Abatemer	nt (Check	only	one)			Street Address						
☐ Facility Closed/Vacated During E	ntire Per	riod of	Abate	ment		200 Route 13	0 North					
Abatement Performed Outside of			Application			City, State, Zip Co	ode					\neg
Time of Abatement:AM	PN	Λ/	PM		_AM	Cinnaminson						
Scope of Work (Check all that apply)					New Control of the Co		Attent to the second				\neg
□ >3 of or >3 If		ПВ	novat	ion			ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			moliti			☐ Glovebag						
								-Friable Procedure	9			
			Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	~n.a.\		Norma d Sole		Achor	Description of stos Containing Mat		Amount	Re	Re	m	E
TO BE ABATED	JIVI)	Ma	intena	ince/		, thermal systems i		(Specify	Removal	Repair	cap	Enclosure
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	,	Encapsulate	ure
(13)	1	Yes	No	N/A	1	other miscellaned	ous)				te	
See Attached			1	-	C A44			C A44bd				
See Attached					See Atta	acned		See Attached				
Name of Registered Waste Hauler			N	JDEP 1	Waste	Cubic Yards of	Name of Registe	ered Landfill	_		_	\exists
AbateTech, Inc.			H	lauler II		Waste	Fairless La					
City, State				18750	,	40 Disposal Date	City, State				7.70	\dashv
Lumberton, NJ						10/31/19	Tullytown, I	PA				
Completed By (Print or Type)	Title					Signature	0/	Dat	e			\dashv
Gwendolyn Trumbetti	1000000	perati	ons (Coord	inator	1/2	W/X) -	2-	-10	

Rutgers Livingston Campus Demo

Building 4127

- 5' Furnace Gasket
- 2 SF of Furnace Door Packing
- 800 SF of Flashing
- 2 SF of VAT
- 7,575 SF of VAT & Mastic
- 110 SF of Transite Lab Hood
- 404 SF of Table Tops
- 4 Sinks

Building 4089

- 800 SF of Flashing
- 5,842 SF of VAT & Mastic
- 6 SF of Transite Lab Hood
- 141 SF of Table Tops
- 6 Sinks
- 360 SF of Transite Cooling Tower
- 2,052 SF of Ceiling Tile

Building 4090

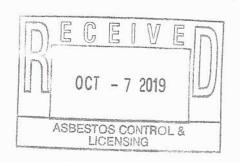
- 800 SF of Flashing
- 5,352 SF of VAT & Mastic
- 10 SF of VAT
- 1 Sink
- 92 Fittings
- 4,104 SF of Ceiling Tile

Building 4102

- 800 SF of Flashing
- 6,719 SF of VAT & Mastic
- 48 SF of Lab Tops
- 2 Sinks
- 3,261 SF of Ceiling Tile

Building 4103

- 800 SF of Flashing
- 3,712 SF of VAT & Mastic
- 56 SF of VAT & Mastic
- 490 SF of VAT & Mastic
- 1 Sink
- 20' of Transite Pipe
- 3,288 SF of sheetrock
- 54 Fittings
- 180 LF of transite pipe



INV-19	MU	n		[February				DEPI	3 1	W	E		
Ch 11788	70-1	6			ON OF A	New Jersey SBESTOS ABA AC 8:60 and 5:1				201		The state of the s	
Date of Notification (1)				Na	Name of Building Owner/Operator (2)								
				1 1 1 1 1 1 1 1 1 1	Port Authority of NY & NJ/ BMW / Job #1910-5540 Check #11788								
Agencies Notified Type Notification				Str	Street Address ASBESTOS CONTROL & LICENSING								
☑ EPA ☑ Initial				2	0 Colony	Road		LIO ENOTE O					
☑ DOLWD ☐ Amended					City, State, Zip Code								
☐ DCA Amendment # ☐ DCA ☐ Emergency (including					Jersey City, NJ								
DCA (NJAC 5:23-8)			ding		ne of Conta	X * (11100-12)*		Telephone Numb	oer				
☐ Cancellation				ohn Scott		201-744-9200 ext. 247							
						NFORMATION							
Name of Facility Where A	batement is	Taking Pl	ace (3	3)			Type of Facility	(4)					
BMW Site							☐ School (K-12)						
Street Address						messa sassassassassassassassassassassassas	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,						
20 Colony Road							homes, etc.)						
City (5)					n	105	Square Feet	# of Floors	BI	dg. A	ge		
Jersey City				(7/0	00							
County (6)				Co	unty Code	7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)				
Hudson							Commercial						
Name of Monitoring Firm Hired by Building Owner (8)				ASC	SCM No. Name of Abatement Contractor (9)								
NA					AbateTech, Inc.								
Street Address						Street Address							
						30 Maple Ave	. PO Box 25						
City, State, Zip Code Project Manager for Monitoring Firm Telep						City, State, Zip Co	ode						
					Lumberton, NJ 08048								
				elephon	e No.	Telephone No.	License No.						
						609-265-2107		00529					
Start Date (10) Scheduled Complete				pletion [on Date (11) Name of OSHA Monitor								
					/19 EMSL Analytical								
Occupancy Status During	Abatement (Check on	ly one)		Street Address							
☐ Facility Closed/Vacated During Entire Period of Abatem					nent 200 Route 130 North								
Abatement Performed Outside of Normal Facility Hours													
Time of Abatement:	AM	PM/_	F	M	_AM	Cinnaminson	, NJ 08077						
Scope of Work (Check all t	that apply)												
≥3 sf or ≥3 lf		N	Renov	ation		☐ Full Conta	ainment with Ne	gative Pressure					
≥160 sf or ≥260 lf			Demo		Glovebag Procedure								
						Non-Exer	npted (*) and No	on-Friable Procedure	1				
No.			cation mally		6			Aba		ent Ty	-		
Location of Asbestos-Containing Material (ACM)				olely by	Asbe	Description of estos Containing Mat		Amount	Rer	Repair	Enc	Enclosure	
TO BE ABATED				enance/ al Staff?	(i.e	e., thermal systems in	nsulation,	(Specify	Removal	air	aps	losi	
IN Facility (13)		"		2)		surfacing, VAT, other miscellaned		SF or LF)			Encapsulate	лге	
(13)			Yes No N/A			other missenance	,43)				6		
Exterior			×		Caulk			600 LF		П			
					- Junio								
			-										
		-			-								
						I	In			Ш	Ш		
Name of Registered Waste Hauler				10000	Waste ID No.	Cubic Yards of Waste	Name of Regis						
Abate rech, inc.			187		12	G.R.O.W.S	. Lanuilli						
City, State						Disposal Date	City, State	DA					
Lumberton, NJ						11/24/19	Tullytown,						
Completed By (Print or Tyr	(0)	Title				Signature	/ 1	Dat	P				

Gwendolyn Trumbetti

Operations Coordinator

Jnv	-149	34	F .	0.00		State of New	y-Jerse					= n	ПП	r r
KK.	209	4	, IN	(Pursi	uant to	TION OF ASE NJAC 8:60 and	12:20/	NI A.G.	7:26-2.12)		C E		<u>W</u>	
	otification (1):					Owner/Operator (2)		*		CT .	- 7 :	2019	
9/27/2019 Agencies	Type Notifica	tion	7,000	Addr	olic Scl	1001				I led had	01	1 1	_010	+
Notified	I nitial		190 N	1uhan	mad A	li Avenue Room 20)9			1000	070		reducionamento.	
□ EPA	☐ Amended				Zip Co					ASBE		S CON		_&
□ DEP	Amendment#:				07108 ontact:				Telephone	Number:	de Charles anno	-		
□ DOH	(including justification	1)				gadeyo			973-733-7					
□ DCA	Cancenation	11				FACILITY INFO	ORMA	TION						
Name of F	acility: Newa	rk Vocatio	nal Hig	h Scho	ool		Туре	of Facility	/ (4):					
301 West	Kinney Street			1				nool (K-12		12)				
			-			- C-1- (7)			(Other than K-	·12) ercial buildings, ho	mes. e	tc.)		
City/(5) Newark		County (6):		0710	nty Code (7):			ivate & comm					
Newark		LSSCA			0,10.	,	Squa	re Feet:		# of Floor	·S:			
								. Age	20115-25-201					
					L	Liggists		ent Use: S						
	Monitoring Fir	m Hired by	y Build	ing Ov	vner:	ASCM No.: 00110	Nam	e of Abat	tement Contra	actor (9):				
WHITMA	AIN					00110	Ape	x Develo	opment, Inc	e				
Street Add	lress:						Stree	t Address	s:					
17 Pleasa	nt Hill Road								_					
								Broad						
City, State	, Zip Code:						City,	State, Zi	p Code:					
Cranbury	, NJ 08512						New	ark, NJ	07104					
	anager for Mo	nitoring Fi	irm:			Telephone No.:	Tele	phone No),;	License No.:				
Kevin Lo	vely					732-642-1751	(973	350-010)1	01215				
Start Date 9/30/19	(10):		eduled 12/19	Compl	etion I	Date (11):			IA Monitor: ical Laborato	ries				
3	Status During A							t Address West 36th	s: ^h Street, Suit	e 203		nell.		
Abatement Describe:	nt Performed Ou							State, Zi York, N	p Code: ew York, 10	018				
Describe: Scope of W	ork (Check all t	hat apply):												
□ >,3 sf or					Kenov Demo				☐ Mini-I ☐ Glovel	ontainment with Enclosure bag Procedure				
			Ie	Locat	ion	T			□Non-E	cempted (*) and N	on-Fr	Aba	temen	ire it
	Location of			orma		D	escript	ion of	1 (1 (1)			T	ype	
Asbestos	s-Containing N	Material			ly by	Asbestos Con (i.e., therm	taining al syst	g Materii ems inst	al (ACM) ilation,		_		E	
Tr	(ACM) BE ABATE	D		intena ustodi		surfa	acing,	VAT, or	•	Amount	Removal	Repair	Encapsulat	Eliciosuic
10	IN Facility	D		Staff		other	misce	llaneous	s)	(Specify	10V	pai	psu	050
	(13)			(12)						SF or LF)	a	"	lat	G
			Yes	No	N/A						-			
2 nd FLOOI	₹			X		FLOOR TILE A	ND MA	STIC		3,500 SF	*			*
3 rd FLOOI	₹			X		FLOOR TILE AT	ND MA	STIC		3,600 SF	*			*
Name of F	Registered Wa	ste Hauler	<u> </u>		NJD	EP Waste Haule	r ID	Cubic Y		Name of Regi				
	arting, Inc.				No.:	04509		of Was	te: 30	Gran Central S	Sanitai	ry Lan	dfill	
City, State):			Dist	oosal D	ate:		City, St	tate: Pen Arg	yl, PA 18072				
Hillside, N	NJ 07205			1										
Complete					Title	07771	Signa	ture:	U.	Date:	0			
Chinyelu	Oraegbunam				Vice	President		5		9/27/201	7			-

															Prir	nt Fo
h7621		N		ATION	of New OF ASBES to NJAC 8:	STOS 60 and	112:120	0)		R	E C	e E		\mathbb{V}		The second
Date of Notification (1) 10/2/19	1503	4.			Building O gg Harb						00	:T -	7	2019)	
Agencies Notified EPA	Type Notification Initial		(adio Rd.					6	SBES	TOS)L &	
DEP DOL	Amended Amendment				te, Zip Cod gg Harb		wnshi	p NJ	08087		UB-GUD-UNIX		A-7531		MALINE SE	ay,ryenen
DOH DCA	Emergency justification) Cancellation				Contact McCrake	en					phone 1 3-927-					
N		- Di (2)		FACII	LITY INFO	RMATI	ON	Time	of Facility /	4)					-0,-	
Name of Facility Where A Demo Vacant Hous Street Address 45 Sea Breeze Driv	e	g Place (3)							School (K-1 Subchapter Other (i.e. p	2) 8 (Othe	r than k	(-12) ercial l	ouildi	ings, l	nome	s,
City (5) Little Egg Harbor T		1087							etc.) are Feet	# of 2	Floors			dg. Aç	je	
County (6) Ocean	OWNSHIP NO OC	0007			Code (7) JSE ONLY)				ent Use (Pri		g demo	olished			-	
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	1 No.			193115.7500	atement Cor	ntractor (9)				***************************************	
Street Address							Street	Addre Box 3								
City, State, Zip Code							13333607		Zip Code rlin NJ 080	091						
Project Manager for Mon	itoring Firm		T	elepho	ne No.		Telepl 856		No. -9800		Licens 0072					
Start Date (10) 10/18/19		Schedule 10/31/1		pletion I	Date (11)		Name San		SHA Monitor							
Occupancy Status During	Abatement (Che	ck Only On	e)				Street	Addre	ess							
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A nal Facility	bateme Hours	ent		_	City, S	State, 2	Zip Code							
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)		enovat emoliti					M G	ull Containm lini-Enclosur lovebag Pro	е	Negativ	ve Pre	ssur	е		
					I		<u> </u>	K N	on-Exempte	d (*) and	Non-F	riable	-	cedure Abate		
Location Asbestos-Containing TO BE AB/ In Facil	Location lormally d Solel intenant odial S	y y by ice/		os Con therma	scription taining l system icing, V	Materia ns insu		(S	nount pecify or LF)		Removal	Ty Repair		Enclosure		
(13)	(12) No	N/A		other	miscella	neous	;)				oval	air	sulate	sure		
Exterior S	Exterior Siding						rior Si	ding		200	00 SF		х			
Name of Registered Was United Containers	ste Hauler		H	JDEP Wauler ID 2459	3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Wa	Yards aste		Name of G.R.O	1000	red Lar	ndtill				
City, State Elm NJ						Dispo	sal Date	Э	City, Sta Morris		1906	67				
Completed by Anthony T Perna		Title Pres	ident			1	Signatur	2				Date 10/		9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8.60-7 and 12:129-7) E V EARLY

Da	te of Notif	cation 9/24/1	19				vner /	Operator (2)	-	The second secon		L.
TW	N. 15	000			Hari Bha				ACT	7 2040	HUH	
Agencie X	EPA	Type of Notif	ication gency Notific		Street Ad	idress			001 -	- 7 2019	hand	1
^	DEP	H	Notification		Citv. Stat	e & Zip Coo	de					
х	DOL		nded Notifica		전경 10 중에는 그 시청시간이다	, NJ 0708		I	ASBESTOS	CONTROL 8		
Х	DOH	Canc	ellation	-	Name of			Lamour	LICI	TOTAL	Telepho	ne Number
	DCA			ŀ	Hari Bha	asin						
					FACII	LITY INFO	RMA	TION				
Name o	of Facility V	Vhere Abaten	nent is Takin		(3)			of Facility (4) School (K-12)				
Street A	Address					021		Subchapter 8 Other (i.e., priv			ngs, hom	nes, etc.
					1) [27		re Feet	# of Floo		Bldg. Ag	
City (5)	1		County (6)	Co	unty Cod	de (7)	1 '	2,000	A 80000 10000	2		80÷
l (c)	Denvil	lle	Morris		,		Curre	ent Use (Prior	if being de	molished)		
	Donvi						Resi	idence	10170 N 1. 7 1			
Name o	of Monitoria	ng Firm Hired	Owner (8	8) A	SCM No.	Nam	e of Abatemer	nt Contract	or (9)	n d		
September 1997	nmental	•	-,	(N/A	15/12/20/17/53/34	oal Abateme				
Street A	Address							et Address	WW			
64 Bro	ad Stree	t						Schoolhous				
The bottom of the state of the	ate & Zip (9.50	State & Zip C				
	an, NJ 0							roe Townsh		8831	N.L	
	om Geiger					umber 1 7		ohone Numbe 605-9062	r	License	0071	4
_	led Start D	Date (10)	ompletic	on Date (11)	Nam	e of OSHA Mo	onitor				
	10/7/1			10/12			_	oal Abateme	ent Service	es, LLC		
Occupa X F	ancy Status	s During Abat sed/Vacated [ement (Che	ck only o	ne) of Abater	ment		et Address Schoolhous	se Road			
1000000		Performed O					City,	State & Zip C	ode			
11111		After 5pm					Mon	roe Townsh	nip, NJ 08	3831		
0	ther - Des	cribe:										-
Scope	of Work (C	heck all that	apply)									
X D	emolition		Renov	ation				Full Co	ntainment	with Negative	Pressure	е
X L	arge Proje	ct							nclosure			
Q	uantity is	≥ 3 SF or ≥ 3	LF ACM					X Gloveb				
X Q	uantity is	≥ 160 SF or 3	≥ 260 LF AC	M					Non-fria			
		Location of			Location			escription of		Amount (Specify		tement Type cify: Removal,
		stos-Containi aterial (ACM)	ng		mally Use Solely by	ea		stos-Containin aterial (ACM)	ig	Square Feet		Repair,
		BE ABATED			ntenance		(i.e., t	hermal systen		Linear Feet)	Enca	apsulation or
		in Facility	•	Cust	odial Sta			on, surfacing,			E	inclosure)
1		(13)			(12)	(or othe	er miscellaneo	us)			
Basement					N/A			TSI Pipe		80 LF	F	Removal
Exterior					N/A			ing shingles	5	2,400 SF	F	Removal
Exterior												
Nama	of Register	red Waste Ha	uler	N.IDF	EP Wasta	e Hauler ID	#	Cu. Yds. of V	Vaste	Name of Reg	istered La	andfill
Name of Registered Waste Hauler NJDI Freehold Cartage						8693		10	X-6040.100.5-V	Cumberlan		
City, St	the device of the second							Disposal Dat		City, State		
Fr	reehold,							10/12	/19	Newburg, P	'A	- ID .1
100		rint or Type)	Title					Signature				Date
Don	ninick Tr	ingali	Mana	iger				Dominick S	Tringali			9/23/19
1												

Inv-19	7731	7			•			_					
h2841	7 .		OTIF		TION	OF ASI	ew Jersey BESTOS ABAT & 8:60 and 5:10		DEGE	-	$\overline{\mathbb{N}}$		
Date of Notification (1)	10.00				Name	of Building	Owner/Operator (2)	OCT .	-7:	2019	-	H
10/	2 / _	19				ard Mar				,	_0.0	na ve dialetti ma	haumanii
Agencies Notified ☑ EPA	Type Notifica	tion			Street	Address		on the state of th	ASBESTOS LICE	S CON ENSIN		L &	
□ DOLWD	☐ Amended				City, S	tate, Zip C	Code	Less Section 1		AND THE PERSON NAMED IN COLUMN TWO	NAME AND DESCRIPTION OF THE PERSON OF T	Macagener	2000-001
☑ DHSS	Amendme		dia a		Burl	lington N	NJ 08016						
☐ DCA (NJAC 5:23-8)	☐ Emergend justification		aing		Name	of Contac	t		Telephone Numb	er			
	☐ Cancellati	on			Pat	Creelma	ın						
					FAC	ILITY IN	IFORMATION						
Name of Facility Where A	batement is T	aking Pl	ace ((3)				Other (i.e., p	2) 8 (Other than K-12) rivate and commer		ilding	s,	
0:1 (5)					_			homes, etc.)	<u> </u>	DI	da Ac		_
City (5)					177	1010)	Square Feet 400	# of Floors		dg. Ag +/- 70		
Burlington				- 1	Coup	ty Codo /7)(STATE USE ONLY)		ior if being demolis		7- 70		
County (6) Burlington					Court	ty Code (/)(STATE USE ONLT)	Vacant	ioi ii beilig delliolis	ried)			
Name of Monitoring Firm	Hired by Build	lina Owr	ner (8	3)	ASCM I	Vo.	Name of Abateme						
Health & Safety S	[47] [47] [47] [47] [47] [47] [47] [47]			'				mental Manag					
Street Address							Street Address						
PO Box 365							8436 Enterpr	ise Avenue					
City, State, Zip Code							City, State, Zip Co	ode					
Berlin, NJ 08009							Philadelphia,	PA 19153					
Project Manager for Moni	itoring Firm				phone I		Telephone No.		License No.				
James Proctor					-452-1		215-365-5810		1156				
Start Date (10) 10 / 14 /		chedule			tion Dat		Name of OSHA M	lonitor mental Manag	ement Inc				
						15		mental Manay	ement, inc				
Occupancy Status During Status During	•				ment		Street Address 8436 Enterpr	ica Avanua					
☐ Abatement Performed						cribe	City, State, Zip Co						
Time of Abatement: 7							Philadelphia,						
Scope of Work (Check all	I that apply)							tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati				g Procedure	on-Friable Procedu	re			
			ls	Locat	ion			, ,			ateme	ent T	уре
Location				orma			Description of			R	Z.	Щ	Щ
Asbestos-Containing TO BE ABA	TED	,	Maii	ntena	ely by ince/ Staff?		estos Containing Ma e., thermal systems surfacing, VAT	insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
IN Facili (13)	ty			(12)			other miscellane		3F 01 LF)	=		ılate	Те
		Y	'es	No	N/A								
Garage			X				400						
		Г	7										
			=-+									П	П
Name of Registered Was	te Hauler				JDEP \		Cubic Yards of	Name of Regis	stered Landfill				-
Service Transport				11.77	lauler IC		Waste 1	Minerva L					
City, State							Disposal Date	City, State	192 (A110)				
New Castle De.							10-21-2019	Waynesbu	ırg OH.				
Completed By (Print or T	ype)	Title					Signature	Mer	1	ate			
Kevin Meldrum		Pro	ject	Man	ager		- Re	- juice	10)-2-19			

ASB-41 MAY 11

CK# 4912 Inv-15031

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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M		OCT	-	7	2019		اللا

ASBESTOS CONTROL &

7110			Nam	ne of Rusidia	g Owner/Operator	(2)		CENS	ING	newpres	ence we
Date of Notification (1	70-19		14611	RE 07 00000	HARGRI	OUE DEW	OUTION				4
	Type Notification	1	Stre	et Address	1507 1	STATE S	T				
Agencies Notified	Initial		_			MAIC			-11,-00		=
	Amended Amendment	¥	City.	State. Zip	CAMDE	AL N. I	08105				
⊠ 00r	Emergency (induding	Nam	ne of Conta		3.3.4	Telephone Number	×			
⊠ DOH □ DCA	justification) Cancellation		1904	Z J J J K	FLLY						=
				ACILITY IN	FORMATION						4
÷ ;	Yaki	on Place (3)				Type of Facility					
Name of Facility When	e Abatement is Takin	3				School (K-12	8 (Other than K-12)				-
Street Address			6.47			Other (i.e., p	nyate & commercial	buildin	ngs,		
Succension				7-53	7:57	Square Feet	# of Floors	100000000000000000000000000000000000000	g. Ag		
City (5)	211141	-	- 7	198	101_	1500	1_2	-	0		=
(DC	DOULYNAU		TCo	unity Code	7) (STATE		for if being demolish	160)			
County (6)	24 [US	E ONLY)			CANT		=		=
CAMOL	m Hired by Building	Owner	ASC	yl No.	Name of Abater	ment Contractor (9	T.W.C				_
Name of Monitoring FI (8)	NI I.A				Street Address						
Street Address	VIV				360	9 S. SPK	RUCE ALL				=
Sheer you are					City, State, Zip (Code	7 A 4 1 T	080	75	7	
City, State, Zip Code					MK	APLE SH	ADE N.)	Cor	2)	_	=
		-	elephor	e No.	Telephone No.	0 8177	License No 12	71			_
Project Manager for M					856-17	4-04/6					_
	T Sch	eduled Corr	pletion	Date (11)	Name of OSHA	MONITO					
Start Date (10)	o	10-70	-17		Street Address	19/23	-				
10-10-10	to many (Ch	ack only on	ю)		300017133171	4			=	=	=
Occupancy Status Du Facility Closed/Vac	zated During Entire P	eriod of Ab	atement Kours	k.	City. State. Zip	Code					
Abatement Perform	ned Outside of Norm	al Faculty 1	100.0								=
Other - Describe:					□ Full Co	ontainment with Ne	gative Pressure				
Scope of Work (Chec	k all that apply)		. ration		☐ Manit E	ndosure					
≥3 sf or ≥3 lf		N Denx	vation cition		Glover	pag Procedure xempted (*) and N	on-Friable Procedu	re	bater	1000	_
≥160 sf or ≥260 H		42						A	Typ		
		Is Lox	nally		Description	of		-			
	01	Used S Mainte	olely by	Asbe	- Containing M	aterial (ACM)	Amount (Specify	R	R	Encapsulate	Enclosure
Asbestos-Containin	ig Material (ACM)	Cust	odial	(i. e	thermal systems	T, or	SF or LF)	Remova	Repair	psu	USO
TO BE AL	SALEU	2000000	sff? 2)		other miscelland	eous)		5	-	ate	0
(13		-	$\neg \top$	<u> </u>				1		-	-
		Yes			RANSITE	5	7000 SF	X	_	_	-
010111	(X		KMM		1		_	_	-
SIDIN	-	1					-		_	_	-
		+								_	_
		+			T Cubic Yards	Name of Res	gistered Landfill				
Name of Registered	Waste Hauter		Hause	P Waste	of Waste	TR	W.F.				_
			170	104_	Disposal Date	City State		211		60	
KLEMC	7 411/2				U Dy TTT	Toui	r Town 1	-	_	_	_
City. State	HAWE W.	Ι			Signature	~~	- Q-	30	-19	1_	
Completed By	Ti			F 224	_ Theil	18/4					
Campaco of	rum	PRES				20.000					

JW-1912	030	Z	OTIF (Pu	CATIO rsugnit	NJAC	BESTO:	ABATEM and 12:120))	E C E	20		7 7 7	
Date of Notification (1)	30-19			Name		ng Owne	er/Operator			20	10	les	
Agencies Notified	Type Notification	٦		Stree	Address 7 0		Hau	KN A	LESBESTOS C	ONTI	ROL	&	
⊠ DOF	Amended Amendment		-	City, S	State, Zip	Code	u C	ity 1	1.5 08	22	6		_
DOH DCA	Emergency (justification) Cancellation	ii Kadoii i	9	Name	of Contac	ct			Telephone Numb	er			
				FAC	ILITY INI	FORMA	TION						
Name of Facility Where	e Abatement is Takir	ng Place	e (3)					Type of Facility					
RI	ESIDENCE							☐ School (K-1 ☐ Subchapter	8 (Other than K-12))			
Street Address								Other (i.e., phomes, etc.	orivate & commercia	l build	ings,		
City (5)		- 1			MS	chi	7/ /	Square Feet	# of Floors		lg. Ag		
C	OCTAM C	174			UC)do	11/	1000	rior if being demolis	1	00	_	ᅴ
County (6)	PE WAY				nty Code (ONLY)			NACH	ANT	100)		_	=
Name of Monitoring Fir	m Hired by Building	Owner		ASCM	No.			ent Contractor (S					
(8) W	/A					Stree	t Address				2000		
Street Address							95	. Spruc	E AUE		_	_	=
City, State, Zip Code			72.007.2ES			M	State, Zip C APCE	SHAPE	W. J 08	05	Z	_	_
Project Manager for M	onitoring Firm		Tele	ephone	No.	85		9-0472	License No. 3	71		_	_
Start Date (10)				etion Da	te (11)	Name	of OSHA N	Monitor N/A.					
10-10-19		0-		14		Stree	t Address	N/M.					
Occupancy Status Dur	ing Abatement (Che	eriod of	Abate	ement			• • • • • • • • • • • • • • • • • • • •		6				_
Abatement Perform	ed Outside of Norma	al Facili	y Hou	rs		City,	State, Zip C	ode	84,				
Other - Describe:						<u></u>							_
Scope of Work (Check	all that apply)					,		ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				Mini-End	an Procedure	on-Friable Procedu	re			
METOCOLOTEC		Is	Locati	on			De l'Horr Da	Simples () and		A	bater		
			omait Sole			De	scription of	i.					
Location Asbestos-Containing	n of Material (ACM)	Mai	ntenar	nœ/	Asbes	stos Cor	ntaining Mat al systems i	erial (ACM)	Amount (Specify	Re	R	Encapsulate	Enc
TO BE AB	ATED		Staff?		(1.6.	surfa	rcing, VAT, miscellaned	or	SF or LF)	Removal	Repair	psul	Enclosure
(13)			(12)			omer	Miscellarie	<i>(</i> us)		al		ate	18
		Yes	No	N/A		5.A.A		,-	7250 SE	X			-
SIDIA	JG-			X		KU	WSIT	<u> </u>	7 C)ODE	1			
										1			
		-		-									
	Lata Maulos		L	WDEP \			Yards	Name of Reg	istered Landfill		A		
Name of Registered W	IWC,		ŀ	tauler IC	No.	of Wa		C.M	C. M.L	1. 4	4_		_
City, State		, T	= 1			Dispo	sal Date	City, State	DBINE				_
Completed By	SHADE TO	e	^			1 5	Signature	0,00	Date	-30	7	<u> </u>	
1 /	1 4 14 4	SUH					1						

CK4 4912 TM1-15009		OTIFIC (Pur	ATION	OFASE	w Persey ESTOS ABATEM 8:60 and 12:120	IENT)) <u>E G E</u> 1	201	7 E		
Date of Notification (1)		П	Name	of Buildin	GOWNER/OPERATOR	(2)	DETOCHNO				
Agencies Notified Type Notification	n	\dashv	Street	Address	ARVEW		ASSESTOS CO	ONTA	OL a	ž.	
☐ EPA ☑ Initial						man 1	RI	F1 11 CA	-	Not trans	=
Amended Amendment		- [City, S	State, Zip (Code //	IT NIT	08211)			_
Emergency justification	including	'	Name	of Contac	t		Telephone Number	er			
DCA Cancellation			EAC	JIM IN	ORMATION						=
Name of Facility Where Abatement is Tak	ng Place	(3)	FAC	JILIT II II	Ordination	Type of Facility	(4)				
KESIOTAL	Œ					School (K-1	8 (Other than K-12)				
Street Address						Other (i.e., phomes, etc.					
City (5) UPPER T	.)P			0	8470	Square Feet	# of Floors	0.000	g. Ag		
County (6)	W I				7) (STATE	Current Use (P	nor if being demolis	hed)			
CAPE WAY	0:=05		ASCM	ONLY)	Name of Abatem	nent Contractor (9	CAUT		-	_	=
Name of Monitoring Firm Hired by Building (8)	Owner	_	ASCIVI		1 22.0	MO I	WC		_		_
Street Address					Street Address	S. SP6	LICE ALE				
City, State, Zip Code					City, State, Zip C		ADE WIJ U	280	57		
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.	7 1			=
			•		856-7	The second secon	_013			_	ᅱ
Julia Date (10)	eduled C			te (11)	Name of OSHA	MONITOR WLA					
Occupancy Status During Abatement (Ch	eck only	one)			Street Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of	Abate	ment rs		City, State, Zip C	ode				_	=
Other - Describe:									_	_	=
Scope of Work (Check all that apply)					Full Cor	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Re	novati molitio			☐ Mini-En	an Procedure	on-Friable Procedu	re.			
X12100 01 01 200 11	,	ocatio			- Non-Ex	empled () and re	GITTIGBIC T 100000		bater Typ		
Location of		Soleh			Description of	f			171	T	\dashv
Asbestos-Containing Material (ACM)	Mair	ntenan	œ/	Asbes (i.e.,	tos Containing Ma thermal systems i	insulation,	Amount (Specify	Rei	Re	Encapsulate	Encl
TO BE ABATED IN Facility		Staff? (12)			surfacing, VAT other miscellane	, or ous)	SF or LF)	Remova	Repair	psula	Enclosure
(13)	Yes	No	N/A				11			te	
SIDING	\vdash		X		TRAUSIT	E	1000 St	X			
								-		-	
								+-			
Name of Registered Waste Hauler	لــــــــــــــــــــــــــــــــــــــ		UDEP V		Cubic Yards	Name of Reg	gistered Landfill	1		_	
KLTMCO JUK		_ 7	auler ID) No.	of Waste		M.C. M.V	<u>A</u>	_		_
City, State	IT				Disposal Date	City, State	OPPINE	NI	, T		
Completed By Ti	le J	-			Signature	1-00	Date -	30	40	7	
Completed By	le C.	01.2	1.0	0	Signature	and-	_ 1.9-	-30	4	1_	

hioi.	I	NOTIFIC (PL	CATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE	MENT W	W-100)'[](P		2000
Date of Notification (1) 09/20/19	7		570	Building Owner/ONE IND			PAUL	Len	1	72	+
Agencies Notified Type Notification			Street A	ddress O. Bo'X	R	310	OCT -	7 004/			
EPA Initial Amended				te, Zip Code	2	led b	0CT - 7	/ 2015	9	1	
DOL Amendment				ALEDON	N	7 075	138				
DOH Emergency (including	1	- 4	Contact	100		ASPESTOS C Telephone N	Umber	18	201	
DCA Cancellation				L LENH			913-12	0-1	140	59	-J
Name of Facility Where Abatement is Taking		100	520	LITY INFORMAT	ION	Type of Facility	(4)				
STON'E	IND	037	RIE	5		School (K-					
Street Address 404 CENTRAL A	VE					Subchapte Other (i.e. etc.)	r 8 (Other than K- private & commer	12) cial buile	dings,	home	es,
City (5) HALEDON						Square Feet	# of Floors	В	1dg. A	ge S	
County (6) PASSAIC				Code (7) USE ONLY)		Current Use (Pr	ior if being demoli	shed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	1 No.	Name	of Abatement Co					
Street Address					Street	Address GG NILG					
City, State, Zip Code					City, S	tate Zin Code	WILLIAM TO THE TOTAL TOT	1 1 2	0	,	
Project Manager for Monitoring Firm			Telepho	no No	Tolonk	one No.	ON, NJ	,07.	ال		
. Tojost Manager for Monitoring 1 mm			relephol	ile No.	9.3	3 6.53 ge	Sa las	NO.			
Start Date (10) 9/30/19	Schedul	ed Con	pletion I	Date (11)	22 (2000) 2000	of OSHA Monitor	, /				
Occupancy Status During Abatement (Chec	k Only Or	ne)	-///			Address	16768			A F	
Facility Closed/Vacated During Entire F	Period of	Abatem	ent		14	4 11/12	57				
Abatement Performed Outside of Norm Other – Describe:	al Facility	/ Hours			City, S	tate, Zip Code	ON NO	10	7	70/	9
Scope of Work (Check All That Apply)		_				0) 1 0) -0					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				Full Containm Mini-Enclosur Glovebag Pro		Pressu	re		
					E		d (*) and Non-Fria	able Pro	0.00		
Location of		Location Normall				.,				ement pe	
Asbestos-Containing Material (ACM)	Use	ed Solel	y by	Asbestos Con		Material (ACM)	Amount			ш	_
TO BE ABATED In Facility	5555	todial S (12)			I system: acing, VA	s insulation, T, or	(Specify SF or LF)	Remova	Repair	псар	Enclosure
(13)				other	miscellar	neous)		oval	air	Encapsulate	sure
110.50 0.5	Yes	No	N/A	20.00		A 15			-	Ф	
House ex.		V				Asifi NG	120 SF 240 SF				
House ex				ROOM	-ING	•	240 SF	- lu	_		
	1							+			
Name of Registered Waste Hauler		N.	JDEP W	/aste Cubic	Yards	Name of	Registered Landf	ill .			
ARIAI INDIAN	ARRE	DW/H	360	No. of Wa	BE	FA	FIZLESS				
City, State PATERSON,	NJ	1		Dispo	sal Date	City, Sta	RISVILL	LE,	DA	7	
City, State PATERSON; Completed by GORAN 1GEV CA	Title	ce,	0		Signature	4	1	Date 09	10	0/	19

Ch 1010	JN-19	DD	NOTIF (P	ICATIO	N OF ASBES t to NJAC 8:	TOS ABATE	EMENT		-			
	120/19			Name of	of Building Ov	wner/Operato	or (2)	W LEN	HAR	7	E	
Agencies Notified EPA	Type Notification			Street A	Address P. O.	BOX E	5027	OC'	r - 7	2019	3	世
DEP	Amended Amendment: Emergency (HA	ate, Zip Code	N N	7 075	38 ASBES	TOS CC	NTR	OL &	
DOH DCA	justification) Cancellation			PAU	of Contact			Telephonel 973-7	Number	NG		and the state of t
Name of Facility Where				FAC	ILITY INFOR	MATION	Type of Facility	(4)			Aller Services	
Street Address 5 VALLE,	NE INDU. YYİEW I		105				School (K Subchapte Other (i.e. etc.)	-12) er 8 (Other than k private & comme	(-12) ercial bui	ldings	, hom	es,
City (5) HALED	ON						Square Feet	# of Floors	E	Bldg. A	Age 7'S	
County (6) PASSA					Code (7) USE ONLY)			rior if being demo	lished)	<u> </u>		
Name of Monitoring Firm	Hired by Building C	wner (8)	ASCI	M No.		of Abatement Co	ontractor (9)				
Street Address						Street	Address	57				
City, State, Zip Code					No. 10		State, Zip Code	17	2501	P		
Project Manager for Mon	itoring Firm			Telepho	ne No.	-53	hone No. 653 9652	License	e No.			
Start Date (10) 30/1	9	/	10/10	pletion	Date (11)	Name	of OSHA Monito	r				
Occupancy Status During						Street	Address					
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norma	eriod of all Facility	Abatem y Hours	ent		City, S	State, Zip Code	NJ 0:	7501	p		
Scope of Work (Check Al	I That Apply)	/	_			100	11 CRSUN					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti				Mini-Enclosu Glovebag Pro				~	
		2.13	Location					, and reon in	labic i ic	Abate	ement	ī.
Location Asbestos-Containing	Material (ACM)	Use	Normall ed Solel aintenar	y by	Asbestos	Description Containing M	of Material (ACM)	Amount	-	1 9	/pe	
<u>TO BE ABA</u> In Facilit (13)			todial S (12)		(i.e. the	rmal systems surfacing, VA her miscellar	s insulation, T, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		-			=		ate	ଜ
GARA			V				DAPOUNT					
BEDROO		-	1			AT		73 SF				
B €D RO. HOUS €			-			ASTIC		73 SF	- 2			
Name of Registered Wast	te Hauler			JDEP W	aste C	ubic Yards		Registered Land	fill			
ARIAI City, State		17 21392	GOS	3/	Waste アルカ	FAI	RLESS					
Completed by GORAN IC	ON, N	プ				isposal Date		te PISVILL	$\epsilon, \hat{\gamma}$	4		
GORAN i	GEV	Title	Q E	2		Signature	11/3		Date 091	20	119	2
						127	The same of the sa			-	-	

Ch 24437	N		Sta ICATION ursuant		ESTOS	ABATE				L G		204		Personal and an advantage of the
Date of Notification (1) 10/1/2019	003)		Building RT SAC		Operator	(2)			OCT	- 1	201	3	Imment
Agencies Notified Type Notification X EPA X Initial	1		Street Ad	ddress						ASBESTO LIC	OS CC		OL 8	Ž.
DEP Amended DOL Amendmer				te, Zip Co ETTST(NJ 078	340	in the second			nervisiphy au 13			
)		Name of ROBEI	Contact RT SAC	cco				Tel	ephone Nur	nber			
			FACII	LITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Taki RESIDENCE Street Address	ng Place (3)						of Facility (4 School (K-12 Subchapter	2)	er than K-1	2)			
						- 8	×	Other (i.e. pretc.)				dings,	home	es,
City (5) HACKETTSTOWN								re Feet	# 01	Floors	В	ldg. A	ge	
County (6) WARREN			County C (STATE U	Code (7) ISE ONLY)		Curre	nt Use (Prio	r if bei	ng demolish	ned)		5000	
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.		11 CONTROL OF THE		tement Con THERS (G, IN	C.		
Street Address							Addres	s AND AVE	ENUE	7)				
City, State, Zip Code						2 HOVE 50 HOUSE		p Code NJ 0751	2					
Project Manager for Monitoring Firm			Telephor	ne No.			none No -956-8			License N 00494	0.			
Start Date (10) 10/12/2019	Schedule 10/15/2		mpletion [Date (11)		5.333333		A Monitor (9) ABO	VΕ					
Occupancy Status During Abatement (Che	ck Only On	e)				Street	Addres	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:						City, S	State, Zi	ip Code						
Scope of Work (Check All That Apply)											1180-0-1		-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				×	Min Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	edure				е	
	Is	Locat	ion									Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lorma d Sole intena odial ((12)	ly by		tos Cont thermal surfa		Material s insula NT, or		(5	mount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
(10)	Yes	No	N/A		ounor r	moodiidi					'al	-	late	ıre
BASEMENT & CRAWLSPACE	100	X	1071		PIPE II	NSULA	ATION	1	4	0 LF	Х			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTIN	G	1	NJDEP W Hauler ID 18743		of Wa	Yards ste				red Landfill NAGEME		a.R.C).W.S	S.
City, State TOTOWA, NJ						sal Date 5/201,9		City, State		LE, PA				
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINAT		Signature	e ali a	a K	en	Da 10	ite 0/1/20)19		

Inv-15001

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

GAC Project # 060-19				I /my						
Date of Notification (1)				ADTO CONT	Name of Building Owner/					
Septer	mber 30,	2019	52.		RUTGERS, THE ST	TATE UNIV	/ERSIT	Y OF N]	
Agencies Notified		Notification	Туре		Street Address	T	- F	@ F	п пл п	
		☑Initial I	Notifica	tion	ENVIRONMENTAL	HEALTH &	SAFE	TY DEP	T (REH	7 (5
☐ EPA		□ Ameno	led Noti	fication #	27 ROAD 1, BLDG					
□ DCA				Annual Control of the	City, State, Zip Code	111	7			1111
⊠ DOL				including	PISCATAWAY, NJ	0054	11 .			
DEP- No Longer REQUI	DED		cation)	1		00034		CI -	7 2019	1111
	KED	□ Cance	lled		Name of Contact			ne Numbe	<u> </u>	louman
⊠ DOH					MICHAEL F. SMITH	, ENV.	848-44	5-2550		
					HEALTH & SAFETY		ASRI	ESTOS	CONTROL	R.
				FACILITY INF	ORMATION			LICEN		0.
Name of Facility Where Abate	ment is Tak	king Place (3)			Type of Facility (4)	Long		THE PERSON	action makes recent multiplication	
MARVIN APTS, BLDO	3# 3800				☐ School (K-12)					
					Subchapter 8 (other than	K-12)				
Street Address					Other (i.e. private & cor		inas home	s etc.)		
BUSCH CAMPUS						of Floors: 3			+ vears	
					Eq. rect.	011 10010.	Diag. 7	190.	joure	
<u>City (5)</u>	County (6			Code (7)	Current Use (prior if being	demolished	· ACADI	EMIC		
PISCATAWAY	MIDD	LESEX	(State L	Jse Only)	Current dise (prior il bellig	g demonstred	, AUADI	LIMITO		
Name of Monitoring Firm Hire	d by Blda C	Owner (8)	ASCM	No.	Name of Contractor (9)					
ATC			0009							
7.10			3003	-	GREENWOOD ABAT	EMENT C	ONSULT	ANTS.	INC.	
Street Address					Street Address					
3 TERRI LANE										
3 ILINN LANE					511 MAIN STREET					
014 04-4- 71- 0-1-					City State, ZipCode					_
City, State, Zip Code	00046									
BURLINGTON, NJ	08016				BUTLER, NJ 07405		11 N	tion bear		
Project Manager for Monitorin	g Firm	Telephone I			Telephone Number		License N	Number		
BRIAN R. KEARNEY		609-386	-8800	No.	973-492-0477		00840			
2		0.5-1.1-1	01-4	- D-1- (44)			00040			
Scheduled Start Date (10)		7.5000000000000000000000000000000000000		on Date (11)	Name of OSHA Monitor					
10/10/19		10/14/20			ENVIROVISION, INC	<i>,</i> .				
Occupancy Status During A				72	Street Address					
☐Facility Closed/Vacated D	ouring Entir	e Period of A	batemen	t	20-21 WARGARAW	ROAD, BL	DG# 35E			
☐Abatement Performed Ou	itside of No	rmal Facility	Hours -	1	Cit. Ctata 7ia Cada					
Describe:					City, State, Zip Code	0				
X Other- Describe: Sched	ule: 12PM	I – 5AM Dai	ily (24 H	IOURS &	FAIRLAWN, NJ 0741	U				
WEEKENDS AS NEEDE	ED)									
Scope of Work (Check all that	apply)									
						Full Contain	ment with	Negative	Pressure	
⊠ ≥ 3 sf or >3 lf				Renovation		Mini-Enclos	sure	-		
□ ≥ 160 sf or ≥			200	Demolition		Glove bag		/ Wrap &	Cut	
2 100 31 01 2						Non-Exemp		집에는 그는 사람은 기업 10년 중 1일 달		lure
Location of Asbestos-Contain	ing lele	cation Norma	Ily I lead	Description of Ask	bestos Containing Material	Amour		batement		
Material (ACM) in Facility (13)		ly by Maint./C			nal systems insulation, surfaci		fv SF			
Waterial (AOW) III I dollity (10)	111	? (12)	aotoaiai	VAT, or other mis		or LF)		emove Re	pair Encap E	Enclose
	YES		NA		029009.5 0 5					
A-4# 2		1 [57]	r	MAT		E0.0	SE R	XI		
Apt# 2		X		VAT		50 8			_	
Apt# 4		X		VAT		50 8	5F [2	XI		
						III. S				
Name of Reg. Waste Hauler		NJDEP Wa	ste Haule	r ID#	Cubic Yards of Waste:	10 CY		Registere		200
See Hauler Below #1 &	2	See Belov					G.R.O.\	W.S. No	rth Landfi	II
		ultanta I-a	Dutley '	N I 07405		Disposal Da	te .	City	State	_
Hauler #1) Greenwood Abat	ement Cons	suitants, Inc	- butter, !	10 U/4UD		Dispusal Da			New Ford M	Λill
NJDEP # 12561 Hauler #2) Newark Carting,	Inc. Name	ek NI 04500				40/44/00	10	0.189,688	Morrisville,	
NJ DEP # 4509	me., newa	IN, 135 04509				10/14/20	19	1906	The state of the s	ALL MARKET
113 DEF # 4309								215-	-736-1700	
I .		· ·			I a:		Data			
Completed by (Driet or Trees)		Title								
Completed by (Print or Type)		Title	DO IE	т	Signature	n	Date Septer	mbor 20	2010	
Completed by (Print or Type) RAYMOND C. PEDAL	_INO	<u>Title</u> SENIOR P MANAGEI		СТ	Raymond C. Pe	Edalino		mber 30	0, 2019	

Check# 13658

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

GAC Project # 000-19				1 //										
Date of Notification (1)	mber 30	2010					EDGIT	VOE	N I					
	liber 30		Т			IAIL UNI				7.7.				
Agencies Notified					Street Address	1.	2/2 E-	L. E		WE	2. [
D 504											5)			
□ EPA		☐ Amen	ded Not	ification #	27 ROAD 1, BLDG	4086, LIMI	NGSTO	N CAI	MPUS	5				
□ DCA		☐ Emer	gency (includina	City, State, Zip Code	111	11:				111 11			
⊠ DOL						08854	11 0	CT -	7 20	110				
DEP- No Longer REQUI	RED					- L				113	language .			
X DOH		LCance	llea			ENIV								
E BOIT											J			
							ASBE			ROL 8	Št.			
				FACILITY INF		Lancore Lancore		LICE	PINICA					
		king Place (3)												
MARVIN APTS, BLDG	3806													
					☐Subchapter 8 (other than	n K-12)								
Street Address					Other (i.e. private & cor	mmercial build	lings, hom	es, etc.)						
BUSCH CAMPUS										ars				
City (E)	September 30, 2019 Notification (1) September 30, 2019 Notification (2) Notification (3) Notification (4) Notification (4) Emergency (including justification) (4) Emergency (including justification) (4) Emergency (including justification) (5) Cancelled (4) Emergency (including justification) (5) Cancelled (5) Cancelled (6) Cancelled (7) Cancelled (
City (5)					Current Use (prior if being	demolished): ACAD	EMIC						
PISCATAWAY	MIDD	LESEX	State	JSE OHIV	Tanana and (print) in Taning	,	,							
Name of Monitoring Firm Hired	d by Bldg. C	Owner (8)	ASCM	No.	Name of Contractor (9)									
ATC			0009	8										
					GREENWOOD ABAT	TEMENT C	ONSUL	TANTS	S, INC					
Street Address					Street Address									
3 TERRI LANE														
					511 MAIN STREET									
City, State, Zip Code					City State ZinCode				-	_	-			
	08016													
		Talanhana	Mumbau				Liconos	Number						
	<u>y Film</u>				Telephone Number		Licerise	Number						
DRIAN K. KEARNET		009-300		973-492-0477		00840								
Scheduled Start Date (10)		Scheduled	Completic	n Date (11)			00040							
10/10/19				on bate (11)										
The state of the s	natamant (·					-			
						DOAD BI	DC# 35	_			Į			
				IL	20-21 WARGARAW KOAD, BLDG# 33E									
Describe:	tside of No	ormal Facility	Hours -		City, State, Zip Code									
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.i 42DM	EAM De	b. /24 L	IOUDE 9										
		I – SAIVI Dai	iy (24 F	iours &										
WEEKENDS AS NEEDE	(ט:													
Scope of Work (Check all that	apply)				_	•								
_			4					Negativ	e Pres	sure				
				Renovation		Mini-Enclos	sure							
	260 If			■Demolition		Glove bag	Procedure	e / Wrap	& Cut					
					D	Non-Exemp	oted (*) an	nd Non-F	riable l	Proced	lure			
Location of Asbestos-Containi	ng Is Lo	cation Norma	lly Used	Description of Ast	pestos Containing Material	Amour	nt /	Abateme	nt Type					
Material (ACM) in Facility (13)	Sole	ly by Maint./C	ustodial			ng, (Speci	fy SF		D'- F					
				VAT, or other mis	cell.)	or LF)	1 1	Remove	Repair E	encap i	Enclose			
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					Cubic Yards of Waste:	10 CY					11			
See Hauler Below #1 &	2	See Belov	V				G.R.U.	. vv. S. N	iorui L	.aiiuii	11			
Hauler #1) Greenwood Abate	ment Cons	ultants, Inc	Butler,	NJ 07405		Disposal Da	<u>te</u>							
					W.									
Hauler #2) Newark Carting,	Inc., Newar	k, NJ 04509			*1.	10/14/20	19	(70.00		sville,	Pa			
NJ DEP # 4509										700				
								2	12-130-	1700				
Completed by (Print or Type)		<u> Fitle</u>			Signature		Date							
RAYMOND C. PEDAL	INO S	SENIOR P	ROJEC	CT	Raymond C. Pe	dalina	Septe	mber	30, 20	119				
	1	MANAGER	3		Daymona O. De	umm								

Inv-15018

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

GAC Project # 060-19 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ September 30, 2019 ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) Agencies Notified Notification Type ☑Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■ Amended Notification # D DCA City, State, Zip Code ■ Emergency (including X DOL PISCATAWAY, NJ 08854 OCT - 7 2019 justification) ■ DEP- No Longer REQUIRED Telephone Number Name of Contact □Cancelled X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** ASBESTOS CONTROL & FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MARVIN APTS, BLDG# 3807 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: 3 Bldg. Age: 60+ years Sq. Feet: N/A City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) **MIDDLESEX PISCATAWAY** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 00098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Telephone Number Project Manager for Monitoring Firm Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ENVIROVISION, INC. 10/10/19 10/14/2019 Street Address Occupancy Status During Abatement (Check only one) 20-21 WARGARAW ROAD, BLDG# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 12PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ■ Mini-Enclosure **X**Renovation ☐ Glove bag Procedure / Wrap & Cut Demolition ≥ 160 sf or ≥ 260 lf Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) YES NO NA X Apt# 101 X VAT 50 SF VAT 50 SF X Apt# 103 X Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: 10 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 10/14/2019 19067 NJ DEP # 4509 215-736-1700 Signature Completed by (Print or Type) SENIOR PROJECT Raymond C. Pedalino September 30, 2019 RAYMOND C. PEDALINO MANAGER

INVIDOL7

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

GAC Project # 060-19 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ September 30, 2019 Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) Agencies Notified Notification Type ☑Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■ Amended Notification # D DCA City, State, Zip Code ■ Emergency (including X DOL 0CT - 72019PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Telephone Number Name of Contact □Cancelled X DOH MICHAEL F. SMITH, ENV. 848-445-2550 SBESTOS CONTROL & **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NICHOLS APTS, BLDG# 3819 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years City (5) County Code (7) County (6) Current Use (prior if being demolished): ACADEMIC (State Use Only) **PISCATAWAY MIDDLESEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City State, ZipCode City, State, Zip Code BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ENVIROVISION, INC. 10/10/19 10/14/2019 Occupancy Status During Abatement (Check only one) Street Address 20-21 WARGARAW ROAD, BLDG# 35E Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 12PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure X Renovation ■ Mini-Enclosure □ > 3 sf or >3 lf ☐ Glove bag Procedure / Wrap & Cut \ge 160 sf or \ge 260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO NA YES Apt# 6 280 SF X X VAT Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 15 CY G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 10/14/2019 19067 NJ DEP # 4509 215-736-1700 Signature Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino September 30, 2019 MANAGER



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

Check# 13661

GAC Project # 060-19 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ. 77 September 30, 2019 Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) Agencies Notified Notification Type ☑Initial Notification ☐ EPA 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS □Amended Notification # D DCA ■ Emergency (including City, State, Zip Code OCT - 7 2019 X DOL PISCATAWAY, NJ 08854 justification) ■ DEP- No Longer REQUIRED Telephone Number Name of Contact □Cancelled 848-445-2550 TROL & **X** DOH MICHAEL F. SMITH, ENV. **HEALTH & SAFETY** LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MEDICAL SCIENCE BLDG, BLDG# 7257 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) **NEWARK ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/14/19 ENVIROVISION, INC. 10/11/2019 Occupancy Status During Abatement (Check only one) Street Address 20-21 WARGARAW ROAD, BLDG# 35E ☐ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □> 3 sf or >3 lf **X**Renovation ■ Mini-Enclosure ■ Demolition ☐ Glove bag Procedure / Wrap & Cut X > 160 sf or > 260 lf Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) YES NO NA X F540 & F542 X VAT 520 SF Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: 20 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 10/14/2019 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature September 30, 2019 RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino MANAGER

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Name of Monitoring Firm Hired by Building Own	ner (8)	\$	ASCN	No.	Name o		Contractor (9)	logi		7	In	
Street Address Box 33	7	·			955	Address 6	x 337	3	9 40			-
City, State, Zip Code	VJ	5 (80	533		ate, Zip Code	vat A	J	08	35	3	3
Project Manager for Month ril gr Firm			relephor	ne No. 758-3365	Company of the control of the contro	one No. 758-3		nse No.	3	q	4	
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Occupancy Status During Abatement (Check C			// 1		Street A	Address	ox 337					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:					City, St	tate, Zip Code)	- A	a 5	3	2	
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TO BE ABATED In Facility (13)		tintenar todial S (12)		(i.e. thermal surfa		insulation, T, or	(Specif SF or Li	y	Removal	Repair	Encapsulate	Enclosure
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	ncellation			Zamor							-	egentan	OMESTICAL PROPERTY.	CONTRACTOR OF THE PERSON NAMED IN
Name of Facility Where Abatement	t is Taking Place (3)		FACIL	LITY INFO	RMATI	ON	Type	of Facility (4	1)	4 20	- (1) - (1) - (1) - (1) - (1) - (1)		-15-50-00-00-00-00-00-00-00-00-00-00-00-00	\dashv
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City (5)							Squar	e Feet		Floors	100	ldg. A	ge	
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Name of Monitoring Firm Hired by	Building Owner (8)		ASCM	No.		Dany	vic Co	ement Con ntracting		(9)				
Street Address						L 57.371070500	Addres South	s 5th St.						
City, State, Zip Code							State, Zi abeth,	p Code NJ 07206	6					
Project Manager for Monitoring Fin	m		Telephor	ne No.		95/03/05/06/06/06	hone No 906-4			License 01355				
Start Date (10) 10/12/2019	Scheduled 10/18/2		pletion [Date (11)		100000000000000000000000000000000000000		IA Monitor nmental L	abora	atories,	Inc.			
Occupancy Status During Abateme	ent (Check Only One	e)					Addres							
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lti	2337	Location Location Location			De	scription	n of					Ty	ре	
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City, State Elizabeth, New Jersey		-			Dispo	sal Date	е	City, Stat Morrisv		Α				
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Date of Notification (1)	1			Building C			(2)	ļ bo	Dod	******						
10/1/2019 Check # 346 Agencies Notified Type Notification			Street Ad	n Paul I	ii Paris	11		-	Page	ASBESTO)S (((MIR	OL &	-		
				ate Stre	et			LICENSING								
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St Mary-Campus Elementary Sch	ool						X	School (K-12								
Street Address								Subchapter 8 Other (i.e. pr				dinas	home	25		
351 Mechanic Street								etc.)						,		
City (5) Perth Amboy							50,0	are Feet	# of	Floors	D. C.	ildg. A 50+	.ge			
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Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)										N 0						
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Street Address							Addre									
1253 N Church Street						000000000000000000000000000000000000000		Street Zip Code								
City, State, Zip Code Moorestown, NJ 08057								rg, NJ 070	93							
Project Manager for Monitoring Firm		Т	Telephon	ne No.			hone N			License N	10.					
			856-84	0-8800		201-	-295-	1700		01074						
Start Date (10) 10/11/19	Scheduled 10/15/1		mpletion [Date (11)		Name	of OS	SHA Monitor								
Occupancy Status During Abatement (Che	ck Only One	e)				Street	Addre	ess								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Starting at 5 PM- F	mal Facility	Hours	S		_	City, S	State, 2	Zip Code						-25		
Scope of Work (Check All That Apply)													17-2-17	3183		
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	Is	Locat	tion									Abate	ement			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Used Mair	orma d Sole ntena	ely by ence/ Staff?		tos Cont thermal surfac		Materia ns insu AT, or		Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure		
	Yes	No	N/A										fe			
Conference Room-2nd Floor		X			1"x1"	Ceilin	g Tile	Э		3 SF		Х				
Nurse's Office-2nd Floor		X		12	"x12" [Floor 1	tile-be	eige		4 SF		Х				
Teacher's Lounge-2nd Floor		X		12"x1	12" Flo	or Tile	e-red	&black		1 SF		Х				
Hall-3rd Floor		X		12"x1	2" Floo	or Tile	-light	brown		3 SF		Х				
Name of Registered Waste Hauler EA Services Corporation		l l	NJDEP W Hauler ID 101278	aste		Yards		Name of F	55.45	ered Landfi erprises I						
City, State Guttenberg, NJ					Dispos	sal Date	е	City, State		OH						

Signature

Office Manager

Date

10/1/2019

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	1.			FACIL	ITY INFO	RMATION												
Name of Facility Where St Mary-Campus)					-	Facility (4)									
Street Address								Su	bchapter 8	(Othe	er than K	-12)	20000	20				
351 Mechanic Str	eet							Oth etc	ner (i.e. priv	ate 8	comme	rcial bu	uilding	ıs, ho	omes	š,		
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County (6) Middlesex				County C STATE U	Sode (7) ISE ONLY)		_	Schoo	Use (Prior i	t beir	ng aemoi	iisnea)						
Name of Monitoring Fir		Owner (8)		ASCM	No.	1000			ment Contra									
TTI Environmenta	I							ces Corporation										
Street Address 1253 N Church St	reet					1 27		Address 69th Str	reet									
City, State, Zip Code					State, Zip		V-1-122											
Moorestown, NJ	08057						NJ 0709	3										
Project Manager for Mo		Telephon		11 1422		none No.			License									
				amino de Septem	0-8800		TO STATE OF	295-170	58-780 		01074							
Start Date (10) 10/11/19		10/15/		npletion D	Date (11)	N	lame	of OSHA	Monitor									
Occupancy Status Dur	ing Abatement (Ched	ck Only Or	ie)			S	treet	Address										
Abatement Perfor	ncated During Entire med Outside of Norr Starting at 5 PM- Fr	nal Facility	Hours			_ C	City, S	State, Zip	Code									
Scope of Work (Check	All That Apply)	E2-000					-	-										
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		in the same of the	Renova Demoliti					Mini-l Glove	Containmen Enclosure abag Proced Exempted (dure				dure				
		le	Locati	on			-			/				atem				
Locati		1	Normall d Sole	ly		Descr				266		-	T	Туре	9	_		
Asbestos-Containir <u>TO BE A</u> In Fa (13	BATED cility	Ma	intenar todial S (12)	nce/	Asbest (i.e.	tos Contain thermal sy surfacing other mis	rstem ig, VA	is insulatio AT, or	ACM) on,	(5	mount Specify For LF)	Na iiio ya	Demoval	Renair	Encapsulate	Enclosure		
		Yes	No	N/A		1000 P 1000	5/8/	521000						1	Ф	-		
Hall- 4tl	h Floor		Х			12"x12"-					4 SF		Х	-				
Audito	orium		X			r Tile			3 SF		X	10.40						
Boy's Lock	ker Room		X			r Tile			5 SF		Х			_				
Conferen			X				'x12" Floor Tile-beige 1 SF X Cubic Yards Name of Registered Landfill											
Name of Registered W EA Services Corpo			Н	IJDEP W lauler ID 01278		of Waste			Mame of Re Minerva	1-90								
City, State			т.			Disposal	Date	9	City, State									
Guttenberg, NJ						tbd	V/212002		Waynest	ourg	ОН	0 :						
Completed by Gina Betances		Title Offic	e Ma	nager		Sign	natur	e (B)	lucal	0		Date 10/1	/201	9				

Ch3461	NC	(Pu	CATION (te of New OF ASBE NJAC 8	STOS :60 and	ABATEI 12:120					DCT	<u> </u>	20	19			
Date of Notification (1) 10/1/2019 Check # 3	461			Build ing Q n Paul II			(2)	i.	P	age		,			Esser		
Agencies Notified Type Notificat	on		Street Ad 490 Sta	dress ate Stree	et			1	MINISTER STREET	ASE	ESTO	OS C	ONT	ROL	&		
EPA Initial Amender	ent #			e, Zip Cod		861			2								
DOH Emerger	cy (including on)		Name of (Contact			,		1		hone l						
DCA Cancella	tion			awomir/			Jesi	US		732	-826-	139	5				
Name of Facility Where Abatement is Ta			FACIL	III INFO	KWATI	ON	Тур	e of Facility	y (4)								
St Mary-Campus Elementary S	chool						X	School (K		O#!	the end	(10)					
Street Address 351 Mechanic Street							Н	Subchapt Other (i.e etc.)					buildi	ngs,	home	s,	
City (5)							10000000	are Feet	1		Floors			dg. A	ge		
Perth Amboy			0	ada /7\				,000		3 boin	a domo	licho)+			
County (6) Middlesex			County C (STATE U	ode (7) SE ONLY)				rent Use (F hool	Prior II	bein	g demo	nsne	a)				
Name of Monitoring Firm Hired by Build	ng Owner (8)		ASCM	No.		1		patement C			9)						
TTI Environmental						EA S		ices Corp	orat	ion							
Street Address 1253 N Church Street								ess Street									
City, State, Zip Code						1000		Zip Code									
Moorestown, NJ 08057		- 10	T.1	- NI-				erg, NJ 0	7093	3	Licens	o No					
Project Manager for Monitoring Firm			Telephon 856-84			Teleph 201-		-1700			0107						
Start Date (10) 10/11/19	e (10) Scheduled Completic																
Occupancy Status During Abatement (C	heck Only One)			3/11/2	Street	Addr	ess					77				
Facility Closed/Vacated During En Abatement Performed Outside of N Other – Describe: Starting at 5 PN	Jormal Facility I	Hours	5		_	City, S	State,	Zip Code									
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Partners	enova emolit					l N	Full Contain Mini-Enclos Blovebag P Non-Exemp	ure roced	ure	. 2				Э		
	Is L	ocati	ion											Abate	ment pe		
Location of Asbestos-Containing Material (ACM TO BE ABATED) Used Mair	itena	ely by nce/		os Con	escription taining h	/later	ial (ACM) ulation,			nount pecify		Re			Enc	
In Facility (13)	Cusic	(12)	Staff?			acing, VA miscella				SF	or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A										3		ate	e)	
Principal's Office		X		12"	x12"-	Floor 7	Tile-k	oiege		2	SF			Х			
Stage Side (Boiler Room)		×		Ai	r cell l	Pipe In	sula	ition		1	LF			Х			
	,																
											1611						
Name of Registered Waste Hauler EA Services Corporation		F	NJDEP W Hauler ID 01278		of Wa	Yards aste		Name Mine		(5)	ed Lar rprise		С				
City, State Guttenberg, NJ					Dispo	sal Date	9	City, S Wayı		ura	ОН						
Completed by	Title				2000000	Signatur	e/	(1)	1	3		Dat		20020			
Gina Betances	Office	Ma	nager				(2	Villa	1			10	/1/2	119			

Tau# 15071	AID		FICATIO	N OF ASB t to NJAC	ESTOS	ABATE		7	Donk	1	9-	34	9	
Date of Notification (1) 10/3/19				of Building ugh of Ro			(2)		ME	G	E	7	V [5 1
	Notification			Address East Wes	tfield A	Venue	2							G. C. Lander
EPA X	Initial Amended		City, St	ate, Zip Co	ode)CT	1	7 20	119	2000
X DOL	Amendment # Emergency (including institution)	ıg		lle Park I	NJ 072	204-20	183		Telephon	-Nun	nhor-	o unit so financia	terento anno	
DCA DCA	justification) Cancellation			rt Krahne	ert				908-24	-76	26 C	ONT	ROL	&
Name of Facility Where Abater	ment is Taking Place	(3)	FAC	ILITY INFO	ORMATI	ION	Type	of Facility (and the state of		***********	
Roselle Park Veterans N							-	School (K-1						
Street Address 404 Chestnut Street						1/2		Subchapter	8 (Other than private & comm	K-12 nercia	?) al buil	dings,	hom	es,
City (5) Roselle Park								e Feet	# of Floors	3		Bldg. A	ge	
County (6) Union				Code (7) USE ONLY)			Curre		or if being der	nolish				
Name of Monitoring Firm Hired	by Building Owner (8)	ASCI	M No.	o W	THE STATE OF STATE	of Abat	ement Cor	ntractor (9)					
Hillmann Consulting Street Address			622	52		30, 15, 25, 25, 25, 25, 25, 25, 25, 25, 25, 2	Envir	AND DESCRIPTION OF	l Services,	LLC				
1600 Route 22 East									Box 483					
City, State, Zip Code Union NJ 07083						0.00		p Code , NJ 074	-18					
Project Manager for Monitoring Polina Pikes	Firm		Telepho	one No. 88-7800	276		se N	٥.						
Start Date (10) 10/4/19				Date (11)		PAGE 125-2019		A Monitor						
Occupancy Status During Abat	10/11 ement (Check Only C					Street	Addres	s						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: basem	tside of Normal Facil	f Abater ity Hour	ment s			City, S	tate, Zi	p Code	THE COLUMN TO THE OWNER OF THE OWNER OWNE					
Scope of Work (Check All That	Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demoli					Min Glo	i-Enclosure vebag Prod					e	
		Is Local											ement pe	
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	Idi (ACIVI)	Norma sed Sole laintena stodial (12)	ely by ince/ Staff?		os Cont thermal surfac	scription aining M systems cing, VA niscellan	faterial s insula T, or		Amount (Specify SF or LF	10	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										6	
basement			X	east wa	all clea	nup/te	nted c	off area	1000 SF	×				
									-100	-				
Name of Registered Waste Hau	ıler	8	NJDEP W Hauler ID		Cubic of Was			Name of	Registered La	ndfill				
City, State					Dispos	al Date		City, State	>					
Completed by A. Scott Higgins	Title Pre	sident			S	ignature				Dat	e /3/19	9		