| CHINES GAC Project #060-18 | St | tate of N | lew Je (Purs | rsey Notif | ication of Asbestos C. 8 60-7 and 12:120-7 |) | 1K | É | SET | 13 | |
|---|--------------------------------------|--|---------------------------|----------------------------|---|---------------------|--|--------------------|---|-------------------------|-----|
| Date of Notification (1) October | 2 2016 | 0 | | | Name of Building Owne RUTGERS, THE S | r/Operat | or (2) | 00 | T - 9 | 2018 | |
| Agencies Notified | 3, 2016 | Notificatio | n Tyne | | Street Address | STATE | UNIVER | SITYO | FNJ | 6010 | 1 |
| X EPA X DCA X DOL | | ☑ Amen ☐ Emer | Notifica ded Not | tification # (including | ENVIRONMENTAL 74 STREET 1603, City, State, Zip Code PISCATAWAY, NJ | BLDG | 4116, LI\ | ETY /INGS | DEPT. FON CA | (REHS) | 8. |
| ☑ DEP- No Longer REQUIRE ☑ DOH | D | □Cance | | | Name of Contact MICHAEL F. SMIT HEALTH & SAFET | H, EN\ | Tele | phone N 3-445-2 | | | |
| | | | | FACILITY IN | FORMATION | • | | | | | |
| Name of Facility Where Abateme ENGINEERING, BLDG# | | ng Place (3) | | | Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other the | an K-12) | | | | | |
| Street Address BUSCH CAMPUS | | | | | Other (i.e. private & co | mmercia | | | | 60+ yea | ars |
| City (5) PISCATAWAY | ounty (6) MIDDL | .ESEX | | Code (7) Use Only) | Current Use (prior if beir | ng demol | lished): AC | ADEMIC | | | |
| Name of Monitoring Firm Hired by ATC | / Bldg. Ov | vner (8) | ASCM 0009 | | Name of Contractor (9) | TENACA | NT CONS | | TO INC | | |
| Street Address | | | | | GREENWOOD ABA Street Address | ICIVIE | NI CONS | ULIAN | 15, INC | | |
| 3 TERRI LANE | | | | | 511 MAIN STREET | | | | | | |
| City, State, Zip Code BURLINGTON, NJ 08 | 3016 | | | | City State, ZipCode | 8 | | | | | |
| Project Manager for Monitoring Fi | | Telephone | Number | | BUTLER, NJ 07405 Telephone Number | 2 | Licer | se Numb | or | | |
| BRIAN R. KEARNEY | | 609-386 | | | 973-492-0477 | | 008 | | <u>jei</u> | | |
| Scheduled Start Date (10) 10/23/18 | | 10/29/18 | | on Date (11) | Name of OSHA Monitor ENVIROVISION, IN | C. | | | | | |
| Occupancy Status During Abate □ Facility Closed/Vacated Durin □ Abatement Performed Outside | ng Entire | Period of A | batemen | t | Street Address 20-21 WARGARAW | | , BLDG# | 35E | | | |
| Describe: Other- Describe: Schedule: WEEKENDS AS NEEDED) | 4PM – | 5AM Dail | / (24 HC | OURS & | City, State, Zip Code FAIRLAWN, NJ 074 | 10 | | | | | |
| Coope of Wards (Obserts all the t | | | | | | | | | | | |
| Scope of Work (Check all that app \(\subseteq 3 \) sf or >3 If \(\subseteq \) 160 sf or \(\subseteq 260 \) | | | | Renovation Demolition | | ☐ Mini-E ☐ Glove | ontainment v Enclosure bag Proced xempted (*) | ure / Wra | ap & Cut | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Loca Solely Staff? (YES | ntion Normal by Maint./Co (12) NO | ly Used ustodial NA | | bestos Containing Material nal systems insulation, surfac | eing, (S | Amount Specify SF or LF) | Abater | ment Type | | |
| Room A143/145 MER | | X | | TSI – tank in | sulation | - - | 150 SF | X | | | |
| | | | | | | | | | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Was See Below | | · ID # | Cubic Yards of Waste: | 25 CY | | | tered Lan | | |
| Hauler #1) Greenwood Abatemer NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509 | | | Butler, N | IJ 07405 | | | al Date 9/2018 | | City, State 100 New I Rd. Morri 19067 215-736-1 | Ford Mill sville, Pa | |
| Completed by (Print or Type) RAYMOND C. PEDALING | 1 35.00 | e NIOR PI ANAGER | | т | Signature Raymond C. Pe | Edalino | Date Octo | ober 3, | 2018 | | |

| Ch52le4 | | | | State of New J CATION OF ASSES Pursuant to NJAC 8:6 | ersey TOS ABA 0 and 12:1 | TEMENT (20) | The state of the s | | | | V E |
|---|----------------------|-------------------|------------------------------|---|--|------------------------------|--|------------------------|------------|-------------|--------------------|
| Date of Notification (1) | | | | Name of Building Own | | | 1, | <u> </u> | | - 9 | 2018 |
| Agencies Notified Type Notifica | ition | | S | Vincian direct Address | y Can | 19 Ametic | r LU | ASSE | | | TANK C |
| EPA D Initial Amende | | | | 500 | 77+ | h Stre | et L | - | The second | A TOTAL | i () Harristani |
| DOL Amenda | nenr# | | _ 0 | City, State, Zip Code | CI | CVI. | ilt | 08 | 72 | [] | |
| DOH Justificat | ion) | luding | N | ame of Contact | 114 | City | 1 Telen | hone Nun | oher . | 7 | |
| — Cancella | | | | Fronk | | | | | 42 | 5 | 6172 |
| Name of Facility Where Abatement is Takin | ng Place | e (3) | | FACILITY INFORM | LATION | Type of Fa | | | | | |
| Street Address Resident | 10 | | | | | ☐ School | ol (K-12) | | | | |
| Cin (E) | | | | | | Other | napter 8 (Other that (i.e. private & co | en K-12) mmercial | buildin | gs, hon | ies, etc.) |
| City (5) AVa lon | | | | | | Square Feet | | | | dg. Ag | |
| County (b) | | | Cou | ınıy Code (7) | | | (Prior if being de | i molished) | | | |
| Name of Monitoring Firm Hired by Building | Owner | (8) | _ i | SCM No. | | | | | | | |
| Street Address | | | ^ | ISCIVI NO. | Name | of Abatement | Contractor (9) And Pillen | 1) | ü7:\[i | Ĺ, | 110 |
| Street Address | | | | | Street A | Address | | ا <u>ن ارا ا</u> [ا | u/ 11 | 127: | 14 |
| City, State, Zip Code | | | | | | 2 1502 ate, Zip Code | IVERIA | 1415 | <u></u> | | |
| Project Manager for Monitoring Firm | | | Tolor | L N- | 1.1/2 | JULICO | | Est | | | - |
| | | | | hone No. | Telepho | ne No. 7-3-740 | 1916 Lic | ense No. | 77) | | |
| Start Date (10) | Sche | duled Co | 3 /1 % | Date (11) | | OSHA Monit | | | | 75.75.25.2 | |
| Occupancy Status Dufting Abatement (Check O | nly One | :) | 7/10 | · | Street Ad | dress | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: | iod of A Facility | Abateme Hours | nt | | | e. Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | İ |
| ☐ ≥3 sfor≥3 if .☐ ≥160 sfor≥260 if | | – Renov Demoi | ation ition | - | | Mini-Enclosu Glovebag Pro | nent with Negativ re cedure d (*) and Non-Fri | | | | |
| Lecation of | | Is Local | | | | | | 100 | Abai | tement | |
| Asbestos-Containing Material (ACM) TO BE ABATED | l A | sed Sole | dy by Ince/ | Asbestos Contain | ription of ning Materi | ai (ACM) | Атошт | | T : | уре | _ |
| In Facility (13) | Cu | stodial ((12) | Staff? | | AT, or | 1000000 | (Specify SF or LF) | Removal | Repair | Binenp | Enclosure |
| | Yes | No | N/A | Other mis | cellaneous |) | | livo | 1 | Encapsulate | Sure |
| autside | | | 1 | Sidine | | | 200 | 1 | / | - | _ |
| | | | | | | | 20000 | 1 | <u> </u> | | |
| | | | | - | | | | + | | + | \dashv |
| Name of Registered Waste Hauler | | | | | | İ | | 11 | 1 | + | _ |
| AN WELLC | | Ha | DEP Was uler ID N CS47 | o. Cubic Yard of Waste | İs | Name of R | egistered Landfill | | | | |
| City; State DC (A1100 //) | | | ., | Disposal Da | nte | City, State, | <u>0: 1A</u> Witewan | 0. | | | 1 |
| | Title | | | 1 | TO STATE OF THE ST | 1 /21 | WIELE | 12 | | | 1 |

| | | | | | | | | Trans | ·P | (A) | E | 7 | nPr | int Fo |
|---|------------------------|---------------------------------------|------------------|---|----------------|---------------------------|---|-----------|---------------------------|------------------|----------|---|-------------------------|-----------|
| Ch 2lesu | | нот | ICATIO | State of New Jers N OF ASBESTO to NJAC 8:60 a | SABATE | MEN (0) | т | |), <u>E</u> | G | | *************************************** | $\overline{\mathbb{V}}$ | |
| Date of Notification (1) 10/01/2018 | | | Name of Resid | of Building Owne dence | r/Operato | r (2) | | 141 | | OGT | | 9 7 | 2018 | - Andread |
| Agencies Notified Type Notification EPA Initial | | | Street | Address | | | | 1 | 100 | renge | Še, | OON OON | TRO G | L& |
| ▼ EPA ▼ Initial ▼ DEP ▼ DOL ▼ Amended ▼ Amendment | 0.00 | | | tate, Zip Code dbridge NJ 070 | 095 | | | | | the second | | No. 2 and a little with | | |
| X DOH Emergency justification) DCA Cancellation | | | | of Contact Greiger | | | | Tele | enhone | Numl | per | | | |
| Name of Facility Where Abatement is Takir | DI | (0) | FAC | ILITY INFORMA | TION | | | _ | | | - | | | |
| Residence | ng Place (| 3) | | | | Тур | e of Facility (4 School (K-12 | ora. | | | | | | |
| Street Address | | | | | | × | Subchapter (Other (i.e. pretc.) | 8 (Othe | er than comm | K-12) nercial | build | dings, | , home | es, |
| City (5) Woodbridge | | | | | | Squ 1,6 | are Feet | # of 2 | Floors | 1 | 15257 | ldg. <i>A</i> | Age | |
| County (6) Middlesex | | | | Code (7) USE ONLY) | | Curi | rent Use (Prio | r if beir | ng dem | olishe | d) | | -112 | |
| Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions | Owner (8 |) | ASCI | M No. | | | atement Cont ank Service | | (9) | | | | | |
| Street Address PO Box 354 | | | | | Street 1256 | | ess erty Avenue | 9 | | | | | | |
| City, State, Zip Code South Orange, NJ 07079 | | | | | | | Zip Code NJ 07205 | | | | | | | |
| Project Manager for Monitoring Firm Sarah Calandra | | | Telepho 201-3 | one No. 49-2666 | Teleph 844- | | | | Licens 0131 | se No. | | | | |
| Start Date (10) 10/12/2018 | Schedul 10/29/ | | npletion | Date (11) | | | SHA Monitor Lighthouse | Solut | tions | | | | | |
| Occupancy Status During Abatement (Chec | k Only O | ne) | | | Street | Addre | ess | | | | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: | Period of nal Facility | Abaten y Hours | nent s | | | tate, 2 | Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | Sout | h Or | ange, NJ 0 | 7079 | | | | | | |
| × ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | × | Mi Gl | ull Containmer ini-Enclosure lovebag Proce on-Exempted | dure | | | | | | |
| Location of | 1 0000 | Locati Normal | 956/11 1 | | escription | | SII Exempted | () and | NON | Tiable | | Abate | ement pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole intena todial S (12) | nce/ | Asbestos Cor (i.e. therma surf | ntaining M | lateria insul T, or | lation, | (Sp | nount becify or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | Yes No N/A | | | | | | | | | | <u>a</u> | 7 | late | IГе |
| Basement | Basement) | | | | | р | | 100 | 0 LF | X | 2 | | | |
| | | | | | | | | | | + | | | | |
| Name of Registered Waste Hauler | | l N | JDEP W | /aste Cubic | e Yards | | Name of Re | egister | ed I an | dfill | | | | |
| lewark Carting | | Н | auler ID 4509 | | | | Waste M | | | | dfill | l | | |
| City, State East Orange, NJ | | | | Dispo | osal Date | | City, State Penn Arg | gyle, F | PA | | | | | |
| Completed by Nison Lamers | Title Office | e Mar | nager | | Signaturé | M | DND . | | | Date 10/0 | | 018 | | |

State of New Jersey - Notification of Asbestos Abatement

EGET VE

October 2, 2018

OCT - 9 2018 Name of Building Owner/Operator (2) October 2, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ EPA ☐ Amended Certification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA ☐ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) DEP - No Longer REQUIRED Name of Contact ☐ Cancelled Telephone Number X DOH Michael Smith ENV HEALTH & 848.445.2550 SAFETY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Stanley Bergen Bldg # 7252 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **RBHS Newark Campus** Sq. Feet: Unknown # of Floors: 15 Bldg. Age: 80 years City (5) County (6) County Code (7) (State Use Only) Newark Essex Current Use (prior if being demolished): Academic Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 0098 ATC ASSOCIATES GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City, State, Zip Code City State, ZipCode Butler, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 12, 2018 October 15, 2018 Envirovision, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -20-21, Bldg E Wagaraw Road Describe City, State, Zip Code ☑Other - Describe: 5pm - 5am -(24 hrs & Weekends as Fairlawn, NJ Needed) Source of Work (Check all that apply) ☐Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ X Renovation ☐Mini-Enclosure X > 160 sf or > 260 ■ Demolition ☐Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO YES NA 210, 214, 218 X VAT X 2000 sf Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below 40 CYDS GROWS North Landfill City, State 100 New Ford Mill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date October 15, 2018 NJ DEP # 12561 Road, Morrisville, PA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 19067 215-736-1700

Signature

Raymond C. Pedalino

SENIOR PROJECT

MANAGER

Completed by (Print or Type)

Raymond C. Pedalino

State of New Jersey - Notification of Asbestos Abatement 8:60-7 and 12:120-7) (Pursuant to N. Name of Building Owner/Operator (2) Date of Notification (1) October 2, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. Initial Notification I EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Certification DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) □DEP – No Longer REQUIRED Name of Contact Telephone Number ☐ Cancelled X DOH Michael Smith ENV HEALTH & 848.445.2550 SAFETY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hill Hall # 7225 School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) Newark Campus Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 60 years County (6) County Code (7) Newark (State Use Only) Essex Current Use (prior if being demolished): Academic Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 12, 2018 October 15, 2018 Envirovision, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21, Bldg E Wagaraw Road Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: 5pm - 5am -(24 hrs & Weekends as Fairlawn, NJ Needed) Source of Work (Check all that apply) ☐Full Containment with Negative Pressure $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ **X** Renovation ☐Mini-Enclosure $\square \ge 160 \text{ sf or } > 260$ ☐Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO YES 805 X VAT 130 sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below **GROWS North Landfill** 5 CYDS Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State October 15, 2018 100 New Ford Mill NJ DEP # 12561

Signature

Raymond C. Pedalins

Road, Morrisville, PA

19067 215-736-1700

October 2, 2018

Completed by (Print or Type)

Raymond C. Pedalino

Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

SENIOR PROJECT

MANAGER

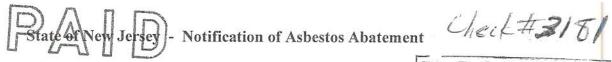
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|--|---------------|-----------------------------|-------------|---|--|--------------------------|-----------|-------------|------------------------|--------------------------|
| | | State of N | ew Je | rsev - Notifi | cation of Asbestos | Abatem | 610 | 5/190 | 作了有 | 原 后 |
| 0 | | | | Λ Π | | . XOULUII. | []])/r | | | |
| Ch3710 | | | (Purs | uant lo N.J.A.C | 8:60 7 and 12:120-7) | | | 0.0 | T - 9 | 2019 |
| Date of Notification (1) | | | | duel trail and | Name of Building Owner | Operator (2 | 111 14 | | 1 - 5 | 2010 |
| October 2, 2018 | | T | | | RUTGERS, THE S | TATE UN | VER | SITY O | F NJ | |
| Agencies Notified | | Notification | | | Street Address | | | ASBES | TOS COI | VIACI. & |
| □ EPA | | Initial | | | ENVIRONMENTAL | | | | | |
| □ DCA | | ☐ Amende | | | 27 ROAD 1, BLDG City, State, Zip Code | 4086, LIV | INGS | ION C | AMPUS | |
| X DOL | | justific | | including | PISCATAWAY, NJ | 08854 | | | | |
| DEP - No Longer REQUI | RED | ☐ Cance | | | Name of Contact | 00001 | Tele | phone N | umber | |
| ⊠ DOH | | | | | Michael Smith ENV HE | ALTH & | 848 | 8.445.2 | 550 | |
| | | | | FACILITY INI | SAFETY | | | | | |
| Name of Facility Where Abate | | | | | Type of Facility (4) | | | | | |
| Medical Science Bld | g # 7257 | 7 | | | School (K-12) | | | | | |
| Street Address | | | | | Subchapter 8 (other tha | | | | | |
| RBHS Newark Camp | us | | | | Other (i.e. private & cor Sq. Feet: Unknown | nmercial buil | dings, ho | | | |
| City (5) | County (| 6) | County | / Code (7) | 3q. reet. Unknown | # 01 1100 | 8. 0 | Blug. | <u>Age:</u> 60 | years |
| Newark | Essex | 11 | | Use Only) | Current Use (prior if being | g demolishe | d): Aca | demic | | |
| Name of Monitoring Firm Hire | | Owner (8) | ASCM | No. | Name of Contractor (9) | | | | | |
| ATC ASSOCIATES | S | | 0098 | | GREENWOOD ABA | TEMENT | CONSI | II TAN' | TS INC | |
| Street Address | -17722200-1-2 | 9 | | | Street Address | | 301100 | JEIMI | 10, 1110. | |
| 3 TERRI LANE | | | | | 511 MAIN STREET | | | | | |
| City, State, Zip Code BURLINGTON, NJ 08 | 2016 | | | | City State, ZipCode | | | | | |
| Project Manager for Monitoring | | Telephone N | umber | | Butler, NJ 07405 Telephone Number | | Licen | se Numb | or | |
| BRIAN KEARNY | | 609-386-8 | | | | | Licer | ise ivallib | <u>C1</u> | |
| Scheduled Start Date (10) | | Scheduled C | omplotio | n Dete (11) | 973-492-0477 | | 008 | 40 | | |
| October 12, 2018 | | October | | | Name of OSHA Monitor | | | | | |
| A CANADA DA CANADA DA CANADA DA CANADA DA CANADA DA CANADA DA CANADA DA CANADA DA CANADA DA CANADA DA CANADA D | | | | | Envirovision, Inc. | | | | | |
| Occupancy Status During At | | | | | Street Address | | | | | |
| Facility Closed/Vacate Abatement Performed | Outside (| entire Period o | ity Hour | ment | 20-21, Bldg E Waga | raw Road | | | | |
| Describe | - Catolac (| or real main aon | ity i loui | | City, State, Zip Code | | | | | |
| Other - Describe: | 5pm – 5 | iam –(24 hr | s & W | eekends as | Colelaum N.I | | | | | 1 |
| Needed) | | | | | Fairlawn, NJ | | | | | |
| Source of Work (Check all that | t apply) | | 8 | | | | | | | |
| □ ≥ 3 sf or ≥ 3 lf | | | | ▼ Renovation | 14 | Full Cont | | with Neg | gative Pre | ssure |
| ⊠ ≥ 160 sf or > 2 | 260 | | | Demolition | | ☑Mini-Enclo ☑Glovebag | | | | |
| | .00 | | | Demonitor | | ■ Non-Exe | | | n-Friable | Procedure |
| | | ocation Normall | | Description of Ast | estos Containing Material | Amou | int | | ent Type | 1 |
| Location of Asbestos-Containin Material (ACM) in Facility (13) | 9 | ely by Maint./Cu f? (12) | stodial | (ACM) (i.e. therm VAT, or other miss | al systems insulation, surfaci | ng, (Spec | ify SF | Remove | Repair Er | ncap Enclose |
| | YES | S NO | NA | | | 0, 2, | | | | |
| F607C | | X | | VAT | | 70 s | - | X | | |
| F607D | | X | | VAT | | 100 | | X | | |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | 2 | See Below | e Hauler | ID# | Cubic Yards of Waste: 10 CYDS | | | | tered Land rth Land | |
| Hauler #1) Greenwood A | | nt Consulta | nts, Inc | Butler, NJ 0 | | Disposal D | ate | 1 | City, State | |
| NJ DEP # 125 | | | | | | October 1 | 5, 2018 | | 100 New F | ord Mill risville, PA |
| Hauler #2) Newark Carti | ng, Inc | - Newark, NJ | 04509, | NJ DEP # 19551 | | | | | 19067 | |
| | | | | | | | | 12 | 215-736-17 | 00 |
| Completed by (Print or Type) | | Title | - | | Signature | | Date | | | |
| Raymond C. Pedali | | SENIOR PE | ROJEC | T | Raymond C. Pedalino | | - | ober 2 | , 2018 | |
| | | MANAGER | | | Leadurant D. Leviscos | | | | | |





CHECK# 2902

| Date of Notification (1) 9/28/2018 | | | Name o | of Building ential | Owner | Operator | (2) | Ţ. | |) E | C | E | | Ŵ | |
|---|--------------------------------|--------------|-----------------|-------------------------------|---------------------------|---|----------------------------|--|-----------------------|---|--------|-----------|-------------|-------------|-----------|
| Agencies Notified Type Notification X Initial Amended Amendment: Emergency (i | | _ [| Monto | Address ate, Zip Collair, Nev | | ey 0704 | 12 | 15. | To | | 00 | - | 9 2 | 018 | |
| DOH justification) DCA Cancellation | | | | n Roth | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ON | 180 3 | 5 8 |
| Name of Facility Where Abatement is Taking Residential Street Address City (5) | Place (3) | | FAC | ILITY INFO | ORMAT | TION | | of Facility (4 School (K-1: Subchapter Other (i.e. p etc.) | 2) 8 (Otherivate 8 | comr | mercia | I build | 35/8/3 | | es, |
| Montclair | | | | | | | Squa 2,50 | re Feet 0 | # of | Floor | S | 1 533 | ldg. A O | ge | |
| County (6) Bergen | | | | Code (7) USE ONLY) | | | | ent Use (Prio idential | or if bein | ng der | nolish | ed) | | | |
| Name of Monitoring Firm Hired by Building C TBD | wner (8) | | ASCN | /I No. | | | | tement Con acting, LL | | (9) | | | | | |
| Street Address | | | | | | Street 1385 | | ss ey Road, S | Suite I | K | | | | | |
| City, State, Zip Code | | | | | | | | ip Code ew Jersey | 0747 | 0 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph (973) | | | | Licer 0087 | ise No | | | | |
| | Scheduled 10/15/20 | | pletion | Date (11) | | | | HA Monitor acting, LL | C | | | 2. | | | |
| Occupancy Status During Abatement (Check X | eriod of Ab | atem ours | ent | | | City, St | Valle tate, Z | ss y Road, S p Code ew Jersey | | | | | | | |
| Scope of Work (Check All That Apply) | 50.80 | | | | | | | , | | | | | | | |
| X ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novat | | | | × | Mir Glo | l Containme ni-Enclosure vebag Proce n-Exempted | edure | | | | | e | |
| 30 PG 97 | 520000 | catio | 93.64 | | | | | | | | | | | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used S Maint Custod (| Solel | y by ce/ | | os Con therma surfa | escription taining M I systems acing, VA miscelland | aterial insula T, or | | (S | mount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Pip | e Inst | ulation 8 | & fittir | ngs | 13 | 5 LF | | х | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N. | JDEP W | aste | Cubic | Yards | | Name of F | Register | ed La | ndfill | | | | |
| Service Transport Group, Inc. | | 10000000 | auler ID 990 | No. | of Wa | ste | | Minerva | | | | .C | | | |
| City, State New Castle, Delaware | | 1 | | | Dispo TBD | sal Date | | City, State Waynes | | Ohio | Š. | | | | |
| Completed by Predrag Sarcev | Title Vice Pr | esid | lent | | 1 | Signature | | 3 | | | Date | e 8/20 | 18 | | |



(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

| Date of Notification (1) | | | | | Name of Building Owner | Operator (2) | 100 | | | | |
|--|--|-----------------------------------|-----------|-------------------|-------------------------------|--|----------|--|-----------|----------|----------|
| October 2, 2018 | | | | | RUTGERS, THE S | | | TY QE. | NJ _ | | 200 |
| Agencies Notified | | Notification | Type | | Street Address | | 11111 | 00 | - 9 | 201 | 8 |
| A | | IX Initial | Notifica | ation | ENVIRONMENTAL | HEALTH | & SAFI | ETY D | EPT. | | - |
| □ EPA | | □Amende | ed Certi | ification | 27 ROAD 1, BLDG | | | | | - | _ |
| ☐ DCA | | ☐ Emerg | | | City, State, Zip Code | 1000, 2111 | 7 | CONTRACT OF STREET | | 17.1 | A 6 |
| X DOL | | justific | | including | PISCATAWAY, NJ | 08854 | | 1 | OTHE | ING | |
| DEP - No Longer REQU | IRED | ☐ Cance | | | Name of Contact | 00054 | Teleph | none Nur | nhor | BE-THE | |
| X DOH | | - Carice | iieu | | Michael Smith ENV HE | ALTH & | | 445.25 | | | |
| | Mary Miller Co., London | | | | SAFETY | | 040. | 770.20 | 50 | | |
| | | | | FACILITY IN | ORMATION | | | | | | |
| Name of Facility Where Abate | | | | | Type of Facility (4) | | | | | | |
| Medical Science Bld | g # 7257 | 7 | | | School (K-12) | | | | | | |
| Street Address | | | | | Subchapter 8 (other that | n K-12) | | | | | |
| RBHS Newark Camp | 115 | | | | Other (i.e. private & cor | mmercial build | ngs, hom | es, etc.) | | | |
| | 40 | | | | Sq. Feet: Unknown | # of Floors | 8:8 | Bldg. A | ge: 60 |) year | s . |
| <u>City (5)</u> | County (6 | 3) | | Code (7) | | | | | 28 | | |
| Newark | Essex | | (State | Use Only) | Current Use (prior if bein | g demolished |): Acade | emic | | | |
| | | | | | | | | | | | |
| Name of Monitoring Firm Hire | d by Bldg. | Owner (8) | ASCM | No. | Name of Contractor (9) | | | | | | |
| ATC ASSOCIATE | | | 0098 | | | | | | | | |
| | | | | | GREENWOOD ABA | TEMENT C | ONSUL | TANT | S, INC | | |
| Street Address | | | | | Street Address | | | | | | |
| 3 TERRI LANE | | | | | | | | | | | I |
| City Chata 71 Oct | | | | | 511 MAIN STREET | | | | | | |
| City, State, Zip Code | 2040 | | | | City State, ZipCode | | | | | | |
| BURLINGTON, NJ 08 | And the second s | 1-1 (| | | Butler, NJ 07405 | | | | | | |
| Project Manager for Monitorin BRIAN KEARNY | g Firm | Telephone N | | | Telephone Number | | License | e Number | | | |
| DRIAN REARINT | | 609-386-8 | 3800 | | 973-492-0477 | | 00840 | 1 | | | 1 |
| Scheduled Start Date (10) | | Scheduled C | ompletio | n Date (11) | Name of OSHA Monitor | | 00040 | , | | | |
| October 12, 2018 | | October | | | Name of Ool IA Monitor | £0 | | | | | |
| | | 00.000 | .0, 20 | | Envirovision, Inc. | | | | | | |
| Occupancy Status During A | batement (| (Check only or | ne) | | Street Address | | | | | | |
| Facility Closed/Vacate | ed During I | Entire Period o | of Abater | ment | | | | | | | |
| Abatement Performed | Outside o | of Normal Faci | lity Hour | 'S - | 20-21, Bldg E Waga | araw Road | | | | | |
| Describe | | | | | City, State, Zip Code | | | | | | |
| XOther − Describe: | 5pm – 5 | iam –(24 hr | s & W | eekends as | F | | | | | | |
| Needed) | | | | | Fairlawn, NJ | | | | | | |
| | | | | | | | | | | | |
| Source of Work (Check all that | t apply) | | | | | 60400 Page 150 Page 1 | | | | | |
| | | | | | | ☐Full Conta | | vith Nega | ative Pro | essure | |
| $\boxtimes \geq 3$ sf or ≥ 3 if | | | | ■ Renovation | | ☐Mini-Enclos | sure | | | | 1 |
| $\square \ge 160 \text{ sf or } \ge 2$ | 60 | | | □ Demolition | | Glovebag F | rocedure | е | | | 1 |
| 3,000 | | | | | | X Non-Exen | pted (*) | and Non | -Friable | Proce | edure |
| | | ocation Normall | | | pestos Containing Material | Amour | | Abateme | nt Type | | |
| Location of Asbestos-Containi Material (ACM) in Facility (13) | | ely by Maint./Cu | stodial | | al systems insulation, surfac | | y SF | Remove | Renair F | Encan F | Enclose |
| Waterial (ACW) III Facility (13) | YES | f? (12) S NO | NA | VAT, or other mis | ceii.) | or LF) | 1.0 | 11011010 | repair E | LITOUP L | LINGIOGO |
| F521 | 1 | X | 14/4 | VAT | | 20.05 | | X | | | |
| F521 | | X | | TRANSITE | | 30 sf 40 sf | | X | | | |
| Name of Reg. Waste Hauler | | | o Haular | | Cubic Vanda of Wanta | 40 51 | | The state of the s | | 2611 | |
| See Hauler Below # 1 & 2 | 2 | NJDEP Waste Hauler ID # See Below | | | Cubic Yards of Waste: | | | of Register | | | 1 |
| | 70 | | | | 5 CYDS | | | | | | |
| Hauler #1) Greenwood | | nt Consulta | nts, Inc | c. – Butler, NJ 0 | 7405 | Disposal Da October 15 | | | ty, State | | in I |
| NJ DEP # 12 | | | | | | October 13 | , 2010 | | oad, Mo | | |
| Hauler #2) Newark Cart | ing, Inc | - Newark, NJ | 04509, | NJ DEP # 19551 | | | | | 9067 | | * 3.53 |
| | | | | | | | | 21 | 15-736-1 | 1700 | |
| | | | | | | | | | | | |
| Completed by (Print or Type) | | Title | | | <u>Signature</u> | | Date | | | | |
| Raymond C. Pedali | | SENIOR PI | | <i>)</i> | Raymond C. Pedalino | ı | Octo | ber 2, | 2018 | | - 1 |
| | | MANAGER | | | , | | | | | | |

| PA | State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT |
|-------|--|
| LJ on | (Pursuant to NJAC 8:60 and 12:120) |

| 11 | | | 1 | Print | Forn | 1. |
|------|---|----|----|-------|------|-------|
| Chik | 1 | 74 | 16 |) | | - |
| FILE | P | 匠 | П | M | [2] | ***** |

| Date of Notification (1) 8/20/2018 | | | | Building C Propert | | perator | (2) | | | 1 | 5 | <u> </u> | 5_ | 1 1 | | |
|---|---|---|--------------------|-------------------------|------------------------|-----------------------------|--|---|--|------------|---------------------------|----------|-------------|--------------|-------------|-----------|
| Agencies Notified Type EPA DEP DOL | Initial Amended Amendment # Emergency (in | | Ci B | ayonr | e, Zip Coo ne NJ 07 | | | | | | Annual Parameters | AST | OCT | | niento 11º | |
| DOH DCA | justification) Cancellation | | | orenz | 2000 | | was-110 | | A . | I Tole | nhone | Nun | nber | | | 2.12 |
| Name of Facility Where Abates Private property Street Address | ment is Taking | Place (3) | | FACIL | ITY INFO | RMATI | ON | SS | of Facility (4) school (K-12) subchapter 8 other (i.e. printe.) |) (Othe | | | | ings, | nome | s, |
| City (5) Bayonne | | | | | | | | Square 1200 | e Feet | # of | Floors | 5 | 10,1456 | dg. Ag 50 | ge | |
| County (6) Hudson | | | | | ode (7) SE ONLY) | | _ | Curren | nt Use (Prior | if bei | ng den | nolish | ed) | | | |
| Name of Monitoring Firm Hired N/A | d by Building O | wner (8) | | ASCM N/A | No. | | | | ement Contr ions Servi | | | | | | | |
| Street Address N/A | | | | | | 1 | | Address 51st \$ | s Street | | | | | | | |
| City, State, Zip Code N/A | | | | | | | | tate, Zip Berg | code en NJ 070 | 047 | | | | | | |
| Project Manager for Monitoring N/A | g Firm | | Te | elephor | ne No. | | | one No 552-96 | | - | Licer 0132 | se N | 0. | | | |
| Start Date (10) 8/30/2018 | | Scheduled 9/10/201 | | oletion [| Date (11) | | | | A Monitor Imental La | abora | atorie | s | | | | |
| Occupancy Status During Aba Facility Closed/Vacated I Abatement Performed Occupancy Other – Describe: 7:00 A | Ouring Entire Pe | eriod of Ab | ateme | nt | | | 2333 City, S | Address Route tate, Zip n NJ 0 | e 22 West | | | | | | | |
| Scope of Work (Check All Tha ≥3 sf or ≥3 if ≥160 sf or ≥260 if | it Apply) | | novatio nolitio | | | | L L | Mini | Containmer i-Enclosure vebag Proce i-Exempted | dure | | | | | e | |
| l accident of | | (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) | cation | 200 | | Do | | :. | | | | | | Abate Ty | ment pe | |
| Location of Asbestos-Containing Mate TO BE ABATED In Facility (13) | | Used : Maint Custoo (| Solely enanc | by æ/ | | os Cont thermal surfa | scription taining M systems cing, VA niscellan | Material s insulat T, or | | (8 | mount Specify or LF | | Removal | Repair | Encapsulate | Enclosure |
| Main Roof | | | х | | root | f Flash | ing | | 38 | 35SF | | x | | | | |
| | | | | | | | | | | | | | - | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | | | DEP W uler ID 509 | | Cubic of Wa | Yards ste | | Name of R | | | | | ı | | |
| City, State Po Box 5670 | | 04 | | | | Dispos | sal Date | | City, State 2335 Ap | plebu | utter | Rd B | ethle | hem | PA | |
| Completed by Galo Zumba | | | | | | | Gu | 10 | Zun | L | 1 | 8/: | te 20/20 | 18 | | |

| h0040 | Minerannes | OTIF (P | icario ursuant | tate of Ne NOF ASE to NJAC | ew Jerse BESTOS 8:60 an | ABATE d 12:120 | MENT | Ngwo 1 | al (| left | | 3 | Pr (6 | int Fo |
|--|--|----------------------------|--------------------|----------------------------------|-------------------------------|-----------------------------------|----------------|---|----------------|------------------|----------|---------|--------------|-----------|
| Date of Notification (1) - 7/25/2018 | | | Clark | of Building Walnut | | | | | 7 90 | 1 | 5 | を直 | 3 1 | V |
| Agencies Notified — e Notification | *: | | | Address Morris Tu | ımpike | | | | l i | | 00 | ;T - | - 9 | 2018 |
| EPA DEP Arnended Amendment | | | City, St. Short | ate, Zip C Hills | ode | | | · | 1 | | 000 | 72.0 | <i>(2.0)</i> | |
| DOH justification) Cancellation | • | | VE 25 145 | of Contact y Matare | | | | | | none Nu | | | various. | |
| | | | FAC | ILITY INF | ORMAT | ION | | | | | | _ | | |
| Name of Facility Where Abatement is Takin Private property | g Place (3 | 3) | | | | | Тур | e of Facility (4) | | | | | | |
| Street Address | | | - | | | | X | School (K-12) Subchapter 8 Other (i.e. pri | (Other t | han K-1 | 2) | dinas | hom | es |
| City (5) | | | | | | | DATE: | etc.) are Feet | # of FI | | | Bldg. A | | |
| Clark County (6) | | | County | Code (7) | | | Cur | ont Han (Orige | 1 If holes | al a maria | | -50 | | |
| Union County | 19 | | | USE ONLY | 0 | | Curi | ent Use (Prior | ii being | demoils | nea) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASCI N/A | M No. | | | | atement Contr utions Servi | | | | | | |
| Street Address N/A | | | | | | Street 1435 | | ess t Street | | | | | | |
| City, State, Zip Code N/A | <u> </u> | | | | | | | Zip Code rgen NJ 070 |)47 | | | | | |
| Project Manager for Monitoring Firm N/A | | | Telepho 973-76 | one No. 64-9676 | ; | Teleph 201- | | | 77.2 | icense N 1320 | ło. | | | |
| Start Date (10) 8/6/2018 | Schedule 11/30/2 | | npletion | Date (11) | | | 5.0 | SHA Monitor Onmental La | aborato | ries | | | | |
| Occupancy Status During Abatement (Chec | k Only Or | ne) | | | | Street | | 9707A | | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00 AM to 4:00 PM | Period of A | Abaten Hours | nent | | | City, S | tate, 2 | zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Unio | n NJ | 07803 | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | The state of the s | Renova Pemolit | 307.5 | | | × | GI | ull Containment ini-Enclosure ovebag Proced on-Exempted (* | dure | | | | • | |
| | Is | Locati | on | | | | | | 7 4114 14 | OH HOL | 1 | Abate | emen | t |
| Location of Asbestos-Containing Material (ACM) | Use | lormali d Sole | ly by | Arbon | Des | scription | of | | | | - | Ту | pe | |
| TO BE ABATED In Facility (13) | | intenar odial S (12) | | (i.e. | | systems sing, VAT niscellan | insul T, or | ation, | (Spec SF or | cify | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | <u>a</u> | | ate | 10 |
| Roof Parapet | | | Х | | | Flashi | | | 1805 | SF. | х | | | |
| 1st floor | | | X | f | floor tile | | | С | 11000 | SF | x | | | |
| Exterior Exterior perimeter | | | X | | | ow glaz | | | 294L | | х | | | |
| Name of Registered Waste Hauler | | N. | JDEP W | aste | Count | er flash | ning | Name of D | 255S | | x | | | |
| Newark Carting Inc City, State | | Ha | suler ID 509 | | of Was | te | | Name of Reg ISES Beth | | | andfil | | | |
| Po Box 5670 | 9 | | | | Dispos | al Date | | City, State 2335 Appl | lehutta | r P.4 P | othlo | hom | D^ | |
| Completed by Galo Zumba | Title Princi | pal | | | | gnature | | ZUMBO | | Dat | | | FA | \dashv |

Print Form

| | | | | | | | | | 1 | | | | | Pri | nt Fo |
|---|---|--|---|-----------------------------|----------------------------------|-----------------|-----------------------------|--|---|----------------------------|---------------------|---------|-------------|-----------------|----------|
| 1K00K | | A CONTRACTOR OF THE PARTY OF TH | OTFIC (Pu | CATION | te of New OF ASBE o NJAC 8 | STOS | BATEN 12:120 | MENT | iginal mende | , (| Chel | . (| 69 | 2 | |
| Date of Notification (1) 7/25/2018 | 1 | | | | Building C Valnut D | | | (2) | | | | - 6 | <u>L</u> | | <u> </u> |
| Agencies Notified | Type Notification | | | Street Ad 820 Md | dress orris Tur | npike | | | | | | OCT | - : | 9 20 |)18 |
| EPA DEP DOL | Initial Amended Amendment # | # | | City, Stat Short H | te, Zip Coo Hills | de | | | | 1 | | PPEST | 000 | | To Cat |
| DOH DCA | Emergency (ir justification) Cancellation | ncluding | 1 | | Contact Matares | se | | | | | ephone N 2-580-9 | umber | | 1000 Marione | |
| | | | | FACIL | ITY INFO | RMATI | ON | | | | | | | | |
| Name of Facility Where A Private property | batement is Taking | Place (3 |) | | | | | Designation of the last of the | of Facility (4) School (K-12 | | | | | | я |
| Street Address | | | | | 8. | | | X | Subchapter 8 Other (i.e. pri etc.) | (Othe | | | dings, | home | s, |
| City (5) Clark | | | 200000000000000000000000000000000000000 | | | | | | re Feet | # of | Floors | | Bldg. A | ge | |
| County (6) Union County | | | | County C | Code (7) ISE ONLY) | | | Curre | ent Use (Prior | if bei | ng demol | ished) | | | |
| Name of Monitoring Firm N/A | Hired by Building O | wner (8) | | ASCM N/A | l No. | | | | tement Cont tions Serv | | | | - | | |
| Street Address N/A | | | | | , | | Street 1435 | | ss Street | | | | | | |
| City, State, Zip Code N/A | | | | | | | | | ip Code gen NJ 07 | 047 | | | | | |
| Project Manager for Moni N/A | toring Firm | | | Telephor 973-76 | ne No. 64-9676 | | | none N 552-9 | | | License 01320 | | | | |
| Start Date (10) 8/6/2018 | - 1 | Schedule 11/30/2 | | pletion (| Date (11) | | | | HA Monitor Inmental L | abora | atories | | | | |
| Occupancy Status During | | | | oot | | | | Addre | ss te 22 Wes | t | 19 | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: 7 | ed Outside of Norma | | | | | _ | The state of the state of | | Cip Code 07803 | | | | | | |
| Scope of Work (Check Al | | | | | | | 01110 | - | 01000 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Principal Control | Renova Demolit | | | | × | - C. | III Containme ni-Enclosure ovebag Procon-Exempted | edure | (5.0 | | | ·e | |
| 1 | -4 | 11 | Locati | | | D- | | | | | | | | ement /pe | Í. |
| Location Asbestos-Containing TO BE ABA In Facili (13) | Material (ACM) ATED | d Sole intenar todial S (12) | ly by nce/ Staff? | | tos Cont thermal surfa | | Materia s insul T, or | | (\$ | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure | |
| . Front Of | fice | Yes | No | N/A X | 0.0 | blue fl | oor tile | 8. ~ | actic | 5/ | 00 SF | | - | 0 | |
| warehouse | | - | | X | 3,9 | | ow Gla | | asiic | | 20LF | x | - | - | - |
| 1st floor thro | | | | X | dr | ywall jo | | | ınd | | 200SF | x | - | | |
| exterior wir | | | | x | | | dow ca | | | | 00LF | x | | | |
| Name of Registered Was Newark Carting Inc | te Hauler | | Н | JDEP W lauler ID 4509 | | Cubic of Was | | | Name of R | Registe | ered Land | fill | II | | - |
| City, State Po Box 5670 | | | | | | Dispos | sal Date | | City, State 2335 Ap | | utter Ro | l Bethl | ehen | n PA | |

Completed by

Galo Zumba

Title

Principal

Date

7/25/2018

Signature Galo Zunha

| PA | | NOT | FICATIO | ON OF AS | New Jers SBESTOS AC 8:60 a | ABATE | EMEN | ΙΤ | To the state of th | Cuff | 00 C | 008 F | 3 | Print |
|---|-------------------------|-------------------------------------|------------------------------|-----------------------|----------------------------------|--|--------------------------|--|--|---------------------------|------------------|--------------|-----------------|-----------|
| Date of Notification (1) 9/19/2018 | | | Name Mich | of Buildir ael Bov | ng Owner | /Operato | r (2) | | | 1 | <u> </u> | <u> </u> | 1 | <u> </u> |
| Agencies Notified Type Notification EPA Initial | on | | | Address | | | | | 1 | | OCT | - 9 | 9 20 | 118 |
| DEP Amended Amendment Emergence | ent # cy (including | | Mana | | NJ 0772 | 26 | | | | | REST | 5 e 15 | 55.65 | q ON |
| DOH justification Cancellati | | | Venn | of Contac y Fonta | anece | | | | Te | lephone i | lumber | (total was) | ACTIVITY OF THE | 110424 |
| Name of Facility Where Abatement is Tal | king Place (| 3) | FAC | CILITY IN | FORMAT | ION | Typ | e of Facility | (4) | | | | | |
| Private property Street Address City (5) | | | | | | | × | School (K- Subchapte Other (i.e. etc.) | -12) er 8 (Oth | er than K & comme | -12) rcial bu | ilding | s, hor | nes, |
| Jersey City NJ | | | | | | | | are Feet | 2 | f Floors | - 1 | Bldg. +50 | Age | |
| County (6) Hudson County | | | County (STATE | Code (7) USE ONL | .y) | | Cur | rent Use (Pr | ior if be | ng demol | ished) | | | |
| Name of Monitoring Firm Hired by Buildin N/A | g Owner (8) |) | ASC N/A | M No. | | Name ACM | of Ab | atement Co utions Se | ntractor | (9) LLC | | | | |
| Street Address N/A | 8 | | | | | Street | Addr | | | | | | | |
| City, State, Zip Code N/A | | | | | | City, S | tate, | Zip Code rgen NJ 0 | 7047 | | _ | | | |
| Project Manager for Monitoring Firm N/A | | | Telepho | one No. | | Teleph | one I | No. | 7047 | License | No. | | | |
| Start Date (10) 9/29/2018 | Schedule 10/2/20 | | mpletion | Date (11 |) | | of OS | SHA Monitor | | 01320 | | | | |
| Occupancy Status During Abatement (Che | A STATE OF THE STATE OF | 20000000000 | | | | Street / | | onmental | Labora | atories | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe: 7:00 AM to 4:00 PM | mal Facility | Abater Hour | nent s | | | City, St | tate, 2 | ite 22 We | st | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Unior | n NJ | 07803 | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | lenova emolit | | | | × | Mi Gl | III Containm ni-Enclosure ovebag Prod on-Exempted | e cedure | | | | | |
| 1 | | Locati | | | | | | | 7 4110 | NOTE: HE | DIE FIC | Abat | emen | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Mai | d Sole ntenar odial S (12) | ly by nce/ | Asbes (i.e. | stos Conta thermal surfac | scription of aining Ma systems sing, VAT siscellance | ateria insula , or | I (ACM) ation, | (S | nount pecify or LF) | Removal | Repair | e Encapsulate | Enclosure |
| _ | Yes | No | N/A | | | | ,ous) | | | | val | # | ulate | sure |
| Exterior back section only | - | | x | | | tos tran | | | 110 | 00SF | x | | | |
| Basement | | | Х | pipe | insulati | on/wra | p an | d cut | 16 | 0SF | x | | | |
| Name of Darky | | | | | | | | | | | - | | | |
| Name of Registered Waste Hauler Newark Carting Inc | - | Ha | JDEP Wa auler ID I 509 | | Cubic Y of Wast | | | Name of F | | | | | | |
| City, State Po Box 5670 | | | | | Disposa | al Date | | City, State 2335 Ap | ls. | | - | | D. | _ |
| Completed by Galo Zumba | Title Princip | oal | | | Sig | nature | 7 | 2000 Ap | , | Da | ate 19/20 | | PA | - |

ASB-41 (R-06-08)

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

Print Form

State of Ne cation of Asbestos Abatement 8:60-7 and 12:120-7) - 9 2018 Date of Notification (1) Name of Building Owner/Operator (2) October 2, 2018 Cinto's Corporation Agencies Notified Notification Type Street Address ASSESTOS CONTROL ☑ Initial Notification 27 Whitney Drive X EPA ☐Amended Certification City, State, Zip Code DCA ■ Emergency (including Milford, Ohio 45150 x DOL justification) Name of Contact Telephone Number X DEP ☐ Cancelled C/O Stev Kostage 570.383.2469 x DOH **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Cinto's- Main Building School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 137 Ralph Street Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 80 years City (5) County (6) County Code (7) Bellville (State Use Only) Essex Current Use (prior if being demolished): Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) AECOM.Inc. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 5925 Carnegie Boulevard, Suite 370 **511 MAIN STREET** City, State, Zip Code City State, ZipCode Charlotte, North Carolina 28209 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Steve Kostage 570.383.2469 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 18, 2018 November 5, 2018 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Source of Work (Check all that apply) Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf Renovation Mini-Enclosure **□**≥ 160 sf or ≥ 260 Demolition Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure Wrap & Cut Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES 2nd floor offices X VAT 1,000 sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Meadowfill Landfill 20 G.R.O.W.S Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State Route 2, Box 68 November 5,2018 NJ DEP # 12561 NY DEP # Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784 Completed by (Print or Type) Signature Marin Graure SENIOR PROJECT October 2, 2018 Marin Graure MANAGER

| | | | giraniana.co | - 6 | | | | | T | | <u> </u> | - F | | Pri | nt Fo |
|---|---------------------|---------------------------------------|--------------------|--------------------------------------|--|--------------------------|-----------------------------|--|-----------|-------------------------|--------------|--------|---------------------|-------------|-----------|
| Ch1432 | 1 | NOTIF (P | ICATION | tate of New N OF ASB t to NJAC | STOS AB | 3ATE 12:12 | MENT | ī ē | | | G | | | <u> </u> | |
| Date of Notification (1) 09/28/2018 | | | | of Building (Levensor | | erator | (2) | | 111 1 | 4 | OCT | - | 9 % | 2018 | - |
| Agencies Notified Type Notification | | | Street A | Address | | | | | | ASE | REGY | 00 | | 775 | i g |
| EPA Initial Amended DOL Amendmen | | _ | | ate, Zip Coo | | | | _ | - | - | | | Arris 1 | 6 2 3 | |
| 区 DOH | | | | of Contact Levensor | n | | | | | | | 4 | | | |
| Name of Facility Manage Abetersont in Table | - DI (6 | | FAC | ILITY INFO | RMATION | V | _ | | | | | | | | |
| Name of Facility Where Abatement is Takin Private Residence | ng Place (3 | 3) | | | | | Туре | e of Facility (4) | | | | | | | |
| Street Address | | | | | | | × | School (K-12 Subchapter 8 Other (i.e. pri etc.) | (Other | | | build | lings, | home | es, |
| City (5) Warren | | | | | | | Squa 180 | are Feet | # of F | loors | | 100 | ldg. <i>A</i> 0+ | ge | |
| County (6) Somerset | | | | Code (7) USE ONLY) | | - | Curr | ent Use (Prior JSE | if being | g dem | olishe | d) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASC | M No. | | | | atement Contr struction LL | | 9) | | | | | |
| Street Address | | | | | 11.00 | | Addre eathe | ess er Stocking | Path | | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code ark, NJ 070 | 35 | 24 y | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | 11 11 11 11 11 11 | OTTO STATE OF THE | none N 264-9 | | | Licens | | | | | |
| Start Date (10) 10/11/2018 | Schedule 10/11/2 | | npletion | Date (11) | 1000 | | | HA Monitor struction LL | С | | | | | | |
| Occupancy Status During Abatement (Chec | 70 80 00 | 0.000 | | | 11 11 11 11 11 | | Addre | | Doth | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of A | Abaten Hours | nent | | C | City, S | tate, Z | er Stocking Zip Code ark, NJ 070 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | LIIICC | יווונ | ark, 145 070 | 755 | | | | | | - |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | Mi Gl | III Containmen ini-Enclosure ovebag Proce | dure | | | | | | |
| Location of | 1 | Locati Normal | ly | | Descri | intion | | on-Exempted (| () and i | NOII-F | nable | | Abate | ement pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | d Sole intenar todial S (12) | nce/ | (i.e. t | os Contain thermal sys surfacing other miso | ning M stems g, VA | lateria s insul T, or | ation, | (Sp | ount ecify or LF) | | Remova | Repair | Encapsulate | Enclosure |
| Garaga | Yes | No | N/A | | Duet le | | 4: | | 00 | 0.5 | | | | .976 | е |
| Garage | | | X | | Duct In | isula | ПОП | | 60 | 3 F | | х | | Х | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | IN | JDEP W | Vaste | Cubic Ya | rds | | Name of Re | egistere | d Lan | dfill | | | | _ |
| Nari Construction LLC | | Н | auler ID 037535 | No. | of Waste 2 CY | | | G.R.O.W | | | | | | | |
| City, State Lincoln Park, NJ | | | | | Disposal TBD | Date | | City, State Morrisvill | e, PA | | | | | | |
| Completed by Igor Jezdimirovic | Title P.Ma | nage | r | | Sign | nature | | | > | | Date 09/2 | | 018 | | |

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OCT -9 2018

10/1/18

NOTIFICATION OF ASBESTOS ABATEME! IT

(Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) 10/1/18 Name of Building Owner / Operator (2) Type Notification Ü. YIDE NG Agencies Notified Street Address Emergency Notification **EPA** DEP Initial Notification City, State & Zip Code DOL Amended Notification X Short Hills, NJ 07078 Telenhone Number X DOH Cancellation Name of Contact DCA Yiba Ng FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 5 (Oller Ihan K-12) X Other (i.e., private & commercial buildings, homes, etc. A: of Floors Square Feet Bida, Age City (5) County (8) County Code (7) 2,800 50 Current Use (Prior if I) ing demolished) Short Hille Essex Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement (, antractor (9) Environmental Tactics, Inc. Global Abstament Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse I total City, State & Zip Code City. State & Zip Codi Matawan, NJ 07747 Monroe Township, N. 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number Ucense Number Tom Golger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monil ir 10/1/18 10/2/18 Global Abstement Salvices, LLC Occupancy Status During Abatement (Check only one) Street Address 443 Schoolhouse | lord Fadility Closed Vacated During Entire Period of Abatement Abstement Performed Outside of Normal Facility Hours -City. State & Zip Code Describe: Area Isolated During Abatement Monroe Township N.: 08831 Other - Describe: Scope of Work (Check all that apply) Demolition Renovation Full Contil ament with Negative Pressure Large Project Mini-Enclusium Quantity is 2 3 SF or 2 3 LF ACM X Glovebag 'ro::edure Quentity Is ≥ 160 SF or ≥ 260 LF ACM Other. Plan-Irlable Location of le Location Abstement Type Description of Amount Asbastos-Containing Normally Used Asbestos-Containing (Specify (Specify: Romoval, Material (ACM) Solely by Material (ACM) Square Feet Repair, Encapsulation TO BE ABATED or Endosure) Maintenance or (I.e., thermal systems Dr Custodial Staff? insulation, surfacing, VA Linear Feet) in Fedity (13)or other miscellaneous (12)NIA T91 Pipe BLF Removal Garage Cu. Yds. of Was 8 Name of Registered Waste Hauler NJDEP Wasta Hauler ID # Name of Registered Landfill Freehold Carting 18693 TRRF City, State City, State Disposal Date Trenton, NJ 10/2/18 Tullytown, Pa Completed By (Print or Type) Title Signature Date

Dominick Tingali

Dominick Tringall

Pres.

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| Date of Notification (1) | 02. 1 | 18 | | | Name | |) Own | er/Operator (2 | | | | 00 | - | . 9 | 2018 | 3 |
| | | | | | 100000 | Address | | | | | | | | | | |
| Agencies Notified EPA | Type Notificat | non | | | | Delevan : | Stree | ¢ | | | AS | RES | TOS | (0) | 77.79 | 11. 8 |
| ⊠ DOLWD | Amended | | 9 | | | State, Zip C | | - | | Lugac | all a development | NAME OF TAXABLE | - HARLOW | and the second | 1941 2 | |
| ⊠ DOH | Amendme | - | | | 7.70 | nbertville | | 08530 | | | | | | | | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emergency justification | | luding | | | of Contac | | | | Telep | hone N | umber | | | | |
| (NJAC 5.25-0) | ☐ Cancellation | | | | To | n Ksiaze | k | | | | | | | | | |
| | | | | | FA | CILITY IN | FOR | MATION | | | | | | | | |
| Name of Facility Where | Abatement is Ta | aking | Place | (3) | | | | | Type of Facility | (4) | | | | | | |
| Residence | | | | | | | | | School (K-12 | | | 40) | | | | |
| Street Address | | | | | | | | | Subchapter 8 Other (i.e., printed homes, etc.) | rivate a | than K | -12) mercia | l bui | lding | 5,7 | - |
| City (E) | | | | | | | | | Square Feet | | Floors | | Bld | g. Ag | е | |
| City (5) Lambertville | | | | | | | | | 1887 | 3 | | | 1 | 28 | | |
| County (6) | | | | | Cou | nty Code (7 |)(STAT | TE USE ONLY) | Current Use (Pri | or if bei | ing dem | olishe | d) | | | |
| Hunderdon | | | | | | | | | Residential | | | | | | | |
| Name of Monitoring Firm | Hired by Buildi | ing O | wner (| 8) | ASCM | No. | Nan | ne of Abateme | ent Contractor (9) | | | | | | | |
| Indoor Environmen | ntal Concepts | S | | | | | E | LCON Envi | ronmental, LLC |) | | | | | | |
| Street Address | | | | | | | - | et Address | | | | | | | | |
| 286 Sunset Road | | | | | VIII 100000-2000 | | | 50 Glenwoo | | | | | | | | |
| City, State, Zip Code | | | | | | | | , State, Zip Co | | | | | | | | |
| Barrington, NJ 080 | | | | 1= . | | | | | Crossing, PA 1 | | naa Na | | | | | |
| Project Manager for Mon | itoring Firm | | | 1 | ephone | No. 2-2213 | | ephone No. 15-313-7427 | , | | nse No 1225 | | | | | 100 |
| Mike Menz | 10 | ah a di | ulad Co | - | | ate (11) | | ne of OSHA N | | 10 | 1220 | | - | | | - |
| Start Date (10) | 18 | 1 | 0_/ | _0 | | 18_ | S | ame | | | | ii incere | | | | |
| Occupancy Status Durin | | | | | | | Stre | et Address | | | | | | | | part of the same |
| ☑ Facility Closed/Vacate☐ Abatement PerformedTime of Abatement: | d Outside of No | rmal | Facility | Hou | rs - De | scribe _AM | City | , State, Zip C | ode | | | | | | | |
| Scope of Work (Check a | Il that apply) | | | | | - ABHATTANAT | 1 | | | | | | | 200 | | |
| ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf | | | ⊠ Re | nova moliti | | | | | a Procedure | | | | | | | |
| | | | | | | | | ☐ Non-Exe | empted (*) and No | n-Friab | le Proc | edure | Λ I | | ent Ty | |
| Location | | | 100 | Loca | | | | Description (| nf . | | | 1 | | | 7 | |
| Asbestos-Containing TO BE AB IN Faci (13) | Material (ACM) ATED lity |) | Ma Cust | inten todial (12 | 1 | (i.e | e., the s | Containing Ma rmal systems urfacing, VAT ner miscellane | aterial (ACM) insulation, , or | (5 | mount Specify F or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | | | Yes | No | N/A | Pipe in | cula | tion | | 3 | 00 LF | | \boxtimes | | П | |
| Crawispace | | | | | | - ripe ii | Suid | 4011 | | | | | | | | |
| | | | | - | - | | | | | | | | $\overline{\Box}$ | I | П | П |
| | ···· | | | | 48 | - | | | | | | | | | | |
| | | | | | UDEE | Waste | Cul | oic Yards of | Name of Regis | stered I | andfill | | لسا | 1 | 1 | |
| Name of Registered Wa Service Transport | | | | 400 | NJDEP Hauler SW2 | ID No. | Wa | | Minerva L | | | | | | | |
| City, State | MIC 100 - 10 | | | | 2447 | | | posal Date | City, State | | | | | ntro o Gidi | | |
| New Castle, DE | | | | | | | T | BD | Waynesbu | rg, 9ì | - | 50 Se de 1525000 | | | | |
| Completed By (Print or | Гуре) | Title | | | | | | Signature | 100 | | | Date | 7 | Ð | 15 | 2 |
| Andre Gosek | | P | roject | : Mai | nange | r | | // | | | 7 | 111 | 1- | 2 | 10 | |

NOTIFICATION (Pursuant to N. DrA. G. 8160 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) Sheila & Walter Tylicki 10/3/2018 Agencies Notified Type Notification Street Address EPA \boxtimes DEP Initial City, State & Zip Code DOL Amended Linden, NJ DOH Name of Contact Emergency Telephone Number DCA Cancellation Sheila & Walter Tylicki **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 1.810 67 Linden, NJ Union Current Use (Prior if being demolished) House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services, LLC. Resource Management Group, LLC Street Address Mailing: P.O. Box 365 PO Box 373 City, State & Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/15/2018 10/19/2018 J&S Environmental Laboratories Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed during Normal Hours City, State & Zip Code Describe: Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Is Location Location of Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclosure TO BE ABATED Maintenance or Remova (i.e., thermal systems Repair Custodial Staff? in Facility insulation, surfacing, VAT or other miscellaneous) (13)(12)N/A Yes No Exterior of house(2 sides only) Exterior Transite siding 1000 SF

NJDEP Waste Cubic Yards

of Waste

Signature

Disposal Date

TBD

TBD

Hauler ID No.

35218

Title

President

Name of Registered Landfill

Date

10/3/2018

Grows Landfill

Morrisville, PA

City, State

Name of Registered Waste Hauler

Resource Management Group, LLC

Completed By (Print or Type)

City, State

Trenton, NJ

Mr. Brian Haney

| Name of Building Owner/Operator (2) NOVARTIS PHARMACUETICALS CORPORATION 10 | NOTIFICATION OF | of New Jersey F ASBESTOS ABAT IAC 8:60-7 and 12:1 | 120-7) | | | | 1) | E (| E | |
|--|---|---|-------------------|---|----------------------|---------|--------|-------------------|------|----------|
| Street Address Stre | Name o | of Building Owner/ | Operator (2) | ORATION | | | 3 | | | |
| Agencies Notified Type Notification | otification (1) | | | | | 111 | - 11 | 00 | T - | 9 20 |
| EPA Initial Notification | 7 2 118 | | | | | 14 | i de | | | _ |
| DEP X DOL Cancellation Cance | City Sta | ate, Zip Code | FD0FV 07026 | | | _ | | aconsideration of | | nerman |
| Name of Contact Reverse Revers | DEP X Amended Notification #1 EAST F | HANOVER, NEW JE | | 22 | | | | ASSE | 3708 | |
| DCA | On Hold Name of | | | | | Lucania | - | west production | - | 100 mm |
| Novartis Street Address School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other t | EMERGENCY NOTIFICATION KEVIN | | C | 302-770-043 | - | | | | | _ |
| Street Address 59 ROUTE 10 -BUILDING 434 City (5) EAST HANOVER MORRIS MORRIS STREET USE ONLY) (STATE USE ONLY) (STATE USE ONLY) (STATE USE ONLY) (STATE USE ONLY) (STATE USE ONLY) (STATE USE ONLY) (STATE USE ONLY) (COMMERCIAL Current Use (Prior if being demolished) COMMERCIAL Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901 Frelephone Number 10 / 10 / 5 / 18 / Month Day Freshity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Non-Friable Procedure Non-Friable Proce | | Typ | pe of Facility (| 4) | | | | 16.0 | | |
| Street Address Square Feet # of Floors Bldg. Age 59 ROUTE 10 -BUILDING 434 County (6) County (50 | Facility Where Abatement is Taking 1 1655 (5) | | | | n K-12) | | | 130 7 | 114 | 1 |
| Street Address Square Sq | IS | X | Other (ie. pr | rivate & com | mcl. bldgs. | , homes | s, etc | c.) | | 4 |
| County (6) Cou | dress | S | | | s | | | | | |
| City (5) Coumer (8) Coumer (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address Street Addres | TE 10 -BUILDING 434 | Code (7) | | (0.00) | molished) | | | | | \neg |
| Name of Monitoring Firm Hired by Building Owner (8) LANGAN Street Address 300 KIMBALL DRIVE City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 Project Manager for Monitoring Firm Telephone Number 973-560-4983 Month Day Year Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Type Abatement Control Abatement Control Abatem | (STATE) | USE ONLY) CO | DMMERCIAL | | | | | | | - |
| Street Address 313 SPOOK ROCK ROAD Street Address 313 SPOOK ROCK ROAD City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 Project Manager for Monitoring Firm Project Manager for Monitoring Firm VIJAY PATEL Expected State Date (10) 10 / 5 /18 | Monitoring Firm Hired by Building Owner (8) | ASCM No. Na | me of Abatem | nent Contra | ctor (9) RPORATIC | N | | | | |
| 300 KIMBALL DRIVE City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 Project Manager for Monitoring Firm VIJAY PATEL Expected State Date (10) 10 / 5 / 18 Month Day Year Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: X Other - Describe: X Demolition Jass F OR LF X > 160 SF OR Abatemation Cocupand Ware (ACM) Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) Manager for Monitoring Firm Telephone Number 12 / 30 /18 Name of OSHA Monitor QUALITY ENVIRONMENTAL Name of OSHA Monitor QUALITY ENVIRONMENTAL Name of OSHA Monitor QUALITY ENVIRONMENTAL Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NEW YORK 10016 X Full Containment with Negative Pressure Mini-Enclor, Glovebag Procedure Non-Friable Procedure Non-Friable Procedure | | Str | reet Address | | | | | | | |
| City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 Project Manager for Monitoring Firm VIJAY PATEL VIJAY PATEL Expected State Date (10) 10 / 5 / 18 | BALL DRIVE | | | | | | | | | \dashv |
| Project Manager for Monitoring Firm VIJAY PATEL Expected State Date (10) 10 / 5 / 18 | te, Zip Code | su | JFFERN, NEW | YORK 109 | 01 | | | | | - |
| VIJAY PATEL 973-560-4983 845-399-1000 | Manager for Monitoring Firm Telephone Number | 10.00 | | | | ımber | | | | |
| Expected State Date (10) 10 / | ATEL 973-560-4983 | 1) Na | ame of OSHA N | Monitor | | | | | | \neg |
| Month Day Year Month Day Year Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement WAPPINGERS FALLS, NEW YORK 10016 Scope of Work (Check all that apply) Demolition Sas F OR LF X > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) Solely by TO BE ABATED in Facility (13) Staff (12) Yes No N/A Abatement Type Abatement | 12 / 30 | /18 QL | UALITY ENVIR | ONMENTA | L | | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: ADATEMENT Of Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code WAPPINGERS FALLS, NEW YORK 10016 Scope of Work (Check all that apply) Demolition Sas F OR LF X > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Full Containment with Negative Pressure Mini-Enclor, Glovebag Procedure Non-Friable Procedur | Day Year Month Day | | treet Address | | | | | | | |
| Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: FRIDAY 5 PM-1 AM, SAT. & SUN. 7 AM - 12 AM Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Namidation Facility (13) Abatement Performed Outside of Normal Facility Hours - Describe: X Full Containment with Negative Pressure Mini-Enclo:, Glovebag Procedure Non-Friable Procedure Description of Asbestos- Containing Material (ACM) (ie. Thermal systems (Specify MOD) TO BE ABATED in Facility (13) Namidation, surfacing, VAT, or other miscellaneous) Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Containing Material (ACM) (Specify SF or LF) Abatement Type | Tracility Closed Vacated During Entire Period of Abatement | | 376 ROUTE 9 | | | | | | | |
| Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) X Full Containment with Negative Pressure Mini-Enclo:, Glovebag Procedure Non-Friable Procedur | A between t Derformed Outside of Normal Facility Hours - Descri | ibe: 1 - 12 AM Cit | ity, State, Zip C | Code | | | | 10010 | | |
| Mini-Enclo: Glovebag Procedure Non-Friable Proce | Other - Describe: FRIDAT 5 FM-1 AM, 5AT. 4 5511.7 SAT. | | | | | IEW YC | JRK | 10016 | | |
| Safe Containing Safe Conta | | | nent with ivega | uve Fressun | | | | | | |
| X >160 SF OR 260 LF | Demondon | | | | | | | | | |
| Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Normally used solely by Maint/Custodial in Facility (13) Staff (12) Yes No N/A Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) SF or LF) Amount (Specify SF or LF) Yes No N/A | >160 SF OR 260 LF | | | | | | | ment Typ | ре | |
| Yes No N/A | Location of | Containing Material (| (ACM) | | nt R | R | ENC | EN | | |
| Yes No N/A | Material (ACM) solely by | (ie. Thermal system | ms VAT | 0.0000000000000000000000000000000000000 | F) S | AF | CAP | 5 | | |
| Yes No N/A | TO BE ABATED | | | | AL AL | ~ | SUL | SUR | | |
| 1ST FLOOR STAIRWEDLL CORRIDOR X FLOOR TILE & MASTIC 2,200 SF X | | | | - | | 1-1 | - | ~ | | |
| | OOR STAIRWEDLL CORRIDOR X FLOOR TIL | LE & MASTIC | | 2,200 SF | - X | + | - | - | | |
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| | | | | | | | | | | |
| NIDER Waste Cubic Yards of Waste Name of Registered Landfill | | | Name of Dagle | tered Landfi | 1 | | | + | | |
| Name of Registered Waste Hauler INSDET Waste Tourism Inspect Concerns ANDERLA | Of Redistered Waste Hadion | | CDOMIC LAND | JEII I | | | | | | |
| NEWARK CARTING, INC. 1121 BORDENTOWN ROAD/ NEW FORD MILL ROAD 913 | AYMOND BLVD. 913 | | 1121 BORDEN | TOWN RO | AD/ NEW | FORD | MILL | ROAD | | |
| City. State Disposal Date City State | State | | MORRISVILLE | PA 19067 | | | | H 3 | | |
| NEWARK, NEW JERSEY 0/105 Signature Date O / 7/1 V | ARK, NEW JERSET 07 105 | 70,10 | 12AX | 1 | | 10 | 3/ | 2/ | 18 | |
| BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS | | 1 | //XX | 1 | | | 1 | 1 | - | |

| | | | | CATION | ate of New Jerse OF ASBESTOS | ABATEMENT | | | | | G | | M |
|--|--|-------------------|--------------|-------------|---------------------------------|---|-------------------------------|--------------|------------|----------------|---------------|---------------|----------|
| Date of Notification (1) | | | (Pur | Nam | | wner/Operator (2 ACUETICALS CO | | | 3 | 100 | | 7,000 | |
| | | | | Stree | et Address | | | - | | li - | 00 | -9 | 2018 |
| 9 / 24 /18 Agencies Notified Type Notification | 1 | | | 0.000 | OUTE 10 EAST | | | - | | | | | mp 10 |
| EPA X Initial Notifi | | | | | State, Zip Code | | | 1 | | 1 | | S Acres March | |
| DEP Amended | | tion | | | | EW JERSEY 079 | 36 | and the same | | A- | nes. | 110 00 | |
| X DOL Cancellation | on | | | | | | 17 | | (common) | | - 1 | 4.37 | |
| X DOH On Hold | ICV NO | TIEI | CATION | 3,00,70,000 | e of Contact IN READIE | | Telephone Num 862-776-0496 | iber " | | and difference | | ATM OF | |
| DCA EMERGEN | NCT INC | וחווע | CATION | | and an electron personal and | FION | 002-110-0430 | | | | | | - |
| Name of Facility Where Abatement is Takin | na Plac | 0 (3) | | FACI | LITY INFORMAT | Type of Facilit | v (4) | 32 | | | - | | \dashv |
| Name of Facility Where Abatement is Takin | ilg i lac | .0 (0) | | | | School (K | | | | | | | |
| NOVARTIS | | | | | | | er 8 (Other than k | | | | | | |
| 5 THE POSITION AND POSITION OF THE POSITION OF | | | | | | | private & commo | . bldg: | s., hon | | | | _ |
| Street Address | | | | | | Square Feet 57,000 | # of Floors 2 | | | BIO | lg. Age 50 | | |
| 59 ROUTE 10 -BUILDING 434 City (5) County (6) | \ | | | Cour | nty Code (7) | CALL STORY OF THE | rior if being demo | ished) | | | 00 | | - |
| City (5) County (6) EAST HANOVER MORRIS |) | | | | E USE ONLY) | COMMERCIAL | | ilorica, | h | | | | |
| Name of Monitoring Firm Hired by Building | g Owne | er (8) | | | ASCM No. | | ement Contracto | | | | | | |
| LANGAN | +3 | 100000 | | | 99 | | MENTAL CORPO | DRATI | ON | | | | _ |
| Street Address | | | | | | Street Address 313 SPOOK R | | | | | | | |
| 300 KIMBALL DRIVE City, State, Zip Code | | | | | | City, State, Zip | | | | | | | - |
| PARSIPPANY, N | EW JEF | RSEY | 07054 | | | | W YORK 10901 | | | | | | |
| Project Manager for Monitoring Firm | | Telep | hone N | | | Telephone Nur | | | umber | | | | |
| VIJAY PATEL | | | 60-498 | | | 845-369-7500 | 460 | | | | | | |
| Expected State Date (10) | Sched | | | n Date (| | Name of OSHA | | | | | | | -1 |
| 10 / 5 /18 Month Day Year | Mor | 12 nth | 1 | Day |) /18 Year | QUALITY ENV | IRONMENTAL | | | | | T: | |
| Occupancy Status During Abatement (Check | only or | ne) | | | | Street Address | | | | | | | |
| Facility Closed/Vacated During E | ntire Pe | eriod (| of Abate | ement | | 1376 ROUTE 9 | 9 | | | | | | |
| Abatement Performed Outside of | | | | | | City, State, Zip | Codo | | | 741 - 21 | | | - |
| X Other - Describe: FRIDAY 5 | PM-1 A | AIVI, S | A1. & 3 | OUN. / A | M - 12 AM | | VAPPINGERS FA | LLS. N | NEW Y | ORK | 10016 | | |
| Scope of Work (Check all that apply) | | | | | X Full Cont | ainment with Neg | | | | | | | |
| Demolition X | Renov | vation | ı | | Mini-Encl | | | | | | | | - 1 |
| >3SF OR LF | | | | | | g Procedure | | | | | | | |
| X >160 SF OR 260 LF | 1 | | | | Description of A | ble Procedure | | T | 3 | Ahata | ment T | VDA | |
| Location of Asbestos-containing | | Locati nally t | | | Containing Mater | | Amount | R | | | | ype | -1 |
| Material (ACM) | A MARKET TO SERVICE TO | olely b | 175 | | (ie. Thermal s | | (Specify | REMOVA | REPAIR | NO. | NO. | | |
| TO BE ABATED | Maint | | | i | insulation, surfac | ing, VAT, | SF or LF) | 18 | 1 € | AP. | [5 | | |
| in Facility (13) | | aff (1 | | | or other miscell | aneous) | 8 | A | I Sant | ENCAPSUL | ENCLOSUR | | |
| | Yes | No | N/A | | | | | + | + | 1 | 1~ | | |
| 1ST FLOOR STAIRWEDLL CORRIDOR | | | X F | LOOR T | ILE & MASTIC | | 2,200 SF | X | | | | | |
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| | - | | - | | | | | + | + | + | +- | | |
| Name of Registered Waste Hauler | NJDE | P W | aste l | Tuhic Ya | rds of Waste | Name of Regis | stered Landfill | | 1 | 1 | + | - | \neg |
| Name of Registered Waste Hauler NEWARK CARTING, INC. | Haule | | 333660 | Judio 1 a | 3 | | TRAL SANITARY | LAND | FILL | | | | \neg |
| 369 RAYMOND BLVD. | , aut | 913 | 220000 10 11 | | 19 5 5 | | | | | | | | |
| City, State | | | | Disposal | | City, State | OWNSHIP, PA | | | | , | ./ | |
| NEWARK, NEW JERSEY 07105 | | | | 10/5-12/3 | | BLAMPIEKO | POWNSHIP, PA | to | - | 21 | - | 110 | _ |
| Completed by (Print or Type) Title BENJAMIN SANCHEZ DIR | | R OF | OFFRA | TIONS | Signature | $\langle \chi \chi \rangle$ | | ıc | 7 | // | >4 | 7118 | |

| 11/ 001 100 | | | D) s | tate of Ne | w Jerse | M | | | 1 - | | E ((| 2 [| | W | É |
|---|--|----------------------------|-------------------|------------------------|--------------------|-----------------------|-------------------|--|---------------------------------|-----------------|---------|---------|---------|-------------|-----------|
| 'n200489 | | NO II F | ursuan | OF ASB | 8:60 an | d 12/12 | MENT 0) | | | 1 | | | | | |
| Date of Notification (1) 10/01/2018 | | | | of Building o Zollo | Owner/0 | Operator | (2) | | 1 4 | 4 | 0(| H | - 9 | 2018 | } |
| Agencies Notified Type Notification | | | Street A | Address | | | | | - | 1 | CPT | | 70 | VI.s | 71 19 |
| X EPA X Initial Amended Amendment: | | - | City, Sta | ate, Zip Co | ode | | | | | | | 1111 | ** [| 12.° | |
| Emergency (i | | _ [| Living | ston, NJ | | 9 | | | | | | | | | |
| DOH justification Cancellation | noidaling | | | of Contact o Zollo | | | | | Tele | ephoi | ne Nur | nher | , | | |
| | DI (| | | ILITY INF | ORMAT | ION | | | | | | | | | 7/// |
| Name of Facility Where Abatement is Taking House | Place (| 3) | | | | | | of Facility (4 School (K-12 | 0. 0. | | | | | | |
| Street Address | | | | | | | × | Subchapter 8 Other (i.e. pr etc.) | (Othe | | | | dings | home | es, |
| City (5) Livingston | | | | | | | | re Feet | # of N/A | Floo | rs | 24.2 | Bldg. A | \ge | |
| County (6) Essex | | | | Code (7) USE ONLY | | | Curre | ent Use (Prior se | r if beir | ng de | molish | ed) | | 74 S | |
| Name of Monitoring Firm Hired by Building C N/A | wner (8) | | ASCN | ЛNo. | | | | ement Control | | (9) | | | | | |
| Street Address | | | | | | Street 11 R | | ss gren Aven | ue | | | | | | |
| City, State, Zip Code | | | | | | | | ip Code IJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph 973- | none N 345-8 | | | Lice 013 | nse No | 0. | | | |
| | Schedule 10/12/2 | | npletion | Date (11) | | | | HA Monitor ement, Inc | | | | | | | |
| Occupancy Status During Abatement (Check | - 1.00 - 10 - 1 - 10 - 1-10 | | | | | Street 11 R | Westernan | ss gren Avent | 10 | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: Occupied | eriod of A | Hours | nent s | | | City, S | tate, Z | ip Code IJ 07512 | | | | - | | | |
| Scope of Work (Check All That Apply) | | 27/2 | | | | 1010 | wa, iv | 13 07 312 | | W | | | | | _ |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emolit | | | | × | Mir Glo | I Containmer ni-Enclosure ovebag Proce n-Exempted | dure | | | | | 9 | |
| | | Locati | | | | | - 110 | LXCIIIptou | () and | 14011 | TIGO | 1 | Abate | ement | |
| Location of Asbestos-Containing Material (ACM) | Use | lormal d Sole | ly by | Asbest | Des tos Cont | scription aining M | | (ACM) | Ar | noun | t | | 1 9 | ре | |
| TO BE ABATED In Facility (13) | | intenal odial S (12) | | | thermal surface | | s insula T, or | | (S | pecify or LF | / | Removal | Repair | Encapsulate | Enclosure |
| (10) | Yes | No | N/A | | otrei n | iisceiiai | leous) | | | | | val | Ħ | ulate | ure |
| Basement | | Х | | | Pipe | Insula | tion | | 40 |) LF | 9 | X | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | IN | JDEP W | laste. | Cubic | Vards | | Name of Re | anistar | ed I | andfill | | | | |
| D&S Abatement, Inc. | | Н | lauler ID 0996 | | of Was | | | Waste M | | | | PA | | | |
| City, State Totowa, NJ | | | | | Dispos TBD | al Date | į. | City, State Morrisvill | e, PA | ١ | | | | | |
| Completed by Oliver Hegedis | Title Proje | ct Ma | anager | | S | ignature | O | | - And State of the Owner, where | | Dat | | 2018 | | |





| | r A | | NOT I | CATIO | N OF ASE t to NJAC | 8:60 an | ABATE d 12:12 | MENT 0) | CI | 1/1/2 | A 1 | 1810 | 7) | ` | |
|--|--------------------------|------------|-------------------|--|-----------------------|-----------------|---|-------------|-------------------------------|---------|------------------|----------|---|-------------------|-------------|
| Date of Notification (1) 10/3/18 | | | | | of Building | | 100 | (2) | - P | | NE | C | E | ÍV | / [5 |
| Agencies Notified | Type Notification | | - | | Address | evelopi | Helit | | | - | 1 | | | Marketon NV Comme | |
| | | | | | Curry Av | enue | | | | | | | _ | | |
| EPA DEP | X Initial Amended | | ł | 0.000 | ate, Zip C | Sent - Sentence | | | | - 1 | 1 11 | OCT | (| 20 | 18 |
| DOL | Amendment | | | | wood, N | | 31 | | | | | | | | |
| X DOH | Emergency justification) | (including | 1 | | of Contact | | | | | Tel | ephone | himber | 30.0 | CANTE | פר זריים |
| DCA | Cancellation | | | Brian | Heytink | | | | | 20 | 1-906-1 | 1127 | J. W. | NO | 36.19.3 |
| | | | | FAC | ILITY INF | ORMAT | ION | 200075-00 | | loon | | | encontrate - | dalet mention | |
| Name of Facility Where | Abatement is Takin | g Place (| 3) | | | | | Туре | of Facility (4 |) | | | | | |
| home | | | | | | | | | School (K-12 | | | | | | |
| Street Address | | | | | | | 3 | | Subchapter 8 | | | | ar in | 672.00 | |
| | | | | | | | | | Other (i.e. pr etc.) | ivate | & comme | rcial bu | laings | , nom | es, |
| City (5) | | | | | | | | Squa | are Feet | # 0 | f Floors | | Bldg. | Age | |
| Englewood | | | | | | | | 220 | 0 | 2 | | | 62 | | |
| County (6) Bergen | | | | | Code (7) USE ONLY |) | | Curre | ent Use (Prior | if bei | ng demol | ished) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8 |) | ASC | И No. | | Name | 11.5.110.00 | atement Cont | ractor | (9) | | | | |
| | | | | | | | 1 | | ronmental | | | _C | | | |
| Street Address | | | | | | | Street | | | | | | | | |
| City, State, Zip Code | | | | | | | 100000000000000000000000000000000000000 | | 83, 4 E Ga | ite D | rive | | | | |
| Oity, State, Zip Code | | | | | | | 100000 | | Zip Code d, NJ 0741 | 8 | | | | | |
| Project Manager for Mon | itoring Firm | | | Telepho | ne No. | _ | Teleph | | | - | License | No. | _ | | - |
| | | | | | | | 973- | 764-2 | 2276 | | 703 | 18(17) | | | |
| Start Date (10) 10/12/18 | | | | mpletion | Date (11) | | Name | of OSI | HA Monitor | | | | | | |
| | - Ab | 10/22/ | | | | | | | | | | | | | |
| Occupancy Status During | | | | | | | Street | Addre | SS | | | | | | |
| Facility Closed/Vaci Abatement Perform Other – Describe: | ed Outside of Norm | al Facilit | Abaten y Hours | nent s | | | City, S | tate, Z | ip Code | | | | | 702 | |
| Scope of Work (Check A | | | | | | | | | | | | | | | |
| | іі тпас Арріу) | ESI . | | The state of the s | | | _ | 7 | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Property . | Renova Demolit | | | | | | II Containmer ni-Enclosure | nt with | Negative | Pressi | ıre | | |
| | | | 201110111 | | | | × | Glo | ovebag Proce | | | | | | |
| | | _ | - | | 1 | | | No | n-Exempted | (*) and | d Non-Fria | able Pro | - | | |
| | | | Locat | | | | | | | | | | 100000000000000000000000000000000000000 | emen /pe | t |
| Location Asbestos-Containing | | | Normal ed Sole | | A = b = - | | scription | | | 100 | | - | T . | T | |
| TO BE ABA | | | intena | | | | taining M systems | | | | mount Specify | l z | _ | Enc | m |
| In Facil | ity | Cus | todial ((12) | starr? | | surfa | cing, VA | T, or | | | or LF) | Remova | Repair | aps | nclo |
| (13) | | | V | 1 | | other r | niscellan | eous) | | | | ova | = - | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | e | |
| Basement & cr | awl space | - | | X | | pipe | insulat | tion | | 20 | 00 LF | х | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Was | te Hauler | | 1 2 | JDEP W lauler ID | | Cubic of Was | Yards | | Name of Re | egiste | red Landf | ill | | | |
| Freehold Cartage | | | 1000 | 5939 | 140. | TBD | 310 | | Western | Berk | ks Landf | fill | | | |
| City, State | 11.100 | | | | | 40.00 | sal Date | | City, State | | | | | | |
| Freehold, NJ | | | | | | TBD | | | Birdsbore | o, PA | Ą | | | | |
| Completed by | | Title | Medi ACA | | | S | ignature | | 11 | | | Date | | - | \neg |
| A. Scott Higgins | | Pres | ident | | | | | | 11/ | ~ | _ - | 10/3/1 | 8 | | |

| L2780,27129, |) 13 N | (PL | rsuant t | te of New OF ASBES NJAC 8: | 60 and | 12:120 | i) | Т | | EC | | | ₩ ^r | <u>5</u> |
|--|---|---|--------------------------------|----------------------------------|------------------------------|--------------------|-------------------------|---|-----------|----------------------------|---------------|--------------|---------------------|-----------|
| Date of Notification (1) 10-1-2018 | | | | Building O | | | (2) | | lat l | 1 | | | 1 OF | |
| Agencies Notified Type Notification | | | Street Ad | | ment, | LLC | - 100- | | - | ASBES | - | MARKET STATE | THE PERSON NAMED IN | 11200000 |
| ☐ EPA 🗵 Initial | | 111000 | | les Stree | et, Sui | te 2 | | | | | LICE | | | |
| DEP Amended | | | | e, Zip Cod | | | | | | | | | | |
| X DOL Amendment Emergency | (including | | Jersey Name of | City, NJ | 0/316 | | | | Tole | nhone Niu | mhor | | | |
| × DOH justification) □ DCA □ Cancellation | | 100 | | l Krisan | | | | | | phone Nu 1-726-35 | | | | |
| | | | FACIL | ITY INFO | RMATIC | N | | | | | | | - | · |
| Name of Facility Where Abatement is Takir Commercial Building | ng Place (3) | | | | | | Ту | pe of Facility (4) |) | | | | | |
| Street Address | *************************************** | | | | | | H | School (K-12 Subchapter 8 | | er than K-1 | 2) | | | |
| 255-259 Coles Street | | | | | | | × | Other (i.e. pr | | | | lding | s, hom | es, |
| City (5) Jersey City, NJ 07316 | | | | | | | | etc.) uare Feet 1000 | # of | Floors | | Bldg 60+ | Age | |
| County (6) Hudson | | 100 | County C | ode (7) SE ONLY) | | | . 13 | rrent Use (Prior | r if beir | ng demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCM | No. | | | | batement Cont | | | LC | | | |
| Street Address | | | J | | | Street | | | | | | es de la c | | |
| | | | | | | | | jiniaAvenue | | | | | | |
| City, State, Zip Code | | | | | | | | , Zip Code City, NJ 0730 | 04 | | | | | |
| Project Manager for Monitoring Firm | | | Telephon | ne No. | | Teleph | none | No. | | License N | No. | | | |
| 2 | | | | | | | | 3-8855 | | 01174 | - | - | | |
| Start Date (10) 10-10-2018 | Schedule 10-27-2 | | npietion L | Date (11) | | | | SHA Monitor Environmenta | al Sei | rvices, LI | LC | | | |
| Occupancy Status During Abatement (Che | ck Only One | e) | | | | Street | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: | | | | | | City, S | State | JiniaAvenue | 04 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Jers | ey | City, NJ 073 | U4 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emolit | 2007000 | | | > | <u> </u> | Full Containme Mini-Enclosure Glovebag Proc Non-Exempted | edure | | | | dure | |
| | Is | Locat | ion | | all . | | | | | | | At | atemer Type | nt |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Mai | lormal d Sole intena odial ((12) | iy by nce/ | | os Cont thermal surfac | | Mate ns in: AT, o | | (5 | mount Specify or LF) | Removal | | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | te | |
| 3rd Floor - Building #1 | | Х | | Pi | ipe Ins | (Rap | s & | Cut) | 10 |)26 LF | Х | | | |
| 3rd Floor - Building #1 | | X | | | GI | ue Do | ots | | 23 | 000 SF | X | | | |
| 3rd Floor - Building #1 | | X | | | | VAT | | | 18 | 750 SF | Х | | | |
| 3rd Floor - Building #2 | | X | | Pi | ipe Ins | (Rap | p & | Cut) | 5 | 96 LF | Х | | | |
| Name of Registered Waste Hauler Green Environmental Services, LL | .C | 1 | NJDEP W Hauler ID 034889 | No. | Cubic of Wa 90 | Yards ste | | Name of I | 100 | ered Landf dfill | ill | | | |
| City, State Jersey City, NJ | | | | | 7/0 | sal Date 7-2018 | | City, State Morrisv | | PA J | , | | | |
| Completed by Liliana Serrano | Title Office | е Ма | nager | | 5 | Signatu | re IC | maser | re | | Date 10-1- | -201 | 18 | |

| CK1965 | N | OTIF | ursuant t | ate of Nev OF ASE to NJAC | 8:60 an | ABATE id 12:12 | 0) | | | | C | | | | |
|---|---------------------|--|---------------------------|---------------------------------|----------------------------|---|---|--|----------------|----------------------------|--------------|---------|------------------|-------------|-----------|
| Date of Notification (1) 10-02-18 | | | | Building (r Mount | | | | | | 1 | CT | - 9 | 20 | 16 | |
| Agencies Notified Type Notification EPA INITIAL | | | _ continuent next | Bound B | | Road | | | | ASPE | ERTO | 10 | narr. Part | krij. | - |
| X DEP Amended Amendment | | _ | | te, Zip Co sex, NJ | | | | | M0000 300 3003 | - AND AND AND A | | | | 1 | |
| DOH justification) DCA Cancellation | | | Name of CMS C | Contact | ction Ir | nc | | | F 22023 | ephone 8-906 | | er | | | |
| | | | FACIL | LITY INFO | RMAT | ION | - | | | | | | | | 7 |
| Name of Facility Where Abatement is Takin Diner Street Address 1203 Bound Brook Road | g Place (3) | | | | | | | of Facility (School (K-1 Subchapter Other (i.e. petc.) | 12) 8 (Othe | | | uild | ings, | home | s, |
| City (5) Middlesex, NJ | | | | | | | - | re Feet | # of | Floors | | BI | dg. A | ge | |
| County (6) Middlesex | | | County C | Code (7) USE ONLY) | | | | nt Use (Pri taurant | or if bei | ng dem | olished |) | | | |
| Name of Monitoring Firm Hired by Building (Sky Environmental Services LLC | Owner (8) | | ASCM | l No. | | | | tement Cor rprises L | | (9) | | | | | |
| Street Address 140 Boulevard | | | | | | | Addres | - | | | | | | | |
| City, State, Zip Code Mt. Lakes, NJ 07046 | | | | | | | State, Zi In Par | p Code k | | | | | | | |
| Project Manager for Monitoring Firm Leonid Sheresivki | | | Telephor 973-76 | | | 100000000000000000000000000000000000000 | hone No -942-6 | | | Licens 0112 | | | | | |
| Start Date (10) 10-17-18 | Schedule 11-20-1 | | npletion [| Date (11) | | | of OSF an Ca | IA Monitor rpio | | | | | | | 12 |
| Occupancy Status During Abatement (Chec | k Only One | e) | | | | | Addres | erland A | | | | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: | | | | | _ | City, S | State, Zi | | | | | | 7775 11 3 - 1 | | |
| Scope of Work (Check All That Apply) | | | | | | 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 10 07 00. | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Re R | enova emolif | | | | | Mir Glo | Containm i-Enclosure vebag Pro n-Exempte | e cedure | | | | | 2 | |
| | | Locat | | | | | | 1 | | | | - | | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Mai | lormal d Sole ntena odial ((12) | ly by | | tos Con therma surfa | escription staining M Il system acing, VA miscellar | Material s insula AT, or | | (5 | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | 1) / ^ C | 20 4 | N 4 4" | | 4 | 150 - 6 | _ | | | (D | |
| roof- | | | X | 1 | | Duct of flash | | 3 | | 150 sf 00 sf | × | | | | |
| roof | | | × | | 500000 | ilt-up re | | | | 300 sf | - | | | | |
| 1001 | | | | | - 50 | iit up i | | | | | - 1 | 8 | | | |
| Name of Registered Waste Hauler DYV Enterprises LLC | | H | JUDEP Watauler ID 1034140 | No. | Cubic of Wa 20 cy | | | Name of TRRF | | | | t | | | |
| City, State Lincoln Park NJ | | • | | | | osal Date |) | City, Star | | 1900 | 7 | | | | |
| Completed by Dorian Carpio | Title Mana | ger | | | | Signatur | D. W | eil | | | Date 10-0 |)2-1 | 18 | | |

Ch 15003



| E | C | E | | PHH | Form | n |
|---|-----|---|---|------|------|----------|
| | OCT | | 9 | 2018 | | Tarana S |

| Date of Notification (1) OCT. 4, 2018 | | | | Name of DOU | of Building GLAS D | Owner/ EVEL | Operator OPMEN | (2) NT C | ORP., LLC | 1,4 | INTARCAGNOS | | | | 010 |
|--|---|-------------------------|----------------------------|-----------------|-----------------------|-------------------|---|----------------|---|---------------------------------|--------------------|---------|----------------------|-------------|-----------|
| Agencies Notified Typ | e Notification | 3 | | | Address VW H S | rreet | | | | | VCCE | 2 4 1 4 | 591 5 | TNG | 1 1 1 4 1 |
| ⊠ DEP ⊠ DOL | Initial Amended Amendment # | | | | ate, Zip C | | 20001 | | | | | | | 0.00011 | |
| DOH DCA | Emergency (in justification) Cancellation | ncluding | | Name of DOU | of Contact GLAS JI | EMAL | | | | Telephon 202-63 | | | | | |
| Name of Facility Where Abate | ement is Taking | Place / | 3) | FAC | ILITY INF | ORMAT | ION | _ | -CE 99 (A) | | | | | | |
| FORMER SCHOOL | ment is raking | riace (| 3) | | | | | | of Facility (4) | | | | | | |
| Street Address 465 CHURCH STREE | Γ | | | | | | | × | School (K-12) Subchapter 8 Other (i.e. privetc.) | (Other than | n K-12) mercial | build | dings | , hom | ies, |
| City (5) LONG BRANCH | | | | | | | | Squa | re Feet 634 SF | # of Floor 2 | S | | ldg. <i>A</i> 890 | | |
| County (6) MONMOUTH | | | | | Code (7) USE ONLY |) | | FO | ent Use (Prior RMER SCH | if being der HOOL | nolishe | d) | | | |
| Name of Monitoring Firm Hire N/A | d by Building O | wner (8) | | ASC | M No. | | Name of Finis | of Aba hing | tement Contra Touch Asbe | actor (9) estos Aba | ateme | nt C | orp. | , Inc | ;. |
| Street Address | | | | | | | Street A | | ss oson Street | | | | | | |
| City, State, Zip Code | i e | | | | | | City, St West | ate, Z Lon | ip Code g Branch, N | NJ 07740 | | | | | |
| Project Manager for Monitoring N/A | g Firm | | Telepho | ne No. | | Telepho 732.2 | one N 222.8 | o. 3327 | Licer 000 | nse No. 40 | | | | | |
| Start Date (10) OCT. 16, 2018 | 5 | Schedule OCT. 2 | ed Cor 22, 20 | mpletion 018 | Date (11) | | Name o | of OSI | HA Monitor | | | | | | See all |
| Occupancy Status During Aba | tement (Check | Only Or | ne) | | | | Street A | Addres | SS | | | | | | |
| Facility Closed/Vacated D Abatement Performed Ou Other – Describe: | Ouring Entire Pe utside of Normal | riod of A I Facility | Abaten Hours | nent s | | | City, Sta | ate, Z | ip Code | | | | | | |
| Scope of Work (Check All Tha | t Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | enova emolit | | | | × | Mir Glo | I Containment ni-Enclosure ovebag Proced n-Exempted (* | lure | | | | 3 | |
| | | ls | Locati | on | | | × - 200 | | - Znomptou (| y and mon- | Tiable | | | ment | |
| Location of | dal (A CAA) | | lormal d Sole | | | | scription o | | | | - | | Ту | pe | |
| Asbestos-Containing Mater TO BE ABATED In Facility (13) | nai (ACM) | Mai | intenai odial S (12) | nce/ | Asbest (i.e. | thermal surfac | aining Ma systems cing, VAT niscellane | insula , or | (ACM) | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| BOILER ROOM | Л | 165 | INO | X | SU | REACI | ING (CE | =11.11 | IG) | 100 SF | U | + | | | |
| п | 7/44 | | | X | | 1117101 | TSI | | - | 90 LF | X | | - | | |
| н | | | | X | П | UCTI | NSULA | TION | J | 120 SF | | | | | |
| II . | | | X | | | INSULA | | | 700 SF | | _ | - | | - | |
| Name of Registered Waste Har FINISHING TOUCH ASB | | N H | JDEP W auler ID 2058 | aste | Cubic of Was | Yards | | Name of Reg | gistered Lar | ndfill | | | | | |
| City, State WEST LONG BRANCH, | NJ | | | | | | al Date | 1 | City, State | | | | | | |
| Completed by JOSEPH P. MILLER | | Title PRES | SIDE | NT | | | ignature | | 1/// | | Date 10/4 | /18 | | | |

| Date of Notification (1) 09-27-2018 | Ž.110.20.20.20.20.20.20.20.20.20.20.20.20.20 | NOTIF (P | ursuani Name o | HO NJAC | S 60 a | S ABATE and 12 120 | | г | Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan | E | C | | - ALONDON |) [E | The county of manufacture for the control of the co |
|--|--|----------------------|--------------------|-------------|----------|--|------------------------|---|---|-----------------|--------|------------|---------------|-------------|--|
| Agencies Notified Type Notif | fication | | | Address | uctio | IIIVO | | | 1.3 (| 4 | 001 | | | ,,,, | - |
| | | | | RT46 We | est | | | | | | | -00.0 | | 501 | ل |
| □ EPA □ Initia □ Amer □ Amer □ Amer | | H | | ate, Zip Co | | | | | 200 | AS | | 1 K 5 K | | ROL. | e. |
| X DOL Amer | ndment # | | 575.5 | eld NJ 0 | | | | | ALERS CAN | - | - | Section 19 | redonation at | ******* | i. etc. |
| | gency (including cation) | 9 | Name o | of Contact | | | | | Tele | ephon | e Nun | nber | | | _ |
| | ellation | | Dann | y Darpin | 0 | | | | | 3-49 | | | | | |
| | | | FAC | ILITY INF | ORMA | TION | | | | | | | | | |
| Name of Facility Where Abatement i Private Dwelling | s Taking Place (| 3) | | | | | Тур | e of Facility (4 | 1) | | | | | | |
| Street Address | | | | | | | | School (K-12 | | | | | | | |
| Street Address | | | | | | | × | Subchapter of Other (i.e. pretc.) | | | | | dings, | home | es, |
| City (5) | | | | | | | Squ | are Feet | # of | Floor | s | В | ildg. A | ge | |
| Elizabeth NJ 07206 | | | | | | | N/A | 1 | N/A | 4 | | | I/A | | |
| County (6) | | | | Code (7) | | | Curr | ent Use (Prio | r if bei | ng der | nolish | ed) | | | |
| Union | | | | USE ONLY | _ | | | vate Dwelli | _ | | | | | | |
| Name of Monitoring Firm Hired by Bi Bioterra Solution | uilding Owner (8 |) | ASC | VI No. | | A CONTRACTOR OF THE PROPERTY O | | atement Cont Intracting L | | (9) | | | | | |
| Street Address 1130 W Chestnut St | | | | | | Street PO E | | | | | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code | | | | | | | |
| Union NJ 07083 | | | | | | Woo | dlan | d Park NJ (| 07424 | 1 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | | | Teleph | | | | | ise No | ٥. | | | |
| Rick Eustaquio | | | | 94-3762 | | 973- | all to the said | | | 012 | 66 | | | | |
| Start Date (10) 10-06-2018 | 11-22 | | npletion | Date (11) | | | | HA Monitor | | | | | | | |
| Occupancy Status During Abatemen | | | 1 | | - | Street | | ntracting L | LC | | | | | | |
| | | | | | | POE | | | | | | | | | |
| Facility Closed/Vacated During Abatement Performed Outside | Entire Period of of Normal Facilit | Abatem y Hours | nent s | | | | 200 20 0000 | Zip Code | | | | | | | _ |
| Other - Describe: | | 5./ | | | | | | d Park NJ | 07424 | 1 | | | | | |
| Scope of Work (Check All That Apply | /) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | Renova Demoliti | | | | × | Mi | III Containment ini-Enclosure ovebag Proce on-Exempted | dure | | | | | 9 | |
| | l: | Locati | on | | | | | | | | | | Abate | ment | |
| Location of | | Normail | | | D | escription | of | | | | | _ | Ту | pe | |
| Asbestos-Containing Material (A) TO BE ABATED | | ed Solei aintenar | | | | ntaining M | | | | nount | | 77 | | En | ш |
| In Facility | Cus | todial S (12) | Staff? | (1.6. | | al systems facing, VA | | ation, | | pecify or LF | | Remova | Repair | cap | nclo |
| (13) | | (12) | | | other | miscellan | eous) | | | | | oval | air | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | | te | |
| 2nd floor bedroom | | | х | | vinyl | sheet flo | orin | g | 15 | 0 SF | | Х | | | |
| 1st floor living room | | | Х | gr | ey pl | aster wa | ıll joi | nts | 52 | 0 SF | | Х | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 1 (2) | JDEP W | | (2)22377 | c Yards | • | Name of R | egister | ed La | ndfill | | | | |
| Amax Contracting LLC | | 1 (4) | auler ID 036184 | | of W | Y | | Fairless | Hills | | | | | | |
| City, State Woodland Park NJ 07424 | | | | | | osal Date 29-2018 | | City, State Morrisvil | le PA | | | | | | |
| Completed by | Title | 7.0 | | | | Signature | \wedge | Wichiovii | 1017 | | Dat | e | - | | |
| Tome Maslarkov | Proje | ect Ma | nager | | | P | | | | | 100000 | -27-2 | 2018 | | |

State of New Jersey

| Date of Notification (1) | 39 | | NOT | | urs | uan | t to NJA | ew Jersey BESTOS ABA C 8 60 and 5: | 6) |) E G E | 3 0 | <u></u> 2018 | | |
|--|----------------------|---------|-----------|--------------|-------|--------|--------------|--|---|--|--------------------|--------------|-------------|-----------|
| | 3 / | 18 | | | N | | | g Owner/Operator (| | 4 00 | | -010 | , | |
| | | | | | | | | ction Manageme | ent, LLC | | 20: | 2/ | | |
| | ype Notifica Initial | ation | | | S | | Address | | | ASPESTOS | 3 (# # 3 (# # | 11 A.K. | i.tr | |
| | Amended | 1 | | | | | Main St | | L | Marcon various residentes a more in contra | KVMBH 75- | | | |
| ⊠ DOH | Amendme | | | | 130 | | State, Zip (| | | | | | | |
| |] Emergen | | cluding | 1 | | | | Sea, NJ 07717 | | | | | | |
| (NJAC 5:23-8) | justificatio | | | | | | of Contac | | | Telephone Numl | | | | |
| | Cancellat | ion | | | | Mic | hael Mas | strocola | | 732-361-706 | 0 | | | |
| Name of Facility 1871 | | | - | 101 | | FAC | CILITY IN | IFORMATION | | | | | | |
| Name of Facility Where Aba | itement is T | aking | Place | (3) | | | | | Type of Facility | | | | | |
| Residence | | | | | | | | | School (K-1 | 2)8 (Other than K-12) | ١ | | | |
| Street Address | | | | | | | | | Other (i.e.,) | orivate and commer | | ilding | S, | |
| City (5) | | | | | | | - C-11, - C- | 50 | homes, etc. | · · | 15. | da * | | |
| Avon by the Sea | | | | | | | | | Square Feet | # of Floors | | dg. Ag | ge | |
| County (6) | | | | | - | Cour | ty Codo /7 |)(STATE USE ONLY) | 3840 sf | 3 | 0 | 100 | | |
| Monmouth | | | | | 1 | Couri | ity Code (7 |)(STATE USE ONLY) | | rior if being demolis | ihed) | | | |
| Name of Monitoring Firm Hi | red by Build | dina C | lwnor / | '0\ | IAS | CM | No | Name of Abateme | Residence | | | | | |
| N/A | ica by build | ing C | WIICI (| (0) | ٨٥ | CIVI | INO. | A | ntracting, Inc. | 50: | | | | |
| Street Address | | | | | | | | Street Address | ntracting, inc. | | | | | |
| on out radioss | | | | | | | | 1889 Route 9 | Unit 61 | | | | | |
| City, State, Zip Code | | | | | | | | City, State, Zip Co | | | | | | |
| on, one of the | | | | | | | | | New Jersey 0 | 2755 | | | | |
| Project Manager for Monitor | ing Firm | | | Te | lenh | one l | No | Telephone No. | ivew beisey of | License No. | | | - | - |
| - reject manager for monitor | | | | 1 | Срп | one i | 140. | 732-349-9932 | , | 00624 | | | | |
| Start Date (10) | 5 | Sched | uled C | ompl | etio | n Dat | te (11) | Name of OSHA N | | 00024 | | | | |
| 10 / 15 / | | | 0 / | | | / | | E.M.S.L. Ana | | | | | | |
| Occupancy Status During A | | Check | only o | | | S 100= | | Street Address | ., | | | | - | |
| ☐ Facility Closed/Vacated I | 20 | | | | eme | nt | | 1056 Stelton | | | | | | |
| ☐ Abatement Performed O | utside of No | ormal | Facility | y Ho | ırs - | Des | cribe | City, State, Zip Co | nde | | | | | |
| Time of Abatement: | AM | PN | Λ/ | _PN | 1 | | AM | | New Jersey 08 | 8854 | | | | |
| Scope of Work (Check all th | at apply) | - | | - | | | | 1 loodtaway, | itew bersey of | 7004 | | | | |
| | , | | | | | | | | tainment with Ne | gative Pressure | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ >160 sf or >260 lf | | | ☐ Re ☐ De | | | | | ☐ Mini-End | losure g Procedure | | | | | |
| | | | | | | | | ⊠ Non-Exe | mpted (*) and N | on-Friable Procedu | re | | | |
| W. V.W. 985 | | | | Loca | | | | | | | Ab | atem | ent Ty | уре |
| Location of Asbestos-Containing Ma | torial (ACM | 15 | | Norm | | | Asha | Description of stos Containing Ma | | | Re | R | щ | m |
| TO BE ABATE | | 1/ | Ma | inten | anc | e/ | | thermal systems | | Amount (Specify | Removal | Repair | cap | clos |
| IN Facility (13) | | | Cust | todia (12 | | att? | | surfacing, VAT | | SF or LF) | val | 1 | Encapsulate | Enclosure |
| (13) | | | Yes | No | | N/A | | other miscellane | ous) | | | | te | |
| exterior | | | | | - | | achast | os siding | | 4100 sf | | | | |
| CALCITOI | | | 120 | 72 | - | 19 | aspesi | os sidilig | | 4100 SI | | | | |
| | | | | | 1 | | | | | | | | | |
| | | | | | [| | | | | | | | | |
| | | | | П | ſ | 7 | | | | | | П | П | |
| Name of Registered Waste | Hauler | | | 一 | NJD | EP V | l Vaste | Cubic Yards of | Name of Reg | istered Landfill | | | | |
| Guardian Contracting | | | | 11.2 | Hau | ler ID | No. | Waste | T.R.R.F. | | | | | |
| City, State | ANCE THE | | | | 20 | 0223 | 5 | 5 Disposal Date | City, State | | | | | |
| Toms River, New Jers | ey | | | | | | | 10/17/18 | 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 1000000 | , Peńnsylvania | | | | |
| Completed By (Print or Type | | Title | | | | | | Signature | Anytown | // | to | ¥. | | |
| Nicholas Fernicola | '/ | - CHENT | roject | Mar | nan | or | | Signature | 1 | 1 , | ite / | 1, | <u>_</u> | |
| ASR.41 | | | ojout | ieiai | lag | J1 | | | -le | 1 | 0/3 | 5// | 5 | |

| 11 44 | 01 | 1 A | 7100 | ٠, | AY- | | | 10 | (1) E | | E | | Frin | | | |
|---|---------------|--|---|--|--|---|---------------------------------------|--|---------------------------|----------------|-----------|-----------------------|-----------|--|--|--|
| 10 CK CANCE | | NOT | IFICATI (Pursua | State of New . ON OF ASBES ant to NJAC 8:6 | TOS ABAT | EMEN 20) | NT | 1. The Late Co. | 4 | 00 | | 9 2 | 010 | | | |
| Date of Notification (1) Oct. 4, 2018 | | | Name | e of Building Ow RTHURVi2/L | ner/Operat | or (2) | | | | - 00 | 1 | 3 6 | 010 | | | |
| Agencies Notified Type Notification | 1 | - 21 | Stree 5 D | t Address arlington Driv | /e | | | - | A | 17.A | 100 | doin Trans | 77 | | | |
| DEP Amended | ` | | City, 9 | State, Zip Code | | - | | ــــــا | | | | ention The | | | | |
| DOH Emergency | (includir | ng | | kaway, NJ 0 | 7866 | | | 1= | | | | | | | | |
| DCA Cancellation | | | Eart | th Ray | | | | 9 | lephone 73-220 | e Num 0-020 | ber)4 | | | | | |
| Name of Facility Where Abatement is Takin former residence | ng Place | (3) | FA | CILITY INFOR | MATION | Тур | e of Facility | (4) | | | | | | | | |
| Street Address 871 Clifton Avenue | | | | r | | | School (K Subchapte Other (i.e. | er 8 (Oth | ner than & comn | K-12) | buildi | nas, ho | mes | | | |
| City (5) Clifton | | | | | | Squ | etc.) are Feet & | 1115/40 | of Floors | | | g. Age | | | | |
| County (6) passaic | | | | y Code (7) E USE ONLY) | rent Use (P | rior if bei | ing dem | nolishe | d) | 193 | 0 | | | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8 | 3) | | CM No. | Name | of Ab | Touch A | ntractor | (9) | | | | | | | |
| Street Address | | | | | Street | ishing Touch Asbestos Abatement Corp., Inc. | | | | | | | | | | |
| City, State, Zip Code | | | | | City, S | State, 2 | pson Stre | | * | | | | | | | |
| Project Manager for Monitoring Firm | | | Teleph | one No. | Teleph | /est Long Branch, NJ 07764 | | | | | | | | | | |
| Start Date (10) | Schedu | led Cor | 732-222-837 Inpletion Date (11) Name of OSHA N | | | | | | 0004 | | | | | | | |
| Cocupancy Status During Abatement (Chec | (0) | 19 | N/A Street Address | | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm X Other – Describe: | eriod of | Aboton | nent | | | | iss Zip Code | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demolit | | | | Glo | Il Containmoni-Enclosure | e cedure | | | | | | | | |
| Location of | 1 | Locati | ly | | | | n-Exempted | ı (") and | Non-Fr | riable I | Ab | ure atemer Type | nt . | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole intenar todial S (12) | nce/ | Asbestos Co (i.e. thern | Description ontaining Manal systems facing, VAT or miscelland | ateriai insula T. or | (ACM) | (Sp | nount pecify or LF) | | Removal | m | Enclosure | | | |
| | Yes | No | N/A | | i illioochan | cous | | | | 1 | air | ulate | sure | | | |
| Prosening 1 | | | X | Siver | 1.36.1 | NO KA | | -E-J | 5 | × | | | | | | |
| 1200 35 00 Co | | | 7 | 4.3 | | 1 | | 1 | 10 | 7 | 5 | | | | | |
| See See | | | X | 311 | 31116 | 9 | | 16 | 200 | 6 X | 4 | | | | | |
| lame of Registered Waste Hauler inishing Touch Asbestos Abatemen | t Corp. | ı Ha | JDEP Wauler ID | | ic Yards /aste | 9 | Name of F | | | | | J | | | | |
| ity, State VEST LONG BRANCH, NJ 07764 | | | | Disp | osal Date | 119 | City, State | SVILLI | E. PA | | | | | | | |
| Completed by OSEPH P. MILLER | Title PRES | SIDEN | NT | | Signature | (10) | il mark | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | T | Date 1044 | 18 | | | | | |
| | | | | | *) | | - solla | A 6461 A | C. 101. 20 | 1 | -0.00125 | | | | | |

| | | | | | FRE | F | 1 | W | F |
|--|--|-----------------------------|---|--------------------------|-------------------------|------------------|--------------|-------------|---------------------|
| 1h inaul | NOTIFICATION | ate of New Jerse | ABATEMENT | . 1 | | 브 | U | U | |
| 4110014 | | o TIAC 8-50 and | | ī. | l oc | _ | 9 2 | 018 | manage of the state |
| Date of Notification (1) | 2018 Name of | Building Owner/C | | 490 | es Chi | IRS | . Ь | | |
| Agencies Notified Type Notification | Street A | ddress 10 7 | Cen | 400 | S+B | ा | OCIN 1 | Tac | i. F. |
| ☐ EPA ☐ Initial ☐ Amended | City, Sta | te, Zip Code |) <u> </u> | 100 | | <u> </u> | model . | 177 | 111 |
| DOL Amendment #_ | cluding Name of | A+Ia Contact | MIC | Hig | hlands Telephone Num | ĮV. | 1 |)77 | 16 |
| DOH justification) □ DCA □ Cancellation | 1000 | e Kile | · Y | • | 732-29 | 1/- | 0. | 27 | 20 |
| Name of Facility Where Abatement is Taking I | Place (3) | | | Facility (4 |) '.s. | • | | | |
| Street Address | convent H | مدرو | ☐ Sul | hool (K-12 bchapter 8 | Other than K-12 |) | | | |
| 44 South S | treet | | etc | .) | ivate & commercia | | 1 | | is, |
| City (5) Atlantic High | lands N | 5 0771 | Square | reet .· | # of Floors | 1000 | idg. A | ge ンナ | - |
| County (6) Monmouth | County | Code (7) USE ONLY) | _ / | 850 50 | if being demolished | ed) | | | |
| Name of Monitoring Firm Hired by Building Ov | vner (8) ASCN | I No. | Name of Abaten | nent Cont | ractor (9) | | . , | | |
| Street Address | sies | MIN | Street Address | 166 | haolog | ies | , | In | 16 |
| P.O. Box 33 | 37 | | P.O. B | OX. | 337 | | | | |
| City, State, Zip Code | NZ 08 | 533 | City, State, Zip | Equ | of NJ | 0 | 85 | 3 | 3 |
| Project Manager for Monifori grafirm | Telephol | ne No. 7 <i>5</i> 8-3365 | Telephone No. 609 758~ | 336 | License No | 7 | 19 | 4 | |
| 00 0000 | Scheduled Completion | Date (11) | Name of OSHA | Monitor | 1 | | | | _ |
| Occupancy Status During Abatement (Check | Only One) | 2018 | Street Address | lect | mologies | | nc | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal | | | P-O City, State, Zip (| | 337 | | - | 125 | A |
| Other – Describe: | | | New E | yp+ | NJC | 183 | 53 | 3 | |
| Scope of Work (Check All That Apply) | C Description | | ☐ Full C | ontainme | nt with Negative Pr | - - - - | ro. | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Renovation Demolition | | ☐ Mini-E | Enclosure bag Proce | | Codui | | | |
| | | l | | | (*) and Non-Friable | | | ement | |
| Location of | Is Location Normally | | scription of | | | | Ту | pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Used Solely by Maintenance/ Custodial Staff? | (i.e. thermal | taining Material (A systems insulation | | Amount (Specify | Rer | Re | Enca | Encl |
| In Facility (13) | (12) | | cing, VAT, or niscellaneous) | | SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes No NA | | | | 7- | | | ю | |
| Basement, 1+2" Floor | <u> </u> | Floor | Tiles | | 3500 SF | X | | | |
| exterior Walls | X | Stours | Doingles | | 0000 21- | _ | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler | NJDEP W Hauler ID | No. of Wa | -4- | | Registered Landfill | | , | ~ I | Pe |
| EPC Technologies City, State | 170 | OO Dispo | sal Date (| City, State | | | <u>د</u> د | 1 7 | Ar |
| New Egypt / | VJ. | | ous Doctes | Morni | suille P | A te | | 7 | |
| Steve Schenker | President | | STO | Sel. | 1 11 | 1/ | 41 | 18 | 1 |

| Ch 1437 | 1 | (Pi | นี้rsuant | ate of New J OF ASBEST to NJAC 8:50 | OS ABATE and 12:12 | 0) | è | | E C | | <u>l</u> | √ Pri | nt Forr | | |
|--|---------------------|---|---------------|---|--|---|--|--------------------------|---------------|--------|--------------|-------------|-----------|----|--|
| Date of Notification (1) 09/29/2018 | | | | f Building Owi By Sowa | ner/Operato | r (2) | | 10 1 | 001 | | J | 010 | | | |
| Agencies Notified Type Notification I DEP DOL Amended Amendment | # | | | ddress ate, Zip Code ne, NJ 077 | 52 | | | A | ORES! | 708 (| nin r | | | | |
| □ DOH □ DCA □ DCA □ AnierIdinitis □ Emergency (i justification) □ Cancellation | | | Name o | f Contact y Sowa | | | | Tolan' | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (3 | 3) | FACI | LITY INFORM | MATION | Type | of Facility (| (4) | | | | | | | |
| Private Residence Street Address | | | | | | School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial build etc.) | | | | | dings, | home | es, | | |
| City (5) Neptune | | | | | | | re Feet | # of Flo | ors | | ldg. A 0+ | ge | | | |
| County (6) Monmouth | | | | Code (7) USE ONLY) _ | | Curre | ent Use (Pri | or if being d | emolish | ned) | | | | | |
| Name of Monitoring Firm Hired by Building C N/A | Owner (8) | | ASCN | 1 No. | | | atement Cor struction L | | | | | | | | |
| Street Address | | | | | 11 | Addre | ss r Stockin | g Path | | | | | | | |
| City, State, Zip Code | | | | | City, S | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | | | |
| Project Manager for Monitoring Firm | | 1 | Telepho | ne No. | Telep | hone N 264-9 | 0. | Lic | ense N 306 | 0. | | | | | |
| Start Date (10) 10/10/2018 | Schedule 10/10/2 | | npletion | Date (11) | | Name of OSHA Monitor Nari Construction LLC | | | | | | | | | |
| Occupancy Status During Abatement (Check | | | | | 1 335000.50 | Street Address 53 Leather Stocking Path | | | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | | | | | City, S | State, Z | ip Code ark, NJ 07 | | | | | 7 111 | | | |
| Scope of Work (Check All That Apply) | | | | | Lino | 01111 | ark, 140 07 | 000 | | | | | - | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renovat Demoliti | | | 5 | Mir | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| | | Location | T. C. C. | | | | T Exemples | a () and rec | iii iido | | Abate | ement pe | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | Normall d Solel intenar todial S (12) | ly by nce/ | (i.e. the | Description Containing Normal system surfacing, VA her miscellar | Materials s insula AT, or | ation, | Amou (Spec SF or I | ify | Remova | Repair | Encapsulate | Enclosure | | |
| | Yes | No | N/A | | | | | | | | | | | te | |
| Living Room | | | X | | VAT | ar. | | 120 8 | | х | | x | | | |
| Living room Bedroom | | | X | | Mastic Mastic | | | 315 S | | X | | X | | | |
| Dediooni | | ^ | | Mastic | | | 150 3 | or | х | | Х | | | | |
| Name of Registered Waste Hauler Nari Construction LLC | H | JDEP Wauler ID 037535 | No. of | ubic Yards Waste CY | | G.R.O. | | Landfill | | | | | | | |
| City, State Lincoln Park, NJ | | Disposal Date TBD | | | | | | | | | | | | | |
| Completed by Igor Jezdimirovic | nagei | Signature | | | | | Date 09/29/2018 | | | | | | | | |

CK 1209

Print Form

| 1 | | CATION | OF ASB | ESTOS | ABATE | | FC | E. | W | E | 1 | | | | |
|-----------------------------------|--|---|--|--|--|---|---|--|--|--|--|---|--|--|--|
| | | | S - Si | Owner/0 | Operator | (2) | | | | ng angalan | | CAN DESCRIPTION OF STREET | | | |
| on | | Street Ad | ddress | | | | | OCT | - 9 | 201 | 8 | 0.000 | | | |
| | | | | | | | led led | | | | | Table 1 | | | |
| | Γ | 1.7 | 200 100 | | | | | *ODEDTI | 70.00 | THE | TOL | St. | | | |
| | - | | - 533 | | 37 | | | 110 | JEM! | ilV(i | | | | | |
| n) | | | | | | | Telephone Number | | | | | | | | |
| on | | | | ODMAT | ION | | | | | | | | | | |
| king Place (3 | 3) | FACII | LITT HAT | ORMATI | ION | Type of Fac | ility (4) | | | | | | | | |
| | | | | | | Schoo | I (K-12) | | | | | | | | |
| | | | | | | Subch | apter 8 (Oti | | | dta a a | h a ma a | | | | |
| | | | | | | etc.) | (i.e. private | & commerc | iai bulii | ungs, | nome | 35, | | | |
| | | | | | | Square Fee | t #0 | of Floors | В | ldg. A | ge | | | | |
| | | 84 | | | | | | | | | | | | | |
| | | | | n | _ | Current Use | (Prior if be | ing demolis | hed) | | | | | | |
| ng Owner (8) | | 8 | | | | | | r (9) | | | | | | | |
| | | | | | | | South | | | 1985 | | | | | |
| | - ORFE | | | 1950) | | | | | | | | | | | |
| ate, Zip Code | | | | | | | | | | | | | | | |
| oject Manager for Monitoring Firm | | | | | Telephone No. License No | | | | | | | | | | |
| Schodul | nd Con | nniotion F | Data (11) | | Name of OSHA Monitor | | | | | | | | | | |
| | | iibiedoii c | Jaio (11) | | | | | S | | | | | | | |
| | 10000 | | | | Street | Address | | | | | - | | | | |
| re Period of / | Abaten | nent | | | 20-2 | 1 Wagarav | v Road | | | | | | | | |
| ormal Facility | / Hours | 3 | | | - THE TOTAL C | | | | | | | | | | |
| | | *** | | | Fair | Lawn, NJ | 0/410 | | T. I man | 2-62 | | | | | |
| | | | | | × | Mini-Encl | osure | | Pressu | re | | | | | |
| | | | | | | | | | ole Pro | cedure | 9 | | | | |
| Is | Locati | ion | | | | | | | | | | t | | | |
| | | | | | | | | | | 1 9 | oe | | | | |
| | | | Asbes | stos Con | taining M | faterial (ACN | | | 77 | | Ē | ш | | | |
| Cus | | Staff? | (i.c | surfa | cing, VA | T, or | | | emo | Rep | caps | Clo | | | |
| | (12) | | | other : | miscellan | eaus) | | | oval | 람 | ulat | Enclosure | | | |
| Yes | No | N/A | | | TQI | | | 1001 E | \ \ \ \ | | Ф | | | | |
| | | 1 | | | 131 | | | IOOLI | +^ | | | | | | |
| | | | | | | | | | | | | | | | |
| | | l Des | | 10 | V- ' | 1.57 | 1 | | 1 | | | | | | |
| | H | | No. | 1 | | | T-10 - 2000 - 177 | ered Landii | L | | | | | | |
| | | | | | sal Date | City | State | | | | | _ | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | Tul | lytown, F | PA | | | -1 | | | | |
| Title | ident | | |] 5 | gnature | | lytown, F | | ete /24/2 | | | | | | |
| | schedul 8/26/2 heck Only Or re Period of ormal Facility Is to the control of the | scheduled Corganism (A) Scheduled Corganism (A) Scheduled Corganism (A) Scheduled Corganism (A) Renovation (A) Renovation (A) Is Locat Normal Used Sole Maintena Custodial (A) Custodial (A) Yes No | Notification (Pursuant Name of Alex Roon Street Area on Street Area on Street Area on Alex Roon Street Area on Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Alex Roon Name of Name of Alex Roon Name of Name of Alex Roon Name of Name of Alex Roon Name of Ale | NOTIFICATION OF ASE (Pursuant to NJAC Name of Building Alex Roth Street Address City, State, Zip Colors Jersey City, Normally County Code (7) (STATE USE ONLY) Render Of Abatement Completion Date (11) 8/26/2018 heck Only One) Telephone No. Scheduled Completion Date (11) 8/26/2018 heck Only One) Te Period of Abatement Commal Facility Hours Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Waste Hauler ID No. | NOTIFICATION OF ASBESTOS (Pursuant to NJAC 8:60 an Name of Building Owner/ Alex Roth Street Address City, State, Zip Code Jersey City, NJ 0730 Name of Contact Alex Roth FACILITY INFORMAT King Place (3) County Code (7) (STATE USE ONLY) Ing Owner (8) ASCM No. Telephone No. Scheduled Completion Date (11) 8/26/2018 heck Only One) re Period of Abatement ormal Facility Hours Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Waste Hauler ID No. NJDEP Waste Hauler ID No. Cubic diverses Cubic of Waste Hauler ID No. Cubic diverses Cubic of Waste Hauler ID No. Cubic diverses Cubic of Waste Hauler ID No. Cubic diverses Cubic of Waste Hauler ID No. Cubic diverses Cubic of Waste Hauler ID No. | NOTIFICATION OF ASBESTO'S ABATER (Pursuant to NJAC 8:60 and 12:120 Name of Building Owner/Operator Alex Roth | NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Alex Roth On | NOTIFICATION OF ASBESTOS AEATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Alex Roth City, State, Zip Code Jersey City, NJ 07307 Name of Contact Alex Roth FACILITY INFORMATION FACILITY INFORMATION FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (oft Other (i.e. private etc.) Square Feet County Code (7) (STATE USE ONLY) Ing Owner (8) ASCM No. Name of Abatement Contracto G S C Services Corp Street Address 1465 Route 23 South City, State, Zip Code Wayne, NJ 07470 Telephone No. Telephone No. 973-750-0752 Scheduled Completion Date (11) R/26/2018 Ineck Only One) Street Address 20-21 Wagaraw Road City, State, Zip Code Fair Lawn, NJ 07410 Renovation Demolition Full Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) at the procedure of t | NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Alex Roth OCT Alex Roth City, State, Zip Code Jersey City, NJ 07307 Name of Contact Alex Roth FACILITY INFORMATION King Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-1 Subchapter 9 (Other than K-1 Subchapter 9 (Other than K-1 Subchapter 9 (Other than K-1 Subchapter 9 (Other than K-1 Subchapter 9 (Other than K- | NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NACS ::60 and 12:120) Name of Building Owner/Operator (2) Alex Roth OCT 9 Alex Roth City, State, Zip Code Jersey City, NJ 07307 Name of Contact Alex Roth FACILITY INFORMATION FACILITY INFORMATION FACILITY INFORMATION FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial built etc.) Square Feet # of Floors Browner (8) ASCM No. Name of Abatement Contractor (9) G S C Services Corp Street Address 1465 Route 23 South City, State, Zip Code Wayne, NJ 07470 Telephone No. Teleph | Nother County Code (7) (Grante Use (Prior if being demolished) (Grante Use (Prior if being demolis | NoTIFICATION of ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Alex Roth Name of Building Owner/Operator (2) Alex Roth City, State, Zip Code Jersey City, NJ 07307 Name of Contact Alex Roth FACILITY INFORMATION King Place (3) Type of Facility (4) School (K-12) School (K-12) Subsciper 8 (Other than K-12) Other (Le. private & commercial buildings, home etc.) County Code (7) (STATE USE ONLY) Squaire Feet # of Floors Bidg, Age County Code (7) (STATE USE ONLY) Street Address 1465 Route 23 South City, State, Zip Code Wayne, NJ 07470 Telephone No. | | | |

PAID

Print Form

CH 1208

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

| D | | Dieses. | | 11 | | | 15 | T CHANGE | Party of the Party | THE STREET WHEN THE PARTY OF TH | maringe. | MACHINE CON | OT MANAGED | The Address of the | | |
|--|-------------------------------------|-----------------|---|---------------------|---------|--|--|----------------|--|--|-----------------|--|--|--------------------|--|--|
| Date of Notification (1) 8/24/2018 | 8/24/2018 | | | | | | r (2) | |) [| G | Ē | | V | 3 | | |
| Agencies Notified Type N | Votification | | | st North Address | | | | | 1 | | | | | i i | | |
| ₩ EPA ₩ In | itial | | 1461 | Harrisor | Avenu | Je | | 400 | | OT | | | | TARREST . | | |
| DEP A | iitial mended | | i | tate, Zip (| | | | - 111 | <u>li U</u> |)CT_ | <u> </u> | 20 | 118 | 200 | | |
| ☑ DOL ☐ A | mendment # | | | eland, N | | 8 | | ĺ | - | | | | 8.7 | | | |
| | mergency (including stification) | ļ | 23.13 | of Contac | | <u> </u> | | | T-1/- | | · Particular de | The Samuel State of the Sa | PARTE NAME OF THE PARTE NAME O | | | |
| | ancellation | | 100000000000000000000000000000000000000 | am Hunt | 500 | | | | Telephor | 4 OZC | per | DINT | ROL | & | | |
| | | - | | CILITY IN | | TION | | - | 973-36 | 4-210 | 158 | ING | | | | |
| Name of Facility Where Abateme | nt is Taking Place (| 3) | IAC |) LI I IIV: | PORIMA | ION | Type of | Facility (4) | | | | | | | | |
| Bobst North America, Inc. | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | School (K-12) Subchapter 8 (Other than K-12) | | | | | | | | | |
| 146 Harrison Avenue | | | | | | | Other (i.e. private & commercial buildings, he | | | | | | | | | |
| City (5) | | | | | | | - etc | .) | | | | | | | | |
| Roseland | | | | | | | Square I | reet | # of Floor | S | E | 3ldg. | Age | | | |
| County (6) | | | Countri | O-4- (7) | | | | | | | | | | | | |
| Essex | | | | Code (7) | | | Current | Use (Prior if | being der | molishe | ed) | | | | | |
| Name of Monitoring Firm Hired by | (Building Owner (9) | | | | | T .: | | | | | | | | | | |
| rame of Monttoning Firm Filled by | building Owner (8) | ţ | ASC | M No. | | | | nent Contrac | tor (9) | | | 10.5.1.2. | | | | |
| Street Address | | | | | | | | ces Corp | | | | | | | | |
| Origer Vadress | | | | | | | Address | | | | | | | | | |
| Chi State 7's Code | | | | | | | | 23 South | | | | | | | | |
| City, State, Zip Code | | | | | | | tate, Zip C | | | 83 | | | | | | |
| D. L. IM. | | | | | | Wayı | ne, NJ C | 7470 | | | | | | | | |
| Project Manager for Monitoring Fi | rm | | Telepho | ne No. | | F 52 - | one No. | | Licer | License No. | | | | | | |
| | | | | | | 973- | 012 | 1253 | | | | | | | | |
| Start Date (10) | | | mpletion | Date (11) | | Name of OSHA Monitor EnviroVision Consultants | | | | | | | | | | |
| 8/25/2018 | 8/27/20 | 3.000 | | | | Envir | oVision | Consultar | nts | | | | | | | |
| Occupancy Status During Abatem | ent (Check Only On | e) | | | | | Address | | | | | | | | | |
| Facility Closed/Vacated Durin | ng Entire Period of A | bater | nent | | | 20-21 | Wagar | aw Road | | | | | | | | |
| Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: | e of Normal Facility | Hour | S | | | ate, Zip C | ode | | | | | | | | | |
| | | | | | - | Fair I | awn, N | J 07410 | | | | | | | | |
| Scope of Work (Check All That Ap | pły) | | | | - | | | | | | | - | | _ | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ⊠ R | enova | ation | | | | Full Containment with Negative Pressure | | | | | | | | | |
| ≥160 sf or ≥260 lf | D | emoli | tion | | | XX | Mini-Er | lini-Enclosure | | | | | | | | |
| | | | | | | A | Gloveb | ag Procedu | е | 202012 | 924-1 | | | | | |
| | | | Success of | | | | Non-Ex | cempted (*) | and Non- | Friable | | MINERAL | District Control | | | |
| | 100 | Locat ormal | | | | | | | | | - 3 | | ement pe | | | |
| Location of Asbestos-Containing Material (| 122 | d Sole | | Aubaa | Des | scription | of | | var er reen reen er er er | - | - | ٠, | PC | | | |
| TO BE ABATED | iviali | ntena | | (i.e. | thermal | aining ivi systems | aterial (AC insulation | SM) | Amount (Specify | - 1 | - I | | ᄪ | Е | | |
| In Facility | Custo | odial 8 (12) | stair? | | surfac | cing, VAT | , or | | SF or LF) | 6 | (em | Repair | cap | nck | | |
| (13) | | , -/ | | | other m | niscellane | eous) | | | | Removal | air | Encapsulate | Enclosure | | |
| | Yes | No | N/A | | | | | | | | - | | ite | æ | | |
| Two Offices | | | X | | | TSI | | - | ME | | _ | | | | | |
| | * | | - | | | , 51 | | | BOLF | | X | | | | | |
| | | | | | | HACE! | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | ne of Registered Waste Hauler | | | | | Yards | Na | me of Regis | e of Registered Landfill | | | | | | | |
| G S C Services Corp | Hauler ID No | | | | | te | | | | | | | | | | |
| .40 / | 0036309 | | | | | TRRF | | | | | | | | | | |
| City, State | | | | | | Disposal Date City, State | | | | | | | | | | |
| Vayne, NJ | | | Tullytown, PA | | | | | | | | | | | | | |
| Completed by | Signature Date | | | | | | | | | | | | | | | |
| Daniela Antic | Presid | lent | | | 1/ | // | 16 | - | | 8/24 | /20 | 18 | | | | |
| | 7-5 | | | | 0/24/2 | | | | | | | | | | | |

| -1217 | | NOT | IFICATION (Pursuar | State of NOV OF AS | lew Jerse BESTOS 6 8:60 an | ABATEN d 12:120 | MENT | | 7 | E C | E | | | | | |
|--|---|----------------------|-----------------------|----------------------|----------------------------------|---------------------------|-------------------------|--------------------------|------------------|--------------|------------|---------|-------------|------------------|--|--|
| Date of Notification (1) 8/28/2018 | | | | | g Owner/ | | (2) | S or a column | 111 | OCT | _ 0 | 00 | 10 | | | |
| Agencies Notified Type Notification | in | | | Address | ans Affai | irs | | | | 001 | _ 9 | 20 | 18 | | | |
| | 100 | | | Tremon | t Ave | | | Å | 1 | | | | | | | |
| DEP Amended | | | City, S | tate, Zip (| Code | - | 4 | | -/- | GBESTO | \$ 00 | חות | TÖL | 24 | | |
| DOL Amendme | | | East | Orange | e, NJ 07 | 018 | | | - | LIC | ENS | ING | | | | |
| DOH Emergence justification Cancellation | y (incluain n) | ng | Name | of Contac | t | | - | | Telephone Number | | | | | | | |
| DCA Cancellati | on ' | | | en Rive | 200 | | | | 9 | 73-676-1 | 000 e | ext23 | 75 | | | |
| Name of Facility Where Abatement is Tak | ing Place | (3) | FAC | CILITY IN | FORMATI | | Type | of Facility (4 | 11 | | | | | | | |
| Radiology Department | | (0) | | | | | PARK | | 3800 | | | | | | | |
| Street Address | | | | | | | S | chool (K-12 ubchapter | 8 (Oth | ner than K-1 | (2) | | | | | |
| 385 Tremont Avenue | | | | | | [] | 図。 | ther (i.e. pr | rivate | & commerc | ial bui | ildings | , hon | ne | | |
| City (5) | | | - | | | Square | | # 0 | of Floors | | Bldg. | Age | - | | | |
| East Orange | | | | | | | | | | | 14.0555.61 | | | | | |
| County (6) Essex | | | Code (7) USE ONL | | | Curren | t Use (Prior | r if be | ing demolis | hed) | | | | | | |
| | 3) | | M No. | | Now | £ A L - 1 | mart C | | (0) | | | | _ | | | |
| CSA Consulting | me of Monitoring Firm Hired by Building Owner (8) SA Consultina | | | | | | | ment Cont ices Cor | | (9) | | | | | | |
| Street Address | | | | | | Street A | | | μ | | | | | _ | | |
| 45 Marina Lane | | | | | | 77 | 465 Route 23 South #111 | | | | | | | | | |
| City, State, Zip Code | | | | | | | , State, Zip Code | | | | | | | | | |
| Brick, NJ 08724 | | | | | | 2.77 | Vayne, NJ 07470 | | | | | | | | | |
| Project Manager for Monitoring Firm Michael Chain | | | 1 99 | | | | ne No. | | | License N | lo. | | | | | |
| Start Date (10) | Sahadu | lad Ca | | 21-9223 Date (11) | 1 | 973-7 | | | | 01253 | | | | | | |
| 9/7/2018 | 9/9/20 | | mpieuon | Date (11) | , | | | Monitor | vico | | | | | | | |
| Occupancy Status During Abatement (Che | | | | | | | CSA Consulting Service | | | | | | | _ | | |
| | | | ment | | | 45 Ma | | | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | maí Facilit | y Hour | 'S | | | City, Sta | te, Zip | Code | | | | | | _ | | |
| | | | | | | Brick, | NJ 08 | 3724 | | | | | | | | |
| Scope of Work (Check All That Apply) | - | | | costs. | | Free | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | - | Full C | Containmen Enclosure | t with | Negative F | ressu | re | | | | |
| | | 20111011 | | | *3 | × | Glove | ebag Proce | dure | | | | | | | |
| | | | | I | | 凶 | Non-l | Exempted (| *) and | d Non-Friab | le Pro | | | _ | | |
| Location of | | s Locat Norma | 2017/2017 | | | | | | | | | | emen pe | Ł | | |
| Asbestos-Containing Material (ACM) | Us | ed Sole | ely by | Asbes | Des stos Conta | cription of aining Mat | | ACM) | A | mount | | Ī | | | | |
| TO BE ABATED In Facility | | aintena stodial (| | | . thermal s | systems in | nsulatio | | (\$ | pecify | Re | Z | Enca | | | |
| (13) | | (12) | | | other m | ing, VAT, iscellaned | or ous) | | SF | or LF) | Removal | Repair | Encapsulate | Service Services | | |
| | Yes | No | N/A | | | | | | | | <u>a</u> | 7 | ale | | | |
| Storage Room #1 | | | X | | VAT | & masti | ic | | 2 | 00sf | X | | | - | | |
| Storage Room #2 | | | X | | | & masti | | | | 00sf | - | | | - | | |
| | | | | V/\1 | a masti | - | | | 0031 | X | | | _ | | | |
| | | | | | | | 77211777 | | | | | | | L | | |
| Name of Registered Waste Hauler | | l N | JDEP W | aste | Cubic Y | 'ards | 1.6 | Jame of Po | nieto | red Landfill | | | | | | |
| 3 S C Services Corp | | H | lauler ID | No. | of Wast | | 8 | TRRF | Aigre | eu Landilli | | | | | | |
| Dity State | | 0 | 036300 | 1 | | | | Est. Dorrecto | | | | | | | | |
| Vayne, NJ | | | | | Disposa | Date | 220 | City, State Tullytown | DA | | | | | | | |
| | | | | | · / | | 1 | unytown | LA | k | | | | | | |

Daniela Antic

ASB-41 (R-06-08)

Completed by

Title

Owner

Do not use this form for asbestos licensure exempted activities.

Date

8/28/2018

Signature

| 120 | | | San Til | Call Control of |
|-------|-----|-----|---------|-----------------|
| Acres | Dri | mt. | E | rm |
| | 511 | 110 | FU | HIII |

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| 1216 P | ATT | | 24-45N 1 | 4 | | | | | |
| | - Alley | TIFICATIO | State of New Jer DN OF ASBESTO | rsey OS ABATE and 12:12 | MENT | FOE | | 100,000 | |
| Date of Notification (1) 8/28/2018 | — li | Name | of Building Owned | Walter D | 2 2 2 3 3 | ECE | | 7 [| |
| Agencies Notified Type Notification | on | Street | Address | | 1111 | O CT - 9 | 2016 | - | Canal Canal |
| EPA Initial DEP Amended | | | tate, Zip Code | | -1 | | 2018 | Į. | The same of |
| | cy (including | | of Contact | 08805 | A | BESTOS CON | VIDO | | ACCOUNT. |
| DOH justificatio | | | d Brown | | Control of the Contro | M-/2 | 111117 | 1 25, | |
| Name of Facility Where Abatement is Tal- | king Place (3) | FAC | ILITY INFORMA | ATION | Type of Facility | - | | | _ |
| Private | | | | | School (K | 70.00 | | | |
| Street Address | | | | | Subchapt | er 8 (Other than K private & comme | 12) ercial be | uildina | 75 |
| City (5) | | | | | etc.) Square Feet | # of Floors | | Bldg. | |
| Bound Brook County (6) | | Country | Code (7) | | | | | | |
| Somerset | | | USE ONLY) | | Current Use (P | rior if being demol | ished) | | |
| Name of Monitoring Firm Hired by Building | g Owner (8) | ASC | M No. | Name | of Abatement Co | intractor (9) | | | |
| Street Address | | | 77.00 | | C Services C Address | orp | | | _ |
| City, State, Zip Code | | | | | Route 23 Sc | uth, #111 | | | |
| | | | | | tate, Zip Code ne, NJ 07470 | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | Teleph | one No. | License | | | |
| Start Date (10) | Scheduled C | Completion | Date (11) | - Contraction | 750-0752 of OSHA Monito | 01253 | | | _ |
| 8/29/2018 Occupancy Status During Abatement (Che | 8/31/2108 | 3 | | | oVision Cons | ultants | | | |
| Facility Closed/Vacated During Entire | Period of Ahat | tement | | | ^{Address} Wagaraw R | oad | | | |
| Abatement Performed Outside of Nor Other – Describe: | mal Facility Ho | iurs | | City, St | ate, Zip Code | | | | 0000 |
| Soons of Work (Ot .) At = | | | | Fair L | awn, NJ 074 | 70 | | | _ |
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| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | olition | | X | Mini-Enclosur Glovebag Pro | e cedure | | | |
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| Date of Note called (1) | | 100000000000000000000000000000000000000 | | g Owners therese | v (2) | | | | | - | | | Diam's | | |
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| | | | ACILITY IN | FORMATION | | | | | | | | | _ | | |
| Name of Facility Where Abatement is T Private | aking Place (3) | | | | Type | e of Facility (| ·) | | | | | | | | |
| Street Address | | | | | 14 | School (K. I. Subchapter | | nc 12: 200 l | W +21 | | | | | | |
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| City (5) | | | | | | elc i are Feet | Ten | Favors | | 101 | do A | ~ | _ | | |
| Middlesex | | | | | N. C. L. | er M 5 14715 | 1 | 4 m.P.P. | | 1.74 | teri we | | | | |
| Courtey (6) | | Cos | ty Code (7 | ľ | Cun | ent Use (Pro | rif bes | 192 Gesti | elishe | 1/2 | | - | _ | | |
| Middlesex | + | (STA | TE USE ONL | .40 | | | 100 | | | | | | | | |
| Name of Monteoring Firm Hinted by Busin | Log Center (8) | AS | GM No | | | atement Con | | (9) | | | | W. W. | | | |
| | | | | | | mices Col | No. | | | | | | | | |
| Street Address | 16 0 5 | | | Syec | All the second country of | | 1.7 | 18 W. | | | | | | | |
| Philips of the plant of the second or | | | | 339957 | | | de 23 South, #111 | | | | | | | | |
| City, State, Zip Code | | | | | n, Sare Zo Code Vayne, NJ 07470 | | | | | | | | | | |
| Project Manager for Maniforing Firm | | Telev | rone No | | phone No. License No. | | | | | | | - | | | |
| The state of the s | | | | 1,000 | 4.1 | 50-0752 01253 | | | | | | | | | |
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| 9/1/2018 | 9/2/201 | | 55 | EnviroVision Consultants | | | | | | | | | | | |
| Occupancy Status During Abatement (| Check Only One | J | | | 1.Addn | | sa Qaraw Road | | | | | | | | |
| Facility Clased Vacated During En | | | | | * | | <u> </u> | | | | | | _ | | |
| Abatement Performed Outside of Other – Describe: | Nonnal Facility i | Hours | 10 11000 | 10 | | Zip Code o. N. 1 0 7314 | · ra | | | | | | | | |
| Scope of Work (Oveck All That Apply) | | | | 1 480 | was st | n, NJ 0741 | C. | | | | | | - | | |
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| Name of Recisioned Waste Haute | | NADE | a Waste | Cubs: Yards | - | Name of F | Cegato | red Lar | MIN | | | | | | |
| G S C Services Corp | | Haster | (D) No | of Waste | | TRRE | | | | | | | | | |
| ON Share | | 0036 | \$1.580 - | Disposal Date | | Cdy, State | | | | r. | | | | | |
| Wayne, NJ | | | | LANGUE LANG | - | Tullytou | | 4, | | | | | | | |
| Completed by | Title . | | | Signatu | g | 1// | | | Date | | | | - | | |
| Daniela Antic | Carne | 2 | | | | | - | - 1 | 3/3 | 1/20 | BIL | | | | |

- 1.231 Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2018 917118 Dept. Veterans Affairs Agencies Notified Type Notification Street Address 385 Tremont Ave ASSESTOS CONTROL EPA Initial City, State, Zip Code DEP Amended LICENSING X Amendment # DOL East Orange, NJ 07018 Emergency (including Name of Contact Telephone Number DOH justification) DCA Steven Rivera 973-676-1000 ext2375 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Radiology Department School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X 385 Tremont Avenue etc.) City (5) # of Floors Square Feet Bldg. Age East Orange County Code (7): (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) CSA Consulting G S C Services Corp Street Address Street Address 45 Marina Lane 1465 Route 23 South #111 City, State, Zip Code City, State, Zip Code Brick, NJ 08724 Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Chain 732-921-9223 973-750-0752 01253 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 9/11/18 CSA Consulting Service Occupancy Status During Abatement (Check Only One) Street Address 45 Marina Lane Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Brick, NJ 08724 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

| Location of | Is Location Normally Used Solely by | | | | Description of | | | t | | | |
|---|-------------------------------------|--|---------------------------------|---------|---|--------------|---------------------------------|---------|--------|-------------|-----------|
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole intenar todial S (12) | nce/ | (i.e. t | os Containing Mate hermal systems ins surfacing, VAT, o other miscellaneou | sulation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | = | | ate | œ . |
| Room 1-164 | | | X | , | VATI Mas | shic | 2755F | X | | | |
| 1200m 1-251 | | | X | | VAT/ma | | 1905F | X | | | |
| ROOM 1-255 | | | X | ١ | IAT/Ma | Stic | 1555F | X | | | |
| ROOM 1-164 | | | X | | TSI | | 6.674 | X | | | |
| Name of Registered Waste Hauler G S.C Services Corp | | H | JDEP Wa auler ID N 036309 | lo. | Cubic Yards of Waste | Name of TRRF | Registered Landfill | | | | |
| City State Wayne, NJ | Storge State Units | | | | Disposal Date | City, State | | | | | |
| Compléfed by Daniela Antic | Title Own | er | | | Signature | - | Da (| 71- | 7/2 | ol | 8 |
| | | | | | 11/ | | | | | | |

Do not use this form for asbestos licensure exempted activities.

| no ch | | NO | | Pursua | N OF AS | SBESTOS ABA IAC 8:60 and 5:1 | (6) Pr | 11. 1 | GE | 7 | V | |
|---|---|------------------|--|--------------------------|-------------------------|--|---|---------------------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 5 / 7 | /1 | 88 | | | | ing Owner/Operator ge of New Jersey | (2) | 0 | 11 | 9 2 | 2018 | |
| ⊠ EPA □ DOLWD □ DHSS □ DCA □ DCA | e Notification nitial Amended Amendment Emergency (| # <u>5-10/</u> | | City, | State, Zip wing, NJ | ington Rd. Code 08628 | į. | ASDE | 37000 | | | 1. 6 |
| | ustification) Cancellation | | | | ne of Conta manda Ra | Service Control of th | | Telephone Nu 609-771-28 | | | | |
| | | | | FA | ACILITY I | NFORMATION | | 003-771-20 | 001 | | | |
| Name of Facility Where Abate TCNJ-Green Hall Street Address 2000 Pennington Road City (5) | ment is Takiı | ng Plac | e (3) | | | | Type of Facility (School (K-12) Subchapter 8 Other (i.e., pr |) (Other than K- ivate and comm | 12) nercial b | uildin | gs, | |
| Ewing | | | | | | | Square Feet | # of Floors | В | ldg. A | \ge | |
| County (6) Mercer | | | | Cou | inty Code (| 7)(STATE USE ONLY) | Current Use (Pri | or if being demo | olished) | | | |
| Name of Monitoring Firm Hired AET, Inc Street Address | by Building | Owner | (8) | ASCM | I No. | | ent Contractor (9) VIRONMENTAL | ., INC. | | | | |
| 28 Pennell Road | | | | | | Street Address 1123 BEAVER | STREET | | | | | |
| City, State, Zip Code | | | - | | | City, State, Zip Co | | | | | | |
| Media, PA 19063 | | | | _0.000 | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monitoring Roy Mosicant | Firm | | | ephone 10-891 | No. I-0114 | Telephone No. 215-788-6040 | | License No. 00509 | | | | |
| Start Date (10)5 /21 /18 | _ _ | 10 | 3 | | ate (11) 18 | Name of OSHA M BRISTOL ENV | onitor /IRONMENTAL | , INC. | | | | |
| Occupancy Status During Abate Facility Closed/Vacated During | ing Entire Pe | riod of | Abate | ment | | Street Address 1123 BEAVER | STREET | | | | | |
| Abatement Performed Outsi Time of Abatement: | de of Norma | l Facilit | y Hou | rs - Des | scribe | City, State, Zip Co | de | | | 1 | | |
| Scope of Work (Check all that a | pply) | | | | | BRISTOL, PA | 19007 | | | | | |
| ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf | 1947940, 1940 | | novat | | | ☐ Mini-Encl | | | ure | | | |
| Location of | | | Locat | | | | | | | atem | ent T | уре |
| Asbestos-Containing Materi TO BE ABATED IN Facility (13) | al (ACM) | Use Ma Cus | d Sole intena todial (12) | ely by nce/ Staff? | | Description of stos Containing Mat- thermal systems in surfacing, VAT, other miscellaneo | erial (ACM) nsulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Suite 218 | | Yes | No 🖂 | N/A | Floor Ti | ile. | | | +_ | _ | е | _ |
| Attic | | | _ | | | | | 400 SF | | | | |
| 71110 | | | | | Rooting | debris and batt | insulation | 22,600 SF | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hau BRISTOL ENVIRONMENT | | | 1 3000 | JDEP V auler ID | No. | Cubic Yards of Waste | Name of Register | | | | Ц | Ш |
| City, State BRISTOL, PA 19007 | | | | 18706 | | Disposal Date | City, State | IILLS, PA 190 | 147 | | | |
| Completed By (Print or Type) Brian Scafiro | Title | stimat | or | | | Signature | 1 1. | / D | ate | | | |
| ISB-41 NAY 11 B 5 18041 | | | ************************************** | | 2 2 | os licensure exempte | feefers / | K | 10/3 | 1/ | 8 | |

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| Date of Notification (1) | | | | LAL | (5 " | | | 1. 11 | | | | | 111 |
|--|-------------------------------|----------------|------------------|---|-------------|--|--|----------------|--|----------|--------|-------------|-----------|
| _ | 7/_1 | 8 | | | | ing Owner/Operator ge of New Jersey | (2) | | OCT | - 9 | 20 | 18 | |
| ⊠ EPA □ | ype Notification ☑ Initial | 1 | | 1 | et Address | ington Rd. | | | ASPEST | 7377 | 77.7 | £11.8 | J., |
| ☑ DOLWD □ | Amended | | | | State, Zip | | | | attended to the same of the sa | | 13 | | |
| ☑ DHSS | Amendment # | 1872 710000 | Name of the last | | ving, NJ | | | | | | | | |
| DCA (NJAC 5:23-8) | Emergency (i justification) | includir | ig | | e of Conta | | | 1 | | | | | |
| | Cancellation | | | 100000000000000000000000000000000000000 | nanda Ra | 1000 C | | | hone Num | | | | |
| | | | | | | | | 609 | 9-771-288 | 31 | | | |
| Name of Equilibria/Name Abo | | DI | (0) | F/ | CILITY | NFORMATION | | | | | | | |
| Name of Facility Where Aba TCNJ-Green Hall | itement is Takir | ig Plac | e (3) | | | | Type of Facility | **** | | | | | |
| Street Address | | | | | | | School (K-1) Subchapter | 2) 8 (Other | - 66 1/ 41 | 21 | | | |
| | | | | | | | Other (i.e., p | rivate a | nd comme | rcial b | uildin | os. | |
| 2000 Pennington Roa | a | | | | | | homes, etc. |) | | | | , | |
| City (5) | | | | | | | Square Feet | # of | Floors | B | ldg. A | ge | |
| Ewing | | | | | | | | | | | | | |
| County (6) | | | | Cou | inty Code (| 7)(STATE USE ONLY) | Current Use (Pr | ior if be | ing demoli: | shed) | | | |
| Mercer | | | | | | | | | | | | | |
| Name of Monitoring Firm Hir | ed by Building | Owner | (8) | ASCIV | No. | Name of Abateme | ent Contractor (9) |) | | | | | |
| AET, Inc | | | | | | BRISTOL EN | VIRONMENTA | L, INC. | | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| 28 Pennell Road | | | | | | 1123 BEAVE | RSTREET | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | N 10 | | | |
| Media, PA 19063 | | | | | | BRISTOL, PA | 19007 | | | | | | |
| Project Manager for Monitori | ng Firm | | Tel | ephone | No. | Telephone No. | | Lice | nse No. | | | | |
| Roy Mosicant | | | 6 | 10-891 | -0114 | 215-788-6040 | | | 509 | | | | |
| Start Date (10) | Sched | duled C | | | ate (11) | Name of OSHA M | onitor | | | | | | |
| 5 /21 /^ | 18 | 211 | H | OLL | 2 | BRISTOL EN | /IRONMENTA | L. INC. | | | | | |
| Occupancy Status During Ab | patement (Chec | k only | one) | | 70.00.00.00 | Street Address | | | | | | | |
| ☐ Facility Closed/Vacated D | | | | ment | | 1123 BEAVER | STREET | | | | | | |
| Abatement Performed Ou | tside of Normal | Facilit | y Hou | rs - Des | scribe | City, State, Zip Co | NOT THE RESERVE OF THE PARTY OF | _ | | | | | |
| Time of Abatement: | AMPI | M/ <u>7:00</u> | PM-3 | :30AM | | BRISTOL, PA | | | | | | | |
| Scope of Work (Check all tha | it apply) | | | | | DIGIOL, PA | 19007 | | | | | | |
| | | | | | | | ainment with Neg | ative Pr | essure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ⊠ Re | novat moliti | | | | osure | | | | | | |
| 23 - 100 St Ot - 200 ti | | Пре | month | on | | ☐ Glovebag ☑ Non-Exer | Procedure npted (*) and No. | n-Eriable | a Procedu | • | | | |
| | | Is | Loca | tion | I | E3 (10) Exci | Inplod () and No. | III IIabit | Frocedui | _ | | | |
| Location of | | 50000 | Norma | 0.050 | | Description of | | | | | | ent Ty | - |
| Asbestos-Containing Mate | | | d Sole intena | | | stos Containing Mat | | | nount | Removal | Repair | Enc | Enclosure |
| IN Facility | 2 | 200 | odial | Staff? | (1.e | thermal systems in surfacing, VAT, | | | pecify or LF) | VOC | air | aps | losi |
| (13) | | | (12) | _ | - | other miscellaned | | O. | or Li) | <u>m</u> | | Encapsulate | Тe |
| | | Yes | No | N/A | | | | | | | | (D) | |
| Suite 218 | | | \boxtimes | | Floor T | ile | | 40 | 0 SF | | П | П | П |
| Attic | | \boxtimes | | П | Roofing | debris and batt | inculation | 22.6 | 200 65 | - | | | 긤 |
| | | | | += | 1,0011119 | , assire and batt | modiation | 22,0 | 800 SF | | Ш | Ш | Ш |
| | | | | | | | | | | | | | |
| | | | | | | | | | | П | П | П | П |
| Name of Registered Waste H | | | 1000 | JDEP V | | Cubic Yards of | Name of Regis | tered La | ndfill | 1 | | | _ |
| BRISTOL ENVIRONME | NTAL, INC. | | H | 18706 | | Waste | FAIRLESS | | | | | | |
| City, State | | | | 10/00 |). | Disposal Date | City, State | | | | | | |
| BRISTOL, PA 19007 | | | | | | | FAIRLESS | HILLS | PA 100/ | 17 | | | |
| Completed By (Print or Type) | Title | | | | | Signature | | , | | - | | | |
| Brian Scafiro | | stimat | or | | | 1 2 - | 1 1 | 1. | n Dai | e/in | 1, | 1 | |
| | | - ciiial | J. | | | Duas | scafero | 14 | 6 6 | /// | // | 0 | |
| SB-41 AY 11 B 5 / 8 0 4 | * / | Do not | use th | is form | for asbest | os licensure exempt | ed activities. | 1 | | 7 | | | |

| Date of Notification (1) | | | | (1 | | | IAC 8:60 and 5: | | 1000 | 位老州》 |
|---|--------------------|----------------|---------------|----------|-----------------|---------------|---|--------------------|-----------------------|--|
| 5 / | 7 / | 18 | | | | | ing Owner/Operator | | 1,53 | |
| | | | | | 1 | ne Colleg | ge of New Jersey | | | ICT - 9 201 |
| Agencies Notified | Type Noti | ification | | | 10000000 | et Address | | | 1 1 0 | 01 3 201 |
| ⊠ DOLWD | ⊠ Amend | ded | | | | | ington Rd. | | | |
| ☑ DHSS | | dment #3 | -8/13/ | 18 | | , State, Zip | | | ARRE | STOS CONTRA |
| DCA | ☐ Emerg | | luding | | | wing, NJ | | | | ************************************** |
| (NJAC 5:23-8) | justific | | | | | ne of Conta | | 1 | Telephone No | umber |
| | Li Cance | llation | | | 1 | manda Ra | p. 4.1.090 (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | | 609-771-2 | 881 |
| Name of Facility 188 | | | | | F/ | ACILITY I | NFORMATION | | | |
| Name of Facility Where A TCNJ-Green Hall | Abatement is | s Taking | Place (| 3) | | | | Type of Facility | (4) | |
| Street Address | | | | | | | | School (K-1 | 2) | |
| 2000 Pennington R | | | | | | | | ☐ Subchapter | 8 (Other than K- | -12) nercial buildings, |
| City (5) | 080 | | | | | | | homes, etc. | .) | nercial bullulings, |
| Ewing | | | | | | | | Square Feet | # of Floors | Bldg. Age |
| County (6) | | | | | T = | | | | | |
| Mercer | | | | | Cor | inty Code (| 7)(STATE USE ONLY) | Current Use (P | rior if being demo | olished) |
| Name of Monitoring Firm | Hired by D. | ildina O | ma= (0) | | 1000 | 0 11 | 1 | | | |
| AET, Inc | i ilieu by bu | maing Ow | mer (8) | | ASCN | I No. | Name of Abateme | | | |
| Street Address | | | | | | | | VIRONMENTA | L, INC. | |
| 28 Pennell Road | | | | | | | Street Address | | | |
| City, State, Zip Code | | | | | | | 1123 BEAVER | | | |
| Media, PA 19063 | | | | | | | City, State, Zip Co | | | |
| Project Manager for Monit | oring Firm | | - 1- | Tolo | | NI | BRISTOL, PA | 19007 | | |
| Roy Mosicant | omig i min | | | | phone | No. I-0114 | Telephone No. | | License No. | |
| Start Date (10) | | Schedule | ad Cor | | | | 215-788-6040 | | 00509 | |
| 5 /21 / | 18 | | _ / _ | | | | Name of OSHA M | | | |
| Occupancy Status During | 0112118 | | | | | 10_ | BRISTOL EN | TRONMENTA | L, INC. | |
| Facility Closed/Vacated | | | | | 2021 | | Street Address | | | |
| Abatement Performed | Outside of N | lormal Fa | cility H | ours | neni s - Des | scribe | 1123 BEAVER | | | |
| Time of Abatement: | AM | PM/ <u>7</u> | :00PN | 1-3: | 30AM | JOHDO | City, State, Zip Co | | | |
| cope of Work (Check all t | hat apply) | | | | | | BRISTOL, PA | 19007 | | * |
| | арріј/ | | | | | | | inment with Neg | ative Pressure | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | × | Renov | | | | | osure | auve i lessure | |
| | | | Demo | IILIOI | 1 | | ☐ Glovebag | Procedure | n-Friable Proced | |
| | | | Is Lo | catio | on | | Z HOH-EXCH | ipted () and ivoi | II-FIIable Procedi | |
| Location o | | . . | Non Used S | | | | Description of | | | Abatement 7 |
| Asbestos-Containing M TO BE ABAT | ateriai (ACN ED | | Mainte | nan | ce/ | Asbes | stos Containing Mate , thermal systems in | erial (ACM) | Amount | Encaps Repair Remov |
| IN Facility | | | Custodi | | taff? | (1.6. | surfacing, VAT, o | or | (Specify SF or LF) | Encapsu Repair Remova |
| (13) | | Y | S. V | 2) lo | N/A | | other miscellaneo | us) | 0. 0. 1. / | Encapsulate Repair Removal |
| uite 218 | | | | | | Floor Til | l- | | | 0 |
| ttic | | | _ | | | | | | 400 SF | |
| | | | - | 1 | | Roofing | debris and batt i | nsulation | 22,600 SF | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ame of Registered Waste | | | | NJ | DEP V | Vaste | Cubic Yards of | Name of Regist | ered Landfill | |
| BRISTOL ENVIRONM | ENTAL, IN | VC. | | | uler ID | No. | Waste | FAIRLESS I | | |
| | | | | 1 | <u>8706</u> | | Disposal Date | City, State | | |
| | | | | | | | | FAIRLESS I | HILLS, PA 190 | 47 |
| BRISTOL, PA 19007 | | I mu | | _ | | | | | | |
| ty, State BRISTOL, PA 19007 ompleted By (Print or Type Brian Scafiro | e) | Title Estin | | | | | Signature | 1 1. |) Da | 8/3/18 |

| 49 (100.40 | | N | OTIF | CAT | ON OF A | New Jersey SBESTOS ABA | TEMENT | DE | SE | | \mathbb{V} | E |
|---|-----------------------|-------------|-----------------------|--|---------------|--|--|-------------------------------------|--------------|--------|--------------|-----------|
| Date of Notification (1) | | | | | | JAC 8:60 and 5: | 1.5 | | | | | |
| 5 / | 7 / | 18 | | | | ing Owner/Operator ge of New Jersey | | 13 11 00 |) | 9 2 | 2018 | |
| Agencies Notified | Type Notific | ation | - | | | | · | | | | | |
| ⊠ EPA | ☑ Initial | ation | | - | reet Address | | PT T T T T T T T T T T T T T T T T T T | ACEES | 700 | 7 | 1143 | 1.8 |
| □ DOLWD | | - | | Cit | y, State, Zip | ington Rd. | | Later | - | | ;- | - 1 - |
| ☑ DHSS | Amendm | | | | Ewing, NJ | | | | | | | -11-5- |
| ☐ DCA (NJAC 5:23-8) | ☐ Emergen justificati | icy (includ | ding | _ | me of Conta | | 7 | | | | | |
| (10.10 0.20 0) | ☐ Cancellat | 3.5 | | 1 | Amanda R | | | Telephone N | | | | |
| | | | | | | | | 609-771-2 | 881 | | | |
| Name of Facility Where A | batement is 7 | aking Pla | ace (3) | | ACILITY | NFORMATION | - | | | | | |
| TCNJ-Green Hall | | unig i n | 100 (0) | | | | Type of Facility | | | | | |
| Street Address | | | - | | | | School (K-1) | 2) 8 _. (Other than K- | 12) | | | |
| 2000 Pennington Ro | oad | | | | | | Other (i.e., p | rivate and comm | nercial | buildi | nas | |
| City (5) | | | | | | | nomes, etc., | | | | 90, | |
| Ewing | | | | | | | Square Feet | # of Floors | | Bldg. | Age | |
| County (6) | | | | Co | unty Code / | TVOTATE LINE ONLY | 0 111 | | | | | |
| Mercer | | | | 00 | unity Code (| 7)(STATE USE ONLY) | Current Use (Pr | ior if being demo | olished) |) | | == 10-5 |
| Name of Monitoring Firm H | lired by Build | ing Owne | er (8) | LASC | M No. | Name of Abetem | -10111 | | | | | |
| AET, Inc | | 3 | . (0) | 1,100 | W 140. | Name of Abateme | | | | | | |
| Street Address | | | | | | Street Address | VIRONMENTA | L, INC. | | | | |
| 28 Pennell Road | | | | | | 1123 BEAVER | CTDEET | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | Vi E | | | |
| Media, PA 19063 | | | | | | H | | | | | | |
| Project Manager for Monito | ring Firm | | Te | lephon | e No | BRISTOL, PA | 19007 | | | | | |
| Roy Mosicant | | | 100000 | Contraction of the Contraction o | 1-0114 | 215-788-6040 | | License No. | | | | |
| Start Date (10) | Sc | cheduled | | | | Name of OSHA M | | 00509 | | | | |
| 5/21/ | 18 | 01 | t h | -0 h | 0 | The state of the s | | | | | | |
| Occupancy Status During A | batement (CI | | | | 2 | BRISTOL ENV | RUNIVIENTAL | , INC. | | | | |
| ☐ Facility Closed/Vacated | Durina Entire | Period o | f Ahate | ment | | Street Address | | | | | | |
| Abatement Performed O | utside of Non | mal Facil | ity Hou | rs - De | scribe | 1123 BEAVER | | | | | | |
| Time of Abatement: | AM | _PM/7:0 | <u>0</u> PM- <u>7</u> | :00AN | 1 | City, State, Zip Coo | | | | | | |
| Scope of Work (Check all th | at apply) | | | | | BRISTOL, PA | 19007 | | | | | |
| _] ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf | | _ D | enovat emoliti | on | | ☐ Mini-Enclo | | | ıre | | | |
| Location of | | 1 | s Loca Norma | | | | | | | atem | ent T | Vne |
| Asbestos-Containing Ma | terial (ACM) | Us | ed Sol | ely by | Ashes | Description of tos Containing Mate | rial (ACAA) | • | | _ | | - |
| TO BE ABATE IN Facility | <u>D</u> | 0.000 | aintena stodial | | (i.e., | , thermal systems in | sulation, | Amount (Specify | em | Repair | nca | ncl |
| (13) | | 000 | (12) | Otalis | | surfacing, VAT, other miscellaneou | or | SF or LF) | Removal | = | Encapsulate | Enclosure |
| 1048-548 | | Yes | No | N/A | | other miscenarieou | 18) | | | | late | 6 |
| | | | | | | | | | | 1 | | |
| ttic | | | | | Roofing | debris and batt i | nsulation | 22,600 SF | | | | |
| | | | | | | | es es estatuta E-150 | | 12 | | Ш | |
| | | | | | | | | | | | | |
| ame of Registered Waste H | lauler | | N | JDEP I | Nonto | Cubic Yards of | | | | | | |

Completed By (Print or Type) Title Brian Scafiro Estimator ASB-41 MAY 11 135/8041

BRISTOL ENVIRONMENTAL, INC.

City, State

BRISTOL, PA 19007

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

Cubic Yards of

Disposal Date

Signature

Waste

Name of Registered Landfill

City, State

FAIRLESS LANDFILL

FAIRLESS HILLS, PA 19047

NJDEP Waste

Hauler ID No.

18706

| Mercer Name of Monitoring Firm Hired by Building Owner (8) AET, Inc Street Address 28 Pennell Road 1123 BEAVER STREET City, State, Zip Code Media, PA 19063 Project Menager for Monitoring Firm Roy Mosicant Roy Mosicant Roy Mosicant Street Address 121 J 8 Scheduled Completion Date (11) 6 / 29 / 18 Pacility Closed/Vaceted During Entire Period of Abatement Schedulent Period of Abatement AM— PM/7:00PM-7:00AM Cope of Work (Check all that apply) 23 af or 23 if 12160 of or 260 if 18 Location of Abatement: AM— PM/7:00PM-7:00AM Asbestos-Containing Material (ACM) IN Facility (13) Scheduled Completion Date (11) Asbestos-Containing Material (ACM) IN Facility (13) Renovation Demolition Street Address Street Add | BRISTOL E y, State BRISTOL, I mpleted By | TO BE ABATE IN Facility (13) stered Waste H ENVIRONME PA 19007 (Print or Type) | lauler | Yes | (12) No | N/A | Roofing Vaste (1) No. | cother miscellaneous debris and batt in Cubic Yards of Waste | nsulation Name of Regis FAIRLESS City, State | 22,600 SF Stered Landfill LANDFILL HILLS, PA 1904 | 47 | sulate |
|--|--|---|---------------------------|-------------------|------------|---------|--------------------------------|--|--|--|----------|---------------|
| Agencies Notified Type Notification Sizet Address 2009 Pennington Rd. | ame of Regis BRISTOL E | TO BE ABATE IN Facility (13) stered Waste H | <u>D</u> | Yes | (12) No | N/A | Roofing Vaste (1) No. | other miscellaneous debris and batt i | nsulation Name of Regis FAIRLESS City, State | 22,600 SF Stered Landfill LANDFILL | | sulate |
| Agencies Notified SI EPA SI Initial SI College of New Jersey Street Address 2000 Pennington Rd. | ame of Regis | TO BE ABATE IN Facility (13) | <u>D</u> | Yes | (12) No | N/A | Roofing Vaste (1) No. | other miscellaneous debris and batt in Cubic Yards of Waste | nsulation Name of Regis | 22,600 SF | | sulate |
| Agencies Notified Type Notification | ime of Regis | TO BE ABATE IN Facility (13) | <u>D</u> | Yes | (12) No | N/A | Roofing | other miscellaneo | or us) | 22,600 SF | | sulate |
| Agencies Notified Type Notification Single Address 2000 Pennington Rd. County Code (Tip) State, Zip Code Several Street Address | | TO BE ABATE IN Facility (13) | <u>D</u> | Yes | (12) No | N/A | | surfacing, VAT, other miscellaneo | or us) | | | sulate |
| Agencies Notified Type Notification Street Address 2000 Pennington Rd. | tic | TO BE ABATE IN Facility | Enal (ACM) | Yes | (12) No | N/A | | surfacing, VAT, other miscellaneo | or us) | | | apsulate |
| Agencies Notified Paper | tic | TO BE ABATE IN Facility | ED (ACIVI) | Yes | (12) No | N/A | | surfacing, VAT, other miscellaneo | or us) | | | apsulate [] [|
| Agencies Notified Paper | 41- | TO BE ABATE IN Facility | Enal (ACM) | Yes | (12) No | N/A | | surfacing, VAT, | or | SF or LF) | oval | apsulate [|
| Agencies Notified Pagencies Notified Pagencies | | TO BE ABATE IN Facility | ED (ACM) | Yes | (12) No | N/A | | surfacing, VAT, | or | SF or LF) | oval | apsulate |
| Agencies Notified □ FPA □ DOLVID □ DO | | TO BE ABATE IN Facility | ED (ACM) | Cus | (12) | | | surfacing, VAT, | or | SF or LF) | oval | apsu |
| Agencies Notified □ FPA □ DOLVID □ DO | | TO BE ABATE | D (ACIVI) | IVI | | 01 *** | (1.0. | | isulation | (Specify | 13 | 18 18 |
| Agencies Notified | ASUESTOS- | - All paining Ma | TORIOI (A OE A) | US | aintena | ince/ | Asbes | tos Containing Mate | erial (ACM) | | | |
| Agencies Notified | Ashartas | | | | Norma | elly | | Description of | | | At | atement T |
| Agencies Notified □ FPA □ DOLWD □ DO | | | | _ | | | 1 | ☐ Glovebag ☒ Non-Exen | Procedure npted (*) and N | on-Friable Proced | ure | |
| Agencies Notified PA |] ≥3 sf or >: | -3 If | | | enova | tion | | ☐ Willi-Encid | osure | egative Pressure | | |
| Agencies Notified PA | | | | | _ | | · | BRISTOL, PA | 19007 | | | |
| Agencies Notified PA | Time of A | Abatement: | AMF | ar Faci PM/7:0 | Ity Ho | rs - De | scribe | City, State, Zip Co | de | | | |
| Agencies Notified EPA | J Facility C Abatement Abat | Closed/Vacated | During Entire P | eriod o | of Abat | ement | - 550 market # 5577 | | RSTREET | | | |
| Agencies Notified PA | ccupancy s | Status During A | Abatement (Che | ck onl | y one) | | | | - WORRIER I | AL, INC. | | |
| Agencies Notified EPA | | | 18 | 6 | 1_2 | 29 / | | | | 241 14 | | |
| Agencies Notified Agencies Address Street Address 2000 Pennington Rd. City, State, Zip Code Bristol, Pa 19007 Telephone No. License No. | Start Date (1 | (10) | Sch | eduled | | | | | | 00509 | | |
| Agencies Notified Agencies Notified Type Notification Initial 2000 Pennington Rd. 2000 Pennington Rd. | | | orang r-IIIII | | 1 | | | | | License No. | | |
| Agencies Notified Agencies Notified EPA | | | orina Firm | | 1= | t | | | 19007 | | | |
| Agencies Notified EPA | | 127 | | | | - | | The state of the s | | | | |
| Agencies Notified EPA | | | | | | | 6 T | | | | | |
| Agencies Notified EPA DOLWD Amended Amendment #1-6/5/18 DCA (NJAC 5:23-8) Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Ewing County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) RRISTOL ENVIRONMENTATAL WAS | | | | | | | | Street Address | | - n-, 1140. | | |
| Agencies Notified EPA DOLWD Amended Amendment #1-6/5/18 DCA (NJAC 5:23-8) Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) City (5) Ewing County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contacts (1) Name of Abatement Contacts (1) County Code (7)(STATE USE ONLY) Name of Abatement Contacts (1) County Code (7) Name of Abatement Contacts (1) County Code (7) Name of Abatement Contacts (1) County Code (7) Name of Abatement Contacts (1) County Code (7) Name of Abatement Contacts (1) County Code (7) Count | AET, Inc | C | | | | | er van 1800 territoria (1940). | | | | | |
| Agencies Notified EPA DOLWD Amended Amendment #1-6/5/18 DCA (NJAC 5:23-8) Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Ewing County (6) Mercer County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) | Name of M | Nonitoring Firm | Hired by Buildin | g Own | er (8) | ASC | M No. | Name of Ahatem | ent Contractor | (0) | | |
| Agencies Notified Type Notification Street Address 2000 Pennington Rd. | | | | | | | Julity Code | (1)(STATE USE ONLY) | Current Use | (Prior if being dem | nolished |) |
| Agencies Notified EPA DOLWD Amended Amendment #1-6/5/18 DCA (NJAC 5:23-8) Regressible for New Jersey Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti FACILITY INFORMATION Tope of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) | County (6) |) | | | | 10 | ounty Code | (7)(STATE 1/05 01":- | | | | 5.000 S.000 |
| Agencies Notified EPA DOLWD Amended Amendment #1-6/5/18 DCA (NJAC 5:23-8) Remark (NJAC 5:23-8) Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings. | | | | | | | | | | | | Bldg. Age |
| Agencies Notified Type Notification Street Address 2000 Pennington Rd. | | enington R | oad | | | | | | homes, e | ., private and cometc.) | mercial | buildings, |
| Agencies Notified Type Notification Street Address 2000 Pennington Rd. | | 1955. | ounted to the second | | | | | | ── Subchap | ter 8 (Other than k | (-12) | |
| Agencies Notified Type Notification Street Address 2000 Pennington Rd. | | | | | | | | | | | | |
| Agencies Notified EPA DOLWD Amended Amendment #1-6/5/18 DCA (NJAC 5:23-8) Type Notification Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti FACILITY INFORMATION | Name of F | Facility Where / | Abatement is Ta | king P | lace (3 | 3) | - rioilii i | HAL OKINY LION | Type of Eso | ility (4) | | |
| Agencies Notified EPA DOLWD Amended Amendment #1-6/5/18 DCA (NJAC 5:23-8) Type Notification Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amendment #1-6/5/18 Cancellation Telephone Number | | | | | | | | | | 609-771- | 2881 | |
| Agencies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) Type Notification Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contest | | • | 네 이 프로그램 취임하다 하다 하면 있다니다. | | | | | | | | | |
| Agencies Notified ☐ Type Notification ☐ EPA ☐ Initial ☐ DOLWD ☐ Amended ☐ DHSS ☐ Amendment #1-6/5/18 ☐ College of New Jersey ☐ Street Address ☐ 2000 Pennington Rd. ☐ City, State, Zip Code ☐ City, State, Zip Code | A CONTRACTOR OF THE PARTY OF TH | C 5:23-8) | justification | y (inclı n) | uding | - | | | | | | |
| Agencies Notified Type Notification Street Address EPA Initial 2000 Pennington Rd. | 1 | 5 | Amendme | nt #1- | 6/5/18 | | | | | | | |
| Agencies Notified Type Notification Street Address | 100000000000000000000000000000000000000 | | | | | | | | | | 137 | |
| The College of New Jersey | 0.000 | s Notified | | tion | | S | | (0.7) | | ASB | FASC | 277115 |
| | | | | | _ | | The Colle | ge of New Jerse | У | | | |

| Date of Notification (1) 5 / 7 | 1 | 18 | | | Name of Bui | ilding Owner/Operato | or (2) | THE. | (6) | E | W | |
|--|-------------|-------------|------------------|--------------------|----------------|---|--------------------------|----------------------|------------------|--|-------------|-----------|
| | | | | | i ne Colli | ege of New Jerse | У | 1:51 | | | | |
| Ø EPA 9 135 Ø Ir | e Notific | ation | | 1 | Street Addre | SS | | | CT | _ 0 | 004 | 0 |
| - 68 | mende | 4 | | | 2000 Pen | nington Rd. | | 134.0 | 101 | - 5 | 201 | Ö |
| | mendme | | | (| City, State, Z | ip Code | | | | | | |
| □ DCA □ E | mergen | cy (inc | ludina | | Ewing, N. | J 08628 | | ASBE | STO | 360 | 17 | 11 |
| (NJAC 5:23-8) Ju | stification | on) | J | N | lame of Con | tact | | Train | 1 | 17.5 | | |
| ☐ Ca | ancellati | ion | | | Amanda I | Radosti | | Telephone | | | | |
| | | | | | FACILITY | INFORMATION | | 609-771 | -2881 | | | |
| Name of Facility Where Abatem | ent is T | aking I | Place (| 3) | | Ordination | Tuno of Facil | T1. 4.11 | | | | |
| TCNJ-Green Hall | | | | | | | Type of Facil School (K | | | | | |
| Street Address | | | 25.60 | | | | ☐ L Subchante | Pr 8 (Othorah | (10) | | | |
| 2000 Pennington Road | | | | | | | La cuici (i.e. | . Drivate and som | N-12) Imercia | al buil | dinas | 65 |
| City (5) | | | | | | | | , | | -, -, -, -, -, -, -, -, -, -, -, -, -, - | ungs | , |
| Ewing | | | | | | | Square Feet | # of Floors | | Bldg | . Age | 9 |
| County (6) | | | | C | ounty Code | (7)(STATE USE ONLY) | 0 | | 20 | | | |
| Mercer | | | | | , 0000 | (NOTHIE OSE ONLY) | Current Use (| Prior if being dem | nolishe | d) | | _ |
| Name of Monitoring Firm Hired by | y Buildir | ng Owr | ner (8) | ASC | CM No. | Name of Abete | | | | | | |
| AET, Inc | | 54 OW | | | J. 110. | Name of Abatem | ent Contractor (| 9) | | | | |
| Street Address | -7 | | | 1 | | BRISTOL EN | VIRONMENT. | AL, INC. | | | | |
| 28 Pennell Road | | | | | | Street Address | | | | | 200 | |
| City, State, Zip Code | | | | | | 1123 BEAVE | | | | | | |
| Media, PA 19063 | | | | | | City, State, Zip Co | | | | | 600 | |
| Project Manager for Monitoring Fir | m | | 17 | alamb | | BRISTOL, PA | 19007 | | | | | |
| Roy Mosicant | | | | elephon | | Telephone No. | | License No. | | | | |
| Start Date (10) | Sch | odulos | | | 91-0114 | 215-788-6040 | | 00509 | | | | |
| 5/21/18 | OCII | | | | Date (11) | Name of OSHA M | | | | _ | | |
| | _ | - | ′ –' | 29 / | 18 | BRISTOL ENV | /IRONMENTA | L, INC. | | | | |
| Occupancy Status During Abateme Facility Closed/Vacated During | ent (Che | ck onl | y one) | <i>*</i> | | Street Address | | | | | | |
| Abatement Performed Outside of | of Norm | eriod (| of Abat | ement | 100000000 | 1123 BEAVER | STREET | | | | | |
| Time of Abatement:AM- | F | OM/7:0 | UDW- | urs - De 7.00AR | escribe | City, State, Zip Coo | de | | | | | |
| Scope of Work (Check all that apply | | - | | .00/10 | 'd | BRISTOL, PA | 19007 | | | | | |
| | () | | | | | | | | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | ⊠ R | enova emoliti | tion on | | ☐ Glovebag | Procedure | | | | | |
| | | 1 | s Loca | tion | T | Moll-Exem | pted (*) and No | n-Friable Procedu | иге | | | |
| Location of Asbestos-Containing Material (A | 01.6 | | Norma ed Sol | | | Description of | | | A | baten | ent T | vpe |
| TO BE ABATED | UIVI) | Mi | aintena | ince/ | Asbest | tos Containing Mater | rial (ACM) | Amount | | | 1 | T |
| IN Facility | | Cus | todial | Staff? | (I.e., | thermal systems ins surfacing, VAT, or | ulation, | (Specify | Removal | Repair | Encapsulate | nck |
| (13) | | Voc | (12) | T | - | other miscellaneou | s) | SF or LF) | val | 1 5 | nsd | Enclosure |
| oom 204 | | Yes | No | N/A | | | | | | | late | œ. |
| | | | \boxtimes | | Plaster | 75 | | 22 SF | K | - | _ | _ |
| tic | | \boxtimes | | | Roofing | debris and batt in | sulation. | | | | | |
| | | П | | | | THE DELL II | Sulation | 22,600 SF | | | | |
| | | | | | | | | | | П | n | |
| | | | Ц | | | | | | - |] [| 1 | |
| me of Registered Wasta Haut- | | | N. | DEP V | 200110-000 | ubic Yards of | lame of Registe | red Landfill | | Ш | | |
| | 15.00 | | na | uler ID | No. V | Vaste | FAIRLESS L | ANDEU | | | | |
| BRISTOL ENVIRONMENTAL, I | INC. | | | 18706 | | | | | | | | |
| BRISTOL ENVIRONMENTAL, I | INC. | | | 18706 | D | isposal Date | | - COLIEL | | | | |
| me of Registered Waste Hauler BRISTOL ENVIRONMENTAL, I y, State BRISTOL, PA 19007 | INC. | | | 18706 | D | isposal Date C | ity, State | | | | | |
| BRISTOL ENVIRONMENTAL, I | Title | | | 18706 | D | isposal Date C | ity, State | ILLS, PA 1904 | 7 | | | |

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

PROTACE GENVLE

| | T | | | | | | | 1 1 | THE C | على ال | S AN | U | ~ LE |
|--|----------------|---------|---------|-------------|----------------------|--------------|--|--------------------|--|------------------|---------|-------------|------------|
| Date of Notification (1) | *** *** | | | | Nam | e of Buildir | ng Owner/Operator (| (2) | 1-3 | | | | |
| _ 8 / _ | 24 / | 18 | 3 | | Th | e College | e of New Jersey | | | AT | 0 | 2000 | ® . |
| Agencies Notified | Type Notific | ation | | | Stree | t Address | | | | CT . | * y | ZUR | 8 |
| ⊠ EPA | ☐ Initial | | | | | 경험에만 모르겠. | ngton Rd. | | | | | | |
| □ DOLWD | | d | | | | State, Zip | | | ACRE | | 700 | 7.7 | -1 11 |
| ☑ DHSS | Amendm | nent# | 11-10 | 3/18 | 100 | 16.0 | | | | 1100 | MIT I | di di | 15077100 |
| ☑ DCA | ☐ Emerger | | cluding | 3 | | ing, NJ 0 | - 1840 (1.1.) | | | R. P. J. Landson | CONSULA | 0+2:00:00 | |
| (NJAC 5:23-8) | justificati | | | | | e of Contac | | | Telephone Numl | | | | |
| | ☐ Cancella | tion | | | An | nanda Ra | dosti | | 609-771-288 | 1 | | | |
| | | | | | FA | CILITY IN | NFORMATION | | | | | | |
| Name of Facility Where A | batement is | Takin | g Place | (3) | | | | Type of Facility | | | | | |
| TCNJ-Green Hall | 4 | - 44000 | | | | | | School (K-12 | 2) | | | | |
| Street Address | | | | | | | | Other (i.e. n | 8 (Other than K-12) rivate and commer | rcial h | ulding | 10 | |
| 2000 Pennington Ro | d. | | | | | | | homes, etc.) | | Ciai Di | mann | 30, | |
| City (5) | | | | | | | | Square Feet | # of Floors | В | dg. A | ge | |
| Ewing | | | | | | | | 66,000 | 2 | | 88 | | |
| County (6) | | | | | Cou | nty Code (7 | 7)(STATE USE ONLY) | Current Use (Pr | ior if being demolis | hed) | | | |
| MERCER | | | | | | | | | | ** | | | |
| Name of Monitoring Firm | Hired by Build | ding (| Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | - |
| AET, Inc | | | | | 000 | 21 | | VIRONMENTA | | | | | |
| Street Address | | | | | | | Street Address | | | - | | | |
| 28 Pennell Rd | | | | | | | 1123 BEAVER | R STREET | | | | | |
| City, State, Zip Code | | | | | - | | City, State, Zip Co | | | | - | | |
| Media, PA 19063 | | | | | | | BRISTOL, PA | | | | | | |
| Project Manager for Monit | toring Firm | | | Tel | ephone | No | Telephone No. | | License No. | | | | |
| Roy Mosicant | 5 | | | | 10-891 | | 215-788-6040 | | 00509 | | | | |
| Start Date (10) | 5 | Sched | luled C | | etion Da | | Name of OSHA M | | 00309 | - | - | | |
| _6_ / _18_ / | | | | | }/ | | | VIRONMENTAI | LINC | | | | |
| Occupancy Status During | | | | | | | The state of the s | VIICOMMENTA | L, ING. | | | | |
| ☐ Facility Closed/Vacate | | | | | mont | | Street Address | OTDEET | | | | | |
| □ Abatement Performed | | | | | | cribe | 1123 BEAVER | | = 1 | | | | |
| Time of Abatement: | | | | | | CIDC | City, State, Zip Co | | | | | | |
| Scope of Work (Check all | that analys | | | | | | BRISTOL, PA | 19007 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | ☐ Full Cont | ainment with Neg | native Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ⊠ Re | novat | ion | | ☑ Mini-Encl | | gative Flessule | | | | |
| ≥160 sf or ≥260 lf | | | ☐ De | moliti | on | | ☐ Glovebag | Procedure | 1 <u>11</u> 11 517 1 <u>11</u> 1 11 | | | | |
| | | | le | Loca | tion | | □ Non-Exer | mpted (*) and No | n-Friable Procedure | | | | |
| Location | of | | | lorma | | | Description of | . | | Ab | atem | ent T | уре |
| Asbestos-Containing N | Material (ACM | 1) | | | ely by | Asbe | stos Containing Mat | | Amount | Re | Repair | En | En |
| TO BE ABA | | | 2.5 | | ance/ Staff? | (i.e | ., thermal systems i | | (Specify | Removal | pair | cap | Enclosure |
| IN Facility (13) | у | | | (12) | | | surfacing, VAT, other miscellaned | | SF or LF) | <u>a</u> | | Encapsulate | ure |
| | | | Yes | No | N/A | | outer micochanic | ,03) | | | | ite | |
| Attic | | | | \boxtimes | | Pipe Ins | sulation | | 1,500 LF | | П | | |
| Suite 218 | -/ | | | | | Plaster | | | 320 SF | | | | |
| Attic | | | | | 1 | | p of elbow derbr | | | - | | | |
| 71110 | | | | | +=- | Clean u | p or erbow derbr | TS . | 6 SF | | Ш | Ш | |
| Name of Device and A | | | | Ц | | | | | | | | | |
| Name of Registered Wast | | | | | IJDEP I lauler II | | Cubic Yards of Waste | Name of Regis | | V.S 2 (2 disc) | | -6 | |
| BRISTOL ENVIRONI | VIENTAL, IN | IC. | | 1 | 18706 | | VVasic | FAIRLESS | LANDFILL | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| BRISTOL, PA 19007 | | | | | | | | MORRISVII | LLE, PA 19067 | | | | |
| Completed By (Print or Ty | pe) | Title | | | | | Signature | L | / Dat | e | Table 1 | | |
| BRIAN SCAFIRO | | E | STIMA | TOF | 2 | | Brian | Scofer | 1:01 | 0/3 | 1/ | 8 | |
| ASR-41 | | | | | | | - Louis | Julia | 0/1 | 1 | // | | |

| | E | C | E | | \mathbb{W} | - | 1 |
|---|---|-----|---|---|--------------|---|---|
| { | | | | | 10 | | - |
| | | OCT | - | 9 | 2019 | | |

| Date of Notification (1) | of Notification (1) | | | | | | | 2) | | 807 | 0 | 0040 | - | |
|--|---------------------|-------------|---------------|--------------------|--------------|---|----------------------------------|---------------------------|-------------|------------------------------|--------------|--------|-------------|-----------|
| 8 / 24 / | 18 | _ | | | | | ner/Operator (New Jersey | | i Li | OCT · | - 9 | 2018 | 1000 | |
| Agencies Notified Type Notific | ation | | | | t Address | 1900 - 18 | 0.9954 | - | | ACTE | 7. | | | |
| ⊠ EPA ⊠ Initial | | | | | 00 Pennir | | n Rd. | | | | | | | |
| ☑ DOLWD ☑ Amende ☑ DHSS Amendm | | 0-8/2 | 7/18 | City, | State, Zip (| Code | | t and | | Marie St. Charles See | ntil. | | | |
| □ DCA □ Emerger | _ | | | Ew | ing, NJ 0 | 8628 | 3 | | | | | | | |
| (NJAC 5:23-8) justificat | | | | Name | of Contac | ct | | | Te | lephone Numb | per | | | 7 |
| ☐ Cancella | tion | | | Am | anda Ra | dost | i | | 6 | 09-771-288 | 1 | | | |
| | | | | FA | CILITY IN | NFOF | RMATION | | | | | | | |
| Name of Facility Where Abatement is | Taking | Place | (3) | | | | | Type of Facility | (4) | | | | | |
| TCNJ-Green Hall | | | | | | | | School (K-1) | | h 11 14 400 | | | | |
| Street Address | | | | | | | | Subchapter Other (i.e., p | orivate | ner than K-12) and commer |) cial bu | ildina | 8 | |
| 2000 Pennington Rd. | | | | | | | | homes, etc. | | | 0.0. | | -, | |
| City (5) | | | | | | | | Square Feet | # | of Floors | BI | dg. Aç | e | |
| Ewing | | | | | | | | 66,000 | | 2 | | 88 | | |
| County (6) | | | | Cour | nty Code (7 | 7)(STA | TE USE ONLY) | Current Use (Pr | rior if | being demolis | hed) | | | |
| MERCER | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Buil | ding Ov | wner (| 8) | ASCM | No. | Nai | me of Abateme | ent Contractor (9) |) | | | | | |
| AET, Inc | | | | 0002 | 21 | E | RISTOL EN | VIRONMENTA | L, IN | IC. | | | | |
| Street Address | | | | | | Stre | eet Address | | | | | | | |
| 28 Pennell Rd | | | | | | 1 | 123 BEAVE | R STREET | | | | | | |
| City, State, Zip Code | 77 | | | | | City | , State, Zip Co | ode | | | | | | |
| Media, PA 19063 | | | | | | E | RISTOL, PA | 19007 | | | | | | |
| Project Manager for Monitoring Firm | | | Tel | ephone | No. | Tel | ephone No. | | L | icense No. | | | | |
| Roy Mosicant | | | 6 | 10-891 | -0114 | 2 | 15-788-6040 | | | 00509 | | | | |
| | Schedu | | omple | tion Da | ite (11) | Nar | me of OSHA M | lonitor | | | | | | |
| / | O | 1 | H | 04 | | В | RISTOL EN | VIRONMENTA | L, IN | C. | | | | |
| Occupancy Status During Abatement (| Check | only o | ne) | | | Stre | eet Address | | | | | | | |
| ☐ Facility Closed/Vacated During Ent | | | | | | 1 | 123 BEAVER | R STREET | | | | | | |
| Abatement Performed Outside of N | | | | | cribe | City | , State, Zip Co | ode | | | | | | |
| Time of Abatement:AM | PM/ | <u>/:00</u> | PM- <u>7</u> | :00AM | | В | RISTOL, PA | 19007 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | 1000 | | | - | | |
| ☐ ≥3 sf or ≥3 lf | r | ⊠ Rei | novat | ion | | | | tainment with Ne | gative | Pressure | | | | |
| ⊠ ≥160 sf or ≥260 lf | | Der | | | | | | g Procedure | | | | | | |
| | | | | | , | | ☐ Non-Exe | mpted (*) and No | on-Fri | able Procedur | е | | | |
| | | | Loca Iorma | | | | 5 | | | | Ab | ateme | nt Ty | /pe |
| Location of Asbestos-Containing Material (ACM | л) | | | ely by | Ashe | stos | Description o Containing Ma | | | Amount | Re | Re | En | m |
| TO BE ABATED | , | | 7 20000 | ance/ Staff? | (i.e | , the | rmal systems | insulation, | | (Specify | Remova | Repair | cap | Enclosure |
| IN Facility | | Cust | (12) | | | | urfacing, VAT, ner miscellane | | | SF or LF) | l a | | Encapsulate | ure |
| (10) | (13) Yes I | | | | | Oti | ioi iiiisooliano | ousj | | | | | te | |
| Attic | \boxtimes | | Pipe Ins | sulat | tion | | | 1,500 LF | | | | | | |
| Suite 218 | \boxtimes | | Plaster | Ceil | ing | | | 320 SF | \boxtimes | | | | | |
| Attic | | | Clean u | ıp of | elbow derb | ris | | 6 SF | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | To a second | oic Yards of | Name of Regi | stered | Landfill | | | | |
| BRISTOL ENVIRONMENTAL, II | NC. | | ŀ | lauler II 18706 | | Was | ste | FAIRLESS | LAN | NDFILL | | | | |
| City, State | | | | | | Dis | oosal Date | City, State | | | | | Miles | |
| BRISTOL, PA 19007 | | | | | | | | MORRISV | ILLE | , PA 19067 | | | | |
| Completed By (Print or Type) | Title | | | | | | Signature | 1 | , | Da | | | | |
| BRIAN SCAFIRO | ES | AMIT | TOF | ? | | | Brian | Scolin | 0/0 | m 8 | 7-1 | 27 | -12 | 3 |

State of New Jersey

| | | NOT | | MOITA | OF AS | lew Jersey BESTOS ABAT AC 8:60 and 5:1 | | DE G | E | N | HE | 7 |
|--|---|----------|--------------------|-----------------------------|------------------------------------|---|--|---|---------|---------|-------------|-----------|
| Date of Notification (1) | 24 / 18 | 3 | | 59000 | | g Owner/Operator (| (2) | OCT OCT | - 9 | 201 | • | |
| Agencies Notified EPA DOLWD DHSS | Type Notification Initial Amended Amendment # | 9-8/24 | 1/18 | 200 City, \$ | State, Zip (| | The suppose and the suppose an | ASSESTO | 3,00 | PTR | 01.7 | <u>}</u> |
| □ DCA (NJAC 5:23-8) | ☐ Emergency (ir justification) ☐ Cancellation | ncluding | g | Name | ing, NJ 0 of Contact anda Ra | t | | Telephone Numb | | | | |
| | | | | FA | CILITY IN | FORMATION | | | | | | |
| Name of Facility Where A TCNJ-Green Hall Street Address 2000 Pennington Re | | g Place | (3) | | | | Type of Facility School (K-12 Subchapter 8 Other (i.e., p | 2) 3 (Other than K-12) rivate and commerc | cial bu | ıilding | js, | |
| City (5) Ewing | | | | | | | Square Feet 66,000 | # of Floors | 11 | dg. A | ge | |
| County (6) MERCER | | | | | | ()(STATE USE ONLY) | | for if being demolish | ned) | | | |
| Name of Monitoring Firm AET, Inc Street Address | Hired by Building (| Owner | (8) | ASCM 0002 | | | ent Contractor (9) VIRONMENTA | | | | | |
| 28 Pennell Rd | | | | | | Street Address 1123 BEAVE | PSTREET | | | | | |
| City, State, Zip Code Media, PA 19063 | | | | | | City, State, Zip Co BRISTOL, PA | ode | | | | | |
| Project Manager for Moni | toring Firm | | Tele | phone | No. | Telephone No. | | License No. | - | | | |
| Roy Mosicant | | | 61 | 0-891 | -0114 | 215-788-6040 | | 00509 | | | | |
| Start Date (10)8 /24 / | | | | | te (11) 18 | Name of OSHA M | lonitor VIRONMENTAL | _, INC. | | | - | |
| Occupancy Status During ☐ Facility Closed/Vacate | d During Entire Pe | riod of | Abater | | | Street Address 1123 BEAVER | R STREET | | | | | |
| Abatement Performed Time of Abatement: | | | | | cribe | City, State, Zip Co BRISTOL, PA | | | | | | |
| Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | that apply) | | novatio molitio | | | Mini-Encl Glovebage Gloveba | Procedure | ative Pressure | e | | | |
| | | | Locati | | | | | | Ab | ateme | ent T | vpe |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Is Lo Nor Used 3 Maint Custod Yes I | | | | ly by nce/ | | Description o stos Containing Mai , thermal systems i surfacing, VAT, other miscellane | terial (ACM) nsulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Attic | | | \boxtimes | | Pipe Ins | sulation | | 1,500 LF | | | | |
| Suite 218 | | | \boxtimes | | Plaster | Ceiling | | 320 SF | | | | |
| Attic | | | | | Clean u | p of elbow derbi | ris | 6 SF | | | | |
| | | | | | | | | | | | | |
| Name of Registered Wast BRISTOL ENVIRONI | | | H | JDEP V auler ID 18706 | No. | Cubic Yards of Waste | Name of Regis | | | | | |
| City, State BRISTOL, PA 19007 | 5 | | | | | Disposal Date | City, State MORRISVII | LE, PA 19067 | | | | |
| Completed By (Print or Ty | pe) Title | 1 | | | | Signature | | Date | e | | | - |

BRIAN SCAFIRO

ESTIMATOR

| Date of Notification (1) 6 / 1 / | 10 | | | | ng Owner/Operator | | | nct | _ (| 0 0 | 040 | |
|---|--------------|---|------------------------------|------------|---|--|--------------------|----------|--------|--------|-------------|----------|
| | | | | | e of New Jersey | | | OCT | , | 2 6 | UIU | |
| Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ DHSS ☐ Amended ☐ Amendme | | 7/18 | City, | State, Zip | ngton Rd. Code | | ASS | Earc | | | 17 | . 7 |
| □ Emergence □ Eme | y (includir | | | ving, NJ (| | | | | | | | |
| (NJAC 5:23-8) justificatio | - A | 1070 | 100 | e of Conta | 074 C 0806 | | Telephone | Number | | | | |
| ☐ Cancellation | on | | Ar | nanda Ra | adosti | | 609-771 | -2881 | | | | |
| N | | | FA | CILITY | NFORMATION | | | | | | | |
| Name of Facility Where Abatement is Ta | iking Plac | æ (3) | | | | Type of Facility | , , | | | | | |
| TCNJ-Green Hall | | | | | | ☐ School (K-12 ☑ Subchapter 8 | (Other than | V 12) | | | | |
| Street Address | | | | | | Other (i.e., p | rivate and cor | nmercia | l bu | ildino | as. | |
| 2000 Pennington Rd. | | | | | | homes, etc.) | | | | | | |
| City (5) Ewing | | | | | | Square Feet | # of Floors | | Blo | lg. A | ge | |
| | | | | | | 66,000 | 2 | | | 38 | | |
| County (6) MERCER | | | Cou | nty Code (| 7)(STATE USE ONLY) | Current Use (Pri | or if being der | molished | d) | | | |
| | | (0) | | | | | | | | | | |
| Name of Monitoring Firm Hired by Buildi | ng Owner | (8) | ASCN | | | ent Contractor (9) | | | | | | |
| AET, Inc | | | 000 | 21 | | VIRONMENTAI | L, INC. | | | | | |
| Street Address | | | | | Street Address | | | | | | | |
| 28 Pennell Rd | | | | | 1123 BEAVE | Constitution of the consti | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip C | | | | | | | |
| Media, PA 19063 | | T | | | BRISTOL, PA | 19007 | | | | | | |
| Project Manager for Monitoring Firm | | | ephone | | Telephone No. | | License No | D. | | | | |
| Roy Mosicant Start Date (10) | | 1 | | 1-0114 | 215-788-6040 | | 00509 | | | | | |
| 5 10. | heduled (| | | | Name of OSHA N BRISTOL EN | lonitor VIRONMENTAL | ., INC. | | | | | |
| Occupancy Status During Abatement (CI | | 0.0000000000000000000000000000000000000 | | | Street Address | | | | | | - | _ |
| ☐ Facility Closed/Vacated During Entire | | | | | 1123 BEAVE | R STREET | | | | | | |
| Abatement Performed Outside of Normal Time of Abatement:AM | | | | | City, State, Zip Co BRISTOL, PA | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | _ |
| ≥3 sf or ≥3 if≥160 sf or ≥260 if | | enovat emoliti | | | Mini-Ence Glovebage Gloveba | | | | | | | |
| 5a 8a - a | 1 88 | Loca | | | | | | | Aba | teme | ent T | VDI |
| Location of Asbestos-Containing Material (ACM) | | Norma | | A-h- | Description o | f | | - | T | | | Ť. |
| TO BE ABATED | Ma | aintena | ance/ | (i.e | stos Containing Ma | terial (ACM) | Amount (Specify | | Remova | Repair | Encapsulate | 11000010 |
| IN Facility | Cus | todial (12) | | | surfacing, VAT, | or | SF or LF) | | 2 | = | nsd | 000 |
| (13) | Yes | No | N/A | 1 | other miscellane | ous) | | | | | late | 0 |
| Attic | | | | Pipe Ins | sulation | | 1,500 LF | = [5 | 3 | | | |
| Suite 218 | | | | Plaster | Ceiling | | 320 SF | 5 | | | П | Г |
| | | | | | | | | | _ | | | - |
| | | - | | | | | L | 4 | Ш | Ш | L | |
| Name of Desisters J.W. et al. | | 14 | | | | | | | | | | |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC | :. | 1 1 1 1 1 1 1 1 1 | IJDEP I lauler II 1870 | O No. | Cubic Yards of Waste | Name of Regist | | | 2000 | | | 50 |
| City, State BRISTOL, PA 19007 | | | | | Disposal Date | City, State | IE B4 45- | | | - | | |
| | T:41 - | | | | | MORRISVIL | LE, PA 190 | 67 | | | | |
| Completed By (Print or Type) BRIAN SCAFIRO | Fitle ESTIMA | ATOR | | | Signature | n Scafe | 0 1 1. | Date | 10 | 1/ | 8 | |

| * | | | NO. | | | | SBESTOS ABA AC 8:60 and 5:1 | | CER | 54 | 86 | | |
|---|--------------------|-----------|---------|-------------|----------------|--------------|---------------------------------------|------------------|----------------------|------------------|---------|-------------|-----------|
| Date of Notification (1) | | | | | Nan | ne of Buildi | ing Owner/Operator | (2) | 1-1 | * | | | 7 |
| 6/ | 1 / | 18 | 3 | | 1 | | e of New Jersey | | OCT | _ 0 | 20 | 40 | |
| Agencies Notified | Type Notif | fication | | | Stre | et Address | | | 001 | - 3 | 20 | 10 | 11 |
| ⊠ EPA | | | | | | | ington Rd. | | | | | | |
| (6.5) | | | | | | , State, Zip | | | ACRESTY | Y Y Y | 98, 11 | 7 11 | No. |
| ⊠ DHSS | Amend | | | | | wing, NJ | | | L | National Control | | | |
| □ DCA (NJAC 5:23-8) | ☐ Emerge justifica | | cludin | g | | ne of Conta | | | Tolonhana | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ☐ Cancell | | | | | manda Ra | | | Telephone Nur | | | | |
| | | | | | 1 | | | | 609-771-28 | 81 | | | |
| Name of Facility Where Ab | atement is | Taking | r Plac | 9 (3) | | ACILITY II | NFORMATION | T | 4.00 | | | | |
| TCNJ-Green Hall | | , railing | 3 1 140 | C (U) | | | | Type of Facility | | | | | - 1- |
| Street Address | | | | | | | | School (K-1 | r 8 (Other than K-1) | 2) | | | |
| 2000 Pennington Rd | | | | | | | | ☐ Other (i.e., | private and comme | ercial b | uildin | gs. | |
| City (5) | | | | | | | | homes, etc | :.) | | | J -, | |
| Ewing | | | | | | | | Square Feet | # of Floors | E | Bldg. A | \ge | |
| County (6) | | _ | | | 10- | | | 66,000 | _ 2 | | 88 | | |
| MERCER | | | | | Cor | inty Code (| 7)(STATE USE ONLY) | Current Use (P | rior if being demoli | shed) | 43.55 | | |
| Name of Monitoring Firm H | inad by Dui | :1-1: 0 | | (0) | 1001 | | T | | | | | | |
| AET, Inc | ired by Bui | liaing O | wner | (8) | ASCN | | Name of Abateme | | • | | | | |
| Street Address | | | | | 000 | 21 | | VIRONMENTA | AL, INC. | | | | |
| 28 Pennell Rd | | | | | | | Street Address | | | | | | |
| | | | | | | | 1123 BEAVE | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | | | | | | |
| Media, PA 19063 | | | | | | • | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monito | ring Firm | | | | ephone | | Telephone No. | | License No. | | | | - |
| Roy Mosicant | | | | 1 | | 1-0114 | 215-788-6040 | | 00509 | | | | |
| Start Date (10) | | | | | | ate (11) | Name of OSHA M | | | ~~~ | | | |
| 7/5/ | | | | | / | 18 | BRISTOL EN | VIRONMENTA | L, INC. | | | | |
| Occupancy Status During A | | | | | | | Street Address | | | | | | |
| Facility Closed/Vacated | During Ent | ire Peri | iod of | Abate | ment | | 1123 BEAVER | RSTREET | | | | | |
| Abatement Performed O / Time of Abatement: | ARE | DRA | 7-00 | Dec = | | | City, State, Zip Co | de | | - | | | |
| 8/3×8/10 - 2:30 PM. | - 12:30 4 | 7M; 8 | 14+ | 7/11- | -loam | - 8:30 00 | BRISTOL, PA | 19007 | | | | | |
| Scope of Work (Check all th | at apply) | , , | , | / | | , | | | | | | | |
| ≥3 sf or ≥3 lf | | 1 | ⊠ Re | novati | ion | | ☐ Full Conta | ainment with Ne | gative Pressure | | | | |
| ≥160 sf or ≥260 lf | | ĵ | | molitic | | | ⊠ Glovebag | Procedure | | | | | |
| | | | | | | | ☐ Non-Exer | npted (*) and No | n-Friable Procedu | re | | | |
| Location of | | | | Locat | | | | | | Ab | atem | ent T | vpe |
| Asbestos-Containing Ma | terial (ACM | (I) | Use | d Sole | ely by | Ashe | Description of stos Containing Mat | erial (ACM) | A 1 | | _ | | _ |
| TO BE ABATE | | 1 | | ntena | nce/ Staff? | (i.e. | , thermal systems in | nsulation. | Amount (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facility (13) | | | Cust | (12) | Stail? | | surfacing, VAT, | | SF or LF) | oval | ₹. | psu | Sur |
| (10) | | T | Yes | No | N/A | | other miscellaneo | ous) | | | | late | 6 |
| Attic | | | | \boxtimes | | Pipe Ins | uletion | | | - | | | _ |
| N. 14- 040 | | - | | 2.00 | | - | | | 1,500 LF | | | | |
| Suite 218 | | | | \boxtimes | | Plaster | Ceiling | | 320 SF | | | | |
| | | | | | | | | | | | | | |
| | | 1 | | П | П | | | | | 1 |][|] [| |
| lame of Registered Waste H | Hauler | | | IN | JDEP \ | Naste I | Cubic Yards of | Name of Regis | storod I == 45" | | | Ш | L |
| BRISTOL ENVIRONME | | VC. | | Н | auler II | O No. | Waste | | LANDFILL | | | | |
| City, State | , 11 | -1.77 | | | 18706 | 3 | Di 1D : | | LANDFILL | | | | |
| BRISTOL, PA 19007 | | | | | | | Disposal Date | City, State | | | | | |
| I TOU! | | | | | | | | MORRISVI | LLE, PA 19067 | | | | |
| ompleted D. /D-: . T | | | | | | | 10: 1 | | | | | | _ |
| completed By (Print or Type) BRIAN SCAFIRO |) | Title | TIMA | | | | Signature | 1 00 | , · Da | te // | / | - | |

老长

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

| Date of Notification (1) | | | _ | | | NJAC 8:60 and 8 | C1407607 1.400 | | ACT | | 0 0 | 0/1 |
|---|----------------------|----------|---------------|-----------|------------------|---|-------------------------|--------------------|-------------|--------|-------------|---------|
| 6 /1 | _ / | 18 | | | The Coll | ilding Owner/Operat ege of New Jerse | or (2) | | OCT | | 1 21 | UIŁ |
| Agencies Notified Type | e Notific | ation | | -+ | Street Addre | | - | 1 | Nas- | | | |
| | nitial | | | - 1 | | inington Rd. | | 1 750 | 1.77 | | | - |
| | mende | | | - | City, State, Z | | | | | tural. | - 1 | 004 |
| ☑ DHSS A | mendm | ent #6- | 8/3/ | | | | | | | | | |
| | mergen istificati | cy (incl | uding | | Ewing, N | | | | | | | |
| 1 | ancellat | | | | Name of Con | | | Telephone i | Jumbo | | | |
| | unochai | 1011 | | | Amanda I | Radosti | | 609-771- | | 1 | | |
| Name of Equilibria 18/h At | | | | | FACILITY | INFORMATION | | 100 111 | 2001 | | | |
| Name of Facility Where Abatem TCNJ-Green Hall | nent is T | aking F | Place | (3) | | | Type of Facil | ify (A) | | | | |
| Street Address | | | | | | | School (K | -12\ | | | 10000 | |
| 00 - 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | | → Subchante | ar 8 (Other th | 12) | | | |
| 2000 Pennington Rd. | | | | | | | | | mercia | l buit | dinac | |
| City (5) | | | | | | | | , | | · buil | unigs | ۶, |
| Ewing | | | | | | | Square Feet | # of Floors | | Bldc | g. Age | e |
| County (6) | | | | 10 | County Code | /7\/OTATE 1/0F 0 | 66,000 | 2 | | | | |
| MERCER | | | | 1 | Jounty Code | (7)(STATE USE ONLY) | Current Use (| Prior if being dem | olished | 1) | | |
| Name of Monitoring Firm Hired b | v Buildi | na Own | er /9 | | CM No. | | 1 | | | | | |
| AET, Inc | , | ng Own | (D | 1 W 05. | | Name of Abatem | ent Contractor (| 9) | | | | |
| Street Address | | | |] 0 | 0021 | BRISTOL EN | VIRONMENT | AL, INC. | | | | |
| 28 Pennell Rd | | | | | 1 7 San Carlotte | Street Address | | , | | | | |
| City, State, Zip Code | | | | | | 1123 BEAVE | R STREET | | | | | |
| | | | * | | | City, State, Zip C | | | 47 | | | |
| Media, PA 19063 | | | | | | BRISTOL, PA | | | | | | |
| Project Manager for Monitoring Fi | rm | | 1. | Telepho | ne No. | Telephone No. | 15007 | | | | | |
| Roy Mosicant | | | | | 91-0114 | 215-788-6040 | | License No. | | | | |
| Start Date (10) | Sch | eduled | Com | | Date (11) | | | 00509 | | | | |
| _7_/_5_/_18 | | 8 | 1 | 17 | /18 | Name of OSHA M | | | | | | |
| Occupancy Status During Abatem | ent (Ch | nole! | | | | BRISTOL EN | VIRONMENTA | L, INC. | | | | |
| Facility Closed/Vacated During | Entire I | eck on | y one |) | | Street Address | | | | _ | | |
| Abatement Performed Outside | of Norm | erioa (| of Aba | atement | | 1123 BEAVER | STREET | | | | | |
| | | | | | | City State Zin Co | | | | | | |
| Cope of Work (Check all that appl | | 140 | 8/11 | -10 AI | M-8:30PA | BRISTOL, PA | | | | | 150 | |
| , and that appl | y) | , | • | | | | | | | | | |
|] ≥3 sf or ≥3 lf | | | enov | | | ☐ Full Conta | inment with Neg | gative Pressure | | | | |
| I ≥160 sf or ≥260 lf | | | emol | ition | | ⊠ Glovebag | Procedure | | | | | |
| | | | | | | ☐ Non-Exem | pted (*) and No | n-Friable Procedu | | | | |
| Location of | | 1 ' | s Loc Norn | ation | | | | THE PROPERTY | _ | | | |
| Asbestos-Containing Material (A | (CM) | Us | ed So | olely by | A-h- | Description of | | | Ab | atem | nent T | Гур |
| TO BE ABATED | ್ | M | ainter | nance/ | (i.e | tos Containing Mate thermal systems in | erial (ACM) | Amount | Re | Re | m | Ī |
| IN Facility (13) | | Cus | (12 | I Staff? | (| surfacing, VAT. c | or I | (Specify | Removal | Repair | cap | 1100000 |
| (1.5) | | Yes | No | | - | other miscellaneou | ıs) | SF or LF) | la la | 7 | Encapsulate | 001 |
| ic | | - | - | 1 | | | | | | | ate | 1 |
| | | | | | Pipe Insi | ulation | | 1,500 LF | - | _ | _ | - |
| | | | | | | | | 1,500 LF | \boxtimes | | | I |
| | | | | - | - | | | | | П | П | Г |
| | | | | | | | | | 1 | - | | 1- |
| | | | | | | | | | | | | L |
| ne of Registered Waste Hauler | | - | 1 | NJDEP 1 | Waste Tr | Cubic Yards of | No. | | | | | Г |
| RISTOL ENVIRONMENTAL, | INC. | | 1 | Hauler II | O No. | Vaste | Name of Registe | ered Landfill | | | | |
| | | | | 18706 | | | FAIRLESS L | ANDFILL | | | | |
| , State | | | | | | Disposal Date | City, State | | | _ | | |
| | | | | | | | MORRISVIII | LE, PA 19067 | | | | |
| RISTOL, PA 19007 | 1= | | | | | 1 | THE PERSON NAMED IN CO. | -L, FA 19115/ | | | | |
| RISTOL, PA 19007 | Title | | | | | Signature | # . | | | | | |
| RISTOL, PA 19007 Inpleted By (Print or Type) RIAN SCAFIRO | | STIMA | TOR | | | Signature Drian | A 1- | Date | /3/ | , | | |

| | | | | | 1, 63 | ouding to | NJAC 8:60 and | 5:16) | ĺ | 1 1 | | | |
|---|---|---------|--------------|--------------------|----------|----------------|--|------------------------------------|-----------------|---|------------------|----------------|-------------|
| Date of Notification (1) | | 100 | 200 | | T | Name of Bu | ilding Owner/Opera | tor (2) | | | OCT | |) 91 |
| 6/ | | / _ | 18 | _ | | The Coll | ege of New Jers | еу | - 1 | 1 | | | (|
| Agencies Notified | Type No | tificat | ion | | 1 | Street Addre | ess | | - | | Districtions The | | |
| ☑ EPA ☑ DOLWD | | | | | | 2000 Per | nington Rd. | | | R | HAP WAL | 17.77 | 711 |
| ⊠ DOLWD ⊠ DHSS | ⊠ Amer | | · ue · | 710014 | . 1 | City, State, Z | | | lines. | | | Albania - | K |
| ⊠ DCA | ☐ Emer | dency | (incl | 7/30/18 | <u> </u> | Ewing, N | | | | | | | 2.70 |
| (NJAC 5:23-8) | justifi | cation | 1) | rung | N | lame of Cor | ntact | | T | la l | | | |
| | ☐ Cance | ellatio | n | | | Amanda | Radosti | | | elephone | | r | |
| | | | | | | FACILITY | INFORMATION | | | 609-771 | -2881 | | |
| Name of Facility Where | Abatement | is Tak | king P | lace (3 |) | | IN ONE TOR | | 14. 14 | | | | |
| TCNJ-Green Hall | | | | | | | | Type of Faci | | | 100 | | |
| Street Address | | | | | | | | ── Subchapt | er 8 (Ot | her than | K-121 | | |
| 2000 Pennington R | ₹d. | | | | | | | Uner (i.e. | , private | and cor | nmercia | l builc | inas. |
| City (5) | | | | | | | | homes, e | | | | | |
| Ewing | | | | | | | | 66,000 | | of Floors | ; | Bldg. | Age |
| County (6) | | | | | 10 | County Code | (7)(STATE USE ONL | | | 2 | | 88 | |
| MERCER | | | | | 1 | ., 5000 | WALL OOF ONE | Current Use (| rnor if | being der | molished | i) | |
| Name of Monitoring Firm | Hired by Bu | uilding | Own | er (8) | AS | CM No. | Name of Abote | ment Contractor | (0) | | | and the second | |
| AET, Inc | | • | - ucasas 515 | (-/ | 1 | 0021 | | | | | | | |
| Street Address | | | | | 1 0 | | Street Address | NVIRONMENT | AL, IN | C. | | | |
| 28 Pennell Rd | | | | | | | | ED OTDEET | | | | | |
| City, State, Zip Code | | | | | | | | ER STREET | | | | | |
| Media, PA 19063 | | | | | | | City, State, Zip | | | | | | |
| Project Manager for Monit | toring Firm | | | Te | lenho | ne No. | BRISTOL, F | A 19007 | | | | | |
| Roy Mosicant | Alle Seed Williams Seed Seed Seed Seed Seed Seed Seed See | | | | | 91-0114 | Telephone No. 215-788-604 | • | - 3 | ense No | | | |
| Start Date (10) | | Sche | duled | | | Date (11) | | - | (| 00509 | | | |
| _7_/_5_/ | 18 | | | | | /18 | Name of OSHA | | | A7-100-100-100-100-100-100-100-100-100-10 | | | |
| Occupancy Status During | Abatement | (Char | ok ont | | | | | VIRONMENTA | AL, INC | ۶. | | | |
| Facility Closed/Vacated | During Ent | tire De | ariod o | f Abou | | | Street Address | | | | | | |
| Abatement Performed (| Outside of N | dorma | I Facil | lify Hou | rs - D | escribe | 1123 BEAVE | | | | | | |
| Time of Abatement: | AM | P | M/7:0 | 0PM-7 | :00A | M | City, State, Zip C | | | | | | |
| cope of Work (Check all t | hat apply) | | | | | | BRISTOL, P. | 4 19007 | | | | | |
| | | | | | | | ☐ Full Cor | tainment with Ne | | | | | _ |
|] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | | ⊠ R | enovati | ion | | △ WIN-En | closure | gative F | ressure | | | |
| | | | Пρ | emolitic | on | | ⊠ Gloveba | g Procedure | | | | | |
| | | | 1 | s Locat | ion | T | ☐ IAOU-EXE | empted (*) and No | n-Friab | le Proce | dure | | |
| Location of | • | | | Norma | | | Description of | of. | | | Al | batem | ent T |
| ASDESTOS-Containing Ma | atorial (ACE) | A) | NA: | ed Sole aintena | nce/ | Asbe | stos Containing Ma | terial (ACM) | A | mount | R | R | m |
| Asbestos-Containing Ma | erenar (ACIV | 50 III | | | Staff? | (i.e | ., thermal systems | insulation, | (5 | Specify | Remova | Repair | ıca |
| TO BE ABATE IN Facility | ED (ACIV | | | stoulal . | | | | . 01 | SF | or LF) | val | | Encapsulate |
| TO BE ABATE | ED (ACIV | | Cus | (12) | | _ | surfacing, VAT other miscellane | ous) | | | - 1 | | ate |
| TO BE ABATE IN Facility (13) | ED ACIV | | | | N/A | | other miscellane | ous) | | | | | - |
| TO BE ABATE IN Facility (13) | ED CIV | | Cus | (12) | | + | other miscellane | ous) | | 500 1 = | KZ | - | |
| TO BE ABATE IN Facility (13) | ED . | | Yes | (12) No | N/A | + | other miscellane | ous) | | 500 LF | | | |
| TO BE ABATE IN Facility (13) | ED COV | | Yes | (12) No | N/A | + | other miscellane | ous) | | 500 LF | | | |
| TO BE ABATE IN Facility (13) | ED . | | Yes | (12) No | N/A | + | other miscellane | ous) | | 500 LF | | | |
| TO BE ABATE IN Facility (13) | <u>ED</u> | | Yes | (12) No | N/A | + | other miscellane | ous) | | 500 LF | | 0000 | |
| TO BE ABATE IN Facility (13) ttic | E <u>D</u> | | Yes | (12) No S | N/A | Pipe Ins | other miscellane | ous) | 1,4 | | | | |
| TO BE ABATE IN Facility (13) tic me of Registered Waste H BRISTOL ENVIRONME | E <u>D</u> | | Yes | No S | N/A | Pipe Ins | other miscellane | Name of Regis | 1,£ | andfill | | | |
| TO BE ABATE IN Facility (13) ftic me of Registered Waste H BRISTOL ENVIRONME 7, State | E <u>D</u> | | Yes | No S | N/A | Pipe Ins | other miscellane sulation Cubic Yards of Waste | Name of Regis | 1,£ | andfill | | | |
| TO BE ABATE IN Facility (13) tic me of Registered Waste H BRISTOL ENVIRONME 7, State | E <u>D</u> | | Yes | No S | N/A | Pipe Ins | other miscellane | Name of Regis FAIRLESS City, State | 1,4 tered La | andfill FILL | | | |
| TO BE ABATE IN Facility (13) | ED Hauler ENTAL, IN | IC. | Yes | No S | N/A | Pipe Ins | other miscellane sulation Cubic Yards of Waste Disposal Date | Name of Regis | 1,4 tered La | andfill FILL | | | |
| TO BE ABATE IN Facility (13) tric me of Registered Waste H BRISTOL ENVIRONME V, State BRISTOL, PA 19007 | ED Hauler ENTAL, IN | IC. | Yes | No S | N/A | Pipe Ins | other miscellane sulation Cubic Yards of Waste | Name of Regis FAIRLESS City, State | 1,4 tered La | andfill FILL A 19067 | | | |

| | | | | | | NJAC 8:60 and 8 | , | 1 | | | | |
|---|--|--|--|--|----------------|---|---|--|------------|-----------|---------------|-----|
| Date of Notification (1) 6 / | | 4.0 | | | | ilding Owner/Operate | | | 0.0 | - | | |
| | / | 18 | - | | The Coll | ege of New Jerse | у | 144 | 00 | :1 - | - 9 | 20 |
| | ype Notifica | ation | | | Street Addre | ess | | | | | | |
| | Initial | | | | 2000 Pen | inington Rd. | | 1 | OPEC | 100 | | _ |
| ☑ DHSS | Amended | | | . 1 | City, State, Z | | | | | | t de la | |
| DOWNSON CONTROL DE LA CONTROL | Amendme 27/18 | nt#K | EV #4 | 2 | Ewing, N. | | | | | -444 | er. | 1 |
| 1 | Emergeno | w (incl | udina | A | lame of Con | | | | | | | |
| | justificatio | n) | uunig | - 1 | Amanda I | | | Telephone I | Vumbe | er | | |
| | <u> </u> | | - | | | | | 609-771- | | | | |
| Name of Facility Where Abate | emont in Te | lein n. F | · · | | FACILITY | INFORMATION | | | | | | |
| TCNJ-Green Hall | ement is 18 | aking F | lace (| 3) | | | Type of Facil | lity (4) | | | | _ |
| Street Address | | | | | | | School (K | (-12) | | | | |
| 2000 Pennington Rd. | | | 95 | | | | Subchapte | er 8 (Other than K | (-12) | | | |
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| Project Manager for Monitoring | Firm | | Te | elephor | ne No. | Telephone No. | | III. | | | | |
| Roy Mosicant | | | | 610-89 | 91-0114 | 215-788-6040 | | License No. | | 100000000 | | |
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NOTE: 7/13 - 4 PM - 2:30 AM; 7/14 - 1 PM - 11:30 PM; Mon 1/16 Normal hours.

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 The College of New Jersey Agencies Notified Type Notification Street Address Ø EPA M Initial ☑ DOLWD 2000 Pennington Rd. ☑.DHSS City, State, Zip Code Amendment #Rev #1-DCA 6/15/18 Ewing, NJ 08628 (NJAC 5:23-8) ☐ Emergency (including Name of Contact justification) Telephone Number Amanda Radosti 609-771-2881 Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION TCNJ-Green Hall Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) 2000 Pennington Rd. Other (i.e., private and commercial buildings, City (5) Ewina Square Feet # of Floors County (6) Bldg. Age 66,000 County Code (7)(STATE USE ONLY) MERCER Current Use (Prior if being demolished) 88 Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 00021 BRISTOL ENVIRONMENTAL, INC. Street Address 28 Pennell Rd Street Address 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Media, PA 19063 Project Manager for Monitoring Firm BRISTOL, PA 19007 Telephone No. Telephone No. Roy Mosicant License No. 610-891-0114 Start Date (10) 215-788-6040 Scheduled Completion Date (11) 00509 Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe 1123 BEAVER STREET Time of Abatement: ____AM-____PM/7:00PM-7:00AM City, State, Zip Code Scope of Work (Check all that apply) BRISTOL, PA 19007 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf ☐ Full Containment with Negative Pressure ☑ Mini-Enclosure Renovation Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Asbestos-Containing Material (ACM) Used Solely by Description of Abatement Type Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ (i.e., thermal systems insulation, IN Facility Removal Amount Repair Encapsulate Custodial Staff? surfacing, VAT, or (Specify (13)closure (12)SF or LF) other miscellaneous) Yes No N/A Attic X Pipe Insulation 1,500 LF X Name of Registered Waste Hauler NJDEP Waste BRISTOL ENVIRONMENTAL, INC. Cubic Yards of Name of Registered Landfill Hauler ID No. Waste City, State FAIRLESS LANDFILL 18706 BRISTOL, PA 19007 Disposal Date City, State Completed By (Print or Type) MORRISVILLE, PA 19067 Title BRIAN SCAFIRO Signature **ESTIMATOR** ASB-41 BS 18041-58 6-15-18

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

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