

ETS JOB# 4959/1/ Check# 2700	√'[AMENDN	/IENI#	4 – PROJECT NEW	START	DATE	
Date of Notification (1) 10/10/2017		uilding O	wner / Operator (2)		NEGE	
Agencies Notified Type Notification	Street Addr 323 DR. M		LUTHER KING BL	24	(V)	Constant of the second of the
DEP Initial Notification DOL Amended Notificati	City, State 8				i Ekun	
DOH Cancellation	Name of Co		102	T-	Telephone Nu	mher
DCA CANCELLATION	MR. TODE		LFR		relephone 140	THE CO
		- 1 11 1111				
Negro of Cosilia Milana Abada and in Talian C		Y INFO	RMATION			
Name of Facility Where Abatement is Taking F NJIT – FACULTY MEMORIAL HALL	race (3)		Type of Facility (4) School (K-12)			
Street Address			Subchapter 8 (C	Other than	K-12)	
111 SUMMIT STREET AKA 120-142 BL	EEKER STREE	Т	Other (i.e., priva	ite & coinr	mercial buildir	ngs, homes, etc.
			Square Feet	# of Floors	s E	Ildg. Age
City (5) County (6)	County Code ((7)	92,516		5	51
NEWARK ESSEX			Current Use (Prior if UNIVERSITY	being den	nolished)	
Name of Monitoring Firm Hired by Building Ow OMEGA ENVIRONMENTAL	ner (8) ASC 001	M No.	Name of Abatement ETS CONTRACTI			
Street Address	1		Street Address			
280 HUYLER STREET			160 CLAY STREE			
City, State & Zip Code SOUTH HACKENSACK, NJ 07606			City, State & Zip Coo BROOKLYN, NY			
Project Manager for Monitoring Firm	Telephone Numb	oer	Telephone Number		License N	umber
ALEX PALLETS	201-310-9665		718-706-6300			00511
	mpletion Date (11) 10/01/2018)	Name of OSHA Mon TESTOR TECH.	itor		
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire F		ent	Street Address 10 59 JACKSON	AVENUE	=	
Abatement Performed Outside of Norm			City, State & Zip Coo			
Describe: MONDAY – FRIDAY 7:	00 AM - 3:30 PM	VI	LONG ISLAND CI	TY, NY 1	1101	
Scope of Work (Check all that apply)						
Demolition Renovat	tion		☐ Full Conta	ainment		
□ Large Project □ Large Project			Mini-Encl			
Quantity is ≥ 3 SF or ≥ 3 LF ACM				Procedur	е	
Quantity is ≥ 160 SF or ≥ 260 LF ACM			Other: T	ENT & EXTE	ERIOR NON-FRIA	ABLE PROCEDURES
Location of	Is Location Normally		Description of		Amount	Abatement Type
Asbestos-Containing Material (ACM)	Used Solely by Maintenance or	Mataria	Asbestos-Containing al (ACM) (i.e., thermal sy	etome S	(Specify Square Feet or	(Specify: Removal, Repair, Encapsulation
TO BE ABATED in Facility (13)	Custodial Staff? (12)		nsulation, surfacing, VAT		Linear Feet)	or Enclosure)
17			or other miscellaneous)			
BASEMENT - BOILER ROOM	YES		PIPE INSULATION		150 LF	TENT/GLOVEBAG OR GLOVEBAG
BASEMENT - HALLWAY & ROOMS	NO		PIPE INSULATION		45 LF	TENT
1 ST FLOOR	NO		PIPE INSULATION &		213 LF	TENT
			WINDOW GLAZING		76 SF	EXTERIOR NON- FRIABLE
						PROCEDURES
2 ND FLOOR	NO		PIPE INSULATION &		213 LF	TENT
			WINDOW GLAZING		96 SF	EXTERIOR NON-
						FRIABLE PROCEDURES
3 RD FLOOR	NO		PIPE INSULATION &		213 LF	TENT
			WINDOW GLAZING		96 SF	EXTERIOR NON-
						FRIABLE PROCEDURES
4 TH FLOOR	NO		PIPE INSULATION &		213 LF	TENT
	1	1	WINDOW GLAZING	1/	96 SF	FXTERIOR NON-

						FRIABLE PROCEDURES
PENTHOUSE		NO	P	IPE INSULATION	213 LF	TENT/GLOVEBAG OR GLOVEBAG
ame of Registered Waste Hauler #1 IMMY BYRNE T/A JIMMY BYRNE RUCKING		NJDEP Waste H		Cu. Yds. of Waste 90		istered Landfill #1 INTERPRISES, INC.
City, State 1199 RANDALL AVENUE, E	10474		Disposal Date TBD	City, State 9000 MINER WAYNESBU	RVA ROAD, JRG, OH 44688	
Completed By (Print or Type) THOMAS AHERN ASB-41 JUN 95 G4667	t Executive		Signature Signature	Date 10/10/2017		



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

11D Cl# 3280

Date of Notification (1)					Na	me of Build	ing Owner/Operator	(2)	-		(100 m)	N 1787 CT	Served 1
	27		17		1	RUSTEES	S OF PRINCETON	UNIVERSITY		Œ:	5 4	17	Tin.
Agencies Notified EPA	Type Not Initial		n		13000000	eet Address				CT	1 6	201	i i
⊠ DOLWD	⊠ Amen				City	y, State, Zip							
☑ DOH ☑ DCA	Amend				/		N, NJ 08544		Ey	RICHT-FLANDSCO		DOMESTIC .	
(NJAC 5:23-8)	justific			ing		me of Conta			Telephone Nui	mber		John Co.	-
100 CAS 70	☐ Cance	llation			R	OBERT O	RTEGO		r rolophono real	111001			
Name of Facility 1811					F	ACILITY I	NFORMATION				_		
Name of Facility Where A PRINCETON UNIVE								Type of Facility	2000 and				
Street Address	1.3111 - 1	IKES	ONE	LIB	KAKY			School (k-1	12) · 8 (Other than K-1	2)			
1 WASHINGTON RO	AD							Other (i.e,)	private and comm	ercial	buildir	igs,	
City (5)								homes, etc	<u> </u>				-
PRINCETON, NJ								Square Feet	# of Floors	- 1	Bldg. /	Age	
County (6)					Co	untu Cada /	71/07475 1/05 04/10	1,000,000	8		70		
MERCER					100	unty Code (7)(STATE USE ONLY)		rior if being demol	ished)			
Name of Monitoring Firm I	dired by Ri	ilding	Owne	r (8)	ASCI	M No.	Name of Abet		Y LIBRARY				
ATC GROUP SERVICE			OWITE	(0)	100000000000000000000000000000000000000	0098	Name of Abateme						
Street Address		-	-			0030		VIRONMENT A	AL, INC.				
3 TERRI LANE							Street Address 1123 BEAVER	CTDEET					
City, State, Zip Code													
BURLINGTON, NJ 08	3016						City, State, Zip Co BRISTOL, PA						
Project Manager for Monito				Te	lephon	e No	Telephone No.	19007	I I i a a a a a b a				
MICHAEL R. KEEHN	3					6-8800	215-788-6040		License No.				
Start Date (10)		Schei	duled (1		ate (11)	Name of OSHA M		00509				
3/13/	_		10	/ _1			BRISTOL EN		L, INC				
Occupancy Status During A							Street Address		P. C.				
☐ Facility Closed/Vacated	During En	tire Pe	eriod of	Abate	ement		1123 BEAVR	STREET					
Abatement Performed C Time of Abatement: 6:0	OAM-2:30	Norma IPM/	l Facili	ty Hou PM-	ırs - De AN		City, State, Zip Co	de					
OF F SITE + Cope of Work (Check all the	TN HA	40		14/1	107		BRISTOL, PA	19007					
	iat apply)		_				□ Full Conta	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovat emoliti			☐ Mini-Enclo ☑ Glovebag	osure	50				
						_	☐ Non-Exen	npted (*) and No	n-Friable Procedu	re			
1			1	Loca			224Th			Al	atem	ent T	уре
Location of Asbestos-Containing Ma		(IVA		Norma ed Sol		Aaba	Description of			D	D	m	m
TO BE ABATI	ED	,	5000	intena			stos Containing Mate , thermal systems in		Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)			Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellaneo	us)				ate	0
PHASE 5A - LEVELS C	& B					PIPE IN	SULATION		1010 LF				
PHASE 5A - LEVELS C	& B					FLOOR	TILE & MASTIC		43,057 SF			П	
PHASE 5A - LEVELS C	& B					Packed	fittings on fiberg	lass	285 EA				
HASE 5A - LEVELS C	& B					Hanger	pads on fiberglas	ss	40 EA				
ame of Registered Waste	Hauler		-	N	JDEP		Cubic Yards of	Name of Reg st					
SERVICE TRANSPOR	T GROUI	P, INC) .	Н	20990	100000000000000000000000000000000000000	Waste	MINERVA L					
ity, State NEW CASTLE, DE					2033		Disposal Date	City, State	URC OU				
ompleted By (Print or Type)	Title		_			Cianat	WAYNESI					
	7			TOR			Signature	0 0	1 n Dat	te /	1		
BRIAN SCAFIRO		F	1 110/1 /	7 1 6 15			#7.	Scalery 1	1 411	2000 11 11			

Ck# 3280

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

Pg 2

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		17	8	1	RUSTEES	S OF PRINCETO	N UNIVERSIT	ry India	i E		7 1	7
	Type Notificati ⊠ InitiaI	on		Stre	eet Address	3				a rec	NEOD)	1
	⊠ Initiai ⊠ Amended			2	00 ELM D	RIVE		1111 00	T 1	j 20	1/	
⊠ DOH	Amendmen	t #6-10	0/11/1	/	, State, Zip			1111			-	3
☑ DCA [☐ Emergency	(includ	lina	- P	RINCETO	N, NJ 08544		1 5717	Name and Property			
(NJAC 5:23-8)	justification))		Nar	ne of Conta	act		Telephone N	lumber	artigues in a	40.1.1	3
	Cancellation	1		_	OBERT C							
Name of Facility Where Aba	atement is Tak	ing Pla	200 /31	F.	ACILITY I	NFORMATION	1=					
PRINCETON UNIVERS				RARY			Type of Facil					
Street Address							Subchape	-12) er 8 (Other than K	-12)			
1 WASHINGTON ROA	ND.						Other (i.e.	, private and comr	mercial	build	ings,	
City (5)			920-00-00-00				homes, et					
PRINCETON, NJ							Square Feet	# of Floors		Bldg.	Age	
County (6)							1,000,000	1		70		
MERCER				Col	unty Code (7)(STATE USE ONLY)		Prior if being dem	olished)		
Name of Monitoring Firm Hir	and his Decitation	0	(0)					ITY LIBRARY				
ATC GROUP SERVICE		Owne	er (8)	ASCN		Name of Abatem						
Street Address				00	0098	BRISTOL EN	VIRONMEN:	AL, INC.				
3 TERRI LANE						Street Address				1155		
						1123 BEAVE	R STREET					
City, State, Zip Code					2007	City, State, Zip Co	ode			100/4		0.55
BURLINGTON, NJ 080						BRISTOL, PA	19007					
Project Manager for Monitori	ng Firm		Te	ephone	No.	Telephone No.		License No.				_
MICHAEL R. KEEHN					0088-6	215-788-6040	1	00509				
Start Date (10)					ate (11)	Name of OSHA M	lonitor					-
3/13/1	1/	13	/ 1	3 /	17							
				_ ′		BRISTOL EN	VIRONMENTA	AL, INC				
Occupancy Status During Ab	atement (Ched	ck only	one)			Street Address	VIRONMENT	AL, INC		-04		
☐ Facility Closed/Vacated D	atement (Checuring Entire Pe	ck only	one) f Abate	ment		Street Address		AL, INC		-044		
☐ Facility Closed/Vacated D ☐ Abatement Performed Out	atement (Checuring Entire Petiside of Norma	ck only eriod o	one) f Abate ity Hou	ment	scribe	Street Address 1123 BEAVR	STREET	AL, INC				
☐ Facility Closed/Vacated D ☐ Abatement Performed Out ☐ Time of Abatement: 6:00/	atement (Checuring Entire Petside of Norma	ck only eriod of al Facili	one) f Abate ity Hou	ment	scribe	Street Address 1123 BEAVR City, State, Zip Co	STREET	AL, INC		- 00		
☐ Facility Closed/Vacated D ☐ Abatement Performed Out ☐ Time of Abatement: 6:00/	atement (Checuring Entire Petside of Norma	ck only eriod of al Facili	one) f Abate ity Hou	ment	scribe	Street Address 1123 BEAVR	STREET	AL, INC				
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-6/ Icope of Work (Check all that	atement (Checuring Entire Petside of Norma	ck only eriod o al Facili F	one) f Abate ity Hou PM-	ement rs - Des AM	scribe	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA	STREET de 19007					
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00 OFF SITE GOD Cope of Work (Check all that	atement (Checuring Entire Petside of Norma	ck only eriod o al Facili Facili	one) f Abate ity Hou PM- ///7	ement rs - Des AM	scribe	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA	STREET de 19007 ainment with Na	AL, INC				
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00 OFF SITE GOD cope of Work (Check all that	atement (Checuring Entire Petside of Norma	ck only eriod o al Facili Facili	one) f Abate ity Hou PM-	ement rs - Des AM	scribe	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag	STREET de 19007 ainment with Na osure Procedure	egative Pressure				
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00 OFF SITE GOD Cope of Work (Check all that	atement (Checuring Entire Petside of Norma	ck only eriod o all Facility Facility Facility Facility Facility Rule De	one) f Abate ity Hou PM- enovate	ement rs - Des AM ion on	scribe	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag	STREET de 19007 ainment with Na osure Procedure					
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-6A Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of	atement (Checuring Entire Potside of Norma AM-2:30PM/	ck only eriod o al Facili F F F F D R I I I	one) f Abate ity Hou M- enovat emolities s Local	ement rs - DesAM ion on	scribe	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Street Address City, State, Zip Co BRISTOL, PA Street Address Full Conta Street Address	STREET 19007 ainment with Na osure Procedure npted (*) and No	egative Pressure	Al	patem	nent 1	Ту
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-5P Cope of Work (Check all that 23 sf or 23 lf 2160 sf or 2260 lf Location of Asbestos-Containing Mate	atement (Checuring Entire Potside of Norma AM-2:30 PM/ HOLD tapply)	ck only eriod o al Facilia F F F F D Use	one) f Abate ity Hou M- enovat emoliti s Loca Norma ed Sole	ement rs - Des AM ion on illy	scribe	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA State, Zip Co BR	STREET de 19007 ainment with Na osure Procedure npted (*) and Na	egative Pressure on-Friable Proced	Al	-	7	Ť
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-6P Cope of Work (Check all that 23 sf or 23 lf 2160 sf or 2260 lf Location of Asbestos-Containing Mate TO BE ABATED	atement (Checuring Entire Potside of Norma AM-2:30 PM/ HOLD tapply)	Ek only eriod of all Facilit F P P R D Use Ma	one) f Abate ity Hou M- enovat emolities s Local	ement rs - Des AM ion on lly ely by nce/	scribe	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Stull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mat, thermal systems in	STREET de 19007 ainment with Na osure Procedure npted (*) and No erial (ACM) nsulation,	egative Pressure on-Friable Proced Amount (Specify	Al	-	7	Ť
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 45P cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate	atement (Checuring Entire Potside of Norma AM-2:30 PM/ HOLD tapply)	Ek only eriod of all Facilit F P P R D Use Ma	one) f Abate ity Hou M- enovate emolitie s Loca Norma ed Sole aintena	ement rs - Des AM ion on lly ely by nce/	scribe	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Stull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT,	STREET de 19007 ainment with Na osure Procedure npted (*) and No erial (ACM) nsulation, or	egative Pressure on-Friable Proced Amount		batem	7	Ť
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE → GP cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility	atement (Checuring Entire Potside of Norma AM-2:30 PM/ HOLD tapply)	Ek only eriod of all Facilit F P P R D Use Ma	one) f Abate ity Hou M- enovate emolitie s Loca Norma ed Sole aintena stodial	ement rs - Des AM ion on lly ely by nce/	scribe	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Stull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mat, thermal systems in	STREET de 19007 ainment with Na osure Procedure npted (*) and No erial (ACM) nsulation, or	egative Pressure on-Friable Proced Amount (Specify	Al	-	nent Encapsulate	Ť
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-6P Cope of Work (Check all that 23 sf or 23 lf 2160 sf or 2260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility	atement (Checuring Entire Potside of Norma AM-2:30 PM/ HOLD tapply)	eriod o al Facilia E E E E E E E E E E E E E E E E E E E	one) f Abate ity Hou M- enovat emolitie S Loca Norma ed Sole aintena stodial (12)	ement rs - DesAM ion on lly ely by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Stull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT,	STREET adde 19007 ainment with Na osure Procedure npted (*) and Na erial (ACM) nsulation, or us)	egative Pressure on-Friable Proced Amount (Specify	Removal	Repair [Encapsulate	Ť
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-6P Cope of Work (Check all that 23 sf or 23 lf 2160 sf or 260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) HASE 6 - LEVEL 1	atement (Checuring Entire Potside of Norma AM-2:30 PM/ HOLD tapply)	eriod o el Facilia El	enovate emolitics s Local Normal et d'ola (12)	ement rs - Des AM ion ion illy ely by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Matu, thermal systems ir surfacing, VAT, other miscellaneo	STREET adde 19007 ainment with Na osure Procedure npted (*) and Na erial (ACM) nsulation, or us)	egative Pressure on-Friable Proced Amount (Specify SF or LF)	Removal	-	Encapsulate	Ť
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-6N Cope of Work (Check all that ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	atement (Checuring Entire Potside of Norma AM-2:30 PM/ HOLD tapply)	Ek only eriod o al Facili Facili Rical Ric	one) f Abate ity Hou M- enovate emolitie s Loca Norma ed Sole aintena stodial (12) No	ement rs - Des AM ion on lly ely by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Stull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo	STREET adde 19007 ainment with Na osure Procedure npted (*) and Na erial (ACM) nsulation, or us)	egative Pressure on-Friable Proced Amount (Specify SF or LF)	Removal 🛛	Repair [Encapsulate	Ť
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-5P cope of Work (Check all that ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) HASE 6 - LEVEL 1 HASE 6 - LEVEL 1 HASE 6 - LEVEL 1	atement (Checuring Entire Potside of Norma AM-2:30 PM/ HOLD tapply)	eriod o al Facilia Facil	one) f Abate ity Hou M- enovate emolitie s Loca Norma ed Sole aintena stodial (12) No	ion on lly ely by nce/ Staff?	Asbes (i.e.	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Sull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo TICAL CEILING F BULATION CEILING TILES	STREET Inde 19007 ainment with National Street of the s	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF	Removal S	Repair [Encapsulate	1
Abatement Performed Out Time of Abatement: 6:00/ OFF SITE GON Cope of Work (Check all that 3 3 sf or 3 lf 2 160 sf or 260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) HASE 6 - LEVEL 1 HASE 6 - LEVEL 1 RUSTEES READING RM	atement (Checuring Entire Potside of Normal AM-2:30 PM/ HOLD t apply)	eriod o al Facilia Facilia Para Ri Do Cus	enovate emolitic stocial (12)	ion on lly ely by nce/ Staff?	Asbes (i.e. ACOUST PIPE INS SPLINE ACOUST	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo TICAL CEILING F SULATION CEILING TILES	STREET Inde 19007 ainment with Na osure Procedure Inpted (*) and No erial (ACM) Insulation, or Insulation I	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF	Removal 🛛	Repair [Encapsulate	Ť
Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 45P/ Cope of Work (Check all that 23 sf or 23 lf 2160 sf or 260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) HASE 6 - LEVEL 1 HASE 6 - LEVEL 1 RUSTEES READING RM Ime of Registered Waste Ha	atement (Checuring Entire Potside of Normal AM-2:30 PM/ HOLO t apply)	ck only eriod o al Facilita Fac	enovate emolitic No	ion on lly ely by nce/ Staff?	ASDES (i.e. ACOUST PIPE INS SPLINE ACOUST Vaste No.	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Sull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo TICAL CEILING F BULATION CEILING TILES	STREET Inde 19007 Inde Inde 19007 Inde In	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF 450 SF	Removal S	Repair [Encapsulate	Ť
Abatement Performed Out Time of Abatement: 6:00 Abatement Performed Out Time of Abatement: 6:00 OFF SITE 4-6N cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) HASE 6 - LEVEL 1 HASE 6 - LEVEL 1 RUSTEES READING RM Ime of Registered Waste Hase BERVICE TRANSPORT	atement (Checuring Entire Potside of Normal AM-2:30 PM/ HOLO t apply)	ck only eriod o al Facilita Fac	enovate emolitic No	ion on lly ely by nce/ Staff?	ASDES (i.e. ACOUST PIPE INS SPLINE ACOUST Vaste No.	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Strull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Matrice, thermal systems in surfacing, VAT, other miscellaneo TICAL CEILING F BULATION CEILING TILES TICAL PLASTER Cubic Yards of Waste	STREET Inde 19007 Inde Inde 19007 Inde In	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF 450 SF	Removal S	Repair [Encapsulate	Ť
Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-6N/ Cope of Work (Check all that ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) HASE 6 - LEVEL 1 HASE 6 - LEVEL 1 RUSTEES READING RM IMPROVED TO THE PROVINCE TRANSPORT (12) EXERCISE TRANSPORT (12) y, State	atement (Checuring Entire Potside of Normal AM-2:30 PM/ HOLO t apply)	ck only eriod o al Facilita Fac	enovate emolitic No	ion on lly ely by nce/ Staff?	ASDES (i.e. ACOUST PIPE INS SPLINE ACOUST Vaste No.	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo TICAL CEILING F BULATION CEILING TILES TICAL PLASTER Cubic Yards of	STREET Inde 19007 Inde Inde 19007 Inde In	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF 450 SF stered Landfill LANDFILL	Removal S	Repair [Encapsulate	Ť
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE 4-5P Cope of Work (Check all that 23 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) HASE 6 - LEVEL 1 HASE 6 - LEVEL 1 RUSTEES READING RM IMPEDIATE OF RESIDENCE TRANSPORT (15) SERVICE TRANSPORT (15) Y, State NEW CASTLE, DE	atement (Checuring Entire Petside of Norma AM-2:30PM/ HOLD t apply)	eriod o al Facilia E E E E E E E E E E E E E E E E E E E	enovate emolitic No	ion on lly ely by nce/ Staff?	ASDES (i.e. ACOUST PIPE INS SPLINE ACOUST Vaste No.	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Stull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo TICAL CEILING F SULATION CEILING TILES TICAL PLASTER Cubic Yards of Waste Disposal Date	STREET Inde 19007 Inde Inde 19007 Inde In	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF 450 SF stered Landfill LANDFILL URG, OH	Removal 🛛 🖂	Repair [Encapsulate	Ť
Facility Closed/Vacated D Abatement Performed Out Time of Abatement: 6:00/ OFF SITE G-D Cope of Work (Check all that ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) HASE 6 - LEVEL 1 HASE 6 - LEVEL 1	atement (Checuring Entire Potside of Normal AM-2:30 PM/ HOLD tapply) Perial (ACM) I MEZZ. Julier GROUP, INC	eriod o al Facilia E E E E E E E E E E E E E E E E E E E	enovate emolities Local Normal (12) No No Normal Normal (12) No Normal Normal Normal (12) No Normal	ion on lly ely by nce/ Staff?	ASDES (i.e. ACOUST PIPE INS SPLINE ACOUST Vaste No.	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA Strull Conta Mini-Encl Glovebag Non-Exen Description of stos Containing Matrice, thermal systems in surfacing, VAT, other miscellaneo TICAL CEILING F BULATION CEILING TILES TICAL PLASTER Cubic Yards of Waste	STREET Inde 19007 Inde Inde 19007 Inde In	Amount (Specify SF or LF) 6075 SF 200 LF 4050 SF 450 SF stered Landfill LANDFILL URG, OH	Removal S	Repair [Encapsulate	Ť

CR# 3280 Pg 3

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

Date of Notification (1)					Nar	me of Ruildin	ng Owner/Operator	(2)	0				
	27 /	1	17				OF PRINCETO				urrose 45.1		
Agencies Notified ⊠ EPA	Type Noti		n			eet Address 00 ELM DI		111111111111111111111111111111111111111	GEI	WE	Total Control		
☑ DOLWD	Ameno Ameno		#C 40	14 4 14-	City	, State, Zip	Code	1 1 1	OCT 1 62	947	111		-
	☐ Emerg				P	RINCETO	N, NJ 08544	1	00, 100	0.1.	H		
(NJAC 5:23-8)	justific		incidal	ng	Nan	ne of Contac	ct	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
	Cancel	llation			R	OBERT O	RTEGO	imana anni			A-1		
Name of Facility Where At	natament is	o Toki	na Dia	(2)	F	ACILITY IN	NFORMATION				-		
PRINCETON UNIVER					RARY			Type of Facility ☐ School (K-12	10.00				
Street Address								Subchapter 8	(Other than K	-12)			
1 WASHINGTON RO	AD							Other (i.e., proposed homes, e.c.)	rivate and com-	mercial	buildi	ngs,	
City (5)								Square Feet	# of Floors	1	Bldg.	Age	
PRINCETON, NJ								1,000,000	8		70		
County (6) MERCER					Cou	unty Code (7)(STATE USE ONLY)			olished)			
Name of Monitoring Firm H	lired by Ru	ildina	Owner	(0)	ACCE	4.51-		UNIVERSITY	LIBRARY				
ATC GROUP SERVICE		illuling	Owner	(0)	ASCN	Marco 2000	Name of Abateme						
Street Address	LO LLO				UC	0098		VIRONMENTAL	_, INC.				
3 TERRI LANE							Street Address						
City, State, Zip Code							1123 BEAVE	Control of the Contro					
BURLINGTON, NJ 08	016						City, State, Zip Co						
Project Manager for Monito				Tol	ephone	Na	BRISTOL, PA	19007					
MICHAEL R. KEEHN	ing rinn			1		6-8800	Telephone No.		License No.				
Start Date (10)	т	Scher	dulad (ate (11)	215-788-6040		00509		2200-3		
_ 3 / _ 13 / _	1000					17	Name of OSHA M BRISTOL EN	ionitor VIRONMENTAL	INC				
Occupancy Status During A	batement						Street Address		, 1110				
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ment		1123 BEAVR	STREET					
Abatement Performed O	utside of N	lormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co				-		
Time of Abatement: 6:00	HOL	PM/_ Ø	10/10	M- 4/17	AM		BRISTOL, PA						
Scope of Work (Check all th ≥3 sf or ≥3 If ≥160 sf or ≥260 If	at apply)		_	/ ° enovati emolitio						fure			
1			10 5000	Locat Vorma						Ab	atem	ent T	уре
Location of Asbestos-Containing Ma	terial (ACN	(1)	Use	d Sole	ely by	Ashas	Description of tos Containing Mate	orial (A CM)	A	_Z	R	m	Ш
TO BE ABATE		,	Ma	intena todial	nce/	(i.e.,	thermal systems in	nsulation,	Amount (Specify	Removal	Repair	ncap	nclo
IN Facility (13)			Cus	(12)	otan r		surfacing, VAT, other miscellaneo		SF or LF)	<u>a</u>	"	Encapsulate	nclosure
()			Yes	No	N/A		other miscellaneo	us)				ate	
TRUSTEES READING R	M MEZZ.				\boxtimes	PIPE INS	SULATION		85 LF				
WALL OUTSIDE COTSE	N LIBRA	RY			\boxtimes	WATERF	PROOFING		250 SF				
PRESERVATION ROOF					\boxtimes	WATERP	PROOFING		150 SF				
EVEL 1 STAIR #4						PIPE (W	RAP & CUT)		12 LF				
						Vaste (Cubic Yards of	Name of Register	red Landfill	1			
						No.	Waste	MINERVA LA	ANDFILL				
City, State NEW CASTLE, DE							Disposal Date	City, State WAYNESBU	RG, OH				
Completed By (Print or Type)	npleted By (Print or Type) Title						Signature			ate	,		
BRIAN SCAFIRO		ES	AMIT	TOR			Aires .	Scaders 1 3	ic	10/1	1/	7	

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CV# COL	10	,	NOTIF (P	ICATIO	N OF ASB	ESTOS	ABATE	MEN 0)	IT	rospor(Total Control		
Date of Notification (1) 10/11/17					f Building & Mary				ome.	11	nrt	16	201		And the second
Agencies Notified	Type Notification			Street A		Otom	riivate	3 110	JITIE	-	001	7 4	850.0		
⊠ EPA				0.0007	iaai 000					45.9	j				-
DEP	Initial Amended		t	City, Sta	ate, Zip Co	ode		-			2 mgmacocome		AND PARTY	AND THE STREET	
▼ DOL	Amendment				City NJ (
☑ DOH	Emergency (i justification)	ncluding	1	Name o	f Contact					TTel	enhone N	umber	-//		
DCA	Cancellation			Joel	0							1000			
N (5 15 105				FAC	LITY INF	ORMAT	ION						-		
Name of Facility Where A John & Mary Storm		Place (3)					Typ	oe of Facility (4)					
Street Address	1 Private nome						69		School (K-1						
Street Address								K	Subchapter Other (i.e. p	3 (Oth	er than K-	12) cial buil	ldinge	hom	00
City (E)									etc.)						cs,
City (5) Surf City NJ 08008								2000	uare Feet		f Floors	1 2	Bldg. A	\ge	
County (6)		Asset Service		Country	Codo (7)			2.85	000+	2		Y	35+		
ocean				(STATE	Code (7) USE ONLY				rrent Use (Prid ouse & gara		ng demoli	shed)			
Name of Monitoring Firm	Hired by Building C	wner (8)	ASCI	/I No.		Name		batement Con		(0)				
N/A	, ,	***					1		Inc.	iidotoi	(3)				
Street Address			1			Street								-	
						POI	Box	329							
City, State, Zip Code						City, S	state,	Zip Code				- 544 - 544		-	
							Wes	t Be	erlin NJ 080	91					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none	No.	-	License	No.			
								0.000	-9800		00727				
Start Date (10)				npletion	Date (11)				SHA Monitor						
10/20/17		10/27/	7.5				Sam	ie							
Occupancy Status During							Street	Addr	ress	11.10	121				
Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent							4				
Abatement Perform Other – Describe:	ed Outside of Norma	ai Facility	y Hours	3			City, S	tate,	Zip Code						
Scope of Work (Check A	Il That Apply)							_							
<u> </u>	ii (flat Apply)	п.	_					7							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Contractor (Contractor)	Renova Demolit						full Containme Ini-Enclosure		Negative	Pressu	re		
		lanear Control					×		Blovebag Proc	dure					2
		T						A IV	Ion-Exempted	(*) and	Non-Fria	ble Pro			
		1000	Locati Normal	(7) No. 10										ement pe	
Location Asbestos-Containing		Use	ed Sole	ly by	Ashes	De:	scription	Of Natori	ial (ACM)	٨	mount		Π		
TO BE ABA	ATED	/2505/555	intena todial S		(i.e.	thermal	systems	s insu	ulation,		pecify	70	71	Enc	四
In Facili (13)	ty	000	(12)	man:			cing, VA			SF	or LF)	Removal	Repair	apsı	Enclosure
()		· · ·		Laura		outer it	inscendi	icous	"			val	=	Encapsulate	ure
Fisherian O		Yes	No	N/A								-		· Co	
Exterior S		X		Exte	rior Sic	ding		20	00 SF	x					
										-					
N															
Name of Registered Was	te Hauler			JDEP W auler ID		Cubic of Was			Name of F	Registe	red Landfi	11			
United Roll Off			755.22	2459		4	3.0		G.R.O.\	W.S.					
City, State					sal Date		City, State								
Elm NJ						10/27			Morrisvi		19067				
Completed by		Title				S	ignature				D	ate			-
Anthony T Perna		Pres	ident			1		2		. –	1	0/11/	17		

FIIIIL FOITH

01#117	inch.	1	NOTIF (F	CATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE	MENT						The second	Commence of the commence of th
Date of Notification (1) 10-10-17					of Building rella De			r (2)	-		oct 1		Security Security Security		
Agencies Notified	Type Notification	1			Address					1111	0012			1	4
☐ EPA	Initial				forest A					1111		Design of the Park	enderenderen	per production and	- 1
DEP DOL	Amended Amendmen				ate, Zip C Hanovei		936		-	- Section	AND STATE OF THE PARTY OF THE P				
DOH DCA	justification)	Ī		of Contact					Tel	ephone Nu	mber	_		-
☐ DCA	Cancellatio	n			Caravel					_					
Name of Facility Where	Abatement is Taki	ng Place (3	()	FAC	ILITY INF	ORMAT	ION	Type	of Facility	(4)					
Private Home									School (K-	A00500					
Street Address									Subchapte:	8 (Oth	er than K-1	2)			
									Other (i.e. etc.)	private .	& commerc	ial buil	dings	hom	es,
City (5) Robbinsville						1112000			re Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6) Mercer					Code (7) USE ONLY	n		Curre	ent Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	A No.				tement Co		(9)				
Street Address							Street	Addre	ss -						- 00-
City, State, Zip Code							American Company	7th St							
									ip Code NJ 0708	37					
Project Manager for Mon	itoring Firm			Telepho			Teleph 201 2	none N 216-9			License N 01206	lo.			
Start Date (10) 10-11-17	14 - 14 sept (14 sept	Schedule 10-14-1	7	npletion	Date (11)				HA Monito - tracting	LC					
Occupancy Status During	Abatement (Che	ck Only On	e)				Street								
Facility Closed/Vaca Abatement Performe	ited During Entire ed Outside of Norr	Period of A	batem	nent			522 7		ip Code						
Other - Describe: _ Scope of Work (Check Al						_	A CONTRACTOR OF THE PARTY OF TH		NJ 0708	37					
≥3 sf or ≥3 lf	г глас Арріу)	По	20202000	******				7 _							
≥160 sf or ≥260 lf			enova emolit					Ful Mir	l Containn i-Enclosu e	ent with	Negative F	ressu	re		
		17000					-	Glo	vebag Prod	cedure	d Name Fried	I- D		2	
		le	Locati	on				1 1101	I-Exemples	ı () anı	d Non-Friab	T Pro	Abate		
Location	of	N	ormall	ly		De	scription	of					Ту	ре	
Asbestos-Containing			Sole Sole		Asbes	tos Cont	aining M	laterial	(ACM)		mount			Ш	_
TO BE ABA			odial S	0059703	(i.e.	thermal	systems cing, VA		ition,		pecify or LF)	Ren	Re	nca	End
(13)			(12)				niscellan			O.	OI LI)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	roi
Entire Pro	Х		Dem	olition	Asbes	tos D	ebris			X					
		+-+													
Name of Registered Wast	e Hauler			JDEP W		Cubic			Name of	Registe	red Landfill	1			
Caravella Demolition	Inc		H	auler ID 3568		of Was	ste 30		IE	ESI					
City, State							al Date		City, State						
E. Hanover, NJ 0793	6					10-11	-17		Bethleh		A				

Completed by

Jaime Delgado

Date

10-10-17

Signature

Proj. Manager.

OK# 4342



	7 9 96			T								7
Date of Notification (1) 10 /	11 /	17				g Owner/Operator (ark Mutual Hous		1.303			Section and the second	A designation for the field
Agencies Notified ⊠ EPA	Type Notifica	ation		Sex clineses	t Address Peach Ro	oad		OCT 1	6 20	Special Control	D BARDORINA LANGUAGE CONTRACTOR	The second of
☑ DOLWD	☐ Amended				State, Zip C						Lorent	-
☑ DOH	Amendme		_		lmawr, N			and of the property programme country	Christians			!
DCA	☐ Emergene justification		g		of Contac	300(C-110/02/14 0000)		Telephone Num	her			
(NJAC 5:23-8)	☐ Cancellat	20			ce Mercar			Low				
N		- 1: DI	(0)	FA	CILITY IN	IFORMATION	T=					
Name of Facility Where A	Abatement is 1	aking Plac	e (3)				Type of Fac lity School (IC-1	2)				
Street Address							Other (i.e.,)	8 (Other than K-12 private and comment)) rcial bu	uilding	js,	
City (5)							Square Fee	# of Floors	BI	dg. A	ge	
Bellmawr							2,000	3		80		
County (6)				Cour	ntv Code (7)(STATE USE ONLY)		rior if being demolis	shed)			
Camden				1	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence		15.000 TO 100			
Name of Monitoring Firm	Hired by Build	lina Owner	(8)	ASCM	No	Name of Abateme						
American Environn			(0)	7100III	110.		onmental, LLC	<i>5</i> 0				
Street Address	Tontal opoo	idiloto				Street Address		(1)				
118 Westbury Cour	t					623 Cutler Av	venue					
City, State, Zip Code	•					City, State, Zip C						
Marlton, NJ 08053						Maple Shade						
Project Manager for Moni	itorina Firm		Tele	ephone	No	Telephone No.		License No.				
Murray Snyder	itoring r iiiii		35555	56-985		856-755-0099	9	00842				
Start Date (10)		Scheduled				Name of OSHA M		00042		-	_	
10 / 20 /	Contract Contract				17	EMSL Analyt						
Occupancy Status During	Abatement (0	Check only	one)			Street Address						
□ Facility Closed/Vacate						200 Route 13	0 North					
Abatement Performed						City, State, Zip Co	ode					
Time of Abatement: _	AIVI	PIVI/	PIVI		AIVI	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all	I that apply)						0 01 1727 1030 1040					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-End	g Procedure	egative Pressure on-Friable Procedu	re			
			s Loca	tion	1	-			-	atem	ent T	vpe
Location	of		Norma			Description of				1		1
Asbestos-Containing I			ed Sol aintena			stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA			stodial	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	nsd	Sur
(13)	-		(12)		-	other miscellane					late	O.
		Yes	No	N/A							850	
Laundry Room			\boxtimes		Paper I	nsulation		15 SF				
							2					
Name of Registered Was	te Hauler		1	NJDEP '	Waste	Cubic Yards of	Name of Reg	istered Landfill				
Freehold Cartage			ŀ	tauler II 15939		Waste 1		North Landfill				
City, State						Disposal Date	City, State					
Freehold, NJ						10/23/2017	Morrisvill	e, PA				
Completed By (Print or Ty	ype)	Title				Signature		Da	ate			
Christina Lynch		Vice P	resid	ent of	Operatio	ns () M	到了) [10	0/11	17	-	

Check#2892



Date of Notification (1)				Name	e of Buildin	g Owner	Operator ((2)					
	11 / _	17		Mike	Puma				1 + 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11 	All and	mersense sterau	port of the	
Agencies Notified	Type Notificati	on		_	t Address				1 15		1 111	[5]	11
☐ EPA	Initial											- i	ALCONOMICS OF A STATE
Ø DOLWD	☐ Amended			City	State, Zip	Code			0	CT 1 6	201	line in	1
⊠ DHSS	Amendmen			Sec.	481070000							and the second	الا
DCA (NJAC 5:23-8)	Emergency justification				Lee, NJ 0'				Talagha	A1			
(1.0,10 0.20 0)	Cancellatio			1					Telephone	-Niimhar-	11-1-5	104 807 (7.707)	
			_		Puma								
Name of Facility Where At	actomont in Tal	rina Diana	/O1	FA	CILITY IN	NFORM/	ATION						
	batement is Tai	king Place	(3)					Type of Facility	S B S				
Private house Street Address								School (K-1		16 4 01			
Street Address								Other (i.e.,	8 (Other than private and cor		huildin	as	
011								homes, e.c	.)	(iii) Oldi	ounum	90,	
City (5)								Square Feet	# of Floors	S	Bldg. A	Age	
Fort Lee, NJ 07024													
County (6)				Cour	ity Code (7)	(STATE U	SE ONLY)	Current Use (F	rior if being de	molished)		edikali.
Bergen													
Name of Monitoring Firm F	lired by Buildin	g Owner (8	3)	ASCM	No.	Name	of Abatem	ent Contractor (9	9)				
	Street Address						h LLC						
Street Address		8		Street	Address								
				576 Va	lley Rd #	[‡] 283							
City, State, Zip Code					ate, Zip C								
						Wayne	NJ 0747	70					
Project Manager for Monito	oring Firm		Tele	phone	No.	Telepho	and the same of th		License N	0.		-	
						973-63	8-1777		01127				
Start Date (10)	Sci	neduled Co	mple	tion Da	ite (11)	Name	of OSHA N	Monitor	101,2,				
10 /20 / _	17	10 /	21	/ .	17	Environ	vision Co	onsultants,Inc					
Occupancy Status During	Abatement (Ch	eck only or	ne)				Address	insurtants, nic					
□ Facility Closed/Vacated	During Entire	Period of A	bate	ment		20-21 \	Vacarau	Road, Bldg .#	250				
Abatement Performed (Dutside of Norn	nal Facility	Hour	s - Des	cribe	City. St	ate, Zip Co	nde	33E	-200			-
Time of Abatement:	AIVI-	_PM/	-PM_		AM		wn, NJ 0						
Scope of Work (Check all t	hat apply)		-			T an Ea		and decontarni	nation with nec	native pre	SSUITE		
₩ >3 of or >3 If		M.s.				П	Full Cont	tainment with Ne	gative Pressur	e e			
>3 sf or >3 If ≥ 160 sf or ≥260 If		⊠ Ren	ovati				Mini-Enc	losure g Procedure	Tent with Nea	ativo Pro	ccuro		
		_						mpted (*) and N			Suic		
	1100	10.00	ocat					=======================================		Δ	batem	ent T	vne
Location o Asbestos-Containing Ma		Used	orma				scription o				. I .	T	T
TO BE ABAT				nce/	Asbes	stos Cont	aining Ma	terial (ACM) insulation,	Amount	Ren	Repair	inca	ncl
IN Facility		Custo		Staff?	(1.6		cing, VAT,		(Specify SIF or LF		a:	squ	Enclosure
(13)		-	(12)		-	other r	niscellane	ous)		, =		Encapsulate	e e
		Yes	No	N/A								(0)	
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			П										
			_								1 -	Ш	Ш
			Ц_	Ш						L			
Name of Registered Waste	Hauler		NJE	EP Waste	Hauler ID No.	Cubic Ya	rds of Waste	e Name of Regi	stered Landfill				
Gr Tech LLC			0	03378	5	TBI		T.R.R.F. Inc					
City, State						Disposa	200	City, State					
Wayne, NJ 07470						TBI			٨				
Completed By (Print or Typ	e) IT	itle					nature /	Tullytown, P	А	Date			
N.Jevtic						loig	//	1	1		1650		
N.JEVLIC	0	wner					//e	who wenn	of	10/11/1	7	30 V)	

Mac	Y	N			n of ASE		and 5:16)			JE C		San areas	W	
Date of Notification (1)	21/17			Name	of Buildin	g Owne	r/Operator			0.0	The state of	62	Street St	Design of the second
								Stevenso	1					1
Agencies Notified	Type Notific	ation		Stree	t Address			100 M		J. spentrosens	AND THE LOW	Marine California		(a. 5). (7). (b)
DEP DEP	Amended			City, S	State, Zip C	Code								=
	Emergen			_			T	renton, NJ 0	8618					
DOH DCA	justificat Cancellat	ion)		Name	of Contac	33	7.		Teleph	one Numb	ıρι			
		***************************************					Stevenso	on						=4
				FA	CILITY INF	ORMAT	ION							
Name of Facility Where		Faking Place Residenti						Type of Facility	35 8					
Ctroot Address	1	Cesidenti	aı					☐ School (K-1		than K-12)			- 1
Street Address								Other (i.e.,	orivate & d			dings,		
City (5)								homes, etc Square Feet	.) # of F	loors	T BI	dg. A	ae	-
	Tren	ton, NJ (8618	8				2000		2		_	+/-	
County (6)				Cour	nty Code (7) (STA	TE	Current Use (F	rior if bein	ng demolis	hed)			_
	1ercer				ONLY)									_
Name of Monitoring Firm (8)		ASCM	No.	Name		ent Contractor (! ens Environ		Sarvice	a In	0				
(8) MECS Street Address PO Box 341						Street	Address	ens Environ	lifelitai	Service	3, 11	U.	_	-
				Otreet	Addiess	PO]	3ox 322	2						
City, State, Zip Code	osswicks,	NI 09514				City, S	tate, Zip C	ode Allentow	n NIO	19501				_
		117 0051.			No.	Talanh	ana Na	Allelilow				_		_
Project Manager for Mor Bill We	isgarber		1000000	phone 9) 29	8-4070		ione No. (609) 25	9-9688	Licen	ise Ne . ()	0493	3		
Start Date (10)		Scheduled C	-	-	_		of OSHA N							=
10/4/17			0/30	/17	<u>/]</u>			N	ECS					
Occupancy Status Durin	-	-			/	Street	Address	DO 1	241					
☐ Facility Closed/Vacat									30x 34	l .				_
Other - Describe:			y Hou	15		City, S	tate, Zip C	crosswicl	c NI	08515				
Scope of Work (Check a								Closswici	13, 113	00313				=
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	in triat apply)		enovat emolitic				☐ Mini-End Gloveba	tainment with Ne closure g Procedure empted (*) and N			'e			
			ocatio					(/===			T	bater		
Location	of		ormally I Solel			Des	scription of				_	Тур	e	
Asbestos-Containing N		Mair	ntenan			tos Cont	aining Mate	erial (ACM)	Amo				ш	
TO BE ABAT			ustodia Staff?	al	(ı.e.,		systems in		(Spe SF or		Ren	Re	псар	nc
(13)			(12)				niscellaneo		0. 0.		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							H H		ate	ତ
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Crawl Space ×					Th	ermal	Pipe Ins	sulation	18	lf	X			
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Name of Registered Waste Hauler				JDEP \		Cubic	Yards	Name of Reg	stered La	ndfill				
				lauler IC 182	No. 292		cu		Fairle	ss Lanc	lfill			
City, State							al Date	City, State	7.4	ior.:11 -	D 4			
Allentown, NJ Completed By Title							30/17 gnature	19/	IVIOTT	isville,	rA	_		_
Completed By Mahlon E. Ste	evens	\$10000000 mm.	ojec	t Mar	ager		griature	1		1 777233777777	10/1	0/17	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 5:16)

Check # 25598

M	1) (IK.		(1	ursua	int to NJA	C 8:60 and 5:16	5)			- 77	110	GI.
Date of Notification (1)	0 010			Nam	e of Buildi	ng Owner/Operato	r (2)		1 15	4.3	W	Ein
	21/17		N 5-69				Stevenso	n iii oc	7 1	20	919	Approved a
Agencies Notified	Type Notification	1		Stre	et Address				-			10
DEP	Initial ☐ Amended			City	State, Zip	Code						34000
⊠ DOL	Amendment :		-	Oity,	Otate, Zip		renton, NJ	18618	UALLE SERVICE SERVICE	ACCUPATION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	* ***	74/0/77
⊠ DOH	justification)	nciuun	ig	Nam	e of Conta		1021011, 110	Tele '				
☐ DCA	☐ Cancellation				Mar	ianne Stevens	son					
				FA	CILITY IN	FORMATION						
Name of Facility Where							Type of Facil t	y (4)				
Charact Address	Res	ident	al				School (K.		0)			
Street Address	3000							r 8 (Other than K-1 private & commerc		ldinas	S	
City (5)						- 60	homes, etc	;.)	200.00000000000000000000000000000000000		0.1 %	
, (-)	Trenton	NJ (0861	8			Square Feet 2000	# of Floors	IB	lldg. A	\ge 5+/-	
County (6)		,	-	Cou	nty Code (7) (STATE		rior if being demoli	shed)	0.	1/-	$=$ \downarrow
	lercer			USE	ONLY)							
Name of Monitoring Firm (8)		Owner	9	ASCM	No.		nent Contractor					_
Street Address	MECS					The second secon	vens Environ	mental Servic	es, Ir	nc.		
Street Address	PO Box 34	1				Street Address	DO 1	D 222				
City, State, Zip Code	1 O DOX 34	-1				City, State, Zip C		Box 322				
	osswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.		License Ne.				= $+$
Bill We	isgarber		(6	09) 29	8-4070	(609) 25	59-9688	(049.	3		_
Start Date (10)	Sche				ate (11)	Name of OSHA						
10/4/17 Occupancy Status During	- ^ (0)	1	0/10	/17				IECS				_
☐ Facility Closed/Vacate				mont		Street Address	PO I	3ox 341				
☐ Abatement Performed	Outside of Norma	l Facili	ty Hou	rs		City, State, Zip C		JOX J41				_
Other - Describe: 8						ony, oraco, zip o		ks, NJ 08515				
Scope of Work (Check al	I that apply)							-			-	= $+$
X ≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Full Cor ☐ Mini-End	ntainment with Na	egative Pressure				
≥160 sf or ≥260 lf			emolitic			Gloveba	ag Procedure	F. 11 B				
		Isl	Location	on	I	[]Non-Exe	empted (*) and Ni	on-Friable Procedu	1 2	bate	mont	$\overline{}$
Location o	£		omally Sole!						1	Тур		
Asbestos-Containing M	aterial (ACM)	Mair	ntenar	ice/	Asbest	Description of os Containing Mat		Amount				
TO BE ABATI	<u>ED</u>	-0.5933	ustodia Staff?	al	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rei	Z.	Encapsulate	Enc
(13)			(12)			other miscellaneo		Si di Erj	Removal	Repair	psul	Enclosure
		Yes	No	N/A					=	50.55	ate	e e
Basemer						ermal Pipe Ins	sulation	90 lf	×			
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the property of the control of the c					Vaste	Cubic Yards	Name of Regi	stered Landfill	1			-
Stevens Environmental Services, Inc.					No. 292	of Waste 2 cu		Fairless Land	lfill			
City; State					12	Disposal Date	City, State	/ Daniello Barre	-1111			=
Allentown, NJ						10/10/17	1	Morrisville,	PA			
Completed By Title						Signature	11/	Date	010	/		
Manion E. Stev	/ens	Pr	ojec.	Man	ager	_ _///	<u> </u>		9/21	/17		_

ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted-activities.



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

CX#4317.	. N	~ ~ ~ ~		N OF ASBEST to NJAC 8:60			CK 43	,0-	1		
Date of Notification (1)	35			Building Owne			MEG		W		nil
10/9)17				VS. JO	AN (3KA 7_	1111				
Agencies Notified Type Notification			Street Ad	1diess		<u> </u>	lin) oct	16	2017	1	
□ EPA □ Initial		_				-		-			71
□ DEP □ Amended	,,		City, Stat	te, Zip Code		17	034.12				- 6
DOL Amendment			· ro	MITON	LAICES	S . NT.	31946	CONTRACTOR			
DOH justification)	nercomg		Name of	0.040.0400.0400.000			Talanhana Minimi				
□ DCA □ Cancellation			MS.	GRAY							
			FACII	ITY INFORM	MATION	(m) (m) (m)	4)				
Name of Facility Where Abatement is Taking P						Type of Facility (4)				
Ms. JOAN	GRA	7				☐ School K-1					
Street Address		WATE - 9-12				Subchanter (i.e. p	8 (Other than K-12) rivate & commercial	ouildin	gs, hot	nes, et	tc.)
City (5)						Square Feet	# of Floors		ldg. A		
POMPTON LA	KES					1800	2		94	2	
County (6)			County				r if being demolished)			
PASSALC			(STATE	TERONIES		RIES	DENCE				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCI	No.	Name	of Abatement Conti	actor (9)				
•					Roo	t Removal	Tno				
Street Address					Street	Address	- deld Co				
7,000					450	South Ri	ver Stree	t.			
City, State, Zip Code				~		State, Zip Code	VCI OCICO				
						kensack,	NT 07601				
Project Manager for Manitoring Firm			Telepho	. No		ione No.	License No				
Project Manager for Monitoring Firm			reaction and	1 NO.	į						
	C.1 1.1	10	1.0. 7	(7.5)	1201	- 3 2 9 - 7 4 4 4 of OSHA Monitor	0038	8			
Start Date (10)	Schedule		25								
10/24/17	<u> </u>	12/	53 ;	<u>' </u>	lûne	ga Enviro Address	nmental				
Occupancy Status During Abatement (Check O	nly One)										
☐ Facility Closed/Vacated During Entire Per	riod of Abar	tement				Huyler S	treet				
Abatement Performed Outside of Normal Other - Describe: S:00 AM 73	Facility Ho	urs Pi-1			City, S	State, Zip Code					
Uther - Describe: 2:35 NFT 13	9 97-2				Sout	th <u>Hacken</u>	sack, NJ	076	06		
Scope of Work (Check All That Apply)											
□ ≥3 sf or ≥3 lf	.ET R	tenovat	ion		1	Full Containme	ent with Negative Pre	sure			
≥160 sf or ≥260 lf		Demolia	ion			Mini-Enclosure					
						I Glovebag Proc Non-Exempted	edure (*) and Non-Friable	Proced	ure		
	T			1	7	Total pace	7	1		ment	0.00
	1	Locati Normal							Ty	pe	
Location of		d Solel			Description	n of faterial (ACM)	Amount				
Asbestos-Containing Material (ACM) TO BE ABATED	M:	aintena	nce/			dation, surfacing,	(Specify	R	של	Encapsulate	En
In Facility	Cus	todial S (12)	Staff?		VAT, or		SF or LF)	Removal	Repair	apsı	Enclosure
(13)	-	(12)		of	ther miscella	neous)		val.	1	ılate	ure
	Yes	No	N/A	1							
BASEMENT	1		1	\/	'A-T		250 SF	o			
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	_		1		and the second second	THE RESERVE OF THE PARTY OF THE					
Name of Registered Waste Hauler			JDEP W	eta Lo	ubic Yards	Name of	Registered Landfill	1			
ivaine of Registered waste riauter			lauler 15		Mosta						
Best Removal Inc			1710	0.000	20/	2c7 Mine	rva Enter	nri	Ses	. 1	[,T,C
City, State					isposal Date	City, Star	e		- Annual Indiana	, ,	
					10/25	17 Warn	esburg, O	H 4	468	8	
Hackensack, N.J 07601 Completed by	Title				Signature	\cap	Da Da	H 4			
J. Maiorano		inc	ator		1	Paronor	3	10	19	17	
o. narorano	LES	غالني ا	<u>. L U / </u>		<u> </u>				-	1	
ASB-41 (R-06-08)					(Do not use this fo	rm for rebestos licens	ure exe	mpted	activi	ities.



Ch# 1452

Print Form

CK#1400

Date of Notification (1) 10/ '6/2017					f Building (e Proper		Operator	(2)		Table Commence		8				A CONTRACTOR OF THE PERSON OF
Agencies Notified	Type Notification			Street A	ddress			-		-		JCT	1	0 20	9.7	100000
EPA DEP DOL	Initial Amended Amendment		_		ate, Zip Co Bergen I		+) {	37		angain gloperised the gloperise in T	a programmy from		lacard materialism
DOH DCA	Emergency justification) Cancellation			Leste	f Contact r Garcia				•							
Name of Facility Where	Abatement is Takin	n Place (3)	FACI	LITY INFO	RMATI	ON	Type	e of Facility (4	1)						
Private property		9 1 1000 (0						П	School (K-12							
Street Address								×	Subchapter (Other (i.e. pretc.)	8 (Oth				dings,	home	es,
City (5) North Bergen NJ								Squa 120	are Feet	# of 2	Floors		1 233	ldg. A 50	ge	
County (6) Hudson					Code (7) USE ONLY)	-		Curr	ent Use (Prio	r if bei	ng dem	olish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN N/A	I No.				atement Cort utions Serv							
Street Address N/A							Street 1435		ess t Street							
City, State, Zip Code N/A						2222	A	Zip Code rgen NJ 0:'	047						1	
Project Manager for Mon N/A	Project Manager for Monitoring Firm N/A						Teleph 201-				Licen:),			
Start Date (10) 10/15/2017		Schedule 10/20/2		pletion I	Date (11)				SHA Monitor onmental I.	abora	atories	5				
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street			25						
Facility Closed/Vaca Abatement Perform	ated During Entire	Period of A	batem	ent					ite 22 Wes	t 						
Other – Describe: _		iai raciiity	nouis			_			Zip Code 07803							
Scope of Work (Check A	II That Apply)							7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		arrange and a second	enova emoliti				×	Mi Gl	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure						
		Is	Locati	on				1 140	bri-Exemplet	() and	I NOII-I	Habit			ment	
Location	of	N	lormali d Sole	ly		Des	scription	of						Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai	ntenar odial S (12)	nce/	Asbest (i.e.	thermal surfac	aining M systems cing, VA niscellan	s insul T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
First Flo	oor	163	140	X		ta	r pape	r		2/	10SF		X			
Roof				×			ng mate				00SF		X			:
							-				-					
Name of Registered Was Newark Carting Inc	te Hauler		Н	JDEP W auler ID 1509	0.0000000000000000000000000000000000000	Cubic of Was			Name of R				ndfil			
City, State Po Box 5670				9		Dispos	sal Date		City, State 2335 Ap		ıtter R	Rd Be	ethle	hem	PA	
Completed by Marcos Regato		Title Presid	dent			S	ignature Ma	elt	en la			Date				

CK# 135	049			ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		ī			dead so	51/1 PT	State 2	ma, 3
Date of Notification (1) 10/09/2017	F 0 5				of Building on NJ,				nd Vetera	ns Affa			W/		A SERVICE AND A
Agencies Notified	Type Notification × Initial				Address Eggerts (Crossi	ng Road	d		11	UUI	1.0	£.V.	T. T. T. S.	
DEP X DOL	Amended Amendment	#			tate, Zip C enceville		8648		_	in the second	Kapaningapangapanga COMETANIAN ASPARAN	rya, kini, amerikan yay Awestar () while () si	d = 100 t .		
DOH DCA	Emergency (i justification) Cancellation	nciuaing			of Contact cBride					T-1	NI	··mhar			
				FAC	ILITY INF	ORMAT	TION			-			-		
Name of Facility Where A Former Newton Arm	Abatement is Taking nory	Place (3)					Туре	of Facility						
Street Address 5 South Park Drive								×	School (F Subchap e Other (i.e.	r 8 (Oth			ldings	, hom	es,
City (5) Newton								Squa	etc.) are Feet 200	# 0	f Floors		Bldg. /		c
County (6) Sussex County			T		Code (7)	2		Curr	ent Use (F'r	ior if bei	ng demoli			Car	
Name of Monitoring Firm		wner (8)		M No.	6		of Aba	mer Arnic	ntractor			=		
TTI Environmental, Street Address							Neut		nvironm e	ental S	ervices,	Inc.			
1253 North Church City, State, Zip Code	Street								Road Zip Code						
Moorestown, NJ 08							Phoe	nixvi	lle, PA	9460					
Project Manager for Mon Jim Guilardi	itoring Firm		- 1	Telepho 856 84	ne No. 40-8800		Teleph 610 9				License 00836	No.			
Start Date (10) 10/24/2017		Schedul 11/20/		npletion	Date (11)		1000000		HA Monitor		ervices.	Inc.			
Occupancy Status During			35				Street . 42 Ri	Addre	ss -		<i></i>				
X Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire Pe ed Outside of Norma	eriod of Il Facility	Abatem y Hours	ent			City, St	tate, Z	ip Code	2460					
Scope of Work (Check Al	l That Apply)						FIIOE	IIIXVI		9400					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demoliti				×	Mir Glo	II Containin ni-Enclosi r ovebag Pro n-Exempte	e cedure				e	
Location	of		Location Normall			ρ.	a ariatia a	o.f						ement pe	
Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM)	Ma	ed Solel intenar todial S (12)	ice/		tos Con thermal surfa	scription taining M systems cing, VA niscelland	aterial insula r, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
0 40		Yes	No	N/A										le	
See Attached	d Table			X		See At	tached	Table	e	See A	Attached	Х			
											-6.22 -6.12				
Name of Registered Wast	e Hauler		N.	JDEP W	/aste	Cubic	Yarde		Name of	Register	ed Landfil				
Neuber Environment			Ha	auler ID 35969	No.	of Was			1000		y Solid		e Fac	ility	
City, State Phoenixville, PA							sal Date lov 201	7_	City, State		vnship, l	NJ			
Completed by Patrick Larney		Title Proje	ct Ma	nager		S	ignature	J.	lis	مىد	D	ate 0/09/2	2017		



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CV#140	15609	74) (F	ursuant	to NJAC 8:60	and 12:12	20)		N	I (A III	MIN	I IE		Paramore .
Date of Notification (1) 10/06/2017				Name of Judy I	of Building Own Liao	er/Operato	r (2)			ner i	6 20	17	A CONTRACTOR OF THE PROPERTY O	The state of the s
Agencies Notified	Type Notification			Street A	Address					ULLA	UAU	2.5	1	
× EPA × DEP × DOL	Initial Amended Amendment				ate, Zip Code eck, NJ 0766	66			100	network (Special American Special American) (See	Marie Carlo		- Anna Anna Anna Anna Anna Anna Anna Ann	all the second
▼ DOH DCA	Emergency (justification) Cancellation	incluaing		Name of Judy L	of Contact _iao			-	Tel	enhan- N				
Name of Facility Where	Abstament in Takin	n Diago /	2)	FAC	ILITY INFORM	ATION	T =	(F 11: 7	-					
House	Abatement is Taking	y Place (3)				Тур	school (K-1	(0)					
Street Address							×	Subchapter Other (i.e p	8 (Oth			dings	, hom	es,
City (5) Teaneck							Squ N/A	are Feet	# o N//	f Floors A		3ldg. /	Age	
County (6) Bergen					Code (7) USE ONLY)		0.0000000000000000000000000000000000000	rent Use (Frid USE	or if bei	ng demolisl	ned)			
Name of Monitoring Firm	n Hired by Building (Owner (8))	ASCN	√l No.			atement Con atement, n		(9)				
Street Address						Stree 11 F		ess ngren Aver	nue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Mo	nitoring Firm			Telepho	ne No.	Telep 973-		No. -8685		License N 01311	0.			
Start Date (10) 10/17/2017		Schedul 10/18/		npletion	Date (11)	100000000		SHA Monitor atement, Inc						
Occupancy Status Durin		85				Street			10102					
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire P ned Outside of Norm Occupied	eriod of all Facility	Abaten y Hours	nent s		City, S	State,	ngren Aven Zip Code NJ 07512!	iue ———			-		
Scope of Work (Check A	All That Apply)	-				1010	ovva,	145 07 5 12.				-		
X ≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	Renova Demolit	100000000000000000000000000000000000000		> >	M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure	500			e	
			Locati					T				Abat	ement	t
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) IATED lity	Use Ma	Normal ed Sole intena todial s (12)	ly by nce/	Asbestos C (i.e. therr su	Description ontaining National system or miscellar miscellar	Materia s insu AT, or	lation,	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A									e	
Basem			X			pe insula				20 LF	X			
Basem	ent		Х		Furr	nace Insu	ulatio	n	3	0 SF	X			
											_			
Name of Registered Wa	ste Hauler		I N	JDEP W	laste Cu	bic Yards	-	Name of E	enieto	red Landfill				
D&S Abatement, Inc			Н	auler ID 0996	200	Vaste		1 1000	0.00	gement of	PA			
City, State Totowa, NJ					Dis TB	posal Date D	M	City, State Morrisvi		4				
Completed by Oliver Hegedis		Title Proje	ect Ma	nager		Signature	11	/		Da 10		2017		

					OF ASB				Ch	lc	k 1	170	CE	5	
Date of Notification (1) 10/9/17					of Building Group/A				n Manage	ment,	Inc.	-			<u> Lauriumaa</u>
Agencies Notified	Type Notification			Street A	ddress Uwchlan	Aveni	ue, Sui	ite 40	4	1 Contract of the Contract of)EG	EI	W		A Comment
DEP DOL	Initial Amended Amendment	#			ate, Zip Co					All Epicasis	1 oct	16	2017	1	And the control of th
× DOH	Emergency (injustification)	including		A SHOW STATE	f Contact					Tel	ephone N	umber			34
DCA DCA	Cancellation			Mike 7	Troost						5				_)
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McDonald's	batement is Taking	riace (3)						of Facility (0.51					
Street Address 6048 Harding Highw	vav								School (K-1 Subchapter Other (i.e. p	8 (Oth			dings	hom	es,
City (5)								Saus	etc.) are Feet	T # 0	f Floors	T F	Bldg. A	vae	
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County (6) Atlantic					Code (7) USE ONLY)		200000000000000000000000000000000000000	ent Use (Prio			shed)			-
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	ИNo.				atement Cor						
Street Address							I FIGURE AND	Addre				-			
07. 01. 7. 0. 1								and the second second	83, 4 E G	ate D	rive				
City, State, Zip Code									Zip Code d, N.J 074	18					
Project Manager for Monit	toring Firm			Telepho	ne No.		Teleph 973-	none N 764-2			License 703	No.			
Start Date (10) 10/17/17		Schedule 11/30/		npletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During	Abatement (Check	Only Or	ne)			DIII COLO	Street	Addre	SS						******
× Facility Closed/Vaca Abatement Performe × Other – Describe: ro	d Outside of Norma	eriod of A al Facility	Abaten / Hours	nent			City, S	state, Z	Zip Code	-				- 1607 -	
Scope of Work (Check All	That Apply)														-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Property of the last of the la	Renova Demolit				×	- Mi	Il Containme ni-Enclosure ovebag Proc on-Exempted	edure				e	
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(13)		Yes	No	N/A		other r	niscellar	neous)				oval	air	ulate	sure
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Completed by A. Scott Higgins	V 100 100 100 100 100 100 100 100 100 10	Title Pres	ident			S	Signature	,	A_	<u></u>		ate 10/9/17	7		Albert Co.

Completed by

A. Scott Higgins

Title

President

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Date of Notification (1) 10/9/17					of Building t Group/				n Manage	ement,	Inc.	T 8	79.50		newy
Agencies Notified	Type Notification	1		Street	Address			V-21/11		1147	361	3 1	101	5	
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X DOL	Amendmer Emergency			Extor	n, PA 1	9341								-	Justine
DOH DCA	justification Cancellatio)			of Contact Troost	t				Tel	enhone-N	umber		-	- Total
				100000000000000000000000000000000000000	CILITY INF	ORMAT	ION			-			200		
Name of Facility Where A El at Marlboro 79	Abatement is Taki	ng Place (3)					Туре	of Facility	3.00					All
Street Address								H	School (K- Subchapte	12) r 8 (Othi	er than K-	12)			
103 South Main Str	eet							×	Other (i.e. etc.)	private 8	commerc	cial bu	ildings	, hon	ies,
City (5) Marlboro								Squa 3,20	are Feet 00	# of	Floors		Bldg.	Age	
County (6) Monmouth					Code (7)	y)			ent Use (Pr			shed)			-
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC															
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ABS Environmental Services, LLC															
Street Address															
							Glen	wood	d, NJ 074	118					
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph 973-	none N 764-2			License 1	Vo.			
Start Date (10) 10/20/17		Schedul 11/30/		npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During	Abatement (Che						Street	Addre	SS					-	
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire d Outside of Norr	Period of / nal Facility	Abaten Hours	nent			City, S	tate, Z	etoO qi				283001		********
Scope of Work (Check All	That Apply)														
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TO BE ABA In Facility (13)	TED	26.000	intenar odial S (12) No		(i.e.		aining M systems cing, VA niscellan	insula T, or	(ACM)	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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monor		-		X			II pane				O SF	X	-		
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Name of Registered Waste	e Hauler	1	TN	JDEP W	/aste	Pipe Cubic	insulat Yards	ion	Name of F		LF	X			
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City, State Freehold, NJ					X		al Date		City State		***************************************				

Signature

Date

10/9/17

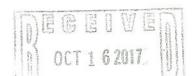
State Of New Jersey

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UC# 2884				TION	OF ASE	BESTOS AB 8:60 and 1		And the second s	BE	Control of the Contro		Market Ma
Date of Notification (1)			Nai	ne of Bu	ilding Owne	er/Operator (2) 10 0	rT 1 A	3 20	17	1 1 1
	10/06/17			Con	mpetitive	Aluminum			6111	لاک ل	3.0	
Agency Notified x EPA	Type Notification Initial				et Addre			i 18-16.				Seeds
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DOM:	Cancellation				ne of Co	ontact	Τ	elenhone Numb	ar.			
			T	Gai		FORMATIO	N					
Name of Facility Where	Abstament is	Tolsi	na Dla	ACIL	II Y INI	FORMATIO		11: 70				
House	Abatement is	Taki	iig Pia	te (3)			Type of Fac					
Street Addresses							School (I		(IZ 10)			
Street Hadresses							x Other (i	er 8 (Other than (e. private & com	K-12)	Dui	ldina	**
City(5)					-						ding	,S,
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County (6)	1201		Count	v Cod	e (7) (ST	ATE USE	Current Use	(Prior if being o	 :-	(h	NI-	
Morris			ONLY		C (1) (B1)	ATE OSE	Current Ose	(Filor ii being t	iemonsi	iea)	NO	
Name of Monitoring Firm	n Hired by Bui	lding			CM No.	Name of A	Abatement Co	ntractor (0)				
(8)\- IRIS Environmenta						Pezo Inc	toatement Co	intractor (9)				
Street Address						Street Addr	ecc.					
2333 Route 22 West						The state of the s	ook Rd., #150)				
City, State, Zip Code						City, State,		,				
Union NJ 07083							rk, NJ 07035					
Project Manager for Mon	itoring Firm	Tel	lephone	No.		Telephone		License N	0			
Rick		908	3-206-0	073		973-628-78		01141				
Start Date (10)	Schedul		mpleti	on Da	ta (11)	Name of O	SHA Monito	r				
10/07/17	10/07/1							oratories, LLC				
Occupancy Status During	Abatement (C	heck	only o	ne)		Street Addr						
X Facility Closed/Vacate	d During Entire	Period	of Aba	tement		2333 Route						
Abatement Performed Other -Describe	Outside of No	rmal	Facilit	y Hou	rs	City, State,						
Scope of Work (Check all a	1-0					Union NJ						
scope of work (Check all	appiy)							ment with Negativ	e Pressu	re		
> 3 sf or $>$ 3 lf				R	enovation		Mini-Enclo X Glovebag					
xx > 160 sf or > 260 lf					emolition			ted (*) and Non-Fr	riable pro	ncedi	ire	
			s Locati					7		atem		
Location of		8	Normal	У		Description	of			T	ype	
Asbestos-Containing ma	terial (ACM)	Us	ed Solel	y by	Asbestos	s Containing M	aterial (ACM)	Amount			T.	T
TO BE ABAT		100000	aintenar		(i.e.,	thermal system	s insulation,	(Specify	Removal	Repair	nc	Enclosure
IN Facility	/		Custodi	al		Surfacing, VA	T, or	SF or LF)	101	air	aps	losı
(13)			Staff? (12)		(Other miscella	neous)		a		Encapsulate	ire
			(12)					ā			C	
		Yes	No	N/A								
Basement		2355			n			202 0 500			_	
			X			sulation		80 LF	X			
First Floor			X		Pipe In	sulation		24 LF	X			
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Name of registered Wast	e Hauler	NI	DEP V	/aste I	Juler (Cubic Yards o	f Name of I	Registered Landf	ald			1
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						11.000	17 4310 171		msyrval	11a		
City, State					I	Disposal Date	City, Stat					
Lincoln Park, NJ 07035								e Pennsylvania				
Completed by	Title. Pres	ident			5	Signature [71	Data				
Tom Pezic							& encel	10/06/17				

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Date of Notification (1)	5-17			Nan		ng Owner/Operator	1	MR P	paper sambet ve		Market Commencer		
Agencies Notified	Type Notificati	ion		Stre	et Address	3		A					_
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Ø DOH □ DCA	justification Cancellation	n)	3	Nan	ne of Conta			Telephon	e Numb	er			
				<u></u>	SA	FORMATION							_
Name of Facility Where	Abatement is Tal	kina Plac	e (3)		ACIDITAIN	FORMATION	Type of Facilit	ty (4)			-		-
	SIDENCE	2012	- (-)				School (K-						
Street Address			W.				Subchapte Other (i.e., homes, etc.)	private & cor			dings		
City (5)	C+11.1	11+	D.				Squa e Feet	# of Floo	ors	1000	dg. A	-	
County (6)	CAM	CIT	4	Cot	inty Code (7) (STATE	Current Use (F	Prior if being	demolish	_	20	_	_
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Name of Monitoring Firm (8)	Hired by Building	g Owner		ASCN	1 No.	Name of Abatem		9)					
Street Address	A					Street Address							=
Street Address						369 5	. SPRIX	E AUE	-				_
City, State, Zip Code						City, State, Zip C	SHAPE	W.T	08	05	7		
Project Manager for Mon	itorina Firm		Tele	phone	No.	Telephone No.	2500	License	No		_		=
Troject manager for more	2.5.2 2.5.2					856-77			044	14			_
Start Date (10)	Sch	reduted C	omple Z	tion D	7	Name of OSHA N	Monitor N/A						
Occupancy Status During						Street Address							
Facility Closed/Vacate Abatement Performed	d During Entire F	Period of	Abate v Hou	ment		City, State, Zip C	ode						=
Other - Describe:	Outside of North					Oily, Oldie, 2p 0		N					_
Scope of Work (Check all	that apply)					☐ Full Con	tainment with Ne	egative Press	sure				
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≥160 sf or ≥260 if		× C	THOUGO	u 	,		mpted (*) and N	on-Friable Pr	rocedure				_
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Location of Asbestos-Containing Ma			Soleh		Asbest	Description of os Containing Mate	erial (ACM)	Amoun	t			m	_
TO BE ABATE		Cu	stodia staff?			thermal systems in surfacing, VAT,	sulation,	(Specifi SF or LF		Remova	Repair	ncap	nclo
IN Facility (13)			(12)			other miscellaneo		0, 0, 2	<i>'</i>	noval	balr	Encapsulate	Enclosure
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				JDEP V	Macto I	Cubic Yards	Name of Reg	istered Land	 fill				-
Name of Registered Wast			H	auter ID	No.	of Waste	CIA	CW	(1)	V	4		
KLTM CO I City, State	WC.		-11	798	,,,	Disposal Date	City, State		., .				
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Completed By	Titk					Signature	1016_		lb-	5-	17		
MICHAEL KLC	MM	000											

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State of New Jersey FICATION OF ASBESTOS AB



Date of Notification (1)				Na	ne of Build	ing Owner/Operator		DATRACTO	11/-		Market Light 14	Ī
Agencies Notified	Type Notification	οn		Stre	eet Addres				NU.			
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DEP DEP	Amended Amendmen			City	, State, Zip					-		
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DOH DCA	justification Cancellation)		Nar	ne of Conta			Telephone Num	ber			
	Car icelia lior	I.				UCE						_
				F	ACILITY IN	FORMATION						
Name of Facility Where			ce (3)				Type of Facil					
	ESIDENC	<u> </u>					School (K	-12) er 8 (Other than K-1:	2)			
Street Address							Other (i.e.	, private & commerci	100	ding	5,	
City (5)							Square Feet	# of Floors	T B	ldg. /	Age	
City (5)	CLAN (17	4				2000	7	1	50		
County (6)	aring c		4	T Co	unty Code	(7) (STATE		Prior if being demoli	shed)			
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Name of Monitoring Firm	Hired by Building	Owne	r	ASCA	A No.	Name of Abatem	ent Contractor	(9)				
(8)	VIA					KLE	EMCO]	INC				
Street Address						Street Address	C C (C-					
						369		UCE ALE				_
City, State, Zip Code						City, State, Zip C		DE M.J	18	75	2	
			1 7-1		Ne	Telephone No.	ESHAN	License No.	000	ا در	=	=
Project Manager for Mor	nitoring Firm		l lei	ephone	. NO.	856-77			44			_
Start Date (10)	Sche	duled (Comple	etion D	ate (11)	Name of OSHA N	Monitor 1 1					
10-15-1		10-	-2	3-1	7		MID	<u> </u>				_
Occupancy Status Durin						Street Address						
Facility Closed/Vacate						0 - Charles 7 - Ca						=
☐ Abatement Performed ☐ Other - Describe:	Outside of Norma	a Facai	ty nou	15		City, State, Zip Co	xoe .	The Sales				
	th the temples								_			=
Scope of Work (Check a	ii that apply)							legative Pressure				
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∑≥160 sf or ≥260 lf		DE O	CITIONIC					Non-Friable Procedu	е			
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Location of	of.		iormally Solel			Description of			_	171		\vdash
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TO BE ABAT IN Facility	ED		ustodia Staff?	н	(i.e.,	thermal systems in surfacing, VAT,		SF or LF)	Rem	Repair	cap	nclo
(13)			(12)			other miscellaneou			Remova	air	Encapsulate	Enclosure
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			- 1	JDEP V	Nacto T	Cubic Yards	Name of Rec	istered Landfill		_		
Name of Registered Wast						of Waste	()	** ***********************************	IA.			
- KLTMCO	INC		_ 1 1	790	24	Disposal Date	City, State	I.C. M.U.	Part .	_		-
City, State	40- 111	_				usposai uate	I A 1 C	DBINE				
	ADE M	ر.				Signature	1 - 1000	Date				=
Completed By MITHAL G	CM M	<	UP.			Du. li	DW-	_10-	5	17		_
MILLIAM IN	VIII -		~ .									

CK 4331 J SCNIT IN NOTIFICATION FOR 1056 DOAHO AVE TWIG CHU State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT to NJAC 8:60 and 12:120)

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Date of Notification (1)	5-17			Na	ame of Build	ling Owner/Operato	or (2) 16750W			10 4 5	-	
Agencies Notified	Type Notificat	ion		St	reet Addres			15 light of proper and the second second	The State of the S	~~~		+
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DEP	Amended Amendmer	nt ##		Cit	y, State, Zir							
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DCA DOH	justification		S. 11.1. T. 1	Na	me of Cont			Telephone Nun	nber		24.1	
	Cancellatio	n		_	Ktv	<u> </u>						
				F	ACILITY IN	FORMATION						
Name of Facility Where			ice (3)				Type of Facil	ity (4)		201-201-		
	SIPENCE				·		School (K	-12) er 8 (Other than K-1	21			
Street Address							Other (i.e.	, private & commerc	ial bu	ilding	s,	
City (5)	ILLAS						Squale Feet	# of Floors	1	Sidg.		
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CIAP		,		US	SE ONLY)		1 VAC	ANT	3,100,			_
Name of Monitoring Firm (8)	Hired by Building	g Owne	f	ASC	M No.	Name of Abatem						
	A						DN1. O.	-1	_			
Street Address						Street Address	SPRIX	E AUE				
City, State, Zip Code						City, State, Zip C			305	-7		
Project Manager for Moni	toring Firm		T Tol	phon	a No	Telephone No.	JH MPE	License No.	000			_
	20		_			856-77	9-0172		4 (_		_
Start Date (10)	Sch	eduled	Comple	tion D	ate (11)	Name of OSHA N	Monitor ,					
10-15-17		10-	-23	-1	2		N/A					
Occupancy Status During	Abatement (Ch	eck onl	y one)			Street Address					Provide Color	
Facility Closed/Vacated							: 					
Abatement Performed	Outside of Norma	al Facili	ty Hou	3		City, State, Zip Co	ode	Tarra.	- 1			
Other - Describe:			_									
Scope of Work (Check all	that apply)				32	Euf Con	tainman with Ne	egative Pressure				
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Asbestos-Containing Ma	40000000000000000000000000000000000000	,,,,_,	ntenano			os Containing Mate thermal systems in		Amount (Specify	-		Ē	m
TO BE ABATE! IN Facility	2	1	Staff?		(I.e.,	surfacing, VAT, o		SF or LF)	em	Repair	Cap	nclo
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City, State	NINE NI	T				Disposal Date	City, State	DBINE				
	ADE N	1)				Signature	A	Date			_	=
Completed By MICHAEL KUCK	Title	SUP.				Signature	Da	~ Date	5	7	1	_
										-		

CK#6407		NOTIF	ICATIO	State of No N OF ASI It to NJAC	BESTOS	ABATE	EMENT (0)	P] L	1			u	a restante s
Date of Notification (1)			Name	of Building	Owner/	Operato	r (2)		1 1 1	1 (42)	(123 (124		1 17	7 E	101
10/9/17			Jas	on & Ka	ty Cutt	s Priv	ate Ho	me	- 11		1440	ends: 8	ut see	1967	A CONTRACTOR OF THE PARTY OF TH
Agencies Notified Type Notification			Street	Address						. 11	ΠT	1 (0	201	7	1 1 1 1
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DEP Amended		Ī		tate, Zip C						v.			-		Sensor
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DOH justification)				of Contact					To	lanhan	~ hl			1-5-	
DCA Cancellation			Rich												
Name of Facility Where Abatement is Taking	Place	(3)	FAC	ILITY INF	ORMAT	ION	T	6 F - 100 /							
Jason & Katy Cutts Private Hom	e	(0)					_	of Facility (4							
Street Address							□ s ▼ °	chool (K-12 ubchapter i ther (i.e. pr	8 (Oth	er than & comr	K-12 merci	2) al bui	dings	, hom	es,
City (5)							Square	c.) Feet	# 0	f Floors	s .	T	Bldg. /	Ane.	
Moorestown NJ 08057							1000		2			1 000	35+	·9¢	
County (6)				Code (7)	^		Curren	t Use (Prior	r if bei	ng den	nolish				
Burlington Name of Monitoring Firm Hired by Building C	h.mo= /0														
N/A	wher (c)	ASCI	M No.			of Abate naco In	ement Cont	ractor	(9)					
Street Address							Address Box 32								
City, State, Zip Code						100000000000000000000000000000000000000	state, Zip	P:						-	
								NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No.			Licen	se N	0.			- C C
31 12 140						856-	753-98	300		0072	27				
Start Date (10)		1.	npletion	Date (11)		1		Monitor							
Occupancy Status During Abatement (Check	1013	511)			Sam									
						Street	Address								
Facility Closed/Vacated During Entire Package Abatement Performed Outside of Normal	eriod of al Facilit	Abatem y Hours	nent i			City, S	tate, Zip	Code		4					
Other - Describe:															
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini- Glove	Containmer Enclosure ebag Proce Exempted	dure					a	
	Is	Locati	on										collection av	ment	
Location of		Normall			Des	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Solei aintenar		Asbes	tos Cont	aining M	laterial (A	ACM)	200.00	nount				Ш	_
In Facility	Cus	todial S (12)	staff?	(i.e.		systems cing, VA	insulation	on,		pecify or LF)		Remova	Re	Encapsulate	Enclosure
(13)		(12)	,		other n	niscellan	eous)					1000	Repair	sula	osur
	Yes	No	N/A									-		ate	e e
Stack pipe interior wall			х		tran	site pi	ре		20) LF		x			
Name of Registered Waste Hauler			IDEE												
		1 19990	JDEP Wauler ID		Cubic of Was			Name of Re		ed Lar	ndfill				
United Containers		1 3 3 3 3 3 3	2459	90E1	2	ita Tuo		G.R.O.W	I.S.	1					
City, State						al Date	131 5	City, State							
Elm NJ					10/3	5/1-	7	Morrisvill	le PA	1906	67				
Completed by	Title	., .			Si	ignature					Date		1.	1002	
Anthony T Perna	Pres	ident					1	500.1			10	q	11-	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

V # (0408	to		FICATION	OF ASBI	ESTOS	ABATEN				.	ota-dosensolvana proved	Fi '	an r	E F
Date of Notification (1)	7			f Building									Remi	TIM
Agencies Notified Typ	e Notification		Street A	THE STREET STREET		101	-			- 0	CT 1	02	Carried Carried Carried	Prints street
⊠ EPA ⊠	Initial													- En
DEP DOL	Amended Amendment #			ate, Zip Co		00000	8		-	- Control of the Control	THE RESERVE OF THE PERSON NAMED IN COLUMN	A Toronto Maria Con	e (name) designed	******
	Emergency (including	g		Beach T	wp NJ	08008								
DOH DCA	justification) Cancellation	- 1	Kevin						l lel	enhone Ni	ımber			
				ILITY INFO	RMATI	ON							100000000000000000000000000000000000000	
Name of Facility Where Abate		(3)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Туре	of Facility	(1)				7-7-9-32	
Kevin Lenahan Private	Home							School (K-	12)					
Street Address							X	Subchapter Other (i.e., etc.)	r 8 (Oth private	er than K-1 & commerc	2) cial buil	dings	, hom	es,
City (5) Long Beach Twp NJ 08	0089						Squa 100	are Feet	# 0	f Floors		Bldg. A	\ge	
County (6)			County	Code (7)				ent Use (Pri		na domolio		35+		
Ocean			(STATE	USE ONLY)		_	hou		(1 II Del	ng demons	ileu)			
Name of Monitoring Firm Hired N/A	d by Building Owner (8	3)	ASCN	/I No.		Name of Pern		atement Co Inc.	ntractor	(9)				
Street Address						Street /	0.000	W-1971 (1)	-					
City, State, Zip Code								Zip Code						
								lin NJ 080	091					
Project Manager for Monitoring	3 Firm		Telepho	ne No.		Telepho 856-7	one N	lo.		License 1	No.			
Start Date (10)	Schedu	led Co	mpletion	Date (11)	-			HA Monitor		00121		-		
10/19/17	10/26	5/17				Same	е							
Occupancy Status During Aba	tement (Check Only C	ne)				Street A	Addre	ess	-					
Facility Closed/Vacated D Abatement Performed Outline - Describe:	Ouring Entire Period of stside of Normal Facili	Abater ty Hour	ment 's			City, St	ate, Z	Zip Code						
Scope of Work (Check All Tha	t Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli	7170777			X	Mi	III Containmoni-Enclosure ovebag Propon-Exempted	e cedure				e	
		s Local											emen	t
Location of		Norma ed Sole				scription			Lighe		-	1)	ре	Г
Asbestos-Containing Mate TO BE ABATED In Facility (13)	nai (ACIVI) M	aintena stodial (12)	nce/ Staff?		thermal surface	aining Ma systems bing, VAT niscelland	insul r, or		(8	mount Specify For LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		ite	0
Exterior Siding)		х		Exte	rior Sid	ing		19	00 SF	x			
		-									_			
		-									-	_		
Name of Registered Waste Ha	uler		NJDEP W	/aste	Cubic '	Yards		Name of	Flegiste	red Landfil	1	L		
United Roll Off		F	Hauler ID 22459		of Was	2.7		G.R.O.		. 24 Surruiii	ō			
City, State Elm NJ					Dispos 10/26	al Date 5/17		City, State Morrisy		A 19067				
Completed by Anthony T Perna	Title Pre:	sident			S	ignature	2	1		D	ate 0/9/1	7		· · · · · ·



NOTIFICAT ON OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK # 1286

Contraction of	of Notification (1)					of Building Kush LL		Operator	r (2)		FNE	(P)		1 171		7-1
100000		Type Notification			Street A								5 1	1 11	- E feet	nli
Agend	sies Notified	ype Nouncation				1th St				1	iai n	er ee	. 0	2000	45	Total Control
10000	EPA	Initial		-		ate, Zip Co	wie -				101 0	t.	10	200	1	
Server	DOL	Amended Amendment	# 2			sill, NJ	,de									
-		Emergency	(including	- 1		f Contact					Telephone	. Kl	- Carrier	witnesse		-
	DOH DCA	justification) Cancellation			Name 0	Contact					relephone	TNUH	iber-	****	TALES	
-	, i	Cancellation			EAC	ILITY INFO	DMAT	ION								
100000000000000000000000000000000000000	of Facility Where Ab	atement is Takin	g Place (3)	FAC	ILII I INFO	DKINA	ION	Type of	Facility (4)						
	idential House									nool (H-12)						
Street	Address									chapter 8 (C				d!		owner.
									Oth etc.	er (i.e. priva)	te & comn	nercia	al Duli	aings	, nom	es,
City (5									Square F	eet 7	of Floors	5	E	Bldg.	Age	
Cres	sskill								2000		2		!	50 +		
Count	y (6)					Code (7)	-		Current l	Jse (Prior if	being dem	nolish	ed)			
Berg	gen				(STATE	USE ONLY)			Reside	entia Hous	se					
Name	of Monitoring Firm H	ired by Building	Owner (8)		ASCN	Л No.		Name	of Abatem	nent Contrac	tor (9)			T		
n/a					n/a			Harr	mony Co	ntracting	Inc			1		
Street	Address							Street	Address							
n/a								360	Palisade	e Ave						
	State, Zip Code						42.5	City, S	state, Zip C	Code				į.		
n/a					1.4		•	Gari	ield, NJ	07026						
	t Manager for Monito	ring Firm		18	Telepho	ne No.			none No.		Licens	se No).			
n/a								9734	460.6026	5	0125	55				
	Date (10)				npletion I	Date (11)			of OSHA							
	4/17		10/30/1		- 14	•				ntracting	nc					
Occup	ancy Status During A	Abatement (Chec	k Only On	e)					Address							
F	acility Closed/Vacate	d During Entire F	Period of A	batem	nent	:		1999	Palisade							
	batement Performed other – Describe: Sci		nal Facility	Hours		k ·			tate, Zip C							
							_	Gari	field, NJ	07026						
THERMAL .	of Work (Check All 1	hat Apply)	record					per per	7					4		
	3 sf or ≥3 lf 160 sf or ≥260 lf		PRODUCTION OF THE PARTY OF THE	enova				2		ontain ment w	ith Negati	ive P	essu	re		
<u> </u>	100 SI 01 2200 II		ixi D	emolit	ion					nclosure pag Procedu	re					
								×		xemp ed (*)		riabl	e Pro	cedur	е	
			ls	Locati	on										emen	t
	Location of			ormal			De	scription	of					1 1)	ре	
Asi	bestos-Containing M TO BE ABAT			i Sole ntenar					Material (A		Amount				П	m
	In Facility		Custo	odial S	Staff?	(i.e.		system: cing, VA	s insulatior T. or		(Specify SF or LF)		Rem	Re	ıcap	incl
	(13)			(12)				niscellar	0.9763435		/		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								=		ate	, e
	Exterior				х		Trans	ite Shi	ngles	-	1000 SF		×			
	Basemen	t			x		Pipe	Insula	tion		100 LF		×			
														i		
Name	of Registered Waste	Hauler		100	JDEP W auler iD	255202	Cubic of Was		N	ame of Regi	stered Lar	ndfill				
	ony Contracting	Inc			33058	140.	TBD	516	(BROWS L	andfill					
City, St								sal Date	C	ity, State						
	eld, NJ						TBD		N	/lorrisville,	PA					
	eted by		Title				S	ignature				Dat		1	11-427-	
Tina (Caporino		Secre	etary				lua	Cas	DXO		10	/11/	17		

W# 11/18 MA		(P	ursuant	to NJAC	8:60 and	112:12	0)			B			A CONTRACTOR OF THE PARTY OF TH	
Date of Notification (1) 10-10-17			Name of	Building (07.4	6 2017	arroe fu	Providence Providence Providence				
Agencies Notified Type Notifie	cation		Street A	ddress	_				0 0		0 2011	4 1		
EPA Initial Amen	ded dment#	_	City, Sta	te, Zip Co		6		•		a Number Process National Street	www.westrape	Cor		
DOH justific	gency (including cation) ellation		Name of Corbet						l Tel	anhone A	lumher			
			FACI	LITY INFO	DRMATI	ON	-							
Name of Facility Where Abatement is Private Home	Taking Place (3)						oe of Facility School (K	12)					
Street Address							E	Subchaptes Other (i.e. petc.)				dings,	home	es,
City (5) Jersey City							Sq	uare Feet	# of	Floors	E	Bldg. A	\ge	
County (6) Hudson			County (Code (7) USE ONLY)			Cu	rrent Use (Pri	or if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Bu N/A	illding Owner (8)		ASCM	1 No.	110			batement Co		(9)				
Street Address						Stree 522								
City, State, Zip Code								, Zip Code ity NJ 0708	37					
Project Manager for Monitoring Firm			ne No.		Telep	hone			License 01206					
Start Date (10) 10-20-17	Schedule		mpletion I	Date (11)				SHA Monitor						
Occupancy Status During Abatement	t (Check Only On	ne)				Stree	200							
Facility Closed/Vacated During I Abatement Performed Outside of Other – Describe:	Entire Period of A property of Normal Facility	Abater Hour	ment s				State	St. , Zip Code lity NJ 07(%	07		/////////////////////////////////////			
Scope of Work (Check All That Apply	r)					Unic) i i C	- NO OTCO	51					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	. □ R	Renova Demoli					= !	Full Containin Mini-Enclosur Glovebag Pro Non-Exempt	e cedure	C			re	
	ls	Locat	tion		***************************************							Abat	emen	t
Location of	1100	Norma d Sole		0.1		scriptio						Τ'	/pe	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Ma Cust	intena todial (12)	ince/ Staff?		thermal surfa		ns ins AT, o	r	(8	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
Deef	Yes	No	N/A			oof Fe	14-		40	00.05	-	-	_	-
Roof		X								00 SF	X	-		-
Exterior						site S	iaing	3		00 SF	X	-	-	
Basement		_	-		D:	VAT				70 SF	X	-		
Basement Name of Registered Waste Hauler		X	NJDEP W	looto		Insula	atior	Name cf		0 LF	X			
Delfa Contracting LLC Hauler ID No. 35240					of Wa					source		ery F	acili	ty
City, State Union City, NJ						sal Date -24-17		City, Sta Tullyto		Ą				
Completed by Jaime Delgado	Title Proj.	Title Proj. Manager.					Date 10-10-17							

PAID

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

CHECK# 1711

Date of Notification (1) 10/10/2017		Name KIM	of Building FINNER	Owner/0	Operato	r (2)						
Agencies Notified EPA DEP DOL Initial Amended Amendment		City, St	Address tate, Zip Co AN CITY		8226	-	The control of the co		** 4	62		production and the control of the co
DOH Emergency (justification) Cancellation	including		of Contact FINNER	TY			Tele	phone Nu	mber	e Proces	egy, magazi nya ngangan magazi nya nya nya nya nya	
Name of Facility Where Abatement is Taking RESIDENTIAL Street Address City (5)	g Place (3)	FAC	CILITY INF	ORMAT	ION	Other i.e. etc.)	-12) er 8 (Other private &	commerci	al bui		Prince Constitution	ies,
OCEAN CITY County (6)		County	Code (7)			Square Feet 734	1	Floors		31dg. / 50+	Age	
CAPE MAY Name of Monitoring Firm Hired by Building C	Junor (8)	(STATE	USE ONLY)	5-71-06 ()	Current Use (P RESIDEINT	IAL		ned)			
ACER ASSOC. Street Address	owner (6)	ASCI	M No.		ASS	of Abatemen: Co SURED ENVI	ontractor (9 RONMEI	9) NTAL SE	ERVI	CES	INC	
1012 INDUSTRIAL DRIVE						Address CLEMS RIJN	RUN					
City, State, Zip Code WEST BERLIN NJ 08091					City, S MUI	State, Zip Cods LICA HILL N	J 08062					
Project Manager for Monitoring Firm MATT DEPALMA						none No. -304-4676	111.55	License N 01145	0.			
Start Date (10) 10/12/2017	ompletion 7	Date (11)		Name	of OSHA Monito	г	191777					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:	eriod of Abate	ement			200 City, S	Address RT. 130 NOR state, Zip Code	20030	7				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation lition			~	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	nent with N re ocedure	legative P			e	
Location of	Is Loca Norm	ally		Des	scription	of					ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Sol Maintena Custodial					of laterial (ACM) s insulation, T, or reous)	(Spe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
CRAWL SPACE		X	1	PIPE IN	NSULA	TION	61	LF	Х			
Name of Registered Waste Hauler		N IDED 14	looto	0.1.	<i>(</i>							
ASSURED ENVIRONMENTAL SER	VICES	NJDEP W Hauler ID 003489	No.	Cubic S of Was 3			Registere RVA LAN					
City, State MULLICA HILL NJ				al Date /2017	City, Sta WA'YN	te ESBUR	G, OH					
Completed by RON SWANSON	AL MAN	AGER	Si	gnature	Xuxel x	VCM00V	1 Dat		2017			

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	NOTIFICATION OF ABBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)
cation (1)	Name of Building Cuper/Operator /33

Name of County Where Abstrament is Taking Rises (3) Page 100H Initial Amended County Code (7) Sister, Zip Code Code (1) Sister, Zip Code (2) Sister, Zi			(P	ntansu	t to NJAC 8:85 a	nd 12:12	o) rC+	IECK#	171	1		
Agencies Notified EPA	Date of Natification (1) 10/10/2017			Name :	of Building Owner	Operato	or (2)			4	- Acide W	+
DDP Armended Armended Color (Including LinderSchict) DOH LinderSchich) DOH LinderSchich DOH LinderSchi	Agencies Notified Type Notification	1	+							_	-	-
DOL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	City St	ate 7in Code		-	OCT :		1	1	-
DOA	DOL Amendmen		<u> </u>	OCE	AN CITY NJ C	8226		1	1		į	
Type of Reality (4. School (K-12) School (K-	DOH justification)		1	Name of	of Contact FINNERTY			1. Halanavalla	- make co	317E	:1	+
RESIDENTIAL Sizes Address City (5) City (5) Contract (Name of Facility Where Absternant in Taking	e Dinea (2)		FAC	ILITY INFORMAT	TION		L. L.			-	
CRY (5) CREAN CITY County (6) CREAN CITY County (6) CREAN CITY County (7) County (7) CRESIDENTIAL Name of Monitoring Firm Hired by Suliding Owner (6) ASGM No. ASGM No. ASGM No. ASGM No. ASGM No. ASSURED ENVIRONMENTAL SERVICES INC. Streat Address CREAN CITY CREAN CITY CREAN CITY Streat Address CREAN CITY CREAN CITY Teleophone No. SERVICES INC. CREAN CITY STREAT Address CREAN CITY STREAT Address CREAN CITY CREAN CITY Teleophone No. SERVICES INC. CREAN CITY STREAT ADDRESS COLEMS RUN CITY State, 2to Code MULLICA HILL N J 35062 Treating Address CITY State, 2to Code MULLICA HILL N J 35062 Treating Address CITY State, 2to Code MULLICA HILL N J 35062 Treating Address CITY State, 2to Code MULLICA HILL N J 35062 Treating Conditions and Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupandy Status During Absternant (Check Only One) Abstract Containing Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State, 2to Code CINNAMINSON N J 18077 Cocupand Address CITY State	RESIDENTIAL	A . IEOG (2)						1				
COURTY COUNTY CODE (T) COURTY (S) CAPE MAY COUNTY CODE (T) COUNTY COD	Streat Address	_	-			_	1 Subchapter	E (Other then ic-	12)	ildina		
County (5) CAPE MAY CAPE CAPE CAPE MAY CAPE CAPE CAPE CAPE CAPE CAPE CAPE CAPE	City (6) OCEAN CITY	1 100			-		sto,)					ies,
Name of Monitoring Firm Hired by Building Owner (8) ASOM No. Nome of Abatement Confi select (9) ASSURED ENVIRONMENTAL SERVICES INC. Street Address 570 CLEMS RUN City, State, Zip Code MULLICA HILL NJ 0 5062 Freject Manager for Monitoring Firm MATT DEPALMA Seb-209-1202 610-304-4876 C1145 Telephore No. 856-809-1202 C1145 Telephore No. 856-809-12				County	Code (Y)			1				
ASSURED ENVIRONMENTAL SERVICES INC. ASSURED ENVIRONMENTAL SERVICES INC. Street Address 570 CLEMS RUN City, State, Zip Code WEST BERLIN NJ 08091 Telephone No. MATT DEPALMA SE6-609-1202 Stended Manager for Monitoring Firm MATT DEPALMA Se6-609-1202 Stended Competion Date (11) 10/12/2017 Cosupency Status During Absterment (Check Only One) First Date (10) 10/12/2017 Cosupency Status During Absterment (Check Only One) First Address 200 RT. 130 NORTH Absterment Performed Outside of Normal Facility Hours City, State, Zip Code CINNAMINSON NJ 18077 Renovation Demolition Telephone No. Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 18077 Full Containment with Negative Pressure Mini-Enciosure Glowbagy Force: vire Non-Entropled (1) and Mon-Frizble Procedure Non-Entropled (1) and Mon-Frizble Procedure Non-Entropled (1) and Mon-Frizble Procedure Absternent Type City State, Zip Code CINNAMINSON NJ 18077 City, State, Zip Code CINNAMINSON NJ 18077 Full Containment with Negative Pressure Mini-Enciosure Glowbagy Force: vire Non-Entropled (1) and Mon-Frizble Procedure Non-Entrople							AESIDENTIA	of it being demoti	shed)			
Sireet Address STO CLEMS RUN City, State, Zip Code WEST BERLIN NU 08091 Polect Manager for Monitoring Firm MATT DEPALMA Scheduled Completion Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Indiana English Procedure Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor EMSL City, State, Zip Code MULLICA HILL NJ 0 9082 Telephone No.	ACER ASSOC.	Owner (8)		ASC	M No.	Name ASS	of Abatement Con	Iractor (9)	SERV	IOES	INC	
City, State, Zip Code WEST BERLIN NJ 08091 Froject Manager for Monitoring Firm MATT DE PALMA See-809-1202 Ster Date (10) 10/12/2017 Cocupancy Status During Absternent (Check Only One) Facility Closed/Vacated Puring Entire Period of Absternent Absternent Performed Cutside of Normal Facility Hours City State, Zip Code CINNAMINSON NJ (18077) Renovation Demolition Full Containment with Negative Pressure City State, Zip Code CINNAMINSON NJ (18077) Full Containment with Negative Pressure Mint-Enclosure Soope of Work (Check All That Apply) 23 of or a3 W Asbestos-Containing Material (ACM) To See Abstrop In Facility (13) CHARLES PACE X PIPE INSULATION GLAP Abstrop Vacative Minternent Systems insulation, Specify Surfacing, VAT, or Other Date Minternent Systems insulation, Specify Surfacing, VAT, or Other Date Minternent Systems insulation, Specify Surfacing, VAT, or Other Date Minternent Systems insulation, Specify Surfacing, VAT, or Other Date Minternent Systems insulation, Specify Surfacing, VAT, or Other Date Minternent Systems insulation, Specify Minternen						Straet	Address				1179	
Polect Manager for Monitoring Firm MALT DEPALMA Telephone No. 856-809-1202 Start Date (10) Start Date (10) Start Date (10) 10/13/2017 Coccupancy Status During Absterment (Check Only One) Facility Closed/Vacated During Entire Period of Absterment Absterment Performed Outside of Normal Facility Hours Other — Describe: City, State, Zip Code CINNAMINSON NJ (18077) Renovation Demolition To Se Abstrep In Facility (13) To Se Abstrep In Facility (14) To Se Abstrep In Facility (15) To Se Abstrep In Facility (16) To Se Abstrep In Facility (17) To Se Abstrep In Facility (18) To Se Abstrep In Facility (19) To Se Abstrep In Facility In Facility	City, State, Zip Code		-			City, 8	state. Zip Code	- 	_			
Size Polic (10) Scheduled Completion Date (11) 10/13/2017 Scheduled Completion Date (11) 10/13/2017 Size Address 200 RT. 130 NORTH Abstament Parformed Outside of Normal Facility Hours Other – Describe: Size Address 200 RT. 130 NORTH City, State, Zip Oede CINNAMINSON NJ ()8077 Scope of Work (Check All That Apply) 25 st or a3 ff a180 ef or 2250 if Asbestos-Containing Meterial (ACM) TO Size ABATED In Facility (13) Yes No N/A CRAWL SPACE Renovation Size Abatement Abatement Abatement Abatement Abatement Mini-Enclosure Mon-Exempted (') and Non-Prizable Procedure Abatement Type Abatement Type Abatement (i.e. thermal systems insulation, (Spacify Custodial Staff? (i.e. thermal systems insulation, Spacify (i.e. thermal systems insulation) (i.e	Project Manager for Monitoring Firm		<u> </u>	Telephn	ne No	MUL	LICA HILL NJ					
10/13/2017 Cocupanity Status During Absterment (Check Only One) Facility Closed/vacated During Entire Period of Absterment Absterment Performed Outside of Normal Facility Hours Other — Describe: City, State, Zip Gode CINNAMINSON NJ ()8077 Renovation Demolition Renovation Description of Absterment Normality Description of Abstero-Containing Material (ACM) In Facility (13) Renovation Description of Abstero-Containing Material (ACM) Abstero-Containing Material (ACM) (i.e. thermal systems insulation, (Spacify (i.e. thermal systems ins	MATT DEPALMA			856-8	09-1202	810-	304-4676		Na.			
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Name of Registered Waste Haufer ASSURED ENVIRONMENTAL SERVICES Haufer ID No. of Waste ASSURED ENVIRONMENTAL SERVICES House of Waste AULLICA HILL NJ Disposal Date 10/13/2017 Disposal Date		Yes	No					i	2	ml.	date	ure
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City, State AULLICA HILL NJ Completed by RON SWANSON Completed by		IVICES	Ha	ular ID f			Mame of R	LANDFILL	1			
Completed by Signature Signature Date	City, State MULLICA HILL NJ			section of the sectio	Dispos	al Date	City, State					
	Completed by RON SWANSON	GENE	RAL	MANA	10		3_1 ,	One Dr		2017		



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Date of Notification (1) 10/10/2017		- (2 - (2 -) - 1	Name Resid	of Building dence	Owner/	Operato	r (2)		Committee on the committee of the commit	H U) IE		15	The same of the sa
Agencies Notified Type Notification	1		Street	Address					To the same	OC.	11(201	1	
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DEP Amended Amendmer	nt#			tate, Zip C pany, N.		81			12/3	School Section 2	Petronographic and pro-	eremanna e (a)	Salakan da kara	
▼ DOH Emergency justification		g	1.0	of Contact		01			T To	lenhone l	Numba			
DCA Gancellatio			Alan I	Propadir	nes				8	изгикице, (WILLING.			
Name of Facility Where Abatement is Taki	as Diago	(0)	FAC	ILITY INF	ORMAT	ION							-	
Residence	ng Place	(3)					Туре	of Facility	30/20/					
Street Address							×	School (K- Subchapt: Other (i.e.	r 8 (Oth	er than k & comme	(-12) ercial bu	ildings	, hom	nes,
City (5)							Saua	etc.) are Feet	# c	f Floors		Bldg.	Ane	25%
Whippany							1,51		2	1110010		71	igo	
County (6) Morris				Code (7) USE ONLY)		Curre	ent Use (P	ior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	3)	ASCI	M No.				atement Co		(9)				
Street Address								nk Servi	es					
PO Box 354						Street 1256	10,000	ss rty Aveni	10					
City, State, Zip Code		-						Zip Code	16					
South Orange, NJ 07079	Control of the Contro							J 07205						
Project Manager for Monitoring Firm Sarah Calandra		Telepho			Teleph				License					
Start Date (10)	lad Car		49-2666		844-4	5183000000	100000		01316					
10/23/2017	10/27/	2017	mpletion	Date (11)				HA Monito		itions				
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	-	2000					2345-1	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abater	ment			PO B	ox 3	54						
Other – Describe:	nal Facilit	y Hour	City, State, Zip Code South Orange, NJ						07079					
Scope of Work (Check All That Apply)									(S / 10 - 1			-
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Basement	X			Pip	e Wra	р		1	0 LF	Х				
				-52101125-2										
Name of David														
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City, State East Orange, NJ	207 m 3		Dispos	al Date		City, Sta		PA						
Completed by	Title	Signature o			0	11	37.0,		Date					
Alison Lamers	e Mar	nager			WIL	17/1	(1) 1/2		1.0	10/10/	2017			

State of New Jersey

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agencies Notified Type Notification		Stree 1 C	et Addre	ess Point On I	Hudson			ASBESTOS LICE	CONT	ROL	&	
EPA Initial Amended Amendment #_		City,	State, boken	Zip Code , NJ 0703	0			Tolomb 1	101140		_	+
DOH justification)	uding		ne of Co vid Fe	ntact rnandez				Telephon) <u>-</u>			
DCA Cancellation		F	ACILIT	Y INFORM	ATION		= -::::-::(4)					-
Name of Facility Where Abatement is Taking P	lace (3)					X Sch	Facility (4)					
Office Building Street Address						C . I	- hantar Q /	Other than K-12) ate & commercial	building	gs, ho	mes,	
807 Castle Point Terrace						etc Square	.)	# of Floors	Bldg	. Age		+
City (5) Hoboken						N/A	(0)	N/A	N/A			-
County (6)		Cot (ST	unty Co	de (7) E ONLY) _		Office	Eluilding	f being demolishe				
Hudson Name of Monitoring Firm Hired by Building Ow	mer (8)	123	ASCM N	No.	Name D&S	of Abate Abater	ment Contra ment, Inc.	actor (9)				
TTI Environmental, Inc. Street Address						t Address	en Avenu	ie				
1253 North Church Street					City,	State, Zip	Code					
City, State, Zip Code Moorestown, NJ 08057				N	100	owa, NJ ohone No.		License No).			-
Project Manager for Monitoring Firm Jim Guilardi		60		1-1683	973	-345-86 e of OSH	85	01311				
	Scheduled 10/20/20		letion D	ate (11)	D&	S Abate	ment, Inc					
Occupancy Status During Abatement (Check	Only One)			Stree	et Address Rosena	ren Aveni	ue				
Facility Closed/Vacated During Entire Postal Abatement Performed Outside of Normal Other – Describe: Occupied	eriod of Ab	ateme	nt		City,	State, Zip						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Re	enovati emolitio	on on			Min	i- Enclosure	nt with Negative F edure (*) and Non-Frial	ole Proc	edure Abate	ment	
		Locatio			Descript	ion of			-	Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	d Solely ntenan odial S (12)	y by ce/ taff?	(i.e. th	s Containin nermal syste surfacing, other misce	g Material ems insula VAT, or	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	\\/!	all & Ceili	ng Plast	ter	80 SF	X			
2nd floor office 4	-	X			all & Ceili	100.00		60 SF	Х			
2nd floor plotter area		X			all & Ceili	2000		60 SF	Х			_
3rd floor pantry												
Name of Registered Waste Hauler D&S Abatement, Inc.		H	IJDEP V lauler ID	Vaste O No.	Cubic Yard of Waste TBD			Registered Land Management				
City, State Totowa, NJ					TBD	1	Morris	ville, PA	Date			
Completed by Oliver Hegedis	Title Proje	ect Ma	anage	r	Sign	ature (10/04/	/201	7	

Print Form



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Date of Notification (1)	06 / 1	7				ng Owner/Operator (2)					
	06 / 1			UV	vners Ag	gent - Doug Auld		L	DEC.	TOS	202	ITRO
Agencies Notified	Type Notification	1		200000000000000000000000000000000000000	t Address			AS		ICEN		
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☑ DHSS	Amendment #	#1 (pro	ject	100000000000000000000000000000000000000	State, Zip							
DCA	on hold)					sco, CA 94104						
(NJAC 5:23-8)	☐ Emergency (i	ncluding	g	0.000	of Conta			Telephone Numi	ber			
	justification)			Ow	ner Age	ent - Doug Auld		_		_		
				FA	CILITY	NFORMATION						
Name of Facility Where	Abatement is Takir	ng Place	(3)				Type of Facility	(4)				
N/A							School (K-12	2)				
Street Address							Other (i.e., p	3 (Other than K-12) rivate and commer) cial b	uildin	ns.	
							homes, etc.)		0.0.0		90,	
City (5)		-					Square Feet	# of Floors	В	ldg. A	ge	
Newark							2,20()	2		80 y	rs.	
County (6)				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Essex							Private					
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A				N/A		East Coast H	az Mat Remov	al, Inc.				
Street Address						Street Address						
						494 East 41s	t Street					
City, State, Zip Code						City, State, Zip Co	ode					
						Paterson, NJ	07504					
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.				
						973-345-0022		00507				
Start Date (10)				etion Da		Name of OSHA M	Ionitor					
/		10 /	_ 2	0 /	17	Same as abo	ve					
Occupancy Status During	Abatement (Chec	k only o	ne)		0000-00-00-00-00-00-00-00-00-00-00-00-0	Street Address						
□ Facility Closed/Vacate												
Abatement Performed Time of Abatement: _						City, State, Zip Co	ode					
Scope of Work (Check all	I that apply)					☐ Full Cont	ainment with Neg	rativa Praecura				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-Encl ☐ Glovebag	losure g Procedure	n-Friable Procedur				
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(13)	-,	1	(12)			other miscellaned		01 01 21 /	-		Encapsulate	9
		Yes	No	N/A								
Basement					Pipe Ir	sulation		120 LF				
Name of Registered Wast	te Hauler			JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
East Coast Haz Mat	Removal, Inc.			lauler II 419	No.	Waste 2	G.R O.W.S.	., North W/M of	PA			
City, State				710		Disposal Date	City, State					
Paterson, NJ						10-25-17	Mor isville,	PA				
Completed By (Print or Ty	rpe) Title	9	V			Signature	1	Dat	e			
James Unger	5 50 [0		mato	r/Proie	ect Mgr.		6 14			6-	1	15
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Agencies Notified	Type Noti	fication	Stree	t Addre	ss								+
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[]DEP	Noti	fication	City,	State,	Zip	Code	(L		1	LICE	VIIIV	u	-
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Janessa Raines		20 20 20,0		GE (3)				[]School					
Street Address									ter 8 (Oth	er tha	n K-	12)	
Street Address								[X]Cther (buildings,			comm	ercia	al
								Square Feet	# of Flo		ldg.	Age	
City (5) Lyndhurst		County				nty Code (7)						-	
пунанатьс		Esse	X.		(312	AIE OSE ONDI	'	Current Use (Prior if be	eing d	emol	shed	i)
Name of Monitoring Fi	rm hired	by Buildin	ng Asci	M No.		Name of Aba	tem	ent Contracto	r (9)				
Owner (8)						1		ANAGEMENT	- 17 T				
N/A									, 1110.				
Street Address						Street Address 86 Chri		topher St					
City, State, Zip Code						City, State							
								r, NJ 070	12				
Project Manager for M	onitoring		lephone	Number	r	Telephone Nu			þ	License		ber	
		N	/A			(973) 74	14-	-8800		003	71		
Scheduled Start Date	(10) S	ched. Comp	letion	Date (1	L1)	Name of OSHA	A M	onitor					
10- 19- 17		10- 2	1- 1	7		N/A							
Month Day Yea		Month	Day	Year									
Occupancy Status Duri [X] Facility Close	ng Abatem	ent (Check	only o	ne)		Street Addre	ess						
of Abatement	u, vacaceo	During E	icite Pe	STIOU									
[]Abatement Peri	ormed Out	side of No	ormal Fa	acility		City, State,	. Z:	ip Code			-		
Hours - Descri						, , , , , , , , , , , , , , , , , , , ,	(A) 177.7						
[]other - Descri			y Descri	<u>ipt»</u>									
Scope of Work (Check	all that a	apply)				ווידו ז	1 0	ontainment wit	h Negative	Press	ure		
$[X] \ge 3$ sf or \ge		1	X] Renov	ration				nclosure					
[] <u>≥</u> 160 sf or	≥260 lf	1]Demol	ition				bag Procedure					
		1	Is			[]Non-	-Fr	iable Procedur	e	151			
Location	of		ocation			Descript:	ion	of		Ab	atem	ent 1	E
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(13)		Yes	No	N/A	01	r other misc	етт	.aneous)		L	R	L	R E
Basement			×	2	Pi	ipe Insu	la	tion	135 L	FX			
						_					1		
Name of Registered Was	te Hauler	N	DEP Was	ste	Cubi	c Yards		Name of Regis	tered Land	fill			-
AZTECH MANAGEN	ŒNT, 1		uler II 7040	No.	100000000	Waste 1.5		Minerva			IN	C	
City, State					Disp	osal Date /	7	City, State					-
Montclair, NJ (7042				3.70	1/24/17		Wayresbu	rg, Ohi	.0 44	688	3	
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	tie Will]	
F	ACILITY	INFORMATIO	NC	Type of Facility (4)						
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					(Other than K-17)	nuildina	s hon	nes,		
					rate & commercial c			22	_	
				Square Feet	# of Floors					
				N/A	N/A				4	
Too	inti Cod	(2/7)	-	Current Use (Prior	if being demolished	1)			1	
(ST/	ATE USE	ONLY)		Private Dwellin	ng				\dashv	
10	SCM N	0.	Name	e of Abatenient Contr	actor (9)					
1	.55111111		Amax Contracting LLC						-	
			Street Address							
				PO BOX 73.1						
			City,	State, Zip Code	07404					
			1000000						-	
Tel	lephone	No.	Tele	l elephone No.						
34	47-241	-7673		973-092-0230						
Compl	etion Da	ite (11)	Nam	ne of OSHA Monitor	1.0					
)17	Variety (1970)									
)										
atemer	nt									
lours			W	ondland Park NJ	07424	13				
				Full Containm	ent with Negative P	ressure	a			
				Mini-Enclosure	e					
Monto				Non-Exempte	d (*) and Non-Friab	le Proc	edure)		
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				tion of		-	1,71			
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ntenan	ce/	(i.e. therr	mal syst	tems insulation,		me	Кер	aps	Enclosure	
	tanr	su	irfacing, er misc	ellaneous)		oval	air	ulat	ure	
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0000				Disposal Date / V/City, State						
		D	isposal	Date / /Oil,	D.A	10-29-2017 / Morrisville PA				
		1016255		/ //	isville PA	Joto				
		1016255	0-29-2	/ //	sville PA	Date 10-04	-201	17		
D () WH L (d) r	Cours Part of the Cours Part o	Telephone 347-241 Completion Day 17 atement dours novation molition cocation primally a Solely by intenance/ odial Staff? (12) No N/A X NJDEP V Hauler ID	County Code (7) (STATE USE ONLY) ASCM No. Telephone No. 347-241-7673 Completion Date (11) 017 atement lours novation molition cocation ormally Isolely by Intenance/Isolal Staff? (12) No N/A NJDEP Waste Hauler ID No. of	FACILITY INFORMATION County Code (7) (STATE USE ONLY) ASCM No. Name Am Stree PO City, Wo 347-241-7673 Completion Date (11) Name And	FACILITY INFORMATION Type of Facility (4) School (K-12) Sub-hapter 8 Other (i.e. privetc.) Square Feet N/A County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contracting Light Street Address PO BOX 73-! City, State, Zip Code Woodland Fark NJ (6) Telephone No. 347-241-7673 Private Dwellin Telephone No. 347-241-7673 Telephone No. 347-241-7673 Street Address PO BOX 73-! City, State, Zip Code Woodland Fark NJ (6) Amax Contracting Light Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ Street Address PO BOX 73-! City, State, Zip Code Woodland Park NJ City, State, Zip Code Woo	FACILITY INFORMATION Type of Facility (4) School (K-12) Sub shapter 8 (Other than K-12) Other (i.e. private & commercial below." Square Feet N/A # of Floors N/A N/A County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished Private Dwelling ASCM No. Name of Abatement Contractor (9) Amax Contracting LLC Street Address PO BOX 73-1 City, State, Zip Sode Woodland Fark NJ 07424 Telephone No. 347-241-7673 973-692-62-98 O1266 Completion Date (11) Name of OSHA Monitor Amax Contracting LLC Street Address PO BOX 7:4 City, State, Zip Code Woodland Park NJ 07424 Telephone No. 347-241-7673 Prior Comment Amax Contracting LLC Street Address PO BOX 7:4 City, State, Zip Code Woodland Park NJ 07424 Telephone No. 347-241-7673 Prior Code Woodland Park NJ 07424 Telephone No. 347-241-7673 Prior Code Woodland Park NJ 07424 Telephone No. 347-241-7673 Prior Code Woodland Park NJ 07424 Asbestos Containing Material (ACM) (Specify SF or LF) Asbestos Containing Material (ACM) (Specify SF or LF)	Type of Facility (4)	Type of Facility (4) School (K-12) Sub shapter 8 (Other than K-12) Sider Relations to the sub	Type of Facility (4) Schvol (K-12) Sub-hapter 8 (Other than K-12) Sub-hapter 8 (Other than K	

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		(Pi	ursuant	to NJAC	8:60 and 12:120)) [[[OCT 1 6 20	17	IIU	Щ				
					Owner/Operator	(2)			1					
Date of Notification (1)	-4-17				HUNT 9)(M)) E	Y CAUATIAL	ROL &	1	#				
Agencies Notified	Type Notification		Stree	et Address	651 St	ASHOKE	RICENSING	1020	-le-					
E) BPA	M Initial			2: 4: 7:n (V	2. 2.								
I∏ DEP	Amended Amendment #		City.	State, Zip C	CAPE	MAY			., 1	_				
₩ DOL	Emergency (in	cluding	Nam	e of Contac			Telephone Number							
DOH DCA	justification) Cancellation		14011		DN					=				
			FA		ORMATION									
	Ab -temant is Takin	Place (3)			•	ype of Facility	Facility (4) (5) (K-12)							
Name of Facility Where	SIDENCE	g (-,			R (Other than K-12)									
Street Address	STRUCTUCE					Other (i.e., pr	rivate & commercial t	ouildings	5,					
Street Address						homes, etc.) Square Feet # of Floors Bldg. Age								
City (5)		100				50								
CIA	WE MAY			0.1.7	7) (STATE	Current Use (Pr	ior if being demolishe	ed)						
County (6)			US	unty Code (E ONLY)	7) (STATE	VACH	INT			_				
CAPE	- MAT	2:	- ASCA	I No	Name of Abater	ment Contractor (9)							
Name of Monitoring Firm	Hired by Building	Jwner	1	1110.	KLEM	CO INC.				=				
(8) N	A				Street Address		E AUE							
Street Address	i.				369 5	SPRUCE	E MUE			=				
City, State, Zip Code					City, State, Zip	SHAPE	W. J 080	570						
City, Sizio, Esp Cook					Talanhana No		License No.							
Project Manager for Mo	onitoring Firm	T	elephon	e No.	856-77	9-0472	0044	1 4		_				
		duted Com	nlation [Date (11)	Name of OSHA	Monitor ,								
Start Date (10)	Sche	0-7	1 -1)		N/A.				=				
10-14-17	- Abstement (Che		e).	-	Street Address									
Occupancy Status Duri	ted During Entire P	enou or ho	alanan							_				
Abatement Performs	ed Outside of Norma	al Facility H	lours		City, State, Zip	Созе	8							
Other - Describe:														
Scope of Work (Check	all that apply)				Full C	ontainment with Ne	egative Pressure							
		Reno	vation		= ~:	nclosure bag Procedure	no se San							
≥3 sf or ≥3 ff ☑ ≥160 sf or ≥260 lf		Demo	otition		Non-E	xe npted (*) and N	on-Friable Procedure	Aba	temen	1				
B-		Is Loc	ation					,	ype					
		Nom Used S			Description	of	Amount			T				
Location Asbestos-Containing	of Material (ACM)	Mainte	nance/	Asbe	stos Containing M thermal system:	laterial (ACM) s insulation.	(Specify	Re	Encapsulate					
TO BE AB	ATED	Cust	odial aff?	(1.6	surfacing. VA	T, or	SF or LF)	Remova	Repair					
IN Facility (13)		(1	2)		other miscellan	eos)		a	ale					
(13)		Yes	No N/	A				1	+	+				
		++	X	/	TRAWSI	T/=	1000.SK	X	-	+				
SIDIA	16	+	-+^	-				-	+-	+				
		-	-					1	+	+				
		-		-					\bot					
		-	T NJDE	P Waste	Cubic Yards	Name of Re	gistered Landfill	1 1 1						
Name of Registered W			Haule	r ID No.	of Waste	C.W	C. M.L	. 14		_				
KLUMCO	IWC.		117	904	Disposal Date	City, State	2081115							
City, State	CLANE	N.J		*0		_ <u>wo</u>	ODBINE			=				
MAPLES	SHADE				Signature	-(1)	_ laien	-4	-17	_				
Completed By	1 MANA	SUP.			_ Me	44 /4			-					

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and the state of t	-
State of New Jersey	
NOTIFICATION OF ASBESTOS ABATE	MEN
(Pursuant to NJAC 8:60 and 12:12	0)

							11-00	T 1 0 2017		U,	1_			
Date of Notification (1)	4-17		Nar		ng Owner/Operator		ton	TRACTIN	16		Table Street			
Agencies Notified	Type Notificatio	n	Stre	et Address	55 RT	- 5	OASBE	STOS CONTRO	L&		-			
DEP	Amended		Street Addre City, State, Zi Name of Con FACILITY II (3) County Code USE ONLY) ASCM No. Telephone No. mpletion Date (11) ine) batement Hours ovation voition cation maily solety by enance/ todial aff? 2) No N/A X NJDEP Waste Hauler ID No. The phone is to in the phone in th		Code	=		TIGENSING			**	_		
₩ DOL	Amendment Emergency		_	GK	ctien fit	ILC	N	530	30)				
DOH DCA	justification)		Nan		ct RUCE			Telephone Numb	er					
			يصل									_		
Name of Facility Where	Abatement is Taki	na Place (3)		ACILITIN	PORMATION	Type	of Facility	(4)						
Thatte of Facility Where I	RESIDE	UCE				☐ iScl	hool (K-12	?)						
Street Address						10 DB		(Other than K-12 rivate & commercia		dings				
City (5)						Square		# of Floors		dg. A				
L	ONGPO	RT_				1,20		1_2		50	+			
County (6)	WITK			County Code (7) (STATE Cur ent Use (Prior if being demolished USE ONLY)							:d)			
Name of Monitoring Firm	Hirad by Building	Owner			Name of Abatem	nent Con						=		
(8)	I.A	Office	,		The second secon	CM C		DNC _						
Street Address					Street Address	5	SPR	UCE AL	È					
City State 7in Code City, St					City, State, Zip C		SHA		- ^	80				
			lanhon	No	Telephone No.	16	STIP	License No.	U	00	, _	-		
Project Manager for Mon	itoring Firm		ерпогк	140.	856-77		2/12	20041	14			_		
Start Date (10)	1 .	2 .	letion D	ate (11)	Name of OSHA	Monito ·	NIA							
10-14-17		0-11	-17		Street Address	===	14/14				_	=		
Occupancy Status During Facility Closed/Vacate					0.000(71001000			5						
Abatement Performed	Outside of Norma	a Facility Ho	urs	2	City, State, Zip C	ode		J.						
Other - Describe:						=					_	-		
Scope of Work (Check al	that apply)				☐ Full Cor	ntainm ent	t with Neg	ative Pressure						
≥3 sf or ≥3 lf .		Renova			☐ Mini-End	dosure g Pro æ	dure							
≥160 sf or ≥260 lf		Serion .	O(1		Non-Exe	empter! () and Nor	-Friable Procedur	1			-		
		Is Locat Normal			50				A	bater Typ				
Location of		Used Sole	ly by		Description of tos Containing Mat		M	Amount						
Asbestos-Containing Ma TO BE ABATE		Custod	al	(i.e.,	thermal systems in	nsulation	.	(Specify	Re	_Z	Encapsulate	Enc		
IN Facility		Staff? (12)		surfacing, VAT, other miscellaneo				SF or LF)	Remova	Repair	psul	Enclosure		
(13)		1	T N/A			18			al		ale	Э.		
		165 140			TRAWSI-	TF		1500 SE	X					
SIDINI			X		Ircany 31			1)000	/					
			-											
			+-									7		
Name of Registered Wast	e Hauler	1	UDEP !	Waste	Cubic Yards	Name	of Regis	tered Landfill			ii			
KLIMCO	INC	1	auter I	No.	of Waste		AC	UA						
City, State					Disposal Date	City, S	State	214 1-111	, ,=					
MAPLE SI	1 110	. T			Ciantina	1-1	CEA	S AUTVIL Date	5	Ui Se		=		
Completed By MICHAEL K	LEMM Title	SUP.			Signature -	ll	n		-4-	-1	2_	_		
MICHALL	CCAN DA!	001												

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

N	OTIFICAT	TION OF ASB	8:60 and 12:	120)		n)_E	GE		\mathbb{V}			
			Owner/Opera			5)66				The state of the s		
Date of Notification (1)	"	D.	KC	(C)	NTRAC	TOKZ	CT 1	6 20	117	ᅦ		
	S	treet Address	I. I. W	OT	9 1					-		
Agencies notice	_	city, State, Zip	ode P	===	, 1	ASB	STOSY	ONT	ROL	2		
□ DEP Amendment #		CA	PË W	LAL	NI			DINE	101	_		
DOL Emergency (including justification)	ng -	lame of Contac				Telephone	Number					
DCA JUSTICATION	_	KI		=								
		FACILITY IN	ORMATION	T	ype of Facility	(4)						
Name of Facility Where Abatement is Taking Place	ce (3)				School (K-1	8 (Other tha	an K-12)					
				5	Other (i.e., I	orivate & con	nmercial b	uilding	js,			
Street Address				=	homes, etc	# of Flox	ors	Bldg.	Age			
City (5) CIAPE WAY		19979 10 10 10 10 10 10 10 10 10 10 10 10 10		_ =	1500	1 7	damolishe					
	T	County Code	(7) (STATE		current Use (F	A CLAN	IT					
County (6) CAPE MAY		USE ONLY)	T Name of Ab		t Contractor (002		
Name of Monitoring Firm Hired by Building Owner	er A	SCM No.	((LEV	100 J	NC						
(8) 174			Street Addr		5 50	RUCE	AUE	-				
Street Address			City, State,		^			4.0	- ~ ~	-		
City, State, Zip Code			City, Suite,	APLS	= SH	MOE	MIJ	U	50)			
*	Telep	phone No.	Telephone	No.	-0472	License	5044	4				
Project Manager for Monitoring Firm	-		Name of OS									
Start Date (10)	Completi	ion Date (11)	TVarie of o		NIK	ł						
in 111-17 11)-	nly one)		Street Add	ress								
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period		nent	City, State,	Zip Cax	de .							
Abatement Performed Outside of House	ality Hour	5	City, Outro									
Other - Describe:			Пе	uf Conta	sinment with I	Vegative Pre	ssure					
Scope of Work (Check all that apply)	Renovation	on	□ M	ini-Enclo	osure							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demolition	n	H	on-Extin	npted (*) and	Non-Friable	Procedur	e A	oatem	nent		
2100 31 01 200	Is Locatio	on								Туре		
U	Normally sed Soleh	y by	Descrip estos Containi	otion of	rial (ACM)		Amount			E		
Location of Asbestos-Containing Material (ACM)	Maintenan Custodia	ce/ Asb	a thermal sys	stems 173	SUBTION.	(Spe		Removal	Repair	Encapsulate		
TO BE ABATED IN Facility	Staff?		surfacing other misc	VAI.	31		- 3	oval	air	ulate		
(13)	(12)	N/A							-	-		
Y	es No	100	TRAN S	BITE		150	D SE	X	-	-		
SIDING		X	1~11					+-		$\overline{}$		
7	-							-	-	\vdash		
	+				T 11	Registered L	andfill		<u> </u>			
- Wasta Harler		NDEP Waste	Cubic Ya		Name or r	M (W.	U.	P	7		
Name of Registered Waste Hauler		159901	Disposal	102	City, State	51.4		165				
CLWICD STOP	_		Usposal	2010	W	100013						
WAPLE SHADE N	,)		Sign	ature	1		Date 10	-4-	1)			
Completed By VIII MAIN	SUP.						1					

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W													-
PAID		NO	TIFICAT (Pursu	ION OF	f New Jer ASBESTO JAC 8:60 a	SABAT	EMENT 20)	(D) _r	E C	E			_
Date of Notification (1) 10/5/2017			Nam	e of Build	ding Owne	r/Operato	or (2) OF EDUCA		OCT	1 0	0017		7
Agencies Notified Type Notificatio	n		Stree	et Addres BROA	ss						2017		-
DEP Amended Amendmen	nt #			State, Zi	p Code ANCH, N	IJ 0774	ASBESTOS CONTROL & LICENSING						
DOH justification Cancellation	1)	Name of Contact					Telephone Number						
Name of Facility Where Abatement is Taki	ing Plac	e (3)	FA	CILITY	NFORMA	TION	Type of Faci	ity (4)				_	_
LONG BRANCH HISTORIC HIGH Street Address 391 WESTWOOD AVENUE	H SCH	OOL					School Subcha Other (i	(K-12) pter 8 (C	Other than k	(-12) ercial b	uilding	js, ho	0
City (5) LONG BRANCH							etc.) Square Feet	#	of Floors		Bldg	. Age	2
County (6) MONMOUTH			Count (STAT	y Code (E USE ON	7) ILY)		Current Use	Prior if b	eing demo	lished)			_
Name of Monitoring Firm Hired by Building N/A	Owner	(8)	ASC	CM No.		Name	of Abatement	Contract	or (9)	NO.	NO		-
Street Address				TWO BROTHEF'S CONTRACTING, Street Address 11 VREELAND AVENUE						INC.			
City, State, Zip Code						City, S	tate, Zip Code		IE .				_
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	OWA, NJ 07 one No.	512	License	No.			
Start Date (10) 10/16/2017	Sched	uled Co	mpletion	Date (1	1)	Name o	956-8700 of OSHA Monit		00494				
Occupancy Status During Abatement (Chec							E AS (9) AE	OVE					_
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of al Facili	f Abater ity Hour	nent s			City, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)		Renova Demolit					Full Contain Mini-Enclosi Glovebag Pi Non-Exempt	re ocedure				•	
Location of	Is Location Normally			Dec	cription o				Abatemen Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel aintenar stodial S (12)	nce/	Description of Asbestos Containing Ma (i.e. thermal systems surfacing, VAT other miscellane			terial (ACM) nsulation, or	mount Specify or LF)	Remova	Repair	Encapsulate		
2ND FL CLASSROOM EAST WING	Yes	No X	N/A		DIDE	WRAF				<u> </u>		late	
				(\	WRAP &			3	2 LF				
													1
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		На	DEP Waller ID I	70.570.5.070.	Cubic Your of Waste				red Landfill		RO	1/1/	1
City, State FOTOWA, NJ			. 10		Disposa 10/18/2	Date	City, Sta	e			.11.0	. V V . V	_
Completed by /IVECA RAMOS	Title	IECT (2008	DINAT	Sign	nature	MORR	ISVILL	Dat	te /5/20	0-000		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

ate of Notific	cation (1):	Nam	e of B	uilding w Iers	g Owne sev Der	er/Operator (2) partment of Militar	y and Vet	erans Affairs	ECE	W	E	 	
0/4/2017	Type Notificatio		et Add	ress:	, , ,			11771			1		
gencies		101	Fooer	Cross	sing Ro	ad		111	1 -	0017			
otified	⊡Initial	City	, State	Zin (ode:			111 111	OCT 1 6	2017			
ÉPA	☐ Amended	Law	rences	ille N	IJ 0864	18		11111					
DEP	Amendment#:	Nam	ne of C	ontact	+			Telephore N					1
DOL	☐ Emergency (including		Bill M						OS C	ONTR	OL&		
DOH	justification)								LIOZI				
ЮCA	☐ Cancellation					OVER THE OPEN	MATION						
					F	ACILITY INFOR	Type of I	Facility (4):	2.6				
ame of Faci	lity: NJ National	Guard Arm	iory, L	odı			□ School	(K-12)					
78 Essex Str	reet						-6.1	i.e., private & commerce	2) cial buildings, hom	es, etc.)			
ity/ (5)		County (6)	:			Code (7):			# of Floors:				
odi		Bergen		0	7644		Square	Feet:	# 01 F10015.				
							Bldg. A	ge					
						100111	Current	Use: Armory f Abatement Contract	ctor (9):				
lame of Mo	nitoring Firm Hir	ed by Build	ling O	wner:		ASCM No.: 0003							
TI ENVIR	ONMENTAL, IN	iC.		0		3003		Development, Inc.					
Street Addre	ss:						Street A	Address.					
253 North	Church Street						358 F	Broadway					_
								tate, Zip Code:					
City, State, 7	Zip Code:						Newa	rk, NJ 07104					
Moorestow	n, NJ 08057	731				Telephone No.:		one No.:	License No.:				
roject Man	ager for Monitori	ng Firm:				609-304-3969		550-0101	01215				
Mike Stock	ku	101		C	lation I	Date (11):	Name	of OSHA Monitor:					
Start Date (1 10/20/17	10):		26/17	Comp	ietion i	Date (11):	Metro	Analytical Laborator	ries				
	tatus During Abater	nent (Check	only or	ne)			Street	Address: est 36th Street, Buit	e 203				
□ Facility Cle	osed/vacated During	Entire Perio	od of A	bateme	ent		The second second second	State, Zip Code:					
☐ Abatement Describe:	Performed Outside	of Normal P	acinty	Hours			New Y	ork, New York, 10	018				
☐ Other ∨ Describe:	gusson.	ed 8	in o	8									
	ork (Check all that a								nment with Nega	tive Pr	essure		
				Rer	novatio	n		☐ Mini-Enclo)rocadure				
$\square \ge 3 \text{ sf or}$ 160 sf	≥ 3 lf or > 260 lf			☐ Der	nolitio	n		□ Non-Exemp	ted (*) and Non-F	riable I	roced	ure	
												ement	t
	2 8		Is L	ocation rmall	on v	I	Description	on of Material (ACM) ns insulation,			1	ype	
	Location of		Used	Solel	v bv	Asbestos Co	ntaining	me insulation		-		臣	
Asbesto	s-Containing Mat	eriai	Mair	itenar	ice/	(i.e., theri	facing, V	AT or	Amount	€ E	Repair	331	
	(ACM)			stodia		Sur	lacing, v	27,01	(Specify	no	300	sdı	
T	O BE ABATED			Staff?		othe	er miscell	ancous)	SF or LF)	Removal	Ę.	Encapsulat	
	IN Facility			(12)					SI OI LII)	_		at	
	(13)	,	Yes	No	N/A				99077000000	*			
BOILER	BOILER ROOM					PIP	E INSUI	ATION	210 LF	1			-
											-	-	-
											1- 10	11.	
	1 W. st. Haular					EP Waste Hauler l	ID No.:	Cubic Yards	Name of Reg MINERVA	istered	landi	II.	22
Name of I	Name of Registered Waste Hauler: JIMMY BY RNE TRUCKING					51		of Waste: 30	MINERVA INC.	ENIE	VL VIS	EO A	
				Disp	osal Da	ate:		City, State:	11600				
n: n.	City, State.						,	Waynesburg, OH	14688 Date:				
City, Stat	V 10474				_								
City, State Bronx, N Complete	Y 10474				Title	e: President	Signa	ture:	10/4/20	17			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notificat	ion (1):	Na	me of B	uilding	Owne sev Der	r/Operator (2) partment of Militar	y and Vete	erans Affairs	DEC	E		6	\mathbb{H}
0/4/2017	Type Notification		reet Add	ress:	-J 20p				151				
Series		10	1 Egger	Cross	ing Ro	ad			HH OCT	10	20	17	THE
100	⊌Initial	Ci	ty, State	Zip C	Code:				11 11	1150 8			
EPA	☐ Amended	La	awrences	ille N	J 0864	8	54		1				
DEP	Amendment#:	N	ame of C	ontact				Telephone Nu	Imber: I	00.0	CALT	8 108	-
T R H	☐ Emergency		r. Bill M						ASBEST	ICEN	SING	1020	
	(including	M	I. Bill iv	CDITU	-				IL	ICEN	SINU		
DOH	justification)												
DCA	☐ Cancellation					CILITY INFOR	MATION	I					
					FA	CILITY INFOR	Type of F	Facility (4):					
lame of Facility	y: NJ National C	Guard Ar	mory, L	odi			□ School						
							-611	-t 0 (Other than K-12)				
78 Essex Stree	t					S 1 (5)	☐ Other (i.e., private & commerc	ial buildings, home	s, etc.)			
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							Newai	rk, NJ 07104					
Moorestown,	NJ 08057					Telephone No.:		one No.:	License No.:				
Project Manag	er for Monitorin	ng Firm:			100	609-304-3969	150		01215				
Mike Stocku						009-304-3707	(973) 3	350-0101	01413				
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X Facility Closed/Vacated During Enti Abatement Performed Outside of No Other – Describe:	re Period of a	Abaten y Hour:	nent s			City, Sta	ate, Zip Code						
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10/6/17

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2891 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 06 / 17 Wendy Wong Agencies Notified Type Notification Street Address ☐ EPA X Initial **⋈** DOLWD Amended ASBESTOS CONTROL & uity, State, Zip Code X DHSS Amendment # LICENSING Berkeley Heights, NJ 07922 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Wendy Wong **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bidg. Age Berkeley Heights, NJ 07922 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wavne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10__ / __15__ / __17 __10__ / __16__ / __17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM- PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If 2 160 sf or 2260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (') and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A \times Garage Pipe insulation 35 LF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullylown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 10/06/17 ASB-41 * Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1)				Man	a af D. IIdi	0 '0 '		111111111111111111111111111111111111111	15	U \¥		- 11
	_	_			nlimited h	ng Owner/Operator Homes	(2)	7.2	86	.6		711
Agencies Notified Type Noti ☐ EPA ☐ Initial	fication			10000	et Address			<u> </u>	T 6	201	7	14
⊠ DOLWD ☐ Amend	ded				O Box 20							
	lment #_			1 233	State, Zip			ASBESTO	SCC	NTR	OL 8	2
□ DCA □ Emerg		luding	3		ielle, NJ		L	LIC	ENSI	NG		
(NJAC 5:23-8) justific				The state of the s	e of Conta			Telephone Nun	nher			
☐ Cance	liation			Ro	bert Sch	wartz		22				
				FA	CILITY	NFORMATION						
Name of Facility Where Abatement i	s Taking	Place	(3)	0(1			Type of Facility	(4)				
Residence							School (K-1					
Street Address							☐ Subchapter ☐ Other (i.e., r	8 (Other than K-12 private and comme	2) ercial b	uildin	as.	
-							homes, etc.)			90,	
City (5)							Square Feet	# of Floors	В	Bldg. A	ge	
Spring Lake							1800 sf	1		65		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Currer t Use (P	rior if being demoli	shed)			
Monmouth							Residence					
Name of Monitoring Firm Hired by Bo	ilding Ov	vner (8)	ASCM	No.	Name of Abateme	ent Con ractor (9)				
N/A						Guardian Co	ntracting, Inc.					
Street Address						Street Address				150		
						1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co	ode					
						Toms River, I	New Jersey 08	3755				
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
						732-349-9932		00624				
Start Date (10)	Schedul					Name of OSHA M	lonitor					
			_	_ /	17	E.M.S.L. Anal	ytical					
Occupancy Status During Abatement						Street Address						
☐ Facility Closed/Vacated During Er	tire Perio	d of A	Abate	ment		1056 Stelton						
Abatement Performed Outside of Time of Abatement:AM	Normal F	acility	Hou	s - Des	scribe	City, State, Zip Co	ode					
			_FIVI-		AIVI	Piscataway, N	lew Jersey 08	854				
Scope of Work (Check all that apply)												
≥3 sf or ≥3 If		Rer	novati	on		☐ Full Conta	ainment with Neg	gative Pressure				
≥160 sf or ≥260 If		Den				☐ Glovebag	Procedure					
					1		npted (') and No	n-Friable Procedu	re			
Location of			Locat orma			D			Ab	ateme	ent T	ype
Asbestos-Containing Material (AC	M)	Used	Sole	ly by	Asbe	Description of stos Containing Mat		Amount	Re	Re	E	E
TO BE ABATED IN Facility			ntena	nce/ Staff?		., thermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)		Oubte	(12)	otan:		surfacing, VAT, other miscellaned		SF or LF)	/al		Encapsulate	ure
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exterior-house			\boxtimes		asbesto	s siding		1800 sf			П	П
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									Тп	П	П	
									ĪП			
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				ш
Guardian Contracting, Inc.			Н	auler IE 20223	No.	Waste	T.R.R.F.	icred Landini				
City, State				20223		4 Disposal Date	City, State					
Toms River, New Jersey						10/27/17		Pennsylvania				
Completed By (Print or Type)	Title					Signature	77	1	to :			
Nicholas Fernicola		ect N	Mana	ger		Signature	J-+ ~	Da	10/1	1/	7	

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Date of Notification (1)				Name of	Building O		4.4			F-0 4		7		
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□ EPA □ DEP	Initial Amended		-	City, Sta	te, Zip Code	e			Δ	SRESIOS	COI	VTR	OL &	-
DOL	Amendment #_		_		MOOD	>-2	LDGE	[NJ	07	SBESTOS D7 LICE	NSIN	IG		
DOH	☐ Emergency (incl justification)	luding	-	Name of	'Çontact				Tele	ohone Numbe	er			
DCA	☐ Cancellation			C	1R- L	AUR	0/							
		(2)		FACI	LITY INFO	ORMAT	ION	Type of Facility ((4)		_			
Name of Facility Where Al	batement is Taking Place		1:00	0					t o till Hanns					
Street Address	6601000	240	iu i		-14			 □ School (K-1 □ Subchapter 	8 (Other t	than K-12)				
Sueet Address					22		-	Other (i.e. p	rivate &	commercial b	uildin	gs, ho	mes, e	tc.)
City (5)			-				-	Square Feet	# of	Floors	В	dg. A		
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County (6)				County (Current Use (Price						
Bene				•	UNE ONLY)			RESI						
Name of Monitoring Firm	Hired by Building Own	er (8)		ASCN	4 No.		Name o	f Abatement Cont	ractor (9)					
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Street Address								South R	inor	Stroo	+			
City, State, Zip Code								ate, Z p Code	rver	DELEE			-	
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Start Date (10)				letion D			Name o	f OSF A Monitor	A					
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Other - Describe: _	800 AM TO	5100	em.			_	Sout	h Hacker	sack	N.I (176	06		
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≥160 sf or ≥260 lf			Demoliti	ion										
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Best Removal City, State	THE			171	19	Dispos	al Date	City, Star		TITO THE	-	ت ا	,	111/3
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ASB-41 (R-06-08)							()*	Do not use this fo	rm for ast	estos licensu	re exe	mpted	activi	ities.

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Date of Notification (1)	11 / 1	7					wner/Operator (2)			1 .9cz 1	86728	117		ע
<u></u>	Type Notification			Str	eet Ado	dress		-		ASBESTOS	CONT	201	٦	
Agencies Notified ☑ EPA	☐ Initial			1195,53000			re Road				VSING	NUL	Čt.	_
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□ DCA	☐ Emergency (justification)			Na	me of	Contact			Te	elenhone Numbe	r			
(NJAC 5:23-8)	☐ Cancellation			F	Frank	Mauger	i					-		
				1	FACIL	ITY INF	ORMATION							-
Name of Facility Where	Abatement is Tak	ing Place	(3)						e of Facility (4)					
Residence									School (FC-12) Subchapter 8 (O	ther than K-12)				
Street Address								X C	Other (i.e., priva	te and commerc	ial buildi	ngs,		
									nomes, etc.)	# of Floors	Bldg.	Age		-
City (5)									are Fee.	2	65			
North Beach Have	en						OTATE LIGE ONLY			f being demolish	ned)			
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Ocean			121		ONAN		Name of Abateme	1						
Name of Monitoring Fir	m Hired by Buildin	ig Owner	(8)	AS	CM No	0.	Guardian Co							
N/A							Street Address	11111						
Street Address							1889 Route 9	e. Un	it 61					
							City, State, Zip C		-					
City, State, Zip Code									Jersey 0875	5				
	Year Firm		Тт	elent	none N	0	Telephone No.			License No.				
Project Manager for M	onitoring Fillii		1	Ciop,	10110 11		732-349-993	2		00624				
0: (0-1-(10)	Sc	cheduled	Com	pletic	n Date	(11)	Name of OSHA	Monit	or					
Start Date (10) 10 / 25		10					E.M.S.L. Ana	alytic	cal					
Occupancy Status Du		heck only	one)			Street Address							
M Facility Closed/Vac	ated During Entire	Period o	of Ab	atem	ent	-	1056 Steltor							
Abatement Perform	ned Outside of Not	rmal Faci	lity F	lours	- Desc	ribe M	City, State, Zip C Piscataway,		v Jersey 088	54				
Scope of Work (Check ≥3 sf or ≥3 lf	k all that apply)		Reno	vatio	n		☐ Mini-Er	nclos	rocedure					
≥160 sf or ≥260 lf			Dem	Olltiol			⊠ Non-Ex	xemp	ted (*) and Non	-Friable Procedu	ıre	ateme	at Tu	ino
				ocatio										10000
Asbestos-Contain TO BE	tion of ing Material (ACM <u>ABATED</u> acility I3)) c	Jsed Main Justo	rmall Solel tenar dial S (12)	y by nce/ staff?	Asbe (i.e	Description estos Containing N e., thermal system surfacing, VA other miscellar	Mater ns ins AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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N	Wasta Hauler		_		JDEP	Waste	Cubic Yards of	f	Name of Regis	tered Landfill				
Name of Registered Guardian Contr				110000	auler I 2022	D No.	Waste 5		T.R.R.F. City, State					
City, State Toms River, Ne	w Jersey						Disposal Date 10/30/17			Pennsylvania				
Completed By (Print		Title					Signature	9			Date	1		
Nicholas Fernic		Pro	ject	Man	ager			V	Le	1	10/1	1/1	7_	

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Date of Notification (1)	/1	7			e of Buildir ate of NJ		wner/Operator	(2)) EC	[H	W		M
	pe Notification Initial Amended Amendment : Emergency (justification) Cancellation	#	- g	City, Tr	State, Zip enton, No e of Contact cille Krus	Code J 086	Э		OCT ASBEST Telephone	OS COI	NTRO	L&	U
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Name of Facility Where Abat NJDOT West Berlin Ma Street Address 50 Walker Ave			e (3)					Other (i.e., hornes, etc	2) 8 (Other than I private and con		buildin	gs,	
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Berlin Township County (6) Camden Name of Monitoring Firm Hire	d by Dullding		(0)				ATE USE ONLY)	Maintenan	ce Yard	nolished	50+		
Environmental Connec		Owner	(8)	ASCN	l No.			ent Contractor (9	D				
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120 North Warren Stree	et					000000000	923 Haws Av	Δ.					
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Trenton, NJ 08608							Norristown, F						
Project Manager for Monitorin	g Firm		Te	elephone	No.		lephone No.	-	License No).			
Dominick Dercole				609-39	2-4200	6	310-239-9920		00398				
Start Date (10)	7	10_ /		letion Da 30 /	80 5.00		me of OSHA M Plymouth En	lonitor vironmental C	Co., Inc.				
Occupancy Status During Aba						Str	eet Address						
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Abatement Performed Out Time of Abatement: 7:00 A	M- <u>3:30</u> PM/_	P P	у но М- <u> </u>	urs - De AM	scribe	1 8	y, State, Zip Co Norristown, F						
Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	apply)	⊠ Re	nova				☐ Mini-Encl						
7 - 41 - 2			Loc	ation						А	batem	ent T	уре
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	rial (ACM)	Use Ma	d So	olely by nance/ I Staff?	Asbe (i.e	., the	Description on Containing Marermal systems in surfacing, VAT, ther miscellaneous	terial (A CM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Ha Robinson Waste Dispos				NJDEP Hauler I	D No.	Wa		Name of Regis	stered Landfill				
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Completed By (Print or Type)	Title	e	-				Signature		,	Date		,	
James M. Kelly	1 2000	ice Pr	esid	lent			Signaturo	-		107	6/1	7	
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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) 06 / 17 10 State of NJ DOC Agencies Notified Type Notification Street Address X EPA Whittlesey Road, CN 863 **⊠** DOLWD ☐ Amended City, State, Zip Code ASBESTOS CONTROL & **⊠** DOH Amendment # LICENSING Trenton, NJ 08625 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation William Shipp **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bayside State Prison School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 4293 Route 47 hornes, etc.) City (5) Square: Feet # of Floors Bldg. Age Leesburg 10,000 60 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cumberland Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc Guardian Contracting, Inc. Street Address Street Address 120 North Warren Street 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Trenton, New Jersey 08608 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No Steve Mania 609-392-4200 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10 / __16 / __17 04 / 30 / 18 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ PM- AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure $\boxtimes \ge 3$ sf or > 3 If □ Renovation ☐ >160 sf or >260 lf ☐ Glovebag Procecure ☐ Demolition ■ Non-Exempted (') and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Units A,B,C & E pipe chases \boxtimes asbestos pipe insulation 1-5 If + debris X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Guardian Contracting, Inc. Waste T.R.R.F. 20223 5 City, State Disposal Date City, State Toms River, New Jersey 05/01/18 Tul ytown, Pennsylvania Completed By (Print or Type) Signature Date

ASB-41 JAN 13

Nicholas Fernicola

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Project Manager

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Waste Hauler acting, Inc.				NJDEP Hauler I	D No.	Cubic Yards of Waste	1'.R.R.F.	jistered Landfill				
Waste Hauler acting, Inc.				NJDEP	D No.	Waste	1.R.R.F. Cit /, State	pistered Landfill				L
	Type Notifical Initial Amended Amendme Emergence justification Cancellat Abatement is To The state of the s	Type Notification Initial Amended Amendment #	Type Notification Initial Amended Amendment # Semergency (including justification) Cancellation Can	(Purs O6	NOTIFICATION OF (Pursuant to pursuant to p	NOTIFICATION OF ASBE (Pursuant to NJAC : Pursuant to NJAC : Pursuant to NJAC : Describe (Pursuant to NJAC : Pursuant to NJAC : Describe (Pursuant to NJAC : Descr	NOTIFICATION OF ASBESTOS ABATE (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) D & A Demo, LLC Type Notification	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) D & A Demo, LLC Type Notification Initial Initial	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 5:16) Name of Building Owner/Operator (2)	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2)	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2)	Region R

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Date of Notification (1)	17	,		19963		ng Owner/Operator (e & Recycling, In	V-00				_	- /		
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Agencies Notified Type Noti	fication			50.7000	et Address			In n		' 0	20	17	1	
□ DOLWD □ Amend	led			100	O Box 18	275								
	lment#				State, Zip				ASBEST	os co	TNC	ROL	&	
☐ DCA ☐ Emerg		cludin	g		The state of the s	e, NJ 07762			LI(CENSI	NG	-		
(NJAC 5:23-8) justific				100000000000000000000000000000000000000	e of Conta	100 E			Telephone	Numbe	r			
Cance	llation			Rie	chard Hy	de						- 22		
				FA	CILITY	NFORMATION								
Name of Facility Where Abatement i	s Takin	g Place	e (3)				Type of F	acility (4)					
Residence							Schoo			22 723				
Street Address			20/ 10/ 10						Other than rate and cor		al hu	ilding	10	
								es, etc.)	ato ana ooi	minoron	ai bu	manig	,,	
City (5)							Square F	eet	# of Floors	S	Blo	dg. A	ge	
Toms River Twp.							700 :31	F	1			65		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current U	Jse (Prior	r if being de	molishe	ed)			
Ocean							Resid							
Name of Monitoring Firm Hired by Br	uilding (Dwner	(8)	ASCM	No.	Name of Abateme	ent Contra	ctor (9)				-287		
N/A						Guardian Co	ntractir g	, Inc.						
Street Address						Street Address							100000	
						1889 Route 9	, Unit 61							
City, State, Zip Code						City, State, Zip Co								
						Toms River, I		sev 087	55					
Project Manager for Monitoring Firm		222	Те	lephone	No.	Telephone No.		,	License N	0				
						732-349-9932			00624	17.0				
Start Date (10)	Sched	uled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor					_		
10 /16 /17	_1	0 /	1	9 /	17	E.M.S.L. Anal	lytical							
Occupancy Status During Abatement						Street Address							10000	
□ Facility Closed/Vacated During En □ Facility Closed/Vacated During En				ement		1056 Stelton								
☐ Abatement Performed Outside of					scribe	City, State, Zip Co	nde							
Time of Abatement:AM	P	Λ/	_PN	1	_AM	Piscataway, N		OV 0885	i.					
Scope of Work (Check all that apply)						1 ISCataway, 1	46W 3613	ey ooos)-4					
		225 194				☐ Full Cont	ainment w	ith Negat	ive Pressur	e				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		☐ Re				☐ Mini-Encl ☐ Glovebag	losure							
Z ≥ 100 31 01 ≥200 11		△ De	HOIL	1011		☐ Glovebag	mpted (* :	re and Non-	Friable Prod	cedure				
	11000	Is	Loca	ation							Aha	ateme	ent T	vne
Location of			Norm			Description of	f							
Asbestos-Containing Material (AC TO BE ABATED	M)			lely by ance/	Asbe	estos Containing Mai	terial (ACIN	Л)	Amount		Removal	Repair	nce	Enclosure
IN Facility			todial	Staff?	(1.6	e., thermal systems i surfacing, VAT,	nsulation, or		(Specify SF or LF		ova	air	psu	nso
(13)			(12	1	-	other miscellaned				<i>'</i>	_		Encapsulate	ē
		Yes	No	N/A										
exterior			\boxtimes		asbest	os siding			700 sf					
		П									П			
		_			-								_	
					-						Ш	Ш	Ш	
Name of Registered Waste Hauler			1 2 2	NJDEP	현지 전투 경기	Cubic Yards of	Name o	f Registe	red Landfill					
Guardian Contracting, Inc.				Hauler I 2022:		Waste 3	T.R.R	R.F.						
City, State						Disposal Date	City, Sta	ate						
Toms River, New Jersey						10/20/17	97.		ennsylvar	nia				
Completed By (Print or Type)	Title	<u> </u>				Signature	1		,	Date	1			
Nicholas Fernicola		oject	Mar	ager			/			100000000000000000000000000000000000000	11	1	_	
.SB-41			V6W23786	J			\	-2~	1	10	16	11	1	
AN 13	* [Do not	use t	his form	for asbes	tos licensure exemp	ted activ ti	es.						

Date of Notification (1)	PAID	NOTIF	CATION	ate of New Je OF ASBEST to NJAC 8:66	OS ABATE	MENT	F	CEL	W IF		21			
Agencies Notified Type Notification Type Notification Type of lacility (4) Amended Amended Billiamson Street City, State, Zip Code Elizabeth, NJ 07202 Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center-Penthouse Tree Address 225 Williamso Street City (5) Trinitas Regional Medical Center-Penthouse Trinitation No.		Name of	Building Ow s Regiona	ner/Operator Medical ((2) Center	D)F		U 15						
DCP	00:0:0:	Street A	ddress				QCT 1 6 2	017	L	7				
DOH	DEP Amended Amendment #_	cluding	City, Sta	ate, Zip Code oeth, NJ 07			ASBESTOS CONTROL &							
Name of Facility Where Abstement is Taking Place (3) Trinitas Regional Medical Center-Penthouse 225 Williamso Street 225 Williamso Street 225 Williamso Street 226 Williamso Street 227 Williamso Street 228 Williamso Street 229 Williamso Street 220 Williams	DOH justification)	cidding	Willian	m Stranah	han									
Name of Facility Where Abatement is Tasking Prake 9 Trinitas Regional Medical Center-Penthouse Street Address 225 Williamso Street City (3) City (3) City (6) City (7) County (6) UNION Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address 426 69th Street City, State, Zip Code City, State, Z			FAC	ILITY INFOR	MATION	Type of	Flacility (4)							
City (5) Square l'eat for son Bidg. Age 60+	Trinitas Regional Medical Center-Pe	Place (3) enthouse				☐ Sc	ct ool (K-12)	(Other than K-12)		1				
Square lest for Solids Square lest for Square lest square lest for Square lest square le								ate & commercial	buildin	igs, no	Jilles			
County (6) UNION Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Start Date (10) Oct 16/2017 Oct 17/2017 Oct 17/2017 Oct 16/2017 Oct 16/2017 Oct 16/2017 Cocupancy Status During Abatement (Check Only One) Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City,						Square	elfeet	E THE WAS ASSETTED			9			
Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EA Services Corporation Street Address 426 69th Street City, State, Zip Code City, State, Zip Code City, State, Zip Code Guttenberg NJ 07093 Project Manager for Monitoring Firm Telephone No. 201-295-1700 Ot 17/2017 Oct 16/2017 Oct 16/2017 Oct 17/2017 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Startingat 4 PM Scope of Work (Check All That Apply) 23 sf or ≥3 if 2160 sf or ≥260 if Demolition Is Location Normally Used Solely by Maintenancy Custodial Staff? (12) Yes No N/A Penthouse-Mechanical Room X Elbows Name of Registered Waste Hauler Tri-State Transfer Assoc Name of Registered Landfill Minerva Enterprises Name of Registered Landfill Minerva Enterprises	County (6)		County (STATE	Code (7)		Current Jse (Prior if being demolished)								
Street Address Street Address 426 69th Street City, State, Zip Code City, State, Zip Code Guttenberg NJ 07093 Telephone No. 201-295-1700 Oct 17/2017 Cot 17/2017 Cotupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Startingat 4 PM Scope of Work (Check All That Apply) Zope of Work (Check All That Apply) Asbestos-Containing Material (ACM) 1	Name of Monitoring Firm Hired by Building O	wner (8)	3		Nam EA	ame of Abatement Contractor (9)								
City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Cuttenberg NJ 07093 Telephone No. 201-295-1700 O1074 Start Date (10) Oct 16/2017 Oct 17/2017 Same as athove Streat Address City, State, Zip Code Guttenberg NJ 07093 License No. 01074 Same of Registered Waste Hauler Tri-State Transfer Assoc Telephone No. 201-295-1700 It lephone No. 201-295-1700 Telephone No. 201-295-1700 Streat Address City, State, Zip Code	N/A													
City, State, Zip Code	Street Address						사용하다 가게 되었다.							
Project Manager for Monitoring Firm	City, State, Zip Code							93						
Start Date (10) Oct 16/2017 Oct 16/2017 Oct 16/2017 Oct 17/2017 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Startingat 4 PM Scope of Work (Check All That Apply) ≥ 23 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Penthouse-Mechanical Room Name of Registered Waste Hauler Tri-State Transfer Assoc Street Address City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code Abatement Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-	Project Manager for Monitoring Firm	Teleph	none No.	Tele	elephone No. License No.									
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Starting 4 PM Scope of Work (Check All That Apply) Street Address				n Date (11)		me as above								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code					Stre	et Addres	SS							
Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (C	Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of Aba	tement		City	, State, Z	ip Code							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Penthouse-Mechanical Room Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Republic Registered Waste Hauler Tri-State Transfer Assoc Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Name of Registered In Facility (12) Name of Registered Waste Hauler Hauler ID No. 1951 Name of Registered Landfill Minerva Enterprises	Scope of Work (Check All That Apply) ヌ ₃ sf or ≥3 If					Mi	ni-Enclosure	edure			e			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Penthouse-Mechanical Room Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Penthouse-Mechanical Room Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Elbows 14 X Name of Registered Waste Hauler Tri-State Transfer Assoc Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Figure 1 Name of Registered Landfill Minerva Enterprises		T								emen				
Penthouse-Mechanical Room X Elbows 14 X Name of Registered Waste Hauler Tri-State Transfer Assoc No N/A Elbows 14 X Cubic Yards of Waste Hauler ID No. 19551 Name of Registered Landfill Minerva Enterprises	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	mally Solely by enance/ lial Staff?	(i e	tos Containir thermal syst surfacing,	ng Materia ems insul VAT, or	ation,	(Specify	Removal		100000	1000			
Penthouse-Mechanical Room X Elbows Name of Registered Waste Hauler Tri-State Transfer Assoc Name of Registered Waste Hauler Tri-State Transfer Assoc	, ,	Yes	No N	/A		SWINGERS	_	1/1	×			-		
Name of Registered Waste Hauler Tri-State Transfer Assoc NGDEF Waste Hauler ID No. of Waste to describe the described of Waste ID No. of Waste ID No. ID N	Penthouse-Mechanical Room		X		Elbo	ows		1-				-		
Name of Registered Waste Hauler Tri-State Transfer Assoc NGDEF Waste Hauler ID No. of Waste to the following the properties of Waste to the following the							_					-		
Name of Registered Waste Hauler Tri-State Transfer Assoc NGDEF Waste Hauler ID No. of Waste to describe the described of Waste ID No. of Waste ID No. ID N			1 1115	D Wests	Cubic Var	rds	Name of	Registered Landf	fill			_		
		Haule	er ID No.	of Waste		Minen	/a Enterprises							
City, State tbd Waynesburg, OH Bronx, NY Date	City, State			Disposal tbd	Date		esburg, OH							

Signature

Title

Office Manager

Completed by

Gina Betances

Oct 06-2017

		NOTE	-104		ate of Nev		CRECKIE	E	A III	-						
MO#24499211275						ESTOS ABAT 8:60 and 5:16		1D) E	6 E		\mathbb{V}	E				
Date of Notification (1)						Owner/Operator (2		-IIniI								
10/				Owner/Operator (2	-/	11 11 00	CT 1	6 21	017							
Agencies Notified	- 1		on Brown Street Address													
☐ EPA	Type Notification Initial					ASBESTOS CONTROL &										
□ DOLWD	Amended			City, St	ate, Zip Co	ode			ICENS	ING	ROL	&				
DHSS	Amendment #_		1	Vewarl	k, NJ 071	12				-	_					
DCA (NJAC 5:23-8)	Emergency (ind	auding	-		of Contact		Telephone Number									
3/12/12/12/12/12/12	Cancellation]	bn Bro	own											
				FAC	ILITY INF	ORMATION										
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Facility									
Private house							School (K-12) Subchapter 8 (Other than K-12)									
Street Address							Other (i.e., p	Other than K-12) Other (i.e., private and commercial buildings,								
								hories, etc.)								
City (5)							Square Feet	# of Floors	Bld	g. Ag	е					
Newark, NJ 07112				10	0-1-77	STATE USE ONLY	Correct Head (De	for if being demolis	ahad)							
County (6)				County	/ Code (1) (STATE USE ONLY)	Current Use (Pr	for it being demons	sileu)							
Essex Name of Monitoring Firm	Hirad by Building C	lwner (2) [ASCM N	lo I	Name of Abateme	ant Contractor (9)	1				-				
Name of Worldoning Lim	Trilled by balloning C	WIICI (" ['	AGOINI I		Gr Tech LLC	sin Contractor (5,	5)								
Street Address						Street Address					-					
Oli Coli / Idai Coo						576 Valley Rd #	‡283									
City, State, Zip Code						City, State, Zip C										
				Wayne, NJ 074	70											
Project Manager for Mor	nitoring Firm		Tele	phone I	No.	Telephone No.		License No.	j.							
				973-638-1777 01127												
Start Date (10)	225-25			tion Dat	17	Name of OSHA N										
				Envirovision Co Street Address	onsultants,Inc											
Occupancy Status Durin				ment		20-21 Wagaraw	Dood Olda #	25E								
Abatement Performe	d Outside of Normal	Facility	Hour	s - Des	cribe	City, State, Zip C		33E				-				
Time of Abatement:	AMP	M/	_PM_		AM	Fair Lawn, NJ 0										
Scope of Work (Check a	ill that apply)					Clean u	p and de contami	nation with negativ	e press	ure						
M >3 of or >3 If		⊠ Re	novati	on.		Mini-Fn	ntainmen with Ne									
>3 sf or >3 lf > 160 sf or >260 lf	molitic			Gloveba	Tent with Negative Pressure											
		-				Non-Exe	empted (') and N	on-Friable Procedu		1	T.					
Locatio	n of	100	Locat Vorma			Description	of	Amount			ent Ty	_				
Asbestos-Containing			d Sole			stos Containing Ma	aterial (ACM)		Remova	Repair	Encapsulate	Enclosure				
TO BE AB			intena todial	Staff?	(i.e	, thermal systems surfacing, VAT		(Specify SIF or LF)	SVOL	air	psu	osur				
(13)	(12)			other miscellane		,	1 20		late	0						
		Yes	No	N/A				<u> </u>	-							
Basement				\boxtimes	Pipe -wr	ap&cut		160 LF	\boxtimes							
Basement \square					VAT flo	or tiles										
1st floor				\boxtimes	VAT flo	or tiles		100 SF	\boxtimes							
				ĪП												
Name of Registered Wa	aste Hauler	1—	NJ	DEP Waste	e Hauler ID No.	Cubic Yards of Was	ste Name of Reg	istered Landfill								
Gr Tech LLC				003378	35	TBD	T.R.R.F. Inc	:								
City, State						Disposal Date	City, State									
Wayne, NJ 07470						TBD	Tullytown, I	PA				00120				
Completed By (Print or Type) Title						Signature	1	100	Date	ate						
N.Jevtic	Ow	ner				1 7	ente Wena	d 1	0/06/17	7						
ASB-41						/										



		State of New Jersey FIFICATION OF ASBESTOS ABATE (Pursuant to NJAC 8:60 and 12:12)					· (D)	E	CE		7 E	4					
Date of Notification (1) 10/05/2017					of Building Bonah	Operator	r (2)			OCT 16	5 201	17		卅			
Agencies Notified	Type Notification				Address					-				- Decem	+		
X EPA	× Initial												_				
EPA DEP DOL	Amended Amendment		_	City, State, Zip Code Millburn, NJ 07041					ASBESTOS CONTROL & LICENSING								
DOH DCA	Emergency justification) Cancellation		Name of Contact Claire Bonahoom						_ Te	lenhone Ni	ımhar						
					ILITY INF		ION										
Name of Facility Where A	Abatement is Takin	g Place (3)					Тур	e (f Facility	25 6:	0 10						
Street Address								×									
City (5) Millburn								100000000000000000000000000000000000000	e c.) Square: Feet # of Floors N/A				Bldg. Age N/A				
County (6) Essex					Code (7) USE ONLY)		Current Use (Prior if being demolished) House									
Name of Monitoring Firm	Hired by Building	Owner (8))	ASC		A STATE OF THE PARTY OF THE PAR	lame of Abatement Contractor (9)										
Street Address				Stree					S Abatement, Inc.								
City, State, Zip Code		72.75			-		City, S	State, Zir Code									
	V				Toto	wa, N	NJ 07512										
Project Manager for Monitoring Firm				Telephone No.			Telephone No. 973-345-8685				License No. 01311						
Start Date (10) Scheduled Cor 10/16/2017 10/17/2017									Name of OSHA Monitor D&S Abate ment, Inc.								
Occupancy Status During Abatement (Check Only One)							Street Address 11 Rosengren Avenue										
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied				rs City, S					State, Zip Code wa, NJ 07512								
Scope of Work (Check Al	I That Apply)							33.33.					-				
X ≥3 sf or ≥3 lf X Renormal Renorm							80.0	Full Containment with Negative Pressure Mini-Enclosure Glov sbag Procedure Non-Exempted (*) and Non-Friable Procedure									
Is Loca Location of Norma				on				Abati					ement				
				ly		Des	scription	of					Ту	pe			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used So Mainter Custodia (12)			intenar	nce/				insul T, or	lation,) Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A										te			
Basement X			Х		pipe insul			sulation			140 LF						
Name of Registered Wast	te Hauler		N	JDEP W	/aste	Cubic '	Yards		Vame of	Regista	red Landfill						
D&S Abatement Inc				Hauler ID No. of Was 20996 TBD						lame of Registered Landfill Vaste Management of PA							
City, State Totowa, NJ						Dispos TBD	al Date	,	Dity, Stat		Α						
Completed by Oliver Hegedis	ct Ma	nager	gnature	PI	101		Da		2017								
		- 57			\ /	V	01										