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Date of Notification (1)					7				wner/Operator	**************************************		-0C	T-1;	7 21	)19	1	
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	-					FA	CILITY II	NFO	RMATION								
Name of Facility Where A Toms River Toll Bu		Taking	Place	e (3)						Type of Facil		)					- mile sesse
Street Address										Subchapt		Other than	K-12)				
GSP Mile Marker 83	3.4 North									Other (i.e homes, e	., priv			ial bu	ildin	js,	
City (5)								1945 - CO		Square Feet		# of Floor	S	BI	dg. A	ge	
Toms River										1,200		1			58		
County (6)						Cou	nty Code (	7)(ST)	ATE USE ONLY)	Current Use	(Prior	if being de	emolish	ed)	*		
Ocean										Toll Build							
Name of Monitoring Firm	Hired by Buil	ding Ov	wner	(8)	A	SCM	No.	Na	me of Abatem	ent Contractor	32525 F						
McCabe Environme	ntal Servic	es, LL	.C		00118 Shade Environmental, LLC												
Street Address					Street Address									www		7 (II) <del>7 (P</del> II	
464 Valley Brook Av	venue				623 Cutler Avenue												
City, State, Zip Code	H-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7 (100 P.), NOBELL ACTOR (10)		and the second				Cit	y, State, Zip C	ode							
Lyndhurst, NJ 0707	1.							P	Maple Shade	e, NJ 08052							
Project Manager for Monit	toring Firm			TTE	elep	hone	No.	Te	lephone No.			License N	10.	and the second			
Jarred Panecki					201	-438	-4839	8	356-755-0099	9		00842					
Start Date (10)	13	Schedu	led C	omp	oletio	on Da	te (11)	Na	me of OSHA N	/onitor						*****	
10 / 24 /	19	11	/		01	/ ,	19	E	EMSL Analy	tical, Inc.							
Occupancy Status During	Abatement (	Check	only c	one)				Str	eet Address								
☐ Facility Closed/Vacated								2	200 Route 13	0 North							
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Time of Abatement: 7:	00AM-5:00	<sup>2</sup> M/	PI	M		_AM		C	Cinnaminsor	n, NJ 08077							
Scope of Work (Check all	that apply)				2121 201		***************************************										
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≥160 sf or ≥260 lf			] De	moli	ition				Gloveba	g Procedure							
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TO BE ABAT	TED		Ma Cust	inter			(i.e	., the	ermal systems	insulation,		(Specify		Remova	Repair	Encapsulate	Enclosure
IN Facility (13)	У		Cusi	(12		aii:		S	surfacing, VAT her miscellane	, or		SF or LF	=)	/ai		sula	ure
(10)			Yes	No		N/A		Oti	nei miscenane	ous)						te	
Locker Room and Hal	lway	[		$\boxtimes$	⊠ ☐ Floor Tile 175 SF ⊠ ☐												
Lunch Room and Bac	k Hallway	]		$\boxtimes$			Floor T	ile			1	225 SF					
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Name of Registered Waste	e Hauler	L					Vaste	Cub	oic Yards of	Name of Re	gister	ed Landfill					1
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City, State					1	JJJ3		Acres 100 101 . C	oosal Date	City, State			ritteri ta		TILL OF		
Freehold, NJ									1/01/2019	Morrisvil	le, P	Α					
Completed By (Print or Typ	pe)	Title			******				Signature				Date				-
Christina Fay		2000	e Pre	esic	len	t of C	Operation	ns	Mark	a 11.1					1 /20	21	
20		Vice President of Operations (Martin 10/10/19									f	1					

Jan 04 2000 04:50AM NJ Asbestos Control 609,633,0664 page 1 18/18/2819 B3:32PM 281329744B BEST REMOVAL INC PAGE 02/04 State of New Jersey NOTEFICATION OF ASSESTOR ABATEMENT (Persent to MIAC 8:00 and 12:120) DOL DOD DAY MR. CHRIS TASENSK 10 0/19 D DEF Males, 23p C446e NATUF BY STOPP SOUTH DRANGE E-DOH Nisma of Contact HR JASENSKY PAGILITY INFORMATION Hacen of Facility Udaness Abstratment in Talday Pindo (3) Type of Pacifity (4) MR. CHRIS JASSHERY C Bubble (K-12) C Bubblepher & (Other than K-12) C Other La., private & cottonscial SOUTH ORANGE # of Fisces 1945 COUNTY COOK (7) (STATE USE Current Use (Prior If being de ESSEX. RESIDEN OF Name of Manifestry Pinn Head by Building Conter ARCHI NO. Best Removal Inc Street Address 2.0 450 South River St City, Santo, Zip Code Hackensack, N.J. 07601 Project Starmger for Mankying Fern Tolophome No. 201-329-7444 00388 COORDEROY BRIDE DURING Abeliance (Check only Date (11) Rumpa of COUNTA Month 10/15/19 Omega Environmental Birest Address. O Reciting Chamaitrinoused During Entire Period of Absternant

D Absternant Purtnersed Countrie of Normal Facility Route

of Capter — Demonthac St. on J.H. TO St. on PH 280 Huyler St City. Steen, Zip Caula S. Hackensack , N.J. 07606 Saspe of Hista (Check of Sut spat) 223 # 0: 23# D2 160 # 0: 2 200 # Ci. Full Containment with Hagative Processes In Mini-Containment with Hagative Processes In Convention Proceedings Demolition 2 Name Commune (\*) print Main-Printito Prongeto Is Location Marriagly and Statesly by . La-teletions of NEI FACILIS TO ME ABOTED te WAT, or - (13) (12) Bla BASEHENT THERULL STSTER INCOME FOR ISLE BASS TENT SACRIMAL SULFACING 80 36. Number of Pagesternel Wester Hatter Cubic Yards of Manse of Registeres; profits Best Removal Inc 17109 CUMBERLAND COUNTY LANDELL Hackensack , N.J. 07601 NEWBURGH 17240 Comprising by J. MAIORANO Estimator 9/10/19 Do not man this focas for a

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Date of Notification (1) 10/11/19			Pine	of Building Ridge a			or (2)	Section 1	0	CT 1	7 20	19	4	
Agencies Notified Type Notification  EPA Initial				Address Street					د نولندن به سمال	Order on substrate or carrier source	en lange er saket	n hunanda a	T Company	olottina.
DEP Amended Amendment	t#			tate, Zip C					ASBE	STOS (		301.4	teromore	
Emergency justification)  DCA  Cancellation		3	Name	of Contact Ridge a	t	twood			108 1080143	ephone N				
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Name of Facility Where Abatement is Takir	ig Place (	3)					Тур	e of Facility (						
Street Address  City (5)							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than K & comme	-12) rcial bu	ildings	, hom	nes,
Manchester							Squ	are Feet	# 0	Floors		Bldg.	Age	
County (6) Ocean				Code (7) USE ONLY	r)		Curr	ent Use (Pri	or if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCI	M No.		Name	of Ab	atement Cor D PROFE	ntractor	(9) NAIS				
Street Address			1			Street	Addre	ess		IVALO			-3150716	
City, State, Zip Code						City, S	State, 2	DOVE CO						
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.														
Start Date (10)	Schedul	ed Con	noletion	Date (11)		732-	668-9			1200				
10/25/19	10/28/	19	ripietion	Date (11)				D PROFE	SSIO	NALS				
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Abatement Performed Outside of Norm Other – Describe:	al Facility	/ Hours	5					Cip Code OD, NJ 08	8701					
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Location of	1000	Locati			2.55				( ) 4114	110111110		Abate	ement pe	t
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EXTERIOR					R	OOFING	G 		40	0SF	x			
											+			
Name of Registered Waste Hauler		l NI	JDEP W	aete	C!	Vard		l Na						
NEWARK CARTING		Ha	auler ID 509		of Wa	: Yards iste		Name of R	egister	ed Landfi	II.			
City, State NEWARK, NJ					Dispo 10/28	sal Date 3/19		City, State BETHLE		PA				
Completed by Title Signature Date  JOSEPH PERLSTEIN OWNER 10/11/19														

Inv# 15272

CKIIOS DA	TIP	NOT	IFICATI	State of I ON OF AS ant to NJA	SBESTO	SABATE	EMEN	IT IN	E	C E	3	W		57
Date of Notification (1) 10/11/19	AHA	!	Name	e of Buildir	ng Owner	r/Operato				<u> </u>	3 U	<u> </u>	=,	1
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E cancollation				Ridge a					7	32-350	0-9000			
Name of Facility Where Abatement is Takin	ng Place	(3)			- Ortina	.ioi	Тур	e of Facility	/ (4)					
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City (5) Manchester							Squ	are Feet	#	of Floors	3	Bld	g. Age	
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Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.		Name A A A	of Ab	atement Co	ontracto	r (9)				
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Project Manager for Monitoring Firm			Telenh	one No		1		OD, NJ (	08701	т				
		Telephone No.         Telephone No.         License No.           732-668-9078         1200												
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Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abater Hour	nent s			City, St	ate, Z	Zip Code		*	16.000			
Scope of Work (Check All That Apply)						LAKE	WO	OD, NJ 0	8701					
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Name of Registered Waste Hauler						⁄ards		Name of F	Register	red Land	ifili			
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City, State NEWARK, NJ					Disposa 10/28/			City, State		PA				
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Date of Notification (1) 10/11/19				Name	of Building O Ridge at C	wner/Operato	or (2)		001	1.7	2019	and distance		
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DCA	Cancellation				Ridge at C	restwood				lephone N 2-350-9				
Name of Facility Where	Abatament is Tel-	D/	(0)	FAC	CILITY INFOR	RMATION								
Name of Facility Where	Abatement is Tak	ing Place	(3)				Тур	e of Facility	(4)					
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Street Address				Street Address 6 WHITE DOVE COURT										
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					OD, NJ 0	8701								
Project Manager for Mon	itoring Firm			Telepho	one No.	Teleph 732-	none N	No.		License 1200	No.			
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City, Blata, Zp Code	ABE James and B.												
Project Manager for Mantering Pirm			Tainah	one No.	Mid	land Park	NJ 0745	12	A 950				
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R. McDoneld	Tile Presk	ient	A STATE OF THE PARTY OF THE PAR	10	grature	DA	70/7	P Dole			-	-	

# Thu# 15265 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

OCT	7	7	2019

Date of Notification (1)				Name	e of Buildi	ng Owner/Operator	(2)		ALC: 1000	111 A 11 A	-	- 5				
10 /11 /	19				y Lynn	ng omion operator i	(2)	ASSES (US C LICEN	a) a		27	Ì				
Agencies Notified  ☐ EPA ☐ Initial ☐ Amende				Stree	t Address		de marie en 1940.	to the state of the supplemental sections of the section of the		e invite	mich. s	Street of				
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□ DCA □ Emerger		dina		Bra	adley Be	ach, NJ 07720										
(NJAC 5:23-8) justificat	tion)	ung	Ì	Name	e of Conta	ct		Telephone Num	ber							
☐ Cancella	ation			Jay	y Lynn											
Name of Facility Miles and All 1	<b>-</b>			FA	CILITY	NFORMATION										
Name of Facility Where Abatement is Residence	Taking Pl	ace (3	3)				Type of Facility (	000								
Street Address							School (K-12) Subchapter 8 Other (i.e., pr	(Other than K-12	?) rcial b	uildin	gs,					
City (5)							homes, etc.)		- 1-							
Bradley Beach							Square Feet	# of Floors	В	ldg. A	ge					
County (6)			_	Com	nhi Codo /	7\/CTATE LIGE ON! \A	2000	2		65						
Monmouth				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Prio	or if being demoli	shed)							
Name of Monitoring Firm Hired by Buil	lding Own	er (8)	F	SCM	No.	Name of Abateme										
Guardian Contracting, Inc.							Contracting, Inc.									
Street Address						Street Address	onu acting, inc.									
1889 Rte. 9, Unit 61						1889 Route 9	9 Unit 61									
City, State, Zip Code						City, State, Zip Co										
Toms River, New Jersey 08755	5					Toms River, New Jersey 08755										
Project Manager for Monitoring Firm		1-	Telen	hone	No	Telephone No.	New Jersey 007	License No.								
Nicholas Fernicola					-9932	732-349-9932		00624								
Start Date (10)	Schedule	d Con			A PROPERTY OF THE PARTY OF THE	Name of OSHA M		00024								
10 /22 /19					19	E.M.S.L. Anal						F)				
Occupancy Status During Abatement (	Check on	ly one	()	S-27		Street Address						-				
☐ Facility Closed/Vacated During Enti	re Period	of Ab	atem	ent		1056 Stelton										
Abatement Performed Outside of N	ormal Fac	cility H	ours	- Des	cribe	City, State, Zip Co	ode									
Time of Abatement:AM	PM/		PM		AM		New Jersey 088	54								
Scope of Work (Check all that apply)						-										
≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	Reno Demo		517			ainment with Nega losure g Procedure mpted (*) and Non		re							
		Is Lo					-		Ab	atem	ent T	vpe				
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	, c	Jsed S Mainte ustod	enanial St	by ce/ aff?	Asbe (i.e	Description of estos Containing Mat e., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
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Dasement			-		asbesto	os pipe insulation	n	75 If								
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Name of Registered Waste Hauler			0.000	DEP V		Cubic Yards of Waste	Name of Registe	ered Landfill								
Guardian Contracting, Inc. Hauler ID No. 20223						3	T.R.R.F.									
Toms River, New Jersey						Disposal Date 10/23/19	City, State	\ ·								
Completed By (Print or Type) Title						Tullytown, F	Pennsylvania									
Nicholas Fernicola						Signature	/	Da	te	1						
SB-41	Project Manager								0/	11/	12					

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Date of Notification (1) 10/11/19			Name Dubir	of Building Own	ner/Operato on	r (2)		OCT 1	7 20	)19	TANA MANAGAR		-
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Name of Facility lands and the same of the			FAC	ILITY INFORM	IATION					_	-		
Name of Facility Where Abatement is Takin	ng Place	(3)				Туре	of Facility (4)				0.3		
Street Address						I S	School (K-12) Subchapter 8 Other (i.e. prietc.)	(Other than	n K-12) mercia	l buil	dings	, hom	es,
City (5) Lakewood							re Feet	# of Floors	S	E	Bldg. /	Age	$\neg$
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City, State, Zip Code		6 WHITE DOVE COURT  City, State, Zip Code										_	
							DD, NJ 087	'01					
Project Manager for Monitoring Firm			Telepho		4	none No 668-90		Licen 1200	se No.				
Start Date (10) 10/25/2019	Schedul 10/28/		npletion	Date (11)			A Monitor PROFES	SIONNIS					
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Scope of Work (Check All That Apply)					LAKE	EWOC	DD, NJ 087	'01					
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	100	Location									Abate	ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel iintenar todial S (12)	y by nce/	Asbestos C (i.e. thern su	Description ontaining M nal systems rfacing, VA er miscellan	laterial ( insulat T, or	(ACM)	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							프		ate	re
INTERIOR				ACM	Pipe Inst	ulation	1	150 SF	7	ς			
EXTERIOR				A	ACM Sidir	ng		400 SF	2	c			
INTERIOR				Linoleur	m Floorin	g/ Mas	stic	200 SF	2	(			
INTERIOR					ACM Tile	S		500 SF		ς .			
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP W auler ID 509		oic Yards Vaste		Name of Reg	gistered Lar	ndfill				
City, State NEWARK, NJ				1	posal Date 26/2019	- 1	City, State BETHLEH	IEM PA					
Completed by IOSEPH PERLSTEIN	Title OWN	Oignature   Time											

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Marie of Facility Whele Abatement is Tak	ing Place	(3)						e of Facility	586						
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City (5) Lakewood							Squ	are Feet	# 0	of Floors	s	E	Bidg. A	Age	
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Name of Monitoring Firm Hired by Building	Owner (8	Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS													
Street Address			Street Address 6 WHITE DOVE COURT												
City, State, Zip Code															
Project Manager for Monitoring Firm											-				
Start Date (10) 10/23/2019	Schedu 10/26/		mpletion	Date (11)	)	Name	of OS	HA Monito							
Occupancy Status During Abatement (Che						Street		TOTAL STREET		INALS		les.	-		
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Total Control of the	Renova Demolit	2.000.00.00.00.00			×	Mi Gl	III Containn ni-Enclosur ovebag Pro on-Exempte	re ocedure					e	
Location of		s Locati Normal			Doo	oriotica							Abate	ement	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial S (12)	lety by ance/ Staff?  Asbestos Containing Material (Asbestos Conta					ation,	(5	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A									<u>a</u>		ate	Ге
INTERIOR					AC	M TILI	E		15	50 SF		Х			
Name of Registered Waste Hauler NEWARK CARTING		170,000	JDEP Wauler ID		Cubic Yards Name of Registered Landfill of Waste										
City, State		04	4509		3 Disposa	200		IESI City, Stat	te						
						0/26/2019 BETHLEHEM PA									
Completed by Title JOSEPH PERLSTEIN OWNER					Si	gnature					Date		9		

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DOH Emergency justification Cancellation	n)	ing	Name	of Conta	ict		h	Te	elephone		r T	SPANSO-AM	
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Name of Facility Where Abatement is Tak	ing Place	e (3)	- 17	CILITI	VFORMA	ION	Type of Facility	(4)					
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City (5) Manchester							etc.) Square Feet		of Floors	i ciai bi		5	nes,
County (6)			10								blug.	Age	
Ocean			(STATE	y Code (7 E USE ONL	) 		Current Use (Pr Home	rior if he	ing demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (	(8)	ASC	M No.		Name	of Abatement Co	ntractor	(9)				
Street Address						-	LEAD PROFI	ESSIO	NALS				±1
City, State, Zip Code							HITE DOVE C	OURT					
orty, otate, zip code						City, S	tate, Zip Code WOOD, NJ 0	0704					
Project Manager for Monitoring Firm			Teleph	one No.			one No.	10701	License	No			
Start Date (10)	Schedu	iled Co	moletica	Date (11			668-9078		1200	140.			
10/25/19	10/28	/19	inpletion	Date (11	'		of OSHA Monitor LEAD PROFE		NALS				
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Scope of Work (Check All That Apply)						LAKE	WOOD, NJ 0	8701					
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Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashes	Desc	cription o	f terial (ACM)			-	Ту	ре	
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(13)		(12)			other mi	scellane	ous)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler			JDEP Wa		Cubic Ya	ards	Name of R	eaistere	d   andfill				
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City, State NEWARK, NJ					Disposal 10/28/1		City, State BETHLE	НЕМ Р	 PA				
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OKNOY PAI	D)	NOT	IFICATION (Pursua	State of NON OF AS	BESTO: C 8:60 a	S ABATI Ind 12:12	20)	T D				E	M	To this course and
Date of Notification (1) 10/11/19			Name Pine	of Buildir Ridge a	ng Owner at Crest	/Operato	or (2)		OC	1 1 7	201	)		-
Agencies Notified Type Notification  EPA Initial	1			Address x Street					entre content to the passe.	and a second of the buildings.		all controlled	b-zurol'	And Just Described
DEP Amended Amendment				State, Zip					ISBEST L	ICENS	MG	The Ci	- days	William or
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Street Address						1	×	School (K Subchapt Other (i.e etc.)	(-12) er 8 (Oth	er than & comm	K-12) nercial t	ouilding	s, hor	nes,
City (5) Manchester						5552	Squ	are Feet	# 0	f Floors		Bldg.	Age	
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Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.		Name	of Ab	atement C	ontractor	(9)				
Street Address						Street	Addre	ess						
City, State, Zip Code						City, S	state, 2	DOVE C						
Project Manager for Monitoring Firm			Telepho	one No.		LAKE		OD, NJ (	08701	Licens	e No			
Start Date (10)	Schedul	ed Cor	mpletion	Date (11)		732-6		9078 HA Monito		1200				
10/25/19 Occupancy Status During Abatement (Chec	10/28/	19				AAA	LEA	D PROF		NALS				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of	Ahater	nent				HITE	ss DOVE C ip Code	OURT					
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City, State NEWARK, NJ					Disposa 10/28/			City, State BETHL		PA				
Completed by OSEPH PERLSTEIN	Title OWNI	ER			Sig	gnature				1	Date 10/11/	19		$\dashv$

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 10/12/ MS. DONOTHY Type Notification Street Address Agency Notified a Initial O EPA City, State ☐ Amended D DEP NJ 07040 HOLE MARLEWOOD. Amendment# E DOL D Emergency (including Name of Contact ET DOH justification) ZAVESKY ☐ Cancellation DOCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ZAUESK DONOTHY C School (K-12) Subchapter 8 (Other than K-12) Street Address A Other (i.e. private & commercial buildings. homes, etc.) Bldg. Age # of Floors Square Feet City (5) 19 40 MAPLEWOOD 2200 Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) (ZECIDENCE ONLY ESSEX Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 10/26/19 Omega Environmental 10/25/19 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours AOther-Describe: 8: 00 AM TO 5:00PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure A Renovation 2 Mini-Enclosure 235for≥3# ☐ Demolition ☑ Glovebag Procedure □ ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (\*) and Non-Friable Procedure **Abatement** is Location Type Normally Used Solely by Description of . Location of Amount Encapsulati Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ Remova Repair (Specify (i.e., thermal systems insulation, TO BE ABATED Custodal SFOLLF ... IN Facility surfacing, VAT, or Staff? other miscellaneous) . (13) (12) No 135LF THERMAL SYSTEM IUSULATION BASEMENT

Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauter NJDEP Waste Hauler ID No Best Removal Inc 3/207 CUNSERLAND COUNTY LANDFILL 17109 City, State Disposal Date 17240 10/28/19 Hackensack, N.J. 07601 NEWBURGH Completed by J. MAIORANO Estimator \* Do not use this form for asbestos licensure exemp

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/11/19 Resipro Agencies Notified Type Notification Street Address ASSESTOS CONTROL & 3525 Piedmont Road, NE, Building 7, Suite 70 **EPA** Initial LICENSING × DEP City, State, Zip Code Amended DOL Amendment # Atlanta, GA, 30305 Emergency (including × DOH Name of Contact justification) Telephone Number DCA Cancellation Resipro FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-668-9078 1200 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/23/2019 10/26/2019 AAA LEAD PROFESSIONALS Occupancy Status During Abatement (Check Only One) Street Address 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: LAKEWOOD, NJ 08701 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location

In Facility (13)	Cust	Custodial Staff? (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)						(Specify SF or LF)		Removal	Repair	ncapsulate	Enclosure
	Yes	No	N/A							<u>a</u>		late	Гe
INTERIOR				,	ACM Pipe	Insula	tion	60 LF		x			
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP Wa lauler ID N 4509		Cubic Yar of Waste 1	ds	Name of IESI	Registered Lar	ndfill				
City, State NEWARK, NJ					Disposal I 10/26/20		City, Sta BETHL	te EHEM PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Sign	ature			Date 10/		9		

Description of

Asbestos Containing Material (ACM)

(i.e. thermal systems insulation,

Normally

Used Solely by

Maintenance/

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

Amount

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Print Form

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Agencies Notified  ⊠ EPA	Type Notificat  ⊠ Initial	tion			Street	Address								Confidence 22
⊠ DOLWD	☐ Amended				City S	tate, Zip C	odo		A	.SBESTOS ( LICEN		P., 61		
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Street Address							er en la maria de la composición de la		Subchapter 8			ıldıng	S,	
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City (5)								1	Square Feet	# of Floors	51	dg. Ag	je	
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County (6)					Coun	ty Code (7	)(STATE USE ONLY	0 0	Current Use (Prio	r if being dem	olished)			
Camden						450m. 1 Mar 100 - 100 Mar 100 - 100	Tanana	_Ĺ	Residence					
Name of Monitoring Firm	The state of the s			2000	ASCM	No.			nt Contractor (9)					
Management & Env	riro. Consult	ing Se	ervic	es			and the second s	iror	nmental, LLC					
Street Address							Street Address							
PO Box 341							623 Cutler		more recognition and the second					
City, State, Zip Code	WARRIEW.						City, State, Zip							
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Project Manager for Mon	itoring Firm				phone		Telephone No			License No.				
Bill Weisgarber					9-298		856-755-00			00842		- 100 (MA) (100 - 1		
Start Date (10)					tion Da		Name of OSHA EMSL Anai							
Occupancy Status During	g Abatement (C	Check o	only o	ne)			Street Address		Cartan W. (Landy W.)					
□ Facility Closed/Vacate							200 Route	130	North					
Abatement Performed							City, State, Zip	Cod	de	10 00 0000				
Time of Abatement: _	AM	PIVI/	-	_PIVI-		AM	Cinnamins	on,	NJ 08077					
Scope of Work (Check al	II that apply)					er section section		onto	ainment with Nega	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Second Co.	novati molitic			☐ Mini-E ☐ Glovel	nclo bag	osure Procedure					
							⊠ Non-E	xem	npted (*) and Non	-Friable Proce				
The Control of Control of the Hard Statement Section Control of the Ha				Locat Vorma							At	atem	ent T	ype
Location Asbestos-Containing		,		d Sole		Ashe	Description stos Containing I			Amount	Re	Repair	Encapsulate	Enclosure
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(13)			Yes	No	N/A		Other miscena	ine:O	ius)				e	
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			Ц.		L		16			used Leadfill	الما ا	1	1	1
Name of Registered Was	ste Hauler			0.000	IJDEP lauler l		Cubic Yards of Waste		Name of Regist					
Freehold Cartage					1593		10	043		riuiiii		2.22		
City. State							Disposal Date		City, State	D.4				
Freehold, NJ							10/25/2019		Morrisville,	PA		TO THE OWNER.		
Completed By (Print or T	ype)	Title					Signature	- Topicon	$\sim$ 1		Date			
Christina Fay		Vic	ce Pr	eside	ent of	Operatio	ns M	le	RHay/		10/1	1	1	Mark Toler

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Date of Notification (1) 10/09/2019				of Building ark Public			(2)		OCT	1 7	2019		OTANICA MATERIAL AND
Agencies Notified  Type Notification  Initial  Amended	, - 10.000 - 10.000 N			Address Mohamma	ad Ali	Avenu	e Room 20	9		<u> </u>	6013		1
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X       DOH       justification)         X       DCA       Cancellation	Y			of Contact amin Olag	adeyo	)			Telephone Nu 973-733-72				
Name of Facility Where Abatement is Takin	g Place (3	)	FAC	ILITY INFO	RMAT	ION	Type of Fac						
Newark Vocational School							School						
Street Address 301 West Kinney Street							× Subcha	apter 8 (O	ther than K-1 e & commerc	2) ial bui	ldings	, hom	ies,
City (5) Newark NJ 07103							Square Feet 50000	3	of Floors	- 1	3ldg. /	Age	
County (6) Essex				Code (7) USE ONLY)			Current Use Learning i	(Prior if b	eing demolis	ned)			
Name of Monitoring Firm Hired by Building ( Whitman	Owner (8)	200 E	ASCI 0011			Name Turni	of Abatement ngpoint Co	Contract	or (9)	ion		+	
Street Address 7 Pleasant Hill Road						Street	Address Cranbury I		0				
City, State, Zip Code Cranbury NJ 08512						City, S	ate, Zip Code	,					
Project Manager for Monitoring Firm Kevin Lovely			Telepho	ne No. 90-5858		Teleph	one No.		License N 01238	0.			
Start Date (10) 11/04/2019	Scheduler 06/04/2					Name	of OSHA Mon	33.37.7					
Occupancy Status During Abatement (Check							Analytical Address	Labora	tories				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility	baten Hours	nent			City, St	Vest 36th Sate, Zip Code		uite 101				
Scope of Work (Check All That Apply)					_	New	York, NY 1	0018					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emoliti				×	Mini-Enclos Glovebag F	sure Procedure	th Negative P				
Location of	No	ocationall	у		Des	cription (					Abate Ty	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Custo	tenar	ice/	(i.e. th	s Conta ermal s surfaci	ining Ma	iterial (ACM) insulation, , or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
See Attached	Yes	No	N/A		0	A / / 1						ate	ē
Oce Attached					See /	Attache	ed	See	Attached				
Name of Registered Waste Hauler		N	JDEP Wa	aste 1	Cubic Y	arde	News	of Daniel	arad I Inc				
Tri-State Transfer Associates		Ha	uler ID 1 V1896	No.	of Wast 50	The state of the s	Contractory .	4.7	ered Landfill erprises A	ssoc	iates	Inc.	
City, State				1	Disposa	I Date	City, S		OH 44688				
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Newark Vocationa Sch		
<u>Material</u>	Approximate	7 2019 LU CONTROL &
Acoustical Ceiling Plaster	700 SF	Consideration and Consideratio
Wall Ceramic Tile and Mortar	3,000 SF	
Acoustical Ceiling and Wall Plaster	8000 SF	
Pipe Insulation including Elbows and Joints	5000 LF	
Wall Ceramic Tile and Mortar	3000 SF	
Acoustical Plaster	10,035 SF	(3)
Acoustical Plaster	8,000 SF	
Wall Ceramic Tile and Mortar	6,000 SF	
Pipe Insulation including Elbows and Joints	5,000 LF	
	Material  Acoustical Ceiling Plaster  Wall Ceramic Tile and Mortar  Acoustical Ceiling and Wall Plaster  Pipe Insulation including Elbows and Joints  Wall Ceramic Tile and Mortar  Acoustical Plaster Acoustical Plaster Wall Ceramic Tile and Mortar  Pipe Insulation including	Mewark Vocationa Sch       OCT         Material       Approximate Amount Tos Lice         Acoustical Ceiling Plaster       700 SF         Wall Ceramic Tile and Mortar       3,000 SF         Acoustical Ceiling and Wall Plaster       8000 SF         Pipe Insulation including Elbows and Joints       5000 LF         Wall Ceramic Tile and Mortar       3000 SF         Acoustical Plaster       10,035 SF         Acoustical Plaster       8,000 SF         Wall Ceramic Tile and Mortar       6,000 SF         Pipe Insulation including       6,000 SF

Floor tile and mastic

Floor tile and mastic

Suspended ceiling

Acoustical Plaster

Elbows and Joints

Pipe Insulation including

Blue floor tile and mastic

2,500 SF

5,500 SF

3,500 SF

4,500 SF

1,500 LF

2,000 SF

Rooms un-24-28

Cafeteria and kitchen

Cafeteria and kitchen

Auditorium

Auditorium

Cafeteria

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DOH justification DCA Cancellation				of Contac E & WA		HMED		Te	elephone No	ımher	<b>→</b>		
Name of Facility Where Abatement is Takir	ig Place (	(3)	FAC	CILITY IN	FORMAT	ION	Type of Facility	(4)					
AHMED RESIDENCE Street Address		90 <b>5</b>					School (K	-12)					
									ner than K-1 & commerc		ldings	, hom	ies,
City (5) RUMSON							Square Feet 8807 SF	# 0	of Floors		3ldg. 192		
County (6) MONMOUTH				Code (7) USE ONL			Current Use (P RESIDENT	rior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCI	M No.		Name Fini	of Abatement Co shing Touch As	ontractor bestos	r (9) Abatemer	nt Cor	p., In	c.	
Street Address			'			Street	Address						
City, State, Zip Code						City, S	tate, Zip Code	n.c.=(3-,-					
Project Manager for Monitoring Firm N/A			Telepho	one No.			none No. .222.8372		License N 00040	10.			
Start Date (10)	,	ા લી છ		Date (11)	)	Name N/A	of OSHA Monitor	r					
Occupancy Status During Abatement (Chec	k Only Or	() [( ne)	6   19				Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	Abater / Hour	ment s			City, S	tate, Zip Code						
Scope of Work (Check All That Apply)										_			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				_	
		Locat					- Non-Exemple	u ( ) am	u Non-i nat	i i	Abate	ement	t
Location of Asbestos-Containing Material (ACM)	Use	Norma d Sole intena	ely by	Asbes		scription aining M	of aterial (ACM)	А	mount		13	ре	
TO BE ABATED In Facility (13)	7.000.00	todial (12)		(i.e	thermal surface	systems cing, VA	insulation, Γ, or	(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp.,	Inc.	Н	JDEP W		Cubic of Was		Name of FAIRL	Registe ESS L	red Landfill ANDFILL				
City, State WEST LONG BRANCH, NJ 07764			12058		1 Cy Dispos	al Date	City, Stat		I E DA				
Completed by	Title				Si	gnature,	WORF	110 VIL	LE, PA	te			
JOSEPH P. MILLER	PRE	SIDE	ENT		1	plyll	Ill			0/14/	19		

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

8025 CK

Date	e of Notifi	ication 9/26/	/19	Name	of Building (	Owne	er / Operator (2)	1	m) E	- ((u	IF II	W IF	
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City (5)			County (6)	County Co	ode (7)	-J <sup>oq</sup>		# of Flo			Bldg. Ag	60400	
	Plainfie	ld	Union	County C	oue (1)		2,000		2			70+	
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Environ	nonitoni	g Firm Hirea	by Building Ow	mer (8)	ASCM No.		me of Abatement						F
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							3 Schoolhouse						
City, State						City, State & Zip Code							
Matawan						nroe Townshi	p, NJ 0	8831					
Tom Geig	mager to	r Monitoring	Telephone N			ephone Number		L	icense N	Number			
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	9/27/19	ite (10)	Scheduled Com		(11)		me of OSHA Mon						
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		SF or ≥ 3 L	FACM				X Glovebag						
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		(13)		(12)	OI	r othe	er miscellaneous)						
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lame of Re	egistered	Waste Haul	er N	JDEP Waste	Hauler ID #	ŧ	Cu. Yds. of Was	te N	Jame o	f Registe	ared Lar	odfill	_
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Date of Novincesion (1)	heriotess Portsessind com	Na		ulding Owned Yan S			30 / 05		<u> </u>		Designation	Sand Supplement
gencies Notified Type Notification		Sa	eet Add	iess 3001 – 9	408 9 87	0 0 00	O A81	3E51U5 U	JINTH	UL &		-
EPA Initial Amended Amendment #		Ci	y, Slate	Zep Code				ACEUS	2115	yan cashellan	Maria mara ar	-
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lame of Facility Where Abatement is Taking	Place (3)		FACILI	TY DE CREAT	TON	Type of Facil	in (A)					7
Residential [	)wel	lin	0			School						continue
Treet Addréss			1	***		T Subdia	pler 8 (Oth	z tien K-12) Lemmercial	buildin	gs, hor	nes,	PARTINGSTRANS
uknonah						Square Feet	. Sei	Floors	- 18 SON	Age Gy	m5	- State Amount
Gloucester		C	nusiy Co TATE US	de (7) EONLY)			Pitristes deno	ng demolishe • (3	d)	3,00	4	angton soop let
Name of Monitoring Firm Hired by Building O Quality Environmental Concepts	uner (6)	3	ASCM I None	Vo.		of Abatement My Environs	Contractor	(9)				UNITED STATES OF THE PERSON NAMED IN COLUMN NA
Sired Address 1053 North Tuckahoe Road					1	Address 3 North Tuck	kahoe Ro	ad				The second
City, State, Zip Code Williamstown, New Jersey 08094				And the standard of the standa		Siate, Zip Codi amstown, N		v 08094				
Project Manager for Monitoring Firm Edward Knorr	•		- - - - - - - - - - - - - - - - - - -	No. 3-1166	Telep	hone No. -629-1166	<del></del>	License No 01086			uli jam	
Start Date (10) 10-21-2019	Scheduler		detion D		8	of OSHA Mar Sily Environ		oncepis				_
Occupancy Status During Abulement (Chec					18	t Address 3 North Tuc	John D	200				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe:	al Facilia	i-Emby		leave	City,	State, Zip Cod iamstown, I	e -	<del></del>	·		-	
Scope of Work (Check All That Apply)					-		100 000	9 00001				
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	T :	Locatio		,		U Non-Eie	mpled (*) a	nd Non-Friab	-	edure Abelen	erd	
Location of	1 0	iomali <sub>j</sub> d Solet	7		Description		Tools and the second			Type	1	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Ma	intenan Iodial S	05/	(i.e. then	nai system	Material (AC) ns insulation,	rotes	Amount (Specify	Re	R	Enga	Eno
(13)		(12)		our our	riscing, V er mäscell	eneous)	- broaden	ForLF)	Removal	Repair	Encapaulaté	Enclosura
19t Floor Kitchen	Yes	Péc -	WA	1 :0.55	1015			20 SF			-	
Ficering	1		1/	hine	MEU	<u>:</u>	· j · ·	en or				
	9	a contract			*	•		· ·	The second second	A CONTRACTOR		
Name of Registered Waste Hauter		133	DEPA		1			Samuel Francisco		STANSACTO STANSACTO		
Name of Registered Waste Hauter  Quality Environmental Concepts		1	laular ID 19710	No. of 4c	ibic Yard Wasie Y	10	louce Solid	ster C Waste	1000 CC	nty	le)	ک
<b>City, State</b> Williamstown, New Jereey	<del></del>				DD DD		y, State	arrison				
Completed by Edward Knorr	Title	Presi	dent	· .	Some	70	NA	I Da	ile	. į į .	iC	7

### CK # 4921

## Inv#15292

State of New Jersey

<u>neceive</u>

PA.	W "			AC 8:60 and 12:1		OCT 172	019	Note the second second		
Date of Notification (1)			Name of Buil	COUD 5	PRINGS	SCEAMP TON	TPO)			Teal Clans of Dr. Date
Agensies Notified Type Notifica	ition	3	Street Addre			LIGENSIN	P		Spot-chere a.w.	-
☐ DEP ☐ Amended Amendme ☐ Emergence	nt #	sy li	ity. State. Za	CAPE			ior	Z-Y		
☐ DOH jestification   jestifi	on)		lame of Cont	CHULIS		Telephone Nu	nber			
			FACILITY IA	FORMATION						
Name of Facility Where Abatement is Take RESIDEW (	sking Place (	(3)			School (K		12)	uiktiry	as	
City (5) CAPE W	liAt				Square Feet	# of Floors		Blog	Age	
County (6) CAPE MI		C	ounty Code	7) (STATE		Prior if being demo	ished	)	2 1	_
Name of Monitoring Firm Hired by Buildin		ASC	3M No.	Name of Abatem					==	
Street Address				Street Address	2000	RUCE AU	<del></del>			=
City, State, Zip Code				City State Zip Co	∞de	LADE N.J	08	505	<del>-</del> 7	
Project Manager for Monitoring Firm	T	elephor	ne No.	Telephone No.		License No.	37			=
00011 0010 (.0)	eduled Com	pletion (	Date (11)	Name of OSHA M						
Occupancy Status During Abatement (Ch	eck only one	9)		Street Address						
Facility Closed/Vacated During Entire F  Abatement Performed Outside of Norm  Other - Describe:	al Facility Hk	ours		City, State, Zip Co	de					
Scope of Work (Check all that apply)										
23 st or 23 lf 2160 st or 2260 lf	Renov	ation tion		☐ Mani-Enck ☐ Glovebag	osure Procedure	egative Pressure on-Friable Procedu	re			
4	Is Loca			N. C.	1		1	Vbates Typ	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Sold Maintena Custod Staff (12)	ely by ince/ ial	(i.e., ប	Description of s Containing Mater nermal systems ins surfacing, VAT, or other miscellaneous	rulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES NO	N/A	TIP	ANSITE		1000 SC	X	-	+	
SIDING		1		147711		130			$\neg$	
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	18	DEP Y	Yaste C	cubic Yards	Name of Regis	tered Landfill			_	
Name of Registered Waste Haufer KLEMCO IMC		790	No. 0	f Waste is∞sal Date	City State	M. C. W	1.1	) 6	4	=
City. State MARE SHADE W. I						ISINIC AL	7	<u> </u>	==	=
Title	12 C			Signature OI	n_	1:16-	11-	19		_

# CK#4921 Inv# 15093



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

	C	E		$\mathbb{V}$	E	
A	0C1	- Constant	7	2019		

	1 L. M. Dispussion	(14		OHOAC					-	
Date of Notification (1)			Name	of Building	Owner/Operator	(2) C C C A L	TRUCTION	- Agentina and the		() Desired
10-	11-19				M. C. CAMILE	75 00.05	LICENSIN	CLITTE	70	-
Agencies Notified	Type Notification		Street	Address	3:00 17	7TH 5	LIGHTON		MEDINEVER	-i
TLEPA .	M Initial					1 3				$\neg$
T DEP	Amended		City, S	tate. Zip C	∞e 15.7	CITY	1.7 08	243		
Ø DOL	Amendment #	icluding			ISLE		Telephone Number			$\exists$
Ø DOH	iustification)		Name	of Contac	ANIC		Tuop or o Harou			
DCA	☐ Cancellation						_======================================			$\exists$
	l		FAC	ILTY INF	ORMATION	7 7 7:5				
Name of Facility Where	Abatement is Takin	Place (3)				Type of Facility				
Name of Facility Where	ESIDEALC	E				School (K-12	) 3 (Other than K-12)			
Street Address	e more					Other (i.e., pr	rvate & commercial t	xuikdings	9.	
Steel Hooless						homes, etc.) Square Feet	# of Floors	Blog A	.ge	$\neg$
·City (5)						1500	1 1 1	.50	+	_
(a) (b)	COAN C	144			107175	Current I ke (Pri	or if being demolishe	(d)		
			Cour	ity Code (i ONLY)	STATE		+ CHRIT_			_
County (6)	7 WAY				- (Alleler	ment Contractor (9)				
Name of Monitoring Firm		Owner	ASCM	No.			TNC		100	_
	110					LIMICO	110	-		=
(8)	V/P				Stree! Address	5 5 100	CUCE AUG			
Street Address					369		- 111 7-11			
					City. State, Zip (	211- CH	ADE N.I	080	250	2
City, State, Zip Code	₩6 013	1000000				16 311	License No.			-
	eitoring Firm	Te	lephone	No.	Telephone No.	9-0472	013	7.1		_
Project Manager for Mo					076-11	10110	1 - 417			
	Sche	duted Comp	etion Da	te (11)	Name of OSHA	MOTIRO A /	<b>6</b>			_
Start Date (10)	1	5-31	-19				4			
0ccupancy Status Duri	as Abatement (Che	ok only one	l		Street Address					
					City. State. Zip	Code				
Facility Closed/Vaca  Abatement Performe	of Outside of Norma	I Facility Ho	urs		City, State, Zip	CCCC				
Other - Describe:										
	at that andy)				□ Fui Co	ontainment with Ne	gative Pressure			
Scope of Work (Check	an u ar app., 7	☐ Renova	ation		T KON-F	nclosure				
☐≥3 sf or ≥3 H		Demoti	ion		Glove	pag Procedure remoted (*) and No	on-Friable Procedure			
≥160 st or ≥260 H					- National	2011		ADA	ement	
7		Is Loca	tion						ype	_
		Norma Used Sol	ely by		Description	of	Amount		m	m
Location	01	Maintena	ance/	Asbe:	tos Containing M thermal systems	aterial (AGM)	(Specify	R Z	i i	ric
Asbestos-Containing	Material (ACM)	Custo		(i.e.	surfacing, VA	1,01	SF or LF)	Removal	Encapsulate	Enclosure
TO BE ABA	ty .	Staff (12)			other miscellan-	eous)		/al	ale	5
(13)		-							1	-
		Yes No	N/A		TO 1.1 C.	TF	3750 SF	X		
0:11:	1.0		IX		TRAN SI		3//			
SIDIN	15	-	1					-	1	T
		-	+						+	1
			-	-						
			NUDEP	Waste	T Cubic Yards	Name of Rec	sistered Landfill			
Name of Registered W	aste Hauter		Hauser I	D No.	of Waste	( ns	C.MU.A.			_
			Harder I	04_	Disposal Date-	City State 5		-		
ICLEMO	UJANG				Usposal Date	1200	DBINIE 1	J.I		
City. State	SHADE	HI. T	08	D5C	T 6:	-	Date		-10	
MAPLE	3 HOUP	2			Signature	, Wh	_ F_ID-	11	14	_
Completed By	1/1 -1111	SU	P					10000		
MICHHOL	LOMM -					d nationing				

CK4 4921

## PAID IN#15294

PA

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

[m].	E	C	E		$\mathbb{V}$	E	m
		OCT	1	7	2019	HENRY CANADA	

Date of Notification (1)	-17-19			Nam		ng O	wner/Operator		CDERCOLL	manda E	Spentrum.	Personal Property	
Agencies Notified	Type Notification	n		Stree	et Address	,	^	1	LICENSING	LAN A'S	i .		
□ <del>BP</del> A	i⊠ Initial ☐ Amended			City	State, Zip	06		UNIA AU	E	_		=	=
⊠ BOL	Amendment		_	City.	Siale, 2p	HAY	DOON FI	FUD IU.	T 0803	3			_
⊠ DOH	Emergency ( justification)	indudin	g	Name	e of Conta	ct			Telephone Number	er			
□ DCA	Cancellation		V=0.00			OM							=
				FA	CILITY IN	FOR	MATION	Time of Facility	(4)				-
Name of Facility Where	Abatement is Taki	ng Plac	e (3)					Type of Facility  School (K-1					
Street Address	CEDIDEN	لك				11		☐ Subchapter	8 (Other than K-12) private & commercia	buile	tinas		
Street Address								homes, etc.	)				-
City (5)	ICM TO	LE	( )	TU				Square Feet	# of Floors		dg. A		
	EA IS	CE			nty Code (	(7) (3	STATE	-	rior if being demolish	-			-
County (6)	F WA	<u>.</u>		USE	ÓNLY)				AUT			_	
Name of Monitoring Firm		Owner		ASCM	No.	Na		ent Contractor (9					
(8) N	/A					Str	eet Address	O THE					=
Street Address	•						369 5	SPRUC	E AVE				_
City, State, Zip Code						Cit	y, State, Zip Co	SHADE	- 11 5	80	-2	2	
	10		1 = 1		No	To	MAPL Gephone No.	SHAIDE	License No.	700			=
Project Manager for Mor	itoring Firm		1 616	phone	IVO.			9-0472	013	71	_		
Start Date (10)	Sche	duled C	omple	tion Da	ite (11)	Na	me of OSHA M						
10-71-19		0-		-19	1,44	_		NA				_	=
Occupancy Status Durin	g Abatement (Che	ck only	one)	ment		Str	eet Address		ei .				_ ]
☐ Abatement Performed	ed During Entire P	enco or al Facilit	y Hou	rs		Cit	y, State, Zip Co	ode					
Other - Describe:											_		_
Scope of Work (Check a	Il that apply)						☐ Full Con	tainment with Ne	gative Pressure				
			novati		Glovebag Procedure								
≥160 sf or ≥260 ff		X De	emotitio	Non-Exempted (*) and Non-Friable Procedure  Abatemer							nent	-	
		1 1 200	_ocatio	Ç							Typ		
Location of	of	Used	Soleh	y by	Ashes	tos C	Description of ontaining Mate	erial (ACM)	Amount			Œ	m
Asbestos-Containing M TO BE ABAT	laterial (ACM)	C	stodia	200000	(i.e.,	then	mal systems in rfacing, VAT.	sulation,	(Specify SF or LF)	Remova	Repair	ıcap	Enclosure
IN Facility (13)		B 0.1	Staff? (12)			othe	er miscellaneo	us)	0. 0. 1,	loval	vair	Encapsulate	sure
(13)		Yes	No	N/A								Ф	
	<u>C</u>	-		Χ		TK	CANSIT	E	125056	X			
SIDIN	10-											_	
										-	-		
								T Name of Dan	stored Landfill				
Name of Registered Was	ite Hauler			JDEP V									
KLEMCO	INC			y 9 C	24	S C. Vili C. Ville							
City, State		A 1	_			Disposal Date City State WOOD BINE						_	
	HADE	M				_	Signature _ (	1.07/	Date	-11	-1	9	
Completed By Wicklife K	Louin _	Su	P.				Mul	11/6				-	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

TW# 15	PAP A	TI	(	Pursua	ant to NJ	AC 8:60 and 5:	16)	('X	#	13	2	No. of Section
Date of Notification (1)  10 /	15 /	19		0.000	ne of Buildi e <b>rizon</b>	ng Owner/Operator	(2)		<u> </u>		<b>∦</b> [	5
Agencies Notified  EPA	Type Notific	cation		1000	et Address Verizon V				. 17	7 20	119	The second second
☑ DOLWD	☐ Amende	3.51.			State, Zip							i tra
☑ DHSS	Amendn			111	state, Zip asking Ri			10000	0.36.6	733-151	mark and the	أست
☐ DCA (NJAC 5:23-8)	☐ Emerge	ncy (includ	ng	_	e of Conta				<b>ICFNS</b>		1011	Či
(NOAC 3.23-6)	justificat				ouglas O'			Telephone Nu 301-802-51			Photo some	PRODUCTION A
						NFORMATION		301-002-3	12			
Name of Facility Where A	Abatement is	Taking Pla	ce (3)	7			Type of Facility	(4)	- W 721			
Verizon							School (K-12	2)				
Street Address							Subchapter 8	8 (Other than K-1	2)	21.11		
167 West Washingt	on Avenue						homes, etc.)	rivate and comm	ercial D	ullain	gs,	
City (5)							Square Feet	# of Floors	В	Ildg. A	\ge	
Washington, NJ 078	882						5,000	1		50	1.50	
Warren				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	lished)			
Name of Monitoring Firm	Hired by Buil	ldina Owne	r (8)	ASCM	1 No	Name of Abatam	ent Contractor (9)					
USA Environmenta				1.001		JVN Restora						
Street Address						Street Address	don me					
8436 Enterprise Ave	enue					47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode					
Philadelphia, PA 19						Staten Island						
Project Manager for Moni	toring Firm		Te	lephone	No.	Telephone No.		License No.				
Mark Jenkins			11	215-365	5,000	718-605-6256	i	00774				
Start Date (10)		Scheduled				Name of OSHA M	lonitor					
11 / 05 /				15/		Testor Tech						
Occupancy Status During				A-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Street Address						
☐ Facility Closed/Vacate ☐ Abatement Performed	Outside of No	re Period o ormal Facil	ty Ho	ement	a a riba	10 59 Jackso						
Time of Abatement:	AM	PM/ <u>5:0</u>	OPM-	1:30AM	scribe	City, State, Zip Co						
Scope of Work (Check all						LIC NY 11101						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	шаг арруу		enova emolit			<ul> <li>         ⊠ Full Containment with Negative Pressure         □ Mini-Enclosure         □ Glovebag Procedure         □ Non-Exempted (*) and Non-Friable Procedure     </li> </ul>						
			s Loca			- Non-Exer	inpled ( ) and Nor	i-Friable Procedi	-		A T	
Location of Asbestos-Containing N			Norm	ally lely by		Description of			-	_	ent T	<u> </u>
TO BE ABA	riateriai (ACIVI <u>FED</u>	M	ainten	ance/		stos Containing Mat , thermal systems i		Amount (Specify	Remova	Repair	nce	Encl
IN Facility (13)	/	Cus	stodial 12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	Ę.	Encapsulate	Enclosure
(13)		Yes	No			other miscellaned	ous)				late	e
Basement - Boiler Roo	om				Duct Ins	sulation		200 SF		П		
Basement - Boiler Ro	om				Pipe fitt			25 LF				
			$\Box$			-		20 Li				
		1							1			
Name of Registered Waste	Hauler		1 -	NJDEP V	Naste	Cubic Yards of	Name of Basist	arad I de"			Ш	Ц
Newark Carting	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Hauler II	No.	Waste	Name of Register G.R.O.W.S.,					
City, State				NJ-56	6	40 Disposal Date						
Hackettstown, NJ						11/15/2019	City, State Morrisville,	οΔ				
Completed By (Print or Typ	oe)	Title				Signaturé	instriction,		-			
Ralph Barnhardt	(5)	Projec	t Mai	nager		originature 1	1 11)		ate	<i></i>	101	
SB-41		0 2074				1/1/1	11-1-	7 1	011	5	) (	

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities.

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

OK#1252

-1/1/41/2)	10		(P	ursua	int to NJ/	AC 8:60 and 5:1	(6)	CR	1 8			
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	SIEPE	3 11	\\//	15	1
	15/1	9		Ve	erizon		1	MEGE	5	///	E	
Agencies Notified	Type Notification	1		Stree	et Address		1 !					
⊠ EPA					Verizon W	lav	2.5		1 7	2010		IIIJ
☑ DOLWD	☐ Amended				State, Zip		77.10	1111	, /	10		Lind
□ DHSS	Amendment #				sking Ric		Ī	İ				
☐ DCA (NJAC 5:23-8)	Emergency (i	ncludin	9	_	e of Contac	·		ASSESTO	100	THE	11 2.	
(10/10/00/0)	Cancellation			10.000000000000000000000000000000000000	ouglas O'l	T. T.	1	Telephone Num		G.	te constants in	ADM NOTHING IN AN
			-	1				301-802-511	12			
Name of Facility Where	Abatement is Takin	a Diago	(2)	- FA	CILITY IN	FORMATION						
Verizon	TOGETHER IS TAKE	ig Flace	: (3)				Type of Facility	(C) (1)				
Street Address							Subchanter	2) 8 (Other than K-12	N.			
205 Lathrop Avenu							Other (i.e., p	private and comme		uildin	gs,	
City (5)	-						homes, etc.				<del>3</del> 790	
Boonton, NJ 07005							Square Feet	# of Floors	В	ldg. A	ge	
County (6)				-			5,000	1		50		
Morris				Cou	nty Code (/	()(STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)			
Name of Monitoring Firm	Hirod by Building	0	'0\ T	10014		Tax and						
USA Environmenta			(0)	ASCM	NO.	Name of Abateme		)				
Street Address	- managaemem	IIIC.				JVN Restorat	tion Inc				leger (	
8436 Enterprise Av	enue					Street Address						
City, State, Zip Code	Citac					47 Foster Ro						
Philadelphia, PA 19	153					City, State, Zip Co						
Project Manager for Mon			Tole	phone	Na	Staten Island	NY 10309					
Mark Jenkins	toring i iiiii				5-5810	Telephone No.		License No.				
Start Date (10)	Scher	huled C			ate (11)	718-605-6256 Name of OSHA M		00774				
11 /04 /					19	Testor Tech	ionitor					
Occupancy Status During							-		(W		>5	
☐ Facility Closed/Vacate	d During Entire Pe	riod of	ne) Abata	mont		Street Address						
Abatement Performed	Outside of Normal	Facility	Hour	s - Des	scribe	10 59 Jackson						
Time of Abatement: _	AMPI	M/ <u>5:00</u>	PM- <u>1</u> :	30AM		City, State, Zip Co LIC NY 11101						
Scope of Work (Check all	that apply)					LIC NY 11101						
	triat apply)	000000000000000000000000000000000000000				□ Full Conta	ainment with Neo	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Rei	novati nolitic	on			osure	Negative Pressure				
		□ Del	HOIRIC	10		☐ Glovebag	Procedure	n-Friable Procedur	_			
		Is	Locat	ion		□ .ton Exci	inpice ( ) and 140	II-I Hable Flocedul	1		T	
Location			orma			Description of	f		-	atem		-
Asbestos-Containing I TO BE ABA			d Sole ntena		Asbes	stos Containing Mat	terial (ACM)	Amount	Ren	Repair	Enc	Enc
IN Facilit		Cust	odial S	Staff?	(1.6.	, thermal systems is surfacing, VAT.		(Specify SF or LF)	Remova	- H	aps	Enclosure
(13)		Vac	(12)	NICA	-	other miscellaneo		01 01 21 )	=		Encapsulate	re
D / 0		Yes	No	N/A							Œ	
Basement - Stairwell	Landings				Floor tile	e and Mastic		82 SF				
		$\boxtimes$								П	П	
		П	П						=			
										Ш	Ш	
Name of Registered Wast	- 111	Ш	Ц									
Newark Carting	e nauler		1 (274)	JDEP V auler ID		Cubic Yards of Waste	Name of Regist					
•				NJ-56	6	40	G.R.O.W.S.	, Inc.				
City, State						Disposal Date	City, State					
Hackettstown, NJ						11/15/2019	/ Morrisville,	PA				
Completed By (Print or Ty	pe) Title					Signature/	1. 11/1	// Dat	e		<u> </u>	
Ralph Barnhardt	P	roject	Man	ager		11/1/1	A fle	1/10	1	5 -	20	19
ASB-41						1///	- 8	7 110	' '	-		, /

OKU	255	53	ı			State of	New	Jersey		 	j b	5	a	7	-
1538-07			TON			N OF A	SBE	STOS ABA 8:60 and 5:1		EGE		N W	E	Th	John Comment
Date of Notification (1)					Nar	ne of Build	ling O	wner/Operator	(2)		Market Company	( ) 			10
9 /	12 /	19			V	irtua			A Charles and the Charles and	0CT 1	7_0	010			Andrew Company
Agencies Notified  EPA	Type Notific ☐ Initial	cation			250000000	et Addres			, , , ,			1.79		Forms J	The state of the s
⊠ DOLWD	☐ Amende	ed.				Stow R			the state of the s	Marin Milately from the commence and a	·	na mijanj			Č.
⊠ DOH	Amendm				1000000	, State, Zip				ABBLISTUS LICEN			1. &		A MARIA DE
☐ DCA	☐ Emerger		ludin	g		arlton N	100.70.70.70	053	وحروم وعيد ومناد والمسادرة	And Colors	K1,311 VV	********	at net married	V. C. Alberton	
(NJAC 5:23-8)	justificat  Cancella	100				ne of Conta at Giorda				Telephone N 856 355-		er			
					F	ACILITY	INFO	RMATION				ANDE			
Name of Facility Where A	batement is	Taking	Place	e (3)			M (20) (1) (2)		Type of Facility	(4)	-				
Our Lady of Lourde	s-Willingb	oro							School (K-12	2)					
Street Address									☐ Subchapter 8	8 (Other than h					
218 Sunset Road									Other (i.e., pl homes, etc.)		nmerci	al bu	uilding	gs,	
City (5)						50-03			Square Feet	# of Floors	(	TRI	dg. A	ne	
Willingboro									>50,000	5		1	30+	90	
County (6)					Co	unty Code	(7)(ST	TATE USE ONLY)	Current Use (Pri		nolish	1			-
Burlington							2 12			ior ii boii ig doi:		<i>Ju</i> )			
Name of Monitoring Firm I	Hired by Buil	ding O	wner	(8)	ASC	Λ No.	Na	ame of Abateme	ent Contractor (9)						_
Vertex Environment	tal							Delta/BJDS,							
Street Address								reet Address							
700 Turner Way, Sui	ite 105							1345 Industri	ial Blvd						
City, State, Zip Code								ty, State, Zip Co					-		
Aston, Pa 19014								Southamptor							
Project Manager for Monit	oring Firm			Te	lephone	e No.		elephone No.		License No	).		_		
David Brown					610 55	8-8902	1	215 322-2900		00783					
Start Date (10)		Schedu	led C	omp	letion D	ate (11)	Na	ame of OSHA M	lonitor						
9 / 26 /		11			30 /			Criterion							
Occupancy Status During	Abatement (	Check	only o	one)	-		Str	reet Address					-		
☐ Facility Closed/Vacated					ement			400 Street Ro	ad						
☐ Abatement Performed (	Outside of No	ormal F	acility	у Но	urs - De	scribe		ty, State, Zip Co	10120				-		
Time of Abatement:	AM- <u>7</u> PN	Λ/	_PM-	<u>3</u> AN	Λ			Bensalem Pa							
Scope of Work (Check all	that apply)							Donoulon i a	10020						_
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	,,,,,,	E C	⊠ Re □ De	nova molit				☐ Mini-Encl	ainment with Neg losure g Procedure mpted (*) and Nor						
					ation						П	Ab	atem	ent T	vne
Location o		.		Norm	ally lely by		-	Description of			ŀ	_			
Asbestos-Containing M TO BE ABAT		1)	Mai	inten	ance/			Containing Mat ermal systems i		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	("		surfacing, VAT,	or	SF or LF)		ova	Ŧ	psu	Sur
(13)		-	Yes	(12 No	-	+	ot	ther miscellaned	ous)	5-2000 CHARLES		_		ılate	9
		_			IN/A	-	ase See Attach					П	П		
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		L													
		] [													
Name of Registered Waste	Hauler			100	NJDEP		100000	bic Yards of	Name of Regist	ered Landfill					
Service Transport Gr	roup				Hauler I 2099		Wa	ste	Minerva La	ndfill					
City, State					2033	0	Dis	posal Date	City, State						
58 Pyles Lane New C	astle DE							A CONTRACTOR OF THE PROPERTY O	Waynesbur	g, Ohio					
Completed By (Print or Typ	e)	Title						Signature	-	7	Date				ern-i
Christine Del Viscio	950°		st. Ac	dmi	nistrat	or		17 M.T.	- 120/	. 10	10	in f	£ 3	90	19

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS NOF USED S MAINTI	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL REPAIR		ENCAPSULATE ENCLOSURE	ENCLOSURE
1st Floor Medical Records office	YES	NO N/A		The state of the s		Trong Co.	Selection of the Same of the Same	Since of the second
North End Office		×	9x9 Black Floor Tile w/black mastic below					
		+	Carpet(Only a portion of the room will be abated)	400 SF	×			
1st Fl. G Wing Respiratory								
Therapy area Storage Closet			2					
Throughout		×	12x12 Gray Floor Tile with black mastic					
			(Bottom Layer)	100 SF	×			
1st FI-H Wing Hallway								
Custodial break room			24					
Custodial break room	×		9 X 9 tan floor tile w/black mastic	100 SF	×			
		_						
5th Fl. E Wing Tower/Supply Closet			12 X 12 Floor tile w/Black Mastic					
Throughout		×	Below Carpet	120 SF	×			
3rd Floor-F Wing Tower Office		+						
Throughout		×	Mastic a/w 12x12 orange floor tile (top Layer)	50 SF	×			
Throughout		×	12X12 white floor tile w/black mastic bottom					
			layer	50 SF	×			
2nd Floor -E Wing Tower Office								
Throughout		×	12X12 White Floor Tile w/Black Mastic Bottom Layer	80 SF	×			
1st Floor Psychiatric shower rooms		×	3shower rooms @ 50 SF Floor Tile and Mastic	150 SF	×			
				STREET, SQUARE, SQUARE		7		

1538-02

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

				Mar	ne of Buildi	ng Owner/Operator	(2)					
9 / 12	_ / _	19			'irtua		(-)					
	e Notificatio	on		Stre	eet Address							
⊠ EPA ⊠ Ir	100				0 Stow Ro							
	mended				, State, Zip							
	mendment		-	239	ariton NJ							
(NJAC 5:23-8)	mergency stification)	(includ	ing		ne of Conta					10.		
	ancellation			F	at Giordai			Telephone N		3.0		
								856 355-	0923			
Name of Facility Where Abatem	nent is Tak	ing Pla	co (3)	F	ACILITY II	NFORMATION						
Our Lady of Lourdes-Wil	llinghoro	ing ria	ce (3)				Type of Facility		***************************************		- toke	
Street Address	migboro	; <del>!!!</del>				To the second se	School (K-1	12)	•			
218 Sunset Road							Other (i.e.,	8 (Other than I private and com	(-12) mercial	huildin	200	
City (5)							homes, etc	.)	microlar	Dallan	193,	
Willingboro							Square Feet	# of Floors	1	Bldg. A	Age	
County (6)							>50,000	5		30+		
Burlington				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (P	riar if being den	nolished	)		
Name of Monitoring Firm Hired I	hi D. III		721				Santa I Icaramente e					
Vertex Environmental	by Building	Owne	r (8)	ASCA	I No.	Name of Abateme		))				
Street Address	-10-1					Delta/BJDS,	nc					
						Street Address				-		
700 Turner Way, Suite 10	5					1345 Industri	al Blvd					
City, State, Zip Code						City, State, Zip Co	ode		-			-
Aston, Pa 19014	2207					Southamptor						
Project Manager for Monitoring P	irm	- III III	Tel	ephone	No.	Telephone No.		License No				
David Brown			6	10 558	3-8902	215 322-2900		00783				
Start Date (10)	Sche	duled (	~ .					00103				
	00,10	duicu i	comple	etion Da	ate (11)	Name of OSHA M	onitor					_
9 / 26 / 19					ate (11) 19	Name of OSHA M Criterion	onitor		SIP TO SILVER SINCE			
Occupancy Status During Abater	ment (Chec	11 ck only	/3( one)	/		Criterion	onitor		**	ā		
Occupancy Status During Abater  Facility Closed/Vacated Durin	ment (Chec	11 ck only	one)	)/	19	Criterion Street Address			10	4		_
Occupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outside	ment (Chec	11 ck only eriod of	one) Abate	)/	19	Criterion Street Address 400 Street Ro	ad		10			
Occupancy Status During Abater	ment (Chec	11 ck only eriod of	one) Abate	)/	19	Criterion Street Address 400 Street Ro City, State, Zip Co	ad de			1		
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Occupancy Status During Abater  ☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside Time of Abatement: 7AM-4Pi  Cope of Work (Check all that ap ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If	ment (Checong Entire Pere of Norma	ck only eriod of ll Facili M  Re	one) Abate ty Hou AM enovati emolition S Locat Norma	ment rs - Des	19	Criterion  Street Address 400 Street Ro City, State, Zip Co Bensalem Pa     Full Conta   Mini-Encle   Glovebag   Non-Exen	ad de 19020 ainment with Negosure Procedure enpted (*) and No		dure	batem	ent T	yp
Cocupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7AM-4Pi  cope of Work (Check all that ap  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material	ment (Checong Entire Pere of Norma	ck only eriod of all Facilities M Re De	one) Abate ty Hou AM enovati emolitic S Locat Norma ed Sole	ment rs - Des	19 scribe	Criterion  Street Address 400 Street Ro City, State, Zip Co Bensalem Pa     Full Conta   Mini-Encla   Glovebag   Non-Exentation of the Containing Mate	ad de 19020  ainment with Negosure Procedure npted (*) and No		dure	_	T	T
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Cocupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7AM-4Pi  cope of Work (Check all that ap  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material TO BE ABATED IN Facility	ment (Checong Entire Pere of Norma	tk only eriod of all Facility M-	one) Abate ty Hou AM enovati emolities Locat Norma ed Sole intena todial ( (12)	ment rs - Des	19 Scribe Asbes (i.e.	Criterion  Street Address  400 Street Ro  City, State, Zip Co  Bensalem Pa     Full Conta   Mini-Encla   Glovebag   Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT,	ad de 19020  ainment with Necoure Procedure ppted (*) and No erial (ACM) insulation, or	n-Friable Proce  Amount (Specify	A Removal	Repair [	T	T
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Cocupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7AM-4PI  Cope of Work (Check all that ap  3 sf or 23 If 2160 sf or 2260 If  Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  In Facility (13)	ment (Checong Entire Pere of Normal M/P	Deck only carlod of all Facility M	one) Abate ty Hou AM enovatiemolitic S Locat Norma ed Sole sintena todial (12) No	on on on lily by nce/ Staff?	Asbes (i.e. Please S	Criterion  Street Address 400 Street Ro City, State, Zip Co Bensalem Pa     Full Conta   Mini-Encla   Glovebag   Non-Exen    Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo   See Attach   Cubic Yards of Waste	ad de 19020  ainment with Negosure Procedure npted (*) and No erial (ACM) asulation, or us)  Name of Regis Minerva La	n-Friable Proce  Amount (Specify SF or LF)	dure A Removal	Repair [	T	T
Cocupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7AM-4PI  Cope of Work (Check all that ap  3 sf or ≥3 If 2160 sf or ≥260 If  Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  In Facility (13)  Assume of Registered Waste Hauler Service Transport Group Ty, State	ment (Checong Entire Pere of Normal W/P  ply)  (ACM)	Deck only carlod of all Facility M	one) Abate ty Hou AM enovatiemolitic S Locat Norma ed Sole sintena todial (12) No	on on liv by nce/ Staff?  N/A  JDEP vauler IC	Asbes (i.e. Please S	Criterion  Street Address 400 Street Ro City, State, Zip Co Bensalem Pa     Full Conta   Mini-Encla   Glovebag   Non-Exen    Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo   See Attach	ad de 19020  ainment with Negosure Procedure npted (*) and No erial (ACM) asulation, or us)  Name of Regis Minerva La City, State	Amount (Specify SF or LF)	dure A Removal	Repair [	T	T
Cocupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outsid- Time of Abatement: 7AM-4PI  cope of Work (Check all that ap  3 sf or 3 lf 2160 sf or 260 lf  Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  ame of Registered Waste Hauler Service Transport Group by, State 58 Pyles Lane New Castle	ment (Checong Entire Pere of Normal M/P ply)  (ACM)	Deck only ariod of all Facility Management of the control of the c	one) Abate ty Hou AM enovatiemolitic S Locat Norma ed Sole sintena todial (12) No	on on liv by nce/ Staff?  N/A  JDEP vauler IC	Asbes (i.e. Please S	Criterion  Street Address 400 Street Ro City, State, Zip Co Bensalem Pa     Full Conta   Mini-Encla   Glovebag   Non-Exen    Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo   See Attach   Cubic Yards of Waste	ad de 19020  ainment with Negosure Procedure npted (*) and No erial (ACM) asulation, or us)  Name of Regis Minerva La	Amount (Specify SF or LF)	dure A Removal	Repair [	T	T
Cocupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7AM-4PI  Cope of Work (Check all that ap  3 sf or 3 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)  In Facility (13)  In Facility (13)	ment (Checong Entire Pere of Normal M/P ply)  (ACM)	tk only ck only criod of all Facility M-  Section 1	one) Abate ty Hou AM enovati emolitic s Locat Norma attodial (12) No  No Ha	on on liv by nce/ Staff?  N/A  JDEP vauler IC	Asbes (i.e. Please S	Criterion  Street Address 400 Street Ro City, State, Zip Co Bensalem Pa     Full Conta   Mini-Encla   Glovebag   Non-Exen    Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo   See Attach   Cubic Yards of Waste	ad de 19020  ainment with Negosure Procedure npted (*) and No erial (ACM) asulation, or us)  Name of Regis Minerva La City, State	Amount (Specify SF or LF)	dure A Removal	Repair [	T	T

Throughout 2nd Floor -E Wing Tower Office 3rd Floor-E Wing Tower Office Throughout Throughout Throughout 5th Fl. E Wing Tower/Supply Closet Custodial break room Custodial break room 1st FI-H Wing Hallway Throughout Therapy area Storage Closet 1st Fl. G Wing Respiratory North End Office 1st Floor Medical Records office IN FACILITY MATERIAL (ACM) ASBESTOS-CONTAINING LOCATION OF TO BE ABATED YES CUSTODIAL STAFF? OTHER MISCELLANEOUS) MAINTENANCE/ USED SOLEY BY NORMALLY IS LOCATION × NO N/A layer Bottom Layer 12X12 White Floor Tile w/Black Mastic Mastic a/w 12x12 orange floor tile (top Layer) 9 X 9 tan floor tile w/black mastic 12X12 white floor tile w/black mastic bottom **Below Carpet** 12 X 12 Floor tile w/Black Mastic abated) (Bottom Layer) 12x12 Gray Floor Tile with black mastic Carpet(Only a portion of the room will be 9x9 Black Floor Tile w/black mastic below SURFACING, VAT, OR ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION DESCRIPTION OF 80 SF 50 SF 50 SF 120 SF 400 SF 100 SF 100 SF SF OR LF SPECIFY AMOUNT × × × × REMOVAL REPAIR ENCAPSULATE ENCLOSURE

	N# 1	5	14	0		State of N	lew	Jersey	100		7 1	11/7	iP P	
1 V V	MP/	AT	NOT		ATIO	N OF AS	BE	STOS ABA		I E C E	5	W	E.	
4	00	ELE.	MC.	(F	ursua	int to NJ	AC	8:60 and 5:1	6) T	( i			Emilanda,	A COLUMN
Date of Notification (1)					Nam	e of Buildir	ng O	wner/Operator	(2)	UUT	172	019	1	111
		19	9		Ro	bert Woo	od J	ohnson Hos	pital / Job #19	10-5550 Che			f La	
Agencies Notified	Type Notific	cation			Stree	et Address				60000000	**************************************	produkty (c.) gan	السيسة	- III
☐ EPA ☐ DOLWD	☐ Initial	547			10	ne Robert	Wo	od Johnson	Place	ASSESTOS LICE	S CON ENSINE	HUL	. દેંદ	old a segu
⊠ DHSS	Amende Amendr				City,	State, Zip	Code	Э	the state of the s	Anneys and the section of the				
□ DCA				- а	Ne	w Bruns	wick	k, NJ 08901		11 <u>1</u>				
(NJAC 5:23-8)	justificat	ion)		_	1000	e of Contac	5,540			Telephone N	umber			
	☐ Cancella	ition			Kr	isten Bell				732-937-8	3701			
					FA	CILITY	NFO	RMATION						
Name of Facility Where A			g Place	e (3)					Type of Facility					
Robert Wood Johns	son Hospit	al							School (K-12	)				
Street Address									☐ Subchapter 8 ☑ Other (i.e., pr	(Other than K ivate and com	-12) mercial	buildi	nas	
One Robert Wood	Johnson Pl	ace							homes, etc.)	Trate and com	TTO TOTAL	Julia	190,	
City (5)									Square Feet	# of Floors		3ldg.	Age	
New Brunswick												<u> </u>		
County (6) Middlesex					Cou	nty Code (7	')(ST/	ATE USE ONLY)	Current Use (Pri	or if being dem	olished			
Name of Monitoring Firm	Lliend by Duil	di C		(0)	1001		1		Hospital					
Omega Environmer		aing (	Jwner	(8)	ASCM	No.			ent Contractor (9)					
Street Address	Ital							AbateTech, I	nc.					
280 Huylar Street								reet Address	DO D 05					
City, State, Zip Code								30 Maple Ave y, State, Zip Co						
South Hackensack,	N.I 07606							.y, State, Zip Co _umberton, N						
Project Manager for Monit				Tel	ephone	No	_	lephone No.	13 00046	I Linnan No				
Geiser Fajardo				730		9-8700	10000	609-265-2107		License No. 00529				
Start Date (10)	15	Sched	luled C		4 4 4 4 4 4	ate (11)		me of OSHA M		00323		_		
10 /11 /					2_/	E0 05		EMSL Analyti						
Occupancy Status During	Abatement (	Check	c only c	one)				eet Address						
☐ Facility Closed/Vacate	d During Enti	re Per	riod of	Abate	ment		1000	200 Route 13	0 North					
Abatement Performed	Abatement Performed Outside of Normal Facility Hou Time of Abatement:AMPM/PM-							y, State, Zip Co	W. C. Carlotte Company					-
Time of Abatement:	AM	PN	Λ/	PM		_AM		Cinnaminson						1
Scope of Work (Check all	that apply)			=		☐ Full Containment with Negative Pressure								
≥3 sf or ≥3 If			⊠ Re	novat	ion			☐ Full Cont  ☐ Mini-Encl	ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De						Procedure	V (#8				
						T		☐ Non-Exer	mpted (*) and Nor	-Friable Proce	dure			
Location of	of			Loca				Description of			. 1		nent T	-
Asbestos-Containing N	Material (ACM	1)			ely by	Asbe	stos	Description of Containing Mat		Amount	Rei	Repair	En	Enclosure
TO BE ABAT				intena todial	ince/ Staff?	(i.e	, the	ermal systems i	nsulation,	(Specify	Removal	pair	aps	clos
(13)	у			(12)	- · · · · ·		ot	surfacing, VAT, her miscellaned	or ous)	SF or LF)	<u>a</u>		Encapsulate	ure
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Auditorium						Pipe Ins	sula	tion		4 LF	D			
Crawl Space			$\boxtimes$			Pipe Ins	sula	tion		8 LF	E	-		
										2015 1396-25		-		
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Name of Registered Waste	e Hauler				JDEP 1	Waste	Cub	oic Yards of	Name of Regist	ered Landfill		1		
AbateTech, Inc.				100	lauler II	D No.	Wa	ste	G.R.O.W.S.					
City, State					18750	)		2 posal Date	City, State					-
Lumberton, NJ								0/14/19	Tullytown, I	PA				
Completed By (Print or Ty	pe)	Title						Signature	1		Date			
Gwendolyn Trumbet		1 9850		ons	Coord	inator			NA		10	- [	-1	9

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 14 / 19 JCP&L/FirstEnergy Company / Job #1910-5552 Check #11819 19 Agencies Notified Type Notification Street Address **⊠** EPA 10 Legion Place-Building A SBESTOS CONTROL & □ DOLWD ☐ Amended City, State, Zip Code LICENSING **⊠** DHSS Amendment # Morristown, NJ 07960 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation John Greco 201-602-1499 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCP&L- Substation- Cable Department School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 10 Legion Place- Building B homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown, NJ 07960 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 1 Source Safety & health, Inc. AbateTech, Inc. Street Address Street Address 140 S. Village Ave. Suite 130 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Exton, PA 19341 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Hovendon 610-524-5525 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 28 / 19 11 / 1 / 19 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 lf Mini-Enclosure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Removal Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Ladies Room X Double Layer Floor tile & Mastic 100 SF П X П П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 20 City, State Disposal Date City, State Lumberton, NJ 11/1/19 Tullytown, PA Completed By (Print or Type) Signature Date Gwen Trumbetti 10-14-19 **Operations Coordinator** 

State of New Jersey

NH 15298

IN# 15	290	NOT	IEI/	~ A T/	State of	New Jersey	for a contract of the contract	NEC	E	$\mathbb{V}$	E	l'i
Date of Notification (1)	ID	NOI		Pursu	ant to N	SBESTOS ABA JAC 8:60 and 5:	16)	TO OCT	1 -	0010	Services and agree	Particulation of the state of t
	19					ing Owner/Operator anagement LLC /		line		2019		Low
Agencies Notified Type Notified ☐ Initial	fication			3 5 5 5 5	eet Address	5/2		ASBESIC	SCO	VTRC	)L.&	)
☑ DOLWD ☐ Amend	10.75 (Tr.)			_	200 North , State, Zip	nline Ave. Suite 3	360	L) L	ENSIN		raccine in	National Property
	lment#_			- 0.8	988 - N. E.M.	o, NC 27408						
DCA Emerge (NJAC 5:23-8)	ency (incl ation)	uding			me of Conta			Talanhanak				
☐ Cancel					icole Lan			Telephone N 336-509-				
						NFORMATION		000-003-	0121	-		_
Name of Facility Where Abatement is	Taking F	Place	(3)		AOILITT	NIONWATION	Type of Facility	, (4)				
Tanger Outlets- Suite 825 Bar			. ,				School (K-1					
Street Address							☐ Subchapter	8 (Other than K	-12)			
2030 Atlantic Ave.							Other (i.e., homes, etc.	private and com	mercial	buildir	ngs,	
City (5)							Square Feet	# of Floors		Bldg. /	Δσο	
Atlantic City							0400.01.000	# 011 10015		blug. /	nge	
County (6)				Cot	unty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished	)		-
Atlantic							Commercia		Ollonoo			
Name of Monitoring Firm Hired by Bui	ilding Ow	ner (8	3)	ASCA	Л No.	Name of Abatem						
NA			.			AbateTech, I		5				
Street Address						Street Address						
						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Decision 14						Lumberton, N	J 08048					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.	<del></del>			
Start Date (10)	Cab a dala					609-265-2107		00529				
10 /24 /19	Schedule 11				ate (11) 19	Name of OSHA M						
Occupancy Status During Abatement (				_ ′		EMSL Analyti	cal					
☐ Facility Closed/Vacated During Enti	re Period	of Ab	e)			Street Address						N. see
☐ Abatement Performed Outside of N	ormal Fac	cility F	Hours	s - Des	scribe	200 Route 130						
Time of Abatement:AM	PM/		PM-		_AM	City, State, Zip Co						
Scope of Work (Check all that apply)				22.54	Cinnaminson	, NJ 08077						
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>		Reno Demo				☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure						
		Is Lo	ocatio	on		Z Non-Exer	ripted ( ) and No	II-FIIable Proced			T	
Location of	.   .	Nor	rmall	ly		Description of				-	ent T	1
Asbestos-Containing Material (ACM TO BE ABATED		Jsed S Mainte			Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility	C	ustod		taff?	(1.6.	surfacing, VAT, other miscellaneo	or	(Specify SF or LF)	ova	1	nsq	nsc
(13)	(13) (12) Yes No N/A								-		late	e
Exterior		S	NO	N/A								
Exterior		L			Window	Caulk		1,350 LF				
									П	П	П	
		7						-	1		7	
lame of Registered Waste Hauler			N.I	DEP V	Vaste	Cubic Yards of	Name of Regist	ered Landell			Ш	
AbateTech, Inc.			Ha	uler ID	No.	Waste	G.R.O.W.S.					
City, State			1	8750		40 Disposal Date	City, State	=anam				_
Lumberton, NJ						11/8/19	Tullytown,	DΛ				
<u> </u>							runytown,	FA				
completed By (Print or Type)	Title					Signature			ate			

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Date of Notification (1) 10/11/19					of Buildin		/Operator	r (2)	U	122		G I	1 1/1	E	
	Notification	,			Baysy S	St LLC					E C	15 1	I W	5	and the second
□ EPA □					Address hristoph	ner Col	ımhııs	Rlvc	4	mil					A CONTRACTOR OF THE PARTY OF TH
DEP	Initial Amended				tate, Zip		ambus	DIV	۷.		OCT	17	201	9	
DOL	Amendmen				ey City,		02		460	į					appeal (AK) Si
DOH _	Emergency justification)	)	g	Name	of Contac	t				Te	ephone N	umber	NTH	OL 8	A P
DCA DCA	Cancellation	n			in Strob				Į.		1-217-6			n 4 i e e e e e e e e e e e e e e e e e e	
Name of Facility Where Abater	nent is Takir	ng Place	(3)	FAC	CILITY IN	FORMA	TION	Tve	no of Carllit.	/4\					
Former Manischewitz Fa	actory	19 1 1000	(0)					Ту	pe of Facility						
Street Address								H	School (K- Subchapte		er than K-	12)			
143 Bay St									Other (i.e.	private	& commerc	cial bu	ildings	, hom	es,
City (5)								Squ	etc.) uare Feet	# 0	f Floors		Bldg.	Age	
Jersey City, Nj								74	352	6		100	50+	J-	
County (6) Hudson					Code (7)				rrent Use (Pri			shed)			
Name of Monitoring Firm Hired	by Buildian	Owner /0	1			.,			andoned f						
Vertex Environmental	by building	Owner (8	)	ASC	M No.				batement Co						
Street Address							Street		zi Environn	nental	Services	s inc.			
3322 US Rte 22									nelon Rd						
City, State, Zip Code			-						Zip Code						
Branchburg, NJ 08874							100000		n, NJ 0740	5					1
Project Manager for Monitoring Don Heim	Firm			Telepho		_	Teleph				License 1	No.			
Start Date (10)		0.1.1.			14-222				-0880		01228				
10/14/19		10/30/		mpletion	Date (11	)			SHA Monitor						
Occupancy Status During Abate	ement (Chec		10000				Street		zi Environn	nental	Services	Inc		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
percent	9 10		500	mont					ress nelon Rd		60 3				
Abatement Performed Out	Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:														
		-							Zip Code n, NJ 0740	5					
Scope of Work (Check All That	Apply)											S-1-1-1-1		3.02	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov				Full Containment with Negative Pressure								
≥ 100 St 01 ≥ 200 II		X	Demol	ition			Mini-Enclosure Glovebag Procedure								
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			Loca											ement	
Location of Asbestos-Containing Materia	al (ACM)	2525	Norma ed Sole		Asha	De	scription	of .		12		-	1)	/pe	
TO BE ABATED	i (AON)		intena	nce/ Staff?	(i.e	thermal	systems	insu	al (ACM)		nount pecify	Z	_	Enc	ш
In Facility (13)		Cus	(12)			surfa	cing, VAT	r, or			or LF)	Remova	Repair	aps	Enclosure
38.824		Yes	No	N/A	1	Julei I	macellar le	eous	"			val	air	Encapsulate	ure
Provost St exterior 1st 8	2. 2nd fl-	168	140			14"						-		10	
1 TOVOST OF EXTERIOR 1ST	x ZIIU III	-		X		VVin	dow Ca	ulk		1	20	Х			
.0		-													
											7 (22-7)				
N- (8 )															
Name of Registered Waste Haul	er		100	NJDEP W Hauler ID		Cubic of Was			Name of F	Register	ed Landfill				
Yannuzzi Group Inc			10000	7467	140.	6 cy	sie .		GROW	S / Fai	rless				
City, State							al Dațe		City, State	)					
Kinnelon, NJ		8) 				11/1/		A	Morrisvi		<b>\</b>				
Completed by John Mucha		Title				S	ignature	Xt			Da	te	1	1	
IVIUCIIA		Sr Pr	oject	Manag	ger		7	1				10	/11	16	

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Prin	t Form	

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Date of Notification (1) 10/15/19			Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University										and the same of th	1
Agencies Notified  Type Notificatio	n			Address IcMillar	Buildin	g		100000000000000000000000000000000000000	ASB	ESTOS	XONI	RÓL	Či.	are influenced
DEP Amended Amendmen				tate, Zip eton, N	Code J 0854	4		Language of the second	Sa Sandarasia es	LICEN	SHVC	فهادات وبروم	المرادة هن شعب	marger since 14
DOH justification	)	g	100 March 100 Ma	of Contac	ct					lephone N				-
E Gariochiano				Ortego	FORMAT	ION			60	9-258-1	841			
Name of Facility Where Abatement is Taki Forrestal Campus, Gas Dynamics	ng Place	(3)					Тур	e of Facility	(4)					
Street Address 600 Forrestal Road							×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than K-	12) cial bu	ildings	, hom	nes,
City (5) Princeton							Squ.	etc.) are Feet 000	# 0	f Floors	1.5	Bldg	Age	
County (6) Mercer			County (STATE	Code (7) USE ONL	) Y)	R		ent Use (Pri search	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building TTI	Owner (8	3)	ASCI	M No.				atement Cor	ntractor	(9)				
Street Address 1253 N. Church Street	i)					Street 303 E		ess tional Roa	ad					
City, State, Zip Code Moorestown, NJ 08057								Zip Code 19341						
Project Manager for Monitoring Firm Mike Keehn			40010007-0-0-000000	40-880		Teleph 484-8				License N 01161	No.			
Start Date (10) 11/4/19	11/15/	19	mpletion	Date (11	)	Name EMS		HA Monitor						
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire						Street 200 F		ss e 130 Nor	th .					
Abatement Performed Outside of Norr Other – Describe: 7:00 am - 4:00 pm	nal Facilit	Abater y Hour	nent s			City, St	tate, Z	ip Code son, NJ						
Scope of Work (Check All That Apply)						Olling	2111111	0011, 140						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolii				×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					
	Is	Locat	ion				INU	II-Exempled	( ) and	поп-глас	le Pro		ement	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole	lly by nce/ Asbestos Con (i.e. therma surfa			cription	ng Material (ACM) ems insulation,				-	Тур		
TO BE ABATED In Facility (13)		intena todial S (12)				systems ing, VAT				nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
-	Yes	No	N/A				3000)				val	=	ılate	ure
Room E 129 / E 131		X			Floor tile	e and n	nasti	С	99	0 SF	Х			
Room E 127		X				TSI			10	) LF	Х			
Name of Registered Waste Hauler		KI	JDEP W	asto	l Cutic S	/and-		No.						
Waste Management of New Jersey		39.8	auler ID I		of Was			Name of R						
City, State Trenton, NJ					Disposa TBD	al Date		City, State Morrsvill						
Completed by Jack Bally	Title Sr. Pi	roject	Manag	jer	Sig	gnature a CIL	1	Sally	all all	Da 10	te /15/1	19		
ASB-41 (R-06-08)					Ü	* Do not	use th	nis form for a		s licensure	exen	npted	activit	ies.

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Date of Notification (1) 10/15/19				of Building				100		00	1 1	7	2019				
Agencies Notified Type Notification  EPA   Notification   Type Notification   Not	n			Address Harding		ASBESTOS CONTROL &											
DEP Amended Amendmer			City, S	tate, Zip C	ode		The state of the s										
□ DOH	1)	g	Name	of Contact	t				Telephone Number 201-960-0211								
			FAC	CILITY INF	ORMAT	ION					100			_			
Name of Facility Where Abatement is Taki Atlantic City Electric Company	ng Place	(3)					Тур	e of Facility ( School (K-1	1.00								
Street Address 1240 Route 77							×	Subchapter Other (i.e. p	8 (Oth	er than & comn	K-12 mercia	) Il bui	ldings,	, hom	es,		
City (5) Upper Deerfield							Squ	etc.) lare Feet	# of NA	f Floors	S		Bldg. A	\ge			
County (6) Cumberland	O						County Code (7) Current Use (STATE USE ONLY) Former p										
Name of Monitoring Firm Hired by Building Vertex	ASCM No. Name of Abatemer ecoservices, LI						nent Contractor (9)										
Street Address 700 Turner Industrial Way	Street Address 303 B National																
City, State, Zip Code Aston, PA 19014	City, State, Zip Cod Exton, PA 193																
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. Telephone No. 610-558-8902 484-872-888					No.	License No.										
Start Date (10) 10/25/19	Schedu 11/1/1			npletion Date (11) Name of OSHA Mo													
Occupancy Status During Abatement (Cher	ck Only O	ne)	76			Street		ess									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	mal Facilit	y Hour	S					e 130 Nort	:h			- 2					
Other – Describe: Work in segregated	area, dep	ending	on weat	her	-			ison, NJ									
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoli			,	×	M Gl	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure								
. 22 22	100	Locat Norma						JII-Exempted	( ) and	1 14011-1	Habic	110	Abate	ement pe			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial (12)	ely by nce/	Asbes (i.e.	tos Conta thermal surfac	Description of os Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amou (Spec SF or			Remova	Repair	Encapsulate	Enclosure		
Public right of way	Yes	No X	N/A		Trong	ita	4:،،ام		0.0					ate	e		
. dono right of way	^		Transite conduit (on 2 power poles 15 SF Eacl				Each)	30	) SF		X						
Name of Registered Waste Hauler		323	IJDEP W lauler ID		Cubic \ of Was			Name of R							-		
City, State					Dispos	al Date								-			
Vaterworks, NJ	Lev				TBD			Egg Har	bor To	ownsh	۱ip, ۱	11					
Completed by lack Bally	Sr. P	roject	Mana	ger	Si	gnature		Salli:	6 to		Date 10/1		9				

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Date of Notification (1) 10/15/19			Name Brixn	of Building Ow nor Property	ner/Operat	tor	(2)	10 May 10		0(	; <u> </u>	7 2	019	20,000,000,000						
Agencies Notified Type Notification			100000000000000000000000000000000000000	Address Favette Stre	et Suite	1	150		Į.	Remove the contract of the con	art age topic state.	to deal of surface		Sales and the sales are a sale	1,100					
X EPA X Initial Amended Amendment												TOS CONTROL & LICENSIMO								
DOH justification)  DCA Cancellation				of Contact av Ambati						Telepho										
			FAC	ILITY INFORM	MATION					0700 0				-						
Name of Facility Where Abatement is Takin Tinton Falls Plaza	g Place (	3)					Туре	of Facili												
Street Address 980 Shrewsbury Avenue							×	School (I Subchap Other (i.e	ter 8 (	Other thate & con	an K-1	2) ial bui	dings	, hom	es,					
City (5) Tinton Falls						1		etc.) are Feet 000	Т	# of Flo	ors	1000	3ldg. <i>A</i>	Age						
County (6) Monmouth			County (STATE	Code (7) USE ONLY)		1	Curre	ent Use (I	Prior if	being detail	emolis									
Name of Monitoring Firm Hired by Building (Vertex	ame of Monitoring Firm Hired by Building Owner (8) /ertex						ASCM No. Name of Abatemer ecoservices, L						ent Contractor (9)							
Street Address 700 Turner Industrial Way, Suite 10	05						Addre 3 Nat	ss tional R	oad											
City, State, Zip Code Aston, PA 19014					1 (2000)			Zip Code 19341	l			);		-						
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. Telephone No. 610-558-8902 484-872-8884						License No. 01161												
Start Date (10) 10/28/19	11/22/	19	mpletion	Date (11)	100000000000000000000000000000000000000	ame of OSHA Monitor														
Occupancy Status During Abatement (Check	k Only Or	ne)			Stree	et A	Addres	SS							-					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 4 pm - 12 am	Period of A al Facility	Abaten Hours	City, State, Zip Coo					ip Code												
Scope of Work (Check All That Apply)					Cini	na	amins	son, NJ	080	77										
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		denova Demolit				×	Mir Glo	Il Contain ni-Enclosu ovebag Pr n-Exempt	ure rocedu	ire				0						
Location of	Locati	ion lly Description of					LXCIIIpi		ana wor	Abatement Type										
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/	(i.e. then	Containing I mal system urfacing, VA	taining Material (ACM I systems insulation, icing, VAT, or miscellaneous)			Amount (Specify SF or LF)		v	Removal	Repair	Encapsulate	Enclosure					
0 0 T D	Yes	No	N/A									'al		late	Ге					
Space 07 B			X	Flo	oor tile m	a	stic			6000 s	sf	X								
															$\dashv$					
Name of Registered Waste Hauler		l N	JDEP W	aste C.	bic Yards			Nama -	f Deed	stered L	on dell									
Vaste Management		H	auler ID 273		Vaste					airless										
City, State renton, NJ				Dis TB	posal Date D	9		City, Sta Morris		PA										
Completed by ack Bally	Title Sr. Pr	oject	Manag	ger	Signature		12	all	: 6	TE)	Dat 10	e /15/1	9							

Inv#	15	20	11					The state of the s			THE NEW TO		Pi	int F
CK 017/ele4 PA		MOIII	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MEN		G		$\mathbb{V}$		Commence	
Date of Notification (1) 10-09-19	MH H		Name o	of Building	Owner/	Operator	r (2)		001	162	2019	The state of the s		
Agencies Notified Type Notification  EPA Initial	l		4000	Address Hadley				ASE	ESTO	DS CON	TROI	. &	A CONTRACTOR OF THE PARTY OF TH	
DEP Amended  DOL Amendmen	t #			ate, Zip C Plainfie				The second secon	-10	ENOR	I Carriedos		·	
X DOH Emergency justification)  DCA Cancellation	(including	- F		of Contact	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				Tele	phone Nu	mber		-	
DCA Cancellation				Gazick						-628-24				
Name of Facility Where Abatement is Takir	ng Place (	3)	FAC	ILITY INF	ORMAT	ION	Тур	ne of Facility (4)	)					
W Main St. Manhole & Conduit ins	stallation	1				2705 N		School (K-12	)					
Street Address 15 West Main St.							×	Subchapter 8 Other (i.e. pri etc.)	Othe	r than K-1 commerc	2) ial bui	ildings	, hom	es,
City (5) Bound Brook							N//		N/A		1	Bldg. A N/A	Age	
County (6) Somerset			County (STATE	Code (7) USE ONLY	)	6		rrent Use (Prior eet	if bein	g demolis	hed)			
Name of Monitoring Firm Hired by Building $N/A$	Owner (8)	)	ASCI N/A	M No.		Name WRS	of Al	batement Controvironmental	ractor (	9) ices, Inc	·			
Street Address N/A						Street 17 O		ress lock Rd						
City, State, Zip Code N/A								Zip Code x, NY 11980						
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.		Teleph 631-		No. -8111	100	License N 01136	lo.			
Start Date (10) 10-10-19	Schedul 11-10-		npletion	Date (11)				SHA Monitor vironmental	Servi	ces, Inc				
Occupancy Status During Abatement (Chec						Street	, ,	(T. T. T)						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Street	Period of nal Facility	Abatem / Hours	ent			City, S	tate,	Zip Code			(G)			
Scope of Work (Check All That Apply)						ιαρι	Idilk	, NY 11980						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	N G	ull Containmen lini-Enclosure llovebag Proce	dure					
	10	Location				-	1 1/1	on-Exempted (	) and	Non-Friad	le Pro	Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Normall d Solel	y by	Ashes		cription		al (ACM)	Δm	ount		1 9	pe _		
TO BE ABATED In Facility	100000000000000000000000000000000000000	intenar todial S	70110000		thermal		insu		(Sp	ecify or LF)	Rer	Re	Enca	Enc
(13)	Yes	(12) No	N/A			niscellan		)	SFC	ת בר)	Removal	Repair	Encapsulate	Enclosure
Street			X		Du	ct Ban	k		100	) LF	x			
lame of Registered Waste Hauler		100000	JDEP W		Cubic of Was			Name of Re	gistere	d Landfill				
eolia		110000		631369	50			Fairless L	andfi	11				
City, State landers, NJ					Dispos TBD	al Date	12	City, State Morrisville	e PA	19067				000
Completed by	Title		23		Si	gnature		1		Da				
aymond Tutiven	Supe	rvisor					9R	Caymond S.	Tutive	2 10	-09-	19		

## State of NJ

B & G proj. #: 2019-242

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

		PAU					Check	# 9640				_
Date of Notification	1 (1)	I I Name	e of Building Ow	ner/Operator (2	2)		IN E (	GE	<u> </u>	7 ju	f";	Toy.
1 10 1/1 15		Ro	bert Eichber		-/			5 E	1 //			
Agencies Notified EPA	Type Notifica	Stree	Address					Ü. 17		/1	-	111
☐ DEP	X Initial	City	State, Zip Code						691	J		
X DOL	Amend		oomfield, NJ	07003			ASBE	STOS CC	NTA	OL 8		CTS FOR EACH
X DOH	Canasi		of Contact				Telepho	ne Numbe	-		philosophus	
☐ DCA	☐ Cancel	R	bert Eichber	ger								
			FAC	CILITY INFORM	MATIO	N						
Name of facility wh	nere abatement	is taking place (	3)									
Robert Eichbe	erger							(E) (E)				
Street Address							507578	(T) (S)			-12)	
							Bldgs	/Homes, e	tc.		da A	
City (5)		County (6	5)		Cou	unty Code (7)	Square Feet	# OT F1001	s	Б	ag. A	ige
Bloomfield, N	IJ 07003	Essex				ate use only)		rior if bein	g den	nolish	ed)	
Name of Monitoring	g Firm Hired by	Bldg. Owner (8)		ASCM No.	Н	Name of Abatement C	The second secon					-
						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) With Other (Private/Commercial Bidgs./Homes, etc. Square Feet # of Floors Bidg. Age  nty Code (7) te use only)  Current Use (Prior if being demolished) residential  Name of Abatement Contractor (9) B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (973)696-6869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Trap & Cut  ull Containment w/negative pressure Sbestos-containing  Amount (Specify SF or 0 a c						
Street Address	et Address State, Zip Code					Street Address						
City State Zin Code	o Code				_		oad					
Oity, State, Zip Cour	5						J 07035					
Project Manager for	Monitoring Firm	n	Phone Num	ber	-	Telephone Number		License	Numi	oer	-	
-	elled Start Date (10) Sched. Completion Date (11)							00	378			
	duled Start Date (10) Sched. Completion Date (11) 0/25/2019 10/26/2019											
	10/25/2019 10/26/2019								-	-		
							ad					
Abatement pe		of normal facilit				City, State, Zip Code						
Describe: Other-Describ	e:					Lincoln Park, N.	J 07035					
Scope of Work (che	eck all that appl	у)				vrap & cut						1 .
Demolition	X	Renovation			☐ F	ull Containment w/nega	ative pressure	✗ Gloveb	ag pr	ocedu	ire	
>3 sf or >3 lf		≥160 sf or ≥260			X	/lini-enclosure	Chambridge To	Non-fr	iable	oroce	dure	
Location of asbestos-conf	taining	Is location nor by maintenant	mally used solel e/custodial					N.			1183	E
material to be	J	staff(12)	<del></del>	Description material (		sbestos-containing		SF or	1000	p	С	n
abated in facil	lity (13)	Yes	No N/A				LF)		v e	i	a p	L
laundry room so	ffit		X	pipe insula	ation		10 lf		X			
				]								
					-				무			14
			_	1	-				믐	屵	片	岩
Registered Waste Ha	auler	NJDEP H		ubic Yards of V	Vaste	Name of Registered L					Ш.	1
B.& G Restorati	on, Inc.	1956	Disposal D	1/2		Grand Central L City, State	andfill					
Lincoln Park, N	J			0/26/2019		Pen Argyl, PA						<u> </u>
Completed by (Print Gordana Luna	or Type)	Title Secretary/Tr	easurer	Signature	(	Gordana Luna		Date 10/15	:/204	0		
		Octor otal y/ 11	odoui Gi	.1		0		10/15	1/201	J		



### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

	. 41 45	MALEU,					Chec	k # 9641	1			
Date of Notification (1)	11	Name of	Building Ow	ner/Operator (2	2)		TAEC		W	(5	m	1
1 0 / 1 5 / 1 9		Debor	ah Little				(I) <u>6</u>	La !	tali James Princes (1)			de project
Agencies Notified Type Notifica	ation	Street Add	dress				11111 00:	4 19 1	010	- 3		
DEP Initial		City State	7:- 0 - 1					1 7	9	2	- Janes	100
X DOL Amend	iment			132			ASSEST	05 00F	TRO	L &		Tage and of the land
▼ DOH	- 11	place (3)    Phone Number					ne Numb	in a		State of the same of	<u> </u>	
DCA Cancel	lation	Debo	rah Little									
	Notified   Type Notification   PA			ILITY INFORM	IATIC	N						
Name of facility where abatement	Deborah Little   Street Address   Stre						Type of Facility					
Deborah Little	Type Notification A A Initial City, State, Zip Code Kearny, NJ 07032 Name of Contact Deborah Little  FACILITY Cility where abatement is taking place (3)  Little  Tess  County (6) Hudson  Phone Number  The prode  Ger for Monitoring Firm  The prode  The					ol (K - 12			K 40)			
Street Address	County (6)  Hudson  ASC  Printering Firm Hired by Bldg. Owner (8)  ASC  ASC  ASC  ASC  ASC  ASC  ASC  AS							hapter 8 ( (Private/0				
	County (6) Hudson  Monitoring Firm Hired by Bldg. Owner (8)  ASCI dress  ASCI dress  ASCI ASCI ASCI ASCI ASCI ASCI ASCI ASC						Bldgs	./Homes,	etc.			
City (5)	Cou	inty (6)			Co	unty Code (7)	Square Feet	# of Floo	ors	١ '	Bldg. A	ige
Kearny, NJ 07032	County (6) Hudson  red by Bldg. Owner (8)  Sched. Completion Date (11) 10/29/2019  atement (Check only one) during entire period of abatement. autside of normal facility hours-  t apply)  Renovation  1 s location normally used solely by maintenance/custodial staff(12)			ate use only)	Current Use (F	Prior if bei	ng der	nolis	hed)			
Name of Monitoring Firm Hired by	Bldg. Owr	er (8)		ASCM No.	Н	Name of Abatement	residential Contractor (9)	-		-	-	
			24			B & G Restorat	ion, Inc.					
Street Address						Street Address						_
City, State, Zip Code					_	105 Ryerson F	load				-	
						City, State, Zip Code Lincoln Park,	NJ 07035					
Project Manager for Monitoring Firm	1	F	hone Numb	er	-	Telephone Number		License	Numi	ber		
						(973)696-686		00	0378			
Scheduled Start Date (10)	Sche	Hudson  dg. Owner (8)  Phone Number  Sched. Completion Date (11) 10/29/2019  Check only one)  tire period of abatement. normal facility hours-  enovation  60 sf or ≥260 lf	1)		Name of OSHA Moni B & G Restorat							
10/28/2019	Sched. Completion Date (11) 10/29/2019 ent (Check only one) ag entire period of abatement. de of normal facility hours-			Street Address	ion, mc.							
	10) Sched. Completion Date (11) 10/29/2019  Ing Abatement (Check only one) cated during entire period of abatement. Indeed outside of normal facility hours- all that apply)			105 Ryerson R	oad							
Abatement performed outside	During Abatement (Check only one) ed/vacated during entire period of abatement.			City, State, Zip Code								
Describe:				<del></del>	-	Lincoln Park, N	J 07035					
Scope of Work (check all that apply	()				-	wrap & cut						
☐ Demolition 🔀	Renovation	n			=	Full Containment w/neg	ative pressure	X Glove	hag nr	ncen	ure	
$\times$ >3 sf or >3 if	≥160 sf or	≥260 If				Vlini-enclosure			riable į			
Location of	Is locatio	n normally	used solely						IR	R	E	E
asbestos-containing material to be		r	Stodiai	Descriptio material (A	n of a	sbestos-containing	Amount (Specify S	E or	e m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (A	(Civi)		LF)	1 01	0	a	a p	L
basement			X	pipe insula	tion	<del></del>	200 lf		e	ń		In
											冒	一
Registered Waste Hauler	NJDF	EP Hauler	ID# I Ci	ubic Yards of W	aste	Name of Registered	andfill			Ц	Ш,	
B & G Restoration, Inc.				2 1/2		Grand Central I						
City, State Lincoln Park, NJ						City, State Pen Argyl, PA	,				197	
Completed by (Print or Type) Gordana Luna		v/Treas	irer	Signature	(	Gordana Luna		Date 10/16	5/204	0		
		,				0		10/15	1021	J		

-	. 8	_		
Pr	int	FO	rm	١

Chec	k#	25994

N# 1530	SPATT		NOT	IFICATIO	ON OF A	New Jers SBESTO: AC 8:60 a	SABATE	MEN	T Fi		Check #	259	out other days	TO STANSON, N	*:
Date of Notification (1 10/1	) 4/2019			Name	of Buildi	ng Owner	/Operato		the day make your lines.	0)	E G			E	2
Agencies Notified	Type Notification	n		Street	Address		Doit								61
☐ EPA	× Initial								diriting.	A COLUMN	OCT	17	2019	)	Tangar.
DEP	Amended			City, S	tate, Zip	Code		-		-					1
X DOL	Amendmer Emergency		200			Ea	st Brun	swic	k, NJ 088	316	SBESTOS	2 (2)	AUFUS A	resonante	1
N DOH	justification	)	ig	Name	of Conta	White areas a				T	elephone Nit	imber	VG	1 6 CS	-
☐ DCA	Cancellatio	n			Cenia					Land III	(2			mitte.	anay.
Name of Facility When	e Abatement is Taki	na Place	/2)	FAC	CILITY IN	FORMAT	TION								
	eltre	ng i lace	(5)					Тур	e of Facility	200					
Street Address								H	School (K-	12)	h	•			
								×	Other (i.e.	private	her than K-1 & commerce	2) ial bu	ildinas	. hon	ne
City (5)									etc.)						
East Brun	swick, NJ 08816	3						7.6	are Feet 500	#	of Floors 2		Bldg.	Age	
County (6)				County	Code (7	)				ior if h			100		
Middlesex				(STATE	USE ON	́р		Juil	on ose (Pl	IOI II DE	eing demolis	ned)			
Name of Monitoring Fir	rm Hired by Building	Owner (	8)	ASC	M No.		Name	of Ah	atement Co	ntracto	or (9)				_
MECS							Steve	ens l	Environm	ental	Services,	Inc.			
Street Address							Street								
PO Box 341							PO B	Sox 3	322						
City, State, Zip Code Crosswicks, N	1108515								Zip Code						
						Allen	town	, NJ 0850	01						
Project Manager for Mo Bill Weisgarbe		17.		98-407		Teleph 609 2				License N 00493	lo.				
Start Date (10) 10/23/2019		10	mpletion /28/201	Date (11 19	)	Name of MECS		HA Monitor							
Occupancy Status Duri	ng Abatement (Chec	k Only C	ne)				Street A	Addre	ess						_
× Facility Closed/Va	cated During Entire	Period of	Abater	nent			POB	ох 3	41		#0				
Other – Describe:	med Outside of Norn	ty Hour	S					ip Code						_	
							Ches	terfie	eld, NJ 08	3515					
Scope of Work (Check	All That Apply)														_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova				H	Fu	II Containm	ent with	n Negative P	ressu	ire		
		П	Demoli	uon			×	Mir	ni-Enclosure ovebag Pro	e cedure					
					1			No	n-Exempte	d (*) an	d Non-Friab	le Pro	cedur	е	
			s Locat										Abate	emen	t
Locatio Asbestos-Containin			Normal ed Sole		82010	Des	scription of	of				-	Ту	ре	Т
TO BE AE	BATED	aintena	nce/	Asbe	stos Cont	aining Ma	aterial	(ACM)		mount			Ф		
In Fac		stodial ( (12)	Staff?	(	surfac	cing, VAT	, or	auon,		Specify or LF)	Rem	Repair	ıcap		
(13)		1			other m	niscellane	eous)			5 10.400 (6.10 <u>.</u>	Remova	pair	Encapsulate		
		No	N/A								-		te		
Basement/Cr	awl Space	X		TI	nermal l	Pipe Ins	sulat	ion	1	00 If	Х			T	
													T		
		-													
Name of Registered Wa	ste Hauler	1	N	JDEP W	aste	Cubic	Yards		Name of t	Panista	red Landfill				
Stevens Environme			100	auler ID 18292	No.	of Was			Fairless						
City, State						Dispos			City, State		verti				
Allentown, NJ							/28/20/1	19_	Morrisvi		Д				
Completed by		Title					gnature	1	11		Dat	ρ		_	_
Mahlon E. Stevens				nager											

Pa-l	N 1	N	IOTIF		TION	OF ASE	w Jersey BESTOS ABA C 8:60 and 5:1	200020000000000000000000000000000000000	DEGE		$\mathbb{V}$	E	M
	NO (	JUK	TK	Pul	rsuam	L LO NJA	5 0.60 and 5.1	0)	M				
Date of Notification (1)							Owner/Operator	N-07	OCT 1	7	2019		[]
9 /	16 /	19			Prin	ceton Ur	niversity-Office	of Design and	Construction	70)			hoseator
Agencies Notified	Type Notifica	ation		7	Street Address								
☐ EPA					200	Elm Dr						La	
□ DOLWD	Manended			of the special party	CHICATOR STATE OF	-sopulare	MONEY TRACK						
□ DHSS     □	A Company	7277	7. 7.	19	Prin	ceton, N	J 08544		(%)				- 1
☐ DCA (NJAC 5:23-8)			uding	t	Name	of Contact			Telephone Number	r			
(1.67.10 0.00 0)	100				Rob	ert Orteg	jo		609-258-1841				
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is T	Taking I	Place	(3)				Type of Facility	(4)				
Princeton Universi		•		. ,				☐ School (K-1	2)				
Street Address										al bui	Idina		
171 Broadmead	Notified							ai bui	iumg.	,	- 1		
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Princeton													
County (6)	Type Notification   Street Address   200 Elm Dr   ASBESTOS CONTROL & LICENSING   Contact   Con												
MERCER													
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8	3)	ASCM I	No.	Name of Abatem	nent Contractor (9	9)				
TTI Environmental							BRISTOL EI	NVIRONMENTA	AL, INC.				
Street Address							Street Address	ASBESTOS CONTROL & LICENSING    Telephone Number 609-258-1841     School (K-12)					
1253 N Church Rd				Name of Abatement Contractor (9)   BRISTOL ENVIRONMENTAL, INC.									
City, State, Zip Code							City, State, Zip 0	Code					
Moorestown, NJ 08	8057						BRISTOL, P	A 19007					
Project Manager for Mor	nitoring Firm			Tele	phone I	No.	Telephone No.		License No.				
Mike Keehn				60	9-386-	-8800	215-788-604	.0	00509				
Start Date (10)		Schedu	led Co	mple	tion Dat	te (11)	Name of OSHA	Monitor	1				
9 / 26 /	19	10	_ /	16	_ / _	19	BRISTOL EI	NVIRONMENTA	AL, INC.				
Occupancy Status Durin	g Abatement (	Check	only o	ne)			Street Address						
					ment		1123 BEAVE	ER STREET					
							City, State, Zip (	Code					
Time of Abatement:	AM	PM	/ <u>3:00</u> I	PM- <u>12</u>	2:00AN	N X	BRISTOL, P	A 19007					
Scope of Work (Check a	Il that apply)			¥	10/	mlu							
≥3 sf or ≥3 lf			M Rei	0.00	1	( 0 )			egative Pressure				
≥160 sf or ≥260 lf							☐ Gloveb	ag Procedure					
						_	⊠ Non-Ex	empted (*) and N	Ion-Friable Procedure	_	<u></u>		
	0000 <b>#</b>						Di-#			Ab		-	1
		A)				Asbe			Amount	Ren	Rep	Enc	Enc
TO BE AB	ATED			The second second			., thermal system	s insulation,		SVOC	a:	aps	losu
			Cusi		Otali !				SF or LF)	a		ulat	re
(13)		1	Yes	No	N/A		ouror micronar	,				е	
Basement				$\boxtimes$		Floor ti	le and mastic		2,475 SF				
Basement				$\boxtimes$		Glue De	ots		80 SF				
1 <sup>St</sup> Floor				$\boxtimes$		Floor ti	le and mastic		2,375 SF				
1 <sup>St</sup> Floor			П	Ø	П	Glue D	ots		124 SF	$\boxtimes$			
Name of Registered Wa	ste Hauler			1000	IJDEP \	Waste	Cubic Yards of	Name of Reg	gistered Landfill				
		NC.		F			FE (18)	FAIRLES	S LANDFILL				
City, State	ver u.t. (1940 1950) (1951) - 1955)				18/06	0		City, State					
BRISTOL, PA 1900	07							T	S HILLS, PA		- 45. 1580		
Completed By (Print or	Туре)	1950565835					Signature	0.1			7	10	i
Brian Scafiro		Es	stima	tor			France	, DCNUI	20 140 1	1) -	- 1-	1	

ASB-41 BS 19120

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction 9 16 19 1 Agencies Notified Type Notification Street Address ☐ EPA Initial 200 Elm Dr □ DOLWD M Amended City, State, Zip Code ASBESTOS CONTROL & **⊠** DHSS Amendment #1-10/7/19 Princeton, NJ 08544 LICENSING ☐ Emergency (including ☐ DCA justification) Name of Contact Telephone Number (NJAC 5:23-8) □ Cancellation Robert Ortego 609-258-1841 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 171 Broadmead homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1253 N Church Rd 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Keehn 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 26 / 19 10 / 16 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/3:00PM-12:00AM & BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Mini-Enclosure ⊠ Renovation ≥ 160 sf or > 260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Enclosure Used Solely by Remova 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)other miscellaneous) Yes No N/A Room 203 & 203B  $\boxtimes$ Floor tile and mastic X 115 SF П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste BRISTOL ENVIRONMENTAL, INC. FAIRLESS LANDFILL 18706 tbd City, State Disposal Date City, State BRISTOL, PA 19007 tbd FAIRLESS HILLS, PA Completed By (Print or Type) Title Signature Brian Scafiro Estimator

State of New Jersey

Pg.1

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

Chu#3635

Date of Notification (1)					-	Nome	of Duildin	~ 0		2)				-	
9 / 16	_ / _	19	)			Pri	nceton U	g Ov	wner/Operator ( ersity-Office	of Design and	Construction	$\mathbb{V}$	E		-
	e Notific	ation			\$		Address				207.47	004	10	-	
	Amende	d			-		Elm Dr				OCT 1 /	20	IJ	lend transit	71
☑ DHSS 5647	Amendm	ent#			1										
□ DCA □ I			cludin	g	-				18544				01.5	_	
					1		0.1000000.00	-			Telephone Numb	I N NA			
	Jancena	uon		21127		100000	bert Orte			Share	609-258-184	1			
Name of Engility Whore Abete	mont in T	Takin	- Dlass	- (2)		FA	CILITY IN	IFO	RMATION	T					
Princeton University	ment is	raking	y Place	3 (3)						Type of Facility  ☐ School (K-1:					
Street Address											2) 8 (Other than K-12)				
171 Broadmead										Other (i.e., phomes, etc.)	rivate and commer	cial bu	uilding	js,	
City (5)										Square Feet	# of Floors	BI	dg. A	ge	
Princeton															
County (6) MERCER						Cour	nty Code (7	')(ST/	ATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			1,7
Name of Monitoring Firm Hired	Amendment #   City, State		No.	Na	me of Abateme	ent Contractor (9)	)								
TTI Environmental Inc								1	BRISTOL EN'	VIRONMENTA	L, INC.				
Street Address								Str	reet Address						
1253 N Church Rd								1	1123 BEAVER	R STREET					
City, State, Zip Code				-100				Cit	y, State, Zip Co	ode					
Moorestown, NJ 08057						W.C.		E	BRISTOL, PA	19007					
Project Manager for Monitoring	Firm			Te	eleph	none	No.		lephone No.		License No.				
Mike Keehn									215-788-6040	<u> </u>	00509				
Start Date (10) 9 / 26 / 19								1150000	me of OSHA M		LING				
				200		- ' -	10_		eet Address	VIRONMENTA	L, INC.				
	100000000000000000000000000000000000000		Telephone No. 609-386-8800 neduled Completion Date (11) 10 / 16 / 19 eck only one) Period of Abatement nal Facility Hours - Describe /AM  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  Glue					i 123 BEAVER	CTDEET						
							cribe		y, State, Zip Co						
							120000104034	J. Control	BRISTOL, PA						
Scope of Work (Check all that a	apply)													-	
≥3 sf or ≥3 lf			⊠ Re	nova	ation				☐ Mini-Encl	ainment with Neo losure	gative Pressure				
⊠ ≥160 sf or ≥260 lf			☐ De	moli	tion				☐ Glovebag	Procedure					
			la.	1	-41	_	-		⊠ Non-Exer	mpted (*) and No	n-Friable Procedure	1			
Location of			110						Description of	f		Ab	atem	ent T	уре
Asbestos-Containing Materi	ial (ACM	)					Asbes	stos	Containing Mat	terial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABATED IN Facility					-	Contract of	(i.e.		ermal systems i		(Specify	Removal	air	aps	Enclosure
(13)			25,450,000	(12	2)				surfacing, VAT, her miscellaned		SF or LF)	<u>a</u>		Encapsulate	ē
			Yes	No	0	N/A								n	
Basement					[		Floor til	e aı	nd mastic		2,475 SF	$\boxtimes$			
Basement				×	]		Glue Do	ots			80 SF	$\boxtimes$			
1 <sup>St</sup> Floor					]		Floor til	e ai	nd mastic		2,375 SF	$\boxtimes$			
1 <sup>St</sup> Floor				$\boxtimes$	]		Glue Do	ts			124 SF				
Name of Registered Waste Hau				- 1					bic Yards of	Name of Regis					
BRISTOL ENVIRONMEN	TAL, IN	IC.					35-25-600	tl	bd		LANDFILL				
City, State BRISTOL, PA 19007									posal Date	City, State					
		-						tl	bd	FAIRLESS	HILLS, PA				
Completed By (Print or Type) Brian Scafiro			stimat	tor					Signature	· Scolin	Dat Dat	e 7_/	6-	19	
		Section		466					10/400	1 UUW	0 / 4/10-	- 1	0	1 /	

Pg. 2

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

Date of Notification (1)					Nan	ne of Buildir	na C	Owner/Operator (	2)	Щ			11_		
9 /	16 /	19	)					51	7.1	nd C	onstruction	n		i	
Agencies Notified	Type Notific		_	-			_			UL	UC		2019		
□ EPA		Jauon							į						
☑ DOLWD		d						do.			ASDEST.				
☑ DHSS	100								1	17-7-12-50	LI(		9	Ġ.	
DCA			cludin	g				V0044			<del>-</del>				Harrisad
(NJAC 5:23-8)		2555115W													
	☐ Caricella	111011					_				609-258-1	1841			
N	City, State, Zip Code Amendment #   Emergency (including justification)   Cancellation   Cancellation     Cancellation   Cancellation     Cancellation   Cancellation     Cancellation   Cancellation     Cancellation   Cancellation     FACILITY INFORMATION     Cancellation   Cancellation     FACILITY INFORMATION     Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation   Cancellation   Cancellation     Cancellation														
		City, State, Zip Code													
Princeton Universit	Type Notification   Cannellation   City, State, 2ip Code   County Code (f)(STATE USE OML.)   Current Use (Prior if being demolished)														
Street Address 171 Broadmead															
City (5)															
Princeton													(5)		
County (6)					Cou	inty Code (	7)(S	TATE USE ONLY)	Current Use	(Prior	if being dem	olished	)		
MERCER															
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASCN	No.	N	lame of Abateme	nt Contractor	(9)					
TTI Environmental I	nc							BRISTOL ENV	VIRONMEN	TAL,	INC.				
Street Address					-	<del>&gt;</del>	S	treet Address							-
1253 N Church Rd								1123 BEAVER	RSTREET						
City, State, Zip Code							C	ity, State, Zip Co	de						_
Moorestown, NJ 080	057							BRISTOL, PA	19007						
Project Manager for Monit	toring Firm			Te	lephone	No.	Te	elephone No.			License No.				
Mike Keehn				(	609-38	6-8800		215-788-6040			00509				
Start Date (10)		Sched	uled C	omp	letion D	ate (11)	N	ame of OSHA M	onitor						
9 / 26 /	19	_1	0 /	_1	16_ /	19		BRISTOL ENV	/IRONMEN	TAL,	INC.				
Occupancy Status During	Abatement (	Check	only	one)			Si	treet Address							
								1123 BEAVER	STREET						
Abatement Performed	Outside of No	ormal	Facility	у Но	urs - De	scribe	Ci	ity, State, Zip Co	de			-			
Time of Abatement: 1:	00AM- <u>3:30</u> F	-M/	PI	VI	AN			BRISTOL, PA	19007						
Scope of Work (Check all	that apply)				100176 - W		-								
≥3 sf or ≥3 if			M Da	novo	tion					Negat	ive Pressure				
≥160 sf or ≥260 lf															
								⊠ Non-Exer	npted (*) and	Non-l	Friable Proce	dure			
												A	batem	ent Ty	/ре
		.				Asha	-4				// <b>2</b> ///////////	Z	D Z	ш	Ш
		"	Ma	inten	ance/							amo	epa	nca	nclo
	/		Cust			,		surfacing, VAT,	or			Val	.   ¬	Insc	sure
(13)			Yes				0	other miscellaneo	ous)					ate	
Room 203 & 203B		-	П	100	-	Fla an Ai				+					_
100111 203 & 203B				-	+-	Floor ti	ie a	and mastic		_	115 SF				Ш
			Ц												
															П
			П	П	П					1					$\exists$
Name of Registered Waste	e Hauler				12000	Waste	Cı	ubic Yards of	Name of Re	edister	re 8 (Other than K-12) private and commercial buildings, c.)  # of Floors   Bldg. Age    Prior if being demolished)  9) AL, INC.    License No.				
		IC.		- 1	Hauler I	D No.	W	aste							
City, State			-		10/0	U			City, State	Telephone Number 609-258-1841    Cility (4)					
BRISTOL, PA 19007						3		1971	I 788	SS H	ILLS. PA	Jumber 1841  G-12) mercial buildings,  Bldg. Age nolished)  Butter Encapsulate  Abatement Typ Removal  Date			
Completed By (Print or Typ	oe)	Title			-		- 3					Data	2019  al buildings,  Bldg. Age  d)  Abatement Typ  Repair  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D D  D D D  D D D  D D D  D D D  D D D  D D D  D D D  D D D  D D D  D		
Brian Scafiro	183		timat	or				Bain	Spelie		One		6-1	9	
				3675				12400	JUNI	01	Telephone Number 609-258-1841  (Other than K-12) rate and commercial buildings,  # of Floors   Bldg. Age  r if being demolished)  INC.  License No. 00509  INC.  Cive Pressure  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Telephone Number  Abatement Type  Amount (Specify SF or LF)				

ASB-41 BS 19120

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

Inv	15	16	8		State of I	New Jersey						
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Date of Notification (1)	U	1		Nán	ne of Buildi	ng Owner/Operator						
9 / 16	19	9 ′		P	rinceton l	Jniversity-Office	of Design and	Constructi	on n	= n	7.77	F-2
Agencies Notified Type Not	tification			_	et Address						\V/	
☐ EPA ☐ Initial				20	00 Elm Dr							
☑ DOLWD ☑ Amen ☑ DHSS Amen	ded dment #	2 40	110111	City	State, Zip	Code			OCT	1 7	201	10
□ DCA □ Emerg				Pi	rinceton,	NJ 08544		11 11	001	3 1	201	J
	cation)	roidali	.9	Nam	ne of Conta	ct		Telephone	Number			
☐ Cance	ellation			R	obert Orte	ego		609-258	the contract of the contract o	s co	NTA	OL 8
				F	ACILITY II	NFORMATION		Co-Orace Spring National	LIC	Men	VG	normania di
Name of Facility Where Abatement	is Takin	g Plac	e (3)				Type of Facility	(4)				-
Princeton University							School (K-1)	2)				
Street Address							☐ Subchapter	8 (Other than	K-12)	02752		
171 Broadmead							Other (i.e., phomes, etc.)	orivate and con	nmercial i	buildin	gs,	
City (5)							Square Feet	# of Floors	i   [	Bldg. A	Age	
Princeton										3	.5-	
County (6) MERCER				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pr	rior if being der	molished)			
Name of Monitoring Firm Hired by B	uilding C	Owner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9)					
TTI Environmental Inc							IVIRONMENTA					
Street Address						Street Address						
1253 N Church Rd						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
Moorestown, NJ 08057						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Tel	lephone	No.	Telephone No.		License No	).			
Mike Keehn				STATE CONTRACTOR	6-8800	215-788-6040	)	00509				
Start Date (10)9 /26 /19	9 / 26 / 19 10 / cupancy Status During Abatement (Check only of					Name of OSHA N BRISTOL EN	Monitor VIRONMENTA	L, INC.				
Occupancy Status During Abatemen	t (Check	only	one)			Street Address						
☐ Facility Closed/Vacated During Er	ntire Per	iod of	Abate	ement		1123 BEAVE	R STREET					
Abatement Performed Outside of Time of Abatement:AM	Normal PN	Facilit // <u>1:00</u>	y Hou PM-9	irs - De: 3:30AM	scribe	City, State, Zip Co BRISTOL, PA	ode					
Scope of Work (Check all that apply)						DIGITOL, 1 A	13007					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovat emoliti				tainment with Neg losure g Procedure	ative Pressure	e			
						Non-Exe     Non-Exe	mpted (*) and No	n-Friable Proc	edure			
			Loca						Al	patem	ent T	vpe
Location of Asbestos-Containing Material (AC	(M:		Norma	ely by	Achor	Description o stos Containing Ma	f		R	70	m	m
TO BE ABATED	,		inten		(i.e.	, thermal systems i	insulation.	Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)		Cus	(12)	Staff?		surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(10)		Yes	No	N/A	1	other miscellane	ous)				ate	10
Basement					Floor til	e and mastic		2.475.05	. 57			
Basement					Glue Do			2,475 SF 80 SF				
1 <sup>St</sup> Floor				П	Floor til	e and mastic				1		] [
1 <sup>St</sup> Floor				+=-				2,375 SF			Ш	Ш
Name of Registered Waste Hauler				LIDED	Glue Do			124 SF				
BRISTOL ENVIRONMENTAL,	INC		1 1 1 2 2 2	NJDEP Nauler II	St. Marie and Company	Cubic Yards of Waste	Name of Regist					
	ino.			18706		tbd	FAIRLESS	LANDFILL				
City, State						Disposal Date	City, State					
BRISTOL, PA 19007						tbd	FAIRLESS	HILLS, PA				
Completed By (Print or Type)	Title			1 1		Signature	1 1		Date		,	
Brian Scafiro	1	timat				0.7	Scolin					

Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)	HALEGA	= #	- 1/7	F	-
9 /	16 /	19					niversity-Office		1 11	3 0	\_/	L	7]]
								or besign and	Construction				
Agencies Notified  EPA		ation				Address			U U OCT	17	201	9	
☑ DOLWD	Initial   Amended   Amended   Amendment #2-10/10   Emergency (including justification)   Cancellation   Cance				(	Elm Dr	·	The state of the s				-	-
⊠ DHSS	Notified    Type Notification		0/19		State, Zip C		1	1000	Military (Military	The State of	territories and a	1	
□ DCA	Initial				Pri	nceton, N	J 08544	1	ASBESTOS	COL	VTA(	DL &	
(NJAC 5:23-8)	Amended   Amended   Amendment #2-10/10/    Emergency (including justification)   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation     Cancellation   Cancellation   Cancellation   Cancellation     Cancellation   Cancella			Name	of Contac	t	La	Telephone Numb			ichwania si	mental constraint	
77	MD   Memoral				Rol	pert Orte	go		609-258-1841				
	Amended Amendment #2-10/1   Emergency (including justification)   Cancellation			FA	CILITY IN	IFORMATION		1					
Name of Facility Where A	batement is T	Amended Amendment #2-10/10/10/10   Emergency (including justification)   Cancellation   Cancellation   Itement is Taking Place (3   1   1   1   1   1   1   1   1   1						Type of Facility	(4)				_
Princeton Universit	У	Initial Amended Amendment #2-10/10/19 Emergency (including justification) Cancellation  ement is Taking Place (3)  and by Building Owner (8)  and by Building Owner (8)  and Scheduled Completed to the second of Abate (1)  attement (Check only one) uring Entire Period of Abate (1) attement (Check only one) uring Entire Period of Abate (1) attement (ACM)  AMPM/1:00PM-9  t apply)  ARenovation Used Sol Mainten: Custodial (12) Yes No  Amendment (1) Amendment (						School (K-12	2)				
Street Address	Amended Amendment #2-10/10   Emergency (including justification)   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation   Cancellation								(Other than K-12)				
171 Broadmead	□ Cancellation   □ C							homes, etc.)	rivate and commerc	ial bu	ıldıng	s,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	16	
Princeton								oquaio i coi	" 01110013		.y. / \s	,0	
County (6)	DOLWD DHSS DCA NJAC 5:23-8)  DCA DCA NJAC 5:23-8)  DCA NJAC 5:23-8)  DCA DCA NJAC 5:23-8)  DCA DCA DCA DCA DCA DCA DCA DCA DCA DC				Cour	ty Code (7	)(STATE USE ONLY)	Current Llee /Dr	ior if being demolish	104)			
	rinceton University  Pet Address 71 Broadmead 7 (5)  Princeton Purity (6)  IERCER The of Monitoring Firm Hired by Building Owner TI Environmental Inc Pet Address 253 N Church Rd To State, Zip Code  Noorestown, NJ 08057  Sect Manager for Monitoring Firm  Scheduled 9 / 26 / 19 10  Pupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilities of Abatement:AMPM/1:0  Pet Of Work (Check all that apply)  Sa sf or ≥3 If  Pet Of Work (Check all that apply)  Location of  Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Ye  To m 203 & 203B  The Address  Time of Abatement:AM  Location of  Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Ye  To m 203 & 203B				Oour	ity Code (i	MOTATE GOE ONET)	Ourient ose (i i	ioi ii beilig delliolisi	eu)			
223,000,000,000,000	Hired by Ruila	lina O	wpor (	9)	ASCM	No	Name of Abateme	nt Contractor (0)			_		
		illig O	wilei (	0)	ASCIVI	INO.							
	IIC							VIRONMENTA	L, INC.				
	me of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc eet Address 1253 N Church Rd y, State, Zip Code Moorestown, NJ 08057 Diject Manager for Monitoring Firm Mike Keehn art Date (10) Scheduled Cor 9 / 26 / 19 10 / cupancy Status During Abatement (Check only on Facility Closed/Vacated During Entire Period of Al Abatement Performed Outside of Normal Facility Time of Abatement:AMPM/1:00 Pt				Street Address								
					1123 BEAVE								
					City, State, Zip Co								
(5)							BRISTOL, PA	19007					
	toring Firm				ephone		Telephone No.		License No.				
					09-386		215-788-6040		00509				
Start Date (10)				1,000			Name of OSHA N	17					
9 / 26 /		_1	0_/	_1	<u>6</u> / .	19	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address					-	
							1123 BEAVE	R STREET					
						cribe	City, State, Zip Co	ode				-876	
Time of Abatement:	AM	PN	1/1:00	PM- <u>9</u>	:30AM		BRISTOL, PA	19007					
Scope of Work (Check all	Abatement Performed Outside of Normal Facili												
П. о. f о. r.			-					tainment with Neg	gative Pressure				
			_				☐ Mini-End	losure g Procedure					
Z3 = 100 31 01 = 200 11				mont	011				n-Friable Procedure	à			
			ls	Loca	tion					1	ateme	ent T	vne
Location	of						Description of	of		-			
		)					stos Containing Ma		Amount	(em	Repair	nce	nc
						(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	ai.	psu	Enclosure
	,			(12)		1	other miscellane		Or or Er y	-		Encapsulate	6
4			Yes	No	N/A							w	
Room 203 & 203B			П	M		Floor ti	le and mastic		115 SF		П	П	П
4ST FLOOD						DIDE IN	IOLU ATION (MO	4 D S OUT)				_	
1º FLOOR			Ц	M		PIPE IN	ISULATION (WR	AP & CUI)	10 LF	X	Ш	Ш	Ш
			П	П	П						П	П	
Name of Registered Wast	e Hauler				NJDEP I		Cubic Yards of	Name of Regis	stered Landfill	1_			
		IC.		1 (2)	Hauler II		Waste		LANDFILL				
	, 11				18706	<u> </u>	tbd		E-MEITEL				
City, State							Disposal Date	City, State					
							tbd	FAIRLESS	HILLS, PA				
Completed By (Print or Ty	rpe)	Title					Signature	0 0.	Dat	e	,		
Brian Scafiro		Es	stima	tor			Brean,	Secfire	/il /	10/1	0/	19	

ASB-41 MAY 11 BS19120

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

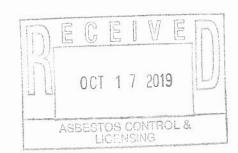
### "WRAP AND CUT" REMOVAL PROCEDURES FOR INSULATED PIPE

#### DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

#### **PRODUCTS**

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- · Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"



#### **DESCRIPTION OF THE WORK**

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

Bristol Environmental Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and "candy-striped" around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation Bristol Environmental Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, Bristol Environmental Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

Bristol Environmental Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by Bristol Environmental Inc. shall be available at all times at the work site. Bristol Environmental Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the prescribed Federal OSHA warning signs and shall include site specific waste generator information.

Bristol Environmental Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors

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

Pg.1

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

Chl # 3635

Date of Notification (1)					I No	no of Buildi	ing Owner/Operato	- (0)	FO	ren	n n	л г	= r			
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Project Manager for Monit	oring Firm			Te	lephone	No.	Telephone No.		License No.							
Mike Keehn				(	09-38	6-8800	215-788-604	00509								
Start Date (10)						ate (11)	Name of OSHA									
9 / 26 /	19	1	10_/	1	6 /	19	BRISTOL EN	IVIRONMENTA	L, INC.							
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Mike Keehn					3-8800	215-788-6040		License No.						
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\* Do not use this form for asbestos licensure exempted activities.

### Inu# 15313

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					City State, Zip Woodbury NJ	Code										
Project Manager for Monito	oring Firm	Telephone	Number		Telephone Nu 856-224-4392	mber		License Number 00857								
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Location of Asbestos- Containing Material (ACM)		tion Normally by Maint./Cus		Description of thermal system	ACM (i.e.		Specify SF or	LF)	Abate	ment Tyr	<u>se</u>					
Facility (13)	Staff? _YES	(12) NO	NA	surfacing, VAT misc.)	, or other				Rem.	Rep.	Encap	Enclose				
Pipe Insul. North of MLDW Control Room		X		TSI – Pipe		Approx 40	) LF		Χ							
Pipe Insui EOM Blender ar	ea	X		TSI - Pipe		Approx 20	) LF		Χ							
		-								-						
Name of Reg. Waste Haule Waste Management, Inc.	ID#	Cubic Yards of <3 CY	f Waste				Landfill unty Lan	dfill								
<u>City, State</u> South Harrison, NJ							<u>Disp. Date</u> Various			City, State South Ha		NJ				
Completed by (Print or Typ	<u>e)</u>	<u>Title</u>			Signature			Date								
ANDREW GREEN	V GREEN MANAGER – Mansfield Industrial, In					perations S	upervisor	10-9-19	9							
22																

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

Telephone 609-984-6620

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

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KIIOA	PAU		OTIFIC	Sta CATION	of New OF ASBE NJAC 8	STO	BABATE		NT			C	E	] W		Lamenton Comments	A CONTRACTOR CONTRACTOR
Date of Notification (1) 10/11/19					Building Cidge at C			(2)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OCT	1 7	201	9		
Agencies Notified Ty  EPA DEP X DOL	pe Notification Initial Amended Amendment #										ASB	ESTC LIC	S C( ENG	)NIF	OL	3	Charles of Control of the
DOH     DCA     DCA     DCA	Emergency (inc justification) Cancellation	cluding		Name of Pine R	Contact idge at (	Crest					100000000000000000000000000000000000000	phone 2-350					
Name of Facility Where Aba Street Address	tement is Taking F	Place (3)		FACIL	LITY INFO	RMA	TION	Ty	Scho	acility (4 pol (K-12 chapter 8 er (i.e. pr	?) 3 (Othe	er than	K-12) nercia	buildi	ings,	nome	s,
City (5) Manchester			300000					So	quare F	eet	# of	Floors		Ble	dg. A	ge	
County (6) Ocean				County C	ode (7) ISE ONLY)	2		1	urrent U lome	se (Prio	r if beir	ng dem	olishe	ed)		**	
Name of Monitoring Firm Hir	ed by Building Ow	ner (8)		ASCM	No.					ent Cont			;				
Street Address							Street 6 WI			VE CO	URT						
City, State, Zip Code									e, Zip C VOOD	ode , NJ 08	701						
Project Manager for Monitor	ing Firm		T	Telephor	ne No.		Telepl 732-		e No. 8-9078	3		Licen 1200			W2000		
Start Date (10) 10/2519		chedule 0/28/1		pletion [	Date (11)				OSHA N	Monitor ROFES	SSIOI	NALS	;				
Occupancy Status During Al Facility Closed/Vacated Abatement Performed ( Other – Describe:	During Entire Per	riod of A	batem			1.	City, S	HIT	E DO e, Zip C	VE CO	-5.00%-54.6					9	
Scope of Work (Check All TI ≥3 sf or ≥3 If ≥160 sf or ≥260 If	hat Apply)	-	enova emolit				Taxan Royal	×	Mini-Er Gloveb	entainme nclosure pag Proce kempted	edure					•	
Location of			Locati Iormal			Г	Description	n of							Abate Ty	ment pe	
Asbestos-Containing Ma TO BE ABATE In Facility (13)	iterial (ACM)	Mai	d Sole ntenar odial S (12)	nce/		therm sur	ontaining I nal system facing, VA r miscella	Mate ns in AT,	erial (A0 sulation or		(S	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
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City, State NEWARK, NJ						0.00000000	oosal Date 28/19	е		ity, State ETHLE		1 PA					
Completed by JOSEPH PERLSTEIN		Title OWN	IER				Signatur	re		101			Date 10	e /11/	19		

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Date of Notification (1) 10/15/2019			Name	of Building	g Owner/			mew	Section of the second	-0	CT	7	2019	Service Constitution of		
Agencies Notified Type Notification  EPA Initial	1		Street	Address						ASBE	STOS	CON	TRO	. &		
DEP Amended Amendmer	nt#		City, St	tate, Zip C		croft, I	NIO.	7738	-	d-OTH CAN DISSUE TO	LIUE	NSIN	***	them.		
□ Emergency     is post justification     □ DCA    □ Cancellation	(includin	g	The control of the co	of Contact Gail Bai			40 0	730	Tele	phone	Numbe	r				
				ILITY INF	es desperation (in the con-	2000000				(F						
Name of Facility Where Abatement is Taki Bartholomew	ng Place	(3)	.,,,		ORMAT	ION	Тур	e of Facility	(4)							
Street Address							H	School (K- Subchapte	12) r 8 (Othe	r than k	(-12)					
Cit. (5)							×	Other (i.e. etc.)	private &	comme	ercial b	uildings	s, hom	es,		
City (5) Lincroft, NJ 07738							400	are Feet 600	# of	Floors 1		Bldg. 80	Age			
County (6) Monmouth				Code (7) USE ONLY	n		Curr	ent Use (Pr	ior if bein	g demo	lished)					
Name of Monitoring Firm Hired by Building MECS	Owner (8	3)	ASCI	M No.		Name Stev	of Ab	atement Co Environm	ntractor ( ental Se	9) ervice:	s, Inc.	(C				
Street Address PO Box 341						Street PO E										
City, State, Zip Code Crosswicks, NJ 08515								Zip Code 1, NJ 0850	 )1							
Project Manager for Monitoring Firm Bill Weisgarber			Telepho 609 29	one No. 98-4070		Teleph 609 2	one N	No.		License						
Start Date (10) 11/4/2019	Schedu		mpletion /14/201	Date (11)		7500 1100	of OS	HA Monitor								
Occupancy Status During Abatement (Che	ck Only O					Street Address										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr  Other – Describe: 8 am to 4 pm	Period of mal Facilit	Abater y Hour	nent <sup>*</sup>	18			tate, 2	41 Zip Code eld, NJ 08	0515		1.5					
Scope of Work (Check All That Apply)						Ches	rein	eiu, NJ Uč	5010							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Mi GI	II Containm ni-Enclosure ovebag Pro- on-Exempte	e cedure				re			
Location of		s Locat Norma	lly		Des	scription						Abat	emen ype			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial ( (12)	nce/		tos Cont thermal surfac	aining M	ateria insul T, or	ation,	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								<u>a</u>		late	ıre		
Basement/Crawl Space	-	X		Th	ermal I			tion	18	0 If	Х					
			(Wrap and Cut)													
Name of Desigle-144																
Name of Registered Waste Hauler Stevens Environmental Services		1	JDEP W lauler ID 18292	No.	of Was			Name of Fairless			fill					
City, State Illentown, NJ					Dispos 11	al Date /14/20	19	City, State								
Completed by Mahlon E. Stevens	Title Proje	ect Ma	nager		Si	gnature	41	-1/			Date 10/1	5/201	9			

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Date of Notification (1)	. Se dishatile	All Seption		٠,					[]]  OC! 1	7 0	กาก	1	
10 /	08 /	19					ng Owner/Operator	(2)	1 (1)	1 6	VIJ	,	-
			-		VV	aiters Re	sidential	į.	1 3	15	55	51	
Agencies Notified  ⊠ EPA	Type Notifi	ication			Stree	et Address			ASBESTOS			L či	
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☑ DOH	Amendr	707				State, Zip							
☐ DCA	☐ Emerge	ency (inclu	ding				NJ 08005						
(NJAC 5:23-8)	justifica Cancella				2531675.43	e of Conta	ct		Telephone Num	ber			
		7.2			FA	CILITY II	NFORMATION			-38-3			
Name of Facility Where Al	batement is	Taking P	lace	(3)				Type of Facili	tv (4)				
Residence								School (K-	12)				
Street Address								Subchapte	er 8 (Other than K-12	2)			
								homes, et	private and comme	rcial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	Age	
Seaside Park								2400	2		65	.90	
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (I	Prior if being demolis	shed)			
Ocean								Residence		50.537			
Name of Monitoring Firm F	lired by Bui	lding Own	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (	9)				
N/A							Guardian Co	ntracting, Inc	<b>.</b> .				
Street Address							Street Address						
City Ct - 1 - 7' - C - 1							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co						
Droiget Manage for Manage							Toms River,	New Jersey 0	8755				
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License No.				
Start Date (10)		0.1.1.1					732-349-9932		00624				
10 /18 /		Scheduled					Name of OSHA M					111 - 145 - 1	
					_ / .	19	E.M.S.L. Anal	ytical					
Occupancy Status During A					zgrowner		Street Address						
☐ Abatement Performed C	Dutside of N	ormal Fac	OT A	bater Hour	nent s - Dos	cribe	1056 Stelton						
Time of Abatement:	AM	PM/	J	PM-		AM	City, State, Zip Co						
Scope of Work (Check all to	hat apply)						Piscataway, N						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				ovatio			☐ Mini-Encl	osure Procedure	egative Pressure	e			
PS 28 28				ocati						1	atem	ent T	vne
Location of Asbestos-Containing Ma		n   L		rmal Sole	ly by	Asha	Description of				_	1	T
TO BE ABATI	ED (MOIN	"   1	Main	tenar	nce/	(i.e	stos Containing Mat ., thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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Guardian Contracting	g, Inc.			27.555	auler IE	A STANDARD CO.	Waste	T.R.R.F.	Stored Landilli				
City, State			-		20223		3 Disposal Date	City, State			_		
Toms River, New Jers	sey						10/21/19		, Pennsylvania				
Completed By (Print or Type	e)	Title	_				Signature	1 2 / 10.001	, . omioyivama	100 TH			

Nicholas Fernicola

Project Manager

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CK 16731	PAID					TOS ABATEMENT 7 and 12:120-7	)		EC	E I	$\overline{\mathbb{V}}$	E	M	
Date of Notification	(1)		Name o	of Buil	ding	Owner/Operator		115					200	
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Name of Facility Whe	re Abatement i	s Taki	ng Pla				Type of	Facili	ty (4)					
Andre Cyriaque	9						J 1Sc	hool (	(K-12)					
							[ ]Su	bchapt	er 8 (Othe					
Street Address	ii K		*:				7.00		.e., priva				- 1	
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Maplewood		F. c	sex				Currenc	ose (P	TTOT IT DE	9	بالملات		<b>∠</b> ,	
Name of Monitoring F	irm hired by B	= 500		M No.		Name of Abate	ment Cont	ractor	(9)		-			
Owner (8)			-			AZTECH M	ianagem	ENT,	Inc.					
N/A Street Address						Street Address	s							
pereer womens						86 Chris	3/1	St.						
City, State, Zip Cod						City, State,								
city, state, zip cod	е					Montclai		0704	2					
		- m-	lanhana	N. M.	_	Telephone Num				icen	go N	Tumber		
Project Manager for	Monitoring Fir	m Te.	lephone / %	edmun e	r	(973) 744			ľ	00:				
Scheduled Start Date 10 16 19			letion L7	Date (	11)	Name of OSHA I	Monitor							
	ear Mon		Dav	Year		1723	9							
Occupancy Status Dur	ing Abatement	(Check	only o			Street Address	s							
[X] Facility Clos of Abatement		ing En	tire P	erlod										
[ ]Abatement Per	formed Outside			acilit	Y	City, State,	Zip Code							
Hours - Descr [ ]other - Descr	ibe: «OffHours			ipt»										
Scope of Work (Check					-	<u> </u>								
scope of work (cueck	arr mar appr					7			h Negative	Pre	ssuz	e		
[X]>3 sf or		107	X]Reno				Enclosure bag Proce							
[ ] <u>≥</u> 160 sf o	1 2200 II	L	1 Demo.	0.011	14		riable Pr		e					
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Location Asbestos-Con			Tormall Used			Asbestos-Con			Amount		RE	R	N	
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(13)	TCĀ		ustodia aff (1			or other misce		-′	1.017.20.8		AL	RU	R	
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City, State						sposal Date	City, S		772 404	7 A				
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INHIBA	ATTO NO		ATION	te of New Jerse OF ASBESTOS o NJAC 8:60 and	ABATE		Dr	E	GEI	$\mathbb{V}$	E	M	D-silicina pyrmesa
Date of Notification (1)		N	ame of	Building Owner/O	Operator	(2)		0	CT 17	2019			Bull distance
10/8/19 Agencies Notified Type Notification	otion	2	treet Ac	a & Michael N	nichans	szyn P	nvate Ho	me		COLO			
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Name of Facility Where Abatement is	Taking Place (3)		FACIL	ITY INFORMATI	ON	Type of	Facility (4	)					_
Barbara & Michael Michaliszyr		ne				Пѕ	chool (K-12	)					
Street Address	_				9	St	ubchapter 8	(Oth	er than K-12	.) 	liana	hama	_
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N/A	uing Owner (6)		ASCIN	NO.		naco In		acioi	(9)				
Street Address		1				Address							-
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Project Manager for Monitoring Firm		1	eleptioi	16 140.		-753-98			00727	·.			
Start Date (10)	Scheduled	Comp	oletion [	Date (11)			A Monitor						
10/24/19	11/5/19				San	Address			V)		- 17.00		
Occupancy Status During Abatement					Street	Address							
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	Normal Facility H	dours	ent	X.*	City, S	State, Zip	Code						
Scope of Work (Check All That Apply)		*******	<del></del>			_///58-039111-11							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enovatio emolitio				Mini- Glov	Enclosure ebag Proce	edure	n Negative F			Δ.	
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Location of	3/5/6/2	ocation ormally	14.5	De	scription	n of					Ту	ре	
Asbestos-Containing Material (AC		Solely		Asbestos Con	taining I	Material (			mount	_		Щ	
TO BE ABATED In Facility	Custo	dial St		(i.e. therma surfa	I system cing, V		ion,		Specify F or LF)	Remova	Repair	Encapsulate	100
(13)		(12)	\$ 1	other	miscella	neous)				oval	air	sula	Elicioania
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Exterior Siding			Х	Exte	rior Si	ding		11	00 SF	х			
through out			х	f	loor tile	Э		8	00 SF	x			
									- ,,				
Name of Registered Waste Hauler United Containers		Ha	DEP Waller ID 459		Yards aste		Name of F		ered Landfill				
City, State Elm NJ				Dispo 11/5	sal Date	9	City, State		A 19067				
Completed by	Title				Signatur	e/				ate			_
Anthony T Perna	Presid	dent			1	e			1	0/8/1	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3458 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 08 Gomez Andres Type Notification Agencies Notified Street Address ☐ EPA ✓ Initial DOLWD. ☐ Amended City, State, Zip Code ASBESTOS CONTROL & Amendment # X DHSS LICENSING Emergency (including Paterson, NJ 07501 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Gomez Andres FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) Square Feet # of Floors Bldg. Age Paterson, NJ 07501 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City. State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01127 973-356-3511 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 17 / 19 10 / 18 / 19 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 Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A П  $\boxtimes$ Basement Pipe insulation 110 LF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Data City. State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Titie Date Signature Wenas 10/08/19 N.Jevtic Owner ASB-41

chit 4628

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

THE TEXT	PARE P	,	a ursun	in to NJAC 8:00 a	nd 12:12	0)			ı	100	-11
Date of Notification (1)	11 10		Name o	of Building Owner/0	Operator	(2)	/ Commence of the commence of				
Agencies Notified Type Notif	11111		4.	6 PARK	Alie	1-1-6	THE BI	B(	Sal	1. W	17
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I DO:	nded idment #			tate, Zip Code	4			CT	17	2011	
□ Emer	gency (including	-	1	UN9STO	N I	Nw. C	7d39			-41	d
justifi	cation)		Name o	f Contact	. 1		Telephone N	umber	Type which I have	Official care is	Contraction of
			1位	HRORE	ti	tince.	11977838	157.95	(0)	240	4.1
Name of Facility Where Abatement is T	aking Place (3)		PACI	ILITY INFORMA	TION	I #	Francisco estaplica estaplica	2 11 2		The service	-11/2
						Type of Facility	7 (4)				
Street Address						School (K					
						Other (i.e.	er 8 (Other than K-12 private & commerci	2) ial build	inos I	Omer	ata \
City (5)						Square Feet					, cic.)
SUMMET NO						a Square reet	# of Floors		Bldg.	Age	
County (6)		(	County (	Code (7)			ior if being demolish		C	6	
		6	STATE (	USE ONLY)		Carrent Ose (F	ior it being demotish	ed)			
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCN	I No.	Name	of Abatement Cor	ideosci				
Common A 1.1					150	wated)					
Street Address					Street	Address			-		
City, State, Zip Code					().(	I BOX 8	14				
City, State, Zip Code			1 125			tate, Zip Code			_		
Project Manager for Monitoring Firm					CiD	Brickle	N.D. 07	295	7		
See Manager for Monitoring Pirm		To	elephon	e No.	Telepho	one No.	License N	Vo			
Start Date (10)	Schadulad	Comple	.: 5		十分从	_\$37.845	500   CC	.80	6		
10/20/14	Scheduled	Comple	tion Dat	te (11)	- C	OSHA Monitor					
Occupancy Status During Abatement (Che	ck Only One)	MI	14		NO	urlied)					
Facility Closed/Vacated During Enti			Ę		Street A						
	rmal Facility Hou	ment rs		-	City Ct	· Box 81	Ų.				
Other - Describe:	•					ate, Zip Code	. A 7 85				
Scope of Work (Check All That Apply)					010	Printer	N.D. 688	57			
⊒ ≥3 sfor≥3 lf	.□ Re	novation	,		-						
\(\frac{1}{2}\) ≥160 sf or ≥260 lf	the state of the s	molition				Mini-Enclosure	ent with Negative Pro	essure			
	4). 17: 				N N	Glovebag Proc	edure	200 0			
	le I	Location	T		6 7	INUIT-EXEMPTED	(*) and Non-Friable	Proced			2000
Location of	No	ormally	1							ement 'pe	
Asbestos-Containing Material (ACM TO BE ABATED	) Used	Solely b		Asbestos Contai	cription o	terial (ACM)	Amount				
In Facility		dial Staf		(i.e. thermal syster	ns insula	tion, surfacing,	(Specify	2	_	Enc	回
(13)		(12)			AT, or iscellance	ous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No 1	N/A			,		Val.	=:	Hate	ure
Barrellet			-								
Basineria			X	JEPHU: PK	· · ·	(ell)(113)	2 1/2/5	X			
HXICKICK			X	Sidimo			800 5/F	1/8			
				and the state of			000 5/1	15			
ame of Registered Waste Hauler		NJDE	EP Wast	c Cubic Ya	ards	Nama of D	egistered Landfill				
NUMTECH		Haule	r ID No	of Waste	.^	1					
ity, State		115	501		3人		K.C.1125				
CID Bridge M.	( 1) )c	1.		Disposal	Date.	City, State	)A				
ompleted by	Title	1		110/3	1111		aug Tip	-			
indicion Althorna	1 1 /	115.	111	Sig	nature	$\sim M_{\odot}$	Dat		- 1	ĺ	
11,101111	1 11.	月)(	150		1 70	<u>() 字图</u>	(4)			115	