8	5	State of N	ew Jei	rsey - Notifi	cation of Asbestos	Abatemer	n E C	BIVER
M C	1		(Purs	uant to <u>N.J.A.C</u>	. 8:60-7 and 12:120-7)		1	7 1 0 0040
Date of Notification (1)					Name of Building Owner	Operator (2)	(20)	T 1 8 2018
October 12, 2018					RUTGERS, THE S	TATE UNI	VERSITY (OF NJ
Agencies Notified		Notification			Street Address		ACREC.	TOC COURS AND A
5 50.		□Initial N	otificat	tion	ENVIRONMENTAL	HEALTH	& SAFETY	/ DEPT.
□ EPA		□ Amende	ed Certi	fication	27 ROAD 1, BLDG	4086, LIVI	NGSTON	CAMPUS
☐ DCA		☐ Emerg	ency (i	neludina	City, State, Zip Code	1000, 2111		
X DOL				riolading		00054		
DEP - No Longer REQU	RED	justific			PISCATAWAY, NJ	00004		
X DOH		IXI Cance	lled		Name of Contact		Telephone	
EBD011		BENDERAL STATE OF W			Michael Smith ENV HE	ALIH &	848.445	5.2550
				FACILITY IN	SAFETY			
Name of Facility Where Abate	mont is To	king Place (2)		PACILITY IN				
		King Place (3)			Type of Facility (4)			
Stanley Bergen Bldg	# 1252				School (K-12)			
Street Address					☐Subchapter 8 (other that	n K-12)		
RBHS Newark Camp	iie.				Other (i.e. private & con	mmercial buildi	nas homes e	etc.)
RDITO Newark Camp	us				Sq. Feet: Unknown			dg. Age: 80 years
City (5)	County (6	3)	County	Code (7)	oq. 1 cot.	11 01 1 10013	<u>. 13 Dic</u>	ig. Age. 00 years
Newark	Essex	maps.		Use Only)	Current Has (prior if hein	المصادات المسماد	·	
Newark	LSSCA		Toraco	300 011111	Current Use (prior if bein	g demonshed): Academic	,
Name of Monitoring Firm Hire		Owner (8)	ASCM		Name of Contractor (9)			
ATC ASSOCIATE	S		0098					
			1		GREENWOOD ABA	TEMENT C	ONSULTA	NTS, INC.
Street Address				-	Street Address			
3 TERRI LANE								
	-0.00-11 5400				511 MAIN STREET			
City, State, Zip Code					City State, ZipCode			
BURLINGTON, NJ 08	3016				Butler, NJ 07405			
Project Manager for Monitorin		Telephone N	umber		Telephone Number		License Nur	mher
BRIAN KEARNY	3	609-386-8			Telephone (Valide)		Licerise ivui	IIIDel
		000 000 (,000		973-492-0477		00840	
Scheduled Start Date (10)		Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor		00040	
October 12, 2018		October			THATTIC OF COTTACTION			
0010001 12, 2010		OCLOBE	10, 20	10	Envirovision, Inc.			
Occupancy Status During Al	natement (Check only or	101		Street Address			
Facility Closed/Vacate			100000		Street Address			
Abatement Performed					20-21, Bldg E Waga	raw Bood		
Describe	Outside 0	n Normal Faci	ity nour	5 -	City, State, Zip Code	ilaw itoau		
		(0.4.1	0 141	c Santan Baran sanara	City, State, Zip Code			
X Other − Describe: :	opm – o	am –(24 nr	S & VV	eekends as	Egirlown N.I			
Needed)					Fairlawn, NJ			
Source of Work (Check all that	t apply)							
						□Full Conta	inment with N	Negative Pressure
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				X Renovation	1	☐Mini-Enclos		
⊠ ≥ 160 sf or > 2	260			Demolition		Glovebag i		
	.00			Demondon				
	1-1	notion Many	.11 1	December 11				Non-Friable Procedure
Location of Asbestos-Containi	na Solo	ocation Normall by by Maint./Cu			pestos Containing Material	Amoun		tement Type
Material (ACM) in Facility (13)		f? (12)	Stoulai	VAT, or other mis	al systems insulation, surfac	ing, (Specif or LF)	y SF Remo	ove Repair Encap Enclose
material (Figure 2)	YES		NA	VAT, or other fills	ceii.)	OI LF)		
210, 214, 218		X	0.5515	VAT		2000	-£ 1537	
Name of Reg. Waste Hauler						2000		
See Hauler Below # 1 & 2)	NJDEP Wast		IU#	Cubic Yards of Waste:			gistered Landfill
	-	See Below			40 CYDS		GROWS N	North Landfill
Hauler #1) Greenwood /	Abateme	nt Consulta	nts, Inc	Butler, NJ 0	7405	Disposal Da		City, State
NJ DEP # 12						October 15	2018	100 New Ford Mill
		Nowani- NIX	0.4500	NI DED # 10551				Road, Morrisville, PA
Hauler #2) Newark Carti	ng, inc. –	newark, NJ	04509,	NJ DEF # 19551				19067
								215-736-1700
Completed by (Print or Type)		Title			Signature		<u>Date</u>	
Raymond C. Pedali	no	SENIOR PR	ROJEC	T	Raymond C. Pedalino		October	12, 2018
	3133335	MANAGER			Conduction C. Lecutions			: 144-71- 3 -62 (10) (1-5-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-

State of New Jersey - Notification of Asbestos Abatement

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

Data of Notice Control											
Date of Notification (1) October 2, 2018					Name of Building Owner/Op RUTGERS, THE STA			HTV OF	I IA		
Agencies Notified EPA	d	Notification IXI Initial	Notific		Street Address ENVIRONMENTAL H	EALTH	& SA	FETY D	EPT.		
DCA		□Amend			27 ROAD 1, BLDG 40	186, LIV	NGS	TON CA	MPU	S	
X DOL				(including	City, State, Zip Code						
DEP – No Longer REQUII	DED		cation)		PISCATAWAY, NJ 08	854					
MDOH SIDOH	KED	☐ Cance	elled		Name of Contact Michael Smith ENV HEALT	гн &	Tele 848	bhome No. 3.445.2	mber 50	\mathbb{V}	
				FACILITY IN	SAFETY FORMATION	1(1.	KI-				-111
Name of Facility Where Abates	ment is Ta	king Place (3)		771012777117	Type of Facility (4)	- 111	11		1 0 0	0.10	-111-7
Stanley Bergen Bldg	# 7252				School (K-12)	14		OCT	18 6	2018	
Street Address					Subchapter 8 (other than K		1				
RBHS Newark Campu	ıs				Other (i.e. private & comm	ercial build	inas, ho	mes: etc.			-1-
45				z.	Sq. Feet: Unknown #	of Floor	s: 15	Bldg.	Age:	80 yea	ars
City (5)	County (6			y Code (7)		Lucian					
Newark	Essex		(State	Use Only)	Current Use (prior if being d	emolished): Aca	demic	-		
Name of Monitoring Firm Hired		Owner (8)	ASCM		Name of Contractor (9)					0.000	
ATC ASSOCIATES	•		0098	i	GREENWOOD ABATE	MENTO	ONSI	II TANIT	S INIC		
Street Address					Street Address	IVILIVI O	ONOC) = 1 \\ (14 1	0, 1140	·-	
3 TERRI LANE											
City State 71: Co.d.					511 MAIN STREET						i i
City, State, Zip Code BURLINGTON, NJ 08	046				City State, ZipCode						
Project Manager for Monitoring		Talashas N	li can la non		Butler, NJ 07405						
BRIAN KEARNY	Lilli	Telephone N 609-386-8			Telephone Number		Licen	se Numbe	<u>r</u>		
		005-500-	0000		973-492-0477		0084	10			
Scheduled Start Date (10)		Scheduled C			Name of OSHA Monitor		000				
October 12, 2018		October		18	Envirovision, Inc.						
Occupancy Status During Ab					Street Address						
Facility Closed/Vacated Abatement Performed	d During E Outside o	Entire Period of Normal Faci	of Abate lity Hour	ment rs -	20-21, Bldg E Wagara	w Road					
Describe				950 J	City, State, Zip Code						
Other – Describe: 5	pm-5	am -(24 hr	's & W	eekends as	Fairley M.						
Needed)					Fairlawn, NJ						
Source of Work (Check all that	applu)										
Source of Work (Officer all that	appra;				D	Full Conta	nmont	with None	ativa Da		
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				■ Renovation		ini-Enclos		willi Neg	auve Fi	essure	
⊠ ≥ 160 sf or ≥ 26	60			Demolition	1,0070557	Glovebag i		IFO			
						Non-Exem			-Friable	Proce	dura
		cation Normall	y Used	Description of Ast	pestos Containing Material	Amoun		Abateme			dure
Location of Asbestos-Containing	•	y by Maint/Cu	stodial	(ACM) (i.e. therm	al systems insulation, surfacing,	(Specif	73				
Material (ACM) in Facility (13)	Staff YES	? (12) S NO	NA	VAT, or other mis-	cell.)	or LF)		Remove	Repair E	Encap E	inclose
210, 214, 218	1120		IVA	VAT		2000	c é	X	_		
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler		Cubic Yards of Waste:	2000		of Registe	red Lar	dfill	
See Hauler Below # 1 & 2		See Below			40 CYDS			WS Nor			
Hauler #1) Greenwood A	batemer	nt Consultar	nts, Ind	Butler, NJ 0	7405 Dis	sposal Da	te	C	ity, State	2	
NJ DEP # 125	61				00	ctober 15,	2018		00 New I		
Hauler #2) Newark Cartin	ıg, Inc. –	Newark, NJ	04509,	NJ DEP # 19551					oad, Mo 9067	rrisville,	PA
								3,000	15-736-1	700	
Completed by (Print or Type)		itle	3 63 1 pm 20	·-	Signature		Date	\$ E			
Raymond C. Pedalin	270-03	SENIOR PR		, 1	Raymond C. Pedalino		Octo	ober 2,	2018		
	l N	MANAGER									



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

CK 4792

LI A	JUL							F	PE	A D	П	
Date of Notification (1)	38		N		f Building ろみら	Owner/Operator	(2)		65	1	¥/	
Agency Notified	Type Notification	-	18		ddress			1111				
□ EPA	A Initial			01	0	DO LESEY !			OCT 18	20	18	
DEP DOL	Amended Amendment #			ny, ou	0=1	in , 22	0883	0				
	☐ Emergency (includi	ng	N	lame o	f Contact	, 200		Telephone Nu	mber	111		
DOH DCA	justification) □ Cancellation		1000		SMI			722-20			Q (4.75	*15
	1					RMATION						
Name of Facility Where	Abatement is Taking Pla	ice (3)				ì	Type of Facility	(4)				
Street Address	ASF					:		Other than K-1				
25 A17	od cesex/ es	SEX	7	-PV	,		Other (i.e. pri homes, etc.)	ivate & commerc	cial buildings	,		
City (5)	20 C 20 27 -2	30 /				.,	Square Feet		Bldg. Ag	je		
. IS	eun						100,000.		63	75	AL	5
County (6)	DUESER			ONLY)		(STATE USE		office:		33	S	
Name of Monitoring Firm		er As	SCM	No.		Name of Abatem	ent Contractor (9	9)	1			
(8) EH1						Best Ren	noval In	С				
Street Address		'n				Street Address	*					
655 WES	SHOVE TH	RAIC			- 1	450 Sou	th River	St				
City, State, Zip Code						City, State, Zip C	Code					
SPARTO	4. NJ. 07	871				Hackensa	ack, N.J					
Project Manager for Mo				e No.	- 10	Telephone No.		License No.				
J. P. VON DOEN	REN	973	-/2	9-3	5649		-7444 -	00388	i 			
Start Date (10)	Scheduled C	ompletion	n Dat	e (11)		Name of OSHA	Monstor Environm	onto1				
10/27/18 Occupancy Status Durin		28	10			Street Address	EIIVIIOIIIII	ental		10.72		_
Service Andrews of the service of th		0.00		ಚ			ıyler St					
☐ Facility Closed/Vacat						City, State, Zip C		- w				
☐ Abatement Performe ☐ Other – Describe:	730 AU TO 5:00	PH	3	-			ckensack	, N.J. 0	7606			
Scope of Work (Check: £2 ≥ 3 sf or ≥ 3 ff □ ≥ 160 sf or ≥ 260 lf	all that apply)			Rend Dem	ovation olition	Æ Mini- □ Glov	Containment with Enclosure ebag Procedure Exempted (*) an		18			
		ls L	ocatio	on						Abat	teme ype	nt
IN Fa		Used Main Cu	Solei stenar stodia staff? (12)	y by ice/		Description stos Containing M , thermal systems surfacing, VA other miscellan	aterial (ACM) s insulation, T, or	Amoun (Specif SF or L	t y F)	Repair	m	Enclosure
		Yes	No	N/A						\perp	1	-
LAB 128	>			1	TAG	BLE BENC	4 400	90	SF	×	-	-
		++								+	+	-
		1-1			-					\top	T	T
Name of Registered W	aste Hauler	NJE	EP V	Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill				-
Best Rem		IDN	lo.	109	os es en 2500.	Waste Z 1/Z		a Enterp	rises	, L	LC	
City, State						Disposal Date	City, State					
Hackensa	ck , N.J. 0	7601				10/23/18	Wayne	sburg, C		38		
Completed by	Title					Signature 0		0	Date	1		
J.Maiorano		imat				TX()	سرمهه شو	5	10	15/	18	
100 11	+ Do n	at use thi	n farm	n for ac	bacter li	mancera byamatal	d activities	54.1				

Ch 7087		NOTI	FICATIO	State of New Jer DN OF ASBESTO	OS ABATE	EMEN	т		C		P	rint-F
Date of Notification (1) 10/15/18			J R [of Building Owner Debastos Priv	er/Operate vate Hor	r (2) ne			OCT	1-8	20	18
Agencies Notified Type Notification Type Notification Initial Amended Amendment			City, S	Address tate, Zip Code				AS	BEST	100		
	(includin	g 9		Oity NJ 08008 of Contact	8			Telephone N	Number	8		
Name of Facility Where Abatement is Taki	na Dlage	(2)	FAC	CILITY INFORMA	ATION							
J R Debastos Private Home	ng Place	(3)				Тур	e of Facility (4	1.50				
Street Address City (5)						×	Other (i.e. p etc.)	2) 8 (Other than K rivate & comme	-12) rcial bu	ildings	s, hom	ies,
Surf City NJ 08008						3.000	are Feet 00+	# of Floors		Bldg. 35+	Age	
County (6) Ocean			County (STATE	Code (7)		Curr		r if being demol		35+		
Name of Monitoring Firm Hired by Building N/A	Owner (8	5)	ASC	M No.		of Ab	atement Con Inc.	tractor (9)				
Street Address					Street	Addre Box 3						
City, State, Zip Code							Zip Code					
DesiratMan							rlin NJ 080	91				
Project Manager for Monitoring Firm			Telepho			753-	9800	License 00727				
Start Date (10) 10/24/18	10/30/		mpletion	Date (11)	Name Sam		HA Monitor					
Occupancy Status During Abatement (Che	12.000.000.000.000.000.000.000.000.000.0				Street		ess					
X Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of mal Facilit	Abaten y Hour	nent s		City, S	tate, Z	Zip Code		-			
Scope of Work (Check All That Apply)	100 A 100											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit		-537	×	Mi Gl	ni-Enclosure ovebag Proce	nt with Negative dure (*) and Non-Fria			re	
		Locati								Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Asbestos Co	escription	of laterio	I (ACM)	Amount		1)	/pe	
TO BE ABATED In Facility (13)	todial 8 (12)		(i.e. therma	al systems facing, VA miscellan	insula T, or	ation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
Exterior Siding Garage	No	N/A						<u>a</u>		late	ire	
			X	Ext	erior Sid	ing		800 SF	X			
Name of Registered Waste Hauler		l Nº	IDED 14	/asts 2 · ·	- V							
Jnited Roll Off	Н	JDEP W auler ID 2459		c Yards aste		Name of Re G.R.O.V	egistered Landfi V.S.	II				
City, State Elm NJ				0 . John 1917	osal Date 60/18		City, State	le PA 19067				
Completed by	Title	ALC: N			Signature	1	WIGHTISTH		ate			
Anthony T Perna	Pres	ident			(_	1		10000	0/15/	17		

CK# 5173	on a		CATION	QE ASBESTOS LO HJAC 8:60 a	ABATE		DEG	E	1	V E	
Date of Notification (1)		-	Name of	Building Owner	Operator	(2)			IMILOSSUH.		
10117118			Lib	e-tu Pr	J-agc	y Mingge	phyl + OCT	1 8	3 20	18	
Agencies Notified Type Notification			Street A	ddress /	T //	1					2.4
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EPA Initial Amended Amendment #				te, Zip Code	33	5	ROULEST	CONT	CHAI.	MOL, E	5.
DOL Amendment#		_	HiG	in lads,	Alla	Jecsel 1		and the same	Att A Part	puntous	
Emergency (ir justification)	cluding		Name	Contact	100		Telephone Num	ber		71.74	
DCA Cancellation			(h	3(K			1100971	33	OF	3	1
Issaad				LITY INFORMAT	TION		14-11-	1 1	~ .		
Name of Facility Where Abatement is Taking	Place (3	5)				Type of Facility (4)				the section
(i her ty Disperty						School (K-1	2)				100
Street Address						Subchapter	8 (Other than K-12)			
231100 Av							rivate & commercia	l build	lings,	home	S,
City,(5)				****		Square Feet	# of Floors	B	ldg. A	ge.	-
Hunhland S						2000	7		15		-
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200				USE ONLY)		residen		/			1
Name of Monitoring Firm Hired by Building O	uner (8)		ASCN	4 No	Name	of Abatement Cor					-
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Street Address	~~~		<u> </u>		Street	Address	tion (1 TUS				
Street Addiess					105	Montros	0 60				ì
City, State, Zip Code					City S	State, Zip Code	CIIC	allerated			
City, State, Zip Code					4 40 5	[환경 : 10 - 10 HT] - 10 H	11 A72	2			1
Desired Monager for Monitoring Circu			Folonbo	N-		TO MELLY A	Contract of the Contract of th				
Project Manager for Monitoring Firm			Felephor	ne No.			License No		0		Î
Chat Date (40)	Sahadul.	1	alatian I	Data (111)	1 1 1 1 1	244175	- 1 000	d	1		
Start Date (10)		sa Con	pielion	Date (11)	Name	of OSHA Monitor					
1012) [18	1 1	1 10	ă		Ctores	0.44					
Occupancy Status During Abatement (Check	Only Of	10)			Street	Address					1
Facility Closed/Vacated During Entire Pe					000						
Abatement Performed Outside of Norma Other – Describe: ————————————————————————————————————		Hours			City, S	State, Zip Code					1
Scope of Work (Check All That Apply)	partition .				-	7					and deliver
≥3 sf or ≥3 lf		Renoval			June		ent with Negative Pr	ressur	·e		į
≥160 sf or ≥260 lf	Dr.)emoliti	on		Congress of the Congress of th	Mini-Enclosure Glovebag Prod					
				V	V		d (*) and Non-Friabl	e Pro	cedur	е	
	ls	Locati	on							ement	-
Location of		Vormali		D	escription	ı of		-	1 y	ре	
Asbestos-Containing Material (ACM)	(C) 575 (455)	ed Solel iintenar		Asbestos Cor	ntaining N	Material (ACM)	Amount			m	
TO BE ABATED		todial S	7795			s insulation,	(Specify	Rer	Re	lica	inc
In Facility (13)		(12)			acing, VA miscellar		SF or LF)	Remova	Repair	Ericapsulate	Enclosure
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Name of Registered Waste Hauler	-	N	JDEP W auler IQ	Aste Cubic	Yards	Name of	Registered Landfill				1
All Tassiction 15	110	1 7	701	6	10	1 ('h	Vin S				V-span Ar
City, State			200	- 14	sal Pate	CityoState	e ^				\neg
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Completed by	Title				Signature	1 41	1 / / Dal	e i			
Breene Guire	50	18+	WY	TME HOLE		21 /1.			17	18	-
War And				1	- 10	rw I/		01	1 1	* 1)	
ASB-41 (R-06-08)					* Do n	ot use this form for	asbestos licensure	exen	npted	activit	ies.

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Date of Notification (1)	1	Name of	Building Ow			ernat		,,,		2011	
Agencies Notified Type Notification	-	Street Ad			. 3		ASB	ESTOS LICE	100	NTR	Ň. 8.
M EPA M Initial	a prima de la companya de la company	Fix		10	IGO	12t		LICE	100	43	
DEP Amended	(City, Stat	te, Zip Code		1 10	1 10-1	077	()	-		. [
Emergency (inc	luding	Vame of	Contact	ich,	ave !	W J()	Telephone Nu	mber			\dashv
DOH justification) Cancellation	-	1 CV					73222		300	XY	147
		FACIL	LITY INFOR	MATION		T (F 10)	(4)				
Name of Facility Where Abatement is Taking P	lace (3)				Ì,	Type of Facility					İ
Street Address				···		School (K-	r 8 (Other than K-1	2)			
548 man Ale						Other (i.e. etc.)	private & commerc				S,
City (5)					1	Square Feet	# of Floors		dg. A		***************************************
Baybead		County C	ode (7)			(Pr	jor if being demolis		Zi	<i>,</i>	-
County (6) () (PC(JSE ONLY)		- 1	12851					
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCM	l No.	1	Vame o	f Abatement Co	entractor (9)				-
						KLLOS Address) retin (3 1	ે (-	_
Street Address						Yuntic	se ard				
City, State, Zip Code					ity, Sta	ate, Zip Code			.~		
PEC - 12							KNOU	77	0)	
Project Manager for Monitoring Firm	The state of the s	Telephor	ne No.	T		ne No.)- 25417	License M	vo. ここ)	G		-
Start Date (10) \ So	cheduled Com	pletion (Date (11)	IN	111	f OSHA Monitor			- 1		\neg
10/24/18	10	24		1							
Occupancy Status During Abatement (Check C	Only One)			S	Street A	Address					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal					City. Sta	ate, Zip Code					
Other - Describe: 77M-70	n	(4)		-	,,						
Scope of Work (Check All That Apply)											
A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovat Demoliti					Full Containn Mini-Enclosur	nent with Negative	Pressur	е		and state on
	× Demons				B	Glovebag Pro	ocedure	blo Drov	odun		And Safety and
	Is Location					ison-Exemple	ed (*) and Non-Fria		Abate	ement	
Location of	Normall	y		Descr	ription e	of			Ту	ре	-
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solel Maintenar	ice/				aterial (ACM) insulation,	Amount (Specify	70		Enc	щ
In Facility	Custodial S (12)	staff?		surfacin	g, VAT	r, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	N/A		outer mis	cenane	eous)		Val	=	late	ure
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(condtone)		5-	+100	15 1 Fee	210	179	357	+X			
							Connection of the Connection o	- Income			
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Name of Registered Waste Hauler	l N	JDEP W	/aste (Cubic Ya	ards	Name o	f Registered Landfi	H			
ACC TOSURATION COTOC	H	auler ID	No.	of Waste	/		hring				-
City, State		- 0		Disposal		City, Sta	7.6				
(3) to New Jers	ey				0/21	MA CC	stor pit	nte		,	
Completed by Property (Grand	TILE Sellet	ant	TIGES	Sigi	nature /<	, 11	D	ate	1.51	10	
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Print Form

(KH517)	7	I	NOTIFI (P	CATION	ate of New Jerse OF ASBESTOS To NJAC 8:60 an	ABATE	MENT P)	MEG		W	F	100
Date of Notification (1)	Type Notification	trate estimates		Name of	Building owner of the state of	Operato	96 Supe		18	2018		
EPA DEP DOL	Initial Amended Amendment # Emergency (in			160	tte, Zip Code CNS b J C	nc.	15 L	ASBESTO	14.7		- 7	
DOH DCA	justification) Cancellation		and the same that the	(203	De .	,		1, 1				
Name of Facility Where	Abatement is Taking	Place (3	3)	FAUI	LITY INFORMAT	ION	Type of Facility	(4)				-
Street Address (N) Wood	onc Ave						Other (i.e. etc.)	r 8 (Other than K-12 private & commercia	al build		-	ıs,
Kecys bur o	<u>)</u>						Square Feet	# of Floors	4	Idg. A		
County (6)					Code (7) USE ONLY)			or if being demolish	ed)			and the second
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCN	1 No.	Name	of Abatement Co	ntractor (9)	7	<u></u>		
Street Address				<u> </u>		Street	Address Munh	0.				To a superior and the s
City, State, Zip Code	***************************************					City, S	state, Zip Code		1-7	27		OAT A LIVER LA
Project Manager for Moni	itoring Firm			Telephor	ne No.	1	none No.	License No	77:	16		-
Start Date (10), 1012418	5	Schedule	ed Com		Date (11)	7 3 Name	of OSHA Monitor) + 00	Uo	X [A Commission of the Life
Occupancy Status During						Street	Address					
Facility Closed/Vaca Abatement Performe Other – Describe: _	ated During Entire Pe ed Outside of Norma					City, S	tate, Zip Code					-
Scope of Work (Check Al	l That Apply)						7		-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	***		enoval emoliti				Mini-Enclosure Glovebag Pro					A STATE OF THE STA
	_		Location		_				1	Abate:	nent	
Location Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Use Mai	d Solel intenar odial S (12)	y by ice/ itaff?	Asbestos Cont (i.e. thermal surface		faterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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City, State	New Jersey	<u> </u>		V	Dispos /G/	al Date	City, Stat	177/17				The second second
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Date of Notification (1)			_	, ,		OF New Jargey ASSESTOS ABI NAC 8:60 and 5	13/	-		+	-		
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DOH DCA	mendm	onl#_			City, State.			-		-	-	_	-
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Name of Facility Where Abole	nent is T	aking F	loce	/111	FACILIT	INFORMATION							_
ON LEGY OF GOOD COUR	sel Ch	Irch	apuç.	(4)			Type	Facility	(4)	-	-		_
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42 West Main Street										12)	ni kadi	*la-	
City (5)									7	* 1 10 3 400 5	er RAM	nnigs	
Moorestown County (8)							Square 10,0		# of Figors			. Age	_
Burlington				1	County Cod	TINSTATE USE ONLY)	Cuerma	i ien (D.	2		80)	
Name of Monitoring Firm Hired	h. F. V					//	Chu	i spi (h)	in it delug semi	Hishe	d)		
MDG Environmental, LLC	DA BRIIGI	ng Own	計(島)	AS	CM No.	Name of Abateme	Mt Cont	eler/Ot				-	
Stroet Address	,		-			Shado Enviro	noni	LLLC					-
1000 Maplewood Drive, S	uite 2A	7				Street Address		4 8484		-			_
City, State, Zip Code	PING AU	_				623 Cutler Av							
Maple Shade, NJ 08052						City, State, Zip Co				-	-		
Project Manager for Monitoring F	lim	-	17	elepho	na Na	Maple Shade,	NJ DB	12					
Chris Macri			1.		75-9300	Telephone No.	-		License No.	700	_	-	-
SIAR Date (10)	Sci	reduled	Com	pletion	Date (11)	856-755-0099			00842				
10 / 17 / 18	. 1 .	11	1	16	/_18	Name of OSHA Me EMSL Analytic				-	Margha e	-	
Occupancy Status During Abaten	MAP FE'h	Aug dam			-	Street Address	aai, inc						
I DI PARATULIOSOFI/URAMAN PANA.	- Patla 1	March 1997 Ave. 1997			1	200 Route 130	Marel						
Abstament Performed Outside Time of Abstement:AN						City, State, Zip Cod	MORIN						
Scope of Work (Check all that sp				M	AM	Cinnaminson,		17					
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23 af or ≥3 if □ ≥160 af or ≥280 if		Z R	enov	ation		Full Contail	Ament A	th keps	ilve Pressure				
			enta)	tion	360	IO CIOVEDRA I	PERSONAL PROPERTY.	100					
100	600	1	\$ Loc	ation		☐ Non-Exem	pled (")	nd Hon-	Friable Procedy	(B)			
Asbectos-Containing Material (A 6345	11-	Non	ially idly by		Description of				A	batem	ent T	ype
IO BE ABATED	n Carry	M	amiar	Saca!	~aug	SIGS COntaining Assess.	fal (ACI	,	Amount	-		1	The same of
IN Facility (13)		Cu	todia (12	Sbaff?	1,00	., thermal systems ins surfacing, VAT, or			(Specify	Remed !	Repair	Emcapsulate	Enchange
		Yes	IND			other miscellaneous	8)		SF or LF)	1 =	'	Sura	Bros
Basement			Ø		-							8	
		+	_	-	Pipe ins	ulation			60 LF	Ø	0		
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								-+-	-	THE REAL PROPERTY.	-		
Nome of Daring													
Name of Registered Weste Hauler Freehold Cartage			A	HOSP	Waste	Cubic Yards of TN	arma at	Bag lete	ed Landfill				
		and the second		16uler 11		Waste	Falela	s Land	es Landfill	-		-	
City, State Froehold, NJ		-	-			Disposal Data C	ity, Sto		9111				
						2000		ville, Pi	4				7
Completed By (Print or Type)	Title					Simphon		-111-01 101					1
Christina Lynch	V	ce Pre	side	nt of c	peration	, MICT	7	man Principle	Date				
S141						I I W WILLIAM S.	-	-	5 2	1000	18		1

Ch41123	07		NOTI	Pursuant to N	J.A.C. 7:26-2-12	h			EC	E		
Date of Notification (1) 10/11/18	ľ				Name of Build Paulsboro Re				00	т 1 с	2018	100
Agencies Notified		Notification	Type		Street Addres		party	1 14	00	1 1 0	2018	1
(X) EPA		(X) Initial No	atification		800 Billingspo	ort Rd			TOTAL CONTRACTOR .		100	1
() DEP		() Amended		on	City, State, Zi	n Code			VEBEE.	700 A	- 1	i. ii.
(X) DOL (X) DOH		() Cancelle () Emergen			Paulsboro, No		Ĺ		Company Co., 1780		1146. 	er ive elegar
() DCA					Name of Cont Ravi Jarecha	act			<u>umber</u> 24-4444			
				FACILITY IN	FORMATION							
Name of Facility Where Abate Paulsboro Refining Company	ement is T	aking Place (3	<u>3)</u>		Type of Facilit () School (K-	12)	non K 12)					
Street Address					() Subchapte (X) Other (i.e.			dgs., hor	nes, etc			
800 Billingsport Rd					Sq. Feet N/A		# of Floor	rsN//	A	_		
	ounty (6) loucester		County C		Bldg. Age N	/A						
5 0-44 00 40 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Outpor (0)			Current Use (p	orior if being						-
Name of Monitoring Firm Hire ATC Associates	ей бу Бійд.	Owner (8)	ASCM N	0.			Name of Co Mansfield In	intractor idustrial,	(9) , Inc.			
Street Address 3 Terri Lane, Burlington, NJ 0	8018				Street Address 26 Colonial Av							
					City State, Zip Woodbury NJ	Code						
Project Manager for Monitorin	ng Firm	Telephone N	Number		Telephone Nu			Licens	e Numb	er		
John Lutz		609-479-85	12		856-224-4392			00857				
Scheduled Start Date (10) 10/25/18		Scheduled (11/9/18	Completion	Date (11)	Name of OSH Mansfield Indu							
Occupancy Status During Aba () Facility Closed/Vacated Do () Abatement Performed Out	uring Entir	e Period of Al	patement	36	Street Address 26 Colonial Av	3						
(X) Other – Describe – Removarea				rea in outside	City, State, Zig Woodbury NJ			1				
Source of Work (Check all that	at apply)											
() Demolition (X) Renovation (X) Large Proj. (160 SF or >2 (X) Full Containment with Neg	60 LF ACI	ssure - CU7	() Mini-	Enclosure ()	() Glovebag Pro	ocedure - V	Vater Intake					
Location of Asbestos- Containing Material (ACM) in	Is Loca	tion Normally by Maint./Cus	Used	Description of a thermal system		Amount (Specify SF or	LF)	Abater	ment Ty	<u>pe</u>	
Facility (13)	Staff? (12)	toulai	surfacing, VAT								
	YES	NO	NA	misc.)					Rem.	Rep.	Encap (Enclose
Insulation on T-I Deck 4 at CU7		X		TSI – Full Con	tainment	Approx 2	50 SF		Х			
Pipe At Water Intake Bldg		Х		TSI - Glovebag		Approx 1	00 LF		Χ			
	-	+										
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Was 17273	te Hauler I	D#	Cubic Yards of <3 CY	Waste			of Reg. ester Co		ndfill	
<u>City, State</u> South Harrison, NJ							<u>Disp. Date</u> Various			city, Stat South Ha	<u>e</u> irrison, N	11
Completed by (Print or Type)		Title			Signature			Date				
ANDREW GREEN		MANAGER -	- Mansfield	I Industrial, Inc	And & Site of	perations S	<i>@on</i> supervisor	10-11-	18			
Mail to: N.IDEP-DSHW-BRE	OTD.	Telephone 6	00.004.000	20.	//			0.04/07		00011	RESTO	

401 E. State St., PO 414 Trenton, NJ 08625-0414

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Ch 7088		NOT	(Pursua	State of New CON OF ASBES	0 and 12:11	20)	NT	13	E C	E		W L
Date of Notification (1) 10/15/18		-	Nam	e of Building Ow	ner/Operato	or (2)			00	T 1	8 2	018
Agencies Notified Type Notifica	tion		-	arnieri Priva	te Home				., .		U L	010
-	LIOIT		Stree	t Address				1	APES"	00		
EPA Initial Amende	ed		City	State, Zip Code								
	nent#			ns River NJ 0					Buddleberg .	rivite and	er excelle	()安全()
DOH Emerge	ncy (includi	ng		of Contact				Talashaa			-	
DCA Cancella			Jeff					Telephone	Numbe	er		
Name of Facility Where Abatement is T	okina Dlass	(0)	FA	CILITY INFOR	MATION			-		-		
Guarnieri Private Home	aking Place	(3)				Тур	oe of Facility (4)					
Street Address							School (K-12)					
						岗	Subchapter 8 Other (i.e. priv	(Other than	K-12)	uildina	o bo	
City (5)							etc.)			ullullig	5, 110	nes,
Toms River NJ 08753						1 3000	uare Feet 00+	# of Floors			Age	
County (6)			Count	y Code (7)			rent Use (Prior		aliat :	35+		
Ocean			(STATE	EUSE ONLY) _		ho	use	ii being demi	olished)	Ę		
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)	ASC	CM No.	Name	of Ab	atement Contra	actor (9)				
treet Address					Perr	naco	Inc.	1-7				
out Address					Street							
City, State, Zip Code					POI							
CONSISTENCIA DE CONTRA DO CARTO DE PROPERTO ANTIGOS DE CONTRA DE C							Zip Code	\$ \$				
roject Manager for Monitoring Firm			Teleph	one No.	Teleph		rlin NJ 0809					
					100000000000000000000000000000000000000		9800	License 0072				
tart Date (10)			mpletion	Date (11)			SHA Monitor	0072				
10/24/18	10/30				Sam							
ccupancy Status During Abatement (Cl					Street	Addre	ess					
Facility Closed/Vacated During Entil Abatement Performed Outside of No Other – Describe:	e Period of ormal Facili	Abater ty Hour	nent s		City, St	tate, Z	Zip Code					
cope of Work (Check All That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if	1	Renova Demoli			X	Glo	III Containment ni-Enclosure ovebag Procedun-Exempted (*)	ıre				
	1000	s Locati						GIG NOII-FI	able Pro	0.000	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		1	Description of	of					/ре	
TO BE ABATED	Ma	aintena	nce/	Asbestos Co	ontaining Ma nal systems	aterial	I (ACM)	Amount			т	
In Facility (13)	Cus	todial S (12)	statt?	Sui	facing, VAT	. or	auon,	(Specify SF or LF)	Rem	Re	ncap	End
V-21			1	othe	r miscellane	eous)			Removal	Repair	Encapsulate	Enclosure
Exterior Cidio	Yes	No	N/A			9			1		te	Ф
Exterior Siding			Х	Ex	terior Sidi	ng		2500	х			
									-			
me of Registered Waste Hauler		10.000	JDEP W		ic Yards		Name of Regis	stered Landfi	ill			
ited Roll Off		5000	auler ID 2459	No. of W	aste		G.R.O.W.S		ent.			
, State			- 100		osal Date		555500000000000000000000000000000000000					
n NJ					30/18		City, State Morrisville	PA 19067				
inpleted by	Title				Signature		on loving		ate			
thony T Perna	Presi	ident			(1	8		2000	0/15/1	17		

Print Form

diam'r a di	HQ	- Carrie	(Pursua	ON OF ASBEST	orsey OS ABATI	EMENT	/	~, /)	-Je		_		
Date of Notification (1)				of Building Owr		10.50	(Me	0/		K	110	7 1
9/24/18			Cor	emark Group	LLCTra	1F (2)	0005	Tim	IE T	2	5 1	N	1
Agencies Notified Type Notifical	ion		Stree	Address		cey Co	oper	LUT		9 1		U	L
X EPA X Initial				Main Street									
X DOL Amende				State, Zip Code				1	-00	T	18	2010	2
Emerger	ncy (includi	ng		koff, NJ 074	31			1 1					1
DCA justificati				of Contact Nasinlenko				Telept	none N	umbe	racio	.i	
				CILITY INFORM				201-	956-8	595		-	1 3
Name of Facility Where Abatement is Ta	king Place	(3)	- 17	CILIT INFORM	ATION	Type	of Facility (4)		- Laboratoria	- Alberta		-
Street Address						0.00000		1750					
215 Route 18						S	chool (K-1 ubchapter	8 (Other t	han K	121			
City (5)						X	ther (i.e. p	rivate & co	ommer	cial b	uilding	s, ho	nes
East Brunswick						Square	0.)	# of Flo			Bldg.		_
County (6)			Count	0.1 (7)		5000		2			80	Age	
Middlesex			(STATE	Code (7) USE ONLY		Curren	t Use (Prio	r if being o	demolis	hed)			
Name of Monitoring Firm Hired by Buildir	ng Owner (8)	ASC	M No.	I NI===	COM	MERCH	21					
					ARS	of Abate	ment Cont	ractor (9)					
Street Address					Street	Address	nmental	Service	s, LL(3			227.2-0-1
City, State, Zip Code							3, 4 E Ga	ate Drive	9				
					City, S	late, Zip	Code						
Project Manager for Monitoring Firm			Telepho	one Ma	Glen	wood,	NJ 0741	8					
			relabilit	me No.	Teleph	one No. 764-22	70		ense N	lo.			
Start Date (10) 10/3/18	Schedu	led Co	mpletion	Date (11)			Monitor	70	13				
Occupancy Status During Abatement (Ch.	10/17	/18				, out in	MOUNTO					CA LINES LA	D-2010
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Dorland of		ment s			Address	Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit			×	Glovel	ontainmen inclosure bag Proces	dure					
	is	Locati	on			NONE	xempted () and Nor	n-Friabl	e Pro			_
		Normal ed Sole		D	escription o	of					Abate Ty	pe pe	
Location of Asbestos-Containing Material (ACM)		intenar	nce/	Asbestos Cor (i.e. therma	taining Ma	terial (A)	CM)	Amour				m	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma		тап?	surfa	cing, VAT.	or	1.	(Specif SF or Li		Ren	Re	nca	Enc
Asbestos-Containing Material (ACM)	Cus	(12)		other	miscellane	ous)			7	Remova	Repair	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Cus		Alle							-		ate	ē
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Yes	(12) No	N/A										
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement East	Cus		N/A X		r insulati	on		60 SF		X			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement East 1st Floor East Building	Cus			boile	r insulati mastic	on		60 SF					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement East	Cus		x	boile				240 SF	=	Х			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement East 1st Floor East Building 2nd Floor East Building	Cus	No	X X X	boile	mastic				=				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement East 1st Floor East Building 2nd Floor East Building	Cus	No	X X X	boile glue sste Cubic	mastic panelin Yards	g	ame of Rec	240 SF 1,000 S	= F	Х			
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement East 1st Floor East Building 2nd Floor East Building ame of Registered Waste Hauler onys Cleanup & Hauling ty, State	Cus	No NJ Ha	X X X IDEP Wastuler ID N	glue glue ste Cubic of Wa TBD	mastic panelin Yards	g Na C	hrin Brot	240 SF 1,000 S	F andfill	X X	dfill		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement East 1st Floor East Building 2nd Floor East Building ame of Registered Waste Hauler Onys Cleanup & Hauling	Cus	No NJ Ha	X X X IDEP Wastuler ID N	glue glue ste Cubic of Wa TBD	mastic panelin Yards ste	g Na C		240 SF 1,000 S gistered La	F andfill	X X	dfill		

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	P	7/ [NOTII I)	CATIO	State of Ne ON OF ASB nt to NJAC	ESTOS	ABATEM	ENT /	70	001	A ,		8	1	?]
Date of Notification (1) 10/12/18					of Building Builders		Operator (2	2)) (
Agencies Notified	Type Notification				Address	IIIC.				7 [= ((0 [5 1	W	LE
× EPA	× Initial			215	Third Ave	enue				北市		2 0		<u>u</u>	
DEP X DOL	Amended Amendment	#			tate, Zip Co		0				0.0	\ T	1 0	204	0
⊠ DOH	Emergency justification)	(includin	g		beth, NJ of Contact	0720	6		II.	Les Les	00	2000	18	201	ğ
DCA	Cancellation				Codhlo				110	ephone	e Nun	iber	_	-C	A. 10. TELEVISION
Name of Facility Where	Ahatement is Takin	a Place	(3)	FAC	CILITY INFO	ORMAT				1.00		i irid	100	4년 1년	
home	todioment is Takin	y riace	(3)					ype of Facility				Columbia	empare y ru		
Street Address								School (K-	er 8 (Oth	er than	K-12)			
City (E)							D	Other (i.e. etc.)	private	& comn	nercia	l buil	dings	, hom	es,
City (5) Elizabeth								quare Feet 2200	# 0	f Floors	3		Bldg. /	Age	
County (6) Union				County	Code (7)	10	C	Current Use (Pr	rior if bei	ng dem	nolish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8	1)		M No.	-		nome		101					
	- mou by building (owner (c	')	AGC	W NO.			Abatement Co nvironment			LLC				
Street Address							Street Ad	idress x 483, 4 E (Sate D	rivo					
City, State, Zip Code							City, Stat	e, Zip Code		iive				- 125	
Project Manager for Moni	toring Firm		- T	Telepho	ana Na		Glenwo	ood, NJ 07	418						
				releptic	one ivo.		70	4-2276		Licens 703	se No				
Start Date (10) 10/20/18		Schedu 11/3/1		npletion	Date (11)		Name of	OSHA Monitor							
Occupancy Status During	Abatement (Check						Street Ad	drace							
X Facility Closed/Vaca	ted During Entire P	eriod of	Abaten	nent			Oli CCI AG	ui cos							
Abatement Performe Other – Describe:	ed Outside of Norm	al Facilit	y Hours				City, State	e, Zip Code	, 4,54,71						
Scope of Work (Check All	That Apply)														-
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		Ι.						Non-Exempte	d (*) and	Non-F	riable				
Location			s Locati Normal	ly		Des	scription of							ment pe	6
Asbestos-Containing N TO BE ABA			ed Sole intenar		Asbesto	os Cont	aining Mate	erial (ACM)		nount				ш	_
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1st floor entry	y room			х		2776	ng plaster	r		0 SF	-+	x			
2nd floor front I	pedroom			х		ceilir	ng plaster	r		4 SF		х			
2nd floor front I				Х		wal	I plaster			0 SF		x			
Name of Registered Waste	e Hauler	•		JDEP W auler ID		Cubic of Was		Name of	Register	ed Lan	dfill				\neg
Freehold Cartage			200	5939		TBD	nie .	Wester	n Berk	s Lan	dfill				
City, State Freehold, NJ						Dispos TBD	al Date	City, State							
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A. Scott Higgins		Pres	ident					12		_		12/1	8		

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Date of Notification (1) 10-12-2018			Name	of Buildin	lopment	Operato	8 8	ال	1 1 1		OCT			2018 OF	
Agencies Notified Type Notificat EPA Initial	ion		Street	Address	treet, Su					AS	REST		XII	กล์	
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DOH justificati				of Contac ael Kris		-					Numb -3587				<u> </u>
Name of Facility Where Abatement is Ta	king Place (3/	FAC	CILITY IN	FORMAT	ON							77.7	(S)(S)	
Commercial Building	iking riace (3)					Тур	e of Facility (4							
Street Address 255-259 Coles Street							×	School (K-12 Subchapter & Other (i.e. pri	(Other	r than comm	K-12) nercial b	ouildir	ngs,	home	es,
City (5) Jersey City, NJ 07316								etc.) are Feet		Floors		Bld 60-	g. A		
County (6) Hudson				Code (7) USE ONL				rent Use (Prior		g dem	olished	0.000	•		
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCI	M No.		Name Gree	of Ab	atement Contr	actor (9) vices	. LLC				
Street Address						Street	Addr								
City, State, Zip Code						City, S	tate,	Zip Code ity, NJ 0730	14						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 201-3	one N	No.		Licens					
Start Date (10) 10-22-2018	Schedule 11-3-20		mpletion	Date (11)			HA Monitor vironmenta							
Occupancy Status During Abatement (Ch	eck Only On	e)				Street						-2011			
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Building 1 - 2nd Floor		X		Р	ipe Insu	24 1000240		ut)	461		X				
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reen Environmental Services		Н	IJDEP W lauler ID 034889	No.	of Wast			Name of Re Fairless L			dfill				
ersey City, NJ 07304				The state of the state of	Disposa 11-3-2			City, State Morrisville	e, PA						
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Name of Facility Where Abatement is Ta	king Place	(3)	FA	CILITY IN	FORMA"	TION	-						_
House	ining i lacc	(0)					Type of Facility	(52 28					
Street Address							School (K Subchapte	er 8 (Ot	her than K	-12)			
City (5)							Other (i.e. etc.)	private	& comme	rcial bu	uilding	s, hor	ne
Short Hills							Square Feet N/A	# 0 N/	of Floors		Bldg. N/A	Age	
County (6) Essex			County	Code (7)		Current Use (Pr		0.00	ished)	IN/A		_
Name of Monitoring Firm Hired by Buildir	on Ouman "	D)		USE ONL	-Y)	_	House			/			
N/A	ig Owner (a	5)	ASC	CM No.		Name D&S	of Abatement Co Abatement, I	ntracto	r (9)				
Street Address							Address	110.					_
City, State, Zip Code							osengren Ave	enue					
5.1y, 5tate, 2.p 500c							tate, Zip Code va, NJ 07512	th		- 45			
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No.		License	No.			_
Start Date (10)	Schod	lod Co	malation	Date (11	,		845-8685		01311				
10/26/2018	10/27	2018		Date (11)		of OSHA Monitor Abatement, Ir						
Occupancy Status During Abatement (Ch						Street A	Address						_
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of	Abate	ment				sengren Ave	nue					
Other – Describe: Occupied		., 11001					ate, Zip Code va, NJ 07512						
Scope of Work (Check All That Apply)	115-2619								-100-0-00				_
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(13)		(12)			other m	ing, VAT iscellane	, or ous)	SF	or LF)	Remova	Repair	Encapsulate	
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lame of Registered Waste Hauler													
&S Abatement, Inc.		Н	JDEP W auler ID		Cubic \ of Was		F-1240068 F-15 65		ed Landfill				
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Name of Facility Where Aba House	tement is Taki	ing Place	(3)		<u> </u>	MIATION	T	Type of Facility (4)					
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Street Address								ddress	J.					
Pity State 7in 0 1								sengren Aven	ue					
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Project Manager for Monitorio	ng Firm			Teleph	one No.	Telep	hon	ne No.		Licens	e No.			200222
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M DHSS	Amended Amendmen	nt #		City,	State. Zip	Code	_			1	1		<u> </u>
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City (5) Weshawken, NJ 07086	5			and Make Superior				Feat	# of Floore		Bldg.	Áge	
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	THOS BY DOME!	ig Owner	(0)	ASCM	No.	Name of Abatem	ant Con	icto · (2		-			
Street Address					-	Gr Tech LLC Street Address							
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City, State, Zip Code						City, State, Zip C	රජප						-
Project Manager for Moni	itoring Firm		Tele	phone	No	Wayne, NJ 074	70	1939A- Anna					
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Start Date (10)	18 50	heduled (Comple	lion Da	sto (11)	973-638-1777 Name of OSHA I	Apnitor	-	01127			-	
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Occupancy Status During Facility Cload/Vacate Abatement Performent Time of Abatement Scope of Work Check all >3 of or >3 if > 160 of or >260 if	18 g Abatement (Charles of North AM-	ack only Period of That Facility PM/	Abete. Ab	ment re - Des	18	Name of OSHA is Envirovision Co Street Address 20-21 Wagaraw City, State, Zip C Fair Lawn, NJ G Full Con Mini-Enc Sidovena	Road, lods 7410 cand de lainment losure	Ids .#	3SE nation with nega gative Pressure	itiva Pres odure	isure		
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10 / 12 / Geoupency Status During Facility Cloadd/Vacate Abatement Performed Time of Abatement: Scope of Work (Check ell > 3 of or > 3 if > 160 of or > 260 if Location Asbestos-Containing & 10 8E ABA	18 g Abstement (Chest During Entire of Outside of Norr AM that apply) of Material (ACM)	ack only Period of the Facility PM/	Abete. Abete. Abete. PM PM Anovation Anovation Normal	ment rs - Des	18 acribe AM	Name of OSHA is Envirovision Co Street Address 20-21 Wagaraw City, State, Zip C Fair Lawn, NJ (Full Con Mini-Enc Glovena Non-Exe Description of	Road, I ode 7410 p and de tainmen desure g Proces mpted I terial (A insulate o or	inder #	3SE Tenton with Nege Tent with Nege n-Frighte Proce	ative Pies odure	batem	_	Гуре Елдозиге
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10 / 12 / Cecupency Status During Facility Cloadd/Vecate Abatement Performed Time of Abatement Scope of Work (Chack all >3 st or >3 if > 160 af or >250 if Location Asbestos-Containing & 10 8F ABA IN Facilit (13)	18 g Abstement (Chest During Entire of Outside of Norr AM that apply) of Material (ACM)	10 mck only Period of nal Facilit PM/ Di Usa Mac Cus Yea	Abete. Ab	on on liv by hy by nos/ Staff?	ASDES (i.e	Name of OSHA is Envirovision Co Street Address 20-21 Wagaraw City, State, Zip C Fair Lawn, NJ (Full Community Meni-End Gloveba Non-Exe Description of the many state surfacing, VAT other miscellane	Road, I ode 7410 p and de tainmen desure g Proces mpted I terial (A insulate o or	inds: # ioniamia with Na ure and No	3SE Tention with negative Pressure Tent with Negative Proce Amount (Specify SIF or LF)	edure Pres	Repair 1	Енсарышай	-
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Cocupancy Status During Facility Closed/Vecetor Abatement Performed Time of Abatement: Scope of Work (Check all > 3 of or > 3 if > 160 of or > 260 if Location Asbestos-Containing & IN Facilit (13) Resement	18 g Abatement (Check During Entire to Outside of Norre AM- I that apply) of Material (ACM) IED	10 mck only Period of nal Facilit PM/ Di Usa Mac Cus Yea	/ 13 Pre) Abete Ab	on o	Asber (i.e	Name of OSHA is Envirovision Co Street Address 20-21 Wagaraw City, State, Zip C Fair Lawn, NJ (Full Community Meni-End Gloveba Non-Exe Description of the many state surfacing, VAT other miscellane	Road, I ods 7410 p and de tainment dosure go Proces, mpted (Anaula) or ous)	inds: # ioniama with ha ure and No	3SE Selion with negative Pressure Tent with Negative Proce Amount (Specify SIF or LF)	edure Pres	Repair 1	Енсарышай	-
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Cocupancy Status During Facility Glosad/Vacate Abatement Performed Time of Abatement: Scope of Work Check all > 3 of or >3 if > 160 of or >260 if Location Asbestos-Containing & 10 SE ABA IN Facility (13) Basement Name of Registered Wast or Tech LLC City. State	18 g Abatement (Check During Entire to Outside of Norre AM- I that apply) of Material (ACM) IED	10 mck only Period of nal Facilit PM/ Di Usa Mac Cus Yea	/ 13 Pre) Abete Ab	on o	Asber (i.e	Name of OSHA is Envirovision Co Street Address 20-21 Wagaraw City, State, Zip C Fair Lawn, NJ (Mini-End Gloveba Non-Exe Description of stos Containing Ma thermal systems surfacing, VAT other miscellane lation Cobic Yards of Wast TBD Disposal Date	Road, I code 7410 p and de inimmero desure p Proces mpted le terial (A naulae : or ous)	inds: # ioniamia witti Na ure and No imia if includes i	3SE Setion with negative Presure Tent with Negative Proces Amount (Specify SIF or LF)	edure Pres	Repair	Енсарышай	-
10 / 12 / Cocupency Status During Facility Cloadd/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all > 3 of > 3 if > 160 of or > 250 if Location Asbestos-Containing & ID SE ABA: IN Facility	Abatement (Chest During Entire of Outside of Norral AM That apply) of Material (ACM) TED Ty	10 mck only Period of nal Facilit PM/ Di Usa Mac Cus Yea	/ 13 Pre) Abete Ab	on o	Asber (i.e	Name of OSHA is Envirovision Co Street Address 20-21 Wagaraw City, State, Zip C Fair Lawn, NJ G Mini-Enc Stockera Non-Exe Description of thermis systeme surfacing, VAT other miscellane lation Cubic Yalds of Wast TBD	Road, I code 7410 p and de inimmero desure p Proces mpted le terial (A naulae : or ous)	inder # ioniamia with Na ure and No image: M) of legis F. Inc.	3SE Setion with negative Presure Tent with Negative Proces Amount (Specify SIF or LF)	edure Pres	Repair	Енсарышай	-

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

u ZAJ U		/ (1	Pursuan	it to NJAC 8	3:60 and 12:	120)			CLT	4 1	72	120
Date of Notification (1) 10/12/18				of Building (Bank	Owner/Opera	tor (2)					5.7	<u> </u>
Agencies Notified Type Notification				Address					G	EU	\mathbb{W}	E
EPA Initial			45 Ei	senhower	Drive, 4th	Floo	or ·	13				
DEP Amended DOL Amendment	#			tate, Zip Coo nus, NJ 0					OCT	18	2018	
Emergency (justification)		g		of Contact	7002			Tologhan		24		
DCA Justilication)				ictor T. Fi	schetti			Telephon 201-742				- 5
Name of Facility Where Abatement is Taking	n Place	(3)	FAC	ILITY INFO	RMATION	1-			fra in	10 1000	-	25 - 54
M&T Bank	y Flace	(3)				Ty	pe of Facility (4)					
Street Address 532 Ocean Avenue						×		(Other than	n K-12) mercial b	uilding:	s, hom	ies,
City (5) Jersey City					5		etc.) quare Feet	# of Floor		Bldg.		
County (6)			Country	C-d- (7)			+ 000	2		50 +		
Hudson			(STATE	Code (7) USE ONLY)		Ci	urrent Use (Prior	if being der	nolished)			
Name of Monitoring Firm Hired by Building C)wner (8	3)	ASCI	M No.			Abatement Contr ntracting & E		ntal Co	nsulti	ng, Ir	nc.
Street Address					Stre	et Add				2000	0.	
City, State, Zip Code							, Zip Code NJ 07470					
Project Manager for Monitoring Firm			Telepho	one No.		phone		Licen	ise No.			-
Start Date (10)	0						3-9200	0040	80			
10/00//-	10/28/		mpletion	Date (11)			SHA Monitor ntracting & Er	nvironmer	ntal Co	neultir	a In	
Occupancy Status During Abatement (Check	Only O	ne)				et Add		TVITOTITICI	itai Coi	isuitii	ig, ii	iC.
Facility Closed/Vacated During Entire P. Abatement Performed Outside of Norma Other – Describe:	eriod of al Facilit	Abaten y Hours	nent s				oute 23 , Zip Code					
Scope of Work (Check All That Apply)					– Wa	yne,	NJ 07470					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit		,		Ħ;	Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	dure			re	
	1.00	Locati								Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenal todial 8 (12)	ely by nce/	(i.e. th	Descriptions Containing sermal system surfacing, V other miscella	Mater ns ins AT, or	ulation,	Amount (Specify SF or LF)	Kemova		e Encapsulate	Enclosure
	Yes	No	N/A						-		ate	e e
Basement - Furnace			X	Therm	al System	s Ins	ulation	64 SF	Х			
Name of Registered Waste Hauler		LN	IDED IA	/								
J.R. Contracting & Environmental Co	nsul.,	Inc H	JDEP W lauler ID 7819	200	Cubic Yards of Waste I		Name of Re Grand Ce					
City, State Wayne, New Jersey	-	fical '			Disposal Date	е	City, State Pen Argyl	Pennsyl	vania			
Completed by Jerry Bijelonic	Title Proje	ct Ma	nager		Signatur	re	, on Aigyl	, i Gillisyl	Date 10/12	/10	-	

Ch 10706)	N	OTIF	(Pprs	A AQ NO	SI	ew Jersey BESTOS ABA C 8:60 and 5:	ATEMENT		E C				/ E
Date of Notification (1)				N	ame of Build	dinc	Owner/Operator	r (2)		nn	_	1 0	201	0
	/ _	18	-		SJ Gas			810-5398 Che	ck#10706	001		0	201	g
F-7	e Notifica	ition		St	reet Address	s			1	CDECT	100	00	A steel on	
	Initial				1 South Je	ers	ey Plaza		1	SBEST		rogi HGG		· / č
	Amended Amendme				ty, State, Zip				NAME OF TAXABLE PARTY.	THE PERSON NAMED IN		Carlottine	Sales	#*** TUA
	Emergeno	v (inclu	dina		Folsom, N	JO	8037							
(NJAC 5:23-8)	justificatio	n)	unig	Na	me of Conta	act			Telephor	a Numi	hor			
	Cancellation	on			Patrick Ca	rr				23-364				
No 65 W				I	FACILITY I	INF	ORMATION			20-004	_			
Name of Facility Where Abate	ment is Ta	aking Pl	ace (3)				Type of Facili	ty (4)					
Residential								School (K-	12)					
Street Address								Subchapte Other (i.e.,	r 8 (Other that private and c	n K-12) commerc) cial	build	ings,	
City (5)								Square Feet	# of Floo	ors	T	Blda	Age	
Pleasantville, NJ										W.70		Diag.	rige	
County (6) Atlantic				Co	ounty Code ((7)(5	STATE USE ONLY)	Current Use (F	Prior if being o	lemolish	hed'			
								Residentia						
Name of Monitoring Firm Hired	by Buildin	g Owne	er (8)	ASC	M No.	1	Name of Abateme	ent Contractor (9	9)			-		
Health & Safety Services Street Address	;						AbateTech, I	nc.						
PO Box 365				V21CC		8	Street Address							
							30 Maple Ave	e. PO Box 25						
City, State, Zip Code Berlin, NJ 08009				To a line to the		C	City, State, Zip Co	ode						
							Lumberton, N	J 08048						
Project Manager for Monitoring Jim Proctor	Firm			lephon		T	elephone No.		License N	No.			I	
Start Date (10)	10:				4-8850		609-265-2107		00529					
10 /24 /18_	- -	10	/ _2		ate (11) 18	1	ame of OSHA M EMSL Analyti							
Occupancy Status During Abate	ment (Che	ck only	one)			Si	treet Address				_	_		
Facility Closed/Vacated Durin	g Entire F	eriod o	f Abat	ement			200 Route 130) North						
Abatement Performed Outsid	e of Norm	al Facil	ity Ho	ırs - De	scribe	Ci	ity, State, Zip Co	de						
			PIV	1	_AM		Cinnaminson,							
Scope of Work (Check all that ap	ply)	222-57-0					☐ Full Conta	ainment with Neg	native Pressur					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emoliti				☐ Mini-Enclo	osure						
lesstin t			Loca							T	Ah	atem	ent T	Type
Location of Asbestos-Containing Material	(ACM)		Norma ed Sol	ely by	Ashau		Description of			t		_	1	
TO BE ABATED	,,	Ma	intena	ance/ Staff?	(i.e.,	the	Containing Mate ermal systems in	sulation	Amount (Specify		Removal	Repair	nca	nclo
IN Facility (13)		Cus	(12)				surfacing, VAT, o	or	SF or LF)	oval	₹.	Encapsulate	Enclosure
		Yes	No	N/A	1	ot	ther miscellaneou	us)					late	G)
Exterior					Roofing	Ma	terials		432 SF	-	\boxtimes			
nterior					Door Cau				20 LF	-1,				
nteror					Window	Gla	azing		50 LF					
Rear Door			П		Window						-			
Name of Registered Waste Hauler			N	JDEP V				Name of Regist	15 LF		X	Ш	Ц	Ш
AbateTech, Inc.			Н	auler ID 18750	No. V		ste	ACUA. Land						
City, State		- 50		10100		_		City, State			_	_		
Lumberton, NJ							0/26/18	Egg Harbor	Townshin	N.J				
completed By (Print or Type)	Title)					Signature		,	Date				
Gwendolyn Trumbetti	0	perati	ons C	oordi	nator		1	10.1 A			1)	18	.
B_41			2					1001		11)	1	10	IA	a 4

Date of Notification (1)	-	ı	NOTI	Tur	TION OF	of New Jersey ASBESTOS AB NJAC 8:60 and	5:16)		EG		8 20		
9 /28	1	18		U	Name of Bui	Iding Owner/Opera	or (2)	In to		- 1	0 21	110	
Agencies Notified Type	Notificat	ion					b #1710-2243	Chl	#5162				-
☐ EPA ☐ Init		1011			Street Addre				ACREST		<u> 2010</u> 3113		B
	nended				1 Turnpik			Lonnon	(a)		er Plantagles		****
☑ DHSS Am	endmen	nt #2	18	1	City, State, Z							-	_
(1)	ergency	(incl	uding	-		dge, NJ 07095							
	tification ncellation			N	lame of Con			Te	lephone N	umhe	r		_
	iceliatio	11			Robert W	omelsdorf			732-442-8		D)		
Name of Facility Whore Abote					FACILITY	INFORMATION			02 772-0	000			
Name of Facility Where Abateme	nt is Tak	king P	lace (3	3)			Type of Facil	ity (4)					
NJTA MUB - E - Hightstow Street Address	'n						School (K						
		-01-5-5-5					── ☐ Subchapte	er 8 (Ott	her than K	12)			
Milepost 67 S - NJ Turnpik	e						Other (i.e.	. private	and comn	nercia	l build	linas	
City (5)							nomes, et	C.)				90,	
East Windsor/Hightstown							Square Feet	#	of Floors		Bldg.	Age	
County (6)				10	Ounty Carl	/7\/O.T.4.77	20,000		1		un	kow	
Mercer					ounty Code	(7)(STATE USE ONLY	Current Use (I	Prior if b	eing demo	lished	1)		
Name of Monitoring Firm Hired by	Duilding	_	(0)				Office & S	hops	•	20174-01-00-0	,		
Horizon Environmental	building	Own	er (8)	ASC	CM No.	Name of Abater	nent Contractor (9)					_
Street Address						Asbestos a	nd Mold Service	es Co	orn.				
PO Box 316						Street Address	mora oci vic	Jes, Co	πp.				
						3859 Sylon	Boulovard						
City, State, Zip Code						City, State, Zip (Sodievard						
Thorofare, NJ 08086													
Project Manager for Monitoring Firm	n		Te	lenhor	ne No.	Hainesport,	NJ 08036						
Dave or Steve Flanigan					48-0800	Telephone No.		Lic	ense No.				
Start Date (10)	Scher	dulod				609-702-040		0	0862				
<u>10</u> / <u>8</u> / 18	Scried	uulea 10	Comp	letion i	Date (11)	Name of OSHA	Monitor						_
		10_		10 /		EMSL Analy	ical, Inc.						
Occupancy Status During Abatemer	nt (Chec	k only	one)			Street Address							
Facility Closed/Vacated During E	ntire Pe	riod o	f Abate	ement		200 U.S. Rou	to 130 North						
Abatement Performed Outside of	f Normal	Facil	lity Hou	ırs - De	escribe	City, State, Zip Co							
Alvi-	PI	VI/	PN	1	_AM								
Scope of Work (Check all that apply))					Cinnaminsor	, NJ 08077						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ R □ D	enovat emoliti	tion on		☐ Glovebac	ainment with Neg osure I Procedure npted (*) and No	M	riin Ac	ut			
Longtin		1	s Loca	tion			Tribu () dild 140	II-F Habi	e Procedur				_
Location of Asbestos-Containing Material (AC	CM)	Us	Norma	ally alv by		Description of				Ab	patem	ent T	-
TO BE ABATED	JIVI)	Ma	aintena	ince/	Asbes	tos Containing Mat	erial (ACM)	Ar	mount	Re	Re	m	
IN Facility		Cus	todial	Staff?	(I.e.	thermal systems in surfacing, VAT,	nsulation,	(S	pecify	Removal	Repair	Encapsulate	
(13)	-		(12)		4	other miscellaned	or	SF	or LF)	val	-	Insc	
		Yes	No	N/A			43)					ate	1
ocker Room & Bathroom				\boxtimes	Pipe Insi	ulation behind b	lock walle	ula					_
arage Closet					Transite		TOOK WAIIS		nown				L
estroom					Cementit	tious Pipe) SF				
estroom				×	Pipe Adh) LF				
ame of Registered Waste Hauler Waste Management			N.	JDEP V	Waste (Cubic Yards of	Name of Registe		SF				
ty, State				auler II 17273	O No. V	Naste 5	Grand Cent		IUIIII				
Lafayette, NJ						Disposal Date	City, State						
impleted By (Print or Type)	T					10/16/18	Penn Argyle	, PA					
Kimberly Trumbetti	Title					Signaturé			D-4				_
	Offi	ce C	oordi	nator		I CX/			Date		, el		
-41 11	* 0-					KID	V			-12	18	,	25
	" [] -	nat.				2 1 12 1 1							

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

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Ch514	9	NO	OTIFI (CATIO Pursu	ON OF A	New Versey SBESTOS AB IAC-8:60 and 5	TEMENT		C			
Date of Notification (1)				Na	me of Build	ing Owner/Operato	r (2)		OCT-	18	20	18
9 / 2	28 /	18			IJTA		#1710-2243	Chk. #5149	150.7504		G 0	
Agencies Notified T	ype Notificati	on		Str	eet Address			and the same of th				
□ EPA □	Initial				Turnpike			ASL	-510	TOO		OI.
	Amended			-	, State, Zip			La Company of the Com	Marin Control			42
□ DHSS	Amendmen				•			5 2				A 69
DCA (NJAC 5:23-8)	Emergency justification	(includ	ing		ne of Conta	je, NJ 07095						
	Cancellation			100	obert Wo			Telephone Nu				
								732-442-8	300			
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NJTA MUB - E - Hights	stown	ung Fla	CE (3)				Type of Facilit	5. 5.0				
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City (5)							Square Feet	# of Floors		3ldg.	Age	
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County (6)				Co	unty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demo	lished)			•
Mercer							Office & SI					
Name of Monitoring Firm Hire	ed by Building	g Owne	r (8)	ASC	Л No.	Name of Abatem						
Horizon Environmenta	ıl					Asbestos ar	d Mold Servic	es, Corp.				
Street Address PO Box 316						Street Address		•				
City, State, Zip Code						3859 Sylon B	Boulevard					
Thorofare, NJ 08086						City, State, Zip C	ode					
Project Manager for Monitorin						Hainesport,	NJ 08036					
Dave or Steve Flanigar				lephone		Telephone No.		License No.				
Start Date (10)					8-0800	609-702-0400)	00862				
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Scope of Work (Check all that	apply)						ainment with Ne	native Deces				
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(13)		000	(12)			surfacing, VAT, other miscellaned	or	SF or LF)	val	-	Encapsulate	Enclosure
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Waste Management				auler IE 17273	No.	Waste	Grand Cent					
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Lafayette, NJ						10/16/18	Penn Argyl	е. РА				
ompleted By (Print or Type)	Title)				Signature	7 0					
Kimberly Trumbetti	0	ffice C	oord	inator				Da		-16	,	
B-41						A D	V	166)-11	10		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 15 / Federal Aviation Administration / Job #1809 2355 Chk. #NA - gov' Agencies Notified Type Notification Street Address **⊠** EPA Environmental & Safety Section ANG # 332 ACY Intl Apt NJ 08405 DOLWD. ☐ Amended City, State, Zip Code ☑ DHSS Amendment # ☐ DCA Atlantic City, NJ ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Chris Jenson, MB Markland 609-287-7144 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) William J. Hughes Tech Center Building #302 School (K-12) Street Address Subchapter 8 (Other than K-12) Building 302 - WJH TC Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Atlantic City 10,500 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Atlantic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave or Steve Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>10</u> / <u>24</u> / 18 10 / 7 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-___PM/___PM-__AM City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Encapsulate Enclosure Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A 2nd Fl. & Stairwell Landings П П X Floor tile & Mastic 3600 Throughout (uncovered during X Miscellaneous Material - If found** abatoment) up to 200 LF/ X П Interior Doors SF X Doors 35 each \boxtimes П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Waste Management Hauler ID No. Waste ACUA 17273 5 City, State Disposal Date City, State Lafayette, NJ 11/7/18 Egg Harbor Township, NJ Completed By (Print or Type) Title Signature Date Kimberly A. Trumbetti Office Coordinator ASB-41

* Do not use this form for asbestos licensura exampled activities

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(NJAC 5:23-8)	justification)	ing		ne of Conta			Tolomban	- NI I			
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Street Address							── Subchapte	r 8 (Other than	1 K-12)			
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Gloucester Townshi	p						2500	1	3	45	. Age	
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Finog Environmenta	-						nd Mold Service					
Street Address						Street Address		, со, оогр.				
671 Stoke Road Suite	e 4-318					3859 Sylon	Boulevard					
City, State, Zip Code						City, State, Zip C						
Medford, NJ 08055						Hainesport,						
Project Manager for Monito	ring Firm			lephone		Telephone No.		License N	lo			
Rebecca Rubnitz			9	288-74	5-2211	NAME OF THE PARTY			О.			
Ct-+ D -1 (10)						609-702-040	0	00862				
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Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator ((2)		CT	1	3 2	018
	15 /	1	8		Ho	pewell V	alley Regional S	chool District					
Agencies Notified	Type Noti	ification	1		Stree	et Address			ASB	COT	no e	V1.7.11	30
⊠ EPA	☑ Initial				42	5 South I	Main Street		2000	Li	T PI		
☑ DOLWD ☑ DOH	Amend	ded dment #			City,	State, Zip	Code			THE LO	Mildaton 'co.	e o e y e unione	
DCA	☐ Emerg			-	Pe	nnington	, NJ 08534					8	
(NJAC 5:23-8)	justific		Holadii	ig		e of Contac			Telephone Numi	ner			
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					FA	CILITY IN	NFORMATION		1				
Name of Facility Where A	batement i	s Takir	ng Plac	e (3)			II OIGHA HOR	Type of Facility	(4)	- 8			
Commercial								School (K-12					
Street Address								☐ Subchapter	8 (Other than K-12)				
275 South Main Str	eet							Other (i.e., p homes, etc.)	rivate and commer	cial b	uildin	gs,	
City (5)								Square Feet	# of Floors	IB	ldg. A	ae	
Pennington								75		-		.50	
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			12770
Mercer								•	o. a.				
Name of Monitoring Firm	Hired by Bu	uilding	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions								NAGEMENT L					
Street Address							Street Address						
P.O. Box 1224							27 Outwater I	Lane					
City, State, Zip Code							City, State, Zip Co	ode				1000	
Union, NJ							Garfield, NJ	07026					
Project Manager for Monit	oring Firm				ephone		Telephone No.		License No.				
Rick Eustaquio					73-494		973-928-4888		1188				
Start Date (10) 10 /24/	18					te (11)	Name of OSHA M						
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Occupancy Status During	Abatement	(Chec	k only	one)			Street Address						
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City, State					32797		As Needed	G.R.O.W.S.	North Landfill/	airle	ess L	and	fill
Elizabeth, NJ							Disposal Date	City, State					
-112000111, 110						1	TRD	Morrioville	DA				

Completed By (Print or Type)

Allen Monchik

Title

Project Manager

Signature

Allen Monchik

Date

10/15/18

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notifi Name of Building Owner/Operator (2) Verizon Communications Agencies Notified Type Notification Street Address ☐ EPA 71 Madison Ave **⊠** DOLWD ☐ Amended OCT 18 2018 City, State, Zip Code ☑ DOH Amendment #_ Jersey City, NJ 07034 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Brian Kingsbury 201-356-5166 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Bergen Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 71 Madison Ave Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City 113,347 +-50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Verizon Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 10 Exchange Place, 13th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Jersey City BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Kingsbury 201 356 5166 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 29 / 18 11 / 7 / 18 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 Time of Abatement: _____AM-____PM/5:00PM-2:00AM City, State, Zip Code BRISTOL, PA 19007 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Encapsulate Removal Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 2nd Floor Battery Room X Ceiling Tile & Glue Daubs 100 SF \boxtimes П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE TBD WAYNESBURG, OH Completed By (Print or Type) Title

Dillan DeCaro

Estimator

Signature

Date

ASB-41 DP18096

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

CMX#3448

Date of Notification (1)	, H H		1		Non	o of Buildi	na O	(6)	Croport	,	(()	,			
10 /	15 /	1	8				ng Owner/Operator	(2)		a [1 5	7.7	nanaman []		
Agencies Notified								1	Im E	GE		\mathbb{V}			
⊠ EPA	Type Notif	rication	1		1000	et Address		1	III	and responding			-		
⊠ DOLWD	Amend	led					Lawn Ave						-		
⊠ DOH	Amend	Control of the Contro	‡		100	State, Zip			0	CT 1	8	2018	1		
☐ DCA	☐ Emerge	ency (i	ncludir	ng	14-1-12-5	irlawn, N							Ì		
(NJAC 5:23-8)	justifica				Nam	e of Conta	ct		Felephone Nu	mber	P. C.	1 177 777			
	☐ Cancel	lation	95		Ma	ark Jenki	ns		215-365-58	370	KER	i Gi	(b., £);		
					FA	CILITY	NFORMATION			-		nder out &	e services.		
Name of Facility Where A		Takin	g Plac	e (3)				Type of Facility	(4)	- 17	-				
Verizon Fair Lawn	C.O.							School (K-12)						
Street Address								Subchapter 8	Other than K-	12)					
27-02 Fairlawn Ave								Other (i.e., pr homes, etc.)	rivate and comm	ercial	ouildir	ngs,			
City (5)								Square Feet	# of Floors	T F	Bldg.	Ane			
Fair Lawn								36,060	3		+-5				
County (6)				W-7-155	Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)					
Bergen								Verizon							
Name of Monitoring Firm		ilding	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)							
USA Environmenta	Inc						BRISTOL ENVIRONMENTAL, INC.								
Street Address							Street Address								
8346 Enterprise Ave	Э						1123 BEAVE	R STREET							
City, State, Zip Code							City, State, Zip Co								
Philadelphia PA 191							BRISTOL, PA								
Project Manager for Monit			Tel	ephone	Telephone No. License No.										
Mark Jenkins			2	15-365	5-5870	215-788-6040 00509									
Start Date (10)	Sched	luled C	Compl	Name of OSHA Monitor											
10 /29 /	18	1	1 /		_ /	18	BRISTOL EN	VIRONMENTAL	INC						
Occupancy Status During	Abatement	(Check	k only	one)			Street Address		,	-					
Facility Closed/Vacated	d During Ent	tire Pe	riod of	Abate	ement		1123 BEAVER	RSTREET							
Abatement Performed	Outside of N	Iormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co								
Time of Abatement:	AM	P	И/ <u>5:00</u>	PM-2	:00AM		BRISTOL, PA								
Scope of Work (Check all	that apply)														
≥3 sf or ≥3 lf								ainment with Nega	ative Pressure						
≥160 sf or ≥260 lf			⊠ Re					osure							
estantina				onti	011		☐ Glovebag ☐ Non-Exer	npted (*) and Non	-Friable Procedu	ire					
				Loca							atem	ent T	vne		
Location of Asbestos-Containing Material (ACM)				Norma	ally ely by	42 84	Description of	f				T			
TO BE ABAT	iateriai (ACN ED	Л)		intena		Asbe	stos Containing Mat	erial (ACM)	Amount	Rem	Repair	inc.	Enc		
IN Facility			Cus		Staff?	(1.6	 thermal systems in surfacing, VAT, 	or	(Specify SF or LF)	Removal	ai-	aps	Enclosure		
(13)				(12)			other miscellaned	ous)	OF OFET)	1 =		Encapsulate	Ire		
			Yes	No	N/A							Œ			
Basement Power Room					\boxtimes	VAT/Ma	stic		1033 SF		П	П	П		
			П				E.			ᆜ	1				
		-	_		닏										
Name of Parists 1111															
Name of Registered Waste				24 (1992)	JDEP V lauler ID	13/37/7	Cubic Yards of	Name of Registe							
SERVICE TRANSPOR	KI GROUP	, INC	•		20990	D200000000	Waste	MINERVA LA	ANDFILL						
City, State						- X	Disposal Date	City, State							
NEW CASTLE, DE							TBD	WAYNESBU	RG, OH						
Completed By (Print or Typ	e)	Title					Signature			ate					
Dillan DeCaro		Es	timat	or			Dillana	DiCaro/		0-1	10	18			
CD 44 A		1					IN CHON	1 LOUVE	111	01)	10	1		

Check # 25710

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

Date of Notification (1) 10/16/2018				of Building C	wner/Operato		- 8							
		Charact	Address		Huchko	13	EC	E	n n	II Ti	7 7			
X EPA X Initial	Type Notification X Initial						小小	5 6	<u>L</u>			3		
DEP Amended Amendmer	.+ #		City, S	tate, Zip Cod				ΛΩΤ	1 -		59 WXX			
☐ Emergency	(including	-	Nome	of C11	Dayt	yton, NJ 08810 U OCT 1 8 2018								
DCA justification			Name	of Contact Tom Hud	chko		Te	lephone N	umber					
N			FAC	ILITY INFO				25011011000	eres Ekito	1117		स्वयोग्ध्य अस्य स्थान		
Name of Facility Where Abatement is Taki Residential	ng Place (3)				Type of Facility	y (4)	LIL		**		arto- es		
Street Address						School (K Subchapt Other (i.e	er 8 (Oth	er than K- & commer	12) cial bu	ildina	s hon	nes		
City (5)						etc.) Square Feet						100,		
Dayton, NJ 08810					2500	# 0	f Floors 2		Bldg.	Age 00+/-	_			
County (6) Middlesex		Code (7) USE ONLY)		Current Use (P	rior if be	ng demolis	shed)							
Name of Monitoring Firm Hired by Building		ASC	M No.	Name	e of Abatement Contractor (9)									
MECS				Stevens Environmental Serv						rvices, Inc.				
Street Address PO Box 341				Street Address PO Box 322										
City, State, Zip Code Crosswicks, NJ 08515						City, State, Zip Code Allentown, NJ 08501								
Project Manager for Monitoring Firm Bill Weisgarber				ne No. 298-4070	hone No. License No. 259-9688 00493									
Start Date (10) Scheduled Co 10/16/2018 10/3					e of OSHA Monitor									
Occupancy Status During Abatement (Chec			1/2018		MEC	-77764								
Facility Closed/Vacated During Entire						Address lox 341								
Abatement Performed Outside of Norm Other – Describe: 8 am - 4 pm	al Facility I	Hours	nent s		City, St	tate, Zip Code								
Scope of Work (Check All That Apply)					Ches	terfield, NJ 0	8515							
≥3 sf or ≥3 If	X Re	9				l								
≥160 sf or ≥260 lf	nova molit			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	lal	oooti				Non-Exempte	ed (*) and	Non-Friab	le Pro					
Location of Is Locat Normal			lly			of				Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED Used Mai		Maintenance/ Asbestos Co			Containing Ma	aterial (ACM)	Amount				Ш			
In Facility	Custodial Staff? (12)			(i.e. the	insulation, , or		pecify or LF)	Remova	Re	ncap	End			
(13)				ot	her miscellane	eous)	5)		ioval	Repair	Encapsulate	Enclosure		
Basement	Yes	No	N/A	Thous	nal Dia ata			2-10			ie			
Bassinent	 ^ 			Inerr	mal Pipe Ins	sulation	1	5 If	Х					
Name of Registered Waste Hauler		l NI	IDED W	note la	b:- \/- '									
11279			JDEP Waste auler ID No. of Waste 18292 1 cu			Name of Registered Landfill Fairless Landfill								
								Y						
City, State Allentown, NJ				Di	isposal Date 10/31/2018	City, State)						
City, State	Title			Di	isposal Date 10/31/2018 Signature	Morrisy		Dat	Α.					